

2024 Experience Perspective

CONTENTS

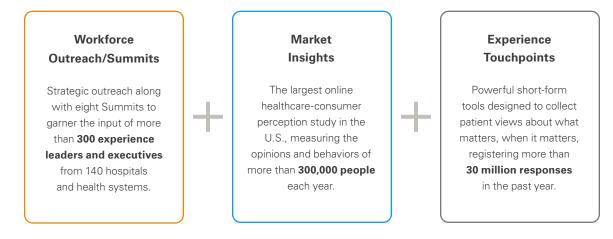
Foreword	3
Introduction	5

SECTION ONE: INNOVATION STARTS WITH THE FUNDAMENTALS

01	Alignment / Buy-In: Taking a 'One Big Dot' Approach	8		
02	Human Connection: Advancing Human Understanding	15		
03	Frontline First: Getting Strategic About Accountability	20		
04	Co-Design: Amplifying Consumer and Community Voices	24		
SECTION TWO: UNDERSTANDING DETRACTORS				
	Detractors: Healthcare's Misunderstood Stakeholder	29		
SEC	TION THREE: EMERGING TRENDS			
01	Top 5 Topics for Crowdsourcing and Co-Design	38		
02	Retail Clinic Use	39		
03	Preference for Health Systems	40		
04	Loyalty	41		
05	Digital Use	42		

FOREWORD

Combining expertise, experience, and data from millions of people – patients 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.



Our 2024 Experience Perspective is designed to help leaders turn aspiration into action by prioritizing Human Understanding[®] and addressing what matters to the unique humans seeking, delivering, and supporting excellent care in the real world. Section 1 emphasizes that innovation starts with the fundamentals, offering practical strategies for elevating experience; Section 2 takes a deep dive into the anatomy of Detractors, healthcare's misunderstood stakeholder; and Section 3 shares important trends that reinforce the value of paying close attention to what matters. We will be with you every step of the way.

Helen Hro

Helen Hrdy Chief Customer Officer, NRC Health

Gregory Makoul, PhD, MS Chief Transformation Officer, NRC Health



INTRODUCTION

Patients, consumers, and health professionals hope they will be treated as the unique people they are. But hope is one thing; strategy is another. That's why the 2024 Experience Perspective integrates research with a point of view that can inform and revitalize strategies that relate to and integrate brand, consumer, patient, and employee/ workforce experience. Our goal is to help health organizations focus their energy on purposeful action that supports Human Understanding in everything they do.

"The past four years, with a global pandemic, societal and political turmoil, and economic distress, have been extraordinarily challenging. As a community-based system of health, it has been a privilege to continue serving our patients and our communities. We embrace the reality that the future is always uncertain, and that crisis brings both danger and opportunities. We have chosen to seek opportunities to grow and get better for those we serve and look to 2024 being **more than hopeful but less than certain**, recognizing that it is in uncertainty where opportunities lie, and it is in hope that we can seize those opportunities."



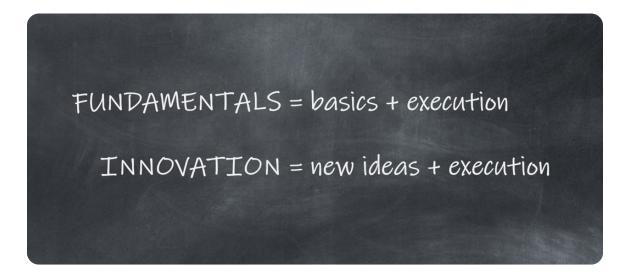
BILL ROBERTSON CEO, MultiCare

SECTION ONE

Innovation starts with the fundamentals

At the 'Innovation Starts with the Fundamentals' workshops we facilitated during the Becker's Healthcare Annual Meeting and NRC Health Human Understanding Beyond conference in 2023, participants rallied around two very real-world declarations:

- It's all about follow-through.
- It's hard to push for innovation if we can't or don't execute on the fundamentals.



In this section, we offer a forward-thinking perspective on each of the fundamentals we identified and pressure-tested in concert with experience leaders across the country:

01 Alignment / Buy-In Taking a 'One Big Dot' Approach 02 Human Connection Advancing Human Understanding

03 Frontline First Getting Strategic About Accountability

04 Co-Design Amplifying Consumer and Community Voices

01 Alignment / Buy-In

TAKING A 'ONE BIG DOT' APPROACH

Alignment is the key to accelerating progress

Leading healthcare organizations have started bridging the traditional silos between brand, consumer, patient, and employee/workforce experience. But in terms of structure and function, they tend to treat experience, quality, safety, equity, and brand as completely separate domains. In some healthcare organizations, operational leaders for a few of these domains report to the same person. In others, domain leaders operate in unconnected silos. Regardless of the organizational structure, progress within and across these domains will stall if efforts are not well coordinated. But Dr. Gregory Makoul, NRC Health's Chief Transformation Officer, suggests that there's a bigger point to consider:

"Perhaps more important than connecting the dots is realizing that experience, quality, safety, equity, and even brand are part of One Big Dot – they might be measured separately, but all come down to understanding and addressing what matters for every patient and consumer, as well as those who serve them. In other words, experience is not an extra-added attraction, quality is not the sole purview of the quality team, safety is not the only focus of a high-reliability mindset and, at root, equity – or the lack thereof – is woven through every decision and discussion. And all of this shapes brand perception."



GREGORY MAKOUL, PhD, MS Chief Transformation Officer, NRC Health

"

At all levels, synchronizing values, strategy, and operations is the key to transcending obstacles to the One Big Dot approach. Michael Giuliano, President of Planetree, has seen what happens when healthcare organizations signal to staff that the domains are mutually exclusive rather than interconnected and when organizational behavior conflicts with professed culture:

"The Planetree Framework highlights the imperative to connect values, strategies, and actions, a critical component of an organization's structure and culture. When the domains of quality, safety, equity, and experience are not united and synchronized with organizational strategy – and supported by leadership – the best intentions and implementation efforts

across any of the domains usually are not sustainable, successful, or adopted. Uniting these domains helps drive actionable, impactful, and sustainable change in the experience and outcomes of care."



MICHAEL GIULIANO President, Planetree

It's worth remembering that the HCAHPS[®] (Hospital Consumer Assessment of Healthcare Providers and Systems) survey served as a focusing mechanism that helped spark considerable improvement by positioning patient experience as a key element of overall hospital quality. While this illustrates the connection between important domains, it would be a mistake to focus attention solely on the inpatient setting. In fact, the One Big Dot approach prioritizes Human Understanding in any care setting and across roles (e.g., patients, consumers, employees, providers).

Leaders at OHSU Health Services clearly understand the value of coordinating efforts and adopting a One Big Dot approach across the organization – breaking down barriers that limit progress toward achieving strategic priorities:

"

"

"Many organizations are beginning to realize that the traditional way of structuring operations, where each function is managed in isolation, is no longer effective. The various factors contributing to the overall healthcare experience, including quality, safety, brand, equity, and team culture, are interconnected. This means we must rethink how we approach all of our work and not just collaborate across different functions, but structurally reframe the way we see and approach our work to create the best possible experience for our patients and teams. It is crucial to have an inclusive experience in today's ever-evolving healthcare industry. By considering the needs of all parties involved in delivering and receiving healthcare, our objective is to develop an approach that prioritizes experience and leads to improved outcomes for everyone. To achieve this, all teams, including those responsible for experience, quality, and brand, must work in unison to create an experience-centric healthcare system."



