




2016

Patient experience: Driving outcomes at the heart of healthcare

Jason A. Wolf PhD

The Beryl Institute / Patient Experience Journal, jason.wolf@theberylinstitute.org

Follow this and additional works at: <http://pxjournal.org/journal>

 Part of the [Health and Medical Administration Commons](#), [Health Policy Commons](#), [Health Services Administration Commons](#), and the [Health Services Research Commons](#)

Recommended Citation

Wolf, Jason A. PhD (2016) "Patient experience: Driving outcomes at the heart of healthcare," *Patient Experience Journal*: Vol. 3: Iss. 1, Article 1.

Available at: <http://pxjournal.org/journal/vol3/iss1/1>

This Article is brought to you for free and open access by Patient Experience Journal. It has been accepted for inclusion in Patient Experience Journal by an authorized administrator of Patient Experience Journal.

Patient experience: Driving outcomes at the heart of healthcare

Jason A. Wolf, PhD, CPXP, *Founding Editor, Patient Experience Journal, President, The Beryl Institute,*
jason.wolf@theberylinstitute.org

Abstract

There is no longer a question that patient experience matters in healthcare today. It matters for those that are cared for and served and matters to all those working each and every day to provide the best in care at all touch points across the healthcare continuum. With this recognition, there too needs to be a change in mindset about patient experience itself. When addressing the topic of patient experience, the conversation is about something much broader than the “experience of care”, as identified in the triple aim. The idea of experience reflects our biggest opportunity in healthcare, where experience encompasses quality, safety and service moments, is impacted by cost and the implications of accessibility and affordability, is influenced by the health of communities and populations and by both private and public health decisions that have systemic implications. A focus on experience at the broadest sense leads to the achievement of the four outcomes leaders aspire to in varying combinations in healthcare organizations around the world: clinical outcomes, financial outcomes, consumer loyalty, and community reputation. With the rapid growth in research, a diverse and expanding global community, and a shared commitment to outcomes, patient experience has now claimed its place at the heart of healthcare.

Keywords

Patient experience, Patient Experience Journal, healthcare outcomes, consumer loyalty

Warm Welcomes and a Milestone

Welcome to Volume 3 of *Patient Experience Journal (PXJ)*. As we begin our third year in bringing the voices of scholarship and practice together to expand the evidence base undergirding the patient experience movement we are inspired by both the great interest and commitment to contributions we see continuing to grow. *PXJ* made a commitment from the start, to be an independent voice of thought and a fundamental cornerstone of the emerging field of patient experience.

With that, this issue will lead us over a major milestone of 80,000 individual article downloads in our first two years of existence. That means that on average over 3,300 articles from *PXJ* have been downloaded every month since our launch. In keeping with our commitment to a broad and inclusive perspective, you will also see that almost half of all published submissions represent perspectives from outside of the United States. This has led to an incredible readership base for the journal itself, as it has now been accessed in 170 countries around the world.

I share these statistics, as they are less about *PXJ* and more about a clear hunger and an expanding global dialogue about the patient experience itself. As you will read in the perspective piece from our new Associate Editor, Geoffrey Silvera, the breadth and depth of what can be

covered in this space has found a welcoming, aligned and purposeful home on these virtual pages.

It is important that we find this work has led us to not only explore, but also fundamentally reinforce patient experience's place at the heart of healthcare. The contributors to our pages continue to work diligently to provide cases, practices and evidence-based rigor in reinforcing that patient experience matters. We will work diligently to continue to honor those voices, reinforcing the critical point that all voices matter and must be heard as we continue to expand this movement.

Driving Outcomes at The Heart of Healthcare

For those that have followed my thoughts over the last few years, you will not be surprised to hear me suggest that patient experience matters in healthcare today. It matters for those that are cared for and served and matters to all those working each and every day to provide the best in care at all touch points across the healthcare continuum.

