

# **MEASURING PATIENT SATISFACTION AND EXPERIENCE**

CAHO-ISQua International Webinar Series

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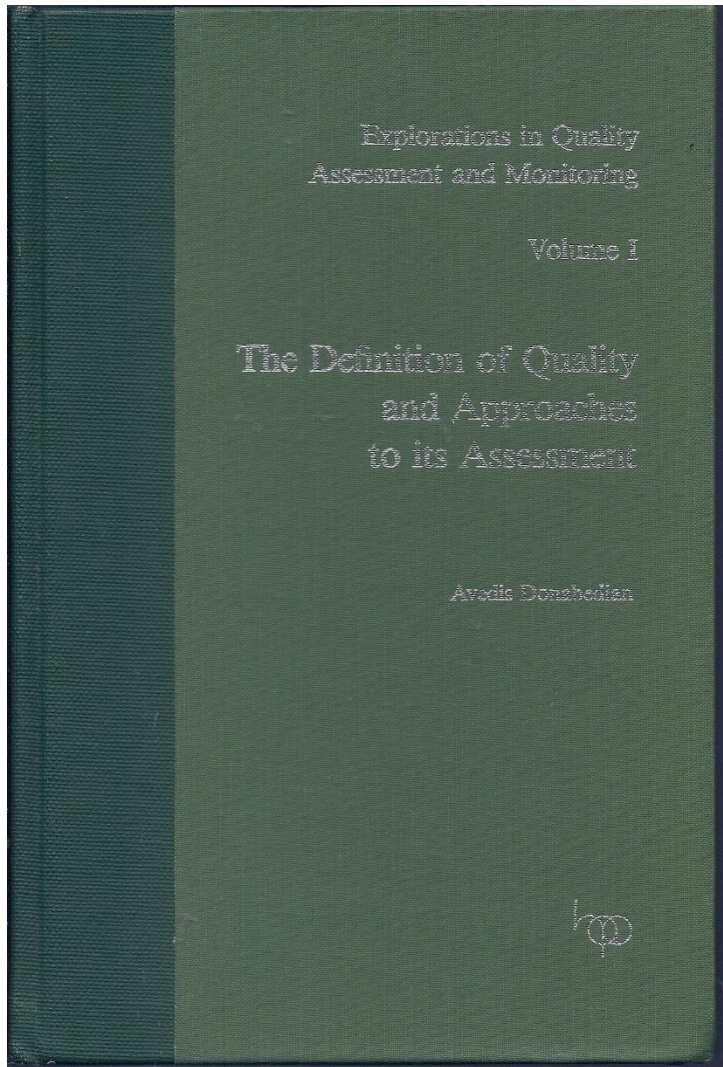
# Roadmap

- Why patient satisfaction (PS) and experience (PX)?
- Patient-centered approach to quality measurement with focus on PS versus PX
- Why measure PS/PX?
- Fundamental challenge in measuring PS/PX
- Measurement tools
- Caution and concerns
- South Korea: a case as an example (time permitting)
- Q&A

# Why patient satisfaction and experience?

- **Patient-centeredness** recognized as a core component in health care quality (all levels)
- **Health system responsiveness** as one of the three goals of a health system (cross-national, national, and sub-national system levels)
- **Business case** (mainly hospital level)

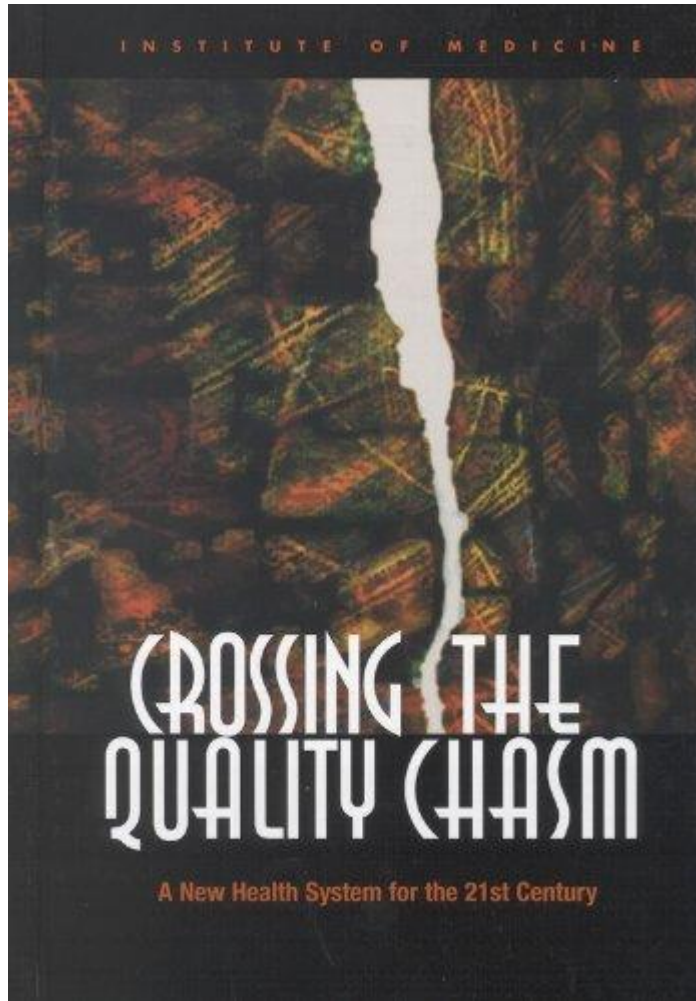
# Donabedian (1980)



Avedis Donabedian (1919-2000),  
“Mr. Structure-Process-Outcome”

- **Technical**
- **Interpersonal**
- **Amenities and others**

# US Institute of Medicine (2001)



Six goals of health system

- Safe
- Effective
- **Patient-centered**
- Timely
- Efficient
- Equitable

# Patient Centeredness

Patient centeredness is defined as health care that **establishes a partnership among practitioners, patients, and their families** (when appropriate) to ensure

