

Turning Providers Into “Patient Satisfiers” Measuring Satisfaction Using Mail Surveys

Case History

Category: *Health Insurance*

Methods: *Mail Survey, Automated Reporting, Satisfaction, Tracking Study*

Summary

A health insurance carrier wanted to incorporate patient satisfaction measurements as a quality outcome indicator when recredentialing each member of its large network of physicians and hospitals.

Strategic Issues

Patient-centered measurement and accountable care are increasingly important in demonstrating the quality of consumer experience with a health plan and its provider networks. Health plans with an aggressive patient-centered focus are able to demonstrate evidence of quality, not just rhetoric. This can result in competitive advantages for the health plan and its networks when attracting group health contracts and insured business.

Research Objectives

The research objectives included:

- Measuring satisfaction with the delivery of patient-observable care for episode-specific physician and hospital (inpatient) visits.
- Aggregating results by provider and developing averages or benchmarks by specialty as appropriate.
- Providing semiannual reports to each provider who had received at least 30 patient evaluations.
- Providing exception reporting to notify the health plan when a provider’s satisfaction score was significantly higher or lower than the average for their specialty.



Research Design and Methods

Separate survey instruments were developed for physicians and hospitals, and protocols were generated for sampling based on claims submitted for individual episodes of care. Using the claims automation



system, a process was developed to mail questionnaires to patients monthly, triggered by a claim for a new condition or treatment.

Results were scanned and aggregated by provider number, and individual reports were provided to providers and to the insurance company’s credentialing department semiannually. Satisfaction benchmarks were established by specialty, and an early warning system was established to flag providers with unusually low or high satisfaction results, based upon the benchmark for their specialty.

Results

The carrier incorporated the semiannual provider-specific into their provider-recredentialing protocols, allowing the health plan carrier to demonstrate that patient-centered quality measures were utilized in qualifying its provider network. Longitudinal results demonstrated that by submitting semiannual provider satisfaction results that benchmarked individual provider results against the averages for peers, satisfaction results rose significantly across the board for eight quarters. These results were successfully used in marketing.