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# Patient Satisfaction, is it Truly Indicative of Good Healthcare Outcomes?

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Patient Satisfaction, is it Truly Indicative  
of Good Healthcare Outcomes?

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An evidence-based scholarly paper submitted to the faculty of  
Brigham Young University  
in partial fulfillment of the requirements for the degree of  
Master of Science

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## ABSTRACT

### Patient Satisfaction, is it Truly Indicative of Good Healthcare Outcomes?

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Patient satisfaction is a widely used healthcare metric. However, the connection between patient healthcare outcomes and patient satisfaction remains poorly defined. Despite wide use of patient surveys, their relationship to patient outcomes is unclear; this is especially true regarding morbidity, mortality, prescription drug abuse or addiction, healthcare utilization, and expenditures. Since patient satisfaction is used to determine part of provider reimbursement (Department of Health and Human Services, 2015), healthcare providers may seek to improve patient satisfaction instead of healthcare outcomes. The purpose of this paper is to review the relationship between healthcare outcomes and patient satisfaction. In so doing, it is hoped to help answer the question of, “should patient satisfaction be used as a core measure for provider reimbursement?”

Keywords: satisfaction, patient satisfaction, patient care, HCAHPS, patient centered care, healthcare, healthcare expenditures, centers for Medicare and Medicaid services

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Patient Satisfaction, is it Truly Indicative  
of Good Healthcare Outcomes?

**Introduction**

How has the focus on patient satisfaction affected providers, patients, and society, and can patient satisfaction be harmful to patients? Research has shown that the most satisfied patients frequently spend the most on healthcare and prescription drugs (Fenton, Jerant, Bertakis, & Franks, 2012). This association between patient satisfaction and expenditures on healthcare and prescription drugs creates a dilemma for primary care providers who know their reimbursements are based on patient satisfaction scores. To please patients, and thereby increase the likelihood of higher satisfaction scores, some providers may disregard patients' long-term health. For example, pleasing patients by prescribing unnecessary medications and/or performing unneeded or harmful tests can result in increases in morbidity, mortality and drug addiction. Additionally, patients who score highest on satisfaction are 12% more likely to be admitted to the hospital and accounts for a 9% increase in the total healthcare costs (Fenton et al., 2012; National Academy of Sciences, 2001). These statistics suggest that some patients may not be satisfied with care that is in their best interest.

In the current medical practice environment, the opinions of patients, and the scores they link to their care, are directly correlated to financial reimbursement. This situation often leaves providers questioning whether to treat or not to treat. Therefore, the purpose of this paper is to determine the effects of patient satisfaction on healthcare reimbursement, patient outcomes, and patient directed care. In so doing, it is hoped to help answer the question of, "should patient satisfaction be used as a core measure for provider reimbursement?"

## **Background**

### **Satisfaction**

The concept of satisfaction is complex and refers to several factors ranging from past experiences, personal biases, expectations, lifestyles, ethnic elements, as well as personal, cultural and social values. Satisfaction is a subjective measurement and is defined differently by different people at different times (Chow, Mayer, Darzi, & Athanasiou, 2009). The word “satisfaction” is found in dictionaries to be defined as, “fulfillment of one’s wishes, expectations, or needs, or the pleasure derived from this” (Oxford Dictionaries, 2017). Clear definitions must be used to guide this complex, multidimensional, measured outcome of healthcare.

Patient satisfaction has been studied since the 1960’s (Batbaatar, 2015) and has been an important outcome measure for healthcare services since the 1980’s (Williams, 1994). It was initially reported and accepted that high patient satisfaction was associated with better health outcomes (Bertakis KD, 2011; Groene, 2011; National Academy of Sciences, 2001). However, this metric has been continually difficult to define and, therefore, measure. According to research, “patients have a complex set of important and relevant beliefs which cannot be embodied in terms of expressions of satisfaction” (Williams, 1994).

