Coming Out of Crisis:

Patient Experiences in Primary Care in New Orleans, Four Years Post-Katrina

THE COMMONWEALTH FUND

Findings from The Commonwealth Fund
2009 Survey of Clinic Patients in New Orleans

Michelle M. Doty, Melinda K. Abrams,
Stephanie Mika, Sheila Rustgi and Georgette Lawlor

January 2010

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The mission of The Commonwealth Fund is to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults.

The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. An international program in health policy is designed to stimulate innovative policies and practices in the United States and other industrialized countries.

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ABSTRACT: One of the many things Hurricane Katrina devastated when it hit New Orleans in 2005 was the city's health care system. Two hospitals that had been the main sites of care for low-income, uninsured residents were closed for long periods; one remains so. In their place has emerged a network of more than 90 independent, neighborhood primary care clinics, funded with federal, state, and local money. To find out how well these community clinics were serving their high-need populations, The Commonwealth Fund conducted interviews with patients at 27 clinics in 2009. The findings are encouraging: most patients reported having easy access to care, helpful communication with clinicians, good management of their chronic illnesses, and preventive care. When they needed care, costs did not deter them from seeking it. The results suggest that the locally based clinics could serve as a model for delivering primary care to vulnerable populations elsewhere.

Support for this research was provided by The Commonwealth Fund. The views presented here are those of the authors and not necessarily those of The Commonwealth Fund or its directors, officers, or staff. To learn more about new publications when they become available, visit the Fund's Web site and register to receive e-mail alerts. Commonwealth Fund pub. no. 1354.

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Acknowledgments

This study would not have been possible without the cooperation of the clinic directors and staff at the 27 PCASG clinics in Orleans Parish who allowed interviewers to sit in their waiting rooms and talk to their patients about the health care experience. We thank Melissa Herrmann, Eran Ben-Porath, and Daniel Russell at Social Science Research Solutions (SSRS) for their patience, flexibility, and creativity in administering the survey in the 27 clinics. We are also indebted to the team at the Louisiana Public Health Institute—Clayton Williams, Lisanne Brown, Chatrian Karagner, and Maria Ludwick—for their guidance and feedback, which helped make the study feasible. Valuable input on the study design, the survey instrument, and early drafts of the report was provided by PCASG evaluators Diane Rittenhouse, M.D., and Laura Schmidt, Ph.D., at the University of California, San Francisco.

Editorial support was provided by Mariana Gosnell.

EXECUTIVE SUMMARY

When Hurricane Katrina hit the greater New Orleans area on August 29, 2005, it devastated the local health care system. Access to primary care and behavioral health services was severely limited. The Medical Center of Louisiana at New Orleans, the city's large safety-net hospital system, was flooded and forced to shutter its doors for 14 months, devastating the city's health care infrastructure. The Charity Hospital building, which is part of the historic safety-net clinic complex, remains closed to this day. The city's inpatient bed capacity plummeted by more than 50 percent, and the number of ambulatory care clinics declined from 90 to 19.[1] The disruption in care also caused a massive dislocation of the health care work force. An estimated 4,500 physicians were temporarily dislocated by the storm, approximately 35 percent of them primary care physicians. While the number of physicians per resident has improved, the ratio is still below pre-Katrina levels.

With the closure of the major public hospital and its adjacent ambulatory care sites, several nonprofit health care organizations stepped into the void to help care for the city's poor and uninsured. What has emerged is a growing network of independent, neighborhood primary care clinics. In 2007, the U.S. Department of Health and Human Services awarded the state of Louisiana a $100 million Primary Care Access and Stabilization Grant, or PCASG, to restore and increase access to primary care by stabilizing and expanding this growing neighborhood system of primary and behavioral health care. The specific goals of the grant are to increase access to care, develop sustainable business entities, provide evidence-based, high-quality health care, and develop an organized system of care.[2] The state selected the Louisiana Public Health Institute (LPHI) to administer the grant as the state's local partner. As such, LPHI is responsible for devising a payment methodology in collaboration with federal and state governments, disbursing grant dollars, and providing or arranging for technical support for quality and process improvement. In the wake of the devastation of Katrina came an opportunity to test a new model for organizing primary care for the poor and uninsured in New Orleans.

In an effort to assess the quality of care given to patients who are served by the burgeoning network of clinics receiving PCASG funding, The Commonwealth Fund conducted a survey of a sample of clinic patients in 2009, 18 months after the initial PCASG funds were disbursed. This report examines the patients' experience with access, coordination, preventive care, chronic-disease management, and relationships with personal clinicians. The goal of the survey is to monitor federal and local efforts intended to reorganize the primary care infrastructure following Hurricane Katrina and to determine the impact of those efforts on patients. The report should help to keep national attention on the devastation of Hurricane Katrina and its long-term effect on health care services. Simultaneously, the findings can provide valuable lessons for national and state leaders interested in strengthening primary care for extremely vulnerable patients.

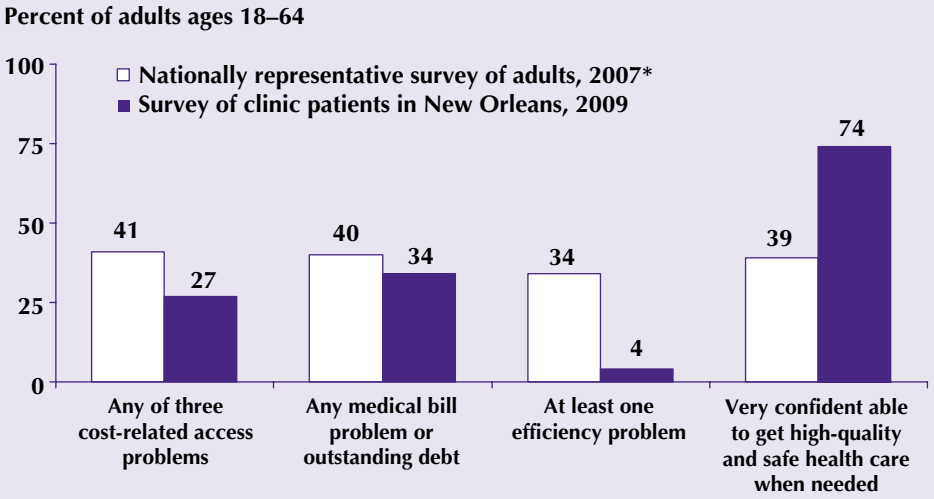
KEY FINDINGS

Clinics in New Orleans serve a particularly vulnerable population, yet few patients forgo necessary care or report inefficiencies in care.

Although more and more families across the country have seen their health insurance coverage deteriorate and medical bill problems or cost-related delays in getting needed care escalate, the survey finds that fewer clinic patients forgo care because of cost or have accumulated medical debt than adults in the country as a whole (Exhibit ES-1).[3] Even though health care expenses continue to rise as a share of income across the country and within all income groups, the New Orleans clinic patients express greater confidence than most patients elsewhere in the country in their ability to afford the health care that would be needed if they were to develop a serious illness.

As patients of free or low-cost care clinics, survey respondents would be expected to experience fewer problems accessing care and lower medical debt burden than the general population who may not have the same access to free or low-cost care. Still, these findings are striking given that the vast majority of clinic patients are uninsured during the year (72%), low-income (51% of respondents have incomes below 200% of the federal poverty level), and minority (89%). Clinic patients' reports of fewer problems paying medical bills affirm the value of providing care regardless of ability to pay in staving off unmanageable debt burdens in low-income and uninsured patient populations. Indeed, the study results are a testament to the fact that it is possible to deliver well-organized, high-quality, efficient, and sustainable care for the poor and uninsured.

Exhibit ES-1. Fewer Clinic Patients Forgo Care Because of Cost, Incur Medical Debt, or Experience Inefficiencies in Care: Confidence in Getting Care in the Future Is Very High



Source: *The Commonwealth Fund Biennial Health Insurance Survey (2007), adults ages 19–64; The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans, ages 18–64.

Nearly four of 10 clinic patients have an "excellent" experience, nearly nine of 10 patients reported they had enhanced access to care, and more than three-quarters reported excellent patient–clinician communications.

In order to assess the quality of patients' clinical experiences, this study measured how patients evaluated all four components of what can be considered a well-organized, patient-centered system of care: 1) having a clinician in the clinic who understands important information about the patient's medical history; 2) experiencing no difficulty contacting their clinician by telephone during regular practice hours or in getting care or medical advice on weekends or evenings or in being given same- or next-day appointments when sick; 3) having a clinician who helps coordinate or arrange care to be delivered by other doctors, including helping patients decide which specialist to see and interpreting information received from specialists; and 4) having a clinician in the clinic who always listens carefully, explains things in a way the patient can understand, spends enough time with the patient, involves the patient in treatment decisions, and never leaves the patient with unanswered questions about treatment.

In total, using these indicators, nearly four in ten patients (37%) evaluated all four components positively and thus could be considered to have an "excellent patient experience." (Clinic averages for excellent patient experience ranged from a low of 10 percent to a high of 78 percent at different facilities.) According to study findings, almost all clinic patients said that the doctor or health provider in the clinic understood important information about their medical history (Exhibit ES-2).

Exhibit ES-2. Indicators of Excellent Patient Experience Among Clinic Patients in New Orleans

Indicators of excellent patient experience	Total Percent	Range of Clinic Mean Percent
Doctor or other health provider in this clinic understands important information about your medical history	98	97–100
Easy or very easy to access medical advice via telephone during regular practice hours, or get after-hours care, or could make a same day or next day appointment	88	71–100
Care transitions are coordinated by a clinician in this clinic[1]	52	18–94
Patient-clinician communications are excellent[2]	79	63–100
Has all indicators of excellent patient experience	37	10–78

[1] Coordinated care defined as "yes" to one or more of: 1) someone at clinic helped coordinate or arrange care received from other doctors or places, 2) the doctors in this clinic helped you decide which specialist to see, 3) after you saw this other doctor or specialist, the doctors in this clinic helped you understand or make decisions about the information or care you received from the other doctor.
[2] Excellent patient-clinician communications defined as "always" to all of the following: how often did a clinician in this clinic 1) listen carefully to you, 2) explain things in a way you can understand, 3) spend enough time with you, 4) involve you in decisions about the best treatment option for you; and "never" to: 5) did you ever leave with important questions about your treatment unanswered?
Source: The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans.

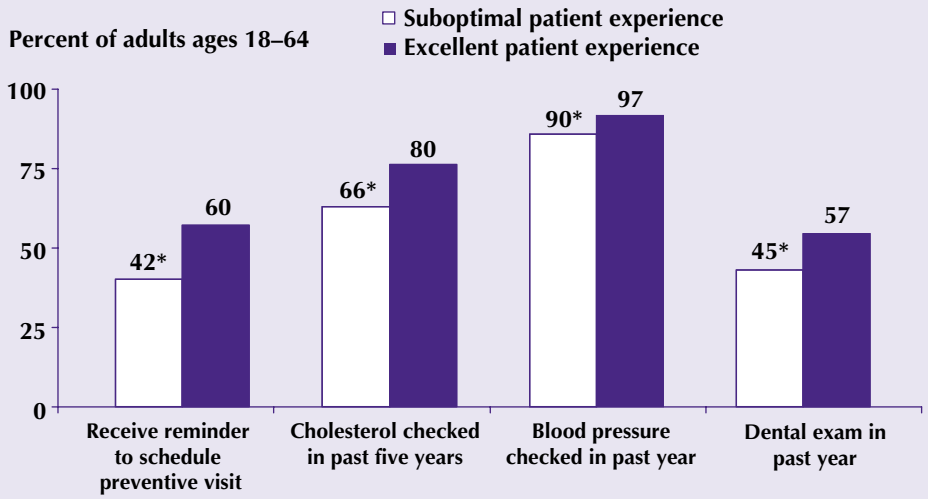
Nearly nine of 10 patients (88%) reported that they had easy access to care, and as many as eight of 10 (79%) patients reported excellent patient–clinician communications. Fewer patients (52%) reported that a clinician coordinated the care they received in the clinic with care from other places or physicians, including specialists.

