

**i2i** CENTER for INTEGRATIVE HEALTH  
Insight to Innovation

Convene.  
Strategize.  
Activate.

## Importance of Effective Customer Services and its Impact on Clinical Care

Dennis Morrison, PhD  
Chief Clinical Advisor  
Netsmart Technologies

COLLABORATING for CHANGE

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## Introduction to Customer Service

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*Drugs don't work for people who don't take them.*

C. Everett Koop, MD  
Former Surgeon General

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## Punchline

People who use health care services wear two hats:  
one of a patient and one of a customer.  
Attending to both results in improved public perception but more importantly,  
it results in better clinical care.

In this training, we will explore why this is true and describe how providers  
can change their service delivery to start treating people as customers.

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1991

"Mental health care is a service  
business"



DP Morrison, Integrating Consumerism Into Clinical Care Delivery: The Role Of The Therapist.  
*Administration and Policy in Mental Health* Vol. 19, No 2, November 1991

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## Why Now

Confluence of factors raising the visibility of customer service in  
behavioral health care

Consumer Directed Health Care

Integrated Deliver Systems

Technology

Changing Demographics

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# Behavioral Health Care is a Service Business

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## Fallacies About Customer Service In Behavioral Health

- Patients aren't customers, they're patients
- Our patients only care about quality
- Insurance drives treatment
- I don't have time to respond to another management *technique du jour*
- *What do I look like, a used car salesman?*

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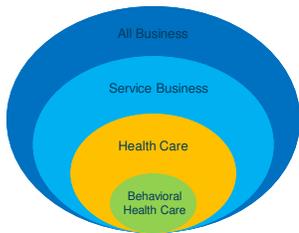
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## The Relationship Between Business and Behavioral Health Care



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# Customer Service Review

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## What is "Good" Service?

Good service has nothing to do with what the provider believes it is; it has only to do with what the customer believes is true.

**Good service results when the provider meets or exceeds the customers expectations.**

Davidow, W.H., & Utal, B. (1989, July-August). Service companies: Focus on fabric. *Harvard Business Review*, pp. 77-85.

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## Intangible Products

"The less tangible the generic product, the more powerfully and persistently the judgment about it gets shaped by the packaging –

how it's presented, who presents it, and what's implied by the metaphor, simile, symbol and other surrogates for reality."

Levitt, T Marketing Intangible Products and Product Intangibles HBR May/June 1981

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### Customer definition

A customer is:  
anyone who can affect the transaction of  
services for payment.

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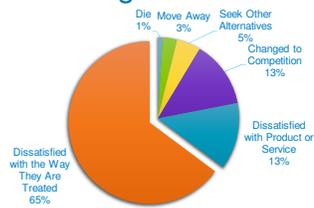
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### Reasons Customers Stop Doing Business



Gerson, RF, Beyond Customer Service. Crisp Publications Inc. Menlo Park, CA 1992

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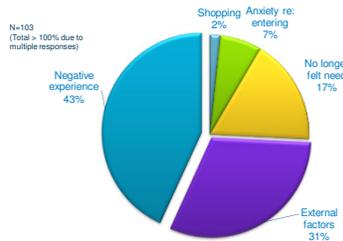
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### Reasons for Early Termination in BHC



Schwartz, D. (1991) A follow up study of very early terminators from an outpatient clinic. Unpublished doctoral dissertation, Northwestern University in Howard et al (1985) The Psychotherapeutic Service Delivery System, Psychotherapy Research(2)(3), 164-180

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### Pop Quiz

The number of complaints we receive is a good measure of how we are doing. (T or F)

Answer: False

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### Unhappy Customers



Zemke, R. *Service America: Doing business in the new economy*  
Tri-County Mental Health Foundation Forum Series, Indianapolis, 1988

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### Pop Quiz

What is your most powerful form of advertising?

Answer: Word of Mouth

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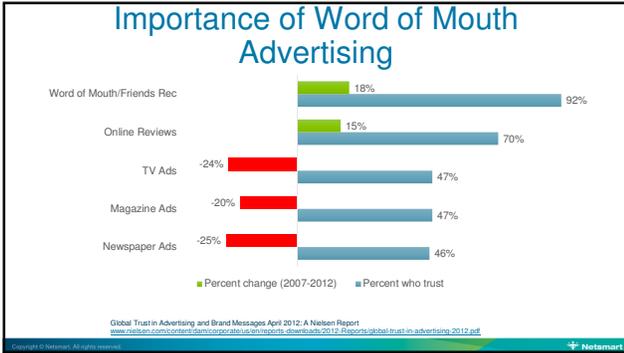
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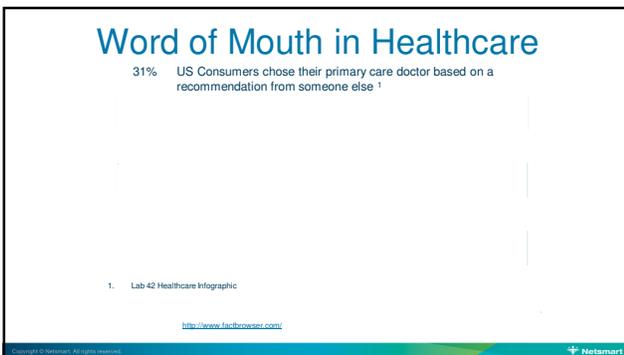
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Effect of Dissatisfaction:  
All Businesses

