



TTT SERIES: CARE COORDINATION PRESENTATION
TRAINER NOTES

Course Description: This course empowers office staff with ways to improve the senior patient experience through effective care coordination, which leads to improved Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores and higher-quality ratings. With a focus on patient-centered care, this course outlines 5-Star best practices your offices can implement to positively impact the senior patient experience.

Purpose: Effective care coordination leads to a better patient experience and improved health outcomes. Through focused training and demonstration of professional service skills, staff members will have a positive impact on care, which leads to higher patient satisfaction and overall quality ratings.

The following notes correspond to the Care Coordination slide deck:

SLIDE #1: INTRODUCTION

- Here is where you can personalize the introduction to your group's meeting/session/training.

SLIDE #2: AGENDA

- Here is where you can enter your program/meeting agenda regarding your staff's training

SLIDE #3: CARE COORDINATION OBJECTIVES

- The Objectives we will be discussing today are:
 - Define CAHPS
 - Identify the difference between patient experience and patient satisfaction
 - Describe the impact of the patient experience on healthcare
 - Discuss the quality measures of Care Coordination

SLIDE #4: UNDERSTANDING CAHPS

- What is CAHPS?
 - CAHPS stands for Consumer Assessment of Healthcare Providers and Systems.
 - The CAHPS survey asks consumers and patients to report on their experiences with health care providers and services in different settings. This survey is administered by CMS.
 - The survey is a product of the Agency for Healthcare Research and Quality's CAHPS program, which is a public-private initiative to develop and maintain standardized survey of patients' experiences with ambulatory and facility-level care.
 - To simplify, the **survey** is a standardized tool to measure patients' perception of care provided by physicians in an office setting.
 - CAHPS® survey plays an important role as a quality improvement (QI) tool for health care organizations that use the standardized data to:
 - Identify relative strengths and weaknesses in the performance of the providers and their staff
 - Determine where the provider and office need to improve, and
 - Track the provider's progress over time.

RESOURCES:

[About CAHPS | Agency for Healthcare Research & Quality](https://www.ahrq.gov/cahps/about-cahps/index.html)
<https://www.ahrq.gov/cahps/about-cahps/index.html>

SLIDE #5: UNDERSTANDING CAHPS

- What is the focus? See slide for definition.

SLIDE #6: UNDERSTANDING CAHPS

- Why is it important? See slide for definition.

SLIDE #7: CAHPS SURVEY QUESTIONS

- Here are a few examples of the type of questions that our patients are asked to answer:
 - How often was it easy to get appointments with specialists? (Getting Needed Care)
 - How often did you see the person you came to see within 15 minutes of your appointment time? (Getting Appointments and Care Quickly)
 - How often did you and your personal doctor talk about the prescription medications you were taking? (Care Coordination)
- These survey questions ask the patients about the care they received from their healthcare providers to measure healthcare outcomes and effectiveness of care.

SLIDE #8: PATIENT EXPERIENCE VERSUS PATIENT SATISFACTION

- The terms **Patient Experience and Patient Satisfaction** represent how patients perceive the care they have received. These terms and the responses from patients greatly affect the outcomes of the CAHPS Surveys.
- The terms patient satisfaction and patient experience are often used interchangeably, **but they are not the same thing.**
- **Patient experience** encompasses the range of interactions that patients have with the health care system.
- It includes several aspects of health care delivery that patients value highly when they seek and receive care, such as getting timely appointments, easy access to information, and good communication with health care providers.
- Information on patient experience tells us whether patients are receiving care that is respectful of and responsive to their needs.
- To assess patient experience, one must find out from patients whether something that should happen in a health care setting (such as clear communication with a provider) **actually happened or how often it happened.**
- **Key Issue: Care that is respectful and responsible to the patients' needs**

Example:

2 patients go in for a colonoscopy...both are female and 50 years old and the procedure is on the same day...both are afraid of the procedure.

Patient #1: Jane arrives at 8:30 am ...nurse has a hard time finding a vein for her IV...needs to have meds to go into twilight light sleep ...Jane is getting upset...no one is listening to her...after she finishes with her procedure, she is nauseated and not happy.

