

Looking Back. Thinking Forward.



Over the course of 2023, the Human Understanding Institute produced 9 **nSights** – focused briefs that use NRC Health data and expertise to illuminate issues at the intersection of healthcare delivery and Human Understanding®. Next month, we will release our **2024 Experience Perspective**, a report that highlights focal points for the year and presents a compelling look at trends seen through the eyes of consumers and patients. In the meantime, this first nSight of 2024 recaps key points from each of the nSights published last year so healthcare leaders have a central source of information with links to each of the originals.

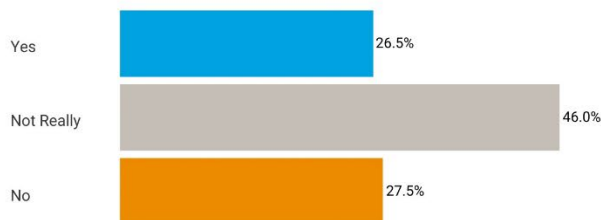
AI in Healthcare: Promise and Pitfalls

[Read the full December 2023 nSight →](#)

Healthcare is a powerful example of how artificial intelligence (AI) is transforming the world. There is real promise in AI-driven care, with functions ranging from optimizing scheduling and streamlining operational processes to facilitating diagnoses, tailoring treatment plans, and personalizing care. That promise, however, is matched by confusion among patients, consumers, and healthcare professionals about what AI is, the benefits and risks it carries, and the ethical concerns it will continue to raise as usage grows. Our research indicates that building trust requires health systems to clearly explain what AI is – and their vision for using it – to patients and communities as well as employees and affiliated staff. This nSight highlights five key points:

1. Nearly 75% of healthcare consumers do not have a clear sense of how AI is used in healthcare.
2. There are myriad uses of AI in healthcare and it's important to think carefully and explicitly about how each one impacts both patients and care teams.
3. While people are appropriately cautious about AI, those who report familiarity with AI are more likely to report being hopeful, excited, and confident about its use.
4. Trust in the use of AI for various clinical functions is markedly higher for consumers who report familiarity with AI – but even they trust doctors alone more than doctors using AI.
5. Trust in care providers and trust in AI will be increasingly intertwined, and education will need to address its promise as well as potential pitfalls and how those pitfalls will be handled.

Do you have a sense of how Artificial Intelligence (AI) is used in healthcare?



Source: NRC Health Market Insights

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"AI is like nuclear energy. Same technology – far different outcome based on intent. It's really important that we get this right."

- Paul Coyne, SVP and Chief Nursing Executive, HSS (Hospital for Special Surgery) on the March 2023 episode of NRC Health's Patient No Longer podcast

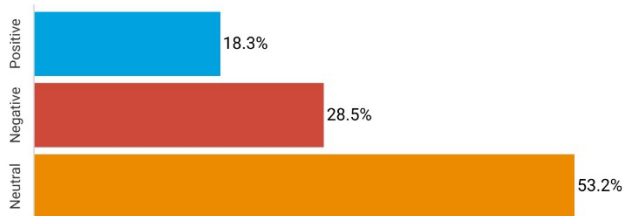
The 'Ouch' Factor of Billing and Payment

[Read the full November 2023 nSight →](#)

Consistent with NRC Health's call for health organizations to take a broad view of experience, this nSight focuses on the financial experience in healthcare. While the billing and payment process is not under the direct control of patient experience leaders, confusion around the process has a direct, detrimental effect on the overall perception of care. When this is seen through the lens of Human Understanding – understanding and addressing what matters to each person – there is no question that financial experience and patient experience are intertwined. This nSight emphasizes four points:

1. It is important for experience leaders to understand the difference between cost, charges, and reimbursement at a conceptual level and to consider how communication about these aspects affects patients at a practical level.
2. Only 36% of healthcare consumers believe that hospitals and health systems are upfront and transparent about the prices of healthcare services they provide.
3. While patients most often characterize the billing experience as 'neutral,' a significant proportion of people report that their most recent billing experience was negative.
4. Negative experiences with the billing and payment process very clearly neutralize or invert positive care experiences, resulting in a poor overall perception of care.

