

## Patient-Centered Care: What Factors Drive Outcomes in the Hospital Setting?

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With patient centered care (PCC) becoming one of the foundations of high-quality hospital care, it is essential that policymakers, hospital leaders, and hospital patients and providers understand the implications in the hospital setting. Our project builds a unique national two-year database that links a comprehensive mix of hospital market, structure, process, patient satisfaction, and outcome data with patient characteristics that include age, gender, race/ethnicity, and selected comorbid and chronic conditions. Using this database, we test and evaluate the validity and strength of the relationships among hospital measures of patient-centered care (PCC) and aspects of the hospital's market, structure, evidence-based processes, patient population mix, degree of implementation of electronic health records, costs and outcomes for four medical treatments that are part of the Final Rule of the Hospital Based Value Purchasing legislation that begins in 2013. Specific aims of the evaluation process include: (1) analyzing the extent to which hospital patient centered care (PCC) measures correlate with hospital evidence-based processes, costs, and clinical outcomes; (2) evaluating how hospital PCC measures are influenced by the patient's race/ethnicity, age, gender, chronic conditions, and severity of illness; (3) analyzing the relationship between hospital PCC measures and the implementation of the electronic health record (EHR); and (4) assessing the potential implications for hospitals and PCC of the value-based incentive reimbursement in the new legislation. We will then present research findings and incorporate feedback from a national "roundtable" of 25 of the nation's leading Chief Experience Officers (CXOs), hospital leaders, and researchers who are focused on transforming the human experience of health care. This group of stakeholders, established at Stanford University by one of our collaborators, was created to accelerate the discovery of healthcare service innovation that improves the value of care via exceptional patient experience. Finally, we will disseminate our results, refined by the CXO meeting, to the national audience of providers, administrators and policymakers who guide, implement, and influence PCC.

### RELEVANCE

It is essential that policymakers, hospital leaders, and hospital patients and providers understand the implications of patient centered care in the hospital setting. Current legislation dictates that hospital reimbursement, in part, will increasingly be driven by high performance results on patient satisfaction and patient process measures. However, there is little comprehensive data that allows the study of patient satisfaction and process measures in the hospital with other critical aspects of the hospital's market, structure, and outcomes, controlling for different patient characteristics and whether the new policies will lead to higher or lower inpatient costs. The proposed study would create such a research resource that could be used to test many different hypotheses related to measuring, monitoring and improving the patient centeredness of hospital care in this country. Such a dataset would be a powerful tool for policy makers and researchers as well as a data-driven source to inform diverse stakeholders and to organize and incorporate their feedback. To our knowledge, no such national database currently exists to address these types of issues nor is there a process that engages key stakeholders who will be responsible for guiding implementation of PCC in our nation's hospitals. By linking data on the patient's race/ethnicity, income status, insurer/payer, age, gender, chronic conditions, and medical conditions, we will have an extraordinarily robust database to analyze how hospitals with differing mixes of patients perform.