BANNING HENDRIKS Director, Patient Experience, OHSU Health Services



MEGAN PUGMIRE

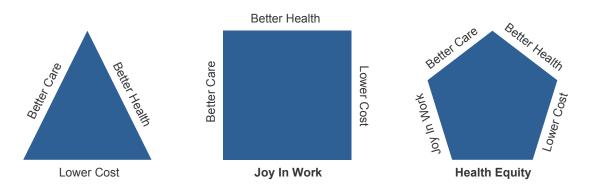
Associate Vice President, Brand Strategy, OHSU Health Services



CLEA MCDOW Director, Quality Management, OHSU Health Services

Taking Aim

The original conceptualization of the Triple Aim, released in 2008, cast the Experience of Care / Better Care in terms drawn from the 2001 Institute of Medicine (IOM) report on Crossing the Quality Chasm: Safe, Effective, Patient-Centered, Timely, Efficient, Equitable. In the 'triple' formulation, Experience of Care was tied to two complementary aims: Population Health / Better Health and Per Capita Cost / Lower Cost.



In 2014, the model was expanded to form the Quadruple Aim by adding a focus on addressing clinician burnout (a.k.a. Joy in Work), a logical extension given that employee experience is a major pathway to improving the Experience of Care. And, in 2022, the Quintuple Aim highlighted the imperative of advancing health equity, especially upstream factors such as systemic bias and social drivers of health. While the shapes may change, the core aim of Better Care clearly encompasses experience + quality + safety + equity. One Big Dot.

Safety: Patients and Consumers See It in 3D

Research reported in our 2023 Experience Perspective demonstrated that when it comes to **quality**, patients and consumers emphasize Safety, Effectiveness, and Patient-Centeredness – as did the IOM – but also invoke Communication and Cleanliness. Here, we take a close look at how people think about **safety**. NRC Health's leadership on Human Understanding in – and beyond – the care setting dovetails with Planetree's Person-Centered Care Framework, a model of care that: (1) focuses on the needs of individuals, guided by peoples' preferences and values; and (2) includes supporting structures, policies, and practices that create a culture of quality, compassion, and partnership across the continuum of care. Accordingly, we worked with Planetree's Michael Giuliano to investigate how people think about safe healthcare.



Respondents see **doctors and care teams** as having the highest focus on physical safety, while **hospitals and health systems** are perceived to have a markedly higher focus on providing a safe environment. We used the NRC Health Market Insights national study to rate the importance of three safety dimensions, and we've added recent comments from patients to illustrate each:

Preventing physical harm (examples: preventing infections/injuries from care, diagnostic errors, medication errors, falls)



"I had a terrible experience. I felt completely unsafe and confused about what they were doing to treat me. I was given a misdiagnosis at the end of my visit and had to ask to speak to a doctor personally before they realized they had messed up."

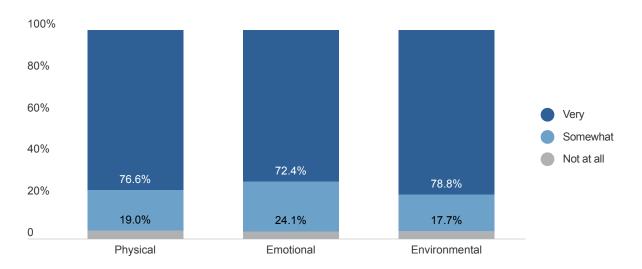
Preventing emotional harm (examples: tailoring care to each person with compassion, respect, clear communication, teamwork)

"Dr. X was extremely polite and personable, and made me feel immediately comfortable. I was able to talk to her about my medical concerns easily, and she answered my questions with clear communication and made me feel cared for and safe."

Providing a safe environment (examples: ensuring cleanliness, security)

"

"The building that Dr. Y is in is falling apart. It is unsafe to be in. I do not like bringing my child there, but Dr. Y is amazing. And I want my child to see him."



3 Dimensions of Safety: Importance Ratings

Market Insights National Study, October-December 2023, n = 39,669

The study was conducted between October and December 2023 with 39,669 people who had a healthcare experience within 12 months of their response. While all dimensions were deemed important by a vast majority of respondents, a safe environment – as manifested by cleanliness and security – was considered 'very important' by the largest proportion (78.8%). In terms

of overall importance, the ratings for preventing emotional harm (96.5%) and providing a safe environment (96.5%) were slightly higher than those for preventing physical harm (95.7%), the vector that tends to be most closely linked with safety.

The point: It is essential that health organizations take a three-dimensional view of safety, with equal attention to physical safety, emotional safety, and a safe environment of care. Indeed, the 'very important' responses connote a safety-oriented variant of Maslow's Hierarchy. In this construction, the most basic need is for a safe care environment, followed closely by physical safety and emotional safety.

Safety Hierarchy

All three dimensions are important and 'zero harm' should be the goal for each. Think about this as another way to align experience, quality, safety, and equity – our research found that people see cleanliness (safe environment) as an essential element of quality; much of what is traditionally considered 'quality' is consistent with preventing physical harm; emotional safety links both experience and equity.

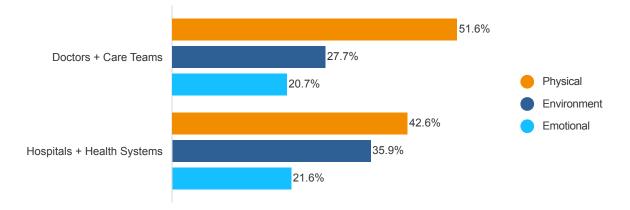


It's important to note a few patterns that emerged across the three dimensions demographically:

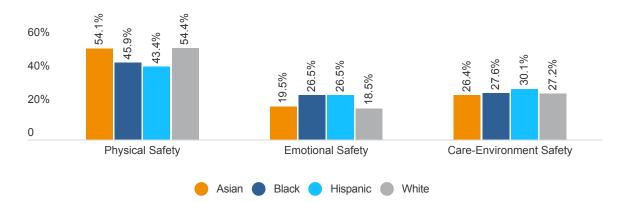
- **Sex.** As a group, people identifying as female rated each dimension as markedly more important than did those identifying as male.
- Age. There was a linear increase in the importance rating across age groups, with ratings for each dimension ranging from approximately 90% for respondents aged 18-24 through 99% for those age 65 or older.
- Recency of a healthcare experience. People who had an experience within 1 month of responding rated each safety dimension higher than did those who had a more distal experience.

We also asked which aspect of safe hospital care people see as the focus of most health professionals or health organizations. Overall, we found that most people believe there's a primary focus on preventing physical harm, followed by providing a safe environment and preventing emotional harm. When it comes to the stakeholder groups, respondents see **doctors and care teams** as having the highest focus on physical safety, which makes sense. Similarly, **hospitals and health systems** are perceived to have a markedly higher focus on providing a safe environment, which also makes sense. The perception of emotional safety as the main focus is fairly consistent.

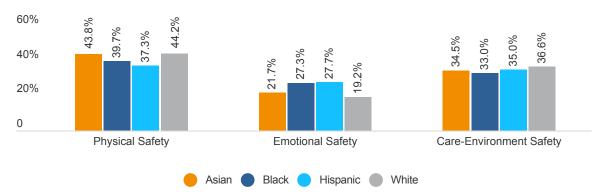
Perceived Stakeholder Focus



When stratifying this analysis by **race/ethnicity**, physical safety is still in the forefront, but we found that – compared to people identifying as Asian or White – those identifying as Black or Hispanic tend to see health professionals and health organizations as focused relatively less on physical safety and relatively more on emotional safety.



