Patient Satisfaction: Health Outcomes and Practice Implications for the Pediatric-focused Advanced Practice Registered Nurse

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Learning Objectives

• Describe the latest patient satisfaction tools being used to assess pediatric healthcare delivery.

• Identify the clinical practice impacts of patient satisfaction for pediatric-focused ARPNs.

• Discuss the implications of using patient satisfaction scores as a pediatric-focused APRN quality outcome.

Patient as “healthcare customer”

• Healthcare is a business – there is a cost to providing care

• Customers have status – they can purchase goods or services
  – Patients have needs that can limit their status and purchasing power

• Hospital leaders think patients want: new facilities, private rooms, food on demand, bedside computers, unrestricted visiting, more quiet time

• Patients report wanting to: feel important/valued, be kept informed, talked to, and participate in their own treatment

Why patient satisfaction?

• Moral obligation
  – Patch Adams approach

• Clinical implications
  – Satisfaction and health outcomes

• It is good for business
  – The power of recommendations
  – Tied to compensation provider compensation

Disclosures

I do not have any financial relationships to disclose. I will not discuss off label use and/or investigational use of any drug or device in this presentation.
The beginning of patient satisfaction

• Drs. Press and Ganey were the founders of the patient satisfaction movement in the mid 1980s
• Took advantage of an environment in healthcare where administrators wanted to focus on customer service
• Designed a survey using focus groups, market research and opinion
• Additional companies entered the patient satisfaction market

Non-Governmental Historical Context

• Crossing the Quality Chasm (IOM, 2001)
  – "...transparency of system performance...and...patient satisfaction" as one key to the redesign of our health system.
• Triple Aim (Institute for Healthcare Improvement, 2007)
  – Experience of care is quality and satisfaction

Governmental Historical Context

• Centers of Medicare and Medicaid Services and the Agency for Healthcare Research and Quality took an interest in 2002
  – Developed the HCAHPS survey
    • 27-questions administered randomly by approved vendors or hospitals
    • Adult inpatient admissions
• Approved by the National Quality Forum in October 2005
• Implemented by CMS in October 2006
• Incentive offered to hospitals for participating 2007
• First public reporting in March 2008

Governmental Historical Context

• Value-based purchasing
  – Patient Protection and Affordable Care Act (2010) established hospital value-based purchasing program
    • Impact Medicare payments (2% of FY2017 Base Operating DGR)
      – How well a hospital performs on each measure; or
      – How much they improve their performance on each measure compared to baseline

<table>
<thead>
<tr>
<th>Dimension of Value</th>
<th>Weight</th>
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<tbody>
<tr>
<td>Patient experience of care</td>
<td>25%</td>
</tr>
<tr>
<td>Safety</td>
<td>20%</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>30%</td>
</tr>
<tr>
<td>Outcomes</td>
<td>25%</td>
</tr>
<tr>
<td>Process of care</td>
<td>5%</td>
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<tr>
<td>Efficiency and cost reduction</td>
<td>25%</td>
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<tr>
<td>Total Performance Score</td>
<td>100%</td>
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</table>

Patient Satisfaction

• Level of contentment with one or more aspects of care
• Based upon patient expectations
• Is satisfaction associated with quality of care or good clinical outcomes?
  (Berkowitz, 2016)

Patient Experience

• Range of interactions patient has with the health care system (AHRQ, 2016)
  – Communication with health care professionals
  – Access to care and information
  – Customer service
  – Coordination of care

Dimensions of Satisfaction

Kane & Radovanich, 2011
**Thinking About Measuring Satisfaction**

- Is patient satisfaction/experience the final outcome?
- Do we measure the components of satisfaction with a single-item or composite items?
- Do we ask patients to report, rate, or rank their satisfaction/experience?

