

2023

Experience Perspective



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Foreword



Combining expertise, experience, and data from millions of people – patients and consumers along with healthcare employees and executives – the team at [NRC Health's Human Understanding Institute](#) forged a distinct perspective for the year ahead. The Human Understanding Institute produces resources like this Experience Perspective and monthly nSights to help NRC Health customers turn aspiration into action by prioritizing what matters to patients, families, communities, and care teams in the real world.

Insights drawn from multiple sources



Human Understanding® is the line of continuity running through all of NRC Health's work, including this Experience Perspective. Section 1 offers our viewpoint on a set of focus areas that health systems can embrace on the path to realizing the New Awesome. Section 2 shares important trends that we've tracked to provide context for the work ahead.

Helen Hrdy
Chief Growth Officer, NRC Health

Gregory Makoul, Ph.D., M.S.
Chief Transformation Officer, NRC Health

Introduction



Healthcare's Headwinds

The challenges facing healthcare are familiar when examined individually: decreasing margins, clinician and care-team burnout, staffing struggles, and deferred care, to name a few. Over the past few years, COVID-19 generated a perfect storm as these headwinds coalesced into a collective force. These challenges have been replaced by more existential questions, like how to keep the lights on. Mike Slubowski, CEO of Trinity Health, plainly conveyed the effects of this tumult on health systems:

- **Flu, COVID, RSV**
- **Deferred care**
- **Burnout**
- **Staffing struggles**
- **Decreasing margins**

"We've been through three years of a pandemic, and it has been a multi-act drama. We managed through uncertainty with several COVID surges, but the wheels really came off when Omicron hit. The aftershocks are still coming, with a devastating impact on staffing, cost inflation, resource consumption and financial performance for healthcare providers. And it's had an adverse impact on customer service. Despite the headwinds, healthcare providers must double down on supporting caregivers and caring for every patient/member as a unique person if we are going to differentiate our brand promise to those we serve."

—**Mike Slubowski**, CEO of Trinity Health

Consumerism's comeback

Despite the unprecedented pressure on healthcare organizations, consumers and patients continue to expect a great experience. People have grown accustomed to having everything come to them – a stream of easy, frictionless, right-to-my-door experiences has become the norm for many. As consumers return to healthcare, most are unwilling to accept the pre-pandemic *status quo*. Instead, they are looking for smooth access to care on the front end, meaningful encounters, and plenty of value on the back end. Every moment of interaction with a health organization – whether through its website, a clinical encounter, a bill, or marketing outreach – defines both the overall experience as well as the organization's reputation or brand. The stakes of consumerism in healthcare have never been higher. Meeting them requires a fresh approach.

The New Awesome

What do successful organizations do when expectations and stakes are high? Deliver. Dr. Gregory Makoul, NRC Health's Chief Transformation Officer, first invoked the New Awesome at the 2021 NGPX Conference when he asked a panel of experience leaders to think beyond the New Normal. We have facilitated several leadership discussions on this topic and always come away impressed by the extent to which leaders rally around the idea of the New Awesome while being mindful of everyday realities. While the idea of getting back to 'normal' might be comforting given the perfect storm facing healthcare, we all know that we can do better.

Our conversations with experience leaders shape a pathway to the New Awesome:

- **Remember that agility was crucial early in the pandemic**
– *going back to the 'old way' is a mistake.*
- **Combine high-tech and high-touch very intentionally**
– *automation and optimization are not enough.*
- **Use digital to reduce friction and facilitate relationships**
– *digital solutions must solve real problems.*
- **Focus on the frontline**
– *Human Understanding is important on both sides of stethoscope.*
- **Think broadly about experience**
– *it's the entire trajectory, including life beyond the care setting.*
- **Prioritize the behaviors and outcomes that scores are meant to reflect**
– *it's not about the numbers.*
- **Partner with patients and consumers to co-design services**
– *the human-centered approach works.*
- **See this as the right time to prioritize experience**
– *attending to what matters is not 'extra.'*



Experience
Perspective

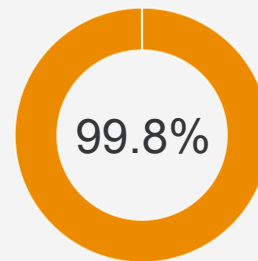
Human Understanding



Nobody wants to be treated like a datapoint, a number, a case, a segment, or an aggregate. Providing excellent care requires a deep understanding of individual circumstances, needs, and expectations. That's why we are leading the charge toward Human Understanding – understanding and addressing what matters most to each patient as a unique person and remembering that every person's experience extends well beyond the healthcare setting.



Meet Ally



Life happens beyond the care setting

16 waking hours/day x 365 days/year vs
1 x 15 minute visit every week of the year

Meetings between experts

One productive way to make Human Understanding more tangible and prevalent is to remember that care teams are experts on clinical care, patients are experts on their lives, and care works best if these experts share their expertise. When this happens – when patients are treated as unique people – we see major gains in loyalty and likelihood-to-recommend, both of which bode well for quality of care, health outcomes, and future revenue.



Clinicians are experts on care and patients are experts on their lives. When they share this expertise with each other, everyone benefits.

How do we know? Our August 2022 nSight on [Patient Perceptions of Human Understanding](#) introduced the Human Understanding Metric (HU^{me}), a straightforward measure of Human Understanding that is person-centered, equity-focused, and valid across care settings:

Did everyone treat you as a unique person?

The decision to reference **everyone** in the HU^{me} is a direct result of views expressed within focus groups and national surveys. The vast majority of people expect that everyone, not just the care team, should treat them as a unique person.

What does it look like in practice?

As noted in our November 2022 nSight on [The Power of 'Doing' Human Understanding](#), we held a series of diverse focus groups to find out. Participants highlighted many behavioral signs of Human Understanding – things like ‘recognize me as ME’ and ‘see the big picture of my life.’ Overall, their responses paint a clear picture of what consumers and patients are asking for:

Connect with me

Listen to me

Partner with me



It sounds simple but, in healthcare, even simple things can be hard to execute consistently. Data collected over the course of 2022 from our national Market Insights study confirms that there’s plenty of room for improvement – while twice as many people say it’s important to be treated as unique in healthcare compared to other services, only 38% say it happened in their most recent healthcare experience.

Did everyone treat you as a unique person?

10 = Yes, everyone did

0 = No, no one did



● 10 ● 9 - 7 ● 6 - 0

Human Understanding Metric

Moreover, Human Understanding is the **#1 driver** of Likelihood-to-Recommend and, thus, of Net Promoter Score (NPS) for health organizations. In fact, the odds of being a Promoter are **12 times higher** for patients who report that everyone treated them as unique.



Patients who were treated as unique are **12 times more likely** to be a Promoter.

Detractors want Human Understanding

Data from our Experience surveys, most gathered within 48 hours of a clinical encounter, reinforce the importance of treating patients as unique people. The most prominent comments from nearly 325,000 Detractors provide yet another lens for seeing the value of connecting, listening, and partnering. Across Medical Practice and Inpatient settings, the lack of three things – emotional support, listening, and involvement of family/friends – appear to be a direct path to disappointing patients and generating Detractors.

MEDICAL PRACTICE

Detractor

- Emotional Support
- Provider Listened

INPATIENT PRACTICE

Detractor

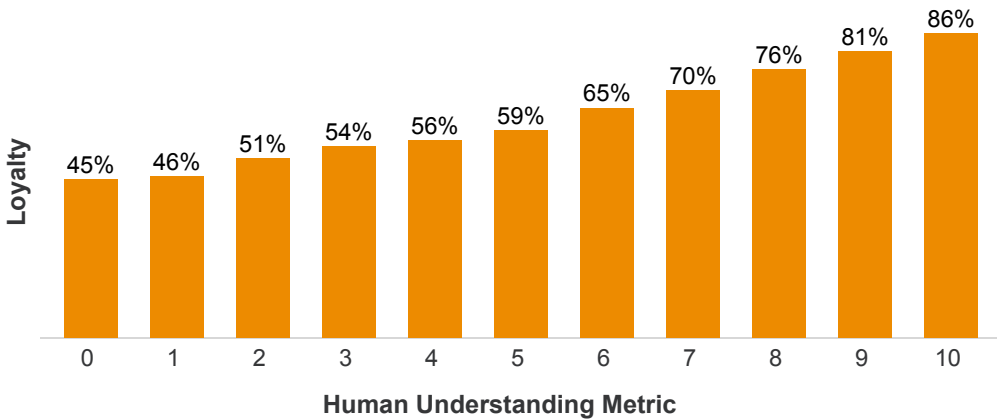
- Emotional Support
- Involvement of Family/Friends

Loyalty matters

Loyalty is critical to the health of health organizations: The average remaining lifetime spend for a 26-year-old healthcare consumer is \$1.2 million.¹ Our national data shows an increase in loyalty at every point of the HU^{me} scale. A full 86% of respondents who report being treated as a unique person by their top-of-mind hospital profess loyalty to that organization. There is tangible value in Human Understanding.

