PressGaney

Healthcare's Path Forward: Critical Skills for Three Key Groups

PREPARED BY:

Thomas H. Lee, MD
April 14, 2023

"Bold . . . must-read . . . actionable advice
for creating systems that better serve people."

—TINA FREESE DECKER, MHA, MSIE, FACHE,
President and CEO of Corewell Health

HEALTHCARE'S PATH FORWARD

HOW ONGOING CRISES ARE CREATING NEW STANDARDS FOR EXCELLENCE

THOMAS H. LEE, MD

CHIEF MEDICAL OFFICER OF PRESS GANEY AND AUTHOR OF
AN EPIDEMIC OF EMPATHY IN HEALTHCARE AND *THE GOOD DOCTOR*

No One Can Do Everything … but…

Cultures are crumbling

Consumers have more choices and less loyalty than ever before

Patient expectations continue to rise

Members are overwhelmed with complexity

Current approaches to safe, quality care are causing preventable harm

While increasing expectations to do more with less & make everything a priority.

3 critical skills for 3 different groups

☑ **1. Leaders & Boards**

- Articulating core values

- Developing strategy

- Understanding the value chain of activities needed to create value

☑ **2. Managers**

- Creating social capital

- Bring HRO principles to life

- Eliminate waste of all types

☑ **3. Front-line Caregivers**

- Create a culture of respect

- Fully participate on great teams

- Shape the stories and memories of patients and their families

PressGaney

The 3-part logic train

The Recent Past (2020-Now)

- Our recent crises and how we have responded

The Road Ahead

- The challenges likely to endure
- The long-term responses needed
- New approaches to management and leadership

Excellence In The Future

- Trust of patients & workforce
- Broader & deeper safety
- DE&I as social capital
- Consumerism
- The new marketplace

Our Recent Past Has Made Us Deeper and Better

2013

"Suffering" as goal of care was front page news

The Word That Shall Not Be Spoken

Thomas H. Lee, M.D.

During the years when I worked in an academic integrated delivery system, my colleagues and I would frequently discuss patients' experiences and ways to improve our management of their pain and reduce their confusion as they navigated our complex organization. We knew that anxiety is inevitable for patients facing health issues, but we also knew that there is anxiety, and there is *unnecessary* anxiety — caused, for example, by the uncertainty that weighs on patients and their families while they await a consultation for a potentially serious diagnosis, or the confusion induced when clinicians give conflicting information. We worked hard to reduce these problems. From a business perspective, it was a smart strat-

egy; from a clinician's perspective, it was obviously the right thing to do.

So it was a pleasant surprise when I studied the business strategy of a company that assesses patients' experiences and found that it was based on "helping health care providers reduce suffering." This strategic framework divided suffering into three types: suffering from disease (e.g., pain), suffering from treatment (e.g., complications), and suffering induced by dysfunction of the delivery system (e.g., chaos, confusion, delays). The company was recruiting me for a senior management role, and my first reaction was that they were interested in the same things as my colleagues and I were.

My second reaction was that

the word "suffering" would take some getting used to. I couldn't remember the last time that my colleagues and I had used that word. "Suffering" made me uncomfortable. I wondered whether it was a tad sensational, a bit too emotional. But on reflection, how could I object to its use? After all, from the perspective of patients, that is what's going on.

I soon learned that my colleagues and I were not the only ones who avoided the word. As a matter of policy, it doesn't often appear in our academic journals or textbooks, at least in reference to particular patients. The widely used *AMA Manual of Style* says, "Avoid describing persons as victims or with other emotional terms that suggest helplessness (afflicted with, suffering from,

N ENGL J MED 369;19 NEJM.ORG NOVEMBER 7, 2013   1777

The New England Journal of Medicine

2023

The reduction of suffering is multi-dimensional goal for patients & employees:

- Showing respect
- Mitigating fear
- Giving hope
- Building trust

Challenges outlasting the pandemic

Changes in patients & consumerism

Changes in the units of analysis defining care

Workforce duress

Marketplace shifts

Trust as goal that cuts across challenges

Trust is a form of "social capital"

- Financial capital

- Human capital

- Social capital

Trust is confidence that you are going to be treated fairly in circumstances you haven't even thought of.

