

Growing by Listening



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Given the Opportunity, Referring Physicians Can Inform and Empower You

Referring physicians constitute a unique source of information on how hospitals can grow their business. M.D. Anderson's innovative "dashboard" feedback-and-response system gives new influence to these doctors, illuminates a path to increased physician satisfaction, and suggests that to get better, it pays to get smarter.

M.D. Anderson's Feedback and Response System Secures the Voice of Referring Physicians

By Lyle Green and John McKeever

The University of Texas M.D. Anderson Cancer Center in Houston receives thousands of referrals from community physicians around the globe each year. Its Office of Physician Relations had used a traditional paper survey to collect referring physician feedback for all the M.D. Anderson care centers. As is common with paper surveys, it often took months to gather results and distribute them to internal stakeholders. Consequently, the organization often disseminated this valuable feedback too late to make a meaningful difference in how care centers managed the new-patient referral and communications processes.

In 2006, to improve its ability to take action using referring physician feedback, M.D. Anderson (with the assistance of Houston-based Gelb Consulting Group) outlined and implemented a Web-based process to amass and circulate such feedback. This feedback and response system increased feedback distribution, reduced costs, minimized data collection time, and provided managers with the tools to quickly make both tactical and strategic decisions. It launched in early 2006, and recently won the American Marketing Association (Houston chapter) award for marketing excellence in Web site design.

IMPORTANCE OF FEEDBACK

Physician Relations serves as the organization's primary liaison with community physicians. It actively supports the relationships between referring physicians and M.D. Anderson faculty by coordinating referrals, developing communications (e.g., Web site, newsletters, directories), and establishing new referral relationships.

A key priority for Physician Relations is to gather feedback – from the worldwide base of referring physicians – and disseminate it to each of M.D. Anderson's 16 care centers. This feedback helps the organization improve the new-patient referral and communications processes, and identify internal best practices. It also serves as a valuable relationship-management tool. Since beginning the survey process several years ago, Physician Relations has generated insights for M.D. Anderson staff to deliver an exceptional experience – which maintains its status as a preferred cancer-care provider.

THE CHALLENGE

As mentioned, prior to 2006, Physician Relations collected feedback using a mail-based process: It sent paper surveys to referring physicians on a monthly basis, and those physicians completed and returned them via regular mail. Once three months had passed, M.D. Anderson created quarterly reports for its managers. They distributed these paper reports through Physician Relations. Upon request, they could produce reports as PDFs and send them by e-mail.

Significant costs, time, and effort were necessary to develop and deploy these reports. Faculty requested improvements in report timeliness, as the reports it received were typically at least one quarter past the actual referral. Because each physician relationship represents many referrals, managers wanted quicker access to information – to respond in a meaningful way.

In addition, managers and faculty sought richer feedback. The paper survey asked referring physicians a single open-ended question, to provide details of their satisfaction. Consequently, managers found it difficult to make substantive changes; referring physicians were not getting an opportunity to provide opinions in a direct and unstructured way.

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Finally, because of the time required to generate reports for each care center, access to feedback was limited. This had the effect of excluding people such as faculty and frontline staff. And that resulted in those not privy to the reports requesting data ad hoc, which actually increased the time necessary for managing the entire process.

RESPONDING TO THE CHALLENGE

In 2005, we in Physician Relations decided to reexamine our survey process. We hired Gelb Consulting Group to help us develop a more efficient one. Together, we formulated a series of goals to (1) overcome the challenges of the feedback system and (2) support the department's objective of providing better access to feedback.

To guide development and monitor achievement, we used certain success factors to assess the incumbent survey process. We also used them to form our comprehensive plan.

Extend circulation of reports to more frontline staff. Physician Relations furnished center-specific reports only to key managers, who were then responsible for distributing them amongst staff and faculty.

Increase the frequency of reporting. Physician Relations disseminated reports only on a quarterly basis.

Improve response rates. The survey yielded a 20%-25% response rate.

Decrease the cost of data collection. The survey was costly to send and receive. (M.D. Anderson provided free return postage for referring physicians.)

Reduce lag time between the referral experience and feedback to care centers. It typically took at least three months to gather and distribute feedback to managers.

