

E-ISSN: 2582-2160 • Website: www.ijfmr.com • Email: editor@ijfmr.com

Redefining Patient Experience: Strategies for Enhancing Patient-Centered Care

Dr Minal Bhatia¹, Dr. Sravan Saikumar Putla², Dr Kamaljeet Deswal³

¹Senior Resident, PGIMER, Chandigarh ²Manager-Hospital Administration, Ispat General Hospital, Rourkela, Odisha ³Junior Resident, PGIMER, Chandigarh

Abstract:

In recent years, the focus on patient-centered care has gained significant momentum, as healthcare organizations recognize the importance of delivering high-quality care that is responsive to individual patient preferences, needs, and values. This paper explores strategies for redefining the patient experience by emphasizing the integration of patient-centered care practices. Key strategies include enhancing communication between healthcare providers and patients, utilizing technology to support patient engagement, implementing shared decision-making models, and fostering a compassionate care environment. The study also examines the role of leadership in driving organizational culture changes that prioritize patient-centered care. By adopting these strategies, healthcare institutions can improve patient satisfaction, outcomes, and overall experience, leading to a more effective and empathetic healthcare system.

Keywords: Patient-centered care, Patient experience, Healthcare communication, Shared decision-making, Patient engagement, Compassionate care, Healthcare leadership.

I. Introduction

A. Definition of Patient-Centered Care

Patient-centered care is a healthcare approach that emphasizes the active involvement of patients in their own care, respecting their individual preferences, needs, and values. This approach ensures that healthcare providers tailor care plans to align with the unique circumstances of each patient, leading to improved health outcomes and greater patient satisfaction[1]. The concept is rooted in the belief that healthcare should be collaborative, where patients are partners in their care decisions, not just recipients of medical services [2].

B. Evolution of Patient Experience

Over the years, the notion of patient experience has transformed significantly. Initially, patient experience was focused primarily on the technical aspects of care, such as the efficacy of treatments and the competency of healthcare providers. However, it has now expanded to include the interpersonal aspects of care, such as communication, empathy, and respect[3]. This evolution reflects a broader shift in healthcare toward recognizing the importance of the emotional and psychological well-being of patients alongside their physical health [4].

C. Importance of enhancing patient experience

Enhancing patient experience is crucial not only for improving patient satisfaction but also for achieving



E-ISSN: 2582-2160 • Website: www.ijfmr.com • Email: editor@ijfmr.com

better health outcomes. Research indicates that patients who have positive experiences with their care are more likely to adhere to treatment plans, leading to improved health results. Moreover, a focus on patient experience helps build trust between patients and healthcare providers, which is essential for effective communication and treatment [5]. In a competitive healthcare environment, institutions that prioritize patient experience often see higher patient retention rates and more favorable reputations[6].

II. Key Components of Patient-Centered Care

A. Respect for Patient Preferences

Understanding and respecting patients' preferences, needs, and values is at the heart of patient-centered care. It involves acknowledging each patient's unique circumstances and making decisions that align with their wishes. This approach fosters a sense of empowerment among patients, allowing them to take an active role in their healthcare journey. When patients feel that their preferences are respected, they are more likely to trust their healthcare providers and adhere to treatment plans [1].

B. Coordination and Integration of Care

Effective communication and coordination among healthcare providers are critical to ensuring seamless care for patients. Patient-centered care requires that all members of a healthcare team work together, share information and collaborate to meet the patient's needs comprehensively[7]. Poor coordination can lead to fragmented care, which can negatively impact patient outcomes. Integrating care across different providers and settings helps ensure that patients receive consistent, high-quality care throughout their treatment process [8].

C. Information and Education

Ensuring that patients are well informed and educated about their conditions and treatment options is another key component of patient-centered care. Providing clear, accessible information enables patients to make informed decisions about their care[9]. When patients understand their diagnosis, treatment options, and potential outcomes, they are better equipped to participate in their care, leading to improved satisfaction and outcomes [10].

D. Physical Comfort

Improving the physical comfort of patients during care is essential for enhancing their overall experience. This includes managing pain effectively, ensuring a comfortable environment, and addressing any physical needs that may arise during treatment. Physical comfort is closely linked to a patient's perception of care quality, and addressing it can lead to higher levels of patient satisfaction [4].

E. Emotional Support

Providing emotional support to patients is crucial for alleviating fear, anxiety, and stress, which are common during healthcare experiences. Emotional support can come from healthcare providers, family members, or support groups, and it plays a significant role in a patient's recovery process [11]. When patients feel emotionally supported, they are more likely to engage in their care and report higher levels of satisfaction [12].

