

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

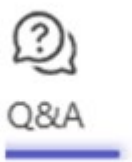
AHRQ

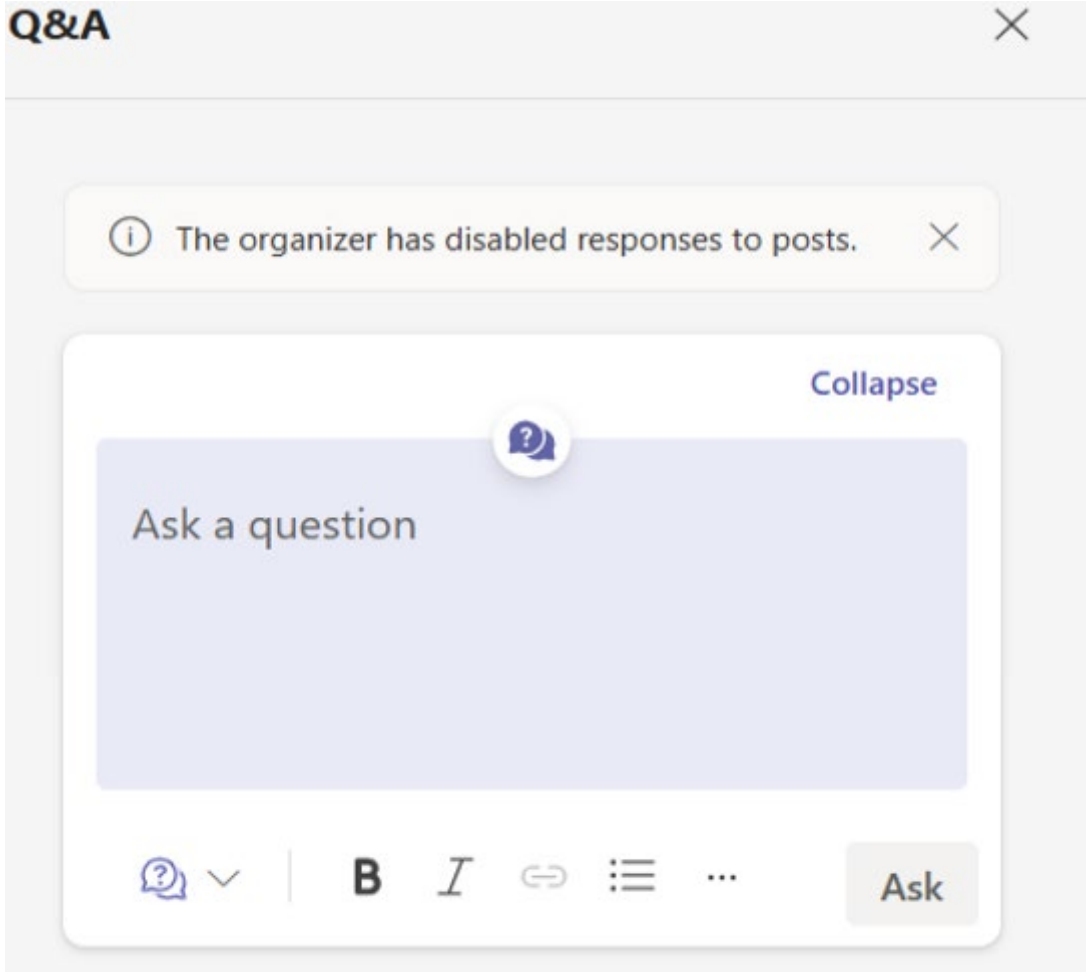
Bridging Patient-Reported Experience and Outcomes in Healthcare

A Webcast Presented by the AHRQ CAHPS User Network
Thursday, December 11, 2025
1:00 – 2:00 pm ET

Technical Info

- Event Website: https://events.westat.com/cahps/webcast/
  - Download presentation slides from our event site
- Computer audio issues
  - "Call me" or "Phone call"
- Poor connection
- Use Q&A to ask questions





Agenda

- Welcome from AHRQ
- CAHPS Program Overview
- Understanding PREMs and PROMs
- Real-World Applications
- Questions and Answers

Speakers

Ron Hays, PhD
Distinguished Professor of Medicine, UCLA Department of Medicine
Moderator

Aruna Jhasti, MPH
Health Scientist Administrator, CAHPS and SOPS Program
Agency for Healthcare Research and Quality

Eugene Nelson, DSc, MPH
Professor of The Dartmouth Institute and of Community and Family Medicine Emeritus
The Dartmouth Institute

Brant Oliver, PhD, MS, MPH, APRN-BC
Associate Professor
The Dartmouth Institute, Community and Family Medicine, and Psychiatry

AHRQ'S CAHPS PROGRAM

Consumer Assessment of Healthcare Providers and Systems

Aruna Jhasti, MPH
Health Scientist Administrator,
Center for Quality Improvement & Patient Safety,
AHRQ

Agency for Healthcare Research and Quality

AHRQ is a research and development agency in the U.S. Department of Health and Human Services

- **Health Systems Research:** Invest in research and evidence to make health care safer and improve quality.
- **Practice Improvement:** Create tools for health care professionals to improve care for their patients.
- **Data & Analytics:** Generate measures and data to track and improve performance and evaluate progress of the US health care system.
- AHRQ is not a regulatory agency and does not implement regulatory policy for payment, reimbursement, etc.
- AHRQ does not mandate the use of CAHPS surveys; requirements for using CAHPS surveys are established by other organizations.

CAHPS Program Overview

- AHRQ's CAHPS program has advanced the science of measuring and improving **patient experience**:
  - Validated surveys for high-stakes purposes
  - Supplemental questions, including narrative items
  - Quality improvement resources
  - Voluntary databases for selected CAHPS surveys
  - Research to advance the science of patient experience measurement and improvement
- Free tools, materials, technical support, and other resources

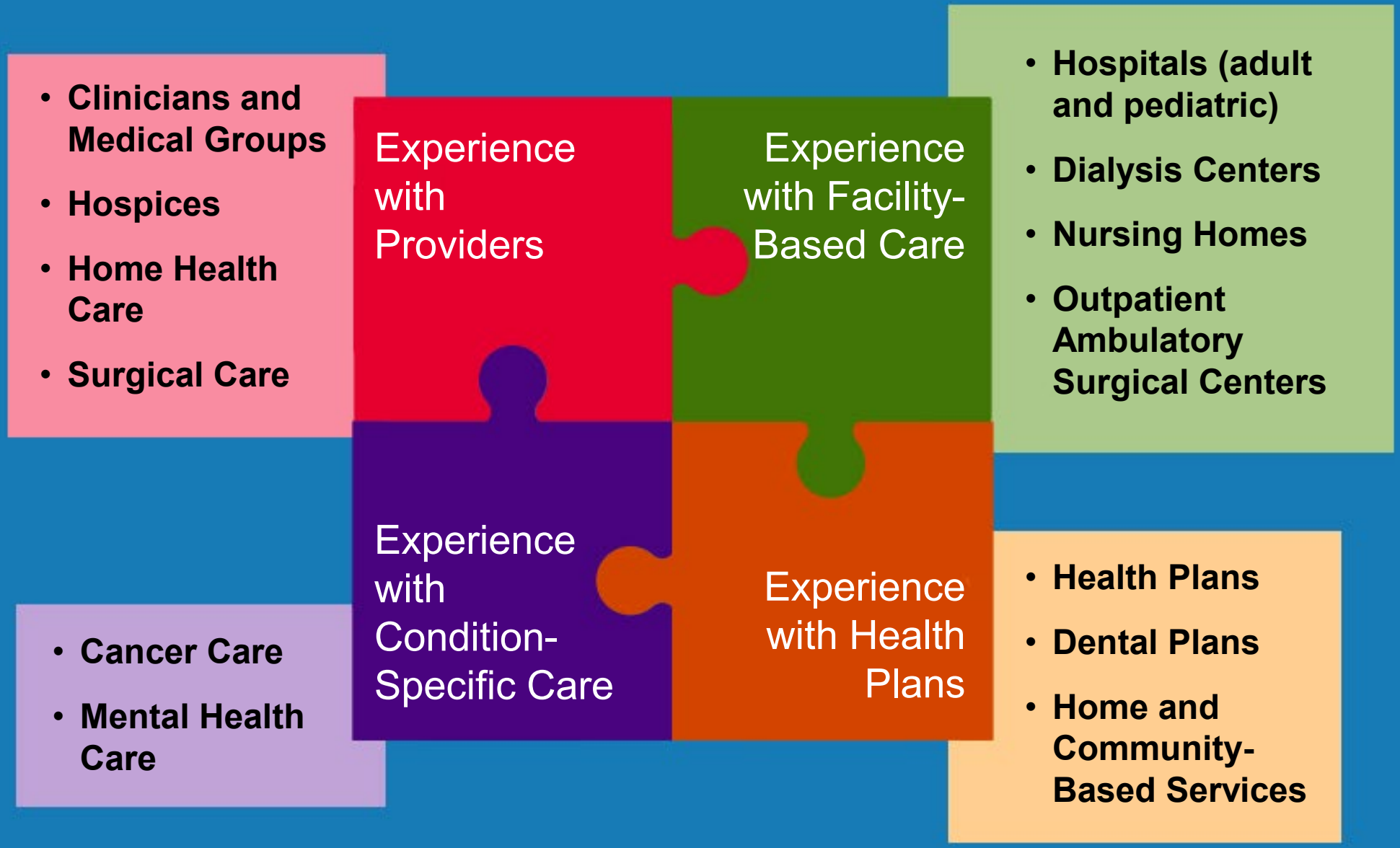
Patient Experience

CAHPS Principles

- Surveys focus on what patients want to know
- Stakeholder and user input are fundamental and ongoing
- Surveys are extensively tested
- Standardization supports comparability
- All surveys, tools, and resources are public domain

CAHPS Surveys

Measuring patient experience of care in different settings



Bridging Patient-Reported Experience and Outcomes in Healthcare

Understanding PREMs and PROMs and Their Integration

Eugene C. Nelson, DSc, MPH

Professor of The Dartmouth Institute for Health Policy and Community and Family Medicine Emeritus

December 11, 2025

AHRQ's CAHPS Webinar

Experiencing illness and receiving healthcare is a journey.

It may be a short easy hike or a long hard trek.

Integrating PREMs and PROMs into this path forward can improve both the experience and the outcomes of the patient's journey — to heal and to go on to live one's best life.

Understanding PREMs and PROMs and Their Integration

1. What are patient-reported experience and outcome measures (PREMs and PROMs) and why are they essential for delivering person-centered care?
2. What are current uses of PREMs and PROMs in the healthcare system?
3. How does combining PREMs and PROMs provide a more comprehensive picture of care that reflects vital data to measurably improve the experience and outcomes of care?

1. What are PREMs and PROMs?

- Experience: Patient reports about their experiences seeking and receiving healthcare such as access, courtesy and respect, communication, and care coordination **(PREMs)**

- Outcomes: Patient reports on their health status at a point in time such as symptoms, physical and social functioning, emotional well-being and general health perceptions **(PROMs)**

What are PREMs & PROMs?

Patient-Reported Experience Measures (PREMs)

- Healthcare organizations—including hospitals and medical offices—can gather feedback about various aspects of patients' care experiences using PREMs, such as CAHPS surveys.
- PREMs assess a wide range of patient experiences, including communication with clinicians and staff, courtesy and respect, access to care, and care coordination.
- Healthcare organizations can use PREMs to monitor and evaluate the quality of care provided, identifying strengths and areas for improvement.

