In a period of uncertainty and change, one clear imperative has emerged for every health care organization: earning and retaining patient loyalty. The reason is simple. Market share matters, regardless of the structure of contracts (fee-for-service vs. capitation) or actual reimbursement rates. Providers need patients if their organizations are to have any chance to be successful, and patients are becoming more active than ever in choosing where they receive their care.

Powerful economic trends are driving patients’ increasing involvement in choosing care providers. The Affordable Care Act has led to the development of government and private exchanges, where a wide range of health insurance products are offered, including many with narrowed networks of providers. Middle class budgets are stretched, and people are struggling with health plan choices that cause them to question their care decisions: Are they willing to change physicians or hospitals, or do they stay with the providers they already know? Do they recommend their current providers to their friends and neighbors who are weighing their care options?

These decisions are being influenced by health insurance products, as well as the availability of information on the Internet, and also by mergers and affiliations that lead to new brands in new locations in many markets.

The good news is that patient loyalty and Likelihood to Recommend are driven by factors that are within the control of clinicians at all levels of health care—in the hospital, in emergency departments (ED) and in ambulatory offices. The better news is that the same themes drive patient loyalty across all of these settings. The best news is that these factors are completely consistent with values that inspire professional pride among physicians, nurses and other personnel.
“Likelihood to Recommend” as a Loyalty Measure

Patients’ Likelihood to Recommend health care providers is more than an expression of satisfaction with their care. This variable reflects the extent to which providers have met patients’ needs—including their need for peace of mind resulting from compassionate and coordinated care and optimal clinical outcomes. They do not recommend providers to others because of the food, parking or lobby design. As will be discussed in this Press Ganey Research Note, patients recommend providers when the clinical personnel have earned their trust.

This distinction between meeting patients’ expectations and meeting patients’ needs is a critical one for competing in the new health care marketplace. Providers can meet patients’ expectations for convenience, access and amenities, but patients may still suffer from unmet needs for communication, coordination and confidence in clinical outcomes. This difference explains why the term “patient satisfaction,” which reflects expectations, is giving way to “patient experience,” which reflects the more holistic and ambitious goal of meeting patients’ needs.

The business imperative to improve patients’ Likelihood to Recommend scores has long been obvious. High ratings are correlated with patients’ probability of returning for additional care and likelihood of recommending services to others. But a relatively new insight is that patients’ Likelihood to Recommend providers reflects the extent to which the providers have earned the patients’ trust. Health care providers need to do all they can to prevent death and improve patients’ physical health, but if they have not earned patients’ trust and enhanced their peace of mind their work is incomplete.

What Drives Patient Loyalty?

In this Press Ganey Research Note, we summarize analyses conducted in outpatient, inpatient and ED settings to identify the independent factors that drive patients’ loyalty as measured by overall ratings of providers.

We use a statistical technique called recursive partitioning—a “nonparametric” technique (i.e., it does not assume that data have a bell-shaped curve distribution) that yields “trees.” This method identifies the strongest driver of an outcome (e.g., Likelihood to Recommend) from every possible variable, divides the respondents into subsets, then determines the next strongest variable affecting each subset and so forth.

We use this methodology because it shows the relative importance of various factors, as well as the interactions among them (e.g., a variable that may be an important driver of the outcome in one subset but not others). The trees that result are considered to be more effective drivers of improvement than some alternative statistical methods, because providers can see not only whether they have differences in the outcome of interest, but why.
Outpatient Loyalty

