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2013 NIATx Summit & SAAS National Conference
San Diego, July 16, 2013

How to improve patient-centered care using perception of care surveys

Susan Brandau, NYS OASAS Director,
Recovery Bureau

Robert J Gallati, Former Director,
Epidemiology & Practice Improvement

Courtney Lerman, Quality Assurance Manager,
Hope House, Inc., Albany NY

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Presentation Outline


- Development and Content of the Perception of Care (PoC) Survey System
- Demo: Using the PoC Survey System
- Demo: Interpreting Survey Results
- Provider Experience: Implementation Processes and Using Results
- Next Steps

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**2006 Institute of Medicine
Recommendations**

1. Patient-Centered Care
2. Infrastructure for EBPs and QI
3. Coordinate Care (SU, MH, Health)
4. Health Information Infrastructure
5. Workforce Capacity for QI
6. Market Incentives Leverage Change
7. Close Knowledge Gaps

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IOM Recommendations

- Patient-Centered Care
 - *Involve patients and their families in the design, administration, and delivery of treatment and recovery services*
- Infrastructure for EBPs and QI
 - *Measure the processes and outcomes of care to continuously improve the quality*

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Conducting Perception of Care Surveys is responsive to:

- ✓ IOM Recommendations
- ✓ Accreditation Requirements
- ✓ State Regulations
- ✓ Health Care Reform
- ✓ National Outcome Measures (NOMs)

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Fall 2008 Provider Survey

- 87% use *provider-specific* survey
- 29% conduct survey only *annually*
- When is Survey Administered?
 - 72% periodic *cross-section*
 - 32% based on *discharge*
 - 11% based on *admission*
- 98% use a *paper* form



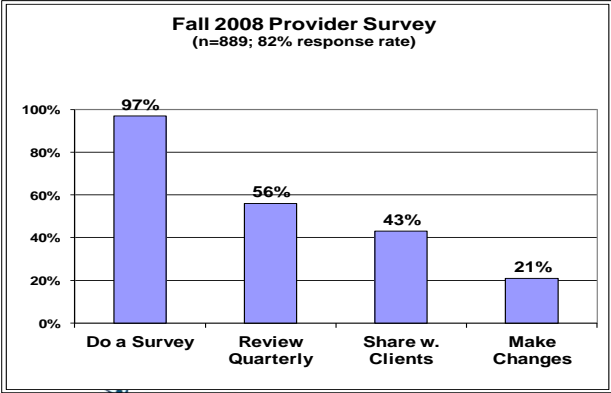
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Fall 2008 Provider Survey (n=889; 82% response rate)



Action	Percentage
Do a Survey	97%
Review Quarterly	56%
Share w. Clients	43%
Make Changes	21%

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Fall 2008 Provider Survey *Recommendations from Respondents*

- Standardize Survey Form
- Benchmarks for Interpretation
- Training and TA on using surveys for Quality Improvement

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Limitations of Many Client Satisfaction Surveys

- Lack of Standardized Questions and Performance Dimensions
- Result in High Levels of Satisfaction – No Room for Improvement
- Lack of Psychometric Testing – Reliability and Validity

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SAMHSA-sponsored Modular Survey

- Forum on Performance Measures for Behavioral Health and Related Services
- Different Populations: Mental Health, Substance Abuse, Adults, Adolescents
- Different items for different populations, but common core items– thus “modular”

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SAMHSA-sponsored Modular Survey

- Content based on
 - MHSIP Consumer Survey
 - ECHO Outcome Survey
 - Youth Services Survey (YSS/YSSF)
- Select the best questionnaire items using Item Response Theory (IRT)

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Adaptation of the SAMHSA-sponsored Modular Survey

- Provider Advisory Panel
 - Change leaders, Early Adopters
- Two Pilots (6 months apart)
 - 30 programs, 1500 client responses
 - Refine content
 - Model reports & guidelines
- Engage IT department
- Executive approval

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Content of Perception of Care Survey

5 Domains : Rating Scales

- Access and Quality (7 items)
- Perceived Outcome (6 items)
- Social Connectedness (7 items)
- Readiness for Change (2 items)
- Program Recommendation (2 items)



Open-ended Items (write-ins)

- What is the program doing right?
- What can be done to improve the program?
- Is there anything else you would like to share?

