

Why online doctor ratings are good medicine

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Some studies have shown how letting patients grade their doctors can lead to over-testing and over-treatment as doctors, hoping to improve their scores, bend to unreasonable patient demands.

But a new study in the December issue of *Academic Medicine* bolsters research linking good <u>patient satisfaction</u> scores with good patient outcomes. And it sheds light on another, unspoken benefit by showing how openly sharing patient satisfaction metrics created a culture of empathy, communication, trust and shared decision making between patients and providers at a health system in Utah: University of Utah Health Care (UUHC).

"Everyone, from payers and policy makers to <u>patients</u>, yearns for reliable, understandable information about the cost and quality of care, and it's our duty as the region's sole academic medical center to respond to that demand," said UUHC's CEO and the study's lead author Vivian S. Lee, M.D., Ph.D., M.B.A. "What we underestimated was how being transparent with our scores would be such a force for cultural change within our organization—a catalyst for engaging physicians in patient-centered care and the glue to further cement the physician-patient relationship."

The article was co-authored by UUHC's Chief Medical Officer Thomas Miller, M.D.; Patient Experience Director Chrissy Daniels, M.S.; former Senior Director for Interactive Marketing and Web Brian Gresh, M.P.A; and Lee's predecessor Lorris A. Betz, M.D., Ph.D.

Betz was the architect of the University's "exceptional patient



experience" initiative. Launched in 2008 with the mantra, "medical care can only be truly great if the patient thinks it is," the effort culminated in 2012 when UUHC became the first academic medical center in the country to put its patient reviews online, complete with unedited comments and an accessible five-star ranking.

The University didn't initially set out to go public with its scores. The goal was to improve service and patient care. In 2008, UUHC was saddled with patient complaints about delays in the scheduling of appointments, poor communication and lack of professionalism, among other things. Federal patient satisfaction scores placed the system in the 34th percentile nationally, and its quality metrics were average compared to other teaching hospitals.

Yet as the article states: "What began as a patient satisfaction initiative evolved into a model for physician engagement, values-based employment practices, enhanced professionalism and communication, reduced variability in performance, and improved alignment of the mission and vision across hospital and faculty group practice teams."

Over the past seven years, patient satisfaction has markedly increased. Half of UUHC providers now rank in the top 10 percent when compared to their peers nationally, and 26 percent rank in the top 1 percent.

Neither the quality nor the cost of care has suffered. In fact, for six years running UUHC has placed in the top 10 of the University HealthSystem Consortium's rankings, a comparison of the nation's teaching hospitals based on quality and safety. What's more, UUHC has managed to bend its cost curve even as costs nationally continue to rise.

Employee satisfaction also improved, revenue and patient volumes are up and malpractice litigation declined, resulting in a drop in premiums. "This has been truly transformative for our organization. Change didn't



happen overnight, and we faced plenty of challenges," said UUHC's Chief Medical Officer Tom Miller, M.D. "But we overcame the challenges, and the solutions we devised are adaptable to other institutions."

"Creating the Exceptional Patient Experience in One Academic Health System" was published in *Academic Medicine* online on November 24, 2015

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