

The Value of a POSITIVE PATIENT EXPERIENCE

Interview with Louis J. Wilson, MD, FACP

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L to R:
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The transition of health-care reimbursement from a traditional fee-for-service system to a value-based system will put pressure on physician practice groups to deliver high-quality and cost-effective care while also providing a positive patient experience. It is critical that physician practice groups of all sizes take the necessary steps to be prepared for these changes. Specifically, it is crucial to better understand how validly measuring patient satisfaction can make delivery of care more efficient, quality of care better, and patient experience more positive.

The ACG Practice Management Committee is pleased to present this interview with Dr. Louis Wilson, who, along with Drs. Jay Yepuri and Richard Moses, and support from the Practice Management Committee, wrote a paper on patient satisfaction entitled “The Advantages and Challenges of Measuring Patient Experience in Outpatient Clinical Practice.” The paper will be published in a four-part series in *The American Journal of Gastroenterology* Red Section, beginning with the April 2016 issue.

Louis, this is great work by you and Jay Yepuri and Richard Moses. Please explain what got you all interested in pursuing this topic?

LW: It began at our Practice Management Committee meeting in October 2014, when then committee chairman, Dr. Larry Cohen, asked for a volunteer to head up a report on the “Clinician and Group Consumer Assessment of Healthcare Providers and Systems” (CG-CAHPS) survey and its impact on value-based purchasing. I raised my hand because I immediately recognized it as something important. The government’s plan to use subjective patient-satisfaction surveys to determine the value of the care we deliver raises a whole host of questions. Volunteering gave me a chance to learn something new that would help my practice while also providing a valuable service to the membership of the ACG. That’s what being on a committee is all about. Jay and Richard jumped right in and joined me, and the results have been very gratifying.

Help the audience understand why this topic is so important.

LW: The changes that practices need to make to survey patients effectively,

improve patients’ experience of care, and subsequently do well on CG-CAHPS will not be easy. Physicians cannot expect to simply hire a vendor and leave it to them. Reading this four-part report will give them the background they need to start that process.

What are the best ways to standardize measuring patient satisfaction when it seems so subjective?

LW: Patient satisfaction is actually not a very well defined concept, and relying on the CG-CAHPS alone to engage patients and respond to opportunities for improvement will not work. I think a combination of patient experience surveys and some other form of specific care-related communication is needed.

What benefits are there to standardizing and measuring patient satisfaction?

LW: The benefits to a medical practice that come from effectively engaging patients, measuring patient experience, and responding to the results in a structured fashion are enormous. They include better management of staff, better use of resources, improved reputations in the community, and improved income.

What are the next steps practices should consider to implement your recommendations?

LW: Very large groups of 100 or more providers are already in their second year of this process, so I think medium and small practices are at a crucial time. As of December 2015, CMS has decided to back away from their original schedule of implementation so that CG-CAHPS is still a voluntary measure for PQRS for groups with 2–99 providers. Therefore, immediately hiring a CMS-certified CG-CAHPS vendor is not necessary or perhaps the best option. For instance, other options include digital patient communication systems and automated phone campaigns. What is essential is that practices educate themselves about the options for measuring and improving patient satisfaction and starting an active effort to do so. Making critical improvements will take time.

How do you see the area of patient satisfaction evolving over the next few years?

LW: Under MACRA, the current Medicare quality reporting programs will sunset at the end of 2018 and be replaced by a new system called “Merit-based Incentive Payment System” (MIPS). Measurements of patient experience will almost certainly be a part of that. CMS has repeatedly stated that patient-reported outcome measures (PROMS) are an important goal for them. Defining those, supporting them, and using them will be a challenge. I intend to stay tuned-in as those approach. [ACG](#)