ORIGINAL ARTICLE

The Patient Experience in Radiology: Observations From Over 3,500 Patient Feedback Reports in a Single Institution

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Abstract

Purpose: To identify factors associated with the patient experience in radiology based on patient feedback reports from a single institution.

Methods: In a departmental patient experience committee initiative, all imaging outpatients are provided names and roles of all departmental employees with whom they interact, along with contact information for providing feedback after their appointment. All resulting feedback was recorded in a web-based database. A total of 3,675 patient comments over a 3-year period were assessed in terms of major themes. Roles of employees recognized within the patient comments were also assessed.

Results: Patient feedback comments most commonly related to professional staff behavior (74.5%) and wait times (11.9%), and less commonly related to a spectrum of other issues (comfort during the exam, quality of the facilities, access to information regarding the exam, patient privacy, medical records, the radiology report, billing). The most common attributes relating to staff behavior involved patients' perceptions of staff caring, professionalism, pleasantness, helpfulness, and efficiency. Employees most commonly recognized by the comments were the technologist (50.2%) and receptionist (31.6%) and much less often the radiologist (2.2%). No radiologist was in the top 10% of employees in terms of the number of comments received.

Conclusion: Patients' comments regarding their experiences in undergoing radiologic imaging were largely influenced by staff behavior and communication (particularly relating to technologists and receptionists), as well as wait times, with radiologists having a far lesser immediate impact. Radiologists are encouraged to engage in activities that promote direct visibility to their patients and thereby combat risks of the perceived "invisible" radiologist.

Key Words: Radiology practice, radiologist, patient experience, patient satisfaction, professionalism

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INTRODUCTION

The traditional fee-for-service system for health care payments has been heavily criticized for rewarding the provision of high service volumes without consideration of the value of delivered care [1,2]. The Medicare Access & CHIP Reauthorization Act (MACRA) of 2015 addresses such criticism by linking an increasing percentage of Medicare payments to quality and value within the coming years [3,4]. The substantial value-based payment adjustments will drive corresponding value-based delivery system reform. MACRA implements the Merit-Based Incentive Payment System and Alternative Payment Models as vehicles for achieving this shift to practice and payment reform [3,4]. In addition, MACRA incorporates five quality domains that will be specifically measured and thereby impact physician payments [5]. One of these domains is the patient and caregiver experience [5]. Also, MACRA identifies patient experience measures as one of four priority areas to guide the legislation's execution [5]. MACRA's clear emphasis on maximizing the patient experience is consistent with the current era of patient consumerism, in which patients have greater knowledge of the details of their care, increasingly participate in shared decision making, and maintain greater expectations for their care providers [6,7]. The focus on the patient experience is also supported by data showing

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positive associations between patient satisfaction and health outcomes [8-10].

Direct solicitation of feedback from patients, for instance using surveys, has been described as the primary means for gaining insight into the patient experience [11]. Indeed, the CMS Quality Measure Development Plan, in support of MACRA, identifies patient surveys as the best, or potentially even the only, source of such information and calls for the development and implementation of specialty-specific patient experience surveys in the transition to the Merit-Based Incentive Payment System and Alternative Payment Models [5]. Lexa and Berlin have previously explored optimal approaches for radiology practices to collect feedback from their patients regarding their experiences during imaging encounters [11]. Among a range of recommendations, they advised the use of short, simple surveys distributed in the office setting [11]. They suggested that this approach may avoid biases resulting from other schemes, such as conducting face-to-face or telephone interviews or asking patients to send back surveys that they receive via mail at a later date after their appointment [11].

For the past three years, our radiology department's patient experience committee has implemented an initiative seeking patient feedback at the conclusion of all outpatient imaging appointments. All feedback received through this initiative has been maintained in a patient experience database. General themes from the database may help better understand what patients value most, as well as their desires or needs for achieving a positive experience in radiology. Thus, in this study, we identify factors associated with patient experiences in radiology based on over 3,500 patient feedback reports from a single institution.

METHODS

Patient Experience Feedback Initiative

This retrospective study was HIPAA compliant and approved by our institutional review board, which waived the requirement for written informed consent. The study was conducted at a large urban academic medical center. In January 2013, our departmental patient experience committee initiated a program in which all outpatients throughout our enterprise receive a "thank-you card" listing the names and roles of all departmental employees with whom they interacted during their visit (including receptionists, nurses, technologists, and radiologists) at the conclusion of their appointment. The card also provides both an e-mail address and a phone number that the patients may contact with any questions or comments

regarding their experience. A single staff member, who is a member of the patient experience committee and who serves as a departmental patient relations ombudsman, handled these patient feedback e-mails and phone calls since the start of the initiative. The ombudsman entered all feedback into a single database that was developed for purposes of tracking outcomes from this specific initiative. The database used Oracle (Oracle Corporation; Redwood City, California) for data storage and was accessed via a web application supported by the Adobe ColdFusion (Adobe Systems; San Jose, California) platform. For e-mails, the ombudsman pasted their text into the patient feedback database; for phone calls, the ombudsman attempted to enter a transcription of the patient's communication. For purposes of the present analysis, 3,801 database comments entered before December 2015 were exported to an Excel spreadsheet. Excel was also used for further summary assessment of the data, including computation of percentage distributions based on categories described below.

Summary of Free-Text Comments

A content expert (KP, a breast radiologist with five years of experience who serves as the department's Assistant Director of Quality and Patient Safety, as well as the leader of the patient experience committee) manually reviewed all database comments. A fraction of the comments were initially qualitatively reviewed to identify commonly recurring themes. All of the comments were then reviewed in their entirety and assigned to a given theme or, in some cases, multiple themes. Comments could also be assigned no theme when the feedback lacked specificity (eg, "wonderful experience" or "great job"). In addition, 125 miscellaneous comments not relating to the patient experience (eg, question by the patient regarding whether the hospital offers free flu shots) were excluded from further evaluation, leaving a final included sample of 3,675 comments. Finally, online software (www.wordle.net) was used to identify the most frequently used words within those comments relating to staff behavior. These words were then qualitatively grouped to reflect general attributes relating to staff behavior. The ten such attributes with the greatest frequency among the patient comments were identified.

Summary of Feedback Regarding Employee Roles

The roles of all employees recognized in the patient feedback reports were recorded (eg, radiologist, technologist, scheduler, nurse, receptionist, supervisor, patient