

# IMPROVING THE PATIENT EXPERIENCE

## A Four-Part Approach to Delivering the Care Patients Want and Need

Sponsored by

**SIEMENS**  
**Healthineers** 

## SPONSOR PERSPECTIVE

The health care market is becoming increasingly competitive. Why? Because patients and families are taking more initiative in steering their health care experiences. In the U.S. alone, estimates show that active patient choices can impact more than 60% of health care spending. The future of the global health care market lies in delivering high-value care that concentrates on the patient experience.

At Siemens Healthineers, we believe patients will become empowered consumers. As consumers, they want options that respond to their personal needs. These options include control over their data, and digital access to educational and medical services that will enable participation in their own care. Patients will increasingly expect diagnostic procedures and treatment paths to be personalized to incorporate their preferences and needs.

We support health care providers on their journey toward improving the patient experience, the sum of all interactions influencing patient perceptions, across the continuum of care.

This continuum of care starts with engaging people before they become patients. By creating cohorts of individuals at risk, and proactively promoting preventive care, medical providers can anticipate the onset of disease and take prophylactic steps to avoid it. Large-scale proactive outreach and education to patients and families helps patients make more informed choices about the care they need.

Once in a care setting, patients expect a quick diagnosis with convenient and timely access to appropriate tests. A majority of patients and providers consider diagnostics a key factor in improving the patient experience. Patient-friendly technology actively mitigates anxiety and increases diagnostic accuracy. When the diagnostic experience is positive, missed appointments are reduced, and the opportunity for care increases.

The next touchpoint in the continuum of patient care is treatment. Preferred patient outcomes cannot be predicted and must be aligned between patient and care provider. Outcomes that matter to patients typically include pain-free diagnosis and treatment; faster recovery with fewer side effects, complications, infections, and revisions; and better well-being and quality of life overall. Technology can better patient outcomes by, for instance, leveraging new minimally invasive treatments or imaging-enabled precise robotic surgery.

Finally, once patients are successfully discharged, if health care providers want to impact patient well-being and sustain patient loyalty, they will need to deliver positive interactions repeatedly over the long term. Patients expect reliable access to caregivers for advice and support while also demanding control over the availability of their personal health information to others. If health care providers want to impact patient well-being, they will need to continually support good wellness literacy efforts and encourage healthier behavior.

This four-part approach can lead to transformations that improve the patient experience.



**DR. RALPH WIEGNER**  
**HEAD OF IMPROVING**  
**PATIENT EXPERIENCE**  
**SIEMENS**  
**HEALTHINEERS**

GET MORE INSIGHTS AT [siemens.com/healthcare-insights](https://www.siemens.com/healthcare-insights)

---

# IMPROVING THE PATIENT EXPERIENCE

## A Four-Part Approach to Delivering the Care Patients Want and Need

### INTRODUCTION

For nearly all of history, the medical profession has measured its effectiveness largely by one metric: clinical outcomes. Today, the focus can't be that narrow. Thanks to a combination of market and regulatory trends, there's a new emphasis on tracking and improving not just patient outcomes but the entire human experience of being a patient. "We're all consumers, and eventually all patients," observes Shannon Phillips, chief patient experience officer for Intermountain Healthcare, a Salt Lake City, Utah-based not-for-profit that offers hospital and medical services in Utah and Idaho. "Seeing patients through that lens has been slow to take hold in the health care industry, but it is critical that we do so."

While it may mean different things to different people, "the patient experience" as used here applies to the broad, holistic journey that nearly everybody who becomes a patient undertakes from the very onset of symptoms. There's a visit to a health care professional for an initial diagnosis and treatment, a second diagnosis and more treatment in some cases, the challenge of adhering to treatment protocols, and finally the clinical outcome—resolution of the illness or injury or, alternatively, the progression of disease and ultimately death.

The patient experience is formed by everyone who comes into contact with the patient along that journey, from front-desk receptionists to the nurses and doctors who provide direct care. Even the physical and virtual environments in which patient-provider touch points occur leave an impression. Opinions are formed by every variable, from the efficiency with which appointments are scheduled and completed to the quality of the technology employed to diagnose and treat the patient to the comfort and décor of the facilities where care is delivered.

The goals of improving the patient experience are multifold. Beyond producing happier and more satisfied patients, health care providers also hope to see patients become more trusting of the medical advice they receive, and hence more inclined to follow it—which can lead to better clinical outcomes and so reduce costs throughout the health care system. They also seek to build better reputations for their organizations in the communities where they operate, which may help them attract more patients.

Additional goals include improved financial performance, especially now that reimbursement rates for care in some countries—including the U.S., under the Medicare program—are now tied, in part, to patient satisfaction scores and improved regulatory compliance. The latter can be especially important in areas where patient satisfaction scores now factor into the renewal of credentials for physicians, such as in the U.K.

