

Patient Experience Journal

Volume 6 | Issue 3 Article 1

2019

The future of patient experience: Five thoughts on where we must go from here

Jason A. Wolf PhD, CPXP

The Beryl Institute / Patient Experience Journal

Follow this and additional works at: https://pxjournal.org/journal

Part of the Health and Medical Administration Commons, Health Policy Commons, Health Services Administration Commons, and the Health Services Research Commons

Recommended Citation

Wolf JA. The future of patient experience: Five thoughts on where we must go from here. *Patient Experience Journal*. 2019; 6(3):1-4. doi: 10.35680/2372-0247.1409.

This Editorial is brought to you for free and open access by Patient Experience Journal. It has been accepted for inclusion in Patient Experience Journal by an authorized editor of Patient Experience Journal.

The future of patient experience: Five thoughts on where we must go from here

Cover Page Footnote

This article is associated with the Culture & Leadership lens of The Beryl Institute Experience Framework. (http://bit.ly/ExperienceFramework). You can access other resources related to this lens including additional PXJ articles here: http://bit.ly/PX_CultureLeadership

Editorial

The future of patient experience: Five thoughts on where we must go from here

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

Abstract

In looking to the future, we must never forget it is grounded in today and the steps that brought us to this point. Those efforts and actions that led to where we stand now set the foundation for all we can do and what we will accomplish as we look to the future. This idea of not looking too far ahead without knowing where you stand is fundamental in human nature. Far too often we have let our gaze to the future miss the people right in front of us or overlook the significance of the moment in which we stand. As we look to the future of experience in healthcare, we must start identifying and acknowledging the bigger issues facing healthcare overall. When we look at experience as the strategic heart of healthcare where quality, safety, service, cost and access come together to ensure the best outcomes overall, we can then build a path forward that serves all in healthcare. To do so we must consider where we go from here and how we take the critical next steps. This article offers five thoughts on how experience will change in moving towards its future. Yet with all we know is possible in healthcare, if we remain committed to one another, to what is possible and to what we believe our fellow human beings want and deserve, then we will also know the right thing to do and the next steps to take. That is where the future of experience awaits.

Keywords

Future of patient experience, state of patient experience, human experience, population health, social determinants, health policy, consumerism, patient experience measurement, global healthcare

A Celebration

In looking to the future, we must never forget it is grounded in today and the steps that brought us to this point. Those efforts and actions that led to where we stand now set the foundation for all we can do and what we will accomplish as we look to the future. This idea of not looking too far ahead without knowing where you stand is fundamental in human nature. Far too often we have let our gaze to the future miss the people right in front of us or overlook the significance of the moment in which we stand.

This is not to say we must not look forward, think forward, create forward, for there is a great opportunity ahead as we look at what it will take to elevate the human experience globally, especially in healthcare. One example of how this is showing up is on the very pages of *Patient Experience Journal* (PXJ) itself. In just the last month, we have realized a community achievement. It is one we didn't dream of when we started with an idea that if we bring the world together to share evidence with rigor, with a focus on the experience we provide in healthcare, and make it accessible to all who desire this info, that the ripple effects and web of voices, ideas, practices and knowledge would expand so rapidly or broadly.

Those ripples, the global network, the contributions of hundreds of authors, the volunteer time of hundreds of reviewers and the interest of thousands of readers led PXJ to reach the mark of 500,000 article downloads in late October and still rapidly climbing. This is a testament to our contributors who are looking to expand the evidence base in experience and to our readers in over 200 countries and territories who are not only seeking knowledge, but looking to take action for a stronger, healthier, more compassionate, more reliable healthcare system globally, one in which the value of the human experience at its heart is elevated and sustained with a focus on outcomes for all healthcare serves.

Far be it to say that PXJ alone has bent the curve of healthcare, but the contributions and readers in the PXJ and experience communities have created enough stir that this is a conversation that can no longer be overlooked in healthcare. Experience is not just some nice "thing we do" in healthcare. It is who healthcare is and what it aspires to be. Experience is the safe, high quality, service-oriented, reliable, accessible, and equitable outcomes healthcare strives for and will continue to be for some time to come. Congratulations to all who contributed in realizing this milestone and more so for setting the foundation today for the conversations of tomorrow.

1

The State of Patient Experience 2019

Many of these ideas of where we are and where we are going in the experience conversation were captured in the latest iteration of research on the state of patient experience¹ via The Beryl Institute. What was reinforced in this work was the continued focus on experience as an integrated effort and a continued growing realization that in order to care for those who seek healthcare for help, we must care for those who work in healthcare each and every day. This was seen in three major shifts since the last study in 2017.

The key headlines in the trends first revealed that the motivation behind a focus on experience was shifting once again to the broader purpose of healthcare overall:that being in healthcare with a focus on experience is about the desire to provide better overall outcomes. This commitment to the outcomes people realize in healthcare, e.g., that they expect quality and safety, effective communication and to be treated with respect, are all essential points of an integrated focus on success. These ideas can no longer be independent efforts but rather require shared focused and aligned commitment to outcomes.

