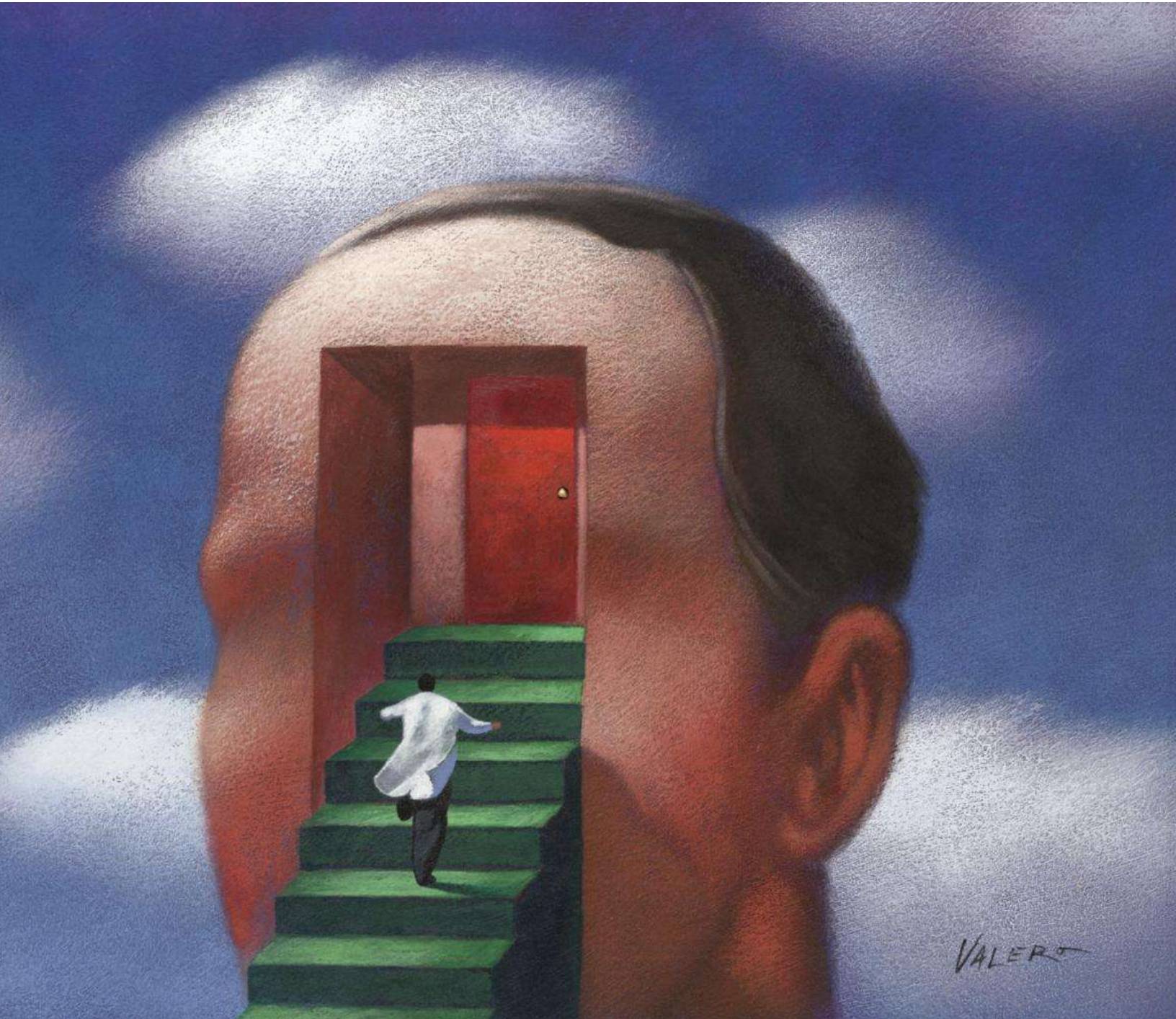


# Growing by Understanding



## Gelb

1011 Highway 6 South  
Suite 120  
Houston, Texas 77077

P + 281.759.3600  
F + 281.759.3607  
[www.gelbconsulting.com](http://www.gelbconsulting.com)

# Gelb

# Charting Patient Experiences Build Empathy And Support Change

Loyalty is won by defining and delivering exceptional experiences. Whether its patients, volunteers or physicians, the ways an organization meets emotional and functional needs drives advocacy. Our experience mapping approach has been used by healthcare organizations such as Texas Children's Hospital, Froedtert & The Medical College of Wisconsin and M.D. Anderson Cancer Center to develop a better understanding of the experiences they deliver — and to grow smarter from it.