Imagine you had a positive care experience, but then you have a bad experience with the billing and payment process. How would the billing process impact your overall perception of care?



Source: NRC Health Market Insights

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“The red tape with billing – cannot get my insurance processed correctly, cannot get a callback – is unacceptable.”

- Patient

The Great Brand Blur

[Read the full October 2023 nSight →](#)

Healthcare brands – organizations providing healthcare – face an invisible and intimidating force: homogenization. The pandemic further knotted healthcare brands together in consumers' minds and created a full-on brand blur. This nSight highlights five key points:

1. Unified COVID messaging captured many different healthcare brands under a single voice and further blurred the lines between hospitals, clinics, health departments, and so on.
2. Brand differentiation in healthcare has been historically difficult and the Great Brand Blur is going to make competitive separation even more difficult.
3. Consumers are more than ready for fresh messaging – and real engagement – and demand brands show their cards on what makes them valuable and worthwhile.
4. PX impacts brand perception for organizations of all sizes. But as an organization grows, the connection between experience and brand gets stronger, to the point where 50% of brand perception can be explained by HCAHPS star ratings in large systems.
5. Branding is external in nature but comes together internally – healthcare organizations must explore their brand and be bold in new positioning and promotion.

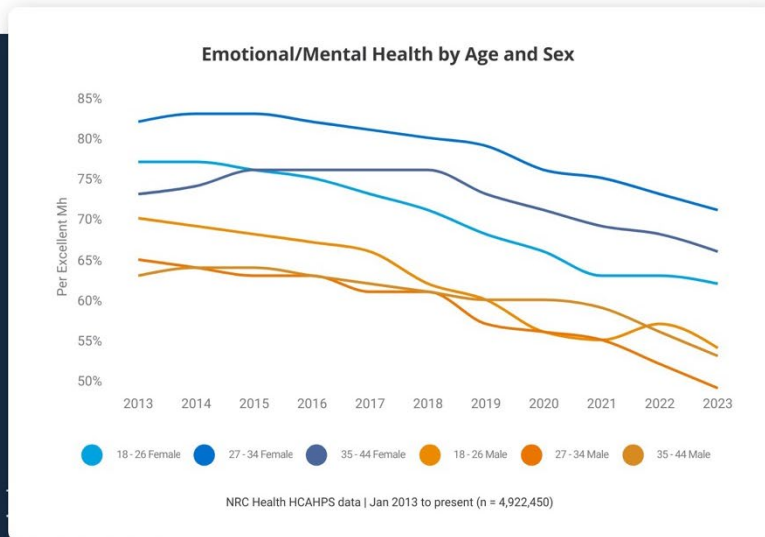


A Closer Look at Mental/Behavioral Health

[Read the full September 2023 nSight →](#)

Our [July nSight](#) demonstrated that, nationally, emotional or mental health ('mental health') reported by patients has been declining over the past decade. In parallel, the evolving understanding of – and willingness to talk about – mental and behavioral health has helped reduce longstanding stigmas, generating unprecedented demand for services. Here we take a closer look, primarily by stratifying data on both mental health and perceptions about therapists by age, sex, and race/ethnicity. The patterns that emerge from our demographic analyses reinforce the importance of going even deeper in practice. This nSight highlights six key points:

1. The proportion of people in our HCAHPS sample who reported 'excellent,' or 'very good' mental health dipped from 65% in 2013 to 60% in 2023. A ZIP code-level analysis illustrates that the overall decline is not universal: In some parts of the country, self-reports improved.
2. While younger patients (ages 18-44) have reported substantial declines in mental health over the past decade, their ratings are still higher than those reported by patients in older age groups. Self-reported mental health for patients in the oldest age group (85+) has been consistently low; people in this age group have the highest rate of suicide in the United States.
3. After several years of reporting higher mental health, females now report their mental health as slightly worse than do males. The crossover point coincides with the onset of the pandemic in 2020. However, younger males report markedly lower mental health than do females in the same age groups.
4. Our analysis reveals a concerning downward trajectory for young males: Only 50% of 27-to-34-year-olds rate their own mental health as 'excellent' or 'very good.' This age group has the second highest rate of suicide in the United States.
5. While this decline in self-reported mental health is evident across different racial/ethnic groups, the biggest differential over the past decade is among people identifying as Native Hawaiian/Pacific Islander and Native Alaskan/American Indian.
6. Patients who are 18-26 years old, who are older than 85 years old, or who identify as Hispanic express markedly lower perceptions around therapist listening, trust in therapists, and consistency of therapists. Males reported slightly lower perceptions on each of these metrics than did females.



