



INNOVATIVE CARE  
MODELS INCREASE  
PATIENT LOYALTY

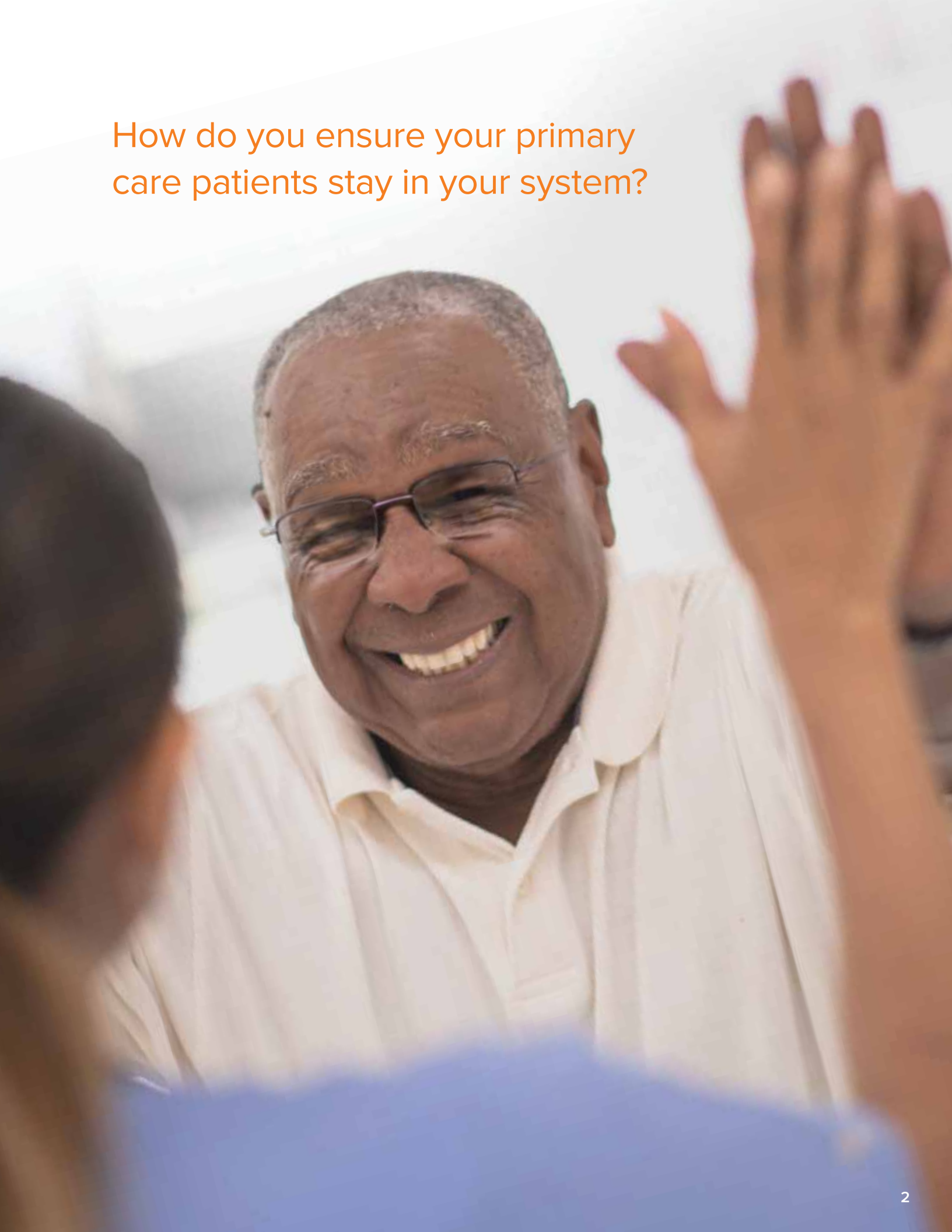


A Primary Care Gateway  
to Revenue Diversification  
and Retention

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BECKER'S \_\_\_\_\_  
**HOSPITAL REVIEW**

How do you ensure your primary care patients stay in your system?



Hospital and healthcare executives have a lot to focus on: patient volume, revenue and costs, physicians, specialists and staff, facilities, third-party billings, regulations and medical technology—a list that keeps on growing.