Adults with a suboptimal patient experience are at a disadvantage for receiving preventive services.

The Commonwealth Fund survey finds that adults who report "excellent patient experiences" are significantly more likely to receive reminders from their doctors to make appointments for preventive care visits, and they are also more likely to get preventive care, including cholesterol and blood-pressure checks and cancer screenings (Exhibit ES-3).

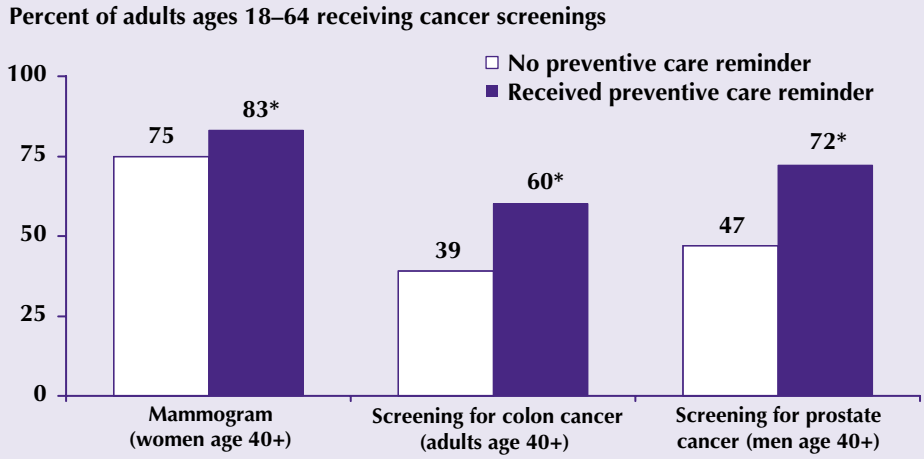
- Six of 10 adults with an excellent patient experience received reminders about preventive care compared with just 42 percent of adults with a suboptimal patient experience.
- Adults with an excellent patient experience have significantly higher rates of cholesterol screenings than adults with suboptimal patient experiences (80% vs. 66%).
- Patients who receive reminders to make appointments for preventive care have significantly higher rates of screening tests for breast cancer (83% vs. 75%), colon cancer (60% vs. 39%), and prostate cancer (72% vs. 47%) than those who do not receive them (ES-4).

Exhibit ES-3. A Majority of Adults with an Excellent Patient Experience Receive Reminders for and Utilize Preventive Care



Note: Excellent patient experience includes providers understanding medical history, has easy access to care, care is coordinated by clinic, and has excellent patient-provider communications.
* Indicates significant difference compared to "Excellent patient experience" ($p<.05$).
Source: The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans.

Exhibit ES-4. Preventive Care Reminders Make a Significant Difference in Whether or Not Patients Receive Recommended Cancer Screenings



* Indicates significant difference compared to "No preventive care reminder" ($p<.05$).
Source: The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans.

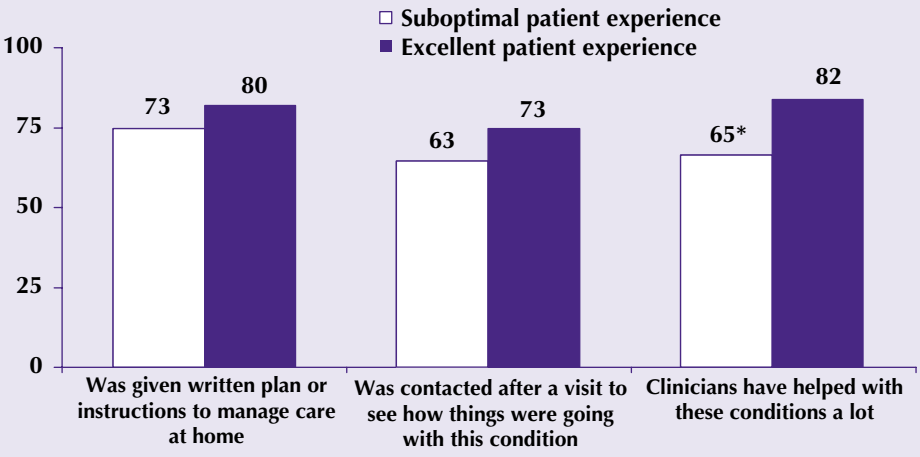
Chronically ill adults with an excellent patient experience are more likely than those with suboptimal experiences to have their conditions well managed.

New Orleans clinics are working hard to provide high-quality primary care to their chronically ill patient population. The survey finds that chronically ill adults are significantly more likely than those with no chronic conditions to have an excellent patient experience (40% vs. 33%, data not shown). It also finds that those who report having an excellent patient experience feel more supported by clinicians who help manage their chronic conditions (Exhibit ES-5).

- Nearly three-fourths of adults (73%) with an excellent patient experience were contacted by a clinician after a clinic visit to see how things were going compared with 63 percent of adults with a suboptimal patient experience.
- A large share (82%) of chronically ill adults with an excellent patient experience indicated that clinicians had helped them manage their conditions, while just over six of 10 (65%) adults with a suboptimal patient experience felt clinicians had helped them manage their conditions.

As the health care sector of New Orleans re-forms and recovers in the aftermath of Hurricane Katrina, a new organizational structure for primary care is being tried—shifting from a large, hospital-based provider to a network of independent, neighborhood primary care and behavioral health clinics. The patients' responses to the change are encouraging thus far and suggest that the new

Exhibit ES-5. Adults with Health Problems Who Have an Excellent Patient Experience Report Greater Support to Help Manage Their Health Condition



Note: Excellent patient experience includes providers understanding medical history, has easy access to care, care is coordinated by clinic, and has excellent patient-provider communications.
* Indicates significant difference compared to Excellent Patient Experience ($p<.05$).
Source: The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans.

paradigm can effectively meet the primary care needs of New Orleans' most vulnerable patients. The findings can inform federal, state and local policymakers' deliberations after PCASG grant funding ends in 2010 about how best to support a viable primary care infrastructure in Greater New Orleans in the future. In addition, building a stronger system of primary care is a central strategy of the leading federal health care reform proposals currently under consideration. In general, a comprehensive approach to improving primary care that is carefully planned and locally implemented—with ample support for primary care sites through financial incentives, common data-reporting requirements, and technical assistance—has the potential to improve primary care and to improve health outcomes for our nation's most vulnerable populations.

COMING OUT OF CRISIS:
Patient Experiences in Primary Care in New Orleans, Four Years Post-Katrina

BACKGROUND

Hurricane Katrina hit the greater New Orleans area on August 29, 2005, devastating the local health care system. The storm claimed the lives of 1,464 residents, displaced 1.3 million Louisianans, and destroyed more than 200,000 homes, 40 schools, and 10 hospitals. More than 16,000 businesses were flooded, and the hurricane cost Louisiana at least 179,000 jobs.[4] A 2008 survey of area residents by the Kaiser Family Foundation shows that the people of New Orleans still suffer from the trauma caused by the storm.[5] In fact, residents report worse physical and mental health overall than in 2006. The Kaiser survey shows a marked increase from 2006 in the number of residents who have been diagnosed with a serious mental illness, are taking medication for mental health issues, and rate their mental health as fair or poor. In addition, 65 percent of respondents report having a physical health challenge, and 58 percent are having difficulty obtaining health insurance coverage or access to care.

Hurricane Katrina devastated the city's health care infrastructure, especially the safety net. Prior to the storm, the principal site for health care services for low-income and uninsured residents was The Medical Center of Louisiana at New Orleans, which consists of two campuses: Charity Hospital and University Hospital. Because of flooding and damage, Charity Hospital remains closed to this day. University Hospital was able to reopen in November 2006, fourteen months after the storm. In the year after the storm, the city's inpatient bed capacity plummeted by more than 50 percent, and the number of ambulatory care clinics declined from 90 to 19.[6] The disruption in care also strained the primary care work force. An estimated 4,500 physicians were dislocated after the storm, approximately 35 percent of them primary care physicians. While the number of physicians per resident has increased over time, it remains below pre-Katrina levels.[7] Furthermore, the number of physician residents in training in New Orleans, on which the city has always relied to provide care to low-income patients, has declined by approximately one-third from previous years.

The Federal Government Responds: Primary Care Access and Stabilization Grant

With the closure of the major public hospital and its adjacent ambulatory care sites, several non-profit health care organizations stepped into the void to help care for the city's poor and uninsured. What has emerged is a growing network of neighborhood primary care clinics that are operated by Federally Qualified Health Centers (FQHCs), academic, government, and faith-based organizations.

In an effort to address the health care needs of New Orleans' low-income residents following Hurricane Katrina, the United States Department of Health and Human Services awarded the state of Louisiana a $100 million Primary Care Access and Stabilization Grant (PCASG) to restore and

increase access to primary care by stabilizing and expanding this growing neighborhood system of primary and behavioral health care. The state selected the Louisiana Public Health Institute (LPHI) as its local partner to administer the grant to the 25 public and nonprofit organizations that operate more than 90 community-based health care delivery sites (as of 2009) and were eligible to participate in the grant program and be the recipients of the federal dollars. The goals of the grant are to increase access to primary care; develop sustainable business entities; provide evidence-based, high-quality health care; and develop an organized system of care.[8]

In collaboration with the federal and state governments, LPHI and the state health department view the $100 million as an investment toward creating a system of primary care for the poor and uninsured in the New Orleans region that is better than what they knew before the hurricane. If recovery efforts simply restore the health care that existed prior to the storm, the people of Greater New Orleans risk experiencing the same uneven quality, high utilization, and poor health outcomes that have historically characterized the state's health system performance.[9] With the disaster of Hurricane Katrina came an opportunity to test a new model of primary care in New Orleans, moving from a large, hospital-based system of primary care to a decentralized network of independent neighborhood primary care clinics. The PCASG resources are supporting this burgeoning network to create a well-organized, high-quality, patient-centered, and sustainable system of care for the poor and uninsured.[10]

The Louisiana Public Health Institute: A Local Resource to Help Clinics Become Sustainable, Accessible, and High-Quality Sites of Primary Care

To achieve this vision of a better primary care infrastructure, LPHI is providing and arranging technical assistance to the participating clinics. In its role as grant administrator, LPHI is responsible for devising a payment methodology in collaboration with federal and state governments, disbursing grant dollars, and providing technical support for quality and process improvement. In September 2007, there was an initial distribution of $16.7 million to 25 participating clinic organizations. This has been followed by a series of semiannual supplemental payments that are distributed based on the number of unduplicated patients at each clinic and weighted based on their age, insurance status, and type of service received (e.g., primary care, behavioral health services).[11] Supplemental payments are also tied to the clinics' meeting certain quality benchmarks—such as implementing patient registries or providing 24/7 access to clinicians by phone—that evolve as the program matures.[12] Starting with the December 2008 disbursement, $3.84 million dollars were set aside and made available as bonuses to participating clinics that met the National Committee for Quality Assurance's standards for a Patient-Centered Medical Home.[13] As of January 2009, 37 participating clinics pursued and achieved recognition as patient-centered medical homes.[14] (All PCASG grant funds must be spent by September 30, 2010.)

