

## ■ Self Examination

By: CINDY SANDERS

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### **Mystery patients lend insight into operations, patient perception**

As healthcare enters the era of the patient-centered medical home, no one wants to think a loyal family member might become a runaway.

For years, however, both policymakers and healthcare providers have called upon individuals to become more savvy healthcare consumers. And as patients have begun paying higher out-of-pocket costs, the bar has been raised. Individuals expect to get their money's worth in terms of quality care and customer service, or they are increasingly willing to take their business elsewhere.

Clearly physician knowledge is important, but clinical expertise alone often isn't enough to keep new patients calling and old ones coming back. After all, most plans offer ample access to a variety of skilled providers. Therefore, the overall experience — from wait times and the friendliness of the front office staff to general cleanliness and easy access to information — plays a role in whether or not patients choose to continue a particular provider-patient relationship.

It can be difficult, however, to judge someone else's perception of your practice or facility. Enter mystery patients. Using the same concept as the mystery shopper, which has been utilized for years by the retail and hospitality industries, the mystery patient engages healthcare services from a provider and then delivers a detailed report of the experience to the client. Typically, the client is a practice, hospital, clinic, insurer or other healthcare-related organization. Many providers who have used mystery patient services would tell you the results were certainly eye opening.

"Generally when we get hired, it's because a hospital or organization wants to improve their service," said Barbara Gerber, founder and president of Devon Hill Associates of La Jolla, Calif. The firm specializes in assessing hospitals and hospital-owned clinics, along with long term care facilities.

Scott Cranford, executive vice president of TrendSource, which gathers business intelligence for a variety of industries including healthcare, said in its simplest form, "Mystery shopping is a data collection methodology." For him, the information collected during a mystery patient encounter is all about driving decision-making.

"We're not out there doing a 'gotcha.' That's not our intent," he explained. "It's to gain data that our clients want information on. It's to measure performance against standards, to make observations, and then to report that back accurately. We work really hard to make sure we eliminate the bias."

Specifically what data is collected depends upon the client. Gerber noted, "As far as what we're looking for, that's a combination of what the client would like for us to look for and what we've developed over time of what we believe is good customer service." She added that in addition to the service element, mystery patients are often asked to assess patient safety standards including the adoption of best practices for infection control.

Like Devon Hill, TrendSource and SullivanLuallin Healthcare Consulting, both based in San Diego, have a national clientele. Meryl D. Luallin, who co-founded her company with partner Kevin Sullivan in the 1980s as a strategic planning and customer service consulting firm to hospitals and medical groups, said her first forays into mystery patient assessments grew out of patient satisfaction surveys conducted as part of market research.

“When surveys came back with less than stellar results, the administrators would be concerned about the ‘why,’” she explained. Having a field representative serve as a mystery patient provided those administrators with a snapshot of what it is like to be a patient of the practice and offered a more detailed perspective than is typically gleaned from a patient satisfaction questionnaire.

Focusing mostly on the practice environment, SullivanLuallin, like the other mystery patient services, looks at the healthcare encounter in totality. In a physician practice that means the assessment begins with making an appointment and continues through checkout and follow-up.

“The purpose of this is to give feedback on what is done well and areas that can be tweaked,” Luallin said, adding, “The key is that the physicians at the practice should always approve this on the front end. It’s never a good idea to come in, engage a mystery shopper, and tell physicians after the fact.” During the visit, however, only the administrator knows the mystery patient is onsite.

She also said she avoids the term “intervention.” Luallin noted, “Intervention has a negative connotation. That means you’re going in deliberately looking for something wrong.” In fact, she added, most mystery patients really enjoy sharing positive news.

“We love to be able to tell them the good things,” Gerber agreed.

Unfortunately, Luallin said very few people are doing the outstanding ‘Disney World’ job of customer service. “Quite honestly, the service out there is adequate ... and adequate is another word for mediocre.” She added service is rarely so egregious that a patient wouldn’t go back; but on the other hand, there is rarely anything so outstanding that a patient would pick up the phone and recommend the practice to all their friends and family.

Staff members, she said, are too often on auto pilot. “They greet you and process you. Next patient ... greet and process. Everybody is being processed.” Luallin added the staff members that stand out are the ones “who somehow convey you are not just one of a herd.”

Gerber noted, “You tend to find the same things over and over again.” She said patients want to feel like they matter. “Did the staff make them feel important? We find it’s in those particular areas that the issues arise. People are not always friendly, not always courteous, professional and respectful so they don’t always make the patient feel important.”

When expectations and perceptions don’t meet, Cranford said it’s important to perform a gap analysis to identify the specific areas where resources need to be allocated to close the disparity. By collecting quantitative data and running it through established analytical modeling, mystery patient services help clients benchmark service and quality, allowing them to replicate the positive and address the negative.

“We deliver to them trusted insight, which often leads to more questions so it’s a dynamic process,” Cranford said.

While some employees might be offended at having been mystery shopped, the professionals agree their service is ultimately about celebrating what is being done well and tweaking areas where improvement is warranted.

Cranford said the employees’ perceptions of the process are largely determined by how the collected data is used. “We think using it as a hammer against your people is not very effective. Our job is to help your people get an ‘A.’ We want to use the data in a positive way.”

Gerber concluded, “Basically, we’re a new pair of eyes for the office. Every job we have done, we think we make a difference for the patient.”

## Related Story

### Little Things Add Up

While clinical incompetence clearly could be expected to drive patients from a practice, simply providing quality care isn’t necessarily enough to keep patients happy. Often, it’s the little things that trip a practice up ... things that might not impact a diagnosis or treatment plan but instead make the patient experience less than desirable. Meryl Luallin and Barbara Gerber shared some experiences that had a definite impact ... both negative and positive.

Luallin recalled meeting a dermatologist once – the doctor sent a less-than-welcoming message when she reached out to shake hands while wearing rubber gloves. At an OB/GYN practice, Luallin found the bathroom to be absolutely lovely ... truly designer quality. Unfortunately, she noted, the restroom was much, much nicer than the patient exam rooms. She also said it’s easy for those who work in a practice to no longer see carpet stains, stacks of paper and boxes piled up. “When you live in a practice day after day, you don’t see the clutter, but that sends the message the practice might not be efficient.”

Gerber said the automated voice response system (AVR) is the Achilles heel for many hospitals and clinics. “That’s the first impression you have of an office,” she pointed out. All too often, patients get stuck in an endless loop without ever getting to the right person or are transferred multiple times with long periods on hold in between.

Another common customer service misstep is at the front desk. Walking up to find the desk unmanned or having a staff person on the computer who doesn’t look up and make eye contact sends an unfriendly message. “I can remember going to a large multispecialty practice,” Gerber recalled. “I happened to have a cast on my foot and was on crutches.” Upon arrival, she had to stand in line for several minutes to wait for paperwork. After Gerber struggled back to her seat, the receptionist found additional papers that needed to be filled out. “Rather than bring them to me, she made me get up and come back to get the papers. It was not very respectful, not very courteous, and not very nice.”

On the flip side, the staff also has the power to make a lasting positive impression. Once when Luallin went in for a colonoscopy – rarely someone’s idea of big fun – the receptionist immediately put her at ease. When Luallin returned her paperwork to the front desk, she was told, “Thank you so much. We really appreciate it; and my name is Lori, and I’ll be right here if you need anything else.”

It’s the small gestures that so often resonate the loudest.