Enhancing the Patient Experience: The HCAHPS Immersion

***PROJECT UPDATES***

January 30, 2013

Patient Centered Care
SAKARA BEY
Events and External Relations
Labor Management Project

MARCIA MAYFIELD
Senior Researcher
Labor Management Project
IMPROVE THE PATIENT EXPERIENCE
MEETING PURPOSE

✓ To check-in on progress to date and continue building a learning community around quality, safety and patient satisfaction

✓ To update teams on the impact of value-based purchasing and healthcare reform implications

✓ To evaluate the usefulness of this intervention program in assisting interdisciplinary teams in improving HCAHPS and quality of care at the facility level

✓ To determine the type of support needed to move project forward for 2013
Roll Call!

- Continuum: BIMC Petrie; St. Luke’s
- Mt. Sinai; Mt. Sinai Queens
- North Shore: Plainview; Syosset
- Montefiore: Wakefield campus
- Maimonides
- St. Barnabas
- Kingsbrook
- NY Presbyterian
- St. John’s Episcopal
Today’s Agenda

- Welcome & Overview
- Process Overview
- Sharing Our Progress
- Supporting Your Work
- Evaluating Our Progress
- Summary & Close

Enhancing the Patient Experience: The HCAHPS Immersion
Memory Lane...

Sponsors:

Enhancing the Patient Experience: The HCAHPS Immersion
TRAINING OBJECTIVES:

• Enhance knowledge and awareness around the HCAHPS survey and improvement opportunities.
• Provide support for on-going improvement work, including regional and national best practices and content experts.
• Increase HCAHPS scores through collaborative processes and engagement.
ACTIVITIES TIMELINE:

- WEBINAR PRIMER: 7/31/12
- 1-DAY TRAINING: 8/29/12
- HCAHPS HUDDLE: 9/20/12

Enhancing the Patient Experience: The HCAHPS Immersion
Enhancing the Patient Experience: The HCAHPS Immersion

12 Participating Hospitals

- Continuum: BIMC Petrie; St. Luke’s
- Mt. Sinai; Mt. Sinai Queens
- North Shore: Plainview; Syosset
- Montefiore: Wakefield campus
- Maimonides
- St. Barnabas
- Kingsbrook
- NY Presbyterian
- St. John’s Episcopal
## Proposed Projects:

<table>
<thead>
<tr>
<th>Focus</th>
<th>Number of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Bell / Responsiveness</td>
<td>5</td>
</tr>
<tr>
<td>Cleanliness</td>
<td>3</td>
</tr>
<tr>
<td>Quiet</td>
<td>3</td>
</tr>
<tr>
<td>Communication</td>
<td>3</td>
</tr>
<tr>
<td>Overall Rating/ Overall Patient Experience</td>
<td>2</td>
</tr>
<tr>
<td>AIDET</td>
<td>1</td>
</tr>
</tbody>
</table>

Enhancing the Patient Experience: *The HCAHPS Immersion*
One Reason Why HCAHPS Still Matters: Value Based Purchasing (VBP) Has Begun!

- DRG payments are reduced by 1% in FY2013 (beginning in October 2012), (reduction rises by 0.25% each year, ending with 2% reduction in FY2017)

- Payments are adjusted based on performance on HCAHPS (30%) and clinical process measures (70%)

- Hospitals earn VBP points by:
  - Achieving a certain level of performance or improving their performance
VBP Scores

• CMS calculates two scores for each HCAHPS and process measure: an achievement score and an improvement score

• Hospitals earn up to 10 achievement points and up to 9 improvement points for each measure

• The final score for each measure will be the higher of the two scores.

Enhancing the Patient Experience: The HCAHPS Immersion
VBP Scores: Benchmarks & Thresholds

• National Benchmarks: set at the average performance score for the top 10% of all hospitals during the baseline period
• National Thresholds: set at the median performance score (50th percentile) for all hospitals during the baseline period

Baseline Period: July 1, 2009 through March 31, 2010

Performance Period: July 1, 2011 through March 31, 2012

Enhancing the Patient Experience: The HCAHPS Immersion
### Calculating VBP Scores: Achievement Scale

