

## **GOOD FOR HEALTH, GOOD FOR BUSINESS: THE CASE FOR MEASURING PATIENT EXPERIENCE OF CARE**

Patients highly value communication and other aspects of the provider-patient relationship, and the health care landscape reflects a growing emphasis on patient-centeredness as a core element of quality. The Robert Wood Johnson Foundation (RWJF) is committed to advancing this focus as part of its vision of creating a system of high-quality, equitable health care. Measuring, reporting and improving patient experience of care are explicit expectations of the community Alliances in the RWJF-funded Aligning Forces for Quality program. Faced with multiple priorities and resource demands, providers and health plans may question the feasibility and value of measuring and improving patient experience of care. This brief outlines the clinical and business benefits of measuring and addressing patient experience of care, and offers messages for conveying this information to stakeholders.

### **The patient care experience is broadly recognized as a core element of health care quality.**

Ever since the Institute of Medicine's 2001 *Crossing the Quality Chasm* report codified patient-centeredness as one of six health care quality aims, patient-centered care has gained footing within the landscape of health care reform.<sup>1</sup> More and more, measuring patient experience is becoming an explicit component of certification and compensation—a trend likely to continue in the coming years. Some key examples:

- The National Priorities Partnership has articulated a goal of measuring patient experience in all care settings, and the Work Group on Patient and Family Engagement has specifically identified widespread implementation of the Clinician/Group-level Consumer Assessment of Healthcare Providers and Systems survey (CG-CAHPS) in ambulatory settings as its top priority.
- NCQA Physician Practice Connections (PPC) recognition requires implementing a patient experience of care survey. In addition, NCQA is evaluating potential changes to the requirements for patient experience measures within PPC recognition for Patient-Centered Medical Home.<sup>2</sup> Measures of patient experience, using CG-CAHPS, are critical to the effective evaluation of the Patient-Centered Medical Home model.
- The American Board of Medical Specialties' revised Maintenance of Certification requirements for each of its 24 member Boards include core CG-CAHPS items.
- As described below, a growing number of public and private payers have begun to incorporate CG-CAHPS scores into their compensation structures.

### *Key Messages*

- Patient experience measures are rapidly being adopted for high-stakes uses including physician compensation structures, board certification and licensing, and physician/practice recognition programs.
- Beginning to collect data now provides a strategic advantage to participating organizations, allowing a window of opportunity to review and improve performance and gain experience prior to information being used for high-stakes endeavors, e.g., compensation and recognition.

## **DELIVERING ON PATIENT CARE: Measuring what patients value.**

- **Experience of care matters to patients and their families.** Good patient experience of care is an outcome unto itself, and one highly valued by patients. Research demonstrates that patients prioritize communication and other aspects of the provider-patient relationship as key elements of quality.<sup>3</sup>
- **Measure experience, not satisfaction.** Unlike “patient satisfaction” surveys that obtain ratings of satisfaction with care, patient experience surveys elicit feedback from patients about what they did or did not experience in their interactions with providers and the health care system. The survey asks patients to report their experiences in areas research has shown patients value and are tied to important clinical outcomes, 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 used to assess how the provider engages a patient in decision-making, disease management and health promotion. Patient experience data are concrete and actionable, in contrast to global satisfaction scores.
- **Standardized, validated survey tools are available.** The CG-CAHPS survey provides a nationally standardized, validated tool to measure patient experience in primary care practices. The tools are endorsed by the National Quality Forum and are available free of charge in the public domain. A number of organizations assessing patient satisfaction with proprietary surveys have successfully transitioned from these to the CG-CAHPS instruments to measure patient experience. Others have incorporated CG-CAHPS core questions into their existing tools as a strategy for moving toward standardization while retaining legacy questions useful for trending. Incorporating CG-CAHPS questions facilitates comparisons to national benchmarks available through the CAHPS Database.
- **Measuring patient experience systematically** is different from user-generated reviews (e.g., Yelp, Angie’s List), assessing a broader and more representative sample and thereby providing more credible data for improvement.

### *Key Messages*

- Patients care about the interpersonal aspects of health care. Without access to systematic data, patients may turn to online review sites that do not provide representative data about a provider’s panel.
- The validated, endorsed, free-of-charge CG-CAHPS questions can stand alone, or be incorporated into existing survey instruments.
- Assessing patient experience rather than satisfaction provides actionable information for improvement. Using a standardized tool allows for comparison to national benchmarks.

