



How to 'De-Commoditize' Your Urgent Care Practice

■ KEVIN J. RALOFSKY, MBA

If your practice is in its first year or two of operations, it is easy to stay on top of what your patients want, the quality of their care, and the customer service they are receiving. But as your practice grows, patient counts increase, and you add more corporate clients to your occupational medicine business, you also add links to the customer service and quality care chain.

Increasing the number of care providers, nurses, office support team members, and back-office operations staff creates the potential for growth. However, this growth can have a detrimental effect on your practice; somewhere along the way, the opportunity to deliver average, mundane, monotonous—or even poor—quality care and customer service will rear its ugly head.

How can you compete and succeed if your patients feel that you offer the *same* quality of care and the *same* long wait times as other providers, in addition to a difficult phone menu to navigate and even good, yet impersonal, customer service?

Perception Plays a Large Role in Quality Care

It is unfortunate that even though you commit many years to education and training as a provider, your patients are unable to gauge the actual quality of care that you provide. As a matter of fact, most patients will judge the quality of the medical care they receive *from a customer service perspective*, based on how they or their family members were treated during the visit.

In working with my clients over the past several years, I have paid close attention to the delivery of quality customer service. In fact, I believe that this issue is so important that I have conducted studies to quantify this unfair phenomenon.

In part of my research, I wanted to find out how customer service and “personalizing” the visit would play a role in the perception of a patient’s time in the waiting room.



Kevin J. Ralofsky is president of MedCapital, Inc., a consulting firm focusing on strategic growth and revenue generation and specializing in the urgent care industry. He can be reached at (330) 304-5680 or by email at kralofsky@med-capital.com.

Two groups were evaluated—a control group and a test group. Each group’s patients waited exactly 15 minutes in the waiting room, then were brought to an exam room by a nurse to have vital signs taken and the chief complaint addressed.

For the control group, the nurse only engaged in conversation pertaining to the visit. For the test group, the nurse engaged in additional conversation addressing personal questions, such as “How was your holiday?”, “I really like your blouse”, “How old are your children? They are so cute!”

The nurse saw each patient in both groups for the same amount of time. In addition, all patients waited five minutes for the physician to come into the exam room after the nurse left. Again, the control group was treated clinically only and not engaged in any personal conversation. For the test group, the physician also engaged in personal conversation and addressed family members present. The physician spent approximately the same amount of time with each patient in each group.

Remember, both groups had the same wait times and approximately the same amount of time with the nurse and the physician.

When we asked the patients about their visit, though, the control group reported waiting 23 minutes while the patients in the test group said they waited 11 minutes—an average of 12 minutes less in the waiting room.

Recognizing that the patient’s perception of the visit is colored by such non-clinical factors is an important realization. This means you can delegate important functions that might add up to greater patient satisfaction, while freeing yourself to concentrate on providing medical care.

Draft a “Quarterback”

Physician managers tend to take on more than they can handle in business. It is imperative that minor tasks be delegated to those team members who can be trusted to see them through. To make sure this gets done on a consistent basis, you will want to select a “quarterback” to lead your office through its daily operations.

Your quarterback could be your office manager, billing manager, or any person that is entrenched in the daily grind of your practice and who has direct contact with your patients.

However, I strongly suggest that your quarterback be the employee who will check your patients in and out. If your office flow calls for these tasks to be done by two separate people, then a co-quarterback team of two individuals.

A quarterback is a team member who exudes exemplary customer service, has unparalleled empathy for your patients and—this is the key—knows exactly what is going on with patient flow and with customer satisfaction at all times.

Your quarterback should be the first and last person that a patient sees during the visit. As illustrated previously, customer service and personalizing the office visit play a large role in a patient’s perception of the level of quality care that they receive. With a strong quarterback, you have the opportunity to reinforce your practice’s dedication to customer service.

There are several simple things your quarterback can do to ensure that a patient’s visit is a success:

- Say “thank you” when the patient arrives and before they leave the office.
- Come out to the waiting room once every 30 minutes and ask patients if they need assistance with anything. Assure them that the staff and the physician know they are waiting, and that they will be seen soon.
- Know where every patient is in the triage process.
- Use phrases like “How can I help?”, “I can solve that problem”, “I don’t know but I will find out”, “I will take responsibility”, “I will keep you updated”, and “I appreciate you coming in today.”

Other Ways to De-Commoditize Your Practice

Remember, patients cannot determine the level of quality care that you provide, absent the blatant disregard for medical care that results in a possible malpractice claim. The goal is to make your practice stand out from all of the others so that patients are more likely to frequent your facility than others. They may even prefer your practice to their primary care physician’s office if their experience is positive enough.

In addition to selecting and empowering your quarterback, there are some organizational things you can do:

- *Offer fast track rooms for certain services to loosen the bottleneck.* If you offer occupational medicine services to corporate clients, dedicate a room (or rooms) solely to work-

Personal Service and Patient Perception		
	Actual wait time	Self-reported wait time (average)
Control group (clinical communication only)	15 minutes	23 minutes
Test group (personal communication)	15 minutes	11 minutes
Difference	0 minutes	12 minutes

place injuries, physicals, drug screens, and other forms of tests. Often, a physician will not even need to see a patient who has come in only for a drug screen or a physical. And injured employees are still on the clock. Your corporate clients will see this as an obvious benefit, as employees will get back to work much more quickly and the employer will

save money. In addition, this loosens the bottleneck for the sick patients waiting to be seen by the physician.

