

# The Patient Experience

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As healthcare evolves, so do patients' expectations. Payers are changing reimbursement strategies to focus on value-based care, therefore patients' experiences and subsequent reviews of those experiences can affect the practice's level of reimbursement. Understanding patients' opinions and expectations is critical to a successful practice. Unique to the industry, healthcare is built on a platform of trust and communication. Patients need to trust their physician and the physician's staff. Much of that trust emanates from effective communication. Establishing and maintaining a trusting relationship with patients is a challenging and critical necessity for medical practices seeking to create a positive patient experience.

Aside from reimbursement implications, there are a number of practical reasons to focus on patient experience. Negative experiences create negative marketing and can set the stage for litigation if there is an adverse outcome. Patients who understand and engage in their care do better statistically than those who do not. Those patients who do not understand their condition and care instructions can create inefficiencies in the practice with repeated phone calls and unnecessary visits. Such inefficiencies can be costly for a practice in a value-based care reimbursement scenario.

## **Why are trust and communication important?**

- It is the core of service in healthcare
- Patients disclose more information to physicians they trust
- Trust leads to patient retention, positive word of mouth and improved patient outcomes
- A lack of trust and poor communication can lead to:
  - Animosity between patients and physicians
  - Reduced patient satisfaction and experience
  - Non-compliance
  - Increased risk of liability exposure

**What steps can I take to build trust?** Establish a level of comfort with all patients by:

- Connecting to the patient and take the time to get to know him/her
- Explaining to the patient what is going to happen, why you are doing what you are doing and/or why you are not doing something else
- Do what you say you will do, when you say you will do it
- Knowing the patient ultimately helps to shorten subsequent office visits

### **Why are first impressions important?**

- Patients evaluate the quality of medical care based on the courtesy, helpfulness, promptness, cleanliness of the office and bathrooms and consistent attitude of friendliness of all staff
- Consider how a patient might view the following:
  - How they are treated by the staff in person and on the phone
  - How the office looks
  - How other patients are treated by staff
  - If they sense stress or discontent among the staff or notice staff turnover
  - Overhearing information and/or disparaging comments about other patients and/or staff
  - Seeing information about another patient on a computer screen left on or paper left laying around

### **How can a good first impression be created?**

- Practice good basic manners
  - Knock before entering a room
  - Introduce yourself
  - Address patients by their formal title, unless the patient requests a first name basis
  - Give patients and their family your complete attention
- Staff should routinely monitor office appearance and efficiency
  - The building and parking lot should well lit and maintained
  - The office and restrooms should clean and stocked
  - Keep furnishings in good repair, up to date and suitable for patient populations - elderly, children, handicapped, obese, etc.
  - Ensure appropriate accessibility for the impaired or handicapped
  - Cover electrical outlets if children are present
  - Prescreened reading material should be current and of interest to your patient population
- Exam rooms should provide:
  - Privacy - exam tables positioned out of view of opened door
  - Comfortable temperature
  - Adequate and appropriate reading material
  - Confidentiality - be aware of exam room walls that are thin enough to overhear private conversations in adjacent rooms

### **How can communication be improved?**

- Welcome letter, new patient brochure or website
  - Outlines services, policies and providers at your office
  - Provides educational resources
  - Allows patients to access and complete paperwork needed for office visit
- Face to Face Communication:

- Everyone who approaches the front desk should be acknowledged even if only with a smile and a nod from the receptionist on the phone
- Make arrangements for privacy to discuss confidential patient matters (i.e., demographics, financial and medical)
- Non-verbal communication can communicate attention and respect
  - Exhibit courteous treatment regardless of race, ethnic origin, sexual orientation, economic or financial status
  - Maintain eye contact
  - Sit at patient's level when talking to them
  - Avoid looking at your watch and keeping one hand on the doorknob
- Verbal communication
  - Establish a communication pattern in which the patient feels that his comments are valuable
  - Practice reflective listening - occasionally repeat something a patient says to demonstrate you are listening
  - Have some idea why the patient is there before entering the exam room, determine his/her concerns and prioritize them, share those priorities
  - Use language appropriate to the patient's level of understanding
    - Use lay terms, minimizing use of medical terminology
    - Use the teach-back method and open-ended questions (who, what, when, where, why and how) to confirm patient understanding
  - Involve the patient in their care and treatment
    - If necessary, include the patient's significant other in the education and information where appropriate and approved by the patient
    - Establish realistic expectations
    - Minimize distractions when interacting with patients
  - Set expectations for telephone and scheduling staff:
    - Be prepared
    - Smile
    - Answer promptly - by third of fourth ring maximum
    - Answer with name, role and greeting
    - Speak slowly and clearly
    - No food or gum
    - Ask permission for hold - advise how long the hold may be
    - Notify caller before transferring
    - Get as much information as possible for messages
    - Understand if you are calling a patient, he or she may be busy
    - Be courteous, responsive and accurate with instructions
    - Phone trees, answering machines and on-call services should let patients know what to do in case of emergency

### **How your staff treats your patients is a reflection of your culture**

Patients are extremely forgiving if they are treated in a manner that lets them know you care. Creating an environment of trust allows staff to focus on your patients and lets them

know you care. How a patient feels about a practice can be just as important as medical expertise. This connection between, patient, staff and physician can not only make a critical difference in the patient's evaluation of his or her care and experience but his or her outcome as well.

### **Measuring Patient Experience**

Many practices choose to measure patient satisfaction in addition to and/or separate from payer requirements. Satisfaction seeks to measure the happiness of a patient, which is important but is not the same as patient experience. The focus should be on measuring patient experience, which is a measurement of the patient's perception and understanding of his or her care. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician and Group Survey (CG-CAHPS) provides a tool that includes standardized instruments for adults and children. It can be used in both primary care and specialty care settings. The questionnaire may be customized with the addition of supplemental items by the practice. For example, you may want to also ask the same questions about the helpfulness, courtesy and respect of the nursing staff (already included in the sample survey for clerks and receptionists). You could ask additional questions about the ease of the website, general office environment, directions, parking, etc. For the survey and supplemental questions, visit [this link](#) for additional information and guidance on the tool and its use. Remember, while you may not agree with the patient's perception, it is factual to him or her and created in part based on the experience your staff and you provided.

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