Responding to Arguments Against Use of PROs for Evaluating the Performance of Healthcare Providers

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New Podcast Discusses Common Concerns about CAHPS Surveys

Can patients really report on the quality of the care they receive?

Do patients' expectations affect how they respond to CAHPS survey questions about their providers?

Is there a tradeoff between positive patient experiences and favorable clinical outcomes?

To help users of CAHPS surveys address these and other questions, the Agency for Healthcare Research and Quality (AHRQ) has released a new podcast: "CAHPS Surveys: Sorting Fact From Fiction," featuring Rebecca Anhang Price, PhD.

Listen to this podcast: <u>https://cahps.ahrq.gov/news-and-events/podcasts/cahps-surveys-</u> <u>podcast.html</u>.

Patient surveys are subjective and do not provide valid information

- PROs are "subjective" and providers have concerns about their scientific properties (Boyce et al., 2014, Implementation Science)
 - PROs are as reliable and valid as clinical measures: Hahn,
 E. A. et al., (2007). Precision of health-related quality of life data compared with other clinical measures. <u>Mayo Clinic Proceedings</u>, 82 (10), 1244-1254.
- PROs are weakly related to clinical indicators.



PROs are <u>not</u> actionable

- Patient surveys assess what is important to patients.
 - Patients want and need to know PRO information when choosing among providers.
- PROs used in quality improvement
 - While link between use of PROs and subsequent health is tenuous, their use improves communication between patients and providers.

HRQOL data cannot be fairly compared across providers

- My patients are different (e.g., sicker) than patients of other providers
- PROs are determined by factors outside the control of the provider
 - Patient characteristics that are systematically related to PROs and not indicative of care quality are included in casemix adjustment.

Survey respondents are unrepresentative of my panel

- Response rates are too low
 - Maximize participation rates.
 - Survey nonresponse does not necessarily lead to bias in comparisons.
 - Casemix adjustment can compensate for nonresponse bias.

Collecting PRO data is too burdensome and expensive

- Patients are often more burdened by invasive medical tests than responding to surveys.
- Survey data collection is not free but newer technologies can reduce costs.

Providers motivated to fulfill patient desires, regardless of appropriateness

Higher intensity care is not related to better outcomes

 Good communication is important in addressing unreasonable expectations

Combat Strategies

- Identifying opinion leaders
 - Researchers and clinicians
- Collaborating with sponsors and providers
- Journal articles and letters to editor
- Conference presentations
- Webinars
- Social media
 - e.g., Blogs and twitter



CAHPS Articles

Price, R. A. et al. (2015). Should health care providers be accountable for patients' care experiences? <u>JGIM</u>, <u>30</u>, 253-256.

Price, R. A. et al. (2014). Examining the role of patient experience surveys in measuring health care quality. <u>Medical Care Research and Review</u>, <u>71</u>, 522-554.

Xu, X. et al. (2014). Methodological considerations when studying the association between patient-reported care experiences and mortality. <u>Health Services Res</u>, <u>50</u>, 1146-1161.

Use of and importance of patient experience surveys has grown...

CAHPS Hospital Survey (HCAHPS) data accounted for 30% of hospitals' Total Performance Score in Value-Based Purchasing Program in FY2014

...so has misinformation about them

Some suggest that consumers lack expertise needed to evaluate care quality

- Patients are the best source of information on communication, office staff courtesy and respect, access to care, and other issues covered by CAHPS surveys
- CAHPS complements technical quality measures

Some suggest patients can be "satisfied" to death.

