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Mark E. Lee, MBA
K. J. Lee, MD, FACS
Editors

**ESSENTIAL RATIONAL
HEALTHCARE ECONOMICS**

Past, Present and Future



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This is a must read!

KJ Lee's latest addition to the ESSENTIAL book series aims to provide exactly what our understanding of America's Healthcare Economics has been lacking: perspective.

The burden of fixing America's Healthcare economy should not be shouldered by economists alone. Healthcare providers and their patients should have a seat at the table, or they will be the ones left to continue to finance this trillion dollar (and growing) quandary.

With insightful and provocative chapters written by a diverse collection of world renown physicians and nurses, veterans of hospital administrations, business leaders of the nation's most successful group practices, and more, *Essential Rational Healthcare Economics: Past, Present, and Future* takes a much needed scientific approach to the difficulties with the current state of Healthcare Economics. This book provides primary evidence from multiple sources, introduces critical analysis from industry experts, compares findings with international standards and best practices, and culminates with a summary of discussion and a recommendation - perhaps even a warning - for the future.

Today is the last chance to save tomorrow.

Dedications

Perhaps it is unconventional for one co-editor to dedicate the book to the other. Nonetheless, Mark dedicates this book to his co-editor and father, Dr. K. J. Lee, a man who has modeled admirably the gifts God has given him: hard work, discipline, and service, as well as grace, compassion, and fatherhood. Dr. Lee has dedicated his life in service of his patients: from ailing neighbors to global healthcare systems. This book, and the collection of ideas it shares, would not exist without him.

Mark E. Lee, MBA

K. J. dedicates this book to his wife, Linda, who has been by his side since December 5, 1965, giving him love, counseling and encouragement.

K. J. Lee, MD, FACS

Contents

Acknowledgements	xv
K. J. Lee – Past Experiences	xvii
<i>Kimberly Chan, MD</i>	
Chapter 1 The Patient Experience	1
<i>Patricia Carroll, RN, NPD-BC, RRT, MS</i>	
Chapter 2 The Patient Experience: A Starting Point for Better Healthcare	15
<i>David E. Melon, MD, FACS</i>	
Chapter 3 Towards Truly Patient-Centric Care?z Forces and Trends Shaping the Future of Healthcare	25
<i>Elbert J. Mets, MD, MBA, Kunal C. Potnis, MD, Jaime Gerber, MD, FACC, RPVI and Sandip K. Mukherjee, MD, FACC</i>	
Chapter 4 Patient Experience: Nursing Homes and Home Care	53
<i>Stephanie R. Paulmeno, DNP, MS, RN, NHA, CPH, CCM, CDP</i>	
Chapter 5 Physician Wellness and Well-Being	65
<i>Annette M. Pham, MD, FACS</i>	
Chapter 6 A Symbiotic Relationship: Happy Patient, Happy Physician. Healthy Physician, Healthy Patient.	79
<i>Anju Patel, MD</i>	
Chapter 7 A Nurse’s Perspective on the Past, Present, and Future of Nursing	91
<i>Diane Rose Nunzianto, RN, MSHA, MSN, CPHQ</i>	
Chapter 8A Caveat on Artificial Intelligence in Medicine	101
<i>Mark E. Lee, MBA</i>	
Chapter 8B AI and Information Technology: Pros, Cons, and Opportunities	105
<i>Anju Patel, MD, Alexander Jin, Mark E. Lee, MBA and K. J. Lee, MD, FACS</i>	
Chapter 9 Social Media in Medicine	121
<i>Kathy Bach, MD</i>	

