

James L. Holly, M.D.

The Relationship between convenience satisfaction and quality in HCAHPS

As we work with the HCAHPS standards in the hospital, it reminds me that in the fall of 2011, I heard the President, CEO and Chairman of the Board of Aetna Health say, “Convenience is the new word for quality.” Three months before that, I had written the below which through seven steps links Convenience with Quality. We both marveled that we had independently come to the same conclusion.

As we try to relate “patient satisfaction” to “quality outcomes” this is again relevant. At the HIMSS meeting in January, 2012, I made two presentations. These are the links to them. The “Leaders and Innovators Breakfast Meeting” presentation is a review of the link between convenience and quality and gives more details to the discussion below:

[HiMSS-2012 Care Transitions: The Heart of Patient-Center Medical Home](#)

02/20/2012

HIMSS12 Annual Conference

Las Vegas, Nevada

[HIMSS 2012: Leaders and Innovators Breakfast Meeting](#)

02/23/2012

HIMSS12 Annual Conference

Las Vegas, Nevada

While the below discussion addresses the ambulatory aspects of coordination, the principles apply to the inpatient care as well. “Coordination” has come to mean to SETMA, scheduling which translates into:

1. Convenience for the patient which
2. Results in increased patient satisfaction which contributes to
3. The patient having confidence that the healthcare provider cares personally which
4. Increases the trust the patient has in the provider, all of which,
5. Increases compliance in obtaining healthcare services recommended which,
6. Promotes cost savings in travel, time and expense of care which
7. Results in increased patient safety and quality of care.

As with the structure of quality metrics in tracking, auditing, analyzing and public reporting process and outcomes measures, coordination requires intentional efforts to identify opportunities to:

- Schedule visits with multiple providers on the same day, based on auditing the schedule for the next 30-60 days to see when a patient is scheduled with multiple providers and then to determine if it is medically feasible to coordinate those visits on the same day.
- Schedule multiple procedures, based on auditing of referrals and/or based on auditing the schedule for the next 30-60 days to see when a patient is scheduled for multiple providers or tests, and then to determine if it is medically feasible to coordinate those visits on the same day.
- Scheduling procedures or other tests spontaneously on that same day when a patient is seen and a need is discovered.
- Recognizing when patients will benefit from case management, or disease management, or other ancillary services and working to resource those needs.

Connecting patients who need help with medications or other health expenses with the resources to provide those needs The SETMA Coordination” has come to mean to SETMA, scheduling which translates into:

1. Convenience for the patient which
2. Results in increased patient satisfaction which contributes to
3. The patient having confidence that the healthcare provider cares personally which
4. Increases the trust the patient has in the provider, all of which,
5. Increases compliance in obtaining healthcare services recommended which,
6. Promotes cost savings in travel, time and expense of care