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Commentary

The Patient Experience Movement Moment

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Abstract
For years, the patient experience movement has continued to gain momentum. From a novel concept, there is an emerging consensus that the patient experience is a fundamental aspect of provider quality; one that complements established clinical process and outcome measures but is neither subsumed nor secondary to them. An increasing volume of research as encouraged by publications such as *Patient Experience Journal* show this to be true. As the expectation of a high-quality patient experience becomes the norm, these developments have brought us to what we call the patient experience movement moment and there is little doubt that the patient experience has become, and is poised to remain, a central concern in healthcare for many years to come.

Keywords
Patient experience, patient experience movement, healthcare policy, consumerism, HCAHPS, *Patient Experience Journal*

Introduction

For years, the patient experience movement has been gaining momentum. Inspired initially by demands from consumers and advocates to acknowledge, understand and improve patient experience in an increasingly rationalized, segmented, and time-managed medical system. Then government policy contributed to the movement by mandating collection of data using scientifically developed and rigorously standardized surveys, publicly reporting provider performance, and ultimately linking a small but symbolically potent bit of payment to this new metric. Healthcare organizations, after initial reluctance and sometimes opposition, came to accept the challenges of patient engagement by modifying processes, structures and attitudes. The movement has been augmented by both an expanding research literature that generally demonstrates positive correlation between patient experience and clinical, safety, readmission, and outcome measures, and a burgeoning industry of patient experience experts who develop and disseminate techniques, practices and training.

Awareness of patient experience and the imperative for patient engagement now seem pervasive in hospitals and other healthcare settings across the continuum of care -- from board rooms to bedside. The vocabulary of the movement, even its once arcane acronyms, now needs little explanation. Patient experience has become a common element in hospital ratings, rankings, and marketing materials. Every month brings the publication of media articles, scientific research, opinion and commentary about provider quality. These trends and what they portend lead us to conclude that the patient experience movement moment has arrived.

The original impetus for exploring and addressing patient experience is the intrinsic dignity and value of the patient -- coupled with the probability that we or someone we love may have an extended encounter with the healthcare system at some point. Healthcare redesign has increased patients' share of healthcare costs, leading to consumer activation and a small but growing cohort attuned and comfortable with comparing and choosing providers. The experiences of patients now serve as a metric for industry competition and differentiation. Healthcare providers have become more responsive to consumer awareness and engagement, gathering rapid patient feedback using internal surveys, polishing their public image and touting patient evaluations of their healthcare delivery services. Government entities, especially in the USA, have played a seminal role in establishing patient experience as central to quality of care on uniform and national basis.

The relationship between patients' perceptions of their healthcare experience and the quality of the healthcare services they received has not always been acknowledged. The *Patient Experience Journal* (PXJ) and others are making concerted efforts to compile and disseminate new knowledge on the patient experience. Here we present an abbreviated overview of major factors that have helped move patient experience to the center of discussions of provider quality.

There is an emerging consensus that the patient experience is a fundamental aspect of provider quality, one that complements established clinical process and outcome measures but is neither subsumed nor secondary to them. Patient experience is a multi-faceted concept and the nature of its relationship to other quality metrics is complex. While debate continues, a growing number of empirical studies have found a positive relationship between patient experience and other facets of provider quality[1, 2]. As well as being measurable, patient experience of care is specific, actionable and improvable.

The advancement of the patient experience concept is linked to a number of mutually reinforcing trends: creation and implementation of standardized surveys; mandatory provider participation in such programs; obligatory public reporting of survey results and their inclusion in pay-for-performance models; healthcare cost burden shifting to consumers; direct marketing by image-conscious providers; and expansion of an industry that devises and sells quality improvement products and services to providers. As these forces coalesce, the measurement, analysis and improvement of the patient's experience of care is ever more prominent across the healthcare spectrum: in hospitals, hospices, home health agencies, dialysis facilities, emergency departments, outpatient clinics, physician practices, accountable care organizations, and health plans. As the expectation of a high-quality patient experience becomes the norm, these developments, manifested in government policies, provider practices, commercial products and academic research, have brought us to what we call the Patient Experience Movement Moment.

