

Advancing Value-Based Care through Patient Engagement: An Initiative of the Blue Shield of California Foundation

Aggregated Summary Report

Patient Engagement Survey

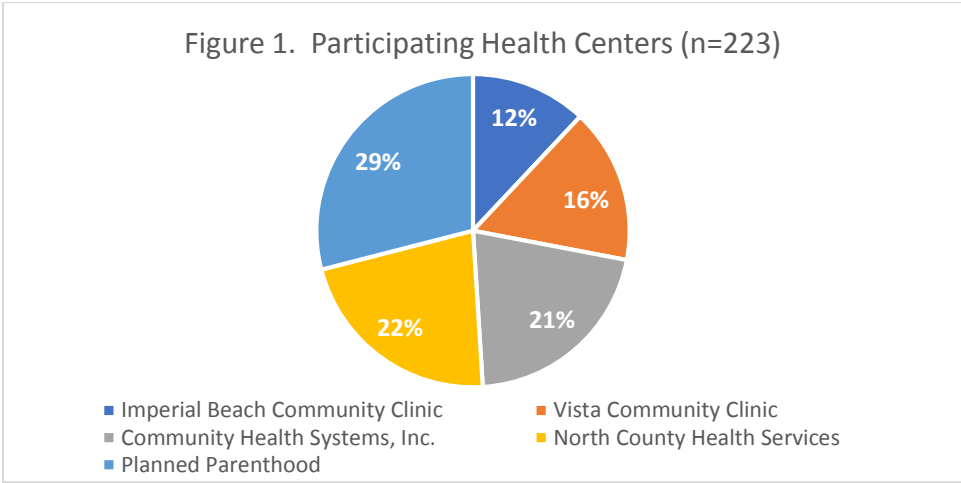
Prepared by Laura D. Stanley, Ph.D., Program Evaluator
For Health Center Partners of Southern California with funding by the
Blue Shield of California Foundation, June 2018

**Summary of Findings – Patient Engagement Survey
Aggregated Outcomes for All Participating Health Centers
Sponsored by Blue Shield of California Foundation**

Project Background: This report summarizes findings from Patient Engagement Surveys collected from five participating health centers as part of the *Advancing Value-Based Care through Patient Engagement Initiative*.¹ This Initiative was implemented and managed by Health Center Partners with funding by the Blue Shield of California Foundation.

The purpose of conducting the Patient Engagement Survey was to determine the current level of patient engagement at participating health centers and capture the patient voice. This survey was developed by HCP and distinguishes itself from existing patient satisfaction and patient experience surveys that are commonly utilized by our health centers. In addition to the survey administration, co-design sessions with patients were conducted at each of the five participating health centers to further contextualize patient experience in the patient’s own voice. Outcomes for the co-design sessions are shared in a separate report. Findings from these data collection efforts are intended to complement the organizational level assessment of patient engagement provided by health center staff and discussed in the “Assessing Organizational Capacity for Advancing Patient Engagement at Five Community Health Centers” Summary Report developed as part of the Blue Shield of California Foundation *Advancing Value-Based Care through Patient Engagement Initiative*.

Methods: The Patient Engagement Survey instrument was developed by Health Center Partners of Southern California (see Appendix A). The target sample was 250 surveys, with 50 surveys collected from each health center during a two-week period in April. In total, 223 Patient Engagement Surveys were collected from patients who came to one of the five participating health centers during a two-week data collection period using a convenience sampling method (**Figure 1**).



¹ Community Health Systems, Inc.; Imperial Beach Community Clinic; North County Health Services; Planned Parenthood of the Pacific Southwest; and Vista Community Clinic.

Limitations of Findings. In addition to convenience sampling, all survey data were collected in English. Therefore, the findings presented in this report reflect the experiences and perceptions of these survey respondents and may not be applicable to the health center’s larger patient population. Other potential limitations of these data include over-representation relative to the patient demographics for all member community health centers (CHCs) in San Diego County in 2016 (see table below). Participating health centers may want to compare the respondent demographics shared in this report with their own patient populations to determine if overrepresentation has occurred.

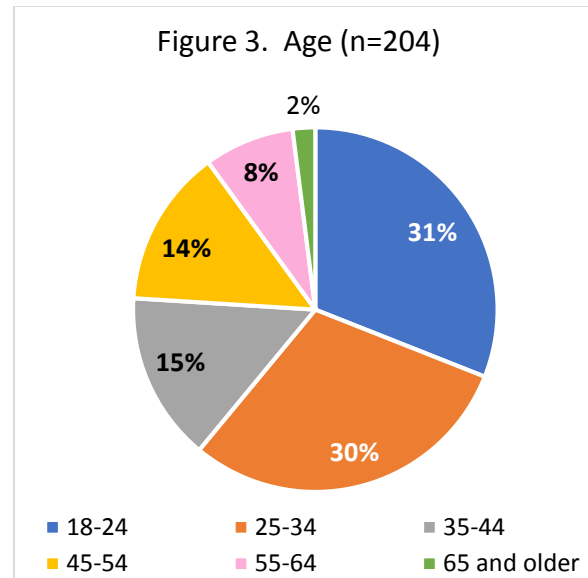
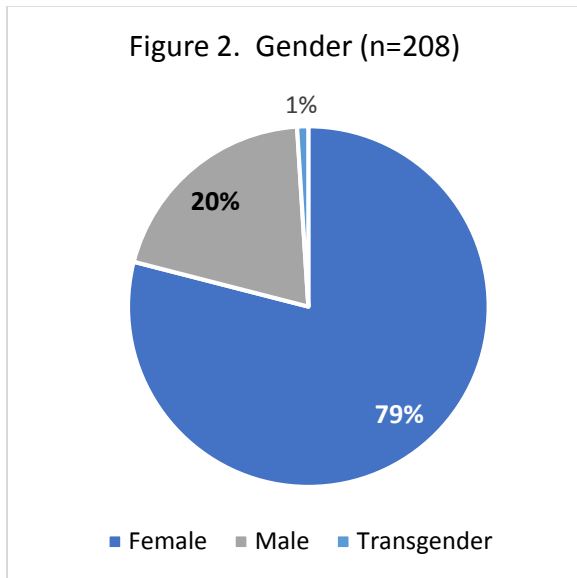
Demographic	Patient Engagement Survey %	San Diego County CHCs %
Females	79%	65%
Ages 18-64	98%	63%
Hispanics	59%	54%
Race:		
• White	75%	55%
• Black	13%	5%
• Asian/Pacific Islander	16%	7%
• Native American	5%	1%
• Other/Unknown	n/a	32%