### HIGHLIGHTS

- Patients now expect the same sort of personalized, frictionless interactions with their health care providers that they get from other organizations.
- Facilities that deliver disappointing patient experiences are four times more likely to have poor reputations than are those delivering good experiences.
- The patient experience is built on the totality of experiences the patient has at multiple touch points along the patient journey—from symptoms to diagnosis to treatment to post-treatment outcomes.
- Technology plays an important role in the patient experience. It can help in delivering advanced care and enabling better patient-provider communication.

The challenges associated with this new focus on the patient experience are twofold. The first is identifying the most important aspects of the patient experience; the second is figuring out how to improve in those areas.

Fortunately, many leading health care organizations have already undertaken extensive efforts to improve the patient experience. Their initiatives have generated quantifiably positive results, suggesting a way forward for other organizations that wish to join them. It can be envisioned as a four-part framework that begins with engaging patients and their families

in managing their health and wellness and, early in their care, optimizing the diagnostic experience using patient-friendly technology. Throughout the patient journey, health care providers also should seek to deliver outcomes that matter to their patients—including fewer side effects and complications, shorter recovery times, and positive long-term therapy results—by personalizing treatment. Finally, providers should seek to sustain patient loyalty by making it easy for patients to access their health care data and their caregivers, and by improving care continuity via automated outreach.

## The Landscape Has Changed: Behind the New Focus on Patient Experience

Over the past two decades, new customer-centered technologies have reshaped the way consumers interact with their service providers, from their favorite online shopping sites to their auto insurers. Now patients expect the same sort of personalized, frictionless interactions with their health care providers that they get from other organizations.

When they don't get the interactions they crave, patients can quickly let the rest of the world know, thanks to social media as well as a wide range of information-delivering websites, which have made it easy for the new breed of medical customer to share with other consumers his or her experiences with health care providers and, in turn, to be informed by the experiences of others. NRC Health Corp., a Lincoln, Neb.-based research and consulting firm, reports that facilities that deliver disappointing patient experiences are four times more likely to have poor reputations than are those delivering good experiences.

In short, there's been a broad social shift away from a world populated primarily with passive patients to one where medical consumers want to be more deeply engaged in their health care and are more cognizant of who can accommodate their wishes.

Despite this revolution in consumer expectations, in many cases the health care community has been slow to adapt. While providers routinely acknowledge the importance of the patient experience in their communications and marketing materials, they often fall short in executing on the promise. In some cases, providers fail to see patients as the people they are in the rest of their daily lives, leading to patient frustration. In other instances, providers fail to appreciate that patients come into the health care system with widely varying expectations about outcomes, quality of life, how treatment decisions will be made, and how treatment will be delivered.

Against this backdrop, consumers often conclude that their customer experience as a patient is not the same as those they get in the rest of their daily lives. They feel poorly informed about the status of their condition or their care. And all these sentiments lead, again, to frustration.

Health care providers who fail to acknowledge this new environment and don't take steps to be part of it risk being passed by in favor of those who do.

### PART ONE Engaging Patients and Their Families

As noted earlier, the patient experience is built on the totality of experiences the patient has at multiple touch points along the patient journey—from symptoms to diagnosis to treatment and post-treatment outcomes. And part of that experience is their own engagement, and that of their families, in their care.

“This is critical,” says Phillips. “And if we're not purposefully attentive to it, shame on us.”

In preparing to better engage patients and their families, health care providers may find it helpful to map the patient journey and all patient touch points, getting help from outside experts if they do not have the skill sets or bandwidth to do it on their own. This mapping process starts with identifying who owns each touchpoint, such as the payer (usually an insurer), the hospital, the pharmaceutical provider, or the physician. Next, providers need to identify who influences each touchpoint—reception staff, nurses, imaging technicians, doctors, etc.—and what influences that touchpoint, from the physical environment in which care is delivered to the technology used to deliver it. Finally, providers need to identify what makes for a good or bad experience each step of the way.

At Intermountain Healthcare, executives encourage local leaders

---

Once the patient journey and **all touch points have been mapped**, providers can begin to think about **how to better engage medical consumers and their families** during the sojourn, recognizing that they may need the support of outreach and education programs.

---

and caregivers to “walk the journey” of the patient—actually showing up at one of the organization’s health care facilities and going through the process of receiving care. This has led to some startling discoveries.

“I’ve done this myself,” says Phillips. “I went to clinics where our experience scores were poor to try to find out what was getting in the way of giving extraordinary care. I wanted to know what the pain points were for patients and our caregivers. In one of the first clinics I visited, we found that simply by making sure we were calling in all patients’ prescriptions to their pharmacies by the end of the day, we were able to eliminate a lot of frustrated calls from patients the next morning. At another clinic, we found that local leadership was not including the patient registration staff in the clinic’s morning huddles, where the team would talk about what was happening that day. In fact, the people attending the huddle didn’t know the name of the patient registrar on duty that day. Obviously, this wasn’t conducive to effective communication and could have a negative impact on the patient experience.”

