

2023

# Pediatric Experience Perspective



nrc  
HEALTH

# Contents

Foreword	3
Introduction	4

---

## SECTION ONE

Human Understanding®	7
Fundamentals First	14
Quality: Consumer Perspectives	18
Equity	21
Perspective on Benchmarks	24

---

## SECTION TWO

2022 Pediatric Trends	26
-----------------------	----

# Foreword



Combining expertise, experience, and data from millions of people – patients, families, and consumers along with healthcare employees and executives – the team at **NRC Health’s Human Understanding Institute** forged a distinct perspective for the year ahead. The Human Understanding Institute produces resources like this Pediatric Experience Perspective and monthly nSights to help NRC Health customers turn aspiration into action by prioritizing what matters to patients, families, communities, and care teams in the real world.

## Insights drawn from multiple sources



Human Understanding® is the line of continuity running through all of NRC Health’s work, including the Pediatric Experience Perspective. Section 1 offers our viewpoint on a set of focus areas that health systems can embrace on the path to realizing the New Awesome. Section 2 shares important pediatric-focused trends that we’ve tracked to provide context for the work ahead.

Helen Hrdy  
Chief Growth Officer, NRC Health

Gregory Makoul, Ph.D., M.S.  
Chief Transformation Officer, NRC Health

# Introduction



## Healthcare's Headwinds

The challenges facing healthcare are familiar when examined individually: decreasing margins, clinician and care-team burnout, staffing struggles, and deferred care, to name a few. Over the past few years, COVID-19 and other respiratory illnesses generated a perfect storm as these headwinds coalesced into a collective force. On top of all this, there is a true mental health crisis in child and adolescent care.

Dr. Marc Gorelick, President & Chief Executive Officer of Children's Minnesota, plainly conveyed the importance of seeing beyond the tumult and focusing on each child as a whole child:

### CHALLENGES FACING PEDIATRIC HEALTHCARE

- Flu, COVID, RSV
- Deferred care
- Burnout
- Staffing struggles
- Decreasing margins
- Mental health

"Young people are struggling with their mental health like never before. It's imperative that we as caregivers attend to the whole child, physically and mentally, and be ready with the full spectrum of mental health care to meet their needs. The mental health crisis cuts across all demographics, but kids who are African American, Latino, Native, and LGBTQ face higher risk. So we also must listen to and work closely with partners across many communities so that all children can thrive."

—**Dr. Marc Gorelick**, *President & Chief Executive Officer, Children's Minnesota*

## Consumerism's Comeback

Despite the unprecedented pressure on healthcare organizations, patients, and families continue to expect a great experience. People have grown accustomed to having everything come to them – a stream of easy, frictionless, right-to-my-door experiences has become the norm for many. As consumers return to healthcare, most are unwilling to accept the pre-pandemic *status quo*. Instead, they are looking for smooth access to care on the front end, meaningful encounters, and plenty of value on the back end. Every moment of interaction with a health organization – whether through its website, a clinical encounter, a bill, or marketing outreach – defines both the overall experience as well as the organization's reputation or brand. The stakes of consumerism in healthcare have never been higher. Meeting them requires a fresh approach.

# The New Awesome

What do successful organizations do when expectations and stakes are high? Deliver. Dr. Gregory Makoul, NRC Health's Chief Transformation Officer, first invoked the New Awesome at the 2021 NGPX Conference when he asked a panel of experience leaders to think beyond the New Normal. We have facilitated several leadership discussions on this topic and always come away impressed by the extent to which leaders rally around the idea of the New Awesome while being mindful of everyday realities. While the idea of getting back to 'normal' might be comforting given the perfect storm facing healthcare, we all know that we can do better.

## **Our conversations with experience leaders shape a pathway to the New Awesome:**

- **Focus on the frontline**  
– *Human Understanding is important on both sides of stethoscope.*
- **Think broadly about experience**  
– *it's the entire trajectory, including life beyond the care setting.*
- **Prioritize the behaviors and outcomes that scores are meant to reflect**  
– *it's not about the numbers.*
- **Partner with patients, their families, and consumers to co-design services**  
– *the human-centered approach works.*
- **Remember that agility was crucial early in the pandemic**  
– *going back to the 'old way' is a mistake.*
- **Combine high-tech and high-touch very intentionally**  
– *automation and optimization are not enough.*
- **Use digital to reduce friction and facilitate relationships**  
– *digital solutions must solve real problems.*
- **See this as the right time to prioritize experience**  
– *attending to what matters is not 'extra.'*



# Pediatric Experience Perspective

---

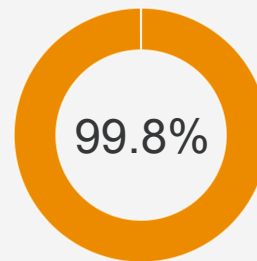
# Human Understanding



Nobody wants to be treated like a datapoint, a number, a case, a segment, or an aggregate. Providing excellent care for children and adolescents requires a deep understanding of individual circumstances, needs, and expectations. That's why we are leading the charge toward Human Understanding – understanding and addressing what matters most to each patient as a unique person and remembering that every person's experience extends well beyond the healthcare setting.



## Meet Maya



Life happens beyond the care setting

16 waking hours/day x 365 days/year vs  
1 x 15 minute visit every week of the year

## Meetings between experts

One productive way to make Human Understanding more tangible and prevalent is to remember that care teams are experts on clinical care, patients and their families are experts on their lives, and care works best if these experts share their expertise. When this happens – when patients are treated as unique people – we see major gains in loyalty and likelihood-to-recommend, both of which bode well for quality of care, health outcomes, and future revenue.



**Clinicians are experts on care and patients are experts on their lives. When they share this expertise with each other, everyone benefits.**

How do we know? Our August 2022 nSight on [Patient Perceptions of Human Understanding](#) introduced the Human Understanding Metric (HU<sup>me</sup>), a straightforward measure of Human Understanding that is person-centered, equity-focused, and valid across care settings:

***Did everyone treat you as a unique person?***

The decision to reference **everyone** in the HU<sup>me</sup> 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.

## What does it look like in practice?

As noted in our November 2022 nSight on [The Power of 'Doing' Human Understanding in Pediatric Care](#), we held a series of diverse focus groups to find out. Participants highlighted many behavioral signs of Human Understanding – things like ‘recognize me as ME’ and ‘see the big picture of my life.’ Overall, their responses paint a clear picture of what consumers, patients, and their families are asking for:

**Connect** with me

**Listen** to me

**Partner** with me



It sounds simple but, in healthcare, even simple things can be hard to execute consistently. Data collected over the course of 2022 from our national Market Insights study confirms that there’s plenty of room for improvement – while twice as many people say it’s important to be treated as unique in healthcare compared to other services, only 38% say it happened in their most recent healthcare experience.



### Did everyone treat you as a unique person?

10 = Yes, everyone did

0 = No, no one did



● 10 ● 9 - 7 ● 6 - 0

Human Understanding Metric

Moreover, Human Understanding is the **#1 driver** of Likelihood-to-Recommend and, thus, of Net Promoter Score (NPS) for health organizations. In fact, the odds of being a Promoter are **12 times higher** for patients who report that everyone treated them as unique.



Patients who were treated as unique are **12 times more likely** to be a Promoter.

## Detractors want Human Understanding

Data from our patient-experience surveys—most gathered within 48 hours of a clinical encounter—reinforce the importance of treating patients and family members as unique people. The most prominent comments from 35,000 Detractors in the pediatric setting provide yet another lens for seeing the value of connecting, listening, and partnering. The lack of three things among providers—emotional support, listening, and time spent with patients—appears to offer a direct path to disappointing patients and generating Detractors.

