



## Oregon Reproductive Health Program 2013 Client Satisfaction Survey Report



### Summary:

The Institute of Medicine defines patient-centered care as “care that is respectful of and responsive to individual patient preferences, needs and values.”<sup>1</sup> Provision of patient-centered and culturally competent medical care is one strategy to reduce racial and ethnic health disparities. This Client Satisfaction Survey (CSS), administered at reproductive health clinics during May 2013, 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 basic items such as transportation to the clinic and wait time.

Overall, clients indicated a high level of satisfaction, with 99.4% of clients indicating that they ‘agreed’ or ‘strongly agreed’ that their visit met their expectations, and 99.2% 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 2013 survey was the seventh such survey conducted by the program. Information from the CSS is an important component of the program’s ongoing evaluation and quality improvement efforts and is used to monitor the provision of select services and client satisfaction throughout the state.

Client satisfaction, quality of care and client-provider interaction are all linked to client choice of RH services and continued adherence to effective contraceptive use. Thus, the CSS is an important evaluation tool. Additionally, 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 2013 CSS, questions were adapted from three main sources: the Interpersonal Processes of Care survey<sup>2</sup>, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Cultural Competence item set<sup>3</sup>, and prior years’ RH Client Satisfaction Surveys. Results from the CSS are distributed to participating clinics, key stakeholders, and RH program partners.

**Survey Methodology:**

RH Program staff randomly selected 20 clinic sites with a minimum number of client visits per week. Clinics were categorized as providing only family planning services or as providing primary care services. Twelve sites were selected from family planning-only clinics that had a minimum of 30 RH visits per week, and eight sites were selected from primary care clinics that had a minimum of 20 RH visits per week. Family planning-only sites included county health departments and Planned Parenthood health centers, and primary care sites included county health departments designated as Federally Qualified Health Centers (FQHC), university health centers and School-Based Health Centers (SBHC).

Surveys were administered at all 20 clinic sites between May 13 and May 30, 2013. Each site was asked to administer the survey to all eligible RH clients for a full two-week period although specific dates varied between sites. Eligible clients were those who had a RH 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. Survey participants were asked to complete the survey at the end of their visit, and participants were offered tokens of appreciation (CCare-branded buttons, cinch bags and pens) for their time.

A response rate was calculated using the number of clients eligible to take the survey as the denominator. This number was determined by counting the Clinic Visit Records (CVRs) submitted for those days during which each clinic administered the survey. For survey analysis, a weight was assigned to each respondent to account for different response rates at each clinic. Aside from demographic tables, percentages reported in results tables represent weighted proportions.

**Results:**

There were 1,242 completed surveys among 2,157 eligible clients, for an overall response rate of 57.6%. Response rates were similar among family planning-only sites (58.6%) and primary care sites (54.6%) although there was significant variation in response rates between sites (range, 24.9% – 92.1%). The response rates were generally higher than in the 2011 survey. Response rates at each participating clinic site are shown in the tables below.

Family Planning-Only Sites:		Number of Completed Surveys	Number of Completed CVRs	Response Rate
Agency	Clinic			
Deschutes County	Bend Clinic	81	149	54.4%
Douglas County	Roseburg Clinic	92	189	48.7%
Hood River County	Hood River Health Department	70	76	92.1%
Linn County	Albany Clinic	54	75	72.0%
	Lebanon Clinic	20	40	50.0%
Malheur County	Ontario Clinic	59	68	86.8%
North Central Public Health District	The Dalles Clinic	51	69	73.9%
Planned Parenthood of the Columbia-Willamette	NE Portland Health Center	169	240	70.4%
	Gresham Health Center	46	185	24.9%
Planned Parenthood of Southwestern Oregon	Eugene-Springfield Regional Health and Education Center	166	342	48.5%
	Medford Health Center	102	118	86.4%
Umatilla County	Pendleton Clinic	23	40	57.5%
<b>Total</b>		<b>933</b>	<b>1,591</b>	<b>58.6%</b>

Primary Care Sites:		Number of Completed Surveys	Number of Completed CVRs	Response Rate
Agency	Clinic			
Clackamas County	Beavercreek Clinic	21	41	51.2%
Community Health Centers of Lane County	Riverstone Clinic	38	50	76.0%
Lincoln County	Newport Clinic	25	47	53.2%
Multnomah County	Cleveland High SBHC	19	26	73.1%
	David Douglas SBHC	24	42	57.1%
Oregon State University	OSU Student Health Center	55	208	26.4%
Tillamook County	Tillamook Clinic	32	48	66.7%
University of Oregon	University Health Center	95	104	91.3%
<b>Total</b>		<b>309</b>	<b>566</b>	<b>54.6%</b>

*Survey Respondent Characteristics:*

The total client population includes all unduplicated clients (n = 7,267) seen at all RH clinics statewide during the survey period (May 13 – May 30, 2013). Age and sex distributions were similar among the client population and the survey sample. Language information is not available for the client population.

