



MEASURING WHAT MATTERS: Connecting Excellence, Professionalism and Empathy

SCOTT WALLACE, JD, MBA AND ELIZABETH TEISBERG, PhD

Like nearly every clinician, Dr. Hartwig Huland, the founder of the Martini Klinik in Hamburg, Germany, cares about each patient's experience of care. Huland, a renowned prostate cancer surgeon, walks the halls checking on patients and families both before and after surgery. He's known for promptly returning patients' calls and working late into the night responding to their emails, whether he saw the patient a day or a decade before. Listening to him, it's clear that he thinks hard about patients' experiences at the Martini Klinik – about how they and their families were treated, about whether his team did everything they could to make care convenient, stress-reducing and well-matched to patients' preferences.

What's different about Dr. Huland – and the entire Martini Klinik team – is their obsession with another dimension of patients' experiences: the functional outcomes patients achieve. Nerve and muscle damage from radical prostatectomy surgery often impairs a patient's potency and continence, with average post-surgical rates of impotence in Germany of 75.5% and incontinence of 43.3%. In contrast, patients at Martini Klinik have rates of impotence of 17.4% and incontinence of 9.2%, about one-fifth the national average, while retaining the typical 95% rates of five-year, disease-specific survival.¹ The Martini Klinik team defines professional success as improving these key measures of patients' results. The culture engenders palpable excitement around achieving medical excellence. While the norm in Germany, as in many countries, would be for a successful physician to become a department chief, none of the faculty surgeons have left Martini. Nor have they traded in their white coats for the suits and ties of executive positions. The team's relentless focus on measuring and improving outcomes supports the professional need for meeting meaningful challenges. Their achievements are aligned with medicine as a calling and a profession.

If this culture sounds different from the norm, it is – intentionally so. Dr. Huland set out to develop a team that differs starkly from the usual medical hierarchy. The Martini Klinik's distinctive culture is rooted in measuring what improves patients' lives. While there are hundreds of possible performance measures

for physicians, the critical questions asked at the Martini Klinik are about the patients, not just about the doctor's performance.

Patient results determine quality of life and are therefore the most important measure of physician performance. Measuring patients' outcomes during and after care supports professionalism and medical excellence. At the same time, clinicians' focus on patients' outcomes links professional aspirations with profound empathy for patients.

FUNCTIONAL OUTCOMES

Patients seek care to regain or retain capabilities – what physicians call functional outcomes. Patients with traumatic brain injuries confront challenges in their ability to independently complete activities of daily living and manage emotional distress.² Patients with head and neck cancer may contend with difficulty swallowing and talking.³ Circumstances such as a degenerating hip joint or a cataract, for example, limit and threaten the ability to walk or to see.

Because regaining or retaining capabilities is the core reason patients seek care, measuring health care's success in these dimensions is imperative. Measuring changes in patients' capabilities allows clinicians and patients to determine if care is successful. Functional outcomes, the capabilities patients have during and after care, describe health care quality and clinician performance. Medical circumstances vary greatly, but capabilities during and after treatment are consistently the outcomes of deepest concern to patients. Rehabilitative medicine typically leads in measuring these outcomes, because recovering capabilities is *the purpose* of rehabilitation.

Functional Outcomes are Multi-Dimensional.

Patient outcomes have multiple dimensions. In simplest terms, there are three categories: the outcomes of care (survival, extent of recovery and functional outcomes), outcomes during care (patient experience) and long-term health (sustainability).⁴ Understandably, significant effort has gone into tracking mortality and risk adjusting that data. But patients facing and clinicians treating lifelong or life-

ending conditions understand that the capabilities that affect quality of life may be as significant as survival.

Most clinical teams treating spinal injury, stroke or TBI measure functional outcomes routinely, while other areas of health care are just now opening the conversations about the relevance of functional outcomes and which capabilities need to be tracked.⁵ About half of U.S. adults have a chronic medical condition and one-quarter have multiple chronic conditions.⁶ About one-fourth of people with a chronic medical condition have activity limitations as a result.⁷ The ongoing rise in incidence and quality of life impacts of these conditions signals that functional outcomes for patients will become increasingly prominent concerns.

For many patients, health care is not an event or episode, but a part of daily life and the experiences of outcomes during care are ongoing. Measurement efforts rarely track improvement in capabilities and other positive experiences during care. While it is important to monitor length of stay, errors, adverse events and the disutility of treatment, the care delivery team also needs to recognize and measure the good it achieves. In addition to capabilities, there are two other positive measurement categories that are specific to health care: comfort and calm.

Comfort is success in lessening the burden of disease or injury. Reducing physical pain and emotional angst promotes healing and health. Consequently, improving patients' comfort both during and after care is an essential goal of care for most patients and clinicians. Comfort's importance necessitates its measurement. Measuring comfort doesn't require comparing one person's pain to another. Instead, the important metric is the directional change over time for a particular patient. It also matters significantly that the individual is satisfied with his or her own level of comfort. The patient's assessment of changes in physical and emotional comfort tells the care team if more support is needed.

Calm is success in lessening the stress of treatment. Health care, as presently structured, is anxiety-inducing and calm-defeating. An environment of safety, tranquility and peace is often lost amid the chaos of scheduling and the chirping monitors, strange noises and smells of a hospital. Calm can be enhanced by streamlining the time required to seek and obtain care, reducing the complexity and inconvenience of appointments and instructions, and enhancing personal support for questions and logistics. Treatments disrupt daily life for the patient and family, and appointments or procedures often trigger anxiety and fear. Scattered outpatient appointments, each requiring scheduling, missed work, transportation and co-pays make health care delivery antithetical to calm. Reducing treatment-induced stress—creating calm—is a meaningful, measurable outcome during care.

