ORIGINAL ARTICLE

Provider Follow-Up Calls: A Brief Intervention to Improve Patient Satisfaction Scores

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Background: Patient-centered care is the future of hospital services. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is the first of its kind, national, publicly available standardized survey. Although the overall score has been improving over the years, the aspect of physician-patient communication still lags far behind. We conducted a pilot study to evaluate a new method to improve communication. We assessed the changes in perception of patients if their provider initiated the post-discharge follow-up.
Methods: The physician-patient communication was evaluated for two providers at a community hospital in an urban setting. Data was collected over a period of three months for the providers. The physician-patient communication scores for the two providers were collected and compared to each other as well as to scores per National Research Corporation (NRC).
Results: A total of 21 patients were included in the study. The scores for the physicians' communication improved from the 50th percentile to the 75th percentile when compared to the NRC average.
Discussion: Improved communication outcomes require increased physician effort along with the efforts of the other staff and hospital resources. Patients' perception of physician communication can be enhanced by a post-discharge phone call from the provider.

Keywords: HCAHPS, patient satisfaction, physician-patient, communication, survey

INTRODUCTION

Patient-centered care is the future of hospital services. In line with this concept, the Center for Medicare and Medicaid Services (CMS) devised a survey to assess the performance of hospitals from patients' perspective. In 2006, CMS in collaboration with the Agency for Healthcare Research and Quality (AHRQ), created a standardized tool to be used by hospitals nationwide, called Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). HCAHPS, pronounced as *H-caps*, also known as CAHPS Hospital Survey is the first of its kind, national, and publicly available standardized survey (1). Currently, scores are available for 3900 hospitals (2). The survey is taken by the patients 24-48 hours after their discharge to assess the hospitals' performance based on their recent hospital experience. The results are available in the

public domain. HCAHPS was started with the goals of providing a means of objective comparison amongst providers, improving quality of care, and increasing transparency in the quality of care. In addition, the performance of hospitals based on HCAHPS also affects the funds and reimbursements provided to them. In 2012, the Value-Based Purchasing (VBP) program was started by CMS linking the reimbursements to hospitals with the patient experiences and it currently represents 1.75% of Medicare reimbursements to hospitals (3). In 2016, 30% of the hospitals' Diagnosis Related Group base operating payment was linked to their performance (4). The positive trend in these outcome measures prompted commercial payers to also initiate value-based payments to physician groups and hospitals (5).

Among the 27 questions in the HCAHPS survey, there is a section dedicated to the physician-patient communication. It focuses on communication by asking questions about how the patient perceived his communication with the provider. It includes aspects of courtesy, explanation of their diagnoses, and if patients felt that their physicians listened to them carefully. The results vary among the physicians and across the services available in the hospital. Previous studies have indicated a lack of communication being responsible for non-adherence, increased readmissions, and increased economic burden (6-11). Studies have also shown that although overall scores have been improving over the years, the aspect of physician-patient communication still lags far behind (12). A study conducted by Mann et al. demonstrated a gap in the communication improvement in different hospitals. The hospitals in the lowest quartile improved the most while the ones at the highest quartile at the beginning of the study showed little to no significant improvement (13). Thus, although the overall communication was improving, there was a need for measures to improve patient satisfaction in terms of communication with their providers. In order to evaluate a new method to improve communication, we observed the changes in the perception of patients if their provider initiated the post-discharge follow-up.

METHODS

The physician-patient communication was evaluated for two providers at a community hospital in an urban setting. Patients were included if they were ≥18 years-of-age and being discharged home. Patients were excluded if they were unable to participate in an interview because of language barriers, hearing problems, or severe cognitive deficits. The scores for the physicians were compared to each other and to the NRC average available in the public domain. Data was collected over a period of three months. The first two months consisted of a survey collected through phone calls made to the patient by the social worker and nurses within 24-72 hours of discharge. The physician-patient communication for the two providers was collected and compared. In the third month, the follow-up calls were made by the respective providers to assess if there were any changes in the patient's perception of their physician-patient communication. The patients were informed about receiving a call from their provider within 24-hours of discharge. Each provider made two attempts to reach the patient within 24-hours of discharge from the hospital, and a message was left after two unsuccessful attempts. Information regarding the number of attempts, time and date of the call, and whether the patient was reached or a message was left was collected. A standard telephone script was followed during each of the calls (Figure 1) with each phone call lasting between two and three minutes depending

Figure 1. Telephone Script

upon the patient's responses. The patient's responses and comments were recorded. The response choices for each item were "yes", "no" or "no answer". The responses to NRC

- Doctors explained things understandably
- Doctors listened carefully to you
- Treated with courtesy/respect by doctors

All research procedures were approved by the hospital's Institutional Review Board. The study is reported in line with SQUIRE 2.0 criteria.

