UNC Health Care Navigates the Road to Transparency

By Erin Graham

The emphasis on value-based transparency in health care has brought the patient experience to the forefront of strategies for performance improvement. At the same time, consumers are becoming more involved in decisions about their care, placing the onus on health care organizations to help them make informed, confident choices.

Leaders at University of North Carolina (UNC) Health Care have recognized we are in an era of consumer-driven health care and that responding to patients’ needs for information is a national imperative. Two years ago they embarked on a journey to truly understand the experiences of those looking for treatment and to share provider-specific patient experience data across the entire UNC Health Care system.

Owning Online Reputations

Shane Rogers, director of Patient Relations, pushed to publish patient experience data on UNC Health Care’s website to take control of the online conversation and ensure the accuracy of physician review data. While many consumer-oriented websites offer ratings about physicians and hospitals, he found the reviews were not based on scientifically rigorous data.

"Many sites have just one or two responses per doctor, so they’re not representing a broad panel of patients," said Rogers. Moreover, there is usually a significant delay between reporting and publishing, so consumers are not getting real-time data.

Rogers found that North Carolina patients were increasingly turning to these sites when deciding who to choose when they needed a specialist or if they were new to the area and needed primary care. “The number-one reason we are doing this is because we want our patients to have reliable information about choosing a health care provider,” he explained. “If we can share our patients’ voices—those patients that come to us and trust us, and not just the few who had bad experiences—we can create a helpful tool for them to use.”

Timing and System Growth

Suzanne Herman, system executive director, Customer Experience, saw that physician performance transparency was a powerful strategy to drive improvement and accountability while managing physician reputation in the face of rapid change.

The UNC Health Care system is massive. It comprises UNC Hospitals and its provider network, the clinical programs of the UNC School of Medicine, eight affiliate hospitals and hospital systems across the state, as well as an ever-expanding network of physician practices. In the past few years, the system has experienced extreme growth, and the patient experience scores for its medical practices have suffered following a challenging electronic health record (EHR) rollout.

“We were at a low point in patient satisfaction, which created a burning platform to work on improving the patient experience,” said Herman. To do this, the physician transparency efforts had to dovetail with the new Carolina Care initiative that was implemented systemwide, to ensure a consistent patient experience throughout the organization.

Carolina Care teams meet every week to review patient experience data. If feedback is less than positive in a particular area, underlying issues are reviewed and action plans are initiated. “It took years of hard work reprioritizing our Carolina Care service delivery model and reinforcing those behaviors before we were in a place where we could bring the physician transparency idea to the table,” Herman said.

AT A GLANCE

- UNC Health Care’s transparency program is built on a foundation of scientifically rigorous data captured using census-based surveying.
- In addition to improving the patient experience and driving patient engagement, the program is expected to strengthen the brand and identify new ways to create market distinction.
- Using internal recognition based on physicians’ patient experience performance as a precursor to moving forward with external transparency allowed the UNC team to build acceptance of the program and physician engagement.
Capturing Robust Data

While Herman and her team were refining the Carolina Care service delivery model, the organization was building a Find a Doctor component to its website. They found this to be an ideal way to integrate reviews, comments and star ratings based on clinicians’ performance on patient experience measures. They worked with Press Ganey to ensure the data they collected were reliable and robust enough to give patients reliable information to make informed decisions about where and from whom to seek and receive care.

The UNC Health Care team used the Press Ganey Transparency Standards and Guidelines to gather scientifically rigorous data using census-based surveying, and to be able to present those data consistently with others across the industry. “This approach lends credibility to our data, which is very important when it comes to presenting the results to physicians,” said Herman. “They can compare results to national benchmarks and clearly see that it isn’t about manipulating data to look good.”

Rogers found that an advantage to the census-based approach to surveying was that it yields more accurate feedback. The people who respond to consumer ratings websites tend to be highly motivated, either negatively or positively, but the samples are typically too small to be representative, he said. There is also no guarantee that the reviews are from actual patients. “With our approach, we get a significant number of returns, so we can deliver statistically significant data to clinicians.”

An Internal/External, Two-Phased Approach

Many UNC Health Care physicians work in the university’s academic medical center, where emphasis is usually placed on scholarly activities and research, as opposed to clinical recognition. For this reason, Herman’s team made the deliberate decision to build internal recognition efforts using patient feedback data as a precursor to moving forward with external transparency. To begin, the team started a clinical recognition program, including a new Carolina Care Excellence award.

