

Patient Support Services & Patient Satisfaction

Can increased use of these services increase patient satisfaction?

In Brief

To see if use of supportive care services, such as pain management, counseling, and nutritional services, improved patient satisfaction scores, Aptium Oncology conducted a retrospective study using selected items from its Press Ganey Outpatient Oncology Survey. The finding: self-reported use of supportive care services is associated with statistically higher patient satisfaction scores. Further, the analysis found that the more supportive care services used, the higher the patient satisfaction score.

So what does this analysis mean for community cancer centers? While many community cancer centers routinely provide supportive care services as part of a comprehensive cancer program, these data offer a measurable rationale for providing such services. Community cancer centers should consider sharing this data with payers. A study that correlates increased patient satisfaction with increased use of supportive care services may make a compelling argument for payers to adequately reimburse for these services.

Cancer diagnosis and treatment is commonly associated with significant levels of personal stress and distress for patients and their family members. In 2007, a landmark Institute of Medicine (IOM) study identified supportive care services as an integral—and often unmet—element of cancer care.¹ Numerous cancer program guidelines recommend the provision of supportive services.^{2,3} Additionally, many national organizations have developed clinical practice guidelines, professional practice standards, and clinical quality dashboards and cancer services' excellence criteria that include the provision of these services to cancer patients.⁴⁻⁹

The Aptium Oncology Model

Comprehensive, multidisciplinary patient support services are a core component of Aptium Oncology's care delivery model. (Currently, Aptium Oncology manages eight hospital ambulatory cancer centers and one hospital ambulatory cancer center satellite.) While the need and desire for supportive care services varies significantly by cancer diagnosis and stage, taking into consideration the patient's pre-existing personal characteristics and across cancer illness phases, all new cancer patients undergoing active treatment at Aptium facilities receive information about supportive care services. Many new cancer patients are formally screened to assess their need for social work, nutrition, and pain management services. In addition, many new chemotherapy and radiotherapy patients are routinely visited by social workers and/

or dietitians shortly after beginning treatment. At Aptium facilities, supportive care services are provided to patients regardless of payer status.

Patient Satisfaction

As part of Aptium Oncology's patient services satisfaction program, surveys are mailed to all patients receiving radiation therapy or chemotherapy. Here's how the process works. Aptium facilities send a list of patients seen the previous week to Press Ganey. The company then mails a survey to every patient who has not received a survey in the previous six months. Completed surveys are returned to Press Ganey for optical scanning and statistical processing. Survey data are accumulated in computerized databases, where they are summarized and returned to Aptium facilities. Over all time periods and across all nine Aptium facilities, survey response rates average approximately 29 percent.

Our Study

Aptium Oncology used aggregated data from the Press Ganey Outpatient Oncology Survey gathered from all its cancer centers to assess the relationship between cancer support services and patient satisfaction. One survey question asks patients to identify all services and staff that "supported you during your treatment." Response choices include social worker, dietitian, pain management specialist, and psychologist/psychiatrist. Responses to these questions formed the basis of the analysis.

For the study, approximately 17,000 satisfaction surveys were analyzed and grouped according to use of a social worker, nutritionist, and/or pain management specialist (see Table 1). Overall, 10,291 patients reported no use of supportive care services (zero services group); 4,018 reported use of one service (one service group); 2,242 reported a use of two services (two services group); and 526 reported a use of all three services (three services group). The analysis looked at nine specific survey items:

- Three items related to interpersonal aspects of the patient care experience
- Two items asked about individualized patient and family education and inclusion in treatment decision-making
- One item measured satisfaction with billing services, a "non-clinical" care experience
- Three items related to global satisfaction with the cancer center experience.

The majority of respondents in the analysis were in the 65+ age range (53 percent). Approximately 31 percent of respondents were in the 50-64 age bracket. The majority of respondents were female (59 percent). An overwhelming majority (70 percent) reported "new" disease status versus "recurrent" disease status. Almost 40 percent reported hav-

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Table 1. Patient Satisfaction Items Group Mean Scores by Number of Support Services Used*

Satisfaction Item	Group Mean Score 0 Services	Group Mean Score 1 Service	Group Mean Score 2 Services	Group Mean Score 3 Services	3 Services—0 Services Difference Score
I1-Emotional needs addressed	83.93	85.28	87.43	88.97	5.04
I2-Kept family informed as to what to expect	84.02	85.12	87.21	89.40	5.38
I3-Sensitivity to difficulties/inconvenience	85.16	86.30	88.65	90.83	5.67
I4- Inclusion in treatment choices	87.27	87.83	89.60	91.10	3.83
I5- Home care instructions	86.28	87.35	89.52	91.58	5.30
SS12- Billing services	78.22	79.26	81.76	84.09	5.87
O1- Coordination of care	88.82	89.61	91.63	92.89	4.07
O2- Care given at this facility	91.54	92.27	94.70	95.78	4.24
O3- Likelihood of recommending services to others	92.63	93.49	95.30	96.35	3.72

*(N=17077)

ing used at least one of the three categories of supportive care services being measured—nutrition services, counseling, and/or pain management services. In total, 24 percent of respondents reported using one supportive care service, 13 percent reported using two supportive care services, and 3 percent reported using all three supportive care services.

