

# Patient Satisfaction and how it impacts Value Based Care Programs

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*Innovating and Advocating for Community Cancer Care*





# Patient driven quality

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- Prior efforts
- Current status
- The future
- What you can do now



# Prior Efforts

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- Press Ganey
  - 30 years
  - 26,000 organizations
- ARQS/CAHPS
  - Started 1995
  - 9 instruments
- Oncology Medical Home (OMH)
  - Oncology specific
  - Guided by CAHPS
- Cancer Care CAHPS
  - Radiation, Drug or Surgery instruments
- CMMI OCM Survey



Consumer Assessment of Healthcare Providers and Systems (CAHPS®)





# Evolving process

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## CAHPS

*Standard questions*  
*Optional questions*

## Cancer CAHPS

## OMH

*Paper or Electronic*  
*Real time reporting*  
*Physician level*  
*FREE*

## Clinical Group CAHPS V-1

## Clinical Group CAHPS V-2, V3

## CMMI OCM

*Longer*  
*Not CAHPS based*  
*Delayed feedback*



# Current status

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- Going beyond “check the box”
- Benchmarking is critical
- Objective measures to subjective discussions
- Payer incentives
- Provider incentives
- Staff Incentives



## Current status

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- Movement from objective to subjective
- Approved vendors

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# CMS Approved Vendors

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# The Future

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- Importance continues to be important
- ... particularly as patients learn how to evaluate
- Part of MIPS/QPP
- Included in most reform pilots
- Possibly part of VBID







# The Future – MIPS/QPP

Quality Payment Program

## What are the Performance Category Weights?

Weights assigned to each category based on a 1 to 100 point scale

### Transition Year Weights

			
Quality	Cost	Improvement Activities	Advancing Care Information
60%	0%	15%	25%

**Note:** These are default weights; the weights can be adjusted in certain circumstances



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# The Future – MIPS/QPP

## Quality Payment Program

### Pick Your Pace for Participation for the Transition Year

#### Participate in an Advanced Alternative Payment Model



Some practices may choose to participate in an Advanced Alternative Payment Model in 2017

#### MIPS

##### Test



##### Submit Something

- Submit **some** data after January 1, 2017
- Neutral or small payment adjustment

##### Partial Year



##### Submit a Partial Year

- Report for 90-day period after January 1, 2017
- Small positive payment adjustment

##### Full Year



##### Submit a Full Year

- Fully participate starting January 1, 2017
- Modest positive payment adjustment

Not participating in the Quality Payment Program for the Transition Year will result in a negative 4% payment adjustment.





# The Future

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- <https://qpp.cms.gov/mips/improvement-activities>
  - **Most participants:** Attest that you completed up to 4 improvement activities for a minimum of 90 days.
  - **Groups with fewer than 15 participants or if you are in a rural or health professional shortage area:** Attest that you completed up to 2 activities for a minimum of 90 days.
  - **Participants in certified patient-centered medical homes, comparable specialty practices, or an APM designated as a Medical Home Model:** You will automatically earn full credit.
  - **Participants in certain APMs under the APM scoring standard, such as Shared Savings Program Track 1 or OCM:** You will automatically be scored based on the requirements of participating in the APM. For all current APMs under the APM scoring standard, this assigned score will be full credit. For all future APMs under the APM scoring standard, the assigned score will be at least half credit.
  - **Participants in any other APM:** You will automatically earn half credit and may report additional activities to increase your score.



# The Future

Establish standard operations to manage transitions of care that could include one or more of the following: Establish formalized lines of communication with local settings in which empaneled patients receive care to ensure documented flow of information and seamless transitions in care; and/or Partner with community or hospital-based transitional care services.	IA_CC_11
Collection and follow-up on patient experience and satisfaction data on beneficiary engagement, including development of improvement plan.	IA_BE_6
Collection of patient experience and satisfaction data on access to care and development of an improvement plan, such as outlining steps for improving communications with patients to help understanding of urgent access needs.	IA_EPA_3
Engage patients and families to guide improvement in the system of care.	IA_BE_14
Ensure full engagement of clinical and administrative leadership in practice improvement that could include one or more of the following: Make responsibility for guidance of practice change a component of clinical and administrative leadership roles; Allocate time for clinical and administrative leadership for practice improvement efforts, including participation in regular team meetings; and/or Incorporate population health, quality and patient experience metrics in regular reviews of practice performance.	IA_PSPA_20
Measure and improve quality at the practice and panel level that could include one or more of the following: Regularly review measures of quality, utilization, patient satisfaction and other measures that may be useful at the practice level and at the level of the care team or MIPS eligible clinician or group(panel); and/or Use relevant data sources to create benchmarks and goals for performance at the practice level and panel level.	IA_PSPA_18
Participation in the Consumer Assessment of Healthcare Providers and Systems Survey or other supplemental questionnaire items (e.g., Cultural Competence or Health Information Technology supplemental item sets).	IA_PSPA_11
Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.	IA_BE_13
Use of QCDR patient experience data to inform and advance improvements in beneficiary engagement.	IA_BE_9



