Patient Satisfaction: Measuring the Art of Medicine

In business schools and corporate boardrooms across America, the terms customer satisfaction and demand management have become an integral part of the lexicon. Twenty years ago, most corporations were not focused on such external factors and for the most part did not design products or deliver services with much significant research into, or interest in, what consumers actually wanted. An analogous argument could have been made about the medical profession; care was often delivered from the physician's perspective without a great deal of input from patients or their families.

However, a number of factors have made physicians more interested in measuring and responding to patient's desires. One key factor is that physicians and other health professionals are now examining patient satisfaction as part of a renewed focus on quality and value in health care delivery. Managed care organizations (MCOs) became popular because employers needed to curb skyrocketing employee health care costs in order to remain competitive. Because much of that early “fat” has now been cut out of the system, and the price differential among physicians and hospitals is decreasing, patients are now judging physicians not solely by cost, but also by the value or quality of care they deliver.

Patient satisfaction is a critical variable in any calculation of quality or value.

Residents may feel that they do not yet need to be concerned with patient satisfaction or value. However, I believe there are 3 reasons why patient satisfaction should be of concern to residents now and in the future.

First, residents are usually on the front line of care in their hospital or outpatient clinic. Residents will leave an impression on their patients, and their actions and interactions with patients could easily affect the attending’s, the department’s, or the hospital’s score on patient satisfaction surveys. Although this may not seem to greatly affect you personally, if your department or training hospital loses a managed care contract because of negative patient satisfaction, the number of patients you see may drop to a point at which you will not have enough patients to be adequately trained. Also, losing contracts may cause financial problems for your hospital, which could result in the closure of your program or even the hospital.

Second, patient satisfaction as one measure of your quality of care will become even more important to you after you complete your training. The National Committee for Quality Assurance accredits MCOs and uses patient satisfaction data as part of its Health Plan Employer Data and Information Set system. Patient satisfaction is only one area of Health Plan Employer Data and Information Set system where MCOs are turning around and measuring their network physicians against benchmarks similar to those used by the National Committee for Quality Assurance. If individual physicians do not meet these plan requirements, they will initially be approached with educational overtures by the MCO; later, warnings and possible deselection from the plan may follow. Beyond simply a loss of patients, if you are deselected, that action may be potentially reportable to the National Practitioner Data Bank.

Third, the science of measuring patient satisfaction is far from mature. The profession must remain actively involved in defining any measures that will be used by others to rate how physicians practice. This area of health care policy is ripe for research by young physicians with new ideas—especially in nonprimary care settings where special patient populations may have different types of needs and different benchmarks of satisfaction are applicable. Learning how to gather and interpret this type of data now will also serve you well in the future, when it will carry more serious consequences for you and your colleagues.

Patient satisfaction is a goal for all physicians. Patient satisfaction data cannot and should not be ignored. However, these data should be viewed within the wider context of patient outcomes and with an understanding of the underlying assumptions. Although residency training properly focuses most of residents’ time on learning the science of medicine, residents will be well served to also learn this basic measure of their ability to practice one aspect of the art of medicine.

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