

## “He’s a good doctor ... *but* ...”

Liz Rabiner Lippoff



My shoulder is shot, so I ask a friend who has had surgery for the name of her orthopedist. That’s how many people find a physician: they ask a friend or associate. I write it down and then say, almost as an afterthought, “He’s good, right?”

The answer I want to hear is, “Terrific.” More often, though, I get good news and bad news. He’s good, *but* ...

- ... Bring a book. You’ll sit forever.
- ... His receptionist is crabby.
- ... There’s no parking.
- ... The paperwork is a huge pain.
- ... It will take months to get an appointment.
- ... You have to jump through hoops to get a real person on the phone.
- ... His nurse takes forever to call you back.
- ... Fill in your pet peeve here!

The quality of the medical care is the most important factor when choosing a doctor. The experience of being a patient, however, entails much more than just the face time with the physician and the outcome of the care. As a matter of fact, patients are more likely to leave a practice because of how they are treated by the staff than because of the medical care. Still, even patients who believe their physician is excellent can have a list of “buts” that might surprise the doctor:

- ... I don’t understand her medical jargon.
- ... She doesn’t listen to me.
- ... She’s always in a hurry.
- ... She never even introduced herself.
- ... She obviously never looked at my chart until she was in the room with me.

After I hear the caveat from my post-surgery friend, do I say, “Never mind. I’ll find someone else?” Depending on how important the complaint is to me, I certainly might. There are, after all, a lot of great doctors in this town. The physician who wants a successful practice needs to solicit feedback and then take it seriously if he doesn’t want to lose patients before they even call the office.

### **What are they saying?**

You really need to know what your target audiences think about you and your practice. There are lots of good ways to do this, and it’s easier now than ever because you can Google yourself. Follow the links. Read the blogs. You may be surprised at how much is out there.

When I consult with a medical practice, I have conducted focus groups and used other techniques, but what I really like is to call people on the phone. This means the doctor or someone on the office staff has to get permission for me to call. I ask to speak with patients, both current and lapsed, because, while I certainly hope to find that everybody is happy with my client, just calling people he knows love him won’t give me a true reading. If the physician is a specialist, I also ask for the names of referring physicians, and I want some who refer often and some who don’t.

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When I have the person on the phone, I tell them up front that I am calling because my client wants to provide better care and that, while we will go over the results, I will not divulge who said what. I carefully plan my questions to be respectful of their time but let them talk as much as they want. I believe this has yielded feedback that is honest and useful.

### **Take it to heart.**

Practices take it in stride when they find out that their reception area chairs are hard, but personal or professional criticism can be tough to take. It's easy to get defensive, but that's clearly counterproductive. I discuss the pertinent comments with the physician, perhaps with the office manager and other staff leaders. These conversations are always an eye-opener for the practice personnel and they give us practice-specific information with which to move forward. Sometimes there really are problem patients, demanding physicians, and sour grapes. There are also likely to be attitudes, behaviors and protocols within the practice that need improvement.

### **Make strategic changes.**

The insight we gain is one piece of the puzzle that I put together to create a strategic marketing plan for my clients. But the do-it-yourselfer can be successful, too. The process sometimes yields some easy fixes. Change the message on the answering machine. Keep the web site updated. Create templates to cover all telephone and in-person interactions. Provide toys for bored kids. Teach the receptionist to smile, smile, smile.

Some adjustments are tougher. Write – and stick to – protocols for how fast you return phone calls, emails and faxes. Re-work the scheduling process to minimize wait times. Fire the crabby receptionist and tighten up the hiring process to be sure that you have a team focused on working together to deliver great service.

Some are even more difficult. Nobody wants to hear that he doesn't seem to be listening to his patients, and not everyone is receptive to learning "active listening" or other proven communication tools. One amazing client videotaped himself delivering his three or four most common exam room explanations, critiqued them, and then revised them so that a person didn't need a medical degree to understand him. I haven't yet found a serious criticism that a motivated practice couldn't address with acceptable success. You may not be able to create a parking lot, for example, but you can put a map of local lots on your web site and in your new patient packet.

### **Give it time and then ask again.**

Smart practices either have comment boxes in the waiting areas or do regular surveys, but everybody should take their vital signs once in a while to see how they're doing.

In the end, the only acceptable end to the sentence "He's a good doctor *but*" is "he doesn't charge enough."