Improving the Patient Experience: 14 Tips



Simple steps to enhance the patient experience can improve your experience as well.

s you are preparing to see a new patient today, you reflect on the brief notes you made while reviewing his previous medical records and doing pre-visit planning with your team. According to documentation from his prior family physician, Leon Backer played Division I college football at the University of Notre Dame. Now in his mid-50s, Mr. Backer has moved to your community and works as a financial planner. After knocking on the exam room door, you enter and introduce yourself, greet Mr. Backer using his preferred name, sit down facing him, and start the conversation by talking about something you figure will capture his interest: college football and his time at Notre Dame.

You know the importance of first impressions. Before you even enter the exam room Mr. Backer has already had multiple interactions — with the receptionist who scheduled the appointment,

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the staff member who welcomed him to the clinic, the medical assistant who took his vital signs, etc. You explain the roles of each staff member and their importance to the team.

You ask what has brought him to town and how the transition has been for him and his family. In reading his social history, you recall he has two children, the oldest of

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whom has just started college. After chatting for a bit, you move on to the purpose of the visit by asking, "What do you hope we accomplish today?"

He wants to talk about high cholesterol, so you add that to the agenda. When you later bring up COVID-19 vaccination, he expresses hesitancy and says he's not willing to receive the vaccine today. You ask if you may call him in a week to reassess. He smiles and says that you may. You set a reminder in the EHR so that you will follow through on this commitment.

As you end your first visit together, you thank him for giving you the opportunity to be his family physician. You have established a sense of trust, started ongoing dialogue, and set a plan of care in place. You have also set expectations for your relationship and discussed your communication and follow-up plans, which your staff has detailed in a visit summary.

As Mr. Backer leaves the exam room to

KEY POINTS

- A positive patient experience is the result of multiple factors and interactions throughout the patient journey.
- Physicians and their teams can improve the patient experience through practical steps, such as expanding visit options, using pre-visit planning to keep visits organized, and involving patients in their care decisions.
- To improve visits, try simple strategies such as sitting down, avoiding medical jargon, providing visit summaries, and using the "teachback" technique.

check out and arrange a follow-up video visit after his fasting labs, you cannot resist the urge to say, "Go Irish!"

A week later, when you call him as promised, he is surprised that you followed through. He agrees to come in and get his first COVID vaccine, which you had discussed at the prior visit. "It must be important if you took the time to call me," he says.

WHY IT MATTERS

Enhancing the patient experience is part of the Quadruple Aim in health care, along with improving population health, reducing costs, and improving the work life of clinicians and staff.1 There are many benefits to be gained by improving the patient experience. Positive patient experience correlates to continuous improvement in processes of care, adherence to medical advice and treatment plans, and often better health outcomes.²⁻⁴ Keeping a close watch on the entire patient experience can reveal important system problems, such as gaps in communication, delays in test results, and bottlenecks that prevent timely responses to patient concerns and questions. Addressing these issues can lead to a more positive experience for physicians and staff as well.

14 TIPS

A positive patient experience is the result of multiple factors and interactions throughout the patient journey. This article presents 14 tips to consider.

1. Share the work. Like most things in medicine, an exceptional patient experience requires teamwork. The physician cannot deliver a great patient experience alone. The entire medical team plays a role, including reception, nursing, and rooming staff. From the moment patients arrive for the visit until they leave, they view everything and everyone they encounter as part of the appointment with their physician.^{2,5-8} Therefore, a bad experience at the front desk or during rooming could affect your visit with the patient in the exam room. Make sure everyone on your team is properly trained and accountable for providing an excellent patient experience, and emphasize its importance during routine team huddles and staff meetings.

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- 2. Be flexible with appointment times and visit types. When patients have scheduling conflicts or pressing problems, try to have a "yes" attitude and look for creative ways to fit them into your schedule^{2,7} within reason, of course. This isn't always possible, but patients need to know that we are willing to work with them and find a time that is convenient for their schedule and ours. Telehealth visits and patient portal interactions have become popular ways to expand visit options and give patients more timely access to care.2,9 Visits with nurses or nonphysician providers are additional options for expanding access, depending on the patient's problem.
- 3. Take steps to stay on time. This is difficult in a busy practice, especially when you're trying to accommodate patients and fit them in. At times, we will all fall behind, but don't resign yourself to always running late. Review your schedule regularly with your staff and make sure there is an appropriate length of time assigned to each patient appointment. Set a clear, shared agenda at the start of each visit and defer less-pressing issues to a future visit. Identify tasks you can delegate to staff, such as visit summaries or aspects of documentation, allowing you to move on to the next patient. If needed, take a look at deeper issues as well, such as panel size and staffing levels. If you do get behind schedule by more than 15 minutes, have your staff notify patients in a timely manner of the delay and give them the option to reschedule.^{2,7} For patients who need to reschedule, contacting them later that day to apologize is an added touch.
- 4. Get organized with pre-visit plan**ning.** Pre-visit work is especially necessary for new patients. Making an effort to become familiar with their case prior to their appointment demonstrates commitment to their care. When visits are disorganized and staff are unprepared, this can lead to a chaotic experience for the patient and a lack of confidence in the care received, especially if crucial aspects of the visit are missed and the patient needs to come back to have them addressed later. Pre-visit planning should not just be the physician's responsibility; everyone on the health care team should work at the top of their skill level to help prepare for the

