

Communications from the Front Line

Patient surveys: An absolute must for a healthy oncology practice



Meryl Luallin

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In the past, patient surveys were optional.

But today — in a highly competitive medical marketplace where patients are more demanding, workloads are heavier and health plans are surveying their members every year — knowing how you stand with your patients and referring physicians is an indispensable part of your practice-building effort.

Getting into the survey habit is easy. First you start with a survey form. Then you decide how you want the information to be reported, i.e., by individual physician or just through overall practice summary. For those who wish to know how patients perceive their individual doctor, a minimum of 30 responses per provider has been deemed acceptable by health plans and large medical groups. For a summary report, simply aggregate the responses of all of the providers. To achieve a sampling error of ± 4 percent you'll need to collect 400 surveys. If you end up with 200 "completes" the

sampling error is closer to ± 8 percent.

Next, choose a distribution option — either handed to arriving patients, or mailed to a list of patients seen recently. Both methods produce reliable data, but mailing adds considerable cost for postage.

As a result, most smaller practices choose to distribute patient surveys over the counter. If you use office distribution, place a receiving box in your lobby, or offer stamped reply envelopes addressed to your office.

How many surveys to distribute? A rule of thumb is to figure on a return of about 30 percent for office distribution, and 20 percent for mail.

Once you have your scores, they will be spread across the scale of "excellent" to "poor." Looking at the percentages, you can consider "excellent" and "very good" responses to indicate patients who are satisfied, loyal and probably saying good things about you to their family doctor and friends — you can look to the highest scores

from these patients as indicators of your practice's strengths.

"Fair" and "poor" responses suggest patients who are dissatisfied with some aspect of your services. They're not loyal, and they don't compliment you to their family doctor or friends.

You can see which questions these patients have rated low, and build an accurate profile of your practice's weaknesses.

"Good" responses can be misleading, because it's the mid-point of the scale. In this sense it's a "neither-nor" category — these patients couldn't think of anything outstanding that happened to them at your practice, but they weren't antagonized, either. Many statisticians will ignore the "good" category as not really telling them anything about your strengths or weaknesses.

How do you know whether to be happy or disappointed about your scores? Unfortunately, you can't — unless you have an external database that compares your scores with those of

other oncologists.

So what to do with your survey scores? Try a pizza lunch with every member of your office — they're all on the team, and their buy-in will be needed for your improvement plan to succeed. Review the survey data, find the low scores and ask your team why they think the scores are not higher. Then lead a brainstorming discussion of what you all might do to make your patients feel valued and important.

Then use your next survey to measure how well you've answered patients' objections and improved your ability to compete for patient loyalty and referrals.

Now you've closed the loop. You've used customer perceptions to measure your practice, you've selected the low scores and tried to raise them and you've gone back to your patients to see how well you've done.

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