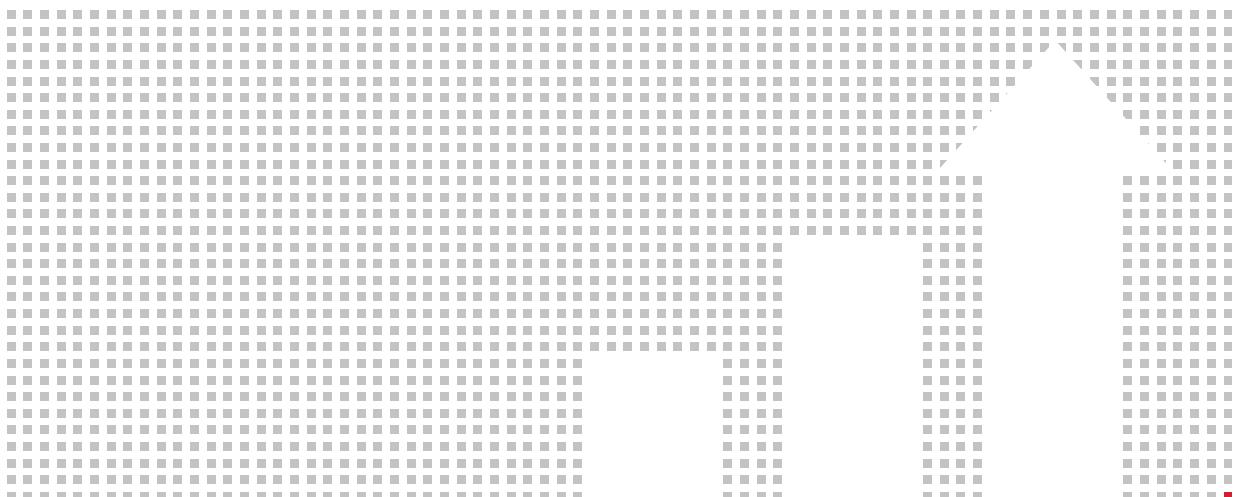


RESEARCH BRIEFING

What Do Consumers Want from Primary Care?

10 Insights from the Primary Care Consumer Choice Survey



Increasingly, primary care = market share.

As referral networks tighten, the competition for market share is moving to the primary care space, where the name of the game isn't physicians—it's consumers. And providers are coming up against new retail and virtual competitors, who are arriving on the scene with much deeper consumer expertise.

Urgent episodic care (**“on-demand care”**) represents one of the best opportunities for attracting new patients. Many consumers wait until they're sick before selecting a provider, and then return to that provider for other services—or are referred to preferred partners. Where a consumer receives care for her sore throat will likely influence where she receives her mammogram and knee arthroscopy.



So what's your on-demand strategy?

Consumers want it all—short drive times and ancillaries at every site, provider continuity and 24/7 availability—but your resources aren't infinite. You have to prioritize and make trade-offs. But should you extend clinic hours or invest in virtual visits? Add one urgent care center with full ancillary services or two microclinics?

Representative Investment Options

Reduce wait time

Extend hours on weekends Offer after-hours coverage

Increase price transparency

Fund brand campaign

Implement virtual visits

Offer online bill-pay

Educate on clinical outcomes

Reduce out-of-pocket costs



Co-locate ancillaries

Provide online appointments

Offer walk-in availability

Elevate service standards

About the Primary Care Consumer Choice Survey

We asked nearly **4,000 consumers** about their on-demand care preferences across **56 clinic attributes**.

Three Things We Wanted to Know

1

Top Clinic Attributes

What are the most important clinic attributes for consumers when seeking on-demand primary care?

2

Relative Preference

How much do consumers prefer one attribute over another?

3

Cohort Differences

How do preferences differ across demographic cohorts and by factors like insurance?

Survey Methodology

Unlike many other surveys, which allow respondents to rate all items as “important,” our MaxDiff conjoint methodology asked participants to make trade-offs among 56 different clinic attributes, providing insight into the relative importance of each attribute.