\$1.2 million: Average remaining lifetime spend for a 26-year-old healthcare consumer

Impact of Human Understanding on loyalty



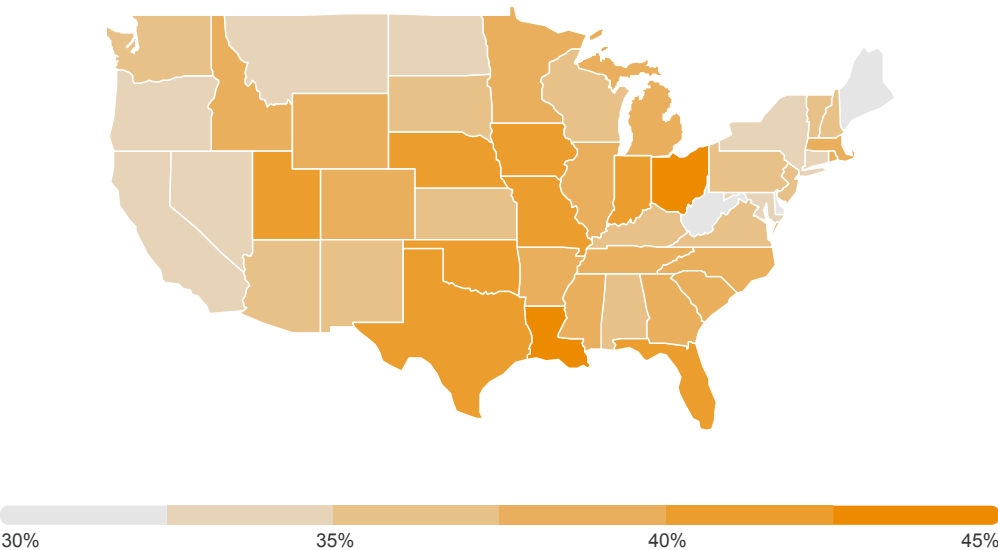
People who felt they were treated as unique are **3x more likely** to rate an organization's overall image/reputation as 'excellent'.

November nSight

The big picture

We examined the extent to which people across the continental U.S. feel they were treated as unique during their most recent healthcare experience. The darker-orange areas on this map indicate where people tend to have relatively high perceptions of Human Understanding and are likely to be more loyal to the health organization. Lighter areas signal more opportunity for market differentiation through Human Understanding. But there's opportunity everywhere: While people in Louisiana reported the highest perception of Human Understanding, the proportion was less than 50% of respondents in that state.

National View: Did everyone treat you as a unique person?



Many consumers have come to perceive healthcare as generally lacking in Human Understanding. Indeed, healthcare has become a series of transactions – a problem that predates COVID and negatively affects all involved, whether they are seeking or delivering care. Even potentially promising initiatives such as the digital front door carry the risk of speeding up care transactions at the expense of relationships. To humanize care and strengthen loyalty, the focus on Human Understanding must be intentional and consistent.

Putting Care in Full Color

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patient = a datapoint



patient = a clinical case

patient = a unique person

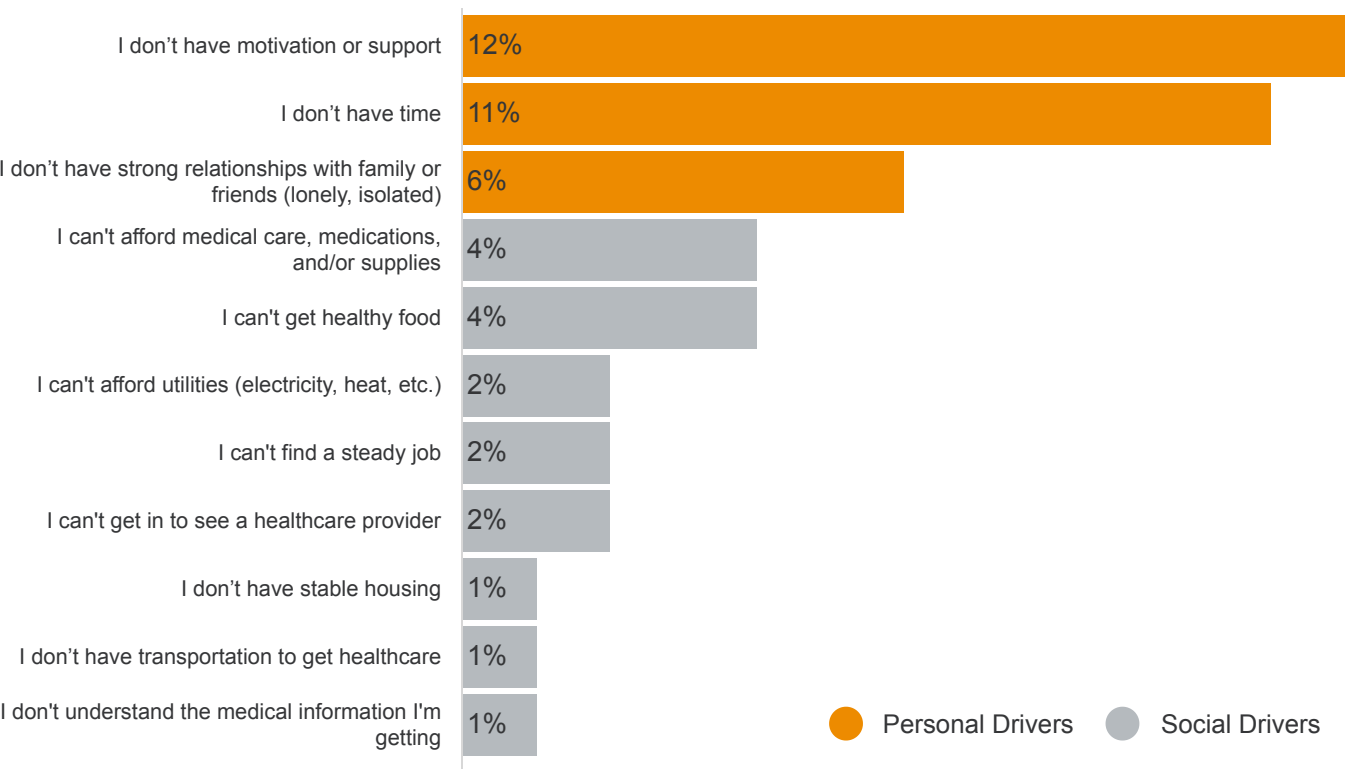
A broad view of the patient is essential

As one component of the overall Human Understanding Program, NRC Health helps health organizations gather information about the context of patients’ lives – things like joys, pressures, goals, and preferences – directly from the patients themselves, and displays an at-a-glance view for care teams in the EHR. While there is a long-overdue push to tackle the social drivers of health in the U.S., there is little attention to what we call the personal drivers of health: lack of motivation or support, lack of time, feeling lonely or isolated.

When patients share their challenges, the personal drivers dwarf the social drivers in terms of frequency. And they are just as important to discuss and factor into any treatment plan, because these issues can have a major impact on health and self-care. Paying attention to what matters adds context and color to improve care.

The key is to go beyond the constraints of the traditional ‘How did we do?’ approach and broaden the focus to include ‘What are your needs?’, ‘How are you doing?’, and ‘How can we help?’ as appropriate at every touchpoint.

Personal and social drivers of health



Source: MyStory data from patients at one health system

Human Understanding on the frontline

Of course, Human Understanding is important on both sides of the stethoscope – health organizations should be focusing on what matters to each member of their employed and affiliated staff as well.