Patient #2: Sally arrives at 12:00 noon...no problem inserting IV though she also has problem veins...is joking with nurses.... after procedure she is fine and her friend is taking her to lunch.

Both women are prepped the same...have the same procedure ...so is the experience the same?

Is it Yes or No? Alright let's go to see what Patient Satisfaction means.

RESOURCES:

Information from Agency for Healthcare Research and Quality

<https://www.ahrq.gov/cahps/faq/index.html>

SLIDE #9: PATIENT EXPERIENCE VERSUS PATIENT SATISFACTION

- To continue to differentiate between Patient Experience and Patient Satisfaction, let's remember that these terms do not describe the same thing.
- **Patient satisfaction** encompasses how patients feel about the health care they receive.
- Patient satisfaction is about whether a patient's expectations about a health encounter were met.
- **KEY ISSUE:** Let's remember Jane and Sally...these two people received the exact same care but will probably give different satisfaction ratings because of their different expectations for how that care was supposed to be delivered.
- No two patients will give the same ratings...Jane will probably rate her care low while Sally, who had no problems, will rate her care high.

RESOURCES:

Information from Agency for Healthcare Research and Quality
<https://www.ahrq.gov/cahps/faq/index.html>

SLIDE #10: WHAT IS THE "PATIENT EXPERIENCE"?

- Hospitals are going after the physical grandeur.
- Is it the fancy lobbies which are designed similar to upscale hotels?
- Is it the amazing cafeterias?
- Is it the outreach programs...like cooking classes for diabetics or lactation programs for new moms?
- Is this really what a patient looks for when they come to the hospital or office for service?
- Many healthcare facilities are spending way too much money and seeing no changes.
- Patients are looking for services that are worth the cost – they are looking for personal gratification and engagement.

SLIDE #11: PATIENT-CENTERED CARE

- Patient-Centered Care is the practice of **caring for patients (and their families)** in ways that are **meaningful and valuable** to the individual patient.
- It includes **listening to, informing and involving** patients in their care.
- The IOM (Institute of Medicine) defines patient-centered care as: "Providing care that is **respectful of, and responsive to**, individual patient preferences, **needs and values**, and ensuring that patient values guide all clinical decisions." ¹

RESOURCES:

[The 8 Principles of Patient-Centered Care-Oneview Healthcare](http://www.oneviewhealthcare.com/the-eight-principles-of-patient-centered-care/)

www.oneviewhealthcare.com/the-eight-principles-of-patient-centered-care/

¹ Institute of Medicine. ["Crossing the Quality Chasm: A New Health System for the 21st Century"](#)

SLIDE #12: EIGHT PRINCIPLES OF PATIENT-CENTERED CARE

Overview of Picker's Eight Principles of Patient-Centered Care

- Using a wide range of focus groups — recently discharged patients, family members, physicians and non-physician hospital staff—combined with a review of pertinent literature, researchers from Harvard Medical School, on behalf of Picker Institute...
- The researchers found that there are certain practices conducive to a positive patient experience and their findings formed Picker's Eight Principles of Patient-Centered Care:
 - 1. Respect for patients' values, preferences and expressed needs**
 This involves patients in decision-making, recognizing they are individuals with their own unique values and preferences.
 Here is where we treat patients with dignity, respect and sensitivity to his/her cultural values and autonomy.

2. Coordination and integration of care

Patients expressed feeling vulnerable and powerless in the face of illness. Proper coordination of care can alleviate those feelings.

Patients identified three areas in which care coordination can reduce feelings of vulnerability:

- Coordination of clinical care
- Coordination of ancillary and support services
- Coordination of front-line patient care

3. Information and education

Patients expressed their worries that they were not being completely informed about their condition or prognosis.

To counter this fear, hospitals can focus on three kinds of communication:

- Information on clinical status, progress and prognosis
- Information on processes of care
- Information to facilitate autonomy, self-care and health promotion

4. Physical comfort

The level of physical comfort patients report has a significant impact on their experience.

