



The Board, CEO, and Physician Leaders' Roles in Revolutionizing the Patient Experience

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Transforming the patient experience is a never-ending journey that requires courageous leadership, a commitment to long-lasting culture change, common sense, and the ability to drive accountability throughout the organization. To succeed, leaders must rekindle the purpose and passion of why those within their organizations entered the profession in the first place.

Steve Jackson, President at National Research Corporation (NRC), and Steve Pu, D.O., FACOS, Medical Director at Twins River Regional Medical Center in Kennett, Missouri, discussed the roles of the board, CEO, and physician leaders in transforming the patient experience at our 2015 Chairperson, CEO, and Physician Leader Conference at the Ritz-Carlton, Dove Mountain in Tucson, Arizona.

Background: The Case for a Better Patient Experience

In an informal poll of CEOs and physician leaders a few years ago, over 95 percent of respondents indicated that they entered the field because of their desire and passion to help others and to improve the world. Asked what single strategy would best propel their organizations into the future, 100 percent picked focusing on the patient experience as a way to differentiate from the competition. By

contrast, no respondent picked strategies commonly used by hospitals and health systems today, including acquisition of physician practices, building or acquiring new facilities, and reducing costs.

As shown in **Exhibit 1**, purpose exists at the intersection of passion, mission, vocation, and profession. It is a combination of what one loves and is great at doing, what the world needs, and what someone is willing to pay a person to do.

Exhibit 1: Purpose at the Core



Research shows, moreover, that a better patient experience score is associated with higher quality. A study published in the *New England Journal of Medicine* found that Hospital Quality Alliance (HQA) program scores among hospitals in the highest quartile of HCAHPS ratings were, on average, roughly two to four percentage points higher than HQA scores among hospitals in the lowest quartile of HCAHPS ratings. In addition, hospitals with a patient-centered approach to care tend to have higher profit margins, fewer malpractice cases, and lower malpractice claims costs. They are also likely to enjoy higher levels of customer loyalty, as research shows that 41 percent of patients choose providers based on their non-clinical experience. Looking ahead, payment reform will mean that reimbursement will be increasingly tied to value, with patient experience being an important part of how value is measured.

Transforming the Patient Experience at Twins River Regional Medical Center

Approximately four years ago, Dr. Pu contacted Mr. Jackson to request help in “humanizing” the patient experience at Twins River Regional Medical Center. At the time, the hospital had a 33 percent “top-box” score on HCAHPS questions related to willingness to recommend the facility, placing it in the bottom 5 percent nationwide. The CEO, board, physician leaders, frontline clinicians, and staff all knew that the hospital was doing poorly. For their part, physician leaders wanted to “take back their organization.” Doing so, however, would not be easy. The hospital is located in a small town with 10,500 residents, 26 percent of whom live below the federal poverty level and many of whom lack basic literacy skills.

In December 2011 (after 18 months spent trying to win support from the medical center’s for-profit owner), ExperiaHealth, a consulting group where Steve Jackson was Chief Operating Officer, came to the medical center for a week and spoke to patients, family members, employees, and physicians to learn what needed to be done to transform the patient experience. The overall goal was to re-instill the human-to-human connection of caring, including between doctor and patient,

staff and patient, and doctors and nurses/other staff. With respect to the latter, a more collegial relationship was needed, with physicians appreciating what nurses and other staff do and recognizing the critical role they play. Underlying the effort were two key principles:

- **Recognize the art and science of medicine.** Medicine and healing are as much art as science. People believe in higher spiritual powers that go beyond physicians and healthcare providers, and these providers must explicitly recognize and tap into that spirituality to offer an optimal healing environment.
- **Make sure stakeholders “own” the transformation.** Everyone must “own” the effort and make changes not because they are told to do so, but because they want to and recognize that such changes are the right thing to do. Many vendors have their own task-based programs to improve the patient experience. But too often these initiatives fail because people lose interest in them.

To address the problem, the CEO, board, and physician leader sought to create a shared vision for excellence through the following steps:

- **Inspire and engage physicians to lead the effort.** After a lengthy process, this effort succeeded, with every physician standing up and voicing his or her belief in the effort.
- **Empower staff to lead change.** A small group of employees took charge of an initiative to improve working conditions by tackling issues that had long been left unaddressed. The team held each other accountable for change. After a series of small wins, momentum built and working conditions and morale improved.
- **Map and address gaps in the human experience.** This effort took a detailed look at the various processes, with an eye towards identifying and addressing problems related to the human experience.