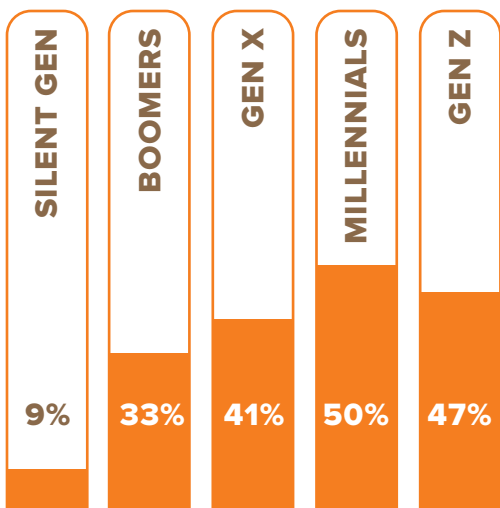
It's a lot to also pay attention to patient satisfaction. Still, hospitals survey millions of patients each year in hopes of finding a better way to serve them, from assessing communication to food, cleanliness and noise levels at the hospital.

But those surveys typically measure inpatient satisfaction—not the happiness of health system-based primary care patients. There is data out there, and unfortunately it's not pretty. Only 58 percent of patients in traditional primary care practices are satisfied with their doctor-patient relationship.<sup>1</sup> Patients are increasingly willing to leave their primary care physician to seek care at alternative sites like urgent care centers and minute clinics.

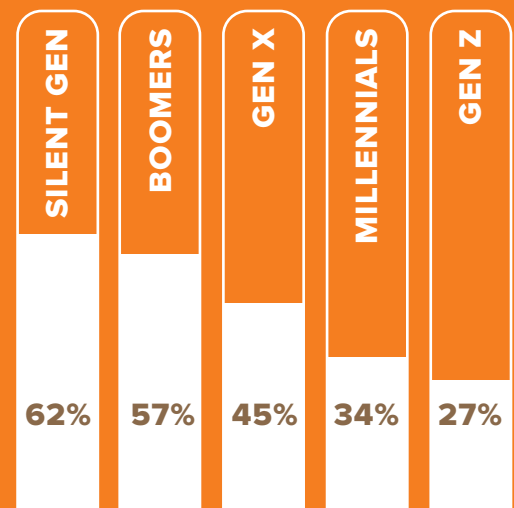
Even Baby Boomers—your core patient group—are more willing to consider alternatives. A third went somewhere other than their primary care doctor for their last basic urgent care need like a fever or sore throat.<sup>2</sup> And more than half haven't had a PCP visit in more than a year (unrelated to the pandemic).

How do you keep this core audience seeing doctors in your health system? Fulfill their unmet needs and deliver the healthcare experience they expect.

**For last urgent care episode (sore throat, fever), percentage who sought care outside of traditional PCP<sup>3</sup>**



**Over last 12 months, percentage of generation who had zero visits to primary care doctor<sup>3</sup>**



## The Patient as Consumer

### What your patients actually want out of the healthcare experience

As much as we try not to, it's easy to think of patients as charts, procedures, copays and billable visits. That's part of practicing volume medicine. But patients have different expectations about how care should be delivered. When those expectations aren't met, just like any other service segment, they will go somewhere else for care.

There's no putting that genie back in the bottle—but you can add a personalized healthcare model to your primary care offerings and give patients the kind of care experience they're looking for.

You may think you're already delivering personalized healthcare, but unless your primary care physicians have enough time to really listen to their patients and address more than their most acute needs, you're not. And your patients know.



Patients in MDVIP-affiliated practices have a different experience. Their physicians see fewer patients so they can spend more time listening, coaching and providing personalized care. This has led to better outcomes, including readmission rates <2 percent for heart attacks, congestive heart failure and pneumonia. And these patients are loyal to their physician—with renewal rates over 90 percent and satisfaction rates of 97 percent.

#### PATIENTS WANT A DOCTOR<sup>4</sup>



Who listens to them



Who is caring and compassionate



Who explains well

#### TOP 5 COMPLAINTS AMONG VOLUME PRACTICE PATIENTS<sup>4</sup>

1

Unclear explanation of problem

2

Test results not communicated fast

3

Billing disputes hard to resolve

4

Hard to get quick appointment when sick

5

Rushed during office visit

## Consumer-driven Healthcare

Forty years ago, patients were concerned about a physician's competence and personal qualities, like bedside manner<sup>5</sup> Those dynamics haven't changed—patients still prefer doctors with whom they have good relationships, according to a study of patient reviews.<sup>6</sup> But they're also looking for conveniences and time with their physician. With today's complex health system and regulatory framework, it's hard to develop good relationships in the brief time many primary care physicians spend with their patients. And an hour-long wait for a 10-minute appointment doesn't put patients in the best of moods.

