

# low-income Californians' health care preferences: public clinics

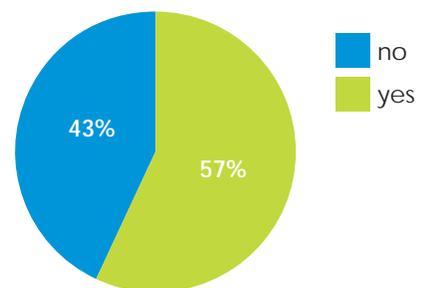
The Patient Protection and Affordable Care Act (ACA) will give many low-income Americans greater choice in where they receive their health care, encouraging a newfound focus on patient preferences by safety-net providers. This issue brief is part of a series examining the experiences and aspirations of such patients – in this case, those now using California's public health clinics.

Data presented in this brief are drawn from Blue Shield of California Foundation's (BSCF) statewide survey of Californians age 19 to 64 with household incomes less than 200 percent of the federal poverty level, about \$45,000 for a family of four.<sup>1</sup> This primary research was intended to help the state's safety net providers prepare for the ACA-informed future by refocusing their efforts to understand how poor and near-poor Californians experience their care, as well as their interest and preferences in care options.

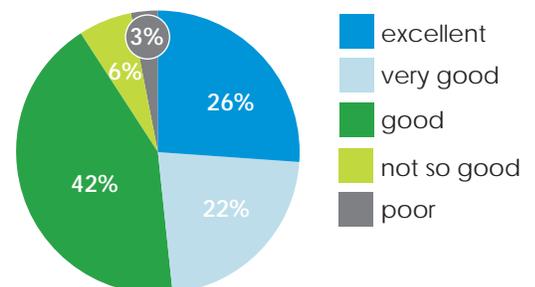
The "On the Cusp of Change" survey found a health-stressed population with unmet care needs and broad interest in the choice the ACA will bring. Just a third of low-income residents rate their health status as excellent or very good, about 20 points lower than state or national studies of the general public.<sup>2</sup> Yet despite being in poorer health, low-income Californians are no more likely than others to obtain medical care, a result that suggests substantial pent-up demand.

The survey also found that nearly six in 10 low-income Californians express interest in moving to a new facility if they had insurance to cover it. Many, 43 percent, lack a regular personal doctor, and fewer than half, 48 percent, rate the care they receive now as excellent or very good. Those two factors – lacking but wanting a personal doctor, and being less than fully satisfied with current care – are key predictors of interest in changing health care providers.

access to a personal doctor  
among low-income Californians



satisfaction with care  
among low-income Californians



The results suggest that a one-size-fits-all approach is insufficient for facilities positioning themselves for the future. While cost is paramount to some patients in choosing a new facility, as many cite the ability to see the same doctor each time as their top concern. And while some chiefly want a doctor who listens to their concerns, more prioritize another quality – a doctor who explains things clearly.

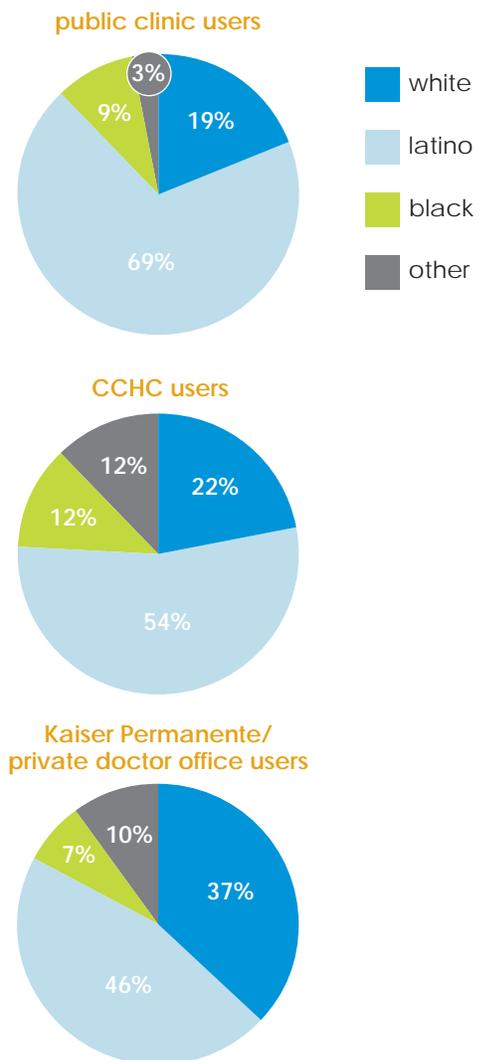
Many safety net providers have expressed interest in learning more about differences across subgroups within the low-income population. In response BSCF has developed four issue briefs further examining data from the survey. This brief focuses on attitudes among current users of public clinics in the state. Two others evaluate users of California Community Health Centers (CCHCs) and private doctors' offices, and the fourth presents a regional breakdown of results.

