Are Positive Experiences with Health Care Bad for Health?

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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), Health Services Research, Article of Year

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 only source of some process of care measures (e.g., were things explained in a way you could understand?)

- 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 reports of care are reliable and valid.

- CAHPS complements technical quality measures

Some suggest patients can be "satisfied" to death.

- Fenton et al. 2012 JAMA Internal Medicine
- Medical Expenditure Panel Survey
  - 4 items from CAHPS communication composite
  - 0-10 global rating of health care
- More positive assessment of care associated with higher mortality
- Results interpreted by some as indicating that acceding to patient demands results in expensive and dangerous treatment.

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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.

The healthcare industry remains under pressure to boost transparency and

Five Concerns with Fenton et al.

1. Associations may be due to unmeasured variables (e.g., severity of illness).

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.

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 aggregate of CAHPS items.

Reanalysis of Fenton et al. by 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.
  - 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

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 Measure*

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"

Concluding Statements

- 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, JAGS).

- 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

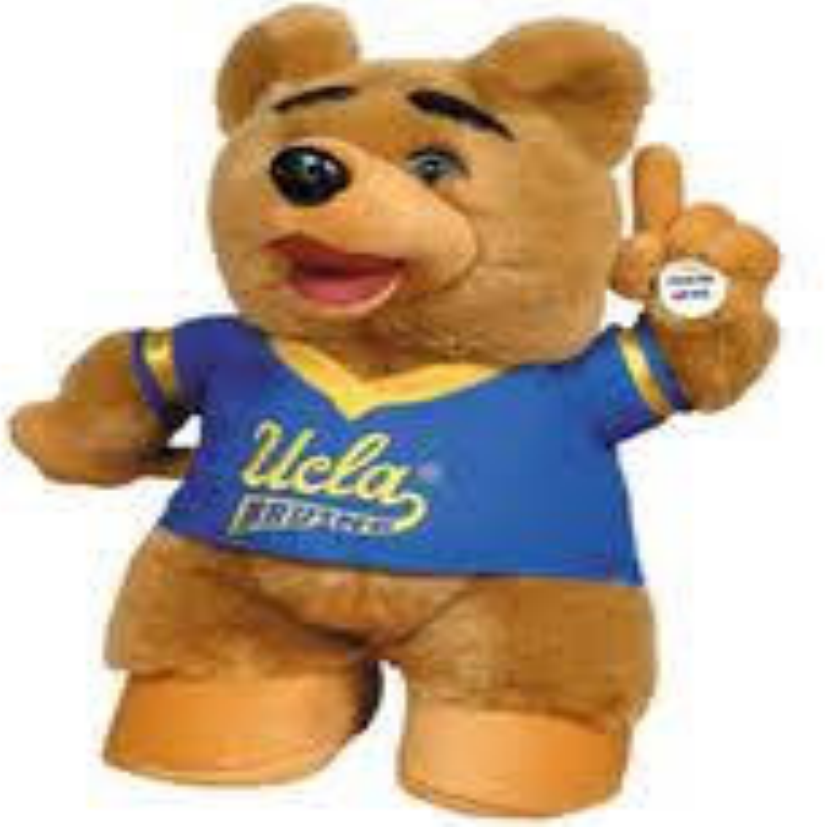
Relevant Readings

Price, R. A. Elliott, M.N., et al. (2015). Should health care providers be accountable for patients' care experiences? JGIM, 30, 253-256.

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

Xu, X., Buta, E. et al. (2014 epub). Methodological considerations when studying the association between patient-reported care experiences and mortality. Health Services Res.

Thank you.



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