

*Special Topic: Improving the Patient Experience*

# Engaging Physicians to Enhance the Patient Experience

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Delivering an excellent patient experience requires success on two fronts: achieving exceptional clinical outcomes and exceeding patient service expectations.

It has become clear that patients care about both clinical quality and service satisfaction and don't necessarily differentiate the two. With the advent of extensive publicly available information about both clinical quality and service satisfaction, providers must examine how well they are meeting patient expectations and work to identify tactics to improve patient service. As part of this effort, they must enlist physicians as partners in understanding and eliminating patient service dis-satisfiers. This article explores strategies to engage physicians in enhancing the service satisfaction dimension of the patient experience with a focus on early lessons learned from the field.

## Understanding the Patient Experience

Delivering an excellent patient experience requires success on two fronts: achieving exceptional clinical outcomes and exceeding patient service expectations.

To date, many healthcare organizations have primarily focused on the engagement of physicians to enhance clinical quality through adoption of evidence-based practice standards, safety initiatives,



technology enablers (e.g., computerized physician order entry), and other clinical initiatives. These activities have been essential steps in achieving the promise of high quality clinical care—which is the minimum expectation by most patients.

The engagement of physicians in addressing the service satisfaction component of the patient experience has been less robust for a variety of reasons:

- Clinical quality and outcomes are generally the number one priority for physicians—this is at the heart of what the organization is all about.
- While underlying care systems and a broad range of caregivers can affect clinical quality, physicians have a role in clinical quality outcomes that often cannot be addressed by others.
- Physicians often view patient service satisfaction as the domain of facilities, information technology, administration,

nursing, and other components of the healthcare delivery system that are beyond their purview or control.

Understanding what elements of the healthcare experience are involved in the patient's overall sense of satisfaction with that experience can enable physicians to be more engaged in improving patient service satisfaction.

## Six Elements of Service Satisfaction

There are six broad elements that are essential to patient service satisfaction. Some of these relate to hospitality aspects of a patient's healthcare experience. Others relate to interactions around clinical care which are not related to the clinical outcome. These six elements include the following:

- **Access.** A patient's ability to obtain clinical services when and where they want them.

- **Look & feel.** The character of the physical environment a patient experiences and the overall “ambiance” of the organization.
- **Bedside.** What the patient experiences in the bed, chair, exam table, or wherever they are receiving care.
- **Coordination.** How care steps and activities are coordinated for the patient.
- **Communication.** The caliber of the communication a patient experiences during a care episode.
- **Hassle factor.** The degree of inconvenience, number of hurdles, and headaches a patient experiences in obtaining needed care.

Some of these service elements are closely tied with clinical outcomes; others are not. For example, the coordination and communication that are essential among the clinical care team to ensure good clinical outcomes could, potentially, occur *without* good communication with the patient. From the service perspective, however, it is the patient communication that will affect satisfaction most.

Many people and processes affect patient service satisfaction. Healthcare organizations have improved employee work environments, enhanced their food, re-designed facilities to improve privacy and enhance visual/auditory impact, decreased waiting times, and delivered many other service enhancements. Now it is time to engage physicians to make a positive impact on patient service satisfaction in those areas where they are uniquely able to affect patient satisfaction.

## What Role Do Physicians Play?

How can physicians be engaged to enhance the service satisfaction of a patient? For each of the six essential elements, there are numerous ways that physicians influence what a patient experiences.

Figure 1 provides some examples of activities that are dependent upon physicians for each of the six essential elements.

## Lessons Learned

How does one successfully engage physicians around enhancing service satisfaction? Six lessons learned from healthcare organizations are provided below.<sup>1</sup>

### Lesson #1: Use Facts to Create the Hook (but Recognize Data Limitations)

Many—if not most—physicians are skeptics, seeking hard evidence of issues before accepting them as givens. It is not surprising, then, that they often want proof of a patient satisfaction problem before signing on to tackle it. While some data are available to document the problem, these data are not without limitations. The Centers for Medicare and Medicaid Services (CMS) Hospital Consumer Assessment of Healthcare Providers and

Systems (HCAHPS), for example, provides a set of 10 questions to assess patients’ perspectives on care (see Table 1). HCAHPS results can signal a problem with patient satisfaction for the hospital overall, but are not designed to identify individual physician issues. Even Measure #2 (Communication by Physicians) asks about all physicians involved in the patient’s care, not about any one physician. The aggregate nature of the data makes it easier for physicians to dismiss unfavorable results as not reflecting how their patients feel about them individually.