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"I seem to be having some sort of mental health crisis. For example, I find myself crying all the time. My guess is there isn't one answer but what are some things we can consider?"

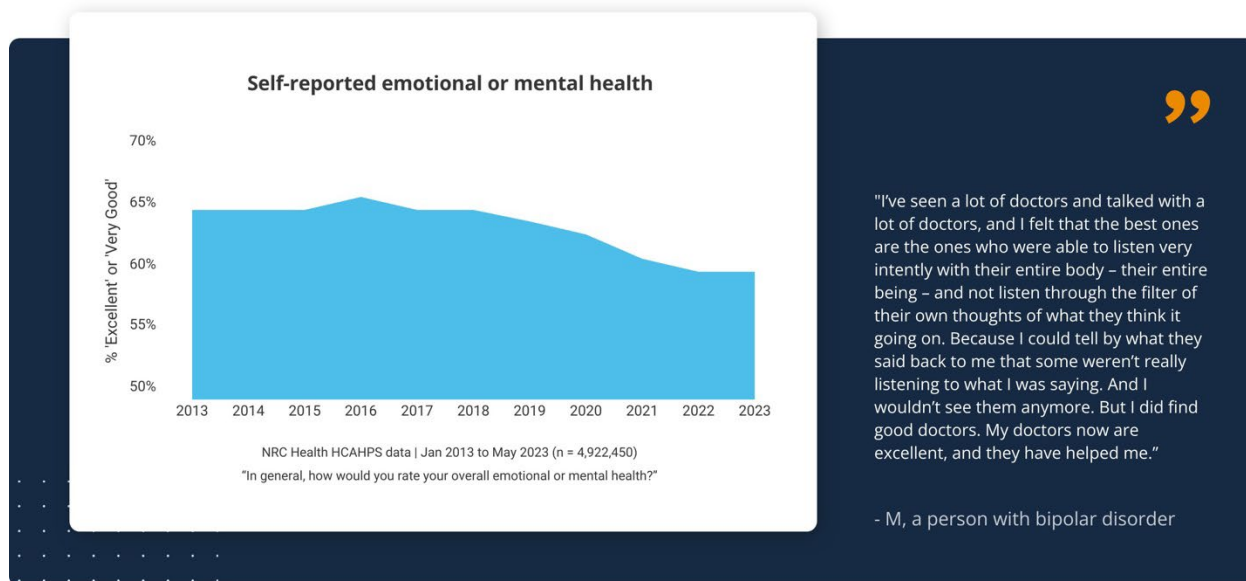
- Healthcare patient

An Experience Perspective on Mental/Behavioral Health

[Read the full July 2023 nSight →](#)

Given that addressing mental and behavioral health is one of the most pressing healthcare needs in the United States, it's essential to be clear about what these terms mean. [Mental health](#) encompasses cognitive, emotional, psychological, and social well-being. [Behavioral health](#) reflects a more holistic perspective that includes both mental health and the impact of behavior (e.g., lifestyle habits, substance use challenges) on overall well-being. This conceptual clarity underscores the complex interplay between mental health and behavioral patterns as well as that between behavior and mental health. This nSight features four key points:

1. Nationally, patients' self-reported emotional/mental health (as measured by the HCAHPS) has been declining since 2016.
2. Within particular markets, there is considerable geographic variability in self-reported mental health and access to behavioral health services. Paying attention to this variability can help healthcare organizations better target support within the communities they serve.
3. Patients tend to have a favorable impression of the individual therapists they see in terms of listening and trust, but only about two-thirds say their therapists are consistent with each other.
4. The core vectors of Human Understanding® – connect with me, listen to me, partner with me – have added importance on both sides of the stethoscope when it comes to addressing behavioral health.



