

Measuring Patient Experience of Care

Kevin A. Schulman, MD, MBA

Professor of Medicine

Gregory Mario and Jeremy Mario Professor of Business Administration (2010-2016)

Visiting Scholar, Harvard Business School

Faculty Associate Director

Duke Clinical Research Institute

Durham, North Carolina

Disclosures

Kevin Schulman, MD

Co-founder, Investor, Board Member @ Bivarus, Inc.

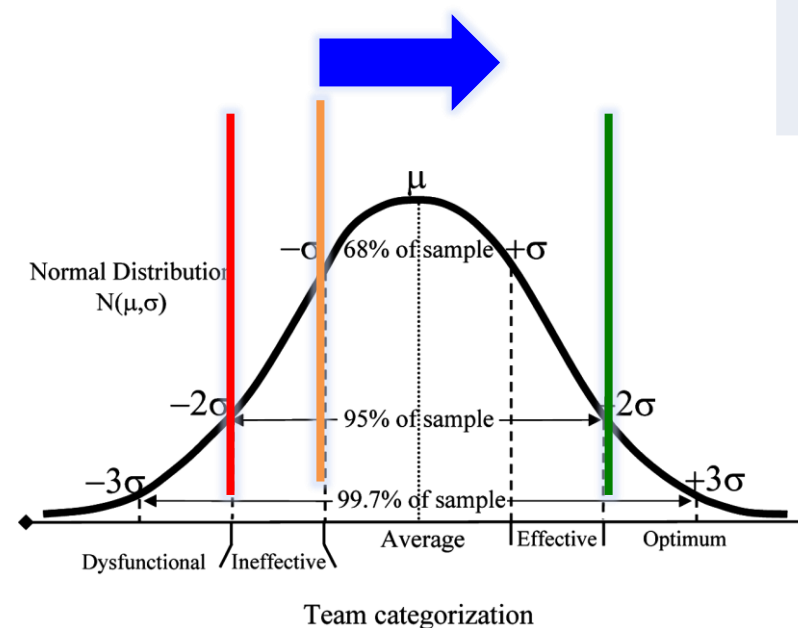


ASSESSING PHYSICIANS PERFORMANCE

Performance Goals for Physicians

- Reward the Top Performers
- Remove the Bottom Performers
- Achieve Some Minimum Performance
- Shift the Curve

% Impacted	Improvement
2.5%	.4%
2.5%	-1%/1%
16%	2%
100%	10%



Hammill B., 2016

Key Challenges From the Provider Perspective

- Measurement Culture: Benchmarking
- Methodological Issues: Measurement
- Unintended Consequences
- Action-ability of the Data

Measurement Culture Benchmarking

2014

CENTRAL	<u>W</u>	<u>L</u>	<u>PCT</u>	<u>GB</u>
x-St. Louis	90	72	.556	-
y-Pittsburgh	88	74	.543	2
Milwaukee	82	80	.506	8
Cincinnati	76	86	.469	14
Chicago Cubs	73	89	.451	17

2012

CENTRAL	<u>W</u>	<u>L</u>	<u>PCT</u>	<u>GB</u>
x-Cincinnati	97	65	.599	-
y-St. Louis	88	74	.543	9
Milwaukee	83	79	.512	14
Pittsburgh	79	83	.488	18
Chicago Cubs	61	101	.377	36
Houston	55	107	.340	42

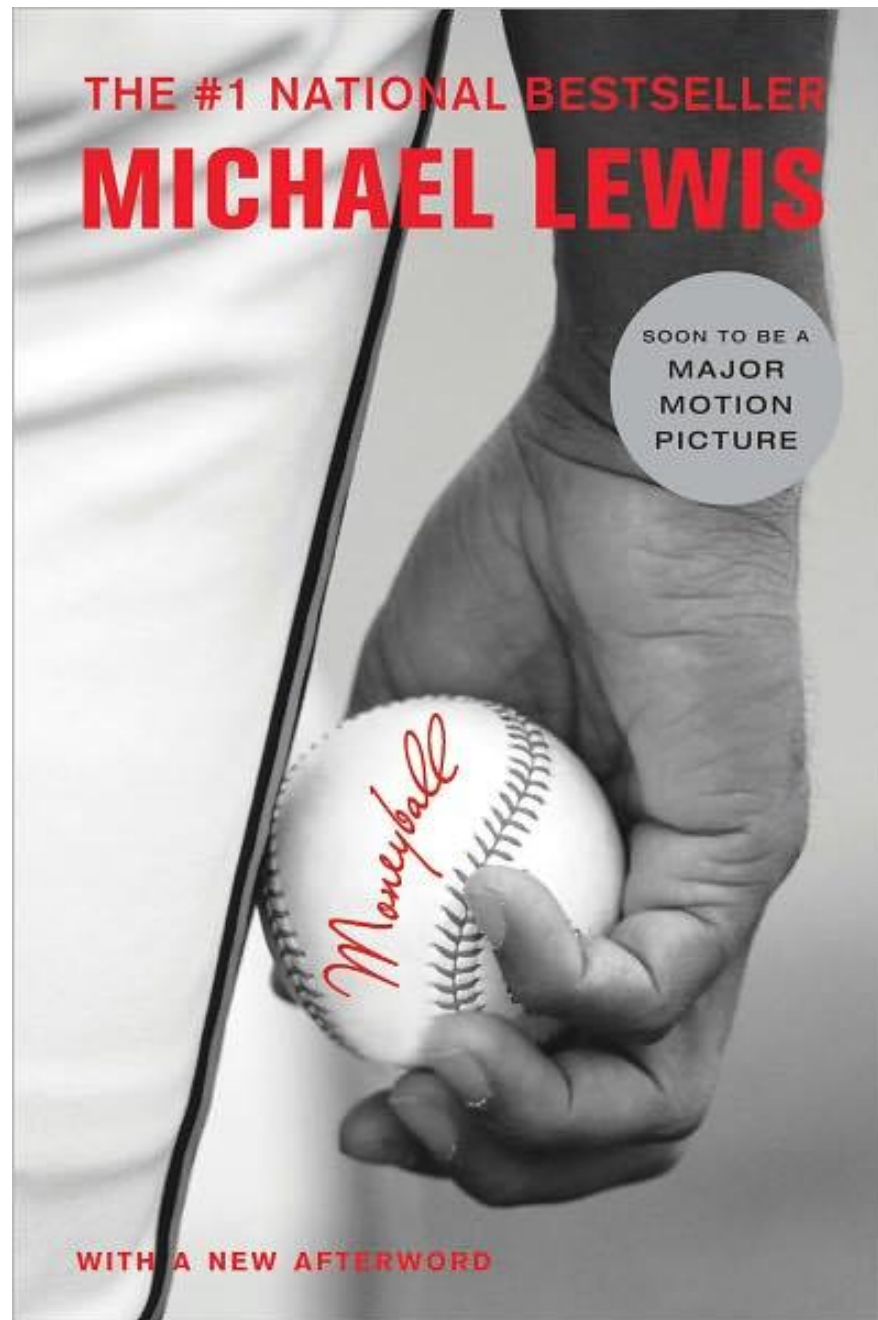
2013

CENTRAL	<u>W</u>	<u>L</u>	<u>PCT</u>	<u>GB</u>
*-St. Louis	97	65	.599	-
y-Pittsburgh	94	68	.580	3
y-Cincinnati	90	72	.556	7
Milwaukee	74	88	.457	23
Chicago Cubs	66	96	.407	31

