

HealthLeaders

FEBRUARY 2006

Executive Session



**PATIENT SATISFACTION SURVEYS:
MEASURING THE EXPERIENCE**

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Patient Satisfaction Surveys: Measuring the Experience

The days of the questionnaire are over. Not only are patient satisfaction surveys more comprehensive and accurate, the results are being used for things like pay-for-performance. Nashville, Tenn.-based PivotHealth, LLC and HealthLeaders recently convened a panel of experts to pull out the essential elements of today's effective patient satisfaction surveys.

HEALTHLEADERS: How has the patient-physician relationship changed?

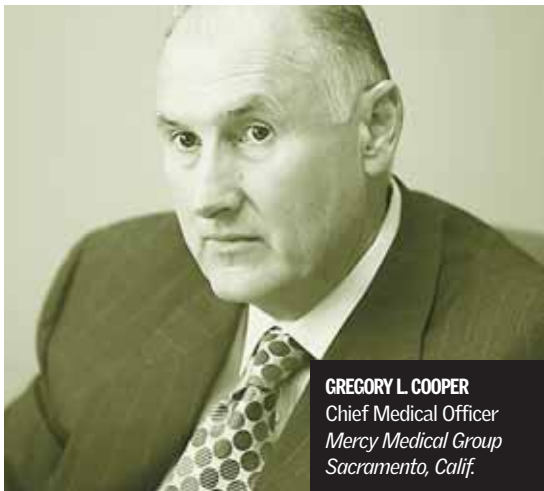
GREGORY COOPER (CHIEF MEDICAL OFFICER, MERCY MEDICAL GROUP): Patients expect medical care to be excellent, period. They don't know one doctor from another. If they are home sick, they want to know if they can see the doctor that day versus two weeks from then, when their cold is gone. If patients are not satisfied, more and more consumers are being educated. Patients feel that what they say matters, and they can vote with their feet.

HL: How have patient satisfaction surveys been used by the group practice?

ALAN STOLL (CHIEF ADMINISTRATIVE OFFICER, QUEENS LONG ISLAND MEDICAL GROUP): Patient satisfaction surveys have functioned as a tool to figure out how

DID YOU KNOW?

"Patients who have had a good experience may tell 10 people about it. People who have had a bad experience will tell 15." —Ed Lucy



GREGORY L. COOPER
Chief Medical Officer
Mercy Medical Group
Sacramento, Calif.

WHAT THE PHYSICIANS SHOULD BE ASKING

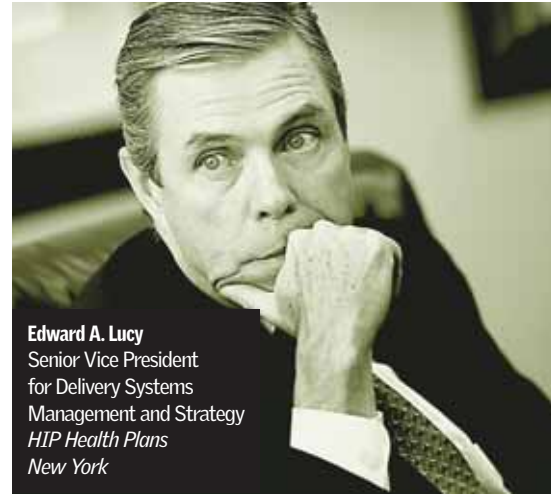
How fast am I moving along?
Do I come in the room, and ask, "How are you today?"
Am I playing with the PDA the whole time?
What's the quality of the diagnosis?
If I'm a pediatrician, am I talking to the parents?

well your practice is doing with the patients that you are seeing. Now they are getting attached to some sort of compensatory arrangement. The traditional feedback in a doctor's office, faculty practice or a large medical group has been largely anecdotal. As long as the members kept on walking in the door, the books balanced, and the doctors were making progress on their clinical indicators, people were pretty well satisfied.

HL: Is that evolving?

JOHN PHILLIPS (PRESIDENT, PIVOTHEALTH, LLC): Physicians and physician leaders have had patient satisfaction data, and in fact, have experimented with business satisfaction surveys over the years, but it has never been a strong component of everyone in the industry. It was out of curiosity. Now the concept is much more involved and more valid than the old telephone surveys of randomly selected patients.

HL: How do payors look at tying patient satisfaction survey results to compensation?



