Study on Patient Satisfaction of Doctor Visits in Technology Enabled Home Healthcare

By

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Nimeeta Gakhar** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone dissertation training at **Portea Medical, Bangalore** from **1st March, 2016 to 22nd May, 2016.**

The Candidate has successfully carried out the study designated to her during dissertation training and her approach to the study has been sincere, scientific and analytical. This training is in fulfillment of the course requirements.

I wish her success in all her future endeavors.

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PORTEA
HEAL AT HOME

The certificate is awarded to

Dr. Nimeeta Gakhar

In recognition of having successfully completed her
Internship in the department of

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And has successfully completed her Project on

"A study on patient satisfaction of doctor visits in technology enabled home healthcare"

20th May, 2016

Portea Medical, Bangalore

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning.

We wish her all the best for future endeavors.

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **"A study on patient satisfaction of Doctor Services in technology enabled home healthcare"** and submitted by **Dr. Nimeeta Gakhar** Enrollment No. **IIHMR-U/MBA-HM/2014-2016/19-0182** under the supervision of **Dr. Barun Kanjilal** for award of MBA in Hospital and Health Management of the University, carried out during the period from **1st March, 2016 to 22nd May, 2016** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

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A journey is easier when you travel together. Interdependence is certainly more valuable than independence. This project report is the result of three months of training whereby I have been accompanied and supported by many people. It is a pleasant aspect that I now have the opportunity to express my gratitude for all of them.

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1.1 OBJECTIVE:

The primary Objective was to study the Doctor services in a home healthcare setting along with understanding the product life cycle and build a business plan for improving profitability and health outcomes. Since patient satisfaction is a fundamental anchor for the financial and clinical success of a healthcare organization, the factors and levels of patient satisfaction were studied and measures for improvement of processes were suggested.

1.2 ORGANIZATIONAL PROFILE

Portea Medical, a startup that provides in-home healthcare in India, has raised a $37.5 million Series B led by returning investor Accel. The round's other participants include International Finance Corporation (IFC), a member of the World Bank Group, Qualcomm Ventures, and Ventureast.

Portea claims to be the biggest in-home care provider in India, with clinicians in 24 cities who make 60,000 in-home visits every month. It currently serves 50,000 patients, about 40 percent of whom are actively using its services at any given time. The company's last fundraising was in December 2013, when it got a $9 million Series A from Accel, Qualcomm Ventures, and Ventureast. Its new capital will be used to expand into South/Southeast Asian markets and boost its employee count from 3,000 to 8,000 over the next 18 months.

Like Honor in the U.S., Portea sends health providers to residences. The startup's verticals include routine checkups, oncology, maternity care, and palliative care, but its core consumers are the elderly.

Average life expectancy in India has increased dramatically over the past 50 years thanks to better medical care and nutrition. While people are living longer, India faces a major shortage of resources for geriatric care and the treatment of chronic diseases.

Portea deals with hospital-quality healthcare in the comfort of home. They provide doctors, nurses, and physiotherapists for home visits who have passed rigorous hiring standards and have had their backgrounds and medical knowledge verified by senior doctors. They also

facilitate lab tests at home and medical equipment rentals, making health care more accessible for patients.

Portea Medical's clinical procedures were developed in consultation with leading home healthcare professionals in the United States, ensuring that you receive only the highest quality medical care; all of our doctors are members of international medical accreditation bodies. As a result of using their services, patients are able to stay in their homes longer, save money, and have peace of mind.

Portea helps:

- Individuals receive high-quality, affordable, in-home healthcare
- Doctors, medical practices and hospitals offer high-quality post operative and primary care, allowing a renewed focus on in-patient procedures and secondary and tertiary care.
- Employers and businesses provide their employees with affordable access to high quality healthcare

Portea is a leading Home-healthcare service provider with services in Ahmadabad, Bangalore, Baroda, Chandigarh, Chennai, Cochin, Coimbatore, Goa, Hyderabad, Indore, Jaipur, Kolkata, Lucknow, Ludhiana, Madurai, Mumbai, Nagpur, NCR, Pune and Visakhapatnam. They are going to be operational in more cities very soon.

Their offerings include various in-home healthcare services like Physiotherapy, Nursing, Attendant/Home Health Aide, and Doctor Visit. They will keep on adding more in-home healthcare services with a vision to bring world class medical care into patients' home.

Home healthcare service provider Portea Medical, run by Health Vista India Pvt. Ltd on Thursday said it has acquired medical equipment service provider Health Mantra India Pvt. Ltd for an undisclosed amount in a cash and stock deal.

The acquisition will help Portea penetrate deeper into categories such as respiratory care, geriatric care and orthopedics.

The acquisition of Health Mantra is Portea's third attempt to expand its offerings in the home healthcare segment through acquisitions and strategic investments in the last six months.

In November, the company had acquired specialty pharmaceutical distributor Medybiz Pharma Pvt. Ltd for an undisclosed amount in a cash and stock deal. The move was expected to help Portea leverage Medybiz's expertise in catering to patients of diabetes, cardiology, oncology, osteoarthritis, osteoporosis, rheumatoid arthritis, tuberculosis and neurology among others.

1.3 BACKGROUND OF PROJECT

A company exists because of its customers. A famous economist, Theodore Levitt once said “The purpose of a business is to create and keep customers”. If this is true, then why is so little time spent on measuring the satisfaction of our customers? Measuring and analyzing customer satisfaction can help a business not only keep its customers, but provide valuable insights into how to attract new customers. This document examines best business practices in creating and sustaining a comprehensive customer satisfaction program.

Importance of Customer Satisfaction

- Customer satisfaction is one of the strongest indicators of customer loyalty.
- Customer loyalty is important because:
- This drives repeat business, even if there is a lower price on offer from a competitor
- Loyal customers come back more often to take up cross sell opportunities, and are more likely to try new products from their preferred supplier
- Loyal customers are more likely to recommend a business’s services
- Customer profit tends to increase over the life of the retained customer
- It can be up to 20 times more expensive to acquire new customers than retaining existing customers

Customer satisfaction data is also useful for businesses because:

- Performance can be compared with internal Quality Monitoring programs to ensure that internal measures match up with actual customer sentiment
- Performance can be benchmarked against other similar companies to determine the level of a business competitiveness
- The data can be used to set performance targets for outsource suppliers
- Customer feedback can help identify areas for improvement

1.4 INTERNSHIP REPORT

The Internship was for a period of 3 months starting from March 1, 2016 to May 31st, 2016 where in the position held was that of Management Trainee in Business development working as a Product Manager for doctor services. One month was spent understanding the various Departments, hierarchy and organizational structure. Later, Doctor Product was handed over in order to re structure and create a new Business plan to increase Business profitability and health outcomes.

During this entire process focus was paid on streamlining operations, increasing sales and analyzing the gaps in the current system. Also, work on the Marketing and Business strategies in order to improve brand awareness and visibility and service quality thereby increasing patient satisfaction.

Learning:

1) Understanding the home healthcare business, it's offerings , operations and structure
2) Technology enabled healthcare gave me a chance to get acquainted with the most advanced IT solutions that has helped me evolve technologically.
3) Customer perception and levels of satisfaction
4) Building alliances and creating a Business plan
5) Re-engagement and Customer Retention strategies
6) B2B Induction planning , cross and up-selling
7) Product life cycle, Product mapping.
8) Value stream mapping
9) Data management and Analysis
10) ATL and BTL marketing strategies
11) Streamlining Operations
12) Capacity Building and Training

2.1 INTRODUCTION

The healthcare industry is undergoing massive changes, moving from a volume based care model to a quality-based care model. In order to adapt to these fundamental changes, healthcare organizations are rapidly changing the way they do business, and their evolving workforce management strategies reflect that. It's not enough to implement workforce management initiatives that cut labor costs. Instead, those initiatives must also have a positive impact on both staff and patient satisfaction, providing hospitals and health systems with a solid foundation that will sustain them in both the short run and the long haul.