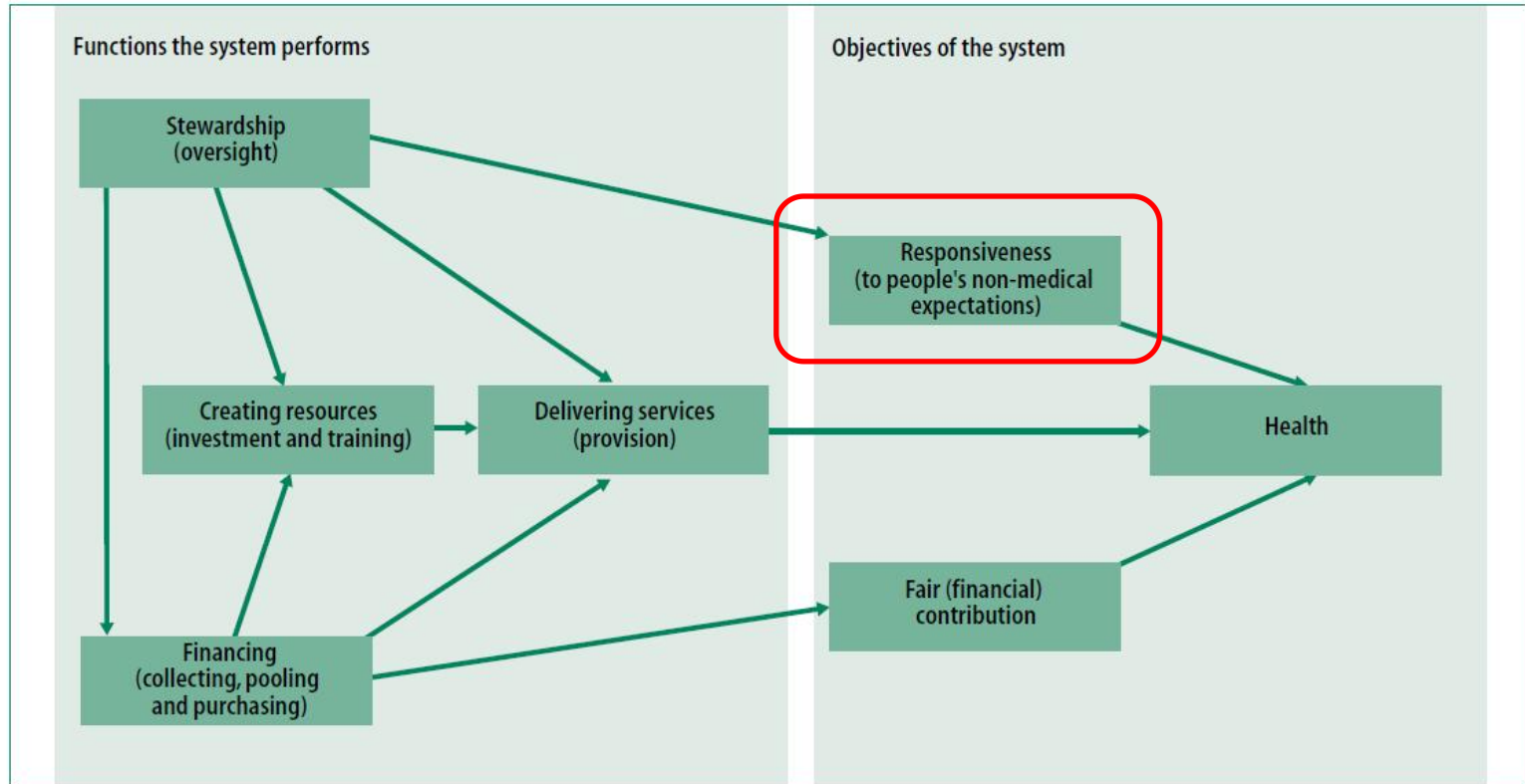
**that decisions respect patients' wants, needs, and preferences** and

**that patients have the education and support they need to make decisions and participate in their own care.**



# Responsiveness

Figure 2.1 Relations between functions and objectives of a health system



Source: WHO (2000). The World Health Report 2000.

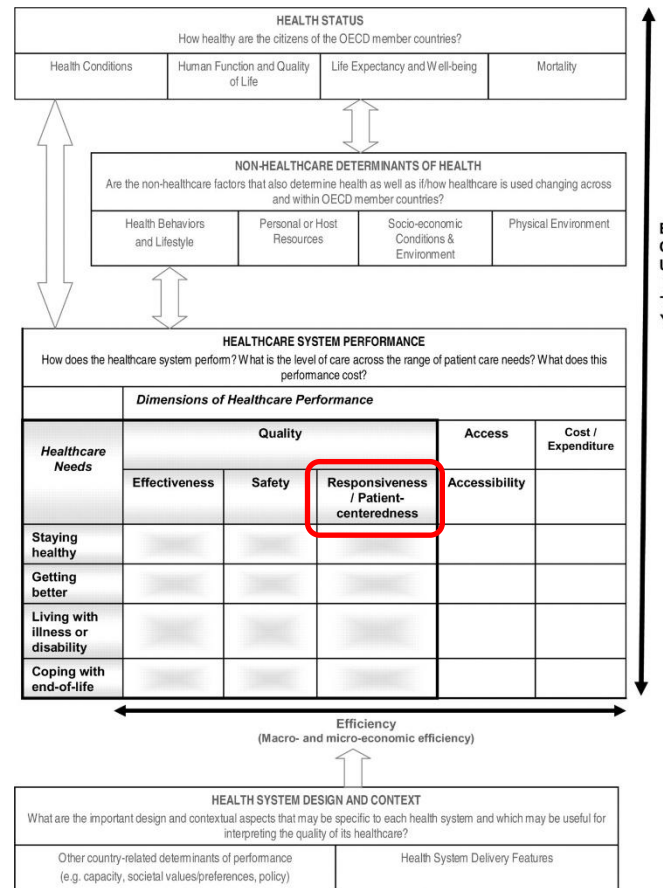
# Health system responsiveness

- Aspects of the way individuals are treated and the environment in which they are treated during health system interactions (Valentine et al. 2003).
- Domains
  - Dignity
  - Confidentiality
  - Autonomy
  - Prompt attention
  - Quality of basic amenities
  - Choice of provider