Edward A. Lucy
Senior Vice President
for Delivery Systems
Management and Strategy
HIP Health Plans
New York

ED LUCY (SENIOR VICE PRESIDENT FOR DELIVERY SYSTEMS MANAGEMENT AND STRATEGY, HIP HEALTH PLANS): We're prepared to pay. No one is sitting around saying, "Oh, my goodness. We shouldn't do this. We don't have the money." It's quite the opposite. We want to do this in a way that's an effective use of those dollars in the physician's office. We're highly motivated to make that incentive something that works and get it lined up before we can get into detail. But if you get it lined up correctly with a good bulletproof tool at the base, it will work.

HL: Are survey results something that the practices are publishing to the public so that consumers can make choices about their care?

WHAT THE PATIENT IS ASKING

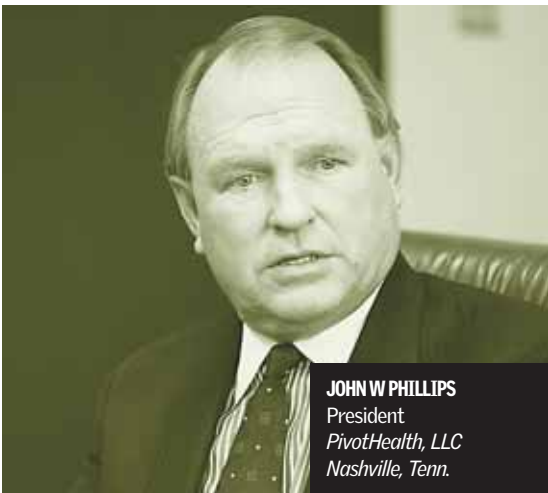
Did the doctor take enough time with me?
Did the doctor seem to care about me?
Did I get a feeling of confidence from the doctor?
Would I recommend the doctor to any of my friends?

DISSATISFIERS IN THE OFFICE

- Was telephone access good?
- Were the receptionists courteous?
- Could you get the appointment when you wanted it?
- How long were you in the waiting room?
- Was the waiting room clean and comfortable?
- Did you wait the appropriate amount of time in the treatment room?

STOLL: The jury is still out. In a lot of cases the patient has a limited choice. His or her employer may be directing them to a network of physicians. The savvy providers will use the results of the survey to demonstrate that they're doing a better job and then prevail upon employer groups or other groups of consumers to use that practice. But that may be a bit down the road.

HL: Many factors that influence patient satisfaction happen before the patient ever sees the physician. What can the physician leader do to make sure everything from beginning to end is seamless?



JOHN W. PHILLIPS
President
PivotHealth, LLC
Nashville, Tenn.

PHILLIPS: What physicians really want, of course, is a culture of a group that is moving toward making that patient better and having a good experience. And so everything that the patient touches should be a continuous quality improvement process. There are advantages in having the physician

take ownership. They may say to the desk clerk: "Let's make sure we get this right. I don't want people waiting out here because we booked three physicals back to back to back."

HL: How can a physician leader use patient satisfaction results to influence a fellow physician to do a better job?

COOPER: If you have a doctor who's falling short, it's about how do you counsel him. This is not punitive. We're trying to help that

"NOW THE CONCEPT IS MUCH MORE INVOLVED AND MORE VALID THAN THE OLD TELEPHONE SURVEYS OF RANDOMLY SELECTED PATIENTS."

physician. And they want to help themselves, too. For new physicians, some of them just don't know how to interact yet with patients—how to make that flow, how to sit down and just relax with the patients as opposed to standing there and being authoritative and talking to the patient. What we do is set them up with a veteran physician who has a high patient satisfaction and let them spend a couple of days together to see what that style of practice is.

HL: How do doctors react when they don't do well on the surveys?

COOPER: It depends on the doctor. Some doctors are very defensive and some accept feedback. When you tell a physician that he or she is on the bottom of the list, they hate that. They are very competitive. And so you say, you know, out of 160, you're 159, and here's what patients are telling us. And then you start to listen to them.

HL: Do you tie physician compensation to survey results?



Alan Stoll
Chief Administrative
Officer
Queens Long Island
Medical Group
New York

COOPER: It's a direct effect on their pockets—5 percent of the pay. And if they're

new physicians in the first two years, then the patient satisfaction is a part of what they have to do to become a shareholder. So it's critical to determine what patients think about the physician.

