PHYSICIAN, HEAL THYSELF:
SUGGESTIONS FOR MEDICAL SERVICE QUALITY IMPROVEMENT

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Abstract

This paper examines the challenge that independent physicians and small group practices face in today's competitive health care environment. The perspective is that of enhancing the marketing effectiveness of the medical practice. It is argued that practice activities and resources will need to be refocused to improve the practice's ability to consistently protect and enhance the quality of the patient's experience at each service encounter opportunity. Doing so results in repeat visits and positive patient referrals and, in the case of specialty practices dependent on referrals from primary care physicians, it also provides positive reinforcement to referring physicians.

Introduction

The medical care industry is in a state of rapid change.

A variety of factors have converged to cause fundamental shifts in the way health care is perceived by the public and in the way in which services are provided. The competitive environment is intensifying rapidly with new forms of competition developing on a frequent basis. The last decade has seen the emergence and growth of new and innovative ways of delivering medical care such as: Walk-in clinics, Health Maintenance Organizations, Preferred Care Providers, independent physician associations, one-day surgery centers, specialized diagnostic and treatment centers, physician referral services, and hospital sponsored "out-reach" clinics, among others.

Health care consumers are more aware than ever before of available health care delivery systems. Beyond this, health care customers are becoming increasingly demanding in seeking the most value for their health care dollar. They are better educated and more informed when visiting health care facilities for treatment than were their predecessors. Today's health care consumer is aggressive in the pursuit of quality medical care.

The new proactive medical service consumer, and the trend toward increased competitive intensity, have forced segments of the health care industry to become more attentive to marketing. Hospitals, for example, have begun to actively market their services via expanded consumer information services, new patient-oriented services (rapid admission, expanded outpatient services, gourmet meals, etc.), significantly increased promotional activity, and even assistance in marketing physicians' services (Reiman 1986). Similarly, Health Maintenance Organizations are aggressively marketing and promoting their offerings.

Independent physicians and small group practices have been slower to respond, although they appear to be keenly aware that it is more difficult for a medical practice to survive, grow and prosper within today's health care environment (Baumgarten and Hensel 1988, Tracy 1985, Van Doren and Smith 1987, Weinrauch 1982). They realize that there is increased competition for the consumer's primary health care dollar; they know that there have been significant changes in people's attitudes toward medical care and toward the doctors that provide it; they note with alarm the growing role of government regulation and third-party payers. But they have difficulty in knowing how to manage their practices in response to this rapidly changing health care marketplace (Fitch 1986).

Medical Practice Marketing Effectiveness

Medical practice marketing effectiveness has to do with the challenge of attracting targeted new patients to the practice and keeping existing patients in the practice. It involves increasing the revenue stream through efficient management of the existing patient base, while simultaneously generating adequate numbers of new patients. The objective is to create and maintain high enough levels of patient satisfaction to enable the practice to meet its revenue growth in the most efficient and effective way possible.

The key to effective medical practice marketing is to develop and implement systematic approaches to creating and maintaining high levels of patient satisfaction on a consistent basis. Maintaining high quality experiences within the practice results in more satisfied patients, repeat visits, positive word-of-mouth referrals, and the building of a favorable reputation within multiple segments of the community. Additionally, external communication efforts (newspaper articles and/or radio and television interviews about the practice or specific medical problems and treatments, practice-sponsored or invited seminars, special clinics, speeches to community groups, editorial marketing, and paid media advertising efforts) are then leveraged across a set of positively predisposed attitudes toward and about the practice. The result is that the relevant communities, including the physician community, tend to be more aware of, more attentive to, and more favorable toward the practice.

The primary success requirement for effective medical practice marketing is the ability to protect and enhance the quality of patients' experiences with the practice at each patient-contact opportunity.

The goal, then, is to design and implement a medical delivery system that meets or exceeds patient expectations. To accomplish this, several critical attributes, as experienced and perceived by both new and old patients, must be at a high enough level to result in strong patient satisfaction. Thus, medical practice marketing efforts must focus on service quality as perceived by the patient.

