

UNDERSTANDING PATIENT SATISFACTION IN HEALTHCARE
(PROGRAM: 13223)

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COURSE OBJECTIVES

- * Explain the impact patient satisfaction has on the healthcare system.
- * Recognize aspects of CMS (Centers for Medicare and Medicaid Services) survey tools, CAHPS (Consumer Assessment of Healthcare Providers and Systems) and HOS (Health Outcomes Survey), and their impact on healthcare.
- * Discuss patient satisfaction pertaining to lab services and other expanded aspects of healthcare.

Hi, I am Dr. Joy Siegel and I want to welcome you to our next hour of learning together. This is for clinical lab scientists and I'm happy to be here with you to discuss "Insights into Significance of Patient Satisfaction." It's really, really important because patient satisfaction impacts all of us in whatever respective space we work in. So, I'm happy that you're taking time on your busy schedule to explore this. Let's review our learning objectives.

Today, we're going to cover: 1) You're going to understand and be able to explain the impact patient satisfaction has on healthcare system; 2) You're going to recognize aspects of the CMS (Centers for Medicare & Medicaid Services) survey tools, CAHPS (Consumer Assessment of Healthcare Providers and Systems) and HOS (Health Outcomes Survey), and their impact on healthcare; 3) Gain insight into patient satisfaction pertaining to lab services and other expanded aspects of healthcare.

So, kind of level sense. Patient satisfaction is super important and it's really, really... I'll continue to replay this to hit it home. We play a role in patient satisfaction even if we never see patients. So, I want you to be aware of that, that as a part of a lab, as a part of the flow, even if it's internal, that creates the environment of services for a patient, our behavior, our responsiveness, our responsibility, our sense of pride -- it's all a part of ensuring that our patients are satisfied. Because if they're not, it can negatively impact our workplace, our line of

business, our employer, and ultimately trickle down to us as well as other aspects of the healthcare system.

Let's talk a little about patient satisfaction. "Patient satisfaction is an indicator that is a predictor of the potential success of any healthcare service delivery." And this is from Detollanaers in 2017, but it holds true today. So, I wanted to use this quote, and I'm going to be giving some more recent quotes as well and insights.

Let's talk about why. Patient satisfaction is used to evaluate potential outcomes. Directly influences patient choices when they determine their healthcare. So, if a patient is dissatisfied with one lab, they may go to another, right? They have the freedom to choose in many situations. In some cases, people are restricted to specific laboratories. However, if they're not satisfied, ultimately, they will have a choice. So, I want you to be aware of that -- there's just no room for patient dissatisfaction. And I recognize we can't keep everybody happy, but at the very least, we can do our part on an individual and team basis.

Patient satisfaction is linked to the following: healthcare expenditures, utilization of healthcare facilities, engagement in preventative health, and healthcare collaboratives and service referrals. If your patients are dissatisfied with your lab, they may not follow up. They may not go to any referral you give them because there's a lack of trust. Satisfaction... It leads to a longstanding trust and then, of course, increased retention. So, it's really, really important.

I want to also mention that patient satisfaction is correlated to utilization of healthcare facilities. It can actually result in increased use of healthcare facilities because patients may go from one provider to another, or from one lab to another and so on in their search to find satisfaction, to be treated the way that they want to be treated and, of course, deserve to be treated as we do our best work.

According to Detollanaers, the following variables determine patient satisfaction. I want you to be aware of these as you go through your day: 1) Characteristics of care providers (and these things include personality, approach, bedside manner); 2) aspects of the patient/doctor relationship (effective, timely, responsiveness); 3) structural and setting determinants (that can include accessibility, the payment/billing systems, referrals); 4) patient characteristics (health status, demographics, communication effectiveness).

