Six Elements of a Winning Patient Experience

Urgent message: Successful urgent care centers depend on repeat visits from loyal patients, but if patients do not like the experience provided, do not value it, or do not think it meets their needs, they will not come back. Cultivating a loyal following entails understanding and building a service offering around the factors that attract patients and keep them coming back.

ALAN A. AYERS, MBA, MAcc

U*rgent care* is differentiated from other medical practices because the term refers not to a specific disease state but instead to a delivery channel for general medicine that is based on consumer preferences for convenience, accessibility, and affordability. Therefore, urgent care is necessarily retail in its orientation, and so the main job of the urgent care operator is to cultivate repeat visits and positive word of mouth from satisfied patients.

The Value of Repeat Business

Just like any other retail business, urgent care centers will be successful by building a base of loyal clients. These are patients who view the center as their preferred place to go whenever a medical need arises. Given the costs of acquiring a new patient—including paid advertising and grassroots marketing tactics—a center likely does not profit from a patient's first visit. Future visits by that same patient are incrementally more profitable as the initial advertising costs become sunk costs. Because of patient-acquisition costs, it is always cheaper
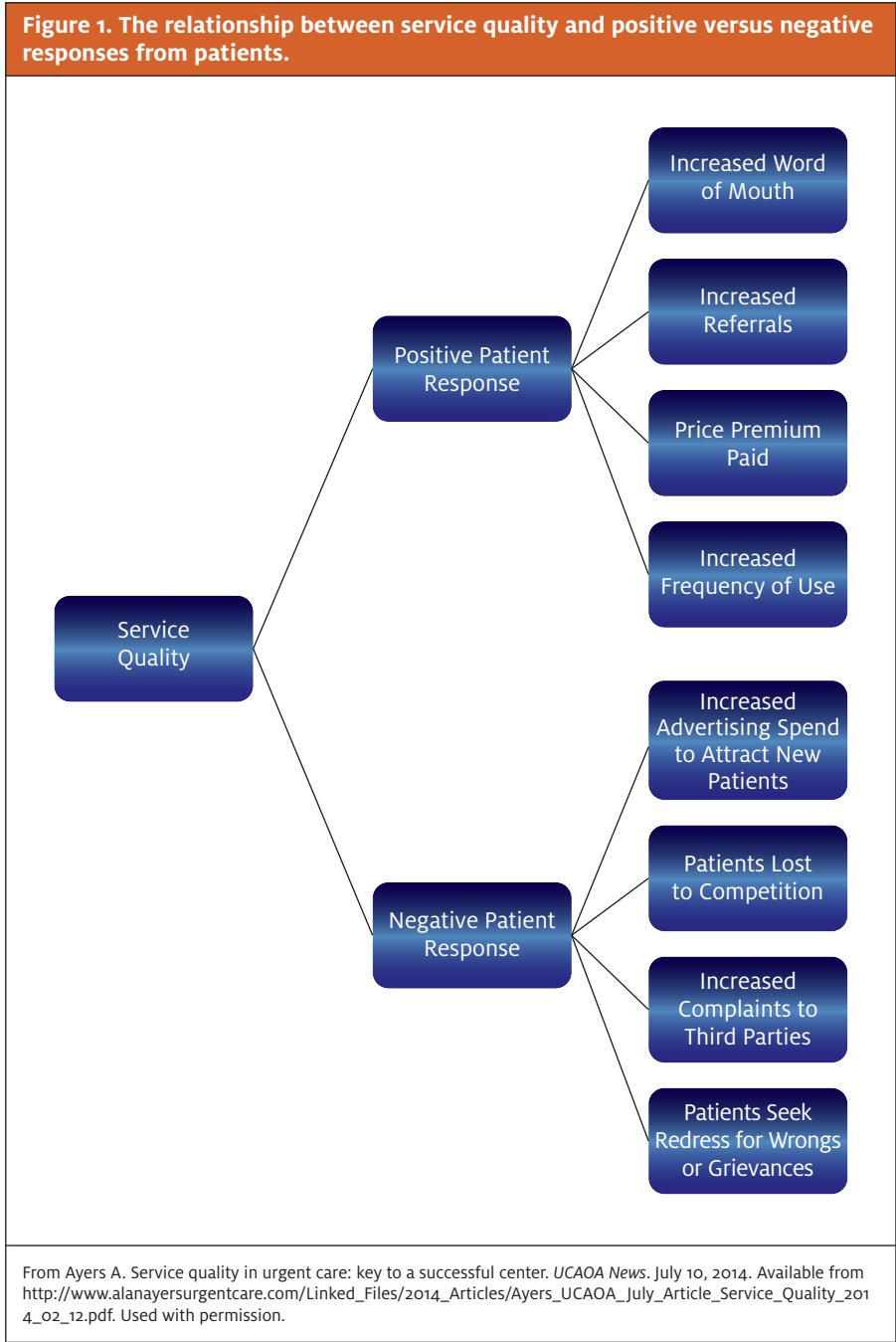

©Corbis

to keep the patients you have than to attract completely new patients from the community.

