Patient Satisfaction and Health Reform—How Surveys Will Become More Important to Practices

By Ken Terry

When was the last time you evaluated your patients’ perceptions of your practice? Only a minority of physicians does so formally by using patient surveys — but that’s likely to change. A provision in the healthcare reform bill promises to bring significance and urgency to measuring patient satisfaction. However, the benefits of these surveys extend far beyond meeting emerging government mandates, and some practices are already using them to make operational improvements.

This white paper will explain the government program that is expected to require the adoption of patient surveys, and what that could mean for your practice. You will also discover the major benefits patient surveys can have for your practice, as well as how to implement surveys and utilize that data to improve patient satisfaction.

Physician Compare on the Horizon

Included in the Patient Protection and Affordable Care Act is the requirement that the Centers for Medicare and Medicaid Services (CMS) create a Web site that features data on the comparative performance of physicians. The site, called Physician Compare, will be similar to other CMS Web sites that publicly report quality data on hospitals and home health agencies, and is expected to go online Jan. 1, 2011. By 2013, the Web site will expand to include an area for patient ratings, along with information on clinical quality.

To measure patient satisfaction, CMS is expected to use a standardized survey developed by the Agency for Healthcare Research and Quality (AHRQ). Known as the Clinician and Group Consumer Assessment of Healthcare Providers and Systems, or CG-CAHPS, this instrument is similar in its aims to the survey tools that hospitals and home care agencies already use for public reporting.

“CMS will almost certainly use CG-CAHPS to gather data for the Physician Compare Web site.”
Compare Web site,” says Jodie Cunningham, director of the public reporting and public policy department at Press Ganey, a healthcare performance improvement company and the nation’s largest provider of patient satisfaction measurement and analysis. That’s because the survey is the only one that has been approved by the National Quality Forum, a multi-stakeholder, private organization that vetted the clinical quality metrics employed in the Physician Quality Reporting System (PQRS), and CMS is legally required to use measures approved by the group. Some large physician groups are already using CG-CAHPS in anticipation of this requirement, and Minnesota could require groups to use it starting next year.

In Medicare’s similar hospital quality program (Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS), reporting was voluntary at first. But later, hospitals that did not report data began to lose 2 percent of their Medicare reimbursement. According to CMS, that same fate could eventually fall on the physician quality measurement program, Cunningham says. Regulations for Physician Compare have yet to be written, but she notes that the Affordable Care Act authorizes data collection beginning in 2012 — although clinical data gathering though PQRS has already started.

For this reason alone, Cunningham and some practice-management consultants say physician practices should begin to use some kind of patient satisfaction survey now. If they also get some experience in using the CG-CAHPS survey, they’re likely to score higher when CMS begins publishing patient experience ratings. Practices will not only be more familiar with the survey process, but will have already have started down a path toward making improvements, says Patty Riskind, senior vice president of medical services at Press Ganey. To that end, Press Ganey is incorporating the CG-CAHPS questions into their standard medical practice patient satisfaction survey, as well as a stand-alone CG-CAHPS survey. Meanwhile, the company has participated in CG-CAHPS pilot projects in Michigan, Minnesota, and Wisconsin.

Benefits of Patient Satisfaction Surveys

The upcoming government program isn’t the only reason physician practices should survey their patients. Here’s a look at a few major benefits of patient surveys:

• Find out what patients really think. This is the most important motivation, as it can help the practices make improvements based on the feedback. “The smart practices will take that information and use it to strengthen their practice, their process and flow, and how things get done,” says Ken Hertz, a consultant with the Medical Group Management Association.

• Help reduce turnover. Practices can reduce patient turnover by using patient satisfaction surveys to help improve customer service. According to a study about patient ratings in the Journal of the American Medical Association, physicians with patient satisfaction ratings in the lowest 20 percent are nearly four times more likely to experience patient turnover than physicians in the top 20 percent. And remember, patients who are unhappy with their experience tend to spread the word to their friends and relatives.

• Reduce your malpractice risk. The effective use of patient satisfaction surveys can also reduce physicians’ likelihood of being sued. Research has shown that poor communication between doctors and patients is more likely to lead to a malpractice suit than an unsatisfactory clinical outcome. Not surprisingly, physicians who ranked in the bottom third of the Press Ganey database were 110 percent more likely to have suits brought against them than were the highest-rated doctors, according to a 2005 American Journal Of Medicine study that drew on Press Ganey data.

Less clear is the relationship between patient perceptions of individual physicians and the clinical quality of those doctors’ care. Nevertheless, there may be some correlation between patient satisfaction scores and the overall quality of care, says Anne-Marie Audet, MD, vice president of health system quality and efficiency at the Commonwealth Fund, a New York-based research organization. In a 2008 study supported by the Commonwealth Fund and published in the New England Journal of Medicine, Boston researchers discovered a direct link between hospital care quality and patient satisfaction ratings. “A big piece of quality is engaging patients in their

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a list of patients who were seen in the past week. This list goes to the survey vendor, which mails the survey to a random sample of patients on the list. The vendor will collate and analyze the responses and create a quarterly report for the physician practice. The response rate for mail surveys is usually around 30 percent. Typically, at least 30 completed surveys are required to draw any meaningful conclusions from the data, vendors say.