Enhance the quality of feedback. Referring physicians gave open-ended comments, but managers found them insufficient. And care centers complained about the dearth of specificity. Furthermore, comments required coding to organize them for paper reports.

Provide an opportunity for managers to take action. Referring physicians did complete the surveys. However, the lack of specific and actionable recommendations constrained M.D. Anderson's ability to make substantive changes in the ways it supported the referral process.

Reduce the number of ad hoc report requests. Because of the limitations of the charted data in Excel and PDFs, faculty contacted Physician Relations for customized reports – to examine data based on patient type or time period.

Improve the perceived value of services that Physician Relations provides. Many care centers missed out on the value that they could have created, through working with Physician Relations as internal consultants.

UNDERSTANDING REFERRING PHYSICIANS

To design a new survey, we asked a subset of our referring physicians to participate in in-depth interviews. With experience mapping and the feedback from referring physicians, we crafted a refined instrument that aligned with the key stages of the experience: (1) initial consultation, (2) referral process, (3) treatment, and (4) returning the patient.

From the interviews, we also identified essential satisfaction factors. (By associating the factors with each stage, we are now able to elicit more detailed feedback from referring physicians as they recall the experiences regarding a specific patient.) And we learned that referring physicians were eager to provide M.D. Anderson with feedback via an online survey, provided it was prepared to take immediate action in response.

SYSTEM DESIGN

Using the referring physician experience as a road map, we designed an online feedback and response system. This included the new survey that allowed referring physicians to provide constructive feedback related to

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specific episodes of their experience. As part of the long-term rollout plan, we sent invitations – both paper and e-mail – to participate in the survey. The process diagram in Exhibit 1 outlines how Physician Relations gathered and distributed the feedback. Using both paper and e-mail was necessary, as M.D. Anderson has not yet developed a database of referring physician e-mails.

One benefit of the online system is that it allows managers to query reports for each care center by month, quarter, or year. Feedback is organized with eight kinds of reports.

Overall performance. This displays average care center satisfaction across main survey categories, which align with the referring physician experience: overall satisfaction, physician loyalty, initial consultation with M.D. Anderson, referral process, treatment, and returning the patient.

Detailed findings. This presents distribution of referring physician answers for specific questions.

Open-ended verbatim responses. The online system prompts referring physicians to provide open-ended commentary, regarding how M.D. Anderson can improve their satisfaction in certain areas of the experience. (See Exhibit 2.)

Comparison by care center. This compares satisfaction for specific questions against each care center and M.D. Anderson.

Value analysis. This shows satisfaction across all question areas, relative to the impact each has on overall satisfaction. It helps managers pinpoint the factors that matter most to referring physicians.

Trends analysis. This presents satisfaction trends for care centers over time – on a monthly, quarterly, and yearly basis – compared with M.D. Anderson.

Response summary. This displays the percentage of referring physicians responding to the survey by month, quarter, or year, for each care center.