Perceived Focus of Doctors + Care Teams



Perceived Focus of Hospitals + Health Systems

Source for all graphs on this page: Market Insights National Study, October-December 2023, n = 39,669

Over the course of 2024, we will be working with our partners to take a deeper dive into this finding, with the goal of elucidating whether it reflects the outcome of more attention to equitable care or signals the need for more attention to preventing harm. We will also work together to illuminate how care teams view and experience physical, emotional, and care-environment safety.

Learning from Planetree Organizations

Planetree's research-based Certification for Excellence in Person-Centered Care is a rigorous program that currently spans 183 healthcare facilities in 13 countries. It includes a Lived Experience Validation to capture the authentic voice of patients, families, staff, and the community regarding experiences in both giving and receiving care. Planetree analyzed high-level trends emerging from the Lived Experience Validation in focus groups and during experience journeys, and the findings align with the Safety Hierarchy and underscore the importance of both Human Understanding and the One Big Dot approach:

- Physical and care-environment safety are expected. Patients do not expect to enter a healthcare organization to be harmed and tend to see physical and environmental safety as a 'given' for the industry.
- Human Understanding is the differentiator. Patients, families, and staff see humanizing the experience of both giving and receiving care – which promotes emotional safety and improves other domains – as the differentiating factor when they're seeking treatment or deciding to join a healthcare organization.
- Domains are not well coordinated (yet). Healthcare professionals report that there seems to be a tension between the priority that organizations attach to different aspects of safety (environmental, physical, and emotional) as well as between safety and other key domains, making it difficult to deliver a truly person-centered care experience.

Bottom Line

Taking a One Big Dot approach can re-energize improvement efforts by fostering alignment across domains (experience, quality, safety, equity, brand) and buy-in across the organization. The fact that domains carry different measures does not mean they should be treated in isolation or as if they are in competition. Moreover, there is tremendous value in learning from how patients and consumers characterize the domains; our research on quality and safety demonstrates that they see the big picture and add dimensionality to it. By transcending silos that artificially separate experience, quality, safety, equity, and brand, CEOs and other senior leaders can make the case that a more holistic view of the work – with attention to all of the detail that goes along with it – is the key to making real progress on an Experience of Care that is more than the sum of its parts.

02 Human Connection

ADVANCING HUMAN UNDERSTANDING

Human connection is vital both in and out of the care setting

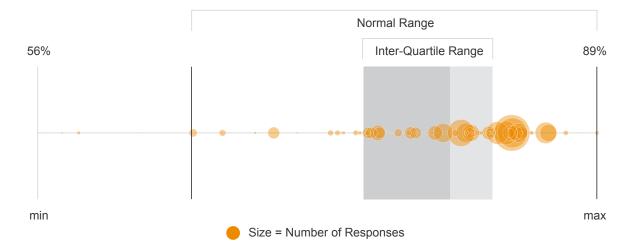
The concept of Human Understanding is both simple and profound: We can change healthcare for the better if we understand and address what matters to the people seeking and delivering care. At a behavioral level, Human Understanding boils down to three behaviors: **Connect with me**, **Listen to me**, and **Partner with me**, all of which are clearly important on both sides of the stethoscope.

As detailed in our 2023 Experience Perspective, we took a disciplined approach to developing the Human Understanding Metric (HU^{me}) – **Did everyone treat you as a unique person?** – as a way to gauge the extent to which Human Understanding is happening. When we look across two full years of data collected in our national Market Insights study, we find that only **38%** of people who had an experience within 12 months of their response report that everyone treated them with Human Understanding.

Human Understanding Makes a Difference

In addition to the national data, more than 80 health organizations have implemented the HU^{me} within their patient experience surveys. Given that these sites have clearly prioritized Human Understanding and responses are captured from 'active patients' within just a few days of an encounter, it is not surprising that the results are more positive, ranging from about **56%** to **89%**.

We also find that large, medium, and small organizations (based on number of returns, the size of the dot) are scoring relatively highly on the HU^{me} – note the mix of organizations above the inter-quartile range (right-side of the grey box).



Distribution of Scores for Organizations Fielding HU^{me}

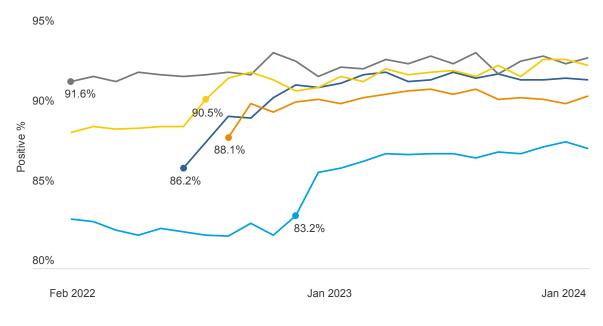
Patient Experience Data, Oct 2021 to Dec 2023, 72 orgs (min. n-size = 300 responses), total n-size = 4,512,561

We know that Connect-Listen-Partner behaviors are an important pathway to moving the HCAHPS needle. Human Understanding is also the best predictor of likelihood-to-recommend and, thus, Net Promoter Score (NPS). This relationship is clearly demonstrated at Gundersen Health System and M Health Fairview, two of the NRC Health partners that have implemented the HU^{me} in concert with intentional strategies to engage leaders and teams. Soon after launching the effort, these systems achieved unprecedented increases in NPS over a short time span.



While these results are impressive, they did not miraculously appear upon addition of the HU^{me}. Both Gundersen and M Health Fairview rallied around the idea and importance of human connection and person-centered care, creating strategic processes to support the Human Understanding movement. (For more detail on how they did it, visit nrchealth.com/resources. It's a great example of going beyond the scores and focusing on the behaviors and outcomes that scores represent.)

More broadly, though, we have seen increased Likelihood-to-Recommend (LTR) in most organizations that have implemented the HU^{me}. Here are the trajectories for five of these. While some saw nearly immediate increases, the jump in LTR is always linked to a concerted internal effort to reinforce Human Understanding. This is a critical point: The measure is great, but the 'magic' is a function of embracing Human Understanding in everyday practice.



LTR Increases after HU^{me} Implementation

Patient Experience Data, Feb 2022 to Jan 2024, n = 2,917,223

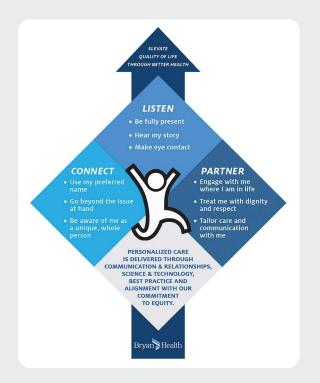
Go All In

Bryan Health, a regional health system in Nebraska, is another powerful example of what it means to fully embrace Human Understanding.

"We believe we can only serve our patients and their needs if we have healthy relationships and positive communication. I see our values as aligning very tightly with our work with NRC Health, We have the same will to understand the unique individuals we serve, know what their experiences are, and improve those experiences to improve patients' quality of life."



