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 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)

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)

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.

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)

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)

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.

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.

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

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.

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, 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?

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 ______________

____

____

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.

2 Mystery Shop 'Til You Drop

It is better to ask some of the questions than know all the answers.

James Thurber

The best questions you can ask your patients are "How am I doing?" and "How can I better serve your healthcare needs?" Only by asking these questions can you discover how to improve your practice for yourself and your patients.

Everybody, including physicians, sees him- or herself as wonderful. And why not? If you are not getting any feedback, it is easy to assume you are doing a great job. Sometimes the only feedback you get, either positive or negative, is when a patient leaves the practice, when a patient starts complaining, or when an attorney asks for a copy of a patient's records. But then you usually think it is the patient's fault. So you never really get a chance to assess your practice objectively.

If you want to make improvements, you have to be willing to look at yourself and your practice—warts and all—to hear some things you do not want to hear, and to examine the fine details of your practice under a microscope. In the preceding chapter, I outlined the most commonly used patient survey techniques. One of the best ways to critique your practice is to have someone pose as a patient and visit your practice.

Mystery shopping is a tool used by market research companies to measure quality of service or to gather specific information about the practice. Mystery shoppers posing as normal patients perform specific tasks—such as asking for an emergency appointment, calling for a second opinion, or registering complaints or behaving in a certain way—and then provide detailed reports or feedback about their experiences with the practice.

Now, you cannot ask your staff, your spouse, or your office manager to act as a mystery shopper. They have so much bias that they could not possibly be objective. Also, if they walk in the door trying to impersonate a patient, it would not be a mystery! But you can invite a mystery shopper to your practice. It is an excellent opportunity to look objectively at your practice through the eyes of a sophisticated surrogate patient. A mystery shopper is a marketing professional who has been trained to survey and evaluate the ways in which businesses serve their customers. Typically, they are hired through marketing or public relations firms.

This technique has been used by businesses for years. Hospitals have used mystery shoppers to evaluate the user-friendliness of their facilities. According to a 1997 article in the *New York Times*, mystery shopping consultants are also gaining favor as an increasing number of health maintenance organizations and doctors' offices try to attract more patients.[1] A search on the Internet yields scores of companies devoted to mystery shopper research.

A mystery shopper gives you an opportunity to identify those "moments of truth" when the patient interacts with you and your staff. If you can manage those moments of truth effectively, patients will feel good about you and your practice. They will not only remain as loyal patients but they will also tell others about their positive experiences with your office.

When you decide to hire a mystery shopper, be prepared to move out of your "comfort zone." Resolve not to be defensive about the results. The only way to get better at what you do is to be willing to hear objective criticism and to make the necessary changes.

You can find someone to mystery shop your practice from your hospital (nurses are especially good at these evaluations); a local college may have students or faculty members who are willing to perform this function; or, you can ask a pharmaceutical representative if he/she has a partner who would be willing to serve as a mystery shopper for your practice.

There are professional mystery shoppers who charge $1200–$1500 per doctor evaluation and from $150 to $250 per hour for an in-person shopper. I have included a resource for locating mystery shopper vendors at the end of this chapter.[2]

Here is how I arranged for the mystery shopper to come to my office. I asked my hospital's public relations department to locate a professional mystery shopper to evaluate my practice. I refrained from telling my staff that the mystery shopper would be coming, and I suggest that you do the same. I did not want my staff to be on their "good behavior" only for the evaluation. In addition, I was not told when the mystery shopper would be visiting. I wanted to be critiqued according to the same standards as my staff.

Once you arrange for a mystery shopper, there are several things you should do. You should ask to see the questionnaire that will be used to evaluate your practice. Most mystery shoppers work from ready-made questionnaires (such as the one presented in Exhibit 2–1), but you may be able to add some items regarding the observations you would like to have included.

The idea behind the mystery shopper is to get as authentic an impression of your office as possible. You should make sure the shopper intends to include the following suggestions.

The mystery shopper should call for a routine appointment but then ask to be seen earlier than the date given. For example, after making the appointment, the mystery shopper

Exhibit 2–1 *Mystery Shopper Checklist*

Call the doctor's office to make an appointment. Your ailment is a urinary tract infection. Tell the office that you are new in town and will be bringing your records with you to the visit.

1. Ask for directions to the office from a specific neighborhood.
2. Ask what insurance they take, the cost of an initial visit, and if they take VISA or MasterCard.
3. Ask the office hours.
4. When you make this call, also check:
   - promptness of staff in picking up the phone
   - how long you were kept on hold
   - courtesy in greeting
   - tone of voice
   - willingness to give information to you
   - willingness to work the appointment into your schedule
   - promptness in scheduling the appointment
   - any pre-instructions, preparations, etc.
   - knowledge of directions, office information, hours, insurance, etc.
   - staff ability to provide clear, concise, and understandable directions to the office
   - whether staff directed you to the practice's Web site
   - whether staff informed you about the payment expectations
   - whether staff reminded you to obtain an authorization from the primary care physician before the appointment

The next day, call the office and cancel the appointment. Wait a day and call back to reschedule. Check the above factors again.

The day you go to the office, fill out the application with bogus information. *Check the following:*

- general appearance of office
- promptness of greeting upon walking up to window
- manner in which you are greeted (eye contact, smile, pleasant voice, etc.)
- amount of time you wait before being seen
- general comments of patients around you in the office (you might ask a few patients what the doctor is like, explaining that you are new in town and this is your first visit)
- noise factor in office—for example, can you hear discussions with patients in the next room?
- any possible HIPAA violations, such as other patients' charts left on a counter that could be seen by the mystery shopper
- any other items or factors you notice

Courtesy of Christine Albert, Department of Marketing, Touro Infirmary, New Orleans, LA.

can call back and state that he or she needs to see the doctor sooner. This allows the shopper to observe how your staff handle this typical situation.

