



CORR Insights

CORR Insights®: Time Seeing a Hand Surgeon Is Not Associated With Patient Satisfaction

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Where Are We Now?

Patient satisfaction is an important component of quality measurement in healthcare as defined by the Centers for Medicare & Medicaid Services hospital value-based purchasing program as well as by private payer initiatives [4, 5]. Numerous factors may affect patient satisfaction, including: age, sex,

ethnicity, religion, home environment, patient expectations, intelligence, personal wealth, diagnosis, point of care, work culture, service line, training level/experience of provider, comorbidities (pain, depression, resilience, and chronic disability), and the patient-physician interaction or experience. An understanding of the specific factors within the physician's control to improve patient satisfaction and the associated effects on outcomes and quality of care is critical as the healthcare paradigm shifts from volume (physician centric) to value (patient centric).

Previous studies in the primary care environment [1–3, 6] have suggested that patient satisfaction is directly related to the amount of time spent with the physician. For the current study by Teunis and colleagues, the amount of time the patient spent with a hand surgeon was not associated with patient satisfaction; rather, longer wait times were associated with relative dissatisfaction

as measured immediately after the visit and reassessed 2 weeks later. Patients who were married or had a partner at home demonstrated greater satisfaction with their visit to the hand surgeon independent from other factors.

This paper clearly discusses the inherent weaknesses of our current state for measuring, understanding, and improving patient satisfaction. Teunis and colleagues provide an excellent review of the current literature relative to factors that may affect patient satisfaction. They also offer constructive advice for potential strategies to improve patient satisfaction within the ambulatory-orthopaedic clinic environment. More specifically, they recommend a focused effort on improving the patient experience through better communication and appointment template modifications to reduce wait times.

Where Do We Need To Go?

Researchers have used items from the Consumer Assessment of Healthcare Providers and Systems survey to evaluate patient satisfaction. Further validation of these measurement tools in various clinical situations would support and focus efforts in the ambulatory and

This CORR Insights® is a commentary on the article "Time Seeing a Hand Surgeon Is Not Associated With Patient Satisfaction" by Teunis and colleagues available at: DOI: 10.1007/s11999-014-4090-z.

The author certifies that he, or any member of his immediate family, has no funding or commercial associations (eg, consultancies, stock ownership, equity interest, patent/licensing arrangements, etc.) that might pose a conflict of interest in connection with the submitted article.

All ICMJE Conflict of Interest Forms for authors and *Clinical Orthopaedics and Related Research*® editors and board members are on file with the publication and can be viewed on request.

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This *CORR Insights*® comment refers to the article available at DOI: 10.1007/s11999-014-4090-z.

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inpatient environments to achieve better patient satisfaction. The orthopaedic community needs to have a more thorough understanding of the associated factors that influence patient satisfaction (especially those within the physician's sphere of control); and then propose, implement, and measure initiatives that produce improved patient satisfaction, outcomes, and quality of care. Additional clarification is needed that supports higher patient satisfaction produces better objective outcomes, or not; and whether higher patient satisfaction is cost effective, or not. These studies will empower the orthopaedic surgeon of the future to articulate and successfully provide value based, patient centric care while managing limited resources.

How Do We Get There?

Teunis and colleagues suggested future studies measuring different surgeons' practice and communication styles, and

correlating those results with patient satisfaction could help support or refute their own findings. I agree with their suggestions in this regard. Prospective studies of larger patient populations in different environments using the available patient satisfaction surveys should be carried out. The potential associated factors discussed above should be analyzed; in particular, those within the physician's control that specifically affect the patient's experience should be isolated in future studies to assess real impact on our patient's satisfaction. Factors to consider for study will include: communication, environment of care, work culture, establishing and managing patient expectations, optimizing comorbidities prior to interventions, reduction of unnecessary tests and procedures, reduction of risk and complications, and ultimately lowering the cost of care.

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