Chapter 10	The Next 30 Years of Your Career!	135
	<i>Jason Moche, MD, Neil Prufer, MD,</i> <i>Sujana Chandrasekhar, MD, FACS, Hollin Calloway, MD,</i> <i>Amy Lazar, MD, Jason Campbell, Robert Glazer, MPA-Healthcare,</i> <i>John Catanzaro and David Zeman, MBA</i>	
Chapter 11	Private, Academic, Hospital Owned Practice	145
	<i>Mark Marieb, MD, FACC, FHRS</i>	
Chapter 12	Wellness and Leadership in Academic Medical Practice	153
	<i>Ashley E. Kita, MD, FACS, Vishad Nabili, MD, FACS,</i> <i>Irene A. Kim, MD, MBA and Maie A. St. John, MD, PhD, FACS</i>	
Chapter 13	The Future Academic Practice in Otolaryngology—Senior Level	165
	<i>Tuleen Sawaf, MD, Bryan Renslo, MD,</i> <i>Celina G. Virgen, MD, MPH</i> <i>and Alexander G. Chiu, MD, FACS</i>	
Chapter 14	Academic Practice – Mid-Career Crisis or Opportunity	173
	<i>Maria V. Suurna, MD, FACS, Michael Holliday, MD</i> <i>and Naresh M. Punjabi, MD, PhD</i>	
Chapter 15	Academic Practice – Junior Level	183
	<i>Nikita Kohli, MD and Taher Valika, MD</i>	
Chapter 16	Pros and Cons of a Solo Private Otolaryngology Practice	189
	<i>Raymond L. Soletic, MD, FACS</i> <i>and Michael Setzen MD, FACS, FARS, FAAP</i>	
Chapter 17	Looking Back at Private Practice	195
	<i>Steven B. Levine, MD and Fiona Wang, MBA</i>	
Chapter 18	The Future of the Independent Practice: Considerations for Mid-Size Practices in Otolaryngology	201
	<i>Gavin Setzen, MD, FACS, FAAOA, FARS,</i> <i>Drew Franklin, MBA, FACMPE,</i> <i>James Benson, MS and Sean A. Setzen, BA</i>	
Chapter 19	Private Practice Physician Service Agreement with a Hospital	211
	<i>J. Pablo Stolovitzky, MD and Cassie Ponder</i>	
Chapter 20	Midsized Single Specialty Private Practice - Another Perspective	217
	<i>Mark A. D'Agostino, MD, FACS</i>	
Chapter 21	Large Single Specialty Private Practice	221
	<i>Jason Campbell, Robert Glazer, MPA-Healthcare</i> <i>and David Zeman, MBA</i>	

Chapter 22	From Small to Large Primary Care Private Practice	231
	<i>Joseph A. Balsamo, MD</i>	
Chapter 23	Private Equity Practice ... Pros and Cons	239
	<i>Kira Payman, MHA, David Zeman, MBA, Robert Glazer, MPA-Healthcare, Todd Blum, PhD, MHA, MBA, CMPE, Hector Torres, JD, MBA and Michael Komendowski, MS</i>	
Chapter 24	Evolving and Precision Hospital Management	251
	<i>Richard D'Aquila, BA, MPH and Marie-Helene Gratton, MBA, MPH, BCom</i>	
Chapter 25	The Economics of Hospitals and Health Systems	267
	<i>John F. Rodis, MD, MBA, FACHE</i>	
Chapter 26	Ambulatory Surgery Centers Deliver Safe, High-Quality, High-Value Healthcare	283
	<i>William Prentice, JD, MGA, BA</i>	
Chapter 27	Understanding Commercial and Government Insurance	293
	<i>John Colebaugh, MHA</i>	
Chapter 28	Developing a Real Estate Strategy to Enhance a Health System's Financial Position	301
	<i>Jeffrey H. Cooper, JD, AB</i>	
Chapter 29	Value-Based Healthcare	309
	<i>Willard C. Harrill, MD, FACS, Charles R. Woodard, MD and James T. Gera, MBA</i>	
Chapter 30	The Impact of Practice Guidelines on Healthcare Economics	325
	<i>Josephine H. Nguyen, MD, Mark E. Lee, MBA and K. J. Lee, MD, FACS</i>	
Chapter 31	Current Healthcare Environment and Payment Systems in the United States	329
	<i>Margaret I. Chustecki, MD, MBA, Caroline Chustecki and Kimberly Chan, MD</i>	
Chapter 32	Australian Health Care System	341
	<i>Thomas E. Havas, MB, BS, MD, FRACS(ORL H&N), FRCSE(ORL H&N), FACS</i>	
Chapter 33	Canadian Healthcare System	353
	<i>Yvonne Chan, MD, FRCSC, MSc, HBSc</i>	

