The Link Between Patient Satisfaction and Malpractice Risk

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New research on the litigation history of a large, urban medical center builds on the prior evidence of a close correlation between patient satisfaction and the risk of being sued for malpractice. It shows that knowing how patients rate their physicians based on the criteria of “minimum satisfaction,” or the lowest satisfaction score they receive, can be helpful in predicting the risk for being named in a patient’s lawsuit. This study also suggests tools for avoiding future litigation.

Overview

Won, lost, settled or dropped – being sued by a patient is stressful for any physician and costly for both the physician and the associated hospital. A growing literature shows that the kind of comments that patients make about their physicians and the ratings patients give them in surveys can help predict the risk of litigation, and now a new study suggests specific strategies to reduce that risk.

In May 2009, a team of researchers – including the author of this article – at Rush University in Chicago and the University of Chicago published an article in the American Public Health Association’s journal Medical Care entitled, “The Use of Patient Satisfaction Surveys and Alternative Coding Procedures to Predict Malpractice Risk in Medical Care.” The study was funded by a grant from Press Ganey.

We wanted to build on the growing body of knowledge about the link between patients’ concern about their physicians and the physicians’ risk of involvement in a suit by looking at “solicited” evaluations (i.e., ratings on patient surveys) and bringing hierarchical linear modeling, a more advanced form of linear regression analysis, to this field of research.

The literature about the link between patient evaluations of their doctors and the physicians’ risk of being involved in a suit is usually based on “unsolicited” comments (i.e., complaints that are initiated by the patient or family that come in by way of patient letters, e-mails and telephone calls).
Litigation and Communications

Gerald Hickson, MD, professor of pediatrics and associate professor in the department of Family and Health Systems Nursing at Vanderbilt University Medical Center, has been a leader in this area of study. His studies have changed the way people think about the risk of litigation and how it can be controlled. Lawsuits do not happen completely at random – they are commonly associated with problems with doctor-patient communications (rather than clinical outcomes).

Hickson has shown how some specialty areas are at higher risk of lawsuits, that a small group of physicians are disproportionately at higher risk of being sued, and how hospitals can develop strategies to work with physicians to reduce their risk.

Hickson has been a force in showing the importance of listening for patient comments as warning signs that a physician is at risk of a lawsuit. However, for most hospitals, even those with large numbers of physicians, these “unsolicited” types of complaints are rather rare events.

Most hospitals have been conducting fairly large-scale surveys of their patients for a number of years, and the advent of the Hospital Consumer Assessment of Healthcare Providers and Systems has only increased the amount of information. These surveys generate “solicited” ratings and comments, those that would not necessarily have been received unless the hospital had sent a survey or called the patient.

Evaluations of physicians, whether on the 4- or 5- or 100-point scales, tend to be statistically skewed. Most patients give ratings on the high end of the scale; there are generally very few responses at the lower end of any of the typical scales that are used.

Our analysis was built on the shoulders of Hickson. Is it possible to use the more commonly received quantitative ratings of physicians to predict lawsuit risk? Rather than thinking about a mean rating that can mask low ratings, perhaps we should think about the rare events – a low rating on a scale. One of the first statistics you ever learn is the mean. It is great for understanding many things, but there are better types of statistical analyses to understand an unusual event.

Low Ratings, Higher Risk

We looked at the litigation history of a large, urban, academic medical center in the Midwest and compared it with Press Ganey survey ratings of inpatients (the five standard physician questions) between 1998 and 2006. We compared three types of analysis of the relations between risk of a lawsuit and patient ratings of their doctors:

- An analysis of mean scores on the physician questions.
- An analysis of “tertiles” (if the mean scores of the physician ratings fell in the top, middle or bottom third of the means).
- An analysis of “minimum satisfaction” scores.

Calculating a “minimum satisfaction” score involved looking at all the ratings a physician received for the five standard Press Ganey questions on physicians and looking at the lowest rating the physicians had received on any question from all of their patients. This means that if a physician had received a total of 10 surveys (a total of 50 ratings) and the physician had gotten ratings of “very good” from all patients on all questions but one rating of “very poor,” the physician would be in a category of “very poor” since this was the minimum rating.