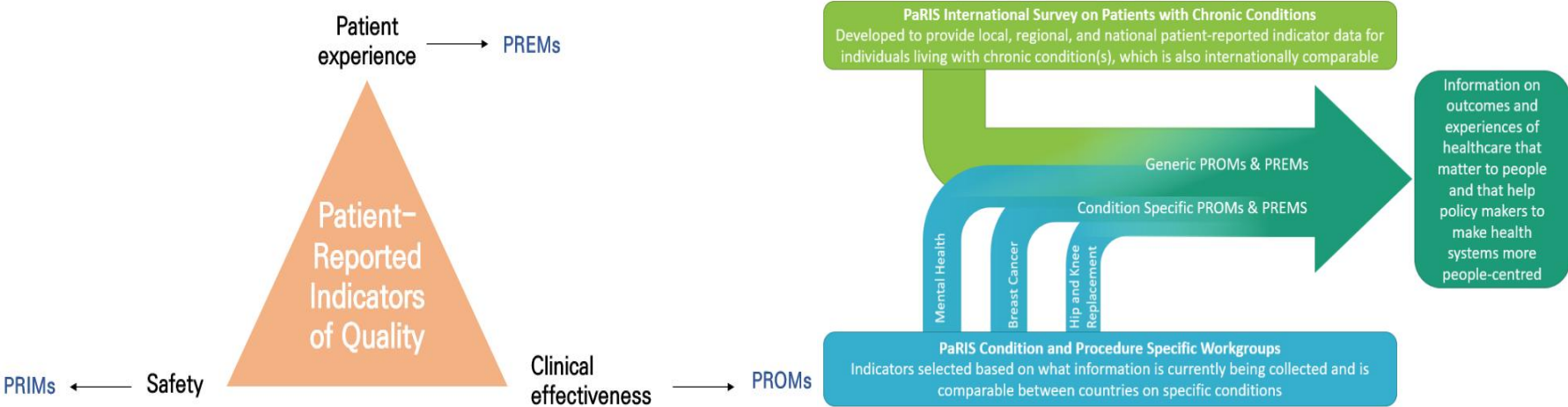
# Responsiveness/Patient-centeredness

## OECD Health Care Quality Indicators (HCQI) Project



Source: Arah OA, Westert GP, Hurst J, Klazinga NS. A conceptual framework for the OECD Health Care Quality Indicators Project. Int J Qual Health Care. 2006 Sep;18 Suppl 1:5-13.

# OECD Patient-Reported Indicator Surveys (PaRIS)



# Business case

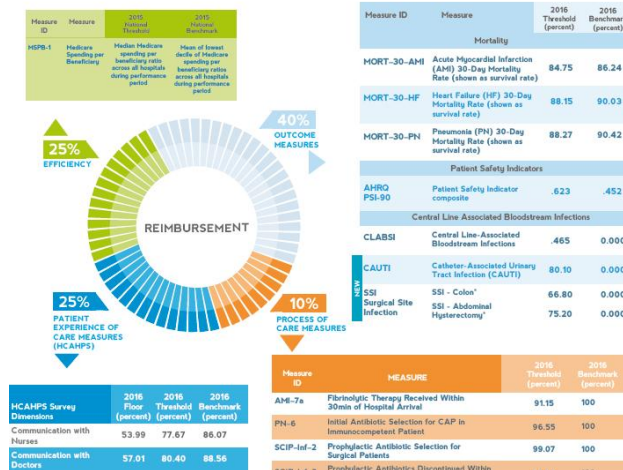
- **Hospital Value-Based Purchasing (HVBP)**

Patient experience score measured in the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) accounting for 25-30% (variable) of total performance score

- **Chief Experience Officer (CXO)**

## VALUE BASED PURCHASING FY 2016

Below are the final Value-Based Purchasing domains, measures and weights for Fiscal Year 2016 as shared by Centers for Medicare & Medicaid Services (CMS). (Payment adjustment effective for discharges from Oct. 1, 2015 to Sept. 30, 2016)