- upcoming day. Staff can take on tasks such as organizing patient charts, obtaining test results and other necessary information, and identifying care gaps. Use your EHR to its full capacity by consistently updating problem lists to streamline future chart review.
- **5. Be present.** Sit down during the patient encounter,10 face the patient directly, and look at the patient, not the computer. This may save you time in the long run. Studies have shown that patients think that their doctors spent more time with them if the doctors do not interrupt and focus their full attention on their patients at the visit's start, even if the visit is short.10 Maintaining eye contact helps patients see that your full attention is focused on them and that you are actively listening to their concerns. This can be challenging in a busy clinic when we are trying to be efficient with documentation and satisfy health maintenance requirements, but it is fundamental to patients feeling as if they are being heard.
- 6. Start the visit with an open-ended question. For example, you might ask, "How have you been since I last saw you?" Let patients talk about what they want before you interject, 11,12 even if the topic is not medicine-related. This will build rapport and make patients feel more comfortable. If patients present a long list of issues they want to address, use agenda-setting

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skills to identify the most critical topics to cover at the current appointment and reserve the others for a future visit.

7. Involve patients in their care as much as possible. Allowing patients autonomy or perceived autonomy in decisions helps them to feel actively involved in their care, enhances buy-in and trust, and is an important facet of ethical care. 3,6,12-13 Physicians need to move from a prescriptive practice of medicine, where we simply tell our patients what to do, to a more

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progressive form of care where we have open dialogue and exchange ideas with our patients and include their viewpoints. Patients still need our guidance and recommendations about the standard of care for their condition, but they are the ultimate decision makers.

8. Avoid medical jargon. Medical verbiage is second nature for clinicians, but it may prevent patients from understanding us. For example, use simple words like "fast heart rate" instead of "tachycardia" and describe test results as "normal" not "unremarkable" or "negative." Patients are frequently reluctant to interrupt a physician or to seek clarification for fear that they will sound unknowledgeable. To counter this, invite your patients to speak up if they do not understand something. 6,11 Speaking to patients at a junior high or high school level is generally advisable; however, this does need to be individualized because some patients are more medically savvy and prefer formal medical terms. Because of the continuity of care family physicians offer, we are well-positioned to understand patients' preferences and their level of comprehension and then tailor our language to their individual needs.

9. Communicate beyond the visit. Communication is crucial to an excellent patient experience. 4.6.11.13 This includes giving clear instructions during the patient visit as well as providing information the patient may need after the visit. Studies have shown that patients typically

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remember only a small fraction of what was discussed. A helpful practice is to give patients a visit summary, for example, by typing out instructions regarding medication changes, the plan of care, and anticipated follow up and then printing that information for patients or sending it through the portal so they can refer to it later. These summary notes should be concise and focused on the most important

aspects of the visit so they are easy to understand. ^{2,6,11} Additionally, having the patient "teach back" what you have discussed helps to gauge understanding and ensure you are both on the same page. ¹⁴

10. Approach differences with an open mind. Patients often have strong opinions and make choices we disagree with, but responding with cynicism or a judgmental perspective ultimately makes us less effective. Instead, work to create an environment in which all patients are welcomed and treated with respect from the moment they walk in the clinic's front door.2,5,6 When a patient expresses a strong opinion that differs from your medical expertise, try to listen with your full attention and be curious and respectful.6,7,12 Sometimes you can find common ground, which you can then build on at future visits. You can also use motivational interviewing to explore whether patients are open to change and what small steps they might be willing to take.15

11. Remember personal details (or have your EHR remember them). The EHR can be a great tool for building rapport with patients. Use it to remember unique details in the patient's social history (e.g., "college student studying English literature," "has a dog named Scooby," "world traveler," "volleyball player," or "avid reader"). When you see the patient in the future, bringing up these personal details builds connection and trust.2,12 Simply noticing that their birthday is approaching and wishing them a "happy birthday" can also be a nice personalized touch. Making note of patients' preferred pronouns or preferred name also shows that you care for them as unique individuals.

efficiently coordinate care. This includes having a quick turnaround time on phone messages, refill requests, portal messages, test results, and other key aspects of patient care. Teamwork and appropriate delegation of tasks are key. Teach your staff to proficiently and thoroughly review patient messages and refill requests and include all necessary information before forwarding these requests to you. This way, you can spend less time reviewing the chart and can quickly and efficiently complete inbox tasks. You and your team

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are experts in navigating the complex medical system, and patients often need you to guide them. This may mean sending a message or making a phone call to a specialist colleague to find answers and expedite the care of a patient, asking your staff to call the patient's pharmacy to reconcile the medication list, or having your front-desk staff obtain the patient's medical records from other facilities.