Kane, Maciejewski, and Finch (1998) found the relationship between patient healthcare outcomes and patient satisfaction in clinical care is unclear. They determined that patient satisfaction is related to the level to which patient expectations are met, and these expectations may be disconnected from quality care. When seeking medical treatment, patients bring expectations of certain outcomes. Similarly, Fenton et al. (2012) found patient expectations often lead patients to make specific requests of the provider, and their satisfaction relates with the provider’s fulfillment of these expectations.

Applying the concept of patient satisfaction can produce a plethora of important information. Patients have a complex set of emotions, beliefs and expectations when considering healthcare satisfaction (Williams, 1994) and therefore it may be improbable to define a system-wide description of “satisfaction”. It is important to remember- that if patients have low satisfaction concerning their healthcare, this does not necessarily mean they received poor care.

As the term “satisfaction” is ambiguous, subjective, and has conflicting support in the literature, it is a difficult concept to define. As there is no widely accepted definition, the measurement of patient satisfaction varies from study to study. Patient satisfaction theories seem to have been borrowed from marketing research, and the use of these theories fails to clearly define satisfaction in terms of patient care.

**Patient Expectations.** Peck et al. (2004, p.1080), reported, “Patient-centered care requires clinicians to recognize and act on patients’ expectations. However, relatively little is known about the specific expectations patients bring to the primary care visit. Patients’ expectations are varied and often vague”. Thus, patient satisfaction is a poorly understood or defined metric.

### **Measuring Satisfaction**

The value of patient satisfaction surveys and data collection is not insignificant. It has been shown that, although the correlation to outcomes is modest, there seems to be a correlation to process improvement and patient compliance (Browne, Roseman, Dale, & Edgman-Levitan, 2010; Sequist et al., 2008). Involving patients in their care may encourage them, especially the chronically ill, to adhere to the medical regimen and treatment plan. Additionally, patients who are more satisfied with a provider tend to stay with that practice, and providers have shown a significantly lower medical malpractice risk (Browne et al., 2010).

In an attempt to determine the level of patient satisfaction, several surveys are used. These surveys often ask about nursing care, staff friendliness, wait times and pain control. One survey used to measure patient satisfaction is the Consumer Assessment of Healthcare Providers and Systems (CAHPS) (Centers for Medicare & Medicaid Services, 2009), which has become the standard tool for the Centers for Medicare and Medicaid Services (CMS) in determining full, partial, or no reimbursement for Medicare and Medicaid patients. Therefore, patient satisfaction has become a major focus for providers, often leaving long-term health in the periphery.

In May 2005, the National Quality Forum endorsed the CAHPS survey. Then in December 2005, the federal Office of Management and Budget gave its final approval for the national implementation of CAHPS for public reporting purposes (Performance, 2015). In October 2006, CMS executed the CAHPS as well as the Hospital Survey known as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). With the similarity of the surveys, this paper will focus on the HCAHPS. In March 2008, the first public reporting of the survey results were published. The surveys continued to evolve. As an example, in 2013, CMS added five new items to the survey (Hospital Consumer Assessment of Healthcare Providers and Systems, 2017).

Reputably, the intent of the HCAHPS was to provide a standardized survey, as well as data collection, for measuring patients' perspectives on healthcare. Surveys like HCAHPS have been implemented in an effort to invest people with more information regarding quality of care. The information will assist patients in making informed decisions about their healthcare. Consequently, this will encourage providers to improve the quality of healthcare they deliver (Weston, Caldera, & Doron, 2013).

CMS intended to bring a shift in the paradigm from volume-based pay for services to a value-based pay for outcome and experience. However, the cost to benefit ratio remains in question. For example, the national cost of administering and evaluating the HCAHPS is estimated to be up to \$19.1 million dollars per year (Jordan, White, Joseph, & Carr, 2005).

