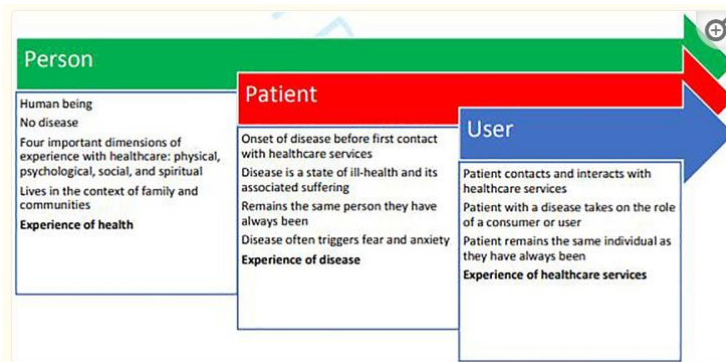


## Patient Engagement/Patient Experience

- Definitions
- Importance
- Specific assessments

### Patient Experience:

- Range of interactions patients have with healthcare system (care from health plans, doctors, nurses, hospital staff, physician practices, and other healthcare facilities)
- Integral component of healthcare quality; includes aspects of health care delivery patients value highly when they seek/receive care (i.e., timely appointments, easy access to information, good communication with providers)
  - Source: [What Is Patient Experience? | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/patient-experience/)
- “The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions along the continuum of care.” (The Beryl Institute - [Defining Patient Experience - The Beryl Institute - Improving the Patient Experience](https://www.berylinstitute.com/defining-patient-experience/))
  - Sum of all interactions: Influenced by all the touchpoints along patient journey, each one playing its part in influencing patient perceptions
  - Understanding how each interaction/touchpoint can be improved to improve overall experience essential to patient experience program
  - Organization’s culture: Vision and values at every level play role in delivery of safe, convenient, competent healthcare
  - Patient perceptions: What is recognized, understood, and remembered by patients; Each patient perception is impacted by their own circumstances/beliefs/values/cultural background
  - Continuum of care: Patient experience begins before patient needs care and long after the clinical outcomes/interactions are complete; Important to understand the role of healthcare providers before, during, after patient care
  - Source: [What Is Patient Experience and Why Is It So Important? \(qualtrics.com\)](https://www.qualtrics.com/articles/customer-experience/what-is-patient-experience-and-why-is-it-so-important/)
- Independent dimension of health-care quality [Understanding the Patient Experience: A Conceptual Framework - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/26111111/)
  - Holistic experience, begins before patient seeks care
  - 3 phases/spheres and 2 critical landmarks



- 1<sup>st</sup> landmark – beginning of process moves person from first column (person) to middle column (patient)
- 2<sup>nd</sup> landmark – person suffering from disease makes first contact with medical care services, then become users/consumers of services; Still same person before disease onset
- Dynamic – if disease is cured, individual who was a patient before is restored to the experience of health and is no longer a patient
- Not just experience between patient and healthcare providers (form patient experience through interactions with patient and healthcare plan, medical services, disease itself, general life – picking kids up from daycare if patient is sick, etc.)

Importance:

- Key step to moving towards patient centered care
- Can assess how patients are receiving care that is respectful of and responsive to individual patient preferences, needs and values
- Helps to provide a complete picture of health equity
  - Source: [What Is Patient Experience? | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/patient-experience/)
- Patient-centered care approach and considering holistic experience patients have across their healthcare journey allows organizations and providers understand how certain actions and measures can improve safety, convenience and quality of care ([What Is Patient Experience and Why Is It So Important? \(qualtrics.com\)](https://www.qualtrics.com/healthcare/patient-experience/))
- Precise understanding of the patient experience will benefit healthcare industry in multiple ways ([Understanding the Patient Experience: A Conceptual Framework - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/31111111/))
  - Personalized bedside care
  - Clear guidance for further research
  - Sustainable improvements in care quality
  - Guide healthcare policy
- Triple Aim Framework (now Quadruple Aim): [Importance of The Patient Experience | IBHP \(ibhpartners.org\)](https://www.ibhpartners.org/2018/03/15/importance-of-the-patient-experience/)
  - Better patient experience improves clinical and business outcomes
  - Patients make provider choices not just on clinical outcomes, but also if their doctor/clinician provides compassionate patient-centered care
  - Satisfaction measured/affected by logistics (making appointment, traveling to appointment, etc.), check-in customer service, wait times in waiting/exam rooms
  - Provider communication is critical (effective communication) – provider cares about patient as a person, listened to patient carefully, knew important information about medical history, explained things in a way patient could understand, answered all questions
  - [Jenkinson et al., 2002](#) found major determinants of satisfaction were physical comfort, emotional support, and respect for patient preferences
  - Avoiding stigma: mental health patients may report provider being uncomfortable discussing psychological issues