13. Call the patient yourself when results are sensitive or complex.

Sometimes the physician needs to be the one to call the patient personally rather than delegating this to other staff. This is particularly true if complex instructions or bad news needs to be relayed. Letters and portal messages are fine to communicate good news, less urgent results, or simple instructions, but for bad news and significantly abnormal results that will require extensive follow-up care, a phone call or in-person visit is best. This decreases the chance for medical errors and confusion in conveying your message and gives you an opportunity to let patients know that you care and are there to support them.

14. Set reminders in your EHR to assist with patient care and follow up. Reminders can be sent to yourself, your rooming staff, or another member of your care team. They can be cues to call a patient or send a portal message a few weeks after a medication change, for example, or to follow up on a procedure the patient had at a specialty clinic or another major event. Your patients will feel valued and know that you are concerned, interested, and committed to their overall health when you (or your staff) remember to follow up on their care. 2.12

THE CORE OF PRIMARY CARE

Perhaps the most rewarding aspect of improving the patient experience is building a trusting relationship with the person sitting across from us. This person is more than just a patient. They are an individual with a unique story. They have taken time off work or school to come in and see us, and they want to feel heard and be remembered. They want us to be respectful of their time and their issues. They want to understand the information we are communicating to them. They want us to

advocate for them and take their issues seriously. And they want to know that we see them for who they are — with all their flaws and all their goodness.

By staying true to the defining elements of primary care — including accessibility, continuity, comprehensiveness, and interpersonal treatment⁸ — we are sure to improve not only the patient experience but our own.

- 1. Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med.* 2014; 12(6): 573-576.
- 2. Rave N, Geyer M, Reeder B, Ernst J, Goldberg L, Barnard C. Radical systems change: innovative strategies to improve patient satisfaction. *J Ambul Care Manage*. 2003;26(2):159-174.
- 3. Greenfield S, Kaplan S, Ware JE Jr. Expanding patient involvement in care: effects on patient outcomes. *Ann Intern Med* 1985;102(4):520-528.
- 4. Why improve patient experience? In: The CAHPS Ambulatory Care Improvement Guide. Agency for Healthcare Research and Quality; 2017:6-10.
- 5. Plsek P. Building a mind-set of service excellence. *Fam Pract Manag.* 2002;9(4):41-46.
- 6. Grocott A, McSherry W. The patient experience: informing practice through identification of meaningful communication from the patient's perspective. *Healthcare (Basel)*. 2018;6(1):26.
- 7. Sequist TD, Schneider EC, Anastario M, et al. Quality monitoring of physicians: linking patients' experiences of care to clinical quality and outcomes. *J Gen Intern Med.* 2008;23(11):1784-1790.
- 8. Safran DG, Taira DA, Rogers WH, Kosinski M, Ware JE, Tarlov AR. Linking primary care performance to outcomes of care. *J Fam Pract*. 1998;47(3):213-220.
- 9. Sieck CJ, Hefner JL, McAlearney AS. Improving the patient experience through patient portals: insights from experienced portal users. *Patient Experience Journal*. 2018;5(3):47-54.
- 10. Swayden KJ, Anderson KK, Connelly LM, Moran JS, McMahon JK, Arnold PM. Effect of sitting vs. standing on perception of provider time at bedside: a pilot study. *Patient Educ Couns.* 2012;86(2):166-171.
- 11. Haskard Zolnierek KB, DiMatteo MR. Physician communication and patient adherence to treatment: a meta-analysis. *Med Care*. 2009;47(8):826-834.
- 12. Pawar M. Five tips for generating patient satisfaction and compliance. *Fam Pract Manag.* 2005;12(6):44-46.
- 13. Ha JF, Longnecker N. Doctor-patient communication: a review. *Ochsner J.* 2010;10(1):38-43.
- 14. Bodenheimer T. Teach-back: a simple technique to enhance patients' understanding. *Fam Pract Manag.* 2018;25(4):20-22.
- 15. Stewart EE, Fox C. Encouraging patients to change unhealthy behaviors with motivational interviewing. *Fam Pract Manag.* 2011;18(3):21-25.

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