Chapter 34	The Chinese Health Care System	363
	<i>Derek Jin, Michael Crain, MD, FACR, and Stephanie R. Paulmeno, DNP, MS, RN, NHA, CPH, CCM, CDP</i>	
Chapter 35	Finnish Healthcare System	379
	<i>Riitta Saarinen, MD, PhD and Dennis Poe, MD</i>	
Chapter 36	The German Healthcare System	391
	<i>Karl Hoermann, MD, PhD</i>	
Chapter 37	Malaysian Healthcare System	407
	<i>Lokman Saim, MD</i>	
Chapter 38	The Design and Economics for Singapore’s Health System: Past, Present and Future	415
	<i>Clive Tan, MBBS, MPH, FAMS, Yik Ying Teo, DPhil, MSC, BSc and Eugene Fidelis Soh, MBBS, MPH</i>	
Chapter 39	Taiwan’s Healthcare System	431
	<i>Sheng-Po Hao, MD, FACS, FICS and Rong-Dar Wu, LL.B</i>	
Chapter 40	United Kingdom Healthcare System	445
	<i>Vyas Prasad, MSc, FRCS (ORL-HNS) and Rebecca Heywood, FRCS (ORL-HNS)</i>	
Chapter 41	EMBRACE: Comprehensive Transformation of the American Health Care System	455
	<i>Gilead I. Lancaster, MD and Joseph P. Drozda, Jr., MD, MACC</i>	
Chapter 42	Healthcare Ethics from a Private Practice Viewpoint	465
	<i>Puxiao Cen, MD, FACC</i>	
Chapter 43	Medical Ethics from an Academic Viewpoint	477
	<i>G. Richard Holt, MD, MPH, MSEng, MABE, MSAM, D. Bioethics</i>	
Chapter 44	The Definition of Healthcare Value	485
	<i>Joseph A. Balsamo, MD, Patricia Carroll, RN, NPD-BC, RRT, MS, Joseph P. Drozda, Jr., MD, MACC, Jaime Gerber, MD, FACC, RPVI, Willard C. Harrill, MD, FACS, Ashley E. Kita, MD, FACS, Gilead I. Lancaster, MD, Steven B. Levine, MD, John F. Rodis, MD, MBA, FACHE, Raymond L. Soletic, MD, FACS and Taher Valika, MD</i>	
Chapter 45	Analysis of the Above Chapters	495
	<i>Joseph A. Balsamo, MD, Margaret I. Chustecki, MD, MBA, John Colebaugh, MHA, Ellis “Mac” Knight, MD, MBA, K. J. Lee, MD, FACS, Fiona Wang, MBA and Mark E. Lee, MBA</i>	
Chapter 46	The Future: Essential Physician Hybrid Payment System	523
	<i>K. J. Lee, MD, FACS and Mark E. Lee, MBA</i>	

About the Editors	531
List of Contributors	533
Index	545

Chapter 2

The Patient Experience: A Starting Point for Better Healthcare

David E. Melon, MD, FACS

They do not care how much you know until they know how much you care.

Theodore Roosevelt

An Introduction to the Patient Experience

The United States healthcare system is massive. In 2020 it reached \$4.1 trillion, or \$12,530 per person, and was 19.7% of the nation's Gross Domestic Product. [1] The sector employs 14% of the population, is rapidly growing and is arguably the largest service industry in the world. Yet, the healthcare industry is built upon a paradox: no one wants to be a customer.

From the patient perspective, the experience is often lonely, chaotic, bewildering, and inconsistent. Important forms go missing, waiting times are lengthy, treatments are uncomfortable, processes and procedures are increasingly high-tech, and most interactions are intensified by fear, confusion, and uncertainty. Providers' delivery of care is impacted by workflow interruptions, legislative mandates, legacy systems, increasing demand, budgetary constraints, and an overstretched workforce that is often under-equipped to deliver optimal care. Despite this complex and ever-evolving environment for both patients and providers, a collective expectation remains to improve the appropriateness, efficiency, effectiveness, and accuracy of care delivery.

