

CHEAT SHEET

Boomers and Primary Care

A Guide to Boomers' Primary Care Behaviors and Preferences

Published – April 2020 • 5 min read

Key takeaways

- Have high chronic condition loads, but seek care less often than younger generations: 76% of boomers have at least one chronic condition, but only half of those individuals reported visiting a primary care provider (PCP) in the 12 months preceding our survey. This utilization pattern holds true for those with 3+ chronic conditions.
- Care about not just where they receive care, but from whom: boomers place high value on being treated by a physician rather than an advanced practice provider (APP) for their primary care needs—much more so than younger generations.
- Display seemingly contradictory technology preferences: boomers are not interested in virtual visits, but still want their clinic to have the latest, cutting-edge technology.
- Vary in their wait time tolerance: 73% of boomers will leave their regular clinic if they can't be seen within a day for a mid-acuity care need like the flu, but are among the most tolerant of wait times for lower-acuity conditions like shoulder pain.

Who are they?

Boomers are:

- Individuals born between 1946 and 1964 (74 million Americans).
- Insured equally through work and Medicare: roughly one-third of boomers are covered by employer-sponsored insurance, and another third by Medicare. One in five report being on high-deductible health plans (HDHPs), and 3% report being uninsured.
- Likely to have at least one chronic condition: 76% have at least one chronic condition and on average have three. More than half report having high blood pressure (56%) and high cholesterol (51%).
- Past the parenting age: only 5% of boomers report having children under 18 living with them full- or part-time.

Data Source

To better understand what boomers—and other generational cohorts—want and need from primary care, we asked more than 3,000 consumers about their health status, care preferences, and recent behaviors in our 2019 Primary Care Consumer Choice Survey. The sample size for boomers was 1,128.

What are their primary care behaviors?

- Despite having an average of three chronic conditions, boomers visit their primary care providers (PCPs) less often than younger age groups. Over the 12-month period preceding our survey, 82% visited their PCP only once, or not at all.

0 visits	1 visit	2-3 visits	4-5 visits	5+ visits
57%	25%	15%	2%	1%

- Boomers overwhelmingly rely on traditional clinic settings as their main source of primary care. Just 12% of boomers report using alternative care sites for this purpose, compared to 47% of Gen Zers.

Traditional PCP	Urgent care	Concierge care	Retail care	ED	Virtual visit	Different places	Not sure	Don't use
82%	4%	2%	1%	1%	0%	4%	3%	3%

- Though they tend to prefer a traditional PCP setting for ongoing primary care, a third of boomers sought care at an alternative care site during their most recent basic urgent care episode (e.g., fever or sore throat). Among those who ventured outside their normal clinic, two-thirds chose an urgent care center.

Traditional PCP (56%)			Alternative care site (33%)					Other (11%)
Normal PCP	Other PCP in clinic	Alternate clinic	Urgent care	Retail clinic	Virtual visit	ED	Kiosk	None/don't know
47%	4%	5%	21%	3%	1%	8%	0%	11%

- When deciding where to go for basic urgent care, 62% of boomers rely on past experience. Only 13% use recommendations from friends and family and insurance company websites.

What are their primary care behaviors?

- Just 10% of boomers report they would “definitely” or “probably” consider using a virtual visit for future primary care, relative to approximately 20% of Gen Xers and 25% of millennials.
- Over half of boomers (53%) said they will “definitely” or “most likely” stay with their current PCP for at least the next 12 months. This translates to a Net Promoter Score (NPS) of 1.1, which is 49 points higher than that of millennials.

What are their primary care preferences?

- Though boomers do not report caring about virtual visits or online portals when searching for a new primary care clinic, they are reportedly looking for a clinic with the latest, cutting-edge technology. Boomers ranked this attribute 9th out of 40 possible clinic attributes. Millennials and Gen Zers ranked it 16th and 19th, respectively.
- Boomers also place greater value on primary care clinics with high quality scores where they will see a physician instead of an APP and have their follow-up care coordinated by the clinic.
- Out of five clinic affiliation options, boomers would most prefer to receive primary care from a provider affiliated with a hospital or medical group they've used before. The strength of this preference exceeds that of all other generations. They are least interested in an Apple- or Amazon-affiliated clinic, and in fact, are twice as resistant to the idea as are Gen Zers.

Percentage of respondents ranking each affiliation option as their most and least preferred

	Past experience	Independent clinic	Insurance-run clinic	¹ AMC	Apple or Amazon	Don't care
Most preferred	47%	8%	6%	10%	1%	28%
Least preferred	1%	4%	9%	2%	56%	

1. Academic medical center.

What are their primary care preferences?

- Aside from the Silent Generation, boomers are the least tolerant of waiting to be seen for mid-acuity conditions like the flu. Three-quarters would leave for another clinic if their regular clinic couldn't see them within a day.

Wait tolerance for mid-acuity issue

No wait	Up to 5 hours	Up to 1 day	Up to 2 days	Up to 3 days	>3 days
17%	16%	40%	17%	5%	5%

- When seeking care for a lower-acuity condition like shoulder pain, boomers—along with millennials—are the *most* tolerant of waiting four or more days for an appointment with their regular PCP.

Wait tolerance for low-acuity issue

No wait	Up to 1 day	2-3 days	4-7 days	2-3 weeks	>3 weeks
9%	17%	36%	23%	10%	5%

- Boomers are less likely than younger generations to utilize population health-oriented services that a primary care practice may offer for free, such as counseling or help finding safe housing. Of those who would be interested, nutritional counseling (20%), help finding healthy, low-cost food (15%), and support with health insurance enrollment (13%) were the most preferred services.

What are their primary care preferences?