The Concept of Service Quality

Service quality involves a comparison between what the consumer expects from a service and the actual delivery of the service as perceived by the consumer. It is a measure of how well the service level delivered matches customer expectations -- and delivering quality service means conforming to customer expectations on a consistent basis (Lewis and Booms 1983). Consumer perceptions of service quality involve evaluation of the service delivery process itself (how the service is delivered) as well as the outcome of the delivery process (what is delivered).

Parasuraman, Zeithaml, and Berry (1985) have developed a conceptual model of service quality that has received much attention in the academic literature. They point out that service quality as perceived by the consumer is a function of the magnitude and direction of the gap between expected service and perceived service. They further suggest that there are three categories of service quality determinants: Search, experience and credence properties.

Search properties are those which a consumer can evaluate prior to purchasing a service. There are two primary types of search properties:

1) CREDIBILITY includes such things as trustworthiness, believability, honesty and reputation.

2) TANGIBLES are the physical evidence of the service, e.g., facilities, appearance of personnel, tools and equipment.

Experience properties are those attributes which can only be discerned after purchase or during consumption. There are six types of experience properties:

1) RELIABILITY involves consistency of performance and dependability. It means that the service is performed correctly the first time. It also means that the firm honors its promises.

2) RESPONSIVENESS concerns the willingness or readiness of employees to provide service. It involves timeliness of service.

3) ACCESS involves approachability and ease of contact.

4) COURTESY involves politeness, respect, consideration, and friendliness of contact personnel (including receptionists, telephone operators, etc.)

5) COMMUNICATION involves keeping customers informed in language they can understand, and listening to them.

6) UNDERSTANDING/KNOWING THE CUSTOMER involves making the effort to understand the customer's needs.

Credence properties are those which consumers find difficult to evaluate even after purchase and consumption. There are two principal credence properties:

1) COMPETENCE means having the required skills and knowledge to perform the service.

2) SECURITY is freedom from danger, risk or doubt.

Each of the ten service quality determinants is posited to impact consumer expectations and perceptions of the delivered service, regardless of the type of service studied. The relative importance of each service quality determinant may vary, however, depending on the type of service (TV repair is different than brain surgery), and may differ somewhat before the service is delivered versus after the consumer experiences the service.

Parasuraman et.al. further point out that consumers can more easily evaluate purchase alternatives in advance when the object of purchase (i.e., good, service, or idea) is high in search properties. Effective evaluation becomes more difficult when the object involves a disproportionate amount of experience properties, and becomes most difficult when the object is high in credence properties. Since few search properties exist with many services and because credence properties are so difficult to evaluate, they hypothesize that consumers will rely more heavily on experience properties when evaluating service quality.

The authors' preliminary research, conducted among the patients and staff of several different types of medical practice (orthopedics, plastic surgery, dermatology and periodontics, among others) lends strong support to Parasuraman et al's hypothesis. Indeed, in the case of medical practices, credence properties (competence and security) are so difficult to evaluate that patients/consumers are virtually forced to rely first on search properties (credibility and some tangibles), and then, only after they are experiencing the service, on experience properties.

The remainder of this paper presents a discussion of the authors' hypotheses about the medical service consumer's quality evaluation process, together with implications for improved medical practice marketing effectiveness.

Primary Medical Practice Choice Criteria

Four primary medical choice criteria are presented and discussed in order of hypothesized importance: 1) Medical Technical Expertise and Security, 2) Practice Reputation and Image,

3) Tangible Indicators of Medical Expertise, and
4) Perceived-Value-of-Information.

Medical Technical Expertise and Security

In selecting and deciding to remain with a medical practice, the most critical evaluation that patients make is that of technical medical expertise. From the patient's perspective, the most important aspect of the medical practice selection process is to be able to accurately assess alternatives on the basis of the question, "do they know that they are doing from the stand point of technical medical knowledge and skill?" Additionally, the medical practice decision process often involves a high degree of anxiety and perceived risk with respect to the service delivery experience and its outcome. Patients frequently enter medical practices with concern and uncertainty as to what is going to take place, whether there will be physical discomfort and pain, the seriousness of the diagnosis and prognosis, and the effectiveness of the treatment.

