Patient Experience Guidebook

Best practices and resources to improve patient experience in your practice



Blue Cross Blue Shield Blue Care Network of Michigan

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Patient Experience Guidebook Contents

1 Introduction to the Patient Experience Guidebook

2 Overview of BCBSM Patient Experience Survey

3 BCBSM Patient Experience Survey Questions

4 Tips for Improving Patient Experience Scores by Domain

5 Annual Wellness Visit Benefits for Patient Experience

6 BCBSM Patient Experience Resources

Click the links above to quickly navigate to any section

Introduction to the Patient Experience Guidebook

Welcome to the Blue Cross Blue Shield of Michigan and Blue Care Network **Patient Experience Guidebook**.

This guidebook was created by combining ideas from provider offices with research on best practices to make it easier for you to incorporate patient experience best practices daily. By incorporating some of the tips and using the resources, patients should report increased satisfaction with their appointments and with your practices.

We understand that your practices receive requirements from multiple sources such as health plans, the Centers for Medicare & Medicaid Services, state programs and patients — and it can be a lot to manage. However, when your practice works to improve the patient experience, it touches several areas.

Improving the patient experience results in:

- Improvement in overall quality of your patients' healthcare
- Streamlined office processes and improved healthcare provider and staff experiences
- Improved quality performance in contracts and incentive programs
- Improved health plan Star ratings, which keeps benefits rich and affordable for members
- Greater employee satisfaction, which reduces turnover



Thank you for taking the time to review this guidebook and considering how your practice can incorporate some of the suggestions.

Introduction to patient experience scores



The **Centers for Medicare & Medicaid Services** continues to emphasize the importance of the patient experience in all their programs, and it **requires plans to ask members about their experiences**.

In 2021, Blue Cross and BCN implemented the **Clinician and Group Consumer Assessment of Healthcare Providers and Systems®, or CG-CAHPS**, a nationally recognized survey that's widely used to collect data about patient experiences and monitor provider performance.

The CG-CAHPS survey is designed to assess **visit-specific CMS Star measures** related to patient interactions with providers. It's been customized to include Medicare Advantage CAHPS and Health Outcomes Survey measures.

Using the survey results, we can measure, benchmark and report to providers on their performance. Our research shows **positive member experiences** drive strong provider relationships and affect healthcare perceptions. That's why it's so important for health plans and providers to focus on how we can **work together to improve the patient experience**.

More about the CG-CAHPS survey

Blue Cross and BCN have commissioned Escalent, a CMS-certified Press Ganey research company, to administer the survey of Medicare Advantage members.





Methodology

- **Monthly survey** mailings with online and phone completion options
- **Spanish language** completion option (online and phone)
- Survey protocol **limits the number of surveys** a member can receive
- **Patients** who see multiple providers within 12 months **won't receive more than two surveys within 12 months**
- Patients won't be surveyed for a given provider more than once in **a rolling 12-month period**, regardless of the number of visits

Survey eligibility

- **Medicare Advantage members** (Medicare Plus Blue℠ and BCN Advantage℠) with office or telehealth care experiences **within the last 60 days** based on claims data, including patients of:
  - Primary care providers, including advanced practice providers
  - Cardiologists
  - Endocrinologists
  - Nephrologists
  - Oncologists
  - Pulmonologists

Escalent is an independent research company contracted by Blue Cross Blue Shield of Michigan and Blue Care Network to administer the Clinician and Group Consumer Assessment of Healthcare Providers and Systems®, or CG-CAHPS, survey to a random sample of Blue Cross and BCN Medicare Advantage members each month.

Understand your CG-CAHPS scores

When you understand your scores, you can continue your patient experience strong points within appointments, as well as understand which elements deserve more focus.



For each of the survey domains that providers can readily influence, contracted entities will receive a composite score. First, a mean score will be calculated for each question. Then, a domain composite score will be calculated from the average of the mean scores of each question within that domain. Questions in each survey domain are equally weighted, with an exception for Care coordination, which requires additional steps to achieve the composite score. Domain averages are then converted to a 0-100 scale, where 100 is the highest score.