Investing in Human Understanding with every employee and member of the care team is equally important.

Leaders can strengthen relationships with colleagues by demonstrating connection, listening, and pursuing partnership in everyday interactions. Building an intentional culture that demonstrates Human Understanding for all involved – via behavior, not just words – sets the stage to take on [Healthcare's Headwinds](#) and challenge the 'new normal' by charting a course toward the [New Awesome](#).

"Human connection is the #1 antidote to burnout."

—Dr. Matthew Gonzales

*Chief Medical and Operations Officer,
Institute for Human Caring, Providence*

Fundamentals First



In 2022, the Human Understanding Institute hosted a series of eight Summits across the country, engaging experience and marketing leaders from 98 health organizations in the movement to focus on what matters to patients, families, and care teams. Toward the end of the year, we held an invitational Human Understanding Summit with experience leaders from major medical centers.

The very first response to a question about innovation was, **“Just getting back to basics would be transformative.”**



While everyone rallied around this sentiment, no one was talking about moving backward. The aim was to create a strong foundation for contemporary care by prioritizing Human Understanding at every touchpoint. Together with the Human Understanding Institute, the group prioritized a short list of universal strategies to reframe attention on what matters most:

FUNDAMENTALS

1. **Alignment and buy-in**
2. **Human connection**
3. **Frontline focus**

1. ALIGNMENT AND BUY-IN



"A major challenge we have in our organization is a systemic lack of accountability and communication. We have the data and know what the action plans are - they need to be translated into consistent practice at the bedside."

Care Provider, Hospital

- Broaden the conversation to recognize that experience extends beyond any one clinical encounter and beyond the care setting in general
- Position experience as shaped by how we do everything – not 'one more thing to do'
- Illustrate connection to other strategic priorities
 - Examples: quality, safety, left without being seen, loyalty, revenue
- Emphasize what scores are meant to reflect instead of just the scores themselves
- Focus on patient comments to humanize improvement opportunities



"In the emergency room, there is a very long stay and minimal communication regarding plan of care. Everyone I did encounter was very caring, competent, and provided appropriate care. However, they were just not as communicative as I would have hoped."

Patient, Emergency Department

2. HUMAN CONNECTION



"Communication is a crucial skill that could be improved upon, and workers having confidence and clarity with one another."

Care Provider

- Make human connection an expectation for standard work in all interactions with patients, families, and colleagues
- Use effective communication behaviors to support Human Understanding
 - Use relational statements/questions ('How are you doing?', 'I hear you,' 'How can I help?')
 - Non-verbal factors (eye contact, tone of voice)
- Leverage tools that help make behaviors authentic and systematic
 - Examples: engaging in purposeful rounding; summarizing patient context in the EHR



"All staff were very helpful and friendly. The nurses took time to talk to me and ask how I was feeling and made sure I was doing ok. The nurses stopped by throughout the day and night to check on me. I never felt alone, even though my family was not allowed in the hospital."

Patient, Hospital

3. FRONTLINE FOCUS



"The people I work directly with are good, caring, and we work well together as a team. But there is very little if any support from leadership."

Care Provider

- Demonstrate that experience is important on both sides of the stethoscope by going beyond engagement surveys to focus on what matters to employees as individuals
- Develop a comprehensive strategy to address employee well-being and foster mutual respect
- Adjust workflows and workloads – with frontline input – to make it easier to do the right thing
- Use patient comments to recognize care providers – it’s fuel for the soul



"My daughter was with me and was very impressed with Dr. V knowing my history, listening to me, calming when need to. I couldn't ask for a better provider."

Patient, Medical Practice

The strategies of **Connect with me**, **Listen to me**, and **Partner with me** factor into each of the fundamentals. To broaden the impact, the Human Understanding Institute has created a set of resources with tactics that support the work.

Thinking broad and going deep

Patients, consumers, employees, and providers -- people in general – think about their own experience in broad terms. Clinical encounters are a vitally important component of experience, but health organizations must treat what matters before, during, after, and beyond care more holistically by gaining a deeper understanding of the various touchpoints involved. **Basing action on expectations and feedback is far more valuable than making assumptions about what people need.**

PATIENTS: THE SPECTRUM OF EXPERIENCE

- "The registration time is fantastic. Very efficient."
- "The call center person was unable to answer easy questions on topics such as parking. She also gave incorrect copayment information to me."
- "In my recent experience, it was very hard to reach anyone by phone to get an appointment (long hold)."
- "There was only one person in the registration station, and it took the line almost an hour to get through it. Only one person checking you in. It was just a disaster. Once in, the people were great, but that intro line is really bad."
- "The person drawing the blood was pleasant with a great personality."

- “This was a video visit. The nurse first called me by phone to connect the appointment and before hanging up she stated that she would call me immediately following my meeting with the doctor. At the end of my video visit, he stated that his nurse would call me after he disconnected to follow up with the appointment. I waited one hour, and I received NO follow-up call from the nurse.”
- “I am grateful to be able to get the care I need with such a great caregiver. She and others like her are the reason I am able to enjoy a good quality of life in my 80s!”
- “Doctor did not explain what is going on with the arthritis or what it means to my lifestyle in the future. I would describe his manner as perfunctory rather than personal and in depth.”
- “She took time to explain to me the procedure I wanted, talk about the benefits and drawbacks to selecting each option, and make a recommendation that suited my lifestyle.”
- “I asked three different departments to explain billing. I was promised a call back, but it never happened.”

PROVIDERS: A COMMITMENT TO CARE

- “I felt our clinic went above and beyond to help our patients during COVID. Our management allowed us the ability to be creative in finding resources to help our patients, setting up the clinic to best meet the needs of our providers and patients and creating an environment that felt home-like since we spent so many hours working in the clinic each week.”
- “The implementation of the EHR in our outpatient setting has been a struggle. It takes staff away from patient care and is more focused on placing them behind a computer checking people in and out of the EHR. I would like to see changes made to this process that puts the focus back on patient care.”

“We make it a point to keep things simple, and hopefully hardwire something that may already be going on in silos. Patients care about good communication from their clinical team, and it is largely a matter of making that consistent.”

—Helena Ackerson, MPPM, CPXP

Vice President of Patient Experience, MaineHealth

Quality: Patient Perspectives



The original Triple Aim (enhance care, improve health, reduce cost) as well as the subsequent Quadruple Aim (adding care-team well-being) and Quintuple Aim (adding health equity) all include quality as a core component of the care experience. Quality drives health outcomes as well as a positive reputation and loyal patient base.

The [Institute of Medicine \(IOM\)](#), which advises the nation on matters of health and medicine, established six domains of quality: Safe, Effective, Patient-centered, Timely, Efficient, and Equitable.

But what does quality mean to patients?

We asked participants in our national Market Insights study to highlight which of the following aspects of care convey quality from their point of view:

Effectiveness: Providing evidence-based care to achieve the best possible outcomes

Efficiency: Delivering excellent care without wasting resources

Equity: Providing excellent care regardless of patients' age, gender, income, race/ethnicity, etc.

Patient-centeredness: Paying attention to each patient's needs, preferences, and values

Safety: Preventing harm to patients in the course of care

Timeliness: Reducing wait time and delays in care

Cleanliness: Keeping facilities clean and attending to personal hygiene

Communication: Showing respect and empathy when talking and listening

Teamwork: Ensuring strong collaboration within the care team and across the organization

Technology: Using high-tech tools to improve the experience and delivery of care

Only three of the IOM domains signal quality for more than half of the 121,315 healthcare consumers who had a healthcare encounter within 12 months of their response: Effectiveness, Patient-centeredness, and Safety. The other three IOM domains (Efficiency, Equity, and Timeliness) are certainly essential elements of care. The point is that most consumers don't see them as aspects of quality per se.

Paying attention to what matters yielded a powerful insight by surfacing two additional domains – not explicitly outlined in the IOM report – that healthcare leaders should highlight in their quality journey: **Communication** and **Cleanliness**. These were endorsed by more than half of consumers, meeting the same threshold as Effectiveness, Patient-centeredness, and Safety.

