

Oregon Reproductive Health Program

» Client Satisfaction Survey Report



2015

Oregon
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Summary:

The Institute of Medicine defines patient-centered care as “care that is respectful of and responsive to individual patient preferences, needs and values.”¹ The provision of patient-centered and culturally competent medical care is one strategy to reduce health disparities. This Client Satisfaction Survey (CSS), administered at reproductive health clinics during May and June 2015, assessed client perceptions of care including communication with providers and staff, timeliness and access to care, and reasons for choosing the clinic, along with more practical items such as transportation to the clinic and wait time. Additional questions include client preferences for accessing care, confidentiality concerns, and health insurance coverage.

Overall, clients indicated a high level of satisfaction, with 99.1% of clients indicating that they got what they needed at their clinic visit, and 98.9% of clients indicating that they would recommend the clinic to friends or family. The CSS is an important component of the Oregon Reproductive Health Program’s quality improvement efforts and provides a detailed look at our clients’ values, attitudes, and access to services.

Background:

The Oregon Reproductive Health Program administers a Client Satisfaction Survey (CSS) in selected reproductive health (RH) clinics every two years, and the 2015 survey was the eighth such survey conducted by the program. Information from the CSS is used to monitor the provision of select services and client satisfaction throughout the state and to inform policies and recommendations made by the RH Program.

Client satisfaction, quality of care and client-provider interaction all contribute to how clients choose RH services and their continued success with effective contraceptive use. The CSS provides an opportunity for clients to give feedback on their clinic experience as well as an opportunity for clinic staff to hear and respond to client feedback. For the 2015 CSS, questions

¹ Committee on Quality Health Care in America, *Crossing the Quality Chasm*. Washington, D.C.: National Academy Press, 2001.

were adapted from three main sources: the Interpersonal Processes of Care survey,² the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Cultural Competence item set,³ and prior years' RH Client Satisfaction Surveys. Input on survey content was also obtained from the RH Program's Provider Advisory Committee (RHPAC). Results from the CSS are distributed to participating clinics, key stakeholders, and RH Program partners. Clinic-specific reports are also generated and shared with each participating clinic.

Survey Methodology:

RH Program staff randomly selected 22 clinic sites with a minimum of 20 RH visits per week. Clinics were categorized by geographic location (rural or urban, according to the Oregon Office of Rural Health⁴) and by the type of services offered, i.e., family planning clinic or primary care clinic. Twelve urban clinics were selected, including 6 family planning and 6 primary care clinics. Ten rural clinics were selected, including 5 family planning and 5 primary care clinics. Family planning clinics included county health departments and Planned Parenthood health centers, and primary care clinics included county health departments designated as Federally Qualified Health Centers (FQHCs), community health centers, university health centers and School-Based Health Centers (SBHCs). Participating clinics are shown in the table below:

Agency	Clinic	Urban or Rural	Primary Care or Family Planning Clinic
Coos Health & Wellness	North Bend Clinic	Rural	Family Planning Clinic
Klamath County Health Department	Klamath Falls Clinic	Rural	Family Planning Clinic
Malheur County Health Department	Ontario Clinic	Rural	Family Planning Clinic
Umatilla County Health Department (UCoHealth)	Hermiston Clinic	Rural	Family Planning Clinic
Deschutes County Health Department	Bend Clinic	Urban	Family Planning Clinic
Jackson County Health Department	Medford Clinic	Urban	Family Planning Clinic
Marion County Health Department	Salem Clinic	Urban	Family Planning Clinic
	Woodburn Clinic	Rural	Family Planning Clinic
Planned Parenthood of the Columbia-Willamette	Beaverton Health Center	Urban	Family Planning Clinic
	Southeast Portland Health Center	Urban	Family Planning Clinic
Planned Parenthood of Southwestern Oregon	Medford Health Center	Urban	Family Planning Clinic

² Stewart AL, Napoles-Springer A, Perez-Stable EJ, et al. Interpersonal processes of care in diverse populations. *The Milbank Quarterly* 1999; 77: 305-339.

³ Weech-Maldonado R, Carle A, Weidmer B, et al. The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Cultural Competence item set. *Med Care* 2012; 50: S22-S31.

⁴ Oregon Health & Science University Office of Rural Health. <http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/rural-definitions/index.cfm>

Agency	Clinic	Urban or Rural	Primary Care or Family Planning Clinic
Clackamas County Health Department	Beavercreek Health & Wellness Center	Rural	Primary Care
	Sunnyside Health & Wellness Center	Urban	Primary Care
Lincoln County Health Department	Lincoln Community Health Center	Rural	Primary Care
	Newport Clinic	Rural	Primary Care
Siskiyou Community Health Center	Cave Junction Clinic	Rural	Primary Care
Southern Oregon University	SOU Student Health Center	Rural	Primary Care
Benton County Health Department	Benton Health Center	Urban	Primary Care
Community Health Centers of Lane County	Riverstone Clinic	Urban	Primary Care
Multnomah County Health Department	La Clinica de Buena Salud	Urban	Primary Care
	North Portland Health Clinic	Urban	Primary Care
	Parkrose High School	Urban	Primary Care

Surveys were administered at all 22 clinic sites for a three-week period during May-June 2015. Most clinics participated from May 4 - May 22, although three clinics participated during June due to construction, staffing, or other issues. Each site was asked to administer the survey to all eligible RH clients, which include those who had a visit for which a Clinic Visit Record (CVR) was completed, regardless of payer source (Oregon Contraceptive Care (CCare), Oregon Health Plan (OHP), sliding fee (Title X), or private insurance). Surveys were printed and made available in English and Spanish. Clinics kept track of how many clients were unable to complete an English or Spanish language survey and which language would be needed for those clients. Survey participants were asked to complete the survey at the end of their visit, and participants were offered tokens of appreciation (CCare-branded buttons, drawstring bags and pens) for their time.

