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# Catagorized comparison of Pacific university patients

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Abstract Catagorized comparison of Pacific university patients

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# CATAGORIZED COMPARISON OF PACIFIC UNIVERSITY PATIENTS

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Y 1987

#### INTRODUCTION

Pacific University College of Optometry, as part of its intern clinical training progam operates three primary optometric clinics in the greater Portland area. The Forest Grove clinic is located in Jefferson Hall on the campus of Pacific University, and serves primarily Washington county. Portland clinic, is located in downtown Portland near Portland State University, and serves the Portland core area. The third clinic is located in North Portland on the Cascade campus of Portland Community College, and serves the Northeast Portland area.

These clinics offer full scope optometric care, are staffed by third and fourth year Pacific interns, and are supervised by professors and staff optometrists. The Forest Grove and Portland clinics offer extensive specialty services; vision training, low vision, contact lenses and ocular disease management.

The purpose of this paper is to provide a descriptive comparison of Pacific University clinic patients. Patient profiling includes family income, mode of payment, age distribution, diagnosis and treatment offered, distance between the patients home and the clinic and the frequency of return visits or new clinc patients.

This type of research is important to determine the goals of each clinc and to determine those populations which may now be underserved and to provide the best services to all the patients of the system. An example of this is the frequency of return visits; an adequate recall system must be implemented and followed to assure the best care for the patient.

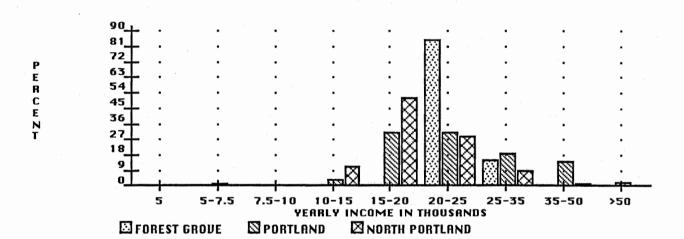
#### METHODS

The data were generated from patient files of 1986. They were randomly selected and categorized using approximately 167 files from each of the clinics to give a total of 500 patients. Family income was derived from the most current census tract information, using the patients home address as entered in the patients file with the income categories taken from the census intervals. Payment mode was taken from the clinic fee sheets. These catagories included those who were self pay (out of pocket), true state and federal welfare cases, those paid by charities such as Lions, those on Pacific University staff or students who recieve a reduced rate as determined by staff social workers, those who did not pay for services rendered and those who had private vision insurance. The age groups reflect infant, preschool, grade school, highschool, pre presbyope, presbyope and the geriatric populations.

#### RESULTS

The results of each catagory were placed on bar graphs expressed as percents of the total patients of each clinc. Directly under each graph is the raw data from each of the clinics.

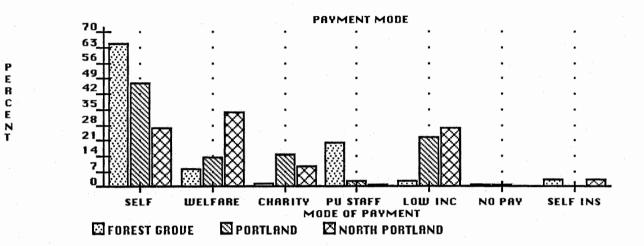
## YEARLY FAMILY INCOME



#### INCOME DATA

	5	5-7.5	7.5-10	10-15	15-20	20-252	5-35	35-50	>50
FOREST GROVE	0	0	0	0	0.7	84.6	14.8	0	0
PORTLAND	0	0.9	0	2.8	31.2	31.2	18.3	13.8	1.8
NORTH PORTLAND	0	0	0	11	50.8	28.8	8.5	0.8	0

## PAYMENT MODE

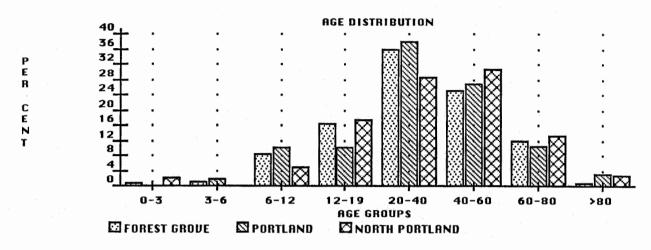


Key	Self:	Patient paid out of pocket for eyecare
· .	Welfare:	Eyecare paid for by welfare agency
	Charity:	Eyecare paid for by a charity, e.g. Lions Club
	P.U. Staff:	Courtsey discount to Pacific University staff and students.
	Lo Inc:	Low Income status determined by the respective clinic, amount paid derived from sliding scale.
	No Pay: Self Ins:	Patient did not pay for eyecare, i.e. bad debt. Eyecare paid for by the patient's own insurance.

