

Capturing Patient and Staff Experiences to Assess Complex Care Program Effectiveness

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TAKEAWAYS

- Patient- and staff-reported measures are a key component of broader strategies for assessing the quality and experience of care for those with complex health and social needs.
- The Center for Health Care Strategies worked with health care organizations to test a practical set of patient- and staff-reported measures to assess key aspects of complex care delivery under the [Advancing Integrated Models](#) (AIM) initiative.
- This brief shares insights from three AIM pilot sites — Center for the Urban Child and Healthy Family at Boston Medical Center, Hill Country Community Clinic, and Denver Health — to help other health systems and providers better assess the impact of their complex care processes by measuring patient and staff experiences and perceptions of well-being, equity, goals of care, and care integration.

A person-centered approach to care is a critical element of effective complex care delivery. Studies show that regardless of sociodemographic status or health characteristics, interpersonal qualities of care are just as important to patients as receiving high-quality clinical care.¹ Many complex care programs prioritize the voices of patients and families alongside the care team in decision-making and strive to ensure that patients' preferences are central in care design, planning, and evaluation. However, measures and approaches for assessing how well new care delivery models achieve these objectives are less well developed.

In 2018, the Blueprint for Complex Care² identified the need for more comprehensive quality measures to better assess complex care program processes and outcomes. This report and others^{3,4} have highlighted a need for measurement tools that capture patient experience across clinical and service boundaries, provide data that reflects what matters most to those receiving and delivering care, and offer a way to measure high-quality care beyond standard measures of cost, utilization, and clinical outcomes.

As part of the work under [Advancing Integrated Models](#) (AIM) — an initiative led by the Center for Health Care Strategies and supported by the Robert Wood Johnson Foundation — pilot sites tested new ways to measure their complex care programs by more accurately capturing patient and staff perceptions of care delivery.

To support AIM pilot sites in using patient and staff feedback to strengthen their care models, CHCS and Joslyn Levy & Associates (JLA) developed the AIM Measures Library,⁵ a compilation of 38 patient- and 42 staff-reported measures on concepts such as well-being, goals of care, equity, and care integration.

This brief describes select AIM sites' experiences using patient- and staff-reported measures, outlines considerations to support the use of such measures by other organizations, and shares lessons for evaluating care delivery more holistically. The experiences of the Center for the Urban Child and Healthy Family at Boston Medical Center in Massachusetts, Hill Country Community Clinic in California, and Denver Health in Colorado can inform other health care organizations interested in using measures of patient and staff perceptions of care to improve the quality of complex care programs.

Boston Medical Center: Center for the Urban Child and Healthy Family

The Pediatric Practice of the Future at Boston Medical Center's (BMC) Center for the Urban Child and Healthy Family is an innovative primary care delivery model that partners with families to identify and address their holistic priorities for their and their child's well-being⁶. Promoting health equity is also a key objective of the model. The Pediatric Practice of the Future conducts electronic surveys with families to capture outcomes such as school readiness, financial wellness, and child and family well-being. Data collected during these interviews are used to inform both care planning and program evaluation.

Patient Experience Measures

BMC added patient-reported measures from the AIM Measures Library to their existing family interview protocol. The selected measures focus on equity, goals of care, well-being, and care integration. Incorporating these measures aligned with BMC's belief in the need to routinely elicit family perceptions of care provision to meaningfully assess progress on promoting health equity and iteratively improve care delivery. Adopting these measures raised important considerations about how to best share survey results with families and engage them in helping BMC to interpret the data as well as advise on how the data should be used.

AT-A-GLANCE

Pilot Site: Boston Medical Center: Center for the Urban Child and Healthy Family

Population: Children and families in a pediatric primary care setting

Insurance Coverage: Primarily Medicaid and enrolled in Boston ACO

Pilot Activities:

- **Patient experience:** Measures were woven into larger instrument as well as an electronic survey given to parents/caregivers
- **Staff experience:** Electronic survey sent to eight staff involved in the pilot

For measures used by BMC, see [page 7](#).

BMC recognized that families were not accustomed to questions about equity and well-being posed by their health care provider and wondered if the overwhelmingly positive responses accurately reflected family experience. BMC posited that as families become more comfortable with the questions and process, they may respond more candidly, i.e., less positively, in the future. The pilot implementation team would consider more variation in responses as a win if it reflected families' increased engagement with the process.

While the health system has mechanisms for routine monitoring of patient satisfaction, the pilot implementation team believes that including new measures for equity, goals of care, well-being, and care integration will expand their understanding of family's experiences of care and enhance their ability to improve care. After BMC discusses the results of the new measures with families, they plan to share the co-interpreted findings with leadership and make the case for integrating these measures into standard practice across the pediatrics department.

