



# What Do Australian Consumers Want from Surgical Care?

12 insights from the surgical care consumer survey

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**BEST FOR**

Executive teams and strategy leaders

A  
rapidly  
evolving  
surgical  
marketplace

In both public and private settings, Australian patients are increasingly exercising choice when it comes to deciding where to go for surgical care. Three trends are driving this growing patient consumerism.

- ▶ **Growing price sensitivity:** Patients across Australia are facing unclear and significant out-of-pocket costs—particularly when surgery is involved—leaving them confused and frustrated. Similar price sensitivity in markets like the United States has led to patients increasingly shopping around for care and placing less emphasis on doctor recommendations.
- ▶ **Rising expectations for service:** High-quality care and advanced technology have become baseline consumer expectations for both public and private hospitals, making it more difficult for organisations to differentiate themselves based on services.
- ▶ **Increasing competition between publics and privates:** Market forces, including price sensitivity, have created an environment in which an increasing number of patients are opting to use private coverage in public hospitals. The result is public and private organisations actively vying for the same patients.

These changing dynamics elevate the importance of understanding patient preferences and decision drivers to inform surgical investments, formulate strategy, and appeal to patients.

We asked over  
**2,000**  
**consumers**  
about their surgical  
care preferences.

We surveyed consumers from across Australia who had a surgical procedure in the last 12 months. We wanted to answer three questions:

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## **1 What is the consumer's path to a specific surgeon?**

We asked respondents to tell us how they found their surgeon. Did they:

- Follow a doctor's referral for a surgeon or hospital?
- Receive a doctor's referral but choose to see a different surgeon or hospital?
- Choose not to consult a provider before selecting a surgeon or hospital?

We also examined consumers' surgeon or hospital selection process. We asked how much research they conducted and what information sources they consulted.

## **2 What factors most and least impact the consumer's decision?**

We wanted to know how consumers prioritise care attributes when making decisions about surgical care. Using MaxDiff methodology, we asked respondents to rank the factors most likely and least likely to impact their decision on which surgeon or hospital to see. Unlike other surveys, which allow respondents to rate all scenarios as 'important', the MaxDiff methodology asked participants to make trade-offs among 25 different attributes, providing insight into the relative importance of each attribute.

We asked respondents to evaluate these options in the context of either a low-acuity (hernia repair) or high-acuity (heart surgery) procedure to explore how consumer decision-making varies depending on the complexity of the operation. Consult page 34 for more information on MaxDiff methodology.

## **3 What are the top drivers of consumer loyalty?**

We asked respondents to rank which factors would most contribute to their likelihood to return to a surgeon.

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We also analysed how decision and loyalty factors differed across respondent demographics. Read on to learn the 12 insights we uncovered from the survey and consider how they should influence your strategy.

# **12 insights**

**from the Australian  
Surgical Care  
Consumer Choice  
Survey**

## **What is the consumer's path to a specific surgeon?**

- 01 Patients adhere to referrals for surgical care
- 02 Most patients don't conduct extensive research
- 03 GPs remain the most trusted information source

## **What factors most and least impact the consumer's decision?**

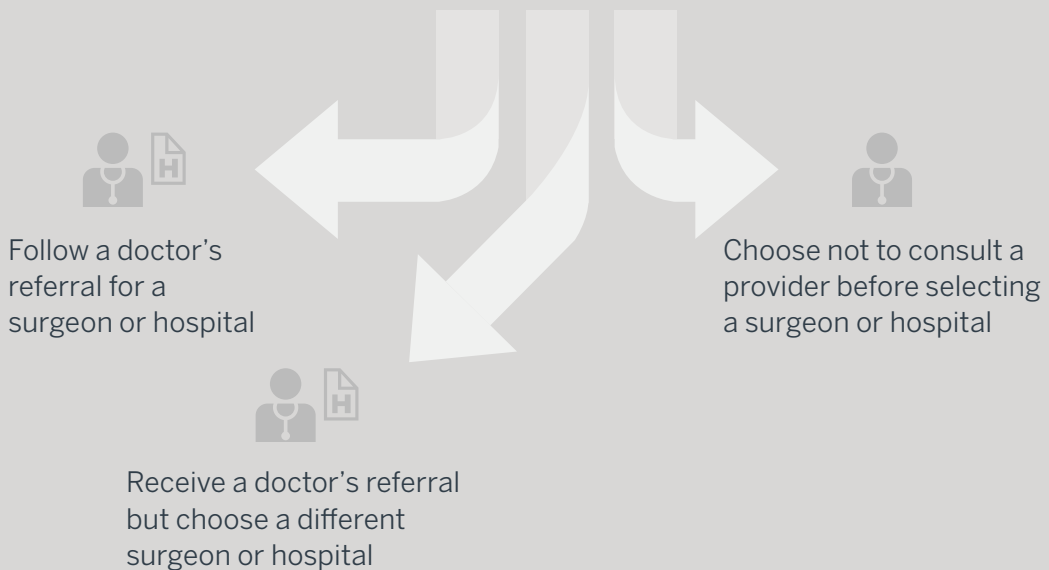
- 04 Regardless of who you ask, people's top decision drivers are consistent
- 05 People make decisions based on proxies for quality
- 06 The surgeon matters more to patients than the hospital
- 07 Cost is not a decision driver—but price transparency is
- 08 People are hungry for information on how to prepare for surgery
- 09 Convenience is low on the list, with two important exceptions

## **What are the top drivers of consumer loyalty?**

- 10 Most patients would return to the same surgeon
- 11 Quality drives loyalty, but disloyalty can be caused by many factors
- 12 Outside of quality, patient experience matters most

# What is the consumer's path to a specific surgeon?

Most patients take one of three routes to a surgeon:



Consumers today have unprecedented access to information about health care providers. In this section, we'll discuss the path that consumers take to their surgeon or hospital, and which sources they rely on when making their decisions.



# Patients adhere to referrals for surgical care

At nearly 85%, the overwhelming majority of patients reported following the recommendation from their referring doctor to a surgeon or hospital. Shoppers, on the other hand, are rare. Only 5.7% of respondents reported choosing to see a different surgeon or hospital than the organisation to which they were referred.