### **Healthcare Value and Outcomes**

Regardless of current political storms and positions, healthcare is moving towards rewarding value and patient outcomes. According to Chee et al. (2016), payment adjustments based on value metrics, will remain a core element in CMS' value payment. However, with the drive to improve the value of the patient experience, is healthcare too focused on patients' opinions and expectations versus the skills and training of providers?

Having value in healthcare is clearly important. Healthcare accounts for almost one-fifth of the U.S. economy consumption, making the U.S. the highest in the world for spending in healthcare, while still ranking lowest in performance indicators (Davis, Stremikis, Squires & Schoen, 2014; National Academy of Sciences, 2001; Squires, 2011). With the proportion of the economy that is dedicated to healthcare quadrupling over the course of the past century (Fisher & Welch, 1999), this issue extends beyond the discussion of the satisfaction of individuals.

The US Department of Health and Human Services, they aimed in 2016 to tie 85% of Medicare payments to quality or value. Furthermore, they intend to tie 90% of all traditional payments by 2018 (Burwell, 2015). The argument this concept brings is, is tying financial compensation to patient expectations a fair core measure for providers? Or rather, does high patient satisfaction, as measured by surveys, like HCAHPS, correlate with favorable healthcare outcomes?

### **Effects of HCAHPS Healthcare**

## **Reimbursement**

Patient centered care and the financial tie to satisfaction scores require providers to act on patients' expectations instead of their healthcare needs. Peck et al. (2004) published findings that demonstrated that in the outpatient setting, over half (56%) of patients reported an expectation of one or more tests, medications, or screenings. Unfulfilled expectations seem to have resulted in lower patient satisfaction. When patients have an expectation, no matter the clinical judgement of the provider, patients' perception of satisfaction is related to the fulfilment of that expectation. This position may hinder providers who are concerned about satisfaction scores and their financial ties rather than healthcare outcomes.

The results of the survey are used by CMS to determine the amount of reimbursement the providers will receive from Medicare and Medicaid patients. The Value-Based Purchasing Program (VBP) established by CMS, in conjunction with the HCAHPS survey, connected a 1% of total Medicare payments to the level of patient satisfaction (Department of Health and Human Services, 2015). This number rose to 2% in 2017 (Medicare.gov, 2017). Care driven to satisfy patients is no longer the "right thing to do"; it is now mandatory to maintain market share and reimbursement (Batbaatar, 2015).

## **Patient Outcomes**

**Surgical Services.** Several studies in the surgical arena concerning patient satisfaction have shed light on patient satisfaction. Tsai et al. (2015) concluded that due to the lack of evidence on the relationship between patient satisfaction and the ultimate goal of improving outcomes, this topic remains controversial. Particularly in surgery, where the operative technical skills of the surgeons often are unseen by the patient, but these skills have a profound impact on morbidity and mortality.

**Inpatient Care.** According to Kennedy et al. (2014), large hospitals, high surgical volume, and low mortality correlated with high patient satisfaction, but compliance with processes and safety indicators did not show a correlation with overall patient satisfaction. Additionally, readmission and complications during a patient's stay did not seem to affect patient satisfaction. Except for low-mortality, patient satisfaction seems to be inconsistent with hospital measures. Lyu et al. (2013) concluded that patient satisfaction was related to teamwork climate, safety climate, and stress recognition, suggesting that the atmosphere of the workplace had a greater influence on the satisfaction of patients than that of procedural outcomes. With these discrepancies, Kennedy et al. (2014) concluded that there are outside factors that must influence patients' perceptions and expectations of care and outcomes.

### **Patient Directed Care**

Ensuring quality care is delivered, a level of personalized medical care is important. This personalized, patient-centered care relies on customizing the treatment plans to suit the particular needs of specific patients. Although providers must appropriately involve patients in the treatment plan, increased patient satisfaction does not increase clinical outcomes.