So, let's talk briefly about each one. The characteristics of care providers. Does the provider... and it can be a doctor, it could be a nurse, it could be a lab tech, it could be a scientist, it could be the medical assistant or the receptionist -- there's a whole array of who it

could be. But do they have eye contact? Do they seem rushed? Do they connect in some way to engage the patient and let them know they matter? Do they follow through? Right? So, do they say they're going to do something and then not do it or do they do it? The aspects of that relationship... I can tell you I've had my primary care doctor for over 20 years. He is amazing, but he spends a lot of time with each patient. So, I know that when I go for my annual physical, I have to take off an afternoon or a morning and I try to be his first patient because it can be an hour if I'm the first patient; it could be many hours if I'm the last patient or fall in between somewhere on a schedule. But the truth is that I trust him, I appreciate him, and he makes me feel good about the way I take care of myself and I follow his instructions. Hopefully, everybody has that, but not everybody has the ability to take a half a day off of work. So, I recognize that. So, that could be detrimental.

When we think about structural and setting determinants, what's the environment like? What's parking like? Is it accessible? If someone has special needs, is it easy for them to maneuver?

Are they receiving double bills? So, we're segueing from the structural, which could be physical structural and internal structures as well. But if people receive double bills or feel that there is misinformation pertaining to money, or if a referral is not received and they show up for their appointment with a specialist, imagine how you would feel.

And then the fourth one -- patient characteristics. When I think about that, I think about putting a person in perhaps a unit that they don't belong in. I can tell you I remember as a young child having to have some surgery and there were no beds in the pediatric unit, so they put me on an ICU unit for adults who were post-surgical. And it was really hard. And here I am decades later, and I still remember it. So, we want to make sure that even though I recognize not every patient is going to reflect the characteristics of what you want to present and we understand that, but are we explaining to people who we are, what we stand for, the populations we serve? Are we communicating? Because truly, guys, communication can solve a lot of problems and it can help with patient satisfaction even in the most difficult situations. Talk to patients, give them an explanation. Own the situation. And you could be super brief, right? And people will feel better and they're going to remember you. And that will impact their survey and their responsiveness.

Patient satisfaction is a strong element to consider when evaluating a healthcare system, provider, or health plan, and this is from Parashar in 2022. It provides insight into the functionality of a system or the perception of the functionality. It's an indicator of successful health outcomes and it can measure quality of care.

So, I am speaking to you from South Florida and I work in the healthcare system here. And I can tell you that there are some short-term rehabs and long-term rehabs that have terrible reputations that I would be reluctant to refer to and, frankly, I've never been in any of them, but the perception permeates throughout the community. There are hospitals that are first choice, and there are hospitals that are when you have no choice. And the community is aware of it and it's not about aesthetics. They're smarter than that. And we're going to talk about what their expectations are in greater detail.

So, patient satisfaction can measure quality of care. Patient satisfaction is affected by interpersonal relationships, right? Is their eye contact when the patient shows up for your service? Are they acknowledged? Do they feel important or like they matter? How's the communication? Patient satisfaction is also affected by a sense of transparency and that's by the provider and the healthcare setting. So, if a patient feels kind of clueless or as though they're not acknowledged, they will not be happy. Again, it's what would you want for yourself or for somebody you loved?

The quality of care is affected by patient satisfaction because, as providers of any type in the system, we don't want to be afraid of performing our duties, being rushed, of having a sense of urgency because we're worried that somebody is going to be dissatisfied and submit a survey and rail us. And we know that happens and your leadership knows that happens. But we want to make sure that we can share that we're doing our best, right.

Patient satisfaction is also affected by the behavior and responsiveness of healthcare providers and staff. If you're in a lab, if you're in a pharmacy, if you're in a skilled nursing hospital, or provider's office, if you dislike or are having an argument with a colleague, please don't do it where patients can see you. Keep it to yourself. Stay focused. Stay professional, and address those interpersonal team issues in private and in an appropriate setting. And please note, I am in no way suggesting that you ignore them, but don't do it in front of patients.

Patient satisfaction can be strategic. I'm alluding to that, right? Because I stated we know patients can get angry and sometimes behave in a radical way that's unfair. So, let's be strategic. Let's have effective, meaningful, and culturally competent communication. What do I mean by that? If you don't speak the language, do your best to find somebody who does, who can help. If someone is hearing impaired, address them appropriately. If someone has any other special needs, make sure you accommodate them and are respectful. Address people with eye contact. Pay attention to gender affirming statements, shelve any personal judgments, and just be respectful to all people in the same way.

