

Patient Experience and Patient-Centered Care – Do We Really Care?

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Do we really care about the patient experience? Have we changed our focus from provider-focused to patient-focused? Are we actually engaging patients with their care? And are we attentive enough to patients' needs, concerns and expectations? Our recent studies published in the [British Medical Journal Quality and Safety](#) (1,2), raise concerns regarding these questions but also offer potential explanations and suggestions for improvement.

There are numerous proposed definitions of patient experience and patient-centered care that encompass many of the same core concepts, but there is no globally accepted definition. The Institute of Medicine defines patient-centered care as *"care that is respectful and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions"* (3). The widely accepted dimensions of patient-centered care are respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of patients and their family, and access to care" (4). Surveys measuring patients' experience of health care are typically based on these domains.

Patient experience and patient-centered care have drawn increasing interest in recent years, highlighting the importance of incorporating patient's needs and perspectives into care delivery (3,5). Consistent with this notion, implementation of patient-centered care and higher patient satisfaction has been shown to be associated with improved clinical outcomes, health service efficiency and positive impact on business metrics (6-10). Thus, these two domains together—patient experience and patient-centered care— have a powerful and

synergetic effect on the clinical and financial success of any hospital, clinic and health provider.

Against this background, patient experience and patient-centered care have become a high priority on the national agenda and have received increasing public attention (6). One of the most important ways in which this was recognized explicitly was in the Institute of Medicine's 2001 *'Crossing the Quality Chasm'* report, in which patient centeredness was considered a dimension of quality (3). Motivated further by public reports of patient experience, many healthcare organizations have strived to become more patient oriented and use patient surveys to assess their progress (6, 11). The 'Hospital Consumer Assessment of Healthcare Providers and Systems' (HCAHPS) is now required nationally in the USA (12). The intent of the HCAHPS initiative was to provide a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care. The results are available to the public which enables valid comparisons to be made across all hospitals. Moreover, the current requirement to publicly report scores on HCAHPS ties the amount of reimbursement directly to level of service performance. This reporting requirement has spurred a groundswell of activity around managing the perceptions of patients and ensuring ultimate service experience.

On a macro level, healthcare organizations use a range of strategies to improve patient experience, including staff development, leadership, collecting and reporting patient feedback, redesigning and co-designing service delivery, implementing patient rights charters and engaging patients as partners in improving

care. Concurrently, reports have shown that those healthcare organizations that succeeded in fostering patient-centered care into their organizations incorporated it as a strategic investment priority mainly by committed leadership, active measurement and feedback of patient experience as well as engagement of patient and staff (13). Yet, despite expanding initiatives many healthcare organizations have faced barriers when attempting to transform their organizational culture from 'provider-focused' to 'patient-focused' and still fall short of achieving high scores on patient experience.

One of the potential reasons for this gap in performance of health organizations with respect to patient experience might be insufficient institutional support for clinicians to manage and improve this dimension of healthcare quality. A growing body of evidence supports a robust association between the quality of clinician care and outcome. In addition, patient perception of the care received has been shown to be influenced mainly by their interaction with healthcare providers, particularly nurses and physicians (14,15). Thus, achieving high levels of patient satisfaction requires frontline clinicians to be engaged in this quality process.

In our multi-center study, where we surveyed more than 1,000 physicians and nurses at four academic hospitals in Denmark, Israel, the U.K. and the United States, we found inadequate front-line clinicians engagement and leadership support for patient-centered care improvement initiatives (2). We found that only 1 in 10 clinicians stated that their department had a structured plan to promote improvement of patient experience. In addition, only one-third recalled having received feedback from their hospital management regarding patient experience status. We also discovered that while nearly all clinicians believed that improving patient experience during hospitalization was achievable, only 38% remembered targeted actions conducted to

improve it. Thus, twelve years after the Institute of Medicine's *Quality Chasm report* that called for fundamental improvement and redesign in patient centered care, our findings raise concerns as to whether today clinicians have an active role in enhancing patient experience and are engaged in this dimension of healthcare quality by hospital management. While healthcare organizations declare that they believe that patient experience is important and are investing to assess the quality of care through patient experience surveys, the majority do not have a structured plan for improving patient satisfaction during hospitalization which reaches frontline providers. Consistent with this observation, most clinicians neither remembered targeted actions to improve patient experience in their department nor having received feedback from the hospital management regarding the level of patient satisfaction. These data suggests that healthcare organizations should develop approaches to engage frontline clinicians in the patient experience improvement process and ensure they get routine feedback about patient experience. We believe that policy makers should make patient experience a strategic investment priority and shift healthcare organizations towards culture of patient experience.

On a micro level, studies and reports have shown that the main determinants of patient experience and satisfaction are associated with clinician behavior, including communication with patients, attentiveness and responsiveness to patients' concerns and needs, and involvement of patients in decision making (1,4,14-16). Consistent with this notion, studies have shown the importance of both identifying and addressing patient expectations (17-22).

The data from our multi-center study raise also concerns regarding the responsiveness of clinicians towards the needs and expressed preferences of individual patients (1). We found that almost nine in ten clinicians felt their

awareness of patient expectations was inadequate. We also discovered that while 89% of clinicians believed it was important to ask patients about expectations, only 16% percent reported actually asking. This finding reflects an unrecognized gap between the importance clinicians place on addressing patient expectations and their performance. This discrepancy appears to represent a 'blind spot' in clinicians' approach to patient expectations and patient satisfaction. Additionally, only 19% percent of clinicians felt they had adequate training to handle patients' expectations. These data suggest that healthcare organizations should take a more active role in increasing clinicians' awareness and training them to cope with patient expectations. Moreover, healthcare organizations should initiate structured patient-centered care programs for identifying and addressing patients' needs, concerns and expectations in real-time.

Finally, we always have to remember that the manner in which we deliver care has an effect on the outcome – both the perceived and physically experienced. We have to keep in mind that positive patient experience depends a lot on our awareness, ability to listen, observe and react to the patient needs, concerns and expectations in real-time. Our ability to put aside our own agenda and to view the care experience through the patients' eyes will enable us to increase our attention and intentions that we bring to patient care.

It is now the right time to make the difference, to care about the patient experience, change our focus from provider-focused to patient-focused, engage patients with their care, and being attentive to patients' needs, concerns and expectations.

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