



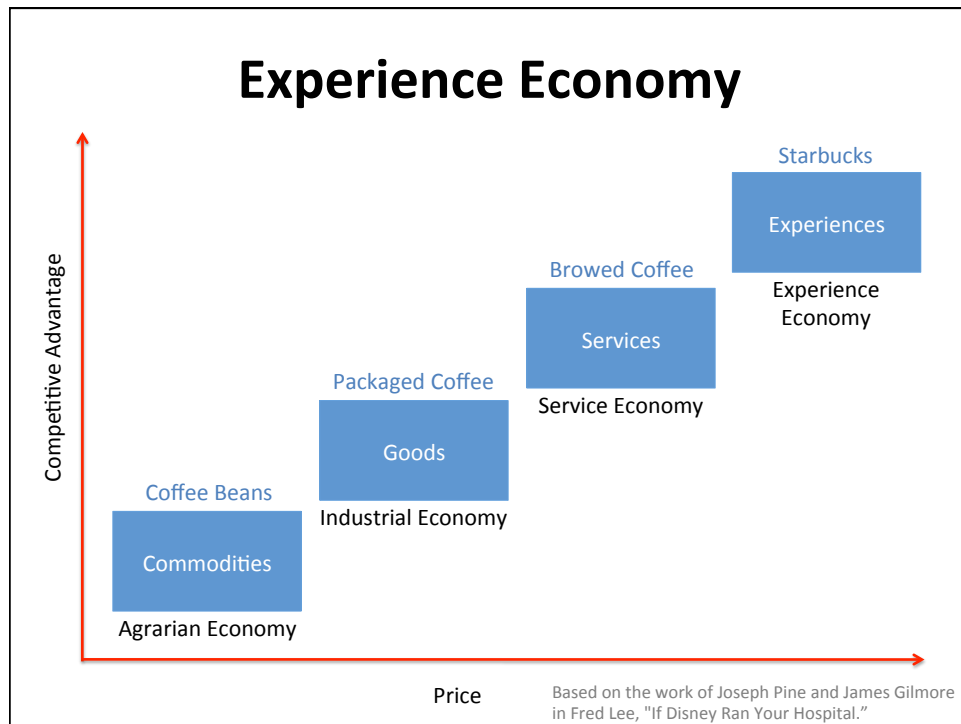

High treatment costs
 Dealing with side effects
 Long wait times
 Unexpected treatment costs
 Unfriendly healthcare professional
 Difficult medication regime
 Confusing medication information
 Difficult payment/reimbursement
 Inconvenient pharmacy hours
 Lack of social/emotional support

Experience

Lindsay Jubelt, MD, MSHP
 NYU School of Medicine
 July 29, 2014

Why Focus on the Patient Experience?

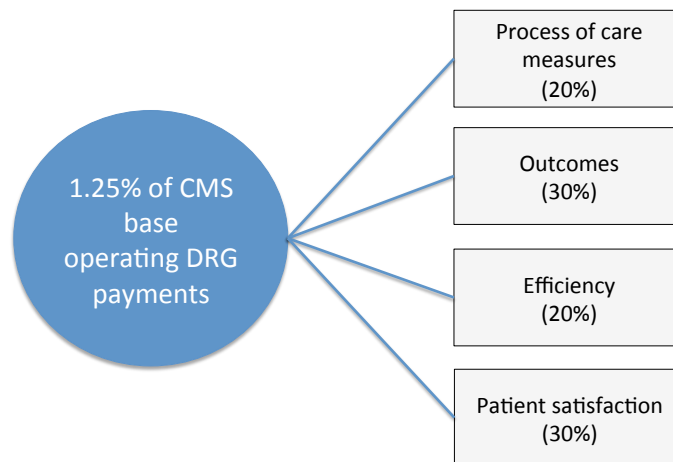
- **Patient Centeredness:** Patient satisfaction is at the core of patient-centered care.
- **Financial Incentives:** Through value-based-purchasing and growing competition for patients, the patient experience will be increasingly important in the coming years for the financial bottom line of providers and health systems.
- **Indicators of Health System Performance:** Patient experience measures represent distinctive indicators of health care quality.
- **Association with health outcomes:** There is an association of patient experience with treatment adherence and clinical outcomes.