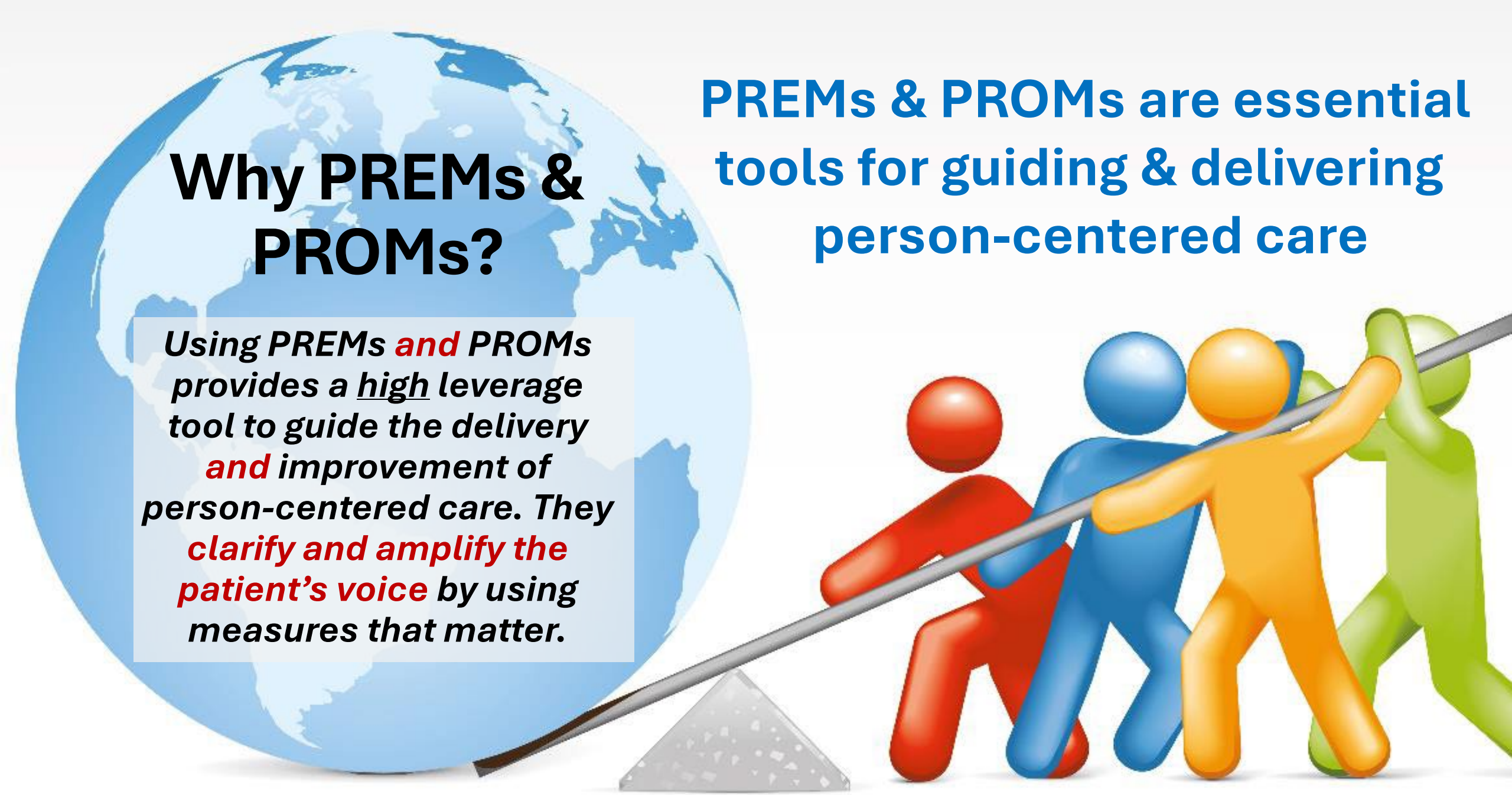
Patient-Reported Outcome Measures (PROMs)

- PROMs assess patient health outcomes like pain, fatigue, mobility, or depression.
- These measures are often used to assess the effectiveness of treatments—like knee or hip replacements or spine surgery—from the patient's perspective.
- PROMs can also provide evidence on which treatments are most effective for specific patient groups, ultimately helping to achieve positive health outcomes efficiently.

Why PREMs & PROMs?

Using PREMs and PROMs provides a high leverage tool to guide the delivery and improvement of person-centered care. They clarify and amplify the patient's voice by using measures that matter.

PREMs & PROMs are essential tools for guiding & delivering person-centered care

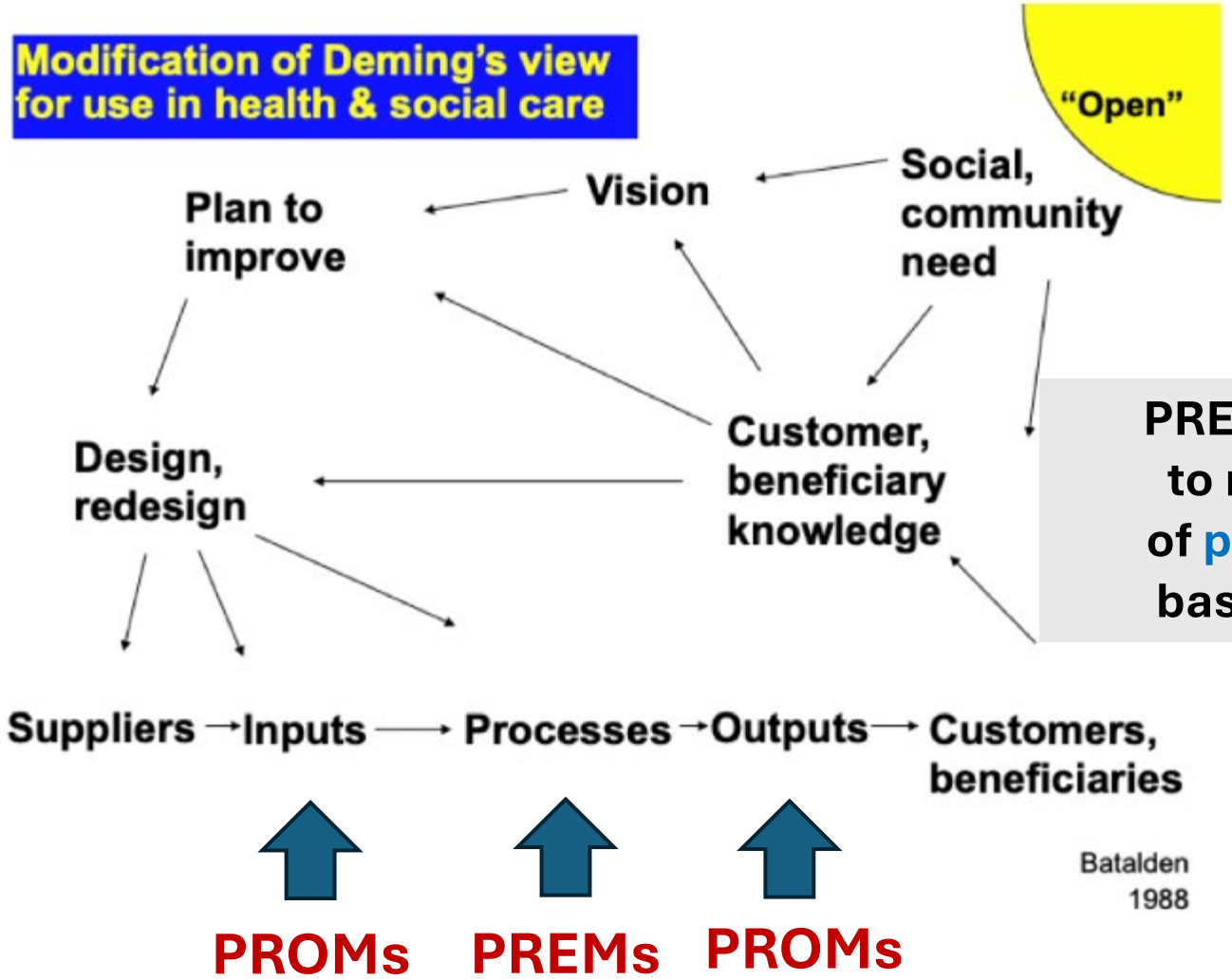


2. Overview of Current Use of PREMs & PROMs in the Healthcare System

PREMs are used to measure the patient's "experience" of the process of receiving care & PROMs are used to measure a key output (outcomes after receiving care)

Donabedian Model

PREMs and PROMs are used to measure inputs, processes & outputs of a healthcare system



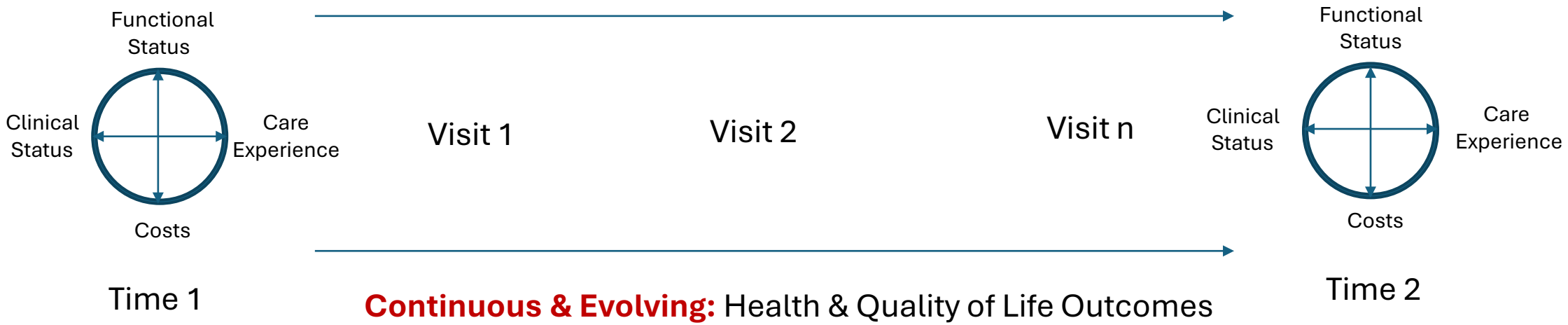
PREMs & PROMs are used to measure "goodness" of processes and outputs based on patient reports

Deming Model

PREMs and PROMs are Essential for Measuring and Improving Healthcare Value

PREMs

Intermittent: Healthcare Service Experiences (with Professionals)



Continuous & Evolving: Health & Quality of Life Outcomes

PROMs

PREMs & PROMs are used to measure "goodness" of care experience (east compass point) & evolving functional status, overall health and well-being (north compass point) over time based on patient reports & ratings

Value Compass Model

How are PREMs & PROMs Being Used Today?

1. To promote coproduction and patient activation: feed forward in flow of care
2. To measure care experience, health outcomes, and to contribute to value measurement: feedback to improve and innovate
3. To provide comparative performance benchmarking for learning and improvement
4. To contribute to health services and translational research
5. To promote transparency by public reporting on patient experience and health outcomes

3. A Case: How to Integrate PREMs and PROMs to Improve Care Experience & Outcomes

Transplant & Cellular Therapy:

Using PREMs and PROMs at Dartmouth Cancer Center to identify and address goals and concerns and to improve symptom management

Dartmouth-Hitchcock Transplant Team & The Dartmouth Institute Team

Susan Brighton, APRN, Nurse Pract.

Kate Caldon, RN, Nurse Navigator

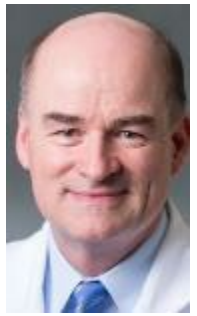
Katie Carpenter, APRN, Nurse Pract.

