

## Improving the Medical Practice Patient Experience

The following summaries of recent peer-reviewed articles describe the benefits of improving the patient experience and reducing suffering in medical practice settings. Citations are linked to full-text articles [\*] when available. [PG] denotes Press Ganey research.

Study	Objective	Conclusion
<p>[*] Lee, V. S., Miller, T., Daniels, C., Paine, M., Gresh, B., &amp; Betz, A. L. (2016). <a href="#">Creating the exceptional patient experience in one academic health system</a>. <i>Academic Medicine</i>, 91(3), 338-344.</p>	<p>To describe a seven-year initiative to change the culture of the University of Utah Health Care system to deliver a consistently exceptional patient experience.</p>	<ul style="list-style-type: none"> <li>Meta-analyses and reviews have shown that high patient satisfaction correlates with improved outcomes.</li> <li>Neither the quality nor the cost of care suffered over the course of the improvement initiative.</li> <li>Malpractice premiums declined from \$10.7 million in 2007 to \$7.3 million in 2012, despite a significant increase in the number of physicians practicing and a more than 40% increase in professional revenue.</li> </ul>
<p>[*] Chatterjee, P., Tsai, T. C., &amp; Jha, A. K. (2015). <a href="#">Delivering value by focusing on patient experience</a>. <i>American Journal of Managed Care</i>, 21(10), 735-737.</p>	<p>To review evidence for the use of patient-reported experience as a quality metric.</p>	<ul style="list-style-type: none"> <li>Patient experience measures should be included in any quality measurement strategy.</li> <li>Providers who perform well on patient experience also tend to score highly on measures of care processes and outcomes.</li> <li>Encouraging positive patient experience will build trust in the health care system, guard against withholding of services in the face of changing provider incentives, and encourage patients to become accountable for and actively engage in their own care.</li> </ul>
<p>[*] Anhang Price, R., Elliott, M. N., Cleary, P. D., Zaslavsky, A. M., &amp; Hays, R. D. (2014). <a href="#">Should health care providers be accountable for patients' care experiences?</a> <i>Journal of General Internal Medicine</i>, 30(2), 253-256.</p>	<p>To address common critiques of patient experience measures.</p>	<ul style="list-style-type: none"> <li>To evaluate patient-centeredness, an essential element of health care quality, patients' voices must be heard.</li> <li>Patient experience measures based on rigorously developed and implemented patient surveys can: <ul style="list-style-type: none"> <li>Overcome concerns regarding the relevance, fairness, and unintended consequences of surveys</li> <li>Facilitate providers' efforts to improve patients' experiences of care</li> <li>Complement other quality measures designed to inform patients' decisions</li> </ul> </li> </ul>
<p>[*] Anhang Price, R., Elliott, M. N., Zaslavsky, A. M., Hays, R. D., Lehrman, W. G., Rybowski, L., ... Cleary, P. D. (2014). <a href="#">Examining the role of patient experience surveys in measuring health care quality</a>. <i>Medical Care</i></p>	<p>To review the literature on the association between patient experiences and other measures of health care quality.</p>	<ul style="list-style-type: none"> <li>Research indicates that better patient care experiences are associated with higher levels of adherence to recommended prevention and treatment processes, better clinical outcomes, better patient safety within hospitals, and less health care utilization.</li> <li>Patient experience surveys directly evaluate the degree to which care is patient centered, and thus capture an intrinsically important dimension of</li> </ul>