The subjective nature of patient satisfaction can also create challenges. According to Dr. Win Whitcomb, Vice President for Quality Improvement for the Sisters of Providence Health System (Massachusetts), patient satisfaction “at least seems softer or more fluffy than clinical quality,” making it a more difficult subject to broach with physicians. Dr. Joel Reich, Senior Vice President for Medical Affairs at Eastern Connecticut Health Network, similarly

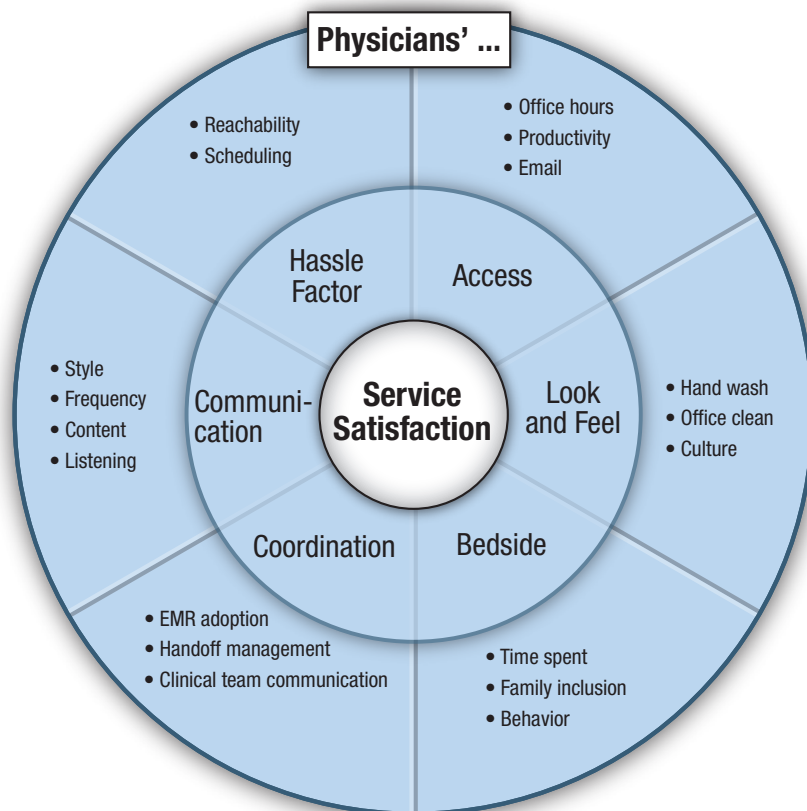


Figure 1. Six elements driving service satisfaction—examples of physician impact.

notes that the personal nature of patient satisfaction can be at odds with the typical scientific (objective) orientation of physicians.

Given data limitations, how should hospitals respond? First, acknowledge that

## Centers for Medicare and Medicaid Services (CMS)

### Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

CMS has ushered in a new era in public hospital outcomes reporting and transparency. In order to make meaningful comparisons to support consumer choice, HCAHPS introduced a standardized approach—or core set of questions—to measure patients’ perspectives of care received in hospitals. The goal was not to replace what hospitals were already doing on their own, but to:

- ensure objective and meaningful comparisons between hospitals on topics important to consumers,
- create incentives for hospitals to improve quality, and
- enhance public accountability in healthcare.

For each hospital, the HCAHPS report card comprises 10 measures as outlined in Table 1. Collection of HCAHPS data began in October 2006, with the first release of results in March 2008. Moving forward, HCAHPS results will be reported quarterly and posted online at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov). If the first release is any indication, results will continue to play out prominently in the press, piquing the interest of patients, purchasers, and policy makers.

**Table 1. HCAHPS 10 Elements<sup>2</sup>**

Survey Elements	Explanation
1. How often did nurses communicate well with patients?	“Communicated well” means nurses explained things clearly, listened carefully to the patient, and treated the patient with courtesy and respect.
2. How often did doctors communicate well with patients?	“Communicated well” means doctors explained things clearly, listened carefully to the patient, and treated the patient with courtesy and respect.
3. How often did patients receive help quickly from hospital staff?	Patients report how often they were helped quickly when they used the call button or needed help in getting to the bathroom or using a bedpan.
4. How often was patients’ pain well controlled?	“Well controlled” means that the hospital staff did everything they could to help patients with their pain.
5. How often did staff explain about medicines before giving them to patients?	“Explained” means that the hospital staff told what the medicine was for and what side effects it might have.
6. How often were the patients’ rooms and bathrooms kept clean?	
7. How often was the area around patients’ rooms kept quiet at night?	
8. Were patients given information about what to do during their recovery at home?	Patients report whether hospital staff discussed the help they would need at home and whether they were given written information about symptoms or health problems to watch for during their recovery.
9. How do patients rate the hospital overall?	Ratings are on a scale from 0 to 10, where 0 means “worst hospital possible” and 10 means “best hospital possible.”
10. Would patients recommend the hospital to friends and family?	Patients report whether they would definitely recommend, probably recommend, or not recommend the hospital.

the data are not perfect, but that they are better than no data at all. Second, find ways to share the patients’ voice directly with physicians. A number of organizations conduct patient focus groups and invite physicians as observers. These focus groups can provide a true “a ha” moment for physicians, opening their eyes to patient satisfaction issues in a way that no written reports can.