1 Dissatisfied customer complains to you and tells  
24 others. They each tell  
5 others.

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Cost of Customer Dissatisfaction:  
Behavioral Health Care

3146 People hear bad things about you  
315 Might need behavioral health services  
(10%)  
157 Let what they heard affect their decision to  
choose you for their health care needs (50%)

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"It's tempting to forego analysis because you assume you know what  
customers expect . . .

Time after time, studies have shown large differences between the way  
that customers define service and rank the importance of different  
service activities and the ways that suppliers do"

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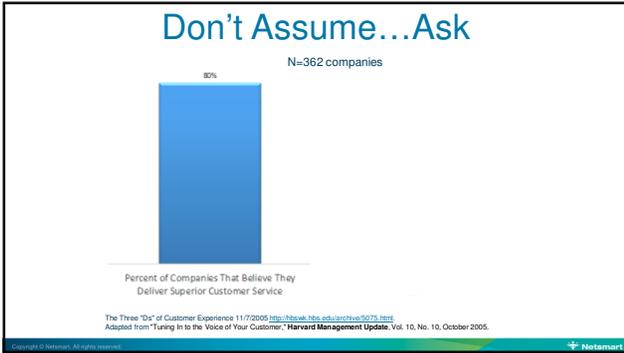
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### How do people learn about you?

**Social Media**  
47% used social media ~ paid TV and radio ads  
79% used word of mouth

**Company website**  
Online evaluation or review sites  
63% used externally reviewed sources to form opinions

**Trusted Sources**  
92% trust "Earned References" e.g. word-of-mouth or recommendations from friends and family  
70% trust online consumer reviews

Adapted from: Are Your Customers on a Speedway or Stuck in the Slow Lane?  
The 2012 Accenture Global Consumer Pulse Research

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### Setting, Meeting and Exceeding Expectations

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## Managing Expectations

Traditional model – “Underpromise and Overdeliver” is still good  
But you have to ask  
In Behavioral Health, we rarely ask about any expectations, especially  
service expectations  
Asking and preparing clients for their roles has surprising positive clinical  
effects

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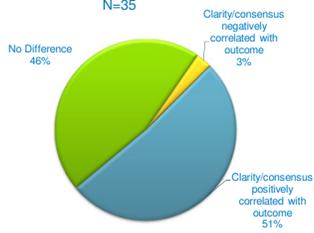
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Effect of Clarity of Expectations/Goal Consensus on Clinical Improvement (Percent of Studies)  
N=35



Orlinsky, Grawe & Parks in Garfield & Bergin (Eds) December 1993  
Handbook of Psychotherapy and Behavior Change, 4th Ed.

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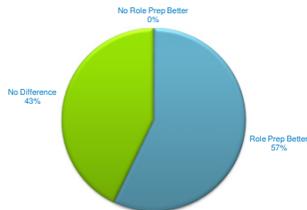
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## Role Preparation N=42 studies



Orlinsky, Grawe & Parks in Garfield & Bergin (Eds) December 1993  
Handbook of Psychotherapy and Behavior Change, 4th Ed.

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## Role Preparation

Provide information about the practical aspects of the appointment (where to park, directions, etc.)  
Explain what to expect in the consultation  
Lead to improvements in attendance p.430

Why don't patients attend their appointments Adv in Psych Tx 2007 APT 2007, 13:423-434. <http://apt.rpspsych.org/content/13/6/423MREI>

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## Clinical Effects of Good Customer Service

THE ADHERENCE PROBLEM

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## Definitions

...**'compliance'** ... was defined as the extent to which patient's behavior coincides with medical advice.

...**'adherence'** can be defined as the extent to which a patient's behavior corresponds with agreed recommendations from a healthcare provider.

...**'concordance'** relates to a process of the consultation in which prescribing is based on partnership.

...**'engagement'** A patient's knowledge, skills, ability and willingness to manage her own health and care with interventions designed to increase activation and promote positive patient behavior.

In this process, healthcare professionals recognize the primacy of the patient's decision about taking the recommended medication, and the patient's expertise and beliefs are fully valued.