Once the patient journey and all touch points have been mapped, providers can begin to think about how to better engage medical consumers and their families during the sojourn, recognizing that they may need the support of outreach and education programs.

Leading health care providers have discovered many ways to improve in this area, and they are already delivering a more pleasant and frictionless patient experience.

Northwell Health, a New Hyde Park, N.Y.-based not-for-profit health care network, is piloting a “kill the clipboard” initiative in which patients are able to self-schedule for treatments and visits, either online or via their mobile devices. The goal is more than just to achieve greater efficiency—it’s to mirror the ease with which patients are able to shop for goods and services in other parts of their lives and give them more control over and choices in their care.

When patients arrive at a Northwell Health facility—assuming they’ve been seen in the Northwell system in the past—they’re greeted by staff prepared with “patient profiles” in which the organization has recorded their preferences and dislikes. This makes it easier for frontline care providers to take those preferences into consideration when interacting with patients. The radiology department at New York-Presbyterian Hospital/Weill Cornell Medicine in New York City has developed a similar capability by redesigning its information systems to track patients’ personal preferences and medical information over time.

Other efforts to improve the patient experience focus on patients’ surroundings when they are receiving care. This can range from providing more attractively designed treatment rooms, perhaps with relaxing images on the walls or faux windows depicting an outdoor scene, to offering activities that some patients find relaxing and therapeutic. At its Roberts Proton Therapy Center, the University of Pennsylvania Health System, a diverse research and clinical care organization based in Philadelphia

---

Intermountain Health is among the growing ranks of providers making it **easier for patients to directly access their medical records**, including doctor’s notes, and **allowing them to be more engaged** in their care.

---

and more commonly known as Penn Medicine, offers a variety of quality-of-life programs—including yoga, art therapy, meditation, and virtual reality experiences—that patients and caregivers can utilize.

Penn Radiation Oncology, which operates the Roberts Proton Therapy Center, also offers its patients a patient engagement community in the form of a “proton therapy alumni group” that facilitates interactions between former and current patients via meetings and newsletters. The group also helps set up so-called proton pairs, each of which matches a current patient with a former patient who can serve as a mentor and provide support.

In a somewhat similar vein, Intermountain Healthcare has created a Partners in Healing program that trains family members or other caregivers to help with a patient’s care while that person is hospitalized. “We have found that if caregivers participate in parts of the care, the patient and the family aren’t just more engaged in their care—they are far more confident about their care when they go home,” Phillips says. “We also have reduced significantly readmissions for those patients, which contributes to reducing costs too.”

Before, during, and after treatment, patients who want to be more engaged in their care are sometimes frustrated by their inability to connect with their doctors and nurses. At New York–Presbyterian/Weill Cornell, the department of radiology has created a dedicated consultation service that gives patients access to an expert—an advanced practitioner such as a radiologist assistant or a nurse, or even a radiologist if necessary—via

phone or email. “It’s another way to break down barriers between the practice and patients, and improve communication,” says Keith Hentel, executive vice chairman of the department and associate professor of clinical radiology at Cornell University’s Weill Cornell Medical College. Where patients enter the hospital’s radiology facilities, the department has even installed electronic signs that cycle through information about the practice and encourage patients to ask to speak with a radiologist if they wish.

One of the most difficult situations that patients face, of course, is having something go wrong in their care or treatment. In the U.K., Great Ormond Street Hospital at University College London, which specializes in treating children, has created a patient advisory liaison service in which legally trained hospital representatives, some of them volunteers, are available to patients to help resolve any complaints or issues before they become worse. “This has resulted in a significant reduction in the number of formal, written complaints we receive from patients, because resolution has been reached or clarified in advance of things getting out of control,” says Catherine Owens, consultant radiologist.

For many patients, one of the most frustrating aspects of health care happens after the fact, when bills start rolling in from the various providers involved in their care, or when they need to access their records. Intermountain Health is among the growing ranks of providers making it easier for patients to directly access their medical records, including doctor’s notes, and allowing them to be more engaged in their care.



---

While all of these initiatives help to more actively engage patients and their families, providing high-quality care is always the most critical part of that experience. And that begins with fast, accurate diagnosis and treatment using patient-centric, patient-friendly technology.

## **PART TWO** **Optimizing the Diagnostic Experience**

Technology plays an important role in the patient experience. It can help in delivering advanced care and enabling better patient-provider communication.

Health care providers seeking to extract maximum utility from technology can start by investing in high-quality equipment outfitted with the latest features—within budgetary constraints, of course. This can include equipment with sensors and integrated data analytics capabilities that can alert the provider when preventive maintenance is required, minimizing downtime.

Regardless of how sophisticated their diagnostic and treatment technology is, providers also can improve the patient experience by ensuring their equipment is properly maintained. This key detail, too, can reduce downtime and so minimize the number of times diagnosis or treatment is delayed.

