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A CLEAR & PRESENT MEASURE

How to prepare your group for payers' patient surveys — and get the results you want.

TAKE OWNERSHIP OF PATIENT SATISFACTION

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The recent "patient empowerment" movement initiated by insurers and the federal government has largely focused on physicians. First, there was physician pricing transparency. Despite some well-meaning attempts, the arcane CPT* and ICD-9** (soon to be ICD-10) coding systems have rendered this effort useless for consumers.

Next, on the heels of pricing transparency, came physician quality transparency. Unfortunately, the terms "quality" and "over utilization" often conflict unnecessarily in such programs. For example, what policy-makers call overutilization of inexpensive, noninvasive diagnostic imaging causes lower physician ratings, even though such testing saves the healthcare system countless lives and millions of dollars. Smart patient care can be penalized due to ever-changing technology.

Insurer-commissioned surveys may affect physicians' reimbursement

Now patient satisfaction transparency looms on the horizon. Several national insurers provide your patients' names and addresses to independent survey companies, such as Consumer's Checkbook, that may ask your patients unscientific or leading questions after an office visit. Insurers will post those results on their Web sites and may use them to calculate your providers' reimbursement.

Unfortunately, these surveys have inherent flaws: [1]

- They rely on self-reported data;
- Responders may intentionally provide deceptive information;
- Responders may have poor memories;
- Responders may misunderstand poorly designed questions;

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- Results are descriptive, not explanatory; and
- Results can't offer insights into cause-and-effect relationships.

In addition:

- The results may contain central tendency bias (patients avoid extreme scores);
- They contain acquiescence bias (patients agree with statements as presented); and
- Questions are anecdotal or impossible to answer in a statistically valid manner.

This article describes how to prepare your practice for these patient surveys so you can obtain the best results for your group.

Use key performance indicators to maintain satisfied patients

First, understand that your practice's patients are probably already satisfied. A 2006 study by Press-Ganey Associates Inc. examined the experiences of more than 4.6 million patients at 6,163 physician offices and more than 2,500 outpatient facilities nationwide. It found that patient satisfaction in physician offices has risen to an all-time high of 88.9 percent.[2] However, practices can always improve.

Research has shown that good communication by clinicians generates trust in patients, patient satisfaction and, ultimately, long-term loyalty. To improve communication with patients and gain their loyalty, start with key performance indicators (KPIs). KPIs define, reflect and measure progress toward organizational goals.[3] What are your group's objectives? To practice leading-edge medicine? Provide access for all? Constantly add new patients? Leaders specify a group's key drivers.

Knowing your KPIs helps pinpoint patient dissatisfaction. Some unhappiness arises because patients' expectations of service don't fit with the key goals of the organization. Focusing on KPIs will align patients and practice and improve patient loyalty — and show in satisfaction scores. Put the proverbial horse (practice goals/KPI) before the cart (any patient satisfaction survey) and the KPIs will pull the survey results along.

Table 1: Sample practice-operations KPIs

KPI	Negative	Positive	Memorable
Operations – Abandoned calls	>3%	1% - 3%	>1%
Scheduling – New-patient appointments	>2 weeks	>2 weeks	>2 weeks
Clinical – Follow-up on test results	>72 hours	48-72 hours	<48 hours

"Moments of truth" matrix shows how you meet KPIs

Susan Keane Baker, a practice management consultant, suggests developing a "moments of truth" matrix that defines when and how your practice meets its KPIs — an indicator of patient satisfaction.[4] Start by defining "negative," "positive" and "memorable" experiences for the patient — moments of truth. Table 1 shows possible moments of truth in practice operations.

Moments of truth and KPIs also merge in the critical communications arena. You can often trace patients' dissatisfaction to inadequate discovery of their needs.[5] Fulfilling their needs through communication engenders trust, and trust leads to loyalty. Communication KPIs might include:

- Ensuring that staff describe next steps to patients all along the care route.

KPI – Design a form to track this accomplishment

- Regular follow-up after appointments.

