

# THE Physicians Report

WINTER 2016 | PHYINS.COM

## Physicians In Focus MANAGING YOUR REPUTATION



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# HELPING TODAY'S PRACTICES PROVIDE VITAL POSITIVE EXPERIENCES

How likely are you to recommend us to a friend? This question has taken on other forms, asking you to rate your level of satisfaction or the degree to which your expectations were exceeded. It's almost certain you have been asked such questions numerous times before, and they're at the heart of measuring satisfaction, consumer purchase intentions, and loyalty.

The commercial world has been feverishly working on customer-satisfaction scoring and analysis for decades, making nearly every aspect of a product or service measurable by consumers with often real-time data pouring into companies for analysis and response. No fewer than 28,000 books on the subject are on Amazon's Web site, all purporting that one aspect of satisfaction is more important than another. We're left to wonder: Should we measure satisfaction, loyalty, intent to purchase, affection, brand equity, number of complaints, or net promoter scores? And what is the best rating mechanism for those attributes?

On the other hand, health care—and the delivery of medicine particularly—has been slow to gain traction. This is largely due to the challenge of measuring satisfaction of care with noncompliant patients or, unfortunately, when there is no relief or cure to offer. Even in the face of this significant challenge, the need to understand and excel in providing positive experiences for patients and their families is of paramount importance in today's practices. Reimbursements are being tied to quality scores that emphasize patient satisfaction. Some specialties, hospitals, and practices are beginning to deploy targeted initiatives to train staff and physicians regarding empathy, communication, and overall patient experience modeling—all designed to positively impact their scores on

rating sites such as Yelp, Healthgrades, and Medicare's Physician Compare Web site.

Customer satisfaction has been shown to directly impact the bottom line, too. Satisfied customers tend to pay their bills on time, buy more often, and even spend more per purchase. A medical practice with higher patient satisfaction scores can experience lower accounts receivable. Patients may come in more regularly for preventive services, and they tend to refer their friends and family members to the practice. This lowers the cost of acquiring new patients, according to studies that suggest the cost of replacing a dissatisfied patient who left a practice is at least seven times greater than keeping one satisfied.

This edition of *The Physicians Report* is intended to provide you with practical information on how to impact and cultivate your reputation and patient satisfaction scores—whether as a new initiative or in response to a claim or negative review. In these pages, your peers have responded with their ideas, and experts are weighing in on strategies that work in real-world practice settings. And we'd love to hear about what you're reading and what's working in this area. Please send us your thoughts at [editor@phyins.com](mailto:editor@phyins.com).



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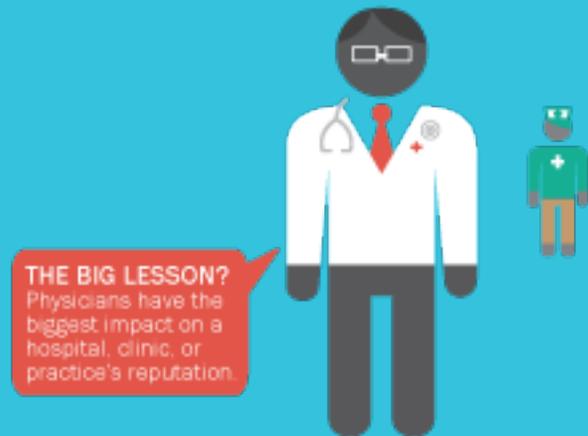
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# Patients Are Powerful

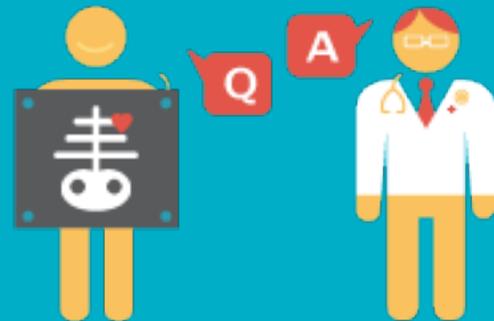
## Why They Are Reviewing Their Doctors

That meal you had at a fantastic restaurant. The lackluster service that came with your oil change. The beautiful selection at a local boutique. Reviewing our experiences with retail and restaurants is commonplace—we do it all the time. Perhaps it's not surprising, then, that more and more of us are taking the opportunity to share our opinions of our health care.

**FACT** ✓ Talk about the spotlight: patients review doctors more than nurses by 3 to 1.



**FACT** ✓ Patients care more about attentiveness – even above compassion or competence



**TAKEAWAY:** Investing in time to really listen = big payoff in positive online review feedback

In general, patients have increased influence and power in the digital age. There are more choices—so consumers mindful of cost can simply find new facilities and doctors to trust with their care. Patient satisfaction now has a dollar value too. The federal government (<http://tinyurl.com/jschvaw>) is factoring in patient survey data to determine Medicare reimbursements to hospitals. There are more forums in which to be heard—from traditional social media sites like Twitter to health-specific review spaces like Vitals—and more evidence that suggests these sites matter. In fact, in one survey (<http://tinyurl.com/hkqzh6d>), 42 percent of patients reported using online reviews, and almost 50 percent indicated they would go out-of-network for a doctor with positive reviews.

In Reputation.com's own analysis, reviews of doctors, nurses, hospitals, and other care providers are increasing at an astonishing rate: 50 percent year over year since 2012. <sup>PR</sup>

# Here's what else Reputation.com's analysis of thousands of reviews revealed about patient feedback



Patients want to be heard. In a sentiment analysis of review content, patients prized attentiveness above compassion and even competence. It was the number-one quality that left patients feeling the most positive about their care. The smartest health-care practitioners invest time during each visit to really pay attention to what patients are sharing with them. They're sitting and looking patients in the eye. They're asking relevant follow-up questions based on what they're hearing. These health-care providers are active listeners, using even subtle signals—like nodding and leaning in—to send a message: I care.

Doctors are typically top of mind for patients. Reviews that focus on doctors outnumber those that emphasize nurses, three to one. For most patients, that makes sense. Although nurses are very important and also have an impact on review feedback, the physician is the star of the health-care show. He or she is the main event, the trusted source of information—and medicine—that will make it all better. That's why hospital administrators and clinic managers should sit up and pay attention—because the patient-doctor experience will have a disproportional impact on a facility's reviews. For solo practitioners or small medical practices, it's even more critical to make sure patients get the best of care, since they won't have other staff reviews to counteract negative reviews. In either situation, more emphasis on holding physicians to a high standard of patient conduct and care is warranted.

Reviews differ, depending on a patient's level of illness. Patients with significant medical issues tend to be more satisfied with their care—60 percent leave positive reviews as compared to those with minor medical problems. Just 47 percent of people with these less significant issues felt their health care warranted positive mentions, often writing about more than just the outcome

of their care, but also the holistic experience (for example, the wait time to be seen, the lines at the pharmacy, the attitude of the office staff). This makes sense: doctors tend to spend more time with patients who have serious illnesses, because these individuals need more attention to ensure the right diagnosis and follow-up care. Physicians have a finite amount of time in each day, so it's probably true that easily treated conditions are given only the time they warrant to diagnose treatment and move on.

## FACT

### Health care reviews are skyrocketing:

Patients are weighing in on doctors and nurses just like you.

# 50%

growth in online reviews each year since 2012



Despite consistent growth, most patients aren't writing reviews (yet). Sharing perspective on one's health-care experience is a rapidly growing trend in the review space. But despite this

*(Continued on page 13)*

# First Impressions

## Cultivating your online reputation



Love it or hate it, your patients are looking online to make decisions about their providers. From reading online patient reviews to watching educational videos, patients are getting to know their providers before they ever set foot in the door. To take control of that first impression, physicians and providers can assume an active role in managing their online reputation. All the time you need is six minutes a day or 30 minutes each week.

According to the Pew Research Center, one in five Internet users has consulted online reviews and rankings of health-care service providers and treatments. What people say about you online is a reflection of your quality and integrity as a professional. Luckily, online reputation management isn't rocket science. All you or your staff need are decent writing skills and a baseline knowledge of how social media and the Internet work. And, a bit of a thick skin.

### **BENEFITS OF ONLINE REPUTATION MANAGEMENT**

The main benefits of taking an active role in your online reputation management include attracting and retaining patients, strengthening your credibility, the opportunity for personal or professional branding, and being a resource for people seeking information.

When done well, a strong online presence will provide information, help patients discover more about your practice, or answer common questions. It could be something as simple as posting onto Facebook items of interest to your patients,

such as will your offices be closed on Martin Luther King Jr. Day? What types of insurance providers do you accept? Are you bilingual? What are the surgery options available? Where can patients go for more information?

This goes beyond a list of your qualifications and research. The Web is often a patient's first impression of you, your practice, and your staff. It can set the tone for that relationship. Even if you have a steady group of loyal patients or you have a less public-facing practice, satisfied patients are critical to keeping your business sustainable. The Web can help.

### **THE FIRST STEP? START LISTENING.**

The best way to start building and cleaning up your online reputation is to know what is being said about your practice. This gives you the chance to celebrate what is going well. For example, acknowledge a receptionist who went above and beyond to calm a fussy infant, or thank your care coordinators for their speedy follow-up with distressed patients to schedule an appointment.



It also gives you the opportunity to address areas of improvement.

The first step to start the listening process is to set up Google Alerts. Visit [www.google.com/alerts](http://www.google.com/alerts) and type in your name and the name of where you practice. Any time these words or phrases (keywords) show up online, you will receive an e-mail notification.

Then, start visiting online review sites. What sites are you listed on? Where should you be listed? What profile information needs updating? Start the process of creating or updating profile information regularly. Store all your passwords in a handy document, and add a reminder on your calendar to check back in with the sites to see if any new reviews have been posted.

### BE PROACTIVE: OWN YOUR ONLINE REPUTATION

Many people become aware of their online

reputation once a nasty comment or review is posted online. Your work in managing your reputation should start well in advance of said comment. That way, one damaging comment in a sea of positive reviews, combined with a well-oiled social media presence and professional Web site—well, that one review doesn't seem so significant anymore.

Now that you understand the benefits of managing your online rep and have started paying attention to what is being said about you online, the real work begins. You can scale up how much time you put into this work depending on your time and level of interest.

Here are five things you can put into practice right away.

#### 1. Clean up your Web site and/or bio page.

Is your Web site the best reflection of you as a professional? Is it easy to read, or chock full of medical terminology? Are the photos clear and high-resolution? Hire a professional writer to spruce up your Web content and scrub for typos, and consider redesigning the site if it needs it.

Use the employee bios page on your site or group's site as an opportunity to highlight your personal achievements and interests, such as specific modalities and interest in a particular treatment or patient group, or even hiking or your love for golden retrievers.

#### 2. Resurrect your Facebook page.

Chances are, you haven't posted to your Facebook page in months. If you have, bravo! You're one step ahead of the game. Make sure your banner graphic is a strong representation of your brand. (No exterior building shots please!) Consider using stock photos that you may already have featured on your Web site. Post pictures of employees and links to articles you believe your patients will find helpful.

*(Continued on page 8)*



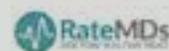
## THE 4-1-1 ON POPULAR REVIEW SITES



User-friendly site that allows patients to search for providers, compare costs for procedures and appointments, and read patient ratings and reviews.



