

Patient Satisfaction Measures

The number of Websites to which patients can go to sing their doctors' praises—or vent their complaints—grows steadily, and more and more practices are measuring patient satisfaction with surveys and other tools. How much control do physicians have over how they are rated on these subjective measures?

Chapter in Brief:

- ▲ *Joined with high scores for clinical quality, improved patient satisfaction should lead to healthier patients—and a healthier bottom line for the practice.*
- ▲ *Even the most patient-centered practice can learn something from asking patients what they think. While it's possible to handle this project with a homegrown questionnaire, many practices find it useful to contract with an outside consultant.*
- ▲ *One of the easiest ways to increase patients' satisfaction is to manage their expectations. When patients know that the physician won't be able to return their phone call for a couple of hours, they're more willing to put up with the wait.*
- ▲ *Because there are so many Websites where physicians can be rated, patients may start their search for a doctor on the Internet. Physicians and practices may want to take steps to monitor and manage their online profile.*

However much people argue about specific measures and methodologies, they usually agree on what makes a good outcome: the patient is better off as a result of the care provided. In that sense, raising your scores on measures of clinical quality is fairly straightforward.

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[] Discuss and advise **Action**
 [] Rx to Pharmacy _____
 [] order lab work _____
 [] call for office visit in _____ days/weeks
 [] Other _____

Coding
 _____ minutes spent in telephone medical discussion
 [] billable [] not billable

Telephone service
 5-10 minutes
 11-20 minutes
 21-30 minutes
 Online encounter
 Signature _____

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99442	98967
99443	98968
99444	98969

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But increasingly, physicians are also being graded on something much more intangible and subjective: patient satisfaction. While some of what goes into a patient's experience can be measured—wait times, willingness to communicate via e-mail—much of it is very personal, often skewed by elements beyond the physician's control. Cultural differences, communication styles, stress levels, family circumstances, and personal beliefs can all color how two people perceive the same event.

However, physicians shouldn't assume that patient satisfaction is somehow separate from clinical quality, says Marie Schall, director of the Institute for Healthcare Improvement (IHI), Cambridge, Mass. While patient satisfaction does not always correlate with quality of care, the two are intertwined. Patients who are more satisfied with how they are treated by healthcare professionals are more likely to follow their advice—which in itself should lead to better health outcomes.

"We think that element of capturing the patient experience is really crucial," Ms. Schall says. "It's the new frontier of measurement."

More Players

Patient satisfaction surveys are not new in healthcare—hospitals and medical practices have long used them to help improve their services and image—but there are an increased emphasis on the results and a number of new players in the game.

WellPoint, one of the nation's largest insurers with more than 35 million enrollees, contracted with the Zagat Survey last October to develop a survey instrument to rate the plan's physicians and share the ratings on a Website for WellPoint members. Blue Cross and Blue Shield of Minnesota recently started "The Healthcare Scoop," a site where patients using pseudonyms can swap opinions on physicians. (Although the insurer sponsors the site, it is public and not restricted to members.) Angie's List, the Internet enterprise that for a price will refer consumers to the best-regarded roofers, electricians, or plumbers in their area, has recently added physicians to the roster of professionals who can have their work rated by customers.

The number of Websites to which patients can go to sing their doctors' praises or vent their complaints grows steadily although

each new site dilutes the impact of the others, and most will eventually merge or fail. The ubiquitous Google now offers physician information (not just degrees and board certifications, but patient feedback as well) in partnership with HealthGrades on the newly launched Google Health.

Given that they can't please all the people all the time, how can physicians come close enough to that goal to improve their levels of patient satisfaction and protect their online reputations?

Perhaps the best way to deal with the growing patient-satisfaction movement is to start surveying your own patients. Even the most patient-centered practice can learn something from asking patients what they think. While it's possible to handle this project with a homegrown questionnaire, many practices find it useful to contract with an outside consultant, such as Sullivan/Luallin or Press Ganey and Associates, both of which maintain a large database so that they have other practices with which to compare scores. Sullivan/Luallin's database currently contains more than 400,000 surveys on physicians from 1,500 medical groups.

Press Ganey, South Bend, Ind., is probably best known for working with hospitals; but it also works with more than 6,000 physician offices, mostly larger group practices, and has millions of patient surveys on file for more than 44,000 physicians.

