An Econometric Study Evaluating the Role of “Office of Patient Experience” on Experiential Outcomes in U.S Hospitals

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Introduction

Since the inception of the Patient Protection and Affordable Care Act (PPACA) of 2010, there has been a significant change in the delivery of healthcare. Payment reform was one of the key attributes of the PPACA as the reimbursement model shifted to value based purchasing (VBP) model. In the VBP model, payments are bundled and 30% of the score is comprised of patient experience. Since patient experience has become a vital component of the reimbursement model, hospitals are taking initiatives to improve this patient experience dimension. Hospitals are beginning to incorporate the “Office of Patient Experience” (OPE) as a separate bundled and 30% of the score is comprised of patient experience. Since patient reform was one of the key attributes of the PPACA as the reimbursement model.

Data Extraction

- Patient experience is measured by the Hospital Consumer Assessment of Health Providers and System (HCAHPS) survey
- Beginning in 2013, Centers for Medicare and Medicaid began evaluating HCAHPS survey in determining reimbursements rates for hospitals

In this observational study, we hope to gain insights on the role of the office of patient experience across all Medicare-qualified hospitals in the United States and their effects on patient experience.

Hypothesis

The HCAHPS survey is complex and contains 10 dimensions. Each dimension has a particular set of questions and patient responses are aggregated to create a score for each dimension for each hospital. Based on our literature review, and our understanding of how a OPE functions, we developed the following hypotheses for the difference in HCAHPS scores between a hospital with an OPE and a similar hospital without an OPE.

Results

We integrated the datasets containing general information on all Medicare-qualified hospitals from Hospital Compare – CMS and our primary data regarding OPE from our extraction efforts. Then, we sorted the data sets based on if hospitals had a dedicated OPE vs. no OPE. Next, we administered out matching algorithm which matched hospitals with OPE vs. hospitals without OPE based on hospital type (Academic, General Medical and Surgical, and Pediatrics), state, number of beds, case mix index (measures the complexity of cases seen by hospitals), and the year for HCAHPS survey conducted. The algorithm resulted in 36 hospital pairs based on the current integrated dataset.

Discussion

- To our knowledge, this is the first research study looking at the effects of having an Office of Patient Experience
- We demonstrated that establishing an Office of Patient Experience (OPE) increases HCAHPS scores higher than the alternative
- Even though the percent increase in HCAHPS score are small, this can equate to millions of dollars in reimbursements from Centers for Medicare and Medicaid under the VBP model
- Preliminary analysis on the structure of OPE regarding leadership of the department demonstrate mixed results for the percent change in HCAHPS score
- Future work includes looking more deeply into the structure of an OPE and perform a cost benefit analysis on having an OPE.