

turning knowledge into practice

The Patient Perspective: Satisfaction Survey

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Why Consider Quality from the Patient Perspective?

- To find out what patients think about the way they were treated, and
- To find out what the problems were from the patient's point of view.

An important dimension of quality of care.

Quality Chasm

Crossing the Quality Chasm (IOM, 2001) identifies patient centered care as one of the six aims for the health care system.

Dimensions of Patient Centered Care

(adapted from Picker Institute)

■ Access

waiting time for an appointment;
getting needed care

■ Respect

for patients' values preferences and
expressed needs;
involvement in decision making

Dimensions of Patient Centered Care

(adapted from Picker Institute)

- Coordination and integrated care including acute care, ancillary and support services, chronic illness management
- Information, communication and education
facilitation of autonomy, self care and health promotion

Dimensions of Patient Centered Care (cont')

(adapted from Picker Institute)

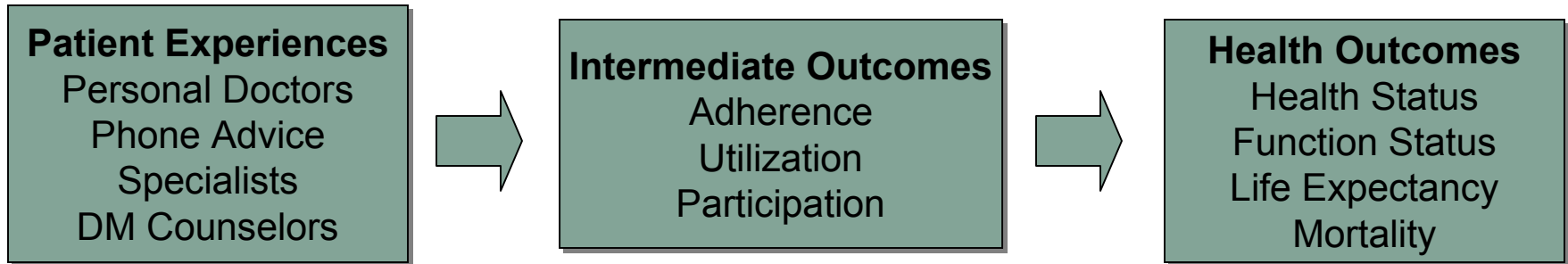
- Physical comfort
help with pain management
- Emotional support
impact of illness of self and family
- Transitions and continuity
information about medication, coordination and
discharge planning following a hospitalization.

Patient Perspective of Health Care Services

- Reflects three concepts:
 - ❑ The personal preferences of the individual
 - ❑ The individual's expectations regarding health care services
 - ❑ The realities of the care received

Conceptual Framework

(Adapted from Morales et al, 2003)



Three main goals when serving patients:

- To provide quality services
- To make those services accessible
- To treat patients with courtesy and respect

What are we measuring when we measure “satisfaction”?

- While we can learn something about patient and consumer likes and dislikes, do satisfaction surveys:
 - capture the most salient or pertinent issues from the public/patient point of view?
 - allow us to identify actionable results?

What are some of the issues with Satisfaction Surveys

- Typically elicit overwhelmingly positive results
- Used as marketing tools
- More rigorous methods are needed if patient centered quality improvements will result from these data

Patient Perspective: Assessing Experience with Care

- Satisfaction –asks patients to rate their care on a likert scale (e.g., poor, fair, good, very good, excellent)
- Experience –asks patients to report about their experience by responding to questions about processes or events related to an episode of care (e.g., having to wait too long for a call back from the DM nurse).

Satisfaction versus Experience

- Knowing that 15% of patients rate an intervention as “fair” or “poor”

How does a clinician or manager know what to do to improve care?

- Knowing that 15% of patients report frequently having to wait a long time to hear back from the DM nurse

How does a clinician or manager know what to do to improve care?

Ratings versus Reports

- Ratings ask the patients to assess overall experience with some aspect of care
- Typically anchored with '0' as worse care to '10' as best care, for example:

“on a scale of 0 to 10, with 0 being the worse program to help you with your diabetes and 10 being the best, how would you rate your diabetes program?”

Designing a Satisfaction Survey

The Medicare Chronic Care Initiative
Beneficiary Survey as an Example

Why focus on patient satisfaction?

- To identify ways to improve your interventions
- To compete in the market place – data on patient satisfaction is used to empower consumers and foster informed choice.
- In our case, required by the MMA legislation

Congressional Mandate

The Chronic Care Improvement Program under traditional Fee-for-service Medicare initiative is authorized by Section 721 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Pub. L. 108-173) Section 721 requires the Secretary of Health and Human Services to provide for the phased-in development, testing, evaluation, and implementation of chronic care improvement programs.

Improvement in Satisfaction as Legislative Requirement

- ... the evaluation shall include an assessment of the following factors for each program:
 - quality improvement measures;
 - ***beneficiary and provider satisfaction***;
 - health outcomes; and
 - financial outcomes.

Research Questions

- Satisfaction Outcomes
 - Does the program improve beneficiary and provider satisfaction?

- Behavioral Outcomes
 - Does the program improve knowledge and self-management skills?

Constructing a patient survey

- Identify domains relevant to the intervention
- Identify domains relevant to the population being targeted
- Make it brief and easy to understand
 - Avoid double barrel questions (those that incorporate more than one question)
 - Instrument should be cognitively tested with target population to make sure that items are understood as intended.

Domains for Beneficiary Survey

Health Status

- Self Rated Health
- Physical and mental SF 12
- Activities of Daily Living
- Depression

Perceived Helpfulness of Interventions

- How helpful were materials like a newspaper, magazine, pamphlet, or videotape, that you may have received on caring for your health
 - Very helpful
 - Somewhat helpful
 - A little helpful
 - Not helpful
 - Did not receive materials

Self Efficacy

- How sure are you that you can take all of your medications when you should?
 - Very unsure
 - Somewhat unsure
 - Neither
 - Somewhat sure
 - Very sure

Self Care Activities

- On the how many of the **LAST SEVEN DAYS** did you take your medication as prescribed?

0 1 2 3 4 5 6 7

Health Care Experience: Overall Rating

- Overall, how would you rate your experience with your health care team in helping you cope with your condition?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

Health Care Experience

- In the last 6 months, how often did your health care team give you clear instructions about what to do when health problems came up?
 - Never
 - Sometimes
 - Usually
 - Always

Additional Items for Case Mix Adjustment

- Race and ethnicity
- Education
- Living arrangement (living alone, spouse, other)
- Proxy respondent

Survey Considerations

- In House Capability?
- Vendor?
- Consider:
 - Sample Size
 - Response Rate
 - Data quality
 - ◆ Missing data
 - ◆ Item non-response

At minimum, a patient survey should cover:

- **Quality**
e.g., how did the patient experience the intervention
- **Access**
e.g., how easy was it to contact the DM counselor or nurse?
- **Interpersonal issues**
e.g., how compassionate or caring was the staff?