



# A Physician's Call to Action: Delivering a Superior Care Experience

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***This article describes the chain of care—key steps that occur in the process of obtaining medical care that determine members' satisfaction with their health care experience—and discusses how patients' health care experience is shaped by physicians, both in their individual interactions with patients and collectively in their health care teams and departments. The article challenges us to adopt a view in which delivering a superior care experience is the most visible, compelling factor likely to differentiate Kaiser Permanente (KP) from its competitors in the health care marketplace.***

## Introduction

*"Starbucks took the lowly coffee bean, a commodity, and elevated it to an experience. Health care has taken the most important human experiences and reduced them to the level of a commodity."*

—Brian D. Wong, MD, National Director, Healthcare Strategy, Arthur Andersen, LLP

Although few people may find the experience of visiting their doctor as gratifying as a visit to Starbucks, service quality greatly affects patients' satisfaction with their health care experience as well as their ratings of physician knowledge and competence. A recent *JAMA* article noted that "if high quality service had a greater presence in our practices and institutions, it would improve clinical outcomes and patient and physician satisfaction while reducing cost."<sup>1:661</sup>

This article explores how understanding what members value in their health care experience can positively affect not only members' health outcomes and satisfaction but also clinicians' professional satisfaction and the financial health of Kaiser Permanente (KP).

## Costs of Service Quality to Kaiser Permanente

Some people do not understand why, in this era of constrained financial resources, Kaiser Permanente (KP) is focusing on service quality more than ever before. These people probably do not realize that service problems cost KP millions of dollars every year through dissatisfaction rebates, member attrition, and members delaying their own medical care because of perceived or actual inconvenience presented by the medical care system.

Under the terms of our purchaser performance guarantees and policy of offering member dissatisfaction rebates, KP pays purchasers and members

directly when members experience service problems. Performance guarantees provide reimbursement to employers when specific service measures (eg, appointment access) fall below agreed-upon levels. In 1998, KP Northern and Southern California Regions had performance guarantees totaling \$17.5 million in reimbursements. In California, member dissatisfaction rebates (eg, reimbursed copayments) totaled approximately \$1.3 million in 1998. To realize how significant this amount of money is, one must realize that our organization must earn at least \$65 million in revenue before sufficient surplus funds are available to pay the \$1.3 million in rebates. In this context, rebates constitute a substantial financial outlay.

Even more important, many members who choose to leave KP cite service issues as the primary reason. Replacing these members is costly. In 1998, more than 65,000 members who left KP cited service problems as the chief reason,<sup>2</sup> and the marketing cost of acquiring one new member is approximately \$340; thus, KP spent more than \$22 million in 1998 to replace these members—a result which by itself achieved zero growth. If we were to include members who listed service problems as a secondary reason for leaving KP, this amount would be nearly double. Nonetheless, this marketing cost to replace dissatisfied members is small in comparison with the revenue lost by KP when these members switch to other health plans.

Members who leave KP are young, likely to report being in excellent or very good health, and likely to be relatively new members.<sup>2</sup> When members leave, KP loses the revenue represented by these members' premiums. At a mean individual premium of \$150/month, members who left KP in 1998 because of service issues decreased revenue in 1999 by \$118 million. During a 20-year period—the mean length of membership for satisfied members who stay with KP—the revenue lost from members who left in 1998 because of poor service quality would total \$2.35 billion.

In addition, reluctance to engage a system in which it is time consuming to make an appointment or in which timely appointments are not readily available may cause patients to delay treatment and thus delay diagnoses and cause poor outcomes.<sup>1</sup> The costs of these delays are unknown.

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### Value and the Health Care Experience

Members evaluate KP at every interaction and judge the value of their health care experience in terms of four critical attributes: health outcomes, service quality, monetary price, and nonmonetary costs. The value of the health care experience as it relates to these four attributes can be depicted by the equation

$$\text{Value of Health Care Experience} = \frac{\text{Health Outcome} + \text{Service Quality}}{\text{Price Paid} + \text{Nonmonetary "Costs" to Member}}$$

where *health outcome* is traditionally defined as clinical quality.

