Another Satisfied Customer

BY ROCHELLE NATALONI, CONTRIBUTING EDITOR

Section Editor:
Shareef Mahdavi
Pleasanton, California

Editorial Advisors:
Matt Jensen
Sioux Falls, South Dakota
James D. Dawes
Sarasota, Florida

For more online and interactive Premium Practice Today content, click the PPT tab at www.crstoday.com, powered by:
Another Satisfied Customer

Do you want to know what your practice is doing right and where it can improve? Ask your patients.

BY ROCHELLE NATALONI, CONTRIBUTING EDITOR

Do you regularly strive to delight your customers? Can you say that you have a legion of raving fans supporting your practice? These are the fine lines that distinguish great practices from the rest. A high level of customer satisfaction, while necessary, is no longer sufficient. Patients are bombarded with choices of how to spend their time and money, and what you offer is likely to stand among a crowded field of discretionary spending opportunities. Unless, that is, you have worked hard to move beyond customer satisfaction and are now achieving significant customer loyalty. This month’s sources come from both inside and outside ophthalmology. In this article, you will see that, in order to generate loyalty from delighted customers who become raving patients, you have to go beyond the numbers. You need to understand what drives consumers to recommend you to others without you even having to ask! Now, if you can answer yes to the first question in this month’s opening paragraph, please drop us a line so we can include you in a future issue of Premium Practice Today.

—Section Editor Shareef Mahdavi

Are your patients satisfied, somewhat satisfied, or—like the character in the Rolling Stones’ iconic hit—unable to attain satisfaction under any circumstances? Experts say that asking this question and systematically evaluating the responses are an effective revenue-stimulating strategy that is employed by the most successful enterprises in both the private and public sectors.

Feedback from patients is typically gathered to evaluate a practice’s strengths and weaknesses. Ironically, simply inviting patients’ feedback helps improve medical practices by creating in patients a sense of engagement that inspires their loyalty and word-of-mouth referrals. There are probably as many ways to solicit feedback from patients as there are ways to quantify their responses: one-on-one interviews, paper-and-pencil questionnaires, electronic surveys, focus groups, online patient reviews, etc.

*Premium Practice Today* interviewed ophthalmic surgeons, practice management consultants, and the developers of patient-satisfaction surveys, among others, in an effort to find out what works, what does not, and why. Among the many things we learned was that implementing strategies from the private sector can be a win-win situation for practitioners and patients.

GROWING AND MAINTAINING THE PREMIUM LENS PRACTICE

Paul Singh, MD, of The Eye Centers of Racine and Kenosha in Wisconsin says that satisfying patients is crucial to growing and maintaining a healthy premium lens practice. The Eye Centers of Racine and Kenosha have a healthy premium IOL conversion rate, with approximately 40% of their cataract surgeries represented by multifocal, accommodating, or toric lenses.

“We have now instituted a patient questionnaire that is given to all our premium lens patients at their 1-month [postoperative] visit that asks them to rate their [preoperative, intraoperative, and postoperative] experiences,” Dr. Singh says. “We also ask them to rate the amount and quality of education they received, and we provide a blank space to allow patients to write, in their own words, what they felt was exceptional about their experience and what they felt we could have done better. This gives us first-hand insight into what patients value most.” In addition, the practice gathers information through a yearly survey that captures specific feedback on the office experience. These data are collected and evaluated by BSM consulting (Incline Village, NV; www.bsmconsulting.com), an independent service.

Dr. Singh says that, to remain healthy, a practice needs to have tools in place to identify problematic areas and the
necessary infrastructure to implement changes. “As technology, patient expectations, and health care laws change, practices need to adjust,” he explains. “We have a system of coordinators, reception, technician, optical, surgical—along with a patient-care coordinator—that monitors staff and patients’ satisfaction throughout the office. Those coordinators make recommendations to the office manager, who in turn communicates with the doctors directly.”

LEARNING FROM THE BUSINESS WORLD

Conducting your practice more like a business can be a good thing if the focus continues to be on patients' care and satisfaction, according to Dr. Singh. “We can learn a great deal from the business world in terms of increasing efficiency, decreasing overhead, and maximizing customer service,” he notes. “The business mindset is consistent with the practice of medicine: ‘the customer (patient) always comes first.’

We use national benchmarks to evaluate our financial and operational performance, and while we are trying to run our practice more efficiently, the relationship and focus in the exam room with the patient has not changed. Patients only feel ‘managed’ as opposed to ‘cared for’ if staff and doctors approach patients that way.” Dr. Singh maintains that, just like in the business world, excellent customer service that results in “happy and satisfied patients” is the basis for promoting growth and generating referrals.