The survey asked consumers to assume they had the flu and wanted to receive care, but their usual provider was not available. Respondents were shown multiple sets of five clinic attributes. Within each set of five, they were asked to choose the one “most appealing” and the one “least appealing” to them. Each attribute was presented multiple times, resulting in a ranked list of utility scores indicating the relative value of each attribute.

Why the flu?

Urgent, episodic care represents one of the best opportunities for attracting new patients. Many patients wait until they are sick before choosing a provider, and those who have a provider may not be able to secure a timely appointment. Certainly, those choosing a provider for chronic care or more complex episodic care may rate different clinic attributes as important for those services. Still, many will seek this care from a provider they initially visited for an episodic illness.

Categories and Subcategories of 56 Attributes* Tested



* Numbers indicate the number of attributes in each subcategory.

10 Insights from the **Primary Care Consumer Choice Survey**

- 01 Convenience is king.
- 02 Same-day appointments trump walk-in and wait.
- 03 Evening or weekends? Depends on age.
- 04 Clinic near errands or work? They'd rather meet you online.
- 05 A one-stop shop is worth the drive.
- 06 Consumers prioritize convenience over credentials—and continuity.
- 07 High-tech beats high-quality.
- 08 Don't rely on your brand.
- 09 Talk about money—consumers will trade access for bill info.
- 10 Know your target population—particularly their age.

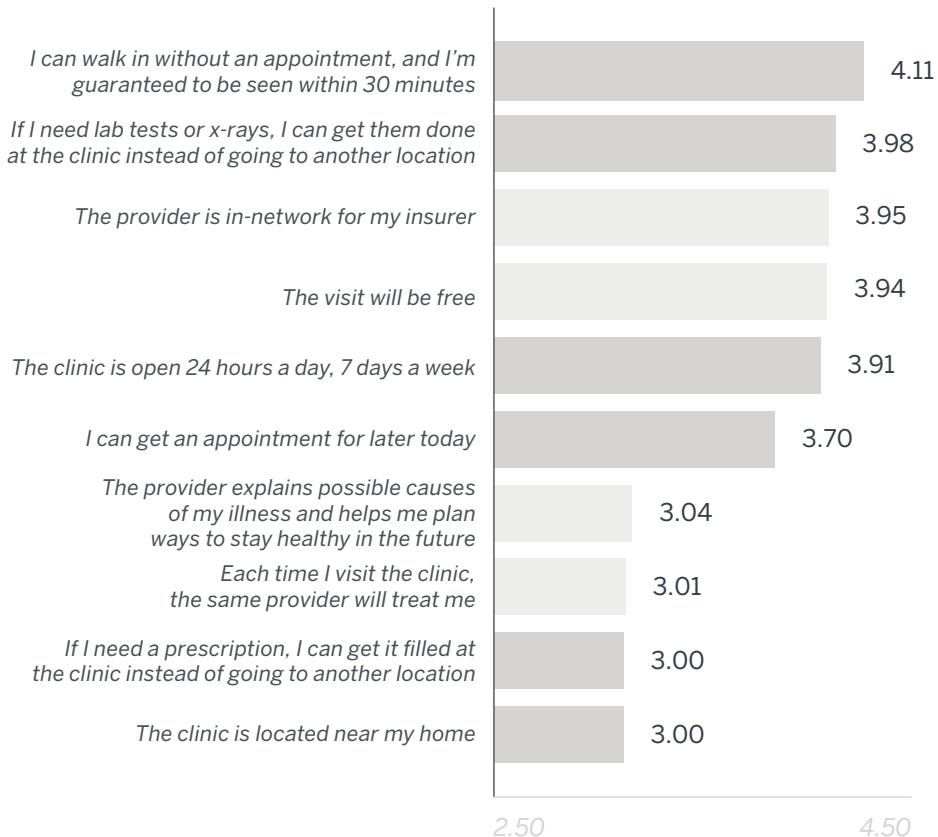
01 Convenience is king.

