

# Part Two

How can we improve the collection of patient comments?

# Learning from Patient Comments: From Anecdote to Science

## OUR GOAL FOR THE RESEARCH AND OUR ASPIRATION FOR PUBLIC REPORTING

To collect patients' reports of their health care experiences that are *representative*, *balanced*, *fulsome* and *understandable*.

# Learning from Patient Comments: Defining Goals

- **Representative:** Engage sick and healthy, from all socio-economic/demographic strata.
- **Balanced:** Reflect all experiences, both positive and negative
- **Fulsome:** Include the scope of experiences that matter to the patient describing them
- **Understandable:** Convey to prospective patients what care would be like from that clinician

# Learning from Patient Comments: Experimental Design 1

- **Defining feasible elicitation protocols**
  - Short-sequence: 5-7 open-ended questions
  - Limited response burden: completed in < 10 minutes
- **Experimental design:**
  - Placement: beginning versus end of CAHPS survey
  - Mode: phone versus web elicitation
  - Multiple rounds

# Learning from Patient Comments: Experimental Design 2

- **Compared against intensive interviews**
  - Hour-long interviews; extensive probes
  - Conducted by highly trained interviewers
- **Criteria for assessing elicitations**
  - Fidelity: scope of experiences, balance of positive vs. negative assessment
  - Usefulness: understandable; present diverse experiences
- **Multiple methods for comparison**
  - Textual analysis
  - Narrative analysis

# Learning from Patient Comments: Revising the Elicitation Protocol

- **Round 1 Elicitation Sequence**

- Opening Question: What was notable?
- Positive Experiences: 2 Questions  
(Second with embedded expectations)
- Negative Experiences: 2 Questions  
(Second with embedded expectations)
- Response to Experiences: 2 Questions

- **Round 2 Elicitation Sequence**

- Expectations for providers (and staff)
- Were expectations met? (past 12 months)
- Positive experiences: 1 Question with narrative guide (what happened, how did it happen, how did it feel?)
- Negative experiences: 1 Question with narrative guide
- Assessing relationship with provider: “interact with relate to”
- Response to Experiences: 2 Questions

# Learning from Patient Comments: Final Protocol

- **Round 2 Elicitation Sequence**
  - Expectations for providers (and staff)
  - Were expectations met? (past 12 months)
  - Positive experiences: 1 Question with narrative guide (what happened, how did it happen, how did it feel?)
  - Negative experiences: 1 Question with narrative guide
  - Assessing relationship with provider: “interact with relate to”
  - Response to Experiences: 2 Questions

# Learning from Patient Comments: Representative Experiences

- Data from a nationally representative internet panel
- Stratified sampling of panelists

Elicitation Protocol	Respondents Stratified By Health Status		
	SAMPLE 3 Chronic Condition Requiring Treatment (past 12 months)	SAMPLE 2 Serious or Life- Threatening Condition (past 12 months)	SAMPLE 1 Saw MD Multiple Times, No Serious Illness (past 12 months)
Online – Method 1	4 interviews	4 interviews	4 interviews
Online – Method 2	4 interviews	4 interviews	4 interviews
Telephone – Method 1	4 interviews	4 interviews	4 interviews
Telephone – Method 2	4 interviews	4 interviews	4 interviews

- Aspire to induce higher future participation rates



# Learning from Patient Comments: Balanced Reports

- **Clinicians fear** the disgruntled patient
- **But 80% of comments largely/entirely positive**
- **Our approach** to promoting balance
  - Oversampling people who are sick
  - Elicitations include both positive and negative probes

# Learning from Patient Comments: Fulsome Accounts 1

- **Fulsome:** A relative rather than absolute standard
  - Each patient describing what matters to them
  - Comparing elicitation with interview for that patient
- **Our approach** to measuring fulsomeness
  - Initial categories drawn from literature on patient comments
  - Enriched inductively from coding our data

# Learning from Patient Comments: Fulsome Accounts 2

<b>100 Content of Experiences</b>	<b>110 Access to Care</b>
	120 Communication
	130 Emotional Rapport
	140 Efficiency and Timing
	150 Decision Making
	160 Thoroughness
	170/180 Technical Quality
	190 Care Orientation
<b>200 Other Influences on Experiences</b>	210/220 Office Staff
	230 Coverage Issues
	240 Other Clinicians' Care

# Learning from Patient Comments: Fulsome Accounts 3

<b>100 Content of Experiences</b>	<b>110 Access to Care</b>
	120 Communication
	<b>130 Emotional Rapport</b>
	140 Efficiency and Timing
	150 Decision Making
	160 Thoroughness
	170/180 Technical Quality
	190 Care Orientation
<b>200 Other Influences on Experiences</b>	210/220 Office Staff
	230 Coverage Issues
	240 Other Clinicians' Care

# Learning from Patient Comments: Fulsome Accounts 4

<b>130 Emotional Rapport</b>	<b>131 Warm and Caring: Not</b>
	132 Warm and Caring: Yes
	133 Friendly and Nice: Not
	134 Friendly and Nice: Yes
	135 Respectful and Professional: Not
	136 Respectful and Professional: Yes
	137 Insensitive to Feelings
	138 Sensitive to Feelings
	139 Paternalistic

# Learning from Patient Comments: Understandable Portrayals

- **Narrative matters**
- **An illustration from the elicitations**
  - “Based on your survey it appears I am getting what I need, yet I don’t feel satisfied”
- **An illustration from the intensive interviews**
  - A patient who seems satisfied for no obvious reason