

Key Observations and Findings
National Meeting for Advancing Patient Experience Measurement and Reporting
Boston, Massachusetts
November 18, 2014

On November 18th, 40 experts and thought leaders in the field of patient experience reporting came together to discuss the current state of and identify specific actions that can be taken to Advance the Ambulatory Patient Experience Measurement and Reporting Agenda in the nation. The goal of the meeting was to discuss lessons learned from leading efforts and to explore new ideas to help us develop a roadmap for future public reporting of ambulatory patient experience results. The meeting was supported by the Robert Wood Johnson Foundation, with additional funding from the Center for Healthcare Transparency.

Barbra Rabson, President and CEO of MHQP, opened the meeting by noting the need to address current barriers to widespread measurement and reporting of ambulatory patient experience results, not only to advance the field but to maintain the progress we have made to date. She noted that the world has been quickly changing around us and we have not kept up with technological and other advances and that there is urgency for us to change how we capture patient feedback as other industries have.

- We live in the **age of smart phones and social media**, and many leading efforts to measure and report ambulatory patient experience continue to rely on paper surveys to solicit consumer feedback. This is a costly and inefficient approach and new ways to gather and disseminate results must be found.
- We live in a world where we receive surveys to evaluate almost every activity we engage in, so we are **facing unprecedented survey fatigue** that we need to address if our work is to be successful.
- We have entered the age of “**radical transparency**” in which people can find real time information about just about everything, yet we lag far behind in healthcare. Given the consumer interest in access to more information about their health care alternatives, there is an opportunity for innovative entities to meet this need, but they must move with a sense of urgency as the interest is high and the status quo is not getting the job done.
- Patient experience results are increasingly being tied to financial incentives, but payers are using different instruments and methods to derive similar information. As a consequence, data collection is inefficient and information is hard to use. **Survey alignment** is critical to our success and a growing challenge.

- As an industry we are rapidly embracing the concept of patient centered care. However, there is still **significant resistance to looking to patients as a source of valued feedback.**

During the meeting, a series of experts shared information and views regarding a number of key topics, including the value of listening to patients about their care experiences, case studies of leading efforts, how other industries successfully gather and report customer experience information, and how to align survey design and administration and create sustainable funding mechanisms. The day concluded with all meeting attendees participating in breakout groups to identify major themes and actions that might be taken to transform the current approach of gathering and reporting ambulatory patient experience data in order to advance a sustainable nationwide effort. At the end of the day, **eight key themes emerged that are summarized below.** Meeting participants also identified a number of key concepts and questions to be further explored for each theme, which are also provided in this summary.

THEME 1: We need to do a better job of capturing the patient narrative

A recurring theme that many raised throughout the day was the need to expand our current measurement approach to capture the patient voice. As patient representative and MHQP Board member Alicia Staley said, “If you pay attention to what the patient is saying, you will uncover gold.” The value and public appetite for open consumer feedback mechanisms has been illustrated in numerous industries and applications, including examples such as TripAdvisor and YELP.

Several key questions about how we could more effectively capture and report patient narratives were identified, including:

- Do we know what the important traits of user reviews are?
- How can patient narratives be captured and used to complement other forms of quality measurement such as patient experience data and clinical quality indicators?
- How should patients be effectively engaged to submit their thoughts and opinions?
- How do we use this approach to include hard-to-reach populations?
- How can public awareness be raised and health care user reviews be promoted the way that other industries have done so that consumers and health care providers understand the intrinsic value of this kind of information?
- Do we know the best way to report user reviews to maximize their value to patients and providers?

THEME 2: We must improve survey design and administration methodologies

There was broad consensus that current survey design and modes of data collection are inadequate. Surveys may be too long and methods for collecting the data have become outdated and expensive.

In the age of smart phones and social media, radical new approaches that leverage these capabilities must be pursued. We need to ask patients what mode of communication they prefer and then develop methods to reach them via preferred modes. There was also agreement that because preferred modes

of communication are changing so rapidly and vary across the population, we need to develop flexible approaches and be prepared to collect data using different modes.

Using technology to automate data collection promises to decrease cost and increase efficiency, and will be a less burdensome approach to capturing patient feedback for many patients. Much of the discussion also centered on changes to the survey including the length of the survey. It is clear that there is a trade-off between a longer survey, which provides more information about how to improve the care experience, versus a shorter survey that is less burdensome more salient to many patients' experiences. The need for different levels of information for different patients should also be considered. Some also asked whether the questions we are asking are the right questions to capture a shared understanding between doctors and patients. For example, many patients don't understand their role in decision-making and therefore, can't easily answer questions about shared decision-making.

