



Patient Experience of Care Surveys



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Measuring patient satisfaction is becoming a requirement of many organizations concerned with health care quality. For example, the Centers for Medicare and Medicaid Services (CMS) offers a 0.5% incentive payment for physicians who do an annual survey of patient experience of care (PEC) as part of the Physician Quality Reporting System (PQRS), and participate more frequently than required in American Board of Medical Specialties (ABMS) Maintenance of Certification (MOC) programs^[1].

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program is a multi-year initiative of the Agency for Healthcare Research and Quality (AHRQ) to support and promote the assessment of consumers' experiences with health care^[2]. ABMS is working with CAHPS to develop a method to deliver the CAHPS Clinician-Groups Survey to the 24 ABMS Member Boards as a way to fulfill some of the Part IV Practice Performance Assessment requirements of MOC. Specialists who do not routinely interact

with patients, such as nuclear medicine physicians, are currently exempted from this requirement.

Despite the increasing role of patient satisfaction surveys, there is concern regarding the validity of these surveys^[3]. One concern is that patient feedback captures some aspect of happiness, which may be unrelated to the medical care they receive. A second concern is that patient feedback may be influenced by their health status regardless of the care they have received. A third concern is that patient feedback may be confounded by expectations, such as having a certain diagnostic test regardless of its benefit.

Although the validity of PEC surveys cannot be easily linked to improved patient outcomes, especially for a diagnostic specialty like Nuclear Medicine, these surveys are still valuable as a tool to improve patient satisfaction. ABNM is developing a voluntary PEC survey for nuclear medicine physicians who would like to participate in the CMS incentive program for PQRS/MOC. The PEC survey is being developed as a Practice Performance Assessment (PPA) project, so physicians who choose to participate may also fulfill the MOC Part IV requirement.



There will be two suggested PEC survey formats. The long format will have approximately 25 questions that are answered on a scale of 1 (poor) to 5 (excellent). The short format will have approximately 10

questions that are answered yes or no. Both surveys will ask for patient feedback on a single point of care experience with their Nuclear Medicine appointment, and will include patient experience with clerical and technical staff, as well as process and environment. Physicians may use the long or short survey, depending on their practice needs. Physicians may also develop their own PEC survey and still get credit for MOC Part IV. The advantage of using one of the two standard surveys is that the anonymous results will be collected nationally to develop patient satisfaction benchmarks that physicians can use to improve their own practice.

The ABNM PEC surveys will be available to physicians by June 2013.

References:

1. http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/downloads/2012PQRS_MOCP-IncentiveMadeSimple_PMBR_01-30-2012_508.pdf
2. <http://cahps.ahrq.gov>
3. Manary MP, Boulding W, Staelin R, Glickman SW. The patient experience and health outcomes. N Engl J Med. 2013 Jan 17;368(3):201-3.