

Improving the Safety-Net Patient Experience: 10 Things Health Centers Can Do

Under the Affordable Care Act, the newly competitive marketplace for safety-net health care makes a patient-centered approach more important than ever. Patients who feel a personal connection with their caregivers are more informed, engaged and satisfied with their care – and more loyal to their care facilities. Community health centers can take positive steps to achieve these goals.

Blue Shield of California Foundation surveys since 2011 have underscored the importance of patient-centeredness for California's safety-net community health centers (CHCs). The research finds three keys to engaging patients: Connectedness, which means a sense among patients that someone at their care facility knows them well; continuity, or seeing the same caregivers over time; and strong patient-provider relationships – the quality of communication between patients and caregivers.

Successful patient-provider relationships empower patients to take an active role in their care. And empowered patients are far more apt to be engaged and satisfied ones. To reach these goals, the Foundation's research finds, there are 10 things CHCs can do.

1 Develop team-based care. One-third of California patients currently receive team-based care, in which an assigned group of caregivers – doctors, nurses, physicians' assistants, healthcare navigators and specialists as needed – serves as each patient's dedicated team. It stands out as a powerful tool

in establishing connectedness and continuity, enhancing patients' information and bolstering their satisfaction with their care.

Among patients who have team-based care, 57 percent feel very informed about their health; that falls sharply, to 38 percent, among those who lack team care. Clinic patients in team-care programs have the same levels of connectedness as patients in private doctors' practices. And participation in team-based care fosters positive patient-provider relationships as well. It's a promising path to patient engagement, with room for expansion.

2 Provide navigation for patients. About a fifth of low-income Californians say their care facility has provided them with a healthcare navigator, a person assigned as their point of contact in making appointments, obtaining information and getting the services they need. Like team-based care, having a healthcare navigator is linked to building a sense of connectedness between patients and their care facilities, making it another useful route to patient engagement.

3 Connect and communicate with patients. Connecting means helping patients feel that their providers care about them personally. Successful interpersonal communication is one approach. Caregivers should explain things clearly and invite questions. They should help patients feel comfortable bringing outside information into the conversation and encourage them to express their own preferences. Each of these contributes to a strong patient-provider relationship.

4 Encourage patient involvement in care. Simply inviting patients to participate in decisions about their care is another important way to boost their involvement and satisfaction. Among patients who say their providers encourage them to take an active role in care decisions, 55 percent are satisfied with their care overall. That falls to 36 percent among those who don't feel encouraged to participate. Feeling invited to take an active role in care decisions is one of the strongest predictors of a successful patient-provider relationship.

5 Deliver clear information. Information is a key element of patient empowerment. Fifty-five percent of low-income Californians say they'd like more information in order to make good decisions about their health – and if the information were clearly and easily accessible, this jumps to 71 percent. That shows how information becomes more desirable when it's delivered in a way that's clear, comprehensible and relevant to the decision-making process.

It matters: 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. Among those who feel less informed, comfort asking questions falls to just 33 percent, and strong confidence drops to 44 percent.

6 Support patients in major medical decision making. The Foundation's research finds a shortfall in the level of support provided to low-income patients who've faced a recent major medical decision. Out of nine key decision-support activities tested, these patients received, on average, just fewer than five.

The more decision support initiated by their providers, the more involved and satisfied patients are with their role in the decision-making process. Among those who received five or more decision supports, 75 percent say they were very involved and 76 percent were very satisfied with the process. Among those with fewer support activities, strong involvement and satisfaction drop sharply, to just 38 and 41 percent, respectively.

Given the impact on engagement and satisfaction, CHCs should strive to provide more decision-support activities. These include asking about patients' goals; listening to their preferences and concerns; offering them additional information sources; discussing the possibility of taking no action; presenting multiple treatment options; and, if multiple options are offered, discussing the best options in light of patients' goals and preferences, talking about each option's risks and benefits and giving patients time to consider their preferences.

7 Offer patients e-mail and text-messaging options. Even with the "digital divide" in internet access between low and higher-income Americans, there's broad interest among safety-net patients in California in communicating 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 e-mail, 16 percent by text. Among them, however, 87 percent say they find doing so useful, including 53 percent who say it's "very" useful. Among those who can't currently text or e-mail their providers, but have the technology to do so, seven in 10 or more express interest.

The potential benefits are evident. Being able to text and e-mail providers are among the factors that help to sharply reduce the gap between low- and higher-income Californians in their satisfaction with the health care they receive.

8 Develop new ways to engage patients. Online information and communication resources also offer new and efficient ways to engage patients. Three in 10 low-income patients say their care facility already has a “patient portal” website; those who use them are 22 percentage points more apt than others to feel very informed about their health, and a nearly unanimous 92 percent find these websites useful.

Online, printed or video-based decision aids also are associated with greater patient information. And getting health information online, including via smartphone applications, is positively linked to strong patient-provider relationships. By bringing together these information resources, healthcare providers can leverage their role as trusted information sources to build patient engagement.

9 Create an inclusive and welcoming environment. Factors such as the courtesy of frontline staff and the cleanliness and appearance of waiting rooms strongly influence patient satisfaction. They're examples of particularly straightforward yet effective ways to improve patients' experiences overall.

There are others, including areas in which many CHCs, given their strong community roots, have built-in advantages. Cultural and linguistic competence can help establish key bonds; more than eight in 10 CHC patients say it's important that their provider understands their cultural and ethnic background, and nearly as many value a provider's knowledge of their community.

CHCs will do well to call on these strengths as they move to provide the clear, accessible information and communication strategies that foster successful patient-provider relationships.

10 Get team buy-in on the effort. Health center leaders and staff can come together around the goals of connectedness, continuity and positive relationships with patients, assessing current practices and discussing ways to make patients feel more welcomed, informed, engaged and empowered to take an active role in their care.

The results are easily seen. Among low-income patients who say that someone at their healthcare facility knows them pretty well, for instance, 64 percent rate the care they receive as excellent or very good. That drops to 40 percent among those who lack a personal connection – one of many examples of the impact of a patient-centered approach.

The approaches outlined in this issue brief will need development in a manner most appropriate to each health center's needs, abilities and resources. Regardless, all show great promise in boosting patients' information, relationships with their providers, engagement and satisfaction with their care – critical tasks for California CHCs moving forward.

This issue brief was prepared for Blue Shield of California Foundation by 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 <http://www.blueshieldcafoundation.org>.