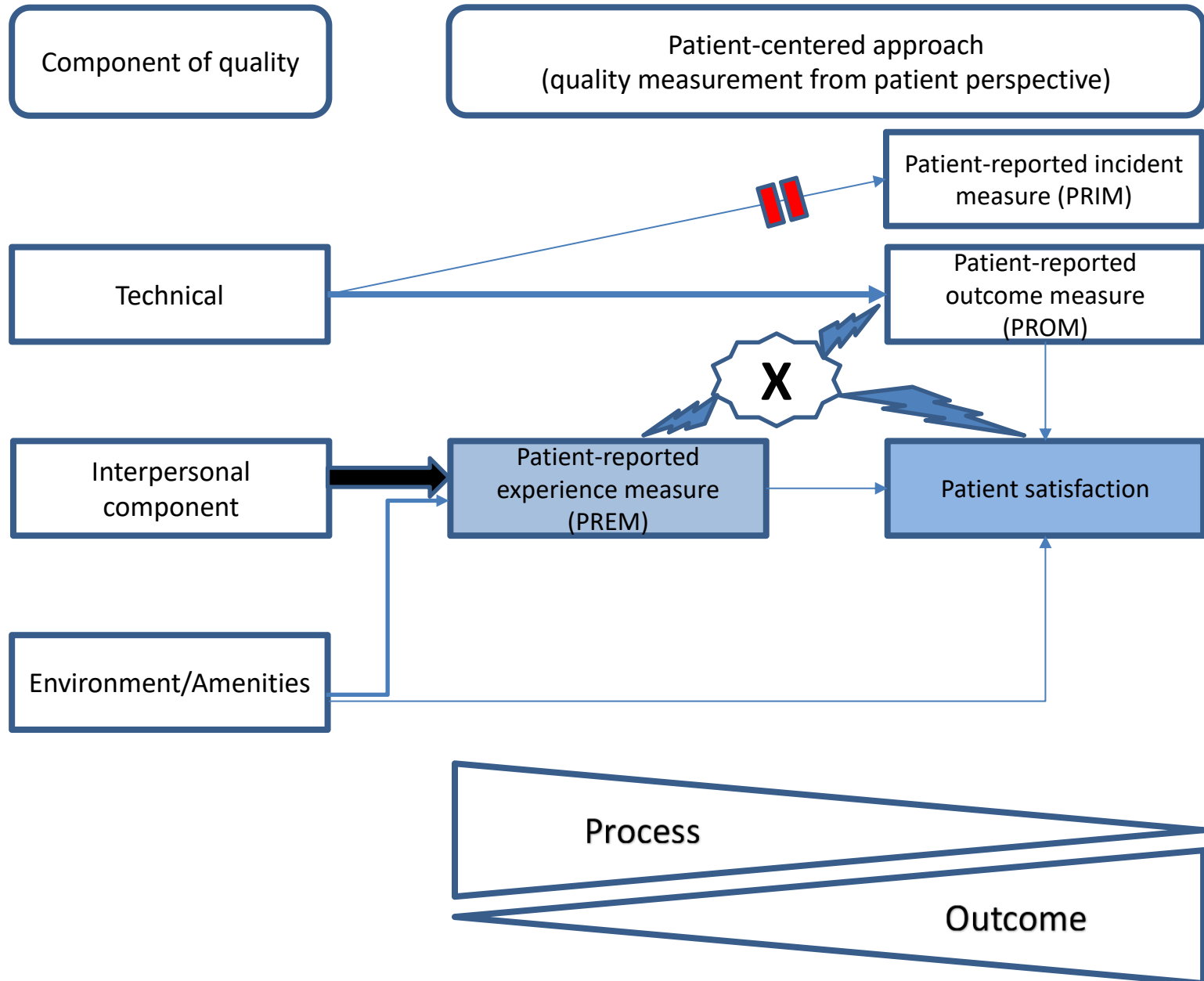


## The Rise of the Healthcare Chief Experience Officer

### 2016 RESEARCH REPORT

Research study by Vocera's Experience Innovation Network examining how senior leaders in healthcare organizations are building a more humanized healthcare experience

# Patient-centered approach to quality measurement



# Patient Satisfaction vs Patient Experience

	Patient Satisfaction	Patient Experience
Typical survey questions	<ul style="list-style-type: none"> <li>• Were you satisfied with the doctor you were allocated with?</li> <li>• How would you rate the overall care provided by our medical personnel?</li> </ul>	<ul style="list-style-type: none"> <li>• During this hospital stay, how often did nurses treat you with courtesy and respect?</li> <li>• During this hospital stay, how often did doctors listen carefully to you?</li> </ul>
Main approach to quality assessment (Structure-Process-Outcome)	<p>Outcome</p> <p><i>Q. What has come out of care?</i></p>	<p>Process</p> <p><i>Q. Did things happen as desired?</i></p>
Nature of measurement	“Rating”	“Reporting”
Advantages	More generic, fewer questions, better suited to business case	Relatively specific, less prone to reporting heterogeneity, more actionable, greater support by professionals

# Why measure PS/PX?

- For “**epidemiologic**” approach
- For **quality improvement** purpose
- For **political** reasons

\* These three are all interrelated.

# Why measure PS/PX? (1)

## For Epidemiologic Approach

- First step in scientific, analytic endeavor
- Magnitude of the problem: e.g. which PX domain?
- Distribution
- Variation and pattern: institution/population/region
- Trends
- Policy impact: following public reporting for example

# Distribution, variation and pattern

## HCAHPS: Communication with Doctors

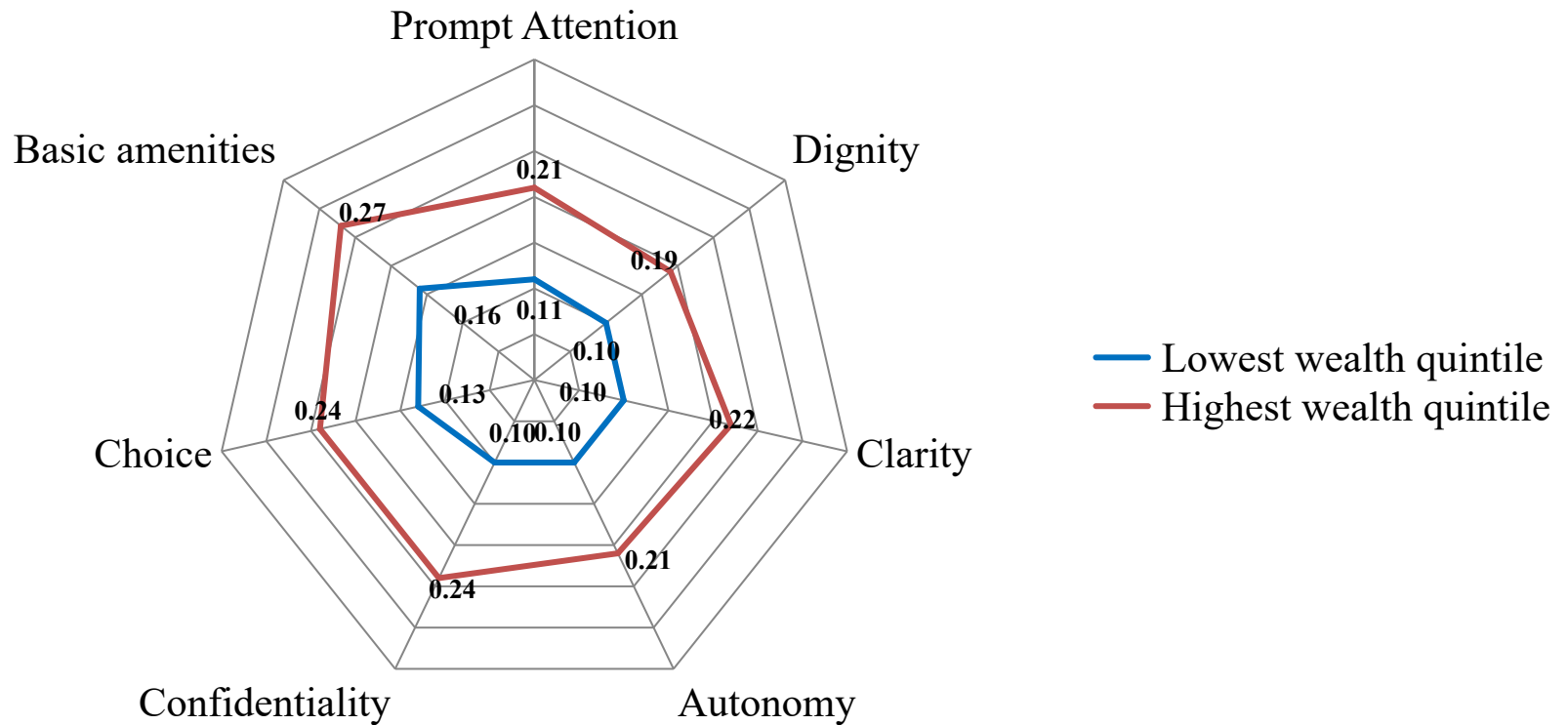
(Represents patients discharged between July 2018 and June 2019)





