

Patient Experience and Relationship Centered Communication

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Should we survey patients about their experience
in the hospital?



COI

- I have no conflicts to declare

Agenda

- Review brief history of the patient experience movement and Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Discuss the CAHPS survey
- Explore the relationship between patient experience and quality
- Identify some basic components of relationship-centered communication.

How It Started

1999

To Err Is Human:
Building a Safer Health System

The Burning Platform

- IOM report in 2001- Crossing the Quality Chasm
 - Care that is **safe, timely, efficient, effective, equitable, and patient-centered (STEEEP)**

Patient centered-
care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

The Response

- 2002 Center for Medicare and Medicaid Services (CMS) partnered with Agency for Healthcare Research and Quality (AHRQ) to develop the first CAHPS (**C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems) survey and validate
- 2006 CMS mandated use of HCAHPS
- 2008 public reporting
- 2012 became a part of Value Based Payments

Patient Satisfaction?

Satisfaction

a pleasant feeling that you get when you receive something you wanted, or when you have done something you wanted to do

Experience

practical contact with and observation of facts or events

Types of Surveys

Satisfaction analysis surveys

“**how satisfied** were you with wait time?”

Frequency analysis surveys

“**how often** did your physician listen to you”

Rating analysis surveys

“**rate** the concern shown for your questions”

HCAHPS Physician Communication Domain

- How often did your physician:
 - Treat you with courtesy and respect
 - Listen carefully to you
 - Explain things in a way you could understand
- Likert scale 1-4
 - 1. Never 2. Sometimes 3. Usually 4. Always
- Reported as “Top Box”
 - Percent of patients that gave the highest rating

Medical Practice Survey Care Provider Domain

- Explanations about your problems
- Concerns showed for your questions or worries
- Efforts to include you in decisions about your care
- Likelihood of recommending this provider

- Likert scale 1-5 “Very poor- Very good”



Are HCAHPS scores correlated with quality of care received?



Experience and Evidence Based Care Compliance

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Patients' Perception of Hospital Care in the United States

Ashish K. Jha, M.D., M.P.H., E. John Orav, Ph.D., Jie Zheng, Ph.D., and Arnold M. Epstein, M.D., M.A.

ABSTRACT

BACKGROUND

Patients' perceptions of their care, especially in the hospital setting, are not well known. Data from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey provide a portrait of patients' experiences in U.S. hospitals.

METHODS

We assessed the performance of hospitals across multiple domains of patients' experiences. We examined whether key characteristics of hospitals that are thought to enhance patients' experiences (i.e., a high ratio of nurses to patient-days, for-profit status, and nonacademic status) were associated with a better experience for patients. We also examined whether a hospital's performance on the HCAHPS survey was related to its performance on indicators of the quality of clinical care.

RESULTS

We found moderately high levels of satisfaction with care for an average of 67.4%

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Experience and Readmission

Relationship Between Patient Satisfaction With Inpatient Care and Hospital Readmission Within 30 Days

William Boulding, PhD; Seth W. Glickman, MD, MBA; Matthew P. Manary, MSE;
Kevin A. Schulman, MD; and Richard Staelin, PhD

Hospital readmission rates are an important measure of the quality and costs of healthcare. Recent estimates suggest that almost one-fifth of Medicare beneficiaries discharged from a hospital are readmitted within 30 days, resulting in an estimated annual cost of unplanned readmissions of \$17.4 billion.^{1,2} Although factors outside of the hospital contribute to unplanned readmissions,^{3,4} the fact that one-quarter of readmissions occur within 30 days of discharge suggests that there is room for improvement in the quality of inpatient care and discharge planning. Therefore, understanding the factors associated with hospital readmission has important implications for managing the provision of healthcare.

Until recently, the measurement of hospital quality has focused on how often the hospital delivers evidence-based clinical care. In June 2009, Medicare released the Hospital Care Quality Information from the Consumer Perspective (HCAHPS), a large database of information on patients' perceptions of their hospital experiences and, in particular, their interactions with the hospital's staff.^{5,6} It is unknown whether patients can

Objectives: To determine whether hospitals where patients report higher overall satisfaction with their interactions among the hospital and staff and specifically their experience with the discharge process are more likely to have lower 30-day readmission rates after adjustment for hospital clinical performance.

Study Design: Among patients 18 years or older, an observational analysis was conducted using Hospital Compare data on clinical performance, patient satisfaction, and 30-day risk-standardized readmission rates for acute myocardial infarction, heart failure, and pneumonia for the period July 2005 through June 2008.

Methods: A hospital-level multivariable logistic regression analysis was performed for each of 3 clinical conditions to determine the relationship between patient-reported measures of their satisfaction with the hospital stay and staff and the discharge process and 30-day readmission rates, while controlling for clinical performance.

Results: In samples ranging from 1798 hospitals for acute myocardial infarction to 2562 hospitals

Experience and Mortality in AMI

Circulation: Cardiovascular Quality and Outcomes

Volume 3, Issue 2, March 2010; Pages 188-195

<https://doi.org/10.1161/CIRCOUTCOMES.109.900597>



ORIGINAL ARTICLE

Patient Satisfaction and Its Relationship With Clinical Quality and Inpatient Mortality in Acute Myocardial Infarction

Seth W. Glickman, MD, MBA, William Boulding, PhD, Matthew Manary, MSE, Richard Staelin, PhD, Matthew T. Roe, MD, MHS, Robert J. Wolosin, PhD, E. Magnus Ohman, MD, Eric D. Peterson, MD, MPH, and Kevin A. Schulman, MD

Experience and Safety/Effectiveness

Open Access

Research



A systematic review of evidence on the links between patient experience and clinical safety and effectiveness

Cathal Doyle,¹ Laura Lennox,^{1,2} Derek Bell^{1,2}

To cite: Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open* 2013;**3**:e001570. doi:10.1136/bmjopen-2012-001570

ABSTRACT

Objective: To explore evidence on the links between patient experience and clinical safety and effectiveness outcomes.

