



# Center for Health Systems Innovation

Transforming Rural and Native American Health

# Assessment of Rural Primary Care Clinics Through the Patient Evaluation Advisory Tool

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## Abstract

### OBJECTIVE:

To identify inefficiencies in a medical practice with the goal of creating a more efficient workflow from the perspective of the patient.

### METHODS:

Human: Survey distribution and sentiment identification

Software: Statistical analysis

### RESULTS & CONCLUSIONS:

According to the responses of patients of two rural primary care clinics, the results revealed areas of weakness and improvement centered around patient satisfaction. In addition to clinical staff, patients submitted their rating regarding all aspects of the clinic. The patient perspective is not currently being analyzed to transform workplace efficiencies, but this study aims to use the patient perspective insight to identify inefficiencies as well as deliver more patient-centered healthcare through the distribution of surveys.

## Background

The Oklahoma State University Center for Health Systems Innovation (CHSI) conducted a study of rural primary practices in Oklahoma. The Patient Evaluation Advisory Tool (PEAT), a survey used to assess patient satisfaction, was distributed to two rural primary care clinics. **Fieldwork** included traveling to both sites, administering paper surveys, and collecting individual responses. Participants included patients present in the waiting area prior to their visit. Survey questions were designed to identify **inefficiencies in the clinical workflow** based on the perspective of the patient. Analysis was conducted through statistical manipulation in Microsoft Excel. Visual representation of the responses was obtained through compiling the data into pie graphs. Results should not be interpreted as generalized findings for all rural practices, but solely for the use of the two participating clinics.

## Methods

Each survey begins with eight questions, including demographics, which describe the participant (Figure A). The survey portion contains fifty questions and statements, which cover the following categories: **Phones, Check-In/Visit Preparedness, Same Day Access, Services, Check Out, Patient Care/Doctor Efficiency, Pharmacy & Diagnostics, Billing, About You, and Yes/No Questions/Technology.** The survey concluded with a written response question of “**What is one thing that this clinic could do better that would make you happier?**” Excluding the Yes/No Questions, the patient answered each statement with “Always,” “Often,” “Rarely,” or “NA” (Not applicable). Survey data was transferred to an excel file that acted as a digital copy of the survey. Responses were then matched with a corresponding clinical file that could be distributed for future studies. This allowed for organization and data comparison. Next, an algorithm was used to sum the responses to each survey question. The total number of responses to each question was collected and this allowed for statistical analysis (Figure B). This aggregate data was then converted into pie charts that allowed for efficient reporting purposes. The physicians received individualized reports for those surveys where the patient had selected them as their doctor. The doctor could then see their patients’ answers to all fifty questions of the survey. If the “Rarely” and “NA” sum was greater than 10% in any given pie chart, then that category was flagged for investigation by the clinic.

