

low-income Californians' health care perceptions: community clinics and health centers

By extending health insurance coverage to low-income Americans, the Patient Protection and Affordable Care Act (ACA) will produce a newly competitive marketplace for safety net providers. Their success depends as never before on meeting patients' needs and expectations.

To aid in this effort, Blue Shield of California Foundation (BSCF) commissioned a statewide survey of Californians aged 19 to 64 with household incomes under 200 percent of the federal poverty level (about \$45,000 for a family of four). The study, "On the Cusp of Change," measured both current health care experiences and desires for future care.¹ This issue brief is part of a series examining the views of specific subsets of the low-income Californian population – in this case, those using California's community clinics and health centers (CCHCs) for their primary care.

The "On the Cusp of Change" survey overall found a health-stressed population, eager in many cases to exercise the choice the ACA will provide. Self-reported health levels among low-income Californians are substantially more negative – and views of the health reform law significantly more positive – than among all state residents or all Americans nationally.

More than four in 10 poor and near-poor Californians say they currently have no choice where they go for care, and about as many lack a regular, personal doctor. Fewer than half, 48 percent, rate the overall care they receive at their current facility as excellent or very good.

Nearly six in 10 express interest in switching to a new facility, making possible a vast transformation in the delivery of health care services to California's poor and near-poor once the ACA takes full effect.

Thinking about choosing a new facility, as many low-income Californians prioritize the ability to see the same doctor each time they visit as express concern about the cost of care. There are also divisions in what services are most desirable – 40 percent stress access to continuing care services, but three in 10 prioritize the availability of care for other family members, and more than a quarter stress wellness programs. These preferences differ among demographic groups, marking the need for targeted service offerings.

The survey also found substantial variation among low-income Californians in interest in having an equal say with doctors in decisions about their care, a key component of patient-centered care, as well as interest in having a health care home, e.g., a facility that offers a wide variety of health services under one roof. Again distinctly different subgroups of low-income Californians express enthusiasm for these two concepts, both of which have driven efforts in recent years to reform the delivery of healthcare services.

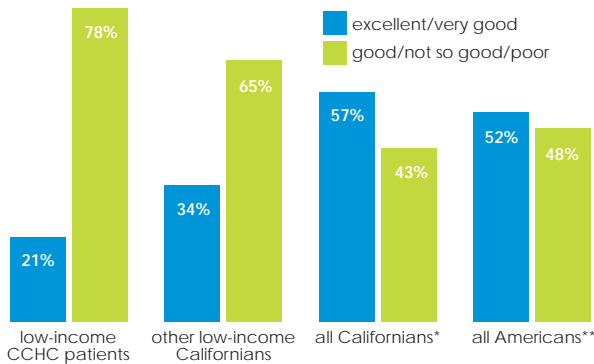
Many safety net providers have expressed interest in learning more about these and other key differences among subgroups of the low-income California population. In response, BSCF has developed four issue briefs that dig deeper into specific subsets of the survey data. As noted, this

brief focuses on survey results specifically among users of the state's CCHCs, 11 percent of all low-income Californians age 19 to 64.² CCHC users' views of their current care and their expectations for the future are critical as clinics prepare for implementation of health reform.

Community Clinic and Health Center Challenges

Community clinics and health centers face some particular challenges. They serve an especially health-stressed population: Just 21 percent of CCHC patients describe their health as excellent or very good, compared with 34 percent of other low-income Californians and 57 percent of state residents overall. It's a built-in disadvantage because our survey shows that people who are in ill health tend to be less satisfied with their care.

health status



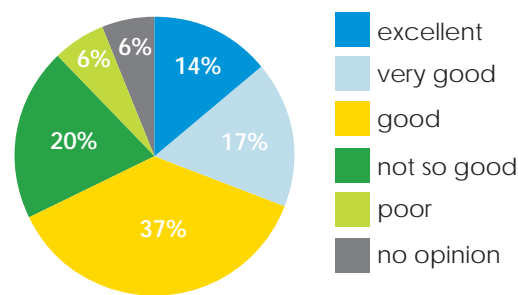
Sources: *California Health Interview Survey **Kaiser Family Foundation

Further, this patient profile means CCHCs may be especially vulnerable to pent-up demand. While their patients report lower health status, they are no more likely to obtain care – 31 percent have seen a doctor once or less in the past year, about the same as other low-income Californians (35 percent), and the same as all Americans.

Other aspects of the CCHC patient profile mark additional challenges. Four in 10 CCHC users are on Medi-Cal, while just 17 percent are privately insured; 43 percent lack a high-school diploma; and just half primarily speak English at home. Each of these can increase difficulties in developing patient satisfaction and loyalty. For example, less educated low-income Californians and those who don't speak English at home may be less willing or able to have a say in medical decisions, while those on Medi-Cal may feel they have less choice in where they go to receive their care. Both are key components of satisfaction.

