healthfirst®
Health Insurance for New Yorkers

Addressing CMS Standards

Best Practices to Improve Patient Satisfaction

2018

Patient satisfaction is integral when providing care. Our series of patient satisfaction bulletins provides information and resources on how to improve the patient experience in your practice.

Why is patient satisfaction important to your practice?

Excellent customer service provided by your office team, and empathy and engagement around your patients' health goals, are essential to maintaining a successful relationship with your patients. At Healthfirst, we consider the satisfaction of members with their patient experience to be integral to quality.

How do your Healthfirst patients hold us accountable and what is the impact?

Your Healthfirst patients evaluate their satisfaction through the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, which provides information used to improve care and the patient experience. The survey impacts quality ratings and the financial resources we have available to support your practice.

Exceeding patients' expectations around customer service, quality of care, and access to care is our ultimate goal.

CAHPS/STARS Measure	GETTING APPOINTMENTS AND CARE QUICKLY
Measure to Improve	**Wait Times** ■ Wait time includes time spent in the waiting and exam rooms. In the last six months, how often did you see the person you came to see within 15 minutes of your appointment time?* **Obtaining Care When the Patient Needed It (Urgent and Routine)** ■ In the last six months, when you needed care right away, how often did you get care as soon as you needed?* ■ In the last six months, how often did you get an appointment for a checkup or routine care at a doctor's office or clinic as soon as you needed?*
Voice of the Patient	*"They filled too many people in for the same time."* *"The doctor was running late."* *"It was the overcrowding. It was packed. It was wall-to-wall. Some people couldn't even sit down."* *"There are always a lot a people. Sometimes, I would have to wait a month or two before I could get an appointment."* *"The doctor I had gave me an appointment on a date that was very far away. I needed an appointment sooner, so I had to go to a different doctor."* *"Their schedules don't meet with the patient's needs. They only come in like once a week now. To meet with my primary doctor, I have to make an appointment a month in advance."* *"The clinic where her pediatrician is at closes early, so I had to take her to the emergency room."*
What You Can Do in Your Practice	**Master Scheduling** Improve scheduling templates by creating visit types and by differentiating the length of time needed to attend to patients for each visit type. Set expectations upon scheduling and check-in: provide patients distinct times for check-in and for when the doctor will see them. For example, if the doctor needs 60 minutes for a follow-up, schedule accordingly. If a 9am appointment won't begin until 9:30am, schedule a 9am check-in time as a requirement for securing a 9:30am appointment slot and clarify this when scheduling/confirming. **Pre-Check-in Offer** Offer preregistration and online scheduling to all patients at the point of scheduling, using portals to reduce time at the actual appointment. Use two-way email interaction prior to appointment if available. Insurance, demographic, and clinical history forms can be completed ahead of time. **15-Minute Threshold to Set Expectations, Entertain, and Triage** Office staff should be mindful of patients' wait time. Communicate with patients waiting longer than 15 minutes after their scheduled appointment, and every 15 minutes thereafter. Explain reason for delay and expected duration, and deploy anything at your disposal to help make patient comfortable while waiting: ■ Take patient to a separate room and arrange vitals before patient sees physician. ■ Offer to speak to other available staff while waiting (e.g., nutritionist, pharmacist, nurse, etc.). ■ Provide activities in the waiting areas. Offer snacks, healthy-living television/videos, music, internet, reading materials, etc. **Avoid Overbooking/Overcrowded Schedules** Overbooking can cause major delays and limited access for patients. Long wait times and arriving to an overcrowded, chaotic setting leads to patient dissatisfaction. Instead of double-booking, design a schedule that reflects the number of appointments your clinical team is able to accommodate. If overbooking becomes necessary, allocate closed slots outside your normal schedule, such as before your first patient, during lunch, or after hours. Overbooking patients at these times will limit the impact to other patients' access and wait times. Utilize modified wave scheduling by including multiple, brief, catch-up periods in your schedule that should not be booked with patients. This will reduce the number of patients waiting and stop delays from impacting your entire schedule during busy periods.

