MEASURING UP

EVENYONE’S A CRITIC

For some physicians, managing patient-satisfaction scores means striking a balance between popularity and practice.

BY ANDY STEINER

A patient searching for a physician whose goal is to make her patients happy, one who will prescribe antibiotics for the slightest snuffle or a pile of pain meds for an ingrown toenail, is not likely to land on Kim Fischer, MD. An experienced, no-nonsense OB/GYN with a steady supply of dedicated patients who appreciate her honest approach to medicine, Fischer admits that her style doesn’t make her popular with every person who walks through her clinic’s door.

She’s got the patient rating scores to prove it.

After every medical visit, Allina Health offers patients an opportunity to rate their experience, using the national CAHPS Clinician and Group survey measures (https://www.ahrq.gov/cahps/surveys-guidance/cg/index.html). Not every patient fills out the survey, but many do. Allina policies make the reviews transparent; physicians can read reviews and see how they measure up to their colleagues—and to system-wide ratings goals.
On the survey, patients are asked to rate their experience on a scale of 0-3, with 3 being “excellent.” Fischer, lead physician at East Metro Allina Women’s Health, says the Allina expectation is that physicians hit the top score. “Anything under that is inadequate.”

Fischer is the first to admit that there were times in the past when her patient approval ratings were less than stellar. “At my lowest,” she reports, “I was at the 63rd percentile, which is much, much lower than expectations.”

While she usually chalks up her less-than-stellar patient reviews to her no-nonsense style, Fischer admits that she wasn’t happy with her results. Like most physicians, she’s a competitive overachiever and even though she still had a busy practice with plenty of satisfied patients, she was frustrated with her underwhelming ratings.

“If a patient doesn’t say you were ‘excellent,’ then your percentage goes downward,” Fischer says. “It only takes one or two bad evaluations to take your score down significantly.”

She wasn’t sure how to best bring her satisfaction scores up to where she felt they should be. “Sometimes you feel like you can’t win,” she sighs. “You’re doing the right thing, but it’s not exactly what the patient wants. Sometimes a patient just isn’t happy, no matter what you do. I know that as a doctor I’m not here to make everybody happy—I’m here to take good care of patients. That’s the ultimate goal, to do the right thing. But sometimes it still feels like a struggle.”

**ROOM FOR IMPROVEMENT**

There was a time when Fischer tried to take a more cynical view of her patient review scores.

“I told myself it was all ridiculous,” she recalls. “But the truth is, as a physician it is hard to take that kind of feedback. We are so used to learning medicine and then suddenly it feels like there is an expectation to learn how to make everybody love you all the time.” And she also knew plenty of ethical physicians with strong patient reviews. Fischer asked herself what they did to achieve that balance.

When higher-ups suggested that she sign up for a class designed to teach physicians how to improve patient relationships led by Steve Bergeson, MD, Allina’s medical director for Care Improvement, Fischer agreed to try it.

Bergeson, a family medicine physician with a calm, measured manner, has been part of a team working on Allina’s care improvement efforts since 2006. He sympathizes with “amazing, committed” doctors like Fischer, who feel ranked by the outsized impact of negative patient reviews. But in an age when public criticism of physicians can pop up anywhere, not just on official clinic review portals but also on sites like Google, Yelp or Healthgrades, the issue is too important to ignore.

“Of course, there is the grief and reactions like, ‘this is not accurate;’ and ‘I hate this kind of survey’ and ‘This doesn’t really mean anything,’” Bergeson says. But he knows plenty of physicians who’ve taken Allina’s communication courses and come away with a new perspective. “We have a lot of people who were not doing as well as they wanted to and have substantially improved their reviews by doing some specific things that they’ve learned in these classes.”

Bergeson says Allina’s courses are dynamic and interactive, not stodgy PowerPoint presentations. Some experiential courses involve actors who role-play typical patient scenarios with physicians. Some videos for professionals star cast members from the Minneapolis improv group Brave New Workshop.

