

OEI Oncology Days 2024
Outcomes Cancer Research WG - PREMs

Satisfaction vs Experience

How and Why measure patient perception of health care

Sabina De Rosis, Ph.D.

Management and Healthcare Laboratory

Sant'Anna School of Pisa



Sant'Anna School

Sant'Anna School of Advanced Studies is a **PUBLIC UNIVERSITY** institute - with **special autonomy** -, vocated to research and education in an international environment, working in the field of applied sciences.

The Management and Healthcare Lab

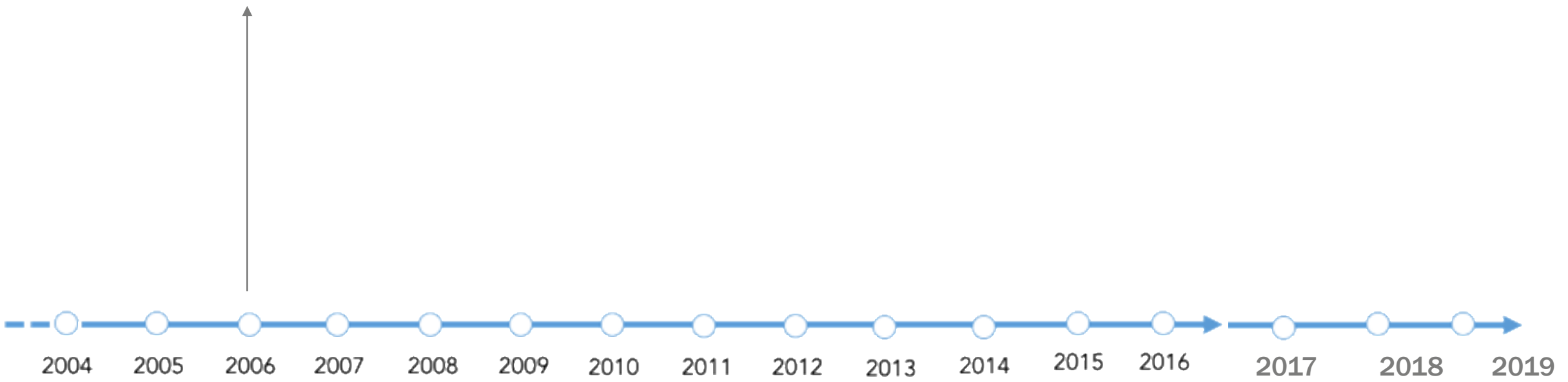
20 years experience of a multidisciplinary team working on:

- Research
- Healthcare performance
- Evaluation
- Professionals & **Users' participation**
- Behavioural economics
- Training



Can patients assess
the quality of
health care?

Coulter, A. (2006).



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If these surveys are to play a role in quality improvement, they should provide **clear factual results that prompt follow-up actions.**

Saturday 1 July 2006

Can patients assess the quality of health care?

Patients' surveys should ask about real experiences of medical care

See *Papers* p 19

Patient feedback surveys are increasingly seen as a key component of monitoring and improving the quality of health care.¹ Since 2002, all NHS trusts in England have been required to survey a sample of their patients on an annual basis and report the results to their regulator, the Healthcare Commission. General practitioners throughout the United Kingdom can earn extra contractual points and more money if they implement patient surveys. Patients' feedback on individual doctors has been advocated for practice accreditation, clinical governance, assessment of trainees, appraisal, and revalidation. But can patients' really make reliable judgments on the quality of health care?

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Most patients prefer doctors who have excellent communication skills, but they also want to be assured that their doctor has sound, up to date, technical skills.³ Occasionally patients conflate the two, which possibly explains why some patients of Dr Harold Shipman, the UK general practitioner who murdered more than 200 of his patients, remained loyal to him. But both attributes are viewed by patients and the public as equally important.

A recent public survey carried out for the General Medical Council found that giving good advice and treatment was the factor that most influenced people's confidence in doctors (rated as very important by nine out of 10 respondents), followed closely by good communication skills.⁴ Other factors that were highly rated included maintaining confidentiality, respecting patients' dignity, and involving them in treatment decisions.

Well designed questionnaires for patients could contribute usefully to an assessment of both the technical competence and interpersonal skills of doctors. If these surveys are to play a role in quality improvement, they should provide clear factual results that prompt follow-up actions. Knowing that, say, 20% of your patients gave you a low rating for technical skills doesn't give you a clear view of what you need to do to improve things, but receiving feedback on the proportion of your elderly patients who, for example, would have liked a flu vaccination but were not offered one gives a much more useful guide to deficiencies in performance. Rao and colleagues had to search clinical records manually for this information where patient records were not computerised, but could just as easily have used a patient survey.