## How Consumers Made the Decision on Where to Go for Surgical Care

n=2,003

**83.9%**

### Traditionalists

I got a referral for the surgeon/hospital and I followed the referral

n=1,680

**10.4%**

### Independents

I did not get a referral and chose to see the surgeon/hospital myself

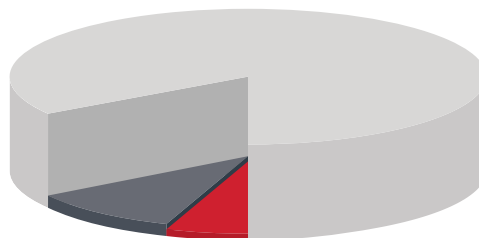
n=208

n=115

**5.7%**

### Shoppers

I got a referral for a different surgeon/hospital, BUT I chose to see this surgeon/hospital (not following the referral)





Many health systems in Australia already market to general practitioners (GPs) through educational events, but **going above and beyond to cultivate strong relationships with referring providers can ensure your organisation is top of mind when it comes time to refer patients.**

Gold Coast Hospital and Health Service in Queensland, Australia, successfully engaged local primary care providers through clinical agreements, called care compacts.

Gold Coast piloted the care compacts with a subset of 14 local GP clinics that expressed interest. Gold Coast met with each practice individually and reviewed the agreements line by line, working to understand the unique needs and requests of each GP.

The process of planning the care compacts allowed Gold Coast and GPs to meet, understand one another, and create a vision of working together—ultimately building the foundation for a strong partnership between GPs and specialists.

#### CASE IN BRIEF

##### Gold Coast Hospital and Health Service



Australian public health system providing care in **two hospitals** and several community settings



Created an integrated care model designed to **manage high-risk patients** through collaboration with GPs to reduce ED admits



Now have **100+ GPs** enrolled over **14 practices**, all using single care compact



Spent **18 months engaging GPs** and specialists, then hardwiring GP buy-in with care compacts

#### CARE COMPACTS IN BRIEF

**Definition:** Formalised agreements between GPs and specialists that designate referral protocols, care transition expectations, and respective care management responsibilities. Also known as service agreements, transition of care records, and care coordination agreements, these documents are not legally binding contracts.

##### Benefits:

###### *Patients*

- More coordinated care experience, with needs and preferences met regardless of site of care or treating provider
- Unnecessary or duplicative testing avoided

###### *Providers*

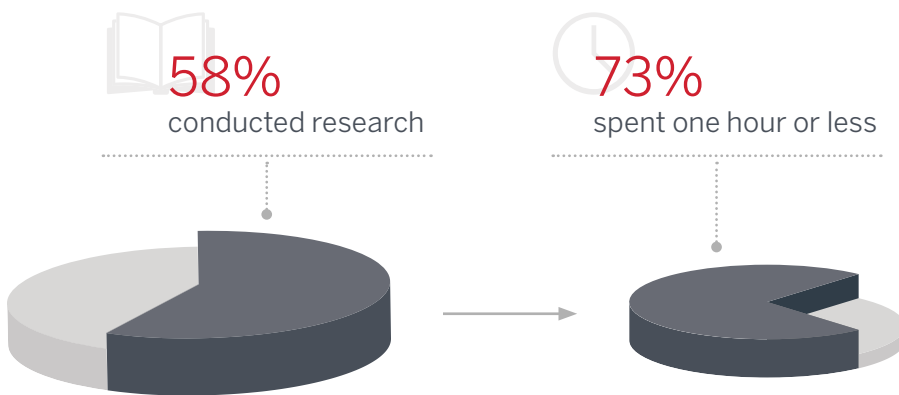
- Improved information sharing and clarity in management responsibilities
- Improved efficiency (e.g., pre-visit tests and labs completed)
- Tighter network of trusted, high-quality partners with similar values

# Most patients don't conduct extensive research

Nearly 42% of respondents reported spending no time at all researching their surgeon or hospital. Of those that did any research, 73% spent one hour or less.

## Percentage of Consumers Researching Surgeon or Hospital by Time Spent

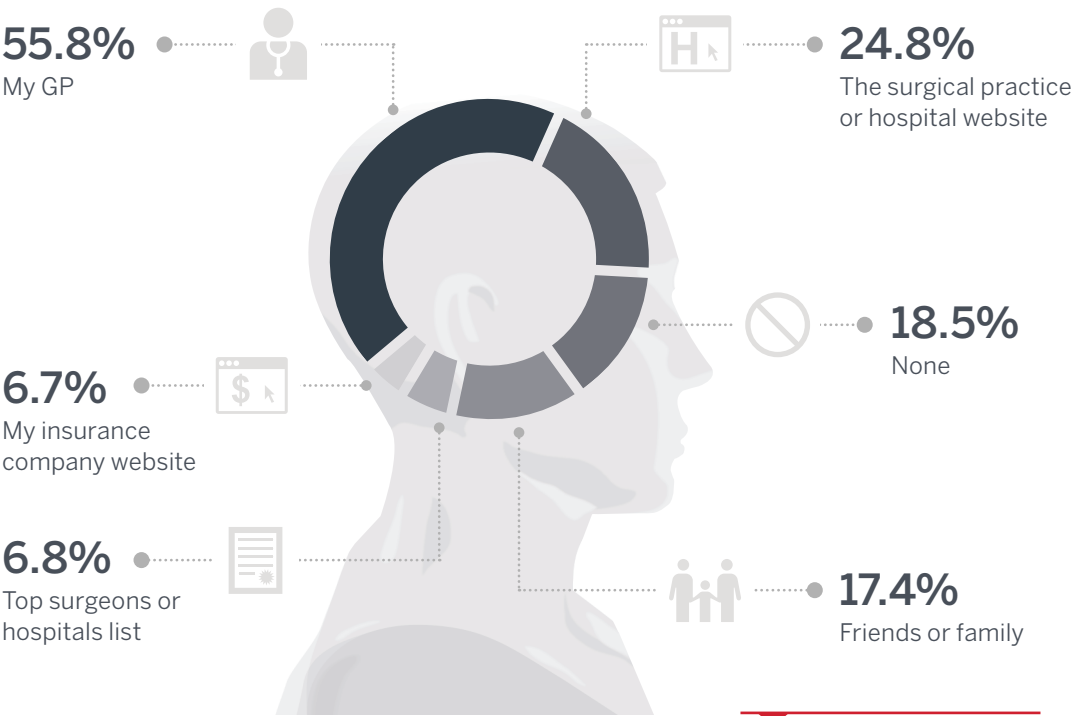
n=2,003



When doing research, people use a few select sources for information. Most people reported turning to their GP. Looking at the surgical practice or hospital website was the second most common type of research consumers did, and asking friends or family was third. No other sources came close to these top three. In fact, friends or family were used by more patients than the next two sources combined.

While 41.7% of people said that they spent no time researching their surgeon or hospital, only 18.5% indicated that they used no sources to do research. This discrepancy can likely be explained by the fact that people view turning to their GPs as expected behaviour rather than as research.

Percentage of Consumers Using Most Popular Sources for Researching Surgeon or Hospital\*



People were more likely to use no source at all than they were to turn to friends or family for information.

