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Jason A. Wolf PhD

The Beryl Institute / Patient Experience Journal, jason@pxjournal.org

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The experience era is upon us

Jason A. Wolf, PhD, *The Beryl Institute/Patient Experience Journal*, jason@pxjournal.org

Abstract

In this moment in healthcare, the challenges for those in the system are dynamically shifting and the perspectives, desires and needs of the healthcare consumer are putting positive and lasting pressures on how healthcare works that will shift healthcare from where it has been to where it must go. At the heart of this transition are the ideas framing an experience era, where collaborative, consumer-focused and purposeful actions can and will lead to a healthcare system returning to its fundamental calling, that of human beings caring for human beings. In doing so we can change the nature of healthcare and reignite the purpose that brought people to this work and that have individuals seek it for care. In this framing is also the call to action to contribute new insights and perspectives to expand the dialogue, reinforcing the critical and lasting nature of the experience conversation for all it has influenced and all it will impact for many years to come.

Keywords

Experience era, patient experience, defining patient experience quality, safety, service, transparency

A Commitment to Experience

This issue marks the close of the third volume of Patient Experience Journal (PXJ). And while now over two and a half years from our inaugural issue, the original purpose and intent of this publication may be no stronger than it is today. This work is inspired by and committed to the ever growing focus on and recognized importance of patient experience in healthcare. More so it is driven by the fundamental perspective that at its core healthcare is about the human experience is provides for all those it cares for as well as all those it comprises.

That in essence is our continued call to action. That in a rapidly expanding movement and burgeoning field of practice, there must be a cornerstone of evidence and exploration, science and theory, perspective and possibility encapsulated in a way that is rigorous, comprehensive and accessible. That is what PXJ has and will continue to be committed to. In my inaugural editorial I wrote,

This publication in so many ways epitomizes all that is right and good about the patient experience movement itself. That being: no one individual or organization owns this conversation or can claim to have every answer, but rather it is a true effort of a community of voices from research to practice, from caregivers to patients and family members, across the care continuum and into the reaches of resources provided and concepts yet unknown.'

The premise here is that a commitment to the experience conversation in healthcare is and must be owned by all engaged and therefore all voices must feel free to and encouraged to contribute. It is why we remain inspired by the sheer volume of interest in PXJ and all it represents. With 17 articles in this issue, and many more submissions in the pipeline being reviewed by a team of over 100 reviewers, the richness, breadth and depth of what PXJ can and will cover is setting a tone for the field itself. More incredibly with over an average of 6000 individual articles being accessed and downloaded each month in 2016 in over 180 countries around the globe, the importance of patient experience as a fundamental healthcare issue and ultimately a human issue has never been more clear.

That will remain our commitment as we look to Volume 4 and beyond. That as a voice of research, innovation and practice, PXJ can help all of us committed to the experience conversation stretch our own boundaries. In doing so we not only ensure the patient experience movement solidifies its place at the heart of healthcare for many years to come, but underscores the very idea that we are entering the experience era.

A View from Issue 2

The idea of the experience era is significant and encompasses not just an ideology, but the emerging practicalities impacting healthcare itself. This may be no better represented than in the scope of the articles

comprising this very issue. With almost half of the published pieces representing views from outside the United States, what we begin to see is the fundamental human nature of the healthcare experience we are trying to uncover and address.

We also see the range in which this conversation can take us, from pieces tackling the issues of policy, a vast exploration of patient and family perspective and a consideration of the critical arena of mental health, this issue also explores new innovations and some very clear fundamentals on culture and system change. Perhaps most poignant and significant in its challenge is our guest editorial from Dr. Karen Luxford. She challenges us to think about this work in new ways to a line of site of health, offering “To improve the care of patients, a paradigm shift is required in the health care services from a ‘disease-based intervention’ model to a supportive ‘health’ model.” Adding later, “Taking a comprehensive approach to reducing harm and supporting health within health care services requires examining the broader patient experience...”²

The key here that Dr. Luxford underlines is that the experience conversation is not simply about satisfaction or service, but has, must and should always be about the broader implications for healthcare itself. In looking at the range of topics, studies and cases provided in this issue, we should have plenty to consider as we stretch our personal perspective and identify the opportunities we believe lie ahead.

Expanding the Experience Perspective

Much of this expansion comes back to some of the fundamental ideas I have shared for some while about what experience ultimately encompasses if we wear the lenses of one experiencing the healthcare system. While operationally organizations delineate workflow to address critical areas of focus such as quality, safety and service, these are not items the consumer in our healthcare organizations typically distinguishes. With that I believe we have much to explore and reinforce in this area.

I look for, encourage and invite expanded exploration into what the consumer wants, needs and expects in their various healthcare encounters and what to them comprises the totality of their experience. Outside the core concepts that define patient experience³, what is it that shapes the experience for those in healthcare and what do they use to measure excellence from their perspective? As an industry, healthcare has much to learn from how other industries have worked with their markets and consumers. At the same time, it is the services that healthcare provides to its market that are perhaps the most vital. It is incumbent upon all of us in this conversation to get it right.

From the Moral Era to the Experience Era

This was central to the challenge Dr. Don Berwick laid out in his recent call for a moral era in healthcare⁴. In his thoughts were some fundamental ideas on how healthcare needed to evolve in the current landscape it finds itself. From key ideas of how we more effectively measure and incent performance, to a focus on quality, improvement and transparency, to an ultimate commitment to inject humanity back into healthcare with civility, a refocused purpose and an unwavering ear to those who healthcare serves.