Key Findings

Study findings indicated that increased use of services offered by social workers, dietitians, and pain management specialists is associated with statistically significant and meaningfully higher levels of patient satisfaction (see Table 1). Further, patient satisfaction scores increased significantly in a step-wise fashion with increased use of one, two, or three services when compared to the zero services group. In fact, mean item scores from the three services group were almost four to five points higher than the zero services group for all nine items measured. These differences remained when patient age range, gender, and disease status were entered into the multivariate analysis.

While an extensive body of clinical research supports the importance of supportive care services, few, if any, large scale analyses have demonstrated that use of these services can be associated with higher levels of patient satisfaction. This retrospective study, however, serves as an initial step in connecting patient use of supportive care services to increased patient satisfaction.

Methodological Weaknesses

Our analysis depended on the accuracy of self-reported use of social workers, dietitians, and pain management special-

ists. There is no way to verify the accuracy of these self-reports. Additionally, the data set did not contain information concerning the “intensity” of the respondents’ use of supportive care services or the reasons why these services were requested or provided. In other words, a dose-intensity (e.g., frequency and extent of use) relationship between use of these services and patient satisfaction may exist and was not addressed in this analysis.

Looking Ahead

For community cancer centers, these findings support and extend the rationales for providing supportive care services. While the literature and subject experts have long espoused the positive benefits of supportive care services to cancer patients, we now have another argument in our arsenal—offering supportive care services and ensuring patient access to appropriate services can increase patient satisfaction levels. And patient satisfaction is important to payers. For example, the Centers for Medicare & Medicaid Services (CMS) identified the “Patient Experience” as one of the key care quality dimensions in its value-based purchasing program. Private payers use many tools to measure patient satisfaction with providers. Given this interest, these data can be shared with public and private payers to open dialogue related to payer policies. Bottom line: payers should adequately reimburse for supportive care services—a move that would be in line with recommendations in the 2007 IOM report.¹

Future studies can advance the understanding of the role that supportive services play in the patient satisfaction scores of community cancer centers. Possibly, these studies could further define the relationships between the

Measuring Patient Satisfaction

Today, patient satisfaction is a widely-used indicator of service quality in hospitals, outpatient cancer centers, and freestanding cancer programs. A product of expectation and experience, patient satisfaction—or dissatisfaction—occurs as the processes of medical care unfold during a care episode.¹ When asked to rate their care, cancer patients implicitly review their experiences and compare them with their expectations. Experiences that exceed expectations result in satisfaction with service quality; experiences that fail to meet expectations create dissatisfaction. Patient satisfaction is related to important outcomes, including patient adherence to medical regimens,² recruitment and retention of patients,³ and instances of malpractice litigation.⁴

Today, many community cancer centers use the Press Ganey Outpatient Oncology Survey to measure patient satisfaction. The survey contains 28 standard “ratings” items that are applicable across diverse cancer programs. The survey measures typical experiences that a patient may actually encounter during an outpatient oncology visit. Events related to scheduling, chemotherapy treatment, cancer program staff, physical surroundings (such as the waiting area and changing rooms), and the interpersonal aspects of care are important contributors to the patient’s total experience. A typical item reads: “Waiting time in the registration area.” In addition to the 28 “ratings” items, the survey contains several background questions that allow cancer centers to partition data by important characteristics, such as age, gender, disease site, and treatment.

Each item is rated on a scale from 1 (very poor) to 5 (very good). Prior to analysis, responses are linearly converted to a 100-point scale, where 0 indicates very poor, 25 indicates poor, 50 indicates fair, 75 indicates good,

and 100 indicates very good. The questions are divided into the following seven standard sections, each representing a specific dimension of the care experience:

1. Scheduling your visit
2. Registration
3. Facility
4. Radiation therapy
5. Chemotherapy
6. Personal issues (e.g., staff attention to emotional needs, privacy, family)
7. Overall assessment.

Section scores are calculated averaging across items within each section. A summary or “Overall Satisfaction” score is then calculated for each respondent by averaging the section scores.

High patient satisfaction scores are important to the cancer center’s bottom line. Satisfied patients return for other services and may refer other potential patients. Satisfied patients may also increase referrals from primary care physicians. Finally, high patient satisfaction scores can offer a competitive advantage, improving the market position of the cancer center. ■

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range of supportive care services provided, ease of patient access to supportive care services, patient utilization rates of supportive care services, and patient satisfaction levels. Or possibly, these studies could help further define the subgroups of cancer patients who use these services and who most benefit from these services—as measured by improved patient satisfaction with their cancer care. ■

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