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## **Mapping the Patient Experience** *By John McKeever*

The patient experience serves as the blueprint for designing patient-centric processes. With this in mind, a research technique called experience mapping can be an effective way to present visual cues to patients discussing their experience because it helps them more easily recall and discuss their expectations, needs, and areas of satisfaction.

This technique develops better insights by eliciting in-depth feedback from patients, physicians, and other stakeholders. In addition, experience mapping research can be cost-effectively conducted using internal or external resources. There are a number of applications for this technique. For example, one of the nation's top cancer centers has utilized findings from research using experience mapping to guide the strategy for its Web-based patient portal, as well as to develop an institution-wide program for patient education. Other applications include referral process management, outpatient scheduling, and hospital to physician communications.

### **Contrasting Techniques**

All too frequently, traditional market research methods, such as patient satisfaction surveys and focus groups, fall short in providing both the detail and the broad context. Effective market research for process improvement requires more than a list of discussion areas or a broad patient satisfaction survey. Given the complexities in delivering health services, an in-depth understanding of patient needs, expectations, and experiences is needed to identify opportunities to increase patient satisfaction and value.

Quantitative patient satisfaction surveys provide a broad perspective on the percentage of patients satisfied with the process overall. But for the purposes of a specific episode in the patient experience (e.g., appointment scheduling), these surveys often fail to provide insight about specific areas for improvement. These questionnaires are designed to evaluate high level factors (service quality, way finding, etc.) because there simply isn't enough time in most written questionnaires to detail the steps in the patient experience.

Focus group interviews, another staple in healthcare market research, are helpful in understanding the issues facing patients during their experiences. However, a 90-minute discussion with 10-12 patients typically covers a number of topics without a sufficient level of detail on any one topic. In fact, the average contribution time of each focus group participant is only nine minutes. Through experience mapping, interviewers are able to explore process and information issues in greater depth. This technique requires interviewing a large number of patients as each of them will provide details that can be later aggregated to identify and prioritize opportunities for improvement. Since the interviews are conducted individually or in

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small groups, there is sufficient time for the interviewer to explore specific episodes and patient expectations.

In order to support the interviewing process, an experience map must be developed before patient interviews can begin. (See Exhibit 1.) This map is intended to be patient-centric, not a process map. During the interviews, patients and caregivers are taken through the key steps of their experience. With the length of each interview typically being about 30 minutes, the scope of the conversation usually focuses on one aspect of operations (e.g., patient education, admissions, outpatient services, scheduling, billing).

As patients often have idle time before and after their visit, intercepting them during their experience is an effective means of recruitment. Intercept interviews also allow the patient's caregiver to participate. For many patient populations (such as cancer patients), the caregiver has more relevant experiences with certain aspects of clinical or administrative operations.

A typical discussion addresses several areas of inquiry. Most important, it engages the respondent in a way that encourages them to tell the story about their experience in the context of the most relevant areas. (See Exhibit 2.)



**Exhibit 1 Experience Map**

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### Patient Education Effectiveness

The entire healthcare organization needs to understand the reasons for patient education and have common tools and techniques to ensure a consistent experience. However, stakeholders in the process usually see only their component, rather than the entire process. Using experience mapping, a nationally renowned cancer center was able to identify the priorities for patient education content and develop a strategy that put the role of patient education into an enterprise-wide context.

To meet the objectives of this initiative, interviewers engaged patients and their caregivers to develop a deeper understanding of their educational needs. Using experience mapping, these interviews covered the continuum from disease and diagnosis information to self-care and disease management. Experience mapping enabled interviews to focus on respondent information needs at each step in their treatment. As outlined, interviews were conducted.

Through the use of this technique, stewards of the patient education process concluded that patients looked for information from the hospital to reduce their anxiety. During the course of treatment, the best opportunities for improvement incorporated imparting knowledge about the patient's diagnosis or treatment plan and providing resources for patients and caregivers, such as seminars or support groups.

