

FEATURED SPEAKER

Jason Ruda

Experience Director



From the Front Lines:

How to Establish a Practical Patient Experience Program



2022 NRC HEALTH SYMPOSIUM

Objectives



Offer a framework for establishing or expanding a Patient and Provider Experience program in ambulatory settings.



Identify successful strategies and tactics to engage stakeholders and drive performance.

3

Share lessons learned and future planning.

Wyomissing

Who is Tandigm Health?

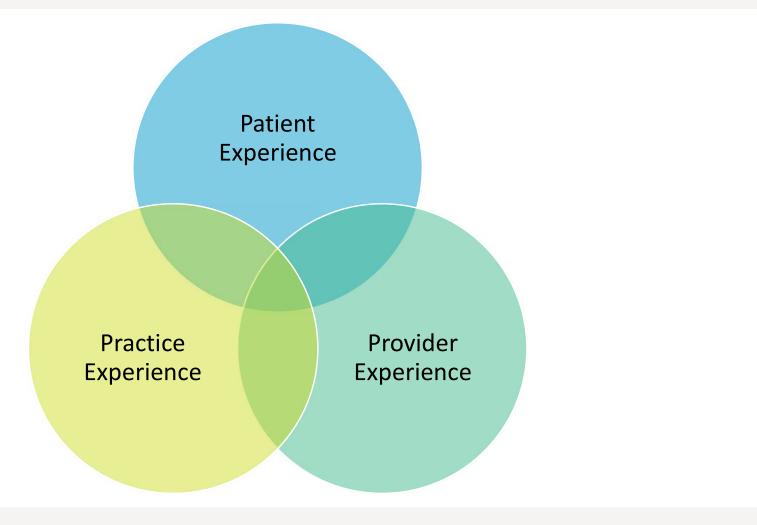
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Medford,

- Provider-led; clinically focused
- Over 170 independent primary care practices serving approx. 100,000 patients.
- Mission: to improve healthcare in the Philadelphia area while making it more affordable for everyone.

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2022 NRC HEALTH SYMPOSIUM

Our Journey to Excellence 2023 + 2022 2021 2020 Build Refine Grow Engage Π **2022 NRC HEALTH SYMPOSIUM**

Catalyst for Change

- Increased CMS emphasis on patient experience
- Weighted measures growing from 1.5x (2017) to 4x (2023)
- It's the right thing to do

What We're Measured On

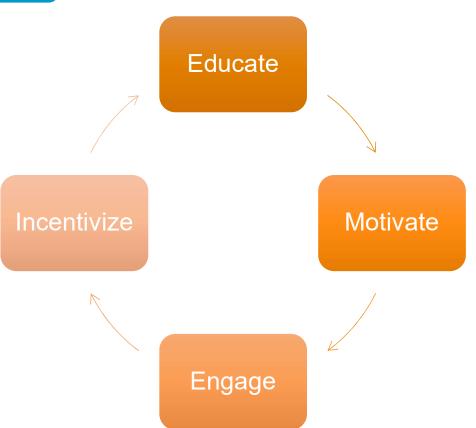
CAHPS: Consumer Assessment of Healthcare Providers and Systems



We Learned from the Best







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2021 | Build

2021 Patient Experience Manual

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Patient Experience Program Manual

Addendum to Provider Manual Specific to Keystone Health Plan East Members

2021

April 2021

Measure 1	Foundations and Education	Basic	Intermediate	Advanced
Activity 1A	Patient Experience Education	20		35
Activity 1B	Patient Experience Champions	5	10	20
Activity 1C	Words that Matter	10	25	45
Measure 2	Access and Care Coordination	Basic	Intermediate	Advanced
Activity 2A	Prepared Care Team	5	15	25
Activity 2B	Same Day Appointments	5		15
Activity 2C	Call Us First – Focus on Experience	5	15	25
Activity 2D	Medication Excellence	10	25	35
Measure 3	Health Outcomes	Basic	Intermediate	Advanced
Activity 3A	Patient Centered Health Questions	20		35
Activity 3B	Urinary Incontinence Education	10		20
Activity 3C	Falls Reduction	20		45