2011

CENTRAL	<u>W</u>	<u>L</u>	<u>PCT</u>	<u>GB</u>
x-Milwaukee	96	66	.593	-
y-St. Louis	90	72	.556	6
Cincinnati	79	83	.488	17
Pittsburgh	72	90	.444	24
Chicago Cubs	71	91	.438	25
Houston	56	106	.346	40

Chicago Cubs



They won by using their
own
data and analysis!



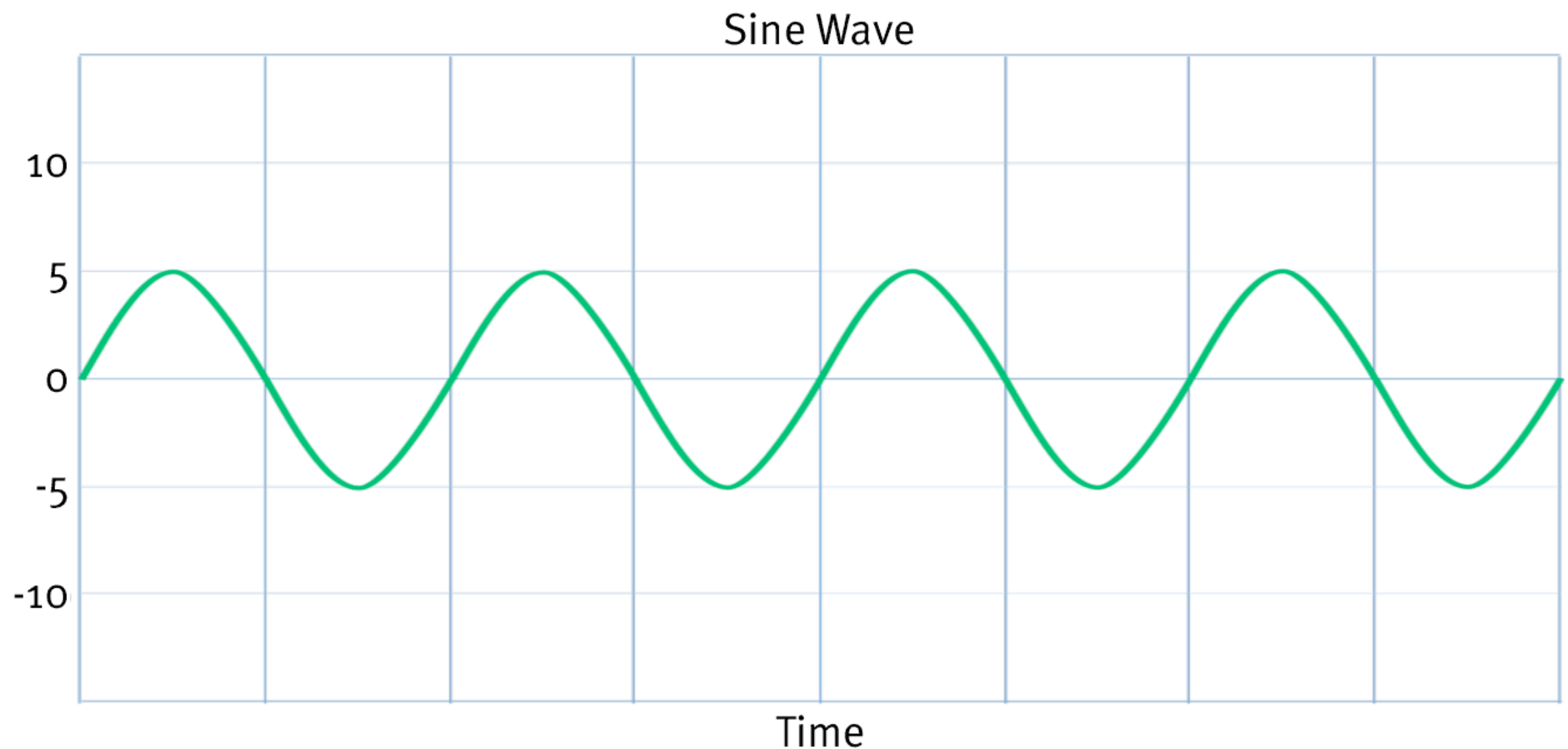
Measurement Culture Benchmarking

“Professor Barankay found that the sales representatives who did **not know how they ranked achieved higher subsequent sales** than those who were aware of their comparative ranking. The results of the workers who had received high rankings neither improved nor worsened.

Human nature combined with simple math caused the lower-ranking workers to falter, according to Professor Barankay. Most people optimistically assume that they are above average in their performance, he said. **But real life is not Lake Wobegon, and most people, when measured against one another, will inevitably rank as average or below average. For these people, seeing their rank is demoralizing, causing their performance to wilt.”**

