

Section 5.2 Maintain

CCC Program Satisfaction Surveys

This document provides sample survey tools that can be used to assess patient, provider, and CCC program participants' satisfaction with community-based care coordination (CCC) services provided by the CCC program.

Time needed: 2 hours to review; 6-10 hours to customize survey templates

Suggested other tools: Patient CCC Satisfaction Survey Template; Provider CCC Satisfaction Survey Template; CCC Program Satisfaction Survey Template

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How to Use

1. **Review** the overview of program satisfaction surveys to become familiar with how such surveys support the goals of a community-based care coordination (CCC) program.
2. **Review** the measurement framework for care coordination and the three types of surveys.
3. **Consider** how to use or adapt the sample surveys to meet the needs of your CCC program.

Overview of Program Satisfaction Surveys

Patient, provider, and CCC program participants' satisfaction with community-based care coordination are important elements to ensure a successful CCC program, whether as part of an independent community initiative, Medicare Shared Savings Program (MSSP), Accountable Care Organization (ACO), Patient-Centered Medical Home (PCMH), Health Care Home (HCH) or other health reform initiative.

Patient satisfaction is a part of the quality performance standards that MSSP ACOs must meet for shared savings. CMS requires such ACOs to use an approved contractor to conduct the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for ACOs participating in Medicare initiatives. A CCC program may wish to use their own condensed version of the CMS survey periodically throughout the year to monitor performance in key areas, using the results to identify opportunities for improvement.

The CAHPS quality performance standards address:

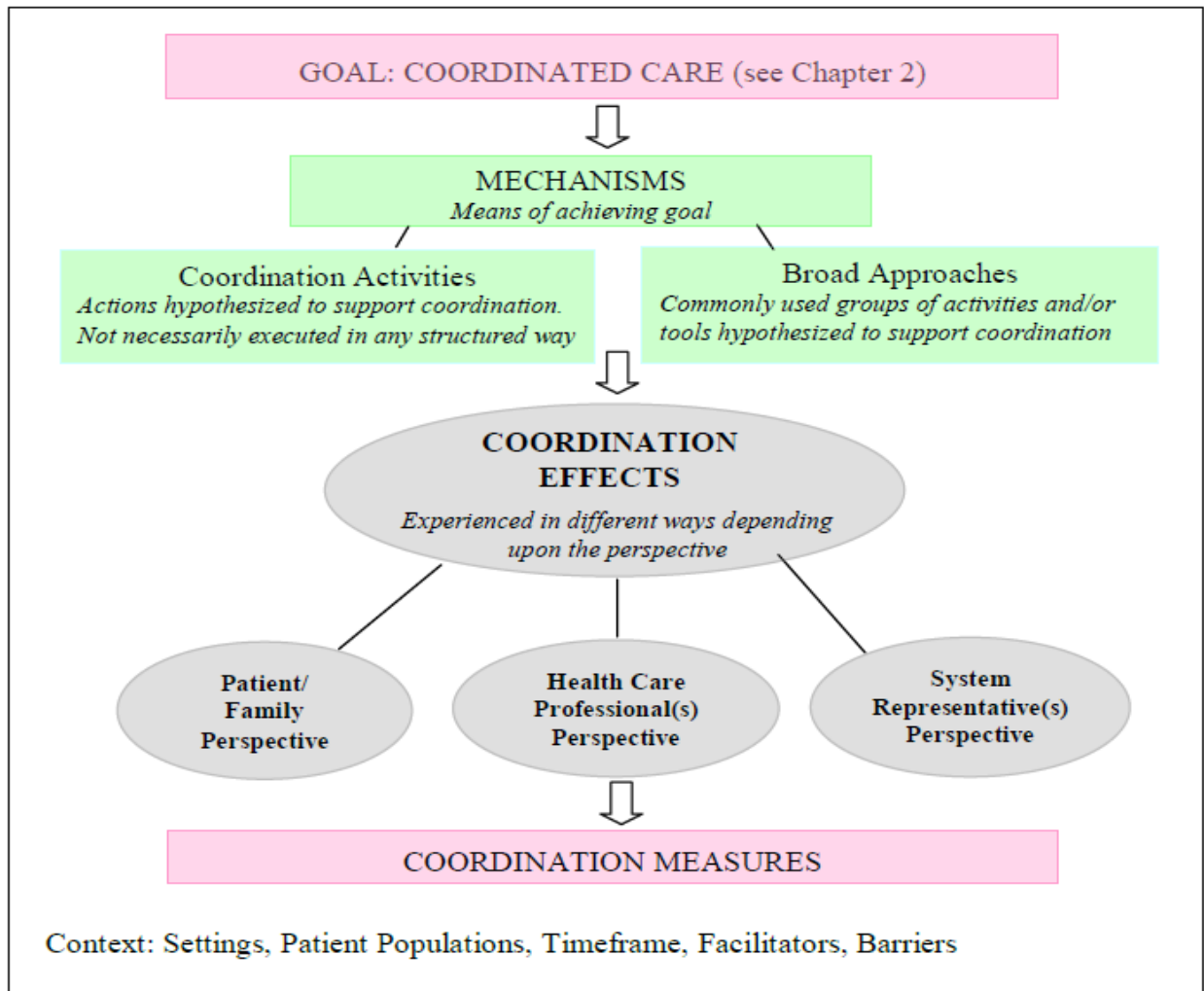
- Receiving timely care, appointments, and information
- How well providers communicate
- How well patients rate their provider
- Access to specialists
- Health promotion and education
- Shared decision making
- Health status/functional status

