

Accountable Care Organizations

CG-CAHPS, and Transparency

Thomas Schlesinger, Ph.D

Gundersen Lutheran Health System

La Crosse, WI



- Integrated Delivery System
 - Approximately 6,500 Total Employees
 - 776 providers employed / 474 medical staff
 - 41 clinic locations
 - 325-bed Tertiary Medical Center
- Physician-led organization

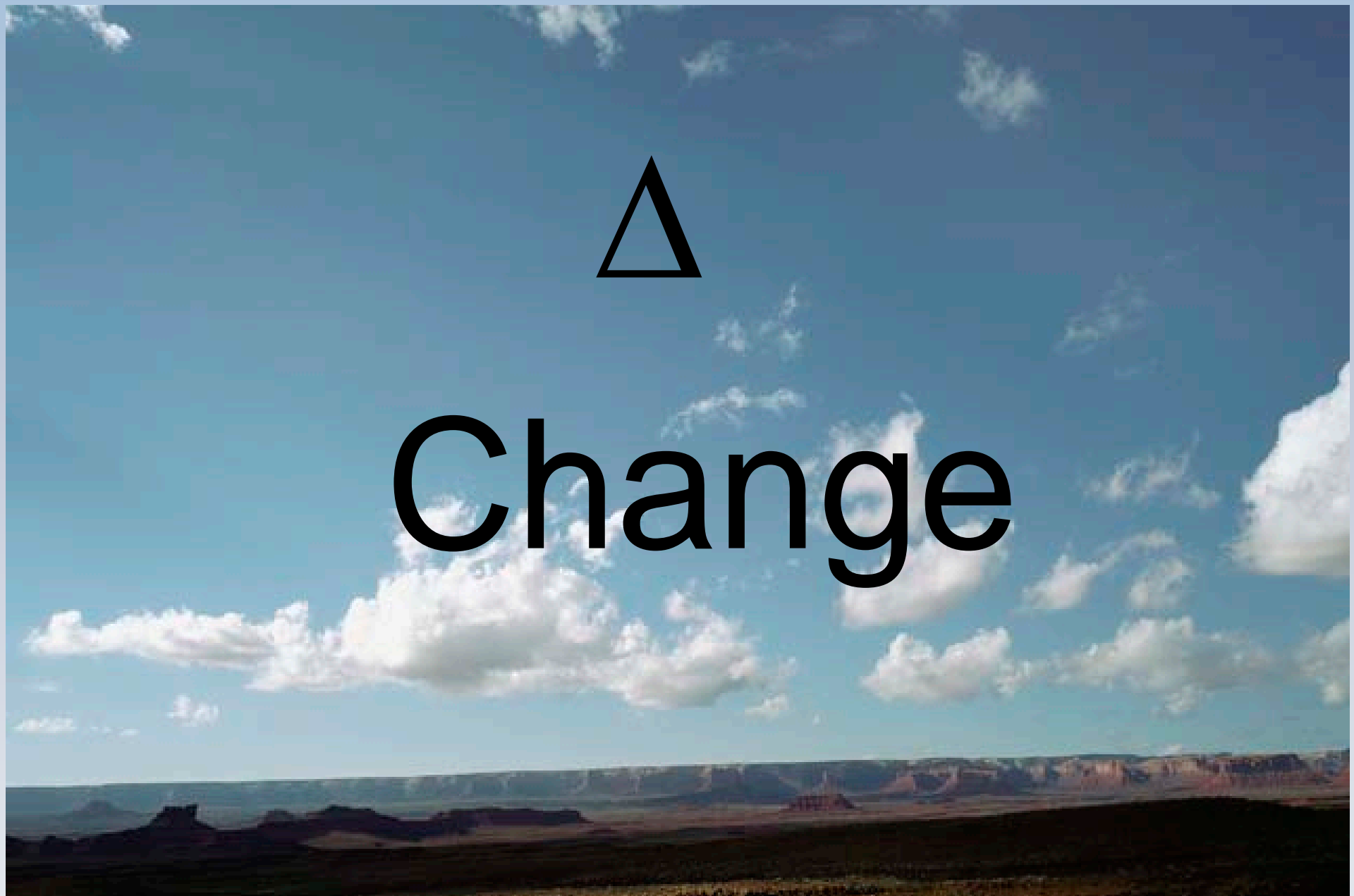
