



# edge

Volume 9 Number 1 Winter 2008

## 2007 Reflections

### A Letter from Our President



Joe M. Inguanzo, Ph.D.,  
President and CEO

As the years go by, I find that I become much more passionate about the things that truly matter to me – my family, my friends and my business. I'm not exaggerating

when I say I've made it my life's work to help hospitals succeed in becoming better places to provide and receive excellent care.

Now that healthcare has again become a national hot-button issue, it's crucial to determine what works and what doesn't. When you're in the spotlight, you need to be properly informed.

Over the last 28 years, I've learned that loyalty is the true key to success in healthcare. Your loyal customers

will always return to you and will recommend you to friends and family. They provide some of your very best marketing. A loyal staff is proud to serve your facility and its patients, they're the ones who will stick by you no matter what, and they'll even help recruit new employees. Loyal physicians recommend your facility, help enhance your services and help recruit new physicians.

In fact, we consider loyalty to be so important that we've renamed our surveys to reflect it. PRC now offers the *PRC Patient Loyalty Study*, the *PRC Medical Staff Loyalty Study* and the *PRC Employee Loyalty Study*. We're also adding a question to all of our surveys that specifically addresses loyalty.

If you've worked with us at all, you've probably heard me speak about ways to identify loyalty in your organization. By now, you most likely know my answer: Excellence.

Research shows that most customers are satisfied with and even "like" their hospitals. Most even rate their hospital experience as a positive one. While that's great, it's not enough to generate loyalty.

How do you distinguish between those who are merely satisfied and those who are loyal? By using a scale that distinguishes between patients who feel the care they received was "excellent," which truly is head and shoulders above "very good." What that top box says is extremely important.

Throughout this newsletter we have included bits and pieces of our research which show that the labels given to response scales' top box really matters,

that overall quality of care has a significant impact on loyalty, and that "Excellent" trumps "Always." Throughout the year we'll delve even deeper into this research and share it with you through our newsletters and my quarterly CyberLectures.

I feel strongly that PRC needs to keep improving and evolving to keep up with your changing needs. In 2007, we added new features to PRCEasyView.com, including Excellinks, Exporting options, and the PRC Scorecard. In addition, we worked behind-the-scenes on the hardware side of the EasyView tool, which improved the speed and access for our client users.

In late 2007, we began offering the CG-CAHPS Survey (Clinician & Group Consumer Assessment of Healthcare Providers Survey) and PRC CG-CAHPS Loyalty + Survey to outpatient clinics.

Future developments include a PRCEasyView.com subscription service, which should be rolled out in late 2008. This service will allow each user to customize his or her reports and have them delivered automatically at prescribed intervals.

By the time you read this, hospitals will have just started to preview their HCAHPS data prior to March's public reporting. We spent much time and effort in 2007 researching HCAHPS and will be using that research and experience in 2008 to help our clients maximize their scores.

In the end, I believe it all comes down to this: if we're passionate about our work, about making our service the best it can possibly be, if we're held accountable for our actions and we're always striving to do better, we will achieve excellence. And with that excellence comes the kind of loyalty we can build on. So be passionate. Succeed!

