

CONSUMERISM, SAFETY, AND BRANDING IN HEALTHCARE:

Consumer Perceptions on Hospitals Providing Transition Support



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Preface

The objective of this study was to evaluate the consumer view of post-hospitalization discharge calls as a high-impact strategy that organizations are using to improve care.

As healthcare shifts from a volume to a value reimbursement model, additional considerations of patient satisfaction with the services that organizations provide, brand strategy, and a patient's willingness to engage in positive health behaviors (activation) becomes increasingly important. The intersection of consumerism, hospital reputation, and healthcare high-impact strategies was narrowed for this study to focus specifically on care transitions. This was due to recent legislation targeting excessive 30-day hospital readmission rates with the potential for incurred penalties and the industry's increasing awareness of a need to shift to a population health approach. While the focus on using high-impact strategies within healthcare is not a new consideration, examining the consumer perspective of organizations that utilize these approaches is a new area of research.

Consumer Perceptions on Hospitals Providing Transition Support

Introduction

Patient satisfaction, patient experience, and consumerism are distinct yet important elements for the delivery of health services and a foundational framework for population health. A relationship is built upon trust between a patient and the provider that is created over time. The quality of an interaction can drive compliance with a treatment plan, clinical outcomes, and ultimately the brand loyalty of where consumers seek services (Cooper et al., 2011; Newell & MChiro, 2012). Understanding the differentiation and interrelationship between patient satisfaction and patient experience is essential to raise the bar within today's shifting reimbursement models.

Patient satisfaction has been the traditional metric within healthcare delivery. Outside of healthcare, Walt Disney corporation has discovered the importance of both satisfaction and experience. Not only must consumers be satisfied with an encounter, but it is also the Disney *experience* that keeps bringing children and adults back to their entertainment venues. Neither is independent. Delivering on satisfaction can further support the encounter, and slight mishaps may be overlooked when the value assigned to the overall experience is high. However, to retain customers, and become differentiated within the industry, the experience supersedes a singular focus upon satisfaction. In healthcare, a similar analogy can be made. Patients no longer only want to be happy with their encounter. Knowing the key behaviors consumers and patients seek from healthcare staff as part of their experience—how those behaviors elevate the overall encounter and their perceptions—is the new value-add to healthcare's bottom line.

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Population Health and Patient Activation

In a population health paradigm, providers need to reach consumers prior to when services are necessary, which is prospectively upstream from the point of care delivery. Health organizations, providers, and payers, are moving toward reimbursement based upon contractual arrangements where a defined population remains well. Under these emerging agreements, a fee-for-services model is contrary to the new approach. Increased services, testing,

and hospital days equates to increased costs. The goal under a population health model is to minimize costs through proactive engagement and education with consumers and patients that ultimately results in healthier lifestyle practices. *Patient activation* is one method of knowing an individual's resolve to take steps toward better health, as a validated measurement tool. Activation is comprised of four components: believing an individual's role is important, having the confidence and knowledge needed to take action, taking action to maintain and improve health, and sustaining health under stress (Hibbard, Stockard, Mahoney, & Tusler, 2004).

The goal under a population health model is to keep costs low through proactive engagement and education with consumers and patients that ultimately results in healthier lifestyle practices.

The concept of a relationship between patient experience and activation is not only a perceptual view among those delivering health services—a correlation exists. Patients with higher levels of activation have more positive experiences with a physician than those with lower activation scores. This finding additionally occurs when individuals with differing activation scores interact with the same physician (Greene, Hibbard, Sacks, & Overton, 2012). As part of the exchange, providers need to focus beyond the patient experience with strategies to deliver on engaging patients in their care, consumers in their health, and understand the value of brand equity intrinsic to the relationship being developed.

The Healthcare Maze and Reformation

With the shifting healthcare models to patient centered medical homes and accountable care organizations, development of health insurance exchanges, and complexity of receiving care when a patient has multiple comorbidities, consumers are experiencing what has been coined a "healthcare maze" (Donohue, 2013). Consumers want easy methods of accessing services, developing partnering relationships with healthcare providers, and an ability to self-manage conditions effectively. As a result, healthcare is increasingly driven to adopt high-impact strategies within the hospital setting for improvements.

The recent driver of healthcare reformation is predominantly from two programs that were legislated within the Patient Protection and Affordable Care Act

(PPACA) of 2010. Enactment of the Value Based Purchasing (VBP) program tied patient reported experiences to an incentivized outcome structure on a national level for the first time in United States history through the Centers of Medicare and Medicaid Services (CMS). A percentage of hospital reimbursement withheld by CMS is returned based upon hospital performance in relation to peers. The Readmission Reduction Program invoked penalties for hospitals demonstrating high 30-day post-hospitalization readmission rates. Under the first year of the VBP program, there was a total of 2,213 hospitals penalized (approximately two-thirds of eligible hospitals under the PPACA) (Rodak, 2013).