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bmj 2006;333:1-2

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Saturday 1 July 2006

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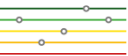
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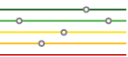
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Satisfaction

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Experience

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How

TheKingsFund Ideas that change health care

Authors
Angela Coulter
Ray Fitzpatrick
Jocelyn Cornwell

July 2009

The Point of Care

Measures of patients' experience in hospital: purpose, methods and uses

Key points

- The King's Fund Point of Care programme aims to transform the quality of patients' experience in acute hospitals. This is against the background of the Department of Health's current range of policies designed to improve patients' experience of health care in England.
- Such an ambitious transformation requires the involvement of all frontline staff and will need first class leadership.
- Key to the strategy is robust evidence on the quality of patients' experience, and that of their families. While there is a range of indicators derived from various sources, direct feedback from patients is likely to remain the core method for measuring patients' experience.
- NHS trusts and commissioning bodies will need more detailed and more frequent forms of feedback if they are to meet the new requirements.
- Ensuring that you are measuring the things that matter most to patients is an essential component of a successful strategy for improving patients' experience. It is important to choose methods that are fit for purpose. This paper provides a brief guide to these to help trust boards and other interested parties decide which measurement and feedback tools are appropriate for their requirements.
- It is important to understand the difference between patient experience and patients' satisfaction, and to be clear about the distinction between patients' **experience of the care process** and **patient-reported outcome measures** (PROMs).
- Technologies and methodologies will be marketed vigorously over the coming months, and boards and senior managers need to be aware of the merits and drawbacks of the various alternatives.
- The starting point for measuring patients' experiences should be an agreed set of standards together with a set of measurable indicators. At the heart of this are patient-centred care and patients' priorities.

1 © The King's Fund 2009

1. Satisfaction surveys generally provide **very positive responses overall**, often more positive than responses to questions about factual, concrete, experiential aspects.
2. Experience questions are **less subjective: they objectify patients' responses and are less susceptible to the effects of expectations** (Cleary et al. 1992).
3. Experience questions are **easier to understand and interpret** both for respondents (patients) and data-users (healthcare providers) compared to evaluation questions.



Patient satisfaction

A broad and multi-dimensional concept influenced by personal preferences, expectations, personal characteristics. No consensus about exactly which domains should be included

RATING QUESTION

How would you rate how well the doctors and nurses worked together?

(Excellent evaluation) 1 2 3 4 5 (Very poor evaluation)

Patient experience

Patient are asked to report about their experiences on what actually occurred

REPORTING QUESTION

Did doctors talk in front of you as if you weren't there?

Always - Often - Sometimes - Rarely - Never



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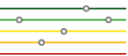
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PREMs

Perception of the experience

Care pathway	Clear information
Sharing decision-making	Involvement of caregivers
Emotional support	Coordination / Collaboration
Comfort	Pain management
Continuity of care	Role of the General Practitioner



PREMs

Perception of the experience



Dimension	Brief description
Principles	
Essential characteristics of the clinician	A set of attitudes towards the patient (e.g. empathy, respect, honesty) and oneself (self-reflectiveness) as well as medical competency
Clinician-patient relationship	A partnership with the patient that is characterized by trust and caring
Patient as a unique person	Recognition of each patient's uniqueness (individual needs, preferences, values, feelings, beliefs, concerns and ideas, and expectations)
Biopsychosocial perspective	Recognition of the patient as a whole person in his or her biological, psychological, and social context
Enablers	
Clinician-patient communication	A set of verbal and nonverbal communication skills
Integration of medical and non-medical care	Recognition and integration of non-medical aspects of care (e.g. patient support services) into health care services
Teamwork and teambuilding	Recognition of the importance of effective teams characterized by a set of qualities (e.g. respect, trust, shared responsibilities, values, and visions) and facilitation of the development of such teams
Access to care	Facilitation of timely access to healthcare that is tailored to the patient (e.g. decentralized services)
Coordination and continuity of care	Facilitation of healthcare that is well coordinated (e.g. regarding follow-up arrangements) and allows continuity (e.g. a well-working transition of care from inpatient to outpatient)
Activities	
Patient information	Provision of tailored information while taking into account the patient's information needs and preferences
Patient involvement in care	Active involvement of and collaboration with the patient regarding decisions related to the patient's health while taking into account the patient's preference for involvement
Involvement of family and friends	Active involvement of and support for the patient's relatives and friends to the degree that the patient prefers
Patient empowerment	Recognition and active support of the patient's ability and responsibility to self-manage his or her disease
	A set of behavior that ensures physical support for the patient (e.g. pain management, assistance with daily living needs)
Emotional support	Recognition of the patient's emotional state and a set of behavior that ensures emotional support for the patient

doi:10.1371/journal.pone.0107828.t003

Scholl I, Zill JM, Härter M, Dirmaier J (2014) An Integrative Model of Patient-Centeredness – A Systematic Review and Concept Analysis. PLOS ONE 9(9): e107828