Medication Adherence in Patients With Rheumatoid Arthritis: A Critical Appraisal of the Existing Literature. Adherence Terminology: Adherence, Compliance & Concordance Bart L.F. van den Bemt, PharmD, PhD; Harmeke E. Gankler, MSc; Cornelia H.M. van den Ende, PhD

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## NAMI: Recovery

*Individuals who live with a mental illness also benefit tremendously from taking responsibility for their own recovery.*

[http://www.nami.org/Template.cfm?Section=By\\_Illness](http://www.nami.org/Template.cfm?Section=By_Illness)

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## Satisfaction and Adherence

*...satisfied patients are more likely to continue using medical care services when compared to unsatisfied patients <sup>1,2</sup>  
better comply with medical orders <sup>3</sup>  
and maintain relationship with a specific provider <sup>4</sup>*

1 Ware JE, Wright WR, Snyder MK. Consumer perceptions of health care services: implications for academic medicine. *Journal of Medical Education* 1975;Vol. 50 (No. 9):839-848. [PubMed:1150201]  
2 Thomas JW, Panchansky R. Relating satisfaction with access to utilization of services. *Medical Care* 1984;Vol. 22(No. 6):553-568. [PubMed: 6738145]  
3 Orinette MFL, DiMatteo, CD. Achieving Patient Compliance: The Psychology of the Medical Practitioner's Role. New York, NY: Praeger Press; 1983  
4 Marquis MS. Patient satisfaction and change in medical care provider: a longitudinal study. *Medical Care*1983 August;Vol. 21:821-829. [PubMed: 6888031]

Health care competition, strategic mission, and patient satisfaction: research model and propositions PA Rivers SH Glover *J Health Organ Manag* 2008 ; 22(8): 627-641.

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## Satisfaction

*Global dissatisfaction with care is a strong predictor of dropping out of care in most 1,2,3,4 but not all <sup>5</sup> studies.*

1 Pakak, G. (1983) Improvement in clients who have given different reasons for dropping out of treatment. *Journal of Clinical Psychology*, 39, 909-913  
2 Tetzlaff, E., Kusek, J., Borg, L., et al (1996) Dropping out of psychiatric treatment: a prospective study of a first admission cohort. *Acta Psychiatrica Scandinavica*, 94, 266-271.  
3 Young, A. S., Gately, O., Jordan, D., et al (2000) Routine outcome monitoring in a public mental health system: the impact of patients who leave care. *Psychiatric Services*, 51, 85-91.  
4 Rossi, A., Amadoro, F., Scotti, G., et al (2005) Dropping out of care: inappropriate terminations of contact with community based psychiatric services. *British Journal of Psychiatry*, 181, 331-338.  
5 Kelsey, H., Glodhill, J. & Barone, S. (1996) Satisfaction of attenders and non-attenders with their treatments at psychiatric out-patient clinics. *Psychiatric Bulletin*, 22, 612-615.

Why don't patients attend their appointments *Adv in Psych Tx* 2007 APT 2007, 13:420-434. <http://ajph.research.org/content/13/6/420/HTML>

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### Importance of Adherence

“Increasing the effectiveness of adherence interventions may have a **far greater impact on the health of the population than any improvement in specific medical treatments**”

Haynes RB. Interventions for helping patients to follow prescriptions for medications. Cochrane Database of Systematic Reviews, 2001, Issue 1

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### Scope of the Non-adherence Problem

20-50%	No show for appointments
20-60%	Discontinue medications
19-74%	Do not follow HCP instructions
25-60%	Make errors in taking medications
35%	Of those medication errors are life threatening
<b>Example:</b>	
58%	Glaucoma patients did not adhere even though blindness could be the result
42%	Of same glaucoma patients still didn't comply even when nearly legally blind in one eye

Meichenbaum, D & Turk, DC. Facilitating Treatment Adherence Plenum, 1987

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### Nonadherence Economic Costs

\$100 to \$300 billion per year  
 \$2,000 per patient in physician visits annually  
 10% to 25% of hospital and nursing home admissions

Medication nonadherence to result in:  
 5.4 times increased risk of hospitalization, rehospitalization, or premature death for patients with high blood pressure  
 2.5 times increased risk of hospitalization for patients with diabetes  
 >40 percent of nursing home admissions

MEDICATION ADHERENCE TIME TOOL: IMPROVING HEALTH OUTCOMES A Resource from the American College of Preventive Medicine

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### Questions:

(This is the audience participation part of the presentation)

- Ever start and then quit an exercise program?
- Tried a diet and quit?
- Tried to stop smoking?
- Done anything to try to get healthier and quit?

