The Challenge

Across the United States health care system, there is a growing emphasis on delivering patient-centered care. The best and often only way to determine how providers are performing on this key quality metric is to survey patients.

Patient experience surveys allow patients to provide feedback on multiple aspects of their care, from the moment they walk into the provider’s office until the end of the appointment, as well as contact with office staff before or after appointments. This includes ease of scheduling appointments, availability of information, communication with doctors, and the responsiveness of clinic staff. The surveys, if developed using validated questions such as the Consumer Assessment of Healthcare Providers and Systems Clinician & Group Surveys (CG-CAHPS®) program, produce reliable information for comparing providers on common metrics that are important to patients. Because these surveys assess patient reports about their actual experiences, not just their “satisfaction,” they produce more objective and actionable information.

What We’re Learning:
How to Build a Sustainable Patient Experience Program

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Several communities within the Robert Wood Johnson Foundation’s Aligning Forces for Quality (AF4Q) program have conducted patient experience surveys to help providers better understand and deliver patient-centered care and help consumers find the best care for themselves and their families.

What’s Working

Implementing Patient Experience Surveys. AF4Q community alliances have generally used one of two strategies—leveraged or centralized—to measure ambulatory patient experience. Some leveraged existing efforts of medical practices that surveyed patients using a variety of survey vendors.
By incorporating a common set of core CG-CAHPS questions into each practice’s survey, this leveraged approach allows for comparison among practices while giving them the ability to ask customized questions for their own use. The leveraged approach requires the highest level of physician buy-in, and medical practices are expected to finance and field their own surveys.

Minnesota Community Measurement (MNCM) used the leveraged approach when it piloted patient experience surveys with nine medical groups in 2008 and 2010. MNCM provides practices with guidance on choosing a survey vendor and training on how to field a survey, and collects the data. MNCM publishes the survey results on MNHealthScores.org.

Other communities use a centralized approach, in which a single vendor administers a standardized survey community-wide. Because the survey is not paid for or managed by the practices, the staff and physicians may be less engaged, and ultimately, less likely to use the results for quality improvement. And, since funding comes from an outside source, such as health plans, it can be difficult to sustain the effort. This was the experience of both Kansas City Quality Improvement Consortium and the Common Table Health Alliance. Each conducted a survey financed by health plans but was unable to field a second. Massachusetts Health Quality Partners (MHQP) works with health plans and the Massachusetts Medical Society to finance its surveys, and the alliance has sustained its efforts through the sale of its full survey results. While the basic report results are free for medical practices, those looking to obtain more detailed, physician-specific data pay an incremental cost. Because Massachusetts physicians are paying for these results, they are more likely to find value in them.

Improving Care. Measuring patient experiences helps physicians understand how well their patients believe they are delivering care and how they compare to other area physicians. Public reporting of this data can also help physicians access information that can help them make decisions about the care they provide and understand where they can improve.

In Massachusetts, Dr. Lester Hartman, quality improvement medical director at Westwood-Mansfield Pediatric Associates, was disappointed in how few patients said they would recommend the practice to others. As a result, the practice increased the number of written treatment plans it offered, produced YouTube videos educating families on more than 40 common health conditions, and cut unnecessary trips to the office by educating parents on how to administer strep throat tests at home. Westwood-Mansfield mailed 2,000 rapid strep tests to families with instructions on how and when to use the tests, and when it was necessary to come into the office. As a result of these efforts, the practice’s patient experience score increased to 90 percent in 2012 from 83 percent in 2007.

Westwood-Mansfield is not alone in its practice improvement efforts based on its patient experience survey results. In Minnesota, Stillwater Medical Center was unhappy with its performance on a CG-CAHPS question and began using its electronic medical record system to provide patients with better care instructions.

Massachusetts’ efforts have since expanded. In an effort to equip patients with patient experience data, MHQP partnered with Consumers Union to publish and distribute a special health insert in the July 2012 issue of Consumer Reports.

**FAST FACT:** 26 percent of Consumer Reports subscriber survey respondents said they felt better prepared for their next doctor visit after reading the Massachusetts insert.