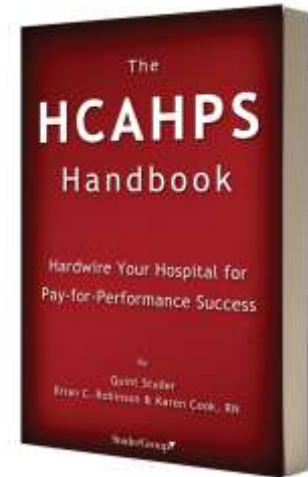


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 - Presenters have disclosed that they do not have any relevant financial relationships with any commercial interests related to the content of this educational event.

Coaching Providers on the Impact of P4P on Medical Practices



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WHAT'S *Right* IN HEALTH CARE™

Objectives



- ▶ Understand the impact of P4P and VBP on physicians
- ▶ Recognize that P4P is being written into physician service contracts
- ▶ Understand the CAHPS survey tools
- ▶ Review their role in delivering patient-centered care across all service lines (ED, Hospitalist, Inpatient)

“We are Present in Unwelcome Moments”

Donald Berwick



...Last, but not least, thank you Mercy/St John's for providing incredible care in good times and even more so, in times of the unthinkable, and for all the training that enabled us to be a team and treat the people and save lives.

Sincerely,

Kevin J. Kikta, DO
Department of Emergency Medicine
Mercy/St John's Regional Medical Center, Joplin, MO
Taken from an excerpt of first-hand account of ordeal

CAHPS Family of Surveys – Consumer Driven Healthcare

▼ *Ambulatory care*

- ▼ CAHPS Health Plan Survey
- ▼ CAHPS Surgical Care Survey
- ▼ **CAHPS Clinician & Group Survey**
- ▼ ECHO® Survey(Behavioral health)
- ▼ CAHPS Dental Plan survey
- ▼ CAHPS Home Health Care Survey

▼ *Facility care*

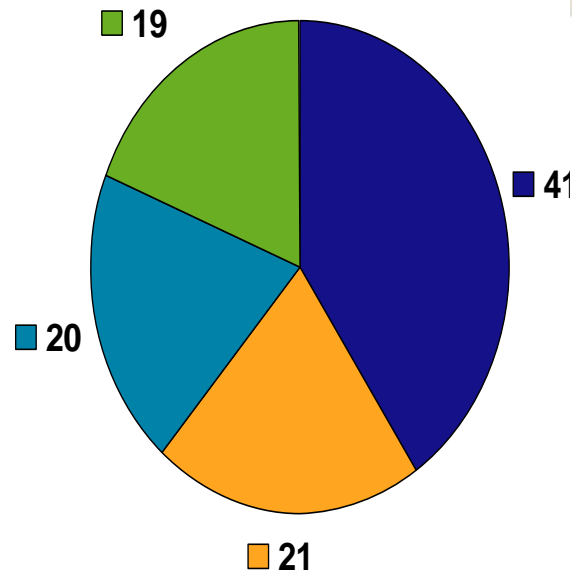
- ▼ **CAHPS Hospital Survey**
- ▼ CAHPS In-Center Hemodialysis Survey
- ▼ CAHPS Nursing Home Resident Survey (LTAC)
- ▼ CAHPS Nursing Home Family Survey

Would a Consumer Choose You?

- ▶ 83% of consumers are very/somewhat concerned about hospital quality
- ▶ 93.8% reported being willing to go out of their way (drive further, reschedule appointments)
- ▶ 64.9% said they would pay more to seek care at a more highly-rated hospital
- ▶ 60.7% feel the federal government should pay highly-performing hospitals more

Physician – Patient Relationship is Key

The McKinsey Quarterly



■ Patient Experience ■ Physician Decision
■ Hospital Reputation ■ Location

*“...patients are more likely to base their choice of hospital on **non-clinical** aspects of a visit – like communication.”*