PressGaney

Trust Starts With Empathy and Compassion

From: "Begin with Trust," by Frances Frei and Anne Morriss, May–June 2020
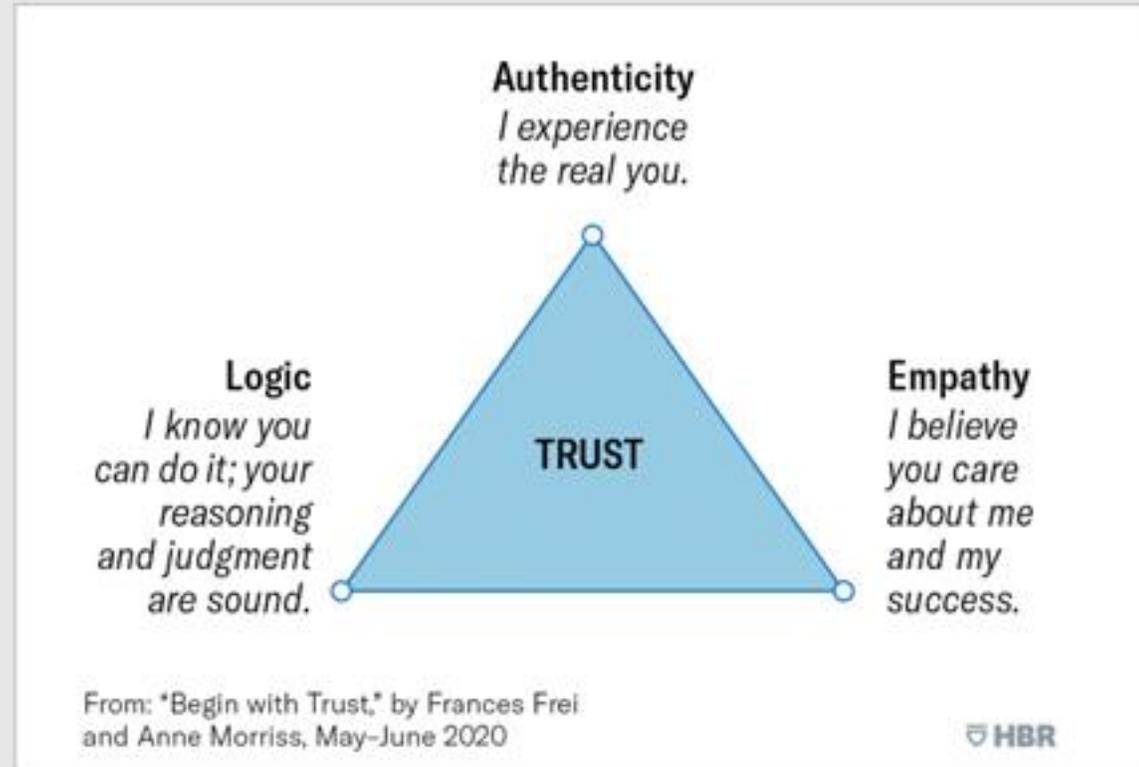
Authenticity Means More Than Rising to the Occasion in a Crisis

- **At Baylor College of Medicine, Emily Sedgwick led redesign of breast cancer screening with the goal of minimizing fear.**
  - 95% of core needle biopsies done same day
  - Women remain in room until radiologist decides if more images are needed
- **Redesign required:**
  - Shared noble vision ("The Cause")
  - Cross-training to adjust to fluctuating workload
  - Constant review of data with goal of improving
- **Results:**
  - Eightfold program growth
  - Team pride

Emily Sedgwick, MD, CPE, CPHQ

Building trust in the workforce

PressGaney

Caregiver trust: the pack is separating

Engagement Mean Score

	2018	2019	2020	2021	2022	2023
90th	4.35	4.34	4.33	4.43	4.37	4.35
50th	4.14	4.12	4.10	4.09	4.03	4.01
10th	3.86	3.87	3.85	3.78	3.68	3.65