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Responsiveness and perception of transparency. You know, I always get self-conscious when I go to a doctor... and it doesn't happen so much anymore because now you can use technology to check in in many offices. But when I used to go to a doctor and I would go up to the front window and they'd open the window, ask me my name, and then close it immediately. With limited eye contact, I really felt uncomfortable. Let's not do that, because it shades any perception of transparency and patients deserve transparency or a sense of transparency at the very least because transparency is key.

Empathy, I love that word. If we can all exhibit empathy, we would meet a lot of the boxes to check to achieve positive patient satisfaction. The hospital environment, and this applies to, again, any healthcare setting. Let it reflect values that include empathy. And that doesn't mean it has to be fancy with magnificent lighting and TV screens everywhere, but that sense of warmth, that sense of approachability and kindness. Remember, people are dealing with their health. They often have a sense of ignorance, being out of control, they're vulnerable. They're leaning on you to help them through a healthcare process that is very meaningful to them, right? So, we want to recognize that we are in that power seat because of our expertise and our responsibility. Let's make sure we use it properly. Let's make sure our environment reflects our values.

And then, again, departmental collaboration. Make sure everybody's on the same page as it pertains to patient satisfaction. So, train people. Have signs up where teammates can see, and that includes the highest levels of healthcare professionals -- the most educated, the most published. Everyone needs to be reminded about empathy, personal representation, and making people feel welcome and safe.

Patient satisfaction can be affected, impaired, impacted by the following: Change. So, if there's a huge turnover in your office, that can disrupt perceived satisfaction. It can be affected by advancement. So, if you're sold, acquired, again, this is a type of change. Or there's upward mobility in the office. If the patients become reliant on regularity and we can't always give it to them. So, again, we want to make sure that we're explaining things to them.

Patient satisfaction can be affected by misunderstood technology and innovation. So, let's say you have upgraded to the best EMR, the best application, and your internal systems are now all talking to each other and you are celebrating. And then you go to show your patients how to access the information they can now get on their telephone application and they look at you like a deer in headlights. So, we need to provide patients with training, how we need to give them a primer, and for some patients who did not grow up with technology or

don't use smartphones, we need to be prepared to accommodate them. And I know, you know what I mean, right now.

I work with a health plan and we had a very expensive upgrade to our technology system, and it was... the only way to know what could go wrong was to address the issues as they happened and, frankly, many of them could not be avoided. Some could. But for about six months, it was like a game of Whack-a-Mole. Solve one problem with the technology and another one would pop up. I'm dating myself with that game, but if you know, you know, right? And I know that laboratories are always looking at innovative ways to do the best job they can, so recognize that if your patient phase-in that, not everybody is going to get it or want it, but they're going to adjust if we explain it to them properly.

Okay, patient satisfaction, the last bullet on this slide, can be affected by the perceived quality of care. Again, it's the patient's individual perception.

Let's talk about Patient Experience Surveys from the Centers for Medicare and Medicaid and that is CMS. I'm going to respond to... call it by CMS, Centers for Medicare and Medicaid Services. So, let's talk about this. In 2020 and 2021, CMS Patient Experience Surveys increased their impact on the Medicaid Star Quality Rating, which is a big deal, right? Now, right now I'm speaking specifically on Medicare, but also know that Medicaid -- those are two very big providers for older people and for disabled people, which comprise a large portion of people served in the healthcare space. The surveys randomly measure patient well-being and perception of their physician services (which include labs) and their health plan. All healthcare professionals serving Medicare beneficiaries are a part of these surveys.

Now, you're not mentioned by name, of course; however, the department can be referred to at some point in the survey. Surveys are randomly sent to beneficiaries and their responses provide measurable feedback to, of course, CMS, but also to the physician, the service providers, and the health plan. The information received from the surveys is hoped, right, it's intended to be utilized to improve process and health outcomes and to encourage retention and patient choice and growth, right? We want people to know that some plans might be doing better than other plans, right? And I'm sure we all want to be a part of the successful team.

