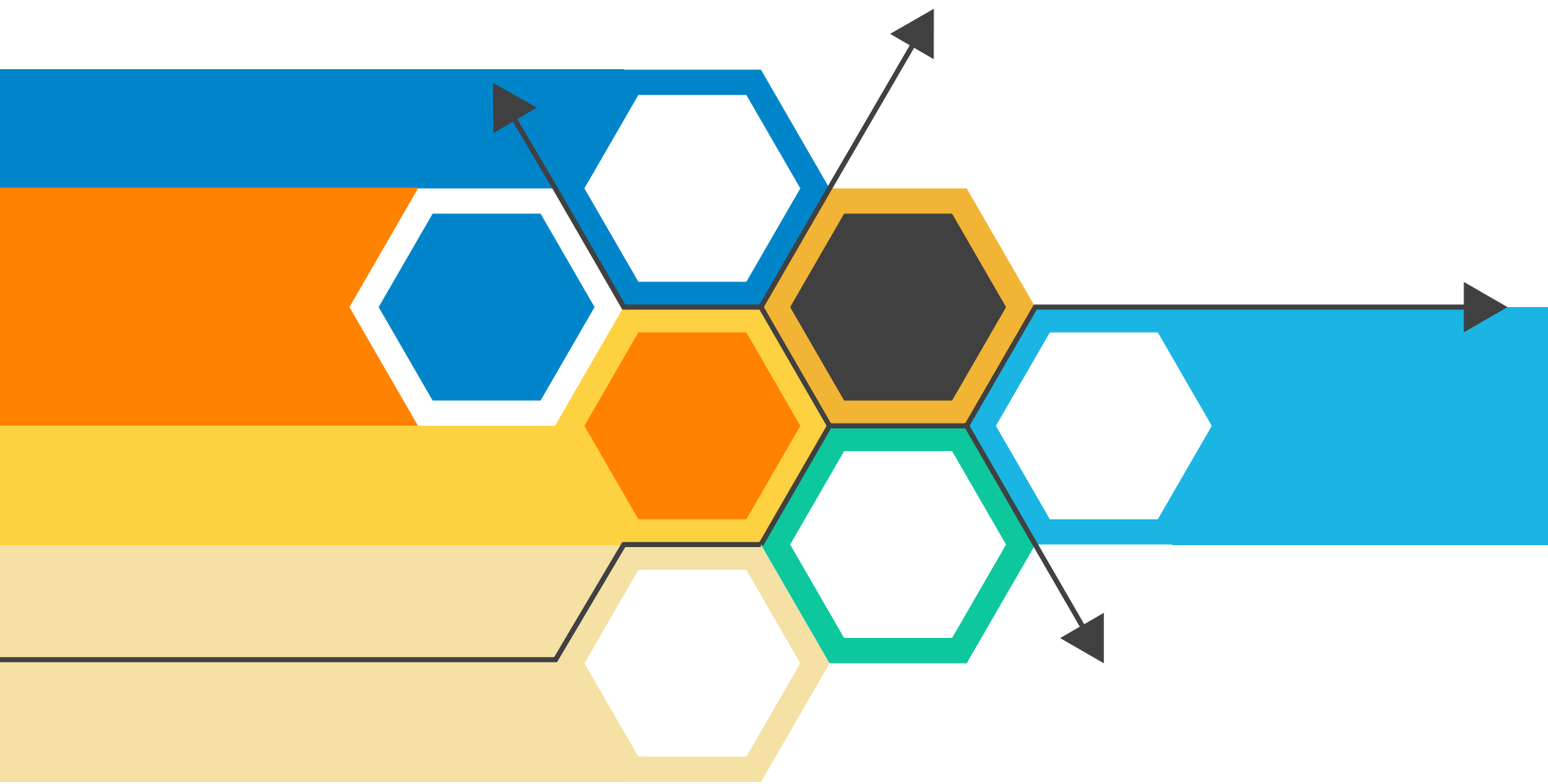


Patient Engagement Survey

Health Care Has a Lot to Learn from Consumer-Friendly Industries

Kevin G. Volpp, MD, PhD University of Pennsylvania
Namita Seth Mohta, MD NEJM Catalyst