Database Year

10th — 25th — 50th — 75th — 90th
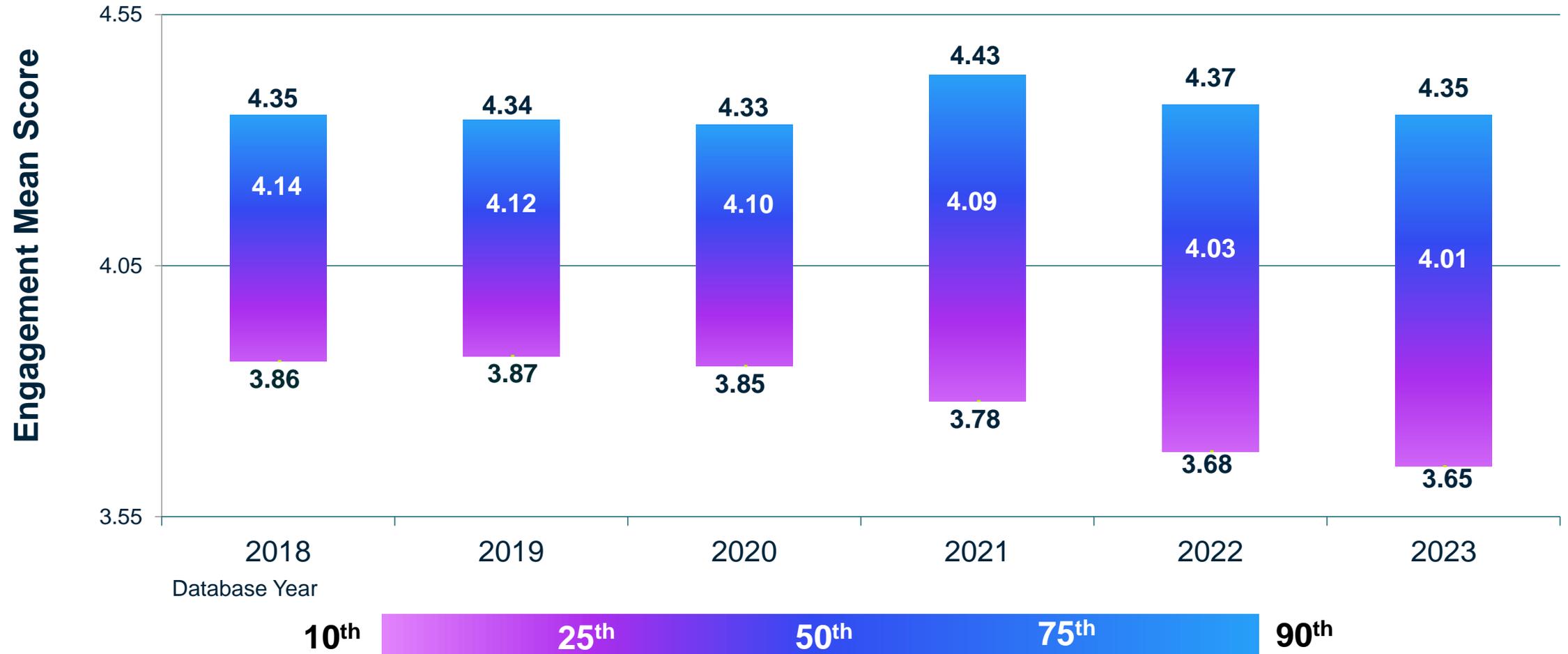
Note – National Healthcare Average based on Press Ganey's six (6) Engagement items . Employee respondents 2023 (1.52M), 2022 (1.5M), 2021 (1.64M), 2020 (1.87M), 2019 (1.61M), 2018 (1.42M).

Lessons Being Learned re: Trust Among Employees

Lesson	Examples/Implication
Pride matters	• Pride in organization • Pride in work for individual • Pride in team
Segmentation/flexibility	• One size does not fit all; it often fits none • Managers are better off managing complexity than having too few employees
Resilience is more than one issue	• Activation • Decompression
DEI is a workforce retention essential	• *Respect* is "table stakes" • *Inclusion* is important goal • Sense of *belonging* is the right aspiration

What drives loyalty in the workforce?

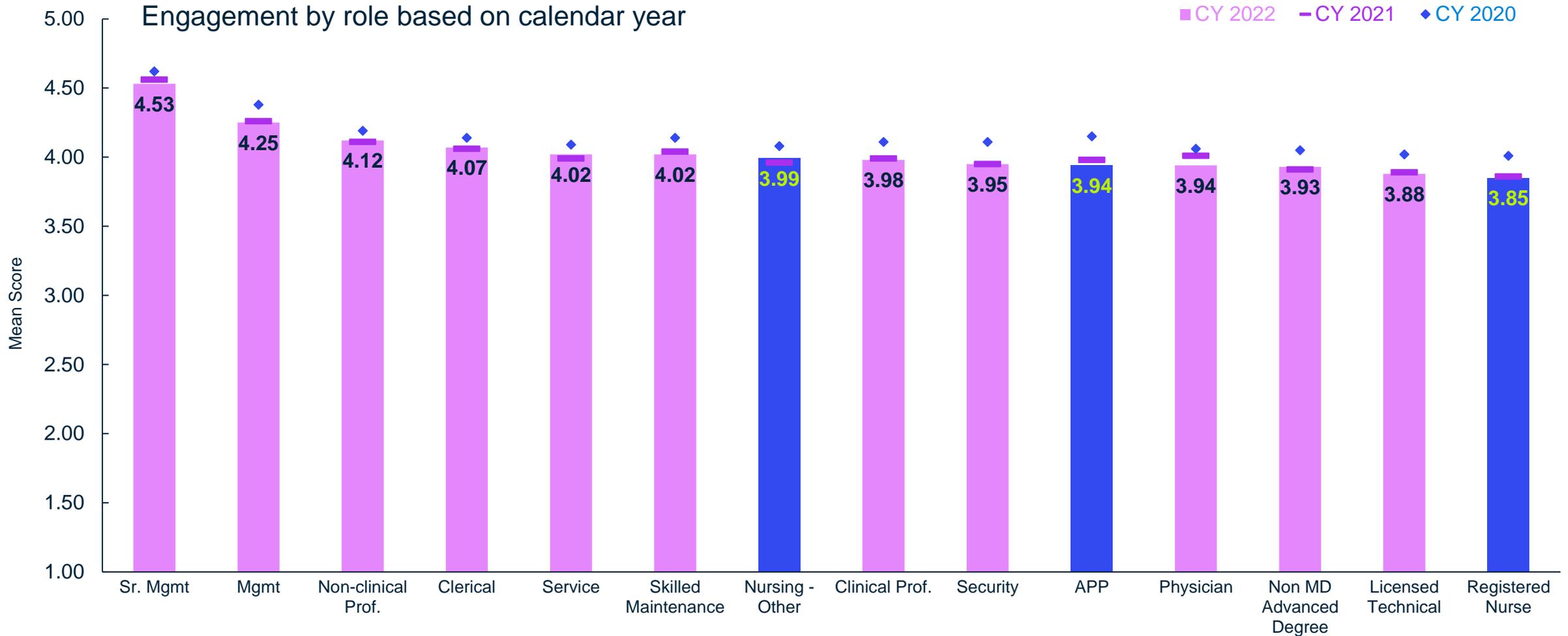|	STAY WITH ORG 3 YEARS	STAY WITH ORG IF OFFERED ANOTHER JOB
I like the work I do	8.5	6.5
My work is meaningful	7.0	6.1
The work I do makes a real difference	6.5	5.8
I see every patient as an individual person with specific needs	6.1	4.7
This organization provides high-quality care and service	6.0	6.2
This organization conducts business in an ethical manner	4.5	5.0
This organization treats employees with respect	4.3	5.1
This organization values employees from different backgrounds	4.3	4.6
My job makes good use of my skills and abilities	4.2	5.0
I respect the ability of the person to whom I report	4.1	4.7
This organization demonstrates a commitment to workforce diversity	4.0	4.4
Employees and mgmt work together to ensure the safest possible working cond.	4.0	4.5
The person I report to cares about my job satisfaction	3.9	4.3
The person I report to treats me with respect	3.8	4.2
The person I report to encourages teamwork	3.5	4.2
My work unit works well together	3.5	3.8
The person I report to treats all employees equally regardless of their background	3.3	3.7
My coworkers value individuals with different backgrounds	3.3	3.7
This organization providers career development opportunities	3.3	3.7
The person I report to is a good communicator	3.2	3.5
This organization supports me in balancing my work life and personal life	3.2	3.5
All employees have an equal opportunity for promotion regardless of background	3.0	3.5
Different work units work well together in the organization	3.0	3.3

