



5 Myths

That Physicians Believe About Patient Experience

Excellent patient experience is a critical piece of modern medicine, reflected clearly in outcomes. And more than amenities, clean rooms, or quiet during night, the factors that most inflect patient experience all relate to communication and coordination among the care team—factors that physicians are in a unique position to influence. Clinician-patient communication, leadership of the care team, and support and empathy for the patient across the unit are the most important factors for success, and they're all driven by the physician as the "Influencer in Chief."

MYTH 1

HCAHPS is only a hospital metric

FACT

Patient experience has **direct financial ramifications** for physicians

Performance on Patient Experience Metrics Can Impact Physician Finances



Medical Liability Greater if Patients Are Dissatisfied

Physicians with low patient satisfaction scores are more likely to be sued for malpractice



Public Reporting Tied to Future Payment

Medical practices with 100+ eligible professionals participating in the Physician Quality Reporting System are required to participate in CGCAHPS; reporting will impact their value modifier (VM) payment in 2016



Increase in Online Consumer Information

- Social media platforms (Facebook, Twitter) and review sites (ZocDoc, Angie's List) influence market share
- Patient reviews revolve around their experience

MYTH 2

Patient experience is not a real clinical concern

FACT

Excellent patient experience—including better coordination and clearer communication—**drives clinical outcomes**

Patient Experience Drives Clinical Outcomes

89% of American adults are not proficient in health literacy and 60% of patients immediately forget the medical information explained to them. Yet studies show that patients listen closely when the physician is talking and care deeply about the physician's opinion. Excellent physician communication and strong care team coordination—both critical components of patient experience—are required to engage patients and achieve best outcomes.

“Higher patient satisfaction with inpatient care and discharge planning associated with lower **30-day readmission rates.**”

Relationship Between Patient Satisfaction with Inpatient Care and Hospital Readmission Within 30 Days

American Journal of Managed Care

“Higher patient satisfaction associated with improved guideline adherence and **lower inpatient mortality rates.**”

Patient Satisfaction and Its Relationship with Clinical Quality and Inpatient Mortality in Acute Myocardial Infarction

Circulation: Cardiovascular Quality and Outcomes

“Patient-centered care associated with **decreased utilization of care services and lower total annual charges.**”

Patient-Centered Care Is Associated with Decreased Health Care Utilization

Journal of the American Board of Family Medicine

MYTH 3

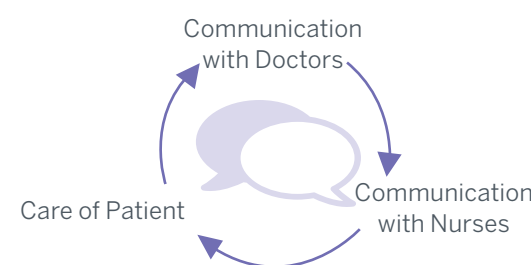
Patients rate experience based on factors like amenities or nursing—things outside physicians' control

FACT

Physicians hugely influence the most important **drivers of experience ratings**

Physician Communication with Care Team Sets Tone for Multiple Patient Experience Domains

Notably, all the top-ranking domains—communication with nurses, pain management, and timeliness of assistance—require excellent patient-provider interaction and flawless care team coordination. These are all domains that suffer with poor physician-care team communication. Patients are not really looking for a cleaner room or better food. **They seek caregivers who communicate with them, and with one another.**



“Some of the nursing communication items are really a proxy for teamwork...how well the nurses could answer their questions, is often a reflection of how well the nurses and the physicians are communicating.”

Susan Edgman-Levitan
CAHPS creator and HCAHPS expert

MYTH 4

I don't have the time to spare for longer patient interactions

FACT

Better patient experience is about **quality, not quantity**

Introduction Adds Seconds, Yields Improved Outcomes

BEFORE Physician fails to knock on door or introduce him- or herself after entering the room

Dialogue between physician and patient is perfunctory and leads to poor patient experience

AFTER Physician knocks on door and introduces him- or herself after entering the room

Communication between physician and patient is a conversation and leads to improved patient experience



the difference between poor and excellent greeting practice

MYTH 5

Patient experience is not about physicians

FACT

The physician is the **Influencer in Chief** when it comes to patient experience

The Four Ways You Can Ace Your Role as the Influencer in Chief



Lead by Example

- Physician sets precedent for patient experience performance for staff
- Takes control of clarifying care team and care plan for patient as needed

Drive Strong Care Team Communication

- Physician demonstrates exemplary communication skills when working with care team
- Serves as strong leader, resolving problems and mediating disputes as needed

Cultivate Patient Empathy

- Uses resources available (family, patient posters, medical records, etc.) to understand patient and condition
- Develops and exercises compassion toward patient and family

Ensure Excellent Patient Communication

- Physician engages in top-notch patient communication—verbally as well as through body language, facial emotional indicators, and actions
- Serves as caregiver, pillar of knowledge and guidance, teacher, shared decision maker, leader