The mystery shopper should also ask for directions to the office to verify that the staff can provide adequate instructions over the phone. He or she should record whether the appointment scheduler discusses fees and the method of payment on the initial visit.

The mystery shopper might also ask about your credentials (for example, whether you are board certified). This is an important point—you need to know if your staff can describe your qualifications accurately to prospective patients.

The mystery shopper arrives 15 to 30 minutes before the scheduled appointment. This allows the shopper ample time to register and then sit in the reception area and listen to the conversations of the patients and their families. Often these conversations will provide insight and valuable information about how your patients perceive you and your staff. During this time the mystery shopper takes note of general reception area decor, reading materials, pamphlets, and brochures as well as other items you may have provided to occupy patients while they are waiting for the doctor.

If your practice has a significant percentage of senior citizens, it will be important for your mystery shopper to evaluate your practice from their perspective. Ask the mystery shopper to consider the lighting, the legibility of your print material, the comfort of your chairs in the reception area, the ability to accommodate wheelchairs and other patient aids, and any extraneous sounds that make listening to the doctor difficult. In Chapter 22 you will learn other techniques to make your practice attractive to seniors and matures.

The mystery shopper records the time he or she enters the office, the scheduled appointment time, the time he or she is escorted to the examining room, and how long it takes you to arrive in the examining room.

The mystery shopper should note whether your staff members are courteous. Do staff members smile? Do they introduce themselves and use their titles? Do they use the patient's name? Do they appear interested in the patient? Do they appear to enjoy their work?

When you arrive in the examination room, the mystery shopper should observe your manner and your style of history taking. Do you immediately start asking about the shopper's medical problem or do you ask about his or her family, work, and hobbies? Depending on the background and skills of the mystery shopper, he or she can pretend to have a medical problem. This is important for evaluating how you take a history.

Mystery shoppers can identify themselves at this stage and avoid the physical examination. This was the case with my mystery shopper, whom I did not suspect until, at the conclusion of taking her history, I told her that I was going to step out of the room and tell the nurse to come in so that I could *examine* her. At this point, she said, "Wait, wait, that won't be necessary. I'm your mystery shopper!"

Although mystery shoppers will want to avoid the physical exam, they usually still go through the checkout process and either pay by check or cash, which should be refunded immediately. Another possibility is to allow the mystery shopper to say "I left my checkbook at home" to observe your staff's diplomacy in handling this typical situation.

Finally, the mystery shopper should provide a written summary of his or her experience in your office. It is only through close scrutiny of yourself and your staff that you can identify

those moments of truth when you and the staff members have the opportunity to make a good impression. When you do make a good impression, you can be sure that you have fostered loyalty in a patient. That person will not only return to your practice but will also tell others about his or her positive experience with you and your office staff.

By the way, our report card from the mystery shopper was a good one. Otherwise, I would not be writing this book!

The Bottom Line

Taking the extra step of hiring a mystery shopper will help you unravel the hidden secrets to practice success.

Notes

1. Morrow, DJ, "To Rate Hospitals, She Dons a Wig and Practices Her Cough," *New York Times*, March 30, 1997: Section 3, p. 9.
2. The National Committee for Quality Assurance (www.NCQA.org) has an online database of vendors who conduct patient surveys. National Research Corporation conducts patient satisfaction surveys using telephone, mail, and kiosk-based questionnaires. The cost of a typical mailed questionnaire is $250–$500.

Don't Be Late for a Very Important Date

Timeliness is next to godliness.

Hospital Health Network, August 1996

What do you do when you see a police officer in your rearview mirror? Like most drivers, you automatically take your foot off the accelerator. Whenever my appointment secretary thinks I am slowing down during office hours, she places a time-and-motion sheet (Exhibit 3–1) on the patient charts. It serves a similar purpose as seeing a police officer on the highway. It is my signal that I should get into gear because I am being watched by my staff. The only difference is that, when I know I am being watched, I go faster, not slower.

My attention to time management had its genesis in what Tom Peters, the nationally renowned author *of In Search of Excellence* and consultant to Fortune 500 companies, has called the two keys to success in business: (1) find out what the customer (patient) wants and give him or her more of it, and (2) find out what the customer (patient) does not want and be sure to avoid it. Ask any patient what he or she dislikes about the healthcare experience and you will find that nearly everyone will mention "waiting for the doctor." Spending time in waiting rooms probably accounts for more patient dissatisfaction than any other aspect of medical care. In one recent survey, nearly one in four patients (24%) said they waited 30 minutes or longer.[1]

Although not many of us can make significant changes in healthcare legislation, all of us can be more sensitive to patients' number-one complaint about their physicians: that doctors do not respect patients' time. We can all make a greater effort to see our patients in a timely fashion. In this chapter I will show you how to be an on-time physician by managing

Exhibit 3–1 ***Sample Time-and-Motion Sheet***

Patient Name ____________________
Date ____________________
____________ Scheduled appointment
____________ Patient arrival time
____________ Time patient was brought into exam room
____________ Time physician spent with patient (minutes)
____________ Time patient left office

the time in the office more effectively. At the end of the chapter, 12-plus "time-busters" are provided for you to try in your practice.