Prioritize immediate access. Six out of the top 10 attributes were related to access and convenience.

Top 10 Preferred Primary Care Clinic Attributes

Average Utility¹

n=3,873



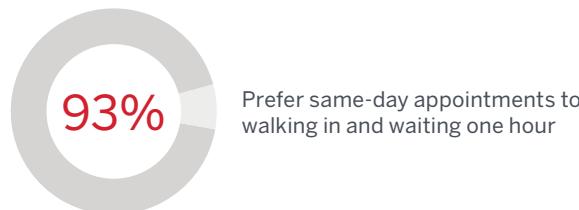
02 Same-day appointments trump walk-in and wait.

Although consumers ranked “walking in without an appointment and being seen within 30 minutes” first among 56 attributes, “walking in and being seen in one hour” ranked 39th.

Average Utilities¹ and Rank of ‘Time to Appointment’ Attributes



If you’re unable to accommodate short wait times for walk-in availability, consider offering same-day appointments instead.



03 Evening or Weekends? Depends on age.

24/7 access ranked fifth among all 56 attributes. But staffing a clinic around the clock is rarely feasible.

So when should your clinic be open?

Preferences for after-hours versus weekend access differed across age cohorts, with preference for weekend access growing with age.

#5

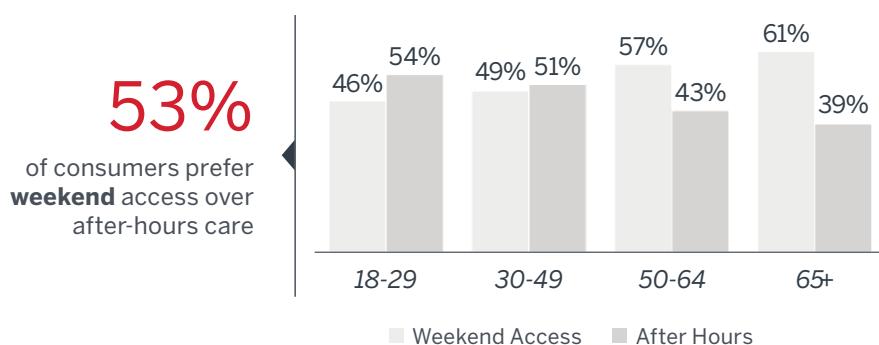
Rank of “the clinic is open 24 hours a day, 7 days a week” attribute

62%

Consumers who rank 24/7 in their top 10 clinic attributes

Preferences for Extended Access Options

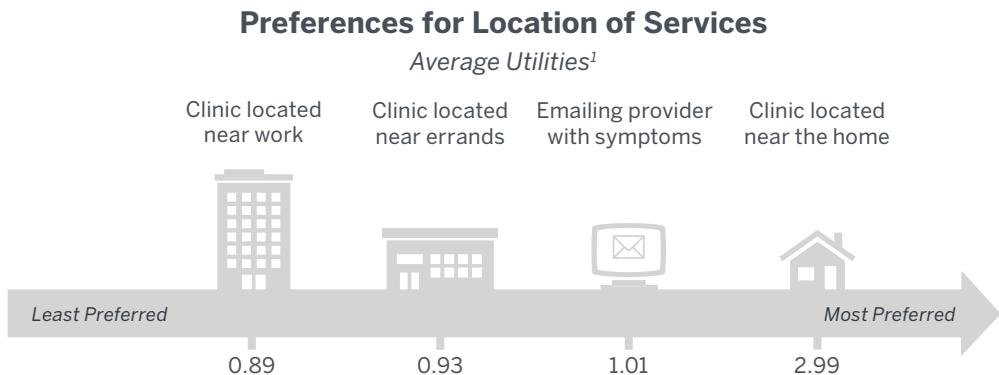
Percentage of Consumers Preferring Weekend or After-Hours Access, by Age Cohort



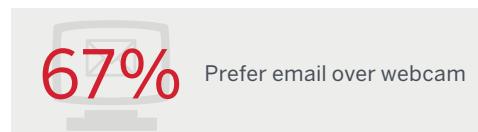
Make your decision based on the consumer you are targeting. You will also want to consider competitors' extended access practices and whether one option will fill a currently unmet need in the market.

