Pillar

I

Love the Ones You're with: Keeping the Patients You Already Have

If a doctor treats his patients well, they will provide him with advertising more effective than any he can buy.

Editor, Private Practice

Yes, it is nice to get new patients, but it is more important to keep the ones you have. In most professions and businesses, keeping a customer costs only one-fifth of what it costs to acquire a new one.[1] The medical practice is no exception to this rule. If you are not doing a good job with the patients you already have, then spending thousands of dollars on a marketing plan to bring in new patients is pointless. The patients you have right now are the backbone of your practice. They should be getting the proper care that they deserve.

But, you say, your patients have been with you for years. They are like family. That may be. But this book is about improving your practice for yourself and your patients. Even with a stable and loyal group of patients, there may be some areas of service that you are neglecting.

Like most areas in this country, your community has probably seen an increase in managed care patients. During economic downturns, such as the one as of this writing, some patients are less able to pay for your services. Now is the time to focus on your existing patients and make certain that everyone in your practice has a positive experience each time he or she interacts with you and your staff.

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Although one response to managed care and a depressed economy is to increase the volume of patients you see, this is often the least attractive alternative. Increased volume means more staff and increased overhead, which translate to less profit. More important, though, increased volume means decreased time spent with each patient, so the overall quality of each patient's experience in your office is diminished. Being attentive to the needs of your existing patients is one of the best ways to retain them and enhance your bottom line.

The chapters in this section of the book are designed to help you survey those patients' needs and then implement some ideas to serve them better. This pillar—keeping the patients you already have and serving them well—forms the foundation of any solid marketing plan. Using the ideas and techniques in this section will help you ensure that every patient has a positive experience from the moment they call your office until long after they leave. You will be certain that you will be able to create a positive word-of-mouth reaction from every patient who passes the portals of your practice.

In this first section, I cover a range of topics, from time management to avoiding delays to using support materials and common sense to deal with difficult patients. This segment also includes suggestions for in-office dispensing of medication and how this will reduce drug costs for your patients, make it easier for them to obtain their prescription medication, and be a source of additional income for your practice. I also include a chapter on disaster planning and how to keep your patients even after a natural disaster like a hurricane, flood, or fire, or after a technological disaster such as a computer crash. Each of these chapters illustrates that the first principle of ethical marketing is to ensure that you cultivate satisfying experiences for your patients. And you can bet that, if you make these patients happier with the care they receive in your office, others will soon hear about it. That is what this part of marketing is all about—getting others to toot your horn.

Note

1. Sellers, P, "Getting Customers To Love You," *Fortune*, March 3, 1989: 38–39.

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1 Giving Your Practice a Checkup

Not only do your patients need an annual checkup, so does your practice.

Listen to your patients' impressions of your practice and you will improve the quality of care you give. In the prologue, I suggested that you look at your practice from your patients' perspective. An even better method is to ask your patients what they think.

In this chapter, I introduce techniques for considering your practice from the point of view of your patients and other physicians. These will help you assess your current standing with your existing patients and referring physicians. A healthy practice always needs to attract new patients. However, to keep your practice vital, you also have to keep the patients you already have. Even practices that are full or closed need to evaluate their services periodically and listen to their patients. Changes always occur and the cup may not "runneth over" forever. Besides, if your patients and staff are satisfied, your work will be more enjoyable.

Today it is critical to know the needs and expectations of your patients and referring physicians. This information can be easily obtained by taking a survey of various aspects of your practice. This will also provide you with an update on its strengths and weaknesses. Patients are a valuable source of information and can help you improve the quality of care you provide. What better place to begin to evaluate your practice than to ask what your patients think of you and the service that you provide?

Here are five effective techniques for determining how patients perceive your practice and for evaluating your performance and reputation:

1. Conduct personal interviews.
2. Conduct patient surveys.

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3. Create a focus group.
4. Use a suggestion box.
5. Commission a "mystery shopper" evaluation.

The first four techniques will be covered in this chapter. The mystery shopper technique will be addressed in Chapter 2.