F. Involvement of the Family and Friends

Involving family and friends in the care process is a fundamental aspect of patient-centered care. Their involvement can provide emotional support, help in decision-making, and ensure that the patient's values and preferences are respected. Families and friends can also assist in managing patients' care at home, leading to better adherence to treatment plans and improved outcomes. Engaging loved ones in the care process not only benefits the patient but also strengthens the support network around them [13].



E-ISSN: 2582-2160 • Website: www.ijfmr.com • Email: editor@ijfmr.com

III. Strategies for enhancing patient-centered care

A. Leveraging Technology

The use of digital health tools, telemedicine, and patient portals has revolutionized patient-centered care by making healthcare more accessible and personalized. Digital tools such as electronic health records (EHRs) and mobile health apps allow patients to actively participate in their care by accessing their health information, scheduling appointments, and communicating with healthcare providers remotely. Telemedicine, in particular, has expanded the reach of healthcare services, especially for patients in remote areas, enabling them to receive care without the need to travel [14]. Patient portals have also been shown to improve patient engagement by providing a platform where patients can easily access their health information and communicate with their healthcare team [15].

B. Implementing Patient Feedback Systems

The implementation of patient feedback systems is essential for continuously improving care processes and outcomes. By collecting and analyzing patient feedback, healthcare providers can identify areas where improvements are needed and make data-driven decisions to enhance the quality of care [16]. Feedback systems, such as patient satisfaction surveys and real-time feedback tools, provide valuable insights into the patient experience, allowing healthcare organizations to address issues promptly and effectively. This proactive approach to patient feedback ensures that care is constantly evolving to meet patient needs and expectations. [17].

C. Personalized Care Plans

The development of personalized care plans that cater to each patient's unique needs is a cornerstone of patient-centered care. Personalized care involves tailoring treatment plans on the basis of a patient's specific medical history, preferences, and lifestyle, which can lead to better adherence to treatment and improved health outcomes[10]. By involving patients in the creation of their care plans, healthcare providers can ensure that the plans are aligned with the patients' goals and values, leading to greater satisfaction and a more collaborative approach to care [1].

D. Increasing Communication Skills

Training healthcare providers to improve communication with patients is crucial for fostering strong patient—provider relationships. Effective communication involves not only the clear exchange of information but also active listening and empathy [18]. Communication training programs for healthcare providers can improve their ability to convey complex medical information in a way that patients can understand, leading to better patient outcomes and higher levels of patient satisfaction [19]. Moreover, enhancing communication skills can help address cultural and language barriers that may exist between patients and providers, ensuring that all patients receive equitable care [20].

E. Creating a Healing Environment

Designing healthcare facilities that promote healing and reduce stress is another effective strategy for enhancing patient-centered care. The physical environment of a healthcare facility can significantly impact a patient's experience, influencing their comfort, stress levels, and overall well-being[21]. Creating a healing environment involves incorporating elements such as natural light, calming colors, and quiet spaces, as well as providing amenities that cater to the comfort and convenience of patients and their families [22]. These design elements contribute to a positive patient experience and can even promote faster recovery [21].

F. Continuous Staff Training and Development

Regular training programs are essential to keep healthcare providers updated on best practices and emerg-



E-ISSN: 2582-2160 • Website: www.ijfmr.com • Email: editor@ijfmr.com

ing trends in patient-centered care. Continuous staff training ensures that healthcare professionals are equipped with the latest knowledge and skills to provide high-quality, patient-centered care [23]. Training programs can cover a wide range of topics, including clinical skills, communication, cultural competency, and the use of new technologies [24]. By investing in the ongoing development of healthcare staff, organizations can maintain a high standard of care and adapt to the ever-changing landscape of healthcare [23].

IV. Case Studies and Examples

A. Successful Implementation of Patient-Centered Care

Several hospitals and healthcare systems have successfully implemented patient-centered care models, leading to significant improvements in patient experience and outcomes. For example, the Cleveland Clinic has been a leader in patient-centered care, integrating patient experience into every aspect of its operations. By establishing an Office of Patient Experience and implementing initiatives such as multidisciplinary care teams and patient communication training, the Cleveland Clinic has consistently ranked high in patient satisfaction surveys [25]. Another example is the University of Pittsburgh Medical Center (UPMC), which launched a comprehensive patient-centered care program that included the use of patient feedback to drive improvements, the creation of personalized care plans, and the enhancement of physical environments to promote healing. As a result, UPMC resulted in significant increases in patient satisfaction scores and a reduction in hospital readmission rates [26].

