The Washington Post
Democracy Dies in Darkness

Hospital ratings often depend more on nice rooms than on health care

By **Eve Glicksman**

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As research findings go, this was a Holy Yikes. A study of 50,000 patients throughout the United States showed that those who were the most satisfied with their care (the top quartile) were 26 percent more likely to be dead six months later than patients who gave lower ratings to their care.

The study, "The Cost of Satisfaction," appeared in JAMA Internal Medicine.

Oh, the irony. The most satisfied patients not only died in greater numbers but racked up higher costs along the way. Plus, health-care providers receiving the top satisfaction scores were rewarded with higher reimbursements by the Centers for Medicare and Medicaid Services (CMS), which administers the patient survey.

Lead author Joshua Fenton, a professor of family medicine at the University of California at Davis, had set out to measure the relationship between patient satisfaction and hospital resource use, drawing on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Ultimately, his research raised questions about whether CMS is dangerously off target in collecting patient satisfaction data to drive health-care improvements.

That was 2012. More research published this year by two sociologists likewise found that a patient's hospital recommendation had almost no correlation to the quality of medical care received or patient survival rate. The researchers looked at CMS hospital data and patient surveys at more than 3,000 U.S. hospitals over three years. The hospitals where fewer patients died had only a two percentage point edge in patient satisfaction over the others.

What's going on? Cristobal Young, associate professor of sociology at Cornell University and lead author of the study, calls it "the halo effect of hospitality." Young found that what mattered most to patients in ratings were the compassion of nurses and amenities like good food and quiet rooms. It's why hospital managers are being recruited from the service industry and we're seeing greeters in the lobby and premium TV channels in rooms, he says.

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Patients tend to value what they see and understand, but that can be limited, Young continues. They give hospitals good cleanliness ratings when they observe waste baskets are emptied and sheets are changed. “They can’t see a virus or tell you how clean the room is in ways that matter,” he says.

Similarly, patients can tell you if a physician communicates well. But most people do not have the medical skills to assess whether a physician provided the appropriate diagnostic test or made suitable recommendations, Fenton says.

In his study, patients receiving more medical interventions, treatments and hospitalizations were more satisfied with their experience. Yet, after adjusting the 26 percent mortality rate of the satisfied patients with data about their baseline health and comorbidities, their death rate soared to 44 percent over the patients who weren’t as happy with their care.

One possible explanation is that every surgery, procedure or medication carries the potential to leave you worse off. While a patient may perceive that more aggressive treatment is better, “overtreatment” can hasten death, too.

There is a more insidious reason satisfied patients did not track with better medical outcomes, though. The majority of hospitals and medical practices today are rewarded with higher compensation, promotions, bonuses or increased CMS reimbursements for attaining high patient satisfaction scores. The twist is that the path to keeping patients happy can run counter to best medical practices.

A patient may give an unfavorable rating to a physician who refuses to write an unsafe opioid prescription or order an unwarranted CT scan. A doctor may not bring up a patient’s obesity or cognitive impairment to avoid the person’s ire on a survey later.

In a 2014 study of 155 physicians by the University of Wisconsin-Madison’s School of Medicine and Public Health, close to half said that pressure to please patients led to inappropriate care including unnecessary tests and procedures, hospital admissions, and opioid or antibiotic prescriptions.

“Time after time, studies show that physicians who accede to patient requests have higher patient satisfaction,” Terence Myckatyn and co-authors wrote in a 2017 article exploring how patient satisfaction scores affect medical practice. Keeping patients happy is not always the best strategy for patient wellness or physicians, however, says Myckatyn, a plastic and reconstructive surgeon at Washington University School of Medicine.

“Directly tying financials to surveys as a metric to evaluate physicians can be shortsighted and unfair. It’s a difficult calculus,” says Myckatyn, stressing that patient surveys should be only one measure in the

toolbox for assessing health-care providers.

CMS posts patient satisfaction data on its Hospital Compare website along with medical statistics about surgery complications, infection rates and mortality. But it's the hotel-like amenities that seem to drive ratings, so that's where many hospitals have invested, Young says.

He points to the new $2 billion Stanford Hospital in Palo Alto that offers private patient rooms, each with a 55" television and iPad so patients can stream Netflix, order a burger from the cafeteria, or video conference with family. This is how hospitals are competing with each other in a consumer market where medical quality indicators can take a back seat, he says.

Whether the 29-question HCAHPS survey has led to better medical care, Fenton credits public surveys for keeping hospitals and physicians accountable for treating patients with respect and dignity. What he objects to is the harm done by conflating patient satisfaction with the technical quality of medical care.

Likewise, Nancy Foster, vice president of quality and patient safety policy at the American Hospital Association (AHA), sees patient satisfaction and medical outcomes as apples and oranges. They are each important and don't have to correlate. In addition, whether a nurse responds quickly to a call button is not just about hospitality, Foster maintains in reference to Young's study.

"If a patient needs to use the restroom and a nurse doesn't arrive in a timely fashion, patients [who go on their own] can fall," she says. "[The nurse's responsiveness] becomes a crucial clinical outcome issue."