Agenda

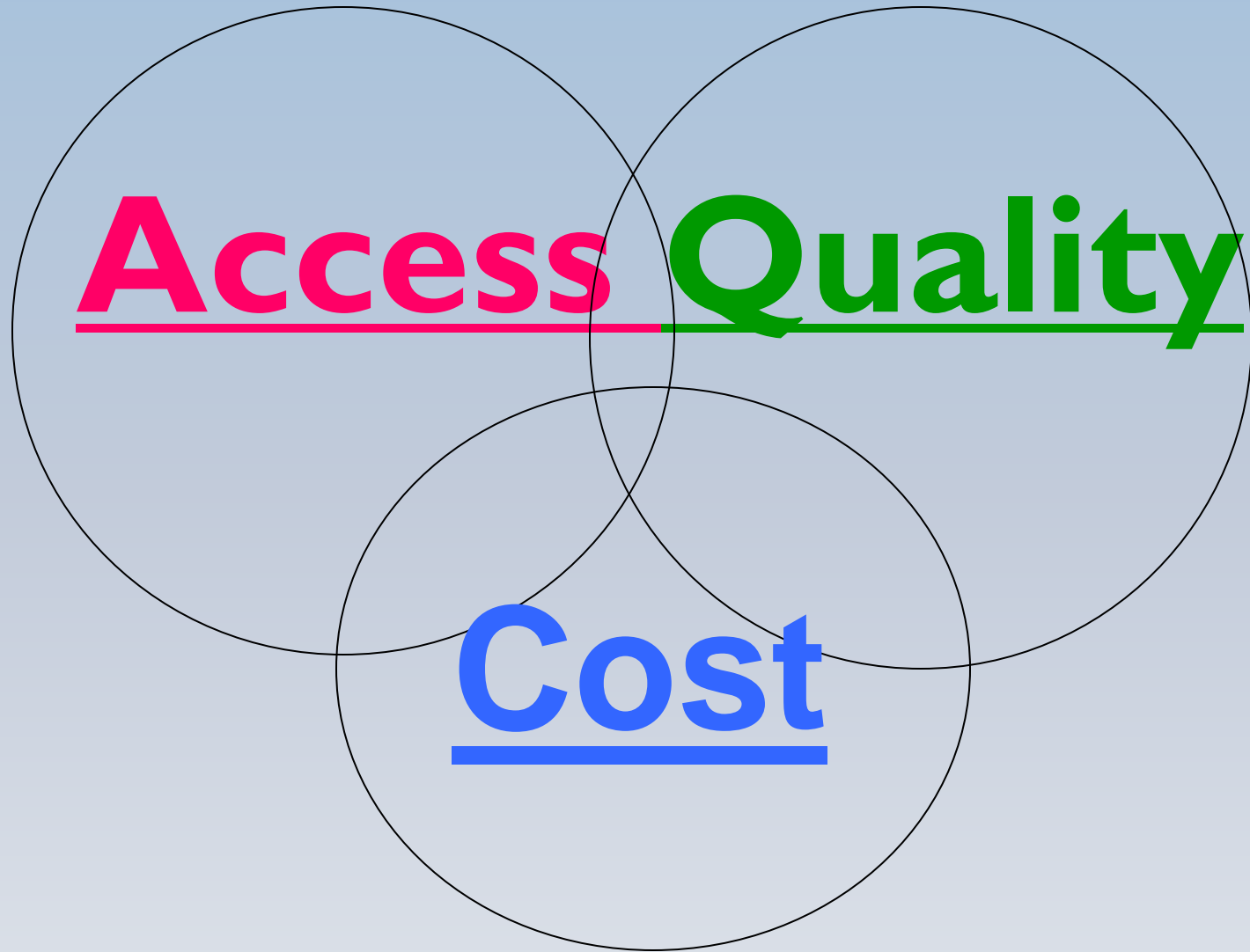
- The Larger Context of American Healthcare
- The Cost Issue
- Structure of the American health care system
- Accountable Care Organizations
- CG-CAHPS and transparency
- Impact on Health Literacy

A Famous Phrase

Δ

Change





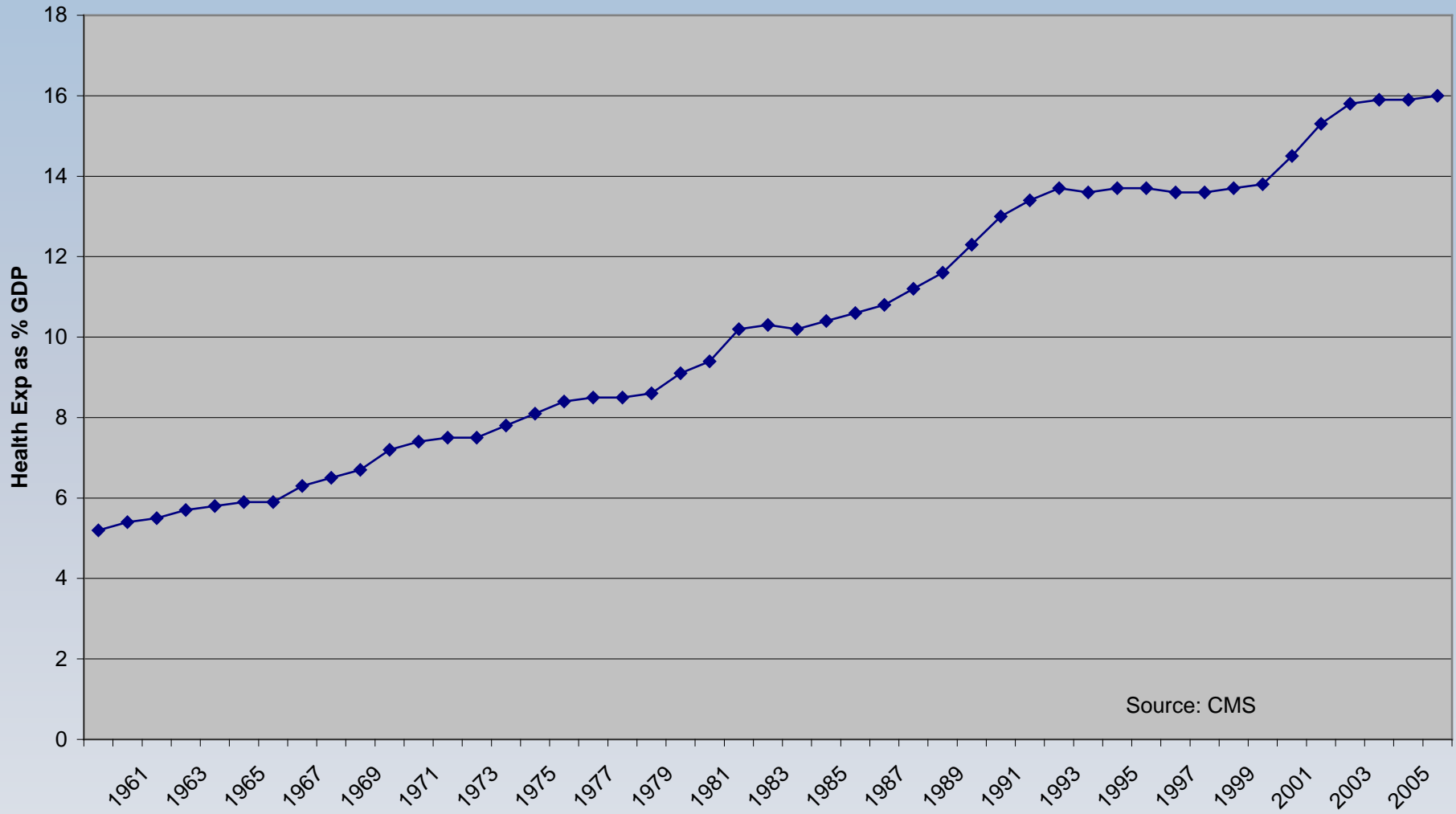
The Changing Landscape of American Healthcare



