The Value of Patient Narratives for Quality Improvement: Findings from a Pilot Test of the CAHPS® Narrative Elicitation Protocol

The Beryl Institute PX2019 Conference
April 4, 2019
Session Outline

- Overview of the Pilot Project and the CAHPS Elicitation Protocol
  - Dale Shaller

- Current NYP Staff Views on the Use and Value of Patient Comments
  - Ingrid Nembhard

- Value of the CAHPS Elicitation Protocol
  - Mark Schlesinger

- Narrative Feedback Reporting to Practices
  - Tara Servati

- Q/A
Acknowledgements

- **NYP Team Members:**
  - Rick Evans, Senior VP and Chief Experience Officer
  - Sarah Ferguson, Vice President, Patient Experience
  - Dan DiCello, Director, Patient Experience
  - Davina Prabhu, Vice President, NYP Ambulatory Care Network
  - Elaine Fleck, MD, Chief Medical Officer, NYP Ambulatory Care Network

- **CAHPS Team Members:**
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  - Yuna Lee, PhD, MPH, Assistant Professor, Columbia Mailman School of Public Health

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Project Overview

- **Overall Aim:**
  - Assess the feasibility, value and use of the CAHPS Narrative Elicitation Protocol (NEP) in ambulatory care practices

- **Phase One:**
  - How feasible is the collection of the NEP in routine patient experience survey operations?
  - What is the added value of the NEP compared to conventional open-ended questions?

- **Phase Two:**
  - How can narrative information be reported to practice leaders and clinicians in ways that are easily understood and useful for improving patient experience?
CAHPS Narrative Elicitation Protocol (NEP)

A structured series of 5 open-ended questions that:

- Prompts survey respondents to tell a clear and comprehensive story about their experience with a provider and his/her office staff
- Complements the closed-ended survey questions
- Provides value-added information helpful to both patients and clinicians
1. What are the *most important things that you look for* in a healthcare provider and the staff in his or her office?

2. When you think about the things that are most important to you, *how do your provider and the staff in his or her office measure up?*

3. Now we’d like to *focus on anything that has gone well* in your experiences in the last 3 months with your provider and the staff in his or her office. Please explain what happened, how it happened, and how it felt to you.

4. Next we’d like to focus on any experiences in the last 3 months with your provider and the staff in his or her office that you *wish had gone differently*. Please explain what happened, how it happened, and how it felt to you.

5. Please describe how you and your provider *relate to and interact with each other.*
Study Setting: NewYork-Presbyterian Enterprise
NYP Ambulatory Care Network (ACN)

- 32 practices across Manhattan
  - Primary care, family planning, and specialty clinics

- Located in two major campus settings:
  - Weill Cornell Medical School (east side)
  - Columbia University (west side)

- Each campus has a distinct culture and patient population
  - Weill Cornell: Higher income, elderly patients
  - Columbia: Lower income, strong neighborhood identity; unionized staff
Current Collection of Patient Comments in ACN

- Press Ganey (PG) is the third-party vendor
  - Administers the surveys via mail and e-mail
  - Collects the surveys
  - Houses the survey data and patient comments
  - Provides reports to ACN Patient Experience Office

- PG survey is based on but different from CG-CAHPS
  - 4 composites: Access, MD Communication, Care Coordination, Office Staff
  - 2 rating items: MD Rating, Likelihood to Recommend

- PG survey includes 3 open-ended questions:
  1. What do you **like best** about our office?
  2. What do you **like least** about our office?
  3. Is there **anything else** you would like to share about your experience?
Current Reporting of Patient Comments

- Survey comments are distributed weekly to Practice Administrators, Supervisors, Medical Directors, ACN leadership, and “Care Champions”
- Previous format: PDF attachment to email
- Current format: Excel sheet attachment to email

