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Lehigh Valley Physician Group Patient Satisfaction Surveying: Quality Control of Primary Care and Specialty Practices

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Introduction

Our nation's recent healthcare reform has brought patient satisfaction to the top of all health networks' priority list. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, developed by the Agency for Healthcare Research and Quality (AHRQ), is used to capture patients' perception of their hospital or clinical experience to improve their quality of healthcare.

According to the Press Ganey CG-CAHPS Fact Sheet (2014), current participation in CG-CAHPS surveying is required if your group practice has 100 or more providers associated with your Tax Identification Number. Lehigh Valley Physician Group (LVPG) is an 800-provider group, participation is needed. Though CG-CAHPS surveying is not mandated by law for all, it will be in the near future.

In 2012, Lehigh Valley Physician Group received a Beryl Grant Report to conduct patient satisfaction surveying at various practices of Lehigh Valley Physicians Group in order to gain a better understanding of how effectively Primary Care and Specialty Practices were communicating with their patients. The survey was comprised of summary questions similar to those on the Press Ganey patient satisfaction survey. The goal of the 2014 patient satisfaction survey project was to see if any changes in patient response scores could be noted.

Method

Study Design

We administered a 5-question survey to patients and/or family members who were being treated at one of the various Community and Medical Practices of Lehigh Valley Physician Group (LVPG). Both Primary Care Practices (Family, Pediatric, Internal Medicine, and OB/GYN) and Specialty Practices were visited. Survey responses collected were compared to the 2012 study, as well as current Press Ganey mean score data.

Participants/Setting

All patients who entered the waiting room of the survey site (Primary or Specialty Practice) were asked to complete the survey. Those who responded to the survey did so willingly. No incentive was offered for completing the survey.

Procedure

Patients were approached in the waiting room of each practice by the surveyor after they entered the practice and checked in but before they were taken back to an exam room. If the patient was new to the practice, s/he was asked to take the survey after the completion of the visit. The surveyor identified himself as an LVPG employee and explained the purpose of the survey. The surveyor reminded the patient that the survey was only 5 questions in length and would only take a moment of his/her time to complete. Patients were informed that their answers were anonymous, and would be used to help improve patient experiences at the practice. Patients who declined participation were thanked for their time.

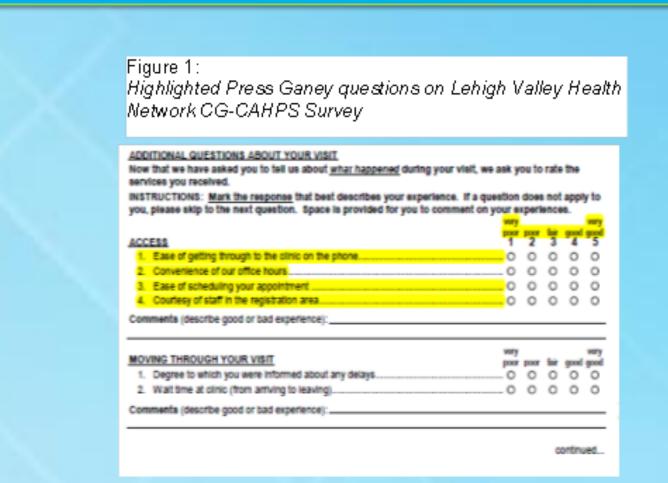
When asked, the surveyor clarified that this survey does not replace the Press Ganey satisfaction survey or any other survey (via email or mail) that the patient may receive in the future. All questions on the iPad were in English; however, a paper version in Spanish was also available. Spanish surveys were used at locations where a language barrier impaired response capture. The paper surveys were then entered into the web-based survey collection tool upon completion. Once the patient agreed to take the survey, the surveyor identified the type of practice (Primary Care or Specialty), and whether or not the respondent was the patient or not (parent of a child in a pediatric practice, adult child of an elderly patient, etc.). After that information was entered, the iPad was handed to the patient for selecting his/her responses to the 5 survey questions using the touch-screen feature of the iPad. The surveyor then stepped back to allow the patient privacy to answer the questions honestly. When the patient was unable to use the iPad (not tech savvy, elderly, poor vision, etc.), the surveyor asked the patient each question, and the responses were entered on his or her behalf. Patients were also given the option to skip questions they did not want to answer. For example, if the patient was roomed right away, no answer was given for question 4 (Keeping You Informed About Any Delays), since no delay was perceived. A skipped question did not impact the data; it was simply given a null value.