Participation rates were calculated using the number of clients eligible to take the survey as the denominator. The number of eligible clients was determined by counting the Clinic Visit Records (CVRs) submitted for those days during which each clinic administered the survey. Three clinics offered surveys to clients who received family planning services but for whom no CVR was completed, so for those clinics, the participation rate was calculated using the survey tracking log that each clinic completed.

For survey analysis, a weight was assigned to each respondent to account for both the different participation rates at each clinic as well as the different distribution of age among survey respondents compared to the total client population during the survey period. Aside from demographic tables, percentages reported in results tables represent weighted proportions.

Results:

There were 1,507 completed surveys among 2,172 eligible clients, for an overall participation rate of 69.4%. Participation rates were slightly higher at family planning clinics (72.8%) than primary care sites (67.8%) and at rural clinics (72.3%) than urban clinics (68.6%), although there was significant variation in participation rates between sites (range, 35.7% - 97.9%). Overall, participation rates were higher than in 2013 (average 57.6%).

Survey Respondent Characteristics:

All demographic questions were asked at the end of the CSS, however we will report them here as a comparison to the total client population seen during this time. The total client population includes all unduplicated clients (n = 7,268) seen at all RH clinics statewide during the main survey period (May 1 - May 30, 2015). Age and sex distributions were similar among the client population and the survey sample, except for a lower proportion of survey participants age 17 and younger compared to the client population (only one School-Based Health Center participated in this year's CSS). Language information is not available for the client population.

	CSS Survey Sample % (n)	Total Client Population % (n)
Survey Language		
English	86.0% (1283)	N/A
Spanish	14.0% (209)	N/A
Age Categories		
17 and younger	6.5% (98)	13.5% (980)
18-19	10.7% (161)	11.3% (824)
20-24	25.5% (385)	27.6% (2004)
25-29	21.0% (316)	18.1% (1312)
30-34	13.9% (210)	13.1% (951)
35-39	8.2% (123)	7.8% (564)
40-44	5.8% (88)	5.1% (371)
45 and older	3.4% (51)	3.6% (262)
Mean Age	27.1 years	26.1 years

We asked respondents whether they were new or established patients of the clinic they were visiting, and whether they had a scheduled visit or a walk-in visit. Most respondents (80.4%, weighted proportion) had visited the clinic previously. This is similar to the respondents of the 2013 CSS, of whom 83.2% had visited the clinic previously. In the 2015 CSS, the majority of respondents (90.2%, weighted proportion) had a scheduled visit, and 9.8% had a walk-in visit. This represents an increase in scheduled visits compared to the 2013 CSS, when 77.8% of respondents had a scheduled visit.

Sex and Gender

As in the 2013 survey, this year’s survey included two questions about sex and gender. Although the CVR includes only female and male gender options, we consulted with local groups to identify culturally appropriate gender identity terms to include in the survey. The first question asked, “What is your sex or current gender?” and respondents were asked to check all applicable categories. The second question asked, “What was your sex at birth?” Four respondents indicated more than one gender identity. Results are shown in the table below.

	CSS Survey Sample % (n)	Total Client Population % (n)
What is your sex or current gender?		
Female	96.1% (1366)	96.1% (6985)
Male	3.6% (54)	3.9% (283)
TransMale/Transman	0% (0)	--
TransFemale/Transwoman	0% (0)	--
Genderqueer	0.4% (6)	--
Additional category	0.06% (1)	--
Decline to answer	0.1% (2)	--
What was your sex at birth?		
Female	96.7% (1370)	--
Male	3.2% (49)	--
Decline to answer	0.1% (1)	--

Race and Ethnicity

For this year’s CSS, we implemented a new question structure for race and ethnicity in alignment with House Bill 2134, passed in 2013 to standardize demographic data collection for Oregon Health Authority and Department of Human Services programs.⁵ The standards set in HB_2134 include Hispanic or Latino ethnicity as a category within racial or ethnic identity, rather than having one question for ethnicity and a separate question for race. In addition, more granular racial and ethnic identity categories are included. On the CSS, respondents were asked to select as many categories as applied to them, and those who selected more than one racial or ethnic identity were also asked to indicate a primary racial or ethnic identity. In contrast, the CVR uses more traditional race and ethnicity data collection categories. The table below shows all racial and ethnic identities selected by survey participants, as well as a crosswalk to the broader categories on the CVR.

Not all respondents selected an ethnicity or race, so the denominators used to calculate percentages include only those respondents who answered these questions. Both the survey participants and the total client population could select multiple race categories, although survey

⁵ Oregon Legislative Information System, <https://olis.leg.state.or.us/liz/2013R1/Measures/Overview/HB2134>

respondents were significantly more likely to select more than one race category than was seen on the CVRs. Furthermore, the number of participants who selected more than one racial or ethnic identity increased from the 2013 CSS, with more than 25% of participants selecting at least 2 racial or ethnic identities, and nearly 6% selecting three or more. In the 2013 CSS, 6% of respondents selected 2 racial or ethnic identities and less than 1% selected three or more.

Among survey respondents who specified an ‘Other’ race, most indicated Caucasian, White, or North American as their racial or ethnic identity. In comparison, in previous RH Client Surveys, the majority of survey respondents who specified an ‘Other’ race self-identified as Hispanic, Latina, or Mexican, or multiracial or multi-cultural. Based on these results, the new question structure for racial and ethnic identity is perhaps more challenging for White clients than it is for clients of other backgrounds. The new question structure also appears to support clients with multiple racial or ethnic identities better than traditional versions of these questions.

All racial and ethnic identity categories selected by 2015 CSS respondents.