Today there are more time demands on physicians than ever before. We have more paperwork, dictation, and other nonpatient obligations that take away from our primary patient care responsibilities and result in less time for our personal and family lives. The result is burnout and physicians who retire from practice at an earlier age.[2] Managing time is not only the key to a successful practice but also the key to an enjoyable one.

Do you want to evaluate the efficiency of your practice? Do a time-and-motion study and then empower your staff to implement it. This is one of the techniques I use to help myself and my staff be more conscious of time.

Do Not Keep Patients Waiting

In today's fast-paced, consumer-oriented society, patients expect to be seen and treated promptly. One of the best ways to build a practice is to see patients on time. Conversely, you can lose patients by failing to demonstrate that you value their time.

Patients understand and appreciate good customer service. And a big part of good service is no waiting. Patients are exposed to both good and bad examples of customer service at restaurants, hotels, banks, and department stores. Keeping patients waiting for excessive periods without explanation sends a signal that the doctor's time is more valuable than theirs. Patients interpret this abuse of their time as discourteous and disrespectful. You want to avoid this impression of your practice at all costs. So, how do you start?

Declare to yourself and your staff that managing time will be a priority. Make sure you and your staff understand the value of time and its importance in marketing your practice. Think about the positive results of being on time and how it will make a favorable impact on your practice. Also recognize that being on time will reduce stress in your professional life.

Identify Problem Areas

I suggest that you begin by surveying your existing patients regarding their perceptions of how time is handled in your office. In Chapter 1, I explained how to conduct a written patient survey. One of the questions on that survey can be, "Are you seen on time when you schedule an appointment with the doctor?" You can poll patients at the time they are seen in your office or by mailing surveys to patients selected at random. Make the form simple and direct and keep it short. You can provide blanks for extra comments at the bottom of the sheet.

Next I suggest conducting a time-and-motion study for several weeks. This will give you hard facts about how you manage time in your practice. To conduct the study, simply attach a time-and-motion sheet (Exhibit 3–1) to the front of each patient's chart. Record the time the patient arrives, the time of the scheduled appointment, the time the patient was seen, and the time the patient left the office. This technique will identify problem areas and offer potential solutions to such problems.

After you have surveyed your patients and conducted a time-and-motion study, examine your office scheduling procedures. Do your staff members "double-book" in an effort to finish the day early? Do they fail to triage patients adequately and allow nonemergency situations to create excessive waits for patients who have scheduled appointments? These questions should be reviewed at staff meetings to identify the problems.

Look for specific examples of scheduling problems (such as managing no-shows, addressed in the following section), and discuss them with your staff. For example, if you find that most days have two or three emergencies that disrupt the scheduled visits in the appointment book, then schedule in a few open slots for such emergencies.

Finally, schedule specific times for callbacks to patients and tell patients approximately when to expect your return call. That way they will not be waiting anxiously by the telephone and you will be demonstrating that you respect their time, too. Notifying patients of the approximate time you will be calling encourages them to be available and to keep the telephone lines open. This avoids an unfriendly game of telephone tag. (In Chapter 45, "Let Technology Simplify Your Life," I will show you how to win the game of phone tag.) You may want to consider adopting online scheduling. This can smooth processes in the office for your staff and offer more convenience for your patients. In addition, the check-in process, especially with new patients, can be streamlined with a touch-screen check-in process that you can have installed in your reception area. Both the online scheduling and the touch-screen check-in are covered in Chapter 44.

Managing No-Shows

Has your practice experienced the impact of no-shows, leading to empty slots in the appointment schedule, resulting in a decrease in productivity and a loss of income? You're not alone—and it doesn't have to be that way. Getting a handle on no-shows can have a positive effect on time management in your practice.

"No-shows" occur when patients make appointments and then fail to keep them—and do not contact your office informing you that they are not keeping the appointment. This is different from cancellations, when patients who have appointments contact the office and let you know that they are not coming. Oftentimes these patients will reschedule their appointments. The former scenario is very costly and must be avoided. The latter creates additional work for the office staff but does not cause havoc with your schedule and severely impact your bottom line.

According to an MGMA survey, no-shows can vary from as low as 5% to as much as 50% in some high-volume practices.[3] This can translate to hundreds of dollars lost each day and the loss of thousands of dollars on an annual basis. No-shows can also wreak havoc with your office scheduling, creating a ripple effect that may result in dissatisfaction among your previously satisfied patients. Proactive practices define the problem and then find a solution that cuts the no-show rate to a tolerable level.

To manage no-shows, first determine why patients are not keeping their appointments. In my practice, I routinely review all of the charts of patients who fail to show up for their appointments. I then ask my patient coordinator or nurse to contact the patients to ask them why they missed their appointments. One of the most common reasons, we found, was that new patients who had been given appointments weeks or months prior to their no-show visit had often found another physician who could see them sooner. After I heard that reason several times, I knew that I had an access problem, so I created openings in the schedule to accommodate new patients in a more timely fashion. As a result, I was able to solve the new patient no-show problem very easily.

From these calls made by my staff, I learned that some of the no-shows were "repeat offenders." We decided that after three consecutive no-shows, these patients would only be given the last appointment in the afternoon. Now, if they fail to appear for their appointment, they don't leave holes in the schedule and thus impact my productivity. If these people continue to be no-shows, we send a written letter telling them that if they continue to miss their appointments, they will be terminated and advised to seek medical care with another physician.

