



REPORT

2019 Healthcare Consumer Trends Report

CONTENTS

Introduction 3

MEASUREMENT AND FEEDBACK 4

HEALTHCARE SENTIMENTS 5

Comments on clinicians: Mostly positive 6

Comments on process: Much more mixed 6

BRAND RELATIONSHIPS 6

CONSUMER BEHAVIORS 9

Craving for convenience spurs growth in retail clinics and telehealth 9

Affordability concerns have patients deferring care 9

EXPERT RECOMMENDATIONS 11

FACING DOWN UNCERTAINTY 12

Sources 13

2019 Healthcare Consumer Trends Report

INTRODUCTION

What keeps patients engaged? In the consumerist era of healthcare, this question is likely at the forefront of leaders' minds—and also, perhaps, the source of their frustrations.

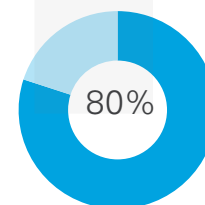
By all accounts, health systems are doing well by their patients. National averages for HCAHPS “Would Recommend” scores [have hit a nine-year high](#).¹ But these recommendations don't appear to help with attracting patients, or with retaining them. Hospital volumes have been [virtually flat since 2015](#),² with some large health systems even reporting [significant declines](#).³

The message is clear. Satisfaction with the care encounter is not enough. The healthcare consumer has evolved, and they expect health systems to evolve along with them. Patients nowadays don't just want excellent care. They want care that conforms to their elevated expectations—care delivered with more [ease](#),⁴ convenience, and choice.

How, though, should health systems go about delivering this kind of care? Where should they turn their institutional attention? And what further evolutions can organizations expect in the provider-patient relationship?

This report answers those questions by turning straight to the source: **the consumer**. Using over one million responses from hundreds of thousands of households, this report reveals the forces that shape healthcare consumer opinion. It also explores insights from some extraordinary healthcare leaders who have found inventive solutions to some of healthcare consumerism's challenges, making this a valuable resource for leaders looking to shape their strategies.

The importance of earning loyalty



80% of patients reported that they'd switch providers for “convenience factors” alone.

Measurement and feedback

The key to meeting consumer expectations is a precise understanding of what those expectations include. Healthcare executives know this, and the data shows that they're keen to capture what patients think. [A nationwide poll⁵](#) of health-system leaders found that within the next 12 months, 47% of healthcare organizations will be investing in a technology initiative to capture in-depth patient-experience metrics.

Planned initiatives for health organizations



Before they do, however, leaders should ensure that they're soliciting these metrics in the right way. [Researchers have found⁶](#) that the mode, timing, and frequency of feedback solicitation can influence response rates and even affect survey scores.

Aside from these methodological concerns, asking patients for feedback on their terms is also simply the respectful and courteous thing to do. An NRC Health study of 29,000 consumers found that these terms are unambiguous, and well within most organizations' capabilities.⁷

First, consider the mode.

The overwhelming favorite among response modes is email, with nearly 55% of patients preferring it above other survey modalities.

That's more than five times the number of patients who preferred postal mail (10%) or in-person phone calls (11%).

Patients also want to give their feedback early—and often: 44% want to give their feedback after every single episode of care. If it can come quickly, so much the better: 83% of patients said that they'd prefer to give feedback within a few days after the care event—and 19% said they'd even like to offer feedback within a few *minutes*. Just 4% said that they'd rather give feedback a week or more after their care episodes.

These trends show how healthcare leaders should be investing their patient-experience measurement budgets: on *fast, email-based feedback collection*.

83%

of consumers prefer to give their feedback within a few days

19%

of consumers prefer to give their feedback within a few minutes



“Stop looking at scores. Start loving.”

*Feedback predictions from Julie Kennedy Oehlert,
DNP, RN, Chief Experience Officer at Vidant Health*

Julie Kennedy Oehlert, DNP, RN, is the Chief Experience Officer at Vidant Health in eastern North Carolina. More than most, she takes a hard-line stance on the need for evolution in patient feedback.