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# EXCELLENT IS A HIGHER STANDARD THAN ALWAYS

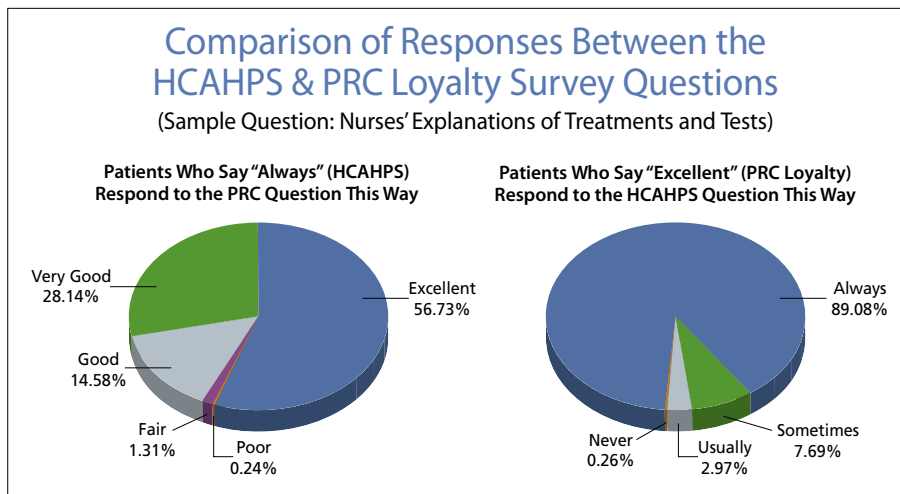
In late 2007, PRC examined the responses of approximately 7,000 patients who completed the PRC HCAHPS Loyalty + Survey in an effort to determine if "Always" and "Excellent" have the same meaning to patients. Our conclusion? Patients do not perceive the two response categories synonymously.

PRC examined two survey questions that pertained to nurses' explanations, one HCAHPS question and one PRC Loyalty question. Only about half (57%) of the patients who said nurses "always" explained things in a way they could understand also felt that their nurses' explanations of treatments or tests were "excellent."

When we reversed the analysis, however, we found that 89% of the patients who rated their nurses' explanations of treatments or tests as "excellent" also reported that their nurses "always" explained things in a way they could understand.

An analysis of other question pairs in the PRC HCAHPS Loyalty + Survey showed similar relationship patterns.

A focus on the HCAHPS measures by doing things "always" is not going to earn as much patient loyalty as could be attained by focusing on providing "excellent" patient care.



## NEW & IMPROVED PRCEasyView®.com

PRCEasyView®.com underwent many upgrades and changes in 2007. We are extremely proud of our own, internally-designed online database management system and continue to make upgrades and enhancements to increase responsiveness and functionality for you.

2007 upgrades and enhancements to PRCEasyView®.com include:

- **Visual Enhancements** – Through many visual enhancements, the website and its tools are now easier to navigate.
- **Speed** – The tool is now faster, and in some areas, as much as 50 times faster than the previous version.
- **Exporting** – This was simplified with fewer clicks needed to export the data into Excel, PowerPoint or Adobe PDF.
- **Bookmarks** – Users now have the ability to save a link to their data in their browser bookmarks. Now a simple click on a previously-stored bookmark will direct you instantly to user-defined results.
- **Excellinks** – For those who use EasyView from multiple computers but want one-click access, this secure feature can be used to automatically access specific data in the way that is most useful for them.
- **Scorecard** – With this tool users can view scores and rankings of all providers, units or hospitals across an organization, clearly identifying top performers as well as those who need extra help.



# PRC RADIO NETWORK IS ON THE AIR



One thing we've learned in working with hospitals across the nation is that healthcare involves more than just brick and mortar hospitals and the professionals who work in them. Many times the untold stories are what make this industry, and the people who choose to serve it, unique.

PRC, along with XM Satellite Radio's Christopher Springmann, is highlighting some of these stories using a new forum, the PRC Radio Network. Springmann, a professional broadcaster and radio personality, is host of *Life Love & Health*, a health entertainment media program launched in 2003. The program currently reaches over 6.1 million listeners (see [www.lifeloveandhealth.com](http://www.lifeloveandhealth.com)).

The first PRC Radio Network broadcast featured Dr. Bill VanNess, II, President and CEO of Community Hospital Anderson. Dr. VanNess spoke about his role as a small community physician, the influence of his father in deciding to become a doctor, and how "wow" experiences help shape patient perceptions.

Dr. VanNess says it comes down to how patients are "cared for, and cared about." Through partnership with PRC, Community Hospital Anderson helps bridge the connection between the level of care expected by patients and the overall business strategy of the organization. To listen to Dr. VanNess' interview, visit our website at [www.PRCOnline.com](http://www.PRCOnline.com). You'll find a direct link in our "Current News and Events" section on the home page.