<table>
<thead>
<tr>
<th>SITE</th>
<th>SURVEY</th>
<th>COMMENT</th>
<th>VISIT DATE</th>
<th>SPECIALTY</th>
<th>Kept inform if wait &gt;15</th>
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<tbody>
<tr>
<td>CU/AIM</td>
<td>1472830411</td>
<td>Very good.</td>
<td>1/10/2018</td>
<td>Int. Med.</td>
<td>Yes</td>
</tr>
<tr>
<td>CU/AIM</td>
<td>1472830411</td>
<td>She is kind &amp; loving to talk to.</td>
<td>1/10/2018</td>
<td>Int. Med.</td>
<td>Yes</td>
</tr>
<tr>
<td>CU/AIM</td>
<td>1472835723</td>
<td>The office was very hot. Just a small fan.</td>
<td>1/12/2018</td>
<td>Int. Med.</td>
<td>No</td>
</tr>
<tr>
<td>CU/AIM</td>
<td>1472835723</td>
<td>The office was very clean, and everything looks</td>
<td>1/12/2018</td>
<td>Int. Med.</td>
<td>No</td>
</tr>
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Study Design

Two-phase, quasi-experimental study of 9 NYP ACN sites
- **Phase 1** (10/17 – 2/19): Assess value of Elicitation Protocol content
- **Phase 2** (3/19 – 12/19): Assess value of:
  1) Enhanced feedback, and
  2) Elicitation Protocol content delivered through enhanced feedback

<table>
<thead>
<tr>
<th>Phase 1 Intervention Sites (N=3)</th>
<th>Phase 1 Control Sites (N=6)</th>
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<tbody>
<tr>
<td>• PG survey</td>
<td>• PG survey</td>
</tr>
<tr>
<td>• 5-question Elicitation</td>
<td>• 3-question PG protocol</td>
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<tr>
<td>Protocol</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Phase 2 Intervention Sites (N=6)</th>
<th>Phase 2 Control Sites (N=3)</th>
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<tbody>
<tr>
<td>• PG survey</td>
<td>• PG survey</td>
</tr>
<tr>
<td>• 5-question Elicitation</td>
<td>• 3-question PG protocol</td>
</tr>
<tr>
<td>Protocol</td>
<td>• Enhanced feedback</td>
</tr>
<tr>
<td>• Enhanced feedback</td>
<td></td>
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</tbody>
</table>

| • PG survey                    | • PG survey                 |
| • 3-question PG protocol       | • Standard feedback         |
| • Enhanced feedback            |                            |
We are absolutely committed to fulfilling the promise of *We Put Patients First* to all who walk through our doors. Our goal is to *always* meet and exceed the needs of our patients and their families. To reach this goal, we need your feedback about the quality of care and service that you received during your stay with us.

On an ongoing basis, we use the survey results and your suggestions to improve care, service, and the overall environment at the Hospital. We would truly appreciate if you could please take a moment to complete the enclosed survey.
Phase 1 Intervention: Enhanced Transition Language

Standard PG Survey

**ADDITIONAL COMMENTS ABOUT THIS VISIT**

Now that we have asked you to tell us about what happened during your recent experience with the provider and his/her office, we would like to ask you for any additional comments about the services you received during this visit.

What do you like best about our office?

What did you like least about our office?

Is there anything else you would like to share about your experience?

---

PG Survey with Elicitation Protocol

**IN YOUR OWN WORDS**

Please tell us in your own words about your experiences with the care and services from your provider. Health care providers value feedback from their patients that helps them understand what is working well and what may need improvement.

What are the most important things that you look for in a healthcare provider and the staff in his or her office?

When you think about the things that are most important to you, how do your provider and the staff in his or her office measure up?

Now we’d like to focus on anything that has gone well in your experiences in the last 3 months with your provider and the staff in his or her office. Please explain what happened, how it happened, and how it felt to you.

Next we’d like to focus on any experiences in the last 3 months with your provider and the staff in his or her office that you wish had gone differently. Please explain what happened, how it happened, and how it felt to you.

Please describe how you and your provider relate to and interact with each other.
CAHPS Patient Narrative Elicitation Protocol

The CAHPS® Narrative Elicitation Protocol (beta version) is a set of open-ended questions that prompt survey respondents to tell a clear and comprehensive story about their experience with a health care provider. Narratives from patients about their health care experiences can provide a valuable complement to standardized survey scores, both to help clinicians understand what they can do to improve their care and to engage and inform patients about differences among providers.

