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Listen Up!

Dialogue trumps monologue
in the premium practice game.

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Needing to “close the loop” is an everyday phrase in business interactions. Obtaining—and acting upon—feedback is the subject of this month’s Premium Practice Today. Our interview with business consultant George Taylor should help you understand that using surveys of patients is important but often falls short of the real objective, which is to make changes to your business!

What is at stake? Just about everything that has to do with improving your practice. Without real feedback from patients and staff, it is a guessing game as to what changes should be made to create a better experience for your patients. The ability to act quickly on feedback (meaning minutes and hours, not days and weeks) creates a competitive advantage for your practice, because you are in the position to resolve an issue that otherwise might have gone unnoticed by you, yet was memorable (in a negative way) for your customer.

—Section Editor Shareef Mahdavi

Practice development professionals across all medical specialties and demographics have historically recommended soliciting—and acting on—feedback from patients and staff. Although this advice is universally accepted, customer relations professionals such as George Taylor suggest that the dialogue that emerges from this dynamic is even more valuable in settings like premium IOL practices, where out-of-pocket payment is critical to fiscal solvency.

As the president of the San Antonio-based consulting company Beyond Feedback (www.beyondfeedback.net), Mr. Taylor helps medical practices gain insight into their patients’ experiences by going beyond approaches that employ traditional surveys to provide recommendations and action plans that improve practices’ retention and referral rates. He points out that it is not uncommon for medical practices and other businesses to make a cursory attempt at collecting clients’ feedback via both formal and casual means. Acting on the information is an entirely different story.

“Studies regarding actions taken [based] on customer feedback across a variety of industries typically come back with similar results,” says Mr. Taylor. “The

vast majority of enterprises collect some kind of feedback from customers, but only a handful take meaningful action with it and make improvements in their business based on it. As a matter of fact, according to one study, 95% of all businesses collected some form of customer feedback, but only 10% actually acted on the feedback they collected, and only 5% communicated back to their constituents what they were doing with the feedback.¹ Another study found that only 3% of large firms can be categorized as ‘customer-centric organizations.’”²

According to Mr. Taylor, companies that take action consistently produce superior financial results. Thus, there is a significant advantage to be gained by simply acting on feedback received from your patients. What is not so simple, he acknowledges, is knowing how to cut through the formal data and/or casual comments to use the information optimally.

USING FEEDBACK

Mr. Taylor employs several strategies to help practices use feedback to achieve improvements. First, he suggests, “Invite open-ended verbatim comments from patients.” Hearing directly from patients, in their

own words, is one of the most insightful ways to learn specifically what needs to be fixed within an organization, yet far too many practices miss this opportunity because of how they structure patient-satisfaction surveys, he says.

“In your surveys, you certainly want some quantifiable, hard data like what you get with many of the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey questions (📍 www.cahps.ahrq.gov; see *Standardized*

THREE STEPS TO ACTION

You understand the importance of gathering patients' feedback and have distributed a survey to patients. The easy part is done. Now what? George Taylor, president of Beyond Feedback, says that the first step to acting on patient-satisfaction data is to set your priorities. Here are three quick steps he suggests to get your team started.

No. 1. Schedule time with your staff

It is not enough simply to pass reports around or to assume everyone is interpreting results the same way. Schedule time twice a year when the exclusive purpose is to talk about patients' satisfaction as a team. The emphasis of this meeting is not on the scores themselves but rather on your vision for your practice and actions that need to be taken to make improvements. The results of surveys of patients' satisfaction substantiate and quantify areas of opportunity. When you set up this meeting, invite your full staff. They all have unique insights about how and where to improve, and their support of any changes will be critical when it comes to implementing improvements.

No. 2. Map your practice's operations to your patients' point of view

Identify broad areas of experience that your patients have with your office in the sequence of how they experience them. A typical starting list would include scheduling an appointment, checking in with the receptionist, waiting in the lobby, being called back by the nurse, having vitals checked, waiting in the examination room, interacting with the physician, checking out, scheduling a follow-up visit, and the processing of payment. You can customize this generic list to your practice and specialty, but it is important that you “walk through” each of the steps while looking through the patient's eyes. Lay out these experiences on a large whiteboard or flip chart so everyone can see them. Have your staff rate their performance in each

of these areas. This will be insightful in terms of how your team thinks they perform today and will provide valuable team discussion in your planning process.

No. 3. Align your actual patient-satisfaction scores to the areas they fit

Depending on how you structured your survey, you may have scores for many of these experiences. You will want to write the score for each area on your board next to the staff's scores. If you use the Consumer Assessment of Healthcare Providers and Systems survey, you will have more general attitudinal items, including showing respect for patients, listening carefully, or explaining things clearly. If you have these more general scores, you will want to align them with the various areas where they could manifest themselves. For example, listening carefully would show up as an element of scheduling an appointment, interacting with the physician, and checking out. Write this score next to each of these areas.

Once you have these experiences mapped and have your staff's and patients' perspectives on how the practice performs, you can assess where the largest gaps exist. For instance, where do your staff's and patients' views vary the most? In which areas do your staff members score themselves the highest and the lowest? What do patients score the highest and lowest?

