



Member Satisfaction Toolkit



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CG CAHPS Survey Overview

The CG – CAHPS is a member satisfaction survey that assesses patients' experiences with their health care provider and staff in the doctors' office. The survey was created by the Agency for Healthcare Research and Quality (AHRQ) and the National Committee for Quality Assurance (NCQA), and was administered by SPH Analytics (SPH) for Central California Alliance for Health.

The survey period is the first six months of the calendar year in 2019. The clinics included in the survey were Care-Based Incentive (CBI) Groups that had submitted claims from at least 300 unique households during the survey period. Members that have had one or more visits in the calendar year are eligible to be surveyed.

The survey includes standardized questions for adults and children. The child survey is completed by the parents or guardians of members under the age of 18 years old. The surveys are offered in English and Spanish, depending on the members' language preference.

The CAHPS Clinician & Group Survey produces the following measures of patient experience:

- Getting Timely Appointments, Care, and Information.
- How Well Providers Communicate with Patients.
- Providers' Use of Information to Coordinate Patient Care (New to the 3.0 version).
- Helpful, Courteous, and Respectful Office Staff.
- Patients' Rating of the Provider.

Getting Timely Appointments, Care and Information

California law requires all California Medi-Cal providers to meet timely access to care. The Alliance has established standards for members to access care and information timely. Timely access to care is mandated by the Department of Health Care Services.

Survey Questions

1. Received answers to questions as soon as needed when calling during office hours
2. Received appointments when needed for routine care
3. Received appointments when needed for care needed right away

Answering Member Questions

When members call your clinic, their questions should be triaged or screened for services in a timely manner that is appropriate for the member's condition, 24 hours per day, 7 days per week. Steps to be successful:

- There should be an adequate telephone triage system or screen service in place to handle call volume, with minimum two lines with a rollover mechanism to shift incoming calls to a non-busy line.
- The service should include one or more of the following, to notify the member of the wait time or when the call will be returned by a provider:
 - Answering machine
 - Answering service, or
 - Staff

The telephone triage should include information on how a member can obtain urgent or emergency care including, the Alliance's Nurse Advice Line (NAL), or how to contact a provider that has agreed to be on-call.

Note: All Alliance providers are contractually obligated to provide the Alliance with their office hours, staffing and any on-call or coverage arrangements. Office hours and an emergency 24-hour number will also be clearly displayed in the provider's office.

Alliance Nurse Advice Line

All Alliance members have access to the Nurse Advice Line (NAL); members can access the line **24 hours a day, 7 days a week at (844) 971-8907**. The NAL is free, fast, and easy, and a registered nurse will answer the member's questions and quickly provide advice and care options or direct the member to seek emergency care.

If the Primary Care Provider (PCP) cannot see the member on the same day, or appointments are too far out, the member should be given the Alliance's NAL phone number. The NAL nurse can provide medical advice and necessary referrals.

We recommend making the NAL phone number accessible on all patient After Visit Summaries (selection in EHR or stamp), and encourage them to add the NAL phone number into their contacts on their phone. You may need to assist the member in inputting the phone number into their contacts.

Inform all members about the NAL several times during their visit: from check-in to departure. This will reinforce them to use the NAL instead of going in to the Emergency Department.

As noted above, include the NAL into your phone triage. When Alliance members call in after hours, if you do not have a provider on-call, have them routed to the NAL to speak to a registered nurse to provide care options.

The Alliance has NAL promotional materials (posters, handouts, magnets, etc.) available for you to hand out to members. Please contact your Provider Relations Representative to request the materials.

Benefits of using the NAL

- Research has shown that patients are less likely to go to the ED.
- Quicker access to care for members.
- Eliminates members needing to schedule, wait for, and travel to an in-person appointment (unless the nurse advises immediate care).
- Helps to avoid unnecessary in-person visits to PCP offices, urgent care, and emergency departments (EDs).
- The NAL has the potential to improve members' experiences with care.
- The nurse can also help the patient understand and comply with prescribed medication and diet.
- Impacts the Preventable Emergency Care-Based Incentives (CBI) measure.

Routine Care Appointments

Preventive care appointments should be scheduled in advance. These are for routine health care visits that include screenings, check-ups, and patient counseling to prevent illnesses, disease or other health problems. Alliance members should receive routine care, (non-urgent) or preventive care, for new or established patients with their provider within the following timelines:

Non-Urgent Care Appointments	Wait Times
Primary care appointment (including first pre-natal visit and preventive visits)	10 business days
Mental health care appointment (with a non-physician provider)	10 business days
Specialist/Specialty Care appointment (including Psychiatrists)	15 business days

Patient appointments should be coordinated among different physicians on the same day. At the time of scheduling ask the member if they require special needs, i.e. wheelchair-bound patient, have them arrive 15 minutes early to their appointment for staff to be able assist the patient. The date and time of the appointment scheduled should be provided to the member, either written or sent electronically. Reminder calls or notices for the member should be completed to avoid no shows.