The Problem of Rising Costs

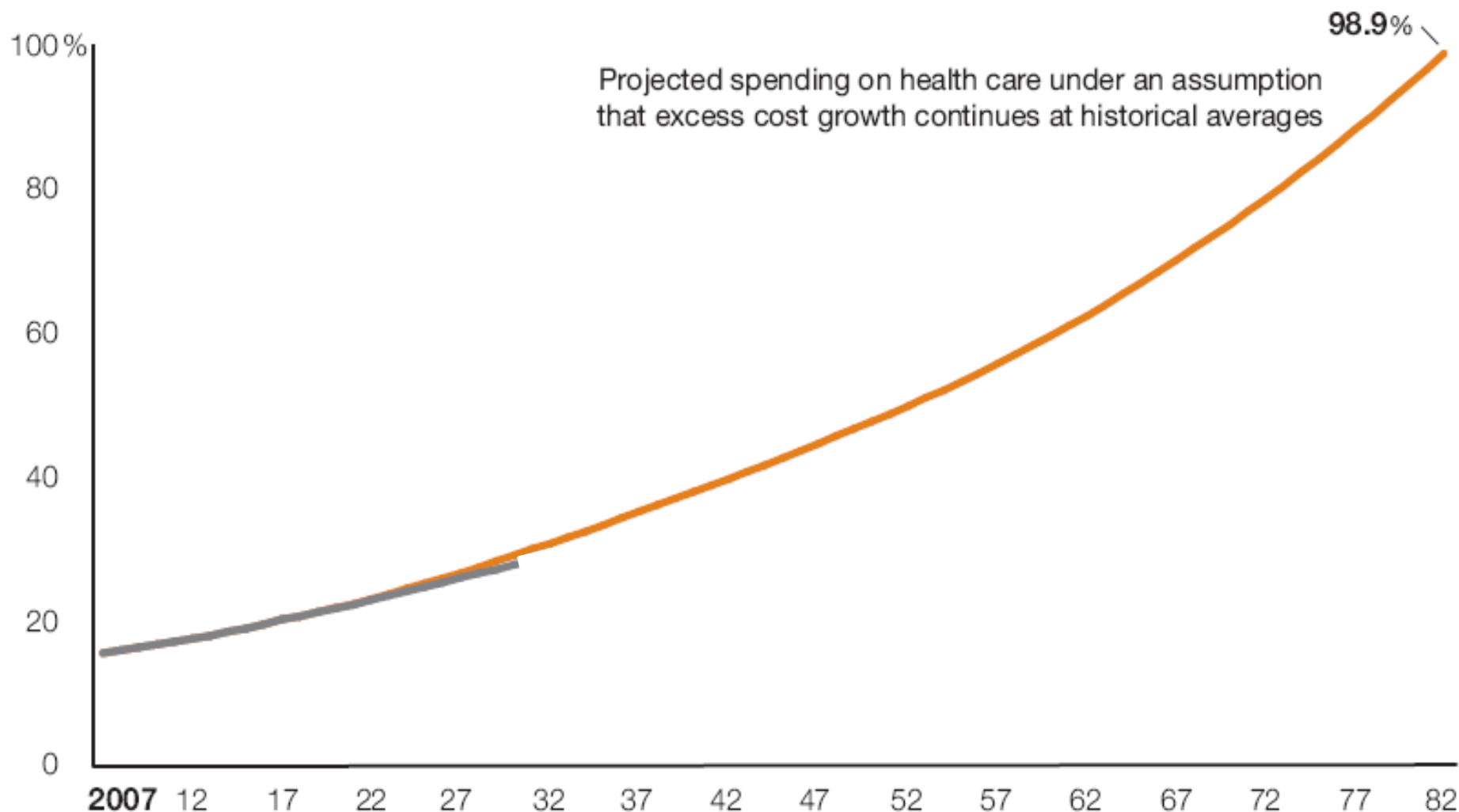
**Likely to Change the
Landscape of American
Health Care**

National Health Expenditures As a Percent of Gross Domestic Product



Other important expenditures are being squeezed out.

