

GE-NMF Primary Care Leadership Program

Externship Site: Watts Health

Dates: June 11th-July 13th, 2012

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School: Creighton School of Medicine

Abstract

Within this report, you will find a brief background on Community Health Clinics, my purpose for wanting to do the Primary Care Leadership Program and finally my findings and the significance of my independent research project. I close the report with my thoughts about the program and my future career aspirations.

Background

The history of Community Health Clinics (CHC) is multi-fold; having its original template from the South African Community Health Model; with the initial proposal stemming from President Johnson's "War on Poverty" through the office of Economic Opportunity (National Health Policy Forum 2004). The first two Community Health Clinics originated in Boston, Massachusetts and Mound Bayou, Mississippi. Through the Economic Opportunity Act of 1964, the original health center model was created to "target the roots of poverty by combining the resources of local communities with federal funds to establish neighborhood clinics in both rural and urban areas around America. It was a formula that not only empowered communities, but also generated compelling proof that affordable and accessible health care produced compounding benefits" (National Health Policy Forum 2004).

According to the initial reports on CHCs, they created economic opportunities for more individuals in low income communities, also produced lower infant mortality rates, reduced chronic disease, and also reduced the need for overall acute care at Emergency Departments (National Health Policy Forum).

CHCs are defined as local, non-profit community owned health care providers that serve low income and medically underserved individuals; these CHCs are considered Federally Qualified Health Centers (FQHC) that are located in areas where care is scarce and miniscule. These centers are specifically tailored to the needs of the local community and adhere to those needs accordingly. In addition, it is reported that nearly 70% of the patients at these CHCs are living below the poverty level (National Health Policy 2004).

While many strides have been made since the original founding of the first two CHCs, there is still great need, if not greater for CHCs today. For example, it has been reported that health disparities are still

widening; minority patients are more likely to be underserved and uninsured (Baker 2010).

Significance

While there are many CHCs around the country, appealing to physicians to work in such environments can be somewhat of a daunting task. For me however, I have always had a passion for primary care, serving disenfranchised and underserved populations. Thus, it was my goal to not only learn more about how these CHCs are run, but to also learn how I can contribute as a future health care provider. The Primary Care Leadership Program, funded by General Electric and the National Medical Fellowships provided me the opportunity to learn more about CHCs.

Objectives

For this opportunity, I held four specific objectives:

Objective 1: To develop a further understanding of how Community Health Clinics are run.

Objective 2: To gain more clinical experience through shadowing and examining patients.

Objective 3: To develop an independent research project that utilized my public health background.

Objective 4: To utilize and fine-tune my Spanish speaking skills in a clinical setting.

Site Location and Significance

According to their Organizational Description and History, the Watts Healthcare Corporation (WHCC) is defined as an independent, private non-profit, Federally Qualified Health Center (FQHC) that provides an array of specialty and enabling health services to low income residents in the community of Watts and its surrounding areas (Organizational Description and History 2011). Unlike many other CHCs, they also provide inpatient and outpatient alcoholism, substance abuse treatment services and they also operate the

Women, Infants & Children (WIC) program with 5 different sites throughout the community. There are 4 different facilities, the Crenshaw Community Health Center, the House of Uhuru, the Jordan High School-based Health Clinic and of course, the Watts Health Center. In addition, WHCC provides patient transportation services, and transports thousands of patients in a year.

While historically, the city of Watts was predominantly African-American, the overall demographics of the CHC has changed quite a bit. As of 2011, 52% of the population was African-American and 42% was Hispanic/Latino, with other populations comprising the total.

In addition, the majority of the patients at WHHC are female, approximately 65% and 35% are male. 82% of the population lived 100% below the poverty level (WHHC Organizational Description and history 2004).

The city of Watts is rich in American History with the original Watts riots occurring in 1965. All of these contributing factors made the WHHC the perfect learning site for me.

Measurable Objectives

To make the aforementioned objectives measurable, I committed an allotted amount of time to each task and objective. In order to accomplish Objective 1, I spent 80 hours learning the leadership aspects of CHCs; this included, but was not limited to, attending Senior Management Meetings, Board Meetings, Committee Meetings and various Council Meetings as well as creating 2 surveys to be administered to staff.

For Objectives 2&4, I also committed 80 hours of shadowing and was given the opportunity to shadow several Pediatricians and an Obstetrician and Gynecologist. I was given the opportunity to examine patients and even add input on cases where the diagnosis was not clear. Quite often, I utilized my Spanish-speaking skills and even learned vocabulary that I was not familiar with.