Staff should monitor wait times to obtain appointments, telephone wait times, and wait times to see a provider after check-in with the receptionist to assess for areas of improvement. Request feedback from members about accessibility; this is a valuable information for determining your patient's perception of their accessibility to care at your clinic.

Appointments Needed Right Away

Preferably members should schedule their appointments ahead of time. In reality, things happen and members cancel or don't show up. As a result a member may wake up feeling ill and request to be seen that same day. Alliance members should receive urgent access to their provider within the following timelines:

Urgent Care Appointments	Wait Times
For services that do not require prior authorization	24 hours
For services that do require prior authorization	96 hours

Blocking out available time for same-day scheduling can help your clinic manage the unexpected. Same-day scheduling allows for walk-ins and urgent appointments. Members will not have to wait weeks for an appointment, and are seen same-day, thus reducing the likelihood of no-shows and visits to the ED. As a result, less follow-up is needed for patients who miss their appointments. Successful clinics have decreased the wait time for routine appointments; in some cases, from nearly two months to one day.

This is based on the idea that there is an imbalance between supply and demand, not limited capacity. For guidance on how to implement same-day scheduling please visit the following websites:

- AHRQ: [AHRQ's recommendation for implementation](#)
- American Medical Association: [Improving Timely Access to Primary Care: Case Studies of the Advanced Access Model \(full text\)](#)

How Well Providers Communicate with Patients

The patient and provider relationship is the cornerstone of patient engagement. When providers communicate well with their patients, it helps patients feel valued.

Survey Questions

1. Provider spent enough time with you [your child]
2. Provider showed respect for what you had to say
3. Provider listened carefully to you
4. Provider explained things in a way that was easy to understand

Spent enough time with your patient?

There is a direct relationship between whether the member feels that a provider spent enough time with them, and the member's overall satisfaction with the provider ([Trentalange et al., 2016](#)). The perceived amount of time that a physician spends with their patient is *less about actual time*, and *more about communication style and skills* ([Dugdale, Epstein, and Pantilat, 1999](#)). For example, making sure appointment times are scheduled to allow adequate time to address patient concerns, as well as time to provide patient education.

Clear Communication

It is important to remember that the member's information needs to come first, and explain concepts in simple and plain language. Complex information needs to be broken out into sections, or provide examples. Medical terminology may need to be explained. Also, consider that patients may be ashamed of their low (health) literacy, and may find ways to make it less obvious.

Use a medically trained interpreter to translate for the member or family about pertinent information. Do not ask a family member to interpret. Important information may be filtered out, unintentionally and/or intentionally, or not properly translated. It is critical to use a third party medically trained interpreter. The Alliance offers an interpreter service for eligible Alliance members, as well as for those who are deaf or hard of hearing (TTY, dial 7-1-1). The services offered can be telephonic or face-to-face. For more information, please visit the [Alliance's Cultural and Linguistic Services Program](#) website.

Consider supplementing the conversation with instructions and visual aids. For example:

- Line drawings to elucidate complicated or abstract medical concepts or technical information.
- When illustrating internal body parts, include the outside of the body.

When speaking with the member, check to ensure they understand the conversation. Ask the patient to restate the health information in their own words. The patient may agree with the instructions, but may not actually understand and be too embarrassed that they do not understand. Ask them to repeat the process until the patient can restate the important information accurately. For example, "I want to be sure I didn't leave anything out that I should have told you. Would you tell me what you need to do, so I can be sure you know what is important?"

[AHRQ's 7 Tips for Clinicians](#)

1. Use plain language

2. Limit information and speak in short sentences (3-5 key points)
3. Be specific and concrete, not general
4. Demonstrate, draw pictures, use models
5. Repeat/Summarize
6. Teach-Back (confirm understanding)
7. Be positive, hopeful, empowering

For more information, fact sheets, strategies, and additional reading material:
<https://health.gov/communication/literacy/quickguide/quickguide.pdf>

Ask Me 3

The Institute for Healthcare Improvement (IHI) recommends implementing the National Patient Safety Foundation's Ask Me 3 educational program in your clinic. This program encourages members and families to ask the following three specific questions of their providers to better understand their health conditions, and what they need to do to stay healthy.