Julie believes the future of healthcare will hinge on caregivers’ abilities to build relationships with their patients and that formalized instruments often fail to capture the emotional reality that holds these relationships together.

“I understand why CAHPS is out there,” Julie says. “But what it’s measuring is totally irrelevant to what we are working on, related to relationships. It doesn’t get us the information we need.”

While she acknowledges that advancements in digital feedback platforms are important, they’re really just a start. The real value of these platforms is in their potential to push for a more compassionate vision of healthcare. “The innovation needs to happen on the human side,” Julie says. “Caring can’t become a box on a checklist that I tick, and then forget about.”

In her ideal world, feedback surveys would only ask one all-important question: *Did you feel that we really cared about you?*

From there, Julie believes, stems all success in patient experience. “That’s why I like to tell the Vidant Team: look beyond patient satisfaction,” she says. “Stop looking at scores. Start loving.”

“The innovation needs to happen on the human side.”

—**Julie Kennedy Oehlert**, DNP, RN, Chief Experience Officer, Vidant Health

Healthcare sentiments

Leaders already know that they can’t take their patients’ goodwill for granted. In fact, consumer confidence in the healthcare industry [has been on the wane](#)⁹ for some time. To win that confidence back, organizations would do well to target the specific aspects of their operations that leave patients feeling unsatisfied.

Fortunately, NRC Health’s 2018 feedback data, based on natural language processing (NLP) of over 1.4 million open-ended patient comments, points the way to some promising arenas for intervention.

Comments on clinicians: *Mostly positive*

For the most part, patients tend to gush about their clinical providers. Overall, positive comments about providers outnumber negative ones by more than two to one. These comments reflect patients' gratitude for the healing work provided by clinicians.

Further, patients also celebrate the human touch that doctors and nurses bring to their care: 87% of patient comments praise clinicians' courtesy and respect, and 53% of comments reflect positive clinical-staff communications.

Despite this positivity, however, patients do take issue with the very first part of the provider-patient interaction: case histories. 26% of patient comments reported that doctors didn't show enough knowledge of their prior health episodes. Only slightly more, 28%, reported that doctors were adequately informed.

Comments on process: *Much more mixed*

While patients praise their physicians and nurses, they're far less likely to rave about their broader service experiences.

For example, it will surely surprise no one to learn that patient comments about wait-times are predominantly negative. In fact, they're the most frequently groused-about aspect of healthcare, with 77% of comments about them being negative.

The problems don't stop in waiting rooms, however. Patients also feel less well-respected by the non-clinical staff they encounter: 67% of comments say that administrative and support staff did not treat patients with respect.

Part of this may reflect how patients perceive one significant segment of an organization's support staff: billing and insurance. Thirty-four percent of comments complain about the billing and insurance process; just 26% of comments expressed satisfaction with it. *(The remainder of comments were neutral.)*

Overall, positive comments about providers outnumber negative ones by more than two to one.

87%

of patient comments praise clinicians' courtesy and respect

77%

of patient comments about wait-times are predominantly negative

67%

of comments say that administrative and support staff did not treat patients with respect

Brand relationships

Patients' verdict on health systems, then, is split. On the one hand, they can't say enough good things about their providers, and feel well-treated by the clinicians who care for them. On the other hand, their encounters with ancillary parts of the care experience—support staff, waiting rooms, billing, etc.—leave much to be desired.

An urgent question for healthcare leaders is: on balance, how does this affect patients' relationships with healthcare brands? A 2018 study from NRC Health's Market Insights surveyed 223,610 healthcare consumers to find out.

The study's headline finding is how patients characterize their relationships with their healthcare providers: 16.2% of patients prefer to keep healthcare brands at arms' length, calling the relationship an "acquaintanceship." A further 15.1% of patients have similar feelings, labelling their relationship with healthcare brands as "Love/Hate," "Aversion/Hostility," "Enslavement," or, perhaps most tellingly, a "Marriage of Convenience."