Health Care Has a Lot to Learn from Consumer-Friendly Industries



Kevin G. Volpp, MD, PhD

Founders President’s Distinguished Professor, Director of the Leonard Davis Institute Center for Health Incentives and Behavioral Economics, Vice Chairman of Health Policy, Department of Medical Ethics and Health Policy, Professor of Medicine and Health Care Management, Perelman School of Medicine, University of Pennsylvania; NEJM Catalyst Theme Leader for Patient Engagement



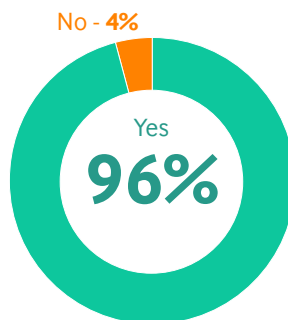
Namita Seth Mohta, MD

Clinical Editor, NEJM Catalyst; Center for Healthcare Delivery Sciences, Brigham and Women’s Hospital

Insights Report · January 2019

The consumerization of health care continues to reshape the way that patients engage with providers and experience care. Most providers see this fundamental change in the health care model as a necessary response to changing patient demands, and have embraced the need to learn from other industries. The great majority (96%) of respondents to a recent survey of NEJM Catalyst Insights Council members say that the health care industry has lessons to learn about engagement from other consumer-facing industries.

Can health care learn about engagement from other consumer-facing industries?



Base: 766

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

“It’s not hard to see how the health care delivery system could be much more customer-friendly,” says Kevin Volpp, MD, PhD, Founders President’s Distinguished Professor of Medicine and Health Care Management at the University of Pennsylvania and the Patient Engagement Theme Leader for NEJM Catalyst.

He cautions, however, that customer experience in health care is somewhat different than in other industries, explaining that in the latter, “all we care about is what the customer wants, as opposed to health care where we also need to factor in what’s ‘good for a given patient,’ or ‘what’s medically recommended.’”

Survey respondents – who comprise clinical leaders, clinicians, and health care executives – say an improved customer experience is the top area in which health care can learn from other industries (selected by 57%), followed by customization to individual needs and preferences (35%).

“I do think health care is substantially underdeveloped in both improving the customer experience and customization of individual needs and preferences,” says Volpp. “For decades, doctors have basically told patients what they should do. And part of why we have such low engagement rates is that while there’s some overlap between that and the patient’s own goals, in many cases I suspect doctors don’t really work that hard to figure out what the patient’s goals are.”



We need to differentiate patient experience and satisfaction from patient engagement. An engaged patient is actively involved in the defining of, and realizing, their health-related goals. That is related to but distinct from patient experience and patient satisfaction.

Namita Seth Mohta, MD, Clinical Editor at NEJM Catalyst, points out that engagement and customer experience are not the same things, particularly in health care. “We need to differentiate patient experience and satisfaction from patient engagement. An engaged patient is actively involved in the defining of, and realizing, their health-related goals. That is related to but distinct from patient experience and patient satisfaction.”

“Consumer-facing industries usually focus on those two latter elements, but health care has to be a little more nuanced,” Mohta says. “Care providers have to think about engagement,

experience, and satisfaction, which are all related but distinct. Patients are more likely to be engaged if they have positive experiences, although not always necessarily.”

In health care, as in many other industries these days, customer experience is increasingly being improved through the use of customization to meet individual needs and preferences, often mediated by technology.

Volpp describes the link between customization and experience by citing Amazon. “I do think one of the areas in which health care delivery could really improve is if we did a better job of aligning with patient goals. At Amazon, they have this very nice mass-customization model that uses all the data they have about you and people like you to figure out what to offer you. That’s what we could aspire to do in the future in health care – and maybe we could even do it

better by integrating this with clinical evidence to determine what people should be offered.”

Survey respondents say the hospitality and technology industries are the top consumer-facing industries with the most important lessons for health care (selected by 55% and 45%, respectively).

“It’s hard to argue with hospitality. It is a benign industry to look toward for lessons without having to defend how broken our current health care system is,” Mohta says. “And technology brings to mind technology-based interactions with providers – asynchronous electronic communication and synchronous virtual visits, as examples of key improvements.”