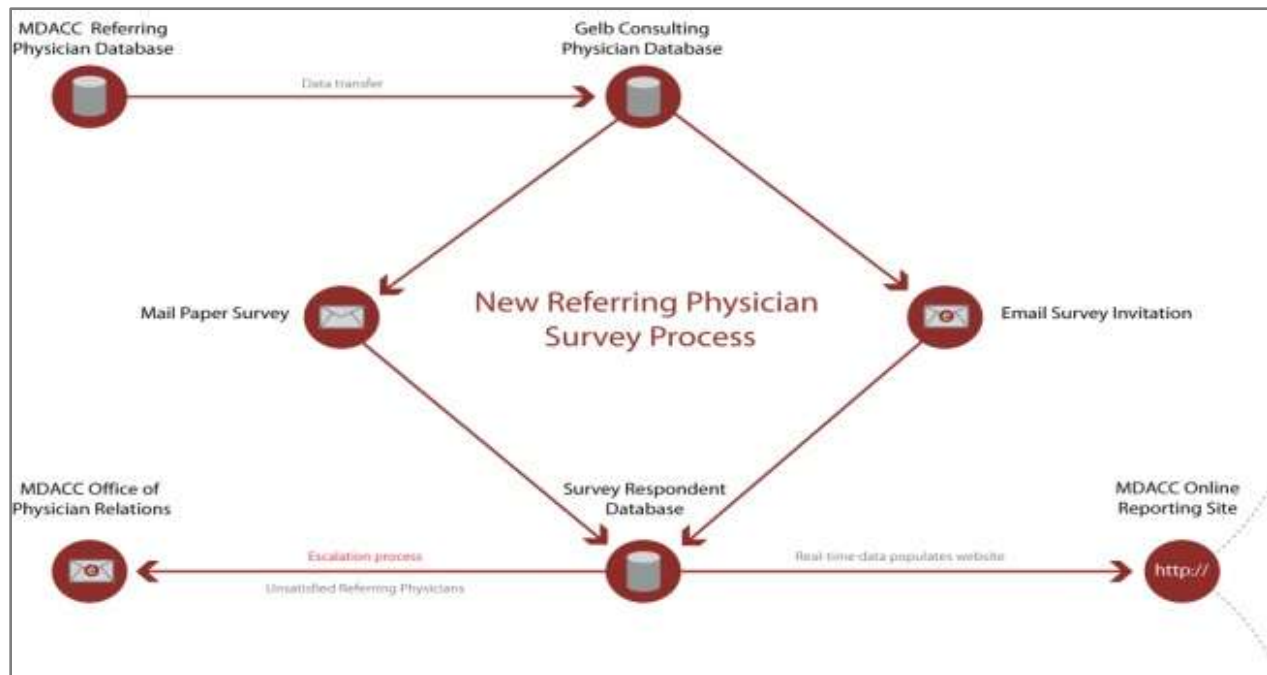


Exhibit 1 Feedback process diagram

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Printer-friendliness. Summary care center reports are available in a full-color, printer-friendly Excel format. Another significant benefit of the online system is that it quickly obtains feedback. And instead of only providing reports of the feedback, the online system lets the organization identify dissatisfied referring physicians and track actions taken. This, in effect, evolves a survey into a relationship-management tool. The following are some of the action-oriented features.

Escalation of at-risk responses. A key difference between the new process and the former one is the ability to rapidly resolve problems. Real-time analysis of responses allows Physician Relations to determine whether a referring physician relationship is at risk.

The online system automatically generates a response report and sends it to the M.D. Anderson designee for action.

Action-oriented feedback. This ties open-ended comments to statistics. In addition to asking closed-ended satisfaction questions about each stage of the experience, the survey includes a series of open-ended questions – to elicit recommendations on the actions M.D. Anderson could take to improve satisfaction. In the online system, managers can actually drill down to the referring physician comments that directly tie to the statistics.

Key loyalty drivers. The survey involves essential loyalty metrics such as “likelihood to refer” and “likelihood to recommend.” Using regression techniques, the online system determines (on a rolling basis) which satisfaction factors have the highest impact on loyalty. This lets managers statistically identify the factors that matter most to referring physicians.

Transportability. Many managers export charts and comments into other formats, for presentation and paper-based distribution. Therefore, we added a function for exporting data (including charts) to Excel for manipulation, or to PDFs.

Links to internal data. To remain compliant with the Health Insurance Portability and Accountability Act (HIPAA), the survey database does not directly write to M.D. Anderson’s internal data warehouse. Nevertheless, the online system is constructed so that managers can easily import data (including payor data) to the warehouse. This enables managers to tie satisfaction to financial performance, and to identify satisfaction levels for referring physicians who represent a large volume of referrals.

Training. We delivered a series of presentations that introduced the online system to key managers and faculty throughout M.D. Anderson, to encourage enterprise wide usage. For end users, we wrote a comprehensive guide. This document outlines how to explore/review the data using various criteria (e.g., time, department, patient type) and then generate reports.

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Export to MS Excel  Lookup By Month	
Unsatisfied Respondent Review	
Name: [Physician Name]	Participant Code: 011579RGUS
Respondent Information	
Provider ID: 323695	Patient Name: [Patient Name]
Care Center: Thoracic Center	Referral Date: 12/21/2005
Initial Consultation	
Ability to easily reach a qualified, knowledgeable person at the M. D. Anderson Care Center, to initiate the referral process	Mostly Satisfied
The promptness with which my calls were returned by the M. D. Anderson Care Center	Somewhat Satisfied
My ability to speak directly with M. D. Anderson referral physician to discuss my patient's case	Not Satisfied
Open End Question	
In the previous question, you indicated that you were not satisfied with your initial consultation with the M. D. Anderson Thoracic Center.	I and my staff had to call several times what exactly the plans were for the pati
Please explain the experience, which caused you not to be satisfied.	
What specific actions can M. D. Anderson take to improve your satisfaction with the initial consultation process?	