It is also worth noting that the number of patients responding to each question (or “n”) varies, and some patients skipped more questions than others. For example, the question asking patients to indicate their race was skipped by more than half of the 224 respondents. Most patients also skipped one or more open-ended questions.

About the Respondents:

This section provides demographics for the patients who completed the survey.

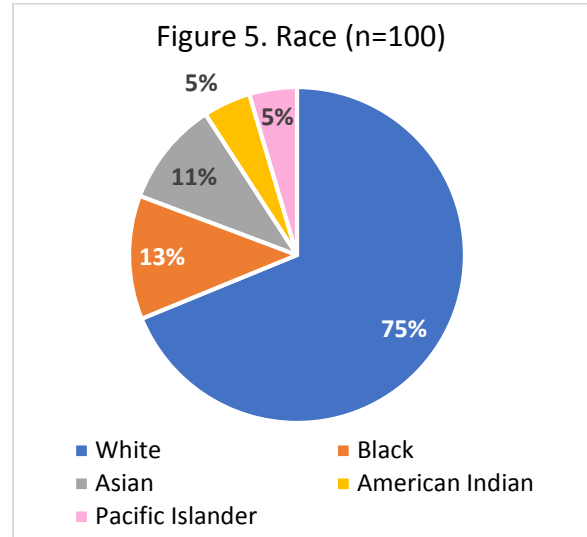
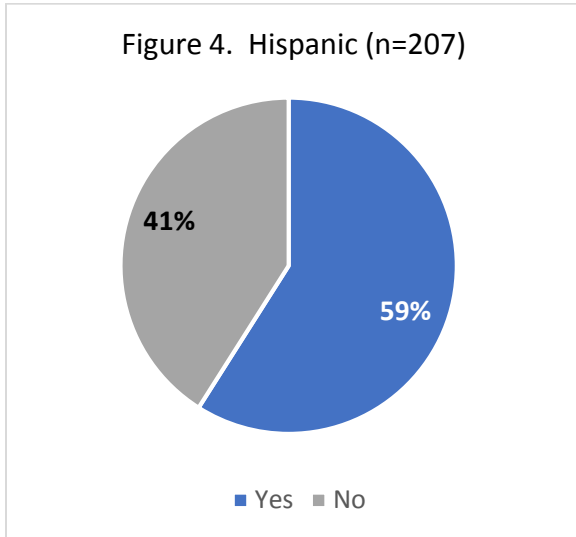
- **Gender:** Almost 80 percent of survey respondents were female (**Figure 2**).
- **Age:** Nearly 2/3 of patients (61%) were between ages 18 and 34 (**Figure 3**).



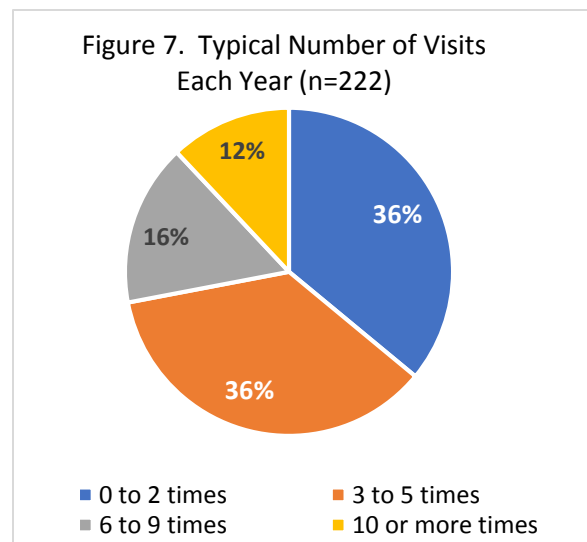
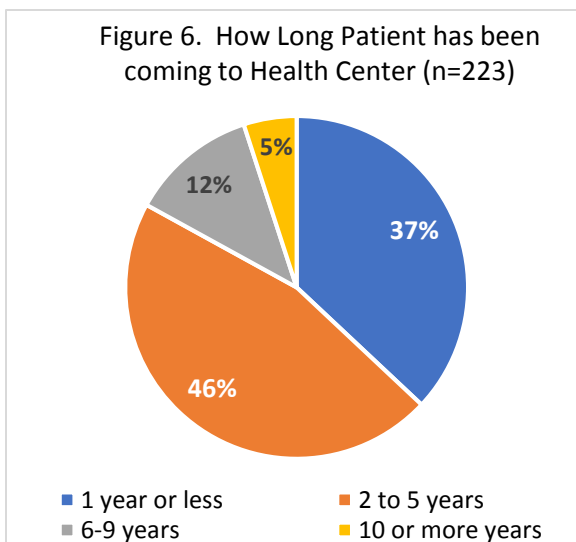
- **Education:** Nearly one in four patients (23%) had graduated from high school and 27% had graduated from college (**Table 1**).