On a quarterly basis, we calculate the number of no-shows occurring on a weekly and monthly basis. If we see the numbers drift up, we do a more thorough analysis and we can usually identify the problem. This is the proactive solution that will work and help you keep the problem to a minimum.

Which patients are likely to be no-shows? That same 2003 MGMA survey identified that the most likely no-show patients are Medicaid and self-pay patients. The other predictor is appointment-waiting time. The longer the time a patient has to wait for an appointment, the greater the likelihood that the patient will not keep his/her appointment.[4]

Finally, no-shows can also result from patients with acute problems who are not seen as quickly as possible. By booking someone with an acute cystitis or painless hematuria 3 or more days out, you risk creating a no-show. The problem can subside spontaneously before the appointment, or the patient may look for another physician who can treat him/her earlier.

I have lowered my no-show rate significantly by establishing two time slots, one mid-morning and one mid-afternoon, for urgencies and emergencies. As a result of analyzing practice flow patterns, I have noted that nearly every day I have one or two patients that must be seen ASAP—either because they self-refer or because their physicians call and ask that their patients be seen immediately. Rather than trying to squeeze these patients in between scheduled appointments, I can comfortably see them during one of these two designated appointment times—or at the end of the day. As a result, patients whom we have scheduled for the last appointment in the morning or the last appointment in the afternoon are seen in a timely fashion. I also make sure that in any given week my schedule has several time slots that are available for new patients. A new patient—even one who has a chronic condition—should have access to your practice within 2–4 days of contacting your office. Making a new patient wait several weeks risks them calling another physician for care.

Technology to the Rescue

Sometimes patients simply forget that they have appointments. It's now standard practice for offices to call patients the day before their scheduled appointments to remind them of the day and time. In the past, my receptionist made the calls at the end of her day using old-fashioned telephone calls. These calls were often made when the receptionist was tired, and as a result, the reminder calls dropped to the bottom of her to-do list. Another problem is that employees often must leave messages on answering machines. Since most patients work from 9 to 5, this makes it difficult for them to confirm the appointment.

A few years ago, I had an automated phone system installed which can dial patients in the evening when they're more likely to be home. These systems typically allow the patient to confirm or cancel the appointment with the push of a button. The program then generates a report for the receptionist to see in the morning. Any cancellations can be easily filled from the list of patients wanting an earlier appointment. This automated technology, TeleVox HouseCalls (www.televox.com or 800-644-4266), has reduced my no-show rate to less than two per week. The cost is approximately $100 a month per physician. This is easily worth the cost, as preventing just one no-show can equal the fee and make your practice more productive and efficient.

A caveat: The automated phone system must interface with your practice management's scheduling software. If it does not interface or bridge, writing a bridge can be costly. When you decide to implement an automated phone system, get a recommendation from the company that sold you your practice management software. Most practice management programs also can generate written reminders that you snail mail. For your computer-literate patients, consider e-mail reminders.

Emphasize Importance of Keeping Appointments

All patients should be told the first time they contact the office that the time is being held for them and that you request a 24-hour cancellation. Audreen Dischner, an office manager from Valley Urology in Palmer, Alaska, notifies the patient's primary care physician if their patient fails to keep an appointment. She also solves the problem by giving repeat offenders the last appointment of the day, so as not to cause a gap in the schedule or "down time" for the doctors in her practice. New patients who fail multiple appointments with no notification to the office are asked to seek care elsewhere, and the referring physician is notified of the dismissal from the practice. These last two are strategies that, as I mentioned above, have been helpful in my practice as well.

Should You Charge for No-Shows?

You may want to consider instituting a charge for no-shows. Be careful to first check your third-party-payer contracts because there may be a prohibition for such charges. If so, you may want to renegotiate the contract to include no-show fees when it is up for renewal. Also, you must inform patients, in advance, that there is a charge for no-shows, and what that charge is. This should be in writing and mailed promptly to all patients new to your practice.

Rick Rutherford, head of practice management at the American Urologic Association, recommends charging only those patients who fail to keep appointments for office procedures for which significant productive time is blocked out. Examples of such procedures are colonoscopies, skin biopsies, laser ablation of veins, vasectomies, and cystoscopies performed in the office. Patients should be thoroughly informed by one of your staff members of the potential no-show charge when they sign their surgical consent.

A word of advice: if you do charge for no-shows, then you better be an on-time physician. Otherwise, you risk being charged by your patients for time spent in your reception area waiting for you!

Preventing no-shows can be a proactive process. Look at your systems and scheduling processes. Check the access to your practice for new patients and patients with urgencies and emergencies. Identify the obstacles that prevent patients from keeping their appointments. Make every effort to be on time for your patients, letting them know that you respect their time. You will be rewarded by patients respecting your time, and you will have a more productive and profitable practice. By using these techniques, I have reduced my no-shows from 1 to 2 per day to 1 to 2 per week.

Manage Interruptions

I recommend making every effort to avoid interruptions when you are with patients. Many physicians may feel that they get more accomplished by handling several things at once (a human version of computer "multitasking"). In fact, some studies have shown that multitasking can introduce gaps in information flow and sometimes lead to medical errors.[5] But more importantly, you may do your practice more harm than good with this habit. Why? Because patients perceive this as disrespectful and rude.

I will never forget the time I was interrupted for "emergencies" three times while trying to care for the same patient. When I returned to the exam room after the third time,

the patient politely asked for his records, saying, "Dr. Baum, I like you and I like your office staff. You enjoy a very nice reputation in this community. However, I am not receiving your undivided attention." How could I argue with him? His comment was absolutely correct, and there was nothing I could say that would make him change his mind.

