



Patient Experience Rx: Healing the Whole Human
Insights from the 2018 CIHF Mini-Symposium



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Patient Experience Rx: Healing the Whole Human

Insights from the 2018 Mini-Symposium



Reported by Sherrie Negrea

Symposium chaired by Rohit Verma

Imagine you are checking into a major hospital for surgery. As you walk into the lobby, you are welcomed by a pair of doormen dressed in suits and ties. While waiting for surgery, you relax in a comfortable lounge equipped with infused water stations, cell phone chargers, and aroma therapy. A host stops by to ask you to choose your meals for the next day, which will be prepared with fresh produce grown on a rooftop garden. A few days later, when you are released, you'll submit information on your recovery to your doctor through a cellphone telemedicine app.

The patient experience in hospitals, nursing homes, and other healthcare facilities has changed dramatically from the days when only semi-private rooms were available, when patients met with their doctors in crowded waiting rooms, and when medical records were stored on paper. Not only has technology transformed the patient experience, but the adoption of hospitality principles has also reshaped the way healthcare facilities operate.

The Cornell Institute for Healthy Futures (CIHF) sponsored a mini-symposium on April 12 and 13 that explored the shift toward a consumer-centered approach in healthcare. Nearly 100 industry experts, scholars, hospital and senior living administrators, physicians, nurses, architects, and students attended the conference at Cornell's Statler Hotel.

The symposium opened with a discussion of the current state of the patient experience and the barriers standing in the way of a patient-centered healthcare system. The conference then examined the needs of patients and the innovations healthcare facilities are developing to improve patient outcomes. It concluded with a look at the way technology is changing the delivery of care and how healthcare facilities are identifying different segments of the patient population to offer new levels of service in addressing their medical needs.

Current State of Patient Experience

The first session of the symposium focused on the state of patient wellness. By many health indicators, wellness in the United States is on the decline. Obesity reached an all-time high in 2017, with 40 percent of adults and 19 percent of children now considered obese, according to the National Institute of Health. One in ten Americans is diabetic and one out of three is prediabetic, a condition caused by high levels of blood sugar.

"It's all about prevention," said Reneta McCarthy, a senior lecturer at the Cornell University School of Hotel Administration. "My feeling is that we need to take that prevention all the way down to the grade schools, the high schools and the middle schools."

While the American Heart Association recommends that women eat no more than six teaspoons and men no more than nine teaspoons of added sugar a day, McCarthy said



Mary Tabacchi: "Blue-zone people don't live to be old because they're genetically predisposed. That's not the answer. It's lifestyle."

that Americans typically consume 22 teaspoons, with high school students eating as many as 40 teaspoons a day.

While a growing number of Americans are in poor health, the picture among people residing in "blue zones," the regions of the world where people live longer than average, is markedly different, said Mary Tabacchi, professor emeritus at the Cornell University School of Hotel Administration. In the five geographic areas identified as blue zones by the author Dan Buettner, residents are four times more likely than people in "wealthier nations" to be healthy and to live actively into their 90s. In his book "The Blue Zones: Lessons for Living Longer from People Who've Lived the Longest," Buettner developed a list of nine lifestyles blue-zone people follow, which include eating a plant-based diet, having a moderate intake of alcohol, maintaining regular physical activity, engaging in spirituality or religion, and knowing one's life purpose.

"You may say, 'Oh, they live to be old because they're genetically predisposed,'" said Tabacchi, who chaired the first panel at the conference. "But that's not the answer. Genetics plays about 20 percent. It's lifestyle, and their lifestyle is not too much like what we would prescribe."

Blue-zone people, for example, don't exercise at gyms, don't eat special diets, and don't have easy access to hospitals, Tabacchi said.

While programs that promote physical health are essential, what is often lacking in senior living communities in the United States is efforts to help the elderly strengthen their emotional wellness. That is why the Institute for Aging at Mather LifeWays is developing a four-week program, in partnership with the University of California, San Diego and three senior living facilities, to help older adults build their resilience.