Humor goes a long way, Bergeson says. “We’ve done a fair amount of Brave New Workshop videos where we say, ‘We’ll show you a not-so-good approach and then we’ll contrast that with an even better approach,’ so that they can actually see it. And we’ve actually produced discussion guides where we say, ‘Watch it to this point, stop the video, ask these questions, get some feedback, find out what was good about it and what could’ve been even better.’”

Fischer took two rounds of communication courses, and says the key advice that they provided helped her learn how to shift her style in important ways.

“Some of it just seems so basic,” she says now, “but it is really important.” The style shifts that made the biggest difference for her revolved around seemingly ordinary patient interactions.

Entering an exam room, for example: “I learned that you should knock twice on the door,” she says. “Then you should wait two seconds before cracking open the door. Then you need to ask permission to enter. Not all physicians know to do that, and many patients really appreciate this step.”

Taking a little time to interact personally was another: “I would introduce myself to the patient and that was it,” she says. “I didn’t want to waste everyone’s time.” The courses taught her that she needs to slow down and make connections with patients—and any friends or family members they’ve brought along. “I now make a point of introducing myself to everyone in the room,” Fisher says. “I also learned that during an appointment, I should slow down and talk to the patient about something that’s not medical, like complimenting their bag or their shoes.”

When running late to appointments: she learned to pause and say to patients, “I’m sorry to have kept you waiting.”

Taking these suggestions to heart helped Fischer bring her approval ratings up to the 93rd percentile. While she’s happy with that improvement, she still feels like she has a way to go. “Allina wants us at the 95th percentile in patient satisfaction ratings,” Fischer says. “There are a lot of physicians out there who are higher than me.”

Charlene McEvoy, MD, a pulmonary specialist at HealthPartners, consistently gets high patient reviews. She’s also been voted a top doctor in Minnesota Monthly and Mpls.St.Paul magazines. McEvoy believes that her approach to medicine helps boost her patient ratings. “I enter every relationship with a patient as a sacred relationship,” she explains. “When they are in the exam room, patients are super vulnerable. They are often telling me things that they won’t tell anyone else. It is like a confessional. They trust that I have their best interests at heart. I take that seriously.”
While she knows that practicing medicine isn’t a popularity contest, McEvoy says she has a deeper reason for wanting to earn her patients’ approval: “I care if patients like me because I want to be an effective doctor.”

Christopher Warlick, MD, PhD, is a urologist and interim chair of the Department of Urology at the University of Minnesota Medical School. He’s also a Top Doc with a pile of 5-star patient reviews, some of which he chalks up to commitment to careful, clear explanation of medical options and procedures.

“When I have a patient who says, ‘That’s the first time anyone has explained that to me,’ or when they say, ‘You’ve really explained that well,’” Warlick says, “that means I have achieved one of my goals with them, which is helping them to fully understand their situation.”

Though he acknowledges the overall importance in reputation-building, Warlick admits that he generally makes a practice of not reading his patient reviews.

“I don’t look at them, to be honest,” he says. “That may not be very savvy on my part. We’re in the age of social media and we need to be aware of those things. But I actually try not to review them on any regular basis. It’s just too distracting.”

That attitude may come from Warlick’s upbringing. “My father was a professional football player for the Buffalo Bills,” he says. “He used to say, ‘You don’t read your own press clippings. Let the critics do their job and you just focus on doing the best job you can do.’ I try to make that my attitude as well.”

**WALK THE LINE**

Some physicians admit that it can be hard to strike a balance between running an ethical practice and one that consistently wins high patient praise.

Renée Crichlow, MD, is director of advocacy and policy in the Department of Family Medicine and Community Health at the University of Minnesota. She also trains medical interns at North Memorial Health Hospital. She says that putting patient happiness above all else can actually be bad medicine.

“It is not always in the patient’s best interest for the doctor to do exactly what they are requesting,” she says, pointing to The Cost of Satisfaction, a 2012 JAMA study that found that higher patient satisfaction scores were associated with increased mortality of patients. “I’d be curious how many lower ratings correlate with the patient not getting antibiotics because the doctor thought their illness was viral or a patient not getting a chest x-ray for a cough or an MRI for low back pain. The perverse incentive to make the patient feel like all of their requests can be fulfilled, that’s just not good for patient care. It is not good for the patient.”

