North Shore-LIJ Medical Group Patient Satisfaction Reviews

Frequently asked questions...

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Have any other health care organizations posted ratings and comments to physician profiles?
What is the Patient Satisfaction Survey?

The Medical Practice Patient Satisfaction Survey, administered by Press Ganey, measures patient experience at the provider level subsequent to a physician office visit. Items within the survey instrument measures patients’ perceptions of care, including getting appointments and health care when needed, how well doctors communicate and listen to patient concerns, courtesy and helpfulness of office staff, and overall rating of the doctor. See information after page 6 to learn more about the Medical Practice Survey Psychometrics Report.

Who is Press Ganey?

Press Ganey, a third party vendor, administers the Medical Practice patient satisfaction survey for the Medical Group. For more than 30 years, Press Ganey has been a patient experience company specializing in patient experience measurement, performance analytics and strategic advisory solutions for health care organizations across the continuum of care. Based out of South Bend, Indiana, Press Ganey works with more than 10,000 health care organizations nationwide, including 50% of all U.S. hospitals and medical practices to help improve clinical and business outcomes.

Medical practices and physician groups need to participate in the Centers for Medicare & Medicaid Services (CMS) requirements to capture patient experience feedback under the annual Physician Quality Reporting System Consumer Assessment of Healthcare Providers and Systems (PQRS CAHPS) Survey. Effective July 24, 2015, Press Ganey is a CMS-approved vendor for the PQRS CAHPS survey.

What do we do with the patient satisfaction survey results?

Internally, the Medical Group works with Service Lines to use the survey ratings and comments to help focus on issues of great importance to our patients and families. This is in support of our Medical Group Physician Compact and the Health System’s commitment to providing excellent patient experience. Access to patient satisfaction information allows us to make changes in policies, procedures and communication techniques to ensure that we are providing the best possible health care experience for our patients and families.

Today’s society increasingly demands transparency and access to information which allows for informed decision making. We believe that by giving current and prospective patients and their families’ access to our doctor ratings and comments, they gain additional insight into what other patient interactions have been like, and they can make more informed decisions when choosing a health care provider.
Who receives the survey?

Patients who are seen at North Shore-LIJ Medical Group practices are randomly selected to receive a survey. Surveys are sent through the mail or email within a few weeks of appointments. Patients eligible to receive a survey will have:

- Been seen in a medical practice setting
- Not received a survey about an medical practice visit in the last 90 days

Twenty-five surveys are mailed out per provider, per month, to a random sample of patients. All additional patients who have not received a medical practice survey in the last 90 days will receive an e-survey, provided we have their e-mail addresses on file.

What percentage of surveys are returned?

The national average return is 20%. As of 2015, we are slightly lower. The return rate varies by specialty. Physicians play a key role in improving return rates by explaining to patients they may receive a survey, and if they do, encouraging patients to complete it.

What patient ratings are posted to our profiles?

The Press Ganey Medical Practice Care Provider section ratings will be posted as aggregate and individual ratings, each illustrated with a five star rating system. Responses are measured on a scale of 1 to 5 with 5 being the best score. Patient ratings include:

1. Explanations the care provider gave you about your problem or condition
2. Concern the care provider showed for your questions or worries
3. Care provider's efforts to include you in decisions about your treatment
4. Degree to which care provider talked with you using words you could understand
5. Friendliness/courtesy of the care provider
6. Information the care provider gave you about medications (if any)
7. Instructions the care provider gave you about follow-up care (if any)
8. Amount of time the care provider spent with you
9. Your confidence in this care provider
10. Likelihood of your recommending this care provider to others

How are patient ratings determined and illustrated as stars?

The patient ratings are determined using the Press Ganey mean score earned, then divided by a value of 20.
Will we see ratings and comments posted for every doctor?

No, a minimum of 30 ratings (not comments) are needed to ensure statistical validity. Providers with less than 30 ratings may still have data featured on their profiles, but it is their choice. When a provider has less than 30 returned surveys, ratings are more likely to fluctuate based on surveys with extreme responses, positive or negative. The number of rated physicians will increase over time. The more ratings a provider receives, the more accurate and statistically reliable the data is. (Central Limit Theorem, Law of Large Numbers, & Standard Error Reference - A. Mark Sirkin. (1995). Statistics for Social Sciences. Thousand Oaks, CA: Sage Publications.)

