

Increasing Patient Satisfaction

Reducing waiting time is one of the keys.

BY JON A. HULTMAN, DPM, MBA

My family is part of the *Nextdoor* network APP. Many of our neighbors use this to communicate information on various topics. Recently, there have been a number of posts on Nextdoor regarding a topic that is near and dear to my heart—patient satisfaction. The following is a sampling of posts made by some of our neighbors regarding our healthcare system (note: the posts are unedited).

1) Is This Happening to You Too? Yesterday, I had to reschedule a doctor's appointment at UCLA. After a maze of voicemail prompts and almost 20 minutes on hold, I was told that November was the next available time that fit my schedule, not in the middle of my workday. It got me thinking: is this

happening to you too? How are you feeling about the current state of our healthcare system? It's one thing to get the appointment and another about how long the doctor

ing, so now I'd really love to hear your experiences.

2) Only 20 minutes on hold...you are lucky.

**After a maze of voicemail prompts
and almost 20 minutes on hold, I was told that
November was the next available time that fit my
schedule, not in the middle of my workday. It got
me thinking: is this happening to you too?**

actually spends with you. I'll gather some thoughts and ideas during my flight to my daughter-in-law Mandi's graduation from nursing school in Washington. Meanwhile, I'll be checking my account and respond-

3) Yes, my primary left and a new primary will not be available until July. Or should I do a virtual visit? How do they access virtual?? And I go to Cedars and am thinking of

Continued on page 136



Satisfaction (from page 135)

switching to UCLA. Been waiting 6 months for an MRI. Ridiculous! Our healthcare has gone down fast because we pay. If we had Medi-Cal, we would get in quicker according to my friends? Leaving the state because it is so horrible lately. Who has that kind of time to wait for a doctor's visit?

4) I don't think it's any better anywhere else in the country. My friends in other states have the same complaints.

5) I was referred to a specialist by my insurance-selected primary care doctor. The original referral having expired (I wasn't aware these authorizations expired). I called the specialist's office. They told me I had to re-arrange with primary care, then told me (it was September) that the earliest appoint-

ment was around New Years. I still haven't made it to that specialist. I gather this is pretty much the norm now.

6) Yes, a four to five month wait for appointments has become the norm at UCLA. If you are injured or

And yet, there was one "outlier" ...

8) My husband had emergency surgery at UCLA that saved his life, and he remained there for two months. I think he had excellent care.

Patients are not pleased with the current healthcare system, and most doctors are not either.

ill, you have to go to an immediate care location, emergency hospital, or urgent care facility.

7) UCLA's new policy is you have a 15-minute window to get to your appointment and after that, your doctor can cancel the appointment. However, if you are waiting for your doctor, he can take hours of your time waiting.

Does much of this sound familiar? Obviously, patients are not pleased with the current healthcare system, and most doctors are not either. At least doctors who are still in private practice have the authority to address this problem themselves, but for those working in large groups, hospitals, or HMOs, solving it involves first determining who is

Continued on page 138

THE LAST WORD IN PRACTICE ECONOMICS

Satisfaction (from page 136)

authorized to address this type of complaint, and then actually convincing them to address it. This type of problem which aggravates patients is ultimately blamed on the doctor, and it will negatively impact his/her patient satisfaction ratings.

Patient Satisfaction

As long ago as 1994, an article on patient satisfaction published in *Physician Manager* caught my attention. From its survey were culled the following top four issues that patients stated as having the greatest impact on their satisfaction with doctors: (1) the efficiency and courtesy of the non-medical staff, (2) the listening and explaining skills of the doctor, (3) the amount of time spent “waiting” during office visits, and (4) the length of time spent waiting to be seen after arrival for requested appointments.

It is interesting that the quality of the care received was not one of the top four items they listed as impacting their satisfaction.

Note that all of these issues are “time”-related. It is interesting that the quality of the care received was not one of the top four items they listed as impacting their satisfaction. Most actually felt that they received high quality care when they were able to quickly access the care needed. In my opinion, if that satisfaction survey were given today, the results would be the same. Amplifying this problem for current physicians is that when today’s patients are less than satisfied with their visits, they post damaging reviews on social media. Let us take a close look, in order, at the four “satisfaction” issues revealed by this study.

1) Patient interactions with non-medical staff are extremely important. There are many patients who will not return to an office simply because a staff person has annoyed them. This is often the person

who answered the phone or greeted them when they first arrived. The doctor may be unaware that this is happening, especially if s/he works in a large group practice whose staff is interviewed and hired by someone else. It would behoove any doctor working in a large group practice to scrutinize the front desk and observe

It is significant to note that, on average, a doctor interrupts within 16 seconds as a patient is relating his/her chief complaint.

how patients are being greeted when they arrive in person or when phoning in to the office.

2) Patients often base their evaluation of quality of care on the listening and explaining skills of the doctor. It is significant to note that,

on average, a doctor interrupts within 16 seconds as a patient is relating his/her chief complaint. A patient who is cut off before recounting the full history of his/her problem is going to wonder whether that doctor’s resultant recommendations are appropriate. Also, if the doctor is not skillful at explaining, patients will leave without fully understanding either the diagnoses or the instructions given them. Doctors, who are smart and well-trained people, should recognize the need to devote more time to learning how to become more proficient in the skills of listening and explaining.

3 & 4) The inordinate amount of time that patients spend waiting while at their office visits, along with the amount of time they spend simply waiting for the day of their appointments to arrive, are probably the most frequent complaints

that patients voice. When the Veterans Administration was in the headlines for its “bad quality” a few years ago, the problem was not the quality of care patients were receiving, but rather, the time it took them to access that care along with the waits encountered upon arriving for that care. Even though there are times

when doctors can fall behind schedule, those who simply inform patients as to why they are running behind show them that they respect their time. Following the explanations given them, patients can then make their own decisions to continue to wait or re-schedule.

Richard J. Schonberger is an author who is focused on world-class manufacturing. One of my favorite quotes can be found in his book entitled *Building a Chain of Customers*, in which he states the following: “If there was one single measure of quality, especially quality of service, waiting time (or lack of it) is probably it.” Solving this problem will increase any practice’s patient satisfaction rating. Due to their complexity, large groups, in particular, tend to have greater inefficiencies. These inefficiencies, in turn, lead to access and wait time problems. Addressing these inefficiencies will shorten wait times and give any large group a strategic advantage. Simply recognizing the importance that these four issues have on patient satisfaction should motivate practitioners to initiate the process of searching for ways to address them. **PM**



Dr. Hultman is the president of Medical Business Advisors, specializing in practice evaluations, practice valuations, and mergers. He is the author of *Reengineering the Medical Practice and Medical Practitioner's Survival Handbook*.