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<p><i>Research and Review</i>, 71(5), 522-554.</p>		<p>quality.</p> <ul style="list-style-type: none"> <li>■ Patient experience measures are appropriate complements for clinical process and outcome measures in public reporting and pay-for-performance programs.</li> </ul>
<p>[*] Cosgrove, D. M., Fisher, M., Gabow, P., Gottlieb, G., Halvorson, G. C., James, B. C., ... Toussaint, J. S. (2013). <a href="#">Ten strategies to lower costs, improve quality, and engage patients: The view from leading health system CEOs</a>. <i>Health Affairs</i>, 32(2), 321-327.</p>	<p>To review key strategies for reducing costs and waste while improving outcomes.</p>	<ul style="list-style-type: none"> <li>■ Patient-centeredness—the idea that care should be designed around patients’ needs, preferences, circumstances, and well-being—is a central tenet of health care delivery.</li> <li>■ Patient-centered care is quickly becoming a business imperative, with payments tied to performance on measures of patient satisfaction and engagement.</li> <li>■ Patient-centered communication is associated with faster recovery, improved clinical outcomes, a better care experience, and fewer diagnostic tests and referrals.</li> </ul>
<p>[*] Doyle, C., Lennox, L., &amp; Bell, D. (2013). <a href="#">A systematic review of evidence on the links between patient experience and clinical safety and effectiveness</a>. <i>BMJ Open</i>, 3.</p>	<p>To explore evidence of the links between patient experience and clinical safety and effectiveness outcomes.</p>	<ul style="list-style-type: none"> <li>■ Patient experience is positively associated with clinical effectiveness and patient safety and should be considered one of the central pillars of quality in health care.</li> <li>■ Clinicians should resist sidelining patient experience as too subjective, divorced from the “real” clinical work of measuring safety and effectiveness.</li> </ul>
<p>[*] Manary, M. P., Boulding, W., Staelin, R., &amp; Glickman, S. W. (2013). <a href="#">The patient experience and health outcomes</a>. <i>New England Journal of Medicine</i>, 368(3), 201-203.</p>	<p>To address common objections raised by health care providers and academics regarding patient-experience surveys.</p>	<ul style="list-style-type: none"> <li>■ Patient experience measures are robust, distinctive indicators of health care quality.</li> <li>■ Patient-experience measures and the volume of services ordered are not correlated. In fact, increased patient engagement leads to lower resource use and greater patient satisfaction.</li> <li>■ The debate should center not on whether patients can provide meaningful quality measures but on how to improve patient experiences.</li> </ul>
<p>McMillan, S. S., Kendall, E., Sav, A., King, M. A., Whitty, J. A., Kelly, F., &amp; Wheeler, A. J. (2013). <a href="#">Patient-centered approaches to health care: A systematic review of randomized controlled trials</a>. <i>Medical Care Research &amp; Review</i>, 70(6), 567-596.</p>	<p>To evaluate the efficacy of patient-centered care interventions for people with chronic conditions.</p>	<ul style="list-style-type: none"> <li>■ Interventions focused on training health professionals to improve communication skills and to engage patients in shared decision making hold the most potential for improving patient engagement and satisfaction.</li> <li>■ Providing patient-centered care does not require longer consultation or appointment times, but requires a qualitatively different interaction.</li> <li>■ The delivery of relatively minimal interventions can increase appropriate service use and minimize costly overuse of treatments.</li> </ul>
<p>[*] National Quality Forum. (2013). <a href="#">Patient reported</a></p>	<p>To facilitate the groundwork for</p>	<ul style="list-style-type: none"> <li>■ Experience with care is considered one type of patient-reported outcome.</li> </ul>