The final experience map provided stakeholders with a framework and sufficient level of focus to evaluate educational materials across multiple clinics. This allowed them to ensure that the information and training provided were achieving the desired outcome of anxiety reduction.

Validate the experience map: Does this represent the steps you went through before you were admitted to this hospital?

Engage the patient to tell their "story" regarding each episode of the experience, including how he/she engaged staff at the hospital, steps they went through, expectations, etc.

Ask the patient to detail information needs for each step: What questions did he or she have? Were they answered? How was information provided? Was it provided in an understandable way?

Discuss areas of dissatisfaction or bottlenecks with each step in the process.

In collaboration with the patient, generate ideas on potential process improvements.

Ask the patient to identify the most important areas for improvement to increase patient satisfaction.

**Exhibit 2 Areas of inquiry**

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Ultimately, the organization developed a patient education strategy that included the types of information required at each step in the patient experience, how it was provided (e.g., media), and by whom (e.g., volunteers or clinical staff). The strategy initially focused on high anxiety parts of the patient experience, such as the patient's first day. It then cascaded from there, evolving into a more comprehensive program that addresses patient education needs at each step in their experience.

The implementation of the patient education strategy built from the experience map has resulted in a higher level of patient satisfaction. In addition, the clinical staff now spends less time addressing non-clinical issues and patients are generally better prepared for their visits.

### Web Site Development

Healthcare Web sites can play a key role in the quality of the overall patient experience. Many healthcare organizations have invested thousands of dollars in state-of-the-art Web sites, and this competitive pressure has forced many healthcare systems with limited resources to make similar investments. However, it's important to first consider the role the Web site plays in the entire patient experience.

A center for treatment and medical research was faced with the following challenge. Competing with several East Coast facilities from a smaller metropolitan area, senior management saw the need to elevate the online presence of the organization to meet that of its regional and national competitors. Current thinking among executives was that the center needed to develop the same robust technology (e.g., personalized patient portals) as its competition. By doing so, it hoped to minimize patient defections, increase patient volume from outside the local service area, and improve the overall image of the center.

In order to make an informed decision, executives commissioned research to engage patients and caregivers using the experience mapping technique described here. The research objective was to develop a deeper understanding of the patient experience so that information technology strategy development could focus on what mattered most to patients, their families, and the clinical staff.

Patients were interviewed before and after their outpatient visits. During the discussion, patients commented on their information needs at each stage in their experience – from selecting this facility to their first visit with their physician. Patients and caregivers identified the steps during the process in which they encountered bottlenecks and inefficiencies. They also had an opportunity to provide suggestions as to how the center could streamline its process to improve patient satisfaction.

The feedback from patients was clear, and it forced executives to revise their previous assertion that a robust Web site and a significant investment in information technology were warranted. Moreover, the referral management and scheduling process was identified consistently by patients and staff as a critical area for improvement. Inefficiencies in this “front-door” process had caused many patients to question their decision to come to the facility. Interestingly, this issue had been discussed but not addressed, due to internal sensitivities about the way things had been done in the past. However, through these anonymous interviews regarding the experience map, facility staff felt able to express their deep and candid concerns about the inefficiencies inherent in the antiquated scheduling and referral process.

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Armed with verbatim patient and staff comments, executives were able to develop consensus around improving this front-end process while forgoing a significant investment in a patient information management Web site. Their strategy consisted of improving the “front doors” to the organization. This meant ensuring the public Web site met patient information needs, as well as developing more sophisticated internal systems to communicate with referral physicians and manage patient information for scheduling.

### **Obtaining Patient Feedback**

Unlike traditional market research methods that lend themselves to outsourcing, experience mapping actually requires knowledge of clinic procedures and access to frontline management (for intercept interviews). It is therefore necessary for health services staff to play an active role in the process. The steps to conducting an experience mapping exercise include the following:

**Confirm research objectives.** The scope of the study will drive the level of detail in the experience map. If possible, try to limit your patient interviews to one aspect of the patient experience (e.g., scheduling), rather than trying to cover the entire continuum of care. This will assist the interviewer by providing ample time to explore each area of inquiry detail.

**Assemble an internal team of stakeholders.** Engaging a cross-functional team is a best practice in process improvement. This team can provide assistance in drafting the patient experience map and obtain permission from the frontline personnel for the intercept interviews. Ideal team members are those whose responsibilities include patient interaction.