Source: Responses from n=410,000 employees offered the Diversity & Equity Module in 2021, Last survey: completed 09-29-2021 Press Ganey Data Science, Oct. 2021c

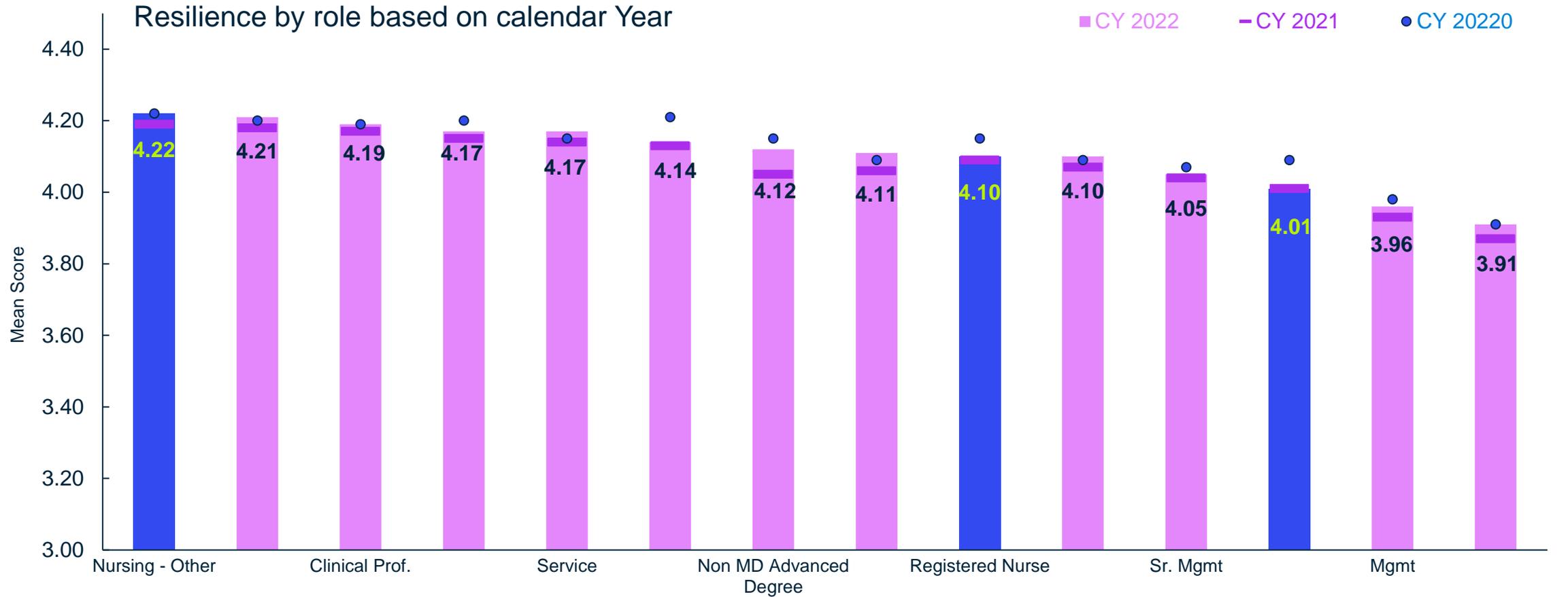PressGaney

Shared Risk Factors Across Roles

Would Stay by Role	Highest Risk Factor (Risk multiplier)	2nd Highest Risk Factor (Risk multiplier)	3rd Highest Risk Factor (Risk multiplier)	4th Highest Risk Factor (Risk multiplier)	5th Highest Risk Factor (Risk Multiplier)
Nursing RN	Org provide high quality care (5.4)	Work is meaningful (5.0)	Like the work (5.0)	Job makes good use of skills (4.5)	Business conducted ethically (4.2)
Nursing Other	Work I do makes a difference (5.9)	Like the work (5.6)	Work is meaningful (5.5)	Org provides high quality care (5.4)	See every patient as individual (4.5)
Clinical Pro	See every patient as individual (6.9)	Org provides high quality care (6.9)	Like the work (6.8)	Work makes a difference (5.4)	Job makes good use of skills (5.2)
MD	Job makes good use of skills (5.6)	Org values diversity (5.5)	Like the work (5.3)	Org respects caregivers (5.2)	Respect for Mgr ability (5.2)
APC	Like the work (8.2)	Work makes a difference (8.1)	See every patient as individual (7.5)	Org provides high quality care (6.3)	Business conducted ethically (6.1)
Clerical	See every patient as individual (7.1)	Like the work (7.0)	Work is meaningful (6.4)	Org provide high quality care (6.0)	Work makes a difference (5.6)
Licensed Tech	Work I do makes a difference (5.9)	Work is meaningful (5.8)	Like the work (5.6)	Org provides high quality care (5.1)	Org respects caregivers (4.4)
Service	Org provide high quality care (5.9)	Like the work (5.5)	Work makes a difference (5.5)	Work is meaningful (5.2)	Org respects caregivers (5.0)
Maintenance	See every patient as individual (17.1)	Work is meaningful (12.0)	Org committed to workforce diversity (8.3)	Org values diversity (7.9)	Like the work (8.9)
Security	See every patient as individual (6.6)	Work makes a difference (6.2)	Org provides high quality care (6.1)	Liking the work (5.6)	Work is meaningful (5.5)

Color Coding Key	See every patient as individual	Work makes a difference	Org provides high quality care	Liking the work	Work is meaningful

PressGaney

Engagement by Role is Relatively Stable

Greater differences were observed between CY 2020 and 2021 than in 2022

Engagement by role based on calendar year

■ CY 2022   ─ CY 2021   ◆ CY 2020

Mean Score

Role	Score
Sr. Mgmt	4.53
Mgmt	4.25
Non-clinical Prof.	4.12
Clerical	4.07
Service	4.02
Skilled Maintenance	4.02
Nursing - Other	3.99
Clinical Prof.	3.98
Security	3.95
APP	3.94
Physician	3.94
Non MD Advanced Degree	3.93
Licensed Technical	3.88
Registered Nurse	3.85

PressGaney

Resilience Improved Slightly Across All Roles in 2022

Resilience by role based on calendar Year

■ CY 2022   ▬ CY 2021   ● CY 20220

Mean Score

Roles: Nursing - Other, Clinical Prof., Service, Non MD Advanced Degree, Registered Nurse, Sr. Mgmt, Mgmt