To allow all provider groups to be scored fairly, without population biases, the survey results undergo case mix adjustment using several factors including demographics, health status and survey patient mode. Let's look at the Getting needed care scaled mean score calculation. There are two questions within this domain.

Example of mean score conversion to 0-100 scaled mean score

Getting needed care 2 questions Response scale is 1-4	Question A. Ease of getting care, tests or treatment	Question B. Ease of getting specialist appointments
Average score	3.5	1.5
Getting needed care domain average score = (3.5 + 1.5) / 2 = 2.5		
Conversion to 0-100 scaled mean score: $\frac{\text{(Domain average score on original scale – Response scale minimum score)} \times 100}{\text{Response scale maximum score – Response scale minimum score}}$		
Getting needed care converted mean score = (2.5 - 1) x 100 / (4 - 1) = 1.5 x 100 / 3 = **50**		

Raising Question B to an average of 2.5 would increase the scaled mean score from **50** to **67.**

What will my patients be asked?

The CG-CAHPS questions will ask your patients about their experience with a specific provider within the last six months.

Getting needed care	▪ How often **was it easy** to get the care, tests, or treatment you needed? ▪ How often did you get an appointment to see a specialist **as soon as you needed**?
Getting care quickly	▪ When you contacted this provider's office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed? ▪ When you made an appointment for a **checkup or routine care** with this provider, how often did you get an appointment as soon as you needed? ▪ Wait time includes time spent in the waiting room and exam room. How often did you see the person you came to see **within 15 minutes of your appointment time**?*
Care coordination	▪ How often did this provider seem to know the important information about **your medical history**? ▪ When this provider ordered a blood test, X-ray, or other test for you, how often did **someone from this provider's office follow up** to give you those results? ▪ When your personal doctor ordered a blood test, X-ray, or other test for you, how often did you get those **results as soon as you needed them**? ▪ How often did you and someone from this provider's **office talk about all the prescription medicines** that you were taking? ▪ Did you get the help you needed from this provider's office to **manage your care** among these different providers and services? ▪ How often did your personal doctor **seem informed and up to date** about the care you received from specialists?
Healthcare quality	▪ Using any number from 0 to 10, where 0 is the worst healthcare possible and 10 is the best healthcare possible, what number would you use to rate all your healthcare in the last six months?

*Question is not included in the composite calculation for the Getting appointments and care quickly domain.

What will my patients be asked? *continued*

The CG-CAHPS questions will ask your patients about their experience with a specific provider within the last six months.

Health outcomes	▪ Has this provider or other healthcare provider **discussed the importance of physical activity** with you or recommended that you begin, continue or increase your amount of exercise or physical activity? ▪ Has this provider or other healthcare provider discussed options with you for **bladder control or management**, such as medication or surgery? ▪ Has this provider or other healthcare provider discussed methods to **prevent falling or help you address balance** or walking problems?
Staff interactions	▪ How often were clerks and receptionists at this provider's office **as helpful as you thought they could be**? ▪ How often did clerks and receptionists at this provider's office **treat you with courtesy and respect**?
Provider communication	▪ How often did this provider explain things in a way that **was easy to understand**? ▪ How often did this provider show **respect for what you had to say**? ▪ How often did this provider **spend enough time with you**?
Rating of provider	▪ Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

The complete survey and a frequently asked questions document can be found on our provider portal payer space. Click on the *Resources* tab and then click on *Secure Provider Resources (Blue Cross and BCN).* (Learn how to access our provider portal payer space.) Under the *Member Care* tab, click on *Patient Experience*.

Your guide to improved patient experiences

The CG-CAHPS survey covers six categories, or domains, of the patient experience that **providers can readily influence**.

We've **broken down this guide by survey domains** to assist your organization with identifying targeted tips for areas with the most opportunity for improvement.

