

## 5-Star Best Practices ★★★★★

**What else can you do to improve the care your patients receive and increase satisfaction with their overall care experience?** Consider implementing best practices in open communication, timely access and effective coordination. These areas are measured in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, one of two surveys that gauge patient experience and can affect CMS star ratings.

### Getting Needed Care and Seeing Specialists

CAHPS asks patients: *In the last six months...*

- How often did you get an appointment to see a specialist as soon as you needed?
- How often was it easy to get care, tests or treatment you thought you needed?

#### Tips for Access

- Offer alternate ways for your patients to access care. For example, provide a nurse advice line, telehealth or secure email.
- Offer an “on-call” list to be contacted if an earlier appointment becomes available.

#### How the Medical Group Can Help...

- Develop a new patient on boarding program that covers access-to-care issues, including urgent care and referrals.
- Provide non-traditional care access options, such as an e-portal with self-service capabilities and a 24-hour nurse advice line.

### Getting Appointments and Care Quickly

CAHPS asks patients: *In the last six months...*

- When you needed care right away, how often did you get the care as soon as you needed?
- How often did you get an appointment for a check-up or routine care as soon as you needed?

#### Tips for Responsiveness

- Set aside a few appointments in each day’s schedule to accommodate urgent visits and use an effective triage system to ensure that at-risk patients are seen quickly.
- Offer appointments with a nurse practitioner or physician’s assistant. Encourage patients to make their appointments for routine care early, possibly as they leave the office.

## **Metric: Care Coordination**

CAHPS asks patients: *In the last six months...*

- When you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?
- How often did you and your personal doctor talk about the prescription medicines you were taking?
- When your physician ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results? How often did you get results as soon as you needed?
- How often did your personal doctor seem informed and up-to-date about the care you got from specialists?
- Did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?

### **Tips for Care Coordination**

- Follow up on any recent referrals for specialty care. Ensure you receive records from other providers prior to the appointment.
- Develop protocols for clinical staff to review medications with the patient.
- Set expectations on when and how a patient will receive test results. Include normal and abnormal results if the expectations are different. Most importantly, follow through.
- Encourage patients to call the office to check on results if they are not received in the communicated time frame.
- Encourage patients (or caregivers) to use your online portal to manage their care.

### **Two Surveys That Can Affect CMS Ratings**

#### **1. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey**

- Mailed each year to a sample of members between March and June.
- Asks about provider communication skills, access to services and more.

#### **2. The Health Outcomes Survey (HOS)**

- Mailed each year to a sample of plan members between July and November. Each respondent receives a follow-up survey two years later.
- Asks patients about the care they receive for common geriatric conditions and their overall health.