Values: 4.22, 4.21, 4.19, 4.17, 4.17, 4.14, 4.12, 4.11, 4.10, 4.10, 4.05, 4.01, 3.96, 3.91
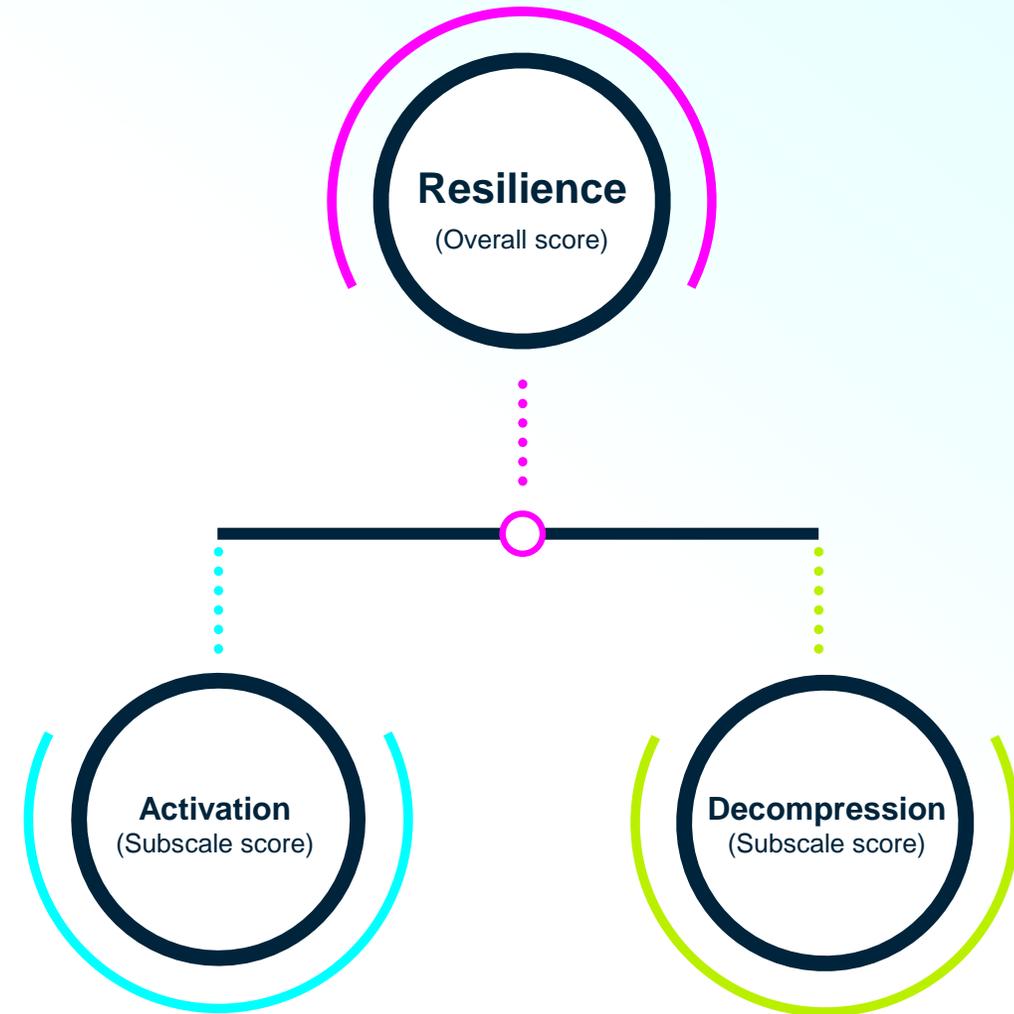
Data based on Calendar Year

PressGaney

Press Ganey's Resilience Measurement

Re·sil·ience (noun):

An ability to recover from or adjust easily to misfortune or change.

Resilience
(Overall score)

Activation
(Subscale score)

Decompression
(Subscale score)

RN Decompression

Decompression Overall
- 2019: 3.84
- 2020: 3.76
- 2021: 3.65
- 2022: 3.7

I am able to disconnect from work communications during my free time.
- 2019: 3.89
- 2020: 3.83
- 2021: 3.71
- 2022: 3.76

I am able to free my mind from work when I am away from it.
- 2019: 3.8
- 2020: 3.73
- 2021: 3.61
- 2022: 3.65

I can enjoy my personal time without focusing on work matters.
- 2019: 3.89
- 2020: 3.86
- 2021: 3.73
- 2022: 3.77

I rarely lose sleep over work issues.
- 2019: 3.76
- 2020: 3.69
- 2021: 3.57
- 2022: 3.61

PressGaney

How we measure activation

The work I do makes a real difference

I see every patient/client as an individual with specific needs

My work is meaningful

I care for all patients/clients equally even when it's difficult

PressGaney

Best practices for improving activation

Reconnect employees to the organization's core – mission, vision, values

Reinforce positive outcomes through the use of storytelling about success that are occurring daily

Recognize employees by connecting in meaningful ways

Retool processes to reduce friction points

PressGaney

How we measure decompression

I am able to disconnect from work communications during my free time (emails/ phone, etc.)