Ideally a center's volume should grow organically, as new patients see the center's signage and advertising, as established patients return for additional services, and as word of mouth spreads. A center that is seeing flat or declining visit trends is likely suffering the consequences of patients who either did not care for the experience or who are sufficiently ambivalent about it that they are

Alan A. Ayers, MBA, MAcc, is Practice Management Editor for *JUCM*, is on the board of directors of the Urgent Care Association of America, and is Vice President of Concentra Urgent Care.

Figure 1. The relationship between service quality and positive versus negative responses from patients.

From Ayers A. Service quality in urgent care: key to a successful center. *UCAOA News*. July 10, 2014. Available from http://www.alanayersurgentcare.com/Linked_Files/2014_Articles/Ayers_UCAOA_July_Article_Service_Quality_2014_02_12.pdf. Used with permission.

Patient retention should therefore be a key focus of the urgent care operator, because loyal patients tend to return more often, utilize more services, and make positive recommendations to others.

If patients do not like the experience provided, do not value it, and do not think it meets their needs and expectations, they will not come back. Providing a winning patient experience starts with understanding patients' perceptions of quality and value and the elements that attract patients and keep them coming back.
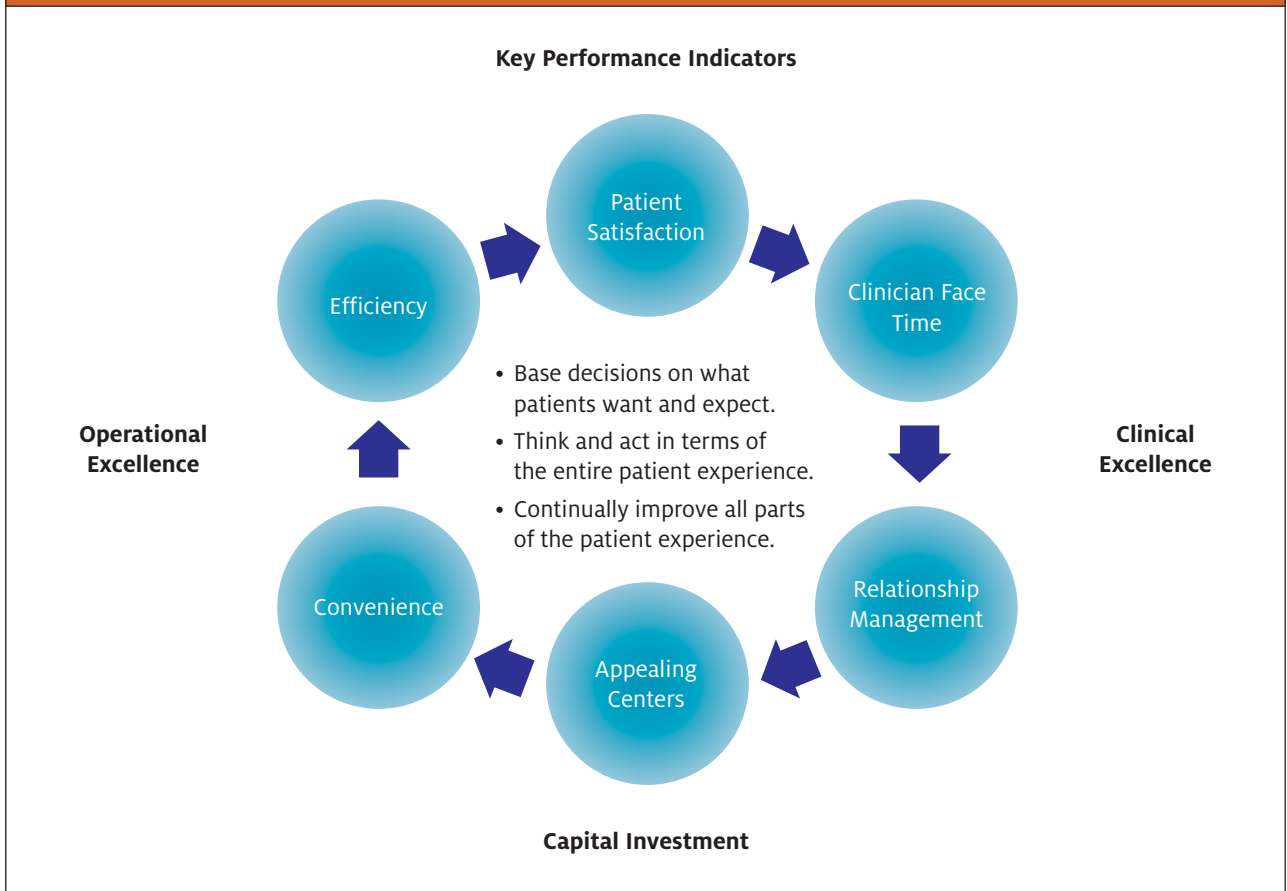
Six Elements of a Winning Patient Experience