### DETRACTORS HIGHLIGHT DEFICITS

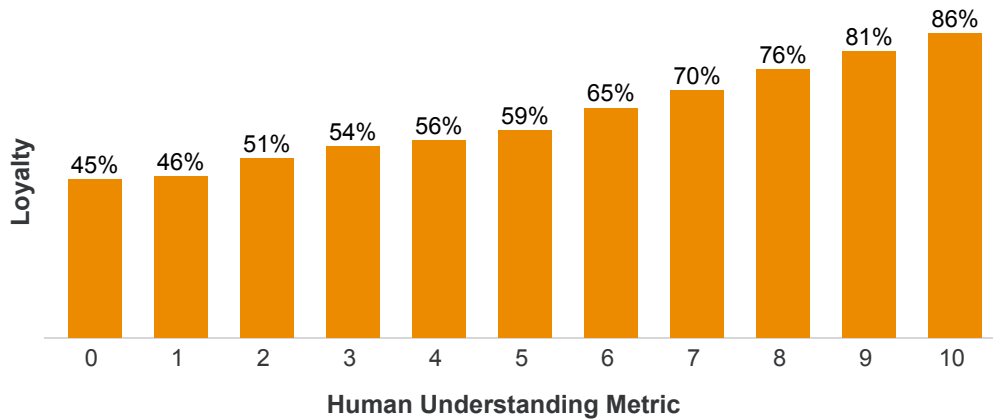
- Provider Time with Patient
- Provider Listening
- Provider Emotional Support

# Loyalty matters

Loyalty is critical to the health of health organizations: The average remaining lifetime spend for a 26-year-old healthcare consumer is \$1.2 million.<sup>1</sup> Our national data shows an increase in loyalty at every point of the HU<sup>me</sup> scale. A full 86% of respondents who report being treated as a unique person by their top-of-mind hospital profess loyalty to that organization. There is tangible value in Human Understanding.

**\$1.2 million: Average remaining lifetime spend for a 26-year-old healthcare consumer**

## Impact of Human Understanding on loyalty



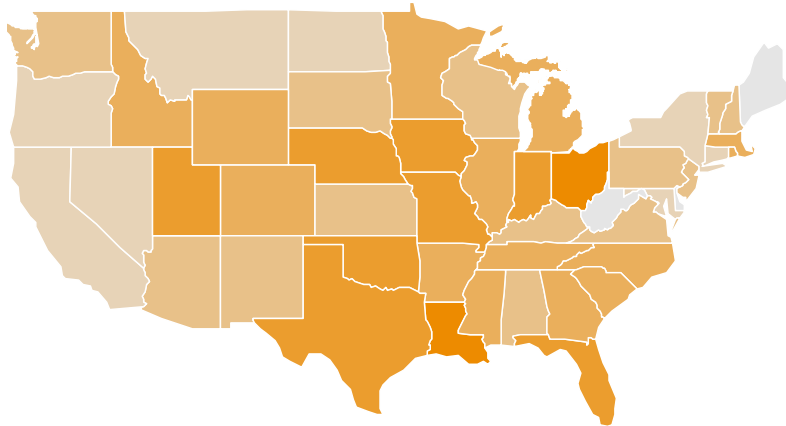
People who felt they were treated as unique are **3x more likely** to rate an organization's overall image/reputation as 'excellent.'

November nSight

## The big picture

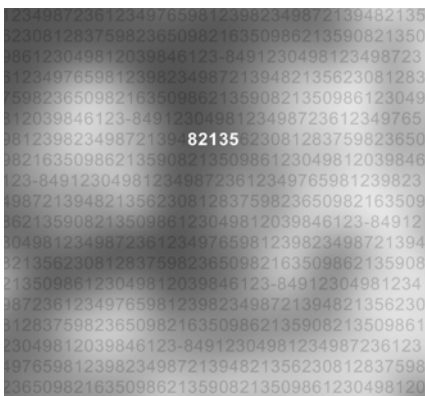
We examined the extent to which people across the continental U.S. feel they were treated as unique during their most recent healthcare experience. The darker-orange areas on this map indicate where people tend to have relatively high perceptions of Human Understanding and are likely to be more loyal to the health organization. Lighter areas signal more opportunity for market differentiation through Human Understanding. But there's opportunity everywhere: While people in Louisiana reported the highest perception of Human Understanding, the proportion was less than 50% of respondents in that state.

## National View: Did everyone treat you as a unique person?



Many consumers have come to perceive healthcare as generally lacking in Human Understanding. Indeed, healthcare has become a series of transactions – a problem that predates COVID and negatively affects all involved, whether they are seeking or delivering care. Even potentially promising initiatives such as the digital front door carry the risk of speeding up care transactions at the expense of relationships. To humanize care and strengthen loyalty, the focus on Human Understanding must be intentional and consistent.

### Putting Care in Full Color



patient = a datapoint



patient = a clinical case



patient = a unique person

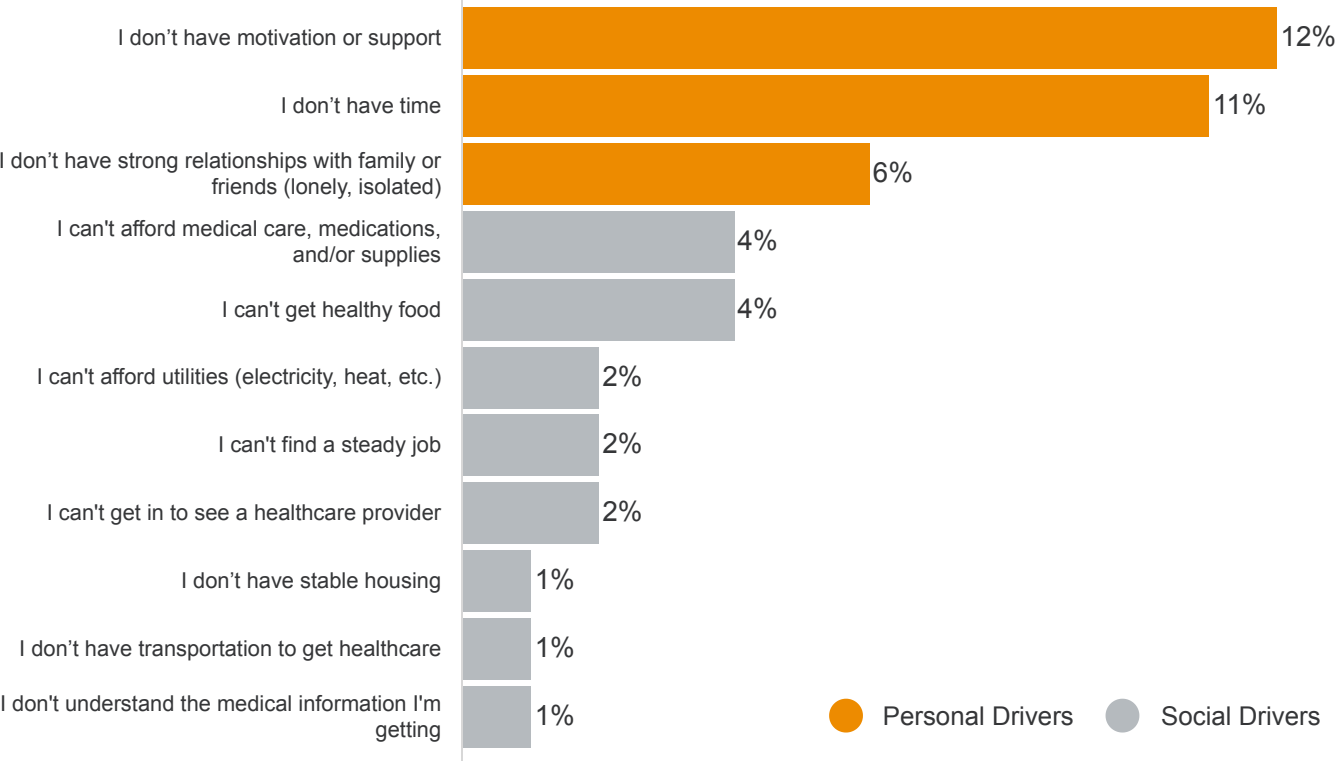
# A broad view of the patient is essential

As one component of the overall Human Understanding Program, NRC Health helps health organizations gather information about the context of life – things like joys, pressures, goals, and preferences – directly from the patients and families, and displays an at-a-glance view for care teams in the EHR. While there is a long-overdue push to tackle the social drivers of health in the U.S., there is little attention to what we call the personal drivers of health: lack of motivation or support, lack of time, feeling lonely or isolated.

When patients and families share their challenges, the personal drivers dwarf the social drivers in terms of frequency. And they are just as important to discuss and factor into any treatment plan, because these issues can have a major impact on health and self-care. Paying attention to what matters adds context and color to improve care.

The key is to go beyond the constraints of the traditional ‘How did we do?’ approach and broaden the focus to include ‘What are your needs?’, ‘How are you doing?’, and ‘How can we help?’ as appropriate at every touchpoint.