RESULTS

A total of 21 patients under the care of provider A and provider B were contacted as part of the study. Provider A had an average score of 50 in the pre-intervention months as compared to Provider B who had an average of 72.25. Both Providers A and B had scores below the national average of 81 as published by CMS. The scores for the providers were below the 50th percentile of the NRC averages. After a month-long intervention of calling the patients by the providers, a significant improvement was observed in the 'communication with doctors' questions were also collected for each of the providers. The patient rated the providers in the following areas:

performance of the physicians. Provider A had a score of 100 and Provider B had a score of 88.9 per the post-discharge survey. These scores were above the national average of 80.9 and were in the 75th percentile of NRC averages as indicated in the CMS report for the corresponding month (see Figure 2).

The patient responses were collected for the post-intervention phase for the following questions:

- Any questions about diagnosis?
- Any difficulty filling medications?
- Any questions about medications?
- Any difficulty scheduling an appointment?
- Any other questions/concerns?
- Is there anything we would have done different?
- Is there anyone who did an excellent job at the Hospital?
- The physicians were also asked to indicate if they were on the admitting team.

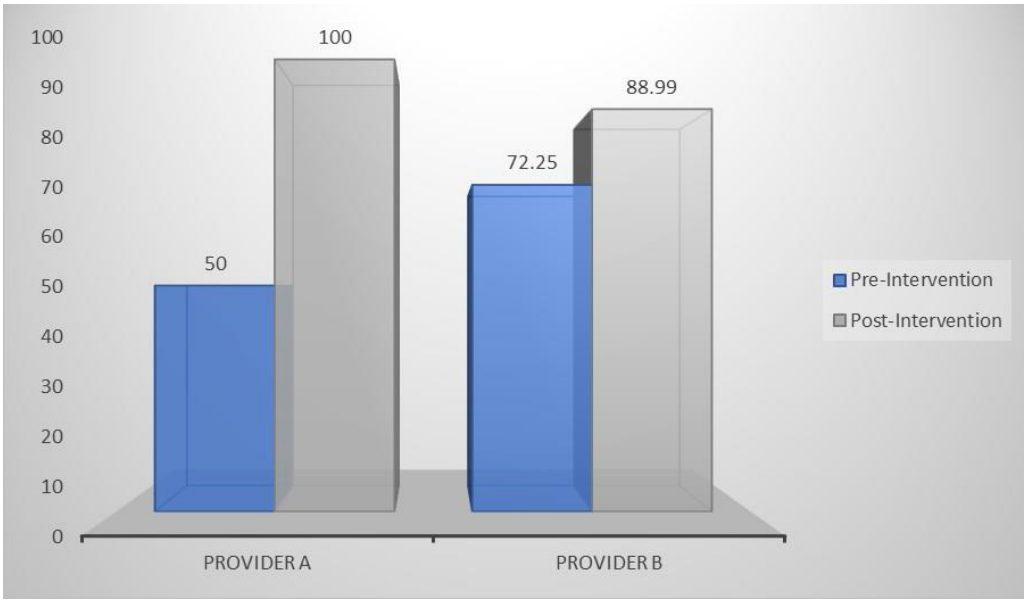

Figure 2: Pre- and post- intervention communication scores.