	CSS Survey Sample % (n)	Total Client Population % (n)
<b>Survey Language</b>		
English	91.0% (1130)	N/A
Spanish	9.0% (112)	N/A
<b>Age Characteristics</b>		
17 and younger	10.3% (123)	12.0% (874)
18-19	14.8% (178)	11.7% (849)
20-24	33.9% (406)	29.4% (2133)
25-29	19.3% (232)	19.7% (1429)
30-34	10.2% (122)	12.7% (924)
35 and over	11.5% (138)	14.6% (1058)
<b>Mean Age</b>	<b>24.9 years</b>	<b>25.8 years</b>

We asked respondents whether they were new or established patients of this clinic, and whether they had a scheduled visit or a walk-in visit. Most respondents (83.2%, weighted proportion) had visited the clinic previously. This is similar to the respondents of the 2011 CSS, of whom 79.8% had visited the clinic previously. Also similarly to 2011, most respondents (77.8%, weighted proportion) had a scheduled visit, and 22.2% of respondents had a walk-in visit.

#### *Sex and Gender*

The 2013 survey included two questions about sex and gender. While 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 sex were you assigned at birth?” No respondent indicated more than one gender identity. Results are shown in the table below.

	CSS Survey Sample % (n)	Total Client Population % (n)
<b>What is your sex or current gender?</b>		
Female	97.3% (1183)	96.9% (7042)
Male	2.3% (28)	3.1% (225)
TransMale/Transman	0% (0)	--
TransFemale/Transwoman	0.1% (1)	--
Genderqueer	0.2% (3)	--
Additional category	0% (0)	--
Decline to answer	0.1% (1)	--
<b>What sex were you assigned at birth?</b>		
Female	98.2% (1193)	--
Male	1.6% (19)	--
Decline to answer	0.2% (3)	--

### *Race and Ethnicity*

Race and ethnicity of the survey sample and client population are shown below. 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 respondents were significantly more likely to select more than one race category than was seen on the CVRs. Among survey respondents who specified an ‘Other’ race, 73% self-identified as Hispanic, Latina, or Mexican, and another 9% identified as multiracial or multi-cultural.

	<b>CSS Survey Sample % (n)</b>	<b>Total Client Population % (n)</b>
<b>Ethnicity</b>		
Hispanic or Latino	22.0% (268)	24.0% (2,941)
Not Hispanic or Latino	78.0% (950)	76.0% (9,303)
<b>Race</b>		
White	86.5% (1005)	83.9% (6100)
Asian	4.2% (49)	2.6% (188)
Black or African American	3.4% (40)	2.6% (190)
American Indian or Alaska Native	2.7% (31)	1.0% (72)
Native Hawaiian or Pacific Islander	1.4% (16)	0.7% (48)
Other*/ Unknown**	9.6% (111)	9.7% (711)
<b>Number of race categories selected by client</b>		
1	93.7% (1087)	99.4% (7227)
2	5.7% (66)	0.5% (38)
3	0.6% (7)	<0.1% (2)
*The majority of respondents who indicated ‘Other’ race on the 2013 CSS reported being of Mexican, Hispanic/Latino, or Multi-Racial descent.		
**Unknown or not reported race on Clinic Visit Record data.		

### *Reasons for Choice of Clinic*

We asked respondents to indicate the top two reasons why they chose this particular clinic, although many respondents selected more than two reasons. The table below shows the top reasons among all respondents, among respondents at family planning-only clinics and among respondents at primary care clinics.

Top reasons why you chose this particular clinic:	Total %	Family Planning-Only sites	Primary Care sites
The clinic has free or low-cost services	61.8%	61.2%	63.4%
The clinic is close by or easy to get to	44.5%	37.6%	63.8%
I like the clinic staff	36.4%	40.5%	25.0%
The services are confidential	19.0%	21.7%	11.4%
A friend or family member recommended it	17.9%	20.1%	11.6%
I feel like I fit in here	10.9%	12.5%	6.6%
This is the only convenient clinic	7.5%	6.9%	9.4%
I was referred here by another health care or service provider	5.9%	5.5%	6.9%
Other (see below)	6.3%	6.3%	6.3%

Similarly to the 2011 survey, the availability of affordable services was the most important reason, identified by 61.8% of respondents. The second most commonly selected reason was a convenient clinic location (44.5%) and the third most commonly selected reason was liking the clinic staff (36.4%).