## Personal and social drivers of health



Source: MyStory data from patients at one health system

# Human Understanding on the frontline

Of course, Human Understanding is important on both sides of the stethoscope – health organizations should be focusing on what matters to each member of their employed and affiliated staff as well.



**Investing in Human Understanding with every employee and member of the care team is equally important.**

Leaders can strengthen relationships with colleagues by demonstrating connection, listening, and pursuing partnership in everyday interactions. Building an intentional culture that demonstrates Human Understanding for all involved – via behavior, not just words – sets the stage to take on [Healthcare’s Headwinds](#) and challenge the ‘new normal’ by charting a course toward the [New Awesome](#).

“Human connection is the #1 antidote to burnout.”

**—Dr. Matthew Gonzales**

*Chief Medical and Operations Officer,  
Institute for Human Caring, Providence*

# Fundamentals First



In 2022, the Human Understanding Institute hosted a series of eight Summits across the country, engaging experience and marketing leaders from 98 health organizations in the movement to focus on what matters to patients, families, and care teams. Toward the end of the year, we held an invitational Human Understanding Summit with experience leaders from major medical centers.

The very first response to a question about innovation was, **“Just getting back to basics would be transformative.”**



While everyone rallied around this sentiment, no one was talking about moving backward. The aim was to create a strong foundation for contemporary care by prioritizing Human Understanding at every touchpoint. Together with the Human Understanding Institute, the group prioritized a short list of universal strategies to reframe attention on what matters most:

## FUNDAMENTALS

1. **Alignment and buy-in**
2. **Human connection**
3. **Frontline focus**

### 1. ALIGNMENT AND BUY-IN



"A major challenge we have in our organization is a systemic lack of accountability and communication. We have the data and know what the action plans are - they need to be translated into consistent practice at the bedside."

**Care Provider, Hospital**

- Broaden the conversation to recognize that experience extends beyond any one clinical encounter and beyond the care setting in general
- Position experience as shaped by how we do everything – not ‘one more thing to do’
- Illustrate connection to other strategic priorities
  - Examples: quality, safety, left without being seen, loyalty, revenue
- Emphasize what scores are meant to reflect instead of just the scores themselves
- Focus on patient and family comments to humanize improvement opportunities



"While everyone treats you with respect, there is no control over how long they are making patients and their families wait in the rooms. I took my daughter a few months ago for a fever that I could not control and I was left in a room waiting for over an hour with a sick child. No nurse or doctor checked in to see if we were okay."

**Patient, Emergency Department**

## 2. HUMAN CONNECTION

---



"Communication is a crucial skill that could be improved upon, and workers having confidence and clarity with one another."

**Care Provider**

- Make human connection an expectation for standard work in all interactions with patients, families, and colleagues
- Use effective communication behaviors to support Human Understanding
  - Use relational statements/questions ('How are you doing?', 'I hear you,' 'How can I help?')
  - Non-verbal factors (eye contact, tone of voice)
- Leverage tools that help make behaviors authentic and systematic



"Dr [ ] is Amazing. He is one of a kind. He explains everything in detail and my daughter is so reassured. She says she feels so cared for and trusts him so much. He even took the time to help the casting tech. That made my daughter feel so special."

**Parent. Medical Practice**

- Examples: engaging in purposeful rounding; summarizing patient context in the EHR

## 3. FRONTLINE FOCUS

---



"The people I work directly with are good, caring, and we work well together as a team. But there is very little if any support from leadership."

**Care Provider**

- Demonstrate that experience is important on both sides of the stethoscope by going beyond engagement surveys to focus on what matters to employees as individuals
- Develop a comprehensive strategy to address employee well-being and foster mutual respect
- Adjust workflows and workloads – with frontline input – to make it easier to do the right thing
- Use patient and family comments to recognize care providers – it’s fuel for the soul



"My doctor was very helpful. She listened well, Seem to really care about my child and she asked lots of questions that made me feel like she was really trying to get answers to the bottom of our problems. The nursing staff and clerks we're also super helpful. Very friendly and just made us feel very welcome. So thank you for a great visit."

**Parent. Medical Practice**

The strategies of **Connect with me**, **Listen to me**, and **Partner with me** factor into each of the fundamentals. To broaden the impact, the Human Understanding Institute has created a set of resources with tactics that support the work.

## Thinking broad and going deep

Patients, consumers, employees, and providers -- people in general – think about their own experience in broad terms. Clinical encounters are a vitally important component of experience, but health organizations must treat what matters before, during, after, and beyond care more holistically by gaining a deeper understanding of the various touchpoints involved. **Basing action on expectations and feedback is far more valuable than making assumptions about what people need.**

### **PATIENTS: THE SPECTRUM OF EXPERIENCE**

- "The registration time is fantastic. Very efficient."
- "The call center person was unable to answer easy questions on topics such as parking. She also gave incorrect copayment information to me."
- "In my recent experience, it was very hard to reach anyone by phone to get an appointment (long hold)."
- "There was only one person in the registration station, and it took the line almost an hour to get through it. Only one person checking you in. It was just a disaster. Once in, the people were great, but that intro line is really bad."



- “The person drawing the blood was pleasant with a great personality.”
- “This was a video visit. The nurse first called me by phone to connect the appointment and before hanging up she stated that she would call me immediately following my meeting with the doctor. At the end of my video visit, he stated that his nurse would call me after he disconnected to follow up with the appointment. I waited one hour, and I received NO follow-up call from the nurse.”
- “Our whole visit we did not feel rushed or ignored and we are grateful for everyone who was part of his surgery and recovery. Lastly, a nurse brought our son toys and played with our son. This was such an unexpected kindness. It was great seeing him play for the first time after surgery. In all, the hospital made this a comfortable experience considering the circumstances. We are forever grateful for everyone’s help and kindness.”
- “Dr. [ ] was awesome! She educated my daughter on a disease I thought I was well educated on - and I learned much! She was thoughtful and very attentive to answering our questions.”
- “She took time to explain to me the procedure I wanted, talk about the benefits and drawbacks to selecting each option, and make a recommendation that suited my lifestyle.”
- “I asked three different departments to explain billing. I was promised a call back, but it never happened.”

## PROVIDERS: A COMMITMENT TO CARE

- “I felt our clinic went above and beyond to help our patients during COVID. Our management allowed us the ability to be creative in finding resources to help our patients, setting up the clinic to best meet the needs of our providers and patients and creating an environment that felt home-like since we spent so many hours working in the clinic each week.”
- “The implementation of the EHR in our outpatient setting has been a struggle. It takes staff away from patient care and is more focused on placing them behind a computer checking people in and out of the EHR. I would like to see changes made to this process that puts the focus back on patient care.”

“We make it a point to keep things simple, and hopefully hardwire something that may already be going on in silos. Patients care about good communication from their clinical team, and it is largely a matter of making that consistent.”

—**Helena Ackerson, MPPM, CPXP**  
*Vice President of Patient Experience, MaineHealth*

# Quality: Consumer Perspectives



The original Triple Aim (enhance care, improve health, reduce cost) as well as the subsequent Quadruple Aim (adding care-team well-being) and Quintuple Aim (adding health equity) all include quality as a core component of the care experience. Quality drives health outcomes as well as a positive reputation and loyal patient base.

The [Institute of Medicine \(IOM\)](#), which advises the nation on matters of health and medicine, established six domains of quality: Safe, Effective, Patient-centered, Timely, Efficient, and Equitable.

## But what does quality mean to consumers?

We asked participants in our national Market Insights study to highlight which of the following aspects of care convey quality from their point of view:

**Effectiveness:** Providing evidence-based care to achieve the best possible outcomes

**Efficiency:** Delivering excellent care without wasting resources

**Equity:** Providing excellent care regardless of patients' age, gender, income, race/ethnicity, etc.

**Patient-centeredness:** Paying attention to each patient's needs, preferences, and values

**Safety:** Preventing harm to patients in the course of care

**Timeliness:** Reducing wait time and delays in care

**Cleanliness:** Keeping facilities clean and attending to personal hygiene

**Communication:** Showing respect and empathy when talking and listening






**Teamwork:** Ensuring strong collaboration within the care team and across the organization

**Technology:** Using high-tech tools to improve the experience and delivery of care

Only three of the IOM domains signal quality for more than half of the 121,315 healthcare consumers who had a healthcare encounter within 12 months of their response: Effectiveness, Patient-centeredness, and Safety. The other three IOM domains (Efficiency, Equity, and Timeliness) are certainly essential elements of care. The point is that most consumers don't see them as aspects of quality per se.

