



qualtrics^{XM}

Healthcare Pain Index 2019

Intro

Healthcare is a daunting and often expensive part of our lives. The experience of being sick or injured is bad enough, but add to it everything from long waits to high costs, and it only adds insult to injury. Qualtrics Industry Pain Indexes look at common frustrations and issues that customers experience across various industries. Using data from a cross-section of consumers, these studies do not compare companies, but rather focus instead on industry-wide trends.

What we measured

We examine three of the most common facilities patients visit for health care — primary care providers, emergency rooms, and urgent care facilities — and the experiences patients have with each of them.

This study focuses on patients' specific pain points and how much those pain points impact their likelihood to return to a healthcare provider. The research also addresses other key topics of interest that relate to the patient experience, including:

- + Self diagnosis
- + Patient experience choice of providers
- + Trust in medical professionals
- + Virtual medicine

This study looked at patients globally and highlights noteworthy differences in the results based on different geographies. In addition, differences between healthcare systems from one country to the next are crucial to understand.

The study examines common pain points, how much patients are bothered by those pain points, and whether any of those issues lead patients to fire their doctor or refuse to attend a certain facility ever again.

What we found


PAIN POINTS

Patients identified which negative experiences, or "pain points," would stop them from visiting a specific provider or facility again.

We identified similarities across types of facility and regions. Perhaps the most notable was that patients care more about clean and pleasant waiting rooms than they do about short wait times regardless of which facility type—emergency room, urgent care, or primary care. For each facility type globally, below is the percentage of patients who say that experience would cause them not to return to a specific provider:

URGENT CARE

Unpleasant waiting areas  29%


Long wait times  11%


EMERGENCY ROOMS

Unpleasant waiting areas  20%

Long wait times  11%

PRIMARY CARE

Unpleasant waiting areas  29%

Long wait times  6%

It is also interesting to note that despite the fact that many people experience very long wait times, that isn't a reason people say they would switch between specific facilities. Whether this is due to patients having very low expectations, few alternatives, or are just genuinely not bothered by waiting remains unclear.

50% of ER and urgent care patients say they have waited over an hour to be seen within the last year

Not only are unpleasant waiting areas a bigger issue for patients than long wait times, unpleasant waiting areas are also the single most cited reason people said they would refuse to return to a provider or facility:

In 7 out of 11 rankings, unpleasant waiting areas was the most cited reason patients would not return to a specific facility

Beyond returning to that specific facility in the future, the quality of the waiting room experience factors into one's overall satisfaction with a healthcare visit. Patients who found the waiting room unpleasant at the ER on their last visit were 9X more likely to be dissatisfied with their overall experience. The number was 5X more for primary care patients and 4X more likely for urgent care.

URGENT CARE PAIN POINTS

As with other facility types, unpleasant waiting areas dominated the urgent care pain points. Patients are 3X as likely to not go back to an urgent care facility because the waiting room was unpleasant, messy, or dirty than because of long wait times, complicated billing, or having medical personnel forget their names.

In most cases, if patients are deeply bothered by something, they also cite it as a reason not to return to a specific facility. However, nearly half of patients cited poor communication and having to repeatedly explain their situation to different people as experiences that bothered them a lot, yet very few said these things would keep them from returning to a specific urgent care facility in the future.

Another thing people care deeply about? Knowing someone is in charge of their care. When they get passed from person to person too much, it quickly becomes a negative experience. **This was particularly true at urgent care facilities.**

1.8X

Urgent Care patients who work with more than 2 medical personnel are 1.8X more likely to be dissatisfied with their overall experience

EMERGENCY ROOM PAIN POINTS

Patients who go to the ER are generally less sensitive to experience pain points than other care types. That's not necessarily surprising because people tend to prioritize different things in emergency situations.

What they do care about, however, are pricing transparency and fairness and feeling confident that medical staff are up-to-date on current research and treatments. Specifically, higher than expected costs is the number 1 reason people don't return to a specific emergency room. Cost expectations rank lower for reasons a patient would not return to an urgent care facility (4th) or primary care provider (8th).

There were several places where members of different generations had different experiences in their visits to emergency rooms.

