Client Satisfaction in Nurse Managed Health Centers

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&
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Introduction

Nurse Managed Health Centers (NMHCs)

- 250 in the United States
  - Serve 2.5 million clients annually
  - Over ¾ are Academic NMHCs

- Diverse in their practices
  - Continuum of care from Wellness models to Primary Health Care
  - Common thread, serving vulnerable populations

- Few works describe client satisfaction with NMHCs
  - First articles appear 1980’s
  - Only about 30 Client Satisfaction articles in print
NMHCs have been identified as a unique and effectual health care delivery care model

(ACA, 2010)
Background: Policy

- NMHCs and their APN providers struggle with:
  - Constraining scope of practice laws
  - Inadequate reimbursement for their services
  - Recognition from third party payers
  - Restrictive Federal funding
- Contributing to tenuous fiscal stability & sustainability
The nurses who practice at NMHCs use a holistic wellness model that emphasizes health promotion and education, and chronic disease management for their culturally diverse and medically underserved clients and communities (Hill & Doddato, 2002).

Advanced practice nurses (APNs), who typically provide care at NMHCs, “integrate the physical and psychosocial aspects of client health and include an emphasis on early intervention, self-care, and ongoing case management of client health” (Bear & Bowers, 1998).
Results from research from the last several decades affirm the importance of this multifaceted indicator of quality.

- Client satisfaction has been linked to:
  - increased compliance with a health plan of care,
  - intent to return to the clinic, and
  - recommending the health clinic to others (Bear and Bowers, 1998).

- High marks of client satisfaction are associated with:
  - adherence to provider recommendations,
  - continuity of care, and
  - lower care costs (Barkauskas et al., 2004).

"Evidence to date demonstrated that patients of NMHCs overwhelming expressed high satisfaction with quality of health care received and experiences of care resulted in improved cost expenditures and cost containment" (p. 82).
NMHCs began opening their doors in the 1970's.

• First client satisfaction articles over a decade later (Woog, Kos, & Hyman, 1981; Bagwell, 1987).

• < 30 articles have been published on the topic since

• 500+ NMHCs have been in existence during this time.

• Client satisfaction rates in NMHCs research have been outstanding.
The purpose of study:

- To evaluate client satisfaction at two NMHCs.
UWM NMHCs

The UWM College of Nursing
Institute for Urban Health Partnerships (IUHP)
operates two academic NMHCs

UWM Silver Spring Community Nursing Center (SS CNC) – est. 1986

UWM House of Peace Community Nursing Center (HOP CNC) - est. 1991
Our History

The UWM NMHCs have been serving their communities for 27- and 22- years respectively.

As is typical of academic NMHCs, the UWM SS CNC and HOP CNC are small, fee for service practices for clients who are un- or underinsured.

(Barkauskas, Pohl, Tanner, & Pilon, 2011).
Our Model

The Lundeen Comprehensive Community-based Primary Health Care Model
(Lundeen, 1993, 2005)
Comprehensive Community-Based Primary Health Care Model

**Principle Services**
- Epidemiological assessment
- Planning
- Public education
- Case finding
- Screening
- Assurance
- Surveillance
- Health data management
- Coalition building
- Health promotion
- Community mobilization/empowerment activities
- Community assessment
- Community outreach
- Case finding
- Health teaching (individual and group)
- Counseling
- Lifestyle modification
- Family Support
- Nrg Case management
- Dx/Tx of select acute conditions
- Surveillance of chronic conditions
- Dx/Tx of acute health conditions
- Tx & surveillance of chronic health conditions
- Anticipatory guidance
- Health teaching (individual
- Medical case management

**Public Health Agencies**
Services are population focused and occur in community settings (health departments & “in the field”)

**Community Nursing Centers**
Services focus on both personal care and populations and are delivered where users live, work, learn & play schools, day care centers, worksites, neighborhood centers, homes, churches, senior centers, recreation centers, youth clubs

**Medical Care Facilities**
Services focus on personal care and are provided where medical providers come together (physicians’ offices, clinics, hospitals, emergency rooms)
Data was collected in two urban academic NMHCs in Milwaukee, Wisconsin between August 1, 2012 and October 31, 2012 after IRB approval.

The survey was designed based on a previously tested NMHC client satisfaction survey (Benkert et. al., 2002) and expert review (L. Fayram, personal communication, June 9, 2008).

21 questions with a 4-point Likert scale.
Methods

• Quantitative Data Analysis
  • Statistical Package for Social Science (SPSS) V. 22

• Qualitative Data Analysis
  • Qualitative thematic analysis conducted on the comments from the 127 surveys
  • Analysis of a total 97 written comments between both sites
• N=127

• The majority of clients were
  • Female (84%),
  • African American (82%), and
  • Ages 36 to 64 years (64%).