Figure 3. Projected Spending on Health Care as a Percentage of GDP



Source: Congressional Budget Office, 2007 (15)

Note: Excess cost growth refers to the number of percentage points by which the growth of spending (per capita) is assumed to exceed the growth of nominal gross domestic product (per capita).

Payment reform must include the patient

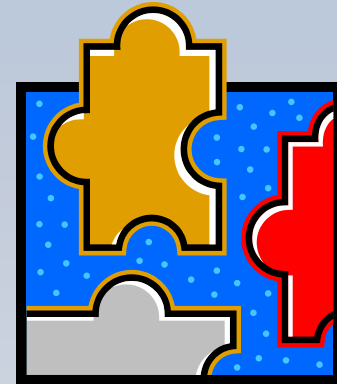
- Any strategy to bend the cost curve must go beyond health providers and include patient engagement
- Once the focus is on getting and staying healthy, patient engagement and patient education increasingly important in effective and efficient care.

Thinking about your own work

- How does health literacy impact patient engagement?
- If the goal becomes patient engagement, how might your strategy around patient education change?

Two Structural Barriers

1. Fragmented nature of health care industry that doesn't deliver highly coordinated, efficient care.



2. Reimbursement system rewards treatment - not getting or staying healthy

The Affordable Care Act

- Focused on increasing access to health care insurance



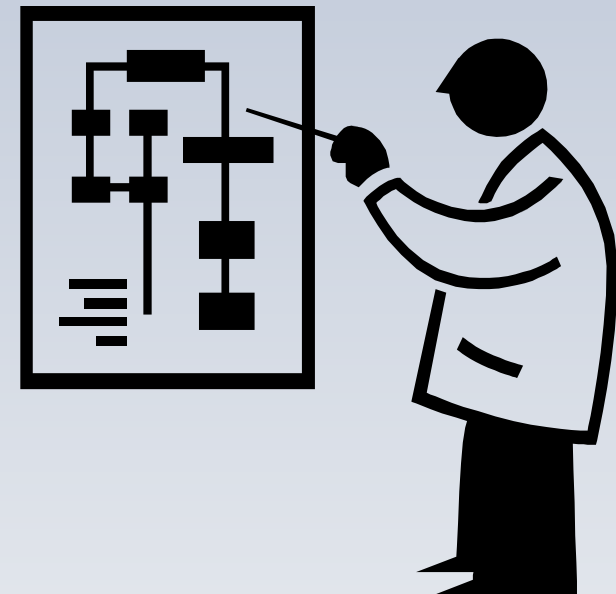


The Affordable Care Act

- Began process to reform payment and thus delivery system.
- Accountable Care Organizations
 - Accountable for the value of the care

Defining Accountable Care

An entity that can implement *organized processes* for improving quality and controlling costs of care and be *accountable for those results*.



The Affordable Care Act

ACO

Reorganizing American Health Care

To Add Needed Infrastructure

A Fragmented System

Just a few years ago,
80% of American
physicians were in
solo or single
specialty practices*