CAHPS/STARS Measure	GETTING APPOINTMENTS AND CARE QUICKLY *(Cont.)*
What You Can Do in Your Practice	**Staff Training** Ensure staff is properly on-boarded and trained, and define appropriate scheduling policies based on medical conditions. Staff should have an outline of the appointment length required for each condition or symptom. **Patient Education** Provide patients with materials related to their conditions. Provide examples of routine versus urgent appointment scenarios and the time frames in which they can expect those appointments to occur. Provide DX chart with time frames aligning with NYS standards to set expectations with the patient. **Alternative Appointment Options** Accommodate patient preferences by offering sooner next-available appointments, such as same-day/open-access scheduling, weekend appointments, or early morning/early evening slots. **Urgent Care Centers** If you are unable to accommodate a patient with an urgent condition, you can refer them to Urgent Care Centers in our network. You may locate Urgent Care Centers by zip code at www.HFDocFinder.org. **Group Visits** Offer group visits or shared medical appointments (SMAs). **Appointment Confirmations** Confirm appointments one day prior and set expectations for the time to arrive, length of wait, and preregistration options. Use automated system, texts, or live calls to communicate with the patient. **Patient Care Team** Encourage the patient care team to communicate, from the very first visit, that care will be uniform. Offer alternative provider if the wait time is extensive. Effectively communicate that the alternative provider is part of the same clinical team, as an extension of the scheduled provider.

CAHPS/STARS Measure	GETTING NEEDED CARE
Measure to Improve	**Ease of Obtaining Appointments** ■ In the last six months, how often did you get an appointment to see a specialist as soon as you needed? ■ In the last six months, how often was it easy to get the care, tests, or treatment you needed?
Voice of the Patient	*"They give you the appointment. The problem is that it's three, four, five months away."* *"The referrals my doctor gives me are limited. When I request one, they do not want to give it to me."* *"It takes a long time. It is at least two months before I can get a specialist. They're booked up."* *"I have to see them when they want to see me and not when I want to see them."* *"There wasn't any available appointment time that was convenient for us."*
What You Can Do in Your Practice	**Proactive Scheduling** Facilitate specialist, testing, and treatment appointment scheduling for the patient instead of giving them the contact information at checkout to do themselves. **Use an EMR** Use an EMR or other record tracking to ensure patient is referred and has their future appointments made. **Authorizations** Avoid making the patient wait to obtain an authorization. Identify staff that can focus on authorizations to partner with the physician to review patient schedules and orders ahead of time to proactively initiate the authorization when possible. When referring out for last-minute testing, set expectations with the patient around the wait time and complete the authorization for them. Avoid involving the patient in the authorization process, but always keep them updated on the status.

CAHPS/STARS Measure	CARE COORDINATION
Measure to Improve	■ In the last six months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care? ■ In the last six months, when your personal doctor ordered a blood test, X-ray, or other test for you, how often did someone from your personal doctor's office follow up to give you those results? ■ In the last six months, when your personal doctor ordered a blood test, X-ray, or other test for you, how often did you get those results as soon as you needed them?* ■ In the last six months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?* ■ In the last six months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services? ■ In the last six months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?*
Voice of the Patient	*"They never respond back to me or call back."* *"The specialist says to leave a message and doesn't call back and follow up."* *"The pain is awful, but they didn't give me medicines to help."* *"I am still waiting on my pills because the doctor still has not called the refill in. I had to buy over-the-counter medicine just so that I could have my medication."*
What You Can Do in Your Practice	**Proactive Medical Records Gathering** Obtain records at the point of scheduling and send records out when referring to another provider: ■ Utilize Auto-Fax and other EMR functions to receive and send out records. ■ Obtain all provider contact information and enter into the patient's chart prior to checkout. **Patient Navigators** Identify/hire a patient navigator to follow up with all care and results after the visit. **Record Portal** Make medical records available via patient portal and encourage patient use for obtaining records. **Test Result Reminders** Use existing EMR or other office workflows to track when test results need to be reviewed with the patient after taking the test: ■ Use a confirmation system to ensure all patients have had their test results reviewed. ■ Ensure contact information is up-to-date upon scheduling and check-in/checkout. This will ensure you can reach the patient when you're ready to provide results. **Prescriptions** Review all the medications with the patient and ensure they are properly prescribed at checkout. **Visit Summary** Ensure patient visit summary is given, reviewed, and discussed with patient at the close of their visit. Highlight follow-up action items, and include a medication list if applicable. Use this summary for all patients, not just for meaningful use.

*These measures are also part of the Healthfirst Quality Incentive Program (HQIP).

Visit **www.healthfirst.org/PatientSatisfaction** to learn more about the areas to focus on for improvement, best practices, and links to helpful resources for you and your Healthfirst patients.

healthfirst ®
Health Insurance for New Yorkers