Thus, we can say that the credence properties of competence (possession of required skills and knowledge to perform the service) and security (the freedom from danger, risk, or doubt) are primary medical practice service choice criteria.

Obviously, then, the first priority in medical practice marketing effectiveness is to build and maintain a high level of medical technical expertise and ability to provide treatment with minimum risk and danger to patients. Since medical technical expertise and security must first exist to be experienced, the obvious requirement is to maintain a high level of physician and staff knowledge, expertise, and skill on a continuous basis. Thus, it is more important than ever before to be "up-to-date" as to the latest techniques and developments. Continuing education for both physician and staff is, accordingly, a first requirement for providing high levels of perceived service quality.

Consumers of medical services have a problem here. Because they are credence factors, technical medical expertise (competence) and security are difficult-to-impossible for patients to evaluate in advance of treatment, and in many cases not that easy after treatment. Patients often lack sufficient expertise and skills to make judgments as to whether the delivered medical service was performed properly, or for that matter, whether it was even needed.

Of course, post-treatment evaluations of technical medical expertise and freedom from risk are easier to evaluate when ineffectiveness and/or mistakes occur. For example, if after an acceptable lapse of time the patient simply does not get better; if there are serious side effects of a prescribed drug to which the patient was not alerted; if the patient does not improve after a routine operation; or, if the patient dies from complications on the operating table; people can quite easily form negative evaluations as to the practice's competence level.

In many medical service post-purchase situations, however, patients have great difficulty in determining the level of medical technical expertise received (Linn et al 1984). It is difficult for a patient to know, for example, whether a knee operation (or even a coronary bypass operation) was average, above average, or excellent relative to what might have been obtained through other medical practice alternatives.

Practice Reputation and Image

Because of the difficulty in evaluating competence, or relative technical medical expertise, and security (both credence properties), patients tend to rely on reputation and image in evaluating or selecting medical practices. The practice's reputation for trustworthiness from the standpoint of medical competence and security is similar to the search factor "credibility." As a result, a practice's credibility and image within its community is widely used as a surrogate indicator for competence and security.

Building and maintaining a positive reputation is thus an important second key ingredient in managing patient perceptions of a medical practice's delivered service quality. A practice's reputation and credibility depends significantly on the degree to which it generates favorable recommendations from satisfied patients, referring physicians, and/or other health care opinion leaders. Medical practice reputation, with respect to the degree to which patients can trust and have confidence in the quality of medical service delivered, is, of course, built up over a long period of time. Physician, patient, and opinion leader referrals are based upon patient feedback as to the quality of experiences with the practice's level of expertise and skill. It is important to note, however, that reputation is also directly linked to the practice's ability to project high levels of medical expertise at each patient contact experience. And it is here that the tangible aspects of the practice play an important role.

Tangible Indicators of Medical Expertise

When visiting a medical practice, patients actively look for clues or indicators of medical technical expertise as they experience the practice's service delivery system. They are alert for evidence that doctors and staff know what they are doing and are conscientious in their treatment of the patient's problem. Thus, another medical practice success requirement involves the development of systematic approaches to making it easier for the patient to evaluate medical expertise. One way to do this is to implement ways of making the intangible nature of expertise more tangible.

Managing the evidence by developing tangible indicators of medical expertise involves such areas as facilities design, use of the latest

medical equipment, appearance of personnel, and other physical representations that imply "state-of-the-art" medical techniques and skill. Prospective patients tend to use physical facilities and appearance of the staff as clues to help them evaluate the level of service quality they can expect from the practice.

Perceived Value of Information

An often cited factor in actively managing patient perceptions of medical technical expertise is the perceived value of information. One important aspect of patient perceptions of technical medical competence is the amount of information received and retained (Bertakis 1977, Bowman 1988, Ware and Snyder 1975). By packaging and presenting information in ways that increase the patient's receptivity, comprehension, and recall, the perceived value of information (and of the quality of the entire experience) is enhanced. Information and understanding should be conveyed through brochures, information sheets, models and/or wall displays of parts of the body, drawings illustrating problems and proposed treatments, video tape, and other visual representations, all designed from the patient's perspective. The challenge is to standardize aspects of information delivery, and translate technical language into representations that are understandable. Such visual representations, whether used alone or as support material to enhance the informativeness and clarity of verbal interactions with physicians and staff, can be a powerful tool to project high levels of expertise. The more information the patient receives and understands as he or she experiences the practice, the greater the perceived value of the experience.