American Indian or Alaska Native	N	%		Native Hawaiian or Pacific Islander	N	%
American Indian	112	7.4%		Native Hawaiian	9	0.6%
Alaska Native	5	0.3%		Guamanian or Chamorro	3	0.2%
Canadian Inuit, Metis or First Nation	4	0.3%		Samoan	0	0.0%
Indigenous Mexican, Central American or South American	63	4.2%		Other Pacific Islander	13	0.9%
Other American Indian	7	0.5%				
				Black or African American		
Hispanic or Latino/a				African American	58	3.8%
Hispanic or Latino Mexican	374	24.8%		African	5	0.3%
Hispanic or Latino Central American	23	1.5%		Caribbean	2	0.1%
Hispanic or Latino South American	12	0.8%		Other Black	6	0.3%
Other Hispanic or Latino	31	2.1%				
				White		
Asian				Western European	401	26.6%
Chinese	13	0.9%		Eastern European	93	6.2%
Vietnamese	9	0.6%		Slavic	20	1.3%
Korean	10	0.7%		Middle Eastern	18	1.2%
Hmong	1	0.1%		Northern African	2	0.1%
Laotian	3	0.2%		Other White	424	30.3%
Filipino/a	18	1.2%				
Japanese	10	0.7%		Other Categories		
South Asian	7	0.5%		Other (please list):	57	3.8%
Asian Indian	4	0.3%		Unknown	25	1.7%
Other Asian	5	0.3%		Decline to answer	27	1.8%

Broader categories of racial and ethnic identity, CSS compared to Client Population		
	CSS Survey Sample % (n)	Total Client Population % (n)
Racial or ethnic identity categories (overlapping, adds up to >100%)		
Hispanic or Latino	30.9% (431)	24.4% (1773)
White	61.7% (862)	78.2% (2683)
Black or African American	4.7% (65)	3.8% (274)
American Indian or Alaska Native	13.3% (186)	1.7% (119)
Asian	4.7% (65)	3.4% (247)
Native Hawaiian or Pacific Islander	1.6% (22)	0.8% (59)
Other	4.1% (57)	3.2% (235)
Unknown*	0.7% (10)	9.7% (708)
Decline to specify**	1.9% (27)	N/A
Number of racial or ethnic identity categories selected by clients		
1	74.2% (1037)	99.4% (7227)
2	20.1% (281)	0.5% (38)
3 or more	5.7% (79)	<0.1% (2)
*Unknown was a discrete category on the CSS. On the CVR, this includes unknown or not reported.		
**Decline to specify was a discrete category on the CSS.		

The other new question related to HB_2134 is a question about disability. We chose to include only one broad question, “Does a physical, mental, or emotional condition limit your activities in any way?” Overall, 10.6% of respondents indicated ‘Yes,’ 79.9% indicated ‘No,’ 6.6% indicated ‘Don’t know,’ and 2.9% marked ‘Decline to answer.’ We will continue to explore options for gathering this information, including ways to ask about different types of disabilities, in an appropriate and sensitive way.

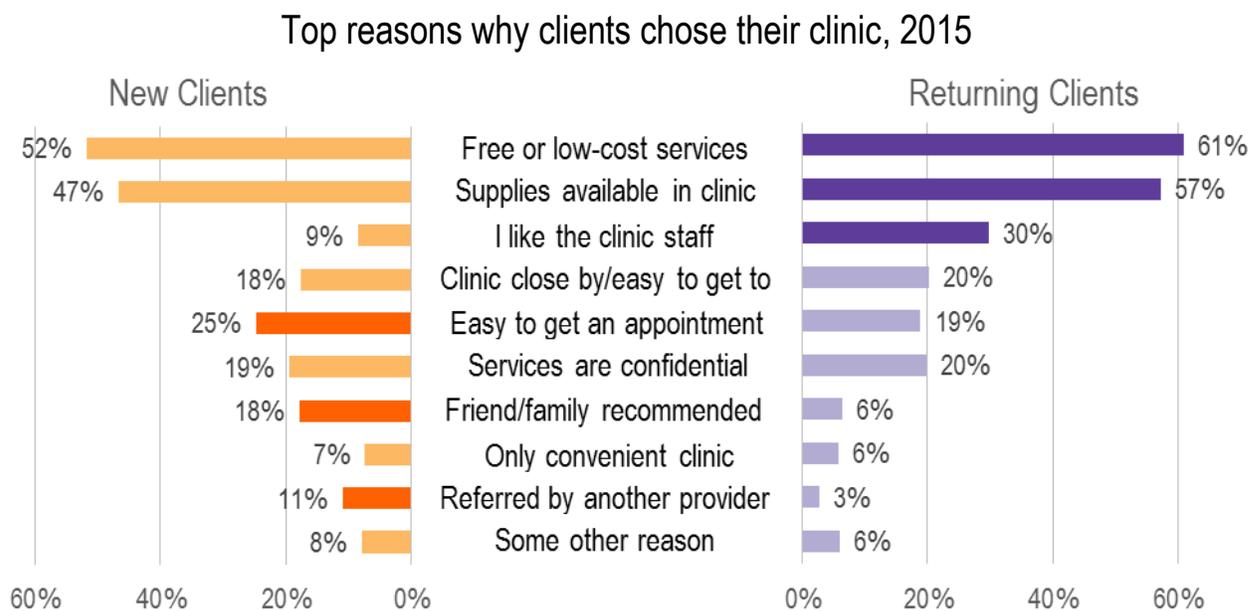
Reasons for Choice of Clinic

We asked respondents to indicate the top two reasons why they chose their particular clinic, although many respondents selected more than two reasons. The table below shows the top reasons among all respondents, among respondents who were new to the clinic and among returning clients.

Top reasons why you chose this particular clinic:	Total %	New clients	Returning clients
The clinic has free or low-cost services	58.9%	51.8%	60.9%
I can get my birth control supplies here in the clinic	54.9%	46.6%	57.3%
I like the clinic staff	25.4%	8.5%	29.8%
The services are confidential	20.0%	19.3%	19.8%
It was easy to get an appointment	19.9%	24.7%	18.8%
The clinic is close by or easy to get to	19.7%	17.6%	20.2%
A friend or family member recommended it	8.8%	17.8%	6.4%
This is the only convenient clinic	6.2%	7.3%	5.8%
I was referred here by another health care or service provider	4.5%	10.8%	2.7%
Other (see below)	6.5%	7.7%	6.0%
Total respondents	1439	265	1144

Similarly to the 2013 survey, the availability of affordable services was the most important reason, identified by 58.9% of respondents. The second most commonly selected reason was the availability of birth control supplies onsite (which was a new option in the 2015 CSS) and the third most commonly selected reason was liking the clinic staff (25.4%).

