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ANALYSIS & COMMENTARY

Measuring Patient Experience As A Strategy For Improving Primary Care

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ABSTRACT Patients value the interpersonal aspects of their health care experiences. However, faced with multiple resource demands, primary care practices may question the value of collecting and acting upon survey data that measure patients' experiences of care. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) suite of surveys and quality improvement tools supports the systematic collection of data on patient experience. Collecting and reporting CAHPS data can improve patients' experiences, along with producing tangible benefits to primary care practices and the health care system. We also argue that the use of patient experience information can be an important strategy for transforming practices as well as to drive overall system transformation.

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New models of organizing, delivering, and paying for primary care seek to improve the quality of care provided to patients and the experiences of clinicians. Meanwhile, research has shown that patients place much value on effective communication with their providers, the responsiveness of clinicians and staff to their needs, and an overall sense of being treated with care and respect.¹⁻⁴

In recent years, much progress has been made in the science of measuring important aspects of the patient care experience, most notably through the development and use of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) suite of patient experience survey tools.⁵⁻¹¹ However, faced with multiple priorities and resource demands, health systems and providers may question the clinical and business value of collecting, analyzing, and acting upon data on patients' experiences of care.

Despite these concerns, available tools and quality improvement strategies bolster the feasibility and benefit of measuring and improving patients' experiences of care, both for the intrinsic value conferred to patients and for the resulting enhanced work environment for clinicians

and staff alike. The use of patient experience information can be an important strategy to use in driving system transformation. Such transformation will result when consumers use the information to choose their providers, when employers and purchasers use it for payment and benefit design, and when physicians and practice administrators act on the data to improve office systems and care.

What Is Patient Experience?

Patient experience is a measure of patient-centeredness, one of six health care quality aims proposed by the Institute of Medicine (IOM).¹² While "patient satisfaction" surveys obtain ratings of satisfaction with care, patient experience surveys elicit reports from patients on what they did or did not experience in their interactions with providers and the health care system. Systematically measuring patient experience differs from user-generated reviews posted on Web sites such as Yelp and Angie's List, because scientifically based sampling methods enable a broader and more representative assessment of all patients in a practice and thereby provide more valid, credible data.

How Do We Measure Patient Experience?

A key way to measure whether care is patient-centered is by surveying people who have had contact with the health care system. For example, the CAHPS Clinician and Group Survey provides a nationally standardized, validated tool to measure patients' experiences in primary care practices.

This survey asks patients to assess their experiences in areas that research has shown patients value, including ease of scheduling appointments, availability of information, communication with clinicians, responsiveness of clinic staff, and coordination between care providers. Supplemental question sets can be added to the core survey to assess how the provider engages a patient as a whole person and in decision making, disease management, and health promotion. Other CAHPS surveys are used to assess patients' experiences with hospitals, health plans, dialysis centers, nursing homes, and home health agencies.

Why Is It Important To Measure Patient Experience?

There is inherent value to patient-centered care, and patients place a high priority on these factors. Good patient experience also has a well-documented, positive relationship to other aspects of health care quality, including patients' engagement with and adherence to providers' instructions, and clinical processes and outcomes. This clinical case is paired with a solid business case, linking patient experience to financial performance, malpractice risk, patient loyalty, and employee satisfaction.

Measuring patients' experiences is also a critical step toward understanding and improving the quality of care. The information can reveal system problems, such as delays in returning test results and gaps in coordination and communication that have major quality and efficiency implications. Although collecting the information is essential, using the information for improvement is the goal.

Research has consistently demonstrated that patient experience correlates with clinical processes of care for prevention and disease management and with better health outcomes.¹³⁻¹⁷ For example, patients hospitalized for acute myocardial infarction (AMI) who reported more problems with care had poorer outcomes both one month and twelve months after discharge, although these effects were mediated for patients with subsequently positive outpatient care experiences.¹⁸

Furthermore, patient experience has a strong

relationship to patients' adherence to medication and other care regimens.¹⁹⁻²² Particularly in the case of chronic conditions, health care providers cannot achieve positive health outcomes without commitment and action from patients. Patient experience is also positively correlated with key financial indicators, including patient loyalty and retention, reduced medical malpractice risk, and increased employee satisfaction. Indeed, a 1992 study found that patients' perceptions of quality explained nearly 30 percent of the variation in hospital financial performance.²³

For instance, the mean voluntary disenrollment rate among Medicare managed care enrollees is four times higher for plans in the lowest 10 percent of overall CAHPS Health Plan survey ratings than for those in the highest 10 percent.²⁴ At the provider level, patients who reported the poorest-quality relationships with their physicians are three times more likely to voluntarily leave the physician's practice than patients with the highest-quality relationships.²⁵

The quality of the provider-patient relationship as evident in good patient experience scores correlates with lower medical malpractice risk.²⁶⁻²⁸ Although average patient experience scores can mask variations within a provider's scores, the minimum score a provider receives correlates with the likelihood of being implicated in a medical malpractice suit. Each drop in minimum overall score along a five-step scale of "very good" to "very poor" corresponds to a 21.7 percent increase in the likelihood of being named in a suit.²⁹ Forty-six percent of malpractice risk is attributed to physician-specific characteristics, including patient experience.²⁹

Efforts to improve patient experience also result in greater employee satisfaction, reducing turnover. Improving patients' experiences requires improving work processes and systems that enable clinicians and staff to provide effective care. A focused endeavor to improve patients' experiences at one hospital also resulted in a 4.7 percent reduction in employee turnover.³⁰ Similarly, nurse satisfaction is strongly positively correlated with patients' intent to return to or to recommend the hospital.³¹

Recommendations For Improving Primary Care

The clinical and business cases for measuring patient experience suggest the need for greater professional and policy support for collection and use of patient experience data. The following recommendations are offered as a starting point to guide the actions of physician practices, health systems, consumers, purchasers, and pol-

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icy makers in using patient experience to improve primary care.

