Segmentation Helps Organizations Meet Patients’ Diverse Needs

By Diana Mahoney

Segmentation analysis of patient experience data is a powerful tool for identifying the attributes of care that are most important to specific subpopulations of patients—insight that can be harnessed to drive targeted improvement strategies.

A new white paper, titled Segmentation: The Power of Data to Reduce Patient Suffering, describes how segmenting patients by certain defining characteristics (health condition, service line, demographics), measuring how well the care needs of patients within each segment are being met, and designing targeted interventions to address deficiencies can significantly improve the patient experience and enhance provider engagement.

“Segmentation allows organizations to investigate how a patient subpopulation fares across a set of key issues that matter the most to those patients,” according to Press Ganey Chief Medical Officer, Dr. Thomas H. Lee, lead author of the report. “For example, care coordination and communication may pose greater challenges to patients with chronic, complex conditions than to patients seeking routine care for an acute illness or injury, but the latter might experience more difficulty getting an appointment to be seen in a timely manner.”

The most important step in the segmentation process is the identification of key subgroups. The white paper presents examples of subgroups segmented by service line (medical vs. surgical), health condition and age. Specifically, the authors demonstrate how distinct differences in performance emerge at the segment level, even among organizations that are performing at a high level overall.

With respect to service line comparisons, the authors point to an organization that is performing well above the national median on the global measures of Overall Rating and Likelihood to Recommend, but shows differences in the degree to which the needs of patients in the medical vs. surgical service lines are being met. In the example, performance on multiple individual and composite measures was below the 50th percentile based on medical patient feedback. In particular, courtesy measures (except for the courtesy of nurses), communication and responsiveness scores showed negative variance. The scores from surgical patients, on the other hand, were highly favorable on most measures, except for responsiveness to the call button, help with toileting, communication about medication side effects and food server courtesy.

To illustrate patient segmentation at the disease level, the authors described performance differences among patients with congestive heart failure relative to those of all medically treated patients, noting negative variance in the CHF segment across multiple measures, especially those relating to responsiveness and the provision of information.

Performance differences among patients with five common cancer types are also described. Colon cancer patients, in particular, are less likely to give top box ratings for the global measures of Likelihood to Recommend and Overall Rating than the all-patient national average, while patients in the other four segments (breast cancer, lung cancer, lymphoma and prostate cancer) are more likely to rate these items positively.

Patient age is another differentiator. When looking at patient experience performance by age, patients’ overall experience ratings tend to rise as patient age rises, except among the very elderly (older than 80 years), suggesting that the needs of this patient segment, which likely reflect their complex medical and social requirements, are not being met sufficiently.

The ability to discern performance differences at the patient segment level is important, but the real promise of segmentation is achieved when that knowledge is used to drive improvement through the development and implementation of strategies that target the needs and expectations of each segment.

AT A GLANCE

- Identifying subpopulations of patients with shared needs and analyzing patient experience performance at the segment level (e.g., service line, condition, age) is a powerful strategy for understanding patients’ unique needs and targeting improvement strategies accordingly.

- Meeting patients’ needs at the segment level improves overall performance in safety, quality and experience measures.

- The engagement of providers in improvement efforts increases when they share accountability for patient outcomes.
“An example of this approach can be seen in the organization of care of patients with a particular condition into integrated practice units—multidisciplinary teams that are completely focused on meeting the most common needs of those patients over the full care cycle,” said Dr. Lee. “This leads to improvements in care safety, quality and efficiency.” Holding care teams accountable for patient outcomes and the reduction of patient suffering aligns with the caring mission that draws care providers to their chosen profession, and as such, encourages their engagement in improvement efforts.

A copy of the white paper, *Segmentation: The Power of Data to Reduce Patient Suffering*, is available for download.