### The Public Clinic Population

More than four in 10 poor and near-poor Californians say they have no choice in where they go for care – for most, because their current facility is the only one they can afford. A plurality, 44 percent, relies on a clinic or health center; nearly three in 10 visit a private doctor's office, about one in 10 use a Kaiser Permanente facility and an additional one in 10 rely on a hospital emergency room. The clinic population is further divided into users of CCHCs, patients at public clinics, and those using other clinic types. Public clinic patients – that is, users of public hospitals, county, or city clinics – comprise one in seven low-income residents age 19 to 64, or 139 respondents in the "On the Cusp of Change" survey.<sup>3</sup> Many of them will gain health insurance under ACA reforms.

Public clinics serve an especially low-income, non-citizen clientele; as such, they face particular challenges achieving the sense of connectedness that cements patients with their care facilities. Fifty-five percent of public clinic users are non-citizens, far higher than the non-citizen population at other facility types. Seven in 10 are Latinos, also substantially higher than at other facilities. Just 37 percent primarily speak English at home.

demographic comparison of facilities used by low-income Californians



Few public clinic patients, 14 percent, report being privately insured. A substantial 36 percent are the poorest of the poor, with household incomes under \$15,000 a year. And 56 percent have less than a high school diploma, again substantially more than at other care facilities.

## Current Experiences

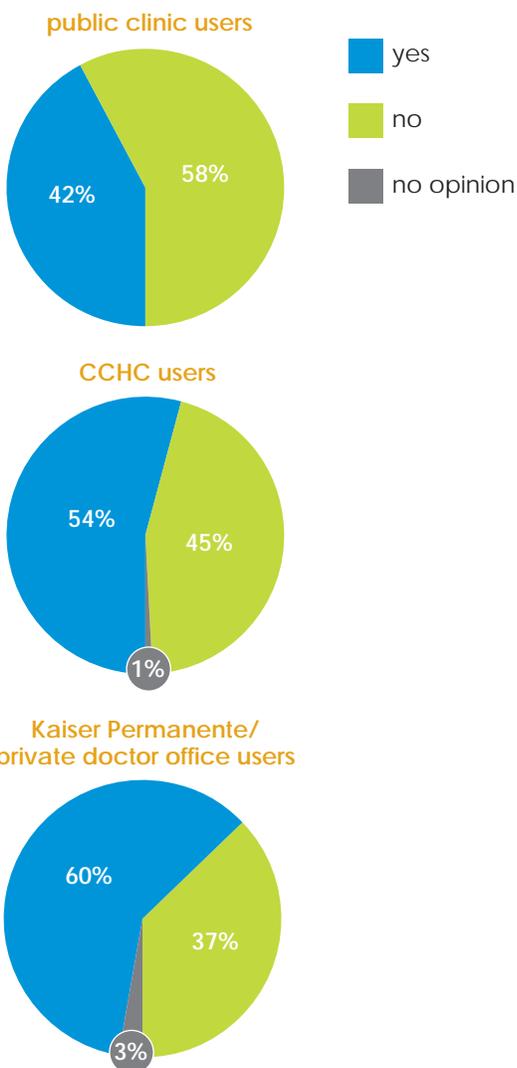
There are experiential differences as well. Fifty-eight percent of public clinic patients say they currently have no choice where they go for their health care, compared with 45 percent of low-income patients at California community clinics and health centers (CCHCs) and 37 percent of those at Kaiser Permanente or other private doctor offices. Sixty-five percent of public clinic patients also say they don't have a regular personal doctor, compared with 46 percent of CCHC patients and just 12 percent of those at Kaiser Permanente or other private doctor offices.