04 Clinic near errands or work? They'd rather meet you online.

Unsurprisingly, respondents preferred a clinic near home over a clinic near errands or work. What was surprising—they also preferred email visits over a clinic near errands or work.

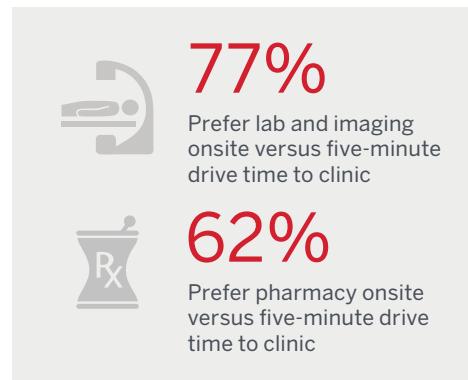


Virtual visits conducted via webcam are slowly gaining favor among providers, but consumers seem more comfortable using today's more familiar form of communication—email.



05 A one-stop shop is worth the drive.

When choosing between a clinic with lab, imaging, and prescriptions on premises and a clinic located five minutes from their home, the majority of consumers preferred having ancillary services onsite.



But how much farther are they willing to go?

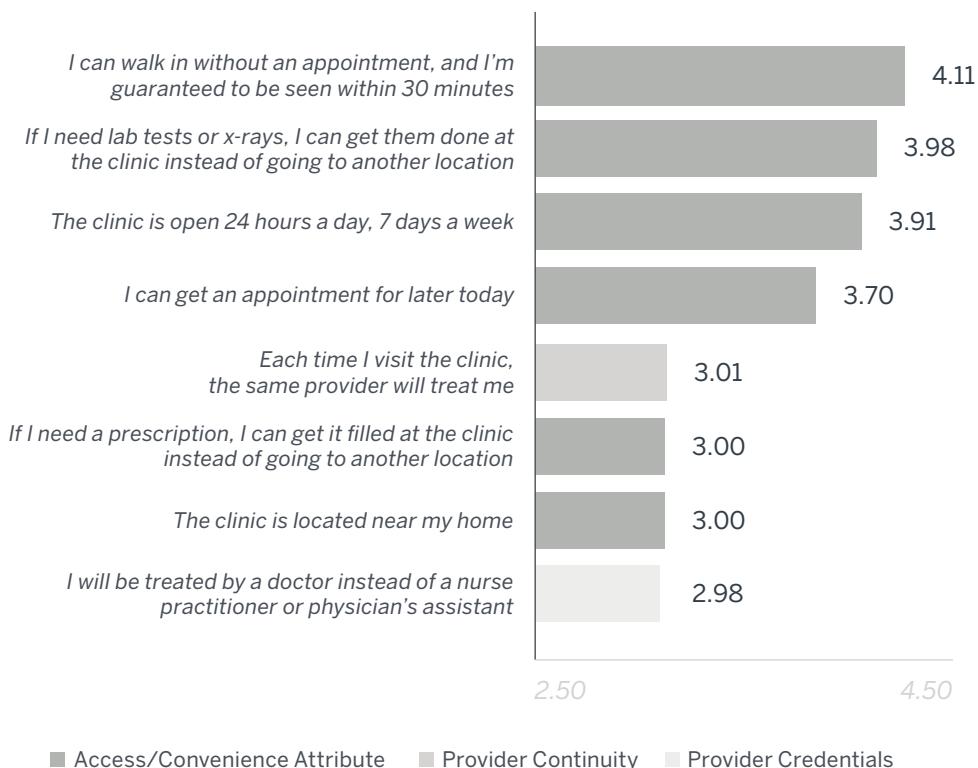
Sixty-seven percent of consumers preferred driving 20 minutes to the clinic over having to go to another location for prescriptions, labs, or x-rays.

