Analysis of the patient experience measure

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Learning objectives
After completing this learning activity, participants should be able to describe the origin of the patient experience measure, discuss potential pitfalls of this measure, recognize how the measure is a proxy for health care quality and summarize and distinguish the extrinsic and intrinsic factors that may influence physicians and health systems to invest in the patient experience.

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Assessing the patient experience has been a component of national health care policy for years in various forms, and it is now incorporated into many areas affecting physician practice. This review will focus on the origin and importance of this measure and address its critiques. The evolution of the measure as it progressed from patient satisfaction to patient experience and the rationale behind this shift will be detailed, the thought process behind the measure as an indicator of a culture of patient-centeredness and quality rather than as strictly a score will be reviewed, and the various motivators for physicians to improve patient experience will be divided into extrinsic and intrinsic and discussed. (J Am Acad Dermatol 2018;78:645-51.)

Key words: health care quality; patient experience; MACRA; MIPS; patient satisfaction; quality measures; value-based purchasing.

ORIGINS OF THE PATIENT EXPERIENCE SCORE

Key points

- **Patient experience measures, such as the Hospital Consumer Assessment of Healthcare Providers and Systems and Clinician and Group Consumer Assessment of Healthcare Providers and Systems have existed since 2002, but strong emphasis on these scores at the physician level are a more recent development**
- **Patient experience scores are increasingly a component of maintenance of certification, physician compensation, ability to participate in certain health plans, and physicians' online reputations**

Measuring and working to improve the patient experience with health care is an increasingly relevant topic in medicine. In 2001, the Institute of Medicine published the Crossing the Quality Chasm report, which identified patient-centered care as 1 of

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6 measures of health care quality. In 2002, the Centers for Medicare and Medicaid Services and the Agency for Healthcare Research and Quality developed the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, a 27-question instrument sent to a random sampling of hospital inpatients. Progressively, the emphasis on monitoring and improving the patient experience has spread to the outpatient arena, starting with hospital-based outpatient clinics with the Clinician and Group CAHPS (CG-CAHPS) survey, a variant of HCAHPS designed for outpatient interactions.

Beyond hospital system surveys, measuring the patient experience has been incorporated into other aspects of the practice of medicine. It is now a component of the American Board of Medical Specialties maintenance of certification requirements for all 24 member boards, it is being used by an increasing number of payers as a component of their compensation structures, such as in value-based purchasing programs and other quality programs tied to reimbursement increases, and it is a requirement for patient-centered medical homes. The patient experience is also emphasized in the Medicare Access and Children's Health Insurance Program Reauthorization Act of 2015 as a component of the quality score in the Merit-Based Incentive Payment System and is set to be published publicly on websites such as doctorcompare.gov as well as an increasing number of hospital and academic medical center websites for public consumption.

The intention of patient experience measures is to report and adjust based on the voice of the patient. Here we seek to define the patient experience, its risks, challenges, and importance and how to respond to this deepening channel of data coming to physicians and health care organizations.

DEFINING, CRITIQUING AND JUSTIFYING THE PATIENT EXPERIENCE MEASURE

Key points

- **Patient satisfaction measures differ from patient experience measures in that patient experience scores assess if certain behaviors occurred and at what frequency**
- **Frequency analysis scores from patient experience surveys are believed to be more objective and more able to inform the most appropriate action needed to improve**
- **Improving patient experience does not require the provision of unnecessary care, it requires clear communication with patients around why the care being provided is most appropriate and in their best interest**

While most current discussion on this topic still uses the term "patient satisfaction," the trend is to move away from measures of patient satisfaction where patients rate their satisfaction or happiness with a health care interaction to measures of the patient experience that report if certain behaviors occurred and at what frequency. This method of measurement is referred to alternatively as "frequency analysis." Measuring whether something occurred or not is thought to be more objective and actionable, and the ability to generate meaningful improvements from data is the primary intention behind measurement. A prototypical patient satisfaction question may ask a patient "How would you rate the courtesy of the nurses and support staff?," with responses ranging from excellent to poor, while a patient experience question would ask "How often were you treated with courtesy by the nurses and support staff?," with responses ranging from always to never. The difference is significant in that patient satisfaction questions are more susceptible to emotional or subjective responses and are more challenging to act upon for improvement. Unlike satisfaction surveys, experience surveys elicit feedback about whether behaviors important to patients occurred or not, with the intention of diminishing bias while improving actionable feedback (National Research Corporation, personal communication, April 2016).[1]

Junewicz et al,[2] in making a case for the problems associated with the current emphasis on patient satisfaction, identified 3 potential ways that patients may be satisfied with their health care experience:

1. The provision of interventions that patients or their families desire but are medically unnecessary or potentially wrong or harmful
2. The provision of medically necessary care that improves outcomes
3. Attention to human experience, such as being treated with respect, good communication, clean and beautiful facilities, and conveniences, such as good parking

Implied in this list and further elaborated upon in their paper are some potential downfalls to focusing on patient satisfaction scores rather than focusing on organizational and process changes that will improve communication, access, and experience and therefore address root issues that positively impact both the patient experience and health care quality. Focusing on a score above the medically proper treatment of patients—such as providing medically unnecessary care or prescriptions to avoid low patient satisfaction scores—does not reflect organizational structures that lead to clinic or institution-wide improvements in experience or quality. Despite this,