

Leading the Charge:  
How marketers can help shape  
the patient experience

*by:*

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Over the past decade, there has been a growing movement to improve patient satisfaction at healthcare organizations. The impetus for this movement has stemmed from many sources: payers, the government, providers and consumers themselves. Not surprisingly, the focus of many efforts has centered on improving the clinical experience.

However, it could be argued that the clinical experience is merely the foundation for improving overall patient satisfaction, and that many critical aspects of the entire patient experience have been misunderstood, overlooked or underappreciated. In addition, many of the strategies healthcare organizations use to improve the clinical experience, such as TQM, Six Sigma and “lean manufacturing” strategies, focus on internal goals of efficiency and cost savings. While critical for operational success, these initiatives often are limited in their ability to truly improve the patient experience, and in some cases may even have a *negative* impact on patient satisfaction.

This paper builds a case for healthcare organizations – specifically, providers – to move beyond the clinical experience by showing how other aspects of the patient experience can greatly impact patient satisfaction and loyalty. It also argues that perhaps the best person at those organizations to lead the charge to improve the patient experience is the marketing leader.

## The Trend Toward Patient Satisfaction

The drive to improve patient satisfaction at provider organizations in the United States has reached a fever pitch over the last few years. According to a recent survey commissioned by Press Ganey Associates, 72 percent of all hospitals use an outside company for satisfaction measurement and virtually all hospitals measure it in some way.<sup>i</sup> An entire sub-industry has blossomed to help providers craft and conduct patient satisfaction surveys. Some healthcare systems base their management compensation or bonus structure on their patient satisfaction levels and others base entire advertising campaigns on their patient satisfaction survey results. The drive to measure and improve patient satisfaction has become a top priority for hospitals, clinics and other healthcare organizations across the country.

### Why now?

The quest for improved patient satisfaction has been growing for a number of years, but has reached a dull roar recently for a number of reasons.

First, the rise of consumer-driven healthcare looms like a coming storm for an industry that historically has not had its consumers drive much of anything. While consumerism has moved through almost every other industry, it's just now beginning to show itself in healthcare. Research shows that every consumer segment – baby boomers, seniors, Gen X, Gen Y – share most of the same concerns about information, customer service, choice and control.<sup>iii</sup> The power of the Internet to bring medical information to the fingertips of consumers and the rise of defined-contribution health plans are two clear ways in which consumers are becoming more empowered to drive their preferences in healthcare. Like consumer

*“We’ve basically got a 40- to 50-year-old model for delivering professional health services in this country... And we’re going to be blown away at some point by some new paradigm.”*

David Lansky, Ph.D.  
Foundation for Accountability<sup>ii</sup>

satisfaction ratings for automobiles in *Consumer Reports*, patient satisfaction ratings for hospitals and clinics will become a battleground for winning the hearts of the informed public. Witness the increased prominence of healthcare report cards and grading from sources such as Solucient, Leapfrog and HealthGrades.

Second, payers are beginning to recognize the value of service to patients by rolling satisfaction evaluations into provider compensation and performance-based pay plans. In 2002, Blue Shield of California became one of the first insurers to include quality and patient experience measures in a hospital choice program that impacts consumer out-of-pocket costs. In the autumn of 2003, Blue Cross and Blue Shield of Minnesota launched a new outcome-based provider incentive program titled “Recognizing Excellence.” One of its criteria is called “descriptive clinic information,” where participants are required to provide service information such as languages spoken in a clinic. Not to be left behind, the federal government has joined the fray with the Centers for Medicare and Medicaid announcing a plan in 2003 to require all hospitals that want to continue to be reimbursed for Medicare payments to publicly report patient satisfaction using a universal survey. (The plan was eventually changed to a voluntary status.)

Finally, and perhaps most importantly, healthcare leaders are connecting the link between patient satisfaction and the bottom line. Nine out of ten healthcare CEOs surveyed said patient satisfaction is critical to market share and profitability.<sup>v</sup> In a roundtable discussion of healthcare experts, Melvin Hall of Press, Ganey Associates gave this example:

“Two of our customers are in the same town. One has placed a tremendous emphasis on patient satisfaction. And their market share according to their CEO has grown 12-15 percent over the past two years. Their competitor calls our office on a regular basis wondering why they are losing market share. These two facilities appear at different ends of the spectrum in our patient-satisfaction database. It has to do with how people are treated.”

