

Survey Readiness

What your patients want you to know, but might only disclose in an anonymous member survey...

The CAHPS Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a set of surveys that ask patients to rate their health care experiences.

The anonymous survey focuses on parts of the health care process that are important to your patients that include provider communication, how easy it is to obtain appointments, wait time, coordination of care between doctors, etc. All these experiences feed into their experience – whether positive or negative.

The ECHO Survey

The Experience of Care and Health Outcomes survey asks patients to rate their Behavioral Health care experiences.

Your patients enrolled with Texas Children’s Health Plan may receive a CAHPS and/or ECHO survey. Below are examples of Patient Concerns to be aware of, the related CAHPS/ECHO survey topic, and tips on what you can do to improve patient experiences, which lead to healthier and happier patients.

Patient Concerns	Related CAHPS/ECHO Survey Topic	Provider Tips
“I want my provider to listen to me and not rush me”	Rating of Personal Doctor	✓ Review medical record and medications prior to entering the exam room.
“Look at me, not the computer.”	Rating of Specialist	✓ Ask questions about previous treatments, results and findings.
“Do you hear what I’m saying, doctor?”	How Well Doctors Communicate	✓ Confirm with the patient that all questions have been answered and ask if they would like anything else addressed prior to you leaving the exam room.
“I still have more questions”	Informed about Treatment Options	✓ Let patients know how to contact the office to ask more questions if they think of any after they leave
	Informed about Patient Rights	✓ Have office staff help your patients schedule follow up appointments and/or obtain care with an in-network specialist before patients exit the office.
		✓ Make eye contact with your patients to show you are engaged
		✓ Repeating back to patients what they are saying helps to confirm understanding and lets the patient know you are listening

<p>“Please call me to let me know if my provider is running late so I’m not sitting in the waiting room longer than 15 minutes.”</p> <p>“Why does it take so long to get an appointment?”</p> <p>“I wish I knew there was a telehealth option. That would have saved me a lot of time.”</p>	<p>Getting Needed Care</p> <p>Office Wait Time</p>	<ul style="list-style-type: none"> ✓ Provide appointment reminders and updates via text and email. ✓ Expand office hours for better scheduling flexibility. ✓ Reduce time in the waiting room to no more than 15 minutes from their scheduled appointment time. If it is busy, give a new estimated time to better set expectations ✓ Add patients to wait lists for cancelled appointments. ✓ Promote the use of telemedicine. ✓ Schedule follow-up visits, next year’s well-visit and other recommended preventive care before the patient leaves the office. ✓ Offer assistance to your patients in scheduling their specialist and lab appointments while they are in the office.
<p>“I need your help getting care from specialists you refer me to and for the services you want me to have.”</p> <p>“I’d appreciate if you’d talk to me about my treatment plan.”</p> <p>“Why don’t you have all of my medical records and test results when I come into the office?”</p> <p>“I would like you to call me with my lab and test results, even if they are normal.”</p>	<p>Coordination of Care</p> <p>Rating of Counseling or Treatment</p> <p>Received Information about Managing Condition</p> <p>Informed about Medication Side Effects</p> <p>Ability to Refuse Medication and Treatment</p>	<ul style="list-style-type: none"> ✓ Discuss treatment options with patients and share the responsibility with them. ✓ Assist with transitions of care. ✓ Create a care plan and communicate the plan with the patient. ✓ Monitor and update the care plan and follow-up with patients based on their needs. ✓ Encourage patient’s self-management goals. ✓ Align community and health resources with patient’s needs. ✓ Ensure all information such as tests and procedure authorizations are provided to specialists as needed. ✓ Follow up with your patients after referral to specialists to confirm care is coordinated. ✓ Ensure patients are contacted, understand the test results, and follow up is completed.
<p>“Why does anything to do with my health take so much time?”</p> <p>“I wish the health care process was easier.”</p>	<p>Getting Care Quickly</p>	<ul style="list-style-type: none"> ✓ Reserve space for walk-in, same-day appointments for patients who need to be seen immediately ✓ Break up wait times by moving patients from the waiting room into an exam room for vitals. ✓ Seek to simplify plan requirements, processes, and/or procedures. Examples include: Provide care promptly. Offer quick access to effective treatments. Minimize patient costs for care. ✓ Have a staff member check in periodically with patients if they are waiting for an extended period – patients will not feel forgotten and are informed of any delays

<p>“Why can’t I seem to get my prior authorization processed quickly?”</p> <p>“How do I know who to call after hours or on the weekends if I need care?”</p> <p>“I wonder if the office staff is up-to-date on benefits so I don’t get bills that I should not have received?”</p>	<p>Rating of Health Care Quality</p> <p>Care Coordination</p>	<ul style="list-style-type: none"> ✓ Assist with pre-certifications and prior authorizations. ✓ Employ patient navigators to conduct follow up phone calls and coordinate care after the visit. ✓ Conduct post-visit surveys to assess patient satisfaction with their care. ✓ Advise patients on what your extended hours are and how to access care when you are closed. ✓ Work with your health plan care management team, or members who need help with care navigation, to coordinate care for members with chronic conditions. ✓ Educate your clinic on updated plan benefits to avoid surprise health care bills for your patients.
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