Three areas were reported as particularly important to patients:

- Pain management
- Assistance with activities and daily living needs
- Hospital surroundings and environment

5. Emotional support and alleviation of fear and anxiety

Fear and anxiety associated with illness can be as debilitating as the physical effects.

Caregivers should pay particular attention to:

- Anxiety over physical status, treatment and prognosis
- Anxiety over the impact of the illness on themselves and family
- Anxiety over the financial impact of illness

6. Involvement of family and friends

This principle addresses the role of family and friends in the patient experience. Family dimensions of patient-centered care were identified as follows:

- Providing accommodations for family and friends
- Involving family and close friends in decision making
- Supporting family members as caregivers
- Recognizing the needs of family and friends

SLIDE #13: EIGHT PRINCIPLES OF PATIENT-CENTERED CARE

7. Continuity and transition

Patients expressed concern about their ability to care for themselves after discharge.

Meeting patient needs in this area requires the following:

- Understandable, detailed information regarding medications, physical limitations, dietary needs, etc.
- Coordinate and plan on-going treatment and services after discharge
- Provide information regarding access to clinical, social, physical and financial support on a continuing basis.

8. Access to care

Patients need to know they can access care when it is needed.

Focusing mainly on ambulatory care, the following areas were of importance to the patient:

- Access to the location of hospitals, clinics and physician offices

- Availability of transportation
- Ease of scheduling appointments
- Availability of appointments when needed
- Accessibility to specialists or specialty services when a referral is made
- Clear instructions provided on when and how to get referrals.

RESOURCES:

[The 8 Principles of Patient-Centered Care-Oneview Healthcare
www.oneviewhealthcare.com/the-eight-principles-of-patient-centered-care/](http://www.oneviewhealthcare.com/the-eight-principles-of-patient-centered-care/)

SLIDE #14: 5-STAR BEST PRACTICES

- Many of the elements that comprise the 8 Principles of Patient-Centered Care are also part of the 5-Star Best Practices that appear in the CAHPS surveys we spoke of previously.
- The overall concept of the 5-Star best practices is open communication, effective coordination, and timely access of healthcare activities and treatments.
- These areas are measured in the CAHPS surveys that gauge patient satisfaction and can affect CMS (Medicare) star ratings. And these ratings affect all of us involved in the healthcare industry.

SLIDE #15: 5-STAR BEST PRACTICES: CARE COORDINATION

- So let's take a look at the 5-Star Best Practices that drives patient satisfaction.
- Here we have **CARE COORDINATION**. This practice is where the provider and their staff can assist the patients with the following elements of care:
 1. Discuss **lab results**, **review prescription medications** and make recommendations for **specialists** in a timely manner.
 - ✓ Develop protocol for staff to facilitate chronic medication renewal
 - ✓ Discuss care received from specialists – get updated information about patient's care
 2. Train staff to communicate expectations to patients about lab results.
 - ✓ Inform patient when results are available and who will be calling
 - ✓ Contact patient regarding test results – regardless if the information is positive or negative
 - ✓ Inform patients that they can call the office to check on results.
 - ✓ Work with patients to help them **manage their care** between different providers and services
 3. Build open lines of **communication with specialists**
 - ✓ Discuss specialty care that has occurred – give clearer overall picture about patient's health and care.
 4. Encourage patients to use **patient portal**, if available.
 - ✓ Encourage patients (or their caregivers) who are comfortable with online programs to use it to manage their care

SLIDE #16: 5-STAR BEST PRACTICES: GETTING APPOINTMENTS AND CARE QUICKLY

So let's take a look at another of the 5-Star Best Practices that drives patient satisfaction.

