

American Medical Group Association

Patient Satisfaction Survey Protocol

This protocol describes the standardized methodology used for data collection in AMGA's Patient Satisfaction Survey. Also provided is an overview of the content of the final report that will be produced for medical groups participating in the patient satisfaction survey.

The survey methodology is flexible enough to accommodate varied office environments, yet rigorous enough to provide valid comparisons between medical groups. It is very important that your group follow this protocol closely to ensure the integrity and validity of your data.

The AMGA survey, adapted from the Group Health Association of America survey, contains fifteen items. The survey captures patient reactions to a variety of aspects of a just-completed visit with a particular health care professional. Initial analyses are performed at this individual provider level. The provider-level data is then aggregated with the data of other providers to perform analyses at the specialty, site, education, and overall clinic levels.

This document provides a practical, yet scientifically rigorous, approach to implementing an assessment of patient satisfaction in group practice settings.

Overview

Patient satisfaction surveys are used to assess aspects of the quality of health care delivery across a variety of medical settings (Ware, Snyder, Wright, & Davies, 1983; Nelson, Hays, Larson, & Batalden, 1989; Margo & Margo, 1990; Rubin, Gandek, Rogers, Kosinski, McHorney & Ware, 1993). Such surveys address two of four quality dimensions: acceptability and accessibility. The other two quality dimensions, effectiveness and efficiency, require more extensive outcome assessments, including the collection and interpretation of clinical data and patient-derived health status indicators along with expenditure data collected through administrative data systems.

Survey objectives

Why should medical groups perform patient satisfaction surveys? What do they accomplish? Medical groups that use the AMGA Patient Satisfaction Survey do so to:

- Assess patient satisfaction with care and services provided.
- Compare their survey results against national benchmarks and internally derived references.
- Identify system problems that may adversely affect the delivery of high quality patient care.
- Evaluate the effectiveness of clinical improvement processes within their medical practice.
- Identify best practices and mentors.

Getting Started

AMGA does not have a formal contract, so there is nothing to negotiate or sign. Just contact us to get the ball rolling. But, before actual surveying begins, there are a few preliminary steps that you will need to complete:



1. Decide which providers your medical group plans to survey

It is up to each medical group to determine who will be surveyed. Specifically, your group needs to decide whether it should survey:

- Just physicians?
- Physicians plus extender staff (RN's, PA's, Ph.D's, etc)?
- A subsample of your total population of providers?

We recommend that groups include extender staff in the evaluation process given the amount of time they spend with patients. But you don't necessarily need to survey everyone at one time. Some groups 'rotate' their providers through the survey process (e.g., primary care providers in one survey cycle, "specialists" in the next cycle).

2. Determine survey schedule

We recommend that groups survey their patients at regular intervals, ideally every six months. As noted above, some medical groups may prefer to survey different sets of providers, sites, or specialties during different cycles. We encourage you to develop a system that fits your needs.

There are eight opportunities a year to submit data. This year's submission dates are:

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> February 1 | <input type="checkbox"/> June 1 |
| <input type="checkbox"/> March 1 | <input type="checkbox"/> October 1 |
| <input type="checkbox"/> April 2 | <input type="checkbox"/> November 1 |
| <input type="checkbox"/> May 1 | <input type="checkbox"/> December 3 |

We do not accept data in July, August, September, and January because it is more difficult to collect the minimum number of surveys required for an adequate sample due to holidays and summer vacations. **If your group's data is late you will have to wait until the next reporting cycle for your report.** We cannot make any exceptions so please plan accordingly!

Reports will be disseminated within six weeks of the data submission deadline. If you submit data according to the schedule above, you will receive your report no later than the 15th of the following month, unless that day falls on a weekend.

3. Decide if your group wants data reported and analyzed at the site level

This is a decision that should be considered carefully based on the characteristics of your medical group and what you want from the report. There is no additional charge for site level analyses, but it does substantially increase the size and complexity of your report. Only select this option if your group has multiple locations and you think that site level reporting will lead to a useful level of analysis of your data. If you opt out of site level reporting, then your report will include analyses at the overall clinic, specialty, education, and individual provider levels.