## PRC's Patient, Medical Staff and Employee Studies Receive New Names

"PRC'S FOCUS ON LOYALTY ISN'T NEW; THE STUDIES' NAMES WERE CHANGED TO BETTER EMPHASIZE THE WORK PRC HAS DONE TO ASSIST ORGANIZATIONS IN ACHIEVING EXCELLENCE."

—Joe M. Inguanzo, Ph.D.,  
President and CEO

January 1, 2008—Professional Research Consultants announced the renaming of three of its major survey products. Specifically, PRC's Patient Perception Study will now be called the **PRC Patient Loyalty Study**, the PRC Medical Staff Perception Study will be updated to the **PRC Medical Staff Loyalty Study** and, the PRC Employee Perception Study will now be known as the **PRC Employee Loyalty Study**.

While patient, employee and medical staff perceptions are key to understanding the needs of these key stakeholder groups, PRC has found that maximum benefit is achieved when moving beyond mere satisfaction and placing focus on building life-long relationships based on loyalty and trust. PRC contends the only way to achieve these coveted relationships with patients, employees and physicians is to focus on the highest standard of care—excellence.

Those wishing to learn more about Professional Research Consultants, its research philosophies or services are encouraged to contact us at [info@PRCOnline.com](mailto:info@PRCOnline.com).

# LOOK DEEP INSIDE YOUR Top Box Results

*“Very Good” responses don’t equal loyal patients*



As a healthcare leader, you’ve probably heard a lot about “top box” reporting. **Top Box Very Good** scales are those where the highest



possible rating on the response scale is “Very Good.” On the other hand, **Top Box Excellent** scales peak at “Excellent.”

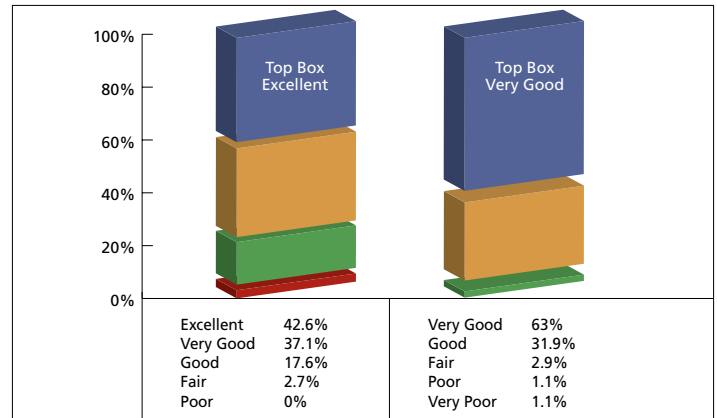
To the untrained eye there may seem to be little difference between the two measurement tools. Both are offered on a five-point response scale. Both range

from the most positive to the most negative of perceptions. **Don’t be fooled by the similarities—not all Top Box response scales are created equal.**

For one thing, it is easy to become complacent when using the Top Box Very Good scale. The resulting high value seems to indicate that respondents are highly satisfied. In reality, perceptions could be quite different because the measure doesn’t take the full distribution into account. PRC has long known that there is more that separates these two Top Box scales than mere semantics. To support our suspicions, Professional Research Consultants put this theory to the test. For the first time, PRC used the two popular response scales in concurrent random surveys to examine the underlying differences.

