



Improving Sustainability through a Positive Patient Experience

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AFTER

National
Family Planning
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Improving Sustainability through a Positive Patient Experience

Case Study Snapshot Team

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Background and Purpose

The National Family Planning & Reproductive Health Association (NFPRHA) helps publicly funded family planning providers succeed in the changing health care economy through its *Life After 40: The Family Planning Network and the ACA project*.

Designed to support the sustainability of the family planning service delivery network following the 40th anniversary of the Title X family planning program, a core component of the project is a series of case studies exploring key operational and financial best practices. Unlike the traditional longer case studies that profile multiple NFPRHA members, this case study snapshot is designed to highlight a single NFPRHA member and includes a resource list with practical tools and additional materials, rather than a workbook.

Health care reform has ushered in new challenges and opportunities for the publicly-funded family planning network. With the expansion of coverage provided by the Affordable Care Act (ACA), an estimated 10 million people will gain

access to Medicaid coverage and 19 million are expected to gain other forms of health insurance starting in 2014.¹

As individuals gain access to insurance coverage, they will have more choices about where to go for health care services. Publicly-funded family planning health centers need to make the transition from being a provider of necessity to a provider of choice for both existing and prospective patients. Gaining patient loyalty through exceptional service is a critical component of business sustainability — as important as managing costs and revenues.

The heightened competition for newly insured patients may be new for some providers. A successful plan to retain and

attract patients requires strategic effort to implement. This case study snapshot will help leaders of family planning organizations strengthen their ability to offer and improve high-quality consumer experiences and health services, which will help them remain viable providers of critical family planning and sexual health services in their communities. It describes how Kachemak Bay Family Planning Clinic (KBFPC), an Alaskan health center, has achieved notable service quality improvements by utilizing patient experience data. Readers will follow KBFPC through its process of survey development, implementation, data analysis, and quality improvement based on patient feedback. Examples from KBFPC's experience are augmented by best practices drawn from clinical research literature. Also included are references to tools and materials that family planning health centers can use as they develop a patient experience program.

Understanding the Patient Experience Paradigm

Over the past decade, patient-centered care has received increasing interest from health policy makers, highlighting the importance of incorporating patients' needs and perspectives in the health care delivery system.

Part of the impetus behind patient-centered care is the growing evidence that it improves clinical outcomes and patient satisfaction, improves clinical adherence to treatment guidelines, increases health care delivery system efficiency, and positively impacts health-related business metrics.^{2,3}

Patient experience is a measure of patient-centeredness, one of six health

care quality aims proposed by the Institute of Medicine (IOM) in its 2001 report, "Crossing the Quality Chasm: A New Health System for the 21st Century."⁴ In the report, patient-centered care is defined as "providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."⁵ There is inherent

value to patient-centered care, and patients place a high priority on these qualities. Good patient experience has a well-documented, positive relationship to other aspects of health care quality, including patients' engagement with and adherence to providers' instructions, and clinical processes and outcomes. Patient experience is also positively correlated with key financial indicators of a health care organization, including increased patient loyalty and retention, reduced medical malpractice risk, and increased employee satisfaction.^{6,7}

Optimizing patient experience is particularly important for safety-net providers, such as family planning health centers, which care for vulnerable and typically poor and low-income populations. Patients seeking safety-net services, on average, are sicker and tend to have lower levels of trust in the health care system. Thus, they may be more susceptible to the negative effects of substandard experiences with health care providers. However, safety-net providers face unique challenges to gathering and utilizing patient experience data. Many safety-net providers have significant needs for onsite assistance with data collection, educational resources, and measurement techniques.⁸ They are more likely to face operational challenges like financial strain, a lack of in-house knowledge about measurement and analysis, and challenges unique to the safety-net population including cultural, linguistic, and literacy barriers to participation in data collection and, in some cases, patient concern that information collected would be used to inform legal or immigration authorities.⁹

While measuring patient satisfaction has long been a requirement of the Title X program, measuring patient experience is slightly different and more intensive process, although the two concepts are related. Patient satisfaction refers to the way a patient perceives their interactions with health center staff and the services they received in the health center. Patient experience refers to the objective quality of both clinical and non-clinical interactions with the patient. Patient experience surveys elicit feedback on what patients did or did not encounter throughout the continuum of care, while patient satisfaction surveys obtain subjective ratings of the patients' perceptions of various aspects of the care they receive. From the provider's perspective, patient experience is more directly measurable and actionable and, therefore, may be more useful in improving service delivery.¹⁰ An example of the distinction between these terms is provided in Table 1.