Figure 1

OUTPATIENT: DRIVERS of LIKELIHOOD to RECOMMEND

All Patients
15.7%
Recommendation Failure Rate

Low: Confidence in Provider
74.6% Fail to Recommend

High: Confidence in Provider
1.9% Fail to Recommend

18.8% of patients

80.8% of patients

13.9% of patients

4.7% of patients

8.4% of patients

11.4% of patients

2.5% of patients

1.8% of patients

3.4% of patients

Low: Worked Together
90.2% Fail to Recommend

High: Worked Together
28.1% Fail to Recommend

Low: Worked Together
11% Fail to Recommend

High: Worked Together
0.8% Fail to Recommend

Low: Courtesy
92.8% Fail

High: Courtesy
78.2% Fail

Low: Listens Carefully
45.7% Fail

High: Listens Carefully
24.7% Fail

Low: Concern for Worries
22.3% Fail

High: Concern for Worries
6.3% Fail

Low: Concern for Worries
2.4% Fail

High: Concern for Worries
0.6% Fail

Low: Concern for Worries
5.6% Fail

High: Concern for Worries
0.6% Fail

11.4% of patients

2.5% of patients

1.8% of patients

3.4% of patients

Low: Listens\nCarefully
92.8% Fail

High: Listens\nCarefully
78.2% Fail

Low: Concern for\nWorries
92.8% Fail

High: Concern for\nWorries
78.2% Fail

Low: Concern for\nWorries
22.3% Fail

High: Concern for\nWorries
6.3% Fail

Low: Concern for\nWorries
2.4% Fail

High: Concern for\nWorries
0.6% Fail

Low: Concern for\nWorries
5.6% Fail

High: Concern for\nWorries
0.6% Fail

Low: Courtesy
92.8% Fail

High: Courtesy
78.2% Fail

Low: Listens\nCarefully
92.8% Fail

High: Listens\nCarefully
78.2% Fail

Low: Concern for\nWorries
92.8% Fail

High: Concern for\nWorries
78.2% Fail

Low: Concern for\nWorries
22.3% Fail

High: Concern for\nWorries
6.3% Fail

Low: Concern for\nWorries
2.4% Fail

High: Concern for\nWorries
0.6% Fail

Low: Concern for\nWorries
5.6% Fail

High: Concern for\nWorries
0.6% Fail

Bottom Line: Patients want competent clinicians who work well together and listen to them.

Figure 1 provides a visual representation of the tree analysis, indicating the patient experience domains that have the greatest influence on patients’ Likelihood to Recommend their medical practice for outpatient care. We analyzed data from 937,000 patients and validated the analyses in other large datasets to confirm the robustness of the findings.

In the analysis, we identified the key drivers of “Recommendation Failure Rate,” which is the percentage of patients who did not give a top rating on a five-point scale for their Likelihood to Recommend either the provider or the practice. Overall, 15.7% of patients were “not very likely” to recommend their physician or their medical practice to others.

We determined that the most important single variable driving Likelihood to Recommend is the confidence that a patient has in his or her clinician. The next most important variable is the patient’s perception that the care team worked well together, followed by the perception that caregivers had concern for the patient’s worries.
Of interest is the fact that considerations such as waiting time, convenience and amenities were not statistically important loyalty indicators. The implication is that, while patients would of course prefer to wait less and have greater convenience, their likelihood of recommending providers is driven by other factors.

We have also used this analytic methodology in a pediatric population (153,308 patients younger than 18 years old) and found essentially identical results.

Our analyses confirm that patients want good clinicians who are working well together and who are listening to them. In short, they want capable personnel who are delivering compassionate, connected care. Our data showed that even when confidence in clinicians is high, the Recommendation Failure Rate rose to 11% if patients perceived their care team didn’t work well together and to 22.3% if they felt that the care team was not deeply concerned for their issues.

**Hospital Loyalty**

**Figure 2**

**INPATIENT: DRIVERS OF OVERALL HOSPITAL RATING**

- **All Patients**: 72.1% Top Box 9-10 (Very Good)
  - Low: RN Courtesy: 16.8% Top Box 9-10
  - High: RN Courtesy: 48.5% Top Box 9-10
  - Low: Room Clean: 74.8% Top Box 9-10
  - High: Room Clean: 91.8% Top Box 9-10
  - Low: RN Listen: 36.1% Top Box 9-10
  - High: RN Listen: 78.1% Top Box 9-10
  - Low: RN Listen: 75.4% Top Box 9-10
  - High: RN Listen: 93.3% Top Box 9-10

**Bottom Line:** Only after coordination meets patient expectations do other variables emerge as key drivers of Overall Hospital rating.

Numbers do not sum to 100% due to the exclusion of missing values.
The same themes emerge from our analysis of patient experience data from patients who have been hospitalized. In the analysis in Figure 2, based on HCAHPS data, we identified the key drivers of top HCAHPS ratings for hospitals across all service lines. The perception that staff worked well together, in particular, demonstrated overarching importance. Specifically, 87.1% of patients who felt that staff worked well together gave the hospital high Overall ratings. In contrast, among patients who felt teamwork was disappointing, only 36.7% gave the hospital top ratings. Of interest is the fact that room cleanliness only emerged as a driver after care coordination expectations were met.

For insight into specific services lines, we expanded the tree for maternity, medical and surgical services and determined that care coordination (staff works well together) is the key differentiator across care settings, as shown in Figure 3. These data indicate that having “star” physicians is no guarantee of patient loyalty if those physicians are not working well as members of teams.

This research implies that coordination of care supersedes all other drivers. When patients felt that personnel worked well together and their care was coordinated, items such as cleanliness of the rooms emerged, followed on both sides of the tree by empathy on the part of nurses.

**Bottom Line:** Care coordination is the key differentiator across care settings.
Emergency Department Loyalty

To the surprise of many, the same themes emerge from our analysis of Likelihood to Recommend data from ED patients. Because there has been so much concern regarding pain control—and possible overuse/underuse of opioid analgesics—and waiting time in the ED, we present an expanded set of analyses, which include only patients who were discharged home.

Figure 4 shows univariate analyses of a wide range of variables for correlation with Likelihood to Recommend the ED. When the multivariate analysis was performed, the most important variable was the extent to which patients felt that the staff cared about them.