B. Lessons Learning

The successful implementation of patient-centered care in these institutions offers several valuable lessons. First, the importance of leadership commitment cannot be overstated. Both the Cleveland Clinic and UPMC emphasized the role of leadership in driving the culture change necessary to prioritize patient-centered care [25]. Second, the integration of patient feedback into care processes is crucial for continuous improvement. By actively seeking and responding to patient input, these institutions were able to identify gaps in care and make targeted improvements [10]. Finally, the case studies highlight the importance of multidisciplinary teams in delivering coordinated and comprehensive care. By involving various healthcare professionals in care delivery, these institutions ensure that all aspects of patient needs are addressed, leading to better outcomes and higher patient satisfaction [1].

V. Challenges in Implementing Patient-Centered Care

A. Financial and Resource Constraints

One of the most significant challenges in implementing patient-centered care is the financial and resource constraints faced by healthcare institutions. Transitioning to a patient-centered care model often requires substantial investment in infrastructure, technology, and staff training[3]. For example, implementing electronic health records and patient portals, which are critical for enhancing patient engagement, can be cost-prohibitive for smaller healthcare facilities [27]. Additionally, the ongoing costs of maintaining these systems, along with the need for continuous staff development, can strain already limited budgets, making it difficult for some institutions to fully commit to patient-centered care [28].

B. Resistance to Changes

Resistance to change is another significant barrier to the implementation of patient-centered care. Healthcare providers and institutions may be reluctant to adopt new practices and workflows, particularly when these changes disrupt established routines. This resistance often stems from a combination of factors,



E-ISSN: 2582-2160 • Website: www.ijfmr.com • Email: editor@ijfmr.com

including fear of the unknown, concerns about increased workload, and skepticism about the benefits of patient-centered care. Overcoming this resistance requires effective leadership, clear communication about the benefits of patient-centered care, and the involvement of healthcare providers in the change process to ensure their buy-in [29].

C. Balancing Standardization with Personalization

A major challenge in patient-centered care is finding the right balance between standardization and personalization. On the one hand, standardization is essential for ensuring that care is consistent, safe, and evidence-based across different providers and settings [30]. Moreover, personalization is critical for addressing the unique needs and preferences of individual patients. Striking this balance can be difficult, as excessive emphasis on standardization may lead to a one-size-fits-all approach that fails to meet the specific needs of patients, whereas excessive personalization can result in variability that undermines the quality and reliability of care [31]. Healthcare institutions must develop frameworks that allow for flexibility in care delivery while maintaining adherence to best practices and guidelines[3].

VI. Measuring Patient Experience

A. Patient Satisfaction Survey

Patient satisfaction surveys are among the most widely used tools for assessing patient experience in healthcare settings. These surveys typically measure various aspects of the care process, including communication with healthcare providers, the responsiveness of staff, and the overall environment of the facility [32]. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is a standardized tool used across the United States to gauge patient perceptions of care. While these surveys provide valuable insights into patient satisfaction, they have limitations, such as response biases and difficulty in capturing the full complexity of patient experiences[33]. Despite these challenges, patient satisfaction surveys remain a critical component of patient experience measurement and are often used to guide quality improvement initiatives[5].

B. Outcome-based Measures

Linking patient experience with health outcomes is an essential aspect of measuring the effectiveness of patient-centered care. Outcome-based measures go beyond patient satisfaction to assess how patient-centered care influences clinical outcomes, such as recovery times, readmission rates, and overall health status [4]. Research has shown that positive patient experiences are associated with better health outcomes, including lower mortality rates, improved adherence to treatment plans, and reduced hospital readmissions [6]. By tracking these outcomes, healthcare providers can gain a clearer understanding of how patient-centered care impacts both the short-term and long-term health of patients, allowing them to refine their approaches accordingly [16].

C. Continuous Improvement

Continuous monitoring and improvement are critical for sustaining and enhancing the patient experience. This involves regularly collecting data on patient satisfaction and health outcomes, analyzing trends, and implementing changes to address identified issues[3]. Quality improvement models such as plan—do—study—act (PDSA) cycles are commonly used to test and refine patient-centered care interventions [34]. By fostering a culture of continuous improvement, healthcare organizations can ensure that patient experience remains a top priority and that care practices evolve to meet the changing needs and expectations of patients. This iterative process not only helps improve patient outcomes but also enhances the overall quality of care provided [35].