Quality of care is measured with two metrics: patient outcomes (70%) and patient satisfaction (30%). With patient satisfaction scores now having a direct impact on the bottom line, the measure and management of patient satisfaction has become a top priority at health systems across the country. In fact, more than half (54%) of Healthcare executives say patient experience and satisfaction is one of their top three priorities, according to Health Leaders Media's 2013 Industry Survey data.

Definition:

Patient satisfaction can be defined as fulfillment or meeting of expectations of a person from a service or product.

When a patient needs medical attention, he has a preset image of the various aspects of the organization as per the reputation and cost involved. Although, their main expectation is getting cured and going back to their work, but there are other factors, which affect their satisfaction. Sometimes, they might have rated a medical facility very low on the basis of information but they find it above their expectation and they are satisfied. Similarly, if they have got a very high expectation, but if they find it below their expectation, they will not be satisfied. Hospitals have expanded in terms of availability of specialties, improved technologies, facilities and increased competition and the expectations of patients and their

relatives have increased many fold. Consumer expectation in any medical experience influences whether how soon and how often they seek care from which medical facility.

High expectation from a medical organization is a positive indicator of its reputation in the society and is very important for attracting patients, whereas low expectation deters patients from taking timely medical help, thus negatively affecting himself as well as the medical care provider. However, a very high and unrealistic expectation may lead to dissatisfaction despite reasonable good standards of medical practice.

Knowledge of expectation and the factors affecting them, combined with knowledge of actual and perceived healthcare quality, provides the necessary information for designing and implementing programs to satisfy patients. Human satisfaction is a very complex concept that is affected by a number of factors like lifestyle, past experience, future expectation and the values of individual and society in terms of ethical and economical standings.

Certain distinctive characteristics of the home health care environment influence patient safety and quality of outcomes: the high degree of patient autonomy in the home setting, limited oversight of informal caregivers by professional clinicians, and situational variables unique to each home.

Hence, is imperative to identify various levels and factors responsible for patient satisfaction and assess the reasons to improve quality and service. This study discusses as to how to ensure patient satisfaction in home healthcare practice in order to achieve the desired results.

2.1.1 IMPORTANCE OF PATIENT SATISFACTION

- New policies and regulations in healthcare are causing this field to become harder to navigate. Despite recent trends, patients remain the focal point of service administration and evaluation. Patient satisfaction is a measure that links the social, emotional, and clinical needs of the patient and risk management. This measurement is used for several purposes. Institutions that foster positive patient experiences are also more likely to have better clinical and financial outcomes, and also prevent claims.

- Patient satisfaction and its measurement has become a growing area of interest to health systems. Scores are improved primarily through assessing the patient's point of view, increasing nurse interaction, advancing healthcare mission and the timeliness of care. In the past several years, patient satisfaction scores have also been tied to health system's reimbursement schedules.
- Organizations may choose to penalize, adjust, or provide payment incentives based on satisfaction metrics. Payment adjustment would account for organization funding and staff bonuses (Hudak & Wright, 2000).

2.1.2 PATIENT SATISFACTION AS A QUALITY INDICATOR

For many firms, improving consumer relations is the key to improving business performance. While striving towards this goal, new business strategies have been developed that emphasize understanding consumer attitudes, expectations, and preferences. There has been a recent push to use a company's mission statement as indices of a company's service quality.

The primary reason health systems exist is to provide a service to patients with the goal of improving the overall health of the population. There are many measures of overall health systems quality. Standard factors used to determine quality include: care received, follow-up procedure, provider relations, cost effectiveness, comprehensive care, and patient satisfaction (Cleary, 1999; Nelson & Niederberger, 1989).

Patient satisfaction reporting is an indicator of provider performance. It can also be a measure that helps patients in choosing their source of care. There are many proven benefits to keeping patients well-satisfied. For providers, high satisfaction scores are associated with having a favorable community reputation, fewer malpractice claims, decreased turnover, and improved efficiency. Consumers who are satisfied are more likely to maintain an ongoing relationship with healthcare providers and adhere to prescribed treatment plans. Committee boards, made up of staff from each sector of the health system,

have the incentive of encouraging providers to focus on the overall patient experience versus only assessing clinical diagnosis. The patient experience is primarily shaped by how each person views how medical treatment may affect their overall well-being. If patients view healthcare providers as partners who provide knowledge to take charge of one's health outside the clinical setting, both patients and providers will gain value from the interaction (Marley et al., 2004; Taylor & Benger, 2004).

2.1.3 PATIENT SATISFACTION- PATIENT PERCEPTION

A number of factors shape patient expectations. Word of mouth communication, past experience, and external marketing are all determinants of expectations. When one patient shares with a family member details of how efficient treatment was administered, that person will expect similar care. When a patient's past medical experiences include prolonged waiting or delayed responses, a single appointment that goes smoothly may result in the patient indicating they were "satisfied" with their experience.

Brochures, billboards, and photographs depicting a caring and unrushed physician may lead a patient to choose a provider based on perceived expectation of quality (Fan et al., 2005). Patients do not evaluate quality based only on the outcome of the service. The service delivery process may also have an important impact on the level of satisfaction with the care they receive. Though medicine can treat symptoms, an uncaring attitude will most likely result in poor satisfaction.

The SERVQUAL instrument for measuring quality services (Arnetz & Arnetz, 1996) evaluates ten dimensions of service quality that form the foundation of how patients' perceptions are assessed.

- The first category is tangibles; this dimension includes the appearance of facilities and equipment. Typical questions include whether the facility looks clean or the machines appear to be new and well maintained.

- The second category is reliability and refers to the ability to perform promised services in a dependable and reliable manner. Typical questions include whether results or follow-up are received in a timely manner.
- The third category is responsiveness; this covers the staff's willingness to help customers and provide prompt service.
- A typical question is whether providers will take the time to thoroughly explain answers to questions.
- The fourth category is competence and refers to whether providers possess the required skills and knowledge to perform the necessary services. A typical question is if a medical problem can be quickly resolved or will need a specialized physician.
- The fifth category is courtesy, which is the politeness and respect medical personnel are expected to give patients. Typical questions ask if nurses and doctors explained procedures in a friendly demeanor and if receptionists were kind.
- The sixth category is credibility; this refers to the trustworthiness and honesty of the service provider. Patients may be asked questions such as whether they believe a provider has a good reputation or his or her credentials for a good provider.
- The seventh category is security; this refers to freedom from danger and risk.
- The eighth category is access and refers to approachability and ease of contact.
- The ninth category is communication and refers to how well the customer is kept Informed in language they can understand. Typical questions asked include if physicians describe procedures in a way patients can understand, and if staff takes appropriate time to ask follow-up questions. The final category understands the consumer and refers to the provider making an effort to know consumers and their needs. The most important question from a patient's perspective is if they are treated with personal attention (Le May, Hardy, Taillefer, & Dupuis, 2001).

2.1.4 HOW SATISFACTION IS MEASURED

There has been an increase in an organization's ability to produce high quality services. In an attempt to remain competitive, many facilities form a committee to focus on quality related issues for the entire organization. Thus, organizations rely on consultants or third-party vendors who specialize in quality improvement techniques. The main goal of these

consultants is to increase the overall quality of an organization's products (Taylor & Benger, 2004; Saultz & Albedaiwi, 2004).

2.2 REVIEW OF LITERATURE

International studies

There is increasing pressure on medical care organizations to improve on the quality and focus of their service delivery to meet increasing consumer demands (Drain, 2001). Medical care organizations therefore embark on research projects to discover new and better ways of keeping abreast with changing consumer demands and how best to adequately satisfy these demands.

Home health care is a system of care provided by skilled practitioners to patients in their homes under the direction of a physician. Home health care services include nursing care; physical, occupational, and speech-language therapy; and medical social services. The goals of home health care services are to help individuals to improve function and live with greater independence; to promote the client's optimal level of well-being; and to assist the patient to remain at home, avoiding hospitalization or admission to long-term care institutions. Physicians may refer patients for home health care services, or the services may be requested by family members or patients.