Another key piece of your practice checkup is to survey your colleagues and peers. The last section in this chapter tells you how to do this.

Personal Interviews

One way to obtain feedback about your practice is to ask your patients directly about their experiences with you and your office staff. This method is the least popular technique for acquiring information. Most patients feel "put on the spot" and will not reveal their true feelings during a face-to-face inquiry.

However, informal conversations with your patients can reveal a great deal of information about your practice. Patients are more likely to respond honestly to specific rather than general questions. You might ask a patient:

- Do you think the time you waited in the reception area (not the "waiting room") was excessive?
- Would you like us to call or fax your prescription over to the pharmacy so it will be ready for you when you arrive to pick it up?
- Are you likely to use our Web site to schedule your appointments with our office and receive reports and lab results without having to come in or call us?
- Would you be interested in having the ability to e-mail questions or concerns to the nurse or the doctor?
- Would you like an electronic copy of your medical record?
- If we had a nutritionist available, would you make use of his or her services?

When you ask questions such as these, you show concern for your patients' time as well as their pocketbooks, and the answers will probably be quite helpful.

You could also conduct a survey that focuses on how promptly you see patients and how long they wait in the reception area or the exam room before they see a physician. This technique is described in Chapter 3, which outlines how to perform a time and motion study.

Patient Surveys

Written patient surveys are probably the most popular method for obtaining feedback from patients. You can give written surveys to patients at the time of their office visits or send the survey in the mail. The advantages of sending the survey are that it allows your

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patients to remain anonymous and they can complete the survey at their leisure. The disadvantages are that this is more expensive and people often do not return them. The response rate will tend to be higher if you provide a self-addressed, stamped return envelope.

What to Ask

The survey should be short and should require no more than 3 to 5 minutes to complete (see Exhibits 1–1 and 1–2). I suggest the survey be limited to both sides of a single $8^1/_2$-×-11-inch piece of paper or two one-sided pages. Begin with an opening paragraph or cover letter (see Exhibit 1–3) that outlines the purpose of the survey (i.e., to evaluate the

Exhibit 1–1 ***New Mexico Heart Institute Patient Satisfaction Survey***

At the New Mexico Heart Institute, we value your opinion and welcome your feedback. Our goal is to provide you with the very best medical care as well as the most comfort and convenience as possible. Your comments will help us evaluate our operations to ensure that we are truly responsive to your needs. Thank you for your help. Please be assured that, whereas the staff and physicians will receive your feedback, your identity will be kept confidential. Please check the information below and make any necessary corrections:

Date of visit: _____ Physician seen at that visit: _____
Location of visit: _____ Are you a new or existing patient? _____
Study performed at last visit (Echo, treadmill, nuclear, or none)

Please answer the following questions and return to the New Mexico Heart Institute in the envelope provided.

I. Using a scale of GOOD, FAIR, POOR, or DOES NOT APPLY, please rate the following aspects of your visit: **If you answer any of the questions with POOR, it would be helpful to us to know what the problem was.**
   1. Ease of using our automated phone system _____
   2. Availability of appointment times _____
   3. Directions to the office _____
   4. Parking at the office _____
   5. Ease of check-in at the front desk _____
   6. Appearance of waiting room _____
   7. Comfort of exam room (where you saw the doctor) _____
   8. Appearance of procedure room (where your test or lab work was conducted) _____

(*continued*)

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II. Using the scale of EXCELLENT, GOOD, FAIR, POOR, VERY POOR, or DOES NOT APPLY, please rate the personal manner (such as courtesy, respect, sensitivity, or friendliness) of the staff you interacted with at your last visit. **If you answer any of the questions with POOR or VERY POOR, it would be helpful to us to know what the problem was.**

1. The scheduling secretary that helped you make the appointment _____
2. The receptionist at the front desk _____
3. The medical technician that showed you to the exam room _____
4. The medical technician that conducted any test or lab work _____

III. This next set of questions asks about the physician you saw at your last visit. Please rate your satisfaction in these areas using a scale of 1 to 5, 1 being dissatisfied and 5 being most satisfied. **If you answer any of the questions with 1 or 2, it would be helpful to us to know what the problem was.** How satisfied were you with:

1. The amount of time the doctor spent with you _____
2. The physician's answers to any questions you had _____
3. The doctor's explanation of any new medications prescribed _____
4. The personal or "bedside" manner of the physician _____

Any other comments you'd like to make about the physician or staff you interacted with that day?