E-ISSN: 2582-2160 • Website: www.ijfmr.com • Email: editor@ijfmr.com

VII. The Future of Patient-Centered Care

A. Emerging trends

The future of patient-centered care is shaped by several emerging trends that promise to further enhance the patient experience. One significant trend is the shift toward more personalized medicine, where treatments are tailored to the individual characteristics of each patient, such as their genetic makeup and lifestyle [36]. Another trend is the increasing emphasis on value-based care, which focuses on providing high-quality care that improves patient outcomes while controlling costs [37]. Additionally, the integration of patient-reported outcomes in clinical practice is gaining traction, allowing patients to provide direct input on their health status and the effectiveness of treatments. These trends indicate a move toward a more holistic and individualized approach to patient care, emphasizing the importance of understanding and addressing the unique needs of each patient. [38].

B. Role of Artificial Intelligence and Machine Learning

Artificial intelligence (AI) and machine learning (ML) are poised to play transformative roles in enhancing patient-centered care. AI and ML can analyze vast amounts of healthcare data to identify patterns and predict outcomes, enabling more accurate diagnoses and personalized treatment plans [39]. For example, AI-driven chatbots and virtual assistants can provide patients with timely information and support, improving their engagement and satisfaction with the care process [40]. Additionally, AI can be used to monitor patient progress and alert healthcare providers to potential issues before they become serious, ensuring that interventions are timely and effective [41]. As these technologies continue to evolve, they are expected to significantly increase the efficiency and effectiveness of patient-centered care, making healthcare more responsive to the needs of patients.

C. Global Perspectives

Patient-centered care is being implemented in various ways across the globe, reflecting different cultural, economic, and healthcare system contexts. In countries with well-developed healthcare systems, such as the United States and the United Kingdom, there is a strong emphasis on using patient feedback and data analytics to drive improvements in care [42]. In contrast, in low- and middle-income countries, patient-centered care often focuses on improving access to care and ensuring that services are culturally appropriate and accessible to diverse populations [43]. For example, in India, there is growing recognition of the importance of integrating traditional healing practices with modern medical care to meet the needs of patients from different cultural backgrounds [44]. These global perspectives highlight the need for flexible approaches to patient-centered care that can be adapted to different healthcare settings and patient populations, ensuring that all patients receive care that is respectful, responsive, and effective.

VIII. Conclusion

A. Summary of Key Points

In conclusion, the implementation of patient-centered care is essential for improving the overall patient experience and achieving better health outcomes. Key strategies such as leveraging technology, implementing patient feedback systems, developing personalized care plans, enhancing communication skills, creating a healing environment, and ensuring continuous staff training are all critical components that contribute to a more patient-centered approach in healthcare. These strategies help ensure that care is tailored to the individual needs of patients, leading to increased satisfaction, improved adherence to treatment plans, and better clinical outcomes. The examples and case studies discussed here demonstrate the effectiveness of these strategies when they are implemented thoughtfully and consistently.



E-ISSN: 2582-2160 • Website: www.ijfmr.com • Email: editor@ijfmr.com

B. Call-to-action

Healthcare providers are encouraged to embrace patient-centered care practices as a fundamental aspect of their operations. By prioritizing the needs, preferences, and values of patients, healthcare organizations can create a more compassionate, responsive, and effective care environment. Providers should actively seek patient feedback, invest in staff training, and leverage emerging technologies to enhance the care they deliver. The commitment to patient-centered care is not just a moral obligation but also a strategic approach that can lead to better patient outcomes and greater operational efficiency.

C. Future Directions

Future research and practice in patient-centered care should focus on further integrating emerging technologies such as AI and ML to personalize and optimize care. There is also a need for more global comparative studies to understand how different healthcare systems implement patient-centered care and to identify best practices that can be adapted across diverse settings. Additionally, ongoing efforts should be made to address the challenges of balancing standardization with personalization and overcoming financial and resource constraints. By continuing to innovate and adapt, the healthcare sector can ensure that patient-centered care remains at the forefront of its priorities, ultimately leading to better health outcomes and more satisfied patients.

