Patient Experience and Engagement

Executive Summary:

- The patient experience is important in improving safety and outcomes for patients
- A positive patient experience can help lower the costs of care
- The patient experience can be divided in two modes: functional and relational
- The patient experience is complex but can be measured

~~~~~~~~~~~~~~~~~~~~~~~~

As value-based care ascends in importance, it will be necessary for providers to focus more on patient experience and engagement. Both of these have been shown to improve the quality of care and to drive down the cost of providing care, two pillars of value-based care.

In a 2013 article found at BMJ Open authors C. Doyle, L. Lennox and D. Bell stated that "patient experience is positively associated with clinical effectiveness and patient safety, and support the case for the inclusion of patient experience as one of the central pillars of quality in healthcare." The article then divides patient experience in two: functional experience and relational experience. Functional experience relates to the environment in which care is provided and to the service of staff at a healthcare site. Thus, functional experience would include the waiting at an outpatient clinic, the management of pain after surgery at a hospital, the cleanliness of a physical therapy site and access to one's personal physician through a patient portal. Relational experience is the way that clinicians engage the patient on a personal level. The most important piece of this engagement is providing the patient the opportunity to be involved in making decisions about his or her care. It also includes the respect clinicians have for patient culture, for the patient's family and for the designated caregiver of the patient.

Doyle et al demonstrate that there is a high correlation between the patient experience and adherence to treatment, preventive care and health resource use. These factors are essential to lowering the cost of care and improving outcomes. Much of the content of the HCAHPS hospital survey focuses on functional experience. This includes pain management, quietness of the hospital ward at night and the responsiveness of staff to patients' paging. These elements are important to patient outcomes, as noted in the article by Doyle.

In the October 2016 issue of the *MGMA Connection* magazine author Cheryl Becker in the article "Reinventing the Care Experience" discussed the design of a new pediatric clinic for Aurora Children's Health in Green Bay Wisconsin. One of the primary features was the elimination of the waiting room for patients. When patients check in they are directed by a patient service representative to an exam room, which can be easily found, that has separate patient and clinical entrances. Children and parents are shielded from exposure to other ill children with communicable diseases and privacy is enhanced. Clinicians are able to travel more quickly to exam patients because of the separate entrances. Workflow efficiency has greatly improved in this new environment, thus increasing the productivity of clinical staff which leads to increased income for the clinic. Aurora uses the CG-CAHPS to measure patient experience; scores have increased dramatically with the new clinic design. Author Becker states that the new
~~~~~~~~~~~~~~~~~~~~~~~~

design is a very important factor in providing value-based care. This is a good example of improving outcomes by improving the functional experience.

The February 2013 issue of *Health Affairs* discusses the continuum of engagement (relational experience) in direct patient care. In a diagram the first level of engagement is the 'consultation' where the patients receive information about a diagnosis. In the second level of engagement, termed 'involvement', patients are asked about their preferences for treatment. In the third level of engagement, or 'partnership and shared leadership', treatment decisions are made based upon patient preferences, medical evidence, and clinical judgement. The diagram is simple but beneath the descriptions lie many complex factors. Demographic factors have an impact on engagement: age, gender, race. A female patient in her 20's may not want to be fully engaged with an older male physician. The level of 'health literacy' of the patient may make it difficult for a physician to explain the choices available to a patient. Older patients may have the attitude that the doctor should make all the decisions because they 'trust' he knows best. These and other factors can make it difficult to activate the patient. Nevertheless, research has clearly shown that the quality of outcomes is much better for activated patients. David Veroff in this same issue points out that patients who receive enhanced decision-making support had overall medical costs that were 5.3% lower and had 12.5% fewer hospital admissions. In a value-based system these are very good results.

Engaging the patient is not always an easy exercise for physicians. Consider a patient who comes in with a sore throat. Upon examination, the physician decides to take a swab to see if there is a strep infection with a rapid strep test. The result is negative. The doctor explains the results to the patient and asks him if he understands that he probably does not have a strep infection. He advises the patient to go home, drink lots of liquid and get plenty of rest and the issue will probably resolve itself in a few days. The patient resists and demands a prescription for an antibiotic. The physician explains why this is not a good choice but the patient still insists. Of course, it would be easy for the physician to write the prescription and send the patient home satisfied. This is not the best course. Educating the patient further may help resolve the matter but it may not. You can see that there are times when patient satisfaction clashes with best treatment. In a value-based environment clinicians who take the best course of action generally succeed in increasing overall patient experience and engagement, I believe.

Patient engagement may progress in steps with clinician support. That is, a physician can use her skills to continually advance the activation of the patient. This advancement can be measured. In my March 2014 newsletter I discussed the 'Patient Activation Measure' developed by Dr. Judith Hibbard (if you would like a copy of the newsletter, please email me). It accurately measures the advancement of patient activation and willingness to engage over time.

In conclusion I would like to acknowledge that a reader of my newsletters led to the creation of this newsletter. He pointed out that I was not clear about patient satisfaction and its relationship to outcomes in last month's issue. In this edition I hope to have made it clearer that both the functional and relational patient experience are important in the pursuit of rendering value-based care. Pursuing an optimal experience and engagement at a population level does improve the quality and safety of care.

~~~~~~~~~~~~~~~~~~~~~~~~
~~~~~~~~~~~~~~~~~~~~~~~~

Bryant's is skilled at training in the areas of population level health management, business process management, risk assessment and continuous quality improvement. Contact Bryant's to find out about more about onsite training for your group. Please contact Bryant's at 616-826-1699 or email at t.bryant@alumni.utexas.net . Visit www.bryantsstatisticalconsulting.com to learn more about Bryant's services.