In comparing new and continuing clients, we can see that for both new and continuing clients, affordability was the most important concern. Among new clients, ease of getting an appointment and referrals from friends, family or health care providers were selected more frequently than among continuing clients. Among continuing clients, affordability, onsite supplies, and liking the clinic staff were selected more frequently than among new clients. To summarize, referrals and ease of getting appointments appears to bring new clients into clinics, and the friendly staff, affordability and ease of accessing supplies keeps clients coming back. The graph below illustrates the reasons for choice of clinic among new and returning clients. Items with at least a 5 percentage-point difference in frequency are shown in darker colors.



We also compared respondents at rural and urban clinics to see if there were any differences in reasons for clinic selection based on geography. Overall, responses were very similar among clients at rural and urban clinics. However, availability of supplies onsite was significantly more important to clients at rural clinics (61.4%) compared to clients at urban clinics (53.2%). Furthermore, availability of supplies onsite was the most important factor in clinic choice for rural clients, even more than affordability of services (55.2% at rural clinics).

Many of the ‘Other’ reasons identified by respondents included longstanding relationships with the clinic and/or providers, as well as feeling comfortable in the clinic. A selection of the ‘Other’ reasons is shown below:

“I’m less anxious going here than anywhere else; it’s a more professional environment.”

“Porque dan pronto las citas y dan muy bien servicio” (Because they had appointments available soon and give great service)

“I have insurance but qualify for additional help here.”

“I have been coming here for over 10 years.”

“Personal amable” (Friendly staff)

“I found you online, sounded good and worked out great. Good services.”

“Every other clinic was 1 week wait for an appointment.”

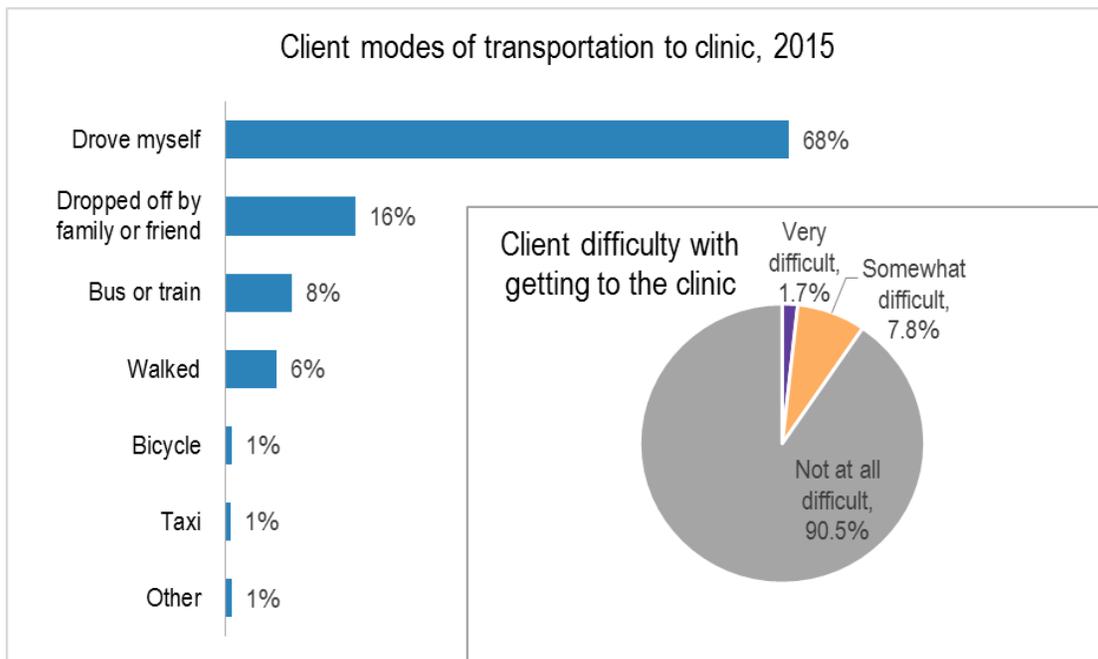
“No tengo azeguraza” (I have no insurance)

“I just feel safe and comfortable here.”

“It’s the one my mom brought me to when I was 17.”

Transportation

We included two questions about transportation, first about the transportation method used to get to the clinic, and second about the difficulty with getting to the clinic. The proportion of respondents indicating it was “somewhat difficult” to get to the clinic was 7.8%, and the proportion indicating it was “very difficult” was 1.7%. Transportation methods used by clients are shown below. Both the transportation methods and the reported difficulty were similar to the 2013 CSS.



Wait Time

In previous surveys, the only common complaint was wait time. In this survey, we included questions about wait time in both the waiting room and in the exam room. We asked respondents how long they waited, and whether that amount of time was “too long to wait.” Overall, 17.2% of respondents said they waited too long in the waiting room, and 7.4% of respondents said they waited too long in the exam room. Several respondents wrote comments indicating that they had arrived early or that wait times were well communicated to them, while a few respondents indicated that wait times were not well communicated.

	Wait time in <u>waiting room</u>		Wait time in <u>exam room</u>	
	Overall %	% who said this was “too long to wait”	Overall %	% who said this was “too long to wait”
5 minutes or less	21.4%	0.7%	55.4%	0.1%
>5 up to 10 minutes	20.3%	0%	20.0%	1.6%
>10 up to 20 minutes	25.8%	5.6%	14.8%	16.5%
>20 up to 30 minutes	13.1%	22.8%	6.2%	35.3%
>30 up to 60 minutes	15.3%	63.6%	3.5%	73.9%
More than 60 minutes	4.2%	81.8%	0.1%	100%

Interpersonal Processes of Care

We asked several questions about the quality of different aspects of the clients’ visits, including interaction with front office staff and medical staff, and whether respondents would recommend the clinic to others. First, we asked whether medical staff used any words that respondents did not understand. 2.9% of respondents responded ‘Yes’ to this question. Clients who completed a Spanish survey were more likely to indicate that medical staff had used words the client did not understand (5.7% compared to 2.5% among clients who completed an English survey).

