Advisory Board | Medical Group Strategy Council

The Medical Group Executive's Guide to Boosting the Patient Experience

Four steps for empowering practice managers to drive improvements to patient experience

RESEARCH REPORT

Look inside for:

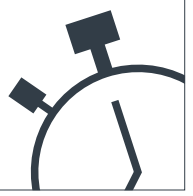
- The business case for focusing on patient experience and targeting improvement efforts at the practice level
- Four key steps to empowering practice managers to own practice-level performance on patient experience scores
- Links to related tools and resources

TOPIC

Patient **experience**

READING TIME

45 min.



BEST FOR

Medical group executives

WHAT YOU'LL LEARN

- Why the practice manager is the ideal point of accountability for local patient experience initiatives
- How to provide tailored support for practices to improve patient experience scores
- Approaches to train and incentivize staff around patient experience

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RESEARCH REPORT

Medical Group Strategy Council

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Advisors to Our Work

With Sincere Appreciation

The Medical Group Strategy Council would like to express its deep gratitude to the individuals and organizations that shared their insights, analysis, and time with us. The research team would especially like to recognize the following individuals for being particularly generous with their time and expertise.

Abington-Jefferson Health
Justin Kuprevich
Robin Lewis
Philadelphia, PA

Advocate Medical Group
Charles Ireland
Oak Brook, IL

Baylor College of Medicine
Anisha Bali
Houston, TX

Carolinas HealthCare System
Connie BoneBrake
Charlotte, NC

Children's Hospital of Pennsylvania
Alison Marx
Philadelphia, PA

Crystal Run Health Care
Gregory Spencer, MD
Middletown, NY

Dartmouth-Hitchcock Medical Center
Sue Berg
Lebanon, New Hampshire

Evergreen Health Medical Group
Dr. Ray Becker
Kirkland, WA

Goshen Health
Amy Floria
Goshen, IN

Legacy Medical Group
Eric Weeks
Portland, OR

Lehigh Valley Physician Group
Jim Demopoulos
Allentown, PA

Main Line Health
Dr. Rick Mankin
Bryn Mawr, PA

Mercy Health
Anton Decker, MD
Cincinnati, OH

Moffitt Medical Group
Braulio Vicente
Tampa, FL

Northshore University Health System
Cheryl Singer
Evanston, IL

Northwell Health
Ira Nash, MD
Great Neck, NY

St. Vincent Medical Group
Brad McNabb
Indianapolis, IN

University of North Carolina Health Care
Amy Higgins
Karen McCall
Chapel Hill, NC

Executive Summary

Research in Eight Conclusions

1. Medical group executives are rethinking their consumer strategy to respond to key patient demands. One of the most critical aspects of a well-developed consumer strategy is ensuring a **positive experience for patients**.

2. Delivering on these expectations requires buy-in from frontline staff. However, groups often fall short in engaging these staff, due in large part to approaching improvement strategies centrally **rather than at individual practices**.

3. In order to drive and sustain practice-level change, groups must rely on local **practice managers**. Practice managers have a greater ability to drive change at their practices than group leaders because of their physical presence at the practice, understanding of its specific needs, and relationships with physicians and staff.

4. Medical group leaders should **empower and hold accountable practice managers for** practice-level patient experience. These individuals require the authority to manage practice-level patient experience initiatives. Alongside that, they must be held accountable for meeting expectations.

5. High-performing groups equip managers with **appropriately mapped resources** and guidance based on individual practice needs so that managers can effectively execute against key patient experience goals.

6. When measuring performance, **leaders should segment patient experience data** at the individual practice level. This customization provides practice managers with actionable information to prioritize new initiatives.

7. Centralized patient experience training is rarely sufficient to sustain performance. **Group leaders should provide practice managers with training and resources** to further educate practice staff about the importance of patient experience at their sites. This training supplements, but does not replace, any system-wide service training.

8. Though uncommon, incentive models can also boost staff performance. Medical group leaders **should incorporate patient experience metrics as part of staff incentive models**. Generally these incentives should be based on practice-level performance.

Introduction: Patient Experience in Consumer Strategy

Improving patient experience is critical to winning market share

Patients are increasingly becoming smarter, savvier health care shoppers. This is due in large part to the fact that they are having to shoulder more of the financial burden of their care. Not only are more patients covered by high deductible plans, but the average deductible level for these plans has increased by 89% since 2010.[1,2] Further driving this trend toward consumerism, the number of retail clinics in the US rose from 2,000 to 2,800 in just two years.[3] This means that when patients are shopping for health care, they have an abundance of options to choose from, both within health systems and in nontraditional settings.

Though consumers select health care providers based on a range of factors, a positive experience with the provider and his/her office ranks among the strongest patient preferences. In fact, an Advisory Board consumer survey found that poor service from physicians and office staff both fall within the top 10 scenarios that drive consumers to leave a primary care practice.[4] Importantly, because patients often lack the knowledge to effectively evaluate providers on their quality, they rely heavily on experiences they can more easily feel and see—such as how quickly they can get in with their physician, how long they wait, and how they are treated by practice personnel. Therefore, when we define "patient experience," we include the patient's entire interaction with the medical group and its providers and staff, including access to care, collaboration with the patient and between care team members, and customer service.

