Patients are sharing their perceptions about the care they receive regardless of whether individual health systems post patient experience ratings and comments on their websites, according to Chrissy Daniels, who joined Press Ganey as a partner in the Strategic Consulting Division in August of this year.

“Any health system that doesn't think it is transparent right now, I encourage them to go look at themselves and their physicians on the Internet. The question they should be asking is not ‘Should we share our information online?’ but rather, ‘Do we want to contribute to the conversation?’”

Daniels is well aware of what it takes to “contribute to the conversation” in a meaningful way. In her previous role as Director of Strategic Initiatives at University of Utah Health Care (UUHC), she led the organization’s patient experience, value improvement and leadership development initiatives, including the design of UUHC’s online physician review process, which at the time was the first of its kind for any health system in the country.

The pioneering effort, Daniels said, was and continues to be driven by the consumer. “Patients are having conversations and sharing their views in online chat rooms and through third-party rating sites. That's typical consumer behavior,” she said. “It's up to providers to decide whether they want to add what they know to be true about their practices and providers. And if the goal is to deliver an exceptional care experience consistently to every patient, the answer should be yes.”

Performance transparency based on robust, scientifically meaningful survey samples “is one of many methods that health systems can use to help build trust and engage with patients in a way that has meaning for them,” Daniels explained. “It's a communication tool, and it's a great thing for patients who are hungry for information.”

Transparency is also “a great thing” for systems and for individual providers when it shines light on care that is organized and delivered around the needs of patients and is approached as a team sport. While the reviews themselves focus on individual physicians, they are a reflection of more than just the doctor-patient relationship, Daniels said. “Care today is delivered in complex systems and within comprehensive teams, and that can either make the patient experience worse or make it better. When everyone on the team is focused on making the experience the best it can be, when caregivers feel supported and are engaged in that mission, provider ratings and comments reflect that.”

Team readiness for online reporting doesn’t “just happen,” Daniels noted. “Making sure teams are consistently organized around patient needs requires deliberate attention.” From a tactical standpoint, consideration of certain structural elements, such as scheduling practices and patient access, can help achieve this, she said. “Are the scheduling practices accurate? Do they reflect the daily practice of your physicians? How are patients' needs for access being managed? Is there a team-based approach to getting patients information when they’re not in the clinic?”

Encouraging physician self-reflection and communication can also enhance the team focus. “Discussions about transparency provide a great opportunity for physicians to consider their own personal vision for how they want their patients to experience their care and the care in their clinic, and to convey that vision to the staff and engage them in the challenge,” Daniels said. “In my experience, I’ve talked to hundreds if not thousands of physicians, and I have yet to meet a physician who, if I sit down with him or her for 10 minutes, can’t articulate a vision for the care they deliver, and it is really transformative when they are able to communicate that vision to the rest of the team so that it becomes a team goal rather than an individual professional commitment.”
When that personal vision for care delivery is written down and shared, Daniels continued, “we can start to organize the delivery of care around that vision,” she said. “The objective is not to change physicians’ commitment to care. It’s about articulating that commitment and making sure they are supported in a way that allows them to deliver on it consistently with every patient. That’s hard to do if the vision is not shared so that others can understand the target.”

As ever more providers begin embracing transparency, online reporting of physician reviews is becoming a must-have versus a nice-to-have. “We have found that consumers who are in a research mindset have an almost insatiable appetite for qualitative feedback, so they value robust and balanced data,” said Daniels.

For these patients, the volume and detail of the patient comments that health systems are able to provide is, and will continue to be, a competitive differentiator, she said. “Patients of organizations that don’t provide online reviews based on their own patient experience data are going online to other forums to find out what people are saying about the organizations’ providers. Often that information is not robust or balanced, but it’s out there, and it’s what consumers are looking at.”

As the health care transparency movement matures, it will likely expand. “There will be increasing demand for transparency around price and quality, and as the industry continues to provide more definition around patient-reported outcome measures, they will likely become part of the transparency agenda as well,” Daniels said. “All of this, along with research being conducted nationally around patient-centered outcomes, will continue to drive our dialogue about what patients want to understand, what they value and how we can provide it.”