

The Role of the Chief Experience Officer in an ACO World

Anthony Cirillo, FACHE

**2016
CONGRESS
ON
HEALTHCARE
LEADERSHIP**

MARCH 14–17, 2016
HYATT REGENCY CHICAGO

**LEADING
WELL**





You are the Patient / Resident Experience

Your Employees
are the Patient / Resident Experience



Prescriptive Prejudice

Succession

older adults should move aside from high-paying jobs and prominent social roles to make way for younger people



Identity

older people should not attempt to act younger than they are

Consumption

seniors should not consume so many scarce resources, such as healthcare



The Experience is the Marketing





Patient Experience and Word of Mouth

- *“In many cases, WOM isn't actually “marketing” at all. It's great customer service that earns customer respect.”*
- Andy Sernovitz, Author, Word of Mouth Marketing: How Smart Companies Get People Talking

The Value of Experiences



= 2 cents a cup



= 20 cents a cup



= \$1 cup



= \$3 - \$5 a cup

The Experience Economy –
B. Joseph Pine II, James Gilmore



WOW



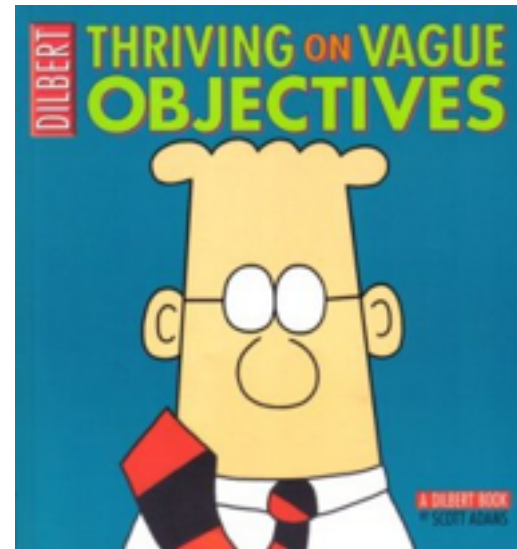
Agenda

- PX and WOM
- Market Forces
- Defining PX
- Connection Between PX, Safety, Quality
- Why We Have Not Hit Mark
- Role of the CXO
- Population Health vs Societal Issues
- Deeper Dive Role Responsibilities
- Who Should Assume Role
- Where Does It Report / Who Reports In
- What if No CXO



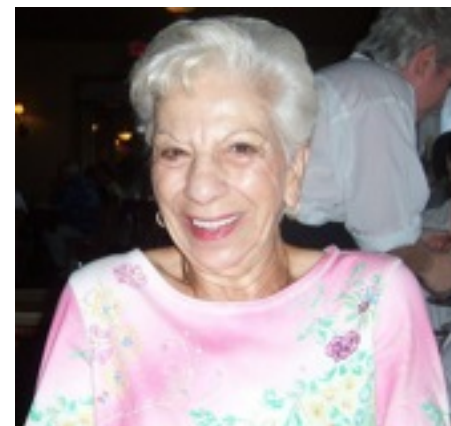
Learning Objectives

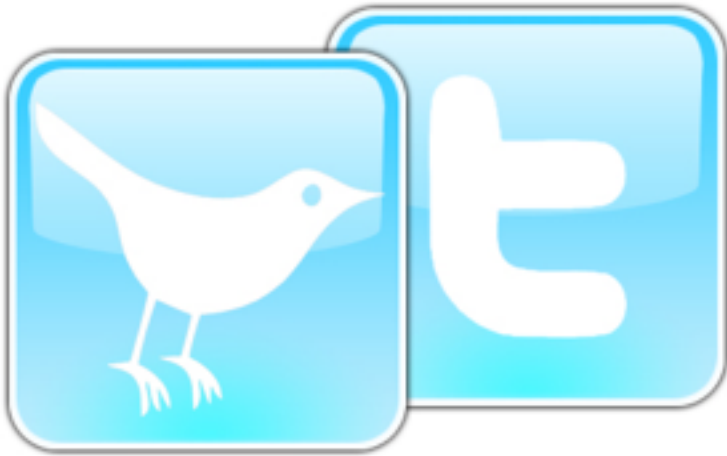
- Connect PX to Safety and Quality.
- Discuss why a chief experience officer is needed in today's healthcare environment.
- Explore the role of the chief experience officer, including key functions and responsibilities; staffing of function; budget; training and background needed.



Anthony Cirillo, FACHE, ABC

- 30 year healthcare veteran
- President of The Aging Experience
- Executive Board Member, CCAL
- Member, Dementia Action Alliance
- Contributor, Charlotte Today TV Program
- About.com Senior Care Expert
- Keynote Speaker and Performer





