

Insights Series

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The New
Normal



Patient trust

Why it matters for COVID-19 and beyond

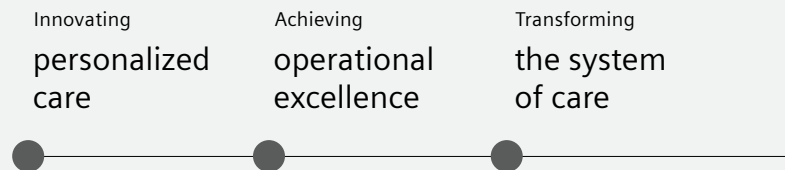
A thought leadership paper on "Achieving operational excellence"
co-authored with Adrienne Boissy, MD, MA Chief Experience Officer of Cleveland Clinic Health System

Preface

The Insights Series

The Siemens Healthineers **Insights Series** is our preeminent thought leadership platform, drawing on the knowledge and experience of some of the world's most respected healthcare leaders and innovators. The Series explores emerging issues and provides you with practical solutions to today's most pressing healthcare challenges.

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Executive summary

In addition to inflicting the most widespread and devastating medical harm of the past century, the COVID-19 pandemic has also damaged a less tangible aspect of our well-being: our trust. Trust in institutions and their leaders, trust in strangers we meet, trust in healthcare providers – all have been challenged.

Restoring and strengthening this trust is essential for healthcare professionals, from small rural doctors' offices to the largest healthcare systems. When trust is weakened, every step along the patient's pathway is affected. Trust is not only vital for delivering quality patient care, it is also an essential business priority. Customers demand trust from every enterprise with which they do business, but it is absolutely vital for those to whom they entrust their health and their lives. At its core, patient trust is intimately connected to whether promises to patients are kept. In healthcare, this is about safety, empathy, teamwork and ease.

The U.S.-based Cleveland Clinic was one of the first major academic medical centers to make patient experience a strategic priority, to appoint a Chief Experience Officer, Adrienne Boissy, MD, MA, and to create a new role known as the Chief Caregiver Officer, led by Dr. Kelly Hancock. The COVID-19 pandemic has been a grueling test for healthcare systems, including the Cleveland Clinic. Looking back on the early months of the pandemic, Dr. Boissy published a groundbreaking article in the New England Journal of Medicine Catalyst entitled "Getting to Patient Centered Care in a Post COVID-19 Digital World: A Proposal for Novel Surveys, Methodology, and Patient Experience Maturity Assessment."¹ Many of the concepts captured herein are reflections of that manuscript, in which Dr. Boissy contemplates on what Cleveland Clinic did well, and to offer honest and insightful recommendations on how trust might be built and grown moving ahead.

Facts and figures



Cleveland Clinic²

8.7 million

Outpatient visits in 2020

273,000

Hospital admissions and observations in 2020

>220

Outpatient locations

19

Hospitals worldwide

68,700

Healthcare professionals

Introduction

About the Cleveland Clinic

The U.S.-based Cleveland Clinic has a well-earned reputation as one of the world's foremost healthcare organizations. The Cleveland Clinic is a nonprofit, multi-specialty academic medical center that integrates clinical and hospital care with research and education. Today, the Cleveland Clinic operates close to 1,300 beds at its main location and more than 6,000 beds throughout its entire system, which includes 18 hospitals worldwide.

The Cleveland Clinic employs more than 67,000 caregivers, more than 4,000 physicians and scientists, and has close to 2,000 residents and fellows in training. Its annual operating revenue is more than \$10 billion.

In addition to its leading-edge medical work, the Cleveland Clinic was also one of the first large hospitals to actively make patient experience a strategic goal – embracing a mission of providing care that addresses every aspect of a patient's encounter with the clinic including the patient's physical, emotional, spiritual and educational needs.

This same commitment also extends to the care teams who treat patients; without them, a high level of patient care would not be possible. The Office of Patient Experience identifies best practices and analyzes how top performing hospitals discern and maintain success. At the same time, the Office drives improvements across the enterprise, and performs unit observations that will sustain these best practices. Their leadership in this area has been recognized internationally.

The challenge

During the current pandemic, patients around the world have been confronted with frightening new realities. They were threatened by a new virus about which little was known; information about appropriate hygiene and safety protocols was inconsistent; even the safety of hospitals and medical facilities was unclear. In the U.S., a majority of people expressed concerns about feeling “safe” in medical facilities.

