

Determinants of Patient Satisfaction with Urology Practice

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Abstract

Introduction: Although patient satisfaction surveys will be used by CMS (Centers for Medicare & Medicaid Services) to determine reimbursement in physician offices within 2 years, there are no published data to our knowledge on what influences patient satisfaction with the urology office. Therefore, we evaluated which parameters had the greatest impact on a patient's likelihood to refer another patient to our practice.

Methods: We employed a national survey firm to mail patient satisfaction questionnaires consisting of 21 questions covering parameters on logistics, practice and physician interactions to a random subset of urology outpatients. Data on number of patients seen, wait time in clinic, survey response rate and likelihood to refer were also collected. Interrelations between survey parameters were analyzed using a Pearson product-moment correlation and Fisher's transformation.

Results: During a 2-year period we received 58,932 responses to 211,679 surveys (27.8% response rate). Although logistical and staff parameters correlated positively with likelihood to refer, the strongest correlation was observed in physician parameters ($r=0.947$, $p < 0.01$). Of physician parameters, patient confidence in physician correlated most strongly with likelihood to refer ($r=0.976$, $p < 0.01$). Clinic wait time showed a relatively weak correlation to likelihood to refer ($r=0.500$, $p < 0.01$), while number of patients seen did not correlate to likelihood to refer ($r=-0.090$, $p=0.40$). Survey response correlated positively with likelihood to refer ($r=0.593$, $p < 0.01$).

Conclusions: Our large series demonstrates that patient satisfaction in the urology office correlates most strongly with patient-physician interaction. Implementation of systematic, comprehensive patient satisfaction surveys is feasible for urology practices and can provide meaningful data to enhance the patient experience.

Key Words: patient satisfaction, urology, data collection

Abbreviations and Acronyms

CG-CAHPS = Clinic and Group Consumer Assessment of Healthcare Providers and Systems

CP = care provider

EHR = electronic health record

LTR = likelihood to refer

Although the concept of patient empowerment in health care is not novel,¹ an increase in patient consumerism along with frustration with the level of transparency in health care delivery systems has led to increased interest in measuring patient satisfaction as a quality parameter.^{2,3} Research on whether the patient experience correlates with outcomes is inconsistent, with some suggesting that improving patient perception leads to better outcomes,⁴ others failing to note any correlation with

outcome⁵ and some suggesting that systematic performance measures may actually have a deleterious effect on health care delivery.⁶

Patient satisfaction surveys have already been incorporated into reimbursement methodology for hospitals. The Patient Protection and Affordable Care Act of 2010 includes provisions for patient satisfaction in value based purchasing for institutions and individual providers. Of hospital value based purchasing measures 30% is derived from results of the Hospital Consumer Assessment of Healthcare Providers and Systems (H-CAHPS). H-CAHPS scores were linked to hospital reimbursement commencing with discharges in October 2012. In 2014, 1.25% of hospital reimbursements are at stake, which increases to 2% for 2017 and beyond.⁷

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Of particular importance to urologists is the expansion of such survey tools into physician practices and the incorporation of these metrics into value based purchasing reimbursement calculations for this site of service. The CG-CAHPS has been developed for this purpose. Implementation of value based modifiers commences in 2015 for group practices with more than 100 providers billing under a single taxpayer identification number, and this expands to all physicians in 2017. For medical practices impacted by CG-CAHPS at least 16.7% of value based dollars will be based on CG-CAHPS scores.⁸

There have been many reviews on patient satisfaction in urology. However, these reviews are largely focused on specific disease states or procedures. Despite the looming importance of patient satisfaction data, there is a paucity of data on which parameters influence patient satisfaction in the urology office setting. Therefore, we evaluated which measures of patient experience had the greatest correlation with patient satisfaction as measured by a patient's likelihood to refer another patient to our practice.

Methods

We partnered with Press Ganey Associates, Inc., a nationally recognized firm specializing in patient experience surveys, to produce a custom questionnaire for distribution to our patients. Questions were divided into 3 categories related to logistics (appointment scheduling and check-in), practice (covering items after the patient commenced the appointment but before seeing the provider) and physician (direct patient-physician interaction). We also collected data on waiting time in clinic, number of patients seen and survey response rate. As patient loyalty has been linked to patient satisfaction,⁹ we used LTR as a proxy for overall patient satisfaction. This measure has been found to be an important component in historical¹⁰ and future¹¹ models of patient satisfaction and profitability, and is also a component of the CG-CAHPS survey instrument. Survey questions are presented in the Appendix.