Hall goes on to mention how another client received a higher bond rating because of their patient satisfaction ratings.<sup>vi</sup>

*“Much of this pertains to the way healthcare organizations – particularly providers – are reimbursed. Until quite recently, it had little effect on your bottom line whether your patients were happy or unhappy consumers.”*

Keith Argenbright, M.D.  
Mydoc Online Inc.<sup>iv</sup>

What are providers doing to improve patient satisfaction?

For obvious reasons, addressing the clinical experience is front and center for providers to improve patient satisfaction. The clinical experience could be defined to include any aspect of the actual delivery of the care itself, encompassing patient pathways and processing, patient/caregiver interaction, as well as the clinical procedures themselves.

Movement after movement has addressed this clinical experience, from “patient-centered care” to Total Quality Management and other quality initiatives to Six Sigma. The responsibility for improving patient satisfaction in provider organizations has often fallen to clinical leaders. Quality managers, care managers, admissions, patient relations, operations managers and facility managers all take the lead in different ways to affect the patient experience. While dramatic improvements are being made every day in the clinical experience, there remains a disconnect with improving the whole of the patient experience, and with it, missed opportunities to dramatically impact patient satisfaction.

*“Higher patient loyalty maintains market share. The studies support that. That’s why patient satisfaction is so important.”*

Dr. Born, DO, Centra chair  
Centra<sup>vii</sup>

## Shifting the Focus

**A**t first glance, improving the clinical experience seems the obvious and most powerful way to improve patient satisfaction. And indeed, continual improvement of the clinical experience is essential to a successful healthcare organization. But as a driver of patient satisfaction, the clinical experience alone is not enough. Why is this the case?

“We only prescribe the wrong medication one out of every ten times!”

Many of the initiatives for improving clinical experience focus on clinical processes, safety and outcomes, and rightly so. For example, reducing medical errors, supported by the influence of organizations like The Leapfrog Group, has deep societal implications and will serve all of us through better delivery of healthcare. Eliminating medical errors, whether its prescribing the wrong medication or operating on the wrong body part, certainly reduces negative impressions and experiences, but it does little to provide positive patient experiences.

Patients assume a high level of treatment at most any hospital or clinic. Diagnosing the correct disease or performing the correct procedure is not a cause for celebration – it’s the expected. Consider it from another consumer perspective: When you buy a new television, the fact that it turns on and a picture appears does not cause you to call your neighbors and express your delight – it’s what you assume should happen. In addition, so-called “patient-centered care” and quality initiatives typically focus on efficient operations that move patients through the system faster at a lower cost, not on the patient experience or their satisfaction. While these efforts sometimes result in better experiences for patients, they often do not.

*As a driver of patient satisfaction, the clinical experience alone is not enough.*

*“To be ‘patient-centered’ goes beyond clinical expectations. It’s about giving the patient a very personal, empathetic experience.”*

Richard Slieter  
CEO, Wiener Memorial Medical Center  
Marshall, MN<sup>viii</sup>

As an example, a patient in the Twin Cities recently visited a local clinic for outpatient surgery on his knee. After the operation, he was taken by wheelchair to the clinic's entrance, but the nurse stopped about ten feet short of the doors. One can only imagine what policy required her to let patients off short of the door. Whatever the reason, the patient was required to walk the remaining ten feet to the doors and then out the entryway, which on this particular day was covered with water and ice from the previous night's precipitation. Efficient for the clinic? Yes. A positive patient experience? Not likely.

The doctor and the auto mechanic.

One of the relationships consumers treasure most is that with a good auto mechanic. Why? In a word – *trust*. Most people have no clue how a car works, so they have to trust a mechanic to be honest and not take them for hundreds or even thousands of dollars for a bogus repair. The same could be said of consumers' relationships with their physicians.

Healthcare consumers, for the most part, have no way of evaluating or judging clinical care. Many times they are physically unable (under anesthesia during surgery, for example), but most times they are simply not qualified. For the most part, consumers assume a given quality of clinical care. They trust that surgeries are performed expertly, tests are accurate and diagnoses are correct.

In fact, unlike most other consumer engagements, satisfaction in healthcare is usually distinct from the actual outcome. A consumer may not know how to fix his engine, but if he pays \$1,000 for a repair and the car starts smoking three blocks away, he becomes dissatisfied with the outcome. In medicine, if an operation doesn't go well, that is an outcome not automatically assigned to the surgeon or the organization: There are no guarantees with health. Thus, efforts to improve the clinical experience may be limited in their ability to improve patient satisfaction.