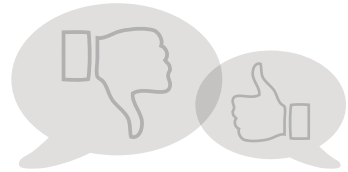
\* Percentages do not sum up to 100% because respondents could select more than one source.



While most consumers don't perform much research on their surgeons or hospitals, nearly a quarter of respondents did go to the surgical practice or hospital website to learn more. **Take advantage of this opportunity by developing a consumer-friendly website to convert prospects into patients.**

Online reviews can be one powerful driver. Unfortunately, consumers are more inclined to share their negative opinions of an experience—especially online. As a result, the online word-of-mouth narrative about many providers tends to skew negatively.

Patients are **40%** more likely to write an online review after a negative experience than a positive experience.



However, these negative reviews rarely reflect most consumers' experiences. Our survey results indicate that most patients would likely choose to see the same surgeon again for future needs, suggesting a high degree of satisfaction.

To harness this goodwill and manage perceptions, organisations should consider implementing the following tactics to cultivate patient reviews:

- 1 Balance the narrative told by past patients with curated reviews on your website.** Present a more balanced depiction of your organisation to counteract negative reviews by proactively posting patient reviews on your website.
- 2 Proactively encourage satisfied patients to leave positive reviews.** Make the process quick and timely, and ask for a review when patients have time to write something and have something to say.



#### CASES IN BRIEF

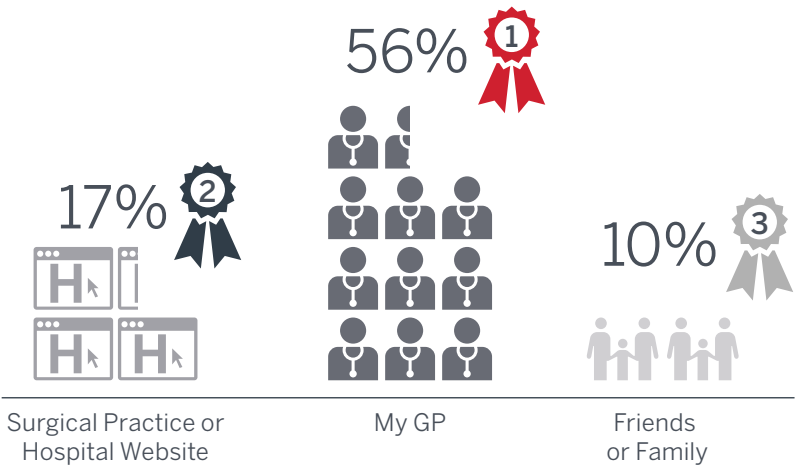
**Balance the narrative:** Wheaton Franciscan Healthcare, a not-for-profit, Catholic system in Illinois, US, worked with Geonetric Marketing to revise doctor profiles. The new profiles feature compelling photos and bios, streamlined profiles, office information, and videos, and they used existing data from 25,000 Press Ganey patient satisfaction surveys to create a provider rating system.

**Proactively encourage reviews:** Pomfrey Health,\* a 350-bed hospital in the United States, texts patients with prompts to rate their experience on a scale of one to ten. Ratings of six or higher prompt patients to share a review in one click, and ratings lower than six alert the Patient Advocacy team to reach out for service recovery.

# GPs remain the most trusted information source

Of patients who used any source at all to research their surgeon or hospital, 56% found their GP to be the most useful source of information. No other source came close. The surgical practice or hospital website and friends or family came in as distant runners-up.

Percentage of People Ranking Information Source as Most Useful



Though patients clearly value their GPs above all other sources of information, nearly 60% of those who used the surgical practice or hospital website and those who used friends or family ranked these sources as the most useful in making their decision.

Given that a majority of people who turned to the website found it to be the most useful resource, organisations should view their websites as valuable tools to engage consumers and impact decision-making—especially since you likely have more control over your website than over what GPs say.

Percentage of People Who Used a Specific Source Ranking That Source as Most Useful



While patients are increasingly participating in decision-making about their care, they still overwhelmingly trust their GPs. GPs can be valuable spokespeople on behalf of your organisation, but only if you've given them something positive to say.

**In today's market, organisations must go beyond clinical excellence to offer superior service quality to influence GP choice and win referrals.**

General practitioners want to stay informed about their patients during specialty care episodes. Organisations should consider facilitating referring doctor support for patients throughout the specialty care episode and using doctor portals to engage GPs during the surgical care episode.

Sample Doctor Portal Features



# What factors most and least impact the consumer's decision?

Regardless of how many—or few—sources consumers referenced in their research, their decision about which surgeon or hospital to visit often came down to a few key factors. In this next section, we will explore which drivers of choice are most and least important, and how providers can use these factors to differentiate themselves.

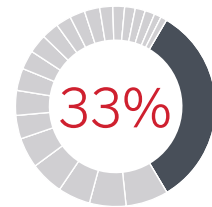




# Regardless of who you ask, people's top decision drivers are consistent

Think patients of different ages, genders and acuity levels make decisions differently? Think again. For surgical care, the four factors most likely to influence a patient's decision on which surgeon or hospital to visit were consistent across scenarios and most demographic groupings.

Acuity Low / High	
[ 1 / 1 ]	The surgeon had the subspecialty certification I was looking for and/or specialised in my specific condition.
[ 2 / 3 ]	The surgeon provides me with clear information on how to prepare for my operation that I can review at home.
[ 3 / 2 ]	The hospital has the latest technology related to my condition.
[ 4 / 4 ]	The surgeon is known for showing respect and patience with his/her patients.



Of average respondent's decision is driven by the top 4 of 25 factors\*

The order of these four factors differs slightly for some cohorts, but these differences were minor, illustrating that people care about the same things regardless of who they are. In fact, these top four factors were so important that their combined impact was almost as high as the impact of the bottom 15 factors combined.



Percentage of average respondent's decision driven by these factors\*


\* Data based on average score between high and low-acuity scenario.


People's top decision drivers were the same regardless of their demographics or place of residence. Across three region types—state capitals, regional cities, and towns/villages—the top seven factors that drove 50% of consumers' decisions were the same.


This consistency was also true across all states and territories, particularly in the high-acuity scenario. In the low-acuity scenario, there was some minor variation between states amongst the top factors driving 50% of decision making.


The pattern of greater consistency in the high-acuity scenario held true for most demographic cohorts, likely because low-acuity patients are more willing to make trade-offs. This graphic shows the order of the top seven drivers that most impact consumer choice across all Australian regions.

**Top Drivers of Consumer Choice Across Australian Regions in Low-Acuity Scenario**


 **Specialised:** The surgeon had the subspecialty certification I was looking for and/or specialised in my specific condition.