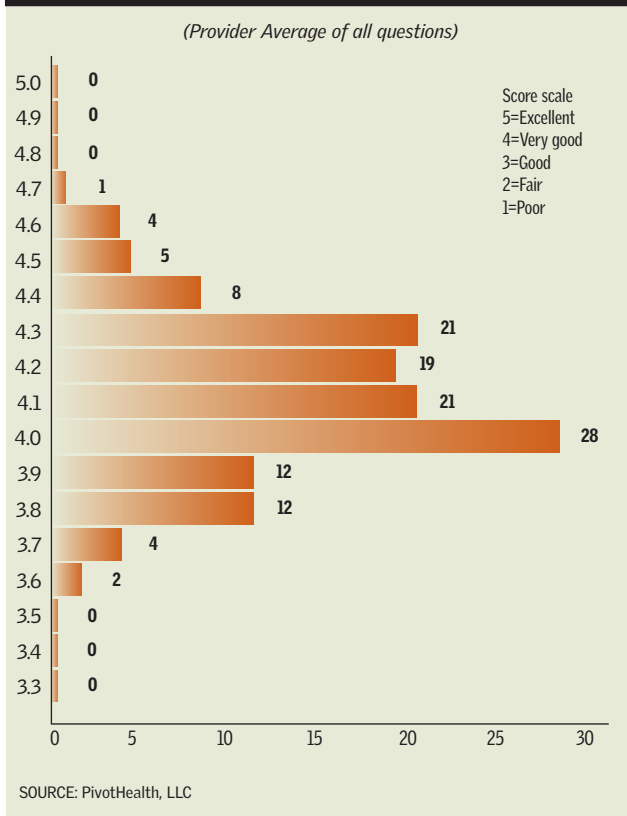
HL: Do these incentives have long-term applications?

STOLL: There may come a time when these kinds of reimbursement and compensations are not needed because physicians themselves could pick up on the culture of what it means to be a high-profile, high-performing kind of practice. You don't need to pay them to do that. It becomes inbred into the system. Once it's there and once that becomes the way that they operate, you may find that there's no need to really compensate that. ❏

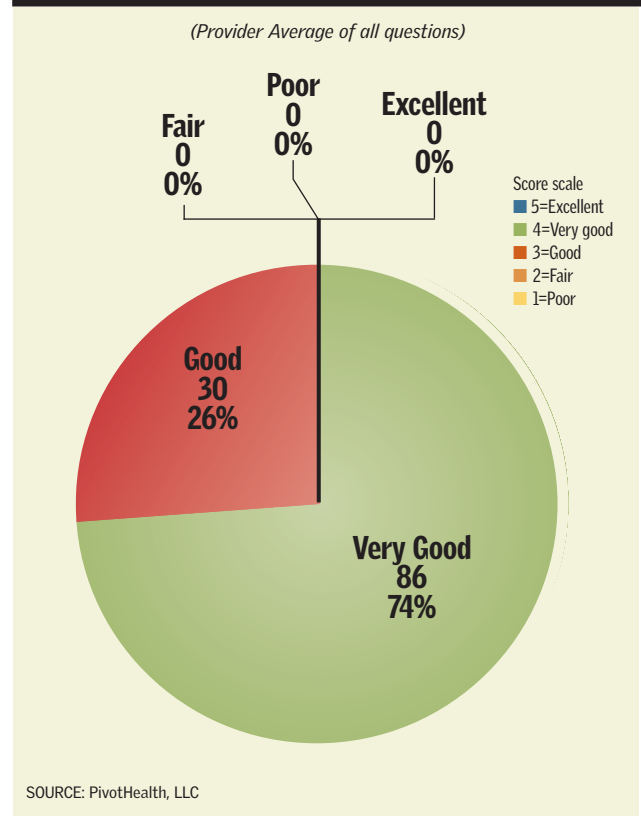
P4P=PAY FOR PARKING

Is the patient satisfaction score in trouble before patients ever get out of the car? Access to parking can be a significant dissatisfier. Consider valet parking at your facility if parking is an issue.

DISTRIBUTION OF PROVIDER SCORES



DISTRIBUTION OF PROVIDER SCORES



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5211 Maryland Way, Suite 2020A Brentwood, TN 37027
phone 615-373-8745

www.pivotealth.com