These supplemental items are designed to be used with the CAHPS Clinician & Group Survey.

They are available in English and Spanish for both the Adult and Child versions of the survey.
Our Hypothesis

Use of the NEP will be associated with improvement in:

1. patient experiences and

2. staff assessment of the value of patient comments and improvement efforts.
Current NYP Staff Views on the Use and Value of Patient Comments

Not for Broad Distribution
The Patient Comment Survey

- Used to assess staff impressions of:
  - Frequency of useful comments
  - Comment usefulness for understanding current practice
  - Comment helpfulness for quality improvement
  - Reservations about comments
  - Confidence in understanding of patients and practice performance

- Used to assess potential correlates of staff views of patient comments:
  - Learning orientation
  - Burnout and job satisfaction
  - Demographics (e.g., profession/role, gender, tenure)

- Will be used to compare staff views of the value of patient comments at baseline and follow-up i.e., test the hypothesis
Survey Respondents

- Surveys administered during staff meetings

- Responses from 295 individuals across 11 groups
  - Groups: 9 centers (3 centers with 40+ responses), PX Team, ACN Leadership
  - Minimum per group = 9; Maximum = 48
  - ~ 20 people did not answer most questions; dropped from most analyses

<table>
<thead>
<tr>
<th>Role</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid %</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFA</td>
<td>49</td>
<td>16.6</td>
<td>18.3</td>
</tr>
<tr>
<td>Supervisor</td>
<td>25</td>
<td>8.5</td>
<td>9.3</td>
</tr>
<tr>
<td>Physician</td>
<td>27</td>
<td>9.2</td>
<td>10.1</td>
</tr>
<tr>
<td>Nurse</td>
<td>56</td>
<td>19.0</td>
<td>20.9</td>
</tr>
<tr>
<td>Medical Assist.</td>
<td>49</td>
<td>16.6</td>
<td>18.3</td>
</tr>
<tr>
<td>Other Provider</td>
<td>22</td>
<td>7.5</td>
<td>8.2</td>
</tr>
<tr>
<td>Staff (e.g., receptionist)</td>
<td>40</td>
<td>13.6</td>
<td>14.9</td>
</tr>
<tr>
<td>Total</td>
<td>268</td>
<td>90.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>27</td>
<td>9.2</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>295</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
Finding 1: Few staff regularly see patient comments

In the last six months, how often have you seen comments from patients (in their own words) about the care they received in this practice?

38% report never or rarely see comments

Who most reports not seeing comments:
- PFAs: 36%
- Nurses: 36%
- Other providers: 34%
- Physicians: 30%

Who most sees comments:
- Supervisors and administrators
Finding 2: Mixed views about knowledge from comments

**Question asked**: Please explain whether patients’ written comments about their health care match what you would most want to learn from them and how.

<table>
<thead>
<tr>
<th>Comments are helpful</th>
<th>Comments are not helpful</th>
<th>Mixed feelings about comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients comments allows us to identify specific areas of concerns so we can target that area and build focus initiatives around them</td>
<td>Most comments are about interactions; I would like to learn more about their clinical expectations being met. i.e., we have resources but not clear on patients level of knowledge in getting access to those resources</td>
<td>Patients usually write comments when they are very dissatisfied or very satisfied- we don't get to hear from the in-between group</td>
</tr>
<tr>
<td>At the end of the day, the factors that pts feel the need to comment about are the factors that must be important to us whether or not we thought previously that they were important to us</td>
<td>Comments are often brief and don't go into detail so it's difficult to learn a lot from them. They tell us what we already know</td>
<td>When I review comments I appreciate the amount of detail that patients provide, what I often find is that not enough of the picture is included in the narrative</td>
</tr>
<tr>
<td>The qualitative data is necessary to support the quantitative. The data/comments balance is spot on.</td>
<td>I feel like the comments are not too reliable because certain patient seem to have a pre-determined idea</td>
<td>Would like to add area for them to suggest improvement ideas and not just evaluate experience</td>
</tr>
</tbody>
</table>
Finding 3: Staff learn about improvement areas in various ways

**Question asked:** When you have identified opportunities for improving patients’ experiences, how did this usually happen?