The reality is that at some point in our lives we all are, or will, be patients. As patients, we will admit to a common truth. Namely, that we want to feel well physically, emotionally, socially, and spiritually. When seeking care, we maintain a basic inherent assumption, we expect improvement in symptoms and a return to our baseline state of health. This inherent belief anchors our collective expectation of the patient experience. But this is not what defines our experience as patients. While it is true that we all experience health care in our own way, our experience is still based upon what we know as people: what we see, what we feel, what we hear, and what we touch.

What Is the "Patient Experience"?

As the emphasis on the patient experience grows, there is a need for a standard definition. Surprisingly, however, nearly three-quarters of health care organizations have yet to define what patient experience means to them. Although often erroneously used interchangeably, the patient experience is not simply the same as patient satisfaction. Satisfaction is an indicator of moments of time, but experience captures all that someone encounters, the perceptions they take with them, and the stories they tell as a result. [2]

In 2014, the Beryl Institute, a global community committed to elevating the human experience in healthcare, offered a tangible patient experience definition. The often-cited patient experience framework definition is, 'the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care.' [2] Examining the core elements of the definition more closely offers a nuanced understanding. *The interactions*: are the coordinated 'touchpoints' of people, processes, policies, communications, actions, and the environment. These interactions occur both independently and collectively. *The culture*: is the vision, values, people, and community that all have a profound impact on a patient's experience. *The perceptions*: include everything recognized, understood and remembered by patients, their families, and their support network. These perceptions are colored by past experiences, beliefs, values, social determinants, and cultural background. *The continuum of care*: transforms the single care episode into an ongoing journey. It is every interaction before, during, and after the delivery of care.

The Beryl Institute further highlights the complexity of the patient experience ecosystem with its multiple components: quality and clinical excellence, patient, family, and community engagement, innovation and technology, environment and hospitality, policy and management, staff and provider engagement, infrastructure and governance, and culture and leadership.[2] What becomes evident is that the multi-dimensional experience is not, and cannot, be managed simply by process or technology alone, rather it is managed by people. What we want, and need, in our health care experience is to feel human connectedness. Healthcare is relational, not transactional. Human interaction, not process, is the principal driver of our patient experience. It is essential to recognize that the patient experience is a human experience and must include a commitment to the people who are both providing and receiving care.

Why Does the Patient Experience Matter?

The patient experience will be, and perhaps already is, a key differentiator in healthcare. As there is a shift towards a value-based mindset, the patient experience will be more heavily weighted in determining patients' perception of value. This should not be surprising, as patients "shop" for care as true healthcare consumers. Patients now compare their healthcare experience just as they do other service industries, like travel and entertainment. Undoubtedly, this growing expectation for an enhanced service experience and greater participation in their health care is partially responsible for driving the system-wide focus on patient experience.

From the provider's perspective, the primary reason the patient experience matters is that it is core to why most are involved in medicine. It simply feels good to have meaningful and impactful interactions with patients. Beyond this, government-mandated reporting, as well as

strong clinical and financial evidence, support the patient experience as being of paramount importance. This acknowledgment of patient experience as a key healthcare indicator is further reflected in the growing literature on the efficacy of interventions. [3]

A confluence of policies, stimulated by the Affordable Care Act (ACA; Office of the Legislative Counsel, 2010) and the Centers for Medicare and Medicaid Services (CMS) Quality Strategy (2013) brought a focus on the need to deliver care that promotes a quality patient experience. [4] Were it not for the mandate to report on the patient experience metrics, it is likely we would have continued to value the concept but failed to embrace actionable patient experience initiatives. The power of these policies has helped to illustrate the multiple positive associations between the patient experience and clinical benefits. Improved health outcomes, adherence to medications, reduction in errors, and enhanced self-management have all been positively correlated with a positive patient experience. [5] Likewise, these positive results foster improved provider and patient communication. Such an environment produces more satisfied patients who are more likely to have more satisfied physicians. This underscores that structural and organizational factors, which positively affect the patient experience, also positively impact physicians' experience with their work. [5]