In both hearing Dr. Berwick share his perspective and rereading his words, I saw the fundamentals of something central to much of what has been causing the current tectonic shifts in healthcare. Not the organizational consolidations, technological explosions or dramatic shifts in access, but rather the emergence of the very human experience so many of us have deemed as central to our healthcare focus. With that it was clear we had – in building on Dr. Berwick’s identified opportunities, the evolving history of the patient experience movement and the intensity in focus that this conversation has now captured in healthcare globally – the makings of an experience era itself.

This then may be our simple, yet significant call to action. That if we recognize and act on the reality that experience encompasses all we do in healthcare and drives the outcomes⁵ we aspire to then the experience era is upon us. In looking at where we have come from and what we are called to do I offer eight core actions⁶ that can guide us forward:

- ***Acknowledge experience is a global movement.*** Experience is a fundamental human focus and beyond system constraints there are core ideas that speak to all who serve in or encounter healthcare. We must find the connections and commonalities for improvement if we are to move forward.
- ***Recognize experience encompasses all we do.*** Experience occurs at all touchpoints and is determined not by what we do, but by how others perceive what is done. Therefore, all healthcare provides is part of the experience of those in the system. It is the moments well outside any clinical space, to all that occurs behind the scenes. Every aspect and even forgotten corners should be considered an influencing factor on the experience people will have in healthcare today.
- ***Remember in experience all voices matter.*** Experience as defined is about the perceptions of those encountering the system and as Dr. Berwick challenged their voices must be heard. But we must

listen beyond that core to those in our own organizations for their expertise and perspective and must work to understand what our communities are saying that can and should shape our commitment to the best in experience.

- ***Focus on value from the perspective of the consumer.*** Simply stated, in the new consumer marketplace of healthcare, and even in those systems that may still be driven less by choice, there is still a need to understand and change how value is defined. Outcomes reach well beyond clinical success as we learn that lasting clinical success is more complex and influenced by more factors than just the practice of medicine itself.
- ***Ensure transparency for accessibility & understanding.*** Transparency will remain a growing trend in healthcare, but too could become rote if just focused on the sharing of scores publically. We stretch further with the opportunity to make pricing transparent in a consumer minded system, but then must reach even further. Transparency should encompass making the healthcare system and process transparent, in how it works and is understood, in the language that is used and how patients and family members can engage as partners in the process. This is the ultimate level of transparency needed.
- ***Measure & incent what matters.*** Measures and their associated implications are in many ways at the leading edge of motivation and are catalyzing the shifting conversation on experience, especially in the United States. At the same time those measures are the most challenged and criticized in terms of their value and perspective. We must find measures that matter, show impact and have meaning to those who are scoring the system as much as those using that data to improve. There is a chance for fundamental simplicity here that should be championed before complexity drowns out worth.
- ***Share wildly and steal willingly.*** In a marketplace based on volume, especially such as that in the United States, market share trumped market sharing. Meaning while organizations strive to drive volumes, their collective commitment to help the communities they served was in direct competition to the market distinctions organizations looked to achieve in defining their value. The experience era champions collaboration and sharing of ideas above all else. A shift to a focus on value helps this transition, but does not ensure its success. Rather in a collective commitment of healthcare to care for the communities we serve, the differentiator should not be the secrets of great experience, which I would offer there are not many, but rather a commitment to

execution on those ideas, an investment in creating that distinction and a consistency in how organizations deliver on that promise.

- ***Reignite our commitment to purpose.*** Perhaps at its core the experience era also has a powerful side effect. In focusing on what most of those in healthcare aspired to do, in caring for their fellow human beings in times of illness or injury, personal needs or end of life, people find themselves reconnecting to why they chose this line of work and this calling. In combatting burdens of burnout, compassion fatigue and other challenges, so often they are rooted in a distance from why people found themselves in healthcare in the first place. The experience era puts us squarely back on that foundation and may be for some the simplest, but most effective medicine in reigniting commitment to this work.

How You Can Contribute

If we believe that these ideas can focus us in new directions, we must continue to frame where we have opportunities for exploration and research. As we look to the future issues of PXJ, how can we explore these concepts such as what encompasses experience or the impact of provider or caregiver experience on this work, how and what measures matter to people and how is policy impacting decisions or how can policy be impacted to influence direction? While we will continue to find the great reach that explorations into patient experience encompass, we also hope to see the broader framing explored as the field continues to grow.

With this in mind, we also look to provide greater framing for how you can contribute to PXJ as well. In clearly delineating the types of contributions we look for, we hope to encourage even greater and more thoughtful engagement. In looking at pieces from one of five core perspectives – editorial, commentary, scholarship (research), narratives, and case studies or proven practices – we too look to expand how you as readers, researchers and champions of experience can engage. So we invite you to consider your work, your research or your story has a home in PXJ and in all it looks to do in continuing to expand the experience conversation.

Where We Go from Here

As we travel the experience era in which we find ourselves and take action to expand and lead its impact, I remain inspired by all so many do each day for this cause. I write this piece for this issue in this personal way in order to reinforce the very opportunity we have in front of us. That this is about personal and organizational, systemic and national and ultimately a collective choice to return to a

powerful opportunity at the core of healthcare globally – that of human beings caring for human beings. If we remain true to the call to action the experience era provides us, there is little option but to engage in the ways that move us to act. I hope you will find the contribution from the pages in this issue insightful and more so hope you find yourself inspired for how you will contribute to the era now upon us.



Jason A. Wolf, PhD
Founding Editor
November 4, 2016

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