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

This program helps members to take a more active role in their healthcare and assist in improving communication between members, families and providers.

Shared-Decision Making

Evidence indicates that patients want more information and to be more involved in their healthcare related decisions. Shared decision-making is a model of patient-centered care that encourages the patient to play an active role in the medical decisions affecting their health. Decisions related to preventative testing, diagnostic work-ups, and treatment options should only be driven by patient preferences.

The goal of shared decision-making is to ensure members are fully informed of their condition, medical options, and pros and cons so that they can make informed decisions about their care. Treatment decisions should be guided by patient goals and preferences, and respect the patient's values, preferences, and expressed needs when making recommendations for care.

Benefits of shared decision-making

- Increase patient satisfaction
- Better health outcomes including less anxiety, quicker recovery, increased compliance with treatment regimens
- Lower demand for healthcare resources

Additional Resources

- Better Communication, Better Care: Provider Tools to Care for Diverse Populations: http://www.ccah-alliance.org/providerspdfs/ICEToolkit/ICE_C&L_Provider_Toolkit_July2010.pdf
- This is a comprehensive toolkit which discusses essential topics including communication with a diverse patient population such as: nonverbal communication, identifying and addressing health literacy, communicating across language barriers,

the ways in which culture impacts health care delivery, guiding patient conversations, cultural variation of surrounding health literacy and how to address some of these, and many other helpful topics.

- Decision aids: <https://decisionaid.ohri.ca/index.html>
- The SHARE Approach: A 5-step shared-decision making process: <https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html>
- Promoting Cultural and Linguistic Competency: [Self-Assessment Checklist: http://www.ccah-alliance.org/providerspdfs/Checklist_PHC.pdf](http://www.ccah-alliance.org/providerspdfs/Checklist_PHC.pdf)
- Think Cultural Health – [National CLAS Standards: https://www.thinkculturalhealth.hhs.gov/clas](https://www.thinkculturalhealth.hhs.gov/clas)
- Resources for Improving Physician Communication
- Institute for Healthcare Communication: <http://www.healthcarecomm.org>
- American Academy on Communication in Healthcare: <http://www.aachonline.org/>
- The Foundation for Medical Excellence: <http://www.tfme.org/>
- Motivational Interviewing Network of Trainers: <http://motivationalinterviewing.org/>

Best Practices

- During the visit allow the patient to speak without interrupting them. This allows for holistic information gathering.
- Use open-ended questions and actively listen to the member instead of trying to control the direction of the visit.
- Pay attention to the member's emotions in order to provide support and encouragement. Use empathetic statements.
- Ask the member what they believe to be happening with their health. This can reveal the patient's uncertainty and deeper concerns.
- Vary appointment lengths to allow more flexibility and accommodation to different types of appointments.
- Schedule catch-up time for the clinician in between appointments.
- Schedule time for same-day appointments (see section *Getting Timely Appointments, Care, and Information*)
- Interviewing and Health History: http://culturalmeded.stanford.edu/pdf%20docs/Bates_Chapter_2.pdf. This book chapter provides segments related to interviewing patients for their health history. Topics include: open-ended questions, listen without interrupting, ask patient to elaborate, techniques of skilled interviewing, adapting the interview to specific situations, sensitive topics, etc.

For more detailed information, please see [Dugdale, Epstein, and Pantilat, 1999](#).

Helpful, Courteous, and Respectful Office Staff

Customer service starts with helpful, courteous and respectful office staff. In busy clinics it is important to help members politely and provide good service.

Survey Questions

1. Clerks and receptionists were helpful
2. Clerks and receptionists treated you with courtesy and respect

Clerks and Receptionists

The receptionist or front office staff is the first to encounter members. This may include scheduling and verifying appointment details, requesting paperwork and processing insurance information. They should treat all members with courtesy and respect, as well as listen to the member's needs.

Customer Service Standards

Establish customer service standards within your clinic. These will set expectations and hold staff accountable when they interact with patients as well as with one another. Example: 90% of patients calling for an appointment can make one the same day. This requires notation of the number of patients that called, and how many were scheduled for the same day.