## THE CLINICAL CASE: Patient care experiences correlate to clinical quality processes and outcomes.

- **Good patient experience has a well-documented relationship to clinical quality.** While measures of patient experience reveal direct information about the patient-centeredness of care, these factors are not independent of other measures. At both the practice and provider levels, patient experience positively correlates to processes of care for both prevention and disease management.<sup>4</sup>
- **Patients with better care experiences are more engaged and adherent.**<sup>5 6</sup> Particularly in the case of chronic conditions, health care providers cannot achieve positive health outcomes without patient commitment and action. Patient care experiences correlate to patient adherence to medical advice and treatment plans, and to improved outcomes of care. For example, adherence rates were 2.6 times higher among primary care patients whose providers had “whole person” knowledge of them (95<sup>th</sup> percentile), compared to patients of providers without that familiarity (5<sup>th</sup> percentile).<sup>7</sup>
- **Patients with better care experiences have better health outcomes.**<sup>8 9</sup> Research shows a relationship between provider-patient communication and improved blood sugar control in diabetic patients.<sup>10</sup> In another study, good primary care experience was found to mediate the detrimental effects of poor inpatient experience for patients hospitalized for AMI.<sup>11</sup>
- **Measuring patient care experiences identifies quality issues at a system level.** Measures of communication from and coordination between providers and staff are most highly correlated with clinical measures.<sup>12</sup> The information can reveal actionable system problems, such as delays in returning test results and gaps in communication that have broad quality and efficiency implications.

### *Key Messages*

- Measuring patient experiences enables practices to assess and improve their effectiveness at promoting the patient adherence critical to achieving positive health outcomes.
- Patient experience surveys identify not only individual-level patient experiences, but system-level quality issues with actionable results.

## THE BUSINESS CASE: Patient experience correlates to key financial indicators.

- **Patient experience is increasingly tied to financial incentives.** Public and private payers alike have begun to recognize patient experience as a core element of quality, and trends reflect a growing focus on patient experience as an element of compensation structures. For example, Blue Cross Blue Shield of Massachusetts has created an Alternative Quality Contract compensation model, in which a portion of provider payment is based upon CG-CAHPS survey results.<sup>13</sup> California’s multi-stakeholder Integrated Healthcare Association offers the largest non-governmental pay-for-performance program in the U.S., including incentives tied to patient experience survey scores.<sup>14</sup> In addition, the Centers for Medicare and Medicaid Services is considering including patient experience survey results as part of pay-for-performance programs, such as Medicare’s hospital value-based purchasing program.<sup>15</sup>

- **Good patient experience correlates with lower medical malpractice risk.**<sup>16 17 18</sup> The minimum satisfaction score received by a provider correlates to the likelihood of being implicated in a medical malpractice suit. One 2009 study found that with each drop in patient-reported score along a five-step scale of “very good” to “very poor,” the likelihood of being named in a malpractice suit increased by 21.7%.<sup>19</sup> Forty-six percent of malpractice risk was attributable to physician-specific characteristics, including patient experience.<sup>20</sup> Measuring patient experience represents a proactive approach for identifying and addressing issues in patient care that could lead to complaints and lawsuits.
- **Measuring and improving patient experience contributes to a quality-centered culture.** A quality-centered culture and outside reporting of results are the strongest predictors of high performing medical practices.<sup>21</sup> Measuring and reporting patient experiences helps to achieve both of these. Among other benefits, a quality-centered practice is linked to lower staff turnover. As described below, studies in other care settings show that efforts to improve patient experiences also result in greater employee satisfaction, reducing turnover.
- **Patients keep or change providers based upon experience.** Real world evidence demonstrates that patients act upon the information they glean about the experience of care, responding either with their loyalty, or by voting with their feet. Relationship quality is a major predictor of patient loyalty; one study found patients reporting the poorest-quality relationships with their physicians were three times more likely to voluntarily leave the physician’s practice than patients with the highest-quality relationships.<sup>22</sup>

### *Key Messages*

- More and more, private plans, CMS and state Medicaid programs are recognizing good patient experiences as good care and good business, basing compensation in part on patient experience survey results.
- Improving patient experience can have far-reaching benefits for practice culture and performance, including decreased malpractice risk and staff turnover.