**Bottom Line:** Empathic care and communication are most highly valued by patients.
As Figure 5 shows, if patients gave high ratings for this variable, 91.4% were likely to recommend the ED, but if they did not feel that the staff was caring, only 24.1% were likely to recommend the facility—a deep hole from which recovery to high levels of recommendation would be unlikely.

Figure 5

**Bottom Line:** When ED patients feel staff is caring, and patients feel they are communicated with, pain management is not a factor.

If the staff was perceived as caring, the next important driver was how well the physician kept the patient informed about his or her care, followed by information about delays and follow-up care. On the other side of the tree, courtesy, coordination and communication were key factors.

Note that after these factors were taken into account, pain control ratings were not statistically important and did not enter the tree. Similarly, wait time did not matter after communication about delays and the rest of care were taken into account.
Figure 6 shows the relationship between communication and wait time, clearly demonstrating that communication is what matters. The height of each column reflects patients’ Likelihood to Recommend the ED when they felt they were kept very well informed about delays in their care. Across the x-axis, patients are divided according to their perceived waiting time.

The findings indicate that when patients considered information about delays to be excellent, they were highly Likely to Recommend the ED even if they had waited several hours. In contrast, our analysis showed that when information flow was poor, patients were angry even if their stays were short.

**ED: WAIT TIMES AND LIKELIHOOD TO RECOMMEND TOP BOX**

Based on 1.39M patients

<table>
<thead>
<tr>
<th>How long did you wait</th>
<th>Likelihood to Recommend When Kept Informed About Delays</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 Hour</td>
<td>97.7%</td>
</tr>
<tr>
<td>1 - 2 Hours</td>
<td>97.9%</td>
</tr>
<tr>
<td>2 - 3 Hours</td>
<td>97.9%</td>
</tr>
<tr>
<td>3 - 4 Hours</td>
<td>97.9%</td>
</tr>
<tr>
<td>&gt;4 Hours</td>
<td>97.6%</td>
</tr>
</tbody>
</table>

**Bottom Line:** Wait time is not a factor when communication about delays is very good.
Patient Loyalty Strategies

These analyses indicate that similar themes dominate the extent to which patients feel their needs are being met in all settings. Patients want capable clinicians whose care is characterized by:

- Teamwork and coordination
- Empathy
- Communication with other clinicians and the patients themselves
- Courtesy

These variables are completely consistent with professional values of physicians, nurses and other personnel. Variables that clinicians often feel are beyond their control (such as wait times), irrelevant to quality (such as amenities) or potentially in conflict with high-quality care (such as pain control) simply did not emerge as drivers of Likelihood to Recommend after the primary factors noted above were taken into account. Indeed, these “other” factors were not close to having statistical importance.

What strategies, then, are most likely to help organizations win patients’ confidence and loyalty, market share and clinicians’ engagement with their organization’s goals?

Here are some basic steps:

1. Develop a shared vision for patient care. The reduction of suffering by patients is a goal that everyone in health care embraces. The organizations that are engaging their clinicians most effectively are emphasizing that their overarching goal is improving clinical outcomes and reducing the anxiety, uncertainty and confusion that so often characterizes medical care.

2. Commit to measurement. If health care is to organize around meeting patients’ needs and reducing their suffering, provider organizations must measure how they are doing. Electronic surveying is emerging as an efficient and rapid way to collect large amounts of data, enabling the development of meaningful analyses of individual clinicians, individual service lines and individual patient care units for hospitals.

3. Commit to accountability. With large amounts of data, feedback can be provided at the appropriate units of accountability, where real improvement can actually occur. Financial and non-financial incentives are being used in successful organizations for clinicians as well as non-clinical colleagues. One of the most effective tactics is provider-driven transparency, in which patient experience data, including all patient comments, are published by hospitals and physician groups.

4. Emphasize team care. “Closing the gaps” in quality used to mean that individual physicians made sure they had completed all the items on their individual checklists. While individual physician reliability is still important, health care is more complex today. Because so many personnel are involved in the care of patients of any complexity today, clinicians have to make coordination of care as high as any other priority.
5. Integrate excellence as a core value within your organization. If patients are to feel confidence in and stay loyal to a physician or to a hospital, they have to believe that they can trust everyone, not just the individual clinician to whom they may have bonded. An important tactic being used by successful organizations is “appreciative inquiry,” in which the focus is not upon errors, but upon deconstructing cases in which care was excellent, and trying to make the interactions that led to excellent care happen as reliably as possible.

Conclusion

Meeting patients’ needs and earning their loyalty are strategic imperatives for the new health care marketplace. Rigorous statistical analyses across a range of health care settings have identified consistent themes that should characterize providers’ care. These themes—coordination, communication and empathy—are completely consistent with clinicians’ professional values. Improvement focused upon these areas is likely to lead to greater patient loyalty, enhanced market share and reduced turnover in personnel due to the pride in their work that results.