## Methods (Cont’d)

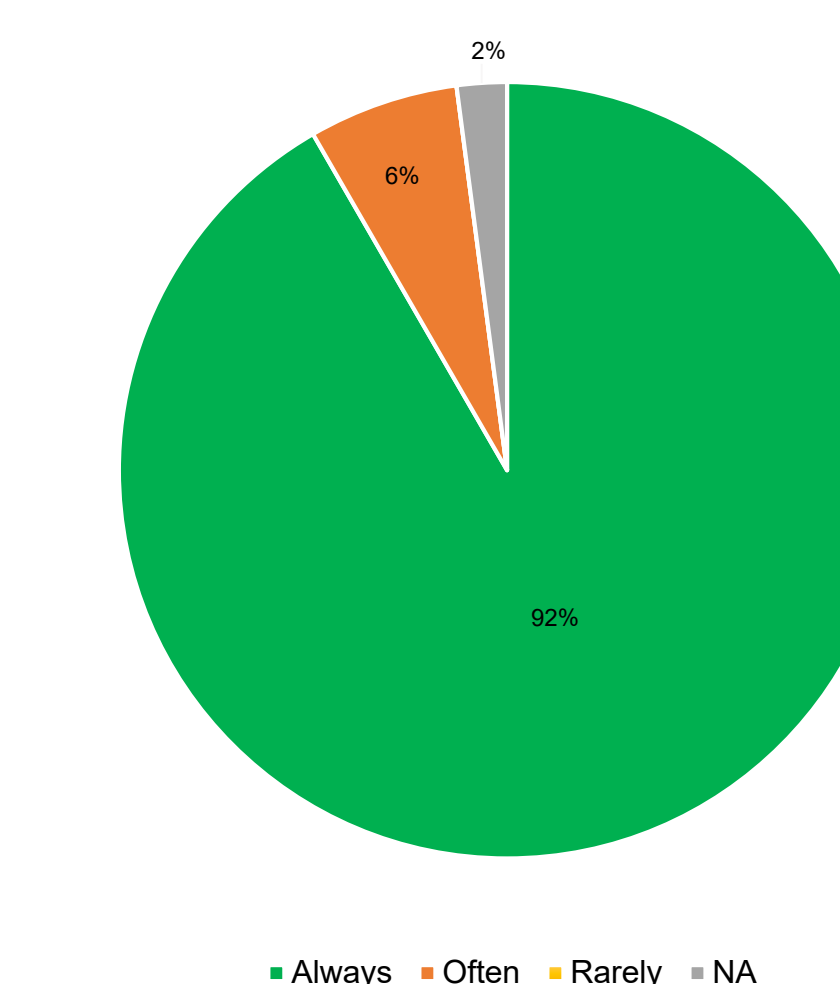
Figure A: portion of PEAT survey

Figure B: Snapshot of data analysis

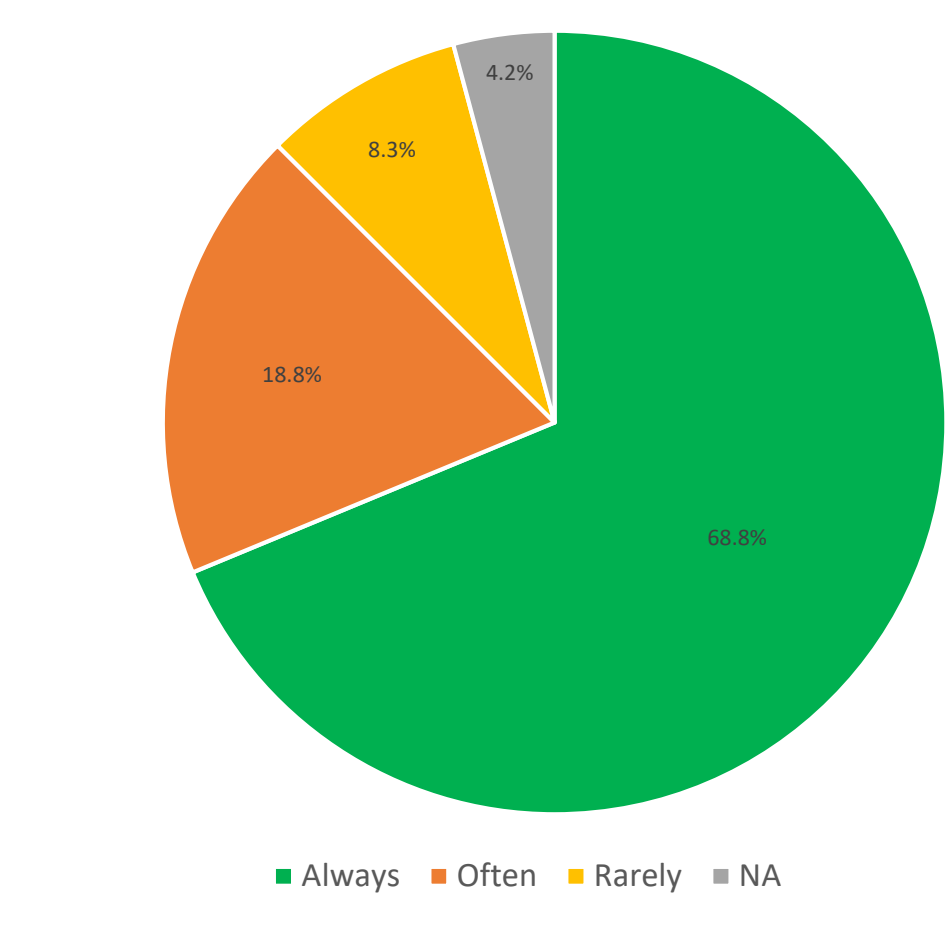
Sum	Total	Percentage	Response
42	145	29.0%	Male
103	145	71.0%	Female
10	155	6.5%	Null
17	155	11.0%	0-18
15	155	10.0%	19-25
27	155	17.4%	26-31
24	138	17.4%	32-45
19	138	13.8%	46-55
15	138	10.9%	56-65
17	138	12.3%	66-75
4	138	2.9%	76+
17	155	11.0%	Null
23	112	20.5%	Guardian
89	112	79.5%	Partner
11	87	12.6%	Corby Smithson
22	87	25.3%	Corby Smithson
11	87	12.6%	Colby Smithson
22	87	25.4%	Evans
8	87	9.2%	Shreck
63	150	42.0%	Null
109	155	70.3%	Often
28	155	18.1%	Often
16	155	10.3%	Rarely
2	155	1.3%	NA
0	155	0.0%	Null