Arguably the most popular site featuring reviews on service providers, Yelp has become a thorn in the side for restaurants when customers snark about crabby waiters. There are fewer health-care reviews, but it's still a key place to check.



The review site boasts one million doctors and two million reviews. Easy to navigate.

### Angie's list

Subscription-based site popular with people searching for service providers. Profile set-up is free.



Online physician profiles and reviews, plus the ability for patients to schedule appointments.



Another online review site with a user-friendly interface.

(First Impressions, Continued from page 7)

### 3. Set your personal social media pages to private.

Your personal Facebook page is just that—personal. Potential or current patients should not be able to search for you on Facebook and view photos of your children's soccer tournament or what you had for dinner last night.

### 4. Make reviews a part of your strategy.

Whether you include a sign on the door of your examination rooms or include a message in a follow-up email, ask your patients to post reviews online after an office visit. Research the review sites listed in this article and pick your favorite. Make sure you thank patients who post positive reviews.

Fortunately, negative reviews provide an opportunity to demonstrate your integrity, professionalism, and respect for your patients.

**5. Create custom content.** Start writing about what you know best. If you are a podiatrist in a town full of podiatrists, why not become “Frank the Foot Guy” and develop a blog that provides a how-to on proper care of your feet? LinkedIn offers a super simple blogging platform that is easy to implement, as is WordPress or SquareSpace. Be known for something. Use your expertise and experience to build that brand and drive more people to your practice (and keep the ones you already have from going anywhere).

**6. Other resources** about social media can be found on the Physicians Insurance Web site at:

Blog: <http://tinyurl.com/gm7z6uz>  
Article: <http://tinyurl.com/jn5xo2c>

## HOW TO RESPOND TO NEGATIVE REVIEWS

It's deflating to read somebody's negative experience with you or your business. Fortunately, negative reviews provide an opportunity to demonstrate your integrity, professionalism, and respect for your patients.

When responding, taking the high road is always the best option. Your gut reaction will likely be to get defensive and disprove what is being said about you or your business. Or, desiring not to “stoke the fire,” you might be tempted to just ignore it and let readers judge for themselves. This does more harm than not responding at all. When responding, always do so in a gentle and constructive way.

Write with your potential clients in mind versus the one person who is upset. Sometimes a simple response will suffice: “We apologize you had to wait for an hour for your appointment. We do our very best to avoid that, but medical practice can be unpredictable. We hope to see you again soon.” If the patient has a more specific complaint about a treatment or medical experience, evaluate whether a short response with an invitation to follow up with your office directly will be effective.

Keep in mind that the more Web pages there are that include mention of you or your practice, the farther down in search those negative reviews show up. You can help this along by adding physician profiles to the online review sites, by requesting referring providers to link to your Web site, or by starting a blog.

## WHEN TO CALL IN THE PROS

For more serious situations—litigation, scandals, or adverse patient outcomes—you'll want to call in the pros and seek advice from a professional communications firm, in addition to your group's leadership and legal department. You may also want to seek professional advice if online reviews go from snarky to scathing and include

false or defamatory information. (See “When to Call in the Pros: Managing PR in a Crisis” on p. 9.)

Also, if you receive a claim or summons, your first step is to immediately contact Physicians Insurance. (See “How to Report a Claim” on p. 23.)

In summary, true online reputation management takes a proactive approach to creating a robust online presence and paying attention to how your practice is represented across the Web. It's not just reviews. It includes your Web site, your Facebook page, online review sites like Vitals or Yelp, and media coverage posted online.

With a little time and attention, you can make a great first impression before your patient walks through the door for the first time.

## 30 MINUTES A WEEK TO MANAGE YOUR ONLINE REPUTATION

That's all it takes—trust us.

### 10 MINUTES

Review your Google Alerts.

### 5 MINUTES

Check your online profiles for new reviews, and follow-up, if necessary.

### 15 MINUTES

Schedule social media content for the week. 

---

*Contributed by Kelly Bray, of Team Soapbox, a communications firm in Seattle, working with organizations and companies that strive to make an impact on our community. They specialize in issues and advocacy communications, marketing, media relations, and public affairs.*



# When to Call in the Pros

## Managing PR in a Crisis

None of us want to think about a public crisis at work. You or your practice might face litigation, or defamatory information could appear online or in print. Despite a medical team's best intentions, knowledge, and skills, sometimes unintended results or adverse outcomes in the delivery of care can occur.

From a public relations perspective, a negative review or two on Yelp is one thing, but news of an adverse incident, lawsuit, or claim is entirely another and requires a different approach to managing information and your reputation. How should you respond if a crisis happens? Ask for help.

Truly, the very best approach for a crisis response is to be prepared. But regardless of whether you've prepped in advance of a lawsuit or are blindsided by a media article on a Tuesday morning, you'll handle it best with professional advice.

If you receive a claim or summons, your first step is to immediately contact Physicians Insurance. (See "How to Report a Claim" p. 23.)

After alerting Physicians Insurance, seek out the leadership at your hospital, practice, or group, and contact the public relations and

legal departments, if available. These departments can guide you on public relations and other issues.

If you find yourself facing negative media, defamatory reviews, or other reputation crises, here are a few tips on what to do in the interim while you seek out help:

or "I can't speak to that right now," or another neutral deferral.

- Ask for help. It bears repeating again. It's tempting to skip this step for the sake of efficiency, embarrassment, or wishful thinking that the situation will blow over. If you are part of a hospital or group practice, you may be

**Truly, the very best approach for a crisis response is to be prepared. But regardless of whether you've prepped in advance of a lawsuit or are blindsided by a media article on a Tuesday morning, you'll handle it best with professional advice.**

- Start to collect your facts. A concise account of the situation will help you and your legal and communications teams understand the problem and craft an appropriate response.
- Ask staff to refrain from sharing any information, commentary, or opinions. This includes you, until all the facts are in and a response plan has been crafted. You may feel an urgency to respond, but a well-crafted response is more important than a quick one.
- Avoid saying "no comment." If you must interact with media or others, be calm and accurate, and avoid being defensive. Instead of "no comment," say, "I don't have that information,"

obligated to contact leadership and public relations. But even if you're not part of such a group, seeking help is the wise thing to do.

Your advisors will guide you from there, if you are in the midst of a crisis. If you're not in a crisis, plan ahead for potential crises so you can move into action quickly. This needs to happen way, way ahead of time, not when a crisis is upon you.

Here are the basics of preparing a crisis communications plan:

- Identify a crisis team and chain of command. This team will take calls, gather information, and develop a response. Inform staff who should

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# Physician Compare

## Increasing Transparency in Health-Care Choices

*By Martie Ross, Pershing Yoakley & Associates, P.C.*

Our decisions to buy a certain product or service are often based on opinions expressed by prior purchasers. In addition to soliciting advice from friends and family, we have at our fingertips hundreds of Web sites by which to access others' opinions (and express our own opinions as well).

While other users' subjective opinions can be helpful, knowing a product's or service's score on objective measures gives us greater confidence in our purchasing decisions. Thus, we rely on publications like *Consumer Reports* and look for designations such as the Good Housekeeping Seal.

In selecting a health-care provider, we first check our insurance coverage and then ask our primary-care provider (if we have one), inquire about our friends' and family members' experiences, and surf Web sites like HealthGrades and Vitals, to name just two. But when it comes to objective measures of quality, efficiency, and outcomes, the public has not had access to reliable data on which to base decisions—until now.

### **INTRODUCING PHYSICIAN COMPARE**

Section 10331 of the Affordable Care Act (ACA) required the Centers for Medicare & Medicaid Services (CMS) to establish the Physician Compare Web site to provide consumers with objective measures of physician performance. When it was launched on December 30, 2010, Physician Compare was nothing more than a searchable list of physicians and other health-care professionals who bill for services on the Medicare



Hearts® initiative in the most recent year.

In addition to finding a physician who is part of group practice, one can also access a complete list of other physicians in the group by specialty.

A consumer can use Physician Compare to obtain information on his or her current physician using an individual or group name search. One can also search for a provider within a specified radius of a city, zip code, or landmark, segregated by specialty. The site includes a tool that allows the user to click on different areas of the body to identify the specialty he or she is seeking.

#### EXPANDING PHYSICIAN COMPARE

The ACA required CMS to publish a plan by the end of 2013 to expand Physician Compare to include individual providers' data on cost and quality measures. With that plan in place, CMS is now methodically expanding the site's functionality.

In December 2014, CMS posted the first set of quality measures on Physician Compare: They were diabetes and coronary artery disease measures. These were collected for 139 group practices and 237 accountable care organizations (ACOs) via the Web interface for the 2013 PQRS Group Practice Reporting Option (GPRO).

Late last year, CMS added individual providers' quality data for the first time, posting to Physician Compare a subset of 2014 PQRS measures collected via claims data, along with individual provider measures from the 2014 PQRS cardiovascular prevention measures group in support of the Million Hearts® initiative. Also in 2015, CMS added to Physician Compare a subset of the 2014 PQRS GPRO measures collected via the Web interface for group practices of 25 or more eligible professionals, along

with certain patient satisfaction scores reported by these practices.

CMS will continue to grow the amount of data available through Physician Compare, but only for those measures the agency deems statistically valid, reliable, and suitable for public reporting. CMS conducts consumer testing to identify the most appropriate measures to post on Physician Compare. This includes having consumers evaluate the plain-language measure descriptions and discussing with consumers how and if the measure would help them choose a physician.

Once CMS deems a measure appropriate for reporting, the agency then makes a formal proposal for posting on Physician Compare through the annual MPFS rulemaking process. Stakeholders can then seek clarification and raise objections regarding the measure and/or the manner in which CMS proposes to report the data on the Web site.

*(Continued on page 35)*

Physician Fee Schedule (MPFS). Over the last five years, CMS has expanded the information available on the site and enhanced its functionality.

Today, Physician Compare makes available the following information for every Medicare-participating physician and health-care professional:

- Basic demographic information
- Medical school education and residency information
- Primary and secondary specialty
- Board certification (if any)
- Practice and hospital affiliations
- Languages spoken
- Whether the provider has attested to Meaningful Use and participated in the Physician Quality Reporting System (PQRS) and the Million

## LEARN MORE

### BLOG

CMS Fine Tunes Value Modifier as MIPS Prepares to Take the Stage

<http://tinyurl.com/2bha9rq>

### WHITE PAPER

Practical Guide to the Medicare Physician Value Modifier Program

<http://tinyurl.com/zm6lb43>

### WEBINAR

Beyond Tactics: Building a Value-Based Culture

<http://tinyurl.com/h7jx4eo>

# The Increasing Importance of Online Physician Ratings to Drive Patient Engagement

By Evan Marks,  
Chief Strategy Officer, Healthgrades



**Online search is redefining the way consumers find a physician—innovative Web sites have paved the way, and now hospitals and health-care systems are recognizing the value as well.**

In today's dynamic health-care marketplace, Affordable Care Act mandates are driving insurers to limit the number of doctors included in their provider networks. This movement restricts consumers' choices and heightens the need to make new and informed decisions about the right doctors for their care. Moreover, as networks continue to shift, physicians are also often required to look outside their existing referral circles when making in-network referrals. This doesn't always bode well for the patient, as physicians making referrals to other in-network physicians may not have as great an understanding of the specific skills or degree of experience as they would with those they enjoy longstanding relationships with. In addition, while narrow networks are required to have minimum access requirements by specialty (e.g., no more than a 20-minute drive to see an orthopedic surgeon), they rarely evaluate the access to providers who have expertise or experience with specific conditions or procedures. There might be an orthopedic surgeon within a 20-minute drive, but not one who can fix your spine. Consumers really need to do their homework.