In addition to disbursing and monitoring grant funds, LPHI provides or arranges technical support for quality and process improvement to help the clinics offer high-quality and efficient patient-centered care. Areas of assistance cover a wide range from improving access to care and management of practices to work force retention and reduction in emergency department visits. Through a team of professional staff, LPHI organizes educational workshops, offers onsite coaching, and prepares data reports based on results from various assessments of need. In bimonthly meetings, LPHI also provides a forum for an interactive dialogue among the clinic leadership where progress is reviewed and additional technical assistance needs are identified. The various activities of LPHI—common payment incentives, common data-reporting requirements, technical assistance—have taken an otherwise independent set of safety-net clinics and created a network of primary care sites that share resources.

The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans

This report examines patients' experience with access, coordination, preventive care, and chronic-disease management among a group of 27 clinics in New Orleans that received funding from PCASG. Findings from the Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans are compared with a 2007 nationally representative survey of the general population to examine how clinic patients fare relative to the general population on key concerns such as financial barriers to care, medical debt, and quality and inefficiencies of care. In order to gauge patients' reports of accessibility to clinics, the analysis also draws comparisons to results from a study of a locally representative sample of New Orleans residents administered by the Kaiser Family Foundation. Using the clinic patients' positive reports about access, coordination of services, and relationship with providers in the clinics, this analysis assesses how an excellent patient experience relates to receipt of high-quality care.

The survey results provide an interim snapshot to help monitor the federal grant program and the transformation of the local primary care infrastructure and assess the program's impact on patients. The report also helps to keep national attention on the devastation of Hurricane Katrina and its long-term effect on health care services, especially the safety net serving vulnerable patients. In light of the national health care reform debate, the findings from clinic patients in New Orleans can also provide valuable lessons for national and state leaders interested in strengthening primary care for low-income, minority, and uninsured patients.

SURVEY FINDINGS

Although more and more families across the country have seen their health insurance coverage deteriorate and medical bill problems or cost-related delays in getting needed care escalate, the survey finds that in New Orleans clinics that have received PCASG funds, patients experience fewer problems with accumulated medical debt and accessing care because of cost than adults in the country as

a whole.[15] Furthermore, compared with the general population in the U.S., clinic patients in New Orleans are reporting fewer instances of inefficient care, such as replicated tests or delays in receiving test results, and are far more confident about their future ability to access and afford quality health care. Survey findings are a testament to the fact that it is possible to deliver well-organized, high-quality, efficient, and sustainable care for the poor and uninsured.

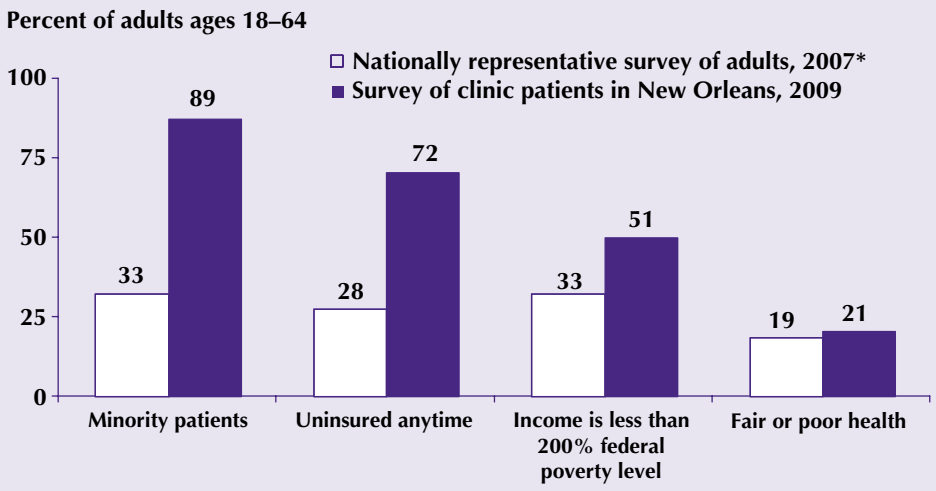
Affordability of Care and Convenience of Access

Clinics in New Orleans serve a particularly vulnerable population, yet a relatively small share of clinic patients forgo necessary care because of cost or have accumulated medical debt.

The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans was conducted in 27 clinics providing primary care across Orleans Parish. Between February and April 2009, a total of 1,573 interviews were conducted face-to-face among adults ages 18 and older.[16] This report limits the analysis to the 1,231 nonelderly adult respondents. More than three-quarters of respondents were living in New Orleans when Katrina hit, and of these respondents, nearly three-quarters (73%) indicated that prior to Katrina their main source of health care was Charity Hospital or a Charity clinic (Appendix Table 1).

The clinics serve a particularly vulnerable population of patients, many of whom are low-income and uninsured (Exhibit 1). Indeed, compared with a 2007 national survey conducted among a general population of adults, the proportion of uninsured and low-income adults attending the clinics is staggering. Nearly three-fourths (72%) were uninsured at any time during the previous

Exhibit 1. Clinics in New Orleans Are Serving a Particularly Vulnerable Population Compared with National Estimates—The Vast Majority Are Uninsured, Low Income, and Minority



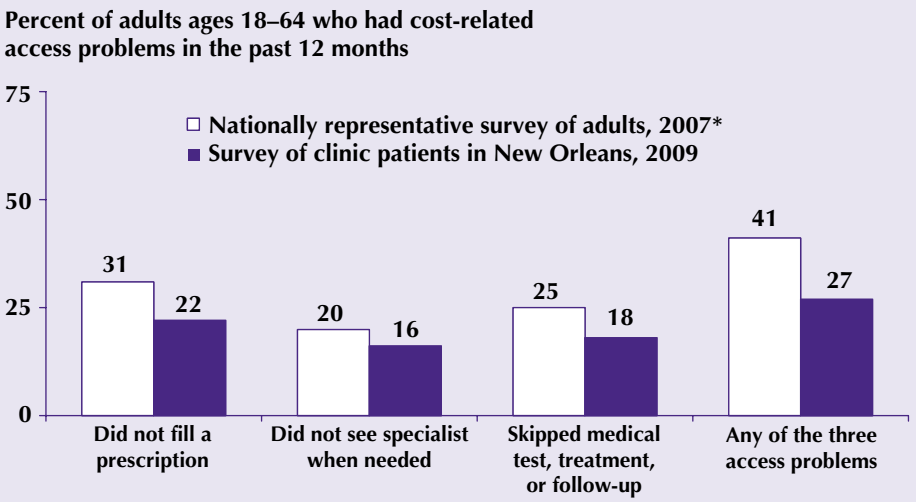
Source: *The Commonwealth Fund Biennial Health Insurance Survey (2007), adults ages 19–64; The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans, ages 18–64.

year compared with one-third of adults in the general population, and half (51%) of clinic patients have a household income below 200% of the federal poverty level; in contrast, one-third of adults in the general population have incomes this low. In addition, the majority of New Orleans clinic patient respondents are minority (89%) and predominantly African American.

Although clinic patients are disproportionately uninsured and low-income, only a small share forgo necessary care because of costs. The survey asked respondents if any had not pursued needed medical care in the past 12 months because of cost, including not filling a prescription; skipping a medical test or treatment or follow-up visit recommended by a doctor; or not seeing a specialist when a doctor or the respondent thought it was needed. More than one of four clinic patients (27%) indicated that they experienced one of these problems (Exhibit 2). Yet, when the same questions were asked of adults in the general population in a 2007 national survey, a far greater proportion (41%) indicated having these problems. Fewer clinic patients (18%) say they skipped a medical test, treatment, or follow-up care because of cost compared with 25 percent of adults in the general population who did.

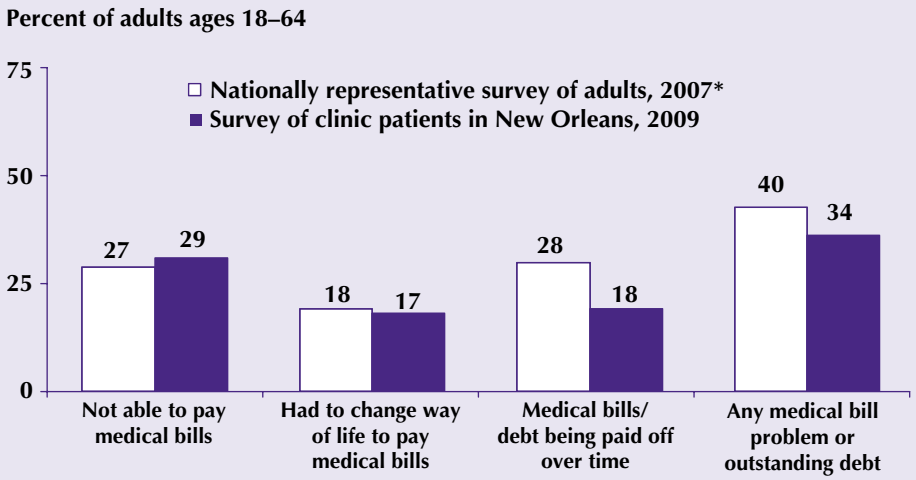
Because surveyed clinics provide free and low-cost care, patients have comparatively low rates of accumulated medical debt (Exhibit 3). The survey asked respondents whether they had experienced problems with medical bills over the past year, including whether or not there were times when they had difficulty or even an inability to pay bills or had to change their lives significantly in order to meet their obligations. In addition, the survey asked whether they were paying off medical debt over time. One-third of clinic patients (34%) said they had problems with medical bills and/or

Exhibit 2. Fewer Clinic Patients Have Problems Accessing Needed Medical Care Than Adults Across the Country



Source: *The Commonwealth Fund Biennial Health Insurance Survey (2007), adults ages 19–64; The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans, ages 18–64.