Another challenge is reputational: Just three in 10 low-income Californians say CCHCs have an excellent or very good reputation. That rises to 46 percent among CCHC patients themselves, still fewer than half. It is in many ways an undeserved reputation - across 19 areas of care measured, CCHC users' ratings of their facility match the average among all low-income Californians. Nonetheless, it's a perception that needs to be addressed.

reputation of community clinics and health centers among low-income Californians



Current Experiences

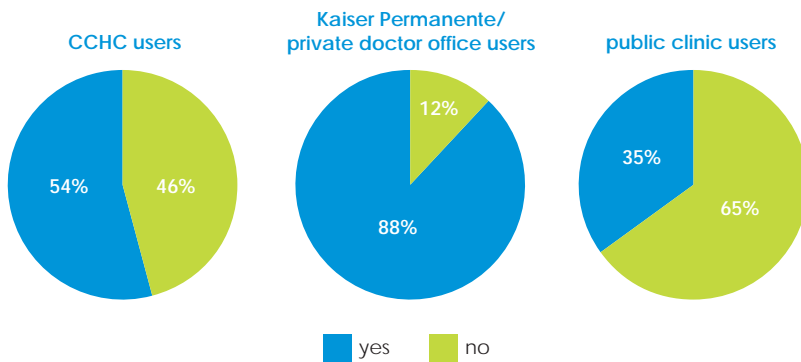
Survey respondents rated their current health care facility on items ranging from cleanliness to communication. On average, CCHCs rank in the middle of all facility types. They fared significantly

better than public clinics (those operated by public hospitals, counties or cities) on four of 15 items tested – communication with the doctor (58 percent positive at CCHCs vs. 44 percent at public clinics), a sense of welcome to “people like you” (57 vs. 41 percent), the ability to see a specialist (42 vs. 28 percent) and time spent in the waiting room (33 vs. 14 percent).

At the same time, CCHCs are rated significantly worse than Kaiser Permanente and private doctor offices on eight of the 15 items, including, notably, the ability to see the same doctor each time, rated positively by 44 percent of CCHC patients vs. 62 percent of those who use Kaiser Permanente or other private doctor’s offices. In a separate question, nearly half of all low-income CCHC patients, 46 percent, say they don’t have a regular personal doctor. That’s better than public clinic users, 65 percent of whom lack a personal doctor, but far lower than at Kaiser Permanente and private doctor offices.

Overall quality-of-care ratings for CCHCs are similar to the average for all facility types.

do you have a regular personal doctor, or not?



Perhaps in part because of a lack of continuity, fewer CCHC patients are satisfied with their doctor’s understanding of their medical history (46 vs. 62 percent) and how involved they can be in medical decisions (49 vs. 61 percent), compared with Kaiser Permanente and private doctor office users. They’re also less positive about the courtesy of the staff, their facility’s cleanliness and convenience, the availability of timely appointments, and time spent in the waiting room.

Overall, 45 percent of CCHC patients rate the quality of the care they receive as excellent or very good. The average for all low-income Californians is about the same, 48 percent.

Modeling Satisfaction

Statistical modeling finds that among all low-income Californians (regardless of facility type), the key determinants of positive quality-of-care ratings are staff courtesy, cleanliness of the facility, patient involvement in medical decisions, amount of time spent with the doctor, and regard for one's personal doctor. All else equal, facilities that excel on these five factors are most likely to receive higher overall quality-of-care marks.

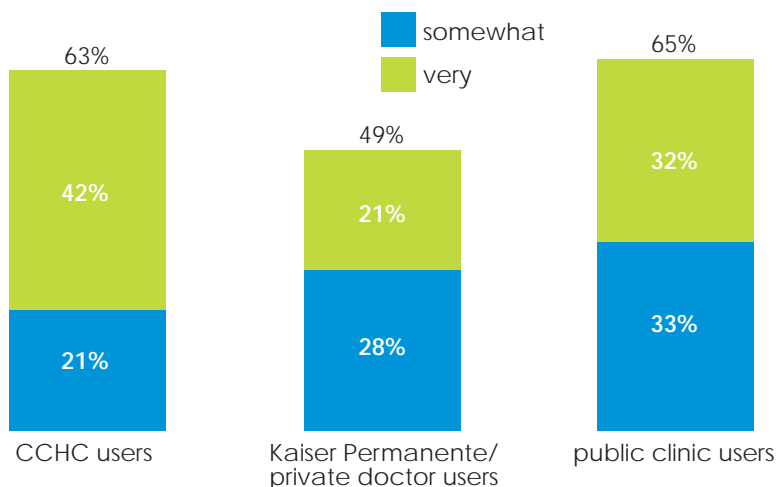
Among CCHC users in particular, two additional items emerge: Their care ratings are predicted, as well, by their sense of the staff's knowledge of their medical history and by their ability to see a specialist. Establishing these connections matter in producing satisfied CCHC patients.

More than six in 10 CCHC patients are interested in changing care facilities, 42 percent "very" interested.

Desires For Future Care

More than six in 10 CCHC patients are interested in changing facilities if they had the insurance to cover it, including 42 percent who are "very" interested in doing so. That's about the same as interest in change among public clinic users, but significantly higher than it is among Kaiser Permanente and private doctor patients.