High-Impact Strategies as Best Practice for Chronic Conditions

High-impact strategies provide healthcare delivery organizations the ability to rapidly change existing processes to ways that accelerate positive outcomes. They are universally accepted as best practice for improving the overall patient experience. Not only do high-impact strategies help bridge patient perception with staff and physician behaviors—they also support initiatives of patient safety, patient empowerment, and ensure the level of knowledge needed for adequate transition support is achieved. Ultimately, high-impact strategies are a method to facilitate the patient activation process through increased engagement of an individual.

High-impact strategies provide healthcare delivery organizations the ability to rapidly change existing processes to ways that are known to accelerate outcomes.

Included in high-impact strategies are processes such as nurse hourly rounding, leadership rounding, and post-hospitalization discharge calls (Volland, 2014). Nurse hourly rounding engages the patient in their plan of care and ensures all needs are continually met throughout a stay; leadership rounding provides a validation check of delivering on the organizational brand and promise, which in turn increases consumer loyalty; and discharge calls bridge the gap between care settings while additionally allowing for any necessary clinical and service recovery. The high-impact strategies of nurse hourly rounding, leadership rounding, and post-hospitalization discharge calls align with the full health continuum of care.

Healthcare cost containment, and reducing hospital readmissions, will in part depend upon a provider's ability to deliver effective chronic condition management and enable

patient activation. Within the United States, there is an emerging healthcare crisis. Americans are becoming older and their health declines with age. To place the emerging crisis within context: Over 10,000 individuals turn 65 each day; by the age of 65, two-thirds of senior citizens have at least one chronic condition; and 20% of Americans over the age of 65 see 14 or more physicians with an average of 40 physician visits per year (Punke, 2014).

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With high-impact strategies being used by hospitals as a best practice for change, a subsequent question arises of their utility in leveraging consumerism and brand perception. Reaching consumers prior to services being needed infers building a relationship with the community that extends beyond the patient and their immediate family for focus.

Learning from the Voice of the Consumer

Market Insights is well known within the healthcare industry with an annual survey spread of over 250 markets and 270,000 healthcare consumers. As an ongoing, population-based survey that collects the opinions, perceptions, and experiences of consumers, it is a tool that has been used for more than 25 years.

Participants who receive the survey include a broad representation of consumers and are not limited to individuals who have experienced a healthcare encounter. The Market Insights sampling plan ensures that data collection reflects the demographic distribution of the United States in terms of population-density and age. Where possible, the sample plan includes quotas for gender and income in the 15 largest counties. Digital fingerprinting technology is employed to identify any duplicate respondents. After data collection, a systematic weighting procedure assigns the appropriate weight to each respondent that accounts for factors such as age, income, population, and ethnicity.

Studies done by Market Insights have a margin of error rate of + or - 0.02 percent at a national level and are the most comprehensive of its kind within the healthcare industry. The February 2013 survey was fielded nationally to consumers using web-enabled outreach. Industry experts with a background in question development, survey administration, and analytics created four additional items for survey inclusion.

A total of 21,236 individuals responded about their opinions of the high-impact strategy, and known best practice, of discharge calls (Market Insights Survey, 2013). The four items added to the survey related to consumer perception of post-hospitalization discharge outreach included:

1. Some hospitals call each of their patients to check on them after they've gone home. They make sure patients do not have any questions about their care or their medication. Do you think patients could benefit from a call like this (Yes/No)?
2. A hospital that calls to check on their patients after they've gone home...(response options were randomized and respondents were encouraged to select all items that applied):
 - a. Is striving for high quality care
 - b. Is ensuring patient safety
 - c. Has caring doctors and nurses
 - d. Is trying to make more money
 - e. Is intruding on patients' privacy
3. I would rather use a hospital that calls to check on its patients than a hospital that does not (Yes/No).
4. Have you or a family member ever received a call like this from a hospital (Yes/No)?

Do consumers believe receiving a discharge call has value? More than 88% of individuals surveyed reported "yes." In a climate of dwindling reimbursement and cutbacks, organizations that are conducting post-hospitalization discharge programs are joined with consumer agreement that an outreach program adds value. In today's healthcare environment, services without a strong patient value proposition are prime targets for elimination with the financial pressures organizations face. However, hospitals that have not started a formalized program, or are having difficulty hardwiring their discharge call process, are behind the curve in delivering what has additionally become a consumer perceived best practice (Figure 1).

In a climate of dwindling reimbursement and cutbacks, organizations that are conducting post-hospitalization discharge programs are joined with consumer agreement that an outreach program adds value.

Figure 1. Could patients benefit from a discharge call?

