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The delivery of healthcare services, known in old school parlance as the "practice of medicine," has entered into a new era -- the age of "quality metrics" driving reimbursement. Value-based CMS incentives based on "quality metrics" (70% clinical processes and 30% patient satisfaction scores) are incrementally increasing for those institutions and Providers that can make the top 50% performance grade. Where will this money come from? For those in the bottom 50%, they will see a corresponding reduction in their Medicare annual reimbursements. For the CMS budget, driving performance through metric-based incentives is designed to be a zero sum game.

These incentive amounts now are substantial enough to flip organizations financially from the black to the red. It is no surprise then that our job and contract security hang in the balance based on these "quality metric" scores.

Despite much legitimate debate and concern over the relevance and reliability of these metrics to measure outcomes versus technical quality, they are here to stay. Pragmatic Providers who value clinical excellence and job security must focus on improving performance and making the measurement process itself better.

Much of the push back we see from Providers is based on legitimate concerns over flawed methodology used by the big vendors such as Press Ganey, Healthstream etc. Their expensive 20th century survey methods (delayed phone call backs, mailers etc.) produce the wild saw tooth swings in performance characteristic of small sample size - low 'N' numbers. Data are often reported quarterly causing a long lag time in which to assess effectiveness of any intervention. Many survey companies are unable to drill down to specific Provider performance making meaningful individual feedback impossible. CMS has for now locked these big vendors that use "old school methodology" into an exclusive position through regulations which prevent tech savvy start up vendors with more advanced web-based methodologies from being certified for use in CAHPS reporting.

As skepticism of outdated methodology continues to grow, it will increase demand for more reliable survey methods. I hope these regulatory barriers will be torn down so we can move into using 21st century technology. In the meantime, a large and growing body of literature supports the importance of effective communication skills in improving adherence to treatment plans, reducing complaints and law suits, improving patient loyalty thus improving our practice bottom line numbers and most importantly patient outcomes.(1)

The "Holy Grail" which we all search for is how to objectively and quickly improve our communication skills. The traditional methods of complaint-based investigation/feedback and quarterly reporting of group satisfaction reports, with admonition to "do better, be nicer," seem to have very limited ability to provide the frequent specific feedback needed to effect real advancement.

Imagine if a professional athlete only received feedback on his individual performance every 10th game in the form of team statistics. Imagine if you knew the information from a defective heart rate/BP monitor was erroneous. Would you use it to make treatment decisions? Such ineffective feedback systems would have huge gaps of missed improvement opportunity not to mention it would be incredibly unsafe.

Our goal as Professionals should always be to strive for the highest level of satisfaction and consistency. It is obvious that in order to really advance, we need to have better more reliable feedback/coaching

systems. We need a system that functions like a high level, real-time, personal coach who reviews our "game film" – patient perception. We need a system that can give us reliable real-time information based on a statistically high volume of our patients. We need a system that can tell us specifically what we are doing well as well as what areas where we need tactical improvement. Such a system exists– Qualitick360!

I speak from personal experience as a clinician and as a site medical director for a number of EDs where we have used the system for the past 5 years. We have eliminated the low 'N' number issue by routinely capturing 20-30% of our patient surveys, in real-time. This is accomplished by using wireless tablets given to our patients to complete their surveys while waiting for their discharge paper work. The surveys are immediately transmitted, securely, via the web and into our reporting dashboards. At the same time we also receive the surveys via email and/or SMS text message.

Real-time analytics and feedback gives us an opportunity to do timely service recovery, share successes with staff and let our Providers know they are hitting their goals for effective communication in the critical areas of listening, explanation, pain management, level of care and ED recommendation. We can also add custom questions to the survey too. Sophisticated analytics allow us to spot trends which are especially useful in improving overall communication as well as with difficult patients (i.e. chronic pain, mental health, frequent fliers etc.). We have found that the vast majority of patients are either "satisfied or very satisfied". **Our goal is to achieve a top quartile score in our "top box" ("very satisfied") performance.** To achieve this we must know precisely where our strengths and weaknesses lie. Where we are weak Qualitick allows us to see quickly how integrating new tactics impact our scores. Real-time feedback is a powerful tool for improvement -- something no traditional 20th century system can currently do.

For me Qualitick is a crucial leadership tool. It provides me confidence when I'm making strategic and tactical decisions, communicating performance with my teams, and also allocating resources.

Qualitick has truly changed the way I view my communication skills and those of my colleagues. It has restored the belief that we can reliably measure patient satisfaction. We have seen dramatic improvement in scores and most of all in what truly counts to our patient – the satisfaction that comes from knowing we care enough to know how they feel about their experience.

I am excited about the future of Qualitick at my sites. Their vision is to make the system even more useful to me as an ED Director through developing a comprehensive reporting suite--Qualitick360. The plan is to include within the Provider and admin portals other survey functions like patient rounding, feed operational metrics into our dashboards and more. These improvements will make my job easier. As a clinician and a Director, I know we need all the help we can get. If medicine teaches us anything, it teaches us humility. We know that lifelong learning is a must. What we all desire are reliable tools that truly help us on that journey. I congratulate the Qualitick team for their passion and commitment to transforming how we work by creating real-time, reliable, and useful solutions for the new era--the age of "quality metrics".

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