

# PATIENT SATISFACTION IN ANESTHESIOLOGY

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SHOW ME THE VALUE!

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# FOR THE RECORD

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- No conflicts or disclosures

# LEARNING OBJECTIVES

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- Understand the history of patient satisfaction measurement in anesthesiology
- Identify forces driving measurement
- Barriers vs. Limitations
- Understand why assessing patient perception delivers value to your providers, your patients, and your hospital

## FIRST MENTION?

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- Infiltration Anesthesia in Obstetrical Surgery. Pierce, Sterling; Cal West Med. 1931 July; 35 (1); 7-11

# HISTORY

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- Anesthesiologists have been citing patient satisfaction for nearly fifty years
- Measuring Patient Satisfaction with Anesthesia Care: A Review of Current Methodology
  - Fung, D. and Cohen, M.; *Anesthesia and Analgesia*, 1998; 87; 1089-1098

## CONCLUSIONS

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- Patient satisfaction with healthcare is a complex psychological process that depends upon patient expectations, emotion, and bias
- Prior studies using non-standardized simple ratings of patient satisfaction do not address this complexity
- Recommend use of psychometric methodology to develop questionnaires that reflect the multiple dimensions of patient care

# HISTORY

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- Develop statistically valid methods of measuring patient satisfaction
  - The Iowa satisfaction with anesthesia scale (1997)
  - The Evan-G (France, 2005)
  - The PSPACq (Taiwan, 2011)

“In this issue of *Anesthesiology*, Mui et al offer timely insights into the measurement of patient-related outcomes that carry particular relevance to current efforts to assess the value of anesthesia services”—*Anesthesiology*, May 2011

## THE CHALLENGE

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- The range of time needed to complete the 30-item PSPACq.....was approximately 3–8 min. Although there is no well-accepted optimal timing of anesthesia satisfaction assessment, a shorter questionnaire that still maintains high validity and reliability, with simple, clear, and concise wording, will lessen the degree of burden imposed on patients who need to complete it. Further study is necessary to develop a shorter and easier-to-answer questionnaire that still has acceptable validity and reliability.



# LIMITATIONS

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- Format
- Time and Cost
- Over-surveying
- Timing
- Medications

# DRIVERS

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- CAHPS Surveys
- Value-Based Purchasing (2010)
- Consumerism
- MACRA (2015)
  
- Financial impact + Public reporting

# MIPS AND PATIENT SATISFACTION

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- Two Pathways
  - Quality Payment Program
  - Improvement Activities

# QUALITY: OPTIONS

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- CAHPS FOR MIPS
- AQI 48
  - Three specific questions
  - One question related to patient experience
  - Approved for QCDR reporting

## AQI 48

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- Preoperative Education and Preparation
- Patient/Family Communication
- Care Team Response to Comfort
- Post-operative pain control
- Mandatory: on a scale of 1 to 5, how would you rate your overall anesthesia experience?

# IA: OPTIONS

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<b>Improvement Activity (2018)</b>	<b>Activity Description (2018)</b>
<b>IA_EPA_3: Collection and use of patient experience and satisfaction data on access</b>	Collection of patient experience and satisfaction data on access to care and development of an improvement plan, such as outlining steps for improving communications with patients to help understanding of urgent access needs.
<b>IA_BE_6: Collection and follow-up on patient experience and satisfaction data on beneficiary engagement</b>	Collection and follow-up on patient experience and satisfaction data on beneficiary engagement, including development of improvement plan.
<b>IA_PSPA_11: Participation in CAHPS or other supplemental questionnaire</b>	Participation in the Consumer Assessment of Healthcare Providers and Systems Survey or other supplemental questionnaire items (e.g., Cultural Competence or Health Information Technology supplemental item sets).
<b>IA_PSPA_18: Measurement and improvement at the practice and panel level</b>	Abridged: Regularly review measures of quality, utilization, patient satisfaction and other measures that may be useful at the practice level and at the level of the care team or MIPS eligible clinician or group (panel).

