INSIDE EDGE

Chief Experience Officer Outlook 2015

Executive Summary

In a testament to how quickly healthcare is changing and how Scottsdale Institute reflects the dynamics of the C-suite in its emphasis on collaboration, education and networking, once again we are introducing a new executive to our annual Outlook issue. After several years of CEOs followed by other top executives, we introduce our first Chief Experience Officer Outlook for 2015.

Chief experience officers are healthcare's new breed of executive, reflecting the maturing of customer service in hospitals and ambulatory settings, but also the relatively new emphasis on patient and consumer engagement as healthcare moves into the community where coordinated care, wellness and accountable care take precedence.

If you think this shift is a fad, think again. It's not so much a reaction to the traditional hard science of medicine that has dominated healthcare for a century than it is an application of social science to that realm. As you'll see in the following interviews, that's a powerful combination that just may reinvigorate the vintage doctor/patient relationship.

Tony Padilla, Chief Patient Experience Officer, UCLA Health

For Tony Padilla, chief patient experience officer for Los Angeles-based UCLA Health, 2015's overriding vision arises from The UCLA Way, an integrated set of staff, physician and leadership practices for human interaction and system improvement. "How do you achieve engagement? How do you tap into the great ideas of patients,

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employees and physicians putting all of us on the same team?" he asks in reference to that vision.

Tony Padilla, Chief Patient Experience Officer, UCLA Health

UCLA Health

Inspired by IHI's Triple Aim—improving the patient experience of care, including quality and satisfaction; improving the health of populations; and reducing the per-capita cost of healthcare—The UCLA Way aims to engage all constituents involved in care.

"Our 'house rules' tell us how to comport ourselves when we are 'on stage,' for example, not to sit in comfy blue chairs in the lobby. Our CICARE behavior standards remind us to *Connect* with patients, *Introduce* ourselves, *Communicate* what we will do, *Ask* what the person needs, *Respond* to their needs, and to be sure to *Exit* with an explanation of what will come next," Padilla says. "That's the foundation."

Engagement starts at home with employees. "If your employee satisfaction is low your patient satisfaction is low too. It all begins with directors and mid-level managers," he asserts. UCLA's performance excellence and training teams are integral to ensuring that managers know how to inspire and engage teams to improve services for patients and families and be held accountable for those practices. "This is the highest item on my list for 2015," says Padilla.

VOP: voice of the patient

Key to engaging patients and families is to ensure that the voice of the patient—ideas and concerns—is represented and heard at any meeting of UCLA staff. Unfortunately, according to Padilla, only 40 percent of hospitals across the country have a

patient advisory council. "That's astounding. Why are we not tapping into patients' ideas?"

A key is to develop patient advisory councils broadly and expansively, he says. For example, UCLA currently uses six, including for specific departments like geriatrics, neurology and pediatrics. The health system's culture has embraced the concept so avidly that one of the first steps the interim CIO took recently was to form the Patient Focused Technology Council. "We're used to having nursing units seek patient advisors but to have IT do so shows how strong a value the concept is here."

CareHubs is a social media forum that UCLA leverages on its website to enable patients to launch their own communities. Patients can also complete a survey that identifies their backgrounds and how they might fit into an advisory committee or other role. Padilla's goal is to recruit more than 1,000 patients, which would provide the foundation for an e-advisors panel as well as a pool of patients to further filter for individuals who might have the skills for specific advisory committees and other activities.

"Some patient advisors will be invited to speak, some to share in online communities focused on specific diagnoses such as CHF or parents of pediatric patients," he says, adding, "This will be a real game changer in terms of patient engagement. It should be the patient's health system."

Amy Cotton, MSN, APRN, VP of Patient Engagement and Chief Experience Officer, Eastern Maine Healthcare Systems

Having been in her role for only about three months, Amy Cotton, VP of patient engagement and chief experience officer for Eastern Maine Healthcare Systems (EMHS), based in Brewer, is still getting her sea legs. However, she's a veteran leader at EMHS, previously heading a system-wide team that was established to improve patients' ease of access and experience at all touch points of care for EMHS' care continuum, including eight hospitals, home health and long-term care services.

Amy Cotton, VP, Patient Engagement & Chief Experience Officer, Eastern Maine Healthcare Systems

Cotton has 25 years' experience in advanced clinical care, including as family nurse practitioner, and she is familiar with payment issues from her experience with EMHS's Pioneer ACO. She also led the system team that launched EMHS' patient portal to meet Meaningful Use.

For 2015, she envisions five top initiatives, the first of which involves development of a patient engagement strategy to support EMHS ACO population-health activities. Using IT tools the organization aims to promote wellness and screening and help the patient identify health goals. "How can we identify technology levers to strengthen population health?" is the key question, she says.