### Lesson #2: Start by Finding and Nurturing a Few Champions

Physician champions can go a long way in getting physicians on board to enhance the patient experience. Interestingly, at least in some organizations, hospitalists

have embraced the role of champion for the patient experience. Dr. Whitcomb, a pioneer in the field of inpatient medicine, describes the hospitalist as uniquely able to take on this responsibility. He notes that hospitalists “practice at the intersection of the hospital and the medical staff and have a clear interest in making the experience in the hospital as good as possible.”

Any physicians, not just hospitalists, can serve as champions for the patient experience. The only real requirement is a passion for understanding and responding to patient needs and expectations. Having one or more strong physician advocates for the patient experience will help greatly in overcoming physician cynicism about

the data and subjective nature of the topic.

### Lesson #3: When Asking Physicians to Change, Focus on a Few Specific Behaviors

Generic calls to physicians to improve patient satisfaction will likely fall on deaf ears. Unless simple behavioral modifications are identified, the call for change will seem too vague and will not get the attention of physicians. Many hospitals have responded by providing targeted coaching to physicians. One such coaching program provides physicians with specific open-ended questions to ask of patients to address patients' perceptions that their physicians do not listen to them. If you want physicians to change, tell them how, not just why.

### Lesson #4: Take a Systems Approach to Change

Efforts to engage physicians in improving the patient experience cannot occur in a vacuum. The hospital must be responsible for implementing the basic systems changes necessary to accommodate the desired changes in physician behaviors. Based on the results of its own patient satisfaction survey, one hospital wished to encourage its physicians to spend more time communicating with patients at the bedside. They quickly learned, however, that many rooms had no place for the physicians to sit. Working with physical-plant staff, the hospital added chairs to all patient rooms.

### Lesson #5: Make Sure the Hospital Does its Part

Hospitals understand they need the cooperation of physicians to achieve high levels of patient satisfaction with their services. They do not always embrace the corollary: patient satisfaction with physicians depends in large part on what the hospital does and does not do. Dr. Reich explains it best when he describes the physician as the captain of the patient experience: "just as passengers judge a pilot based on the

condition of the plane he flies (because no good pilot would agree to fly a shoddy plane), the patient's perception of the physician can be influenced greatly by the overall hospital experience." Hospitals that want the cooperation of physicians start by cooperating with the physicians.

When it comes to patient satisfaction, the fates of hospitals and physicians are inextricably tied. Dr. Reich warns that "if the physician is unhappy with the hospital, his

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unhappiness will carry over to the patient." Ensuring physician satisfaction is integral to achieving top ratings from patients.

### Lesson #6: Link to Clinical Quality Improvement Efforts

Patient quality/safety and patient satisfaction go hand-in-glove and savvy hospitals look for initiatives that will enhance both clinical outcomes and patient satisfaction. A case in point is the development of IT-enabled scheduling and results reporting systems. Not only do these systems address specific dis-satisfiers for patients, they contribute to better outcomes by facilitating ease of access and the timeliness and accuracy of test-results reporting.

Joint Commission-mandated surgical site marking is a second example. While the practice is implemented to prevent wrong-site or wrong-procedure surgery, it can contribute also to patient satisfaction by easing the patient's mind at a stressful time. Smart hospitals do not reinvent the wheel when it comes to patient satisfaction. They look at the patient experience as an integrated whole and recognize that improving clinical quality and improving patient satisfaction are, to a large extent, the same thing.

## Concluding Thoughts

In an increasingly competitive environment, hospitals will be challenged to deliver a truly outstanding patient experience. Alignment with physicians will create the cornerstone for success, especially if it builds on the objective case for change, enjoys the support of strong champions, is structured as a two-way partnership, is coupled with systems change, and is integrated with efforts to enhance clinical outcomes.

## Endnotes

1. The authors wish to thank two healthcare leaders in particular for their wisdom on this topic: Dr. Joel J. Reich, Senior Vice President for Medical Affairs at Eastern Connecticut Health Network and Dr. Winthrop Whitcomb, Vice President for Quality Improvement for the Sisters of Providence Health System (Massachusetts).
2. Definitions are drawn from the Hospital Compare website, updated September 17, 2008, <http://www.hospitalcompare.hhs.gov>.

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