During the acute phase of the first wave of the pandemic, in May 2020, a survey in the U.S. indicated that 45% of the population would be uncomfortable seeking care in an emergency room setting, about 30% in the hospital, and 37% in a walk-in clinic.³ The same study also revealed that more than a third of American adults would delay a return to a hospital or outpatient care site for a non-urgent procedure by at least seven months. Later in the year it was estimated that 41% of U.S. adults had delayed or avoided medical care including urgent or emergency care (12%) and routine care (32%). In the U.S., avoidance of urgent or emergency care was most prevalent among unpaid careers, persons with underlying medical conditions, Black adults, Hispanic adults, young adults, and persons with disabilities.⁴ A recent study in the U.K. has reported that in 2020, a million women missed their vital breast screening as result of lockdown measures.⁵

In addition to fears about their own safety and well-being, some patients were potentially concerned about the ability of healthcare teams to provide adequate care. Could they still be trusted to deliver quality medical care when they had their own personal challenges to deal with?

As Chief Experience Officer Adrienne Boissy, MD, MA, has observed, “COVID-19 has challenged nearly everything about healthcare delivery, including the experiences of patients and families. Although the ‘how’ of delivery has changed, the timeless and universal commitment to patient-centered care has not. We will continue to keep patients safe, we will care for them as people, we will partner with them, and we will make it easier.”¹ Trust builds when we keep these promises.

During the COVID-19 pandemic people have been uncertain to seek care³



45%

have been uncomfortable seeking care in the emergency room



30%

have avoided a hospital



37%

have evaded a walk-in clinic



*Early survey among patients from U.S.

Factors influencing patients' decisions

There are numerous explanations for this cautious behavior on the part of patients. Psychology suggest that people overestimate perceived threats, which in turn, likely reinforces their underestimation of the need for medical care. Furthermore, human brain is also emotional, and fear being one of the most powerful emotions, it may steer many patients away from the care they need. This was evident during the COVID-19 pandemic, however, such behavior is not unique to crisis situations like the current pandemic.



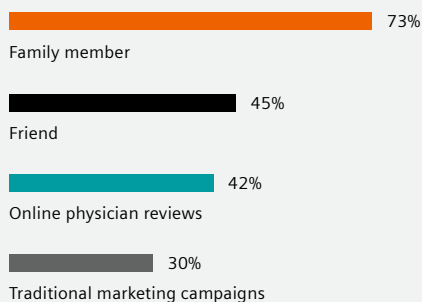
Factors that influence patients' healthcare decision-making¹

- Cautious behavior
- Limited knowledge
- Concern about costs
- Additional worries: need to take time off work or tend to other's care

A second reason for patients delaying needed care is limited knowledge. Many healthcare consumers get their health information primarily from their local news or, in the case of younger people, online or from social media. Approximately 16% of people received health information from their own employers. Only 14% of healthcare consumers received any information directly from health systems.⁶

A final, and pervasive, factor influencing patients' decision-making is concern about costs. For patients who are considering skipping a routine medical visit, the COVID-19 pandemic created an additional reason to forego treatment, elective procedures, or testing. Furthermore, the landscape of layoffs, closure of small businesses, and being forced to take time off work, for example because of home-schooling, loss of childcare, or to care for sick family members, created additional financial pressures for healthcare professionals and patients alike. Socio-economic disparities must also be recognized and acted upon as they are associated with health outcomes.

Patients typically get information from these sources¹



Adrienne Boissy, MD, MA

"People who have the luxury of choice walk with their feet and with their wallets. The decision to come back to our clinics and offices is about whether they trust us to keep them safe."

The impact

For healthcare providers these patient worries represented a significant concern. By delaying or foregoing hospital visits, many patients would not receive the care they need, when they need it, thereby compromising their own health and often requiring treatment for more serious conditions at a later point in time. On a more practical level, this decline in patient volumes also represented a serious business challenge. Despite this, the Cleveland Clinic ramped up caregiver support programs and committed to no furloughs.

Patient trust is the essential ingredient that ensures the stability and efficacy of a healthcare system. An absence of trust is harmful to patients as well as to healthcare teams, contributing to burnout,⁷ less professional satisfaction, and greater risk of errors and malpractice suits.^{8, 9, 10} Patients delaying their own care affect healthcare practices financially, impacting reimbursement and forcing them to incur far greater costs in the long term. A simple infection or illness that could be treated easily, if diagnosed early, can turn into a serious medical condition requiring expensive treatment and hospitalization.

In addition to patients, caregivers were also affected. During the early months of the pandemic, many caregivers were exposed and became infected. At one point, more than a thousand employees of the Cleveland Clinic were sick with COVID-19. Like others, the Cleveland Clinic adopted a variety of practices to provide bedside care and protect employees, including screening services, developing home monitoring programs, mobilizing retirees to support care, bringing outpatient clinicians into the hospital, and building temporary hospitals.



Impact on workflow

The trust and confidence between patients and the healthcare system is essential not only for the health of an individual patient, but also for the functioning of healthcare systems.

