



# AN EXTRAORDINARY HEALTHCARE EXPERIENCE MEANS MORE THAN JUST A GOOD CLINICAL OUTCOME

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## INTRODUCTION

Lancaster General (LG) has developed a bold vision to produce extraordinary healthcare experiences. Is this a realistic goal? Can a healthcare organization consistently create extraordinary experiences?

Despite the many good things that we in healthcare see everyday, the general public has a poor image of the healthcare system, and many of us in healthcare understand why. The current “system” is fragmented and expensive. A recent survey by the American Hospital Association found that 1/3 of physicians over 50 would retire if they could. Michael Moore’s latest missive—SiCKO—will only add fuel to the fire. As the presidential elections heat up, we will be inundated with comments about the shortcomings of our healthcare system.

Against this backdrop it is hard to imagine a healthcare organization creating *any* extraordinary experiences, much less doing so consistently. Clearly, substantial reform will be necessary.

Any informed discussion of healthcare reform begins with improving clinical outcomes by reducing avoidable clinical variation. This subject has been explored thoroughly elsewhere.<sup>1,2,3</sup> But good clinical outcomes are often insufficient to produce good experiences, much less extraordinary ones.

This article will offer insights into how the Baby Boomers are changing our view of healthcare by demanding a new level of service. And since few of us in healthcare feel that the system is working as well as it should, embracing these new demands rather than resisting them could take us back to our roots and to what may have attracted us to healthcare careers in the first place.

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## LANCASTER GENERAL'S BOLD VISION

A new vision for LG – “to create an extraordinary healthcare experience . . . every time” – had been introduced at the 2006 LG Leadership Conference. In planning to redesign the healthcare experience around personalized care, LG formed an Experience Design Team and engaged Starizon, a consulting firm. The theme of the April, 2007 LG Leadership Conference was “Bringing the LG Experience Vision to Life.” The conference was designed to help those who attended internalize the concept of a personal experience by actively participating in an activity that engaged their senses. 180 people built a 30 ft. replica of the Golden Gate Bridge, a metaphor that symbolized the need to bridge the transitions required by the LG Strategic Plan. These transitions were also expressed in a Declaration entitled “Building the Bridge Beyond.” Clearly, a new “system of care” will be required if the vision is to become a reality.

LG’s leaders are convinced that healthcare must move in this direction, and organizations that respond sooner will likely achieve meaningful differentiation in the increasingly competitive healthcare market. Said differently, “If you build it [the experience model], more will come.”

## NOT YOUR FATHER'S HEALTHCARE

In my talks around the country as a health care consultant, I often ask: “Who here has gotten up and left an appointment because they had to wait too long to see a doctor or a dentist?” If the audience is young enough, some hands will go up. Then I ask whether their parents would have done the same thing, and I’m greeted with laughter. It would never have occurred to my father to leave an appointment. He was part of Tom Brokaw’s “The Greatest Generation.” They endured the Great Depression and their attitude toward life was passive: keep your head down, do well in school, work hard, raise your family, don’t make waves. They fought a World War, provided for their families, and paradoxically raised a generation of free thinking world beaters.

This was the generation of “Dr. Welby” and “Father Knows Best,” and their orientation to healthcare could be summarized as “Yes, doctor.” However, the 77 million hell raisers they squired are now turning 60, and they’re beginning to affect healthcare the same way they’ve affected politics, education and other social systems. This “Me Generation” is used to getting its way. I wouldn’t pretend this change is always pretty, but one thing is clear about this new consumer – they get their way! How else can you explain the explosion of special coffees, for which people pay \$5 a cup with a smile on their face? To those who understand the experience dimension, Starbucks is not about the coffee; it is about the experience. Healthcare needs to understand this.

The new healthcare consumer demands a different experience from the one that typically exists today. You don’t yet see Boomers in the hospital much, except perhaps to help manage the care of their parents or kids, but they are starting to appear in ambulatory settings. The picture of the typical hospital patient as a passive nursing home resident who comes to the hospital periodically to deal with some flare up of a chronic ailment, only to return to the nursing home, is about to change.

The healthcare system is not currently geared to respond adequately to individual consumer preferences, in part because it has not had to. With Medicare and other immobile patients constituting such a large component of the patient profile, there has been no imperative to change. Despite rhetoric to the contrary, for most hospitals the primary reason that patients choose them is location, but this will change in most major U.S. markets. Boomers are about to inherit trillions of dollars from their “Greatest Generation” parents and they are making it clear that they will demand personalized attention, especially in healthcare.

Don’t be deceived by the demographic that Boomers only turn 60 this year. Though Boomers will not place great demands on the system immediately, remember they’re already involved in the care of their children and their parents. When their own bodies begin to fall apart, their demands will strain our services far beyond current capabilities. It is not too soon to prepare for this tsunami of demanding patients. Failure to do so could eliminate more than a few current healthcare providers, or relegate them to the role of perennial B players.

#### WHY TRADITIONAL CUSTOMER SERVICE FALLS SHORT

The physician leaders I work with are frustrated because they don’t think the healthcare system can change. I run a test with physician groups called the “Blurred Eye Exam:” I say “Customer” out loud, then I check for blurred eyes – the higher the blurred eye index, the more work I have to convince them that customer service really does matter.