"The idea is when we face these deficits, whether they be health-related or whether they're losses in your family, you need to be able to bounce back," said Cate O'Brien, assistant vice president and director of the Institute on Aging at Mather LifeWays in Evanston, Ill. "We all do, but it sometimes becomes harder for older adults."

One way to address the problem is help older adults access and build positive emotions. "When you have positive emotions, it makes you more open to experiences," O'Brien said. "It helps you try new things, which can then help you build resources and increase your overall resilience and fulfillment."



Cate O'Brien: "When you have positive emotions, it makes you more open to experiences. It helps you try new things, which can then help you build resources."



Robert Gavora: "An individualized, personalized experience was key for consumers in predicting where they want to go for their care."

Another key factor influencing the emotional well-being of patients is the design of healthcare facilities. Brad Perkins, chief executive officer and founder of Perkins Eastman, an architecture and design firm based in New York City, noted that "in the last two decades, there's been a huge shift in both senior living and healthcare with the introduction of a lot of thinking from the hospitality industry."

Assisted living facilities, for example, have moved from hospital-like, semi-private rooms to what is now called the "small house movement," in which private rooms are built in clusters near common dining and lounge areas, Perkins said. Hospitals have followed the same the trend, creating private rooms and clinics that resemble spas.

One hospital Perkins Eastman redesigned from a doctor-centered to a patient-centered environment is Memorial Sloan Kettering in New York City. The renovation includes a new post-surgical ambulatory space on Third Avenue that emphasizes stress-reducing and life-affirming features, such as natural plants, sunlight, and noise-reducing carpeting, and also incorporates a former bank building that has been partially retrofitted into private suites for heads of state and corporate executives.

Beyond interior design, what also promotes patient satisfaction is creating an experience that is tailored to consumers' specific needs, according to research conducted by Mercy Health Network, a regional health system of more than 40 hospitals in Iowa. "An individualized, personalized experience was key for consumers in predicting where they want to go for their care," said Robert Gavora, '15 MHA, director of the transfer center at Mercy Medical Center in Des Moines. "Emotionally, above all, consumers want to feel like they are our top priority."

Redefining Health, Care, and Experience

In their focus on prevention, healthcare facilities are developing new strategies to motivate people to adopt healthier lifestyles, as was explored in the symposium's second session. These changes can dramatically affect mortality rates: More than half of early deaths may be preventable through non-clinical interventions, including social determinants and personal behaviors, according to research presented by Sierra Hawthorne, engagement manager and behavioral science product lead at PricewaterhouseCoopers (PwC).

Studies show that personal behaviors drive 40 percent of health outcomes, while family history and genetics account for 30 percent, social and environmental factors cause 20 percent, and medical care 10 percent. Yet while individual behaviors rank at the top of the list, they must be viewed within a patient's community, Hawthorne said.

"Behavior is not an individual factor — it's closely related with a human in context," Hawthorne said. "That has been the inspiration for us to work with big data to really understand how to move the needle on this."

Over the past three years, PwC has been using machine learning to analyze various factors that affect consumer behavior, such as the density of streets, sidewalks, green spaces, and grocery



Sierra Hawthorne: "Somebody's ability to walk around safely will impact their ability to exercise, which will also impact their ability to execute a doctor's order, if they're supposed to be exercising."

stores. Another major influence on individual behavior is crime. "If you think about safety and security, somebody's ability to walk around safely will impact their ability to exercise, which will also impact their ability to execute a doctor's order at discharge, if they're supposed to be exercising every day," Hawthorne said.

Healthcare facilities can improve their patients' outcomes by addressing their needs from a holistic perspective. That approach is essential when treating patients from low-income backgrounds who may not have health insurance.

The Ithaca Free Clinic, for example, which offers free medical care for the uninsured, provides a food pharmacy stocked with fresh produce and healthy prepared meals twice a month. In addition, staff at the clinic regularly ask patients about whether they have adequate housing, employment, access to medication, and whether they are in an abusive relationship.