Interestingly, there was little preference variation across urban-rural geographic classifications. Across both metropolitan and rural areas, the majority of consumers preferred to drive farther for a one-stop shop.

06 Consumers prioritize convenience over credentials—and continuity.

Consumers ranked six access and convenience attributes over being treated by a physician, and four access and convenience attributes over being treated by the same provider each time they visit the clinic.

Average Utilities¹ of Access and Convenience, Provider Continuity, and Provider Credentials Attributes



Consumers still prefer to be treated by a physician: the attribute came in 11th out of 56 attributes, compared to 33rd out of 56 for an advanced practitioner (AP).

For on-demand care, provide patients with a choice of faster access or credentials and continuity.

CASE EXAMPLE

University of Rochester Medical Center Letting Patients Choose Between Credentials and Access

University of Rochester Medical Center allows patients to choose between seeing a physician or an AP for pediatric neurology services, alleviating access constraints while maintaining high patient satisfaction.

MD and Wait



NP and Now



- Neurology practice focusing on headache facing significant access challenges
- Patients offered a choice to see physician (three months wait time) or NP (generally available within one week)
- Experienced NP can now see all patients, including new consults
- Neurology specialist available to consult NP as needed, not dedicated to clinic

07 High-tech beats high-quality.

Even when making a decision on where to go for less acute illnesses like the flu, consumers value the availability of cutting-edge technology.

Seventy-one percent of respondents prefer a clinic with cutting-edge technology to one with quality scores in the top 10% for their area.



Many patients rely on quality proxies such as technology because they don't know where to find quality data or how to interpret it. Provide transparency into your quality metrics and educate patients on what quality metrics mean.

CASE EXAMPLE

Spectrum Health Educating Consumers on Evaluating Quality

After focus groups revealed that patients did not understand the importance of different quality measures or the terminology being used, Spectrum Health enhanced its online report cards with easy-to-understand explanations on what metrics mean.

What do the Spectrum Health quality report cards show?



Information on how to evaluate equality

Arrow explaining whether a high or low score is better

Easy-to-understand comparative data

Link for where to find out more about the quality score

08 Don't rely on your brand.

Respondents ranked attributes related to reputation unexpectedly low. The highest ranking reputation attribute, “a clinic affiliated with the best hospital in the area,” ranked 19th, and a clinic affiliated with a university hospital ranked 34th. In other words, consumers assigned more value to 18 and 33 other attributes, respectively.



Prefer affiliation with best hospital versus affiliation with university hospital

19th

Rank of “affiliation with the best hospital”

34th

Rank of “affiliation with university hospital”



Review our additional resources on marketing and branding:

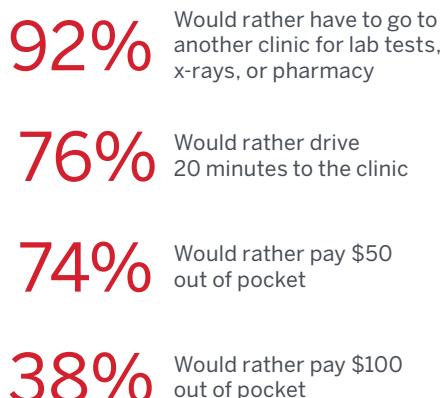
Coherent Brand: Learn how to develop a unified, benefits-focused brand strategy to communicate how shared efforts benefit patients.

Marketing Primary Care: Explore strategies for helping patients understand and navigate diverse primary care sites.

09 Talk about money—consumers will trade access for bill info.

There was little that consumers preferred less than not knowing how much the visit would cost until receiving the bill a few weeks later: the attribute ranked 55 out of a total of 56.

Compared to not knowing how much the visit costs until receiving the bill:



| Offer cost information up-front to attract consumers to your facility.

