



RadBrand Builder

Developing Innovative Customer-service Initiatives

by Elaine Sanchez
Posted: August 17, 2009

[Return to ImagingBiz](#)

[Share Article](#) [Print](#)

It could be the smiling greeter who welcomes patients into the facility, or the glasses of lemon water and the tray of cookies keeping them company in the waiting room. Perhaps the wide variety of magazines will make all the difference, or the new carpet.



Radiological Associates of Sacramento (RAS) in California knows that the little things matter when it comes to the patient experience, and the multisite imaging group takes the details very seriously. In fact, the practice has set up a dedicated customer-service committee, consisting of operational managers and marketing personnel, to ensure that it stays in tune with its patients' wants and needs. Phone, in-office, and online customer-service surveys all play roles.

"On the higher-end modalities, like PET imaging and MRI, we see that the physician or a combination of the patient and the physician made the choice to come to RAS, but when you look at breast imaging, we see that the patient is making the decision. As a result of the analysis, we market our breast-health services directly to patients, whereas we market most of our other services to physicians."

—Kelly Balaam

"It has always been a primary concern for us to deliver exceptional customer service," Kelly Balaam, RAS manager of marketing services, explains. "The objective is to have patients come in and not feel like they are in a health care setting. We want them to feel comfortable—at ease—and to have an enjoyable experience. Everything in our strategy is to make that so for them."

Established in 1917, RAS operates 24 centers in the four-county greater Sacramento region. The practice employs more than 1,000 workers, including approximately 75 physicians.

Describing the wow factor that she hopes to create, Balaam says that RAS aims for a hotel-lobby environment, rather than that of a sterilized radiology or radiation-oncology center. Above all else, staff members work to meet patients' demands from a health care perspective; nevertheless, a secondary goal is to appeal to their sense of style and expression. Balaam believes that this emotional layer leads to better outcomes for patients, as they feel more relaxed in a friendly, inviting setting.

Shaping the Wow

The ideas for refreshments, enhanced reading material, and greeters came through patient suggestions from annual customer-satisfaction surveys, which RAS has administered for the past nine years. Preparation for the project, which the practice conducts in April, generally takes two months. Traditionally, patients have filled out a paper form following their exams and handed them over to their technologists. Results are later scanned electronically, and participants' names are entered to win a raffle prize (generally a large-screen or flat-panel television).

Recently, RAS added a phone-survey component, in order to measure whether phone responses were different from in-center responses. During phone surveys, participants were not informed about the raffle prize until the end. Still, responses exactly mirrored those from the paper survey, Balaam says.

All in all, RAS receives between 10,000 and 12,000 comments, which marketing staff must manually review to make sure bubbles are filled out correctly. "We literally touch every comment," Balaam says, adding that for open-ended handwritten comments, RAS staff members retype each comment for use in reports. Responses are overwhelmingly positive, Balaam says, but when RAS receives constructive criticism, the group strives to resolve the issue by entering the comment into its complaint-system database and discussing it with the staff involved.

With questions asking participants to describe and rate a center's scheduling process, cleanliness, front-office staff, and wait time, the form has evolved since its benchmark first year, which mainly glanced at the big picture. "We still look at overall patient satisfaction, but we break it down by areas, as well, so that we can measure them against each other and see if there's a gap in our customer service," Balaam notes.

One of the newer aspects of the questionnaire is a section focused on how the patient ended up at the center. Who chose RAS: the patient, the physician, or both? This year, 24% said they made the decision, 52% attributed it to the physician, and 23.7% said both were involved, according to Balaam.

"The interesting takeaway isn't so much the bottom-line return rate for those, but how that relates to the modality. That's where the results have been very interesting," Balaam says. "On the higher-end modalities, like PET imaging and MRI, we see that the physician or a combination of the patient and the physician made the choice to come to RAS, but when you look at breast imaging, we see that the patient is making the decision. As a result of the analysis, we market our breast-health services directly to patients, whereas we market most of our other services to physicians."

The Referring Community

RAS sends out, in addition to customer-satisfaction surveys, about 3,000 physician-satisfaction surveys, via direct mail, every two years. The next batch is scheduled for September deployment, and Balaam looks forward to hearing what the referring community has to say, especially from an electronic-service standpoint.

Unlike patient who complete surveys, physicians who participate do not have the opportunity to win a raffle prize. If they enter their names and contact information, however, a marketing representative will immediately go out into the field and discuss any issues that they may have. "We deal with it on an individual basis, if there is a possibility of doing so," Balaam says.

Many in the RAS network of referrers report that they are impressed with the group's turnaround times. This is a source of pride for Balaam, who explains that six years ago, physicians identified turnaround time as an area in need of improvement. Physicians are also pleased with the ability of RAS to provide a variety of media for their images, including film, CDs, and electronic images.

As with the patient surveys, the majority of responses to the physician surveys are positive. Every now and then, a referring physician will make an incidental complaint about a problem with an individual film. "I think, by and large, the referring community is willing to be very honest, and the physicians welcome the opportunity to tell us if there are any customer-service issues," Balaam says.