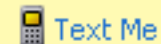
CAPEK Richard

950 E Harvard Ave Ste 660 Denver CO 80210
303-744-2706



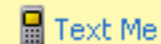
Carmel Stephen MD

1655 Lafayette St Ste 100 Denver CO 80218
303-864-4560



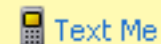
Cavanaugh Michael MD

12001 Pecos St Denver CO 80234
303-457-4497



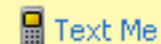
Centennial Radiation Oncology

7000 Broadway Ste 107 Denver CO 80221
303-427-0648



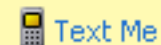
Chambers Karl T Physician

2535 S Downing St Ste 150 Denver CO 80210
303-744-8909

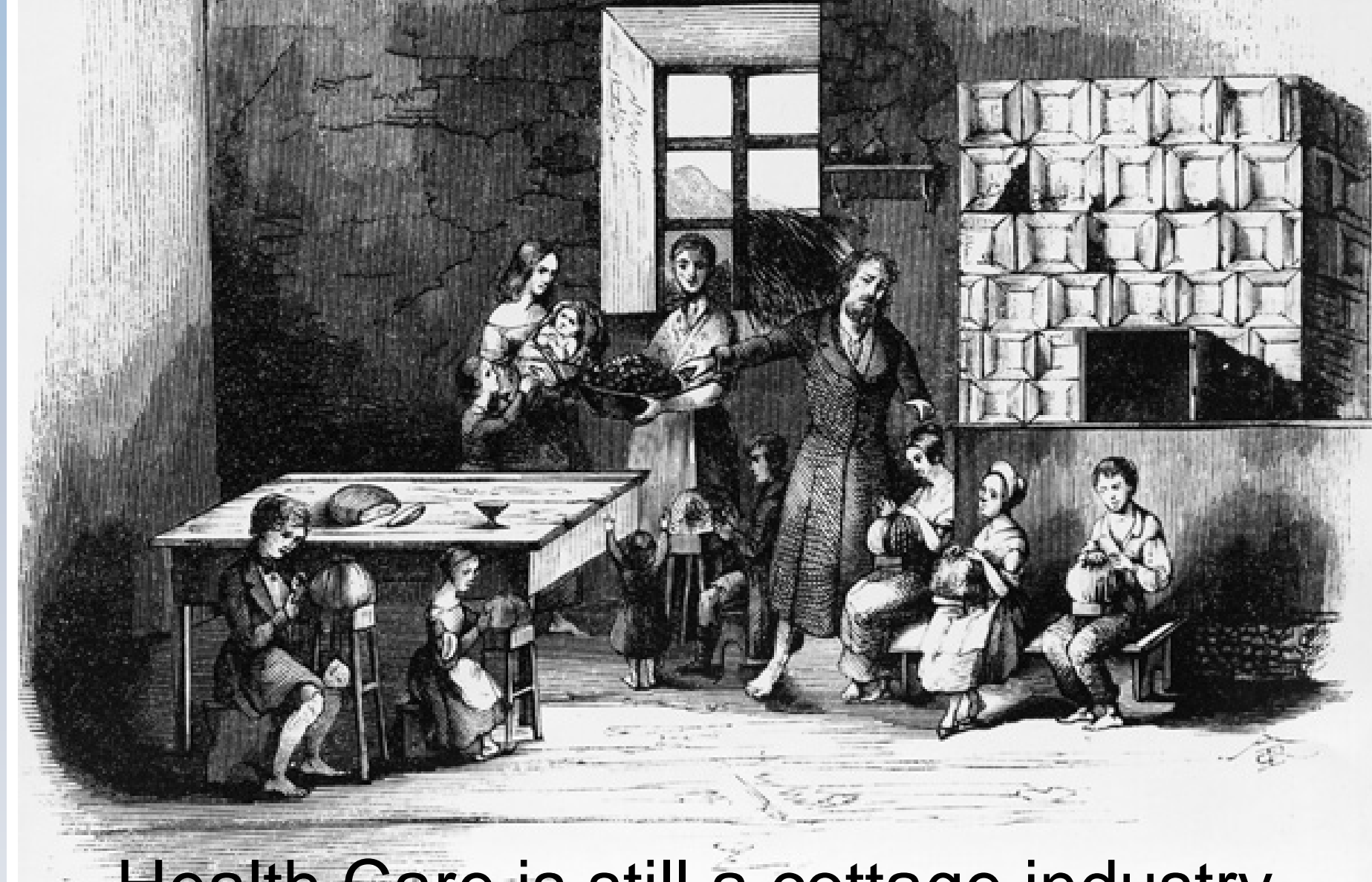


CHAN Laurence MD

4200 E 9th Ave Denver CO 80220
303-315-7203



In Many Ways



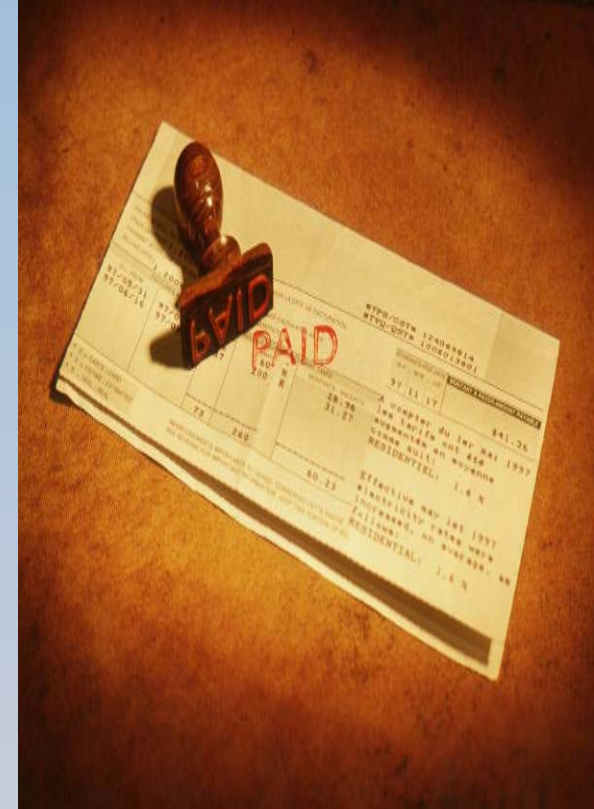
Health Care is still a cottage industry

Wave of Consolidation

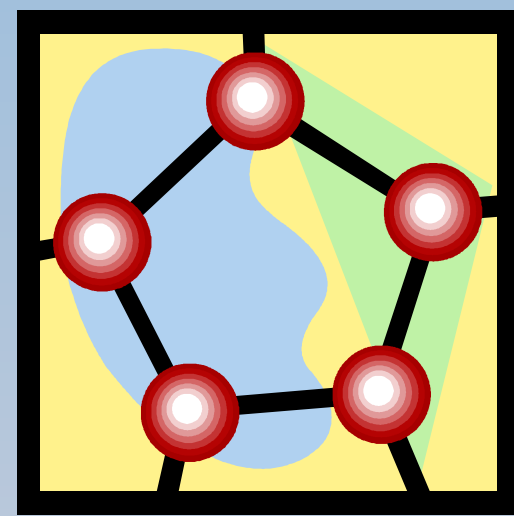


A Key Change: How Care Is Paid For

- Current reimbursement system
 - Regulatory fee schedule
 - Incentives expensive treatment of illness
 - Dis-incentives activities not found on fee schedule