Exhibit 3. Clinic Patients Have Lower Rates of Accumulated Medical Debt Than Adults Across the Country



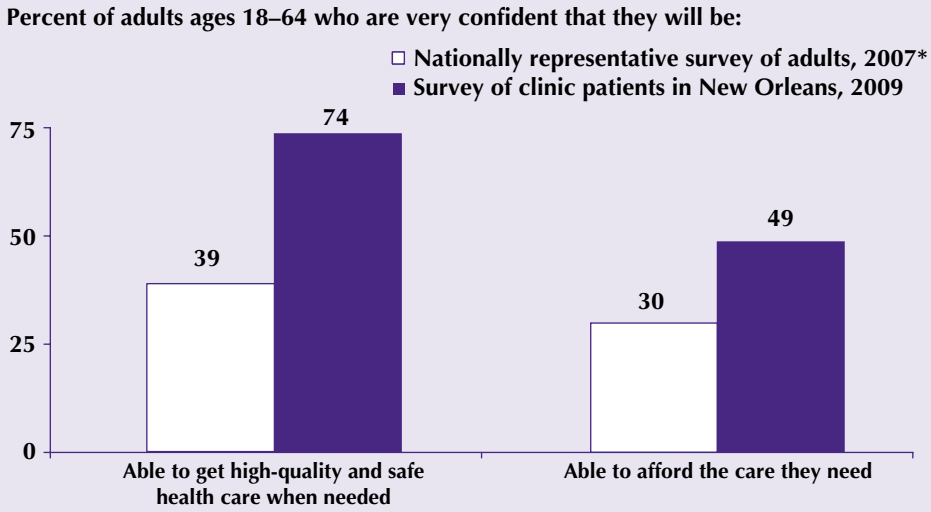
Source: *The Commonwealth Fund Biennial Health Insurance Survey (2007), adults ages 19–64; The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans, ages 18–64.

had accumulated debt or medical bills; a 2007 survey of the general population indicates that a slightly higher proportion of adults (40%) reported these problems. Accumulated unpaid medical bills are a far greater problem among adults in the general population than among clinic patients (28% vs. 18%). As patients in free or low-cost care clinics, a lower debt burden is expected among the respondents in New Orleans than in the general population. Nonetheless, the fact that a smaller proportion of clinic patients have medical debt burdens than the general population demonstrates that affordable health care can mitigate unmanageable accumulation of debt for the poor and uninsured.

Clinic patients are far more confident that their future medical needs will be met.

While the majority of U.S. adults lack confidence in the health care system in terms of its ability to meet their future medical needs, PCASG clinic patients are relatively confident that they will be able to afford high-quality health care in the future (Exhibit 4). When asked about their confidence in the health system should they become seriously ill, three-quarters of clinic patients said they would be very confident in their ability to get high-quality and safe medical care; in contrast, nearly half as many adults in the general population (39%) reported such confidence. Even though health care expenses continue to rise as a share of income across the country for all income groups, clinic patients express greater confidence in their ability to afford the health care that would be needed if they were to develop a serious illness.[17] Half of clinic patients surveyed were very confident that they

Exhibit 4. Clinic Patients Have Greater Confidence in Their Ability to Get and Afford High-Quality Health Care Than Adults Across the Country



Source: *The Commonwealth Fund Biennial Health Insurance Survey (2007), adults ages 19–64; The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans, ages 18–64.

could afford necessary medical care if they became seriously ill compared with less than one-third (30%) of adults in the general population.

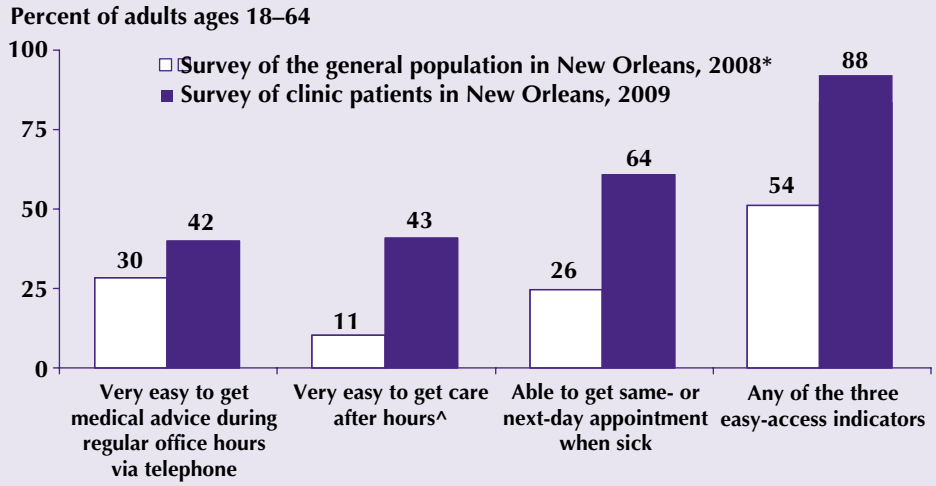
Clinic patients have greater access to timely appointments and after-hours care.

Getting care quickly when sick can help patients avoid complications and better manage their conditions. Given the push for clinics that receive PCASG funding to provide 24/7 access to care, it is not surprising that many clinic patients—four of 10—reported that it is very easy to get medical advice during regular office hours or to get after-hours care during evenings, weekends, or holidays (Exhibit 5). Far more patients (64%) said that they were able get same- or next-day appointments when they needed medical care. In total, most clinics patients (88%) said that care was easily and readily available either through regular office hours, after hours, or by getting a same- or next-day appointment with a provider in the clinic. In contrast, just over half (54%) of New Orleans residents who participated in a 2008 survey of the general population in New Orleans said they were able to get readily available care.[18]

Relatively few clinic patients experience inefficient care.

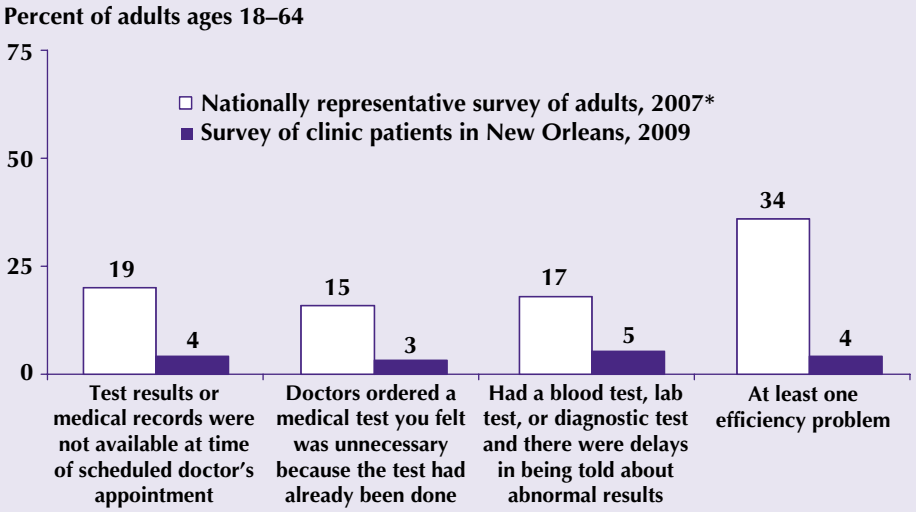
Respondents were asked a series of questions about their experiences receiving efficient and coordinated care, including whether test results or medical records had ever been unavailable at the time of a scheduled appointment, whether they received duplicate medical tests, and whether they had

Exhibit 5. Clinic Patients Have Greater Accessibility to Same- or Next-Day Medical Appointments and After-Hours Care Than the General Population in New Orleans



^After hours includes during the evenings, on the weekends, or on holidays.
Source: **New Orleans Three Years After the Storm: The Second Kaiser Post-Katrina Survey* (2008); The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans.

Exhibit 6. Replicated Tests, Delays in Receiving Tests Results, and Other Inefficiencies Are Less Common Among Clinic Patients



Source: *The Commonwealth Fund Biennial Health Insurance Survey (2007), adults ages 19–64; The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans, ages 18–64.

experienced delays in being notified about abnormal lab or diagnostic test results. Only 4 percent of clinic patients reported they experienced at least one of these inefficiencies (Exhibit 6); a far greater number of adults in the general population—34 percent—reported such problems.

Patient-Centered Care and the "Excellent" Patient Experience

The patient-centered medical home is an approach to providing person-centered care in primary care settings and has been identified as a model for delivering high-quality care, reducing racial and ethnic disparities, and reducing costs.[19,20] This model organizes care around the relationship between the patient and the personal clinician. A medical home is a place where health care is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.[21] In medical home practices, patients develop relationships with their providers and work with them to maintain a healthful lifestyle and coordinate preventive and ongoing health services with other providers.[22]

The majority of clinics are recognized as patient-centered medical homes.

The majority of surveyed clinics (76%) meet the National Committee for Quality Assurance's standards for patient-centered medical homes. Two-thirds of clinics (65%) also have electronic medical records or a combination of paper and electronic medical records (data not shown).[23]

Studies show that patients who report having accessible, coordinated care and good patient–clinician communication—that is, an "excellent patient experience"—are more likely than those who do not to have timely preventive care, good management of their chronic conditions, few medical errors, and efficient care.[24] This study uses the following indicators to measure the extent to which clinic patients have excellent patient experiences: 1) having a clinician in the clinic who understands important information about a patient's medical history; 2) experiencing no difficulty contacting the clinician by telephone during regular practice hours, getting care or medical advice during evenings, weekends, or holidays, or getting same- or next-day appointments when sick; 3) having a clinician in the clinic who helps coordinate or arrange care delivered by other doctors, which would include helping patients choose which specialist to see and helping them decide about the care and information received from specialists; and 4) having a clinician in the clinic who always listens carefully, explains things in a way the patient can understand, spends enough time with the patient, and involves the patient in treatment decisions, and never leaves the patient with unanswered questions about treatment (Exhibit 7).

Patients gave high marks to clinics on three of the four measures of "excellent patient experience."

Almost all clinic patients said that the doctor or clinician in the clinic understood important information about their medical history. Nearly nine of 10 (88%) patients reported they had easy access to care, indicating that they were able to make same- or next-day appointments when sick, that it

Exhibit 7. Indicators of Excellent Patient Experience Among Clinic Patients in New Orleans

Indicators of excellent patient experience	Total Percent	Range of Clinic Mean Percent
Doctor or other health provider in this clinic understands important information about your medical history	98	97–100
Easy or very easy to access medical advice via telephone during regular practice hours, or get after-hours care, or could make a same day or next day appointment	88	71–100
Care transitions are coordinated by a clinician in this clinic[1]	52	18–94
Patient-clinician communications are excellent[2]	79	63–100
Has all indicators of excellent patient experience	37	10–78

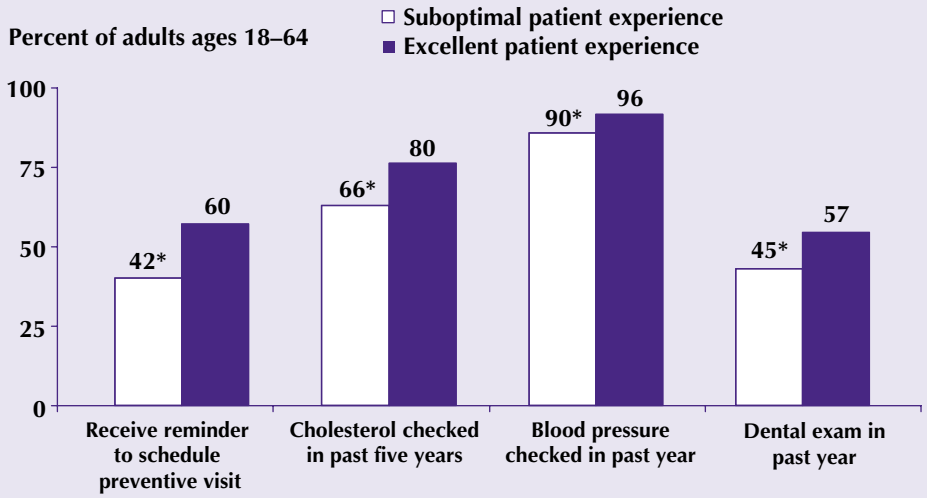
[1] Coordinated care defined as "yes" to one or more of: 1) someone at clinic helped coordinate or arrange care received from other doctors or places, 2) the doctors in this clinic helped you decide which specialist to see, 3) after you saw this other doctor or specialist, the doctors in this clinic helped you understand or make decisions about the information or care you received from the other doctor.
[2] Excellent patient-clinician communications defined as "always" to all of the following: how often did a clinician in this clinic 1) listen carefully to you, 2) explain things in a way you can understand, 3) spend enough time with you, 4) involve you in decisions about the best treatment option for you; and "never" to: 5) did you ever leave with important questions about your treatment unanswered?
Source: The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans.

was easy to get medical advice via telephone during regular practice hours, or easy to get after-hours medical advice or care during evenings, weekends, or holidays. Fewer patients (52%) reported that a clinician in the clinic coordinated the care they received from other places or physicians, such as specialists. Four of five adults (79%) reported excellent patient–clinician communication. Based on all four indicators of patient experience, nearly four of 10 respondents (37%) could be said to have had an "excellent patient experience." Clinic averages for excellent patient experience ranged from a low of 10 percent to a high of 78 percent at different facilities.