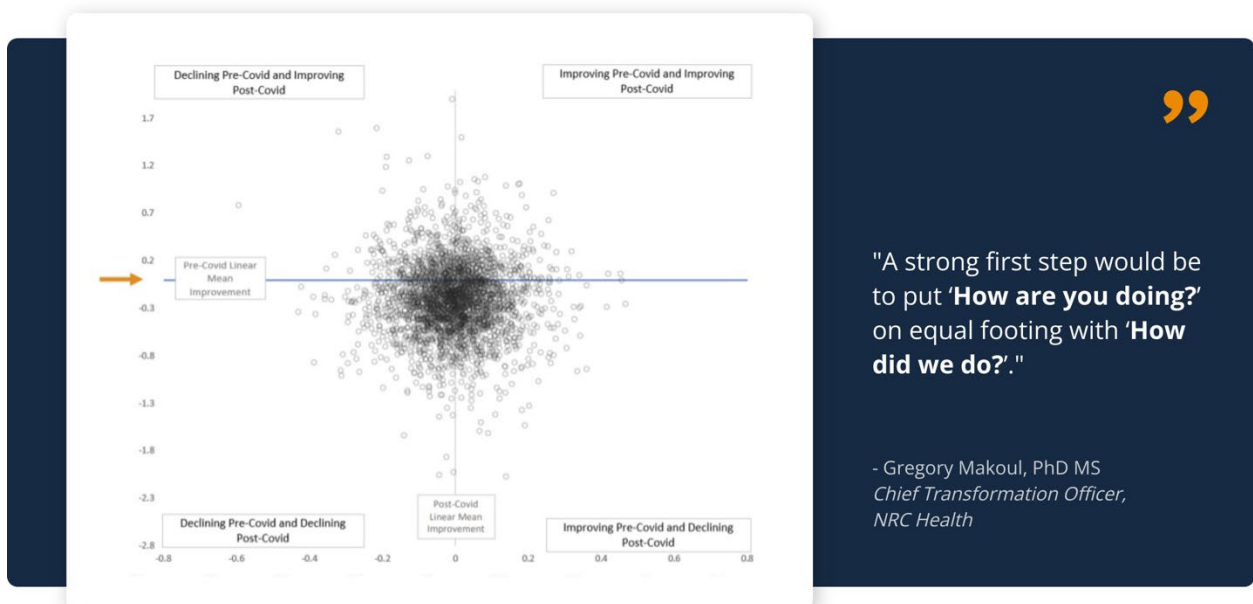
Moving the HCAHPS Needle

[Read the full June 2023 nSight](#) →

The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey is the national standard for collecting patients' perceptions of their hospital experience, a relatively small but hugely important and expensive aspect of the overall healthcare picture. Early on, HCAHPS served as a focusing mechanism that sparked considerable improvement by positioning patient experience as a key element of overall quality. Despite the time, energy, and money devoted to HCAHPS at a national level, scores plateaued around 2017 – years before the onset of the pandemic. It's time to take a broader view of HCAHPS through the lens of elevating experience in everyday practice. This nSight highlights six key points:

1. Recency effects are real, but complicated. Three-quarters of HCAHPS mail surveys are returned 44 days after discharge. By then, overall rating scores have dropped to 71% compared to an overall rating of 78% associated with surveys returned 10 days after discharge. Some of this decline is likely due to the tendency for people with negative experiences to respond more slowly.
2. A complementary approach makes sense. Compared to 'real-time' instruments used to gauge inpatient experience, HCAHPS tends to capture a smaller proportion of people under the age of 58 (i.e., Gen X, Millennials, and Gen Z). Using both approaches will yield more, and more diverse, voices.
3. In terms of scores, [nationally publicly-reported data](#) indicates that the pandemic set HCAHPS back almost a decade. Looking at the benchmark data for HCAHPS surveys administered by NRC Health tells a similar story: The average overall rating in 2022 (71.1%) is at a level not seen since 2014.