LISA VAIL Chief Nursing Officer and System Vice President of Patient Care Services, Bryan Health



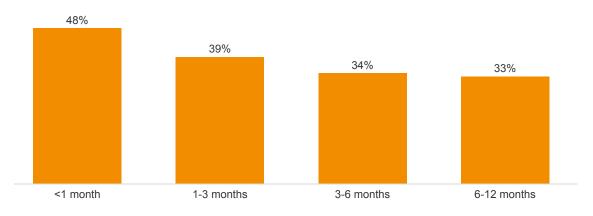
- 1. Changing all **orientation** materials to reflect the model
- 2. Creating a video to illustrate the model for all employees
- Presenting at organizational leadership meetings, system-wide
- 4. Working to bring the model into a physician-led **DEI** team
- Incorporating the model into our monthly presentation of **quality** metrics related to patient experience
- 6. Highlighting the model on **computer** screen-savers
- 7. Integrating the model into our **staff recognition** program
- Integrating the model into our Leadership Development topic about "how to work with and lead others"
- 9. Exploring integration of the model into **job** descriptions and annual appraisal process

Leaders across the organization worked together to develop a new model of personalized care that features the behavioral components of Human Understanding: **Connect, Listen, Partner**. While using these Human Understanding behaviors as the model's foundation is important, the disciplined process of infusing them throughout the system is equally impressive and perhaps more impactful. Efforts range from introducing the model and making it part of standard work to using it as the vocabulary for staff recognition, leadership development, job descriptions, and performance appraisals.

Don't Be Complacent

There is tremendous power in 'doing' Human Understanding. Yet as noted early in this section, HU^{me} scores from healthcare consumers in the national Market Insights study tend to be lower than those from patients who just had an encounter. This differential reinforces the importance of staying connected beyond a care experience, even a great one: Impressions of Human Understanding, like pretty much any experience, tend to become more diffuse and decay over time.

Indeed, a closer look at the Market Insights data illustrates that the national average – 38% reporting that they were treated as unique people – starts at 48% for people who had an encounter within 1 month of responding, drops to 39% for those with an experience in the prior 1-3 months, and settles in around 33% when based on visits more than 3 months prior. In other words, salience matters.



Salience Matters: HU^{me} Recency Effect

Market Insights National Study, Jan 2022 to Dec 2023, n = 300,038

Bottom Line

Health organizations make tangible progress when they prioritize Human Understanding, focusing on what matters and maintaining relationships even when people are not 'active patients.' NRC Health bolsters these efforts with proven strategies that range from using MyStory to focus on what matters to individual patients to leveraging Community Insights to connect with groups of people who have offered to share views if asked and drawing from Market Insights to keep branding fresh and relevant. The point is that commitment to Human Understanding does not stop when a healthcare encounter is over. In fact, recognizing that most of patients' lives happen outside of the care setting is central to advancing Human Understanding.



Impressions of Human Understanding, like pretty much any experience, tend to become more diffuse and decay over time.

03 Frontline First

GETTING STRATEGIC ABOUT ACCOUNTABILITY

Building a culture of accountability supports the frontline

It usually doesn't take long before accountability comes up in discussions with healthcare leaders, most often in the form of a lament: "We need more accountability" or "we don't have a sense of shared responsibility." A sense of personal accountability and mutual responsibility helps sustain workplace cultures that strive for and achieve positive outcomes. Why is this essential ingredient so elusive? One word: Clarity.

It's impossible to have a culture of accountability without clarity. As one experience leader put it, "Understanding the relationship between accountability and clarity is critical to elevating the work we do." There is no reasonable way to hold people accountable for meeting expectations if they don't know what those expectations are. Questions that facilitate clarity in the experience context include:



- What does experience mean to the organization?
- What does it mean to the people we serve?
- Who is responsible for experience?
- How is success measured?
- What behaviors and practices are expected?
- Does everyone know how to do what's expected?
- Does everyone feel safe asking for help?
- What happens if we meet or exceed goals?
- What happens if we don't meet goals?

An Experience Strategy Framework

Creating a culture of accountability and recognition is one of the bodies of work that form a robust experience strategy. The term 'bodies of work' is used intentionally, because a strong strategy is more than a document; it articulates and prioritizes partnerships, workflows, and tactics required to solve problems and reach goals. Here's a summary of the six bodies of work in the Experience Strategy Framework that Toya Gorley MBA, Improvement Advisor at the Human Understanding Institute, uses in her work with health system leaders:

Create a durable experience infrastructure. As with any priority, executive visibility and support is fundamental to elevating experience for everyone in the organization. Experience leaders have to be honest when they need help from the C-suite in reinforcing the meaning and importance of experience alongside associated expectations at every level of the organization.

Make workforce experience part of the patient-experience strategy. Patient experience strategic plans should include meaningful avenues for making clinical and non-clinical staff feel respected, valued, and heard. Addressing 'rocks in the backpack' like broken systems and outdated policies is at least as important as soliciting feedback via engagement surveys.

Recommit to evidence-based best practices. Some practices stand the test of time because, when done consistently and effectively, they make a difference. Our nSight on Moving the HCAHPS Needle highlights Cultivating Patient Comments, Nurse Leader Rounding, Accelerated Service Recovery, and Automated Discharge Calls as proven practices that work.

Maximize data for greater Human Understanding. A strategic approach to experience data provides a tracking mechanism, early-warning signal, and call to action. At minimum, frontline leaders should view patient feedback as a way to understand preferences, monitor progress, coach teams, recognize desired behaviors, assess gaps, and perform service recovery.

Align experience with other organizational pillars. Consistent with the One Big Dot approach, make it clear in words and practice that experience is aligned and intertwined with strategic priorities such as staff retention, quality, safety, and equity. Work closely with other leaders to coordinate efforts and channel energy.

Create a culture of accountability and recognition. Step one is clarity about expectations around experience. Authentic recognition, especially in the form of patient comments, is fuel for the soul. It connects people to purpose and reminds them that their hard work is appreciated. Equally important: honest and respectful feedback if/when work is not up to par.



"As the Director of Patient Experience, navigating the post-pandemic landscape was challenging. There was a pressing need to both regain lost ground and make improvements. However, amidst the urgency, I found myself grappling with analysis paralysis. Enter the Experience Strategy Framework – a transformative blessing for myself and our organization. This framework provided the essential structure to prioritize our focus and execute sustainably. Embracing this strategic approach has not only alleviated analysis paralysis, but has also facilitated consistent year-over-year progress. Staying committed to this plan has proven instrumental in driving positive changes and a resilient patient experience."



RYAN GRAVES

Director of Patient Experience, United Regional Healthcare System



There is no reasonable way to hold people accountable for meeting expectations if they don't know what those expectations are.

Another Call for Clarity

Research we conducted with experience leaders and CEOs across 138 health organizations in Spring 2023 reinforces the importance of mutual understanding and agreement about priorities and roles. For starters, we asked people in both groups to select the three challenges that experience leaders should own. While the same 'Top 3' emerged across groups – and there is no question that all are mission-critical – the relative order is instructive:

	Experience Lead n = 152	CEO n = 24
Aligning experience with other organizational priorities	38%	29%
Keeping teams motivated to focus on experience	32%	46%
Sustaining experience initiatives	31%	58%

While these results should be considered directional rather than definitive, more than half of the participating CEOs emphasized the importance of sustaining experience initiatives, double the proportion that highlighted aligning experience with other organizational priorities. Unless experience is clearly aligned with other priorities in a One Big Dot approach, sustaining experience initiatives will remain a distant and almost unreachable goal.

In the same survey, we asked experience leaders about perceived role of their CEOs – the extent to which they are 'proactive' (passionate, energizing, visible champion), 'reactive' (nominal champion who helps if asked), or 'not active' (not a champion, given other priorities). The results are telling: There was relative balance between experience leaders reporting that their CEO is proactive or reactive when it comes to championing experience.



