Working with a Third Party to Inform Consumers About Patient Experience Data

Massachusetts Health Quality Partners (MHQP), which leads the state’s Aligning Forces for Quality efforts, worked with Consumer Reports to publish patient experience survey data on Massachusetts health care providers as an insert in its July 2012 publication.

Distributed to nearly 120,000 Consumer Reports subscribers across the state, the insert included ratings for 329 adult care and 158 pediatric care practices. It rated physicians on their performance in the following areas: communication, coordination of care, whole patient knowledge, working with office staff, preventive care, and pediatric care.

In Massachusetts, some physicians were uneasy with the idea of being rated in a magazine “along with toasters and refrigerators,” and felt that the practice of medicine cannot be compared and rated like appliances. Other physicians countered this concern, noting that transparency is here to stay, and pointed to less objective qualitative efforts to rate physicians, including websites where patients share their opinions about providers without rigorous data to back it up.

Consumer Reports worked directly with MHQP’s physician council and the Massachusetts Medical Society to increase the physicians’ comfort with the publication. Physicians were asked to provide their feedback on their overall impressions of the insert, appropriateness of content, suggestions on use, and how to best promote and distribute the ratings. As a result, rather than rank-ordering the practices from best to worst, MHQP and Consumer Reports agreed to list practices in alphabetical order by city within six regions.

To educate consumers on what “good” care looks like, MHQP worked with Consumer Reports to produce four brochures—How Parents Can Work with Doctors to Improve Their Child’s Health, How Patients Can Communicate Better with Doctors, How Patients Can Help Coordinate Their Care, and How Patients Can Work with Doctors Towards Better Health. Electronic versions and print copies of the brochures were distributed to providers, health plans, employers, community-based organizations, and other groups to circulate to their members and post on their websites.

MHQP also worked with Consumer Reports and Minnesota Community Measurement to produce YouTube videos to educate consumers on the importance of patient experience data, and how this data can empower consumers to make the best care decisions. The videos focus on topics such as determining the validity of physician ratings, where consumers can find the most reliable and data-driven information, and the importance of consumers understanding how doctors perform in four key areas: communication, coordination of care, patient knowledge, and office staff.

Working with a well-respected publication like Consumer Reports helped demonstrate MHQP’s credibility and dedication to promoting greater transparency in health care. Thanks to the publication, the alliance has broader name recognition with consumers, legislators, employer groups, and state officials.

Even though MHQP had published the results of three prior statewide patient experience surveys on its website, “jointly publishing the data with Consumer Reports was a real milestone in our commitment to public engagement,” said Barbra Rabson, executive director of MHQP. Rabson says the insert has become the organization’s “calling card.” As the alliance discusses the need for greater transparency with legislators, employers, and state leaders, having the Consumer Reports article under its belt shows credibility and a commitment to patients.
Using Technology to Improve Practices and Increase Patient Experience Results

Under Minnesota’s 2008 health reform law, all clinics in the state are required to participate in a statewide patient experience survey program. To develop an apples-to-apples comparison of physician clinics, the state partnered with Minnesota Community Measurement (MNCM), which leads the local Aligning Forces for Quality effort. Together, they implemented measures that use questions from the Consumer Assessment of Healthcare Providers and Systems Clinician & Group Surveys (CG-CAHPS®) program. The CG-CAHPS surveys ask patients to rate doctors on items such as access to care, whether the office followed up regarding a test result, and how well doctors communicate with patients. The surveys are taken every other year, and MNCM publicly reports results at the clinic level. Practices may choose to provide a sample at the department, specialty, or individual provider level.

Stillwater Medical Group, located in eastern Minnesota, was one of nine medical groups participating in MNCM’s 2008 statewide pilot program to report patient experience data. When Stillwater received its survey results, the practice noticed it did not score as high as it had hoped on the question, “During your most recent visit, did this doctor give you easy-to-understand instructions about taking care of these health problems or concerns?”

Larry Morrissey, MD, pediatrician and former medical director for quality improvement at Stillwater, felt the data showed there was a strong relationship between good communication surrounding a patient’s visit, the patient’s overall rating, and the likelihood of recommending the practice. In an effort to improve communication with patients, Morrissey says the practice tried to “connect the dots” between its patients’ experience of care and its use of electronic health records (EHR) system.

To improve the clinic’s performance on this question, Stillwater decided to increase its use of the after-visit summary (AVS) function of its EHR system. This feature allows providers to print out a report of care instructions that can be given to patients to take home. The care instructions outline all of the issues addressed during the visit, including test results, medications prescribed, and important follow-up steps patients need to take.

Stillwater’s computer system was already equipped with the technology to collect patient data and produce after-visit summaries. But Morrissey says while the technology was in place, it was difficult to get all the clinic’s physicians to use it consistently. “We addressed this by seeking out early adopters and showing people how they were successful,” notes Morrissey. When the results of the early users revealed dramatic improvements in their individual performance scores, other providers at the clinic became more motivated to use the tool. As the AVS tool was implemented, the clinic gathered information from patients on whether they received easy-to-understand instructions from their provider. “This was enough to motivate people to say ‘yeah, we need to work on this because it does seem to help,’” recalls Morrissey.

Overall, greater adoption of the AVS tool had a positive impact on Stillwater’s CG-CAHPS scores. The clinic’s performance scores increased from 84 percent in 2009 to 98 percent in 2010.