What is the date range for ratings posted to our profiles?

The ratings posted to the physician profiles are calculated from 18 months of patient returns, refreshed every two weeks. This allows for most physicians to accumulate the desired minimum 30 returns for posting.

Are all comments posted?

We collect comments from the Care Provider section of the Medical Practice survey and post them every two weeks with the most recent information listed first. Prior to posting, all comments are reviewed by the Medical Group Patient Experience team to filter out any which fall into our list of “exclusion items” as determined by the Executive Committee. Comments will not be edited– instead the comment will not be posted. Both positive and negative comments will be posted.

What are the Comment Exclusion Criteria?

Both positive and negative comments will be posted, with these exceptions (Exclusion Criteria):

- Profane, offensive, abusive, discriminatory, slanderous, libelous or malicious language
- Describes personal appearance
- Names or detailed descriptions that jeopardize patient confidentiality, dignity or privacy (e.g. PHI, names, unique diagnoses, unique procedures or complications)
- Comments about other providers, departments or instances of care (Emergency Department, Financial Services, Pharmacy, etc.)
- “Quotations” he said/she said

Can any patient post a comment?

No, comments cannot be posted directly to a provider's profile by a patient.
Will the physician review comments prior to posting?
Yes, the physician has the opportunity to review comments meeting criteria to publish two weeks prior to posting if he/she desires to do so. The electronic Patient Satisfaction Reviews Preview Tool automatically delivers an email message stating there is a new comment. The tool allows the physician to either: ignore to auto-publish in two weeks, select publish now, or request an appeal.

How do I access the Patient Satisfaction Reviews Preview Tool?
You can access the Reviews Preview Tool via the Hub or the link in your email message as long as you are on the network server. To log on to the Reviews Preview Tool, use your Personal Log on Credentials. This will have been sent to the nshs.edu email account of each Medical Group physician who participates in the Press Ganey Medical Practice Survey. If you misplace this information, you can also log in via the link on the Hub and request a new password. This will prompt you to provide your nshs.edu address. Shortly after submitting this form, you will receive an email with your logon credentials.

Can a physician assign a reviewer to manage comments while on vacation?
Yes, the physician has the opportunity to assign up to 3 reviewers. The reviewer must be an eligible North Shore LIJ employee, non physician, with a valid North Shore LIJ email account. This will allow read only.

How does a physician assign a reviewer to manage comments prior to posting?
The physician assigns a reviewer directly in the Patient Satisfaction Reviews Preview Tool. Once logged on at the comment dashboard, select the physician name circle on the top right. This My Account page will allow the physician to submit or remove a reviewer.

Is there a central mailbox for Physicians &/or reviewers to communicate concerns?
Yes, there is a Patient Satisfaction Reviews dedicated mailbox on Outlook. The address is PatientSatisfactionReviews@nshs.edu.
Can a physician appeal posting a comment?
Yes, notification of Appeal must be initiated by the physician within 2 weeks of receipt via the tool; the comment will be sequestered during Appeal Process.

Who is the Physician Appeal Committee?
The Physician Appeal Committee includes the NSLIJ Health System CMO, NSLIJ Medical Group Executive Director, NSLIJ Medical Group Patient Experience Committee Chairperson, and two NSLIJ Medical Group Patient Experience Committee members serving two quarters for appeal review.

How long does the Appeal process take?
The appeal process is considered and resolved every quarter. Appeal requestor faces Physician Appeal Committee at a quarterly review to justify request. Physician Appeal Committee will review and make determination at that time. Appeal requestor may request a second review by the Medical Group Executive Committee.

Can a physician review all other ratings and comments from the Medical Practice Satisfaction Surveys?
Yes, physicians can continue to obtain full Press Ganey data reports and individual queries from their service line management team at any time. In addition, the Individual Provider Scorecards illustrating CG-CAHPS ratings, Press Ganey ratings, and external benchmarks will be generated and posted to the Medical Group Patient Experience Scorecard Intranet site quarterly.

If a physician does not have good reviews, will the Health System offer support?
Yes, the health system values the talent of all physicians. Medical Group Leadership, Service Line Leadership, and the Patient Experience Team will work directly with physicians to identify specific opportunities for improvement.

