

## Satisfaction Surveys and the Physician-Patient Relationship

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### The “buy right” strategy

Most consumers seek value when they make purchases. Value is where high quality and low cost intersect when comparing accessible alternatives (Annas, 1990). Although the search for value may be exhausting, consumers who are armed with cost and quality information will make value driven informed decisions — they will “buy right.” Increasingly, health care purchases are being made according to these same market principles.

Walter McClure and his associates were early advocates of the “buy right” concept for health care choices. It is based on the principle that if you give consumers information to help them identify cost effective and quality providers of care, they will select them. Over time, such desirable providers gain more and more of the available patients (Annas, 1990). Generally, the stakeholders (consumer, provider, payer, regulator, politician, etc.) can agree on the “rightness” of the “buy right” concept. It is the practice of this principle that is bothersome. How can one focus on “buy right” for the long haul when troubling change seems to be the only constant of today’s health care environment?

### Circle of influence

All of us have things over which we have no control. We also have areas of influence, and it is here that energy should be expended. If we concentrate on our areas of influence, they expand in relation to our

seeking continuous improvement from providers (SWT, 1994).

### Patient satisfaction surveys at SWT

The Insurance Committee selected the much maligned and often misused patient satisfaction survey as the core application of “buy right.” In this context the satisfaction survey was intended to assist consumers rather than to be a manipulative tool of a payer’s or provider’s marketing campaign. Patient satisfaction surveys were conducted annually at SWT since 1996, and beginning with the second survey, the results of the most recent survey were provided



concerns (Covey, 1989). For health care consumers, the “buy right” approach is a way to increase influence.

Southwest Texas State University (SWT) has over 2,000 employees who seek health care services in Central Texas, from Austin to San Antonio. In the early 1990s, the SWT Insurance Committee recast its mission as that of an accurate, objective communicator of health care information downstream to individual consumers (SWT employees) and upstream to providers. Emphasis was placed on empowering consumers while informing and

to employees as part of their enrollment materials. The results focused on health plan performance, and contained no recommendations (SWT, 1997). Results concerning individual hospitals, physicians and large physician groups were not released through this process, but rather, a health plan’s network of physicians was rated as part of the

*Continued on page 2*

## Satisfaction surveys (continued)

overall satisfaction level with the health plan.

### The message to physicians

After four years of surveys, what are SWT employees saying and what are the implications for physicians?

First, health care consumers “buy right” if given a choice. Since 1997, increased enrollment has occurred for the highest rated health plans — the reality of “buy right.”

Consumers identify cost effective and quality providers of care. They migrate to those providers and remain there unless there are compelling reasons to switch.

Second, health care consumers value objective patient satisfaction survey data. Over half of those responding indicated that the report of survey results helped them select a health plan. When asked, “Do you want us to continue surveying and reporting?”, 85 percent of respondents said “yes” (SWT, 1997). It is apparent that consumers want an independent and objective third party observing and reporting its observations. This fact should encourage physicians to conduct routine or periodic patient satisfaction surveys of their own patients.

Third, participating physicians

are the main reason consumers select health plans, which is another way of saying that consumers value the physician-patient relationship. Decisions most frequently relate to whether the consumer’s physician is in the network (enroll), or remains there (re-enroll), or resigns from the network (dis-enroll). Half the time, consumers say that their primary reason for choosing a health plan is because of the physician (SWT, 1998).

Fourth, cost is the second most frequent reason for selecting a health plan. This cost is primarily in the form of co-pays and premiums for dependent coverage. If consumers already have coverage, they flex toward quality and access issues, but they remain watchful of cost. Approximately 40 percent say cost is their primary reason for selecting a health plan.

Fifth, providers of cost effective and quality health care will prevail over time. There is no war between cost and quality; these two concepts must be seen as part of a unified whole. The merging of cost and quality is effectively seen when consumers have the opportunity to “buy right.”

Consumers continue to seek a place at the table with all the other

stakeholders in health care choices, but it should be an informed place. By means of objective patient satisfaction surveys or other “buy right” strategies, the consumers’ place also becomes a point of advocacy for physicians. The physician is the reason why most patients select, stay with or leave health plans. More specifically, it is the physician who practices cost effective and quality health care that the consumer/patient seeks and with whom the patient bonds in a long-term physician-patient relationship.

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Southwest Texas State University: Patient Satisfaction Survey, 1998.

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Librarians conduct online searches of medical literature, create a bibliography and select

articles, sometimes supplementing the package with information from textbooks or other resources. Searches are usually completed within 24 hours and are sent to the requesting physician by U.S. mail, fax, or e-mail.

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To request a TMA Library services guide or information on a specific library program, please call (800) 880-1300 ext. 1550, or send information by fax to (512) 370-1634 or e-mail [tma\\_library@texmed.org](mailto:tma_library@texmed.org).

# Y2K: Contingency Planning

Perhaps by now you have taken action toward putting your office in order for the year 2000. As is being done in many Texas medical practices, you may have asked a qualified person to certify your computer hardware and software for Y2K compliance. You may have inventoried the medical equipment in your office and requested certification that it will still function properly after December 31 of this year. If so, good for you! By taking these steps and diligently documenting your efforts, you may be able to avoid potential liability related to Y2K. At the very least you may have made yourself more defensible by demonstrating an effort to deal with Y2K issues in your practice.