*Service quality* refers to how care is delivered, ie, clinical interaction with patients and their families. Research has shown that this clinical interaction—the *service quality* aspect of patient care—strongly affects clinical outcomes, patient adherence to prescribed treatment regimen, symptom resolution, functional health status, and physiologic measures of health.<sup>3-6</sup>

*Price paid* includes the premium (whether paid by employer or individual subscriber) and copayments (paid by the member for individual services).

*Nonmonetary costs to members* include time spent waiting on the phone to make an appointment; time spent waiting in the waiting room and in the examination room to see a clinician; time spent waiting in the laboratory to have tests done and in the pharmacy to have prescriptions filled; and the inconvenience inherent in attending the appointment (eg, taking time off work, traveling to and from the appointment, and parking at the medical office).

Member and patient satisfaction surveys allow us to identify specific aspects of the health care experi-

ence that matter most to members. Several specific factors correlate most strongly with members' overall satisfaction with the care they receive at KP<sup>7,8</sup>:

- Interest and attention of the physician/practitioner;
- Having a primary care physician/practitioner (PCP);
- Being able to see the PCP;
- Time spent with the physician/practitioner;
- Time spent waiting in the examination room;
- Time spent waiting in the waiting room;
- Time spent waiting on the phone to schedule the appointment;
- Days wait for the appointment.

These factors are key elements of members' health care experience. When analyzed from the patient's perspective, these elements describe the *chain of care*—steps in the process of obtaining medical care. When members evaluate their overall satisfaction with KP, this chain is only as strong as its weakest link. In other words, a member's total health care experience can be affected by any problem in one part of the chain of care.

### Role of Clinicians in Creating Health Care Value

To members, the most important factor in the chain of care is the interaction with their physician or health care practitioner. Data from KP Colorado patient satisfaction surveys<sup>8</sup> show a 95% correlation between patients' ratings of "knowledge and competence" of the provider and "courtesy and respect" shown by the provider. This correlation shows that patients assess the clinician's medical skill largely in terms of the clinician's interpersonal skills. In other words, *patients evaluate how much clinicians know on the basis of how much clinicians are perceived to care.*

Patients' ratings of the physician or other health care practitioner are further affected by additional elements in the chain of care:

*Time spent waiting in the examination room.* The KP Colorado data show that ratings of physicians and other health care practitioners are affected by the amount of time patients wait in the examination room<sup>8</sup> (Figure 1). As waiting time in the examination room increases from one minute (or less) to more than five minutes, patients' ratings of the clinician's "knowledge and competence" drops 6%. Conversely, reducing the time spent waiting in the examination room from five minutes to one minute

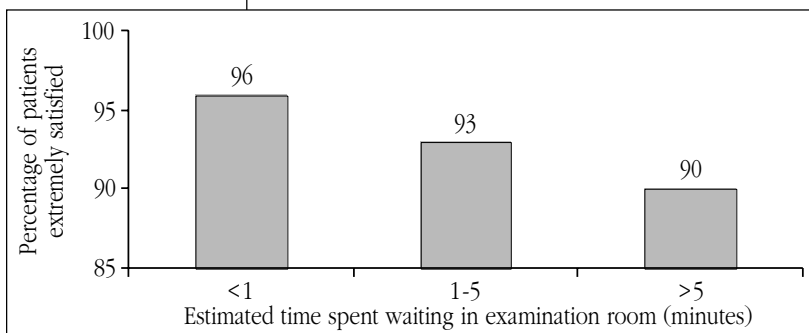


Figure 1. Data from KP Colorado show relation between length of time patients waited in examination room and patients' satisfaction with clinician knowledge and competence. (Adapted and reproduced from Unraveling the chain of satisfaction. [Kaiser Permanente Patient Satisfaction Survey: Colorado Local Market. Quarter 1, 1998.] Oakland, California: Kaiser Permanente Medical Care Program; 1999, p. 7.)<sup>8</sup>

or less *increases* patients' ratings for "knowledge and competence of the provider" by 6%! Longer waiting time in the examination room also reduces patients' satisfaction with the time they later spend with the provider<sup>8</sup> (Figure 2).

