Is patient satisfaction relevant? Plastic surgeons call for better rating tools
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Patient satisfaction has become an important quality measure in the US healthcare system. But some plastic surgeons question the value of subjective patient satisfaction ratings—suggesting that they might even lead to lower-quality care in some situations, according to a special topic article in the January issue of *Plastic and Reconstructive Surgery*, the official medical journal of the American Society of Plastic Surgeons (ASPS).

"Increasingly used as a measure of physician performance, patient satisfaction data can be flawed and not broadly applicable," comments ASPS Member Surgeon Terence Myckatyn, MD, of Washington University School of Medicine, St. Louis. "While patient satisfaction is important, we think that better rating tools are needed to measure it." Dr. Myckatyn’s coauthors were Justin Brent Cohen, MD, and Keith Brandt, MD.

Plastic Surgeons Question Value of Subjective Patient Satisfaction Ratings

Dr. Myckatyn and colleagues share some concerns about the trend toward using patient satisfaction ratings as a measure of physician performance. The focus on patient satisfaction is driven by the fact that the United States spends more than any other nation on healthcare, but lags behind in outcomes. Patient satisfaction is now among the quality of care indicators used in "pay for performance" programs tying financial reimbursement under Medicare and the Affordable Care Act.

But using patient satisfaction ratings in this way is having some unintended consequences, the authors believe. For example, some hospitals are upgrading their physical facilities and adding luxury amenities, in an attempt to improve patient satisfaction scores. "One could argue that these costly expenses have more to do with the perception of healthcare quality rather than actual outcomes," Dr. Myckatyn and colleagues write.

There are even anecdotal reports of doctors altering their medical judgment to improve patient satisfaction and minimize negative reviews—for example, prescribing antibiotics or strong pain medications to keep patients happy and move them quickly through the system. "Behavior motivated by patient satisfaction becomes especially dangerous when ratings are directly tied to compensation," according to the authors.

Meanwhile, it's unclear whether satisfaction and other measures of patient experience are correlated with traditional measures of health care safety and quality. Dr. Myckatyn and coauthors write: "The truth is that there is little high-level evidence to support that patient satisfaction surveys will provide Americans with improved medical outcomes, but there are plenty of contradictory data."

Some studies even suggest that higher-intensity healthcare is associated with increased patient satisfaction but also with increased mortality, with no impact on objective quality measures. While other studies have linked higher satisfaction to better outcomes, interpretation of these studies is limited by the fact that patient satisfaction is "inherently subjective and labile."

As a specialty, plastic surgery doesn't have a strong body of research on patient satisfaction and its relationship to outcomes. Yet especially for aesthetic surgery, plastic surgeons have always been attuned to the importance of patient feedback.

While they don't discard the notion of assessing patient satisfaction, Dr. Myckatyn and colleagues make the point that the rubrics currently used to rate patient satisfaction "do not consistently predict improved outcomes and satisfaction." They conclude: "What is needed are reliable tools that will take into account what constitutes superior quality in a more systematic, meaningful, and validated way."