How patients see quality

3 IOM domains

- ✓ Effectiveness
- ✓ Patient-centeredness
- ✓ Safety

2 additional domains

- ⊕ Communication
- ⊕ Cleanliness

This is the lens through which consumers see quality. Interestingly, Patient-centeredness and Communication reflect and reinforce the importance of Human Understanding. All five of these priority domains are important to keep in mind when reading [The Governance Institute Health System Quality Honor Roll 2022](#), which focused on the latest CMS Star Ratings to determine technical quality performance and used NRC Health's Market Insights data to gauge consumer perception of quality.

Recognizing different viewpoints

It is crucial to bear in mind that perceptions of quality vary by both age and sex. Regardless of age group, women place more weight on each aspect of quality than do men. And regardless of sex, a greater proportion of consumers at least 45 years old endorse each aspect of quality than do their younger counterparts (18–44 years old).

Looking at the intersection of age and sex, younger males ascribed less weight to all aspects of quality compared to younger females. For example, Effectiveness was the most salient component of quality for younger men but was still only endorsed by 40% of respondents, compared to 53% for younger women. For younger men, there

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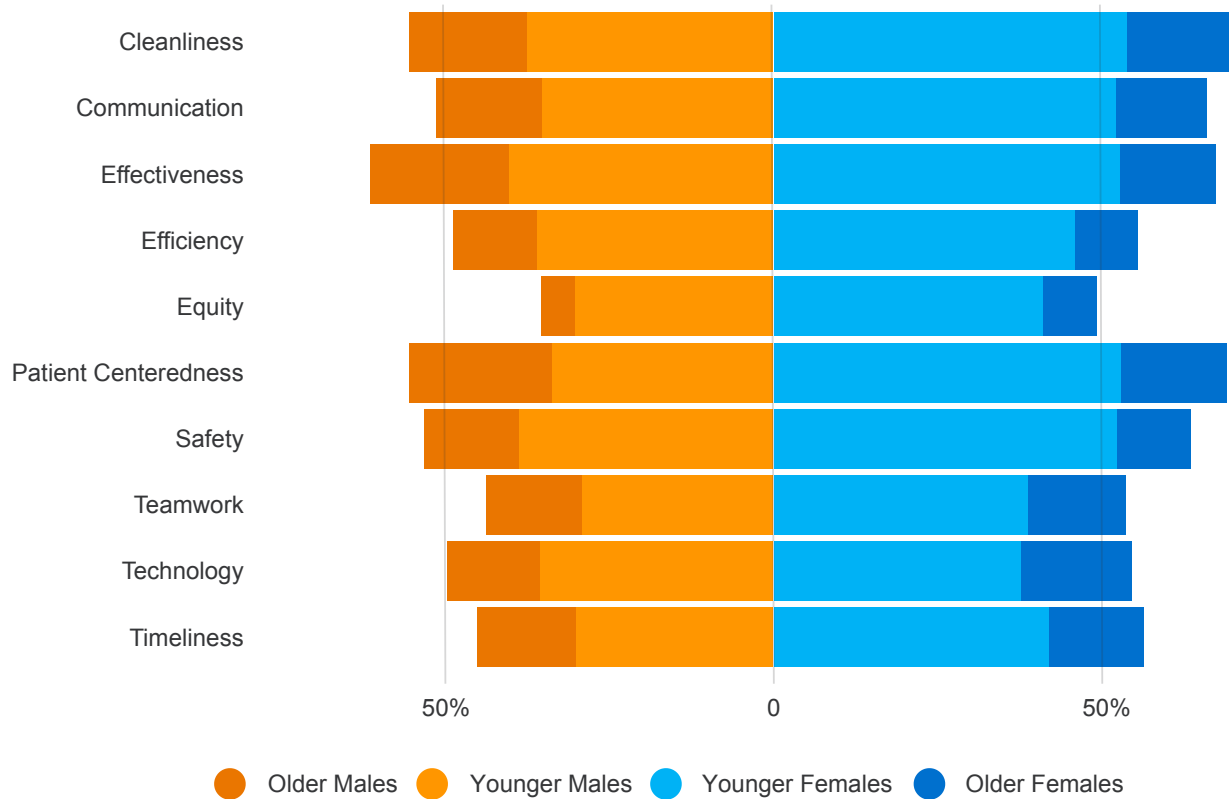
was no instance in which more than 50% agreed that a particular facet conveyed quality, whereas more than half of younger women conceptualized quality as Cleanliness, Communication, Effectiveness, Patient-centeredness, and Safety.

This pattern changed for both older men and women. When looking at men 45 and over, at least half endorsed the same five aspects of quality that were highlighted by younger women. And for older women, the proportion highlighting Cleanliness, Communication, Effectiveness, Patient-centeredness, and Safety jumped to over 60%, with Cleanliness and Patient-centeredness both reaching almost 70%. More than half of the women in this group also pointed to Efficiency, Teamwork, Technology, and Timeliness as markers of quality.

For older women, the proportion highlighting Cleanliness, Communication, Effectiveness, Patient-centeredness, and Safety jumped to over 60%.

The bottom line: Delivering quality care is important irrespective of group characteristics like age and sex. While perceptions may change for individuals and groups, Cleanliness, Communication, Effectiveness, Patient-centeredness, and Safety are the most prominent domains of quality from the patient point of view – a view that comes into sharper focus as people gain experience with healthcare.

Perceptions of Quality by Age and Sex



Equity

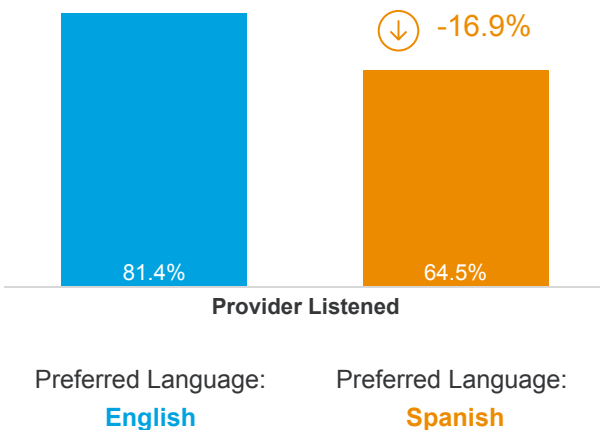


We see Human Understanding as a direct path to equity – a crucial marker of excellent, ethical care. The logic is straightforward: If patients are treated as unique people, they are more likely to receive care that fits within the context of their lives and helps them achieve their health-related goals. While the n=1 view is most important, stratifying data can help illuminate the extent to which patient experiences vary by demographic characteristics. The first step to addressing gaps is knowing they exist.

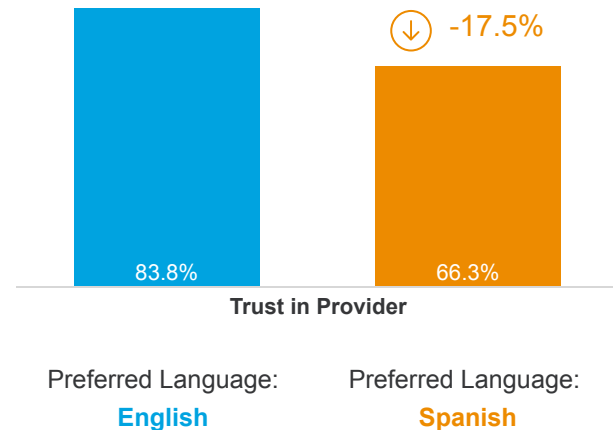
Preferred language

NRC Health data revealed that in 2022, Spanish-speaking patients rated Provider Listened 16.9% lower and Trust in Provider 17.5% lower than did English-speaking patients. Preferred language is associated with substantial gaps in the delivery and experience of care.

