

Loyalty's No Mystery: Urgent Care Patients Signal Their Intentions

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Have you ever frequently patronized a business but then, as other options became available or your needs changed, you eventually switched to a competitor? That business may have been a restaurant, retail store, airline, car dealer or cell phone provider. Maybe they changed their pricing, their processes or policies, their product attributes or quality, or perhaps they had staff turnover leading to changes in your experience. Or, maybe there were no changes meaning the product or service became stale and a competitor with a better offering came along, which you tried and then defected. Regardless...when you decreased your business with the first outfit, did you notify them of your intentions to change?

Rarely do consumers of retail and service businesses *voice* their future purchase intentions, but rather, they simply "vote with their feet." But before doing so, their behavior does *signal* what they're going to do. Likewise, patients of urgent care centers exhibit behaviors that indicate their attitudes and future intentions.

First and foremost is complaining—patients with negative future intentions tend to complain today:

- **To the urgent care center itself.** Complaints to front-line staff or via post-visit survey usually involve a specific problem for which the patient seeks redress. The opportunity presented is for *service recovery*—to remedy the patient's issue and nullify any negative emotions that would otherwise lead to negative word-of-mouth or complaints to third parties. Patients want to be "made whole"—to receive value for the time and money they've invested in a specific medical episode—so to the extent that a center can correct any problems and assure the patient is satisfied, it can likely retain a patient. Every service recovery should result in "lessons learned"—process improvements to prevent other patients from experiencing the problem in the future.
- **Privately to friends and family.** Negative word-of-mouth is perhaps most damaging to urgent care because not only is a patient who has complained to friends and family unlikely to return to the center him/herself...the credibility of his/her experience results a form of "peer pressure" that deters others from using the center. If this happens enough times, an urgent care center will be unable to find a sufficient number of prospective patients from the community who are not already familiar with its bad reputation. Also, when people complain to others and not to the center itself, the center has no opportunity to learn or correct its shortcomings.
- **Publicly via social media and websites like Yelp and Google.** Online reviews function like "word-of-mouth" but the sphere of influence increases from a handful of "close friends" to potential thousands of "virtual friends." And unlike actual word-of-mouth, which fades over time as people forget and move on, data on the Internet can be picked up by search engines for years. Given the prominence of the Internet as a source of health information, negative online reviews can turn off prospective patients who can readily find alternatives to the urgent care center using their search engines. An urgent care operator should be fully aware of what its online reviews are indicating and, as with direct patient complaints, implement a process for corrective action to curb the possibility of future online complaints.
- **To third parties.** Patients, typically after they're unable to attain satisfaction by complaining to the center itself, may complain to medical boards or societies, the Better Business Bureau, or to their insurance plans. These types of complaints can spur an investigation leading to costly legal response, which may include submitting a formal plan for remediating the problem that instigated the complaint. In severe cases, complaints to third parties can result in sanctions including suspension of professional credentials or being dropped from important network contracts.

Studies have shown that when consumers complain, they're four to five times more likely to leave a business than those who have not complained. So, for the urgent care operator, not only do complaints call attention to issues that merit correction, they foreshadow future patient defection. It's therefore absolutely critical that a center know what its patients are saying about it and that it uses the feedback to improve all attributes of its service offering.

Identify Changes in Frequency of Use

The second consumer behavior that signals future intentions is frequency of use. In retail and service businesses, customers who consume more of a product or service, who express preference for the product or service over other options, and who are willing to go out of their way or pay a price premium to use the business—are all said to be “establishing bonds of loyalty” with an outfit. Similarly, patients who return to an urgent care center more frequently, for a wider range of medical presentations (including for ancillary services like flu shots, sports physicals, travel vaccinations, etc.), can be said to “establishing loyalty” with the center.

Given that frequency of use predicts future utilization, it’s critical that an urgent care center understand and measure the loyalty of its patients. This may be accomplished by:

- **Looking at the visit mix of new vs. established.** In evaluation and management (E/M) coding, a patient is typically considered “new” (99201-99205) if, among other factors, he/she has not been seen at the urgent care center in the past three years. Otherwise, a patient is “established” (99211-99215). Intuitively, “established” patients are those who are happy with the service and have returned—and a center with a growing mix of established patients may be said to do a good job in patient retention. But the issue of using the percentage of patients who are “new vs. established” as a loyalty measure is that it does not indicate how frequently a patient has returned, it considers only the individual patient and not the patient’s household, and it obscures “loyal” patients who just haven’t had an urgent care “need” in three years.
- **Aggregating repeat visits by individual patients and at the household level.** Downloading patient visit records into a database, a center can identify how frequently a patient has returned to the center over a given time period. Aggregating the repeat visits of all patients can reveal a “loyalty factor” for the center that can be tracked over time. Because members of the household other than the patient (namely the mother in married households with children) make health care decisions for the entire family, and given the impact of word-of-mouth on family member behavior, there is value looking utilization of all residents of an address versus individual patients.
- **Evaluating the percentage of follow-ups/re-checks.** On the one hand, urgent care centers should encourage re-checks with providers to assure patient compliance and progress in healing. But on the other hand, follow-up visits are often the result of misdiagnosis, ineffective prescriptions, or patient confusion. Because patients—in order to salvage the value of time and co-pay “invested”—will return for a specific medical issue until that issue is resolved, loyalty is best measured in terms of unique “medical episodes” (i.e. cold/flu, sprain/strain, rash, etc.) rather than initial and re-check visits. When evaluating patient loyalty, consider counting all visits related to the occurrence of a specific ICD-9 diagnosis code as “one use occasion.”

Conclusion

An urgent care center’s long-term success depends upon its ability to capture and retain a loyal base of patients who consider the center their “first choice” whenever an episodic health need arises. In order to cultivate patient loyalty, a center must deliver outcomes and experiences that will lead patients to return to the center themselves and tell friends and family to do likewise. How well a center is performing relative to this goal need not be a mystery—the biggest predictors of patients’ future utilization, patient complaints and repeat visits, can be measured and tracked.