2021 | Build

C: Call Us First – Patient Experience Focus	Support / Details and Video			
Goal: Promote Access to Care, Care Coordination, Getting Needed Care CAHPS questions				
Basic: Practice, by July 1 st , 2021 completes self- assessment (one per practice) and by end of year improves/strengthens 2 areas See review of components of Call Us First Intermediate: Practice completes self-assessment and improves / strengthens 4 areas	 Assessment must be completed by July 1, 2021. <u>All Staff ideally review CUF Video</u> Staff can track their <u>viewing here</u> Areas for improvement should be declared to PHSO (Tandigm Rep) for placement on action plans 			
Advanced: Practice completes self-assessments, has demonstrated improvement in 4 areas <u>and</u> has developed 2 "same day/soon" arrangements with local specialists for defined conditions				
Scoring: End of year attestation. 1. Completed self-assessment. 2. Submitted description of improvements implemented.				

3. Names of specialists and conditions are submitted

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Foundation

Patient Experience Training Video

- Key concepts fundamental to the patient experience.
- Stories told through providers and staff across network.
- Required viewing for team members; part of the PCP Incentive Plan.
 - Let's hear from a Tandigm physician...



Foundation

Patient Experience Champions League



Champions across the network.



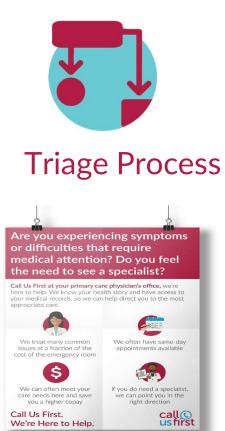
Average attendance at monthly webinars.



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Access to Care & **Care Coordination**

Call Us First[®] Program





Patient Awareness

We want you to receive the right care. at the right time, and in the right place.

Are you experiencing symptoms or difficulties that require medical attention? Do you feel the need to see a specialist? You should know that when you have unexpected or urgent medical needs, as your primary care physician we want you to **Call UP First**. You should also **Call** UP first the UD First field will be first being scheduling an appointment with a specialist. We can often meet your care needs at our office and save you a higher copay.

> Considering a Specialist? We can help you determine where you should go for care. If you need specialist, we can point you in the rij direction.

🕋 Call Us First. We're here to help. call C us first

Access to Care & Care Coordination

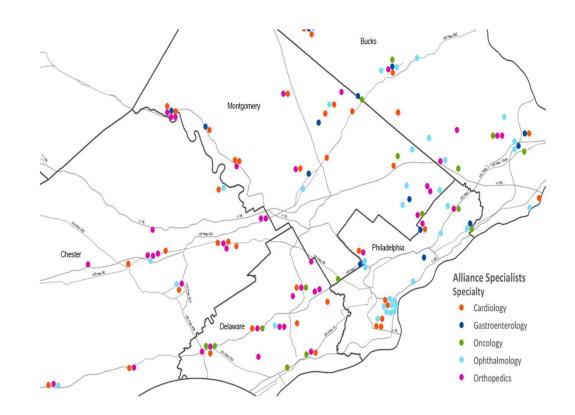
Same Day Soon / Specialty Alliance

Our Specialty Alliance: 37 practices; 165 locations across the 5-county region

- Orthopedics
- Cardiology
- Gastroenterology
- Ophthalmology
- Oncology

We look for specialists who will:

- Create and utilize clinical best practices
- Self-manage to quality and utilization targets
- Support most cost-effective sites of service



Health Outcomes

Frequently Asked Questions: URINARY INCONTINENCE (LOSS OF BLADDER CONTROL)

What is urinary incontinence?

Urinary incontinence is the loss of bladder control. It is not a disease. It is a symptom. It can range from sometimes leaking urine with a cough or a sneeze to having an urge to go to the bathroom that is so sudden and strong that you don't get to the toilet in time.

When should I tell my doctor about my loss of bladder control?

Many people think that loss of bladder control is a normal part of aging or something you just need to live with. But you do not need to handle this alone.