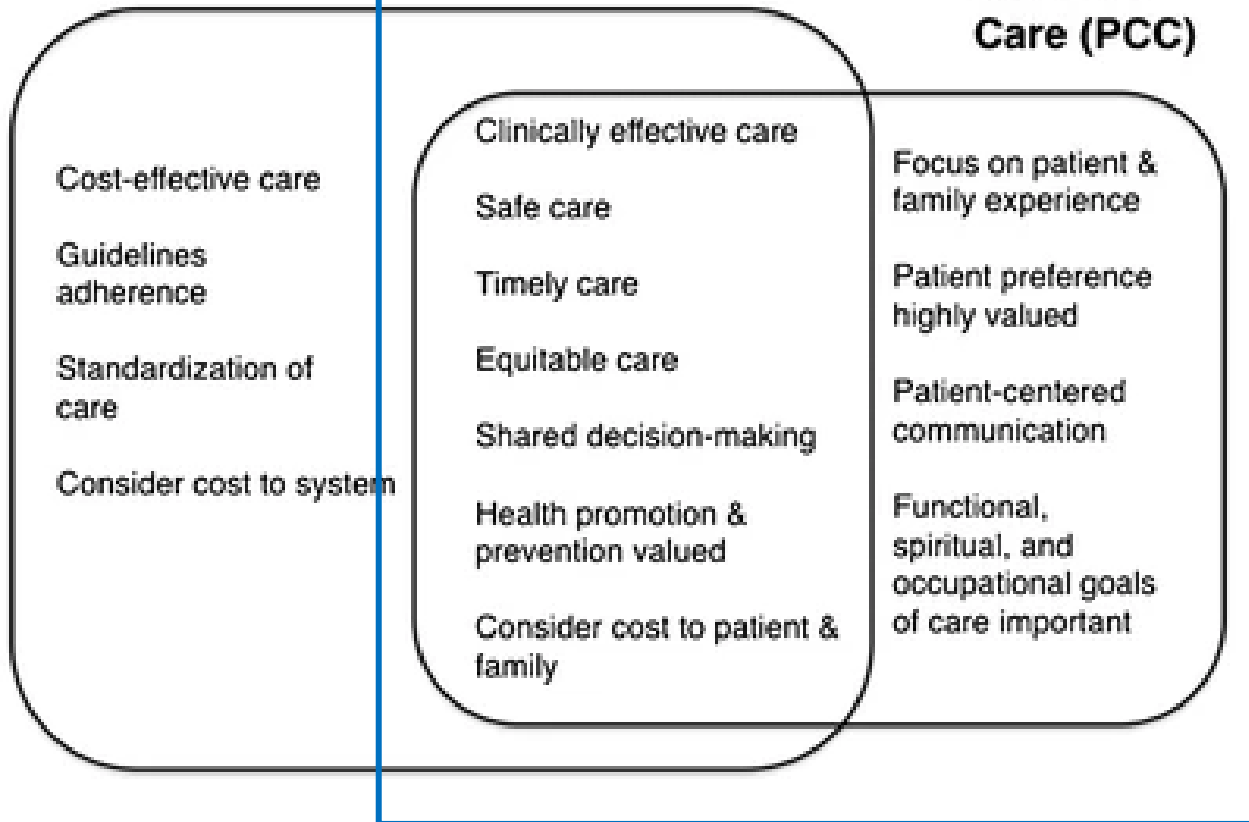
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Value-Based Care (VBC)

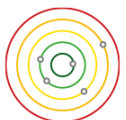
Patient-Centered Care (PCC)



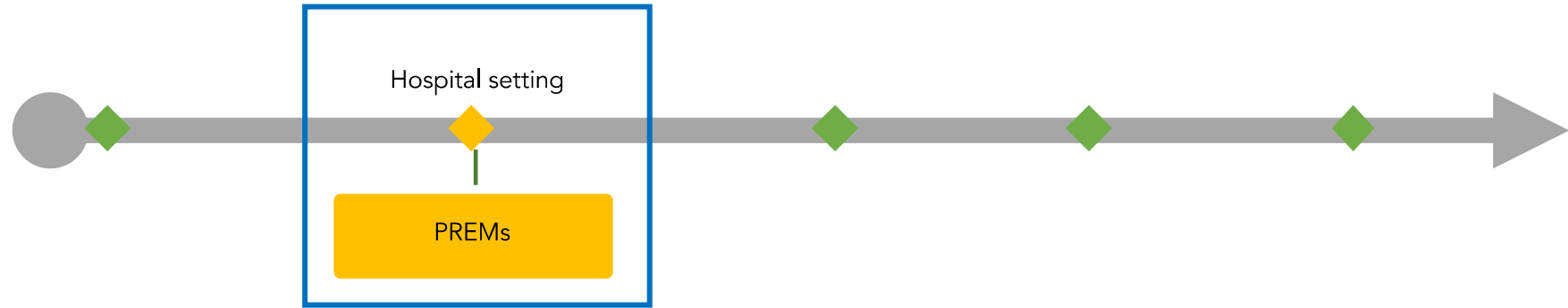
Do you have experience
with patient
satisfaction, PREMs,
PROMs, ... surveys?