Patient experience has also been tied to provider compensation, online reputation, and clinical competency as it is now a component of the American Board of Medical Specialties maintenance of certification requirements for all 24 member boards. [6] Research also indicates that better patient experience correlates with lower medical malpractice risk and lower staff turnover ratios. [7]

There is an equally strong financial impetus for the implementation of patient experience efforts with a demonstrable impact on health-related business metrics. [8] Patient experience influences the acquisition of new patients, patient loyalty and retention, optimized frequency and intensity of patient visits, staff morale and retention, and provider reputation. [9] Higher patient retention and market share are directly impacted by patients' experience, as nearly 70% of patients' health care decisions are made by word of mouth. [10] Additionally, healthcare cost reductions in areas such as reduced readmissions and length of stay are correlated with patient experience scores. [7]

Business metrics have also motivated both private and government payers to look for better value and are thus driving hospitals to focus on patient experience. Programs such as Medicare's Hospital Value-Based Purchasing Program (VBP) financially reward hospitals that have better patient-reported experience scores. Since 2002 the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) has been used to measure patient experience. Hospitals with high patient-reported experience scores have higher profitability. Hospitals with "excellent" HCAHPS patient ratings between 2008 and 2014 had a net margin of 4.7% on average as compared to just 1.8% for hospitals with "low" ratings. [7]

How Can the Patient Experience Be Transformed?

A focus on the patient experience requires attention to the interactions between patients, staff, and providers. These encounters shape a patient's perception of care delivery with an emphasis on empathy, reliability, communication, and responsiveness. An investment in patient

experience success initiatives should be founded upon an organization's inward focus on its employees and its culture.

An organization can begin to deliver an exceptional patient experience by ensuring all its employees and providers are aligned with, and committed to, this common mission. Engaged employees and providers are the fundamental drivers to delivering an exceptional patient experience as it has been noted that 'employee engagement unlocks patient experience potential.' [11] Not surprisingly, employee engagement has been correlated with nearly every important measure of organizational performance: productivity, retention, safety, profit, and patient satisfaction. [2]

Organizational culture is built upon guiding principles that create the framework for its mission, vision, and values, which become its identity. Organizations must ensure their beliefs are explicitly stated, frequently revisited as a strategic priority, and ritualized into daily actions and interactions. Cultivating a culture of engagement must be led as a strategic objective at the organization's highest levels. Employers must actively attract and retain employees by enticing them with a genuine belief system that aligns with their passion and values.

How do organizations capture or recapture their beliefs, mission, vision, and values and how is this messaged enterprise-wide? Systems not meeting their desired patient experience delivery expectation, must first succinctly define their patient experience beliefs. What are the pillar words that encapsulate their patient care philosophy? Establishing an organizational vocabulary serves to translate the essence of the organization's patient experience beliefs into words. Ingraining this shared patient experience lexicon builds a sense of community and helps to distinguish key behaviors that uphold these beliefs. When everyone uses the same vocabulary, the organization becomes more close-knit, and a greater sense of camaraderie emerges. Because staff and caregiver alignment are elemental to patient experience initiatives, knowledge of this shared language both fulfills the instinctual need to belong and fosters further engagement. This serves to drive the intrinsic satisfaction that they are not only participating in but are performing an integral part of patient-centric care delivery. Simply put, an organization must transform its beliefs into words and words into action. It is only through this alignment and activation that organizations can begin to shape behavior, build relationships, create a sense of community, and define a patient-focused culture.

How Can the Patient Experience Be Managed?

Because the patient experience is the 'sum total of all interactions,' occurring both independently and collectively, the patient experience is happening in every conceivable instance and every interaction. It is happening all of the time. This realization can make the patient experience seem too complex and too intimidating to manage or influence.

Specific tools, like patient journey mapping, can be utilized to anticipate, study, and manage the patient experience. Journey mapping is a relatively new approach in the medical field that has been adapted from customer service and marketing research. [12] First described as 'new' in 2010 in the British Medical Journal, patient mapping was initially described as an effective tool to track a hypothetical patient's experience when engaging the health care system. [13] Patient journey mapping has become a valuable construct that simplifies multifaceted data from numerous sources and explores interactions across care settings and over time. It involves

creating narrative timelines by incorporating markers of the patient experience with healthcare encounters. Integrating diverse components of the patient healthcare journey provides a holistic perspective of the relationships between the different elements and can identify care 'pivot points' that guide directions for improvement. [12] Patient journey maps are not simply mapping the process but capturing the deeper emotional elements of the healthcare journey. These 'voice of the patient' tools are powerful in guiding appropriate actions to develop, define, and transform the patient experience.

