

## Treating Patients as Customers—Whom Does it Help?

October 2015 marked the third year since 30% of the Medicare/Medicaid withhold was based on “customer satisfaction.” To get the money back, hospitals must get a near perfect score based on patient surveys of the patient’s experience, including things like ambiance, timeliness of response to their demands (I mean needs) and the people who came in contact with them, including nurses and physicians. But does treating patients as “consumers” to be “satisfied” make a difference? And what do those scores mean?

Now, in the spirit of transparency, I must admit I never got that perfect score. And for those patients who complain, I do try to see if their complaints are valid (eg, I spend too much time looking at my computer instead of the patient). But then again, what am I to make of a report when only 11 reply out of almost 900 patients I

have seen over a 3-month period?

According to studies, the most satisfied patients are the ones that cost the most. They spend more on drugs. They also are more likely to die.<sup>1</sup> Among vulnerable adults, they have received better communication, but that did not correspond to the technical quality of their care.<sup>2</sup>

It could be hoped that more satisfied patients are more compliant patients. But that is not the case, either. Instead, adherence is more related to patient demographics.<sup>3</sup> And, let’s face it, patients don’t always like what we have to tell them—that antibiotics don’t work for viral infections, that they are obese, shouldn’t smoke cigarettes, or should try other ways of relieving pain instead of taking narcotics—and keep telling them every time they come in. Sometimes we have to break the news that they or a loved one are going to die.

But patients are not customers. After all, when is the last time you saw a fast food restaurant refuse to serve an obese patient a double quarter-pound burger with bacon and cheese, large order of fries and 32-ounce soda on the grounds that it isn’t good for his or her health? Or

a convenience store operator tell a smoker when he or she tries to buy a carton of cigarettes to stop smoking instead?

Yes, we all know or have known doctors who are jerks, whose people skills would benefit from a little smoothing around the edges. Everyone deserves to be treated with respect. But ultimately, what is most important is patient outcomes. Did we do what was best for the patient? That is not necessarily what the patient thinks is best.

*Cynthia Jones-Nosacek, MD, Milwaukee, Wisconsin*

### REFERENCES

1. Fenton JJ, Jerant AF, Bertakis KD, Franks P. The cost of satisfaction: a national study of patient satisfaction, health care utilization, expenditures, and mortality. *Arch Int Med.* 2012;172(5):405-411.
2. Chang JJ, Hays RD, et al. Patients’ global ratings of their health care are not associated with the technical quality of their care. *Ann Int Med.* 2006;144(9):665-672.
3. Jerant AF, Fenton JJ, Bertakis KD, Franks P. Satisfaction with health care providers and preventive care adherence: a national study. *Med Care.* 2014;52(1):78-85.



## MINISTRY HEALTH CARE

Ministry Health Care is an integrated network of 15 hospitals and 46 clinics serving patients throughout Central, Northern and Eastern, WI.

Together, with 650 employed clinicians, we have dedicated ourselves to delivering high quality, cost-effective care for the past 100 years.

### WE INVITE YOU TO EXPLORE OUR PHYSICIAN OPPORTUNITIES

We offer our physicians considerable practice autonomy and the support they need to make the most of their time with patients.

We are proud to offer our physicians a competitive compensation and benefit package, generous loan repayment, flexible scheduling options and the voice to influence their practices today and into the future.



### WHY CHOOSE MINISTRY HEALTH CARE? OUR PHYSICIANS SAY IT BEST.

Visit our site to hear our physicians explain why they chose Ministry Health Care...and more importantly, why they STAY.

[www.ministryhealth.org/recruitment](http://www.ministryhealth.org/recruitment)

ANESTHESIOLOGY  
CARDIOLOGY  
CRITICAL CARE  
DERMATOLOGY  
EMERGENCY MEDICINE  
FAMILY MEDICINE  
GERONTOLOGY  
HOSPITALIST  
INTERNAL MEDICINE  
OB/GYN  
PEDIATRICS  
PULMONOLOGY  
PSYCHIATRY  
UROLOGY

advancing the art & science of medicine in the midwest

**WMJ**

*WMJ* (ISSN 1098-1861) is published through a collaboration between The Medical College of Wisconsin and The University of Wisconsin School of Medicine and Public Health. The mission of *WMJ* is to provide an opportunity to publish original research, case reports, review articles, and essays about current medical and public health issues.

© 2015 Board of Regents of the University of Wisconsin System and The Medical College of Wisconsin, Inc.

**Visit [www.wmjonline.org](http://www.wmjonline.org) to learn more.**