Preferred language: impact on feeling heard

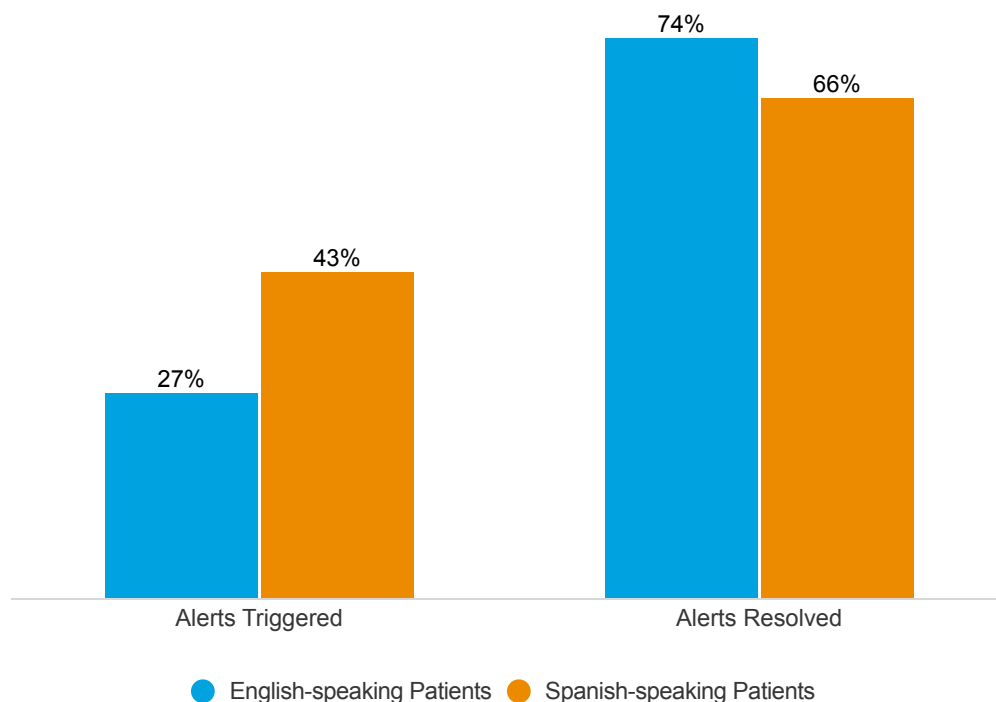


Preferred language: impact on trust



Process gaps are likely to have real-world consequences in terms of outcomes. We analyzed more than 300,000 discharge follow-up calls and found that, during those calls, Spanish-speaking respondents triggered an alert 43% of the time compared to 27% for English speakers. While this differential should raise flags in and of itself, the problem is amplified by the fact that organizations report resolving alerts for Spanish speakers at a markedly lower rate than they do for English speakers.

Preferred language: impact on alerts triggered and alerts resolved



When these facts are taken together, we see that Spanish speakers are more likely to leave healthcare encounters feeling unheard, report having significantly lower trust in providers, tend to have more 'alert-worthy' issues after discharge, and have a greater percentage of unresolved concerns. **The confluence of these factors can result in disengagement, poor outcomes, and costly readmissions, all with an associated long-term impact.**

Awareness is essential. Stratifying experience data clearly reveals the need for a concerted effort to better address the healthcare needs of Spanish-speaking patients. But designing interventions that treat Spanish speakers as a monolithic group moves us further away from Human Understanding. The key to ensuring excellence for all patients is to monitor aggregate demographic trends through an equity lens, highlighting gaps and looking to solve systems problems while treating each patient as a unique person in every interaction to close the gaps.



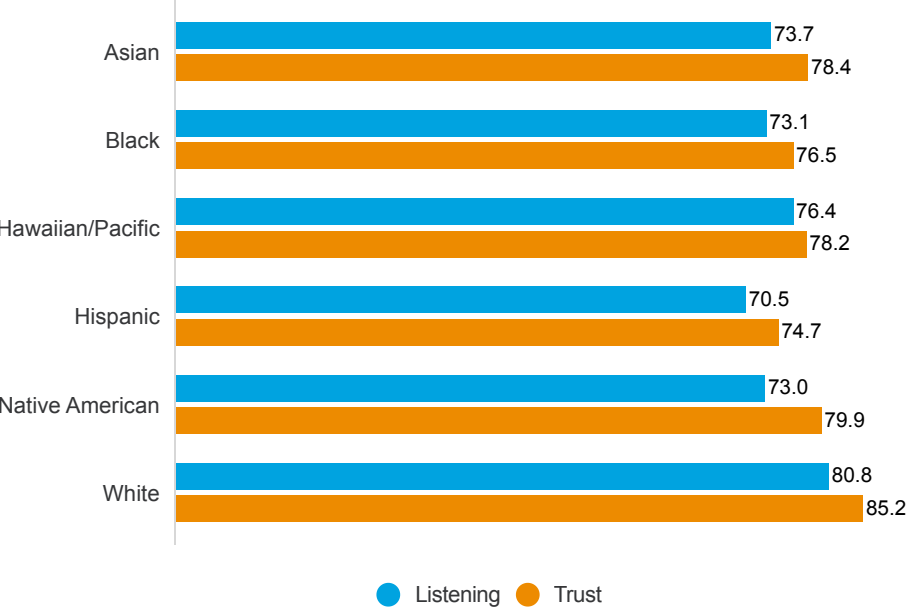
Monitor demographic trends and treat every patient as unique to help close gaps in equity.

Race/Ethnicity

In addition to preferred language, there are multiple points of focus and intersection when it comes to examining equity (e.g., sex, gender, age, race/ethnicity). Race and ethnicity are a major theme of work on Diversity, Equity, Inclusion & Belonging at hospitals and health systems across the country. Our data shows there is still considerable work to be done when it comes to demonstrating listening and building trust.

81% of patients identifying as White reported that their provider listened to them. However, the proportion of people who reported top-box scores for listening fell for those identifying as Hispanic (71%), Black (73%), Native American (73%), Asian (74%), and Hawaiian/Pacific Islander (76%). Trust was higher in each group but followed a similar pattern.

Listening and Trust by Race/Ethnicity



This type of analysis is the foundation for action. Deciding to act, setting a disciplined course of action, tracking progress to calibrate process, and managing accountability for outcomes are equally important. Rather than instituting training programs that may run the risk of stereotyping patients of certain groups, the most productive strategy is to improve care for all patients by paying attention to what matters to each person. A programmatic approach to Human Understanding can transform care in everyday practice.



The most productive strategy is to improve care for all patients by paying attention to what matters to each person.

Perspective on Benchmarks



Benchmarks provide a means for organizations to compare their performance against industry standards or competitors' performance. Used appropriately, they can help set context, track progress, and identify areas for strategic action. There is no question that benchmarks should be in the toolbox when it comes to monitoring organizational health.

However, overreliance on benchmarks can be extremely problematic. One consideration is choosing the comparison group. Should it be based on hospital size, system size, type of system, patient base, location, or some combination of the above? Organizations differ on so many variables that it can be hard to benchmark accurately. When 'apples to apples' comparisons prove difficult, leaders may be satisfied with 'apples to oranges.' The key is to keep the comparison in perspective and avoid comparing 'apples to Saturdays.'

Choosing the metric itself is equally important: The right metric can be a useful rallying point, while the wrong one diverts precious organizational energy. Regardless of the metric, a myopic approach to benchmarks presents the danger of chasing scores instead of focusing on the behaviors and outcomes that the scores are meant to represent.



A myopic approach to benchmarks presents the danger of chasing scores instead of focusing on the behaviors and outcomes that the scores are meant to represent.

"At the heart of each leader's purpose in utilizing benchmarks is the drive to continually improve their business outcomes. Embracing a culture that strives to be better tomorrow is more important than aspiring to a particular benchmark."

