The CIGNA HealthCare Quality Improvement and Patient Satisfaction Project

OBJECTIVE: To institute a program at CIGNA HealthCare (CHC) of Kansas/Missouri to improve the quality of drug therapy for patients discharged from acute care hospitals in the Kansas City area.

METHODOLOGY: CHC plan offices sent a survey to plan patients (or their representatives) who were dismissed from two metropolitan Kansas City hospitals within a 180-day period. The two network hospitals chosen had the greatest percentage of CHC plan admissions in the Kansas City area. The survey probed for problems recipients may have experienced while trying to obtain discharge medications from CIGNA participating pharmacies. In addition to the survey of the dismissed patients, charts were reviewed to determine congruency between the drugs prescribed at discharge for this sample of patients and the prescriptions actually filled.

RESULTS: CHC plan patients dismissed with nonformulary drug prescriptions

did not have a significantly different overall pharmacy satisfaction rate from the entire group as a whole. The vast majority of discharge prescriptions were filled in plan pharmacies. However, the major finding was that there was dissatisfaction with segments of the panel of pharmacy providers. Patients were dissatisfied with pharmacy personnel in the open panel of plan pharmacies, not with the CHC pharmacy benefit overall.

CONCLUSION: This study was used as a quality improvement/preventive health activity component of a National Committee for Quality Assurance accreditation site visit. The study assessed patient satisfaction with care, and implemented an intervention to determine if care could be improved.

KEYWORDS: quality improvement, patient satisfaction, NCQA, preventive health activity

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by Jack E. Fincham, David L. Burton, Scott J. Knoer,
Katie Burenheide, and Trinh T. Lee

Measuring patient satisfaction with pharmacy services affords an opportunity to measure the quality of an important component of health care delivery. The Academy of Managed Care Pharmacy has compiled quality indicators that include patient satisfaction as an important component.¹ Patient surveys, both written and verbal, measure satisfaction, including general member satisfaction and satisfaction with benefit design. Other variables include satisfaction with pharmacy providers, formularies, and communication.

The quality domain of satisfaction with care includes a quality-assurance indicator of reports of pharmacy performance within the network. Others outside of managed care organizations (MCOs) have commented on the utility of these report card measures. Hibbard and Jewett suggest that report cards hold the potential to enhance the care provided by any number of health care providers.²

A number of researchers have examined patient satisfaction with pharmacy services. In a recent Kaiser Permanente study, Johnson et al. examined six measures of patient satisfaction with pharmacy services: waiting time, advice, information provided, helpfulness of staff, time for questions, and overall satisfaction. The authors found that satisfaction increased as services were enhanced.³ In another study, Johnson and Yuran conclude that no one measure is best, and suggest adapting materials to meet varying needs.⁴ Ford et al. suggest including in patient satisfaction measurements a mix of patient expectations, health status, and personal characteristics.⁵ Youstra et al. suggest including important patronage motives, such as acceptance of the insurance plan, availability of prescription medications, and the presence of a knowledgeable pharmacist.⁶ Schommer and Kucukarslan suggest using different instruments in settings with obvious differences (e.g., institutional versus ambulatory settings).⁷ One of the consistent dissatisfiers evidenced in the literature is time spent waiting in the pharmacy for a prescription to be filled.⁸

Researchers also have profiled levels of satisfaction for different practice sites. Briesacher and Corey found that patients expressed higher satisfaction with time to fill prescriptions, level of courtesy, perceived technical skills, convenience, and other aspects of service delivery with independent community pharmacies compared with chain community pharmacies.⁹

Importance and Influence of Patient Satisfaction

Patient satisfaction has been shown to play a significant role in

Authors

JACK E. FINCHAM, Ph.D., R.Ph., is Dean and Professor of Pharmacy Practice at the University of Kansas School of Pharmacy, Lawrence, KS; DAVID L. BURTON, B.S., M.B.A., R.Ph., is Regional Pharmacy Director of Pharmacy Services, CIGNA HealthCare, Overland Park, KS; SCOTT J. KNOER, Pharm.D., M.S., R.Ph., is Operations Manager, University of Texas Medical Branch at Galveston, Department of Pharmacy, Galveston, TX; KATIE BURENHEIDE, Pharm.D., M.S., R.Ph., is Clinical Coordinator, Stormont Vail Health Center, Topeka, KS; TRINH T. LEE, B.S., M.S., R.Ph., is Pharmacy Resident, Kansas University Medical Center, Department of Pharmacy, Kansas City, KS.

AUTHOR CORRESPONDENCE: Jack E. Fincham, Ph.D., R.Ph., Dean and Professor of Pharmacy Practice, University of Kansas School of Pharmacy, 2056 Malott Hall, Lawrence, KS 66045; Tel: 785-864-3591; Fax: 785-864-5265; E-mail: pharmacy@ukans.edu.