Patient Experience: Health System Financial Implications

- Brand image
- Patient (customer) loyalty
- Market share
- Publicly reported data
<http://www.medicare.gov/hospitalcompare/search.html>

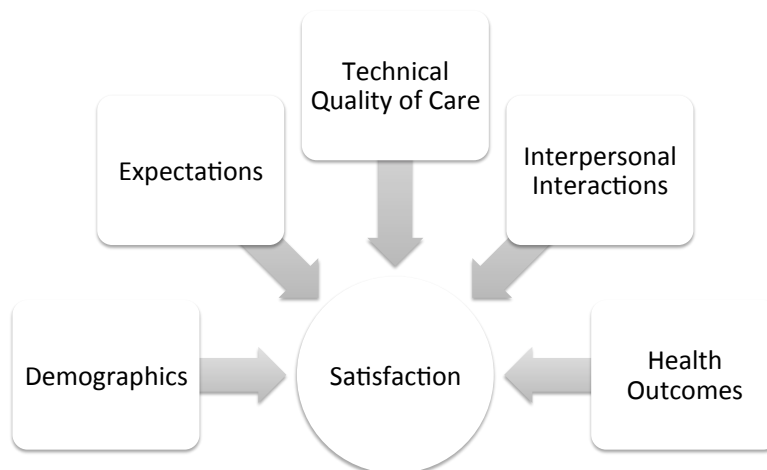
Hospital Value-Based Purchasing



Patient Satisfaction vs. Patient Experience

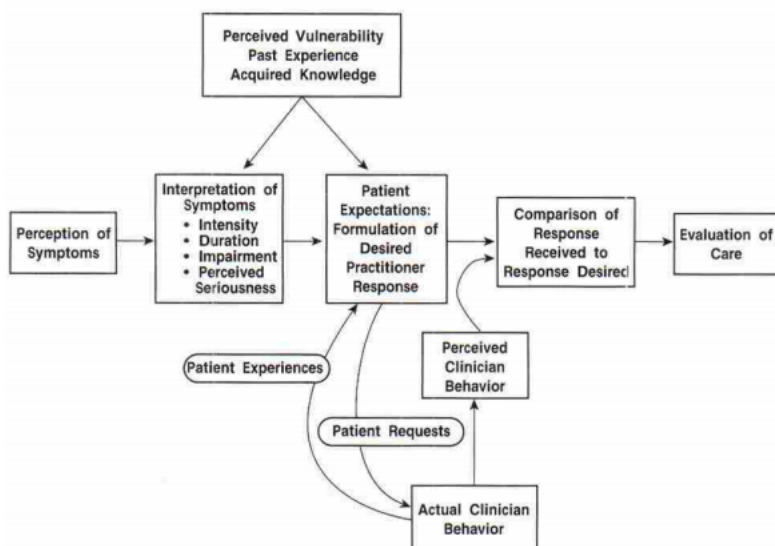
- What's the difference?

Predictors of Satisfaction



Conceptual Model:

Patient symptoms, expectations, and evaluations



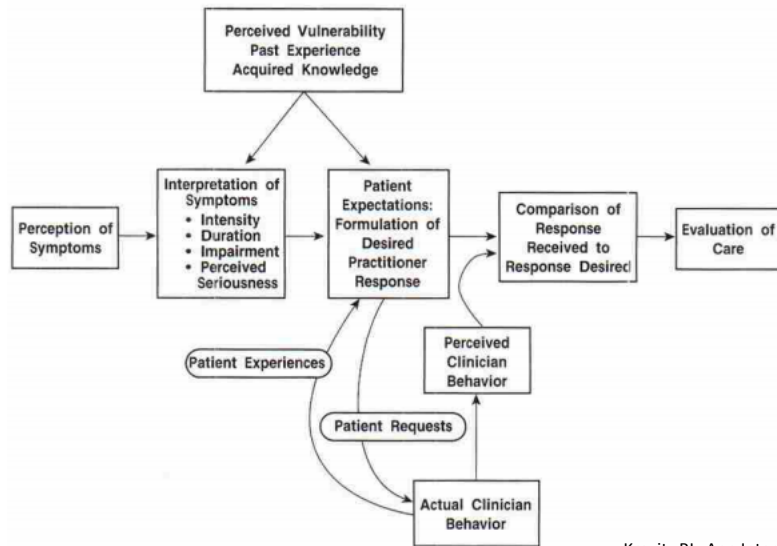
Kravitz RL. Ann Intern Med. 2001

https://www.youtube.com/watch?v=cDDWvj_q-o8

Themes of Patient Experiences

- Share an experience you or a family member has had as a patient.
- Identify themes from your stories and from the video.
- Report the themes back to the group.

Conceptual Model: Patient symptoms, expectations, and evaluations



Kravitz RL. Ann Intern Med. 2001

Why does patient experience matter?

- It correlates with better health outcomes
 - Satisfied patients are more likely to adhere to medications
 - They are more likely to maintain an ongoing relationship with a health care provider
 - They are more likely to realize subsequent benefits related to health outcomes

Patients' Satisfaction with Care and Quality of Care

Table 4. HQA Scores for the Quality of Clinical Care Provided for Four Conditions, According to the HCAHPS Global Rating.[☆]

HCAHPS Rating	Acute Myocardial Infarction	Congestive Heart Failure	Pneumonia	Surgery
	Adjusted Mean Score [†]			
Lowest quartile	93.5	82.7	88.5	82.8
Second quartile	94.5	85.2	90.1	84.3
Third quartile	94.6	85.9	90.7	85.2
Highest quartile	95.3	86.0	90.8	85.7
P value for trend	<0.001	<0.001	<0.001	<0.001

[☆] The Hospital Quality Alliance (HQA) score is the percentage derived from the sum of the number of times a hospital performed the appropriate action across all measures for that condition (numerator) divided by the number of opportunities the hospital had to provide appropriate care (denominator). See Appendix 2 in the Supplementary Appendix for component measures of each condition. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) rating is based on the percentage of patients who rated their hospital experience as 9 or 10 on a 10-point scale, with higher scores reflecting better performance.