### **LEARNING BY EXAMPLE: Hospitals and health plans have paved the way.**

Although measuring ambulatory care patient experience is only now gaining momentum, hospitals and health plans already systematically collect patient experience data using CAHPS tools. The hospital industry has collectively adopted and implemented Hospital CAHPS, with data reported via CMS Hospital Compare. In 2006, the Medicare Modernization Act tied hospitals’ Medicare payment rates to collecting and publicly reporting Hospital CAHPS data. Within one year, all but a few of the nation’s hospitals had implemented Hospital CAHPS. The Patient Protection and Affordable Care Act of 2010 mandates creation of a hospital value-based purchasing program that ties Medicare financial incentives to hospital performance on Hospital CAHPS, among other performance indicators. The CAHPS health plan survey assesses patient interaction with clinical and administrative services, allowing comparison between plans. A considerable body of evidence supports measuring and addressing patient experience in these settings.

- **Hospital experience:** One study found that patient perceptions of quality explained nearly 30% of the variation in hospital financial performance.<sup>23</sup> Patients hospitalized for acute myocardial

infarction (AMI) who reported more problems with care were significantly more likely to have poor health outcomes, both one month and 12 months post-discharge, than patients who reported few problems.<sup>24</sup> A focused endeavor to improve patient experience at one hospital also resulted in a 4.7% reduction in employee turnover.<sup>25</sup> Similarly, nurse satisfaction is strongly positively correlated with patients' intent to return to or to recommend the hospital.<sup>26</sup>

- **Health plan-level data:** At the health plan level, composite measures of “getting needed care” and “health plan information and customer service” were positively and significantly correlated with 6 of 7 applicable HEDIS measures.<sup>27</sup> In fact, the patient-reported “getting needed care” was a better predictor of clinical quality than were ambulatory visit rates. Current enrollees' ratings of a Medicare managed care plan correlate to the plan's voluntary disenrollment rate: the mean voluntary disenrollment rate is 4 times higher for plans in the lowest 10% of overall plan ratings compared to those in the highest 10% in the CAHPS Health Plan survey.<sup>28</sup>

### *Key Messages*

- The vast majority of U.S. hospitals collect and publicly report on standardized core CAHPS survey questions. Medicare incentive payments will soon be tied to performance on patient experience.
- National trends among health plans, hospitals and other providers send a strong signal to clinicians of a continuing evolution toward increased transparency using standardized measures.

## **IMPLEMENTATION AND IMPROVEMENT: Measuring patient experience is doable, and presents a real opportunity to improve.**

- **Data show substantial variability and room for improvement.** Research has demonstrated that the vast majority of the variability in patients' experience is due to the influence of individual clinicians and practice sites.<sup>29</sup> The practice site accounts for at least 60% of explainable variation in patient-reported quality, and as much as 81% of the variance in organizational features of care (e.g., appointment access, clinical team integration).<sup>30 31</sup> The individual provider accounts for as much as 84% of interaction quality (e.g., communication, trust).<sup>32</sup> Large scale implementation bears this out; Massachusetts, for example, found differences as great as 36 percentage points in CG-CAHPS scores between the highest and lowest performing practices.<sup>33</sup>
- **Public reporting facilitates quality improvement.** It is well documented that public reporting of performance raises provider awareness of quality gaps and spurs efforts to improve. Providing consumers easy access to patient experience information empowers them to evaluate and communicate with providers on aspects of care that matter to them.
- **Survey costs are reasonable and flexible:** Although quoted costs for measuring patient experience at the community level can be daunting, the cost at the individual physician or practice level is generally less than \$450 per physician. Survey response rates are as high as 42%, producing reliable data on physician performance for approximately \$10 per completed survey.<sup>34 35</sup> Researchers continue to explore less resource-intensive options for implementing CG-CAHPS, including Web-based and office kiosk options.<sup>36</sup>
- **Effective tools guide improvement efforts.** Early experience with CAHPS has informed several toolkits for affecting change based upon survey data. The [CAHPS Improvement Guide: Practical Strategies for Improving the Patient Experience](#) and additional resources can be found on the Quality

Improvement section of the [CAHPS Web site](#).<sup>37</sup> Learning collaboratives in both California and Massachusetts have produced valuable quality improvement resources for clinicians, including the [California Quality Collaborative Guide to Improving Patient Experience](#),<sup>38</sup> and the online continuing education modules for [Improving the Patient Experience and Clinical Outcomes in the Office Practice Setting](#), a collaborative effort of the Massachusetts Medical Society, Massachusetts Health Quality Partners, and Masspro.<sup>39</sup>

### *Key Messages*

- Patient experience varies substantially at the practice and provider level, highlighting real opportunity for improvement.
- At less than \$450 per physician, the cost of measuring patient experience is feasible, particularly given the relevant and actionable data that result.
- Tested improvement tools and strategies support practices in addressing survey findings.

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<sup>3</sup> Robert Wood Johnson Foundation. Communicating about “Quality” Health Care, November 2007.

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