Safety-Net Challenges to Data Collection and Use

- Prioritizing patient experience work among competing sustainability initiatives.
- Limited capacity to develop survey questions that elicit reliable responses and/or identifying validated instruments for assessment.
- Lack of staff skilled in adequately measuring patient experience and interpreting statistical data collected.
- Limited resources for staff training and development/implementation of patient experience initiatives.
- Addressing multiple needs of both the health center and patient can lead to complicated survey design.
- Limited technological skill, language proficiency, and/or literacy levels among patients.

Table 1. Patient Experience vs. Patient Satisfaction

This example shows the difference between the patient experience and patient satisfaction when used to acquire data on patient wait times:	
Patient Experience	
How long did you wait to see a provider? Wait time includes time spent in the waiting room and exam room.	
<input type="checkbox"/> 10 minutes or less <input type="checkbox"/> 15-20 minutes <input type="checkbox"/> 30-40 minutes <input type="checkbox"/> Over 40 minutes	
Patient Satisfaction	
How would you rate the amount of time you spent in the waiting room?	
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

Measuring patient experience is critical to understanding and improving a health center's quality of care. Information collected can reveal systemic problems, such as delays in returning test results and gaps in coordination and communication. Health center leaders can then use collected data to correct identified

problems. The best results come from involving all levels of staff and clinicians in implementing solutions. Patient experience data can also be used to inform staff training needs to improve patient care, provide examples in staff evaluations, bolster marketing materials and fundraising efforts, and negotiate with

potential partners, such as third-party payers and other health care providers in a community.

In the broader context of enhancing health care across the United States,

quality improvement efforts can help to improve patient outcomes and quality of life. From that perspective, patient experience data could be strengthened by including survey questions to measure patient engagement in health

care decisions and medical outcomes. Establishing a real connection between survey respondents and their compliance with health recommendations adds value to patient experience measurements.

Site Selection and Background

An open call for participants was sent to NFPRHA members via email. Three organizations expressed interest in sharing their patient experience processes. Phone interviews with NFPRHA staff informed the final site selection. The case study team, including consultants with experience in health care quality and measurement and NFPRHA staff, developed data collection tools and conducted an onsite interview.

Kachemak Bay Family Planning Clinic (KBFPFC) in Homer, Alaska, was selected because it is engaged in a rigorous, structured process of information collection and use. It has more than a decade of experience in capturing key measures of patient experience through an ongoing survey, and using the information they collect to make operational improvements.

Nestled between glacial mountains, fishing villages, expansive bays, and rivers, KBFPFC was founded in 1983 and has been a sub-recipient of the State of Alaska Department of Health and Social Services' Title X grant program since 2000. It serves the community of Homer, AK, and surrounding areas along the southern Kenai Peninsula. With a total annual budget of less than \$650,000, KBFPFC provides approximately 1,500 comprehensive reproductive health visits a year to an average of 1,020 patients. About 90% of KBFPFC's patients are white and include members of a Russian Old Believer¹¹ community and individuals of Hispanic ethnicity. The remaining 10% of patients are multi-race, Alaska Natives, Asian and other.

KBFPFC provides comprehensive family planning and sexual health services. It also sponsors youth programs, including a peer-led, community-based reproductive health program and a school-based family planning and sexual health education initiative. Believing that a positive patient experience begins even before the first visit, the health center has a strong community outreach program that include advertising at local bars, participating in community events, such as seasonal festivals and a breast cancer run, and door-to-door canvassing.

After KBFPFC was selected for the case study snapshot, the health center completed a pre-visit survey that included health center demographics, services and operations, and patient experience statistics. Table 2 summarizes key information about KBFPFC's patients and community.

The case study team visited KBFPFC in July 2014 and interviewed the health center's leadership and staff to document how patient experience data is collected and used. Patient flow and the physical environment were observed and documented. During the site visit, materials used to obtain patient feedback were shared with the project team.¹² Follow-up conversations were conducted after the site visit, as needed, to clarify information collected during the site visit.

Table 2. KBFPFC Statistics Summary (annual)

Number of visits = 1,500 (Title X = 1,020)
Number of patients = 1,020 (Title X = 870)
Number of teens = 150
Number of men = 70
Total personnel = 4 part-time clinical staff + 10 non-clinical staff (4 are full-time)
Insurance status of patients (FY 2014): Uninsured = 53% Privately insured = 33.3% Medicaid = 13.7%
Population of Homer, AK = 5,003 (2010)
Homer including surrounding population (service area) 13,823 (2010)

Summary of KBFPC's Experience with Data Collection and Quality Improvement

While KBFPC has long measured patient satisfaction to meet the Title X requirement, its previous executive director was motivated to prioritize the collection and use of patient feedback after attending a session on patient experience at a reproductive health care conference. In 2001, staff initiated a four-step process that captured key aspects of both patients' satisfaction and experience and used the data to make operational improvements, long before the current trend of patient-centered care was widely popular. The process was developed internally, without dedicated funding, and reflects a performance-centric culture that is fostered through formal and informal collaboration.

