Human Understanding Metric (HU^me)

The missing link in healthcare is understanding – and addressing – what matters to each person as an individual. In 2021, NRC Health combined scientific rigor and real-world experience to generate a measure of Human Understanding that is person-centered, equity-focused, and valid across care settings:

- *General*:   Did everyone treat you as a unique person?

- *Pediatric*:   Did everyone treat your child as a unique person?

- *Long-term care*:   Did [or Does] everyone treat your loved one as a unique person?

The decision to reference "everyone" in the Human Understanding Metric is a direct result of views expressed within focus groups and national surveys. The vast majority of people expect that everyone, not just the care team, should treat them as a unique person.

We view this measure as a means to humanizing care, not an end in and of itself. In other words, the score focuses attention on what should be happening. And the goal should be that Human Understanding is happening 100% of the time.

Item Development

We took a very disciplined approach to developing the Human Understanding Metric:

Extant Info/Data [**Review**]	Focus Groups [**Generate**]	Readability Analysis [**Refine**]	National Surveys [**Validate**]	Field Trials [**Test**]	Real-World Use [**Implement**]

1. Extant Info/Data [Review]
- Searched the NRC question libraries for themes and ideas related to Human Understanding
- Found 115 existing questions across 900+ surveys or question pods, indicating that our partners care about this concept, but we need to construct the right item
- Qualitative analysis of Experience feedback highlighted the importance of being treated as   a person/individual, not just a patient/number

2. Focus Groups [Generate]
- 5 groups @ 90min each | broad age representation | 77% White, 19% Black, 4% Asian
- Experienced facilitator with more than 35 years in healthcare
- Discovery + Discernment:
  - ✓ No one expressed skepticism or said that human understanding is unimportant
  - ✓ Key concepts: compassion, communication, empathy, listening, honesty
  - ✓ Behavioral signs sort into three themes: Connect with me | Listen to me | Partner with me
  - ✓ Every participant expects **everyone** to show Human Understanding (not only the doctor/team)
  - ✓ Brainstormed and tested potential items – clear preference for two:
    - 'treat as a person, not just a patient' (cognitive interview quote: I'm not the diagnosis)
    - "treat as a unique person' (cognitive interview quote: See me as an individual)
      - → *selected because less generic, matches intent, and connects to health equity*
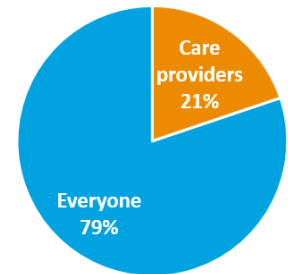
3. Readability Analysis [Refine]
- Lexile Analysis indicates that the item (Did everyone treat you as a unique person?) and response anchors (Yes, everyone did; No, no one did) are at a 1st grade reading level
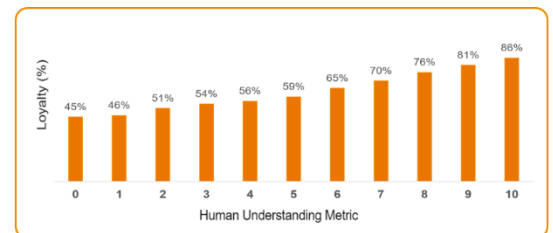- No need to simplify

4. National Surveys [Validate]
- Twice as many people say Human Understanding is important in healthcare when compared to other common service experiences
- 79% of respondents expect **everyone** to show Human Understanding
- Update: A full year of NRC Health Market Insights data shows that, across the country, 38% of respondents report 'Yes, everyone did'
- The Human Understanding Metric explains 50% of the variance in Likelihood-to-Recommend and NPS
- The odds of being a Promoter are 12 times higher for patients who report that everyone treated them as unique
- People who felt they were treated as unique are 3x more likely to rate an organization's overall image/reputation as 'excellent'
- The HU^{me} is a strong and reliable predictor of loyalty; this graph reveals increasing loyalty at every interval on the HU^{me} scale →

Who should show Human Understanding in healthcare?

Care providers 21%
Everyone 79%

Market Insights (May 2021) N = 23,738

Loyalty (%): 45%, 46%, 51%, 54%, 56%, 59%, 65%, 70%, 76%, 81%, 86%
Human Understanding Metric: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

5. Field Trials [Test]
- Incorporated the Human Understanding Metric into the Experience surveys at 5 high-performing health systems
- Confirmed preferred positioning of the item
- Confirmed support for reporting percent top-box (10 = Yes, everyone did)

6. Real-World Use [Implement]
- The HU^{me} is ready for implementation and should be seen in context of the Human Understanding Program:
  - ✓ Measuring progress toward mission/vision (i.e., turn aspirations into actions)
  - ✓ Maintaining focus on understanding – and addressing – what matters to each patient as a person
- Translations into more than 15 languages were conducted by TransPerfect, a boutique firm that engages experienced linguists who are fluent in each language
  - ✓ Goal is for the translations to be technically accurate and culturally appropriate
  - ✓ The original translations will be refined if/as needed based on cognitive interviews and dynamic feedback
- While some patients may think it odd to be asked about Human Understanding, our analysis shows that it's a VERY small proportion (0.0689%, about 1 in 1,500)
  - ✓ In general, comments focus on 'why are you asking?'; not an issue with 'unique'
- In 2022, NRC Health began using the national Market Insights study to collect HU^{me} data on an ongoing basis
  - ✓ Visualizations will be available for Market Insights customers when there is a sufficient foundation of data
- Regarding our Experience surveys, the HU^{me} is part of the Starter Kit for new customers and can be added by current customers via request to the CSM
  - ✓ As of August 2023, ~80 health organizations include the HU^{me} in their experience surveys

Questions?
Contact Dr Gregory Makoul (gmakoul@nrchealth.com) or Dr William England (wengland@nrchealth.com)