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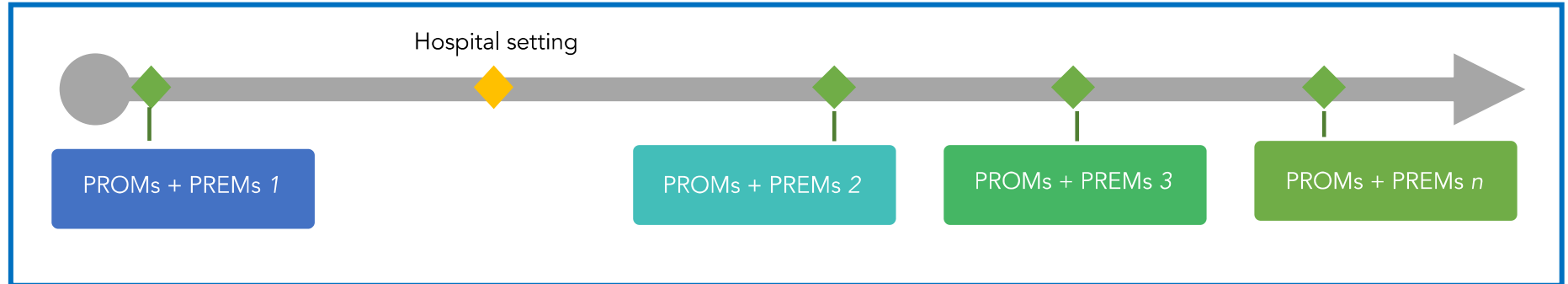
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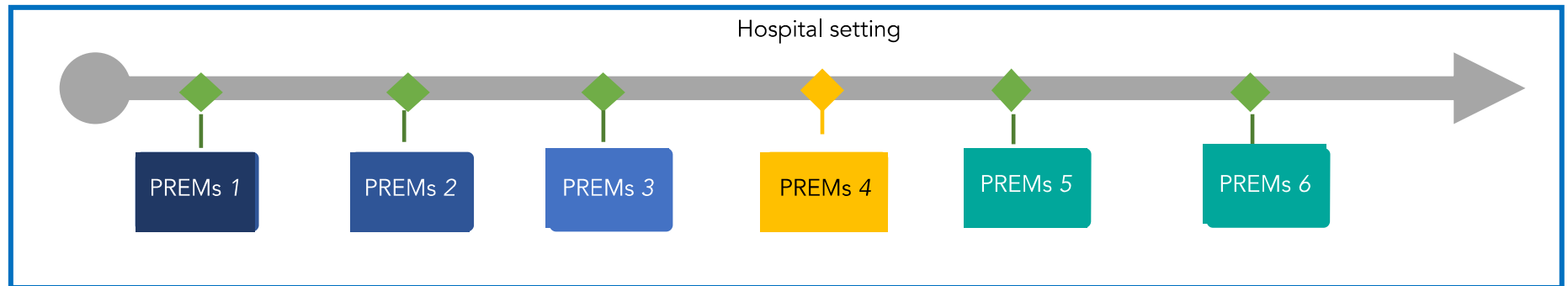
1. Punctual
PREMs



