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Abstract

The conversation on measuring experience has been a long and thoughtful one. It has reflected a dynamic tension between measures used as a lever for action in some health systems and as a mechanism to determine reimbursable dollars in others. Yet underlying all the conversation, the question of what we measure, to what end we measure and what truly matters to those who experience care remains. Through a series of conversations over the last two years senior experience leaders across healthcare organizations determined it is time to assess the current landscape of patient experience measurement, to acknowledge what the existing system of measurement has inspired in effort and outcomes and to look forward to what could really make a difference in providing actionable insight and sustainable improvement in the future. While there are policy requirements for what organizations measure and report along with financial implications, this need not be the universal means by which patient feedback is captured and issues are addressed. This is paralleled by a global call for a clear, simple, comparable and actionable system of measurement to both understand and improve experience efforts in healthcare. This article reflects those conversations and frames the opportunity we have. It acknowledges all that the current system of measurement has helped us do, offers a new view on what measurement can be and presents a call to action to convene a diverse range of voices to shape experience measurement for the future.

Keywords

Patient experience, human experience, experience measurement, HCAHPS, policy, Chief Experience Officer, CXO, benchmarking, innovation, global

It Is Time to Reframe How We Measure Experience

The conversation on measuring experience has been a long and thoughtful one. It has reflected a dynamic tension between measures used as a lever for action in some health systems and as a mechanism to determine reimbursable dollars in others. Yet underlying all the conversation, the question of *what we measure, to what end we measure and what truly matters to those who experience care* remains.

Through of a series of conversations over the last two years driven from the Experience Leaders Circle (XLC) of The Beryl Institute, actionable ideas have emerged. The XLC, representing senior experience leaders across healthcare organizations, felt it was time to assess the current landscape of patient experience measurement, acknowledge what the existing system of measurement has

inspired in effort and outcomes and look forward to what could really make a difference in providing actionable insight and sustainable improvement in the future.

While there are policy requirements for what organizations measure and report along with financial implications, this need not be the universal means by which patient feedback is captured and issues are addressed. Across the Institute community, from the XLC to the Institute's Global Council and Patient & Family Advisory Board and beyond, there has been an aligned call for a clear, simple, comparable and actionable system of measurement to both understand and improve experience efforts in healthcare.

Foundational to these efforts has been the work of the Patient Experience Policy Forum (PXPF)¹ which has worked to bring together the voices of those who provide care in partnership with those who receive it to envision

and advocate for what measurement of the healthcare experience can and must be. PXPf has worked to raise new priorities for patient experience measurement, shared in two papers cited below, and is actively engaging with US policy makers to evolve measurement approaches. The work of PXPf provides the grounding from which an effective conversation on measurement can and will grow.

This article reflects these community conversations, actions and efforts and frames the opportunity we have. It acknowledges all that the current system of measurement has helped us do, offers a new view on what measurement can be and presents a call to action to convene a diverse range of voices to shape experience measurement for the future.

This is a pivotal moment in the experience movement. It is inspired by the realities of healthcare exposed by the pandemic, the speed with which healthcare organizations will be required to change and the clearly expressed needs of global citizens – as patients, care partners and consumers of the healthcare ecosystem. It is a time to move from reflection to action. Our hope is this discussion moves us forward with agility, purpose and intention. Those who experience healthcare today and in the future deserve no less.

The Opportunity at Hand

Feedback from patients and families is collected in various ways including, but not limited to, written letters, focus groups, patient and family advisory councils, phone calls, social media, narrative comments and surveys. Most organizations rely on traditional survey methods to assist in measuring, comparing and prioritizing improvement for the patient experience. Yet the existing approach has limitations and, more importantly, opportunities we should consider, including:

- **Limitations on Input.**
 - **Measuring only episodes of care.** Most survey instruments measure discreet episodes of care such as an office visit, hospital stay, emergency room visit or procedure. This misses the wider journey, including experiences between episodes, that can support systemic awareness, appropriate coordination of care and more comprehensive improvement.
 - **Barriers to accessibility and understanding.** Current data collection methods are hard to access for some and difficult to understand for others. Creating understandable and accessible measurement structures is key to ensuring equity and promoting the ability to address disparities.
- **Not including support networks.** Most survey tools do not capture the experience of family members or care partners who are critical members of the care team.² The perspectives and needs of these individuals are important in helping to drive improvement and action but are often missed in current processes.
- **Inflexibility and Duplication.** The static nature of existing surveys does not allow for dynamic adaptation to the environment or understanding the longitudinal experience of a patient over time. This can result in survey fatigue, as patients are often asked to answer the same set of survey questions time and time again for various care encounters, and a loss of important feedback that could lead to more positive, actionable changes.
- **Length and Modes.** Surveys have increased in length due to both regulatory and accreditation requirements and the expansion of question sets by organizations aiming to address specific goals. Also, primary modes of mail and phone surveying hamper the ability to access and engage people to provide feedback. This has resulted in lower response rates and limits access to diverse voices.
- **Timeliness and Speed to Action.** Often the access to responses and associated analysis can take several weeks, and statistically significant accumulation of data can take longer. Teams working to understand and address immediate needs or test improvement interventions often struggle to correlate timing of their efforts to response data due to this lack of timeliness.
- **Benchmarking and Effective Comparison.** Current benchmarking structures lead to compression of data, as most healthcare organizations score well in terms of the absolute top box scores.³ When benchmarks or percentile ranks are applied based on the distribution of these data, a small movement in an absolute score can result in large shifts in a percentile rank. These shifts can prove to be distracting or even demotivating to teams working to make improvements. Also, with the proprietary nature of some benchmarking groups and changes over time due to vendor transitions, real comparisons are often difficult to determine.⁴
- **Connection to Staff Experience.** Current survey instruments do not effectively capture the connection between the patient experience and

the staff/physician experience as supported by evidence.⁵ They also miss the chance to identify the nuanced but critical elements of connection between patients and the care team. In addition, as the experiences of patients and staff are measured with different instruments often by different parts of an organization, it is difficult to align what the data show to reinforce the connection between the two and the actions needed to ensure comprehensive improvement.

Honoring the Foundational Work

In identifying the opportunity, it is important to acknowledge what the current system of measurement has accomplished. The development of more robust standardized measurement structures over the last two decades has helped achieve significant focus and action on addressing experience in healthcare. It captured the attention of leadership, put “experience” on the strategic map and ensured a focus on experience as an essential part of the healthcare conversation.

An underlying concern is that as the focus on experience measurement in its current state has expanded, it has often become about the measures themselves – the red, yellow, and green scores – versus the intent of what is being measured and the actions that are taken as a result. That is why we believe it is time to evolve how we look at and act on experience measurement.

With that framing, we reaffirm measurement as offered today has served its purpose and has helped to ensure focus and push action. It has catalyzed organizational commitment to experience, and this focus has had an impact. We also recognize that in some systems, such as in the US, the current policy-based measurement models will continue to be required, as they offer a point of standard comparison linked to financial incentives. But they need not be the only form of measurement organizations use as we move forward.

Even as we honor the foundational work, it is now time to reframe experience measurement for the future. We do so with some clear considerations for action:

- We seek flexibility to ask what really matters.
 - We seek a better means to capture the qualitative patient voice.
 - We seek more actionable data.
 - We must create an understandable, accessible and inclusive process that ensures we can fully listen to and learn from our diverse populations.
 - We must ensure a process that enables us to more effectively identify and address issues of disparity and reinforce inclusion.
- We want to spend less time checking boxes for rating organizations who use the current required data to measure us.
 - We want better, easier, and more open ways to compare our data to identify and support action.

Reframing For the Future

We envision a measurement system that provides actionable information, leads to sustained improvement and is scalable, agile, accessible, equitable and affordable. Creating flexibility in how and when feedback is provided and working to broaden who provides feedback provides the opportunity to better identify and act on the needs of a diverse range of patients, family members and care partners and tackle health disparities. Several factors should be considered as we reframe for the future, including:

Focus on what matters to patients, family members and care partners to better understand and act on what is important to them.

Forward-focused measurement efforts must commit to broad accessibility, providing a range of ways for people to communicate via the means they prefer, and seek to understand what really matters to patients, family members and care partners.