This last descriptor is all-important, because the one immutable fact of healthcare consumption appears to be that convenience is king.

The Market Insights study found that 51.3% of patients say that convenient, easy access to care is the most important factor in their decision-making. Convenience matters more than brand reputation (39.8%), more than quality of care (34.6%), more than the interpersonal conduct of doctors and nurses (44.2%)—even more than insurance coverage (46.4%). In fact, 80% of patients say that they select providers based on convenience factors alone.



"We can't just wait for people to show up at our doorstep anymore."

Relationship predictions from Preston Gee, VP of Strategic Marketing at CHRISTUS Health

The era of provider-driven healthcare strategies is over, says Preston Gee, vice president of strategic marketing at Texas-headquartered CHRISTUS Health.

"Patients are much more in the captain's chair than they were even five years ago," Preston says. "It's only going to get more consumer-centric from here."

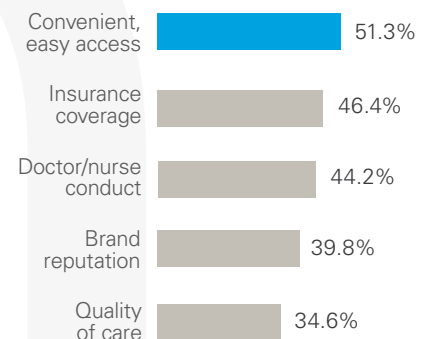
Health systems will have to work much harder to sustain consumers' interest. Consumer demand will play a greater role in shaping organizations' offerings, which likely entails more flexibility with operating hours, easier system navigability, and stronger information-sharing between patient and provider.

This, Preston says, is the only way that patient-provider relationships will improve. "We can't use the cloak of complexity to hide things from consumers anymore," Preston says. "We have to realize that, hey, our consumers have a lot of choices. That means that an episodic take on care

16.2%

of patients prefer to keep healthcare brands at arms' length as an "acquaintanceship"

Most important healthcare factors influencing decision-making



"Patients are much more in the captain's chair than they were even five years ago. It's only going to get more consumer-centric from here."

—Preston Gee, VP of Strategic Marketing, CHRISTUS Health

experiences doesn't work anymore. We have to adopt a more continuous relationship-building. If we don't, patients will just go someplace else."

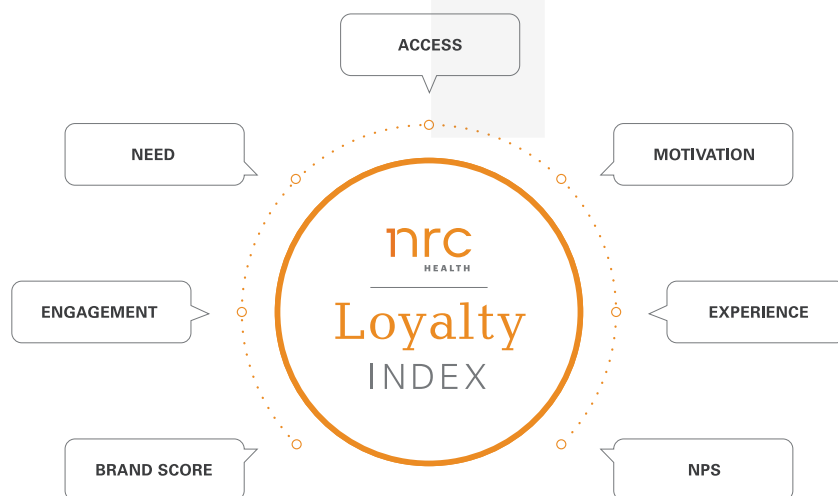
He acknowledges that this will be a big change for a large and complex industry. "It takes a while to turn a super-tanker, but we'll need to do it to survive," Preston says. "We can't just wait for people to show up at our doorstep anymore."

BRANDS WINNING AT LOYALTY

In the battle to build stronger relationships with consumers, a few healthcare organizations are leading the charge.