- *Offer various stages of waiting.* Often, if a patient is moving through the triage process at different stages, he will feel like progress is taking place. If there is an open exam room but the physician or nurse cannot see a patient for 10 more minutes, I suggest moving the patient to that exam room. The quarterback can then check on him periodically until he is treated. The patient feels one step closer to seeing the physician and having his problem addressed, and can’t hear the negative comments made by patients who are still in the waiting room.
- *Offer open houses and education seminars.* An open house is not just for a grand opening anymore. Patients need to feel welcome and comfortable before they will refer your practice to a family member or friend. Holding monthly open houses or educational seminars at the facility is a great way to meet new patients, showcase your facility, and advertise your dedication to customer service.
- *Personal callbacks breed success for the future.* The practice of medicine is getting impersonal, with automated callbacks, patient scheduling reminder systems, e-mails and voicemails. To make a lasting impression, make it a point to call back every new patient after his or her first visit. Thank them for coming, and ask them how they are feeling. This is most impactful if it comes from the treating physician, but if that is not possible then the treating nurse or the quarterback will still make a lasting impression simply by picking up the phone. If patients are truly satisfied with the level of care and service your clinic provided, you can even go one step further and ask them to recommend your facility to a family member or friend.

“Personal service” applies to corporate clients, too. Physicians should be calling occupational medicine contacts on every injury’s first visit before the patient leaves the office.

Continued on page 33

"Insurers are experts at dealing with malpractice claims; their resources should be appropriately utilized."

Aiding in Your Own Defense

Once you report the claim to your insurer, make sure you do your best to assist the claims representative. Your carrier needs your expertise in defending the cause of action. They will need your billing history, medical records, every communication about the patient, and any authoritative references which support your treatment decisions.

Once you are named, you become a member of the defense team along with your claims representative, legal counsel, and expert witnesses. In order for your defense team to work to its optimum level, all members of the team need to be working in concert with the common goal of mitigating your professional and financial damages.

Many providers once named will take the "misery loves company" approach and look for other providers and/or institutions to blame. The result of this is that now someone else will be named and will often point the finger right back at them. Plaintiffs' attorneys love when professionals point fingers at one another. Even if someone else has some responsibility in the patient's outcome, the typical rebuttal is that the other named defendants should have identified the error and intervened on the patient's behalf. When providers engage in finger pointing, the usual end result is that everyone goes down together.

As providers, we pay a significant price for malpractice insurance. Unfortunately, many times we do not take full advantage of the coverage we purchase. Nor do we take the time to read and understand the malpractice policy, its limits, and our responsibilities. Insurers are experts at dealing with malpractice claims, and their resources and expertise should be appropriately utilized when a claim ensues or a potential claim is uncovered.

Finally, medical malpractice insurance is a cost of doing business, as is the trauma of being named in a suit. I have witnessed a few providers who have been emotionally ruined by going through the process. Their reaction took a very large toll on their family, their practice, and their mental health.

If you are named in a malpractice suit, it is not the end of the world; the odds are on your side, and as long as you have done what you believed was in the best interest of the patient, chances are you will be exonerated. ■

Continued from page 31

This does several things:

- It establishes that you are finished treating the employee and they can expect them back on the job shortly.
- You can discuss the protocol for return to work and any work restrictions that the employee may have.
- You can establish what is expected for the remainder of the treatment.
- You drive home the fact that your corporate clients are important to your practice and you appreciate their business.

Practices I have worked with in the past have made a lasting impression by offering a few options for "waiting." To better serve your sick patients and occupational medicine clients, as well as those family members who accompany them to your clinic, offer three areas in the waiting room separated by either partition walls or even use separate rooms if you have enough space: 1) waiting room for truly sick patients; 2) waiting room for healthy patients or family members or friends who came with a sick patient; 3) waiting room for your occupational medicine patients (whose clothes often are dirty from the machine shop or whose shoes may be soaked with oil from the shop floor).

In addition, investing \$300 in a television and game system or a computer dedicated to the children's area can make a lasting impression. If you do not have enough space for three distinct waiting areas, make your best effort to segregate the area as much as possible.

There are many ideas that you can implement to de-commoditize your practice. Find out what other practices and facilities are doing to differentiate themselves from the competition. Ask your current patients what it is that makes your practice stand out. Expand on those ideas and cultivate your strengths. However, choose only a few that you know you will do best and stick to those. Track your results by asking patients what they liked best about the office visit.

If you focus on these ideas and concepts, you will begin to see your business expand. Most importantly, you will see the gap between your practice and those you compete with start to widen. ■

TAKE-HOME POINTS

- Most patients judge the quality of care they receive from a customer service perspective.
- Delegate minor tasks to trusted team members.
- Select a "quarterback" to lead your office through daily operations.
- Consider hosting an open house or a series of seminars for the community.
- Personal follow-up calls after a patient visit make a lasting impression. (That goes for corporate clients, too.)