Staff Experience Measures

BMC also administered a staff survey to elicit staff perceptions of equity, well-being, and care integration under the new Pediatric Practice of the Future care model. The eight staff that worked with families in the pilot completed the survey. The pilot implementation team felt that despite the small staff size, the survey captured important feedback because of its explicit focus on equitable care delivery and supporting patient and staff well-being. The pilot team found it valuable to hear from those who work most closely with families, many of whom live in the same neighborhoods.



We want to bring together the team and families from the pilot to go over the report and talk about what they think, what it means to them to see the responses, and what it might mean to incorporate their suggestions into the program.... Including families in decisions around what we should do aligns with our human-centered design principles.

- BMC Pediatric Practice of the Future
Program Director

Hill Country Community Clinic

As the sole health care provider in an area where patients travel an average of 25 miles to reach the clinic, Hill Country Community Clinic (Hill Country) strives to maintain an integrated approach to care delivery for patients with complex health and social needs. Their main goal for the AIM initiative was to integrate substance use disorder (SUD) services into primary care by providing wraparound patient-centered care to all patients independent of program enrollment or funding source⁷. This was particularly important for patients who also had other behavioral health needs. To better understand patient and staff perceptions of this integrated care model, Hill Country administered surveys to patients in their medication for addiction treatment (MAT) program and to all complex care staff.

Patient Experience Measures

Hill Country realized that asking patients about their care experiences in terms of equity and well-being would be new to them. As such, Hill Country prioritized using a trauma-informed approach to introduce the survey and ensure that patients understood the questions and reasons for asking them. The Hill Country team initially considered having staff not involved in case management administer the surveys to increase the likelihood that clients would respond candidly, but then decided it would be best for their patients to have a staff member they are familiar with introduce the survey.

Using the new measures and administering the patient survey accelerated discussions among Hill Country leadership and staff about more consistently and meaningfully involving patients in decision-making processes at the clinic, from developing policies and procedures to assessing quality of care. As a result, Hill Country decided to establish a patient advisory group to elevate the voices of patients. While the team is still working through the logistics of launching the group, the activities will likely include making recommendations about future efforts to solicit patient feedback and advising on what actions Hill Country might take to respond to that feedback.

AT-A-GLANCE

Pilot Site: Hill Country Community Clinic

Population: Adults with substance use disorder diagnoses receiving primary care

Insurance Coverage: Medicaid

Pilot Activities:

- **Patient experience:** Electronic survey sent to all patients in the MAT program; completion was encouraged by staff on-site
- **Staff experience:** Electronic survey sent to staff multiple times over the pilot period

For measures used by Hill Country, see [page 7](#).



We had opportunities in the past to take a snapshot look at things, but our hope is that we will have ongoing check-ins with participants and staff.... We did it occasionally before, but this is taking [patient and staff assessment] to a whole different level.

- Hill Country Medical Director

Staff Experience Measures

Staff across all Hill Country’s complex care programs were invited to complete a survey that included new measures from the AIM Library. Hill Country found that asking staff questions about care quality made them feel more comfortable in sharing the challenges and improvements that can be made when coordinating care — insights that can only come from those intimately involved in care delivery. Including staff in thinking through gaps in services sent a strong signal that their opinion matters to the organization and that they are a critical part of the process of improving programs, which led to staff feeling valued and helped to combat feelings of burnout. Leadership shared that engaging staff authentically can influence their ability to “show up” every day.

Based on their experience surveying complex care staff, Hill Country decided to expand their focus on equity measures and administer a second survey to all staff. Hill Country noted that the responses from the two staff surveys generated ideas among staff on specific actions they could take to strengthen their model. Hill Country intends to use the all-staff survey results to inform their organization’s equity and inclusion plan.



We wanted to include all the AIM Measures Library equity questions for staff, so we ended up surveying all 200 staff and about 160 replied. We shared the results with staff, and they had good questions and shared some valuable input about the survey.

- Hill Country Medical Director

Denver Health

Denver Health, a fully integrated safety-net health care system, focused their work under the AIM initiative on improving community linkages to care, addressing health-related social needs, incorporating trauma-informed practices, and developing a care continuum for their high-risk patient populations. To augment ongoing evaluation efforts, Denver Health surveyed patients and staff about their experiences receiving and providing care with respect to well-being, equity, goals of care, and care integration.

Patient Experience Measures

Denver Health involved staff from each clinic in the selection of the patient measures from the AIM Library and included those measures that resonated most with staff across the three high-risk clinics.