2. PROMs and
PREMs

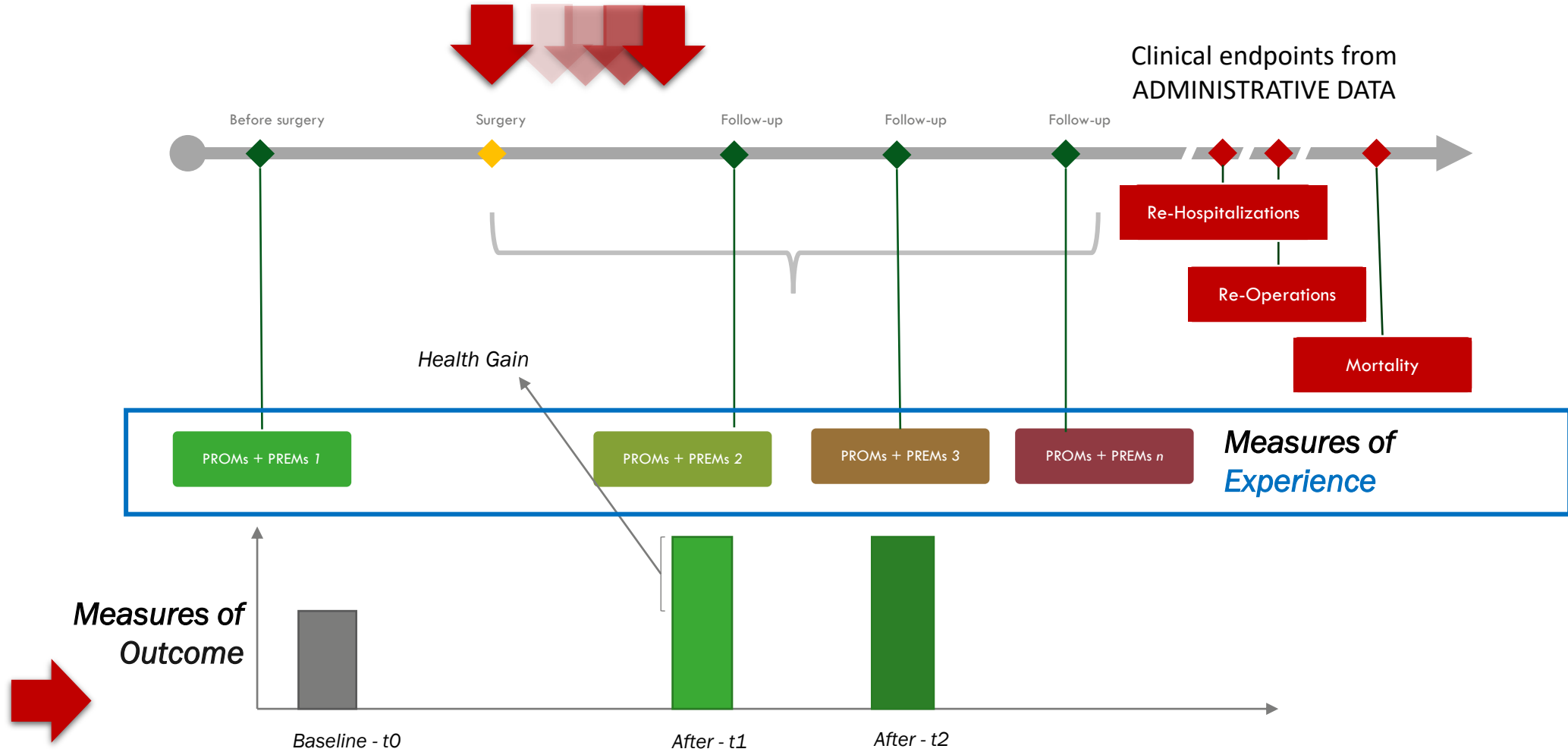


3. Longitudinal
PREMs

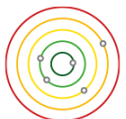


Measuring along the pathway





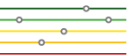
Measuring along the pathway



So, should we stop
conducting patient
satisfaction surveys
and focus only on
patient-reported
measures?

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It depends on the goal!

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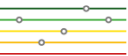
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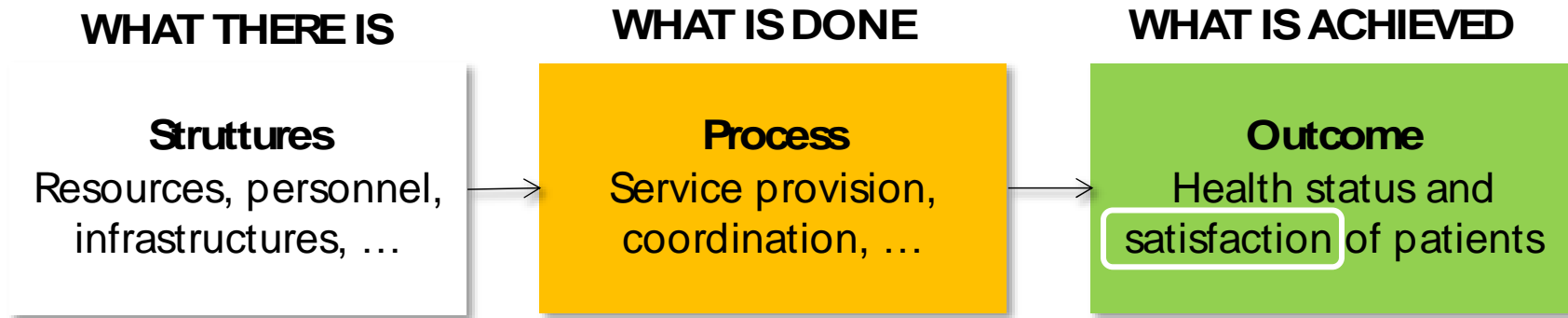
Why

...to measuring quality of care



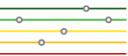
*The quality of care can be classified under three categories: **structure, process and outcome.***

- Avedis Donabedian, 1988



The satisfaction is per se a quality measure and an outcome.

