Using Patient Experience Data to Make Practice Improvements

Through its work with Aligning Forces for Quality, Massachusetts Health Quality Partners (MHQP) works directly with primary care providers across the state to measure patient experience of care. Westwood-Mansfield Pediatric Associates, an affiliate of Boston Children’s Hospital, was not pleased with its first round of patient experience scores in 2007 and launched a focused effort to improve quality. The primary care practice’s “willingness to recommend” scores increased from 3.5 stars in 2007 to 4 out of 4 stars in 2009, and the practice’s “communication” scores improved from 3 stars in 2007 to 4 stars in 2009.

We sat down with Lester Hartman, MD, MPH, partner of Westwood-Mansfield Pediatric Associates, to learn more.

What was your initial reaction to your patient experience scores?

When we first received our scores, I was shocked and didn’t really believe the data, because I felt that wasn’t how we were viewed by patients. We had about 3,000 parent emails on file, so we sent them the exact same survey as the one conducted by Massachusetts Health Quality Partners. We received about 1,000 responses. Overall, the scores were about the same, if not actually lower. It was quite the “egg on my face,” and I wasn’t happy. As a practice, we weren’t happy with the ratings of our office staff, whole patient knowledge, integration of care, and organizational access.

What actions did your practice take to address your scores?

One of the first areas we addressed was knowledge of the patient. Because multiple providers see the same patients, we began using the notes function in our electronic medical records to document specific information about patients, for instance, if the child recently won an award or if they were shy, and so forth. This was important because in order to improve access, we knew we had to become a larger practice and extend our office hours, and this would mean more providers would be seeing patients. We knew we had to give patients and families a sense of continuity. Keeping this goal in mind, our office staff also went through customer service training. We felt to achieve continuity, it was important to reduce turnover and have a stable front desk staff.

In 2007, we started a newsletter, which we send out two to four times a year to families to answer questions and update them on new practice offerings. This is in addition to our other communication with families. For example, during flu season, we send daily emails to parents with updates on the availability of flu vaccines and vaccination times. Typically, during flu season, we receive 300 to 400 phone calls a day, and thanks to our emails, this went down to around 100 to 150 calls a day. This kind of access greatly improved our scores.
In 2009, we started a parent partners program, which allows us to run ideas and policies by a few families before we put it out to the entire practice. We currently have four parent partners—two with special needs kids, two with non-special needs kids.

Teaching self-management is a huge part of what we do, and is especially valuable in a world where parents have to pay more out of pocket in deductibles. We began to do more education, utilizing YouTube, our website, and written materials in the office. One example of our efforts is we started posting videos to our website about common illnesses parents frequently call about. Currently, we have 45 videos online.

At annual physical visits, we give parents a strep throat test that they can administer at home. Parents of children with sore throats can watch our “how-to” video on administering an at-home strep test, and do not need to come into the office unless their test is positive. We focused on this type of visit because we knew that only 25 to 30 percent of patients who come in with a sore throat test positive for strep throat. As a result of these efforts, we have had a 30 percent reduction in office visits for minor sore throats. Our video on this topic has received more than 30,000 views since it was posted in 2009. This is something parents really love, because they feel empowered to start managing their child’s health. We are also doing email consultations with families for things like rashes.

Because we have cut down on unnecessary care visits, we are able to focus more attention on behavioral health and helping families manage chronic conditions or diseases.

In addition to cutting down on unnecessary visits, I looked at the different types of wait time in the office, starting from the moment the parent calls the office. I saw there were eight different types of wait time. To address this, we put up screens in the nurse’s office that show how many patients are waiting and the expected wait time. We started to do immunizations at the beginning of annual check-ups so families do not have to wait for the nurse to come in at the end to administer the shot. We reduced time on the phone because we have the common reasons why people call addressed in our online videos.

What sort of feedback did you receive from patient families?
To gauge how our efforts are affecting patient experience of care, we sent out a SurveyMonkey questionnaire to families and 70 percent responded that they would recommend us to a friend or family member.

Families have transferred to us because they hear we do not make you come in for every little problem. Families are also saving money because they don’t have to pay out of pocket for unnecessary visits, and can spend this money on a high-value visit.

Did you get any pushback from the team?
There is always pushback. There isn’t a question of if there is pushback, the question is how do you handle the pushback? If you really think this is a “win” for the patient, you have to be able to sell it. Patient feedback is the best way to understand value. We do patient surveys and get feedback if parents found value in something we offered.

Have you found that the office staff has improved?
Yes, they feel more like they are actually helping patients and are more mission-driven. They feel like they have a greater hand in improving care for patients.

What has been the effect of diverting traffic for minor problems away from the office?
We have been able to expand the number of patients we see. It has also enhanced our value and perception by people. We are able to focus on things like ADHD, asthma, and chronic disease management.
What’s next in your patient experience improvement efforts?
We would like to do more telehealth. This would allow patients to not leave the comfort of their home in order to receive care. Health care is not going to remain a bricks-and-mortar phenomenon. There are a lot of limitations, including reimbursements that still need to be worked out.

What advice do you have for other clinics that are looking to improve their patient experience scores?
Number one, you need to spend some time looking at your data. It is important to have a point person who can do this. For us, I was this point person and I spent hours analyzing data. Once I had an understanding of the data, I presented it to my partners and other providers and asked for their input in order to get everyone’s buy-in and to make changes.

It’s important to remember that the data isn’t just from a single point in time, but is a comparison from prior survey periods. Some of the data I had to process myself in order to show where improvements had been made from the last survey period. You then work together as a group to set benchmarks based on this data. You have to look at the overall picture too—do we want to be the gold medalist in the 100-mile dash, or do we want the gold medal in the decathlon? It is challenging for a practice to be a gold medalist in everything. Practices need to ask themselves, “Where do I want to fit within the expectations of what a practice should be?” For us, preventive health and self-management were important.