**The 3 R’s of Measuring**

- **Reporting** – an objective answer
  - Typically related to details of care
  - This kind of information is actionable
    - Aids in QI projects
    - Allows patient to make judgment about acceptability
- **Rating** – how satisfied were you
  - Typically a 5-point scale
  - Make neutral middle option
- **Ranking** – how does this compare to other experiences
  - Allows for inclusion of patient context of experience

**What survey does your institution or practice use?**

- Press Ganey
- NRC Picker
- Gallup
- CAHPS® (Consumer Assessment of Healthcare Providers and Systems)
- Other
- Unsure

**What pediatric CAHPS surveys are available?**

- Health Plan
- Clinician & Group
- Experience of Care and Health Outcomes
- Hospital
- Hospice
- Supplemental survey questions

**CAHPS Health Plan Survey**

- Experience with health plans and their services
  - Population (child and adults)
  - Source of coverage (commercial, Medicaid, Medicare)
  - Use for health plan accreditation (the HEDIS version)
- Access questions (14)
  - Number of days to get appointment (urgent and routine care)
  - Child got needed care (office hours and after hours)
  - Time to wait to see doctor
  - Response time from doctor’s office when contacted with question

**CAHPS Clinician & Group Survey**

- Experience with health care providers and staff in doctor’s offices
  - Primary and specialty care settings
- Survey questions
  - Getting timely appointments, care, and information (3)
  - How well providers communicate with patients (4)
  - Provider’s use of information to coordinate patient care (2)
  - Helpful, courteous, and respectful office staff (2)
  - Patient rating of provider (1)
    - Using any number from 0 to 10, where 0 is the worst and 10 is the best provider possible, what number would you use to rate this provider?
CAHPS Experience of Care & Health Outcomes (ECHO)

- Experiences with behavioral health care and services
- Survey questions
  - Getting treatment quickly (3)
  - How well clinicians communicate (6)
  - Getting treatment and information from the plan or MBHO (6/2)
  - Perceived improvement (4)
  - Information about treatment options (2)
  - Rating of counseling and treatment (1)
  - 10 questions that do not fit into the categories

CAHPS Child Hospital Survey

- Asks parents to report on their child’s inpatient experience and their own experience with their child’s inpatient stay
- 18 measures of patient experience
  - 10 composite, and 8 single-item measures
  - 36 total items

Child Hospital Composite Measures

- Communication with parent
  - Communication between parent and child’s nurse (3)
  - Communication between parent and child’s doctor (3)
  - Communication about child’s medicines (4)
  - Kept you informed about your child’s care (2)
  - Preparing you and your child to leave the hospital (5)

Child Hospital Composite Measures

- Communication with child
  - How well nurses communicate with your child (3)
  - How well doctors communicate with your child (3)
  - Involving teens in care (3)

- Attention to safety and comfort
  - Preventing mistakes and helping you report concerns (2)
  - Helping your child feel comfortable (3)

Child Hospital Single-item Measures

- Communication (2)
- Attention to safety and comfort (2)
- Hospital environment (2)
- Overall rating
- Recommend hospital

CAHPS Hospice Survey

- Assess the experiences of patients who died while receiving hospice care and their primary informal caregivers
- Survey topics:
  - Hospice team communication
  - Getting timely care
  - Treating family member with respect
  - Getting emotional and religious support
  - Getting help for symptoms
  - Getting hospice training
  - Rating of hospice and willingness to recommend
CAHPS Supplements

- Children with chronic conditions
  - Financial impact
  - Evidence of poor quality
  - Health equity
  - Need relevant information: type, scope, frequency of health care services
- Does not look at specific conditions – so many conditions are rare

- 24 supplement questions
  - 5 screening questions to classify children with chronic conditions
  - Access to prescription medications
  - Access to specialized services
  - Family-centered care
    - Having a personal doctor/nurse
    - Shared decision making
    - Getting needed information
  - Coordination of care and services

CAHPS Supplements

- Health information technology
  - Assess the patient-centeredness of physician practices and groups that have adopted different kinds of information technologies
  - Lab and test results online
  - E-prescribing
  - Physician use of computer/hand-held devices during visit

- Health literacy
  - Identify topic areas for quality improvement
  - Recognize particular behaviors that inhibit effective communication
  - Designing an environment where patients feel comfortable discussing their health care concerns
  - Measure the effect of behaviors that promote effective communication

CAHPS Supplements

- Cultural Competence
  - Patient-provider communication
  - Complementary and alternative medicine
  - Experiences of discrimination due to race/ethnicity, insurance, or language
  - Experiences leading to trust or distrust
  - Linguistic competency (Access to language services)