Next, we asked if respondents were happy with the birth control method they were leaving with that day. If respondents were not happy, we asked them to specify the reason why not. Respondents could also indicate they did not leave with a birth control method; those respondents are excluded from these figures. Overall, 98.6% of respondents who left with a birth control method were happy with their method, and 1.4% of respondents were not happy with their method. Reasons for unhappiness included planning or waiting to receive an IUD or implant, side effects such as “bleeding too long” or “uncomfortable,” and one respondent who wrote, “*Yes and no. Yes because it is effective. No because of my weight gain.*”

Next, we asked if respondents felt they had been treated differently than other clients at this clinic, during this visit or any time during the last year. Overall, more than 99% of respondents felt they were treated the same as other clients. Among the less than 1% of respondents who felt they had

been treated differently, we asked for what reasons. Reasons included “Your racial or ethnic background” (14%), “Your income level” (7%), “Your accent or how you speak English” (7%), and “Some other reason” (10%). No respondents indicated “Your disability” or “Your appearance or dress.”

We asked respondents to indicate whether they agreed or disagreed with several statements. Respondents were also able to select “not applicable” for each statement; the table below excludes those respondents. These results indicate respondents were overall very satisfied with their visits and their communication with different clinic personnel. There were no significant differences in responses between clients at different clinic types (primary care or family planning, rural or urban), between clients who completed a Spanish language survey and clients who completed an English language survey, or between clients of different race or ethnic groups.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Total Agree/ Strongly Agree
The front office staff (clerks and receptionists) treated me with dignity and respect	75.7%	23.3%	0.8%	0.3%	98.9%
The medical staff took my questions concerns seriously	81.1%	18.4%	0.3%	0.2%	99.5%
The medical staff at this clinic respect my values	81.5%	18.2%	0.1%	0.2%	99.7%
I trust the medical staff to help me make decisions	79.3%	20.2%	0.3%	0.3%	99.5%
I feel comfortable at this clinic	79.7%	19.7%	0.3%	0.4%	99.4%
I got what I needed at the clinic today	82.1%	17.1%	0.7%	0.2%	99.1%
I would recommend this clinic to friends or family	81.4%	17.5%	0.8%	0.4%	98.9%

Following the above questions, we included a space for general comments related to communication with staff. A selection of the comments are shown below:

“Clean, organized, friendly staff, would like quicker service but I understand you guys are probably very busy.”

“Coming in today, I had a lot of questions, some were a little embarrassing for me. I was met with a smile, and felt very comfortable talking over my options in depth. I feel very confident in moving forward. Thank you.”

*“Algunas veces en el pasado sierta resepcionista. Fue muy aspera y cortante y la verdad se siente uno muy mal. Pero este no fue el caso de hoy, estoy contenta. Gracias”
(Sometimes in the past, some receptionists have been rude and made me feel bad. But this was not the case today, I’m happy. Thank you.)*

“The ladies at the clinic always (and have always, since I was 15 yrs old) treat me with respect & dignity & always go above and beyond to help me. I am so thankful to have a clinic so great in my small town!”

“Really appreciate the recent efforts to be more queer friendly and gender-inclusive. I would appreciate the staff receiving additional training about the sexual health concerns of LGBTQ patients or discussing those more unprompted.”

“En esta clinica me siento muy bien porque el personal es muy amable y repetoso.” (I feel very good at this clinic because the staff is very friendly and respectful.)

Sources of Care and Access to Services

To learn more about clients’ sources of care and access to services, we asked questions about receiving care at other clinics, preferences for receiving birth control and general health services, the need for confidential services, and access to health insurance.

The proportion of clients indicating they had visited another clinic within the last two years for family planning services was 28.3%, similar to the 2013 CSS when it was 29.7%. Rates of visiting another clinic were fairly similar among clients at different clinic types (family planning or primary care, rural or urban) although clients at family planning clinics and urban clinics were somewhat more likely to have visited another clinic in the last two years (see table below).

In contrast to 2013, more clients in 2015 report going to “Another clinic or doctor” for general health services (45.8% in 2015 compared to 34.8% in 2013) and fewer clients report going to “This clinic” (31.6% in 2015 compared to 42.8% in 2013). This is likely related to the increase in clients with health insurance coverage in 2015 compared to 2013, shown further below. In looking at responses from different clinic types, we can see that clients at primary care clinics are significantly more likely to go to “this clinic” and less likely to go to the ER or urgent care, another clinic or doctor, and are also the least likely to go “nowhere” for general health services. In addition, clients at rural clinics were more likely to go to “this clinic” and less likely to go “nowhere” than clients at urban clinics.

