ABSTRACT

Hospitals in the U.S. must improve patient satisfaction starting in 2012 or be subject to federal penalties for poor performance. This study uses text analysis of actual patient comments to identify opportunities for improvement in patient satisfaction. Data from the Cleveland Clinic of Florida forms the basis of this study.

Keywords: Patient Satisfaction, HCAHPS, Text Analysis

CURRENT EFFORTS IN PATIENT SATISFACTION

There are various federal agencies and other professional non-profit organizations that have been focusing on quality of healthcare in the U.S. for many years. These include the Agency for Healthcare Research and Quality, Centers for Medicare & Medicaid Services, The Joint Commission (JCAHO), and the American Medical Academy. Most efforts to improve national healthcare quality in the U.S. are spearheaded by federal agencies. The mission of the Agency for Healthcare Research and Quality's (AHRQ) is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. It supports research that helps people make more informed healthcare decisions and improves the quality of healthcare services.

In the broader economy, the American Customer Satisfaction Index (ACSI) is a national index that is updated quarterly, while the ACSI index for the various sectors is reported monthly throughout the year. It collects and reports customer satisfaction scores on a scale of 0 to 100 at the national level and produces indexes for 10 economic sectors, 47 industries, more than 225 companies, and over 100 federal or local government services. The measured organizations and sectors are broadly representative of the U.S. economy. Specifically, in the healthcare sector, customer satisfaction with hospital services has been measured since 1995, with health insurance evaluated since 2001 and ambulatory care only more recently since 2008. Figure 1 shows the National ACSI as well as averages for specific service industries. It shows the ambulatory care industry significantly above the national average, while the health insurance sector is generally below it, while hospital sector customer satisfaction index fluctuating about the national average.

The ACSI collects customer satisfaction data at the individual level. Scores for a company’s customers are aggregated to produce the company-level results, while industry scores are the weighted (by revenue) average of the component companies. Sector scores consist of industry scores, weighted by industry revenues. Finally, the national ACSI is comprised of sector scores weighted by each sector’s contribution to the GDP.
Customer satisfaction in the healthcare and social assistance sector was last reported in April 2011. This sector consists of private sector hospitals and ambulatory care. As is evident in Figure 1, customer satisfaction with private sector hospitals increased (ACSI score of 77). Customer satisfaction for ambulatory care services which includes visits to doctors, dentists, and optometrists was down slightly to 80, but these services continue to provide significantly higher levels of patient satisfaction compared with hospitals and health insurance services. It was also reported that among hospital services, patient satisfaction was highest for outpatient visits and procedures with an ACSI score 80, inpatient satisfaction followed at ACSI score of 79, while emergency room services have the least score at 72. The hospital industry’s recent focus on patient satisfaction, efforts to reduce ER wait times, availability of after-hour urgent care clinic services, and shorter inpatient stays have all contributed to the overall improvement in patient satisfaction. But when industry specific studies are reviewed, we find significant variability in patient satisfaction between hospitals.

Over the past few years, there are growing ongoing efforts to better inform U.S. consumers of healthcare services (patients/potential patients) about quality and safety of care so that they may make more informed decisions. One organization that addresses this is the Leapfrog Group. Founded in 2000, it is a national not-for-profit organization driven by the largest employers and purchasers of health care benefits in the U.S. It is voluntary program that leverages their purchasing power to recognize and reward healthcare providers that deliver on health care safety, quality and customer value. Their primary focus is hospital-based safety of care, and assessment is conducted through self-reported surveys by participating hospitals. The quality of care is centered on clinical quality and achieved through improved safety by the avoidance of preventable errors.
HCAHPS

There is an increased emphasis on understanding, measuring and improving the patient experience. In the U.S., the Center for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ) have designed the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. This is a national standardized survey designed to capture the patient’s perspective of their hospital care. Survey results are reported on the web and updated each quarter. This public exposure creates new incentives for hospitals to improve quality outcomes and enhance accountability through transparency. Starting in 2013, the failure to meet a set percentile of HCAHPS scores will result in financial losses. This Hospital Value-based Purchasing Program, applies beginning in FY 2013 to payments for discharges occurring on or after October 1, 2012. Under this program, CMS will make value-based incentive payments to acute care hospitals, based either on how well the hospitals perform on certain quality measures (including HCAHPS scores) or how much the hospitals' performance improves on certain quality measures from their performance during a baseline period. Higher value-based incentive payments will be made to hospitals with higher performance or greater improvements from their baselines. So, in hospital services, we are beginning to see patient satisfaction with services being directly tied to financial performance. In a tightening fiscal environment, this issue more than anything else, has heightened management focus on improving patient satisfaction.