Adults who reported an excellent patient experience were more likely to receive preventive services.

Providers can encourage patients to seek routine preventive care by sending them reminders to make appointments for preventive care visits. The survey found that adults who reported an excellent patient experience were significantly more likely to have received reminders from their doctors to get recommended preventive screenings, and patients who received these reminders were also more likely to get recommended tests and screenings (Exhibit 8). Six of 10 adults with an excellent patient experience received reminders for preventive care, compared with just 42 percent of adults with a suboptimal patient experience. Four of five adults with an excellent patient experience reported having their cholesterol checked in the past five years, compared with only two-thirds of

Exhibit 8. Adults with an Excellent Patient Experience Are More Likely to Receive Reminders and Get Preventive Care



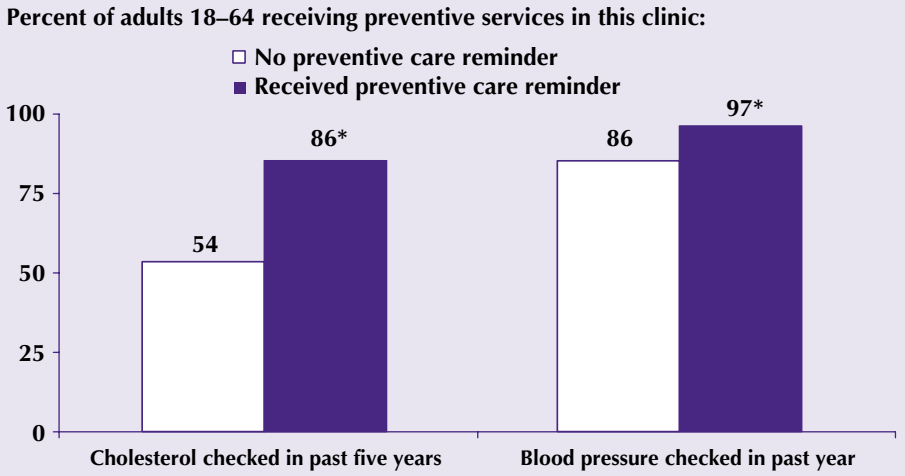
Note: Excellent patient experience includes providers understanding medical history, has easy access to care, care is coordinated by clinic, and has excellent patient-provider communications.
* Indicates significant difference compared to "Excellent patient experience" (p<.05).
Source: The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans.

adults with a suboptimal patient experience. Similar patterns emerged for having blood pressure checked and a dental exam in the past year. These findings remained significant after controlling for age, race, education, poverty, and health status (data not shown).

Patients reminders were critical for receipt of preventive care and cancer screenings.

Receiving preventive care reminders improves patients' chances of getting routine preventive tests and important cancer screenings (Exhibit 9). For example, adults who receive reminders have significantly higher rates of appropriate cholesterol and blood pressure screenings than those who do not receive reminders (86% vs. 54% and 97% vs. 86%, respectively). Detecting cancers early through recommended screenings is an important aspect of primary care. Overall, clinic patients report relatively high rates of breast cancer screening (79%), but patients who receive reminders from their doctors are significantly more likely to get screened than patients who didn't receive them (83% vs. 75%) (Exhibit 10). Screening for colon (51%) and prostate (59%) cancer is low (Appendix Table 2), but when patients receive reminders, rates of getting the recommended tests improve. Six of 10 adults who got reminders from their doctors were screened for colon cancer compared with only 39 percent who did not receive any reminders. Similarly, nearly three-quarters of male patients (72%) who received reminders were screened for prostate cancer whereas only 47 percent of men who didn't get reminders were screened.

Exhibit 9. Adults Who Receive Preventive Care Reminders Are More Likely to Get Preventive Care Services



* Indicates significant difference compared to "No preventive care reminder" (p<.05).
Source: The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans.

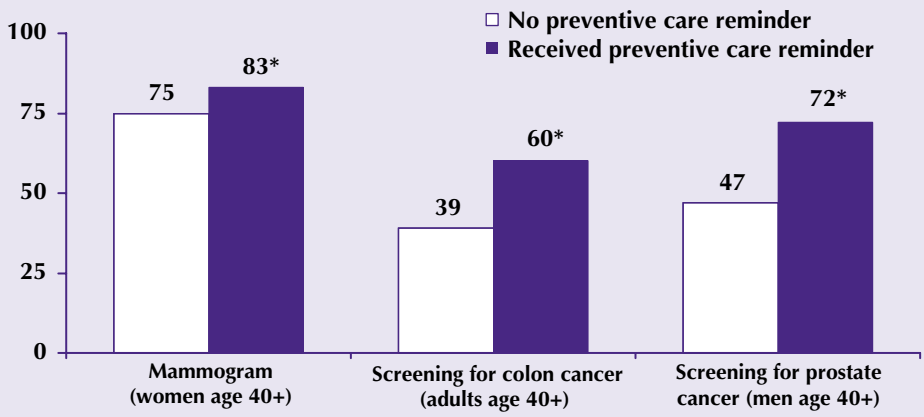
Patients with an excellent experience were more likely to report their doctors knew about their ER visits or hospital stays.

Well-coordinated and integrated care across multiple sites of care is a defining hallmark of patient-centered primary care. Only one-quarter (26%) of all patients indicated that they had been to the ER or stayed overnight in the hospital (Appendix Table 2). Clinic patients who used the emergency room or were admitted to the hospital in the past year were asked whether providers in the clinic were aware of and up-to-date on the care they had received in the emergency room or during their hospital stay. Although more than two-thirds (68%) of all clinic patients reported that their doctors were up-to-date on their ER or hospital visits, adults with an excellent patient experience were significantly more likely than those with a suboptimal patient experience to report this (80% vs. 56%) (Appendix Table 2), even after controlling for age, race, education, income, and health status. ER or hospital visits can have a major impact on a patient's health, and a physician's knowledge of the details surrounding those visits can allow him or her to provide better care in the future for that patient.

Chronically ill adults are significantly more likely than those with no chronic conditions to have an excellent patient experience.

Chronic diseases are the leading cause of death and disability in the United States, accounting for 70 percent of all deaths in the U.S.[25] These conditions leave one of 10 Americans with major limitations in daily living. Chronic diseases burden the economy as well; people with chronic conditions account for over 80 percent of total national health care spending.[26] Government-funded public

Exhibit 10. Preventive Care Reminders Make a Significant Difference in Whether or Not Patients Receive Recommended Cancer Screenings



* Indicates significant difference compared to "No preventive care reminder" (p<.05).
Source: The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans.

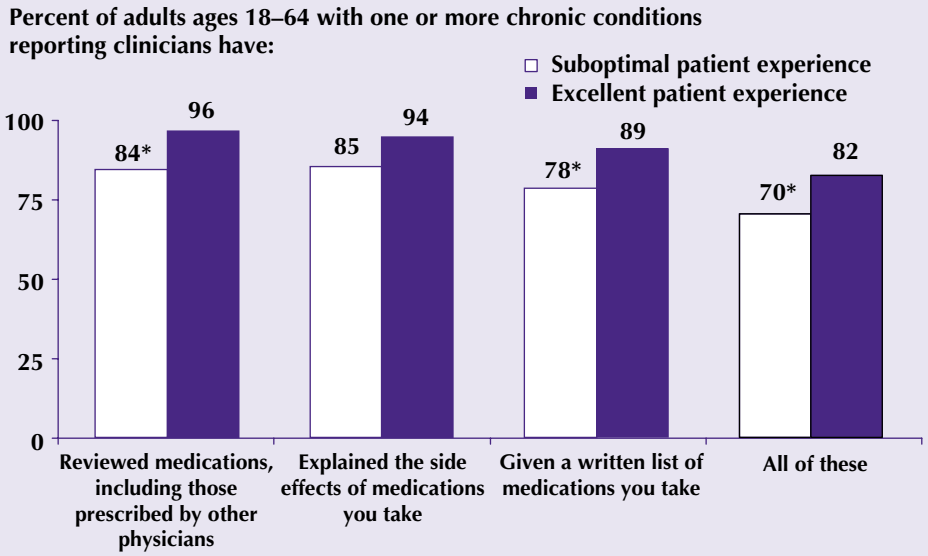
insurance programs bear much of this cost: chronic disease is responsible for 96 percent of Medicare spending and 83 percent of Medicaid spending.[27] In addition to the high cost of medical care for chronically ill individuals, chronic conditions result in lost productivity and are associated with comorbidities and secondary health problems. More than half of clinic patients (56%) had at least one chronic condition (Appendix Table 3).

For patients, successfully managing a chronic condition requires an ongoing relationship with a medical provider who can partner with them and coordinate their care. Many chronic conditions, such as diabetes and hypertension, require a great deal of management through diet, exercise, and monitoring. New Orleans clinics are working hard to provide enhanced primary care to their chronically ill patient population. Indeed, the results indicate that chronically ill adults are significantly more likely than those with no chronic conditions to have an excellent patient experience (40% vs. 33%, data not shown).

Chronically ill adults with an excellent patient experience are more likely to have their conditions well managed.

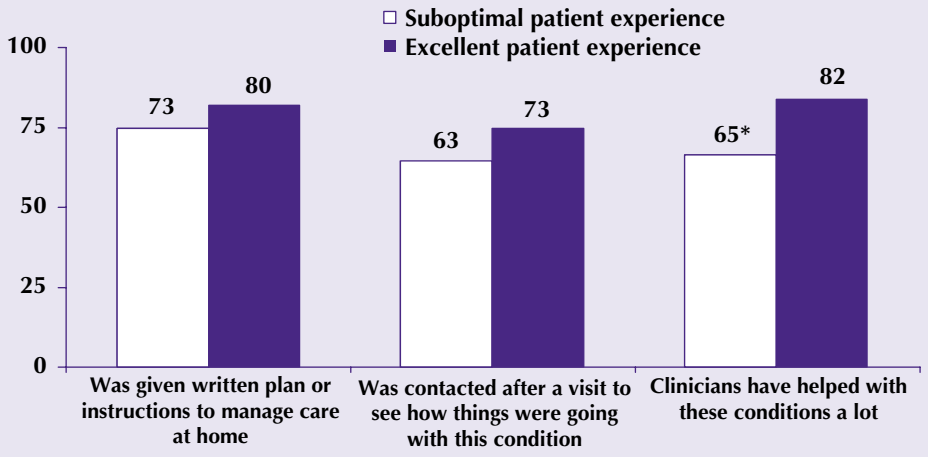
Adults with any chronic condition are far more likely than adults with no chronic conditions to take prescription medications (77% vs. 29%), which adds complexity to the care an individual requires. Clinicians can help manage this complexity to ensure that the patient's regimen does not include contraindicated prescriptions or treatment and that the patient understands the possible side effects of various treatments. Chronically ill adults with a suboptimal patient experience are at a disadvantage when it comes to being well informed about their prescription medications (Exhibit 11).