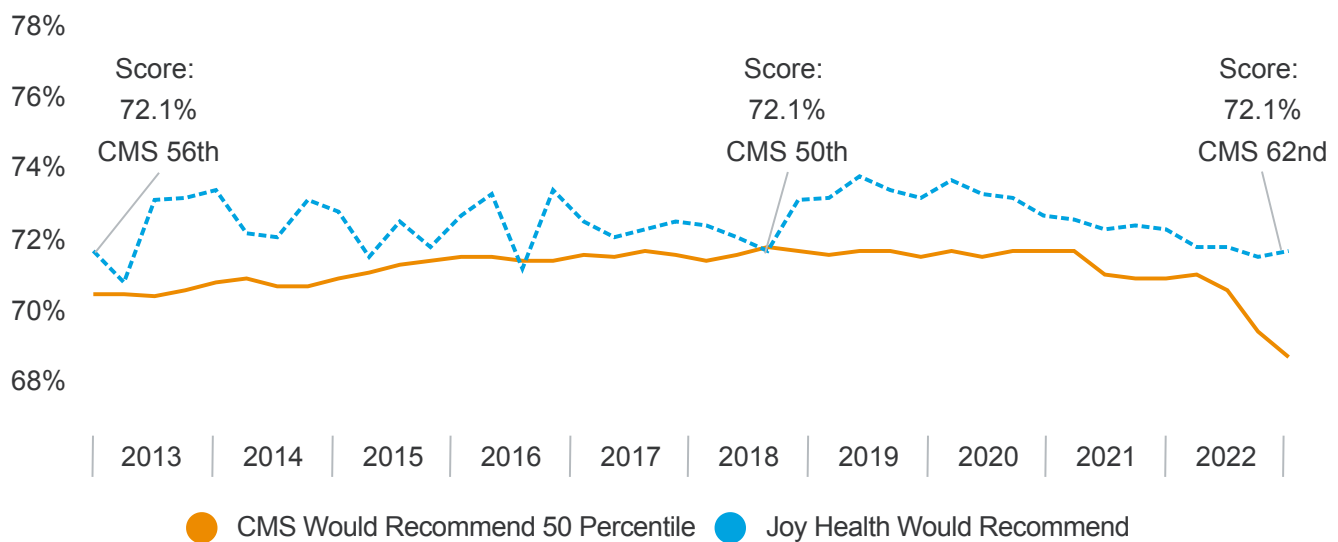
—Michael Goldberg, MBA, MS

Former Executive Director, Long Island Jewish Medical Center, Northwell Health (responsible for \$1 billion annual operating budget), founder and CEO, The Walkalongside Leader

While benchmarks have their place, it is perhaps more important to focus on actual improvement within the organization itself – to ‘benchmark against yourself.’ It is entirely possible to maintain or even improve on a percentile basis if performance is declining, as long as other organizations are declining at the same rate or faster. Conversely, healthcare organizations can make meaningful progress on initiatives that improve real patient outcomes and lives but lose sight of the benefits they were generating if performance falls short against an external benchmark.

Benchmarks are not enough

Same ‘Joy Health’ score results in dramatically different percentiles over time Would Recommend Hospital (2013-2022)



Moreover, some organizations take an ‘all or nothing’ stance in utilizing benchmarks to incentivize team member behavior. This runs the risk of creating the opposite effect – a morale-sapping disincentive if the goal is unrealistic or fails to recognize meaningful gains that fall short of a target. Imagine a physician who improves the ‘provider listened’ score by 23 percentage points with the help of a coaching program but does not break the organizational threshold of, say, the 80th percentile because so many providers are clustered at the top. Without a parallel focus on raw-score improvement and other performance metrics, benchmarks can distract attention instead of focusing organizational and personal effort.



**Benchmarks are an important tool but they can mask performance challenges.
Making actual progress is more important.**



2022 Trends

For additional context and strategic insight, we worked with the NRC Health Research team to identify a set of meaningful industry trends worthy of consideration in the year ahead.

TREND: Community Insights – Top 10 Topics

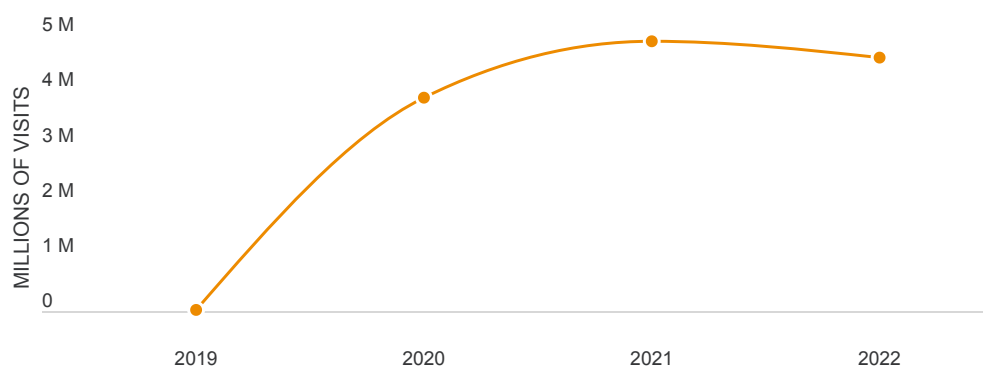
A human-centered design approach to understanding issues and solving problems starts with listening to the people affected by them. Forward-leaning health systems are turning to crowdsourcing solutions like NRC Health's [Community Insights](#) to tap into the voice of patient communities and consumer groups as well as those of their own employees and providers. In addition to revealing essential insights, this practice can increase connection, engagement, and loyalty.

Content Focus	Core Research Question
Brand assessment	What is our market awareness and perception of the brand(s) we work hard to promote? Do we fulfill our brand promise?
Understanding service line selection	How do consumers choose a provider for a specific service?
Messaging and communication	How do we best communicate with a given audience?
Product/service innovation	Is our market open to using a particular care innovation? How great is the need?
Customer experience	How are our customers interacting with our services, and where do they perceive gaps in care?
Measuring loyalty	What keeps our loyal customers coming back, and how do we create more loyalty?
Advertising evaluation	Does our campaign resonate with our market, and will it effectively drive business?
Customer or segment profiling	Who is the target customer for a specific service, or how do we characterize various profiles within our market?
Employee feedback	What do our employees need to remain happy, loyal brand advocates?
Educational content prioritization	Are we providing the right resources to empower our community and be seen as a leader in health education?

TREND: Telehealth Use Over Time

Telehealth visits grew 1000x after the pandemic hit, peaking in 2021 and moderating over the course of the past year. It is clear that telehealth has broken free from pre-pandemic restraints and become a critical part of the health-system access strategy. When it comes to hardwiring consistent experiences across the consumer journey, telehealth touchpoints cannot be an afterthought.

Used Telehealth

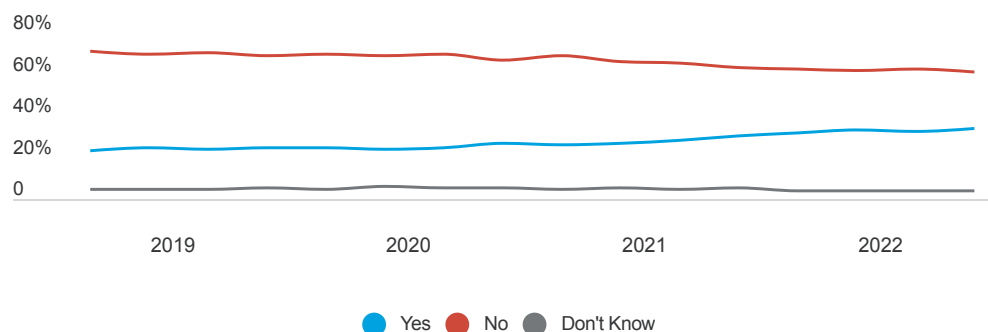


Source: NRC Health Experience Outreach

TREND: Retail Clinic Use

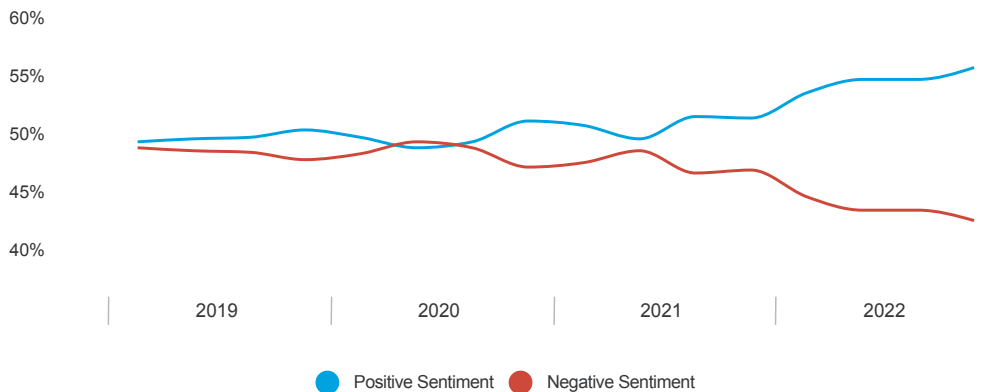
Retail clinics have continued to multiply in recent years as consumers indicate increasing openness to the concept. Health systems need to be aware of these new access points in their communities and choose a path forward. Whether the ideal strategy is competition, collaboration, or co-opetition, retail care has to factor into the strategic vision for many health organizations.