A second—and immediate—initiative is to develop a plan to improve the functionality of EMHS' patient portal. That means moving from elemental Meaningful Use compliance such as secure messaging between patient and provider, review of lab results and medication lists to a future state

of ease of access, including technologies such as bi-directional communication with exchange of biometric data from home monitors and other devices. The patient-portal upgrade plan will include features to enhance patient engagement and activation, such as viewing their record of visits and developing customized notifications for health and wellness activity.

"We have to eliminate steps that are hassles and irritations for patients. Doing that supports the Triple Aim," Cotton says.

Health literacy

Third on EMHS' improving-the-patient-experience list for 2015 is targeting the area of health literacy. A key part of that effort lies in leveraging technology to enable patients and their families to easily access information through social media, mobile apps and basic, good quality links to online sites. "The health literacy issue is of great concern to me as chief experience officer. If patients and consumers don't understand 'the why,' there may not be follow-through. So, we want to architect patient engagement in a very purposeful way for easy access to quality information," she says.

Improving access to care is the fourth emphasis for 2015. "How do you define access as seen through a patient's lens?" asks Cotton. "Do they want to speak to a human being or are they more comfortable with text/email communication? We need to evaluate methods available for patients to easily access their healthcare provider when needed. Are there apps we can develop or provide to reduce every barrier we can?" All of that is critical to population-health management strategy, especially given that EMHS is self-insured and has 100,000 covered lives under ACO contracts.

A fifth area for the year is for EMHS' R&D team to innovate better ways to get real-time feedback from patients, including how to collect data, develop metrics and turn it into actionable data. "Traditionally, we've relied on HCAHPs, but those data are after-the-fact. In 2015, we want to identify potential ways to extract real-time patient information to better influence patient experience."

Lynn Skoczelas, BSN, MBA, Chief Experience Officer, Sharp HealthCare

"While the title is new," says Lynn Skoczelas, BSN, MBA, of her role as chief experience officer at San Diego-based Sharp HealthCare, "the actual position is not." Prior to 2012, the role was VP for customer

strategy, which was largely the same focus. And while some organizations have chosen the title of Chief Patient Experience Officer, the role and vision at Sharp is broader, to include the experience of employees, physicians and patients.

Lynn Skoczelas, Chief Experience Officer, Sharp HealthCare

"That's very different than just paying attention to patient complaints and satisfaction," says Skoczelas, who has been at Sharp for 17 years, almost half of it in nursing leadership—at a women's hospital and three departments in women's health. She was also director of The Sharp Experience and Sharp University for five years. As chief experience officer she reports to the president and CEO.

The Sharp Experience Journey, launched in 2001, is Sharp's core competency and brand promise. It is the what, how and why behind everything they do. It is built on Sharp's Six Pillars of Excellence that align everything in the organization, from strategic planning to performance improvement: Quality, Service, People, Finance, Growth and Community. This structure provided the focus and alignment that Sharp used to win the Malcolm Baldrige Award in 2007, after several years of competing for and winning state Baldrige awards.

The journey metaphor seems to work too, encouraging continual focus on becoming a better organization like last year's addition of a seventh pillar, Safety. "Not that we weren't pursuing safety under the Quality and People pillars. We just felt that as an organization calling it out separately provides an even greater focus as we begin efforts on becoming a high-reliability organization or HRO," says Skoczelas.

High reliability attracts the highly reliable

Sharp's focus on becoming an HRO is a major initiative just beginning in 2015. While called out as being about quality and safety, it is really about everything done throughout the organization. Being the best place to work and practice medicine keeps Sharp focused on recruiting the best employees and physicians and becoming an HRO plays very well to this vision. An HRO steering team is working to develop a model by studying successful HROs in healthcare and other industries.

A more IT-related initiative for Sharp this year is to significantly upgrade its patient portal by introducing a new, expanded and more interactive platform. Sharp's previous, home-built portal had 170,000 registered users, who are moving to the new platform, "Follow My Health," to accommodate more physicians and feature a tool to help patients schedule doctor visits, eview health information from office or hospital visits, exchange secure messages with providers, order eye glasses and prescriptions, review medications and lab results and have direct access to medical information.

A second IT-enabled initiative for Sharp is to enhance its EHR with capacity management tools built upon a teletracking system that provides a centralized view of every bed throughout the health system. That way assigning beds can be done in one location by clinical staff using screen displays. On a similar platform is an RFID-based real-time locating service (RTLS) that uses tags to identify exactly where equipment is for better asset management as well as providing efficiencies in patient experience and care. And another feature utilizes remote temperature monitoring that helps manage refrigeration for tissue samples as one example.

"It's amazing," says Skoczelas. "Our hospitals are spread across the entire county and a team of healthcare professionals in a corporate office will be able to see every bed in every hospital. That will help us in quicker patient disposition, care and treatment positively impacting the overall patient experience."