The absence of a personal doctor may especially matter when full implementation of the ACA in 2014 brings greater choice in health care to this population. As the "On the Cusp of Change" report shows, the doctor-patient relationship is a strong anchor of patient loyalty.

The lack of connectedness for public clinic patients also is apparent in other measures. They are substantially less likely than others to give a positive rating to their level of communication with the doctor they see – 44 percent do so, versus 58 percent among CCHC patients and 64 percent of those seeing Kaiser Permanente or other private-office doctors. And public clinic patients are much less likely than others to feel that people like them are welcome at their care facility.

These views are related to non-citizen status and language barriers. Among all low-income Californians, non-citizens are 22 points less apt than citizens to give strongly positive ratings ("excellent" or "very good") to their communication with the doctor, and 14 points less apt to say their facility is welcoming to "people like you." Likewise, non-English speakers are 24 points less positive on communication and 13 points less likely to feel welcome. Again, these populations are concentrated in the public clinic clientele.

do you have a choice of where you go for health care, or not?



Compared with CCHC patients, public clinic patients rate their care substantially more negatively on four of 15 specific items, including the connectedness measures mentioned above, as well as time spent in the waiting room and the ability to see a specialist when needed. The gap grows sharply with patients of Kaiser Permanente or other private doctors; compared with these patients, public clinic users are more negative on 13 of the 15 items tested, ranging from courtesy and cleanliness of the facility to the staff's understanding of their medical history.

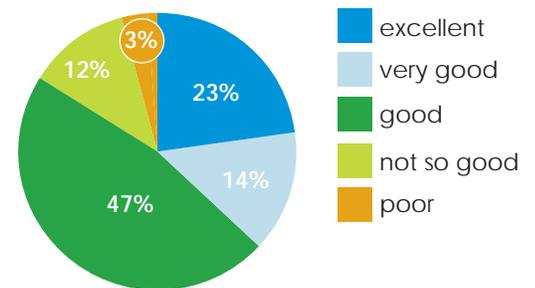
On a global measure of satisfaction, fewer than four in 10 public clinic users (37 percent) rate their overall health care as excellent or very good, compared with 45 percent of CCHC users and 56 percent of Kaiser Permanente/private doctor patients. Most of the rest, 47 percent, say their care is good, rather than fair or poor. But "good" may not be good enough to maintain patient loyalty: The "On the Cusp of Change" report shows that fewer than half of those who rate their care as excellent or very good are interested in changing their facility, but among those who rate their care as just "good," interest in change jumps by 23 points, to 68 percent.

The strongest correlates of overall satisfaction with care among public clinic patients include factors such as the amount of time they spend with a doctor and their ability to see the same doctor each time. Other concerns seem simpler to tackle: The cleanliness and appearance of the facility, the courtesy of the staff and simply feeling welcome also are strongly related to satisfaction with care overall.