After reviewing your scores, **use this guide to learn about objective and measurable ways to improve** your CG-CAHPS results and, ultimately, your patients' experiences.

Throughout this guidebook, click the icons to access digital tactical materials and the icons to download process improvement, or PI, toolkits.
Learn more on Page 20.



Getting needed care tips

Patient experience survey questions

Getting needed care

- **In the last six months, how often was it easy to get the care, tests or treatment you needed?**
- **In the last six months, how often did you get an appointment to see a specialist as soon as you needed?**

Click here for appointment access PI toolkit

Click here for specialist referral PI toolkit

Click the icon to download a specialist referral tactic

Before the visit

- ❑ Leave same-day appointment slots available for urgent visits.
- ❑ Offer primary care provider, or PCP, appointments within three days and specialist visits within seven days, when possible.
- ❑ Offer flexible scheduling options, including telehealth, same-day, early hours, after hours or weekend appointments.
- ❑ Offer appointments with advanced practice providers and educate patients on physician assistant and nurse practitioner capabilities.
- ❑ When available, encourage patients to sign up for the patient portal and educate them on portal capabilities, including appointment scheduling.
- ❑ Suggest patients schedule their annual wellness visit to build patient-provider relationship and proactively discuss care plan.

During the visit

- ❑ Submit prior authorization requests immediately and set patients' expectations for timing and the importance of obtaining prior authorization.
- ❑ Set expectations about timing for visits, testing, procedures, etc., when making referrals, and ensure consistent messaging of time frames from all staff.
- ❑ Confirm that specialists are accepting new patients before making referrals and provide patients with the names of two to three specialists.

Close of visit

- ❑ Offer patients assistance with scheduling follow-up visits, specialist visits, tests or procedures before leaving the office.
- ❑ Provide patients with an information card that outlines best practices for completing labs and tests.

Getting appointments and care quickly tips

Patient experience survey questions

Scheduling appointments

- **In the last six months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?**
- **In the last six months, when you made an appointment for a checkup or routine care with this provider, how often did you get an appointment as soon as you needed?**

Click the icon to download a customizable APP sign



Before the visit

- ❑ Leave same-day appointment slots available for urgent visits.
- ❑ Offer PCP appointments within three days and specialist visits within seven days for non-urgent matters, when possible.
- ❑ Offer flexible scheduling options, including telehealth, same-day, early hours, after hours and/or weekend appointments.
- ❑ Offer more timely appointments with advanced practice providers and educate patients on physician assistant and nurse practitioner capabilities.
- ❑ When available, encourage patients to sign up for the patient portal and educate them on portal capabilities, including appointment scheduling and appointment reminders.
- ❑ Send reminders to patients to schedule their annual wellness visits to ensure they are receiving regular care for their conditions.
- ❑ Use text messaging, phone calls and patient portal messages to remind patients of upcoming visits to reduce no shows and late arrivals.
- ❑ Create and use a triage sheet for staff and doctors to determine the urgency level for different types of requests for appointments.

Close of visit

- ❑ Offer patients the option to schedule their next appointment at the end of their visits.
- ❑ Provide patients with resources (flyers, magnets) with information about where they can get care for urgent matters (urgent care, emergency, after-hours phone line or nurse line).
- ❑ Educate patients on proper use of urgent care vs emergency department.

