Improving the Medical Practice Patient Experience

The following summaries of recent peer-reviewed articles describe the benefits of improving the patient experience and reducing suffering in medical practice settings. Citations are linked to full-text articles [*] when available. [PG] denotes Press Ganey research.

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| [*] Lee, V. S., Miller, T., Daniels, C., Paine, M., Gresh, B., & Betz, A. L. (2016). Creating the exceptional patient experience in one academic health system. Academic Medicine, 91(3), 338-344. | To describe a seven-year initiative to change the culture of the University of Utah Health Care system to deliver a consistently exceptional patient experience. | - Meta-analyses and reviews have shown that high patient satisfaction correlates with improved outcomes.  
- Neither the quality nor the cost of care suffered over the course of the improvement initiative.  
- Malpractice premiums declined from $10.7 million in 2007 to $7.3 million in 2012, despite a significant increase in the number of physicians practicing and a more than 40% increase in professional revenue. |
| [*] Chatterjee, P., Tsai, T. C., & Jha, A. K. (2015). Delivering value by focusing on patient experience. American Journal of Managed Care, 21(10), 735-737. | To review evidence for the use of patient-reported experience as a quality metric. | - Patient experience measures should be included in any quality measurement strategy.  
- Providers who perform well on patient experience also tend to score highly on measures of care processes and outcomes.  
- Encouraging positive patient experience will build trust in the health care system, guard against withholding of services in the face of changing provider incentives, and encourage patients to become accountable for and actively engage in their own care. |
- Patient experience measures based on rigorously developed and implemented patient surveys can:  
  - Overcome concerns regarding the relevance, fairness, and unintended consequences of surveys  
  - Facilitate providers’ efforts to improve patients’ experiences of care  
  - Complement other quality measures designed to inform patients’ decisions |
| [*] Anhang Price, R., Elliott, M. N., Zaslavsky, A. M., Hays, R. D., Lehrman, W. G., Rybowski, L., ... Cleary, P. D. (2014). Examining the role of patient experience surveys in measuring health care quality. Medical Care | To review the literature on the association between patient experiences and other measures of health care quality. | - Research indicates that better patient care experiences are associated with higher levels of adherence to recommended prevention and treatment processes, better clinical outcomes, better patient safety within hospitals, and less health care utilization.  
- Patient experience surveys directly evaluate the degree to which care is patient centered, and thus capture an intrinsically important dimension of |
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| [*] Cosgrove, D. M., Fisher, M., Gabow, P., Gottlieb, G., Halvorson, G. C., James, B. C., ... Toussaint, J. S. (2013). *Ten strategies to lower costs, improve quality, and engage patients: The view from leading health system CEOs, Health Affairs, 32(2), 321-327.* | To review key strategies for reducing costs and waste while improving outcomes. | Patient-centeredness—the idea that care should be designed around patients’ needs, preferences, circumstances, and well-being—is a central tenet of health care delivery.  
Patient-centered care is quickly becoming a business imperative, with payments tied to performance on measures of patient satisfaction and engagement.  
Patient-centered communication is associated with faster recovery, improved clinical outcomes, a better care experience, and fewer diagnostic tests and referrals. |
Clinicians should resist sidelining patient experience as too subjective, divorced from the “real” clinical work of measuring safety and effectiveness. |
Patient-experience measures and the volume of services ordered are not correlated. In fact, increased patient engagement leads to lower resource use and greater patient satisfaction.  
The debate should center not on whether patients can provide meaningful quality measures but on how to improve patient experiences. |
Providing patient-centered care does not require longer consultation or appointment times, but requires a qualitatively different interaction.  
The delivery of relatively minimal interventions can increase appropriate service use and minimize costly overuse of treatments. |
<p>| [*] National Quality Forum. (2013). <em>Patient reported</em>              | To facilitate the groundwork for                                           | Experience with care is considered one type of patient-reported outcome.                                                                                                                                 |</p>
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| Outcomes (PROs) in performance measurement. Washington, D.C.: Author. | developing, testing, endorsing, and implementing patient-reported outcome performance measures. | • A patient’s experience of care is his or her report of the quality of care received and should be treated equally to other health outcome performance measures.  
• Measuring health outcomes to identify variability in performance is a key driver to identifying strategies for improvement. |