There needs to be a change in mindset about patient experience itself. When addressing the topic of patient experience, the conversation is about something much broader than the “experience of care”, as identified in the triple aim. The idea of experience reflects our biggest opportunity in healthcare, where experience encompasses quality, safety and service moments, is impacted by cost

and the implications of **accessibility and affordability**, is influenced by the health of communities and populations and by both private and public health decisions that have systemic implications.

It is also reflective of what has been found in the research of The Beryl Institute on the state of patient experience itself: that the drivers of experience excellence are grounded not just in process excellence, but also in the very fibers that comprise our healthcare organizations and systems. That is **the culture and leadership (at all levels) that drive how decisions are made, how interactions take place and how outcomes are achieved.**¹

The significance here is that while focus on experience has increased as a policy driven reality, not just in the United States, but also rapidly in other healthcare systems globally, it too has become an active and viable business reality. There is not a healthcare leader today that does not mention being bombarded by calls about the latest and greatest experience or patient engagement resource. There has been a proliferation in efforts to provide solutions as well with expanded services offered via traditional survey companies, consolidations in consulting organizations both big and small, the expanded discussion in the technology space about their contribution to experience excellence, provider organizations publicizing their results and the models they use to achieve them and even publically traded entities promoting their focus on patient experience above all else.

In addition to policy and product efforts, there is also the expansion of research itself. In a simple search of Google Scholar for the term “Patient Experience” appearing in research article titles, you will find an astronomical increase from 16,000 identified publications in the last decade (2000-2009) to already 22,000 in the first half of this decade alone. This is on pace towards a threefold expansion in the patient experience conversation in research alone, hopefully in part supported by the efforts with *PXJ*. This alignment of focus in policy, consumer engagement and research all return us to one simple point, **experience is no longer a fad, but now is central to all that people and the organizations they comprise look to achieve in healthcare.**

So what outcomes can and will be driven with this expanding focus on experience excellence? There are four central ideas, which the growing literature and evidence is showing to ring true. A focus on experience at the broadest sense leads to the achievement of **the four outcomes leaders aspire to** in varying combinations in healthcare organizations around the world. It is also important to ensure **these outcomes are aligned to experience efforts to reinforce that experience**, as an all-encompassing effort in healthcare, lies at the heart of all that one looks to achieve. **This too is a call to action**, not

simply to wait for these ideas as lagging measures, but to purposefully focus on building efforts to achieve success in each of these areas. They include:

Clinical outcomes

Clinical outcomes are unquestioningly the primary focus in healthcare. This is not simply a healing effort, but one that commits to well-being and honors that in some circumstances all that can be done is ensure an individual can live their remaining moments with dignity.

Organizations cannot address clinical outcomes in isolation or the quality and safety efforts that shape them. So how will organizations ensure clinical efforts are aligned as part of an overall experience strategy?

The research continues to expand in this area as The Beryl Institute’s own benchmarking study reported clinical outcomes as the most impacted by patient experience excellence and a growing body of evidence shows the positive clinical effects of a great experience.¹

One great example is Doyle et al’s work in which they analyzed a broad range of studies concluding: **patient experience is consistently positively associated with patient safety and clinical effectiveness across a wide range of disease areas, study designs, settings, population groups and outcome measures.**²

Financial outcomes

As healthcare organizations look to grow and sustain efforts in today’s chaotic healthcare environment, they cannot overlook the financial implications of this work. I am not suggesting experience becomes a simple dollars and cents conversation, in fact in Don Berwick’s recent call for an Era 3 of healthcare,³ what he dubbed “the moral era”, he calls for a rethinking of incentives and a rejection of greed, what I believe is a truthful and much needed challenge to the monetization of healthcare at the expense of those in need.