The benefits of patient journey mapping are numerous. They include [14, 15]: *Enhanced communication*: Negative patient interactions are often the result of poor or inconsistent communication. *Continuous care*: Identification of gaps in care that affect overall outcomes and their financial implications. *Continuous improvement*: Ability to review data to identify systemic themes, recurring issues, and other opportunities. *Reducing or removing silos*: Identifying operational blind spots in care that occur from point-of-care to follow-up. *Educating patients*: Providing clearer messaging and guiding the patient through the next phases of care leads to greater adherence to recommendations. *Reducing 'pain points'*: Recognizing areas of care that stand out negatively in the mind of patients. A better understanding of these points can help organizations to reduce or remove negative events and identify more opportunities for improvement. *Increasing emotional connections*: Understanding a patient's journey can highlight the associated emotions and provides opportunities to connect with patients at a deeper level.

When thoughtfully conducted, patient journey mapping allows for an understanding of a more patient-centric approach based on experience from the patient's perspective. A means to promote improved health care outcomes, it simultaneously engages and empowers staff to uncover opportunities for improvement and encourages innovation within their work context. Integrating the patient voice into the care process activates the patient as a participant in their care and provides key data to identify correctable gaps in care for better outcomes and a better experience. [16]

How Is the Patient Experience Measured?

The use of multi-dimensional patient experience data to enrich healthcare is promising. Yet, because of its complexity, a standardized definition of what, where, how, and whose experience is measured does not yet exist. What is clear, however, is that the 'patient experience is not just quantitative measures or survey results which may capture insights into specific points or parts of a care journey but must be understood for all the interactions one has with a healthcare organization and the impact those have on an individual, their family and/or care partners.' [17] Both qualitative and quantitative measurements of patient experience are critical.

Qualitatively, as patients, we define our experience based on what we know as people: what we see, what we feel, what we hear, and what we touch. Therefore, patients typically report their experience in nontechnical human factors, such as empathy, reliability, responsiveness, communication, and caring. Patients want to know: Was my care communicated clearly in a way I can understand? Did people listen to me? Was there a clear plan of care and why was this recommendation necessary? Was I treated with courtesy and respect? Did the care team try to understand my needs and preferences?

It is also critically important that patients experience consistent communication among their care team. One of the most significant patient experience determinants is the quality of communication they receive and if the communication was disconnected or fragmented across their care. Therefore, measurements that assess clear communication and assess if there was a clear plan of care are the most meaningful. [6] In one study, these collective nontechnical human factors accounted for 71% of the variation in patients' evaluation of their health care experiences. It is for this reason that organizations whose culture emphasizes these simple, human, nontechnical behaviors will excel in the eyes of patients. [18] Patient stories, the narrative of their care, are critical to capture and analyze as a meaningful qualitative measurement of their experience.

Quantitatively, there is also no single mechanism to measure, capture, or incorporate experience data. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) offers a well-established, and extensively validated instrument that measures the degree to which healthcare services have managed to meet the complex needs of patients. Over time, CAHPS has brought about an evolution from a simple patient satisfaction survey as a service tool to a clinical quality monitoring tool.

More recently, the 'friends and family test' has become popularized and is being increasingly utilized in healthcare. [19] Also known as the Net Promoter Score, it asks a basic question: 'On a 0-10 scale how likely is it that you would recommend (a given entity or provider) to a friend or family member?' Essentially, it is a measure of trust which is the most significant factor in the healthcare exchange. Critics rightfully state that this measurement is overly simplistic. However, as a patient experience loyalty measure, its strength also lies in this simplicity. The net promoter score has been shown to correlate with performance, it is quick and inexpensive to measure and track, simple to administer, accessible to entities without robust informatic infrastructure, easy to communicate across an organization, and it is often enriched when combined with other data sources.