• Measuring and improving the patient experience, part of the Triple Aim of improved health care, correlates positively with a number of indicators, including clinical processes, patient adherence to care regimens, and reduced risk of medical malpractice claims.  
• Engaging patients in quality improvement efforts does not replace the need for validated patient experience surveys. Surveys provide representative patient input, whereas directly engaging patients in quality improvement helps make that input actionable. |
| [*] Boffeli, T. J., Thongvanh, K. L., Evans, S. J., & Ahrens, C. R. (2012). Patient experience and physician productivity: Debunking the mythical divide at HealthPartners clinics. The Permanente Journal, 16(4), 19-25. | To assess physicians’ knowledge about the true range of their productivity and satisfaction performance and dispel commonly held myths about the exclusivity of productivity and patient satisfaction. | • Physician productivity and patient satisfaction are not mutually exclusive:  
  – Many physicians excel in both areas simultaneously  
  – Different characteristics are associated with varying levels of performance  
• By associating behaviors and characteristics with performance data, organizations can demonstrate real, relevant, and localized connections between the patient experience and physician productivity. |
| Bowling, A., Rowe, G., Lambert, N., Waddington, M., Mahtani, K. R., Kenten, C., ... Francis, S. A. (2012). The measurement of patients’ expectations for health care: A review and psychometric testing of a measure of patients’ expectations. Health Technology Assessment 16(30), i-xii, 1-509. | To measure patients’ expectations for health care and assess the association with the actual experience and impact on quality measures. | • Patient expectations are important for treatment compliance.  
• High levels of unmet expectations are inversely associated with patient experience and perception of quality.  
• Awareness of patients’ expectations and unmet expectations has serious implications for the quality and improvement of health services. |
• Increased clinician awareness of the behaviors that
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<td>physician and patient perceptions of quality in ambulatory care.</td>
<td>minimizing disparities can improve outcome measures.</td>
<td>patients believe are the drivers of quality office visits can help clinicians improve patients’ experience of care and experience-based measures of quality.</td>
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<td>International Journal for Quality in Health Care, 24(4), 348-356.</td>
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Total annual charges for patients who had less patient-centered care had median total charges of $1,435, compared with $948 (51.4% more) for those patients who received patient-centered health care.  
Reduced annual medical care charges are a key outcome of patient-centered medical visits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
Patient feedback can be used to improve patient-physician communication and reduce wait times.  
Patient survey results that are put to work can enhance the efficiency and effectiveness of practice operations as well as position the practice for increased profitability.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
The use of patient experience information is a powerful strategy for transforming practices and driving overall system transformation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
Patients care about the interpersonal aspects of health care. Without access to systematic data, patients may turn to online review sites that do not provide representative data about a provider’s panel.  
Patient experience measures are rapidly being adopted for high-stakes uses including physician compensation structures, board certification and licensing, and physician/practice recognition programs.  
Beginning to collect data now provides a strategic advantage to participating organizations, allowing a window of opportunity to review and improve performance and gain experience prior to |
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- As patients’ minimum response drops by one category (e.g., from “very good” to “good,” from “good” to “fair”), the risk of implication increases by 21.7%.  
- Survey measures provide a useful metric for identifying and prioritizing malpractice risks. However, hospitals need to exceed minimum HCAHPS samples sizes to provide an adequate number of surveys per physician for sufficient feedback. |
| [*] Zolnierek, K. B., & Dimatteo, M. R. (2009). Physician communication and patient adherence to treatment: a meta-analysis, Medical Care, 47(8), 826-834. | To study the relationship between physician communication and patient adherence, and the effects of communication training on adherence to treatment regimens. | - Physician communication is significantly positively correlated with patient adherence.  
- There is a 19% higher risk of non-adherence among patients whose physician communicates poorly than among patients whose physician communicates well.  
- Training physicians in communication skills results in substantial and significant improvements in patient adherence. |
  - Reduced employee turnover  
  - Enhanced reputation in the community  
  - Increased patient loyalty  
  - Reduced malpractice claims  
  - Greater efficiency |
- Better provider continuity is associated with lower health care costs.  
- Effective physician-patient communication is associated with better health status. |

For additional references, please see the AHA Patient-Centeredness Bibliography.