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the decision to reenroll in an MCO; this finding has been consistent across studies for two decades.^{10,11} Satisfaction has important patient-specific ramifications as well: Patient compliance has been shown to increase with patient satisfaction.¹² Some studies have noted the importance of including self-assessments of health in measures of patient satisfaction, because of its influence on satisfaction measures.¹³ Larson has found that patient satisfaction indicates access to adequate products and to information from pharmacists; others have found similar correlations.^{14,15}

Numerous researchers have examined the influence of the pharmacist on patient satisfaction. Schommer found that a key component of patient satisfaction is that pharmacists exceed patients' expectations for consultation.¹⁶ Meade has determined that pharmacists' accessibility and patients' ability to talk with them are important drivers of patient satisfaction.¹⁷ Finally, Navarro and Penna note the importance of understanding quality drivers and of appropriate strategies to achieve desired program-performance outcomes.¹⁸

Measuring patient satisfaction with care and intervening to enhance patient satisfaction are components of Health Plan Employer Data and Information Set (HEDIS) 3.0 requirements; they are also necessary components of health care delivery outcomes assessment.¹⁹ The pursuit of optimal patient satisfaction with health care services is becoming increasingly important for humanistic as well as legal reasons. Structural impediments to optimum patient satisfaction with care need to be removed, and the effects of their removal quantified.

■ The CIGNA HealthCare Project

The objective of this project was to conduct a study to decide how to institute a quality-improvement project at CIGNA HealthCare (CHC) of Kansas/Missouri. The hope was to make it easier for patients to receive appropriate drug therapy when they are discharged from acute care hospitals in the Greater Kansas City area.

Patients dismissed from Greater Kansas City area hospitals who are members of CIGNA HealthCare plans have in the past had difficulty in obtaining discharge prescriptions from participating area pharmacies. CHC uses a closed drug formulary which may or may not be the same as that used by local hospitals. Upon discharge from the hospital, CHC members may be prescribed drugs that are on the hospital formulary but not on the CHC formulary. Possible results of this conflict include patients being dissatisfied with their benefits, physicians being unsure why their orders cannot be filled, and participating pharmacists caught in the middle—sometimes helping the situation and sometimes not. This cascade of events could lead to patient dissatisfaction with CHC. The goals of this project were to:

- improve the delivery of patient care services for CHC members;
- improve the ability of CHC members to obtain the correct discharge prescriptions when leaving hospitals;

- educate staff physicians at two Kansas City area hospitals on the formulary requirements for CHC plans;
- assess CHC member satisfaction with pharmacy services;
- enable CHC Pharmacy Services to comply with HEDIS 3.0 requirements for assessing patient satisfaction with health care services; and
- develop a framework for further studies.

■ Methods

A one-page survey was sent from CHC to plan patients (or patient representatives) dismissed from two metropolitan Kansas City hospitals within a 180-day period. These two network hospitals have the greatest percentage of CHC plan admissions in the area. The survey probed for problems recipients might have experienced while trying to obtain discharge medications from CHC participating pharmacies. All participants were sent a postcard reminder one week after the initial mailing thanking them if they had responded and urging them to complete the survey if they had not. Nonrespondents were contacted three weeks from study initiation with another copy of the survey. Upon receipt of the surveys, data were combined with information from CHC records, including diagnosis, therapeutic category, age, sex, and prescribing physician. The survey asked for the following information:

- the number of pharmacies used in the previous 12 months;
- the name and location of the pharmacy used most often;
- the pharmacy at which the discharge prescriptions were filled;
- whether patients were able to have all discharge prescriptions filled at one pharmacy, and if not, how many prescriptions were not filled;
- what problems, if any, the patient experienced with the pharmacy;
- whether medication was a covered plan benefit;
- whether drugs prescribed were on the formulary;
- whether the pharmacist called a physician or the CHC help line to solve problems; and
- other.

The survey also measured patient satisfaction with:

- courtesy of all pharmacy staff;
- courtesy of the pharmacist who filled the prescriptions;
- convenience of the pharmacy location;
- helpfulness of the pharmacist in explaining the pharmacy benefit;
- how well the pharmacist communicated;
- amount of counseling about medications the patient received at the pharmacy;
- overall satisfaction with CHC pharmacy services; and
- other comments about CHC pharmacy services.

The items in question 7 (overall satisfaction with CHC pharmacy services) were scaled with a Likert format with anchors of poor (1), fair (2), good (3), very good (4), and excellent (5).

