

Editor's Notes

Patient Satisfaction: What Do Yelp and Zagat Say About You?

By Patricia A. Dailey, M.D., Guest Editor



I'm a big fan of Web sites like TripAdvisor.com or Yelp.com. I don't plan a trip or restaurant reservation without consulting these sites. Recently, I was looking for a new internist. Where to turn? I asked local surgeons and thought about the histories and physicals I reviewed, but the hospitalists had replaced the internists, and consequently I had not met many of the internists I was considering. So naturally, I turned to Yelp and searched for area physicians. What an eye-opener!

Here are some random comments from Yelp about a variety of physicians:

I feel kinda bad for giving him 3 stars, but he really needs to organize the files in his office. There was a pile of patient files on his desk, boxes by the window, loose documents and newspapers around his chair ... I don't think I've ever seen a messier desk/office. He seems to be too occupied by other things to organize his office.

... actually took the time to sit and talk to me and find out more about me than just who was my health insurance provider ... was not rushed and did not treat me like a cow he was trying to herd through the place like so many other practitioners.

... took 20 seconds to look down my ears, nose & throat and did not seem at all interested in any of the symptoms as I tried to describe them. He did nothing to assure me that he was invested at all in the process of making me feel better.

The anesthetist was very caring and concerned to make sure she knew all pertinent medical information.

... failed to use a tooth guard on my lower teeth and I woke up in the recovery room with a hugely swollen bottom lip because while under anesthesia my bottom teeth punctured my lower lip.

... the anesthesiologist was SUPERB as I had ZERO nausea after the general anesthesia—a total miracle.

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So for myself, besides reviewing my information on the California Medical Board Web Site, I now also “google” my name and check for comments on various review Web sites, including Yelp.com and Zagat.com.

Maybe it's the down economy and people eating at home, but the Zagat dining people have teamed up with Blue Cross, from North Carolinaⁱ to California, to provide doctor rankings for its members. Zagat is collecting and compiling survey information on physicians from Blue Cross members, using a 30-point scale on four criteria: trust, communication, availability, and office environment. There also is a comments section. Blue Cross is introducing this tool across all of California.ⁱⁱ Zagat says it will wait until it has 10 responses before posting the information on an individual. I went on the Anthem Blue Cross site after seeing my new internist, and submitted a review on the Zagat Health Survey. In return, I received a free 60-day subscription to Zagat.com!

What else is out there? The California Physician Performance Initiative (CPPI)ⁱⁱⁱ is aggregating claims data across multiple payers to measure and report on the quality and cost of physician-provided health care in California. The voluntary addition of data from California's three largest commercial PPOs (Anthem Blue Cross, Blue Shield of California, and United Healthcare) has provided a large enough pool to test the reliability of an initial set of 15 quality measures for patient care provided in 2007. In October 2008, physician performance reports were distributed to 20,000 physicians, showing how they compared individually to national standards of patient care. These results for individual physicians are being reported to contracted PPO plans that are participating in the CPPI. In 2009, the commercial PPO plans may publicly release the 2007 data for individual physicians.

The California Office of Statewide Health Planning and Development (OSHPD) just released in-hospital death rates for three medical conditions (acute stroke, GI bleeding, and hip fracture) and five surgical procedures (carotid endarterectomy, PTCA, esophagectomy, pancreatic resection, and craniotomy).^{iv} The mortality indications are risk-adjusted, using Diagnosis Related Groups.

OSHPD states that the department views these indicators as potentially useful starting points for examining hospital quality but does not regard them as definitive measures of quality.

“Is it possible to measure and improve patient satisfaction with anesthesia?” This is the title of the first chapter in the recent *Anesthesiology Clinics* issue on Value-Based Anesthesia^v edited by Alex Macario, M.D., MBA, of Stanford. The authors of the chapter, Maurizia Capuzzo, M.D., and Raffaele Alvisi, M.D., acknowledge that patient satisfaction cannot be considered an objective

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indicator of the quality of anesthesia care, but it remains the best way to assess outcome from the patient's perspective.

