

Engaging Providers in the Patient Experience

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Imagine that a young mother brings her 12-month-old daughter to the familiar urgent care center in the shopping center near her home. The child has been fussy all day, running a fever, and has refused to eat. The mother is rightfully concerned.

Upon arrival at the center, the mother notices a dozen people sitting in the waiting room. When she approaches the front desk, the receptionist is focused on collating copies and hardly looks up—instead handing over a clipboard and saying “fill out the highlighted sections.” Upon returning the paperwork, the mother is berated by the receptionist for confusing the “Patient,” “Responsible Party” and “Secondary Insurance,” and for not knowing her husband’s social security number. After scribbling on the forms, the receptionist asks the mother to “take a seat” as “it will only be a little while.”

The mother proceeds to sit in one of the lobby’s stiff frame chairs, arranged in rows facing the front desk. The child becomes increasingly irritable sitting in her mother’s lap. Within 30 minutes, a medical assistant calls them back to take the child’s history and vitals. The medical assistant seems rushed and becomes annoyed when the child is uncooperative, telling the mother “you’ll have to hold her still, or I’ll never be able to take her temperature.”

Back in the waiting room, the mother and the daughter—who by now is crying inconsolably and attracting the gaze (ire) of other patients—wait another 60 minutes before they are called to see the doctor. The physician breezes into the exam room, questions the mother in a hurried fashion and performs a cursory examination of the baby, without even introducing himself. In all, he spends less than five minutes in the room. Handed a script, the mother is ushered towards the door unsure about the diagnosis and how to care for her baby. She still does not know the doctor’s name and leaves feeling frustrated about how she was treated.

Back home, the young mother tells her husband, her sisters (also mothers), and her friends that they should “avoid the urgent care center” because there’s a long wait and the staff is “rude” and “not very caring.” She also writes a scathing review of the physician on a rating web site.



*I worked all day to pay his
fee and he couldn't take
five minutes for my
daughter...*

What's wrong with this picture?

As you reflect upon the mother's experience, are there any aspects of the service encounter that could have occurred in your center? The purpose of the scenario is to illustrate that a positive patient experience is crucially important to the business of health care and that word-of-mouth goes a long way towards building and maintaining a successful urgent care practice. When patients must wait for long periods of time without status updates, are ignored or treated disrespectfully by staff, and are provided incomplete information about their diagnosis and treatment plan—they become dissatisfied, are unlikely to return to the practice, and are likely to tell others.

Moreover, even when problems are due to shortcomings or inefficiencies in facilities, systems, processes, or staff training, patients are still likely to blame the physician for their unsatisfactory visit: "patients hold the physician accountable for their entire office visit."ⁱ

Why does patient satisfaction matter?

When it comes to patient satisfaction, "it's not my problem" is a common refrain of providers inundated with patients, paperwork, and personnel. As one physician put it, "like many of my colleagues, I feel ambivalent about patient satisfaction and wonder why so many organizations seem to value it so highly."ⁱⁱ This erroneous thinking is grounded in the concept that a provider's clinical skills are more important to patient outcomes than his "bedside manner" and that creating a positive patient experience is the responsibility of operations, marketing, human resources, information technology, and everyone else associated with the center.

Fact is patients can't really discern the quality of a provider's advice at the time of service, but they can judge how the provider made them feel. Patients tend to assume that a provider's skills and diagnostic acumen are up to par (otherwise he wouldn't be licensed) so they look for other cues to evaluate the provider including the physical environment and the provider's appearance, attitude, empathy, and communication. "It has become clear that patients care about both clinical quality and service satisfaction and don't necessarily differentiate between the two."ⁱⁱⁱ

Even if one were to (wrongly) assume that patients will continue to use a particular urgent care center because they don't have any other choice, patient satisfaction is an increasingly important metric considered by Medicare and private insurers.^{iv} Insurers use patient satisfaction scores to augment their physician rating and profile programs, "with many hiring outside companies to measure data to assist in patient decision-making or payer reimbursement."^v In the future, financial incentives tied to patient satisfaction will become increasingly prevalent.

In addition, patients will often remember one bad experience out of several wholly satisfactory visits. "It's worth noting that most patient-satisfaction studies are based on patients' experiences at one-time encounters rather than their experience over time."^{vi} Every visit is important to patients, and one unsatisfactory visit can make all the difference in terms of patient satisfaction and their decision to continue seeing a physician or utilizing a medical facility.

Leading the way in patient satisfaction

In most urgent care centers, the physician “runs the show.” He is not only the “product” that “customers” seek, he is the “authority” upon which staff depends, the “bottleneck” in patient flow, and has significantly greater education, social standing, and pay than anyone else working in the center. If a center is to offer an outstanding patient experience, medical providers must lead the way.