When it comes to health care organizations actually drawing on other industries for lessons, hospitality (29%) and technology (26%) still rank high. But the leading response is “none” (30%), indicating that while Insights Council members are interested in learning from other industries, only a relatively modest number have actually put that knowledge into practice.

Organizational culture and unaligned incentives contribute to the challenge of changing health care to be more consumer-friendly. Yet this survey shows that health care leaders and practitioners are interested and willing to learn from other industries, which is the right first step.

Health Care Has a Lot to Learn from Consumer-Friendly Industries

Insights Report · January 2019

Charts and Commentary

We surveyed members of the NEJM Catalyst Insights Council — who comprise health care executives, clinical leaders, and clinicians — about what health care can learn from other industries to engage consumers. The survey explores health care’s ability to learn from other industries, the areas in which health care can learn the most, consumer-facing industries with lessons for health care, the consumer-facing industries from which health care organizations have actually drawn lessons, the processes used to gather those lessons, who within health care organizations leads the effort to embed lessons, whether patients should be treated as consumers, and the barriers to engaging patients as consumers. Completed surveys from 766 respondents are included in the analysis.

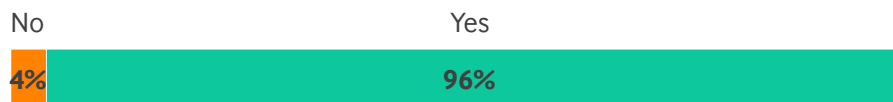
Insights Council respondents are nearly unanimous in their view that the health care industry can learn about consumer engagement from other industries. However, some have concerns about drawing direct parallels between industries because of the unique nature of the health care industry. In a written comment, a physician from the Midwest cautions that “health care is a need, most other industries reflect a want.” A C-suite executive in the West points out that “health care has to consider [patient] well-being, clinical outcomes, not JUST consumer/patient preference. In other industries, customer preference may take precedence, [but] in health care we need to balance patient preference and clinical judgment.”

Customer experience, the top area in which health care providers can learn the most, may have greater opportunity for improvement than other areas because it is less constrained by clinical requirements, in contrast with more narrowly focused areas such as quality and speed/efficiency.

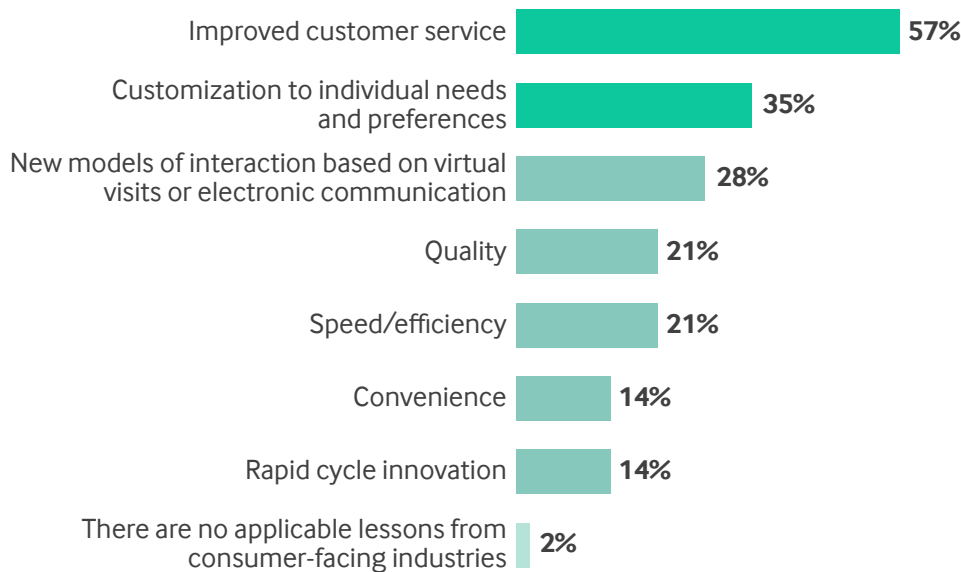
The survey data reveals some interesting correlations with respondent age. Among respondents 45 and younger, only 39% mention improved customer experience as an area where health care providers can learn the most from other industries, compared to 61% among those over 45. The younger group looks more instead to speed/efficiency (32%) than the older group (19%), and to rapid cycle innovation (25% versus 12%).