Over the course of the COVID-19 pandemic, the Cleveland Clinic was confronted with challenges they had never encountered before. Yet, the work they had done in the preceding years proved to be valuable. As Dr. Boissy notes, "It was a very dynamic environment, changing rapidly on a daily basis. We'd never seen anything like it. The good news is, we had a running start given our history of teamwork and operating as a unit."

The solution

Gather quantitative evidence, pay attention to qualitative feedback, and apply what you learn

According to Dr. Boissy, shaping trustful interaction must begin with patient – and caregiver – centeredness. She references the Institute of Medicine's (IOM) definition from the Crossing the Quality Chasm report from 2001: "providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all care decisions."¹¹ Various definitions have been provided over the years, yet this definition remains the gold standard for patient centeredness.^{12, 13}

The Cleveland Clinic proactively and systematically categorized all patient comments from their patient satisfaction surveys over a nine month time frame pre-COVID-19 pandemic. In the New England Journal of Medicine (NEJM) Catalyst paper,¹ Dr Boissy noted that positive experiences are associated with: communication with patients, their inclusion into care teams, and their sense of being cared for, by doctors, staff, and in particular nurses. The reported pain points across all settings were:

- A lack of ease: administrative burdens create more inconveniences for patients as do unexplained waits for test results, appointments, and transfers. The result, unfortunately, is a patient narrative of being disrespected and feeling ignored.
- An absence of timely responsiveness: most people expect to receive their diagnostic results as soon as they are available, not depending on the clinician's time.
- Insufficient communication or empathy: patients often don't feel part of the care decisions and need to operationally become the center.

- Navigating the billing experience: research led by both the billing department and the Insights Studio, a Cleveland Clinic design team, identified five reasons why those patients who fail to pay their medical bill don't pay: skepticism of accuracy, confusion, searching for information about the bill, struggling to pay, and prioritizing their spend.

Dr. Boissy went on to propose evolving metrics and a maturity framework for organizations that more accurately reflect patient journeys across a lifetime. These metrics go beyond traditionally mandated surveys like HCAHPS*. They include, for example, the patient activation measure (PAM), patient reported outcomes, time-to-treatment and customer ease score, many of which focus over a lifetime relationship rather than a single event. Metrics like customer lifetime value, retention rates, and share of wallet, in which the subjective reports are paired with objective quantitative measurements, provide evidence to support processes and operations. The COVID-19 pandemic has accelerated the need to include measures, such as safety and empathy in patient experience measurement, and this change will require commitment and courage from healthcare organizations.

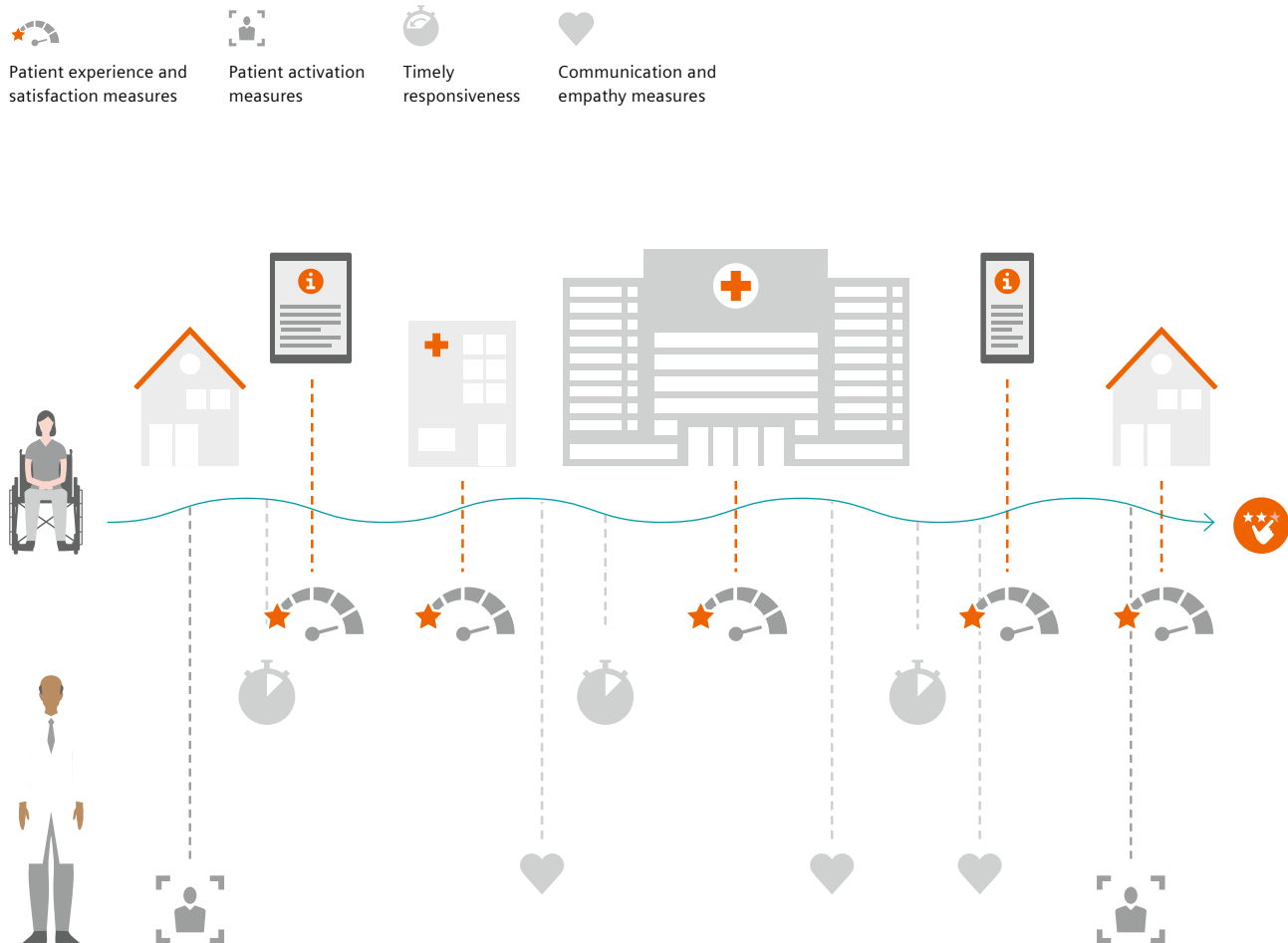
* Hospital Consumer Assessment of Healthcare Providers and Systems U.S. national survey.