Yet, in maintaining a realistic perspective, a focus on financial viability is critical and **organizations must recognize patient experience is a financial strategy.** This is not just a conversation on reimbursements or payments as exemplified by the recent developments such as the Value based payment system in the United States or the Excellence Care for All Act in Ontario, Canada. Rather it is a recognition that a focus on financial outcomes is not managing spreadsheets, it about **providing strong, sustained positive experiences which help us manage cost, increase access, reinforce consumer choice and create healthy vibrant organizations.**

Examinations of the financial benefits of experience excellence are expanding as well, and an understanding of readmissions and other reimbursement implications all

drive the conversation that experience is a bottom-line issue. A number of recent studies such as Boulding et al.⁴ and Trzeciak et al.⁵, both show higher patient experience had statistically significant association with lower rates of readmission...yes a clinical indicator, but ultimately a significant financial marker for organization performance and overall outcomes.

Consumer loyalty.

With a central focus now being the desire to create consumer (patient and family) loyalty in healthcare organizations, one cannot overlook the reality that this is no longer a game of best ad campaigns or even “Wait-time billboards”. Through experience you build loyalty and a lasting customer base that is willing to recommend to others and that provides strong net-promoter scores (overall rating from 1 to 10).

It is also important to ensure if you look to achieve loyalty in those you serve, then offering a positive experience is a must. This is the story people will share with others. What efforts are you putting in place to help shape positive stories? How responsive are you to the very needs consumers who engage in our healthcare organizations have – from access, to cost and inclusive of people, process and place, the interactions, efforts and environments of care across the continuum and in the spaces in between?

As in any industry, positive experience creates not just positive encounters, but lasting memories and expanded commitments. People make choices as consumers to go where they are treated well, with dignity, respect and get the highest quality experience. In a value-based world, consumer choice matters even more and cannot be left to chance.

In fact, in examining the effect of experience on loyalty, Arab et al., grounded in a review of global research determined,

“The patients’ experience has strong impact on the outcome variables like willingness to return to the same hospital and reuse its services or recommend them to others.”⁶

Community reputation

As much as healthcare is a national or even global issue, it also remains strongly tied to its local roots. Healthcare organizations are highly visible parts of their communities and their standing comes not just from event sponsorships or presence, but also from the very outcomes they offer and the stories these generate in the communities they serve. Reputation drives choices and is driven by the best in experience.

People still see healthcare organizations as fundamental parts of their communities, but the access to information and the reach of far lying healthcare institutions put new

pressures or reframing exciting opportunities for healthcare organizations today.

Consider this...your strongest community outreach effort may be the way in which you make people feel in their encounters with you. Your commitment to well-being, your accessibility, your presence, not simply through health fairs or even hosting roof top traffic cams, but rather through the stories you are creating with your community right now. Those stories are developing and being told whether you help to write them or not. This is where you have a huge opportunity to make experience count. What is the story you want your community to hear about you, not just from you, but from all of those who work for you and from those you serve? In a world where stories now travel faster than word of mouth, through social media and other outlets, this is a huge opportunity and outcome to tackle.

Parrish et al. offer,

“The proliferation of online health care websites...for posting and disseminating patient experience narratives will continue to grow dramatically. [Healthcare organizations] will [need] to pay special attention to what patients weigh as the most important.”⁷

Ultimately, perhaps that is what a commitment to and focus on all of these four outcomes represent – understanding and reinforcing what patients weigh as the most important.

A Commitment to Outcomes

Through continued work at The Beryl Institute in engaging with numerous efforts around the globe, regardless of healthcare system or model, there is emerging consistency in the idea that of all efforts a healthcare organization can take on, a focus on experience is the one lever in which you can tackle these four desired outcomes head on and with some confidence that the outcomes will be significant.

And while I offer these as four distinct outcomes for the purposes of this conversation, it should be acknowledged that they are deeply linked, as the effects of one have strong ripple effects on the others. If you strive to maintain and even elevate the focus on experience excellence in your healthcare organizations it is important to move beyond this discussion as something nice to do, to something that is unquestionably a must do. And, if you agree that a strong experience effort has far reaching implications and the potential for the most fundamental outcomes in healthcare, then the case should be easy to make and the argument for focus, investment and commitment should be short.