IV. The next set of questions deals with waiting times. Please let us know if the following were either BETTER THAN YOU EXPECTED, WHAT YOU EXPECTED, or TOO LONG.

1. Time you waited to get an appointment _____

If you answered TOO LONG, please answer the following: What do you consider to be the longest time you should be expected to wait?

_____

2. Time you waited in the reception area _____

If you answered TOO LONG, please answer the following: What do you consider to be the longest time you should be expected to wait?

_____

3. Time you waited in the exam room to see the doctor _____

If you answered TOO LONG, please answer the following: What do you consider to be the longest time you should be expected to wait?

_____

(*continued*)

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V. Please answer the following with a YES, NO, or DOES NOT APPLY.
1. Did you receive an appointment reminder at least 24 hours before your scheduled appointment? _____
2. Were you kept informed if your appointment time was delayed? _____
3. Would you recommend the New Mexico Heart Institute to a friend that needed heart care? _____
4. Did most of the staff you met that day smile or greet you by name? _____

Only answer the next set of questions if you had an echo, nuclear, or treadmill study performed at your last visit. If you did not have any of these tests performed, continue on to the end of the survey.

VI. This next set of questions asks about any test or studies performed at your last visit. Please rate your satisfaction in these areas using a scale of 1 to 5, 1 being dissatisfied and 5 being most satisfied. **If you answer any of the questions with 1 or 2, it would be helpful to us to know what the problem was.** How satisfied were you with:
1. The explanation of the procedure _____
2. Your comfort during the procedure _____
3. Your privacy throughout the procedure _____
4. The physician's explanation of your test results _____

Thank you for your help! Please either turn in the completed survey at the front desk before you leave today or mail the completed survey to:

New Mexico Heart Institute
1001 Coal Ave. SE
Albuquerque, NM 87106
Questions? Please call us at 800-888-6642
OPTIONAL:
Name: _____
Phone: _____
_____ (Yes or No) I would like to be personally contacted about my comments.

Please record any additional comments below or on the back of this page.

Courtesy of New Mexico Heart Institute, Albuquerque, NM.

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Exhibit 1–2 *Patient Satisfaction Survey*

To provide you with the best possible care, we need your feedback.

1. How did you decide to come to this practice?
   _____ Recommended by another patient
   _____ Recommended by another doctor
   _____ Physician referral service
   _____ Yellow Pages
   _____ Office close to home
   _____ Recommended by family
   _____ Recommended by hospital
   _____ Local medical society
   _____ Office close to work
   Other: _____

2. When you telephone our office, is your call answered courteously?
   _____ Yes _____ No Comments: _____

3. Are you able to obtain an appointment easily and in a timely fashion?
   _____ Yes _____ No Comments: _____

4. During your last visit to our office, how would you describe your treatment by our staff?
   _____ Warm/friendly _____ Cool/unfriendly _____ Courteous
   _____ Professional _____ Unprofessional
   Other: _____

5. How interested do we seem to be in you as a person when you visit the office?
   _____ Genuinely interested and concerned
   _____ Usually interested and concerned
   _____ Sometimes disinterested and unconcerned
   _____ Usually disinterested and unconcerned

6. Do you find our reception area warm and comfortable?
   _____ Yes _____ No Comments: _____

7. Are the reception area materials to your taste?
   _____ Yes _____ No
   If "No," your preference: _____

(*continued*)

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8. When you arrive at our office, how long do you normally have to wait after your scheduled appointment time? _____ minutes. If you wait longer than 30 minutes, are you given an explanation for the delay? _____ Yes _____ No

9. How would you rate the overall quality of care you receive?
   _____ Outstanding _____ Good _____ Fair _____ Poor
   Comments: _____