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### Compliance to Exercise (Coronary)



Oldridge, NB Compliance of post myocardial infarction patients to exercise programs. *Med Sci Sports* 11,4:373-375 (1979)  
 Wilhelmson, L, Sarve, H, Elmquist, D, Grenby, O, Toste, G, & Wedel, H. A controlled trial of physical training after myocardial infarction. *Prev Med* 4:491-500, (1978)  
 Kentala, E. Physical fitness and feasibility of physical rehabilitation after myocardial infarction in men of working age. *Annals of Clinical Research* 4:1-84 (Supplement 9) (1972)

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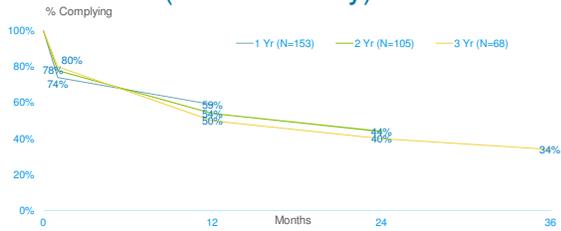
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### Compliance to Exercise (Non-coronary)



Weber, E. & Ganderl-Perry, U. Patient compliance - a review of the recent literature in *Bleccour*. J (E6) Patient Compliance Hans Huber (publ), Bern, Switz. 1979

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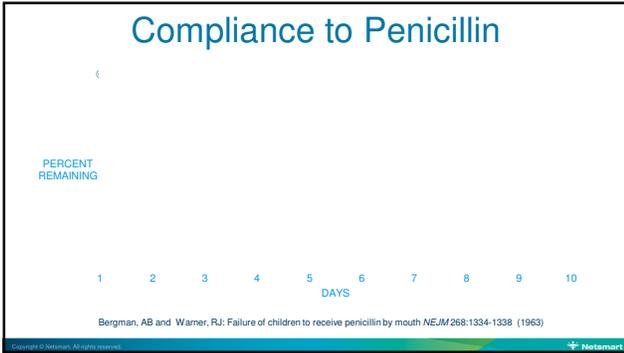
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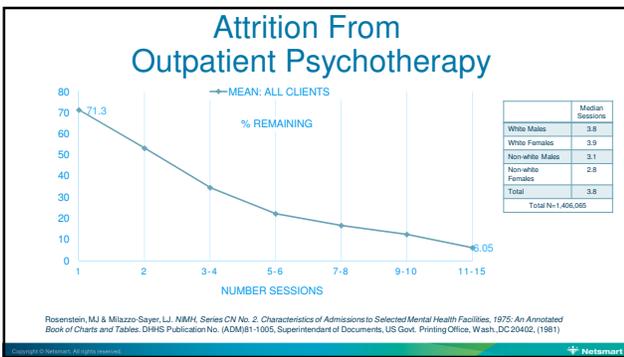
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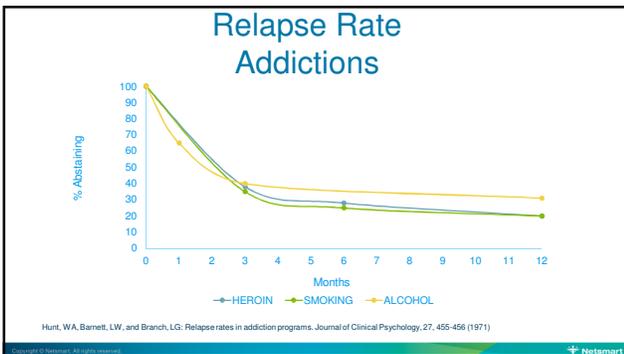
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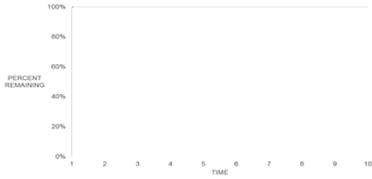
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## The Ubiquitous Decay Curve

Psychotherapy, medical delivery systems, and client behavior in addiction treatment **all show the "same" negatively accelerating, declining, decay curve that is based, respectively, on attrition, noncompliance, and relapse** across a wide range of independent variables within each research area.



El. Philips. The Ubiquitous Decay Curve: Service Delivery Similarities in Psychotherapy, Medicine, and Addiction-Professional Psychology Research and Practice 1987. Vol. 18, No. 6, 650-652

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## Reasons for Non-adherence (I)

- The patient does not know what to do.
- The patient does not have the skills or resources to carry out the treatment regimen.
- The patient does not believe he or she has the ability to carry out the treatment regimen.
- The patient does not believe that carrying out the treatment regimen will make a difference.
- The treatment regimen is too demanding and the patient does not believe the benefits outweigh the costs.

Meichenbaum, D & Turk, DC, Facilitating Treatment Adherence Plenum, 1987

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## Reasons for Non-adherence (II)

- Adherence is associated with aversive or non-reinforcing events or sensations.
- The quality of the relationship between the provider and the patient is poor.
- There is poor continuity of care.
- The provider or clinic is not mobilized toward facilitating adherence.

Meichenbaum, D & Turk, DC, Facilitating Treatment Adherence Plenum, 1987

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## Clinician Factors

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## Changing Roles

Until now it has been the doctor's role to deliver the best care and to make all necessary decisions for the patient.

This paternalism is no longer inappropriate.

Respect for the patient's autonomy is now paramount and the patient's participation in the decision-making must be invited. (p338)

Patient adherence to treatment: three decades of research. A comprehensive review  
E. Vermeire MD, H. Haemsthaeghe PhD BSc MA, P. Van Royen MD PhD and J. Dierckens MD PhD  
Journal of Clinical Pharmacy and Therapeutics (2001) 26, 331-342

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“. . . the implication that patients must change to fit the treaters' methods and environments is a potentially dangerous assumption because it may loll one into blaming the patient if treatment is not successful" (p196).

