



# MassHealth Community Behavioral Health Center (CBHC) Quality and Equity Incentive Program (CQEIP)

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<b>Program:</b>	CBHC QEIP
<b>Performance Year:</b>	PY1
<b>Measure:</b>	Patient Experience: Communication, Courtesy, and Respect
<b>Deliverable:</b>	Patient Experience Report
<b>Submission Portal:</b>	OnBase
<b>Submission Due Date:</b>	September 30th, 2024
<b>File Naming Convention:</b>	CBHC Abbreviation_PatientExperience_YYYYMMDD

## Summary

The Patient Experience Report is the first of two reporting requirements for the measure: “Patient Experience: Communication, Courtesy, and Respect.” This PY1 metric assesses current practices for eliciting patient experience of care with CBHC services, with a focus on equitable experience, to inform survey requirements in future years.

Performance Submission Requirements for this measure in PY1 includes two deliverables.

1. **Patient Experience Report**, due September 30<sup>th</sup>, 2024. The reporting template and submission instructions for this deliverable are included in this document. EOHHS may use findings from this assessment to inform requirements for the second deliverable (e.g. standard guidance on the patient experience survey instrument).
2. **Patient Experience Plan**, anticipated to be due by a date following December 31<sup>st</sup>, 2024. The reporting template and submission instructions for this deliverable will be shared separately.

**A CBHC TIN-billing entity shall submit one report on behalf of its CBHC sites if there are multiple sites.**

## Reporting Template

### Contact Information

<b>CBHC Organization:</b>	Add text
<b>Point of Contact Name:</b>	Add text
<b>Point of Contact Title:</b>	Add text
<b>Point of Contact Email Address:</b>	Add text

### Introduction

Capturing patient experience of care is important to organizations to inform understanding of the provision of culturally competent care. This report includes questions on current practices for capturing patient experience of care for CBHC services, related to communication, courtesy, respect and other concepts of equitable care.

The questions are broken out into 2 sections:

- Section 1: Patient Experience Practices
- Section 2: Patient Experience Evaluation Instrument

If your CBHC organization has more than one CBHC site, please respond to each question for each site as appropriate, where there are variances in practices and processes.

CBHCs should complete the reporting template provided in this document and submit the completed report to EOHHS via OnBase by **September 30<sup>th</sup>, 2024**, with the following naming convention: **CBHCAbbreviation\_PatientExperience\_YYYYMMDD**. Please rename the file with the CBHC abbreviation and submission date. Note: Submission is a 2-step process; after uploading the deliverables onto OnBase, click “submit” to finalize the submission.

Please reach out to the MassHealth Health Equity Team at [health.equity@mass.gov](mailto:health.equity@mass.gov) with any questions.

## Section 1: Patient Experience Practices

For Questions 1-4, please use an “X” to indicate response unless specified otherwise. Please respond for each CBHC site, if your CBHC organization has multiple sites.

1. Does your CBHC elicit feedback on patient experience of care with CBHC services?

Response	CBHC Site # 1 Name: Add text	CBHC Site # 2 Name: Add text	CBHC Site # 3 Name: Add text	CBHC Site # 4 Name: Add text
Yes				
No (if no, proceed to question 13)				

2. How does your CBHC capture patient experience of care?

Response	CBHC Site # 1 Name: Add text	CBHC Site # 2 Name: Add text	CBHC Site # 3 Name: Add text	CBHC Site # 4 Name: Add text
Via Surveys				
Via Focus Groups (proceed to question 9)				
Other (please describe) (proceed to question 9)				

3. Does your CBHC use different survey instruments or questions for youth and children than for adults?

Response	CBHC Site # 1 Name: Add text	CBHC Site # 2 Name: Add text	CBHC Site # 3 Name: Add text	CBHC Site # 4 Name: Add text
Yes				
No				

4. Does your CBHC administer the patient experience surveys in languages other than English? If so, please describe.

Response	CBHC Site # 1 Name: Add text	CBHC Site # 2 Name: Add text	CBHC Site # 3 Name: Add text	CBHC Site # 4 Name: Add text
Yes (please describe)	Add Text	Add Text	Add Text	Add Text
No				

For Questions 5-6, please describe any nuances and/or distinctions in practices or processes by site in your assessment, if your organization has multiple sites.

5. Please describe the instrument(s) used to elicit patient experience of care. If possible, please include a copy of the instrument(s), including the questions and response choices at the end of this report (Section 2).