Sara Cooke, RN, Nurse Navigator

Charlotte Coughenour, Transplant Coordinator

Judi Gentes, RN, Nurse Navigator

Christi Ann Hayes, MD



Ken Meehan, MD, PI

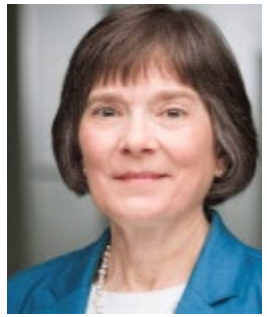
Catherine Reed, MSW, Social Worker

Julie Doherty, MA, Research Project Manager

Eugene Nelson, DSc, MPH, Professor The Dartmouth Institute

Megan Holthoff, MSHS, Research Project Director

Joel King, Research Assistant



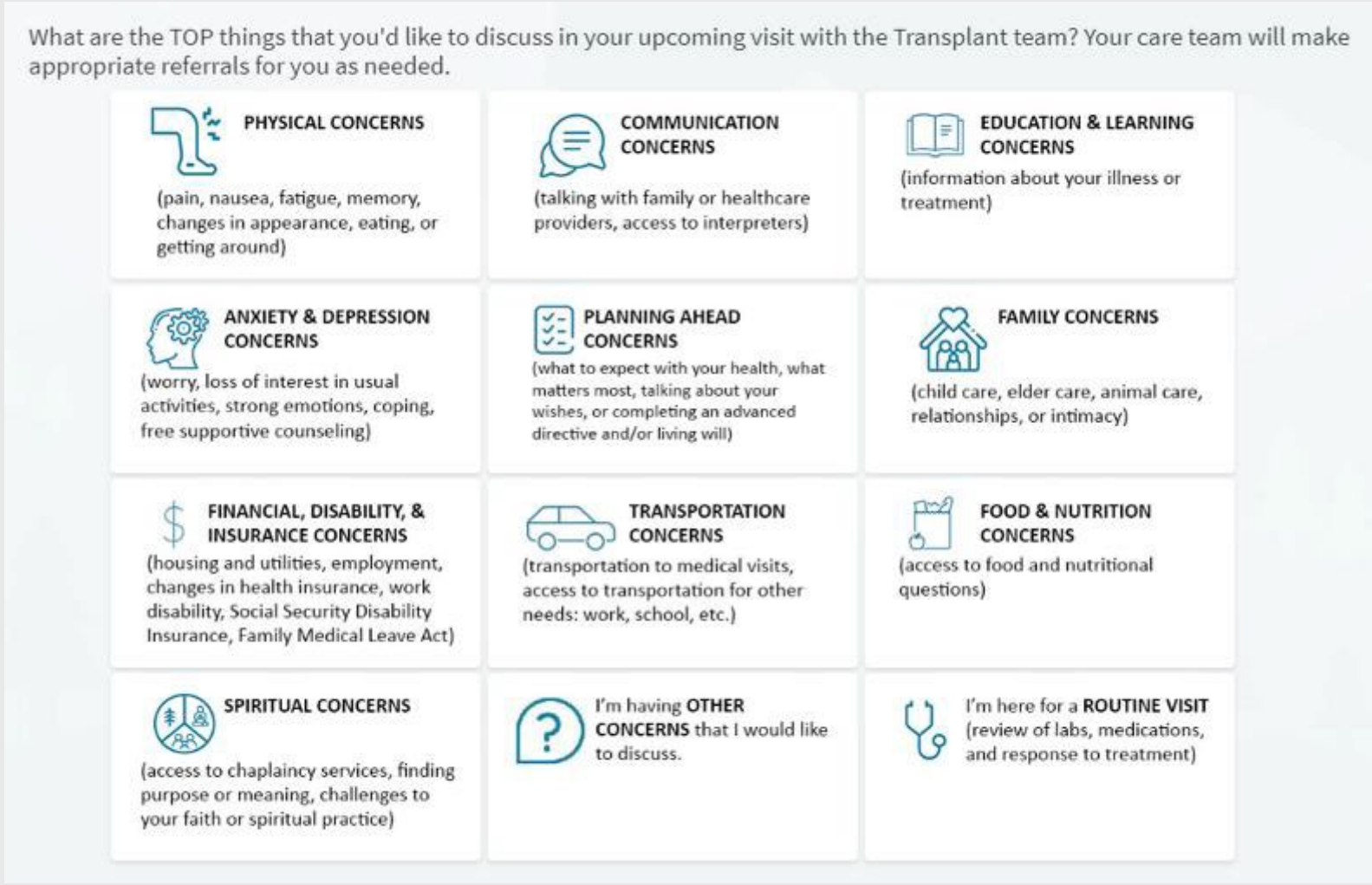
Anna Tosteson, ScD, Professor of Oncology

Aricca Van Citters, MS, Senior Research Scientist, Co-PI

2024

PROMs & PREMs collected up to one-week prior to a visit via the EHR Patient Portal or tablet at check-in: 80% participation rate

Agenda Setting Questions



- What are some major **personal goals** or values you want the team to be aware of?
- What has been **going well** for you in the LAST WEEK?

PROMs

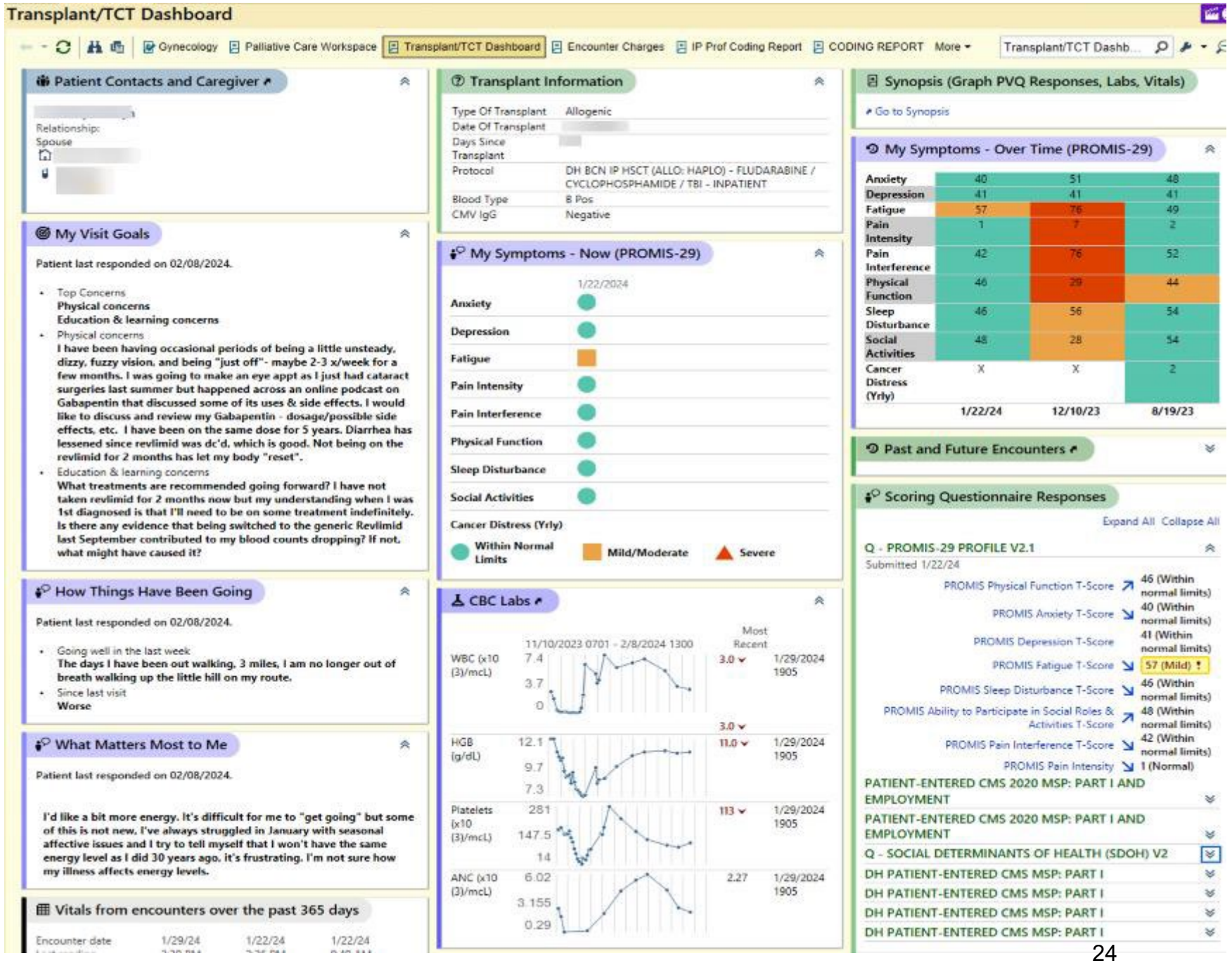
- PROMIS-29 *(Pre-infusion, 1-, 3-, 6-, 12-months, annually)*
- Distress Thermometer *(annually)*

PREMs

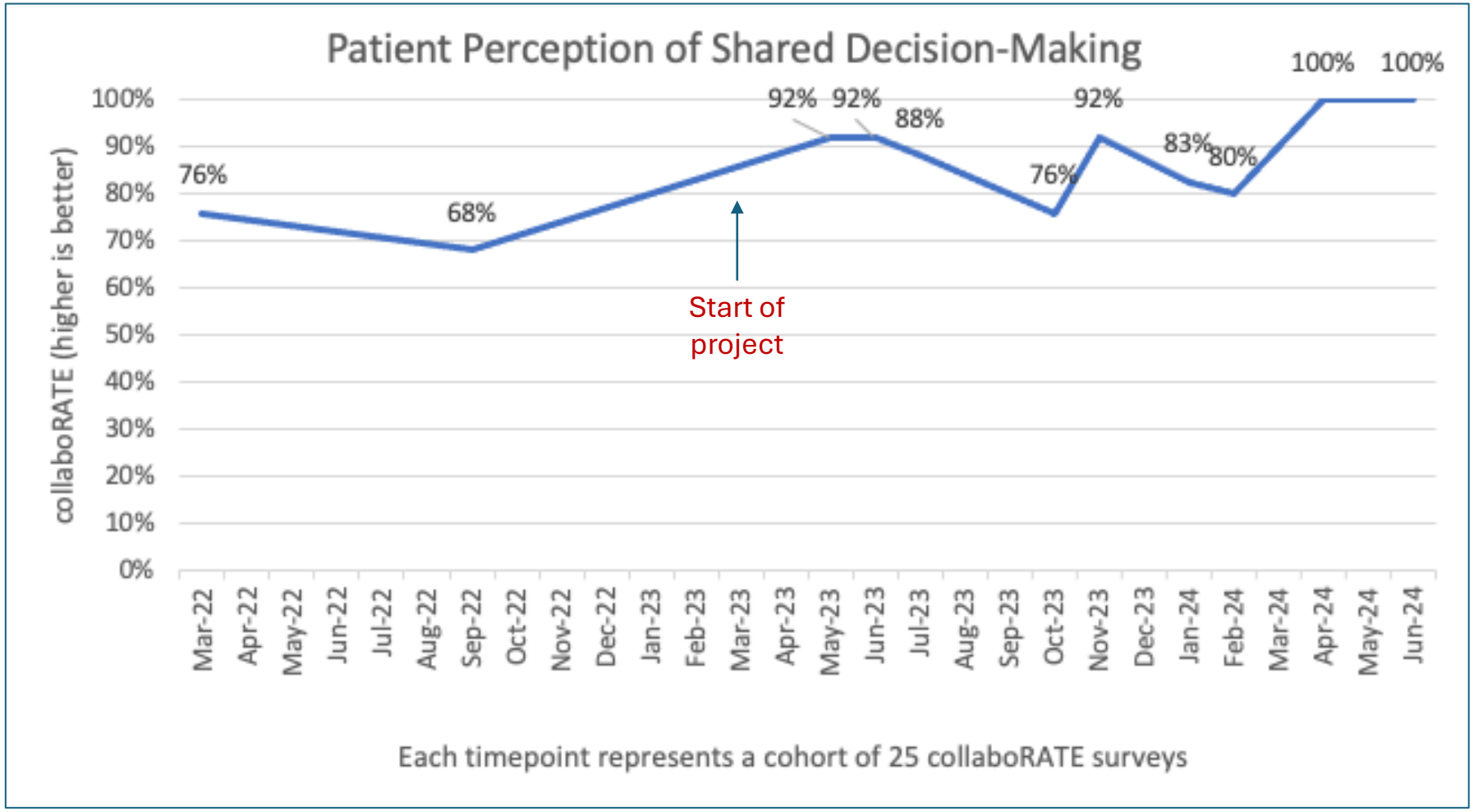
- Perception of **shared decision-making**: collaboRATE
- Post-visit survey requested via the Patient Portal