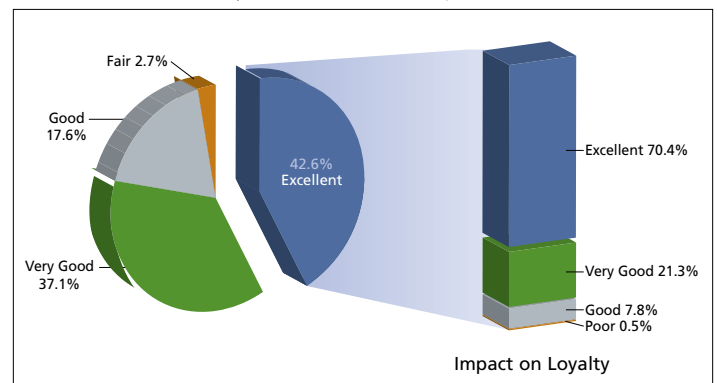
*Simply put, the PRC Top Box Excellent scale allows for a wider distribution of responses and a better ability to discern exactly where consumer perceptions lie on the positive to negative spectrum. Using the Top Box Very Good scale, responses appear to be more positive than they actually are.*

Top-Box Comparison of Overall Quality of Care at Preferred Hospital



In which Top Box would you rather place your confidence? Using data from the 2008 PRC National Consumer Perception Study, the chart below illustrates the corresponding impact on loyalty measurement when considering the two different response scales. As shown, consumers who rate the overall quality of care at their preferred hospital as “Excellent” were significantly more likely to also express “Excellent” loyalty to that hospital (70.4%).

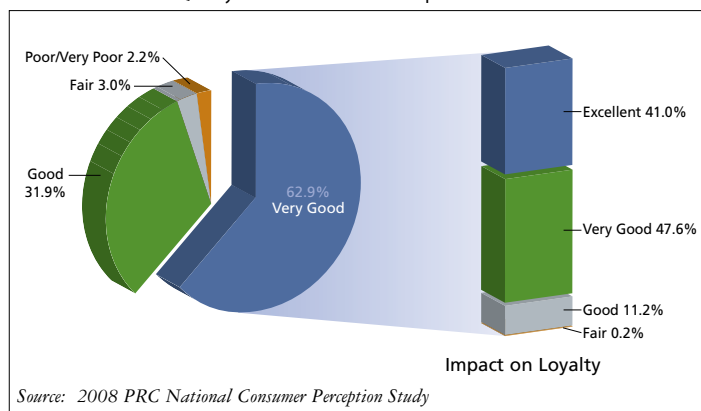
Excellent Top-Box Scale Evaluation of Overall Quality of Care at Preferred Hospital



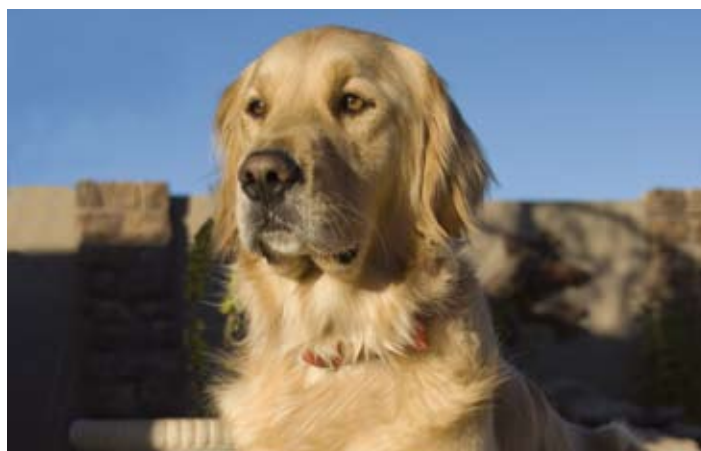
Those who expressed the Top Box Very Good perception of quality of care at their preferred hospital gave a much lower “Excellent” loyalty response (41.0%). That’s a pretty remarkable difference.

### Very Good Top-Box Scale

Evaluation of Overall Quality of Care at Preferred Hospital



However, it doesn’t stop there. Four out of five patients who rate the overall quality of their care as Excellent would also definitely recommend the organization to their family and friends. At a Very Good ranking, only one out of five are likely to recommend it. Our research also shows similar numbers for employees and physicians. There is a much stronger correlation between excellent care and their likelihood to recommend your hospital than there is between very good care and their recommendations.