Paying attention to what matters yielded a powerful insight by surfacing two additional domains – not explicitly outlined in the IOM report – that healthcare leaders should highlight in their quality journey: **Communication** and **Cleanliness**. These were endorsed by more than half of consumers, meeting the same threshold as Effectiveness, Patient-centeredness, and Safety.

**How patients and their families see quality**

3 IOM domains	2 additional domains
 Effectiveness	 Communication
 Patient-centeredness	 Cleanliness
 Safety	

This is the lens through which consumers see quality. Interestingly, Patient-centeredness and Communication reflect and reinforce the importance of Human Understanding. All five of these priority domains are important to keep in mind when reading [The Governance Institute Health System Quality Honor Roll 2022](#), which focused on the latest CMS Star Ratings to determine technical quality performance and used NRC Health's Market Insights data to gauge consumer perception of quality.

## Recognizing different viewpoints

It is crucial to bear in mind that perceptions of quality vary by both age and sex. Regardless of age group, women place more weight on each aspect of quality than do men. And regardless of sex, a greater proportion of consumers at least 45 years old endorse each aspect of quality than do their younger counterparts (18–44 years old).

Looking at the intersection of age and sex, younger males ascribed less weight to all aspects of quality compared to younger females. For example, Effectiveness was the most salient component of quality for younger men but was still only endorsed by 40% of respondents, compared to 53% for younger women. For younger men, there

**Effectiveness was the most salient component of quality for younger men but was still only endorsed by 40% of respondents, compared to 53% for younger women.**

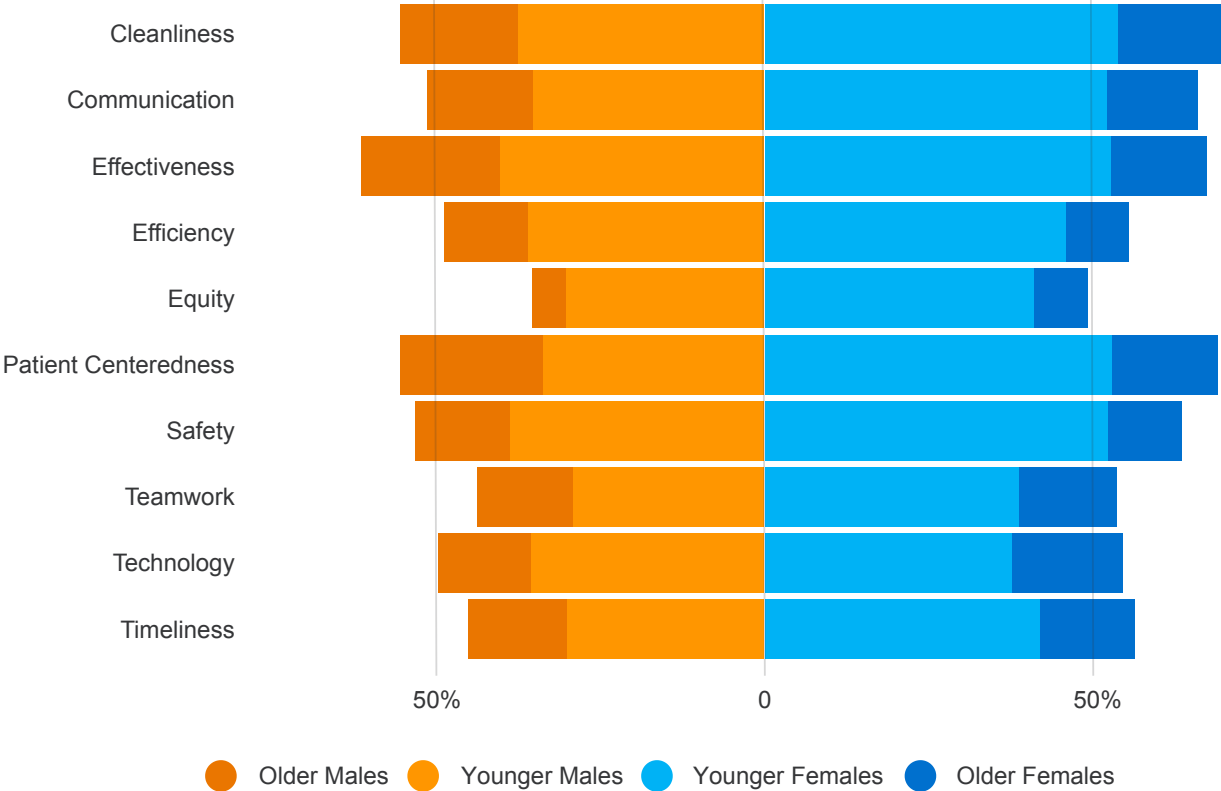
was no instance in which more than 50% agreed that a particular facet conveyed quality, whereas more than half of younger women conceptualized quality as Cleanliness, Communication, Effectiveness, Patient-centeredness, and Safety.

This pattern changed for both older men and women. When looking at men 45 and over, at least half endorsed the same five aspects of quality that were highlighted by younger women. And for older women, the proportion highlighting Cleanliness, Communication, Effectiveness, Patient-centeredness, and Safety jumped to over 60%, with Cleanliness and Patient-centeredness both reaching almost 70%.

**For older women, the proportion highlighting Cleanliness, Communication, Effectiveness, Patient-centeredness, and Safety jumped to over 60%.**

**The bottom line:** Delivering quality care is important irrespective of group characteristics like age and sex. While perceptions may change for individuals and groups, Cleanliness, Communication, Effectiveness, Patient-centeredness, and Safety are the most prominent domains of quality from the patient point of view – a view that comes into sharper focus as people gain experience with healthcare.

**Perceptions of Quality by Age and Sex**



# Equity



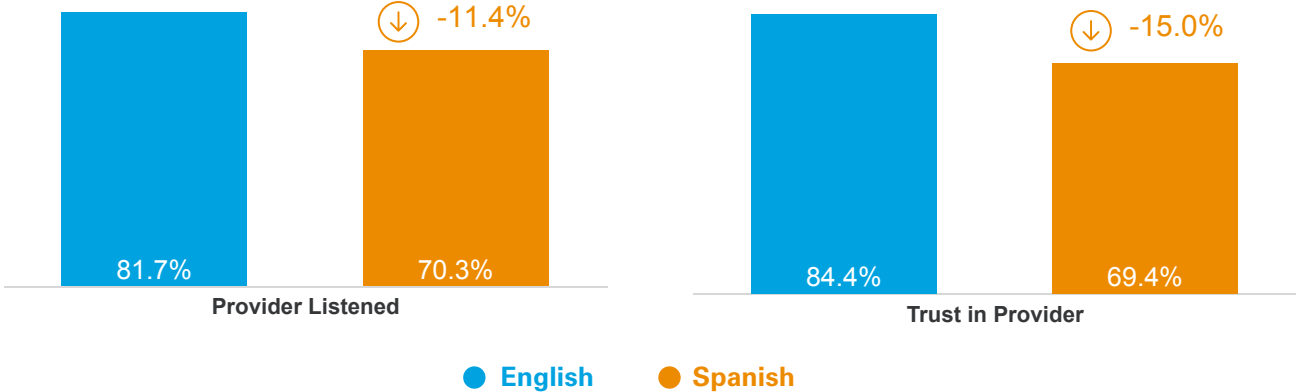
We see Human Understanding as a direct path to equity: a crucial marker of excellent, ethical care. The logic is straightforward: If patients and family members are treated as unique people, they are more likely to receive care that fits within the context of their lives and helps them achieve their health-related goals. While the n=1 view is most important, stratifying data can help illuminate the extent to which patient experiences vary according to demographic characteristics. The first step to addressing these gaps is knowing that they exist.

## Preferred language

NRC Health data reveals that in 2022, Spanish-speaking patients/parents rated Provider Listened 11.4% lower and Trust in Provider 15.0% lower than did English-speaking patients/parents. Preferred language is associated with substantial gaps in the delivery and experience of care.