## Results and Findings (Cont’d)

40) I feel the doctor cares about my well being



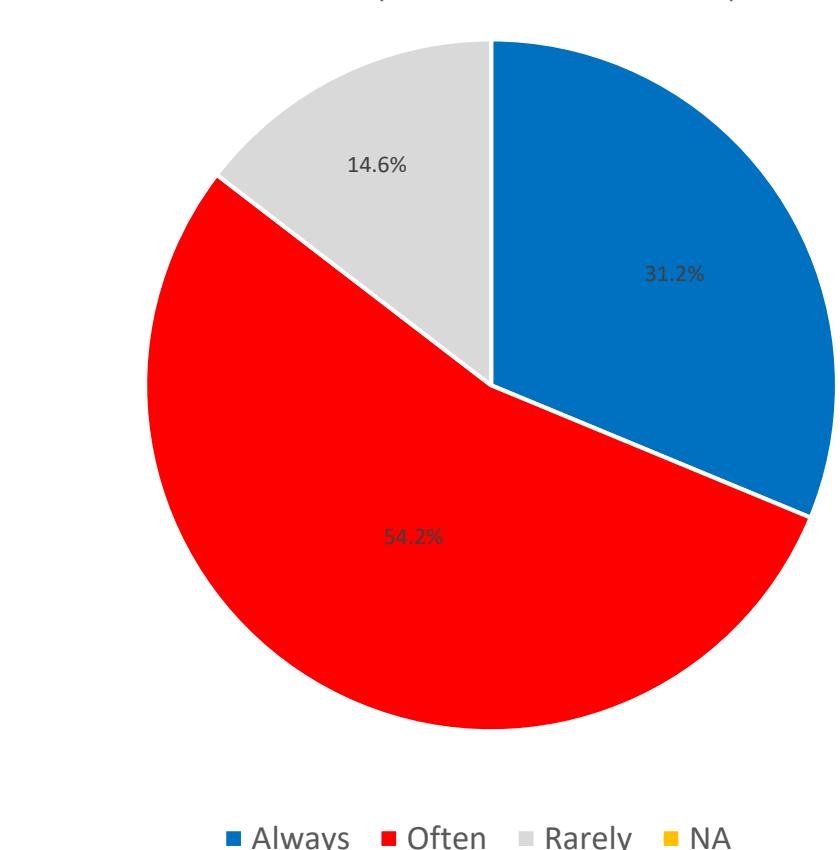
34. I am confident that my doctor bills my insurance company for the correct services.