To reform the delivery system, the payment system must change



- ACO Reimbursement
 - Pay to maintain the health of a population
 - Paying for Value not volume
 - Global payment
 - Comprehensive, coordinated care
 - A new structure

Moving from Volume to Value

1. Standard measures agreed upon



2. Voluntary Public Reporting



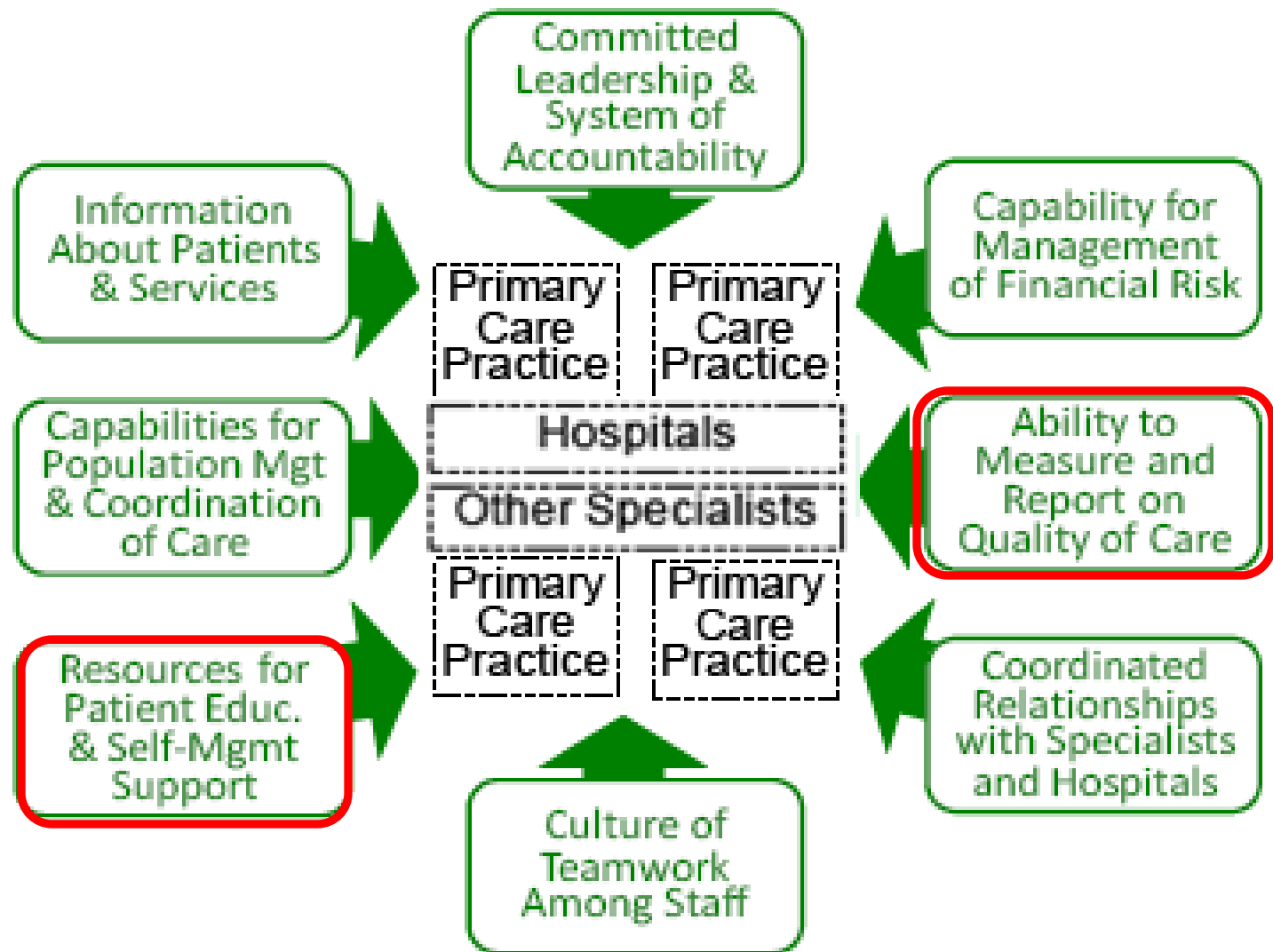
3. Pay-for-Reporting



4. Pay-for-Performance



ACCOUNTABLE CARE ORGANIZATION



Resources for Patient Education and Self-Management Support

- Current fragmented structure problematic
- Greater size and comprehensive orientation
- Global payment alters the incentives

Ability to Measure and Report on the Quality of Care

Increasing Focus on the Public
Reporting of Quality and the
Patient Experience

The Six Dimensions of Quality



Patient and Family-Centered Care

The Patient's Perspective

Patient Satisfaction vs. Experience

Measuring Different Things

Patient Satisfaction

- Rate how the quality of the experience
 - Very Poor
 - Poor
 - Fair
 - Good
 - Very Good

Patient Experience

- Rate how often a best practice occurred
 - Never
 - Sometimes
 - Usually
 - Always
 -
 - No
 - Yes, Somewhat
 - Yes, Definitely