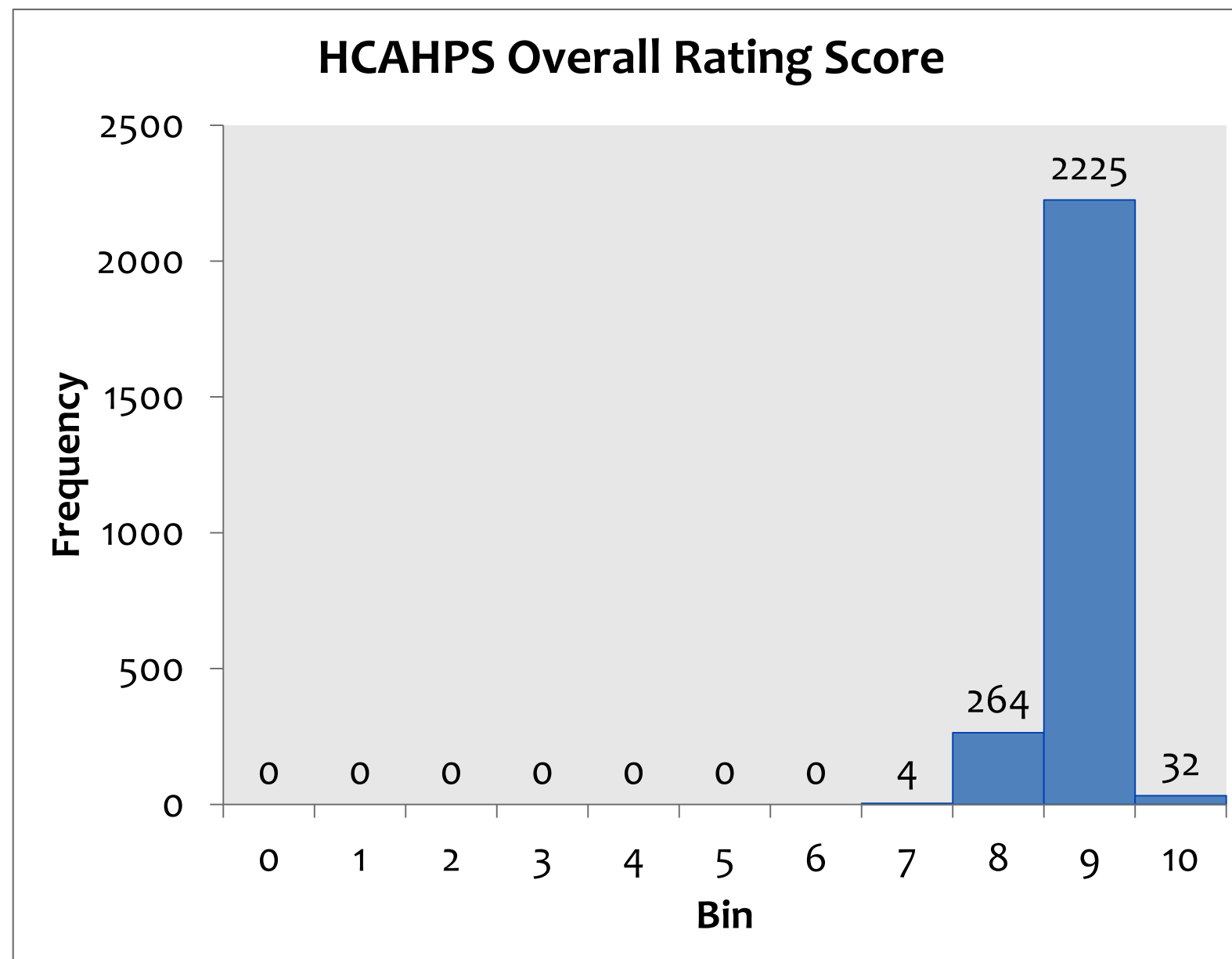
Methodological Issues

Regression to the Mean



Methodological Issues

Ceiling Effects

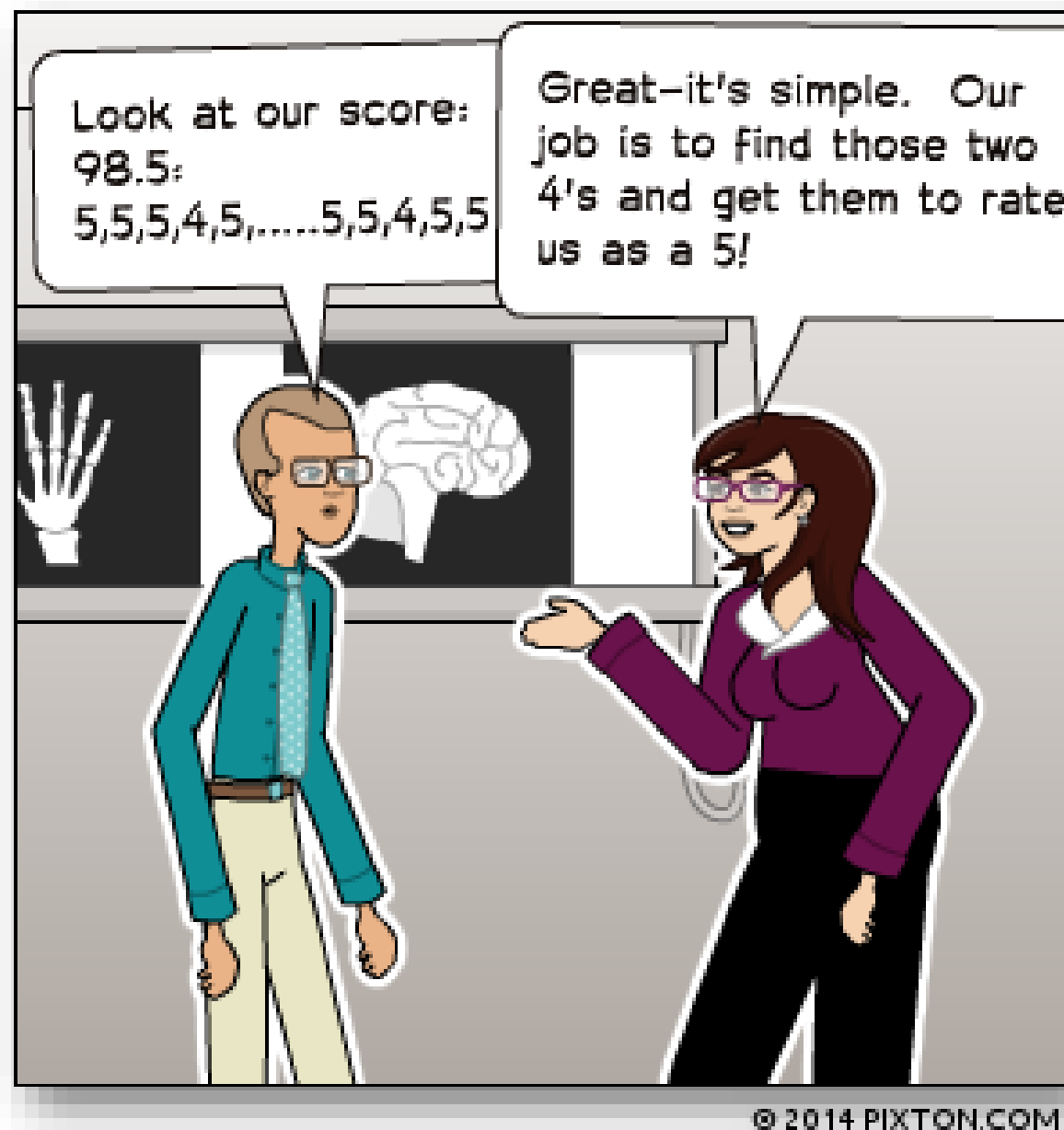


Unintended Consequences Management Focus

“The [hospital executive’s] entire focus was on raising their HCAHPS scores from 8.2174265 to 8.2174284. I will not waste your time or mine calculating the ROI on that exercise, but if you are so inclined begin your calculation with negative infinity.”