Award-winning customer service organizations take a multidimensional approach to responding to customer needs and expectations while still making a profit. For urgent care, the ideal experience should entail no wait, no waste, and no hassle. Understanding the 6 factors (**Figure 2**) that determine quality and value in the eyes of patients can help the urgent care operator plan a patient experience that will result in repeat business and positive word of mouth.

Convenience

The term *convenience* generally refers to the physical location and operating hours of the urgent care center. As a retail delivery channel, urgent care typically seeks high-visibility locations near patient homes, hospital emergency departments, or offices of referring medical providers.

Location naturally entails a strong retail draw—bigbox or food or drug strip centers—that patients patronize frequently. Such regularity of exposure contributes to top-of-mind awareness, meaning when patients have a medical need, they will think of the center. High traffic

open to try a competing alternative (**Figure 1**).

If a patient refuses to return to an urgent care center, that patient has to be replaced by a new patient off the street, which requires further advertising investments by the center. If a center's reputation is bad enough, over time there will be insufficient numbers of people who are unfamiliar with the center and willing to give it a try.

Figure 2. Six elements of a quality patient experience.

Key Performance Indicators

- Base decisions on what patients want and expect.
- Think and act in terms of the entire patient experience.
- Continually improve all parts of the patient experience.

Patient Satisfaction

Clinician Face Time

Efficiency

Relationship Management

Convenience

Appealing Centers

Operational Excellence

Clinical Excellence

Capital Investment

counts and strong signage visibility enhance the effectiveness of other advertising activities by contributing to overall awareness.

Studying population density and household demographics can help identify the trade areas with the most available business (including the number of prospective patients whose insurance the center accepts). Understanding the locations and offerings of competing urgent care centers, pharmacy-based clinics, freestanding and hospital emergency rooms, and extended-hours primary-care offices can help position the urgent care center as the most convenient option.[1]

In addition to the physical location, the on-demand nature of urgent care makes operating hours a convenience factor for patients. Especially for busy professionals, including parents with multiple school-aged children at home, urgent care is appealing because it allows them to show up without an appointment and be seen quickly by a physician. Thus, many urgent care centers are open evenings, weekends, and holidays, when access to primary care may be limited. Although urgent care is generally thought of as walk-in service, centers are increasingly adopting hybrid schedules with some appointments to flatten ebb and flow (thus reducing wait times) by shifting rechecks, physical examinations, vaccinations, and other prearranged services to nonpeak times.

Efficiency
The term *efficiency* refers to the time and effort patients invest in their urgent care visits. Patients do not like waiting, and they do not like hassles.[2] Both situations make patients feel helpless. In general, patients expect a "quick in, quick out," with a total time in center not to exceed 1 hour, and they expect transparency in the center's processes. A center's systems, operating policies, and culture should therefore be focused on moving patients through the center in a timely manner.

When wait times are inevitable, centers should not only frequently communicate information about the expected wait to patients but they should also empower

patients by shifting the wait outside of the center by offering preregistration via the Internet, posting wait times online, providing call-ahead scheduling, and noting a patient's cell number and then texting them when it is their turn to be seen by a health-care provider. Web portals and smartphone applications can facilitate communication with patients about such issues as availability of the patient's chart and making payment after the visit.