## Primary Care Visits Decline

While visits to primary care doctors plummeted during the coronavirus pandemic, they were declining rapidly before. In fact, nearly half of insured adults had no primary care visits, according to a study published in February 2020 in the *Annals of Internal Medicine*.<sup>8</sup> The study's authors suggest one of the reasons is that adults are finding more convenient service from urgent care centers, among other primary care deterrents. If you're counting on your primary care patients to deliver down-channel revenue through other procedures, a poor primary care experience in your clinics may send them to an urgent care clinic—which may send them elsewhere for more advanced care.

## An Issue of Loyalty (and Promotion)

The younger patients are, the less likely they are to be loyal to a primary care doctor. That's partly because younger patients have fully adopted a consumer mentality. Gen-Xers, Millennials and Gen-Zers are more apt to use urgent care to supplement primary care. But even Boomers, who generally prefer to receive their primary care at a hospital or medical clinic they're already familiar with, aren't particularly loyal, especially if the healthcare experience is poor. They're not willing to wait days for an appointment, for example.<sup>9</sup> Increasingly, they are willing to go elsewhere for care.



AS CUSTOMER EXPERIENCE CONTINUES TO EVOLVE AS THE LAST TRUE COMPETITIVE DIFFERENTIATOR IN MOST INDUSTRIES, IT STANDS TO REASON THAT THE EXPERIENCE MUST IMPROVE IN HEALTHCARE IN ORDER FOR THE EXISTING PLAYERS TO SURVIVE.<sup>7</sup>

— *Forbes*



Almost half of Baby Boomers are dissatisfied by the primary care experience, according to an MDVIP/IPSOS survey.<sup>10</sup> They cite waiting times (often longer than the appointment duration), time with their physician and their ability to get an appointment for their dissatisfaction, conditions exacerbated by today's volume primary care practices.

What do Boomers, the number one consumers of healthcare, want from a primary care doctor? They want visits that don't feel hurried, a kind and compassionate bedside manner and a partner who focuses on prevention and wellness, not just sick care.

Bottom line: Patients want this model and are willing to pay for the MDVIP program.

### PRIMARY CARE NET PROMOTER SCORES\*

Baby Boomers	<b>1.1</b>
Gen X	<b>-24</b>
Millennial	<b>-50</b>
Gen Z	<b>-58</b>

**MDVIP Patients** **73**

\*NPS-measurement of willingness to recommend (-100 to +100)



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PATIENTS WANT SOMEONE WHO'S AN EXPERT, WHO'S GOING TO LISTEN TO THEM. THEY WANT SOMEONE WHO'S GOING TO HELP THEM SOLVE THE PROBLEMS THEY HAVE...AND THEY WANT SOMEONE WHO SHOWS A DEGREE OF EMPATHY TOWARDS THEM.<sup>11</sup>

— *Medical Economics*

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## How MDVIP's Approach Works for the Empowered Patient

Patients in MDVIP-affiliated primary care practices are like other patients in almost every respect except one—they've chosen a more personal relationship with a physician. They know what they want and they're willing to invest in this new relationship. In fact, over 350,000 patients are currently invested in this type of relationship—and more are willing to invest in your service area. Their satisfaction rates are much higher than patients in traditional primary care practices.



# 97%

of **members are satisfied** with their doctor-patient relationship **compared to only 58%** of traditional primary care patients.<sup>12</sup>

Physicians practicing under the MDVIP model see fewer patients, so they have more time to cultivate relationships with their patients and listen to them, they have more time to answer questions more completely—and they even have time to research cases. In addition to an executive-style physical, they can also offer conveniences like appointments that start on time and last as long as needed—a challenge for most primary care practitioners.

(The model doesn't just make patients happier. It makes physicians happier, too: 96 percent of MDVIP-affiliated physicians are very satisfied or extremely satisfied with their decision to convert their practices.)