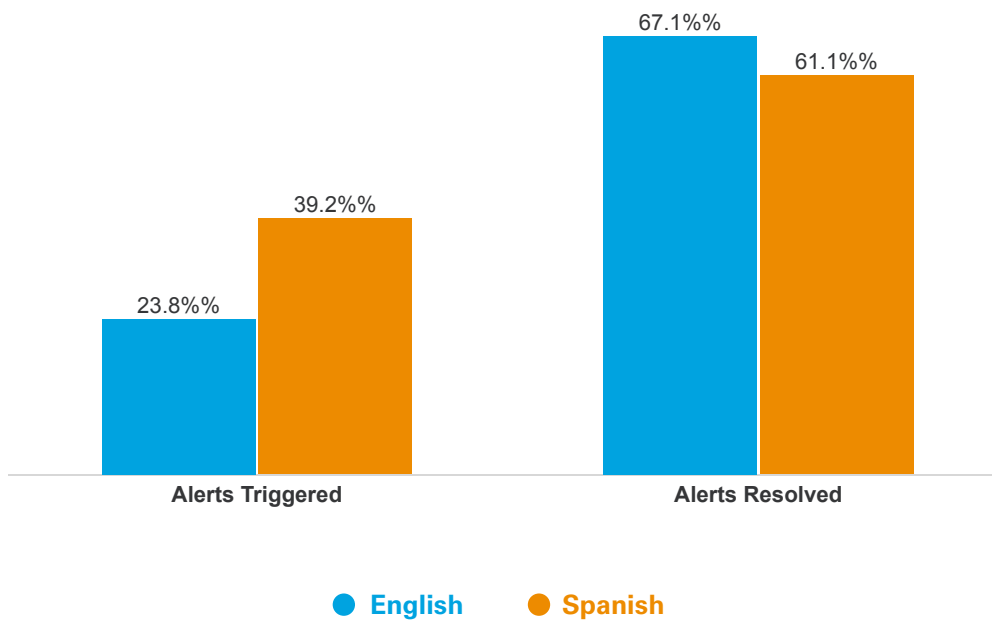
Preferred language: impact on feeling heard

Preferred language: impact on trust



Process gaps are likely to have real-world consequences in terms of care outcomes. We analyzed more than 46,000 discharge follow-up calls and found that during those calls, Spanish-speaking respondents triggered an alert 39% of the time compared to 24% of the time for English speakers. While this differential should raise flags in and of itself, the problem is also amplified by the fact that organizations report resolving alerts for Spanish speakers at a lower rate than they do for English speakers.

## Preferred language: impact on alerts triggered and alerts resolved



When these facts are taken together, we see that Spanish speakers are more likely to leave healthcare encounters feeling unheard, report having significantly lower trust in providers, tend to have more 'alert-worthy' issues after discharge, and have a greater percentage of unresolved concerns. **The confluence of these factors can result in disengagement, poor outcomes, and costly readmissions, all with an associated long-term impact.**

Awareness is essential for change. Stratifying patient-experience data clearly reveals the need for a concerted effort to better address the healthcare needs of Spanish-speaking patients and families. But designing interventions that treat Spanish speakers as a monolithic group only moves us further away from Human Understanding. The key to closing care gaps and ensuring excellence for all is to monitor aggregate demographic trends through an equity lens, highlighting gaps and looking to solve systemic problems while treating each patient and family member as a unique person in every interaction.



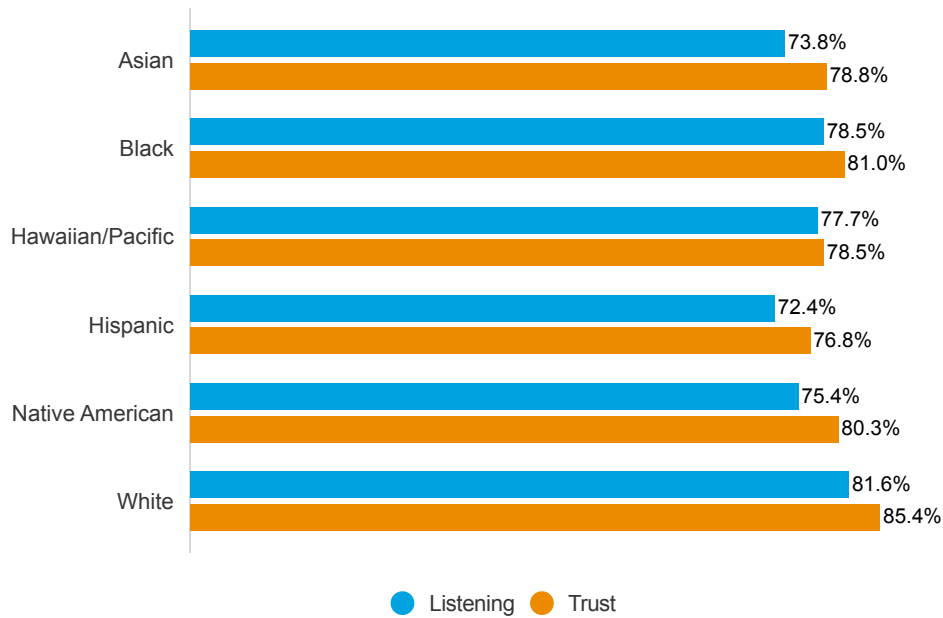
**Monitor demographic trends and treat every patient as unique to help close gaps in equity.**

# Race/Ethnicity

In addition to preferred language, we find multiple points of focus and intersection—e.g., sex, gender, age, race/ethnicity—when we examine equity. Race and ethnicity are a major theme of work on Diversity, Equity, Inclusion, & Belonging at hospitals and health systems across the country, and our data shows there is still considerable work to be done when it comes to demonstrating listening and building trust.

Almost 82% of patients and parents who identify as White reported that their provider listened to them. However, the proportion of providers who reported top-box scores for listening fell for those identifying as Hispanic (72%), Asian (74%), Native American (75%), Hawaiian/Pacific Islander (78%), and Black (79%). Trust was higher in each group, but followed a similar pattern across groups.

**Listening and Trust by Race/Ethnicity**



This type of analysis is the foundation for action. Deciding to act, setting a disciplined course of action, tracking progress to calibrate process, and managing accountability for outcomes are equally important. Rather than instituting training programs that may run the risk of stereotyping patients or families of certain groups, the most productive strategy is to improve care for all by paying attention to what matters to each person. A programmatic approach to Human Understanding can transform care in everyday practice.



**The most productive strategy is to improve care for all patients by paying attention to what matters to each person.**

# Perspective on Benchmarks



Benchmarks provide a means for organizations to compare their performance against industry standards or competitors' performance. Used appropriately, they can help set context, track progress, and identify areas for strategic action. There is no question that benchmarks should be in the toolbox when it comes to monitoring organizational health.

However, overreliance on benchmarks can be extremely problematic. One consideration is choosing the comparison group. Should it be based on hospital size, system size, type of system, patient base, location, or some combination of the above? Organizations differ on so many variables that it can be hard to benchmark accurately. When 'apples to apples' comparisons prove difficult, leaders may be satisfied with 'apples to oranges.' The key is to keep the comparison in perspective and avoid comparing 'apples to Saturdays.'

Choosing the metric itself is equally important: The right metric can be a useful rallying point, while the wrong one diverts precious organizational energy. Regardless of the metric, a myopic approach to benchmarks presents the danger of chasing scores instead of focusing on the behaviors and outcomes that the scores are meant to represent.



**A myopic approach to benchmarks presents the danger of chasing scores instead of focusing on the behaviors and outcomes that the scores are meant to represent.**

"At the heart of each leader's purpose in utilizing benchmarks is the drive to continually improve their business outcomes. Embracing a culture that strives to be better tomorrow is more important than aspiring to a particular benchmark."