Have any other health care organizations posted ratings and comments to physician profiles?
Yes, University of Utah Hospitals, Wake Forest Baptist, Piedmont, Stanford, and Cleveland Clinic have posted their ratings and comments as of spring 2015.
Medical Practice Survey Psychometrics Report

Background
One of the hallmarks of Press Ganey’s surveys is their scientific basis: Our products incorporate the best characteristics of survey design. Our surveys are developed by conducting focus groups of providers and administrators, reviewing surveys from health care facilities across the country, reviewing current professional and scientific publications on health care delivery, and utilizing the latest research on survey statistics and design. Much has changed in health care since Press Ganey released its first Medical Practice survey in 1990. Not only has managed care grown, but there has been an increase in the number of non-physician providers (such as nurse practitioners and physician assistants). Many physicians have found that they must participate in managed care plans not only to retain their existing patients but also to attract new ones.

Group practices that deliver exceptional customer service are most likely to flourish in today’s changing marketplace. Improved patient satisfaction increases word-of-mouth referrals and patients’ compliance and has been linked to reduced staff turnover and malpractice costs. (See Hickson 2002; Garman, Garcia and Hargreaves 2004; Glickman, et. al. 2010).

The Survey Revision
After its initial creation in 1990, the Medical Practice survey was last revised in 1999. At the beginning of the current revision process (2010), we surveyed our sales and customer service staff for concerns or suggestions that may have been raised during their discussions with clients. We conducted focus groups as well as structured conference calls with clients across the country. We scoured current research – both internal and external to Press Ganey – and examined patterns of Medical Practice data in our national database. In addition, a Client Advisory Committee of eight Medical Practice clients was formed to review early drafts of revised questionnaires and to provide feedback.

The Testing Process
Effective questionnaires have three important attributes: focus, brevity and clarity. Questions should focus directly on a specific issue or topic, be as brief as possible while still conveying the intended meaning, and be expressed as simply and as clearly as possible. When we were confident that the revised set of questions met these criteria and that their face, content and consensus validities had been established, we tested the questionnaire by surveying approximately 9,000 patients from eight practices across five states during a seven-week period. Both single and multispecialty practices were included, serving urban and rural populations.

Patients’ perceptions of care and service were measured by asking them to rate 34 items related to aspects of their care and treatment that occurred as part of their visit with a Care Provider for a one-on-one office/exam room encounter. Questions were divided into five subscales designed to measure specific aspects of typical patients’ experiences during visits to a Care Provider: Access, Moving through the Visit, Care Provider, Personal Issues and Overall Assessment.

As with other Press Ganey questionnaires, a Likert-type response format was used with the following categories: very poor, poor, fair, good and very good. Because this format is balanced and parallel – unlike a “poor” to “excellent” format – responses can be quantified and used statistically without violating...
methodological assumptions. Also, variability in patients' responses with this format allows for the identification of opportunities to improve, unlike “yes/no” response formats.

Patients at each site were selected randomly: Half of these patients received the current Medical Practice questionnaire, and half received the revised questionnaire. Questionnaires were mailed to each sampled patient within 3-5 days of his/her visit. A mail-out methodology was chosen over hand distribution to eliminate selection and acquiescence biases. The test concluded with the receipt of 1,791 revised questionnaires. Practice-level response rates for the revised questionnaire ranged from a low of 17% to a high of 23%, with an average of 20% across all the pilot practices.

Questionnaire Psychometrics
The accuracy of a questionnaire is assessed by measuring its validity and reliability. Validity is the degree to which a questionnaire measures what it was designed to measure. Reliability is the degree to which survey data are consistent across similar respondents or across surveys. The revised Medical Practice instrument was found to be psychometrically sound across a wide variety of tests of validity and reliability as described below.

Response Patterns and Variance
Measures of central tendency (i.e., mean, median and mode) and variability (standard deviation, standard error) were examined for all questions. Response frequencies and patient comments were evaluated for patterns of missing data and question-wording, or ambiguity, problems. Although no problems were encountered, these steps are important for ensuring the clarity of questions and the absence of instrument bias and error. As mentioned above, it is important for variation to exist among each question’s responses. If every patient answered “yes” or circled “4” for a particular question, there would be no variability and no opportunity to correlate that issue with others. Alternately, if all patients rated a service a “5,” it would suggest high service quality but little opportunity for improvement. In general, questions with little or no variation should be omitted, and questions allowing providers room to improve should be maintained.