# What you can do now

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- First, avoid QPP penalty for 2017
- Discuss, plan and implement a Patient Satisfaction survey
  - Select
  - Plan
  - Deploy
  - Review
  - Respond
- Example



# What to look for

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- Cost – and what are the deliverables for that cost
- Reporting
  - Timeliness
  - Summary and detail
  - Physician level
  - Office level
  - Comparative



# Electronic survey

Personal Info

Initial Survey

FINISH SURVEY

1. Our records show that you got care from the provider named below in the last 12 months. Is that right?

- ☐ Yes
- ☐ No

2. How long have you been going to this provider?

- ☐ Less than 6 months
- ☐ At least 6 months but less than 1 year
- ☐ At least 1 year but less than 3 years
- ☐ At least 3 years but less than 5 years
- ☐ 5 years or more

**These questions ask about your care at the hematology/oncology provider' office listed in question 1. Do not include care you got when you stayed overnight in a hospital or at any other provider's office..**

3. In the last 12 months, how many times did you visit this provider to get care for yourself?

- ☐ None
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

4. In the last 12 months, did you phone this provider's office to get an appointment for an illness, injury or condition that needed care right away?

- ☐ Yes
- ☐ No





# 14 Benchmarking/Survey Reports

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	Report Name
1	Summary Report by Cancer Center
2	Summary Scoring Report
3	Comperative Summary Scoring Report
4	Cancer Center to all Cancer Centers
5	Comparative Cancer Center to All Cancer Centers
6	Cancer Center to all Cancer Centers within the same state
7	Cancer Center to all Cancer Centers within the same city/state
8	Cancer Center to all Cancer Centers that are the same size
9	Cancer Center to all Cancer Centers that have a similar Medicare %
10	Provider within a Cancer Center to all providers within the same Cancer Center
11	Comparative Physician Report for a Cancer Center
12	Comparative Physician Report for a Cancer Center/Location
13	Comparative Location Report for a Cancer Center
14	Cancer Center Daily Report



# Summary Scoring

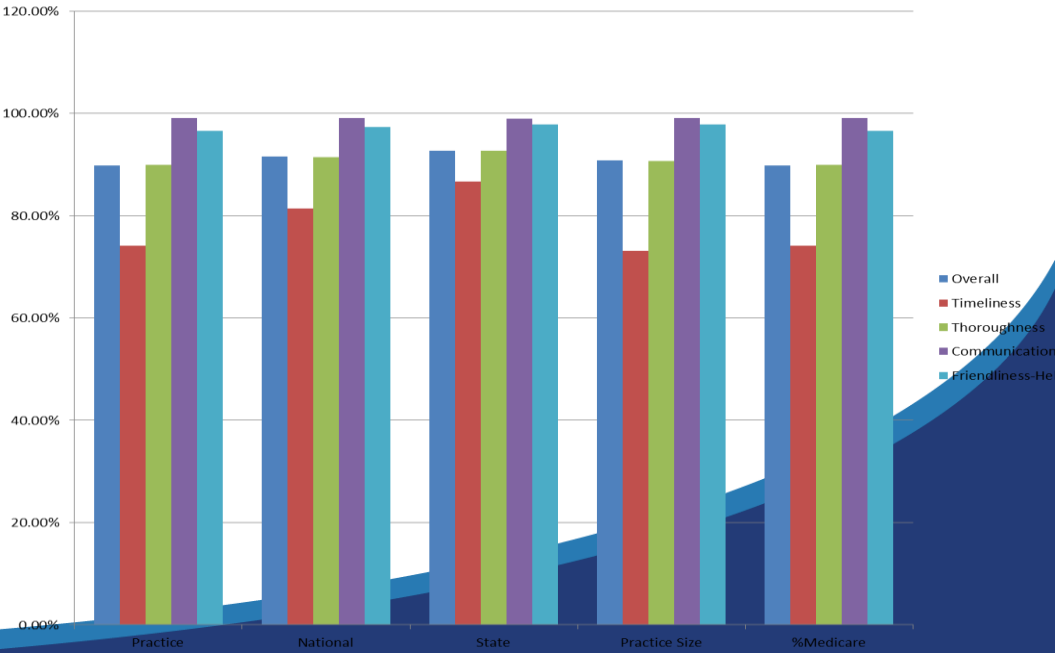
## Summary Scoring Report

Start Date : 2012-11-01    End Date : 2014-11-17        Export File Type :