- E-surveys. A new way to reach more patients and increase the number of surveys returned is electronic surveys. Practices can collect patients’ e-mail addresses and distribute the survey a day after the visit. “Electronic surveying lets you survey so many more patients, and as a result, the cost per returned survey is significantly lower, and the ability to get feedback faster is greater,” says Riskind.

Benchmarking To Spur Improvement
The data a practice collects won’t mean much in a vacuum, so it’s critical to look to standards to interpret the results. Benchmarking of survey data is usually done by specialty and may encompass national and/or regional databases. Press Ganey, for example, has survey data for more than 78,000 physicians at 8,600 sites. Its database includes 70 specialties with enough data for benchmarking reports by specialty, size of practice, region of the country, and several practice-selected dimensions.

Depending on how a practice breaks down and reports the data, it can be a very potent tool for improving customer service. For example, Prevea Health, a 200-doctor multispecialty group in Green Bay, Wisc., compares itself by specialty with similar groups across the country. Prevea provides reports to departments and individual groups and also posts the patient experience ratings internally for its doctors to see. “Since we’ve done that, we’ve grown our scores dramatically,” says Eric Dordel, Prevea’s customer service manager.

Prevea, which has seen a steady improvement in its patient satisfaction ratings since 2006, when it introduced the Press Ganey survey, uses the survey data to judge the quality of service at each site. The group mobilizes its care teams to focus on improving areas that are important to patients. Then, when they receive the next quarterly survey report, they see whether they’ve been successful, Dordel says.

The Gundersen-Lutheran Health System in LaCrosse, Wisc., also uses a survey to measure patient satisfaction in its outpatient clinics. Like Prevea, it reports the data at the departmental and individual doctor levels, and finds that this is a big lever for improvement. “Many doctors look at it and try to figure out what they’re not communicating, and they change how they practice or communicate,” notes Thomas Schlesinger, executive consultant to Gundersen-Lutheran. “Or if we score low on waiting time in the clinics, we’ll change the rooming process and make that faster.”

Interpreting and Reporting the Scores
Not surprisingly, most survey respondents are fairly positive about their care.
providers. One reason is that people who don't like their doctors usually leave the practice. Cindy Dunn, an MGMA consultant, says that survey respondents generally make their providers look good. But patients may have negative attitudes toward other aspects of the practice, such as long wait times or unfriendly staff.

Patients tend to be more positive toward care providers with whom they have the most interaction, according to Press Ganey's research. But depending on how an office is structured, patient responses to staff and facility questions will vary. Hertz points out that, while negative responses are uncommon, a five-point scale can still yield important information. "On a five-point scale, three isn't really good. Five is what you're after, so if you get a lot of threes, it means you have a lot of work to do."

Today, aside from the scant information posted on commercial Web sites, there is no national public reporting of patient experience data for physicians, because there are no standardized surveys. When CMS begins to publish CG-CAHPS data, however, it will introduce a new element into the competition for patients.

Most physicians won't like it, consultants say. This is partly because doctors view patient experience surveys as subjective, says Dunn. Also, they believe that patients who are higher-acuity and more complex may have different responses than healthy patients do. If the scores are published, Dunn says, "Physicians may avoid very difficult, demanding patients, because they're afraid that those patients are going to give them a black mark and reduce their ratings."

92 percent of group-based practices have performance incentive programs. Half of those tie bonuses to patient satisfaction and quality measures.

However, CMS would likely adjust the CG-CAHPS scores based on patient characteristics, as it has done in the hospital CAHPS ratings, notes Cunningham of Press Ganey.

A more serious problem with the CG-CAHPS survey — which is still being tested in multiple versions — is that it asks questions about a patient's care over the past year; many patients will have difficulty answering those because of the amount of time elapsed. For smaller practices, in particular, other aspects of CG-CAHPS will present difficulties. For example, the government will likely require the survey be conducted by mail, which is costlier than the e-survey method. Also, the government will probably require two waves of mailings for each survey, an initial mailing plus a second survey to anyone who hasn't responded. Press Ganey is lobbying CMS to include an online survey option as a complement to mail as part of CG-CAHPS, which would provide a more cost effective alternative for many small practices.

Considering that nearly half of the private-practice physicians in the U.S. work in practices of only one or two providers, Schlesinger notes, "How are they going to field the survey and get the results back? They'll have to use a vendor, and that drives up the cost of care and so on. What the government will probably do is first apply this to the larger clinics and then expand it to small practices."

Gundersen Lutheran is participating in the CG-CAHPS pilot in Wisconsin, and the results are being reported at the department or site level, says Schlesinger. He believes this will continue to be the case when the program is launched nationwide. "In public reporting, the AHRQ is only talking about taking it down to the level of the clinic or department, not down to the provider," he says. Of course, that won't help a soloist who may see his personal patient experience scores published on the Physician Compare Web site.

CMS's mandate to create a Physician Compare Web site will thrust patient experience surveys into a new era. Although many physicians remain uninterested in conducting these surveys, they will soon have a financial incentive to perform them and to report the data to CMS. Even if some doctors still resist the trend, the resultant explosion of information about how patients view particular physician practices is likely to increase the importance of customer service in healthcare.

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