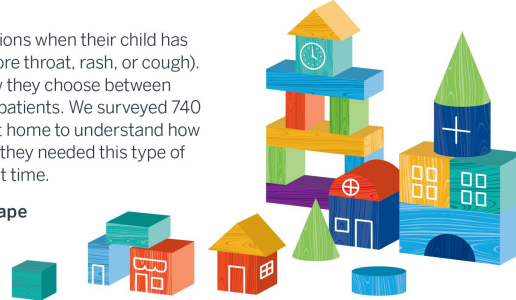


What parents want from low-acuity PEDIATRIC CARE

Parents have an increasing network of care options when their child has an urgent, low-acuity care need (ex. earache, sore throat, rash, or cough). Understanding their top care priorities and how they choose between these options is key to competing for pediatric patients. We surveyed 740 adults who have a child age 18 or under living at home to understand how they decided where to take their child last time they needed this type of care, and what factors they would consider next time.

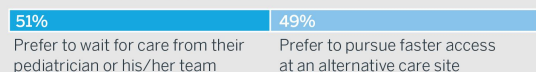
Here's what we learned, and how it could shape your pediatric primary care strategy.



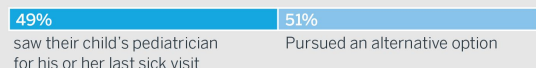
Familiar face or fast access? Parents are divided (but want both).

If their child's regular pediatrician wasn't available same-day, parents were evenly split between wanting to see a familiar pediatrician and leaving the clinic to get rapid access to care.

This is true for both their preferences...



...and their most recent actions.



When asked why they chose that option*

- #1 driver was seeing a clinician quickly (49%)
- #2 driver was seeing a familiar clinician (41%)

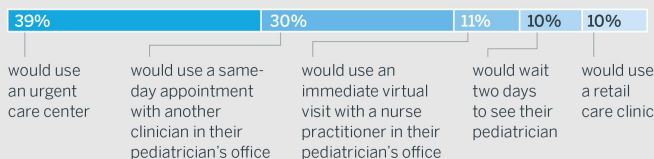
IMPLICATION:

Rapid access options (ex. urgent care clinics and virtual visits) affiliated with pediatrics offices may be well positioned to fulfill both preferences.

* Respondents could rank up to three options.

Urgent care clinics beat same-day appointments with an affiliated pediatrician.

If unable to get a same-day appointment with their pediatrician to treat an ear infection or a similar low-acuity condition, more parents preferred an urgent care center visit than an in-person, same-day appointment with another clinician in their pediatrician's office.

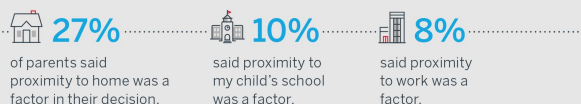


IMPLICATION:

Promote same-day options or you risk losing up to 90% of pediatric patients when they're sick. Develop a hassle-free experience to attract the 49% of parents who preferred a walk-in option (urgent or retail care clinics). Options include partnering with or launching an urgent care center, or adjusting staffing and scheduling to accommodate walk-ins.

Close to home beats close to parent's workplace or child's school.

Parents said proximity to home was about three times more important than proximity to other key locations.



IMPLICATION:

For new locations, prioritize proximity to residential areas. If a competitor is closer to your patients' homes, ensure you offer superior access to entice parents to travel a little further.

Retail care was on par with virtual visits.

Retail care clinics (ex. CVS MinuteClinic, Walgreens Healthcare Clinic, Walmart Care Clinic) were comparably ranked and used by parents as were virtual visits.

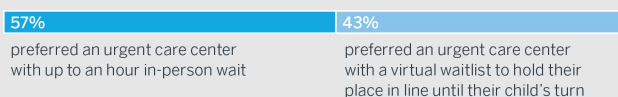
	Virtual visits	Retail clinic
Preferences:		
Top alternative to same-day pediatrician visit:	11%	10%
Recent actions:		
Used for child's last sick visit:	8% (asynchronous + real time)	5%

IMPLICATION:

At many retail care clinics, salaried nurse practitioners (NPs) have excess capacity. If this is the case at your organization, consider having retail clinic NPs take virtual visits during slow times to offer on-demand access both virtually and in person.

In-person waits edge out virtual waitlists.

Among the 39% of parents who preferred urgent care if their pediatrician was unavailable same-day:



IMPLICATION:

Virtual waitlists at an urgent care could attract almost a fifth of shopping parents. But don't overlook the power of a wait time guarantee and a comfortable waiting room.

Virtual visits less preferred than in-person—but still the favorite of 1 in 10 parents.

Two-thirds of parents probably or definitely would consider using a virtual visit to get care for their sick child, and 11% preferred it over in-person options. Substantially fewer reported actually having used a virtual visit.



IMPLICATION:

Virtual visits won't eclipse in-person care anytime soon, but they may give you an edge with a meaningful portion of your consumers. They can also free up pediatric waiting rooms for parents who prefer or need an in-person experience.

For themselves, parents prefer digital, easy access.

When seeking care for themselves, parents prioritized online scheduling, virtual waitlists, and virtual visits more than generational peers without children. And respondents of childbearing age preferred these tools more than older respondents.

Rank of digital tools (out of 32 clinic attributes for basic, urgent care)

	Parents	18- to 49-year-olds without children	50-year-olds and over
Online scheduling	16	18	28
Virtual waitlist	17	20	21
Webcam virtual visit	18	22	24
Virtual visit via secure form or email	19	19	22

IMPLICATION:

The value of access-enabling digital tools is unsurprisingly correlated with age, and particularly appealing to parents. As more tech-expecting millennials (ages 23–38 in 2019) and gen Z-ers (ages 4–22 in 2019) become parents, offering these tools in the pediatric space—and to parents for their own care—may become a strong differentiator.

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