Point-of-care dashboard display of PROMs

Integration with clinical data in the EHR via a custom snapshot



Impact of Using PROMs and PREMs: Better Shared Decision Making (77%)

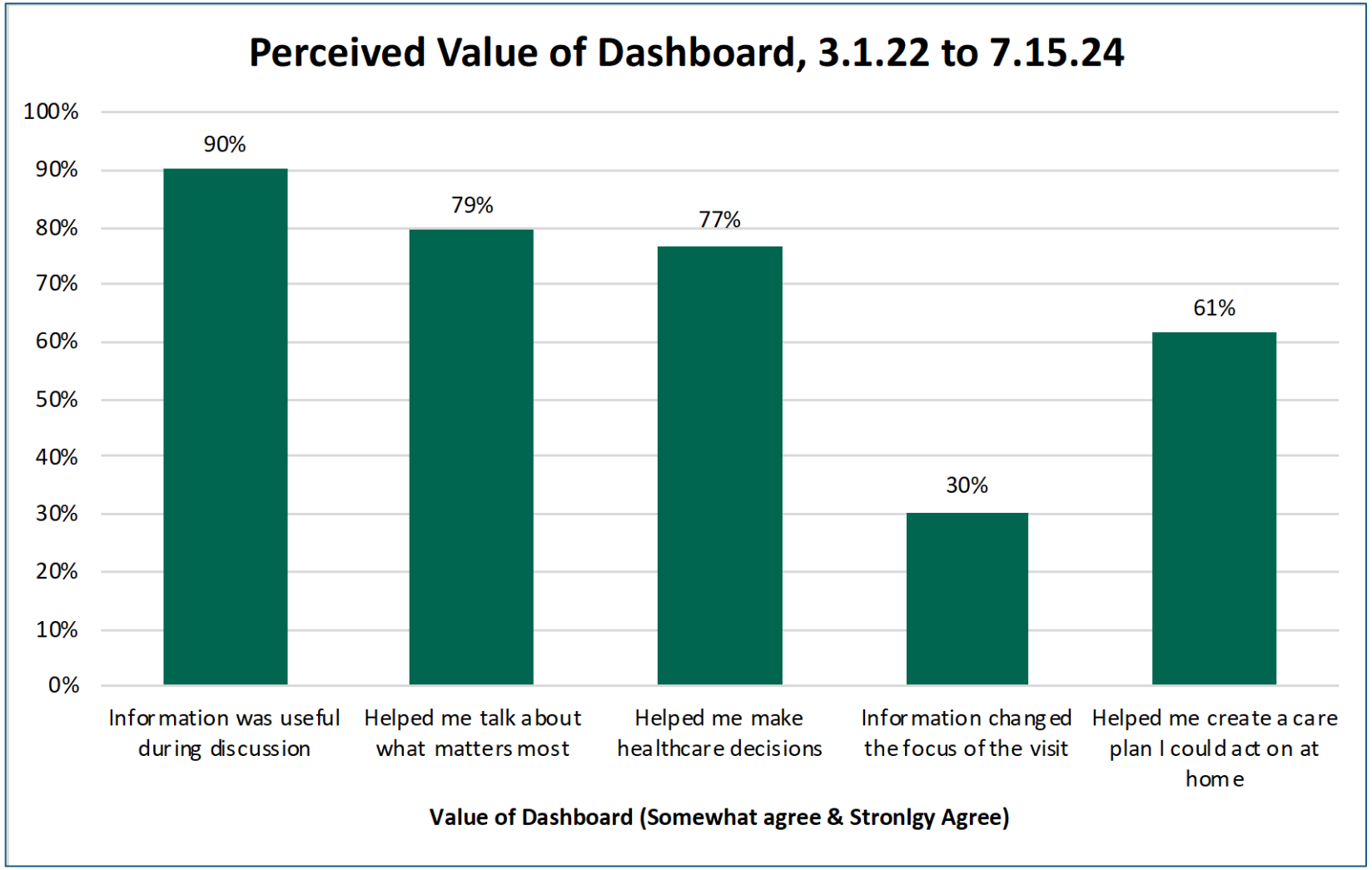


"Just helps me feel like I'm part of a team addressing my health" – 66 y/o woman

"The visual helps to see and discuss trends." – 72 y/o man

Impact of using PROMs and PREMs: Helped Me Talk about What Matters Most (79%) and to Create a Care Plan I Could Act on at Home (61%)

"I believe in the guiding principle, that I am in charge of my healing … It increases my trust and confidence. It reinforces the gratitude and connection that is so helpful in healing!!!"
– 74 y/o man



4. Conclusion

We have the opportunity to mainstream the uptake and use of PREMs & PROMs:

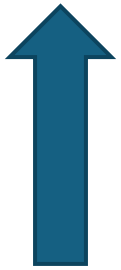
- For this **PERSON**
- For this **POPULATION**
- For **IMPROVEMENT, INNOVATION & RESEARCH**

PREMs and PROMs can supercharge the improvement of experience, outcomes, value, equity, transparent public reporting, value-based payment, health science research and more.

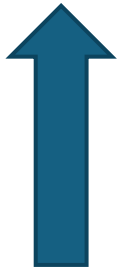
Final Words

We are in a helping profession.

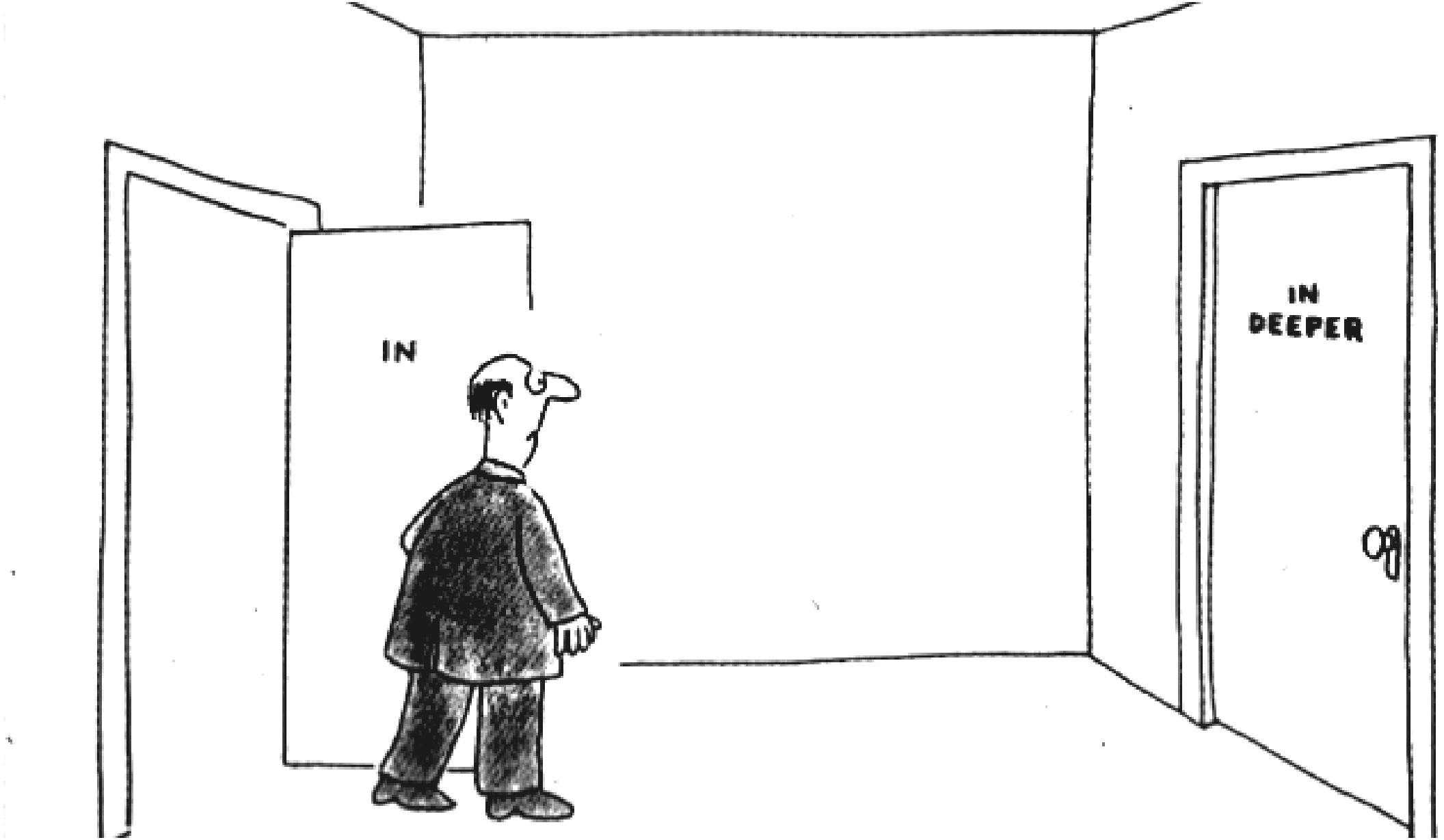
We aim to help people … to stay healthy & to heal & to live their best life.



CARE EXPERIENCES
PREMs



HEALTH OUTCOMES
PROMs



Professor Brant Oliver will take you deeper into this subject … How to use PREMs and PROMs to improve healthcare

Acknowledgements

We express our gratitude for all who have made important contributions to this presentation:

- Paul Batalden MD
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Dartmouth Health

Value Institute
CARE EXPERIENCE

Real-world applications: Improving human experience in healthcare

Brant J. Oliver, PhD, MS, MPH, APRN-BC, CPXP

Executive Director, Promise Partnership Coproduction Learning Health System

Vice President for Care Experience, the Value Institute, Dartmouth Health

Associate Professor, Geisel School of Medicine at Dartmouth

Introduction: Improving Human Experience in Healthcare

special section
EDITORIAL

Improving Human Experience in Health Care: Now More Than Ever, We Must Focus on People

Brant J Oliver, PhD, MS, MPH, FNP-BC, PMHNP-BC[1,2,3]

The Perm J 2024;28:24.125 • https://doi.org/10.7812/TPP/24.125

BJO, 0000-0003-7389-622X

Following the seminal reports on health care quality and safety in the United States,[1,2] there have been substantial efforts made toward developing the field of health care quality, development of the fields of implementation and complexity sciences,[3,4] and efforts to improve health care quality and related outcomes in the United States and internationally. This has included the work of the Institute for Healthcare Improvement[5] and patches of success realized by a number of organized improvement efforts (of which only a partial list are referenced here).[6-12] However, after nearly three decades of work, we have not realized substantive population-level improvements in the key areas of the Institute for Healthcare Improvement's Quadruple Aim,[13] which encompasses outcomes (e.g. mortality, life expectancy, etc.), cost, patient experience, and workforce experience. Health care in the United States continues to become more expensive and less welcoming for the people engaging with it.[14] Workforce engagement, burnout, and turnover are particularly concerning issues, with many health professionals leaving the workforce as health systems struggle to meet access demands of the populations they serve.[15] Technological advances such as artificial intelligence (AI) may offer promising new possibilities, but also create new concerns and the need for ethical governance.[16] The AI revolution also calls to memory many of the great promises made by past technological breakthroughs (such as the electronic health record) that have not yet been fully realized.[17]