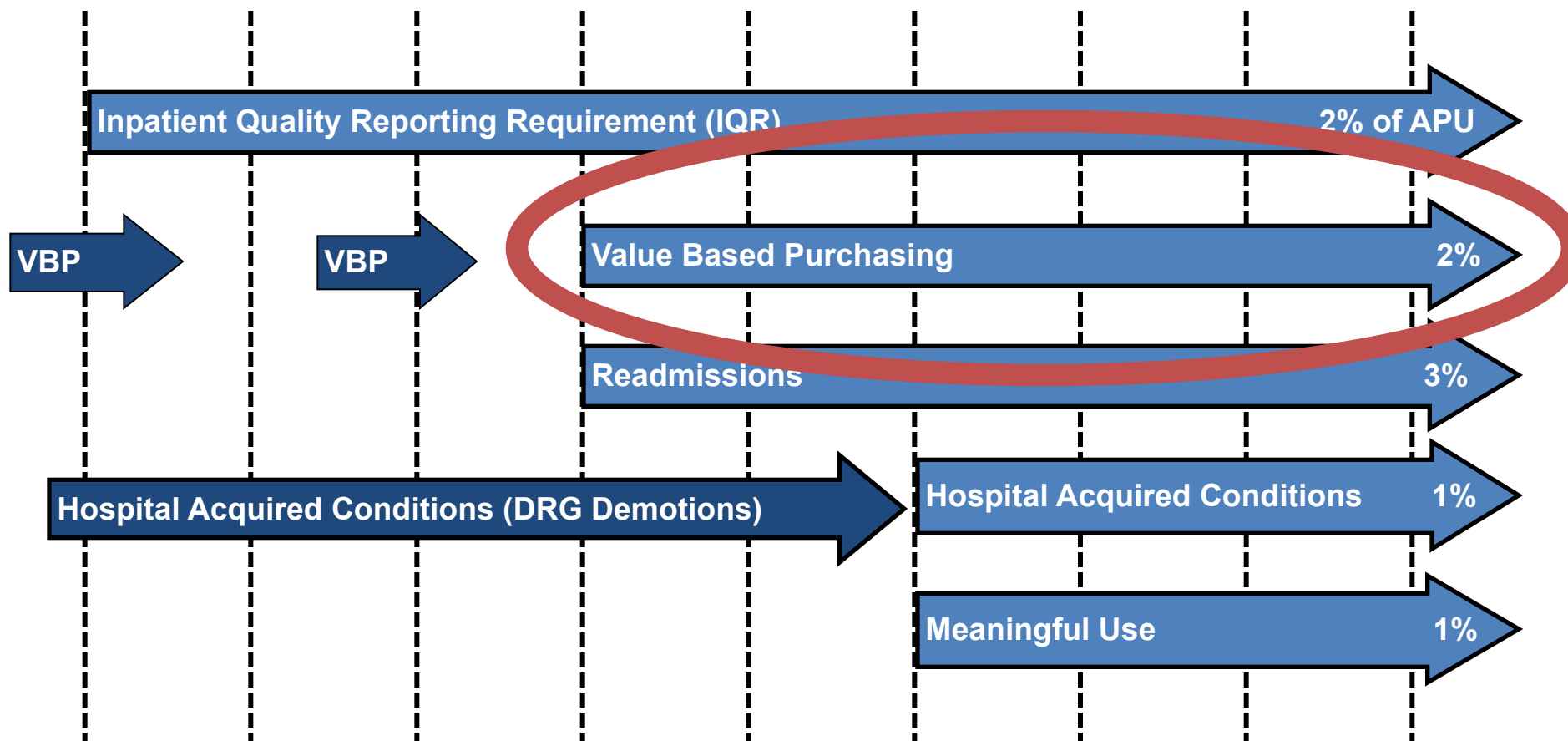
@anthonycirillo

Market Forces - Why Experience Management is Important



*Effective management of patient loyalty could mean
\$4 million of revenue
to average hospital. Advisory Board*

Quality-Based Payment Reform Initiatives





ADVERTISEMENT

Free Dental Implants

www.cosmeticdentistrygrants.org

Cosmetic Dentistry Grants. No Fee. Must Be Employed. E

[Back to Search Results](#)

[Home](#)

[Find a Doctor](#)

[Find a General Surgeon](#)

[Ohio \(OH\)](#)

[Cleveland](#)

Dr. James I. Merlino, MD

General Surgery, Board Certified, Male, Age

Patient Satisfaction



3 responses

[How was your experience?](#)

More About Dr. Merlino's Background

- [Sanctions](#)
- [Malpractice](#)
- [Board Actions](#)
- [Education & Training](#)
- [Awards & Recognitions](#)
- [Professional Affiliations & Memberships](#)
- [Languages Spoken](#)

CLEVELAND

9500 Euclid Ave

Cleveland, OH 44115

Phone Number





- Aging in Place
- Telehealth
- Patient Advocates
- Geriatric Care Managers
- Retirement Communities
- CCRCs
- Adult Day Care
- Assisted Living
- Skilled Nursing
- Home Health
- Hospice

Impact Act

YELP!

Five Star

CAHPS

Protecting Access to
Medicare Act 2014

Care Act

Who's In Charge?

Nursing Homes Are Starting to Supplant Hospitals as Focus of Basic Health Care

APRIL 24, 2015



ASSISTED LIVING SERVICES

caring.com/assisted-living

12 Facilities Near You.
Compare Pictures, Pricing
Options.

Defining Patient Experience

“Healthcare culture is a system of shared values and behaviors that focus caregiver activity on improving the patient experience.”

Jim Merlino, M.D., Author, Service Fanatics

“The sum of all interactions, shaped by an organization’s culture, that influences patients perceptions across the continuum of care.

The Beryl Institute

Safe Care

High Quality Care

Patient Satisfaction

High-Value Care

“Safety trumps all and when we ask patients to do things they may not like or make them unhappy, it’s important they understand why.”

Jim Merlino, M.D., Author, Service Fanatics

Patient Experience and Patient Safety

*Review of 55 Studies to Find Evidence
Between PX & Clinical Safety and Effectiveness*

“Consistent positive associations between patient experience, patient safety and clinical effectiveness for a wide range of disease areas, settings, outcome measures and study designs.”

“Supports the case for inclusion of patient experience as one of the central pillars of quality.”

