In these difficult economic times, many practices are looking for ways to improve profitability. It is strange, however, that when economic conditions improve, improving profitability seems to become less a priority. Why not strive for better profitability all the time? If a practice is well run in good times, it will be better positioned to weather difficult times. Patient satisfaction can be considered a basic element of the successful practice. Without patient satisfaction, a practice can flounder. With it, the practice at least has an opportunity to flourish. Previously, the Optometric Economics page in "Practice Strategies" has outlined methodologies practitioners can use to chart the performance of their practices (see ‘Practice Management by the Numbers,’ "Practice Strategies," May 2003) including the most commonly used indicator, revenue (see ‘Accrual vs. Cash Accounting,’ Practice Strategies, May, 2003). Patient satisfaction is arguably the most basic factor underlying practice performance. While patient opinion is subjective and, like any human sentiment, difficult to chart precisely, its potential value as a guide in practice management—and particularly as an indicator of potential problems within a practice—makes an attempt to objectively measure patient satisfaction a worthwhile endeavor for any practice.

It is obvious that patients want superb clinical care and optometrists provide that. But do patients really know how to judge that care? Does clinical expertise lead to patient satisfaction? Can a great doctor (however that may be defined) overcome a mediocre practice operation?

Patients are satisfied (or not satisfied) in ways that are amazingly similar to "customers." They want their needs (perceived and/or real) met, they want to be treated well, and they want fair pricing. They have expectations when dealing with an optometrist and an optometric office staff. In the case of those who continue as patients, those expectations have probably been met. In the case of patients who choose not to return, expectations probably were not met.

Practitioners should take action to build patient loyalty, increase revenue-per-patient, and attract more new patients through increased referrals by exceeding patient expectations. To do that, practitioners first will need to determine exactly what those expectations are. A good way to start is to survey patients to find out if the practice is already doing really well in meeting expectations—or just barely alright. Such surveys can provide important information from a point-of-view that practitioners and staff members simply cannot have. However, they can also offer a valuable secondary benefit: improved patient relations. Often, patients will like becoming part of the process; they appreciate being heard.

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Gary W. Ware is an optometric practice management consultant. He can be reached through the Gary W. Ware Business Consultancy Web site (www.gwwbc.com) or by calling (925) 820-6758. The views expressed are those of the author and do not necessarily reflect the views of the American Optometric Association.
We would like your help with our desire to continually improve our office. In the day to day hustle and bustle of providing care, we may not recognize what’s really great about our style, or what may need some attention. Let us know what you think, and don’t be shy about sharing your thoughts.

Please complete this survey today and mail it in the postage-paid envelope provided. It will go directly to our independent survey consultant, Gary W. Ware. Thanks!

1. Were you properly acknowledged when you first entered our offices?  __  __  __  __
2. Were you seen in a timely manner for all of the services that were provided today?  __  __  __  __
3. Were you informed about what tests were performed today and why they are important to your eye health and visual acuity?  __  __  __  __
4. Did you receive satisfactory explanations of your exam results?  __  __  __  __
5. Did the doctor and our staff answer all of your questions to your satisfaction?  __  __  __  __
6. Were our fees presented in such a manner that you fully understood them?  __  __  __  __
7. Was the atmosphere in our office friendly?  __  __  __  __
8. Was the time spent here today reasonable for the services you received?  __  __  __  __
9. When you made your appointment, were you advised about how long today’s visit would take?  __  __  __  __
10. Are our office hours convenient for you?  __  __  __  __

When was your visit?  M  T  W  Th  F  S  Su  morning  afternoon  evening

Which doctor did you see? ____________________________

If you selected new eyewear (‘glasses’) today...

11. Were you given helpful explanations of the lens options available for you?  __  __  __  __
12. Were there enough frame styles to select from?  __  __  __  __
13. Could you easily find frames/sunglasses in your price range?  __  __  __  __
14. Are you happy with the assistance we provided in selecting eyewear?  __  __  __  __

If you are a wearer of contact lenses...

15. Were you satisfactorily advised about your options for purchasing replacement lenses in the future for today’s prescription?  __  __  __  __

If you received your first-ever pair of contact lenses today...

16. Are you comfortable regarding how to use and care for your lenses?  __  __  __  __

All patients...

What aspect of the appointment process or today’s visit could use some improvement?

______________________________________________  ______________________________________

What aspect or person stood out today as particularly worthy of praise?

______________________________________________  ______________________________________

Please feel free to make any other comments below.