CASE EXAMPLE

Overlake Medical Clinics
Urgent Care Ad Uses Cost Messages for Dual Aims



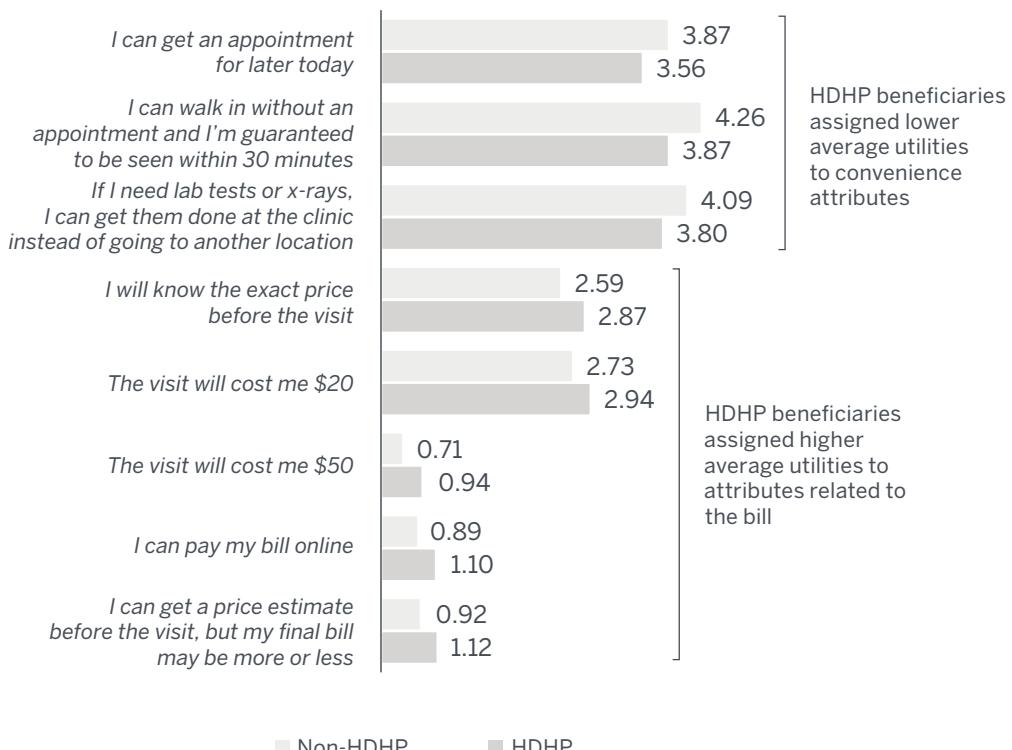
Signaling Hassle-Free Experience:
Presenting cost of visit up-front implies straightforward, patient-friendly approach

Directing Patient Traffic:
Comparing cost difference between the ED and UCC highlights cost savings and encourages UCC utilization

High-Deductable Health Plan (HDHP) beneficiaries in particular, while still valuing convenience, assigned higher average utilities for attributes surrounding the bill—everything from knowing the cost before the appointment to minimizing out-of-pocket costs and paying the bill online.

However, HDHP beneficiaries placed less value on convenience factors than did other commercially insured non-HDHP beneficiaries. The implication? HDHP beneficiaries are trading off convenience for all things bill related.

Average Utilities¹ of Convenience and 'Bill Related' Attributes for HDHP and non-HDHP Beneficiaries