"We pay attention to what the patients' needs are all the way around," said Norbert McCloskey, executive director of the clinic. "We're able to offer a vast array of services because we're a charitable organization and we take no payment. That gives us a tremendous amount of latitude

that many of you may not have.”

One hospital that has been able to take a comprehensive approach toward treating patients is Martin Luther King Jr. Community Hospital in Los Angeles, which reopened in 2015 after being closed for eight years. Doctors at the hospital spend 45 minutes to an hour with each patient, with most of that time devoted to non-health needs.

Besides the 100,000 visits per year to the emergency department, the hospital offers preventative health checks at community wellness fairs as well as a farmers’ market because 40 percent of the population in the South Los Angeles area cannot afford to buy fresh produce, said Tracy Donegan, chief information and innovation officer at the hospital.

“There’s still a lot of work to be done, but at the end of the day, what we’re hearing is that the most important thing that we’re doing is building trust in our patients by providing good quality care so they will come back to our system and continue on their path to healing,” Donegan said.

Another strategy toward achieving wellness is to supplement conventional medicine with alternative therapies, such as massage and acupuncture. Canyon Ranch, which operates



Paul D'Alessandro: “We are surrounded by information like never before. The onus on us is to use that technology for good.”

two destination health spa resorts in Arizona and Massachusetts, is discussing potential partnerships with hospitals such as Mayo Clinic and the Cleveland Clinic to offer wellness programs to patients before and after surgery that would focus on nutrition and exercise.

“It’s not the way it is today, but it’s the opportunity that we sit in front of today,” said Thomas Klein, president and chief operating officer of Canyon Ranch. “How do we partner with the right people to really bring the hospitality side in with the medical and clinical side?”

One example of that type of partnership is taking place at Cayuga Medical Center in Ithaca, which opened a room last year for massage therapists from Rasa Spa, a holistic health center offering a variety of treatments from aromatherapy to acupuncture.

“We were actually partners with the local hospital and it still took us ten years to get space physically in the facility,” said Rachel Hogancamp, managing partner of the spa. “There’s still this mental block — there’s still this break between what’s okay and what’s not okay and how is this going to be perceived.”

Technology and Innovation

A key factor that is rapidly transforming the patient experience is technology, the subject of the symposium’s third session. Before technology can have an influence in the healthcare realm, however, medical staff must understand their customers, both from a virtual and a personal perspective.

What can uncover information about patients in today’s digital world is their clickstream, an individual’s online footprint, said Paul D’Alessandro, a partner with PricewaterhouseCoopers. An examination of a consumer’s Internet usage, for example, can shed light on his or her behavior.

A consumer’s Pinterest boards, for instance, can indicate whether he or she is open-minded or close-

mindful. A Facebook page can reveal whether he or she is agreeable or controversial. “We are surrounded by information like never before,” D’Alessandro said. “The onus on us is to use that technology for good to understand people.”

Yet while a clickstream can yield interesting information, designers can only understand patients by visiting their homes and observing the context in which they will use healthcare services and products, said Kent Lawson, chief experience and design officer for TrellisRx, a company that partners with health systems to build and operate specialty pharmacies. At TrellisRx, for example, a liaison noticed that a patient had stopped taking medication that needed to be refrigerated because his refrigerator was broken. During a visit to the patient’s home, the liaison discovered that the floor boards were also rotting and helped arrange for volunteers from a church to fix the floor.

“As designers, as you go into their homes and talk to patients, you will be amazed at what you learn because you will see things that you could not have ever imagined,” Lawson said. Although technology has the potential to modernize healthcare, the reality is that it is still primarily a cumbersome, paper-based system, said Ananth Mohan, vice president of new ventures at the Cancer Treatment Centers of America. The



Kent Lawson: “As designers, as you go into houses and talk to patients, you will be amazed at what you learn because you will see things that you could not have ever imagined.”

reason stems from heavy regulations, fragmented industries, and disincentives among payers, providers, and patients to share information. “The patients’ journey is punctuated by scheduling, rescheduling, long waits, trying to figure out whom to talk to, the financial steps to go through, followed by more scheduling and appointment setting,” Mohan said. “That is really the challenge that patients face.”