Health Care Can Learn a Lot from Other Industries – Especially About Customer Service

Can health care learn about engagement from other consumer-facing industries?



What are the top two areas in which health care providers can learn the most from other industries?



(multiple responses)

Base: 766

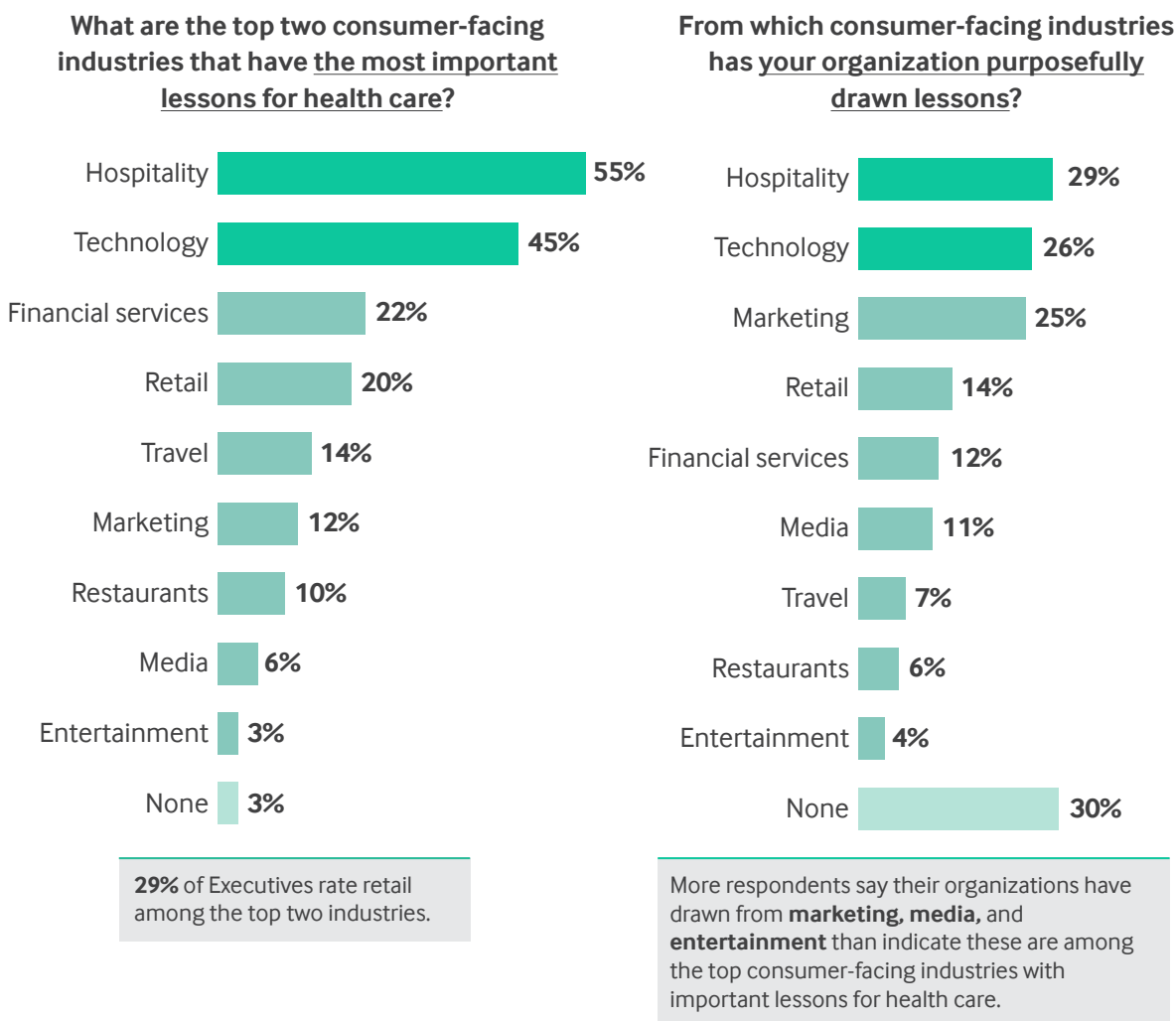
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Hospitality is the industry with the most important lessons for health care, as well as the consumer-facing industry from which respondents' organizations have most often drawn lessons.