The table on the following page is part of a more complex analysis, but it shows the salient point – knowing how patients rate their physicians based on the criteria of “minimum satisfaction,” or the lowest satisfaction score they receive, can be helpful in predicting the risk for being named in a patient’s lawsuit.

As the category of the physicians’ lowest satisfaction declined, the risk of their being in a lawsuit rose from 0% for the doctors with “very good” as their lowest score all the way to 19% for those with a “very poor” rating.
In other words, if a physician even receives one rating of “very poor” from a single patient on just one of the five physician questions, there was almost a 20% chance that the physician was named in a lawsuit. Most physicians did not get sued, and having a single patient give a less-than-perfect evaluation does not perfectly predict a physician’s risk. However, this approach can be another tool to help identify physicians at a higher risk so that you can provide feedback and guidance to help them reduce their risk. Because risk of a lawsuit rises over time and as physicians see more patients, our analysis controlled for those factors as well.

### Departmental Risk

In addition to looking at an individual physician’s risk of being involved in a lawsuit, our research also looked at how much of the risk was associated with the physician’s department. Both aspects contributed about equally to the risk. This suggests that successful programs to control risk must be targeted at the department, as well as the individual.

Other hospitals should consider trying to replicate the analysis here and see if what we found at one hospital holds for their hospital as well. It is an important opportunity to build a dialogue between departments that may have interests in common, especially the legal department and the area that conducts patient surveys, such as quality improvement or marketing research.

By the time a miscommunication has occurred with a patient that ends up as a lawsuit, it is too late in many ways to fix things. Beginning to work “upstream” from the legal department and in concert with this department and others (physician credentialing, medical education, etc.) is the way to actually reduce the number of lawsuits.

Our research suggests several other areas of improvement. Hospitals should require training on effective patient communication for physicians applying for admitting privileges and provide this training for all physicians who request it. Then, physicians whose feedback from unsolicited patient comments (calls, letters, e-mails) and solicited comments (patient surveys) suggests higher risk should be required to participate in communication improvement programs. Hospitals should also hold routine department-level training on the specific physician-patient communication issues for departments at higher risk for lawsuits. This should involve all physicians, regardless of lawsuit history, within the department.

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### WATCH FOR LOW RATINGS

**DISTRIBUTION OF PHYSICIANS BY LOWEST SATISFACTION RATING AND LAWSUIT EXPERIENCE**

<table>
<thead>
<tr>
<th>Lowest Satisfaction Rating</th>
<th>Lawsuit Filed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Total</td>
<td>543 (89%)</td>
</tr>
<tr>
<td>Very poor</td>
<td>162 (81%)</td>
</tr>
<tr>
<td>Poor</td>
<td>96 (87%)</td>
</tr>
<tr>
<td>Fair</td>
<td>126 (92%)</td>
</tr>
<tr>
<td>Good</td>
<td>107 (96%)</td>
</tr>
<tr>
<td>Very good</td>
<td>52 (100%)</td>
</tr>
</tbody>
</table>

Based on 612 physician satisfaction survey responses from 1998 to 2006.
Source: Medical Care, May 2009
Other Resources for Learning About Risk

- The Center for Patient and Professional Advocacy at Vanderbilt University Medical Center. The center offers courses and services to assist physician-patient communication and other services to reduce legal risk. Online, see mc.vanderbilt.edu/centers/cppa/index.html.

- The Institute for Healthcare Communication offers courses, an extensive bibliography and multimedia resources at healthcarecomm.org.


- In addition, for those with a Press Ganey Online account, the “Solutions Starter” tab has a number of suggestions for improving the physician-patient relation and links to other sources of information.

- The Patient Experience Research Initiative at Rush University is an expanding online resource to keep track of the many uses and applications of patient feedback. Visit rush.edu for more information.