

Keep your patients coming back

Does your practice deliver the customer service – in addition to the medical care – that patients want? The secrets of engaging physicians in a better patient experience.

In early January 2008, Blue Cross of California announced plans to launch a Zagat-style online survey for patients to share their physician experiences with others in certain California, Ohio and Connecticut markets.¹ Shortly thereafter, United-Healthcare announced its support for the Patient Charter for Physician Performance

Measurement, Reporting and Tiering Programs, an initiative of Consumer-Purchaser Disclosure Project.²

Both developments signal a shift by the insurance industry toward transparency — a shift that matches the Centers for Medicare & Medicaid Services' focus on inpatient pay-for-performance incentives (which are



based on patient perception of care). Medical group practices suddenly find the stakes have gotten higher. If insurers decide to remove from their panel physicians who rate poorly with patients, reimbursement pressures will increase.

For your group practice to survive and thrive in an increasingly consumer-centric environment, you must engage physicians in service and operational excellence. It must follow the lead of other successful health care organizations by doing three things:

- Understanding what patients want — and delivering it;
- Creating a transparent culture to share credible data with your physicians; and
- Providing support and training for physicians to meet consumer expectations.

What patients want

Patients often don't distinguish between clinical quality and compassionate, considerate care when they rate their physicians.

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Many data support the relationship among patient loyalty, profitability and satisfaction. For example, a 2001 study in the *Journal of Family Practice* found that the strength of physician-patient relationships in primary care was the leading predictor of patients' loyalty to their primary physician's practice.³ And yet, in an April 2008 survey conducted by the Arnold P. Gold Founda-

tion, 40 percent of 1,000 respondents said their doctors made them feel rushed; 36 percent said their physicians were rude or condescending.⁴

Some other factors to note: For every one customer who complains, 20 dissatisfied customers do not. And of those who are dissatisfied, 90 percent will not return. In fact, the average "wronged" customer will tell 25 others about the bad experience.⁵

Tell physicians what's in it for them

The key to engaging physicians in creating a better experience for their patients involves:

- Connecting the effort to the physicians' agenda (such as quality, safety, patient compliance);
- Using credible data to drive improvement in a culture of transparency; and
- Active, consistent support and training on key communication skills with patients.

Stephen Beeson, MD, author of *Practicing Excellence: A Physician's Manual to Exceptional Health Care*, makes a compelling case for physicians to embrace service to patients based on a thorough review of the medical literature. He notes that:

- Physician communication skills heavily influence patient compliance and affect clinical outcomes;
- Physician conduct and communication — rather than poor clinical outcomes — are the principal predictors of malpractice risk;
- The cost of acquiring a new patient is five to seven times greater than retaining current ones;
- A strong physician-nurse relationship is a competitive advantage that drives clinical outcomes, patient safety and staff retention; and
- Collegiality and collaboration among physicians are predictors of organizational success and drive physician satisfaction, performance and willingness to embrace organizational values.⁶

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Transparency gets results: Sharp Rees-Stealy Medical Group drives patient satisfaction higher

In the last five years, Sharp Rees-Stealy Medical Group, a large multispecialty practice in San Diego, has seen patient satisfaction rise from the 25th to the 72nd percentile by adopting a culture of transparency with physicians. As a result, in 2007 the Blue Cross Quality Report Card gave the practice a No. 1 ranking in California for quality and service.

CEO Donna Mills credits the gains to sharing patient satisfaction data with physicians. “If I had to do it over again, I think we would have created a system that engaged physicians from the begin-

ning and then moved more quickly toward full transparency,” she says. “But we were new to this five years ago, so we started on the management side first.”

When Sharp began to compare its patient satisfaction scores against a large national database, it was an uncomfortable but pivotal cultural shift. Physicians who had always rated highly with patients were a bit shocked to come in at the 25th percentile when ranked against peers nationwide. When they questioned the data, the medical group responded by reporting patient satisfaction by specialty

and describing the validity of the data. As physicians became more comfortable with the information, they grew receptive to coaching on new behaviors. Accountability for performance was embedded at all levels of the organization, including the alignment of a portion of employed physicians’ salary to clinical measurement and patient satisfaction.

“In the early days — when physicians were still resistant — I’d sometimes get frustrated and ask them: ‘Should we stop? Do you want to go back?’” Mills says. “But even then they could feel the difference.”

Physicians care deeply about providing quality care to patients. As you begin to talk about patient experiences with physicians and staff, show doctors how a focus on improving patients’ perception of care aligns with their goals for quality, safety and compliance.