A clinician from the South comments, "The hospitality/hotel industry has a lot to provide for health care. Comfortable beds are critical in hospitals and most I have been in are terribly uncomfortable. Even one night is too many."

While many respondents identify hospitality and technology as the areas with the most important lessons for health care, fewer respondents acknowledge that their organization has actually drawn on those lessons. Marketing, media, and entertainment reverse the trend; more respondents say their organizations have drawn from these industries than the percentage who say there are valuable lessons to be had. Still, only a relatively modest number have put knowledge into practice, as indicated by the 30% of respondents who say their organizations have drawn no lessons from other industries.

Hospitality and Technology Are the Industries That Health Care Looks to Most for Lessons



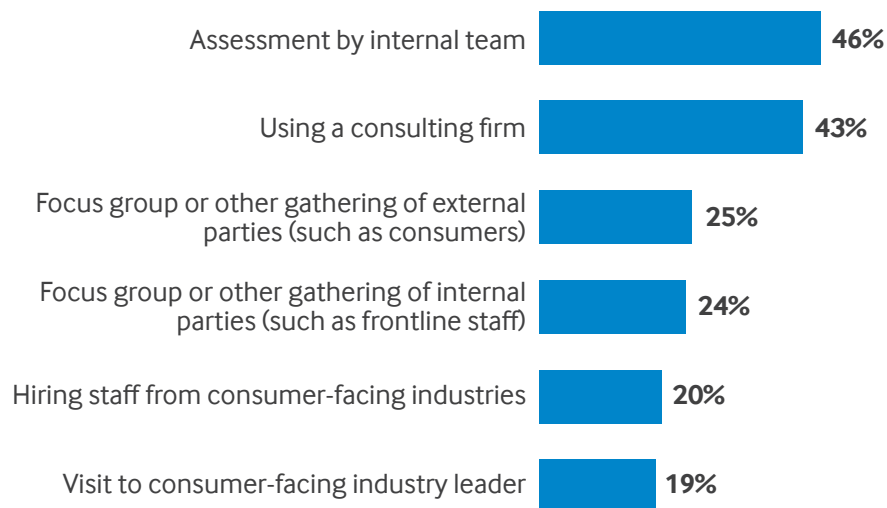
Base: 766 (multiple responses)

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

When it comes to gathering lessons from other industries, survey respondents are roughly split between internal and external resources. Clinical leaders (51%) and clinicians (47%) are more likely than executives (34%) to say their organization has used a consulting firm to gather lessons from consumer-facing industries.

Health Care Organizations Use Internal and External Means to Gather Lessons

What process did your organization use to gather those lessons?



Base: 539 (multiple responses)

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

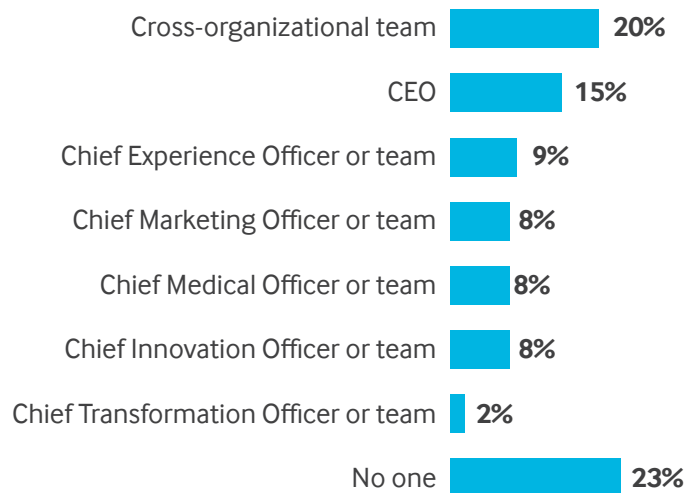


When it comes to gathering lessons from other industries, survey respondents are roughly split between internal and external resources.