 **Informative:** The surgeon provides me with clear information on how to prepare for my operation that I can review at home.


 **Respectful:** The surgeon is known for showing respect and patience with his/her patients.


 **Technologically advanced:** The hospital has the latest technology related to my condition.

 **Follow-up care:** The hospital had a strong reputation for follow-up care.

 **Affiliations:** The surgeon is affiliated with a hospital that I like and/or trust.

 **Day case:** The surgeon could perform the operation as a day case (not requiring overnight stay in hospital).

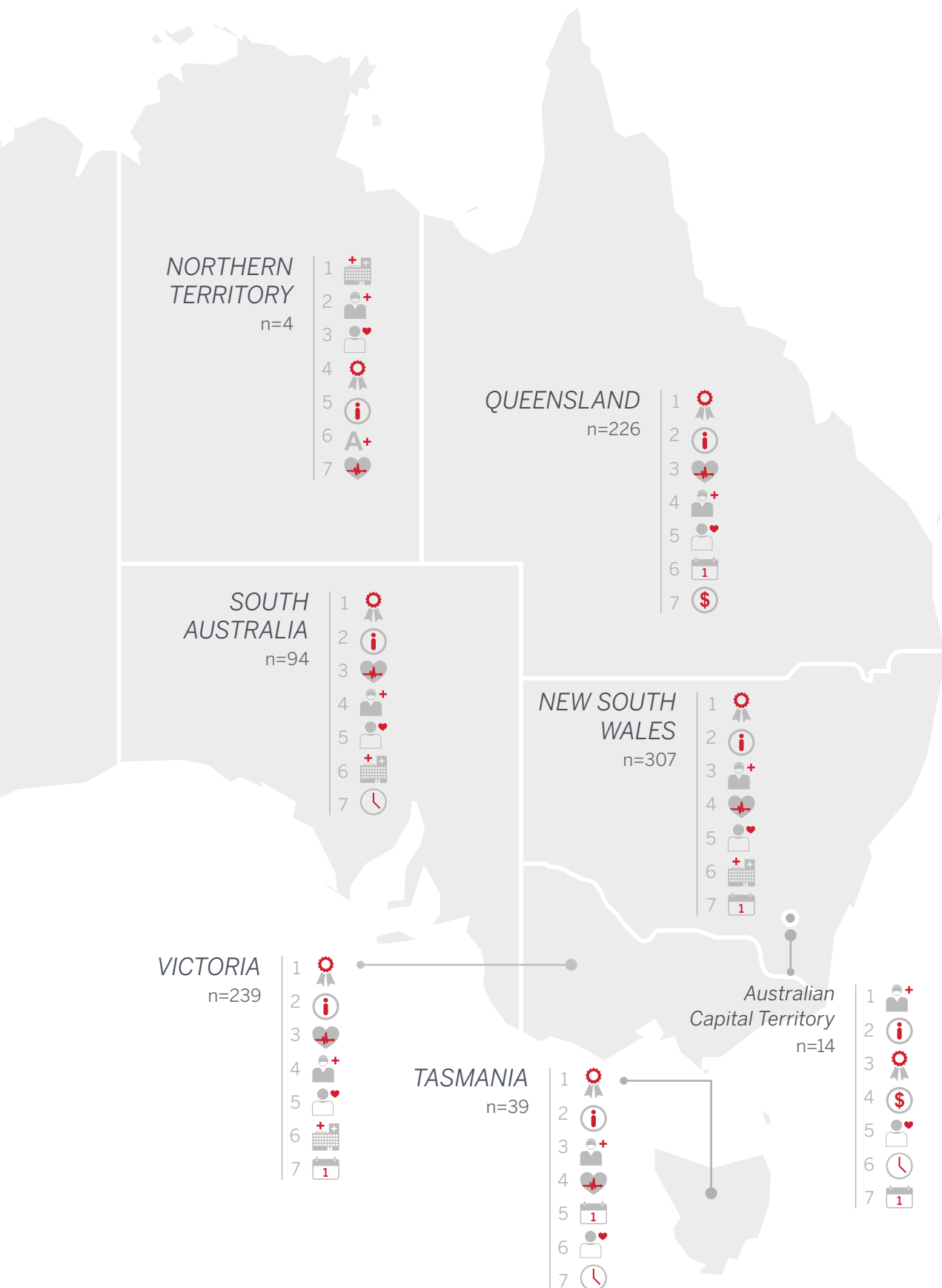
 **Cost:** The surgeon could provide me with an accurate price estimate for my operation.

 **Short wait time:** The surgeon had a short wait to schedule an appointment.

 **Highly reviewed:** The surgeon had excellent reviews online.

WESTERN AUSTRALIA  
n=75

- 1 
- 2 
- 3 
- 4 
- 5 
- 6 
- 7 



# People make decisions based on proxies for quality

Unsurprisingly, people care about quality when it comes to surgical care. Consumers tend to use factors such as the specialisation of the surgeon, the hospital's technology, and the hospital's reputation for follow-up care as representative ways to measure quality. Across all respondents in both the low- and high-acuity scenarios, the three quality-related measures highlighted below ranked in the top five factors impacting people's decisions.

## 10 Factors Most Likely to Impact Decision on Where to Go for Surgical Care

- 1 The surgeon had the subspecialty certification I was looking for and/or specialised in my specific condition.
- 2 The surgeon provides me with clear information on how to prepare for my operation that I can review at home.
- 3 The hospital has the latest technology related to my condition.
- 4 The surgeon is known for showing respect and patience with his/her patients.
- 5 The hospital had a strong reputation for follow-up care.
- 6 The surgeon is affiliated with a hospital that I like and/or trust.
- 7 The surgeon had a short wait to schedule an appointment.
- 8 The surgeon could perform the operation as a day case (not requiring overnight stay in hospital).
- 9 The surgeon could provide me with an accurate price estimate for my operation.
- 10 The total out-of-pocket cost was lower than other surgeons.