In 2018, NRC Health fully adopted the Loyalty Index as a single trackable metric and benchmark of healthcare consumer loyalty and basis for the Consumer Loyalty Award.

Winning organizations had to achieve an extraordinarily high score on NRC Health's Loyalty Index, a composite of seven different critical aspects of consumer loyalty.



2017-2018 Top 10 Consumer Loyalty Award Winners

- #1 CHI Memorial Hospital Chattanooga
- #2 NewYork-Presbyterian/Weill Cornell Medical Center
- #3 Hospital of the University of Pennsylvania
- #4 University of Utah Health
- #5 McLeod Regional Medical Center—Florence
- #6 Nebraska Medicine
- #7 University of Chicago Medicine
- #8 University of Iowa Hospitals and Clinics
- #9 UW Health (Madison, WI)
- #10 Hoag Memorial Hospital Presbyterian

These organizations are setting a new standard for loyalty in the healthcare industry—and consumers have recognized them for it. [View the Top 100 winners here.](#)

Consumer behaviors

Of course, health leaders should be concerned about consumers' sentiments and brand relationships. But these aren't endpoints for meaningful consumer intelligence. What really matters to leaders is how these subjective measures reveal themselves in consumer behaviors. How do consumers translate their emotions into action?

Craving for convenience spurs growth in retail clinics and telehealth

The most powerful influence on consumer behavior is desire for convenience, which manifests itself in the growth of non-traditional providers. These offer ease by eschewing the constrictions of hospital-oriented care. Two types of non-traditional care have done particularly well in recent years: retail clinics and telehealth.

Over the last 14 years, the ranks of retail providers [have swelled by 500%,⁹](#) putting a retail clinic within a ten-minute drive of [more than 30% of U.S. households.¹⁰](#) With such convenience available to them, it's no wonder that the number of primary-care office visits [declined by 18% from 2012 to 2016.¹¹](#)

Telehealth, too, has seen a stunning rise in the last half-decade. More than 80 specialties are now authorized to use it, and nearly [60% of employers¹²](#) offer some form of digital healthcare appointments to employees.

Perhaps even more significantly, the CEO of Kaiser Permanente announced that over [50% of its 2016 patient visits¹³](#) were conducted online, through a telehealth platform. This shows how leading health systems are anticipating the demands of consumer convenience. They're pre-empting the "ten-minute drive effect" by offering care that patients can access in their homes.

There's no reason to believe that these trends will slow down, as consumers continue to expect ever-more convenient access to care. Savvy organizations should consider following Kaiser Permanente's lead.

Affordability concerns have patients deferring care

Non-traditional alternatives undoubtedly pose a threat to health-system volumes. But another force is having a depressive effect on patient visits: deferment of care. In both 2017 and 2018, NRC Health's Market Insights data found that 22.7% of patients have put off "necessary medical treatment," the highest percentage since 2010.

Patients seek transparency and easier care experiences, fueling retail-clinic growth



500%

retail clinic growth since 2006



30%

of patients have come to rely on retail clinics for primary care



68%

of patients are exasperated by healthcare billing processes



20%

of patients report that they will switch providers if forced to wait too long

22.7%

of patients have put off "necessary medical treatment" due to cost

Every health leader should be concerned about that figure. It has serious implications for health systems. For one, it means that organizations are missing opportunities to intervene with patients' potentially serious conditions. Without diagnosis or treatment, many of these conditions are likely to get worse over time, which ultimately increases the costs of intervention and leads to worse outcomes for all involved.

It's a vicious cycle, and one with no easy resolution. Especially dire is the reason these patients defer care: most say it's because they're unable to pay for services.

Health systems' already-thin margins leave them little room to discount prices of services. In fact, as organizations' costs inevitably climb, the prices presented to patients are likely to *rise*, not fall. Combine this with the widely anticipated economic slowdown over the next three to five years, and it seems likely that the rates of patient deferral are only going to go up.



"Healthcare's a people business. There's no substitute for that."

