


# The Missing Piece in the Current Patient Experience Movement in Healthcare

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## Keywords

HCAHPS, physician engagement, program leadership, quality improvement, patient satisfaction

The patient experience has become a revolutionary movement within healthcare (1). It is transforming not only the healthcare industry but also the way medicine is practiced in the United States. As a result of these changes, the stakes of the patient experience now extend beyond the initial government-related financial incentives that linked part of a hospital's payment to experience scores; the patient experience has become a major theme for competition in the healthcare marketplace.

Paradoxically, these monumental changes in healthcare have not moved U.S. healthcare forward. Rather, healthcare has advanced by moving backward—back to where it ought always to have been: with the patient's needs and well-being at the center and as its ultimate purpose.

Although some hospitals and health organizations have made consistent progress in improving the patient experience (2), others continue to struggle. Therefore many healthcare executives and patient experience leaders constantly devote time and resources to solve the puzzle of their patient experience improvement strategy. But this puzzle is largely still missing a conspicuous piece despite the ongoing improvement efforts. We can summarize this missing piece in a single word: *physicians*.

## Disproportionate Impact, Disproportionate Responsibility

A 2018 Press Ganey Patient Experience Executive Leadership Summit identified a lack of physician buy-in as one of the major obstacles to patient experience improvement efforts (3). Prior works had reported a notorious and disturbing “leadership vacuum in the physician community” (4), which applies to the current patient experience movement. As such, the lack of physician buy-in might not only be a significant missing piece but *the* missing piece needed to take patient experience to the next level.

Disengaged physicians diminish the effectiveness of a team-based approach in providing a superior healthcare experience for patients and their families. The healthcare environment has evolved into a complex system involving multiple team members with direct clinical and non-clinical roles contributing to the care of the patient. So an exceptional patient experience requires a coordinated effort and a team-based approach, with every team member working together to impact the experience positively across the *continuum of care*. However, conversations on the continuum of care rarely mention the differential weight of the different interactions with the patient within this continuum.

The *nature* of healthcare creates a disproportionate influence on the physician's role in the healthcare team across the continuum of care. In their insightful paper titled “Physician Leadership in Changing Times,” Cochran et al. stated, “... physicians have a disproportionate impact on the healthcare system and therefore have a disproportionate responsibility and opportunity to lead change.” (4) Similarly, the healthcare research and advisory company, The Advisory Board, has described physicians as the *influencers-in-chief* of the patient experience (5)—probably the best phrase to capture the unique role of the physicians in shaping the experience of patients.

## The Need for *Influencers-in-Chief* Leadership

In their 2014 paper, “Engaging Doctors in the Health Care Revolution,” Lee and Cosgrove stated emphatically that “... ”

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doctors, of course, must be central players in the transformation: any strategy that they do not embrace is doomed.” (6) Consequently, gains in the patient experience improvement will soon be capped or plateaued without major national physician buy-in.

But why are physicians not engaging with the patient experience movement? A complete treatment of this perplexing question is outside the scope of this paper, but we can group the reasons into two broad categories:

1. Many physicians do not believe experience measures correlate with quality medical care (7).
2. Physicians are generally in survival mode today and may not appreciate the degree to which interventions to improve patient experience can also improve their joy in practicing medicine (8). Likewise, as Bodenheimer and Sinsky aptly noted, the “widespread burnout and dissatisfaction” amongst physicians “imperils the triple aim” of enhancing patient experience, improving nationwide health, and reducing costs (9).

The lack of physician buy-in creates a significant leadership vacuum in patient experience improvement efforts at the point of care. This deficiency implies persuading physicians to embrace the patient experience, own it as leaders in clinical care, and assume the responsibility to improve the experiences of the patients they see is, possibly, the foremost challenge and opportunity for improving the patient experience across the nation—and clinical leadership at the point of care is where physicians have a disproportionate influence and capacity to inspire change. In addition, physicians can effectively use this uneven influence to make a more powerful positive impact on patients’ experiences and lead clinical teams in providing high-quality patient-centered care.

To effectively function as *influencers-in-chief* of the patient experience, the sphere of influence of physician leadership must include two major areas: point of care and administrative. Since physicians have an innate drive and motivation for patient care, their leadership and engagement at the point of care would significantly improve the patient experience. Additionally, since patient experience involves not only point of care interactions but the culture of any healthcare organization, some physicians will have to partner in administrative roles. Finally, if physicians do not fill the leadership vacuum created by a deficiency of their roles as influencers-in-chief, “... one of the primary stakeholders will step forward to take the lead in organizing physicians for the new paradigm,” (4)—a step that will further erode physician autonomy.

## Next Steps

Because physicians have this distinctive influence on the patient experience, motivating and engaging them as leaders should be a top priority for healthcare quality

improvement. This challenging task will require a joint effort of physician leaders, policymakers, health care executives, and patient experience leaders. Besides, more clinical research and conversation are needed to explore further, develop, and validate the key drivers and methods of motivating physicians to take up the leadership role as *influencers-in-chief* of the patient experience.

Golda et al (10) describe two broad categories of physician motivators: intrinsic and extrinsic. Extrinsic motivators, such as financial incentives and pressure from government and health-care leadership, have been the mainstay of most interventions to engage physicians in patient experience improvement efforts. However, despite the essential role of these external factors, they exert a limited positive influence because they have a negligible effect on the physician-patient relationship—the seat of the disproportionate impact of physicians.

Unlike extrinsic factors, intrinsic motivators “get to the root of why most physicians are in medicine in the first place” (10). Though they are more challenging to measure, investigate, and develop, both conceptual and empirical evidence of intrinsic factors are needed to connect patient care and patient experience in the minds of physicians nationwide. Suppose physicians embrace the patient experience as they do other related concepts, such as the quality of medical care. In that case, they will be internally motivated to take on the initiative to improve the patients’ healthcare experiences. Furthermore, to have a significant positive impact on physicians, the development of intrinsic motivators must come primarily from within the physician community: physicians speaking to other physicians.

In conclusion, the puzzle of the patient experience movement in healthcare is missing a significant piece—physicians, with their disproportionate influence, engaged as leaders in shaping the experiences of the patients they care for. Therefore, effective interventions are urgently needed to resolve the complex problems keeping physicians from naturally fulfilling their roles as influencers-in-chief of the patient experience in healthcare today. Although these interventions will be challenging to develop and implement, they are, perhaps, the best current opportunity to simultaneously achieve two of the quadruple aims in healthcare (9): enhancing the patient experience and improving the well-being of physicians and other clinical staff.

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