Adrienne Boissy, MD, MA

"The starting point is for organizations to have:

1) subjective and quantified objective data on patient experience, 2) leadership commitment with patient-centered metrics on CEO scorecards, and 3) active board member and patient engagement."

Benchmark metrics for organizations that reflect patient journeys across a lifetime



Ensure safety

The Hippocratic Oath clinicians take to “do no harm” is an anchoring principle of medicine. Dr. Boissy believes that “Pandemic or not, patients will never choose to interact with any healthcare provider if they aren't sure we can keep them, and their loved ones, safe.”

During the COVID-19 pandemic, concerns about their own safety were often only one dimension of the anxiety patients had. Many were equally concerned about the risk of being isolated, separated from their friends and loved ones, while grappling with a serious health crisis.

Furthermore, patients – at least historically – assume high quality and safety in healthcare. Addressing safety concerns cannot be treated as a one-dimensional undertaking. It must be part of a broader effort to fully understand a patient's concerns, wishes and needs. Many organizations focus on high reliability principles to drive safety, these

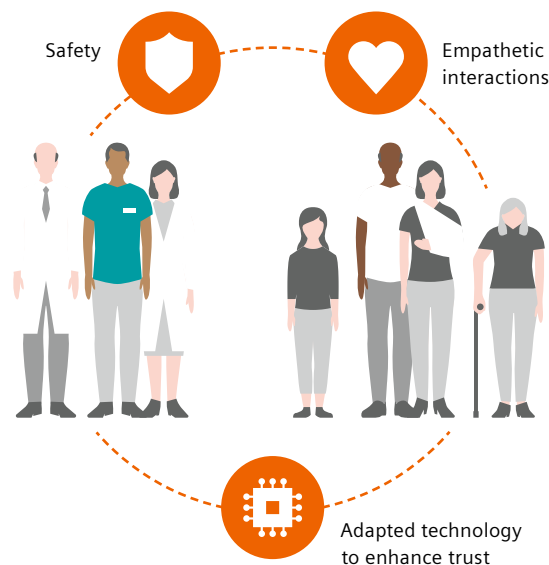


Embedding empathy in operations

Cleveland Clinic created Hero Huddles within larger meetings to tell the story of exceptional actions by individuals and teams, who then received a personal phone call from an executive leader thanking them.

also need to include experience. Adding questions about safety to experience surveys is a first step.

As Dr. Boissy points out, “That's a whole new element of messaging and operations that organizations need to manage. How do we ensure that loved ones are always part of the healing process for patients, whether they are there in person or not?”



Enhance empathetic interactions

How does one operationalize empathy? As Dr. Boissy admits, finding ways to promote empathy on an operational level really is the central challenge facing organizations as large as the Cleveland Clinic. “We cannot approach it with flowers and hope that things change. We have to weave empathy in at every level within our organization, to change our processes and operations. This requires an awareness of what is important to patients.”