In order to wade through the sheer volume of information available, consumers (and referring physicians) are often going online to research their options. According to Pew

Research Center, almost three-quarters of Internet users (72 percent) search for health information online. In fact, consumer use of online physician reviews increased 68 percent last year alone (*Becker's Hospital Review*).

While the health-care industry has been historically reluctant to openly share quality, experience, outcomes, and safety data, consumers have come to expect high levels of transparency and engagement. Other industries, like Travelocity and Zillow, have driven this shift by providing objective data that's credible and impartial. Amazon and Yelp personalize information using consumer profiles and clever algorithms, and Uber and Airbnb disrupt traditional models through innovative approaches.

A number of health-care Web sites, many of them offering digital tools, are now embracing this desire for transparency and empowering consumers to find the right hospital and the right doctor for the right care that might change—or even save—their lives. Healthgrades, founded in 1998, was the first comprehensive physician review and hospital quality comparison database to disrupt the market. Still recognized as a leading innovator, it currently provides profiles of more than 4 million health-care providers in the US that include their demonstrated experience involving more than 12,000 diseases, conditions, and procedures and across 1,100 specialties, as well as comprehensive hospital quality, safety, and patient satisfaction ratings.

New to the site are open text reviews on all physician profiles, which enhance how patients can leave feedback about the care they receive from providers. Healthgrades is also offering online appointment scheduling for select health-care systems, with broader rollout expected in the coming year.

RateMDs, Vitals, and ZocDoc also hold significant market share by offering differentiated value to consumers. RateMDs' reviews are heavily focused on patient satisfaction ratings, and visitors to the site are encouraged to share their own personal experiences. While ZocDoc also provides basic physician information and patient reviews, it does so only for those providers who have paid to be listed. ZocDoc focuses primarily on convenience, emphasizing its online scheduling functions, as well as the ability to complete and store many necessary medical forms online for use across multiple offices. Vitals, the "youngest" of the bunch with a 2008 launch, encourages patient reviews, provides scheduling tools for online appointments, and also features the SmartShopper incentives program, which provides cash to patients who shop for cost-effective care.

Other health-care and consumer organizations have also expanded their offerings in recent years to include physician search capabilities. WebMD, one of the most trafficked health-care websites, provides information, communities, and in-depth reference

material about a wide variety of health topics, as well as a robust Physician Directory where visitors can search for doctors based on region as well as specialty, condition, or procedure. Yelp, the ubiquitous site for consumer reviews, has also continued to grow as a resource for consumers looking for physicians. In an effort to enhance its 1.3 million health-care provider ratings, Yelp recently partnered with ProPublica to incorporate more objective health-care statistics and consumer survey data on more than 25,000 medical facilities. And through its Physician Compare tool, the federal government is now also providing search capabilities for physicians and group practices enrolled in Medicare.

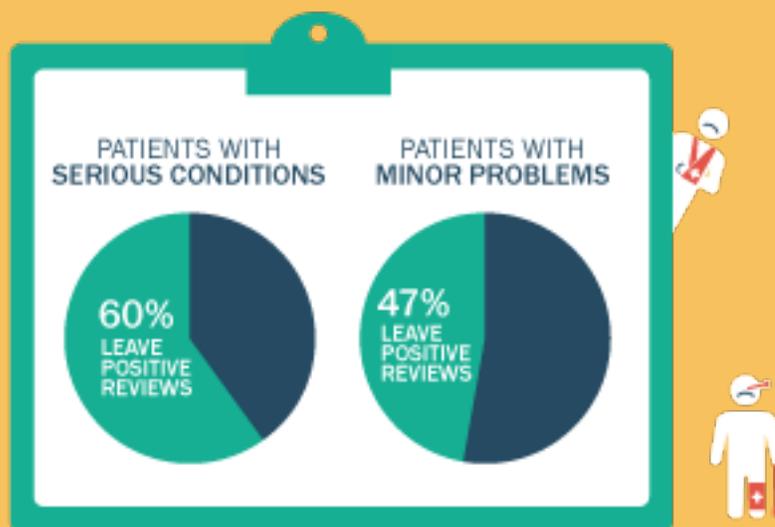
As consumers search with more frequency for physicians online, hospitals are increasingly engaging with these leading online rating sites to share information and work collaboratively to ensure that their physicians are discoverable. Simultaneously, they are adding physician search and ratings functionality to their own sites to enhance transparency. University of Utah Health Care has led this movement and currently provides online access to their physicians' patient satisfaction scores and comments with more than 40,000 patient surveys on file.

Online ratings sites are quickly becoming the first stop for most consumers when selecting a doctor or hospital for their care. Today, a patient's first encounter with a new doctor will often be through a digital channel. Therefore, it is critical that physicians proactively and strategically manage their online reputations. Positive consumer engagement not only bolsters and enhances relevancy online, but it can translate to improved patient satisfaction offline as well. <sup>PR</sup>



Evan Marks, Chief Strategy Officer, Healthgrades

## FACT Which patients are happier with their care?



**TAKEAWAY:** Most negative reviews are from patients who aren't very sick.

*(Reputation.com's analysis, Continued from page 5)*

growth, most providers still don't have any reviews—essentially a black hole for people looking for solid information. Of those providers who have reviews, most will have 10 reviews or fewer—and the tenor of this feedback is primarily positive. But it's clear that both the volume and the tone will change as leaving a review for a clinic visit becomes as routine as rating a cheeseburger joint. Smart health-care providers are beginning to find unobtrusive, privacy-compliant ways to solicit online feedback from patients. This may include a link to a quick survey embedded in a generic post-appointment e-mail—or even directly asking patients to fill out a survey as part of an after-visit follow-up. Still others are proactively asking patients to accurately recount and rate their experiences on relevant review sites like Vitals and Healthgrades. More reviews mean higher credibility and, for most practitioners, a stronger overall rating. For patients researching caregivers, low numbers of reviews are not as useful as a strong showing, so content should be taken as one data point among many to consider. Keep an open mind. <sup>PR</sup>

*Contributed by Reputation.com for Business, a platform that supports proactively engaging your patients, obtaining more accurate reviews, deploying surveys, and analyzing them to understand where you're doing well and areas for improvement. For more information about their services call (650) 381-3075 or go to [healthcare@reputation.com](mailto:healthcare@reputation.com).*

# Life at the Crossroads of Medical Practice, Public Opinion, and Reputation

## PHYSICIANS UNDER THE MAGNIFYING GLASS

For decades, our society encouraged doctors—through education, experience, and patient expectations—to develop a sense of competence and the importance of being beyond reproach.

In the 1950s, nurses still gave up their seats for doctors and opened doors for them.<sup>1</sup> Those days are long gone. Today, physicians engage in partnerships with other health-care practitioners and support staff, and often bring patients and families into the treatment and decision-making huddle.

The pressure on physicians to transition from elitism to collaboration is public, influential, and coming from all sides. There are articles on how not to be intimidated by a doctor and how to maximize communication, patient satisfaction surveys, and Top Doc lists. Doctors face glowing reviews or the chopping block on

numerous portals of opinion sharing—chats, blogs, Facebook, Twitter, and other social media.

### THE GROWING ROLE OF THE INTERNET ON HEALTH CARE

A survey from the Pew Research Center found that 72 percent of Internet users (87 percent of people surveyed) looked online for health information.<sup>2</sup> There, consumerism and technology have created a daunting intersection, generating savants on diagnostic, treatment, and pharmaceutical information. In addition, consumers' choices are relying more



approximately 1.3 million health reviews are raves and five-star ratings, as well as comments like “Learn from my experience and stay far, far away,” “It’s like the seventh level of hell,” and “I disliked your officious personality and your brusque office staff.”<sup>4</sup> Ouch.

Tod Baker, CEO of MDValuate, says in a recent *Physician’s Practice* article on

online patient reviews that 90 percent of the issues on those sites come down to better interpersonal skills. Baker also thinks physicians would prefer being rated on quality outcomes, rather than something that could be construed as arbitrary.<sup>5</sup> Examples of the latter would include staff friendliness and time spent waiting. To improve its rating criteria, Yelp has teamed up with ProPublica, an independent, nonprofit newsroom practicing investigative journalism in the public interest. This will allow Yelp to provide statistics-based care information, compiled through CMS databases, on a care facility’s website.<sup>6</sup>

#### HEALTHGRADES.COM

Unlike Yelp’s historically limited response options, Healthgrades asks consumers to rate individual measurements, such as ease of scheduling an appointment, office atmosphere, wait times, how well the doctor listened and answered questions, time the doctor spent with them, and their level of trust in the doctor. Healthgrades also has robust tools to help doctors deal with the issues of reputation and making use of online feedback. (See related article, “The Increasing Importance of Online Physician Rating to Drive Patient Engagement,” p. 12.)

#### SHOULD YOU CARE ABOUT ONLINE RATING SITES?

One approach to online rating sites is to ignore them. A highly innovative, accomplished physician, with a yearly spot on Seattle’s Top Docs, declined being interviewed for this article because he pays “no mind” to online physician ratings. He doesn’t care what these sites say about him; he never looks at them. He feels his reputation is based on his expertise and work, not on how somebody grades him on a website.

On the other hand, Neal Futran, MD, also on the Top Docs list and chair of the Department of Otolaryngology-Head and Neck Surgery at UW Medicine, acknowledges that the online sites are here, whether we like it or not. He knows there is no way to tell how trustworthy they are; they could be helpful or destructive without quality control. “However, it is important to pay attention,” Futran says. “Sixty to 70 percent of my patients have checked me out.”

Another Top Docs physician—who prefers to remain anonymous because she does not want to appear to be speaking for the health-care organization she works for—says, “Younger doctors are more into social media and online searching regarding more parts of their lives. There will only be more of this, and from a business perspective, it’s not realistic to assume it doesn’t matter.”

#### Online Reviews and the Pride Factor

According to an article in the *BC Medical Journal*, doctors are typically independent, competitive, and high achieving.<sup>7</sup> So, seeing an anonymous, poor, and out-of-context assessment could really sting. Our anonymous doctor says, “I looked at my ratings: three stars from three people in over 10 years. I don’t look like anything special. I wouldn’t pick me!” She

and more on opinions generated by crowdsourcing. You can find ratings and reviews on products and services from running shoes to blenders, hotels, physicians, and medical facilities. Yelp and Healthgrades are popular sites, with extraordinary traffic.

#### YELP.COM

You can find surgeon and gynecologist reviews on the same site as recommendations for the best Thai food in your neighborhood. As of Q3 2015, the site had 90 million reviews and a monthly average of 89 million unique visitors via their mobile device.<sup>3</sup> In the mix of

(Continued on page 16)

(Life at the Crossroads, Continued from page 15)

understands that professional pride can make getting a bad review humiliating and embarrassing to admit you care. “But ignoring it might be dangerous,” she says. Those ratings can influence prospective patients, with no warning to you. And overlooking ratings and comments could be missed opportunities to improve your medical practice, including your approach with patients.