Getting appointments and care quickly tips, *continued*

Patient experience survey questions

Wait time at appointments

- **Wait time includes time spent in the waiting room and exam room. In the last six months, how often did you see the person you came to see within 15 minutes of your appointment time?***

Click here for in-office wait times PI toolkit

Before the visit	During the visit		Close of visit
❑ Use a scheduling system that allows for buffer times between appointments for unexpected delays and/or patients who need additional time with a provider. ❑ Offer more timely appointments with advanced practice providers and educate patients on physician assistant and nurse practitioner capabilities. ❑ Contact patients ahead of time when there are known delays to their scheduled appointment time. Offer them the options of coming in later or rescheduling their appointments. ❑ Create and use a triage sheet for staff and doctors to determine the urgency level for different types of requests for appointments.	❑ Give patients activities to complete during their wait time (for example, write down issues to address during the visit, register for the patient portal, etc.). ❑ Install smart TVs or white boards in waiting and exam rooms to let patients know the wait time to see their provider. ❑ If the wait time is longer than expected, offer alternatives to the patients such as rescheduling their visits or leaving and coming back at a specific time.	❑ Ask patients if they prefer to wait in the waiting room or an exam room. ❑ Take patient vitals within 15 minutes of arrival to break up wait times in the waiting room and the exam room. ❑ Use timers on exam rooms to alert staff when it's time to update patients about their expected wait times.	❑ To get immediate feedback, ask patients about their visit experience and if anything could be improved for their next visit.

*Question isn't included in the composite calculation for the Getting appointments and care quickly domain.

Care coordination tips

Patient experience survey questions

Provider knowledge of medical history and care

- **In the last six months, how often did this provider seem to know the important information about your medical history?**
- **In the last six months, how often did this provider seem informed and up to date about the care you got from specialists or other doctors?**
- **In the last six months, did you get the help you needed from this provider's office to manage your care among these different providers and services?**

Click the icon to download a patient portal tip sheet

Before the visit

- ❑ Ask patients to provide medical history, a list of specialists and a list of current medications in pre-visit forms sent by mail or through the patient portal.
- ❑ Request medical records from specialists and/or speak with specialists about the care patients are receiving.
- ❑ When possible, implement a process where specialists send updated records automatically.
- ❑ Confirm that test/lab results have been received and filed in patient charts.
- ❑ Review each patient's medical record and make a list of questions to address during the visit to fill in gaps.

During the visit

- ❑ Review medical history, current medications and specialist care with the patient and ensure all records are updated and medications are reconciled.
- ❑ Ask patients if they have any concerns with getting specialist care or with the care they are receiving.

Close of visit

- ❑ Provide patients with a visit summary that includes information about their medical history and specialist care.
- ❑ Update the patient's medical history and specialist care in the provider portal.
- ❑ Offer patients assistance with scheduling specialist visits.
- ❑ Send reminders about upcoming specialist appointments through the patient portal.

Care coordination tips

Patient experience survey questions

Provider knowledge of prescription medications

- **In the last six months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?**

Click the icon to download a patient portal tip sheet

Click here for medication reconciliation PI toolkit

Before the visit	During the visit	Close of visit
❑ At the time of scheduling, ask patients to bring current medications or a list of current prescriptions, over-the-counter and herbal/supplement medications to their appointments. ❑ When reminding patients about their appointments, include a reminder that they should bring all their medications and supplements or complete the medication form. ❑ Send medication forms by mail or patient portal and/or send medication bag by mail.	❑ Include a reminder in the electronic medical record, or EMR, or visit template to prompt providers to review medications during each visit. ❑ Encourage providers to inform patients when they are reviewing their medications and use standardized language, such as, "Let's review the medications you're currently taking." ❑ Print a list of medications from the EMR or look over the list the patient brought with them and highlight each medication as you review it. ❑ Ensure patients understand their medications, including the reason they are taking each medication, the instructions for taking each medication and possible side effects. ❑ Ask patients if they need refills on any of their prescriptions. ❑ When medications are reviewed by other clinical staff, doctors can reinforce that this is part of the doctor's care process: *"[Medical Assistant's name] reviewed your medications as part of our care team process. I've reviewed that information as well – do you have any questions or concerns about your medications today?"*	❑ Provide patients with a list of medications and instructions for taking them in their visit summary. ❑ Update the medication list in the patient portal. ❑ Hand out medication bags/list sheets/wallet cards to patients to ensure they document or bring medications to follow-up appointments. ❑ Encourage patients to contact the office if they have issues obtaining medications and/or experience side effects. ❑ Provide information about how prescriptions will be ordered and filled. ❑ Encourage patients to use their Blue Cross or BCN member ID card at the pharmacy if they have prescription coverage through Blue Cross or BCN.

