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Patient feedback can grow your practice—if done right

nline health Web sites have affected physicians in numerous ways—one being increased patient access to online health content and that has had both good and bad repercussions. Who hasn't had a patient present to the office with a pile of Internet printouts wanting to go through each possible piece of advice or concern come across during a search? An informed patient is great, but some patients have either delayed care or followed unproven treatments that have led to further illness.

My approach has been to not resist this trend, but to find a way to turn online health sites into something that can improve patient care. For example, I suggest they search certain Web sites that provide medically approved information and encourage patients to discuss treatments or advice with me before making significant decisions on their own.

Another growing area of concern for providers is patient-rating systems. There is a range of rating systems from the traditional Press Ganey to Zagat (known for hotel and restaurant reviews) to payer-sponsored rating sites. But, resistance is futile here as well.

With the CMS mandating hospitals to collect patient-satisfaction ratings using the HCAHPS survey instrument starting in fiscal 2008, it's only a matter of time before physicians must come to

terms with patient-rating systems and find a way to participate on their own terms.

Mark Deutsch, M.D.

However, from my experience on a locally based rating system, Cincinnati.MD, some patient-rating and feedback systems can be inherently good for physicians and patients alike, especially smaller practices that can use feedback to improve and grow their practice. That said, patient-rating systems need to include a range of fundamental features so that physicians feel that it is fair and helpful to their practice.

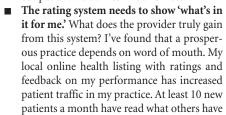
■ The system needs to be completely voluntary and independent. Patients should not be required to rate their physician, but should have the opportunity to provide feedback and evaluate a range of policies and procedures regarding clinical and administrative aspects of care. Rating systems should be independent; for example, those associated with payers concern me, because the payer has a financial/vested interest in the outcome and, therefore, there is an underlying bias.

Since I feel comfortable with my own local rating system, I encourage patients to find my Web listing and provide feedback. This instills further trust in the system and shows patients I care about their feedback, even on a confidential basis.

The rating system needs to include a feed-back loop, giving physicians the chance to respond to patient concerns. Providers are leery of rating systems since there's a risk

that a patient—or even nonpatient—may use the forum to malign his or her credibility as a physician. Rating systems need to have measures in place to allow providers to respond privately to highly negative feedback and resolve issues before the ratings or statements are posted online. If ratings are really about improving patient care and the patient experience, this measure is critical. Luckily, I haven't received any scathing testimonials, but patient feedback has led to several

changes in how we check insurance eligibility, give patients directions to our offices, mentor staff about customer interaction and cut patient wait times in our offices.



to say about me and my practice—to date I've received over 227 ratings and 149 testimonials. So, it's in my interest to encourage the process, as long as there are mechanisms in place to give our office control over addressing and resolving negative feedback. Also, satisfied patients are more compliant and involved in their own care, which makes my job much easier.

- The rating system needs to be free and require little management time. Our practice manager is in charge of reviewing and bringing patient feedback to my attention. This free online tool eliminates the need for us to do our own paper satisfaction survey, yet gives us a direct link to patients and helps us solve misunderstandings and address concerns before they get worse.
- Rating systems should offer benchmarking. If done on a local level, benchmarking can help physicians benchmark and compare their practices with others in their peer group and specialty. While almost impossible to validate, benchmarking allows me to see how everything from office appearance, office staff, procedures and interaction with patients compares in my area.

Patient-rating systems are here to stay and will likely expand with the growing use of online health content by baby boomers, and the rise of healthcare consumerism along with any formalization by the CMS of collection/reporting for physicians. Rather than forgo any rating system, find one that gives you control over the process, adds value to patient care, and brings real tangible benefit to your practice. The more I found out about rating systems, the better able I was to find one that benefited both the patient and the growth and success of my practice. «

You can reach Mark Deutsch, of Queen City Ear, Nose and Throat Associates, at mdeutsch@cinci.rr.com or visit his listing and view his ratings and feedback at Cincinnati.MD by typing "Deutsch" in the box labeled "Doctor's last name."