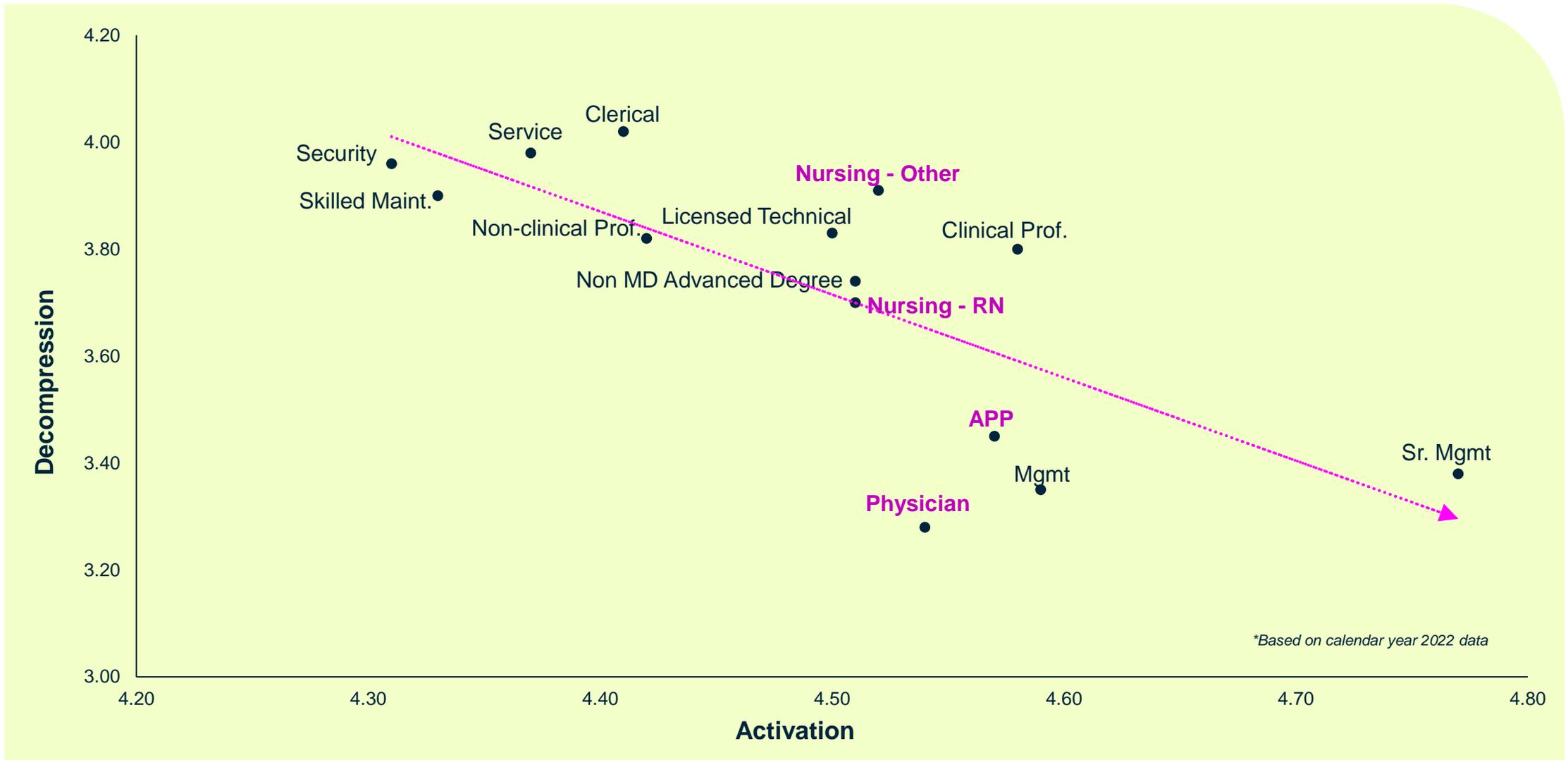I am able to free my mind from work when I am away from it

I can enjoy my personal time without focusing on work matters

I rarely lose sleep over work issues

PressGaney

Increased Activation Associated with Lower Decompression

Scatter plot. X-axis: Activation (4.20 to 4.80). Y-axis: Decompression (3.00 to 4.20). Data points:

- Security: ~4.31, 3.96
- Skilled Maint.: ~4.33, 3.90
- Service: ~4.37, 3.98
- Clerical: ~4.41, 4.02
- Non-clinical Prof.: ~4.42, 3.82
- **Nursing - Other**: ~4.52, 3.91
- Licensed Technical: ~4.50, 3.83
- Clinical Prof.: ~4.58, 3.80
- Non MD Advanced Degree: ~4.51, 3.74
- **Nursing - RN**: ~4.50, 3.70
- **APP**: ~4.57, 3.45
- **Physician**: ~4.54, 3.28
- Mgmt: ~4.59, 3.35
- Sr. Mgmt: ~4.76, 3.38