Secret Shopping and the Road Ahead

One of the newer RAS customer-service initiatives is what it calls the secret-patient program, also referred to as the secret-shopper program. Launched in March, the program enables existing patients to evaluate every encounter they have with the facility's staff, from scheduling and registration to technologist interaction and the exam itself. Each month, patients who are scheduled for exams (at one of the two or three RAS sites being reviewed that month) evaluate the centers by completing a two-page document, which is sent to them prior to their exams via email or mail. For their time, participants are given a \$25 American Express gift card.

Results are analyzed using an online survey service called Zoomerang, which permits marketing personnel to see individual responses, gain access to raw data, and perform cross-tabulations. They can see how responses are broken down by modality and by center. These results are then reported monthly to the appropriate RAS managers.

Extraordinary, efficient, accommodating, organized, clean, and knowledgeable are some of the most commonly used descriptors offered by survey respondents. During the six-month survey period, there have been too many negative responses, tending to come from patients who felt that staff members were only busy, too hurried, or impersonal. "When we do receive those, we view them as opportunities and turn them into an area that we could improve upon," Balaam says. Just as for the customer-satisfaction surveys, complaints from the secret-patient program are also submitted to the electronic database, which alerts the appropriate manager about the problem and allows the individual to document how the issue was handled.

Last year, RAS added a new question to its annual customer satisfaction survey, as well as to its secret-patient program, in order to gauge what existing patients are saying to their friends and family in the community. Survey participants are asked how likely they would be to recommend the practice to others, on a scale of 1 through 10. A whopping 89% gave a score of 8 or 9, according to Balaam. Using a Net Promoter® formula, which categorizes patients into three groups based on their willingness to recommend, "We find that a vast number of our patients will take action and enthusiastically promote our centers to others," Balaam says. Her colleague Michael Anderson, RAS marketing projects specialist, explains, "Word-of-mouth referrals can be huge, especially because patients in the Sacramento area do have a choice in where they go for their imaging needs."

Next on the RAS agenda is adding more languages (such as Russian) to its customer-service surveys to reach more members of its patient population. The practice also would like to put surveys online, and it is planning a trial run that will take place sometime within the next year.

"Customer service is a primary tenet in our organization," Balaam says. "It's aligned with our mission value statements. We're always trying to improve. We don't feel there is ever a time to stop doing so."

Elaine Sanchez is a contributing writer for ImagingBiz.com.

Sponsored by **Medical Imaging Specialists**
An affiliate of the Medical Imaging Center Institute | Visit this sponsor

Leave a Response

NAME*

EMAIL*

COMMENT

*Required

AFFILIATES

IMAGINGBIZ ARCHIVE

- [August, 2009](#)
- [July, 2009](#)
- [June, 2009](#)
- [May, 2009](#)
- [April, 2009](#)
- [March, 2009](#)
- [February, 2009](#)
- [January, 2009](#)
- [December, 2008](#)
- [November, 2008](#)
- [October, 2008](#)
- [September, 2008](#)
- [August, 2008](#)
- [July, 2008](#)
- [June, 2008](#)
- [May, 2008](#)
- [April, 2008](#)
- [March, 2008](#)
- [February, 2008](#)
- [January, 2008](#)
- [December, 2007](#)
- [November, 2007](#)
- [October, 2007](#)
- [September, 2007](#)
- [August, 2007](#)
- [July, 2007](#)
- [June, 2007](#)
- [May, 2007](#)
- [April, 2007](#)
- [March, 2007](#)
- [February, 2007](#)
- [January, 2007](#)
- [December, 2006](#)
- [August, 2006](#)
- [June, 2006](#)
- [March, 2006](#)
- [February, 2006](#)
- [December, 2005](#)

[Back to Current Issue](#)

MOST READ ARTICLES

- IMAGING FUTURES** Quantifying Imaging's Value to Patients
- RADINFORMATICS** RIS Migration at Cheyenne Regional Medical Center
- LEGISLATIVE REPORT** Health Care Reform and Medical Imaging: The 10,000-foot View
- FEATURE** Emergence of Consumerism in Imaging
- FEATURE** RBMs: The Debate Heats Up
- FEATURE** Shared Services: A Strategy to Reduce Costs Without Compromising Patient Care

[Back to Current Issue](#)



Inspire Your Staff to Greater Achievement

[CLICK HERE!](#) or call: **(714) 832-6400**

STAND UP & BE COUNTED

The Big 50
• Radiology Practices
Ranked by No. of Radiologists

The Big 25
• Academic Radiology Practices
• Outpatient Imaging Center Companies
• Teleradiology Organizations
Ranked by No. of Radiologists, No. of Sites, and No. of Studies and Clients

Sponsored by
LarsonAllen and
Radiology Business Journal

[Click Here For Confidential Survey](#)

stat read

THE MEETING AND TRADESHOW BLOG OF IMAGINGBIZ

Featured Posts

- [The Data Migration Blues](#) [Read More](#)
- [The Buzz on Iterative Reconstruction](#) [Read More](#)

Upcoming Meetings:

- AHRA : Las Vegas, August 9–13
- RBMA Fall Summit, Chandler, Ariz Oct 11-13
- EDI: Arlington, Va, Oct 28–Nov 1
- ASTRO: Chicago, Nov 1–5
- RSNA: Chicago, Nov 29–Dec 4