The second and third trends reinforced a commitment to looking inward in order to be more effective at serving outward. The second, a commitment to organization culture as the means to achieve experience excellence, was the area of greatest increase reinforcing that it is the type of organizations we build in healthcare that ensure the delivery of the best care. This also reinforces the continued presence of culture at the very heart of the definition of experience itself.2 To complement this focus, the study revealed the area of greatest growth in investment to address experience was again on culture change and most significantly on the wellbeing of those who work to serve in healthcare - physicians, caregivers, staff members - who all give of themselves every day in the service of others. This was reinforced by employee engagement being the most significant effort identified by all respondents as the area of focus for their experience efforts.

This commitment to balancing the outcomes we expect healthcare to deliver, with caring for those who care every day, represents a powerful and needed moment of reflection and opportunity in healthcare today. It is the very foundation of the future of healthcare from which we can build and on which we can begin to look at what can and will be possible.

A critical shift in perspective is underway. It is happening through the practices of those who engaged in the state of patient experience study and in the words of the authors on the very pages of PXJ. It is reinforced in a simple idea that summed up the 2019 study. The state of patient experience is about much more than what we do. It is about who we are and what we can become. That idea provides a place to look at where we go from here.

Where we go from here: Five thoughts

As we look to the future of experience in healthcare, we must start identifying and acknowledging the bigger issues facing healthcare overall. When we look at experience as the strategic heart of healthcare where quality, safety, service, cost and access come together to ensure the best outcomes overall, we can then build a path forward that serves all in healthcare. To do so we must consider where we go from here and how we take the critical next steps. For that I offer five thoughts:

Experience efforts will reach more broadly to the issues facing the populations healthcare serves.

When we think about the experience people have in healthcare and the experiences others bring to their service in healthcare, we cannot disconnect this from the reality of the lives people live in the communities healthcare serves. The elevation in awareness of social determinants and more plainly the realities people face due to inequity, poverty, accessibility, available resources and more must be at the heart of what a comprehensive healthcare experience must not only be aware of, but also must actively address to ensure the best in overall experience for all healthcare seeks to serve.

2. An expanding global conversation will shift the centers of experience excellence.

The efforts to address experience excellence while motivated to action in the United States, due to policy mandates tied to financial incentives, has seen a rapid growth across the globe as the commitment to the patient, family and consumer experience overall has been elevated. This increase in efforts from Europe to Asia and the Middle East, Latin America, North America to Australia has not only been driven by a collective focus on experience worldwide, but also has led to innovative practices in experience that will influence how all organizations globally address experience excellence. Look no further than this issue of PXJ where over half of the articles come from authors outside the United States to see where the potential leadership in this work will emerge.

3. Measurement will move away from static and lagging points of data.

Building on point 2 above where policy mandates driven by measures tied to reimbursement have been at the heart of much of the focus of experience work, organizations now are seeking data that best meets their needs, best matches their communities and consumers and provides accessible and actionable insights in a timely fashion. While standard survey methodology will not vanish, healthcare organizations continue to seek new, dynamic and innovative ways to listen to and act on the feedback and input of patients and the communities they serve. Healthcare is looking to outside industry for how they have addressed consumer needs, adapted these ideas to meet the unique nature of healthcare and are applying strategies to lead to rapid identification of information and quicker paths to action that will ultimately benefit all in healthcare.

4. Consumer voice will bend policy direction and ultimately leadership action.

The realities of a more educated and conscious consumer, driven by increasing conversations about healthcare across countries, a greater awareness of cost and price and an unlimited access to information on health will force healthcare systems, governments and policy makers to adjust their own efforts at making policy and prioritizing action. This may be no better exemplified than the Center for Medicare & Medicaid Services (CMS) in the United States that has called for open feedback on both what it measures and how it measures experience. These efforts are not primarily reactions to the concerns of health systems, but to the consumer realities that are impacting things such as response rates of surveys, the identification of issues of greatest relevance to those engaging in healthcare systems and more. While there is clear influence of industry on policy framing, consumer voice in healthcare is garnering greater attention. Policy makers will continue to hone their focus on those healthcare serves and policy will bend as a result. And as a result, those who lead in healthcare organizations will be soon to follow.

5. A focus on human experience will root itself at healthcare's core.

As the foundation for experience excellence expands, the voice of those healthcare serves is elevated and the way in which experience is measured transformed, the very essence of healthcare as an industry, as a practice and for so many as a calling, will elevate and reinforce the reality that healthcare is rooted first in its humanness. The humanity at the heart of healthcare, of a "place" in which human beings care for human beings, brings with it all the wonderous complexity, unpredictability and possibility that are the ground for humanity itself. When we look at the broadest intention of healthcare to serve communities and to do our best to care for those who commit to serve, that is when we turn a focus on satisfaction that for far too long became an idea to deflect focus from, to one of experience, and more so human experience, which is a cornerstone on which we can build. That is

where quality, safe and reliable care is provided; that is where communication is clear and dignity and respect elevated. With this focus on doing the good of healthcare, providing the science and, yes, the miracles of medicine can do all it aspired to. This will be found in reestablishing the humanness at the core of healthcare.