*Behavior predictions from Joe Ness, COO,
OHSU Healthcare*

Joe Ness, the chief operating officer of OHSU Healthcare in Portland, Oregon, obsesses over how many minutes his clinicians get to spend with patients. "My first question is: how do we free up clinician time?" he says.

But Joe's obsession is not—as may be expected of a COO—rooted in the desire for a more efficient use of billable hours. Instead, Joe's obsessed with clinician time because he sees it as the best way to drive up patient loyalty.

"The bottom line is, caregivers need more time to build connections with patients," he says. "The more time they have to talk, the happier both the clinicians and the patients are, and the more likely patients will be to stay."

To Joe, this means that health systems should think hard about operational efficiencies. They need to aggressively shave off the number of hours doctors log in front of computers, and put interpersonal contact at the forefront of their priorities.

First on the firing line should be any EHR processes that were built for the system as opposed to the *clinician*. "We have to view the world from the clinician perspective," Joe says. "That's how we learn to help them."

It's a vicious cycle, and one with no easy resolution. Especially dire is the reason these patients defer care: most say it's because they're unable to pay for services.

"The bottom line is, caregivers need more time to build connections with patients. The more time they have to talk, the happier both the clinicians and the patients are, and the more likely patients will be to stay."

—Joe Ness, COO, OHSU Healthcare

As a COO, Joe's a consummate pragmatist. To him, the drive to save clinician time is an economic proposition as much as it is an empathic one. Giving clinicians their hours back is simply the most practical route to securing patient loyalty.

"If you want to improve patient relationships, build sustainable models to support frontline staff and free up their time," Joe says. "Healthcare's a people business. There's no substitute for that."

Expert recommendations

01

Human innovation should take priority—do everything possible to improve relationships

Julie Kennedy Oehlert, DNP, RN, Chief Experience Officer at Vidant Health

The state of care must advance in step with health-system innovations. Consumer intelligence and technological strides will only bring value to organizations if they improve how patients are served.

Consider investments in hospitality training, and in removing strictures that dehumanize healthcare interactions. Vidant Health, for example, hosts regular "Empathy Salons" to shift team members' mindsets—helping them understand how important empathy is for their patients as well as themselves.

They've also done away with rounding logs on medical/surgical units. Instead, nurse managers are told to make sure to meet their patients. As a result, rounds became less of a box to tick on a checklist, and a more satisfying, human interaction—and 90 to 100% of patients report that their nurse manager visits them at least once an hour.

Over 90%

of Vidant Health patients report that their nurses visit them at least once an hour

02

Organizations need to adjust away from an episodic model, and toward continuous relationship cultivation

Preston Gee, VP of Strategic Marketing at CHRISTUS Health

Episodic healthcare has been the dominant model for organizations nearly since their inception. But patients are understandably uneasy with it—they want their providers to concern themselves with patient wellness instead.

This means expanding the traditional role for a health provider in the community. Care will have to stretch beyond the hospital walls.

Community engagement is a promising opportunity. Social-work personnel, paramedics, and nurses can connect with patients between hospitalizations, continuously re-evaluating their needs and designing means to serve them.

Likewise, interventions aimed at the social determinants of healthcare will become increasingly important. Several hospitals across the country are already developing Nutrition Pharmacies, for instance, which use hospital-run grocery stores to resolve food shortfalls in impoverished areas. It's a model every health system should consider.

All other things being equal, the amount of time clinicians get to spend with patients is one of the strongest indicators of an organization's care quality. Maximizing that time will only become more important in the consumerist era of healthcare.

03

The single most important initiative for any health system is to give time back to its clinicians

Joe Ness, COO of OHSU Healthcare

Look for efficiencies that improve clinician time allocation. Curbing documentation requirements is one approach; hiring adequate scribes is another. The most important change, though, may be a complete re-envisioning of the EHR process altogether. The "systems first" approach is a bias built in to extant EHR systems, and it's becoming clear that the price of this bias—in precious clinician hours—is unsustainable.