Lastly, to accomplish Objective 3, I committed more than 40 hours to administer the Patient Satisfaction Survey as well as analyze the data and provided recommendations for improving the Quality of Care that patients received.

Independent Research Project

The remainder of this report will focus on my independent research project. As aforementioned, this was one of my main objectives for this program, I will provide background and contextual evidence for the significance of the project, as well as discuss any significant findings and provide any recommendations based on those findings.

Background

Literature demonstrates that patient perceptions about the quality of their health care can greatly affect directly or indirectly several health outcomes, including adherence to a medication regimen (Baker 2010). It should also be noted that every Federally Qualified Health Center is expected to assess patient satisfaction annually. Ultimately, perceptions can greatly shape and influence patient behaviors (Baker 2010), thus, it is pertinent that CHCs are aware of the needs of their patients and their perceptions about the quality of care they are receiving.

I became interested in this project because of my public health background as well as personal interests; I have extensively studied how patient empowerment, perceptions and ideals can greatly affect the patient's personal health and health autonomy.

Ultimately, the Patient Satisfaction Survey is effective because it provides immediate feedback to the CHC about the patient's level of satisfaction with the services that are rendered to them (HRSA 2012).

Project Design

For the study, a simple random sample was utilized, where every third patient was acquired. Patients were identified at the Watts clinic as well as the annual Men's Health Fair.

In order to assure confidentiality, patient names were not requested.

Inclusion Criteria

The inclusion criteria for the study were:

- 1) Participants had to be at least 18 years of age
- 2) Participants could be male or female
- 3) Participants had to be existing patients at the WHCC
- 4) Participants could be married or unmarried.
- 5) Participants could be English or Spanish speaking.

Eligible patients were identified and chosen by myself.

Sampling

The Questionnaire was administered to approximately 100 respondents. The questionnaire, which is validated and approved, was adapted from the HRSA Patient Satisfaction questionnaire.

Responsibilities

Along with actually administering the survey, I was responsible for analyzing the data as well. Due to time constraints, I analyzed 20% of the data questions and the remaining sample will be analyzed by staff at the WHCC. While I recognize that the results will not be statistically significant, they will provide preliminary anecdotal evidence.

Results

Demographics

70% of the population is female and 30% of the sample population is male (see figure 1). 62% of the population sampled identified themselves as African-American and 38% identified as Hispanic or

Latino (All Races) (see figure 2) and the mean age of the sample population was 36.2.

Gender Distribution of Sample Population for Patient Satisfaction Survey

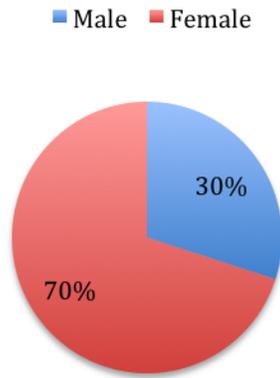


Figure 1 Gender Distribution of Sample Population for Patient Satisfaction Survey

Racial Distribution of Sample Population for Patient Satisfaction Survey

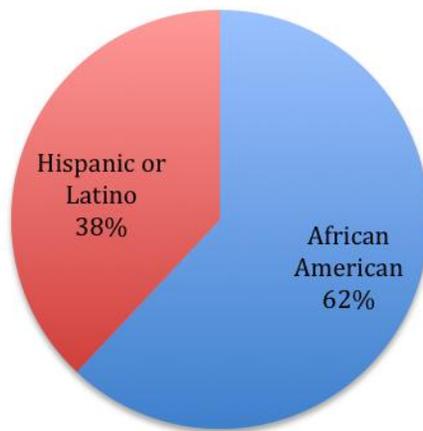


Figure 2 Racial Distribution of Sample Population for Patient Satisfaction Survey

When asked about the ease of getting care: 70% of the sample population stated that the ability to get in to be seen was either 'good' or 'great' (see figure 3).