Satisfaction surveys can be accomplished by mail, through handouts in the office following a patient visit, or even via e-mail. Kevin Sullivan of Sullivan/Luallin is an advocate of the electronic approach because it's virtually cost-free to follow up with patients who haven't returned their surveys, and the eventual response rate can reach 90 percent, compared with a maximum of 40 percent for paper-based methods.

What he doesn't know yet is whether Internet respondents are an intrinsically skewed group. He's keeping an eye on his three databases—Internet, mail, and office handouts—to see if there are major differences among results from the three methods as the Internet database grows. But he says a practice should stick with whatever method it chooses at the beginning, so that changes in the data can't be attributed to differences in how it's collected.

Costs vary depending on the method used, how frequently

patients are surveyed, and the type of analysis done; but Press Ganey clients pay an average of \$400 per physician per year, says Lisa Cone-Swartz, vice president of medical practice and home health services. Mr. Sullivan says his company can conduct a single survey for a five-physician practice for under \$1,000 if the forms are handed out in the office; using mail would double the cost of conducting the survey.

The process can lead to changes big and small, from having the staff make better eye contact with patients to an overhaul of the way appointments are scheduled, or even the elimination of the waiting room in favor of ushering each patient directly to an exam room. “We can give them actionable data,” Ms. Cone-Swartz says.

It’s important to break the data down by physician, because physicians’ scores can vary widely; and even when raw scores are similar, the specific problems may be different. “You need physician-level reports—otherwise you’re just talking to the whole group,” Mr. Sullivan says.

Even though physicians are the single most important element in whether patients are happy, any improvement campaign has to involve the entire staff. “Everyone in the practice, even the billing people or the front-desk people, must believe that the practice wants to change,” says Ms. Cone-Swartz. “If their scores stay flat after they’ve started to measure, that’s a red flag for us.”

Another concern is to align the incentives for everyone in the practice. “To a doc, a new patient means more money; but to a nurse, it just means more work,” Mr. Sullivan says. “Top scorers have found ways to cut the entire staff in on monetary rewards for hitting their goals.”

Managing the Internet

Physicians who regularly conduct patient-satisfaction surveys probably have a good idea of how their patients feel about the service they get from the practice. So it’s possible that one particular physician reviewed on *Vimo.com* wasn’t blindsided by the following comment:

“Office staff are condescending, rude, and I have personally observed them verbally intimidating seniors who do not under-

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“this one is for the ladies”
it takes on a whole new meaning.



Dr. Mazzullo

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&



Dr. Streicher

Lauren Streicher, MD, OB/GYN,
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stand insurance requirements. Rather than help, they bully patients. Professional staff are outstanding, but they may experience loss of patients if the office staff does not become more

Asking the Right Questions

The Medical Group Management Association (MGMA) has been helping its members gather patient satisfaction data for years through a questionnaire it developed with consulting firm Sullivan/Luallin. The questions are in the public domain, and any physician can use them to survey patients. The advantage of working with MGMA or another experienced consulting firm is being able to compare yourself against other practices that have measured themselves with the same questionnaire and survey techniques. You may pat yourself on the back when your patients rate you as “good” on a given measure, but if comparable practices are scoring “very good” or “excellent,” then you’re not competitive.

Each of the 36 questions has a rating scale of 1 (poor) to 5 (excellent) and NA (not applicable). There’s also space on the form for patients to say whether they’d recommend the practice to others (1 for definitely not to 5 for definitely yes) and a place for open-ended comments. Mr. Sullivan says each question has been worded carefully to elicit as accurate and unambiguous a reaction as possible, and every one is essential, not just “nice to know.”

Nonetheless, Mr. Sullivan says the section that most affects a practice’s overall rating asks about the actual visit with the provider (Section D). Patients will put up with major shortcomings in comfort, convenience, and staff civility if they’re getting what they need from the physician or nurse practitioner.

A. YOUR APPOINTMENT:

1. Ease of making appointments by phone
2. Appointment available within a reasonable amount of time
3. Getting care for illness/injury as soon as you wanted it
4. Getting after-hours care when you needed it
5. Efficiency of the check-in process
6. Waiting time in the reception area
7. Waiting time in the exam room
8. Keeping you informed if your appointment time was delayed
9. Ease of getting a referral when you needed one

caring and helpful. Literally, the worst thing about visiting the doctor is getting past the office staff.”