# Disparities in health system responsiveness (HSR)

Predicted probabilities for reporting 'very good' in 7 domains of HSR by wealth



Source: Malhotra C, Do YK. Socio-economic disparities in health system responsiveness in India. Health Policy and Planning. 2013

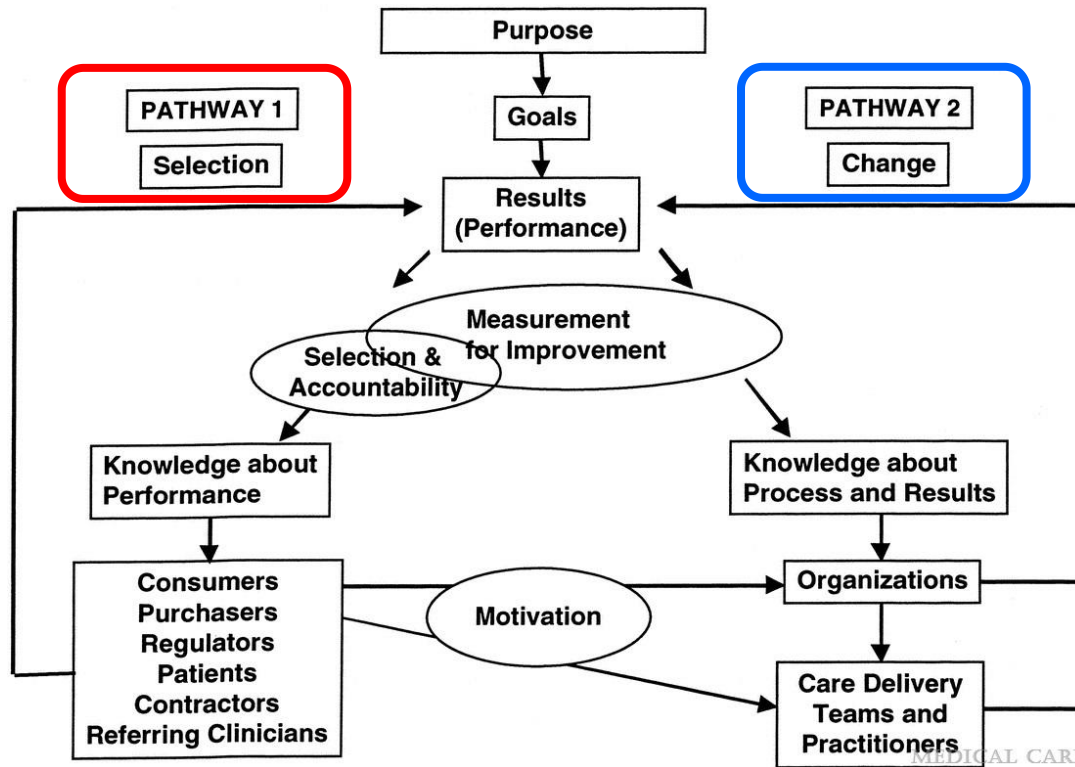
Why measure PS/PX? (2)  
For Quality Improvement Purpose

**If you can't measure it,  
you can't improve it.**

*- Peter Drucker*

- Measurement itself
- Feedback
- Public reporting
- Tying to reimbursement

# Two pathways (from measurement) to quality improvement



Berwick, Donald M.; James, Brent; Coye, Molly Joel.  
 Connections Between Quality Measurement and Improvement  
 Medical Care 41(1):I-30-I-38, January 2003.

## Why measure PS/PX? (3)

# For Political Reasons

- From invisible to visible: numbers have power
- Norm and culture: justification and mainstreaming
- Resource mobilization
- Responsibility narrowed down to specific actors
- Equity concerns may also prompt actions

# Fundamental challenge in measuring PS/PX

- Patient as the source of information
  - Patient is probably the **best** source of information
  - Patient is probably the **only** source of information
- Analogy to pain as a patient-reported outcome
- Ensuing issues
  - General issues of reliability and validity for any instrument
  - May be affected by patient characteristics
    - e.g. Healthier patients: lower expectations, better PS scores
  - Subjective nature: reporting heterogeneity
    - e.g. Younger patients: generally less generous about reporting PX, thus poorer PX reported despite no important differences

# Measurement tools: useful sources



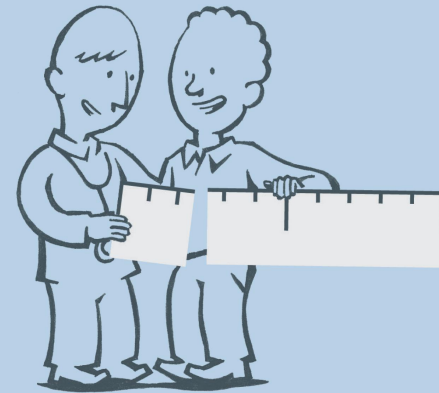
## No. 18 Measuring patient experience

**Evidence scan**  
June 2013



## Helping measure person-centred care

A review of evidence about commonly used approaches  
and tools used to help measure person-centred care



**Evidence review**  
March 2014

- <https://www.health.org.uk/publications/measuring-patient-experience>
- <https://www.health.org.uk/publications/helping-measure-person-centred-care>

# Choosing a measurement tool

## Key points

- Although many tools are available to measure person-centred care, there is no agreement about which tools are most worthwhile.
- There is no 'silver bullet' or best measure that covers all aspects of person-centred care. Combining a range of methods and tools is likely to provide the most robust measure of person-centred care.