*"Patients complain more often about paperwork and billing concerns than the quality of their healthcare to their healthcare providers, even though quality-related problems are just as common as administrative issues."*

1999 Kaiser Family Foundation's National Survey on Consumer Experiences with Health Plans<sup>ix</sup>

From a medicinal perspective, there is nothing more important than the clinical experience – the expertise of a physician or the successful performance of a procedure. From a patient satisfaction perspective, what surrounds the clinical experience is crucial. Those experiences will determine how a patient assigns value to your organization because, for the most part, these are the only experiences for which the patients know how to assign value.

#### The product-feature mentality.

Finally, improving the clinical experience brings many positive benefits, but relying on it alone to improve patient satisfaction mirrors a common misperception about why consumers choose the products and services they do. Call it the “product-feature mentality.” Here’s one example: it’s not uncommon to hear an engineer speak of a product in this way: “Our ABC widget has the best features of any widget on the market. All we have to do is communicate those features and we’ll sell millions.” Of course, it doesn’t work that way in today’s marketplace. How many times have you heard a physician say: “We have great outcomes and we’re great practitioners. If we just communicate that, we’ll have all the patients we could ever want.” In healthcare, this mentality is often applied to medical expertise, new technology or clinical outcomes – in other words, to the clinical “product.” Similar to most other industries, promoting product attributes is rarely enough to gain new customers or hold the loyalty of current ones.

“Many academic medical centers, for example, have not paid attention to the quality of their service. And they have lost market share,” says Sam Ho, M.D., at Pacificare Health Systems Inc. “They have rested on their laurels, on their reputations, as opposed to really paying attention to things like same-day service, appointment access and courtesy of office staff. On the other hand, many entrepreneurial and innovative medical groups have excelled at that. And they are growing.”<sup>x</sup>

Great outcomes and great practitioners are essential to a successful healthcare business, but they just get you in the game - they don’t guarantee victory. Focusing on patient satisfaction, and ultimately loyalty, is how to win this game. The ultimate example of a consumer-focused experience is Starbucks. Last year Starbucks had more than \$4 billion in revenues and \$250 million in profits. It has more than 7,500 stores around the globe and has essentially established an entire industry. But why do people go to Starbucks? The ostensible answer is the coffee. But the actual reasons go much deeper than a desire for coffee. Starbucks has good coffee, but certainly not the best. It is also exponentially more expensive than a standard cup of coffee. So why do people flock to Starbucks and plow down \$4 for a venti mocha? It is the experience they receive. Starbucks has done an incredible job of creating an experience that consumers not only enjoy, but crave. The music, the décor, the reading materials, the service – they all contribute to fulfilling a sense of place, a sense of belonging. The coffee is simply the excuse to belong.

Listen to Phyllis B. Marino, Associate Director of Marketing at the Cleveland Clinic:

“I’ll tell you what keeps me awake at night. The quality of our clinical care is very proven and we’ve been able to attract patients from great geographical distances because of it. But the ability to deliver a consistent patient experience that includes great customer service is difficult at large institutions. It is also difficult to demonstrate a clear ROI on investing in customer service and the overall experience. But I do believe that providers who are able to improve the total patient experience will be much more competitive in tomorrow’s marketplace. All our trend data shows that consumers are becoming more demanding and will continue to be. It’s in our best interests to offer the service levels and experience that patients are starting to seek.”<sup>xi</sup>

## If Not the Clinical Experience, Then What?

**O**f course, a hospital or clinic can't expect to become the next Starbucks. No one wants to use healthcare, and in a perfect world, no one would have to. No matter what it does, a hospital could never hope to create a demand so strong that people will flock in for a colonoscopy. If efforts to improve the clinical experience are merely a baseline for healthcare organizations, but a Starbucks-like experience is neither achievable nor desirable, how can a healthcare organization build a better patient experience and improve satisfaction? The answers lie in what *surrounds* the clinical experience: the physical environment, the customer service, everything that happens before and after the clinical experience. While these elements often take a back seat in healthcare to the clinical experience itself, they often have as great – if not greater – of an impact on patient satisfaction. Where do you begin to change this surrounding experience and start to impact patient satisfaction? Look again at the limitations of the clinical experience on improving satisfaction and start by shoring up those limitations.