10. How would you rate the doctor on patience, warmth, and interest in your problem?
    _____ Outstanding _____ Good _____ Fair _____ Poor

11. Does the doctor fully explain your illness and treatment to you?
    _____ Yes _____ No Comments: _____

12. Are you comfortable recommending our services to your family and friends?
    _____ Yes _____ No Comments: _____

13. What other services could we offer that you would like available for you or your family? _____

14. Have the financial policies of this practice been completely explained to you?
    _____ Yes _____ No Comments: _____

15. During your last visit, were the charges explained to your satisfaction?
    _____ Yes _____ No Comments: _____

16. Is our superbill helpful in filing with your insurance for reimbursement?
    _____ Yes _____ No Comments: _____

17. Other: _____
    _____
    _____

Thank you for taking time to complete this information.
We value our patients' comments.

_____ _____

Date Signature (optional)

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Exhibit 1–3 *Sample Cover Letter to Accompany Patient Survey*

Dear Patient:

My staff and I want to provide you and your family with the highest quality health care possible. To help us evaluate our effectiveness, we would like your opinions of my practice.

Your answers and suggestions on the following questionnaire will help us continue to improve the health care we provide you. Please take a few minutes to give us this important information and return it to us in the enclosed stamped, self-addressed envelope.

Thank you,
Dr. Neil H. Baum and staff

strengths and weaknesses of your practice and ultimately to provide better health care for your patients). Yes/no or multiple choice questions are the easiest to quantify.

Suggested questions include:

- Do I see you on time for your appointments?
- Is my office staff friendly and courteous?
- Are my office hours convenient?
- Is it easy to make an appointment?
- Do my staff and I return phone calls in a timely fashion?
- Would you like me to provide you with the opportunity to purchase your medications in the office if the prices were competitive with local pharmacies?

I do not suggest you ask any questions regarding your fees because most patients consider medical fees to be too high. Finally, you may want to conclude with an open-ended question, such as, "What can I do to make your experience with me and my office more pleasant?"

Whom to Include

Choose a good cross-section of patients if you choose to mail your survey. Include some active and inactive patients as well as patients who you know have left your practice.

Customizing the Survey

Exhibit 1–1 shows an example of a survey used by the New Mexico Heart Institute. However, the most effective survey will be one that has been customized for your particular practice. I have included my own patient satisfaction survey in Exhibit 1–2 for additional ideas.

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For best results, instruct patients to return the survey to your home or to a post office box address. If the survey is sent to your office, critical or negative comments regarding your office personnel may not reach your attention. Chances are that is not going to happen, but if patients perceive problems with your staff, then you want to be made aware of their problems and concerns.

Implementing the Survey

I recommend that an office survey be conducted at least once every 2 years. One good rule of thumb, according to the American Medical Association, is to survey at least 20% of your existing patients, or a minimum of 200, whichever is greater. It is also a good idea to survey your inactive patients because you will often obtain very important information about your practice and why they are no longer patients. Include a self-addressed, stamped envelope when you mail the survey to encourage their participation. You, the physician, should personally review all the surveys. Keep an open mind as you do this, remembering that the purpose is to improve your practice. Even though you may get criticisms, most of the comments will probably be positive ones. But it's the criticisms that will help make improvements to your practice.[1]

Tabulating the Results

We keep our surveys simple. Most of them have yes or no answers. This makes tabulating the results of our surveys easy—we simply count the number of responses received and the number of yes or no answers for each question. I do not think it is necessary to use any method that is more complicated.

Using the Results

You have worked hard to devise a concise patient survey. A number of patients have mailed them in. Make sure you do not relegate these valuable letters to the "black hole" in your filing system. Those survey comments and answers are a gold mine. All you have to do is address the concerns and you will be a hit—not only with those who took the time to answer the survey, but with the rest of the patients already in your practice.

It is important to prioritize the comments. If your survey shows that an overwhelming percentage of patients feel they are not being seen on time, then that problem has to take high priority and should be addressed first. On the other hand, if only one or two people claim your office hours are inconvenient, that issue can be lower on the list.

