



The Anesthesia Experience: Pain Management and Patient Satisfaction

By Tim Adams, M.D., President and Chief Medical Officer

February 1, 2017

Introduction

Patient satisfaction has become a critical factor for the success of physician practices, hospitals and health systems across the United States.

Since the administration of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Hospital Consumer Assessment of Healthcare Providers and Systems (H-CAHPS) surveys in the mid-1990s, health systems have increasingly been assessed—and now reimbursed—by patient satisfaction ratings. Regulatory changes such as the Merit-based Incentive Payment System (MIPS) have generated a need for more accurate and detailed assessments of patient experience and outcomes to determine physician payments.

And while reimbursement is increasingly tied to patient satisfaction, patients themselves are assuming greater responsibility for healthcare payments than ever before. One out of every four dollars practices collect comes directly from patients, according to a Medical Group Management Association (MGMA) survey of more than 2,000 physician practicesⁱ. Meanwhile, patient satisfaction ratings continue to flounder: Of the nearly 4,000 U.S. adults surveyed by the Deloitte Center for Health Solutions, only 22 percent were satisfied with our country's healthcare systemⁱⁱ. Moreover, 62 percent believed half of U.S. spend on healthcare is wasted, up from recent years.

So what does this mean for anesthesia providers, and how do we improve quality and patient satisfaction in a rapidly evolving healthcare system? Given these trends, it is critical for anesthesiologists and CRNAs to:

- Clearly communicate with patients,
- Alleviate patient anxiety,
- Mitigate the physical symptoms post-surgery,
- Respect patient privacy, and
- Administer satisfaction surveys.

Anesthesia providers must rise above their base clinical duties to connect with patients and ensure their anesthesia experience is seamless, positive and effective.

Clearly communicate

Clear communication with care providers is critical to ensure patients feel safe, understood and well taken care of. A study of more than 3,000 patients found “evidence of a statistically significant and sizable relationship between physicians' communication behaviors and overall patient satisfaction.”ⁱⁱⁱ The patients ranked their physician using four behavioral variables: treated the patient respectfully, encouraged questions, discussed options and let the patient speak without interrupting. Only one-third of patients gave their attending physician top scores in all four categories. Patients who rated physicians as having positive and informative communication also rated the hospitals and health systems they visited more positively.

While anesthesia providers must be clinically skilled, they also must take the time to address patient concerns and questions while explaining what their role is in the patient's care plan. This leads to greater connectivity among patients and providers, and ultimately helps the patient feel valued and secure.

Alleviate anxiety

It is common for patients to experience anxiety at the prospect of an invasive surgical procedure. Patients are often scared of pain and of being placed entirely in physicians' hands, with little to no control over the situation and its outcome. Insufficient anesthesia is another common concern, with patients often fearing the anesthetic will wear off before the surgery is complete.

What providers may not expect is patients' fear of anesthesia itself. A report by the American Society of Anesthesiologists (ASA) found that as many as one in four individuals postpone necessary surgery due to a fear of general anesthesia^{iv}. It is important for anesthesia providers to address these concerns by asking patients how they are feeling and answering any questions they may have before administering anesthetics. This can help allay patients' fears and develop trust between the patient and provider, leading to greater satisfaction pre- and post-surgery.

Mitigate physical symptoms

While the anesthesia provider's role is to relieve pain, many patients experience negative side effects 24-48 hours post-surgery. This is commonly known as post-operative nausea and vomiting (PONV), and occurs in about 30 percent of the surgical population, according to a study from Albany Medical College.^v While patients with no known risk factors have a 10 percent risk of experiencing PONV, the risk level increases dramatically—to over 60 percent—should the patient have multiple risk factors.

Anesthesia providers should have an open dialogue with patients who are female, nonsmokers, and/or prone to motion sickness regarding post-op expectations and strategies to reduce PONV.

The study also referred to the additional costs and strain on the overall healthcare system should PONV remain unaddressed:

PONV may increase perioperative costs, increase perioperative morbidity, increase post-anesthesia care unit stay, prolong hospital stays, length of stay/delay discharge, delay the time that the patient can go back to work, and lead to readmissions. Despite the existence of multiple tools to stratify patients according to their risk of developing PONV and multiple PONV treatment guidelines, clinicians do not appear to systematically address the treatment and/or prophylaxis of PONV in a uniform fashion with both pharmacologic and non-pharmacologic strategies in attempts to minimize PONV occurrences.^{vi}

By proactively setting patient expectations regarding post-surgery symptoms, anesthesia providers can increase patient satisfaction and empowerment while generating greater efficiencies across the care continuum.