Measure Redundancy
As discussed above, it also is important for a survey instrument to be concise. A correlation matrix of all best questions was examined to find questions that were too highly associated with one another. If two questions are highly inter-correlated, it suggests that they may be measuring the same issue or concept and, therefore, redundant. Removing one of the two questions removes this redundancy and leaves a more parsimonious scale or questionnaire.

Construct Validity
A factor analysis was completed on test data for the 29 remaining questions. Factor analysis is a technique used to identify factors that statistically explain the variation among responses to a questionnaire. In other words factor analysis helps to identify which questions belong together, confirming a questionnaire’s construct validity, or structure. Ideally, the factor analysis should place questions in groupings similar to the sections of the questionnaire. Questions that are highly correlated with one another typically represent a common dimension or concept. For example, “Friendliness/courtesy of care provider” and “Concern the care provider showed” are more likely to define a “Care Provider” dimension than “Friendliness of the nurse/asst” or “Convenience of our office hours.”

The factor analysis identified five dimensions of care and service in addition to patients' overall assessment (see Table 1). The two test items that specifically reference the Nurse/Assistant section loaded together; in conjunction with face validity and the results of the tests of convergent and divergent
validity referenced in Table 1, the creation of a nurse-specific section on the revised survey was deemed appropriate.

Table 1: Item Content and Primary Factor Loadings

<table>
<thead>
<tr>
<th>Component</th>
<th>Care Provider</th>
<th>Personal Issues</th>
<th>Access</th>
<th>Nurse/Asst.</th>
<th>Moving Through Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of getting through to the clinic on the phone</td>
<td></td>
<td></td>
<td>.793</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convenience of our office hours</td>
<td></td>
<td></td>
<td>.755</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of scheduling your appointment</td>
<td></td>
<td></td>
<td>.799</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courtesy of staff in the registration area</td>
<td></td>
<td></td>
<td>.571</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree to which you were informed about any delays</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.826</td>
</tr>
<tr>
<td>Wait time at clinic (from arriving to leaving)</td>
<td></td>
<td></td>
<td></td>
<td>.849</td>
<td></td>
</tr>
<tr>
<td>Friendliness/courtesy of the nurse/assistant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.832</td>
</tr>
<tr>
<td>Concern the nurse/assistant showed for your problem</td>
<td></td>
<td></td>
<td></td>
<td>.798</td>
<td></td>
</tr>
<tr>
<td>Friendliness/courtesy of the care provider</td>
<td>.781</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explanations the care provider gave you about your problem or condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.857</td>
</tr>
<tr>
<td>Concern the care provider showed for your questions or worries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.868</td>
</tr>
<tr>
<td>Care provider’s efforts to include you in decisions about your treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.852</td>
</tr>
<tr>
<td>Information the care provider gave you about medications (if any)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.813</td>
</tr>
<tr>
<td>Instructions the care provider gave you about follow-up care (if any)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.811</td>
</tr>
<tr>
<td>Degree to which the care provider talked with you using words you could understand</td>
<td></td>
<td></td>
<td></td>
<td>.796</td>
<td></td>
</tr>
<tr>
<td>Amount of time the care provider spent with you</td>
<td></td>
<td></td>
<td></td>
<td>.781</td>
<td></td>
</tr>
<tr>
<td>Your confidence in this care provider</td>
<td></td>
<td></td>
<td></td>
<td>.861</td>
<td></td>
</tr>
<tr>
<td>Likelihood of your recommending this care provider to others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.844</td>
</tr>
<tr>
<td>How well staff protected your safety (by washing hands, wearing gloves, etc.)</td>
<td></td>
<td></td>
<td></td>
<td>.756</td>
<td></td>
</tr>
<tr>
<td>Our sensitivity to your needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.629</td>
</tr>
<tr>
<td>Our concern for your privacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.739</td>
</tr>
<tr>
<td>Cleanliness of our practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.752</td>
</tr>
</tbody>
</table>

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1 Principal Components with Varimax rotation.
2 This item cross-loaded on the Care Provider factor, r = .511
Convergent and Divergent Validities

Although factor analysis is a popular method of establishing the construct validity of a questionnaire, other methods are available. For example, one of the assumptions of questionnaire and scale construction is that an individual item from a scale should be well correlated with the other items in that scale. Researchers suggest a minimum “item-to-scale” correlation of .30.