- **Staff Meetings**: 39%
- **Patients - Direct Interaction**: 28%
- **Staff Huddles**: 12%
- **Patient Feedback - Unspecified**: 8%
- **Other Mechanisms**: 4%
- **Patients - Survey Results**: 10%

Some respondents also addressed:

- When there is response to patient experience (N=7) - - incident or roadblock
- Actions taken when opportunities identified (N=16) - - go to management!
Findings 4 & 5: Comment use has positive correlates

- Frequency of useful comments is correlated with:
  1. Comment helpfulness for quality improvement
  2. Confidence in understanding of patients and practice performance
  3. Decreased burnout and increased job satisfaction

- Comment helpfulness and confidence in understanding (#1 & 2) correlate with job satisfaction
  - Being in an organization with a learning orientation correlates with satisfaction too!

Takeaway: If frequency of useful comments increases, many concurrent potential benefits for organization and staff
Assessing the Value of the Narrative Elicitation Protocol (NEP) in Practice

Not for Broad Distribution
Original Scholarship

What Words Convey: The Potential for Patient Narratives to Inform Quality Improvement

RACHEL GROB,* MARK SCHLESINGER,† LACEY ROSE BARRE,‡ NAOMI BARDACH,§ TARA LAGU,‖ DALE SHALLER,# ANDREW M. PARKER,** STEVEN C. MARTINO,** MELISSA L. FINUCANE,** JENNIFER L. CERULLY,** and ALINA PALIMARU**,**,††
Distinctive Potential of the NEP

1. Identify Distinctive Patient Expectations

2. Illuminate More Actionable Forms of Patient Feedback

3. Facilitate Feedback from Less Empowered Patients
What’s Important to NYP Patients: Part 1

Relative to CG-CAHPS Composites

- Integral
- Proximal
- Distal
What’s Important to NYP Patients: Part 2

As a Percentage of All PROXIMAL Comments

- Access to Care: 27%
- MD Communications: 60%
- Coordination of Care: 10%
- Front-Office Staff: 8%
What’s Important to NYP Patients: Part 3

As a Percentage of All DISTAL Comments

- Emotional Rapport: 45%
- Technical Competence: 25%
- Thoroughness: 10%
- Clinical Staff: 10%
Always → during my eldest son pre-op check up *Dr. Smith always takes extra care in providing my child with medical attention needed and over booked herself to attend to his pre-op check up as he was going to have his tonsils removed.

I would like that when I tell my physician that I have something to take it more seriously and find what's the problem. I have never received a call to know the results.

When I was waiting the shift for my flu shot, I waited a little more than should have, and the doctor went out to ask why I was still there. This made me feel good.
Concrete and Actionable Aspects of Experience

- As a new patient, getting the clerk on the phone to enter and accept me in the system was extremely frustrating and difficult, despite my insurance clearly denoting the doctor's name as my PCP.

- Clerks seem to be too busy when you come in. for the most part I felt rush and not listen to.

- I don't like that if you need an appointment they delay a little, like 2 months to do it.
Concrete and Actionable Aspects of Experience

Prevalence of Actionable Feedback

- Any Actionable Feedback
- Access to Care
- Communication
- Care Coordination
- Clerical Staff
- Clinical Staff
- Technical Quality
- Relate to Clinicians
- Financial Issues
- Practice Attributes

Pct of Patients
Concrete and Actionable Aspects of Experience

Percent of Patients with Actionable Feedback

- NEP Sites: 35%
- Control Sites: 5%
Eliciting Feedback from Disempowered Groups

Percent of Patients with Actionable Feedback

- **Middle Income Lower Income**
  - NEP Sites: 35%
  - Control Sites: 15%

- **Middle Income Lower Income**
  - NEP Sites: 35%
  - Control Sites: 15%
Eliciting Feedback from Disempowered Groups