## IA: CHALLENGES

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- Process not clear
  - Practices must attest to surveys via QR or QCDR
  - Practices should keep detailed records of returned surveys and how they were used to improve practice
  - CMS can audit attestations and activities

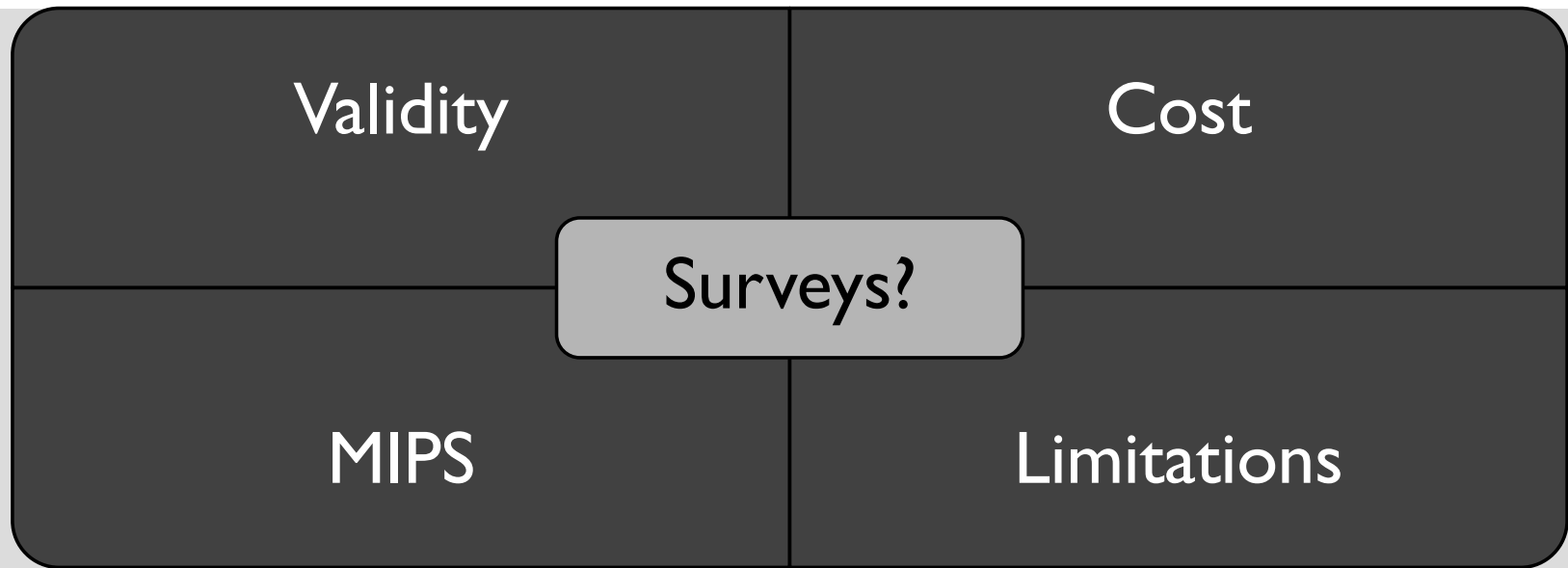
# SUMMARY

Survey Name	H-CAHPS	OAS-CAHPS	CAHPS for MIPS	Press Ganey™	SurveyVitals™	ePreop™ Anesthesia Valet™
Facility-based	Yes	Yes	Yes	Yes	No, Practice-level	No, Practice-level
Relevance to anesthesia care	No, general information only	Partially	No, general information only	No, general information only	Yes	Yes, but limited
Benchmarking for Anesthesia	No	Yes	No	Yes	Yes	Yes
Validation	Yes	Yes	Yes	Yes	Yes	No
NQF Endorsement	Yes	No	No	N/A	N/A	N/A
# Questions re anesthesia providers	0	6*	0	0	19-25**	6
Demographic Variables	Yes	Yes	Yes	Yes	No	No
Vendors***	Multiple	Multiple	Multiple	Press Ganey	SurveyVitals	ePreop



# THOROUGHLY CONFUSED?

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NOT A STRATEGY....

