

# Online Reporting of Patient Experience Outcomes: The Road to Value

By Diana Mahoney

“The patient experience is not about making patients smile. It is a proxy for the patient-centeredness of our care; it’s a proxy for quality and safety.”

This perspective, which Texas Children’s Hospital pediatric surgeon Dr. Larry Hollier shared at the Press Ganey 2016 Children’s Hospital Leadership Summit, gets to the heart of a very important distinction in health care, and one that is fundamental to understanding the role that transparency of patient experience outcomes plays in delivering care that meets patients’ needs: Patient experience measurement is not a gauge of happiness; it is a gauge of value.

This observation is well-supported in the literature. Numerous studies have demonstrated significant positive relationships between patients’ perceptions of their care experiences and other measures of health care quality, including levels of adherence to recommended prevention and treatment processes, better clinical outcomes, better patient safety within hospitals and less health care utilization.<sup>1</sup>

In a landmark systematic review of the evidence from 55 studies, the authors observed significant, positive associations looking at the relationship between patient experience, patient safety and clinical quality across a wide range of disease areas, settings, outcome measures and study designs. The findings “support the case for the inclusion of patient experience as one of the central pillars of quality in health-care,” they concluded, noting that “[c]linicians should resist sidelining patient experience as too subjective or mood-oriented, divorced from the ‘real’ clinical work of measuring safety and effectiveness.”<sup>2</sup>

Based on their analysis, the authors noted the interdependency of the various components of health care quality and advocated that the patient experience of care, together with the clinical safety and effectiveness of that care, “should be looked at as a group and not in isolation.”

New integrated analyses of patient experience, CMS core measures, employee and physician engagement, patient-reported outcome measures (PROMs) and nursing quality (National Database of Nursing Quality Indicators®) support and extend this conclusion.<sup>3</sup>

## Driving Value with Transparency

The movement among health systems to be transparent with patient experience outcomes through online reporting of physician ratings is a bold and important step forward, representing providers’ understanding that transparency of cost, quality and experience outcomes drives improvement in the value of care being delivered to patients.

By transparently sharing physicians’ patient experience data—including patient comments about the care experience—these health systems are empowering patients and families to make informed health care decisions that are consistent with their needs, values and preferences. Hospitals and health systems that are committed to “providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions” ([IOM, 2001](#), p. 40) have made this a priority.

### AT A GLANCE

- By transparently sharing physicians’ patient experience data, health systems are empowering patients to make health care decisions that are consistent with their needs, values and preferences.
- New integrated analyses of patient experience, CMS core measures, employee and physician engagement, patient-reported outcome measures and nursing quality demonstrate the interdependency of all of these quality streams.
- Multiple studies assessing the relationship between patient perception of pain control and overall patient experience scores indicate that caregiver empathy, compassion and communication exert a greater influence on the patient experience than the receipt of pain medication.

<sup>1</sup> Anhang, Price R., M.N. Elliott, A.M. Zaslavsky, et al. “Examining the role of patient experience surveys in measuring health care quality.” *Med. Care Res. Rev.* 71, no. 5 (October 2014): 522–554.

<sup>2</sup> Doyle C., L. Lennox, and D. Bell. 2013. “A systematic review of evidence on the links between patient experience and clinical safety and effectiveness.” *BMJ Open* 3(1).

<sup>3</sup> Press Ganey. *2016 Strategic Insights*, “Performance Redefined: As Health Care Moves from Volume to Value, the Streams of Quality Are Coming Together.” 2016: 12–14.

These organizations also recognize the importance of ensuring that the information patients want and need in order to make informed choices is scientifically meaningful and presented in a way that every patient can access and digest. This is especially relevant in this age of consumerism, where online reviews have become the de facto *vida voce*, and third-party physician rating websites reporting statistically unreliable data are positioned to become the go-to source of word-of-mouth recommendations unless another option is available.

In order to be intrinsically meaningful as a driver of value-based decision making, patient experience measurement must be scientifically rigorous, both in the manner of collection, using psychometrically sound instruments, and in the sample size and reporting standards. In this regard, hospitals and health systems that methodically collect data from as many patients as possible, use consistent, transparent methods for calculating ratings, and employ a standardized process for comment review and reporting are giving patients the information they need—and in the manner they need it—to evaluate their care options.

## Transparency as a Partnership

Opponents of patient experience transparency have suggested that online physician ratings based on patients' perceptions of the care they received are subjective and irrelevant and may have the unintended, negative consequence of physicians focusing on "making patients happy" rather than on providing evidence-based quality care.

One frequently cited argument is that, out of fear that their ratings will suffer, clinicians will cede to patients' demands for pain medications or other treatment, even if doing so is not medically warranted. The data overwhelmingly do not support this position. One study reported in the *American Journal of Medical Quality* in 2012 assessed the relationship between patients' perceptions of pain control during hospitalization and their overall experience of care, and determined that patient experience scores were more strongly correlated with their perception that caregivers did everything they could to control their pain than with their pain actually being well-controlled. The findings indicate that the culture of pain management, rather than pain control, drives patients' perception of quality.<sup>4</sup>

Similarly, a 2014 study reported in the *Annals of Emergency Medicine* found no correlation between opioids administered in the emergency department (ED) setting and ED patient experience scores, leading the study authors to conclude that ED clinicians can administer pain medications according to clinical and patient factors without being concerned about negative patient experience scores.<sup>5</sup>

Finally, in an analysis of outcomes from early adopters of the Emergency Department Consumer Assessment of Healthcare Providers and Systems (EDCAHPS) survey, patients' perceptions that ED caregivers did everything they could to help with pain exerted a greater influence on the patient experience than the receipt of pain medication.<sup>6</sup>

What emerges from these and similar studies is the idea that patients value such factors as empathy, compassion, communication and trust in their health care interactions—all of which are reflected in patient experience measurement. "Sharing outcomes across these measures meets patients' need for easily accessible information about their providers," Dr. Vivian Lee, senior vice president for Health Sciences, dean of the School of Medicine and CEO of University of Utah Health Care (UUHC), said at the Press Ganey 2016 Transparency & Innovation Leadership Summit in March. It also motivates providers to deliver care that is consistent with the outcomes that matter to patients, she said.

"In our own experience with posting data online [UUHC was the first academic medical center in the United States to do so], transparency is a partnership," Dr. Lee said. "We are providing patients with information and involving them as full partners in decision making."

<sup>4</sup> Hanna, M.N., M. Gonzalez-Fernandez, A.D. Barrett, et al. "Does Patient Perception of Pain Control Affect Patient Satisfaction across Surgical Units in a Tertiary Teaching Hospital?" *Am. J. Med. Qual.* 27, no. 5 (September–October 2012): 411–416.

<sup>5</sup> Schwartz, T.M., M. Tai, K.M. Babu, et al. "Lack of association between Press Ganey emergency department patient satisfaction scores and emergency department administration of analgesic medications." *Ann. Emerg. Med.* 64, no. 5 (November 2014): 469–481.

<sup>6</sup> Press Ganey. 2015. "Increasing Value in the Emergency Department: Using Data to Drive Improvement."