- Language preferences should be considered, and the creation of new processes should use culturally sensitive design approaches.
- Alternative survey modes offering a range of feedback channels, beyond mail and telephone, should be employed to enhance completion rates.
- Experience measures must be expanded to capture more than quantitative ratings to include the gathering and analysis of patient narratives.⁶

Reconsider survey structures and processes to lessen the burden, increase timeliness and ensure broad applicability.

Modernizing the structure and design of surveys is key to improving experience of patients, family members and care partners as well as the team members who care for them.

- Measurement efforts must work to remove bias and strive to engage a diverse range of voices that can both access and actively participate in the survey process to ensure representative samples.⁷
- Short, dynamic, comparative question sets should be established to support the collection of targeted, meaningful and actionable insights to enable leaders to apply timely interventions and provide opportunities for open comparison and shared learning.
- Opportunities to act on feedback at the individual level should be established to rapidly acknowledge and address patients, family

members and care partners' needs, positively impacting quality outcomes and the health and well-being of patients.

Establish more effective and meaningful avenues for benchmarking to support expanded accountability, drive clear action and foster broad-based learning and improvement. A contemporary approach to comparison must be open and easy to access and act on.

- Simple, co-created and commonly accepted and shared measurement frameworks will allow for more open, active, and timely data sharing both internally for immediate local improvements and externally to reframe traditional benchmarking approaches.
- An openness and commitment to sharing data, lessons learned, and practices implemented will foster a collaborative environment and drive broader organizational and systemic improvements.
- Sharing comparable data from a modernized measurement approach will provide transparency, reinforce community accountability and support decision-making for healthcare organizations, patients, family members, care partners and healthcare consumers.⁴

A Commitment to A New Future for Measurement

This modernized approach to listening to and acting on the feedback of patients, family members and care partners will lead to improved systems, quality outcomes and human-centered experiences. This needed evolution will require active participation, collaboration and cooperation from all key stakeholders.

We call for a collaborative coalition of voices from across the global healthcare ecosystem - from patients, family members and care partners to healthcare professionals, vendors and measurement experts - **to convene and commit to co-design the future together.** In considering the realities and opportunities outlined here, there is a clear opportunity to redefine how experience is measured – beyond current required processes – in a way that matters and is practical, accessible and actionable for all. In doing so, we must continue to consider:

- The accessibility and inclusivity of any measurement method
- The ability, time and convenience of those we are asking to provide feedback
- The impact on those who are tasked to act on what we learn
- The investment in time and resources of administering any measurement process

In moving this commitment forward, we will champion:

- **Collaboration with national policy forums and regulatory agencies:** Over the past decade and a half, the role of the experience leader has gained prominence across healthcare organizations. This is in large part due to the needed attention and focus on patient experience created through data transparency. Experience leaders have knowledge and understanding around the design, administration and application of current methods and tools and are eager to share their learning and perspectives and be active participants in the measurement system of the future.
- **Sharing of learning and experiences across organizations:** Experience leaders around the country and the globe have found a community to share learning from the frontlines, especially during the challenging times of the pandemic. Leaders are committed to sharing individual and collective experience of the measurement modernization journey alongside patients, families and colleagues.
- **Engaging leaders across all stakeholder groups:** The future of measurement presents the opportunity to engage leaders from the executive suite, boardroom, vendor community, rating agencies and regulators. It must be inclusive of patients, family members and care partners and open to external perspectives on what supports the best in experience measurement. As the healthcare landscape is changing and the industry is evolving, conversations among these groups will need to evolve as well.

A Call to Action for Key Stakeholders

In understanding the opportunity we have, acknowledging the foundations of this work and looking to a future we can co-create, there are key stakeholders who will play a pivotal role in moving these ideas to action. We call on each of these groups to consider how to join individually and collectively in moving this effort forward.

For Experience Leaders/Champions. Utilize understanding and experience with the current framework to understand the organization's current state and engage in discussions about future vision.

For Healthcare Leaders/Administrators. Recognize that patient experience is a strategic differentiator. This is true more than ever in the current dynamic healthcare environment, and the measurement system must evolve to meet the challenge.