The best time and place to address the survey results is in a staff meeting. For instance, after one patient survey, we found that we were getting lots of complaints about delays in the office. We then started brainstorming possible solutions for the problem. One of the things we did was to invite a dentist and his staff to a "lunch-and-learn" program. This dentist had a reputation for being absolutely on time for patient visits. When he and his staff arrived, we asked them for information on how to improve the timing in our office. We asked them if they could explain to us how they did it, and we got several good ideas from that meeting.

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One patient responded to the survey that he had had a late afternoon appointment on several occasions and found that the patient restrooms were untidy on both occasions. I asked my office manager to take a look at this for a few days and we did, indeed, find that the wastepaper baskets were overflowing with paper towels and that on one occasion a specimen cup had spilled and was not cleaned up. As a result, we made it a priority to check the restroom right after lunch and again in the middle of the afternoon. We wanted to be sure that the patient who had the last appointment of the day encountered the same clean restroom that the first patient in the morning did. If we hadn't conducted the survey, this might have gone unnoticed.

Focus Groups

With a focus group, the most important step is the selection of participants. An effective focus group consists of a cross-section of diverse, opinionated, and vocal individuals who are asked to assess your practice. When selecting participants for my focus groups, I choose patients who are keen observers and patients who are also complainers. Avoid "yes" men and women. The purpose of the focus group is not to hear how wonderful you are. It is really to troubleshoot your practice, and that is why you want vocal, articulate complainers as your participants.

Invitations and Reminders

Once I have selected my participants for the focus group, I try to call each person myself and personally invite him or her to assist me in evaluating my practice. I then send a cover letter that includes the purpose of the focus group and an agenda that I would like them to think about before the meeting (see the sample cover letter in Exhibit 1–4). The day before the focus group meets I have my office staff call and remind the participants of the meeting.

The meeting is held in my reception room and is limited to $1^1/_2$ hours. I provide coffee, soft drinks, and dessert. I pay parking fees or, in the case of participants who prefer not to drive at night, taxi fare to and from the meeting. I ask permission to tape record the meeting so I am not distracted by having to take notes.

Running the Meeting

After introductions, briefly reiterate your reasons for inviting your participants to your office. Ask provoking questions. Solicit examples from them of excellent customer service. Request ideas for improvement based on their experiences at other medical offices and other businesses.

At one of my focus groups, I learned that several patients were interested in evening and weekend office hours. Because I am in solo practice, this was not practical for my office. But we found a solution: I agreed to have Saturday morning hours on the one weekend a month that I am on call. The other urologists in my call group agreed to do

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Exhibit 1–4 ***Letter to Establish Focus Group***

Dear [Patient],

I hope this letter finds you well and enjoying your summer. I am writing to a select group of people in my practice that I especially enjoy serving to ask a favor. At a recent staff meeting we were discussing how blessed we are to be serving so many people who truly appreciate us and from whom we receive so many positive compliments about the quality of our medical care. I want you to know how much I appreciate you, but I do not feel I have resourced you as much as I possibly should.

As you know, my staff and I strive to stay up with the latest advances and to upgrade the level of medical care continually. For a practice to be truly excellent, the technical care, skill, and judgment must conform to the very highest standards, but that alone is not enough.

There are numerous other factors that come into play in order to make your experience truly excellent, and this is where I need your help. I would like you to be a part of a small group of people selected to provide specific feedback on how my staff and I are doing. I would appreciate about an hour and a half of your time on Tuesday, August 2, from 7:30 to 8:45 in the evening at my office. Refreshments and light snacks will be served. I would like to discuss the following questions:

1. *What do you feel are the strengths of my practice?*
2. *What do you feel are the weaknesses of my practice?*
3. *Do you think weekend, early morning, or evening appointments would be helpful?*
4. *Do you have any problems making an appointment?*
5. *Are there any services that you feel I should add that would make my practice more attractive?*
6. *Are you satisfied with the referrals I make to other physicians?*
7. *Are there any other suggestions you have to improve the quality of your experience with me or my office?*

I will be calling you in a few days to confirm your participation. Thank you once again for your friendship and support.