In fact there are several reasons why a medical care organization may conduct consumer/patient satisfaction research (Lin & Kelly, 1995). It could be as a result of self-desire and a key strategy to improve on its processes (Gill & White, 2009). This can either be motivated by a quest to improve on the processes thereby reducing cost or a quest to improve customer satisfaction and thereby retaining old customers while attracting new ones (Nelson et al. 1992; Powers & Bendall-Lyon, 2003). For any of the above reasons the organization has the underlying objective of remaining relevant and competitive. The need to carry out the research could also be as a result of pressure from regulators, third-party payers and consumers demand for improved services (Friesner, Neufelder, Raisor & Bozman, 2008).

Whatever the case may be the research project provides avenue for the organization to get relevant feedback to improve on its processes and services and also show consumers that their opinions are critical to the development of more consumer focused services (Askew et al. 1996). Understanding factors that inhibit or promote consumer/patient satisfaction will aid management not only to identify its strengths and limitations but also on how to adequately channel its efforts in improving service delivery.

Patient satisfaction is a fundamental anchor for the financial and clinical success of a healthcare organization. Providing quality care is more than producing good outcomes and cost effective transactions. It is important that the recipients are satisfied with the care they receive.

The distinction between patient satisfaction and patient loyalty is important to establish. Patient satisfaction is an attitude based on the service quality performance received. Patient loyalty is the behavior of continuously remaining a patient. Loyalty adds value to efforts an organization makes to measure and improve satisfaction. While patient satisfaction is not the only factor to ensure loyalty, it is an important antecedent (Fan, Burman, McDonell, & Fihn, 2005).

Donabedian (1980, 1988) suggested a framework of three key components in evaluating consumer satisfaction in a survey.

- The first is the perceived value a patient derives from going to a medical care centre for treatment.
- The second is whether the right tools were used for the treatment, in which case the consumer will be concerned about the qualification of the practitioners and the quality of the tools used.
- Lastly the consumer is concerned about the service delivery processes within the organization. The patient is interested in such basic issues as timeliness of the service and the conduct of the practitioners towards them. In essence to achieve a truly robust consumer satisfaction survey in medical care the consumers' interest and perspective must be a key component of the research.

An important measure of health system quality is patient satisfaction. Satisfaction portrays the consumer's perception of the quality care received and whether their needs are being met. Patient satisfaction consists of both an emotional and cognitive reaction to delivery of health services. Patient satisfaction is perception linked to one's expectations about the care they receive. When a patient's expectations are not met, realistic or not, their satisfaction with the care received is lower (Nelson & Niederberger, 1989; Boudreaux et al., 2006). Cleary (1999) reported that patient satisfaction is a good indicator of the quality of care received. Understanding quality of care requires a definition of the attributes of the care provided, and an appreciation of what constitutes good care. Treating health conditions is a complicated process, yet it can be separated into a number of technical and interpersonal components. The technical component of healthcare includes both the science and technology combined to deal with a medical condition. This includes appointment scheduling, special services referrals, operating procedures, rules and forms, and complaint handling among others.

The interpersonal aspect of providing care involves the social and psychological interaction between the patient and caregivers. This reflects the organization's attitude, effectiveness, and convenience to provide quality care. One's stay in an inpatient facility is based on individual perception. The interaction of medical personnel with patients is based on noticeable actions and behaviors. Thus, it is possible for someone to be satisfied with care received despite minimal interaction. Jessie Grumman, PhD , defined patient engagement as "actions individuals must take to obtain the greatest benefit from health care services available to them," or acting to the best of their ability to find and make good use of the health care available (de Bronkart, 2011). Patient engagement leads to better health outcomes because it involves a step to change or maintain quality healthcare. Patients engaged by staff are less likely to be readmitted into the hospital within 30 days of discharge, less likely to seek emergency room care, and have fewer long term hospitalizations (Marley, Collier, & Meyer Goldstein, 2004; Taylor & Benger, 2004).

2.3 BACKGROUND

Home health care is a system of care provided by skilled practitioners to patients in their homes under the direction of a physician. Home health care services include nursing care; physical, occupational, and speech-language therapy; and medical social services. The goals of home health care services are to help individuals to improve function and live with greater independence; to promote the client's optimal level of well-being; and to assist the patient to remain at home, avoiding hospitalization or admission to long-term care institutions. Physicians may refer patients for home health care services, or the services may be requested by family members or patients.

The Centers for Medicare and Medicaid Services (CMS) estimates that 8,090 home health care agencies in the United States provide care for more than 2.4 million elderly and disabled people annually.5 To be eligible for Medicare reimbursement, home health care services must be deemed medically necessary by a physician and provided to a home-bound patient. In addition, the care must be provided on an intermittent and non continuous basis. Medicare beneficiaries who are in poor health, have low incomes, and are 85 years of age or older have relatively high rates of home health care use. Common diagnoses among home health care patients include circulatory disease (31 percent of patients), heart disease (16 percent), injury and poisoning (15.9 percent), musculoskeletal and connective tissue disease (14.1 percent), and respiratory disease (11.6 percent).

India's home healthcare industry, which consists of home-based medical devices and home services, is worth $2 billion and growing at 20 percent annually, according to accounting firm PricewaterhouseCoopers (PwC).The potential market for home healthcare, which is estimated to be worth $130.4 billion in North America by 2017, is huge in India. By 2018, India will have more than 200 million people above the age of 65 (who constitute the majority of home care patients), equal to the current population of Brazil, said Dr. Rana Mehta, executive director of healthcare at PwC India.

The prevalence of chronic diseases among an increasingly affluent population and a growing focus on primary and preventive care enabled by technology will push the delivery

of care from the hospital to home. It's no surprise then that the most requested home care services in India, apart from elderly care, are physiotherapy and diabetes management, care providers said.

2.4 RATIONALE

Addressing patient satisfaction evaluations in home healthcare is a multifaceted approach and has reached new importance due to the move to outcome based care within the quality-of-care arena and new or pending governmental or accreditation standards .Home healthcare agencies must be responsive to patient needs and provide supporting documentation for care that meets patient demands and expectations for care. Identifying what doctors do for patients is no longer enough. The results of interventions are the driving force in home healthcare today. Obtaining positive results requires incorporating the key components of patient satisfaction: the agency, the staff, and patient service mandates that focus on consumer rights and responsibilities. Providing meaningful and useful evaluation results will assist home care managers with the required interventions to assure satisfaction of patients with home healthcare services.

This study is therefore aimed at understanding the various factors responsible for patient satisfaction and develops strategies to improve the quality of care in home health care.

2.5 RESEARCH OBJECTIVES AND QUESTIONS

Research Objectives:

1. To study the level of patient satisfaction at Portea.
2. To study the different factors affecting patient satisfaction and loyalty.
3. To suggest measures for improvement of processes leading to better patient satisfaction.

Research Questions:

1. What is the level of patient satisfaction for doctor services in Portea**?**
2. What are the different factors affecting patient satisfaction?
3. Can improvement in processes enhance the satisfaction level of the patients and add value to the organization?

2.6 RESEARCH METHODOLOGY

Study Type – The previously complied data was rearranged and analyzed on different parameters and primary data was collected from March to May, 2016
It is a descriptive cross sectional study.
Sampling method – A survey was conducted to understand the reasons behind poor patient satisfaction. Convenience sampling was used.
Study Participants: 125 Patients (both men and women) participated in the survey to contribute to the study. Age group chosen was above 20.The study was conducted in Bangalore and the portal helped in data collection from other areas like NCR, Mumbai, Hyderabad, Kolkatta, Chennai and Pune.

Study Technique – The data was rearranged using MS-excel sheets and observed to configure findings/outcome and help was taken in interpreting the result. All the necessary measures were applied to interpret the results.

Two types of Data are used in the study: 1) Primary data with sample size of 125

2) Secondary data with sample size of 1226, 1063, 294 for March, April and May respectively.