Armed with these insights, you are ready to facilitate a discussion with your team. Direct the dialogue by probing why your staff members scored themselves the way they did. Focus on the gaps and ask why they think the gaps exist. Follow up with a discussion about actions that can be implemented for improvement. Ultimately, by engaging the team in this dialogue, they will understand which improvements are critical, and they will be committed to and feel ownership of the successful implementation of these improvements.

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—George Taylor

Measurement),” he says. “However, you should also include a few simple, open-ended questions to gain deeper insight.” For instance: What one thing should the practice improve in the next 12 months? “This question forces respondents to prioritize the elements of their experiences according to which they place the highest value [on],” he says. Another key question is: Do you have any unresolved problems with our practice that we need to address? “This allows you to identify the types of problems that tend to go unresolved and simmer beneath the surface,” he explains. “It also gives you a chance to remedy the situation then and there.” Another powerful question is: Is there anyone on our staff who should be recognized for consistently providing outstanding service to you? “This enables your patients to provide positive reinforcement to the members of your staff, and it can help you understand who performs well even when no one is watching,” he says. “It’s a great way to build positive morale within your practice.”

Mr. Taylor recommends taking immediate action in as close to “real time” as possible. “This is a powerful technique that will transform the culture of your practice,” he says. “Acting on feedback in a direct and specific way as it is received helps your staff recognize the importance of patients’ satisfaction on a daily operational basis and builds stronger relationships with your patients, who in turn go on to tell others about what you’ve done.”

TAKING ACTION

Mr. Taylor suggests using responses to open-ended survey questions to create immediate action alerts. “As soon as feedback from a patient with an unre-

STANDARDIZED MEASUREMENT

Listening to patients can ultimately help health care professionals prioritize service initiatives, recognize outstanding staff members, and increase referrals. The Clinician and Group CAHPS survey is a standardized tool to measure patients’ perceptions of care provided by a physician in an office setting. CAHPS stands for Consumer Assessment of Healthcare Providers and Systems and is a family of surveys that includes tools for different types of facility care (eg, HCAHPS or Hospital CAHPS, NHCAHPS or Nursing Home CAHPS) and ambulatory settings (eg, CGCAHPS). The tools are developed by the Agency for Healthcare Research and Quality and are used to understand patients’ perceptions of the quality of their health care.

Items within the CGCAHPS survey instruments can be used to create measures of patients’ perceptions of care, including getting appointments and accessing health care when needed, how well doctors communicate, the courtesy and helpfulness of office staff, and the overall rating of the doctor. There are state and regional initiatives that use variations of the publicly available CGCAHPS instrument. There are currently no plans for national implementation, but the Centers for Medicare & Medicaid Services has already implemented the CAHPS program in hospitals and home health agencies as part of its strategy to drive quality reporting.

Health care reform legislation passed by Congress prompted the creation of the Physician Compare website (www.cms.gov/physician-compare-initiative) launched in January 2011. Physician Compare will include clinical measures already collected through the Physician Quality Reporting Initiative. The legislation also requires that patients’ ratings be considered for inclusion on the website shortly after its initial launch. The bill includes a quality reporting provision that will tie nonparticipation to a loss of reimbursement. In all likelihood, a CGCAHPS instrument will eventually become a required measurement for full reimbursement.

— Source: Press Ganey

(www.pressganey.com/researchResources.aspx)

“Picking the collective brain of your staff is as crucial as gathering feedback from patients, according to Matt Jensen, whose expertise lies in enhancing the customer’s experience through marketing and business engagement.”

solved issue is received, someone from the practice, the surgeon, administrator, or practice manager, should reach out to that patient, either via phone or in person, and do what it takes to resolve the problem, [while] maintaining empathy throughout the encounter,” says Mr. Taylor. “The patient will be surprised by this proactive approach, and your staff will recognize that it is not acceptable to leave issues lingering with patients. Second, as soon as you receive a patient’s recognition for one of your staff, make it a point to send [the staff member] a note or talk to [him or her] about the positive feedback. Some practices make this [a] part of a monthly staff meeting where they publicly recognize those employees that garner positive feedback and read the patient’s comments verbatim in front of the group. Not only does this positively reinforce the behavior of the staff member, it also helps establish expectations and a model to follow for the rest of your staff.”

Collecting patients’ feedback for the sake of collecting it is useless, he emphasizes. “If you’re going to collect feedback, take action on it,” Mr. Taylor says. “Let it be the catalyst that helps guide you and your staff to deliver the highest quality of health care available. Build processes within your practice to take action on it—actions that are broad and systemic-like [procedural] improvements as well as actions that are immediate and tactical like recognizing employees based on patients’ comments.”