As a result of this fiasco, I decided to define "emergencies" and educate my staff as to the specific indications for interrupting me while I am in the room with a patient. I now accept an interruption if there is a call from the emergency room, the operating room, the recovery room, or the intensive care unit. Other patients, personal friends, and cold-calling stockbrokers are told that I will return calls at 4:30 p.m. and are asked to leave their number.

When a colleague calls and asks to speak to me, he or she is told the following: "Dr. Baum is with a patient. If it is an emergency, I can ask him to come to the phone right now. If not, I will have him call in just a few minutes when he comes out of the room." It has been my experience that most of my colleagues are sensitive to the fact that I do not want to be interrupted and will accept my returning the call in a few minutes.

Now, to make this philosophy work with colleagues, I have to behave in the same manner toward them. When I call a colleague, I ask if he or she is between patients. If the physician is with patients, I ask when I might call back. If the office tells me that the physician will call me back, I tell my receptionist that I am expecting a call and that I can be interrupted. I then tell the next patient, "I am expecting a call from a colleague. Can I begin our visit and will it be okay if I am interrupted?" I have never had a patient who refused to accept that approach.

Do Not Ignore Delays

The worst thing you can do if you are delayed is to ignore the situation. This only escalates the tension. If you see that you will be late to the office, notify your staff as soon as possible.

Encourage your staff to obtain a daytime telephone number for each patient. This is helpful when you need to alert patients about a delay or to contact them if cancellation times become available.

Routine appointments can be scheduled several weeks in advance. Make sure you explain to patients that your staff does this to keep time open for emergencies and urgent visits. The patients need to be told that you follow this procedure to avoid excessive delays in the office. When you explain your procedure to your patients, they nearly always understand and accept your scheduling policies.

If you are delayed and patients are already in the office, have your staff personally walk into the reception area, explain the delay to those waiting, and give an estimate of how long patients can expect to wait. Leaving the patients in the reception area without an explanation is a sure way to promote "contagious hostility" among the patients.

To show patients that you place a premium on their time, a sign can be placed in the office stating "If you have been waiting more than 20 minutes, please notify the receptionist."

This sign will also catch the occasional patient who forgets to sign in or notify the receptionist and "gets lost" in the reception area.

Providing pleasant distractions in your reception area helps decrease the anxiety associated with delays. (For more suggestions, see Chapter 6.) Some practices located in shopping centers provide patients with beepers and contact the patients when they can be seen. In my practice, we ask patients for their cell phone number and give them coupons for coffee at a nearby coffee shop. We offer them a free cup of "designer" coffee and then call them on their cell phone when there is an opening in the schedule or when it is time for them to return to the office. I have never received a negative response from a patient when I told them I knew that they needed additional time and offered this option.

Another nice gesture is to provide patients with refreshments, such as decaffeinated coffee or bottled water. This shows concern for their health (and also makes it easier for patients to provide urine specimens).

If you are late, you should remember to use the magic words, "I'm sorry." It is important to acknowledge your delay and apologize for it. Most patients will not get upset over a legitimate delay. A sincere apology and an explanation for the delay signals to your patients that you are sensitive and that you value their time.

If there has been an excessive delay, you may detect hostility on the part of a patient (the body language is hard to miss: tight lips and a grimace, clenched fists, leaning forward in a pounce position). In this type of situation, you might consider a small but significant discount on your fee. I have done this on several occasions and watched patients change their attitude immediately. I have even empowered my staff to write off the patient's bill if they see or hear that the patient is very upset about the delay in the office. This write-off occurs about once every 3 months, and I have been amazed at the response from patients and people who have heard about the write-off policy. The write-off of the office visit is worth more to your reputation than the $50 to $75 of income.

You can also reinforce your sensitivity to excessive delays by sending an apology letter (see Chapter 14, "Leave a Paper Trail . . . That Leads to the Bottom Line"). Remember, your patients' goodwill and their positive image of you and your practice should be your foremost concern.

Finally, encourage your staff to develop an "on-time mentality." Empower your staff to move you along if patients are waiting or appear to be anxious. What works for me is seeing the time-and-motion sheet on a patient's chart. There may be other signals that help you move along, such as a certain piece of music (like Ravel's "Bolero") or another audible cue that you and your staff previously have agreed upon. My staff have created humorous cards imprinted with "Hustle Your Bustle" and "Let's Move It" that are flashed in front of me when I begin running behind schedule.

Today, being on time is vital to retaining patients. You can also encourage new patients to enter your practice if you develop a reputation in the community of being an "on-time doctor."

With more to do and less time to do it in, your practice effectiveness and success, as well as your happiness, are dependent on your ability to manage time. Each one of us has only 24 hours in the day. How that precious commodity is used is what differentiates a doctor

who enjoys his or her practice from a doctor who is a slave to it. Being on time endears you to your patients and your staff. Strive to be labeled as an on-time physician.