Go beyond the expected.

As noted, many of the efforts to improve the clinical experience focus on safety or efficiency, or merely trying to achieve the expected. To truly move patient satisfaction, move beyond the expected. A great example of this is the trend to provide concierge services to patients during their hospital stays.

*“Our focus group research shows that if you had to choose just one, customer service is the single most compelling aspect to improve in order to satisfy patients. Ironically, but perhaps not surprisingly, it is the non-clinical things that drive patient satisfaction.”*

Sam Ho, M.D.  
PacifiCare Health Systems, Inc.<sup>xii</sup>

Patients expect the nurses to care for them, their doctors to provide quality diagnosis, the TV in their rooms to work. But they don't expect you to wash their cars while they're there, or coordinate transportation for their parents who may be unable to drive, or provide them with stereos so they can listen to soothing music while waiting for their next tests.

“A satisfied person has no story to tell,” says Fred Lee, consultant and president of Fred Lee & Associates. “Everything went just as expected. It is the unexpected that makes an experience memorable. For every loyal customer, there is a special story.”<sup>xiii</sup>

Focus on what a patient can understand.

Patients have a difficult, if not impossible, time evaluating clinical care. What's the right way to insert an IV? Is that diagnosis an educated guess or a dead-on assessment? Was my surgery performed correctly? Not only are they uneducated or inexperienced in these matters, there is rarely anything else in their life they can borrow from for comparison.

Without being able to evaluate clinical experiences, patients generally have a hard time assigning positive perceptions to them. Often, the only time a patient will assign value to a clinical experience is when it goes obviously or horribly wrong and that's the kind of experience you want to avoid. To create positive perceptions, focus on efforts that patients can relate to:

- How are they treated when they check in?
- How long do they have to wait?
- How old are the magazines on the table?
- How dirty is the parking ramp?

Patients can evaluate these elements they can compare them to other consumer experiences. If possible, take it one step further and focus on aspects that are not only understood and valued by patients, but that would also distinguish your healthcare organization from others they may have experienced or heard about. Ask yourself, “What can you provide to enhance the patient experience that few others could?”

Look for experiences that are so compelling patients would pay for them.

Unlike most other consumer-focused businesses, healthcare is restricted by a financial model that doesn't always allow the flexibility to do whatever it takes to satisfy customers, such as limited Medicare reimbursements, managed care restrictions, mandated care and cost-shifting concerns. It is also true that healthcare in the United States is seen as a right, not a privilege, and there are many circumstances where patients would never consider themselves consumers in the traditional sense (“I can choose to spend more on a better car, but I didn't choose to have a heart attack.”).

But regardless of the market, customers will pay for value and experience. Remember that \$4 cup of coffee? Theoretically, this should be even more true in healthcare: in what other area would people be willing to pay more for better service than an area which affects their very life? There is sweeping evidence that when the right type of clinical care is offered to the right type of audience, patients will pay more for better services.

The best examples of better experience in healthcare commanding better prices can be seen at boutique medical practices and VIP hospital units.<sup>xiv</sup> Consumers pay hundreds, if not thousands of dollars, extra for better access to and attention from physicians, or for better amenities such as gourmet food or upgraded accommodations. While there are many philosophical concerns with boutique care, assessing this model may help identify areas where patients would perceive an experience as valuable enough to pay more for attaining it. Whether or not you actually charge for it is up to you, but the result is a happier, more loyal patient.

An example of a comprehensive approach  
to patient experience

The strategies for building a better patient experience are endless and so is their potential impact. The following is an excerpt of how one hospital sought to influence the total patient experience:<sup>xv</sup>

“The healing begins in the parking lot, where classical music greets patients and visitors, putting an end to harried highway frenzy. It extends into a welcoming, soft-lit reception area where individuals are personally greeted; a grand player piano plays Chopin. Passes through to patient units, where one nurse coordinates and advocates each patient’s care; where spouses may sleep over in special care-partner rooms, and patients have access to medical charts. Weaves through quiet lounge areas with brightly hued blue-yellow tropical fish; family activity rooms with VCRs, wellness books and Afghans knitted by former patients; and entertainment lounges showcasing frequent performances by flutists, guitarists, fiddlers, bell choirs, and pianists. Through home-style kitchens where families and friends cook light suppers and Thanksgiving dinners, and volunteers daily bake muffins and chocolate chip cookies. Through a critical care unit with round-the-clock visiting hours, two-door entrances into patient rooms (families enter from an outside-the-unit, U-shaped visitor corridor), windows enabling patients to see out, and visitor lounges with showers and a fully stocked kitchen. Through carpeted hallways with no carts, clutter, hospital-official looking paraphernalia (dare you to find one!). Ending in a glass-encased resource center, which offers 4,000 health-related books, audiotapes, journals and computer stations, and which is open free of charge to anyone in the state of Connecticut...”