“At the start of the process, we realized that we had a great opportunity to provide positive recognition to our providers,” said Herman. “We felt that hitting physicians with data can make them feel exposed, or [feel] like the surveys are punitive, so we wanted to start with the positive.”

Providers scoring in the top quartile or higher, nationally, in the survey (with the response of “Yes, definitely” to the question “Recommend this provider’s office”) received the new recognition, which UNC Health Care timed to be given around Doctors’ Day. “Using the data for recognition definitely helped paint the patient survey in a positive light to providers,” said Herman.

Recognizing the top performers publicly also sparked some healthy internal competition. “Giving physicians the opportunity to see real-time feedback certainly changes behaviors for the positive,” Herman said. “It creates ownership and drives provider accountability and improved performance.”

This competitive spirit is apparent at the departmental level, too, as leaders want their departments to score well. “The chairs of Otolaryngology and Neurology are actually vying to see who can have all of their departments’ providers score in the top quartile,” Herman noted.

The team chose to pilot the external launch with the Orthopedics department, for two reasons. First, it is led by an engaged physician who has enthusiastically supported the transparency effort. Second, the department’s providers tend to do very well with patient experience: About 430 providers had enough survey returns to include, and all were ranked high.

A Competitive Necessity and Brand Builder

According to Herman, transparency is primarily about improving the patient experience and driving patient engagement—but it is also a way to strengthen the brand and discover new ways to create market distinction.

Providing access to robust patient experience data adds value by creating a level of transparency that can build community trust and increase Web traffic and visibility, patient loyalty, patient acquisition and market share growth.

Herman’s group is uniquely positioned to balance these factors, since, at UNC Health Care, the Patient Experience team reports to Communication and Marketing. “We look at it more as living our brand than promoting our brand,” she said. From her perspective, transparency is not about improving reputation or using it as a marketing tool. “It’s about building a reputation based on providing an exceptional patient experience. And then it’s about sharing those experiences—which is better than any advertising.”
Of course, the hope is that transparency initiatives will still positively influence the brand. “We anticipate that by putting these comments and information out there, patients will see that, yes, we’re paying attention to what they have to say,” said Rogers. “They will see that we want to hear it and we’re doing something about it. Hopefully, this will drive patient engagement; our reputation will precede itself and more patients will choose us.”

Using Data to Drive Improvements

The availability of more data to work with informs possible improvements in the patient experience across the care continuum, from the time a patient engages online to when they make their first appointment and through to aftercare.

“When we see that lapses in services are perceived by patients, we want to know that right away—and provide feedback or examine a process in real time,” said Herman. One area in particular that she expects to focus on is access; she and her team will mine the data to find pain points on scheduling appointments in a timely manner, both by phone and online.

Another area needing attention is throughput in outpatient clinics. “We know we struggle with this, and some of the systems in place rely on physicians to move through a visit efficiently,” Herman said. “While linking a star rating to something as basic as wait time seems mundane, it could get physicians more engaged in improving throughput and lowering wait times.”

As they prepare to debut the online ratings of UNC Health Care physicians externally, Herman and Rogers are formalizing processes to address next steps, such as what kinds of support they might provide for a provider with poor ratings. One idea they are considering is pairing low-scoring physicians with 5-star providers. “We’ve already found that the lower-performing physicians naturally gravitate to those performing well—to seek help,” Herman said.

The September departmental launch will be followed by other departments at the Medical Center and affiliates, with a go-live date of January 2017 for all the institutions in the Triangle area. Incrementally, the thousands of employed physicians and 500 associated physicians in the UNC Health Care system will become part of this sweeping effort to bring transparency to care.

Based on the teams’ work to date, Rogers and Herman have identified five keys to building a successful transparency program.

1. Partner with a physician champion who can drive internal acceptance. This initiative can’t be seen as promotional or purely marketing.

2. Don’t underestimate the time and personnel required. A portion of someone’s role must be devoted to overseeing the program and reviewing comments regularly, which will enable the organization to post frequently.

3. Build goodwill by using the survey data to implement examples of positive recognition. This also gets physicians familiar with the scores, so they know what to expect when they’re presented with them.

4. Be confident in the success of your improvement efforts and patient experience before starting work on a transparency plan.

5. Leverage internal competition. The UNC team found that a successful pilot in one department resonated with others and made them want to go live, too.