Major Developments

Three major developments have helped the patient experience movement gain legitimacy as a field of study and practice:

1. Government policies and programs that mandate the development and implementation of patient experience surveys; mandatory public reporting of survey results (pay for reporting); and inclusion of patient experience metrics in provider reimbursement formulas (pay-for-performance).
2. The development of knowledge, practices, programs, and services to address and improve patient experience of care; the spread of knowledge, services, and products through an industry of patient experience specialists; and the budding expectation that healthcare providers express and embrace patient-centeredness as a core value.
3. A growing stream of research and empirical findings that generally links positive patient experience to better performance on a range of other quality indicators.

Here we focus primarily on the role of government, with specific reference to the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey in the United States. For years, interest in the measurement, collection and publication of data on patient experience of care had been growing[3, 4, 5, 6] but government involvement was crucial to the movement's success[7]. At the direction of Congress, the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS), agencies within the Department of Health and Human Services, assisted by the Hospital Quality Alliance, a coalition of hospitals, healthcare professionals and consumer groups, developed the HCAHPS Survey[6, 8] which CMS implemented in 2006 and continues to oversee, as well as a growing roster of statistically valid and reliable, consumer-tested, standardized surveys of patient experience[9].

Government participation in the patient experience movement has had several notable effects. First, in contrast to proprietary surveys, HCAHPS and other government-sponsored surveys are in the public domain and free to use. CMS strongly advises that HCAHPS only be used by the facilities and with the patients for whom it was designed and tested[10]. Yet because it is in the public domain, HCAHPS has been adopted beyond the facilities that officially participate in the CMS Hospital Inpatient Quality Reporting (HIQR) program. For instance, some hospital systems have adopted HCAHPS across all their facilities, even those that do not participate in HIQR, to obtain comparable performance metrics, and hospitals in other countries have adapted HCAHPS to support their own national programs. In these ways, HCAHPS has promoted broader measurement, assessment, and potential improvement of patient experience.

Second, government-sponsored surveys of patient experience result in publicly reported quality metrics on Web sites such as Hospital Compare (http://www.medicare.gov/hospitalcompare). Open access to this data allows it to be used for other purposes: from benchmarking within hospitals to ranking all hospitals, from small-scale, hospital-specific studies to broad-based national or international investigations. Public information can be re-shaped, re-broadcast and further amplified, extending its initial reach, sharpening its focus and enhancing its usability.

Finally, HCAHPS is not chained to any particular product, service or application. While HCAHPS embodies rigid formalization in design and standardization in implementation to focus on specific, actionable aspects of patient experience, it allows and encourages creative and multiple solutions. The goal of improving patient experience is advanced through public reporting and payment programs but the means for achieving better

performance are left open-ended. Hospitals, survey vendors and consultants have responded by developing, customizing and disseminating a variety of solutions, such as more frequent and inclusive rounding, sharing information via white boards in patient rooms, scripted but personalized communications, intensive patient-relations training for all staff and noise abatement projects to name just a few. Some hospitals have even become leaders in embracing experience of care and sharing best practices.

Conclusion

Born from a variety of interacting and coalescing forces, the patient experience movement moment is now upon us. Publicly reported measures of patient experience have become established in many healthcare settings (hospitals, home health agencies, physician practices, accountable care organizations and hospices) and are at varying stages of development for others (dialysis facilities, ambulatory surgical centers, emergency departments and surgical centers); see www.cms.gov/cahps. Pushed by rising costs and shifting burden, consumers are encouraged to investigate, compare and choose among providers, while providers are prompted to more fully engage patients to remain competitive in a marketplace in which information and choice are displacing opacity and assignment. Researchers are exploiting publicly available data to analyze the relationship between patient experience, safety, clinical processes and healthcare outcomes. And an industry premised on promotion and improvement of patient experience is finding room to grow.

From a sociological perspective, patient experience has become firmly established in the institutional environment facing hospitals[11], and hospitals are acting to adapt, co-opt, or cope within this new context. We anticipate that similar processes will ensue in other segments of the healthcare industry, if not the service sector more generally. Today, debate continues, controversies erupt, unintended consequences are ascribed, and techniques for measuring experience are being further refined. Still, there is little doubt that the measurement, improvement, and marketing of patient experience has become, and is poised to remain, a central concern in healthcare. The patient experience movement moment has indeed arrived.

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