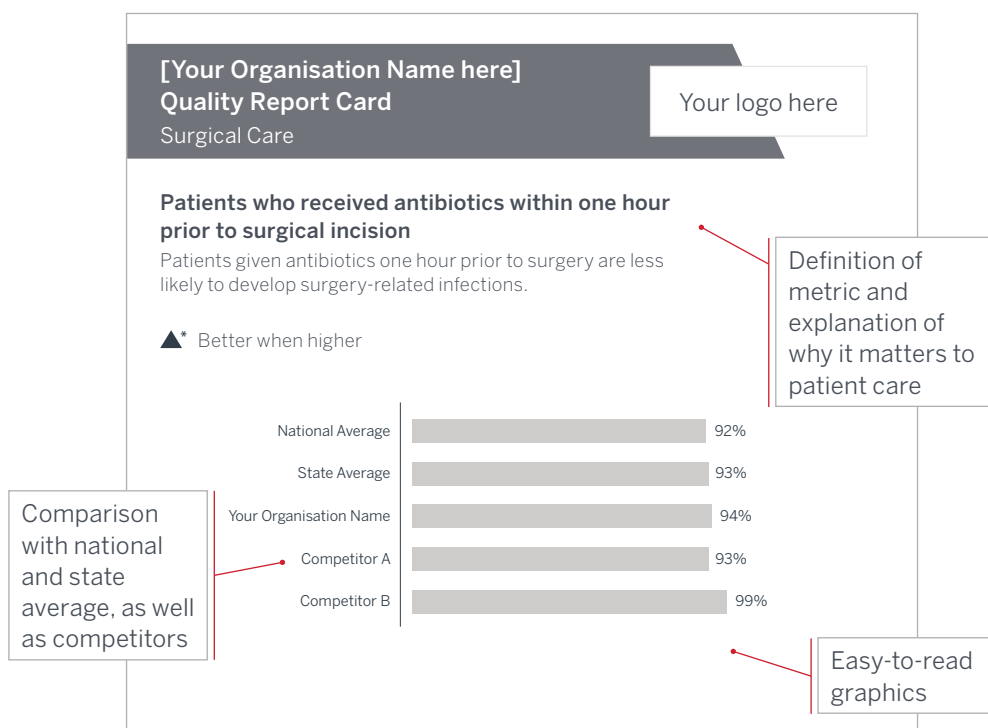


**Clearly market quality information to consumers focusing on indicators like specialisation, technology, and follow-up care. Contextualise quality information to illustrate to patients how it can positively impact their care.**

Focus on presenting quality-related information in a patient-friendly manner that helps you quantify your organisation's quality and explain it to patients in a way they can easily understand.







One way to do this is by creating a 'Quality Report Card' that can be given to patients or referrers to help them understand surgery-related quality metrics and benchmark your organisation's performance on these metrics. After selecting metrics to showcase, you can fill in definitions for these metrics and why they are important for surgical consumers, as well as create charts to compare your performance with nationwide averages and local competitors.

## Sample Quality Report Card



# The surgeon matters more to patients than the hospital

Survey participants ranked hospital-related measures highly, but surgeon-related factors were even more likely to impact their decision on where to receive care.

- 1 — [  ] — The **surgeon** had the subspecialty certification I was looking for and/or specialised in my specific condition.
- 2 — [  ] — The **surgeon** provides me with clear information on how to prepare for my operation that I can review at home.
- 3 — [  ] — The **hospital** has the latest technology related to my condition.
- 4 — [  ] — The **surgeon** is known for showing respect and patience with his/her patients.
- 5 — [  ] — The **hospital** had a strong reputation for follow-up care.
- 6 — [  ] — The surgeon is affiliated with a **hospital** that I like and/or trust.

However, the hospital's technology mattered just as much as the surgeon, particularly in the high-acuity scenario. Ultimately, both the surgeon and the hospital influence people's decisions on where to go for surgical care. Health systems and hospitals must clearly articulate their value proposition when it comes to technology so that they can highlight what they bring to the table.



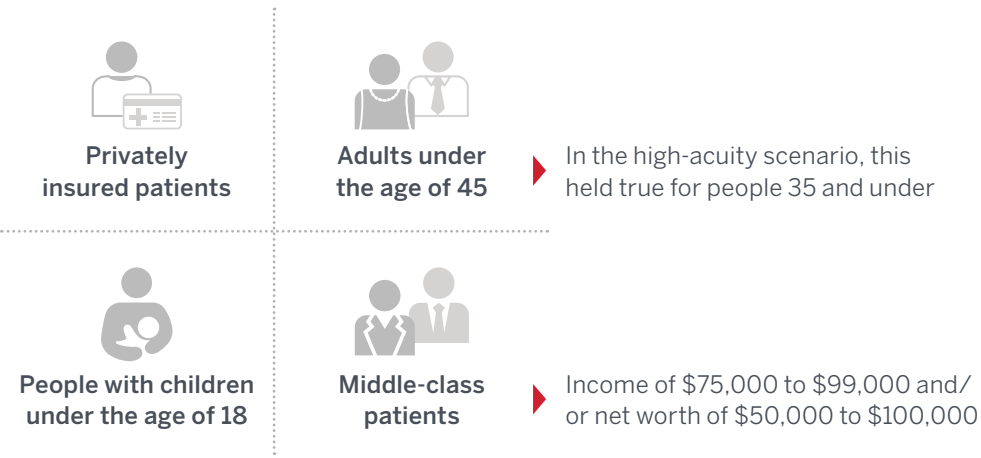
Given how likely the surgeon is to impact a patient's decision on where to go for surgical care, people may be willing to follow a specific surgeon to a hospital. This is particularly true for private patients, who can choose their surgeon. Because of this, **it's crucial for organisations to deepen relationships with surgeons.**

Since surgeons in Australia are not tied to any one specific hospital, health systems can strengthen ties with surgeons and increase the volumes those surgeons bring to their sites. Organisations should undertake actionable surgeon segmentation, assigning surgeons to discrete segments with specific outreach and service strategies for each. Different segmentation options include categorising by loyalty, volumes, or specialty.

# Cost is not a decision driver— but price transparency is

Do you think consumers care only about saving money now that they are facing higher out-of-pocket costs? In truth, patients value being able to receive an accurate price estimate more than they value lower out-of-pocket costs.

An accurate price estimate consistently ranked higher than lower out-of-pocket costs across all demographics, but price transparency was particularly important to a few specific cohorts. For the groups listed below, the surgeon being able to provide an accurate price estimate scored in the top 50% in the low-acuity scenario.\*



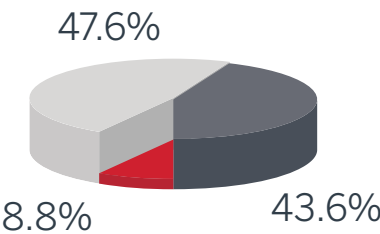
It's important to note that the accurate price estimate scored in the top 50% for these cohorts only in the low-acuity scenario. In the high-acuity scenario, these demographic groups cared more about other factors, such as a short wait to schedule an appointment or the surgeon being affiliated with a hospital they liked and/or trusted.

\* For these cohorts, 'The surgeon could provide me with an accurate price estimate for my operation' ranked in the top six to seven factors that drove 50% of consumers' decision.

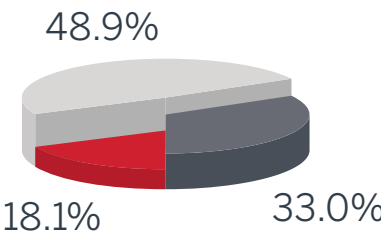
**We asked privately insured patients to indicate their agreement with the following statements\***

n = 1127

“I am confident that I understand what services are covered by my supplemental private insurance.”