In addition to the survey of discharged patients, charts were

reviewed to find any disconnects between the drugs prescribed at discharge for this sample of patients and the prescriptions actually filled for them. Patients who were discharged during this period were identified, the hospital from which they were discharged was pinpointed, and if the patient indicated that they could not fill discharge prescriptions, those prescriptions were identified from the hospital's records. We could not ascertain from the CHC records alone if prescriptions were written but not filled, or identify from the hospital records alone which discharge prescriptions were not filled. Thus, two separate data sets were examined to reveal the true picture.

Three graduate students in the M.S. in Hospital Pharmacy program at the University of Kansas School of Pharmacy helped coordinate the collection, coding, and analysis of the data.

■ Results

A total of 260 surveys were sent to patients dismissed from the two study hospitals over a six-month period; of these 168 were returned, for a usable response rate of 64.6%. Only 18 prescriptions could not be filled because the medications were not included in the CHC formulary. This finding indicated that there must be other reasons for any dissatisfaction with the CHC pharmacy benefit.

A total of 80 patients (48.2%) used one pharmacy, 62 patients (37.3%) used two, 20 patients (11.9%) used three, and 4 (2.4%) used four or more.

The vast majority of patients were able to have their discharge prescriptions filled in the CHC pharmacy network: 132 respondents (78.6%) indicated that they were able to have the hospital discharge prescriptions filled at their pharmacy of choice. Thirteen respondents (7.7%) were not able to have their prescriptions filled. Of these 13 patients, 10 were unable to have one prescription filled, and 1 patient each was unable to fill two, three, and four prescriptions.

For 18 patients the prescribed medication was not covered. Of these, 13 indicated that at discharge the prescribed drug could not be filled, and five reported that the pharmacist did not call the physician/CHC help line to resolve the formulary problem.

The seven components of satisfaction with pharmacy services indicated that for the most part patients were very satisfied with the CHC pharmacy benefit:

The mean value for courtesy of pharmacy staff was 3.949 on the five-point Likert scale; only 5.7% of the respondents rated pharmacy staff courtesy as fair or poor. The mean value for courtesy of the individual pharmacist was 4.032; only 3.8% rated pharmacist courtesy as fair or poor.

The mean value for convenience of the pharmacy was 4.051, with only 6.3% of the sample indicating fair or poor. The mean value for the helpfulness of the pharmacist in explaining the drug benefit to the patient was 3.703, though a comparatively large segment of the sample (19.7%) rated helpfulness as fair or poor. The mean value for how well pharmacists communicated

was 3.797, with approximately 14% of the respondents ranking communication as fair or poor. The mean value for amount of patient counseling received was 3.589. A comparatively large group (18.3%) rated this service as fair or poor.

The mean value for overall satisfaction with pharmacy services was 3.917, with 94.9% of the sample reporting overall satisfaction with pharmacy services as good, very good, or excellent. Even for those members who were unable to fill certain prescriptions upon discharge, who reported problems with a medication not being a covered benefit, or who indicated that a drug prescribed was not on the formulary, the mean value for overall satisfaction was 3.865, slightly less than the value of 3.917 for the entire group. This small difference was not statistically significant (as measured via *t*-test analyses); nor is it practically different.

■ Discussion

Members dismissed from the two plan hospitals with nonformulary drug prescriptions did not have a significantly different overall pharmacy satisfaction rate from the group as a whole. The vast majority of patients were discharged with prescriptions that were filled. The study found that patients were dissatisfied with pharmacy services because of problems with pharmacy personnel in the open panel of plan pharmacies, rather than because of overall dissatisfaction with the CHC pharmacy benefit.

Pharmacists did not work with the CHC Helpline, or call the appropriate CHC personnel to solve formulary problems. CHC instituted this help line to enable physicians and pharmacists to obtain guidance or approval by telephone for nonformulary items. Often the prescriptions that could not be filled were simply returned to the patient, leaving the patient to solve the problem. A call to the help line would have allowed the prescription to be filled without problems, perhaps with new drugs that were not yet on the CHC formulary.

This study shows the complexity of measuring satisfaction with pharmacy services. Anecdotal reports of dissatisfaction with the CHC formulary were at first perceived to be caused by differences between hospital formularies and the CHC outpatient formulary. However, this study revealed that patients were satisfied with the overall CHC pharmacy services benefit, though they were dissatisfied with specific components of the delivery of pharmacy services.

As a result of this project, meetings with representatives from chain community pharmacy organizations were to be scheduled to discuss correcting behaviors that cause dissatisfaction among plan members. In addition, further analyses of the variable of patient satisfaction with pharmacy services will be contrasted across varying pharmacy practice sites (independent community pharmacy, chain community pharmacy, and supermarket-based pharmacy sites). Based upon the findings of this study, satisfaction with pharmacy services will be further examined in a random sample of all CHC pharmacy benefit plan members.

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