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, Dr. Arnold Milstein, 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 start to 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 hospital process measures with other critical aspects of the hospital’s market, structure, and outcomes while controlling for different patient and hospital characteristics. Moreover, there is little evidence addressing whether the new legislative policies, urging the nation’s hospitals to improve their patient care processes and satisfaction, will lead to better clinical outcomes and, at the same time, control inpatient costs and resource use. 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 to address issues that are critical to the implementation of a patient-centered hospital strategy and get feedback from practicing hospital leaders and decision makers. To our knowledge, no such national database currently exists to address these types of issues and that can simultaneously engage key stakeholders who will be responsible for guiding implementation of PCC in our nation’s hospitals. Moreover, by linking data on the patient’s race/ethnicity, insuror/payer, age, gender, chronic conditions, and medical conditions, we will have an extremely robust database to analyze how differing mixes of patients and clinical conditions influence patient centered assessments. In addition, as future efforts by PCORI and other national organizations refine and develop new PCC related data, our database could be supplemented with more current data, adding to its longitudinal dimension and permitting us to track ongoing PCC efforts and priorities at the national level.