

# Estimate of the Situation

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## Primary Care Choices

Not surprisingly, clinically-oriented people tend to think of primary care in clinical terms. In their model, when symptoms present, the patient should seek an appropriate level of care from a clinician of the right specialty, typically located in a medical office location or a hospital. A high value is placed on continuity.

The public at large views things differently. Its decision process is driven by perceived need, known costs, personal convenience, ambiance, wait times, service attitudes, and payment complexity.

- **Perceived Need:** It is during this first step that the elasticity in demand for primary care begins to emerge. The patient-to-be goes through a personal assessment to answer the question, “Do I feel bad enough to spend the money to get care?” Note how this critical first step is altered when thinking about costs is not a factor for a prospective patient

If there is a perceived need, subsequent steps in the decision process identify the provider.

- **Known Costs:** Taking into account my deductible, co-payments and office visit charges, which choice is best in terms of out-of-pocket costs? This factor does not exist for non-paying patients.
- **Personal Convenience:** Is the care location close to home or work? Do I need an appointment or can I just walk in? If I need an appointment, is one available within a window of days and/or hours that is acceptable to me?
- **Ambiance:** Is the office pleasant? Is it in a safe environment.
- **Wait Times:** How long to I have to wait for an appointment? How long do I have to wait in the waiting room before I see the doctor?
- **Service Attitudes:** Was the staff friendly, professional and accommodating?
- **Payment Complexity:** Do I know the total costs going in? Are office fees and ancillary services reasonably priced? Are billing procedures understandable?

Being able to provide the “right” answers is the key to keeping patients locally in today’s environment for primary care.

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