References:

- 1. Epstein, R. M., & Street, R. L. (2011). The values and value of patient-centered care. *Annals of Family Medicine*, 9(2), 100-103.
- 2. Barry, M. J., & Edgman-Levitan, S. (2012). Shared decision making—the pinnacle of patient-centered care. *New England Journal of Medicine*, 366(9), 780-781.
- 3. Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The triple aim: care, health, and cost. *Health Affairs*, 27(3), 759-769.
- 4. Luxford, K., Safran, D. G., & Delbanco, T. (2011). Promoting patient-centered care: a qualitative study of facilitators and barriers in healthcare organizations with a reputation for improving the patient experience. *International Journal for Quality in Health Care*, 23(5), 510-515.
- 5. Wolf, J. A., Niederhauser, V., Marshburn, D., & LaVela, S. L. (2014). Defining patient experience. *Patient Experience Journal*, 1(1), 7-19.
- 6. Doyle, C., Lennox, L., & Bell, D. (2013). A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open*, 3(1), e001570.
- 7. O'Daniel M, Rosenstein AH. Professional Communication and Team Collaboration. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr.
- 8. Joo JY. Fragmented care and chronic illness patient outcomes: A systematic review. Nurs Open. 2023 Jun;10(6):3460-3473. doi: 10.1002/nop2.1607. Epub 2023 Jan 9. PMID: 36622952; PMCID: PMC10170908.
- 9. Coulter A, Ellins J. Effectiveness of strategies for informing, educating, and involving patients. BMJ. 2007;335(7609):24-27.
- 10. Hibbard JH, Greene J. What the evidence shows about patient activation: better health outcomes and care experiences; fewer data on costs. Health Aff (Millwood). 2013;32(2):207-214.
- 11. Committee on Family Caregiving for Older Adults; Board on Health Care Services; Health and Medicine Division; National Academies of Sciences, Engineering, and Medicine; Schulz R, Eden J,



E-ISSN: 2582-2160 • Website: www.ijfmr.com • Email: editor@ijfmr.com

- editors. Families Caring for an Aging America. Washington (DC): National Academies Press (US); 2016 Nov 8. 3, Family Caregiving Roles and Impacts.
- 12. Harandi, Tayebeh Fasihi et al. "The correlation of social support with mental health: A meta-analysis." Electronic physician vol. 9,9 5212-5222. 25 Sep. 2017, doi:10.19082/5212.
- 13. Reinhard SC, Given B, Petlick NH, et al. Supporting Family Caregivers in Providing Care. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 14.
- 14. Haleem, Abid et al. "Telemedicine for healthcare: Capabilities, features, barriers, and applications." Sensors international vol. 2 (2021): 100117. doi:10.1016/j.sintl.2021.100117.
- 15. Dendere, Ronald et al. "Patient Portals Facilitating Engagement With Inpatient Electronic Medical Records: A Systematic Review." Journal of medical Internet research vol. 21,4 e12779. 11 Apr. 2019, doi:10.2196/12779.
- 16. Wong E, Mavondo F, Fisher J. Patient feedback to improve quality of patient-centred care in public hospitals: a systematic review of the evidence. BMC Health Serv Res. 2020 Jun 11;20(1):530. doi: 10.1186/s12913-020-05383-3. PMID: 32527314; PMCID: PMC7291559.
- 17. Al-Abri R, Al-Balushi A. Patient satisfaction survey as a tool towards quality improvement. Oman Med J. 2014 Jan;29(1):3-7.
- 18. Ha, J. F., & Longnecker, N. (2010). Doctor-patient communication: a review. Ochsner journal, 10(1), 38–43.
- 19. Moore PM, Rivera S, Bravo-Soto GA, Olivares C, Lawrie TA. Communication skills training for healthcare professionals working with people who have cancer. Cochrane Database Syst Rev. 2018 Jul 24;7(7):CD003751.
- 20. Handtke O, Schilgen B, Mösko M. Culturally competent healthcare A scoping review of strategies implemented in healthcare organizations and a model of culturally competent healthcare provision. PLoS One. 2019 Jul 30;14(7):e0219971.
- 21. Nordin S, Swall A, Anåker A, von Koch L, Elf M. Does the physical environment matter? A qualitative study of healthcare professionals' experiences of newly built stroke units. Int J Qual Stud Health Well-being. 2021 Dec;16(1):1917880.
- 22. MacAllister L, Bellanti D, Sakallaris BR. Exploring Inpatients' Experiences of Healing and Healing Spaces: A Mixed Methods Study. J Patient Exp. 2016 Dec;3(4):119-130.
- 23. Institute of Medicine (US) Committee on the Health Professions Education Summit; Greiner AC, Knebel E, editors. Health Professions Education: A Bridge to Quality. Washington (DC): National Academies Press (US); 2003. Chapter 3, The Core Competencies Needed for Health Care Professionals.
- 24. Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, Fineberg H, Garcia P, Ke Y, Kelley P, Kistnasamy B, Meleis A, Naylor D, Pablos-Mendez A, Reddy S, Scrimshaw S, Sepulveda J, Serwadda D, Zurayk H. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet. 2010 Dec 4;376(9756):1923-58.
- 25. Boissy A, Windover AK, Bokar D, Karafa M, Neuendorf K, Frankel RM, Merlino J, Rothberg MB. Communication Skills Training for Physicians Improves Patient Satisfaction. J Gen Intern Med. 2016 Jul;31(7):755-61.
- 26. Boulding W, Glickman SW, Manary MP, Schulman KA, Staelin R. Relationship between patient satisfaction with inpatient care and hospital readmission within 30 days. Am J Manag Care. 2011