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”Anesthesiology needs to clearly define anesthesiologists’ proposition and broadcast it to patients, payers, and other clinicians....**Because direct patient feedback cannot provide us with actionable intraoperative data**, we should consider seeking feedback from our intraoperative colleagues....to improve the quality of anesthesiology’s contribution to our patients’ experiences and outcomes”

--’The Mandate to Measure Patient Experience: How Can Patients “Value” Anesthesia Care’. Meyer, M., Hyder, J., Cole, D., Kamdar, N. Anesthesia and Analgesia, Vol. 122, N. 4, April 2016

# PERCEIVED BARRIERS TO DIRECT PATIENT FEEDBACK

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- Statistical validity
- Psychological complexity
- Must measure across perioperative care
- Must link to outcomes

## CAN WE MAKE IT SIMPLER?

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- Value =

Quality/Cost

Quality \* Service/Cost \* Time

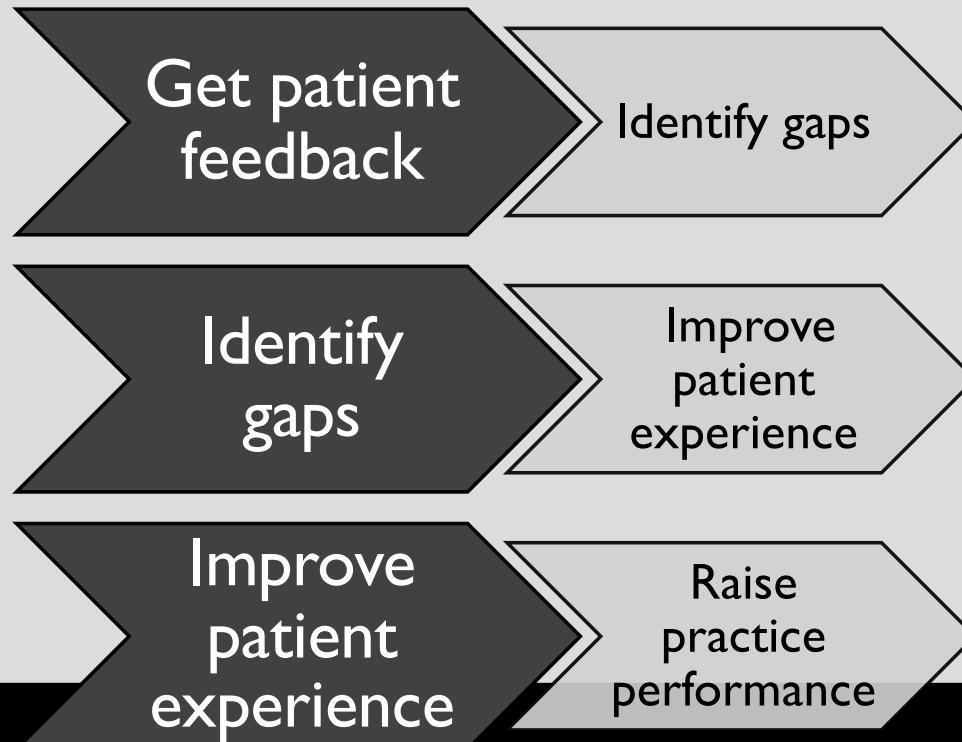
# WHAT IS PATIENT SATISFACTION?

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- Complex: valid measures of patient experience based upon psychometric analysis as a more reliable indicator of the quality of anesthesia care
- Complex: patient experience must be linked to surgical outcomes
- Complex: patient experience must reflect the entire spectrum of perioperative care
- Simple: Patient's perception of key aspects of their care related to service and time. **Quality and outcomes are assumed.**

# SHOW ME THE VALUE!

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# BENEFITS OF PATIENT FEEDBACK

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- Reinforce the importance of effective patient communication
- Identify what you are doing well
  - “The more you engage with customers the clearer things become and the easier it is to determine what you should be doing”-John Russell, Former CEO, Harley-Davidson



# PATIENT RELATIONSHIPS

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- Patients are consumers and can often choose where they receive medical care
- Patient experience with anesthesia can help build loyalty to the organization
- What is value—from the **patient's** perspective?