These very ideas are already at various stages of play and will all become fulcrums in their own right where the tension of what healthcare was and what healthcare can become will continues its balancing act and face an eventual shift. This evolution, and in many ways this recommitment to the essence of healthcare, is represented on the very pages of this latest issue of PXJ.

Volume 6, Issue 3 ends the sixth year of publication for PXI and reinforces the very trends suggested above. From the powers of a personal story shared by UnRuh³ and Miller⁴ who share the critical perspectives of healthcare from the lived experience, the issue also reinforces the true reach and continued opportunity in healthcare in touching on the needs of those populations under-served⁵ or seeking care services in ways they may not have had access to before.6 The issue also touches on the personal issues of mental health⁷ (noting as well that our July 2020 special issue is on patient & family experience in behavioral health,8 and we encourage those engaging in this area to consider submitting there). The issue also has us look at the various ways in which patient voice can be elevated and engaged in improvement and design⁹ and offers practical cases for connecting with patients¹⁰ and managing the nature of change in today's healthcare environment.¹¹

This final issue of Volume 6 ultimately reflects the richness in perspectives that have comprised the pages of PXJ since our start. By ensuring the view of experience is broad, the contributions rigorous and the conversation focused on expanding, not closing possibility, then we can and will continue to lead to bigger things. We hope you will enjoy each piece for its contribution and consider where the seeds of your future submission may be growing.

The future of patient experience

To say the future of patient experience or the full realization of human experience awaits in a far-off future would be mistaken. It has become evident from the pages of PXJ, to the ideas on where our efforts will lead, that the future of our work starts in the efforts and conversations we have today. In each contribution here, conversation held, question asked and answered or practice shared, the potential for the future of experience is supported.

In each effort to create and in a commitment to share the foundation for tomorrow is set today. And while we keep our eyes to the horizon of what is possible in ensuring the best in human experience is at the heart of healthcare, we must see the great importance of the next brick we will lay in building the path in front of us. I have long said the future of patient experience may be bigger than we can dream, yet at the same time, perhaps its greatest impact will rest in the powerful simplicity of ensuring we connect human being to human being in ensure the best in experience for all those who serve in and are served by healthcare. I do not believe I will ever reinforce that point enough.

Yes, the future of experience will be found in technology, changing delivery systems, access to information, better and more personalized clinical processes, stronger and more reliable diagnostics, greater levels of listening and respect...the list can go on and on as the possibility is truly boundless. Yet with all of that, if we remain committed to one another in healthcare, to what is possible and to what we believe our fellow human beings want and deserve, then we will also know the right thing to do and the next steps to take. Now it is up to us to take them.

References

- Wolf JA. The State of Patient Experience 2019: A Call to Action for the Future of Human Experience. The Beryl Institute; 2019.
- Wolf J, Niederhauser V, Marshburn D, Lavela S. Defining Patient Experience. Patient Experience Journal. 2014;1(1):7–19.
- 3. UnRuh D. Awakening from a medical mystery: one patient's experience of being undiagnosed. *Patient Experience Journal*. 2019;6(3):5-8
- Miller L. Is it fair to compare? A patient and family experience of two healthcare systems and neurosurgical teams within a two-week period. *Patient Experience Journal*. 2019;6(3):9-15
- Moody L, Bridge E, Thakkar V, et al. Engaging under- and/or never-engaged populations in health services: A systematic review. *Patient Experience Journal*. 2019;6(3):16-32
- Mutitu A, Zabler B, Holt J. Refugees' perceptions of primary care: What makes a good doctor's visit?. Patient Experience Journal. 2019;6(3):33-41
- Allan S, Travers-Hill, E. Service user interview panels for recruitment to UK child and adolescent mental health services: A questionnaire study exploring the experiences of young people, staff and candidates. Patient Experience Journal. 2019;6(3):50-54
- 8. Patient Experience Journal. Call for Submissions Special Issue July 2020: Patient & Family Experience in Behavioral Health. *Patient Experience Journal*. 2019;6(2):105

- Majid, U. Gagliardi A. Conceptual frameworks and degrees of patient engagement in the planning and designing of health services: A scoping review of qualitative studies. *Patient Experience Journal*. 2019;6(3):82-90
- 10. Colyer J, Halley T, Winter M, et al. Are you my doctor? Utilizing personalized provider cards to improve patient/doctor connections. *Patient Experience Journal*. 2019;6(3):124-128
- 11. Carlson B, Agee M, Smith T, et al. Seven steps to successful change: How a large academic medical center prepared patients for organizational change. *Patient Experience Journal*. 2019;6(3):129-138