Exhibit 11. Adults with Health Problems Who Have an Excellent Patient Experience Are Most Likely to Be Well-Informed About Their Prescription Medications



Note: Excellent patient experience includes providers understanding medical history, has easy access to care, care is coordinated by clinic, and has excellent patient-provider communications.
*Indicates significant difference compared to Excellent Patient Experience (p<.05).
Source: The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans.

Exhibit 12. Adults with Health Problems Who Have an Excellent Patient Experience Report Greater Support to Help Manage Their Health Condition



Note: Excellent patient experience includes providers understanding medical history, has easy access to care, care is coordinated by clinic, and has excellent patient-provider communications.
* Indicates significant difference compared to Excellent Patient Experience (p<.05).
Source: The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans.

Seven of 10 chronically ill adults with a suboptimal patient experience who take medications reported that a clinician had reviewed all the prescriptions they took regularly including those prescribed by other physicians, explained the side effects of medications, and given the patient a written list of all medications, but significantly more chronically ill adults with an excellent patient experience (82%) reported being well informed about their prescription medications.

Similarly, chronically ill adults with an excellent patient experience report a high level of clinician and staff support in managing their chronic conditions (Exhibit 12). A larger share of chronically ill adults with an excellent patient experience indicated that they had been contacted by clinic staff after a visit to see how things were going with their condition than those with a suboptimal patient experience (73% vs. 63%). Chronically ill adults with an excellent patient experience were also more likely to say that clinicians had helped them manage their conditions a lot than adults with a suboptimal patient experience (82% vs. 65%). These findings remained significant after controlling for age, race, education, poverty, and health status (data not shown).

Patients with an excellent patient experience are more likely to receive counseling on healthful behaviors.

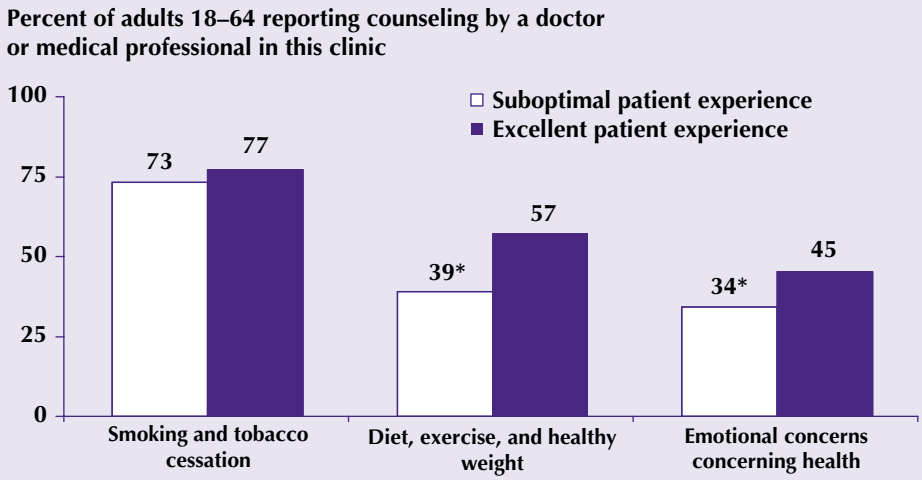
Physician counseling is a crucial component of disease management and prevention. Among many benefits, physician counseling can help empower patients to be more active participants in their care. Adults with an excellent patient experience are more likely to benefit from this critical component of preventive care than those with a suboptimal patient experience (Exhibit 13). Nearly half of adults with an excellent patient experience (45%) reported that a medical professional talked to them about emotional concerns in the past year compared with only one-third of those with a suboptimal patient experience. Counseling on lifestyle issues showed a similar pattern: only four of 10 adults with a suboptimal patient experience reported receiving physician counseling about exercise and maintaining a healthful diet and weight; in contrast, more than half of those with an excellent patient experience (57%) received counseling on diet, weight, and exercise. These findings remained significant after controlling for age, race, education, poverty, and health status (data not shown).

Trust and confidence in providers is high among those with an excellent patient experience.

A strong and continuous relationship between providers and patients is a hallmark of patient-centered care. In addition, good communication with and confidence in providers is associated with greater patient satisfaction, adherence to medical recommendations, and improved health outcomes.[28] More than four of five clinic patients report a high degree of confidence in the clinician treating them (Appendix Table 4).

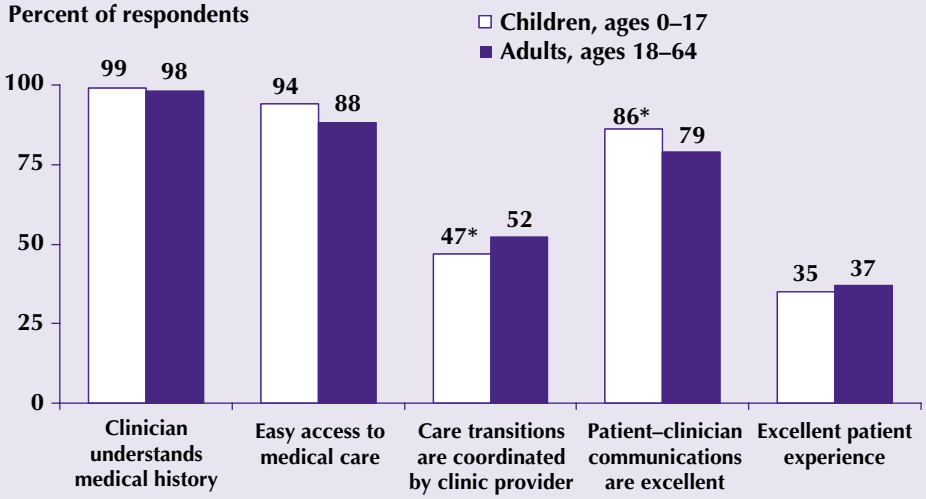
Survey respondents were asked if they trusted their clinician, if they felt their clinician showed respect for what they had to say, and whether they were ever treated unfairly or with disrespect because of their ability to pay, type of insurance, English fluency, or race or ethnic background. A fair share of the New Orleans clinic patients—70 percent—trust and feel respected by

Exhibit 13. Adults with an Excellent Patient Experience Are More Likely to Receive Counseling About Healthy Behaviors



Note: Excellent patient experience includes providers understanding medical history, has easy access to care, care is coordinated by clinic, and has excellent patient-provider communications.
*Indicates significant difference compared to Excellent Patient Experience (p<.05).
Source: The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans.

Exhibit 14. Indicators of Excellent Patient Experience: Child and Adult Patients Have Similar Care Experiences



Note: Excellent patient experience includes all other measures displayed here.
* Indicates significant difference compared to adults (p<.05).
Source: The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans.

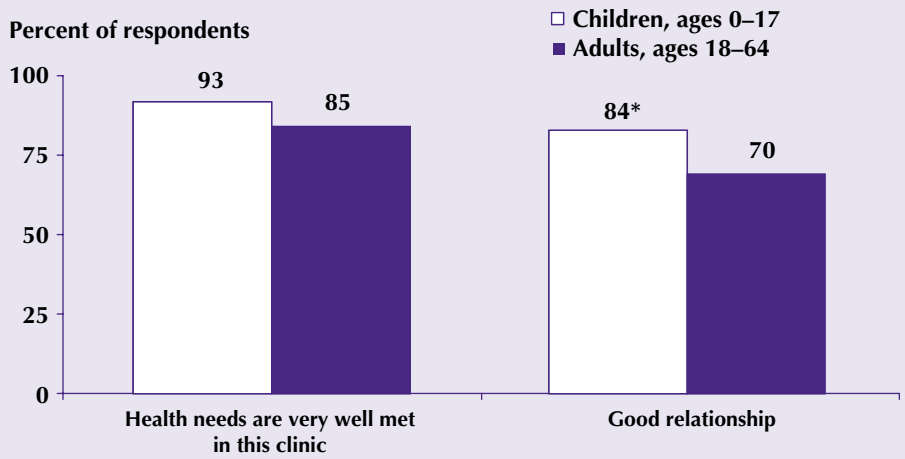
their clinician, an indication that clinics are doing a good job of providing a high level of compassionate and culturally effective care. Given their high degree of satisfaction with how clinicians treat them as well as their high level of confidence and trust in clinicians, it is not surprising that most clinic patients (85%) reported that their health needs are very well met in the clinic they attend (Appendix Table 4).

Pediatric Care Also Rated Highly

A limited analysis of the results from the 280 respondents accompanying a child under age 18 finds that the child population getting care in New Orleans' PCASG-supported clinics has similar experiences to adults. Virtually all pediatric respondents were reported to have a clinician who understands important information about their medical history. Nearly all (94%) of respondents accompanying children reported they could easily get medical advice via telephone during regular business hours, get medical advice during off-hours, or schedule an appointment on the same or next day (Exhibit 14). In addition, the vast majority (86%) of respondents accompanying children rated patient–clinician communication highly. A similar proportion of children (35%) and adults (37%) reported having an excellent patient experience.

Overall, respondents accompanying children were very positive about their care experiences: 93 percent reported that the child's health needs were well met and 84 percent said that they had a trusting and respectful relationship with their clinician (Exhibit 15). Like adults, children with an excellent patient experience were significantly more likely than those with a suboptimal experience to receive reminders to schedule preventive care (66% vs. 38%) and to report having their health needs very well met (98% vs. 88%) (data not shown).

Exhibit 15. The Vast Majority of Pediatric Patients Are Very Satisified with Their Quality of Care



Note: Good relationship with clinician includes trusting the clinician, clinician shows respect for what patient has to say, and patient is never treated unfairly or with disrespect due to ability to pay, type of insurance, English fluency, or race/ethnic background.
* Indicates significant difference compared to adults (p<.05)
Source: The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans.

STUDY LIMITATIONS

There are several relevant study limitations. First, since respondents were interviewed at a time when they were accessing medical care, they may have been more likely to report easy access to care as well as satisfaction and communication with clinicians than the general population, which includes individuals without established access to a regular source of care. Second, the in-person interview used to collect survey information from the clinic patients in New Orleans differed from data collection methods used in the general-population survey (The Commonwealth Fund's 2007 Biennial Survey) and the general New Orleans survey (The Kaiser Family Foundation's 2008 Post-Hurricane Katrina Survey), both of which were administered by telephone. The differences in mode of survey administration may have resulted in a survey bias, since patients tend to report more positive experience when interviewed while in the physician's office or clinic.[29] Finally, survey respondents were exclusively patients who obtain care from safety-net clinics in New Orleans that provide free or low-cost care, which likely contributed to fewer cost-related access barriers and to lower medical debt burdens among clinic respondents than in the general patient population.