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Contact Us Medical Center School of Medicine Editor's note: Read this press release [en españo] School of Medicine Editor's note: Read this press release [en españo] School of Musicing Contact Us Academic Departments Research Advisers & Friends About Us Maps & Directions Patient satisfaction is a videly emphasized indicator of health-care and drug expenditures, and have higher death rates than patient swide are more likely to be hospitalized, accumulate more health-care and drug expenditures, and have higher death rates than patient swide are less satisfied with their coctors are more likely to be hospitalized, accumulate more health-care and drug expenditures, and have higher death rates than patient swide are less satisfied with their coctors are more likely to be hospitalized, accumulate more health-care and drug expenditures, and have higher death rates than patient swide are less satisfied with their coctors are more likely to be hospitalized, accumulate more health-care and drug expenditures, and have higher death rates than patient swide are expendent. Telemedicine consultations significantly improve pediatric care in rural emergency rooms Telemedicine consultations is a videly emphasized indicator of health-care quality, but our study calls into question whether increased patient are viden and in a viden and in a viden and in the viden and tree of vise viden and thealt in a viden and vident and viden	f Ƴ 8⁺	Feature Stories Publications * Facts and Figures * Community Calendar	Patient satisfaction linked to higher health-care expenses and mortality Doctors may agree to patient requests for services to increase patient satisfaction	Karen Finney Send e-mail Phone: 918-734-9084 Top Trending Stories		
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Advisers & Friends Published today in the Archives of Internal Medicine, the national study is believed to be the first to suggest that an overemphasis on patient satisfaction could have unanticipated adverse effects. Telemedicine consultations significantly improve pediatric care in rural emergency rooms Maps & Directions "Patient satisfaction is a widely emphasized indicator of health-care quality, but our study calls into question whether increased patient satisfaction as currently measured and used is a wise noal in and Darrell Steinberg joins UC Davis Behavioral Health Center of	P +	School of Medicine Betty Irene Moore School of Nursing Academic Departments Research	FRecommend {13k Tweet {122 in Share {204 8+1 20 Pintt Share {1.8k} (SACRAMENTO, Calif.) — A team of UC Davis researchers found that people who are the most satisfied with their doctors are more likely to be hospitalized, accumulate more health-care and drug expenditures, and have higher death rates than patients who are less satisfied with their care.	niños tan pequeños como 18 meses de edad UC Davis MIND Institute study finds association between maternal exposure to agricultural pesticides, autism in offspring		
Maps & Directions "Patient satisfaction is a widely emphasized indicator of health-care quality, but our study calls into question whether increased patient satisfaction, as currently measured and used, is a wise goal in and		Advisers & Friends About Us	Published today in the Archives of Internal Medicine, the national study is believed to be the first to suggest that an overemphasis on patient satisfaction could have unanticipated adverse effects.	Telemedicine consultations significantly improve pediatric care in rural emergency rooms		
of itself," said Joshua Fenton, assistant professor in the UC Davis Department of Family and Community Medicine and lead author of UC Davis Children's Hospital listed		Maps & Directions	"Patient satisfaction is a widely emphasized indicator of health-care quality, but our study calls into question whether increased patient satisfaction, as currently measured and used, is a wise goal in and of itself," said Joshua Fenton, assistant professor in the UC Davis Department of Family and Community Medicine and lead author of	Darrell Steinberg joins UC Davis Behavioral Health Center of Excellence UC Davis Children's Hospital listed		

Fenton et al. (2012) JAMA Internal Medicine

- Medical Expenditure Panel Survey
 - Nationally representative survey of U.S. civilian noninstitutionalized population. Panel followed over 2 calendar years with 5 rounds of interviews.
- Five CAHPS item
 - 4 items from communication scale
 - 0-10 global rating of health care item
- Results interpreted as indicating that acceding to patient demands results in expensive and dangerous treatment.



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Bioethicists say patient-satisfaction surveys could lead to bad medicine

By Sabriya Rice | June 4, 2015

A new report by the Hastings Center suggests patient-satisfaction surveys that Medicare uses to assess healthcare providers are seriously flawed. The authors question whether the government should be relying on them in quality initiatives such as value-based purchasing.

"Good ratings depend more on manipulable patient perceptions than on good medicine," states the report, entitled Patient-Satisfaction Survey on a Scale of 0 to 10. "In fact, the pressure to get good ratings can lead to bad medicine.

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Hastings Center Report

- Dr. Stuart Younger, Professor of Bioethics and Psychiatry at the Case Western Reserve University.
 - Pressure to get good ratings can lead to bad medicine.

Is Receiving Better Technical Quality of Care Bad for Health?