Care coordination tips

Patient experience survey questions

Test results follow-up

- **In the last six months, when this provider ordered a blood test, X-ray or other test for you, how often did someone from this provider's office follow up to give you those results?**
- **In the last six months, when this provider ordered a blood test, X-ray or other test for you, how often did you get those results as soon as you needed them?**

Click the icon to download a lab/test result tactic



Click here for lab/test result PI toolkit



Before the visit

- ❑ Let patients know in advance when tests are planned for an upcoming appointment.
- ❑ Order scripts for labs/tests and encourage patients to complete them prior to the appointment, allowing results to be ready for review during the appointment.
- ❑ Remind patients to bring recent lab and/or test results, along with specialist, emergency department, and/or urgent care visit summaries with them to their upcoming appointments.

During the visit

- ❑ When labs/tests are being ordered, inform patients which labs/tests are being ordered, the reason for the labs/test, the process for completing them and the expected time frame for results.
- ❑ Ensure all staff are educated on time frames for lab/test results and are consistently communicating these time frames to patients.

Close of visit

- ❑ Ask patients about their preferred method of communication and/or how they would like you to follow-up with them (patient portal, call from office, etc.). Document their preferred communication method in their record.
- ❑ Inform patients about when they should expect to receive results and how the results will be communicated (patient portal, call from office, etc.) and include this information in the post-visit summary.

Follow-up after visit

- ❑ Implement a timing process for staff to follow up with patients after receiving lab/test results, including normal and abnormal results.
- ❑ Follow up with patients to communicate delays in receiving test results.
- ❑ Designate time in scheduling for clinical staff to convey test results. For example, reserve an hour at the end of each day for physicians/nurses to call patients with test results.
- ❑ Provide patients with a phone number and designated hours to call with questions about test results. Assign staff to monitor the phone line during designated hours.
- ❑ Upload lab/test results to patient portals.

Provider communication tips

Patient experience survey questions

Provider communication

- **In the last six months, how often did this provider explain things in a way that was easy to understand?**
- **In the last six months, how often did this provider show respect for what you had to say?**
- **In the last six months, how often did this provider spend enough time with you?**

Before the visit

- ❑ Take time during daily huddles to discuss patients being seen that day and their concerns. Identify patients who may need more time (try to make scheduling accommodations).
- ❑ Use a scheduling system that allows for buffer times between appointments for patients who need additional time with their providers.
- ❑ Identify opportunities for education and for efficiencies within the electronic health record, or EHR, to reduce the documentation burden.

During the visit

- ❑ Everyone introduces themselves to the patient and anyone else (for examples, spouse) in the room.
- ❑ "Commit to sit" – Sit at eye level with the patient and make frequent eye contact.
- ❑ Go beyond the chief concern and ask patients about additional concerns. Encourage patients to ask questions.
- ❑ "Minute to win it" – Take time for non-clinical questions to get to know the patient, their lifestyle and priorities. Make notes in the patient's record about any items you want to revisit during their next appointment.
- ❑ After the patient has shared their concerns, prioritize the concerns and set expectations for what can be addressed during their visit today and what will require follow-up visit.
- ❑ Educate staff on effective communication models, such as ALERT* or AIDET**.

Close of visit

- ❑ Use the teach-back method to ensure patients understand their care plans.
- ❑ Provide patients with a visit summary. The summary should include details of the visit, medications and follow-up instructions.
- ❑ To get immediate feedback, encourage staff to ask patients about their visit experience, including what they enjoyed and what could be improved.