CEO Roles as Experience Champions

The same pattern emerged when we posed this question to more than 130 experience leaders who attended our workshop at NRC Health's 2023 Human Understanding Beyond conference. However, when we asked what their CEOs would say, there was a major disconnect: Nearly everyone reckoned that CEOs see themselves as proactive. Indeed, while the CEO sample in our survey was small, 100% of those who participated see themselves as proactive. This may be because less-engaged CEOs did not respond, or because there is a disconnect between perception and reality. Either way, clarity about both priorities and roles is paramount.

Bottom Line

When it comes to experience, success requires a focus on what matters to the people seeking and delivering care, as well as clarity about roles, priorities, and expectations for purposeful action. While organizations may have some of the bodies of work in place or in progress, all of them are necessary. Striving for clarity within and across these strategic imperatives is the first step toward gaining accountability in turning aspiration into action.

04 Co-Design

AMPLIFYING CONSUMER + COMMUNITY VOICES

Diverse voices are the key to surfacing real needs





"The surest way to fail is to have a group of smart, well-intentioned people sit around a table and decide what other people need. We must ask them."



GREGORY MAKOUL, PhD, MS Chief Transformation Officer, NRC Health

The very same behaviors that support Human Understanding with patients and care teams – **Connect with me**, **Listen to me**, **Partner with me** – apply to consumers and community members as well. This lesson is beautifully illustrated by the visionary leadership of Jacqueline Reed, who founded a community-based organization in Chicago 35 years ago. Naming it the Westside Health Authority sent a clear message that people living in the community are authorities on the lives they live and should be involved in decisions that affect their community. Hospitals and health systems would do well to adopt the underlying logic of this model, which can markedly improve the health and well-being of generations.

And some have. Iris Lundy MHL, BSN, RN, Vice President for Health Equity at Sentara Health, helped put her organization at the forefront of positive and productive community engagement because she knows that the first step to listening and partnering is connecting – building trust by making sure that she, her colleagues, and Sentara make the effort to show up as part of the community:

"As a community partner, we recognize that health is not solely determined by the absence of illness but is deeply intertwined with the social, economic, and environmental factors that shape our lives. To improve the health and well-being of our communities, it is critical for us to listen, and be inclusive and responsive to their perspectives, insights, and unique needs. We must fully recognize the importance of community voices and their personal lived experience. It is integral to advancing health equity and improving health outcomes. Trust is capital, and must be earned through relationship-building, ongoing engagement, and treating everyone with compassion, dignity, and respect".



"

IRIS LUNDY MHL, BSN, RN Vice President for Health Equity, Sentara Health

Recognizing Different Communities

Communities can be defined in multiple and overlapping ways, ranging from geography (see our nSight on Access to Care) to socio-demographics, roles, affiliations, interests, beliefs, and experiences. For instance, there are communities of and within cardiologists, people who recently gave birth, and people caring for an aging parent. A big part of amplifying voices is creating psychological safety for members of any community to express individual differences and differences of opinion. Another big part is the amplification mechanism itself.



Unless organizations work with consumers and communities to identify needs, they risk wasting resources solving the wrong problems.

Listening from the Outside In

There are many ways to gather consumer and community input, from surveys, interviews, and focus groups to Patient & Family Advisory Councils (or Patient and Family Partnership Councils). While valuable, these traditional methods tend to be limited in scope and difficult to manage. NRC Health's Community Insights tool provides a more contemporary approach that makes it easy for health organizations to run reliable custom studies at scale.

More specifically, we have helped more than 200 health systems amplify the voice of consumers and community members by providing a digital means of building, organizing, and interacting with target groups of highly engaged people who have signaled their interest in identifying problems and solutions. Modes range from well managed surveys and focus groups to video diaries and narratives. Topics cover a broad range of topics: defining health from the consumer perspective, designing new care facilities, redefining the welcome experience, determining information needs and modes, improving the experience for LGBTQ+ patients, and prioritizing telehealth offerings to name a few.

UC Davis has made great use of Community Insights to inform and co-design new initiatives. Within two years of implementation, they have gained direct access to about 40,000 people who have volunteered to help the organization learn and improve. Here are some of the priorities they were able to tackle by nurturing the broader community and strategically seeking input by defining micro-communities and selecting participants based on the issue at hand:

- Tower Design Rooms and Showers
- Mental Health Video Visits
- Mobile Clinics

"

- Pharmacy Experience
- Brand Positioning
- Welcome Experience
- OR Updates for Caregivers

- Wayfinding
- Patient Values Feedback
- Defining 'Staff Work Together'
- Test Results
- Quiet Time
- Nurse Response Time
- Workplace Violence

"We have found that many of our patients want to participate in shaping how we develop as a health system, but never had the opportunity or proper channel to do so. We are an important part of their lives and the community in which they live and work, so of course this makes sense. Finding an avenue for this to happen has helped us make decisions that allow us to deliver better experiences and meet the expectations of our patients and community more efficiently. Our patient-feedback community is highly participatory, and our physicians and staff love knowing what our patients think and want on the front-end of program development or a change initiative. It's been a game-changer for us, and we are hooked!"



JENNIFER N. BARON, CPXP Chief Experience Officer, University of California, Davis Health

Essential Insight into Problems + Solutions

Unless organizations work with consumers and communities to identify needs, they risk wasting resources solving the wrong problems and/or creating new ones. It's equally important to bring end-users into the process of co-designing solutions, whether refining or replacing current ways of operating. Consider this example:

People express the need for a more convenient way to schedule care. Online scheduling is a logical part of the solution. The health system works with a vendor to develop a digital tool that can be integrated into the digital front door, but does not solicit consumer input. When the tool is launched, it is difficult to understand and navigate. Consumers get frustrated, call-center volume increases (the inverse of the goal). The tool is put 'on hold' until patients are brought in to provide insight on specific user needs and experience.

Without genuine attention to usefulness and usability from the end-user perspective, shiny new objects are likely to collect dust. Of course, this line of reasoning extends beyond the technology itself – surrounding processes must be constructed with sensitivity to the needs and experience of end-users as well.

Bottom Line

Community Insights is a useful starting point for embarking on human-centered design, "a process that starts with the people you're designing for and ends with new solutions that are tailor-made to suit their needs." But doing it right requires being open to learning what and how people are thinking about a problem, not taking a shortcut by creating a solution and asking if people like it, or would like it better in a different color. With experience and expertise in human-centered design, the Human Understanding Institute and its network of experts can help our partners think and work differently, co-designing services and solutions that meet the needs of consumers and communities.

SECTION TWO

Understanding Detractors

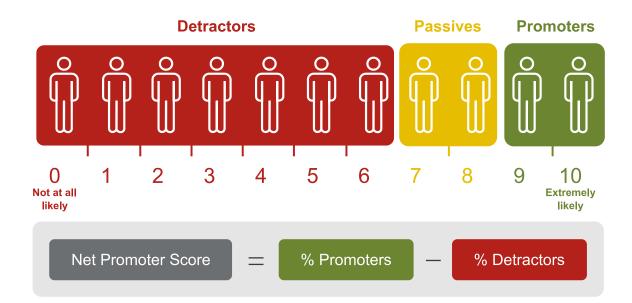
Detractors: HEALTHCARE'S MISUNDERSTOOD STAKEHOLDER



More than two decades ago, the Net Promoter Score (NPS) was introduced as a consumer-loyalty metric linked to the likelihood that someone would recommend a company's products or services. Typically, NPS is determined by asking customers something like: "On a scale of 0 to 10, how likely are you to recommend our company/people/products/services to a friend or family member?" Based on the 0-10 score a person gives, respondents are grouped into one of three categories:

- Promoters (9 or 10): highly satisfied customers who report being likely to recommend a company to others
- Passives (7 or 8): reasonably satisfied customers who are less enthusiastic about recommending a company's products or services
- Detractors (0 to 6): highly dissatisfied customers who may harm a company's reputation by sharing negative experiences

The NPS metric is calculated simply by subtracting the percentage of Detractors from the percentage of Promoters – and research has shown that high NPS scores are strongly correlated with reutilization, future purchases, and other behaviors that demonstrate loyalty and contribute to growth. Conversely, organizations with large proportions of Detractors tend to have lower revenue and declining brand reputation over time.