Share credible data with high transparency

Physicians are scientists who willingly adopt medical protocols proven to deliver better clinical outcomes. Engage them by sharing data that measure service and operational excellence for the practice as a whole and performance by individual physicians.

How do your doctors rate on patient satisfaction surveys? Practices that do best in changing physician behavior to attain higher patient satisfaction and loyalty scores inform doctors about the measures they adopt. Leaders divulge performance on a report for all physicians to see. (See sidebar, “Transparency gets results.”) If you can demonstrate the validity of the data (critical to gaining physician buy-in), you will inspire physicians to outperform their colleagues. No one wants to be at the bottom of the curve.

How you move to full transparency will depend on the maturity and culture of your group. Do it in stages:

- Clearly and repeatedly communicate your group’s commitment to service excellence;
- Identify respected physician leaders to serve as role models;
- Develop accurate metrics for gauging physician performance;
- Provide physicians with individual, noncomparative data that offer raw scores for each of the patient questionnaire points, and then show comparative data using national percentile ranks generated from raw scores, followed by internal group rank (overall and within departments); and
- “Unblind” comparative results within departments and then practicewide.

The average “wronged” customer will tell 25 others about the bad experience.

Making the transition to full transparency takes time and should not be rushed.

Train physicians with proven tools

As you make the case for service, clinical and operational excellence, it's important to provide physicians with training and tools to drive better patient perception of care. Remember, most physicians did not learn leadership and communication skills at medical school. If you intend to measure their performance and hold them accountable, you must give them the tools to master new skills, such as:

- Creating a positive first impression, so patients feel comfortable sharing information during an efficient and informed patient encounter;
- Techniques in history-taking that demonstrate care, concern and listening skills;
- Providing information clearly to patients while being sensitive and approachable; and
- Positioning colleagues well to ease patient anxiety about hand-offs.

The AIDET™ tool — Acknowledge, Introduce, Duration, Explanation, Thank You — is effective in improving patient satisfaction, physician satisfaction and improved clinical outcomes.

Physicians who use evidence-based communication tools such as AIDET may also benefit by having fewer malpractice claims, better patient compliance with instructions and improved patient loyalty.

Physicians respond to the desire to be better clinicians. It's your job to coach them to recognize that patient loyalty, compliance, outcomes and perception of quality care are most influenced by the success of the patient interaction. Today, trust — not technology — is the issue of the decade. And in the race for quality, there is no finish line. 🏁

e-mail us: How does your organization engage physicians in service and operational excellence? Tell us at connexion@mgma.com

AIDET tool

Key message to patient

Acknowledge

“You are important.”

Physician makes eye contact, shakes hand, acknowledges everyone in the room, sits and asks a relationship-building question (e.g., “Ms. Smith, is this your son with you today? Where does he go to school?”)

Introduce

“You are in good hands.”

Physician gives name, specialty, years of experience, and may mention a referring physician to position colleagues well.

Example: “I’m Dr. Hernandez, your cardiologist. I want you to know that I’ve done more than 500 of these procedures during the 20 years I’ve been in practice. I also see that Dr. Johnson referred you to me. We’ve worked together for many years. You’re fortunate to have such an excellent doctor.”

Duration

“I anticipate your concerns.”

Physician tells the patient what to expect (e.g., how long the test, procedure, appointment or admission will take, and when he will get results).

Explanation

“I want you to be informed and comfortable.”

Physician carefully listens to the patient’s story and uses language the patient can understand when describing the treatment plan.

Thank You

“I appreciate the opportunity to care for you.”

The physician thanks the patient for choosing his clinic, for waiting and for coming in today. In closing, he asks, “What other questions do you have?”

notes

1. Blue Cross of California launches Zagat health survey tool in Los Angeles. Reuters/PRNewswire. Jan 8, 2008.
2. UnitedHealthcare supports patient charter for physician performance measurement, reporting and tiering programs, April 1, 2008. Available from www.uhc.com/new_room/news_releases
3. Safran DG, Montgomery JE, Chang H, Murphy J, Rogers WH. (2001). Switching doctors: Predictors of voluntary disenrollment from a primary physician’s practice. *J Fam Pract* 2001;50(2):130-136.
4. UPI: Wanted: Doctors with bedside manners. April 25, 2008. Available from www.upi.com/NewsTrack/Health/2008/04/25/wanted_doctors_with_bedside_manners/6366/
5. Zimowski, JA. Mining for Gold. *HFM Magazine*. December 2004;58(12)18.
6. Beeson SC. Practicing excellence: A physician’s manual to exceptional health care. 2006, Fire Starter Publishing; Gulf Breeze, Fla., 201 pp.