Early research by Fisher and Welch (1999) showed that when more medical care is implemented, it may lead to increased harm. When patients are directing their care, there is an increase in labeling and detection of pseudodisease. Additionally, more treatment can lead to an increase in unneeded interventions and treatments whose risks outweigh the benefits (Fisher & Welch, 1999). The struggle for providers is to know when to intervene with treatments and when to refrain. Of course, when patient care is directed by the patient, directly or indirectly, providers may choose to subject their patients to unneeded tests or treatments. Thus, raising the concern

that patient satisfaction may not reward quality or raise performance, but may provide unintended, negative, consequences (Tsai, Orav, & Jha, 2015).

Analyzing patients' opinions via surveys to support the correlation of healthcare outcomes and patient satisfaction has shown only a modest correlation (Sequist et al., 2008; Peck et al., 2004). This connection underscores the limitations of the current quality metrics.

**Example of Patient Directed Care.** The expectations of patients and satisfaction scores being associated with providers' reimbursement have driven some of these prescribing habits and treatment choices. Has healthcare, in the mission to become patient centered, allowed treatment options to be chosen by a layman's expectation instead of a licensed provider? A long-time frustration of providers has been the expectation of patients for prescription medications, even if not warranted. Patients who do not receive a desired medication during medical treatment report a lower satisfaction score (Peck et al., 2004). This has led providers to prescribe antibiotics for viral disease or opioid analgesics for chronic pain, both being unjustified (Tregoning & Schwarze, 2010; United States Securities and Exchange Commission, 2014). The concept of commonly used practices, such as early imaging or opioid analgesics for back pain and antibiotics for upper respiratory infections, should be considered low-value. However, with a patients' expectations, these are often perceived as "high-value."

Opioids and antibiotics are extensively prescribed incorrectly. Recently the CDC launched campaigns to hinder, or halt, the acceleration of the misuse. Over prescription of antibiotics has resulted in antibiotic-resistant bacteria (Harrison & Svec, 1998), and opioid pain relievers are involved in tens of thousands of deaths, more than overdose deaths from cocaine and heroin combined (Kanouse & Compton, 2015; United States Securities and Exchange Commission, 2014). In a large nationally representative study, higher patient satisfaction was

connected to increased healthcare expenditures, especially for prescription medications (Fenton et al., 2012).

The United States is in the midst of rampant opioid overdoses, an “epidemic” according to government authorities (United States Securities and Exchange Commission, 2014).

According to the American Society of Addiction Medicine, medication overdose is the leading cause of accidental death in the United States. In 2015, nearly 40 percent of the more than fifty-thousand fatal drug overdoses were attributed to prescription analgesics (American Society of Addiction Medicine, 2016). In fact, 78 people in the U.S. die every day from an opioid overdose (Centers for Disease Control and Prevention, 2012; Kanouse & Compton, 2015). From 1999 to 2012, the percentage of opioid deaths rocketed 400 percent in females and 265 percent in men (Opioid Overdose, 2016). The National Institutes of Health estimates between 26.4 million and 36 million people across the nation abuse opiates (Volkow, 2014).

### **Conclusion**

Surveys used to measure patient satisfaction fail to define any distinctions between satisfaction, expectations, or requests. Additionally, providers have little information regarding the exact, varied expectations patients maintain. Varied and modest correlations in research regarding satisfaction suggest that clinical quality is not necessarily reflected in patient satisfaction (Sequist et al., 2008). Therefore, these distinct areas may require specific measurements to induce improvements.

In the future, it is proposed that providers and healthcare professionals collaborate in research and effectively define patient satisfaction to determine the utility of patients’ perceptions regarding their care. While the perception of patients’ experiences, specifically patient satisfaction, can illustrate important aspects of healthcare, a clearer understanding of the

various aspects and definitions is needed. Additionally, an understanding of the instruments and metrics is necessary before a patients' opinion can be accurately interpreted. Consequently, further research is needed to show a clearer relationship regarding the relationship between patient satisfaction and patient health outcomes, especially regarding morbidity, mortality, prescription drug abuse or addiction, healthcare utilization, and expenditures.

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