The following recommendations emerged:

- New methods of data collection should be implemented, including interactive voice recognition (IVR), e-mail, phone apps and in-clinic, short questionnaires using tablets such as iPads.
- Barriers to using improved use of electronic modes of communication with patients must be addressed such as how to improve access to patient e-mails and techniques to encourage patients to open and respond to e-mails containing surveys.
- Employing new forms of online data access and information sharing capabilities, including social network models similar to Facebook and methods used by other industries such as travel and dining should be considered.
- We need to better understand to what degree the number of questions impact participation. The current CAHPS instrument is the industry standard and widely employed but given the dramatic changes we are seeing, we need to evaluate whether it remains the best inventory of questions to ask patients. Many attendees believe that the shorter 34-question instrument is still too long.
- Explore how we can better address issues related to language barriers and hard to reach populations through improved use of technology.
- Consider two parallel survey methods where a patient's care experience is captured electronically within 24 hours of a visit through a 2-3 question survey and then the patient receives a separate invitation to complete a more standard electronic patient experience survey.

THEME 3: We need to do a better job of helping physicians and other ambulatory caregivers understand the value of patient derived feedback

In many cases, providers are not persuaded that gathering patient experience data is a reliable method of measuring their performance. There was broad agreement that we have not done a good enough job of explaining patient experience metrics to physicians. In addition, we need to support providers by giving them better improvement tools, as they seek to improve their clinical practices. **We need to better link the gathering and responding to patient feedback with the delivery of patient centered care.**

The following findings were identified related to the important need to more effectively build support from the provider community:

- Efforts should be made to help clinicians better understand patient experience metrics including their relationship to clinical outcomes. We need to tap into what is important to providers.
- It would be valuable to synthesize patient experience results with other clinical data.
- There is an opportunity to approach more competitive medical specialties that compete for patients to build support for this work. Work in this area has been limited and there is an opportunity to tie patient experience results to maintenance of certification requirements.
- The value of this data would be improved if results can be delivered in “real time”. Physicians need data more frequently to be able to make improvements. Moving to continuous, real time surveys that are methodologically valid for high stakes purposes is a possible solution.
- Different audiences have different information needs. Information about results must be tailored to the audience (e.g., primary care physician, payer, consumer.)
- We need to consider how we report results to support improvement strategies centered on team-based care.
- We need to engage patients in determining how best to balance the promise of greater opportunities to provide feedback about their care with the need to protect privacy and confidentiality.

THEME 4: We need to help consumers understand what information is available to them and seek their input to assure that the patient-derived data gathered and published is of value to the American public.

Consumers have grown to expect convenient access to real time information on how their peers feel about various products and services in other industries in this age of “radical transparency”. There are promising developments in health care as regional health improvement collaboratives, government entities, private vendors and others expand the amount of patient derived data that is publicly available. To build on this positive trend, particularly as consumers are increasingly expected to make more informed choices about their health care, several questions emerged related to the need to assure we are engaging consumers and addressing their needs, including:

- What can we learn from other industries that successfully promote gather, publish and leverage customer-derived data?
- What metrics might we want to develop to help continuously assess the value of the patient derived data being published? How might that data be collected and analyzed?
- What entities might we engage that would be most effective at reaching out to a broad sector of the American public as we seek to promote awareness and demand for access to patient derived measures?
- What can be done to help consumers better understand the link between patient experience and improved clinical results?

THEME 5: We need to more effectively engage payers to embrace the value of patient-derived data and more effectively adopt standards to promote alignment

As payers continue to expand the relationship between various quality indicators and provider payment, there will be a growing interest in gathering and reporting patient derived measures. However, there continues to be some reticence among various payers to aggressively pursue a significant expansion of this effort. Further, while the increased interest among payers to collect this information is a positive development, it may also have unintended adverse consequences if efforts are not adequately aligned to address the risk of excessive and redundant data collection costs and survey fatigue.