“Supports the argument that the three dimensions of quality should be looked at as a group and not in isolation.”

Cooley Dickinson Healthcare of Mass. General

*Review of 55 Studies to Find Evidence
Between PX & Clinical Safety and Effectiveness
Cooley Dickinson Healthcare of Mass. General*

*”Clinicians should resist sidelining
patient experience as too subjective
and **mood-oriented**, divorced from
the ‘real’ clinical work of measuring
safety and effectiveness.”*



Hospitals scoring in the top quartile of satisfaction reported more than

2X the margin of those at the bottom.



\$280 million affected in readmission costs is directly attributed to experience



Improve Patient Experience

Decrease in Readmission Costs



A satisfied patient tells, on average, **3 people** about their experience.



A dissatisfied patient tells **25 people**.



With social media, a dissatisfied patient can be even more damaging.



A **1%** increase in quality score yields a **2%** increase in operating margin.



Implications of the Experience of Care

- **Brand reputation**
- **Revenue and referrals**
- **Consumer choice and market share**
- **Quality and safety**
- **The company you keep**
- **The society we live in**

Why We've Haven't Hit the Mark



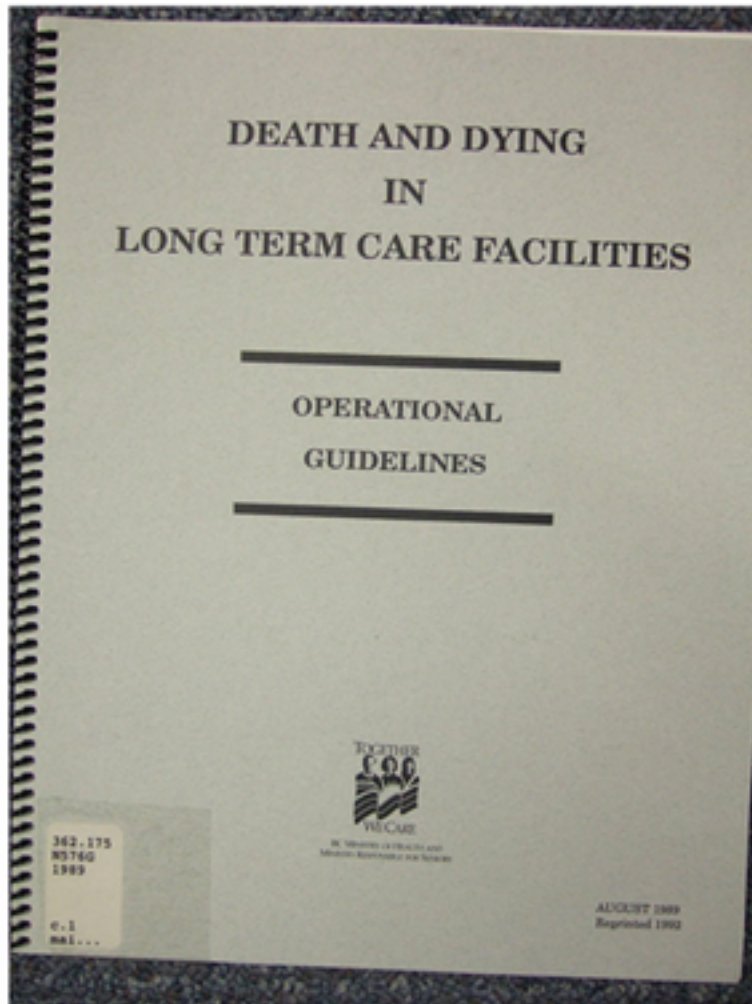


Hospital suits force new pain on patients

Investigation:

N.C. hospitals sue 40,000 patients

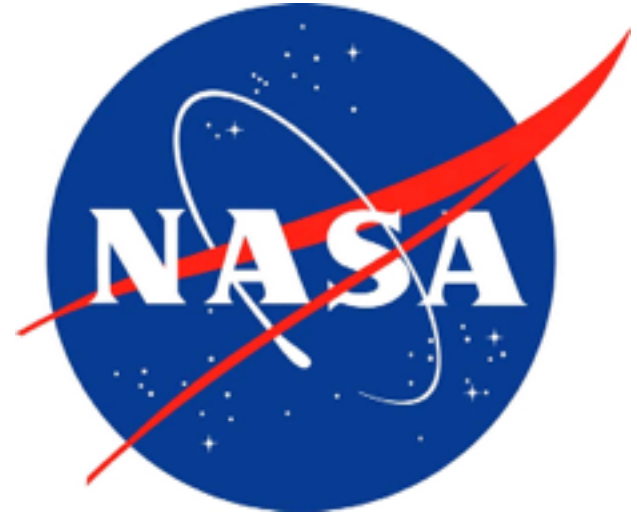
Why We Haven't Hit the Mark

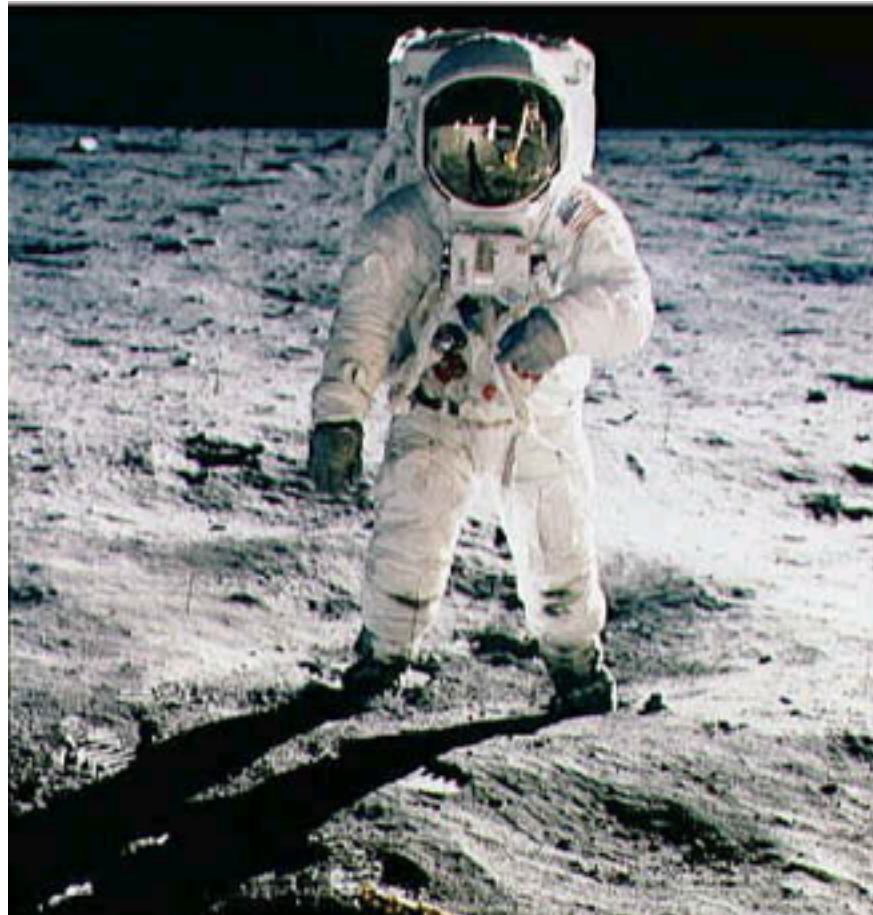


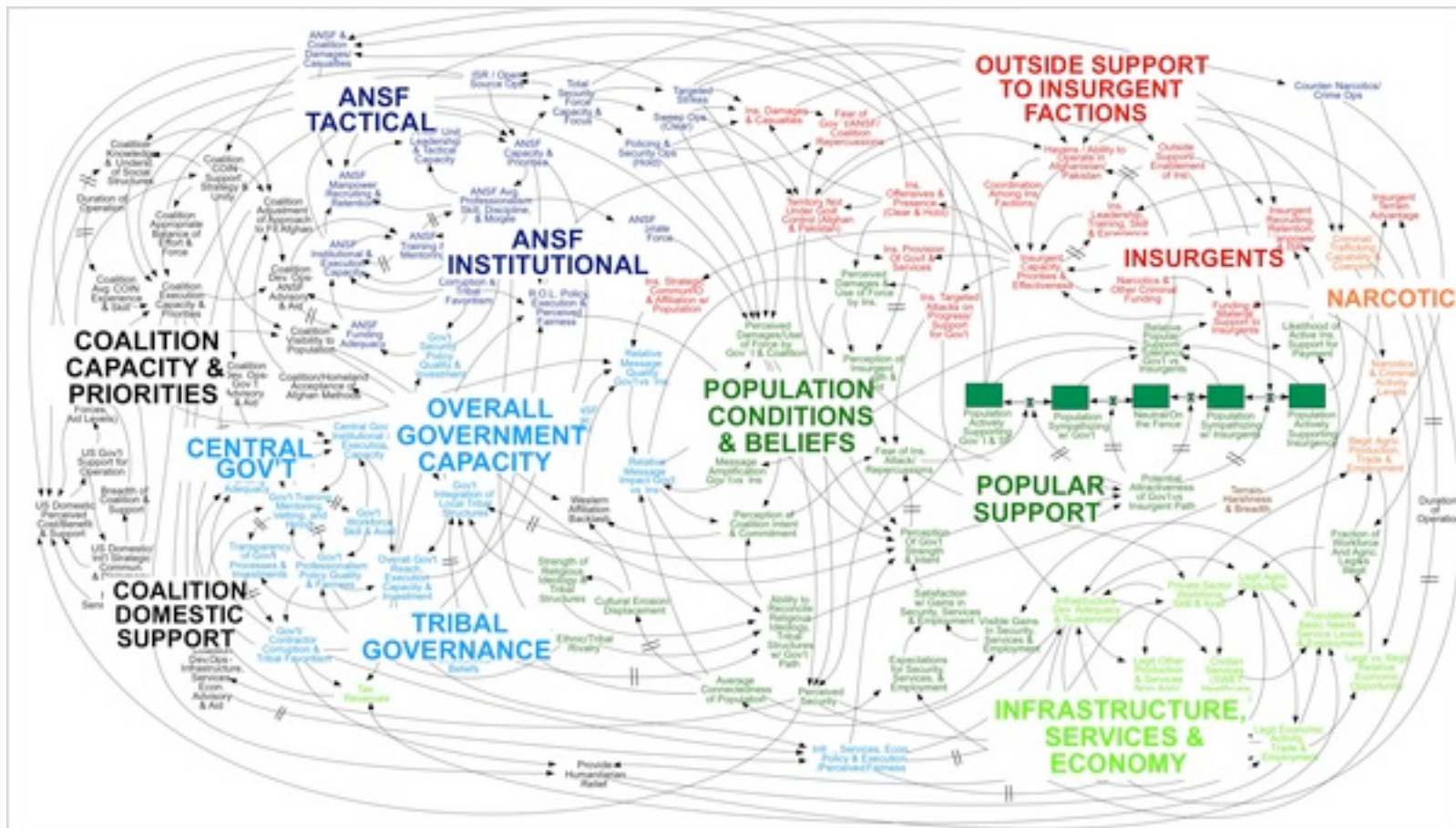
“So, if you die in a long term care facility without following the operational guidelines, do they make you die all over again (correctly this time)?”