Beutler, L.E., & Clarkin, J.F. (1990). Systematic treatment selection. New York: Brunner/Mazel.

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Active and engaged patients, who are experiencing the value of relationships vs. impersonal processes, are much more likely to come back and improve their health over time.

ADO Success Factors It's All About Customer Engagement  
[http://www.ado.com/web-content/updates/2012/09/201209\\_ADO\\_SUCCESS\\_FACTORS1.pdf](http://www.ado.com/web-content/updates/2012/09/201209_ADO_SUCCESS_FACTORS1.pdf)

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### Domains of Clinician Improvement

Communication - Responsiveness  
Therapeutic Alliance/Shared Decision Making

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## Communication - Responsiveness

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## Physician Risk Factors

Non-adherence risk increases by 19% for physicians who communicate poorly <sup>(1)</sup>

The odds of patient adherence are 2.26 times greater if the physician communicates well <sup>(1)</sup>

183 million medical visits would not have been needed if communication had been better <sup>(1)</sup>

Doctor responsiveness is associated with improved subsequent compliance <sup>(2)</sup>

Doctor satisfaction was positively associated with actual patient behavior <sup>(2)</sup>

1. Medication Adherence Time Tool: Improving Health Outcomes A Resource from the American College of Preventive Medicine

2. Patient adherence to treatment: three decades of research. A comprehensive review. E. Vermeire MD, H. Heerink PhD BSc MA, P. Van Royen MD PhD and J. Denkers MD PhD Journal of Clinical Pharmacy and Therapeutics (2007) 32, 331-342

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## Shared Decision Making/Therapeutic Alliance

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## Definition: Shared Decision

Shared Decision – one where the provider and patient share all stages of the decision making process simultaneously.

In the purest form both provider and patient reveal treatment preferences and both agree on the decision to implement. (p5)

Medication Adherence Time Tool: Improving Health Outcomes A Resource from the American College of Preventive Medicine

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## Satisfaction and Collaborative Relationship

1 in 10 patients taking clozapine remembered discussing serious side effects  
The majority of patients taking antipsychotics do not feel involved in their treatment but take their medication because they are asked to do so  
A collaborative decision-making communication style has shown to predict attendance and medication use in users of antidepressants

Why don't patients attend their appointments Adv in Psych Tx 2007 APT 2007, 13:423-434.  
<http://adv.sagepub.com/permissions/13423434>

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## Patient as Primary

It is patients who should be **the primary actors in medical decision making**, and health professionals should adopt a supportive role.(p336)

Patient adherence to treatment: three decades of research. A comprehensive review  
E. Vermeire MD, H. Hearnshaw PhD BSc MA, P. Van Royen MD PhD and J. Denckens MD PhD  
Journal of Clinical Pharmacy and Therapeutics (2001) 26, 331-342

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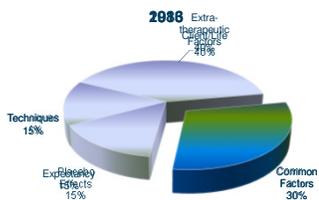
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## Therapeutic Factors in Psychotherapy

Percent of Improvement



- Lambert, MJ Implications of Psychotherapy Outcome Research for Eclectic Psychotherapy in JC Norcross Handbook of Eclectic Psychotherapy 1986 (p437)
- Norcross, JC Psychotherapy Relationships That Work 2002 (p18)
- Handbook of Psychotherapy and Behavior Therapy, 6th ed Michael Lambert (ed) 2013 (p200)

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## Therapeutic Relationship

When clinicians ask clients what was helpful in their psychotherapy, clients routinely identify the therapeutic relationship.  
At least 100 such studies have appeared in the literature with similar conclusions.  
Clients do not emphasize the effectiveness of particular techniques or methods.<sup>(1)</sup>

Note the similarity to the "intangible products" discussion by Theodore Levitt

1. The Heart and Soul of Change, 2<sup>nd</sup> Ed: Delivering What Works in Therapy. Duncan, BL, Miller, SD, Wampold, BE, and Hubble, MA

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## Measurement of Quality of Therapeutic Relationship

Even greater insight [about the likelihood of follow through] may be gained by routinely using an instrument to check the quality of their therapeutic relationships (p430)

Why don't patients attend their appointments Adv in Psych Tx 2007 APT 2007, 13:423-434. <http://apt.sagepub.com/content/13/4/423.pdf>

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## Feedback Informed Treatment (FIT)

Measures the quality of the therapeutic relationship  
Based on the work of Scott Miller, PhD  
Ace Health [www.acehealth.co/](http://www.acehealth.co/)  
Fit-Outcomes [www.fit-outcomes.com/](http://www.fit-outcomes.com/)  
MyOutcomes [www.myoutcomes.com/fit-elearning-dashboard/](http://www.myoutcomes.com/fit-elearning-dashboard/)  
Pragmatic Tracker [www.pragmatictracker.com/](http://www.pragmatictracker.com/)