HEALTH

NOVEMBER 2007

*“Being Kept Informed” was the **MOST** important characteristic when “returning to a hospital for future visits.”*

2007 McKinsey Survey of >2,000 patients with commercial insurance or Medicaid

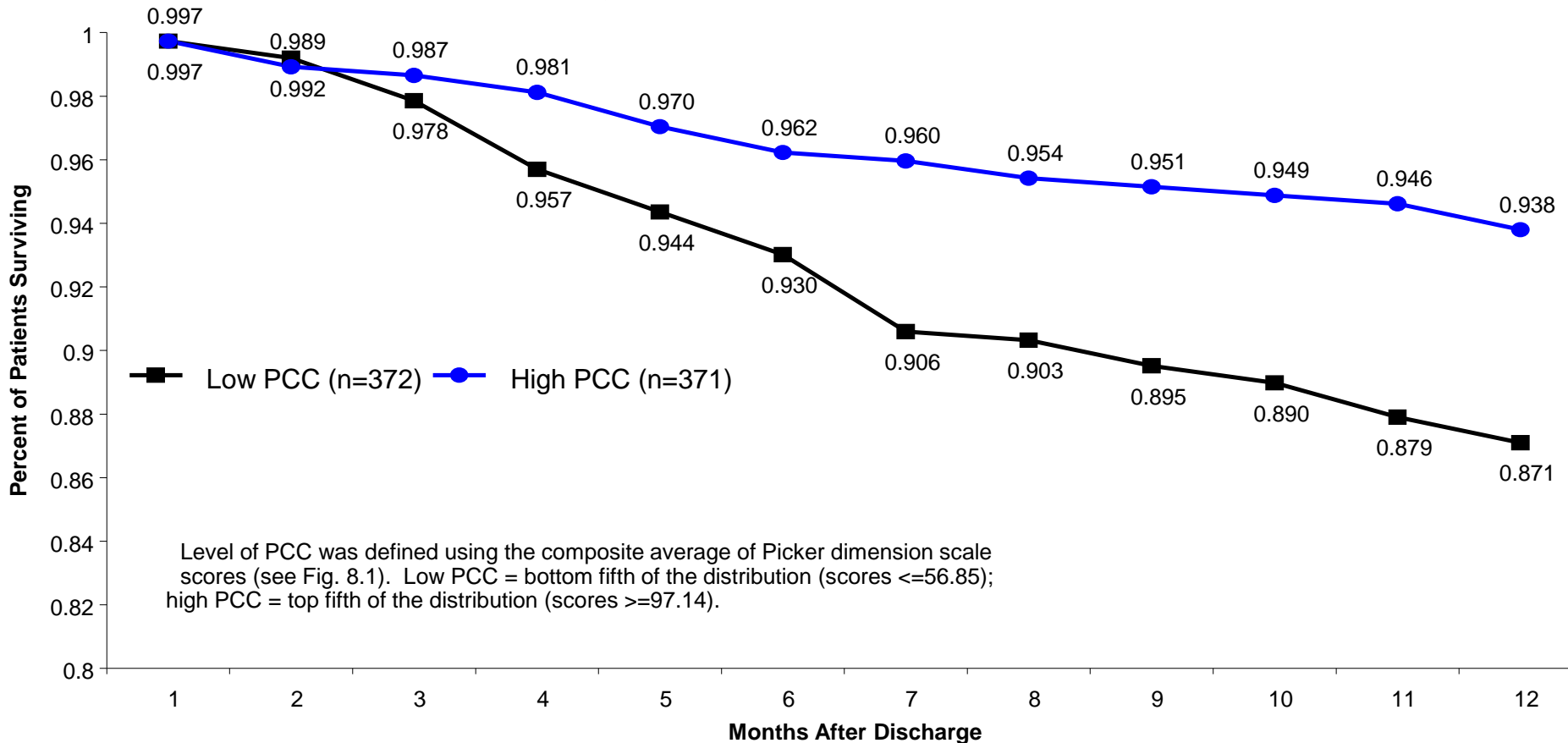
Clear Connection Between Patient-Centered Care and Clinical Quality Outcomes