Regardless of clinic type, availability of affordable services was either the first or second most commonly selected reason. Among respondents at primary care clinics, clinic location was the most commonly selected reason, and was identified by significantly more respondents than among respondents at family planning-only clinics. Among respondents at family planning-only clinics, liking the clinic staff, availability of confidential services, a feeling of “fitting in,” and recommendations from friends or family were more commonly selected than among respondents at primary care clinics. Respondents at family planning-only clinics were more likely to select more than 2 reasons than respondents at primary care clinics, which could explain some of these differences.

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

*“I feel welcome, not like an outsider.”*

*“11 years been coming here ☺”*

*“Porque tratan bien a la persona” (“Because they treat people well”)*

*“Expertise of staff”*

*“Have been coming here off and on since I was 17.”*

*“Knowledge—perhaps more comfortable than my GP.”*

*“My normal doctor couldn’t see me soon enough.”*

*“Out of my town where everyone knows what’s going on.”*

*“El personal es muy amable y muy atento” (“The staff is very friendly and very helpful”)*

### *Access and Quality*

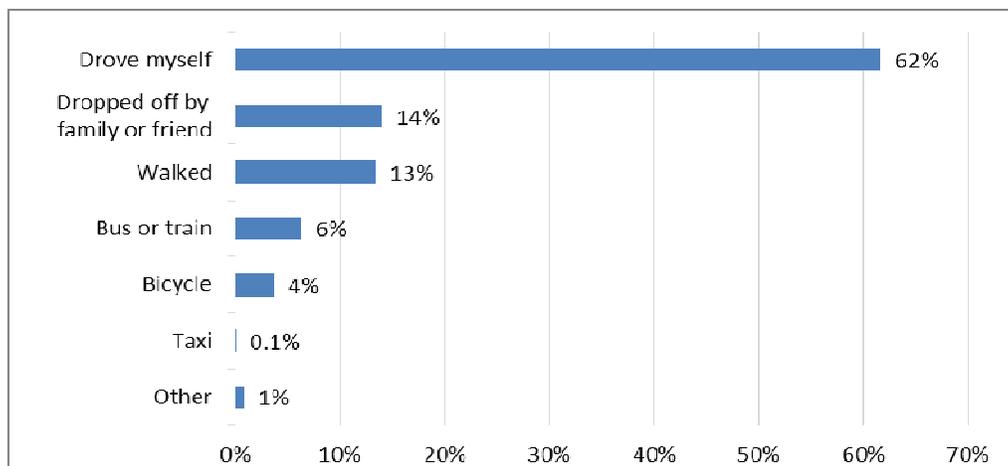
Respondents were then asked to indicate whether the following statements were true or false:

	<b>% True</b>
I was able to get an appointment as soon as I wanted	91.7%
It was easy to make an appointment over the phone	97.6%
I had enough time to ask questions	99.7%
The clinic staff respected my privacy	99.9%
The checkout process was easy	99.9%

Clients of family planning-only sites were significantly more likely than clients of primary care sites to say they were able to get an appointment as soon as they wanted. At family planning-only sites, 94.9% of clients got an appointment as soon as they wanted (95% confidence interval 93.2-96.2%), whereas 83.2% of clients at primary care sites got an appointment as soon as they wanted (95% CI 77.0-88.0%). The other statements were rated similarly between primary care and family planning-only sites.

### *Transportation*

We added two new questions about transportation to the 2013 survey, first about difficulty with getting transportation, and second about the transportation method used to get to the clinic. The proportion of respondents indicating it was “somewhat” or “very difficult” to get transportation totaled 5.7%. Transportation methods used by clients are shown below.



### *Wait Time*

In previous surveys, one of the most common complaints 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, 8.8% of respondents said they waited too long in the waiting room, and 5.3% of respondents said they waited too long in the exam room.