Meeting patients' expectations for their experience provides clear benefits for the medical group in terms of both finances and patient loyalty. Not only are patient experience metrics incorporated in some commercial contracts, but a one-point drop in patient experience surveys is correlated with a 21.7% rise in the risk of a malpractice suit.[5] Improving patient experience is also tied to increased patient loyalty. For example, three out of the five predictors of patient defection from a practice all relate to service, such as friendliness of the care providers and coordination among staff.[6] To truly impact the patient's experience and reap these benefits, medical groups must engage physicians and staff at the practice-level and work to improve patient experience scores when necessary.

Groups Focused on Patient Experience	But Most Falling Short in Delivery
80%	37%
Of groups are working on improving access[7]	Of physician practices provide extended hours[8]
70%	96%
Of groups conduct surveys at least monthly[9]	Of patient complaints in online reviews are about service[10]

Most medical groups realize the value of improving the patient experience and have undertaken initiatives to do so, but many are falling short in these efforts. One of the primary reasons groups struggle to improve patient experience is an inability to engage physicians and staff.

1) "Employer Health Benefits: 2016 Annual Survey," Kaiser Family Foundation, http://files.kff.org/attachment/Report-Employer-Health-Benefits-2016-Annual-Survey.
2) "Aging Consumers without Subsidies Hit Hardest by 2017 Obamacare Premium and Deductible Spikes," HealthPocket, October 26, 2016.
3) Hennessy M, "Retail Health Market to Reach $4 Billion in Revenue," Contemporary Clinic, August 24, 2016.
4) Market Innovation Center, *What Drives Consumer Loyalty to a Primary Care Physician?*, DC: The Advisory Board Company, 2015.
5) Fullam F, et al, "The Use of Patient Satisfaction Surveys and Alternative Coding Procedures to Prevent Malpractice Risk," Medical Care, May 2009, 47(5): 553-9.
6) Market Innovation Center, *What Drives Consumer Loyalty to a Primary Care Physician?*, DC: The Advisory Board Company, 2015
7) "Have You Changed Processes to Improve Patient Access in Your Practice?," MGMA, http://www.mgma.com/industry-data/polling/mgma-stat-archives/have-you-changed-processes-to-improve-patient-access-in-your-practice.
8) Sanborn B, "Patient Experience, Care Access Drive Improvement Efforts by Medical Practices, MGMA Survey Shows." Healthcare Finance, November 3, 2016.
9) Sanborn B, Healthcare Finance.
10) Gooch K, "Patients' No. 1 Complaint? Front-Desk Staff." Becker's Hospital Review, April 26, 2016.

Elevating the Role of the Practice Manager

Non-clinical staff play a critical role in the patient experience

Both physicians and staff play crucial roles in creating a positive patient experience. Whereas much of the onus for building a relationship with the patient falls to the physician, staff impact the patient's experience with the practice both before and after the visit and can have a lasting effect on how the patient perceives the practice.

The Medical Group Strategy Council research briefing, *Five Must-Have Characteristics of the Consumer-Focused Physician*, discusses the role of physicians in delivering service-oriented, collaborative care. It outlines five key characteristics of a consumer-oriented physician and how medical group executives can overcome barriers associated with engaging physicians in meeting consumer demands.

The focus of this companion publication is on the staff's role in patient experience. We will offer insight into how to elevate the practice manager's role in meeting patient demands as the best approach to engage staff around these initiatives.

To learn more about the physician's role in consumerism, see the research briefing, *Five Must-Have Characteristics of the Consumer-Focused Physician*, available at: advisory.com/mgsc/consumerorientedphysician

Defining the Practice Manager's Role in Patient Experience

Practice manager role

Accountable for practice's performance on patient experience and supports staff to deliver on consumer demands

Staff role

Receive training, tools, and incentives to improve individual contribution to the patient's experience

Medical groups often find it difficult to get staff buy-in for patient experience initiatives. Since staff are not always patient facing, they may feel detached from the patient experience. Additionally, they often have a limited background in customer service and are rarely individually incented around the practice's patient experience metrics. However, staff are responsible for the patients' first and last impressions of the practice, and they often bear the brunt of patient concerns and complaints about care provided. Further emphasizing the importance of staff in patient experience, the Advisory Board's consumer survey, *What Drives Consumer Loyalty to a Primary Care Physician,* found that rude or impatient non-clinical staff ranked 7th out of 48 scenarios that push consumers to leave their current primary care practice.[1]

Despite staff's central role in the patient's experience, they are too often unprepared to manage difficult conversations with patients and uphold service expectations.

Luckily, medical groups have a resource within each of their practices that they can better leverage to boost staff engagement with patient experience initiatives—the practice manager. Practice managers are best suited to drive a focus on and improvement in this area. They have the best insight into their local practice needs as well as long-standing relationships with staff that they can build upon to drive patient experience initiatives. With the necessary guidance and resources, practice managers can reorient staff's attention to patient experience, appropriately train and support staff on service, and measure and sustain practice-level performance.

1) Market Innovation Center, *What Drives Consumer Loyalty to a Primary Care Physician?*, DC: The Advisory Board Company, 2015.