Major implementation science frameworks,[18,19] and hybrid improvement and implementation approaches[20] reinforce earlier thinking from clinical microsystems[21] theory and more recent arguments from the developing sciences of learning health systems (LHS)[22] and health care coproduction,[23] namely that a priority focus must be placed on the contexts in which the work is happening and the people interacting with it. Yet, a majority of our efforts, resources, and scholarship in the field has been focused on the mechanistic, procedural, process, and technological aspects of improvement, and comparatively less focused on the people involved.[24] Many quality and safety frameworks, value models, and measurement approaches[25-28] include a focus on people by measuring patient experience, satisfaction, and engagement, but in practice, "people" and "experience" aspects have often come second to process improvement and cost containment. More recently, the Beryl Institute has defined the field of human experience[29] and developed a new value argument for prioritizing it in health care.[30] These efforts build upon the field of patient and family centered-care[31] and align closely with developing the field of health care coproduction.[32] The general thrust of these efforts calls to question the failure of our

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Investing in the Bottom Line: The Value Case for Improving Human Experience in Healthcare

Jason A. Wolf, *The Beryl Institute / Patient Experience Journal*
Vishal Bhalla, *Advocate Health*
Brian Carlson, *Vanderbilt University Medical Center*
Jennifer Carron, *BJC HealthCare*
Lanie Dixon, *Essentia Health*
Julie K. Oehlert, *ECU Health*
Brant J. Oliver, *Dartmouth Health Care Experience & Geisel School of Medicine at Dartmouth*

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Abstract
Investment in human experience is imperative for healthcare organizations. It is a strategic focus that can lead to great benefits. Those that overlook experience, seeing it as "simply" about satisfaction or survey data, do so at great cost to their organization, team members, and most importantly those we serve – patients. A commitment to human experience – integrating the patient, workforce, and community experience – is essential for all healthcare organizations in realizing the goals they strive for and the impact they aspire to achieve. It leads to high-quality outcomes for those they care for. It creates a positive environment for those who show up to serve each day. It fosters trust from the communities they serve. It is a central driver for financial viability and operational sustainability. It is a driver of quality outcomes, safety, and workforce engagement. It fosters consumer loyalty leading to stronger payor relationships, increased physician referrals, and greater patient, family, and consumer choice. Ultimately, a commitment to experience is the path to realizing a viable and thriving future for healthcare organizations. The concept of value in healthcare as initially proposed focused on healthcare outcomes per dollar spent. The reality in healthcare is a complex system driven by not only what is spent or patient outcomes, but also by how healthcare organizations engage with patients as people, care for their workforce, and address the needs of the communities they serve. A value case is not one solely about clinical outcomes but about the comprehensive healthcare experience through which a much broader set of outcomes is achieved. This paper proposes a model for the value of investment in human experience as a practical bottom-line issue for healthcare leaders.

Recommended Citation
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Wolf JA, Bhalla V, Carlson B, Carron J, Dixon L, Oehlert JK, Oliver BJ (2024). Investing in the Bottom Line: The Value Case for Improving Human Experience in Healthcare. *Patient Experience Journal*; 11(1);14-20. **https://doi.org/10.35680/2372-0247.1938**.

Use Cases

1. *Patient Relations*: Understanding patient and family concerns
2. *Empowering Narrative*: AI assisted thematic analysis (Narrative Dx)
3. *Experience Rounding*: Acting on experience in real-time
4. *Experience-based Improvement*: The Care Experience Collaborative

Use Case #1

Patient Relations: Understanding patient and family concerns

1. Complaints and compliments received by Patient relations units can provide information about patient and workforce experience that is closer in time to the index event.

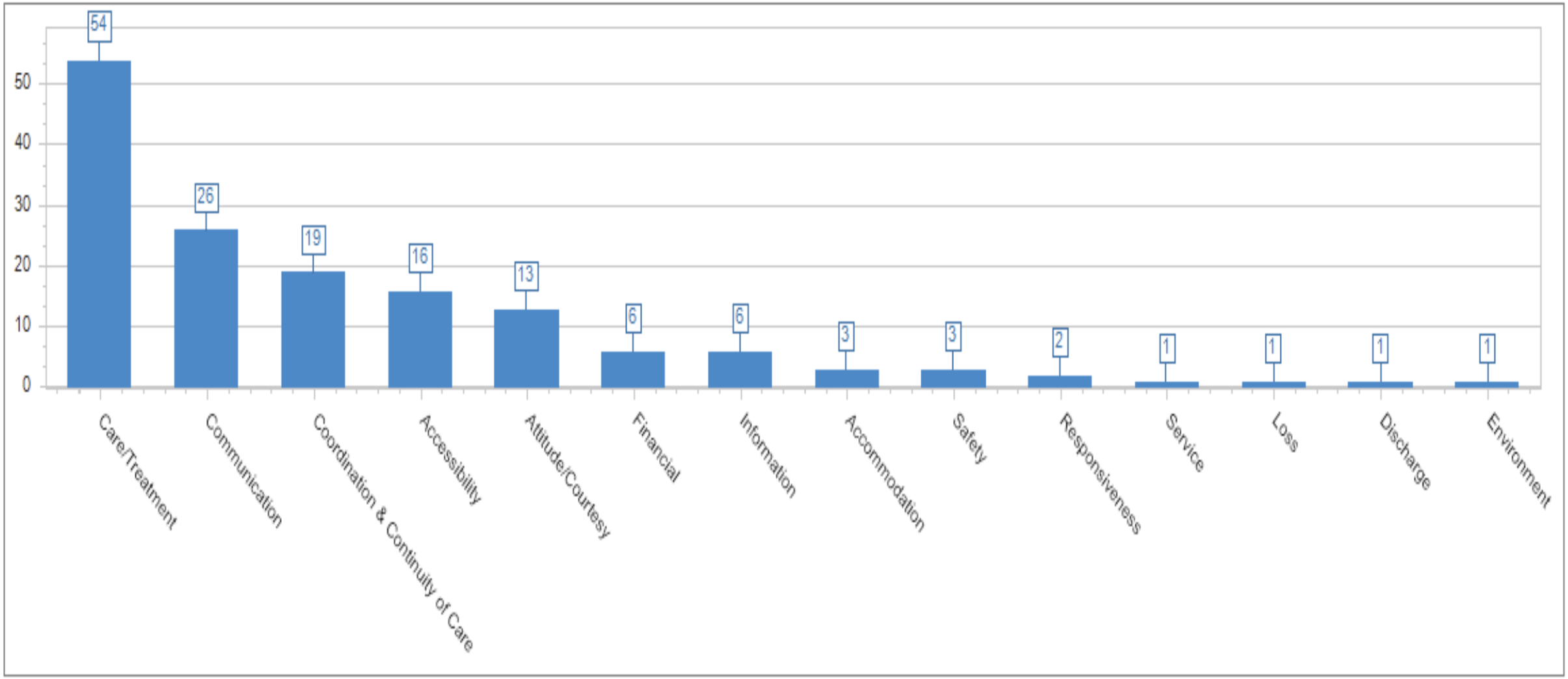
2. This data is qualitative but can be thematically analyzed, categorized, and then counted. Frequency data can then be used for quantitative analyses.

3. This data can be used in a feed-forward manner to inform real-time action and service recovery, or as feedback to inform strategic and improvement planning.

D-H Feedback- Grievances: Total by Type Lebanon

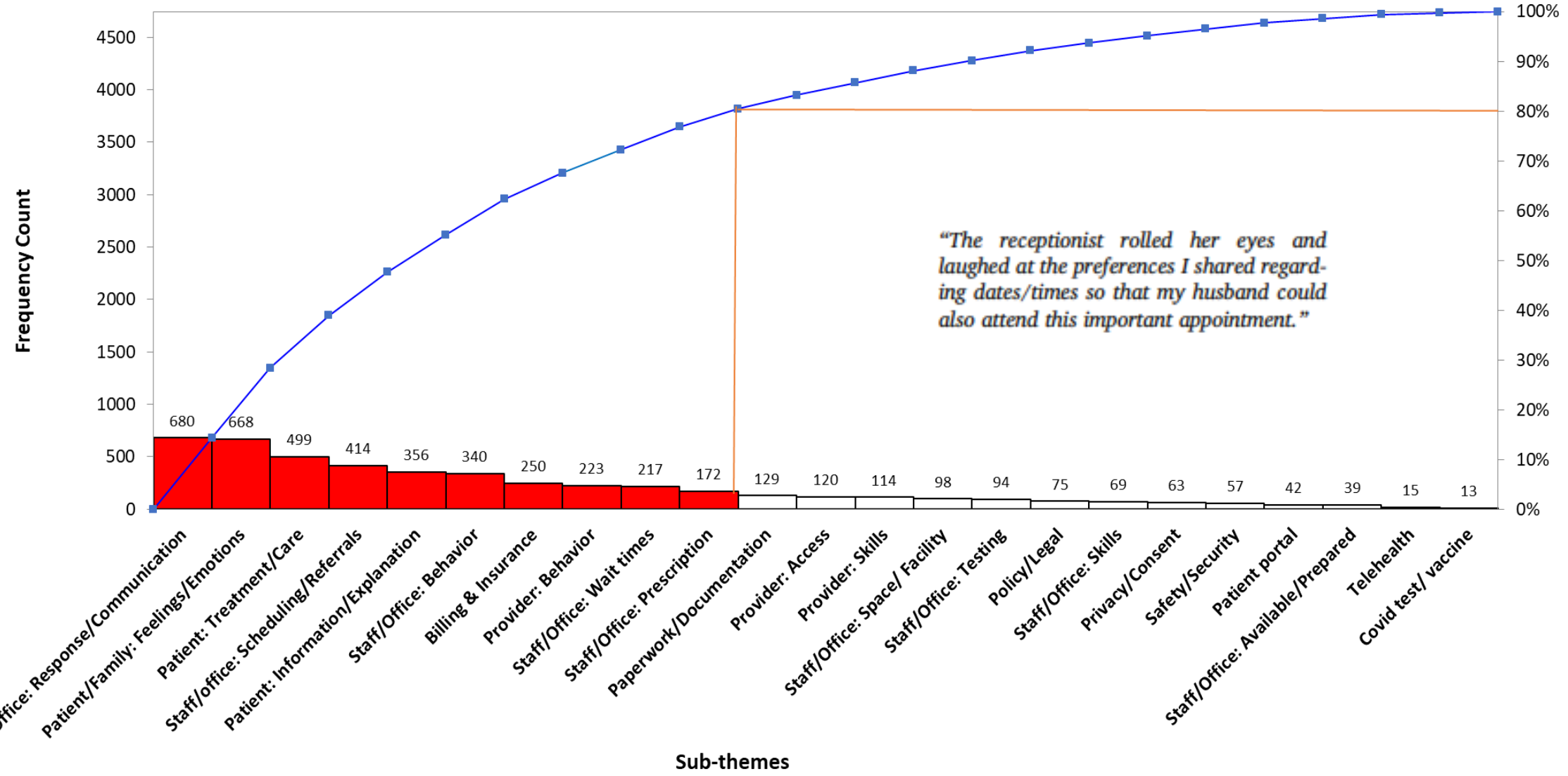
Report Date 10-19-2025; Date Range EnteredDate is within Calendar 2025 Q3