Respect patient privacy

More than 30 percent of patients surveyed by the Deloitte Center for Health Solutions were worried about the privacy and security of their personal health information^{vii}. While technological innovation has increased accessibility and communication among providers, patients and payors, it has also raised concerns regarding the safety and integrity of patient records. Anesthesia providers and hospitals' IT departments should collaborate to ensure patient information is never compromised and patient concerns are being addressed appropriately.

These surveys, answered via email, text message and phone call, demonstrate a proactive effort to improve care and patient experience.

Administer satisfaction surveys

The administration of patient satisfaction surveys has become critical for practices to better gauge their performance and signal their commitment to an optimal patient experience. Providers across the nation have recognized the value and key insights patient surveys can offer: In a 2016 report by The Physicians Foundation, 75 percent of the more than 17,000 physician respondents used patient satisfaction surveys to improve the quality of care they provide^{viii}. In addition, 43 percent reported their compensation was directly tied to quality metrics, including patient satisfaction.

While the H-CAHPS surveys collect data regarding patients' overall experience, anesthesia providers can administer surveys exclusively focused on anesthesia care to better analyze and improve processes and patient outcomes. Tools have emerged in the market to measure specialty-specific care based on patient satisfaction, and can generate greater insights for providers via real-time reports.

Conclusion

In an industry as complex as healthcare, it can be a challenge to transfer information, increase communication and truly measure a provider's performance. While patients' experiences and feedback can grant significant insight regarding the strengths and weaknesses of a physician group, they can also help to improve provider satisfaction in the workplace. In The Physicians Foundation 2016 survey, nearly 75 percent of respondents ranked "patient relationships" as a primary source of professional satisfaction^{ix}. In short, happy patients make for happy providers.

Because patients' anesthesia experiences are determined by teams of nurses, anesthesia providers and other medical staff, it can be difficult to assess who is accountable for which portions of the overall care continuum. By employing satisfaction surveys with detailed questions about patients' experiences, anesthesia providers can proactively improve performance and outcomes while demonstrating greater value to the health systems they serve.

About Epix Anesthesia

Based in Atlanta, Epix Anesthesia is a national provider of anesthesia services to hospitals, ambulatory surgery centers (ASCs) and office-based practices across the country. With a focus on clinical excellence and customer satisfaction, Epix Anesthesia offers an array of anesthesia services including practice management, billing, consulting and staffing solutions. Our team of industry experts and our culture-first approach help develop a strong, local anesthesia team to improve the quality of care, optimize revenue, increase patient satisfaction and achieve 100 percent client retention.

For more information, visit www.epixanesthesia.com.

ⁱ Margolis, James and Pope, Christina. "Perspective on Patient Payments." Medical Group Management Association, April 2010. < <http://www.mgma.com/Libraries/Assets/Practice%20Resources/Publications/MGMA%20Connexion/2010/Perspective-on-patient-payments-MGMA-Connexion-April-2010.pdf>>

ⁱⁱ Keckley, PhD, Paul H. et al. "Deloitte 2012 Survey of U.S. Health Care Consumers." Deloitte Center for Health Solutions, 2012. < <https://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-lshc-2012-survey-of-us-consumers-health-care.pdf>>

ⁱⁱⁱ Clever, M.D., Sarah L. et al. "Does Doctor-Patient Communication Affect Patient Satisfaction with Hospital Care?" Johns Hopkins School of Medicine. Health Services Research, 2008. < <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2653895/>>

^{iv} "Vital Health Report 2." American Society of Anesthesiologists, 2010.

^v Smith, M.D., Howard S. et al. "Postoperative nausea and vomiting." Albany Medical College. Annals of Palliative Medicine, 2012. < <http://apm.amegroups.com/article/view/1035/1261>>

^{vi} Ibid.

^{vii} Ibid.

^{viii} "2016 Survey of America's Physicians." Merritt Hawkins and The Physicians Foundation, September, 2016. < http://www.physiciansfoundation.org/uploads/default/Biennial_Physician_Survey_2016.pdf>

^{ix} Ibid.