“It is easy for me to determine how much medical services at a private hospital will cost me if I needed care.”



■ Confused    ■ In the middle    ■ Confident

While most privately insured patients at least partially agreed with the first statement, they were less confident about their ability to determine how much private care would cost them. For both statements, nearly half of the people fell into the middle categories of ‘tend to agree’ or ‘tend to disagree,’ indicating a lack of clarity and confidence when it comes to understanding private care and its cost.

A recent survey on out-of-pocket costs by the Consumers Health Forum of Australia found that no one—including specialists and GPs—had discussed costs with over a third of respondents who had incurred costs in hospital. This is particularly concerning in light of the fact that the Medical Board of Australia regards most health professionals as having a legal duty to inform patients of financial implications of treatment. Clearly, many health care providers are falling short of this standard.



Accurate price estimates matter to consumers. But widely disparate practitioner fees as well as variation in the complexity and costliness of different health care services make providing full transparency for every service for every patient a challenge. To use limited resources effectively, **prioritise services that cost-conscious consumers are most likely to shop for.**

Use ‘shoppability’ criteria to determine which services to focus initial price transparency efforts on. Criteria will vary by market, by sample criteria include procedures that are high volume, elective or non-emergent, exhibit high variance in price, and exhibit low variance in quality.

\* Respondents who selected ‘strongly disagree’ or ‘disagree’ were categorised as ‘confused’. Those who selected ‘tend to disagree’ or ‘tend to agree’ were categorised as ‘in the middle’. Those who chose ‘agree’ or ‘strongly agree’ were categorised as ‘confident’.



# People are hungry for information on how to prepare for surgery

Nearly 60% of respondents indicated that the GP who gave them their referral did not explain why he or she recommended that surgeon or hospital. But people want access to information, particularly when it comes to how to prepare for surgery.

‘The surgeon provides me with clear information on how to prepare for my operation that I can review at home’ was one of the top decision drivers across all respondents, ranking #2 in the low-acuity scenario and #3 in the high-acuity scenario.



Make pre-operation education the standard practice at your organisation. While you may not be able to control whether individual surgeons offer education, you can **develop standard protocols around providing clear pre-operation information to all your surgical patients.**

Though the methods of delivery can vary (for example, in-person classes or handbooks), the goal is to provide patients with clear information to establish straightforward and consistent expectations for their surgical care.

## Sample Information to Include in Joint Replacement Patient Handbook



### Pre-surgery

- Preparation exercises
- Medical evaluation



### Discharge planning

- Disability forms
- Check insurance and prescription drug plan



### Day of surgery

- Don't eat or drink
- List of approved medications
- What to pack



### After surgery

- Equipment you may see when you wake up
- Pain management



### After your stay

- Scheduling follow-up appointments
- When to call the doctor



### Physio- and occupational therapy

- Schedules and expectations
- Precautions

# 09

## Convenience is low on the list, with two important exceptions

Patients' decisions were rarely driven by convenience. In fact, eight of the ten factors least likely to impact a patient's decision on where to go for surgical care were related to convenience.

- 
- ...
- 16 The surgeon had lab, imaging, and/or pharmacy onsite.
  - 17 The surgical site is less than an hour away from my home.
  - 18 The surgeon is affiliated with a private hospital.
  - 19 The surgeon advertised a shorter time from operation to return home than competitors.
  - 20 The surgeon will perform the surgery outside of a hospital setting (e.g., stand-alone surgery centre).
  - 21 The surgeon provided technology and electronic communication capabilities (like video, email).
  - 22 The surgeon had appointments during weekends or evenings.
  - 23 My insurance company recommended that I see this surgeon.
  - 24 The surgical site is more than an hour away from my home.
  - 25 The surgical site is located near where I work.

However, two convenience-related factors ranked much higher: **day case procedures** and **short wait times** for an appointment.

Although the distance a patient will have to travel is not one of the top drivers in their choice of surgical care, most patients do want to get out of the hospital as quickly as possible. ‘The surgeon could perform the operation as a day case (not requiring overnight stay in hospital)’ ranked #7 in the low-acuity scenario and #8 in the high-acuity scenario. However, patients aren’t very concerned about whether their surgery is delivered outside of a hospital setting—in fact, this factor ranked 20th overall.

While patients may not prioritise convenience, they do value access. Specifically, ‘the surgeon had a short wait to schedule an appointment’ ranked #7 in the high-acuity scenario and #8 in the low-acuity scenario.

#### OVERALL RANKINGS



**Day case**

8th



**Setting**

20th




**Location**

24th



Hospitals have limited resources to invest in developing and marketing offerings to meet patient demands. **When it comes to convenience, focus on patients’ priority items, such as day procedures and access.**

Some organisations have improved patient access by offering patients self-service options, such as the opportunity to self-schedule appointments. Investing in a patient self-service platform not only improves patient access but can also benefit your organisation by freeing up valuable call centre resources to focus on consumer concerns that cannot be remedied online.



# What are the top drivers of consumer loyalty ?

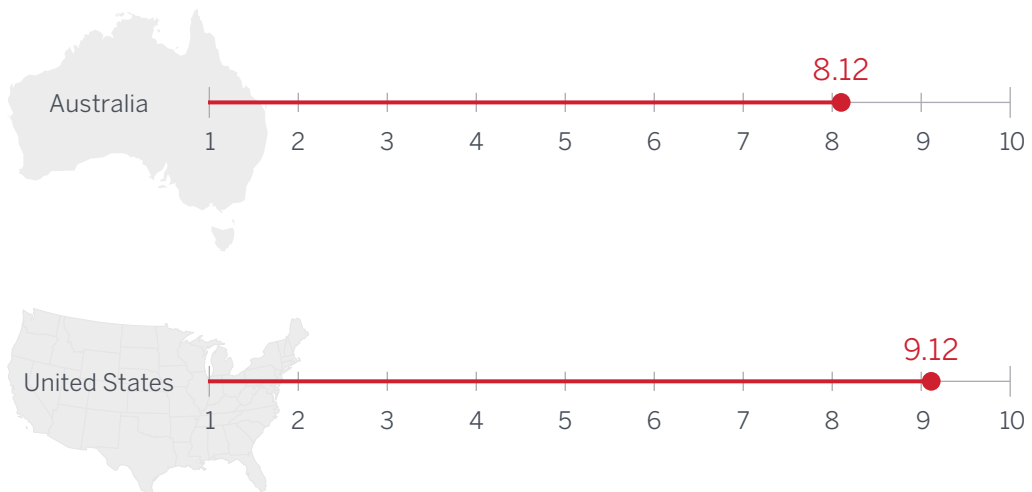
Hospitals are realising that patient satisfaction by itself is insufficient in an environment of greater consumerism and price sensitivity. Patient satisfaction measures how content patients were with a specific care episode, not how likely they are to return or think of the provider should another care need arise. We asked our survey panel what factors would be most likely to influence their decision to return to the same surgical provider in the future.