+



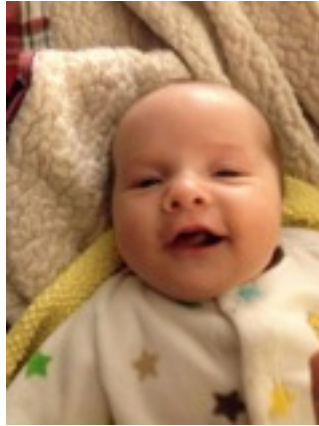




The Human Experience



December 17, 2013



December 31, 2013



January 15, 2014



February 7, 2014



February 25, 2014









1. Assess the mood
2. Make eye contact
3. Smile
4. Maintain the relationship

Perspectives on Experiences

- The experience is the TOTAL experience not just clinical
- Rules and regulations stymie innovation
- Understanding your ultimate role and purpose is important
- Simplify

Execution - The CXO

CXO

CXO Traction

- **83% hospitals have PX structure**
- **42% hospitals have a CXO; up 20% 2013**
- **Only 38% spend 100% of time to role / 22% spend under 50% of their time**
- **In position under five years**
- **18% of hospitals have no committed experience role; down 10%**

CXO Value

- **Commitment to a stated promise**
- **Align initiatives and processes across organization**
- **Bridge to physicians and other care providers**
- **Seat at the table for patients**
- **Competitive differentiation**

Chief Context Setter

The continued challenge is to make “meaning” with the work. Context is everything. We have to respect the challenges faced by all caregivers and layer our improvement efforts in a way that makes rational and emotional sense.

Sean Keyser, VP Patient Experience, Novant Health

Experience Innovation Network
The Evolving Role of the Healthcare CXO

Chief Healing Officer



“I Feel Like I Belong.”

Naughty or Nice



Naughty or Nice

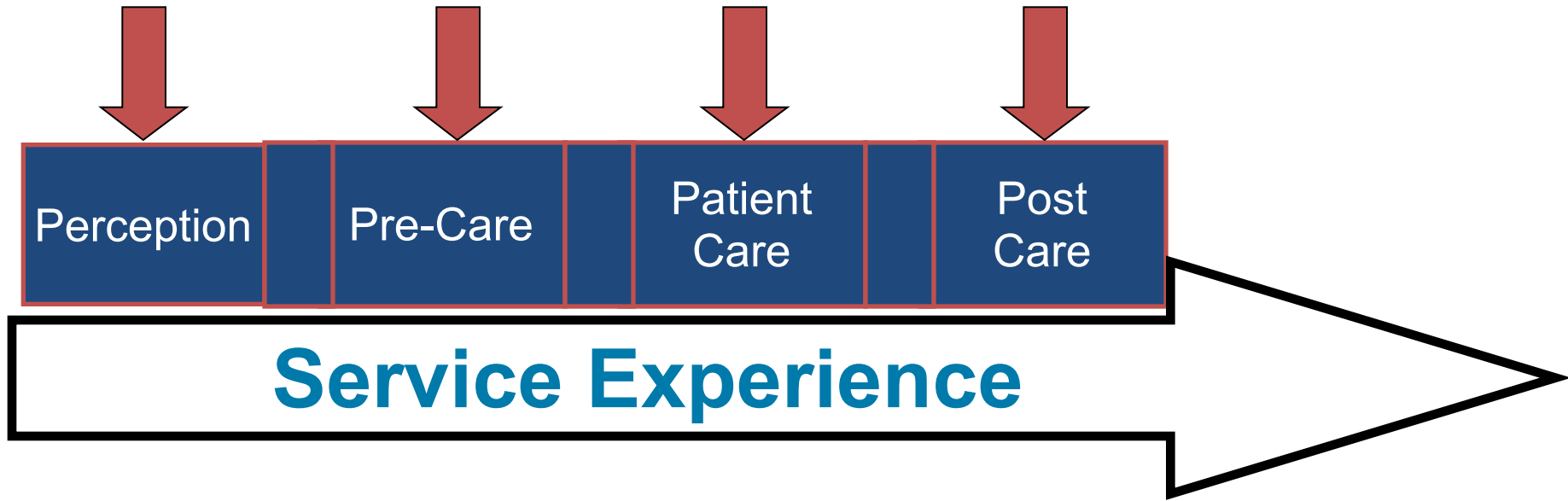
\$71,000,000

10,000 Employee Organization with 50% having one episode a year.