### Weakness

One area of improvement centered around patient wait times in the clinic lobby (Q24). As seen in the graph below, only 31.2% of respondents considered their wait time to always be reasonable (under 10 minutes). This means 68.8% experienced a wait time over 10 minutes, which varied in frequency. This could reflect poor time management, or that the clinic places an emphasis on ensuring all issues are addressed during a patient’s visit.

24. My wait for the doctor in the exam room is reasonable (less than 10 minutes).



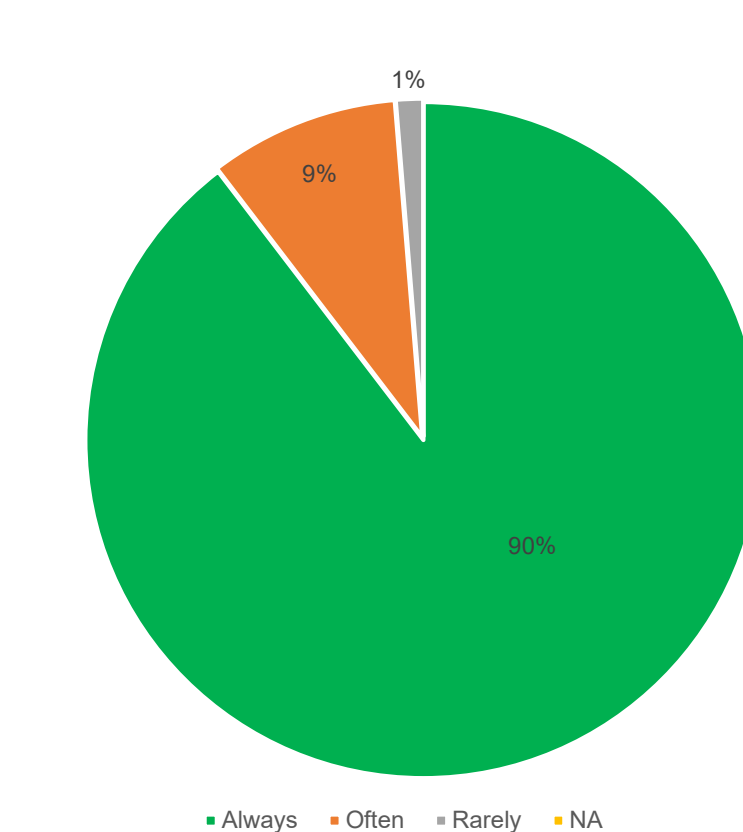
## Results and Findings

### Rural Clinic One

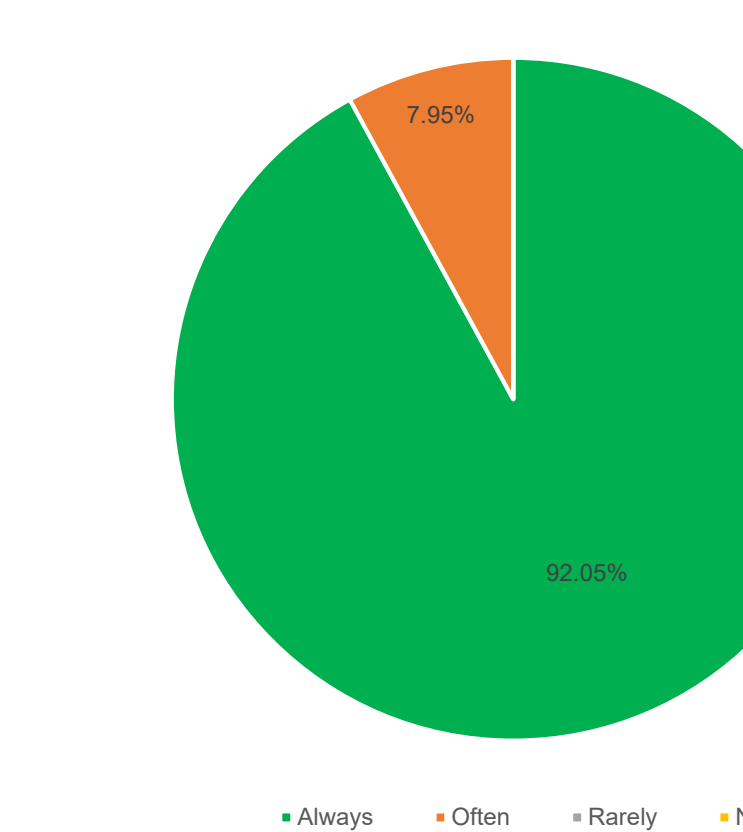
