Beyond satisfaction: integrating patient-reported experience and outcomes into quality measurement and improvement

Lisa Hirschhorn, MD, MPH
Professor Medical Social Sciences
Northwestern University Feinberg School of Medicine

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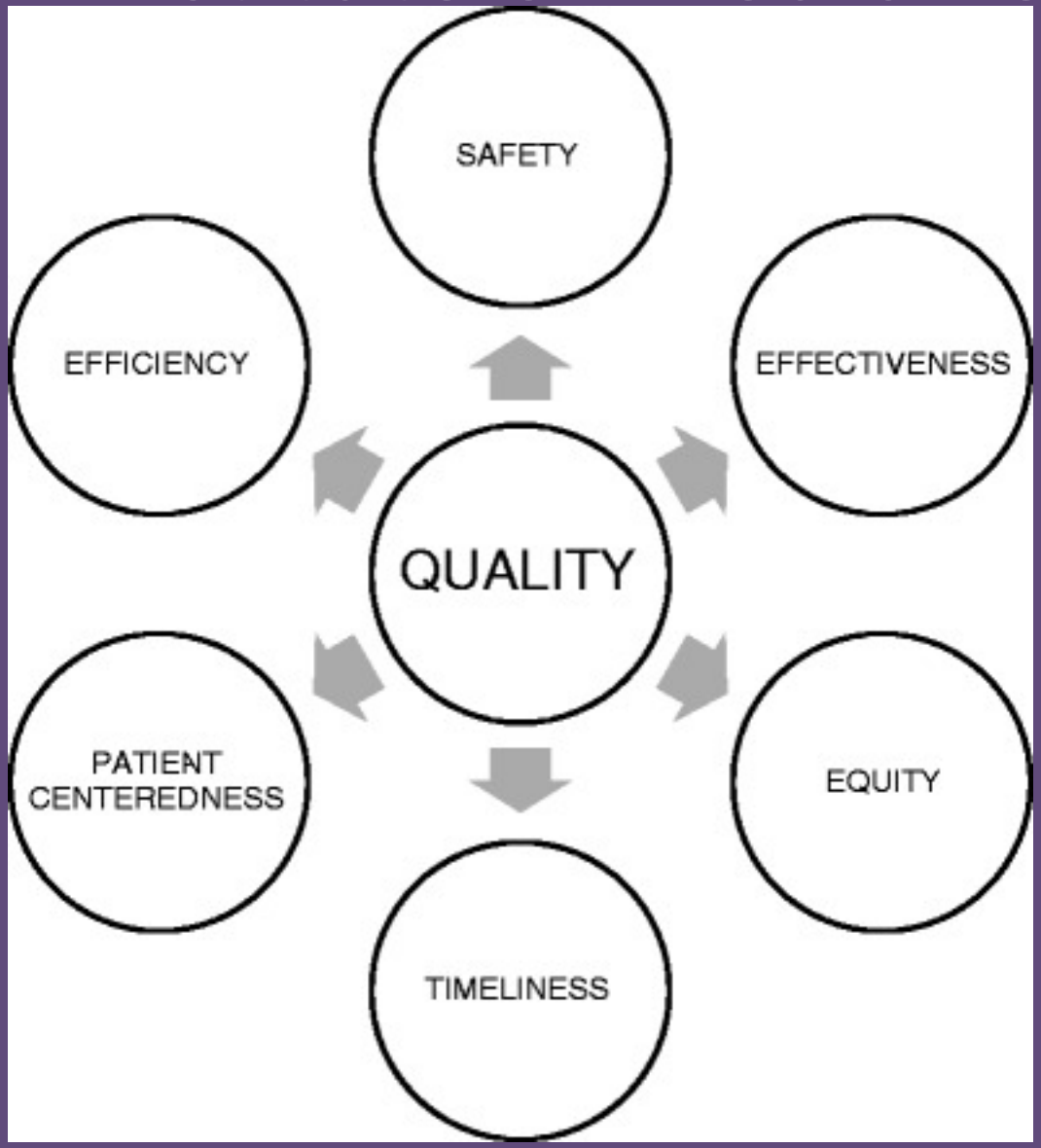
Patient reported Outcomes and Experience

- Why should we measure it
- How do we measure it?
- What don't we know about measurement and use (but need to learn)

Why not just measure technical quality and clinical outcomes?