Akin Demehin, AHA's director of policy, also believes patient surveys have a place in improving medical care. "Patients have unique insights that only they are in a position to convey," Demehin says.

Several hospitals were able to reduce their readmission rates after taking a close look at patient comments regarding problems in care coordination and hospital discharge, he says.

Collecting patient feedback began its ascent in 1985 when Press Ganey Associates introduced a survey to measure health-care provider performance. Ten thousand medical institutions today still use it. By 2006, CMS was distributing the HCAHPS survey to randomly selected patients around the country.

Once the Internet exploded, consumer-driven health care was out of the gate. Online ratings for restaurants, electronics, and the patient experience became "part of our modern day currency," says physician Raina Merchant, director of the Center for Digital Health at the University of Pennsylvania Perelman School of Medicine and associate vice president at Penn Medicine.

Merchant studied the impact of patient ratings on Yelp and found they were strikingly parallel to HCAHPS results. The significant difference, she says, is that Yelp reviews cover a broader range of

HCAHPS results. The significant difference, she says, is that Yelp reviews cover a broader range of concerns than standard surveys. You'll find more detailed patient-to-patient information about billing, comfort care, medical costs and the experience of family caregivers, for instance.

Health-care providers "miss an opportunity to learn about consumers if they don't pay attention to social media," says Merchant, who sees online reviews as "democratizing."

Will covid-19 change how we rate physicians and hospitals? "Think about how much we spend on the health-care system in the U.S. Then when we need basic things like swabs [to test for coronavirus] we don't have them," says Young, ". . . or nurses and doctors straining to have [personal protective equipment]."

"It's mind-boggling," he says. "Maybe the coronavirus will help reprioritize everyone's thinking about medical quality. Nobody is thinking about how nice their [hospital room] views are anymore."

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Corydoras 6 months ago

This article describes the truth. I have stayed in a great hospital where I called to say what time frame I wanted dinner (no choice of food) at a number where a gruff voice answered "Dietary!" and when it arrived I couldn't tell what species the meat was. I have stayed in a not-so-great hospital where I received a menu to pick from choices like grilled fresh salmon, and I ordered at a number where a cooing voice answered "Room service..." Rationally and knowing my medical facts, I am very aware that I got much better medical care at the place with the nasty dinner service, but I am embarrassed to admit I felt emotionally much happier and less disgruntled where I could tell my dinner

selection to "Room service."

Like Link Report

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alert4jsw 7 months ago

Maybe they should stop doing all of these surveys. Today it seems that you can't buy a loaf of bread without getting an email asking you to fill out some kind of survey. And seemingly every charity and political campaign now sends a multi-page survey asking for your opinion on various points, the last "point" of which is to include a check with your response. (I wonder if they even bother to read or tabulate the surveys as long as the check is there.)

This "study" seems to be a good example of "Campbell's Law on Metrics" which says that as soon as you start to measure some quality, it becomes an unreliable source of objective data.

Most patients have no medical knowledge on which to judge their care, so they rate what they do know about – how nice the room or food is. Then, in order to be more "customer friendly," the hospital hires a manager from the hotel industry to address those aspects and make the facility more appealing. That means a lot of money gets spent on appearance and amenities which detracts from that spent on actual medicine and care.

Maybe hospitals should concentrate on just doing what needs to be done. The survival rate of their patients is the only real "metric" they need to study.

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LynnMcN 7 months ago

I have worked in several hospital systems in Virginia over my 37 medical career and have always been amazed that the surveys from patients rarely mention the exceptional care and sience based therapy they recieve. It's always about not having the call bell answered within seconds of it going off, the resturant review of the food, the comfort of the bed. People believe that hospitals should be hotels, not places of life and death. We need to change the publics preception of what to expect, not what they believe they need.

Like Link Report

Michael J. Freeland 7 months ago *(Edited)*

As a physician, I've been saying this for years. I'm sure I've been the subject of patient satisfaction surveys, but, to be honest, I have no direct knowledge and never been told or asked what my ratings have been. I'm hospital-based and salaried. I can only assume that no news is good news. Even if my ratings weren't stellar, I have the advantage of working with nurses, other doctors, and administrators who know the quality of my work. During a hospitalization, most patients encounter a number of doctors, nurses, therapists, and ancillary staff. I can imagine that any less-than-optimal interaction with any of these would lead to the hospital and everyone there being painted with the same brush. While in a perfect world the person with the best bedside manner would also be the most knowledgeable and technically proficient clinician, I know this not to be the case. I have defended some of my colleagues to patients who trash talk them to me by telling them that, knowing what I know as a physician who practices with them and their colleagues, if I needed the services of a physician in that particular specialty, I would want the physician that they are trash talking. The study finding, mentioned in this article, that half of physicians prescribed unnecessary medications or ordered unnecessary tests due to the pressure of patient satisfaction surveys is far lower than what I would have guessed, and is probably lower than the actual case as many physicians, consciously or subconsciously, rationalize the need for medication or testing knowing that it will also satisfy the patient. If you combined that with the same practices in response to liability concerns - "defensive medicine" - the percentage of physicians doing so would approach 100% (I've never met one who hasn't, but I'm allowing for the possibility that a few might exist). I often warn patients and their families to be careful what they ask for because you they are likely to get it.