Compared Hospital Quality Alliance (HQA) scores for the Quality of Clinical Care to HCAHPS Global Rating for 2,429 hospitals

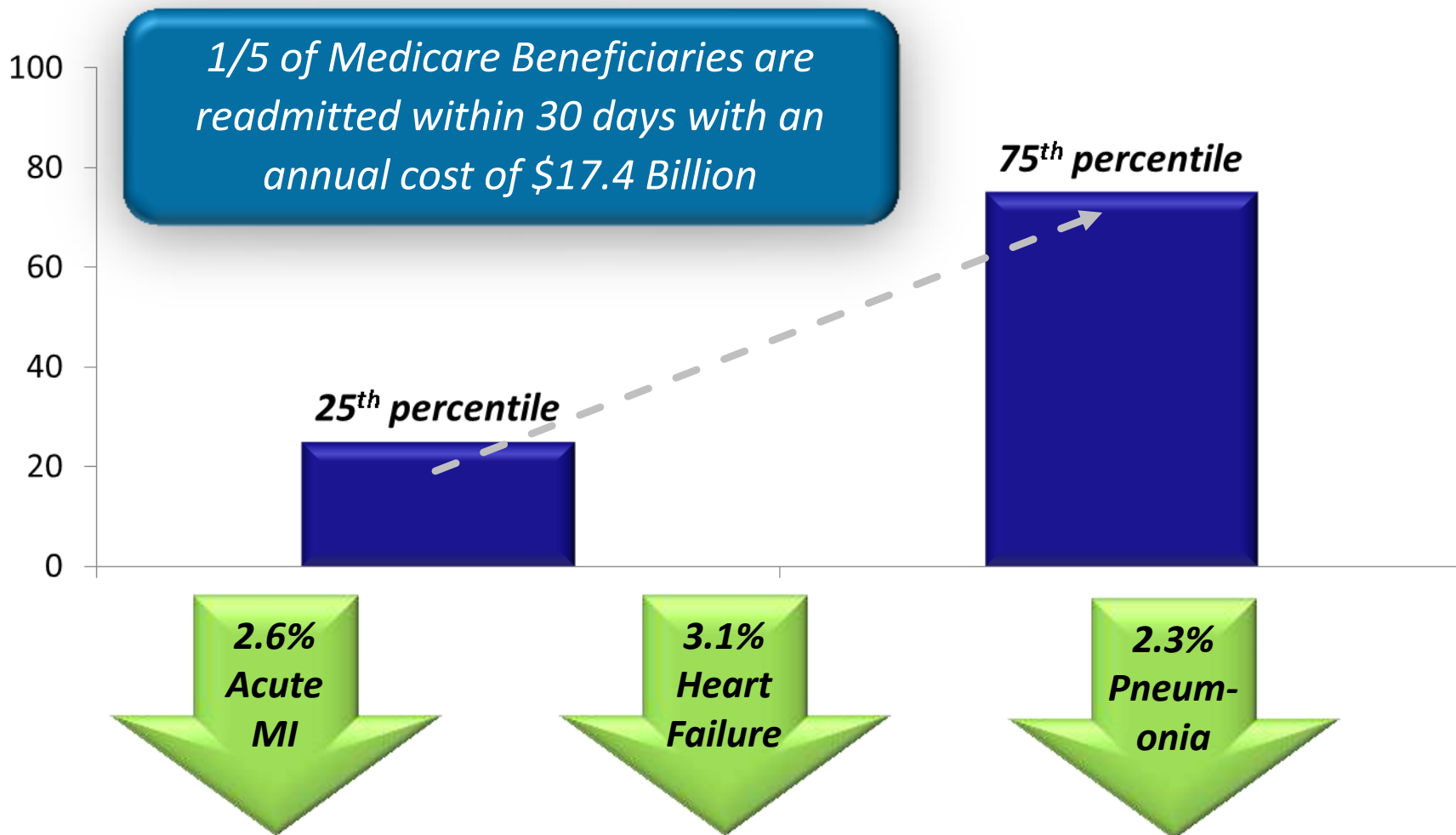
HCAHPS Rating	AMI	CHF	PNA	Surgery
Lowest quartile	93.5	82.7	88.5	82.8
Second quartile	94.5	85.2	90.1	84.3
Third quartile	94.6	85.9	90.7	85.2
Highest quartile	95.3	86.0	90.8	85.7
P value for trend	<0.001	<0.001	<0.001	<0.001