- Technical quality is an Important component of care
  - Did the patient get what they were supposed to get? (Process)
  - Did it have the clinical health outcome targeted
- Does not capture components of value to the patient
  - QOL, pain, anxiety, physical functioning etc

Institute of Medicine



Kalish 2012

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Changing how we measure success

- Shift from improving healthcare to improving health
- Need to capture the varied experience and outcomes of care fro patient perspective (voice)
- Need
  - systems to capture longitudinal patients experience with care and health
  - Metrics that matter to pts
  - Metrics that can drive change

Bitton et al. Am J Managed Care 2014

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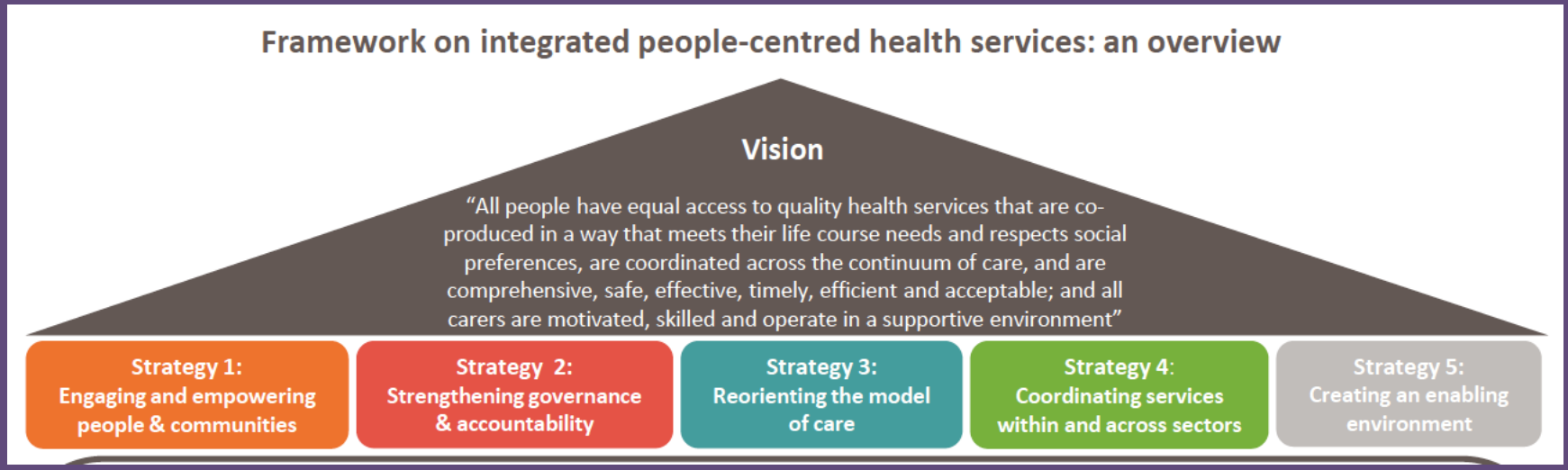
Patient reported Outcomes (PROs)

- "any report of the status of a **patient's** health condition that comes directly from the **patient**, without interpretation of the **patient's** response by a clinician or anyone else." (NQF)
- Typically include physical, mental and social wellbeing

Patient Centered and Responsive Health Care

- Institute of Medicine prioritized patient-centered care (respectful and responsive to individuals) to improve delivery of QoC
- WHO-Integrated People-Centered Health Systems



What about Experiential quality?

Measurement of patient's experience in accessing and/or receiving their health care

Why not just ask about satisfaction?