“The ultimate judge of quality is the patient, end of story” Don Berwick



Why

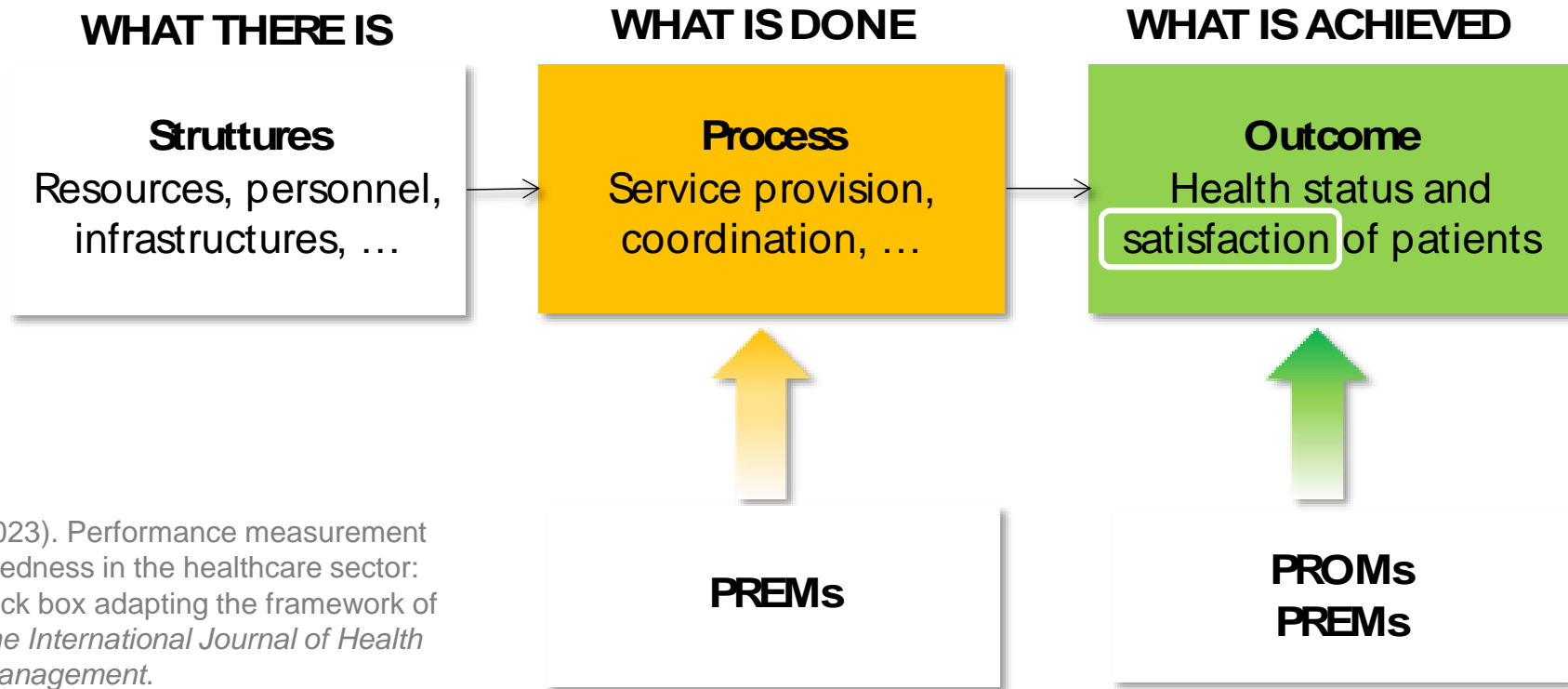
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PREMs and PROMs allow the measurement of treatments, care pathways and care procedures effects on health and wellbeing of patients



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De Rosis, S. (2023). Performance measurement and user-centeredness in the healthcare sector: Opening the black box adapting the framework of Donabedian. *The International Journal of Health Planning and Management*.



Why

...to measuring value

Value in health care cannot be defined without taking in consideration the perception of patients.