Patient Perceptions about the Ease of Getting Care: Ability to Get in to be Seen

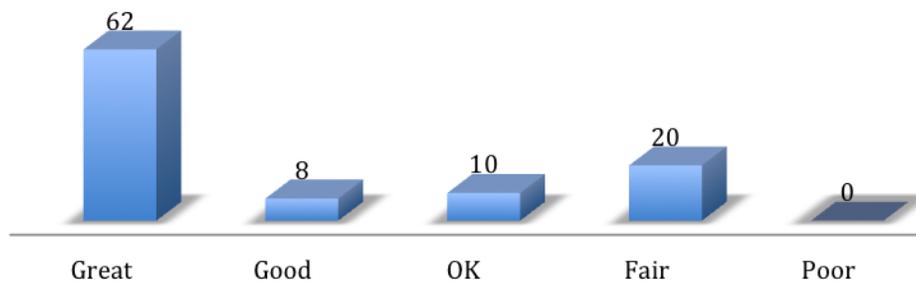


Figure 3 Patient Perceptions about the Ease of Getting Care: Ability to Get in to be Seen

40% of the sample population stated that they felt that the WHHC had a poor return on phone calls (see figure 4).

Patient Perceptions about Ease of Getting Care: Prompt Return on Calls

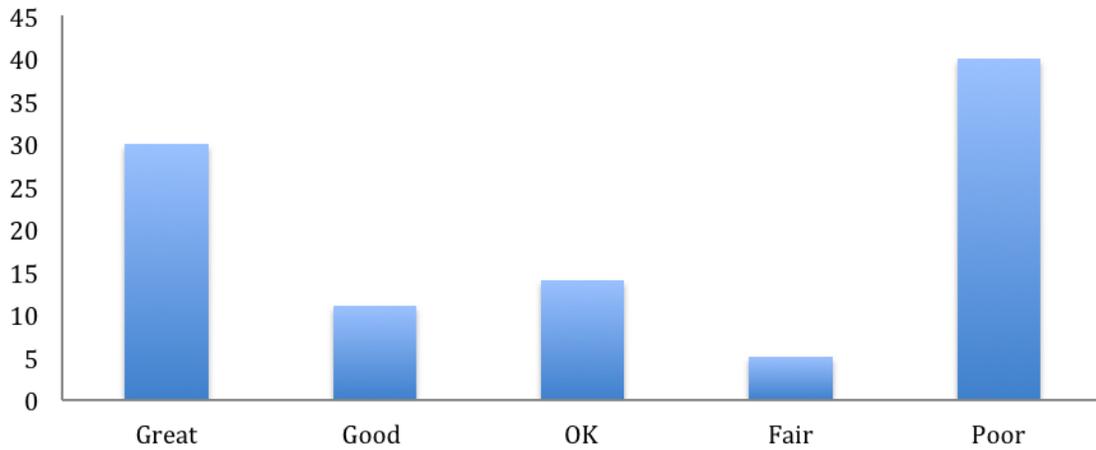


Figure 4 Patient Perceptions about Ease of Getting Care: Prompt Return on Calls

When asked about their experience for waiting: 57% stated that the time in the waiting room is poor (see figure 5).

Patient Perceptions about Waiting: Time in Waiting Room

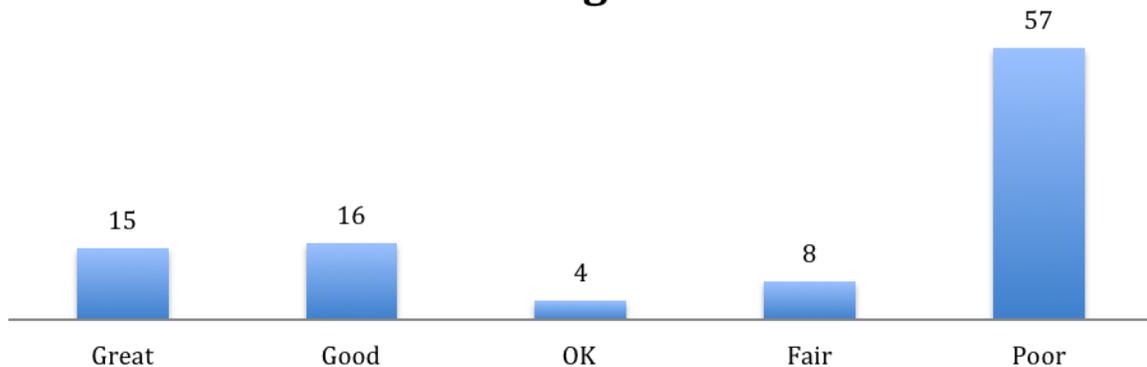


Figure 5: Patient Perceptions about Waiting: Time in Waiting Room

84% of the population stated that when waiting for test results their experience has been good or great (see figure 6).