Several great examples exist of where organizations can get started. To address ease of access, the Cleveland Clinic pioneered same-day-access and more recently introduced time-to-treat as a metric for teams in cancer care led by Dr. Brian Bolwell. Additional examples of easing access are the auto release of lab data and results, and working with patients to draft communication practices to proactively address fears. As Dr. Boissy has observed on numerous occasions, patients spend a large amount of time waiting – for an appointment, in waiting rooms, for test results. While their care may then be a high level of quality, it’s the long waits that patients remember. Her teams are designing a predictive model of wait times to communicate to patients and keep them updated. Billing is another source of frustration for many patients. To help address this, the finance teams have had a single unified bill for patients in place for several years, designed together with patients. Virtual visits for billing questions are now being introduced.

Furthermore, it is known that teamwork is a top driver of likelihood for patients and family to recommend. Multiple domains of patient experience improve significantly when patient rounds are performed as teams at the bedside. Led by Dr. Silvia Perez Protto, the Director of the End of Life Program at Cleveland Clinic, a team drafted a guide in Electronic Health Record (EHR) on how to have conversations about advance care planning using national standards. The team also implemented a standard process for advance directive capture and documentation, and added language to the system for the moment of passing which considers patients’ wishes.

The question Dr. Boissy asks is, “How do we anticipate our patients’ needs and know them better? Two ways to operationalize partnering with patients are including patients in the discussion of daily plans of care, even through virtual interfaces, and using care team meetings to discuss experience issues in the hospital.”¹⁵

Adapting technology to enhance trust

A question that healthcare organizations worldwide have been struggling with is, how do you maintain a human connection, loyalty and trust in an increasingly digital world?

One of the positive outcomes of the current pandemic, in Dr. Boissy's view, has been a relaxing of regulations that govern clinicians' interactions with patients. They have moved from being able to use one or two platforms into essentially anything that allows a high-quality audio-visual connection.¹⁵ The development of a COVID-19 home monitoring program with phone calls and virtual check-ins used information about stressors as well as advance directives to address patient concerns. One particular breakthrough has been in the area of mental health, where these new platforms provided new ways of communication and learning about patients, often while they were at home in a more relaxed and natural setting than in a doctor's office. In Dr. Boissy's own practice, treating Multiple Sclerosis patients, she noticed some remarkable differences: "For example, a patient I've been taking care of for ten years, I get to see him on video and then say, 'Hey, I'm noticing that behind you, you have a huge array of cooking pans. Are you a good cook?' It enables a whole new window into the lives of the people that I'm trying to connect with."

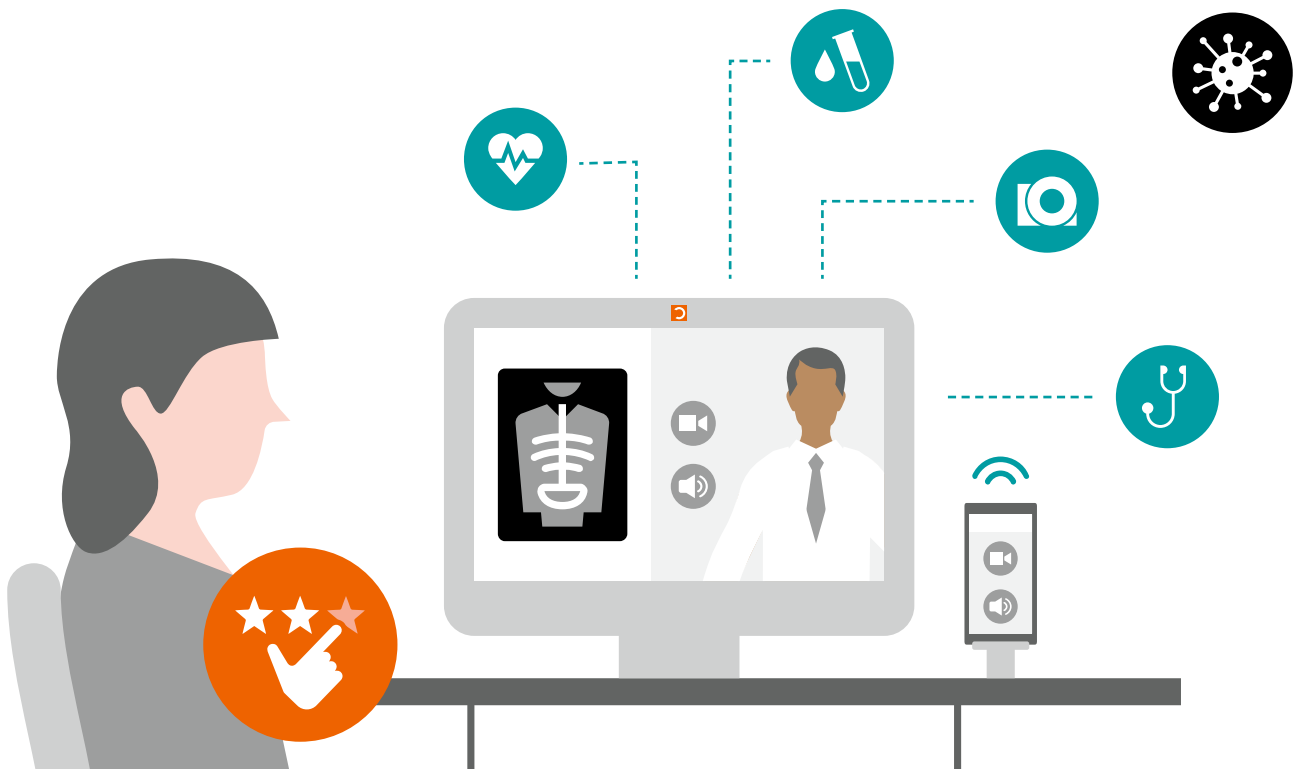
Empathy and relationship-centered communication training for care teams is already a part of each employee's onboarding at the Cleveland Clinic.¹⁶ The program now has been expanded to provide training on communication skills while using virtual platforms.