Quality Cancer Center

Practice : Quality Cancer Center  
State : New York  
Practice Size : Small (1-3 Providers)  
Medicare % : 26-50%

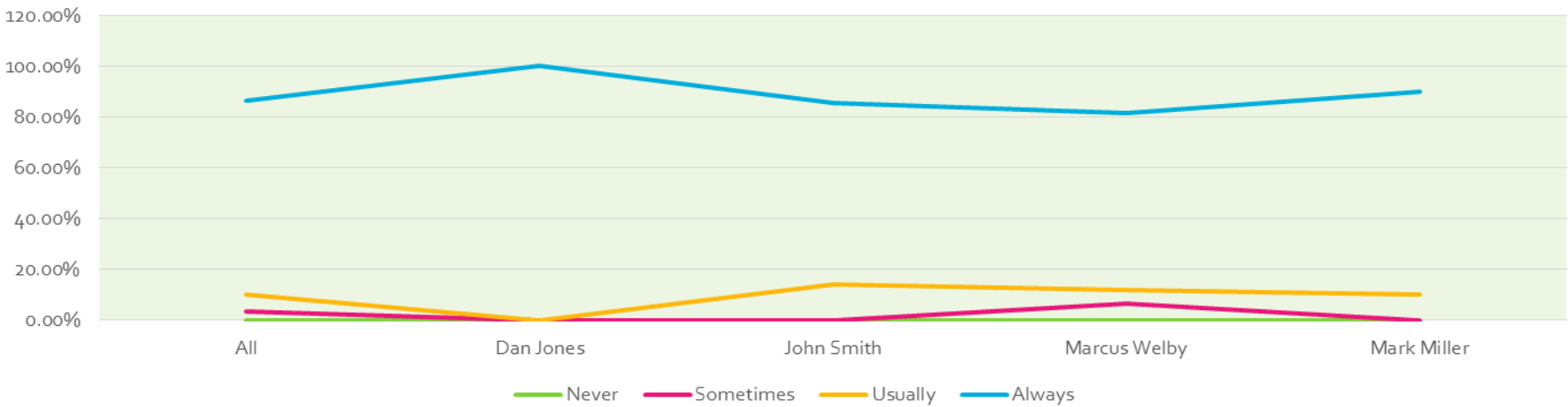
Category	Practice	National	State	Practice Size	%Medicare
Overall	92.28%	91.06%	92.91%	91.95%	91.62%
Timeliness	88.20%	84.01%	87.68%	86.22%	85.10%
Thoroughness	91.60%	91.22%	92.87%	91.58%	91.58%
Communications	98.85%	98.87%	99.03%	99.02%	98.97%
Friendliness-Helpful	98.03%	96.84%	97.90%	97.79%	97.42%





# Detail Scoring

## Appointment Time Met Expectations



#	Category	All	Dan Jones	John Smith	Marcus Welby	Mark Miller
5	In the last 12 months, when you phoned this providers' office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?					
	Never	0.00%	0.00%	0.00%	0.00%	0.00%
	Sometimes	3.40%	0.00%	0.00%	6.60%	0.00%
	Usually	10.10%	0.00%	14.30%	11.80%	10.00%
	Always	86.60%	100.00%	85.70%	81.60%	90.00%



# Comparative Scoring

	Practice		National		Practice Size		%Medicare	
	1st	2nd	1st	2nd	1st	2nd	1st	2nd
Overall	91.04%	91.08%	91.31%	92.27%	91.12%	91.79%	92.11%	92.45%
Timeliness	84.46%	84.75%	86.69%	87.53%	84.74%	86.81%	87.66%	87.81%
Thoroughness	96.10%	95.78%	95.65%	96.11%	96.04%	95.90%	95.84%	96.24%
Communications	88.24%	87.93%	88.13%	89.53%	88.91%	88.80%	89.19%	89.71%
Friendliness-Helpful	97.12%	97.82%	96.40%	97.50%	96.24%	97.38%	97.40%	97.64%
Provider Rating	95.48%	95.14%	94.88%	95.78%	95.18%	95.50%	95.14%	95.87%



# Resources

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- MIPS Overview <https://qpp.cms.gov/mips/overview>
- Quality Measures <https://qpp.cms.gov/mips/quality-measures>
- **Improvement Activities** <https://qpp.cms.gov/mips/improvement-activities>
- Advancing Care Information <https://qpp.cms.gov/mips/advancing-care-information>
- Other Resources <https://qpp.cms.gov/about/resource-library>

# Questions

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