*Patient familiarity with the provider.* Data from Northern California<sup>9</sup> show that patients rate physicians or other health care practitioners as much as 30 percentage points higher when the provider is the clinician who provides most of the patient's routine care than when the patient is not familiar with the provider (Figure 3). Patients who are familiar with the provider (ie, patient has seen the provider before but receives most routine care from another person) give the provider intermediate ratings.

*Choosing the physician.* A study done by the KP Northern California Division of Research and published in *JAMA* in 1997<sup>10</sup> found that patients who chose their PCP were 16% to 26% more satisfied with their physician (as shown by nine measures of satisfaction with the physician) than patients who were assigned to their PCP.

Accordingly, whereas the clinical interaction between provider and patient is the greatest factor in patients' satisfaction with clinicians, other factors often not under the clinician's direct control greatly affect how highly the clinician is rated by the patient.

### Role of the Physician in Improving the Health Care Experience

Because members evaluate KP at every interaction, improving members' health care experience requires improving each link in the chain of care. These aspects of members' experience with KP should be the focus of our attention and should guide our improvement efforts. Regional and inter-regional work has started to address key systems issues<sup>a</sup> that impede KP's ability to deliver health care experiences and outcomes that set quality standards for American medicine.

As important as systems issues are, even more important are the individual, team, and departmental actions that affect each patient's health care experience. For example, because patients evaluate how much clinicians know (ie, the most important factor in the chain of care) on the basis of how much clinicians are perceived to care, careful attention to effective communication skills with each clinical encounter will make a difference.

To improve their clinician encounters with patients, clinicians should use the *Four Habits of Highly Effective Clinicians*<sup>11</sup> with each patient:

- Invest in the beginning: create rapport quickly, draw out the patient's concerns, and plan the visit with the patient;
- Elicit the patient's perspective: ask for the patient's ideas, elicit specific requests, and explore the impact on the patient's life;
- Show empathy: be open to the patient's emotions, be aware of your own reactions, and convey empathy both verbally and nonverbally;
- Invest in the end: deliver diagnostic information, provide education, involve the patient in making decisions, and complete the visit by summarizing, checking for acceptance, and reassuring the patient of ongoing care.

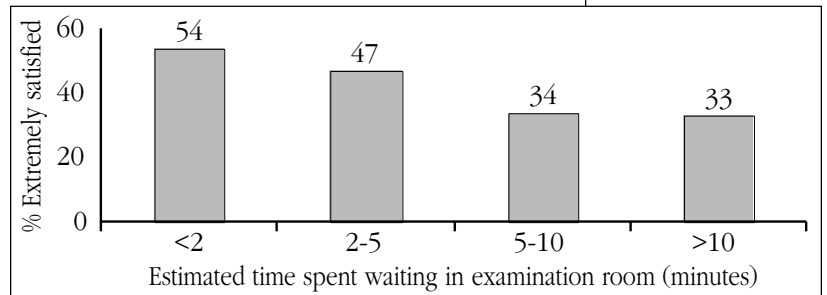


Figure 2. Data from KP Colorado show relation between longer length of time patient waited in examination room and patients' satisfaction with length of time spent with clinician. (Adapted and reproduced from *Unraveling the chain of satisfaction*. [Kaiser Permanente Patient Satisfaction Survey: Colorado Local Market. Quarter 1, 1998.] Oakland, California: Kaiser Permanente Medical Care Program; 1999, p. 7.)<sup>8</sup>

