

WEBINAR CHAT NOTES

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Future of Human Experience 2030: A Dynamic Framework for Healthcare

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Question: As we look to the future of human experience what efforts do you think we must make in policy, measurement and partnership to advance our efforts?

David Garrett: When it comes to policies, think of them from the patient/family point of view and not our own.

Grace I.: Being proactive with implementing all that is needed for health Literacy improvement.

Stephanie: transparency, co-design/creation with families and patients, public health support

Dianna Seymour: Collaboration on community wellness

Gloria Wilkinson: leave our titles outside the door as we engagement in teams

Sareen Creede: patient experience should be the foundation of everything we do as an organization. It should be a priority for all departments

Karen Byrnes: Measurement - CMS allow patients to complete HCAHPS survey on kiosk on discharge

Margaret Borders: Follow metrics that patients understand, not just ones that hospital administrators focus on for reimbursement

Sue Bhella: Co-DESIGN policies and how to measure success

Sara Frederick: Digging deep into how those policies impact the human experience

Jana: Move from broad provincial/state based surveys to conversation, discussion, pulse checks, etc.

susan Kruger: Measurement should be the same regardless of insurer.

Maribeth Graves: hospital systems are collapsing due to re-imburement especially with our mental Health and chemical dependency patient's how do we partner with insurance companies

Bryanna Gallaway: Measure what's important to our patients and their families - ask them what we should be asking them!

Lina Allen: clearly tie improved patient experience to better clinical outcomes

Anna Ahrens: cultural competencies

Donna Salin: measurement of empathy

Sandy Rush: Connecting the dots between patient experience, safety outcomes, quality outcomes, employee experience, vacancies and turnovers

Dawn Farina: Yes, transparency!

Stacy Colimore: Align with Quality and Safety and become greater advocates/owners for staff engagement, the root of patient experience

Steve Fry: Support policies that encourage bring health to the community, not wait for the sick to come to us

Linda Biondini: It has to be a priority for surveyors also.

Deb Petrucelli: Connect in a powerful and robust way to literally go together to DC and make a presence

Sue Kolanowski: patient as part of the team

Melissa Retter: Application of change management theory, vision of future state and ultimately the establishment of authentic, caring relationships with colleagues. 5:1 ratio application.

Marcelo Alvarenga: To measure both quality and quantitative data

denise durgin: We need to change the mindset from competitors to collaborators is that possible? We have seen this play out during the pandemic with pharma etc.

Keren Stronach: We need to move towards universal health care

Sue Rice: People lower the bar when it comes to expectations of Healthcare. We need to raise that bar and exceed expectations!

Nicole Cable: Partnership with payors. Create relationships with AHIP

Marcelo Alvarenga: Putting AI for helping us

Marjorie Nelson: When you speak about immediate indicators rather than lagging indicators, we need the metrics CMS uses for reimbursement has to be more timely than 2 years to keep leadership engaged

Nancy Eller: tie in other agencies that address social determinants of health \Access to good food, reliable housing are so important to good health

Greg: Working on economic equality, education and jobs training as it is factual that the under resourced face more significant health concerns.

Julia: partnership and collaboration should not be dependent on ability to pay and insurance

Nancy M: legislative support/lobbying

Heather Thompson: Partnering with and advocating with the National Quality Forum to develop measurement tools that are more relevant to patient, families, and healthcare professionals.

Susan: make healthcare convenient for the patient NOT just US

James Prochazka 2: Patient at the center

Maria Fernandez: advocate for what is not politically expedient, but what health system actually creates health and wellness for all, not just for those who are wealthy or part of the hegemony

Joyce Lee: cultural shift on putting the person in the centre of their care

Linda Biondini: Healthy communities.

Maribeth Graves: Partner with Health Insurance companies

subrena utley: promoting Employee Experience

Terrilyn Chambers: Include collaboration with millennials

Marcelo Alvarenga: Partnership with patients and staff in all of we do and design

Jana: Have the voice of patients and staff at top levels of the system

Mark VanderKlipp: Greater emphasis on the systemic impacts of all social determinants of health

Jana: It changes the conversation

Karen Byrnes: Systems have worked together during this pandemic, continue the partnerships.

Dawn: Partnership... getting everyone to the table... not just patients and health providers... but also different healthcare systems. Stop competition between each other. Support each other, learn, and support expertise.

Liz Poret-Christ: Better funding for communication focused programs. Including patients in these programs

Wendy Huang: make it so that providers are not making decisions based on "milking" insurance companies but what is truly best for the patient

Lina Allen: Help the VA and IHS be properly funded by federal government

Sandy Rush: Providing cross-cultural communication tools and resources to ensure ethical and culturally competent care that helps to mitigate bias, discrimination and unequal treatment.

Christy Borck: Leverage technology to improve convenience of care, understanding of health coverage, and engaging patients in their wellness and health

Kathleen Ferguson: reimbursement models that support the overall health of the individual health, housing, food security, mental health addictions

Keren Stronach: We need to find ways to measure those things that are not easily countable - not only errors of commission, but errors of OMISSION - the things that don't happen that should happen

Stephen Maffei: Radically rethink the measurement (and process of measurement) of experience

Matt Kabliska: Leadership to prioritize Experience as a key metric

Joe Connell: Social Determinants of Health as the primary set of drivers for policy, measurement and partnerships.

