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Patient Satisfaction

Why and How Patients Grade You and Your Pulmonary Practice

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Patient satisfaction is an important factor for consideration in pulmonary practice management. Although evidence regarding the correlation of patient satisfaction with care quality remains mixed, there is an increasing national emphasis on the importance of patient experience in physician reimbursement, credentialing, and public opinion. The introduction of the Affordable Care Act and value-based care purchasing has tied a portion of reimbursement to patient experience surveys and other metrics related to care quality rather than quantity. Through nationally recognized assessments such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys and easily accessible websites such as RateMD and Yelp, patient opinion of care quality is more widely available and more important to pulmonary practice than ever before. Physician credentialing may also be impacted by the American Board of Internal Medicine's Maintenance of Certification program and potential future requirements for physicians to assess the patient experience to maintain certification. In the continually evolving health-care delivery, credentialing, and reimbursement climate, a thorough understanding of the increasing importance of patient satisfaction as well as strategies for successfully approaching this issue are essential to modern pulmonary inpatient and outpatient practice management.

CHEST 2015; 148(3):833-838

ABBREVIATIONS: ACA = Affordable Care Act; CAHPS = Consumer Assessment of Healthcare Providers and Systems; CMS = Centers for Medicare & Medicaid Services; MOC = Maintenance of Certification; MPFS = Medicare Physician Fee Schedule

Health-care quality is an important focus in the medical community. According to the Institute of Medicine's 2001 report, patient-centered care is a key element of high-quality health care and is cited in the institute's key recommendations for improving the 21st-century health-care system.[1] However, a patient's perception of quality care may differ from that of the physician who remains at the center of the increasingly quality-driven and performance-driven health-care industry. Standardized governmental surveys and nationally recognized websites focused on patient satisfaction continue to gain prominence and importance. Understanding how patients evaluate their care and its impact on inpatient and outpatient clinical practice, physician credentialing, and reimbursement is essential to the pulmonologist practicing in today's continually evolving health-care climate.

Manuscript received January 29, 2015; revision accepted March 5, 2015; originally published Online First March 26, 2015.

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DOI: 10.1378/chest.15-0223

Patient Satisfaction and Care Quality

Health-care quality is defined in many different ways. Although patient experience surveys are becoming increasingly important in physician reimbursement and credentialing, the relationship between patient satisfaction, health-care utilization, and clinical outcomes remains unclear.[2] Many physicians are concerned about the impact that the movement to improve patient satisfaction will have on clinical practice, citing concerns about pressures to prescribe unnecessary tests or medications in the name of improved satisfaction scores.[3,4] Fenton et al[2] showed that respondents with the highest patient satisfaction scores had a higher likelihood of hospital admission, greater health-care expenditures, and higher mortality. Others suggest patient experience is only modestly correlated with processes of care and that no significant association with clinical outcomes exists.[5]

Conversely, many believe that patient satisfaction is indeed an important aspect of quality care, citing studies indicating that patient satisfaction may indeed correlate with the quality of clinical care delivered. Hospitals with higher patient satisfaction scores performed better on measures of care quality for myocardial infarction and pneumonia as compared with hospitals with lower patient ratings.[6] There may also be a correlation between higher satisfaction scores, greater patient adherence to physician recommendations, lower odds of ED room visits, and loyalty to a physician's practice.[2,7,8] As improved measures of patient satisfaction are developed, study of the relationship with clinical outcomes will be important in determining whether patient experience scores rise or fall in future importance.

Physician Reimbursement and Value-Based Care

In spite of the mixed evidence, physicians aspire to provide high-quality care and build a positive doctor-patient relationship. To reward behavior focused on care quality, the Affordable Care Act (ACA) of 2010 promoted a shift from reimbursement based on "fee-for service" to a "pay for performance" model with the goal of moving toward a physician reimbursement system that "rewards value rather than volume." Section 3007 of the ACA mandated that the Centers for Medicare & Medicaid Services (CMS) begin applying a value modifier that incorporates both cost and quality data to the Medicare Physician Fee Schedule (MPFS) by 2015.[9]

Defining value-based care is complex and multifaceted. The MPFS includes a value-based payment modifier linked to care quality. The value-based care purchasing program links 30% of a hospital's total performance score to the patient experience of care domain. The remaining 70% of the total performance score is linked to clinical processes of care (20%), patient outcomes (30%), and efficiency (20%) domains.[10] According to the CMS, providers who satisfactorily submit Physician Quality Reporting System data during the 2014 reporting period will qualify for an incentive payment equal to 0.5% of their total estimated Part B MPFS-allowed charges during the same reporting period. However, those providers who do not satisfactorily report quality data will be subject to a 2% payment adjustment to their MPFS for services provided in 2016.[11]

Beginning January 1, 2015, the differential payment system mandated by the ACA and defined as part of Section 1848(p) of the Social Security Act went into effect for all groups of physicians with 100 or more eligible individual providers. The value modifier for 2015 will be calculated based on data from 2013. In 2016, groups of 10 or more providers who submit claims under a single tax identification number will be subject to the value modifier based on performance in 2014. It will be applied to all physicians beginning in January 2017. The budget for all payments will remain neutral, meaning that, in aggregate, increased payments to high-performing physicians will be offset by reduced payments to lower-performing physicians. Of note, this payment structure does not apply to physicians caring for patients in rural health clinics, federally qualified health centers or critical access hospitals.[9,11-15]

Although value-based care purchasing only applies to CMS reimbursements, other payers will likely continue to follow CMS's lead. Major health plans such as Blue Cross Blue Shield of Massachusetts and HealthPlus of Michigan and multistakeholder organizations such as California's Integrated Healthcare Association have already incorporated patient experience scores into pay-for-performance measures.[16] We, therefore, expect that the importance of physician quality performance measures in reimbursement from all payers will only grow as the health-care industry continues to emphasize quality over quantity of care. Although the payment system is complex and evolving, an understanding of the fundamentals of value-based purchasing is essential for the physician who aims to maximize reimbursements and the financial success of his or her practice.

National Standardized Surveys

Given the growing financial importance of patient experience metrics, it is important to understand how these