______________________________________________  ______________________________________

______________________________________________  ______________________________________

______________________________________________  ______________________________________

______________________________________________  ______________________________________
July 25, 2003

Mr. G. Whereyabin
123 Main Street
Optoville, CA 94040

Dear Mr. Whereyabin,

This letter is half mine and half yours. My half is here.

It has been a long time since you last had an eye examination with us, and I’m concerned as to why you haven’t returned. There must be a reason, and it is important for me to know what it is.

If we did something wrong, the only way we can correct it is to understand what it was. So, I’m asking this favor of you. Please meet me half way. Use the other side to tell me what happened. A stamped, self-addressed, return envelope is enclosed; notice that it goes directly to our third-party consultant, Gary W. Ware, so you can be completely open and honest.

If nothing did go wrong, and you wish to schedule your next appointment, please call us. Tell my assistant that you got my “half way” letter.

Sincerely,

John Doe, OD, FAAO

Encl.
Do not expect huge revelations. Look for refinement opportunities. These patients already like the practice; the survey is designed to help find ways to make them love it and, more importantly, talk about it enthusiastically. Surveying patients can also be a good morale booster for practitioner and staff. Most patients are likely to be at least moderately satisfied, and that will be confirmed in their responses to the survey. Even though a practitioner may tell staff members that they are doing a great job, hearing it from patients is very gratifying. Even when the survey indicates that there are some areas that need improvement, there will generally be some good news. Problems identified through such surveys tend to be manageable. Patients usually mention minor annoyances that can be remedied both easily and quickly. By making changes to address such problems, a practice can be on the way to improving patient satisfaction levels and changing a patient’s opinion of the practice from "okay" to "great!"

Here are some tips for the survey itself.

—Use a paper survey, not a telephone call. Patients are being asked to participate in helping to improve a practice and that may require some thought. Also, it is simply more courteous to let them complete the survey when it is convenient for them, not when the practitioner wants the telephone call made.

—Be sure the staff is "on board." Explain why the practice needs honest, specific feedback to know what is already being done well, and what may need some improvement. It is important for the staff to view patient feedback as healthy, and therefore good for their own futures.

—Ask questions that are truly useful is determining patient attitudes and help convey an appropriate practice image to the patients. (In addition to being a survey, the document is also an effective marketing piece.) Be careful about wording. Do not ask if office hours are acceptable; these are patients who are already accommodating the practice’s schedule. Perhaps ask if the office hours are convenient, or if other hours would be better for them. But much more important than the office schedule is the service that the practitioner and the staff provide. Focus on service (see sample survey).

—Use a third party to collect the data in an anonymous fashion, so patients are encouraged to share their true thoughts. Returning the responses to the practice detracts from the perception of anonymity, and it leaves open the possibility that the responses may be screened.

—In the examination room, the practitioner should inform patients of the survey and encourage them to complete it. That tells patients that the practice values their frank input. Tell them that the survey will be given to them when "you leave today," but it will be returned to a survey collection firm for anonymous review.

—Sample a large cross section of the patient base and use a survey distribution method that ensures all types of patients are included.

—Make it easy; do not ask for long written comments. Make it free; pre-pay the postage.

—Listen to what the patients say. Some practices that take all of the right steps in the survey, then disregard the results as either not compelling or not "reasonable."

Much of this discussion, thus far, has been aimed at returning patients. Most practices have a set of files for patients who have not returned. Practitioners who are having trouble getting patients to return often tell themselves that those patients moved away, switched insurance plans, or died. True as that may be in some cases, practitioners generally realize that many patients fail to return for other reasons. Many times, patients stop going to a practice because they are bothered by mundane problems. Often those problems can easily be fixed. The practitioner must let the patient know that, if they are considering returning to the practice, practitioner and staff will welcome them. After all, their well-being is the practice’s primary concern.

If patient loss is a real issue in a practice, then a second, special kind of survey is called for—one that reaches those past patients and encourages them to relate why they have not returned. Statistically, it is more difficult to generate responses from such patients, but there are some novel approaches that will increase the response rate. One is to keep the mood not just friendly, but upbeat. Gary W. Ware Business Consulting often recommends practitioners use a "half-way letter," such as the one that accompanies this article. Other examples can be found in A Better Letter (Theiss T. A Better Letter. San Ramon, CA: Primary Eyecare Network, 1997).

In health care, patient satisfaction is not grounded in giving the patients what they want. Rather it is found in providing them with what they need, and helping them want it. To know what patients think about how a practice is doing, the practitioner needs to ask them. The results will not only mean better patient care and a more profitable practice over the long term, they will also improve how practitioner and staff feel about coming to the office each day. And that is very satisfying.