- Boomers are less willing than younger generations to pay a \$200 annual fee for premium clinic services. Among the 45% of boomers who would pay extra, access-oriented offerings like same- or next-day appointment guarantees, physician house calls, and longer visits with PCPs are of greater interest than “add-on” features like genetic testing and weight loss counseling.

Premium service offering	Percent willing to pay
Guaranteed same- or next-day appointments	23%
Faster access to specialists	19%
Physician house calls	13%
24/7 virtual access to a doctor	11%
Premium customer service	11%
Longer visits	9%
Transportation to/from appointments	7%
Nutrition/weight loss counseling	6%
Gym access at clinic	5%
Genetic tests/care customization	5%
Acupuncture	4%
App with health record, bill pay, scheduling, and messaging functions	4%
Fitness classes at clinic	3%
Meditation/yoga classes at clinic	3%
Remote monitoring through wearable devices	2%

Conversations you should be having.

01

What are our experiences interacting with boomer patients? Did this data change our understanding of this group? What additional data could we collect to better understand this group—especially around wait time tolerance and technology preferences?

02

How can we improve primary care utilization and care outcomes for boomers? How do we currently identify and fill care gaps and could we improve this process? What support do we offer for chronic condition management and is it easy to access?

03

What changes or investments could we make to become more attractive to this cohort? Can we adjust our scheduling to offer weekend and extended weekday hours or to accommodate same-day appointments for mid-acuity needs? Can we accommodate boomers' preferences for seeing physicians rather than APPs? How can we better coordinate follow-up care for patients?

04

Are there existing capabilities we should emphasize more clearly when interacting with this population? Do we have cutting-edge technology that we can advertise more aggressively to existing and prospective patients? What on-demand care options do we offer? Do we currently educate patients about the benefits and capabilities of APPs?

Related

 EXECUTIVE BRIEFING
2019 Updates in Primary Care
Consumer Preferences
advisory.com/primarycaresurvey

 EXECUTIVE BRIEFING
Consumer Preferences for
Urgent Care
advisory.com/urgentcaresurvey

 EXECUTIVE BRIEFING
Consumer Preferences for a
Primary Care Clinic
advisory.com/newclinic

 INFOGRAPHIC
What do Parents Want from
Low-Acuity Pediatric Care?
advisory.com/pediatrics

Market Innovation Center

Project Director

Rebecca Tyrrell, MS
tyrrellr@advisory.com

Research Team

Sharareh Afshani
Emily Heuser

Program Leadership

Alicia Daugherty

LEGAL CAVEAT

Advisory Board has made efforts to verify the accuracy of the information it provides to members. This report relies on data obtained from many sources, however, and Advisory Board cannot guarantee the accuracy of the information provided or any analysis based thereon. In addition, Advisory Board is not in the business of giving legal, medical, accounting, or other professional advice, and its reports should not be construed as professional advice. In particular, members should not rely on any legal commentary in this report as a basis for action, or assume that any tactics described herein would be permitted by applicable law or appropriate for a given member's situation. Members are advised to consult with appropriate professionals concerning legal, medical, tax, or accounting issues, before implementing any of these tactics. Neither Advisory Board nor its officers, directors, trustees, employees, and agents shall be liable for any claims, liabilities, or expenses relating to (a) any errors or omissions in this report, whether caused by Advisory Board or any of its employees or agents, or sources or other third parties, (b) any recommendation or graded ranking by Advisory Board, or (c) failure of member and its employees and agents to abide by the terms set forth herein.

Advisory Board and the "A" logo are registered trademarks of The Advisory Board Company in the United States and other countries. Members are not permitted to use these trademarks, or any other trademark, product name, service name, trade name, and logo of Advisory Board without prior written consent of Advisory Board. All other trademarks, product names, service names, trade names, and logos used within these pages are the property of their respective holders. Use of other company trademarks, product names, service names, trade names, and logos or images of the same does not necessarily constitute (a) an endorsement by such company of Advisory Board and its products and services, or (b) an endorsement of the company or its products or services by Advisory Board. Advisory Board is not affiliated with any such company.

IMPORTANT: Please read the following.

Advisory Board has prepared this report for the exclusive use of its members. Each member acknowledges and agrees that this report and the information contained herein (collectively, the "Report") are confidential and proprietary to Advisory Board. By accepting delivery of this Report, each member agrees to abide by the terms as stated herein, including the following:

1. Advisory Board owns all right, title, and interest in and to this Report. Except as stated herein, no right, license, permission, or interest of any kind in this Report is intended to be given, transferred to, or acquired by a member. Each member is authorized to use this Report only to the extent expressly authorized herein.
2. Each member shall not sell, license, republish, or post online or otherwise this Report, in part or in whole. Each member shall not disseminate or permit the use of, and shall take reasonable precautions to prevent such dissemination or use of, this Report by (a) any of its employees and agents (except as stated below), or (b) any third party.
3. Each member may make this Report available solely to those of its employees and agents who (a) are registered for the workshop or membership program of which this Report is a part, (b) require access to this Report in order to learn from the information described herein, and (c) agree not to disclose this Report to other employees or agents or any third party. Each member shall use, and shall ensure that its employees and agents use, this Report for its internal use only. Each member may make a limited number of copies, solely as a adequate for use by its employees and agents in accordance with the terms herein.
4. Each member shall not remove from this Report any confidential markings, copyright notices, and/or other similar indicia herein.
5. Each member is responsible for any breach of its obligations as stated herein by any of its employees or agents.
6. If a member is unwilling to abide by any of the foregoing obligations, then such member shall promptly return this Report and all copies thereof to Advisory Board.



655 New York Avenue NW, Washington DC 20001
202-266-5600 | advisory.com