The importance of secondary data is invaluable as it gives insights in the existing system and performance. But the motive of primary data collection was to pay close attention to Doctor Services as a Product manager. To understand the product life cycle, the journey, the processes and its flaws in depth. As patient satisfaction is an essential prerequisite for a company's performance, it was necessary to re-design the process and the business plan after assimilating the issues and the problems from the patient's side.

Moreover, it helped alignment with the company's long term goals to increase Business profitability and health outcomes.

Data analysis – Done with the aid of MS-Excel sheets. The data was entered in sheets and then analyzed with the help of graphs. Data was analyzed for the following –

1) Service wise CSAT and NPS scores
2) Issues identified based on NPS scores

Ethical Considerations-

- Rights of the respondents and informed consent was ensured
- Rights of the institution where the study is conducted was ensured
- Scientific Honesty was maintained
- No sensitive issues were explored before building a good relationship with the informant and making him/ her comfortable
- Privacy & confidentiality of data obtained was ensured

3.0 RESULTS

Customer satisfaction is a term frequently used in marketing and is often abbreviated as CSAT. It is a measure of how products and services supplied by a company meet or surpass customer expectation**. Customer satisfaction is defined as "the number of customers, or percentage of total customers, whose reported experience with a firm, its products, or its services (ratings) exceeds specified satisfaction goals**." : In customer relationship management, customer satisfaction (**CSAT**) is a measure of the degree to which a product or service meets the customer's expectations.

In a survey of nearly 200 senior marketing managers, 71 percent responded that they found a customer satisfaction metric very useful in managing and monitoring their businesses.

It is seen as a key performance indicator within business and is often part of a Balanced Scorecard. In a competitive marketplace where businesses compete for customers, customer satisfaction is seen as a key differentiator and increasingly has become a key element of business strategy.

CSAT is often determined by a single question in follow-up surveys along the lines of "How would you rate your overall satisfaction with the service you received?" This is often graded on a scale of one to five, with a score of one representing "very dissatisfied" and five representing "very satisfied." All surveys are then averaged for a composite CSAT score. Some organizations set their standard at a 4-out-of-5; any customer who provides a score of 3 or less triggers a call-back from a manager or QA team member.

Criticism of CSAT:

This methodology doesn't take into account that many mildly satisfied or mildly dissatisfied customers don't tend to complete surveys. It also fails to differentiate specific factors that contribute to customer satisfaction such as good value (the quality and quantity of the service for its price), how closely the customer's expectations are met, and how valued the customer feels at the end of a transaction with this company. This lack of detail can skew CSAT results in either direction.

2. Net Promoter or **Net Promoter Score** (**NPS**) is a management tool that can be used to gauge the loyalty of a firm's customer relationships. It serves as an alternative to traditional customer satisfaction research and claims to be correlated with revenue growth.

Net Promoter Score is a customer loyalty metric developed by (and a registered trademark of) Fred Reichheld, Bain & Company, and Satmetrix. It was introduced by Reichheld in his 2003 *Harvard Business Review* article "One Number You Need to Grow". NPS can be as low as −100 (everybody is a detractor) or as high as +100 (everybody is a promoter). An NPS that is positive (i.e., higher than zero) is felt to be good, and an NPS of +50 is excellent.

Net Promoter Score (NPS) measures the loyalty that exists between a provider and a consumer. The provider can be a company, employer or any other entity. The provider is the entity that is asking the questions on the NPS survey. The consumer is the customer, employee, or respondent to an NPS survey.

Criticism of NPS:

- NPS performs worse than satisfaction
- **NPS uses a scale of low predictive validity** Daniel Schneider, Matt Berent, et al. found that out of four scales tested, the 11-point scale advocated by Reichheld had the lowest predictive validity of the scales tested.
- **Culturally-insensitive** The validity of NPS scale cut-off points across industries and cultures has also been questioned.
- **Less Accurate than Composite Index of Questions** "A single item question is much less reliable and more volatile than a composite index."Furthermore, combining CFMs (customer feedback metrics), along with simultaneously investigating multiple dimensions of the customer relationship, improves predictions even further.

C-SAT scores based on PRIMARY DATA

In technology enabled platforms the process of booking an appointment is made easy with call centres and internet and hot line numbers. This is taken care by the organization's work force management and sales team and call centre team. Similarly, slot availability depends on factors such as: band width, available doctors and efficient management. Punctuality and reliability of clinicians is a direct measure of company's performance as they represent the organization. Customer support and re engagement team then comes into picture to address problems and issues of patients and attend to any queries or complaints. Since the intangibility in technology enabled home healthcare platforms is higher than others, it is all the more necessary to report lacunae reported with the help of customer feedback.

This section presents how many patients out of the sample size of 125 were satisfied or dissatisfied with the following parameters for Doctor Services.

1. Appointment Booking experience
2. Availability of slots
3. Punctuality and reliability of clinicians
4. Improvement in medical condition
5. Customer support

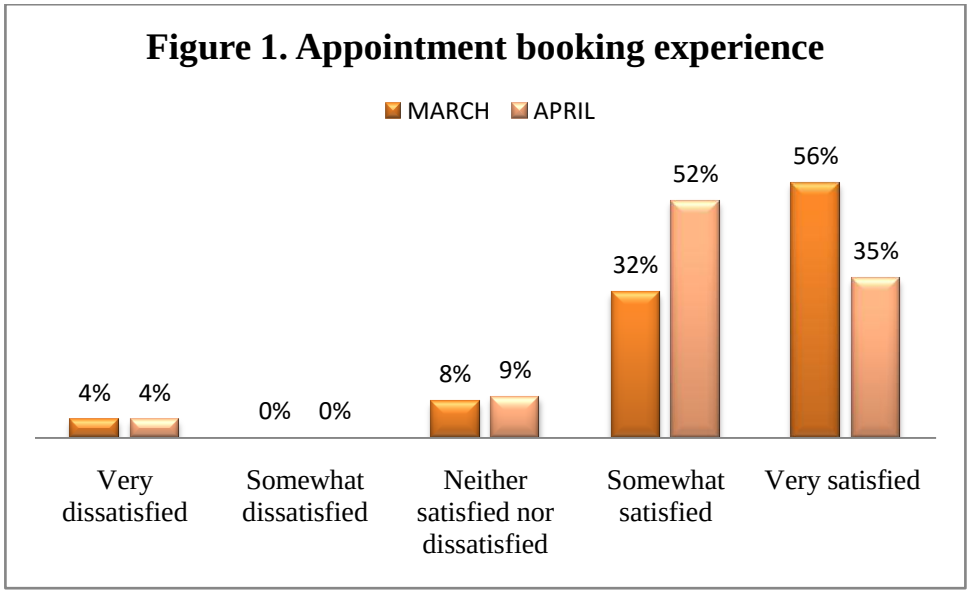


Fig.1 depicts that in March 56% patients were very satisfied with appointment booking experience which fell down to 35% in April. There could be many reasons for the same like Problem in the company's app, reluctance to use the app by patients and clinicians and it could also suggest problems in Operations and Sales team who book the appointments.

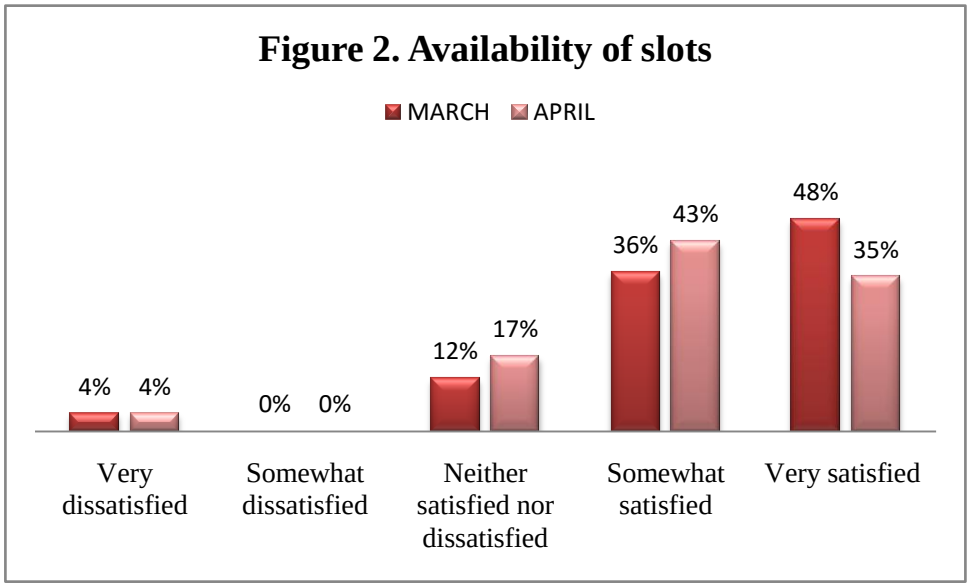


Fig.2 depicts the patient satisfaction with respect to availability of slots and shows the gradual decline in satisfaction from 48% to 35% in April.