Grand Total: 152



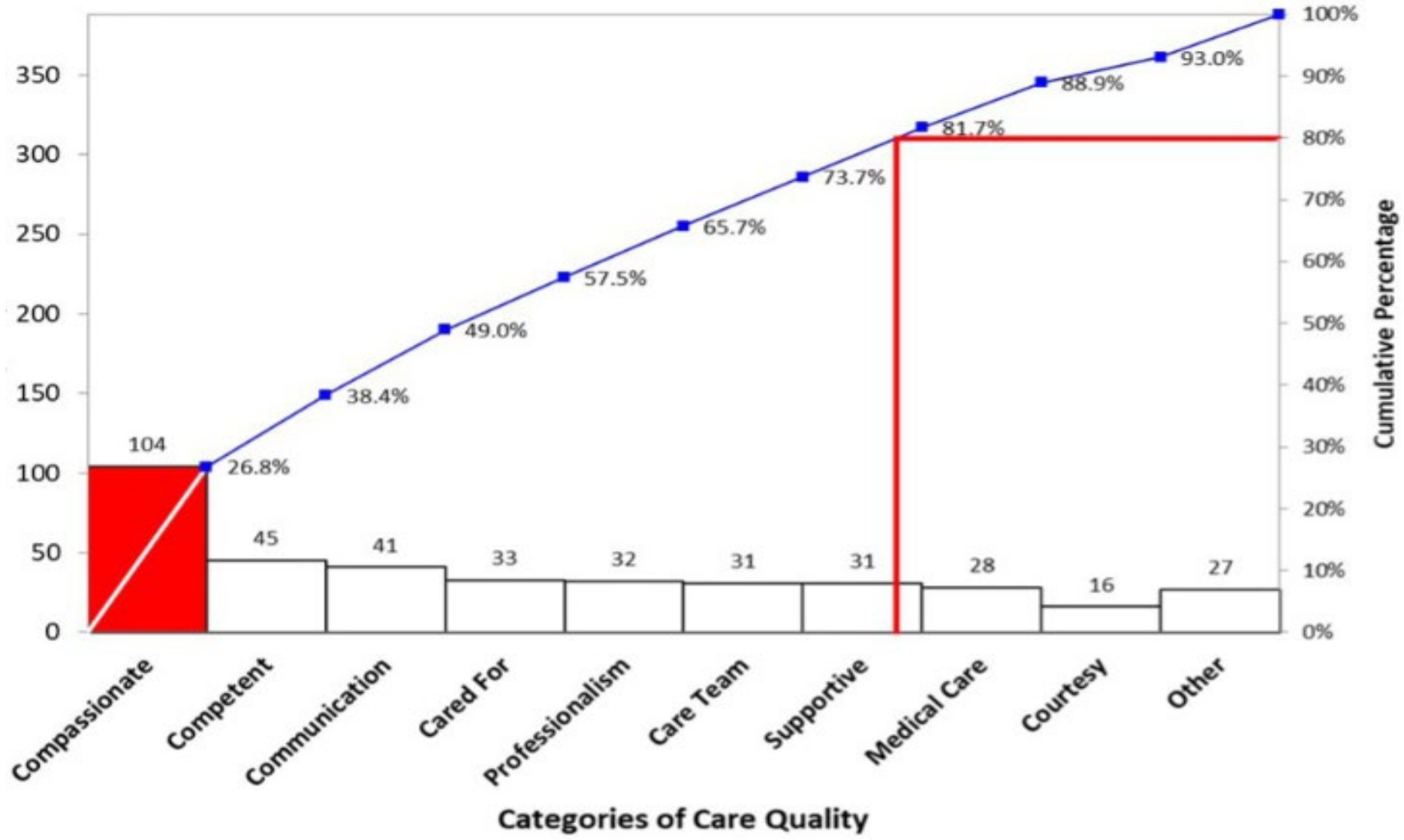
Source: DH OWLs RLDatix quarterly report (DH site location blinded)

Complaints by sub-themes, N=4,747 (Pareto Chart)



Mai H, Ahmad J, Oliver B. Understanding Patient Experience Through Narrative Complaint Analysis: A Mixed Methods Study in a Rural Academic Health System. *Patient Experience Journal*. 2025; 12(3):120-130. **doi: 10.35680/2372-0247.2051**.

Categories of Compliments – Care Quality



Clark KSB, Manohar N, Ahmad J, Oliver BJ (2024). Positive Deviance Theory: Leveraging Compliments Data to Guide Strategic Planning for Patient Experience Improvement in a Large Rural Health Care System. *The Permanente Journal*: 16;28(3):223-233. **doi: 10.7812/TPP/24.008**. Epub 2024 Sep 9. PubMed PMID: 39246029; PubMed Central PMCID: PMC11404630.

Use Case #2

***Empowering Narrative*: AI assisted thematic analysis (Narrative Dx)**

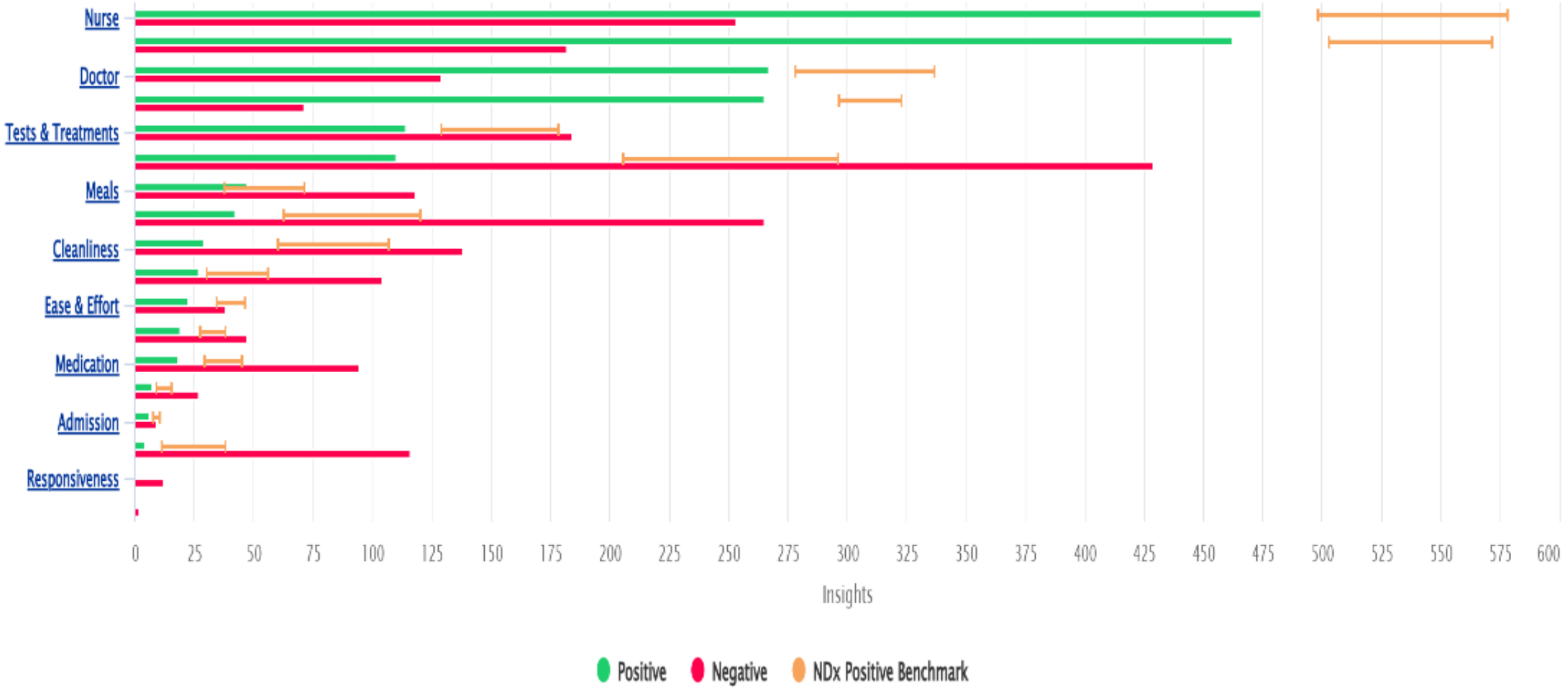
1. Standard qualitative data collection and thematic analysis “low and slow.”

2. Qualitative data collected via HCAHPS and CAHPS patient experience (PX) surveys can be comparatively “larger and faster.”

3. AI assisted analysis categorizes narrative comments into themes which align with known drivers of PX outcomes.

4. Ability to “drill down” and “link out” to quantitative metrics.

Sentiment Per Category (Total)



Source: DH Press Ganey *Narrative Dx* platform

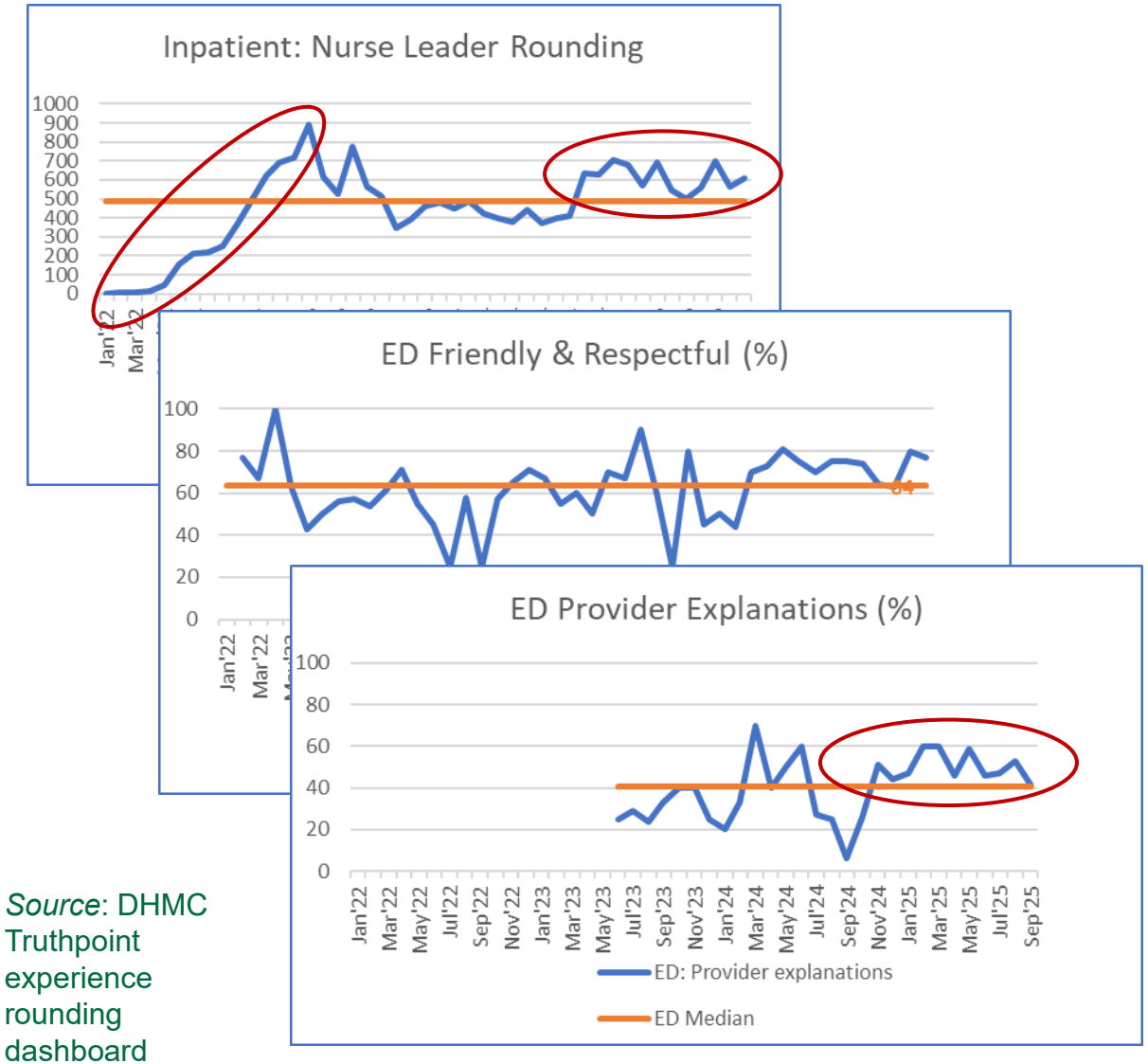
Use Case #3

***Experience-based Rounding*: Acting on experience in real-time**

1. Real-time rounding is an evidence-based practice linked to improved quality, safety, and experience outcomes.

2. Technology-assisted rounding can accelerate feed-forward “data to action” and customize aggregated feedback data reporting to inform improvement.