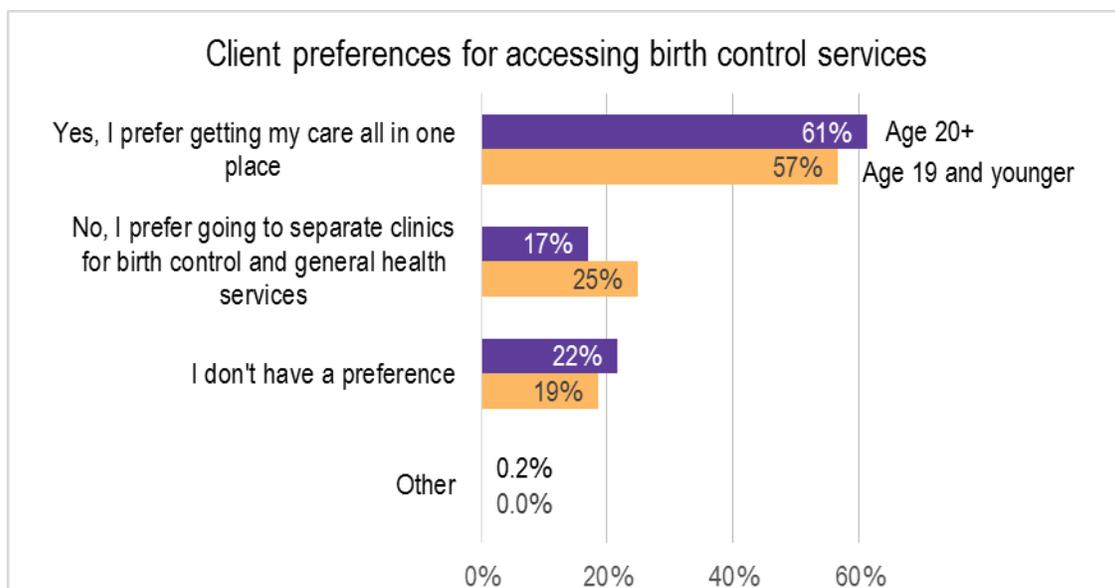
Have you been to another clinic for birth control or family planning services in the last two years?	Overall %	Family Planning clinics %	Primary Care clinics %	Rural clinics %	Urban Clinics %
Yes	28.3%	29.3%	23.8%	24.4%	29.2%
No	71.8%	70.7%	76.2%	75.6%	70.8%
Where do you usually go for general health services?					
This clinic	31.6%	23.2%	60.7%	40.4%	27.6%
Emergency Room (ER) or urgent care	9.1%	9.1%	6.8%	7.4%	9.0%
Another clinic or doctor	45.8%	48.5%	20.6%	39.2%	44.3%
Nowhere	13.5%	14.2%	7.1%	9.4%	13.7%

To look more closely at clients' usual source of care, we compared clients with different self-reported insurance coverage status. Insurance coverage status is shown in more detail further below.

Client primary care insurance status	Where do you usually go for general health services?			
	This clinic	ER or urgent care	Another clinic or doctor	Nowhere
Has insurance (public or private)	26.7%	8.3%	48.9%	10.5%
Does not have insurance	37.4%	8.7%	32.8%	16.8%
Doesn't know if has insurance	31.9%	12.1%	38.7%	16.5%

Next we asked whether clients prefer going to the same clinic for birth control services and general health services. Clients reported a mix of preferences, and clients at family planning clinics were more likely to state they prefer going to a separate clinic for birth control services than clients at primary care clinics. Clients at primary care clinics were more likely to say they prefer to get their care all in one place. A significant proportion of clients do not have a preference. Overall, teen clients were more likely to prefer going to separate clinics than clients age 20 and older, see figure below.

Do you prefer to go to the same clinic for birth control and general health services?	Overall %	Family Planning clinics %	Primary Care clinics %
Yes, I prefer getting my care all in one place	60.4%	56.7%	76.4%
No, I prefer going to separate clinics for birth control and general health services	18.4%	21.3%	5.6%
I don't have a preference	21.1%	21.8%	18.0%
Other (please describe)	1.5%	1.8%	0%



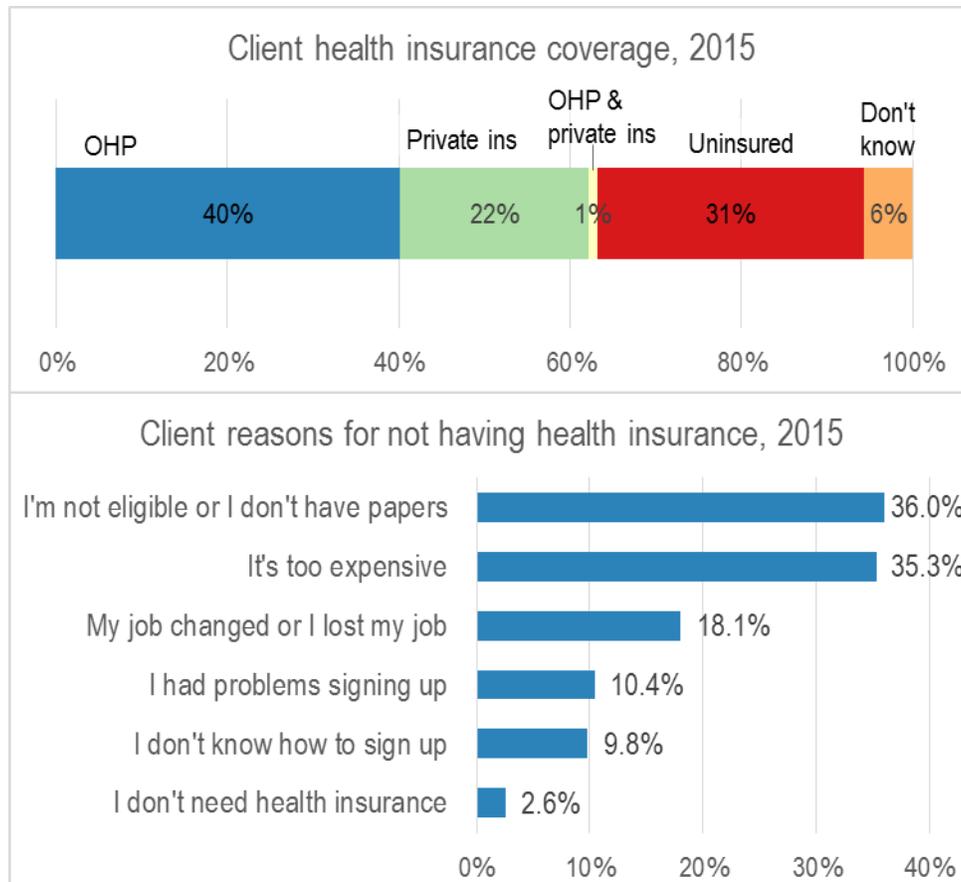
We included two new questions about the need for confidential services. First, we asked whether clients had ever chosen to visit a different doctor for particular health services.