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<p><a href="#"><u>outcomes (PROs) in performance measurement.</u></a> Washington, D.C.: Author.</p>	<p>developing, testing, endorsing, and implementing patient-reported outcome performance measures.</p>	<ul style="list-style-type: none"> <li>■ A patient's experience of care is his or her report of the quality of care received and should be treated equally to other health outcome performance measures.</li> <li>■ Measuring health outcomes to identify variability in performance is a key driver to identifying strategies for improvement.</li> </ul>
<p>[*] Roseman, D., Osborne-Stafsnes, J., Amy, C. H., Boslaugh, S., &amp; Slate-Miller, K. (2013). <a href="#"><u>Early lessons from four 'Aligning Forces for Quality' communities bolster the case for patient-centered care.</u></a> <i>Health Affairs</i>, 32(2), 232-241.</p>	<p>To present early lessons on engaging patients to improve ambulatory care in four communities participating in the Robert Wood Johnson Foundation's Aligning Forces for Quality initiative.</p>	<ul style="list-style-type: none"> <li>■ In primary care, patient-centeredness results in fewer diagnostic tests and referrals, reducing associated risks and costs.</li> <li>■ Measuring and improving the patient experience, part of the Triple Aim of improved health care, correlates positively with a number of indicators, including clinical processes, patient adherence to care regimens, and reduced risk of medical malpractice claims.</li> <li>■ Engaging patients in quality improvement efforts does not replace the need for validated patient experience surveys. Surveys provide representative patient input, whereas directly engaging patients in quality improvement helps make that input actionable.</li> </ul>
<p>[*] Boffeli, T. J., Thongvanh, K. L., Evans, S. J., &amp; Ahrens, C. R. (2012). <a href="#"><u>Patient experience and physician productivity: Debunking the mythical divide at HealthPartners clinics.</u></a> <i>The Permanente Journal</i>, 16(4), 19-25.</p>	<p>To assess physicians' knowledge about the true range of their productivity and satisfaction performance and dispel commonly held myths about the exclusivity of productivity and patient satisfaction.</p>	<ul style="list-style-type: none"> <li>■ Physician productivity and patient satisfaction are not mutually exclusive:             <ul style="list-style-type: none"> <li>– Many physicians excel in both areas simultaneously</li> <li>– Different characteristics are associated with varying levels of performance</li> </ul> </li> <li>■ By associating behaviors and characteristics with performance data, organizations can demonstrate real, relevant, and localized connections between the patient experience and physician productivity.</li> </ul>
<p>Bowling, A., Rowe, G., Lambert, N., Waddington, M., Mahtani, K. R., Kenten, C., ... Francis, S. A. (2012). <a href="#"><u>The measurement of patients' expectations for health care: A review and psychometric testing of a measure of patients' expectations.</u></a> <i>Health Technology Assessment</i> 16(30), i-xii, 1-509.</p>	<p>To measure patients' expectations for health care and assess the association with the actual experience and impact on quality measures.</p>	<ul style="list-style-type: none"> <li>■ Patient expectations are important for treatment compliance.</li> <li>■ High levels of unmet expectations are inversely associated with patient experience and perception of quality.</li> <li>■ Awareness of patients' expectations and unmet expectations has serious implications for the quality and improvement of health services.</li> </ul>
<p>[*] Levine, R., Shore, K., Lubalin, J., Garfinkel, S., Hurtado, M., &amp; Carman, K. (2012). <a href="#"><u>Comparing</u></a></p>	<p>To compare clinician and patient perception of quality in health care and assess whether</p>	<ul style="list-style-type: none"> <li>■ Clinicians and patients agreed that clinical skill, rapport, and health-related communication behaviors are key factors in quality visits.</li> <li>■ Increased clinician awareness of the behaviors that</li> </ul>

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<p><a href="#">physician and patient perceptions of quality in ambulatory care</a>. <i>International Journal for Quality in Health Care</i>, 24(4), 348-356.</p>	<p>minimizing disparities can improve outcome measures.</p>	<p>patients believe are the drivers of quality office visits can help clinicians improve patients' experience of care and experience-based measures of quality.</p>
<p>[*] Bertakis, K. D., &amp; Azari, R. (2011). <a href="#">Patient-centered care is associated with decreased health care utilization</a>. <i>Journal of the American Board of Family Medicine</i>, 24(3), 229-239.</p>	<p>To characterize patient-centered care in the primary care setting and to examine its relationship with health care utilization.</p>	<ul style="list-style-type: none"> <li>■ Patient-centered care is associated with decreased utilization of health care resources and lower annual charges.</li> <li>■ Total annual charges for patients who had less patient-centered care had median total charges of \$1,435, compared with \$948 (51.4% more) for those patients who received patient-centered health care.</li> <li>■ Reduced annual medical care charges are a key outcome of patient-centered medical visits.</li> </ul>
<p>[PG] Riskind, P., Fossey, L., &amp; Brill, K. (2011). <a href="#">Why measure patient satisfaction?</a> <i>Journal of Medical Practice Management</i>, 26(4), 217-220.</p>	<p>To review the benefits of surveying with pay-for-performance requirements on the horizon and consumer rating sites already publicizing impressions from physician encounters.</p>	<ul style="list-style-type: none"> <li>■ Practices that continuously measure patient perceptions are more efficient and effective in their daily operations.</li> <li>■ Patient feedback can be used to improve patient-physician communication and reduce wait times.</li> <li>■ Patient survey results that are put to work can enhance the efficiency and effectiveness of practice operations as well as position the practice for increased profitability.</li> </ul>
<p>[*] Browne, K., Roseman, D., Shaller, D., &amp; Edgman-Levitan, S. (2010). <a href="#">Measuring patient experience as a strategy for improving primary care</a>. <i>Health Affairs</i>, 29(5), 921-925.</p>	<p>To highlight the benefits of measuring and improving patients' experience of care despite multiple resource demands and provider resistance.</p>	<ul style="list-style-type: none"> <li>■ Collecting and reporting survey data can improve patients' experiences, along with producing tangible benefits to primary care practices and the health care system.</li> <li>■ The use of patient experience information is a powerful strategy for transforming practices and driving overall system transformation.</li> </ul>
<p>[*] Center for Health Care Quality. (2010). <a href="#">Good for Health, Good for Business: The Case for Measuring Patient Experience of Care</a>. Washington, D.C.: George Washington University Medical Center School of Public Health and Health Services.</p>	<p>To outline the clinical and business benefits of measuring and addressing patient experience of care.</p>	<ul style="list-style-type: none"> <li>■ The health care landscape reflects a growing emphasis on patient-centeredness as a core element of quality.</li> <li>■ 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.</li> <li>■ Patient experience measures are rapidly being adopted for high-stakes uses including physician compensation structures, board certification and licensing, and physician/practice recognition programs.</li> <li>■ 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</li> </ul>