However, just as objective patient outcomes need to be risk-stratified, so do patient satisfaction measures. This is not being done in the surveys currently performed by hospitals. For example, patient-related factors associated with lower patient satisfaction include younger age, higher education levels, female gender, poor health, and anxiety and depression. Surgery-related factors associated with lower satisfaction include longer and major surgical procedures and, obviously, adverse outcomes. Facility and anesthesia service factors associated with higher satisfaction include information provided at the preoperative consultation, perioperative nurses dedicated to anesthesia, postoperative anesthetic visits, and giving an anesthesia summary at discharge.^v Capuzzo and Alvisi also discuss the pros and cons of various survey instruments (telephone, face-to-face, mail) and timing of administration of the survey. Ratings will be higher if done within two days of the procedure, because patients are relieved the event is past. Ratings may be lower if patients are having billing difficulties or care issues when they receive the survey.

What can we do, as payers and hospitals survey patients and confront us with the results that vary widely quarter to quarter in terms of patient satisfaction? Administration doesn't understand why we don't take these surveys seriously when only two patients have responded for an individual anesthesiologist. Of course, these surveys aren't risk-stratified to take into account delays in surgery times, lack of parking, or patients not wanting to pay their deductible. The October 2003 *ASA Newsletter* included the article by Ashok Saha, M.D.: "*Let Us Be Our Own Consultant and Write Our Patient (Client) Satisfaction Survey.*"^{vi} Rather than have the hospital, consultants, or organizations such as Press-Ganey develop the survey, Dr. Saha recommends that we develop the questions to fit our own practice. Her newsletter article provides examples. Perhaps a committee of the CSA could develop a CSA patient satisfaction survey as a member service.

Most anesthesiologists think quality should be based on objective outcomes, such as pain (sore throat), nausea, vomiting, speed of recovery, and other morbidities, and not just responses to questions such as:

- Parking was convenient.
- The registration and business staff were courteous and helpful.
- My waiting time prior to surgery was reasonable and as expected.
- The anesthesia staff was courteous and friendly.
- The anesthesia staff spent adequate time reviewing my anesthesia care and answering my questions.

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Remember that patient satisfaction with anesthesia depends upon **both** the quality of anesthesia and subjective patient assessment of environmental and nonmedical factors.

Surveys can help physicians understand their patients' satisfaction levels, but ultimately most patients seem more likely to pick a physician or hospital based on word of mouth (or consumer review sites) than based on quality reports. A 2008 Kaiser Family Foundation survey found that only 6 percent of patients used quality reports to make decisions regarding physicians compared to 7 percent for hospitals and 9 percent for health insurance plans.^{vii} Most of us looking for a new physician will talk to the people we know about our choices—asking friends, family, co-workers, and other medical professionals for their personal recommendations. We ask about physician personality, whether people are happy with the care, and if they feel comfortable discussing problems with their physician. That's what I did, and so far, I am very happy with my choice.

ⁱ <http://www.newsobserver.com/business/story/1342375.html>

ⁱⁱ http://www.anthem.com/ca/shared/f0/s0/t0/pw_a123461.pdf

ⁱⁱⁱ http://www.cchri.org/programs/documents/CPPI_Project_Summary.pdf

^{iv} http://oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/iqi-imi_overview.html

^v *Anesthesiology Clin* 26(2008)613-626.

^{vi} http://www.asahq.org/Newsletters/2003/10_03/saha.html

^{vii} <http://www.kff.org/kaiserpolls/upload/7819.pdf>

CSA Bulletin Cover for Volume 58, No. 2 "Joshua Trees in Bloom"

This image was taken in Joshua Tree National Park in Southern California in April of 2005. The desert had received considerable rain the preceding winter and even the Joshua Trees were in bloom. A Canon 20D SLR with a wide zoom lens was used.

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