Of course, the consensus is that it is better to have happy patients than to have disgruntled patients. Jon Picoult, however, does not think that measuring patients’ satisfaction is a worthwhile barometer. He is the founder and principal of Watermark Consulting (Simsbury, CT; www.watermarkconsult.net).

Mr. Picoult uses the terms customer and patient as well as business and practice interchangeably. “Customer loyalty is a far more powerful business driver than customer satisfaction,” he argues. “It describes a state where customers are not only deeply committed to sticking with your business; they actually even promote it to others. The resulting financial lift, driven by greater retention and more referrals, is extremely compelling. If your goal is customer satisfaction, then you’re aspiring to mediocrity. Satisfied customers defect all the time, because they don’t possess a strong allegiance to the business that they are patronizing. If a better offer comes their way, or they’re referred to another provider by a trusted source, they’re quite likely to try that alternative out and shift their business.”

According to Mr. Picoult, research shows that customers who said they were “completely satisfied” with a business were 40% more likely to be loyal than customers who said they were merely “satisfied.” “True loyalty arises not when you just satisfy customers but rather when you impress them by consistently nailing all of their basic expectations and delivering a few pleasant surprises along the way,” he says.

The pitfall for many organizations is relying exclusively on internal metrics to gauge their performance, according to Mr. Picoult. Physicians may think they are doing a great job of satisfying their patients, because all of their internal measures are pointing in the right direction. What they often fail to realize is that many of the things they are measuring internally may not be of any value to the patient. To avoid this scenario, Mr. Picoult says, health care providers should do two things.

“First, be sure your suite of internal metrics captures aspects of the patient experience that are truly important to your patient, such as resolution or effective treatment of underlying medical issues, accessibility of office staff and acceptable wait times,” he says. “Second, incorporate external measures of performance, such as post-treatment surveys and patient interviews, ideally using standard, widely benchmarked indicators of customer loyalty such as ‘likelihood to recommend’ questions.”

SURVEYS

Whether your practice’s goal is to satisfy patients or gain their loyalty, experts say inviting patients’ input goes a long way toward achieving both. The true value of patient-satisfaction questionnaires is in the qualitative—not the quantitative—results, according to Benjamin Ticho, MD, of The Eye Specialists Center in Chicagoland and Northwest
Indiana. “You can discuss things like satisfaction with wait times, workup durations, friendliness, and more, but hearing that your average is 7 out of 10 really means nothing. Finding out why one person rated [the practice] a 2 to decrease the average to 7 is what’s important,” he says. Similarly, the open-ended answers of those who rated their satisfaction level at 10 can be educational. “We have a lot to learn from these patients that will help us become the ophthalmologist of choice for people with similar demographics and psychographics,” Dr. Ticho explains.

Dr. Ticho and his partners gather the most relevant feedback from patients in the examination room. “It’s the simple questions the doctor asks at the conclusion of any eye examination or patient visit that make the greatest difference, such as ‘Do you understand the issue that we have been discussing and the treatment recommendation?’ followed by ‘Can I answer any other questions for you?’” Dr. Ticho emphasizes that these questions should be asked unhurriedly, while the doctor is still sitting and paying attention. “We earn our fees from the work that preceded these questions, but we earn trust, credibility, and loyalty in these moments, which ensures the future growth and success of our practice,” he says.

Dr. Ticho’s four-site practice gathers feedback in other ways as well. Each of the locations features a suggestion box from which the staff gathers open-ended feedback. The practice also occasionally administers surveys to patients that may be completed in the office or at home. “Our surveys are open ended as well, because we find the patient’s own words to be much more valuable than numeric evaluations,” he says. “We also regularly time different portions of patient encounters in order to identify time bottlenecks. Lastly, for quantitative evaluations, we review patient surveys from our largest insurance provider.”

### Three Steps to Winning Patients’ Loyalty

Watermark Consulting’s (Simsbury, CT; www.watermarkconsult.net) Jon Picoult maintains that the best way to ensure favorable word-of-mouth referrals and repeat business is to inspire patients’ loyalty. Here, he describes how to achieve this goal in three simple steps.

**No. 1. Make it effortless.** Research has shown that, the more effort a customer must expend doing business with a provider, the less likely the customer is to demonstrate loyalty to that provider. The easier you make it for patients to schedule appointments, speak to an office representative, comprehend their treatment programs, interpret their bills, etc., the more likely it is that they will reward you with loyalty and referrals.