The capture of experience data itself may occur in a myriad of ways: through online surveys, handheld devices, kiosks, interviews, focus groups, compliments and complaints, and structured surveys. It is also important to understand that perception of the experience is highly personalized. For example, patients report more negative experiences in practices with a higher proportion of younger patients, ethnic minorities, and patients living in more socio-economically deprived areas. [20] Some hypothesize that this could be because they receive worse care, because the expectations of some population groups are different, or because they interpret the questions in survey instruments in different ways. It is important to recognize some inherent limitations of the complex patient experience data.

Patient experience reporting may fuel both intrinsic and extrinsic motivation for continuous improvement. The public reporting of results allows for benchmarking and leveraging of public pressure to influence competition further driving organizational focus on the patient experience. Public reporting may also stimulate quality improvement by promoting a choice for patients who now have better data on which to base their decisions. Embracing the voice of the patient as part of the process to improve quality, outcomes, and experience will no doubt lead to impactful change and better care. [21]

There is no doubt that we need to refine our approaches to defining and measuring patient experience. We still have limited insight into how capturing patient experience data can feed back into and improve the patient experience. Despite these limitations, and regardless of the patient experience measurements adopted, the patient experience measurement itself should be

viewed as a leading, not a lagging, indicator of the overall healthcare delivery. These qualitative and quantitative results should be communicated industry-wide as standards in providing patient-centric, high-quality care.

The Future of the Patient Experience

In the future, the impact of emerging tools and technology will dramatically alter the practice of medicine and the patient experience. We will see a shift in focus from specific episodic interactions between providers and patients to a continuous journey-based care engagement between visits across the continuum of time. Digital patient navigation tools with the use of telemedicine, automated messaging and interactive voice recognition, artificial intelligence, chat-driven guidance, natural language processing and text-based support, gamification, and mobile prescription therapy are becoming more common. [22, 23] This so-called, 'eHealth' movement may further enhance, mobilize, expand peer support, and improve self-management which have all shown the potential to improve health outcomes, reduce costs, and improve population health.

Would capturing near real-time information allow for greater insight and better, more holistic, care management over a patient's lifetime? Actionable data trends and 'red flag events' could prompt peer supporters to reach out to patients and provide timely guidance that is specific to their most pressing needs. Will technology solutions automate the repetitive administrative tasks that burden the healthcare system?

A thoughtful balance in design and application will be necessary to ensure that technology serves to augment the patient experience. This may recapture the foundational human connectedness in healthcare and deliver on the promise of the elusive 'high tech, soft touch' approach. Our collective energies must be reallocated to more in-depth interactions with patients, the kinds of emotional interactions that are more impactful, more satisfying, and more rewarding.

Conclusions

Understanding the humanity of patients is the basis upon which any successful patient-centered experience efforts should be built. This prominent role of our humanity distinguishes health care from other service industries and the patient experience focus must be central to improving healthcare delivery. When assessing the value of care provided, clearly the patient experience is of utmost importance in its own right. Beyond this, however, emerging market and regulatory trends, combined with evidence linking patient experience to improved clinical and business outcomes, make a compelling case for patient experience initiatives. Now more than ever, in an era of public reporting, and with a shift toward value-focused healthcare, the patient experience will continue to be weighted with increased significance.

A commitment to managing the patient experience requires strategic focus and committed resources with intentional utilization. Knowing that the patient experience finds its basis in interactions with the people within the healthcare system, we must acknowledge that employee

engagement plays a pivotal role. As a central strategy, it requires a commitment of engagement with the people who comprise healthcare organizations.

Healthcare organizations need to rethink how they can offer an exceptional experience as well as exceptional outcomes. Patient experience initiatives must remain clear, inclusive, and challenging. The patient experience is ‘reflected in how an organization lives and breathes, in how it engages those it cares for and serves well before any clinical interaction and well after.’ [24] Our healthcare system must remain grounded in the simple, but profound notion, that health care is human beings caring for human beings. Organizations that adopt the patient experience as a fundamental human priority will find themselves positioned at the starting point for better healthcare.

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