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Patient Satisfaction With Pain Management Relies Most On Coordination of Care: Stanford Study

March 19, 2015, NATIONAL HARBOR, Md. – The main driver of patient experience depends less on the individual provider than on the overall coordination among the clinic, the primary care physician and all others who participate in delivery of care, Stanford researchers reported. The results, on view today in a scientific poster at the 31st Annual Meeting of the American Academy of Pain Medicine, describe the wisdom of moving away from episodic care and toward long-term, overall outcome in ways that matter to the patient.

Patient satisfaction, and more broadly patient experience, is an emerging metric demonstrating healthcare quality to policy makers and insurance payers but is an assessment on which pain medicine, as a specialty, has historically underperformed. This is unfortunate, because patient satisfaction is of particular importance to those who suffer with chronic pain, the study’s lead author said.

“Patients with chronic pain also often have significant emotional distress, raising the bar for providing complete, satisfactory care,” said Ming-Chih Kao, M.D., Ph.D., clinical assistant professor within the Stanford University School of Medicine in Palo Alto, Calif. “Dissatisfied patients may have reduced compliance, may switch providers unnecessarily and may seek care that is not indicated, which in turn may cause more frustration and distress for the patient.”

Kao went on to say that the pain provider remains an important contributor; however, improvement efforts that look too narrowly at the individual provider in improving patient satisfaction may be counter-productive because they divert attention and resources away from more important aspects of patient experience.

The research team surveyed the field of patient experience assessments and created the Survey To Enhance Patient Experience (STEPx) system to fully characterize patient experience. For this study, the STEPx contained 20 items to measure patient experience in seven “touch points,” which are domains, plus one free-text item. It is designed to survey the end-to-end patient experience in a pain clinic by examining some core concepts of patient satisfaction but is worded to maximize actionable results.

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The team administered the STEPx post-visit over three weeks at an academic multidisciplinary pain center to 628 patients, 123 (20 percent) of whom completed the questionnaire. Factor analysis and multi-dimensional scaling were performed in R.

On touch-point-level factor analysis, the three following factors were revealed: care coordination and outcomes represented 32 percent of variance, patient-facing staff and provider constituted 22 percent of variance, and outcomes and provider accounted for 15 percent. Notably, going deeper into an item-level analysis of the first factor found that scheduling and communications constituted 45 percent of the variance.

But the most surprising finding to the researchers came when the relationships between touch-points were analyzed, and the satisfaction with care coordination had the highest correlation with all the others (average r 0.74). The satisfaction with outcomes was strongly correlated only with care coordination and had relatively weak correlations with other touch-points.

In the future, Kao said, STEPx assessments will be dynamically generated based on the care actually received. This is possible because of the platform’s integration with the Collaborative Health Outcomes Information Registry (CHOIR) platform, a learning health system created through the National Institutes of Health. More information on the CHOIR platform is at http://choir.stanford.edu.

Future studies will focus on measuring the impact of touch-point interventions. Changes to practice are already taking place within Stanford’s Pain Management Center, Kao said.

“In part, based on these findings, we have expanded our staff support specifically for greater care coordination of complex cases.”

*Poster 191 – Stanford Patient Experience Questionnaire (SPEQ): Care Coordination as a Core Touch Point of Patient Satisfaction in the Chronic Pain Population*

**About AAPM**
The American Academy of Pain Medicine is the premier medical association for pain physicians and their treatment teams with over 2,500 members. Now in its 32nd year of service, the Academy’s mission is to optimize the health of patients in pain and eliminate pain as a major public health problem by advancing the practice and specialty of pain medicine through education, training, advocacy and research. Information is available on the Academy’s website at www.painmed.org.

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