AT-A-GLANCE

Pilot Site: Denver Health

Population: Adults seen in high risk- clinic who: (1) are living with HIV; (2) have recent criminal justice involvement; and/or (3) have complex health and social needs

Insurance Coverage: Medicaid

Pilot Activities:

- **Patient experience:** Administered 50 paper surveys in each clinic location
- **Staff experience:** Electronic survey sent to all staff involved in each clinic

For measures used by Denver Health, see [page 7](#).

Results were generally positive, with some variation between clinic sites. Patients at the correctional transitions clinic responded more favorably to the experience questions than the patients at outpatient and HIV clinics, the Denver Health team noted this is perhaps because the level of support they receive is higher than what they are accustomed to from health care providers in the criminal justice system. This was not surprising to the pilot team. Individuals who receive care in the outpatient and HIV clinics often have complex health and social needs and must access many types of services frequently.

Staff involved in conducting surveys noted that the new pilot measures touch on content that is not assessed in routinely administered hospital-wide patient experience surveys. In particular, they noted that the specificity regarding aspects of the care model, such as collaborating with patients on goal co-creation and care planning, as compared to the commonly used surveys, yielded more concrete ideas for improving care.

The pilot site team is planning to share the patient reported survey data with the care team to elicit their feedback, invite their participation in interpreting the results, and solicit staff ideas for sharing the information with patients.

Staff Experience Measures

Denver Health sought feedback from staff across their three complex care clinics on how effectively their care model addressed equity, well-being, and care coordination. The team found that the staff-reported measures aligned well with other work they are doing in disaggregating and analyzing data by social risk factors and implementing social health risk screenings. They recognized that some of the questions, particularly on care planning and how well they collaborate with community partners, were domains they would not have had insight into without the staff survey. Similar to Hill Country, the Denver Health team shared that the staff survey results gave them a much better sense of where there might be opportunities to focus future efforts and highlighted areas that might need more attention.



Even with a one-page paper survey that was very easy to administer, we found we got so much valuable information by asking patients these questions.

- Director, General Internal Medicine

AIM Measures Used by Featured Sites

All response options are based on a 5-point Likert scale (Strongly Agree – Strongly Disagree)

Domain	Measure	BMC	Denver Health	Hill Country
Patient Measures				
Goals of Care	My care team and I regularly review my care plan so it reflects my preferences and current circumstances.	✓	✓	✓
	My care plan includes all of the things that are important to me.	✓		✓
Equity	I believe my care team feels comfortable around people who look like me and/or sound like me.	✓	✓	
	At times I feel I am treated differently here based on my race, ethnicity and/or gender identity.	✓		✓
Well-Being	The services I receive here help me live a better life.	✓	✓	✓
	The staff truly believe in me — that I can achieve my goals.	✓	✓	
	I trust the staff in this program/clinic.	✓	✓	
Care Integration	My care team considers other aspects of my life when helping me make health care decisions.	✓	✓	✓
	I am asked about any stressful life experiences that may harm my health and emotional well-being.	✓	✓	
	The staff here try to help me with things I might need right away, like food, shelter, or clothing.	✓	✓	
Staff Measures				
Goals of Care	When developing care plans, the care team here routinely collaborates with patients to co-create goals.	✓	✓	✓
Equity	Our organization ensures a safe and accessible environment (physical, emotional, and cultural) for all individuals, regardless of gender, sexual orientation, race, ethnicity, socioeconomic status, disability status, and language.	✓	✓	✓
Data Collection & Monitoring	Our organization breaks down regularly reported programmatic and improvement data by social risk factors, race/ethnicity, and gender to identify and address disparities.	✓	✓	✓
	We routinely collect and update data on preferred language, housing status, food security, and other social risk factors.	✓	✓	
Well-Being	I feel respected and included by the other members of our care team.	✓	✓	✓
	My work makes me feel satisfied.	✓		✓
	I believe I can make a difference through my work.	✓		✓
Care Integration	We develop treatment plans that are based in an integrated approach to patients' physical, behavioral, and emotional health, and health-related social needs.	✓	✓	✓
Community Partnerships	Patient care is well coordinated with community resources (e.g., support groups, food pantries, shelters).	✓	✓	✓
	Linking patients to outside resources is accomplished through active coordination between the provider practice, community service agencies and patients.	✓	✓	

Considerations for the Field

Each sites' experience implementing new measures underscores the value of patient and staff feedback in shaping high-quality complex care. The importance of intentionality in data collection cannot be overemphasized. Carefully selecting measures and expanding those measures beyond traditional metrics, determining the best approach for collecting the data, and clearly articulating the purpose of the measures, especially new and unfamiliar ones, to patients and staff are all best practices. The process of identifying and implementing these measures across the AIM pilot sites provided a better understanding of patient and staff perspectives on care provision for individuals with complex health and social needs. The pilot prompted the participating health care organizations to further explore approaches to eliciting patient and staff feedback.

