

Patient Satisfaction Goes Digital

Revenue up,
liability down



By Rob Mackenzie, MD, FACS, FACHE

- Our practice has always had a good reputation, but now patient visits and revenue growth have stalled.
- Rapport with our patients would improve if those laptops weren't in the way, or if our billing staff were less aggressive. But without "meaningful use" credits and scrapping for every single co-pay, our take-home pay would be even lower...
- ...and now our senior partner has just been hit with his second lawsuit.
- This isn't fun anymore. How can we better stay on top of issues like practice style and front-office interactions, before more patients leave us—or sue us?

For salaried and independent physicians in large or small groups, this picture is far too common. With the pace of practice faster than ever, reimbursement realities collide with best intentions. Problems that might have been caught sooner in a more relaxed environment easily snowball.

LIABILITY LINKED TO PATIENT SATISFACTION

Every physician who has attended a medical liability seminar knows

that most patients sue not so much because of the extent of injury, but because they feel the doctor simply didn't care. So physicians at highest risk for malpractice suits are often those with subpar patient satisfaction scores. But can those practitioners effectively change behavior and lower their risk?

Experience with other kinds of clinical improvement suggests that given timely data on their own performance compared to their peers, physicians can change behavior for the better. Oddly, the same competitive pressures responsible for today's hectic pace are also providing tools to significantly improve patient satisfaction in as little as six months.

One such tool is the electronic patient satisfaction survey with individual practitioner alerts:

Case Study

More than 150,000 patients from six private anesthesiology practices across the US were surveyed electronically on their experiences using a commercially available 19-question instrument. This survey incorporated elements recommended by the specialty's Committee on Performance and Outcome Measures. Automated contact via e-mail, followed if necessary by text messages and phone calls with interactive



voice response, yielded a 25 percent response rate. Responses were received four days on average from receipt of contact information. Results and comments were continuously made available through portals accessible at the organization, division, and practitioner levels. Patients were given opportunities to provide additional feedback directly to the practice. Low scores (Likert 1 or 2) generated immediate alerts to both administrators and physicians.

Within six months, the 1,127 anesthesiologists in the six practices had improved patient satisfaction scores by two deciles, from the 47th to the 67th percentile:



More impressively, practitioners from the lowest decile—those most at risk for liability suits—raised their patient satisfaction scores from the 3rd to the 40th percentile over the same six-month time frame. Most of that improvement occurred during the first two months:



DIGITAL BEATS PAPER

Anyone not on a desert island knows that automated electronic survey tools are nothing special in the business world, but they are the new kid on the block in a U.S. healthcare system still burdened with paper. Traditional paper-based surveys—usually sent by hospitals to just a subset of patients for cost and processing reasons—can take months from patient mailing to final report. They often yield feedback from less than 5 percent of the patient population, can be subject to transcriber error, typically do not provide timely or statistically reliable

data at the individual practitioner level, and have been prohibitively expensive for many physician practices.

Moving at the speed of business, electronic patient satisfaction surveys can now be sent to every patient for a fraction of the cost of paper surveys. They can provide results within 2.5 to 4.5 days with response rates as high as 50 percent of patients seen, and offer timely individual provider electronic feedback and alerts. Such survey tools offer patients a quick way to express concerns to the practice while their memories are fresh, so that timely apologies and corrective action can be made by the practice itself—not the legal system.

AN ALPHABET SOUP OF REIMBURSEMENT OPPORTUNITIES

The advantage of electronic patient surveys with alerts goes far beyond reducing medical liability exposure. A dizzying array of evolving acronyms—CAHPS, HCAHPS, PQRS, QCDR, and now MIPS—describes the quality improvement measures, including patient satisfaction, which will increasingly set future physician reimbursement from both governmental and private payers. The use of sophisticated measurement and accountability tools is fast becoming the mark of successful physician groups and hospital competitors in today's medical marketplace.

IMPLEMENTATION EXAMPLE

Arizona Digestive Health, a group of 50 providers across 30 locations, now places its practitioners' satisfaction scores front and center on Web-site bios alongside their education, specialties, board certifications, and hospital affiliations.

Ian Rogers, Director of Marketing and Patient Relations for the group through early 2015, explained it this way.


We strive to be at the forefront of technology, and appreciate that surveys are sent via e-mail, text message, and automated phone system. At intake, we gather patient e-mail addresses and phone

numbers, and note which are cell phone numbers. As a result of meaningful use, we've become very good at standardizing and updating our intake forms across the organization. Through these updates we are able to gather essential patient information, which has certainly helped collect more patient satisfaction data....

I like the Contact Me feature of the [survey's] solution. The office managers are the first line of defense in contacting patients who may need to share further concerns about their experience, but I see the alerts too, and can stay on top of what's going on in all of our locations. We take that feedback to heart and appreciate the information that patients are willing to share.

To be sure, some of the fixes identified by patients through the survey had nothing to do with grumpy docs:

"We added trash cans and coat hangers in the waiting areas," finished Rogers. "It was a simple change, but small things can really add up in terms of patient satisfaction."

Ultimately, improving satisfaction with digital surveys and other tools is simply doing the right thing by our patients. But reducing liability exposure, improving reimbursement, and gaining competitive position can help to make the practice of medicine fun again. 



Dr. Rob Mackenzie, President of Mackenzie Consultants LLC, served on the staff of Cayuga Medical Center, Ithaca, New York, as general and vascular surgeon, VP Medical Affairs, and President/

CEO. His company provides strategic advice to SurveyVitals (www.surveyvitals.com), a provider of a suite of electronic survey solutions for medical practices and hospitals, which supplied the above case study and implementation example with the practices' permission.