Sincerely,
Neil Baum, MD

the same. Consequently, on any weekend, one urologist will be able to see patients in his or her office.

We also learned that patients did not like paying to park under our building. The focus group participants claimed that most other hospitals and doctors' offices in our area did not charge, so we added validated parking to our services.

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Another focus group finding was that patients did not know where to go to pay their bills and schedule their next appointments. This feedback made us realize that we had a signage problem. It was easily corrected by providing signs at the business office and wherever the exit signs appeared in the office.

Follow-Up

It is important to let each person know you appreciate his or her input. I send each participant an immediate thank-you note. Later, whenever we institute a change that came out of the focus group, I send a follow-up note to the participants, discussing the changes and acknowledging that their suggestions were implemented into the practice.

Suggestion Box

In our office, we have a suggestion box in the reception area. It has a sign on it stating, "Please let us know what we can do to improve our service to you." On top are pencils and 3 × 5 index cards. The patients have the option of signing their names. The most important regular task is to check the suggestion box daily.

Providing a suggestion box is a legitimate method of identifying and solving problems. Therefore, do not treat the suggestion box as window dressing. Take it seriously and make it a functional part of your ongoing practice survey techniques.

We clean up our reception area twice a day, at noon and at the end of the day. Checking the suggestion box twice is a part of that routine.

When patients sign their names, we call them, thank them for their suggestions, and respond to them right away. We let them know what our follow-up on their suggestions has been, especially if we implement one of their ideas.

Physician Surveys

Finally, you want to evaluate or survey your referring physicians. This can be done by using either a written or a verbal survey. I think holding an informal meeting is probably the easiest and most comfortable method. The meeting can be casual and can be held at a restaurant or in one of your offices at the beginning or end of the day.

For this method to be successful, the feedback has to go both ways—in addition to soliciting critiques of your practice, you must provide your colleagues with constructive comments regarding their practices. I think most physicians will be pleasantly surprised how useful this type of candid conversation with peers can be.

For example, I wanted to field test my computerized referral letter with my colleagues. I received unanimous approval of the concept. As a matter of fact, a few of my colleagues adopted the letter for their practices. In 2000, several doctors suggested the idea of using the fax machine to give same-day service. I was considering using e-mail to communicate with referring physicians about their patients. When I brought this up with my colleagues,

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their feedback was that texts of e-mails would not necessarily make it into patients' charts. They indicated that this would require additional work on the part of the doctor who would be sitting at the computer and would have to print the document and then have his/her staff file the letter or the document. As a result I took their feedback to heart, and tabled that idea.

How to Survey Your Peers

A survey of colleagues does not have to be as formalized as a written patient survey. You can select physicians with whom you feel comfortable. Ask them to meet you for lunch or just for coffee.

When I wanted to survey my colleagues, I tried to obtain a cross-section: some older physicians, some contemporaries, and a few younger physicians. When I met with each of them, I asked them whether they were getting good feedback from the patients they sent to me. I asked whether my reports were getting to them in a timely fashion. I asked whether there was anything I could do to make my practice more user-friendly.

In response to these direct questions came some informative answers. One physician told me that one of his pet peeves was that my office would call him and then put him on hold for 15 seconds while my staff got me on the line. "Look," he said, "this is just one of my quirks. I can't explain it. I know it isn't necessarily right, but it just galls me. But just know that that's one of my idiosyncrasies. Please respect it and be on the phone when your office calls me." And so I am. I would not have known that detail had I not brought up the subject with him. This information—that he does not like to hold on the telephone—was then recorded on that physician's Rolodex card. We also record this information on each physician's WIN sheet (WIN is short for What's Important Now, which I adapted from Harvey Mackay's 66-question customer profile; see Exhibit 1–5).[2] That way, whoever places the call to him will see that note and make sure that I am immediately available to take the call.

I have another example. The normal routine is for the admitting physician to do the discharge summary. One of my colleagues, during my survey of fellow physicians, asked if I would do the discharge summary because I was receiving a bigger fee from doing the surgery and providing the postoperative care. I told him, "Fine, I'm happy to do it." I would not have known that physician's thoughts had I not surveyed him.