#### Strengths

The two graphs displayed below demonstrate two areas of strength for this clinic. The green slice of the first pie chart (Question 7) reflects that over 50% of the surveyed patients were satisfied with the clinic’s verification of their personal information. The second pie chart (Question 26) reflects that over 50% of surveyed patients were satisfied with their doctor’s efforts to involve them in healthcare decisions.

7) Upon arrival, my personal information is verified.



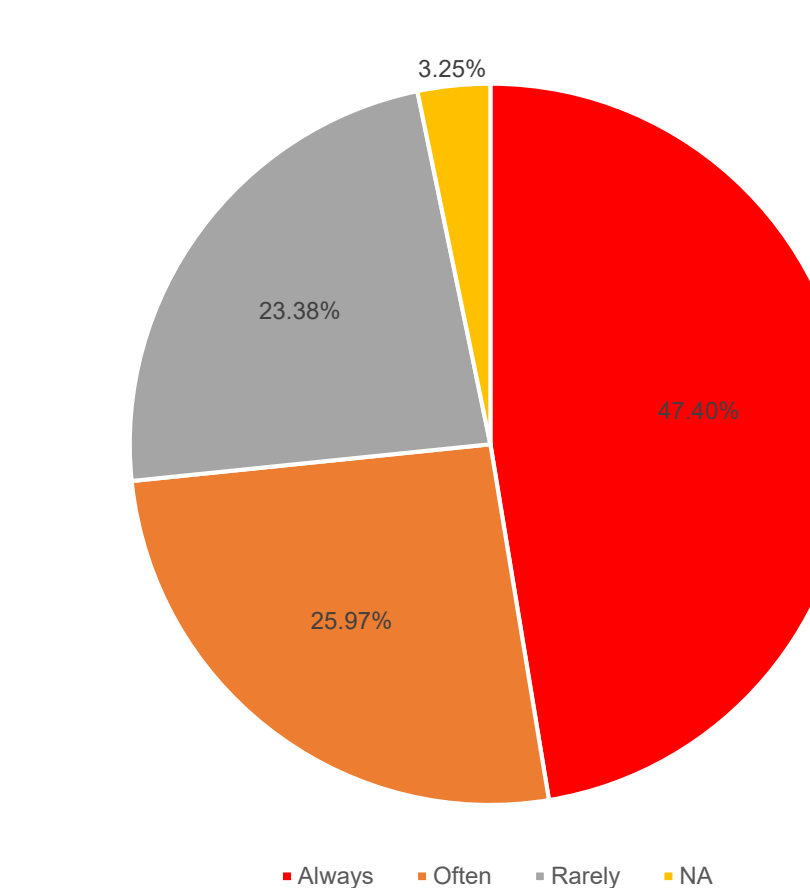
26) The doctor involves me in health care decisions as much as I want him/her to.