Rating Scale

Disagree	Somewhat Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

“Not Applicable” or “Don’t Know” is not an option. However, if an item is left blank, it is coded as “No Response.”

A: Access and Quality

- When I needed services right away, I was able to **see someone as soon as I wanted.**
- This program helped me develop a **plan for** when I feel **stressed, anxious or unsafe.**
- The people I went to for services **spent enough time with me.**
- I helped to develop **my service/treatment goals.**
- The people I went to for services were **sensitive to my cultural background** (race, religion, language, sexual orientation).
- I was given **information about different services** that were available to me.
- I was given enough **information to** effectively **handle my problems.**



B: Perceived Outcome

As a result of the services (treatment), I have received...


- I am **less bothered** by my symptoms.
- I am better **able to cope** when things go wrong.
- I am better **able to accomplish the things** I want to do.
- I am **not likely to use** alcohol and/or other drugs.
- I am doing **better at work/school.** (If this does not apply to you, please leave it blank.)
- I get along with **my teachers/boss.** (If this does not apply to you, please leave it blank.)




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C: Social Connectedness



14. There is **someone who cares** about whether I am doing better.
15. I have **someone who will help** when I have a problem.
16. I have people in my life who are a **positive influence**.
17. The people I care about are **supportive of my recovery**.
18. **People count on me** to help them when they have a problem.
19. I have **friends** who are **clean and sober**.
20. I have **someone who will listen** to me when I need to talk.



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D: Readiness for Change

21. Using alcohol and/or drugs **is a problem** for me.
22. I **need to work on my problems** with alcohol and/or drugs.

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E: Program Recommendation (Satisfaction)

23. I **would return** to this program if I need help in the future.
24. I would **recommend** this program to a friend or family member.

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Using the Perception of Care Survey System

<https://www.oasas.ny.gov/poc>

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Roles in the Survey System

- ❖ Provider Administrator
- ❖ Program Administrator
- ❖ Program Staff

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Provider Administrator Role

- Responsible for one or more program(s).
- Control access to the system by assigning roles for other staff members
- Set data collection targets for each program
- All the functions of the Program Administrator Role.

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Program Administrator Role

- Monitor Program Staff system use
- Generate reports for program.
- All the functions of the Program Staff Role.

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Program Staff Role

- Obtain copies of survey form
- Enter survey data
- Monitor data collection



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Live Demonstration

- Using the PoC Survey System
- Interpreting Survey Results

<https://www.oasas.ny.gov/poc>



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Perception of Care

Survey Forms | User Guide

Unauthorized use of this site is prohibited and may subject you to civil and criminal prosecution. Use of, or access to, the Site shall constitute acceptance of, and agreement to be bound by, the terms referenced below. If you do not wish to be bound by these terms, do not access the Site.

User Agreement:

- I agree to access and use this site solely in accordance with my normal course of business and in connection with the purpose for which my access has been approved.
- I agree to employ reasonable security practices (e.g., periodic changing protected passwords, log off when not in use, not sharing my access password, etc.), as needed.
- I agree to abide by all federal and state laws and regulations in the use of this site, including as applicable, Title 42 of the Code of Federal Regulations, 42 CFR Part 2, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 CFR Pts. 160 and 164; the Federal Driver's Privacy Protection Act (DPPA), 18 USC § 2721; and the NY's Information Security, Breach and Notification Act, Chapter 442 and 491 of the Laws of 2005, codified in § 208 of the State Technology Law (STL) and § 899-aa of the General Business Law (GEL).
- I acknowledge that some of the information which may come into my possession or knowledge in connection with my use may be confidential or proprietary information.
 - I agree to comply with all requirements set forth within the aforementioned sections of law governing the use and redisclosure of information obtained through my access to OASAS systems.
 - I also agree that I will not share with any unauthorized person information obtained from these systems.
- I recognize that noncompliance with this user agreement will result in a termination of access and may subject me to civil and/or criminal penalties.