In the largest share of organizations, the person or group responsible for leading the effort to embed consumer-facing lessons is “no one.” This may suggest that the health care industry is still in the early stages of implementing lessons from other industries. In written comments, many respondents indicate that they don’t know who is responsible for this activity.

Leadership to Embed Lessons from Consumer-Facing Industries Is Often Missing

Who in your organization heads up the effort to embed lessons from consumer-facing industries within programs?



Base: 766

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

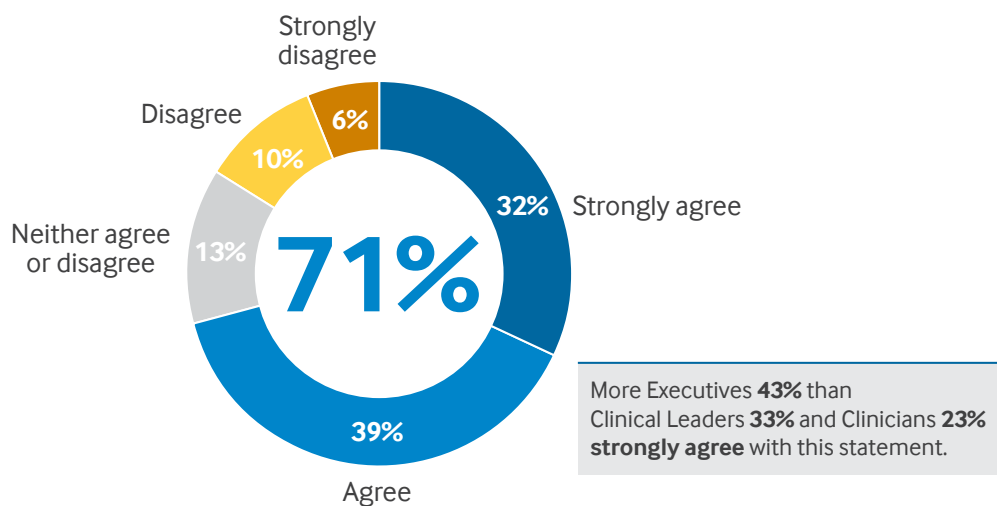
Among the 71% of respondents who agree that patients should be treated as consumers, more executives (43%) than clinical leaders (33%) and clinicians (23%), and more health systems (45%) than hospitals (30%) and physician organizations (25%), strongly agree.

An executive at a physician organization in the West says, “Health care consumers are often sick or injured when they seek care. That puts them at a disadvantage to ask questions about quality and cost, not to mention questions about how their care will be given and whether or not there are reasonable options.”

A clinician at a hospital in the Midwest echoes that view, saying, “Health care consumers are mainly sick people who are illiterate with regards to health care. There is also fear of the unknown that can be a major barrier to communication.”

Yes, Patients Should Be Treated as Consumers

To what extent do you agree or disagree with the statement that patients should be treated as consumers?



Base: 766

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society



Health care consumers are often sick or injured when they seek care. That puts them at a disadvantage to ask questions about quality and cost, not to mention questions about how their care will be given and whether or not there are reasonable options.

More executives (54%) and clinical leaders (49%) than clinicians (36%) say that organizational mindset is a barrier to engaging patients as consumers. While organizational mindset is typically the domain of executive leadership, only 15% of survey respondents say that their organizations' CEO leads the effort to embed lessons from consumer-facing industries. A higher percentage of clinicians (42%) and clinical leaders (40%) than executives (27%) cite the patient's inability to take responsibility as a consumer as a barrier. One respondent says, "Most patients have no stake in the game and expect it to be free-for-all procedures, no cost transparency."

Organizational Mindset Is the Biggest Barrier to Engaging Patients as Consumers

What are the top two biggest barriers to engaging patients as consumers at your organization?



Base: 766 (multiple responses)

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society



Most patients have no stake in the game and expect it to be free-for-all procedures, no cost transparency.

Verbatim Comments from Survey Respondents

How is engagement in health care different from engagement in other industries?

“Consumers confuse quality with their satisfaction and patient satisfaction may not reflect best care.”