Scoring Different Things

Patient Satisfaction

- Rate how the quality of the experience

- Very Poor
- Poor
- Fair
- Good
- Very Good

Patient Experience

- Rate how often a best practice occurred

- Never
- Sometimes
- Usually
- Always

- No
- Yes, Somewhat
- Yes, Definitely

H-CAHPS

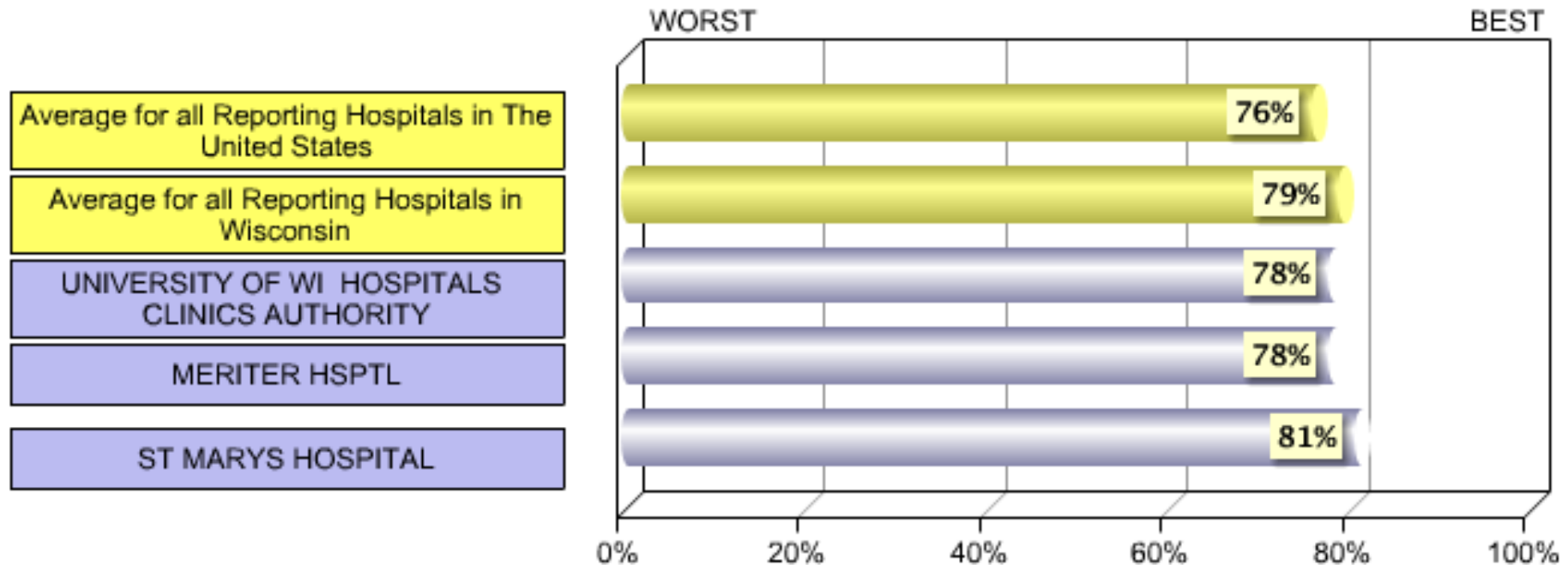
Hospital-Consumer Assessment of Health Providers and Systems

- Standard survey of the patient's experience in the hospital
- Adopted by CMS
- Linked to reimbursement
- Pay for Performance beginning in 2012

HCAHPS and Hospital Compare

Bars below tell the percent of patients who reported that their nurses "always" communicated well.

How often did nurses communicate well with patients?



CG-CAHPS

Clinic and Group-Consumer Assessment of Health Providers and Systems

- Standard survey of the patient's experience in for clinic practice
- Not yet adopted by CMS
- Not yet linked to reimbursement
- No single standard yet

CG-CAHPS Survey

What do we know

- Adult and child versions
- Primary care and specialty care

What don't we know

- Visit-specific questions
- 12 month look-back

Will CG-CAHPS follow the same track as H-CAHPS?

- Proposed standard for ACOs
- Linked to reimbursement?
- Do we know how soon?
- Barriers



What are the questions on CG-CAHPS?

Two Global Questions

- Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate this doctor?
- Would you recommend this doctor's office to your family and friends?

The Access Section

In the last 12 month...

- ...how often did you get an **appointment as soon as you thought you needed?**
- ...how often did you **get an answer to your medical question** that same day?
- ...how often did you get **an answer to your medical question** as soon as you needed?
-how often did you see this doctor **within 15 minutes of your appointment** time?
- did you see this doctor **within 15 minutes of your appointment** time?

Staff Courtesy Section

During your most recent visit...

- ...were clerks and receptionists at this doctor's **office as helpful as you thought they should be?**
- .did clerks and receptionists at this doctor's **office treat you with courtesy and respect?**

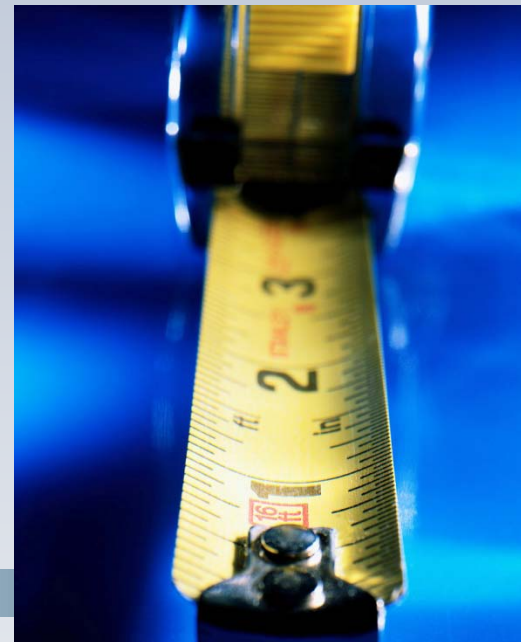
Physician Communication Section

During your most recent visit...

