



WHITE PAPER

Four overlooked strategies healthcare executives can use to create a better care experience

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ABSTRACT

From a position in healthcare leadership, it can be difficult to grasp a patient’s perspective. However, every industry insider is also a healthcare consumer. Their own expectations can be a reliable guide for what patients expect from the healthcare marketplace. Once adopted, this frame of mind reveals **four easily overlooked—and completely addressable—strategies** for bringing care experiences closer to what all of us want from healthcare providers.

Reforming the customer experience is perhaps the central challenge occupying health-system leaders today. At the root of this challenge is a question: What exactly does the healthcare customer want from providers?¹

For all the intellectual energy that leaders devote to this question, workable solutions remain in short supply. While sharper analysis and more robust data may bring some insight, a more transformative force may be a shift in perspective—the recognition that all of us, even healthcare leaders, are healthcare customers too. The question then becomes not, “What do they want from us?” but, “What do we want from healthcare?”

When we consider the problem from this vantage point, meaningful solutions present themselves. We, like all customers, expect businesses to be accessible, respect our autonomy, communicate with compassion, and ease us through encounters with minimal friction.

These are easier said than done. However, four discrete strategies bring healthcare experiences more in line with what healthcare customers want and expect from providers.

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01 Involve patients in service design

Respect for the customer's autonomy is a foundational principle of modern consumerism, and health systems should observe it. A straightforward way to do that is to bring patient perspectives to bear on health systems' offerings. Co-designed care is that much more likely to engender long-lasting relationships with patients.²

Consultative discussions with select consumer cohorts can help leaders discern which services would be valuable to their customers, and how these services should be delivered. Using the patient's point of view to inform decisions on modality, location, pricing, and provider type can remove some of the guesswork in deploying a new service-line.

Ochsner Health System, for example, based in Southeastern Louisiana, used NRC Health's Market Insights solution to solicit patient input on new services — reliably producing three new customized panel surveys per quarter.

Through these surveys, leaders at Ochsner discovered that patients would be willing to pay more than double their co-pays for specialist telemedicine appointments, provided they were delivered in a certain way. Ochsner's new telemedicine service line, designed with this patient input in mind, proved not only satisfying for patients, but remunerative for the organization.

It's important, however, that leaders do not stop soliciting input upon deploying a new service. Integrating the customer's perspective is a continuous practice, not a one-time exercise. Prior to launch of a co-designed service, leaders should have systems in place to capture detailed feedback.

Did the experience meet expectations? Could it be improved, and if so, how? Seeking patients' answers to these questions puts institutions on a virtuous cycle of experiential improvement.



Co-designed with discipline:
Three unique patient panel surveys, every quarter

02 Test invoices

First impressions matter, but final impressions might matter more. Unfortunately for health systems, the last impression that patients get from their providers is almost universally reviled: the invoice.

Suspense grips many patients as they await their medical bills. Between the opacity of healthcare pricing and the bewildering complexity of insurance-provider contracts, most patients have no hope of knowing what their cost burden will be until the day the bill arrives—and even then, they may struggle to decipher the document that appears in their mailbox.³ This leads to anxiety, delayed collections, and drawn-out disputes between patients and the billing office.⁴

The invoicing process can, and should, be significantly improved. While organizations can exert only limited influence over the costs of care, they have absolute control over how those costs are communicated to patients.

In their invoices, hospitals should strive for clarity and simplicity. Patients should be able to discern, with only a few glances at their bill, what they owe and how they should pay. To that end, health systems should *test the readability of their invoices*.

Present patients with a mock-up bill and ask them if they understand it. Iterate and improve the design until it scans comprehensibly for the average consumer. Few organizations deploy this simple tactic—but almost every organization could benefit from it.

03 Target sources of healthcare confusion

Since NRC Health began collecting data on consumers' feelings toward their care experiences, one emotion has prevailed over all others: confusion.⁵ It's easy to see why. Even for seasoned industry insiders, the healthcare system can be a challenge to navigate. For the ordinary consumer, the difficulty can border on impossibility.

Consider the plight of a patient with a complex diagnosis. Obtaining appointments, securing specialist referrals, arranging for pre-approval with insurance, negotiating the constraints of provider networks, filling out dozens of pages of paperwork, recounting symptoms to a string of different clinicians, managing the details of post-discharge care—all of this creates friction and disjointedness in the care experience. Traditional approaches to care coordination have made this maze unfairly routine for most patients.

Admittedly, confusion eludes easy resolution. It can arise at any of these touchpoints between a consumer and an organization, and therefore no single intervention can preempt it. Health-system leaders can, however, learn to observe each interaction, and identify where confusion or friction mars the patient's experience.

