Improving Patient Satisfaction In An Outpatient Setting.

Foram Thakkar (ACP Associate), Loui Gatdula (ACP Associate), Emmanuel Elueze (ACP Fellow)
University of Texas Health North East / CHRISTUS Good Shepherd Medicine Residency Program, Longview, TX

Introduction

Patient satisfaction is a patient’s opinion of care received. It is only an indirect or a proxy indicator of the quality of physician, clinic or hospital performance. If health systems want to improve the patient experience, they need to put the patients first and at the center of everything they do. Patient satisfaction is a key criterion by which the quality of health care services is evaluated.

Quality of care is measured with two metrics: Patient outcomes (70%) and Patient satisfaction (30%). With patient satisfaction scores now having a direct impact on the bottom line, the measure and the management of patient satisfaction has become a top priority at health systems across the country. In fact, more than half (54%) of healthcare executives say patient experience and satisfaction is one of their top three priorities, according to Health Leaders Media’s 2013 Industry Survey data.

There are two approaches – Quantitative and Qualitative. Quantitative approach provides accurate method to measure patient satisfaction. Standardized questionnaires (either self-reported or interviewer-administered or by telephone) have been the most common assessment tool for conducting patient satisfaction studies.

CG CAHPS - The Clinician and Group Consumer Assessment of Healthcare Providers and Systems Survey is a standardized tool to measure patients’ perception of care provided by physicians in an office setting. The rating scale is still 0-10 where 9% and 10% will be evaluated in terms of a top box score.

Patient satisfaction depends on provider, patient or clinic. Focus of our study is provider characteristic.

Objective

Good Shepherd Residency clinic was at one percentile with 70% in clear communication by provider and at one percentile with 56% overall provider rating per CGCAPS survey. By implementing pre and post visit questionnaire form, this study hypothesized to increase patient satisfaction by improving provider communication and overall provider rating.

Method

- Prospective single clinic teaching study.
- Baseline data was obtained from CGCAPS survey via an acquired agency using 31 questionnaires. Phone calls to all patients from 48 hours to 6 weeks after office visit were completed. Randomly 60 patients were called for Oct, 2015 to Dec, 2015 and 31 questionnaires were resulted.
- Patients at single residency teaching clinic were enrolled between June, 2016-December, 2016.
- Pre visit questionnaires included the main reason for the visit and post visit questionnaire inquired if physicians met the defined goal, if patient understood a clear plan of care and if the patient had unanswered questions.

Results

Patient survey:
Data is collected from 1st June, 2016 to 31st Dec, 2016. Total numbers of forms collected at the end of six months were 3453. Out of these, 2004 were excluded as those forms did not have post visit questionnaires filled out. So completely filled post visit forms were 15.9% (n = 549).

- Provider overall rating increased from 56% to 95.3% which correlates with increase from 1-percentile to > 90 percentile.
- Provider over all rated increased from 56% to 95.3% which correlates with increase from 1-percentile to > 90 percentile.

Results- Continued

Provider Results after intervention
- Clear communication by provider increased from 70% to 96.7% which correlates with increase from 1-percentile to 75-90 percentiles.
- Provider overall rating increased from 56% to 95.3% which correlates with increase from 1-percentile to > 90 percentile.

Discussion/ Challenges

- Measuring patient satisfaction quantitatively by using questionnaires at daily visit helps gives reflection on communication of provider with patient and overall provider care.
- Advantage of localized patient questionnaire is that by immediate post visit questionnaire, recall bias is avoided.
- 92% patients did not fill out main reason for the visit.
- Patients who are satisfied are more prone to fill out the post visit questionnaires and submit the form.
- Residents might only ask good patients or patients who were happy with visit to fill out the post visit questions creating potential for selection bias.
- Some patients in a rush may just answer “yes” to all questions or “no” to all questions.
- We are comparing our day to day questionnaire survey with CGCAPS survey assuming when patient say physicians met the goal, they rank provider 9 or 10 in satisfaction score.

Conclusion

Simple Intervention with pre and post visit questionnaire seems to significantly increase patient satisfaction score in an outpatient setting. It is ongoing study where we need to increase patient compliance with pre and post visit questionnaire.

References