12+ Time-Busters

The following suggestions will help you manage your time more efficiently:

1. **Do not allow telephone interruptions while you are seeing patients.** Leaving a patient in the exam room while you answer a phone call does not make the patient feel important or that he or she has your undivided attention. However, my staff has a system of using certain numbers on my cell phone as a text message, such as 911 if there is a call from the emergency room, 411 if another physician is calling, and 000 if my wife or family must speak to me. (I keep the phone on vibrate mode, so the patient does not hear it or see me look at the screen.) In addition, make it a policy to return all routine calls at a specific time, such as 11:45 a.m. or after 4:30 p.m. If your patients and colleagues know your telephone policy, they will respect it and interrupt you for emergencies only.
2. **Handle paperwork and mail only one time.**[6] Read your mail and reports at a time of day when you can take action and delegate tasks to your employees. Make use of Post-its™ to alert you to special details that need attention from you or your staff.
3. **Dictate in real time.** Do not wait until the end of the day or week to dictate letters or discharge summaries. Dictate in front of the patient when the facts are fresh in your mind. This adds to the accuracy of your history and allows your patients to make corrections or additions during your dictation. Dictating in real time reassures your patient that you are communicating with his or her referring physician. Dictate discharge summaries when the history and hospital course are easily remembered.
4. **Learn effective scheduling.** Leave a half-hour open during morning or afternoon office hours to accommodate add-ons and emergencies. Do not fill that half-hour until the office opens in the morning when the phone is transferred from the answering service to the office phone. Do not worry about this open time. That half hour almost always gets used—if not with seeing patients then with catching up on your dictation and paperwork.[7] We refer to this 20–30 minute slot each morning around 10:30 and each afternoon at 2:30 as "sacred time." It is reserved for urgencies and emergencies.
5. **Estimate the length of a patient visit and schedule accordingly.** A new patient with a chronic problem may take 25 minutes of your time, whereas a returning patient with a recurrent urinary tract infection, for instance, may require only 5 minutes. However, a patient with a newly diagnosed cancer may require 35 to 40 minutes and should be scheduled at the end of the day when you have time to answer all of his or her questions. A patient to whom you are disclosing a diagnosis of cancer or

revealing a significant life-threatening diagnosis such as diabetes, lupus, or renal failure deserves your undivided attention.

6. **Create a to-do list for the day and week.** There are a number of paper and electronic systems on the market to aid you in keeping track of your schedule. You may want to use your cell phone or one of the personal data assistants (PDAs) designed especially for physicians.[8] Prioritize your to-do list with 1s, 2s, 3s, and 4s: 1s are must-dos, 2s are important but not imperative, and 3s and 4s are "sliders"—you can move these to another list. Check off completed tasks. It gives you a feeling of accomplishment to see a list with check marks beside the 1s and 2s.

   In addition, the Little Blue Book is now available for your PDA. This is a program designed for use on a handheld device running either the Palm Operating System® or Windows CE platform. Now you can have physician e-mail addresses and pharmacy fax numbers on your Palm or other handheld device along with other physician and pharmacy information, including direct dial to pharmacists' phone numbers and fax numbers. The program also provides your area's hospital information and useful HMO numbers and can be downloaded from your computer to your PDA. For information, go to http://www.thelittlebluebook.com/products.aspx.

7. **Use office videos for patient education.** By using office videos to explain common procedures, I have been able to enhance my office efficiency by 20% to 30%. See Chapter 16 to find out how to create your own videos.

8. **Learn to delegate to and empower your staff.** Allow your staff to make nonmedical decisions about office procedures and equipment. Give them the responsibility to solve problems on their own. Hire and train employees who are self-starters and can take the initiative to solve problems effectively and efficiently. (In Chapter 36, I will teach you how to hire and train that self-starting employee.)

9. **Do not spend time between surgical cases drinking coffee and reading the paper.** Make phone calls, invite medical records personnel to the doctors' lounge so you can sign charts, or outline an article you want to write for the local newspaper (or, better yet, outline that book you have been meaning to write).

10. **Do NOT see pharmaceutical reps or vendors during patient hours.** You cannot be an on-time physician if you are being interrupted throughout the day by pharmaceutical representatives. Nothing is more discouraging to your patients than to see a drug rep walk into the office and be seen before they are seen. This is especially true if the patient has been waiting to see the doctor. I suggest that your office tell the rep that you do not see reps when patients are in the office and that you will schedule an appointment to see them at a time that is convenient for both of you. Most reps and vendors appreciate being seen on time and will accept this alternative.

11. **Start on time.** If you start a half-hour late, you can be sure that by the end of the day you will be 30–60 minutes delayed in seeing your last patient. You can't expect your staff and patients to be on time if the doctor isn't on time. Be realistic when you make up your schedule: You must make allowances for rounds, coffee, and looking at mail. If you are diligent about being on time, so will your patients and staff.

12. **Educate yourself with audiotapes.** Driving to and from work and hospitals can be a great time to stay current with your continuing medical education credits. CDs are available for nearly every specialty, usually through your society or association. Also, consider obtaining tapes on nonmedical subjects, such as business, or taped novels or foreign language instruction (Berlitz distributes an excellent series, http://www.berlitz.us/web/html/Default.aspx, as does Rosetta Stone, http://www.rosettastone.com). Your local bookstore is also a good source for such tapes.[9]

13. **Finally, exercise regularly, even if it is only walking up and down the stairs in the hospital or in your office building.** You will feel better and you will allow the pressures of your practice to defuse in a healthy fashion. Wear a pedometer. Have as a goal to walk 10,000 steps a day. You will be amazed how much exercise you get in the office if you take the time to record your progress on a pedometer. The 10 best pedometers are available online at http://walking.about.com/od/measure/tp/pedometer.htm.

The Bottom Line

In many ways, effective time management boils down to plain good manners and of practicing the Golden Rule: If you treat patients the way you would like to be treated, the chances are good that they will continue to be loyal to you and to your practice.