Overall, KBFPC has engaged in an open, transparent and collaborative process to design and use the patient experience survey. Stemming from health center leadership, and activated through routine communication with staff, the entire KBFPC team envisions the patient experience as the lens through which the health center evaluates how it delivers care and its success. And perhaps most important; it is an activity that the staff have all embraced and view as a valuable undertaking. Patient feedback is a clear motivator for staff to improve; as one staff member noted, "Being okay is not our goal."

KBFPC's four-step process — survey development, survey implementation, data analysis, and implementation of quality improvements — is detailed below, accompanied by broader considerations for family planning leaders who wish to pursue a similar strategy to improve the patient experience in their own health centers.

Survey Development

Gathering patient experience data is an important element in fostering patient-centered care and strengthening a clinician-patient relationship and is an important attribute of quality care. Patient surveys are a commonly used method to obtain patient feedback and vary by health care setting and purpose. Patient surveys are being improved over time as researchers identify ways to strengthen patient experience measures and health outcomes and organizations seek to improve procedures for gathering data.¹³

Similar to other safety-net organizations, KBFPC developed a "homegrown" survey instrument. An explicit decision was made in 2001 to create a survey that gathered input on topics on which the health center could improve. The executive director consulted the clinic manager and other clinical staff in the survey design. The team was tasked with answering strategic questions about the survey design, including the following:

- What type of information would be most useful for the health center to collect?
- How can survey questions be best designed to appropriately collect the desired information?
- How can questions be designed so both the question and the answer scales are easy to understand? and
- What is the optimum length for the survey to collect needed information but not be burdensome to patients?

The team's work was also informed by its review of surveys distributed by other local health care providers and research into survey designs used across the country.

The team selected questions they believed would elicit feedback on elements of patient satisfaction and experience which could be improved upon. Basic demographic questions were included to provide context for the responses. The bulk of the questions assessed staff interactions with patients including perceived knowledge, friendliness, communication, and trust. The questionnaire also collected information on non-clinical aspects, such as facility cleanliness and ease of making an appointment.

The initial survey design has been refined over time to reflect both improved technology for survey administration and analysis and changes in what information is most useful to collect. Input on the survey is gathered periodically from the health center's information and education committee and executive staff; each fiscal year, the executive director and clinic manager decide what, if any, changes to make to the survey tool.

Although KBFPC's patient survey was not intentionally designed to correlate with the organization's strategic plan, cornerstones of the strategic plan are reflected in the survey. As the survey continues to evolve, KBFPC plans to align the survey more deliberately with its strategic plan.

Considerations for Designing a Patient Experience Survey

- Start with clear intentions: what do you want to accomplish with this information? How might the data be used?
- Consider how survey design can support an organization's strategic vision. Connecting questions to broader organizational goals can maximize the usefulness of data collected.
- Determine whether the survey should be designed in-house or by an outside firm or consultant.
- Weigh the costs and benefits of using a standardized, field-tested survey.
- Survey content should reflect topic areas of importance. Be strategic with question development. Measure frequently.
- Survey length must balance thoroughness with patient time constraints and staff bandwidth.
- Ensure the survey is user-friendly, easy to understand, and culturally competent; assess the need for non-English surveys.
- Develop a protocol for reviewing and updating the survey tool.
- Survey instruments should focus on patient-provider interactions and assess interactions with all providers and coordination within the care team.
- Aim to distribute surveys within a timely manner to limit inaccurate or bias recall among patients.

Survey Implementation

There are myriad ways to administer patient experience surveys, and significant resources have been invested in collecting patient experience information by health plans and commercially insured populations. Some health care centers may just be beginning to collect such data, and some studies have shown safety-net providers may face more implementation challenges than for-profit enterprises.¹⁴ There are pros and cons to consider for different implementation methods.¹⁵

In-clinic survey distribution gives patients an opportunity to provide feedback in a timely manner, but may introduce bias to results and “process fatigue” can reduce response rate over time. Mail protocols are easily standardized; however, patient assessment results seem to be less favorable than when

questionnaires are distributed in the health center. Internet surveys require less data entry of results, but pose a challenge as patients may not have reliable Internet access. Further, asking patients to visit a website to participate has been shown to result in a low response rate. Any method that a health center adopts to implement a patient experience survey requires a sampling strategy, on-going staffing, training, and a budget.