### RISKS OF ONLINE REVIEWS

#### Doctors and Patients See Reviews Differently

In addition to being rated with what some doctors consider to be insubstantial criteria, there’s the risk of being judged by whether or not a patient got what he or she asked for, not by whether the physician’s decision was medically appropriate. A patient with an addiction problem shopping for painkillers may rate her doctor poorly if she leaves the office without a prescription. “Someone might be angry that I did not prescribe them an antibiotic because I deemed it was not the best thing to do,” says Edward Earl Leonard, MD, an infectious disease specialist in private practice in Bellevue,

community lacks an alternative in that field.

In addition, Dr. Leonard fears there is a disconnect between online reviews and actual care, in part because the metrics used to evaluate doctors on these sites are limited, as noted above. “Sites need to use tools that assess outcomes and quality of care.” For example, reviews like CMS’s Physician Quality Reporting System use benchmarks to “ensure patients get the right care at the right time.”<sup>8</sup> (See related article, “Physician Compare: Changing How Health Care Choices Are Made,” pg. 10.)

### OTHER INDICATORS OF REPUTATION— PEER REVIEWS, PROFESSIONAL REFERRALS, AND PATIENT RECOMMENDATIONS

#### Peer Opinion Surveys Are Important to Patients

Doctors recommended by other health-care practitioners carry a lot of weight

#### Professional Referrals Are a Vote of Confidence

Another reflection of reputation is referrals—particularly repeat referrals—from other professionals. Physician referrals “are critical to our success, especially with specialists,” says Dr. Futran. To retain goodwill, it is essential to be thoughtful of referring doctors. A call or text to reassure them that their patient will be well cared for goes a long way. Dr. Leonard cautions that bad attitudes, disrespect, arrogance, and lack of follow-through make a colleague hesitant to refer again.

#### Word-of-Mouth Recommendations

Patients often judge a medical practitioner or hospital by the opinion of someone they know. The “Yelpification” of health care shows that consumers are increasingly relying on the experience of their peers in choosing a doctor or hospital. Friends and relatives express their thoughts on social media, like Twitter, Facebook, and online chats, as well as in e-mails and during conversations over a cup of coffee. Not necessarily based on Top Doc criteria, some people choose or reject a

“People can say whatever they want and hide behind it on their computer screen.”

Washington. “People can say whatever they want and hide behind it on their computer screen.”

#### A Five-Star Rating Might Not Be a Five-Star Rating

A physician shopper might decide on a doctor with a five-out-of-five-star rating, seeing this review as a recommendation, even if it is based on a slim number of responses. “Think about *Consumer Reports*—you might buy the car rated the safest, but hate it because you find it uncomfortable,” cautions Dr. Leonard. A specialist might be rated poorly, but her

with patients. In the Puget Sound area, they look to *Seattle Met’s* “Top Doctors and Nurses” and *Seattle Magazine’s* “Top Doctors.” *Portland Monthly* has a similar yearly list called “Top Doctors and Nurses,” and Castle Connolly Medical Ltd. creates Idaho and Wyoming’s lists.<sup>9,10</sup> The process and criteria differ somewhat, but in brief, include years of experience, competency, specialty, patient rapport and satisfaction, compliance with care recommendations, number of nominations received, education, and ability to work effectively with colleagues across specialties to deliver the best patient care.<sup>11,12</sup>





## WHAT DO YOU WANT TO BE KNOWN FOR?

Despite the myriad of ways physicians are judged, when asked what they want to be known for, the doctors interviewed for this article said:

- A caring approach and quality, efficacious treatments
- A staff with a positive attitude, ease in making appointments, short wait times, timely call backs, and clear instructions for what comes next
- Being laser focused and in the game, so patients know they have an ally who is medically accurate, a good diagnostician, and a competent partner in their health care
- Being knowledgeable in what I do; a patient gets satisfactory answers from me, and they can see that I will work as hard as I possibly can to find all the answers they need

Along with wanting patients to know he is providing the best care he can, Dr. Neal Futran of UW Medicine, wants to be known for “bringing more to my particular field of medicine than when I started. My hope is that people I train and work with will go out and do better things than I did.” He is aware that excellence is expected and called for. “Whether it is a doctor at a health-care clinic in a Walgreens or one at an academic center, each doctor should be competent to handle a patient’s concern or refer them to an expert in the field.”



doctor based on the opinions of office coworkers or Aunt Mable.

### CRITICISM CAN BE A CATALYST FOR CHANGE

In this grand swirl of opinion, there are opportunities, and what helps your reputation also helps your patients. For example, patient surveys can serve as reputation boosters if used effectively. At UW Medicine, one of Dr. Futran’s roles as co-chairman of the Physician Engagement Committee is getting doctors, through the though UW Medicine’s Patients Are First quality initiative, to look at these sources of internal feedback. He believes they drive better patient outcomes and better skills, because by taking patient opinions and ideas seriously, physicians can improve their care, systems, and communication, thereby enhancing public perception of them and the organizations they work for. 

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**Neal Futran, MD, DMD,**  
*Otolaryngology-Head and Neck Surgery Center at UW Medicine*



**Edward Earl Leonard, II, MD,**  
*Infectious Disease Specialist, Overlake Hospital Medical Center*



## Improving Health Care in Big Ways in Small Communities

### Syringa Hospital & Clinics in Grangeville, Idaho

#### Small communities are Joe Cladouhos's specialty.

At the start of his professional career, he spent several years working in environmental conservation in Southeast Alaska, but was then drawn to health-care administration, first in a Juneau medical and dental clinic, and later as president/CEO of Norton Sound Health Corporation, a tribally owned and operated not-for-profit organization in the small town of Nome.

Alaska's cold Bering Strait region has one hospital in Nome and one clinic in each of 15 villages populated by Inupiaq, Siberian Yupik, and Yup'ik tribes. These facilities serve residents spread out over 44,000 square miles. During Cladouhos's five-year tenure at NSHC, he spearheaded a major change by helping the health system procure \$20 million of federal funding to build new clinics in seven of those outlying villages.

#### MAXIMIZING LOCAL RESOURCES AND INTEGRATING MEDICAL EXPERTISE

The challenges of creating a systemized care loop involving locally trained community health aides, doctors in Nome, and patients in 15 villages helped prepare Cladouhos for his role as CEO of Syringa Hospital, a Critical Access Hospital, and its three clinics. When he arrived in 2007, Syringa Hospital was 68 years old; it

had undergone numerous additions and changes with no master plan to guide the functionality of each new stage. “It was looking kind of long in the tooth, and everyone still used paper charts,” Cladouhos remembers. In addition to the facility issues, private practice physicians tended to move on fairly quickly, disrupting access to consistent primary care.

Eight years later, Cladouhos is running a very different health-care organization. Syringa Hospital & Clinics (SHC) is currently halfway into a \$3 million renovation that has a welcoming ambiance of optimism and a logical sense of order and flow. SHC has a stable medical team, with another physician joining the staff this summer. One of their three clinics is a large medical facility in Grangeville, with a wide range of services, such as primary care, behavioral health, obstetrics, preventive care, surgery, and women’s health. It also features a 128 slice C-T, weekly mobile MRI visits, and consulting and visiting specialists who come monthly, primarily from Lewiston, to support podiatry, surgery, cardiology, adolescent psychiatry, and gynecological surgery and infertility needs. Another is a Rural Health Clinic 23 miles away in the community of Kooskia. Their third clinic contracts with the Veterans Administration to provide outpatient services for over 300 veterans in the area.

## FAST FACTS

**MEDICAL STAFF:** 2 MDS, 2 DOS, 2 ARNPS, AND 3 PA-CS

**CLINICS:** 3

**SERVICE AREA:** 7,500 SQUARE MILES (IDAHO COUNTY)

**COUNTY RESIDENTS:** 15,000

**GRANGEVILLE CITY LIMITS POPULATION:** 3,200

**75TH ANNIVERSARY CELEBRATED:** 2014

couple with no heirs provided the catalyst for the renovated medical facility with a bequest of \$1.3 million to the hospital.

Keeping the community informed supports collaboration. SHC’s board meetings are open, with board packets going to the local newspaper beforehand. Being involved with the City Council, Chamber of Commerce, and Lion’s Club, and serving on the local credit union’s board of directors, helps Cladouhos hear from residents and stay accountable through information-sharing. Always open to feedback—positive and negative—he makes an effort to resolve concerns.

“People come to see the doctor, not the administrator. In my role as leader, I want to make life easier for my staff, which in turn leads to more satisfaction and productivity.”

JOE CLADOUHOS, CEO, SYRINGA HOSPITAL & CLINICS

“We have a terrific staff, and we’re constantly improving,” says Cladouhos, “and we are thriving. In 2015, we were \$100,000 in the black. Updated equipment and services are laid out in a facility that is easy to navigate.”

### KEYS TO SUCCESS

**Care about and support your staff.** Cladouhos relishes the variety in his job, working with the staff, board, county commissioners, and city council. He also enjoys stewarding continual improvements, such as SHC’s 40B pharmacy, slated to open later this year. He does whatever he can to make the medical staff members’ lives easier, and keep SHC a satisfying place to work.

“People come to see the doctor, not the administrator,” Cladouhos says. “In my role as leader, I want to make life easier for my staff, which in turn leads to more satisfaction and productivity.”

**Be transparent and connected with the community.** In addition to excellent internal partnerships, external ones are key. “We have good people from the town and outlying areas that support our hospital,” says Cladouhos. Case in point: A Grangeville

**Be prepared for rapid and unending change.** Though SHC’s picture is rosy right now, Cladouhos sees the fast and furious pace of changes in health care and believes that an informed administrative vision is crucial to address these unending challenges. “Look around the corner at coming changes,” cautions Cladouhos. “What will happen in three years at the local, state, and federal levels? Recognize what infrastructure you have—or don’t have—to deal with those changes.” Small and rural hospitals face particular challenges. The Affordable Care Act mandates a move from a primarily fee-for-service model to value-based contracting and payment. Small hospitals and clinics will have to adapt to this, just like a big hospital system, but without designated resources to manage the transition.

In fact, small rural hospitals may be a dying breed. According to a study by iVantage, a health analytics company, “The rural safety net is strained, and hospitals across the nation are vulnerable to closure.” In this decade, 50 rural and Critical Access Hospitals have closed, and iVantage has identified 283 additional rural hospitals at risk.<sup>1</sup> Fifty-five percent of Syringa’s revenue comes from Medicare patients, and because of upcoming Medicare cuts, this might be a “recipe for going

*(Continued on page 22)*



# Improving Your Online Reputation: Why Start Now?

## Five Easy Steps to Get You Going

*By Tierney Edwards, Associate Director of Legal and Federal Affairs, Washington State Medical Association*

Social media and the Internet present physicians with an array of new challenges and opportunities. While many physicians already use these technologies for personal use, it is less obvious how to use this new technology safely and appropriately as health-care professionals.



But as time goes on, our society's dependence on social media and the Internet is only growing.