Used clinic inside of a retail store/grocery store



Market Responses within the survey period Quarter Q4 2022: 75,077
The standard error range: $\pm 0.4\%$

Feeling about using a clinic inside a retail store/grocery store

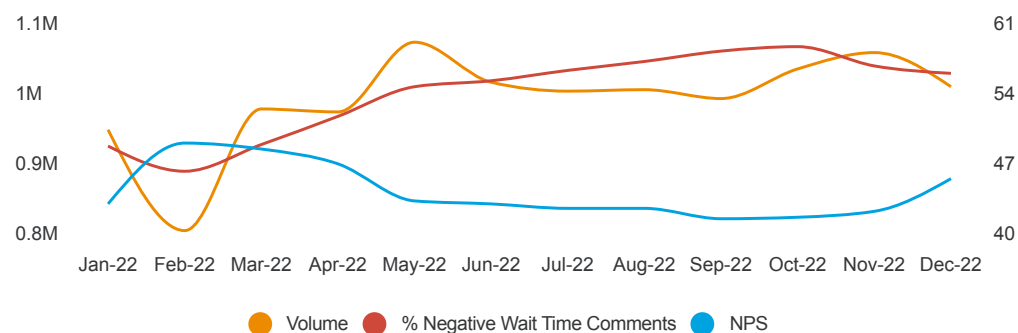


Market Responses within the survey period Quarter Q4 2022: 75,077
The standard error range: $\pm 0.4\%$

TREND: Emergency Department Wait Time Impacts

For many hospitals and health systems, the ED remains the primary door through which patients enter, and it's a powerful first experience. Staffing shortages – combined with the increased volume of patients needing care for COVID, RSV, and flu – have led to abnormally long wait times. Unsurprisingly, this amplified negative comments about waiting and took its toll on NPS. Our October nSight on [Understanding Perceptions about Wait Times](#) offers ideas for reducing the frustration associated with waiting.

Emergency Department Volume / % Negative Wait Time Comments / NPS

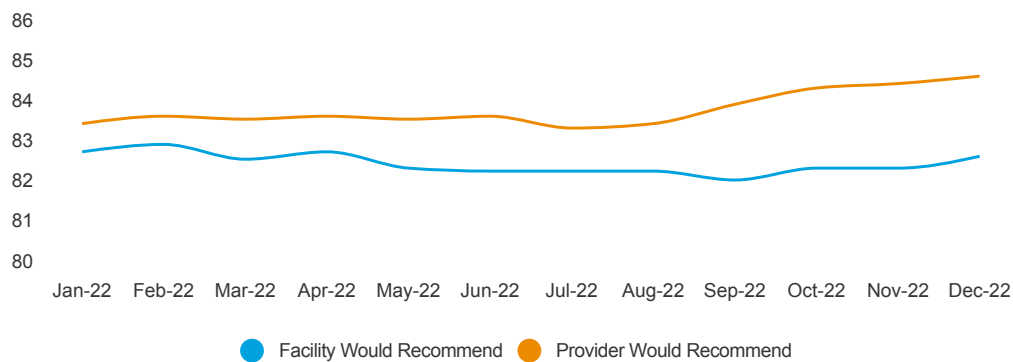


Source: NRC Experience Outreach
Time Frame: 2022 emergency-department patients
Patient Responses 2,296,647
Patient Visits 12,096,915
Patient Comments 702,915

TREND: Facility NPS vs. Provider NPS

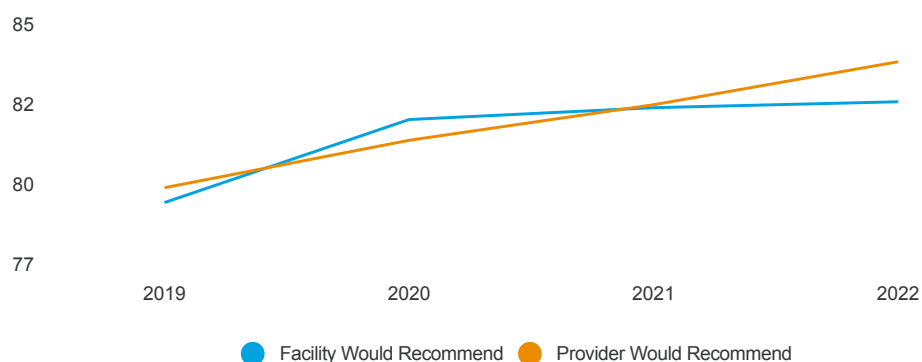
Since 2019, provider NPS has risen steadily while facility NPS gains have slowed, and the gap widened in 2022. This trend points to the rising importance of relationships and human connection as a driver of loyalty. Systems should consider strategies and tools that recognize and make room for meaningful connections that promise to restore the sanctity of the patient-provider relationship.

Facility vs Provider Medical Practice NPS Trends



Source: NRC Experience Outreach
Time Frame: 2022 patient visits
n-size: 14,715,016

Facility vs Provider Medical Practice NPS Trends



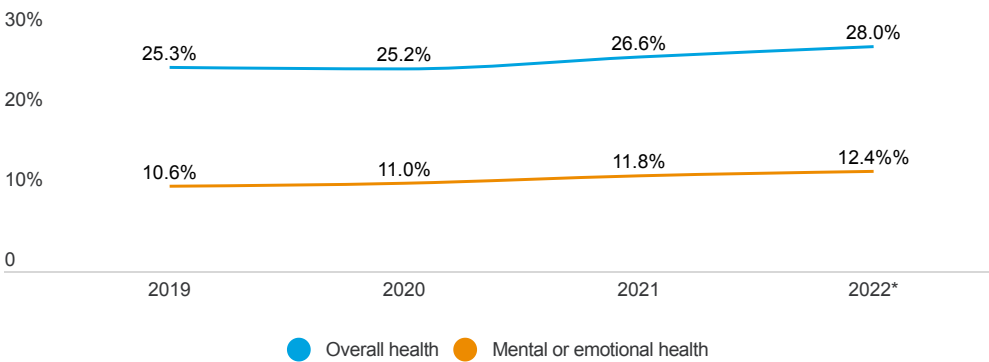
Source: NRC Experience Outreach
Time Frame: 2022 patient visits
n-size: 14,715,016

TREND: Inpatient Self-reported Health Rating

It has been well documented that the physical and mental health of patients has been declining since the start of the pandemic for myriad reasons. Indeed, self-reported physical and mental health ratings of 'fair' or 'poor' have increased significantly since 2020. This self-awareness may create an opportunity for health systems to change the tide: With a broader recognition of their own health challenges, consumers maybe be more likely to engage with brands that 'meet them where they are.'

Worsened physical health has been documented by the [American Hospital Association](#), and worsened mental health has been documented by the [World Health Organization](#), as well as other organizations.