The effort to revamp the patient experience has clearly worked at Twin Rivers Regional Medical Center. As of November 2015, the top-box score related to willingness to recommend the hospital has jumped to 78 percent, putting the

hospital in the top 5 percent nationwide. Scores on the patient experience survey have increased significantly in every domain, something very few hospitals are able to achieve. In addition, the medical center has won two awards from The Joint Commission related to the quality of care in specific procedures.

Lessons Learned from the Twin Rivers' Experience

The Twin Rivers' initiative to transform the patient experience offers the following lessons related to leadership and cultural change:

- **Avoid “us-versus-them” discussions.** No one should ever say “they will not let us do that.”
- **Reconnect to purpose, not task.** The focus should be on why things are done, not how.
- **Map the emotional drivers of experience.** The goal is to create human-to-human connections. While the sacred moment works at Twin Rivers, other approaches might be more effective elsewhere. In many cases, patients want to know the answers to a few simple questions: where are they

being taken, how long will they be there, and what should they expect while there?

- **Celebrate successes.** Staff and leaders should regularly come together to celebrate successes, preferably over food and refreshments.

Looking Ahead: Managing the Shift from Institutional to Peer Trust

Building consumer trust and loyalty matters a great deal, as the lifetime value of an individual patient to an organization totals roughly \$1.4 million, while the value of a family averages \$4.3 million. Up until recently, leaders of healthcare organizations tried to build consumer trust by investing in the brand and making and fulfilling promises to the community. Today, however, many consumers decide whether they trust an organization by connecting with peers through social media and external ratings organizations such as Yelp, Facebook, and HealthGrades. As illustrated in **Exhibit 2**, what drives consumer loyalty varies by age, with older individuals relying more on physician recommendations and younger ones being much more concerned with what they hear from others.

Exhibit 2: Drivers of Loyalty and Selection Differ



Healthcare consumers increasingly go online to look for information about providers. According to the 2015 Healthcare Consumer Trends Survey, 77 percent of consumers begin their healthcare search online; 45 percent look at online reviews before scheduling an appointment; and 29 percent view online ratings as the first step in a search to find a new physician. In addition, 40 percent are willing to go out of network to seek a higher-rated provider. As a result, healthcare organizations need to become much more transparent in publishing patient experience scores. In fact, many prominent systems, including the Cleveland Clinic, Inova Health

System, Intermountain, and MedStar, use transparency as a way to acquire new patients. These systems seek to control the online dialogue about their organizations and improve their online visibility (including taking steps to come up first in consumer searches). With external ratings organizations, scores are often not consistent across sites, and hence it becomes important to publish one's own ratings data. As shown in **Exhibit 3**, external rating organizations such as HealthGrades, Vitals, and RateMD often publish ratings based on a small number of reviews. By contrast, health systems and hospitals often have hundreds of ratings for their own providers.

Exhibit 3: Ratings Comparison—Dr. Dana Rice



Ideally, health systems should seek to make their own ratings of physicians come up first in any online search for that physician. Typically it is best to include unedited comments that represent both the good and the bad, although any profanity, slander, or potentially libel statements should be removed. The best systems have advisory groups to assess such reviews, and offer physicians an opportunity to appeal those they feel are unfair and/or factually incorrect. Many organizations wait until they have roughly 30 reviews before publishing any information, and then update the information on a weekly or monthly basis.

(These updates help in remaining the first entry to come up in a consumer search.)

Takeaway Lessons

- Connect to the purpose, not the task.
- Empower physicians to lead the change.
- Map the emotional gaps in the care experience.
- Turn experience data into a “gold mine.”

Note: To view all conference presentation summaries from our Fall 2015 Chairperson, CEO, & Physician Leader Conference, check out, [Endeavor to Succeed: Building and Leading the Next Healthcare Generation: Insights from the 2015 Chairperson, CEO, & Physician Leader Conference](#). To view conference presentation videos from this event, visit our [Conference Videos page](#).