“Rounding to action”



Source: DHMC Truthpoint experience rounding dashboard

Report Name: Inpatient Care Experience Check In by PFV

Date/Time Taken: 12/1/2025 12:18:07 PM

Identify Room and Bed #	IN03
Date of Interview (MM/DD/YYYY), if different from date of documentation	12/1/2025
Is the patient able to be rounded on?	Yes
For what unit is the patient providing feedback?	NICU
Is this a pediatric patient?	Yes
Is this a follow up interview?	No
Would you like to add any additional information? Please press NEXT to continue.	Mother and father at bedside. Parents of twins.
Visitation and Connectivity (In person, Virtual, Phone): Please select all that apply.	Info about family overnight accommodations provided
Visitation and Connectivity (In person, Virtual, Phone): Please select all that apply.	Felt able to connect with family, friends, resources as wished
Visitation and Connectivity Comments.	Family staying at David's house every other night.
Communication (MD, RN or Unit Staff) Please select all that apply.	Diagnosis and plan of care explained
Communication (MD, RN or Unit Staff) Please select all that apply.	Felt included in plan of care
Communication (MD, RN or Unit Staff) Please select all that apply.	Team members communicated with each other regarding your care
Communication (MD, RN or Unit Staff) Please select all that apply.	Able to access MyD-H
Communication Comments.	Everyone is great with communication. They come in from noon to noon so they miss rounds. Like it when a provider checks in with them. A provider from the ICN came twice during her 38 day stay on the BP. Mom said this update was so helpful as there were differences in what to expect with a later gestation. Mom appreciates having experts from many disciplines to help. Care management, lactation, etc.

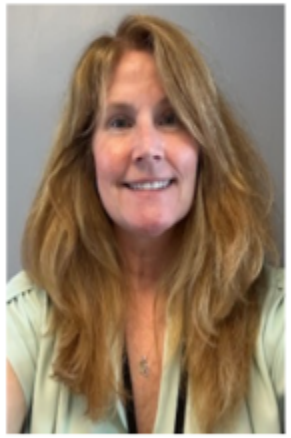
Source: DHMC Truthpoint *Patient and Family Voices individual* feedback report.

Voices Volunteers...Why?

- Learn
- Personal Development
- Connecting
- Give Back
- Give Purpose
- For Meaning
- Improve the Care
- Listen
- Interacting
- Relationships with Peers
- Engaging
- Fun
- Community Engagement: Meet New People
- Staying Connected with Work I Love

Voices Volunteers: Ruth, Sue, Karen, Joel, Bridget, and Bill. Not Present: Ada, Kaira, Rhea, and Sarah

Clinical Leadership Perspective

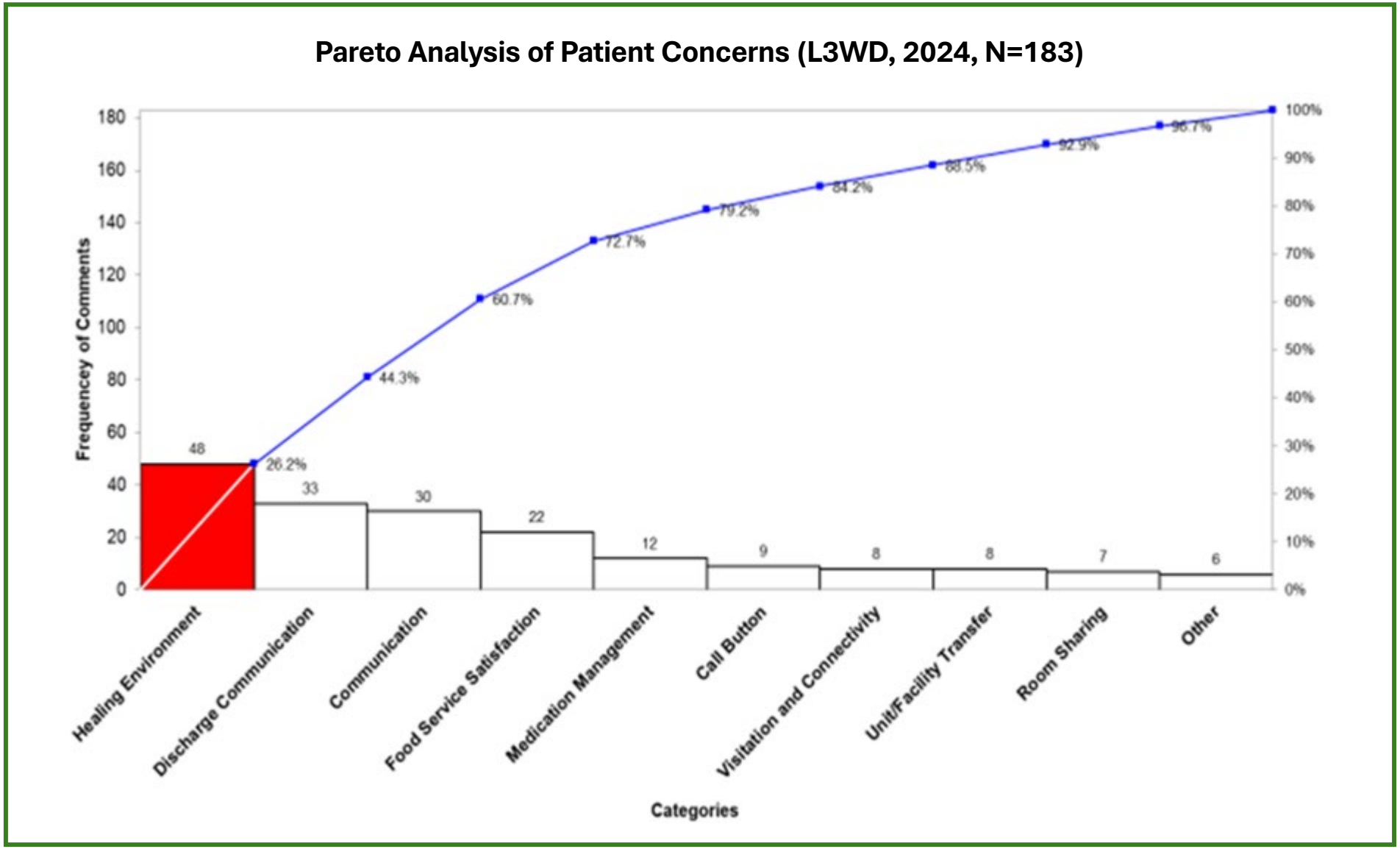


Angela Price, Unit Nurse Manager

"I find the PFV program very helpful. **The comments help myself and the staff on L3WD hear the stories/concerns directly from the patients.** This program allows me to fix any of the concerns that may be brought up **immediately** and also highlight the staff that the patients have acknowledged with the PFV staff. I would recommend this program to all units moving forward. It's another set of eyes on our patients and it **helps address concerns in real time.**"

King JR, Storey R, Mudge B, Sachdeva R, Price A, Barthell ML, Oliver B. Enhancing patient experience through real-time technology-assisted rounding: A volunteer-driven approach [conference presentation]. *Elevate Patient Experience 2025*, The Beryl Institute — Las Vegas, NV, United States — March 3, 2025

For HIPAA purposes, this is not a photo of an actual patient.



King JR, Storey R, Mudge B, Sachdeva R, Price A, Barthell ML, Oliver B. Enhancing patient experience through real-time technology-assisted rounding: A volunteer-driven approach [conference presentation]. *Elevate Patient Experience 2025*, The Beryl Institute — Las Vegas, NV, United States — March 3, 2025

Use Case #4

Experience-based Improvement: The Care Experience Collaborative

1. Modern improvement methods can be informed by feedback of PREM data supported by a Learning Health System.

2. PREM data “metrics that matter” and feedback data pathways selected to align with known priority drivers of care experience outcomes.

3. “Point and click” customizable visualization dashboard using Statistical Process Control (SPC) analytics.[1]

Oliver BJ, Ogrinc G (2022). ***Practical Measurement for Healthcare Improvement***. Oakbrook Terrace, IL: Joint Commission Resources. ISBN 13 (print): 978-1-63585-306-3. ISBN 13 (e-book): 978-1-63585-307-0.

The Care Experience Collaborative

Health system improvement initiatives

- *Site 1: Clean & Restful*
- *Site 2: Patient Relations workflow*
- *Site 3: Outpatient rounding to advocacy*
- *Site 4: Patient & Family Advisory Councils (PFACs)*
- *Site 5: Real time rounding*
- *Site 6: Patient Relations redesign*
- *Site 7: Positive Deviants*
- *Site 8: Quiet environment*
- *System Level: IHI Breaking the Rules II, Clinician Ambassador coaching program*

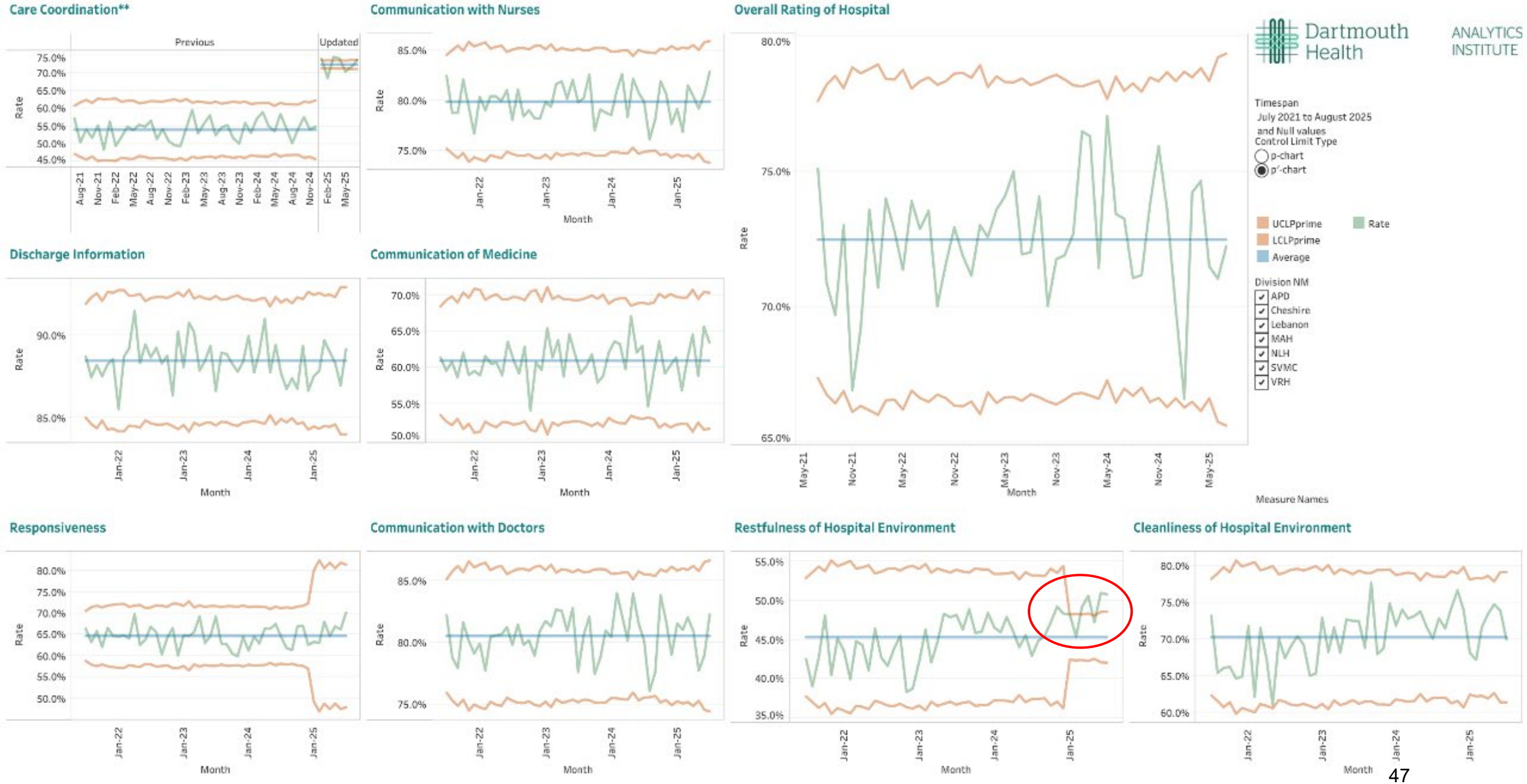
Care Experience strategic plan drivers

- *Access*
- *Engagement*
- *Relationship-Centered*
- *Environment & Safety*
- *Caring*
- *Culture*