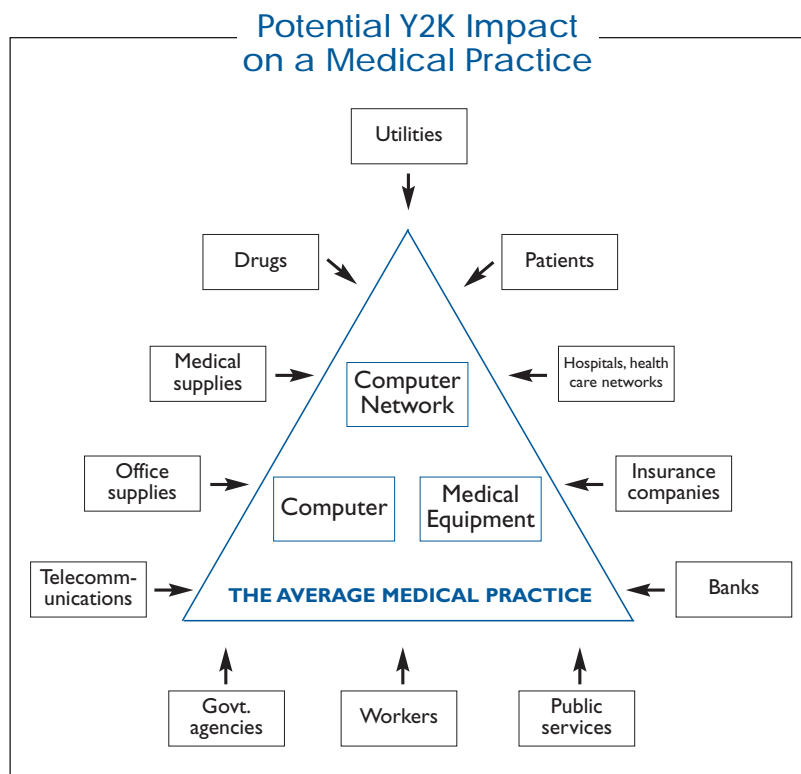
No physician practices medicine in a vacuum. For better or worse, every medical practice is situated in a unique environment over which physicians (or groups of physicians) have relatively limited control. While a physician may control the selection of a building and a city in which to locate a medical practice, essential services such as electricity, water, telephone, and banking are usually controlled by others. In addition, most medical practices rely on the availability of various kinds of supplies — office supplies, medical supplies, and sometimes, drugs used to treat patients in the practice setting. A potential interruption in supply lines could be a significant issue over which a physician might have little control.

Obviously, physicians need patients, but if, as a result of Y2K issues, large numbers of patients became unable or unwilling to present themselves for care, the impact on a medical practice could be devastating. Hospitals across Texas are working hard to prepare for Y2K, but it is not possible to know whether they will all be ready. Although physicians in some specialties rarely treat patients in a hospital setting, some physicians only treat patients in a hospital or

ambulatory surgery facility, and difficulties at the facility might become problematic.

Do you complain about the red tape associated with managed care and filing insurance claims? What would happen in your practice if several of your largest managed care organizations lost the ability to process claims because of Y2K difficulties? What would happen if there were Y2K problems related to Medicare or Medicaid reimbursement? If overnight your patients became “private pay,” what would

Y2K scenarios, and brainstorm with concerned staff members to discover ones you may have missed. Consider what would be the circumstances under which you could not practice at all, either in your present location or elsewhere. Then consider your options relative to each Y2K scenario. Think about how things were done before automation was available. How was medicine practiced in 1900? What is the simplest way to accomplish what needs to be accomplished? Is there a low-tech



that mean for your practice? If your trusted staff suddenly found other Y2K concerns more important to them than coming to work, what would you do? And what would you do if nobody emptied your office trash cans?

Even though thinking about these issues may not be pleasant, the good news is that you have already begun considering them, and that is the first step in developing Y2K contingency plans for your practice. Keep thinking of possible

or no-tech solution to a problem if automation fails?

Select the best option from the choices you generate, and also select a fallback option to use in case something interferes with your plan. Document your plan and your fallback so you will remember what you decided. Finally, and most importantly, acknowledge that there are certain aspects of Y2K that are beyond your control and make peace with your intention to “work around” those potential difficulties.



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Editor: Scott R. Berglund

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Staff: Natalie Gilmore, Lesley Lopez

Graphic Design: Laura Hale

© 1999 TMLT  
July/August, 1999  
Printed on recycled paper

Bulk Rate  
U.S. Postage  
PAID  
Permit No. 90  
Austin, Texas

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## Inside INSURANCE

### Medefense coverage provides additional protection

by Theo van Eeten, Consultant

Occasionally, a physician insured by TMLT may have his or her privileges cancelled by a hospital. In case the physician wants to question this action, can he or she expect any assistance from TMLT with legal expenses incurred in the process of challenging the cancellation of privileges?

Since January 1, 1998, TMLT has provided Medefense coverage to all policyholders, at no charge. This valuable coverage provides legal expense reimbursement to a physician subject to disciplinary proceedings. Disciplinary proceed-

ings might mean a review by the Texas State Board of Medical Examiners, a hospital action regarding clinical privileges, actions by the State Department of Health and Human Services, and non-compliance with Medicare/ Medicaid regulations. Reimbursement for federal tax audits is also included.

Most insurance policies require that the insured notify the insurance company as soon as practical of a possible claim. The TMLT Medefense endorsement states that "as a condition of payment of any benefit, the Named Insured shall

notify the Trust within 30 days from the date the disciplinary proceeding is instituted." The term "instituted" is further defined as the time formal written notice is given or served upon the insured physician.

Can physicians expect assistance from TMLT in case their privileges are cancelled? Absolutely, as long as the claim is reported in a timely manner. And that's good advice for your professional liability, automobile and homeowner's policies as well.