Enter your user name and password to login

User Name:

Password:

Forgot your User Name?

Perception of Care

Survey Forms | User Guide

Switch Roles
Select Your Organization and Role

Organization Name	ID	Organization Type	Role
<input checked="" type="radio"/> Better Health, Inc.	99998	Provider	Administrator
<input type="radio"/> BH ARC Community Residence	60404	Program	Administrator
<input type="radio"/> BH ARC Outpatient	60403	Program	Staff
<input type="radio"/> BH ARC Outpatient	60403	Program	Administrator

[TOP](#)

Comments or Questions? Send us an email: Poc@oasas.ny.gov

OASAS Home

Survey Forms

Main Menu

Select Role

Set Survey Targets

User Guide

Logout

Perception of Care

Welcome to the Perception of Care Survey

You are currently logged in as:
Usertwo Testtwo Userstwo Testtwo
Provider Administrator
Better Health, Inc. (99998)

Main Menu

Survey Management

[Manage Users](#)

[Set Survey Targets](#)

[Staff Enrolled in System](#)
Who is enrolled in Perception of Care?
(Refreshed daily)

[Enter Survey Responses](#)

[Data Collection Monitoring](#)
How many surveys have been submitted?

Reports and Data Analysis

[Report for Survey Quarter](#)
A review of data by percentages.

[Filtered Report for Survey Quarter](#)
Filters producing standard reports of subpopulations

[Quarter Comparison Report](#)
Comparing program performance over time

[Export Data to Spreadsheet](#)
Export data, including responses to open ended questions, for further analysis.

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Manage Users

- If a staff member is already enrolled in the [NYS OASAS Applications system](#) but not in the PoC Survey System you can add them choosing "Add New User".
 (You will need to know his or her user name)
- All provider staff enrolled in OASAS Applications system will initially be assigned the Provider Administrator role.
- If a staff member is not currently enrolled in OASAS Applications they must first complete an [IRM-15 application](#). (System to be accessed Other (specify) Perception of Care.)
- You can also edit or delete a specific role, for a specific program and staff member.

[+ Add New User](#)

User Name	Name	Email	Organization Type	Role	Org ID
burkej	Joe Burke	Joe.Burke@oasas.ny.gov	Provider	Administrator	99998 Edit Roles Delete
miller18	Bernie Miller	Bernie.Miller@its.ny.gov	Provider	Administrator	99998 Edit Roles Delete
ctuser01	Userone Testone	Userone.Testone@oasas.ny.gov	Provider	Administrator	99998 Edit Roles Delete
willia06	Henri Williams	Henri.Williams@oasas.ny.gov	Provider	Administrator	99998 Edit Roles Delete
brandas	Susan Brandau	Susan.Brandau@oasas.ny.gov	Program	Administrator	60408 Edit Roles Delete
lamberd	Dawn Lambert-Wacey	Dawn.Lambert-Wacey@oasas.ny.gov	Program	Administrator	60405 Edit Roles Delete
ctuser03	Userthree Testthree	Userthree.Testthree@oasas.ny.gov	Program	Staff	60404 Edit Roles Delete

Perception of Care

Expected Client Enrollment & Target Sample Size

[+ Add New Row](#)