[†] The score was adjusted for number of beds, academic status, region, location, profit status, ratio of nurses to patient-days, and percentage of patients receiving Medicaid.

Jha et al. N Engl J Med 2008; 359:1921-1931

Critiques of Patient Satisfaction

1. Patients may downgrade doctors for not giving them what they want
2. Patients are not credible critics of medical care
3. Patient satisfaction may have to do with other factors, such as health status, rather than quality of care delivered

Critiques of Patient Satisfaction

1. Patients may downgrade doctors for not giving them what they want

The Relationship Between Perceived Parental Expectations and Pediatrician Antimicrobial Prescribing Behavior

Rita Mangione-Smith, MD, MPH*; Elizabeth A. McGlynn, PhD‡; Marc N. Elliott, PhD‡; Paul Krogstad, MD*; and Robert H. Brook, MD, ScD*‡

Pediatrics. 1999 Apr;103(4 Pt 1):711-8.

TABLE 7. Predicting Parent Visit-Specific Satisfaction: Results of Ordinary Least-Squares Regression Model

Independent Variable	β Coefficient
1. Sex	.10
2. Age	.003
3. Annual income	.05
4. Level of education	-.16
5. Ethnicity	-.08
Unmet parent expectations for:	
6. Necessary physical examination elements	-.08
7. Unnecessary physical examination elements	-.15
8. Doctor-parent communication events	-.18*
9. Receiving medications	.05

* $P < .05$ after Bonferroni correction for multiple comparisons.

Critiques of Patient Satisfaction

2. Patients are not credible critics of medical care

■ **Table 4.** Multivariable Predictors of 30-Day Risk-Standardized Readmission Rates

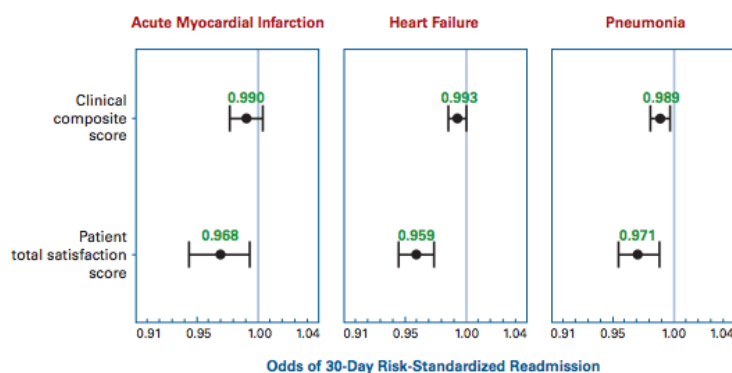
Variable	Coefficient Estimate (SE)	χ^2 Statistic	P
Acute myocardial infarction			
Overall patient satisfaction	-0.268 (0.084)	10.20	.001
Patient satisfaction with discharge planning	-0.189 (0.113)	2.80	.09
Clinical composite score	-0.184 (0.131)	1.98	.16
Heart failure			
Overall patient satisfaction	-0.321 (0.048)	45.03	<.001
Patient satisfaction with discharge planning	-0.284 (0.062)	20.75	<.001
Clinical composite score	-0.051 (0.027)	3.54	.06
Pneumonia			
Overall patient satisfaction	-0.232 (0.056)	17.11	<.001
Patient satisfaction with discharge planning	-0.169 (0.072)	5.56	.02
Clinical composite score	-0.150 (0.053)	7.90	.005

Am J Manag Care. 2011 Jan;17(1):41-8.

- Observational study using Hospital Compare data on clinical performance, patient satisfaction, and 30-day risk-standardized readmission rates for acute myocardial infarction, heart failure, and pneumonia for the period July 2005 through June 2008.

Quality and Satisfaction as Predictors of Readmission

■ **Figure.** Association Between Interquartile Improvements in Hospital-Level Patient Total Satisfaction Scores and 30-Day Risk-Standardized Readmission Rates



Am J Manag Care. 2011 Jan;17(1):41-8.

Critiques of Patient Satisfaction

3. Patient satisfaction may have to do with other factors, such as health status, rather than quality of care delivered (inherence bias)

Press-Ganey Survey

- Most questions are regarding specific types of interactions or services.
- These specific questions are more objective, and less likely to be influenced by things like health status.

What do patients want?

- That they are treated with dignity and respect
- That their providers listen carefully to their health concerns
- The provider is easy to talk to
- The provider takes their concerns seriously
- The provider is willing to spend enough time with them
- The provider truly cares about them