Your patients, your potential employers, and your peers almost assuredly use technology to connect with one another, and—very likely—find information about you. It makes sense for you as a physician to learn how to use the Internet safely and appropriately to connect with other providers and patients, rather than to shun the Internet completely.

Many patients use the Web to find out health-care information and connect with providers. Many, if not most, employers use the Internet to research potential hires, and many leading figures in their respective fields use the Internet to network with colleagues. It's inarguably true that the Internet is only becoming more and more essential to people's daily lives, influencing the way we interact with one another, learn about our individual health, and select care providers.

Establishing an online presence—along with using new technology like social media—is the only way you as a physician can join this new kind of ongoing conversation. This may seem overwhelming at first. But the good news is you can do a lot to improve your visibility and reputation by taking a few simple steps:

### **1 CONDUCT AN INTERNET SEARCH ON YOUR OWN NAME**

It might seem like a silly thing to do, but I often advise physicians to “Google” themselves, or use a similar search engine, to see what pops up. There are two main reasons for this. First, if



you've taken the time to make your own profile. This is an easy way to establish a positive online presence.

### 3 SIGN UP FOR GOOGLE ALERTS

You don't need to pay someone to monitor what is said about you online; you can ask Google to do that for you! Sign up for Google Alerts, and the search engine will e-mail you when new content using your name (or business's name) is posted online. You can stay up-to-date when new Web

"This may seem overwhelming at first. But the good news is you can do a lot to improve your visibility and reputation by taking a few simple steps"

nothing else, it allows you to see what information (and even misinformation) might already be circulating about you. I can almost guarantee that your patients, peers, and employers are already using the Internet to find information about you; wouldn't you want to know what they're going to find? Additionally, beyond giving you a better idea of what people are reading and saying about you, this can be the best way to start addressing and correcting any inaccurate, confusing, or conflicting information.

### 2 COMPLETE SOCIAL MEDIA PROFILES

It may seem trivial and time-consuming, but completing profiles on established social network sites can be an easy and effective way to proliferate positive information about yourself, while simultaneously pushing unfavorable information farther down the list of search results. Sometimes, sites like LinkedIn or Twitter have enough clout that these results pop up first when someone searches your name—provided, of course, that

pages, articles, or blog posts mention you. Go to [google.com/alerts](http://google.com/alerts) to sign up. This is another easy trick to help you manage your online reputation.

### 4 DON'T GET SUCKED INTO ONLINE ARGUMENTS

What should you do when you see an unfair or inflammatory online post about you? Though it can be tempting to respond directly to something you see posted online, it generally isn't a good idea to post a reply back. It can be very difficult to look professional in an online argument, so don't even bother! Even the most diplomatic response may escalate the situation, and by engaging the post and the individual authoring it, you will bring even greater attention to the post. Additionally, by even confirming a patient's presence at your clinic, you could inadvertently raise a whole host of HIPAA and patient confidentiality concerns. Instead, try to contact the site administrators to see if they will remove the inaccurate or misleading post.

### 5 ASK YOUR PATIENTS TO WRITE REVIEWS

I've heard from many physicians that, while the vast majority of their patients love them, a single unhappy

or unreasonable patient has made their lives miserable by posting an unfair or inaccurate review on a site like Yelp. The best way to combat a negative, inaccurate, or unreasonable Yelp review is to surround it with a sea of positive reviews. Consider putting posters or flyers in the waiting room that encourage patients to review you online. The deluge of positive reviews will demonstrate that the negative review was merely an outlier, and the negative review will seem more unreasonable or unreliable amid the numerous positive reviews, and may drop from prominence.

A final caveat: While venturing into the world of reputation management, keep in mind the need to comply with the rules and regulations set forth by your employer, state and federal laws, and guidance issued by the Medical Quality Assurance Commission (MQAC guidance available at <http://tinyurl.com/joug4g8>).

I encourage physicians to begin to use tools like the Internet to build and manage their reputations. But part of protecting your reputation means using the Internet and other technology appropriately. Whenever you post something online, it is paramount that you vigilantly protect patient privacy; avoid posting colorful or offensive statements; and without waiver, comply with myriad constraints imposed upon physicians, including the laws, workplace policies, and MQAC guidance mentioned here. <sup>(PR)</sup>

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*The WSMA has many resources on using social media and the Internet appropriately and safely. Check out [www.wsma.org](http://www.wsma.org) for this information, as well as guidance issued by MQAC. You may also contact WSMA at [wsma@wsma.org](mailto:wsma@wsma.org) or (206) 441-5863 or toll free at 1 (800) 552-0612 with your specific questions.*



**Tierney Edwards,**

Associate Director  
of Legal and Federal  
Affairs, Washington State  
Medical Association

(Member Spotlight, Continued from page 19)

broke,” says Cladouhos. “Here, there is a limit to how many staff we can cut, if it comes to that.” The hospital already operates from a very small tax base. The United States spends 17.5 percent of its Gross Domestic Product on health care, while Idaho spends 6.9 percent.<sup>2</sup> Cladouhos understands that despite SHC’s current successes, it may be necessary to consider affiliation with other hospitals to manage upcoming challenges.

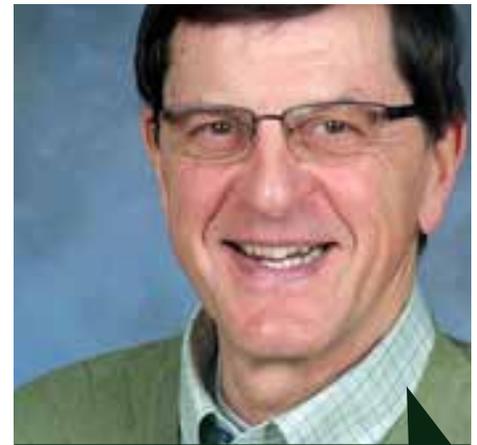
### **BUILDING A GOOD REPUTATION IN A SMALL TOWN**

**Earn the community’s trust and confidence.** Whether hospitals and clinics are urban, consolidated, and large, or they are independent and serve small patient populations, they rely on the trust and opinions of the communities they serve. Grangeville isn’t any different. Since the town is small, the actions of individuals, businesses and organizations are highly visible; a perceived lapse in an organization’s excellence can quickly bruise the community’s confidence.

Through hard work and dedicated leadership, SHC has earned a positive reputation. “We are a small community,” says Cladouhos. “We have a limited number of people who live here—we take care of them and they take care of us.”

**Be trustworthy with patient privacy.** In part, trust in a health-care facility is built on protecting patients’ personal information from exposure—accidental distribution on the Internet, gossip in the hardware store, and black market sales by cyber thieves. SHC has a robust, secure, encrypted system that protects patient data and encourages patient engagement through its website and patient portal. They are repeatedly on the Hospitals & Health Networks’ Most Wired awards list based on an industry-standard benchmark study, including the level of IT adoption in hospitals and health systems in the United States.<sup>3</sup>

**Identify common needs to build community collaboration.** Building such a system was not cheap; because of its faith



**“We have a limited number of people who live here—we take care of them and they take care of us.”**

JOE CLADOUHOS, CEO, SYRINGA HOSPITAL & CLINICS

in SHC, the community passed, in 2008, a ballot measure allowing the district to go into debt for \$1.5 million to move from vulnerable paper charts to its current HIPAA-compliant electronic health-records system. At the time, Cladouhos told the community, “This will allow the hospital to take full advantage of a Medicare grant that will reimburse 90 percent of the upgrade cost.” He warned that if the hospital didn’t get the system, they were looking at a “train wreck” down the road.<sup>4</sup>

**Remain open to feedback and assessment.** “We have pride in how we serve the community,” says Cladouhos. To maintain a good reputation, pride must be based on meeting high standards of care. To assess their services, SHC turns to its patients. They use internal surveys for an immediate glimpse into their patients’ hospital stays. They also rely on the results of the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey, a national, standardized survey of patients’ perspectives on their hospital care and experience. Using common metrics and national standards,



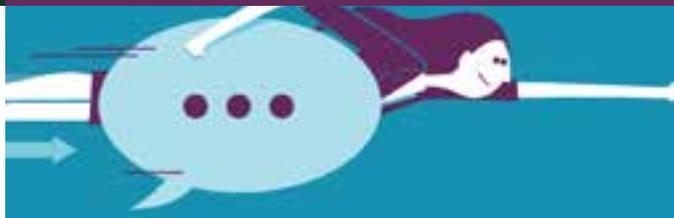
HCAHPS makes valid comparisons across hospitals—locally, regionally, and nationally—all available online to the public.<sup>5</sup>

For more informal communication, Syringa has a Facebook page that gives the organization the opportunity to respond personally to patient comments and attempt to resolve concerns. It also has some presence on Healthgrades.com, but that site provides no way for SHC to respond to site visitors.

**Share accomplishments with the community.** As Cladouhos sees it, “Your reputation is as good as what you said or did yesterday.” So, broadcasting successes and honors enhances an organization’s reputation. In addition to press coverage, SHC utilizes some public relations for advertising, particularly their Foundation events. *Health Matters*, a quarterly insert in the *Idaho County Free Press*, routinely includes news about SHC activities and awards. The March 4, 2015, issue (<http://tinyurl.com/gwdz2s8>) informed readers that “Syringa is among the top five Rural Hospitals in the nation recognized for Excellence in Quality, and among the top seven Rural Hospitals in the nation recognized for Excellence in Patient Satisfaction.”<sup>6</sup> 

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(When To Call in the Pros, Continued from page 9)

be contacted with information, requests, and questions.

- Create staff protocols. Clearly outline who is authorized to speak for the organization on what issues, and request that in a crisis, staff not comment or provide information without authorization.
- Imagine crisis scenarios and develop response plans. What issues might you realistically face? This could include adverse events, litigation, sexual harassment accusations, and events like a data breach. Be realistic about what situations your practice might actually encounter.

For each scenario, create a brief plan. Anticipate questions, facts, and information you will need, identify likely spokespeople, and develop talking points.

This is an outline to give you an idea of approach, but an abundance of professional advice is available, including books and articles specifically regarding the issues facing physicians and medical practices, along with specific concerns for your individual specialty or practice. You may want to seek the advice of your legal department, as well, when developing plans. 

Contributed by Leigh Sims, of Team Soapbox

## THE CLAIMS PROCESS

If a specific claim is made against you, or you receive a summons, please immediately report it to Physicians Insurance. In most cases there is a response requirement date, and missing that date can jeopardize your case. We will conduct an investigation on your behalf. This usually means securing the necessary medical records, consulting with independent physician experts, and providing a response to the claimant or the claimant’s legal counsel. You’re not alone in this process.

If you are involved in a lawsuit, we select defense counsel to represent you. We work continually with you, your attorney, assist in investigations, keep updated throughout discovery, and monitor the progress of the lawsuit toward resolution. You’re not alone in this process.

### HOW TO REPORT A CLAIM

Do not report claims, or refer to any specific claims, by e-mail or by fax. Confidentiality is essential to the claims process, and transmission of claim information through e-mail or fax could jeopardize the confidentiality of your claim. Claims can be reported to Physicians Insurance by phone, letter, or through our secure online form: <https://www.phyins.com/claims/incident-form/>

Our office hours are Monday – Friday, 8 a.m. – 5 p.m. PST.

