

Patient Experience Assessment State of Nebraska Year 1 Data

Report Prepared April 12, 2012

State of Nebraska PEAT Survey Data, March 2012

Total Surveys Completed = 2226

Total Medicaid Surveys = 1135

% Medicaid Surveys = 51%

State of Nebraska Baseline PEAT Survey Data, July 2011

Total Surveys Completed = 2552

Total Medicaid Surveys = 1,058

% Medicaid Surveys = 41%

Patient Experience Assessment

Introduction

The Patient Experience Assessment Tool (PEAT) was developed to provide information on the patient's experience and overall satisfaction related to various elements of the patient centered model of care. In particular, questions were asked to address key elements of the Patient Centered Medical Home (PCMH) such as the patient's perception of their ability to provide self-care management, physician and staff communication abilities, and satisfaction regarding access to care and information.

Results are provided on your practice overall and by provider. Share the results of the assessment with all the members of your practice so that everyone might develop a better understanding of how your patients experience your practice overall.

Narrative Comments

On the pages that follow, the data and feedback relates to how the patients in your practice responded in relation to the Comparison Group. The Comparison Group is representative of practices involved in transformation. We have provided the average score for your practice in relation to the Comparison Group by survey item in both a numerical and graphic format. The answer options were as follows:

- Strongly Disagree = 1
- Disagree = 2
- Neither Agree nor Disagree = 3
- Agree = 4
- Strongly Agree = 5

Please refer to this key as you review your reports. The higher the score, the better it reflects on your practice.

We have also included for your review any specific comments that were provided in writing by the patients who completed the surveys. We would suggest that you look for specific patterns and trends in these comments as well as opportunities for how or what your practice might do to improve scores.

Evaluating the Data

Review and discuss the questions below as they relate to your data.

- How does your practice rate versus the Comparison Group?
- Which questions identify strengths in your practice (i.e. questions >4.0)? Consider how these strengths relate to the TransforMED Model of Care.
- Where are the opportunities for improvement in the practice (i.e. questions <4.0)? Consider how these opportunities for improvement relate to the TransforMED Model of Care. For example, if survey item 1 is <4.0, this item relates to Access to Care. Discuss with your practice team questions such as what % of your day is open to same day appointments, how many patients have to be referred to urgent care due to lack of provider availability to provide care, etc.?
- Identify the people in your practice who need to be involved to address these areas for improvement. What providers might have best practices on certain survey items?
- Develop your PEAT Plan to help prioritize next steps related to your areas for improvement.

Table 1: Survey item Averages
Practice A Averages vs. Practice B Averages vs. Comparison Group Survey item Averages

Report date: April 12, 2012

	PEAT Survey Item	Practice A Round 2, March 2012	Practice A Baseline	Practice B Round 2, March 2012	Practice B Baseline	Comparison Group
1	I was able to schedule an appt. on the day I wanted.	4.18	4.14	4.24	4.24	4.45
2	I made a list of my concerns before the visit with my care team.	3.63	3.60	3.74	3.68	3.61
3	My clinician asked my thoughts on the treatment goals to which we agreed.	4.05	4.03	4.00	3.98	3.8
4	My questions were answered in a way that I could understand	4.39	4.38	4.24	4.23	4.34
5	I was satisfied with the amount of time I spent with my clinician	4.27	4.27	4.18	4.17	4.65
6	I was able to see the clinician I requested.	4.29	4.27	4.20	4.15	4.54
7	My clinician is concerned about me as a person, not just my illness.	4.32	4.31	4.21	4.19	4.68
8	My care team contacts me to remind me I need to come in for my checkup	3.56	3.43	3.81	3.76	3.89
9	I know my rights and responsibilities as a patient of this practice.	4.27	4.24	4.21	4.2	4.68
10	I am at ease asking questions about my healthcare concerns.	4.42	4.40	4.28	4.26	4.8
11	My clinician is a good listener.	4.44	4.43	4.31	4.32	4.86
12	I can manage my health better because of what I learn from my clinician and the care team.	4.26	4.24	4.15	4.16	4.71
13	My clinician tells me the common side effects for each of my treatment choices.	4.11	4.09	4.08	4.08	4.69
14	I have a say in decisions about my care.	4.28	4.26	4.16	4.16	4.73
15	I am notified in a timely manner of test results after I have had lab work or x-rays.	4.14	4.14	4.09	4.07	4.45
16	I am asked about my satisfaction with my healthcare.	3.87	3.83	3.94	3.97	3.64
17	When I have questions about my bill, my questions are answered politely.	3.90	3.91	4.00	3.99	4.18
18	The practice makes information available to me through their website.	3.57	3.52	3.37	3.37	3.77
19	I can easily get in touch with the practice after regular hours and on weekends.	3.69	3.68	3.63	3.64	3.62
20	I would refer my family and friends to this practice.	4.33	4.31	4.15	4.15	4.71

PCMH Dimensions and Corresponding Survey Items Key

Comments: Each survey item corresponds to a PCMH Dimension. As you review your data, consider possible next steps and action items with relation to both the PCMH Dimension and corresponding survey items.

