OAS CAHPS SURVEY

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Why?
• To produce comparable data on the patient’s perspective that allows objective and meaningful comparisons between HOPDs and free-standing ASCs on domains that are important to consumers
• Public reporting will allow consumers to make more informed choices when choosing an HOPD or ASC
• Public reporting of survey results will be used by HOPDs and ASCs for quality improvement initiatives

Source: CMS website

Who is responsible for this and What is it??
• The Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey = OAS CAHPS survey

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• Don Holmes, MA
• Nikki Hurley, RN, BSN, MBA, COE
• Dan Chambers, MBA, COE
• John Grant III

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When did this start?

- Field test conducted in 2014 to test the reliability of the survey items and implementation procedures.
- The survey received accreditation as a CAHPS survey in February 2015.

When is it required?

- You can participate voluntarily in 2017
- You are required to provide the survey to your patients beginning in January 2018
- Recommend starting as soon as possible

How do we get started?

- You must contract with a certified third party vendor - list as of March 7, 2017
  
  https://oascahps.org/General-Information/Approved-Survey-Vendors

- You must also go to https://oascahps.org in order to register your facility administrator
  ◦ Click on For Facilities
  ◦ Click on Register for Login Credentials
  ◦ Complete required fields and submit
  ◦ You will be taken to a dashboard and follow instructions to complete the next steps.

Where can I go to get help?

- https://oascahps.org/
- http://www.ascassociation.org/federalregulations/qualityreporting/oascahpssurveyfaqs
What do I need to know before contracting with a vendor?

- Vendor’s pricing model - find one that charges per completed survey, not every survey sent or phone call made
- Terms of contract, any benefits to longer terms?
- Termination fees
- IF you decide to add questions, how does customization cost?

What does CMS say is important to consumers?

- Communication and care provided by health care providers and office staff
- Preparation for the surgery or procedure
- Preparation for discharge and recovery
- Overall impression of the facility

How can this survey effect our center?

- Potential for improved reputation in your area
- Potential for decreased reputation in your area
- May only have one chance to make it right – surveys are issued for 1 encounter every 5 months per patient

How exactly does it measure these?

- 2 questions about experience before the procedure
- 6 questions about facility and staff
- 5 questions about communications regarding the patient’s procedure
- 9 questions about preparations for discharge and recovery
- 2 questions about overall rating of the facility
- 13 questions about the patient

Source ASCA Association website, OAS CAHPS FAQs
How many questions?

- To support the core ASC Quality Measures reporting requirements (ASC 15 a-e) within the survey, the previous slide represents 37 questions.
- You are allowed to add 15 supplemental questions to measure facility excellence.

Would you answer that many questions?

Who is going to answer all those questions??

- Your patients
  - Over the age of 18
  - Having at least one outpatient experience
  - Have a procedure code that is considered eligible (any ASC payment code)
  - Who are alive
  - Have a U.S. mailing address or phone number
  - Not under hospice care
  - Who are not residing in institutions such as nursing home or jail
  - Who have not been sampled in the previous 5 months

Who is most likely to answer?

Think about it….

- Time to give
- Energy to put forth effort
- Dedication to tell their story to the masses…

Who? THIS GUY!!
How does the vendor contact our patients?

Only 3 approved methods of contact

- U.S. Mail only
- Telephone interview only
- U.S. Mail with telephone follow up

What can impact the results?

- Any issues within the ASCs that are not in working order (bathroom fixtures, drinking fountains)
- Anything that looks “unclean” to the patient
- Ability of patients to remember their experience after anesthesia, remember 9 questions are about recovery
- Questions that may or may not be applicable to your setting
- Any communication during the patients visit that can be considered vague or argumentative

What can you consider?

- Fix items immediately and encourage communication regarding any issues
- Hire a cleaning service with experience with surgical environments/spot check
- Train staff to “police” all areas, including restrooms
- Adding TV and Wi-Fi to waiting areas
- Add music to patient care areas for privacy and relaxation
- Add anything you might think will make the surgical experience more pleasant

Why should you spend $$$?

Because apparently you’re not just a surgery center anymore!
What else should you worry about?

Who? PHYSICIANS/CLINICS
- The clinical physician and staff must portrait confidence in care - explain options
- Must train staff to educate patients well for what to expect – if upgraded services, make certain patient knows exactly what they are paying and why
- Do not overpromise expectations of outcome
- Answer all questions and make certain patients are comfortable with proceeding
- Discussion point with physicians: be the doctor their patients expect

Who? FRONT DESK/CHECK IN
- Must greet patients with smiling delight
- Privately handle any money matters or concerns
- Make sure the patient or family member does not have any questions
- Alert preoperative staff if there are any concerns or questions or special requests

Who? PREOPERATIVE STAFF
- Greet patients with a smile, introduce, and make them feel welcome
- Provide patient focused, calming atmosphere
- Make sure there are no questions
- Explain each step and what comes next – specifically explain anesthesia
- Take time to provide a touch to the patient’s shoulder, a reassuring word, or even yet another warm blanket!
Who? INTRAOPERATIVE STAFF

- Greet patients with a smile, introduce, and allow patient to understand they are going to the OR and any special instructions
- Explain each step and what comes next
- Focus conversation with patient interaction
- Perform all duties with serious conviction

- Provide calming atmosphere – operating rooms are scary enough places without all the commotion

Who? POSTOPERATIVE STAFF

- Greet patients with a smile, introduce, and allow patient to understand their surgery is complete
- Explain each step and what comes next

- Make certain responsible adult is involved in postoperative instructions
- Provide written instructions – including what to do if they have any concerns or side effects after surgery
- Address anesthesia side effects, possible signs of infection, and any possible bleeding and what to do
- Make certain the patient and responsible adult have had all questions answered and are comfortable leaving.

Who? ANY STAFF MEMBER

- Even the sterilization technician can occasionally have patient contact
- Make certain all staff members are aware their communication to the patient is key
- Consider online aids and consultants to help train staff in steps to providing outstanding customer service

- There’s an art to smiling behind a mask!

Conclusion:

- Start now
- Researching and finding the right vendor for your center can help ease implementation and allow you to track results in real time
- Investing in physician and staff training can increase patient satisfaction = better results = no payment deductions and can increase volume
- There is no choice, as CMS moves away from Fee for Service to a Pay for Performance system…It IS still a Fee for Service…..CUSTOMER SERVICE!
Dan Chambers, MBA, COE

- Executive Director
- Key-Whitman Eye Center

Private Equity

- Climate: Over Arching Trends for buyers and sellers
  - Practices with ASCs
  - Partnering and Management Control
- Due Diligence
- Valuations & Adjustments
- Focus on Revenue Growth
- Phase 1 and 2

John R. Grant

- Division President, Ophthalmology
- AMSURG, an Envision Healthcare Company
- No other financial disclosures

ASC Management Company Updates

- USPI – Purchased by Tenet – Hospital joint ventures
- SCA – Purchased by Optum, a United Health primary care group
- Amsurg – Purchased Sheridan and then merged with Envision
- American Surgisite – clinically integrated network formation
- Surgery Partners – Pain management practice acquisitions
• Strategies – Consolidation, growth, diversification, rate lift and integration
  ◦ Joint Ventures – partnering with hospitals primarily to achieve higher commercial rates
  ◦ Consolidation – companies feel the need to get bigger in order to have more relevance to commercial payers as well as seat at the table with CMS/Medicare
  ◦ Practice acquisition – Anesthesia, pain management, Ophthalmology (response to private equity)