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## Shared Decision Making

### 6 Steps

1. Invite the patient to participate
2. Present options
3. Provide information on benefits and risks
4. Assist patients in evaluating options based on their goals and concerns
5. Facilitate deliberation and decision making
6. Assist patients to follow through on the decision

*Note similarity to Motivational Interviewing*

R Wexler Six Steps of Shared Decision Making  
<http://informedmedicaldecisions.org/wpcontent/uploads/2012/02/SixStepsSDM.pdf>

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## Behavioral Health vs. Other Healthcare

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## Psychiatry

Psychiatric OP non-attendance is higher than General Medicine (19% vs 12%)

Psychiatrists tend to be less active in trying to maintain contact with patients

Non-attendance was higher when the referring provider was skeptical about the value of psychiatry

Rehospitalization risk was 10% for Inpatients who kept a follow up OP visit vs. 25% for those who did not

Why don't patients attend their appointments Adv in Psych Tx 2007 APT 2007, 13:423-434.  
<http://apt.ccapych.org/content/13/6/423aB8E>

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### Risk of Missed Appointments in BHC

High  
Probability of Missed Appointments  
Low

Why don't patients attend their appointments Adv in Psych Tx 2007 APT 2007, 13:423-434.  
<http://apt.hcp.sych.org/content/13/4-423/434>

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## Organizational Factors

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### Simple Changes Yield Positive Results

Interventions that have evidence of improving attendance:

- Offering prompt, convenient appointments
- Significantly more patients will attend afternoon than morning appointments
- An easier to access program reduced disengagement from 22% to 2%
- Offering appointment reminders
- Augmenting reminders with telephone contact

*Note the value of analytics*

Why don't patients attend their appointments Adv in Psych Tx 2007 APT 2007, 13:423-434.  
<http://apt.hcp.sych.org/content/13/4-423/434>

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## New Drivers

HEALTH HOMES, ACOS AND EMPOWERED CONSUMERS

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### Meaningful Use Patient Engagement Strategies

Many studies show that people who actively seek to learn about and manage their health are more likely to participate in preventive and healthy behaviors, self-manage their health conditions, have better care experiences, and achieve better health outcomes.<sup>1,2</sup>

1 Hibbard, J., & Greene, J. (2013). What the evidence shows about patient activation: Better health outcomes and care experiences; fewer data on costs. Health Affairs, 32(2), 207-214.  
2 Ricciardi, L., Mostashari, F., Murphy, J., et al. (2013). A national action plan to support consumer engagement via E-health. Health Affairs, 32(2), 376-384.  
Using e-Health Tools to Engage Patients and Caregivers [http://www.healthit.gov/sites/default/files/nlc\\_using\\_e-healthtools.pdf](http://www.healthit.gov/sites/default/files/nlc_using_e-healthtools.pdf)

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### Meaningful Use (now called "Patient Engagement")

MU encouraging electronic messaging, PHRs, portals and other e-health tools to increase engagement

Use of PHRs and portals must encourage active interchange with patients

Using e-Health Tools to Engage Patients and Caregivers  
[http://www.healthit.gov/sites/default/files/nlc\\_using\\_e-healthtools.pdf](http://www.healthit.gov/sites/default/files/nlc_using_e-healthtools.pdf)

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## ACOs

...ACOs must also provide patients with a PHR (Personal Health Record) so they can access records, understand their treatment plans, and make more informed decisions.

ACO Success Factors It's All About Customer Engagement  
[http://www.kmgm.com/wp-content/uploads/2012/09/KBMGMS\\_WP\\_ACO\\_SUCCESS\\_FACTORS1.pdf](http://www.kmgm.com/wp-content/uploads/2012/09/KBMGMS_WP_ACO_SUCCESS_FACTORS1.pdf)

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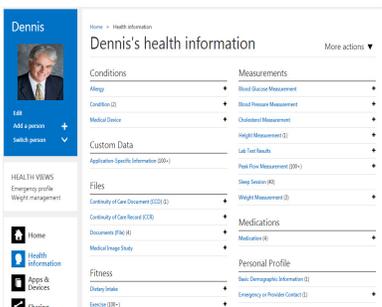
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## Microsoft HealthVault



Home > Health information  
**Dennis's health information** More actions ▼

**Conditions**

- Allergy
- Condition (0)
- Medical Device

**Measurements**

- Blood Glucose Measurement
- Blood Pressure Measurement
- Cholesterol Measurement
- Height Measurement (0)
- Lab Test Results
- Pap Smear Measurement (0)
- Sleep Tracker (0)
- Weight Measurement (0)

**Custom Data**

- Application Specific Information (0)

**Files**

- Continuity of Care Document (0)
- Continuity of Care Record (0)
- Documents (0)
- Medical Image Study