- Satisfaction asks about meeting the patient's expectations
  - Was your wait too long?
  - Were you treated with respect?
- Use of anchoring vignettes show that the most vulnerable have lower expectations
  - Got worse treatment even if score is the same
- Satisfaction is important but not enough

What is responsiveness

- Responsiveness is both the patient **experience with the providers** and their interaction with the **health system**
- This is measured by looking at how individuals are treated and the environment in which they receive this care
- WHO framework for measuring **health systems** performance includes both health and responsiveness
  - Measure of quality and equity (disparities)

Quality and Responsiveness

- Evaluates individual's perceptions of the health system and their experience against 'legitimate' universal expectations
  - How long did you wait?
  - Could people see you while you were being examined?
  - Did someone yell or hit you during delivery?
- Tries to be more objective
- Better care outcomes in more responsive health care settings
  - Improved adherence with better patient-provider interaction, less LTFU with easier access

8 domains in World Health Organization

Interpersonal domains

- Dignity
- Autonomy
- Confidentiality
- Communication

Structural domains

- Prompt attention
- Quality of basic amenities
- Access to social support networks during treatment
- Choice of health care providers

Why should we include this in our performance measures?

- A more responsive health system can improve health outcomes through:
  - Enabling and enhancing earlier entry into care
  - Better patient-provider communication
  - Increased utilization through decreased barriers (perceived and actual)
  - Better outcomes
    - Adherence
    - Retention

Adherence and Responsiveness

- Poles et al. JIAPC 2012
- HIV clinics in Dar es Salaam
- Measured multiple components of responsiveness
  - WHO survey translated into Swahili
- Regardless of visit adherence definition, poor HCW communication (and younger age) were associated with worse adherence.

How can we measure it?

Patient-reported outcome measures (PROMs)

- Need to ask the patient!
- PROMIS[1]: NIH-funded toolkit (free)
  - Generic measures and Disease or condition specific
    - Global health, Cognitive function, Alcohol, diabetes, self-efficacy, mental health
  - Translated into a number of languages
    - Not a simple process…..
- HIV-specific measures (or validated in PLWH)
  - Medical outcomes (SF-36, SF-12), PHQ-9
  - WHOQoL-HIV[2] (31 or 120 items)
  - and others[3]

1. http://www.healthmeasures.net/explore-measurement-systems/promis
2. http://apps.who.int/iris/bitstream/10665/77776/1/WHO_MSD_MER_Rev.2012.03_eng.pdf?ua=1
3. Simpson et al. Health Qual Life Outcomes 2013.

PROs in HIV in prevention and care

- Scoping review found many gaps for PROs in currently available "HIV-focused" measures[1]
  - Exception is quality of life
- In US, integrated into EMR[2]
  - More "real-time" data
- Need to understand how to adapt to ensure conceptually equivalent to the original and relevant in the new target culture"[3]
  - Can you translate the word "depression" into the language of your patients? What does it mean? What symptoms would you expect?

1. Johnston et al. PLOS One 2015; 2. Kozak et al, 3 Goggin et al 2010.

What about PREMs (Patient-reported experience measures)?

Examples:

- **Access**-Physical access: Easy and quick to get to (Distance, transportation, setting), financial access
- **Waiting time**
- **Staff:** respectful, friendly
- **Privacy**
- **Confidently of information**
- **Communication**-explain clearly, adequate time, gives adequate information
- **Empowerment**-engaged in decision making
- **Facility:** Clean facilities and adequate space

CAHPS

- Consumer Assessment of Healthcare Providers and Systems
  - standardized
  - Developed for multiple levels of care
  - Designed to give comparable measures of individuals experience with health care (system or care)
- Access, communication between providers and pts and about cost, coordination, cultural competence, customer service, health education and promotion, self management, shared decision making

Examples

- Communication
  - -how well providers communicate wth pts
  - How well provider communicate (with eachother, overall)
- Coordination