Efficiency also requires a smooth financial transaction. The center's front desk should have a list of all in-network plans, and all staff members should be skilled in explaining common insurance terminology to patients. The center should verify a patient's eligibility and collect any co-payment, co-insurance, or deductible up front so the patient receives no unexpected bills after the visit. For the uninsured, self-pay pricing should be transparent, logical, and easily explained prior to the clinical encounter. Any billings after the visit should be prompt, accurate, and presented in a format patients can understand.

The opposite of *efficiency* could be *error*, which requires rework that distracts providers and staff members from serving the patients currently in the center. Given the thin margins in many urgent care centers, a single error may wipe out the entire profitability of any particular patient visit, such as if a patient has to be seen multiple times, if paperwork has to be redone, or if accounts receivable balances grow because of uncollectables. A culture of prevention entails active management—monitoring metrics and taking immediate actions to change business outcomes by the end of day—and standard operating procedures that reinforce existing processes and provide context and a framework for integration of new processes.

Appealing Facilities
Patients are generally unqualified to evaluate the clinical quality of medical services received, so they make inferences that are based on the appearance of the physical facility, the appearance and behavior of providers and staff members, and other factors they can see and feel. An appealing facility must be clean, so it is essential that there be a checklist to ensure that the center's janitorial

"Traffic through every urgent care facility should flow well, taking patients through the building in a logical sequence, minimizing the number of steps for patients and employees, and providing sufficient waiting room seats and parking spaces for the expected patient load."

contractor is doing a thorough job, that there is no clutter in rooms or public areas, that there is no ad hoc paper signage, and that the physical plant and furnishings, fixtures, and equipment are modern, in good repair, and in working order.

The importance of cleanliness to cultivating repeat visits and positive word of mouth cannot be overestimated.[3] Just review the Yelp or Google comments for urgent care centers in your area, and you will find some unflattering photos taken in those centers. Photos and video—accessible via nearly every patient's cell phone—are apt to go viral via email and social media, potentially damaging a center's reputation for years. For example, in September 2014, a Dayton (Ohio) television station reported that an urgent care center misdiagnosed one patient's fracture and that the patient's mother provided an image of a dirty sink in the center, which led to state lawmakers asking why urgent care centers are not specifically regulated in Ohio.[4]

Traffic through every urgent care facility should flow well, taking patients through the building in a logical sequence, minimizing the number of steps for patients and employees, and providing sufficient waiting-room seats and parking spaces for the expected patient load. Further, many urgent care operators invest in amenities like Wi-Fi; television, newspapers, and magazines; complimentary coffee, bottled water, and snacks; and libraries and children's play areas to enable productivity and help time pass more quickly for patients.

Relationship Management
Health care is a relationship business, and when patients select an urgent care center as their first-choice provider, they typically see the center as an entry point to a community's health-care resources. To ensure continuity of care for patients with conditions that are more complex than those the center typically handles, urgent care providers should maintain referral relationships with diagnostic imaging facilities as well as with practitioners in dermatology, allergies and immunology, podiatry, and orthopedics, among other specialties. In addition, because of the increasing number of patients with unmanaged chronic conditions such as type 2 diabetes, chronic obstructive pulmonary disease, and hypertension, urgent care

centers should maintain a list of primary-care providers willing to take patients with long-term needs. Helping a patient get an appointment and forwarding the patient's chart and insurance information—with the patient's consent—can help ensure that follow-up actually occurs. For patients who already have a primary-care provider, the center should sustain a relationship with that provider, promptly communicating with the provider and sharing records as appropriate.

In integrated hospital systems, collaboration among facilities, specialists, and primary-care providers is often centrally coordinated and facilitated by a shared electronic medical record. For most independent urgent care physicians, however, developing professional relationships requires a deliberate effort to reach out to peers, explain the benefits of working with the urgent care center, and emphasize that urgent care is not out to steal patients but instead to be a tremendous source of referrals.

Clinician Face Time
Urgent care patients should feel like they are receiving high-quality care and should not feel rushed. The amount of time a provider spends with the patient, the questions the provider asks of the patient, how actively the provider listens to and addresses the patient's concerns, and the manner in which the provider speaks to patients have significant bearing on the patient's perceptions of that provider.[5]

Ultimately, it is up to urgent care clinicians to develop their own loyal following of patients, such that when patients return to the center they will ask for the particular provider by name. This means that urgent care providers need to consider the face that they project (including their appearance and demeanor) and how they personally may be perceived by patients.

