

# Studying the Doctor-Patient Relationship

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Broxton 2<sup>nd</sup> Floor Conference Room (HPM265)

May 14, 2013 (3:00-4:50pm)

<http://gim.med.ucla.edu/FacultyPages/Hays/>

# Students

- Agonafer, Etsemaye Paulos
- Banerjee, Josh
- Detz, Alissa Anne
- Dixit, Ravi Krishna
- May, Folasade Popoola
- McKinnell, James Alexander
- Mori, Takahiro\*
- Parameswaran, Sharat Gotam
- Talamantes, Efrain
- Tan, Diane

# Patient-Reported Measures



# Can satisfaction with care kill you?

- Fenton et al. 2012 Archives of Internal Medicine
  - “Patient satisfaction” based on a combination of 5 items administered in MEPS
    - 4 items from CAHPS health plan communication composite
    - Global rating of health care on 0-10 scale
- Higher patient satisfaction associated with:
  - Less emergency department use but higher inpatient use and drug expenditures
  - Higher mortality.
- To see responses to Fenton et al.
  - “Satisfied to Death: A Spurious Result?” Mark W. Friedberg, Dana Gelb Safran, and Eric C. Schneider . Arch Intern Med. 2012;172(14):1110-1114.
  - <http://www.nytimes.com/2012/03/23/opinion/using-patient-surveys-to-rate-hospitals.html>

# Kahn et al. (2007) HSR

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



“Hypothesized positive effect”

- Unstandardized regression coefficient = -1.41,  $p = .188$

# Lyu et al. (2013, JAMA Surgery)

- “The use of patient satisfaction as a comprehensive measure of quality to determine hospital reimbursement must be questioned in the absence of other reliable outcome metrics.”
- “Based on our findings, we specifically challenge the notion that a patient’s level of satisfaction reported in isolation of other surgical outcome metrics reflects the quality of a surgeon’s procedure or the perioperative expertise associated with their care....”
- “We conclude that elevating patient satisfaction as a comprehensive surrogate of quality medical care can be misleading if used in isolation of other important quality metrics.”

Heather Lyu et al., 2013, JAMA Surgery, vol. 148, pp. 362-367, “Patient satisfaction as possible indicator of quality surgical care”

# Fullam et al. (2009) Medical Care

- 612 physicians studied from large academic medical center in midwest from 1998-2006
- 11% named in lawsuits brought against the hospital and/or physicians of the hospital
- Press Ganey hospital satisfaction survey
  - Time doctor spent with you, concern for your questions & worries, how well kept you informed, friendliness/courtesy, skill

# Risk of Malpractice Suit (Surgical Specialist) by Lowest Satisfaction Rating

7%	if “very good”
8%	if “good”
10%	if “fair”
12%	if “poor”
14%	if “very poor”

# Systematic Review of Evidence on the links between patient experience and clinical safety and effectiveness

- 55 studies, wide range of disease areas, setting, designs, and outcome measures
- Consistent + associations between patient experience, patient safety and clinical effectiveness

Doyle, C., Lennox, L., & Bell, D. BMJ Open Access, 2013

# CAHPS®

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Program Funded by:

- Agency for Healthcare Research and Quality (AHRQ)
- Center for Medicare & Medicaid Services (CMS)

# CAHPS Design Principles

- Emphasis on patients
  - What patients want to know
  - Patients are the best or only source of information
  - Extensive testing with patients
- Reporting about actual experiences
- English and Spanish
- Adult and Child care experiences
- Standardization
  - Surveys, data collection, analysis, reporting, benchmarking

# CAHPS®

- Public domain surveys, reports, and QI tools focused on quality of care from the patient's perspective
- Information patients want and need to help select plans, groups, and providers
- Core items applicable to everyone, supplemented by items targeted to specific groups

<https://www.cahps.ahrq.gov/>

# The CAHPS standard

- NCQA, CMS, State Medicaid, etc.
- Many spheres
  - Plan, clinician/group, dialysis, hospital, nursing home, home health
  - American Indian, chiropractic, dental, behavioral health, PWMI, health information technology, medical home, pharmacy, health literacy/cultural competency