Program	Program Name	Year	Quarter	Expected	Target	
				Clients Enrolled	Sample Size	
60403	BH ARC Outpatient(60403)	1999	1	120	105	Edit Delete
60403	BH ARC Outpatient(60403)	1999	2	100	95	Edit Delete
60403	BH ARC Outpatient(60403)	2012	3	100	90	Edit Delete
60403	BH ARC Outpatient(60403)	2013	4	100	90	Edit Delete
60403	BH ARC Outpatient(60403)	2014	3	100	90	Edit Delete
60404	BH ARC Community Residence(60404)	1999	2	100	90	Edit Delete
60404	BH ARC Community Residence(60404)	2012	1	20	18	Edit Delete
60404	BH ARC Community Residence(60404)	2012	2	20	18	Edit Delete
60405	BH ARC Intensive Residential(60405)	2012	1	20	18	Edit Delete
60405	BH ARC Intensive Residential(60405)	2012	2	20	18	Edit Delete
60406	BH ARC Inpatient Rehab(60406)	2012	1	20	18	Edit Delete
60406	BH ARC Inpatient Rehab(60406)	2012	2	20	18	Edit Delete
60408	BH ARC Crisis Residential(60408)	1999	1	20	19	Edit Delete
60408	BH ARC Crisis Residential(60408)	1999	2	100	90	Edit Delete

Perception of Care

Data Collection Monitoring

Filter by Program Filter by Year-Quarter

Filter by County Filter by Region

There are 97 submissions in Better Health, Inc..

Survey Data Collection Status Report

PRU	Program Name	Time Frame		Expected Clients Enrolled	Target Sample Size	Surveys Entered	% of Target
		Quarter	Year				
60403	BH ARC Outpatient	3	2014	100	90	0	0%
60403	BH ARC Outpatient	4	2013	100	90	0	0%
60403	BH ARC Outpatient	3	2012	100	90	0	0%
60403	BH ARC Outpatient	1	1999	120	105	2	1%
60403	BH ARC Outpatient	2	1999	100	95	0	0%
60404	BH ARC Community Residence	1	2012	20	18	27	150%
60404	BH ARC Community Residence	2	2012	20	18	28	155%
60404	BH ARC Community Residence	2	1999	100	90	0	0%
60405	BH ARC Intensive Residential	1	2012	20	18	9	50%
60405	BH ARC Intensive Residential	2	2012	20	18	11	61%
60406	BH ARC Inpatient Rehab	1	2012	20	18	10	55%
60406	BH ARC Inpatient Rehab	2	2012	20	18	10	55%
60408	BH ARC Crisis Residential	1	1999	20	19	0	0%
60408	BH ARC Crisis Residential	2	1999	100	90	0	0%

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Perception of Care Reports

Program Level Performance

Better Health, Inc. (99998)

Participant Type

Treatment Recovery Access To Recovery/SOARS Mental Health Other

Program:

Quarter:

Year:

Perception of Care

Include Non-Responses No Yes

Org Name: BH ARC Community Residence
Programs: 60404

Participant Type: Treatment
Time Frame: Quarter: 1 Year: 2012

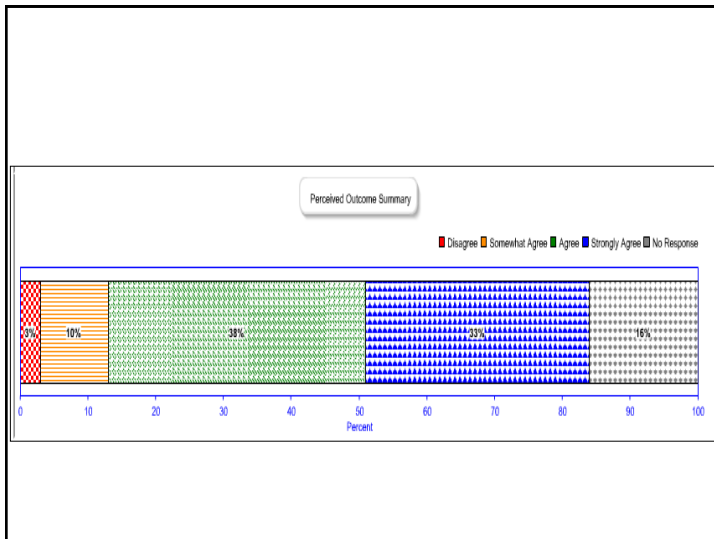
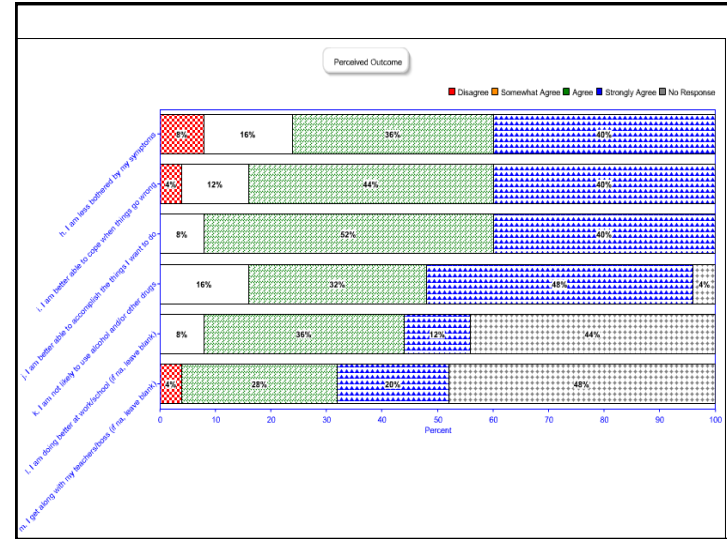
This report generated on: Jul 16, 2013

1. About how long have you been in this program?

Count	Percentage
less than 1 month	5 19%
1 month (4-7 weeks)	8 30%
2-3 months	9 33%
4-5 months	3 11%
6-8 months	1 4%
9-11 months	0 0%
1 year	0 0%
1 1/2 years	0 0%
2 or more years	1 4%
No Response	0 0%
Total	27 100%

Perceived Outcome												
	Disagree		Somewhat Agree		Agree		Strongly Agree		No Response		Total	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent		
h. I am less bothered by my symptoms	2	8%	4	16%	9	36%	10	40%	0	0%	25	100%
i. I am better able to cope when things go wrong	1	4%	3	12%	11	44%	10	40%	0	0%	25	100%
j. I am better able to accomplish the things I want to do	0	0%	2	8%	13	52%	10	40%	0	0%	25	100%
k. I am not likely to use alcohol and/or other drugs	0	0%	4	16%	8	32%	12	48%	1	4%	25	100%
l. I am doing better at work/school (if na, leave blank)	0	0%	2	8%	9	36%	3	12%	11	44%	25	100%
m. I get along with my teachers/boss (if na, leave blank)	1	4%	0	0%	7	28%	5	20%	12	48%	25	100%
Sum of Responses	4	3%	15	10%	57	38%	50	33%	24	16%	150	100%

Footnote: in order for a client to be included in this table these table(s) he or she must have responded to at least one of the scale items.



Filtered Report for Survey Quarter

Perception of Care Reports

Performance Factors
Filter Graphical Reports by Subpopulation.
Better Health, Inc. (60403)

Program: Quarter: Year:

About how long have you been in this program?

- less than 1 month
- 1 month (4-7 weeks)
- 2-3 months
- 4-5 months
- 6-8 months

add >> << remove

How old are you?

- 17 or younger
- 18-20
- 21-24
- 25-34
- 35-44

add >> << remove

Gender:

- Male
- Female

add >> << remove

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Quarter Comparison Report

Perception of Care Reports

Quarter Comparison Report Form
 Better Health, Inc. (60403)
 Program: Period 1: Period 2:

e) The people I went to for services were sensitive to my cultural background (race, religion, language, sexual orientation, etc.).