Dawn Farina: Better and more effective ways of surveying and getting patients to respond

Lyudmyla S. Feoktistova: Collaborate with our diverse communities

Coco: Regulate Insurance companies

Maria Fernandez: and you have to have a measure that measures the needs of those less likely to be included, including those who do not have English as their primary language

Marcelo Alvarenga: To address policies also through Certification Institutions

Lina Allen: Measuring the level of TRUST patients have for their healthcare team

Terrilyn Chambers: Truly include cultural collaboration. Do not speak about it unless we can actually be about it

Perlita Herrera: Quality of care, empathy, networking, and security

Carol Swanson: Continue and elevate the new partnerships formed and existing ones that have been strengthened.

Wendy Huang: it has become so cumbersome for providers to manage metrics - that needs to change so it's simpler and more about monitoring performance than just about making sure they comply so they don't fail an audit

Lauren M Cotter: Training our new doctors with humanity and understanding the patient experience

Steve Fry: Measures must be tailored to community indicators with relevant universal indicators

Linda Biondini: Productivity has too much weight in the budget. We need to prioritize and budget for resources for the patient experience. Caregivers need to be supported more.

Lori Moler: Why are so many families seeking health care in an emergency room for non-emergent issues?

Terry Harrington: True Transparency for Prices.

susan Kruger: Th Human Experience implies everyone in the interactions are important to the equation.

Susan: insurance affordable

Steve Fry: Increase ACHS funding

Stephanie: and a heartfelt experience

Steve Fry: Use GIS to focus and blend government support to areas of greatest need and impact

Marjorie Nelson: To Lori Moler: Medicaid and Medicare pays for ED visits and transient patients often do not have PCPs to use for non-urgent issues. EMTALA reinforces ED use for non-emergent issues.

Pam Fink: Human understanding of their own health

Sandy Rush: Will over skill

Anna Ahrens: How do we partner with physicians/APPS via effective training, peer to peer coaching while respecting their time and other variables...

Stephanie: consider a narrative that isn't about heroes and victims...how can we create a more uplifting message for healthcare

Marjorie Nelson: Jason - How can we do this type of hiring when there are such shortages in healthcare staff

Lori Moler: Marjorie Nelson BINGO. We have to fix that!

Cathy Almost BCPSQC: Yes collaboration of universities and medical current needs

Nancy Eller: expand who can provide basic primary care so it is more accessible in a timely manner

Susan: Need more nursing schools/educators

Steve Fry: We can advance the creation of CHWs as contact tracers to become embedded health extenders bring health to the ir communities and homes

Stacy Colimore: This is about creation of a culture that rejects incivility

Gloria Wilkinson: education starts pre=school and continues forever

Marcelo Alvarenga: Health literacy

Deanna Buelow: Healthcare should be a right, not a privilege, we need to have appropriate access for all

Marcelo Alvarenga: Empowerment

Marcelo Alvarenga: Culture

Mary Hoey .: Interprofessional education - teams learning and sharing together.

Nancy Eller: the reimbursement system has to take into account all the elements that go into providing care and allow for reasonable compensation

Marjorie Nelson: Jason - How can we shift the compensation for healthcare from insurance companies making so much of the healthcare dollar while care providers are paid less. Those doing the hardest physical and most intimate work with patients are paid the least.

Cathy Almost BCPSQC: Preventative strategies and education in social determinants and COLLABORATION for equity

Donna Salin: Healthcare professions need to be elevated in salary and benefits to encourage people to pursue these careers

Lauren M Cotter: Make it available for patients to see their medical records and allow them to challenge a diagnosis especially if they were not listened to

Dianna Seymour: Community well being creates capacity to thrive

Stephanie: recognition of the interdependence of our world and caring for all

Maria Fernandez: only framing it as a community issue makes it too easy to put the responsibility on the communities, rather than how individuals within the system actually interact with and make decisions about members of those communities?

Deb Petrucelli: We must also understand and meet the spiritual needs in addressing the whole within our communities

Lori Moler: Community health - school based, work based...take health care to where the people are. Don't expect them to come to our bricks and mortar.

Linda Biondini: Recruiting and retaining the right caregivers: physicians, nurses, et al.

Lauren M Cotter: Teach patients how to be an advocate for themselves

Gloria Wilkinson: if we treat them as people not diseases, it will be easier to get there

Jeanne L: Putting practices and policies into place so that when patients do advocate for themselves, they're actually heard/listened to!

Lauren M Cotter: Allow our doctors not insurance companies to determine what is needed

Marjorie Nelson: Lauren - I agree. teaching patients how to be their own advocates will assist consumerism and quality as patients can be more discerning when choosing their care systems

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I N S T I T U T E

Deb Petrucelli: Advocacy for self not only requires us to educate, but also to instill courage in doing so

Susan: Reduce ridiculous medication prices

Marjorie Nelson: Susan - not only ridiculous pricing of pharmaceuticals, but the disparities of who pays different amounts for the same drugs.