

Patient relationship management (PRM)



ABSTRACT: Medical profession is under the purview of The Consumer Protection Act, 1986, signaling that a patient is no more just a patient but a consumer as well! Almost two decades later, we practicing physicians have yet to adjust to the idea that our consumer (ie our erstwhile patient) has to be satisfied in many more ways than just proper diagnosis and treatment, as expectations are rapidly changing with expanding technologies and the information superhighway.

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INTRODUCTION

There has been a consumer revolution in India, with customers expecting the sky and willing to pay for it. All physicians in private practice today need a solid understanding of modern business principles. We must be aware of subtle marketing, finance, operations, planning, customer relations and other areas important to effective decision-making. We have yet to realize the significance and true potential of Customer (Patient) Relationship Management (CRM/PRM) practices. NB: *We will substitute Patient for Customer henceforth.*

WHAT IS CUSTOMER (PATIENT) RELATIONSHIP MANAGEMENT?

To put it simply, CRM is relationship management! It is ensuring customer retention and customer bonding and it only occurs when we appreciate what is expected from us and take special efforts to look after our customer.

Applying it to medical practice, Patient Relationship Management (PRM) involves roles and responsibilities of those at our establishments who come in direct contact with patients.

We, as practising physicians develop a unique relationship with our patients as they give their life in our hands. The initial faith comes from just being a doctor and the image we have in society of being honest, compassionate and some one who can be trusted. We have to ensure that we make it stronger by paying extra attention to the relationship than just giving a good prescription.

Visualize what your customer goes through after entering your clinic – they confirm appointment, wait for their turn, invariably have to wait beyond appointment time, they see you, wait out again for medicines, pay the fee, collect the receipt and take next appointment – your customer spends almost 3 times the time with your office staff that they do with you. How your staff handles the customer is equally, if not more, important than your approach.

Right from the time of patient entering our clinic-time and quality of waiting, greeting by our staff, consultation, proper examination in a dignified manner, our bedside manners, our mediquettes all have a bearing on what impression the patient carries home.

Gradually most of our patients/customers will be referred by Corporates and Insurance companies, our stress on customer/patient service must increase as the patient comes to us with a preconceived notion of us being good and the least we can do is to live up to his expectations.

WHO IS A NICE PATIENT?

A "nice patient" is one who does **not** complain

- When we answer 4-5 phone calls during the time he has got after an hour's wait
- When our body language says that we have lost interest in his chronic complaint
- When we check his BP / take temperature second time in 5 minutes as we do not remember the first reading

DO WE NEED SUCH A 'NICE' PATIENT AND WILL WE BE LUCKY TO GET SUCH PATIENTS?

No! We do not need such a 'nice' patient as such a 'nice' patient will **not** come back! He would have realized whatever care and compassion he had expected / seen in us is not there / long gone.

A study done in UK of dissatisfied patients revealed that of the dissatisfied, only 4% complain to their physician, remaining 96% just form an opinion and go away. It also goes on to show that 1 dissatisfied patient tells 8-10 pts about their experience and 1 out of 5 will tell 20 people about his / her experience with the doctor. Again, from the dissatisfied only 9% may come back and the rest 91% may not. Another survey conducted to gauge why people tend to change doctors, showed some of the reasons as relocation (3%), having a doctor in the family (5%), opting for a cheaper alternative (9%) and not getting the desired result (14%). A horrifying 69 % of patients change their doctor due to the attitude (both of physician and the staff)

INCULCATE LOYALTY IN YOUR PATIENTS!

It takes almost double the effort to satisfy a new patient than to maintain satisfaction in an existing one. For us a satisfied patient is almost worth 10 new patients. 'Who Else Would Refer Us New Patients?' Hence patient/customer satisfaction is of paramount importance for us.

PATIENT/CUSTOMER SATISFACTION

Patient/customer satisfaction here connotes

Convenience of the patients/customer: Patients should be able to contact easily for appointments; all the necessary information should be readily available, service should be made available to the patients when and where they require. The clinic/hospital should be set in a convenient location so that people can reach easily.