Design: Systematic review.

Setting: A wide range of settings within primary and secondary care including general practices, hospitals and community centres.

ARTICLE SUMMARY

Article focus

- Should patient experience, as advocated by the Institute of Medicine and the NHS Outcomes Framework, be seen as one of the pillars of clinical effectiveness? Quality in healthcare alongside patient safety and clinical effectiveness?

Why the Variance?

- Validated survey tool
- Survey one episode of care
- Focus on provider-patient interaction domains
- Survey should be close in time to the care
- Data should be risk adjusted

What is Patient Experience?

The congruence between the expectation of ideal care and the perception of actual care.

What do you want your patients to think about you and say about you and the care you provided?

What are you intentionally doing to make that happen?



So how do I improve the
experience?

Who are you?
Are you good at what you do?
Do you **care** about me?

People don't care how much you know, until they know how much you care....

about them.

“Very little compassion and empathy
shown”

Compassion

to suffer with

The feeling that arises when confronted with another's suffering that motivates one to relieve that suffering.

Almost half of Americans think health care providers are lacking in compassion.

(Lown et al., Health Affairs 30:9; 2011)

56% of physicians said they don't have time for compassion.

(J Gen Int Med;2012)

While seeing patients, providers look at screens for longer than they look in patients' eyes.

(Montague, Medical Informatics, 2014)

Physicians miss 60-90% of opportunities to react to patients in a compassionate way.

(Easter, Current Surgery, 2004; Levinson, JAMA, 2000)

What can we do to show
patients we care?

Relationship Centered Communication

is not customer service

Relationship Centered Communication

Invest in the clinician-patient human relationship

Acknowledge the clinician's expertise

Recognize the patient's perspective and preferences

Use evidence-based tools

Acknowledge the patient
Negotiate an agenda
Actively listen
Elicit expectations
Use empathic statements

Acknowledge Them as a Person

“There were a lot of people on my care team. Difficult to keep up with who was who”

- Introduce yourself
- Acknowledge everyone in the room

“great drs and nurses. Just need to work on friendliness and caring toward the patients”

- Make a connection
- Small talk before big talk

Negotiate an Agenda

- Get a complete list of concerns
- Add your agenda items
- Using shared decision making, decide how to spend the time

Actively Listen

- Make eye contact
- Sit
- Don't interrupt
- Think about what they are saying instead of what you are going to say next
- Use reflection

Elicit Expectations

- Ask about ideas
- Name emotions
- State expectations

Use Empathic Statements

Legitimization/Validation

- “I would be frustrated/scared/anxious/angry too.” “Most people in this situation would feel that way.”

Appreciation

- “Thank you for your patience.”

Use Empathetic Statements

Clarification/Reflection

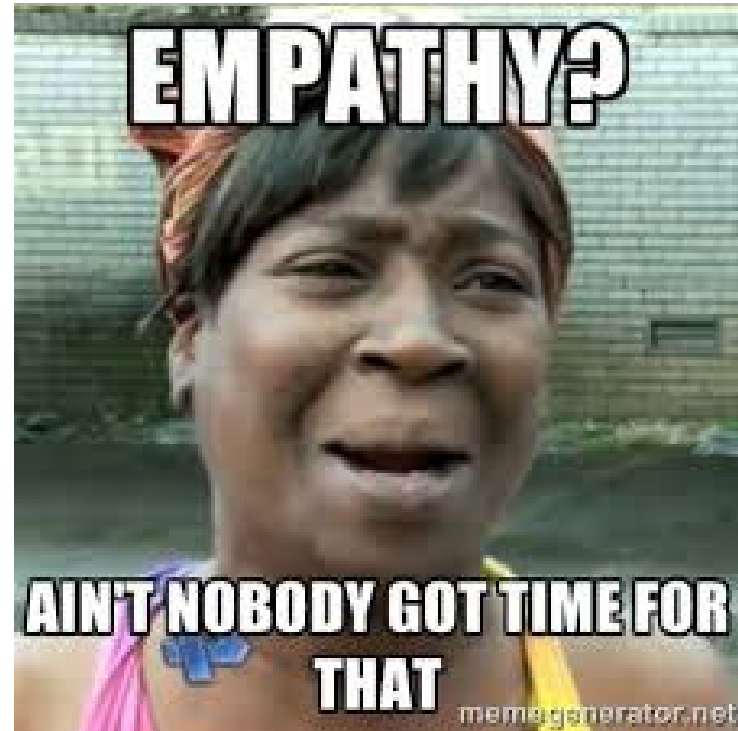
- “What I hear you saying is.....”

Apology

- “I’m sorry you are going through this.” “I’m sorry you had this experience”

Support

- “I am going to work with you to provide the best medical care possible”



Empathy Increases Efficiency

	Addressed emotional concerns	Did not address emotional concerns
Internists	17.6 min. visits	20.1 min. visits
Surgeons	12.5 min. visits	14 min. visits

Take Home Points

- The patient experience movement grew out of the IOM recommendations to improve the quality of the American healthcare system
- HCAHPS is a frequency analysis survey, not a satisfaction survey, that is mandated by CMS.
- Patient centeredness and the surrogate of experience scores seem to be correlated with patient safety and care quality

Take Home Points

- A significant part of how patients view their care is based on the compassion they feel. We can show we care by investing in the relationship by:
 - Acknowledging the patients as people
 - Negotiating an agenda
 - Actively listening
 - Eliciting expectations
 - Using empathic statements