### Interest in Changing Facilities

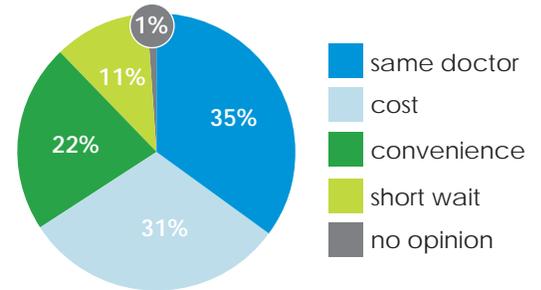
Sixty-five percent of low-income public clinic patients are interested in changing facilities if they had the insurance to cover it, about the same as interest in change among CCHC users (63 percent), and outstripping interest among Kaiser Permanente/private doctor patients (49 percent). Top correlates of interest in change among public clinic patients are dissatisfaction with current care and lacking – but wanting – a personal doctor.

overall satisfaction with care among low-income public clinic users



When considering new facilities, cost is important, but even for this population, not the sole deciding factor. If they had insurance to cover it, public clinic patients are as likely to say their choice of a facility would be driven mainly by the ability to see the same doctor each time as say they'd be chiefly concerned about cost. (Convenience and short waiting times are lower on the list.) The desire for continuity in a doctor-patient relationship is stronger among public clinic patients than it is among CCHC users, perhaps because they're less likely to have it now.

**most important factor in a new facility:  
among low-income public clinic users**



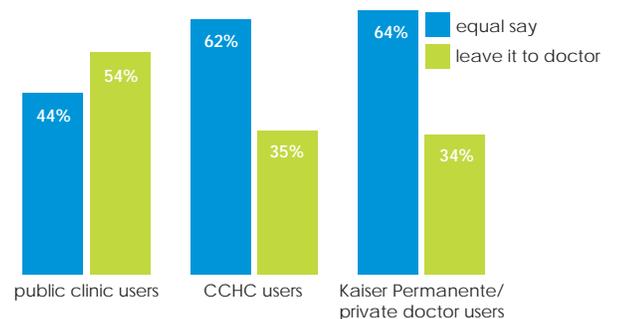
## Decision-Making and a Health Care Home

Public clinics are somewhat more active than other facilities in the delivery of a "health care home." More than six in 10 of their patients say their current facility offers a range of services beyond primary care, such as wellness programs and obstetric, pediatric, dental, nutritional, and elder care. Fewer patients at other facilities, 51 percent, report having such services available.

It's desirable, especially for this population: Seventy-two percent of public clinic patients say that if they were to choose a new facility, it would be extremely or very important that it offer health care home services. That's significantly more interest than is expressed by Kaiser Permanente and private doctor patients.

At the same time, public clinic patients are more hesitant than others to embrace the idea of an equal say in decision-making, a tenet of patient-centered care. Fifty-four percent prefer to leave healthcare decisions mainly up to the doctor or nurse – about 20 points more than the number of other patients who take this view. Likewise, public clinic users prioritize a doctor who explains things clearly, and compared with other patients are far less concerned with a doctor who listens to their own opinions.

**preferences for medial desicion making  
among low-income Californians**



## Navigating the Waters

The "On the Cusp of Change" survey provides insights for safety-net providers as they navigate toward the ACA-informed future. While public clinics face specific challenges, these survey results suggest paths forward to enhance current patient loyalty as well as to attract new clients.

Factors such as cleanliness, appearance and courtesy all count considerably in patient satisfaction. Improving communication and continuity with a doctor are tougher to fix, but creative approaches to establishing connectedness may help, such as team-based care and alternative forms of communication. For example, most low-income patients – especially younger ones – express interest in text and e-mail communication with their caregivers.

A focus on shared decision-making may be intimidating to large portions of the public clinic population; this aspect of patient-centered care should be calibrated to patient interest. On the other hand the array of services that mark a health care home are broadly appealing, and a potential source of differentiation for public clinics and other safety net providers alike.

## 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](http://www.blueshieldcafoundation.org/sites/default/files/publications/downloadable/On_the_Cusp_of_Change_6_2011.pdf)
2. This result is especially striking given that this survey excluded seniors.
3. 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 10.5 points for public clinic users. All assessments of data reported in this paper have been tested for statistical significance.