4. Decide if your group wishes to add extra questions to the standard survey

The standard survey has 15 items. You can also add up to three questions of your own creation to the survey. But, the length of the entire survey must be kept to the front of one page. In



addition, for custom questions to be included in the survey they should use ‘closed-ended’ response formats – preferably the survey’s traditional five point “Excellent” to “Poor” format, but other formats (e.g., “Yes/No”) are also acceptable. Analyses of extra questions will be included in the final report for no extra charge.¹ Submit the wording of the extra questions when you send in your provider profile information (see #5 below).

5. Complete provider profile data

In order to match each provider’s results with the appropriate norms and benchmarks, we need to know each provider’s specialty and education. Also, groups wanting their data to be analyzed at the site level need to indicate the practice site of each provider. To accomplish this, each group needs to submit a spreadsheet listing each provider, along with some descriptive information.

Provider-level data is reported using a blinded provider ID code that you will create. If possible, use existing provider ID codes with which your providers are already familiar. These ID codes must contain only numerals (no alpha characters), and cannot be more than 6 characters in length. Once assigned, you cannot change a provider's ID code from survey period to survey period. Nor can you assign two providers the same ID (even if one of them is no longer with your group). Doing either of these would make it impossible to guarantee the production of valid results for your providers.

If a provider practices at multiple sites, and you want results for each site, then you must assign the provider a unique ID code for each site at which he/she works. You will also need to collect at least 30 surveys (the minimum number of surveys required of each provider) at each site. See the last two rows of the table below (on page 4) for an example of how to format the ID codes.

The final provider list will be an Excel spreadsheet with the following columns and containing the appropriate information:

Provider Name	Provider ID Number	Specialty	Education	Site Name	Site Ab
Format name as you want it to appear on survey.	May be generated by you or AMGA. ID code must be six digits or less (no alpha characters). Recommend using existing numbers that your providers are familiar with. If a provider practices at more than one site, assign the provider a unique ID for each site and collect at least 30 surveys at each site. See last two rows below for examples.	Choose from the options in “Specialty List” below	MD (or DO), RN, PA, Ph.D., CNM, PT, Pharm.D, Resident, Medical Assistant, Nurse Practitioner, Nurse Educator, Counselor, OcTh, Dietician, Chiro, Audiologist, CRNA, Exercise Physiologist, Optometrist, DPM, Dentist, Other	(If you want data reported at this level) The name of the site. Can be any length. Can be alpha-numeric.	(Include if you use site reporting) Site name abbreviation. Must be eight or fewer characters (can be alpha or numeric).

¹ AMGA reserves the right to decide which response formats are acceptable and which are not. Under rare circumstances, if a medical group must absolutely add an item requiring a nonstandard format, the group must then either analyze its own raw data (as provided by AMGA at the conclusion of the survey period) or have AMGA perform the analysis for an additional charge of \$100/hour with a minimum of 4 hours of work required.



Mary Jones, MD	456789	Psychology	Ph.D.	Counseling Services	CounServ
John Smith, MD	1011	Cardiology	MD	Main	Main
John Smith, MD	1012	Cardiology	MD	123 Heart Road	123Heart

Specialty List

Specialty
Addiction Medicine
Administration
Aerospace Medicine
Allergy-Immunology
Alt. Medicine-FM
Anesthesiology
Anti-Coagulation CI
Audiology
Bariatric Surgery
Behavioral Medicine
Cardiac Surgery
Cardiology
Cardiovascular Surgery
Chiropractic
Clinical Social Work
Colorectal Surgery
Critical Care
Dental
Dermatology
Diabetes Nurse
Diagnostic Radiology
Dietician
Emergency Medicine
Endocrinology
Exercise Physiology
Family Medicine
Fertility
Gastroenterology
General Practice
General Surgery
Genetics
Gerontology
Hand Surgeon
Head and Neck Surgery
Health Education
Hematology-Oncology
Homeopathy
Hospitalist

Specialty
Hyperbaric Medicine
Infectious Diseases
Internal Medicine
Interventional Radiology
Laboratory
Liver Surgery
Mammography
Maxillofacial Surgery
Neonatology
Nephrology
Neuro Diagnostics - EEG-E
Neurology
Neuropsychology
Neurosurgery
Nuclear Medicine
Nutritionist
Ob/Gyn
Occupational Medicine
Occupational Therapy
Ophthalmology
Optometry
Oral Surgery
Orthopedics
Orthopedic Surgery
Osteopathic Therapy
Osteoporosis
Otolaryngology
Pain Management
Pathology
Pediatrics
Peds Allergy
Peds Cardiology
Peds Endocrinology
Peds Gastroenterology
Peds IM
Peds Infectious Disease
Peds Nephrology
Peds Neurology

