The doctor is in. But how do patients choose one?
by Doug Bennett, President, Bennett Group

How do patients choose doctors?
How do patients choose doctors? That’s the $10,000 question, or the $5,100 question, depending on your reimbursement rate.

Hospitals and healthcare systems everywhere understand that patient volume and revenue — for inpatient, outpatient, ancillary and diagnostic services — primarily come through a physician’s referral. Patients tend to follow the guidance and recommendation of their doctors. But when it comes to how patients choose their doctors, there’s a little less agreement. This brings us to the need to answer this important question: How do patients choose?

Until we bring some focus and understanding to this important question, hospitals are challenged with what strategies and what key messages they should employ to promote physicians. Additionally, hospitals need to better understand if different strategies should be employed based on different physician relationships: independents, solo practices, larger single-specialty practices (for example, primary care or cardiovascular care) or multi-specialty group practices.

Our methodology and approach to the data and research
On behalf of our healthcare clients, Bennett Group has commissioned and conducted several recent research projects focused on this exact conundrum: How do patients choose? We’ve spent significant time conducting surveys across different market areas throughout the U.S. This has led to insightful answers and understanding, revealing many commonalities of responses among consumers along with which attributes are important to patients concerning selection and choice.

Our approach to surveying consumer opinion was far reaching and thorough. Our conclusions are based on the results and analysis of several statistically relevant opinion surveys sampling the healthcare decision maker, through highly targeted focus groups involving female healthcare decision makers and parents of children. Our research also includes in-depth discussions and interviews with senior healthcare leaders and physicians.

So, what have we learned?
Key selection criteria for choosing a PCP
Overwhelmingly, consumers mentioned that the doctor’s communications skills and willingness to listen to a patient’s questions and concerns is key to their choice of physician — and the basis of being satisfied with a doctor. Secondarily, the doctor’s overall reputation, often judged through word of mouth and the recommendations of friends or relatives, was also very important. On average, 50 percent of consumers would seek the advice and recommendation of a friend about physician choice. The ability to get an appointment
quickly was the third most important factor in choice. Interestingly, the convenience of a doctor's location was less important, suggesting that accessing a doctor who listens and has a solid reputation trumps easy access.

1) Communication Skills
2) Overall Reputation (based on word of mouth)
3) Appointment Availability

“GROUP” is a four-letter word

Across the board, regardless of market area or region, patients do not view the concept of a physicians group as an important deciding factor in choice. In fact, doctors who are members of a physicians group or a multi-specialty physicians group offer little to no top-of-mind advantages to the patient. Upon further questioning in focus groups, a deeper understanding of these issues came to light. Healthcare consumers find the concept of a “Group” to be difficult to understand and can not articulate the definition or advantage of them. Even after explaining the supposed advantages (efficiency of care and coordination or enhanced ability to refer or facilitate consults and enhanced communications patients could not grasp — nor did they care about — the group concept.

This universal opinion supports the idea that patients choose physicians, not physician groups, and their assessment — through personal experience or word of mouth — of the doctor’s reputation, experience and bedside/communications manner is central to ultimate choice. This feedback brings into the discussion an important point of understanding. When it comes to naming and branding physician practices and multi-specialty physician practices: GROUP has little to no relevance in choice, and in fact, may carry a slightly negative impression.

This is not to say that, through an integrated marketing and communications effort over time, consumers can’t be educated to the benefits of a physician group. But, research strongly suggests that it is not the best messaging and differentiating strategy to launch in a market in an effort to gain new patients. This messaging strategy may be more appropriate for CRM or existing patient communication efforts to increase brand loyalty once they are a patient, as opposed to new customer acquisition.

Hospital affiliation: somewhat important

We found, when asked, that although the physician's hospital affiliation was “good to have,” it wasn’t an overwhelmingly important deciding factor in choice of a doctor. This conclusion held true across the board in a variety of markets. In selecting a specialist or pediatric specialists, there was a slight increase in the importance of the doctor’s hospital affiliation as it relates to choice — predictably — suggesting that in specialty care, the doctor’s clinical partnership and relationship with a hospital becomes slightly more important.

Choosing a specialist: reputation rules

Not surprisingly, on average, 95 percent of respondents and participants in focus groups cited the specialty physician’s expertise in their area of medicine as the leading reason for choice. The fact that the specialist was part of a larger physician group was far less important, similar to choice of a primary care physician. When asked what methods they used to find a specialist, again, recommendations from friends or relatives, along with recommendations from their PCP physician, ranked above all other factors.
Consumers over the age of 65, along with women, were slightly more likely to choose a physician based on hospital reputation. This suggests that if this patient believes further diagnostics or interventions are needed, knowing where those procedures are performed becomes a more important part of physician choice. Predictably, those over 65 also considered convenience of location slightly more important.

**Picking a pediatrician or pediatric specialist**

Consumers clearly make decisions about their child’s healthcare — particularly in areas of specialty care — very differently than how they make decisions for themselves. A doctor’s reputation is key, with an average of 92 percent of parents mentioning this as a key deciding factor in choice of a pediatrician. Previous experience with the doctor — through another child’s care — was also important, as well as getting the opinion of friends with children. Men and women also make choices slightly differently when it comes to choosing a pediatrician. Women were far more likely than men to rely on word of mouth and referral among friends as a deciding factor, while men were far more likely to rely on the recommendation from another doctor. Interestingly, another factor in choice frequently mentioned was the pediatrician’s office environment. Moms cited a “kid-friendly feeling” as an important part of choice (on average an 84 percent preference).