Percent of Patients with Actionable Feedback

- English: 30%
- Spanish: 15%
Study Phase 2

How can narrative information be reported to practice leaders and clinicians in ways that are easily understood and useful for improving patient experience?
Phase 2 Methods

- Focus Groups to Assess User Needs
- Design Sprint for Prototype Development
- Prototype User Testing Sessions
- Prototype Implementation in 6 Sites
- Pre-Post Analysis across all 9 sites (intervention and control):
  - PG/CG-CAHPS scores
  - All-Staff Patient Comments Surveys
  - Administrator and Clinician Interviews
Focus Group Findings: What would make a feedback report most useful to practices?

- **Report Content**
  - Extract and present key themes, but also allow drill-down to actual comments
  - Indicate valence and frequency of themes (but include “outliers” too)
  - Link comments to survey scores and “target indicators”
  - Link comments to patient demographics, visit date
  - Provide comparisons to peer groups where possible
  - Show trends over time
  - Provide links to “helpful tips” for improvement
  - Attribution to individual clinicians/staff: include names for positive comments only; redact names for negative comments

- **Report Format/Access**
  - Provide a print-ready summary snapshot, as simple as possible
  - Attach the report to an email message: no password required!
Designing the Report based on Feedback

- Partnered with Wowza, Inc. (creative design firm in Minneapolis)
- Engaged in a 5-day virtual “design sprint” to develop report prototype → shared results of sprint with CAN leadership → gained feedback → new iteration
Patient Narrative Project Launch

- Official launch date: March 18, 2019

- Held 1:1 tutorials with the six Practice Administrators
  March 11 – 15

- Gathered feedback on interface, expected utilization and dissemination, action report, and overall value
Prototype Report: Dashboard

Canal Street Practice - Overview of Patient Narratives  
Jan 2018 - July 2018

Overall Sentiment
Distribution of sentiment across all insights discovered:

- Negative - 24%
- Positive - 48%

Responses
454 surveys were collected for this report. Analysis revealed:

- 1,249 INSIGHTS

Themes with the most positive sentiments:
- Ability to Get Immediate Care: 14%
- Competence of Office Staff: 98
- Emotional Rapport: 77
- Makes Comfortable: 26
- MD Listens Carefully: 12
- Patient Empowerment: 4

Themes with the most negative sentiments:
- Care Approach: 112
- Clerks/Receptions Helpful: 90
- Contacting the office: 84
- Making appointments: 47
- Wait time in the office: 23
- MD Knows Medical History: 18

Average sentiment month by month
Prototype Report: Dashboard (cont.)

**Access**
- Overall: 72% National Percentile
- Key Indicator: 82% CAHPS Score
- 47% Kept informed of wait time

**Provider Communication**
- Overall: 72% National Percentile
- Key Indicator: 82% CAHPS Score
- 68% Provider listens carefully

46% of patient comments were **Positive**
- 24% Neutral
- 30% Negative

Explore these Patient Narratives

She always listens to my concerns and will take the time to ask me questions and answer anything I have a concern about.

January 20, 2018  |  MD Listens Carefully, Makes Comfortable

She never listens to my concerns and never pays attention to what I’m saying. I wish she would listen to me.

January 20, 2018  |  MD Listens Carefully, Makes Comfortable

Explore these Patient Narratives
Prototype Report: Dashboard (cont.)

Other Key Themes

A brief summary explaining what “other key themes” means and why they are important enough to put on the main dashboard.

46% of patient comments were Positive
24% Neutral
30% Negative

Meet your patient experience specialist, Tara.

The NYC Patient Experience Team is dedicated to improving the patient experience for all our patients as well as recognizing and rewarding excellence from our staff.

Patient Experience team: Joe Smith, Dave Smith, Sarah Smith, Rachael Smith, Peter Smith.