Measurements and Calculations

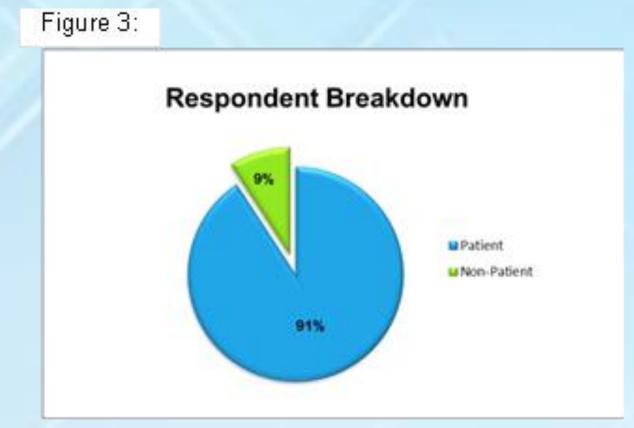
Responses were captured using an Apple iPad computer equipped with the web-based survey collection tool, SurveyMonkey. The survey consisted of 5 questions similar to those created by Press Ganey, which asked respondents to rate their satisfaction with how well the practice communicated with them in 5 key areas, according to a Likert Scale. Once all data was collected, the number of each response was counted and put into a formula sheet to determine the Mean score of each question (Table 1). Results generated were then compared to the previous study done in 2012, as well as data generated from Press Ganey for both 2012 and 2014.

