

# Beyond Quality and Toward Experience

Only the serious need apply.

BY SHAREEF MAHDAVI



What composes your typical day? For most of you, a workday starts with treating patients but quickly gets consumed by signatures, phone calls, e-mail, postal mail, chart reviews, managerial issues, and a detail rep who wants a few minutes of your time. With facilities issues, instruments breaking down, computer glitches, phone calls from referring doctors, billing discrepancies, delayed Medicare payments—the litany of intrusions on the doctor-patient interaction seems endless.

Although providing quality care seems logical and straightforward, if it were easy, we wouldn't see data that suggest that the majority of patients do not like how they are treated by front-office medical staff.<sup>1</sup> Patients are trying to tell the medical profession that they place as much value on the delivery of their care as they do on the care itself. Providing quality service seems difficult for many practices because it feels extrinsic rather than integral to their success. A medical practice can get so busy that taking the time to give each patient individualized attention seems like an expendable luxury. Why should you focus energy here?

Because the stakes have never been higher. Aging baby boomers are creating an unprecedented demand for medical services that will outstrip the government's and insurance companies' budgets. On the reimbursement front, medical practices can expect to do more work for less pay per transaction (cataract surgery's declining reimbursement is a prime example of this effect). The only way for practices to thrive in this type of market is to adapt to high volume by improving their daily processes and increasing their capacity to meet or exceed patients' expectations.

## THE QUALITY MINDSET

I've observed that many medical personnel believe they deliver quality care simply by being nice to their patients. When I consult for a medical practice, one of the first questions I ask is, "How do you know your quality is good?" A small percentage of practices regularly benchmark their efforts against other practices as a means to improve. A greater percentage of practices survey their patients—although typically only after the procedure—and ask them to offer suggestions for enhancing the experience. These ideas represent a few ways of comparing

TABLE 1. TREATING THE PRACTICE LIKE A PATIENT

Your Patient	Your Practice
The patient seeks help to improve his eyesight/health	The physician recognizes the need to get outside assistance
Patient history and diagnostic work-up: performed by staff and physician	Data collection (surveys and benchmarking): performed by outside party (consultant)
Diagnosis	Observations, insight, recommendations, and an action plan
Treatment: intervention (eg, surgery)	Implementation: put the plan into place
Follow-up visits	Evaluation

your practice to others. In truth, every practice that's serious about its quality needs to receive objective feedback and then use that data to improve ... continuously.

### IMPLEMENTING CHANGE

Such focus on improving the customers' experiences can and should be a priority in your practice. What I call the *quality mindset* requires the physician to act more as a leader and less like a manager. These two roles involve unique skill sets, and trying to fulfill both is nearly impossible. Leadership means setting the tone for the daily operations of the practice so that continual improvement becomes intrinsic to its culture. Those of you who have tried to change your processes know how frustrating it can be. Strong leadership is necessary to avoid the "flavor of the month" syndrome, where skeptical employees label your efforts as a temporary fix that will eventually be replaced by your next big idea. Therefore, the implementation of change throughout the staff is best left to the manager, whose role it is to oversee such processes.

Deciding what changes to make to your internal processes is often challenging. I suggest approaching the process similarly to how you approach your patients (Table 1). A philosophy of continuous improvement means you never cease trying to make your practice better in all aspects: profitability; patients' satisfaction; and employees' satisfaction (yours and your staff's). One helpful strategy for helping your practice run the way you want is to identify your "perfect day" and work toward achieving it. Attempting this exercise without some form of outside help, however, is like a patient trying to diagnose himself without the benefit of a professional opinion: in the long run, you won't get very far.

### MAKING THE VISIT MEMORABLE

Those of you who are serious about providing a quality medical experience have been asking me, "what's next?" Going beyond great service means focusing on enhancing the customer's experience, a theme I will explore in this column in the coming year.

Why do you need to go above and beyond the typical patient experience? As I noted, the stakes are high for refractive surgeons. It is critical to understand the delineation between great service and a great customer experience. For example, let's compare the Cheesecake Factory with the Union Square Café, one of New York's highest-rated restaurants year after year. The Cheesecake Factory gets the right food to the right table at the right time, and the food is very good. They have the processes in place to consistently deliver high levels of service. At the Union Square Café, however, great food and service are a given; the focus is on delivering a memorable experience. It's the

memory that keeps customers coming back for more.

In refractive surgery, a memorably positive experience will drive significantly more word-of-mouth referrals from the aging demographic. These consumers tend to seek out premium levels of healthcare and products that will help them look, feel, and stay young. Refractive surgery caters to this motivation with advanced (and self-pay) technologies such as refractive IOLs and customized LASIK procedures. Self-pay procedures offer eye care providers a nearly limitless opportunity to shift their focus and escape the burdens imposed by managed care and reduced reimbursements. However, although patients attracted to these procedures are indeed available, their patronage is far from automatic. The candidates for elective surgery are customers in addition to being patients, and relationships with customers need to be cultivated rather than assumed. In order to reap the benefits of these procedures in your practice, you must turn patients' perceptions of these procedures from desirable to necessary.

### AHEAD IN 2007

Those of you who have not yet offered refractive surgery have probably heard from your LASIK colleagues that catering to elective surgery consumers is a far cry from treating traditional patients. During the coming year, this column will spotlight companies outside of healthcare and examine how the best practices they employ can be applied to refractive surgery on a daily basis. There will also be greater linkage between this column and the content available at my Web site (address noted later). You should sign up for the free newsletter (which will build upon concepts you see in this column), check out my recommended reading list, and explore the resources there to help you consistently deliver remarkable experiences to your customers.

With all the technology available today, I cannot think of a better time to be involved in ophthalmic care. The potential for success in this market is only limited to your preparedness for taking advantage of it. The dedication required to be successful, however, is as intense as the training it took to become a skilled medical professional. Thus, only the serious need apply. Stay tuned! ■

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1. Painter K. Getting bad reception? Only 38% in survey say doctor's office is 'courteous.' *USA Today*, October 3, 2005; Life section: D6.