Granted, this is only one unsatisfied patient. Nonetheless, the

B. OUR STAFF:

1. Courtesy of the person who took your call
2. Friendliness and courtesy of the receptionist
3. Caring concern of our nurses/medical assistants
4. Helpfulness of the people who assisted you with billing or insurance
5. Professionalism of our lab or X-ray staff

C. OUR COMMUNICATION WITH YOU:

1. Your phone calls answered promptly
2. Getting advice or help when needed during office hours
3. Explanation of your procedure (if applicable)
4. Your test results reported in a reasonable amount of time
5. Effectiveness of our health-information materials
6. Our ability to return your calls in a timely manner
7. Your ability to contact us after hours
8. Your ability to obtain prescription refills by phone

D. YOUR VISIT WITH THE PROVIDER:

1. Willingness to listen carefully to you
2. Taking time to answer your questions
3. Amount of time spent with you
4. Explaining things in a way you could understand
5. Instructions regarding medication/follow-up care
6. Thoroughness of the examination
7. Advice given to you on ways to stay healthy

E. OUR FACILITY:

1. Hours of operation convenient for you
2. Overall comfort
3. Adequate parking
4. Signage and directions easy to follow

F. YOUR OVERALL SATISFACTION WITH

1. Our practice
2. The quality of your medical care
3. Overall rating of care from your provider or nurse

Source: MGMA, Sullivan/Luallin.

site and the comment do show up on the first page of Google search results for that physician's name coupled with his town. Even if the doctor fires the current cast of characters and hires the most caring office staff within a hundred-mile radius, the bad rap on their manners is likely to live on indefinitely. (Even if a Website is taken down or changed, old content can still come up in Internet search engines.)

On the other hand, consider this comment from *RateMDs.com*: "All I have to say is this guy saved my life." That kind of endorsement could be a major source of new patients, especially if joined by other, similar comments.

Because there are so many Websites where physicians can be

Check Your Ratings

Here are some Internet sites where patients can grade their physicians. Because new ones pop up like mushrooms, this is far from a comprehensive list, but it includes some key players.

HealthGrades (www.healthgrades.com) The largest and probably best connected, HealthGrades provides detailed profiles on all licensed physicians. The site charges for so-called "comprehensive" reports that include sanction and malpractice information that's hard to find elsewhere; but most of it is free, including information that physicians themselves provide under a new program now in testing, and some patient ratings. HealthGrades provides Google Health (currently being tested) with its physician information.

RateMDs (www.ratemds.com) Unlike many doctor-rating sites, RateMDs doesn't have a full listing of all licensed physicians. Instead, it invites people to add their physicians, rate them, and write comments. So unless you have a patient who's absolutely delighted or seriously displeased, it's unlikely you'll find yourself here. Doctors are rated on punctuality, helpfulness, knowledge, and "overall quality." (It may be a relief to know that the punctuality score does not figure into "overall quality," which is an average of helpfulness and knowledge.) The proprietors warn that all ratings should be taken with a grain of salt because the site can't check raters' identities. Doctors are allowed to reply to comments and to flag them for review and possible deletion if they believe them to be unfair or in violation of the site's guidelines, but RateMDs has the final say.

rated (most with just a sprinkling of comments and otherwise the same information on specialty, locations, and hospital affiliations), Google and its competitors are a likely first stop for any potential patient who wants to do that kind of research.

“This is how people are finding doctors,” says Scott Shapiro of HealthGrades, one of the leaders in the field. “Health plan directories can be out of date and have limited information. Research shows that individuals go to the Internet with any health issue, and they are influenced by quality information that they find. It’s important for docs to understand what their online profile is.”

Not everyone is happy about this trend. “What bothers me the

Yahoo! local listings (*local.yahoo.com*, plus a ZIP code or location name) Yahoo’s local sites allow users to review just about anything, and doctors are no exception. Reviews are still fairly scarce. Nonetheless, it’s worth keeping an eye on Yahoo’s reviews, if only because it’s a likely place for people to make a physician search, and the red stars used for ratings really pop out.