- With staff input, identify behaviors and scripts that reflect good customer service. For example, of appropriate behaviors: patience, attentiveness, and communication skills. These can be broken into more specific behaviors.
- Specific behaviors:
 - Introduce yourself, your clinic and remember to speak clear and slow
 - Before placing a caller on hold, ask if they can be placed on hold (instead of just putting them on hold)
 - Create scripts to assist staff in interacting with members effectively. This will assist in conveying your clinic culture, set expectations for behaviors and outcomes, and ensure everyone delivers a positive message consistently.
- Select areas for service standards and train staff on the expectations of the standards at your clinic (e.g. service standards for members, co-worker interactions, telephone etiquette). Make sure they can be measured and monitored for performance. Ensure all staff is held accountable to the standards. Provide incentives and recognition for demonstrated service standards. Incentives could include gift certificates, gifts, or entering employees for a raffle prize. Providing recognition could be as simple as thanking or praising employees at team meetings, allowing staff (and patients) to submit statements in which employees went Above and Beyond, etc.

Communicate that customer service standards may evolve as employees become better at meeting patient needs. Refer to the [AHRQ Standards for Customer Service](#) for examples for scripts and service standards.

Information Used to Coordinate Patient Care

Coordinating patient information efficiently allows for more streamlined processes in clinics, and empowers members to manage their healthcare needs.

Survey Questions

1. Talked about prescription medicines at each visit
2. Office followed up with test results
3. Provider knew important information about your medical history

Medication Reconciliation

The Alliance recommends talking with your patients about their prescription medications at each visit. Medication reconciliation at each visit is very important for the provider and the member. Your EHR should have a comprehensive list of all prescribed and non-prescribed medications (OTCs, herbal medication, recreational drugs, as needed medications). Incorporate the Alliance's formulary into your EHR for easy access to the formulary.

When the patient arrives at your clinic and checks in with the receptionist, the receptionist should print the member's medication list. Ask the member or care giver to review the medication list and cross out all medications that they are no longer taking, and add any new medications. The member should hand the medication list to the medical assistant (MA) as they are taken into the exam room. After/before vitals are taken the MA should review the medication list with the member, to confirm the accuracy of the list and discuss which medications they are no longer taking and why, as well as any new medications including over the counter (OTCs) and herbal medications. This information should be noted in the EHR for the provider to review and discuss any questions or concerns with the member. Verify with the member that your EHR has the member's preferred pharmacy. For new patient appointments, have them bring in their medication containers and/or medication lists in order to reconcile and resolve discrepancies as needed.

Supply members with an accurate list of medications to provide to other physicians and health care. <https://www.who.int/patientsafety/implementation/solutions/high5s/h5s-sop.pdf>

- Medication Reconciliation Toolkit: <https://www.healthit.gov/sites/default/files/pdf/privacy/medication-reconciliation-meaningful-use-toolkit.docx>
- AHRQ Medication Reconciliation Toolkit: <https://www.ahrq.gov/sites/default/files/publications/files/match.pdf>

Test Results

Most clinics handle test results with "no news is good news." However, it is best practice to have clinic staff contact the members to provide them with their test results by phone. Clinics are often busy, and it is easy for staff to forget to make calls. Creating EHR reminders will assist staff in remembering to follow-up.

- Self-assessment and Guide: [Test Results Reporting and Follow-Up Toolkit](#) – This guide contains best practices and helps to identify strengths and weaknesses for how your clinic follows up with members to provide test results.

Patient's Medical History

Receiving the patient's complete medical history is essential in ensuring you are providing the appropriate medical care. Use a thorough and standardized personal history form to capture the member's medical history.

- **Mayo Clinic's History Form:** <https://mayoclinichealthsystem.org/-/media/local-files/eau-claire/documents/medical-services/family-medicine/primary-care-history-form.pdf>

For new member appointments, request permission to retrieve medical records from prior providers before the appointment to make the initial visit more impactful. For established members, if they inform you that they have received care from another provider, request the medical records to ensure your patient chart is complete.

It is important to take time to review the chart and medical history prior to the appointment. This maximizes your time with the member to discuss their concerns.

Workflow Example

- Assign a list of patients to each care team (preventive care, disease management, and acute care) in the practice.
- This team is responsible for assisting the entire population that is assigned to them.
- The team should be able to work with the member proactively rather than reactively. They are not only caring for patients when they arrive for a visit and request care, but contact members and build relationships with them.

AHRQ Information on Empanelment: <https://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod20.html>

Empanelment in teaching clinics Tool Kit:

https://cepc.ucsf.edu/sites/cepc.ucsf.edu/files/Toolkit%20_Empanelment%2018-0829.pdf

Pre-Visit Planning

Pre-visit planning will enhance the member's experience with your clinic, staff and providers. Being prepared for the visit will allow the provider to maximize their time with the member by answering questions and addressing member concerns.