- Patient centered medical home (10)
  - Access to care (2)
  - Coordination of care
  - Your child’s growth and development (4)
  - Keeping your child safe and healthy (3)

CAHPS Supplements

- Patient elicitation Protocol
  1. What are the most important things that you look for in a healthcare provider and the staff in his or her office?
  2. When you think about the things that are most important to you, how do your provider and the staff in his or her office measure up?
  3. Now we’d like to focus on anything that has gone well in your experiences in the last 6 months with your provider and the staff in his or her office. Please explain what happened, how it happened, and how it felt to you.
  4. Next we’d like to focus on any experiences in the last 6 months with your provider and the staff in his or her office that you wish had gone differently. Please explain what happened, how it happened, and how it felt to you.
  5. Please describe how you and your provider relate to and interact with each other.
  6. How did your child and provider relate to each other.

Other CAHPS Surveys Designed for Adults

- Dental
- Home health
- In-center hemodialysis
- Nursing home
- Outpatient ambulatory care
- Surgical

Other surveys

- Press Ganey and NRC Picker
  - Have unique surveys and questions
  - Vendors for administration of CAHPS surveys

NO SURVEY ASKS ABOUT APRNs!!
Pediatric-Focused APRN Surveys

- Parents’ Perception of satisfaction with care from PNPs (PPSC-PNP) (DiAnna-Kinder, 2016)
  - 28 questions about satisfaction with PNP-PC and patient interactions
    - Communication skills (6)
    - Clinical competence (6)
    - Caring behavior (6)
    - Decision control (6)
    - General satisfaction (4)

- Family Satisfaction Survey (Fanta, et al., 2006)
  1. The knowledge and experience of your child's injuries.
  2. The treatment and medical follow-up.
  3. The attention to your child's physical problems.
  4. The willingness to listen to all your concerns.
  5. The interest they showed in your child personally.
  6. The comfort and support they gave your child.
  7. Their human qualities (politeness, respect, sensitivity, kindness, patience).
  8. The information they gave you about your child's injuries.
  9. The information they gave you about your child's medical tests.
  10. The information they gave you about your child's treatment.
  11. The frequency of the visit/consultation.
  12. The time devoted to your child during visits/consultations.
  13. The ease of obtaining a follow-up appointment.
  14. The management of your child's pain.

How do studies show patients more satisfied with NP care?

- CAHPS (Creech, 2011)
- Create their own unique surveys (Fanta et al., 2006; Varughese et al., 2006)
  - Limit comparisons between institutions and groups
  - Question reliability and validity of design
  - Limited languages, mostly English

Data Collection

- Mail survey
  - No response, follow-up with telephone call
    - Results in the best return rates, ~35%
    - Reduces response bias
  - E-mail not routinely collected by health care organizations
  - Evaluating interactive voice response and in-office distribution

How they are shared with providers

- The survey is designed to evaluate the entire encounter experience
- Report institution-level scores
  - Intended for comparisons between institutions
  - Surveys do not identify individual staff
- Intra-institution comparisons
  >300 responses to have reliable comparisons
  >50 responses for physician practices

Displaying results

- Top box scores
- Frequencies
- Bar charts
- Percentiles
- Report Builder
Bar Graph - Composite

<table>
<thead>
<tr>
<th>Composite/Item</th>
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<th>Yes</th>
<th>N</th>
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<tr>
<td>Provider Support</td>
<td>61%</td>
<td>39%</td>
<td>13,190</td>
</tr>
<tr>
<td>You in Taking Care of Your Child's Health (PCMH)</td>
<td></td>
<td></td>
<td>12,042</td>
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<tr>
<td>Provider talked about specific goals</td>
<td>47%</td>
<td>53%</td>
<td>12,026</td>
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<tr>
<td>Provider asked if there are things making it hard to take care of health</td>
<td>75%</td>
<td>24%</td>
<td>12,026</td>
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https://www.cahpsdatabase.ahrq.gov/Files/2015CAHPSClinicianGroup.htm