Finally, Sharp offers employees biometric screens to help them better know their health risks and monitor improvement. As a reward to participation, employees are provided a Fitbit, a wearable device to track distance and number of steps a person takes each day. The devices are helping change the Sharp culture to one focused on wellness. Says Skoczelas: "It's been life-changing for a lot of people around here. I can't walk across the room without my Fitbit."

Bush Bell, Patient Experience Officer, University of Virginia Health System

Bush Bell is an example of how healthcare is not only learning from the hospitality industry to improve experience, but actively recruiting hospitality executives to lead these initiatives.

Bush Bell, Patient Experience Officer, UVA

UNIVERSITY of VIRGINIA
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Prior to becoming patient experience officer at the University of Virginia Health System, based in Charlottesville, he managed hotels for firms like Sheraton Hotels and Hampton Inns and was a consultant for three years in customer experience management.

"The risk with focusing on customer service and experience in healthcare is that some in the industry don't see how important it is to patients and their families. It's easier where service is the primary differentiator," he says.

In 2015, UVA is approaching "three big buckets of work" to improve the patient and families experience, he says. "First is continuing to improve how we listen to patients. That includes formal surveys, making them tighter and more timely. It also includes further development of patient/family advisory forums and councils."

A second area of emphasis involves developing and deploying behavior standards across the health system, especially for care givers and front-line staff. The process will include identifying an integrated program for communication, education, rewards and recognition across the system.

The third bucket is to make it easier for patients to schedule appointments with UVA. "We're very decentralized in our appointments, with multiple appointments required for people with multiple conditions. We need to drive improvements in that area," says Bell.

Customer service meets big data

The first bucket involves getting more timely surveys out through UVA's vendors using mail and email, with the goal of increasing the number of responses so that UVA can provide meaningful information to specific groups or people, such as units or individual providers. The health system plans to receive feedback from over 70,000 patients/consumers. Part of the challenge is to then take that wealth of data and turn it into meaningful information so that leaders, providers and team members can use it to drive and monitor improvement.

A second, closely related long-term challenge: determining how to connect and correlate experience data from surveys with clinical data on the individual patient level. "Where patients have these types of conditions and outcomes—how can we use their perceptions of their experience combined with clinical data to improve their overall health condition. Frankly, we don't know how to do that—yet."

This is where patient experience intersects with the world of big data and analytics to produce customized care plans. "This is hard stuff," acknowledges Bell. "It's easy to send out a survey. It's much harder to take data and do meaningful analysis and then use it to change the way we deliver care. You can't do it by just looking at patient satisfaction data. You have to integrate it into other meaningful data sets like population health data or individual health information."

Patients as co-leaders

Perhaps less daunting but just as critical as survey tools are the Patient Family & Community Advisory Forums that UVA launched last year. Comprised almost entirely of patients and co-led by the system COO and a community member, they meet once a quarter to discuss topics and issues generated by patients or from the health system.

UVA Health System's goal is that its key standing committees have patient representation by soliciting nominations from clinical teams. "We want to have the voice of the patient at the table when we ask, 'What would a patient have to say about this issue?'" Patients complete a short application and then undergo training similar to traditional hospital volunteers, but also learn what it means to serve in an advisory role, which is not a forum for personal grievance but an opportunity to extend their experience and use it to improve experience on a system level.

The second 2015 experience bucket for UVA is devoted to new behavior standards. "The system has focused on improving the patient experience, but there have not been any system-wide standards of behavior," he says. "This can be everything from how we answer the telephone to maintaining a professional appearance to what we say when answering call lights."

The initiative will require a robust education and training program that covers multiple methods beyond classroom and online training. "How can we maximize time with experiential learning? This is the foundation of our culture change. We want to reconnect with why we all work in healthcare—getting back to the core. Then we can set the standard for how we demonstrate how much we care with some fundamental behavior standards. It's critical to understand how behavior influences positive outcomes. If done well, experiential learning can be very powerful."

Finally, UVA is revamping its appointment scheduling through a multi-year initiative to upgrade and integrate technology into a consolidated, centralized process for patients. The ultimate goal is make it easier for patients to access their care team and for patients to do that the way they want—phone, online or via apps.

Conclusion

The new dawn of experience officers is upon us. Whether they are chief experience officers, chief patient experience officers or just experience officers, it's tempting to say there's a new sheriff in town. Of course, the new sheriff is really the consumer. And engaging consumers and improving their experience of care is the charge of the experience officer.

The health systems we interviewed shared a number of strategies to do that, including listening to the voice of the patient via patient and consumer representation on advisory forums and standing committees, improved data surveys of patients and consumer with the robust analytics to link them to clinical outcomes, implementation of tracking tools for patients, staff and equipment, institutionalization of behavior standards across the enterprise, and improving access--to information and care--via highly sophisticated patient portals and mobile apps. Patient and consumer engagement also includes initiatives like OpenNotes that enable patients to review and contribute to their comprehensive medical records.

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