Porter, Larsson & Lee 2016
New England Journal of Medicine

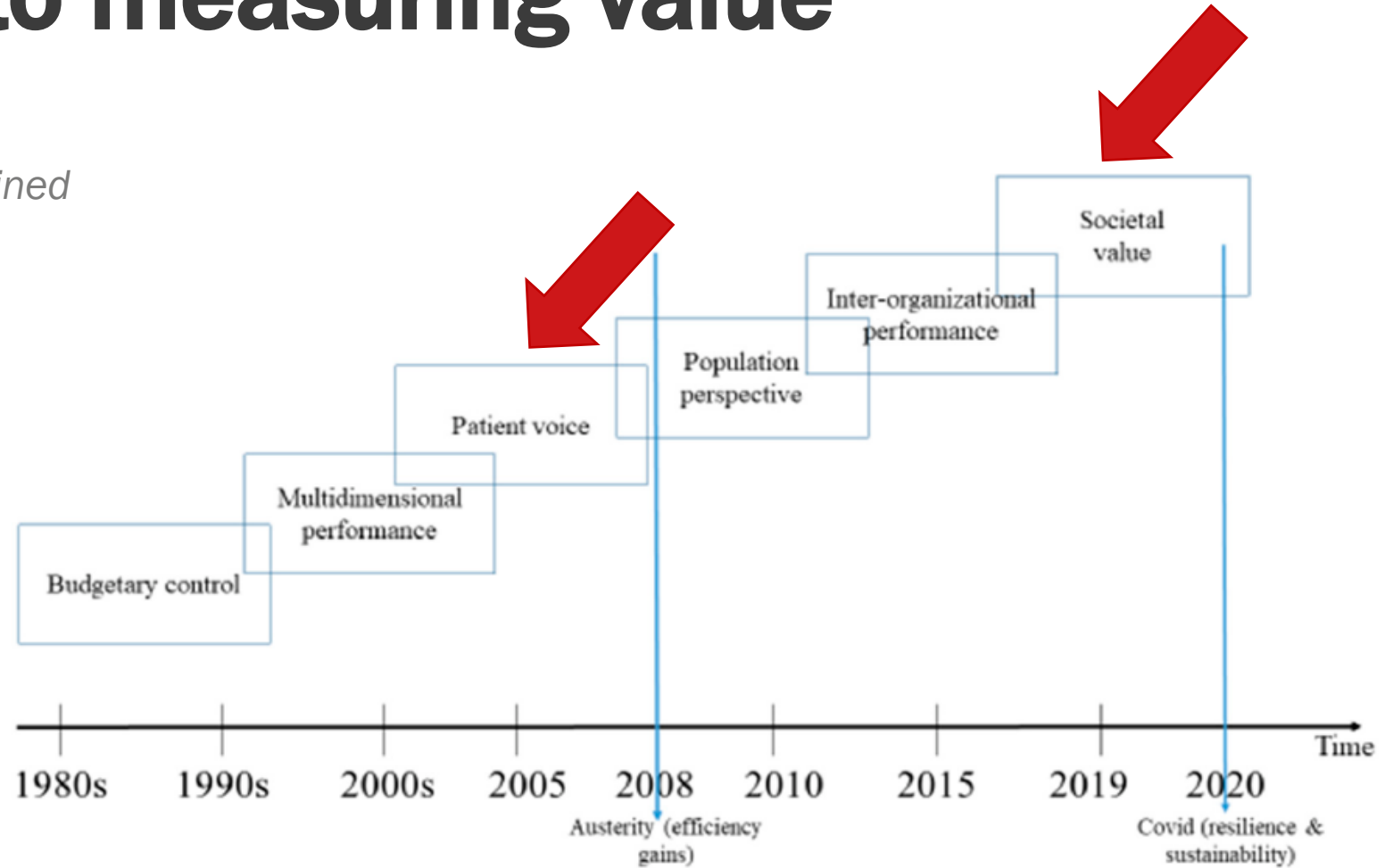


Figure 1. Development of performance management in healthcare: an overview of trends.





Why



Can patients assess the quality of health care?

Coulter, A. (2006).

Collecting data on patient experience is not enough

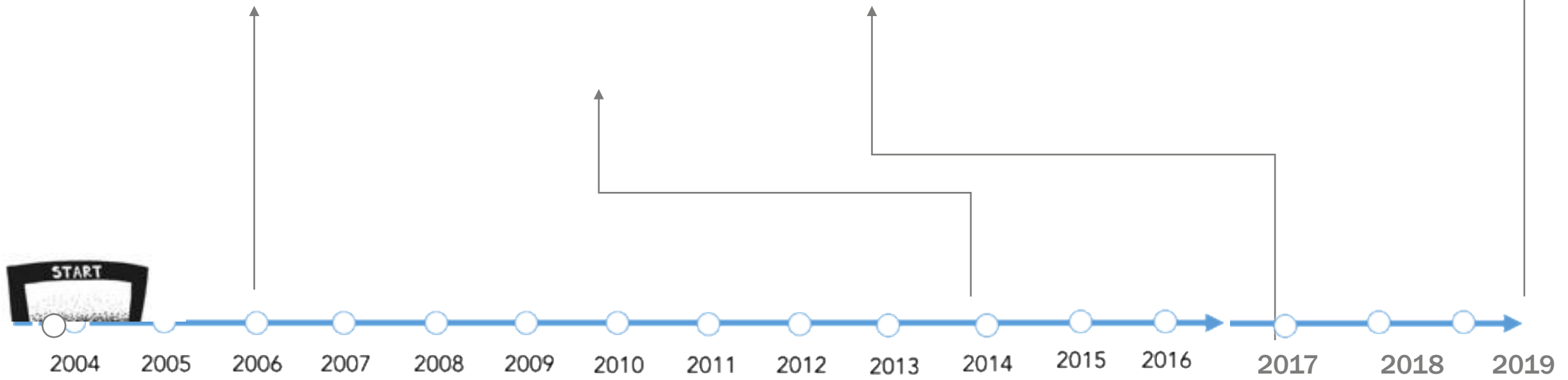
Coulter, A., Locock, L., Ziebland, S., & Calabrese, J. (2014).