	<b>Wait time in waiting room</b>		<b>Wait time in exam room</b>	
	Overall %	% who said this was “too long to wait”	Overall %	% who said this was “too long to wait”
5 minutes or less	26.9%	0.3%	60.0%	0.8%
>5 up to 10 minutes	26.0%	1.0%	19.4%	4.4%
>10 up to 20 minutes	30.1%	7.2%	14.5%	14.3%
>20 up to 30 minutes	8.7%	23.0%	4.3%	21.1%
>30 up to 60 minutes	7.3%	46.1%	1.6%	56.1%
More than 60 minutes	1.0%	89.9%	0.2%	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. 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 primary care clinics and clients at family planning-only clinics, 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.

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Total Agree/Strongly Agree</b>
The front office staff (clerks and receptionists) treated me with dignity and respect	84.4%	15.3%	0.1%	0.2%	99.8%
The medical staff (nurses and/or doctors) talked with me in a way I could understand	90.0%	9.6%	0.2%	0.2%	99.6%
The medical staff took my concerns seriously	87.5%	11.9%	0.5%	0.1%	99.4%
The medical staff at this clinic understand my values	83.2%	15.3%	0.5%	0.1%	98.4%
I trust the medical staff to help me make decisions	82.2%	17.3%	0.4%	0.1%	99.5%
The medical staff care about me as a person	80.0%	19.4%	0.4%	0.2%	99.4%
I feel comfortable at this clinic	83.1%	16.7%	0.2%	0.1%	99.8%
I would recommend this clinic to friends or family	83.9%	15.4%	0.7%	0.1%	99.2%
This visit met my expectations	83.9%	15.5%	0.5%	0.1%	99.4%

*Sources of Care and Access to Services*

To learn more about clients’ sources of care and access to services, we asked several questions. Clients at primary care sites were more likely than clients at family planning-only sites both to have health insurance (58.8% and 30.5%, respectively) and to go to “this clinic” for general health services (67.6% and 34.0%, respectively). The greater proportion of clients at primary care sites who have health insurance is due primarily to clients at school clinics (both university health centers and SBHCs), 71% of whom reported having health insurance.

<b>Have you been to another clinic for birth control or family planning services in the last two years?</b>	<b>Overall %</b>	<b>Family Planning-only sites</b>	<b>Primary care sites</b>
Yes	29.7%	28.7%	32.6%
No	70.3%	71.4%	67.4%
<b>Do you have health insurance that covers primary care services?</b>			
Yes	52.8%	30.5%	58.8%
No	37.9%	60.6%	30.8%
I don't know	9.4%	9.0%	10.3%
<b>Where do you usually go for general health services?</b>			
Nowhere	16.1%	19.2%	7.3%
This clinic	42.8%	34.0%	67.6%
Another clinic or doctor	34.8%	38.9%	23.2%
Emergency Room (ER) or urgent care	6.3%	7.9%	1.9%
<b>How important is it for you to go to the same clinic for reproductive health services and general health services?</b>			
Very important	54.8%	59.5%	41.6%
Somewhat important	35.7%	31.4%	47.8%
Not important	9.5%	9.1%	10.6%

Questions on clients’ insurance status and source of care for general health services were also included in the 2009 survey. Compared to 2009, significantly more clients reported having health insurance that covers primary care services (52.8% in 2013, 26.9% in 2009). In looking at clients’ usual source of care from 2009 to 2013, fewer clients reported that they went “nowhere” or to the ER or urgent care for general health services, and more clients indicated that they went to another clinic or doctor for general health services in 2013 than in 2009.

As in 2009, health insurance coverage was strongly associated with having a usual source of care: clients with health insurance were significantly more likely to access general health services at another clinic or doctor, and were significantly less likely to go “nowhere” or to the ER or urgent care. Thus, the shift in clients’ usual source of care from 2009 to 2013 can be attributed to the acquisition of health insurance. Interestingly, the proportion of clients who go to “this clinic” for general health services has remained constant at approximately 43% from 2009 to 2013, and is similar for clients who have health insurance and those who do not have health insurance.

Where do you usually go for general health services?	Client primary care insurance status		
	Have health insurance	Do not have health insurance	Don't know if have health insurance
Nowhere	4.2%	25.0%	13.0%
This clinic	43.5%	42.4%	42.6%
Another clinic or doctor	47.2%	25.7%	37.0%
Emergency Room (ER) or urgent care	5.1%	7.0%	7.5%

One new question included in the 2013 survey was about the clients' attitudes toward receiving reproductive health care and general health services at the same clinic. Overall, 90% of clients thought it was "very important" or "somewhat important" to receive reproductive health services and general health services at the same clinic, and about 10% of clients thought it was "not important." Interestingly, clients at primary care sites were more ambiguous than clients at family planning-only sites. Those at primary care sites were more likely to say it was "somewhat important" whereas those at family planning-only sites were more likely to say it was "very important." This appears to be due to differences in health insurance coverage among clients at family planning-only and primary care sites: clients without health insurance coverage were more likely to say "very important" than those with health insurance.

