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Quality Control of Primary Care and Specialty Practices

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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 network’s 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 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 each 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 patients were asked to complete the survey or any other survey (via email or mail) that the patient may receive in the future. All patients were also asked to complete the survey or any other survey (via email or mail) that the patient may receive in the future.

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

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.

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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.

REFERENCES


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