GETTING APPOINTMENTS AND CARE QUICKLY - this practice is where the provider and their staff quickly and effectively meet the daily needs of the patients via appointments

1. Assist patients in making timely **urgent and non-urgent appointments**.
 - ✓ Set aside a few appointments every day to accommodate for urgent visits
 - ✓ **Triage** at-risk or frail patients to be seen quickly
2. Train staff to communicate ways to schedule appointments, such as patient portal, office phone number, after hours' phone number, etc.
 - ✓ Offer options of **making appointments with Nurse Practitioner or Physician's Assistant**

- ✓ Encourage the patient to make their routine care appointments early – especially before they leave the office.
- 3. Train staff to triage patient calls to identify those who require office visits (urgent or routine) or those who can be treated through a virtual visit/telehealth (patient’s needs addressed electronically or over the phone)
- 4. Provide support to the patient during **referral and authorization process**.
- 5. Check in with patients every **“15-minutes”** and ensure that the patients are receiving staff attention if a provider is delayed...if there is a delay, explain that to the patient and either offer to reschedule them or ask them if they are able to wait.
 - ✓ If a patient is in the exam room during that wait time, engage the patient in activities and conversation:
 - Measure Vital Signs
 - Engage in discussions related to the Health Outcomes Survey questions
 - Questions/issues dealing with UI, fall risk, mental health, physical activities, etc.

SLIDE #17: 5-STAR BEST PRACTICES: GETTING NEEDED CARE

- So let’s take a look at another of the 5-Star Best Practices that drives patient satisfaction.
- **GETTING NEEDED CARE** – this practice ensures that the provider and their staff are meeting the needs of patients via effective communication:
 1. Ensure **timely referrals** to specialists and appointments for tests and treatments.
 - ✓ Easy to access care, **tests or treatments** through your health plan
 - ✓ Alternate ways for patients to access care – **channels of communication**:
 - 24-hour Nurse Advice Line
 - E-portal with self-service capabilities
 - Telehealth
 - Urgent Care
 - ✓ Suggest that patients add name to an **“on-call” list** for earlier appointment times
 - ✓ For urgent specialty appointments, the staff should help coordinate with the appropriate specialty office
 2. Train staff to set expectations and **communicate referral process** with patients.
 3. **Onboard new patients** regarding the referral process.
 - ✓ Program that covers important **access-to-care issues**, including urgent care and referrals
- Per California Department of Healthcare Services (DHCS) Title 22, CCR, Section 53851 (b) (1), complete Initial Health Assessment (IHA)/Staying Healthy Assessment (SHA) **within 90 days** of enrollment and annually thereafter.

SLIDE #18: OPTIMAL EXPERIENCE

The Optimal Experience to Care Coordination is based on 4 psychological elements:

1. **Confidence**: this reflects the belief that patients can always trust their provider (or hospital) to deliver on its promises and care.
2. **Integrity**: this reflects the belief that the provider (or hospital) will always treat the patient fairly and will satisfactorily resolve any problems that might occur.
3. **Pride**: this reflects the degree to which a patient feels good about using the provider (or hospital) and their staff and how using the provider (or hospital) reflects on them.
4. **Passion**: this reflects on the belief that the provider (or hospital) is irreplaceable and an integral part of the patient’s lives.

- When healthcare organizations can fulfill those emotional needs and meet the patient’s basic needs for good service and medical treatment – they engage their patients – which creates deep gratification and promotes optimum health.

RESOURCES:

What is the “Patient Experience”? By Jennifer Robison – Gallup, September 30, 2010

<http://www.gallup.com/businessjournal/143258/patient-experience.aspx?version=print>

Slides #19 and #20: [Extra Slides](#)

- Examples of what you can add in the form of announcements, additional activities, quiz questions, etc.
- Here are some examples of **POLL QUESTIONS/KNOWLEDGE CHECKS:**
 1. True or False: Patient experience and patient satisfaction can be used interchangeably because they are the same thing.

Answer is FALSE: they are not the same thing.

2. Patient-Centered Care is the practice of
 - A. Caring for patients and their families
 - B. Is respectful and responsive
 - C. Meets the needs and values of all clinical decisions
 - D. All of the above

Answer is D) All of the above

3. True or False: One of our best practices is that no patient should wait more than 15-minutes without knowing why there is a delay in their visit.

Answer is True