Cancer Centers of America has improved the treatment process by allowing patients to book appointments online, having all medical providers treat the patient in a single room, and providing test results to patients on a computer portal at the same time they are made available to physicians.

While telemedicine is largely based in primary care medicine, Mohan predicted it will soon become more prevalent throughout healthcare. “The use case is clear — providers get it; consumers get it,” he said. “What it means for cancer treatment and other types of healthcare is still to be determined. But I’m excited about what we’re going to see in the next three to five years.”

People and Process

The influence of hospitality principles is changing the patient experience at all levels of healthcare, panelists agreed at the symposium’s last session. In hospitals, this customer-centered approach begins when patients are welcomed into the lobby and are greeted in the same way they would be at a luxury hotel.

“When they come in, don’t say, ‘Are you here to check in?’ It’s obvious they’re there to check in,” said Kelly Abramson, administrative director at Penn Medicine in Philadelphia. “Change the paradigm and change the conversation. Welcome them. Tell them they made the right choice and tell them they’re in the very best hands. What we’re trying to do is change the culture on this.”

Another example of language usage is the labels

hospitals assign to the physical aspects of their buildings. For example, hospitals still use the phrase, “waiting rooms,” while the hospitality industry calls them “lounges,” Abramson said. “It’s going to take a lot for my generation to change the way they think about space,” she said.

Lenox Hill Hospital in Manhattan turned to the patients themselves for suggestions on how to improve their experience by creating a patient and family advisory council. When the hospital asked the council’s members what frustrated them the most, their answer was the patient gown. So the hospital began designing a new hospital gown, with input from the council, which will be test-piloted on patients this summer.

“The patient gown hasn’t changed in 100 years, and you have to wear it,” said Joseph Leggio, senior director of patient and customer experience at Lenox Hill. “The minute you come into a hospital, we take dignity, respect, and choice away. We tell you what you’re going to eat, what test you’re going to take. Everything you do, we control.”

In an effort to give patients more choice, Lenox Hill revamped its food service and then tested it in three units last year. Under the new “room service” plan, hosts visit patients and ask them what they want to eat and when they want their meals delivered. All meals are made-to-order, using fresh produce from a rooftop garden.

A survey of patients who had been discharged showed that within a month of introducing the “room service” plan, patient satisfaction shot up from 1 to 99 percent, Leggio said. The hospital hopes to implement the new program in all of its units by the end of 2018.

One way to finance improvements in hospitals is to charge segments of the market more for amenities that are typically not offered to all patients. At the University of Rochester Medical Center, for example, the Executive Health Program targets corporate executives who



Kelly Abramson: “Change the paradigm and change the conversation... It’s going to take a lot for my generation to change the way they think about space.”

come to the hospital for a one-day intensive, preventative physical examination.

During their visit, the executives undergo ultrasounds, pulmonary testing, cardiology stress testing, and vision testing, among other services. They meet with specialists to focus on particular medical issues and are introduced to the hospital’s chief medical officer, chief of surgery, and chief of cardiology.

“It just sort of makes them feel important that some of our leadership team took the time to meet with them,” said Laurie Kopin, executive director of patient services at University of Rochester Medical Center. “It’s about them, it’s about their day, and it’s about being Number 1.”

One of the newer aspects of the executive health initiative is the lifestyle program, in which hospital staff, such as nutritionists and behaviorists, connect with executives in the program via video conference wherever they are working around the world. The one-year program is designed to keep the executives on track toward a healthy lifestyle.

“Not everybody needs this — there are people who are just fine,” Kopin said. “But there are

many of them who have developed bad habits because they are working 80 hours a week. And they're eating fast food or they're not able to eat heart-healthy because they aren't at home or they've been sitting in airports for long periods of time."

