Patient Satisfaction Survey Report

Background

In June and July of 2015, our second cohort of Summer Associates administered the second annual Patient Satisfaction Survey across all of the participating practices in the ACO.

Survey Tool

They used the same survey as 2014 so that this year's results could be compared to the baseline from last year. This survey was developed by the Camden Coalition's Quality Committee and was an aggregate of the various existing surveys used by all member practices represented on the Committee.

3 new questions were added to the survey in 2015 that were not asked in 2014. The first addition was a question related to the overall level of care the patient received. This was added at the recommendation of our Community Advisory Council. The other two additional questions were tacked on to the end of the survey and are validated questions designed to screen for food insecurity. These questions were added as part of a citywide initiative to collect Camden city data on food insecurity because such a data set does not exist – all existing food insecurity data sets are at the county or census-tract level.

Survey Collection

The six summer associates, all undergraduate students pursuing the premedical sciences, health management or social work, conducted all survey collection in person in the waiting rooms of our 13 practices across the city. The surveys were conducted on paper and were available to patients in both Spanish and English. All patients who agreed to take the survey were offered the opportunity to have the survey read to them and filled out for them, or to fill it out on their own.

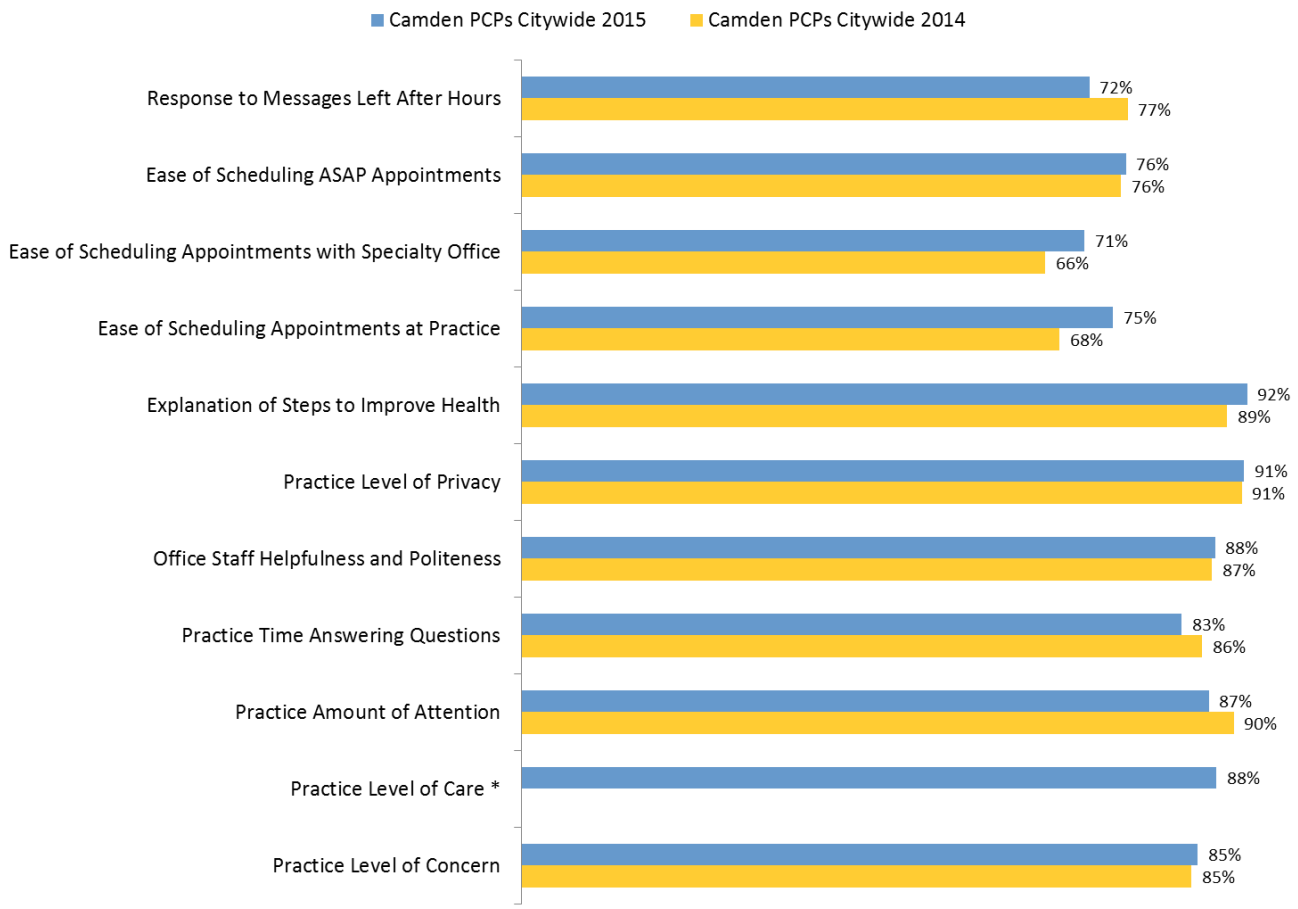
All patients in the waiting room were offered the opportunity to take the survey regardless of whether they were a Camden resident and regardless of insurance coverage. In addition to the core survey questions, we also asked patients to answer whether or not they had insurance, how long they had been a patient of the practice, and whether they were at the clinic for a well or sick visit.

