Rehabilitating the Patient Experience with Technology

AS LEGAL AND FINANCIAL COSTS OF DISSATISFIED PATIENTS RISE, HEALTHCARE PROVIDERS MUST LEVERAGE TECHNOLOGY TO BETTER UNDERSTAND AND INFLUENCE THE PATIENT EXPERIENCE

Today, two monolithic government programs play a significant role in measuring Patient Experience. These outdated programs, the CAHPS survey and CMS Secret Shops, provide only a fraction of visibility into the Patient Experience and place a significant financial and administrative burden on healthcare-oriented companies and facilities to maintain compliance. For almost forty years, the government has been awarding contracts for 90% of these core Patient Experience programs to only two vendors, creating a near-monopoly on the market. While these traditional programs may never change, the need to understand the holistic Patient and Provider Experience has never been greater.

Since 2016, we have experienced a 20% growth in Healthcare-related contact center positions, with an average of 1,505 Healthcare contact centers operating nationwide at any given time. Additionally, according to the US Bureau of Labour Statistics, Healthcare practitioner positions are the fastest growing professional field and are projected to grow by 15% between 2019 and 2029, adding about 2.4 million new jobs[2].

Shifting to contact center-specific data, Matt Dixon, in his book "The Effortless Experience", points out that when an individual has something positive to say about a company, they tell fewer than three people[3]. By contrast, 48% of people who have a negative experience will tell more than ten people[3], mainly through social media. Healthcare contact center agents – nearly 200,000 of them in 2020 - and the Healthcare practitioners themselves have an oversized influence on the quality of that Patient Experience. Ultimately, the responsibility for a disgruntled patient's decision to leave the practice falls to them.

As we consider what drives patient dissatisfaction with their Contact Center experience, we note that when a patient must – or perceives they must take

additional action to resolve their issue, they are less likely to remain loyal to that company[3]. The meaning of 'additional action' depends on the patient. For some, it could be something as simple as being transferred between agents. For others it might be something more significant, like a failure to resolve their issue on the first try.

In Deloitte's 2020 study on patient priorities in healthcare, we saw that patient expectations very much align with general customer experience expectations[4]. Patient priorities range from receiving clear expectations about their treatment plan with post-visit follow-through to being treated with empathy and by a physician who spends the necessary time with the patient to address any concerns. Additional-action drivers, such as long hold times in a healthcare contact center, create the perception among patients that they cannot receive the care they feel they need when they need it[6]. While physicians acknowledge that training and improving these skill sets in their practices is essential, many feel these behaviors are absent in their practice[5].

Beyond creating perception problems, a poor Patient Experience can demonstrably impact patients, physicians, and practices alike. As previously noted, there are significant overlaps between Patient and traditional Customer Experience expectations. A 2010 medical journal study revealed that a patient interacting poorly with a physician would share that experience with ten or more people[7] - a nearly identical finding to Matt Dixon's findings in "The Effortless Experience". Notably, the lower a patient's satisfaction with their healthcare provider, the more likely they are to file a malpractice suit[7]. Physicians falling into the bottom third of all satisfaction scores relative to their peers are 110% more likely to experience malpractice lawsuits relative to their peers[8].

Financially, practices benefit from strong physician/patient relationships; as with satisfied patients, satisfied physicians are more likely to remain with a practice. The average cost to replace a physician sits at $300,000[8]. A single patient departing a practice because of poor patient/physician relationships can cost that practice more than $200,000 over its lifetime, primarily due to amplified word of mouth[7]. It may seem obvious, but it's worth emphasizing that hospitals with high patient satisfaction scores have higher net margins[8]. Patients are more likely to adhere to recommended treatment plans from a clinical perspective if they have a strong relationship with their provider[7].

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is the first significant government effort to measure Patient Experience. CAHPS has some issues that limit its usefulness, though.

First, the nearly 50-question survey must be mailed to the patient between 72 hours and six weeks after their interaction with a facility[11]. It only captures specific instances of the Patient Experience; it does not include the caretaker's perspective.

Second, it can take months to receive responses., That lag prevents a facility from mitigating any poor Patient Experiences, and it allows time for negative word-of-mouth to spread and take root.

Third, the structure of CAHPS survey questions biases Patients towards choosing a polarized response[9], even as it requires them to recall experiences from weeks and months earlier.

But perhaps the most concerning aspect of the CAHPS program is its influence on Medicare and Medicaid funding for a facility and its impact on Health Plan Quality Star Ratings and VHA success determination[10, 14]. Facilities must remit no more than 300 CAHPS survey responses to the Centers for Medicare & Medicaid Services, a statistically insignificant sample size. Administratively, practices and providers are limited in their ability to integrate survey responses with CRM programs. The cost to administer and follow up on surveys (>$10 per completed survey[15]) also compromises its usefulness.

The Centers for Medicare & Medicaid Services conduct secret shops via telephone and in-person during open enrollment season. But, with open enrollment only lasting a few months every year, facilities selling Medicare and Medicaid programs contract with consultants to conduct year-round secret shops to ensure their agents remain compliant. Once again, the assessment process only considers portions of the Patient Experience as it determines funding, ratings, or contract retention for that company or facility[10].

While both CAHPS surveys and CMS secret shops are unlikely to be dismantled, technology can positively disrupt these programs and allow us to develop complementary programs that better equip us to meet and understand patients – and providers – where they are.

One of the foundational building blocks of a healthcare facility or a contact center is an ability to capture all contacts, whether by phone or digital channel (chat, email, SMS, social media, etc….). Triggering screen capture adds a layer of visibility into process improvement opportunities.

Equally important is the ability to integrate your patient record management data into your contacts as metadata. This not only reduces data siloes but provides more robust context around your Patient and Provider Experiences. Acknowledging that facilities and practices are unable to eliminate

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surveys – there are just too many instances where a contact is not recorded – digital surveys can and should be integrated with the patient record management and tied to a contact as metadata.

Once a facility or practice has taken the opportunity to complete multiple metadata integrations, all data can be run through Speech Analytics as big data. This provides the ability to compare structured and unstructured data, as well as emotion and acoustic parameters. Predefined or algorithm-defined themes allow you to quickly understand your patient or provider pain points on a large scale. You can then assess opportunities as they arise - regardless of whether a patient completes a survey - rather than weeks later, after the damage has been done. This type of analysis is channel-agnostic, unbiased, and statistically significant when performed on 100% of all contacts, allowing you to avoid unnecessary administrative and consultative costs.

Ultimately, we find that Patient Experience programs do not often meet patients or their caregivers where they are. In an ideal world, practices would offer brief application-based surveys to the patient or their caregiver at the point of care. CMS will continue to use lengthy paper surveys because they feel it best reaches the senior citizen or housing-insecure population. However, there is ample research to suggest that these patients are very comfortable using survey technology[11].

Disruption of the paper-based survey process would enable immediate integration with CRM and provide more near-and-real-time feedback, as well as metadata ties to contact recordings and big-data analysis. With penalties for poor Patient Experience ranging from malpractice lawsuits to loss of government contracts and costly patient and physician attrition, it behooves medical practices to connect the dots of their patient-and-provider experience across 100% of all channels – including survey responses. This represents technology meeting the patient and caregiver where they are and empowering your facility, practice, or contact center to educate -and be educated - by virtue of having a 360-degree perspective.

About Elevēo

Elevēo was formed to provide effective, simplified solutions for complex contact center problems.

Our products provide only features needed to elevate contact center operations & processes, are built using modern frameworks and cloud-native technologies that scale & move with your business.

Elevēo products are birthed from ZOOM International with its rich WFO history and award-winning products, services and reputation for service.

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