It is also important to realize that once an office visit is over and the patient has gone home, it is difficult for him or her to recall and accurately relate to others with the needed degree of clarity exactly what was learned during the visit. Consequently, it is important that patients have some tangible representation of the information delivered by the practice to take home with them. Patients should be given reference material which serves as tangible evidence of the practice's expertise and knowledge. Such a packet of information would be written in the patient's language and be as understandable as possible. It might involve such things as easy-to-understand diagrams of the problem area, simplified explanations of procedures, a diagnosis sheet detailing the problem and recommended treatment, and instructions as to what to do in the future.

By providing patients with take-home materials the practice is able to make more tangible an otherwise intangible aspect of medical service quality. This enhances patient recollection of a positive experience and increases the likelihood that patients will return to the practice and serve as a source of future referrals. The very act of giving out such materials makes a statement as to the high level of expertise and professionalism that characterizes the practice.

Secondary Medical Practice Choice Factors

The preceding discussion of primary medical practice choice criteria is consistent with Parasuraman et. al's service quality determinant classification scheme. As indicated, medical technical expertise and freedom from danger and risk are similar to the credence properties of competence and security. Similarly, practice reputation and the providing of tangible evidence of the practice's level of expertise/competence are congruent with the two search factors credibility and tangibles.

If Parasuraman et. al's proposition as to the importance of experience properties in service quality evaluation is valid for medical practice service delivery system, a great deal of attention must also be allocated to managing customer experiences with respect to the six experience property determinants of responsiveness, access, courtesy, communication, and understanding and knowing the patient. For if two or more medical practice alternatives are evaluated as about equal with respect to technical medical competence and security, then experience property determinants will take on even greater importance in the service quality evaluation process. As a result, office organization and efficiency, interpersonal communications skills, and relationship management skills become important components of effective medical practice management. Under these conditions, the quality of the patient's experience with office systems and procedures, and each encounter with medical and office personnel, becomes a focal point for medical practice service quality differentiation.

Courtesy, Communications, and Understanding the Consumer

An integral part of patients' experiences with the practice is the quality of their interactions with physician and staff. It is important to create patient perceptions that the practice cares about them, listens to them, and is empathetic toward their unique conditions.

Other things being equal, patients rate the overall service quality delivered higher for practices where physicians and staff treat them with respect, consideration, politeness and friendliness (Gochman, Stukenborg and Feler 1986). [See (Johnson 1987) for an interesting discussion of therapeutic communication.] The ability of the practice to do such things as clarify expectations, communicate in an informative and understandable manner, answer questions effectively and provide friendly, courteous, individualized attention, is an important determinant of perceived service quality (Doyle and Ware 1977). With few exceptions, only employees who have been carefully trained to be aware of and responsive to the needs of patients, can provide consistently high quality experiences to patients. (Indeed, many physicians themselves need reminders that being responsive, courteous and attentive to patients is part of delivering quality service.) Systematic training of medical practice employees is thus an important success requirement in today's competitive

environment (Bowman 1988).

Reliability, Responsiveness and Access

Similarly, another aspect of the patient's overall service quality evaluation process depends on such things as efficient telephone answering, scheduling techniques, ability to meet appointment schedule commitments, expeditious first-visit registration and information-gathering procedures, and timely and accurate insurance filing and billing procedures. All of these activities directly affect the patient's perceptions of the practice's professionalism, and in many instances, the "pleasantness" of the patient's experience.

An important objective is thus the development of a well organized, systematic office management system staffed by personnel who are perceived to be reliable and responsive. In many instances, the professionalism, organization and efficiency of the non-medical aspects of the practice may be viewed by patients as indicative of the level of technical medical expertise that they can expect to receive. [One is reminded of People's Express's understanding that coffee-stained tray tables cause passengers to wonder if the rest of the plane is maintained sloppily.]