Patient Perceptions about Waiting: Waiting for Test Results

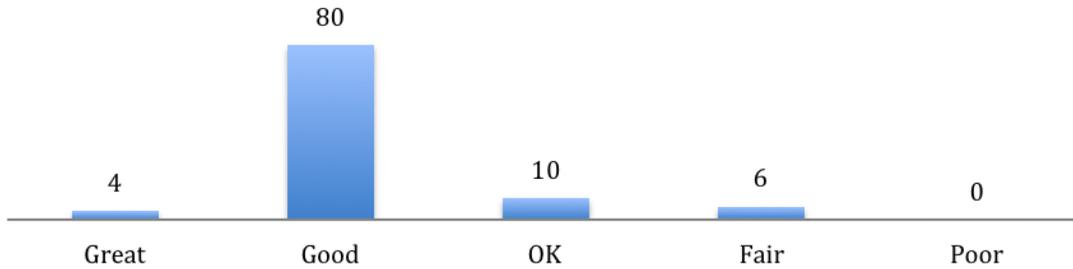


Figure 6: Patient Perceptions about Waiting: Waiting for Test Results

When asked about their experience with staff and their Health Care Provider (HCP): 96% stated that they felt good or great about their HCP listening to them (see figure 7).

Patient Perceptions about Staff: The Provider Listens to Them

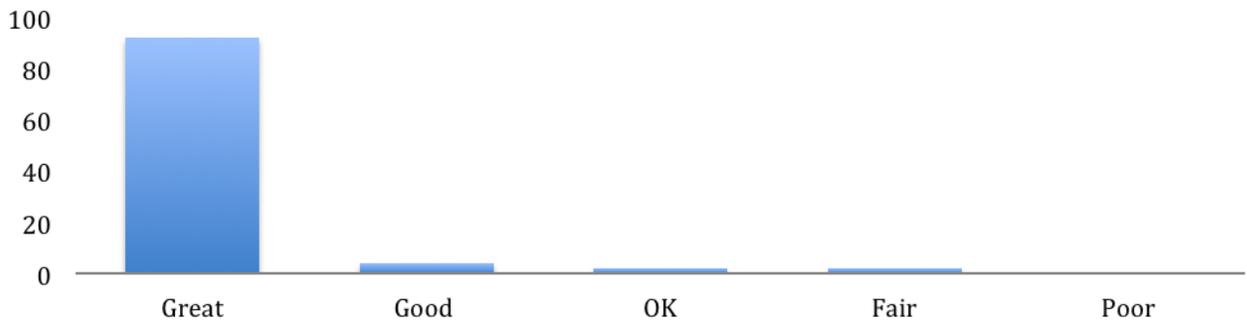


Figure 7: Patient Perceptions about Staff: The Provider Listens to Them

90% of the sample population stated that the doctor does a good or great job of explaining what they want to know (see figure 8).

Patient Perceptions about Staff: Explains What They Want to Know

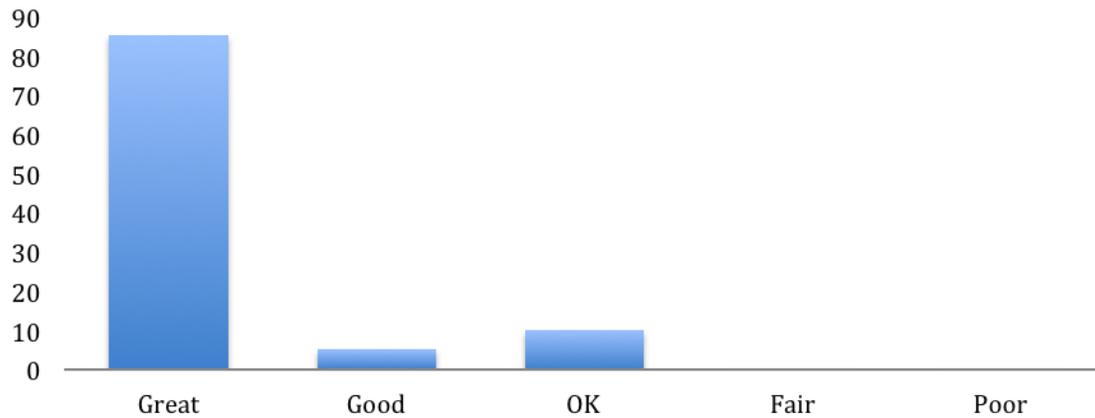


Figure 8: Patient Perceptions about Staff: Explains What They Want to Know

When asked about nurses and medical assistants:76% stated that the nurses and medical assistants did a good or great job at answering the questions that they had (see figure 9).