How important is it for you to go to the same clinic for reproductive health services and general health services?	Client primary care insurance status		
	Have health insurance	Do not have health insurance	Don't know if have health insurance
Very important	43.3%	64.4%	47.0%
Somewhat important	44.3%	28.8%	39.9%
Not important	12.4%	6.8%	13.1%

### *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. A slightly lower proportion of respondents said they were offered information about these services than in 2011 and in 2009, however in the 2013 survey respondents had the option to indicate "I don't know." Overall in 2013, 34.7% of clients said they were offered information about public health insurance, and 32.8% of clients said they were offered information about where to go for general health services.

Ever offered information about...	Yes	No	I don't know
The Oregon Health Plan (OHP), Healthy Kids, Medicaid, or other public health insurance	34.7%	49.9%	15.5%
Where to go for general health services	32.8%	48.7%	18.5%

In the 2009 survey we found that clients who did not have health insurance were much more likely to be offered information about both public health insurance and accessing general health services. The same was true in 2013, as shown in the table below. Clients who were unsure of their insurance status were less likely to report that they had been offered information about public health insurance and general health services than clients who knew their insurance coverage status.

Proportion of clients offered information about...	Client primary care insurance status		
	Have health insurance	Do not have health insurance	Don't know if have health insurance
The Oregon Health Plan (OHP), Healthy Kids, Medicaid, or other public health insurance	41.8%	57.2%	29.8%
Where to go for general health services	47.3%	51.7%	38.3%

### *Clinic Availability and Reminders*

Respondents were then asked to indicate which clinic hours would be best for them, and to indicate what type of reminder(s) they would like for their family planning appointments. Respondents were asked to select as many options as applied to them. Results are shown in the table below:

What clinic hours are best for you?	%
Standard business hours (8am-5pm, Monday-Friday)	87.8%
During the lunch hour	12.8%
After 5pm	28.8%
Saturdays	30.5%
What kind of reminder would you like for family planning appointments?	
Phone call	67.8%
Text message	41.6%
Email	28.4%
Reminder card at checkout	27.1%
Card in the mail	14.3%
No reminders	4.4%
Other	<0.1%

### *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. Respondents had very positive comments about the staff, providers, ease of accessing services and getting the information they needed. Of those who made a comment, the most frequently mentioned “best thing” was the clinic staff: 39% of comments included the words “staff,” “nurse,” “doctor,” “friendly,” “respectful,” or “kind.” Another 14% mentioned “quick,” “easy,” or “efficient,” and another 13% mentioned “got what I needed,” “questions answered,” or “help.” Below is a selection of comments:

What was the best thing about your visit today?

*“Very careful during the exam, no discomfort or pain.”*

*“Feeling concerned about birth control and being able to get a checkup and my questions answered.”*

*“Escuchan mis preguntas.” (“They listen to my questions.”)*

*“Staff was kind and sweet, but treated me as an adult, and respectfully.”*

*“Everyone is respectful and non-judgmental.”*

*“Personal fue muy amable” (“Staff was very friendly”)*

We also asked respondents to name one thing that could have been done better. The majority of comments (about 56%) 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 18% of respondents). Below is a selection of comments:

*“Keep up the good work ☺”*

*“Que el tiempo de espera sea menor” (“That wait time is shorter”)*

*“Maybe chocolate?”*

*“Nothing, you guys are great! Waited a little long but I figure you’re busy ☺”*

*“Keep the same staff”*

*“More private at check-in”*

*“Less repeat paperwork”*

### **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 patient population seen in reproductive health clinics, client satisfaction can have many different definitions.

Respondents of the 2013 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 are becoming eligible for Medicaid (through expanded eligibility criteria) or financial assistance with Qualified Health Plans through the Affordable Care Act, family planning clinic staff are 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.

As information sources and outreach methods continue to change and modernize, it is important 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 the health care landscape, particularly around reproductive health, continues to change, it is important to continue to explore client characteristics and perceptions of care. The Customer Satisfaction Survey is a useful tool to assess quality of care and satisfaction levels, and to track 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.

**References:**

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