Specialty
Peds Oncology
Peds Ophthalmology
Peds Psychology
Peds Pulmonology
Peds Rheumatology
Peds-Subspecialties
Peripheral Vasc Disease
Pharmacy
Physical Medicine
Physical Therapy
Plastic Surgery
Podiatry
Preventive Medicine
Psychiatry
Psychology
Pulmonary Medicine
Radiation Oncology
Radiation Therapy
Research
Resident
Rheumatology
Roentgenology
Sleep Studies
Speech and Language
Sports Medicine
Surgical Oncology
Thoracic Surgery
Transplant
Travel Medicine
Ultrasound
Unknown Specialty
Urgent-ER
Urology
Vascular Medicine
Vascular Surgery
Weight Loss
Wound Care



When you have completed the provider list, email it to David Cosentino (dcosentino@amga.org). When submitting your provider profiles, remember also to submit the wording for your extra questions, if any.

IMPORTANT: If your medical group has previously participated in either AMGA's Patient Satisfaction Survey or its Provider Satisfaction Survey, we urge you to request a copy of the profiles already on record for your group. (Contact David Cosentino at 703-236-9093 or dcosentino@amga.org.) AMGA keeps the definitive version of each group's provider profiles in a master database. You can receive and then simply update a copy of the profiles that AMGA has stored for your medical group, rather than having to start fresh with a completely new list.

6. Complete Survey Registration Form

Have your medical group's Medical Director (or another person who can answer the questions) complete the Survey Registration Form at the end of this protocol and fax it to either David Cosentino at (703) 229-4129 or Mark Miller at (703) 548-1890. If scanning and emailing the Registration Form is more convenient, email to dcosentino@amga.org. This form officially registers your group for the survey. It also collects basic information about your group that AMGA will need as part of the overall survey process. (This step can actually be completed at any time. In fact, the earlier you submit the registration form, the sooner AMGA can begin preparing for your survey. But, the form should be sent to AMGA no later than the time you send in your profiles.)

7. Invite key personnel to a planning meeting

Meet with the people who will be involved in distributing the survey forms to discuss best options for how to accomplish this. Such a meeting will help create buy-in from staff that may have good ideas about implementing the process. Be sure to explain why it is important to get a random sample of patients and that, if possible, providers should not know which patients are being surveyed. Among the key issues you will need to address:

- o Decide who will distribute the surveys
 - Nurses?
 - Receptionists?
 - Volunteers?
 - Others?
- o Determine the best method for tracking which patients should be surveyed, using the sampling ratio that is established for each provider. (Patient sampling will be explained in a later section.) Most medical groups print a schedule each morning, highlighting the appropriate patient names. Another method may work best for your group. Or you may want to test a couple of possibilities, prior to actually starting your patient satisfaction survey data collection. Ultimately, you should do what works best for your group.
- o Determine the best procedure for distributing the surveys. Keep in mind these goals and options:

- Ideally the surveys should be handed out *after* the patients have seen the provider, so that the provider doesn't know which patients are being surveyed. If surveys must be handed to patients before they see the provider, do not make the survey easily visible to the provider.
- Some groups hand patients a postcard, which reminds them to stop back by the receptionist's desk after seeing the provider. They are then given the survey.
- We recommend that patients **not** be asked to return surveys to the receptionist or other medical group staff. Asking that surveys be handed back to the receptionist might make patients uncomfortable or suspicious about whether their survey will be kept anonymous. Instead, a confidential drop box should be placed near the exits for patients to return surveys. Under **no** circumstances should the patient be allowed to leave with the survey with the promise to return it via the mail. This will inevitably have the effect of compromising the survey's response rate (people are less likely to return a survey through the mail as compared to when asked to complete the survey on-site). Even if the patient were to return the survey, the nature of their responses will be qualitatively different from those of patients completing the survey immediately after the visit with the provider (due to difference in memory, mood, and so forth). This will affect the validity of your survey results.

8. Determine each provider's patient sampling ratio

Over the course of three to four weeks (and perhaps longer depending on your group's needs and objectives), a minimum of thirty surveys per provider should be collected. Surveying across at least a three week period helps ensure that transitory factors (such as unusual patient volumes or case characteristics during a single day or week) do not bias the results.