Table 1. Highest Level of Education Completed		
Response Options	N	%
Less than a high school degree	31	15%
Graduated high school or GED	48	23%
More than high school	73	35%
Graduated college	41	20%
Some post-graduate school	6	3%
Post-graduate	8	4%
Total	207	100%

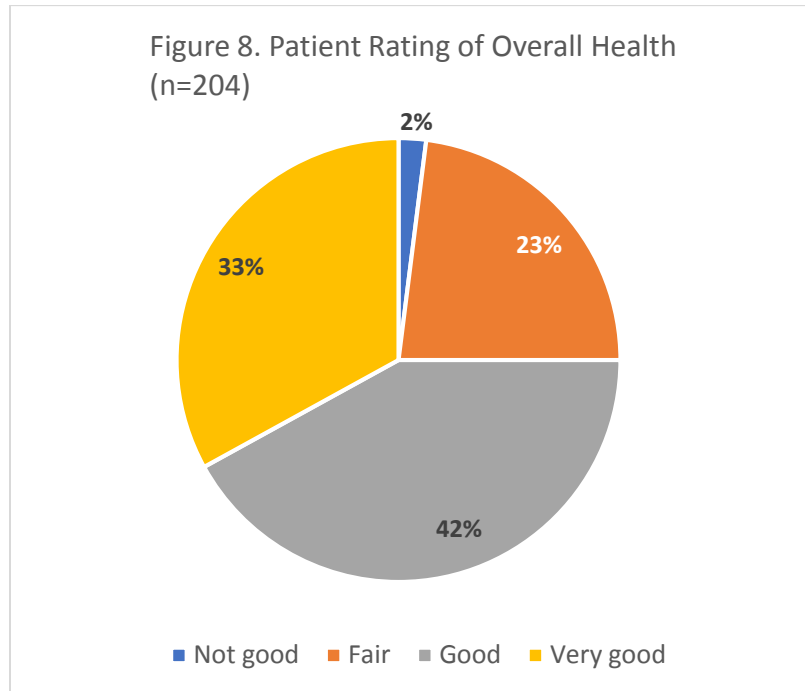
- Hispanic or Latino:** More than half (59%) of patients identified as Hispanic or Latino (**Figure 4**).
- Race:** Of the patients who responded to this question (n=100), 3 of 4 identified as White (75%) (**Figure 5**). Note: total percentages exceed 100 as respondents were directed to select all applicable response options to this question.



- Length of Time as a Patient:** Most patients had been coming to their health center for individual care for five years or less (83%) (**Figure 6**).
- Typical Number of Visits Per Year:** Most patients (72%) typically had five or fewer visits per year (**Figure 7**).



- Patients' Perception of their Overall Health:** Three out of four patients rated their health as either "good" (42%) or "very good" (33%). Of the remaining patients, 23% rated their health as "fair," and only 2% of patients rated their health as "poor" (**Figure 8**)



- How Patients Typically Pay for Their Visits:** As shown in **Table 2**, Medi-Cal was the most frequently mentioned payment method (50%), followed by cash (21%).

Table 2. Patient Payment Methods		
Response Options	N	%*
Medi-Cal	100	50%
Cash	43	21%
Private Insurance	19	9%
Covered California	17	8%
Public Insurance	10	5%
Medicare	9	4%
Other	19	9%
Total	201	106%

*Total percentages exceed 100 as respondents were directed to select all applicable response options.

Patients Experiences at their Health Center

Respondents were provided with eleven statements about their health care experiences and asked to indicate how strongly they agreed or disagreed with each of them. Their responses are displayed below in **Figures 9, 10, and 11.**

Figure 9.