• Main reasons for the visits were
  • health/wellness related care (32%),
  • routine checkups (32%), and
  • follow-up care (13%)
<table>
<thead>
<tr>
<th>Survey Question</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
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</thead>
<tbody>
<tr>
<td>21. I will probably use this clinic again</td>
<td>127</td>
<td>3.93</td>
<td>.258</td>
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<tr>
<td>20. I would tell a relative or friend to use this clinic</td>
<td>127</td>
<td>3.91</td>
<td>.294</td>
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<td>12. I was satisfied with the care I received at the clinic</td>
<td>126</td>
<td>3.88</td>
<td>.342</td>
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<td>10. The office staff showed me respect and courtesy</td>
<td>125</td>
<td>3.88</td>
<td>.343</td>
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<td>09. The clinician showed me respect and courtesy</td>
<td>127</td>
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<td>14. The overall quality of care I received at the clinic was good</td>
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<td>3.86</td>
<td>.366</td>
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<td>08. I am satisfied with the amount of time the clinician spent with me during my visit</td>
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<td>3.86</td>
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<td>15. I am treated the same as other people who get care here</td>
<td>123</td>
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<td>.377</td>
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<td>06. The clinician explained problems and treatments clearly</td>
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<td>.387</td>
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<td>13. The handouts that I received were easy to read and follow</td>
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<td>3.84</td>
<td>.388</td>
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<td>18. The clinical helps me get the health care I need</td>
<td>119</td>
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<td>.390</td>
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<td>16. The clinic works with me to make care affordable</td>
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<td>3.83</td>
<td>.396</td>
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<td>07. The clinician was careful and thorough</td>
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<td>3.83</td>
<td>.413</td>
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<td>05. The clinician listened carefully to what I had to say</td>
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<td>3.83</td>
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<td>11. The clinician considered my beliefs about health and healing</td>
<td>125</td>
<td>3.82</td>
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<td>17. The clinic follows up on my test, treatments, and referrals</td>
<td>99</td>
<td>3.81</td>
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<td>04. The clinician answered my questions in a way I could understand</td>
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<td>01. It was easy to make contact with the clinic by phone</td>
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<td>19. I can get an appointment when I need it</td>
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<td>3.79</td>
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<td>02. The person on the clinic phone was very helpful</td>
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<td>03. The clinic staff returned phone calls as soon as possible</td>
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<td>3.76</td>
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<td>Survey Question</td>
<td>Component 1</td>
<td>Component 2</td>
<td>Component 3</td>
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<td>--------------------------------------------------------------------------------</td>
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<td>09. The clinician showed me respect and courtesy</td>
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<td>14. The overall quality of care I received at the clinic was good</td>
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<td>07. The clinician was careful and thorough</td>
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<td>10. The office staff showed me respect and courtesy</td>
<td>.799</td>
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<td>08. I am satisfied with the amount of time the clinician spent with me during my visit</td>
<td>.783</td>
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<td>.747</td>
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<td>.110</td>
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<td>03. The clinic staff returned phone calls as soon as possible</td>
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<td>02. The person on the clinic phone was very helpful</td>
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<tr>
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<td>.468</td>
<td>.074</td>
<td>.164</td>
</tr>
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</table>
Results: Qualitative Thematic Analysis

I. Pleasurable and Satisfying Experience
   A. Positive Comments about Clinic
      ~Qualities/Quality of the clinic
      ~Personal/Emotional Experience of the clinic
      ~CNC/NMHC as a Community Asset
   B. Positive Comments about Staff
      ~Wonderful Staff Expertise and Care
      ~Nurturing Qualities of Staff
   C. Gratitude for CNCs

II. Quality of CNC Care
   A. Client Satisfaction
      ~Recommend to Others
      ~Intent to Return
   I Get What I Need!
      ~Patient-Centered Care
      ~Health Literacy
• Three factor loadings were consistent with the results from a previous NMHC client satisfaction study that used a similar survey tool (Benkert et. al., 2002).

• Factor loadings of Component 3 were not included in the previous study by Benkert et. al. (2002)

• Most of the NMHC client satisfaction articles reviewed focused on the health care process between the nurse and the client (Barkauskas et al., 2004; Bear & Bowers, 1998; Benkert, 2007; Oermann, Dillon, & Templin, 2000; Oermann & Templin, 2000; Ramsey, Edwards, Lenz, Odom, & Brown, 1993).

• Accessibility warrants further evaluation as an influential factor in satisfaction of services received (Hill & Doddato, 2002; Pullman, 1991).
Discussion

High Client Satisfaction = Sustainability of NMHCs

• Expanding a nurse-led primary health care delivery model as recently defined and recognized in the ACA (2010).

• Clients who are traditionally 'hard to treat' thrive in the NMHC milieu.
Conclusions

• More studies are needed on client satisfaction in NMHCs.
• The amended NMHC client satisfaction survey used in this study, with accessibility components, needs further testing.
• NMHCs reach vulnerable, marginalized populations who report satisfaction with the services and value the nurse provider relationships.

• NMHCs were seen as a community asset.
• Clients perceived NMHCs as highly satisfactory models of primary health care delivery.
• NMHCs care is ‘patient-centered’ as described by the clients themselves.
Future Recommendations

**Research –**

Influence of the Lundeen Comprehensive Community-based Primary Health Care Model, or similar NMHC models on perceptions of care received

**Practice & Education –**

Strengthen the focus on interdisciplinary education and practice

**Health Care Policy –**

Restrictive scope of practice laws, lower reimbursement rates for nurse practitioners, and federal grant funding restrictions
Questions or Comments

Thank-you!

University of Wisconsin - Milwaukee College of Nursing

www.nursing.uwm.edu

References Available upon Request