However, many medical groups struggle to keep individual practices and their practice managers accountable for patient experience. Though groups may provide tools and training for staff across the entire group, individual practices often need customized support. While survey data is frequently used to measure individual physicians' performance, there has been much less success in scaling this across an entire practice and among nonclinical staff.

These challenges and others are the subject of this whitepaper. In the subsequent pages, we will discuss four key types of problems medical groups face when trying to engage practice managers and their staff around patient experience, as well as best practice solutions for addressing each of the challenges.

A Guide to Creating Patient-Centered Practices

Status Quo of Most Medical Groups		Steps
Do not account for individual practice needs when designing improvement initiatives	→	1 Tailor level of support provided to individual practices
Inadequately prepare practice managers to support staff in meeting consumer demands	→	2 Overinvest in staff service training and tools
Analyze patient experience data on the physician level, rather than practice level, which does not enable local performance improvement	→	3 Use practice-level data to sustain improvement
Rarely reinforce or recognize positive service behaviors taught in staff training	→	4 Implement staff incentives based on practice performance

Step 1: Tailor Level of Support to Individual Practices

Segmenting practices based on patient experience scores enables leadership to tailor support and provide recognition

Typically, when medical groups implement patient experience improvement programs with physicians, they are tailored to physicians' individual needs. For staff training, however, most groups rely on group-wide service training and shared service expectations. This one-size-fits-all approach can create disparate patient experiences between individual practice sites.

To effectively move the dial on improving patient experience, high-performing groups are using a systematic process to ensure practices receive the right level of support. Our research uncovered two primary methods for providing tailored support to practice managers.

- The first segments practices based on patient experience scores to assign support.
- The second tailors support based on patient experience scores and a solution's ability to improve these scores.

Use Patient Experience Scores to Segment Practices

Riggs Medical Group[1] relies on patient experience scores to provide tailored support to practices. Senior leadership separates practice managers into three cohorts based on a practice's Press Ganey scores from the previous year. The first cohort, those with scores below the 50th percentile, receives interactive education to teach them how to interpret their practice's data and use it to change group behavior. The goal is to provide this group with the necessary tools to move into the next cohort of middle performers. Middle performers include managers whose practices that scored between the 50th and 75th percentile. This group is given consultative support from patient experience experts who provide standard assessments and action planning to match resources based on individual practice needs. Lastly, practices that score above the 75th percentile are internally recognized, encouraged to maintain their performance, and rewarded for their success. Using one core metric to segment cohorts helps Riggs hone in on service outliers. This approach may also limit pushback from staff since support is tiered objectively based on data.

Riggs' Practice Segmentation Method

Practice's Patient Experience Scores	Corresponding Medical Group Support
Above 75th percentile	**High performers** Provide recognition and rewards
50th–75th percentile	**Middle performers** • Use standard assessments and action planning to match appropriate resources • Deploy patient experience experts to provide consultative support
Under 50th percentile	**Low performers** • Train practice managers on how to interpret and use patient experience data • Teach methods for training physicians and staff on effective patient communication

Case in Brief: Riggs Medical Group

- 600-physician employed medical group based in the Northwest
- Leadership separated practice managers into three cohorts according to practice's patient experience scores and provided each group with a different level of support

1 Pseudonym.

Correlate patient experience scores with potential solutions to identify the best solutions for the practice

Systematically Evaluate and Deploy Practice-Wide Support

As with Riggs, Lehigh Valley Physician Group uses practice-level patient experience scores to tailor support for individual practices. However, they strive to match these scores with specific solutions that will have the most impact on that particular practice. Importantly, they rely on local practice managers to implement the solutions and track the impact.

Lehigh began this initiative with a group of practices that had the greatest patient experience challenges, but also the greatest opportunity to impact the system if these challenges were addressed. These practices were chosen because of their size, partnerships with other health systems, and their impact on Lehigh's broader population health initiatives.

Lehigh's method of providing tailored support involves five steps, which we will outline in detail on the upcoming pages.[1]

Case in Brief: Lehigh Valley Physician Group

- 1,450-provider employed medical group based in Allentown, Pennsylvania
- Uses systematic approach to map 12-solution bundles and tier support to help solve patient experience and access problems based on individual practice's needs and opportunity level to improve

1. Diagnose Practice-Specific Problems

A team of network leadership and clinical and nonclinical staff conducted a time-intensive review of patient experience survey data to understand trends and gaps across all 150 physician practices. Lehigh analyzed practice-specific data for 10 patient experience survey questions and compared their performance to national percentile rankings to identify practices with the greatest need for intervention.

List of Survey Topics

- Ease of getting clinic on phone
- Convenience of office hours
- Ease of scheduling appointments
- Courtesy of registration staff
- Wait time at clinic
- Provider information about medications
- Provider instructions for follow-up care
- Patient's ability to get urgent appointment
- Patient's ability to get appointment as soon as needed
- Patient gets answer as soon as needed

1) Thorne M, "Understand the Voice of the Customer: Improving Patient Access and Experience at Lehigh Valley Health Network," *Group Practice Journal*, 65, no. 10, (2016): 10-18, http://www.amga.org/store/detail.aspx?id=GPJ_ART_1216_28.