4. There are bright spots. While most organizations have seen big pandemic-associated hits to HCAHPS, about 26% (757 of 2,937) have demonstrated measurable improvement post-Covid, and some of these were actually declining pre-Covid.
5. Realizing the [Power of 'Doing' Human Understanding®](#) while taking a [Fundamentals First](#) approach sets the stage for moving the HCAHPS needle. In terms of tactics, our data shows that cultivating comments, engaging in purposeful Nurse Leader Rounding, automating discharge calls, and accelerating service recovery are direct paths to marked improvement.
6. It's not about checking the box. Actively demonstrating that patient experience is a priority – as evidenced by all leaders and care providers who make an effort to create exceptional experiences – is the common factor in success stories from three organizations.

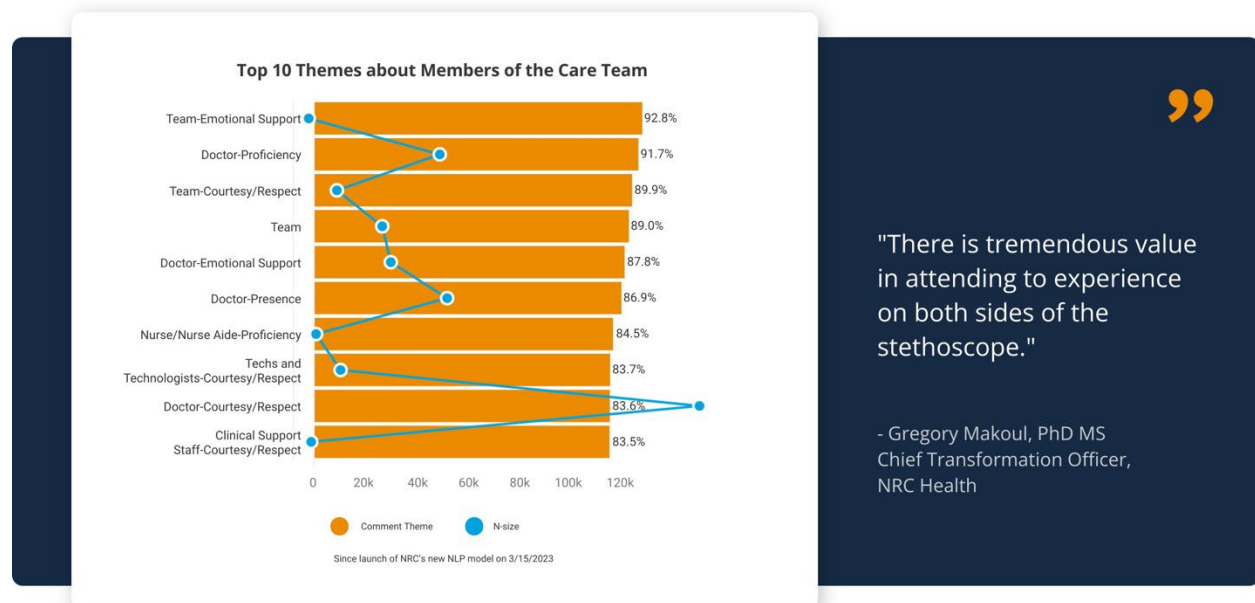


Appreciating the Care Team

[Read the full May 2023 nSight →](#)

Experience data has often been associated with bad news and admonitions to do better. But most patient comments are positive. Sharing compliments with members of the care team is a simple way to let them know the good news, a practice that can inspire them to bring their best selves to the workplace. What does it take to do this on a regular basis? This nSight highlights five key points:

1. Yearning to be validated and appreciated in a meaningful manner is a common theme in the results garnered through NRC Health's Workforce Engagement initiatives.
2. It's time to dispense with the notion that all patient comments are negative: In our most recent sample of comments, just 11% were negative; 76% were positive, and 13% were neutral.
3. When we look at the subset of comments about members of the care team, the percentage of positive comments exceeds the overall positive marker, ranging from 83% to 93% positive.
4. NRC Health has launched two advanced capabilities to make sharing comments more reliable and vastly easier: enhanced Natural Language Processing / Text Analytics and Compliment Sharing.
5. Health systems have engaged in creative ways to recognize members of the care team. Now it's easier to show appreciation for members of the care team at scale.