Multi-purpose applications of PREMs and PROMs remains largely aspirational at present.

Coulter, A. (2017).

What is primarily missing is progress in results. Changes in culture, investment, leadership, and even the distribution of power are even more important than measurement alone.

D'Avena A, Agrawal S, Kizer KW, 2020.



Data use is a key motivation for people participation in surveys

2550 respondents representative of the Italian population: people are more likely to participate if:

1. The participation is **voluntary**
2. The call mentions the creation of a **public value**
3. **People prefer to be sure that the co-assessment results are actually used by organizations**

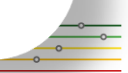
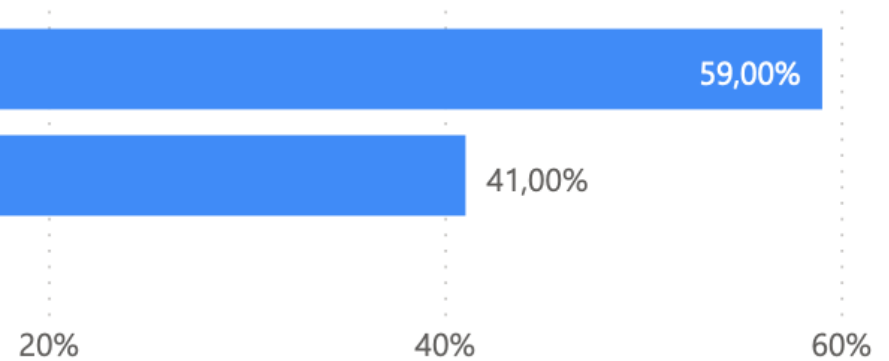
I would participate into the evaluation of healthcare services if...

I am sure that the results are used by health care organizations

59,00%

I am sure that the results (anonymous and aggregated) are publicly accessible online on the website of the Ministry of Health

41,00%





Only **4%** of problems are known to top managers

9% of problems are known to middle management

74% of problems are known to supervisors

96% of problems are *not* known to top managers

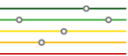
100% of problems are known to front-line employees

Pat Exp is an asset

Patient/people centeredness is a core approach for healthcare organizations.

The people voice should be **disseminated** throughout the organisation, internalised.

The people voice is a **critical sources of knowledge, and improvement.**



Professionals must know to act

The more the hospital professionals know the patient survey results, the more the patient experience improves, in particular with regard to the doctor-patient communication.

(+ 0,35 punti per ogni 1% in più di conoscenza)

Murante, A. M., Vainieri, M., Rojas, D., & Nuti, S. (2014). Does feedback influence patient-professional communication? Empirical evidence from Italy. *Health Policy*, 116(2-3), 273-280.



Health Policy 116 (2014) 273–280

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Does feedback influence patient - professional communication? Empirical evidence from Italy 

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ABSTRACT

Healthcare providers often look for feedback from patient surveys. Does health-professional awareness of patient survey results improve communication between patients and providers? To test this hypothesis, we analyzed the data of two surveys on organizational-climate and patient experience in Italy. The two surveys were conducted in 26 hospitals in the Tuscany region and involved 8942 employees and 5341 patients, respectively. Statistical analysis showed that the patient experience index significantly improved by 0.35 points (scale: 0-100) when the professionals' knowledge of the patient survey results increased by 1%. These findings suggest that the control systems should focus more on the dissemination phase of patient survey results among health professionals in order to improve the quality of services.

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A good practice The PREMs Observatory

*Patient-reported experience
to manage and improve
healthcare performance*



De Rosis, S., Cerasuolo, D., & Nuti, S. (2019), Using patient-reported measures to drive change in healthcare: the experience of the digital, continuous and systematic PREMs observatory in Italy. BMC health services research, 20, 1-17.

Thank you!
Grazie!
Kiitos!

Your comments are welcome!

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