US national patient experience drivers

- *Communication*
- *Responsiveness*
- *Care Transition*
- *Environment*
  Clean & Restful

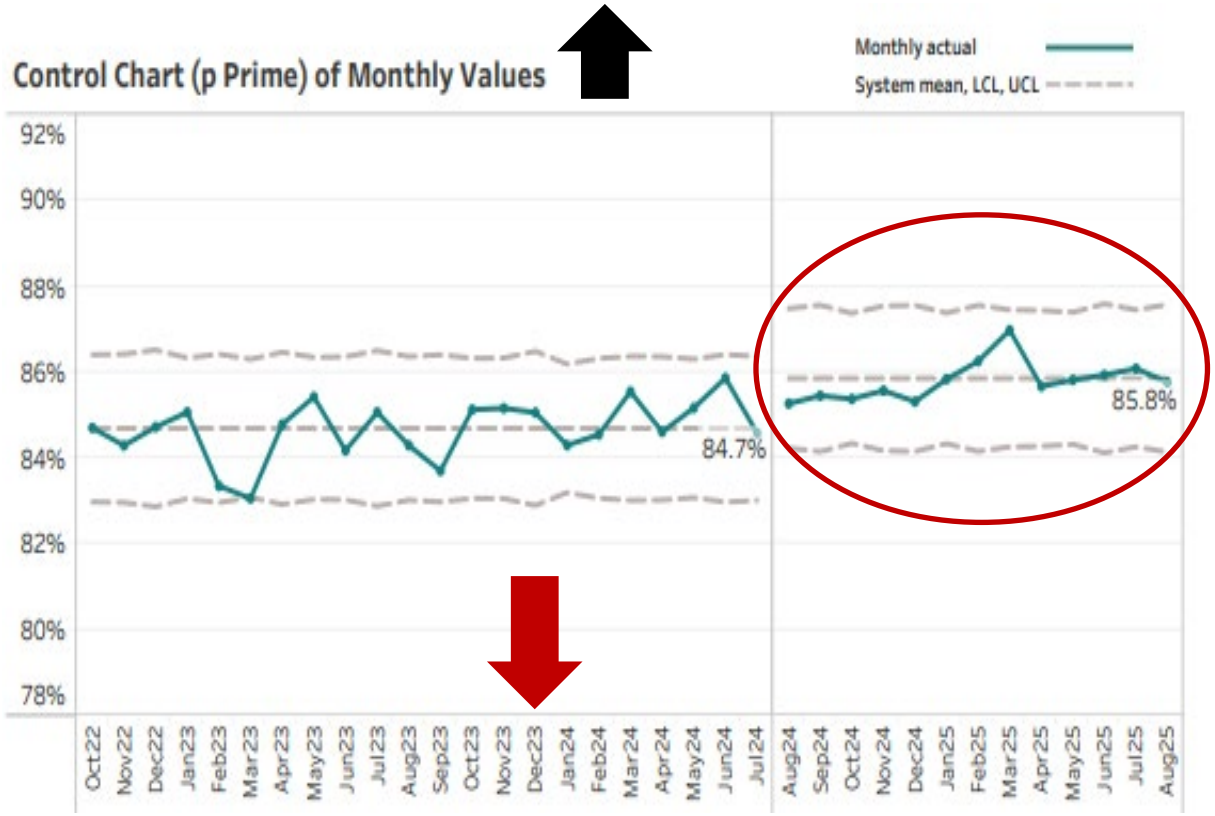
Goal!
Inpatient Experience
Outpatient Experience



Credit: T. Cederman & A. Bohm, DH Analytics Institute

Encouraging results!

Promise Partnership Spring Learning Event, hosted by Cheshire Medical Center, Manchester, NH (April, 2025)



Feedback data for *ambulatory* Care Experience (Likelihood to Recommend Practice).
Source: DH Analytics Institute Quality Scorecard (October 2025)

Conclusions

Every number has a story…

… and every story has a number.

Dartmouth Health

Value Institute
CARE EXPERIENCE

Thank you!

Brant J. Oliver, PhD, MS, MPH, APRN-BC, CPXP

brant.j.oliver@dartmouth.edu

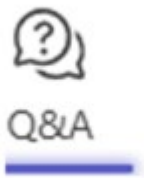
POLL QUESTION

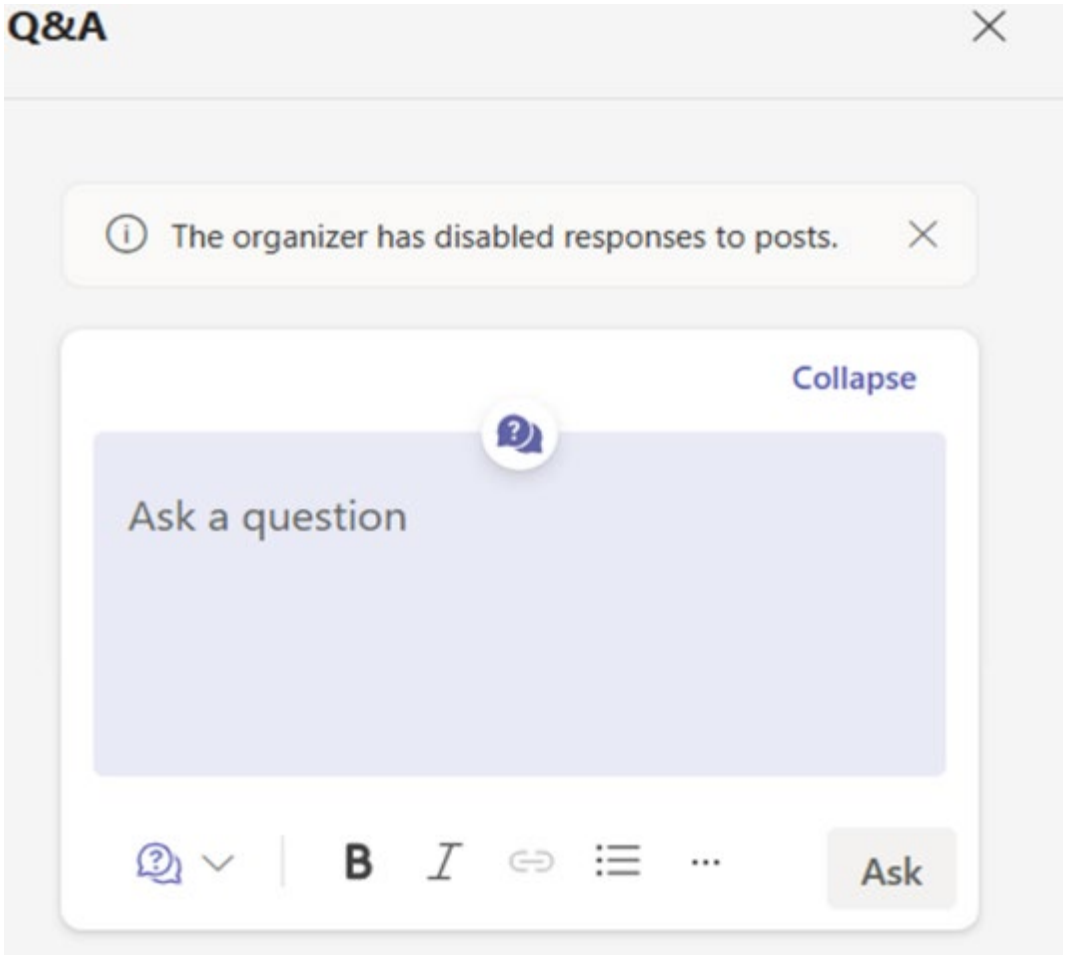
What is your organization's biggest challenge in integrating PROMs and PREMs?

- ❑ We haven't started integration yet
- ❑ Data collection and patient engagement
- ❑ Technology and interoperability
- ❑ Staff training and workflow integration
- ❑ Using data for actionable insights

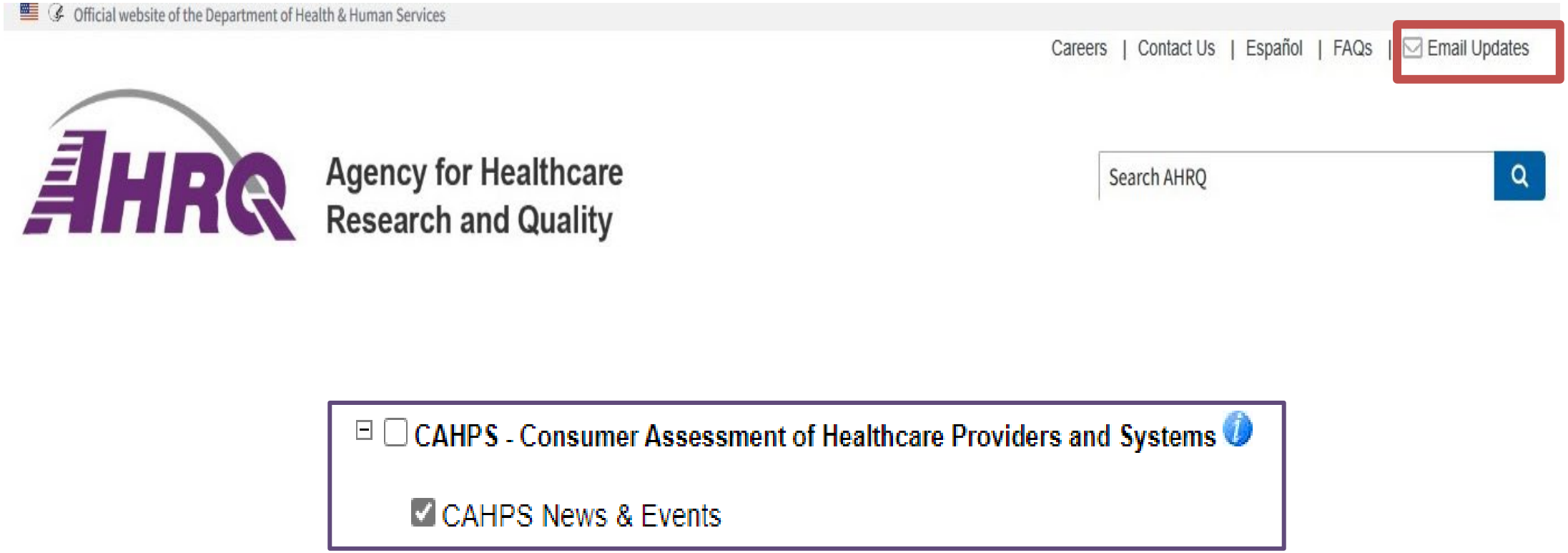
- Please submit your answer in the pop-up to participate in the poll.
- NOTE: If you are a MAC user you may not have this option

Q&A


Q&A


Q&A
The organizer has disabled responses to posts.
Collapse
Ask a question
B
Ask

To receive CAHPS Program Updates



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E-mail: cahps1@westat.com

Phone: 1-800-492-9261

Website: www.ahrq.gov/cahps/

THANK YOU!