



# IMPROVING PATIENT SATISFACTION

Patient health care surveys are designed to measure quality of care and patient satisfaction. Results of these surveys can impact Medicare Star ratings and physician reimbursement in certain programs. Two of these key health care surveys are:

- The **C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems (CAHPS) survey —includes different versions for different organizations including hospitals, provider groups and health plans
- The Medicare **H**ealth **O**utcomes **S**urvey (HOS) — consists of a baseline and follow-up where Medicare Advantage members self-report their health status, physical and mental functioning, and quality of life over a two-year period

These surveys have increased in importance as they've become more heavily weighted. As another way of measuring performance, patients can also leave reviews of their physicians online.

## Here are tips on how to get the best reviews and patient survey results:

### Care coordination



- Ensure you are sharing pertinent clinical information with your patient's other providers
- Use direct messaging through a health information exchange, such as HEALTHeLINK, as an easy and HIPAA-compliant way to share information
- Have an up-to-date list of your patient's medications at each visit, which you can verify using your electronic health record or health information exchange and your patient's own list
- Offer to assist with setting up tests and referral appointments
- Follow-up with your patient on test results (such as bloodwork or an X-ray) in a timely manner, even if results are normal

### Access to care



- Leave some open appointment slots each day for urgent and post-inpatient visits to support continuity of care and help you stay on time
- Ideal patient wait times are 15 minutes or less — shorten perceived wait time by assigning staff to perform preliminary work-up activities (such as blood pressure, temperature)
- Be proactive and schedule tests, screenings, or physicals for your patients ahead of time
- Provide brief and frequent updates for any provider delays, and offer options to reschedule or be seen by another provider

### Monitoring physical activity



- Have medical assistants assess patient's physical activity level, if possible
- Conduct an annual wellness visit; review and address health assessment results as needed
- Refer to health insurance plans for health coaching and fitness programs, such as SilverSneakers®

## Reducing risk of falling



- Use validated tools to screen for falls risk
- Develop a falls risk reduction plan for patients who screen positive
- Be sure to document the screening (and falls risk reduction plan if performed) using the appropriate CPT II code on your claim
- Provide fall prevention interventions, such as promoting regular exercise, strength and balance activities, and regular eye exams
- Perform regular medication review to identify medications that increase falls risk
- Provide educational materials about fall prevention

Visit [cdc.gov/steady/materials.html](https://www.cdc.gov/steady/materials.html) for additional information and materials.

## Improving bladder control



- Be sure to ask the patient if they have experienced urinary incontinence, as patients may be hesitant to ask about this themselves
- Evaluate the severity and impact of urinary incontinence on the patient's quality of life and involve them in decisions about treatment options