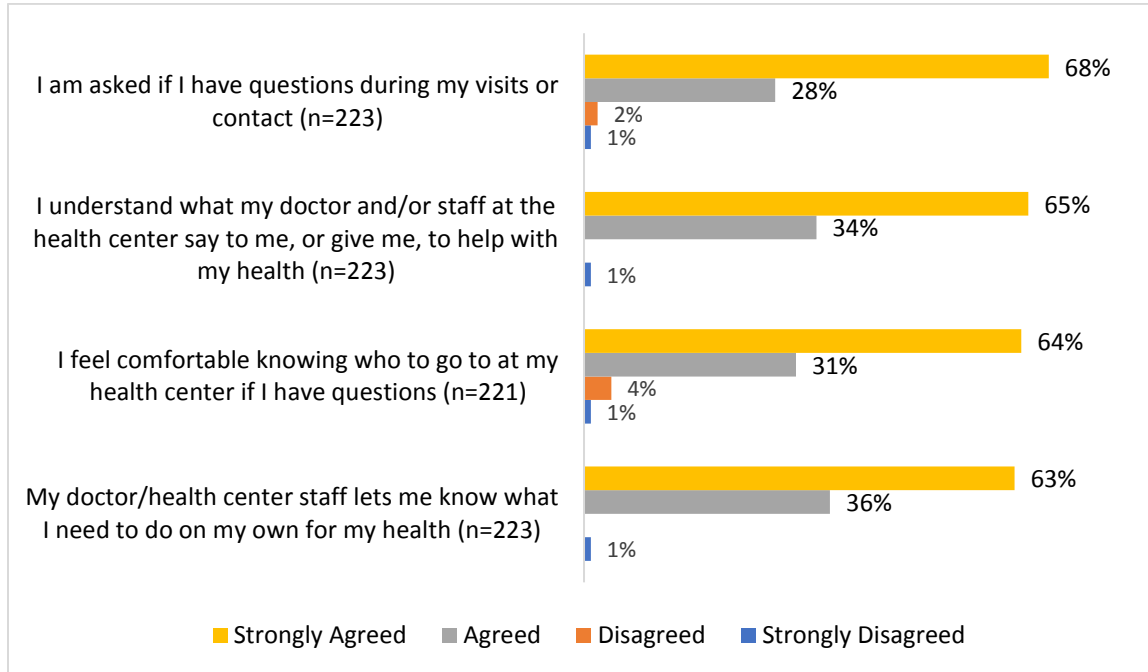


Figure 10.

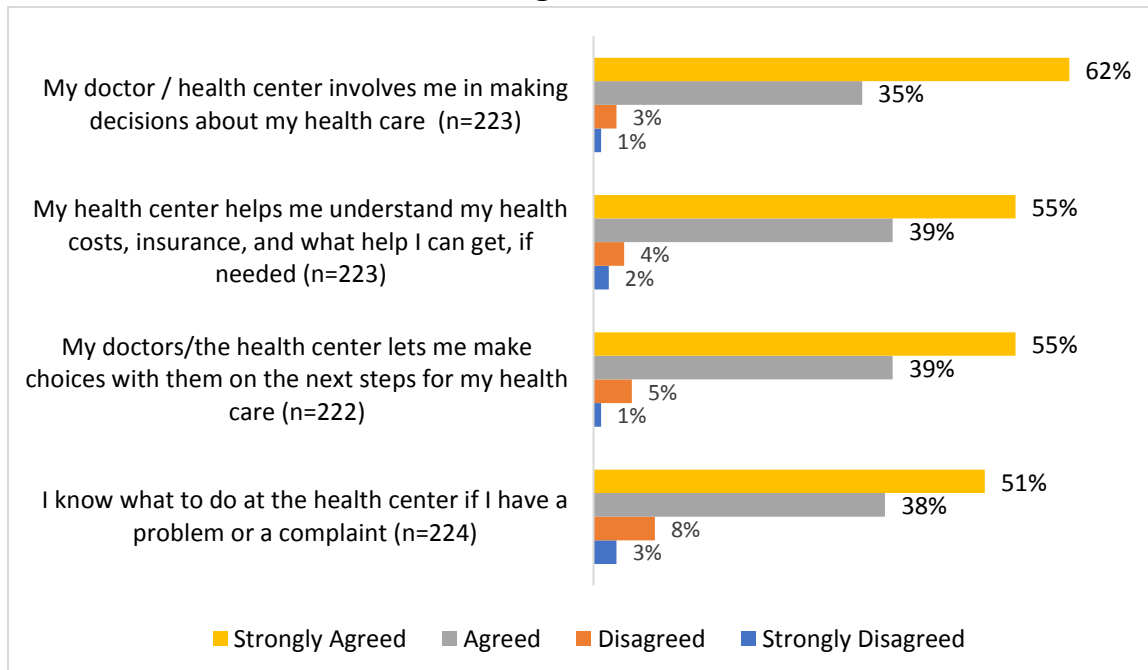
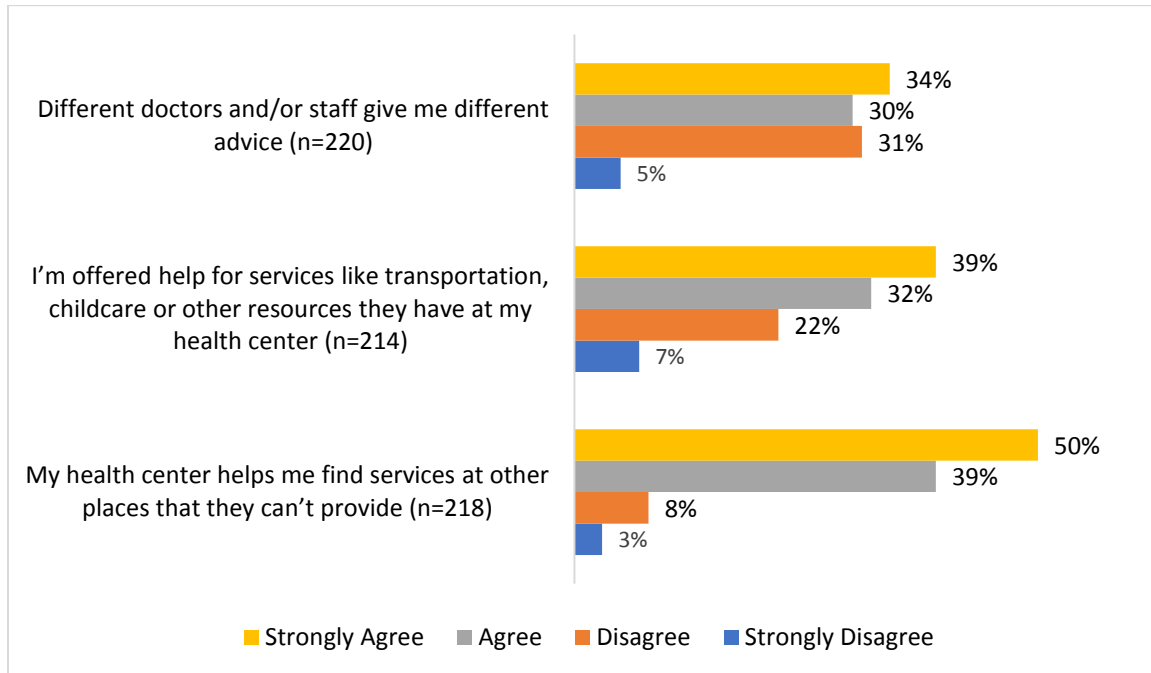


