MANAGING YOUR DERMATOLOGY PRACTICE

Measuring Patient Satisfaction

Every profession and industry has paid close attention to customer satisfaction for decades—every one, that is, except medicine. Though physicians have always been deeply concerned with the quality of their care, they have seldom if ever sought input on their performance from patients themselves.

BY JOSEPH S. EASTERN, M.D.

The traditional feeling among doctors—that as long as our skills are top-notch, how our patients feel about their care is irrelevant—is obsolete; patients' opinions *do* matter. Your patients can help you identify ways of improving your practice, which can lead to better care. Furthermore, soliciting your patients' opinions shows them something you already know: that you're interested in quality and want them to be happy.

Feedback can be solicited in a variety of ways: phone surveys, written surveys, focus groups, or personal interviews. Most practices will want to use written surveys, which tend to be the most cost effective and reliable approach.

To take a written survey, you can create a questionnaire from scratch or use a product that's already been developed by an outside vendor. Most experts recommend the latter, unless you have a very specialized practice and very specific questions to ask, because the time and effort involved in assembling your own questionnaire is simply prohibitive. Even with the best of intentions, you'll probably never get around to it. Besides, a vendor's questionnaire will have been tested and validated by prior use.

Commercial questionnaires abound. A new service called DrScore (www.DrScore.com) is particularly innovative and allows you to survey as many patients as you wish online with minimal hassle and cost. Survey reports are sent to the practice once a month (or once a quarter, depending on volume of patients surveyed) and include mean scores for the physician, the office practice and the staff, each with a comparison against benchmark data on U.S. physicians and physicians in your specialty. (As always, I have no financial interest in any enterprise I discuss in this column.)

Whether you buy a questionnaire or write it yourself, keep the questions as simple as possible, and concentrate on what the experts call the top three issues: quality (are your patients satisfied with their care?), access (is it easy to obtain a referral and make an appointment?), and interpersonal issues (are physicians and staff caring and compassionate?).

Most questions should be answered using a scale, so that your responses can be quantified. Whether your scale ranges from 1 to 10, 1 to 5 (the most popular), 1 to 4 (which I favor because it forces a "sided" response), or something else, be sure to use the same one for all questions. If you use a 4-point scale on some questions and a 5-point scale on others, you won't be able to compare the results.

Then include two or three open-ended questions: "What do you like best about our practice?" or "What are we doing especially well?" and "What can we do to improve?" And then the key question: "Overall, how satisfied are you with your physician?"

Though verbatim comments aren't easy to tabulate, they will help you understand what is behind a score of 4.2 out of 5. And it's important to know, in your patients' own words, what they are saying to their friends and colleagues about you.

You should also collect some demographic information, so you can identify how certain groups of patients responded to particular questions. If younger patients like you better than older ones, for example, you should know that and try to discover why that is so. It's also useful to ask each patient to name his or her health plan; satisfaction scores may vary from plan to plan.

Patients are more likely to answer survey questions honestly if they believe their identity is protected, so make every effort to keep the entire survey process anonymous. But in cases where patients want to provide their names so they can ask to have a staff member contact them about their comments or concerns, by all means give them that option.

Don't expect everyone to respond; 30%-35% is a typical response rate. And while an adequate response rate is important, the *number* of responses you receive is a higher priority. If your response is 40% but you've surveyed only 100 patients, you won't have enough data to draw meaningful conclusions. The more responses you can get, the more valid and reliable your results are likely to be. Experts disagree on the minimum necessary, but most say your sampling should exceed 250 to achieve an acceptable margin of error.

The primary challenge emerges when completed surveys are returned. Few practices have the time or resources to properly analyze survey data. Consider outsourcing this step and send the complete surveys to a firm that specializes in health care data analysis.

Finally, what should you do with the results? While you don't have to act on every suggestion that your patients give you, you should take action on the key items that are causing dissatisfaction. Remember that your goal is to improve quality, not to place blame.

Although your improvement projects will focus on areas of weakness, make sure you also plan to celebrate your practice's successes. When you conduct a patient-satisfaction survey, chances are you're going to get a lot of positive reinforcement about the many things that you are doing well, and that's valuable information, too. It's important for you and your staff to know that there are many patients with a positive image and good feelings about your office.

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W.Va. Notes Improvement After Reform Passage

BY MARY ELLEN SCHNEIDER
Senior Writer

The malpractice environment may be starting to improve for physicians in one state 2 years after a comprehensive medical liability reform bill was enacted there.

"It's probably too early to see a huge improvement," said Frederick C. Blum, M.D., president-elect of the American College of Emergency Physicians. "But the signs are encouraging."

The first signs are coming from the insurance industry. Loss ratios for medical liability carriers have improved since the reform legislation was passed in 2003, according to a report from the state's insurance commissioner.

The percentage of medical liability insurance premiums spent on claims and expenses in the state fell from 135% in 2002 to 107% in 2003. Ratios above 100% indicate the insurer has an underwriting loss.

The 2003 law established a $250,000 cap on noneconomic damages and set a $500,000 cap on damages for injuries sustained at trauma centers. The law also strengthened the qualifications required to be an expert witness.

Within a period of weeks of the law's passage, physicians stopped talking about leaving the state, said Steven Summer, president of the West Virginia Hospital Association. "Retention changed almost overnight."

And the malpractice insurance market has become more predictable, he said, adding that the next piece will be a reduction in physicians premiums.

But physicians aren't out of the woods yet, according to Dr. Blum, also of West Virginia University.

The law is already under attack by plaintiffs' lawyers trying to get the reform declared unconstitutional by the courts. But physicians got a boost last year when a state Supreme Court justice hostile to medical liability reform lost his bid for re-election. ■