*Always, Listen to the patient carefully, Explain in an understandable way, Respect what the patient says, Time management perception
**Acknowledge, Introduce, Duration, Explanation, and Thank you

Staff interactions tips



Patient experience survey questions

Office staff interactions

- **In the last six months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?**
- **In the last six months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?**

Before the visit

- ❑ Scheduling staff works with patients to find a convenient day/time for appointments, informs patients of any anticipated delays on the day of the appointment, and sets patients' expectations for appointments (which provider they will see, tests that will be ordered, that they should bring medications and complete pre-visit forms, and so on).
- ❑ Educate staff on best practice phone skills. For example, ask the patient if it is okay to put them on hold for XX minutes or ask if they can call the patient back in XX minutes.

During the visit

- ❑ Help with check-in and with completing forms.
- ❑ Ask patients/caregivers if they need any assistance/accommodations, such as translators and make note of physical, cognitive, hearing or vision impairments in patients' chart.
- ❑ Staff members welcome and introduce themselves to the patient and explain their role. For example: "I'm Sam and I'm the medical assistant who will take your vitals. After that, our nurse, Jamie, will be in to ask you a few questions."
- ❑ Keep patients informed of wait times and delays and offer options.
- ❑ Inform patients of next steps. For example: "The nurse/medical assistant will call you from the waiting area."
- ❑ Inform the patient of available accommodations (reading materials, water/coffee, restrooms) to ensure they're comfortable while they wait.

Close of visit

- ❑ Offer patients assistance with scheduling follow-up visits, specialist visits, tests or procedures before leaving the office.
- ❑ To get immediate feedback, encourage staff to ask patients about their visit experience, including what they enjoyed and what could be improved.

Health outcomes tips

Patient experience survey questions	Before the visit	During the visit	Close of visit
Physical activity • Has this provider or other healthcare provider discussed the importance of physical activity with you or recommended that you begin, continue or increase your amount of exercise or physical activity?	❑ Ask patients about their exercise routines and/or physical activity levels (send a form by mail or the patient portal).	❑ Discuss the patient's level of physical activity and/or exercise routine and their limitations due to their health and lifestyle. ❑ Identify realistic ways for the patient to engage in physical activity in their daily routine. ❑ Use words like "start, increase or maintain" when discussing physical activity to help with patient recall.	❑ Review your discussion with the patient and your recommendations for starting, maintaining or increasing their level of physical activity. ❑ Include recommendations for physical activity in the patient's visit summary.
Bladder control/urine leakage • Has this provider or other healthcare provider discussed options with you for bladder control or management, such as medication or surgery?	❑ Ask patients to complete a bladder control assessment (send a form by mail or the patient portal).	❑ Ask patients if they are experiencing urine leakage.	❑ Review your discussion and recommendations for treatment options. ❑ Provide educational resources, such as pamphlets, that discuss treatment options. ❑ Offer to assist with finding a specialist and making an appointment for consultation, if needed.
Fall prevention • Has this provider or other healthcare provider discussed methods to prevent falling or help you address balance or walking problems?	❑ Ask patients to complete a fall assessment (send a form by mail or the patient portal).	❑ Ask patients if they are having trouble with balance or walking.	❑ Offer patients assistance with finding a specialist and/or durable medical equipment, or DME, vendor, when needed.

Benefits of Annual Wellness Visits for Medicare Advantage Patient Experience

Annual wellness visits are a strategic touchpoint that simultaneously improve quality perception, care coordination and timely access, driving better patient experience scores.

1 Proactive, personalized care planning

- AWVs allow providers to review chronic conditions, preventive screenings and labs, giving patients a clear care plan and demonstrating high-quality, patient-centered care.

2 Enhanced care coordination

- Medication review, risk assessment and referrals during AWVs ensure seamless management across providers, reducing gaps and improving continuity of care.

3 Streamlined access and timely intervention

- Scheduling labs, follow-ups and preventive services during AWVs reduces delays and barriers, ensuring patients receive the care they need when they need it.