Rebuilding EHR systems around clinician needs is unlikely to be simple, fast, or inexpensive. But as consumers expect more from their relationships with providers, it may be an indispensable initiative for health systems to pursue.

Facing down uncertainty

There's no doubt that consumerism poses considerable challenges for healthcare leaders. Consumer ambiguity, shifting sentiments, emergent competitive threats—these have all fundamentally changed the landscape facing health systems today.

Episodic healthcare has been the dominant model for organizations nearly since their inception. But patients are understandably uneasy with it—they want their providers to concern themselves with patient wellness instead.

The most important change, though, may be a complete re-envisioning of the EHR process altogether.

New technologies, new service models, and new expectations from patients are pushing providers into unfamiliar territory.

Compounding the challenge is how unprecedented these trends are. New technologies, new service models, and new expectations from patients are pushing providers into unfamiliar territory. The problems of consumerism are novel; the solutions, for the most part, have yet to reveal themselves.

One certainty, though, is that the strategies of yesterday are not sustainable. If they're to thrive in a consumerist future, organizations will need to hear what consumers are telling them. They'll need to face their patients' demands without flinching. And they'll need to pursue bold experimentation, backed by robust data and true human understanding, to uncover the solutions to serve tomorrow's patients.

Healthcare leaders need to pursue bold experimentation, backed by robust data and true human understanding, to uncover the solutions to serve tomorrow's patients.

SOURCES

- 1 "Nine-year high"—Center for Medicare & Medicaid Services. "Summary of HCAHPS Survey Results." (October 31, 2018.) Retrieved from <http://www.hcahpsonline.org>
- 2 "Virtually flat since 2015"—American Hospital Association. "Fast Facts on U.S. Hospitals, 2018 | AHA." (2018.) Retrieved December 7, 2018, from <https://www.aha.org/statistics/fast-facts-us-hospitals>
- 3 "Significant declines"—Barkholz, D. "Hospital Volumes Laid Low by High-deductible Health Plans." (August 10, 2017.) Retrieved December 7, 2018, from <https://www.modernhealthcare.com/article/20170810/NEWS/170819994>
- 4 <https://nrchealth.com/ease-new-experience-making-care-easy-will-keep-patients-coming-back/>
- 5 <https://www.healthcareitnews.com/news/patient-experience-clinical-excellence-top-drivers-hospital-tech-investments-next-12-months>
- 6 <https://pxjournal.org/cgi/viewcontent.cgi?article=1003&context=journal>
- 7 NRC Health Loyalty Study, April 2017.
- 8 <https://nrchealth.com/healthcare-consumer-confidence-crisis-qa->
- 9 "Have swelled by 500%"—Burkle, C. M. "The Advance of the Retail Health Clinic Market: The Liability Risk Physicians May Potentially Face When Supervising or Collaborating with Other Professionals." (2011.) Mayo Clinic Proceedings, 86(11), 1086–1091. <https://doi.org/10.4065/mcp.2011.0291>
- 10 "More than 30% of U.S. households"—Weinick, R. M., Burns, R. M., and Mehrotra, A. (2010). "How Many Emergency Department Visits Could be Managed at Urgent Care Centers and Retail Clinics?" (2010.) Health Affairs (Project Hope), 29(9), 1630–1636. <https://doi.org/10.1377/hlthaff.2009.0748>
- 11 "Declined from 2012 to 2016"—Advisory Board. "Mergers, Telehealth, and More Top Threats Facing Primary Care Doctors." (April 20, 2018.) Retrieved from <http://www.advisory.com/daily-briefing/2018/04/20/primary-care-threats>
- 12 <http://www.connectwithcare.org/wp-content/uploads/2014/12/Medicare-Acute-Care-Telehealth-Feasibility.pdf>
- 13 <https://mhealthintelligence.com/news/kaiser-ceo-telehealth-outpaced-in-person-visits-last-year>



**NRC Health helps healthcare organizations
better understand the people they care for and
design experiences that inspire loyalty.**

19.1.0

© NRC Health