Patient-Centered Care and Mortality

Figure 11
Percent of AMI Patients Surviving To One Year Post Discharge
Stratified by Level of Patient-Centered Care (PCC)

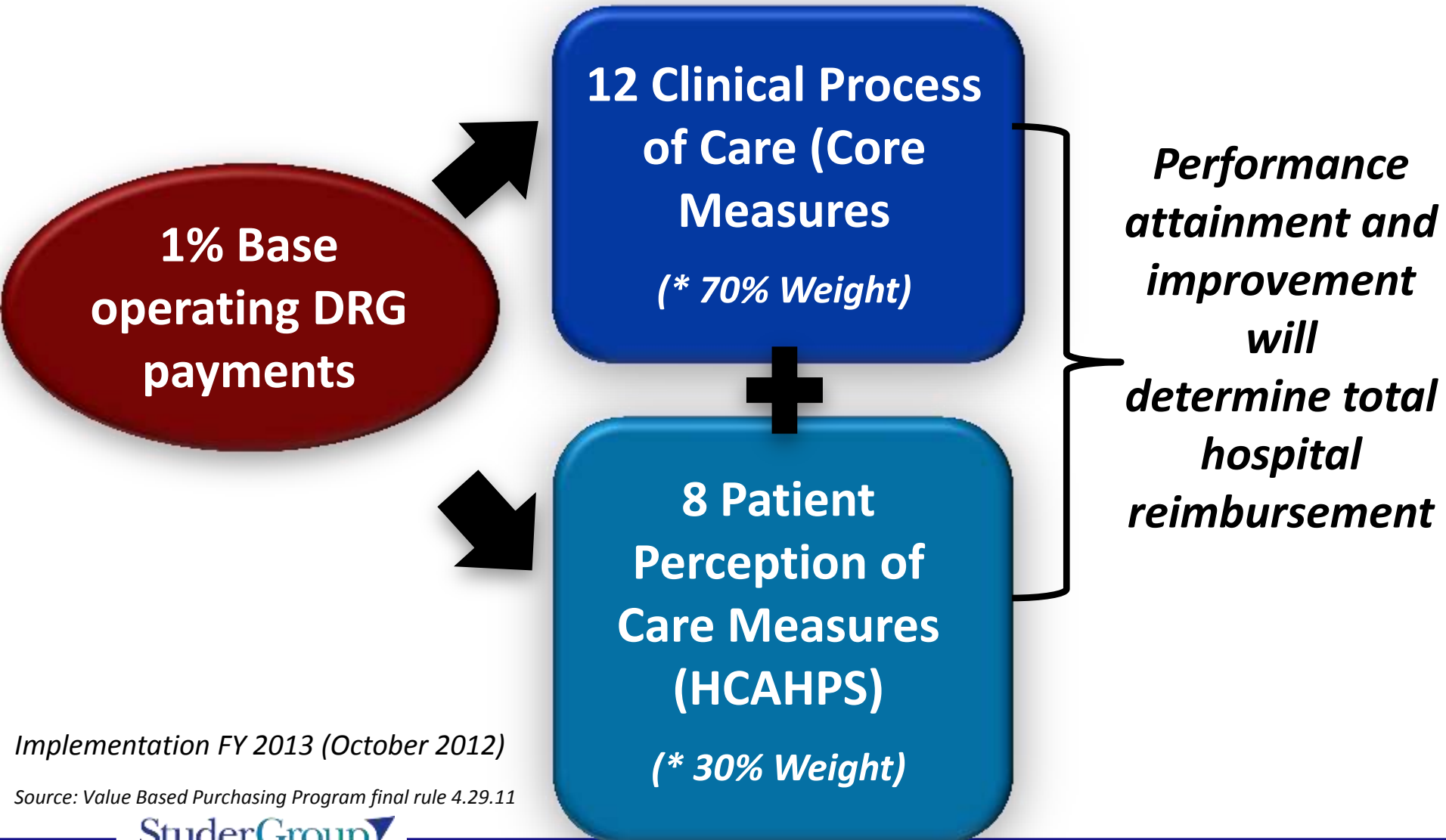


High Patient Perception of Care Equals Lower Preventable Readmissions



Source: *The American Journal of Managed Care; Relationship Between Patient Satisfaction With Inpatient Care and Hospital Readmission Within 30 Days; 2011; Vol. 17(1)*