For additional information on annual wellness visits:

- MLN006559 – Medicare Preventive Services*
- Quality Success Series – posted to Availity

*Clicking this link will take you to a website that isn't controlled by Blue Cross Blue Shield of Michigan and Blue Care Network. While we recommend this site, we're not responsible for its content.

Patient Experience Tactical Materials

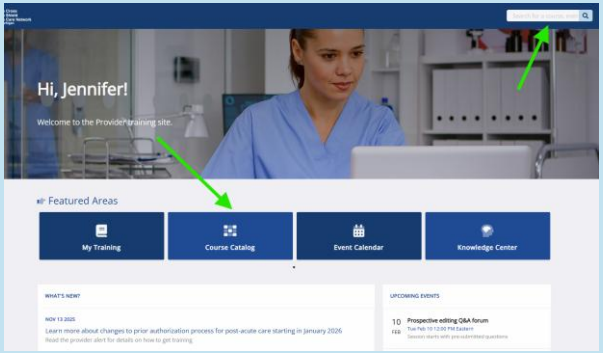
Throughout this guidebook, clickable icons provide direct access to each tactical material and process improvement toolkit, making it easy for teams and providers to locate and use resources. Below you'll find the same links as well as a brief description of each.

Tactical material	Description
Advanced Practice Provider (APP) sign	• Downloadable and printable 8.5-by-11-inch sign that can be customized to include a picture of the advanced practice providers within the office. • Recommended for offices whose APPs my have better availability than physicians. • Sign communicates to patients that APPs work together with their physician and have the same capabilities.
Patient portal marketing guide	• Guides practices/POs in creating a marketing plan to increase patient adoption to their portal. • Helps identify benefits to showcase to patients along with creating an action plan to get started. • Includes tips and best practices implemented by other practices.
Lab/test result form	• Sheet that can be customized by practice to communicate the timing of test results to patients. • Allows offices to manage patient expectations around the timing of their results along with how they should expect to receive those results. • Can be printed and given to individual patients, posted in exam rooms/patient areas, or downloaded to be added to the after-visit summary.
Specialist referral checklist and user guide	• Designed to support patients through the specialist referral process by guiding conversations about the process and setting expectations for patients with check boxes and space for notes that can be customized, identifies the type of specialist and reason for the referral, and a customizable guide to help set expectations around the timing of appointment by specialty. • Can be printed and given to individual patients, used to discuss referrals during visits, or downloaded to be added to the after-visit summary. • Click here for a user guide and best practices.
Process improvement toolkits	• Process improvement toolkits are based on the Plan-Do-Study-Act, or PDSA, method of process improvement. • These toolkits walk through creating an objective statement, performing root cause analysis, defining action steps and measuring success. • Provide tips and best practices that have been implemented by other practices. • Process improvement toolkits cover the following topics: ➢ Specialist referral process ➢ Medication reconciliation ➢ Following up on lab/test results ➢ Ease of getting an appointment/appointment access ➢ In-office wait times

Explore the expanded library of patient experience content at the BCBSM Provider Training site

Explore on-demand patient experience training anytime:

- Learn how to access provider training.
- Those who don't have a provider portal account can directly access the provider training website**(login creation required).
  - Once there, click on "Course Catalog" and select "**Patient Experience**" or search for "**px**".
  - Check out courses on key topics relevant to your practices.



For more information about using the **provider training website**, contact the provider training team at ProviderTraining@bcbsm.com.

Find practical solutions to improve patient experience through process improvement:



Facilitate virtual sessions to guide root cause analysis and action plan development based on the **PDSA method of process improvement**. Topics include:

- Specialist **referral process**
- **Medication reconciliation**
- Following up on **lab/test results**
- Ease of **getting an appointment**
- In-office **wait times**
- **Custom sessions** available



Reach out to your quality performance incentive consultant or Jackie Jacobs, jjacobs2@bcbsm.com to learn more about process improvement sessions.

For more information about **patient experience**, please email PatientExperience@bcbsm.com.

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