For Policy Makers. Invite patient experience leaders and patient advocates to the table to discuss policy changes impacting the next generation of healthcare policy.

For Measurement Vendors. Co-develop and innovate with experience leaders on what the future of measurement can look and feel like – the start of true user research into designing measurement capabilities of the future.

For Payor/Insurance Organizations. Partner with patient and healthcare organizations, patients, family members and care partners and their members directly to understand the role of patient experience in creating value for patients and members.

For Accrediting Organizations/Rating Agencies. Evolve methodologies beyond traditional measures to create better alignment in improving experience and outcomes for patients.

For Patients & Family Members/Care Partners. Use this document to reinforce you are not simply subjects to what measurement looks to discover, but rather you are essential to the design of what effective measurement can and must be for the future.

We also encourage you to review *Using This Article for Action* below.

An Invitation: Co-Creating A Global Experience Measurement Set

With all that each of these groups can do distinctly, there is much more we must do collectively in our commitment to the future of measurement. In our call for a collaborative coalition of voices from across the global healthcare ecosystem to convene and commit to co-design the future together, we believe there is an opportunity to consider a new, shared, global measurement set that provides consistency, alignment, responsiveness, accessibility, effective comparison, focused action and shared learning.

Our intention is clear: to ensure a well-defined, actionable and representative means for measurement that both honors current requirements and leads us forward in a way that we can effectively and easily compare, share, learn and act on across organizational, system and national boundaries.

Now is the moment for action to ensure we not only listen but also act in a way that benefits our entire healthcare community. In the last two years, our global healthcare ecosystem has been challenged in ways we could have never imagined. Now is our chance to act as one in building a future for expanded listening, shared learning and ongoing improvement. We invite you to join us.

Using This Article for Action

A call to action is only as valuable as the ways in which it encourages movement. To support the application of this article and its intent to catalyze conversation and inspire effort, we offer the following considerations on how to use this document personally, in your organization and in the community. This article can serve as:

1. Personal talking points for conversations on measurement improvement. The key points laid out in the paper can be used as key talking points for how you personally address this topic in your organization.
2. A conversation starter with organization leadership. This paper can serve as a context- setting conversation starter with leadership and others for how your organization can and will address the opportunities of experience measurement moving forward with a commitment to drive improvement and realize better outcomes.
3. A position paper for policy makers and leaders. The broader premise of this paper can be shared in conversations with policy makers at local, national and global levels to introduce new perspectives, engage in new thinking and advocate for new directions for measurement locally and globally.
4. Context for an international conversation on developing a global experience measurement set. This paper will help frame a conversation on the potential development of a global experience measurement set to be co-produced from voices around the world and across the healthcare ecosystem.

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Acknowledgement And Support

The paper comes from a year-long dialogue among members of The Beryl Institute's Experience Leaders Circle (XLC) which is comprised of Senior Experience Leaders from a wide range of healthcare systems. The conversation identified the key action items and recommendations outline above. The full membership of the XLC listed below and the lead authors on this document stand together in offering their public support for this call to action.

Stephanie Abbott, *Chief Experience Officer, Adventist Health*
Helena Ackerson, *Vice President of Patient Experience, MaineHealth*
Kimberlee Alvani, *Chief of the Patient Experience, Washington Hospital*
Jennifer Jasmine Arfaa, *Chief Patient Experience Officer, UC Health*
Steve Basiotto, *Chief Experience Officer, Froedtert Health*
Vishal Bhalla, *Enterprise CXO/Market CHRO, Atrium Health*
Nicole Cable, *Chief Experience Officer, CareMax*
Brian Carlson, *Vice President, Patient Experience, Vanderbilt University Medical Center*
Megan Chavez, *Vice President, Patient and Family Experience, Cook Children's*
Christine Cunningham, *Chief Experience & Improvement Officer, El Camino Health*
Elizabeth Garcia, *Vice President, MD Anderson Cancer Center*
Sven Gierlinger, *Chief Experience Officer, Northwell Health*
Pam Guler, VP, *Chief Experience Officer, AdventHealth*
Suzanne Herman, *System Executive Director, Patient Experience, UNC Health*
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Brenda Johnson, *Vice President, Patient Experience, University of Maryland St. Joseph Medical Center*
Marie Judd, *National VP, Patient and Care Team Experience, Ascension*
Cristobal Kripper, *System Director, Chief Experience Officer, CHRISTUS Health*
Steve Maffei, *VP, Org Effectiveness and Patient Experience, Methodist Health System*
Julie Oehlert, *Chief Experience Officer, Vidant Health*
Tony Padilla, *VP, Patient Experience, City of Hope*
Jennifer Purdy, *Executive Director, Veterans Patient Experience, Veteran's Health Administration*
Denise Schoen, *Chief Patient Experience Officer, Baystate Medical Center*
Marisa Schwartz, *Sr. Medical Director Patient Experience, St. Luke's University Health Network*
Jo Anne Thomson, *Vice President Patient Experience, University of Maryland Upper Chesapeake Health*