In order to accurately assess the impact of the move to virtual care, the Cleveland Clinic and other care organizations gathered patient information through surveys. The general feedback was exceptionally positive, with close to 90% positive ratings, including the "likelihood to recommend" ranking. Ease of use, and feeling empathy also scored very highly.¹⁷ The most crucial lesson, according to Dr. Boissy, is that "the technology should support the relationship, not the other way around."

Adrienne Boissy, MD, MA

"Every human is amazing and special and messy and fragile – all the things that make us human. Whether in person or on a phone or virtually, we need to endlessly seek that humanity in one another."

Technology should support the relationship
between patient and healthcare professionals



Recommendations moving forward

Maintaining patient trust has always been essential for healthcare providers. As we emerge from the COVID-19 pandemic, strengthening this trust will be particularly important.

In order to create a foundation to re-establish patient trust, Dr. Boissy identifies five key focus areas:

1. Make access to care easier. This requires a combination of having the availability, using technology where it makes sense, meeting people where they are, and messaging safety at every opportunity.
2. Listen intently to the pain points of patients, healthcare professionals and teams. Be visible within the units, even it is through virtual rounds.
3. Tools and technology that enable hospitals and caregivers to design effective virtual experiences for both, patients and caregivers, should be embraced. Communicate their value for patients, including saving time, effort, and money.
4. Offer training for clinicians on virtual best-practices in communication and make them aware of the flexibility and effectiveness of virtual interactions.
5. Place the patient as the center – the actual functional center – of the team. Encourage patients to share positive comments with staff, deliver letters to other patients, and include them in events like hackathons at which tough topics are debated. Include patients through whatever means possible and engage them. Be creative.



Make access to care easier. Meet patients where they are.



Listen intently to the pain points of patients, healthcare professionals and teams.



Embrace tools and technology that enable effective virtual experiences for both patients and caregivers.



Offer training for clinicians on virtual best practices in communication.



Place the patient as the center – the actual functional center – of the team.

Conclusion

The COVID-19 pandemic has altered our world in countless ways, many of which we have not yet fully understood. The entire healthcare sector has felt the full force of these changes and has been on the frontlines of this epic challenge. In addition to managing the spread and impact of the COVID-19 pandemic, maintaining patient trust during such an unprecedented crisis was a further element of this challenge. Patient – and caregiver, employee and staff – trust is essential for maintaining the ability to deliver effective care and for keeping individual hospitals, as well as the entire healthcare system, functioning.

Recent efforts to strengthen patient trust at the Cleveland Clinic and elsewhere have taken many forms, including deep listening to patients' comments; more proactive outreach; more active engagement with patients' families; more attention paid to patients' wishes and preferences; increased efforts to ease the burden of the entire experience; and a clear commitment to the care of healthcare professionals.

Trust is, of course, intangible. It is difficult to measure or quantify. Yet there are things caregivers can do individually, and there are measures that can be undertaken on a system-wide level, to maintain and enhance trust. Dr. Boissy considers that "while we continue to work on the perfect measurement of trust, in its simplest of terms, we need to keep our promises of safety, of inclusion, of caring, and of ease to our patients. That's the start of something beautiful."

About the authors



Adrienne Boissy, MD, MA
Chief Experience Officer
Cleveland Clinic Health System

Adrienne Boissy, MD, MA, is Chief Experience Officer of the Cleveland Clinic Health System and a staff neurologist at the Cleveland Clinic Mellen Center for Multiple Sclerosis. Dr. Boissy leads initiatives to address and improve every aspect of a patient's encounter with the Cleveland Clinic Health System – from their physical comfort to their educational, emotional and spiritual needs. The Office of Patient Experience is responsible for a range of programs and services across the enterprise, including service excellence, communication skills training, spiritual care, data intelligence, volunteer services, and the ombudsman's office. Her recent work has focused on patient engagement and the digital experience of the future.