These discussions with your peers can be quite informal. What I tell my referring physicians is, "Look, we send patients back and forth. I want to get better, and the only way I can do that is if you give me some feedback on how I'm doing. If there's anything I can do to improve the practice and give you better service, can you let me know?"

I usually have a list of written questions:

- If you need a consult right away, is your patient seen in a timely manner?
- Is my office friendly to your patients?
- Do I get my referral notes back to you on time?
- Do you feel that my office is user-friendly?
- Are there any problems that you are having that I need to know about?

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Exhibit 1–5 ***Information Sheet Kept on Each Referring Physician***

What's Important Now

Name _____ Date of Birth _____
Telephone (W) _____ (H) _____ (Cell) _____
E-mail address _____
Address (W) _____
_____
(H) _____
_____

Education
College _____
Medical School _____
Postgraduate _____
Special Areas of Interest _____
_____
_____

Hobbies and Recreational Activities _____
_____
_____

Marital Status _____ Spouse _____
Children _____
Conversational Interests _____
_____
_____
_____

Dining Preferences _____
_____
_____

Additional Notes _____
_____
_____

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I also carry a notepad to write down answers, which lets my colleagues know that I am serious and not just casually using their time. I also make sure to send a follow-up thank-you note to those physicians who agree to meet with me and provide me with feedback.

This is a process that I repeat every 6 to 12 months to keep on top of what my referring physicians are thinking about my practice. I believe it is a good idea for any physician in private practice. At a minimum, I would survey the physicians who refer the most patients to your practice. If you are in primary care, survey the specialists to whom you refer patients most frequently.

I also suggest that, if you are a specialist, you track your referrals. Suppose you notice that a good referral source, who previously sent 3–5 patients a month, has not sent you a patient in a few months. Set up a meeting with that doctor or that office and see if there is a problem and what you can do to remedy it. For example, I noted that a referring physician in my building had not sent any patients for several months. I called him and asked if there was a problem. He told me that his office staff had had difficulty arranging appointments for his patients at my office. His patients, he said, were very busy and couldn't take off time for additional medical appointments. I told him that I would provide his office with our back office telephone line, which is a direct line to the scheduler, and offered him same-day appointments for his patients. I didn't want to lose him as a referral source, so I assured him that I would see his patients right after they were seen in his office. Obviously, I am unable to provide that service for all referring doctors, but in his situation I made an exception. I wouldn't have discovered the root of the problem unless I had called him and asked about the decrease in his referrals.

Whether it is one of your patients or your colleagues, you need to ask what Dr. Michael Le Boeuf calls "the platinum questions": "How am I doing? How can I get better?"[3]

The Bottom Line

When you solicit honest feedback from your patients and referring physicians, you may get some surprises. If you listen and learn from their responses, and implement their suggestions, you will improve the quality of the care you give and the quality of your bottom line!

Notes

1. Patient Survey Questionnaire, Practice Development Resources, American Medical Association, Chicago, IL, 1990.
2. Mackay, H, *Swim with the Sharks without Being Eaten Alive* (New York: Ballantine Books, 1988), 25–34.
3. Le Boeuf, M, *How to Win Customers and Keep Them for Life* (New York: Berkley Books, 1989), 65–66.

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Additional Resources

Press, I, *Patient Satisfaction: Understanding and Managing the Experience of Care*, 2nd ed. (Ann Arbor, MI: Health Administration Press), 2005.

Diering, SL, *Love Your Patients! Improving Patient Satisfaction with Essential Behaviors That Enrich the Lives of Patients and Professionals* (Nevada City, CA: Blue Dolphin Publishing), 2004.

Baker, SK, *Managing Patient Expectations: The Art of Finding and Keeping Loyal Patients* (San Francisco, CA: Jossey-Bass), 1998.

Sullivan, K, Luallin, MD, *Star-Studded Service: 6 Steps to Winning Patient Satisfaction* (Denver, CO: Medical Group Management Association [MGMA]), 2007.

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