*Based on calendar year 2022 data

PressGaney

Building trust among patients

PressGaney

What Patients Value in Clinician Interactions

All Patients
15.7%
Recommendation Failure Rate

19% of patients

Low: Confidence in Provider
74.6% Fail to Recommend

81% of patients

High: Confidence in Provider
1.9% Fail to Recommend

14% of patients

Low: Worked Together
90% Fail to Recommend

5% of patients

High: Worked Together
28% Fail to Recommend

8% of patients

Low: Worked Together
11% Fail to Recommend

72% of patients

High: Worked Together
1% Fail to Recommend

11.4% of patients

Low: Courtesy
92.8% Fail

2.5% of patients

High: Courtesy
78.2% Fail

0.8% of patients

Low: Listens Carefully
45.7% Fail

3.4% of patients

High: Listens Carefully
24.7% Fail

2.4% of patients

Low: Concern for Worries
22.3% Fail

5.9% of patients

High: Concern for Worries
6.3% Fail

3% of patients

Low: Concern for Worries
5.6% Fail

68.4% of patients

High: Concern for Worries
0.6% Fail

High risk → **Low risk**

Key Themes for Trust Among Patients

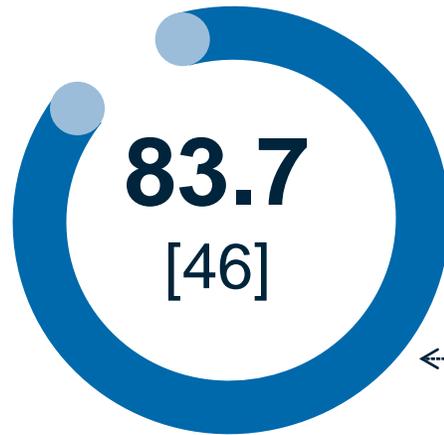| Theme	Example
Reduce friction for patients	Reducing the chaos that patients experience BEFORE even walking in the door
Build *sense* of safety	Transparency re: work to measure and improve safety on outpatient basis
Teamwork on steroids	Creating great teams so that patient-team relationship deserves trust
Build trust in new models	Recognize that traditional health care is low frequency-high stakes; so new models must begin with high frequency-low stakes interactions.

Friction erodes affinity & trust

Initial Loyalty

(n = 33,302)

85.8

[65]

Top Box score [Rank]

Quartile: 1 ● 2 ● 3 ● 4 ●

Loyalty = "Recommend this provider office', CGCAHPS Expanded surveys discharged within Jul 01, 2021 – Jun 30, 2022, no mode adjustments, Respondents to Loyalty item must also have responded to at least one "Before" & "After" item, Benchmarked against "National Sites" peer group as of Jun 01, 2022

52.6% of respondents did not encounter friction before

98.7

[99]

47.4% of respondents encountered friction before

71.6

[7]

34.7% of respondents did not encounter friction during

87.3

[77]

12.7% of respondents also encountered friction during

29.0

[1]

Perception of safety drives trust

Full Sample

(n = 12,240,136)

83.3% of patients top-boxed the safety item

83.7

[46]

94.0

[99]

Top Box score [Rank]

32.2

[1]

- Patients have an **83.7% likelihood** of top-boxing the LTR practice item

- When patients **feel well-protected by staff**, that **likelihood increases to 94.0%**

Quartile: 1 ⬤ 2 ⬤ 3 ⬤ 4 ⬤

Based on Press Ganey & CAHPS Medical Practice surveys received in 2021, Respondents must have answered both safety and LTR items, Scores are phone and internet mode-adjusted, and benchmarked to the "National Facilities" peer group as of Jan 1, 2022

16.7% of patients did not top-box the safety item

PressGaney

Ways to Build Trust Among Patients/ Consumers

WHERE I PREDICT THE PUCK IS GOING

- Put accurate information on the web
- Show photos and comments
- Export comments to third-party sites
- Work with payers to include data in directories
- Allow consumers/patients to book appointments from third-party sites
- Work on ambulatory experience and safety for patients, which currently is at a very early stage

The Anna Karenina Principle

- "Happy families are all alike; every unhappy family is unhappy in its own way."

- The Anna Karenina Principle suggests that good care should *always* feature some key characteristics.

- But a deficiency in any one of a number of factors dooms an endeavor to failure, and success relies on their prevention.

- Analysis of data from patients provides insight into what increases and what decreases their suffering.

ANNA KARENINA
LEO TOLSTOY

PressGaney

Boards, CEOs, & Senior Executives

Articulating core values

- Defining cultures that cultivate pride

Developing strategy

- What is the value & for what customer?

- How is it different?

Understanding the value chain

- What are the essential activities?

- Is the organization meeting its goals on those activities?

Managers

Creating social capital

- Building trust with patients & employees

- Leading great teams

Bring HRO principles to life

- The Anna Karenina Principle

Eliminate waste of all types

- Including wasting patients & employees time

Front line caregivers

Create a culture of respect

- For every patient & colleague
- As reliably as hand hygiene

Full participation of great teams

- Combine psychological safety & accountability
- Creating outcomes that matter

Shape the memory of patients and their families

- Embrace role of "producer-director" of patient stories

3 critical skills for 3 different groups

1. Leaders & Boards

- Articulating core values
- Developing strategy
- Understanding the value chain of activities needed to create value

2. Managers

- Creating social capital
- Bring HRO principles to life
- Eliminate waste of all types

3. Front-line Caregivers

- Create a culture of respect
- Fully participate on great teams
- Shape the stories and memories of patients and their families

PressGaney

Thank you

Thomas.lee@pressganey.com

PressGaney