AMGA recommends collecting data for at least four weeks during your first survey period. You may of course adjust the length of the survey period for subsequent survey periods based on your initial experience.

- o A randomly selected sample of each provider's patients should receive and complete the survey. The sampling ratio is the means by which you may determine which patients should be surveyed. The sampling ratio, which is based on the number of patients the provider typically sees per week, may not be the same for every provider in your medical group. See "Patient Selection Table," page 14. You may, of course, simplify the process by surveying every patient which will boost sample size and eliminate the need for calculating sampling ratios.
- o Regardless of the number of patients a provider sees per week, the goal is still a **minimum** of 30 surveys per provider. We encourage groups to collect more surveys. The average provider actually collects over 50 surveys, so please don't set a goal to collect only 30 surveys per provider unless necessary due to small patient loads. If a provider does not collect at least 30 surveys, AMGA will only produce a summary of the raw response percentages for each survey question. The provider will not receive percentile rankings derived from AMGA's overall survey database. We recommend that the group **NOT** submit data for those providers that do not achieve the minimum number of surveys, as the results for the provider will be less reliable and will make report interpretation for the overall group more difficult.
- o Survey collection *must* be spread out over at least a three week period. This means that you should *not* stop if you reach 30 surveys before the three weeks is up. This is one of the most important elements of the protocol: Keep surveying until the three week period is over.

- o The schedule of surveying every Nth patient must be followed consistently. If a provider sees 30 patients per day, don't collect all thirty surveys in a single day.
- o The person distributing the surveys must adhere to the schedule and must not skip a patient because they seem irritated or upset. Every Nth patient, regardless of how grumpy or tired they may seem, should be asked to complete the survey.
- o You may choose to distribute surveys more frequently than the survey schedule indicates as long as surveys are handed out at a regular interval. If you decide to survey every other patient, for instance, you must not deviate from that method. You may survey every patient if you choose. Remember: you are not penalized for collecting more data. You will be charged the same amount per provider regardless of the number of surveys collected.

Handing Out the Survey

Each eligible patient is handed a survey with written instructions attached. (See page 15 for a sample cover letter.) The patient should be asked to complete the survey **before leaving the office**. Patients should not be permitted to return completed forms to the medical group by mail. Instead, provide a confidential drop box or bin for patients to return completed surveys.

Keep a weekly tally of the number of surveys you receive for each provider. If you are not getting the response rate you need, you may need to adjust your sampling ratio or revise your survey distribution process to improve your response rate.

Pre-coding the satisfaction surveys

Before handing the survey to the patient:

- o Make sure the survey is correctly labeled with the provider's name and site (if applicable).
- o Complete the box marked "For Office Use Only" if you would like to see this data analyzed in the report. Completing this section is purely voluntary.
 - Indicate if the visit was "scheduled" or "walk-in/urgent care"
 - Indicate the patient's primary payor source:
 - Medicaid
 - Medicare
 - Health Maintenance/Preferred Provider or Other Prepaid
 - Private Insurance
 - Self-Pay
 - Workers' Compensation
 - Other

Patient eligibility

In some cases, a patient may not be eligible for the survey, or a caregiver may need to complete the survey on behalf of the patient. Please use the inclusion criteria below when administering the survey.



INCLUDE THE FOLLOWING:

- o Any patient 16 years of age or older.
- o Any caregiver (e.g., parent, grandparent, sibling 16 years of age or older, or child care provider) for a child under 16 years of age.
- o Any caregiver (e.g., parent, spouse, significant other) for patients with severe cognitive impairments (e.g., Alzheimer's patients), with severe sensory-motor impairments, or for patients unable to read the survey.

EXCLUDE THE FOLLOWING:

- o Any patient under 16 years of age.
- o Any patient with severe cognitive impairments (e.g., Alzheimer's patients).
- o Any patient with severe sensory-motor impairments.
- o Any patient unable to read the survey.

Data Collection Exceptions:

1. When you have a patient who does not meet the above inclusion criteria, who is a no-show or cancels an appointment, or who is inadvertently missed or forgotten, administer the survey to the next eligible patient.
2. For patients who refuse to complete the survey, or who walk away with it or throw it away, administer the survey to the next eligible patient.

Special Considerations:

1. Occasionally a patient selected to receive the satisfaction survey has completed the same form during an earlier visit. In such situations, give the form to the patient and explain that since this is a visit-specific patient survey, the questions are about *this* visit and so the patient should complete the survey again.
2. If a caregiver is helping the patient complete the survey, remind the caregiver that questions 12 and 13 refer to the patient's gender and age, not the caregiver's.

