Patient Experience Is Paramount:
What That Really Means for CXOs from a Health IT Perspective

Healthcare organizations are finally catching on to the digital revolution that started in retail and impacts virtually every industry. A key question for patient care organizations is whether and how digitization will impact their patients' experience.

The "patient experience" undoubtedly incorporates an array of elements. According to the Agency for Healthcare Research and Quality (AHRQ), "Patient experience encompasses the range of interactions that patients have with the healthcare system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other healthcare facilities."

The AHRQ's definition continues, "As an integral component of healthcare quality, patient experience includes several aspects of healthcare delivery that patients value highly when they seek and receive care, such as getting timely appointments, easy access to information, and good communication with healthcare providers." Importantly, the AHRQ adds, "Understanding patient experience is a key step in moving toward patient-centered care."

What's more, research supports the idea that patients' experiences, both positive and negative, have long-lasting effects on an integrated health network. A recent study from technology company Solutionreach found that a growing number of patients who leave their healthcare provider, do so not because they aren't satisfied with the level of care, but because of frustration with practice logistics—things such as interactions with staff, scheduling complications, wait times, and communication processes.

Likelihood of switching physicians within the next two years

PRIMARY CARE PROVIDER

Millennials   42%

Gen X   44%
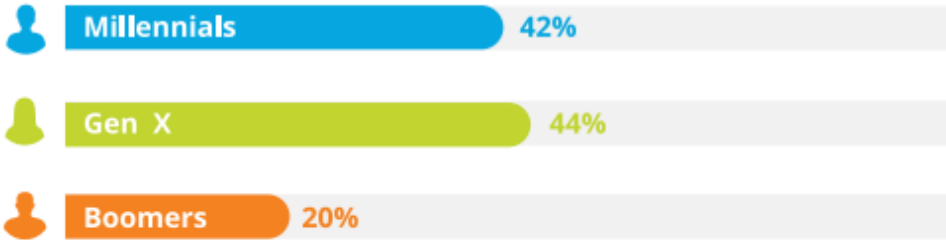
Boomers   20%

Source: "The Patient-Provider Relationship Study: The Ripple Effect Starts with Boomers"

Along with healthcare organizations, the federal government believes that putting patients at the center of care is critical to helping reduce the unsustainable $3.3 trillion that the U.S. spent on healthcare in 2016 alone. In fact, at the March 2018 health IT industry's annual Healthcare Information and Management Systems Society (HIMSS) conference, Seema Verma, Administrator of the federal Centers for Medicare and Medicaid Services (CMS), announced the launch of a new initiative called "MyHealthEData," aimed at revolutionizing the relationship of U.S. healthcare consumers to their patient data. In essence, the initiative is designed to empower patients with their data and information, with the core aim of giving every American control of their medical data.

Certainly, for this newly introduced approach to take off, patients must become both more educated and more engaged in their care. Many thought leaders, however, believe that this shift is already starting to happen as patient expectations in the healthcare sector are now beginning to follow the trends of other industries, such as retail. Patients have high standards when it comes to scheduling appointments easily, communicating with physicians and other care team members, and avoiding long waits in a clinician's waiting room.

From the perspective of patients, with the trend of insurance deductibles continuing to increase and many people bearing more out-of-pocket expenses, they have a strong financial motivation to become more educated about their own care, do intensive research, and shop around for the best, most convenient, and most affordable care possible. In short, patients are going to act increasingly like smart consumers as opposed to passive recipients of care and bills.

"Consumer technology is like a tidal wave pushing into the healthcare space, and the average consumer is now much more educated on medical technology," says Sean Kelly, M.D., Chief Medical Officer at the Lexington, Mass.-based health IT security company Imprivata. Kelly, who is also an ER physician, notes that the growing ability for patients to gather data and information related to their care has increased their healthcare expectation levels. "Hospitals and caregivers understand this, and we see patient engagement and patient experience at the forefront of hospital C-suite executives' minds, as well as at the forefront for doctors, nurses, and caregivers, and of course patients and their families," he says.

Put all together, the relatively new chief experience officer (CXO) position in hospitals and health systems is continuing to gain prevalence as C-suite leaders understand how the various interactions patients have with their healthcare system will impact their experiences, and thus their future decisions about where to get care. Indeed, a 2017 survey from The Beryl Institute reported that 58 percent of hospitals and health systems had CXOs, up from just 22 percent in 2013.