Figure 11.



Health Center Communications

Patients were asked to indicate their communication preferences for various common health care procedures, such as scheduling appointments or receiving lab results. For each response option, patients were invited to select all that apply. Their responses to each item are displayed below in **Table 3**, with the most frequently mentioned mode of communication highlighted in green font for each item. Although patients like to communicate with their health center in a variety of ways, by and large, patients indicated a preference for communicating with their provider during an office visit to conduct many of their routine health care transactions while the majority likes to receive reminders about future visits via text messaging. For scheduling appointments or contacting their doctor, patients prefer to speak to staff by phone.

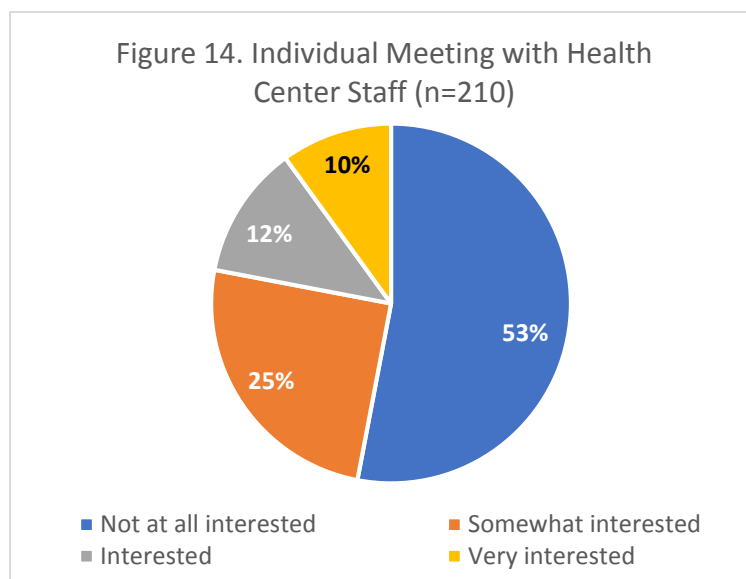
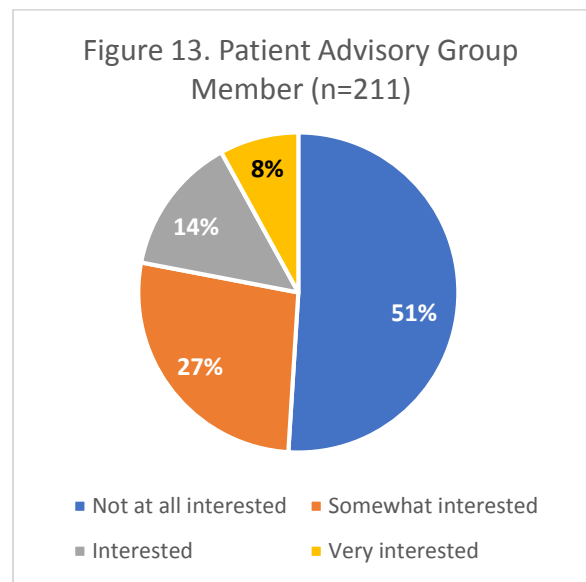
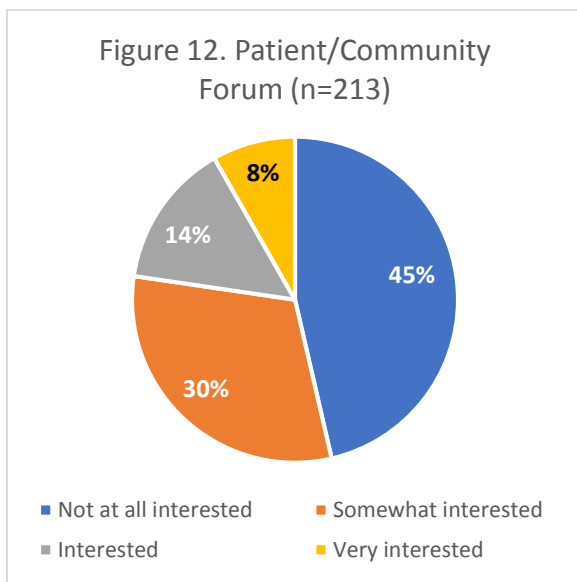
Table 3. How Patients said they Like to Communicate with their Health Center

