

Mystery Shopping Continues to Make Inroads Into Healthcare

BY RICHARD L. COHEN

INDIANAPOLIS, IN—A little over four years ago we carried a feature on mystery shopping and its emergence in healthcare (“Mystery Shopping Can Provide Valuable Marketing Data and Research,” September 1998). At that time mystery shopping was just finding its way into healthcare after long being a popular market research technique in the retail and restaurant industries.

Today, mystery shopping has continued its upward climb into healthcare. Brooke Billingsley, Vice President of the four year old Indianapolis, Indiana-based Perception Strategies, Inc., believes that mystery shopping is still in the emergent phase as a viable market research tool. She observes that there are still many healthcare marketing executives who haven’t yet been exposed to the concept. However, activity has been picking up in recent months. “We’re getting a lot of calls from hospitals that are looking at their patient satisfaction scores, seeing problems in specific areas and not knowing exactly how to make improvements,” she says.

Mystery shopping, argues President Kevin Billingsley, is becoming more and more a primary research tool, a change from the past when it was perceived as a secondary technique. For example, “a lot of organizations are scripting now. That script can be delivered in a certain way to upset the customer. For example, perhaps the tone is condescending.” The mystery shopper can pick up that tone and alert management that there is a problem that needs correcting.”

Here’s how mystery shopping works: You or a contracted mystery shopping company hires individuals to “shop” your facility. Depending on the shop, they may visit with fake symptoms, visit with real symptoms or call for information, advice or appointments. Then, reports are generated that are given back to the institution with very specific comments about the interaction. From those reports, either more research can be done or corrective action taken.

There are professional mystery shoppers who do this as a living and some who earn an important piece of their income through the profession. And then there’s people drafted for the situation. For example, birthing can’t be shopped by someone faking it, only by an individual who’s giving birth. In those scenario’s, cooperative prospective mothers can receive relevant training and then record (and sometimes their husbands join in too) details about the experience.

“The way we recruit is to go locally to community actors’ guilds and community theaters,” says Kevin Billingsley. “If the actor is well recognized in the community they tell that to us up-front and we may have them do telephone calls.”

For the most part the actors are impersonating a disease or medical situation. In some cases, it’s real. “We’ve done pregnancy and medical test shops,” says Brooke Billingsley, “where we’ve put out the word to the theater groups that if anyone is planning a test or going through a pregnancy and are going to that hospital anyway to call us.”

One area that mystery shopping becomes sticky is in the ER. “We had someone who wanted us to shop their ER doctors, but that’s hard because an ER shop only works if the doctors are in on it,” she says. If they’re not, then patients with fictitious complaints may wind up getting expensive treatments and tests they hadn’t bargained on.

This Company Wants Mystery Patients Experienced in Healthcare

John O’Malley, President of Strategic Visions, Inc., in Birmingham, Alabama, takes a different

view of mystery shopping. For one thing, he won't use that term. "I call them mystery patients because they're not shopping," he says. "The only exception to this might be maternity."

He also argues that the best mystery patients are people who know healthcare. "They don't just evaluate how they were treated, but they can recognize what wasn't done," he says. "I've talked to others mystery patient companies that believe they get better feedback from a patient who doesn't know healthcare. I disagree."

Strategic Visions is a consulting firm focusing on sales, customer service and marketing. Healthcare accounts for about 70 percent of its business. "Mystery patient work is just a part of what we do," he says. "I probably do about 60 percent of them myself and then I have a dozen people around the country that I've trained."

So, how on earth could O'Malley meet with hospital executives on hospital property and then come back as a mystery patient and not be recognized? "Sometimes I might wear a mustache and show up in jeans and a t-shirt," he says. "Or, say I have a client in Ohio. I might be a mystery patient wearing an Ohio State sweatshirt. Over the years I've only been recognized once, and that was by someone who had been in a training class of mine." O'Malley agrees with Billingsley in arguing that mystery patient work is becoming a primary research tool. "It can provide more feedback on vital information than on surveys," he says. One reason for this, he argues, is the relatively high illiteracy rate in this country that contributes to a low response on written surveys.

Furthering his argument for primary market research status is how he sometimes uses the information. "For example, I might go into a hospital on a Wednesday and Thursday and be a mystery patient and then on Friday hold a customer service program for that department," he says.

O'Malley is optimistic about the future of mystery patient work in healthcare settings. "More people are interested in it and they're wanting more high end mystery patient surveys. With this, the surveyor becomes part of the process." That is, instead of just walking the halls, they're moving through non-invasive testing such as blood work, MRI's and EKG's.

Another thing he's seeing is more physician practices becoming involved. "Many times the physician believes the office staff is doing exactly what he or she wants them to do," he says. But from the moment the physician starts their day, the physician is taking orders from the office staff and doesn't have a chance to observe what is going on out front, he adds.

Process Improvement in Columbus

Michael Wachter, Senior Strategic Planning Consultant for Ohio Health in Columbus, Ohio, used to work for Eddie Bauer in college. It was through that experience that he learned about mystery shopping. That knowledge would serve him well years later in spearheading the entrance of mystery shopping to the organization's market research initiatives. "We were working on a customer service initiative," he says. "We had been doing focus groups, but these are 'very point in time.'"

For instance, in a focus group several weeks after discharge, patients might be asked about billing or the food and their responses could be tainted by their entire experience in the institution. Wachter was looking to benchmark the institution with other providers and other nonhealthcare organizations. He knew that mystery shopping was quite common in the retail world and figured it could very well be a viable tool for a healthcare organization to get a better feel for the reality of the experience.