Change in SF-12 PCS regressed on process of care aggregate



Hypothesized positive effect, but regression coefficient was NOT SIGNIFICANT

unstandardized beta = -1.41, p = .188

Kahn et al. (2007), <u>Health Services Research</u>, Article of Year

Five Concerns with Fenton et al.

- Associations may be due to unmeasured variables (e.g., severity of illness).
 - Sicker patients may need more information
 - Clinicians may spend more time with them.
- 2. Estimated effect was implausibly large, suggesting good patient experience is more dangerous than having major chronic conditions.
- 3. Only amenable deaths can be prevented by health care.
 - Prognosis for those with end-stage pancreatic cancer is not modifiable by the type of care they receive.
 - -¹⁸Only 21% of the 1,287 deaths in the study were amenable to health care.

Five Concerns with Fenton et al.

4. Patient experiences with care vary over time.

- Used CAHPS data at MEPS round 2 to predict mortality 3 months to 6 years later.
- > half of deaths occurred more than 2 years after this.
- Among those with best (quartile 4) experiences at baseline,
 > half had worse experiences 1 year later

5. Only looked at 5-item CAHPS aggregate

Reanalysis of Fenton et al. (Xu et al., 2014)

- Same data used by Fenton et al.
 - 2000-2005 Medical Expenditure Panel Survey data
 - National Health Interview Survey
 - National Death Index
- Same statistical analysis
 - Cox proportional hazards models with mortality as the dependent variable and patient experience measures as independent variables
- But, unlike Fenton et al.

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- Separated non-amenable and amenable deaths
- Considered timing of patient experience and death
- Looked at individual items to better understand the patient
- experience with mortality association

Patient Experiences and Mortality: Non-Amenable vs. Amenable Deaths

Patient Care Experience	Non-Amenable Mortality		Amenable Mortality	
	Hazard Ratio	p-value	Hazard Ratio	p-value
Quartile 1 (reference)	(1.00)		(1.00)	
Quartile 2	1.07	0.56	1.27	0.25
Quartile 3	0.96	0.70	1.28	0.25
Quartile 4 (most positive)	1.26	0.03	1.23	0.32
Overall p-value for patient care experience quartiles		0.03		0.59

Adjusted for age, gender, race/ethnicity, education, income, metropolitan statistical area, census region, access to usual source of care, insurance coverage, smoking status, number of chronic conditions, self-rated overall health, SF-12 PCS/MCS, number of drug prescriptions, medical care expenditures, number of office visits, any ER visits, any inpatient admissions, and survey panel.

Patient Experiences and Mortality: Consistency of Experiences Over Time

Patient Care Experience (baseline : 1 year later)	All-Cause Mortality		
	Hazard Ratio	p-value	
Quartile 1 : Quartile 1 (reference)	(1.00)		
Quartile 2 : Quartile 2	0.89	0.42	
Quartile 3 : Quartile 3	1.13	0.57	
Quartile 4 : Quartile 4	1.09	0.54	
Different quartiles at baseline and 1 year later	0.88	0.35	

Patient Experiences and Mortality: Significant for Only One Item

Patient Care Experience Items	All-Cause Mortality		
	Hazard Ratio	p-value	
Rating of healthcare 9-10 vs 0-8	1.10	0.15	
Listen carefully to you ⁺	0.98	0.76	
Show respect for what you had to say [†]	1.05	0.44	
Explain things in a way that is easy to understand [†]	1.09	0.17	
Spend enough time with you $^+$	1.17	0.03	

+ "Always" versus "Never"/"Sometimes"/"Usually"

Conclusions

- Rather than patient demands producing expensive and dangerous treatment, the data are consistent with other studies that indicate more intensive care at the end-of-of life in the U.S. (Elliott et al., 2013, <u>JAGS</u>).
- Patient experience surveys assess important dimensions of care for which patients are the best or only source of information.
- Improving patient experience does not lead to inappropriate and inefficient care or result in trade-offs with high-quality clinical care.

Thank you.

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Powerpoint file at: <u>http://gim.med.ucla.edu/FacultyPages/Hays/</u>