Following are considerations for organizations looking to undertake a similar process.

Engaging patients and staff by asking for their feedback is an essential component of care transformation.

Leveraging the voices of those most impacted by changes to care delivery will help surface areas for improvement that might not be identified otherwise. Having access to data that captures how patients and staff are feeling about the care being provided can help boost morale by sending the message that their voices matter. The measures can help start a meaningful dialogue around what is working and what is not in aspects of care transformation that are not typically measured.

Measuring and reporting patient and staff perceptions of equity, well-being, goals of care, and care integration is challenging but doable.

Efforts to understand patient and staff perspectives in health systems are not usually focused on specific initiatives or smaller department/team-based care models. They are typically standardized and scaled across an entire organization, which solicits feedback at a high level that may be of little value for those transforming care with specific teams or patient populations. The above case studies highlight the feasibility of introducing customized surveys for specific initiatives as well as the tremendous value they can provide. Undertaking this work at a department, initiative, or team-based level requires taking the time to clearly specify the goals of gathering initiative-specific feedback, developing a plan for capturing patient and staff feedback, outlining how to analyze the data, and deciding what to do with the results.

Leadership support and readiness to implement a new model is crucial.

The AIM pilot sites showcased in this brief all had a certain level of readiness to move away from the status quo, engage in culture change, and improve the way they provide

care, which all require leadership support. This was critical for their ability to capture staff and patient feedback and act on the responses in a meaningful way.

Surveying patients and staff about their experience with care is a first step.

Once survey results are in hand, organizations must identify a process to facilitate dialogue with staff and patients to decide what actions to take in response. Survey results can spur new discussions with leadership and staff about how to better engage patients in their care and conversations with patients about better meeting their needs. These conversations can help reveal gaps in services and new opportunities for improvement.

Conclusion

While there are numerous patient and staff measures, it can be challenging to find measures that capture what many in the field believe to be essential components of high-quality complex care — including supporting well-being, equity, and meaningful integration of services from the perspective of both patients and staff. Although additional work needs to be done in refining how patient- and staff-reported measures are used, the experiences of these pilot sites and the AIM Measures Library can help to inform health care organizations seeking to better meet the needs of patients and staff by engaging them in care co-design and delivery.



ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. We support partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit www.chcs.org.

ABOUT JOSLYN LEVY & ASSOCIATES

Joslyn Levy & Associates (JLA) is a consulting firm with expertise in quality improvement, evaluation and strategic planning. For more information, visit www.joslynlevyassociates.com.

ENDNOTES

¹ M. Hirpal, T. Woreta, H. Addis, and S. Kebede. “What Matters to Patients? A Timely Question for Value-Based Care.” *PLoS ONE*, 15, no.7 (2000). Available at: <https://doi.org/10.1371/journal.pone.0227845>.

² M. Humowiecki, T. Kuruna, R. Sax, M. Hawthorne, A. Hamblin, S. Turner, et al. *Blueprint for Complex Care: Advancing the Field of Care for Individuals with Complex Health and Social Needs*. The National Center for Complex Health and Social Needs, Center Health Care Strategies, and Institute for Healthcare Improvement, December 2018. Available at: www.nationalcomplex.care/blueprint.

³ H. Bossley and K. Imbeah. *Measuring Complexity: Moving Toward Standardized Quality Measures for the Field of Complex Care*. The National Center for Complex Health and Social Needs and the Institute for Healthcare Improvement, May 2020. Available at: <https://www.nationalcomplex.care/research-policy/resources/publications-reports/measuring-complexity-moving-toward-standardized-quality-measures-for-the-field-of-complex-care/>.

⁴ D. de Silva. *Measuring Patient Experience*. The Health Foundation, June 2013. Available at: <https://www.health.org.uk/publications/measuring-patient-experience>.

⁵ For the full list of measures and more information on the development of the AIM Measures Library, see this [brief](#) and [webinar](#).

⁶ R. Warshaw. *Center for the Urban Child and Healthy Family at Boston Medical Center: A New Pediatric Care Model to Help Children and Families Thrive*. Center for Health Care Strategies, April 2022. Available at: <https://www.chcs.org/resource/center-for-the-urban-child-and-healthy-family-at-boston-medical-center-a-new-pediatric-care-model-to-help-children-and-families-thrive/>.

⁷ R. Warshaw. *Hill Country Community Clinic: Integrating Substance Use Treatment and Support into Primary Care*. Center for Health Care Strategies, April 2022. Available at: <https://www.chcs.org/resource/hill-country-community-clinic-integrating-substance-use-treatment-and-support-into-primary-care/>.