## So what does loyalty really mean?

Those respondents who rate your organization as being excellent are your loyal customers; they wouldn’t think of going anywhere else for their care. On the other hand, those who rate your organization “very good” may be satisfied but because of a variety of reasons—insurance plan restrictions, location, doctor affiliations, recommendations from others—may be just as willing to go elsewhere the next time someone in the household needs medical care. Over time, your organization’s excellence focus will build loyal customers who return time and again.



### ALL HANDS ON DECK FOR THE 2008 PRC CLIENT EDUCATION CONFERENCE!

The 2008 PRC Client Education Conference will be docking in Baltimore’s Inner Harbor beginning Sunday, May 4 and run until Wednesday, May 7. You won’t want to miss this educational opportunity. With sessions dedicated to areas such as patient, employee, physician and consumer perception and loyalty, community health, as well as healthcare marketing and planning, there is something for everyone. Come and network with other healthcare professionals including the PRC Excellence in Healthcare Award Winners and learn leading trends and proven strategies, giving you the tools needed to successfully improve your organization and your own personal skills.

Mr. John Benz, the Senior Vice President & Chief Strategic Officer from Memorial Healthcare System in Hollywood, Florida will be on deck to start our journey. He will tell his organization’s story of reaching out to all the people in the community to improve the quality of their lives. You’ll experience a range of emotions as you learn how much of an influence one organization can have on its community. You’ll leave energized, imagining ways to make a difference in your own community.

Dr. Thom Mayer will end our journey by taking a page out of his latest book, *Leadership for Great Customer Service: Patients, Satisfied Employees*. You’ll hear humorous anecdotes and learn how to create and sustain a practical customer service program. Successful strategies that you can employ to improve customer service and make your job easier will also be shared.

Batten down the hatches and make your plans to attend the 2008 PRC Client Education Conference this May. It will be a fantastic educational voyage with something in store for everyone. Don’t miss out!

# A CG-CAHPS PRIMER

In line with the movement to give consumers more information and choices regarding their healthcare, the federal government's Agency for Healthcare Research & Quality has developed a national clinician and group patient participation survey, CG-CAHPS (Clinician & Group Consumer Assessment of Healthcare Providers Survey).

## WHAT ARE CAHPS SURVEYS?

The CAHPS family of surveys, which include HCAHPS and CG-CAHPS, are experience surveys. They measure how consistently certain actions were performed by healthcare providers. Specifically, the CG-CAHPS survey allows consumers to make objective comparisons between providers and clinics; to create incentives for clinicians and administrators to assess and improve patients' experiences with their care; and to enhance public accountability by increasing the transparency of the quality of care provided in return for the investment.



## WHY IS THIS SURVEY IMPORTANT?

While the Center for Medicare & Medicaid Services (CMS) has not yet made overtures to adopting the CG-CAHPS survey as a reimbursement criterion, other organizations have started sponsoring the survey. A few large health plans have been using versions of the survey for years in order to provide plan members with information to aid in their selection of a primary care provider. Other health plans may elect to sponsor the survey as a factor in negotiating contracts with providers. The American Board of Medical Specialties has indicated that over half of their certifying Member Boards have expressed

interest in adopting the CG-CAHPS survey as a component of their Maintenance of Certification program for physicians.

## IS CG-CAHPS MANDATORY?

CG-CAHPS is not mandatory – yet. To keep you updated on the survey initiative, we are continually updating the Government Initiatives section of the PRC website, which is located at [www.PRCOnline.com](http://www.PRCOnline.com). You can also monitor AHRQ's CAHPS website at [www.cahps.ahrq.gov](http://www.cahps.ahrq.gov) (click on the Ambulatory Care on the left side of the page for the CG-CAHPS information).

