HCAHPS and Readmissions: Making the Connection

Wednesday, September 18, 2013
9:00 a.m. – 10:00 a.m.

Facilitated by:
Katie McCullough, VHHA and Carla Thomas, VHQC
Session Objectives:

• Understand the published literature related to the patient’s hospital experience

• Discuss the relationship between elements of the HCAHPS survey and 30-day readmission rates

• Determine how your care transitions improvement efforts can incorporate a focus on patient satisfaction
VHQC Care Transitions Project

- Supports the 20% readmissions reduction goal of the CMS QIO work and *Partnership for Patients*
- Involves a broad community effort of multiple care providers and partners to improve care transitions and reduce avoidable hospitalizations –
  ✧ Within locally-defined geographic areas
  ✧ Statewide
- Community-specific interventions/goals based on collective root cause analysis
- Medicare readmissions per 1,000 beneficiaries
NoCVA HEN

- This activity is part of the North Carolina Virginia Hospital Engagement Network (NoCVA HEN)

- The NoCVA HEN exists to support the goals of the CMS national effort - *The Partnership for Patients*
  - By the end of 2013, reduce preventable hospital acquired conditions by 40%, compared to 2010
  - By the end of 2013, reduce 30-day hospital readmissions by 20%, compared to 2010
Kevin Schulman, MD, MBA, is a Professor of Medicine at Duke University School of Medicine and Associate Director of the Duke Clinical Research Institute. He has received more than $34 million in research grants and has published more than 350 papers and book chapters. A recipient of numerous awards, Dr. Schulman is a fellow of the American College of Physicians and an elected member of the American Society for Clinical Investigation. Dr. Schulman received his MD from the New York University School of Medicine and his MBA, with a concentration in health care management, from the Wharton School of the University of Pennsylvania. He completed a residency in internal medicine at the Hospital of the University of Pennsylvania and is board-certified in internal medicine.
Patient Experience Measures: Past and Future

Kevin A. Schulman, MD
Professor of Medicine and Gregory Mario and Jeremy Mario Professor of Business Administration
Associate Director, Duke Clinical Research Institute

Duke Clinical Research Institute
From Thought Leadership to Clinical Practice
Disclosures

- Chief Strategy Officer, Bivarus, Inc., www.Bivarus.com

- Co-Inventor, Methods, systems, and computer readable media for dynamically selecting questions to be presented in a survey. US PTO Filing# 13/530,042.
What is the Value of Measuring the Patient Experience?

- Customer perspective (most industries)
- Business insight (service operations)
- Business transformation (redesigning services to meet patient needs)
Research Question

Are hospitals where patients reported higher satisfaction with inpatient care and discharge planning more likely to have lower 30-day readmission rates for acute myocardial infarction, heart failure, and pneumonia?
Data Sources

- **Outcome:**
  
  3-year aggregated mean of a hospital’s 30-day-risk-standardized readmission rates for July 2005 - June 2008 for 3 clinical areas

- **Clinical Performance:**
  
  Annual clinical process-of-care performance for same years and areas

- **Patient Experience:**
  
Study Population

- 1,798 hospitals for acute myocardial infarction
- 2,561 hospitals for heart failure
- 2,562 hospitals for pneumonia
- Clinical performance data based on 430,982 patients with acute myocardial infarction, 1,029,578 patients with heart failure, and 912,522 patients with pneumonia
Results

Figure. Association Between Interquartile Improvements in Hospital-Level Patient Total Satisfaction Scores and 30-Day Risk-Standardized Readmission Rates

- **Acute Myocardial Infarction**
  - Clinical composite score: 0.990
  - Patient total satisfaction score: 0.968
- **Heart Failure**
  - Clinical composite score: 0.993
  - Patient total satisfaction score: 0.959
- **Pneumonia**
  - Clinical composite score: 0.989
  - Patient total satisfaction score: 0.971

Odds of 30-Day Risk-Standardized Readmission

Shown are the odds ratios for 30-day risk-standardized hospital readmission associated with 1-quartile improvements in hospital-level patient total satisfaction scores for acute myocardial infarction, heart failure, and pneumonia.
### Table 5. Pairwise Correlations of HCAHPS-Reported Dimensions of Quality and Overall Patient Satisfaction

<table>
<thead>
<tr>
<th>Variable</th>
<th>Correlation Coefficient</th>
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<tbody>
<tr>
<td>How often did nurses communicate well with patients?</td>
<td>0.845</td>
</tr>
<tr>
<td>How often was patient’s pain well controlled?</td>
<td>0.805</td>
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<tr>
<td>How often did patients receive help quickly from hospital staff?</td>
<td>0.776</td>
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<tr>
<td>How often did staff explain about medicines before giving them to patients?</td>
<td>0.740</td>
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<tr>
<td>How often did doctors communicate well with patients?</td>
<td>0.695</td>
</tr>
<tr>
<td>How often were the patients’ rooms and bathrooms kept clean?</td>
<td>0.675</td>
</tr>
<tr>
<td>Patient satisfaction with discharge planning</td>
<td>0.638</td>
</tr>
<tr>
<td>How often was the area around patients’ rooms kept quiet at night?</td>
<td>0.611</td>
</tr>
</tbody>
</table>

HCAHPS indicates Hospital Care Quality Information from the Consumer Perspective.
Take-Away Points

- Hospitals routinely use patient satisfaction surveys to assess the quality of care, although it remains unclear whether patient satisfaction data provide valid information about the medically related quality of hospital care.