Mode of Communication	During an Office Visit	On the Phone	Text Message	Website, Patient Portal, or App	E-Mail	Mail
a. I prefer to get test or lab results (n=217):	65%	31%	20%	17%	23%	6%
b. I like to schedule appointments (n=215):	36%	60%	13%	23%	6%	1%
c. I like to get reminders for my scheduled visits (n=214):	16%	32%	68%	10%	17%	1%
d. I like to fill /refill my medications (n=201):	41%	38%	26%	17%	10%	1%
e. I like reminders for things I need like flu shots, pap smears, immunizations, and colonoscopy, etc. (n=212):	29%	28%	48%	13%	24%	5%
f. I like to get information about health center events (n=204):	25%	12%	31%	11%	31%	10%
g. I like to contact my doctor/ health center staff (n=215):	24%	68%	19%	15%	16%	2%
h. I like to get referrals to a specialist (n=210):	62%	34%	14%	11%	16%	9%
i. I like to get health tips/ information (n=210):	48%	16%	18%	16%	27%	7%

*Total percentages exceed 100 as respondents were directed to select all that apply

Patient Interest in Engagement Opportunities

Patients were asked how interested they would be in participating in the three following patient engagement opportunities: (1) a group meeting to talk about new programs or services they have at the health center or other topics; (2) meeting with health center staff and other patients as part of a Patient Group to talk about how to improve the health center; and, (3) meeting with health center staff alone to talk about how to improve the health center. Responses to each option are presented in the charts below. Overall, patients indicated they were only somewhat interested in these three types of patient engagement opportunities (**Figures 12, 13, and 14**).



What Patients Think About Being a Partner in their Health Care

Respondents were asked to indicate how strongly they agreed or disagreed with seven statements about their level of engagement with their own health care. Their responses are displayed below in **Figures 15 and 16**.

Figure 15.

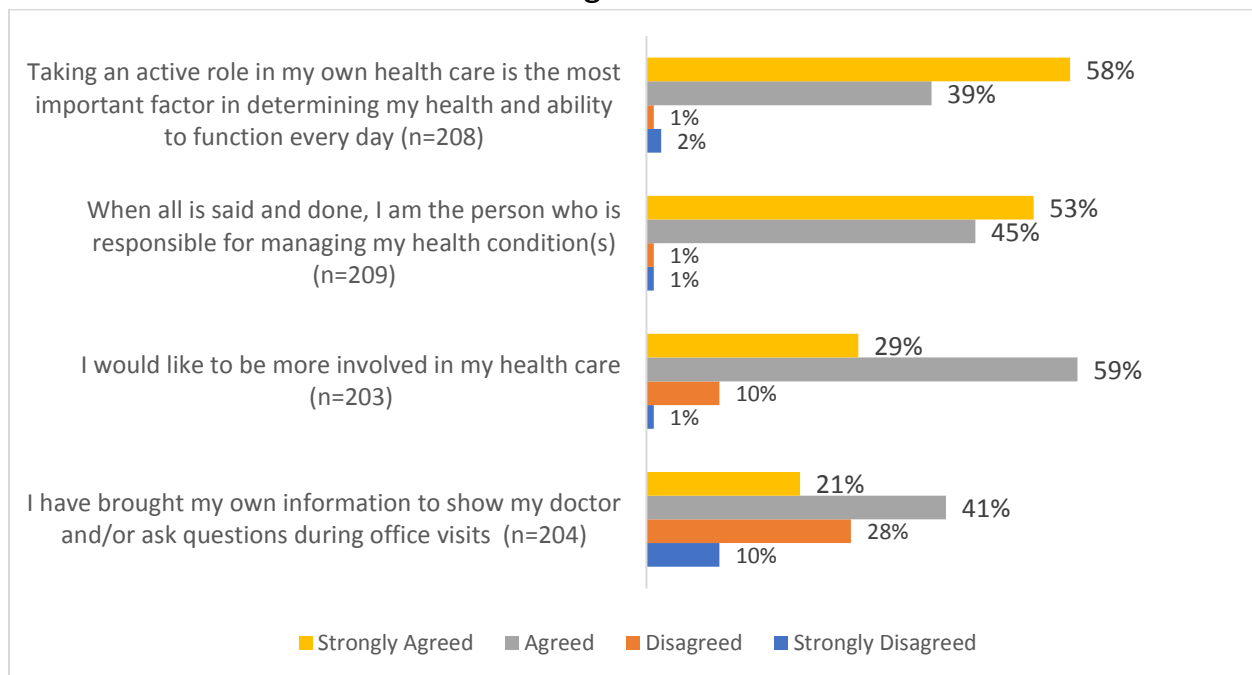
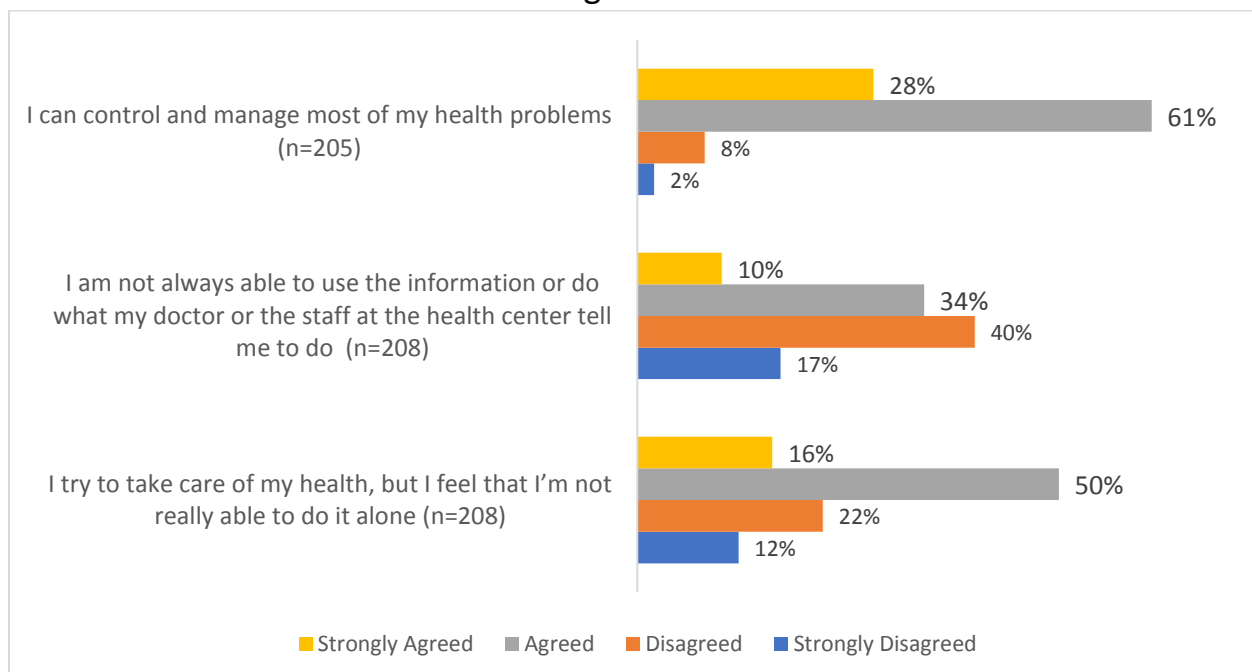