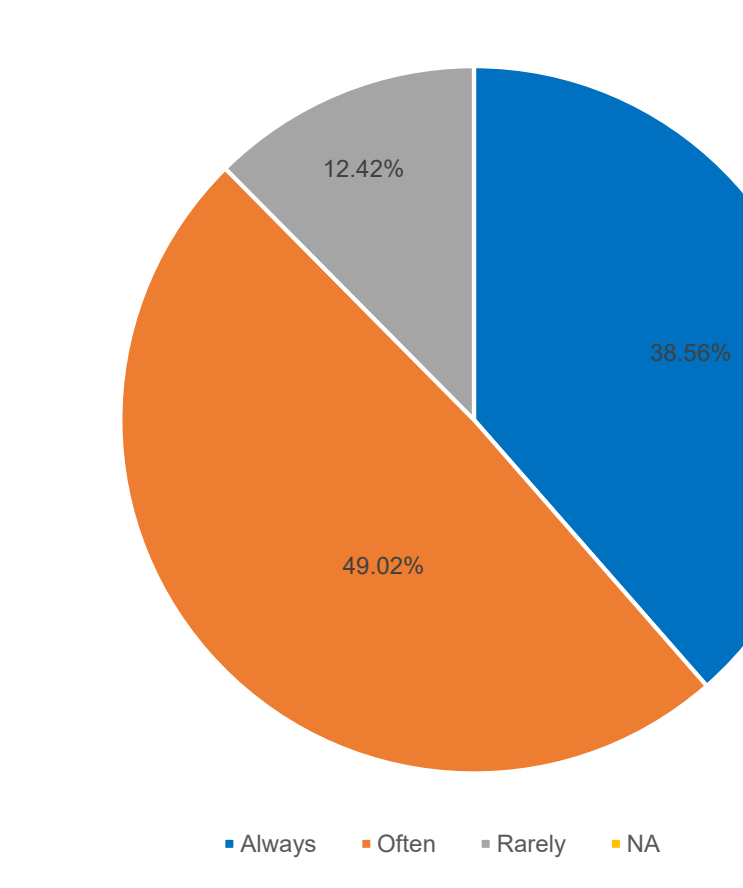
#### Weaknesses

Areas of improvement centered around health insurance verification (Q8) and wait times (Q24). Only 47.4% of surveyed patients reported that they were always asked for health insurance verification. 12.42% of surveyed patients reported that they rarely experienced wait times less than 10 minutes.

8) I am asked for my health insurance or Medicare card.



24) My wait for the doctor in the exam room is reasonable (less than 10 minutes).



### Rural Clinic Two

#### Strengths

The two graphs displayed in the top right report that patients experienced satisfaction with their personal health care (Q40) and felt confident the clinic staff billed their insurance companies for the correct services during their visit (Q34). This reflects a primary care clinic that embraces patient-focused care and utilizes a billing system that maximizes efficiency.

## Conclusion

The patient perspective is not currently being utilized to transform workplace inefficiencies on a large scale. Utilizing a patient-centered survey like PEAT provides rural practitioners and clinical staff the unique insight of the patient to help enable changes that lead to greater efficiencies in workflow. While patient satisfaction is an important indicator for care as it measures, according to AHRQ (Agency for Healthcare Research and Quality), the provider’s ability to meet patient expectations, patient experience surveying generates much more detailed feedback for providers on how their process and procedures are experienced by patients. In the two clinics, physicians expressed great interest and enthusiasm for this type of feedback and highly valued that it was directly from patients.

Rural primary care efficiency can be hindered by multiple facets of a clinic’s operations. According to the responses of patients from the two clinics, there are areas extending from health insurance verification to reasonable wait times that can be improved upon. These seemingly simple aspects can compound into larger problems for the clinic, both financially and through its reputation with patients.

The future goal is to partner with more rural primary care clinics that seek to identify inefficiencies of workflow through this unique perspective. The insight provided by PEAT can help transform healthcare into being more patient-centered while focusing on clinical efficiency.

**Acknowledgement:** The authors and CHSI acknowledge the survey development work of Wesley Hood, CHSI 2017 Summer Intern, who in concert with the staff at CHSI created the PEAT assessment tool. Through patient survey research and CHSI training, he aligned the PEAT to the proprietary CHSI Clinic Efficiency Assessment Tool (CEAT). The CEAT measures the efficiency of the necessary, specific, categorized processes within outpatient clinics. The aim of the PEAT was to create patient-centered feedback to process assessments and quality improvement targets.