**No. 2. Give the patient control.** It is human nature to desire control. A lack of power is disconcerting. Customers, however, cannot always be in control. Some products and services simply do not allow it. For example, a person cannot perform surgery on him- or herself. The next best thing is to give people the perception of control. Doing so will make most of them feel happier with their experience. For example, waiting in line for a predefined amount of time feels shorter than waiting for an unspecified amount of time. Give patients a sense of control by clearly articulating what they can expect of each visit and procedure in simple terms they can understand. When your patients know what to anticipate, they will feel more in control and will more positively view their interactions with your practice.

**No. 3. Get inside the patient’s head.** Customers are often bad at articulating what is important or valuable to them. The best insights into how to exceed customers’ expectations do not come from written surveys or antiseptic focus groups; they come from in-depth interviews and observation of actual patients. In those moments, a skilled researcher can tease out information about patients’ hopes, fears, wants, and desires. That kind of insight is invaluable for shaping interactions that not only satisfy patients on a rational level but also appeal to their emotional needs.
word-of-mouth advertising that contributes to reduced costs for acquiring new patients as well as a long-term revenue stream for the practice," he says. "When patient loyalty is increased as little as 5%, profits can be increased as much as 25% to 85%. The more positive the experience [is], the more worth or value the patient will feel the service has."

Among other things, the Engagement Communications technology is designed to allow medical practices to use customized patient-satisfaction surveys to keep tabs on patients’ overall experience. "The focus is not one-directional patient contact but two-way engagement that allows practices to continually communicate and receive feedback from patients and then be able to address that feedback to drive action plans," explains Mr. Zimmerman. "Some would argue that these advancements make the patient experience impersonal. It’s really quite the opposite. These technologies actually allow medical practices to interact more frequently with their patients and increase the likelihood of a positive patient experience."

Another innovative way to invite and quickly measure feedback is with Survey on the Spot, a mobile electronic survey application that generates real-time feedback from patients. The iPad-based application can be set up in a freestanding kiosk or handed to patients so they can take the survey before they leave the facility. The survey has been put to work effectively in Signature Healthcare Brockton Hospital’s Transitional Care Unit in Brockton, Massachusetts. "Our previous paper-based system was time consuming, inefficient, and costly," says Mike Baldassarre, administrator for the Transitional Care Unit. "We did not receive enough valuable feedback, and responses would come in 2 to 3 weeks later. Survey on the Spot eliminates the pitfalls of using a paper-based system. It provides me with instant feedback. If a patient gives the unit a poor response [to] any of the questions, both the nurse manager and I receive an instant e-mail informing us of the response so that we can circle back and rectify the negative perception." In the first and second months of usage, his facility had a 52% and 56% response rate, respectively.

Practices can review reports daily, weekly, or monthly, according to Survey on the Spot’s CEO, Geoff Palmer. "Based on the specific needs of the practice, they may change questions periodically," he explains. "This easily allows practice managers to add or delete questions to improve the effectiveness of the survey."

Mr. Baldassarre points out that there is a benefit in terms of price to using Survey on the Spot. The overall investment is the cost of an iPad and a $60 monthly fee to Survey on the Spot. The real advantage, however, is timeliness. "With Press Ganey surveys (www.pressganey.com/index.aspx), which hospitals typically use, it can take anywhere from 2 to 3 weeks after discharge to get the information," he says. "It’s much too late at that point to do any service recovery. What I love about Survey on the Spot is the immediate feedback my staff and I receive regarding the patient’s stay, which gives us the opportunity to address the problem right away."

CONCLUSION
Patients’ engagement, ongoing dialogue, and real-time feedback are much more than catch phrases. They are the seeds that sow satisfaction and loyalty in patients who are thirsty for a drop of recognition from their time-crunch physicians. As Dr. Ticho says, "We can be great clinicians with excellent patient outcomes, but if we do not get involved intimately in keeping our patients satisfied so that they will remain lifelong patients, bringing family members and friends who will become lifelong patients, then another business—another practice—will be happy to do this."

Mike Baldassarre may be reached at (508) 641-2460; mbaldassarre@signature-healthcare.org.
Geoff Palmer may be reached at (617) 744-9892; geoff@surveyonthespot.com.
Jon Picoult may be reached at (860) 658-4381; jp@watermarkconsult.net.
Paul Singh, MD, may be reached at (262) 637-0500; ipsingh@amazingeye.com.
Benjamin Ticho, MD, may be reached at (708) 423-4070; bticho@mac.com.
Scott Zimmerman may be reached at (251) 706-4198; scottz@televox.com.