



Facilitating Your Medical Group's Effective Use of Patient Satisfaction Assessment Data

A Case Study

Concurrent Session 1.4
Ninth National Pay for Performance Summit
San Francisco, CA, March 24, 2014

Kristen Gregory, Ph.D.
Director of Patient Satisfaction Assessment
The Permanente Medical Group, Kaiser Permanente,
Northern California and Mid Atlantic Regions

TPMG's Patient Encounter Survey - Attributes

- Invented in 1993, launched in 1994
- An encounter based survey
 - An encounter with a provider “triggers” the survey
- Personalized
 - The survey asks about specific aspects of a recent encounter with Dr. Smith, in Pediatrics, in Fremont
 - We include a photo of Dr. Smith, to help the patient remember the encounter
- 7 to 9 encounters are surveyed per provider, per week, to achieve a year end quota of 100 survey returns per provider per year.

Why did TPMG Invent MPS?

Needed patient satisfaction data that are:

- Timely – quarterly reports
- Specific – Reports are published for:
 - Individuals
 - Teams
 - Departments
 - Visit types
 - Shifts, Days of week, Times of Day
 - Any other report of value to operational leaders



Image source: <http://grammar.yourdictionary.com>

Implementation Process Overview

Clarify the Need: Why Do a Satisfaction Survey?

- Utility and importance

Develop a Credible & Responsive Assessment and Feedback Process: How To Survey

- Methods
- Reports
- Validity
- Importance

Embed the Survey Data into Operations: Using Survey Data Effectively

Why Survey, Why Care?



Source: <http://socialfresh.com/6-steps-to-a-successful-social-media-survey/>

Why Do a Satisfaction Survey?

- Address Key Provider Concerns

- We provide excellent medical care.
 - Is likeability, charisma, or popularity really as important as quality?
 - Besides, we know our patients love us, they bring us gifts and flowers.
- Making patients happy is not necessarily good quality.....it may even be bad quality.
 - The Michael Jackson case study example.
 - You can satisfy the pt. to death.
 - Sometimes we have to say “no.”

Why Survey? - Satisfaction Outcomes

Trust

Compliance

Confidence

Quality

Utilization

Acceptance

Retention

Service Satisfaction = Quality

Why Survey? - Knowledge

- In any medical group, and for any physician, there is variability in satisfaction across patient encounters.
 - One needs to see this variability in order to understand it, and then to address it.
- Your patients already know what they like and dislike about your medical practice.
 - Now you can know too.

*Doing a satisfaction survey allows you to know
what your patients already know.*

Develop a Credible & Responsive Assessment and Feasible Process: How To Survey



Source: <http://www.cityoflondon.gov.uk/about-the-city/how-we-work/Pages/City-Stakeholder-Survey.aspx>

Decide on Survey Content

- What aspects of the care experience are important to address on a survey?
 - Ask the experts.
 - Read the letters.
 - Walk around.
- Address areas that only patients can know.
 - Patients are not research assistants.
 - The diner is not a chef.



Image source: <http://www.a2zdentalcenter.com>

Survey Methods

- Frequently Given Answers (FGA's)

- We do not survey just the grumpy dissatisfied patients.
 - Surveys are sent to a random selection of all your patients.
- It is not the case that only grumpy patients respond to surveys,
 - Response rates correlate positively with ratings.
- Statistically, one does not need to survey every patient after every visit to obtain a valid read on patient satisfaction.
 - One can predict the outcome of national elections based on a poll of 400 people.
- Given a sufficient sample size ($N > 30$) one or two patients cannot bring down your score dramatically.
- Yes, we have myriad resources available regarding improvement tactics.

Effective Reporting



Source: <http://www.cimaglobal.com/>

Report Elements – *Giving Meaning To Scores*

- Sally's courtesy rating is 60% very good/excellent.
- Is that a good score?
- What else do we need to know?
 - Context:
 - Sally's baseline over time
 - Peer baseline over time
 - Statistical Significance



Image source: <http://www.guardiantherapy.com>

Report Interpretation

Staff Courtesy Ratings over time in the department of pediatrics in AnyCity, CA:

	2009	2010	2011	2012	2013
Reg Avg	75	74	73	75	74
AnyCity Avg	89	91	90	89	50
Sally	59	60	58	59	84

* 10 point differences are statistically significant.

- What is the story in these data?