STAFF’S OBSERVATIONS

Picking the collective brain of your staff is as crucial as gathering feedback from patients, according to Matt Jensen, whose expertise lies in enhancing the customer’s experience through marketing and business engagement. Mr. Jensen, who heads Matt Jensen

BONUS CONTENT AND RESOURCES

For an excellent example of how Apple, Inc., listens to customers and the benefits it has reaped from doing so, read this: www.forbes.com/sites/stevedenning/2011/08/26/another-myth-bites-the-dust-how-apple-listens-to-its-customers.

What is Net Promoter? Net Promoter is both a loyalty metric and a discipline for using customers’ feedback to fuel profitable growth in your business. The Net Promoter Score or NPS is a straightforward metric that holds companies and employees accountable for how they treat customers. It has gained popularity thanks to its simplicity and its linkage to profitable growth. Employees at all levels of the organization understand it, opening the door to customer-centric change and improved performance. Visit the website here: www.netpromoter.com/np/calculate.jsp.

Check out audio and video podcasts to hear directly from the Consumer Assessment of Healthcare Providers and Systems team, survey users, and experts in the field. Podcasts cover a range of topics and include a series on quality improvement as well as a series on consumer reporting (produced in partnership with the Agency for Healthcare Research and Quality’s TalkingQuality project). Access at: www.cahps.ahrq.gov/Home/News%20and%20Events/Podcasts.aspx#59C559FF-3AA8-4D75-94CF-1BA2076BDB65.

Marketing (www.mattjensenmarketing.com) and who is also the executive director of Vance Thompson Vision in Sioux Falls, South Dakota (www.vancethompsonvision.com), says that opportunities for discourse between the practice’s staff and leadership, both confidentially and transparently, ultimately benefit patients and staff alike. “It’s always helpful if the leadership of an organization provides opportunities to the staff for sharing their thoughts and insights about what happens on a daily basis or what they think could be done better at the practice,” he says. “This is because [staff members] tend to have a keen eye for things that should be going better in their environment. Nothing can substitute for that perspective. Naturally, systems have to be set up to efficiently and consistently gather this information for leadership to make the most of it.”

ENHANCED PEARLS

Look for the pearl icons in every edition of *Premium Practice Today* that indicate interactive or multimedia elements.

 Audio  Video  Website



Beyond Feedback

(www.beyondfeedback.com)

Clinician and Group Consumer Assessment of Healthcare Providers and Systems survey questions

(www.cahps.ahrq.gov)

Matt Jensen Marketing

(www.mattjensenmarketing.com)

Vance Thompson Vision

(www.vancethompsonvision.com)

Physician Compare website

(www.cms.gov/physician-compare-initiative)

A casual way that this information can be shared, Mr. Jensen says, is through a series of informal onsite meetings, where the practice's leaders essentially ask staff members to open up regarding their thoughts about daily interactions with patients. "In sessions like this, there is no agenda except shower us with your feedback," he says. "I think it's also a good idea to set up [times to have] private conversations with staff members so they have the opportunity to share their thoughts on what they think they could be going better."

Mr. Jensen uses Vance Thompson Vision for an example. Its physicians gather with staff members a few times per year, and together, they address a handful of specific questions. "Two of those questions are, what are you underappreciated for, and what are some things that you are noticing about your role that have changed for which you are not given credit?" he notes. "Even just based on the way that these questions are asked, staff members have an opportunity to understand that we're really thinking about them and on their behalf."

Gathering patients' feedback is a bit trickier than

obtaining information from staff simply because of accessibility, he points out. "All of our patients aren't with us every day like our staff members are; however, we want to give [patients] the same opportunity [to provide feedback]," Mr. Jensen says. "Social media now plays a role in that, because patients publicly share their thoughts and feelings. Mostly, their observations are positive, but sometimes, they are not, and this provides an opportunity for service recovery."

One systematic way that Vance Thompson Vision keeps the patient in the loop and gathers feedback along the way is a mandatory 3-month postoperative visit whether or not the patient is being comanaged with another eye care provider. "We want to make sure that we have an opportunity to see patients [again] and to help shape how they feel they are doing," Mr. Jensen says. "[Patients] might be out there thinking that they're not doing great, but when they visit us and we remind them of the intended outcome or we schedule a procedure to fine-tune their outcome, they tend to find that they are right on track with what they were initially told to expect."

CONCLUSION

As innovation takes place, Mr. Jensen says, ophthalmic surgery professionals find that they are providing services in categories that they did not imagine themselves being involved in 5 years ago. "Because of this, the staff or team is the most integral part of the practice or business, because if you have good distribution—and in this case, the team is the distribution channel—and a good product, then you can succeed," Mr. Jensen explains. "A good product's going through a bad distribution channel won't succeed." Whether it is the provision of premium IOL surgery or the types of goods and services that are provided by customer service leaders like Apple, Inc. ( www.apple.com), he says, "If you have good team training, support, and feedback, then you can implement anything through the practice or business, because the distribution model has been perfected." ■

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1. Kolsy E, Moaz M. Using customer surveys to improve business processes. February 7, 2003. Strategic Planning Research Note SPA-19-1128. Gartner Group; Stamford, CT.

2. Temkin B. Temkin Group Insight Report. June 2010. The Temkin Group.