It could be due to communication and coordination issues, issues related to delayed slot arrangement, clinician unavailability.

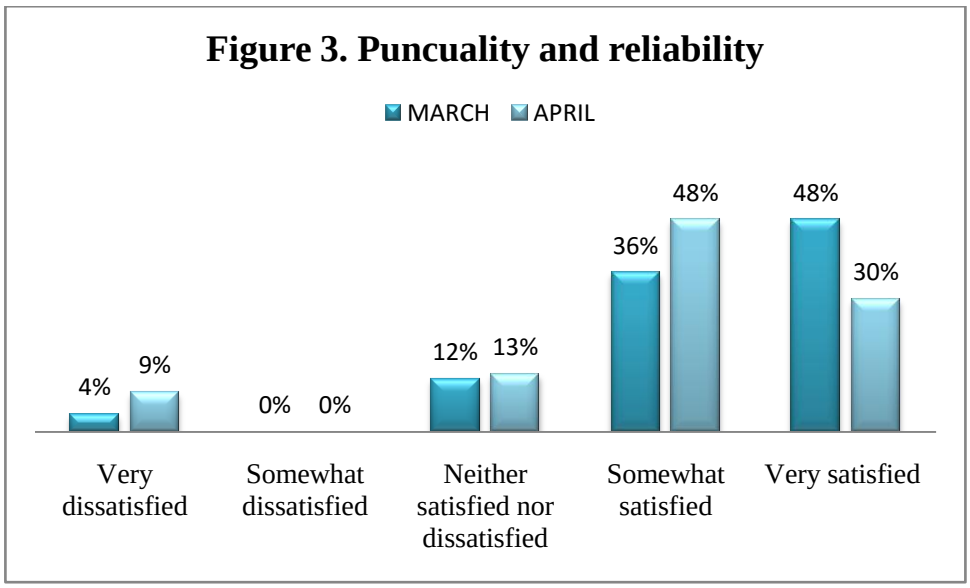


Fig.3 shows that there is a fall in satisfaction levels with respect to punctuality and reliability of clinicians from 48% in March to 30% in April. Reasons could be: reduced therapy hours and unprofessionalism. This data is suggestive of the clinician's behavior and a fall suggests that doctors need to be more punctual and reasons for this could be long traveling distances and traffic in big cities.

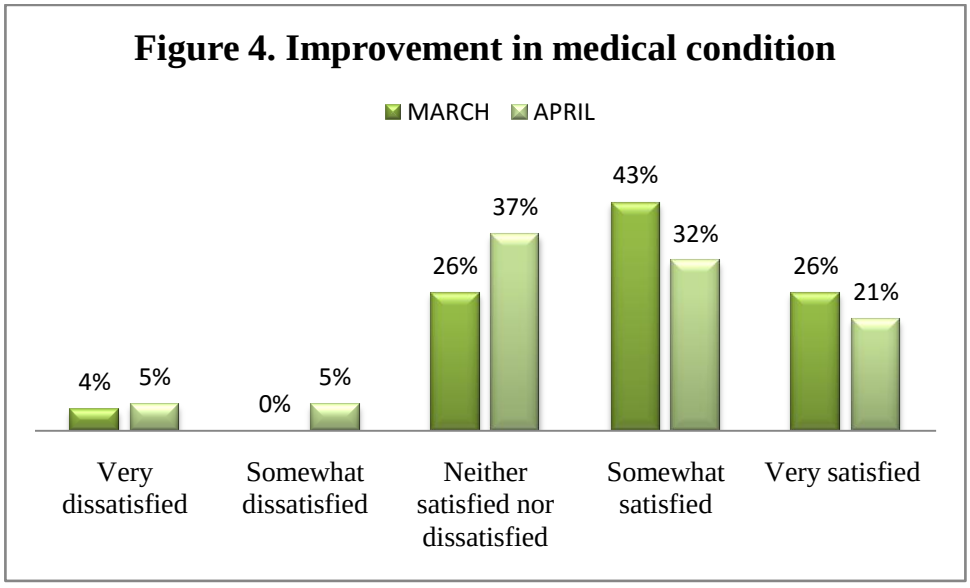


Fig. 4 depicts that there is a fall of patient satisfaction levels from 26% to 21%, with respect to improvement in medical condition. The reasons for this could be lack of improvement, ineffective treatment methodology or service not worth the cost.

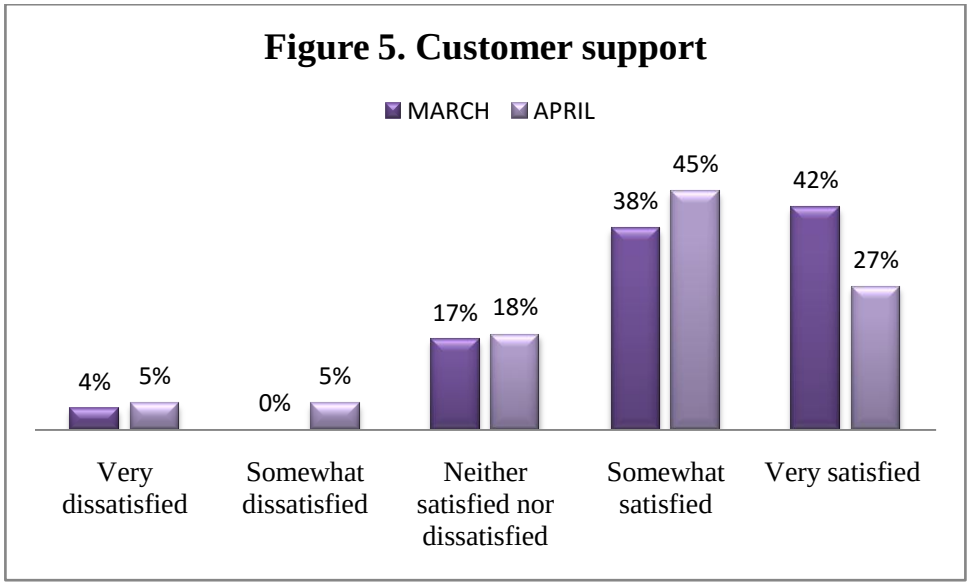


Fig.5 shows that most of the patients (38% in March and 45% in April) were somewhat satisfied with overall customer service and 42% patients were very satisfied which dropped to 27%.

Table 1		
CSAT	MARCH	APRIL
Weighted Average on a scale of 1-5		
CSAT indicators :		
Appointment booking experience	4.4	4.13
Availability of slot/session	4.4	4.04
Punctuality and reliability of clinician	4.2	3.91
Improvement in the medical condition	3.9	3.58
Customer support to address issues or feedback	4.1	3.86
Overall CSAT	4.2	3.91
Sample size 125		

Table 1 clearly states that the CSAT for the month of March was 4.2 which has gone down to 3.91 in April. Customer satisfaction is based on a lot of factors (indicators) but the few which might have caused the decline could be Punctuality and reliability of clinicians, medical condition improvement and customer support experience as their numbers have been less than 4.

SECONDARY DATA:

This section shows the source of data collection for secondary Data for both NPS and CSAT. Most of the data for NPS was collected from Customer Engagement team (CET) while the least were taken via inbound and outbound calls done by customer care representatives. Here the Field data is collected with the help of Field Audits.