## An Issue of Loyalty

Patients leave primary care practices for a variety of reasons. Sometimes they leave because they've moved or the office has moved. Sometimes they leave because the physician no longer accepts their insurance. But the top two reasons patients leave—for better treatment and better service. They're more than twice as likely to leave a practice to get better service than if the physician stopped taking their medical insurance.<sup>13</sup>

Better service covers a lot of territory: wait times, staff interactions, convenience, communication and the ability to make an appointment with ease. In one recent study, 35 percent of all patients had left a practice in the last two years—and 20 percent of

Baby Boomers, the biggest spenders on healthcare, planned to if things didn't improve; 44 percent of Xers and Millennials say they would change.<sup>14</sup>

These numbers aren't a surprise—only 42 percent of Boomers and 32 percent of Xers were completely satisfied with their PCP in the same survey.

High satisfaction rates may be one reason why patient turnover is low in MDVIP-affiliated practices. More than 90 percent renew their membership year after year. They're also more engaged and compliant; a study of patients in MDVIP-affiliated practices showed they surpassed the top 10 percent of national HMO and PPO benchmarks for control of





diabetes, high blood pressure and high cholesterol.<sup>15</sup> Another study conducted by Optum demonstrated that members in MDVIP-affiliated practices show improved health management after three years in the program.<sup>16</sup>

Why are they more loyal? Members of MDVIP-affiliated practices enjoy a better healthcare experience than patients in traditional primary care practices, including convenient, longer appointments that start on time. They also say they receive better explanations, longer interactions, increased availability and less waiting than their peers in traditional primary care practices.

Finally, more consumers want membership-based care—and are willing to pay for the MDVIP program.

Twenty years ago, there were very few primary care physicians practicing in this model, mostly concentrated in high-wealth zip codes. But today, 65 percent of the U.S. population resides within 10 miles of a membership-based medical practice—and that growth has continued unabated through economic downturns.

Because members of these more personalized practices tend to be loyal to their physician, they share their experience with those around them, increasing word-of-mouth buzz about your health system. When associated with a health system brand, this can turn into powerful advocacy.



**75%**

of members in MDVIP-affiliated practices are **55 years or older.**



**50%**

**are enrolled in Medicare.**

## The Solution

These consumer sentiment and loyalty data are hard to achieve in traditional volume medicine practices. When the emphasis is on seeing as many patients as possible and the administrative responsibilities this entails, patients can feel like a number lost in a system focused on the business of medicine.

But primary care physicians who practice under the MDVIP model have time for a different, better experience. They're able to focus on preventive care in addition to their patients' acute needs. And they're able to spend time developing meaningful doctor-patient relationships that can improve communication, adherence and outcomes. This extra time not only enables individualized care but can also engender loyal patients who are more likely to stay within your system.

The best part of the MDVIP model...it's designed to fit seamlessly within your current primary care portfolio. Your system can benefit from:

**Revenue Diversification.** MDVIP's model generates an unrealized, predictable revenue stream that does not primarily depend on third-party billing, while redistributing patients within your system to offset practice subsidies and retain downstream income.

**Minimum effort for maximum return.** By partnering with the industry leader, you save the time and cost of researching, developing and bringing up a new service line independently.

**Physician retention.** When you provide doctors with a model that matches their preferred way to practice, you reduce the costly expense and productivity loss related to physician burnout and early retirement.

**Better outcomes.** Focusing on preventive care as an organization can drive improved health outcomes overall, creating a positive ripple effect throughout your health system and community.

Integrating the MDVIP model into your health system isn't just a revenue-diversification opportunity. It's a revenue-retention model, too. Your current patients have shown a willingness to abandon you if you don't give them what they want. The consumer demand for personalized, preventive care continues to trend up significantly bringing new patients to health system's doors. It's a market differentiator and an innovative, strategic service offering that drives increased satisfaction and loyalty.



## SOURCES

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<sup>15</sup> <http://www.ijpcm.org/index.php/IJPCM/article/view/305>

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## About MDVIP

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Based in Boca Raton, FL, MDVIP leads the market in personalized healthcare that goes far beyond “fee-for-access” practices referred to as concierge medicine. MDVIP is at the forefront of consumer-directed care with a national network of more than 1,110 primary care physicians in 44 states and over 350,000 patients.

MDVIP-affiliated physicians limit the size of their practices, which affords them the time needed to provide patients with more individualized service and attention, including an annual, comprehensive wellness program with advanced testing typically not covered by insurance.

Published research shows that the MDVIP model identifies more patients at risk for cardiovascular disease, delivers more preventive health services and saves the healthcare system millions of dollars through reduced hospitalizations and readmissions.

In response to the growing consumer demand for a more personalized healthcare experience, health systems continue to incorporate the MDVIP model into their primary care offering.