For baseline period 7/1/09 – 3/31/10 and performance period 7/1/11 – 3/31/12

<table>
<thead>
<tr>
<th>HCAHPS Domain</th>
<th>Achievement Threshold (Top Box Minimum Score Necessary to Receive Any Achievement Points)</th>
<th>Benchmark (Top Box Score Necessary to Receive Full 10 Points Per Domain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Communication</td>
<td>75.18%</td>
<td>84.70%</td>
</tr>
<tr>
<td>Doctor Communication</td>
<td>79.42%</td>
<td>88.95%</td>
</tr>
<tr>
<td>Responsiveness</td>
<td>61.82%</td>
<td>77.69%</td>
</tr>
<tr>
<td>Pain Management</td>
<td>68.75%</td>
<td>77.90%</td>
</tr>
<tr>
<td>Communication about Meds</td>
<td>59.28%</td>
<td>70.42%</td>
</tr>
<tr>
<td>Clean/Quiet Hospital</td>
<td>62.80%</td>
<td>77.64%</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>81.93%</td>
<td>89.09%</td>
</tr>
<tr>
<td>Overall Rating</td>
<td>66.02%</td>
<td>82.52%</td>
</tr>
</tbody>
</table>

Calculating VBP Scores

**IMPROVEMENT SCALE**
- Rewards hospitals for improving their performance from the baseline period to the performance period
- A maximum of 9 points for each HCAHPS dimension (Compared to a maximum of 10 for achievement)

**CONSISTENCY POINTS**
- 0-20 points based on the lowest performing HCAHPS dimension
- Disproportionately weighted as 6% of the total VBP score
- If the lowest VBP HCAHPS dimension is at or above the baseline period national median, the hospital will receive the full 20 consistency points
How Have We Done?

**GAINS**

- 10 League Hospitals will receive bonus payments based on VBP scores (HCAHPS and Clinical Process Measures), ranging from .01% to .40% increases

**PENALTIES**

- 24 League Hospitals will receive a reduction in DRG reimbursement based on VBP scores (HCAHPS and Clinical Process Measures), ranging from .06% to 0.65% reduction


Enhancing the Patient Experience: The HCAHPS Immersion
League Hospitals HCAHPS – Comparison to National Average, 2011

<table>
<thead>
<tr>
<th>Category</th>
<th>% Above Average</th>
<th>% Below Average</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would Recommend Hospital</td>
<td>15%</td>
<td>85%</td>
<td>97%</td>
</tr>
<tr>
<td>Responsiveness</td>
<td>0%</td>
<td>100%</td>
<td>97%</td>
</tr>
<tr>
<td>Cleanliness</td>
<td>3%</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td>Quiet</td>
<td>3%</td>
<td>97%</td>
<td></td>
</tr>
<tr>
<td>Nurse Communication</td>
<td>0%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>
League Hospitals HCAHPS – Comparison to State Average, 2011

- Would Recommend Hospital: 74% Above Average, 26% Below Average
- Responsiveness: 12% Above Average, 88% Below Average
- Cleanliness: 15% Above Average, 85% Below Average
- Quiet: 53% Above Average, 47% Below Average
- Nurse Communication: 21% Above Average, 79% Below Average

NYS Average: 64%, 58%, 67%, 49%, 73%
How Have **YOU** Been Doing?

**TEAMWORK**

At your tables, please discuss:

1. What have been your team’s major activities since September?
2. What success/outcomes have you had?
3. What were your challenges?
4. What are your next steps?

Enhancing the Patient Experience: The HCAHPS Immersion
Report Out

In sharing your responses, please include:

• Hospital name
• HCAHPS Project/Dimension
• Team Introductions

Enhancing the Patient Experience: The HCAHPS Immersion
Where Do We Go From Here?

TEAMWORK
At your tables, please discuss:
1. What additional support do you need to continue your work?
   • From your hospital? From Leadership? From the LMP?
2. What additional topics would you like to see covered?
3. What format is most helpful for information about HCAHPS improvement:
   • Webinars? In-person meetings? Site visits? Other?
4. How can we help communicate information to your team more effectively?

Enhancing the Patient Experience: The HCAHPS Immersion
Large Group Discussion

How effective was the LMP “HCAHPS Immersion” to date?

Enhancing the Patient Experience: The HCAHPS Immersion
Enhancing the Patient Experience: The HCAHPS Immersion