For example, Lakewood Ranch Hospital, in Bradenton, Florida, used NRC Health's Transitions solution to pinpoint exactly when patients struggled with

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understanding the discharge process. By automatically contacting patients after their discharge, Transitions discovered that many of Lakewood Ranch’s surgical patients did not understand their post-care plans and rehab instructions.

With this data in hand, Lakewood Ranch’s leaders were able to tackle the point of confusion directly, by convening a multidisciplinary team to design new take-home assets for patients. Not only did these reference materials leave patients more satisfied with their encounters, but they also led to a noticeable decrease in Lakewood Ranch’s surgical readmission rates as post-discharge adherence improved.

This speaks to the potential of targeted intervention. By taking a global view of a patient’s journey through their care system, leaders can isolate the individual moments that are most likely to leave patients feeling confused. From there, they can redesign processes to offer patients a more seamless, streamlined experience of care.



Readmissions reduced:
Transitions decreases
readmission rates by 70%
nationwide

04 Invest in service recovery

Service failures are regrettable, but they’re also inevitable. No matter how robust the process or how well-trained the care staff, it will not surprise healthcare leaders to hear that some proportion of patients will always leave the encounter with unmet needs or expectations.

NRC Health’s research has found that in most cases, a negative service experience has a more pronounced effect on a patient’s overall satisfaction than even a *negative clinical outcome*.

Clearly, service errors should not be dismissed as trivial, ancillary components of healthcare. For a patient, a service-related letdown can be their most vivid memory of their care episode. How an organization reacts is a defining moment of the patient-provider relationship.

Modern business practices—following the standards set by the likes of Amazon and Apple—have conditioned consumers to expect speedy resolution for service complaints: 74% of customers expect a resolution within two days of the service error.⁶

Failing to meet this expectation can permanently jeopardize a patient’s relationship with a provider. Successfully resolving a service complaint, however, yields outsized rewards.

When patients’ complaints receive prompt and thorough attention from providers, those patients are *more* likely to become loyal customers than

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if they'd never had a complaint at all. More than half of patients who leave negative reviews online will revise or delete those reviews if a health system takes timely steps to resolve the issue. Therefore, healthcare leaders must have visibility into these issues, to allow timely resolution to occur.

At Children's Hospital of Alabama, NRC Health's Real-time feedback solution used digitized surveys and natural language processing to automatically identify patients' dissatisfactions with the emergency department. Once alerted to patient complaints, Children's staff members were able to proactively reach out to the unhappy patients and resolve any issues before they festered into long-term problems. As a result, overall grievances precipitously declined, from a peak of eight grievances per year in 2016 down to just one in 2019.

This shows how, somewhat paradoxically⁷, a service complaint can provide a means for organizations to endear themselves to patients over the long term—and proves the essential value of a robust investment in service-recovery programs.

It begins with knowing the customer

Each of these four strategies requires an in-depth understanding of patients' perceptions and experiences.

Every strategy for experiential improvement, in short, points in the same direction: toward getting closer to the customer's perspective. That's why adopting the customer's mindset—coming to terms with our own desires as healthcare consumers—is so important. The right frame of mind brings accessible strategies to the foreground, and the right intelligence helps to translate those strategies into action. Those are the requisite first steps for creating the healthcare experiences that all of us want and deserve.

ENDNOTES

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ABOUT THE AUTHOR

Brian Wynne, Vice President & General Manager, NRC Health

Brian Wynne, Vice President and General Manager, has been with NRC Health since 2009. During his time at NRC Health, Brian has worked closely with many of the largest and most prominent health systems in the United States to understand and improve on exactly one facet of their business—what is most important to those they serve. Brian leads teams to execute on customer-centric strategies to measure and improve patient experience, capitalize on market and segment growth opportunities, and engage with high-health-risk consumers to support population health efforts. Most recently, Brian has pioneered work in healthcare customer loyalty, enabling organizations to realize the financial and health benefits of becoming truly customer-centric. Brian regularly publishes articles and presents on macro healthcare trends and operational strategy to executive audiences across the country.



For 37 years, NRC Health (NASDAQ: NRC) has been committed to achieving human understanding and bringing healthcare organizations closer to their customers than ever before by illuminating and improving the key moments that define an experience and build trust. Guided by their uniquely empathic heritage, proprietary methods, skilled associates, and holistic approach, NRC Health helps their customers design experiences that exceed expectations, inspire loyalty, and improve well-being among patients, residents, physicians, nurses, and staff.

**NRC Health helps healthcare organizations
better understand the people they care for and
design experiences that inspire loyalty.**

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