## WILL CG-CAHPS REPLACE MY PATIENT SURVEYS?

CG-CAHPS is not conducive to identifying perceptions of care—the “how well” of a visit. Rather, it identifies consistencies of behavior, the “how often” during a visit. To increase patient loyalty, clinics must also include loyalty-building questions in their patient survey. PRC's CG-CAHPS Loyalty + Survey is an easy way to incorporate the CG-CAHPS questions with loyalty questions so that clinics and physicians can continue to build loyalty.

## HOW PRC CAN HELP YOUR CLINIC AND PHYSICIAN GROUPS?

PRC is well ahead of the curve in preparing for the potentially-mandated CG-CAHPS survey. We have already developed our own CG-CAHPS Loyalty + Survey that allows you to meet not only the needs for public reporting but also address those issues that lead to increased patient loyalty.

Many hospitals got a jump-start on HCAHPS by implementing the PRC HCAHPS Loyalty + Survey prior to its national roll-out. When comparing these hospitals to a preliminary national database, their scores were much higher than the national average, leading us to believe they will score high when compared to their competitors in public reporting. We suggest you also take this approach for CG-CAHPS and implement PRC's CG-CAHPS + Loyalty Survey in the next six months.

The PRC CG-CAHPS Loyalty + Survey is a unique monitoring system that provides you with a detailed view of how patients perceive the physicians affiliated with your organization. Our user-friendly approach provides detailed scorecards for physician group practices, as well as for individual physicians. Tools, such as Key Drivers of Excellence, make it easy for physicians and staff to focus on what is important to patients and what, ultimately, increases their loyalty. Our method of reporting makes it easy to compare patient experiences among specialties, specific groups or practice information. Plus, you'll have the information you will need for public reporting as well.

CG-CAHPS Loyalty + Survey

# HCAHPS UPDATE



## **PUBLIC REPORTING PREVIEW BEGINS JANUARY 17**

HCAHPS-participating hospitals can preview their October 2006 – June 2007 data beginning January 17, 2008, on [www.qualitynet.org](http://www.qualitynet.org). This data will mirror the data that will be publicly reported on the Hospital Compare website in March.

Beginning January 17, hospitals will have 30 days to inspect, and if they choose, suppress their HCAHPS results from public reporting. If a hospital chooses to suppress its results, it must suppress all results. Suppression of select data or individual time periods will not be allowed. Hospitals choosing to suppress measures will only be able to do so during the 30-day preview period.

To suppress measures, participating hospitals must complete the “HQA Request for Withholding Data from Public Reporting” form on [www.qualitynet.org](http://www.qualitynet.org). This form must be submitted to the hospitals’ QIO, who will then enter it into the system on behalf of the hospital. Hospitals can re-run their preview reports the following day to verify that their suppressions have been recorded.

## **SUPPRESSION OF PUBLIC REPORTING WILL NOT IMMEDIATELY AFFECT REIMBURSEMENT**

Hospitals choosing to suppress their HCAHPS data for March 2008 public reporting will not have a reduction in their FY2008 Annual Payment Update of inpatient prospective payment system

(IPPS) hospitals reimbursement. IPPS hospitals are allowed to suppress their HCAHPS results because the March 2008 public reporting will include data that were voluntarily collected, and were not under the FY2008 Annual Payment Update requirements.

PRC expects that the third public reporting update, which will include HCAHPS data from October – December 2007 and will take place in late 2008, will be the first time that if a hospital suppresses their data they will have a 2% reduction in their Annual Payment Update. However, CMS has not officially announced when payment reductions will begin.

## **CRITICAL-ACCESS HOSPITALS EXEMPT FROM HCAHPS PARTICIPATION-RELATED REIMBURSEMENTS**

In December 2007, CMS announced that critical-access hospitals’ HCAHPS participation and/or data suppression will not affect Medicare reimbursement. Critical-access hospitals’ reimbursement payments are paid based on costs rather than on the inpatient prospective payment system.

## **CONGRESS ASKED TO TIE HCAHPS SCORES TO DOLLARS**

November 26, 2007 – Mike Leavitt, Health & Human Services Secretary, asked Congress to vote on a measure that would tie several key performance indicators to Medicare reimbursements. These key

performance indicators, known collectively by Medicare as Value-Based Purchasing of Hospital Services (VBP), include HCAHPS.