**The Cost of Bad Behavior:
How Incivility Is Damaging
Your Business and What to
Do About It** [Christine Pearson](#)
(Author) , [Christine Porath](#)
(Author)

Chief Promise Keeper

Execution



Process

People

Patients

Fully Implemented

- *Multi-Disciplinary Rounding - 21%*
- *Post-Discharge Calls - 32%*
- *Hourly Rounding - 38%*
- *Leadership Rounding - 47%*
- *Pre-Arrival Communication - 49%*
- *Bedside Shift Handoff - 51%*
- *Proactive Compliments and Complaints Mgt - 53%*
- *Bedside Pt Engagement - 17%*
- *Alarms Management - 25%*

Experience Innovation Network
The Evolving Role of the Healthcare CXO

More from Hospital Side

- CEO Leads the Charge
- HCAHPS Chasing
- Building Best Practices then Adopting Enterprise Wide
- Relationship Building - PFACs
- Orientation and Onboarding
- Communication Training
- Physician Relationship Building
- Total Transparency

Caregiver Voice

- **65.7 Million Caregivers; 29% adult population**
- **66% Female**
- **Half perform medical and nursing tasks for loved one**
- **70% caregivers over 50**
- **70% of working caregivers report difficulties at work**
- **Worsened health, more stress and strain**
- **More than 40% display clinical signs of depression**



"In my experience, one unfortunate unintended consequence of the current culture in healthcare is a type of medical error, which I call a 'failure to heed or engage caregiver error.' It's a subset of the larger 'failure to heed or engage the patient error.' However, the standardized formats for identifying errors and harm in healthcare do not capture failure to engage or heed patients or caregivers. Is caregiver engagement a question on patient satisfaction surveys? Until we start looking for errors, harm and dissatisfaction caused by the failure to engage or heed caregivers, we lack evidence that might spur change."

Kathy Kenyon to the Institute of Medicine's Committee on Family Caregiving for Older Adults.

Top Three Priorities in 2015 -

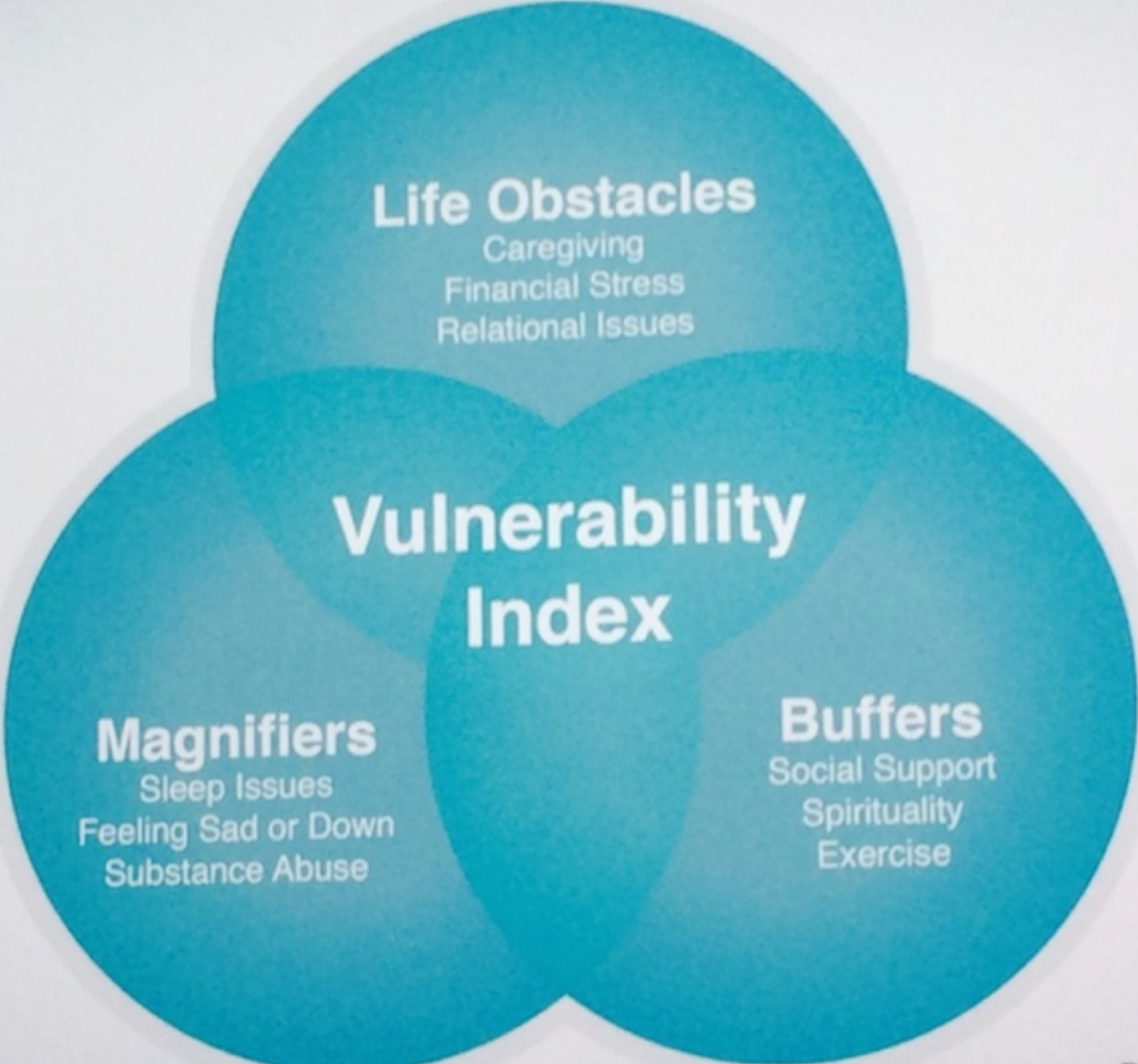
EIN - Just 13% Said Patient and Family Voice

Beryl - 37% Giving Priority to Pt. and Family Engagement

Caregiver/Patient Involvement

- *Discovery and Data Gathering - 7%*
- *Kaizens - 12%*
- *Implementation and Testing - 16%*
- *Process Mapping - 16%*
- *Future State Design Sessions - 16%*

Experience Innovation Network
The Evolving Role of the Healthcare CXO

A Venn diagram consisting of three overlapping teal circles. The top circle is labeled 'Life Obstacles' and contains the text 'Caregiving', 'Financial Stress', and 'Relational Issues'. The bottom-left circle is labeled 'Magnifiers' and contains the text 'Sleep Issues', 'Feeling Sad or Down', and 'Substance Abuse'. The bottom-right circle is labeled 'Buffers' and contains the text 'Social Support', 'Spirituality', and 'Exercise'. The central area where all three circles overlap is labeled 'Vulnerability Index'.