Following is a suggested script the medical group staff can use to introduce the survey:

"[Medical Group Name] is assessing the quality of care patients receive. As a part of this assessment, we are asking patients seen by [provider name] to take a few minutes to tell us about this visit. [Hand the satisfaction survey to the patient.] Please complete these questions before leaving the clinic. Place the completed survey in the drop box [specify location]. Feel free to make any additional comments in the space provided on the back of the survey. Thank you."

Data Ownership and Confidentiality

Unless otherwise stipulated, medical groups and providers own the data they collect. All results remain confidential and will not be released without express written consent from the CEO or Medical Director of your group. Data privacy is maintained and provider names are not linked to the reports. Provider identities are known only to the individual provider and the project coordinator for the medical group or site.



Survey Creation and Scanning

AMGA uses Teleform software that allows surveys to be digitally created and then printed as many times as is necessary for distribution on laser quality paper. Each form displays your medical group logo and the provider and site name for easy distribution. Most importantly, our survey software enables AMGA to scan completed surveys directly into the survey database.

In addition, AMGA offers the service of making the survey copies for you. AMGA currently charges \$0.06 per copy for this service, plus shipping charges. AMGA uses FedEx Ground for delivery of the surveys.

If you do not elect to have AMGA prepare the copies, you will receive a PDF document containing all of your provider's surveys. These are easily routed to a local printer or you may have them printed professionally (at Kinko's or some other copy center). If you choose to make the copies yourself, please do not print on an inkjet printer as the copy quality will be poor and will cause the barcodes to bleed, rendering them unreadable by the scanner. Be sure that any copies you create are generated only from the master PDF. A photocopy of a hard copy will not have the clarity needed to be read by the scanner and thus will compromise the validity of your results. Each copy should have a crisp black box in each corner of the page and clean bar codes at the bottom.

There is no limit to the number of surveys you may create and submit for each provider. The scanning fee (see below) remains the same whether you submit 1 survey per provider or a thousand. All things being equal, we encourage you to collect more data rather than less.

When planning your project, remember to include the costs of copying the survey forms in the budget. If your group makes the survey copies, also remember to budget enough *time* for printing the surveys.

Scanning surveys into the database is billed at the rate of \$12 per provider. The fee for this service covers customizing the survey form with your medical group's logo; creation of one master survey copy for each provider; scanning an unlimited number of survey forms per provider into the database; and providing you with a copy of your group's raw data when we ship your report. Please note that AMGA does not transcribe any comments written by patients on the survey form. Each group is responsible for transcribing these comments before shipping the surveys to AMGA.

Summary of Process for Collecting and Shipping Data

STEP ONE – Make sure you have received survey forms for each provider.

- If you are ordering copies, make sure you received the number of forms you ordered for each provider. If you are printing the surveys yourself, make sure that the PDF you received includes a master survey for each provider.
- Contact AMGA *immediately* if any providers have been omitted.
- You CANNOT use one provider's survey as a substitute for another provider's survey, even if you scratch out the provider's name or ID code. The scanner will not be able to tell that you changed the form. The scanner will read the bar code for the provider whose survey you

are using as a substitute rather than the provider you intend. You should order a unique survey for the new or missing provider from AMGA.

STEP TWO – Print the surveys from the PDF document provided by AMGA to a Laserjet or a digital printer or have them professionally printed; distribute the surveys to staff who will be assisting in collecting the surveys; and provide a copy of this protocol to each person who is assisting in collecting surveys.

- Print more than the target number of surveys per provider (to account for surveys that patients throw away, for example).
- AMGA is not responsible for scanning errors due to poor quality forms.
- Whether you ordered copies from AMGA or create the survey copies yourself, please do not staple the survey forms. This can make the forms unreadable by the scanner.
- Make sure the survey is centered on the page with a black box in each corner. If not, the scanner will not be able to read the form.

STEP THREE – Distribute surveys to patients.

- Ask patients to return the survey by inserting it into the drop box or bin, or through whatever other process your group devises.
- If using a drop box, its opening should be wide enough for patients to insert the survey without bending or folding.

STEP FOUR – Collect surveys from the drop box or other repository and sort by provider.