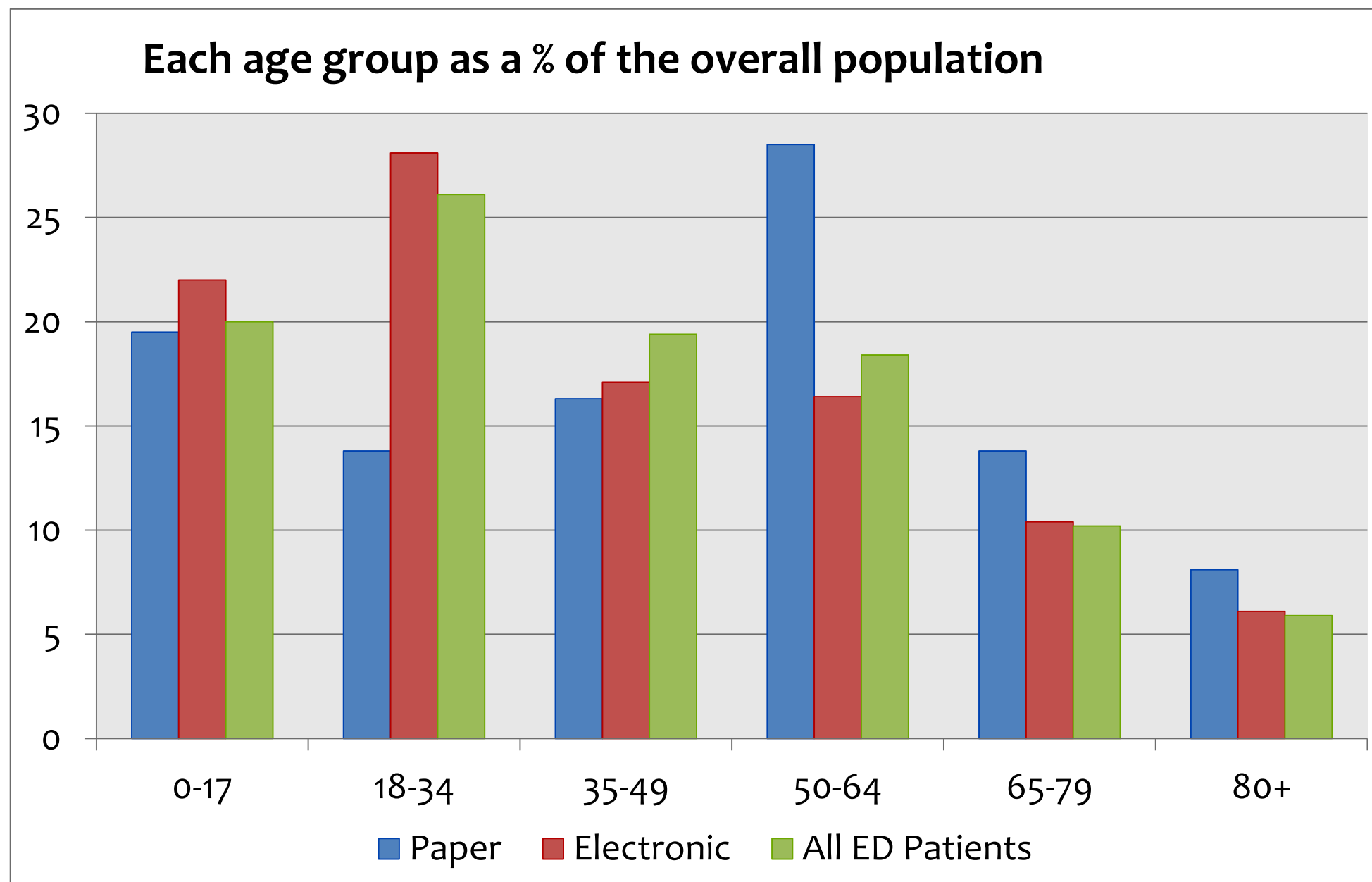
- Shift Happens: The
Experience Failure of a Top
10 Hospital

Unintended Consequences Service Recovery



Methodological Issues

Respondent Bias



CG-CAHPS

- The CG-CAHPS survey was not designed to evaluate individual physicians
- CG-CAHPS has poor measurement properties, and suffers from extreme ceiling effects.
- In a 2013 survey of over 400,000 patient encounters, over 90% of patients reported they would absolutely recommend their provider, while 93% of patients rated their provider as 8 or higher on a scale of 1-10.
- “Given that CMS will reward the top tercile of practices and penalize the bottom tercile, the cut-off for the bonus payment based on these data would likely be 9.435 at a practice level, between 9.434 and 9.366 there would be neither a penalty nor a reward, and the cutoff for the penalty would be 9.365. Of course, these are 2013 data where there was only an effort to have practices submit data. When the practice update is based on survey results the score compression is likely to get even worse.” Glickman et al, Forthcoming

The Literature

[Med Care Res Rev](#). Author manuscript; available in PMC 2015 Mar 4.

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NIHMSID: NIHMS654075

Examining the Role of Patient Experience Surveys in Measuring Health Care Quality

[Rebecca Anhang Price](#), PhD, [Marc N. Elliott](#), PhD, [Alan M. Zaslavsky](#), PhD, [Ron D. Hays](#), PhD, [William G. Lehrman](#), PhD, [Lise Rybowski](#), MBA, [Susan Edgman-Levitan](#), PA, and [Paul D. Cleary](#), PhD