The following questions were identified regarding the need to more effectively engage employers, carriers and government payers to advance the collection and publication of ambulatory patient experience data:

- How can we most effectively have a dialogue with private payers to promote the value of providing patient derived measures to their beneficiaries?
- What are the leverage points to promote broad support of advancing ambulatory patient experience data collection and reporting among private payers?
- To what degree should we seek to set standards for key issues such as data collection methodologies and survey content?
- Would there be merit in exploring shared capabilities such as national data repositories and web capabilities?
- What are the most promising ways to engage public payers such as Medicare and Medicaid?
- To what degree might we want to pursue regulatory or legislative changes to advance the collection and availability of patient derived measures?

THEME 6: We need to aggressively pursue alignment among all key stakeholders

There was agreement that alignment is key for moving forward. As Elizabeth Mitchell explained, “the barriers to standardization are not technical, the barriers are business, organization and culture.” We need to think very strategically about alignment and about survey design in a patient-centered way. There was consensus that an overall strategy must minimize cost and burden and maximize value for patients and clinicians.

A number of ideas and questions were identified to help advance the critical topic of aligning efforts:

- A discussion on what should be standardized would be valuable (i.e., survey content, data collection methods, data repositories, reporting methodologies.)
- We need to identify the role of government in promoting standard approaches. How could we more effectively work with CMS to play a role in streamlining administration and find efficiencies?

- How can influential private entities such as accrediting organizations be engaged so that they require use of standard methods as a condition for certification and accreditation?
- The use of incentives to encourage adoption of standard methods should be actively explored.
- Explore the tradeoff between reliability and burden- maybe lower the standards of reliability to lower the burden.
- What are the best ways to implement local/bottom-up approaches while still supporting a national standard?
- To the degree that national standards are established, which entitie(s) should be responsible for that task and how often should standards be updated?

THEME 7: Sustainability/Funding

One of the greatest challenges identified during the discussion was how to secure sufficient resources to expand and sustain a robust data collection and public reporting agenda for ambulatory patient experience and patient narrative data. Everyone appears to agree that a multi-stakeholder approach for sustainability should be pursued. There was extensive discussion about exploring partnerships with non-traditional entities, such as public and private exchanges and private vendors who are now beginning to publish health care quality information.

Several opportunities to explore and key questions for consideration were identified:

- We need to develop the right level of collaboration and deliver value for every stakeholder: providers, payers, consumers, government, employers, and non-traditional partners.
- Could patient comments be monetized for consumers to buy, such as for information to help find a surgeon? How do we deliver the right information at the right time for a health consumer, the way that Amazon does through its user reviews?
- How might we tap into an advertising revenue model?
- Large employers are moving to more high deductible plans, but they have little quality information to share with their employees. How might we help address this need while generating revenue to support data collection and reporting that would be of value to employers and employees?
- Other models should be considered, such as a physician directory business with patient experience as one component with free access to basic data but charging a fee for expanded information.
- Leveraging existing capabilities to efficiently gather and disseminate information such as Facebook and public health sites (restaurant inspections) should be actively explored.

THEME 8: We need to adopt best practices from other industries that successfully share customer derived data with the American public

Numerous examples of other industries and parties that currently gather and publish customer-derived feedback were identified, including TripAdvisor, Consumer Reports and YELP. Several promising efforts

to do the same for ambulatory health care were also highlighted during the day, including community collaboratives and private vendors that are entering this space. The group agreed that there is a great deal to be learned and adopted from other industries that are much further along in gathering and publishing customer experience information than currently exists for ambulatory health care.

A number of ideas were identified regarding how we might learn from and leverage the experience of other industries and vendors:

- It would be valuable to identify what attributes of various industries that are successfully gathering and publishing customer derived information that has promoted their accomplishments. The organizations that use reviews have in many cases embraced these reviews to improve services – what needs to happen in health care to help this process along?
- We should seek to identify what is different about ambulatory health care that has made it more challenging to advance the collection and reporting of customer experience data compared to other industries, then discuss how those unique barriers might be addressed.
- Are there existing vendors or methods employed in other industries that are directly transferrable to help meet the challenges and needs we face? If so, who and what are they?
- We should look at efficiency standards in other industries to help drive improved efficiencies in capturing ambulatory patient data.
- We should dig deep into the funding and delivery models for other industries in particular to learn what has driven their success, and how we might adopt those same approaches to advance ambulatory patient data collection and reporting.

Over the next few months, a workgroup will use this document as their starting point to determine viable next steps and actions to advance the ambulatory patient experience measurement and reporting roadmap.

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