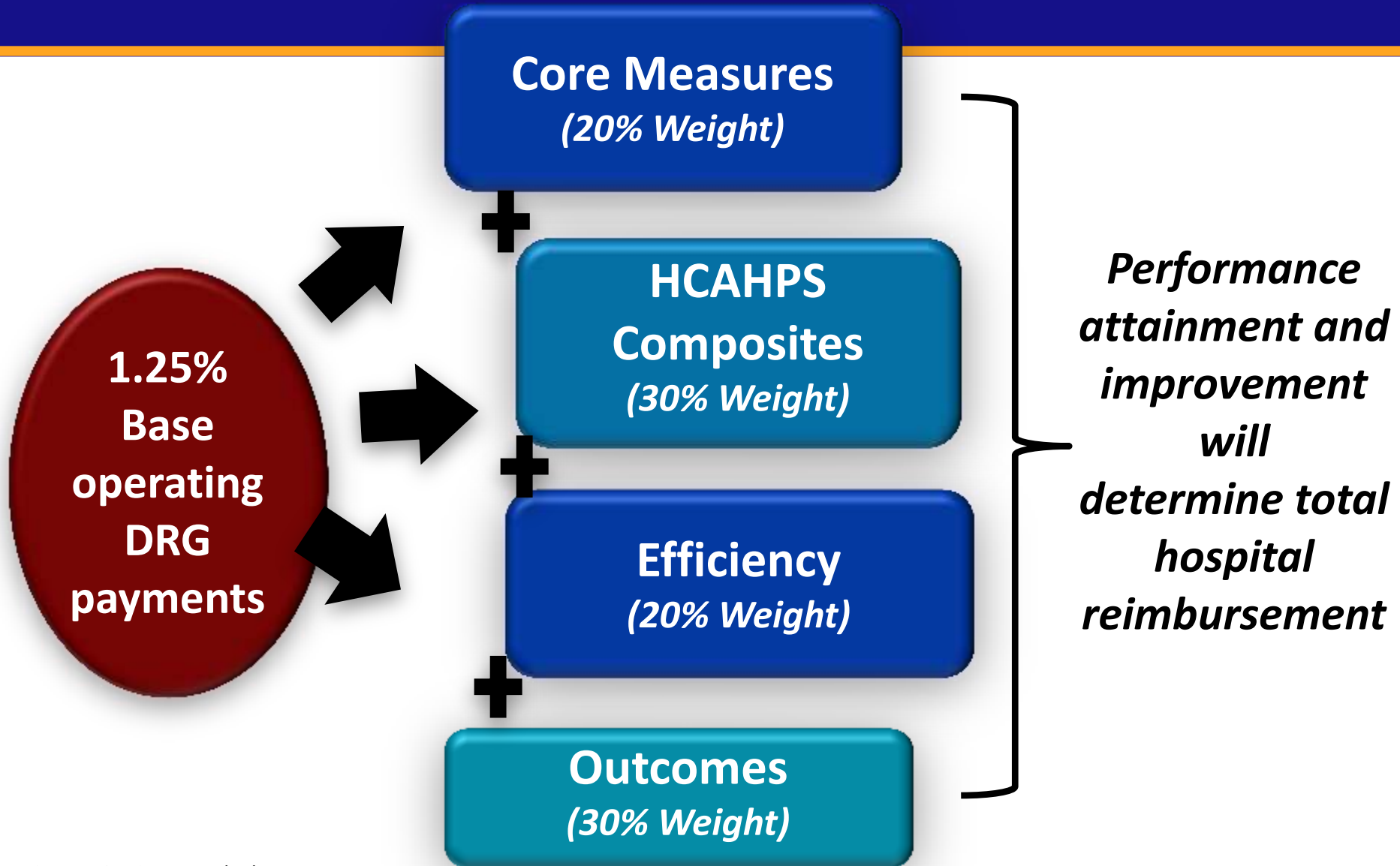
Value Based Purchasing FY 2013



Implementation FY 2013 (October 2012)

Source: Value Based Purchasing Program final rule 4.29.11

Value Based Purchasing FY 2014



Source: OPPS proposed rule 7.1.11

FY2013 Process Measures Achievement and Benchmark Thresholds

Measure ID	Measure Name	Achievement Threshold (50 th percentile)	Benchmark (Mean of top decile)
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	65.48%	91.91%
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	91.86%	100.00%
HF-1	Discharge Instructions	90.77%	100.00%
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	96.43%	100.00%
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	92.77%	99.58%
SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	97.35%	99.98%
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients	97.66%	100.00%
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	95.07%	99.68%
SCIP-Inf-4	Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose	94.28%	99.63%
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	95.00%	100.00%
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	93.07%	99.85%
SCIP-Card-2	Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period.	93.99%	100.00%

Impact of P4P on Provider Service Agreements

- ▶ Hospitals and integrated healthcare systems are adding achievement of P4P metrics into service contracts that are tied to compensation for:
 - ▶ Hospital based practices: ED, Hospitalist, Radiology
 - ▶ Outpatient practices
- ▶ Tracking performance/outliers on key issues like LOS, 30-day readmission rate, central line infection rate, etc.
 - ▶ UPIN
 - ▶ Crimson Suite