2. Create Solution Bundles

With input from access and patient experience experts, they then designed widely applicable solution bundles to improve performance across those 10 CG-CAHPS[1] areas of focus. Examples of solutions include deconstructing templates, leveraging advanced practitioners, PCP direct scheduling, and expanded hours. Solutions were tiered based on their difficulty to implement and impact on solving specific access and experience gaps.

3. Map Patient Experience Scores onto Solution Bundles to Assign Solutions to Individual Practices

Next, Lehigh mapped each practice's patient experience scores to the 12 solutions, using a Lean Six Sigma tool—quality function deployment (QFD)—to identify the two or three solutions that would provide the most benefit to a practice. The tool forms a grid with five key elements to help seamlessly prioritize solutions for improving patient access and experience. The bundles, listed on the top right of the grid, are force-ranked using a score of low (=1), medium (=3), and high (=9) according to the impact they would have on improving each patient experience survey question (itemized on the left).

This analysis fosters a productive discussion between group leadership, subject matter experts, and clinical and nonclinical staff members about which two- or three-solution bundle to deploy within a given practice. Additionally, relying on data as the driving force behind assigning improvement efforts to practices reduces misinterpretation of patient needs and pushback from practice staff.

4. Use Job Aids to Train Practice Managers to Implement Targeted Solutions

To facilitate implementation, Lehigh segmented each solution into specific components and developed associated metrics to track improvement. They provide each practice manager with a job aid for each solution that outlines these components, best practices and alternative solutions, the reason for implementation, and who should own implementation.

Ideally, clearly outlining the steps involved in each solution and systematically training managers on bundle implementation increases the likelihood of practice improvement and maximizes the overall impact the bundles have on patient experience.

To download samples of the tools Lehigh Valley used to complete its assessment, visit the related toolkit, available at: advisory.com/mgsc/practiceexperiencetoolkit

1) Clinician and Group Assessment of Healthcare Providers and Systems.

5. Provide Tiered Support Based on Practice Opportunity Level

Lehigh plans to roll this process out to the broader medical group by subdividing the group into three cohorts.

They started with six pilot practices in their "learning lab." These practices received a 60- to 90-day "deep-dive," during which a multidisciplinary team of 12 lean coaches, project managers, and change management experts provided resource-intensive support. As mentioned previously, chosen practices were all positioned to make a measurable impact on Lehigh's patient population, including underserved or high-risk patients, but lacked the resources to do so.

Learnings from the deep-dive groups will be used to create focused replication groups. These groups will be assigned a medium level of support over four weeks and resources to deploy solutions from the same 12-solution bundle used with the deep-dive groups. These groups will also receive peer champions—physicians, APPs, nurses, and patient services representatives—from high-performing practices to help drive improvement.

Lastly, the broad replication cohort will include practices with strong leadership but a less pressing need to improve performance. These practices will be given fewer direct resources, but patient experience teams will help support practice managers to broadly improve experience. Practice managers will also attend monthly group discussions and workshops to facilitate shared learning and identify best practices.

Results: Improved Patient Experience Scores Across the Board

Lehigh holds monthly practice management forums designed for practice leadership to share results from improvement efforts. As seen below, Lehigh Valley Physician Network has found incredible value in their investment in patient experience and access improvement efforts. In total, the network has seen an overall improvement in patient experience scores, moving from the 39th percentile ranking for the CG-CAHPS access bundle to the 64th percentile in just 12 months. Lehigh credits this success to many of the access-specific improvement efforts they have implemented thus far in practices.

They have also seen improvement in more targeted metrics as well. These metrics include an average increase in completed patient appointments by 13% over 9 months, an improved in-network referral capture rate, and a 49% increase in new patient visits year over year. Most notably, Lehigh moved their time to new patient appointment two deciles—from 23% to 44%—within one year.

First Year Results

49% Increase in new patient visits	10% Increase in same-day physician block utilization
120,000 Increase in outpatient practice visits	30% Increase in same-day APP block utilization

Step 2: Overinvest in Staff Service Training and Tools

Relatively low-investment staff training provides high ROI for groups

Once groups allocate the appropriate level of support to practices, practice managers are equipped with clear insight into the necessary areas of improvement for their practices. Then, it is up to managers to lead their practices and staff to improve the patient's experience. However, simply providing resources to practice managers will not move the dial on patient experience scores. Group leaders must ensure that frontline staff have the appropriate training and resources to deliver on these patient experience initiatives.

If staff do not receive dedicated training, groups risk a subpar performance on patient experience scores and open themselves to negative online reviews about customer service. Service training for staff is less time and resource intensive than with physicians. At the same time, it has an outsized impact on patient experience, since patients spend a great deal of time with staff and these interactions are the bookends to their interactions with their physicians. Therefore, staff service training is a smart investment for medical groups, as it maximizes impact at a lower price tag.

Reasons Why Medical Groups Should Implement Mandatory Staff Training on Patient Experience

1. **Inexpensive**
   Can train staff in large groups without diminishing impact
2. **Easy to implement**
   Requires limited resources and training personnel
3. **Sets shared service standard**
   Makes service a known responsibility; gives staff clear direction on how to succeed in role

In this section, we will discuss the two components of training staff on service. At a baseline, all health systems should provide mandatory service training to staff during onboarding. This guarantees that all staff members understand the group's service standards and feel equipped to deliver on them.