<https://www.cahps.ahrq.gov/content/products/PDF/PocketGuide.pdf>

# CAHPS® Surveys

- Ambulatory Care Surveys
  - CAHPS Health Plan Survey
  - CAHPS Clinician & Group Survey
  - CAHPS Surgical Care Survey
  - ECHO® Survey
  - CAHPS Dental Plan Survey
  - CAHPS American Indian Survey
  - CAHPS Home Health Care Survey
- Facility Surveys
  - CAHPS Hospital Survey
  - CAHPS Nursing Home Survey
  - CAHPS In-Center Hemodialysis Survey

# Reports of experiences

- *CAHPS surveys are NOT satisfaction surveys*
  - They do include ratings
- *Focus is on experiences and behaviors*
  - More actionable, understandable, specific, and objective than general ratings

# Standardization

- *Instrument*
  - Everyone administers items in same way
- *Protocol*
  - Sampling, communicating with potential respondents, and data collection procedures are standardized
- *Analysis*
  - Standardized programs and procedures
- *Reporting*
  - Standard reporting measures and presentation guidelines
- **Benchmarks**
  - CAHPS Database

# Public Resource

- *Free!*
  - Products
    - Survey and Reporting Kits ([www.cahps.ahrq.gov](http://www.cahps.ahrq.gov))
  - CAHPS Technical assistance
    - Help Line (1.800.492.9261)
    - E-mail Help ([cahps1@ahrq.gov](mailto:cahps1@ahrq.gov))

# Literature Review – the first step

- *Review of the relevant literature*
- *Identification of:*
  - The key issues
  - Previous research
  - Gaps in the literature

# Other early input

- Environmental scan for measures
- Federal Register Notices
- Technical Expert Panels

# Draft Items and Test

- *Cognitive Interviews with members of the target population*
  - Multiple rounds
  - English and Spanish
  - Instrument revised based on testing

<http://www.chime.ucla.edu/measurement/qualitativemethods.htm>

# Field Testing: The last step

- *Goals:*
  - To assess how well the instruments are working
  - To assess different modes of survey administration

# Typical Field Test Protocols

- *Mixed mode*
  - Advance notification letter
  - 1<sup>st</sup> mailing of questionnaire
  - Reminder post card
  - 2<sup>nd</sup> mailing of questionnaire
  - Telephone follow-up
- *Telephone only*
  - Advance notification letter
  - Telephone contact

# Analyses of Field Test Data

- *Psychometric analysis to assess how well individual survey items are performing*
- *Assess effectiveness of data collection modes and equivalence of different modes*
- *Modeling of unit and item non-response*

# UCLA Family Practice Group

- Uses CAHPS Clinician & Group survey
- Implemented performance improvement initiatives to help practices improve on CAHPS measures

# Multi-Phase Performance Improvement

- Reporting and feedback of CAHPS scores to practices
- Consultation on performance improvement methods and strategies
- Quality collaborative for selected practices
- Training sessions for physicians on communication with patients
- Point-of-service surveys of patients
- BRITE training for office staff

# CAHPS Survey Items used at UCLA

- Access to care
  - Got appointment for urgent care as soon as needed
  - Got appointment for routine care as soon as needed
  - Got answers to medical questions during office hours when phoned
  - Got answers to medical questions after office hours when phoned
  - Seen within 15 minute of appointment time
- Provider communication
  - Explained things in a way that's easy to understand
  - Listened carefully to you
  - Gave easy to understand instructions
  - Showed respect for what you had to say
  - Spent enough time with you

# CAHPS Survey Items used at UCLA

- Coordination of care
  - Doctor knew important information about your medical history
  - Doctor informed on care you got from other doctors
  - Office followed up to give you test results
- Shared decision making
  - Talked about pros and cons of treatment or health care choice
- Office staff
  - Receptionists as helpful as you thought they should be
  - Receptionists treated you with courtesy and respect
- Global rating of the doctor
- Would recommend doctor to family and friends

# Reference Periods

- Most recent visit (*doctor communication, office staff*)
  - During your most recent visit, did this doctor explain things in a way that was easy to understand?
    - *Yes, definitely; Yes, somewhat; No*
- Last 12 months (*access*)
  - In the last 12 months, when you phoned this doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?
    - *Never; Sometimes; Usually; Always*

# Doctor Communication Composite (6 Items)

During your most recent visit, did this doctor

- 18. Explain things in a way that was easy to understand?
- 19. Listen carefully to you?
- 21. Give you easy to understand instructions about taking care of these health problems or concerns?
- 22. Seem to know the important information about your medical history?
- 23. Show respect for what you had to say?
- 24. Spend enough time with you?