- ...did this doctor explain things in a way that was **easy to understand**?
- ...did this doctor **listen carefully** to you?
- ...did you talk with this doctor about **any health problems or concerns**?
- ...did this doctor give you **easy to understand instructions** about taking care of these health problems or concerns?
- ...did this doctor **seem to know the important information** about your medical history?
- ... did this doctor show **respect for what you had to say**?
- ... did this doctor **spend enough time** with you?

For those of you wondering...

- One of the challenges in health literacy is how to identify areas for improvement and how to measure improvement.



AHRQ on Health Literacy

To measure, from the patients' perspective, how well health information is communicated to them by health care professionals

- To encourage a greater emphasis in the provider community on patient-centered care.

Health Literacy Question Set

Extensive Item Set

- Communication with doctors.
- Communication about health problems and concerns.
- Communication about medicines.
- Communication about tests.
- Communication about forms.
- Disease self-management.



Health Literacy Question Set

Examples

- ...how often did the doctor let you talk without interruption?
- ...talk to you about the pro's and con's of each choice...
- ...enough information about surgery before it was done
- ...use medical words you did not understand
- ...ignore what you told him or her

Using the CAHPS Literacy Questions

- The CAHPS Item Set for Addressing Health Literacy is intended to serve as both a measure of whether health care professionals have succeeded in reducing the health literacy demands they place on patients, and as a tool for quality improvement.

Using the CAHPS Literacy Questions

- Identify specific topic areas for quality improvement (e.g., communication about test results, medications, and forms).
- Recognize behaviors that inhibit effective communication (e.g., talking too fast, using medical jargon).
- Assist in designing a safer, shame-free environment where patients feel comfortable discussing their health care concerns (e.g., showing interest in questions, explaining forms).
- Measure the effect of behaviors that promote effective communication (e.g., confirming understanding through teach-back, using visual aids).

What might public reporting look like?

What Will Usually be Publicly Reported?

- Results will be reported using “top box” scoring: percent of patients giving most positive response for given measure
- 3 composite measures
 - Able to get appointments and care when needed
 - Helpful and courteous office staff
 - Effective doctor-patient communication
- 3 individual survey questions
 - Received test results from the doctor’s office
 - Willing to recommend the doctor to other people
 - Rating the doctor as a “9” or “10” with 10 being best score




CG-CAHPS and Physician Compare

Physician Compare

What type of provider are you looking for?

Required Search Criteria

Type

- ☒ Physician  [Specialty Definitions](#) 
- ☐ Other Healthcare Professional 

Location - ZIP Code or City, State

eg. 10009 or New York, NY

Search Providers



Wisconsin Collaborative for Health Care Quality

CLINIC	Able to get appointments and care when needed ?	Helpful and courteous office staff ?	Effective doctor-patient communication ?	Received test results from the doctor's office ?	Rating the doctor as a "9" or "10" ?	Willing to recommend the doctor to other people ?
	Always	Definitely Yes	Definitely Yes	Yes	Rating the doctor as a "9" or "10" with 10 being the best possible score	Definitely Yes
Benchmark Pilot Average (WI)	64%	94%	92%	91%	78%	91%
Gundersen Clinic, Ltd. LaCrosse Internal Medicine	69%	97%	94%	93%	84%	93%
Gundersen Clinic, Ltd. Viroqua Clinic	75%	95%	94%	87%	80%	93%
Luther Midelfort Eau Claire Luther Campus	59%	94%	94%	97%	82%	92%

www.checkbook.org/patientcentral

Denver-area, all-physician average

79








Choose up to 4 doctors to compare.

Compare






<input type="checkbox"/>	Dr. Alan Aboaf 1433 S Potomac St Ste 300 Aurora, CO	46	Internal Medicine	16.14 miles	70	<p>Lower</p>
<input type="checkbox"/>	Dr. Pamela Abrams 90 Health Park Dr Ste 260 Louisville, CO	31	Family Medicine	11.16 miles	68	<p>Lower</p>
<input type="checkbox"/>	Dr. Jack Aikin 200 W County Line Rd Ste 310 Highlands Ranch, CO	78	Internal Medicine	18.16 miles	92	<p>Better</p>
<input type="checkbox"/>	Dr. Bradley Alger 1700 Marion St Denver, CO	29	Family Medicine	8.54 miles	73	<p>Average</p>

Overall rating of Doctor...

Dr. Abrams	68		Lower
Dr. Aikin	92		Better
Dr. Alger	73		
Dr. Allbright	83		
Community Average	79		




Overall, being able to get appointments and care when needed

Show more info (+)

Dr. Abrams	78		
Dr. Aikin	90		Better
Dr. Alger	89		Better
Dr. Allbright	89		Better
Community Average	81		

Overall, how well doctor communicates . . .

Show more info (+)

Dr. Abrams		Too few patients responses to report.	
Dr. Aikin	96		Better
Dr. Alger		Too few patients responses to report.	
Dr. Allbright	94		
Community Average	91		

A Paradigm Shift in Transparency

- Initial reporting at level of clinic/department
- But the intent is clearly physician-level comparison on quality and the patient experience

What does this all mean to you?

DISCUSSION