Then, practice managers should offer ongoing support and supplemental training to address practice-specific challenges and encourage sustained improvement. They do this by assuming three main roles: (1) assessing service at peer practices, (2) assuming a service trainer role at the local practice, and (3) encouraging staff to focus on service.

Two Components of Staff Service Training

Baseline Expectation

1 System provides mandatory service training for all staff

Ongoing Support

2 Practice manager offers ongoing support and supplemental training

Three Roles for the Practice Manager

- Assess service at peer practices
- Assume service trainer role at the local practice
- Encourage staff to focus on service

Provide Mandatory Service Training for All New Staff

At a baseline, medical groups should require staff to participate in system-wide service training. This can be accomplished through system-wide training during onboarding or more localized training at the practices. This basic training helps coach staff who may not have prior experience with service and establishes a shared expectation of service for the group.

As one representative example, Northeast Medical Group provides training on-site at individual practices by the administrator who oversees patient experience for the entire medical group. The course takes about an hour and covers topics such as desirable customer service behaviors and challenges that frontline staff might face.

Although the training is not complex, administrators report it has made a difference, with patient experience survey scores increasing to the 98th percentile.

Northeast Medical Group's Service Training

Patient experience coordinator visits each practice to provide staff training over lunch hour (lunch provided)

Time left in hour for group discussion about common service challenges (e.g., dealing with angry patients)

Topics Covered

- Why service is important
- Survey methodology and scores
- Suggested key words and behaviors (e.g., smile, make eye contact)
- Additional planned experience improvement efforts

Case in Brief: Northeast Medical Group

- 550-provider employed medical group based in New Haven, Connecticut
- Rolled out customer service training to all staff
- Survey scores have increased from 92nd to 98th percentile

Offer Ongoing Support and Supplemental Training at the Practice-Level

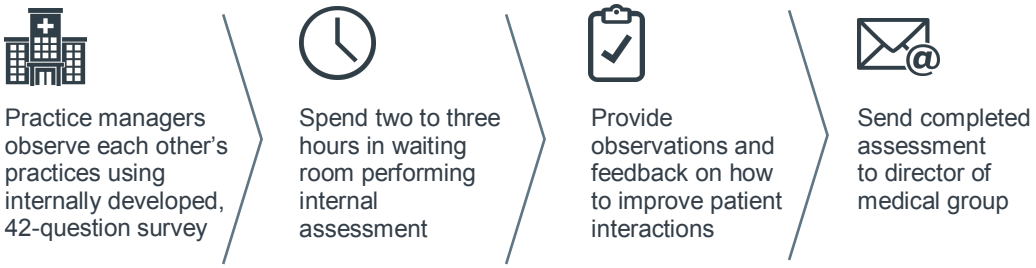
Mandatory staff training sets an important baseline service expectation but may not be enough on its own to create more lasting behavioral change. Our research has uncovered three different forms of ongoing support that groups can offer at the practice level to sustain a focus on patient experience. These approaches all rely on practice managers to implement them.

Approach #1: Use Interested Staff to Assess Service at Peer Practices

For small to mid-sized groups, practice managers can serve as independent evaluators through observing each other's practices. This provides an opportunity to offer tailored, unbiased, and insightful feedback to peer practice managers about their practice's overall service level. It also allows managers and medical group executives to discuss feedback and brainstorm solutions to improve identified problem areas.

Susquehanna Health Medical Group created its own internal service assessment and then trained practice managers to operate as "mystery shoppers" to evaluate each other's practice sites. Managers use the assessment to gauge everything from how responsive staff members are on the phone to how they treat patients at the front desk. The program allows shadowing managers to identify both improvement opportunities at the site they are observing and best practices that they can bring back to implement at their own sites. Since starting the program, internally measured scores on this assessment have increased from 74% to 89%.

Susquehanna's Internal Service Assessment



Sample Assessment Questions

- Did the person answering the phone say "good morning" and speak to you in a friendly manner?
- Were you greeted in a friendly manner when entering the office?
- Did check-out staff thank the patient for coming in and choosing us?

Training Program Benefits

- Highlights improvement opportunities and capital needs for shadowed practice
- Identifies new tactics for shadowing manager's practice

15% Increase in internal assessment scores since program launch

Case in Brief: Susquehanna Health Medical Group

- 215-physician employed medical group based in Williamsport, Pennsylvania
- Trained practice managers to observe each other's practices, provide feedback on improvement areas