Table 2. Statistics of sample for NPS & CSAT- MARCH

Source	NPS Sample Size	In %	CSAT Sample Size	In %
CALL	64	5%	35	5%
CET	476	39%		0%
Email	356	29%	330	49%
FIELD	73	6%	49	7%
SMS	257	21%	257	38%
Grand Total	1226	100%	671	100%

Table 2 shows that most of the data for NPS and CSAT was collected by Customer Engagement Team while the least was collected via Calls. This table is shows to give an insight of the technology enabled home healthcare data collection methods and sources.

Table 3. Statistics of sample for NPS & CSAT- APRIL

Source	NPS Sample Size	In %	CSAT Sample Size	In %
CALL	50	5%	39	7%
CET	396	37%		0%
Email	320	30%	292	49%
FIELD	62	6%	32	5%
SMS	230	22%	230	38%
Others	5	0.5%	5	1%
Grand Total	1063	100%	598	100%

Table 3 shows that most of the data (37%) is collected from Customer Engagement Team while 30% is collected form Emails.

Table 4 below shows the overall NPS based on one question and its rating given by the patients over the feedback form. Net Promoter Score, itself, is calculated based on responses to a single question: *How likely is it that you would recommend our company/product/service to a friend or colleague?* The scoring for this answer is most often based on a 0 to 10 scale.

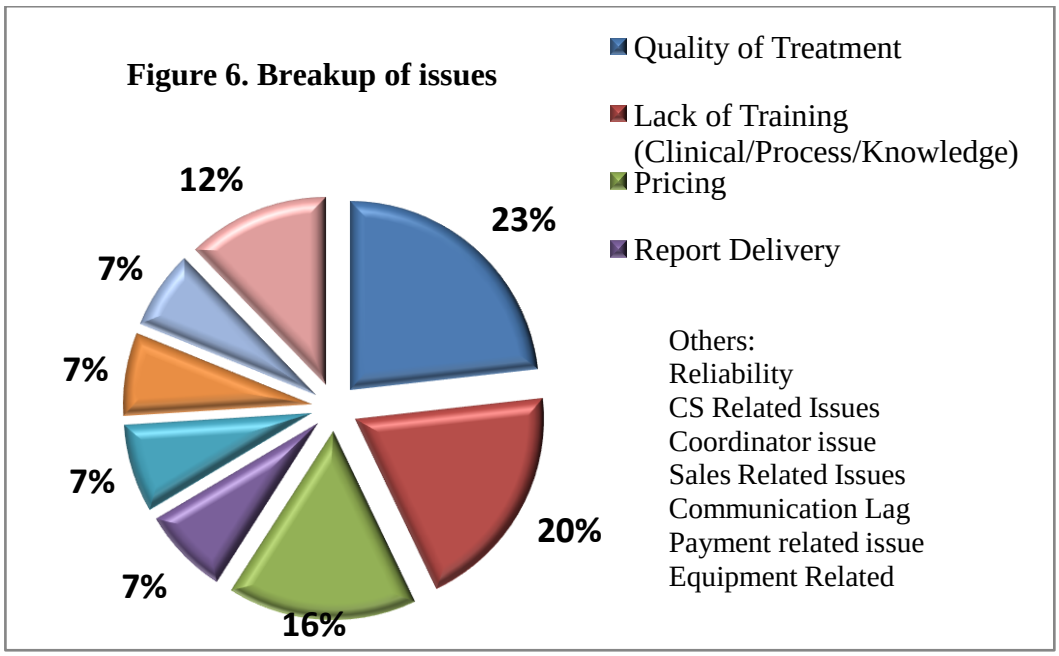
Those who respond with a score of **9 -10** are called **Promoters,** and are considered likely to exhibit value-creating behaviors, such as buying more, remaining customers for longer, and making more positive referrals to other potential customers. Those who respond with a score of **0 to 6** are labeled **Detractors**, and they are believed to be less likely to exhibit the value-creating behaviors. Responses of **7 and 8** are labeled **Passives**, and their behavior falls in the middle of Promoters and Detractors.

Overall NPS is recorded by this formula:

%Promoters - %of Detractors= Overall NPS

Table 4. Overall NPS -MARCH		
Ratings	**Respondents**	**%**
Total sample size approached for NPS	**1226**	**100%**
Promoters (9 - 10)	**536**	**44%**
Passive (7 - 8)	**421**	**34%**
Detractors (0-6)	**269**	**22%**
NPS	**22%**	

Table 4 shows that there were 44% promoters while the detractors were 22% and the percentage of detractors needs to decrease as they are believed to be less likely to exhibit the value-creating behaviors.



The patient feedback form has a section where additional comments can be written. Based on that form, Issue logs are designed and placed into various categories in order to find the possible solutions to improve patient experience.

Fig. 6 shows that 23% of the issues are related to Quality of treatment followed by Lack of training at 20% which was found out after assessing the patient feedback comments and categorizing the issues in different categories

Further breakup of quality of treatment:

- Ineffective treatment methodology,
- Lack of improvement
- Unavailability of Equipment (Failing to carry Required Equipments)
- Service not worth the cost

Further breakup of Lack of training

- Inexperienced/fresher
- Lack of clinical training
- Lack of process knowledge
- Behavior issue
- Lack of cleanliness/Hygiene Issue
- Non Usage of ID Card/Uniform (Issued but fail to wear

Table 5. Overall NPS APRIL		
Ratings	**Respondents**	**%**
Total sample size approached for NPS	**1063**	**100%**
Promoters (9 - 10)	**496**	**47%**
Passive (7 - 8)	**344**	**32%**
Detractors (0-6)	**223**	**21%**
NPS	**26%**	

Table 5 shows that the overall NPS for the month of April was 26% and has increased as compared to 22% in March. The reason could be overall increase in patient experience with respect to service quality**.**

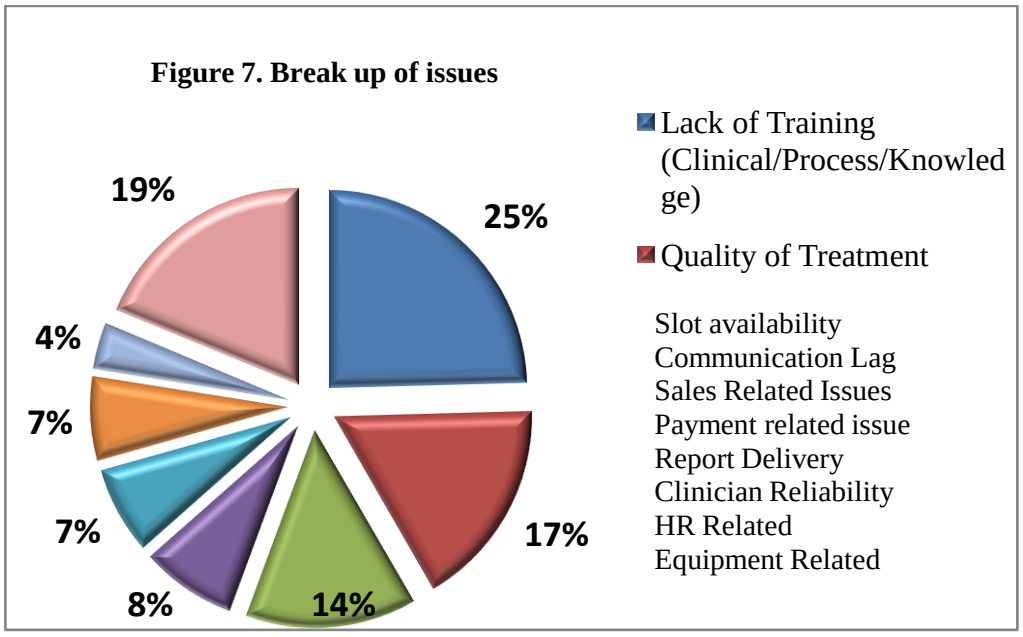


Fig. 7 states that 25% of the issues were related to lack of training followed by 17% issues related to Quality and the issue breakup is the same as stated above. All these were analyzed after segregating the patient feedback comments into various categories.