Dr. Boissy co-chairs the Empathy and Innovation Summit, the largest independent summit on patient experience in the world. She serves as Editor Emeritus of the Journal of Patient Experience and serves on the advisory board for Option B. She has published extensively about relationships, burnout, digital design, and empathy in healthcare, and advocates for major operational changes in healthcare systems for a more humane experience, noted in her TED talk "Can empathy help heal healthcare?". In a comprehensive NEJM Catalyst piece, she has proposed a comprehensive overhaul of experience measurement in a post-COVID digital world. She has been featured in The Wall Street Journal, NPR, The Washington Post, Forbes, and The Atlantic, among others. A Harvard Macy scholar, she has been internationally recognized as a leading physician executive and industry pioneer.



Christina Triantafyllou, PhD
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Christina Triantafyllou, Ph.D. is Siemens Healthineers' Head of Improving Patient Experience, where she explores ways in which this field can be enhanced and made more accessible to healthcare providers. She develops strategic approaches to deliver high value care by providing patient experience focused solutions, best practices and thought leadership content. Christina began her healthcare career at Harvard Medical School, Boston, U.S., where she worked as a medical physicist and advanced to a faculty position focusing on developing innovative imaging technology and studying the human brain. Her scientific career continued at Massachusetts Institute of Technology (MIT), Boston, U.S., at the Brain and Cognitive Sciences department.

At Siemens Healthineers, she served as the Director of Global Ultra High Field MR Solutions, focusing on business strategy, KOL-based collaborations in innovation/clinical translation, and product management for the first worldwide clinical 7T MR system. Christina studied Physics and holds a Ph.D. in Medical Physics from Kings College, University of London, U.K.



Isabel Nieto Alvarez, MSc
Senior Key Expert on Improving Patient
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Isabel Nieto Alvarez, MSc. is passionate about innovating and transforming the experience of care to be human-centered. She is an expert of the Siemens Healthineers Global Innovation Network on mental and physical stressors in the experience of care. Isabel leads cross-functional teams in innovative projects on patient experience. Prior to her current role, she has served as a marketing manager and business developer for the company, and as Professor at the Universidad Anáhuac, México focused on sustainability in healthcare for medical students and psychology. Passionate about improving the patient and care team experience, she presents and writes globally on the subject.

She is a biomedical engineer from Universidad Iberoamericana in Mexico, holds a Master in Science on Mind and Body Medicine from Saybrook University in California, U.S. and Certifications on Leadership in Healthcare without Harm and Design Thinking. Her scientific background on mind and body health and neuroscience, combined with experience in medical technology innovation are cornerstones of her expertise and passion.

References

1. Boissy A. Getting to Patient-Centered Care in a Post-Covid-19 Digital World: A Proposal for Novel Surveys, Methodology, and Patient Experience Maturity Assessment [Internet]. *Nejm Catalyst Innovations in Care Delivery*. 2020. Available from: doi.org/10.1056/CAT.19.1106. catalyst.nejm.org/doi/full/10.1056/CAT.19.1106
2. Cleveland Clinic. Cleveland Clinic by the Numbers [Internet]. *Newsroom*. 2021. Available from: newsroom.clevelandclinic.org/facts-figures/
3. KaufmannHall. COVID-19 [Internet]. *Consumer Survey*. 2020. Available from: kaufmanhall.com/ideasresources/article/whenwillpatients-return

kaufmanhall.com/ideas-resources/article/new-survey-consumers-growing-more-comfortable-returning-hospitals
4. DAIC. SCAI Study Shows COVID Fears Continue to Cause Americans to Avoid Doctor Visits [Internet]. 2021. Available from: dicardiology.com/content/scai-study-shows-covidfears-continue-causeamericans-avoid-doctor-visits
5. Breast Cancer Now. Almost one million women in UK miss vital breast screening due to COVID-19 [Internet]. 2020. Available from: breastcancernow.org/about-us/media/press-releases/almost-one-million-women-in-uk-miss-vital-breast-screening-due-covid-19
6. Lagasse J. Coronavirus Pandemic influencing consumer healthcare behavior [Internet]. *Healthcare Finance*. 2021. healthcarefinancenews.com/news/covid-19-coronavirus-pandemic-influencing-consumer-healthcare-behavior-and-some-changes-may
7. Ranjbar N. Burn Bright I: Reflections on the Burnout Epidemic (Part One of a Two-Part Series) [Internet]. *The American Journal of Medicine*. 2019. Available from: doi.org/10.1016/j.amjmed.2018.09.036