Have you ever gone to another doctor for care in order to avoid telling your regular doctor about a particular health condition or health need?	Overall %
Yes	11.0%
No, I have never done this	65.8%
No, I do not have a regular doctor	23.2%

Next, we asked whether clients had ever decided not to get health care because of confidentiality concerns. Overall, younger clients were more likely to report foregoing health care because of confidentiality concerns.

Have you ever decided not to get health care because you were concerned that others might find out?	Proportion indicating 'Yes'
Overall, all ages	5.8%
17 and younger	9.0%
18-19	7.3%
20-24	7.6%
25-29	4.5%
30-34	3.4%
35-39	1.9%
40-44	6.1%
45 and older	1.7%

As mentioned previously, we asked respondents if they have health insurance that covers primary care (non-emergency, general health services). For those clients who indicated they do not have health insurance, we added a new question to ask why. To encourage responses to such a sensitive question, we added a reminder for clients next to this question that their answers are private and individual answers will not be shared. Responses are shown in the figure and the table below.



Overall, more clients have insurance than in 2013 (63% total insured in 2015 compared to 53% in 2013). Among CSS participants, the most common reason for not having insurance is due to eligibility reasons, and the second most common reason is affordability. Few respondents indicated not needing health insurance, but many respondents indicated having a job change or challenges with signing up.

Do you have health insurance that covers primary care (non-emergency, general health services)?	% (n)
Yes, OHP (Oregon Health Plan), Medicaid or Medicare	40.1% (574)
Yes, private health insurance	22.1% (321)
Yes, both OHP and private insurance	1.0% (15)
No	31.2% (461)
I don't know	5.7% (83)
If you DON'T have health insurance, why not? Check all that apply.	% (n)
I'm not eligible or I don't have papers	36.0% (165)
It's too expensive	35.3% (163)
My job changed or I lost my job	18.1% (83)
I had problems signing up	10.4% (49)
I don't know how to sign up	9.8% (47)
I don't need health insurance	2.6% (13)

Information Offered

In every client satisfaction survey, respondents are asked if clinic staff have ever offered information about public health insurance and where to go for general health services. Overall in 2015, 39.7% of clients reported they had been offered information about public health insurance, and 39.7% reported having been offered information about where they can go for general health services. Both of these proportions are somewhat lower than in 2013, when approximately 49% of clients reported receiving this information. However, when we look only at clients without health insurance, the proportions are similar to those in 2013. It is likely that the increase in insured clients has resulted in the overall lower proportions of clients receiving such information. In addition, more clients in 2015 reported not remembering whether this information had been offered than in 2013.

	In the last year, did staff at this clinic talk with you about:	
Overall %	The Oregon Health Plan (OHP), Healthy Kids, Medicaid, or other public health insurance	Where you can go for general health services
Yes	39.7%	39.7%
No	37.2%	32.4%
I don't remember	23.1%	27.9%

Clients who did not have insurance or who didn't know their health insurance coverage status were more likely to report receiving information about public health insurance and general health services than clients who reported having health insurance.

	Proportion of clients offered information about...	
Client insurance status	The Oregon Health Plan (OHP), Healthy Kids, Medicaid, or other public health insurance	Where you can go for general health services
Has insurance (public or private)	35.4%	38.1%
Does not have insurance	46.5%	43.4%
Doesn't know if has insurance	47.3%	36.1%

Client Comments

Finally, we asked respondents to name the best thing about their visit, and to name one thing that could be done to make their next visit better. Almost 1200 respondents included a comment about the “best thing,” including very positive comments about the staff, providers, ease of accessing services and getting the information they needed. The most frequently mentioned “best thing” was the clinic staff: 54% of comments included the words “staff,” “nurse,” “doctor,” “friendly,” “respectful,” or “kind” (both English and Spanish terms included). Several additional comments mentioned specific providers or staff by name. Another 13% mentioned “quick,”

“fast,” “easy,” or “efficient,” and another 13% mentioned “got what I needed,” “questions answered,” “finding out (about an issue),” or “help.” Below is a selection of comments:

What was the best thing about your visit today?

“Aclare pregunta que tenia.” (Clarified questions that I had)

“Being accepted and having everything explained clearly.”

“I don’t have to have a Pap for 5 yrs! And I have BC for 6 months!”

“I feel like I am taking care of myself now.”

“They don’t pressure or make you feel uncomfortable.”