Patient Perceptions about Nurses and Medical Assistants: They Answer The Questions They Have

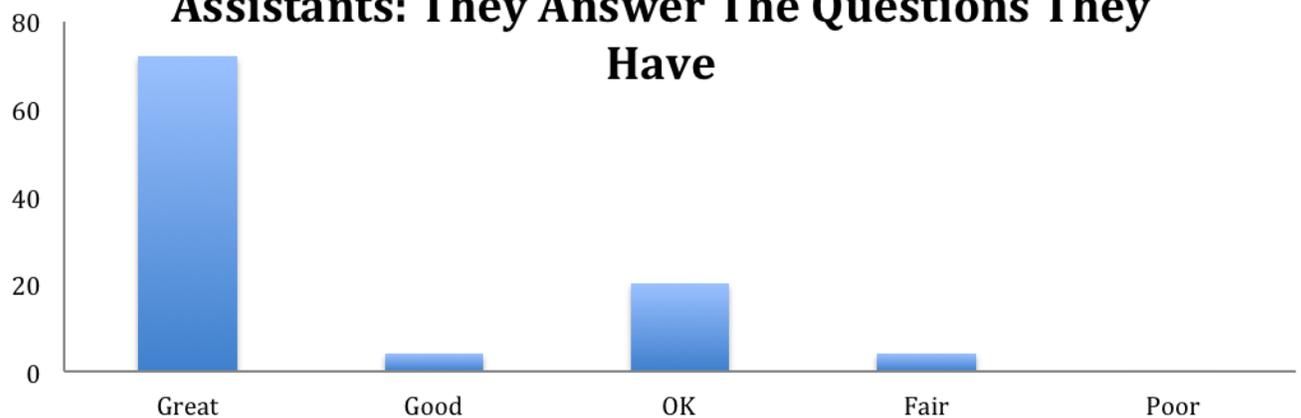


Figure 9: Patient Perceptions about Nurses and Medical Assistants: They Answer The Questions They Have

When asked about payment: 92% of the sample population stated that what they currently pay is good or great (see figure 10).

Patient Perceptions about Payment: How They Feel About What They Currently Pay

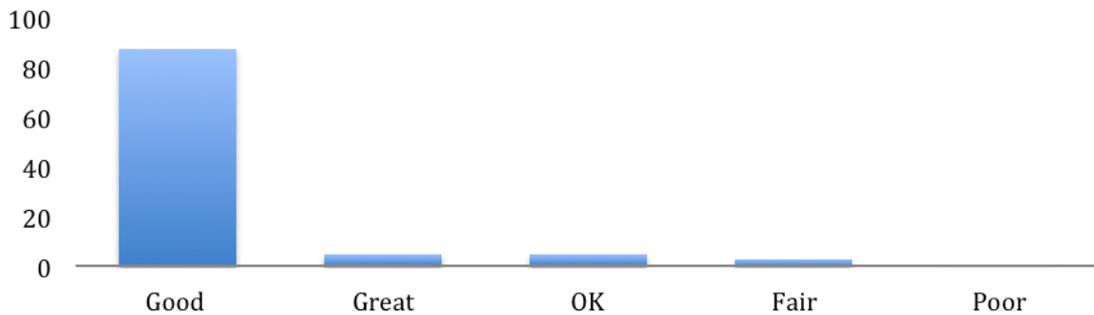


Figure 10: Patient Perceptions about Payment: How They Feel About What They Currently Pay

When asked about confidentiality: 100% of patients sampled stated that WHHC did a good or great job with keeping their personal information private (see figure 11).