- Business benefits: More revenue, less diagnostic testing (greater efficiency), less lawsuits, greater patient retention, improved staff satisfaction, meeting health plan/government requirements
- Clinical benefits: Greater patient satisfaction, greater patient treatment adherence, improved outcomes

#### Patient experience vs. patient satisfaction:

- Assess patient experience – learn from patients whether something they believe should happen in the healthcare setting (i.e., clear communication with provider) actually happened or how often it happened
- Assess patient satisfaction – if patient’s expectations about encounter were met (i.e., expectations vary for how care is supposed to be delivered, satisfaction ratings can differ based on different expectations)
- Source: [What Is Patient Experience? | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/patient-experience/)

#### Assessments

*HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Surveys Measuring Patient Experience*

- [The Patient Experience and Health Outcomes | NEJM](https://www.nejm.org/doi/full/10.1056/NEJMcp1702001)
  - Critics of patient-reported measures/satisfaction: Patient feedback not credible because patients lack formal medical training, measures capturing happiness could be influenced by factors unrelated to care
    - Concern: Patient-experience measures may be confounded by factors not directly associated with quality (i.e., patients may base their experience on their health status, regardless of care)- however this can be difficult to measure objectively
    - Patient-experience measures may reflect fulfillment of patient desires (i.e., request for certain medication, etc.) – studies have shown the volume of services ordered are not correlated, increased patient engagement leads to lower resource use but higher patient satisfaction
  - However, a researcher and colleagues found overall satisfaction with care positively correlated with clinical adherence to treatment guidelines. Explanations:
    - Patients base satisfaction rating on accurate sense of quality of technical care which makes patient-experience measures and clinical adherence measures redundant – may imply patient feedback has no additional value (but then this concern would not have any merit)
    - Measures used for patient satisfaction reflect interpersonal care experiences (provider communication with patient)
    - Explain inconsistent results with patient-experience measures and health outcomes
      - Do measures focus on specific event or visit?
      - Focus surveys on patient-provider interactions

- Timeliness of measurement is important (how long patient answers questions after their care, how long the patient needs to recall experiences)
  - Risk-adjust outcomes and relate to interactions of interest
  - No common approach for defining patient satisfaction
  - Goal to focus on activities (care coordination and patient engagement) to be associated with satisfaction and outcomes, care-delivery models on patients' experiences and outcomes, measurement approaches to develop (timely and actionable information), improve data collection methods/procedures
- [Interview with Susan Edgman-Levitan on patient-experience measures and their relationship to health outcomes. | NEJM](#)
  - 2013 interview
  - HCAHPS Survey
  - Detailed approach to understanding what patients and families value for quality and care, ability to manage health conditions/health care moving forward
  - Focus on what patients can perceive or judge
    - Communication, responsiveness of staff, how to take medications, prepare for discharge, pain management
  - Design survey questions to measure aspects of care (above)
  - Cognitive interview process – patients take the survey then discuss, ask patients to determine what questions are asking them about (re-work items as needed)
    - What makes information have more credibility?
  - Clinicians do not really like patient satisfaction surveys (there can be bias when you ask someone how satisfied they are by something)
    - How to develop survey questions that are more objective (use term “report”), easy to interpret results from patients
  - Questions highly correlated with outcomes and quality measures: inpatient hospital – nurse communication questions, responsiveness of staff (doctor communication not as highly correlated because scores are already high in hospitals)
  - Controversy over correlation (positive vs. negative or no correlation): many surveys ask about amenities of hospital, but patients interviewed for HCAHPS did not find this as important
    - Important to understand what is included/measured in analysis when talking to patients
  - Positive outcomes for providers (with positive patient satisfaction): better systems to work in to provide care to patients
  - When patients and families are educated about their options, they are not actually demanding what they want (they are better informed about what they want)
  - Share data across entire organization (review comments from patients as well)
    - Employee surveys important (identify staff barriers to providing quality care)
  - Develop better measures to evaluate how patients are involved in decision making for their care

- [360 Feedback Questions to Ask in 2022 - Qualtrics](#)

*NHS Quality Care Commission – Maternity Survey 2022*

- [Survey - NHS Surveys](#)