**—Michael Goldberg, MBA, MS**

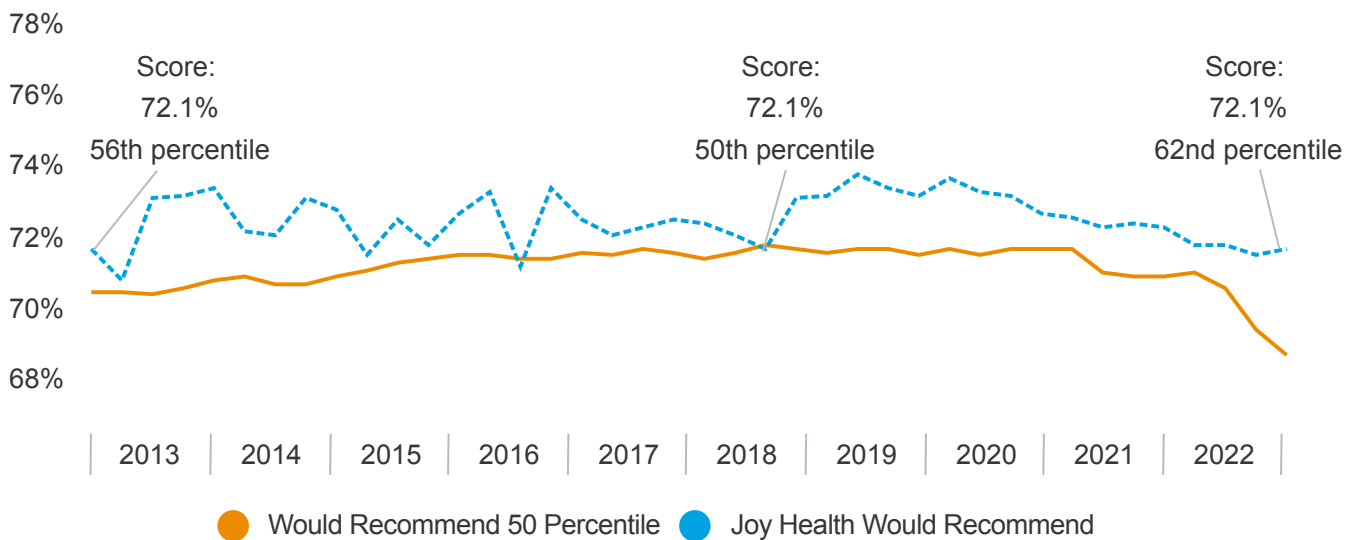
*Former Executive Director, Long Island Jewish Medical Center, Northwell Health (responsible for \$1 billion annual operating budget), founder and CEO, The Walkalongside Leader*



While benchmarks have their place, it is perhaps more important to focus on actual improvement within the organization itself – to ‘benchmark against yourself.’ It is entirely possible to maintain or even improve on a percentile basis if performance is declining, as long as other organizations are declining at the same rate or faster. Conversely, healthcare organizations can make meaningful progress on initiatives that improve real patient outcomes and lives but lose sight of the benefits they were generating if performance falls short against an external benchmark.

## Benchmarks are not enough

### Same ‘Joy Health’ score results in dramatically different percentiles over time Would Recommend Hospital (2013-2022)



Moreover, some organizations take an ‘all or nothing’ stance in utilizing benchmarks to incentivize team member behavior. This runs the risk of creating the opposite effect – a morale-sapping disincentive if the goal is unrealistic or fails to recognize meaningful gains that fall short of a target. Imagine a physician who improves the ‘provider listened’ score by 23 percentage points with the help of a coaching program but does not break the organizational threshold of, say, the 80th percentile because so many providers are clustered at the top. Without a parallel focus on raw-score improvement and other performance metrics, benchmarks can distract attention instead of focusing organizational and personal effort.



**Benchmarks are an important tool but they can mask performance challenges.  
Making actual progress is more important.**



2022

# Pediatric Trends

---

*For additional context and strategic insight, we worked with the NRC Health Research team to identify a set of meaningful industry trends worthy of consideration in the year ahead.*

## TREND: Community Insights – Top 10 Topics

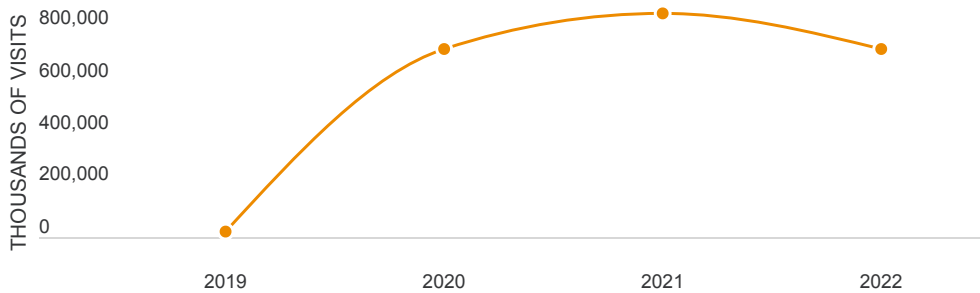
A human-centered design approach to understanding issues and solving problems starts with listening to the people affected by them. Forward-leaning health systems are turning to crowdsourcing solutions like NRC Health’s [Community Insights](#) to tap into the voices of patient communities and consumer groups, as well as those of their own employees and providers. In addition to revealing essential insights, this practice can increase connection, engagement, and loyalty.

Content Focus	Core Research Question
<b>Brand assessment</b>	What is our market awareness and perception of the brand(s) we work hard to promote? Do we fulfill our brand promise?
<b>Understanding service line selection</b>	How do consumers choose a provider for a specific service?
<b>Messaging and communication</b>	How do we best communicate with a given audience?
<b>Product/service innovation</b>	Is our market open to using a particular care innovation? How great is the need?
<b>Customer experience</b>	How are our customers interacting with our services, and where do they perceive gaps in care?
<b>Measuring loyalty</b>	What keeps our loyal customers coming back, and how do we create more loyalty?
<b>Advertising evaluation</b>	Does our campaign resonate with our market, and will it effectively drive business?
<b>Customer or segment profiling</b>	Who is the target customer for a specific service, or how do we characterize various profiles within our market?
<b>Employee feedback</b>	What do our employees need to remain happy, loyal brand advocates?
<b>Educational content prioritization</b>	Are we providing the right resources to empower our community and be seen as a leader in health education?

## TREND: Telehealth Use Over Time

Telehealth usage grew sharply after the pandemic hit, peaking in 2021 and moderating over the course of the past year. It is clear that telehealth has broken free from its pre-pandemic restraints and become a critical part of the health-system access strategy. When it comes to hardwiring consistent experiences across the consumer journey, telehealth touchpoints cannot be an afterthought.

### Used Telehealth



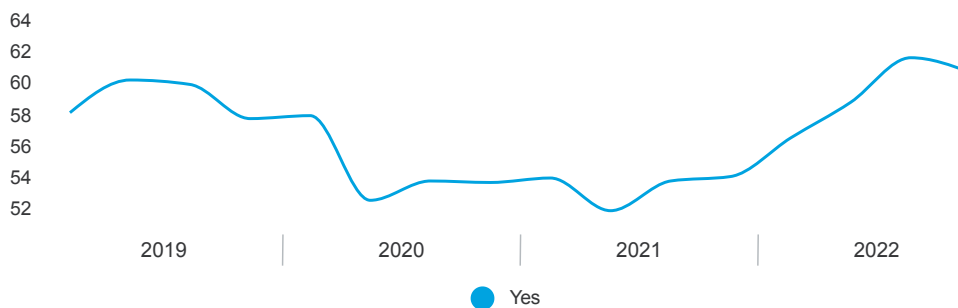
Source: NRC Experience Outreach  
Sample: Pediatric Telehealth visits  
2019 n=18,865 | 2020 n=720,440 | 2021 n=857,682 | 2022 n=725,467

© NRC Health

## TREND: Retail Clinic Use

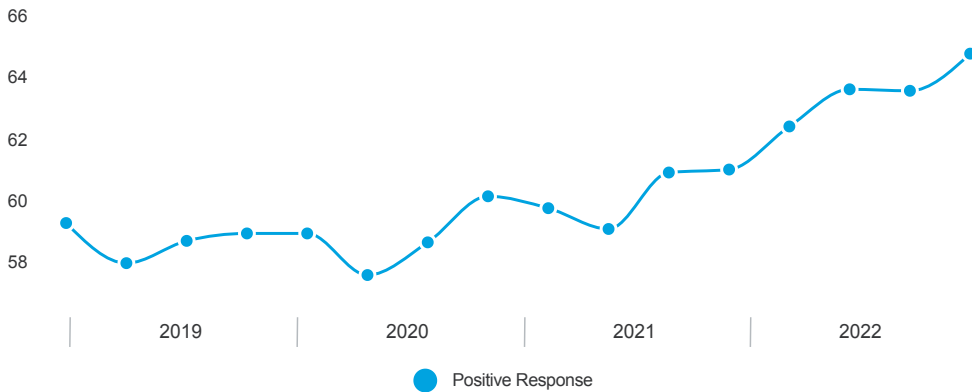
Retail clinics have continued to multiply in recent years as consumers indicate increasing openness to the concept, a point reinforced by data drawn from people with at least one child in the home. Health systems need to be aware of these new access points in their communities and choose a path forward. Whether the ideal strategy is competition (e.g., offering same-day appointments), collaboration, or “co-opetition,” retail care has to factor into the strategic vision.