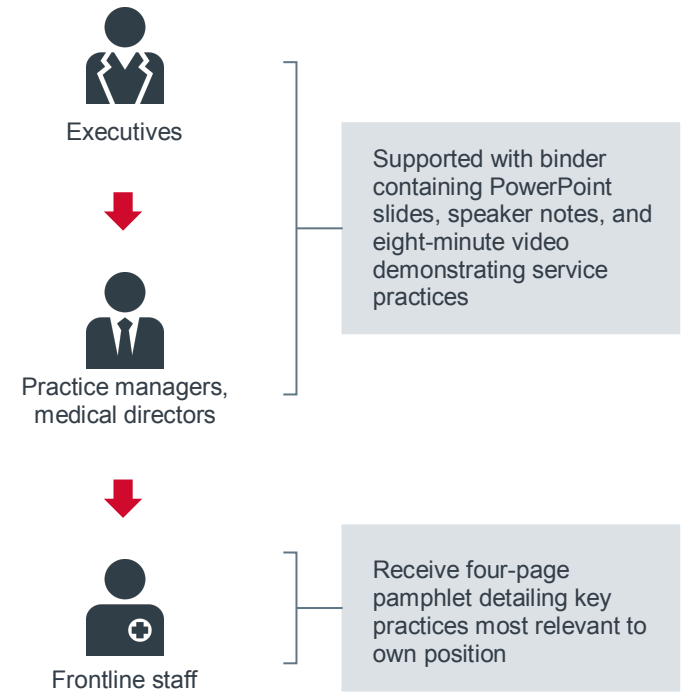
Approach #2: Assume Service Trainer Role at the Local Practice

For larger medical groups, it is less feasible for practice managers to observe every site in order to distribute best practices for service. To address this, Palo Alto Medical Foundation (PAMF), which has clinics across a wide geographic region, uses a train-the-trainer model to bring best practices to all clinics.

Under PAMF's cascading system, senior executives train mid-level managers on service standards and core communication skills. These managers then train frontline staff. Managers are supported with a number of formal training resources, including PowerPoint slides, speaker notes, and a video to ensure they cover all crucial aspects of service orientation.

This model enables PAMF to effectively train staff on patient experience with limited resources. It also ensures that all leadership personnel agree on PAMF's service expectations, creating a consumer-driven culture.

PAMF's Cascading "Train-the-Trainer" Model



Case in Brief: Palo Alto Medical Foundation

- 1,000+ employed medical group based in Palo Alto, California
- Launched customer service program in 2012 due to concerns over survey performance
- Chose to train all staff (including non-patient facing) to ensure common understanding of service rationale and standard
- Has seen gradual increase in patient experience survey scores since program launch

Approach #3: Use Low Cost-Rewards to Sustain Focus on Service

Finally, in order to sustain the gains achieved from service training, practices can offer staff easily accessible and continually available online training modules. These online modules can be rolled out to practices at a relatively low cost and are widely applicable to staff across the entire group. Groups have reported varied success with these online modules, but they are the most effective when group performance is consistently measured and practice managers hold staff accountable for participation.

Stevens Health Medical Group[1] provides short online training modules for non-clinical staff who want to improve their service skills. There are 15 modules offered across a variety of topics, such as Press Ganey surveys, teamwork and values, reward and recognition, and employee engagement. These modules supplement the mandatory training staff receive as a new hire.

A short quiz follows each module, and anyone who scores 100% on a quiz is put into a monthly drawing for a gift card. Leadership also creates and hangs posters with the winners' pictures on them. Importantly, practice managers are sent weekly updates of how many staff members completed the modules, as well as the percentage of staff who received high scores. These kinds of low-cost rewards can significantly turn the dial in sustaining staff engagement with patient experience improvement.

Stevens Health Medical Group's Online Training Program

Program Description

- Short, low-impact training
- 15 online modules available to nonclinical staff

Examples of Topics

- Press Ganey surveys
- Teamwork and values
- Reward and recognition
- Employee engagement

Incentive Structure

- Short quizzes at the end of each module
- Staff who receive 100% on quiz entered into monthly drawing for three gift cards

Accountability

Clinic managers receive weekly updates with percentage of staff that completed modules and percentage that received high scores

Case in Brief: Stevens Health Medical Group

- 500-physician employed medical group based in the Southeast
- Staff provided access to online training modules
- Module completion and performance encouraged through monthly incentives

1) Pseudonym.

Step 3: Use Practice-Level Data to Sustain Improvement

Establishing practice-level accountability is key to maintaining long-term gains in service

Create Scorecards to Track Practice Performance

Though on-demand training programs can help reinforce learnings from staff onboarding, these cannot typically sustain improvement on their own. Instead, medical groups should use data to hold practices accountable for meeting patient experience expectations over the long term. Groups who do not use data to hold practices accountable for patient experience risk staff losing motivation for service improvement and may foster disparate experiences among sites.

Most groups that do share patient experience data do so at the physician level, rather than the practice level. This gives physicians, but not practice managers, clear targets for improvement. Providing practice site-level data can be challenging because surveys are typically linked to provider names rather than practice locations. To address this, Northwell Health Physician Partners matches survey data with the appropriate site to aggregate data for that practice location.

Northwell shares this data via practice site scorecards that measure non-physician-related aspects of patient experience (e.g., friendliness of front-desk staff, appointment and office contact, wait times, ease of obtaining test results, and coordination among staff) and include patient comments. Scorecards are distributed quarterly and made internally transparent online. Sharing scorecards in this way holds practice managers accountable for their sites' performance. It also provides them with a comparison of their performance to other sites, service lines, and the overall medical group.