At least 25 surveys were collected from each practice, with higher numbers of surveys collected from practices with higher volume. The number of surveys collected from each practice was not calculated based on panel size of the practice but was random and based on clinic flow. 761 surveys were collected in total.

The summer associates brought healthy snacks and bottled water with them into the waiting rooms. The snacks and water were made available to all patients in the waiting room, not just those filling out the survey.

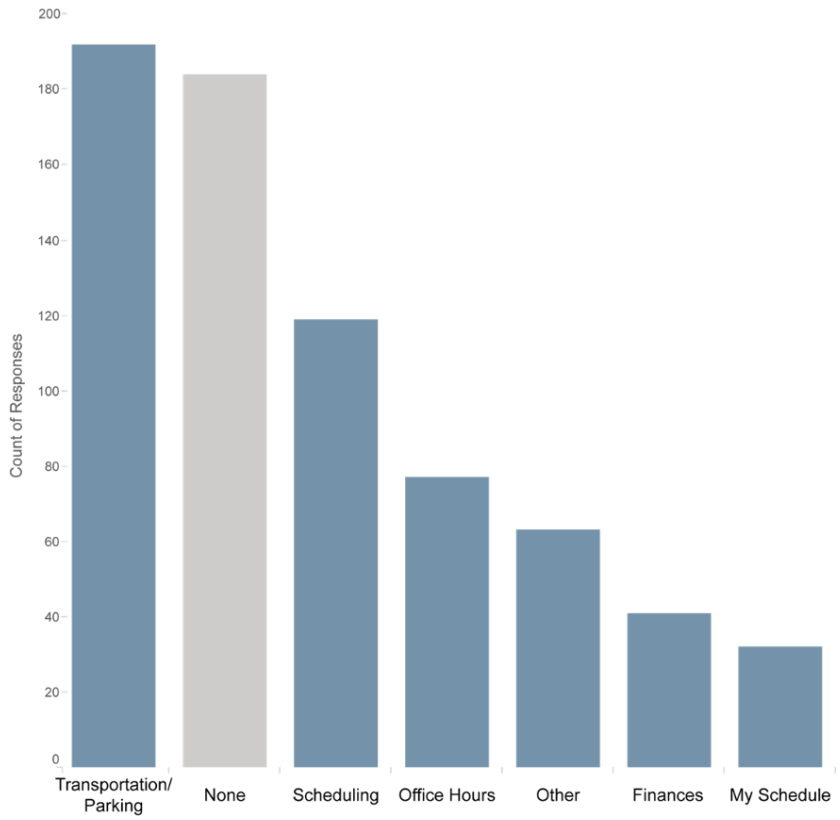
Results

The results to the quantitative questions show improvement in almost all categories. The categories in which satisfaction fell were: 1) response to messages left after hours (dropped from 77% to 72%); 2) practice time spent answering questions (dropped from 86% to 83%); and 3) practice amount of attention (fell from 90% to 87%). The following chart shows the percentage of 4s and 5s (Satisfied and Very Satisfied) scored on each question:

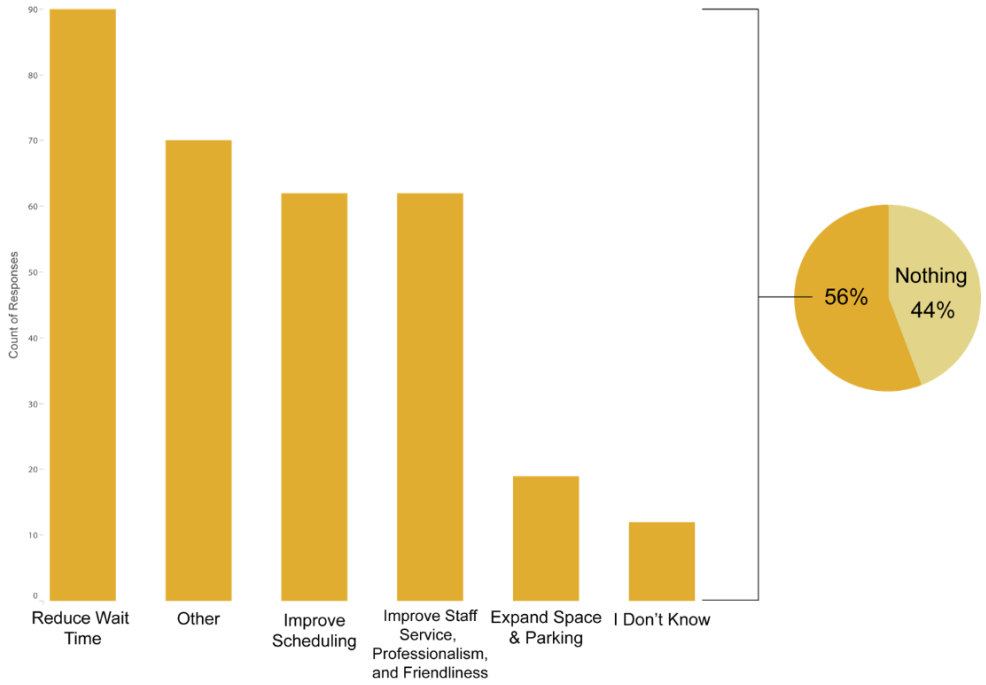


Over the course of the next few months, we will share this data with individual practices, our Quality Committee, and other stakeholders. We will identify concrete strategies that practices can implement in response to the dip in certain categories. In addition to the high level summary data, we have detailed reports for each practice in which they can read all of the open-ended responses that their patients had on each question.

In addition to the Likert scale questions, patients were also given the opportunity to reflect on the barriers that they face in accessing primary care. Here is a break-down of what patients reported as barriers from a list of pre-populated categories:



Patients were also given a chance to reflect on the question "What could be done differently to make your experience at this doctor's office better?" Patients responded as follows:



Next Steps

From the data that was collected and analyzed, we have created the following set of artifacts:

- Citywide quantitative and qualitative overviews (included above)
- Citywide food insecurity presentation (included above)
- Practice-specific quantitative one-pages that compare the practice's 2014 and 2015 scores with that of the city as a whole in 2015
- Practice-specific qualitative reports that include a breakdown of every answer to each question and all of the open-ended responses provided by patients
- Practice-specific food insecurity reports to show which practices may benefit from an increased focus on food and nutrition resources

Citywide data will be presented to the Camden Coalition Quality Committee and Executive Committee, as well as internally to the staff.

Practice-level data will be presented to practice leadership along with a facilitated discussion on takeaways from the data and ways to incorporate feedback and opportunities for improvement.

Larger themes related to the barriers that patients face in accessing primary care will be shared with our Legal & External Affairs team to incorporate into the Coalition's policy agenda. Citywide barriers to care data will also be made available to community partners if and when they request it.