In addition, emergency room patients also report the longest wait times amongst facility types. 21% of emergency room patients said that in the last 12 months, they have waited over 4 hours to be seen at the ER while 52% have waited over an hour. This extra time in the waiting rooms may contribute to emergency room patients being 9X more likely to be dissatisfied overall if they find the waiting area unpleasant than if they find it to be pleasant.

PRIMARY CARE PAIN POINTS

Within primary care, there were many differences among the experiences patients have in different groups. For instance, patients who aren't married worry more about price. In fact, they are twice as likely as married people to find high costs to be a reason to switch primary care providers. One might assume this is simply because younger people (who may have less money) are also less likely to be married. To control for this, we only looked at patients above the age of 27, which is the average age of marriage among the countries in this study.

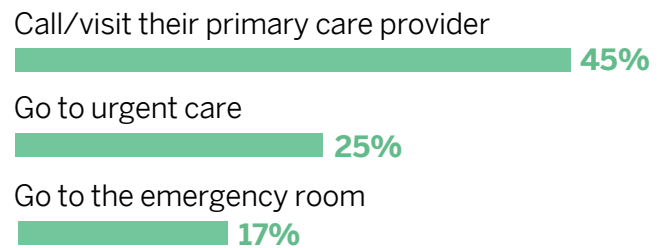
When looking at differences between generations we found that millennials are 70% more likely than baby boomers to view unfriendly behavior as a reason not to return to a primary care physician.

Gender plays an important role in people's perception:

In addition, how much money one makes also plays a significant role in waiting room expectations. While lack of waiting room entertainment does not bother 65% of the respondents regardless of income, of the remaining third, almost 10% of Americans in the top household income quartile cited a lack of waiting room entertainment as a reason to not return to a primary care provider, but not a single patient in the bottom 2 quartiles felt the same way.

CHOOSING WHERE TO TURN

We wanted to understand where people turn for help when faced with a serious, but non-life threatening medical issue. **The top 3 reactions were:**



When people face a serious, but non-life threatening medical issue during normal business hours, what's the first thing they do? Head to their primary care physician? Drive over to urgent care? Turns out it depends in part on their insurance situation.

61% Patients with health insurance are 61% more likely to go straight to urgent care than those without insurance.

90% Patients without insurance are 90% more likely to look up their issues on the internet in the hopes of self diagnosing

VIRTUAL CARE

Healthcare has recently seen the proliferation of different virtual care tools so we checked in with patients on their experiences with them. Most people have still never had virtual care with 74% of people noting that they have never received virtual medical care

Globally, people like in-person care better and trust it more than virtual care. In the US, among those who have experienced both, patients prefer in-person care about 15% more than virtual care. Around the rest of the globe, the margin is larger. For example, patients who have had virtual care are:

As with most new technologies, **younger patients are more likely to have received virtual care:**

2.5X Millennials are 2.5X more likely than baby boomers to have received virtual care

In addition, the wealthier you are the more likely you are to have received virtual care:

The wealthiest quartile of Americans are 88% more likely than the bottom 50% of earners to have received virtual care

SELF-DIAGNOSING

They say you can find anything on the internet, including what ails you. That begs the question: how often do people actually try to diagnose themselves using just the internet?

97% of patients believe that people regularly self-diagnose based on what they read on the internet

What people believe about others is generally a proxy for what they do themselves. That means that the following data indicates that most people use TV at least now and again to self-diagnose their medical issues.

87% of patients believe that people self diagnose based on what they've seen on medical themed TV shows

This acceptance of TV based diagnosis is particularly true for younger generations with 90% of Gen Z and millennials believing this happens regularly. Meanwhile, baby boomers are hesitant to believe this could happen as they are twice as likely as everyone younger than they are to believe that almost no one does this.

TRUST & THE INTERNET

We also looked at how much patients trust for their various providers. As one might expect—and hope—98% of patients trust medical personnel regardless of the type of care facility they work in.