Challenges in Measuring Group Service Performance	Northwell's Best Practice Solutions
1 Difficult to attribute patients to appropriate practice location	• Group electronically maps survey data to the appropriate site • Patient attributed to practice location based on last physician seen
2 Unsure of which metrics to use to track performance	• Group uses **staff-specific** survey questions related to patient experience to measure practice location's performance

Case in Brief: Northwell Health Physician Partners

- 3,000+ physician employed medical group in the New York City metro region
- Practice managers receive scorecards that measure staff's contribution to patient experience using Press Ganey and CG-CAHPS data

Sample Survey Areas Related to Staff Behavior

- Appointment and office contact
- Clerks and receptionists' behavior
- Non-physician staff behavior
- Wait times
- Coordination among staff

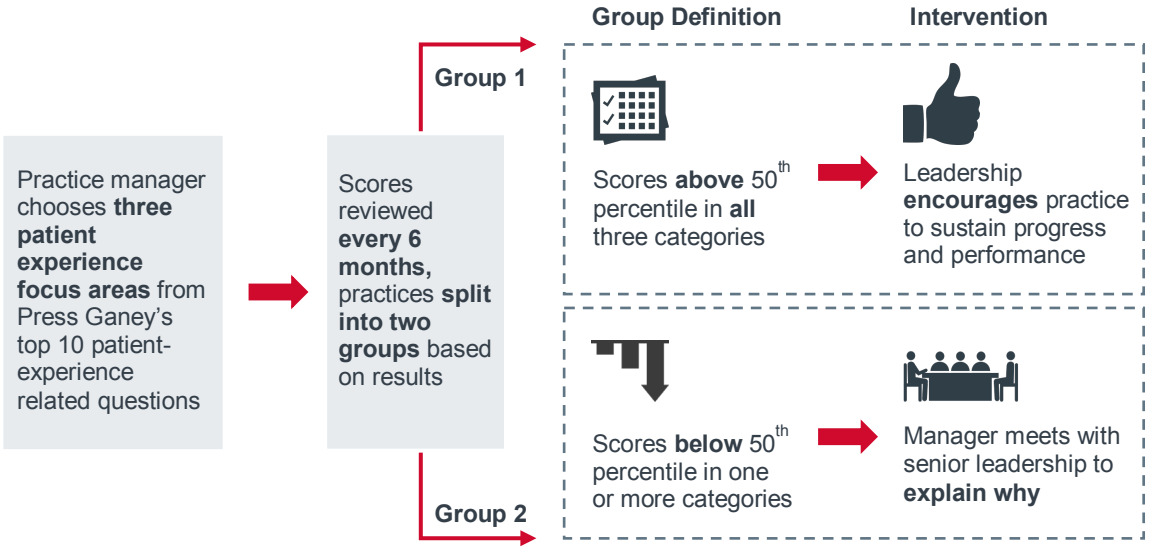
Continually Hold Practice Managers Accountable

Scorecards provide practice managers with the information necessary to view and evaluate their performance; however, these should be supplemented with accountability structures that actively encourage managers to continually improve.

Continuous accountability starts with holding practice managers responsible for their practice's overall patient experience scores. Baylor College of Medicine does this through their "Patient Experience Performance Plans." Departments chose three questions from Press Ganey's top 10 questions related to patient experience to focus on improving.

They review scores for these questions every six. If departments are below the 50th percentile goal in any of the categories, then department and practice leadership has to meet with senior leadership—all the way up to the CEO of the system—and explain why they could not meet their goals. They also use these meetings to brainstorm strategies for improvement. This accountability structure aims to increase awareness of group performance and keep practice managers responsible for continuous practice improvement.

Baylor College of Medicine's Patient Experience Performance Plans



To provide practice managers with more discrete goals, groups can further break down high-level patient experience targets into more granular steps. Lehigh Valley identifies key components of their larger goals and then holds practice managers accountable for those discrete elements, versus overall improvement in patient experience scores. This ensures that practice managers stay focused on the end goal while having guidance around specific execution steps. Lehigh facilitates this process through quarterly management action plans (QMAPs). Practice managers use QMAPs to measure progress made against patient experience goals and initiative implementation, as well as track problems they encountered and next steps to remedy these barriers. Plans include anticipated dates of completion for each step and are reviewed quarterly to with senior leadership, thus holding practice managers accountable.

In addition, since plans are user-friendly and updated electronically, they can also be shared outside of regularly scheduled meetings with group leadership. This facilitates frequent reviews of progress with other stakeholders, as well as increased engagement with the improvement process from both practice management and senior leadership.

Step 4: Base Staff Incentives on Practice Performance

Low-cost rewards have an outsized impact on staff behavior

The final step to engaging local staff in patient experience improvement is through providing incentives. Recognition and rewards give staff a reason to maintain a high level of service.

The most common approach to rewarding staff is through non-compensation-based incentives. These put more emphasis on reward than punishment and positively influence staff behavior change at a relatively low cost. These incentives should be used in tandem with broader strategic rollouts and change management techniques to maximize their impact on service improvement.

Alternatively, groups can tie a portion of staff's compensation to practice- or group-level performance on patient experience scores. This method is more costly for the group, and many have hesitations around putting individual staff pay at risk for group-wide performance. The benefit of this method is that it sets clear service expectations and emphasizes all staff play a role in the patient's experience.