Figure 16.



Open-Ended Responses

Several questions provided patients with space to write-in their own responses regarding ways in which their health center could help them become more engaged with their health care, their top health-related concerns, obstacles to reaching their health-related goals, and any additional comments. Many patients skipped these open-ended questions. Comments provided by patients who did respond were themed and **Tables 4-7** present the key themes that emerged from respondents' comments to each open-ended question.

Table 4. Responses to “My health center could help me be more involved with my health and taking better care of myself if they...”	
Response Themes	# of Responses
Provide More Support or More Services	12
Improve Reminder Calls/Appointment Process	7
Improve Communication/Patient Portal	6

Table 5. Responses to “What are your top health concerns?”	
Response Themes	# of Responses
Weight Management/Nutrition/Physical Activity	56
Other (i.e., acute issues, low energy, digestion, arthritis)	52
Reproductive & Sexual Health / Birth Control	39
Heart Health / Blood Pressure	37
Mental Health /Behavioral Health	17
Diabetes	14
Pain	12
Overall Physical Health / Prevention	10
Oral Health	8
Sleep Issues	8
Allergies / Asthma	7
Routine Medical Care	7
Breast Health / Breast Cancer	5
Cholesterol	4
Headaches / Migraines	4
Kidney Disease/Issues	4
Knees	4
Cancer	3
Thyroid	3

Table 6. Responses to “The main things that get in the way of my being able to reach my health goals are:”

Response Themes	# of Responses
Too busy/lack of time	30
Other (i.e., education, personal problems, undiagnosed medical issues, social influences)	16
Lack of motivation/consistency	13
Access to health care/benefits	13
Poor eating or exercising habits	6
Finances	6
Medical issues	5
Family priorities	3

Table 7. Responses to “Please list other ways you would like to communicate with your doctors and health center”

Response Themes	# of Responses
More communication via phone	6
More communication via text	6
Other (i.e., through events or on a set date)	4
More communication during office visits	3
Improved options on website/portal	3
Improved options for medication / refills	2
More communication via email	2

Table 8. Responses to “Please add any additional comments here”

Response Themes	# of Responses
Patients very satisfied with health center/patient acknowledgements or compliments for health center/providers	29
Patient complaints	6
Issues with appointments/scheduling/phone support	4
Other (i.e., written advice preferred over verbal; need assistance with medical disability claim)	2

Selected Examples of Patients Overall Satisfaction with or Compliments for Health Center/Staff:

- “Communication is great!”
- “Everything is perfect,” “Excellent care,” “I am very satisfied,” “I love this clinic.”
- “Facilities are extremely clean. Staff is very friendly.”
- “My health center is amazing and provides me with the information to educate myself and information to keep me healthy.”
- “They help me with everything I need. They help me understand everything. The help is amazing.”
- “Thanks for being kind.”
- “You all do an excellent job and I am grateful that you are here! I've been a patient off and on for 30 years. Thank you.”

Selected Examples of Patient Complaints:

- “Facilities being more concerned with making a profit and seeing as many people as possible then quality of care.”
- “Practitioners being inundated with too many patients and being overwhelmed, not having resources they need to be effective at their job.”
- “It would be appreciated if providers did not make patients feel rushed or like they are an inconvenience. Seems as though providers have care loads that are far too dense and are being overworked and unable to provide true attention and patient care leaving patient to feel as though quality of care is the last thing of importance.”
- “Not being listened to or provider not understanding my needs or body better than myself.”
- “Girls in front office have not been helpful in urgent situations regarding appointment scheduling and message to doctors.”
- “Incorrect diagnosis of same ongoing chronic issue that pops up intermittently every year.”