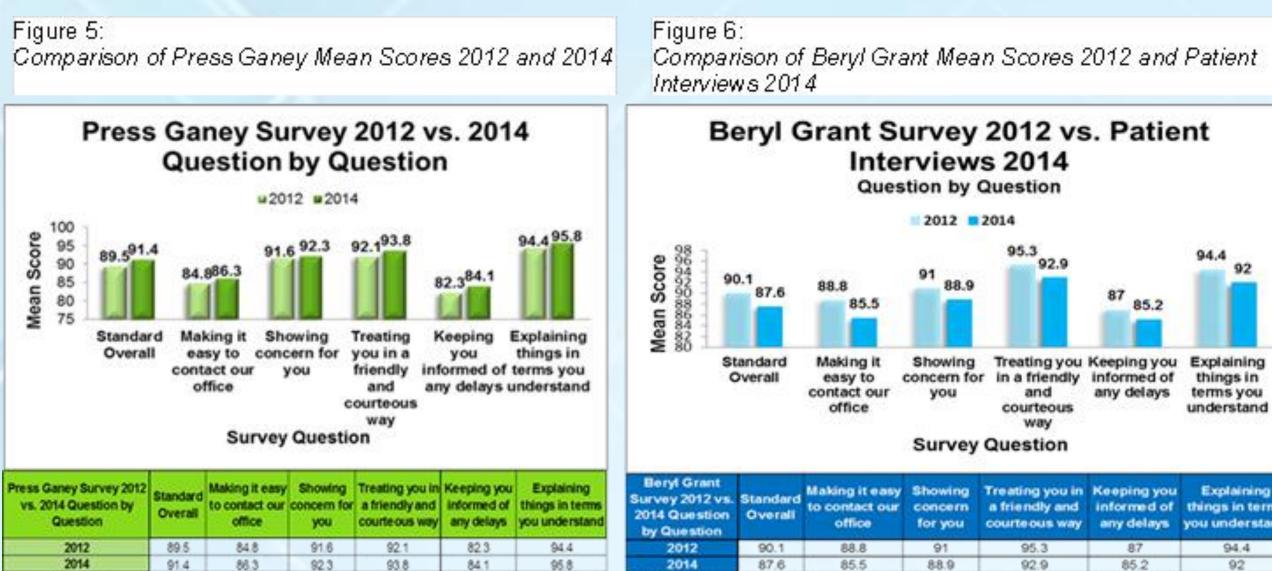
Results

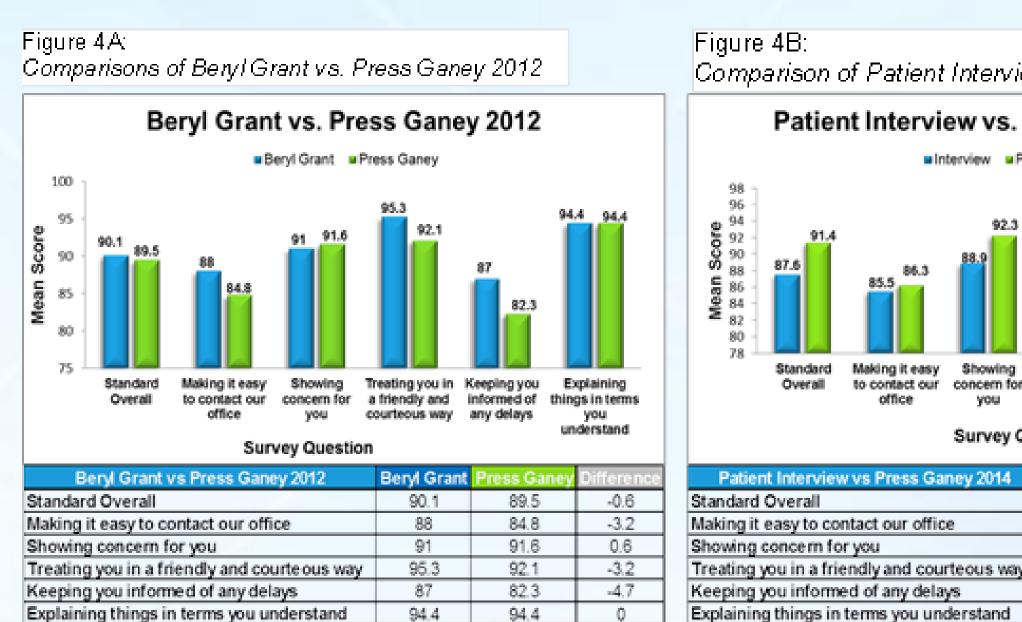


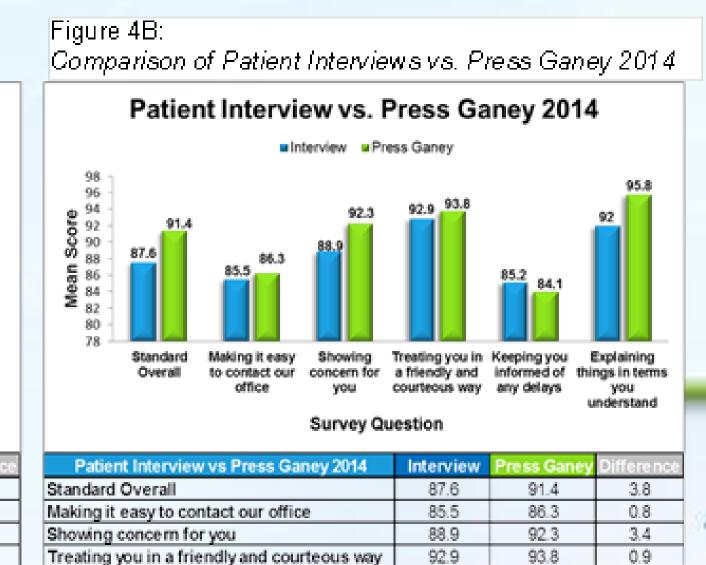


Patient Interview Data 2014							
	Making it easy to contact our office	Showing concern for you	Treating you in a friendly and courteous way	Keeping you informed of any delays	Explaining things in terms you understand	Totals	Score totals
Very Good	265	306	341	223	325	1460	146000
Good	191	168	143	208	157	867	65025
Fair	31	16	12	48	16	123	6150
Poor	9	4	0	11	0	24	600
Very Poor	2	2	2	6	2	14	0
Unanswered	2	4	2	4	1	13	217775
Totals	498	496	498	496	499	2487	87.56534
Total scores X100	26500	30600	34100	22300	32500		
Total scores X75	14325	12600	11440	16640	12560		
Total scores X50	1550	800	720	2880	960		
Total scores X25	225	100	0	440	0		
Total scores X0	0	0	0	0	0		
Summed scores or each question	42600	44100	46260	42260	46020		
Overall Question Score	85.5	88.9	92.9	85.2	92.2		
		Overall Score - All Qs =	0.0				