# PAYMENT MODE DATA

	SELF	WELFARE	CHARITY	PU	STAFF	LOW I	NC N	O PAY	SELF	INS
FOREST GROVE	65.1	7.7	1.2		20.1		2.4	0.6		з
PORTLAND	46.7	13.6	14.2		2.4	2	2.5	0.6		0
NORTH PORTLAND	26.5	33.3	9.5		0.7	2	6.5	0		3.4

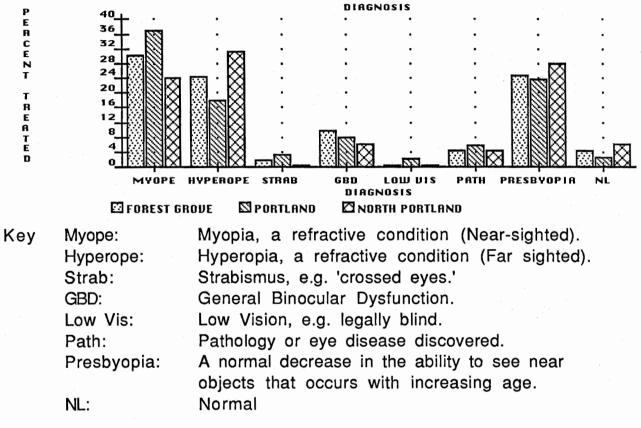
#### AGE DISTRIBUTION



## AGE DISTRIBUTION DATA

	0-3	3-6	6-12	12-19	20-40	40-60	60-80	>80
FOREST GROVE	0.6	1.2	8.4	16.2	35.9	25.1	12	0.6
PORTLAND	0	1.8	10.1	10.1	37.9	26.6	10.7	3
NORTH PORTLAND	2.2	0	5.1	17.5	28.5	30.7	13.1	2.9

## DIAGNOSIS

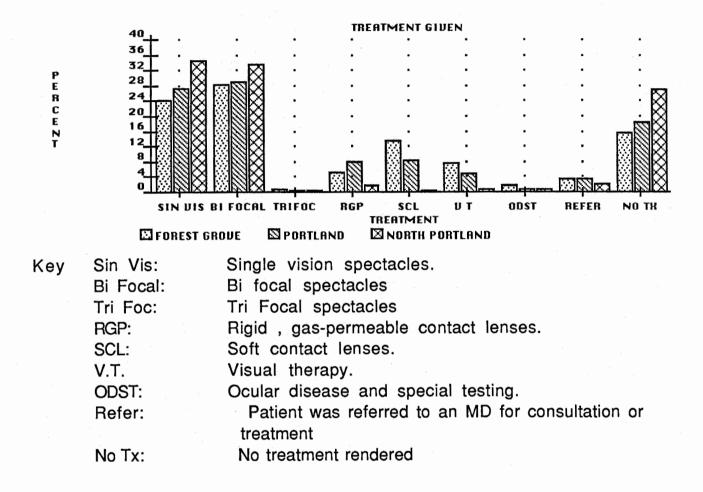


### DIAGNOSIS DATA

	MYOPE	HYPEROPE	STRAB	GBD	LOW	VIS	РАТН	PRESBYOPIA	NL
FOREST GROVE	30.3	24.4	1.8	9.5		0	4.5	24.9	4.5
PORTLAND	37.1	18.1	3	7.8		2.2	5.6	23.7	2.6
NORTH PORTLAND	24	31	0.5	6		0	4.5	28	6

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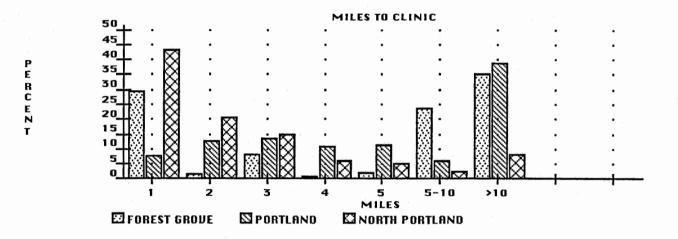
#### TREATMENT