SERVICE WISE NPS

This section states the Service wise NPS recorded from March to April. This is done monthly to get a fair idea about the functioning of the services and offerings and also to identify and work on the issues that arise after analysis of the feedback from patients.

This is part of Quality and helps in keeping a check over business profitability and revenue.

The home health services recorded were Physiotherapy, Nursing, Nursing attendant, Doctor, Phlebotomists, Elder care and Vaccination.

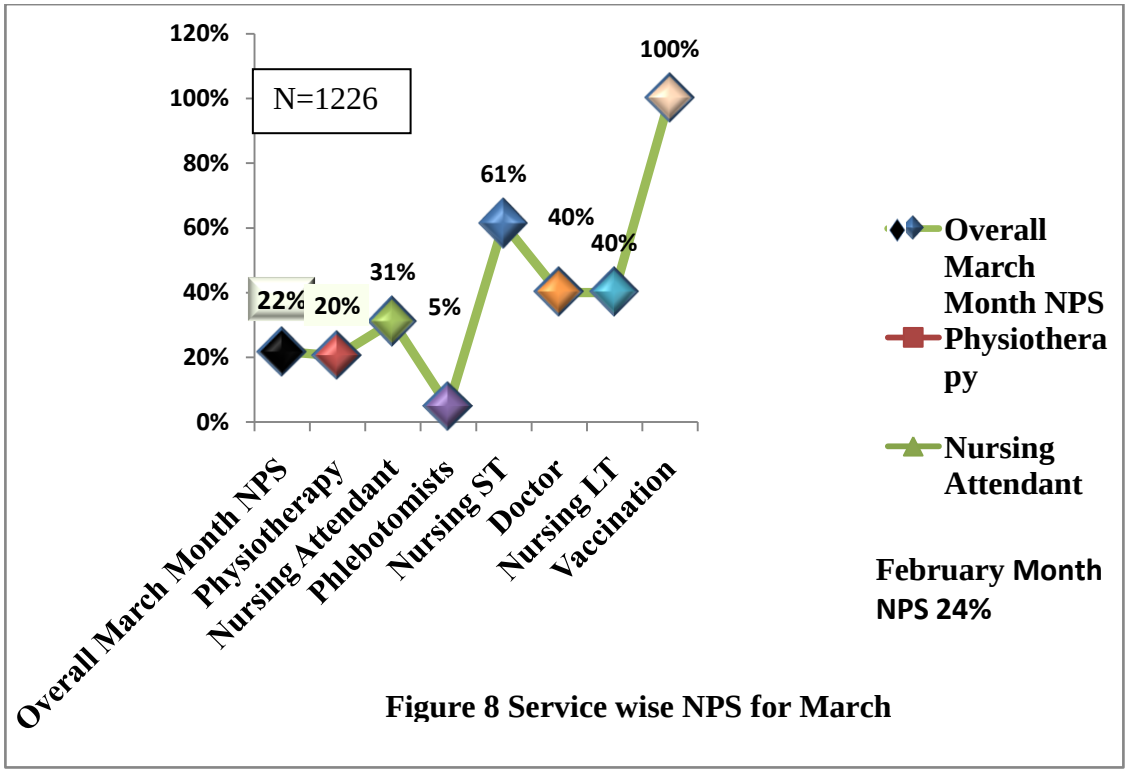


Figure 8 Service wise NPS for March

Fig. 8 shows that in the month of March, Overall NPS was 22% with the Doctor NPS as 40%. It also depicts the gradual fall in NPS from 24% to 22%. The reasons could be ranging from treatment methods to behavior to overall management. The exact reason was not known in such a short span of time.

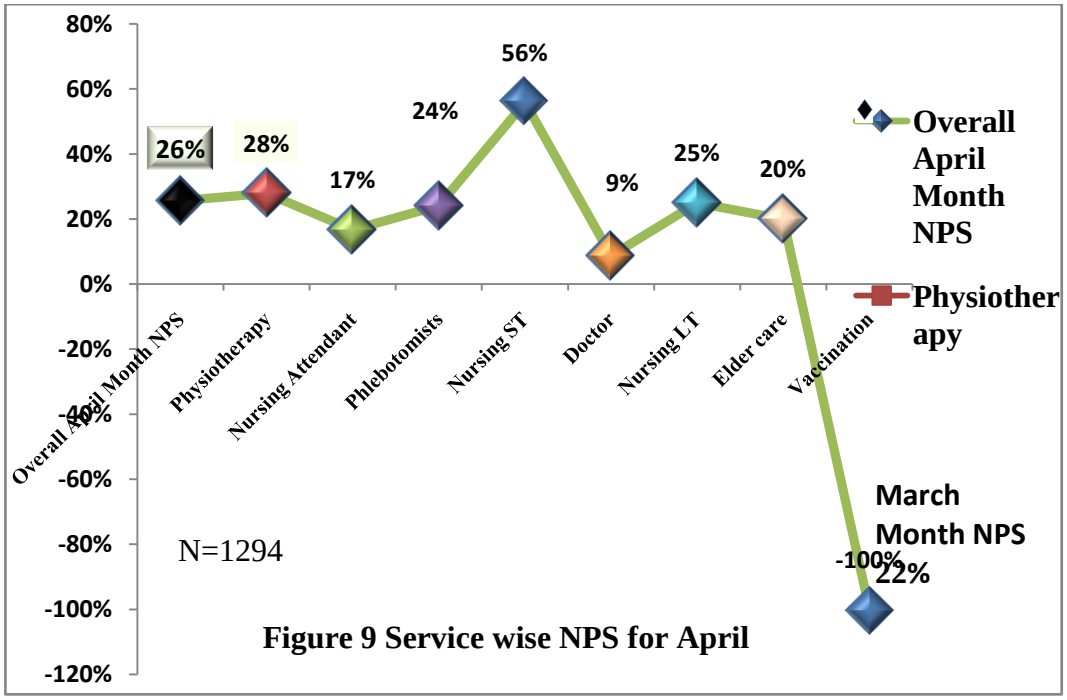


Figure 9 Service wise NPS for April

Fig. 9 depicts that the NPS for the month of April was 26% which has gradually increased from 22% in the month of March.

NPS for Doctor Services still remains a concern as it falls at 9%.

Figure shows that the NPS for the first week of May was found to be 21% which has gradually dropped down from 27% in the month of April. Moreover the NPS for Doctor Services is nil.

This data is important mainly because it is a direct reflection of Customer loyalty which is an essential prerequisite for Revenue growth.

FINDINGS

Primary Data:

- On analysis of the compiled data it was observed that the overall **CSAT** for Doctor Services in the month of March was **4.2** and April was found to be **3.91**. According to industry standards any score above 4 is considered good while below that needs work in all areas like booking experience, improvement in medical condition, availability of slot, customer feedback and punctuality and reliability.

Secondary Data:

- The NPS score for March, April was found to be 22%, 26% respectively.
- NPS scoring above 50 % is excellent while data in the present study suggests that a lot of marketing, improvement in treatment and overall increase in Quality needs to take place in order to improve customer experience.
- The NPS score for doctor services was 40 % in March which has come down to a great degree. The percentage of promoters has been 44%, 47%, Detractors 22% and 21, for the months of March, April respectively.
- Amongst the factors affecting patient satisfaction the major portion of dissatisfaction occurred due to Lack of Training (20% in March and 25% in April.)
- The second most common reason was Lack of clinical knowledge which was 23% and 17% in March and April respectively.

RECOMMENDATIONS

1) A comprehensive Business plan to increase business profitability and health outcomes.
2) Induction manual for B2B sales training to address Issues related to Training.
3) SOP for telephonic triaging process to streamline operations as Quality initiative.

