

CONSUMER PERSPECTIVES ON PATIENT EXPERIENCE 2018

JASON A. WOLF, PH.D., CPXP, PRESIDENT



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INTRODUCTION

THE CONSUMER HAS SPOKEN

In early 2018, The Beryl Institute, in conjunction with research partner SMG Catalyst and corporate partner Studer Group, set out on an exploration of what really matters to consumers of healthcare regarding their experience. The intent of this inquiry was to understand to what extent experience matters to consumers of healthcare, how they define it, what priorities they have in identifying a positive experience and the impact that experience has overall. The results discovered, while perhaps not surprising, represent some of the first data that reinforces the importance of a focus on patient experience from the perspectives of those who use the healthcare system themselves.

Patient experience had become a growing priority in the last decade for a number of reasons, mostly driven from the inside of health systems by policy or leadership choice, implications for reimbursements in some places, such as the United States, and increasing commitment to be positive stewards of public funds in others. Efforts via The Beryl Institute during this same period have been focused on expanding the conversation regarding experience from one that initially seemed focused on the amenities of care encounters or a focus on service to a true understanding that experience represents the integrated nature of a healthcare encounter – the sum of all interactions – and that experience encompasses all that occurs across the continuum, across touchpoints and transitions, in quality, safety and service efforts, in the implications of cost and the issue of access.

This elevating of the conversation to the human experience in healthcare resounds more than ever. Healthcare now seems committed to understanding it must honor both those delivering and receiving care in ensuring the best outcomes that matter. People are not just passive participants in a care transaction or simply recipients of care, rather they are partners in a care conversation, who must be acknowledged and cared for as people in a healthcare experience. These voices, what matters to them and the expertise they

bring, regardless of the side of the care equation they sit, must now be part of the overall solution. What was revealed in this work is the experience consumers in healthcare have matters to them in significant ways. And in this recognition of importance will be a major driver for healthcare systems globally now and into the future.

Before going any further, it is also important to address the word consumer in this work for all the opinions this word sparks and reactions it garners in the healthcare conversation today. It is important here not to get stuck on the word consumer, especially in conflating it with the word customer as is oft to happen. Most people in healthcare today would not suggest that individuals in healthcare facilities are simply customers in the traditional sense of the word. Though as healthcare diversifies and care options expand, the delivery side of healthcare is playing to that idea in an increasing number of ways.

Rather what is meant by consumer are those people who use the system. Whether they are in a private insurance driven environment like the United States or the variations of publicly funded programs in countries around the world. In any of these environments people still consume care, they use the healthcare services available to them and therefore to varying extents have some choice that comes with their healthcare decision-making. As users of healthcare, people will and do have perspectives that will drive choice. The research herein made that clearer than was even anticipated. It was on this premise that the consumer perspective on patient experience was explored overall.

METHODOLOGY & RESPONDENT PROFILE

The research process was grounded in a focus on what matters to consumers from the very start. An initial focus group of healthcare consumers was gathered to understand what mattered to them in healthcare and just how important these issues were. The culmination of this conversation led to the development of an approximately 30 item survey that was conducted online in February 2018.

The survey was sent to a total of 2000 healthcare consumers randomly selected across five countries and four continents. The selection of countries in this initial study was based on geographical spread and English as a primary language to ensure consistency in the data collection process. 1000 respondents participated from the United States with 250 respondents from Canada, the United Kingdom, the Philippines and Australia.

By design there was a supported range of ages represented in the survey with a majority of the respondents coming in the 35-64 age range (58%), and 26% between 18-34 and 18% 65 and higher. The group represented views across areas of gender identification with 51% female, 48% male and 1% other gender identities. Of the entire sample, the majority could speak from actual health encounters they had with almost 90% having at least one healthcare encounter in the last year and the majority (64%) having between one and five healthcare encounters. [Figure 1]

What was critical to this inquiry was the ability to ensure perspectives weren't skewed by the views of people who work in the healthcare system directly. In the respondent pool only one out of every 10 respondents work in healthcare in some capacity. With the intention of ensuring the voices captured via the study were representative of "people on the street", the study was able to capture voices of people that truly experienced healthcare from the outside in and with those valuable lenses could provide more objective insight into what truly matters.

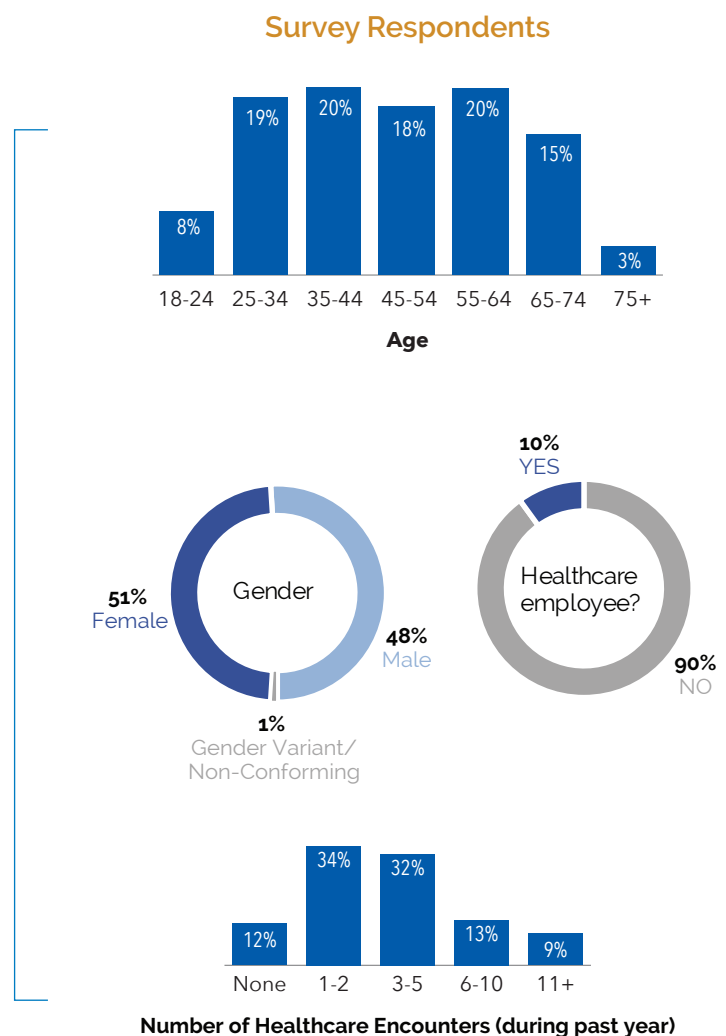


FIGURE 1



WHAT WAS LEARNED

The questions posed in the survey were designed to capture both reflections and levels of importance for the respondents. The inquiry looked to understand the level of importance placed on experience, how people framed experience, both good and bad, and ultimately the impact experience had on their actions in healthcare overall. What was discovered was a simple, but significant message for those working to impact experience and ultimately outcomes in healthcare. Experience is not something to be taken for granted, it is not just an idea at the softer edges of healthcare, but rather it sits at its heart and has significant impact and serious implications for how healthcare is led into the future. In elevating the experience conversation through their voices, the consumer perspective reinforced that experience is and will remain a key driver in healthcare.

Experience is not something to be taken for granted, it is not just an idea at the softer edges of healthcare, but rather it sits at its heart and has significant impact and serious implications for how healthcare is led into the future.

IMPORTANCE OF PATIENT EXPERIENCE

Consumers set the stage for this larger conversation in their response to the overall question, how important is it to you that you have a good patient experience? On a four-point response scale of not at all important to extremely important, less than 10% suggested experience was only somewhat important or less. 32% of respondents believed patient experience was very important and overwhelmingly 59% of respondents believed patient experience to be extremely important. This initial question underlines the broader implications of this work overall. That experience – as defined by the individual in a care encounter – is significant to people. [Figure 2]

This is not just about being satisfied, but rather consumers of care, and as exemplified by people across many consumer-focused settings, have a raised level of expectations. They are looking for an experience that treats them in certain ways and acknowledges who they are as people in the process. While it is often suggested that healthcare is not the hospitality business or primarily a retail environment, those leading healthcare would be naïve to think they are not being compared to those other experiences people are having. When then considering experience in a setting that is as personal and as significant as healthcare, one can only believe this level of expectation is amplified.



FIGURE 2
Overall, how important is it to you that you have a good patient experience?

Why is Patient Experience Important?



FIGURE 3
Why is having a good patient experience important to you?

This idea was reinforced in the next question asked, why is having a good patient experience important to you? In providing a list of options of which respondents could select all that applied to them a clear pattern emerged. That reasons driving the why were first about an individual's health. In fact, the top identified item – my health and wellbeing are important to me – far outscored other items. This data point in itself reinforces the unique and significant nature of healthcare. It is personal, and it is important. The top three items selected overall also touched on physical needs and how patient experience contributes to healing and health outcomes. The latter underlining that experience is not about just satisfaction, but the real outcomes people hope for in their healthcare encounters. This first grouping of responses, which showed up for about three-fourths of the respondents shows that why experience is important to consumers is that it's first about their own health.

The second grouping of responses also interestingly took on a theme of their own. The items focused on being treated with respect, being addressed as a person and acknowledging experience will drive decisions in the future. What is interesting here is how respondents reinforced that healthcare is not only about the personal clinical encounters, but also grounded in the human interactions provided during

those encounters. Consumers, as reflected in being identified over 60% of the time on average, want to be connected to the experience they have and be acknowledged for the person they are, not just a thing to be treated. It underlines the desire for a relational focus versus simply a transaction focus in healthcare and one that seems to drive how people will explore future healthcare decisions as well. This idea about how people are treated is a critical awareness that reaches beyond compassion and empathy as things done in healthcare to the very actions taken to acknowledge the human beings in the healthcare encounter overall.

The last grouping in why touches on the customer-focused items such as time and money. These items were identified in less than 40% of the responses on average, so while people do acknowledge that to some extent in healthcare it is about being a customer, their health and their humanity are of greater importance. The lesson here for those working to drive the best in experience is that these whys are also a clear picture into what people hope to experience – a commitment to their well-being with a focus on their humanity. These are not complicated or difficult things to focus on but may require a repurposing of efforts to ensure there are priorities for organizations today. [Figure 3]

The culminating point in the exploration of importance reinforces another point that experience is ultimately the wrapper encompassing the integration of quality, safety and service and more. When asking consumers what is important to them, respondents offered that health improvement and safe and positive outcomes were of extreme importance to them. This is not surprising based on the previous findings in which consumers reported experience was first about their

health. The lesson here may be most important for those providing care. Organizations can no longer isolate quality or safety as tactical elements of care delivery, but rather they must be woven into a broader strategic conversation about what matters to patients and families, to consumers of care and to the experience they expect. As will be revealed below, this refocusing has significant consequences for healthcare organizations. [Figure 4]

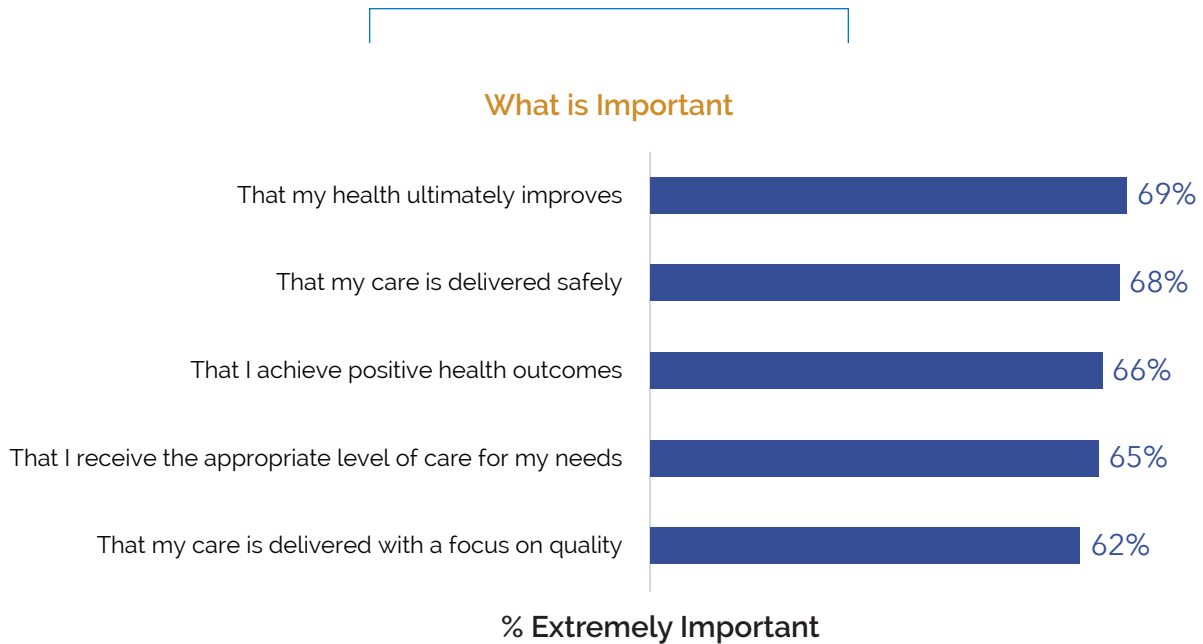


FIGURE 4
When you think about having a good patient/family experience, how important are each of the following to YOU?

DEFINING PATIENT EXPERIENCE

WHAT IS IMPORTANT TO YOU?

While the inquiry first dug into the importance of patient experience from a general reaction to the concept, it was also important to then understand what patient experience really meant to consumers of healthcare. To understand the elements of experience and how consumers view them, respondents were given a randomized group of items to rate. This was not a ranking or prioritization process, but rather an opportunity to reflect on each item in terms of importance to the individual replying. The results that emerged on consumer expectations was rather telling. While the topic areas framing these buckets weren't identified in the survey, the response items were categorized into three main themes previously identified as important to experience – people, process and place.

In looking at a top-level review of results, each item was scored and then ranked based on percentage of responses identifying it as extremely important. When averages of the extremely important scores were taken across the three categories, a clear delineation emerged. The result revealed people items have an average of 56% extremely important responses, while process items had 48% and place items had 34%. This is not to say that any of these items are not important to some extent in a focus on experience, but when the results from all respondents were tallied, a ranking of the items deemed most important could be determined. [Figure 5]

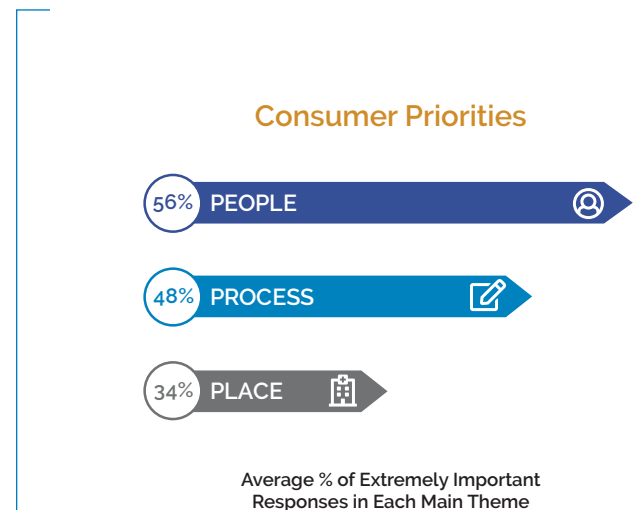


FIGURE 5
When you think about having a good patient/family experience, how important is it to you that the people providing your care do each of the following? / how important are each of the following?

PATIENT EXPERIENCE DEFINED:

The sum of all **interactions**,
shaped by an organization's **culture**,
that influence patient **perceptions**
across the **continuum** of care.

In alignment with the overall ranking of the broader categories, the top five items in terms of ranking by percentage of extremely important were people items, and, in fact, seven of the top ten items were in this category. [Figure 6] What stood out was the level of importance placed on the number one ranked item overall. What consumers offered as most important to them in experience was being listened to, formally that people providing you care "listen to you". 71% of overall respondents identified this as extremely important. The next two items, "communicate clearly in a way you can understand" and "treat you with courtesy and respect" reinforced what was seen earlier in the data, that consumers of care place a great priority on how they are treated as people.

The next few items in ranking addressed issues of quality, safety and cleanliness, again showing the consumers' integrated perspective of experience overall. With the items "give you confidence in their abilities", "take your pain seriously" and "an environment that is clear and comfortable" (from the place category) rounding out the next three, the link to "how you treat me as a person" and "the means by which you treat me with expertise and quality" are clear.

The remainder of the top-ten items further addressed communication regarding providing clear and understood plans of care and being asked about needs and preferences, which again reinforce the linkage of acknowledging the human in the experience with the outcomes they hope for. Only then do the first of the process items appear that touch on appointment scheduling (and specifically about appointment availability) and a discharge process in which people feel informed on next steps. With these items about accessing care, which reinforces "it is about my health", and clear care plans, which links health to my personal needs, a very clear message emerges in the data. One that is not steeped in complicated needs, but rather the powerful simplicity of human interaction and communication. To provide the best in experience, healthcare organizations need to be focused on effective communication, sharing of information and processes that support that in happening. These needs do not require extensive resource investment, but they do call for unwavering commitment and focus. These priorities also provide a clear call to action and a path to experience success for organizations willing to focus on and address them.

Highest Ranked Patient Experience Components

Components by Rank		Extremely Important	Very + Extremely Important	Type
1	Listen to you	71%	95%	People
2	Communicate clearly in a way you can understand	67%	95%	People
3	Treat you with courtesy and respect	65%	95%	People
4	Give you confidence in their abilities	64%	94%	People
5	Take your pain seriously	63%	93%	People
6	A healthcare environment that is clean and comfortable	62%	94%	Place
7	Provide a clear plan of care and why they are doing it	59%	93%	People
8	Ask questions and try to understand your needs and preferences	56%	92%	People
9	The ability to schedule an appointment or procedure within a reasonable time period	52%	93%	Process
10	A discharge/ check out process in which your treatment plan and/or next steps in care are clearly explained	52%	92%	Process

FIGURE 6

When you think about having a good patient/family experience, how important is it to you that the people providing your care do each of the following?/how important are each of the following?

Additional Ranking of Patient Experience Components

Components by Rank		Extremely Important	Very + Extremely Important	Type
11	An understandable and easy process for transitioning your health information between care providers	51%	90%	Process
12	A billing process that is clear, understandable and respectful	51%	89%	Process
13	Partner with/engage you in making your health decisions	50%	89%	People
14	A discharge/check out process in which you are provided information (electronically or paper) on such items as medication, side effects, pain management, etc.	49%	89%	Process
15	A discharge/check out process in which you feel you can ask questions for clarification	48%	90%	Process
16	A waiting time to be seen that you feel is reasonable	48%	90%	Process
17	Respond quickly when you ask for something	45%	87%	People
18	A way to easily access your medical information or test results (e.g., open access to medical records, patient portal, etc.)	44%	86%	Process
19	Express empathy and compassion	43%	83%	People
20	The ability to schedule an appointment in a way that you prefer (e.g., using phone, online, app, etc.)	42%	81%	Process
21	Follow-up communication after an appointment, hospital stay, procedure, etc., such as a call from a nurse or doctor that is helpful, timely and meets your expectations	38%	81%	Process

FIGURE 7

When you think about having a good patient/family experience, how important is it to you that the people providing your care do each of the following?/how important are each of the following?

While this paper will not analyze every one of the remaining items, the data did follow the pattern discussed above. The next ten items in ranking were almost all focused on process items from the access to and transitioning of health information to follow-up communications post appointment or procedure. For these items about 50% or lower numbers of respondents noted these as extremely important. Yet, they were still of great importance to all consumers. [Figure 7]

Of interest in this section of responses was where the item "express empathy and compassion" appeared (19th out of 29 items and extremely important to 43% of the respondents). This exemplifies an opportunity seen as well in the use of language used in healthcare such as "patient-centeredness" where the terminology and the practice seems to represent a view from the inside out, that is healthcare organizations say they should be patient-centric or provide empathy and compassion, but what consumers want are the tangible actions that exemplify those practices. While being listened to is a means of expressing empathy and compassion, it seems consumers don't want healthcare providers to say they are compassionate, they want healthcare providers to listen and act.

Healthcare organizations say they should be patient-centric or provide empathy and compassion, but what consumers want are the tangible actions that exemplify those practices.

At the lower end of the extreme importance ranking were the items associated with place. [Figure 8] Again, while these items are still almost all showing as important to over 50% of consumers to some extent, they are much less extremely important to consumers. These items get at the physical aspects of facilities and amenities offered that often were the hallmarks of early experience efforts. What consumers revealed in this study is that how they are treated is more significant to them than the amenities organizations provide. This may be no better exemplified than in the vast difference in ranking of the two phrases "an environment that is clean and comfortable", mentioned above (62% extremely important) and "an environment that is quiet and peaceful" (40% extremely important). For all the efforts that were undertaken and investments made in noise reduction (albeit some driven by surveys such as CAHPS in the United States), there should have been greater emphasis placed on cleanliness and comfort based on this data.

What this ranking exercise reveals is an opportunity for focused effort and action that is not driven by significant investment in resources, but rather a realignment of priorities and reinforced commitment to communication and action. These findings suggest that most healthcare organizations already have the means to meet the needs of their healthcare consumers and may be able to do so in even simpler ways than they have initially considered. It is in building the practices that enable and sustain listening and effective communication, simplicity and clarity in information sharing and processes that will make the consumer experience, and therefore the patient experience, stronger. This perspective reflected in the rankings was further reinforced through words shared by the respondents themselves.

Additional Ranking of Patient Experience Components

Components by Rank		Extremely Important	Very + Extremely Important	Type
22	A healthcare environment that is quiet and peaceful	40%	80%	Place
23	A healthcare facility that is convenient to access (e.g. close to home/work or online)	36%	77%	Place
24	A healthcare facility in which you can find your way around easily (e.g. clear signage, information, etc.)	35%	79%	Place
25	A healthcare facility that offers convenient parking	33%	71%	Place
26	Involve your family/friends in planning how to take care of you	31%	68%	People
27	A healthcare facility that offers good food	26%	58%	Place
28	A healthcare facility that provides amenities such as on-demand television, room service, etc.	21%	49%	Place
29	The age of a healthcare facility (i.e., feels newer or older)	20%	52%	Place

FIGURE 8

When you think about having a good patient/family experience, how important is it to you that the people providing your care do each of the following?/how important are each of the following?

These findings suggest that most healthcare organizations already have the means to meet the needs of their healthcare consumers and may be able to do so in even simpler ways than they have initially considered.

DESCRIBING EXPERIENCE

In understanding how consumers described experience, the inquiry looked in two directions, one in the open-ended descriptions of the respondents and another in their reaction to an integrated view of patient experience overall. In starting with the latter, the study asked respondents to what extent they believed various areas were part of patient experience. In looking at the areas of quality, safety, service, cost, and outcomes, a majority of respondents confirmed they saw these items included as part of experience to a great extent. [Figure 9] This reinforces a central point shared in previous articles¹ and research³ in which the integrated nature of experience was proposed and supported in data. This view now coming from those engaging in healthcare only serves to reinforce a central point, that experience encompasses all an individual encounters before, during and after a care journey, and with this perspective, healthcare organizations should be mindful of a few key points.

1. Patient experience is an inclusive topic that includes critical areas of healthcare focus such as quality, safety, service, cost and more.
2. While focused efforts have been established in organizations to tackle these various segments of care delivery in the highly complex world of care delivery, the consumer of care sees this all as part of one experience and so healthcare organizations need to consider how they address these items from an integrated approach.
3. The responses of the consumers in this study underline that quality, safety and healthcare outcomes are seen as most associated with experience. This reinforces the ideas shared above that experience is first about my health, even before how you treat me as a person.

The implications here are that healthcare providers must continue efforts to align their work in these areas to address the basic expectations consumers of care have, while ensuring the highest quality outcomes for all served.

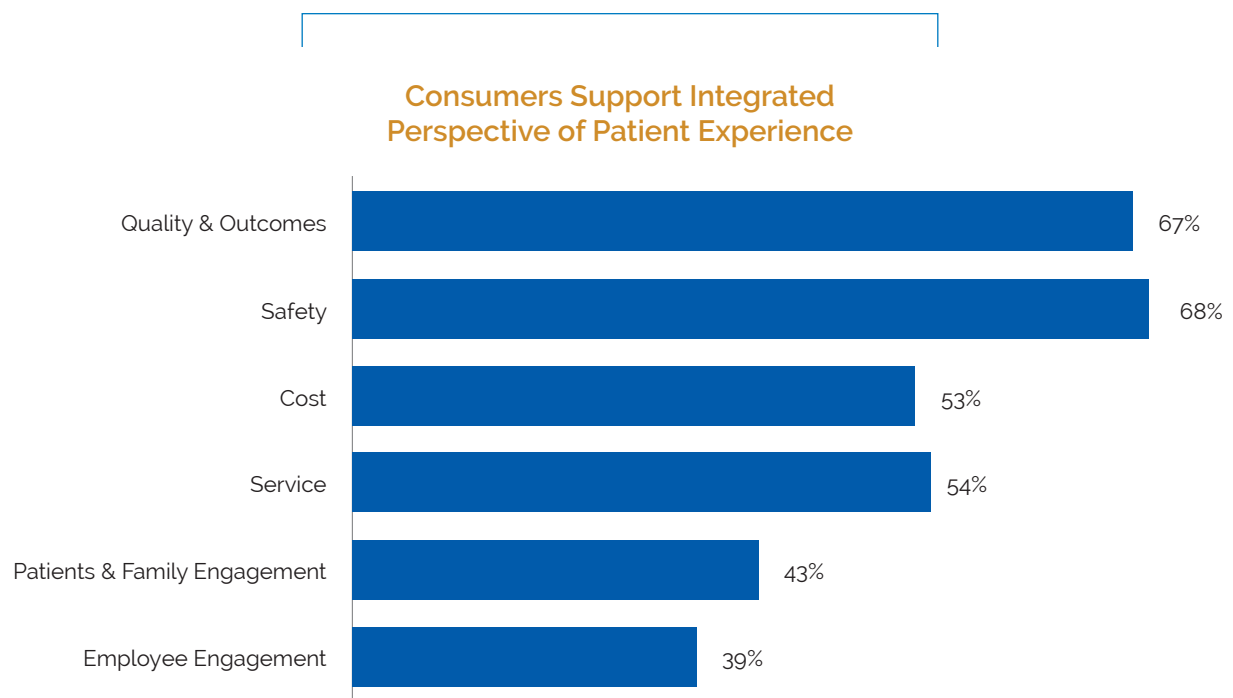


FIGURE 9
To what extent do you think/believe patient experience includes each of the following?

While this segmented view provided some tangible insights into how consumers view and describe experience, one of the more compelling findings came when asking respondents to think about a specific time when they or someone they knew had a good healthcare experience and similarly a bad healthcare experience. They were then asked to provide the words or phrases they would use to describe those experiences. There was no guiding framework offered on the type of words to use or how to describe the situations. This made the responses even more significant.

In the responses about a positive experience, the overall trend revealed in the data about the importance of the personal and connected nature of experience was further reinforced. In describing positive experience, the themes most reported were caring, helpful, and friendly, professional, excellent and efficient and compassionate, comfortable and reassuring. Respondents didn't talk about the tactics, but rather how they observed the processes and described the interactions around them. [Figure 10]

In a similar light, the words or phrases offered to describe a bad experience touched on the personal and process themes as well. For this question "long wait" was resoundingly present and was represented in multiple perspectives from waiting times to access care, to the waiting time once in a care setting. This was followed by the challenges so many elevate about healthcare today, that people are rushed, uncaring (clearly in contrast to the positive experience description of caring) and rude. The descriptions of negative experience were much more about bad process and missed opportunities overall. [Figure 11]

Both sets of responses provide insight into what can be done to reinforce and ensure positive experience outcomes. The opportunity to provide a truly caring encounter even in what might be a chaotic or rushed environment, for instance, provides chances for the good to overcome the bad. These response sets provide some valuable insights into what organizations can do to address the critical opportunities for experience improvement overall and offer some tangible aspirations for experience work overall. In fact, these open-ended answers laid the foundation for understanding the real implications for patient experience in healthcare today.

Describing Positive Patient Experiences



FIGURE 10

Describing Negative Patient Experiences

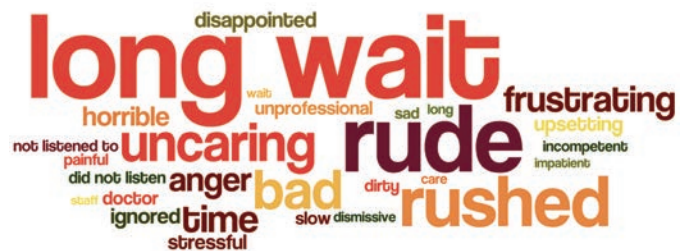


FIGURE 11

Think of a specific time when you or someone you know had a good (or positive) / bad (or negative) patient experience. What words or phrases would you use to describe this experience?

IMPLICATIONS OF PATIENT EXPERIENCE

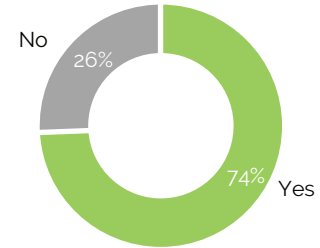
While the findings of the study may not be surprising to most committed to this work, they represent a critical framing of the opportunity experience has to impact healthcare and the implications that a focus on and commitment to positive experience can ultimately have for healthcare overall. In picking up from the reflections on positive and negative experience, the study also provided powerful insight into an opportunity for experience.

While there is conventional wisdom that people share their bad experiences with others more prevalently than the good, what this inquiry revealed is that people recalled positive experiences two times as much as negative experiences. In asking people, "have you or someone you know recently had what would be considered a positive experience?" and similarly a negative experience, 74% responded with positive recollections while only 37% responded with negative recollections. This either means that healthcare is perfecting its overall ability to provide a positive experience, that people are focused on the positive or "wow" experiences they have (which may or may not be driven by expectations of healthcare overall) or some combination of both. [Figure 12]

Regardless of the reason why positive experiences outnumbered the negative in the respondents' recollection, what is significant is what they are doing as a result of the experience stories being created. In asking what respondents (or someone they knew) did as a result of both positive and negative experience, the top three items have considerable implications. [Figure 13] For positive experiences the top identified response was to "continue to use the same doctor or organization" for 73% of all respondents. This suggests that positive experience creates sense of loyalty, stickiness and a desire to stay with a place one is receiving care.

Positive Experiences are Lasting

Have you or someone you know recently had a **positive patient experience?**



Have you or someone you know recently had a **negative patient experience?**

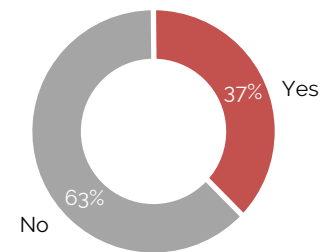


FIGURE 12
Have you or someone you know recently had what you consider to be a positive/negative patient experience?

Experience Has Tangible Implications

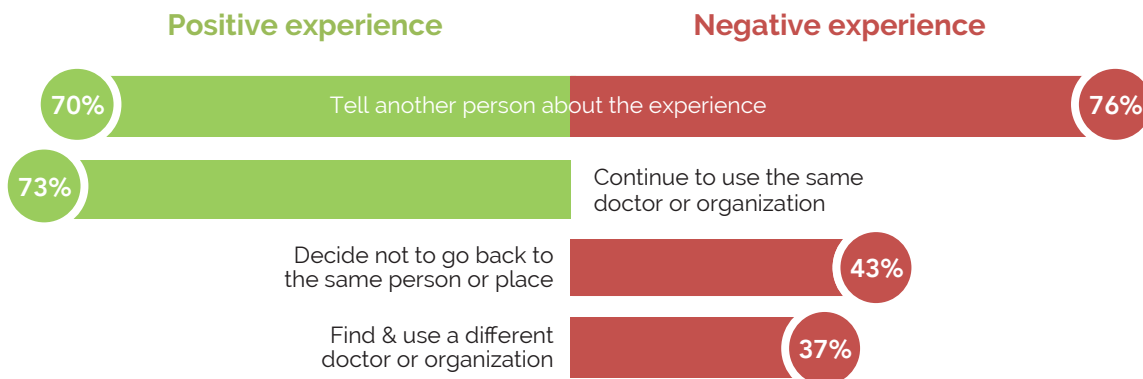


FIGURE 13
As a result, did you/did they do any of the following?

The top item for a negative experience, on the other hand, far outweighed all the rest, as 76% of the respondents with a negative experience said they would tell others. So, for every bad experience a healthcare organization provides, three out of four people are sharing those stories with others. This is not far from what was found again on the positive end that in 70% of the cases of positive experiences people would tell others as well. The implication here is that people are telling the stories of their experience, good or bad, in at least 7 of every 10 healthcare encounters. Therefore, experience is fundamentally a driver of the stories people tell about healthcare organizations, how they are perceived and what is shared about them with others. This is perhaps one of the most significant brand opportunities for healthcare organizations today. A far second item resulting from someone having a negative experience rounds out the story. For every negative experience encountered, 43% of people “decide not to go back” and 37% actively “find and use a different doctor or organization”.

These three points provided by healthcare consumers, one, that they are telling people about their experiences, two, that positive experiences ensure loyalty, and three, that negative experiences cause people to leave in around 40% of the cases is just the beginning of the real implications revealed by consumers. They were then asked a straightforward question on the implications of patient experience overall, “As a consumer of healthcare, how significant is patient experience to your decisions or choices about your healthcare or your family’s healthcare (i.e. selecting hospitals, doctors, nursing homes, etc.)?” To this question 55% noted it was “extremely significant”; adding in “somewhat significant” brings it up to over 90%. But consumers saying experience is significant and then exemplifying it are two different things. [Figure 14]

To understand if there was true significance based on consumer views, they were asked one final question, “which items are important to their decisions or choices about their or their family’s healthcare”. The top item in 72% of the cases was the recommendation of family or friends. This was followed closely by the referral from another physician or provider (in 70% of responses). The latter point was impacted by generational distinctions explored below, but the critical point revealed here is that consumers are making their healthcare decisions in significant volume based on what they hear from others. As shared above, the top action people tend to take as a result of the experience they have is to share their story with others – good or bad. So simply stated, if experience drives the stories people tell about a

Patient Experience is Significant to Healthcare Choices

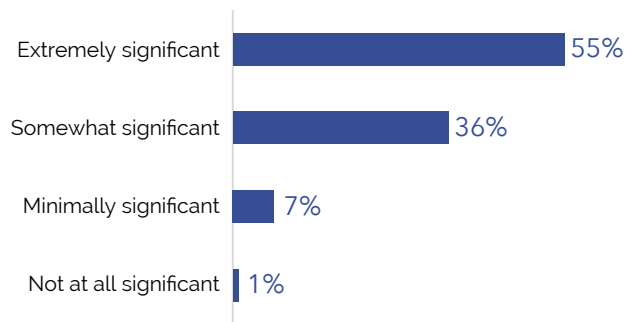


FIGURE 14
As a consumer of healthcare, how significant is the Patient Experience to your decisions or choices about your healthcare or your family’s healthcare (i.e. selecting hospitals, doctors, nursing homes, etc.)?

healthcare organization as well as the stories they are told, and the recommendations that result drive their healthcare decisions, then experience is driving healthcare decision-making in bigger ways than even the consumers responding revealed.

As equally telling is that across a large segment of the focus in healthcare today, on ranking, designations, online ratings, social media, etc., on average 1 in 4 people will turn to those sources for their healthcare decision-making. Some subtle generational differences in those items will be explored below, but the ultimate point is that the stories shared about a healthcare organization far outweigh the banners or designations posted in their lobby or on their website.

What should be noted about the findings was that while a representative sample of generational perspectives were collected (primarily Millennials, Gen Xers and Baby Boomers) and a cross-national view was gathered, in all of these data collected there was far greater alignment across all these possible points of segmentation, than there were distinctions. This will be explored further below.

As was noted, in a general review of the data there was much greater alignment in responses than distinctions between generational levels or national systems across the five countries included. More so, what was important to note was the consistency in responses to some of the most critical parts of the inquiry.

ALIGNMENT AND DISTINCTIONS

GENERATIONAL CONSIDERATIONS

First, in reviewing the top elements of experience, the number one item reported was “listen to you”. This item was identified across all generational segments as number one. The remainder of the top six items were almost identical in what they included, while not in the exact same order. For example, Millennials’ second ranked item was a “clean and comfortable environment”, while for Gen X and Boomers the second overall response was “communicate clearly in a way you can understand.” At the opposite end of the list, the bottom five ranked areas were also almost identical across each segment. [Figure 15]

Where distinctions were found across generations, the implications are clear as healthcare looks to the future. Specific differences were most prevalent around the issue of healthcare decision-making, namely the importance of referrals in healthcare decisions and the implications for online ratings. For the first item on referrals being a driver in decision making, while overall it was 70%, only 58% of Millennials identified that as a priority. Some of this can be attributed to where these individuals are in their personal healthcare lifecycle, but also is representative of the more connected nature of these individuals where expert referrals are not as important as they are to others and other information such as posted ratings could have a greater impact.

Consistency in Responses Across Generations

Ranking of Each (Per Generational Segment)

Highest Ranked	Millennials	Gen. X	Boomers	Lowest Ranked	Millennials	Gen. X	Boomers
Listen to you	1	1	1	The age of a healthcare facility (i.e., feels newer or older)	28	29	29
Communicate clearly in a way you can understand	5	2	2	A healthcare facility that provides amenities such as on-demand TV, room service, etc.	29	28	28
Treat you with courtesy and respect	4	3	4	A healthcare facility that offers good food	27	27	27
Take your pain seriously	3	4	5	Involve your family/friends in planning how to take care of you	26	26	26
A healthcare environment that is clean and comfortable	2	5	7	A healthcare facility that offers convenient parking	25	25	25
Give you confidence in their abilities	6	6	3				

FIGURE 15

When you think about having a good patient/family experience, how important is it to you that the people providing your care do each of the following?/how important are each of the following?

Recommendations & Referrals Lead Healthcare Decision-making

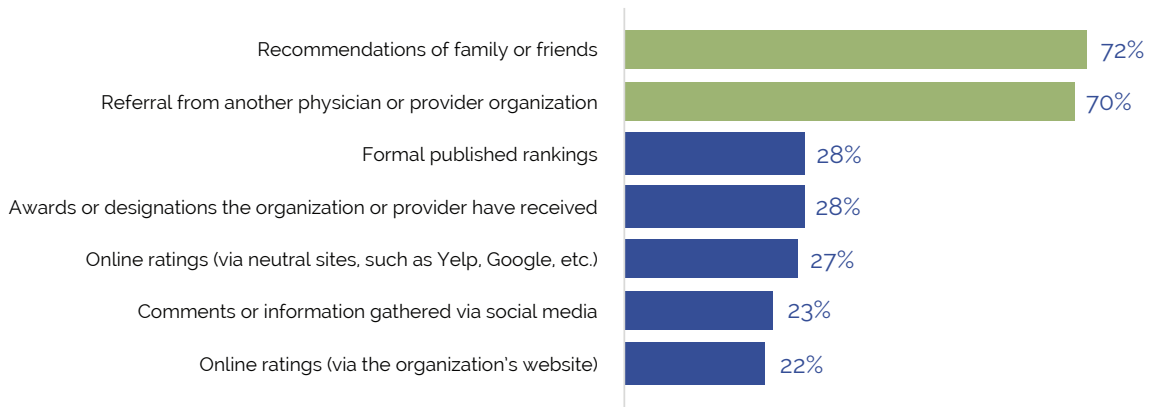


FIGURE 16

Which of the following are important to your decisions or choices about your healthcare or your family's healthcare (i.e. selecting hospitals, doctors, nursing homes, etc.)?

This was also seen in the response to online ratings impact on decision-making. While only 20% of Boomers identified online ratings from neutral sites as important, Millennials almost doubled that number to 38% saying ratings were important to their decisions and of third greatest importance after recommendations and referrals. Interestingly, social media was ranked highest by Gen X respondents and was their third ranked item, while, for instance, it was

lowest for Boomers and second lowest for Millennials. This reveals that methods of engaging are not only relevant to age and experience with the health system, but also does tie in, to some extent, the era in which you were born. Even with these distinctions the data held strong that healthcare decisions for all groups are being driven by recommendations, again reinforcing the importance of creating the experience stories you would want for your healthcare organization.



TRANSNATIONAL CONSIDERATIONS

In looking at the response across nations there also were only a few points where some distinctions are worth noting between United States (US) specific responses and those of the non-US countries (Australia, Canada, Philippines, & the United Kingdom). This is not to say that more differences do not exist, just that they were not as significant overall to the items that emerged. In addition, the hope is to do a deeper dive country by country in the near future to look at the specific implications for the countries studied.

The first place a distinction was found was in asking the question "Why is patient experience important?" Of interest in distinction was the general commitment of the non-US countries (Australia, Canada, Philippines, & the United Kingdom) to a greater focus on health. The countries' respondents offered that a good patient experience contributed to good healthcare outcomes in 72% of responses compared to just 65% for US respondents. On the opposite end of this spectrum on why PX is important was the issue of time and money. "My time matters" was 8 points higher for the US respondents and "I am spending money on this" was 11 points higher. Much of this is probably rooted in the structure of the US system versus the public or semi-public systems represented in the larger respondent pool.

In examining the implications for experience overall another point of distinction was the large gaps found in non-US based respondents focus on sharing

good and bad experiences with others. In the case of a positive experience 76% of non-US respondents would share their story versus 64% of US respondents. Similarly, around negative experience 80% of non-US respondents would share as compared to 71% in the US. While these items are still ranked at the top of the list as seen in the general results, it is interesting to see the openness to share stories in systems that are more centrally operated around the world.

The other distinction which may also be predicated by the nature of the health systems people find themselves was in the overall question, "How significant is the patient experience to your decisions or choices about your healthcare or your family's healthcare?" Non-US respondents responded with 52% extremely significant compared to the US at 59%, but still reported at 90% in non-US respondents including somewhat significant responses as well. Building off of this finding, the systemic issues also may be at play in the non-US responses on the selection of "referrals" as important to healthcare decision-making. While still second for non-US participants, it was 5 points lower than the US response.

What the transnational data showed us was twofold, that while there are national and systemic differences driven by healthcare structure and perhaps culture, the general reaction to and reflection on what patient experience is, how it is defined and the implications it has on healthcare are much more aligned than distinct. This brings the conversation back to a central concept shared often, that healthcare is a business of human beings caring for human beings and no matter where you stand on the planet, this idea will hold true.

Healthcare is a business of human beings caring for
human beings and no matter where you stand on the planet,
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WHAT THIS MEANS FOR PATIENT EXPERIENCE AND HEALTHCARE OVERALL

Reflecting on the data provided by the study's respondents leads to a fundamental question that should follow any useful research endeavor, "What can we do as a result of what was learned?" While, as discussed above, much of what was found in the data supports the conventional wisdom of those committed to excellence in experience. But now as a result of this effort, there is valid data that elevates the value conversation of patient experience and raises the implications for action, and perhaps more so inaction, in working to address it.

The answer may be no easier to find than reviewing the story line of what consumers have shared.

1. That the experience people have in healthcare matters to them, with almost 6 in 10 saying it is extremely important.
2. Experience is important to people first because they believe it's about their health and the outcomes they will achieve and then about how they are acknowledged and engaged in the healthcare process. Ultimately, how people are treated matters.
3. In identifying the most important factor in having a good experience, consumers were aligned across generations and national boundaries on the importance of being listened to. This is a critical discovery that reinforces how consumers of care see themselves as active partners in the healthcare process, that they have something to say and more so contribute and a voice that desires to be heard AND acted on.
4. The need for open and clear communication and courteous and respectful treatment reinforce that, to consumers, it is how they are engaged and treated in healthcare that matters most. While quality and safety are clear expectations people have about their healthcare experience, the idea that the person in the care encounter must be part of an active process calls for a better balancing of the priorities healthcare has put in place.
5. The ideal experience, from this perspective, is grounded in caring, professional and helpful encounters, and these positive experiences have significant implications for healthcare.
6. Consumers recall positive experiences over negative experiences, but regardless of the

experience people have, they are going to share their experience with others. This is where the opportunity of experience is ultimately brought to light.

7. Consumers reveal that the greatest influence on the decisions they will make in healthcare are the recommendations they receive from families and friends. These are in essence the stories people said they will share as a result of a good or bad experience, and this ultimately reinforces the fundamental need to ensure the best experience for all.

This progression is underlined further by consumers' confirmation that experience is an integrated framework of what they experience in quality, safety, service, cost and more, and therefore to align experience as simply a conversation on satisfaction or even customer service is counter to achieving excellence in experience overall. This point highlights the need for healthcare organizations to consider the perspective of consumers in how experience is framed, designed and enacted if they aspire to achieve the broader results they desire.

If this is viewed from the lens of the definition of experience offered by The Beryl Institute, "the sum of all interactions shaped by an organization's culture that influences patient perceptions across the continuum of care"⁴ it calls for an even simpler way to frame experience in healthcare. First, experience is happening in every healthcare institution around the world at any given moment and those experiences occur regardless of whether an organization has a focused commitment to positively impact experience or not. It is how organizations choose to address experience and their commitment to outcomes that will make the difference as the data in this study suggest.

Experience is not something to be left to chance, but rather as consumers shared, they are expecting an intentionality in their connection to a care encounter. Consumers also reinforced the two core ideas found at the core of the definition of experience. The first, that experience encompasses all interactions people have in healthcare, be they person to person or even in observing the interactions of others. This was reinforced in the appearance of people-related items ranked as having greatest importance to experience. The second, that these people-related functions do not happen in isolation but must be grounded in the culture that healthcare organizations choose to establish and actively sustain.

Ultimately, the top identified items for consumers were about the interactions they have with people, but they are not simply interactions, they are interactions ascribed with values, the values of listening, communicating effectively and treating others with courtesy and respect. Organizations can choose to ensure these things occur or not, and they do so at their gain or peril.

The findings also underline that the stories people take away from a healthcare encounter have significance, and those stories are created in the very interactions people have. Here too is an opportunity for healthcare organizations to consider. Healthcare organizations should be asking themselves, "What is the story we look to create in the experience we provide and what we want others to tell about us?". Perhaps this is the simplest and most powerful action healthcare organizations can take as a result; to determine the story they want others to share about them and then align their priorities, people and actions to ensure the consistent delivery of that story, every patient and family member, every consumer, every time. This may be the ultimate in "always events"⁵. The reality revealed in the responses of the respondents show that even thoughtful, tactical efforts to address experience may be overlooked if the central narrative organizations wish to convey is not clear, strong, consistently delivered and reinforced at every touchpoint.

The fundamental implication found in this study is that experience may very well be the engine of healthcare success now and into the future.

This is the point that should not be overlooked. Experience shapes the stories people tell and share, and the stories people tell and share will drive healthcare choices. These choices will ultimately drive that ability to provide outcomes from clinical and financial, to loyalty and reputation. They are outcomes that will frame future experiences as the cycle begins again. This cycle of experience [Figure 16] can spiral inward with negative results or outward with positive results ensuring healthcare organizations to thrive in today's healthcare environment.

The fundamental implication found in this study is that experience may very well be the engine of healthcare success now and into the future. Patient experience based on what consumers shared is not a nice thing to do, but rather it is a tangible and practical commitment that will have both an immediate and lasting impact on organizations. These efforts cannot be left to chance or simply related to survey results or efforts may be limited, lacking in focus, or even off target.

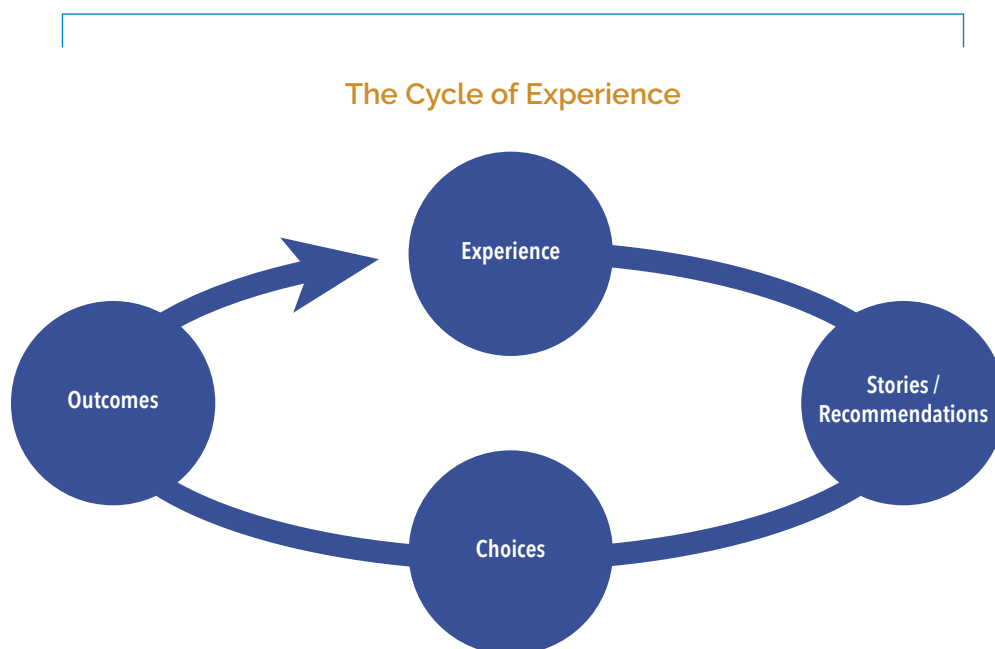


FIGURE 16

Healthcare consumers were clear in sharing that experience will drive how one engages in healthcare and should be how healthcare organizations ultimately prioritize their efforts. Experience is no longer just a nice thing to do, it is now a foundational effort for healthcare. To do so, organizations can look first at the story they look for others to share, then determine from the list of potential elements rated by consumers where they have a chance to strengthen their muscles on those critical items, and then they have an opportunity to build forward.

An interesting opportunity revealed in the data to support this idea was how the very amenities and services once associated as the central components of experience were now lower ranked items. In the same light, as consumers shared the recommendations they receive will drive choice, they too stated how designations, ratings and other related items were only of importance in choice to one in four consumers. These points reveal a reinvestment opportunity. For where so much may be spent on the image of an organization both in physical amenities and in market recognition to elevate or reinforce experience, a redirect of effort must take place leading back to the people-focus revealed in the data. Organizations should consider how they balance their investment of time and energy on the core people processes and

still ensure a focus and proportional investment in the wrapping of amenities and designations needed to complete the experience picture. They too must realize that one can be done at the (often unintentional) expense of the other.

For healthcare organizations to achieve success, it will take this rebalancing of priorities and a commitment to focus and effort to sustain desired outcomes. In the data shared by the consumers in this study, these subtle shifts open up the possibility for greater returns. The choice is now left for healthcare organizations to make for themselves.

The consumers' perspective on patient experience offers not only validity to many of the core assumptions of the experience effort in healthcare, but also reveals a path for prioritizing action, ensuring focus and moving forward with intention. It provides a great opportunity for healthcare organizations to reset their efforts without substantial reinvestment or reallocation of resources. Instead, it calls for a recommitment to the experience healthcare organizations hope to provide others. This is the opportunity unveiled in these insights from those who experience healthcare. It is their challenge. It is an endeavor from which healthcare must not waiver.

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REFERENCES

1. Wolf JA. Patient Experience: The New Heart of Healthcare Leadership. *Frontiers of Health Services Management*. 2017;33(3):3-16. doi:10.1097/hap.0000000000000002.
2. Wolf JA. *A New View: An Unwavering Commitment to the Human Experience in Healthcare*. The Beryl Institute. August 2017. bit.ly/HumanExperienceinHealthcare.
3. Wolf JA. *The State of Patient Experience 2017: A Return to Purpose*. The Beryl Institute; 2017. <http://www.theberylinstitute.org/?page=PXBENCHMARKING2017>.
4. Wolf J, Niederhauser V, Marshburn D, Lavela S. Defining Patient Experience. *Patient Experience Journal*. 2014;1(1):7-19.
5. Always Events. Institute for Healthcare Improvement. <http://www.ihl.org/Topics/AlwaysEvents/Pages/default.aspx>. Accessed June 1, 2018.

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