E-ISSN: 2582-2160 • Website: www.ijfmr.com • Email: editor@ijfmr.com

- Jan;17(1):41-8. PMID: 21348567.
- 27. Blumenthal, D., & Tavenner, M. (2010). The "meaningful use" regulation for electronic health records. *New England Journal of Medicine*, 363(6), 501-504.
- 28. Cutler, D. M. (2010). Where are the health care entrepreneurs? The failure of organizational innovation in health care. *Innovation Policy and the Economy*, 11(1), 1-28.
- 29. Cheraghi R, Ebrahimi H, Kheibar N, Sahebihagh MH. Reasons for resistance to change in nursing: an integrative review. BMC Nurs. 2023 Sep 11;22(1):310.
- 30. Collins AS. Preventing Health Care—Associated Infections. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 41.
- 31. Sinsky CA, Bavafa H, Roberts RG, Beasley JW. Standardization vs Customization: Finding the Right Balance. Ann Fam Med. 2021 Mar-Apr;19(2):171-177.
- 32. Cleary, P. D. (1999). The increasing importance of patient surveys. *BMJ*, 319(7212), 720-721.
- 33. Manary, M. P., Boulding, W., Staelin, R., & Glickman, S. W. (2013). The patient experience and health outcomes. *New England Journal of Medicine*, 368(3), 201-203.
- 34. Taylor, M. J., McNicholas, C., Nicolay, C., Darzi, A., Bell, D., & Reed, J. E. (2014). Systematic review of the application of the plan–do–study–act method to improve quality in healthcare. *BMJ Quality & Safety*, 23(4), 290-298.
- 35. Chassin MR, Loeb JM. High-reliability health care: getting there from here. Milbank Q. 2013 Sep;91(3):459-90.
- 36. Jameson, J. L., & Longo, D. L. (2015). Precision medicine—personalized, problematic, and promising. *Obstetrical & Gynecological Survey*, 70(10), 612-614.
- 37. Teisberg E, Wallace S, O'Hara S. Defining and Implementing Value-Based Health Care: A Strategic Framework. Acad Med. 2020 May;95(5):682-685.
- 38. Basch, E. (2017). Patient-reported outcomes—harnessing patients' voices to improve clinical care. *New England Journal of Medicine*, 376(2), 105-108.
- 39. Esteva, A., Kuprel, B., Novoa, R. A., Ko, J., Swetter, S. M., Blau, H. M., & Thrun, S. (2017). Dermatologist-level classification of skin cancer with deep neural networks. *Nature*, 542(7639), 115-118.
- 40. Bates, D. W., Saria, S., Ohno-Machado, L., Shah, A., & Escobar, G. (2018). Big data in health care: using analytics to identify and manage high-risk and high-cost patients. *Health Affairs*, 33(7), 1123-1131.
- 41. Topol, E. J. (2019). High-performance medicine: the convergence of human and artificial intelligence. *Nature Medicine*, 25(1), 44-56.
- 42. Robert, G., Cornwell, J., Brearley, S., Foot, C., Goodrich, J., Joule, N., & Levenson, R. (2011). What matters to patients? Developing the evidence base for measuring and improving patient experience. London: The King's Fund.
- 43. World Health Organization. (2016). *Global strategy on human resources for health: Workforce 2030*. World Health Organization.
- 44. Patwardhan, B. (2014). Bridging Ayurveda with evidence-based scientific approaches in medicine. *EPMA Journal*, 5(1), 19.