CONCLUSIONS AND POLICY RECOMMENDATIONS

As the health care sector in New Orleans re-forms and recovers in the aftermath of Hurricane Katrina, a new organizational structure and delivery system of primary care—one that relies on a network of independent, neighborhood primary care and behavioral health sites rather than a large hospital-based system—is being tested. With federal grant funding through the Primary Care Access and Stabilization Grant (PCASG) and ongoing support from a local nonprofit organization, the goal is to create a well-organized, coordinated, patient-centered system of primary care. Based on feedback from patients who obtain care at clinics that receive PCASG funding, the results are encouraging. When compared with the general U.S. population, clinic patients in New Orleans are reporting fewer instances of inefficient care, such as replicated tests or delays in receiving test results, and are far more confident about their future ability to access and afford quality health care. When compared with a locally representative sample of residents from New Orleans, the clinic patients report more timely access to medical care by telephone or on evenings and weekends. Finally, although clinic patients are disproportionately uninsured and low-income, comparatively few forgo necessary care because of costs or have accumulated unpaid medical bills.

Having an excellent patient experience is important for delivering high-quality, patient-centered, and efficient care. Clinic patients with an excellent patient experience are more likely to get recommended preventive care such as cholesterol and blood pressure checks. Furthermore, patients with excellent patient experience are more likely to receive reminders from their doctors, and screenings for cancer are more likely to occur among patients who receive these preventive reminders.

In the fall of 2010, the PCASG grant funding will end. Federal, state and local policymakers need to decide if they will remain committed to supporting the burgeoning network of neighborhood safety-net clinics. Various policy and financing options could help the clinics be sustainable and flourish: renewed federal grant funding, changes to state Medicaid reimbursement policy to provide enhanced payments to "medical homes," modifications to state Medicaid eligibility levels to cover more of Louisiana's uninsured, or licensing several of the existing community clinics to become Federally Qualified Health Centers (FQHCs). While the feedback from the clinic patients suggests that their primary care needs are being well met, the broader safety-net infrastructure is still in need of repair, particularly specialty and hospital-based services. As the debate continues in Washington, D.C., or Baton Rouge, La., about when or how to rebuild the public hospital system, it will be critical to ensure that the new entity does not undermine the community clinics that have served the city's vulnerable patients for the past four years. In fact, incentives should be put in place to ensure that the new hospital is coordinated and integrated with the existing community clinics since they most likely serve the same patient population.

For a national audience, a number of lessons can be drawn from the reports of clinic patients in New Orleans. First, the PCASG patients' positive experiences highlight the value of having a local, community-based organization that provides leadership and technical assistance to help clinics improve their office systems and quality and efficiency of care. The Louisiana Public Health Institute (LPHI), as the grant administrator and technical-assistance hub, has worked collaboratively with its government partners to articulate a vision for high-performing, community-based primary care in the region. They have translated that vision to participating clinics through measurement, common data-reporting requirements, bonus payments, and much-needed hands-on facilitation to help clinics redesign and improve themselves. In light of Louisiana's historically poor health system performance when compared with other states,[30] and the extremely fragile health care infrastructure that existed in New Orleans after Hurricane Katrina, it is encouraging that PCASG clinic patients report few cost-related barriers to care, inefficiencies in care, and medical debt burdens. Survey findings highlight the importance of working with local organizations to provide much-needed shared resources to help primary care clinics transform themselves into accessible, patient-centered, coordinated sites of care.

Recent proposals from policymakers and national experts have called for the establishment of local, nonprofit entities to help primary care providers improve their performance. Prior studies show that most primary care practices in the United States, including safety-net clinics, are not currently prepared to function as high-performing sites of care.[31] Community-based organizations—sometimes called "primary care extension centers"—would support the reorganization of small- and medium-sized practices by helping to transfer knowledge, provide performance feedback, and coach clinic staff on how to effectively redesign the office.[32] The health reform bill passed by the U.S. House of Representatives calls for pilot programs to test community-based medical homes and

home-based primary care targeting high-need beneficiaries.[33] The Senate reform bill similarly calls for the testing of innovative service delivery models that aim to improve the coordination, quality, and efficiency of health services, including patient-centered medical homes for high-need individuals.[34] Early results from clinic patients in New Orleans strongly suggest that such reforms could rejuvenate and strengthen primary care.

A second implication from the survey results is the strategic use of financial incentives to encourage quality improvement. Early lessons from the Primary Care Access and Stabilization Grant (PCASG) in New Orleans show that carefully and deliberately structured financial incentives can promote improvements in office redesign, clinical quality, patient experience, and efficiencies in care. For example, PCASG grant funds tied to timely access to care—either same- or next-day appointments or after-hours care—are positively reflected in the clinic patients' experience. The prospect of substantial financial bonuses for clinics that are successfully recognized as medical homes by the National Committee for Quality Assurance prompted many PCASG grantees to redesign their clinics to improve their office systems.[35] Extrapolating from the New Orleans experience, federal and state payment policy can use financial incentives to reward community clinics that become well-organized, accessible, coordinated, patient-centered sites of care. For sites that treat a large proportion of the uninsured, such as in New Orleans, all patients—regardless of insurance status—should be included in the per-member-per-month formula calculations in order to adequately capture the clinic's entire patient population.

Building a stronger system of primary care has captured the attention of federal and state policymakers. Current health care reform proposals include several provisions aimed at improving primary care: expansion of medical home pilots to test different payment methodologies for practices that meet externally validated criteria; increased reimbursement for primary care in the Medicare fee-for-service program; loan forgiveness for physicians choosing careers in primary care; and support for community-based medical home programs that can help facilitate practice redesign. If these reforms are enacted, the nation's primary care system will have a chance to reinvent itself. The early experience from the PCASG clinics in Louisiana shows that a comprehensive approach that is carefully planned and locally implemented—with shared resources and ample support for community clinics—has the potential to provide better-quality care for our nation's most vulnerable populations.

Ongoing research will continue to monitor the Louisiana experience and determine if the targeted federal PCASG resources produce better quality at lower cost.

Notes

[1] R. Rudowitz, D. Rowland, and A. Shartzer, "Health Care in New Orleans Before and After Hurricane Katrina," *Health Affairs*, Sept./Oct. 2006 25(5):93–406.

[2] C. Williams, House Committee on Energy and Commerce Subcommittee on Oversight and Investigations, *Post Katrina Health Care: Progress and Continuing Concerns–Part II,* 110th Cong., 1st Sess., Aug. 1, 2007. http://archives.energycommerce.house.gov/cmte_mtgs/110-oi-hrg.080107.Williams-Testimony.pdf (accessed Aug. 20, 2009).

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[5] Henry J. Kaiser Family Foundation, *New Orleans Three Years After the Storm: The Second Kaiser Post-Katrina Survey, 2008* (Menlo Park, Calif.: Kaiser Family Foundation, 2008).

[6] Rudowitz, Rowland, and Shartzer, "Health Care in New Orleans Before and After Hurricane Katrina," 2006.

[7] K. B. DeSalvo, B. P. Sachs, and L. L. Hamm, "Health Care Infrastructure in Post-Katrina New Orleans: A Status Report," *The American Journal of the Medical Sciences*, Aug. 2008 336(2):197–200.

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[9] D. McCarthy, S. K. H. How, C. Schoen, J. C. Cantor, and D. Belloff, *Aiming Higher: Results from a State Scorecard on Health System Performance, 2009* (New York: Commonwealth Fund Commission on a High Performance Health System, Oct. 2009).

[10] Williams, *Post Katrina Health Care*, 2007.

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Appendix A. Methodology

Data principally come from the Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans, an in-person survey conducted February 2, 2009, through April 2, 2009, of a sample of 1,573 clinic patients age 18 and older or adults accompanying a child under the age of 18. The 20-minute, two-part, in-person surveys were conducted in 27 PCASG-supported primary care and pediatric clinics across Orleans Parish. Clinics providing specialized services, namely behavioral health clinics and school-based clinics, were excluded from the study design because of the particularity of the services they provide, which would not have been appropriately addressed by the questionnaire. This report restricts the analysis to the 1,231 respondents ages 18 to 64 who were interviewed at one of 22 non-pediatric clinics. This restriction excludes adults ages 65 and older (n=55), adults accompanying a child under the age of 18 (n=280), and patients ages 18 to 64 who were interviewed at pediatric clinics (n=7).

The survey was conducted by Social Science Research Solutions (SSRS), a branch of AUS and ICR/International Communications Research. The study was designed to obtain interviews from each clinic proportional to initial estimates of patient volume in each clinic. The survey sample was drawn from all eligible patients present at the clinics on interviewing days, consisting of those ages 18 and older and visiting the clinic as a patient or accompanying a child under the age of 18. A total of 2,021 individuals were approached for an interview and 448 refused. The response rate for the survey was 77.8 percent. The data are weighted in accordance with patient flow reports to ensure that each clinic is proportionally represented. The margin of error was +/– 2.92; however, the margin-of-error calculations for non-random samples should be treated carefully.

The report groups respondents according to their reported patient experience, which includes measures of clinician understanding of patients' medical history, timely access to medical care, coordination of care transitions, and patient–clinician communications. Based on these measures of patient experience, respondents were classified as having an excellent patient experience (N=462) or a suboptimal patient experience (N=769). The findings reported in the tables and figures are based

on bivariate analysis and show where differences between those with an excellent patient experience and those with a suboptimal patient experience are statistically significant at the 5 percent level or better. In some cases, additional logistic regression was conducted to control for demographic factors such as age, race, education, poverty, and health status.

We also report estimates from the 2007 Commonwealth Fund Biennial Health Insurance Survey, conducted among a nationally representative sample of 3,501 adults living in the continental U.S., and from New Orleans Three Years After the Storm: The Second Kaiser Post-Katrina Survey, 2008, a survey of 1,294 randomly selected adults ages 18 and older residing in Orleans Parish.

