

Patient Experience Matters

A voluntary initiative to collect and publicly report patient experience survey data about primary and specialty healthcare in Maine

Why measure patient experience?

Improve quality. Patients with positive experiences with their healthcare providers are more likely to seek preventive care and follow instructions for better managing their health. Good patient experience of care also correlates with more active and engaged patients. By measuring patient experiences, providers can identify areas for improvement and patients can make informed choices about their healthcare providers.

Strong business case. It is becoming increasingly common for public and private payers to tie financial incentives to patient experience as part of value-based purchasing. Patient experience correlates with risk of medical malpractice – the better the experience the lower the likelihood of lawsuit. Better experience also leads to patient loyalty. Steady relationships are good for practices and good for patient care.

What is Maine’s plan for conducting patient experience surveys?

The Dirigo Health Agency (DHA) and its partners are committed to supporting a statewide effort using a standardized tool to collect and publicly report patient experience survey data. Survey data include information that only patients can provide to help improve patient-centeredness and care quality in Maine.

Target population	Adult patients of primary and specialty practice sites; parents of children served by pediatric practices.
Survey instrument	<i>Consumer Assessment of Healthcare Providers and Systems (CAHPS) Patient-Centered Medical Homes (PCMH), 12-month survey, version 2.0.</i> The entire PCMH instrument will be administered to patients of primary care practices; the PCMH core questions and a sub-set of its supplemental questions will be administered to patients of specialty care practices. The PCMH instrument was selected because of its growing use by the private and public sectors, including NCQA for practice recognition and CMS for medical homes and accountable care organizations.
Mode of administration	Designated vendors will have the option of using mail only; mixed mode of mail with phone follow-up; mixed mode of e-mail with mail follow-up or mixed mode of e-mail with telephone follow-up.
Sample size	Sample sizes will be based on Agency for Healthcare Research and Quality guidelines for practice site sampling. Details can be found at: (Link to DHA website for details)
Survey timeline	Administration of surveys will occur over a fixed three-month period, Sept – Nov ‘12
Survey vendors	All vendors participating in this initiative must apply under DHA’s <i>Request for Proposals</i> (RFP) to be eligible for practice site subsidies. Vendors with established relationships with health systems and practice sites must apply and agree to replace or augment their current survey activities with the CG-CAHPS PCMH instrument during the project timeline. A list of designated vendors will be made available to practice sites in July 2012. (See back of page for details about vendor designation)
Subsidies	DHA will subsidize 90 percent of survey fees based on the lowest bid per completed survey in response to the DHA’s <i>Request for Proposals</i> for designated vendors. We estimate that the balance for which a practice site would be responsible could be less than \$100 for a one-provider practice site and less than \$500 for a practice site of 20+ providers. To receive the subsidy, practice sites must work with a designated vendor and agree to share results for public reporting at the practice site level.
Data submission	Survey results will be directly submitted to the CAHPS Benchmarking Database.

What if a practice site already conducts patient surveys?

Vendors with established relationships with health systems and practice sites must apply under DHA's *Request for Proposals* to become a designated vendor under this initiative. To assure consistency across the state, vendors must agree to administer the PCMH CAHPS instrument at the practice site level during the three-month survey administration period (Sept '12 – Nov '12) in accordance with *DHA Survey Guidelines* that will be available in early June. A practice site may choose to replace its existing survey effort during this time-limited period or augment its own survey with the PCMH CAHPS, making certain that sampling, survey administration and data submission meet DHA requirements. Only designated vendors will receive a practice site subsidy. Here's what you can do:

- Encourage your vendor to apply under DHA's *Request for Proposals* to be selected as a designated vendor and receive a subsidy under this initiative.
- Encourage your vendor to attend a bidders' meeting on June 18, 2012 to learn more about the initiative and its requirements (See http://www.dirigohealth.maine.gov/Pages/patient_experience_matters.html for details about the Bidders' Conference.)

What if a practice site has no patient survey vendor?

Practice sites wishing to participate but have no current vendor relationship are encouraged to contract with one of the designated vendors selected by DHA through its *Request for Proposals*. A list of designated vendors, their rates, and the subsidy offset will be announced in early August.

Who can become a designated vendor?

DHA will issue a *Request for Proposals* in early June to solicit designated vendors for this initiative. To qualify, a vendor must be certified by the National Committee for Quality Assurance or approved by the Centers for Medicare & Medicaid Services for H-CAHPS or Medicare ADvantage. Vendor applicants must agree to comply with *DHA Survey Guidelines* and establish a rate per completed survey. Based on its review of proposals, DHA will develop a list of designated vendors and determine its base rate for practice site subsidies based on the best bid per completed survey. The list of designated vendors, their established rates and the subsidy offset will be posted on the DHA project website. DHA will enter into a contract with each designated vendor for purposes of making subsidies when a practice site's surveys are submitted to the CAHPS Benchmarking Database. Designated vendors must agree to bill practice sites for the balance of survey costs only after subsidy payments are made. Please contact DHA if you would like to be notified when the RFP is released.

For Further Information

More information about this initiative can be found at:

http://www.dirigohealth.maine.gov/Pages/patient_experience_matters.html

If you have not received this information directly or know of others who would like to be included on our distribution list, please contact:

Alexander Dragatsi
Dirigo Health Agency's Maine Quality Forum
207.287.9965

Alexander.dragatsi@maine.gov

DHA Connecting You to
Health Coverage
& Health Quality

Major Target Dates

Early June '12	Release of <i>Request for Proposals</i> for designated vendors
June 18, 2012	Bidders Conference
Late July '12	Designated vendors notified
Sep-Nov '12	Surveys administered and submitted to CAHPS Benchmarking Database
Dec '12-Mar '13	Survey findings analyzed by CAHPS
April '13	Public reporting by practice site

Sponsored by the Dirigo Health Agency in collaboration with the Maine Health Management Coalition, Maine Quality Counts and Aligning Forces for Quality (May 2012).