The eight critical aspects of care covered in the HCAHPS survey include: overall hospital rating and recommendation, communication with doctors, communication with nurses, communication about medicine, responsiveness of hospital staff, cleanliness and quietness of hospital environment, pain management, and discharge information. So it is necessary to evaluate hospital services along these dimensions of patient care, and then plan for improvements to continually improve patient satisfaction. But it is also important to recognize that all hospitals are making these efforts, so the relative improvement to a hospital’s HCAHPS scores is more difficult to achieve.

CASE STUDY: UNDERSTANDING PATIENT (DIS) SATISFACTION

Tversky and Kahneman (1974) found that consumers use simple heuristics when faced with having to choose among alternatives and especially when this effort involves evaluating complex data. In addition, the detailed information is more persuasive than plain information (Rook 1986, 1987). When these occur together, healthcare consumers give more credence to anecdotal information from friends, relatives, and even casual acquaintances rather than to quantitative information presented by experts (Schwartz, 2004). Huppertz and Carlson (2010) conducted an experiment on intentions to choose a hospital for elective surgery in which consumers were provided HCAHPS quantitative ratings and a relative’s narrative email. They found the impact of HCAHPS ratings was reduced by an anecdotal narrative that provided contrary information from the relative.

But little work has been done to trace the origins of these “vivid heuristics” that are provided by a consumer’s personal references. Taken to its logical next step, one may assume that many of the sources of these anecdotes were themselves patients, and base their comments on personal experience, thereby making them vivid and personal. So it is imperative that we listen to patients, and not just quantitatively evaluate their survey responses on scale-based questions. A
case study following this reasoning to its logical next step was conducted and presented below. Patient comments expressed in their HCAHPS survey responses related to perioperative care in a leading U.S. hospital were analyzed using SPSS Survey Text Analyst software. This unstructured data included a total of 2954 comments that were collected from patients discharged from Cleveland Clinic Florida between June 2010 and May 2011. These comments were from 1526 unique patient surveys with patients make multiple comments in each survey, commenting on one or more of the various HCAHPS categories. A text analysis of patient satisfaction responses was conducted with a specific focus on pain management of post-operative care at the hospital. Here we focus on the negative comments as a source for improvement efforts. The negative comments were primarily in two areas: negative patient sentiment and medication related. The authors, one of whom is a surgeon, reviewed the patient comments in both these categories and placed them in context of the treatment protocol. Based on our combined expertise in service operations and clinical care, the comments were classified into the following mutually exclusive patient comment categories: (A) Negative Sentiment: Communication (Physician, Nurse, Administration/Staff), Treatment Protocol, Service (Nurse, Staff), and Care Process (wait), and (B) Medication: Communication (Physician, Nurse, Administration/Staff), Treatment Protocol, Service (Nurse), and Care Process (transition).

These can now become the core of any improvement efforts. It must be remembered, that in 2012, the Medicare and Medicaid Services will begin to penalize hospitals that perform poorly in patient satisfaction. So the need to identify and develop targeted customized solutions to improve patient satisfaction is quickly also becoming a business imperative. This study shows how hospital administrators as well as clinical staff can use unstructured data analysis to really listen to the “voice of the patient” and develop appropriate responses.

FUTURE RESEARCH

This case study and current literature in patient satisfaction indicate areas that can be explored further. This helps service management researchers to begin developing a patient satisfaction research agenda. Other related areas that need to be explored are the role of Electronic Medical Records (EMR) and other technologies. Further, traditional service management concepts of satisfaction and loyalty need to be better understood in the hospital context. But customer satisfaction at any cost is certainly not an appropriate approach, especially in a budget-constrained service environment. Increasingly, we are facing just such an environment in healthcare costs which are also exacerbated in the U.S. by a growing federal government budget deficit, an ageing population, and increasingly expensive treatment options. So improving patient satisfaction in a budget-constrained environment is the “new normal” that needs to be studied further.

REFERENCES

References will be provided upon request to the first author.