

Opinion

Experience vs. Satisfaction: What the Surveys Say

I have long been fascinated by pairs of words or phrases that have quite different meanings but are often switched for one another in everyday usage. For example, consider the words infer and imply. Inference is in the ear of the beholder, while implication is a subtlety intended by the speaker. Often, the person who infers something—say, unspoken love—is wishing that the speaker implied it. And the speaker, implying nothing of the sort, can't understand how the listener inferred such a thing. It's easy to see how those 2 words get mixed up and, in the process, mess up human relationships. Another pair is farther and further. "How much farther is it?" "Twice as far as we've come already" is the correct response, not "about an hour." Usually, pairs of words like these sound or look similar, but not always.

Recently, it has become popular to sample patients' opinions about the medical care they have received. It used to be called measuring "patient satisfaction." But whether a patient is satisfied or not may relate to many factors other than the care they received. With a summary satisfaction score, the particular components that contribute to patient experience are obscured. When applied to individual physicians, there is a lot of chance in the equation. A more useful alternative is a survey that measures the total patient *experience* with medical care, not just satisfaction. Over the past decade,

the Agency for Healthcare Research and Quality (AHRQ) has developed and refined the Consumer Assessment of Healthcare Providers and Systems (CAHPS) family of surveys. These surveys cover topics that are important to patients, such as the communication skills of providers and the accessibility of services. Many academic medical centers and large subspecialty clinics have been using these surveys for some time, so ophthalmologists who work in such venues are already familiar with them. The surveys are used to compare clinics within an institution, often with internal financial rewards offered for good performance, or across institutions. But ophthalmologists in solo or single-specialty group practice may be unaware of them.

The real power of the CAHPS surveys is twofold. First, they are available at no charge to anyone who wishes to use them because they are in the public domain (www.cahps.ahrq.gov). Second, a growing body of literature shows that the surveys measure something important, and that they are a powerful stimulus for changing clinic and clinician behavior.¹ There is a version of CAHPS for surgical care, but not yet one that is ophthalmology specific.

Several years ago, the multispecialty clinic where I receive my medical care started sending me CAHPS surveys. As I read the questions and reviewed my patient experience for my last visit, it was clear that there had been "teaching

to the test" going on. All my providers, nurses, and receptionists asked me all the right questions. The clinic had obviously been holding some intensive training sessions. Surprisingly, I found myself more confident and pleased with my patient experience than I had been before. I also noticed that the staff and physicians who cared for me seemed happier as they went about their work. I made a mental note of how a physician "burden" had turned into a good result. And I realized that patient satisfaction and patient experience are not the same thing.

1 Jagadeesan R et al. *Ophthalmology*. 2008; 115(4):738-743.e3.



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