Notes

1. "Waiting Room Tops Patient Complaints," June 8, 2007. Retrieved July 31, 2008, from: http://www.cbsnews.com/stories/2007/01/08/health/webmd/main2339624.shtml.
2. "Doctor Dearth: Frustrated with Managed Care and Flush with Wise Investment, Physicians Are Retiring Earlier—Alarming Hospitals and Practices." Reprinted from Hospitals & Health Networks, Vol. 75, No. 3, by permission, March 2001, Copyright 2001, by Health Forum, Inc., http://www.nejmjobs.org/rpt/early-retirement-physicians.aspx.
3. Woodcock, E, *Mastering Patient Flow* (Englewood, CO: MGMA), 2003.
4. Ibid.
5. Collins, S, Currie, L, Patel, V, Bakken, S, Cimino, JJ, "Multitasking by Clinicians in the Context of CPOE and CIS Use." Medinfo 2007: Proceedings of the 12th World Congress on Health (Medical) Informatics; Building Sustainable Health Systems. Retrieved August 3, 2008, from http://search.informit.com.au/documentSummary;dn=781130827833764;res=E-LIBRARY.

IDENTIFYING MOMENTS OF TRUTH

When the moments of truth go unmanaged, the quality of service regresses to mediocrity.

Karl Albrecht and Ron Zemke, Service America

As physicians, we all want to be judged on the quality of the care we offer. The fact is, patients' opinions of us are strongly influenced by such variables as courtesy, attention to detail, and reliability. That is why "moments of truth"—those brief interactions that have relatively little to do with medicine but a lot to do with satisfying patients—are so important. During those moments, patients form positive, negative, or neutral impressions about a physician or practice. Once made, those impressions are difficult to change. Remember, you don't get a second chance to make a good first impression.

Create a Patient Cycle

You can identify moments of truth for your practice by doing a "contact analysis" of each interaction between a patient and the practice. In my practice we created a patient service cycle (see Figure 4–1). We tracked a typical patient from the moment the person called to make an appointment, through paying the bill and leaving the office. The cycle does not begin or end there. It begins again when the patient reenters the cycle or, better yet, tells a friend or family member, who then enters the cycle. Even after the patient has left the practice, you can continue to manage the interaction with your practice.

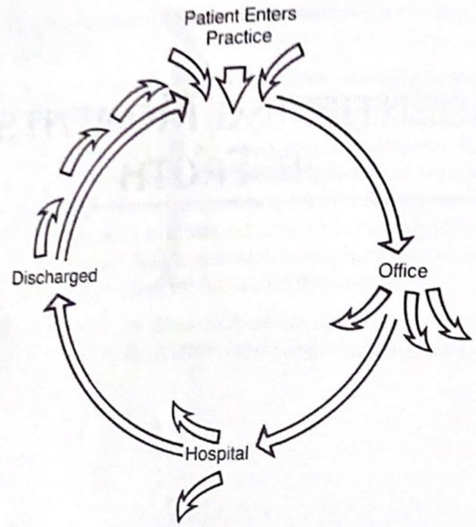

Figure 4–1 ***Diagram of a patient service cycle, which can be used to identify moments of truth.***

Source: Adapted from Service America by K. Albrecht and R. Zemke, 1985 © Karl Albrecht.

We assigned each staff member one segment of this cycle, such as the telephone, the reception area, the examination room, or the business office. Each staff member then identified all positive and negative interactions that occurred in his or her segment.

What to Watch For

Several situations warrant careful attention. Phone contact with your practice is one of the most critical areas. It is usually the first time the patient has contact with your practice. All day, new and returning patients call your office to make appointments. How does your receptionist or appointment secretary handle this moment of truth, which is often the patient's first contact with your practice? Is he or she abrupt or impolite? Does he or she put the patient on hold for several minutes? Any discourtesy can create a negative impression of your practice. If the patient's perception is negative, that moment of truth may make the patient hesitant about visiting your office. The result may be a needlessly anxious patient.

Picture the opposite scenario: The receptionist answers the phone and enthusiastically identifies him or herself. The receptionist uses the caller's name and is pleasant and enthusiastic throughout the conversation. This creates a positive moment of truth. Now the patient may actually be looking forward to the office visit. More ways to enhance telephone etiquette in your office are discussed in Chapters 34 and 45.

Moments of truth are not restricted to making appointments and telephone calls. For instance, you need to examine how staff members settle patients' bills. Do you need to reduce the time it takes to complete patient information forms? At my practice, my staff and I decided that refilling prescriptions was a moment of truth that we were not managing successfully. So, we streamlined our procedures by recording the telephone number of the patient's pharmacy in his or her chart (see Chapter 5), thus reducing the time it takes to contact the pharmacy. We also thanked patients who refilled their prescriptions during the week rather than on the weekend. This was a positive reinforcement of our request that they refill prescriptions during office hours.

Patients will have a positive experience even before they come to your practice if your staff members send a "Welcome to the Practice" package *prior* to their first visit. This package might contain the practice brochure, a newsletter, a map, and patient education material about the patient's stated medical problem or complaint. (In Chapter 45, I discuss effective use of computerized patient education material.)

Another moment of truth is the bottleneck that can develop when patients have to fill out forms and questionnaires in the reception area. You can avoid this by sending the forms to the patient ahead of time so that the form can be completed at home. If you have a Web site, you can have the patient download the medical history questionnaire and demographic sheet and fill it out at home. Or, they can submit the forms via the Internet to your practice. The data can be input into a chart that is ready for the patient upon his/her arrival, or can be used to populate your electronic medical record.