— *Clinician at a small for-profit physician organization in the Midwest*

“Actual payment for services is not consistent. Nor is it in any way obvious to patients what the cost or payment is. This only occurs in medicine.”

— *Director of service line at a small nonprofit community hospital in the Northeast*

“Consumer needs are infinitely variable and need to be tailored to the individual. Improved consumer engagement in healthcare will either require significant process simplification or considerable consumer education.”

— *Vice President of a midsized nonprofit physician organization in the South*

“We should not look to other consumer-driven industries because we should not act like patients are consumers. We should not take a capitalist approach to medicine –
WE SHOULD NOT PROFIT OFF OF THE SICK.”

— *Clinician at a small community hospital in the Midwest*

“It isn’t. People just think it is.”

— *Department chair at a small for-profit hospital in the South*

“I think we try too hard to say we are different. We should try to make it as easy and convenient as possible for the majority of patients who have more straightforward needs and then build in customization and personalization for the more complex patient situations.”

— *Executive at a large nonprofit physician organization in the Northeast*

“Ethical considerations”

— *Clinician at a for-profit organization in the Midwest*

“Emotional needs are of significant importance in healthcare. In other industries emotional and personal physical needs are not that important for engagement.”

— *Department chair at a midsized nonprofit community hospital in the Midwest*

“We are old school. Only respond to emergency. Do not invest in innovation.”

— Vice President of a large health system in the West

“Health care currently is all about taking care of sick patients rather than providing primary prevention through education and other means. Interacting with the healthcare system is not a fun experience when you are dealing with pain and end of life, hence it is difficult to provide an experience similar to visiting Disney. There is a discordance in expectation and reality as patients in general have very little insight about their illness and outcomes.”

— Clinician at a large nonprofit community hospital in the West

“Getting patients to understand what’s in it for them and their health.”

— Chief Medical Officer at a midsized for-profit organization in the West

“Health care interfaces with its patients/consumers when they are feeling ill, frightened, vulnerable. That is not the case with entertainment or restaurants or most other industries. Clinicians need extensive expertise in the context of situations that can be highly variable. That variability is less evident in other industries.”

— Director of a large nonprofit clinic in the Northeast

“Health care is a right, not a commodity.”

— Clinician at a for-profit teaching hospital in the Northeast

“Health is top-down and directed. Consumers are bottom-up and driven by choice. Complete opposites.”

— Chief Medical Officer for a midsized for-profit organization in the South

“Engagement with health care involves the day to day practices of one’s life – how one lives one’s life affects the needs and issues health care can address. There is unequal access to health care and in addition, those with more resources are more likely to have fewer health conditions and have the resources to maintain healthy living patterns. Therefore, the people with the least resources can be the ones with the most health care needs.”

— Director of a large government nonprofit in the Midwest

“Patients come to us to save their life!!!!!!”

— *Clinician at a nonprofit teaching hospital in the Midwest*

“Engagement is more about a realization of serving others who are in need as opposed to service to a company’s bottom line. In healthcare there is or should be more of a calling to the profession and what that profession represents. Safety and Quality improvements impact the individuals one-by-one, who you get to know, as opposed to cars and airlines, which are directed more towards the masses and those with whom there is no personal contact.”

— *Chief Medical Officer at a midsized nonprofit community hospital in the Northeast*

“Expectations of patient (consumer) might be unrealistic and poorly aligned with choices and recommendations of treating team.”

— *Director of a large for-profit health system in the West*

Methodology

- The Consumer Engagement: What Health Care Can Learn from Other Industries survey was conducted by NEJM Catalyst, powered by the NEJM Catalyst Insights Council.
- The NEJM Catalyst Insights Council is a qualified group of U.S. executives, clinical leaders, and clinicians at organizations directly involved in health care delivery, who bring an expert perspective and set of experiences to the conversation about health care transformation. They are change agents who are both influential and knowledgeable.
- In September 2018, an online survey was sent to the NEJM Catalyst Insights Council.
- A total of 766 completed surveys are included in the analysis. The margin of error for a base of 766 is +/- 3.5% at the 95% confidence interval.