## Learn more



Helping Measure Person-Centred Care Tool  
Spreadsheet (768 KB)



A spreadsheet listing 160 of the most commonly researched measurement tools with hyperlinks

- Type of tool
- Target
- Context
- Country of development and tested in

- <https://www.health.org.uk/publications/helping-measure-person-centred-care>

# Spreadsheet of measurement tools

	A	B	C	D	E	F	G	H	I
1	Tool name	Description	Category	Main concepts measured	Participants targeted	Conditions targeted	Main context tested in	Country of developme	Countries commonly tested
2	4 Habits Coding Scheme	Structured observational tool	Communication	Communication, person-centred care	Professionals	Generic	Primary care		US
3	Affective Communication Questionnaire (ACQ)	Survey	Communication	Affective communication	Professionals	Mental health	Psychotherapy clinics		US
4	Ambulatory Care Experiences Survey	Survey	Patient experience	Care co-ordination, patient experience	Patients	Generic	Primary care		US
5	Artefact of Culture Change Tool	Survey - 6 domains	Person-centred care	Culture change to person-centred care model	Professionals	Older people	Care homes		US
6	Assessment Chronic Illness Care (ACIC)	Survey	Self-management support	Quality of care, community linkages, self-management support, decision support, delivery system design, information systems, organisation of care.	Professionals	Long-term conditions	Primary care, hospital	US	US, Thailand
7	Assessment of Primary Care Resources and Supports for Chronic Disease Self-Management (PCRS)	Survey - 16-items	Self-management support	Self-management support, organisational infrastructure	Professionals	Long-term conditions	Primary care	US	US
8	Baker and Taylor Measurement Scale	Survey - 3 domains	Patient experience	Satisfaction	Patients	Generic	Hospital		US
9	Barriers to Providing Family-Centred Care	Survey	Person-centred care	Family-centred care, barriers	Professionals	Generic	Hospital		Israel
10	Benchmarking Person-centred Care	Survey	Person-centred care	Person-centred care	Professionals	Older people	Hospital	Australia	Australia
11	Cardiovascular population scale	Survey	Patient experience	Quality of care, ambiguity about illness severity, complexity of treatment and system of care	Patients	Heart conditions	Hospital		Sweden
12	Caregiver Evaluation of Quality of End-of-Life Care (CEQUEL)	Survey	Carer experience	Perceived quality of end of life care	Carers	Palliative care	Hospital, hospice, community	US	US
13	Carer Experience Scale	Survey	Carer experience	Carer experience	Carers	Older people	Community	UK	UK
14	Carer Hospital Satisfaction Questionnaire (Carer HospSat)	Survey	Carer experience	Carer experience	Carers	Stroke	Hospital, rehabilitation	UK	UK

- <https://www.health.org.uk/publications/helping-measure-person-centred-care>



# Practical considerations in measuring PS/PX (all closely related)

- **When?** (before discharge or after, how long after)
- **Domains** (generic vs condition-specific) **and # of items**
- **Duration of survey**
- **Mode:** mail, telephone, mobile web, and mix
- **Population groups**
- **Technological diffusion and adaptation**
- **Acceptability and confidentiality issues**
- **Cost and sustainability**

# Caution and concerns

- Measuring through survey is important but not the only way.
- Measuring is a necessary condition for improvement but not a sufficient condition.
- Gaming? (especially when incentives are involved)
- Unintended consequences?

# South Korea: a case as an example

## Patient Experience Assessment in South Korea (2017~)

### **South Korea's health care system**

- Rapid expansion and development, fueled by national health insurance
- Improved access, technical aspect of care quality, and amenities
- Interpersonal & relational aspect of care quality, such as patient experience?

### **Patient Experience Assessment introduced in 2017 and expanded in 2019 and 2021**

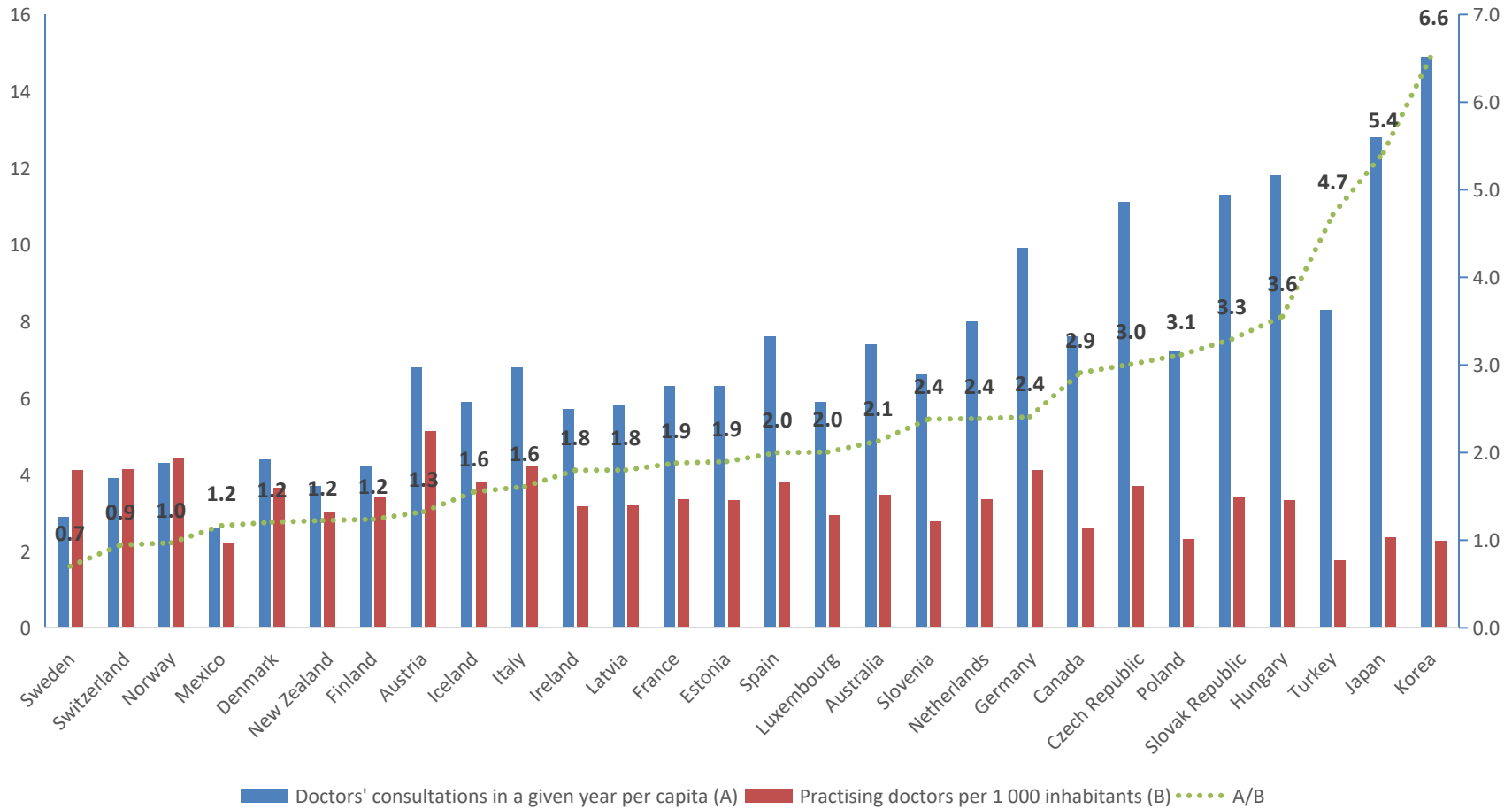
- Developed by the Health Insurance Review and Assessment Service (HIRA)
- Benchmarking US Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
- On inpatients discharged from general hospitals (within 8 weeks after discharge)
- About patient experience during hospital admission, using 21 proper questions via telephone-based survey