Calm reduces stress and promotes healing. Children's hospitals—from New York Presbyterian Morgan Stanley Children's Hospital in New York with a pirate-ship-themed CT scanner, to the quiet, soft-light environment of the neonatal intensive care unit at Seattle Children's Hospital—restore calm by creating environments that are less distressing for patients. Adult care, too, should focus on reducing distress and anxiety for patients and families. Measuring success in achieving calm can advance that goal.

OUTCOMES AND PATIENT SATISFACTION

While the essence of quality in health care is better health outcomes, most currently required measurements track process compliance or patient satisfaction rather than improved health. Satisfaction surveys address more than hospitality, asking whether patients understood

their instructions and whether nurses responded promptly when summoned. Patient experience questionnaires seek data on comfort and dignity. *But treating people respectfully, honoring their wishes and ensuring their comfort should not be stretch goals.*

Most surveys don't ask patients the existential question of health care, "Are you getting better?" Few patients or families receive questionnaires that ask how they are doing—if the patient is well, if pain is controlled, or if family life is in mayhem from the medical experience. Instead of improvements in capabilities, comfort and calm, surveys focus on parking, television and food.

Improvement in capabilities, as well as comfort and calm during care, matter profoundly to patients and families. Recent work documents what should be self-evident: patients don't consider ease of access, waiting time or amenities such as parking to be as important to their experience as outcomes of reducing pain and mortality.⁹ Patient satisfaction measures need to be redirected beyond hospitality to satisfaction with health outcomes during the care experience.

DRIVING IMPROVEMENT

Measuring functional outcomes supports professionalism of the care team. Clinicians who measure changes in patients' capabilities can use the results to improve care processes.

At the Martini Klinik, attention to functional outcomes drives improved surgical skill, demeanor of interpersonal interaction and attention to the patient experience of life with prostate cancer. Clinicians there explain that the primary goal of outcome measurement is to drive improvement for patients by accelerating the learning of physicians and clinical teams. The Martini Klinik's patient registries also track patients' pre-treatment risks and co-morbidities, enabling clinicians to see what care steps contributed to improved outcomes in different patient circumstances.

The Martini Klinik team measures continence based on how many times a day patients need to change a pad. The team learned that a surgical technique involving peeling back the prostate can preserve the sphincter muscle. Clinic registry data revealed that one surgeon's patients were using fewer pads, triggering a review of his technique. His method of peeling back the prostate has now been adopted by all of the clinic's surgeons (and by visiting surgeons who now observe it). The Martini Klinik's registry also revealed that efforts to get patients walking soon after surgery speeded overall recovery. Perhaps counter-intuitively, this post-surgical activity has a greater effect on recovery time than whether the surgeon performed a traditional open-incision surgery or used a robot-assisted, laparoscopic technique. Analyzing every patient's functional outcomes and the treatment that achieved them fuels insights that drive improvement for future patients.

Comparing results against meaningful benchmarks helps clinicians have perspective on how well their patients fare relative to other patients with similar severity and co-morbidities. The Martini Klinik sorts patients' results by surgeon and the entire team reviews them. Surgeons whose results are sub-par within this extraordinary group are joined in surgery by a colleague. This team culture enables each surgeon to achieve and sustain superb results for the clinic's patients.

OUTCOMES AND EMPATHY

The most professional and empathetic question in health care is not the provider-centered question, "How was I?" It is the patient-centered question, "How are you?" Empathy, the ability

to understand and share another's feelings, is central to great care delivery. The concern of clinicians for a patient usually is, and always should be, deep and profound. Functional outcome measurements inherently affirm this. Metrics of capability, comfort and calm reinforce this focus.

Neglect of empathy in commonly-used measures is exemplified by the attention to "net promoter scores." In commercial transactions, customers are often asked if they would recommend the service provider, and the score provides a measure of the delight or disappointment that a service provider (such as a hotel or waterpark) delivers. Net promoter scores predict whether customers will become advertising ambassadors. But they are at best a tangential method for assessing a patient's health and well-being. These scores are invaluable for a pub, but suboptimal for a surgical clinic.

At the Martini Klinik, functional outcome measures and empathy are synergistic. The clinic's metrics prioritize continence and potency, the two main concerns of most men undergoing prostate surgery. Relentless efforts to improve these outcomes are the essence of empathy. Functional outcome measures are empathy metrics.

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ABOUT THE AUTHORS

Elizabeth Teisberg, PhD, is a Professor of Community and Family Medicine at Dartmouth's Geisel School of Medicine in Hanover, New Hampshire. She is also a Senior Institute Associate at Harvard's Institute for Strategy and Competitiveness. Her expertise is in Strategy and Innovation, particularly in health care delivery. Professor Teisberg wrote *Redefining Health Care: Creating Value-Based Competition on Results* with Professor Michael E. Porter. Since its publication, she has worked internationally to inspire and implement innovation for dramatic improvement in health care value.

Scott Wallace is a Visiting Professor of Family and Community Medicine at Geisel. His research focuses on employee health as a business strategy and on redefining chronic disease care and transforming health care from volume-based to value-based. He was the first CEO of the National Alliance for Health Information Technology. In 2004, President George W. Bush appointed him as the chairman of the Commission on Systemic Interoperability, an eleven person federal commission created to develop a national health care IT strategic plan. Holds a juris doctorate from the University of Chicago Law School, a master's degree with honors in business administration from the University of Chicago Graduate School of Business and a bachelor's degree in economics from Duke University.