Like other well-managed patient experience survey efforts, KBFPC administers the patient survey using a standardized methodology. Once the questionnaire was designed, KBFPC laid out a process to administer and manage the survey responses. Each patient is asked at check out if she/he would like to give feedback to KBFPC about her/his visit. The invitation is framed as a way to be helpful to the health center, which often resonates with

patients who are unable to support the health center financially. To further entice patients to take the survey, staff members emphasize the value of patient feedback and cite examples to show how patient input has been used by the health center. They also guarantee confidentiality.

Initially, the patient feedback process used a paper questionnaire. If patients agreed to participate, they were given a paper questionnaire during check out, which could be completed on-site or at home. Patients who opted to take the survey home were given a self-addressed and stamped envelope to increase return rates. Survey data had to be entered into statistical analysis software manually by KBFPC staff, which was time consuming. As a result, backlogs in data entry and analysis were routine.

In 2011, staff transitioned from the paper questionnaire to an electronic tool, significantly reducing staff time and cost associated with survey administration (paper questionnaires are still available for patients who prefer paper or do not have a reliable Internet service). The health center chose Survey Monkey, an online and cloud-based survey development company that provides questionnaire design, secure data collection and analysis services, and reliable customer support to create the electronic survey.¹⁶ The tool is flexible and can be adapted to meet vastly different information collection and reporting needs. When selecting an online survey tool, it was important to consider what level of data analysis, pricing, and/or advanced features, such as response validation, met KBFPC's needs.

The survey administration protocol for the electronic questionnaire is straightforward. Staff estimate that one person spends less than 30 minutes per week on survey management. At check out, KBFPC staff collect names and email addresses of patients willing to complete the survey, which are then entered into an Excel spreadsheet, separate from patients' medical records. Patients who agree to participate in the electronic questionnaire can also opt in to receive e-newsletters and

Considerations for Survey Implementation

- Be strategic when choosing a collection method. Paper surveys, electronic/mobile surveys, focus groups, and other methods all have pros and cons.
- Be transparent in survey design and implementation; engage staff throughout the process to obtain buy-in for both data collection and subsequent improvements.
- Develop a survey implementation protocol, including survey distribution, data collection, and related staff training.
- Assess how the survey process may impact clinic flow and staff time.
- Evaluate the survey process and refine as needed.
- Ensure patient confidentiality.

information about other KBFPC activities. Participant information is uploaded to the Survey Monkey website, and a link to the questionnaire is emailed on a weekly basis. The email is designed to appear to come from KBFPC, rather than the third-party survey website. A setting is enabled to ensure that staff can see who has answered the survey but cannot see individual responses. To maximize the response rate, a clinic assistant sends two reminder emails (one week apart) to non-responders. Overall, use of a low-cost, online survey tool has enabled increased efficiency in data collection and analysis.

Staff training for survey administration is critical to ensure a sufficient level of patient engagement. KBFPC is small with few staff members and little turnover. As a result, no formal manuals have been compiled to include scripts for recruiting patients. While a less formal training protocol worked well at KBFPC, other organizations may find written policies and training materials offer more structure and consistency to staff training. Instead, new staff participate in role plays to observe and practice proper protocol in recruiting patients to participate, after which they receive real-time feedback. The clinic manager also encourages staff to discuss recent interactions and obtain feedback informally during down time throughout the day. For example, colleagues may share how they would have handled a particular situation while

they fold laundry. Occasionally, formal training from external sources including the Title X training centers has been provided to staff on topics like motivational interviewing.

Data Analysis

The primary goal of collecting patient experience data is to discover useful information that can support organizational decision-making. The patient feedback is underutilized if quality data analysis is not employed. A number of data analysis methods, with varying levels of scientific rigor, can be used to analyze patient experience. The choice of which method to use will be informed by how the data were collected, staff skills, and the stated intention for the information gathered.

The first step in analyzing patient experience data is to calculate an overall response rate to ascertain the reliability of survey results. Reliability is the extent to which a measurement, such as a survey, yields the same results on repeated trials; a high level of reliability increases confidence in survey results. There are many factors that contribute to a response rate, including patient loyalty, perceived benefit of participation, survey method, length and readability, and wording of invitation to participate.¹⁷ These variables make it difficult to define a standard percentage to indicate a good response rate, but broadly defined

customer satisfaction surveys typically average a 10-15% response rate.¹⁸ Many health centers may find it more useful to compare their response rates longitudinally to evaluate response success.