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Abstract

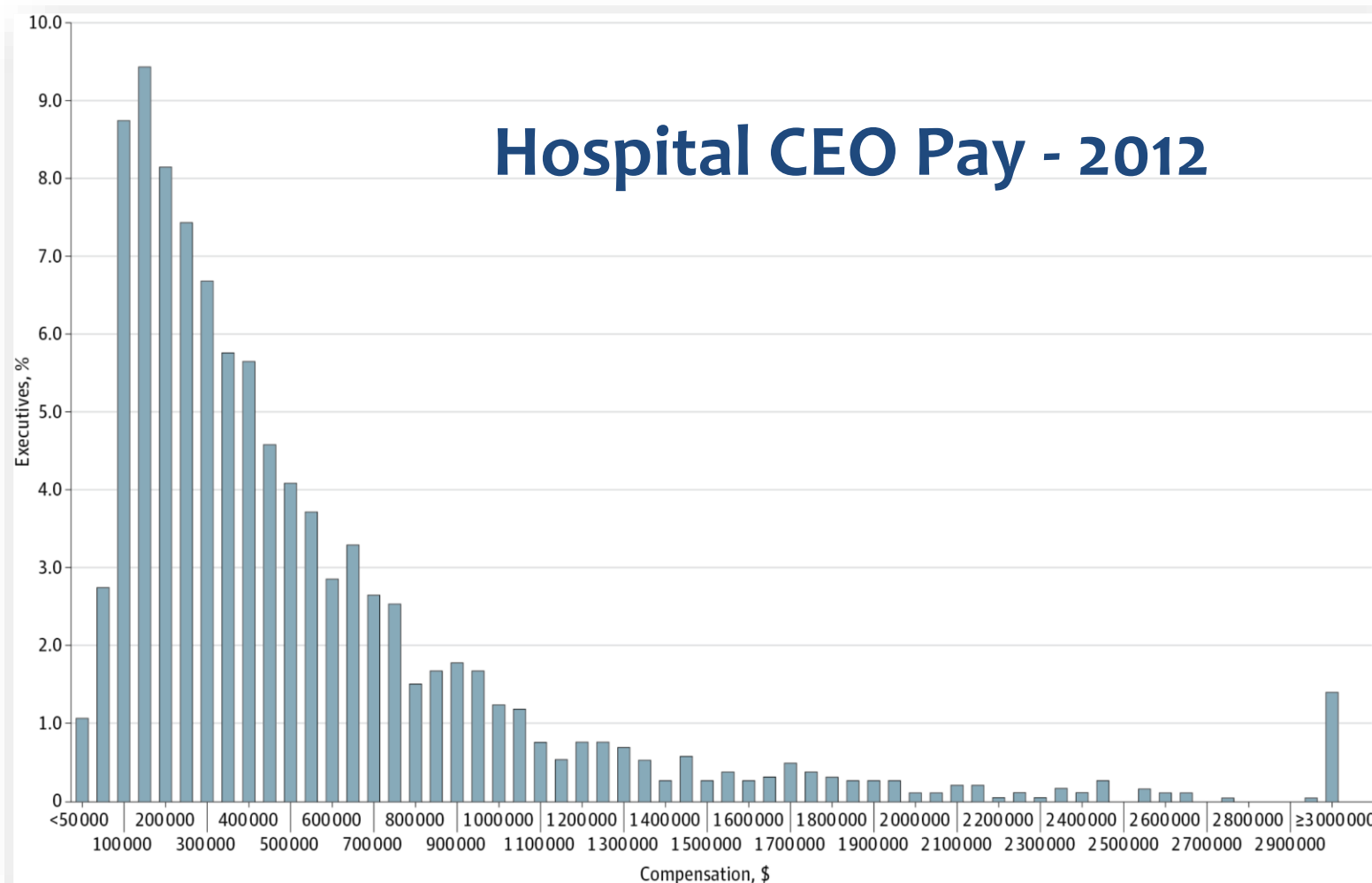
Go to: ☒

Patient care experience surveys evaluate the degree to which care is patient-centered. This article reviews the literature on the association between patient experiences and other measures of health care quality. Research indicates that better patient care experiences are associated with higher levels of adherence to recommended prevention and treatment processes, better clinical outcomes, better patient safety within hospitals, and less health care utilization. Patient experience measures that are collected using psychometrically sound instruments, employing recommended sample sizes and adjustment procedures, and implemented according to standard protocols are intrinsically meaningful and are appropriate complements for clinical process and outcome measures in public reporting and pay-for-performance programs.

In addition, we find support for the hypothesized associations between positive patient experiences and best practice clinical processes, better hospital patient safety culture, and lower unnecessary utilization.

Many of the studies we reviewed, however, reported null associations between patients' care experiences and clinical processes or outcomes.

Unintended Consequences Management Incentives



**CEO pay \$51,706
greater at
hospitals with
higher patient
satisfaction
scores (p=0.006)**

“Among the quality metrics we examined, only patient satisfaction was consistently associated with CEO compensation.”

Source: Jha,
JAMA, 2013.

If You Can't Measure Performance, Can You Improve It?