- Maintain a weekly tally of the number of returned surveys for each provider.
- Sort the surveys by provider and stack face up.
- Even if you plan to collect only 30 surveys per provider, we encourage you to actually collect at least 32 surveys. In case there are one or two unreadable surveys this will not prevent a provider from receiving percentile scores. Although the scanning system is very accurate, sometimes surveys are too damaged to be scanned.

STEP FIVE – Ship the surveys to AMGA at the end of the data collection period.

- One person at your medical group should be responsible for shipping all surveys to AMGA.
- Surveys should be sorted by provider. This will enable AMGA to verify or correct any scanning problems that may exist. Do not use a paperclip, as they bend the forms and cause them to stick together during scanning. Placing the surveys in folders or separating providers with a slip sheet is unnecessary.
- Carefully stack the surveys face up in BOXES (not envelopes), and fill any extra space in the box to prevent the forms from moving and getting damaged during shipping. Be sure to use sturdy boxes and do not overfill them. Otherwise the boxes may split open, resulting in lost or damaged surveys.
- Please ship the boxes via FED-EX or UPS (so they can be tracked) to: Mark Miller, AMGA, 1 Prince Street, Alexandria, VA 22314.
- Label each box (e.g., “1 of 2” or “3 of 3”) so we will know the total number of boxes to expect from your group.
- Email either dcosentino@amga.org or mmiller@amga.org with the tracking number(s) and when to expect the box(es). Transmitting tracking numbers will enable AMGA to monitor the progress of the shipped boxes.

- Surveys must be returned to AMGA by the scheduled date in order to be included in that report cycle. All late surveys must wait until the next survey cycle.

Required Resources

Each medical group will need the following:

- A **project coordinator** will be responsible at the group level for overall project management and supervision of data collection. The project coordinator is also AMGA's primary contact person. The project coordinator:
 - Selects personnel for project
 - Supervises site coordinators
 - Oversees survey administration and trains personnel in the survey protocol
 - Reviews and/or prepares survey-related reports and comments for the clinic
 - Disseminates survey-related reports and comments to the clinic
 - Ships surveys to AMGA by the designated date of the reporting month using a trackable shipping service (Fed Ex, UPS, etc.)
 - Reviews Data Quality Report² before AMGA produces final analyses and creates final report
 - Organizes efforts to improve the quality of the survey collection process
- One or more **site coordinators** will be responsible for the administration of surveys according to protocol guidelines at one or more group sites. The site coordinators help identify each provider's sampling ratio, train support staff on how to administer the surveys, and ensure that an adequate number of surveys have been collected for each provider. Site coordinators should periodically check in with each site or department to monitor the quality of survey administration. In addition, the site coordinators can:
 - Arrange for survey forms to be printed and distributed to the appropriate staff
 - Provide support staff guidelines on how to recruit patients and administer the surveys
 - Maintain a tally of completed surveys for each provider
- **Survey forms** for each physician, with the appropriate ID code entered at the survey bottom.
- **Survey collection boxes** should be placed near exits so patients can return surveys without having to hand them to an individual. You will need to decide how many boxes you will need and where they should be placed.

Final Report

The final report contains up to six levels of unique data: overall medical group, specialty, site, specialty within site, education, and individual provider. AMGA limits the

² AMGA performs an extensive data review and cleaning process prior to conducting the full suite of analyses that come in the final report. The results of this data review are summarized in the Data Quality Report, a copy of which is provided to the medical group for review and sign-off. Any issue identified in the Data Quality Report, or that the medical group identifies in response to it, must be resolved before final analyses can commence.

computation of aggregate and specialty norms and benchmarks to survey data collected during the previous two years and only from providers that submitted 30 or more surveys. This typically reflects more than 900,000 patient visits and roughly 18,000 providers. Results from the survey are reported in terms of the percentage of ‘Excellent’ responses for each question, so that groups will ultimately focus on achieving superior levels of performance.

At the overall medical group level of analysis, the raw percentage response breakouts for the medical group as a whole are displayed for each of the survey items, along with the group’s percentile ranking on each item as calculated against the most recent two years of data in the AMGA database. Also presented are the medical group’s most recent previous survey results (if any), the AMGA norm and best practice (95th percentile) benchmark for each item, and regional norms for each item. A separate set of graphs (called the ‘control graphs’) present the group’s results for each item stratified by a series of demographic variables (e.g., patient gender, the patient’s self-rated health).