KBFPC's patient survey response rate has been increasing in the past few years and is now over 50%. For most health centers this would be considered an extremely high response rate, but KBFPC sees room for improvement. The health center is used to a high level of engagement from patients in its close-knit rural community with limited provider competition. In addition, the following strategies help KBFPC obtain the current survey response rate:

- communicate to each patient the value the health center places on patient input;
- ensure that an electronic survey is sent to each patient within a week of the visit;
- allow for paper completion at check out for patients with no reliable internet service; and
- send two reminders to patients who have not completed the survey.

KBFPC staff continue to explore ways to increase the response rate, such as offering nominal incentives or raffle prizes specifically for survey completion.

The second step in patient experience data analysis is to identify trends among the results. Determining whether a negative experience is unique or shared among multiple patients can reveal the importance of an issue and inform an appropriate response. KBFPC uses this type of analysis to identify and prioritize needs and improvements. Typically, three or more similar responses are enough to spur additional monitoring or investigation of an issue. For example, several respondents indicated that they had a negative interaction with a particular staff member. While one or two reports could be attributed to a bad day or individual perception, a trend revealed a greater need for intervention.

KBFPFC has a standard practice for analyzing data. Each week, the clinic manager scans web-based results to determine whether any high-priority problems are evident. Each quarter, a report is compiled for the KBFPFC executive director; she then shares survey results with the board of directors and staff. This provides another opportunity for stakeholders to engage in the patient experience process. For example, distributing the survey report among staff allows them to share and celebrate success; staff report the communication process makes them “feel good” about the work they do and they value the opportunity to make changes and improvements based on the patient feedback. Finally, transparent communication provides contextualization for the data analysis — it allows staff to assess whether the data reflect their experience and/or provides perspective on a specific occurrence. Such open sharing and discussion also helps staff not to overreact to any one response.

Use of the online survey tool helps staff feel like the work isn't burdensome. Unlike many safety-net providers, KBFPFC staff do not report a struggle with a sense of “no time” to measure attributes of the patient experience. However, a trade-off is that the fast and easy automatically generated reports from the online survey tool do not provide a nuanced analysis of the data.

Implementation of Quality Improvements

On a fundamental level, the goal of measuring patient experience is to improve the quality of health care patients receive. Patient feedback can help identify areas for improvement, including decreasing wait times, streamlining pharmacy processes, and improving communications with patients. KBFPFC has made notable improvements to care stemming from issues that were highlighted by patient survey results. Several factors contribute to KBFPFC's capacity to achieve quality improvements from the patient survey.

The quality improvement process begins with a quarterly review of patient experience data by KBFPFC's executive director. She follows a clear decision-making process to prioritize improvements, giving consideration to the immediacy of the issue, whether a topic is trending among multiple responses, and the scope of intervention needed. Based on these factors, both short- and long-term strategies were created to improve patient satisfaction and experience.

In some instances, a small change to improve patient satisfaction can lead to a better patient experience overall. An example of a quick and easy solution was the response to multiple patients who were unsatisfied with wait times. In most cases, the dissatisfaction stemmed from patients' unrealistic expectations rather than problematic wait times. For instance, some patients would arrive 20-30 minutes early for an appointment and become frustrated when they were unable to be seen ahead of schedule. In a few cases, a clinician's delayed arrival or change in schedule caused unexpected delays. An analysis of patient feedback allowed leadership to determine the various causes for the lower ratings and develop an appropriate strategy to address the issue. Staff was trained to communicate more consistently with patients regarding the wait, giving explanations and regular updates when delays occur. In addition, an electric teapot was placed in the waiting room and the selection of reading materials was improved. These simple steps helped increase patient satisfaction with waiting to be seen.

Patient feedback also informed longer-term improvements, such as an office redesign to offer a more private check-out area. The new layout moved the checkout from an area near exam rooms to a separate back room. As a part of the redesign, an existing staff-only door was modified for client use as an additional exit in the back of the building, which meant patients would no longer have to leave through the waiting room. Because this improvement required much more time, effort, and resources, a six month

plan was developed, which gave staff the opportunity to plan appropriately and procure resources. Once the renovation was complete, an improvement in patient experience was reflected in survey responses.

Patient input also helps identify areas where additional staff training can improve the patient experience. As mentioned above, a noticeable number of KBFPFC patients expressed a negative encounter with a particular staff member. Whether a patient feels respected and comfortable with a provider is one of the most important indicators of their patient experience. As a result, this was identified as a high-priority issue. The survey results were used as a platform to offer the staff member constructive criticism and the opportunity to build skills to improve patient relations. Future survey results were one aspect used to assess whether the intervention positively influenced patients' experience with this staff member.

