

Number of medical patient-satisfaction surveys conducted and processed by industry leader Press Ganey in 2012.



ACTIVE CONVERSATION



BAD MEDICINE

Asking patients to grade their doctors sounds like a great idea. But it's actually perverting the practice of medicine, encouraging doctors to overprescribe and overtreat, driving up costs and sometimes worsening care.

BY KAI FALKENBERG

SUFFERING FROM A TOOTHACHE, a South Carolina woman headed to her local emergency room a few months ago. The doctor there responded by administering ibuprofen, a powerful nonsteroidal anti-inflammatory drug for cancer-related pain. Why, his name queried, was he lifting a flea with a needle? He said of malpractice? No, the doc replied, Press Ganey. "My scores last month were low."

Press Ganey is a little-known company that's become a hated target of hospital physicians, oversteering even trial lawyers. Later he came to an emergency room and overfilled his mouth with a load of fake-letter words. Based in South Bend, Ind., Press Ganey is the nation's leading provider of patient satisfaction surveys, the Yelp equivalent for hospitals and doctors, and a central component of health care reform. Over the past decade the government has fully embraced the "patient is always right" model—those surveys focus on areas like waiting times, pain management and communication skills—betting that increased customer satisfaction will improve the quality of care and reduce costs. There's some evidence here. An ObamaCare initiative adds extra levels, to the tune of \$600 million, reducing Medicare reimbursement fees for hospitals with low-star ratings.

Accordingly, hospitals bow to Press Ganey. In November 2009 administrators spent \$100 or more each to attend Press Ganey's advisory client conference—a closed-door public affair in Washington, D.C., with keynotes by John Bach and astronaut Mark Kelly and his wife, former congresswoman Gabby Giffords. Press Ganey is helping hospitals fulfill their mandated obligation. Some have taken an extra step: paying physicians' compensation by their ratings.

That may sound like a good thing. Why shouldn't you grade the

ILLUSTRATION: JAMES HARRIS

payment, an important point the FORBES article neglects to mention, leaving it to the reader to infer that the percentage is far greater. Medical services exist for the benefit of the patient, not the reverse; hence, bringing patients into the evaluation process is not only appropriate, it is essential. FORBES' readership deserves a higher standard of objective reporting and less sensationalistic journalism about this crucially important and pervasive subject."

BITTER PILL

FORBES, JANUARY 21, 2013

79,579 VIEWS ON FORBES.COM

Kai Falkenberg's story on how patient satisfaction surveys are distorting the practice of medicine elicited passionate responses from readers. Cleveland Clinic's Rafid Fadul called the surveys a "meaningless tool used essentially to ratchet down payments to physicians." The most heated response came from Press Ganey, a leading survey company referenced in the story, which asked that we publish this letter from health care venture capitalist Eugene D. Hill III. Hill, a managing partner at SV Life Sciences, wrote: "[The] article departed from FORBES' usual high standard of investigative journalism. One of the principle [sic] unsupported assertions, that patient satisfaction is not correlated with clinical outcome, is refuted by common sense as well as a long history of patient satisfaction research, and most recently by a peer reviewed formal assessment that was published in the Jan. 17, 2013 issue of *The New England Journal of Medicine*. It is not surprising that physicians, the understandably biased subjects of evaluation,

some of whom have historically resisted both formal quality assessment as well as patient feedback ("the doctor knows best syndrome") and some of whom are lacking in interpersonal skills/bedside manner, might be less than willing to accept negative feedback. To criticize the evaluation-service vendors is akin to shooting the messenger. In an age characterized by excessive reliance on diagnostic testing versus physical examination and patient interview, an overreliance on ineffective therapies such as antibiotics for viral infections that propagate drug resistance, and an epidemic of prescription painkiller abuse, it is unconscionable for physicians to suggest they must offer 'Vicodin goody bags' to patients as an attempt to improve survey results. If true, as reported in your article, such actions only reinforce the necessity of more formal assessment of our highly inefficient and error-prone health care nonsystem. Incentive compensation based upon patient satisfaction is a minuscule (1%) portion of provider

OUR READERS REACT TO DOCTOR RATINGS

F PATRICK BURNSIDE, M.D.

"Such a needed article. Medicine needed a kick in the pants to become more consumer friendly, but we overshot the mark, and patients and U.S. health care costs are suffering as a result by letting patients control the decisions."

F PAUL ALEXANDER CLARK

"Patient satisfaction is an important outcome. Patients deserve to have a voice. Appropriate scientific methods and reliable data are incredibly important."

F ROBERT C. SOLOMON, M.D.

"Many physicians have written about this but are handicapped by Press Ganey's ad hominem implication that they are just whiners because they don't like being judged."