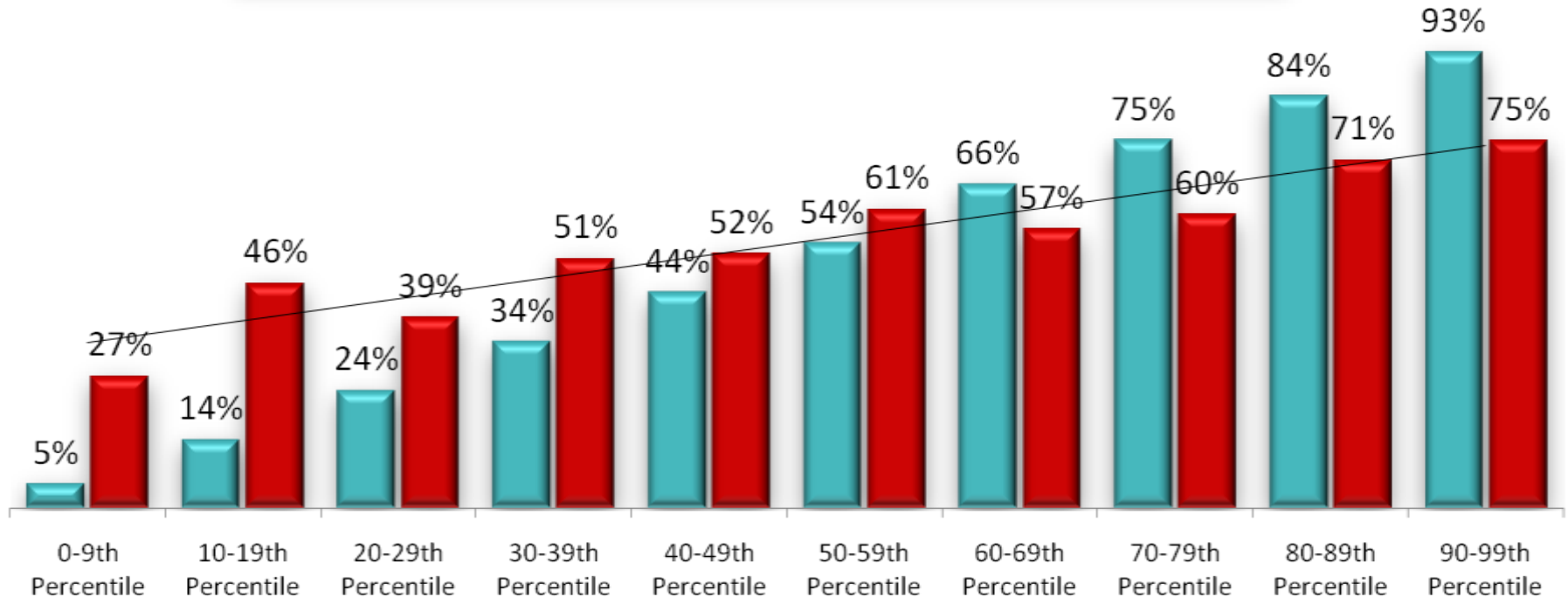
Emergency Department and Inpatient

CMS will collect and then publicly report in **2012**:

- ▶ **ED median time from disposition to admit until the patient leaves the ED to an inpatient room**
- ▶ **ED median time from ED arrival until the patient leaves the ED to an inpatient room.**

As Hospital's ED Percentile Ranking Increases, So Does Its HCAHPS "Overall" Percentile Ranking

Relationship: ED and HCAHPS "Overall" Percentile Rankings



■ Emergency Department Percentile Rank
 ■ HCAHPS "Overall" Percentile Rank

— Linear (HCAHPS "Overall" Percentile Rank)

Source: SG Analysis. The graph above shows a comparison of the average percentile rank for Studer Group Partners that have received EBL coaching since Jul 2008 and non-partners for each composite; updated 5.17.11 using 3Q09-2Q10 CMS data

Quick Facts About CG - CAHPS

- ▼ The validated, endorsed, free survey can stand alone or be incorporated into existing surveys
- ▼ NQF endorsed in 2007 as a standardized, evidence-based measure of patient experience with ambulatory care
- ▼ Core questions are the same but multiple versions available to meet user needs
 - ▼ 12-month version
 - ▼ Visit version*
 - ▼ Patient-centered medical home version (due Oct 2011)**
 - ▼ Adult and child version
- ▼ Supplemental questions can be added

- ▼ Frequency Response Scale

- ▼ 4 point (Always, Usually, Sometimes, Never)
- ▼ 6 point (Adds Almost Always and Almost Never)

- ▼ Core Questions

- ▼ Getting Timely Appointments, Care and Information (5 questions)
- ▼ How Well Doctors Communicate With Patients (6 questions)
- ▼ Helpful, Courteous and Respectful Office Staff (2 questions)
- ▼ Follow up on Test Results
- ▼ Patient Rating of the Doctor (0-10 scale)

Coaching Tips

- Connect importance of top performance to clinical quality/excellent care versus money
- Educate providers about survey tools, correlations with overall perception and specific evidence-based actions to improve performance
- Raise awareness of increased transparency and current individual/clinic performance compared to peers/benchmark – provide data
- Seek input from providers on improving hospital operations, especially in the ED

Frequency Scales Help Identify How Hardwired Our Processes Really Are...

It is not about scores,
financial indicators,
public reporting, % of
always...it is about
compassionate care
and saving lives