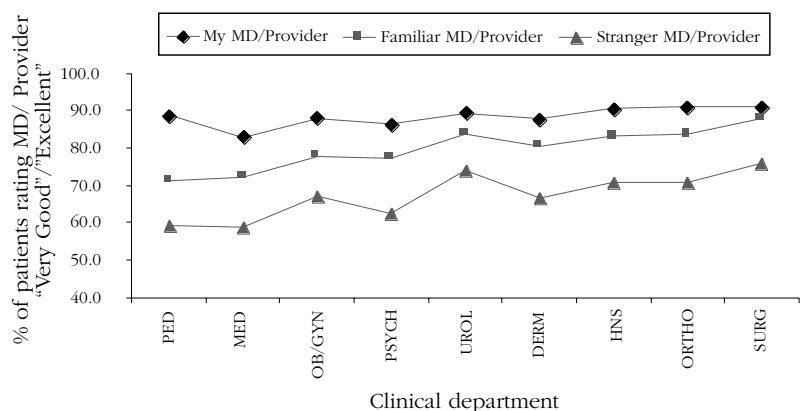


Figure 3. Data for nine clinical departments at KP Northern California show relation between patients' familiarity with clinician and patients' satisfaction with clinician. Patients are most familiar with their own physician or provider ("My"); less familiar with clinicians they have received care from on some but not most occasions ("Familiar"); and least familiar with clinicians they have not seen before ("Stranger"). (Adapted and reproduced from Gregory K. Regional report: The importance of patient familiarity with provider to care provider ratings. Northern California Region Member Patient Satisfaction Survey. Oakland, California: Kaiser Permanente Medical Care Program; 1998.)<sup>9</sup>



**“Departmental processes that both allow members to choose their PCP and enable patients to be seen by their PCP when they seek care will improve patient satisfaction.”**

These communication behaviors are discussed in detail in this issue of *The Permanente Journal*.<sup>11</sup>

A growing literature on physician-patient communication documents the correlation between effective physician-patient communication and improved health outcomes,<sup>12</sup> patient satisfaction,<sup>13</sup> and clinician satisfaction.<sup>14-16</sup> Stated differently, clinicians can improve not only their patients' satisfaction and health outcomes but also their own professional satisfaction with their work by using the *Four Habits* at every clinical encounter.

### **Role of the Health Care Team and Clinical Department in Improving the Health Care Experience**

Health care teams that produce high patient satisfaction minimize the amount of time patients wait in examination rooms and effectively manage waiting room time.<sup>17</sup> As the KP Colorado data show, minimizing the time spent waiting in the examination room increases patients' ratings of the clinician's knowledge and competence as well as patients' satisfaction with the amount of time spent with the provider—two areas that contribute greatly to patients' overall satisfaction with their health care experience.

Departmental processes that both allow members to choose their PCP and enable patients to be seen by their PCP when they seek care will improve patient satisfaction. These aspects of the chain of care affect patients' ratings of overall satisfaction with the health care experience as well as patients' ratings of clinicians' knowledge and competence.

### **Conclusion**

Each of us can take the following actions that contribute to giving every patient a superior health care experience:

1. Fully understand how service problems affect KP's affordability and patients' perception of clinicians' competence.
2. Identify the factors that matter most to our patients (ie, aspects of the chain of care):
  - Knowledge and competence of the clinician (directly correlated with courtesy and respect);
  - Having a primary care practitioner whom the patient has chosen;
  - Ability to see own primary care practitioner (or, at least, another clinician whom the patient has seen before);

- Quality and quantity of time spent with the clinician;
  - Time spent waiting in the examination room (including extent to which delays are minimized and communicated);
  - Time spent waiting in the waiting room (including extent to which patients are kept informed and occupied);
  - Time spent on the phone to schedule the appointment;
  - Days wait for the scheduled appointment.
3. Use effective communication skills with every member, no matter how difficult the encounter may be. Be aware of and sensitive to cultural and lifestyle differences. Attend a clinician-patient communication workshop.
  4. Lead by example in the patient care setting. Provide an environment that encourages ancillary staff to give top priority to the patient's health care experience.
  5. Discuss in a team or department meeting how to improve one aspect of the chain of care, such as reducing examination room wait time or increasing the ability of patients to see their PCP. Implement suggestions and track the results.
  6. Engage and challenge KP leaders to address “system” issues (eg, telephone wait time, access) that affect members' health care experience.

If improving patient satisfaction can improve our patients' health outcomes, KP's financial success, and clinicians' professional satisfaction, we owe it to ourselves and our patients to take the actions that will enable us to deliver a superior health care experience. ❖

*“The KP Interregional Care Experience Project will focus on how key aspects of the delivery system (Call Centers and primary care models) should be designed and operated to support KP's physicians and employees in delivering a superior care experience.”*

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## Holding Water

The society which scorns excellence in plumbing because plumbing is a humble activity, and tolerates shoddiness in philosophy because philosophy is an exalted activity, will have neither good plumbing nor good philosophy. Neither its pipes nor its theories will hold water.

*John W. Gardner*