Results of service: Quality service and reliability should be ensured to the customers. A range of services offered to the customers. People don't mind paying well for good service but cost effectiveness must be established.

Environment: The clinic should have clean, hygienic

and pleasant environment. Signage of the clinic should be easy to read and strategically placed.

Staff: The staff should be able to understand customer needs. Staff must also be competent and show willingness to meet customer needs, in addition to being polite and courteous.

Process: The process that you follow in the clinic should be easy and convenient. It should be speedy, responsiveness to individual needs and provide information about progress about specific services when patient enquires.

Impression: Every impression is important. In whatever we do whether it's the service we provide or the way our clinic is set up. Be sure there is something that will grab people's attention and make them notice that we've spent time on the details.

It boils down to providing 'Good service every time!'

GOOD SERVICE EVERY TIME- HOW?

1. *Systems:* Systems can ensure good service every time. Being nice to people is just 20% of providing good customer service. All the courtesy and smiles in the world aren't going to help us if our service is not what the customer wants or expects OR what we have promised. The important part is designing systems that allow us to do the job right the first time. Smallest part of our service should be thought about and a system devised for the same. What can go wrong? That's the Q to ask while designing our systems. Examine every step we take in delivering our service, and see where there are possibilities for error. Then figure out ways to eliminate them.
2. *Automation:* By incorporating computers wherever possible, we not only increase the speed of each transaction, we also decrease the chance for human error.
3. *Manners:* Manners really are important. Courtesy – is NOT taught; it is inculcated. If we want our employees to be polite to our customers, we have to be polite to our employees.
4. *Improving communication:* All individuals within the establishment, including us, must improve the communication and interpersonal skills. Most problems arise from poor communication,

resulting in mistakes caused by instructions not being given or understood properly and frustration caused by the inability to influence staff or management effectively

5. *Active listening*: Listening to every word spoken rather than getting the gist of it and forming an impression. Improve staff's perceptiveness through teaching them good observation and correct interpretation of body language.
6. *Communication boosters*
 - Knowledge, knowing very well whatever you are talking.
 - Empathy, feeling patient's pain in your heart.
 - Listening to customers and getting their feedback
7. *Communication barriers*
 - Language: Not fluent in patient's language
 - Physical eg feeling of disgust at a foul smelling ulcer
 - Social: Patronizing for high social status/ money/ beauty etc will definitely lead to ignoring a lower social economic status one
 - Lack of feedback: If we don't know what they want or expect, we can not deliver
 - A survey, of families with chronically sick or disabled patients was conducted to assess how doctors handled sensitive situations. The survey found that physicians still have a difficult time breaking bad news to patients. Important findings of the survey were that doctors talk to relatives in an insensitive or dismissive manner, convey negative attitudes, or just do not respond to questions and concerns of the family.
 - While most physicians appropriately deal with these issues, the fact that many do not is quite troubling. Unlike US, we do not have guidelines on how to discuss bad news with patients. Even where guidelines exist as in cases of HIV/ AIDS most doctors are not even aware of the recommended guidelines. When asked the reasons of not following these guidelines, the two common reasons given were lack of time to talk to families and that they are not heard properly. A large number of physicians alleged that once a dis-

ease of bad prognosis was mentioned patients tend to believe more in alternative sciences.

- The personality of the doctor and ability to be sensitive will ultimately determine how they respond to patients in crisis. Young practitioners need to learn through their own experience as they observe older; more seasoned clinicians handle these situations properly. While that may not solve the problem, it will at least be a start in helping those of us entrusted with being the bearer of bad news to do so in a clear, compassionate, supportive, and caring manner.

TOTAL PATIENT SATISFACTION

If we have to sincerely achieve total patient/customer satisfaction.

- We have to start by respecting patient's time and manage our time effectively.
 - ◆ Our personal sense of time should include an awareness of the importance of patient's time, just like our own.
 - ◆ It is almost criminal to make others wait unnecessarily.
 - ◆ Appointments are for keeping and not breaking.
 - ◆ We have to decide, what we want patients/customer's time or patient's/customer's money? We can't have both.
- Our establishment should have a dress code for staff. Preferably uniforms/ aprons. If not uniforms, then at least establish a code
 - ◆ Sober clothing.
 - ◆ Sober accessories.
 - ◆ Nothing flashy and revealing.
 - ◆ Patient feedback/ suggestions

Do you ask for patient feedback? Do you ask for suggestions? How to know what patient wants? Don't guess about what they want. They're more than willing to tell you. Give them a chance and listen to them.