Call our office in Seattle at 1-800-962-1399, or our office in Spokane at 1-800-962-1398.

Report an incident using our secure online form: <https://www.phyins.com/claims/incident-form/>

# Your Reputation

## Building Trust Is the Cornerstone



### Our Members' Perspective

**Trust:** the jewel that causes community members to choose a hospital, its clinics, and its services when they or their loved ones need medical assistance. They put their trust where they believe they will get the best care available.

USDA loan (\$19.5 million)  
for hospital construction in  
Washington State.<sup>1</sup>

This trust is developed through firsthand experience with care accessibility, staff friendliness, nurses, health-care providers, food, wait times, billing, crisis management, respect, surgery outcomes, and a sense that every rock has been upturned for the sake of the patient's health. These assets build a reputation that serves an organization well.

"In order to thrive and maintain utilization, we must have the trust of the community, and we need to support them as well," says Renee Jensen, a recipient of the Washington State Hospital Association's Joe Hopkins Memorial Award, and CEO of Summit Pacific Medical Center, a Critical Access Hospital in Elma, Washington, 30 miles west of Olympia. She is well aware that it takes a lot of work to repair a negative reputation. "In the past, our hospital did not have a good reputation. It was referred to as the 'Band-Aid' station," says Jensen. "We worked hard to really change that, and it has resulted in community trust and increased utilization and market share." Summit Pacific now has a brand-new facility, funded by the first

Maintaining trust and a good reputation also means dealing successfully with the constant challenges in today's health-care system. "The hospital staff and district patrons are committed to [our] hospital's success," says Rosalinda Kibby, Administrator/Superintendent at Columbia Basin Hospital in Ephrata, Washington, a rural setting 47 miles from Wenatchee.<sup>2</sup> Her hospital treats patients ages newborn through geriatric by offering a wide range of services, including family medicine, long-term care, and assisted living at their facility called Garden Oasis.

#### WHAT CAN PUT A STELLAR REPUTATION AT RISK?

The definition of what creates a good reputation seems straightforward. However, other forces influence the way the public might view a particular hospital. Unsettling front-page headlines and coverage on our 24-hour news cycle are the most glaring: allegations of dishonest researchers, the administration of wrong medication, tragic surgical



## MEMBER ADVICE ON EARNING AND MAINTAINING A STELLAR REPUTATION

*Be proactive in solving challenges. Don't be defensive or get into public/media [and social media] displays of conflict. If there is a negative letter to the editor, don't respond publicly; contact the person for more information and problem solving.*

*Perceptions = Reality. Don't be blind to the process of reputation management. We don't always see the perception.*



RENEE JENSEN, CEO,  
SUMMIT PACIFIC  
MEDICAL CENTER

*If an organization can commit, live, and share excellence—robustly, in-your-face excellence—your reputation will be good." Be available and transparent with the community, new providers, and anyone who has concerns about your facility.*

*When you ask your staff for excellence, give them a process they can trust to handle issues as they come up; spend money to reach out to investigate problems."*



ROSALINDA KIBBY,  
ADMINISTRATOR/  
SUPERINTENDENT,  
COLUMBIA BASIN  
HOSPITAL

outcomes, pilfering bookkeepers, and lawsuits for discrimination. One unfortunate incident can cast a pall over the most well-respected medical facility—a tarnished reputation that it must struggle uphill to fix. Yet it is the quieter, less visible blemishes that can present the more common challenges.

### LISTEN TO COMPLIMENTS, LISTEN TO COMPLAINTS

The experiences and opinions of patients and their families can have a significant influence on a hospital's reputation. "Don't be naïve," cautions Jensen. "The community may see things differently than you do." She recommends embracing feedback and says, "Patient complaints are very important." She asks her executive team or quality manager to handle them all. "We call the patient, discuss the issue, and acknowledge their feelings. Then we explore the problem

and get back to them to explain how we've made things better for the next patient." Under Jensen's leadership, patient complaints decreased by more than 50 percent in 2012.<sup>3</sup>

Complaints aren't restricted to patient discharge surveys or little pieces of paper slipped into a wooden box at the reception desk. "This is a small place," says Alayna Lodi, Public Relations Manager at Columbia Basin. "We hear from our community in the vegetable aisle at the local supermarket, at sporting events, and restaurants. Nothing is off limits. No matter what setting we are in, we represent both ourselves and the hospital. We talk with them, try to figure out how we can make it right. Then we get back to them on how we handled [the issue]." Columbia Basin's other efforts at transparency, like engaging community members on the Board of Commissioners,

*(Continued on page 33)*



# DATA BREACHES

## In a Snap, Your Reputation Is Shattered

Whether you're a doctor in a solo or group practice or in a hospital or clinic, your patients rely on you for quality care and strict privacy when it comes to their personal information. The last thing you or any of them expect is for their social security number, medical history, or other private information to fall into the hands of crooks or that your IT staff will accidentally distribute patient records over the Internet.

But as we all know by now, it happens—and with increasing frequency.

In a 2015 report from the Ponemon Institute, criminal attacks in health care are up 125 percent since 2010 and are now the leading cause of data breach.<sup>1</sup> And whether through criminal theft or accidental exposure from employee negligence, the



costs of exposed Protected Health Information (PHI) has dramatically increased, representing a \$6 billion expense to the health-care industry.

The Institute's study noted that 76 percent of companies that experienced a breach of customer data believed it had a moderate or significant impact on their reputation, as well.

### **PATIENT RISKS AFTER A DATA BREACH**

Adding to the stress of a security breach is the anger and anxiety your patients' experience. They are highly concerned about who has seen their records and who will use them and how. Suddenly they must worry about dishonest people making false insurance claims, accessing their bank accounts, opening credit card accounts, taking out loans, selling their information, and the list goes on and on—all with the potential to ruin their credit scores, possibly impact their insurance rates, employment, and more.

### **YOUR REPUTATION CAN BE RATTLED WITH A DATA BREACH**

Losing your patients' trust because of a breach not only is heartbreaking, but also goes beyond just the data. Patients may fear that their medical information has been violated in other ways, and their fear may go beyond blaming their doctor for not handling their records according to HIPAA regulations. It can extend to grilling the physician or practice about their

### PHYSICIANS INSURANCE CYBER COVERAGE CAN PROVIDE VALUABLE ASSISTANCE

New and expanded coverage provided by a Physicians Insurance endorsement on your medical malpractice coverage can help protect you and your patients from risks—whether simple negligence or rogue employees, unencrypted data or outsourced IT. Physicians Insurance includes a basic level of coverage as part of its standard physician and clinic policies, and higher limits for increased protection are available.

“The Institute’s study noted that 76 percent of companies that experienced a breach of customer data believed it had a moderate or significant impact on their reputation, as well.”

third-party relationships, such as billing or IT companies who often handle medical records.

For some data breaches, HIPAA regulations require that a notice be published in the local media. And to add to that embarrassment, the Office of Civil Rights has a searchable database—informally known as the “wall of shame”—that publically lists entities that were fined for breaches that meet a 500-patient-record threshold. And when news of data breaches hits the papers or online, patients more than likely focus on the doctor, clinic, or hospital, not the outside IT or billing company.

Aside from the breach costs that can add up fast, damage control for your reputation requires expert assistance from PR firms that specialize in helping health-care businesses manage crisis communication issues. (See “When to Call in the Pros: Managing PR in a Crisis” p. 9.)

Your cyber coverage includes more than a comprehensive insurance policy. In the event of a breach, you have a team of cyber specialists that will quickly help you respond to the incident, address regulatory concerns, and move swiftly to help you restore your practice. Your cyber response team will be led by an expert cyber attorney who is familiar with health-care-specific privacy matters and has the experience to coordinate the right IT, legal, and PR partners that are aligned around one goal—protecting your practice.

In addition to supporting you in the event of a claim, we also provide extensive resources to help you avoid a claim in the first place. Your cyber insurance policy includes an online Cyber Risk Management web portal, complete with online training material to help you and your staff implement safe patient-data practices. The website also provides valuable information and sample documents to guide you in implementing effective security policies and procedures. These tools are customized to help you and your staff effectively manage patient data, as well as comply with state and federal guidelines.

In brief, the cyber policy covers:

- Breach response costs, such as costs for PR, patient notifications, and patient support/credit monitoring
- Defense costs and damages resulting from liability for privacy or security breaches, including liability resulting from acts of third-party associates
- Defense costs, fines, and penalties for privacy regulatory investigations by a federal, state, or law agency
- Reimbursement for damaged or lost data, income loss, business interruption expenses and other related costs incurred due to acts of cyber terrorism, damage or destruction of hardware or electronic media, or mistakes made by your employees or business associates in the handling of your computer system or data
- Coverage for extortion expenses and extortion monies incurred as a direct result of cyber extortion threats
- Defense costs and damages resulting from liability for copyright/trademark infringement, libel, and plagiarism

Physician Insurance also makes available cyber breach policies with higher limits. We can help you connect with a broker who can supply this additional coverage. 

Contact Physicians Insurance for rate information about standard and higher limits coverage at 1-800-962-1399 or visit [www.phyins.com/cyber](http://www.phyins.com/cyber) for more information.

<sup>1</sup> Fifth Annual Benchmark Study on Privacy & Security of Healthcare Data, Ponemon Institute, May 2015, <http://tinyurl.com/h554wca>

# Strengthen Your Reputation with New Clinical and Practice Resources



**Experix**



For the last several years, the upstream focus on quality and safety in the delivery of medicine has driven significant positive changes in downstream claims frequency and severity. The Agency for Healthcare Research and Quality estimates that 1.3 million fewer patients were harmed in US hospitals from 2010 to 2013 as the result of a concerted focus to reduce surgical site infections, adverse drug results, and other preventable incidents.

For decades, Physicians Insurance has been viewed as a leader in risk management, quality, and patient safety for physicians, practices, and hospitals. Our award-winning programs and courses are utilized by thousands each year as they seek to improve everything from clinical skills to compliance with HIPAA and meaningful use.

#### NEW CONTENT ADDED

We've recently taken our quality, safety, clinical, and practice-management content library to the next level with the addition of content from key partners and subject matter experts. Now, members can access a library with expanded specialty content—literally hundreds of documents, forms, and continuing education courses. Non-physician clinical staff will also find valuable content specifically designed for them.

Our enhanced content is focused on 17 popular topic areas, including:

- Apology and disclosure
- Dealing with difficult patients
- Telehealth
- Diagnosis, and more.

These resources, along with our free practice- and member-facing materials, are all available, to members, on the Physicians Insurance Web site.

#### NEW PARTNERS OFFER BRIDGE TO PRACTICE AND REVENUE MANAGEMENT

Physicians Insurance is proud to partner with PYA (<http://tinyurl.com/hcm2esm>) in the development of products and services that support a physician's or system's ability to successfully transition from fee-for-service reimbursement models to quality-based, preventive-care models without sacrificing patient



# NON-MEMBERS

safety. Through our subsidiary Experix, we are collaborating with PYA to provide insights and implementation services in chronic care management, navigating the Medicare physician fee-schedule implementation, and support for PQRS and QRUR reporting to larger practices, hospitals, and systems.