# Most patients would return to the same surgeon

Survey respondents rated how likely they would be to choose the same surgeon again if they needed similar care in the future. The average rating across all participants was an 8.12 out of 10, meaning most patients are likely—but not guaranteed—to choose their surgeon again should they need care.

This may seem like a high number, but this is lower than the average American consumer's likelihood to return to their specialist—a market that sees significantly more shopping for care than today's Australian market. While a surgical visit is different from a specialist consult, this data indicates a potential for satisfied patients to switch providers, a potential that will plausibly increase as patients continue to face greater out-of-pocket costs.

## Respondents' Likelihood of Returning to Surgeon



# 11

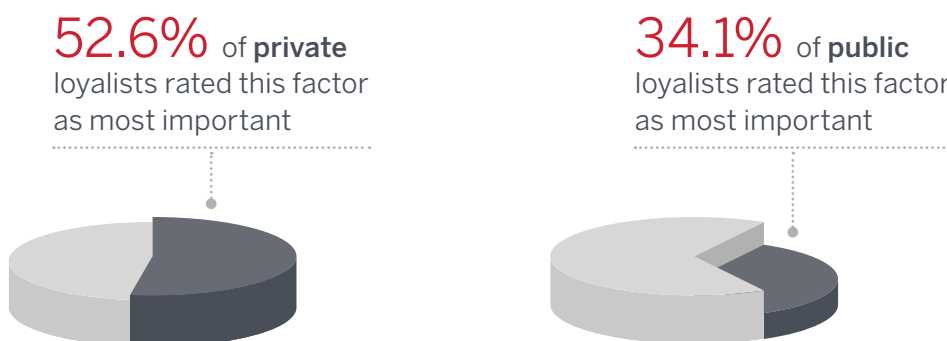
## Quality drives loyalty, but disloyalty can be caused by many factors

Want to improve the likelihood your patients will return? Focus on quality. Nearly half of the respondents who rated their likelihood to return a 9 or 10 (the 'loyalists') said that the quality of service from the surgeon was the most important factor in their decision to return. Another 21.3% of loyalists said that the quality of care received was the factor most contributing to their return decision—meaning that nearly two-thirds of loyalists attributed their high likelihood to return primarily to quality-related factors.




Meanwhile, the 'dissenters' (those who rated their likelihood to return a 0 through 4) and the 'ambivalents' (those ranking their likelihood to return a 5 through 8) attributed their return decision to a wider range of factors, including cost, service, and hospital reputation.

Higher quality has traditionally been one of the value propositions of private insurance in Australia, and our data suggests that private patients are satisfied with surgical quality. More than half of private patient loyalists rated the quality of service from the surgeon as the factor most contributing to their likelihood to return—compared to just over a third of public patient loyalists.

### Quality of Service from the Surgeon a Primary Driver for Private Loyalists

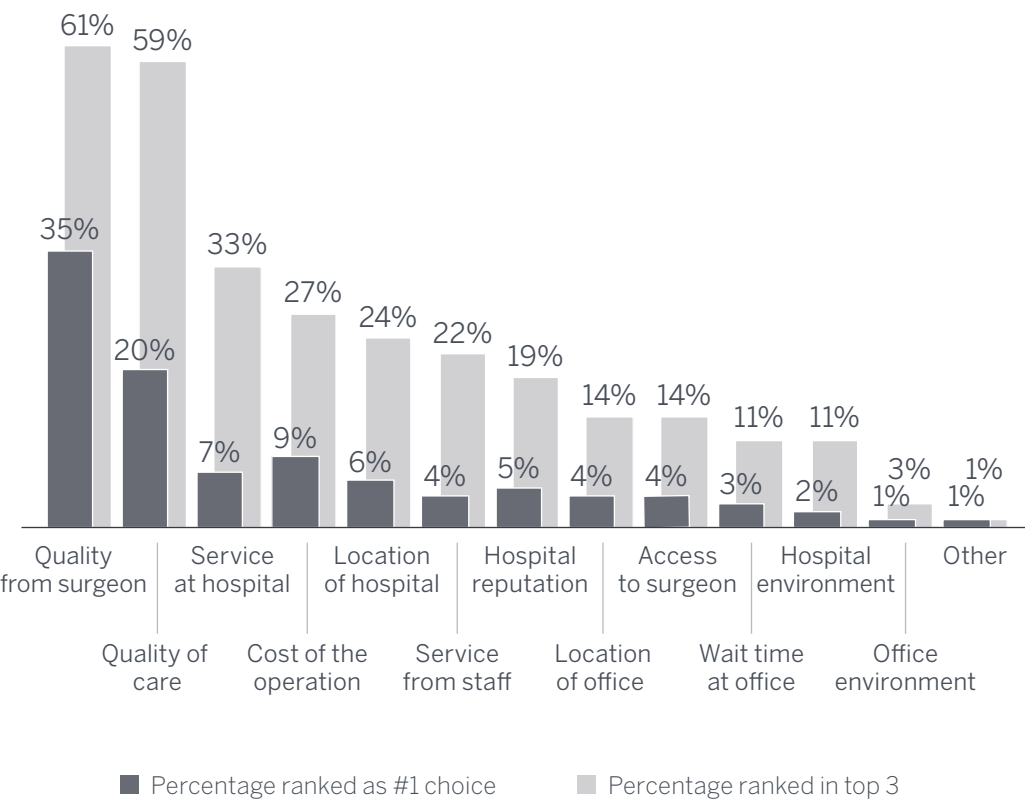


Patients’ Top Drivers of Decision to Return by Loyalty Type

	Dissenters (0–4) n=120	Ambivalents (5–8) n=810	Loyalists (9–10) n=1073
Options			
Quality of service from surgeon	25.8%	25.8%	42.9%
Quality of care I received	10.8%	19.9%	21.3%
Cost of the operation	13.3%	11.5%	6.5%
Service I received at the hospital (e.g., nursing staff’s level of friendliness and professionalism)	7.5%	7.4%	5.8%
Location or distance of the hospital	5.8%	6.9%	4.6%
Quality of service from staff (e.g., the staff’s level of friendliness and professionalism)	2.5%	5.1%	4.2%
Hospital reputation that the surgeon was affiliated with	10.8%	5.4%	3.7%
Access to the surgeon (daily hours, time needed to make an appointment, or willingness to connect remotely)	5.0%	4.9%	3.2%
Location or distance of the surgeon’s office (for pre and post appointments)	3.3%	5.3%	2.9%
Wait time at the surgeon’s office (for pre and post appointments)	4.2%	3.3%	1.9%
The hospital’s environment or facilities (e.g., waiting area, rooms, etc.)	4.2%	2.6%	1.9%
Other	3.3%	0.7%	0.8%
Office environment or facilities (e.g., waiting area, appointment rooms)	3.3%	1.1%	0.4%

## Outside of quality, patient experience matters most

When you remove quality from the equation, people’s likelihood of returning is caused by several factors, including service, cost, and location.