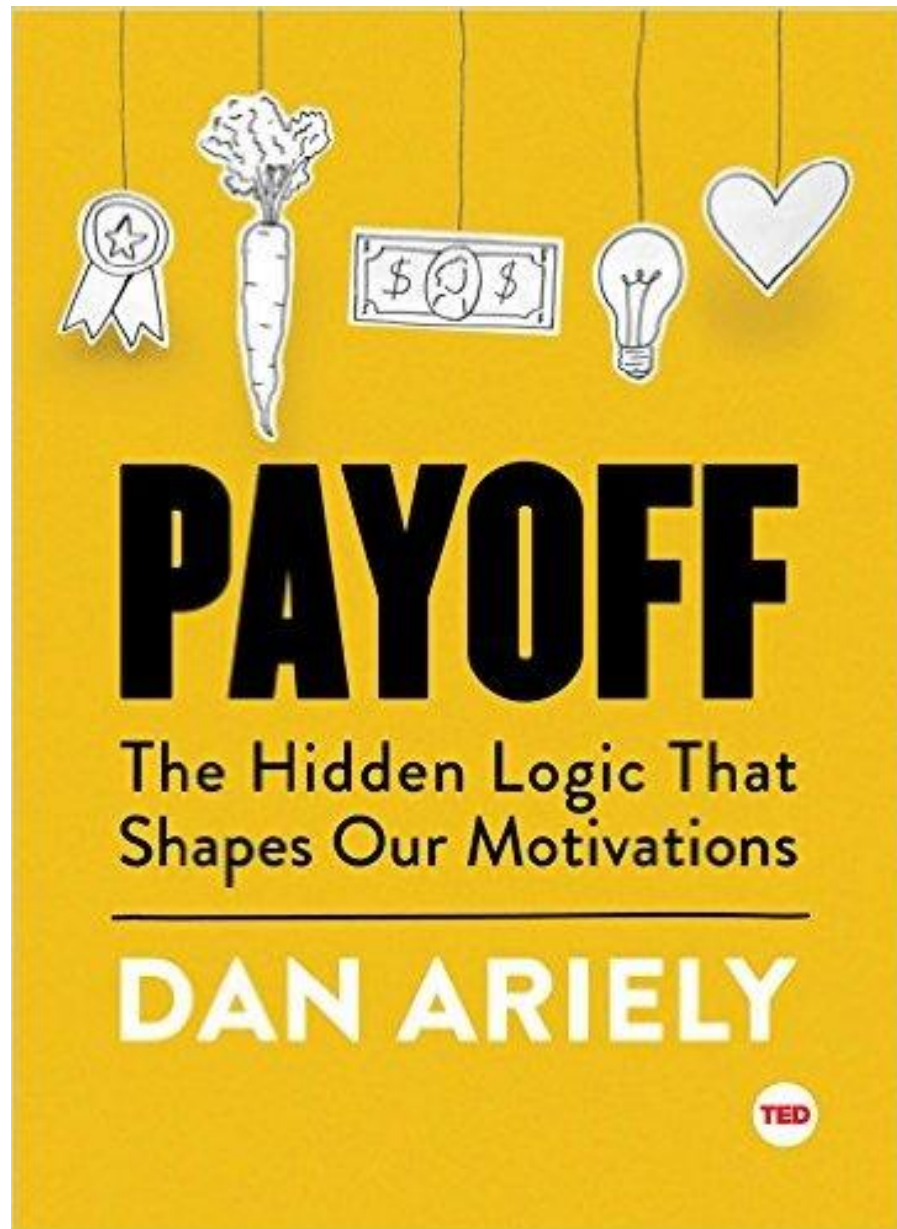
Dr. Bob Berenson

“If you can't measure it, you can't manage it” is an often-quoted admonition commonly attributed to the late W. Edwards Deming, a leader in the field of quality improvement.

The problem is that Deming actually wrote, “*It is wrong to suppose that if you can't measure it, you can't manage it—a costly myth*” (my emphasis added)—the exact opposite. Deming consistently cautioned against requiring measurement to guide management decisions, observing that the most important data needed to manage often are unknown and unknowable.

<https://newsatjama.jama.com/2016/01/13/jama-forum-if-you-cant-measure-performance-can-you-improve-it/>

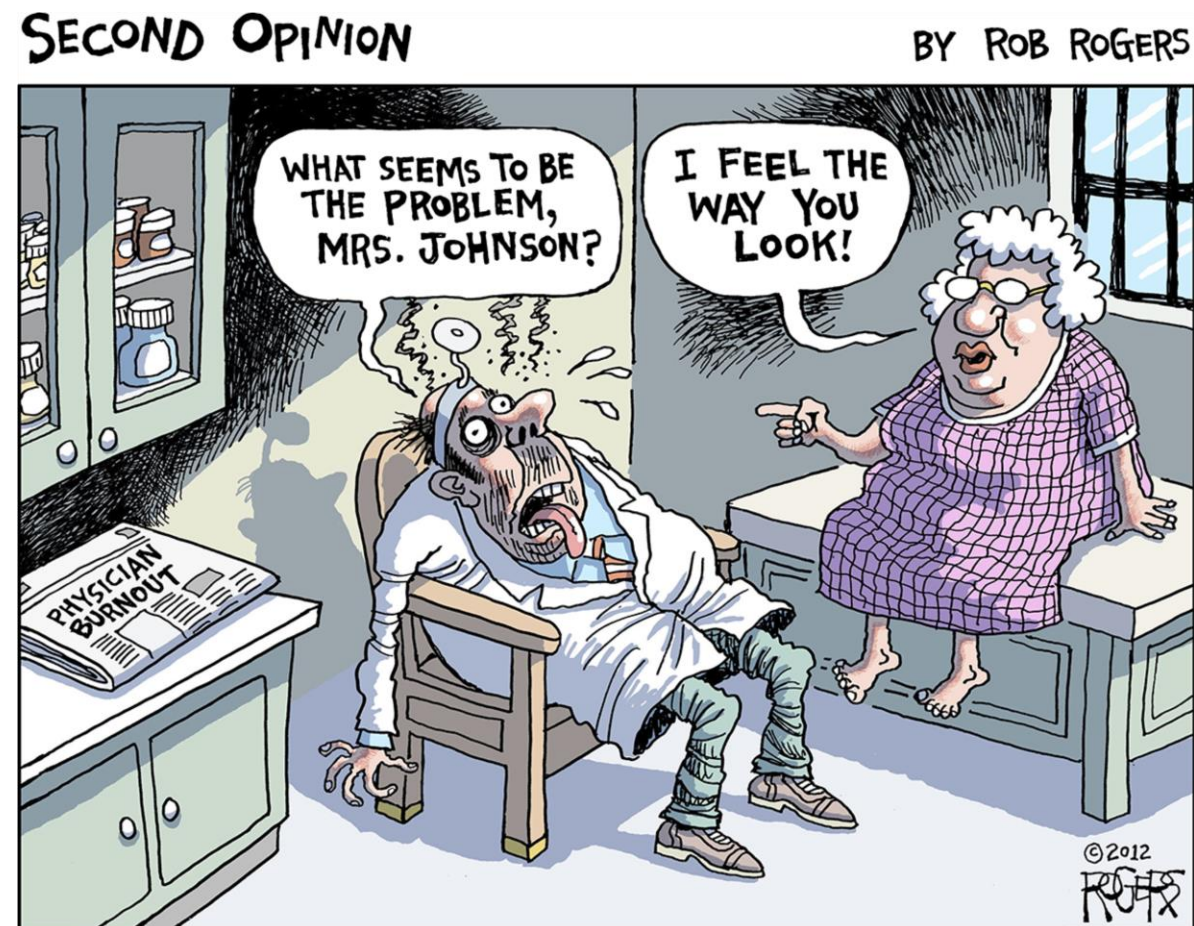
Physician Performance



- Intrinsic Motivation
 - Professionalism
- Extrinsic Motivation
 - Financial Incentives

From: Physician Burnout

Chest. 2012;142(4):826-826. doi:10.1378/chest.142.4.826



- Extrinsic Motivation:
 - Performance Management
 - RVU Metrics



Toyota Business Practice



Guiding Principles:

- Customer first
- Ownership and responsibility
- Judgment based on facts
- Timely action
- Involve all stakeholders

An external check, not a core business practice





POWER TO TRANSFORM THE PATIENT EXPERIENCE

Patient Experience Measurement



Perspective

The Patient Experience and Health Outcomes

Matthew P. Manary, M.S.E., William Boulding, Ph.D., Richard Staelin, Ph.D., and Seth W. Glickman, M.D., M.B.A.

