Clinic Satisfaction Tool improves communication and provides real-time feedback

AANS 2018 E-Poster

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Disclosures

RZ: Research reported in this presentation was supported by the National Center For Advancing Translational Sciences of the National Institutes of Health under Award Number TL1TR001116. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

OG: Pioneer Surgical Technology, Inc.
Consultant to over 20 TV Shows

The other authors have nothing to disclose.
Introduction

• Up to half of all patients leave the clinic visit with an unvoiced need.

• Most evaluations of the patient experience, including CG-CAHPS
  – Fail to deliver timely, actionable feedback.
  – Are not generalizable outside of original primary care setting
  – Are burdensomely long and difficult to understand for patients
  – Are unreliable, biased, or irrelevant to providers

• Solution: we created a single-page intervention to assess needs and patient experience
Methods

For 12 providers

• CG CAHPS data 2015-2016
• Subsets were created based on year, department, and provider
• Univariate and multivariate mixed model regression was performed for 3 outcome measures collected monthly
  – Global CG CAHPS top box rate
  – Physician communication top box rate
  – CST Satisfaction “Yes” rate
• $\alpha = 0.05$
• All analysis performed with RStudio
Results

**Table 1: Physician Demographics (n=12)**

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<tr>
<td>Gender</td>
<td>9 (75%) male</td>
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| Specialty                | 6 (50%) Neurosurgery  
                           | 3 (25%) Orthopedics  
                           | 3 (25%) Physiatry     |
| Fellowship-trained       | 10 (83%) |
| Years in Practice        | 9 (3 - 35) |

- **CST satisfaction** was a positive predictor of **CG-CAHPS Global rating** \( p=0.03 \) and **Communication** \( p=0.01 \)
- **High CST utilization** by the provider was associated with **higher CST scores** \( p=0.02 \)
Figure 1: CG-CAHPS Global Score, all providers, Jan 2015 - Jan 2016.

Global score is given as a proportion. The CST was implemented beginning in January 2016.
Figure 2: Negative comments decreased over time.

A single provider contributed the majority of negative comments in the last 3 months of the study secondary to personal reasons. There was a decreasing trend in negative feedback throughout the study that is strengthened without the outlier provider. Red = adjusted, teal = original comment score.

Original: $R^2 = 0.03$, $P = .57$. Adjusted: $R^2 = 0.33$, $P = .05$
Table 2: Physician Feedback Results

A. CST utility over CG-CAHPS

- "[it is] more specific"
- "It provides immediate opportunity to improve care"
- "allows patients to list [their] specific questions"

B. Constructive Feedback

- "Need to make sure its reviewed prior to entering room and also prior to patient leaving the room"
- "I would like to see the nurse/cma encourage the patient to put feedback"
- "standardize workflow among all clinic staff on soliciting post-visit feedback”
- "would be helpful to see questions before seeing patient."
Discussion

• CST solved specific problems with CG-CAHPS

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<tr>
<th>CG CAHPS Limitation</th>
<th>Clinic Satisfaction Tool feature</th>
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<td>Long form discourages feedback, solicits few free text responses</td>
<td>Single sheet reduces form fatigue and free text is easy to use for every patient and clinician</td>
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<td>Aggregated data limits association with particular patients</td>
<td>Every form is associated directly with the patient &amp; encounter</td>
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<td>Low buy-in from all stakeholders</td>
<td>Easy and efficient for both patients and providers to understand</td>
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<td>Large delay between visits and results</td>
<td>Immediate, real-time feedback and actionable content</td>
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Summary

• Clinic Satisfaction Tool is easy to implement and analyze
• Provides immediate feedback without increasing clinic workload
• CST satisfaction predicts CG CAHPS Global & Physician Communication scores
• High utilization & positive comments predict CST satisfaction
• High monthly volume providers have poorer communication scores