



Leadership | Strategy | Innovation

> PROJECT PROFILE

Moffitt Cancer Center:

Physicians Find New Ways
to Improve Satisfaction Scores



> CHALLENGE

- A new healthcare landscape where patient satisfaction is the driver to measure quality service and reimbursement
- Moffitt Oncology Survey is non-provider specific, has low response rates and is subject to recall bias
- Secondary effect on providers, who default to institutional mean, was affecting morale, faculty retention and employee satisfaction

> VISION

Increase survey response rates, pilot the patient acceptance of a survey method at the point of care and increase timely meaningful provider-centric data with the goal of achieving superior performance in satisfaction and quality care.

> APPROACH

Determine if real-time and provider-specific quality-of-care survey would be feasible by testing in two sample MCC clinics.

Steps:

1. Creation new provider and clinic-centric surveys, named O-IXP
2. Provide I-Pads to test clinics with surveys loaded and ready for use
3. Collect data over two-month period and analyze

Metrics:

1. O-IXP response rate compared to prior year's survey during same time period.
2. O-IXP mean provider response vs. comparison

> OBJECTIVES

- Increase real time patient/provider satisfaction by timely feedback loop with meaningful "n"
- With some centers adopting transparency measures by publicly posting individual provider comments made by patients (after vetting), internal use of O-IXP may help providers optimize their practice as a CQI model
- Quickly identify providers who would benefit from coaching or training to preserve the physician/patient relationship

> ABOUT MOFFITT

As part of their strategic project team work for a Physician Leadership Training Institute, physicians at Moffitt Cancer Center (MCC) took a closer look at patient satisfaction survey scores, how providers were affected by them, and whether factors, such as timing and specificity, influenced those scores.

> ABOUT CTI

CTI specializes in healthcare transformation and clinical optimization. We work with our clients to improve the quality of care and patient experience, realize operational efficiencies, and manage costs through process improvements and performance excellence. CTI has assisted health systems, hospitals, and medical group practices throughout the U.S. and abroad to optimize their clinical practices in areas such as hospital medicine, oncology, and pediatrics.

ctileadership.com

3802 Spectrum Blvd.
Suite 116A
Tampa, FL 33612
813.333.1401



> OUTCOMES

Nine hundred ten survey responses received over a two-month period, as compared to 1,825 over an entire year for the previous survey.

The mean scores for each individual question were higher with the O-IXP survey, as were the total scores, as compared to the previous survey, for example:

OVERALL PHYSICIAN SCORE

Mean Score from Previous Survey	Mean Score with O-IXP Survey
90	95.7
92.7	96.4
97.9	99.2
99.5	98.6

> CONCLUSIONS

Participants agreed that initial O-IXP survey results indicate validity and utility, leading to multiple benefits:

FOR PATIENTS

- Timely expression of their care experience and rapid response to their concerns

FOR PROVIDERS

- Higher response rate and meaningful personalized data for self-evaluation and self-driven accountability

FOR ORGANIZATION

- Lower cost with I-Pad, improved response rate, less time for data collection and analysis, and rapid implementation of performance improvements for low performers.

FOR TEAMS

- Increased MD engagement and satisfaction can promote improved overall quality, generating increased accountability of all members

FOR FUTURE

- Downstream increased physician satisfaction, increased faculty retention, and promotion of a positive culture of continuous quality improvement at all levels at the center.



100%

100 percent increase in survey response

TIMELY EXPRESSION OF PATIENT CARE EXPERIENCE AND RAPID RESPONSE TO PATIENT CONCERNS

+2-6

2-6 point increase in overall satisfaction scores



HIGHER RESPONSE RATE AND MEANINGFUL PERSONALIZED DATA FOR SELF-EVALUATION AND SELF-DRIVEN ACCOUNTABILITY