

0 (1s):

Hi, it's Dr. Weitz. Thank you so much for joining me for this episode of The Private Medical Practice Academy today. I want to tell you a very personal story this past Saturday, the weather was beautiful and my family, and I decided that we would go for a hike at one of the state parks here in Louisiana. I climbed up and down the Hills for 6.2 miles without any issue whatsoever. On Sunday morning, I got up, had breakfast and my family, and I decided that we would go for a walk and the neighborhood on absolutely flat ground. I was fine for the first maybe block or so. And then all of the sudden I started getting short of breath, dizzy and nauseated.

0 (46s):

My urologist husband said, Hey, let me take your pulse. Turns out that my heart rate was 38. Needless to say, we immediately decided that I needed to go to the emergency room. We called from the car and told them that I was coming. And when I got there, there was a wheelchair waiting and a nurse to triage me. They took me back, put in an IV. They drew the appropriate labs and I was seen almost immediately by both a resident and an attending. I have to tell you that both the resident and the attending we're great. They were very clear in terms of what the plan was going to be and were able to communicate exactly what they thought.

0 (1m 30s):

The differential diagnosis was both the physician's and the nursing staff. We're very clear in terms of how long I could expect the labs to take to come back. And then when they decided to call into a cardiologist, how long would be before the cardiologist would show up, William, you telling you this, and why am I recording a podcast episode about my experience? Well, the answer is because it is all about managing expectations and providing customer service. In this case, while I'm a physician and my husband as a physician, we were the patient and the family, the cardiologist came in and told me that I needed to have a pacemaker and that they had just called out the Kapha team and would be placing this within the half hour.

0 (2m 20s):

I have to tell you that there really was no discussion of the risks and benefits. I clearly understood the benefit given the fact that I had a complete heart block, but I think that you still need to explain to somebody, what are the risks are even when there really isn't an alternative and the, we have to do this is clearly a no brainer. The cardiologist told me that he will be setting the pacemaker in such a way that it would have a slope, meaning that as my activity level went up and my natural heart rate went up, that the pacemaker would have the ability to increase its speed as well. You're probably wondering why I'm telling you this detail.

0 (3m 1s):

Just remember it. They will become important here in a minute, the cath lab team came, picked me up, took me to the cath lab. And I have to tell you, they were terrific. The nurse who was the team leader was very communicative. She told me every step of the way as if I were a layman, exactly what was going to go on. And she did everything humanly possible to make me comfortable, both physically, as well as emotionally

after the procedure, the cardiologist came to chat with my husband to save that this conversation was less than two minutes is probably an exaggeration of how long it actually took.

0 (3m 44s):

My husband, who is a physician still was left feeling as if he had no answers and no sense of what the plan was actually going to be from the cath lab. I went to the recovery room and then onto the floor to spend the night. I was fortunate enough to have a very attentive nurse who had 30 plus years worth of experience and was able to give me some insight as to what the next steps were going to be. She told me that I'd have to wear a sling for the next two weeks so that I didn't dislodge the lead's or move the battery in the pocket. She also told me that I wouldn't be able to lift overhead in that it would probably be several weeks before I'd be allowed to drive.

0 (4m 31s):

So now let's fast forward. The cardiologist came in at 6:00 AM in the morning and basically was there so that he could discharge me. He walked in the room and said, how are you? I said, I'm fine. He said, great. You can go home today. He said, all right, but here's the issue. That was where the conversation would have ended. If I didn't start to ask a bunch of questions. So, and I understand I have to wear the sling. How long do I have to wear the sling for the cardiologist told me, well, maybe you should wear it for a couple of days, you know, maybe a day or two, and then you can wear it at night for two days, and then you don't have to wear it anymore.

0 (5m 13s):

And told him, I am confused. The nurse told me that usually its a couple of weeks because you don't want the leads to move. And he said, yeah, that makes sense. Maybe that's right. Then I asked when can I drive? And he told me, Oh you can drive. Now. You said, okay, that's not what the nurse told me. And at this point I have to tell you that I was a bit confused. Why? Because it's a pain specialist. I put in spinal cord stimulators all the time and spinal cord stimulators R to the spine. What a pacemaker is to the heart. You place leads and you put it into a battery and then you tell the patient, you need to be very careful.

0 (5m 58s):

Don't lift, push pole. Don't do anything for six weeks because you need the leads to basically scar down. Okay. And you can drive. And so from my own clinical experience, taking care of patients, I understood that what the nurse had told me was more consistent with what supposed to happen. And then the waffling that I got from the cardiologist. Now pause here for a second. If I were not a physician and I did not actually have some knowledge independent on my own, all right. You could see how as a patient, I would be profoundly confused by this point.

0 (6m 39s):

Then I asked when do I see you in follow up? And do I need any other form of testing? I mean, here I was

perfectly healthy and I arrived in the ER and ended up with a pacemaker in less than four hours. Don't I need some kind of workup. The response was, Oh yeah, I think we should do an echo. And I think we should do a cardiac CT. And I'll tell my office when I get there that this is what needs to happen. I said, okay, great. So now I'm actually ready to be discharged. And the nurses come in with my discharge instructions. I have a follow-up appointment for a wound check.