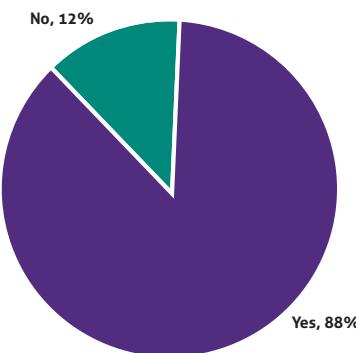
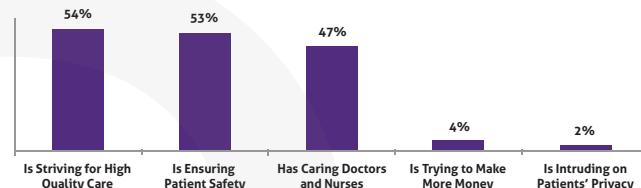


Figure 2. What do patients believe about hospitals that conduct an outreach call after their departure? Patients viewed hospitals that conduct outreach calls as:



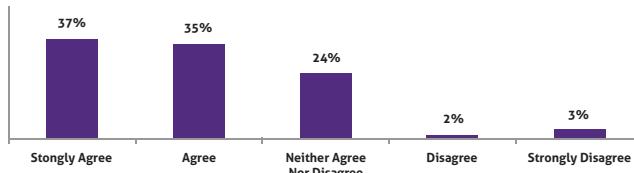
- Striving for high quality care (54%)
- Ensuring patient safety (53%)
- Caring doctors and nurses (47%)
- Trying to make more money (4%)
- Intruding on patients' privacy (2%)

A theme emerges that delivering quality, ensuring safety, and having caring staff are all consumer perceptions of hospitals with a discharge call program. The aspect of patient safety was selected by consumers nearly as often as high quality of care. Proactively including the risk management, quality, and patient advocacy departments within a discharge call program can internally balance the consumerism view about the purpose of discharge calls and leverage the internal skill sets. The team creates a direct multidisciplinary alignment between conducting the call, obtaining data, and driving the discharge call information to improvements within a hospital. Process breakdowns that relate to patient safety can become potential organizational liability risk factors. Post-discharge patient outreach provides insight to items that may have been hospital blind spots during care delivery.

Over 72% of respondents either strongly agreed or agreed that they would rather use a hospital that calls to check on patients after discharge, and only a quarter of individuals responded with neutrality. As part of the discharge call program communication plan, organizations need to partner internally in educating patients about the importance of the outreach as an extension of their stay. This not only reinforces the value-added nature of the call that patients want to receive, but also removes silos through cross-departmental collaboration around key issues of patient safety, educating

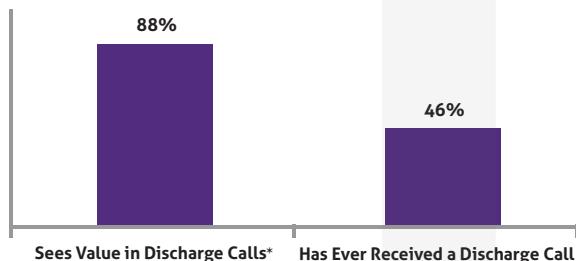
patients during the rounding process about their pending discharge call, and creating a culture that meets the care needs that are self-reported by patients (Figure 3).

Figure 3. Do consumers prefer having services from a hospital that has a discharge call program?



Do hospitals deliver on discharge calls? Even though over 88% of patients believe a follow-up call is desirable for ensuring a safe and ideal recovery, less than half (46%) of patients reported receiving a call on their own behalf or for a loved one (Figure 4). Often this is due to resource constraints by the hospital—finding the staff or time.

Figure 4. Would patients prefer a hospital with a discharge call program?



*88% refers to Question 1.

Hard Choices in Healthcare

As part of the discharge call program communication plan, organizations need to partner internally in educating patients about the importance of the outreach as an extension of their stay. This not only reinforces the value-added nature of the call that patients want to receive, but also removes silos through cross-departmental collaboration around key issues of patient safety, educating patients during the rounding process about their pending discharge call, and creating a culture that meets the care needs that are self-reported by patients.

As part of the discharge call program communication plan, organizations need to partner internally in educating patients about the importance of the outreach as an extension of their stay.

The disconnect between patients stating a discharge call was desirable and the reporting of either themselves or a loved one receiving outreach may be grounded in the limitations of hospitals. Organizations are challenged in prioritizing initiatives among areas of competing focus between technology adoption and integration, patient care, and raising outcomes. This becomes further constrained with dedicating the staff or time to adopt high-impact strategy programs.

The lack of resources for organizations is not to be taken lightly—leaders are presented with hard choices in healthcare given already existing revenue constraints and the present shift to reductions in reimbursement with the PPACA. Leveraging consumer perception can be a key tactic to differentiation in the marketplace as healthcare markets continue to tighten and consolidate. The use of high-impact strategies such as discharge calls can shift the fulcrum for organizations where consumers are willing to seek out providers that support care transitions, deliver high quality, and focus upon patient safety. Hospitals and healthcare providers have an opportunity to engage in best practices and bridge a strategic alignment between consumer perceptions, branding, and their own market positioning.

Lack of resources can often lead to a diminished focus on key programs within the day-to-day task-based activities. This can quickly become a barrier to accountability for the organization. Hospitals and providers of health services will need to link messaging to staff about the importance of best practices, consumerism, and population health, with a need for change. In an era of healthcare reform, driving safety and brand will be key aspects to remain agile and competitive leaders in the marketplace. From the voice of the consumer, the use of high-impact strategies is one way to move beyond patient satisfaction to raising the overall patient experience.

In an era of healthcare reform, driving safety and brand will be key aspects of remaining competitive leaders in the marketplace.

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