Individuals with Primary Responsibility and Direct Accountability for Addressing Patient Experience

TITLES	US Hospitals		
	2013	2015	2017
Experience Officeer (CXO, Director, Manager, etc.)	22%	42%	58% ⬆
Chief Nursing Officer (or equivalent)	14%	15%	11%
Chief Executive Officer/ Administration Executive Director	8%	4%	10%
Committee, Team, Work Group or Multidisciplinary Team	26%	14%	6% ⬇
Chief Operating Officer (or equivalent)	3%	4%	5%
Individual Doctor, Nurse or other Clinical Staff member	3%	3%	2%
No one in particular	1%	3%	0%

Source: "The State of Patient Experience 2017: A Return to Purpose"

What's more, for more than two decades now the AHRQ has overseen the administration of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys, which are a series of patient surveys rating healthcare experiences in the U.S. According to the AHRQ, the surveys' purpose "is to support investigator-led research to better understand patient experience with healthcare and develop scientifically valid and feasible strategies and tools to: assess patient experiences; report survey results; and help organizations use the results to improve the quality of care."

There have been a variety of studies that have explored how HCAHPS surveys could affect the delivery of patient care—and, as an extension of that, the overall patient experience. One key lesson learned from this research is that multi-departmental efforts are required for healthcare organizations to evolve in this area.

"Improvement takes cooperation across the leadership suite, and at many different levels of management," says Kelly. "It's not just a hospital's marketing or PR department putting out public messaging; it goes far beyond that." He adds that outreach from hospitals often does involve clinical leadership, such as CMOs (chief medical officers), CMIOs (chief medical information officers), CNOs (chief nursing officers), and oftentimes the caregivers themselves at the private practice level. There is also a financial component to improving patient experiences, Kelly acknowledges, as the financial health of each department at the hospital is tied to its reputation and the ability to deliver quality care. This, he attests, "requires engagement with the patient and education of the patient."

What Exactly Do Patients Want?

A core question in the broader picture of improving the patient experience is understanding what the modern-day consumer desires. While this answer undoubtedly varies depending on the individual, one 2018 survey from customer experience agency Verndale found that consumers most strongly want healthcare apps to provide the ability to manage appointments. Other most desired features among all patients included receiving an alert when an appointment is running late, refilling prescriptions, and accessing medical records.

Put more generally, Kelly believes that patients are starting to desire and demand technology that helps them access their care. **"There is an element of care that's becoming more digital, and this shift is something that patients, doctors, nurses, and caregivers expect too,"** he says. Kelly notes that in other sectors, such as banking, "tele-banking" is not seen as distinct from banking. Across most industries, he offers, digital outreach is simply an extension of the underlying business, product, or care at hand.

Remote care, digital care, home healthcare, and e-health should be viewed as extensions of "healthcare," Kelly attests. "It should all be seen as part of a continuum. Many healthcare networks and providers are thinking of it now as a whole separate venture, called telemedicine. But what we are evolving toward is how to stitch in digital solutions that help extend care in a borderless environment of healthcare," he says.

Also importantly, Kelly offers, patients—like most consumers—want their technology to be largely invisible, while also being private and secure. "But we don't want those aspects to get in the way of easily usable technology," he adds. "We also want it to work well behind the scenes and be almost effortless, and we want to be able to get access to the information we need. That expectation is true on both the patient and the caregiver side."

How are Healthcare Organizations Responding?

To keep up with the increasingly informed and technology-savvy consumer, many institutions are now making more concerted efforts to incorporate digital strategies to improve patient engagement and experience. At the provider level, what might this look like?

Not long ago, senior leaders at the University of Iowa Health Care, the Iowa City-based health system that includes the 800-bed UI Hospitals and Clinics, saw an opportunity to leverage patient engagement technology solutions to support its patient experience initiatives, with a specific focus on pediatric patients. As reported in a recent article on a pilot project at UI Children's Hospital, the pediatric patients in that unit were provided with their own personalized bedside touchscreen tablet that enables them to play video games and watch movies, as well as communicate directly with their care team, and select and order meals. In addition, the platform enables communication with parents or caregivers outside the hospital via Skype-based texting and audio communication.

This approach differs from a typical hospital in that the only entertainment and interactive technology that patients are usually provided are a television and a nurse call button. And, so far, the strategy at UI Health Care is working. Said one health system official, "Feedback from patients' families also indicates that use of the technology platform gave parents more peace of mind about their child's hospital stay. Parents have said it keeps their child entertained and keeps their mind off where they are and why they are here." And since the technology platform has been implemented, patient experience scores have risen dramatically, from the 40th percentile to the 89th to 90th percentile, according to officials.

Other examples of how digital technology can augment the patient experience are realized through initiatives such as e-prescribing of controlled substances and the use of patient portals. Over the years, health IT leaders have pointed out that the e-prescribing of opioids and other controlled substances helps address safety and security issues such as drug diversion and fraud, since it takes the paper prescription out of the patient's hands.