# Patient/family member says:

- “Most doctors do not have time. I cannot have adequate time to talk with them. My doctor explains only very briefly, and the conversation ends too quickly. I could not remember questions I had had in mind. It is only after he disappeared that I recalled them.”
- “Most doctors do not answer my questions well. What makes them so busy? They avoid talking to me, keep distance and remain cold.”

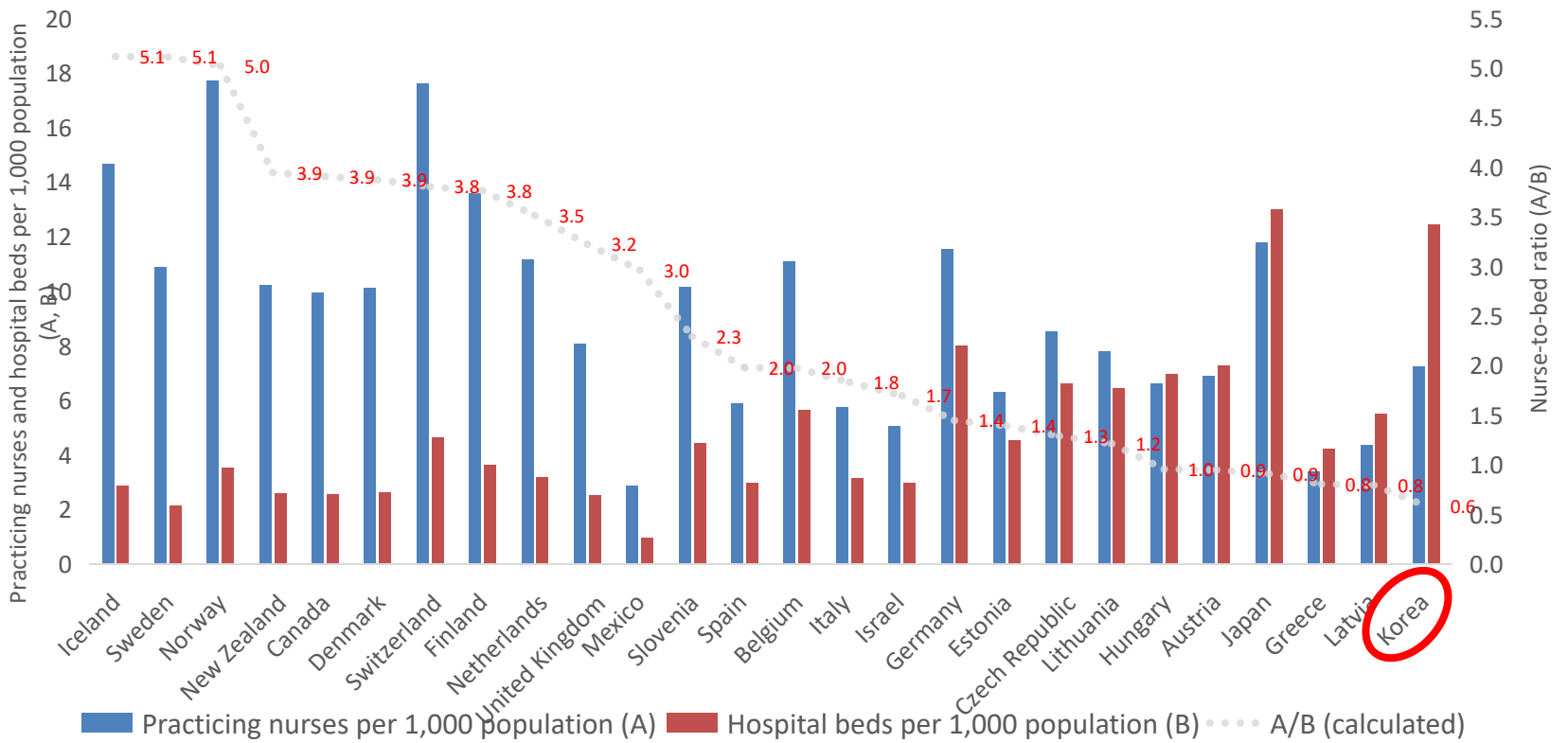


# Doctor consultations and practicing doctors

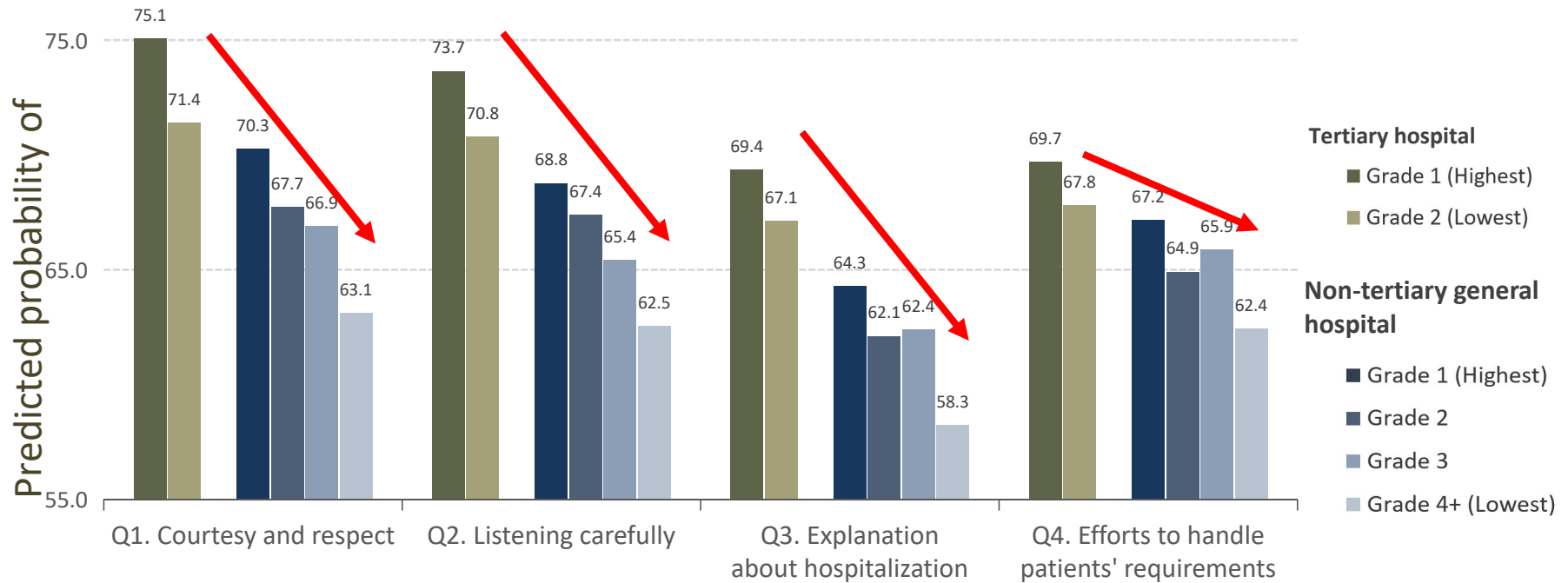


Source: OECD Health. 2012-2015 (most recent available)

# Nurse-to-bed ratio: Korea and other OECD countries

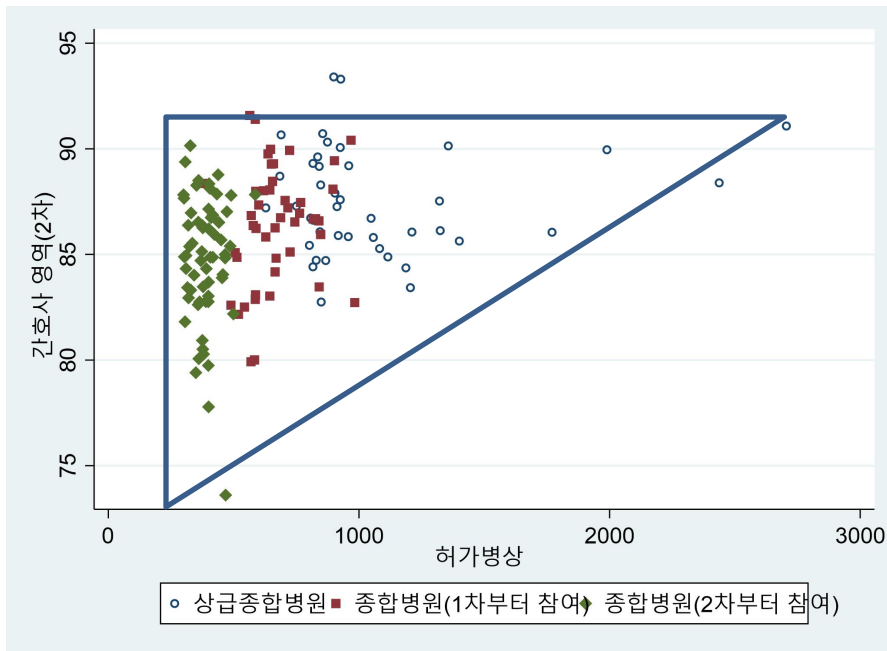


