

How satisfied are physicians with labs? Study digs deep

Anne Ford

March 2015—In the span of human history, seven years is nothing but an eye blink. But in technological terms, seven years might as well be a geologic epoch. Consider: Only since 2007 have we seen Netflix streaming services; Kindles, Nooks, and other e-readers; and the sweeping adoption of the iPhone.



Dr. McCall

And only in the past decade or so have we seen the widespread use of electronic health records. That's one reason Shannon McCall, MD, believes readers will learn something from "Physician Satisfaction with Clinical Laboratory Services," a 2014 CAP Q-Probes study that examined how satisfied physicians are with 16 laboratory service characteristics. The study is a near repeat of one conducted in 2007, with one major difference: The 2014 version asked participants to report their satisfaction with something fewer physicians were familiar with seven years ago—namely, electronic order entry.

So how satisfied are physicians in this regard? Not very. Only 69.4 percent of study participants called their satisfaction with ease of electronic order entry "excellent" or "good."

"We had a sneaking suspicion that the satisfaction would be low," says Dr. McCall, who coauthored the study with Larry Massie, MD. "I think it reflects the widespread adoption of complex electronic health record systems. Some of the systems that are being rolled out to hospitals have so much functionality and tie together so many different things, everything from patient scheduling to patient billing. Having that all in one system can sometimes lead to a complex interface, and I think physicians are having a bit of a hard time with that."

Dr. McCall is assistant professor of pathology and director of the biospecimen repository and processing core in the Department of Pathology at Duke University School of Medicine. Dr. Massie is chief of the pathology and laboratory medicine service at the New Mexico VA Health Care System in Albuquerque.



Dr. Massie

The electronic order entry question, of course, was only one of many in the study, in which 2,425 physicians from 81 institutions participated. The study asked physicians to rate their satisfaction with 15 additional laboratory service characteristics, such as quality of results and adequacy of test menu, and to indicate their overall satisfaction with their laboratory services.

To the surprise of Dr. McCall and Dr. Massie, the results—aside from those pertaining to electronic ordering—largely matched those of the study's 2007 predecessor. "The median overall satisfaction of physicians with their laboratory services was 4.2 on a scale of one to five, with five being excellent, and this compared pretty closely to the 4.1 that was seen in the 2007 study," Dr. McCall says. "I had thought that maybe some of those areas that were in the bottom [of satisfaction results] would improve over time."

Instead, as the authors write in their analysis of the 2014 study, "No statistically significant differences were found between the mean scores for repeated categories or for the overall physician satisfaction for these two studies." In both studies, physicians were most satisfied with quality of results, test menu adequacy, and staff courtesy and least satisfied with inpatient stat test turnaround time, outpatient stat test turnaround time, and esoteric test turnaround time.

That said, the 2014 study did uncover additional interesting findings, such as a slight upward trend in the number of respondents who ranked "clinical report format" as a service category of greatest importance, from 2.4 percent in 2007 to 5.1 percent in 2014. "This issue may be related to transitions in electronic health record systems occurring over the last seven years," the authors write in their analysis of the findings.

Says Dr. McCall: "We are evolving from an era when a lab result was communicated simply on a piece of paper to having to find a single piece of information on a large computer monitor that has an enormous amount of additional, extraneous data as well. So I think that is becoming something physicians used to take for granted—to be able to identify key pieces of information—and maybe they're starting to realize they can't take that for granted anymore."

Then, too, the 2014 study revealed a correlation between physician satisfaction with laboratory services and two variables: monitoring of send-out testing and smaller hospital size. It seems obvious enough that laboratories that routinely monitor their send-out testing as part of a performance improvement program would experience higher physician satisfaction. But why the correlation with smaller hospitals?

"My suspicion," Dr. Massie says, "is that at the smaller hospitals, providers may interact more often with pathologists, whereas big laboratories that are serving thousands of providers may not offer that same access."

On a different note, he points out with pride that the study found that nearly 95 percent of responding physicians would recommend their laboratory to another physician. "I thought that was a very commendable number," he says. "I think most laboratories are respected and that physicians are supportive of the laboratory, and I think that speaks highly of the laboratory community in general."

What else should readers take away from the study? "One of the key messages continues to be that turnaround times are very important for physicians," Dr. McCall says. After quality of results, participants ranked inpatient stat test turnaround time, routine test turnaround time, and outpatient stat test turnaround time as the most important laboratory service categories. Yet those same categories received some of the lowest satisfaction scores in the study, with only 80.2 percent of physicians calling routine TAT "excellent" or "good." Just 78.2 percent said the same for inpatient stat test TAT, while 76.9 percent did likewise for outpatient stat test TAT. Esoteric test TAT fared worst of all, at just 60.1 percent.

Regarding that last category, Dr. Massie says, "it may be that we just need to better educate providers in terms of what to expect, since these are esoteric tests that need to be sent out and probably aren't run as frequently as other tests. They may be batched and run only once a week or once a month. It may be that we need to bring expectations in line with what is realistically possible."

For her part, Dr. McCall leaves laboratories with these encouraging words. "Laboratories that participated in this study are already doing a number of very good things in terms of tracking turnaround time or rejected specimens or what have you, but I think from this study we can probably learn to pay a little bit more attention to things that are preanalytic and postanalytic," she concludes. "So pay more attention to order entry, to the communication of results in the postanalytic phase, and then we may be able to see more improvements and satisfaction."

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