### Used clinic inside of a retail store/grocery store



Source: National Market Insights Study  
Sample: People with at least one child in the home  
2019 n=96,125 | 2020 n=98,748 | 2021 n=30,734 | 2022 n=31,732

### Feeling about using a clinic inside a retail store/grocery store

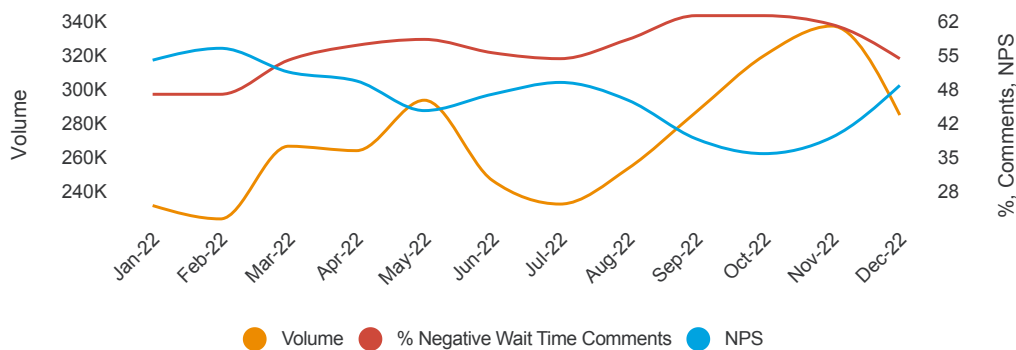


National Market Insights Study

## TREND: Emergency Department Wait Time Impact

For many children’s hospitals and health systems, the ED remains the primary door through which patients enter, and it’s a powerful first experience. Staffing shortages – combined with an **increased volume of children needing care for COVID, RSV, and flu** – have led to abnormally long wait times. Unsurprisingly, this amplified negative comments about waiting and took its toll on NPS. Our October nSight on **Understanding Perceptions About Wait Times in Pediatric Care** offers ideas for reducing the frustration associated with waiting.

### Increased Volume + Wait Time Comments = Decreased NPS

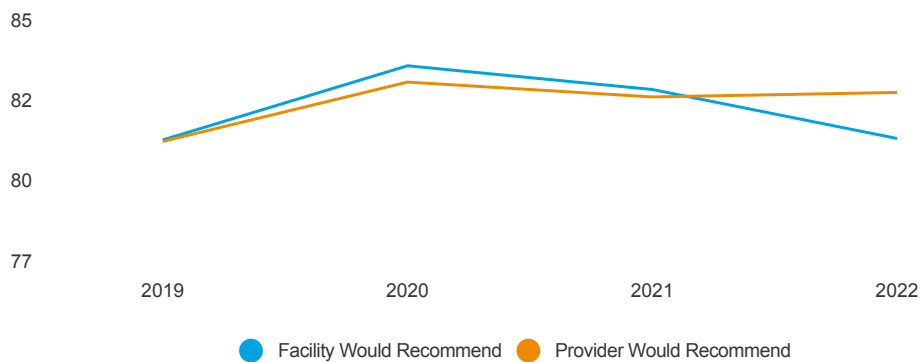


Source: NRC Experience Outreach  
 Time Frame: 2022 pediatric emergency department patients  
 Patient Responses: 513,239  
 Patient Visits: 3,298,738  
 Patient Comments 129,920

# TREND: Facility NPS vs. Provider NPS

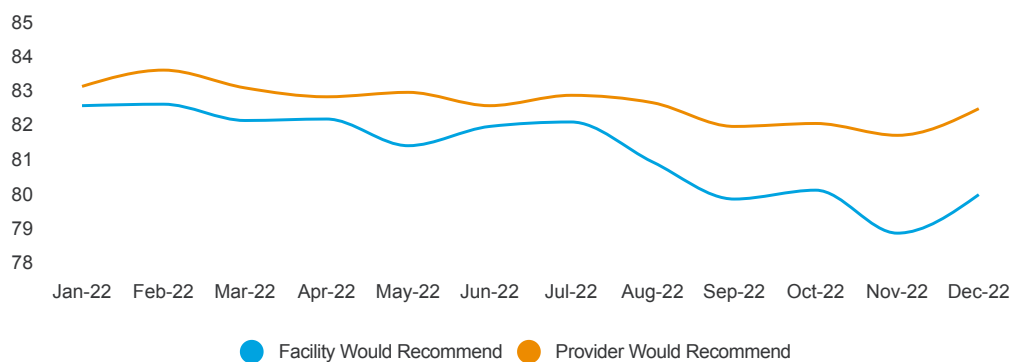
Both provider NPS and facility NPS rose in 2020, after which provider gains grew more moderate and facility NPS dropped. These trends highlight the importance of Human Understanding as a driver of loyalty. Systems should consider strategies and tools that recognize and make room for meaningful connections that promise to restore the sanctity of the patient-family-provider relationship.

## Facility vs Provider Medical Practice NPS Trends



Source: NRC Experience Outreach  
 2019 n=930,078 | 2020 n=1,023,869 | 2021 n=1,445,536 | 2022 n=1,630,577

## Facility vs Provider Medical Practice NPS Trends

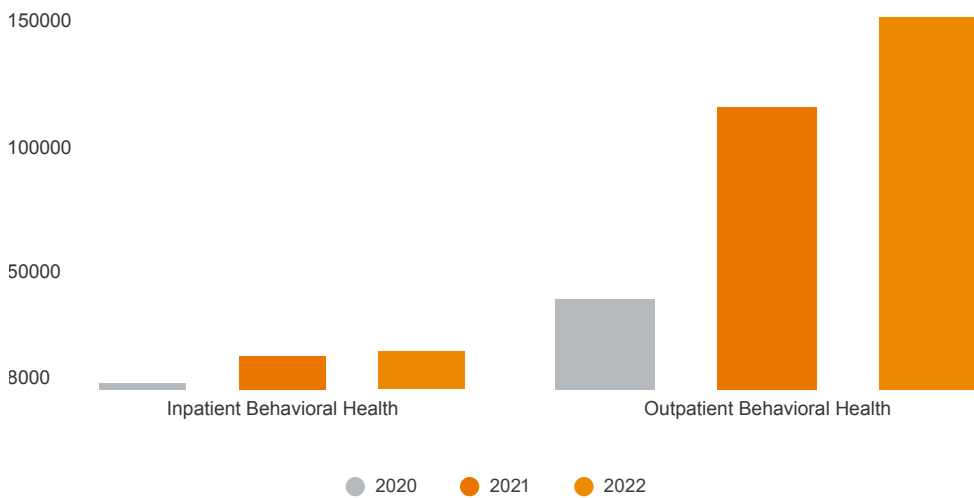


Source: NRC Experience Outreach  
 n=1,630,577

# TREND: Child and Adolescent Behavioral Health Volume

There is no question that the pandemic has been devastating – socially, educationally, and personally – for many children and adolescents. Both inpatient and outpatient Behavioral Health volumes have increased markedly since 2020, and a return to pre-pandemic levels is unlikely. Telehealth is one vehicle for delivering services on a bigger scale, but our research indicates that telehealth accounts for only about 20% of behavioral health visits.

