



In the Literature

Highlights from Commonwealth Fund-Supported Studies in Professional Journals

Physician Groups' Use of Data from Patient Experience Surveys

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Synopsis

In Massachusetts, where patient experience survey results are publicly reported, the majority of physician groups have initiatives to improve patient experience, such as changing office workflow, training staff, and investing in electronic health records. Fewer groups, however, were focused on efforts to enhance clinicians' interpersonal skills.

The Issue

Since 2002, Massachusetts Health Quality Partners (MHQP) has conducted a statewide patient experience survey of more than 200,000 adults enrolled in the five largest commercial health plans in the state. In an effort to help inform patient choice and guide quality improvement efforts, MHQP publicly reports results and provides each physician group with a detailed performance report. Little is known, however, about how this information is used by physicians and physician groups—if it is used at all. To fill this gap, Commonwealth Fund–supported researchers interviewed leaders at 72 Massachusetts physician groups. Based on group leaders' responses, the researchers classified the groups as follows: unaware of reports or not using them to improve performance (level 1); making efforts to improve only the performance of low-scoring physicians or practice sites (level 2); or making efforts to improve group-wide performance (level 3).

"Groups with more integrated organizational models were especially likely to engage in group-wide improvement efforts, and all groups facing financial incentives based on patient experience reported improvement efforts of some kind."

Key Findings

- The majority of physician group leaders (61%) reported using patient experience results to undertake group-wide improvement initiatives (level 3). Only 17 percent said they were unaware of reports or were

not using them to improve performance (level 1), and 22 percent said they used them to improve performance of only low-scoring physicians or sites (level 2).

- Integrated medical groups accounted for 84 percent of groups in level 3, while the majority of level 1 and level 2 groups were independent practice associations or had mixed organizational models.
- Thirty-six percent of level 3 groups were eligible for financial incentives offered by third parties, such as health plans, based on measures of patient experience, compared with 25 percent of level 2 groups. None of the groups in level 1 were eligible for such incentives. In contrast, the vast majority (about 90%) of groups in all three levels were eligible for clinical quality-based incentives.
- Among the 44 level 3 groups, the most common patient experience targets for group-wide performance improvement were access, communication with patients, and customer service. The most-cited improvement initiatives were: changing office workflow, providing training for nonclinicians, conducting electronic health record-based interventions, and reassigning staff responsibilities.

Addressing the Problem

Although excellent physician communication skills are considered crucial to patient-centered care, physician groups in the study rarely pursued strategies to train physicians to improve such skills. Instead, they opted to focus on improving interactions between patients and nonclinical office staff or investing in infrastructure like electronic health record systems. A reluctance to directly intervene with individual physicians may reflect their skepticism about patient experience survey results, as well as sensitivity to low morale among primary care physicians, the authors say. “If policymakers wish to motivate changes in the behavior of individual providers, new incentives that target specific, provider-focused domains of patient experience may be necessary,” they conclude.

About the Study

The authors identified physician groups using the 2007 MHQP statewide physician directory. Their final sample included 117 physician groups having at least three physicians, and excluding specialist-only and pediatrics-only groups. Of those, 72 group leaders consented to be interviewed for the study. They were interviewed between June and November 2008.

The Bottom Line

The majority of physician groups in Massachusetts are using results from patient experience surveys to pursue group-wide improvement initiatives, like changing office workflow or training staff. Physician groups engaged in these efforts were more likely to have an integrated medical group organizational model.

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This summary was prepared by Deborah Lorber.