Bar Graph - Single-item

<table>
<thead>
<tr>
<th>Rating</th>
<th>0-6</th>
<th>7-8</th>
<th>9-10</th>
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<tbody>
<tr>
<td>Rating of provider</td>
<td>13%</td>
<td>86%</td>
<td>3%</td>
<td>25,303</td>
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https://www.cahpsdatabase.ahrq.gov/Files/2015CAHPSClinicianGroup.htm

Top Box Results

https://www.cahpsdatabase.ahrq.gov/Files/2015CAHPSClinicianGroup.htm

Timing matters

- Patient’s perceived experience of care changes over time
  - At discharge
    - Social desirability and fear of retribution
    - Don’t know if teaching was effective
  - Too far after discharge
    - Cannot recall specifics
    - Symptoms have improved, maybe despite care
  - Ideal timing a couple of weeks after discharge

Pediatric Patient Participation

- Can patients participate in surveys?
  - Children as young as 7 can evaluate their care experience
  - Recall is questionable, consider conducting real time surveys
  - Nursing care evaluation
    - Positive
      - Gives me what I need (42.3%)
      - Checks on me (54.7%)
      - Talks and listens to me (33.9%)
      - Nice and friendly (29%)
    - Negative
      - Wakes me up (24%)
      - Does things that hurt me (64.1%)

Ryan-Wegner, 2014; Snow et al., 2006
Myths about Survey Response

1. Very few patients fill out satisfaction surveys.
   - IQR for survey response 27-37%
2. Only patients who are unhappy return surveys
   - 70% rated their hospital as a 9 or 10
   - 92% rated it a 7 or better
   - 95% would probably or definitely recommend the hospital
3. Only very unhappy or very happy patients make comments
4. A new building will improve patient satisfaction scores

Do Satisfaction Surveys Need to be Risk-Adjusted?

- Control for factors the patient cannot change to get a “true” measure of satisfaction
- Factors that could be risk-adjusted
  - Health status
  - Parent education, SES, language
  - Service line: medical vs surgical patients
  - If they are admitted from the ER
- Shouldn’t all patients receive the best possible care? If we adjust do we give up on making that a reality?

The Cost of Surveys

- CAHPS surveys are free to use
- Cost associated with administration
  - Health Plan Survey: $15-24 per completed survey
  - CG survey: $8 per completed survey – more returned by mail
  - Hospital survey: $11 for mail surveys, $15 for telephone surveys
- Assume you need 50 CG surveys and 300 health plan and hospital surveys for reliable data

Is Satisfaction Related to Better Outcomes?

- Yes
  - Overall satisfaction and adherence to clinical guidelines are related
    - If you can explain why and provide data does that influence patient
  - Satisfaction correlates with care-focused communication rather than non-care aspects of experience (room and meals)
  - Patient satisfaction scores are correlated with high nurse-staffing levels – and studies show staffing is related to better patient outcomes

- No
  - Hospitals with the highest level of quality based on processes and outcomes of care had patient satisfaction scores “in the middle” (Lieberthal, 2013)
  - Increased use of antibiotics and imaging are associated with higher patient satisfaction scores (Metha, 2015)
  - High satisfaction scores are associated with greater inpatient care utilization, higher overall health expenditure and higher mortality (Fenton, 2012)

Unintended Consequences of Patient Satisfaction Score

- Payment tied to patient satisfaction puts safety net providers at a disadvantage
  - Typically have lower patient experience scores
  - Can widen racial and clinical disparities in care
  - Reduced reimbursement in face of fewer existing resources to devote to improving scores
- Achievement, improvement and consistency, the patient experience and reimbursement

Farley et al., 2014; Manary et al., 2013

Elliott, et al., 2010; Metha, 2015
Unintended Consequences of Patient Satisfaction Score

- Hospital response to scores
  - Scripting
  - Does it increase satisfaction or quality of care
  - Incentives and penalties
    - How do providers, especially APRNs, respond
      - Are they represented as providers
      - Do we change what we tell patients—do we want them to be happy, no difficult messages
  - Budget changes for capital projects
  - Are solutions top down or bottom up

APRN Recognition in Quality

- Where are we in the measure of patient satisfaction?
- Are there better measures of APRN quality:
  - Readmission to hospital
  - Immunization status
  - Follow-up care for children prescribed ADHD medication
    - National Quality Forum Pediatric Measures

We must ensure our care is visible!!!