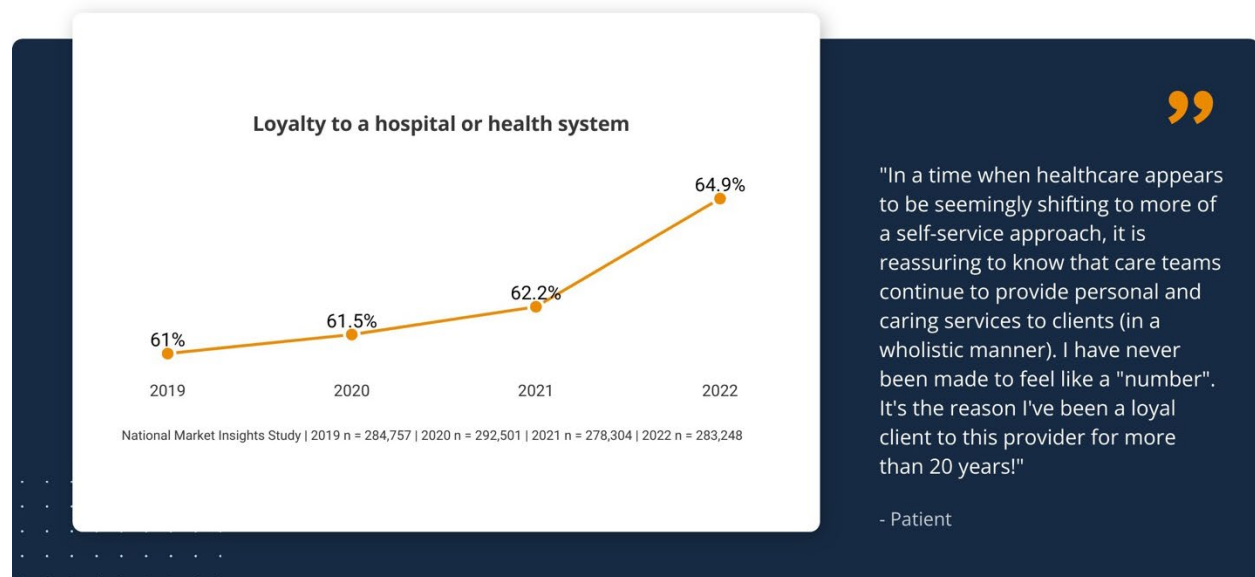
Turbulence, Trust, and Loyalty

[Read the full March 2023 nSight →](#)

[Read the pediatric-specific March 2023 nSight →](#)

At the onset of the pandemic, there was an outpouring of support for healthcare professionals and organizations. As the country settled into a pattern of chaos and calm punctuated by the emergence of COVID variants, the Healthcare Heroes narrative shifted, sometimes drastically. This turbulence makes it even more important to track trust and loyalty, especially as organizations contend with deferred care and decreasing margins. Taking a broad view of experience, NRC Health has long measured trust and loyalty through unique research that reveals how sentiment shifts over time, at both the market and patient levels. Who do people trust now? What's driving loyalty for healthcare brands and providers? How can loyalty be improved upon? The answers to these questions can give leaders a better grasp on market position, future utilization, and growth opportunities. Our analysis reveals four main points:

1. At a market level, while trust in healthcare roles and organizations has increased over the past decade, consumers still place more trust in doctors and nurses than in healthcare facilities.
2. Loyalty is increasing. Insurance coverage, previous experience, and location are the strongest market-based drivers, and have been for years.
3. At the individual patient level, provider listening is the main driver of trust. Knowing patients' medical histories and giving them enough information also help build trust in providers.
4. Trust in providers and Human Understanding® – a more 'organizational' measure of whether patients feel that everyone treated them as unique persons – interact to drive provider loyalty. Human Understanding is the more powerful vector, but both are reliable and important predictors.



Explore additional nSight reports to get insider data and perspectives you need to drive strategic change. [Discover More](#).

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