- Higher patient satisfaction with inpatient care is associated with lower 30-day readmission rates even after controlling for hospital adherence to evidence-based practice guidelines.

- Patient-centered information focused on domains such as communication and care coordination.
Looking Forward

- Can we develop/deploy better survey instruments?
- Can we implement patient feedback into clinical workflows?
- Can we use patient reported data to support business transformation?
Bivarus: A Real Time Approach to Collecting Actionable Patient Feedback

- A new science of survey measurement
- Highly customizable, dynamic, patient-centric surveys
- Very low respondent burden (2-3 minutes to complete)
- Trend right survey delivery via email & smartphone within 24-48 hours
- High response rates (30%-50%), large sample sizes and appropriate analytics create statistical precision
- Delivered through a UNC start-up company Bivarus, Inc. founded in 2010
UNC ED Bivarus data, Aug 2012-June 2013

- 20,648 surveys deployed, 5,761 responses received including 2,886 free text comments
- Real time data on clinical performance at the provider level
- Real time performance improvement with clinical workflow tools
- 222 safety related free-text comments including 8 adverse events, 38 near misses (31 preventable, approximately half serious)
Workflow

- Positive comments from patients to staff and faculty!
- Comments are reviewed on a daily basis by clinical operations team
  - Web based portal with built-in tracking features facilitates accountability and transparency
- Quantitative and qualitative data reviewed each month at multi-disciplinary clinical operations group meeting
- New interventions to improve safety and reduce errors (Patient Measure of Safety-PMOS)
Research Directions

- Patient experience:
  - We’ve moved the operational discussion from the quality of the data to concrete action steps
  - Finding room to manage a new data stream requires operational tools within the clinical workflow
  - Novel approach—need to assess impact over time
- Integrate tool within other clinical service lines
- Automate analyses of free text responses
  - Visual inspection vs. text mining
Policy Issues

- Measurement innovation is extremely challenging in a heavily regulated space
- We need to ensure that new efforts to improve public reporting don’t stifle innovation in methods and our ability to address the underlying service transformation
- Encourage innovation within specific regulatory pathways (CMS alternative pathway AJMC, forthcoming)
Contact

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- (919) 668-8593
- www.bivarus.com
QUESTIONS for Dr. Schulman?
Geri Bishop is the Associate Vice President of Quality Resource Management at Virginia Hospital Center in Arlington, VA where she oversees quality, case management, risk management, patient safety and infection prevention. Her nursing background is in high risk obstetrics. Last year she was nominated for the 2012 Healthcare Information Technology (HIT) Men & Women National Award. The nomination recognized Geri as a National Healthcare Leader who leverages technology to improve the quality and cost of healthcare.
HCAHPS and Readmissions

Geri Bishop, RN, CPHQ
Associate Vice President
Virginia Hospital Center
Goals to Reduce Readmissions

• Right Service
• Right Time
• Right Cost
• Right Place
Case Management
Reducing Avoidable Readmissions & Improving HCAHPS

• Improving the Discharge Planning process
• Improving care coordination in the transition between care settings
• Enhancing education, coaching and support for patient self management
Case Management Goals
Patient Satisfaction & HCAHPS

1. Improve quality of life and patient’s satisfaction with their care

2. Reduce Readmission/Visits

3. Improve Clinical Outcomes
Readmissions

AMI 2011: 13.0%
AMI 2013 YTD: 10.9%
AMI 20% target rate working with NoCVA HEN: 10.4%

HF 2011: 18.0%
HF 2013 YTD: 14.4%
HF 20% target rate working with NoCVA HEN: 11.2%

PNA 2011: 17.0%
PNA 2013 YTD: 11.2%
Improving HCAHPS Score

Discharge Information
- 2011: 60%
- 2013 YTD: 73%

Staff talk about help when you left
- 2011: 72%
- 2013 YTD: 78%

Info re: symptoms/problems to look for
- 2011: 34%
- 2013 YTD: 72%
Commentary
and
Open Discussion

Carrie Brady, JD, MA
Carrie Brady, JD, MA, is an independent consultant who partners with healthcare organizations to develop creative solutions to their operational challenges. As a former VP of the Connecticut Hospital Association, she worked with CMS and AHRQ to develop one of the first statewide pilot tests of an early version of the HCAHPS survey. She also was a VP of Quality at Planetree, an international network of hospitals and other healthcare organizations committed to patient-centered care. Ms. Brady recently served as the primary faculty for AHRQ/HRET’s Patient Safety Learning Network and she is the author of HCAHPS Basics: A Resource Guide for Healthcare Managers (HCPro, 2009).

Ms. Brady holds a JD and MA from Northwestern University and is a NPSF Patient Safety Leadership Fellow.
Program Evaluation Questions
Thank you for participating!