And from a convenience perspective, when the process is done electronically, patients don't have to wait to pick up the prescription from the doctor, bring it to the pharmacy, and wait for it to be filled—assuming the information is correct in the first place, Kelly points out. "It's an excellent example of how technology can work behind the scenes to help patients and providers increase productivity, improve satisfaction, and also protect privacy, and prevent fraud, diversion, and abuse of controlled substances at the same time."

Meanwhile, according to new research from the Medical Group Management Association (MGMA), nine out of 10 healthcare leaders surveyed in a recent poll said that their organization offers a patient portal, while an American Health Information Management Association (AHIMA) survey from 2016 revealed that four out of five consumers take advantage of their healthcare provider's patient portal. In the AHIMA research, one further key finding was that 82 percent of consumers accessed their electronic health record (EHR) through their provider's patient portal in 2016, compared to generally less than five percent in 2013.

When it comes to implementing patient portals, and getting meaningful use out of them, Kelly believes that the recipe for success is for the technology to be secure and private, but also usable and valuable. "The organizations we work with that have had the most patient engagement success through their portal actually offer capabilities to the patient that are valuable to them," he says. Evidence shows that patients like using the portals to schedule appointments, message their doctors, check blood work and other lab tests, and get prescriptions refilled or prescribed for them, he adds.

It's important that these transactional functions are easily available in the portal, and the patient doesn't get blocked trying to access the portal; that is where functionalities such as single sign-on and other methods of authentication come into play. Kelly concludes, "There is an intersection of what can be a tug-of-war between security and convenience, and if you can create a system where digital access to portals and other resources is easy but also secure, and private, that can be a great combination."

Patient Safety as a Driving Factor

Beyond the ability to leverage patient portals and e-prescribing functionalities to enhance efficiency and convenience, there are many other technology-driven elements to consider, some of which provide the very foundation for better care. For instance, proper patient identification and record matching "are some of the most important issues to solve going forward to really enable digital maturity in the patient healthcare space," Kelly attests.

Patient matching—the ability to accurately link all of a patient's health data within and across health systems—has been a challenge for the healthcare industry for decades. Concerns for patient safety have bumped up against privacy concerns. However, significant progress is being made to implement aspects of the 21st Century Cures Act that would lead to greater information sharing and rely on an accurate patient matching system.

In a 2014 report about the issue, the Office of the National Coordinator for Health Information Technology (ONC) found the best error rate among healthcare providers is around 7 percent, though the error rate is typically closer to 10 to 20 percent within healthcare entities, and this rises to 50 to 60 percent when entities exchange information with each other.

To this end, a new report from the Pew Charitable Trusts outlined several key themes related to patient matching, while also suggesting recommendations to improve matching and the infrastructure needed for more robust progress in the medium and long term. Pew conducted focus groups with patients about several potential solutions and found that most participants overwhelmingly preferred the use of a unique identifier to improve patient matching. Moreover, 70 of 95 participants listed biometrics as their first preference, while nearly all ranked biometrics in their top two choices. Participants also said biometrics would be ideal during emergencies for identifying unconscious patients, and are more accurate and secure than other approaches.

Kelly firmly believes that, given the report's findings, using biometrics behind the scenes will be a critical element to solving the patient matching issue. "Much like what already happens on the clinical care provider end when care providers access medical records, mimicking and using similar technology to help identify patients will be the backbone of providing better care and matching patient records together," he says.

Emphasizing the importance of providers knowing exactly which patient they are treating and their medical history, Kelly offers that, as an ER doctor, many of the decisions he makes when caring for patients are predicated on whatever data is available at that time. "If we can't match that patient's record to another record, we often won't know if a test has already been done or not, and that can greatly affect what tests we order, what treatments we provide, or what diagnostics we are thinking about. Patient identification needs to be the cornerstone of providing any patient-facing technology," Kelly asserts.

Changing the Culture

To that end, considering how healthcare organizations have traditionally operated, Kelly believes that the transformation to a system that prioritizes the patient experience, and that uses technology as a core driver in doing so, will indeed require a major culture shift. The good news, he offers, is that many people, both on the patient and provider level, are already getting used to this technology.

"Part of the culture change is to be open to doing work with new tools and in different ways, he says. "We all understand the power of smartphones, tablets, and other mobile technologies such as virtual desktops that can help deliver your digital workspace to you or your patient, virtually anywhere at any screen, any time."

Kelly feels that because people are so used to consumer technology evolving, they expect that to carry that into healthcare. Healthcare, however, does have unique issues related to patient privacy and HIPAA (the Health Insurance Portability and Accountability Act of 1996), which makes it challenging to integrate some of this technology, at least from a consumer and user standpoint, he acknowledges.

"Most people actually want this technology in healthcare, compared to five to ten years ago when there was more resistance and they weren't used to using mobile solutions, which sometimes require two-factor authentication or biometrics to access. Now, they are not only used to it, but they like it, request it, and are growing to expect it," he says.