# Predicted probability of reporting ‘top-box’ category (“Always”) in the four nurse domain questions, by hospital nurse staffing level

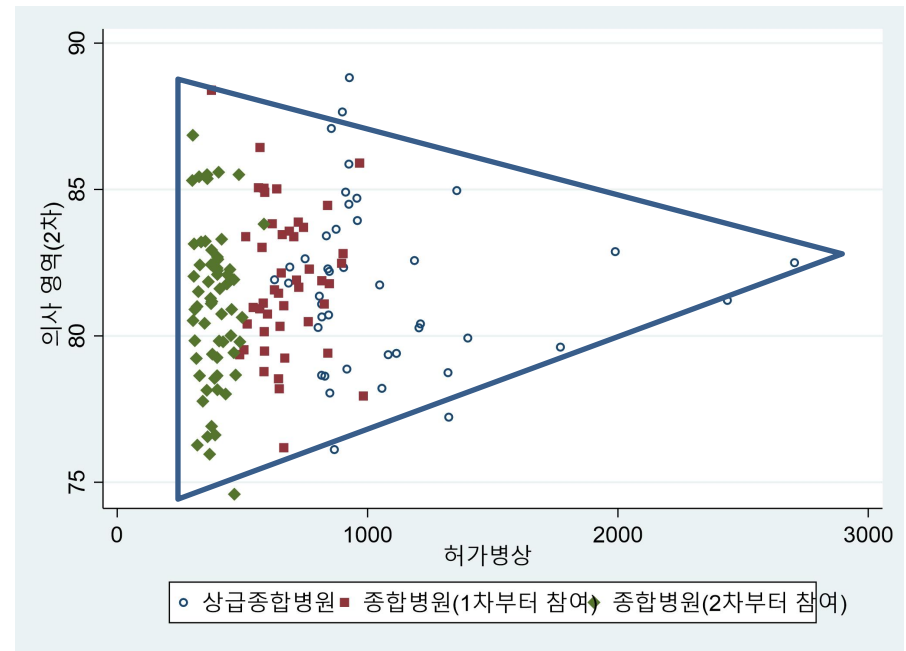


# PX scores in Nurse and Doctor domains

## Nurse domain



## Doctor domain





# Korea's Patient Experience Assessment where it stands

- A catalyst for enhancing patient experience in South Korea
  - Considerable attention from media and hospitals with public reporting
  - Hospitals work hard to improve patient experience, seeking ways to increase their score
- Critical perspectives: gaming, blaming and shaming
- Less attention, as of yet, to structural constraints for patient experience, such as health care workforce
- Mode: mobile-based survey under consideration

**THANK YOU!**