CMS can use some of the surveys to affect payments to providers. So, hear this very clearly, Patient Experience Surveys, which are different from Patient Satisfaction Surveys, the Patient Experience Surveys given to random samples of Medicare and Medicaid beneficiaries can impact reimbursements to healthcare providers, hospitals, and health plans. It's very

important the patients' experience and their input will impact how we're all getting paid to just be simplified about it.

Let's talk about what these surveys are. CAHPS Survey: Consumer Assessment of Healthcare Providers and Systems. These are random surveys focusing on patient experience and perceived care. So, remember, it's about perception. It identifies the perception of provider communication and the provider could be the lab scientist, it could be a nurse, it could be a doctor, it could be anyone that impacts the patient's experience.

It also assesses medication management and instructions about medication. Additionally, it evaluates if the person has experienced coordination of healthcare needs within the system. For example, if a patient receives a script to get lab work and they show up at the lab and the lab is closed or there's a wait, or there are sick people in the waiting room with people who are not sick, that patient may report on... if they receive the survey, right, they're going to share that experience. That's just an example. There are many others we can come up with. I'm sure you have some examples as well. If we were together, I'd want to know them.

Let's talk about the HOS surveys. That's the Health Outcomes Survey, and that's specifically for Medicare Advantage beneficiaries. These are random surveys designed to gather meaningful health insight from the consumer -- the beneficiary. It's interesting. They measure three very specific things and we're going to talk about a couple other things, but the focus as it pertains to their perception is including this year: management of urinary incontinence in older adults, physical activity in older adults, and fall risk management. All three of these have certain lifestyle components and I'm going to go over how we recommend that providers have these conversations with these patients, right? Because healthcare providers who are seeing Medicare managed patients may have their patients ask very specific questions about these conversations with their providers. So, we want to be aware of how do we do that? What are they looking for? What will help a patient remember or implement suggestions pertaining to these three aspects in particular?

Let's talk about other patient surveys that CMS initiates that fall under either CAHPS or HOS. There are CAHPS surveys specifically for hospital patients, specifically for people who receive... and these are all separate surveys. If a patient receives home health, which can include lab services as well as other supplemental nursing... there are a few other home health services, but it's for people that are immobile and have limitations, it could include full home healthcare including preventative, hospice, palliative, x-ray. We can do a lot in the home today.

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Additional surveys include fee-for-service. Those Medicare and Medicaid patients not on a Medicare Advantage plan will also potentially receive a survey.

CAHPS Hospice is another. So, if a person is on hospice. In-Center hemodialysis, so patients receiving dialysis can get a survey. Again, hospice, outpatient and ambulatory surgery. There're surveys for that. Nationwide Adult Medicaid CAHPS Survey.

Let's talk about the HOS measures. There are three measures of functional health that can potentially be on the survey and then the measures of healthcare effectiveness data, as I mentioned before. Monitoring physical activity, improving bladder control, and reducing the risk of falling. Now, I want to let you know that these patient survey examples are different from patient satisfaction surveys that can happen where you work, right? So, we know that healthcare systems are always offering patient satisfaction surveys. Health plans have them. I know if I check into my... go to my website for my health insurance, every time I log in, I have the option to take a survey. We are always creating new ways to obtain patient satisfaction so we can improve. So, I just wanted to delineate that.

Let's talk a little bit about Medicare Star Ratings because, as I mentioned a few slides ago, patient satisfaction can impact the bottom line, financially. "The Medicare Star Ratings help people with Medicare compare Medicare Advantage (MA) plans, help educate consumers on quality, and make quality data more transparent and comparable among plans. Up to 44. Unique quality measures are included in the 2021 Medicare Part C and D Star Ratings, including success in providing preventative, preventive services -- that's so important, managing chronic illness, access to care, Healthcare Effectiveness Data and Information Set (which is also known HEDIS® measures), the Consumer Assessment of Healthcare Providers and Systems survey (CAHPS®) and responsiveness." I got this off the website in 2023, but this is... this applies today as well.

In 2021, though, CAHPS and HOS surveys will impact CMS Star Rating System, weighted 35% of the total rating. So, if patient experience is not solid and good and positive, it can really affect your reimbursements from CMS. So, I just wanted to share that.