Pres Ganey

- Patient Survey
- Used in hospitals and practices
- Focus on experience as well as satisfaction
  - Direct and indirect (would you refer someone to this facility)
- 2009 survey found many areas for improvement in patient experience

World Health Survey

- General population survey developed by WHO to collect reliable information on health and health care experience
- Includes Health systems responsiveness module
- Responsiveness module: long version (143 questions) and “short” form (78 questions)

Sample Questions; WHO MCS

- **Prompt Attention:** In the last 12 months, when you wanted care, how often did you get care as soon as you wanted?
  - Always(4) usually (3), sometimes (2), never (1)
- Overall, how would you rate your experience of getting prompt attention at the health services in the last 12 months?
  - very good(5), good(4), moderate(3), bad(2), very bad(1)
- **Dignity:** In the last 12 months, when you sought care, how often did doctors treat you with respect?
  - always(4) usually (3), sometimes (2), never (1)

Why Target for Improvement?

- Positive correlation with some process and outcomes
- Better experience with higher self management and QOL in diabetics
- Better communication with adherence
- Improvement in some areas related with better outcomes, efficiency and remaining in care

Use of CAHPS (and other measures) incentives to change

- Public accountability dissemination
  - Medicare “star” ratings (level and improvement)
  - Version used in Qualified Health Plan (QHP) and incorporated into star ratings
  - Physician Compare (ACO and PQRH)
  - Individual systems and facilities
- Mandatory NCQA for Medicaid and growing number of commercial insurance

More Incentives to change

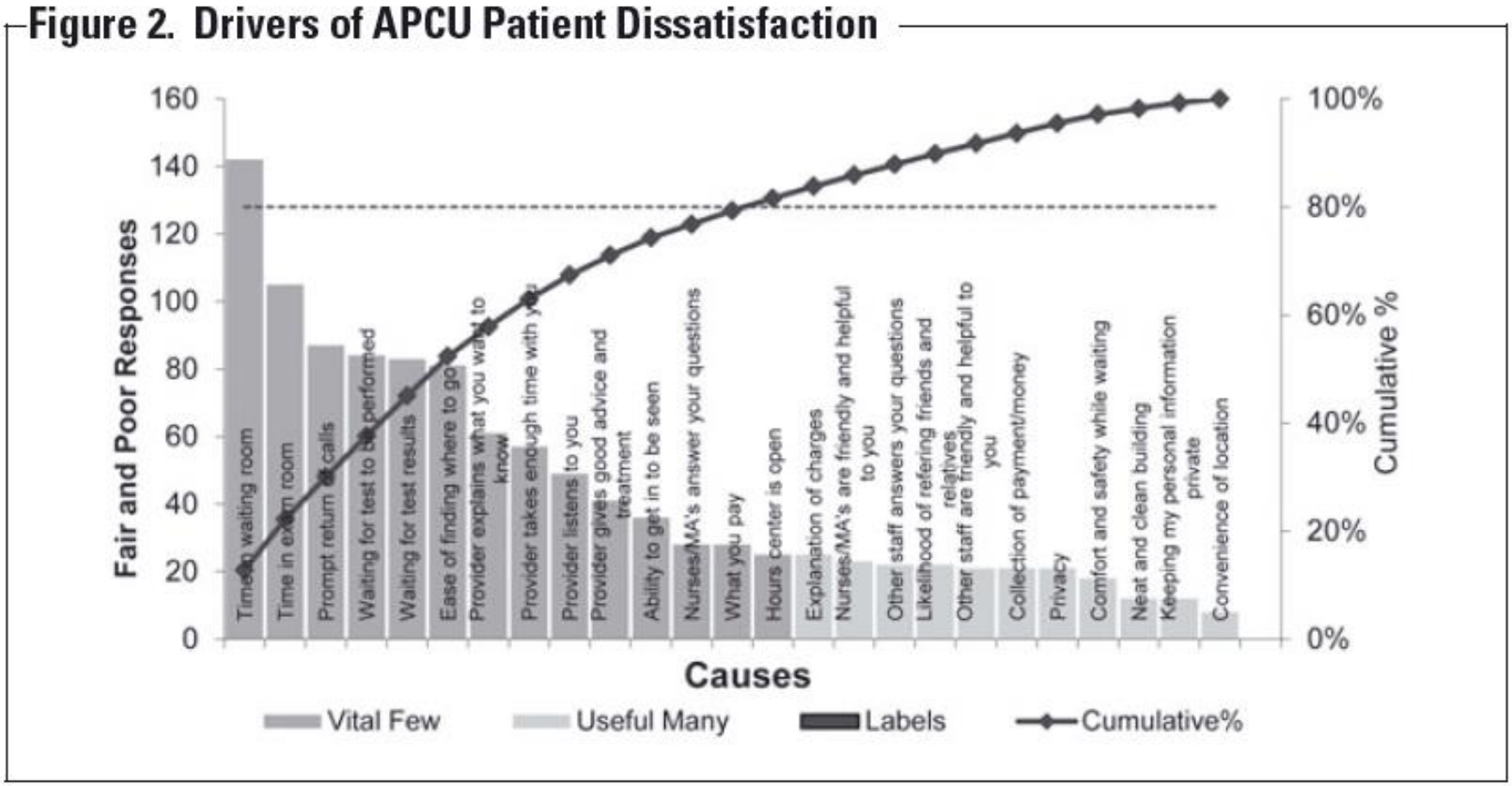
- Linked to payment (P4P)
  - Included in definition of "high value" care
    - Massachusetts: Alternative Quality Contract (AQC): reduced cost and increased quality including PREMs*
- Internal accountability
  - Internal feedback-comparison with your peers or other benchmarks
    - Michigan HMO: private feedback associated with increase scores over 7 years
- The right thing to do
  - Network for Regional Healthcare Improvement
  - Massachusetts Health Quality Partners