Stated Mr. Leavitt, “Under VBP, a percentage of the hospital’s base operating payment for each discharge (the diagnosis related group or DRG payment) would be contingent on the hospital’s actual performance on a specific set of measures. The transition from pay-for-reporting to an incentive based completely on performance would occur over a three-year period. Public reporting of quality measures on Medicare’s Hospital Compare site, a key component of the Reporting Hospital Quality program would remain an essential component of VBP.”

In short, HHS has asked Congress to make Medicare reimbursement levels contingent upon hospitals’ Hospital Compare quality reporting scores, which includes HCAHPS. Modern Healthcare has reported that as much as 5% of inpatient payments would be withheld and placed into a pool to reward some hospitals for improvements. The rewards would be based on hospitals’ overall scores on a range of clinical processes, 30-day mortality outcomes, as well as HCAHPS ratings.

HHS is asking Congress to vote on the initiative in time for the 3-year implementation to begin at the start of FY2009 (October 2008).

# PRC QUALITY ASSURANCE MEANS ACCURATE SURVEY RESULTS

## **EFFORTS IN 2007 INCREASED PRC'S STRONG COMMITMENT TO QUALITY**

PRC considers the quality of our research results to be of primary importance. In 2007, PRC's Quality Assurance (QA) team introduced several new tools and processes, enabling us to become more efficient and detailed in all aspects of survey quality assurance. These new tools and processes also enabled the team to respond to client and internal requests quickly and thoroughly.



### **IMPROVED LIVE MONITORING – *QA Monitor***

Developed by the PRC Research & Development Team, QA Monitor enables PRC quality assurance personnel to monitor Interviewers live using a computer. The program interacts with the QA website to track current monitoring needs, and also provides up-to-date call statistics.



### **NEW SOFTWARE DEVELOPMENTS – *QA Sweeper & QA Confidential***

Previously, information necessary to PRC's Quality Assurance Department was located within five different programs and databases and was cumbersome to retrieve. To alleviate this problem, PRC developed a software program, QA Sweeper, which pulls recordings, project information, survey questions and responses, and project statistics into one program for easy access. This program also has the ability to filter information to specific project data, which has proven invaluable for HCAHPS monitoring requirements.

QA Confidential, an extension of QA Sweeper, enables PRC's Quality Assurance Department to help improve survey completion rates. This software program pinpoints Interviewers who may be able to increase completion rates through modifying their introduction, voice tone and pace.

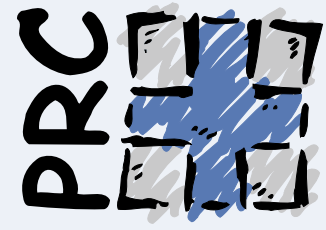


### **INCREASED COLLABORATION – *QA Liaison***

A new position within PRC's Quality Assurance Team, the QA Liaison serves as a bridge between the Quality Assurance Department, the Interviewing Managers and the Training Department. The liaison attends weekly Interviewing meetings to communicate any changes or updates to the Interviewing Team, as well as to relay new interviewing practices or guidelines back to the QA Team.

In addition to attending the meetings, the Liaison is responsible for compiling various summary reports detailing interviewer performance and trends, assisting the Interviewing Director, Training Director, and managers of best practices for the entire team.

During each Interviewing training class, the Liaison presents PRC's QA expectations of Interviewers as well as what Interviewers can expect from QA. The Liaison also provides the class with an introduction to some of the resources available to help them succeed at PRC.



PRC Edge is a quarterly publication by Professional Research Consultants, Inc. PRC is a research and consulting firm specializing in providing customized services to the healthcare industry and health-related organizations.

We want to hear from you! If you have a story you want to share or a subject you want to learn more about, please contact us right away. General comments about the PRC Edge are always welcome.

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