Here are some CAHPS and HOS quality measures. And my suggestion is that you share this where you work, you share this with the people with whom you work, and you let the appropriate people know that this matters, right?

So, here's our first measure and I am not including all of them. I pulled out some of what I felt were very significant. If you'd like to learn more, you can go to the CAHPS and HOS website, which is on the CMS. The link is at the end of this presentation.

So, at the top, the annual flu vaccine and pneumococcal vaccine. The metric is the percent of sampled patients who: report they received a flu vaccine since the prior July; and report ever getting a pneumonia vaccine. So, that's what they're looking at. The tips to address this: Ask patients if they have had these specific vaccines and then encourage patients to get vaccines. Now, all of these tips, if you implement them or the right party does implement them, it should go into the note section in the EMR.

The next measure: Did the patient obtain needed care? The metric is: patient rates how often it was easy (and that word, "easy" was there. I did not paraphrase this). How often it was easy to get appointments with specialists, lab work, and treatment through health plans in the prior six months. If people were on hold for 45 min, they're going to report that. Here are some tips: Make scheduling easy for them. Ask your staff to schedule specialists and lab appointments and then write down the details for the patients and help with authorization. Right? That way, you're covering your bases and you'll be able to show that you have the system in place to support those efforts.

The next quality measure on this slide: Getting appointments and receiving care quickly. The metric: Patients rate how often they schedule an appointment and get care as soon as they needed in the prior six months and how often they saw the person they came to see within 15 min of appointment time. What are some tips for providers trying to accommodate this? Break up the wait times for moving patients from the waiting room to exam rooms for vitals. Contact patients when delays are expected using texts, email, and phone, and make sure your means of communication is appropriate for each respective patient.

The next measure on this slide: Coordination of care measure. Patients in... The metric for this is: patients rate their provider's familiarity with their medical history and prescriptions, how well physicians are following up with patients after tests, and how well their "personal doctors" it's in quotes because people use that term a lot, how well their personal doctors are managing their care with other providers. They want to make sure that patients have almost like a quarterback for their healthcare and the primary care doctor would be that quarterback. Here are some tips: Manage referrals closely, expedite the time to follow up on labs, x-rays, and other tests, and remind patients to bring a list of prescriptions to all of their appointments. So, these are some ways to cover your bases, to document, because you will have an opportunity to appeal the CAHPS and HOS surveys, right? Should it affect your Stars Rating? Should you

need to respond to accusations. You can appeal everything. You may not win, but you can appeal and the more you document and the more you create the infrastructure that are guided by these tips to address these metrics, the better success you'll have.

Here are some more. The measure is: improving or maintaining physical health, and that's a hard one, right? The metric is: Patients report whether their physical health is the same or better than they expected in the past two years. Here's the tip: Admire and support your patient's health whenever possible. Let them know you're proud of them. Let them know they have an incredible future. Let them know the standards they're setting for their loved ones. It's really important. Do it with empathy and eye contact, and even if you're in a rush, take it when you're admiring them.

The next measure: Improving or maintaining mental health. The metric: Patients report whether their mental health is the same or better than expected in the past two years. The tip: Inquire about your patient's mental health and encourage them to stay positive, and you might even have handouts that give them some tips on having positive attitude, getting help if they need help, right? So, we want to make sure we're letting people know that mental health is really important and there is support for them.

The third measure on this slide: Monitoring physical activity. The metric: Patients report whether they have discussed exercise with their doctor and if they were advised to start, increase, or maintain their level of physical activity. A tip: Offer specific recommendations for exercise. Again, this can be something you email them, you can text them if they say that you're allowed to, you can give them a handout. You can even show them how to exercise while you're with them. And inspire them. Easier said than done. I get it. And that may or may not happen as a clinical lab scientist. I understand that. But I do think that when patients see those departments that are on their feet all the time, it really does inspire physical activity and respect.