#### TREATMENT DATA

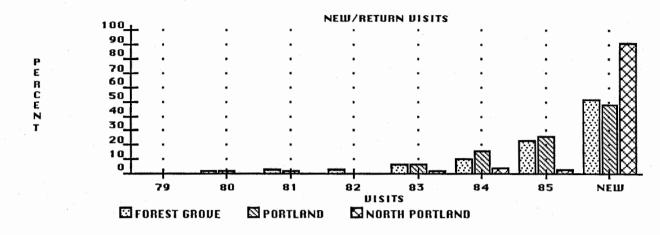
	SIN VIS B	I FOCAL	TRIFOC F	RGP	SCLV T	ODST	REFER N	NO TX
FOREST GROVE	24.3	28.3	0.6	5.2	13.3 7.5	1.7	3.5	15.6
PORTLAND	27.4	29.2	0	7.7	8.3 4.8	0.6	3.6	18.5
NORTH PORTLAND	34.6	<b>33</b> .5	0	1.7	0 0.6	0.6	2.2	26.8

# DISTANCE FROM HOME TO CLINIC



## DISTANCE DATA

	1	2	3	4	5	5-10	>10
FOREST GROVE	29.5	1.5	8	0.5	2	23.5	35
PORTLAND	7.7	12.4	13.6	10.7	11.2	5.9	38.5
NORTH PORTLAND	43.4	20.5	14.8	5.7	4.9	2.5	8.2



#### **RETURN VS. NEW PATIENTS**

VISIT DATA

	LAST VISIT								
	79	80	81	82	83	84	85	NEW	
FOREST GROVE	0.6	2.4	3	3	6.5	10.7	23.1	50.9	
PORTLAND	0	2.4	1.8	0.6	6.5	15.9	25.3	47.6	
NORTH PORTLAND	0	0	0	0	2	4	3.4	90.6	

#### DISCUSSION

These data show many trends of the Pacific clinic patient. We will briefly comment on each catagory and clinic.

The yearly family income shows the Forest Grove clinic having the most clustered income grouping with 84.6% of families with annual incomes of 20-25 thousand dollars and none in the very high or low income brackets. This may be due to the large census tracts with relatively sparce

population in Western Washington county. The Portland clinic has a much more diverse income spread probably due to smaller geographic tracts and a more diverse population. Cascade clinic shows a tighter cluster of incomes tending toward slightly lower income per family probably due to the many retired residents and students in North Portland as well as the general reduced economy of this district.

The mode of payment shows the most self pay patients visiting the Forest Grove clinic followed by Portland clinic. This coorelates with the family income levels of the two clinics. Cascade clinic on the other hand showed the largest amount of welfare and low income patients, again corralating with the observed income levels. Forest Grove showed low numbers of welfare and charity patients possibily due to the fact that this clinic has no full time social worker for these patients.

The age distribution shows all clinics fairly equal in distribution with a peak in the 20-40 year old interval possibly due to the close proximity of a college campus to each clinic.

Diagnosis shows expected peaks in common vision problems as myopia, hyperopia and presbyopia. Low vision patients are rarely seen at any of the clinics.

Treatment offered shows single vision and bifocal spectacle lenses as the most common treatment. Contact lenses appear to make a poor showing at all clinics and trifocal lenses are very seldom prescribed possibly due to the inexperience of the age group most often seen.

The distance traveled to the clinic has Forest Grove showing peaks at 1 mile or less, probably the campus, again at 6 miles, from the larger city of Hillsboro, and again at greater than 10 miles. Portland clinic shows very few patients living close to the clinic even with a major University very close. Most of their patients are from greater than 10 miles. There is a severe parking problem at the Portland clinic which may turn neighboring residents away. The Cascade clinic shows almost all the patients living within 3-4 miles of the clinic due to the campus perhaps. They recieve very few patients from greater than 10 miles.

The new vs. return patients or recall system in force shows the majority of all patients seen at each clinic being new first time patients. The most striking finding is at the cascade clinic where 90% of all patients are first time. This may be due to the length of time the clinic has been in existence or the large student population in the area who may not seek care as often.

#### CONCLUSION

This paper shows the demographic characteristics of the patients who visited each of the clinics of Pacific University College of Optometry in 1986. We hope this will be a valuable tool for future market research to enhance the usefulness of these clinics and to provide the best and most needed care to the people of this area. We tried not to judge the clinics merits or shortcomings but to present the data for others to follow to analyze.

#### REFERENCES

1. U.S. Department of Commerce Bureau of Census: 1980 Census of Population and Housing Portland, Oreg.-Wash. PHC80-2-290

2. U.S. Department of Commerce Bureau of Census: 1980 Census of Population and Housing Portland, Oreg.-Wash Standard Metropolitan Statistical Area Maps PHC80-2-290