The Data Story

Staff Courtesy Ratings over time in the department of pediatrics in AnyCity, CA:

	2009	2010	2011	2012	2013
Reg Avg	75	74	73	75	74
AnyCity Avg	89	91	90	89	50
Sally	59	60	58	59	84

* 10 point differences are statistically significant.

- In a very high performing department of pediatrics Sally consistently scores poorly. In 2013, however, Sally's scores improve while the departmental scores drop.

First Reaction: Call the Survey People – *Why did these survey scores change?*



Image source: <http://advertise.valpak.com/be-a-better-business-with-call-tracking/>

Help Clients Go Beyond the Survey Data

What questions can these data not answer?

- What changed in 2013?
- Why was Sally better able to cope with that change?
- Why was Sally's poor performance tolerated for 4 years without improvement?

To answer "What happened?" and "Why?" one must step outside the survey data, and look into behaviors, operations, and the external environment.

Engage the Audience

- What is the difference between an hypothesis and an excuse?
 - There is no difference.
 - My scores are low because:
 - I do all the urgent care walk ins.
 - My patients are more diverse.
 - My patients are sicker.
 - I just took responsibility for the anger clinic.
- Respond to every concern with curiosity.

The Audience Continually Shapes The Reports

- “These reports are invalid, unhelpful, not useful...”
- What would make them useful?
 - Break out evening from day clinic.
 - Compare me only to other pediatric neurosurgeons.
 - Consider my patient demographic differences.



Image source: www.argentumgroupplc.com

There are no cynics, only report designers.

Validity



Image source: <http://jacobysolutions.com/core-audit%E2%84%A2/>

Validity – *Why believe these numbers?*

The numbers behave as we would expect.

- The Irv Fisch validation
- Operational validation – pharmacy, Gilroy, phones
- Reliability validation – “That means that’s your score.”
- Success validation



Image source: <http://bullient.wordpress.com>

Validation Takes Time, and is Ongoing

- Over the years, the scores behave rationally.
 - Scores rise when we improve operational metrics.
 - Scores fall when things do not go as intended.
 - People we think are tops in patient satisfaction have top scores, similarly for the less stellar.
- The first time one sees the report, it is a surprise.
 - But is it really true?

Importance – Making it Real



Image source: <http://www.fmmgmt.com>

Importance – *Why care about these numbers?*

- This is about you.
 - Not the people down the hall.
 - Not some other department.
 - Your patients. Your team. Your department.
- Leadership emphasis:
 - Leaders include patient satisfaction when they discuss our strategy, tactics, values, and success.
- Practical significance:
 - Leaders use satisfaction scores to make important decisions:
 - HR decisions,
 - Operational decisions,
 - Rewards, recognition, accolades, ceremonial decisions.

Effectively Using the Data



Image source: <http://asociagroup.com>

Improvement

- How to use satisfaction data to improve the care experience:
 - Identify top performers:
 - How did you do it?
 - Identify significant improvers:
 - What did you change?
 - Celebrate, recognize the positives
 - Have support systems in place – CC's, tip sheets

Create a service culture that gathers and shares service stories.

Using Satisfaction Data to Shape Operational Initiatives

TPMG's Art to Science Model:

- Operational metrics are validated with satisfaction outcomes.
- If an operational metric significantly predicts MPS satisfaction, that metric becomes an operational goal.
- Move the operational metric → move patient satisfaction.

Which interventions work?

- The Diet and the Necktie
- Excellent service is not a project or an initiative.
- Excellent service is not creative.
 - It is common sense.
 - And it is consistent.
- Relentless pursuit



Image source: <https://www.acefitness.org>

*Doing it every day, every week,
for the rest of your life.*

These Survey Data are Not Enough

- Data are quarterly.... We need to know every day how we are doing!
 - You may need more information, but you do not need more surveys.
- The cold versus the warm conversation
- Data collection as intervention
- Data collection as habit

Service Culture

- It is not a:

Program

Initiative

Project

Intervention

Flavor of the month

It is How We Do Things Around Here.

Satisfaction Survey – Success Factors

- The Survey
 - Credibility of the process
 - Ongoing engagement with the audience
 - The score is about you, your team.
- The Culture
 - Leadership talks about patient satisfaction daily.
 - Satisfaction data are used in decisions that are important to individuals and to the organization.
 - Success is supported.
- Ultimate utility of the survey is determined by leadership and culture.
 - Otherwise, it is just a nice survey.