Selected Examples of Issues with Appointments/Scheduling / Phone Support:



- “It takes a long time to schedule appointments.”
- “I want to be able to reach the appointment lines without having to wait 30 minutes on the phone. Thanks.”
- “The wait to be seen by a doctor is too long.”

Appendix A. Patient Engagement Survey

Please answer each question below by placing an X in the box that fits best with your opinion. Please add any more comments you have at the end of the survey. Do not put your name on the survey. Your answers will remain private. There are no “right” or “wrong” answers so please let us know what you really think. The care you get at your health center will not be affected by your answers. This survey is being done by Health Center Partners as part of a project sponsored by Blue Shield of California to help health centers learn what they can do to partner with their patients to help them keep up, or improve, their health. Please turn in your survey and entry for a prize drawing when you are done. THANK YOU for your help!



How long have you been coming to this health center for your own health care?	1 year or less <input type="checkbox"/>	2 to 5 years <input type="checkbox"/>	6 to 9 years <input type="checkbox"/>	10 or more years <input type="checkbox"/>
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In general, how often do you come to this health center for any reason in a typical year?	0 to 2 times <input type="checkbox"/>	3 to 5 times <input type="checkbox"/>	6 to 9 times <input type="checkbox"/>	10 or more times <input type="checkbox"/>
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The questions below are about how your HEALTH CENTER helps YOU with your health. <i>Please mark <u>only one</u> X for each question.</i>	Strongly Disagree	Disagree	Agree	Strongly Agree
				
I understand what my doctor and/or staff at the health center say to me, or give me, to help with my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My doctor/health center staff lets me know what I need to do on my own for my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My doctor / health center involves me in making decisions about my health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am asked if I have questions during my visits or contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable knowing who to go to at my health center if I have questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do at the health center if I have a problem or a complaint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My health center helps me understand my health costs, insurance, and what help I can get, if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Different doctors and/or staff give me different advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My doctors/the health center lets me make choices with them on the next steps for my health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The questions below are about how your HEALTH CENTER helps YOU with your health.

Please mark only one X for each question.

	Strongly Disagree 	Disagree	Agree	Strongly Agree 
I'm offered help for services like transportation, childcare or other resources they have at my health center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My health center helps me find services at other places that they can't provide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



My health center could help me be more involved with my health and taking better care of myself if they:



The questions below are about how YOU and your HEALTH CENTER communicate.

Please mark as many answers (X's) as you like for each question.

	During an office visit	On the Phone (from health center staff)	By Text Message	On a Health Center Website or Patient Portal or App	By E-mail	By Mail
I prefer to get test or lab results:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to schedule appointments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to get reminders for my scheduled visits:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to fill / refill my medications:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like reminders for things I need like flu shots, pap smears, immunizations, and colonoscopy, etc.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to get information about health center events:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to contact my doctor / health center staff:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to get referrals to a specialist:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like health tips / information:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any other ways you would like to communicate with your doctors and health center:



How interested would you be in each of these?: <i>Please mark <u>only one</u> X for each question.</i>	Not At All Interested 	Somewhat Interested	Interested	Very Interested 
A group meeting to talk about new programs or services they have at the health center or other topics.				
Meet with health center staff and other patients as part of a Patient Group to talk about how to improve the health center.				
Meet with health center staff alone to talk about how to improve the health center.				

How would you rate your overall health?	Not Good 	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Very Good 
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are your top 3 health concerns?	1)	
	2)	
	3)	

The questions below are about what YOU think about being a partner in your health care.

Please mark only one X for each question.

	Strongly Disagree 	Disagree	Agree	Strongly Agree 
When all is said and done, I am the person who is responsible for managing my health condition(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking an active role in my own health care is the most important factor in determining my health and ability to function every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to take care of my health, but I feel that I'm not really able to do it alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am not always able to use the information or do what my doctor or the staff at the health center tell me to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have brought my own information to show my doctor and/or ask questions during office visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to be more involved in my health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can control and manage most of my health problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The main things that get in the way of my being able to reach my health goals are:

How do you pay for your visits at this health center? <i>(X all that apply)</i>	Cash	Private Insurance	Public Insurance	MediCal	MediCare	Covered CA	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your gender	Male	Female	Transgender
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your age	18 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 or older
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the highest level of education you have completed?	Less than a high school degree <input type="checkbox"/>	Graduated high school or GED <input type="checkbox"/>	More than high school <input type="checkbox"/>	Graduated College <input type="checkbox"/>	Some Post Graduate School <input type="checkbox"/>	Post Graduate <input type="checkbox"/>
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Do you consider yourself Hispanic or Latino?	YES, Hispanic or Latino <input type="checkbox"/>	NO, Not Hispanic or Latino <input type="checkbox"/>
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What is your race? (check all that apply)	American Indian / Alaskan Native <input type="checkbox"/>	Asian <input type="checkbox"/>	Black / African American <input type="checkbox"/>	Native Hawaiian <input type="checkbox"/>	Pacific Islander <input type="checkbox"/>	White <input type="checkbox"/>
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Please add any additional comments here:

THANK YOU VERY MUCH !!!!