Provider satisfaction is not a specific quality performance standard, but provider engagement is necessary to provide clinical leadership and ensure patient satisfaction with the experience of care. Consider periodically conducting a provider satisfaction survey that is constructed to both correlate with the patient satisfaction survey and to identify areas in which providers need further information or assistance.

A survey of **CCC program participants**, including the care coordinator, support staff, community resources, and health system administration and/or governance body of the CCC program may be conducted to determine resource and utilization issues that need to be addressed to make care coordination successful.

Care Coordination Measurement Framework

The Agency for Healthcare Quality and Research (AHRQ) has published the following Care Coordination Measurement Framework Diagram illustrating the coordination effects for stakeholders:



Source: Care Coordination Measures Atlas. Available at: http://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/atlas2014/ccm_atlas.pdf

Patient Satisfaction Survey

1. **Review the *sample survey* provided below.** Use it to initiate an assessment of patients' perceptions of their providers, or construct your own based on your identified needs.
 - a. The sample survey is designed to be distributed at a registration desk in a provider office or clinic and either placed in a locked collection box at the registration desk (for collection by a representative) or mailed back to the health care facility. If there are multiple offices/clinics in the CCC program, code each office's forms with a non-distinguishable code. (For example, if the name of the clinic is Green Street Clinic, do not code it "GSC;" but if it is the *third* clinic out of twelve clinics when listed alphabetically and the survey is to be administered during the *first* quarter of 2014, the code might be 031Q14.) As a CCC program gains experience with these surveys, it may be feasible for each individual provider to distribute their own coded survey to their patients.
 - b. The sample survey includes ten questions, including at least one question from each of the seven Patient/Caregiver Experience quality performance standards that ACOs must meet for share savings.
 - i. The questions have easy Yes, No, and Not Sure choices for easy.
 - ii. The sample questions relate to the current office visit. For other surveys, you might ask questions about how well the office/clinic communicates by phone, such as when a patient calls with a question, to provide reminders, or when lab test results are available.
2. **Consider rotating questions** in the survey every three to six months. Reword questions from the current CAHPS Survey. Additional surveys, guidance and helpful resources are available at: <https://cahps.ahrq.gov/surveys-guidance/index.html>
3. **Evaluate responses** to determine what steps may need to be taken to improve scores, and hence, improve the likelihood for good scores on the CAHPS Survey required by CMS. For example, if you find that patients are responding "No" to "Did you get today's appointment scheduled as soon as you needed?" they may likely respond negatively to the similar question on the CAHPS Survey. If you find that two out of the twelve clinics consistently have low scores on this question, consider reviewing procedures at the clinics with positive responses and suggest ways to improve appointment booking at the two clinics having low scores.
4. **Evaluate response rate.** Consider the following to improve response rate:
 - a. Provide self-addressed, stamped envelope.
 - b. Mail the survey to patients at the end of each day, including a return envelope.
 - c. Provide a URL for a web portal where the survey can be conducted online.
 - d. Use a check out process which includes asking the patient/caregiver to complete the survey.
 - e. Instruct the receptionist to say goodbye to the patient and inquire if the survey was completed.

