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Medical Fitness Centers Emerging as Important Players in Population Health

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How Are You Really Doing? Mystery Shopping to the Rescue

LA JOLLA, CA—Patient satisfaction surveys, online comments, anecdotal feedback, social media, and focus groups—all can contribute to putting together an accurate picture of precisely how your healthcare organization is treating patients and families. Some of this can get pretty granular with a department or a floor coming in for praise or criticism as the case may be.

There is another market research technique that can tell a lot about how well the organization is doing: mystery shopping. It's a technique that has long been used in many other facets of business from retail to financial services, hospitality and more. It's been a player in healthcare for more than several decades as one of the ways that healthcare organizations can gauge the patient experience.

The biggest change in recent years has been that "mystery shopping is much more accepted and more commonplace than it was in the past," says Kristin Baird, RN, President and CEO of the Ft. Atkinson, Wisconsin-based The Baird Group. "It provides validity of the brand promise."

That is especially important in the healthcare marketing world as marketers strive to be not only the promise makers but also the promise keepers. That is, on the one end is the brand promise, on the other end is the desired loyalty and in the middle is the brand experience, she says. How that brand experience flows out is very much of concern to the healthcare marketer.

Barbara Gerber, President of the La Jolla, California-based Devon Hill Associates, says that the goal of medical mystery shopping is improvement. It's a positive thing for the organization, she adds. It's not to get staff members fired, but to understand areas where improvement is needed and then follow-through and make those changes.

Gerber began her company 31 years ago, focusing on mystery shopping for senior living communities. Then in the mid 1990's she underwent a hospitalization that wasn't going all that well. "I was lying in my hospital bed ill and thinking that I had all this experience as a hospital administrator (with particular emphases on marketing and strategic planning)," she says. That was the beginning of her medical mystery shopping addition to her company.

Yet, over the years both Gerber and Baird have found a certain amount of pushback when inpatient mystery shopping comes into play. This has served

to dampen the ability of mystery shopping to more fully penetrate healthcare, Gerber says.

"There is a lot of pushback from staff about 'being spied on," she adds. "They argue that this is taking time away from real patient care and that it is an imposition."

This feeling is there even though the numbers of mystery shoppers are small compared with the total volume of business in any particular department. For example, Gerber says that she might have five mystery shoppers in an ER that has tens of thousands of visits in a year.

Getting the Picture

Gerber maintains that a valid portrait of a department can be achieved with a small number of shops. That's because reports are lengthy, going into great detail on each element of the experience. "In states where we can record we do so, of course with the provider's permission," she says. "Also we send a companion in with the mystery shopper to observe." The two must be in agreement on what was seen/heard or it is not in the report.

Additionally, mystery shopping is always done for a specific reason, Gerber says. Management already knows there is a problem before hiring the mystery shopping firm so is expecting to see a report that details the experience in such a way that solutions can come out of that.

For Baird's company, the mystery shopper chosen for an assignment fits one of three classifications: someone who is not symptomatic but comes in for a non-threatening but urgent situation, someone who has historic symptoms (e.g. migraines) but is not symptomatic during a mystery shop for that health issue; or someone who is actually undergoing symptoms or a real procedure that needs treatment during the shop. An example of the latter might be a patient needing a knee replacement and the desire to mystery shop the entire process from beginning to end.

The patient goes in with a partner, perhaps a family member, and that person becomes responsible for making the report.

The Study

Inpatient mystery shopping is one thing; telephone mystery shopping is something quite different. For one thing, it is easier to do and takes less time. Additionally, it is that initial telephone conversation that can set the tone for the entire series of interactions the patient has with the organization and, thus, can make a significant contribution to the patient experience discussion.

Several years ago, The Baird Group released a research paper that provides considerable insight into how patients feel about that first phone call with a practice and their likelihood to return. The paper, "The Power of the First Phone Call: Factors Influencing Patients' Likeliness to Return to a Medical Practice," was written by Baird and Elisabeth Callahan, Consulting Coordinator. The study analyzes 1,878 mystery shops, representing calls to more than 25 healthcare organizations. Two research questions were explored. One of those focused on the empirical phone elements associated with individuals' likeliness to return and the other focused on the attitudinal phone elements associated with individuals' likeliness to return.

Empirical Phone Elements

According to the study, "encountering a voicemail, holding in a queue, waiting more than three rings or experiencing a call transfer are negatively associated with likeliness to return (controlling for all other variables in the model including greeting/closing, attendant communication and appointment access)."

More specifically, "phone encounters in which the caller was sent to at least one voicemail resulted in potential patients being 1.8 times less likely to report that they would return to the facility, controlling for all other variables in the model." Similar results were experienced for other areas. For example, if a queue was encountered this resulted in patients being 1.5 times less likely to report they would return. Phone encounters with at least one transfer meant being 1.5 times less likely to report they would return.

"Phone encounters in which the call was answered in three rings or less, resulted in potential

Empirical Phone Elements

	Patients More Likely to Report
Answered in 3 Rings or Less	1.7
Attendant Introduced Him/Herself	2.2
Started Introduction with Name of Location	1.9
Attendant Did Not Interrupt Caller	4.1
Attendant Spoke Slowly and Clearly	2.2

patients being 1.7 times more likely to report that they would return to the facility, controlling for all other variables in the model," according to the study.

Turning to the greeting by the individual who answers the phone—we learn that "phone encounters in which the attendant did introduce him/herself (compared with not introducing him/herself) resulted in potential patients being 2.2 times more likely to report they would return to the facility." Stating the name of the location reached resulted in 1.9 times more likely to report that they would return to the facility.

While the report indicates that phone access and the initial greeting are key elements in gaining return business, even more important is the communication between the caller and the representative and access to timely appointments. "Phone encounters in which the attendant did not interrupt the caller (compared with interrupting the caller), resulted in potential patients being 4.1 times more likely to report that they would return to the facility, controlling for all other variables in the model."

When the attendant spoke slowly and clearly, this resulted in potential patients being 2.2 times more likely to report they would return to the facility.

Turning to appointment access: "Callers who were offered an appointment more than two weeks out were 4.4 times less likely to return to the facility…Callers who were told an appointment was unavailable were 4.8 times less likely to report that they would return to the facility."

Attitudinal Phone Elements

According to the study, "phone encounters in which the caller felt the attendant was considerate of his/her time, (compared with not considerate of his/her time), resulted in potential patients being 2.6 times more likely to report that they would return to the facility, controlling for all other attitudinal variables in the model. Phone encounters in which the caller felt the attendant's tone showed an interest in the caller's needs (compared with a perceived uninterested tone) resulted in potential patients being 2.9 times more likely to report that they would return to the facility."

Similarly, when the caller felt the attendant was patient and understanding, potential patients indicated they were 2.5 times more likely to return to the facility.

Turning to knowledge and resolution—When callers felt that the attendant confidently and accurately provided information, this resulted in potential patients being 2.7 times more likely to report that they would return to the facility.

Question: At the end of the call, did you feel that your questions were adequately answered? Those who responded yes were 2.1 times more likely to report that they would return to the facility. ■

Attitudinal Phone Elements

	Patients More Likely to Report They Would Return to the Facility
Attendant Considerate of Time	2.6
Attendant Showed an Interest in Caller's needs	2.9
Attendant was Patient and Understanding	2.5
Information Provided Accurately	2.7
Questions Adequately Answered	2.1