Patients were selected to receive mailings using a 2-step process. Patient appointment data were electronically transmitted to the survey company. The raw appointment data for each quarter were reordered using a randomization algorithm and filtered to remove duplicate records. Survey recipients were selected from the revised file using a 1:3 ratio read-skip method. The survey design was a 5-part Likert scale, with each response assigned a numerical value from 1 (lowest) to 5 (highest). Scores were converted to a 100-point scale using the formula $(x-1)*25$, with x representing question score. Survey responses for each quarter were averaged and quarterly average scores were combined in a weighted fashion. Two data arrays were generated, with the first containing aggregate scores on logistics, practice and provider, and the second containing all scores individually tabulated. A Pearson product-moment correlation coefficient matrix was calculated for each array and the statistical significance of the differences between correlation coefficients was determined using Fisher's transformation. Where appropriate, statistical analysis was performed using GraphPad Prism® 6.0 software.

Results

Between October 1, 2011 and September 30, 2013, 211,679 surveys were mailed, with 58,932 responses (27.8% response rate). Vendor analytics indicate that this was in the 85th percentile of response rate compared to other medical practices performing such surveys. Cronbach's α for our study instrument was 0.97, indicating a high degree of reliability and reproducibility. Mean question scores with standard error of measurements and 95% CIs are presented in table 1.

The results of question category analysis are summarized in table 2. Although LTR correlated positively with logistics and practice parameters ($r=0.593$, $p < 0.01$ and $r=0.798$, $p < 0.01$; respectively), the strongest positive correlation existed between LTR and provider parameters ($r=0.947$, $p < 0.01$). There was a significant difference in correlation coefficient between logistics and practice parameters ($\Delta=0.205$, $p < 0.01$), as well as between practice and provider parameters ($\Delta=0.149$, $p < 0.01$). LTR also correlated positively with survey response rate ($r=0.593$, $p < 0.01$), but there was no significant correlation between LTR and number of patients seen ($r=-0.90$, $p=0.40$). However, there was a significant, albeit weak, inverse correlation with number of patients seen and practice parameters ($r=-0.263$, $p=0.01$).

Specific question correlation is presented in the figure. Questions within each group are marked with an outline. For ease of reading the cells are formatted with a colorimetric scale in which deeper green indicates a stronger positive correlation and darker red denotes a stronger negative correlation. As anticipated from the group analysis, CP parameters had the highest correlation with LTR. The strongest positive correlation was seen between LTR and 1) patient confidence in CP

Table 1.
Survey scores

	Mean Score	SEM	95% CI ($\times 10^{-3}$)
Ease of getting clinic on phone	88.8	2.94	4.36
Convenience of office hrs	90.1	2.58	3.80
Ease of scheduling appointments	91.5	2.51	3.69
Courtesy of registration staff	93.4	2.37	3.50
Information about delays	82.8	4.05	6.75
Wait time at clinic	82.8	3.87	5.85
How well staff protect safety	93.4	2.18	3.28
Sensitivity to pt needs	92.2	2.40	3.60
Concern for pt privacy	92.9	2.26	3.39
Cleanliness of practice	94.2	2.07	3.08
Staff worked together	93.4	2.23	3.30
Friendliness/courtesy of nurse/assistant	93.3	2.21	3.30
Concern of nurse/assistant for problem	90.6	2.65	4.10
Friendliness/courtesy of CP	95.1	1.97	2.90
CP explanations of problem/condition	94.1	2.25	3.33
CP concern for questions/worries	93.7	2.32	3.45
CP efforts to include in decisions	93.2	2.40	3.72
CP information about medications	92.8	2.45	3.92
CP instructions for followup care	93.2	2.37	3.69
CP spoke using clear language	94.5	2.11	3.14
Time CP spent with pt	91.5	2.66	3.95
Pt confidence in CP	94.9	2.16	3.20
Likelihood of recommending CP	94.6	2.35	3.49

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