Contact:
Tara Servati
555-123-4332
Tara@NYP/Narratives
Full Narrative Drill Down
Canal Street Practice - Selected Comments
Jan 2018 - July 2018

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure...
“This is already so much nicer to navigate. So user friendly and I like it more than our other report because I can immediately see what I have to focus on.”

“I’ve seen these comments before in the Excel spreadsheet, but seeing it in this format makes it more impactful because of the visual aspect.”

“This is way more accessible, way easier to use, and the data is there at a click of a button. I don’t feel like I have to move things around and play with it a lot. I like the action report and the colors. It’s something you can quickly put together and just post.”

“It’s enticing, it makes you want to read more, the layout is very aesthetically pleasing.”
“The negative comments immediately stand out. I even remember seeing these comments from our old email report but seeing them here gives it a different impact.”

“The ones that most draw our attention are the ones about office staff because that’s where the visit starts…they determine the visit. We’d want to add all of them to our action report. The good to highlight recognition, and the bad for accountability.”

“I like that I can easily see people’s name in the report. I guess this was always visible, but the comments about staff or clinicians draw my attention right away.”
“Initially its all the data that pops up in one screen, no need to dig, the dashboard is great. The home page is great. I think it encourages you to take actions immediately and gives you a good temperature of your practice and how its doing…the “what’s important to patients” section can make us be more proactive as well.”

“Just the fact that the data is so easily digestible gives it value.”

“The specificity, the fact that you can see the whole story…also looking at trends over time. The details are most valuable because we can give this feedback easily to people who are mentioned. And then communication tools. Also great that we can see the themes. You can make things as tailored as you want. Even by department.”
Practice Administrator Feedback – Action Report

- "I can organize the action report by the themes! So brilliant! I tried doing this with our regular report but it was too hard."

- "I think most likely I would add the both extremes to the action report…and those specific to how a patient felt."

- "I like the action report because it allows you to look at situations and staff that are mentioned. We are able to isolate it and have it as documentation for accountability…the PG report…it’s a lot of maneuvering…this is better for accountability, it’s major."

- "I love the action report because I can print it I can post for the staff. I can show it to them so they can see that patients are taking the time to fill out the survey and there needs to be a focus on it."
Practice Administrator Feedback – Utilization

- “The ‘what’s important to patients’ is a quick way to see what I need. It’s probably what I’m looking at first. I like the overall sentiment piece to get a pulse of each month. Then third, I find the pie charts helpful but will take me a while to look at it. I like that I can tie the themes to the overall sentiment.”

- “I can envision using this in “all staff meetings” – we can use it for shout-outs...that can warrant an EverydayAmazing card so that is great to see. The recognition element is great. I know I could do that in the past but this is so much cleaner.”

- “We have an electronic board so we can actually screenshot these positive comments and post them on a loop for patients to see.”
“The themes become extremely important...we can shift our focus on the themes that have the most negative comments so easily. What we think is a priority might not be, and the themes help.”

“...we can also send the action report to senior leadership with the comments that we can’t control on our end...the issue of access..empanelment...these are issues that need to be addressed on the larger scale and we can prove easily that it is becoming an issue.”

“I would like to use this to train our front line staff on areas where they can improve. I can provide direct examples for role playing too!”
“I would share with supervisors the themes and MDs and our chief residents, the content would be in multiple areas for me. In my general ops meetings for supervisors, an ongoing agenda items to review with the care champions meeting.”

“Huddles, staff meetings, we could also send blast emails, internal recognition, we have a weekly leadership meeting and once a month we can look at the prior months and see what happened previously.”
Phase 2 Next Steps (March - December 2019)

- Roll out of enhanced feedback reports in 6 sites through end of 2019

- Continue collection of NEP through the Fall to provide updated content to feedback reports

- Field second staff survey and conduct interviews with practice leaders and clinicians to assess “value added”
Discussion
Appendix
Least answered demographic question: Burnout

- When you think about the stressors and sources of satisfaction working in this practice, which of the following statements best fit your personal circumstances (Missing: N=44; 15%)?

BUT good news from those who respond

** Physicians most likely to report 4 or 5

**Supervisors/administrators are most satisfied