Do patients' reports of their health care experiences reflect the quality of care? Despite the increasing role of such measures in research and policy, there's no consensus regarding their legiti-

macy in quality assessment. Indeed, as physician and hospital compensation becomes increasingly tied to patient feedback, health care providers and academics are raising strong objections to the use of patient-experience surveys. These views are fueled by studies indicating that patient-

inappropriately, patient-experience surveys provide robust measures of quality, and our efforts to assess patient experiences should be redoubled.

Critics express three major concerns about patient-reported measures, particularly those assessing "patient satisfaction." First,

colleagues found that overall satisfaction with care is positively correlated with clinical adherence to treatment guidelines.¹ One explanation for this correlation is that patients base their satisfaction rating on an accurate "sense" of the quality of technical care. That would make patient-experience measures and clinical adherence measures redundant, which might imply that patient feedback has no additional value — but then the concern about credence would be meritless.

The goal for health care should be to:

"... develop robust measurement approaches that provide timely and actionable information to facilitate organizational change, and improve data collection methods and procedures to provide fair and accurate assessments of individual providers."

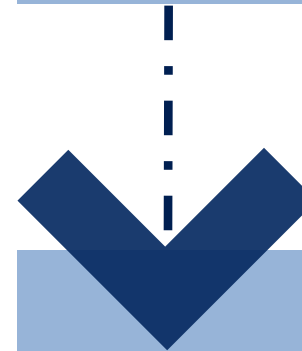
Seth Glickman, MD, MBA
Bivarus Co-Founder

Healthcare
leaders are
frustrated by
unrealized
opportunities to
improve
services

HIGH REPORTING LATENCY

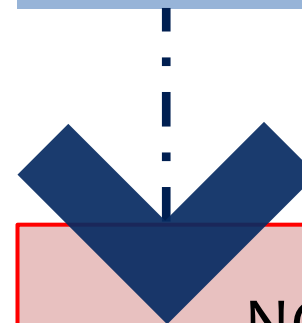
LOW CONTENT RELEVANCY

HIGH PATIENT BURDEN



LOW RESPONSE RATES

POOR DATA RELIABILITY

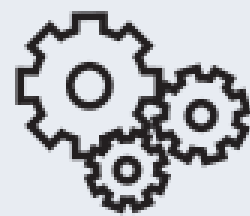


NO ACTIONABLE INSIGHTS

Better insights, delivered faster

Bivarus' real-time platform is the “first and only” software service to capture targeted and actionable patient-generated insights; driving response rates up 3x-5x and costs down 5x-10x when compared to traditional approaches.

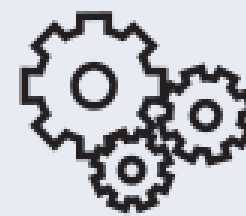
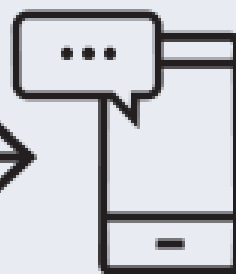
**PATIENT VISIT,
PROCEDURE OR SURGERY**



**SOPHISTICATED
SAMPLING ALGORITHM**



**PATIENT-CENTERED
MEASURES**



**ADVANCED
STATISTICAL ANALYTICS**



**ACTIONABLE
INSIGHTS**



Transformative Change in Action

10% of verbatim comments are safety-related issues. As a result, the organization has formed a new patient and family advisory council to regularly review data in conjunction with clinical leadership.

ADVERSE EVENT 1

Received: 10/15/2012 at 06:02PM

Visit Number: _____

Disposition: Admitted

Patient Comment _____

"when the procedure I needed was done , the dr. gave me a perscription for a medicine that almost shut down my kidneys completely and I returned to the ER the following monday and was admitted to the hospital for fgour days to regain strength and flow to my kidneys. not advised that Bactrid would shut down my 40% functioning kidneys to a level that was less than 10 %."

ADVERSE EVENT 2

Received: 06/21/2013 at 12:01PM

Visit Number: _____

Disposition: No disposition recorded

Patient Comment _____

"Overall I have been happy with my experience at _____ however, on my last emergency room visit the staff did not listen when I told them about a life threatening allergic reaction I have. As a result they gave me a substance I am highly allergic to. There was no excuse for the error since I clearly stated in front of witnesses that I was allergic to this substance."

NEAR MISS

Received: 06/11/2013 at 12:04AM

Visit Number: _____

Disposition: No disposition recorded

Patient Comment _____

"I came in because I was passing a kidney stone & I notified the staff several times that I am A-Fib & taking Pradaxa & Tikosyn. I asked more than once that any medicines prescribed for me not have unacceptable interactions with these medications. Nevertheless, when I went to the pharmacy to fill four prescriptions from the ER physician, one of them - for an antibiotic - did have unacceptable interactions with the Tikosyn, a fact determined by the pharmacist."

Facilitating Interactive Workflow and Operational Interventions

PATIENT COMMENT PRE-INTERVENTION

1

Received: 02/17/2013 at 12:02AM

Visit Number: _____

Disposition: Admitted

"I was told when my husband was in this condition at home to give him his meds every hour on the hour and if by afternoon he still hasn't gone to the bathroom then get him to E.R. ASAP. I did this only for him not to get anymore of his "lifesaving" meds until 6-1/2 hrs once again. Next time, I will bring it with me and give to him myself to keep him from going into a coma. He was in a bad condition with no meds. It will never happen again. Everyone was friendly and nice, but friendly and nice is not going to keep my husband alive. Starting to have real concerns about his safety. At least at home he was getting his meds."

PATIENT COMMENT POST-INTERVENTION

5

"Amazingly, he had his lactulose within the hour for once. It was a miracle."

INITIAL RESPONSE

2

From: Assistant Medical Director

Sent: Monday, February 18, 2013 4:51 PM

To: Nurse Manager, Pharmacy

Another comment for review – I think from a Pharmacy standpoint. This was a liver patient I was seeing. It looks like the order for lactulose was tubed to pharmacy 2 hours into his stay and it was never administered while he was in the ED. Can you please look into it? I am copying Pharmacy here as well.

FOLLOW UP RESPONSE BY NURSE MANAGER

3

From: Nurse Manager

Sent: Monday, February 18, 2013 9:23 PM

To: Assistant Medical Director

The lactulose never arrived b/c everyone was talking about it and how many times they had called the pharmacy. Since this incident I have asked Pharmacy about putting lactulose in the ED Pyxis.

PHARMACY RESPONSE/RESOLUTION

4

Lactulose now in inventory for immediate dispensation.