**Medications**

- Medication (0)

**Personal Profile**

- Basic Demographic Information (0)
- Emergency or Provider Contact (0)

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## Netsmart myHealthPointe



Home > My Health Record > Accounts

**Quick Links**

- Request an Appointment
- Refill a Medication
- Send a Message

**Medications**

Name	Start Date	Prescribed By	Status
METOPROLOL	6/15/2013	John Boley	Community Physician Group
AMOXICILIN	5/7/2013	Mark Smiley	Community Physician Group
LISINAPIL	5/7/2013	Mark Smiley	Community Physician Group
ASPIRIN	6/15/2013	James Smith	Community Physician Group
PRIVALEN	6/15/2013	James Smith	Community Physician Group

**Statements**

Date	Provider	Balance
4/30/2013	Community Physician Group	\$11.58
3/31/2013	Community Physician Group	\$33.00
2/28/2013	Community Physician Group	\$9.58
1/31/2013	Community Physician Group	\$55.42
12/31/2012	Community Physician Group	\$33.00

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# Service Segmentation

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## Why Segment?

Satisfaction = met or exceeded expectations  
Setting and managing expectations that differ from one population to another is critical.

Example:

Do you expect white linen tablecloths and fine wine at McDonalds?

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## What is Segmentation?

Differentiating customer groups on the basis of some common attribute and marketing to them according to that attribute.

- Demographic
- Geographic
- Psychographic
- Socio-economic
- Service needs

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## Service Segmentation

Service segmentation identifies customers by the amount and type of service they will need to stay satisfied.  
 The providers job is to identify the segment the customer best matches and then set or modify their service expectations to meet that level.

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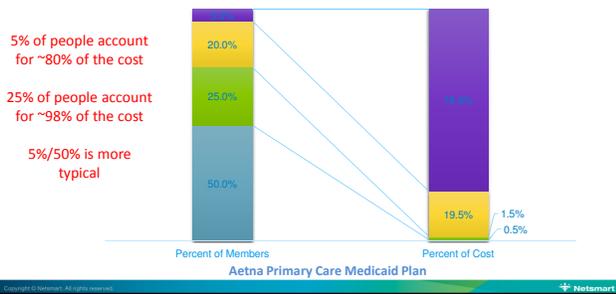
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## Disproportionate Cost




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## Service Segmentation Examples in Behavioral Health Care

### Crisis Services

Can't wait. All that matters is quality and speed of response.  
 Service needs low but clinical needs high

### Traditional Outpatient

Seeking services partly on basis of need. They need service but not necessarily immediately. They can shop.  
 Service expectations tempered with clinical quality.

### Elective Psychotherapy

Paying for services with discretionary income. They will shop.  
 Service expectations: high

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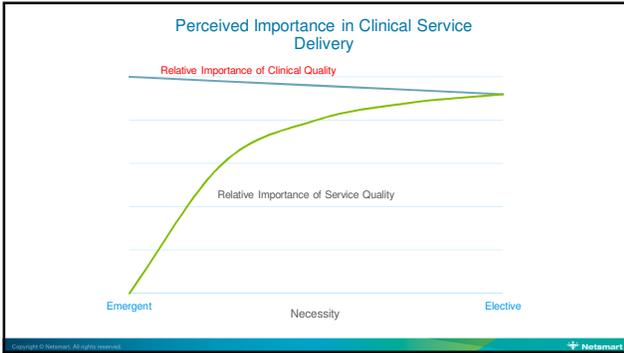
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### Ethics

“Segmentation” often implies “discrimination” to behavioral health care professionals.

This is due in part to the difficulty we have in differentiating elective from non-elective procedures.

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### Ethical Issues

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## Ethics in Retail Businesses

Only two things prevent customers from getting what they want:  
Availability of the product or service  
Cost of the product or service

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## Ethics in the Professions

Professionals have an added burden in addition to those imposed on retail businesses:  
The client is buying the judgment of the provider

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## Ethics of Segmentation

Is it ethical to provide different levels of care based on the ability of the patient to pay for that care?

Example: Emergency Facial Surgery

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## Three Levels of Care

### Essential Treatment

*treatment necessary for the patient to continue to function.*

### Elective Treatment

*treatment that will help improve the quality of the patient's life but will not, by its absence, threaten the patient's existence or ability to function.*

### Excessive Treatment

*treatment rendered primarily for the financial or emotional gain of the provider.*

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## Five Considerations in Rendering Care

Severity of the illness/disorder

Efficacy of the treatment

Social impact of the treatment

Quality of life of the patient

What the consumer wants

*Compare schizophrenia treatment to outpatient psychoanalysis*

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## Satisfaction Data Misused

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## Satisfaction Data Misused

Government has fully embraced the "patient is always right" model  
*(which is wrong by the way)*  
 Patients surveyed on areas like waiting times, pain management  
 and communication skills  
 Assumption is increased customer satisfaction will improve the  
 quality of care and reduce costs.