**Draft the experience map.** The experience map should reflect a patient-centric view of the process. Providing details under each stage (e.g., types of patient education materials available) is useful as it helps the patient recall the information they received or questions they had. These details may include tasks patients complete, their common information needs, or staff they interact with. (See Exhibit 1.)

As part of this drafting process, it’s also helpful to review existing patient satisfaction research to identify potential discussion areas. Before finalizing the draft, engage frontline staff to refine the map by using individual and small group interviews. While discussing the patient experience with the staff, also ask them to identify the barriers prohibiting them from improving patient satisfaction. This is helpful to put patient suggestions into context. It is often the case that clinical or patient services staff understand what needs to be improved, but lack the resources or the support to implement it.

**Identify locations for patient intercept interviews.** Location selection is a critical component to this process. A patient waiting area with an adjacent private conference/education room is ideal for conducting interviews regarding sensitive topics such as self-care or diagnosis education. These conversations usually take on a more personal tone. Alternatively, waiting areas are likely to provide adequate privacy for less sensitive topics. Of course, your Health Insurance Portability and Accountability Act (HIPAA) compliance officer might have some guidelines as well.

**Develop a discussion guide.** The discussion guide should address the objectives of the survey and refer frequently to the experience map. (See Exhibit 2.)

Initially, it’s helpful to ask patients for information about themselves as an icebreaker. The discussion guide should be developed so that each step in the patient’s experience is reviewed.

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At the conclusion of the interview, the patient should be asked to reflect on his/her entire experience and identify the most important aspects for improvement.

### Conduct patient interviews.

To recruit patients and announce the survey in the waiting area, staid signage should be posted. This can be placed at the registration desk and should include information about the participant incentive, if you are using one. Incentives are often used to encourage patients to participate and help maximize the time of the interviewers. Incentives that work well include gifts cards for popular retailers and cash. Cash incentives are always successful and can be used by the patient to pay parking fees or buy snacks.



While engaged in the interview, patients will naturally focus on one episode. By using the experience map, interviewers should gently redirect the conversation to explore new areas (e.g., pointing to the next box).

Patient interviews should also be transcribed. This allows for your extended team to review the entire conversation rather than just representative verbatim comments. These interviews often reveal opportunities for improvement that are outside the scope of the current initiative but could be used in the future (e.g., improving telephone skills).

Finally, if using an outside research firm to conduct these interviews, “contractor” name badges are helpful in putting patients at ease. When selecting a firm, look for one with experience conducting patient interviews. These interviewers should have training and experience in dealing with patients with physical challenges and/or emotional sensitivities.

### Analyze results for action.

In order to create actionable insights, analyze patient feedback at two levels: Strategic context and tactical “quick hits.” Transcripts should be reviewed and key verbatim comments organized to support conclusions from the interviews.

Conclusions might include the high level of patient anxiety in anticipating a diagnosis or the appropriate role of information technology to create a streamlined admissions process.

Strategic context refers to the relationship of the episodes during the patient experience. How does the patient view their experience? Are the episodes linear/sequential or concurrent? Organizing these insights into broader categories provides a framework for action planning, such as expectations, information needs, and satisfiers or dissatisfiers.

The tactical quick hits are specific recommendations provided by patient. These suggestions will require the scrutiny of the team so that recommendations that come out of the process are understandable to hospital management.



## Charting Patient Experiences Build Empathy And Support Change

Encouraging management and other stakeholders to develop solutions helps invest them in the outcome. Armed with actionable research, the health services team will be able to identify opportunities for process improvement and recommend solutions based on their experiences.

Using this technique, the healthcare marketer and those responsible for managing various interactions during the patient experience can identify critical areas for improvement and elicit suggestions from patient, caregivers, staff, and physicians. This technique can be applied in a variety of situations including patient education, Web site design, referral management, and scheduling.

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### About the Author

John McKeever is the President of Gelb, a Houston-based strategic marketing and consulting firm. He is also an adjunct professor of Marketing at the University of Houston MBA program. He may be reached at (281) 759-3600 x 1022 or at [jmckeever@gelbconsulting.com](mailto:jmckeever@gelbconsulting.com)

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