The site, specialty, and specialty within site results are similar to those for the medical group as a whole. But as the names imply, these analyses present scores and percentile rankings for each item, separately for each site, each specialty, or for each specialty at each site. So, for example, a medical group might obtain results for Sites A, B, and C; for specialties such as Family Medicine, Internal Medicine, and Ob/Gyn; and, as applicable, for each specialty at each site (e.g., separately for family practitioners at Site A, for family practitioners at Site B, and for family practitioners at Site C). For each of these levels of analysis, the results for the group as a whole on each item are displayed next to the site or specialty results, so that easy comparisons with the overall group may be made. In addition, any specialty-related analysis will include specialty percentile rankings, norms, and benchmarks as determined against survey results for providers sharing the same specialty. For instance, the results for a group’s dermatologists will be calculated solely against other dermatologists. This is true as long as a specialty has at least 30 surveys in the database. On the other hand, site analyses are conducted using the aggregate AMGA database. For each of these levels of analysis, the most recent previous results are displayed in addition to the current results.

The education-level results provide analyses for each item, as a function of the type of education of the provider. So, all MDs at the medical group are combined and compared to other MDs in the database, all PhDs at the group are combined and compared to other PhDs in the database, and so forth. Current results (including percentile rankings) for each item are displayed next to the most recent previous results, the results for the group overall, and the education-specific norms and best practice benchmarks.

The most specific level of analysis is at the individual provider level. At this level, the results for each provider are presented.³ This includes the raw survey percentages for each item, percentile rankings against both the aggregate AMGA database as well as against the provider’s particular specialty, the provider’s most recent previous results, the results for the medical group as a whole, AMGA aggregate norms and best practice benchmarks for each item, and specialty-specific norms and best practice benchmarks.

³ These results are limited to the subset of survey items that are specific to providers, as opposed to those describing the medical group in its entirety or other staff members of the medical group.



Disseminating Your Results and Wrapping Up the Project

It is beyond the scope of this protocol to provide specific guidelines on *how* each medical group should disseminate the results of its patient satisfaction survey. But we do think it important to state, at minimum, that the results *should* be disseminated. Probably a great many people at your medical group will be involved in your patient satisfaction survey, sometimes under challenging circumstances. They will, in turn, be curious about the results of the project. What was learned through the survey? What changes will be made because of the results of the survey? We strongly encourage you to present the results of your survey at department and staff meetings, or even (if feasible) at an ‘all-hands’ meeting. By sharing and discussing your results, in a non-critical and non-threatening atmosphere, providers can learn from each other. The process of identifying best practices and charting future policy and program changes can begin. At the same time, a culture of enthusiasm for the anticipated changes can be nurtured. Conversely, by not sharing results, people might not understand the significant role they played in the project and in future changes, may not even see the need for change, and may have their energy for future projects dampened.

Finally, as suggested above, implementing a rigorous patient satisfaction study takes a great deal of time and effort. The people who worked so hard toward a successful project conclusion may also be called upon to serve in future patient satisfaction surveys. Be sure to take a moment to thank these people for their efforts and remind them that because of their actions the objective of improving the quality of care at your medical group will be advanced.



Patient Selection Table

Provider's Average Number of Patients Seen per Week	Sampling Strategy	<i>PATIENTS TO BE SELECTED</i>				
		Monday	Tuesday	Wednesday	Thursday	Friday
Less than 8 patients	Do not survey					
8 - 20 patients	Survey all patients	All	All	All	All	All
21 - 40 patients	Survey every other patient	2,4,6,...	1,3,5,...	2,4,6,...	1,3,5,...	2,4,6,...
41 - 60 patients	Survey every 3 rd patient	2,5,8,...	1,4,7,...	2,5,8,...	1,4,7,...	2,5,8,...
61 - 80 patients	Survey every 4 th patient	2,6,10,...	1,5,9,...	2,6,10,...	1,5,9,...	2,6,10,...
81 - 100 patients	Survey every 5 th patient	2,7,12,...	1,6,11,...	2,7,12,...	1,6,11,...	2,7,12,...
101 - 120 patients	Survey every 6 th patient	2,8,14,...	1,7,13,..	2,8,14,...	1,7,13,..	2,8,14,...
121 - 140 patients	Survey every 7 th patient	2,9,16,...	1,8,15,...	2,9,16,...	1,8,15,...	2,9,16,...
141 - 160 patients	Survey every 8 th patient	2,10,18,...	1,9,17,...	2,10,18,...	1,9,17,...	2,10,18,...