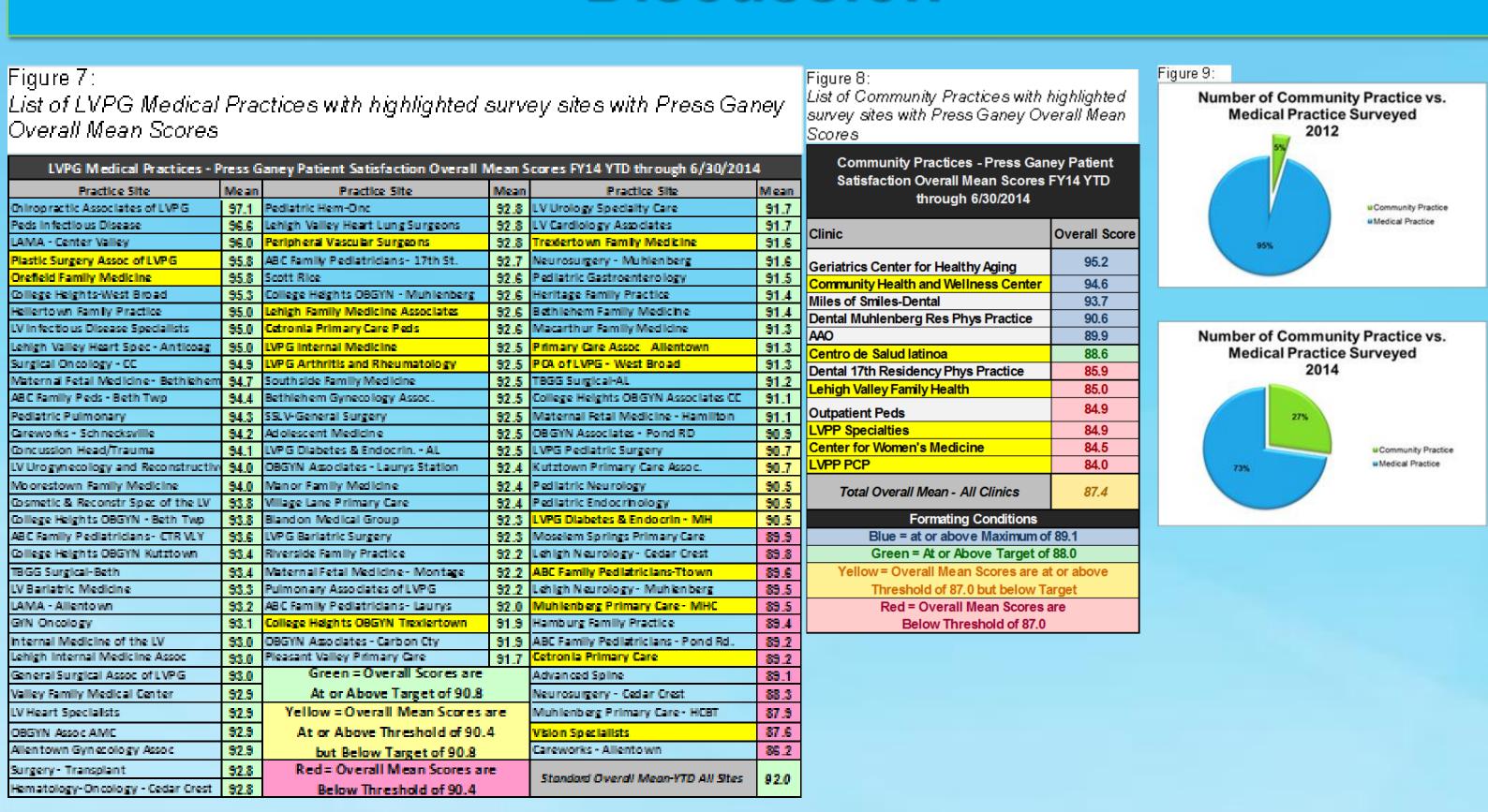






85.2 84.1 -1.1 92 95.8 3.8

Discussion



In summary, 2014 personal interview scores were lower than the previous study done in 2012, but the 2014 Press Ganey scores were higher than those from 2012. These incidental findings cause us to believe some other factors are affecting the data. When we looked back at the practices where surveys were conducted, we noticed that 6 out of the 22 sites, (27%), were Community Practices. In the 2012 study, only 3 of the 65 sites, 5%, were Community Practices. Due to high patient volume, limited budget, and diverse patient population, Community Practices tend to have lower mean scores, like those seen in Figure 8.

Conclusion

The results of our study reinforced the fact that patient satisfaction is now a key factor in the success of a clinic or hospital. In the near future it is patient utility that will determine the reimbursement a practice receives. Patients do not only want the highest quality of care, but the sincerity of care that comes with it. As competing networks grow and develop, it is the data gathered from surveys like the Personal Interview Survey and Press Ganey CG CAHPS/HCAHPS that will allow Lehigh Valley Health Network to not only better itself, but remain on top in relation to other competitors.

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