# PATIENT DEFINITION OF VALUE

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- Service mentality
- Access
- Price Transparency
- Shared Decision-Making

# THE INFINITI ANALOGY

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- Overall service experience
- Scheduling convenience
- Service advisor answered questions, treated me with respect, and understood my service needs
- Quality of service
- Picking up the vehicle

# COMMUNICATION: KEY QUESTIONS

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- Was your anesthesiologist courteous and friendly?
- Did your anesthesiologist address your questions regarding your anesthesia care?
- Did your anesthesiologist spend enough time with you?
- Did your anesthesia experience meet your expectations?
- Opportunity for comments

# ROUNDING

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- Ten patients/month
- Questions:
  - What worked well?
  - What could we do better?
  - Did you have all the information you needed?
  - Is there anyone you would like to recognize?

# A SIMPLE TOOL....


|||||

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO 12226 MILWAUKEE WI  
POSTAGE WILL BE PAID BY ADDRESSEE

**ADMINISTRATOR ANESTHESIOLOGY DIVISION  
AURORA MEDICAL GROUP  
3000 W MONTANA ST  
PO BOX 343910  
MILWAUKEE WI 53234-9966**

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 *Help us  
**Grow**  
our quality  
of service*

*We strive to provide excellent care. When you tell us there is a very good likelihood you would recommend us to your family and friends, we know we are reaching this goal.*

**Aurora Health Care**

*Striving to provide excellent care to all patients.*

Your anesthesiologist today was:

Please rate the quality of your anesthesia experience.

1	2	3	4	5
Very Poor	Poor	Fair	Good	Very Good

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For questions, please call 414-479-2356. Thank you.*

Aurora Health Care is a not-for-profit health care provider and a national leader in efforts to improve the quality of health care. 4/2009 11/10 0246

## ....WITH GOOD RESULTS

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- “Dr. Jones was very attentive, caring and friendly”
- “Dr. Smith explained everything well before surgery”
- “Dr. Brown answered all my questions. I appreciated his call”
- “Dr. Taylor listened to my concerns. I would recommend Aurora”

# EDUCATION-AIDET

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- Acknowledge
- Introduce
- Duration
- Explanation
- Thank you



# PHARMACIST VS. DOCTOR

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## 'SORRY' IS NOT ENOUGH

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- And may have negative impact
  - 'Frontline Problem-Solving Effectiveness: A Dynamic Analysis of Verbal and Nonverbal Cues', Marinova, D. et al; Journal of Marketing Research 55 (2); April 2018

## WHY NOT HEALTHCARE?

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- "Not surprisingly, the study has sparked interest among hotel, restaurant, and travel-oriented companies; all operate in logistics-intensive industries where problems are rife and the consequences of a service failure can be significant"

# SHINE A LIGHT ON YOUR GROUP

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- Strengthen your group's reputation
  - Administrators
  - Patients
  - Clinical colleagues
- “If you build a great experience, customers tell each other about that. Word of mouth is very powerful”

Jeff Bezos, CEO, Amazon

## OTHER 'CUSTOMERS'

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- Surgeons (Anesthesia Practice Survey)
- Perioperative Staff (360 degree evaluations)

## ACTUAL QUOTE

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- My friend had surgery here this morning and is currently a patient on the 4<sup>th</sup> floor. I just visited her in her room and she said that she has been blown away by the way she has been treated at Redmond. She lives in Kennesaw, but decided to consult Dr. Brock after multiple surgeries at Cleveland Clinic and several Atlanta hospitals. She had high praise for Dr. Stanger. She said that she has NEVER had an anesthesiologist that treated her so well. He met with her and truly listened to her and made her feel at ease before her surgery this morning.