Provider Satisfaction Survey

1. **Review the *sample survey* provided below.** Use it within three months of initiating the community-based care coordination program, and thereafter at least every six months, with one ideally within three months of when CMS requires the CAHPS Survey to be conducted (which is usually November).
 - a. The sample survey is designed to be distributed to providers (physicians and nurse practitioners) who have seen patients enrolled in the program.
 - i. Determine whether your provider community is amenable to an identified survey or would prefer an anonymous survey. Over time, move toward an identified survey for each provider.
 - ii. Send surveys directly to providers. Ask that they be completed within one week. Send a reminder to all providers after the first week and after the third week.
 - b. The sample survey includes fifteen questions. Ten of the questions correlate to the questions in the Patient Satisfaction Survey. Five of the questions address additional topics that should help engage providers in community-based care coordination. Modify the questions on the Provider Satisfaction Survey based on changes made to the Patient Satisfaction Survey and as topics of concern get addressed or new issues arise.
 - i. The questions have easy Yes, No, and Not Sure choices.
 - ii. There is a place for providers to record comments or ask questions.
2. **Evaluate responses** to determine what steps may need to be taken to improve scores, and hence, improve the likelihood for good scores on the CAHPS Survey required by CMS. For example, if you find that providers are responding “No” to “Do you know how long it takes for your patients to schedule a check-in or routine appointment with you?” patients may likely respond negatively to a similar question on the CAHPS Survey. Follow up with the office manager or administrator directly as applicable, to work on an improvement strategy.
3. **Evaluate response rate.** Consider the following to improve response rate:
 - a. Provide self-addressed, stamped envelope.
 - b. Provide a URL for a web portal where the survey can be conducted online.
 - c. Consider providing an incentive to the clinic that has a 100% response rate. (Note: this requires that the clinic be identified on the survey. Do not plan for an incentive unless this identifying information is acceptable to the community.) Such an incentive may be as simple as a bagel breakfast or pizza lunch for the clinic, qualifying everyone (not just providers) in the clinic to receive a gold star sticker to place on their name badge for a day, or for the clinic to be recognized in a CCC program newsletter.
 - d. An alternative incentive for participants may be considered for a 95% provider response rate overall, a 90% response rate from patients, or other metric.

Provider Satisfaction Survey (Example)

Your Feedback is Important!			
Dear Provider,			
1. Please complete this survey as part of our CCC Program's continuous quality improvement efforts. <ol style="list-style-type: none"> a. The questions correlate with questions your patients who are enrolled in the CCC Program will be asked to address on the CMS Consumer Assessment of Healthcare Providers and Systems annual survey. Consider only this population of patients as you complete the survey. b. Your responses will be confidential. 			
2. Mail the survey to the CCC Program office at the address provided below.			
3. If you have any questions or comments, please call: <Name> at <xxx-xx-xxxx>			
1. Do you know how long it takes for your patients to schedule a check-in or routine appointment with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
2. Do you believe your patients will rate you high on listening carefully to what they want to tell you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
3. Do you have enough time to spend with your patients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
4. Do you engage your patients in making decisions about changes to any of their prescription medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
5. Does it appear that your patients understand the written instructions or other information you supply them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
6. Do you or your nurse talk with your patients during routine visits about the exercise or physical activity they get?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
7. In general, would you rate the overall emotional health of your patients as at least very good?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
8. In the past year, have you seen many of your CCC Program patients three or more times for the same condition or problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
9. Do you believe your patients would rate you a 5 on a scale of 1 to 5, with 5 being the best provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
10. Do you believe that ninety percent or more of patients you refer to a specialist actually see the specialist within a month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
11. Do you always have information you need about your patients from the hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
12. Do you always have information you need about your patients from providers to whom you referred the patient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
13. Do you know to whom to direct your patients if they need help with transportation for their provider appointments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
14. Do many of your patients need help with depression?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
15. Do many of your patients need help with diet and exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Questions or comments? (Responses will be provided to the participants in the community-based care coordination program via our newsletter. If you wish to receive a personal response, please provide your name and telephone number or email address.)			
Thank you! Please mail this survey to: <Name>, <Address>, <City, State, Zip code>			

[See *Provider CCC Satisfaction Survey Template* for a modifiable form.]

