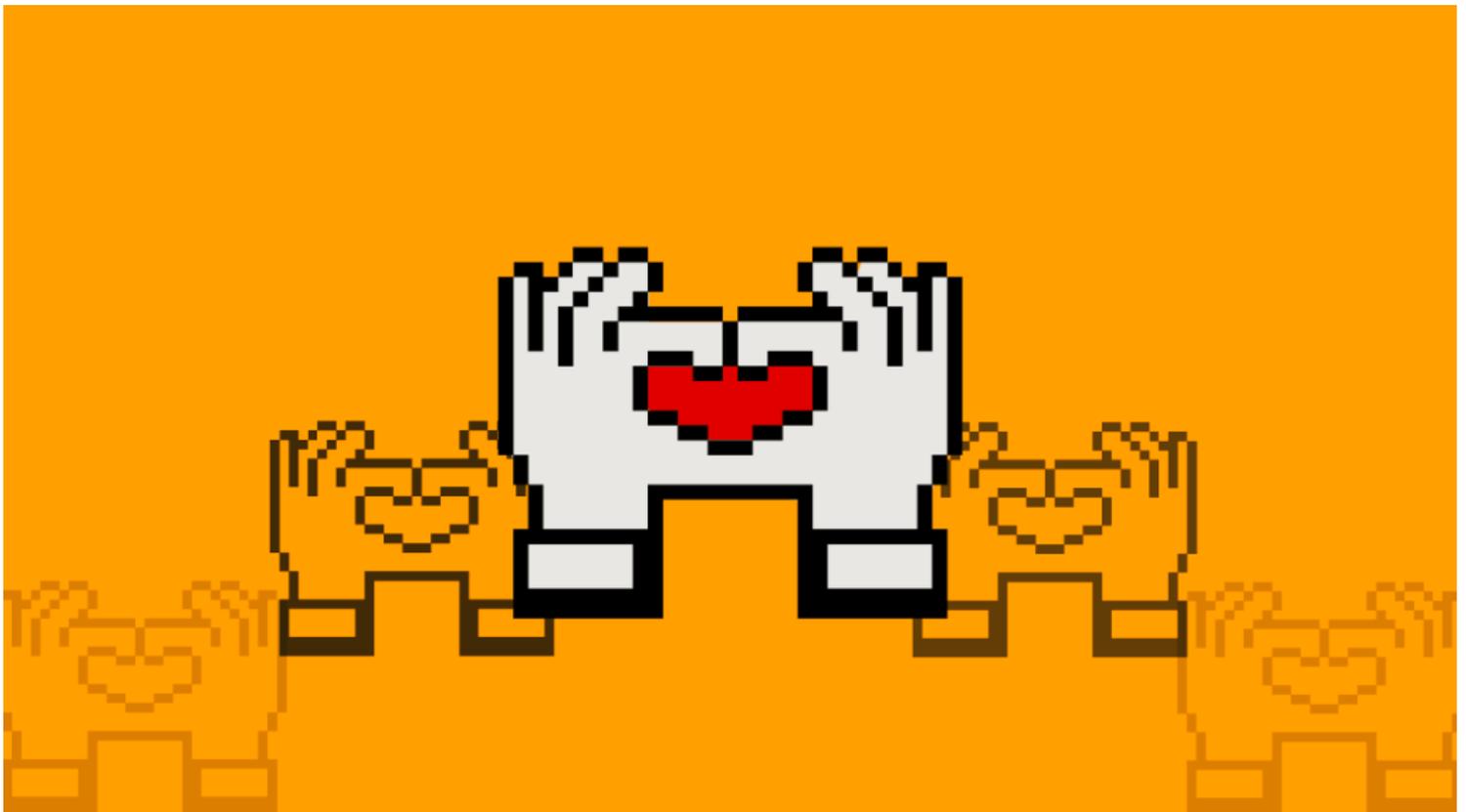


Why Doctors Shouldn't Be Afraid of Online Reviews

by Vivian S. Lee

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What is excellent health care? In medicine we've long operated under the mantra "doctor knows best." Physicians sleep comfortably at night knowing they have competently performed a surgery or drawn on their medical knowledge to make life-saving diagnostic and treatment decisions.

So imagine their reaction when University of Utah Health Care (UUHC) started surveying patients and asking them how *they* define excellence. We learned that patients don't like to be kept waiting. They want a clinician who is willing to listen and connect with them, and to communicate clearly. They want to have a say in decisions made about their own health – which

is exactly what our organization gave them in 2012 when we became the first academic medical center in the country to put our patient reviews online, complete with unedited comments and an accessible five-star ranking.

Doctors were justifiably squeamish. Safeguarding one's reputation comes down to avoiding embarrassment on the Internet. Why, some asked, would an organization parade its imperfections online? Won't online reviews distract providers from the important, hard work of saving lives? Won't providers be pressured to raise scores by bending to unreasonable patient demands, and won't that erode quality of care and raise costs?

As has been widely reported, such fears were unfounded. Since the launch of "five-star" care, UUHC has celebrated steady gains in quality metrics and a reduction in costs. Hospitals with happier patients, we found in a study recently published in *Academic Medicine*, have healthier patients. Turns out, these hospitals are more profitable, too.

Medicare penalties and bonuses are often cited as the reason hospital executives should care about patient satisfaction. When patients are discharged from the hospital, the federal government asks them to rate their stay by answering a series of questions. The scores dictate whether a hospital gains or loses up to 1.5% of its Medicare payments. By 2017, up to 2% will be at risk. That's just one impetus, though, for improvement, and hardly the most persuasive.

Patient satisfaction is not about bending to every patient's every desire any more than it is about jumping through regulatory hoops. It is about making a sustained and genuine commitment to providing skilled and compassionate care. It is about doing well by doing good – an approach that UUHC and others have pursued. Here is what it looks like at UUHC.