# SKIN IN THE GAME

Community Memorial Hospital										2017-2018 Fiscal Year		
Target Key												
Benchmark/Top 10%				Goal/Nat'l Median				Below Nat'l Median				
Patient Experience										PG Client % Top Box		
Source: Press Ganey												
2017 (FY)				2018 (FY)								
1 Q	2 Q	3 Q	4 Q	1 Q	2 Q	3 Q	4 Q	Below Nat'l Median	National Median	Top 10%	Indicator	
Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	≤ 75%	≥ 85%	≥ 95%	Anesthesia Press Ganey - Friendliness/courtesy of Anesthesiologist	
75.80%	76.70%	79.20%	80.60%	82%	85.70%			≤ 75%	≥ 85%	≥ 95%	Anesthesia Press Ganey - Explanations provided by the Anesthesiologist	
62%	71.30%	74.70%	80%	79.60%	82.00%			≤ 75%	≥ 85%	≥ 95%	Anesthesia Press Ganey - Degree to which the Anesthesiologist made you feel safe and comfortable	
72.70%	74.10%	76.10%	83.30%	83.40%	85%			≤ 75%	≥ 85%	≥ 95%		
Surgeon Service										Source: Anesthesia Performance Survey		
2017 (FY)										2018 (FY)		
1 Q	2 Q	3 Q	4 Q	1 Q	2 Q	3 Q	4 Q	Threshold	Target	Indicator		
Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	≥ 75%	≥ 90%	Definitely likely to recommend		
Efficiency										Source: EPIC		
2017 (FY)				2018 (FY)								
1 Q	2 Q	3 Q	4 Q	1 Q	2 Q	3 Q	4 Q	Below Threshold	Threshold	Target	Indicator	
Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	≤ 3	≤ 3	0	Anesthesia-Response to epidural request >30"	
3	4	4	5	5	1			≤ 90%	≥ 95%		Anesthesia-Postop orders placed before Anesthesia End Time	
16%				28%				< 60%	≥ 60%	≥ 80%	First case starts: patient in OR (defined as no more than five minutes after scheduled start time) - ALL Reasons	
51.0%	62.6%	55.4%	62.4%	58.62%	55.45%							
Clinical Quality										Source: EPIC		
2017 (FY)				2018 (FY)								
1 Q	2 Q	3 Q	4 Q	1 Q	2 Q	3 Q	4 Q	Below Threshold	Threshold	Target	Indicator	
Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	< 85%	≥ 85%	≥ 95%	Assessment of patients for Obstructive Sleep Apnea	
96.00%	96.80%	97.50%	97.40%	97.20%	96.00%			< 90%	≥ 90%	≥ 95%	Prevention of PONV-combination therapy utilized	
84.60%	87.25%	91.33%	87.55%	86.46%	88.42%			< 75%	≥ 75%	≥ 90%	Perioperative Temperature Management	
92.00%	95.23%	88.64%	91.38%	97.00%	93.00%			< 90%	≥ 90%	≥ 95%	Use of real-time US for IJ cannulation	
99%	99%	99.00%	86.20%	89.30%	90.32%			< 98%	≥ 98%	≥ 100%	Use of pencil-point needle for spinal anesthesia	
100%	100%	100%	100%	100%	100%			< 90%	≥ 90%	≥ 95%	Documentation of Anticoagulant and Antiplatelet Medication prior to Neuraxial Anesthesia	

# CONCLUSIONS

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- **Bottom Line:** HCOs and Payers increasingly require that physicians assess patient experience
- Legislation and Regulation are creating an evolving link between measures of patient satisfaction and physician payment



# CONCLUSIONS

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- Most standard survey tools are not valid methods to assess quality of care
- Standard surveys assess the patient's perception of service
- Patient satisfaction surveys increasingly resemble those used in other industries

## CONCLUSIONS

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- These changes represent an opportunity for anesthesiologists...if we adapt.

# COMPETITIVE ADVANTAGE

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- Identify behaviors and practices perceived as valuable
- Increase loyalty to the organization
- Recognition by other stakeholders
- Contracting with physicians and/or facility
- Can be used to report under MACRA

# PRACTICAL STRATEGIES

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- Start to track patient perceptions of service
- Start to track how colleagues view your service
- Train up your clinicians
- Consider incentive pay

## BACK TO THE FUTURE?

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- “The significant advantages...need not be withheld from the patient for fear she will be subjected to a disagreeable experience. The writer found the splendid response of the patients to be by no means the smallest element of satisfaction in this work”

THE FUTURE?

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 **UberGURNEY**



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