Abstract: 368

Provider Ratings and Patient, Disease, and Appointment Factors

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Purpose:
To examine sociodemographic, disease, appointment, management, and survey characteristics that may influence overall provider ratings.

Methods:
31,319 ophthalmology patient surveys at the Cole Eye Institute, Cleveland Clinic, from January 2017 to January 2019 were included in the study. The primary endpoint was the odds of receiving the highest provider rating of 10, considered the top box score (TBS). Individual variables were compared to TBS using Pearson chi-squared statistics and logistic regression; the variables were examined in aggregate with multivariate logistic regression.

Results:
Factors with higher odds of TBS in the multivariate regression model included male providers (1.13[1.07-1.20]); pediatric (1.34[1.12-1.61]) or optometric providers (1.24[1.14-1.34]); having procedures (1.19[1.04-1.37]), refraction (1.16[1.08-1.25]), or surgery (1.22[1.06-1.40]); older patients (1.01[1.01-1.01]); better visual acuity (1.01[1.01-1.01]); higher survey completion rate (8.39[5.91-11.90]); and higher appointment attendance (7.40[1.66-33.55]). Factors with lower odds included new patient visit (0.61[0.58-0.65]); comprehensive (0.84[0.77-0.92]), cornea (0.77[0.70-0.85]), or glaucoma (0.67[0.60-0.75]) providers, and longer survey response time (0.99[0.99-0.99]). Insignificant factors included patient gender, race, income, insurance type, and distance from home to clinic; provider level of training, retina or uveitis subspecialties; being seen in Same Day Access clinic; rescheduled appointments; ophthalmology appointment attendance; having another consultation requested, dilation, eye testing, lab testing, or medical imaging.

Conclusions:
There are many patient-specific, disease and treatment-associated variables that providers cannot always control. Some of these, such provider gender, may be important confounders that need to be controlled for in the examination of patient satisfaction.