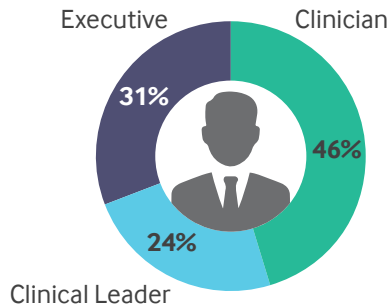
NEJM Catalyst Insights Council

We'd like to acknowledge the NEJM Catalyst Insights Council. Insights Council members participate in monthly surveys with specific topics on health care delivery. These results are published as NEJM Catalyst Insights Reports, such as this one, including summary findings, key takeaways from NEJM Catalyst leaders, expert analysis, and commentary.

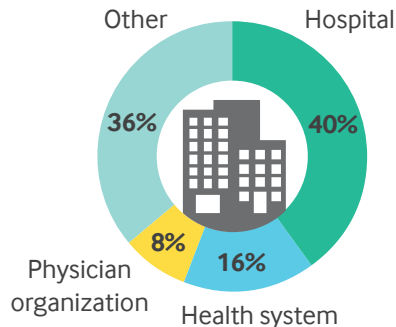
It is through the Insights Council's participation and commitment to the transformation of health care delivery that we are able to provide actionable data that can help move the industry forward. To join your peers in the conversation, visit join.catalyst.nejm.org/insights-council.

Respondent Profile

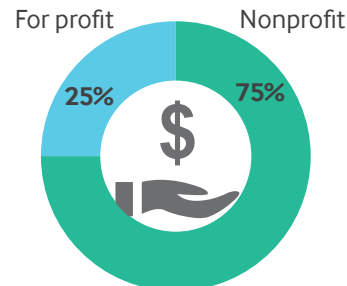
Audience Segment



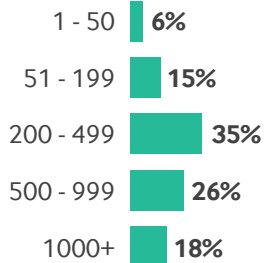
Organization Setting



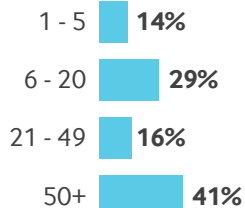
Type of Organization



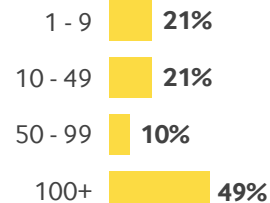
Number of Beds
(Among hospitals)



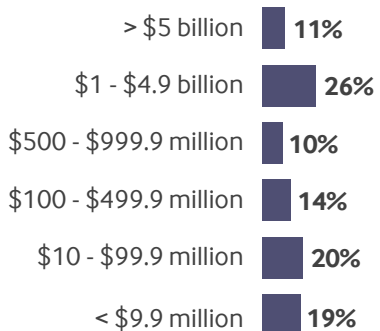
Number of Sites
(Among health systems)



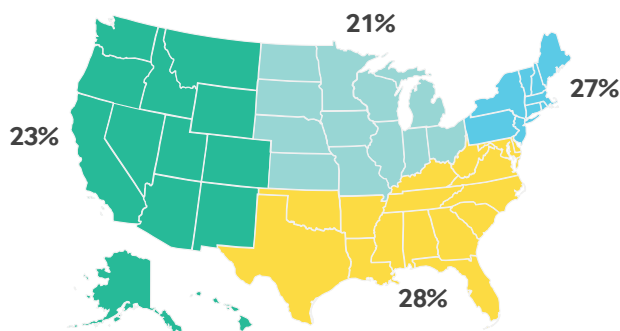
Number of Physicians
(Among physician organizations)



Net Patient Revenue



Region



Base = 766

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society



781.893.3800 | CATALYST@NEJM.ORG
860 WINTER STREET, WALTHAM, MA 02451-1413 USA | catalyst.nejm.org

About Us

NEJM Catalyst brings health care executives, clinical leaders, and clinicians together to share innovative ideas and practical applications for enhancing the value of health care delivery. From a network of top thought leaders, experts, and advisors, our digital publication, quarterly events, and qualified Insights Council provide real-life examples and actionable solutions to help organizations address urgent challenges affecting health care.