In recent years, many healthcare organizations have adopted NPS as a key metric to track patient experience and gauge loyalty. However, much of the focus has been on understanding and creating promoters asking, (e.g., what leads someone to give a high likelihood-to-recommend score?). Further, there is a common (mis)perception that because Passive respondents are closer on the NPS scale to Promoters than are Detractors, it should be easier to convert them to Promoters 'next time.' Our research proves the opposite to be true. Organizations would do just as well to focus on understanding patients who have had deeply negative experiences because healthcare Detractors are in fact forgiving and are just as likely (possibly more so) to be future Promoters when compared to Passive respondents. Because this finding may seem counterintuitive, we took a closer look at one of healthcare's most misunderstood stakeholders: Detractors.

Detractor Perceptions and Characteristics

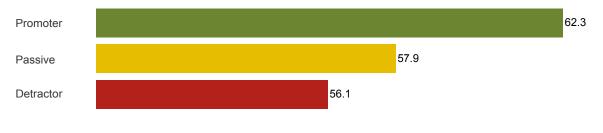
Last March, we wrote about building trust and loyalty and found that – at the market level – consumers trust doctors and nurses more than hospitals and health systems, about 1.6 times more. Interestingly, this finding is reflected when looking at the experience data we collect at medical practices, where we see that the proportion of Detractors is 1.6 times higher for facilities than providers. In other words, patients are significantly more likely to report a bad experience when asked about a facility compared to a provider. A key question for organizations to ponder then is what (or who) should be the target(s) of increasing loyalty? It may be easier to build loyalty to people, but care teams frequently change, so it is equally important to build allegiance to the organization.

The proportion of Detractors is

1.6x higher for facilities than for providers

Digging in further, Detractors tend to be younger than Passives and quite a bit younger than Promoters, especially in the context of likelihood to recommend a facility, where the average

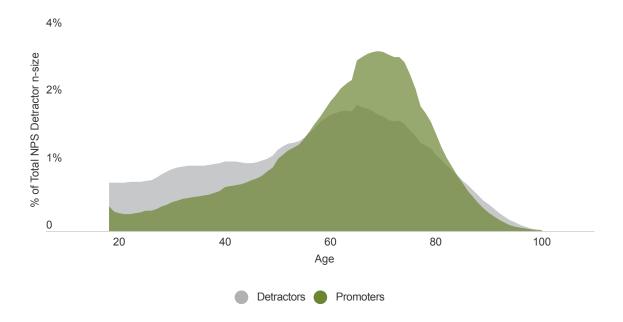
Promoter is 6 years older than the average Detractor. This age gap may be a result of less-frequent contact with health systems, the types of services used, possibly even generational differences in expectations of care.



Promoters vs Detractors Age Gap (Average Age)

Patient Experience Data, Jan 2020 to Dec 2023, n = 67,061,628

Looking at the full age distributions of Promoters vs Detractors, the asymmetry between the two groups comes into sharp relief: Patients under 55 make up a much larger proportion of Detractors. So at least one way to build loyalty is to better understand and address what matters to younger patients.

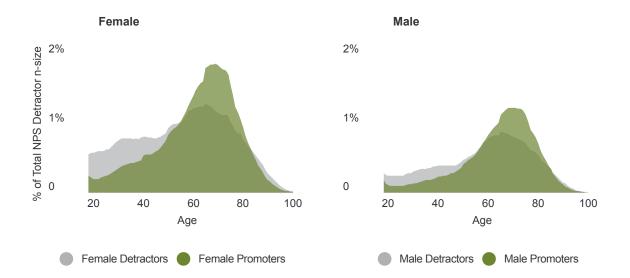


Promoters vs Detractors Age Gap (Average Age)

Patient Experience Data, 2020 to present, Detractor = 4,315,939, Promoter = 57,178,720

With respect to sex, we see a higher proportion of Detractors than Promoters in the group of younger males, but the largest segment of Detractors skews toward younger females. This may have to do with maternity care and subsequent childcare (e.g., bad experiences are amplified by the expectations and very real needs of young mothers). While loyalty is built one person at a time, this

data suggests that there is ample opportunity to make inroads with patients under 55 and younger women in particular – especially given that we estimate the lifetime value of a loyal 26-year-old patient at over \$1.2 million.



Promoters vs Detractors Age Gap (Average Age)

Patient Experience Data, 2020 to present, Males: Detractors = 1,546,421, Promoters = 21,173,538; Females = 2,720,105, 35,287,917

Myth Buster: The Trajectory of Passive vs Detractor Respondents

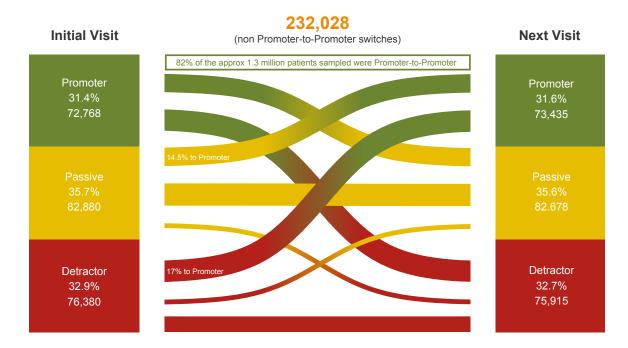
There is a seemingly ubiquitous line of reasoning related to NPS improvement: Passive respondents should be easier to convert to Promoters, since a 7 or 8 is closer to 9 or 10 than the 0 to 6 scores left by Detractors. Intuitively (and mathematically) it's not an unreasonable assumption. However, it is not supported by the data. We drew a random sample of nearly 1.3 million medical practice patients who completed surveys after two different encounters in 2023. It turns out that from one experience to the next, 17.0% of Detractors became Promoters compared to just 14.5% of Passives making that switch.



Turning Detractors into Promoters is not only easier than moving Passives, it's also worth twice as much to your NPS score.

Note that the vast majority of Promoters stayed Promoters – for clarity, the Promoter-to-Promoter switch path is not to scale.