The conundrum of urgent care providers is to move from room to room quickly—maintaining flow and minimizing wait times—while also spending the appropriate amount of time with each patient to hear their concerns, conduct an appropriate physical examination, diagnose their condition, devise a plan of medical treatment, and then document the encounter in the chart or electronic medical record.

"The amount of time a provider spends with the patient, the questions the provider asks of the patient, how actively the provider listens to and addresses the patient's concerns, and the manner in which the provider speaks to patients have significant bearing on the patient's perceptions of that provider."

When patients feel that a provider is not listening to their medical concerns, that the provider has not conducted a thorough or meaningful examination, and that the provider does not ensure that they understand the diagnosis and treatment plan, these are detractors that lead to negative word of mouth, reduced patient compliance, and increased malpractice claims and complaints to licensing and regulatory agencies.

Patient Satisfaction
Patients should feel like they are receiving friendly service, competent medical care, and a good value for their experience at your urgent care center. To ensure this, you should have a survey mechanism in place. Metrics enable managers to assess what is working and to change direction as necessary. Urgent care centers typically inquire about patient experiences via telephone surveys, mailed surveys, email surveys, comment cards in the center, kiosks at checkout, or some other mechanism. There are advantages and disadvantages to each method, including sample bias, statistical significance, and cost.

A common metric used in measuring patient satisfaction is the net promoter score, which is based on the question "On a scale of 1 to 10, how likely are you to recommend this urgent care center to family or friends?" The science is that patients who will actively recommend a business are patients who will be loyal themselves.[6] Patients who answer the question using scores of 0 to 6 are considered detractors who will spread negative word of mouth, complain about the center on social media sites, file formal complaints with regulatory entities, and return only if they have no other option. Those who give scores of 7 or 8 are considered neutral, patients who are not necessarily dissatisfied with their experience but who are also likely to try a competing option next time. Patients giving scores of 9 or 10 are promoters who rave about their experience to others and intend on returning for care for their next medical need. The score is equal to the net of promoters over detractors—the percentage of respondents who are loyal to and actively promoting the urgent care center.

"Patients should feel like they are receiving friendly service, competent medical care, and a good value for their experience at your urgent care center. To ensure this, you should have a survey mechanism in place."

Conclusion

Patients are looking for medical experiences that entail no wait, no waste, and no hassle. The rapid growth of urgent care in recent years has been attributed to centers that meet patient needs better than other settings do. As a retail delivery channel for general medicine, urgent care does not exist to solve a specific medical condition, and therefore it is always vulnerable if new competition arises that is more convenient, faster, and cheaper.

To survive and thrive, urgent care centers must focus on providing a better experience than other alternatives do, which entails the following:

- Basing decisions on what the patient wants and expects
- Thinking and acting in terms of the total patient experience
- Continuously improving all aspects of the patient experience.

The ultimate goal of the urgent care operator is to provide a patient experience that is sufficiently differentiated, adds enough value, and is so convenient, efficient, and clinically effective that patients would not think of going anywhere else for their medical needs, thus making urgent care the provider of choice in the community. ■

References
1. Zelnik M, Garrett M. Site selection. In: Shufeldt J, ed. Textbook of Urgent Care Management. Scottsdale, AZ: *Urgent Care Textbooks*; 2014:23–48.
2. Camacho F, Safrit A, Jones AS, Hoffman P. The relationship between patient's perceived waiting time and office-based practice satisfaction. *North Carolina Medical Journal* 2006;67:409–441. Available from: http://nciom.org/wp-content/uploads/NCMJ/nov-dec-06/Camacho.pdf
3. Ayers A. Eight principles for improving your urgent care operation. *UCAOA News*. October 10, 2013. Available from: https://c.ymcdn.com/sites/ucaoa.site-ym.com/resource/resmgr/Alan_Ayers_Blog/Eight_Rules_for_UC_2013_07_2.pdf
4. Tendall N. Urgent care centers not inspected by the state. Dayton, Ohio: WDTN-TV. 2014 September 22. Available from: http://wdtn.com/2014/09/22/urgent-care-centers-not-inspected-by-the-state/
5. Dugdale DC, Epstein R, Pantilat SZ. Time and the patient–physician relationship. *J Gen Intern Med* 1999;14(Suppl 1):S34–S40. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1496869/
6. Reichheld FF. The one number you need to grow. *Harvard Business Review* 2003 December 1. Available from: https://hbr.org/2003/12/the-one-number-you-need-to-grow/ar/1