The hospital executives on the panel stressed that such programs generate revenue that help provide amenities to other patients who may not be able to afford them. "At the end of the day it's a business," said Leggio. "With a 1.3 percent profit margin, how do you make this work? What we did is we focused on the VIP floors to supplement and help pay for everyone else."

Kopin said the University of Rochester Medical Center does not have a "VIP" floor but said the Executive Health Program "generates millions of dollars every year because we're focused on stewardship. The work that we do keeps these philanthropic donors happy, and we keep them closely connected to our hospital, which benefits all patients."

Future Outlook on the Patient Experience

The patient experience in healthcare facilities has drastically changed over the past two



Laurie Kopin: "The work that we do keeps philanthropic donors happy, and we keep them closely connected, which benefits all patients."



Joseph Leggio: "The patient gown hasn't changed in 100 years and you have to wear it... we take dignity, respect, and choice away."

decades, according to the panelists at the symposium. As patients have demanded that hospitals and senior living centers become more focused on their needs, the consumer has taken center stage in the healthcare world. Technology is improving the patient experience by offering consumers quicker access to the information they need, whether it's test results, signups for doctors' appointments, or nutritional advice. Within the next five years, healthcare experts predict that telemedicine will become more widely available to patients who are under the care of specialists, and not only to those being treated by primary care physicians.

What has also enhanced the patient experience in healthcare facilities is the adoption of the hospitality principles that consumers have come to expect in other service industries, such as hotels, restaurants, and spas. Room-service quality food, doormen who greet patients in hospitals, and massage therapists in healthcare facilities are just some of the ways hospitality and healthcare are becoming intertwined in their mission to provide consumers with the highest quality experience on their journey toward healing.

For additional information on CIHF programs, please contact the institute at CIHF@cornell.edu.



Agenda

Cornell Institute for Healthy Futures

Innovating Across Health, Hospitality, and Design

2018 Mini-Symposium - Patient Rx: Healing the Whole Human

Thursday, April 12, 2018

5:00 - 7:00 p.m.

Welcome Reception

Whole Human Healthcare Innovation Challenge

Carrier Ballroom

Statler Hotel

Symposium Chair:

Rohit Verma

Executive Director, CIHF

Dean of External Relations, Cornell SC Johnson College of Business

Cornell University

Friday, April 13, 2018

7:30 - 8:00 a.m.

Registration & Networking Breakfast

Amphitheatre Foyer

Statler Hotel

8:00 - 8:30 a.m.

Welcome & Introductions

8:30 - 9:15 a.m.

**SESSION #1: Current State of Patient Experience
& Biggest Problem to be Solved**

Session Chair:

Mary Tabacchi

Professor Emeritus, Cornell University

Panelists:

Healthcare

Robert Gavora

Director, Transfer Center at Mercy Medical Center

Senior Living

Cate O'Brien,

Assistant Vice President & Director, Institute on Aging

Mather LifeWays

Design

Brad Perkins

Chairman & CEO, Perkins Eastman

Wellness

Reneta McCarthy

Senior Lecturer, Service Operations Management

Cornell University

10:00 - 10:30 a.m.

Break & Group Photo

10:30 - 12:00 p.m.

SESSION #2: Redefining Health, Care, and Experience

Session Chair:

Alexis Strong

PhD Student, Cornell University

Panelists:

Biological & Physiological Needs

Nobert McCloskey

Executive Director, Ithaca Free Clinic

Safety Needs

Sierra Hawthorne

Engagement Leader & Behavioral Health Product Lead
PricewaterhouseCoopers

Social & Community Needs

Thomas Klein

Chief Operating Officer, Canyon Ranch

Esteem & Self-Actualization

Tracy Donegan

Chief Information and Innovation Officer
Martin Luther King, Jr. Community Hospital

12:00 - 1:00 p.m.

Lunch

Informal table discussion topics

1:00 - 2:15 p.m.