Patient Experience (NPS) Scores from One Survey to the Next



Patient Experience Data, Jan 2023 to Dec 2023, n = 1,288,228

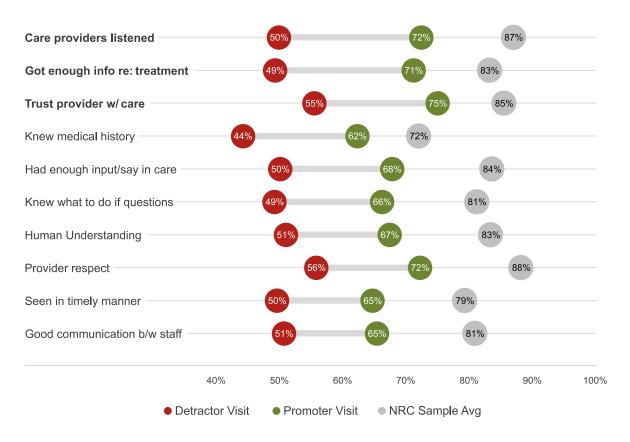
Analyzing the trajectory of Detractor-to-Promoter switches offers insight into what went wrong to create Detractors in the first place, then what went comparatively right the 'next time,' when these same respondents gave a 9 or 10. Looking at the percentage of top-box scores from one experience to the next, the big three shifts in Detractor-to-Promoter care experiences are:

- Care providers listened
- Got enough information regarding treatment
- Trust provider with care

As shown below, initial Detractor experiences (red) may have a lasting impact on future visits: Despite dramatic score increases from one experience to the next, there are significant gaps between a subsequent Promoter experience (green) and the overall average for the full NRC Health sample (gray). While it is possible to move Detractors to Promoters, it might require more than one positive experience to fully recover from that initial experience.

Still, it's clear that listening, giving patients enough information about their treatment, and building trust are key to moving Detractors to Promoters. We explored these potential relationships more rigorously to see if there is a basis for the belief that these behaviors (or lack thereof) may be causally connected to the creation of a Detractor. And indeed there is.

Detractors to Promoters | What Went Wrong, Then What Went Right



atient Experience Data, Jan 2023 to Dec 2023, n = 1,288,228

How to Build a Detractor (What Not to Do)

Trust and Human Understanding are related but distinct and powerful vectors when it comes to care. Our research across organizations using the Human Understanding Metric shows that HU^{me} and Trust are the #1 and #2 drivers of likelihood-to-recommend, and thus, NPS. Looking broadly across all NRC customers (not just those who incorporate the HU^{me}), we used logistic regression to evaluate a random sample of patients (n = 402,657) from more than 20 urban/rural health systems across the nation over the last 12 months. Controlling for demographic factors such as age, sex, language, and marital status we modeled what motivates patients to give a 0-6 when reporting their likelihood to recommend an organizations' providers/facilities. Here is what we found.

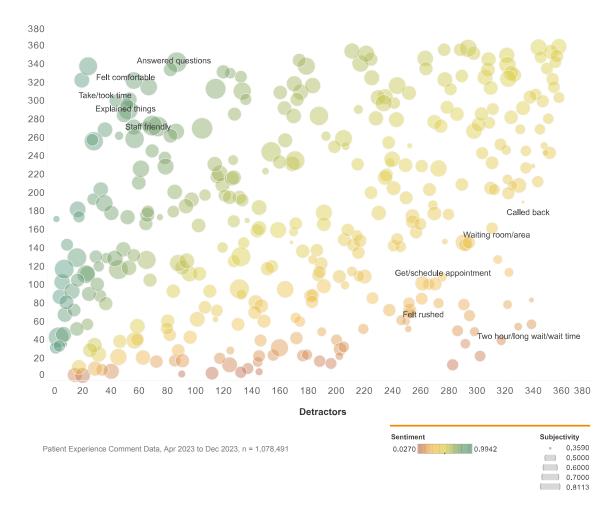
All things being equal, if you want to create a Detractor:

- Erode patients' trust in their care providers
- Don't know patients' medical histories
- Leave patients feeling that they didn't get enough information about treatment

Our previous research has also shown that patients who report their providers listened carefully to them are more than **240% more likely to say they trust their providers** with their care compared to those who felt their providers didn't listen. So clearly the pathway to building Trust is through better listening. In sum, if you want to avoid creating Detractors, adopt the Human Understanding behaviors – **Connect with me**, **Listen to me**, **Partner with me** – and focus on Human Understanding to build trust and strengthen it at every touchpoint.

What Detractors Are Saying

A final point worth mentioning about Detractors vs Promoters is that a linguistic analysis revealed that the word choices each group uses in their verbatim comments are (unsurprisingly) very different, but instructive nevertheless. Below is a scattertext plot showing the frequency of two-word phrases (bi-grams) distilled from a random sample of more than 1 million patient comments. Promoters' bi-gram frequency ranks are plotted along the vertical axis, while Detractor frequency ranks along the horizontal. The color and size of each dot represents the average likelihood-to-recommend and subjectivity scores associated with the comments in which each bi-gram appeared (smaller dots represent less subjective, more fact-laden comments; red dots represent more negative phrases).



Language Use (Bi-Grams) and Sentiment | Detractors vs. Promoters

Some key phrases most frequently used by Promoters:

- Feel/felt comfortable
- Take/took time
- Explained everything
- Answered questions
- Staff friendly

Contrast those to some of the phrases mostly used by Detractors, and we find patients indexing a much different care experience:

- Get/schedule appointment
- 2 hours/long wait/wait time
- Felt rushed
- Waiting room
- Call/called back

These comments demonstrate that patients who are treated as unique people (i.e., the care team takes the time to make them feel comfortable and really listen, answer questions, and explain things) are more likely to be Promoters. Patient comments also broaden the Detractor path previously uncovered by the quantitative findings and show that it includes limiting access to care, shrugging about wait times, rushing patients through their care experiences, and forgoing follow-up.

Bottom Line

Detractors differ from Promoters, but not just because they had a deeply negative experience. They are also more often younger and female. And from all we've learned, what Detractors missed was a care team that paid attention to their journey from start to finish and:

- **Connected** knew their medical histories and answered their questions
- Listened earned their trust by paying close attention
- Partnered provided information and encouraged input into their care

The good news is that healthcare Detractors are forgiving, which reinforces the importance of understanding what makes them tick and making every effort to **mind the gaps in care**, especially when things go very wrong.

SECTION THREE

Emerging Trends



Interconnected trends point to one important conclusion: healthcare consumers and patients have more access to information, service, and care than ever before. To remain relevant, health systems are focusing more on the consumer journey beyond their walls, beyond their physical and virtual footprint, and beyond traditional experiences of patient care.

TREND 01

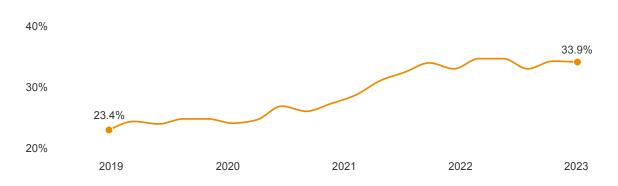
Top 5 Topics for Crowdsourcing and Co-Design

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 amplify the voices of patient communities and consumer groups as well as those of their own employees and providers. Beyond revealing essential insights, this practice can facilitate co-design and increase connection, engagement, and loyalty in the process. Topic-wise, the major focus in 2023 was on **defining journeys and gaps in experience** writ large as a precursor to taking action. In addition to the focal points summarized in this table, we conducted studies on consumer personas, loyalty, employee feedback, advertising evaluation, and educational content.

Content Focus	Core Research Questions	2022 Rank	2023 Rank
Customer experience	How are our customers interacting with our services, and where do they perceive gaps in care?	2	1
Brand assessment	What is our market's awareness and perception of the brand(s) we work hard to promote? Do we fulfill our brand promise?	1	2
Service-line selection	How do consumers choose a provider for specific services?	3	3
Messaging and communication	How do we best communicate with a given audience?	4	4
Product/service innovation	Is our market open to using care innovations? How great is the need?	5	5

Retail Clinic Use

The hot topics for crowdsourcing and co-design are even more relevant in markets that are seeing an influx of retail clinics, which have multiplied in recent years as consumers indicate increasing openness to the concept. While uptake moderated a bit in 2023, growth will continue as highprofile retailers make investments and inroads (e.g., Amazon Clinic now supports video visits nationwide). 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, collaboration, or coopetition, retail care has to factor into the strategic vision for many health organizations.