Life Obstacles

Caregiving
Financial Stress
Relational Issues

Vulnerability Index

Magnifiers

Sleep Issues
Feeling Sad or Down
Substance Abuse

Buffers

Social Support
Spirituality
Exercise

Chief Healing Officer

- *How Does Your Organization Help to Prevent Burnout and Initiative Fatigue*

53% Don't Do Anything

- *Few measure Baseline and Followup for physician and staff burnout, fatigue or emotional exhaustion*

Experience Innovation Network
The Evolving Role of the Healthcare CXO

Person-Centered not Patient Centered

From Population Health to Societal Issues

“The best management of many of these top 5 percent utilizers may end up looking a lot more like social work than medical care. Housing, transportation, income support, nutritional support and counseling may be more beneficial and effective than any form of conventional medical intervention.” Ian Morrison



White Paper - LEAVE YOUR CARD



How Implemented Across Settings - SNF

- Onboarding - Staff, Residents, Families
- Patient Experience Action Councils
- Resident Council Minutes to Action
- Connect to Purpose
- Wayfinding
- Healing Spaces
- Skill Labs - Clinical and Customer Experience - Role Play

How Implemented Across Settings - Home Health

- **Communication Challenges**
- **Patient / Family Advisors**
- **Eden at Home - Loneliness, Boredom, Helplessness**
- **Wellness in all Dimensions**
- **Initial Evaluation and Interview**

Colette Brune



On March 28th in 1911, in the family home near St. Paul, Iowa, Stephen and Mary (Fulkskamp) Streffensmeyer welcomed a new baby girl into their growing family. Legally, she was named Thelma Mary Colette, but she would forever be just "Colette" to everyone who knew her.

Colette was one of nine children. Her brothers were Joe, Bill, Bernard (Slim), Maurice and Arnold. Her sisters were Lucene, Irene and Agnes, who died as an infant. Colette was the second to the last child born. She is now the last living child of this family.

Growing up in this big family during the early part of the twentieth century was a challenge. The work was hard and everyone had to help out. Colette completed the eighth grade at St. James School in St. Paul and was sent to St. Joseph's Academy in Ottumwa, Iowa.

There she completed high school and was an excellent student. She returned home to help out the entire family, but especially her father.

Stephen was a farmer and a cattle trader. He would buy and sell the cattle and arrange for train loads to be transported to the stockyards in Chicago. He drove once, but ran the car into the ditch. From that point on, he relied on the petite Colette to drive him around.

Colette was also needed at the house to help with the cooking, cleaning and gardening. The many boys in the home needed the women-folk, and when her sister Lucene left to go to the convent, Colette inherited a lot more chores. Eventually, Lucene would become Sister Adrian and Colette would become a Mrs.

Her brother Maurice dated a young Brune girl, Catherine. Catherine's brother, Bernard (Slim) took a shine to the beautiful Colette. On June 14th, 1938, at the age of 27, she wed "Slim" Brune at the St. James Catholic Church in St. Paul. He was 26, handsome, and just right for this young lady.



Then came Slim and Colette's babies, a beautiful group of eight—four of each! Bill came first, then Gene, Mary, Ken, Janet, Peggy, Sam and Ellen. The

family grew up with values—church, hard work and fun family times.

Special memories include Sunday afternoon sing-alongs—Men of the Plains, Dad leading the singing. Colette always planned family events—the picnics at the Lee County Fair and Crops Park in Burlington. Sunday afternoons she might find the group heading up for a drive and an ice cream stop! None of the kids will forget Mom and her Saturday morning-baking sweet rolls, which were the BEST! Her pie was legendary. She made Toll-O eggs every Easter, and her home baked breads were kneaded to perfection. The kids fondly remember how no one could run through the house or outside any competition while her fabulous angel food cake was baking or it would "fall"—a real tragedy!



Colette has been a lifelong member of St. James Catholic Church, the Daughters of Isabelle and St. James Quilters. She and Slim were wonderful dancers and loved to play cards. She is ruthless when it comes to Euchre, Canasta or Feathered.

Colette has been a master gardener all her adult life. She can save any dying house plant. Her vegetable garden has fed generations of Bruners. She loves her flowers, especially geraniums, and never a spring goes by without blooms everywhere.

Colette has been a widow since December 18th, 1996. She lost Slim but says she feels his presence with her in the home they shared for 53 years.

At 94, Colette still loves to watch the Lawrence Welk show, and music is still a big part of her life. She now has 21 grandchildren, 27 great grandchildren and numerous nieces and nephews. Her children and their offspring are her most important treasure and the light of her life. But the one thing Colette loves most is her deep, abiding love and commitment to her church and her Lord.



Colette's Living History



How Implemented Across Settings - Assisted Living



“It’s a completely different take altogether - no one thinks about activities as being a player in all this,” says Brenda Abbott-Shultz. We’re saying not only are we a player but we are going to make a major difference in outcomes of residents.”