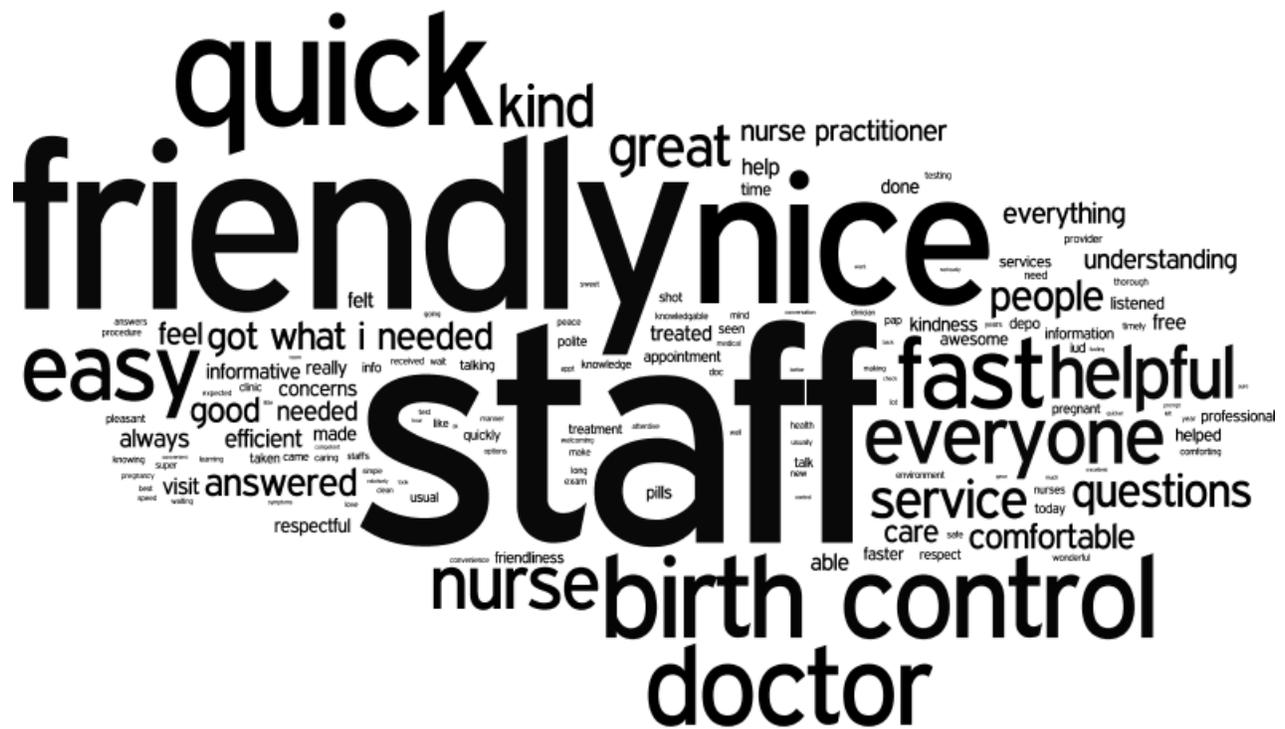
“Recepcionista y doctora atendio con respeto.” (The receptionist and doctor treated me with respect)

“Caring, professional staff.”

“I didn’t feel judged.”

“Good provider that cared about my concerns.”

The below figure is a word cloud that represents the comments about the “best thing” about clients’ visits. This image is a visual representation of the frequency at which different words and phrases were included in clients’ comments.



We also asked respondents to name one thing that could have been done better. About 930 respondents wrote a comment, the majority of which (about 40%) indicated satisfaction with services and did not make any suggestions for changes. Among those comments that included suggestions, wait time was the most common complaint (about 25% of comments), which is consistent with the earlier question about wait times, in which 17% of respondents felt they waited “too long” in either the waiting room or the exam room. Below is a selection of comments:

“Be clear about appointment times and how long it will take to wait.”

“Ceiling art in the rooms”

“Con la atencion que me dan esta bien” (That the attention will be this good)

“Don’t change anything! Keep being friendly and helpful.”

“Donuts ☺”

“Front desk staff being better informed about ACA”

“I am always satisfied with help that is available at this clinic. I don’t know what could make it better.”

“It would be nice to be quicker but I understand why it takes as long as it does, and I really didn’t wait that long.”

“Nada, creo - que es un buen equipo labora!” (Nothing, I think - that’s a good working team!”

“Schedule annuals and STD testing in the same appt”

Conclusion:

Client satisfaction with services is multifaceted and is based on client expectations for their visit, prior experiences with the health care system, and multiple aspects of client-provider interaction. With the diverse client population seen in reproductive health clinics, client satisfaction can have many different definitions.

Respondents of the 2015 CSS rated many components of their clinic visit highly, such as friendliness and respect of staff, trustworthiness of providers, feeling comfortable in the clinic, and how well staff communicated and answered questions.

Disbursement of information and resources about Medicaid, OHP, general health services, etc. has been typically lower than hoped for, although it is possible that clients who did not receive such information would not be eligible for these services due to citizenship status. As more clients become eligible for Medicaid (through expanded eligibility criteria) or financial assistance with Qualified Health Plans through the Affordable Care Act, the role of family planning clinics as an access point is essential to outreach and enrollment efforts among the reproductive-age population. As the sole source of health care for many Oregonians, reproductive health clinics are

uniquely positioned to provide immediate access to services while assisting clients in accessing more permanent, full-benefit health care coverage.

Learning more about why some clients still lack health insurance is essential to understanding our client population and how we can best support them. Cost as a barrier to obtaining health insurance is well-documented, and it is important to note that few clients believe they do not need health insurance, rather clients may face difficulties in navigating through changing life circumstances as well as navigating the process of applying for health insurance. Furthermore, the fact that over one-third of RH clients who are uninsured are not eligible is important for program planning and forecasting.

The RH Program has estimated that approximately 60,000 women of reproductive age who live in Oregon are not eligible for publicly supported health insurance due to their immigration status (including unlawful immigrants and recent legal immigrants who have resided in the U.S. for less than 5 years). Of these women, an estimated 34,000 are in need of contraceptive services and are low income (<250% of the federal poverty level), and un- or underinsured or in need of confidential services.⁶ The RH Provider Network serves over 15,000 of these women annually through the Title X program.⁷

With the abundance and complexity of health reform messages, enrollment assistance, health care choices, information sources, and outreach methods, it is more important than ever to stay ahead of the curve and meet our clients (both established clients and potential clients) where they are. The value of family planning services is underscored by the importance of word-of-mouth advertising: research suggests that when clients are satisfied and feel they have been treated fairly, they are more likely to recommend the services to friends and family. This is affirmed by our survey results, which indicate that the vast majority of clients are both satisfied with services and likely to recommend their clinic to friends or family.

As health systems transformation unfolds in Oregon, it is important to continue to monitor and understand client characteristics and perceptions of care. The Customer Satisfaction Survey is a useful tool for tracking this information over time. Future surveys will continue to include questions about access to care and quality of services, as well as patient perceptions and attitudes about their care.

⁶ Special tabulations of data from the U.S. Census Bureau, U.S. Dept. of Homeland Security Office of Immigration Statistics, and Pew Research Center, conducted by R. Linz, January 2015

⁷ Oregon Reproductive Health Program Clinic Visit Record data, 2014

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact the Reproductive Health Program at 971-673-0355, 711 for TTY.

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