With regards to choosing specialty care for their child, expertise, experience and reputation rule above all else, with an average of 96 percent of parents making decisions along these lines. Parents take their child’s specialty care very seriously, and the convenience of a doctor’s location is the least important of all selection criteria, many citing that they would willingly travel two to three hours or more to access who they believe to be the best specialist based on their child’s condition or needs. When asked what influences their decisions in finding a specialist, word of mouth along with relying on their pediatrician’s recommendations are key influencing factors. In fact, 92 percent of parents viewed their pediatrician’s advice to be a leading factor in choice.

The pediatric specialist’s affiliation with a preferred hospital was one of the least important factors around choice, as well as the factor of a pediatric specialist being part of a multi-specialty group. In focus groups, parents agreed that they trusted that the specialist would make the best decisions regarding additional care or interventions for their child based on their professional expertise and experience.

**The patient/doctor relationship**

Patients like doctors who listen to them and talk to them. When probing the relationship between patients and doctors, it’s clear that most patients value “approachability” and “willingness to discuss health issues and advice with patients” as being the most important factors of cementing solid relationships with their physicians.

**Patients rarely switch doctors**

Our discussions and research with patients confirm it takes a lot to get them to change doctors. Much like changing banks, patients tend to stick with a doctor, even when their experiences are viewed as less than positive. When probed, patients confirm that the most likely reason for change is if they move to a different area or there are repeated bad experiences with the physician. This reluctance to change is more prevalent among older patients, who have traditionally viewed doctors as “authority figures.” But even the key healthcare decision maker, 45-year-old women, will stick with a doctor unless there are a series of medical errors or a pattern of poor customer service.

Secondary factors that create the need or desire to switch doctors are often associated with a spouse’s job change or health insurance plan change, often prompting a patient to find another physician in a preferred
network offering them a cost savings or co-pay savings. Similarly, job changes among the patients themselves often prompt finding a primary care physician closer to where the patient’s new job is.

Another factor that fights with a patient’s “urge to switch” is how many ongoing or chronic conditions their current physician is managing. Patients who see the doctor more frequently, or view their care as ongoing are far less likely to change. In focus groups, it was revealed that these patients view that switching doctors is “more of a risk” to their health and well-being due to the fact that they feel the doctor has a “long-term knowledge” of their condition and needs. Hospitals that recognize these underlying factors and relationships are in a good position to develop more effective CRM programs with these “long term” patients.

**Willingness to wait for an appointment**

Generally, patients are much more willing to wait for a specialty care appointment (on average four to six weeks) than a primary care routine visit. On average, patients expect to be accommodated within seven days to see their primary care doc and slightly longer — an average of 12 days — to see their child’s pediatrician. Clearly, consumers expect to wait longer to see a specialist as opposed to what they believe to be “routine” care.

**Where consumers go for information to make choices**

There is a lot of variance on where consumers go to access health information. Accessing information regarding physicians varies based on region — rural vs. urban environments. In our surveys, roughly 60 percent of consumers access healthcare services information online to help them make decisions, but far fewer — an average of 25 percent — access physician info online to help them choose a doctor. Universally, consumers rely on word of mouth or recommendations from family and friends to choose physicians.

The influence of social media in making an informed choice of a physician is more likely to happen among women in urban environments and in higher income strata than among other groups of consumers. Similarly, when it comes to better understanding of specialty care expertise or making a pediatric specialty care decision, the influence of social media is far more relevant and influential.

Regarding influence of the consumer’s insurance provider as it relates to choice and accessing information about doctors, on average 10 percent of patients used an insurance provider’s website or member’s handbook to find a physician and in specialty care, slightly more than 18 percent did the same.

**Key take-aways**

- The doctor’s communication skills and willingness to listen to patients is a key selection criteria
- Word-of-mouth recommendation is key in choice, trumping office location and convenience of access
- Patients choose physicians not physician groups, and the concept of a group does not resonate well with patients
- A doctor’s reputation and experience are key to ultimate choice
- Hospital affiliation isn’t a deciding factor in choice, even in pediatric specialty care
- The vast majority of parents choose a specialist or pediatric specialist based on reputation
• Women are more likely than men to rely on word of mouth, while men are more likely to listen to a doctor’s recommendation on specialty choice

• Women are more likely to consider “a kid-friendly office” as a selection criteria for pediatrician choice

• Parents are willing to drive two to three hours to access leading specialists for their child’s care

• Patients rarely switch doctors, even after mistakes or errors have been made, citing the doctor’s understanding of the ongoing needs or conditions as the key reason for not switching

• 25 percent of patients access physician info online to make a choice, but far more access general healthcare info online

• Social media influence is far more prevalent in women than men

A lot of information. Now what?

It’s always smart for hospitals and healthcare systems to conduct their own regular research and qualitative exploration to understand trends and issues around choice — both of hospital services and physicians — as trends and factors around how patients choose change over time and may vary based on individual markets.

We suggest as part of your hospital’s regularly planned opinion surveys, that baseline questions be asked within your survey questionnaire regarding physician choice. The inclusion of this line of questioning as part of your overall brand assessment and awareness survey is an important part of building on your knowledge base of how to influence choice. It may also give you unique insights on how to best promote doctors within your market.

Doug Bennett is president of Bennett Group, a healthcare-focused, full-service marketing firm located in Boston, serving clients regionally and nationally. Doug has helped direct and facilitate integrated marketing, branding and advertising campaigns in the healthcare marketplace for acute care facilities, academic medical centers, critical care access facilities and physician practices for over 20 years. He has played strategic roles with senior leadership, sharing best practices and new thinking to solve ever-changing healthcare communications challenges. He has been a guest speaker, leading discussions on topics of healthcare branding, marketing and communications, and is active in regional and national healthcare marketing associations. Bennett Group has been the recipient of over 150 industry awards for creativity, strategy and results achieved.

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