

WHAT'S UP?

FMC PHYSICIAN NEWSLETTER
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Flagstaff
Medical Center

Northern Arizona Healthcare

Top 3 Arizona hospital by 2012: What does it really mean?

FMC has established the goal of being a “Top 3 Arizona hospital by 2012.” This goal is appearing in literature for employees, and we produced a 12-minute video about it which can be viewed on the Employee Portal under the Patient Satisfaction section. At face value, it’s the notion that by the year 2012, FMC will be one of the top three hospitals in Arizona. But what does that goal really mean?

Comparative data measures

“Top 3 by 2012” status will be based on a comparison to other Arizona hospitals in three general categories: **quality of care, patient satisfaction, and financial performance.**

To compare **quality of care** we will need metrics that are measured in all Arizona hospitals. We will examine HQA measures, and perhaps other indicators where there is comparative Arizona data. The HQA (Hospital Quality Alliance) is a public-private collaboration that represents diverse stakeholders including hospitals, health professionals, government

agencies including CMS, quality experts, purchasers, and consumer groups. The HQA makes hospital performance data accessible to the public to encourage efforts to improve quality. Their web site, www.hospitalcompare.hhs.gov, publicly reports hospital performance.

Patient satisfaction data is captured by CMS and presented publicly by HCAHPS. The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey is the first national, standardized, publicly reported survey of patients’ perspectives of physician and hospital care. It is a standardized survey instrument and data collection methodology for measuring patients’ perceptions of their inpatient experience. While many hospitals have collected information on patient satisfaction for their own internal use, until HCAHPS there was no national standard for collecting and publicly reporting information about patient experience of care that allowed valid comparisons of hospitals locally, regionally and nationally.

As you know, FMC does collect its own data via Professional Research Consultants (PRC). Where there is comparative state data, we can use PRC survey responses as well to measure where we rank among state hospitals.

We plan to look at the metrics above using current data, not data from trendy sources like Healthgrades, for example. Those services will rank hospitals but then charge an exorbitant amount to “use” the ranking and are really not legitimate for our purposes.

Financial performance is a look at FMC’s cost position in the market, as well as our financial ability to fund future needs. So not only do we look at our ability to continue to provide new technology and services to meet the healthcare needs of the community, we look at what it costs FMC to provide that care relative to what it costs other hospitals. This would be weighted based on other market conditions, such as cost of living, etc. Information is available; however, this measure will be the most difficult to compare.

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PECOS enrollment deadline moved up to July

Physicians who have not opted out of Medicare need to enroll in PECOS (Provider, Enrollment, Chain and Ownership System) by July 1, 2010 if they want to continue seeing or referring Medicare patients for most items and services.

This is a recent change, as the latest deadline was January 2011.

Providers can sign up online.

Applicants must:

- Have or obtain a National Plan and Provider Enumeration System user ID and password. This is the same system used to sign up for an NPI.
- Complete, review and submit an electronic enrollment

application on the PECOS web site at <https://pecos.cms.hhs.gov/>.

- Print, sign and date the two-page certification statement; mail it and all supporting paper documentation to a Medicare contractor within seven days.

Presenting CMEs at FMC

The FMC CME Committee would like to remind you the criteria for determining what physician education qualifies for CME credit is now much more stringent. Arizona's CME accreditation body has tightened the requirements.

CME topics must be justified based on data or assessment

showing need for a particular topic. Additionally, measurable outcomes must be shown following a CME.

The CME Committee at FMC provides oversight for educational programming for physicians here. Applications for CME activities must be completed and returned to the committee prior to its monthly meeting the third Wednesday of each month. Presenters may be asked for additional information to justify a topic or to present the topic to the CME committee, so the group recommends submitting applications a couple months in advance.

For more information, contact FMC Librarian and CME Coordinator Suzanne Tackitt at ext. 13579 (214-3579 from outside).

Understanding patient satisfaction

The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care. CMS publishes these results quarterly on the Hospital Compare web site (www.hospitalcompare.hhs.gov).

There are five physician-specific questions on the survey. **One focuses on time physicians spend with their patients.** This question is a subjective measure of the patient's perception of the time the physician spent with them, not an objective "by the clock" measure of actual time spent.

To improve this patient satisfaction metric, physicians can sit down during the conversation portion of the visit. This simple act conveys that the physician is not in a hurry – even if he or she is.

Also, as we were all taught in medical school, ask open-ended questions and listen with empathy. Patients perceive that physicians are rushing them and don't care what they have to say when they ask closed-ended, rapid-fire questions.

Depending on the clinical situation, patients perceive that a physician cares about them as people, rather than diseases, when the physician offers a physical gesture, such as a handshake, a touch on the shoulder, or a pat on the knee. Physicians should be cautious about

some physical gestures, such as hugging, as this can be perceived as violating the patient's personal space. Patients should be asked what they are comfortable with.

Top 3, cont'd.

Primary areas of focus for NAH

As we measure these areas, "Top 3 by 2012" takes on a meaning that involves far more than just percentages and ranking: We use those metrics to shape our goals and our philosophy.

The main tool to get us to Top 3 by 2012 is continuous process improvement. We must focus on outcomes of clinical processes and caregiving. We can use tools such as Crimson, which will be introduced to FMC soon, and PRC data to help us better understand where we are by looking at comparisons and highlighting opportunities and achievements. By working to improve our outcomes and cost structure, we benefit the community by offering higher value clinical services – "value" meaning how good a product we provide for the money patients pay.

If we adopt an attitude of "never good enough" as our mantra, our focus will be that we are always willing to improve. And that is a hallmark of those who strive to be the best.