

Delivering Care That Drives Satisfaction

5-Star Best Practices



What else can you do to improve the care your patients receive and increase satisfaction with their overall care experience? Consider implementing 5-Star best practices in open communication, timely access and effective coordination. These areas are measured in the Consumer Assessment of Healthcare Providers and Systems (CAHPS), one of two regular surveys that gauge patient satisfaction and can affect CMS star ratings.

5-Star Metric: Getting Needed Care

CAHPS asks patients:

“In the last six months ...

- > how often was it easy to get appointments with specialists?”
- > how often was it easy to get care, tests or treatment you thought you needed through your health plan?”

Tips for 5-Star Access

- > Offer alternate ways for your patients to access care. For example, provide a nurse advice line or secure email.
- > Suggest to patients that, after making an appointment, they can also add their name to an “on-call” list, to be contacted if an earlier appointment time opens up.

5-Star Metric: Getting Appointments and Care Quickly

CAHPS asks patients:

“In the last six months ...

- > when you needed care right away, how often did you get the care as quickly as you thought you should?”
- > not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor’s office or clinic as soon as you thought you needed?”
- > how often did you see the person you came to see within 15 minutes of your appointment time? Wait time includes time spent in the waiting room and exam room.”

Tips for 5-Star Responsiveness

- > Set aside a few appointments in each day’s schedule to accommodate urgent visits, and use an effective triage system to ensure that at-risk patients are seen quickly.
- > Assure patients that their time and needs are being respected by offering the option of making appointments with a nurse practitioner or physician’s assistant. Encourage patients to make their appointments for routine care early on – before they leave your office, if possible.
- > If the doctor is delayed, make sure the patient is attended to by staff during the wait (measuring vitals, discussing health status issues, such as fall risk and physical activity).

How the Medical Group Can Help...

- Encourage office managers to take advantage of SCAN's free Office Staff Training programs.
- Have a medical group representative participate in the Office Staff Train-the-Trainer program.
- Develop a new patient on-boarding program that covers important access-to-care issues, including urgent care and referrals.
- Provide non-traditional care access options, such as an e-portal with self-service capabilities and a 24-hour nurse advice line.

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Continued from other side

5-Star Metric: Care Coordination

CAHPS asks patients:

“In the last six months ...

- > when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?”
- > how often did you and your personal doctor talk about the prescription medicines you were taking?”
- > when your physician ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor’s office follow up to give you those results?”
- > when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get the results as soon as you needed them?”
- > how often did your personal doctor seem informed and up-to-date about the care you got from specialists?”
- > did you get the help you needed from your personal doctor’s office to manage your care among these different providers and services?”

Tips for 5-Star Care Coordination

- > Assure your patient that you have the relevant information about his or her medical history. Ask if he or she has seen any other providers since last seeing you. If you are aware specialty care has occurred, mention it and discuss as needed.
- > Develop protocols for clinical staff to facilitate chronic medication renewal.
- > If your patient is having a test done, let him know when he can expect the results (“by the end of the week”) and who will be reporting the results (a staff member, your assistant, you).
- > Do you inform patients even when their test results are normal? If so, let patients know, but also tell them that they can call your office to check on the results.
- > Does your office have a patient portal? Encourage patients (or caregivers) who are comfortable online to use it to manage their care.

Two Surveys That Can Affect CMS Ratings

1. The Consumer Assessment of Healthcare Providers and Systems (CAHPS)
 - Typically mailed each year to plan members between March and June
 - Asks patients about aspects of quality, such as provider communication skills and ease of health care services
 - Overseen by the Agency for Healthcare Research and Quality
2. The Health Outcomes Survey (HOS)
 - Typically mailed each year to a random sample of plan members between April and June. Each sample receives a follow-up survey two years later.
 - Asks patients about the care they receive from their healthcare providers to measure healthcare outcomes and effectiveness of care
 - Required by Medicare for all health plans with Medicare managed care contracts