“My job is to ensure we have the best possible equipment available, the most up to date if we can afford it, and to ensure that our equipment is maintained in a way that’s professional,” says Great Ormond Street Hospital’s Owens. “We constantly work to improve the quality of our imaging by interacting with our complex machines, working closely with our medical physicists and equipment manufacturers to get the best possible images at the lowest possible doses of radiation and to reduce morbidity.”

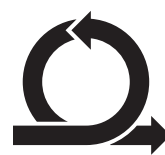
Having state-of-the-art scanning technology, such as X-ray and computed topography (CT) scanners, can be especially important for

patients who might otherwise be subjected to difficult diagnostic regimens. The latest high-speed X-ray and CT scanners can eliminate the need for patients to follow precise breathing commands during X-rays, for example—improving the chances of getting good scans—or obviate the need for anesthesia with small children. Up-to-date CT machines also may facilitate the use of lower doses of radiocontrast agents during scans or, in some cases, no radiocontrast agents at all. And they can allow patients with kidney disease to be examined in cases where, in the past, poor kidney function might have precluded that kind of testing.

Because technology is still deployed by humans, providers also can improve the patient experience by using technology to improve the caregiver experience. Outfitting hospitals, clinics, and offices with high-quality, user-friendly equipment can reduce stress on caregivers, which in turn can help create a more pleasant, patient-friendly environment—especially when caregivers have been properly trained on how to use the equipment. The same holds true for having equipment on hand capable of treating patients with unique challenges—e.g., children, patients who are unconscious, obese patients—to make the process of giving and receiving care easier and more comfortable.

Health care providers can further ensure maximum utility of their technology by adjusting workflows to make technology less intimidating to patients. They might, for example, equip technicians who perform CT scans with electronic tablets they can use to do all patient consulting and prep in the exam room rather than from a remote control room, so patients feel less isolated and perhaps less apprehensive.

Taking technology to the patient can help, too. Mobile scanners, for example, can eliminate the risks and stresses associated with transporting immobile patients for diagnostic tests. And telemedicine—using telecommunication technology to treat patients remotely—can allow



**HEALTH CARE PROVIDERS CAN FURTHER ENSURE MAXIMUM UTILITY OF THEIR TECHNOLOGY BY ADJUSTING WORKFLOWS TO MAKE TECHNOLOGY LESS INTIMIDATING TO PATIENTS.**



## ROBOTICS AND NEW IMAGING TECHNOLOGIES ARE INCREASINGLY ENABLING POSITIVE CLINICAL OUTCOMES, TOO.

patients to access health care that otherwise might be inaccessible to them, especially if they live far from urban centers. It can also allow patients using equipment kept at their homes to remotely share with their doctors important metrics like their blood sugar level, heart rate, or blood pressure.

Allowing patients to be seen in their own surroundings or to share health data remotely may reduce anxiety in some cases. “Telemedicine has been particularly helpful for our rural communities by allowing us to keep people closer to their homes,” says Intermountain Healthcare’s Phillips. “It lets us bring care to their bedside and geographically close to their family and support system, which is great for the patient experience.”

Finally, for many patients, it is the waiting—to receive care, to find out what their diagnosis is—that is one of the most frustrating parts of the patient experience. Health care providers can help on this front by integrating their imaging technology with their existing IT infrastructure so they can quickly share diagnostic results with patients.

### **PART THREE** **Delivering Outcomes That Matter to Patients**

No matter how pleasant or fast the process of receiving care, the best patient experiences will always include positive outcomes that matter to the patient—including, typically, fewer side effects and complications, shorter recovery times, and positive long-term therapy results. Achieving those types

of results depends to a great extent on doing all the fundamental blocking and tackling that leads to good clinical outcomes, from making precise diagnoses to delivering effective and efficient care using the best available tools and technologies.

On the latter front, an ever-expanding array of minimally invasive surgical procedures and therapies are improving patient outcomes by reducing trauma, scarring, and pain, and by reducing both the risk of infection and the time needed for the patient’s body to heal. Laparoscopy, which typically involves inserting tubes bearing tiny cameras and surgical instruments into the body through small incisions, is a good example. Prior to 1990, the only common applications for laparoscopy were simple gynecological procedures and gallbladder surgery. Later, it was used to operate on the intestines, liver, and other organs. Within the past five years, doctors have begun using it to remove clots in the brain without opening the patient’s skull. In fact, doctors can now reach tumors in the most remote reaches of the body via minimally invasive procedures, and send in drugs to destroy those tumors, in some cases eliminating the need for traditional surgery.

Robotics and new imaging technologies are increasingly enabling positive clinical outcomes, too. Robotics allows surgeons to operate more precisely than they could on their own, improving their dexterity, and can even allow them to operate remotely.

Still, medicine remains both art and science, and different patients will have different expectations for success, meaning the outcomes that matter most can vary from one patient to another. As much as possible, then, the desired patient outcomes should be personalized to and discussed with each patient at an individual level. Caregivers need to relate to and empathize with the patient, and leading health care organizations are doing a number of things to encourage this behavior. Northwell Health, for example, is training



---

To **engage patients consistently and with intention**, Northwell Health also has focused on embedding purposeful, proactive rounding into the care delivery model.

---

over 67,000 of its employees on the importance of improving the patient and customer experience. It is also providing a full-day, evidence-based communication and empathy skills course to physicians, with more than 700 providers having gone through the program to date.

To engage patients consistently and with intention, Northwell Health also has focused on embedding purposeful, proactive rounding into the care delivery model. Incorporating the core elements of information sharing, pain management, and anticipation of personal needs, Northwell has positioned itself to set clear expectations and create individualized, relationship-centered plans of care.

To help head off frustration and complaints from patients waiting for care during periods of overcrowding, Northwell Health also employs patient representatives who are tasked with a form of this purposeful rounding, meaning they proactively reach out to those patients to explain what is happening and why—helping them set expectations and making them feel better informed.

In another example, Penn Medicine is using patient satisfaction surveys and scores as a road map to improvement. Specifically, it tracks the widely utilized Press Ganey scores it receives from Press Ganey Associates, drilling down into the results to determine how its facilities and providers can do better. Fern Nibauer-Cohen, director of patient engagement and business development at Penn Radiation Oncology, says Press Ganey scores and patient satisfaction surveys are “the Holy Grail for us, and a reference baseline to which we refer quite a bit to determine how we’re doing and what our patients are saying about us.”

Efforts like those described above at Northwell Health and Penn Medicine can improve the likelihood that health care providers deliver outcomes that matter to their patients.

#### **PART FOUR** **Sustaining Patient Loyalty**

Patient loyalty is as important to a hospital as customer loyalty is to a retailer or consumer brand. Satisfied patients are more likely to be loyal patients, and to speak favorably about the hospital to friends and family and on social media. They also are more likely to return for subsequent care.

Patient experience experts contend that loyalty is built on trust, which health care organizations can promote in a variety of ways. It may start with providing high-quality personalized care and attention and delivering outcomes that matter to patients, but it also includes making it easy for patients to access their health care data and their caregivers (e.g., through increasingly common patient portals), by improving care continuity via automated outreach, by making information about their physicians more accessible and transparent, and by quickly acknowledging and responding to mistakes in care.

Northwell Health, for example, is making the survey results and comments—good and bad—about physicians that it receives from patients freely available to the public on its website. In addition to creating more informed and trusting patients, this kind of transparency can serve as an accountability tool for physicians. Northwell incorporates patient feedback into a star rating performance system and again makes those ratings and patient comments available to the public.



---

**PATIENT EXPERIENCE AND EMPATHY EDUCATION INITIATIVES HAVE PLAYED A ROLE IN DRIVING NORTHWELL HEALTH'S EMPLOYEE ENGAGEMENT RANKINGS TO THE 80TH PERCENTILE.**

---

Patients also become **more trusting of their health care providers** when they sense those suppliers are **truly hearing what the patients are saying** and giving them an appropriate amount of their time and attention.

---

Patients also become more trusting of their health care providers when they sense those suppliers are truly hearing what the patients are saying and giving them an appropriate amount of their time and attention. To that end, Intermountain Healthcare is working hard to make sure its caregivers have not only the tools they need to do their jobs well, but also the time and support they need in order to do those jobs in a caring manner—without becoming disconnected or burned out. “I encourage people to think about simplifying the jobs we do,” says Intermountain Healthcare’s Phillips. “A simple exercise we went through earlier this year was to write down everything we expect a frontline bedside nurse in a hospital to do. It turns out it’s quite daunting. It is not doable. So we’ve had to sit down and talk about that, and identify the key vital behaviors that will cover the most important requirements without asking our nurses to do the impossible. Otherwise, we’re simply going to exhaust them.”

Elsewhere, Intermountain Healthcare is setting up an early disclosure and resolution program, under which it seeks to quickly acknowledge and investigate verified medical errors and talk about them as soon as possible with patients and their families. For a long time, many health care providers have shied away from apologizing for mistakes, fearing it could work against them in the event a patient brings legal action. There’s growing evidence, though, that apologizing and being fully transparent about what went wrong and what is in place to ensure

it doesn’t happen again are healing for patients and families, reduce the incidence of lawsuits, support learning from what goes wrong, and heal the caregivers, who also find themselves emotionally traumatized.

“People think it’s like a car accident, where if you admit to having done something ‘wrong,’ you are then legally culpable,” says Owens. “But actually that’s not the case. If you speak to the Medical Protection Society in London or the Medical Defence Union, you’ll hear that the most common reason for patients to continue with litigation is because they don’t feel they’ve had a candid discussion and full explanation and an apology, and don’t feel that people have been honest with them. I think many organizations—including our own—have in the past perhaps been guilty of not being totally transparent and not explaining what has gone wrong in detail and, where necessary, issuing an apology. One of the messages we get now from our legal advisors at the Medical Protection Society is that you can apologize without being ‘guilty.’ You can say, ‘I’m very sorry for what has happened,’ and you’re not saying that you’ve done something terribly wrong. You’re simply apologizing for what has happened and for whatever negative implications that may have had for the patient.”

### **The Real-World Benefits of Improving the Patient Experience**

Studies suggest that a good patient experience correlates with better patient outcomes—perhaps the most compelling reason of all for health care organizations to work hard to improve the patient experience. A study published in *JAMA Surgery*, in which a team of researchers at UCLA evaluated the link between the patient experience and clinical outcomes for more than 100,000 patients, found that those who were treated at hospitals with top-quartile scores on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey had a lower likelihood of death, failure to

rescue, and minor complications than did those treated at hospitals scoring in lower quartiles.

A study by Cooper University Health Care in Camden, N.J., published in the *Journal of Patient Experience*, came to similar conclusions, finding that hospitals with higher patient experience ratings had “lower rates of readmissions for patients with acute myocardial infarction, congestive heart failure, pneumonia, stroke, chronic obstructive pulmonary disease and joint replacement.”

Meanwhile, the U.S. Department of Health & Human Services’ Agency for Healthcare Research and Quality reports that the patient experience correlates positively with disease prevention and management. “For example,” it says, “diabetic patients demonstrate greater self-management skills and quality of life when they report positive interactions with their providers.” Within the report it also notes that “studies of patients hospitalized for heart attack showed that patients with more positive reports about their experiences with care had better health outcomes a year after discharge.”

It is intuitive that better patient experiences lead to more satisfied and loyal health care consumers.

The real-world experiences of leading health care organizations suggest there are, in fact, many benefits beyond improved clinical outcomes—including higher employee engagement and patient satisfaction scores, fewer patient complaints, new marketing opportunities, and increased levels of business—to be derived from improvements to the patient experience.

At Northwell Health, Sven Gierlinger, vice president and chief experience officer, says patient experience and empathy education initiatives have played a role in driving its employee engagement rankings to the 80th from the 46th percentile nationally. Meanwhile, he says, patient satisfaction scores for its physicians in the HCAHPS survey have been climbing approximately 7.5% annually.

Intermountain Healthcare and New York–Presbyterian/Weill Cornell have experienced encouraging results, too. At Intermountain, patient satisfaction scores have improved, while the organization’s “patient harm index” has fallen significantly—by 43% in the first half of 2018. All Intermountain caregivers have error-prevention training, giving them tools to optimize communication across teams. Additionally, the clinics and units where teams have “walked” the patient journey and engaged in additional caregiver training on coaching for caring have reached top-quartile or better performance for their provider ratings on the outpatient side of the business, and on nurse and physician communication on the inpatient side. At New York–Presbyterian/Weill Cornell’s radiology department, Press Ganey scores have risen “dramatically,” according to Hentel, and are now consistently in the high 90s on a percentile basis. Meanwhile, after centralizing the scheduling center for all of its outpatient sites and implementing a sophisticated rules-based scheduling engine that allows schedulers to focus on patients rather than constantly referencing a large scheduling manual, it has seen its scheduling center “call abandonment rate” fall to about 1%, or about four percentage points better than industry standards. Although it may be difficult to establish causation, Hentel notes that the radiology department also has been capturing more business.

In Philadelphia, Nibauer-Cohen is convinced that efforts her organization has taken to improve the patient experience are driving additional business. One outcome from the proton therapy alumni group, she says, has been powerful testimonials from patients, which, in some cases, have been used in Penn Medicine’s marketing activities, including very targeted digital campaigns. That has led, in turn, to philanthropic contributions and increased self-referrals to the proton therapy practice. Nibauer-Cohen notes that the proton patient alumni group has allowed a community of

## Challenges of Improving the Patient Experience Begin with Changing Culture

Among the many challenges of improving the patient experience, changing culture may be the biggest. It requires that leadership clearly buy into and promote the idea that improving the patient experience is a high priority.

Even where that leads to success, sustaining culture change can be difficult. As Gierlinger at Northwell Health notes, health care organizations need to make sure patient experience initiatives aren’t viewed as “flavor of the month” undertakings to be set aside after an initial push. One way his organization tries to combat this is by breaking down some of its longer patient experience education programs into smaller pieces that can be repeated with employees at later dates. The company also has frontline leaders huddle periodically with their teams to reinforce positive patient experience behaviors.

Beyond culture, hospitals trying to improve the patient experience can be challenged by factors such as overcrowded facilities that are often, for the moment, out of their control. One way to mitigate potential patient frustration in that situation is to do what Northwell Health is doing: deploying dedicated personnel to care for those patients, set expectations, answer questions, and provide any assistance they might be able to deliver. Striving for efficiency in all aspects of operations can also help turn around challenging experiences.



**STUDIES SUGGEST THAT A GOOD PATIENT EXPERIENCE CORRELATES WITH BETTER PATIENT OUTCOMES—PERHAPS THE MOST COMPELLING REASON OF ALL FOR HEALTH CARE ORGANIZATIONS TO WORK HARD TO IMPROVE THE PATIENT EXPERIENCE.**

---

patients to come together on both local and national levels and share their experiences about the benefits of proton therapy.

Finally, in the U.K., Owens reports that Great Ormond Street Hospital has experienced a significant reduction in formal complaints since adopting its patient advisory liaison service.

### Advice and Best Practices: 10 Takeaways

Improving the patient experience is a multifaceted undertaking that requires cooperation throughout all levels of a health care organization, from the C-suite to the front lines of patient care. It also requires that organizations take a holistic view of the entire patient journey, and strive to improve the patient experience at every touch point between patient and provider in that process.

In short, it's hard work.

Health care executives at organizations already deeply engaged in this work offer the following advice for others seeking to do the same. Their suggestions cover preparation for the undertaking and each part of the four-part framework for improving the patient experience.

#### GET STARTED

##### 1. Make sure senior leadership buys into the idea and visibly supports it.

"If leaders don't buy into the idea that improving the patient experience is important, then the next layer in the organization will not—and certainly the frontline staff won't," says Gierlinger. Phillips notes that health care providers should designate a senior leader to be accountable for the patient experience. She also adds that leadership should be encouraging caregivers to be constantly mindful of why they are doing what they do—of connecting to purpose. Understanding that, she says, can drive empathy for the patient, and more personalized and humanized care.

**2. Expect pushback.** "If you don't get pushback, you are probably not doing the right thing," says Gierlinger.

"You may not be charging ahead hard enough."

**3. Look for quick wins.** Trying to do too much at once seldom works well, no matter what the endeavor. By breaking patient experience initiatives into manageable pieces, health care providers can demonstrate success more quickly—and make it easier to ask for more money or resources to undertake additional initiatives.

#### ENGAGE PATIENTS AND THEIR FAMILIES

**4. Listen to and build trust with patients.** Patients who trust their health care providers are more likely to follow their doctor's instructions, leading to better clinical outcomes and lower costs. Trust is built in part by listening empathetically to patients, being open and honest with them, and delivering the kind of care they expect and deserve. "Often," Gierlinger says, "decisions are made in the boardroom without anybody speaking with the patient in the hospital bed or the examination room. Constantly listening to the patients, whether by looking at the data or speaking directly with them, is critical." Owens concurs, suggesting that providers create an ongoing program of encouraging patient feedback.

#### OPTIMIZE THE DIAGNOSTIC EXPERIENCE

##### 5. Employ the best possible technology, and measure results.

This applies not only to the diagnostic experience but also to clinical outcomes, both of which can have a bearing on the patient experience. Providers that systematically track results will uncover areas where they can do better.

#### DELIVER OUTCOMES THAT MATTER TO PATIENTS

**6. Take time to discuss potential outcomes.** Because different patients will have differing expectations about clinical outcomes—and about how they envision their post-care lives—it is important that physicians and other caregivers explain all options available to them, and take the desires

IMPROVING THE  
PATIENT EXPERIENCE  
IS A MULTIFACETED  
UNDERTAKING THAT  
REQUIRES COOPERATION  
THROUGHOUT ALL  
LEVELS OF A HEALTH  
CARE ORGANIZATION.

---

“We’ve seen that **when we deliver a better experience, patients trust us more**, which makes them more likely to comply with our recommendations,” says Northwell Health’s Sven Gierlinger.

---

of patients and their families into account when mapping out a plan of treatment.

**7. Take advantage of new advances in medicine, including minimally invasive procedures and robotics, to facilitate better clinical outcomes.** No matter what type of clinical outcome a patient is hoping for, efficient and successful delivery of care that minimizes pain and recovery times will be crucial to providing it.

**8. Treat bad news about the patient experience the same way you’d handle bad news about the organization’s finances.** “If we have a few months in a row when the patient experience is declining, we have a problem,” says Gierlinger. “Phones should be ringing. We should be convening and rallying the troops. Our patients are suffering—they’re having a worse customer experience than they’ve had in the past. What are we going to do about it?”

#### SUSTAIN PATIENT LOYALTY

**9. Promote honesty and transparency—even when it may seem counterintuitive.** For example, Owens says the most common reason patients pursue and stick with litigation against health care providers is that they feel they haven’t received an apology or that their provider hasn’t been open and honest with them. “The culture

of the health care industry in the past has been to try to hide mistakes,” she says. “Today, we are advised by our insurers and legal counsel to straight away apologize. And you can apologize without being guilty. You can say, ‘I’m sorry for what happened, for the pain it’s caused you.’”

**10. Think of patients as humans, not health problems.** “At Intermountain, we’re trying to be holistic and person-centered, not disease-centered,” says Phillips. “As our people work on what’s getting in the way of a great patient experience, we’re seeing that their experience scores, as measured by the public, have improved. And by the way, safety measures and quality of care measures are getting better too, because they’re teaming differently. Our people are working together in service of an extraordinary experience for the patient.”

Ultimately, the key takeaway for health care providers is to remember that the patient experience is comprised of myriad of details that, when addressed holistically, can improve clinical outcomes.

“When we ask patients why they gave us a certain rating, we find that they don’t think just about the service component of the experience,” says Northwell Health’s Gierlinger. “They think about it in a much more holistic way. Outcomes are part of it. Quality of care is part of it. Trust is part of it. And we’ve seen that when we deliver a better experience, patients trust us more, which makes them more likely to comply with our recommendations and more likely to partner with us in their care. And that leads to better outcomes and cost savings. It’s almost a self-perpetuating cycle. That’s why improving the patient experience has become so important.”



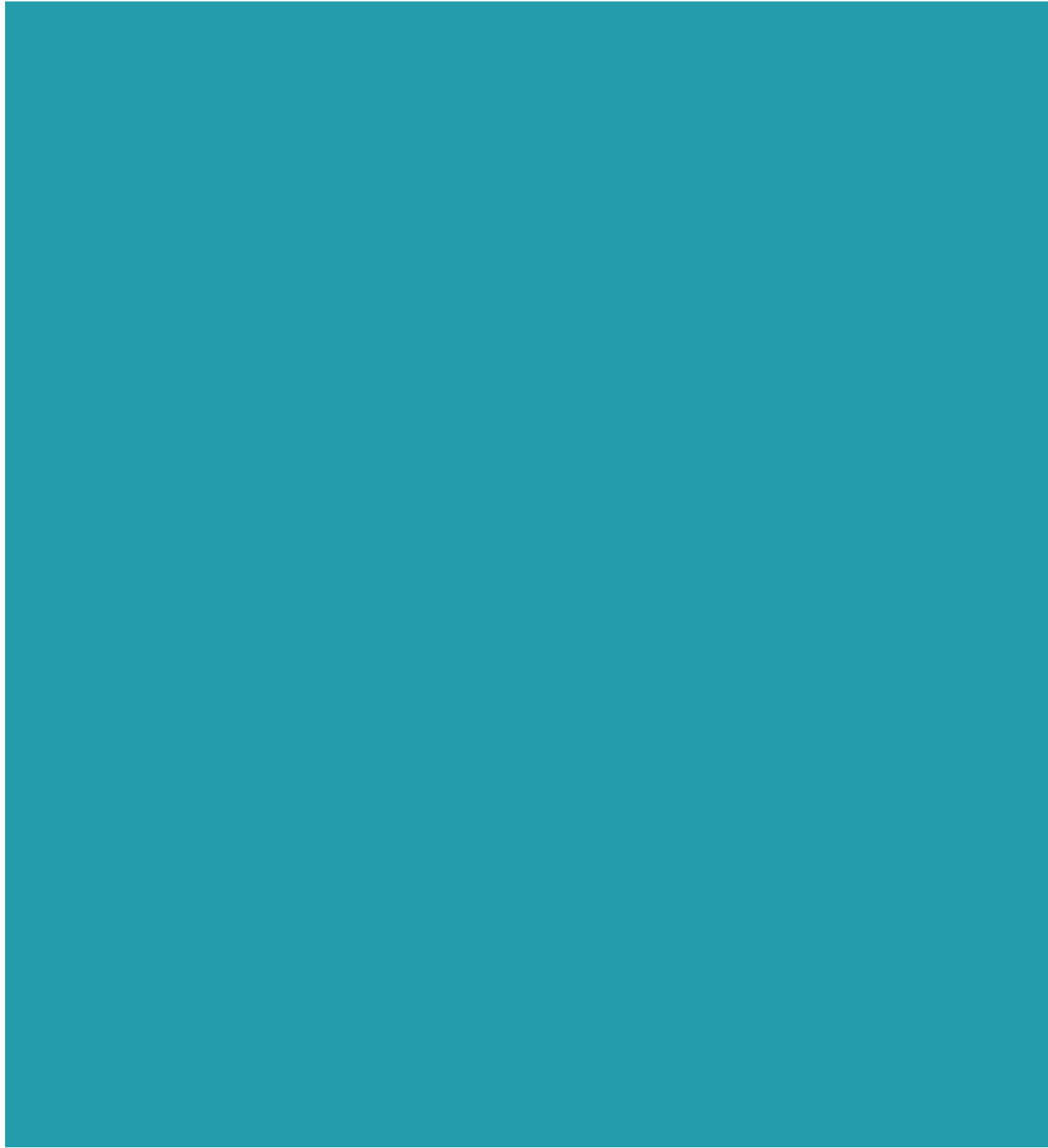




**Harvard  
Business  
Review**

ANALYTIC SERVICES

[hbr.org/hbr-analytic-services](https://hbr.org/hbr-analytic-services)



**CONTACT US**

[hbranalyticsservices@hbr.org](mailto:hbranalyticsservices@hbr.org)