Corresponding PCMH Dimension	Survey Item Number	Survey Item
Access to Care	1	I was able to schedule an appointment on the day I wanted.
	3	My clinician asked my thoughts on the treatment goals to which we agreed.
	18	The practice makes information available to me through their website.
Access to information	12	I can manage my health better because of what I learn from my clinician and the care team.
	14	I have a say in decisions about my care.
	15	I am notified in a timely manner of test results after I have had lab work or x-rays.
	16	I am asked about my satisfaction with my healthcare.
	19	I can easily get in touch with the practice after regular hours and on weekends.
Communication	6	I was able to see the clinician I requested.
	7	My clinician is concerned about me as a person, not just my illness.
	8	My care team contacts me to remind me I need to come in for my checkup
	9	I know my rights and responsibilities as a patient of this practice.
	10	I am at ease asking questions about my healthcare concerns.
Overall patient satisfaction with care	17	When I have questions about my bill, my questions are answered politely.
	20	I would refer my family and friends to this practice.
Patient Centered Whole Person Care	2	I made a list of my concerns before the visit with my care team.
	4	My questions were answered in a way that I could understand.
Patient Self Management	5	I was satisfied with the amount of time I spent with my clinician.
	11	My clinician is a good listener.
	13	My clinician tells me the common side effects for each of my treatment choices.

**Table 3: PCMH Dimensions Practice
Practice A vs. Practice B vs. Comparison Group**

Report date: April 12, 2012

PCMH Dimension	Practice A March 2012	Practice A Baseline	Practice B March 2012	Practice B Baseline	Comparison Group
Communication	4.17	4.13	4.14	4.11	4.77
Patient Self-Management	4.27	4.26	4.19	4.19	3.62
Access to Care	3.94	3.91	3.90	3.89	4.33
Access to Information	4.05	4.04	4.00	4.00	4.38
Patient Centered Whole Person Care	4.01	3.99	3.99	3.96	4.71
Overall patient satisfaction with care	4.11	4.11	4.07	4.07	4.71

Table 4: Insurance Breakdown

Report date: April 12, 2012

Practice A

March 2012

Counts Analysis % Respondents	
Total	1580 100%
Respondent gender	
Commerical Insurance	647 41%
Medicare	150 9%
Medicaid	812 51%
Self-pay	77 5%
Other	- -

July 2011

Counts Analysis % Respondents	
Total	1711 100%
Respondent gender	
Commerical Insurance	656 38%
Medicare	146 9%
Medicaid	751 44%
Self-pay	64 4%
Other	180 11%

Practice B

March 2012

Counts Analysis % Respondents	
Total	646 100%
Respondent gender	
Commerical Insurance	178 28%
Medicare	161 25%
Medicaid	323 50%
Self-pay	44 7%
Other	4 1%

July 2011

Counts Analysis % Respondents	
Total	683 100%
Respondent gender	
Commerical Insurance	251 37%
Medicare	151 22%
Medicaid	307 45%
Self-pay	35 5%
Other	1 0%

Table 5: Patients with Routine Healthcare Source

Report date: April 12, 2012

21. Do you have a routine source of healthcare?

Practice A

March 2012

Counts Analysis % Respondents	
Total	1435 100%
Do you have a routine source of healthcare?	
Yes	1182 82%
No	253 18%

July 2011

Counts Analysis % Respondents	
Total	1613 100%
Do you have a routine source of healthcare?	
Yes	1287 80%
No	326 20%

Practice B

March 2012

Counts Analysis % Respondents	
Total	545 100%
Do you have a routine source of healthcare?	
Yes	365 67%
No	180 33%

July 2011

Counts Analysis % Respondents	
Total	693 100%
Do you have a routine source of healthcare?	
Yes	456 66%
No	237 34%

Table 6: Rating of Overall Health

Report date: April 12, 2012

22. How would you rate your overall health?

Practice A

March 2012

Counts Analysis % Respondents	
Total	1528 100%
How would you rate your overall health?	
Excellent	255 17%
Very good	505 33%
Good	597 39%
Fair	153 10%
Poor	18 1%

July 2011

Counts Analysis % Respondents	
Total	1667 100%
How would you rate your overall health?	
Excellent	271 16%
Very good	571 34%
Good	640 38%
Fair	164 10%
Poor	21 1%

Practice B

March 2012

Counts Analysis % Respondents	
Total	598 100%
How would you rate your overall health?	
Excellent	59 10%
Very good	130 22%
Good	295 49%
Fair	99 17%
Poor	15 3%

July 2011

Counts Analysis % Respondents	
Total	737 100%
How would you rate your overall health?	
Excellent	82 11%
Very good	168 23%
Good	368 50%
Fair	110 15%
Poor	9 1%

Table 7: Rating of Overall Health

Report date: April 12, 2012

23. During the past 90 days, how many days of school or work did you miss due to illness?

Practice A

March 2012

Counts Analysis % Respondents	
Total	1503 100%
During the past 90 days, how many days of school or work ...	
0	588 39%
1-5	539 36%
6-9	44 3%
10-15	23 2%
16 or more	14 1%
I do not work or go to school	295 20%

July 2011

Counts Analysis % Respondents	
Total	1646 100%
During the past 90 days, how many days of school or work ...	
0-9	1246 76%
10-19	42 3%
20-29	12 1%
30-39	8 0%
40 or more	10 1%
I do not work or go to school	328 20%

Practice B

March 2012

Counts Analysis % Respondents	
Total	572 100%
During the past 90 days, how many days of school or work ...	
0	205 36%
1-5	135 24%
6-9	19 3%
10-15	6 1%
16 or more	16 3%
I do not work or go to school	191 33%

July 2011

Counts Analysis % Respondents	
Total	700 100%
During the past 90 days, how many days of school or work ...	
0-9	458 65%
10-19	29 4%
20-29	10 1%
30-39	5 1%
40 or more	4 1%
I do not work or go to school	194 28%