# Office Staff Composite (2 items)

28. During your most recent visit, were clerks and receptionists at this doctor's office as helpful as you thought they should be?

29. During your most recent visit, did clerks and receptionists at this doctor's office treat you with courtesy and respect?

# Access Composite (5 Items)

## In the last 12 months

6. When you phoned this doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?
8. When you made an appointment for a check-up or routine care with this doctor, how often did you get an appointment as soon as you thought you needed?
10. When you phoned this doctor's office during regular office hours, how often did you get an answer to your medical question that same day?

# Access Composite Continued

12. In the last 12 months, when you phoned this doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?

13. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this doctor within 15 minutes of your appointment time?

# Global Items

25. Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate this doctor?

26. Would you recommend this doctor's office to your family and friends?

— *Yes, definitely; Yes, somewhat; No*

# Helpfulness of Provider's use of Computers during a visit (2 items)

- During your visits in the last 12 months, was this provider's use of a computer or handheld device helpful to you?
  - No 4%
  - Yes, somewhat 20%
  - Yes, definitely 76%
- During your visits in the last 12 months, did this provider's use of a computer or handheld device make it harder or easier for you to talk with him or her?
  - Harder 3%
  - Not harder or easier 53%
  - Easier 44%

# Getting Timely Answers to Medical Questions by e-mail (2 items)

- In the last 12 months, when you e-mailed this provider's office, how often did you get an answer to your medical question as soon as you needed?
  - Never/Sometimes 6%
  - Usually 14%
  - Always 80%
- In the last 12 months, when you e-mailed this provider's office, how often were all of the questions in your e-mail answered?
  - Never/Sometimes 5%
  - Usually 12%
  - Always 83%

# Helpfulness of Provider's Website in Giving You Information about Your Care and Tests (4 items)

- In the last 12 months, how often was it easy to find these lab or other test results on the website?
  - Never/Sometimes 3%
  - Usually 14%
  - Always 83%
- In the last 12 months, how often were these lab or other test results put on the website as soon as you needed them?
  - Never/Sometimes 2%
  - Usually 18%
  - Always 80%

# Helpfulness of Provider's Website in Giving You Information about Your Care and Tests (4 items continued)

- In the last 12 months, how often were these lab or other test results presented in a way that was easy to understand?
  - Never/Sometimes 10%
  - Usually 25%
  - Always 65%
- In the last 12 months, how often were the visit notes easy to understand?
  - Never/Sometimes 2%
  - Usually 19%
  - Always 79%

# Item-Scale Correlations (n = 4,715)

Items	Helpfulness of provider's use of computers	Getting answers to e-mailed questions	Helpfulness of Website	Access to care	Communication with doctor	Office Staff	Shared Decision Making
Helpful to you	<b>0.37</b>	0.27	0.32	0.27	<u>0.42</u>	0.23	0.23
Easier to talk	<b>0.37</b>	0.18	0.21	0.17	0.28	0.14	02.0
Get answers to email as soon as needed	0.23	<b>0.71</b>	0.40	0.58	0.48	0.31	0.23
All emailed questions answered	0.27	<b>0.71</b>	0.42	0.54	0.53	0.28	0.26
Easy to find lab/test results on website	0.21	0.32	<b>0.55</b>	0.32	0.32	0.29	0.16
Lab/test results on web soon as needed	0.23	0.34	<b>0.60</b>	0.40	0.36	0.34	0.19
Lab/test results easy to understand	0.26	0.30	<b>0.56</b>	0.39	0.38	0.32	0.21
Visit notes easy to understand	0.27	0.41	<b>0.50</b>	0.47	0.53	0.38	0.23
Alpha	0.54	0.83	0.75	0.85	0.92	0.85	0.47

# Associations of Composites with Global Rating of Doctor ( $R^2 = 0.43$ )

Composite	Standardized Beta	P-value
Access to care	0.044	0.060
<b>Communication</b>	<b>0.557</b>	<b>&lt;0.001</b>
Office Staff	0.032	0.124
Shared decisions	0.016	0.440
<b>Helpfulness of provider's use of computers</b>	<b>0.081</b>	<b>&lt;0.001</b>
<b>Helpfulness of website</b>	<b>0.047</b>	<b>0.023</b>
Getting timely answers to e-mailed questions	0.034	0.131

# Founding Father of CAHPS