Exhibit 2 Response Report

SYSTEM RESULTS

The online system launched in spring 2006. We conducted an internal survey of major stakeholders and examined the online system's usage, to measure (1) results and (2) the implementation's success against the key metrics we used to design the online system.

Extend circulation of reports to more frontline staff. The number of individual user sessions increased from 129 during the introduction to 884 in September.

Increase the frequency of reporting. We effectively increased this from quarterly to real-time.

Improve response rates. The online system has not enhanced response rates overall. However, online responses exceeded mailed responses by seven percentage points for the first year.

Decrease the cost of data collection. We have fixed the survey process budget (including the three aforementioned phases of work) for the next four years. For the same amount Physician Relations paid in using the mail-based process, it built the online system and continued to collect data. This cost savings happened because of the investment in technology and the reduction in number of distributed paper surveys: 15%-20% each year.

Reduce lag time between the referral experience and feedback to care centers. Feedback, even when provided via paper, is entered into the system as it is received. The online reporting site is then updated in real time. This has reduced the lag time to two weeks for first responses to be distributed.

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Enhance the quality of feedback. By changing the question, to inquire about specific actions M.D. Anderson could take to boost satisfaction, we improved the level of specificity in this kind of feedback. The online system now immediately organizes comments in context, according to the area of the referring physician experience. Furthermore, the online survey presents additional opportunities for follow-up, whereas the paper survey is limited by space constraints.

Provide an opportunity for managers to take action. Again, once a referring physician indicates dissatisfaction, the online system generates an e-mail and sends it to Physician Relations. The department has access to both ratings and open-ended responses, to identify the issue and coordinate a response with each care center. We discovered 318 at-risk relationships and were able to incorporate the feedback into our ongoing efforts to sustain our physician relationships.

Reduce the number of ad hoc report requests. Such requests to Physician Relations are nonexistent. The online system can run queries for examining data based on patient type or time period.

Improve the perceived value of services that Physician Relations provides. Internal feedback regarding the online system's design and implementation has been positive. Our internal survey found that most were satisfied with the online system and with Physician Relations.

SYSTEM IMPLICATIONS

To evaluate this kind of online system's usefulness for your organization, please consider the pros and cons.

There are a few advantages.

Greater internal commitment. Deploying an online system created excitement and interest among internal stakeholders. Because we organized our goals around their needs, we (1) gained considerable buy-in for the online system from the onset, and (2) enhanced our department's internal standing once the online system launched.

Quicker response to potential problems. Having feedback in one database and being able to identify at-risk referring physician relationships are key benefits. By having access to complete responses, managers can pinpoint the problem areas and come up with meaningful responses. We've found that the comments are more constructive than statistics.

Increased importance of Physician Relations. Organizations can easily overlook the role of referring physicians in choosing tertiary care. By taking a leadership position in organizing this feedback for action, the importance of your department visibly increases; you've provided a useful tool.

More opportunities for data analysis. As soon as you deploy an online system, ideas come from around the organization to enhance it. Be prepared to organize these suggestions into modifications, as part of a multiyear development process.

There are also a few disadvantages.

Limited experience. If you are building this online system, we recommend finding a vendor that understands both marketing research and technology. This was more difficult than we first believed. Even the nationally recognized market research firms we considered did not have the foresight to envision and implement this type of solution.

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Multimode survey process. Organizations must be willing to use both paper and online surveys to maintain response levels. This might have short-term costs as you continue to build your database.

Furthermore, some referring physicians might not ever be willing to complete surveys online. So the design should be flexible, to accommodate faxed and mailed surveys.

Scale. The benefits of this online system are more evident to healthcare systems overall, and to hospitals with large referral volumes. However, all organizations can apply some of these principles (without investment in an online system).

Data integration. There are limitations to what you can do in an online environment. Tying feedback to internal data is an issue we faced, as HIPAA sets certain constraints on the data that organizations can host online.

About the Authors

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