Okay, the next one on this slide: Improving bladder control. The metric: Patients who report a urine leakage problem are asked if they discussed it with their provider. The tips: Emphasize that you are treating them with Kegel exercise or other remedies. So, the indicator is that this is not an easy conversation to have and that could be for a few reasons. I don't have the research backing it. But let's presume for the sake of this brief conversation, that the provider is uncomfortable and the patient is uncomfortable. Kegel exercises also another great handout in whatever communication delivery system you choose. That is a great way to give people a tool to improve their bladder control and remind patients that throughout our lives we've had to address issues of bladder control. So, this is nothing new, although it might be

more extreme and it might be unexpected, but I do want you to know that this is part of the measurables.

The last measure on this slide is: Reducing fall risk. The metric is: Patients with fall and balance issues are asked if they received an intervention. And let's face it, almost all Medicare and Medicaid beneficiaries are fall risks in some form. Here's a tip for that: Remind patients to install hand rails, use a cane or a walker, and to remove area rugs. Now, I would recommend some visual infograph -- that's a handout -- to give people a checklist of how to make their house fall safe. Because, as a gerontologist, I know that people are afraid of falling, so we need to make sure we're giving them the tools of awareness in that area.

So, now you have some insight into the effects CMS has and Patient Experience Surveys. Let's go back to patient satisfaction and the healthcare system. Manimay, as quoted by Manzoor in 2019, proposed that healthcare systems “give powerful training to service providers, including all staff of the hospital -- medical or non-medical -- on interpersonal skills and realistic communication to stimulate patient satisfaction.” All service delivery within the healthcare environment affects patient experience and attitude, can strengthen provider relationship and that means hospitals, physicians, outpatient setting, urgent care, etc. We all need to be trained on interpersonal skills. Best practices should be in place to ensure quality service delivery for all lines of business and care. That's what you're doing. I always appreciate the opportunity to say, “thank you” and, as a patient, as a healthcare provider and an educator, I appreciate when learners learn because I know you're busy.

Patient satisfaction in the health system: Evaluation occurs in all aspects of medical service delivery, thus the correlation between delivery and patient satisfaction. So, we're always being measured, right? Patient satisfaction is reliant on the positive connection between what they expected and what they received, the intentions of the provider, and what is delivered. Right? I can think of a simple example of a patient who is asked to submit their meal preference if they're having a hospital stay and then in the evening, they get their evening meal and it's exactly what they said they were allergic to. Now, I wish it didn't happen, but we know it does. And, of course, it's not intentional. And, of course, we have medical errors. It affects patient satisfaction. So, be aware, right?

If someone shows up for a 9:00 appointment and they're not seen until 10:15, and there's no communication, straight up, it's going to affect patient satisfaction. Patient satisfaction is reliant on that positive connection. Again, I'm repeating it, my apologies, but it's important between their expected and received services, right? Remember that. If you do this, you're going to establish public trust, you're going to create a referral flow that works, right,

and that allows for retention of patients. They're going to want to come back because they feel safe. It builds foundation for engagement in preventative care. So, people are going to want to come back and see their growth or their stability, or their weight loss, or their weight gain, but they're going to want to share it with you or the provider or whoever is seeing them and get advice on what's next. Because when we collaborate, right, we can improve health outcome by following all of these steps and that's the bottom line. Improve patient satisfaction and improving the health outcomes.

Briefly go over this. I just feel like I should say it, since I'm wrapping this slide up, improving health outcomes does not always by itself guarantee patient satisfaction. So, everybody wants to get well, everybody wants to improve, but people want to be treated kindly on the journey, right? And that applies to people who go on to achieve incredible longevity and overall wellness, and people who live with chronic illnesses and conditions.

Manzoor states "...laboratory services are considered the backbone of the healthcare sector... rapidly progressing in the technology industry due to the number of diagnostic machines found in the laboratory that have saved millions of people's lives such advanced ultrasound, magnetic resonance imaging (MRI), pathology tests, etc. Laboratory services are essential for assisting in the diagnostic diseases of patients." You guys, your work is so important in that workflow -- in patient satisfaction. Please know that.