**To establish durable bonds with patients, health systems should develop platforms that generate repeat visits through ease of use, financial value, and trust.**

Kaiser Permanente, a health care provider and not-for-profit health plan in the United States, has found that building strong connections during the first two years of membership is vital to capturing long-term loyalty. To maximise member retention, Kaiser has established a new member welcome programme.

Kaiser members who are registered with the member portal are over two and a half times more likely to be a loyal Kaiser member than consumers who are not connected to the platform.

### **New Member Welcome Programme**



- ▶ Members choose their personal doctor and easily get care and medication as needed.



- ▶ Consumers are encouraged to register with member portal, which allows them to manage prescriptions, schedule appointments, and view test results.



- ▶ Front desk staff are trained to acknowledge first-time patients and create welcoming experience.

# Checklist for your consumer surgical strategy

## **Elevate referral strategy**

- ☐ Strengthen relationships with referring providers so your organisation is top of mind.
- ☐ Build a consumer-friendly website to convert prospects into patients.
- ☐ Develop deep surgeon relationships by undertaking actionable surgeon segmentation.

## **Invest in consumers' high-priority items**

- ☐ Clearly market quality information in a patient-friendly manner.
- ☐ Prioritise price transparency efforts based on services consumers are most likely to shop for.
- ☐ Make pre-operation education the standard practice.
- ☐ When it comes to convenience, focus on patients' priority items such as day procedures and quick access.

## **Convert consumers into loyal patients**

- ☐ Focus on quality to improve the likelihood patients will return.
- ☐ Enhance the patient experience by establishing durable bonds with patients.

# More About the Australian Surgical Consumer Choice Survey

Using MaxDiff methodology, the survey asked consumers to indicate which item would most likely impact their decision on which surgeon or hospital they would choose, and which item would least likely impact their decision. Respondents were shown multiple sets of five factors. Within each set of five, they were asked to choose the one most likely and the one least likely to change their choice in a surgeon or hospital. Each factor was presented multiple times, resulting in a ranked list of utility scores indicating the relative value of each factor.

For example, our survey revealed that patients cared nearly two times more about the surgeon’s out-of-pocket costs being lower (a 3.99 utility score) than about the surgeon performing the surgery outside of a hospital setting (a 2.02 utility score).

## The Value of MaxDiff Analysis

*Example: Creating the Perfect Family Car*

Which of the following would be the **most** and **least** important to you when choosing a car?

	Most	Least
Backseat cupholders	<input type="checkbox"/>	<input type="checkbox"/>
Third-row seating	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DVD player	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Which of the following would be the **most** and **least** important to you when choosing a car?

	Most	Least
DVD player	<input type="checkbox"/>	<input type="checkbox"/>
Side air bags	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Third-row seating	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Which of the following would be the **most** and **least** important to you when choosing a car?

	Most	Least
Built-in carseats	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Backseat cup holders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Side air bags	<input type="checkbox"/>	<input type="checkbox"/>

### Attribute Ranking

- |                      |                         |
|----------------------|-------------------------|
| #1 Built-in carseats | #4 Backseat cup holders |
| #2 Side air bags     | #5 Third-row seating    |
| #3 DVD player        |                         |

## Advantages of MaxDiff Surveys

**1** They allow researchers to understand the magnitude of difference between ranked attributes.

**2** They force respondents to choose between attributes, preventing ceiling effects.

# Additional Resources

Review our Australian Surgical Care Survey Results Portal to learn more about the numbers behind the analysis in this briefing. Then see the other resources detailed below to learn best practices and access tools to improve your surgical services. To access these items, visit [advisory.com/sla](https://advisory.com/sla) or email [sla@advisory.com](mailto:sla@advisory.com).



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## Australian Surgical Care Survey Results Portal

Explore the results from the surgical care survey. Customise patient populations by demographic factors such as age, region, or education to compare data across patient cohorts.

[advisory.com/gfhi/surgerysurvey](https://advisory.com/gfhi/surgerysurvey)

## Surgical Services Market Trends

Access our most popular slides on surgery market trends, from growth outlook and financial considerations to new care management priorities and technological innovations.

[advisory.com/sla/surgical-trends](https://advisory.com/sla/surgical-trends)

## Surgical Services Clinical Technology Compendium

Understand the right technologies for gaining new capabilities, improving clinical effectiveness, and differentiating your organisation from the competition.

[advisory.com/sla/surgical-compendium](https://advisory.com/sla/surgical-compendium)

## Playbook for the Consumer-Focused Health System

Learn 15 core features of a truly consumer-focused health system and leading examples of each feature.

[advisory.com/gfhi/consumer-playbook](https://advisory.com/gfhi/consumer-playbook)

## Enhancing Planning Agility Amid Market Complexity

Build more flexibility into your strategic planning by anticipating market disruptions, maximising limited resources, and inspiring action from diverse stakeholders.

[advisory.com/sla/planning-agility](https://advisory.com/sla/planning-agility)

## The Primary Partnership

Learn a sequential framework and tactics to partner with primary care and reconstruct its delivery model.

[advisory.com/gfhi/theprimarypartnership](https://advisory.com/gfhi/theprimarypartnership)

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## Sources

Page 1: Consumers Health Forum of Australia, "Out of Pocket Pain Research Report," *CHF*, April 2018, [https://chf.org.au/sites/default/files/20180404\\_oop\\_report.pdf](https://chf.org.au/sites/default/files/20180404_oop_report.pdf).

Page 11: Basic M, "Patients More Likely to Review Their Doctors After a Negative Experience," *ReviewTrackers*, <https://www.reviewtrackers.com/patient-reviews-doctors/>.

Page 23: Consumers Health Forum of Australia, "Out of Pocket Pain Research Report," *CHF*, April 2018, [https://chf.org.au/sites/default/files/20180404\\_oop\\_report.pdf](https://chf.org.au/sites/default/files/20180404_oop_report.pdf).

Advisory Board research and analysis.

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The best  
practices are  
the ones that  
work for **you.**<sup>SM</sup>

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