Learning from your patients

By David N. Gans, MSHA, FACMPE

Wise administrators know what is happening in their practices, and they use information from a variety of sources to make informed management decisions. These health leaders cultivate information systems that collect data from every area of their organizations to assemble performance indicators that evaluate practice operations yesterday, today and tomorrow. Some of the information is positive; all of it is useful in the quest for higher-quality, patient-centered care. As the industry changes, there is a renewed focus on the patient and his or her experience as it relates to your practice. As a result, we encourage members to assess the health of their businesses — and their patients — with a wider lens.

Although the most familiar benchmarks assess business office financial performance, compensation and provider productivity, these traditional data sets only represent a few pieces of the pie. Perhaps the most valuable yet underappreciated source of information is how patients describe what happens when they call a practice or during appointments. It is important to know what’s going well, but knowing what your patients describe as problematic is also a critical aspect of being a patient-centered practice.

To learn what occurs during patient-provider and patient-staff interactions, some practice leaders employ secret shoppers who record their experiences and report back to help providers and staff learn and improve. Other practice professionals use patient satisfaction or patient experience surveys, a topic we explored in the March issue of Data Mine titled “Room for improvement: How patient experience surveys lead to better quality.” The Association has also recently introduced a patient satisfaction survey tool (mgma.com/data-satisfaction), which provides valuable benchmarking information.

When benchmarking patient experience, professionals appreciate data that shows how different settings affect results. Fortunately, the various patient experience surveys summarize results by practice demographics, such as the Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey (CG-CAHPS) results shown in the graph and chart.

The graph depicts how internal medicine, pediatrics and surgery practices perform on five key measures with the percent of survey participants who say certain things “always” occur. It is interesting to see how the results vary by specialty. Some of the differences reflect the nature of medicine and provide practice administrators with data that can be used to improve patient safety and health.
outcomes, all of which relate to and are influenced by the patient’s experience.

Demographic differences

Before we delve into the differences we see in the data, it is important to note that we appreciate the stories, perspectives and explanations for the numbers. The goal in sharing the differences is to identify areas for improvement and to highlight the importance of asking patients for their perspectives on every aspect of a practice, from clinical care to communication, follow-up and scheduling.

In surgical practices, a much higher percentage of patients report timely appointments, care and information compared with those who visit internal medicine practices. Similarly, patient communication with pediatricians is better than in the other specialties, but the opposite is true for pediatric office staff interaction. Surgical practices have an extremely high rating for test follow-up while pediatric practices receive a low rating for follow-up. Both pediatricians and surgeons have similar patient ratings, which are a few percentage points higher than ratings for internists.

The chart delves into the detail behind each of these areas. The high scores surgical practices receive from patients for getting timely appointments, care and information relate to uniformly higher scores in all areas, including answering after-hours calls and having a greater percentage of patients who wait less than 15 minutes for appointments. Pediatric practices scored highest in having phone questions answered the same day whereas internal medicine patients described longer wait times for information and appointments.

Pediatrics practices excel in patient communications, outscoring both internal medicine and surgery in every category, including the percentage of patients who say the “doctor showed respect” and the “doctor spent enough time” with them. It is important to note that many internal medicine practices have a high percentage of older patients with chronic disease, which can complicate communications and require significantly more patient contact time.

And although pediatricians got high scores, the survey indicates that there is room for improvement with their office staff relations. This may also reflect the nature of the specialty. Due to the volume of patients in a typical pediatrics practice, staff time is split among many tasks, and often these folks must address the patient and the parent, which needs to be factored into the equation.

Knowing how our patients rate their experiences allows us to identify problem areas and to improve patient care. A patient-centered approach to care necessitates understanding the patient’s perceptions and the willingness to act appropriately to improve patient care.

Albert Einstein said, “The only source of knowledge is experience,” which appropriately describes the value of having our patients tell us what happens during their care.

Comparing the patient experience by physician specialty

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<thead>
<tr>
<th>Area</th>
<th>Surgery</th>
<th>Pediatrics</th>
<th>Internal Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well doctors communicate with patients</td>
<td>83%</td>
<td>87%</td>
<td>84%</td>
</tr>
<tr>
<td>Helpful, courteous and respectful office staff</td>
<td>81%</td>
<td>83%</td>
<td>79%</td>
</tr>
<tr>
<td>Follow-up on test results</td>
<td>70%</td>
<td>40%</td>
<td>71%</td>
</tr>
<tr>
<td>Patients’ rating of the doctor</td>
<td>79%</td>
<td>84%</td>
<td>83%</td>
</tr>
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