Lab services are key for patient satisfaction -- especially in such areas as prenatal care. Pregnancy care, labor, and delivery is reliant on the level of satisfaction from patients, families, and the greater community. Hospital and provider loyalty can extend intergenerational and community utilization.

So, babies are born all the time, right? Not every hospital delivers them. But we want to be an environment of patient satisfaction for birth, for pregnancy processes, for neonatal care, right? We want that because that builds strong connectedness and growth and community engagement and retention, even for people that only have one baby.

Let's talk about another area that is deeply affected by patient satisfaction and it's new. And I felt it was important to mention it. But let me say, I recognize that most lab services cannot be delivered through telehealth. However, the results can and the interpretation can. I thought this was important to present to you as clinical lab scientists.

Let's talk about patient satisfaction and healthcare delivery as it pertains to telemedicine or telehealth. Telemedicine is expected to grow to a \$550 billion line of business

by 2027. Why? It increases healthcare accessibility, it minimizes disease exposure (which is really great for you guys), it allows for more efficient use of resources and time allocation. Reimbursement of telemedicine allows for expanded opportunity to deliver patient-centered care. You can connect with people via telemedicine. Understanding the nature of each patient impacts the perception of telemedicine. If you seem disinterested or you curse because there's a connectivity issue, or you notice the dog is barking or the patient's not paying attention and you don't communicate appropriately with them, they will remember. And I do understand there are limitations and there should be limits to what you're willing to tolerate from your professional delivery, right? So, understand the nature of each patient.

The provider should customize the approach based on each patient's level of understanding, healthcare, preventative care, and technology. So, you know, a 90-year-old person who did not grow up with a smartphone and technology, did not work in an environment where they use technology, may be uncomfortable with telemedicine. Be aware of that, be sensitive, and if they learn to do it, celebrate that. Acknowledge it.

Patient satisfaction may hinge on supplemental engagement, such as apps to support specific health needs. If we find that a patient is willing to monitor their blood glucose levels daily with an application, we need to make sure that not only can they download the app, but they know how to use it. If patients are going to be weighing themselves, if they have CHF, if they're weighing themselves daily, we need to make sure they have the proper equipment and know how to use it. Some patients may need a tablet to align with that scale or a blood pressure cuff. There're all kinds of digital tools out there. Over time we will see them more available and more acceptable throughout the population and it's going to really make a huge difference. It's also going to give patients the ability to monitor their own health like a fit-bit, right? So, we see the utilization. It's not currently appreciated or embraced by all levels of the population, but we can evaluate that, make sure we understand each respective patient's interpretation and willingness as we try these different and new innovative opportunities out as they come to the market. But we don't want to make anybody feel left out. We don't want to put anybody in a position where they feel that they're losing contact with us as a professional. So, recognize patient satisfaction is really first, even when we recognize that this is the coolest, most innovative life-changing technology in the history of technology.

Delivery of patient services has been expanding. And it's important to measure patient satisfaction. So, as you're trying out new technology or doing telemedicine, ask patients or notice how they're responding. There are four aspects of patient satisfaction that you'll know they're delivered and addressed via telemedicine: The health benefits, patient-centered care, monetary costs, and non-monetary costs. Is the person able to share what's going on as it

pertains to their health? Do they feel like they have your attention? Are they paying for this service? And what are they getting that they're not paying for -- that's just a part of the service? So, we need to educate them and this is a major aspect as we build out and grow telemedicine.

Let's talk about the patient satisfaction environment. Overall, measurable patient satisfaction is the ultimate approach to measure the quality of patient care (and that's Schmitt as quoted by Parashar. When a healthcare system is driven by patient satisfaction, the following will be in place (and the patient will know it): There'll be easy access to quality care, which is also patient care, right? Perception of competent professionals -- so they're going to think you all are the best, most competent professionals serving them and their best interests. And supportive, collaborative healthcare professionals. So, if you need a referral, they're going to know that you're in contact with the referring provider, right? With whom you're referring them to. They're going to know that everybody's talking to each other to work together to support the best outcomes for the patient and the patient is going to be so grateful. And when they feel that way, it's going to be okay if you have a very short time window to spend with them, especially if you have that eye contact and the empathetic approach. Additionally, there will be satisfaction with treatment, even if it's uncomfortable, inconvenient, and unpleasant.