2	Disagree	1	Disagree
4	Somewhat Agree	1	Somewhat Agree
7	Agree	12	Agree
6	Strongly Agree	8	Strongly Agree
3	No Response	0	No Response
22	Total	22	Total

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Provider Experience: Implementation Processes and Using Results

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Experience as Early Adopters: Added Value of POC

- Annual surveys are a requirement for QI.
- Survey tool is already created.
- One tool used across different programs. makes the process simple and convenient – different tools duplicate workloads.
- POC is part of a continuum for the QI process.
- Can compare results across time.

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Step By Step Implementation

1. Announce to Program Managers prior to surveying that QI would come in and survey the program.
2. Programs are asked for a convenient time when all clients are present and have adequate time to complete survey (ensure that clients are not rushed through the process).
3. Explain the survey process to the Managers.

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The Survey Process

Survey Administration

- QA Manager is alone in the room with the clients to present the survey tool.
- QA Manager explains:
 - What the POC survey is and that the
 - Answers are input into a database
 - Reports are reviewed by QI committees, management, staff and **clients**.
 - Survey is voluntary and anonymous.

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The Survey Process

- The QA Manager stays in the room
 - in case there are any questions or someone needs explanation of a question.
 - until all surveys are completed and turned in.
- All clients are thanked for taking the time to complete the survey.

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POC Results

Immediate Review

Prior to data entry, completed surveys (esp. write in questions) are reviewed by

- Executive Director,
- Director of Program Support Services
- Quality Assurance Manager

Identify anything needing immediate response.

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POC Results

Data Entry

- The Quality Assurance Manager or assigned staff entered all surveys into the database.
- Use trusted staff
 - sensitive information
 - possibility of changing data.
- On average, 1 survey takes a few minutes to enter.

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POC Results

Program-level QI Committee

- Discuss results with each Program's QI Committee.
- Brainstorm possible changes to the program in response to feedback from the residents.
- Set date to present the results to staff.
- Set date to present the results to residents

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POC Results

Board of Directors

- Present results to the Board of Directors' QI Committee including discussion, feedback and suggestions.
- Add recommendation for program changes to QI committee agenda.
- Reviewed at least quarterly to ensure program changes are occurring. Monitor and assess changes.

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Impact on QI

- The survey was well received by both staff and clients.
- The survey tool was very informative and helpful.
- The open ended questions provided the most descriptive and revealing information.

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Impact on QI

- Clients were very forthcoming with honest feedback both positive and negative; more so than anticipated.
- The length of stay question was informative in understanding the client's perspective.
- Surveys inform staff and management on how the program is really functioning.

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Impact on QI

For one program,

- The survey prompted an open forum meeting for residents to voice concerns with senior management in a safe environment.
- After program changes were made, subsequent meetings were held.
- Survey was implemented again, with more favorable results.

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Impact on QI

The PoC survey results prompted management to

- survey staff to assess their level of
 - knowledge of the program goals and
 - satisfaction working in the program.
- This has become an annual QI tool to assess staff's level of satisfaction and to identify if there are staffing issues.

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Impact on QI

- Survey results helped identify training opportunities and topics for biweekly staff training.
- Programs have appreciated hearing client feedback which results in appointing a client representative to sit on the QI committee.

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NEXT STEPS

- CSAT Technical Assistance
 - Nathan Klein Institute
 - Assess Psychometric properties of PoC survey
 - Develop a validation study design
- Expand use
 - Opiate maintenance programs
 - Recovery services
 - Mental health

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NEXT STEPS

- Develop ongoing training and TA program
 - Learning collaborative/ community of practice
 - Review and expand Guidelines based on experience
- Annual cycle of review and enhancement
 - Advisory group (providers, clients)
 - Provider feedback (e.g., survey)
 - Enhance survey content & system features
 - Explore development of “Kiosk” mode

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