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		information being used for high-stakes endeavors (e.g., reimbursement and compensation).
Fullam, F., Garman, A. N., Johnson, T. J., & Hedberg, E. C. (2009). <a href="#">The use of patient satisfaction surveys and alternative coding procedures to predict malpractice risk</a> . <i>Medical Care</i> , 47(5), 553-559.	To identify methods for exposing potential malpractice litigation risks using Press Ganey measures.	<ul style="list-style-type: none"> <li>■ Satisfaction scores are significantly associated with malpractice activity.</li> <li>■ As patients' minimum response drops by one category (e.g., from "very good" to "good," from "good" to "fair"), the risk of implication increases by 21.7%.</li> <li>■ Survey measures provide a useful metric for identifying and prioritizing malpractice risks. However, hospitals need to exceed minimum HCAHPS samples sizes to provide an adequate number of surveys per physician for sufficient feedback.</li> </ul>
[*] Zolnierok, K. B., & Dimatteo, M. R. (2009). <a href="#">Physician communication and patient adherence to treatment: a meta-analysis</a> . <i>Medical Care</i> , 47(8), 826-834.	To study the relationship between physician communication and patient adherence, and the effects of communication training on adherence to treatment regimens.	<ul style="list-style-type: none"> <li>■ Physician communication is significantly positively correlated with patient adherence.</li> <li>■ There is a 19% higher risk of non-adherence among patients whose physician communicates poorly than among patients whose physician communicates well.</li> <li>■ Training physicians in communication skills results in substantial and significant improvements in patient adherence.</li> </ul>
[PG] Hall, M. F. (2008). <a href="#">Looking to improve financial results? Start by listening to patients</a> . <i>Healthcare Financial Management</i> , 62(10), 76-80.	To review the value of measuring patient satisfaction in the context of quality improvement and public reporting.	<ul style="list-style-type: none"> <li>■ Measuring and improving the patient experience leads to: <ul style="list-style-type: none"> <li>– Reduced employee turnover</li> <li>– Enhanced reputation in the community</li> <li>– Increased patient loyalty</li> <li>– Reduced malpractice claims</li> <li>– Greater efficiency</li> </ul> </li> </ul>
Hsiao, C., & Boulton, C. (2008). <a href="#">Effects of quality on outcomes in primary care: A review of the literature</a> . <i>American Journal of Medical Quality</i> , 23(4), 302-310.	To review evidence between 1950 and 2006 for the relationship between patient-centered care—assessed through surveys of patients' perceptions—and patients' health status and health services utilization.	<ul style="list-style-type: none"> <li>■ Greater continuity of primary care is associated with fewer ED visits and hospitalizations.</li> <li>■ Better provider continuity is associated with lower health care costs.</li> <li>■ Effective physician-patient communication is associated with better health status.</li> </ul>

For additional references, please see the [AHA Patient-Centeredness Bibliography](#).