## Behavioral Health Volume Increase

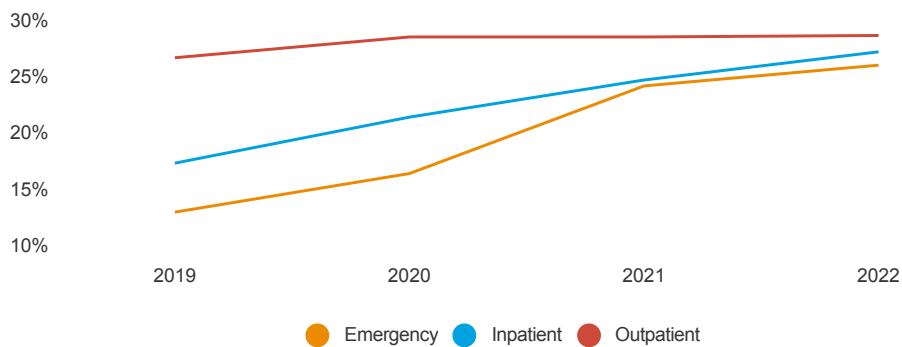


Source: NRC Experience Outreach  
Time Frame: 2020 - 2022 pediatric patient visits  
2020 n=48,728 | 2021 n=118,723 | 2022 n=138,977

## TREND: Post-discharge Alerts on the Rise

The percentage of children and adolescents needing follow-up after discharge has increased markedly over the last four years, particularly in emergency and outpatient settings. Unaddressed concerns after a healthcare encounter – whether questions, worsened health, or barriers to follow-up care – can lead to disengagement, poor outcomes, and costly readmissions, with an associated long-term impact on brand.

### Alerts by Year



Source: NRC Clinical Follow-up  
2019 n= 66,939 | 2020 n= 48,550 | 2021 n= 64,646 | 2022 n= 84,531

The number-one alert for all care settings – by a wide margin – is related to understanding discharge instructions; followed by service issues, inability to access follow-up care, and medication questions. These process-oriented barriers are all within the control of the health system: It is far more effective to prevent problems and preempt questions than to play catch-up after the patient leaves the care setting.

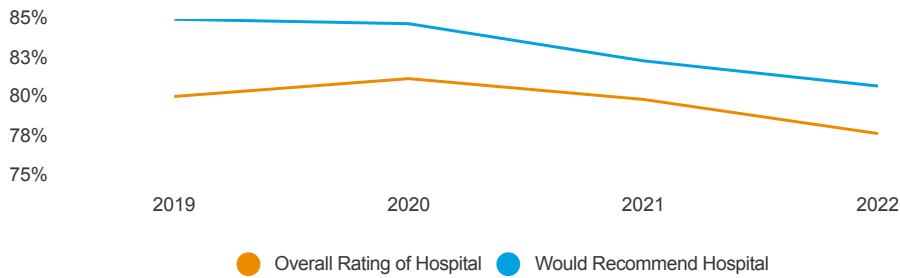


**Caution:** The increasing volume of alerts has caused some organizations to discontinue post-discharge follow-up programs. This only masks the problem and can leave potentially harmful issues unresolved. Children’s hospitals and health systems should implement process-improvement initiatives aimed at the root causes of common alerts and ensure individual follow-up when alerts arise.



## TREND: Child HCAHPS – Overall Rating and Would Recommend

### Child HCAHPS Trends



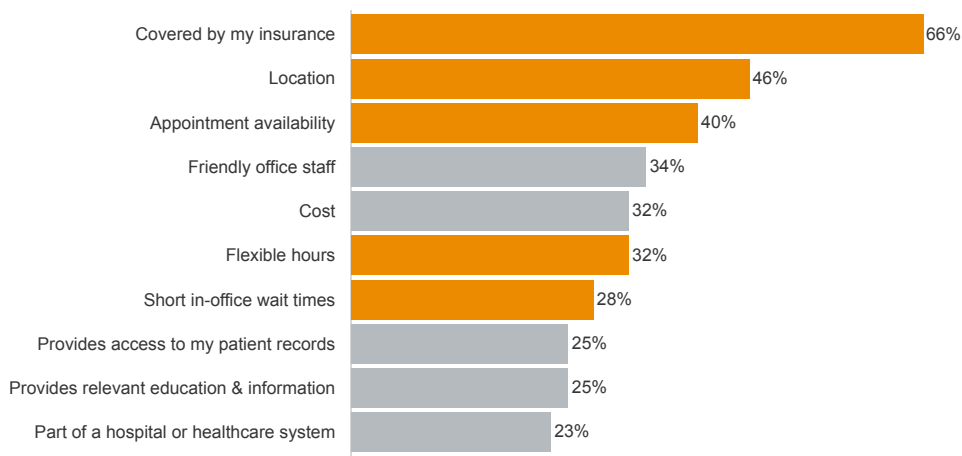
**NRC data shows that Child HCAHPS scores have declined 3.5 - 4.0 percentage points since 2020.**

Source: NRC Child HCAHPS  
2019 n= 23,572 | 2020 n= 13,663 | 2021 n= 10,115 | 2022 n= 9,404

## TREND: Top 10 Factors for Selecting a Doctor's Office

As highlighted in our [December nSight – A Close Look at Access to Care](#), there are four main aspects of access: Getting Coverage (insurance), Getting There (location), Getting In (availability), and Getting Seen (waiting). Each one functions as a gate to seeking and receiving care. Access is a true differentiator: Five of the top 10 selection factors (covered by my insurance, office location, appointment availability, short in-office wait times, flexible hours) are directly related to access. Moreover, despite unprecedented turmoil over the past few years, this picture has remained constant.

### Top 10 factors



Source: National Market Insights Study  
Respondents with child(ren) in the home n = 95,575

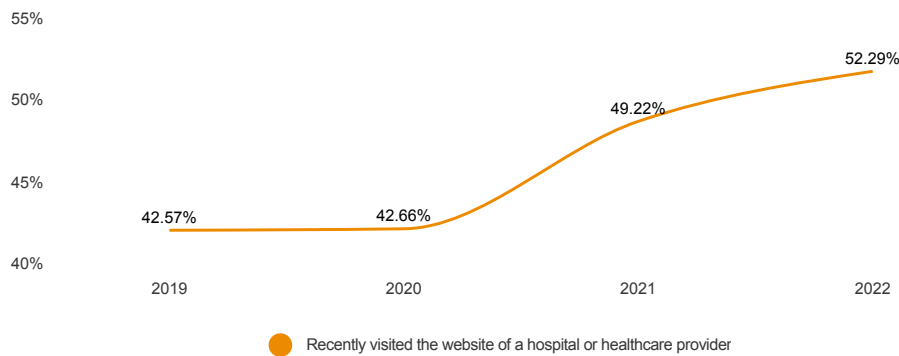
## TREND: Hospital Website Use

After a drop in 2020, consumers' use of hospital and healthcare provider websites has continued its climb, making these resources a critical connection point for health systems. Importantly, consumers are using these websites just as they do when shopping for other services: first searching, then reading reviews, and finally diving deeper so they know what to expect. Strategically designed sites will reduce friction at this launch point in the journey by ensuring that provider search is front-and-center and that the results contain useful information, based on an understanding of what people are seeking.

### When visiting the website of a hospital or health care provider, what information is most important to you?

- 33.2%** How to find a physician
- 28.2%** How to find the hospital
- 25.7%** Hospital specialty/service lines
- 24.9%** Emergency room wait times
- 24.8%** Payment/billing information

### Use of hospital websites is on the rise



Source: Market Insights National Survey  
Time Frame: 2019–2022  
Respondents with child(ren) in the home n = 95,575

## LEARN MORE IN OUR 2022 NSIGHTS



- **A Close Look at Access to Care** – December
- **The Power of 'Doing' Human Understanding in Pediatric Care** – November
- **Understanding Perceptions About Wait Times in Pediatric Care** – October
- **Tracking the 'Invisible Patient'** – September
- **Patient Perceptions of Human Understanding** – August

### Suggested citation for this report:

Makoul G, Donohue R, England W, Gorley T. "2023 Pediatric Experience Perspective." NRC Health. <https://nrchealth.com/resources> (Accessed mm/dd/yyyy).

1 Estimate based on data from: Agency for Healthcare Research and Quality. Mean expenditure per person with expense by age groups, United States, 1996 to 2019. Medical Expenditure Panel Survey. Accessed July 27, 2022; assumes average life expectancy to age 80.

©2023 National Research Corporation  
 NRC Health® and Human Understanding® are registered trademarks of National Research Corporation d/b/a NRC Health. The Human Understanding Institute<sup>SM</sup>, Understanding as a Service<sup>SM</sup>, UaaS<sup>SM</sup>, Human Understanding Metric<sup>SM</sup>, and HUME<sup>SM</sup> are service marks of National Research Corporation d/b/a NRC Health.



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



**Ranked #1 for Patient Experience Improvement**

1.800.388.4264 | [nrchealth.com](http://nrchealth.com)  
1245 Q Street | Lincoln, Nebraska | 68508

© NRC Health