Appendix Table 1. Access to Patient-Centered Care, Adults 18–64

Base: adults 18–64

	Total 18–64
Unweighted N=	1,231
INDICATORS OF EXCELLENT PATIENT-CENTERED CARE	
Accessibility to Clinician Who Knows Patient	
Doctor (or other health providers) in this clinic understood important information about your medical history	
Yes, definitely	93%
Yes, to some extent	5%
Not at all	1%
Easy Access	
How easy or difficult is it for you to get medical advice from this clinic during regular hours by telephone?	
Very easy	42%
Easy	47%
Difficult	10%
Very Difficult	2%
How easy or difficult is it for you to get care or the medical advice you need in this clinic during the evenings, on weekends, or on holidays?	
Very easy	43%
Easy	39%
Difficult	13%
Very difficult	5%
The last time you were sick or needed medical attention, how quickly could you get an appointment to see a doctor at this clinic?	
On the same day	44%
The next day	21%
In 2 to 3 days	15%
In 4 to 7 days	9%
After more than a week/never able	11%
Very easy or easy to get medical advice via phone or during off-hours, or able to get same day or next day appointment	88%
Coordinated Care	
Did the doctor or someone else at this clinic help you coordinate or arrange the care you receive from other doctors and places? (% yes)	50%
The doctors in this clinic helped you decide which specialist to see (base: seen a specialist, %yes)	82%
After you saw this other doctor or specialist, did the doctors in this clinic help you understand or make decisions about the information or care you received from the other doctor? (base: seen a specialist, %yes)	88%
Yes to any one of three coordinated care indicators	52%

	Total 18–64
Unweighted N=	1,231
Patient-Clinician Communication	
How often did doctors and other health care providers in this clinic: (% always)	
Listen carefully?	93%
Explain things in a way you could understand?	94%
Spend enough time with you?	93%
Involve you in decisions about the best treatment options for you?	93%
Did you ever have questions about your treatment that you did not get answered? (% no)	92%
Clinicians always communicated well and no questions were left unanswered	79%
Has all of the above indicators of an excellent patient-centered experience	37%
Source of Care	
This clinic is the place you would go for: (% yes)	
New health problems	86%
Preventive health care (general checkups, examinations, immunizations)	92%
Ongoing health problems	90%
You use this clinic for all of the above	83%
Were you living in New Orleans when Hurricane Katrina hit? (% yes)	78%
Prior to Hurricane Katrina, was the place you usually went Charity Hospital or one of its clinics? (base: living in New Orleans when Katrina hit)	
Main source of care was Charity Hospital or a Charity clinic	73%
Main source of care was somewhere else	25%

Source: The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans.

Appendix Table 2. Preventive Care by Patient Experience

Base: adults 18–64

	Total 18–64	Suboptimal Patient Experience	Excellent Patient Experience	P value
Unweighted N=	1,231	769	462	
PREVENTIVE CARE				
When was your last routine check-up or physical exam?				0.63
Within the past 6 months	65%	64%	67%	
7 to 12 months ago	17%	17%	17%	
1 to 2 years ago	10%	10%	9%	
More than 2 years ago	6%	7%	5%	
Don't know/refused	2%	2%	2%	
Did you have your cholesterol checked in the past five years? (% yes)	71%	66%	80%	0.00
Did you have your blood pressure checked in the past year? (% yes)	92%	90%	97%	0.00
Did you have a mammogram in the past 2 years? (base: women age 40+, % yes, unweighted N=513)	79%	78%	81%	0.69
Did you have a screening for colon cancer in the past five years? (base: age 50+, % yes, unweighted N=464)	51%	50%	52%	0.59
Did you have a dental exam in the past year? (% yes)	49%	45%	57%	0.00
Did you have a blood test or a rectal exam for prostate cancer in the past 2 years? (base: men age 40+, % yes, unweighted N=336)	59%	56%	66%	0.09
In the last 2 years, has anyone reminded you to schedule preventive care that you were due to receive?				0.00
Yes, in this clinic	49%	42%	60%	
Yes, somewhere else	15%	16%	14%	
No	36%	42%	25%	
In the past 12 months, have you ever received care in a hospital emergency room or been a patient in a hospital overnight other than to have a baby? (% yes)	26%	24%	30%	0.20
After you went to the ER or were hospitalized overnight, did the doctors in this clinic seem informed and up-to-date about the care you had received there? (base: repeat visitors who went to the ER or were hospitalized overnight, % yes)	68%	56%	80%	0.00

	Total 18–64	Suboptimal Patient Experience	Excellent Patient Experience	P value
MENTAL HEALTH TREATMENT				
Have you ever been told by a doctor that you have depression, anxiety, or problems with stress or nerves? (% yes)	20%	17%	25%	0.00
In that last 12 months, was there any time when you needed to see or consult with a health professional because you felt anxious, stressed, or depressed? (Base, respondents with depression N=)	**258**	**133**	**125**	
Yes, needed to consult	50%	50%	51%	0.09
Did you see a health professional when you felt depressed or anxious? (base: needed to see or consult with a health professional because you felt depressed or anxious N=)	**142**	**69**	**73**	
Yes	78%	75%	81%	0.24

Source: The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans.

Appendix Table 3. Chronic Disease Management by Patient Experience

Base: adults 18–64

	Total 18–64	Suboptimal Patient Experience	Excellent Patient Experience	P value
Unweighted N=	1,231	769	462	
ADULTS WITH A CHRONIC CONDITION				
Have you ever been told by a doctor that you have: (% yes)				
Hypertension or high blood pressure	40%	38%	42%	0.64
Diabetes or high blood sugar	21%	20%	22%	0.35
Asthma or other breathing problems	15%	13%	17%	0.08
Heart disease	6%	5%	9%	0.09
Cancer	2%	1%	3%	0.22
Severe overweight or obesity	9%	8%	11%	0.62
Depression, anxiety, problems with stress or nerves	20%	17%	25%	0.00
Any of the above chronic conditions	56%	53%	60%	0.04
Has two or more chronic conditions	30%	27%	35%	0.01
Chronic disease management (base: adults with one or more chronic conditions, unweighted N)	**702**	**421**	**281**	
Number of prescriptions taken regularly				0.00
None	23%	27%	16%	
1	11%	13%	9%	
2	16%	17%	16%	
3 or more	50%	43%	59%	
Review of medications by physician				
Doctor in clinic has reviewed with you the medications you take including those prescribed by other doctors? (% yes)	89%	84%	96%	0.00
Explained side effects of medications (%yes)	89%	85%	94%	0.05
Given you a written list of medication you are taking (% yes)	83%	78%	89%	0.02
Doctor in this clinic has done all of the above	75%	70%	82%	0.01

	Total 18–64	Suboptimal Patient Experience	Excellent Patient Experience	P value
Managing Chronic Conditions				
A health care professional you see in this clinic for health conditions has: (base: repeat visitors with one or more chronic conditions)				
Given you a written plan or instructions to help you manage your own care at home (% yes)	76%	73%	80%	0.32
Contacted you after a visit to see how things were going with this/these conditions (% yes)	67%	63%	73%	0.09
In general, how much have any of the doctors or nurses helped you live with this condition/ these conditions?				0.00
A lot	72%	65%	82%	
Some	19%	23%	15%	
A little/not much	8%	12%	3%	
How confident are you that you can control and manage most of your health problems?				0.00
Very confident	72%	67%	78%	
Somewhat confident	25%	28%	20%	
Not very confident	3%	4%	2%	
Not at all confident	1%	1%	1%	

Source: The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans.

Appendix Table 4. Patient-Centered Care and Physician Counseling by Patient Experiencee

Base: adults 18–64

	Total 18–64	Suboptimal Patient Experience	Excellent Patient Experience	P value
Unweighted N=	1,231	769	462	
Overall, how well are your health needs met in this clinic?				0.00
Very well	85%	81%	92%	
Somewhat well	14%	18%	7%	
Not too well/not at all	1%	2%	0%	
How much confidence and trust did you have in the doctor treating you?				0.00
Great deal	83%	78%	92%	
A fair amount	16%	20%	8%	
Not too much/not at all	1%	2%	0%	
How often did doctors or other health providers in this clinic show respect for what you had to say?				0.00
Always	87%	83%	92%	
Often	10%	12%	5%	
Sometime	1%	2%	1%	
Rarely/Never	3%	3%	2%	
Have you ever felt that the doctor or medical staff you saw treated you unfairly or with disrepect because of:				
your ability to pay for care or the type of insurance you have? (% no)	99%	99%	99%	0.48
how well you speak English? (% no)	93%	89%	98%	0.00
your race or ethnic background? (% no)	98%	98%	98%	0.87
Good patient-clinician relationship: patient trusts the clinician, clinician shows respect for what the patient has to say, and patient is never treated unfairly or with disrespect due to ability to pay, type of insurance, English fluency, or race or ethnic background (% yes)	70%	62%	83%	0.00

	Total 18–64	Suboptimal Patient Experience	Excellent Patient Experience	P value
PHYSICIAN COUNSELING				
In the past year, has a doctor or any other medical professional talked to you about the health risks of smoking and ways to quit?				0.40
Yes, in this clinic	75%	73%	77%	
Yes, somewhere else	20%	24%	15%	
No	5%	3%	8%	
In the past year, has a doctor or any other medical professional talked to you about exercise and having a healthy diet and weight?				0.00
Yes, in this clinic	46%	39%	57%	
Yes, somewhere else	13%	15%	11%	
No	40%	46%	32%	
In the past year, has a doctor or any other medical professional talked to you about any emotional concerns that may be affecting your health?				0.00
Yes, in this clinic	38%	34%	45%	
Yes, somewhere else	10%	12%	8%	
No	51%	53%	47%	

Source: The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans.

Appendix Table 5. Demographics of New Orleans Clinic Users

Base: adults 18–64

	Total 18–64	Suboptimal Patient Experience	Excellent Patient Experience	P value
Unweighted N=	1,231	769	462	
Sex				0.48
Male	36%	38%	33%	
Female	64%	62%	67%	
Age				0.12
18–25	12%	12%	12%	
26–39	19%	22%	15%	
40–49	29%	30%	28%	
50–64	40%	37%	45%	
Race/Ethnicity				0.01
White, not Hispanic	11%	9%	15%	
Black or African American, not Hispanic	82%	85%	77%	
Hispanic	5%	4%	5%	
Asian	0%	0%	0%	
Other, not Hispanic	1%	1%	2%	
Education				0.00
Less than high school	17%	14%	20%	
High school or equivalent	58%	64%	49%	
Some college/technical	17%	16%	18%	
College graduate or higher	8%	6%	11%	
Income				0.00
Less than $20,000	46%	36%	63%	
$20,000–$39,000	19%	25%	10%	
$40,000–$59,000	4%	5%	4%	
$60,000 or more	1%	1%	1%	
Don’t know/Refused	30%	34%	23%	
Poverty status				0.00
Below 100% poverty	33%	26%	44%	
100%–199%	18%	17%	21%	
200%–399%	16%	19%	9%	
400% poverty or more	3%	4%	2%	
Below 200% poverty	51%	43%	66%	
200% poverty or more	19%	23%	11%	
Don’t know/Refused	30%	34%	23%	

	Total 18–64	Suboptimal Patient Experience	Excellent Patient Experience	P value
Insurance type				0.58
Uninsured	63%	64%	63%	
Employer	6%	6%	6%	
Medicare	6%	5%	7%	
Medicaid	23%	24%	22%	
Individual/Other	2%	1%	1%	
Family status				0.23
Married or living with partner, no children	14%	13%	14%	
Married or living with partner, have children	6%	7%	6%	
Not married, no children	64%	65%	61%	
Not marrried, have children	16%	15%	18%	
Work status				0.20
Not working	56%	54%	59%	
Full time	28%	30%	25%	
Part time	16%	16%	16%	
Family work status				0.25
No worker in family	52%	50%	56%	
At least 1 full time worker	31%	33%	28%	
Only part time workers	15%	15%	15%	
Health status				0.08
Excellent	21%	22%	20%	
Very good	26%	27%	25%	
Good	31%	32%	30%	
Fair	17%	15%	21%	
Poor	3%	3%	5%	
Language				0.87
English	98%	98%	98%	
Spanish	2%	2%	2%	
Nativity				0.26
Born in the U.S.	95%	96%	94%	
Foreign-born	5%	4%	6%	

Source: The Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans