Patient Experience Measurement: Implications and Opportunities from the Field

Sheila Delaney Moroney, MPH
Patient Experience Officer and Senior Director, Person- and Family Centered Services and Programs

We are an integrated healthcare system

- Hospital, trauma center, clinics downtown Minneapolis – rated #1 nationally
- Primary care clinics located across county
- Home care and hospice (MVNA and Hospice of the Twin Cities)
- Research institute (Hennepin Healthcare Research Institute)
- Philanthropic foundation (Hennepin Healthcare Foundation)
- Community partnerships

- $960 million annual budget
- 630,000 clinic visits
- 490 staffed hospital beds
- 22,000 inpatients treated
- 110,000 emergency room visits
- 2,000 births
- 350,000 interpreter-supported encounters
- 25+ languages
- 28% Limited English Proficiency patients
What's Next for Patient Experience Measurement?

Exceptional Experience

Effective, Efficient Processes

Engaged and Caring Staff

Safe and Meaningful Care

Patient Experience Defined:
The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.

Source: The Beryl Institute

What is HCAHPS?
What is HCAHPS to our patients and staff?

Focus areas for discussion

- Do HCAHPS and Value-Based Purchasing foster improvement?
- Pros and Cons of current state
- Ideas for improvement
- Meaningfulness
  - Are we asking patients what matters to them?
    - Connections
    - Coordination
    - Continuity
The Power of HCAHPS

What’s Next for Patient Experience Measurement?

ACHE: 10 most concerning issues for hospital CEOs
1. Financial challenges
2. Governmental mandates
3. Personnel shortages
4. Patient safety and quality
5. Patient satisfaction
6. Physician-hospital relations
7. Access to care
8. Technology
9. Population health management
10. Reorganization (e.g., mergers, acquisitions, restructuring)

"...organizations are focusing on the fundamentals of both patient and family and employee engagement, recognizing the need to strengthen communication efforts and elevating a focus on quality and safety as central to providing the best experience." --Jason Wolf, CEO

PROS
• Standardized question set and validated tool
• Historic trends – ourselves and others
• Best practices have evolved and are shared
• Drives leadership focus
• Designed to ensure representative sample
• Resources dedicated to improvement - much like Quality and Safety
• Several key drivers reflect what is important to patients and staff
• Coalesces organization around shared aim

CONS
• So much data….so little time
• Reality of running a health system undermines focus in improvement
• Doesn’t measure continuum of care
• Doesn’t measure everything that is important to patients
• Staff not motivated by data
• Response rates undermine credibility of data
• Voice of disenfranchised not heard
• Resource drain

How does HCAHPS and Value Based Purchasing Impact Improvement Efforts
Recommendations for Improvement

The findings of this study suggest that there are various areas of the HCAHPS survey that could benefit from a rebranding or re-evaluation. PELs offer the following recommendations to inform future efforts to improve the HCAHPS survey:

- Add a digital mode.
- Reduce time lapse from survey administration to public posting of scores.
- Periodically re-evaluate the HCAHPS survey.
- Shorten survey.
- Recalibrate patient priorities in today’s hospital environment, including vulnerable and high-risk populations.
- Remove the “care transitions” and “discharge planning” sections.
- Assess patient literacy, question wording, response scales, and its intersection with non-English language preferences.
- Assess the use and implementation of open-ended text and narratives.
- Assess patients’ and community-level influences for risk adjustment.
- Give consumer awareness of the HCAHPS survey and Hospital Compare.

Source: Modernizing the HCAHPS Survey: Recommendations from Patient Experience Leaders. July 2019

Impact of Methodology on Essential Hospitals:

- Health policy at federal level is designed to improve equity.
- VBP as it is currently designed is working counter to our efforts as essential hospitals.
- We have highly skilled and hard working, compassionate staff. The data doesn’t reflect the reality of our work.
- 13 safety net hospitals (7%) have CMS 5-star rating. Only 2 have 5 stars in Patient Experience. What’s the disconnect?
- Consider additional risk adjustment to reflect social determinants of health: housing instability, transportation, dual diagnoses, primary language.

Source: Modernizing the HCAHPS Survey: Recommendations from Patient Experience Leaders. July 2019
Patients tell us what is important

• Care about me as a person
• Coordinate between encounters
• Give evidence of teamwork

“I want you to listen, and understand what I am telling you about how I feel.”

“I am a person all of the time. I’m only a patient some of the time.”

What matters to patients… what brings them joy.
Meet Daryl. Science teacher. Heart attack victim.

Daryl’s story:
"I was rolling down the hall to the OR. The nurse called me by name saying, ‘I know you can’t speak, but I am here to take care of you.’ I just felt wonderful."

I thought, ‘I don’t want to die.’ She told me that she would take care of me. Her words were so from heaven. Making me feel good about what was going to happen. And making me feel good about myself."

Daryl said had a choice to make during surgery... between “going to the light” or coming back. He said he chose to come back because he knew people cared about him.

Kind and careful care makes a difference

Final thoughts

• Can’t legislate caring—but it should be rewarded.

• It would be irresponsible to continue this discussion without patients and families. 2 by 2.

• Continuum of care needs to be measured.
Appendix: Recommendations for Summer Reading

Many definitions for Person- and Family-Centered Care (PFCC) all leading to the same end – Partnering with patients in a manner that is meaningful to him/her. This book is a comprehensive tutorial on the elements necessary to truly achieve person-centeredness in healthcare.
“My goal is to persuade you that we must transform healthcare from an industrial activity into a deeply human one, capable of providing careful and kind care for all.”

Victor Montori
author *Why We Revolt*
co-founder of The Patient Revolution