Like 3 Link Report

TC Gill 7 months ago

It figures. Colleges recruit students who can pay by building spiffy new living accommodations. Then classes are taught by adjunct faculty (the academic version of using contractors instead of staff) who might be good but are overused and underpaid. We're not really a very smart population.

Like 2 Link Report

4healinghappens 7 months ago

The ultimate irony of this patient satisfaction surveying is the letter my late mother in law

received a week after her passing in 2014 asking her to rate her experience with the palliative care specialist who cared for her in her final days. The nature of palliative care is that if you do your job well, all your patients have a good death and are therefore unavailable to rate you. What were they thinking? He was a great doctor who obviously cared about his patients and their families, and I hope the hospital that employed him knew that in other ways than his score.

Like Link Report

Michael J. Freeland 7 months ago *(Edited)*

I experienced something similar when I tried to complete a project for maintenance of my subspecialty certification in critical care medicine which required surveying patients. When I asked the American Board of Internal Medicine if my patients families could be surveyed, because the great majority of my patients are intubated/mechanically ventilated and sedated or encephalopathic due to their illness or in a fog for days or weeks or longer after extubation and discontinuation of sedatives and after having left my care in the ICU, I was told no, it had to be the patient themselves. I spend hours a day in communication with the family members of patients I care for and feel I do a very good job at it but had to abandon the project.

Like 2 Link Report

CygnusCygni 7 months ago

I had the great misfortune to work as a hospital "executive housekeeper" for several years. Here's what I learned. Patients don't know much about medicine or their healthcare or whether their doctor is good, bad or indifferent medically speaking.

What they do know is whether their doctor is a nice guy/gal who talks a good game and seems knowledgeable. They know if their room is "clean", but not if it's been properly disinfected. They know whether the food is good or not. These are the factors that most influence patient evaluations of hospitals.

Everybody in healthcare know this - except apparently Medicare - and so everybody in hospital administration pays serious attention to these factors, knowing that a clean room and a tasty meal will result in a higher rating.

The only way to tell if a hospital is really a good hospital is evaluation by an outside third party like the Joint Commission on Hospital Accreditation. If Medicare is truly interested in the quality of healthcare it would base its payment not of patient reviews like Press-

Ganey, but on the accreditation scores of third party organizations like JCHA.

Like 3 Link Report

G.I. Groucho 7 months ago

Five years ago I spent thirteen days in hospital–enjoying stints in emergency, ICU, and the "Cardio" wing–and as such I had a broad swathe of experience.

The staff were all courteous, and the fact that I'm alive at all is a testment to their clinical ability. (I was stricken with an electro-cardiac incident at a concert of the variety that only some 8% of victims survive.) However, I can make one recommendation loudly and clearly: if a hospital suite has more than one bed in it, it should not have a television!

I understand the need for doubles (and triples, and quadruples), but whenever there is more than one person, there will almost necessarily be a disagreement about what, if anything, should be playing on television. I'm somewhat young for a cardiac ward, and I did not appreciate the non-stop FOX news the older gentleman insisted on watching. Every daylight hour: FOX news. No matter what he was doing otherwise. I had my books and strove to block out the sound.

(If I could choose two things to change, the second would be: less embarassing garb for patients. Once I was moved from the ICU, I was stable–naturally–and did not appreciate the demeaning hospital gowns. Fortunately I was able to have some slacks and a button-down shirt smuggled in so I could maintain a semblance of modesty.)

Like 4 Link Report

Michael J. Freeland 7 months ago

Non-stop FOX News? I feel your pain! I hope they didn't order a stress test on you. You clearly passed the ultimate stress test with flying colors!!

Like 3 Link Report

minstrelmike 7 months ago

Ratings are generally useless. The more technical the field, the more useless the results.
Is my dentist a good dentist a good dentist or not?
How in hell would I know? I don't know enough about dentistry to judge his skills against others. I judge him on how well his office works, if the staff is friendly and appointments

are not canceled. But of course that's the same criteria I could use for a lawyer or accountant or therapist or insurance salesman. My dentist has a nice smile and I like him as a person. I haven't had any actual problems from his dental work so it's good enough for me. On a completely objective scale, I have no idea how to rate his work though.

Like 3 Link Report

Ambrose B 7 months ago

Here's my two cents as a consumer**:** I can attest from personal experiences that attentive nursing care, a pleasant, restful environment, a sound night's sleep, quality food and nutrition, and supportive distractions (reading, conversation, crossword puzzles, listening to music, etc.) are important factors that contribute to a good course of recovery. These are more than just "hotel amenities," but, of course, they do not and should not supersede the importance of clinical care *per se*. For that to be the best it can be, the patient and/or his or her advocates must unflinchingly be squeaky wheels. On patient floors, everybody has a huge workload, and sometimes the only way to get attention is to squawk above the noise of the crowd. Your well-being – even your life – may depend upon it.

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