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For primary care, we looked at the differences in trust between physicians and nurse practitioners (NP) or physician's assistants (PA). 16% report trusting the PA or NP at their primary care provider more than their physician, while 40% trust their physician more, and 44% trust them equally. Geographically, we saw that patients in North America are:

Millennial patients are also 2.3X as likely as baby boomers to trust NPs/PAs more than doctors.

The other conflict in trust we see today is when there are contradictions between the guidance of their doctor and what a patient reads on the internet. There are some patients who trust the internet more than their doctors. In fact, 1 in 10 emergency room and urgent care patients say they would follow what they read on the internet, even if it contradicted their doctor.

1 IN 10 ER and urgent care patients said they would follow what they read on the internet even if it contradicted their doctor.

Primary care patients are more likely to trust their doctor over the internet. But there is a gap between urgent care patients and those going to a primary care physician. Patients who read something on the internet that contradicts their urgent care physicians are 4.1X as likely to ignore the doctor's recommendation and rely on what they read on the internet, than if the recommendation came from their primary care provider.

Conclusion

The results of the 2019 Qualtrics Healthcare Pain Index showed that some things beyond the quality of the medical care can significantly affect a patient's healthcare experience. Unpleasant waiting areas, medical staff not being up to date on the latest treatments, and hidden costs topped the reasons for whether or not a patient returns to a particular provider.

The key factors to manage during a patient's experience were not consistent across providers. Urgent care patients were particularly sensitive to getting passed between several doctors. Emergency room patients are most sensitive to higher than expected costs and most likely to be dissatisfied with a visit if the waiting room was unpleasant. For primary care patients, the demographic groups they belong to may serve as the best indicator for what will bother them most.

The results demonstrate the importance of managing the patient experiences before, during, and after healthcare visits. All it takes is one bad moment to cause a patient to choose to go elsewhere for healthcare in the future.

Methods

The patients in this study visited one of the three types of medical facilities in the past year and were at least 18 years of age. The study was global and tracks any noteworthy differences in the results based on different geographies.

All findings included in this report were statistically significant at a 95% confidence level and a $\pm 3\%$ margin of error.

Appendix:

This appendix contains the top 5 reasons patients would not return to a specific facility or provider. The top reasons within each facility type have been broken down by region.

Urgent care

US

1. Unpleasant waiting areas
2. Unfriendly staff
3. Medical staff not listening to concerns
4. Poor communication
5. High costs

EUROPE

1. Unpleasant waiting areas
2. High costs
3. Unfriendly staff
4. Poor communication
5. Lack of empathy from medical staff

Emergency Room

US

1. High costs
2. Believing medical staff are not up to date on current treatments
3. Unpleasant waiting areas
4. Hidden fees
5. Unfriendly staff

CANADA

1. Unpleasant waiting areas
2. Believing medical staff are not up to date on current treatments
3. Overcrowded waiting areas
4. Getting sick from their visit
5. Poor communication

ASIA PACIFIC

1. Unpleasant waiting areas
2. Medical staff not listening to concerns
3. Believing medical staff are not up to date on current treatments
4. High costs
5. Getting sick from their visit

CANADA

1. Believing medical staff are not up to date on current treatments
2. High costs
3. Hidden fees
4. Unpleasant waiting areas
5. Lack of empathy from medical staff

EUROPE

1. Believing medical staff are not up to date on current treatments
2. Hidden fees
3. High costs
4. Getting sick from their visit
5. Unfriendly staff

Primary Care

US

1. Unpleasant waiting areas
2. Unfriendly staff
3. Medical staff not listening to concerns
4. Poor communication
5. Lack of sympathy for pain management requests

EUROPE

1. Unfriendly staff
2. Unpleasant waiting areas
3. High costs
4. Believing medical staff are not up to date on current treatments
5. Getting sick from their visit

ASIA PACIFIC

1. Unpleasant waiting areas
2. Unfriendly staff
3. High costs
4. Believing medical staff are not up to date on current treatments
5. Overcrowded waiting areas

ASIA PACIFIC

1. Unpleasant waiting areas
2. Unfriendly staff
3. Medical staff not listening to concerns
4. Getting sick from their visit
5. Poor communication

CANADA

The study did not feature a large enough set of primary care respondents in Canada to feature valid data.