"We did a pilot project in the McConnell Heart Health Center," says Darla McConnell (no relation), Director of Regional Services for Riverside Methodist Hospital. "We were getting word of mouth feedback that we had access issues. People were having problems getting in the front door to become a member.

"A mystery shopping program was put together with Perception Strategies that would test four access points: cardiac rehab, physical therapy, the front desk and enrollment services. "Each

quarter there would be 50 shops," she says. "The shoppers graded each one numerically on a one to five scale and wrote a one half to one page narrative."

Results were shared in employee town meetings and corrective measures put into place including training to improve phone skills, role playing for in person interactions to improve service excellence and reconfiguring voice mail standards

"This was a very successful pilot," says Wachter. "We had an improvement with our mystery patient scores in the second quarter and more improvement during the third. It's unusual to see change that quickly. This year, we've expanded the mystery shopping program to 13 different ambulatory care sites in the greater Columbus area. We're doing in-person shopping and phone shopping of our scheduling line."

Four Years Later

Healthcare Marketing Report last looked at mystery shopping in our September 1998 issue ("Mystery Shopping Can Provide Valuable Marketing Data and Research"). We revisited one of those programs for this story. In 1998, the McKay-Dee Hospital Center in Ogden, Utah, was doing a mystery shopping program in its OB department. It recruited patients ahead of time, offered them a small fee, met with them to explain the process and had them fill out a report on their experiences as they moved through their delivery. The husbands often got involved as well.

Four years later, says Terry Behunin, Director of Marketing and Public Relations, the hospital is still mystery shopping its OB Department. "We have reduced it from two to three times a year to once a quarter per year," he says. "We were finding so much the same when we did it during spring and fall. The purpose of this program is to find things we can change so that's why we do it now just once a year."

An expansion of the program to cancer patients did not work. "Our philosophy on mystery shopping is to train real patients to be mystery shoppers," he says. "That works best in service lines where patients preregister in advance. There just wasn't enough time with cancer as treatment typically starts within five to 10 days of diagnosis."

Specifically, the individual gets diagnosed, referred to a cancer specialist and then scheduled to begin treatment. By the time treatment is scheduled, half the time between diagnosis and the initiation of treatment is gone. "When we contacted people to do it, they were interested, but we could never build a large enough sample size," he says.

Also interviewed in that story was Don Woodbury, now Director of Marketing and Guest Relations at IHC (Intermountain Health Care), Urban Center Region. Woodbury says he has now halted "pseudo mystery shopping" in favor of a more traditional approach. Woodbury had set up a system whereby a select group of patients who had been to relevant IHC clinics were being asked to be mystery shoppers when they went into the hospital for tests or procedures.

"We stopped doing that," he says. "I just didn't have the person power to keep it going. You have to have somebody dedicated to it to massage the physician and their office staff." That was important because their participation was key to identifying potential mystery shoppers.

"The problem was there was nothing in it for them," Woodbury says. "We tried trading for market research services or bringing in pizza for the staff, but it was just too much for them to do."

He approached a local mystery shopping firm that was active in restaurants and asked if they'd be interested in expanding to healthcare. Today, that company is shopping three of the IHC hospitals both with in-person visits and phone shops. The in-person visits are designed to test everything from parking to wayfinding and other non-clinical aspects of a visit to the hospital. The phone shops are mostly to radiology to test things like appointment availability and to nurses' stations to test how quickly a "friend or family member" can get connected to a patient's nurse.

One of the helpful things about the mystery shopping firm's technology is that it enables Woodbury to listen to sound bites of the phone shops to get a clear picture of the interaction. "I'd been looking for two and one half years for 'a voice that smiled,' he says. "I found it, downloaded it and now use it in training sessions."

Mystery Shopping the Call Center

More and more, the call center is becoming the front face of the institution to the general public. As such, this makes the center an excellent candidate for mystery shopping. That's a principal reason why Northwestern Memorial Hospital in Chicago got involved. "We started two years ago," says Director of Physician Services Jean Kostelansky. "We did it for two reasons. First, we had been doing QA by listening in to random phone calls. We wanted to validate those results from an objective source. Second, we wanted to see what the competition was doing."

She arranged for her mystery shopping vendor to make 100 calls into the Northwestern call center every three months. While it seems like a lot, it isn't considering the call center takes 10,000 calls a month. She also has the company do 15 calls every three months to each of three competitor's call centers to understand what it is these call centers are offering.

"We get a written narrative report for each transaction," she says. "It's very detailed. We're looking for a variety of things: we want to know if the phone was picked up within three rings, if the employee identified himself or herself, if they identified the department by name, if they verbally offered assistance and spoke in a friendly tone of voice and if they spoke slowly and clearly."

Additionally, among the other things Kostelansky is looking for are: "was the employee an active listener, did they ask permission before putting the caller on hold and waited for a response, did they offer to resolve the caller's question or find an appropriate person to answer it, did the representative try to cross sell other services and did they thank the caller for phoning."

Also, for those callers asking for a physician referral, did the representative read the individual the hospital's official statement for how physicians are selected to be on the referral panel (this makes the hospital in compliance with the Federal Safe Harbors for referrals services issued in 1991.) "We feel so strongly about this one that we give the rep a zero for the entire call if they didn't read the Safe Harbors statement," she says.

Kostelansky is sold on mystery shopping as a QA technique. "It's been tremendously helpful," she says. "We can customize scenarios and get reports back the same day or week for corrective action."

Overall, the staff's scores are quite good and consistent. So, why continue? "We thought about ending it," she says. "But we signed a new contract because we expect some turnover on our staff this year as three individuals are finishing graduate school. We also wanted to monitor the competition as they're getting closer."

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