KPI – Have a nurse or physician call patients within 48 hours for specified conditions

- Communicate consistently with patients

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- Search for "patient satisfaction"
- Store: Item 7022 for the book *Data Sanity: A Quantum Leap to Unprecedented Results*; 6635 for the book *Star-Studded Service – 6 Steps to Winning Patient Satisfaction*; 7063 for MGMA's *Performance and Practices of Successful Medical Groups: 2008 Report Based on 2007 Data*; 6593 for the Patient Satisfaction Smart Pack; 3472 for the Information Exchange "Patient Satisfaction Questionnaires"

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Table 2: Sample care-process KPIs

KPI	Negative	Positive	Memorable
Referral accuracy	<95%	95 - 99%	100%
Precertification	<95%	95 - 99%	100%
Follow-up calls to patients who meet X criteria	<95% within 48 hours	95 - 99% within 48 hours	100% within 48 hours
Waiting room time	>15 minutes	13 minutes	5 minutes
Mailing forms	<95% of the time	95 - 99% 1 wk prior	100% 2 wks prior to visit
Lifestyle history in chart	<95% of patients	90 - 99% of patients	100% of patients

KPI – Create a database of answers to frequently asked questions for employees. This instills patient and staff confidence, enhances consistent communication and saves time.[6]

Many experts agree that people can learn to be empathetic and sympathetic.[7] Responding sympathetically to someone's complaints generates goodwill. To communicate sympathetically, use "we" statements. Words such as "we," "us," "let's" and "together" convey collaboration and teamwork. "I wish" statements convey concern and empathy. Sheila Brune, RN, director of the Living History Program at Great River Medical Center, West Burlington, Iowa, suggests that physicians and staff can build patient loyalty further by making connections with patients, such as, "I know your daughter." They can express compassion: "You have been through a lot in your life." They can comment on a patient's history, hobby or other personal aspect to establish rapport: "I see you like woodworking. What do you like to make?" Staff can add such personal information in the chart where it can be viewed before an appointment.

Table 2 shows examples of measurable KPIs related to the care process.

Regarding patient loyalty and the care process — as far back as the mid-1970s, provider continuity was identified as one of four main dimensions of patient satisfaction, along with doctor conduct (humanness and quality), availability of services and access mechanisms (cost, payment mechanisms and ease of emergency care).[8] To establish KPIs for this part of the care process, track the types of services for which a patient sees his or her regular physician (Table 3).

Be sure to review the reasons for all chart transfers out of the office for moment-of-truth failures.

Table 3: Sample continuity-of-care KPIs

Community KPI	Negative	Positive	Memorable
Health maintenance visits	<80% sees regular provider	80% - 95% sees regular provider	>95% sees regular provider
Chronic illness visits	<90%	90%-95%	>95%
Acute illness visits	<25%	25% - 75%	>75%

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Financial moments of truth

Financial issues also affect patient loyalty. How can you keep patients from ventilating on surveys about overpriced care? Research indicates that patients want to discuss cost of care and expect and prefer that *their physicians* initiate the conversation.[9] Table 4 displays sample financial moment-of-Truth/KPI items.

Likewise, ensure that your billing statement includes detailed insurance and payment information, a map directing patients to the billing office, the Web address, hours of operation, and local and toll-free contact numbers.

The goal here is simple: no surprises for the patient before the visit and no headaches after the visit.

Finally, implement small rolling KPI questionnaires when patients check out. Ask, for example, "How much time did you expect to spend for this visit?" "Did our staff meet your expectations for efficiency and courtesy?"

Also send surveys to referring physicians to learn trends.

Table 4: Sample financial KPIs

Financial KPIs	Negative	Positive	Memorable
Communicate copay and deductible information before visit	<90%	91-99%	100%
Communicate payment	<80%	81-99%	100%

Transform services according to your KPIs

In summary,

- Revise your services based on assessment of your practice's KPIs. Those KPIs should focus on communication, the care process, provider continuity and financial transparency for starters. KPIs under each heading should have quantifiable moments of truth.
- Subsequently modify services based on survey results that support your KPIs. (Cart after the horse, not before.)
- Routinely review the data and assess which KPIs and survey questions do not reflect an impact on patient loyalty — focus efforts elsewhere.
- Demand that your payers not release patient information to third parties unless they work with you in developing satisfaction surveys. Consider legal action if posted survey results reflect badly on your practice or reduce your reimbursement rates.

Remember, don't try to predict or adapt to every patient satisfaction survey that comes down the pike. Don't worry about results that don't fit your KPIs. If you take the approach suggested here, your KPIs will reflect your group's core values. Monitoring them will increase patient loyalty, regardless of what others' polls say about satisfaction.

join the discussion: How does your organization measure patient satisfaction?
Tell us at connexion@mgma.com

* current procedural terminology
** International Classification of Diseases, 9th revision

notes

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