We also just finalized a collaboration agreement with the national MGMA organization (<http://tinyurl.com/jzs6356>) to provide small- to medium-sized practices with high-value tools and consulting in practice management, revenue cycle management, and quality score reporting. These two partners are helping to ensure that Physicians Insurance members can successfully move into the next evolution of health care.

Lastly, we are also working to make an impact with clinical risk-management strategies designed to address claims trends and emerging risks. Using rich data sources, such as our industry's closed claim comparative database combined

If you're not a member of Physicians Insurance, you can still access much of the content and services through our wholly-owned subsidiary Experix. Non-members can contract for services, such as practice and hospital risk assessments, subscribe to a robust online library of content and courses, and receive expert consulting to help you develop your own physician support program.



For more information on how to connect with any of these services, e-mail [TalkToUs@ExperixLLC.com](mailto:TalkToUs@ExperixLLC.com), call (855) 776-1831, or visit us online at [www.ExperixLLC.com](http://www.ExperixLLC.com).

with member data, can help to determine focus areas for simulation training and patient satisfaction.

### PRACTICE MAKES PERMANENT

Physicians Insurance is also leading the way in the region with hands-on simulations and organizational improvement programs covering clinical skills, hospital risk management, cyber security, and provider support programs. For example, our collaboration with InSytu ([www.insytusimulation.com](http://www.insytusimulation.com))—the region's leading medical simulation provider—is bringing on-site simulation programs to member hospitals covering timely issues, such as adult and

pediatric airway management, stroke evaluation and assessment, neonatal code and resuscitation, shoulder dystocia delivery, and more.

As the paradigm of medicine continues to shift, Physicians Insurance is here to support you with the resources you need to meet your goals for safety, patient satisfaction, and cost reduction. Our services can be accessed as part of an integrated program with your hospital or system, or as needed by individuals within your practice. Visit the Physicians Insurance Web site today to access this timely and relevant content.



## REAL-LIFE EXAMPLES OF OUR RESOURCES BRINGING VALUE TO THE HEALTH-CARE COMMUNITY

*Physicians from Oregon and Washington participated in a day-long series of simulations offered by Physicians Insurance and InSytu, held at Pacific Northwest University of Health Sciences. This simulation focused on post-partum hemorrhaging.*



**Hospital Liability Protection**  
A specialized program offered by Physicians Insurance



*At the annual Hospital Risk Management Summit offered by Physicians Insurance, David McClellan, MD, an emergency physician in Spokane, spoke to a room full of hospital quality and safety managers about the challenges facing rural hospitals in providing timely and specialty care.*

# GOVERNMENT RELATIONS UPDATE



## FEDERAL

We continue to support and work with the Physician Insurers Association of America (PIAA) and its renewed effort to push for national legislation to improve patient access to health-care services and provide improved medical care by reducing the excessive burden the liability system places on the health-care delivery system. A new and improved HEALTH Act (Help Efficient, Accessible, Low-Cost, Timely Healthcare) is being redrafted for introduction in 2016. The draft bill encourages speedy resolution of claims, compensates patient injury, maximizes patient recovery, and authorizes periodic payment of future damages to claimants in health-care lawsuits and product liability. The House has passed similar legislation in previous years; the barrier to adoption has been in the Senate.

## WASHINGTON

The 2016 legislative session convened January 11, 2016, and is scheduled to run for 60 days. The historical legislative environment in Washington continues, with one Democrat crossing over to caucus with the Republicans to create



a new majority caucus for control of the Senate. This positions us well to block any harmful legislative initiatives promoted by the plaintiff trial bar. We continue to work closely with our allies, including the Washington Medical Association, the Washington State Hospital Association, and the Washington Liability Reform Coalition. However, we do not anticipate the passage of any meaningful reforms this session.

We continue to defeat renewed efforts to introduce legislation

that expands liability in wrongful death and survival claims. We will continue to pursue a legislative proposal that allows a non-disciplinary, education-based process, through successful completion of a remediation plan, to be added to the Uniform Disciplinary Act to remedy minor practice deficiencies. We are partnering with the governor's health-care advisor to implement the Healthier Washington campaign in an effort to transform health-care delivery by promoting community health, improving quality of care, and lowering health-care costs.



## OREGON

The 2016 legislative session convened February 1, 2016, and is scheduled to run for 35 days. There are three physician legislators in the Oregon Legislature: one Republican and two Democrats. However, we do not anticipate the passage of any meaningful reforms this session.

We continue to work closely with our allies, including the Oregon Medical Association, FAIR (Fighting Against Increased Insurance Rates) Oregon, and the Oregon Liability Reform Coalition. Our lobbyist was recently appointed to the OCCRP (Oregon Collaborative on Communication and Resolution Programs) advisory council. The OCCRP further enhances the Oregon Patient Safety Commission's Early Discussion and Resolution law (see <http://tinyurl.com/hyt1377>) that creates a voluntary and informal process for patients and health-care professionals to discuss, and when appropriate, resolve issues arising from an adverse health-care incident.

We will continue to work with FAIR Oregon (see <http://www.fairoregon.org/>) to defeat legislation that adds insurance to the Unlawful Trade Practices Act and legislation that expands the types of lawsuits that are brought against insurance companies. Governor Brown has allowed the plaintiff trial bar to introduce one of her five session priority bills. This means we will once again be working to defeat the increase of the cap on noneconomic damages recoverable in wrongful death actions. We believe we have a successful plan in place to defeat this legislation and have been

working in Oregon in the interim to hold the necessary votes. We continue to promote legislation that protects health-care providers, who participate in Coordinated Care Organizations, from liability for acts or omissions of other health-care providers participating in the same CCOs.

In addition, Physicians Insurance continues to participate in the Oregon rural MPL premium subsidy plan, which pays part of the premium by reimbursing participating providers.



## IDAHO AND WYOMING

In Idaho, the 2016 legislative session convened January 11, 2016, and will likely adjourn around March 25, 2016. In Wyoming, the 2016 legislative session convened February 8, 2016, and is limited to no more than 60 legislative working days every two years and no more than 40 legislative working days in any year. For 2016, the Wyoming Legislature is devoted solely to budget issues.

Even though we anticipate another relatively quiet year with no affirmative legislation being introduced and an inactive trial bar, we continue to build our partners in Idaho and Wyoming.

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*Physicians Insurance is the only medical professional liability carrier based in the Northwest with an in-house lobbyist registered in Washington and Oregon who focuses on being a leading advocate for laws that impact health-care liability, insurance, and patient safety. We continue to monitor legislation that impacts medical professional liability nationally and in states where we do business.*



For more information on Physicians Insurance's Government Relations and Community Outreach Program, contact



Anne E. Bryant,  
Senior Director of  
Government Relations  
[Anne@phyins.com](mailto:Anne@phyins.com)

# Trial Results



The following summaries are Physicians Insurance cases that have gone to trial and are public record. In reporting these legal results, it is our goal to inform members about issues that impact health-care professionals. While we share information we think may be informative, we choose not to disclose the names of plaintiffs or defendants when reporting these results.



## Alleged Negligent Prescription

**SPECIALTY:** Gynecology

**ALLEGATION:** A 55-year-old female alleged inappropriate prescription for Wellbutrin to treat low libido. The patient had a complex medical history, was on multiple medications, and was treating with a neurologist. The physician advised the patient of the potential side effect of a slight lowering of the seizure threshold. The patient reported she had not had a seizure in more than a year and was allowed to drive. The patient saw her neurologist several months later, and the neurologist was advised of the prescription, although that physician later did not recall being told. The patient had an early morning single-vehicle auto accident resulting in bodily injury. She alleged that the accident was caused by a seizure. The codefendant neurologist settled prior to trial. The patient claimed past and future medical expenses, future wage loss, and general damages.

**PLAINTIFF ATTORNEY:** Ralph Rayburn, Rayburn Law Office, Beaverton, OR

**PLAINTIFF EXPERTS:** Michael Barmache, MD, Emergency Medicine, Portland, OR; Michael Resnick, MD, Psychiatry, Portland, OR

**DEFENSE ATTORNEYS:** David Mephram and Abby Miller, Hodgkinson Street Mephram, Portland, OR

**DEFENSE EXPERTS:** Reed Wilson, MD, Neurology, Portland, OR; John Barry, MD,

Psychiatry, Palo Alto, CA; Philippa Ribbink, MD, Obstetrics/Gynecology, Portland, OR; Brent Burton, MD, Toxicology, Portland, OR; Mark Yerby, MD, Neurology, Portland, OR

**RESULT:** Defense Verdict. Multnomah County Superior Court, Judge Greenlick

## Improper Performance

**SPECIALTY:** Radiology

**ALLEGATION:** A 52-year-old female alleged that a barium enema study ordered due to a prior history of rectal cancer was performed without lubricants, that there was a failure to adequately insert the catheter prior to inflation of the balloon, and that the physician refused to terminate the study when instructed to do so by the plaintiff. The plaintiff alleged rectal injury and post-traumatic stress disorder. Plaintiff's allegation was vehemently disputed, and the plaintiff's version was not supported by witnesses. The patient claimed medical expenses and general damages.

**PLAINTIFF ATTORNEY:** Daniel C. Lorenz, The Law Office of Daniel C. Lorenz, Portland, OR

**PLAINTIFF EXPERTS:** Jan Alexander, LCSW, Counselor, Portland, OR; Roy Breen, MD, Colorectal Surgery, Portland, OR

**DEFENSE ATTORNEY:** Karen O'Kasey, Hart Wagner, Portland, OR

**DEFENSE EXPERTS:** Robert Bloch, MD, Radiology, Portland, OR; Megan Cavanaugh, MD

Colorectal Surgery, Portland, OR

**RESULT:** Defense Verdict. Multnomah County Superior Court, Judge Matarazzo

## Improper Treatment

**SPECIALTY:** Obstetrics

**ALLEGATION:** Plaintiffs, a mother and child, alleged improper management of labor and delivery, resulting in the child's neurological injury. The mother had an uneventful prenatal course and was postdates on her pregnancy when she was admitted to a hospital for an induction. The mother received care from an obstetrician, and care was then signed out to the obstetrician's partner the following day. It was agreed that a certified nurse midwife of the practice would remain bedside, and the second obstetrician would be available. The patient experienced periods of slow heart rate (variable decelerations), which would recover. As the patient progressed in her labor, and while the obstetrician was on route to the hospital, the certified nurse midwife requested the patient to begin pushing. A variable deceleration occurred, which did not recover. The obstetrician arrived quickly and delivered the infant by cesarean section when it was learned that the infant had experienced an occult cord prolapse. The plaintiffs claimed future medical expenses, future wage loss, and general damages.

**PLAINTIFF ATTORNEYS:** Ed Budge & Erik Heipt, Budge & Heipt, Seattle, WA

(Continued on page 34)

(Your Reputation, Continued from page 25)

the Auxiliary, and at Foundation events, also help bolster the hospital's reputation.

"The courtesy of our staff is vital," says Kibby. "That openness is an invitation to a conversation with patients. They are more willing to talk, engage, and bring up problems if people are truly respecting and listening to them."