Sample Cover Letter

(Medical Group's Name) Patient Visit Survey

The Physicians and Staff of (medical group name) would like to thank you in advance for taking time to complete this survey. Your responses will assist (medical group name) in maintaining and improving the quality of care provided.

Please complete the attached survey **before** leaving the clinic. In answering the survey questions, try to focus solely on (and limit yourself to describing) how you feel about **today's** visit. Feel free to make additional comments on the back of the survey. Return your completed survey to the confidential drop box located (describe location).

Again, we appreciate your taking the time to tell us about your visit to (medical group name).



AMGA Survey Registration Form

This form is to be used for registering your medical group or clinic for AMGA's Provider Satisfaction and Patient Satisfaction Surveys. The top part of the form must be completed each time your clinic intends to participate in an AMGA survey. The remainder of the form provides needed background and descriptive information on your medical group or clinic but only needs to be completed once a year. Please complete the form and fax it to either David Cosentino at (703) 229-4129 or Mark Miller at (703) 548-1890. Thank you for participating in our surveys!

Medical Group/Clinic: _____

Mailing address of group/clinic: _____

Name of person filling out survey: _____

Title of person filling out survey: _____

Phone number: _____ Email: _____

Today's date: _____

Survey for which your group/clinic is registering: Patient Satisfaction Survey
 Provider Satisfaction Survey
 Both surveys

If registering for the Provider Satisfaction Survey, does your group/clinic wish to use:

- Paper surveys
- AMGA's web-based survey tool

Please note: Groups/clinics registering for the Provider Satisfaction Survey *cannot* use *both* paper surveys *and* the web-based survey.

Indicate the survey period(s) for which your group/clinic is registering (e.g., "Winter 2012 Provider Survey"): _____

The following questions only need to be completed once a year. If you have answered them in the past year, STOP and fax this page to AMGA. If you are unsure whether you have completed these questions in the last year, call David Cosentino at (703) 236-9093.

1. Which of the following best describes the type of practice that characterizes your group/clinic: Multispecialty Single specialty Primary care
 Integrated Health System IPA
2. Ownership of group/clinic: Physicians
 Hospital
 All others (insurance/MCO, university/med school, etc.)



3. Number of FTE providers at group/clinic: _____ Physicians
 _____ All others (e.g., psychologists, dieticians)
4. Total number of FTE employees at group/clinic (including administration, providers, support staff, and others): _____
5. Does your group/clinic use an electronic medical record?
- Yes, all providers have access
 - Yes, only some providers have access
 - No, but we are planning to have one available
 - No, and we have no plans to implement one
6. How does your group/clinic use (or plan to use) data from the **Patient Satisfaction Survey**?
 (Check all that apply)
- To design and implement training/education programs
 - For designing (or redesigning) jobs, work flows, or how tools/equipment are used
 - For designing (or redesigning) the physical layout/structure of our group/clinic
 - As an input into provider compensation decisions
 - As a tool to measure the performance of different departments, group/clinic sites, or individual providers
 - As a component of our overall group/clinic planning process
 - As a way to stimulate change in our group's/clinic's culture
 - As a feedback tool, so that group/clinic leaders/managers and individual providers can better understand the needs and perceptions of our patients
 - For research
 - As a means to improve provider-patient relationships
 - Other: _____
 - Our group/clinic doesn't participate in AMGA's Patient Satisfaction Survey
7. How does your group/clinic use (or plan to use) data from the **Provider Satisfaction Survey**?
 (Check all that apply)
- To design and implement training/education programs
 - For designing (or redesigning) jobs, work flows, or how tools/equipment are used
 - For designing (or redesigning) the physical layout/structure of our group/clinic
 - As an input into decisions affecting the compensation of group/clinic leaders/managers
 - As a tool to measure the performance of different departments, group/clinic sites, or group/clinic managers/leaders
 - As a component of our overall group/clinic planning process
 - As a way to stimulate change in our group's/clinic's culture
 - As a feedback tool, so that group/clinic leaders and managers can better understand the perceptions and needs of group/clinic providers
 - As a feedback tool, so that group/clinic providers can better understand the needs and perceptions of their colleagues
 - For research
 - Other: _____
 - Our group/clinic doesn't participate in AMGA's Provider Satisfaction Survey