It may be time to talk to your doctor if your quality of life is impacted such as:

- · You must do frequent clothing/bedding changes due to wetness
- · You notice any redness or skin changes due to wetness
- You shy away from doing things for fear of having an "accident"
- · You rely on pads/briefs to manage wetness

What are risk factors for loss of bladder control?

In general, the risk factors for loss of bladder control include gender, age, obesity, smoking, and family history. It happens twice as often in women as men.

- Many things can cause loss of bladder control such as:
- Hormonal changes (such as menopause)
- · Childbirth (which can weaken the muscles used to control the bladder)
- History of pelvic or abdominal surgery
- · Prostate surgery or other prostate conditions in men

Can loss of bladder control be treated?

In a word, ...YES! There are many treatments that can help. For most people, simple lifestyle changes or medical treatment can decrease or stop the symptoms.

Here are some of the options to discuss with your doctor:

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Weight control







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Special exercises, either with a physical therapist or on your own (such as Kegel exercises)

Diet changes (limit alcohol/caffeine, chili peppers and artificial sweeteners)



UI & Falls Reduction

What You Can Do to Prevent Falls

Exercise or Falls Prevention Program Physical Therapy

- Occupation Therapy for Home Safety Assessment
- Optometry/Ophthalmology Referral

 Podiatry referral Medication Review

Vitamin D Supplementation

Tandigm Complex Care

Next Appt

Contact Information:

Management Referral Additional recommendations:

Safer Steps

A Matter of Balance

In this one-hour course, participants learn how to stay independent by preventing falls. This class points out common safety hazards in the home and teaches the importance of exercise

Falls Prevention

Healthy Steps for Older Adults

them. Participants learn how to exercise

safely at home with a focus on health and

well-being. It also includes a physical skill

screening to determine a person's fall risk.

This more intensive program consists of

eight sessions. Each session is a half day.

Trained coaches help teach participants

about the importance of balance through

exercise and also address fears about falling.

This two-part workshop raises awareness

about the causes of falls and how to prevent

Programs

(HSOA)

Yoga

There has been a fair amount of research on how to prevent falls in elderly. Yoga has been shown to help maintain strength, stability and agility.

Tai Chi

Tai Chi involves a series of movements performed in a slow focused manner. It has been found to help reduce falls in older adults with a high risk of falling.

Talk to your **Primary Care** Physician about how you can help prevent falls.

if you fall, worry about falling, or feel unsteady.

Learn more about falls prevention by visiting cdc.gov/steadi

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Take Action to Prevent Falling



Focus on patients' experience of care as well as their clinical outcomes

Trust, but Verify: Year-End Attestation

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Practices required to do year-end attestation to document level of activity completion.



100% of practices completed the attestation.



Data validation and review conducted to assess accuracy of submissions.

Maintaining Network Engagement

- Champions League
- Practice Support Sessions
- Network Quality Forum
- Video Recordings





Network Training Sessions

32

Practices requested training

57 Sessions between June to December

Minute commitment per practice, per session

Recommended entire practice in attendance



3 Key Observations

- 1. Communication gaps are the biggest hurdle to overall performance
- 2. Practice Experience = Patient Experience
- 3. Ongoing professional development and training often needed



Challenges and Barriers

- Pandemic and practice fatigue
- Bandwidth at practices and our own team
- Staffing
- Scope creep



Leverage the Patient Experience Champions



Full practice participation to connect the dots

Key Takeaways



Patient Experience sensitivities

Providers are eager for communications skills training



Return to meaning is an antidote

2022 Refine	2022 Patient Experience Manual			
Survey Measures		Process Measure		
 Medicare Advantage patients Triggered by PCP visit claim Interactive Voice Response & Text 13 questions total 4 questions are incentivized 		 Selection and completion of 2 self-selected goals. Practices given 4 months to complete goal requirements. 		

Acknowledgements & Key Contributors

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Questions?

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Questions?

In-person

- 1. Wait for the microphone
- 2. Please stand
- 3. Provide us your name & location of your organization
- 4. Ask your question

Add your questions to the question box.

Virtual

Ask a Question