SESSION #3-1: Technology and Innovation

Session Chair:

Brooke Hollis

Associate Director, CIHF
Associate Director, Sloan Program in Healthcare Administration
Cornell University

Panelists:

Paul D'Alessandro

Partner, PricewaterhouseCoopers

Kent Lawson

Chief Experience & Design Officer, TrellisRx

Ananth Mohan

Vice President, New Ventures
Cancer Treatment Centers of America

2:15 - 2:30 p.m.

Break

2:30 - 3:45 p.m.

SESSION #3-2: People and Process

Session Chair:

Alex Susskind

Associate Director, CIHF
Associate Professor, School of Hotel Administration
Cornell University

Panelists:

Kelly Abramson

Administrative Director, Penn Medicine

Rachel Hogancamp

Co-Founder, Rasa Spa

Dr. Laurie Kopin

Executive Director, Patient Services
University of Rochester Medical Center

Joseph Leggio

Senior Director, Patient and Customer Experience
Lenox Hill Hospital

3:45 - 4:00 p.m.

Wrap Up

4:00 - 5:00 p.m.

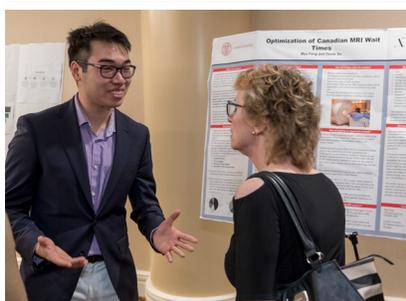
Closing Reception

Yale/Princeton Rooms
Statler Hotel



Whole Human Healthcare Innovation Challenge

Student teams participated in a competition aimed at generating innovative, patient-centric care delivery solutions. Teams presented their innovations to the group for judging on Thursday during the Welcome Reception.



1st Place

Max Feng & Derek So

*Optimization of
Canadian MRI Wait Times*



2nd Place

Mingzhu Lu, Nixon
Cheung, & Shujia Chen

*A Small Endeavour to Prevent
Postpartum Complications
and Maternity Death*



3rd Place

Y Pham & Xin Wen

*Project Mapping:
An Innovation in Transforming
the Healing Environment*



Roundtable Chair



Rohit Verma

Executive Director, Cornell Institute for Healthy Futures
Dean of External Relations, SC Johnson College of Business
Cornell University

Panel Chairs and Panelists



Kelly Abramson

Administrative Director,
Penn Medicine



Paul D'Alessandro

Partner,
PricewaterhouseCoopers



Tracy Donegan

Chief Information and
Innovation Officer,
Martin Luther King, Jr.
Community Hospital



Robert Gavora

Director, Transfer Center
Mercy Medical Center – Des
Moines, West Lakes



Sierra Hawthorne

Engagement Leader &
Behavioral Health Product
Lead, PricewaterhouseCoopers



Rachel Hogancamp

Co-Founder, Rasa Spa



Brooke Hollis

Associate Director, CIHF
Associate Director, Sloan
Program in Healthcare
Administration



Thomas Klein

Chief Operating Officer,
Canyon Ranch



Dr. Laurie Kopin

Executive Director, Patient
Services; University of
Rochester Medical Center



Kent Lawson

Chief Experience & Design
Officer, TrellisRX



Joseph Leggio

Senior Director, Patient and
Customer Experience; Lenox
Hill Hospital



Reneta McCarthy

Senior Lecturer, Service
Operations Management;
Cornell University



Nobert McCloskey

Executive Director,
Ithaca Free Clinic



Ananth Mohan

Vice President, New Ventures
Cancer Treatment Centers
of America



Cate O'Brien

Assistant Vice President &
Director; Institute on Aging,
Mather LifeWays



Brad Perkins

CEO, Perkins Eastman



Alexis Strong

PhD Student, Cornell
University



Alex Susskind

Associate Director, CIHF
Associate Professor, School
of Hotel Administration



Mary Tabacchi

Professor Emeritus, Cornell
University

Innovating across health, hospitality, and design to create a...



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