KBFPFC's success with making improvements is also related to the executive director's work to obtain commitment for quality improvements across the organization, from board leadership to staff. Patient experience data often lend support to already identified needs. After the executive team has devised an improvement plan, board members are encouraged to support the process by helping to procure resources. Clinical and administrative staff generally have a positive response to quality improvement initiatives. The cultural shift towards systematically measuring patient experience to achieve and sustain service quality improvements has been thoroughly embraced. Staff are empowered to share potential solutions and are engaged with the implementation and evaluation of changes. For example, staff were encouraged to “own” the office redesign; they discussed and agreed upon altered space solutions, chose décor, and got the community involved with furniture and construction-related donations.

KBFPFC capitalizes on the improvement process by further engaging the Homer community in certain processes. Through social media and newsletters, KBFPFC conveys to patients, neighbors, and the larger community that “we heard you; this is how we are solving the issue.” Such feedback is essential to providing credibility to the request for patients to complete patient experience questionnaires in the future. In the spirit of their quality improvement focused culture, KBFPFC continues to maximize the ways it can use the patient survey data. Table 3 summarizes the additional ways that KBFPFC’s executive director utilizes survey results.

Table 3. How Patient Experience Data is Used by KBFPFC Leadership

Communications with board of directors - provides a quarterly and easy-to-read snapshot of health center performance.
Personnel management - data can illustrate individual employees’ strengths, as well as potential areas for improvement to better meet patient needs.
Budgeting - data may be used to support decisions on staff salary increases, staff training, and for continuation of small facility expenses (such as plants, music, tea, etc.) that patients value.
Program assessment - data on how patients learn of KBFPFC is a measure of the efficacy of specific outreach approaches.
Facility management - information is used to continually improve the welcoming and private environment for patient care.
Public relations, branding, and donor relations - feedback and anonymous quotes from patients strengthen grant proposals and annual appeal letters, the KBFPFC brand, and convey a sense of community trust and high level of customer service.

Lessons from the KBFPFC Experience

When exploring options to incorporate a patient experience measurement process, it can be useful to learn from the practices of another organization. There is no one single way to improve sustainability through a positive patient experience; rather, leaders must assess the needs of their community and select a path that is the best fit for their organization.

KBFPFC’s patient experience program offers examples of successful strategies for program development and implementation. Leadership treats the patient survey as a positive and meaningful tool to assess success and enhance quality service. The process by which the KBFPFC management works to receive systematic feedback, identify quality trends, and prioritize improvement efforts has generated and nurtured an organizational culture of “patients first.” Additional takeaways regarding good practices include the following:

1. The organization carefully invests in questionnaire content, design, and administration, which yields a high participation rate and actionable data.
2. KBFPFC’s data collection method does not require time-consuming data entry or expensive analysis software.
3. KBFPFC tailored its straightforward measurement and quality improvement strategies in a way that reinforced its reputation in the community.
4. Patients see that many of their views and responses are acted upon and perceive that KBFPFC does strive to consistently provide outstanding care and compassionate service at every step of the patient encounter. This perception has fostered a high response rate for questionnaire completion among patients.
5. KBFPFC staff share survey responses across the health center; they celebrate

their successes and address concerns as a team.

6. KBFPFC nurtures a supportive working environment in which quality transformation can take place. The health center is open to constructive feedback and criticism; staff understand the “big picture” as well as individual experiences.

Health centers looking to implement a patient experience program may also consider using standardized survey instruments, such as a Consumer Assessment of Healthcare Providers and Systems (CAHPS) tool¹⁹, which field tests and validates the consistent measures it includes to assess providers’ performance and patient experience.²⁰ A tool like CAHPS, however, may be more rigorous or extensive than family planning and sexual health providers truly need to utilize.

In addition, a deep data analysis will maximize the usefulness of patient feedback. Understanding survey responses

by different patient demographics or insurance status characteristics could help staff drill down and identify sub-population patterns of the care experience. Looking at trends in data over time could shed light on changes in patient engagement. Not all health centers have

the capacity to analyze data at this level of detail. However, if staff time and statistical expertise were available, patient experience data could be mined to discern differences among patient responses and lead to a more robust understanding of the patient experience.

The resource list at the end of this case study is intended to complement the insight gleaned from KBFPFC's experience. It contains references for reports and case studies that describe lessons and best practices related to improving patient experience.

Conclusion

Measuring patient experience promotes patient-centeredness and increases health care quality and outcomes. According to the California HealthCare Foundation, health centers that are able to achieve and sustain real improvements on clinical and operational measures are those with a “data-driven culture of quality,” where staff at all levels are taught the basics of quality improvement methodology, so that quality can be a “continuous commitment regardless of one champion or grant.”²¹ As the safety net's traditional patients have more choices, experienced family planning providers must focus on attracting and retaining patients.