Two Approaches to Encouraging Service Performance

1 **Provide Non-Compensation-Based Incentives**

Recognize and reward staff for excellent service performance

Benefits

- Increases staff satisfaction and influences more positive patient interactions
- Simple, relatively low-cost reward

Considerations

- May not influence behavior change among all staff members since given selectively

— Tested

2 **Tie a Portion of Compensation to Patient Experience Scores**

Tie portion of staff pay to practice or group level performance on patient experience scores

Benefits

- Sets clear service expectations
- Holds everyone accountable for group performance

Considerations

- Larger cost investment
- Used less often so limited proven success

— Experimental

Provide Non-Compensation-Based Incentives

Groups have implemented a range of non-compensation-based incentives to reward staff for performance on patient experience scores. Some are relatively low cost, involving simple recognition via certificates or awards. Others choose to allocate a monetary prize to the department or practice with the highest scores. Regardless of the specific incentive, they key to successful deployment of non-compensation-based staff incentives is that they reward the practice as a whole to encourage the group to work as a whole to improve scores.

As one example, Baylor College of Medicine implemented two types of non-compensation-based staff incentives—one to reward high performers and the other to incent improvement. These awards were initially based on patient experience scores, but now also include scores for quality and patient safety.

Baylor gives quarterly awards to the department with the highest and the one with the most improved patient experience, quality, and patient safety scores. Winners receive a trophy and certificate. At the end of the year, all winners of both awards are invited to a luncheon. Anecdotally, group leaders report that staff love the recognition, and the rewards seem to spark departmental competition to improve.

Baylor College of Medicine's Staff Recognition Program

Reward Type	Recipient	Description of Reward
Highest Performing Award	Department with the **highest** patient experience, quality, and patient safety scores	• Receive **trophy** and **certificate** • Attend annual **awards luncheon**
Most Improved Award	Department with the **most improved** patient experiences, quality, and safety scores	• Receive **trophy** and **certificate** • Attend annual **awards luncheon**

Case in Brief: Baylor College of Medicine

- Academic medical center based in Houston, Texas
- As part of broader service focus, monitor patient experience data every six months
- Low performing practices meet with system leadership to develop an improvement plan
- High performing and most improved practices receive awards to encourage staff to focus on the group's service performance

Tie a Portion of Compensation to Patient Experience Scores

Some frontier groups believe that the best way to incentivize staff on patient experience is through putting part of their compensation at risk. However, medical groups should consider whether they need to use compensation to drive staff behavior change. Throughout our research, many groups noted that they engaged and motivated staff without changing compensation, therefore using a more cost-effective and simple approach to hold staff accountable for patient experience.

Although their staff are not individually rated on patient experience surveys, Sentara Medical Group is using compensation to up the ante with staff accountability for service. This group puts some amount of pay at-risk based on patient experience scores for all of its employees. For frontline staff, the incentive depends on the overall performance of their own practice, while for cross-practice staff, it relies on departmental, divisional, or group outcomes.

Importantly, even staff that never directly interact with patients have a portion of compensation at risk. This sets clear service expectations across all medical group employees since everyone is held accountable for each other's service performance. Sentara hopes this also drives increased peer pressure to focus on and improve the overall group's patient experience.

Case in Brief: Sentara Medical Group

- 380+ physician employed medical group based in Norfolk, Virginia
- 15% of employee performance bonus based on patient experience

Bonus Based on Different Indicators for Different Staff Types

Frontline staff

Practice-level survey performance

Cross-practice staff

Department or division performance

Extradepartmental staff (e.g., facilities)

Medical group performance

> "We believe everyone can subtly influence patient experience, even if they don't interact directly with patients. For example, many of our staff go to our practices for care—they're patients as much as they are employees. If a colleague does something great, let them know. And if you get bad service, you're responsible for that feedback too."
>
> Medical Group Leader
> Sentara Medical Group

Patient Experience Toolkit

To supplement this research report, we have compiled tools and resources that you can download to help implement the best practices outlined. The toolkit includes:

Tailor Level of Support to Individual Practices

- Lehigh Valley Physician Group's 12 Patient Access and Experience Solution Bundles
- Lehigh Valley Physician Group's Quality Functional Deployment Grid
- Lehigh Valley Physician Group's Practice Manager Job Aid

Overinvest in Staff Service Training and Tools

- Susquehanna Health Medical Group's Practice Assessment Tool

Use Practice-Level Data to Sustain Improvement

- Lehigh Valley Physician Group's Operational Dashboard
- Northwell Health Physician Partners' Practice Scorecard
- Lehigh Valley Physician Group's Quarterly Management Action Plan

Access these resources at:
advisory.com/mgsc/patientexperiencetoolkit

Want more on **patient experience**?

This report is a publication of the Medical Group Strategy Council, a division of Advisory Board. As a member of the Medical Group Strategy Council, you have access to a wide variety of material, including webconferences, research reports, implementation resources, our blog, and more. Check out some of our other work on patient experience.

Executive Research Briefing: Five Must-Have Characteristics of the Consumer-Focused Physician

What physicians must do to meet consumer demands—and how medical group executives can help them develop these characteristics.

Research Report: The Customer Service Mandate

Access 13 lessons for building a medical group where service isn't just a one-time initiative—it's a core cultural tenet.

Webconference: Building the All-Access Medical Group

Focus on one key component of patient experience—access—and how to improve practice operations to expand access.

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