Self-Reported Health Rating of 'Fair' or "Poor' (Inpatients)

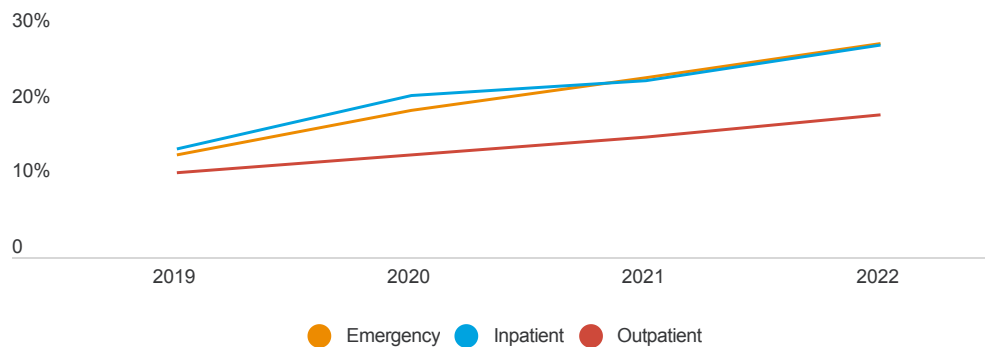


Source: NRC HCAHPS
Time Frame: 2019–2022 patient discharges
n-size: 1,941,876
*Represents data collected as of January 5th, 2023

TREND: Post-discharge Alerts on the Rise

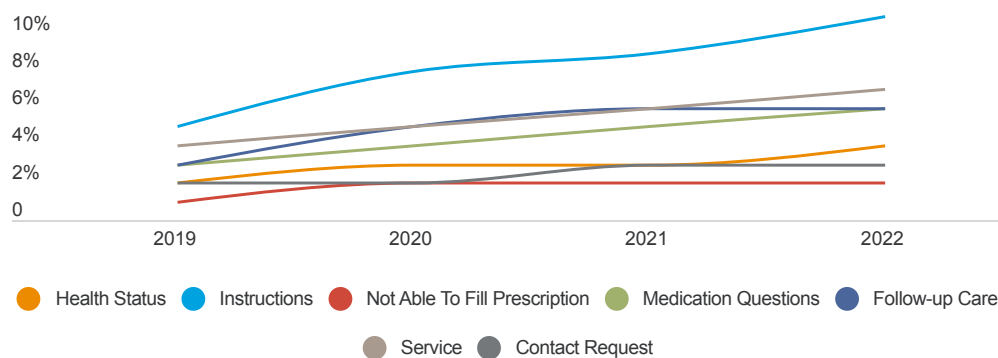
The percentage of patients needing follow-up after-discharge has increased markedly over the last four years in all care settings. Unaddressed concerns after a healthcare encounter can lead to disengagement, poor outcomes, and costly readmissions, with an associated long-term impact on brand.

Patients needing follow-up after discharge has increased year over year



The number-one alert for all care settings – by a wide margin – is related to understanding discharge instructions; followed by service issues, inability to access follow-up care, and medication questions. These process-oriented barriers are all within the control of the health system: It is far more effective to prevent problems and preempt questions than to play catch-up after the patient leaves the care setting.

Alerts by Type



Source: NRC Transitions
Time Frame: 2019–2022 patient discharges
n-size: 3,520,593

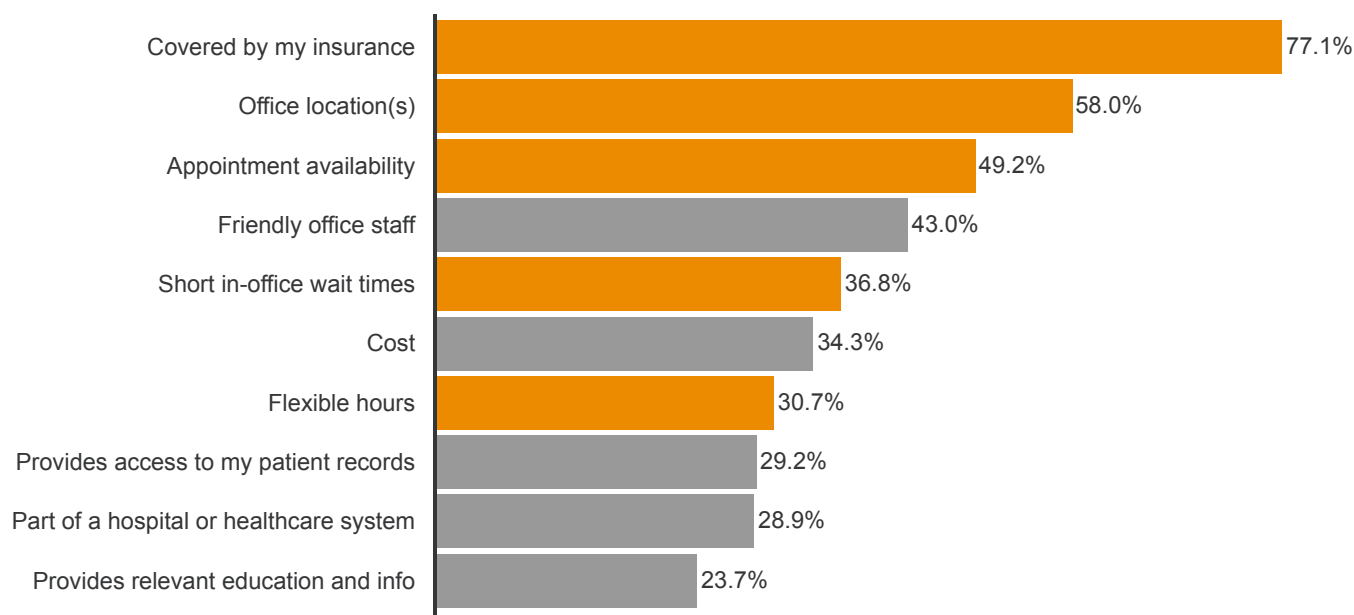


Caution: The increasing volume of alerts has caused some systems to discontinue post-discharge follow-up programs. This only masks the problem and can leave potentially harmful issues unresolved. Systems should implement process-improvement initiatives aimed at the root causes of common alerts and ensure individual follow-up when alerts arise.

TREND: Top 10 Factors for Selecting a Doctor's Office

As highlighted in our [December nSight – A Close Look at Access to Care](#), there are four main aspects of access: Getting Coverage (insurance), Getting There (location), Getting In (availability), and Getting Seen (waiting). Each one functions as a gate to seeking and receiving care. Access is a true differentiator: Five of the top 10 selection factors (covered by my insurance, office location, appointment availability, short in-office wait times, flexible hours) are directly related to access. Moreover, despite unprecedented turmoil over the past few years, this picture has remained constant.

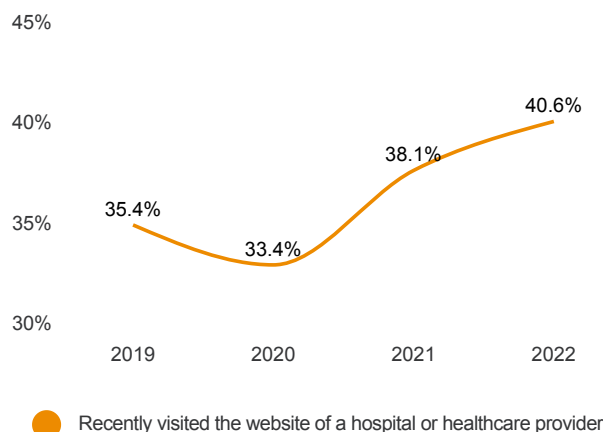
Top 10 Factors



TREND: Hospital Website Use

After a drop in 2020, consumers' use of hospital and healthcare provider websites has continued its climb, making these resources a critical connection point for health systems. Importantly, consumers are using these websites just as they do when shopping for other services: first searching, then reading reviews, and finally diving deeper so they know what to expect. Strategically designed sites will reduce friction at this launch point in the journey by ensuring that provider search is front-and-center, and that the results contain useful information, based on an understanding of what people are seeking.

Use of hospital websites is on the rise



Source: Market Insights National Survey

Time Frame: 2019–2022

Annual n-size ≈ 290,000

When visiting the website of a hospital or health care provider, what information is most important to you?

- 29.5%** How to find a physician
- 24.8%** Patient ratings/reviews of doctors
- 24.0%** Hospital specialty/service lines
- 22.7%** How to find the hospital
- 21.7%** Doctor bios

LEARN MORE IN OUR 2022 NSIGHTS

- [A Close Look at Access to Care](#) – December
- [The Power of ‘Doing’ Human Understanding](#) – November
- [Wait, What? Understanding Perceptions about Wait Times](#) – October
- [Tracking the ‘Invisible Patient’](#) – September
- [Patient Perceptions of Human Understanding](#) – August

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NRC Health. <https://nrchealth.com/resources> (Accessed mm/dd/yyyy).

1 Estimate based on data from: Agency for Healthcare Research and Quality. Mean expenditure per person with expense by age groups, United States, 1996 to 2019. Medical Expenditure Panel Survey. Accessed July 27, 2022; assumes average life expectancy to age 80.

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