General Recommendations for product (Doctor Services)

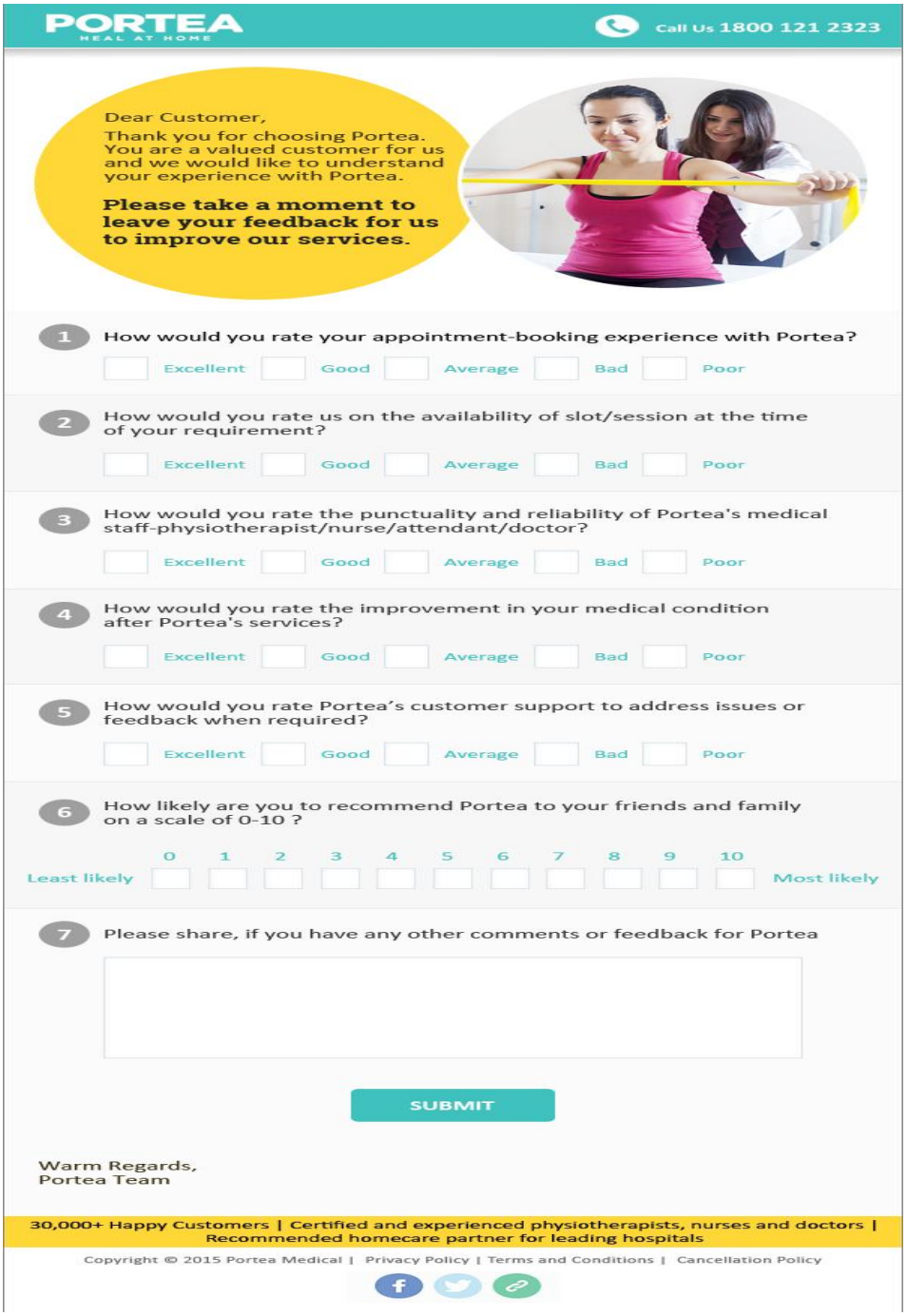
4) Capacity building to cater to Insurance cases and the rising demand.
5) For Big cities- A Local model for Doctors where they are assigned home visits within 5 -10kms to avoid excessive travelling, reduce TAT, increase patient satisfaction

6) Consultant model as opposed to the payroll model to reduce costs and increase revenue.
7) Increase in brand visibility and awareness with the help of ATL and BTL marketing
8) Since service comprehensiveness of Doctor Services should be high, bundling and value additions in order to provide a detailed treatment plan and make the disease management more specialty focused.

CONCLUSION

Patient satisfaction questionnaires provide one of the most direct ways to determine what consumer's value, and organization's service performance. Patient satisfaction surveys must be designed to capture a patient's perception of what is valued, areas of improvement, and satisfaction. Those consumers who choose to complete a survey may feel more passionate about providing feedback. If the customer satisfaction (CSAT) and Net promoters score (NPS) show a decline it means that a lot of issues need to be addressed. By analyzing and improving specific factors patients value, organizations not only become equipped to provide quality care, but also gain a better provider reputation and gain a competitive edge over other facilities. This can maximize both patient numbers and performance-based reimbursements. NPS and CSAT scores are reflective of a company's performance and need to be maintained and upgraded to improve patient experience.

3.1 ANNEXURE



PORTEA
HEAL AT HOME

Call Us 1800 121 2323

Dear Customer,
Thank you for choosing Portea.
You are a valued customer for us and we would like to understand your experience with Portea.

Please take a moment to leave your feedback for us to improve our services.

1 How would you rate your appointment-booking experience with Portea?
Excellent Good Average Bad Poor

2 How would you rate us on the availability of slot/session at the time of your requirement?
Excellent Good Average Bad Poor

3 How would you rate the punctuality and reliability of Portea's medical staff-physiotherapist/nurse/attendant/doctor?
Excellent Good Average Bad Poor

4 How would you rate the improvement in your medical condition after Portea's services?
Excellent Good Average Bad Poor

5 How would you rate Portea's customer support to address issues or feedback when required?
Excellent Good Average Bad Poor

6 How likely are you to recommend Portea to your friends and family on a scale of 0-10 ?
0 1 2 3 4 5 6 7 8 9 10
Least likely Most likely

7 Please share, if you have any other comments or feedback for Portea

SUBMIT

Warm Regards,
Portea Team

30,000+ Happy Customers | Certified and experienced physiotherapists, nurses and doctors | Recommended homecare partner for leading hospitals

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3.2 REFERENCES

1. Berg JS, Dischler J, Wagner DJ, Rias JJ, Palmer-Shevlin N. Medication compliance: A healthcare problem. Ann Pharmacother. 1993;27:S1–24. (PubMed)
2. Washington: DC: National Academy Press; 2001. Committee on Quality of Health Care in America, IOM; pp. 39–40. *Crossing the Quality Chasm: A New Health System for the 21st Century.*
3. Explorations in Quality Assessment and Monitoring, Vol. 1, Health Administration Press, Ann Arbor, MI. Donabedian, A. (1988).
4. The quality of care: How can it be assessed? Journal of the American Medical Association 260:1743–1748. Drain, M. (2001).
5. Quality improvement in primary care and the importance of patient perceptions. Ambul. Care Manag. 24, 30–46.
6. Centers for Medicare & Medicaid Services. What is home health care? (2001)
7. Shaughnessy PW, Hittle DF, Crisler KS, et al. Improving patient outcomes of home health care: findings from two demonstration trials of outcome-based quality improvement. J Am Geriatr Soc 2002;50(8):1354-64.
8. Arnetz, J. E., & Arnetz, B. B. (1996). The development and application of a patient satisfactionmeasurement system for hospital-wide quality improvement. *International Journal forQuality in Health Care, 8*(6), 555-566.
9. Barr, J. K., Giannotti, T. E., Sofaer, S., Duquette, C. E., Waters, W. J., & Petrillo, M. K. (2006).Using public reports of patient satisfaction for hospital quality improvement. *HealthServices Research, 41*(31), 663-682.
10. Boulding, W., Glickman, S. W., Manary, M. P., Schulman, K. A., & Staelin, R. (2011).Relationship between patient satisfaction with inpatient care and hospital readmissionwithin 30 days. *The American Journal of Managed Care, 17*(1), 41-48.