American Medical Association Pre-Visit Planning Workflow: <https://edhub.ama-assn.org/steps-forward/module/2702514>

One or more days before the appointment, have the nurse or MA review visit notes from the prior appointment, as well as progress notes from other physicians (e.g. from referrals). If records or results are missing from other physicians, have the nurse or MA request the records prior to the members visit.

Pre-Visit Planning Tips

- **Team huddle:** Set aside a 5-15-minute huddle with the care team in the morning before the clinic opens to patients to discuss the day ahead. This includes pertinent information that the nurse or MA obtained during the pre-visit prep.

- **Test Results:** Print copies of the lab reports that occurred between appointments, and discuss the results with the member during the visit.
- **Patient Reminders:** Send reminders to the patients a few days before their upcoming appointment: send a letter, call them directly, email, or text.
- **Alliance Transportation Services:** Offer Alliance Transportation services as needed. Please contact the Transportation Coordinator at (800) 700-3874 ext. 5577.
- **Complex Patients:**
 - Plan a pre-visit phone call with the patient to address some of the following: medication reconciliation and agenda.
 - Is the member enrolled in the Alliance's Case Management Program? If not, review to see if they are possibly a candidate by calling (800) 700-3874 ext. 5512 or completing the referral form: http://www.ccah-alliance.org/pdfs/405-F-CM-Referral-V1_Fillable.pdf.
- **Pre-appointment Questionnaire:** Provide all patients with a pre-appointment questionnaire to complete either electronically or on paper. This can include all of the screenings that the nurse or MA would otherwise ask (e.g. depression screen, smoking status, etc.).
- **Warm Handoff:** The nurse or MA should briefly tell the physician information discussed from rooming the patient to help orient them to the member's needs.
- **"Plan Forward":** Schedule pre-visit laboratory testing. This saves time for both the clinic and the member.
- **Visit Prep Checklist:** to close gaps in preventive and chronic care needs. These should be discussed with the patient at the visit.

During Visit

Utilize a visit planner checklist to provide a summary for the member at the end of the visit. A visit planner gives the member a brief review of the visit and what next steps are required. The American Medical Association's (AMA) Visit Planner Checklist template is available for providers to modify to their clinic needs: [AMA visit planner checklist](#). This checklist includes what happened at the visit, follow-up appointment information, and which labs or procedures they need to complete before the next appointment. At the end of the visit assist the member in scheduling their next appointment and any necessary tests (e.g. mammogram, x-rays, labs, etc.).

Quality Improvement

It may be overwhelming to implement a quality improvement process into a busy clinic. The Agency for Healthcare Research and Quality (AHRQ) provides tips on ways to approach the quality improvement process in a clinic.

- [AHRQ - Ways to Approach the Quality Improvement Process](#)

When choosing an intervention make sure it suits the specific problem that needs to be addressed. Seek input from affected staff when choosing an intervention, and make sure that you are able to track results. The interventions should be specific, and able to be measured using small modifications over a short period of time (e.g. monthly). Keep the staff informed on the progress by displaying a performance dashboard in the clinic. At the end of the intervention, review and decide if the intervention was successful, and if it should be adopted and possibly expanded to other care teams, clinics, etc. Alternatively, determine if the intervention needs to be modified and retested or abandoned.

Communicate your innovative practices to staff and members in any way possible (newsletters, emails, websites, handouts). This raises awareness of the improvements that you are implementing in your clinic for their benefit.

Models for Improvement

- **Ask the following:**
 - What are we trying to accomplish?
 - How will we know that a change is an improvement? (How can you measure whether the change is an improvement?)
 - What changes can we make that will result in improvement?
- **RCI – Rapid Cycle Improvement**
 - Practical and real-time approach to learn whether there is an improvement
 - Test interventions on a small scale
 - Allow experimentation
 - Discard unsuccessful attempts
- **Lean**
 - Cut out unnecessary and wasteful steps when creating processes so that steps which add the most value remain.
- **VSM – Value Stream Mapping**
 - Create a visual map or flow of each sequential step in a process. This requires discussion and agreement on the entire process.
- **PDSA – Plan, Do, Study, Act Cycles**
 - Plan Strategy: Identify the goal or purpose, develop and write-out strategies and interventions.
 - Do and Study: Create and test specific, small-scale changes. Conducting these "mini-cycles" allows for small modifications and to re-test with changes.
 - Act: Implement the intervention. Determine whether the goals are being met with this intervention. Measure and track improvements.

Additional Resources:

- [AHRQ Practical Strategies for Improving Patient Experience - Best Practices](#) derived from AHRQ unless otherwise noted/cited.
- [Alliance Provider Website](#)
- [Alliance Care Management Services](#)
- [Timely Access to Care Standards](#)