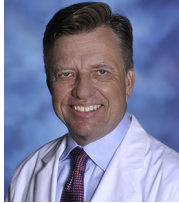


## EDITOR'S PAGE



# I Don't Care How Low My BNP Is, I Want to Feel Good



Christopher M. O'Connor, MD

One of our recent novel additions to *JACC: Heart Failure* is our Patient Perspective Series, allowing patients to provide detailed descriptions of their experiences and interactions with health care providers and health systems in their journey with heart failure. As you can see through the past several issues, we have quite a contrast of patients who have many variants of the disease, including heart failure with preserved ejection fraction, severe ischemic cardiomyopathy requiring advanced cardiac replacement therapy, including left ventricular assist device placement and cardiac transplantation, and New York Heart Association functional class III heart failure requiring an invasive monitoring device. The experiences of these patients are important and provide valuable feedback to clinicians and scientists, who are interested in advancing the field of treatment and care of heart failure patients, so that they have a better quality and quantity of life.

Health care in 2018 is undergoing an important transformation, where consumerism is helping drive a change in practice. As health system leaders, we recognize that patient experience scores are extremely important, and the evaluation of our overall performance may reflect a better course for patients, better outcomes, higher quality, lower costs, and less hospital time. In this capacity, higher patient scores are associated with greater revenue for the health system. Several studies to date now have reported that hospitals with higher patient satisfaction tended to be more profitable than lower rated facilities. The association is strongest for the components of patient care and experience that is most likely to be associated with better clinical performance. There is particularly strong evidence that the patient's

interaction with the nursing staff may be the most important covariate in determining patient satisfaction, and although patient satisfaction scores are associated with higher quality in general, this is not always the case. Therefore, it is important that this link between patient experience and clinical care quality is continually examined.

Patients' experience is commonly surveyed by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Score, and this has been correlated with clinical outcomes and process of care quality measures from the Centers for Medicare & Medicaid Services. Patients who rate a hospital experience often focus on tangible aspects of the visit, such as wait times in the emergency room or how quickly a health care provider responds to a call button. Communication is extremely important and is rated high when it occurs effectively with the staff, and it is believed that this is associated with fewer medication errors and a more personalized course of treatment. Although there are costs associated with improving patients' experience, the investment often is associated with rewards by boosting clinical outcomes and resulting in higher quality. Some recent examples of improving patients' experience from different health care systems include providing bedside tablets with an in-house MyChart app, so that patients can track their own data, including their test results, and thus reducing the number of questions and interrogations to the medical personnel. This also has provided the patients with confidence in their self-care skills. Additionally, other health systems have implemented collaborative care models for the treatment of heart failure patients, and under these models the bedside care team is a multidisciplinary team that includes a

physician, nurse, pharmacist, and discharge planner. Through this coordinated care process, clinical quality measures, such as readmission and mortality rates, have been shown to be improved by approximately 50%.

Given the recent evidence of this strong correlation between patients' experience and hospital quality as heart failure physicians and leaders, we should call on our system and administrative colleagues to invest more in the patients' journey through a health system. In this capacity alone, we will improve the

quality and outcome of our patients, not just their lab tests, and this is why we are here.

I hope you enjoy reading our Patient Perspective Letters and will encourage patients to send us their stories!

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