They also want to know about transportation. So, if you provide them with a car service, get to their appointment and it takes 3 hours each way, they're not going to be satisfied. And they also want to know about the cost. They don't want surprises. Let's do our best to let people know and, of course, if we're talking about Medicare, there are certain fixed costs, but we always want to let people know what the cost is prior to any appointment, right? And we do that to the best of our ability. When we schedule an appointment and we confirm it. We want to make sure people are aware of the co-pay and that requires training. Because if people feel like "This is my health and all they want to do is talk about money" that will impair patient satisfaction.

So, Parashar and his team asserts that patient satisfaction is correlated to the patient's expectation to access quality care in a caring manner. Patients expect that. Patient satisfaction was found to not be directly correlated to health outcomes. Creating an environment of perceived satisfaction is incumbent on us to those who interact with patients. So, these are very specific points that I highly suggest you keep in mind when you go on your day. Quality care is satisfactory care, right? And adding a dose of a caring approach is going to really, really make a difference. And the health outcomes -- when people are treated well, they know you're doing your best, the outcome will be the outcome. So, it's really important to focus on your time and your interaction with patients.

Patient satisfaction is correlated with adherence to treatment because some patients need accountability, right? And some chronic conditions and some very serious conditions require ongoing treatment. And if transportation is an issue, if a patient shows up and it's freezing cold and no one cares and they're uncomfortable and they're scared, they may not show up again.

Patient satisfaction is correlated with engagement in prevention. It feels really good to walk 10,000 steps. Give them a pat on the back. It feels really good to eat only half of a container of Ben and Jerry's ice cream and not the whole pint. Suggest a lower fat ice cream. But recognize that it's progress, not perfection for many people, right? For all of us, we're never perfect. But adherence and accountability, and connectivity to the doctor and the system and the provider and the lab scientist -- it's all super important.

Patient satisfaction will improve clinical outcomes; it will help improve patient safety; it will lower hospitalization utilization. A patient who feels distrusting of their healthcare provider will start seeking out other perspectives and really may push the boundaries, right? And may end up using the emergency room because they didn't trust what the first provider said. So, we want to make sure that we are working towards patient satisfaction. And patient satisfaction will increase retention of patients, right? We want to know that we have this regular flow of patients who are satisfied, who are improving, who are stable, who are engaged and so we want to make sure they're satisfied.

So, here are some tips on patient satisfaction and providers. And let me just say we are wrapping up and I wish that we were together so that I would understand how each of you and your employers measure patient satisfaction because it can be very stressful, right? And now, you understand a little bit more about how Medicare and Medicaid are also evaluating patient experience. I do want to also say that the health plans -- insurance companies -- are also measuring patient satisfaction. So, it's really a stabilizing, absolute component of our world in healthcare so I want you to recognize how important your position is.

So, here are some pointers: Gain insight and understanding into the levels of patient satisfaction in your organization. If you're not aware, learn about it. If you treat a patient and they're happy and they're satisfied, ask them to fill out a survey. Pay attention to your workflow and how it impacts patients. If you never see a patient, pause for a minute and recognize that you're still affecting the lives of the people you serve, even if you've never seen them. Share the significance of patient satisfaction with your team because when we address this as a collective and we all improve our interpersonal communication, everyone wins. Address issues as they arise. So, if something goes awry, or if someone expresses dissatisfaction, do not sweep

it under the rug. Follow your policies and procedures. Go to your manager, your director, and address it. Communicate properly with patients to ensure effective messaging and connection and build that interpersonal relationship. And the last bullet here is recognize areas for improvement and address them, right? So, before, I said address issues as they arise. Well now I close with identify those areas that require improvement and address them appropriately. Let's be proactive and then we don't have to always be preventative, right? Let's allay issues that may cause dissatisfaction and create an environment of patient satisfaction.

I want to thank you for spending this hour with me. My name is Dr. Joy Siegel and I'm really glad to discuss this topic with you. Have a great day.

Presenter: Joy Siegel, EdD, MBA

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