Why Rating Your Doctor Is Bad For Your Health. [Kai Falkenberg](#)  
 Forbes January 21, 2013.

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## Satisfaction Data Misused

To get high ratings (and a higher salary), docs  
 overprescribe and overtest, just to "satisfy" patients, who  
 probably aren't qualified to judge their care.

Why Rating Your Doctor Is Bad For Your Health. [Kai Falkenberg](#)  
 Forbes January 21, 2013.

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## Satisfaction Data Misused

Because of the pressure to increase satisfaction scores,  
 physicians reported they:  
 Increased the number of tests they performed  
 Improperly prescribed antibiotics and narcotic pain  
 Are less willing to have uncomfortable discussions on behavioral topics  
 like smoking or obesity  
**Started offering Vicodin "goody bags" to Emergency Department  
 patients**

Why Rating Your Doctor Is Bad For Your Health. Forbes January 21, 2013.

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## Satisfaction Data Misused

Clearly this misses the point of measuring satisfaction in health care.

It is probably impossible and inadvisable to set 100% satisfaction as a goal

**Patient requests need to be balanced with clinician judgment**

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## Technology of Customer Service



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## Traditional Satisfaction Measures

- MHCA (3 Surveys)  
–<http://www.mhca.com/2CustomerSatisfaction.asp>
- Press Ganey  
–<http://www.pressganey.com/ourSolutions/patient-voice.aspx>
- Client Satisfaction Questionnaire (CSQ Scales®)  
–<http://www.csqscscales.com/>
- Temkin Group (3 Dimensions)  
–<http://www.temkinratings.com>

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# Net Promoter Score

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## Net Promoter Score

One question:  
*How likely is it that you would recommend our company to a friend or colleague? (0-10)*

- 9-10 = "Promoters"  
•Extremely Likely to Recommend
- 7-8 = "Passively Satisfied"  
-0-6 = "Detractors"  
•Extremely Unlikely to Recommend

Score = (percent of promoters – percent of detractors)  
75%-80% = World Class

The One Number You Need to Grow HBR Dec 2003 F Reichheld

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# What to do differently

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## Eric Topol, MD

"...[the doctor's] role will be progressively morphed into providing guidance, wisdom, experience on how to transform data and information to knowledge and judgment."



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## Managers' Responsibility



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## First appointment versus follow-up appointments

The first appointment is heavily influenced by an individual's pre-existing health beliefs and the quality of the information given by the first referrer.

Attendance at follow-up appointments is a reflection both of the patient's overall satisfaction with care and the perceived need for further help. p432

Why don't patients attend their appointments Adv in Psych Tx 2007 APF 2007, 13:423-434.  
<http://adv.inpsych.com/content/13/4/423-434>

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## What's really going on in the first OP session?

First few therapy sessions are evaluative for both therapist and client.  
 The therapist is assessing the clinical status  
 The client is assessing whether this therapist and this therapy are "worth it"  
 Therapist must find out how the client is measuring quality and value

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## First Session

For the non crisis client, the first session should consist of three aspects:

1. Helping them make an informed purchase decision  
The first session is "shopping"
2. Preparing them for their roles as clients  
"Here's how this works"
3. Developing a collaborative therapeutic relationship  
Demonstrate that you understand what they think is the problem

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## Role Preparation and Collaborative Relationships

Role preparation and the development of a collaborative relationship are not unrelated.

**"... Pretherapy training will help establish treatment as a collaborative adventure, shared by both patient and therapist" (p. 191).**

Success in preparing clients for treatment and establishing collaborative relationships, can not only improve care<sup>1,2,3</sup> it allows the therapist to treat clients as consumers.

**What's good customer service is also good clinical care**

1. Bauffer, L.E., & Clarkin, J.F. (1990). Systematic treatment selection. New York: Brunner/Mazel.  
 2. Meichenbaum, D., & Turk, D.C. (1987). Facilitating treatment adherence: A practitioner's guidebook. New York: Plenum Press.  
 3. Orlinsky, D.E., & Howard, K.I. (1986). Process and outcome in psychotherapy. In S.L. Garfield & A.E. Bergin (Eds.), Handbook of psychotherapy and behavior change (3rd ed.). New York: Wiley.

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# Rethinking the Intake

Time	Topic
:00-05	Introductions

This format provides the client with sufficient information to make an informed purchase decision about therapy. It also allows the therapist to set realistic expectations of the therapeutic process.

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## Summary: Clinical Customer Experience (CX)

People seeking health care wear two hats:  
patient  
customer

For non emergency services, the customer "hat" makes much of the decision

Treatment doesn't start until the second visit

The first visit is "shopping" - do they want to buy what you are selling? Do the benefits outweigh the cost?

Find out if what you are offering is what they want.

If not, help them say "no" without guilt

Think of adherence as a problem for every client and target it like any other problem

Good customer service = good clinical care

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# Thank You



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