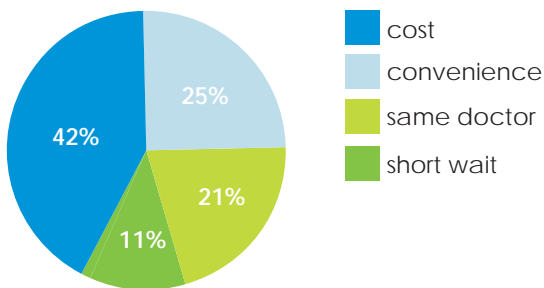
interest in changing facilities among low-income Californians



CCHC users who are dissatisfied with their current care or who lack (but want) a personal doctor are most interested in changing facilities; so are those who currently have no choice about where they go for care, 45 percent of all CCHC patients.

While the availability of a personal doctor was identified as a key driver of loyalty, CCHC patients also are notably cost-sensitive. Given a direct choice of what's most important from a new healthcare provider, more say cost (42 percent) than either convenience (25 percent) or the ability to see the same doctor each time (21 percent). That suggests that a team-based medical approach may provide the sense of a continuing relationship patients desire, if supported by other elements, e.g. effective communication.

priorities for choosing new facility: among low-income CCHC patients



In terms of services, two-thirds of CCHC patients say they want a healthcare facility that offers a range of services beyond regular medical care. And more select continuing care as a priority (47 percent) over either wellness programs (27 percent) or family care (24 percent).

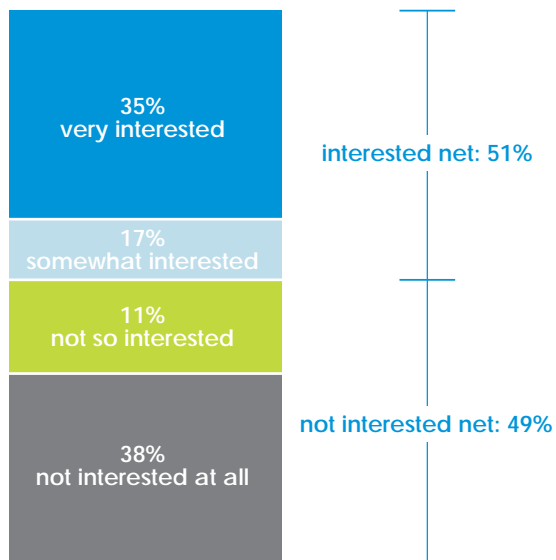
CCHC users also express substantial interest in shared decision-making. Sixty-two percent would rather have an equal say in decisions about their care than leave it up to the doctor (35 percent). And about as many would prefer having a doctor

who takes their opinions and concerns into account (41 percent) as one who explains things well (48 percent). On these results, CCHC users look more like Kaiser Permanente and private doctor users than public clinic patients, who are more apt to want to leave decisions up to the doctor.

Navigating the Waters

These results provide insights for CCHCs, and safety net providers more broadly, as they prepare for the full implementation of health reform. The toughest fix, providing access to a regular personal doctor, may be addressed by creative solutions that find other ways to establish a personal connectedness with patients. Many patients, for example – especially younger ones – express interest in text and e-mail communication with their care providers, suggesting that a virtual doctor-patient relationship may be one way to provide the connectedness many CCHC patients seek.

interest in communicating with doctor via text/e-mail: among low-income CCHC patients



Maximizing effective communication in any case is essential, including involving patients in care decisions and assuring them that their medical histories are known and considered. Other factors are basic, and perhaps the easiest to address, such as cleanliness of the facility and staff courtesy. Each in its own right has a substantial impact on overall patient satisfaction.

CCHCs have an advantage in affordability and in their tradition of offering additional services beyond primary medical care; these too may hold them in good stead in a more competitive marketplace. Equally critical is an effort to address CCHCs' image, underscoring the attractive services they offer even while seeking improvement, and moving to address the disconnect between their ratings and their reputation.

Endnotes

1. The representative, random-sample telephone survey of 1,005 low-income Californians was produced for BSCF by Langer Research Associates, of New York, N.Y., which also is responsible for this issue brief. See the full report at http://www.blueshieldcafoundation.org/sites/default/files/publications/downloadable/On_the_Cusp_of_Change_6_2011.pdf.
2. The survey included a highly detailed effort to identify usage of various types of healthcare facilities. Respondents first were asked if they usually go for health care to a Kaiser Permanente facility, a private doctor's office, a community clinic or health center, a hospital, or someplace else (the order of these options was randomized, with "someplace else" always listed last). Respondents who indicated they went to a clinic for care were asked the clinic's name and location. These were compared with a list of all California community clinics and health centers (CCHCs) and a list of all California public hospital clinics. For clinics not matched to either list, the respondent was asked follow-up questions to identify whether the clinic was hospital-operated or not, and whether it was county- or privately run. These clinics also were back-checked against the lists, and when in doubt clinic type was confirmed by online searches for information about the clinic, or by calling the facility directly. The survey has a margin of sampling error of plus or minus 4 points for all respondents and plus or minus 11.5 points for the 114 CCHC users in the sample.