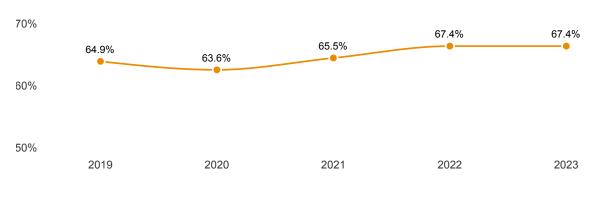


Retail/Clinic Usage (% Yes)

Market Insights National Study, 2019-2023, avg n = 288,616 per year

Preference for Health Systems

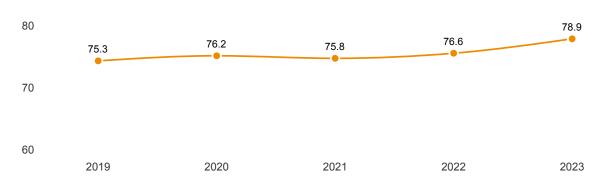
Even as new entrants in the market expand healthcare choices, consumer preference for health systems has rebounded after a pandemic-associated dip. The dissonance of the pandemic made it easy to push healthcare needs to the back of the mind, but as the fog clears, consumers are reconnecting their future needs to healthcare brands that can fulfill them.



Preference for Health Systems

Market Insights National Study, 2019-2023, avg n = 283,528 per year

NPS for Healthcare Facilities



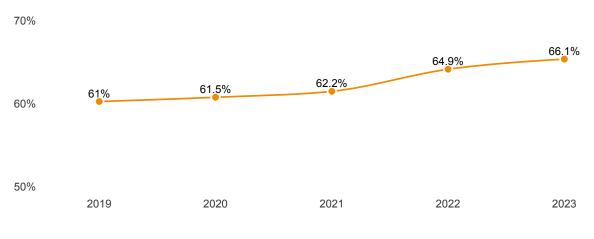
NRC Health Experience Surveys, 2019-2023, avg n = 15,762,402 per year with the NPS item

The uptick in preference, coupled with an increase in Net Promotor Score (NPS) at the facility level, are positive signs, but a third of consumers do not espouse any preference for a health system. While there is room to grow brand preference, meaningful growth will require a different approach – one that recognizes and respects the fact that more than 98% of most people's waking hours are spent outside of the care setting. To build brand preference, health systems must make themselves relevant in the context of everyday life, taking a page from the retail and tech entrants. Moreover, to convert preference into presence and ultimately into loyalty, healthcare organizations should understand and address needs including access, care, follow-up, and payment.

TREND 04

Loyalty

As preferences tick upward, professed loyalty continues to rise. NRC Health's Market Insights study scans for what drives loyalty to a healthcare brand. The top 3 factors might not be a surprise: insurance coverage, previous experience – the key to building trust over time – and convenient location are all drivers of loyalty for half of consumers. But doctor recommendations have been steadily rising to the key-driver echelon. This makes sense because – as noted in our nSight on Turbulence, Trust, and Loyalty – while trust in organizations has increased over the past decade, consumers still place more trust in doctors and nurses than in healthcare facilities. The #1 predictor of loyalty at the provider level? Human Understanding.

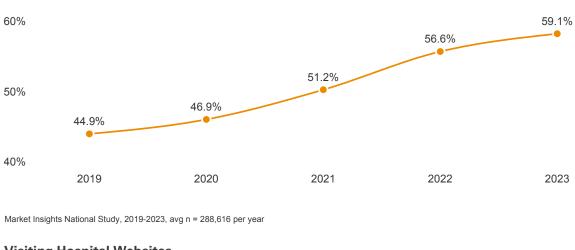


Loyal to Hospital or Health System

Market Insights National Study, 2019-2023, avg n = 288,616 per year

TREND 05 Digital Use

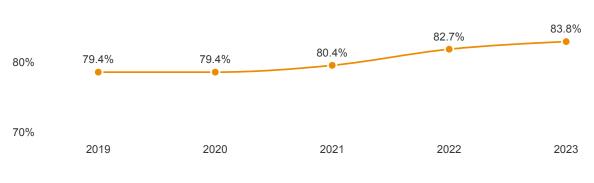
As the pandemic recedes, the question of how to establish preference and build loyalty remains, especially as navigating healthcare markets becomes increasingly complex. Two trends worth keeping in mind fall squarely in the digital space: (1) the proportion of consumers who say they are likely to use a mobile device to access healthcare information has increased dramatically over the years; and (2) the percentage of people who report that they visit hospital websites is on the rise.



Future Mobile Device Usage



90%



Market Insights National Study, 2019-2023, avg n = 288,616 per year

The implication is clear: An inviting digital front door – with useful content and a smooth user experience for those who enter – is a potential differentiator. In fact, when we look at what consumers say separates one hospital or health system from another, two factors with the most upward momentum are online scheduling and an easy-to-understand bill-paying process. And our data shows that 'find a doctor' and 'find a specialty or service line' are two of the main uses for health-organization websites. All together, these findings paint a compelling picture: an increasing

number of consumers will demand a strong digital presence that makes their entire journey easier. Human-centered design can improve both the process and outcome of interactions within both physical and digital spaces.

Bottom Line

In 2023, we released nSights on topics ranging from moving the HCAHPS needle to mental/ behavioral health to billing and payment to AI in healthcare. The 2024 Experience Perspective covers even more ground, but sends a clear message: Elevating experience requires thinking differently and taking decisive action. The idea that innovation starts with the fundamentals is a great place to start: Taking a One Big Dot approach changes the frame with meaning and purpose. Advancing Human Understanding with a connect-listen-partner focus has clear benefits. Getting strategic about accountability is the key to productive follow-through, and amplifying consumer and community voices gets us closer to meeting the needs of those we serve. Better understanding Detractors – minding the gap – should help us miss the mark less often and change the trajectory when we do. And the trends we've highlighted all reinforce the need to pay close attention to what matters so we can anticipate and meet real-world needs. Human Understanding is the line of continuity that runs through every aspect of experience for all involved. Because healthcare is human care.

LEARN MORE IN OUR 2023 NSIGHTS

- Looking back. Thinking forward.
- Turbulence, Trust & Loyalty
- Turbulence, Trust & Loyalty in Pediatric Care
- Appreciating the Care Team
- Moving the HCAHPS Needle
- An Experience Perspective on Mental/Behavioral Health
- A Closer Look at Mental/Behavioral Health
- The Great Brand Blur
- The 'Ouch' Factor of Billing and Payment
- Al in Healthcare: Promise and Pitfalls

Suggested citation for this report:

Makoul G, England W, Gorley T, Donohue R. 2024 Experience Perspective. NRC Health. https:// nrchealth.com/resources (Accessed mm/dd/yyyy).

SEE THE 2023 EXPERIENCE PERSPECTIVE

©2024 National Research Corporation

NRC Health[®] and Human Understanding[®] are registered trademarks of National Research Corporation d/b/a NRC Health. The Human Understanding InstituteSM, Understanding as a ServiceSM, UaaSSM, Human Understanding MetricSM, and HU^{mesM} 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 1245 Q Street | Lincoln, Nebraska | 68508

© NRC Health