

Prisma Health Increases Web and Foot Traffic with a Provider Transparency Program

A Case Study with Prisma Health

Prisma Health, a not-for-profit health company and South Carolina's largest private employer, was formed in late 2017 when Greenville Health System and Palmetto Health joined together. Since officially becoming Prisma Health in January 2019, it has grown to nearly 32,000 team members (including volunteers), 18 hospitals and more than 300 physician practice sites. Through those facilities, the healthcare organization serves more than 1.2 million patients annually – about one quarter of the state's population.

When patient experience managers at Prisma Health saw how third-party reviews led the online conversation about their healthcare organization, they launched a plan to take back control of its digital reputation.

To do so, they implemented a transparency program that leveraged first-party survey data to significantly boost web traffic and increase appointment requests by 56%.



In this case study, you will learn how Prisma Health:

- Created a realistic timeline for its transparency journey from kick-off to go-live.
- Identified the tenets of an effective communication plan during its transparency initiative and got frontline provider buy-in.
- Selected, trained and empowered physician champions to serve in an influential role during all phases of implementation.
- Developed strategies for a comment review and appeals process that was consistent, simple and beneficial to the provider.

Challenges

After deciding to establish a transparency program, the buy-in priority for Prisma Health was the frontline physician – how to handle a vulnerable topic like reputation management at a time when they feel very exposed to online reviews.

Prisma Health receives about 800 new comments per week. While many of them can be reviewed and dealt with quickly, a significant portion fall into “gray areas” where discussion is required for whether to include or exclude a comment. With that in mind, they had to decide how many providers to include and which types of employees were appropriate to spend their time on those duties.

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Prisma Health’s transparency leaders created presentations that explained [the many benefits](#) of tracking and displaying these survey comments. But providers also wanted to know exactly how star ratings were calculated and how they were involved in the appeals process.

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To gain their trust and participation, the transparency program’s leaders needed to listen and be empathetic, but also needed [quantitative and anecdotal data](#) to garner physician buy-in.

Solutions

With initial meetings more than a year in advance of going live, Prisma Health paired Binary Fountain’s technology with the right team of organizational leaders and a clear, fair appeals process to launch its transparency initiative.



Frontline Provider Buy-In

Prisma Health’s transparency leaders initially met with stakeholders every two weeks, defining roles and responsibilities and updating a reasonable timeline for launch. It also had a weekly call with partners at Binary Fountain and Press Ganey, who supplied advice on who to include and [how to handle pushback](#) from frontline providers.

A common question from physicians was, “Why does Prisma Health want to post negative comments on my website?” Kate Sims of Press Ganey, which worked alongside Binary Fountain for the transparency implementation, helped explain the benefits of posting all comments, and Prisma Health’s transparency leaders showed examples of the appeals process.

“They don’t want to feel like an Amazon product,” says Patient Experience Officer Theresa Varughese, who led the transparency program alongside Patient Experience Program Analyst David Clinkscales. “It’s a different time in medicine than when they came out of school. Be ready to listen and to adapt your plan based on what they share with you.”

The organization asked department chairs to appoint one to two champions from their department, building a mix that included those who were older, younger, early adopters, midway adopters, positive and influential with their peers. Its appeals committee was made up of providers only, which has given invaluable credibility to the initiative.

With six months-worth of survey feedback that had been analyzed by Binary Fountain's [Transparency platform](#), it went live internally with physician champions to serve as a test pilot. They received quarterly reports including their Patient Feedback Score – calculated by Binary Fountain – frequently mentioned topics from surveys, and benchmarks among other physicians. Those champions and their profile pages were used as examples to bring in the rest of the providers.

To further convince providers to buy in, Prisma Health led with empathy and listening. It had to adapt its transparency strategy based on providers' feedback and thoroughly explain details of the program, such as how Binary Fountain calculates their physicians' star ratings.

Comments and Appeals

Across the organization, Prisma Health takes in about 800 comments per week, or 9,600 per quarter. Binary Fountain used its [Natural Language Processing](#) (NLP) technology to analyze each review every quarter, before sending them to the organization's transparency leaders for approval and rejection. Prisma Health then gave providers one month to submit appeals to the appeals committee.

The healthcare organization's transparency leaders sent comment appeals to the committee ahead of time, making the meetings time-efficient. If there was no unanimous decision – which was rare – a two-thirds majority ruled.

Prisma Health set up transparent criteria for publishing reviews, detailing which topics were "black-and-white" in terms of exclusion, [like PHI](#), comments related to survey tool, profanity and billing. Criteria in gray areas, which the appeals committee spent the most time on, were more subjective and debatable.

The transparency program was especially intentional about wording criteria around these gray areas. By giving very strict definitions, it limited the appeals it would receive and avoided situations where the committee debates with a provider over whether a comment meets the exclusion criteria.

Prisma Health also frequently edited comments instead of excluding them outright, in order to publish as many valuable reviews as possible.



Results

Looking at the trend of physician appeals on review publishing, Prisma Health saw a dramatic decline in the number of appeals. Its first batch had 290 appeals, when it was still educating and training providers, and within the year had only 16 appeals in a quarter. The organization anticipates 16 per quarter will be its average rate of appeals going forward.



For Prisma Health’s patient surveys, results for both its “rate provider” and “MD communication” questions improved substantially since transparency went live externally – meaning ratings were displayed publicly on physician profile pages.

In about 18 months, its CGCAHPS Rate Provider score increased from the 75th percentile rank to the 83rd. Meanwhile, its CGCAHPS MD Communication Domain score increased from the 60th percentile rank to the 72nd.

As for website metrics, Prisma Health has seen appointment requests increase by 56%, unique page views increase by 17%, and average time on page increase from 46 seconds to 80 seconds since implementing Binary Fountain’s transparency solution.

“That means people are reading these reviews and going through the ratings,” says Clinkscales. “Those are the metrics we’ll lean on as we extend this to all of our providers.”



16 per quarter
Average Rate
of Appeals



8% increase
In Rate Provider
Score



56% increase
In Appointment
Requests



12% increase
In Communication
Domain Scores



17% increase
In Pageviews



74% increase
In Average Time
Spent on Page

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1660 International Dr. Suite 225, McLean, VA 22102

800-549-9552

www.binaryfountain.com