## The Call to Marketers

The clinical experience, while essential to the survival of a healthcare organization, is limited in its ability to raise patient satisfaction. Healthcare organizations can often impact patient satisfaction in a greater way by focusing on those elements surrounding the clinical experience. Given these points, it becomes clear that the marketing leader in a healthcare organization should play a primary role in shaping the patient experience. If your marketing leader is not driving the patient experience at your organization, it's time for him or her to take a seat behind the wheel. Here are a few reasons why:

### 1

#### A broad vision

Few in a healthcare organization are as well positioned or qualified as the marketing leader to see the entirety of the organization's consumer touch points. Those charged with enhancing the clinical experience are often focused only on certain patient pathways, services or departments. Others, such as quality managers, are focused mainly on safety or efficiency issues. A marketing leader, however, could draw from a deep understanding of all the ways in which a healthcare organization touches a consumer from community outreach to preventive care efforts and education, from primary care to inpatient care, and everything in between. Often, it is at the outskirts of the actual care delivery that some of the more powerful enhancements to the patient experience can be made. These can include improving parking facilities or accessibility, improving billing procedures, or sending a personal note following a hospital stay. A marketer may be among the best prepared to take a broad approach to patient experience and to develop appropriate strategic initiatives.

### 2

#### An understanding of the audience

No one in a healthcare organization is likely to be better educated or more experienced in understanding consumer audiences than the marketing leader. Essentially, building a positive patient experience is a branding issue and branding is the territory of the marketer.

Understanding consumer psychology, research methodology, strategic planning and the power of design and creativity are all essential to developing a lasting experience: is there anyone more qualified in your organization in these areas of expertise?

In addition, because the marketing team is traditionally separated from the actual delivery of the care, the marketing leader is better able to evaluate the patient experience with an objective eye and through the eyes of the patient herself. It is especially difficult for an employee to remove themselves from day-to-day activities and to see the forest for the trees. It could be argued that this is even more difficult for caregivers given their emotional commitment in the type of work they do. Being able to understand and shape the experience from the perspective of the patient is absolutely critical to a successful strategy.

### 3

#### A leadership vacuum

Those charged with improving the clinical experience – quality and safety managers, care managers, physicians and nurses – have little time to focus on anything other than the clinical care itself. In many cases, they do not value “that other stuff” that goes into building a complete patient experience. As stated, the clinical experience is a crucial foundation for building patient satisfaction, but alone it is not enough. Somebody must take charge of all that surrounds the clinical experience, those elements that will have a disproportionate impact on the patient experience and satisfaction.

## Conclusion

This paper has outlined why patient satisfaction improvement is critical to healthcare organizations in today's market and why a focus on the clinical experience alone is not enough. It has shown why the surrounding elements can have as much or more impact on patient satisfaction than the actual care delivered and why marketing leaders are well positioned to lead the charge in improving the entire patient experience.

For many marketers in healthcare organizations, there is a constant struggle to gain understanding and respect for the value of marketing to the organization, especially from physicians and other care givers. Leading the charge to improve the overall patient experience provides an opportunity to work along side your clinical peers and use the resulting improvement in patient satisfaction to show the value you and your team bring to the long-term success of your organization.

## About the Author



### Chris Bevolo

Chris Bevolo is co-founder of the consulting firm GeigerBevolo Inc., in Minneapolis, Minnesota. Founded in 1995, GeigerBevolo partners with organizations to design better healthcare experiences.

His firm has been recognized by more than three dozen organizations and publications, including receiving the prestigious Integrity Award in 2002 from the Better Business Bureau of Minnesota. Chris has more than 13 years of experience in marketing and design, has served as a judge in a number of competitions, has been a featured speaker on the value of strategic design and positioning and is an author of a number of published articles and white papers.

## End Notes

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