Who Should Assume the Role?

- CMO / Physician  7%
- CNO / RN  23% (15% in Beryl data)
- Marketing  19%
- Wellness Coordinator
- Therapeutic Recreation Director
- Assistant Administrator
- Social Services
- MDS Coordinators

Who Should Assume the Role?



Kathy Broggy
Life Enrichment Director
at
Courtyard Senior Living

Insurers Now in on the Act



Ingrid Lindberg
first CXO for a
health plan

Where Does It Report

- **CEO/President - 32%**
- **CMO, CNO, Chief/VP, Clinical Quality - 29%**
- **COO / VP Operations - 14%**
- **Chief VP, HR - 9%**
- **Dual - 4%**
- **Other - 11%**

Experience Innovation Network
The Evolving Role of the Healthcare CXO

Who Reports In

- **Experience Improvement - 85%**
- **Experience Strategy - 75%**
- **Compliments and Complaints - 72%**
- **Experience Analysis - 71%**
- **Friends and Family / VIP - 43%**
- **Quality or PI - 23%**

Experience Innovation Network
The Evolving Role of the Healthcare CXO

Budget

- **1,001 + Beds - \$2,016,000**
- **601- 1,000 - \$1,502,000**
- **401-600 - \$804,000**
- **<400 - \$625,000**

Experience Innovation Network
The Evolving Role of the Healthcare CXO

Status Quo - What if No CXO?

- **Conversation Purely Clinical**
Humanize the Numbers
- **Connector within Organization**
- **Resources for Training**
- **Reinforces Messages**

“While the top person owns the issue and messaging, a C-Suite executive who reports directly to the CEO is necessary to execute for meaningful operational effectiveness. Improving the patient experience will require resources, management of data and specific tactics. There must be a person who is responsible for day-to-day operational improvement.”

Breakout / Questions

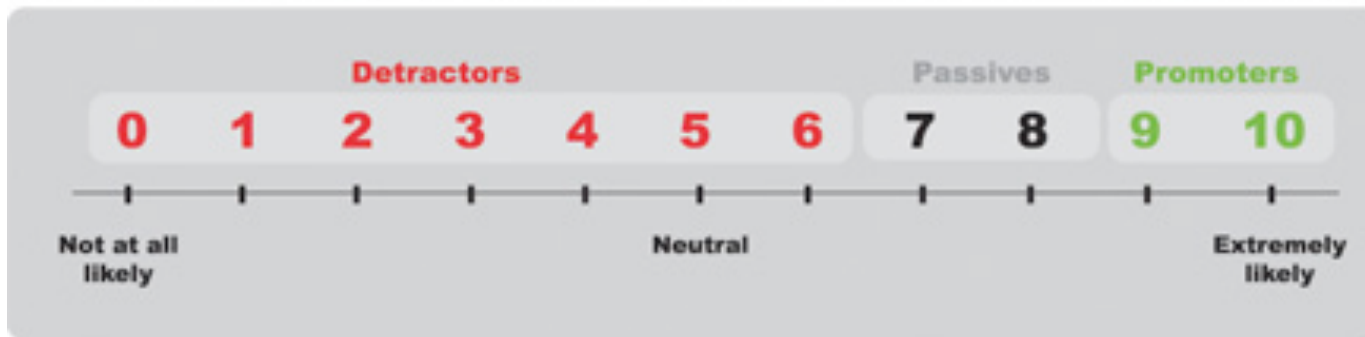
Wrap Up / Implementation

- There is no one blueprint.
- Satisfaction is not about making people happy.
- Experience impacts brand, quality and safety, which impacts consumer choice, which impacts referrals and revenue.
- The Experience is just not patient facing; everyone impacts it.
- We over-complicate in health care; we need to simplify and use common sense.
- Commit 100% - assess readiness and willingness to support role, not just say you one.
- Role has broad functional scope.
- Must be resourced.
- Understand that the biggest part of this is culture.
- Role will evolve and change.
- You don't need a CXO. Embrace the tenets of the position.
- Everyone is the CXO.
- Tell Your Story.

Net-Promoter Score

Will You Recommend Us to Others?

How likely are you to recommend to a colleague or friend?



$$\text{NPS} = \% \text{ of PROMOTERS (9s and 10s)} - \% \text{ of DETRACTORS (0 through 6)}$$

**Anthony Cirillo, FACHE, ABC
Healthcare and Aging Expert**

ac@theagingexperience.com

www.theagingexperience.com

704-992-6005

Twitter - @anthonycirillo

Like us on Facebook:

**[https://www.facebook.com/
theagingexperience](https://www.facebook.com/theagingexperience)**



Bibliography

- The Beryl Institute: The Chief Experience Officer - An Emerging and Critical Role
- The Beryl Institute: State of Patient Experience 2015
- Widening the Net: 'Prehab' Attracts Untapped Market to Senior Housing
- Chief Experience Officer Role Gains Traction under ACA, Modern Healthcare, October 4, 2014
- International Survey of Older Adults Finds Shortcomings in Access, Coordination and Patient Centered Care, Commonwealth Fund, 11/19/14
- Top 5 Challenge - Ensuring Quality in Nursing Home, Hospice and Home and Community Bases Services - Report of the OIG
- The New CEO - Chief Experience Officer, Anthony Cirillo, Health Leaders, March 2007
- Service Fanatics: How to Build Superior Patient Experience the Cleveland Clinic Way, 2015, Jim Merlino
- Experience Innovation Network-The Evolving Role of the Healthcare CXO