Angie’s List (*www.angieslist.com*) Best known for helping homeowners find reliable contractors through reviews from their fellow renovators, Angie’s List recently branched out into inviting ratings for physicians, dentists, pharmacies, hospitals, and nursing homes. The ratings are available only to those willing to pay the \$15 sign-up fee plus \$8.75 per month, which weeds out idle Websurfers and also keeps the information out of Google. Individual physicians shouldn’t have too much concern about Angie’s List just yet. The healthcare listings are still in a test phase, few physicians have more than one rating, and most get an A from the patients who have bothered to post.

DrScore (*www.drscore.com*) This site, launched in 2004 by dermatologist and Web entrepreneur Steven Feldman, MD, (and growing very slowly), not only encourages visitors to rate their physicians, but also offers to sell itself to physicians for about \$150 a year as a patient-satisfaction measurement tool. Physicians must subscribe to see any narrative comments posted about them. About 54,000 ratings have been posted, according to the Website.

Others include *Vimo.com* (formerly Healthia), *Vitals.com*, and *Careseek.com*.

most about the Internet is that there are no controls,” says Mr. Sullivan. Vengeful patients can easily go overboard without any consequences. Mr. Sullivan recalls a clinic in Kentucky where a patient resented how long one physician kept him waiting, and proceeded to give each of the 46 doctors in the practice a one-half-star rating on the local Yahoo guide. Considering that physicians on such sites typically have two or three patient ratings at most (and hordes of them have none at all), one black mark can pull their average to the bottom.

That scarcity of critical mass will eventually spell the doom of most physician-rating sites, which make their money through selling advertising and other strategies that require a steady flow

Tips for Managing Your “Web-utation”

1. Google yourself every now and then. Run several searches using your name and the name of your practice in various combinations, plus the town(s) you practice in. You’ll see exactly what a would-be patient sees.
2. If your payers have a consumer-feedback feature for their members, check that, too. Access to these sites is usually restricted to plan members, therefore, they won’t come up on Google. But they’re a likely early stop for anyone within that plan who happens to be doctor-shopping.
3. Create a Website of your own. If there are compliments about you on the physician-rating sites, you may be able to link to them. If there are complaints, the presence of your own Website in the search-engine results may push negative reviews on other sites to the second page, where they’re less likely to be seen. Ask potential Web designers how they would optimize the site for search engines. (Some design strategies result in your own site’s appearing high in the search results for your name.)
4. Be proactive. People are more likely to write reviews when they’re either ecstatically happy or extremely angry—nothing in between. If you notice that a certain site harbors angry comments about you, encourage your happy patients to post there as well. But resist the temptation to post about yourself under a pseudonym.
5. Most obvious, but still worth mentioning: If complaints come up, and especially if the same ones recur, try to do something about your problem areas.

of visitors and reviewers.

One likely winner is HealthGrades, which offers clinical-quality reports on every practicing physician in the U.S. The site gets 1,000 consumer reviews a day (which is more than some physician-rating sites have in their entire database). The tally is over 350,000 so far, or an average of two per doctor (though some have many, and many have none).

“The downside to user ratings is that you can’t tell if it’s the competing doctor filling it out,” says HealthGrades spokesman Scott Shapiro. “That’s why user ratings should be seen as a word-of-mouth, imperfect measure. They’re inherently subjective, and we think people understand that.”

Getting a Word in

Physicians may yearn to put their own stamp on the profiles that appear on the Web, and HealthGrades recently began letting them do so for an undisclosed price that Mr. Shapiro says their hospitals so far are picking up. HealthGrades calls the program “Internet patient acquisition.” Physicians can expand the information in their profile to include things like publications, subspecialties, and practice philosophy, and can add a video.

Patrick Borgen, MD, head of the breast cancer center at Maimonides Medical Center, Brooklyn, N.Y., has a video-enhanced profile. The five-minute video lets him tell potential patients about his training and practice philosophy, and what they can expect from him. It’s not a polished Hollywood production, but Mr. Shapiro suggests perhaps it’s enough to make patients feel that they’ve actually met him.

HealthGrades usually charges for some parts of its physician profiles, but the hospital sponsorship program makes Dr. Borgen’s full profile free to consumers, saving them the usual \$30 charge. It’s early yet and feedback is scarce, but Mr. Shapiro has been told that participating surgeons are getting two to four extra procedures a month based on patients’ finding them through their enhanced HealthGrades profiles. “The number of people who clicked on the ‘make an appointment’ button jumped 50-fold,” he says. “That indicates to us that we need to make as much of this information free as possible.”