USE A STANDARDIZED, VALIDATED SURVEY INSTRUMENT Measuring patient experience is no longer uncharted territory. The CAHPS Clinician and Group Survey tools have been extensively validated, have been endorsed by the National Quality Forum, and are readily available at no charge in the public domain. As noted above, the tools can be tailored with supplemental question sets to gather a wide variety of additional information.

A number of organizations assessing patient satisfaction with proprietary surveys have successfully made the transition from those surveys to the CAHPS instruments to measure patient experience. Others have incorporated CAHPS core questions into their existing tools as a strategy for moving toward standardization while retaining legacy questions useful for measuring trends.

CAPTURE INFORMATION FOR ALL TYPES OF PATIENTS To date, efforts have focused on Medicare and the commercially insured population, excluding the experience of Medicaid and uninsured patients. Data will have more credibility with consumers, physicians, and payers if a broad, representative patient population is included.

PROVIDE DATA AT THE PROVIDER AND PRACTICE-SITE LEVELS Individual provider-level data are most useful for quality improvement because they allow the practice to identify systemic problems as well as problems unique to a few individual clinicians. Although some elements of patient experience are most relevant at the provider level, matters such as coordination of care and access to information and appointments can affect an entire practice. Providing consumers with easy access to this information empowers them to evaluate and communicate with providers on dimensions that matter to them.

ANALYZE DATA BY PATIENT DEMOGRAPHICS

Some studies demonstrate variations in reported patient experience by race, ethnicity, education, health status, and other patient characteristics. Analysis and reporting of data by these characteristics can help practices better understand and treat specific patient populations, such as the chronically ill or disadvantaged.³²⁻³⁶

USE THE DATA TO IDENTIFY SYSTEM ISSUES The communication and integration dimensions of patient experience are those most often correlated with clinical measures.^{37,13} Patients' reports of interactions with the health care system can reveal system problems that affect quality and efficiency along with patient experience.

Identifying these problems offers considerable opportunity for improvement. One study found that the practice site accounts for at least 60 percent of explainable variation in patient-reported quality.³⁸ Subsequent research revealed that the practice site accounts for 45-81 percent of the variation in organizational features of care (such as appointment access and clinical team integration), while the provider accounts for 61-84 percent of interaction quality (such as communication and trust).³⁹

IMPROVE THE QUALITY OF PATIENT CARE Tools exist to help address identified system issues, such as clinician-patient communication and establishing systems to remind patients to get needed tests, to deliver test results in a timely manner, to return patients' phone calls faster, or to make getting appointments easier. One such tool kit is the CAHPS Improvement Guide, developed from early experience with CAHPS implementation.⁴⁰

ESTABLISH PROVIDER PAYMENT INCENTIVES Payers and plans should include patient experience data in any payment incentive structure for physicians. Medical groups could also provide incentives for improvement by using patient experience in any internal bonus or compensation structure. Further, the possible inclusion of the CAHPS Clinician and Group Survey as a condition of medical home certification, as well as the comparative data, will be important to evaluating this increasingly prominent model.

INCORPORATE CAHPS INTO MEDICAL PRACTICE STANDARDS National Committee for Quality Assurance (NCQA) Physician Practice Connections recognition requires practices to implement a survey of patients' experiences of care, and the American Board of Medical Specialties has endorsed including the core CAHPS communication items in its revision of Maintenance of Certification requirements for each of its twenty-four member boards.⁴¹ Other medical boards and state licensing agencies could reinforce the CAHPS expectation by adopting similar provisions.

CONTINUE TO SUPPORT REGIONAL IMPLEMENTATION California, Massachusetts, and Minnesota now publicly report patient experience data for a sizable proportion of primary care practices, as do the metropolitan areas of Denver, Kansas City, and Memphis. These regional approaches, often led by multistakeholder alliances, vary in financing and implementation models, with each alliance harnessing its respective political and material assets. Private and public entities can continue to support regional approaches, in the absence of a requirement by the Centers for Medicare and Medicaid Services (CMS).

DEVELOP AND TEST NEW TECHNOLOGIES Widespread implementation of CAHPS will likely require new survey methods that are less costly and burdensome than traditional mail and telephone modes. Innovative use of Web-based tools, interactive voice recognition, and wireless technologies hold promise for reducing the cost and improving the ease and turnaround time of acquiring and using survey data. Experiments that test the validity and reliability of new data collection methods should be supported.

The Future

Ever since the IOM's 2001 *Crossing the Quality Chasm* report proposed patient-centeredness as one of six aims for the U.S. health system, patient-centered care has gained footing within the landscape of health care reform. Although patient experience information is systematically collected and reported in pockets of the country, the vast majority of consumers and providers do not have access to this information.

In its absence, consumers rely on user-review Web sites such as Yelp and Angie's List, and on organizations such as Zagat that are known for rating other industries. The ease and viral nature of the technology age ensure that patient experience information will be widely available, but the form and rigor of the information remain in question.

Although there is value in both systematic and user-driven content, the dearth of evidence-based, standardized, and representative patient experience data threatens the accuracy and utility of the information. As patient-centeredness becomes entrenched in the quality landscape, and more institutions and communities begin to measure, report, and leverage patient experience data for improvement, momentum and related focus are likely to grow in the coming years. ■

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