KBFPFC's experience offers NFPRHA members insight on one approach for measuring patient experience and acting upon what is learned to improve services and patient care. KBFPFC prioritized not only a process to gather patient feedback, but an initiative to use the data to inform and enhance health center operations. By strategically developing a survey tool to measure patient experience and a standard protocol for survey administration and data analysis, KBFPFC was able to identify and implement changes to improve patient experience and overall quality.

In addition to insight gleaned from KBFPFC's process, the case study also offers additional considerations and practices learned from a literature review. The supplemental information mentioned throughout the narrative and in the resource list are intended to provide readers with an awareness of a range of developed methods to engage in patient experience strategies and improvements. The combination of these resources provide a starting point for health care providers who are interested in implementing a strategy to measure patient experience in their own health center.

Endnotes

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 - 9 Ibid.
 - 10 Family Planning National Training Center for Quality Assurance, Quality Improvement and Quality Education. *Patient Experience Improvement Toolkit: A Guide for Family Planning Agencies*. 2014.
 - 11 The Old Believer sect separated from the Russian Orthodox Church in 1666 due to state-issued church reforms. They are a diverse body which fled Russia in 1695, often living in isolated communities across the globe. The Old Believer sect in Alaska arrived during the last century from China. They speak little English and struggle to avoid modernization.
 - 12 See Appendix 1 KBFPFC's patient experience survey.

- 13 Matthew Manary et al, “The Patient Experience and Health Outcomes” *New England Journal of Medicine* 368 (January 2013): 201-203. <http://www.nejm.org/doi/full/10.1056/NEJMp1211775>.
- 14 Susan Edgman-Levitan et al. *Feedback Loop: Testing a Patient Experience Survey in the Safety Net*. (The California Healthcare Foundation, October 2011).
- 15 Ibid.
- 16 www.surveymonkey.com.
- 17 “Survey Response Rates,” January 28, 2010, <http://www.surveygizmo.com/survey-blog/survey-response-rates/>.
- 18 Ibid.
- 19 “Surveys and Guidance” Agency for Healthcare Research and Quality, <https://cahps.ahrq.gov/surveys-guidance/index.html>.
- 20 Tammy Fisher and Hunter Gatewood, *Improving Patient Experience: A Hands-on Guide for Safety Net Clinics* (California HealthCare Foundation, October 2011).
- 21 Ibid.

Patient Experience Resource List

TOOLKITS AND GUIDES			
Resource	Source Title	Resource Description	Website
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Improvement Guide	Agency for Healthcare Research and Quality	A comprehensive guide to improving the patient experience including description and interventions.	https://cahps.ahrq.gov/quality-improvement/improvement-guide/improvement-guide.html
Patient Experience Improvement Toolkit	Family Planning National Training Center for Quality Assurance, Quality Improvement and Evaluation	This tool kit offers practical guidance for Title X service sites to improve different domains of patient experience.	http://fpntc.org/training-and-resources/patient-experience-improvementtoolkit
Resources for Patient Experience of Care Improvement	Stoeckle Center for Primary Care Innovation at Massachusetts General Hospital	Links to numerous tools to improve patient experience by survey composite topics.	http://www.massgeneral.org/stoecklecenter/programs/patient_exper/by_composite.aspx
Improving the Patient Experience Change Package	California Quality Collaborative	A guide of nine proven changes to improve patient experience ratings.	http://www.calquality.org/storage/Improving_Pt_Experience_Spread_Change_Pkg_UpdatedMay2011.pdf
CASE STUDIES AND BEST PRACTICES			
Resource	Source Title	Resource Description	Website
Measuring and Improving Patient Experience in Safety Net Clinics	California Health Care Foundation	Several resources including a guide sharing best practices among California safety net clinics and sample patient experience surveys.	http://www.chcf.org/publications/2011/10/patient-experience-safety-net-clinics
Community Health Centers Focus on Staff to Improve Patient Experience	California Health Care Foundation	Case studies of California community health centers engaging staff to support patient experience efforts.	http://www.chcf.org/publications/2014/05/looking-inward-community-health-centers
Measuring Patients' Experience of Care	Robert Wood Johnson Foundation	A collection of resources covering the importance of measuring patient experience and stakeholder tools.	http://forces4quality.org/measuring-patients-experience-care
A Tale of Three Practices: How Medical Groups Are Improving the Patient Experience	Robert Wood Johnson Foundation	A case study of three medical practices that have improved patient experience survey scores.	http://forces4quality.org/tale-three-practices-how-medical-groups-are-improving-patient-experience

Appendix 1: KBFPC Health Care Services Survey FY14

This survey will take approximately 5 minutes or less!

