

# Five Strategies To Improve Quality Measures



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# INTRODUCTION

**Q**uality – we know it when we experience it as consumers, but for healthcare professionals, it can be a struggle to measure. Enter the Centers for Medicare and Medicaid Services, or CMS. The regulatory body has created a number of metrics to incentivize physicians and provider organizations, including hospitals, to demonstrate the care they deliver meets specific standards for quality.

These quality measures give prospective patients a method of evaluating providers. In addition, and of greater consequence to physicians, quality measures play a pivotal role in determining reimbursement rates. So it's easy to understand why "quality measures" dominate so many healthcare industry conversations.

How does CMS measure quality? Many ways, from basics like the number of board-certified physicians vs. non-board-certified physicians at a particular practice, to the effective use of electronic medical records. Likewise, the application of preventive services and health screenings play a role. In addition, health outcomes contribute to quality scores, such as complication rates from surgeries and the rate of hospital-acquired infections.

For physicians and provider organizations, improving quality scores has become a priority – for their practical patient benefit and their potential to positively impact the bottom line. In this article, we will review specific steps doctors and their teams can take to improve quality.

# Institutionalize Customer Service

Patient satisfaction has long been an area of emphasis for hospitals and was historically measured through surveys administered to patients after discharge. Today, patient satisfaction is one of the quality measures that CMS examines to determine if a doctor or hospital is doing a good job. In other words, patient satisfaction matters.

Surprisingly, satisfaction among patients has far more to do with customer service than health outcomes. In fact, patients largely believe their providers deliver good healthcare, but they oftentimes don't feel they're treated well. With this in mind, make customer service a high priority. Even more, make it part of the fabric of your practice.

This means including customer service aptitude as recruitment criteria among staff; developing specific staff trainings to improve customer service behaviors; building processes and protocols with customer service in mind; monitoring wait times; and paying attention to the physical surroundings of your practice. Perhaps most importantly, *ensure your practice communicates frequently, comprehensively, and clearly* with your patients before, during, and after their treatment experience.

## CAHPS: Consumer Assessment of Healthcare Processes and Services

Consumer Assessment of Healthcare Processes and Services, or CAHPS, serves as the industry standard for measuring patient satisfaction and the patient experience. These surveys assess a wide range of patient concerns, including hospital processes and patient-provider communication. Because insights from CAHPS are tied to the value-based care paradigm, they are a prized tool in our arsenal. However, these surveys are retrospective, which means they don't affect real-time responses from patients.

## Real-time Patient Experience Surveys

Since CAHPS scores are retrospective, the only way to gauge performance in the moment is with real-time patient experience surveys. Surveys can be taken at a kiosk, on a tablet, or in the exam room. And research on real-time surveys indicates that organizations can improve satisfaction more quickly with this method.<sup>1</sup>

## Invest In Patient Engagement & Education

Patients who are involved in their healthcare experience are more likely to have favorable opinions toward their care team. In addition, patients involved and engaged in their health are more likely to follow their providers' advice, take their medication, and adopt healthy behaviors. Of course, all of these attributes lead to better outcomes – *and better quality scores*.

Communication is fundamental to improving patient satisfaction. It's also a key ingredient in patient engagement and education. How do you begin? Start by identifying what behavior your practice wants to elicit from its patients to demonstrate engagement. For example, do you want your hypertensive patients to monitor their blood pressure weekly? Then create an engagement plan focused on encouraging blood pressure monitoring. Anything and everything is fair game, from daily phone calls to your patients, to incentives and rewards (think contests), to technology-enabled solutions that include reminders and direct access to providers.

### PROMs: Patient-Reported Outcomes Measures

Patient-reported outcomes measures, or PROMs, can be a meaningful contributor to increasing patient engagement. PROMs look at “what patients are able to do and how they feel by asking questions.”<sup>2</sup> By using PROMs, we can more accurately identify how a patient feels post-procedure. We can ask, for example, “Does the patient believe it made their life better?” Providers are adopting PROMs and integrating them into their data collection strategies, but the practice is still in its infancy. As patient engagement continues to grow in importance, we can see the pace of PROMs adoption picking up.

## Accurately Segment Patients

Quality is relative when it comes to measuring outcomes. If a perfectly healthy 70-year-old with no chronic diseases requires three visits to the hospital over the course of the year, we have to wonder, “Is this person ‘perfectly healthy’ after all?” And we can point to the patient’s provider and ask if he or she is doing the best job managing this patient’s health. Conversely, if a 70-year-old with diabetes requires three hospitalizations throughout the year, we may not be as surprised.

Most importantly – from a quality perspective – CMS views quality based on a patient’s risk for adverse

events. So a patient with diabetes is at greater risk for an adverse event than a perfectly healthy patient. To ensure a provider’s quality scores are not erroneously damaged, it’s essential for providers to accurately identify chronic diseases and acuity before patients’ health deteriorates.

Fortunately, solutions exist to effectively segment patients by their disease state and risk. Many ACOs, including ours, use advanced analytics to evaluate patients’ claims data and “force” providers to assess certain patients to accurately measure their risk.

## Robust Care For Patients With Chronic Diseases

For decades, we have known that patients with chronic diseases, including diabetes, COPD, and congestive heart failure, consume the majority of healthcare resources and healthcare dollars. More recently, we’ve come to know that delivering robust care to these patients, including more frequent encounters, can dramatically improve their health outcomes (and their providers’ quality scores).

Effective chronic disease management relies on effective patient engagement. In this regard, many of the same tactics apply, e.g. communication.

Perhaps most importantly, patients with chronic diseases can deteriorate quickly, and their chronic disease can turn into acute episodes. Therefore, monitoring these patients takes on greater significance. And the frequency of contact needs to be far greater than with other patients.

# Extend Care To The Home

Primary care delivered by physicians, nurse practitioners, and other care extenders in a home-based environment often results in more satisfied, happier, and healthier patients.

In addition, home-based care has the potential to improve health outcomes – particularly for patients with chronic disease whose health status can decline rapidly.

Perhaps most significantly, home-based care has shown itself to be a valuable tool for avoiding readmissions among patients who have been recently discharged. For these patients, unnecessary hospitalizations can expose them to synchronous health problems, including infection. And, of course, hospital readmissions are among the most detrimental outcomes in the context of quality scores.

## Conclusion

If implemented appropriately, efforts to improve quality measures now will produce better health outcomes and will contribute toward reducing overall healthcare spending. Given the size of the U.S. health system, it is understandable that we are still finding our way through numerous sources of data and different ways to measure quality. However, one thing is for certain: there's no shortage of proven approaches to improve quality measures.

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## About Jenifer Montesino, Author

*As Vice President of Revenue and Quality at Genuine Health Group, Jenifer Montesino oversees all programs that relate to revenue, including Medicare risk adjustment and quality. Jenifer has extensive experience managing revenue for health plans with more than 500,000 Medicare Advantage members, and she has seen her efforts result in dramatic increases in revenue for the companies she served.*

*Prior to joining Genuine Health, Jenifer spent twelve years at UnitedHealthcare-owned and operated Medicare Advantage plans in Florida, where she concentrated on Medicare risk adjustment and overseeing primary care physicians' quality ratings from the Centers for Medicare & Medicaid Services (CMS).*

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## References

<sup>1,2</sup> Heath, Sara. "What Are the Top Patient Engagement Measures in Value-Based Care?" *Patient Engagement Hit*, 11 July 2018.