Studies that have addressed the provider’s role in patient satisfaction focus on the key elements of expectations, communication, control and time spent:

- Expectations: “when physicians recognize and address patient expectations, satisfaction is higher not only for the patient but also for the physician”.^{vii}
- Communication may seem rather obvious, but communicating effectively is a learned skill. You can likely think of a patient encounter that deteriorated due to miscommunication. When there is good, effective communication, “rates of satisfaction were higher than could be explained by symptom relief”.^{viii}
- Control, or the giving up of control, is a difficult proposition for some physicians. However, shared decision-making and respect for patients’ opinions will go a long ways in improving patient satisfaction. Studies support sharing control with patients. “When physicians exhibited less dominance by encouraging patients to express their ideas, concerns and expectations, patients were more satisfied with their visits and more likely to adhere to physician’s advice”.^{ix}
- Time spent with patients is a key issue in patient satisfaction studies. Of course, this is probably one of the hardest issues to address. Most physicians are extremely busy and urgent care centers must maintain a steady flow with high efficiencies. So while this issue may be a “no- brainer,” it’s often easier said than done. Nevertheless, “time spent during a visit plays a role in patient satisfaction, with satisfaction rates improving as visit length increases”.^x

What’s in it for me?

Providers are human beings first and, like all humans, want to know what reward(s) they can expect in return for hard work and “good behavior.” In terms of patient satisfaction, there are many rewards associated with placing an emphasis on ensuring that patient encounters lead to satisfied customers.

As physician Jerome Lowenstein^{xi} states, “I believe that it should be possible to demonstrate that physician’s behavior, and by this I mean to imply ‘humanistic’ attitudes and relationships, correlates with ‘rewards,’ such as physician satisfaction, better compliance with therapy, and less conflict regarding therapeutic decisions or malpractice issues.”

- Improved patient compliance: Provider’s advice often falls on deaf ears, particularly advice that concerns lifestyle changes. This can cause endless frustration for providers. However, patients who feel supported and respected by their medical providers are more likely to follow their advice. “Patients who reported being treated with dignity and who were involved in medical decision-making were more satisfied and more adherent to their doctor’s recommendations”^{xii}
- Less risk of malpractice liability: We live in a litigious society and poor patient satisfaction has been linked to a higher risk of malpractice claims. Unhappy patients are more likely to sue: “Patient satisfaction

surveys...showed an inverse relationship between satisfaction and risk management episodes.”^{xiii} On the other hand, satisfied patients are less likely to sue, even when there has been an unsatisfactory outcome.

- Increased professional satisfaction: Lastly, and perhaps most importantly, provider satisfaction increases when they focus on providing an outstanding patient experience. “Physicians who report high professional satisfaction have patients who are more satisfied with their care”^{xiv}

Conclusion

Patient satisfaction is a matter of treating patients with respect, careful communication, shared decision-making and recognizing and meeting patient expectations with regard to every aspect of an encounter. While this may sound like a tall order, providers who lead the way in displaying concern about the patient experience are more likely to have happy and satisfied patients, less likely to become embroiled in a malpractice suit and will enjoy higher levels of personal and professional satisfaction themselves.

ⁱ Defining the patient-physician relationship for the 21st century. 3rd Annual Disease Management Outcomes Summit, Oct 30-Nov 2, 2003; Phoenix, Arizona.

ⁱⁱ Thiedke, C. (2007). What do we really know about patient satisfaction? *Fam Pract Manag.* Jan; 14(1): 33-36.

ⁱⁱⁱ Krentz, S. & Clark, C. (2009). Engaging physicians to enhance the patient experience. *Horizons: Journal of the Center for Health Innovation* (Winter).

^{iv} American Medical Association web site. Patient Satisfaction/Experience.

^v American Medical Association web site. Patient Satisfaction/Experience.

^{vi} Thiedke, C. (2007). What do we really know about patient satisfaction? *Fam Pract Manag.* Jan; 14(1): 33-36.

^{vii} Thiedke, C. (2007). What do we really know about patient satisfaction? *Fam Pract Manag.* Jan; 14(1): 33-36.

^{viii} Shaw WS, Zaia A, Pransky G, Winters T, Patterson WB. Perceptions of provider communication and patient satisfaction for treatment of acute low back pain. *J Occup Environ Med.* 2005;47:1036–1043. (as cited by Thiedke, C.)

^{ix} Cecil DW, Killeen I. Control, compliance and satisfaction in the family practice encounter. *Fam Med.* 1997;29:653–657. (as cited by Thiedke, C.)

^x Gross DA, Zyzanski SJ, Borawski EA, Cebul RD, Stange KC. Patient satisfaction with time spent with their physician. *J Fam Pract.* 1998;47:133–137. (as cited by Thiedke, C.)

^{xi} Lowenstein, J. (2005). *The Midnight Meal and Other Essays about Doctors, Patients and Medicine.* University of Michigan Press, page 18.

^{xii} Beach MC, Sugarman J, Johnson RL, Arbelaez JJ, Duggan PS, Cooper LA. Do patients treated with dignity report higher satisfaction, adherence and receipt of preventive care? *Ann Fam Med.* 2005;3:331–338. (as cited by Thiedke, C.)

^{xiii} Stelfox HT, Gandhi TK, Orav EJ, Gustafson ML. The relation of patient satisfaction with complaints against physicians and malpractice lawsuits. *Am J Med.* 2005;118:1126–1133. (as cited by Thiedke, C.)

^{xiv} Haas JS, Cook EF, Puopolo AL, Burstin HR, Cleary PD, Brennan TA. Is the professional satisfaction of general internists associated with patient satisfaction? *J Gen Intern Med.* 2000;15:122–128. (as cited by Thiedke, C.)