[amjmed.com/article/S0002-9343\(18\)31151-3/fulltext](https://amjmed.com/article/S0002-9343(18)31151-3/fulltext)
8. Sutcliffe K.M., Lewton E., Rosenthal M.M. Communication failures: an insidious contributor to medical mishaps [Internet]. *Acad Med*. 2004. Available from: pubmed.ncbi.nlm.nih.gov/14744724/
9. Chipidza F.E., Wallwork R.S., Stern T.A. Impact of the doctor-patient relationship [Internet]. *Prim Care Companion CNS Disord*. 2015. Available from: pubmed.ncbi.nlm.nih.gov/26835164/
10. Baker R., Mainous A.G., Gray D.P., Love M.M. Exploration of the relationship between continuity, trust in regular doctors and patient satisfaction with consultations with family doctors [Internet]. *Scan J Prim Health Care*. 2021. Available from: pubmed.ncbi.nlm.nih.gov/12718457/
11. IOM (Institute of Medicine). Crossing the Quality Chasm: A New Health System for the 21st Century [Internet]. 2021. Available from: pubmed.ncbi.nlm.nih.gov/25057539/
12. Shaller D. Patient-Centered Care: What Does It Take [Internet]? *The Commonwealth Fund*. 2007. Available from: commonwealthfund.org/publications/fund-reports/2007/oct/patient-centered-care-what-does-it-take
13. Greene S.M., Tuzzio L., Cherkin D. A framework for making patient-centered care front and center [Internet]. *The Permanente Journal*. 2012. Available from: ncbi.nlm.nih.gov/pmc/articles/PMC3442762/#!po=76.5625.10.7812/TPP/12-025
14. Protto S.P. Why "the pause" is important for patients at the end of life [Internet]. *Cleveland Clinic*. 2017. Available from: consultqd.clevelandclinic.org/why-the-pause-is-important-for-patients-at-the-end-of-life/#:~:text=One%20of%20the%20activities%20implemented,the%20efforts%20of%20the%20team
15. Medina M., Babiuch C., Card M., et al. Home monitoring for COVID-19 [Internet]. *Cleveland Clinic Journal of Medicine*. 2021. Available from: ccjm.org/content/early/2020/06/08/ccjm.87a.ccc028?cct=2319
16. Boissy A., Windover A.K., Bokar D., et al. Communication Skills Training for Physicians Improves Patient Satisfaction [Internet]. *Journal of General Internal Medicine*. 2016. Available from: doi.org/10.1007/s11606-016-3597-2

link.springer.com/article/10.1007%2Fs11606-016-3597-2
17. Cleveland Clinic. Cleveland clinics digital health playbook [Internet]. 2021. Available from: consultqd.clevelandclinic.org/cleveland-clinics-digital-health-playbook/



Suggested follow-up on

Siemens-healthineers.com/news
Improving Patient Experience

- Siemens Healthineers Insights Series, issue 3: What has real impact on the patient experience, and what doesn't?
Available at: [siemens-healthineers.com/insights/news/insights-series-issue-3.html](https://www.siemens-healthineers.com/insights/news/insights-series-issue-3.html)
- Siemens Healthineers Insights Series, issue 5: Reducing fear and anxiety by re-designing the patient experience.
Available at: [siemens-healthineers.com/insights/news/redesigning-patient-experience.html](https://www.siemens-healthineers.com/insights/news/redesigning-patient-experience.html)
- Siemens Healthineers Insights Series, issue 9: Managing the impact of caregiver stress and trauma in the COVID-19 era: a strategy toward resilience-building.
Available at: [siemens-healthineers.com/insights/news/managing-the-impact-of-caregiver-stress-and-trauma.html](https://www.siemens-healthineers.com/insights/news/managing-the-impact-of-caregiver-stress-and-trauma.html)
- Siemens Healthineers Talks with Jason A. Wolf, President of the Beryl Institute: How can we improve the patient experience in healthcare?
Available at: [siemens-healthineers.com/insights/news/shs-talks-wolf.html](https://www.siemens-healthineers.com/insights/news/shs-talks-wolf.html)
- Boissy A. (2020). Getting to Patient-Centered Care in a Post– Covid-19 Digital World: A Proposal for Novel Surveys, Methodology, and Patient Experience Maturity Assessment. *Nejm Catalyst Innovations in Care Delivery*, [catalyst.nejm.org/doi/full/10.1056/CAT.19.1106](https://doi.org/10.1056/CAT.19.1106)



Information:

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At Siemens Healthineers, our purpose is to enable healthcare providers to increase value by empowering them on their journey towards expanding precision medicine, transforming care delivery, and improving patient experience, all enabled by digitalizing healthcare. An estimated five million patients worldwide everyday benefit from our innovative technologies and services in the areas of diagnostic and therapeutic imaging, laboratory diagnostics and molecular medicine as well as digital health and enterprise services.

We are a leading medical technology company with over 120 years of experience and 18,500 patents globally. With about 50,000 dedicated colleagues in over 70 countries, we will continue to innovate and shape the future of healthcare.

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