CMS Never Events

PATIENT COMMENT

1

Disposition: No disposition recorded

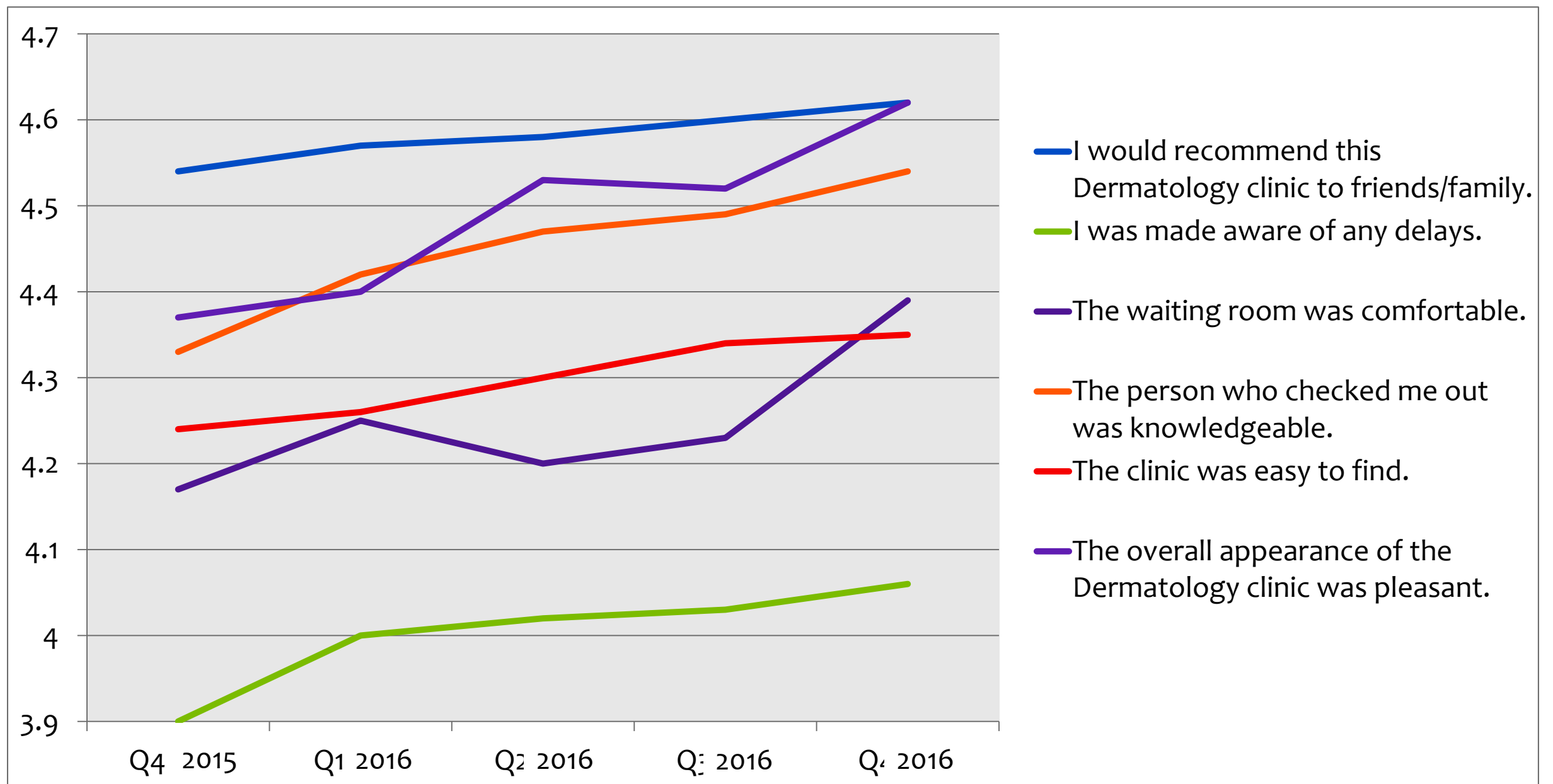
"My daughter has a port a cath and the nurse DID NOT use sterile techniques when drawing blood or hooking her up to fluids. That is very disturbing to me and I felt that they need to be trained better. I realize the ER was busy while we were there (my daughter was admitted); however, busyness is no excuse for incompetence. The nurse was nice but I do not feel that they were very aware of her situation and did not respond in a timely manner to things we needed. It was not a pleasant experience and hopefully in the future they will have a better understanding of the importance of being very sterile when accessing central lines. It doesn't take very long to be precautions. Thank you."

RESPONSE

2

Clinical Operations developed an in-service training program, focused on accessing ports using sterile technique, that has the potential to improve patient safety, thereby reducing medical-legal liability

Fueling Improvement With Precise Data & Change Management Tools








Delivering Actionable Data to Clinicians

Mentors

Category ↕	Mentor ↕	Top-Box ↕	Score ↕	Response Count ↕
Communication	Provider 2331	73.1	4.39	140
Patient Centered Care	Provider 2011	65.4	4.44	405
Provider Expertise and Interpersonal Skills	Provider 2011	85.6	4.69	405

Providers

Name ↕	Top-Box ↕	Score ↕	Communication ↕	Patient Centered Care ↕	Provider Expertise and Interpersonal Skills ↕	# of Responses ↕	Download Report ↕
Peer Group Average	66.17	4.04	3.85	4.14	3.87	167.47	
Provider 1992	66.0	3.98	3.98	4.16	3.80	235	
Provider 1998	51.0	4.05	3.91	3.81	4.42	320	
Provider 2011	64.9	4.41	4.10	4.44	4.69	405	
Provider 2034	58.9	4.32	4.22	4.27	4.46	142	
Provider 2043	72.6	4.22	4.03	4.27	4.37	103	

- Detailed physician & nurse-specific reporting
- Peer Comparisons and mentorship for actionable improvement
- Downloadable reports
- mobile provider report card

Sentiment Analysis of Text Comments

Passion Words



A word cloud of passion words. The words are arranged in a cluster, with 'caring' being the largest and most central word. Other words include 'liking', 'pleased', 'concerned', 'disappointment', 'wonder', 'calm', 'surprise', 'kind', 'hurt', 'upset', 'neglected', and 'assured'. The words are color-coded: blue for positive sentiment and red for negative sentiment.

Top 5 Most Frequent Passion Words

#	Word	# Occurances	Frequency
1	caring	26	38.81%
2	liking	16	23.88%
3	pleased	6	8.96%
4	concerned	5	7.46%
5	calm	3	4.48%

Monitor and Measure CQI Investments in Real-Time

- Track and measure CQI interventions to evaluate impact
- Know instantly if investments are having the desired effect on the patient experience

