

Automate. Aggregate. Analyze. Hands-Free Marketing & PRO Collection

SurgiSurvey, LLC Danville, CA hello@surgisurvey.com

Automation Accelerates Online Physician Ratings

Orrin Franko, MD

Background: Surgeons have accepted that online physician ratings are here to stay, but still lack effective techniques to improve scores. Although review sites (Google, Yelp, HealthGrades, etc.) are intended to be unbiased, literature suggests that rating volume and scores can be increased by asking patients to leave reviews. The concept of soliciting reviews is uncomfortable for many surgeons, and this cross-over controlled study assessed the efficacy of low-cost, surgeon-free automated review requests.

Methodology: This prospective cross-over study was performed continuously for 3.5 years (43 months). A baseline control period was assessed for 6 months, followed by alternating active (verbal exchange between surgeon and patient) or automated (email) online review requests. Online ratings for popular review sites were monitored monthly for the practice and individual surgeons. Results are reported as the volume of online reviews, change in score, and rate of review accumulation relative to number of patient visits.

Results: For the practice, the control rate for online reviews accumulated at 0.25 reviews/m, active requests accumulated reviews at an average rate of 1.3/m, and automated requests averaged 7.1 review/month (Figure 1). For an individual surgeon the control rate was 0 reviews/m, active requests accumulated at 1.0/m and automated requests averaged 3.1/m (Figure 2). There was no difference in ratings score between active and automated requests, which both averaged 4.9 stars. In contrast, control ratings averaged 3.5 stars. The total system cost was \$600/year per surgeon.

Summary Points

- Surgeons and practices can optimize online physician ratings by automating requests via email
- Automated requests avoid direct solicitation of reviews, increase star rankings, and increase rating volume
- Automated review systems can be implemented for \$600/year per surgeon

Level of Evidence – Non-clinical study



Automate. Aggregate. Analyze. Hands-Free Marketing & PRO Collection