Better care. The burden of "best care" is not something any single clinician can shoulder. It is the sum of every interaction a patient has with the health care system. So why hold individual providers, mostly physicians, publicly accountable for delivering an exceptional patient experience? Because it signals to everyone within the organization that it is important and empowers those at the point of care to drive change.

In fiscal year 2015, UUHC supported 10 physician-driven initiatives to improve customer service and care. Stephanie Klein, a dermatologist and an assistant clinical professor, wanted to spare patients having to wait a week or more to see a dermatologist. A triage tool she developed to

identify those most in need of same-day care reduced unnecessary visits to the emergency department. To encourage better communication with patients about sensitive end-of-life issues, hospitalist Nate Wanner developed a palliative care screening tool to embed these conversations in established care pathways. Saving money was never the goal, but collectively these and other initiatives have reduced costs by more than \$5 million.

Meaningful information. When it comes to empowering patients, more data is not the answer. The key is giving them information they can use when they need it. Quality data, mostly measures of processes of care and not outcomes, are a mixed bag; a single health system can rank at the top of one scorecard and the bottom of another. And reported charges are confusing because they rarely bear any resemblance to what consumers actually pay. Or they're displayed out of context with no way to determine whether prices are fair for the quality of care delivered.

For now, patients still defer to word-of-mouth recommendations when choosing doctors and hospitals, and online consumer reviews are like word-of-mouth on steroids. Consumers seek the same support from the internet for health care decisions as they do in other markets – 59% say physician rating sites are “somewhat” or “very” important, and 37% of online review users say they avoided a physician with bad ratings, reports a 2014 study in the Journal of the American Medical Association. Yet the validity of online reviews where respondents are not necessarily representative of real patients has been problematic: Forty-three percent who don't use online reviews say they don't trust the information on the sites. UUHC's system invites only data from patients who have had verified hospital or clinic visits.

Building trust. Hospitals have been surveying patients for years. UUHC has verifiable data and comments from statistically relevant numbers of real patients. When we share our data, we include all reviews, and we let them form their own conclusions.

Patients love our reviews and use them: Forty-eight percent of our patients say physician ratings and comments provided by other patients influenced their choice of doctor, and another 29% say they were somewhat influenced by the reviews, our own online poll found. Asked what is most important to know about their physician, patients ranked consumer reviews second only to the physician's specialty followed by education and board certificates, practice location, and biographical information. Some of our provider profiles are viewed more than 800 times per month.

Owning your reputation. You combat spurious, spiteful online comments by disclosing the unvarnished opinions of real patients, most of whom are quite happy. And when you do, you draw more people to your website as the source of truth about your organization. In the first 13 months after going live with patient reviews, UUHC's website traffic doubled and continues to soar.

Safer care. Online reviews may be the thing to get patients in the door, but it is a good experience that keeps them coming back and referring friends and family. Our organization's collective focus on providing an exceptional experience is reflected in soaring patient-satisfaction scores.

Coincidentally, our quality and safety record has also improved. For six years running, UUHC has ranked among the top 10 academic medical centers in quality and safety, according to the University HealthSystem Consortium. And in 2015, we were judged the safest university hospital in the country.

Safer translates to lower costs, because we have fewer medical complications. On a per-dollar-of-revenue-collected basis, our malpractice premiums have fallen. From 2012 to 2015, premiums have grown 52% slower than revenue billed by our growing ranks of outpatient physicians.

Better margins. Call it a coincidence but our new outpatient appointments increased 8.9% in fiscal year 2015 and are up 16% so far in fiscal year 2016. Payments to physicians rose 42% from 2011 to 2015. Growth in business could be unrelated to improved service, but rising scores have mirrored rising revenue for many of our clinical lines, from dermatology to neurology.

Systemwide, our biggest jump in "likelihood of recommending" scores in the Medicare survey of inpatients – from the 67th percentile in 2011 to the 74th percentile in 2012 – coincided with our biggest (70%) jump in new patient counts. In fact, inpatient volumes didn't increase until UUHC's patient satisfaction scores reached the 70th percentile.

Driving continuous improvement. Since posting our patient-satisfaction data online in December 2012, our physicians continue to improve. For three years in a row, about half of all providers at UUHC who have at least 30 patient reviews have scored in the top 10th percentile in patient satisfaction compared to their peers nationally. Perhaps even more remarkable, one-fourth rank in the top percentile nationally in patient satisfaction. This exceptional performance persists despite an increase of approximately 20% providers over the past three years.

As rising deductibles and premiums force patients to shoulder more of the cost of their care, they are getting choosier about where they spend that money. They are voting with their feet and casting their ballots with institutions they trust – those that give them the information they need to make wise health care decisions and those that deliver the best care *and* service for the lowest possible cost. Why is it that as an industry we persist in fooling ourselves that customer satisfaction doesn't matter? The patient defines value, and the sooner we come to terms with that, the better.



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Maria Dorfner 8 months ago

Excellent post, Dr. Lee. Everyone within the medical community should read this. It's refreshing to hear from an outstanding physician who understands patients. I agree hospitals with happier patients equate to healthier patients and more profitable hospitals. And that word-of-mouth between patients continues to be the strongest source of referrals with on-line consumer reviews being like "word-of-mouth on steroids." This is magnified through social media. Your suggestion is right on target. Patients want to feel empowered. Empowered patients

and ones who feel heard are less likely to take legal action. The best and most profitable companies are ones that listen to their customers. In doing so, they sidestep litigation. This is proven. Most physicians are loved by their patients and reviews will reflect their good care.

Thank you for your insights and leadership in this area. Keep up the outstanding work.

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