

Patient health care surveys measure quality of both care and patient satisfaction. As the Centers for Medicare and Medicaid Services (CMS) increases the focus on survey results, the surveys carry greater importance. Results can impact Medicare Star ratings and physician reimbursement in certain programs.

Each year, CMS sends out the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) and the Medicare Health Outcomes Survey (HOS) to a random selection of Florida Blue Medicare members.

- The CAHPS survey includes different versions for different organizations including hospitals, provider groups, and health plans.
- The HOS consists of a baseline and a follow-up where Medicare Advantage members self-report their health status, physical and mental functioning, and quality of life over a two-year period.

Patients can also leave reviews of their physicians online. Creating a good patient experience is the best way to improve survey scores.

- Patient experience begins with the patients' perceptions. Because patients usually do not question a doctor's advice, it is important to confirm that patients have a full understanding of the information you share.
- Make sure you and your staff are on the same page with your patients. Care and communication may be occurring, but the patients may perceive it differently.

Read on for tips on how to get the best reviews and patient survey responses. We are highlighting areas that show the need for most improvement.

## Care Coordination



- Use direct messaging through a health information exchange, such as Healthland. It is an easy and HIPAA compliant way to share information.
- Keep 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 help set 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 appointment slots open each day for urgent and post-inpatient visits to support continuity of care and help you stay on schedule.
- 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, etc.).
- 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.
- Be proactive and schedule tests, screenings, or physicals for your patients ahead of time.
- Conduct an annual wellness visit; review and address health assessment results as needed
- Refer to our health insurance plans for health coaching and fitness programs, such as Silver Sneakers®.

## 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 reviews 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 your patient about urinary incontinence. 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.