Sometimes patient bias can figure into an unfavorable review. A white woman born in the United States, Fischer says that she’s concerned about the impact that negative patient ratings can have on the practices of younger physicians—especially those who are foreign-born physicians or physicians of color.

“Online reviews might have more of an impact on them because they are just coming in and they don’t have an established practice like I do,” Fischer says. “Most of my patients are coming to me through word-of-mouth from patients who like my style and like who I am. My concern is that a new doctor who’s getting all different types of patients and not yet getting referrals might not have as strong of a reputation. One bad review could be a big problem for them.”

A family physician, Crichlow says she believes that patient satisfaction is achieved through building a long term, trusting relationship with patients. “I want myself as a physician and the physicians that I train to be working for that patient in the room right there, not for their Google and Yelp reviews,” Crichlow says. While patient feedback can be an essential way for doctors to learn how their practice can be improved, it’s important to understand that patients won’t always come away from medical appointments feeling happy.

“I’m not against getting feedback from patients or using patient satisfaction scores,” Crichlow says, “but I think we still haven’t figured out how to measure physician performance in a way that really expresses factors like, ‘Did you [the physician] work with the patient well? Did you feel heard?’ Those kinds of questions are more important than questions like, ‘How satisfied were you? Were you pleased?’”

Because the practice of medicine is a richly nuanced skill, Crichlow believes that working well with patients, listening and providing appropriate comfort are the most important techniques she can practice and teach.

“If you give someone a cancer diagnosis, do you think they were pleased? How would they rate that experience?” she asks. “As physicians, we are with people in really hard times and really joyful times. We do obstetrics. We do hospital work. When you are with people in hard times, sometimes you have to tell them bad news, and you have to know how to do it right. But when you do it right it can make all of the difference.”
Patient reviews on online sites like Yelp, Google or Healthgrades are powerful. A disgruntled patient or a random person with an ax to grind can get online and do serious damage to the reputation of a physician, clinic or hospital, and often the targets of those reviews feel like there is little they can do to directly respond to complaints or remedy the situation.

A few years ago, communications staff at M Health Fairview decided to confront this issue head on. “We have taken a more system-oriented approach to online reviews,” says David Henke, M Health Fairview senior communications specialist. “In late 2016, early 2017, we ran a pilot project looking at the online reviews that a subset of physicians and clinics were receiving on popular review websites like Google, Healthgrades and Vitals.”

The project soon grew into an effort to respond to all online reviews for M Health Fairview services. Communications staff implemented software that allows them to pull in reviews and react to them in real time. “Our team can see those activity points and we can respond to them by routing the concerns to someone in the most appropriate place,” Henke explains. “If it is someone posting a review of one of our locations we will find out if there is something we can do for that particular individual. It may mean connecting with the clinic manager and making them aware of what is happening and finding a way to resolve that.”

This approach is part of M Health Fairview’s commitment to fine-tuning the “entire patient experience, not just the part of it when you’re with your doctor,” says Maria Lettman, senior communications manager. “When you think about how people experience medicine, it’s a much larger experience than your time with the physician. It’s how your schedule your appointment, how you interacted with the person at the front desk, how you paid your bill. We care about the entire patient experience.”

When M Health Fairview responds quickly to complaints, reviewers are usually pleased, Lettman says. “We see that people are surprised by how quickly we respond and how empathetically and helpfully we respond. We can get someone who just starts by blowing off some steam and the fact that we are listening, that we don’t get defensive and are there to help, people often go from angry to surprised to grateful for the help. We see people taking down their negative reviews.”

Henke views taking time to maintain online relationships by responding to unsolicited reviews as part of maintaining M Health Fairview’s reputation in the larger world. “There’s a pretty well-documented movement within health care that people are looking to a health system’s social media channels, online websites or review portals to help them solve problems and answer questions,” he says. “We recognize that as a system and wanted to ramp up our efforts to handle it. We wanted to create this concept of a digital front door. We want to be prepared to open that door when someone knocks.”