Appendix 1. Perspectives from the Field

This is a call to action to actually do what measuring patient experience is about – putting our patients and caregivers at the center of what we do and designing a system that revolves around them.

Stephanie Abbott, *Chief Experience Officer, Adventist Health*

This call to action truly focuses on the importance of putting patients, families and team members first by understanding their needs and wants, listening to their concerns and feedback and empathizing with their experiences.

Jennifer Jasmine Arfaa, *Chief Patient Experience Officer, UC Health*

The need to democratize data is pivotal to understanding our patients and their families to improve the human experience.

Nicole Cable, *Chief Experience Officer, CareMax*

This is an important reminder that we are in the business of caring, and given the complexities of health care delivery, we continue to need comprehensive and broad feedback from those we serve.

Brian Carlson, *Vice President Patient Experience, Vanderbilt University Medical Center*

Our hearts and minds have been opened to the reality that the patient experience is the human experience for all stakeholders – patients, families, caregivers, healthcare providers in every role. The current measurements are limiting our ability to be impactful. We must act now to change the course of healthcare experience for all.

Elizabeth Garcia, *Vice President, Patient Experience, MD Anderson Cancer Center*

Albert Einstein said, “We cannot solve our problems with the same thinking we used when we created them.” Now is the time to think outside the box and truly leverage data measurement at a human experience level.

Brenda Johnson, *Vice President, Patient Experience, University of Maryland St. Joseph Medical Center*

We have an opportunity to truly listen to the voice of those we serve in new and more meaningful ways. By moving towards more real-time measures, shorter form survey processes, coupled with an ability to better understand the end-to-end journey - we will be able to better serve our communities in a more seamless and personalized way.

Marie Judd, *National VP, Patient and Care Team Experience, Ascension*

Effective measurement programs can help operational leaders drive change in the right direction and even face less resistance when implementing change because team members heard it coming from the patients’ voice. Innovation in this area must become more nimble and more centered around the real needs of our patients.

Cristobal Kripper, *System Director, Chief Experience Officer, CHRISTUS Health*

As we continue to process the impacts of the pandemic and the pre-existing societal problems that it magnifies, the healthcare field must re-focus on the voice of our patients and caregivers to determine what truly matters. We must radically rethink how we deliver and measure optimal experiences. This proposal represents a clarion call for action.

Steve Maffei, *VP, Org Effectiveness and Patient Experience, Methodist Health System*

This is a call to action for all parties to lean in to determine how best to measure the “sum of all interactions” across the person(s) continuum of care to truly understand one’s experience and to give qualitative data the respect it deserves.

Denise Schoen, *Chief Patient Experience Officer, Baystate Medical Center*

We have an opportunity to optimize the measuring process with keeping the patients’ needs at the core of it all while ensuring healthcare teams are given meaningful data that they are able to act on to make positive improvements to their patients’ care.

Marisa Schwartz, *Sr. Medical Director, Patient Experience, St. Luke's University Health Network*

Every story has power. Power to inspire, influence and change all of us as individuals and collectively within our organizations and systems. It drives our decision-making and therefore must be complete, accurate and insightful. The recommendations in this paper allow us to evolve in much needed ways, not just in our own organization but collectively to better the human experience.

Megan Chavez, *Vice President, Patient and Family Experience, Cook Children's*