*Good clinical outcomes are not enough.* Too many patients have a positive clinical outcome but have an awful experience because of other reasons: someone did not answer the phone properly, they did not see their doctor often enough, or it was too hard to park. There is a growing body of evidence that these non-clinical encounters can affect clinical outcomes by adding stress and frustration. It is exceedingly difficult to communicate to physicians that *a good clinical outcome is not enough.*

Fortunately, most physicians at Lancaster General already understand that customer service matters, because for almost a decade attention has been focused on the “Pursuit of Excellence.” Patient satisfaction is monitored by Press Ganey (inpatient) or the Jackson Organization (outpatient), but these surveys reveal that we have considerable work to do. Good customer service is not great customer service. Jim Collins in his now classic book<sup>4</sup> “*Good to Great*,” emphasizes that truly exceptional performers create customer loyalty by raising the bar beyond just meeting expectations.

#### THE LAW OF THE MEMORABLE EVENT

Collins’ principle is explained for healthcare by Fred Lee in his book<sup>5</sup> *If Disney Ran Your Hospital*: “When you think back over an experience you’ve had at a hotel, and nothing stands out as particularly good or bad, you probably were satisfied, but it takes something memorable to turn this satisfactory experience into something special.” Being satisfied with a grade of 4 out of 5 only leads to what I call “the tyranny of low expectations.” Lee goes on to note that getting loyalty requires exceeding expectations. However, it “does not take everybody doing something special all the time . . . it takes only one brief experience on only one day of a stay” to make a good impression. He calls it the “law of the memorable event.” “Either something happened that you remember as bad, or something happened that you remember as special. Dissatisfaction comes from the bad. Loyalty is generated by the memorable things that happen that we didn’t expect.” The title of Lee’s book

emphasizes the importance of bringing the experience to the healing process. We may not always be able to cure, but we can always heal.

#### THE EXPERIENCE DIMENSION IS NOT EASY TO MANAGE

At the LG Leadership Conference we learned that just personalizing the meeting experience took a whole new level of effort, and the involvement of a lot of people who paid close attention to personal details. Imagine trying to do this for each patient in each encounter. In healthcare, it requires:

- Understanding the patient's and their family's likes, dislikes, aspirations and fears;
- Asking for preferences without getting too personal (this can be sensitive and must remain voluntary and non-intrusive for those who may want to be left alone);
- Responding to these differences; customizing the experience;
- Recognizing opportunities to create a difference;
- Getting comfortable acting on those opportunities as they arise (care givers should be trained to know when to speak and when to just hold someone's hand).

These initiatives are easy to describe, but their execution requires skill and considerable training, and not everyone is capable of interacting this way. Imagine auditioning potential associates or physicians by presenting a variety of situations in which they are asked how they would respond. Those who understand an "experience-based model" can quickly be separated from those who don't. Just think of a retail experience that you enjoyed, and consider why you did. I'll bet the person you were dealing with paid attention to you, tried to understand your unique needs, and responded to them. They connected with you; nothing more; nothing less.

I'll also bet you *want* to discuss that good retail experience. It's human nature to feel compelled to tell someone when an experience exceeds our expectations. This is the "loyalty factor"<sup>6</sup> that drives growth of a business.

Now contrast this good experience with the vast majority of your retail experiences. Most people you deal with don't *get it*. The difference? They don't connect with your personal needs and don't go the extra mile to fulfill them.

Does anyone think that people aren't also seeking this kind of personal experience in healthcare? We must satisfy those needs.

#### GOOD MANAGEMENT OF THE HEALTHCARE EXPERIENCE TAKES US BACK TO OUR ROOTS

There are people producing extraordinary healthcare experiences everyday, but they are the exception. Too often, the care is impersonal, the result is ordinary, and the experience is forgettable. Is it realistic to think that we can get back the passion that attracted many of us to healthcare in the first place? I am not alone in thinking that the answer is a resounding, "Yes"!

The best doctors, nurses, managers and even board members that I have worked with in almost 30 years of consulting were originally attracted to healthcare because they had a passion for helping others. But for many, the passion was dulled over time by the reality of a healthcare "non-system" that is fragmented, expensive, sometimes ineffective, and often impersonal. Some of us were even taught not to get too involved with our patients, lest it compromise our professional judgment or consume us to the point that we can no longer function effectively. Many of us do know someone who burned out by getting too close, but nonetheless we engage our patients and their families, and they respond to that engagement.

In the end, we must retain a basic sensitivity that each encounter with a patient is different, and one size can't fit all. And we must do so even though many elements of the current system are beyond our control, and they prompt us to become insensitive and to conclude that the system can't be fixed.

Fortunately, LG has many physicians, nurses, and other staff members who already know how to produce good clinical outcomes. And, future improvements in infrastructure, programs, and processes will produce good outcomes even more consistently. But that isn't enough; the LG vision is driving us to redesign the system to improve the entire experience, from the initial phone call to the destination after discharge.

The prize at the end will be well worth the effort—to know that we have exceeded the expectations of our patients and their families and, in so doing, improved the experience for all of us. Could there be a more noble cause? As a result, our patients and their families will feel compelled to tell their friends about LG, and we will be privileged to help more people live healthier lives and fulfill their dreams.

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