An investment in a strong and positive patient experience is the leading choice you can and should be making in

healthcare today. The results of this decision will only lead to even greater and lasting results. I believe that is all those of us in healthcare would wish for those being cared for and served, for our families, and for ourselves.

Where We Go from Here

In looking to what this means for this and future issues of PXJ, I believe the call is clear. Readers of this issue will find the depth of layers influence the healthcare experience, from personal differences reflecting the diversity of our healthcare consumer market, to the practices that impact perceptions and perspectives – the idea at the heart of definition of patient experience itself⁸

The issue explores the importance and value of measurement, but also reinforced that actions and real-time perspective and feedback also complement the longer term lagging indicators seen in surveys both in existence and in consideration in countries and systems around the world. Ultimately perhaps it is about the simple, but profound, lesson shared in the discoveries revealed in our final article, *The Emily Story*.⁹ As shared,

“The composite of Emily...pulled empathy into our hearts, and gave patient family-centred care a face, a voice, and the realization that any one of us could be Emily at any given moment. Our care providers’ desire to partner in quality care deepened because the patient was made less abstract.”

That is the opportunity in looking at the road ahead in both the research and practice of patient experience. In working to reinforce the breadth and encompassing nature of this idea, the foundational elements it holds and the outcomes it can help to achieve, there is no choice but to push forward.

The work, to this point, has solidified patient experience’s presence on the playing field of healthcare. The work of practitioners around the world and contributors to research here and elsewhere has helped make the entire concept less abstract. That is where we must now lead...that patient experience matters, and, in supporting this in our efforts, we will only make healthcare better together.

References

1. Wolf, Jason A. PhD (2015) “The State of Patient Experience 2015: A global perspective on the patient experience movement,” The Beryl Institute
2. Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open* 2013;3:e001570. doi:10.1136/bmjopen-2012-001570
3. Berwick DM. Era 3 for Medicine and Health Care. *JAMA*. 2016;315(13):1329-1330. doi:10.1001/jama.2016.1509.
4. Boulding W, Glickman SW, Manary MP, Schulman KA, & Staelin R. Relationship between patient satisfaction with inpatient care and hospital readmission within 30 days. *American Journal of Managed Care*. 2011;17(1):41-48.
5. Trzeciak S, Gaughan JP, Bosire J, Mazzarelli AJ. Association Between Medicare Summary Star Ratings for Patient Experience and Clinical Outcomes in US Hospitals. *Journal of Patient Experience* 2016;3(1):6–9. doi:10.1177/2374373516636681.
6. Arab M, Tabatabaei SG, Rashidian A, Forushani AR, Zarei E. The Effect of Service Quality on Patient loyalty: a Study of Private Hospitals in Tehran, Iran. *Iranian Journal of Public Health*. 2012;41(9):71-77.
7. Parrish, Blaine; Vyas, Amita N.; and Douglass, Grace (2015) "Weighting patient satisfaction factors to inform health care providers of the patient experience in the age of social media consumer sentiment," *Patient Experience Journal*: Vol. 2: Iss. 1, Article 12. Available at: <http://pxjournal.org/journal/vol2/iss1/12>
8. Wolf, Jason A. PhD; Niederhauser, Victoria DrPH, RN; Marshburn, Dianne PhD, RN, NE-BC; and LaVela, Sherri L. PhD, MPH, MBA (2014) "Defining Patient Experience," *Patient Experience Journal*: Vol. 1: Iss. 1, Article 3. Available at: <http://pxjournal.org/journal/vol1/iss1/3>
9. Jennings, Lori L. MS; O’Neil, Barb; Bossy, Kim; Dodman, Denise; and Campbell, Jill (2016) "The story of Emily," *Patient Experience Journal*: Vol. 3: Iss. 1, Article 17. Available at: <http://pxjournal.org/journal/vol3/iss1/17>