The search factor access, which involves approachability and ease of contact, implies that convenience of location and hours of operation are also important to the health care consumer. Also, one would expect that the ability to reach the practice by telephone (lines not busy, the patient is not put on "hold" for long periods of time), easy access to information (can get questions answered quickly) and amount of waiting time for appointments, are also important secondary considerations as patients evaluate medical practice service quality.

Summary and Conclusions

By applying concepts from the Parasuraman/Zeithaml/Berry service quality model to the field of medical practice marketing, the authors conclude that the projection of technical medical expertise via practice reputation and image is a key determinant of perceived quality. Of special importance in the management of patient perceptions is the oftenoverlooked opportunity to increase tangibility through the packaging and presentation of information in ways that increase the patients' receptivity, comprehension and recall.

Additionally, experience properties are important secondary choice factors for the medical service consumer. In this regard, the authors suggest that carefully selected, well-trained patient-contact personnel employing efficient procedures, are of considerable benefit in providing medical care which will be perceived to be of high quality.

This paper has addressed the delivery of service quality as a key to future success for the medical practitioner. As the environment becomes more hostile to the individual medical practitioner, the use of service marketing concepts to assist in the delivery of quality medical service may be necessary for survival.

References

Baumgarten, S. and J. Hensel. 1988. "Enhancing the Perceived Quality of Medical Service Delivery Systems," in Add Value to Your Service: The Key to Success. C. Surprenant, ed. Chicago: American Marketing Association.

Bertakis, K. 1977. "The Communication of Information from Physician to Patient: A Method for Increasing Patient Retention and Satisfaction." The Journal of Family Practice 5: 217-222.

Bowman, M. 1988. "Improving Patient Satisfaction." The Journal of Medical Practice Management 3 (Winter): 176-180.

Doyle, B. and J. Ware. 1977. "Physician Conduct and Other Factors that Affect Consumer Satisfaction with Medical Care." Journal of Medical Education 52 (October): 793-801.

Fitch, E. 1986. "Healthcare Marketing: More than the Dr. Ordered." Advertising Age (December 15): S-1.

Gochman, D., G. Stukenborg and A. Feler. 1986. "The Ideal Physician: Implications for Contemporary Hospital Marketing." Journal of Health Care Marketing 6 (June): 17-24.

Johnson, B. 1987. "Understanding the Relational Impact of the Health Care Marketing Exchange: A Review of the Social Implications of Therapeutic Communicator Style." Journal of Health Care Marketing 7 (September): 37-49.

Lewis, R. C. and B. H. Booms. 1983. "The Marketing Aspects of Service Quality," in Emerging Perspectives on Services Marketing. L. Berry, G. Stostack, and G. Upah, eds. Chicago: American Marketing Association, 72-76.

Linn, L., M.R. DiMatteo, B. Chang and D. Cope. 1984. "Consumer Values and Subsequent Satisfaction Ratings of Physician Behavior." Medical Care 22 (September): 804-812.

Parasuraman, A., V. Zeithaml and L. Berry. 1985. "A Conceptual Model of Service Quality and Its Implications for Future Research." Journal of Marketing 49 (Fall): 41-50.

Reiman, A. 1986. "Physician Gets Marketing Assistance from Progressive Hospital." Journal of Medical Practice Management 2 (Fall): 103-109.

Tracy, E. 1985. "Physician, Sell Thyself." Fortune (April 1): 109-110.

Van Doren, D. and L. Smith. 1987. "Physician Marketing in the Restructured Medical Services Field." Journal of Health Care Marketing 7 (September): 7-14.

Ware, J. and M. Snyder. 1975. "Dimensions of Patient Attitudes Regarding Doctors and Medical Care Services." Medical Care 13: 669-680.

Weinrauch, J.D. 1982. "The Entrepreneurial Physician: Marketing Challenges and Opportunities." Journal of Small Business Management (April): 8-14.