http://www.bluecrossma.com/visitor/pdf/aqc-results-white-paper.pdf and National Quality Strategy Webinar: Using Payment to Improve Health and Health Care Quality, available at http://www.ahrq.gov/workingforquality/nqs/webinar020415/webinar6.htm.

Improvement Strategies

- Range from PDSA-driven QI (practice-level) to systems re-engineering and IT (health systems)
- CAHPS-focus on communication, coordination and customer services
  - Ex. Communication: Open notes, training providers, on-demand advice, group visits, tools to help pts communicate their needs

At a local level



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Apply PDSA

- Michael et al
  - Combined with Dartmouth Microsystem

Table 3. Pre- and Postimplementation Wait Time Comparisons

	n	Range	*M*	*SD*	*t*	*p*
Waiting room wait time						
Preimplementation	327	1–133	28.38	18.94	3.89	<.001
Postimplementation	355	1–153	23.05	16.83		
Exam room wait time						
Preimplementation	331	0–63	14.45	12.15	1.99	.047
Postimplementation	352	0–57	12.64	11.56		

Also see increase in likelihood of referring

Michael et al. J Healthcare Quality, 2013

Where are some of the areas where research is needed?

How should PREMS and PROMS better drive improvement strategy and action?

- How do providers and policy makers determine better measurements
- How to support response at the individual and practice levels
  - What is needed and at what level should the change happen

And some more

- How do we balance expectations and technical quality when they are at odds?
  - End of life care as an example
  - Even more complicated when public reporting or linked to payment
- How do we more efficiently translate PROMs and PREMS across different populations
  - Can they remain comparable?
- How do we more effectively adjust interpretation for expectations and social desirability-driven answers
- How can EMRs help drive response and measurement of response?

Conclusion

- Measuring and improving quality outside of technical and beyond patient satisfaction is important step in improving HIV care and reaching the end of the epidemic
- Research is needed how to do this more effectively and efficiently across ranges of settings, cultures and populations
- More work to move from measurement to use and improvement in different settings and sharing lessons to accelerate change is also needed