**THE INTERNET: A FRIEND AND A FOE**  
Lauren Day, Summit Pacific's Marketing Director, utilizes press releases, social media, blogs, and stories as a means of interacting with the community. Both hospitals see Facebook not just as a place to share information, but also as a portal to knowing what patients and families are thinking about their treatment. Just as with complaints made directly to the hospital, "Facebook comments are an opportunity for improvement, not defensiveness," says Day.

A variety of other sites lacks the interactive component available on Facebook. They provide the public with report cards meant to help people select the product or service that meets their needs. Yelp is one such site, with millions of viewers relying on the opinions of others about hair products, restaurants, art dealers, car repair shops, and doctors and hospitals. (See "The Increasing Importance of Online Physician Ratings," p. 12). Drawbacks? "It's a one-way message, and you can't do much about it," says Kibby. "We try and figure out who the reviewer is, then call them and invite a conversation."

Healthgrades, another popular rating site, experiences one million hits a day and is now a major resource for health information.<sup>4</sup> Their analysis is based on approximately 40 million Medicare discharges for the most recent three-year time period available.<sup>5</sup> But like Yelp, Healthgrades has its fans, along with those who question its ratings based on the methods and

thoroughness of their information-gathering. Yet they are expanding their reach. Associated Press has recently launched a new Digital News Experience (DNE) with Healthgrades to provide newspapers, broadcasters, and other publishers with health information for their websites.<sup>6</sup>

Jensen has a mixed opinion about online rating sites. "I think that the younger generation uses these sites just like they use Twitter and Facebook—to get information." When Jensen uses Yelp to find a restaurant, she is aware that people have different tastes and their own idea of what "expensive"

and staff. In addition to familiarity, primary care providers will be checking with patients on their experience with the referral specialist.

For the hospitals, referral criteria are evolving. Jensen observes that, "Physician referrals have traditionally been about who one knows, but that is changing. We are moving into value-based purchasing, and hospitals will be able to identify low-cost, high-value providers. We are accountable to our patients, so this is very important. Payers disclose a different data-set than Yelp—claims and quality data," she adds. "Eventually Yelp and other discerning sites will have this data as well."

"We talk with them, try to figure out how we can make it right. Then we get back to them on how we handled [the issue]."

ALAYNA LODI, PR MANAGER, COLUMBIA BASIN HOSPITAL

means. "It is the same in health care," she says. "It depends on what you want and what you are looking for." You may or may not see that reflected in the rating criteria. Summit Pacific doesn't routinely use Yelp, but might when looking to recruit a new primary care provider.

#### ARE REFERRALS THEIR OWN KIND OF YELP?

"The community trusts us for our quality of care," says Kibby, maintaining that quality is intrinsic to the referral process, which involves mutual need. Hospitals rely on referrals from physicians, and they in turn are often in the position of making recommendations to other care providers to treat their patients. In the case of Columbia Basin, like many rural hospitals, there is a need to refer patients for the things the hospital and its clinics can't provide, such as surgery services. The hospital's meet-and-greets allow community doctors to get to know each other, as well as hospital administrators

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*(Trial Results, Continued from page 32)*

**PLAINTIFF EXPERTS:** Michael Katz, MD, Maternal Fetal Medicine, San Francisco, CA; Patrick Barnes, MD, Pediatric Neuroradiology, Palo Alto, CA; Audrius Plioplys, MD, Pediatric Neurologist, Chicago, IL; Kathryn Reid, Case Management/Life Care Planner, Seattle, WA; Paul Torelli, PhD, Economist, Seattle, WA

**DEFENSE ATTORNEYS:** John Hart, Hart Wagner, Portland, OR; Elizabeth Leedom and Jennifer Crisera, Bennett, Bigelow & Leedom, Seattle, WA

**DEFENSE EXPERTS:** Michael Nageotte, MD, Maternal Fetal Medicine, Long Beach, CA; Sean Blackwell, MD, Maternal Fetal Medicine, Houston, TX; Nancy O'Neill, MD, Obstetrics, Spokane, WA; Heather Parr, CNM, ARNP, Certified Nurse Midwife, Seattle, WA; Steven Donn, MD, Neonatology, Ann Arbor, MI; Paul Fisher, MD, Pediatric Neurology, Palo Alto, CA; Mary Sussex, MBA, Case Management/Life Care Planner, Seattle, WA; Eric Drabkin, PhD, Economist, Emeryville, CA

**RESULT:** Defense Verdict. King County Superior Court, Judge Hollis

## Failure to Diagnose

**SPECIALTY:** Emergency Medicine

**ALLEGATION:** The plaintiff presented to the emergency department, on two occasions within a matter of days, with complaints of low back pain. On his third visit, the emergency medicine physician was impressed with his complaints and ordered lumbar imaging, which demonstrated foraminal stenosis at L4-5. Neurosurgery at another facility was consulted, but because it was not believed that the patient's condition represented an emergency, the neurosurgery consultant recommended the patient be followed as an outpatient. The patient was discharged but returned hours later and was admitted for observation. The neurosurgery department again declined to accept the patient. Unbeknownst to the emergency medicine physician and physician assistant who had been providing

care, the patient remained in the hospital under a hospitalist's care for three days without being transferred. The patient's condition deteriorated, and when he was transferred, he was diagnosed with a thoracic epidural abscess, which resulted in the patient being paraplegic with severe spasticity, neuropathic pain, bowel and bladder dysfunction. The plaintiff claimed past and future medical expense, future wage loss, and general damages. A lawsuit was initially filed against the hospital and the hospitalist, which was settled prior to the litigation, and a second lawsuit was filed against those providers.

**PLAINTIFF ATTORNEYS:** Gene Moen, Chemnick | Moen | Greenstreet, Seattle, WA

**PLAINTIFF EXPERTS:** John Stein, MD, Emergency Medicine, Santa Rosa, CA; Jennifer James, MD, Physical Medicine, Seattle, WA; Antony Choppa, MEd, Vocational Rehabilitation/Life Care Planner, Bothell, WA; William Brandt, Economist, Seattle, WA

**DEFENSE ATTORNEYS:** Jeff Street, Hodgkinson Street Mephram, Portland, OR; Mark Wagner, Hart Wagner, Portland, OR

**DEFENSE EXPERTS:** Peggy Goldman, MD, Emergency Medicine, Seattle, WA; John Moorhead, MD, Emergency Medicine, Portland, OR; Scott Bonvallet, MD, Hospitalist, Bellevue, WA; Julie Hughes, MD, Hospitalist, Eugene, OR; Andrew Nemecek, MD, Neurosurgery, Vancouver, WA; Arik Van Zandt, Economist, Seattle, WA; Sally Stuart, PhD, Life Care Planner, Seattle, WA

**RESULT:** Defense Verdict. King County Superior Court, Judge Andrus

## Failure to Diagnose

**SPECIALTY:** Radiology

**ALLEGATION:** The patient was a victim of an unprovoked punch to the head while at a fast-food restaurant in 2005. The patient presented to the emergency department, and a maxillofacial CT and a CT of the head without contrast were ordered. The maxillofacial CT was interpreted as unremarkable, but the CT of the head demonstrated an incidental finding,

not related to the trauma, of a right parietal mass. The results of this study were called to the emergency medicine physician, and it was recommended that a CT of the head with contrast be performed. This study was ordered and interpreted by the defendant physician, who confirmed the presence of the right parietal mass and recommended an MRI. This report, not being an unexpected finding based on the first CT scan, was faxed to the emergency department. This report was reviewed by the emergency department physician. However, the emergency medicine physician never advised the plaintiff of this finding nor ordered the MRI. In 2012, the patient developed seizures and presented to the same emergency medicine department. Imaging was performed and compared to the prior studies, and a brain malignancy was diagnosed. The patient underwent surgical resection, chemotherapy, and radiation but now has a reduced life expectancy. The patient claimed past and future medical expenses, past and future wage loss, and general damages. The emergency medicine physician and hospital settled prior to trial.

**PLAINTIFF ATTORNEYS:** Bradley Fulton, Carter & Fulton, Seattle, WA; Thomas Golden, Otorowski, Johnston, Morrow & Golden, Seattle, WA

**PLAINTIFF EXPERTS:** Randall Patten, MD, Radiology, Olympia, WA; Stanley Wells, MD, Radiology, Gig Harbor, WA; Steven Rostad, MD, Pathology, Seattle, WA; Marc Chamberlain, MD, Neuro-Oncology, Seattle, WA; Paul Torelli, Economist, Seattle, WA

**DEFENSE ATTORNEYS:** Chris Anderson and Karen Griffiths, Fain Anderson VanDerhoef Rosendahl O'Halloran Spillane, PLLC (FAVROS), Seattle, WA

**DEFENSE EXPERTS:** Joseph Stengel, DO, Radiology, Olympia, WA; Michael Peters, MD, Radiology, Seattle, WA; Robert Grundy, MD, Emergency Medicine, Seattle, WA

**RESULT:** Defense Verdict. King County Superior Court, Judge Rietschel. 



*(Physician Compare, Continued from page 11)*

And, as one final check before any quality data is posted on Physician Compare, there is a 30-day preview period, during which a group practice or individual provider can review the data and raise any objections or concerns regarding its accuracy or the manner in which it will be reported. CMS also posts on Physician Compare disclaimers warning consumers that a physician's scores on quality measures do not necessarily reflect his or her skills and abilities.

#### **MIPS AND PHYSICIAN COMPARE**

Medicare's current physician value-based purchasing programs, including PQRS, will be phased out over the next three years and replaced with the Merit-Based Incentive Payment System, or MIPS. Beginning on January 1, 2019, all MPFS payments will be subject to upward or downward adjustments, based on an individual physician's MIPS composite score.

That composite score—expressed as a number between 1 and 100—will be calculated using a physician's score on specified quality measures:

- 30% of the composite score
- Efficiency measures (30%)
- Meaningful use of an electronic health record (25%)
- Reported clinical practice improvement activities (15%)

On an annual basis, CMS will calculate a national performance threshold. Physicians scoring above that number will see upward adjustments to their fee schedule payments, while those with lower scores will be penalized.

The legislation creating the MIPS program, the Medicare Access and CHIP Reauthorization Act (MACRA), requires that each physician's MIPS composite score be posted to Physician Compare, as well as the physician's score in each of the four performance categories. MACRA gives CMS discretion to include scores for each individual measure within each performance category.

CMS previously has indicated its desire to establish a 5-star rating system for physicians and make it available to the public through Physician Compare. Once in place, MIPS composite scores will most likely provide the basis for

assigning those star ratings. It is easy to imagine the many ways in which those star ratings will impact decisions regarding physicians, from patient choice to network eligibility.

#### **CONCLUSION: PROVIDERS MUST IMPROVE SCORES ON KEY MEASURES**

Unlike other industries, where the quality of a product or service directly impacts a business' bottom line, health-care providers have been paid almost exclusively based on the quantity of services provided. Now, with the arrival of publicly available data that allows objective, apples-to-apples comparisons, providers must identify and implement strategies and tactics to improve their scores on key measures. Your reputation—and your reimbursement—depend on it. 

*Martie Ross is a principal at Pershing Yoakley & Associates, P.C., and advises providers navigating*



*the ever-expanding maze of health-care regulations. Prior to PYA, she spent two decades as a health-care transactional and regulatory attorney.*



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