*1. What is your gender?

- Female
 Male
 Transgender

Other (please specify)

*2. What is your age?

- 15 or Under 16-19 20-29 30-39 40-49 50-59 60+

*3. Was this your first visit to KBFPC?

- Yes
 No, I have received services here before

*4. Did you have an appointment for your visit?

- Yes, I had an appointment
 No, I was in for "walk-in" services

5. How did you find out about us? (Check as many as apply.)

- | | |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Already a client | <input type="checkbox"/> Radio or newspaper ad or story |
| <input type="checkbox"/> Friend or family referral | <input type="checkbox"/> Internet search or Web page |
| <input type="checkbox"/> Another health or medical office | <input type="checkbox"/> Health fair, booth, or table at a public place |
| <input type="checkbox"/> Health education class at school, or PHAT class | <input type="checkbox"/> Poster in public place |
| <input type="checkbox"/> Someone at my door, or info left at my door | |
| <input type="checkbox"/> Other (please specify) | |

6. How knowledgeable is our staff?

- Extremely knowledgeable - my needs are fully met
 Moderately knowledgeable - they are mostly helpful
 Slightly knowledgeable - so-so
 Not at all knowledgeable - they did not offer helpful information

7. How friendly is our staff?

- They are way too friendly - I was uncomfortable
- Just right - it feels good to be here
- Slightly unfriendly
- Not at all friendly - I felt uncomfortable

8. How helpful is our staff at explaining your health service(s), condition(s), and/or option(s)?

- Very helpful
- Moderately helpful
- Slightly helpful
- Not at all helpful

9. How much do you trust our staff to help you make decisions that are in your best interests?

- A great deal
- A moderate amount
- A little
- Not at all

10. During your visit did our staff spend too much time with you, too little time with you, or about the right amount of time with you?

- Much too much
- Somewhat too much
- About the right amount
- Somewhat too little
- Much too little

11. How professional are the employees at KBFPC?

- Very professional - knowledgeable, experienced, appropriate
- Moderately professional - ok but I would like to have more professionalism
- Slightly professional - improvements in their professionalism are needed
- Not at all professional - they do not seem to be knowledgeable, experienced, or appropriate in this environment

12. How much do you trust the KBFPC staff to adhere to confidentiality laws and guidelines?

- A great deal - they are completely and wholly trustworthy
- I trust them to a good degree
- Somewhat - I am not sure
- I have doubts about their trustworthiness
- I do not trust them with confidential information

13. How respectful of your cultural and/or spiritual perspectives were the KBFPC staff?

- Very respectful
- Moderately respectful
- Slightly respectful
- Not at all respectful

14. How likely are you to recommend Kachemak Bay Family Planning Clinic to family or friends?

- I would recommend fully without hesitation
- I would probably recommend to most people
- Maybe I'd recommend, maybe not
- I'd probably recommend elsewhere instead
- I would NOT recommend someone come here

***15. Please respond to how you rate the following factors:**

	1=Poor	2=So-So	3=Good	4=Excellent
Telephone conversations with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling your appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our facility overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention to your privacy and confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The clinician (doctor or nurse practitioner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff other than clinician (front desk, nurse, educator or counselor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical care and services received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of visit and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL response to your KBFPC visit today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Please tell us about any particularly positive/helpful or negative/unhelpful aspects of your KBFPC experience.

17. Any final comments concerning your recent visit or your experiences with Kachemak Bay Family Planning Clinic? Thank you!

About NFPRHA

Founded in 1971 and located in Washington, DC, the National Family Planning & Reproductive Health Association (NFPRHA) is a 501(c)3 non-profit membership organization representing the broad spectrum of family planning administrators and providers who serve the nation's low-income, under-insured, and uninsured women and men.

As the only national membership organization in the United States dedicated to increasing family planning access, NFPRHA is committed to advocacy, education, and training for its members. NFPRHA works to help ensure access to voluntary, comprehensive, and culturally sensitive sexual and reproductive health care services and supplies, and to support reproductive freedom for all.

To that end, NFPRHA seeks to maximize the opportunities for protecting and expanding access to family planning services for vulnerable populations by advocating for programs and resources that enhance both the medical services provided through and infrastructure of the publicly funded safety net.

Furthermore, NFPRHA prepares its membership for changes in the health care economy by providing policy and operational analyses to help its members consider and execute strategies for adapting to evolving economic and policy climates, and by convening administrators and clinicians to share experiences and best practices that help enhance quality and service delivery.