

issue brief

improving the safety net patient experience:

what health centers can do

Under the Affordable Care Act, a newly competitive marketplace in the safety net has made patient-centered care more important than ever. Research shows that patients who feel a personal connection with their providers are more informed, engaged and satisfied with their care – as well as more loyal to their care facilities. Luckily, there are simple and positive steps community health centers (CHCs) can take to achieve these goals.

Since 2011, Blue Shield of California Foundation has commissioned yearly surveys that provide insight into the healthcare experiences and expectations of low-income patients across the state. Findings have consistently underscored the importance of patient-centeredness in California's healthcare safety net. The cumulative research identifies three keys: connectedness, which means a sense among patients that someone at their care facility knows them well; continuity, which means seeing the same providers over time; and strong patient-provider relationships, which depend on effective communication between patients and providers.

These three elements are the foundation upon which patients become active and engaged participants in their own care. And once they're empowered in this way, patients are far more involved in their care decisions, more likely to be satisfied with their care experience and more loyal to their provider. To achieve these goals, Foundation research has identified clear areas where CHCs should focus:



Obtain Staff Buy-In at All Levels

A straightforward, yet powerful, way to improve patient experience is investing in your staff and space. From the moment a patient walks in the door, it is critical to create a welcoming and inclusive health-center environment. Survey results show that the courtesy of frontline staff and the cleanliness and appearance of waiting rooms strongly influence patient satisfaction.

Community health centers, given their strong community roots, should have built-in advantages around this goal. The cultural and linguistic competence of staff members, who are often members of the community themselves and speak their language, can help establish strong bonds with patients. Using this strength to provide clear, accessible information and communicating with patients in a way that cultivates close relationships is crucial to success. CHCs can begin by assessing current practices and discussing ways to make patients feel more welcome, informed and engaged, and then developing a strong team commitment to these goals. Gaining staff buy-in on customer service as a priority, and creating a clean and inviting space are two of the simplest ways to ensure organizational sustainability in today's new healthcare environment.

The results can be dramatic: Among low-income patients who say that someone at their healthcare facility knows them fairly well, 64 percent rate their

care as excellent or very good. That drops sharply – to 40 percent – for those who lack a personal connection.

Strategies will need to be customized to each CHC's needs, abilities and resources: however, great promise in patients' all show boostina engagement and satisfaction with their care.

Strategies will need to be customized to each needs, abilities and resources; however, all show great promise in boosting patients' engagement and satisfaction with their care.



Enhance Ability to Communicate

Creating a positive patient experience requires staff and providers to effectively connect and communicate with those they aim to serve. Successful interpersonal communicationisvitaltodevelopingstrongrelationships and making patients feel that their providers care about them personally. This includes being able to explain situations very clearly, invite questions and help patients feel comfortable enough to express their personal needs and preferences.

Information is a key element of patient engagement. Among patients who feel informed about their health, 67 percent are comfortable asking questions of their providers; and among the most informed nearly seven in 10 are strongly confident in their ability to participate in decision making. Still, fifty-five percent of low-income Californians say they'd like more information about their health and care – and when that information is clear and easily available, this jumps to 71 percent. These findings vividly demonstrate that health information becomes even more valuable when it's effectively delivered. If community health centers support their staff and providers to develop their communications skills, they stand to significantly improve the level of satisfaction and engagement among their patients.



Implement New Models of Care

Community health centers that use a team-based approach to patient care are typically more successful in retaining their patients than those that do not. Research shows us that one-third of low-income patients currently receive this type of care, in which an assigned group of providers – doctors, nurses, physicians' assistants, patient navigators and specialists – serve as their dedicated team.

This model stands out as a powerful tool in establishing connectedness and continuity, enhancing patients' access to information and bolstering their satisfaction. In fact, among patients who have team-based care, 57 percent feel very informed about their health. That sense of feeling informed falls sharply, to 38 percent, among those without team care. Patients with care teams even express the same levels of connectedness as patients who receive care in private practices.

As part of a team-based approach, CHCs should also offer navigation support for their patients. About one-fifth of low-income Californians say their care facility has provided them with a patient navigator – a person assigned as their point of contact for making appointments, obtaining health information and test results and overall ensuring they get the help and services they need. Data shows that having a patient navigator is linked to a greater sense of connectedness between patients and their care facilities, which is critical to patient loyalty and engagement.



Heip Patients Take an Active Role

Community health centers should constantly strive to encourage patient involvement. The simple act of inviting patients to participate in decisions about their care can boost their engagement and satisfaction. In fact, among patients who don't feel encouraged to participate, a mere 36 percent are satisfied with their care. Feeling empowered to collaborate with providers in the decision-making process is critical for patients to develop strong relationships and reinforces their loyalty to their provider.

Once empowered, CHCs must also have the tools necessary to support patients through major medical decisions. Research illuminates a troubling shortfall in the level of support provided to low-income patients who've faced a significant medical decision. Out of nine key decision-support activities, low-income patients received, on average, fewer than five. Among those who received five or more, 76 percent were very satisfied. Satisfaction dropped sharply, to just 38 percent among patients who did not feel sufficiently involved or supported.

Given the impact on engagement and satisfaction, CHCs should strive to provide stronger decision-support activities. These include: asking about patients' goals, listening to their preferences and concerns, offering additional information, discussing the possibility of taking no action, presenting multiple treatment options, and then discussing which option is best given the patient's goals and preferences.



Use Mobile and Web Technologies

Advancements in technology provide community health centers with more options for communicating with patients than ever before. One way to take advantage of these communication tools is to offer patients e-mail and text-messaging options. Even with the "digital divide" in internet access between low and higher-income Californians, there's strong desire among safety-net patients to communicate with providers via e-mail and text messaging. Doing so is another positive predictor of successful patient-provider relationships.

Currently just 23 percent of low-income patients communicate with their providers by email, and only 16 percent by text. However, among those who do, a full 87 percent say they find it useful, including 53 percent who say it's "very" useful. Even among those who don't currently have the technology to text or email, more than seven in 10 express interest.

The benefit of adopting technology-based engagement strategies is evident and has the potential to sharply reduce the satisfaction gap between low-and higher-income Californians when it comes to their health care.

In addition to e-mail and text-messaging, CHCs can leverage online tools and other resources to better communicate with and engage their patients. Online, printed or video-based decision aids are all considered valuable. Low-income patients who use an online "patient portal" website offered by their care facility are 22 percent more likely to feel very informed about their health, and 92 percent find these websites useful.

Getting health information online, including via smartphone applications, is also positively linked to strong patient-provider relationships. By leveraging these information and communication resources,

healthcare providers can build engagement and effectively improve the care experience for their patients.

Conclusion

Of course, the path to patient engagement is not a one-size-fits-all approach. The strategies discussed above will need development in a manner most appropriate to each community health center's needs, abilities and resources. Regardless, all show great promise in boosting patients' information, relationships with their providers and engagement and satisfaction with their care – critical tasks for California CHCs moving forward.

This issue brief was prepared by Blue Shield of California Foundation using data from Langer Research Associates of New York, N.Y. The data and conclusions presented here are drawn from a series of statewide surveys on the healthcare experiences of low-income Californians conducted for the Foundation annually since 2011.

For details and the full reports see blueshieldcafoundation.org.

Published February 2015