Obtaining authorizations for patients to be seen by the physician can also create delays. Most of us have kept patients waiting an inordinate amount of time while someone in the office contacted an insurance company or primary care physician to obtain an authorization. This should be the patient's responsibility, and that fact should be clearly explained in the "Welcome to the Practice" package (see sample letter in Chapter 14). When your appointment secretary or receptionist contacts patients prior to their visits, he/she can remind them of the necessity of obtaining the authorization prior to their visit. Failure to do so may result in significant delays in your office, decreasing patient satisfaction and certainly upsetting your schedule.

The authorization issue has developed because of the incursions of managed care. In this environment, you will want your patients to report their positive experience to both their managed care plans and their employers, who are paying the bill. Managed care plans often survey members, asking about their experiences with the providers and their staffs. Practices that do not provide easy access, that keep patients waiting, that treat authorizations as a "burden" or whose staffs are unfriendly, risk being dropped from the plan. This can mean the potential loss of hundreds and sometimes thousands of patients who will not be allowed to use your services.

Don't Forget the Hospital and Outside Testing Facilities

Examine the moments of truth that occur when your patients have to deal with the hospital (see Figure 4–2). At my practice, patients told us that when they were sent for x-rays or to the lab, they found no reading materials to help them pass the time. We solved this by sending them out our door with reading materials, making sure that the materials were appropriate to their medical conditions.

When you send patients for testing or scans, a list of "tips" about the procedure would be most welcome, especially if they have not undergone such testing before. For example,

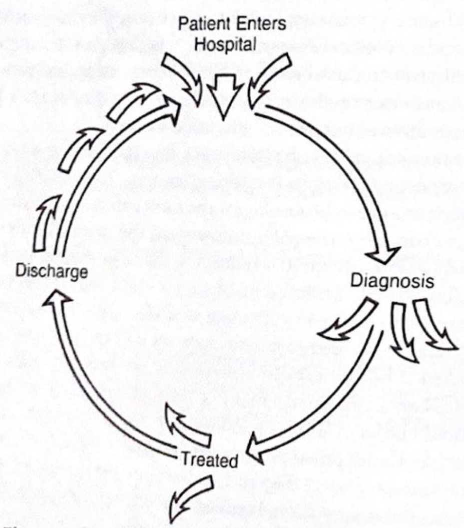

Figure 4–2 *Diagram of a patient service cycle in a hospital. When the patient is referred to the hospital for tests or procedures, a negative moment of truth can adversely affect your practice's image. This cycle can identify those moments and help you correct them.*

Source: Adapted from Service America by K. Albrecht and R. Zemke, 1985 © Karl Albrecht.

until all hospitals and imaging centers have the newer "open" machines, the following might be helpful to patients about to undergo a CT or MRI scan:

> *Be prepared to lie on a table that slides into a large cylinder. If you have trouble with claustrophobia, let the imaging center know this beforehand. They can usually prescribe a mild sedative to help you relax. Another way to deal with close quarters is to have a washcloth or towel on hand and put that over your eyes. Keeping your eyes closed will also help you relax. Remember that you will not be able to wear any jewelry or metal during this test, so it is best to leave these items at home.*

Your hospital may help you with the task of defining the moments of truth outside your practice, and it will most likely be interested in your findings. (In Chapter 40 we will provide you with additional examples of how to help make your hospital your marketing ally, and how to work with hospital staff and administrators to manage the moments of truth for your patients.)

Other Methods of Discovery

Other methods of identifying moments of truth include patient surveys that can either be mailed to the patients or filled out while the patients are in the office (see Chapter 1). A suggestion box placed in the reception area will often uncover areas that need improvement.

As mentioned in Chapter 2, hospitals and other healthcare providers have begun to use mystery shoppers, who record their moment-of-truth experiences and help define service cycles. I have used this method quite successfully in my practice. You can also ask family and friends how they are treated when they call your office or what their impressions are when visiting the practice.

Turn Negatives into Positives

Once we identified our moments of truth, the entire staff reviewed them at the staff meetings. We first looked at the negative moments of truth and prioritized them, stressing the ones we felt needed immediate attention.

We then listed all the possible solutions to each problem and selected the approach that we would implement. We also tried to identify a way of measuring the results of the intended solution. Finally, we set a deadline for implementation.

Here is how we used this method of identifying the moments of truth to resolve the "Case of the Missing Papers." I frequently operate on patients at outpatient surgery centers. Our routine was to give patients their orders and consent forms in the office. We told them to bring their paperwork with them to the hospital on the morning of the procedure.

Over time, it became clear that some patients were forgetting to bring their paperwork. This delayed the procedure for 30 to 60 minutes. As a result, patients and their families experienced additional anxiety. It also caused delays in the operating room schedule and in my office scheduling. We identified this as a negative moment of truth that urgently needed a solution. We decided the best way to resolve this problem was to have my nurse collect the patients' papers and take them to the outpatient facility once a week. The outpatient facility keeps a file on Dr. Baum in which all the consents and orders are kept. This way, we can now guarantee that the critical paperwork will not be lost or forgotten. Each patient is now simply contacted the day before and reminded of the time and place of the outpatient procedure. All the patient has to do is remember to show up!

A moment-of-truth analysis can be an invaluable method of learning about your practice. You can identify those contact points where patients feel positive about you and your practice. Once you identify your moments of truth, you can begin to manage them. In the realm of quality of service, you will be a cut above the rest.

The Bottom Line

Patients do not care how much you know until you first show how much you care. You can show them how much you care by managing the moments of truth.