BEHIND THE DATA

# Research Methodology for Access to Care:

The Digital Imperative for Healthcare Leaders



### **What's in This Document**

This document is an overview of the research methodology used in Perficient's 2025 research study, "Access to Care: The Digital Imperative for Healthcare Leaders." It serves as a supplemental resource to the study, detailing how the data was collected, analyzed, and interpreted to support the findings presented in the full report.



**Explore the full Access to Care Research Study** 

## **Study Overview**

The research study, "Access to Care: The Digital Imperative for Healthcare Leaders," was conducted in January 2025 and surveyed 1,036 individuals across the United States. This study was designed to explore how health care consumers navigate the care journey—from discovery to delivery—and to identify the friction points, preferences, and behaviors that shape their decisions and outcomes, particularly around digital access and scheduling experiences.

To ensure relevance, participants were required to complete a screening questionnaire to qualify for the full survey.

#### **Participant Requirements**

- Receive health care in the United States
- Over 18 years old
- Have scheduled a healthcare appointment or researched providers for themselves or on behalf of someone else in the past 12 months



## **Research Methodology**

#### **Survey Design and Data Collection**

The survey was designed to capture both structured and open-ended responses, focusing on key areas including researching care providers, scheduling appointments, and accessing specialty services.

The study sample included a variety of U.S. healthcare consumers across age groups, and responses were collected digitally.

#### **Data Analysis and Quality Control**

The research study reflects self-reported data and may be subject to response bias. However, to ensure data quality and

participant attentiveness, a validation question was included midway through the survey instructing participants to select "all of the above" from a list of positive emotions. Only those who answered correctly were included in the final analysis. Incomplete or invalid responses were excluded to maintain data integrity.

For certain questions, responses were assigned a numeric value to facilitate analysis. For example, importance ratings were scored on a scale from 0 (Not Important) to 2 (Very Important). Descriptive statistics were used to identify trends and segment-specific insights, with averages and percentages calculated across age groups and caregiver roles.

## **Key Sections Referenced in the Report**

#### Researching and Choosing Primary/ Specialty Care Providers

This section of the survey explores how individuals search for and evaluate healthcare providers. Participants were asked, "When you are choosing a primary care physician or a specialist, how important is each factor below?" and were then prompted to rate factors related to affordability, access, and digital convenience when researching care.

Each response was scored on a scale from 0 to 2, where 0 is Not Important, 1 is Somewhat Important, and 2 is Very Important. The average score for each factor was calculated and is presented in the report.

#### **Scheduling a Healthcare Appointment**

Participants were asked to describe their experiences with scheduling appointments by selecting multiple relevant factors. The survey prompt read: "Select the factors that matter most to you as you schedule a health care appointment either for yourself or on behalf of someone else." Participants could choose from a prepopulated list and/or select "Other" to write their own response.

Responses are presented as the percentage of participants who selected each option. To provide full context for the data, the original survey language is included below alongside the shortened descriptions used in the report. This comparison helps clarify how the data was collected and how it's presented visually.

Below, each bullet begins with the shortened description used in the report, followed by the original wording shown to participants:

**Digitally Reschedule:** Ability to easily reschedule my appointment through digital means (e.g., online, text, etc.)

**Price Transparency:** Transparency on the out-of-pocket costs for care

Reminders Through Preferred Channel(s): Communication/ reminders about upcoming appointments sent via my preferred communication channels

View/Schedule Online: Ability to view available appointments and seamlessly schedule my appointment online

Same-Day Appt Options: Same-day appointment options

Virtual Visits: Options for virtual visits (e.g., telehealth)

Guidance for Alternative Care: Clear guidance about alternative care options offered by my provider (e.g., appointment with someone else in the same practice/group, urgent care locations, virtual care options, etc.)

**Evening/Weekend Appt Options:** Evening/weekend appointment options

**Streamlined Referrals:** Streamlined referrals for specialists

**Paperless Intake:** Paperless intake (i.e., digital forms and image uploads rather than paper-based forms)

**Notify Others:** Ability to seamlessly notify and/or remind other individuals/teams that support care (e.g., in-home or visiting caretaker, family member, etc.)



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