Table 2 shows the average and range of correlations between each question and its parent section. These correlations are “corrected” in the sense that the item of interest is omitted from its section score when correlations between the two are calculated. Corrections are performed to avoid inflated or spuriously positive correlations.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Alpha</th>
<th>Average Corrected Item-Scale Correlations</th>
<th>Range of Corrected Item-Scale Correlations</th>
<th>Average Corrected Item-Non-Scale Correlations</th>
<th>Range of Corrected Item-Non-Scale Correlations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>.81</td>
<td>.68</td>
<td>.48-.66</td>
<td>.43</td>
<td>.33-.58</td>
</tr>
<tr>
<td>Moving Through the Visit</td>
<td>.88</td>
<td>.77</td>
<td>-</td>
<td>.44</td>
<td>.38-.52</td>
</tr>
<tr>
<td>Nurse/Assistant</td>
<td>.90</td>
<td>.86</td>
<td>-</td>
<td>.49</td>
<td>.40-.61</td>
</tr>
<tr>
<td>Your Care Provider</td>
<td>.97</td>
<td>.79</td>
<td>.70-.90</td>
<td>.49</td>
<td>.33-.78</td>
</tr>
<tr>
<td>Personal Issues</td>
<td>.91</td>
<td>.79</td>
<td>.68-.81</td>
<td>.54</td>
<td>.41-.73</td>
</tr>
<tr>
<td>Overall Assessment</td>
<td>.87</td>
<td>.77</td>
<td>-</td>
<td>.60</td>
<td>.40-.78</td>
</tr>
</tbody>
</table>

An item should be correlated with its own scale (convergent validity) as well as correlated more with its own scale than with other scales (divergent validity). That is, item-to-scale correlations should be higher than item-to-non-scale correlations. For example, an “Access” question should be more highly correlated to its section than to the “Care Provider” section.

As Table 2 confirms, the revised questionnaire demonstrates both convergent validity and divergent validity. Because these are subclasses of construct validity, the revised questionnaire’s effectiveness at measuring patient perceptions in primary care settings is confirmed across multiple tests.

Criterion, or Predictive Validity

Predictive validity is defined as the ability of an instrument to predict outcomes that theoretically should be tied to the construct measured by the instrument. The predictive validity of a patient satisfaction instrument then can be estimated by the degree to which individual items on the instrument predict the patients’ intentions to recommend.

In this regard the revised questionnaire shows high levels of predictive validity. Multiple regression analysis revealed that all other items are significant predictors of patients’ reported likelihood to recommend the care provider, $F(23, 949) = 326.15, p < .001, R^2 = .89$ (adjusted $R^2 = .89$). Likewise, the questionnaire is highly predictive of patients’ likelihood to recommend the practice, $F(23, 949) = 156.33, p < .001, R^2 = .79$ (adjusted $R^2 = .78$). In other words, the revised instrument explains approximately 89% of the variance in patients’ likelihood to recommend their care provider and approximately 79% of the variance in patient’s likelihood to recommend the practice.
Reliability
Reliability testing is a method of evaluating the internal consistency of a questionnaire. The traditional statistic used to illustrate the degree of consistency among the items of a scale or questionnaire is Cronbach’s alpha. A set of questions with no internal consistency – no reliability – has an alpha of 0.0 indicating that the questions within the scale may not be measuring the same issues. A set of questions with perfect internal consistency has an alpha value of 1.0.

All five of the revised scales exceeded the stringent .70 standard for reliable measures: Reliability estimates range from .81 to .97 (see Table 2). The Cronbach’s alpha for the entire questionnaire is .97, confirming the instrument’s high internal consistency and reliability.

Readability
According to the Flesch-Kincaid Index, which is based on the average number of syllables per word and the number of words per question, the final questionnaire tests at approximately the sixth grade reading level.

References