Narrative reply:

6. Please describe the setting(s), timing, method(s) of collection, and frequency with which the survey(s) are administered.

Narrative reply:

For Question 7, Please use an “X” to indicate response unless specified otherwise. Please respond for each CBHC site, if your CBHC organization has multiple sites.

7. Does your patient experience survey include any questions you may identify as related to the concepts of communication, courtesy, and respect?

For example:

- Communication – how often did your provider listen carefully to you?
- Courtesy – how often did the front office staff at the office treat with courtesy and respect?
- Respect – how often did your provider show respect for what you had to say?

Response	CBHC Site # 1 Name: Add text	CBHC Site # 2 Name: Add text	CBHC Site # 3 Name: Add text	CBHC Site # 4 Name: Add text
Communication				
Courtesy				

<b>Response</b>	<b>CBHC Site # 1 Name: Add text</b>	<b>CBHC Site # 2 Name: Add text</b>	<b>CBHC Site # 3 Name: Add text</b>	<b>CBHC Site # 4 Name: Add text</b>
Respect				

For questions 7.a-7.c, you may list a survey question in more than one category, if applicable.

7.a. Please list the specific question(s) and response choices used in your patient experience survey(s) that you identify as related to: Communication.

<b>Response</b>	<b>CBHC Site # 1 Name: Add text</b>	<b>CBHC Site # 2 Name: Add text</b>	<b>CBHC Site # 3 Name: Add text</b>	<b>CBHC Site # 4 Name: Add text</b>
Question	Add Text	Add Text	Add Text	Add Text
Response Choices	Add Text	Add Text	Add Text	Add Text
<i>Add rows for questions as needed</i>				

7.b. Please list the specific question(s) and response choices used in your patient experience survey(s) that you identify as related to: Courtesy.

<b>Response</b>	<b>CBHC Site # 1 Name: Add text</b>	<b>CBHC Site # 2 Name: Add text</b>	<b>CBHC Site # 3 Name: Add text</b>	<b>CBHC Site # 4 Name: Add text</b>
Question	Add Text	Add Text	Add Text	Add Text
Response Choices	Add Text	Add Text	Add Text	Add Text
<i>Add rows for questions as needed</i>				

7.c. Please list the specific question(s) used and response choices in your patient experience survey(s) that you identify as related to: Respect.

<b>Response</b>	<b>CBHC Site # 1 Name: Add text</b>	<b>CBHC Site # 2 Name: Add text</b>	<b>CBHC Site # 3 Name: Add text</b>	<b>CBHC Site # 4 Name: Add text</b>
Question	Add Text	Add Text	Add Text	Add Text
Response Choices	Add Text	Add Text	Add Text	Add Text
<i>Add rows for questions as needed</i>				

For Questions 8-14, if your organization has multiple sites, please describe any nuances and/or distinctions in practices or processes by site in your assessment.

8. Does your survey include other questions related to cultural competence and equitable care not captured by those questions related to communication, courtesy, and respect? If yes, please describe/identify the specific questions and response choices.

Narrative reply:

9. If your CBHC organization elicits patient experience feedback through methods other than survey instruments, please provide a brief description of the method(s) used, including the setting(s), timings, collection methods, and frequency.

Narrative reply:

10. If your CBHC organization elicits patient experience feedback through methods other than survey instruments, please describe if and how you capture feedback on patient experience as it relates to competent and equitable care.

Narrative reply:

11. How does your CBHC evaluate the results of the patient experience instrument(s) administered and use the findings to inform competent care?

Narrative reply:

12. What, if any, insights has your CBHC garnered from evaluating the findings from the patient experience evaluation methods? If applicable, please describe your experience translating insights into implementation of changes to improve culturally competent care.

Narrative reply:

13. If your CBHC does not currently elicit patient experience of care for CBHC services, please describe preliminary plans to implement practices starting in PY2 to elicit feedback on experience of care.

Narrative reply:

14. Is there additional information about how your CBHC captures patient experience that you would like to share?

Narrative reply:

## **Section 2: Patient Experience Evaluation Instrument**

15. Please include a copy of the instrument(s) your CBHC uses to elicit patient experience feedback, including the questions and response choices. You may include the content within this reporting document section or attach and upload it as a secondary file in the report container on OnBase. This is optional but encouraged.