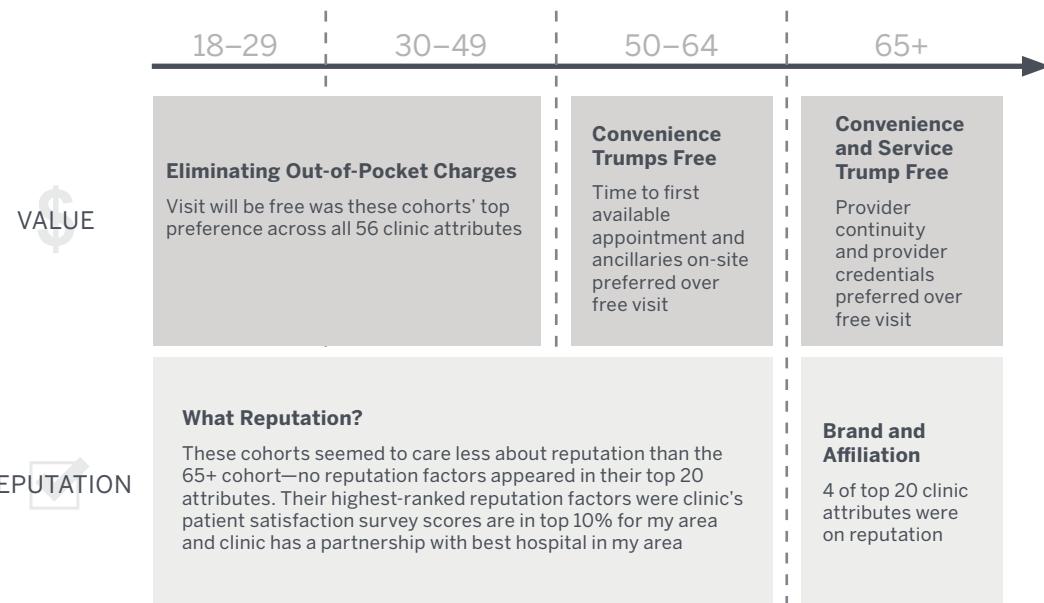


10 Know your target population—particularly their age.

When defining value, younger cohorts (18 to 49) preferred eliminating out-of-pocket charges, while 50- to 64-year-olds rated convenience factors—specifically walk-in availability, short wait times, and having ancillaries on-site—as more important than a free visit.

The 65+ cohort was not only willing to trade a free visit for convenience, but provider continuity and provider credentials also trumped a free visit.

When considering reputation attributes, the 65+ cohort seems to value brands and affiliations more. Four out of their top 20 attributes were reputation factors. All other cohorts put more emphasis on other factors like convenience, cost, and service.



Your Next Steps

After using the survey results to inform your investment approach, access our research for innovative network models and planning toolkits.

Planning Guide for Primary Care Support Networks

Access case studies, benchmarking data, decision guides, and sample documents to design a primary care support network that builds market share and manages care costs.

The Consumer-Oriented Ambulatory Network

Learn how to build a competitive, coordinated, and high-performing ambulatory network.

Marketing Primary Care

Learn 11 strategies for helping patients understand and navigate diverse primary care sites.

Telehealth: Driving Adoption of Virtual Visits

Understand which clinical areas are best for virtual visit programs, how to design and invest in a virtual visit service model that meets your needs, how to maximize your ROI, and more.

Primary Care Strategic Plan Template

Get step-by-step guidance and presentation-ready slides for performance analysis, market assessment, strategic plan design, and plan evaluation.

LEGAL CAVEAT

The Advisory Board Company 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 The Advisory Board Company cannot guarantee the accuracy of the information provided or any analysis based thereon. In addition, The Advisory Board Company 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 The Advisory Board Company 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 The Advisory Board Company or any of its employees or agents, or sources or other third parties, (b) any recommendation or graded ranking by The Advisory Board Company, or (c) failure of member and its employees and agents to abide by the terms set forth herein.

Anna Yakovenko
Emily Zuehlke
Alicia Daugherty
Kevin Reardon

Sources

Page 12: Spectrum Health, <http://www.spectrumhealth.org/qualityreportcards> (accessed June 6, 2014).

2014 Primary Care Consumer Choice Survey

Marketing and Planning Leadership Council interviews and analysis.

Footnotes

¹ Utilities are probabilities (ranging from 0 to 100) that reflect the likelihood that an item would be selected as "best" among a representative set of items in the MaxDiff questionnaire. This data reflects a ratio-quality scale. The utilities are then averaged across the respondent pool to calculate average utilities.



2445 M Street NW, Washington DC 20037
P 202.266.5600 | F 202.266.5700

advisory.com