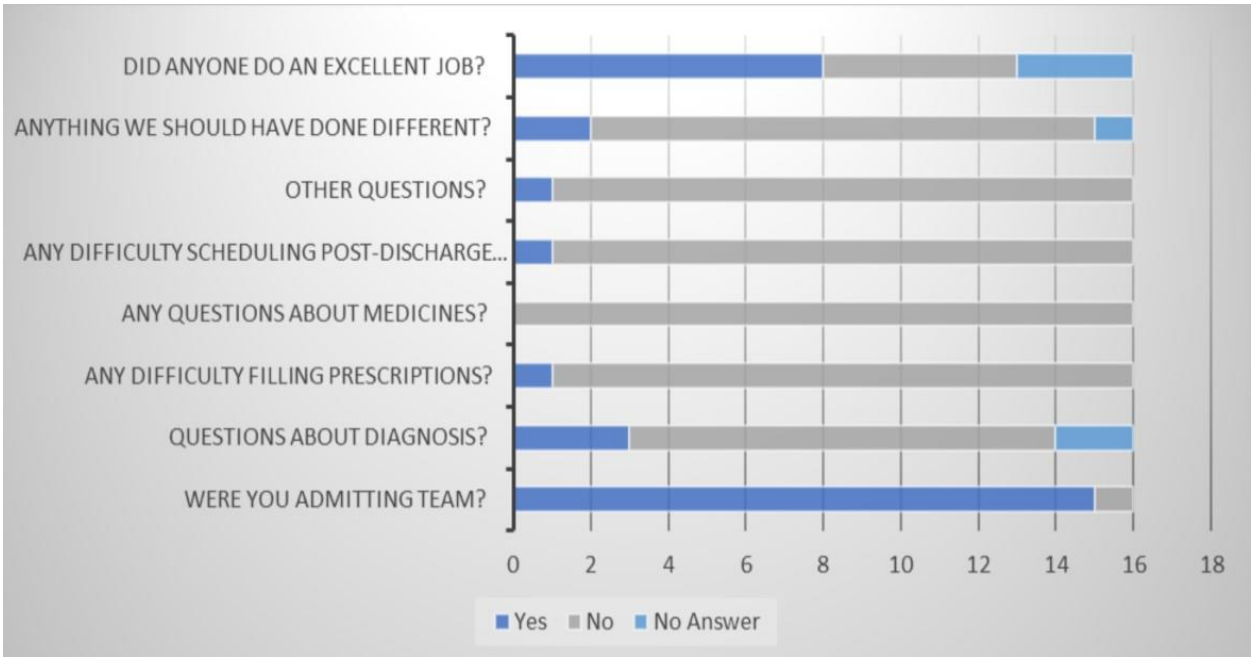

Figure 3. Patient comments to the survey questions.

Patients had relatively few questions or concerns as shown in Figure 3.

DISCUSSION

The times are changing and so are the ways healthcare services are being provided. In the past, the physicians had ample time for their patient and had a personal rapport with each of them. However, in today's fast-paced world and with the advent of technology, this pattern of practice is fading away. It has been replaced by telemedicine and artificial intelligence to increase the efficiency and decrease the time spent at a doctor's office. In both the scenarios, one of the important aspects that remained constant is the communication between the physician and their patients.

Good physician-patient communication is known to improve patient satisfaction, compliance, adherence and self-management in chronic diseases. It is also known to decrease the occurrence of litigations associated with miscommunication between the physician and patient (14-19). Improved patient satisfaction translates to improved HCAHPS scores for the respective providers and hospitals. Our hospital stay mandates a call to the patient within 24-72 hours of discharge by the team but the onus has been on the nurse and the social worker in the majority of the cases. The questions asked regarding the provider communication may not be answered accurately in these circumstances as the patients are often not aware of their primary provider at the hospital. Hospitals usually have a team comprising of physicians, nurses, residents, pharmacists and medical students that are involved in the care of the patient. Previous studies have demonstrated that only 1 in 4 patients can identify the physician who admitted and treated them during their stay. A study by Arora et al. at an urban teaching hospital found that as little as 25% of the patients were able to identify the physician caring for them during their course of hospitalization (7). Similarly, other studies at a not-for-profit community teaching hospital and at a public teaching hospital found that only 18% and

14.7% of the patients, respectively, correctly identified the physician-in-charge for their care (11, 20).

Our study showed a significant change in the patient satisfaction scores with regards to communication with providers when follow-up calls were completed by the physicians. The patients were informed on the day of their discharge of the follow-up call they were to expect from their physicians. In 90% of the calls, the patients had a positive response to the follow-up call with some of the responses being "I was shocked. You called me, that's awesome, have a doctor called me that totally blows me away"; and "I am glad you called; you are my lifeline. Few kind of people do that." Although the time frame for this intervention was short (one month) and the study consisted of a small sample, it demonstrated that the initiative of a call from the physician-in-charge can make a difference in the HCAHPS scores. The physicians spent no more than five minutes on each phone call. Thus, a short phone call could be one of the answers to improving scores in terms of communication. This was consistent with previous studies that showed an improvement in patient satisfaction with a display of empathy, interest, and emotional availability by the physicians (21).

In conclusion, improved communication outcomes require increased efforts from the physician along with the efforts of the other staff and hospital resources. The doctors can be encouraged to do so by providing simulation skill training, incentives, and training for follow-up phone calls during residency.

Notes

Author contributions: Vinod Nookala (VN) and Sravanthi Ennala (SE) were involved in conceptualizing the idea and collecting the data. Pratiksha Singh (PS) and Manbeer Singh Sarao (MS) were involved in analyzing the data, literature review and manuscript writing. VN, PS, MS, and SE were involved in proof-reading and finalized the manuscript. All the authors have reviewed and approved the manuscript for submission.
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Potential conflicts of interest: Authors declare no conflicts of interest.

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