CCC Program Satisfaction Survey

1. **Review the *sample survey* provided.** Use it within three months of initiating the community-based care coordination program, and thereafter at least every six months—with one ideally within three months of when CMS requires the CAHPS Survey to be conducted (which is usually November).
 - a. The sample survey is designed to be distributed to (1) the community-based care coordinator and staff who support the care coordinator, (2) community representatives with whom the care coordinator works, and (3) participating provider organizations' leadership.
 - i. Determine whether your community is amenable to an identified survey or would prefer an anonymous survey. Over time, move toward an identified survey for each provider. If an anonymous survey is conducted, code it so that the three types of respondents are distinguishable.
 - ii. Send surveys directly to each person. Ask that they be completed within one week.
 - b. The sample survey includes fifteen questions. Ten of the questions correlate to the questions in the Patient Satisfaction Survey. Five of the questions address additional topics that should help improve community-based care coordination. Modify the questions on the CCC Program Satisfaction Survey based on changes made to the Patient - and Provider- Satisfaction Surveys and as topics of concern are addressed or new issues arise.
 - i. The questions have Yes, No, and Not Sure choices for easy response.
 - ii. There is also a place for system staff to record comments or to ask questions.
2. **Evaluate responses** to determine what steps may need to be taken to improve the community-based care coordination program, and hence, improve the likelihood for good scores on the CAHPS Survey required by CMS. For example, if you find that CCC program participants are responding “No” to “Can most CCC program patients schedule a routine appointment with providers within three days of calling for an appointment?” patients may likely respond negatively to a similar question on the CAHPS Survey. Negative responses should be correlated with patient and provider responses, and if still negative, patient access should be addressed as an opportunity for improvement.

CCC Program Satisfaction Survey (Example)

Tell Us What You Think!			
Dear CCC Program Participant,			
1. Please complete this survey as part of our CCC Program's continuous quality improvement efforts. <ol style="list-style-type: none"> a. The questions correlate with questions our patients who are enrolled in the CCC Program will be asked to address on the CMS Consumer Assessment of Healthcare Providers and Systems annual survey. Consider only this population of patients as you complete the survey. b. Your responses will be confidential. 			
2. Mail the survey to the CCC Program office at the address provided below.			
3. If you have any questions or comments, please call: <Name> at <xxx-xx-xxxx>.			
1. Can most CCC Program patients schedule a routine appointment with providers within three days of calling for an appointment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
2. Do you believe our patients will rate our providers high on listening carefully to what they want to say?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
3. Do you believe our patients spend enough time with their providers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
4. Do you believe our patients are engaged in making decisions about changes to any of their prescription medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
5. Does it appear that our patients understand the written instructions or other information supplied to them by their providers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
6. Do providers or nurses talk with our patients during routine visits about the exercise or physical activity they receive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
7. In general, would you rate the overall emotional health of our patients as at least very good?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
8. In the past year, do many of our CCC Program patients visit their providers three or more times for the same condition or problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
9. Do you believe our patients would rate their providers a 5 on a scale of 1 to 5, with 5 being the best provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
10. Do you believe that ninety percent or more of our patients referred to a specialist actually see the specialist within a month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
11. Do you believe providers always have information they need about their patients from the hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
12. Do you believe providers always have information they need about their patients from providers to whom they refer patients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
13. Do our providers know to whom to direct their patients if they need help with transportation for their provider appointments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
14. Do you believe many of our patients need help with depression?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
15. Do you believe many of our patients needs help with diet and exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Questions or comments? (Responses will be provided to the participants in the community-based care coordination program via our newsletter. If you wish to receive a personal response, please provide your name and telephone number or email address.)			
Thank you! Please mail this survey to: <Name>, <Address>, <City, State, Zip code>			

[See *CCC Program Satisfaction Survey Template* for a modifiable form.]

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For support using the toolkit

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