Patient Perceptions about Confidentiality: Keeping their Personal Information Private

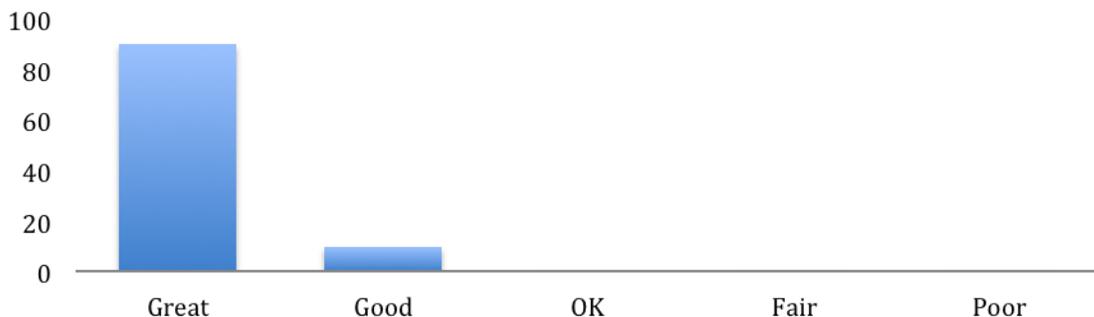


Figure 11: Patient Perceptions about Confidentiality: Keeping their Personal Information Private

Discussion

The data from the sample demonstrates that overall, patients at the WHHC are satisfied with the services that they receive and indeed, perceive the quality of care, generally to be satisfactory. However, there are definite areas of improvement.

Prompt Return on Phone Calls

40% of the sample population stated that they felt as if the staff did a poor job of returning calls; this is an area that should be addressed. My recommendation to remedy this problem is to mandate a time frame that all patients must be called back. I do know however, that WHHC is in the process of rectifying this, as they were working on a more succinct and efficient method of returning patient calls regarding complaints. Interestingly, over 90% of the population felt as if their test results were released promptly.

Waiting time in the Waiting Room

Like many other CHCs and other healthcare providers, the waiting time in the waiting room seems to be an area of concern for patient. However, with the transfer of patient records to Electronic Health Records, staff no longer have the option to double book patients, so with time, it is my belief that the waiting time will be minimized. While it will be minimized, I think this is a field in health care that still needs addressing; seeing patients in a timely manner, but ensuring that it doesn't hinder the quality of care administered.

Ease of getting care

One of the key areas that was pertinent in this study was patient perceptions about the ease of getting care at the clinic, while 70% of the patients believe that the ease of getting care is good or great, 20% of the population believed this to be fair; there are various factors that could be contributing to this. After attending several Senior Staff management meetings as well as meeting with the Quality Management Committee, I do know that WHHC is in need of

more mid-level and physicians; this could be a large contributing factor to the time it takes for patients to get in to be seen. Again, this is something that is currently being addressed by senior staff.

Perceptions about Staff and Confidentiality

The last area I would like to address is patient perceptions about staff and confidentiality. Overwhelmingly, over 90% of patients felt as if their health care provider was attentive to their needs and informed them about what they needed to know. However, there is room for improvement with nurses and medical assistants; less than 80% of patients felt as if nurses and medical assistants answered their questions; there could be numerous reasons for this; many nurses and medical assistants are attending to several patients at a time. From my anecdotal observations however, the nurses attempt to address all the needs of the patients when patients willingly ask a question. In terms of confidentiality, based on this sample population, all patients feel as if their personal information is kept private; this is extremely crucial in terms of patient perceptions about the quality of the care they are receiving. If patients feel safe and respected, they are more likely to share pertinent health information that will improve the quality of care they receive (Baker 2010).

Payment

It appears also that most patients are satisfied with the payment plans that the WHHC has arranged for them. This is an area that WHHC really aims to make affordable for all patients. One of the sound bites that I constantly heard as I worked at the clinic was, *“Watts will never turn any patient away because of their inability to pay”*.

Closing Remarks

What this study has demonstrated is that patients of WHHC (like any other patient) want to feel safe and secure with their HCP, they want

to feel as if their HCP is attentive to their needs, and if these needs and desires are met, amongst the few others mentioned, patients will feel satisfied about the services they are receiving. While there is always room for improvement, my study demonstrates that the majority of patients at WHHC are satisfied with the care that they receive.

Conclusion

This experience has taught me a great deal about CHC, I honestly did not know very much prior to entering the program. It is my true belief that being exposed to this has piqued my interest even more. From this experience, I have decided that I will aim my career towards Primary Care Medicine and I hope to work in a CHC through the National Health Service Corps. I would like to thank General Electric, National Medical Fellowships for providing the generous funds and support to me. Many thanks also go to WHHC, Dr. Charles Vega, Ms. Dana Knoll, Mr. Hobson and the various staff members at WHHC.

Unlike my peers who want to go into primary care and possibly work in a CHC, I truly feel that I am equipped and have the beginning knowledge base for what it takes to run a CHC and ultimately, be an advocate for the underserved.