- ◆ Your patient will tell you how to provide good service; ask them what they want, but ask politely and don't force them to answer.

- ◆ Present surveys in such a way that they can ignore them if they don't want to participate. Understand that they are NOT in pink of health and may not feel upto answering any questions.
Create a short questionnaire: No more than 3 questions, focusing on how they like your current system of appointment scheduling/ waiting area – the most important parts from their point of view.
- ◆ Your clinical acumen they appreciate. That is why they are there. An easy way to get 100% response.....is to give customers that short survey when they are paying. That way, they can fill it out after they have seen you and need not worry on how you like it or how would you react?
- ◆ If you don't want to get into surveys, just keep a SUGGESTIONS book in the waiting

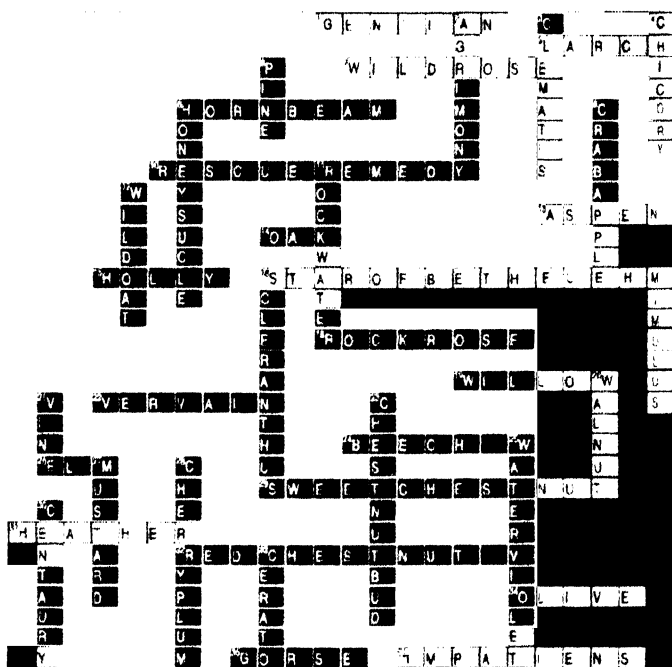
room. Make it easy for them to tell you.

SUMMARIZING

- Send a consistent message through every customer contact.
- Market an experience rather than just a service
- Exceed customer expectations.
- Don't reinvent the wheel, learn from successful competitors.
- Clean and hygienic setup.
- Communicate properly.
- Project credibility.
- Switch from *Transaction Perspective* to *Customer Loyalty Building Perspective*.
- Staff: Trustworthy, well informed, likeable and good listeners.

Because, if you do not look after your customer; someone else will!

ANSWER TO THE CROSSWORD IN FEB 07 ISSUE, Pg 60



ACROSS

1. GENTIAN
5. LARCH
7. WILD ROSE
8. HORN BEAM
10. RESCUE REMEDY
13. ASPEN
14. OAK
15. HOLLY
16. STAR OF BETHLEHEM
18. ROCK ROSE
19. WILLOW
22. VERVAIN
24. BEECH
26. ELM
29. SWEET CHEST NUT
31. HEATHER
32. RED CHEST NUT
34. OLIVE
35. GORSE
36. IMPATIENS

DOWN

2. AGRIMONY
3. CLEMATIS
4. CHICORY
6. PINE
8. HONEY SUCKLE
9. CARB APPLE
11. ROCK WATER
12. WILD OAT
16. SCLERANTHUS
17. MIMULUS.
20. WALNUT
21. VINE
23. CHEST NUT BUD
25. WATER VIOLET
27. MUSTARD
28. CHERRY PLUM
30. CENTAURY
33. CERATO

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