0 (7m 21s):

When am I being discharged? December 7th. When is my two week follow up for my wound? Check January 4th. Yes. For a real. Why? Because there's a holiday in between and the wound check nurse is out of the office for two weeks. And so my two week wound check is now a four week wound check as a patient. I don't really care that the nurse who normally does wound check six is on vacation for two weeks. If you've done a procedure on me and you want me to come in for a wound check in two weeks, then you need to be able to figure out who else in your office is capable of seeing that patient.

0 (8m 8s):

The reason that I'm telling you this is because patient satisfaction is such a fundamental part of getting referrals and keeping patients. And when you give them mixed signals and they end up being confused or trying to navigate the system on their own, then there are not going to be very happy with you. And you may be listening to this and saying, you know, I don't have any control over my office staff and when they go on vacation. But the reason that I want to bring this to your attention is because it's a reflection on you, whether you control this or not. So you need to be able to figure out how to compensate for the patient forward-facing things and make your patient experience that much better.

0 (8m 58s):

So later that day, I called the cardiology office to schedule the test that the cardiologist told me that he was going to tell his office staff about right or wrong. It call the office and the staff has no clue. They tell me we can't schedule that because we have no orders to schedule your echo or the cardiac CT. Okay. Well, why don't you have those orders? When the doctor hasn't given us those orders, yet the people who answer the phone in your office, the people who scheduled for you or your nurse, all of these people reflect back on you so that they do a magnificent job.

0 (9m 42s):

If they say yes, we can hope you, we can solve whatever problem it makes you look at. If they give a bunch of excuses to the patient or they give the patient the run-around or the patient has to call back five times in order to make something happen, it doesn't make you look good. Look, this is no different than scheduling an appointment with a hairdresser or at a restaurant. Okay? If it's easy, if they make you feel welcome, if you feel like, Hey, I'm getting a great customer service, you are going to do business with them. If on the other hand, it's hassle, hassle, hassle. Then at some point you think to yourself, you know what, I'm going to find a different hairdresser, or I'm not going to go to that place for dinner.

0 (10m 29s):

We're going to go someplace else. There are multiple cardiologists here in town. So needless to say, if it's always a hassle dealing with you than Y in the world, what I want to continue seeing that particular physician or that particular group. Unfortunately, I think that sometimes as physicians, we get caught thinking to ourselves, patients need our services and certainly I needed that pacemaker, but I also need the pacemaker in the context of a great overall plan and excellent Communication.

0 (11m 10s):

So I have this pacemaker, it's doing its thing, but I have a bunch of questions about it. And I have a bunch of questions about what kind of workup do I need. All of that is part of that customer service piece. And I think as physicians, we need to see the whole picture, not just the drug, we're going to give somebody or the procedure we're going to do for them. I know from running my own practice, that sometimes it's hard to know what the patient experience is truly like. And I hope that you will never have to be that patient in order to figure it out. So how can you understand what that patient experience is so that you can actually improve the customer service that your patients are getting?

0 (11m 59s):

The answer is you need to be a secret shopper. Now, obviously you can't call your own office. So get your spouse, your partner, your friend, you're a somebody's to call your office in trying to make an appointment or B a fly on the wall. When your staff is answering the phone, actually look at their interactions with a critical eye. As if you were the customer. Would you be pleased with the way they're communicating? And then the last thing I wanted to tell you is that patient satisfaction surveys really can be very useful. Every practice should be using a patient satisfaction survey.

0 (12m 41s):

I know you're going to tell me this whole business about reviews online. Okay? I'm not talking about that. I'm telling you about you actually give out a patient satisfaction survey and you give them to everybody in clinic and ask for them back before they leave, have a box where they can put it in anonymously. In my clinic, we did a patient satisfaction survey of a specific group of people every month. So for example, we would do everybody whose name started with an A or a Z in January, and then made our way through the alphabet each month.

0 (13m 21s):

That way you get a group of people and you get answers, okay? Understand that. Sometimes people are happy with you and they rave understand that some of the people who fill out the forms have issues, but the only way you're going to find out what your issues are is if you ask people and I'm not so worried about the one-off issue, but when you start to see the same, Oh, I don't get my calls returned promptly, or everyone in your office is stellar, except for Susie, who is never nice to me. Okay. You can pick up clues about how do

you then act on those issues and improve them.

0 (14m 6s):

So now I had told you that you should remember the fact that this pacemaker was supposed to be set so that it up ramped as my activity level. UpBRAND right. Turns out that in the end, the cardiologist didn't set it that way at all. Even though we had told me that he was going to, so why is this important? It really isn't about whether or not he said it in a certain way. It's about the fact that he didn't set it the way that he had told me that he was going to set it. The message that I am looking to convey to you is that for your practice to be successful, you have to provide excellent customer service in order for you to get referrals.

0 (14m 53s):

And then ultimately to be able to retain your patient base and be wildly successful financially, you need to provide the highest level of customer service, just like any customer can walk with their feet by not making a return appointment to that hairdresser, or coming back to that restaurant, your patients can choose not to come back to you. And they are very likely to tell their friends or family and other physicians how dissatisfied they are with your level of customer service or the customer service provided by your office.

0 (15m 34s):

Thanks for joining me, be sure to sign up for my newsletter below, and I'll be sending you tips on how to start your practice best run your practice, grow the practice, and then ultimately be able to leverage your medical practice into multiple other businesses. I hope to see you soon.