

Patient and Caregiver Perceptions of Home-Based Primary Care

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Introduction

Home-based primary care (HBPC) encompasses primary, chronic, and palliative care and is increasingly being used as a model of care to provide both medical and nursing services to the home bound elderly.

- There are no widely used quality indicators to help quantify the quality of care patients receive in the home setting.^{1,2}
- Tools measuring patient satisfaction, such as patient surveys are gaining increasing attention as a plausible and meaningful way to identify gaps in health care programs and help provide information for the purposes of improving the quality of those programs.
- In HBPC, measures of patient satisfaction can help providers gain an understanding of the current patient and caregiver perceptions of care.
- Measures of patient and caregiver satisfaction can be then be used to create quality measures within the HBPC setting.^{1,2}

Many authors have attempted to define the concept of patient satisfaction in health care. Although there is no consensus on one overarching definition of patient satisfaction, most authors conclude that patient satisfaction is the congruency between a patient's expectations of ideal care and the reality of care received.³ Patient questionnaires are the most common way to evaluate patient satisfaction with great variation in their format, based on the intent and goals of the assessor. A review of literature performed by Al-Abri and Al-Balushi (2014), evaluated the relationship that certain attributes of surveys given to patients had on overall patient satisfaction. They then reviewed the impact that these surveys had on the quality improvement process. They found that some of the strongest drivers of patient satisfaction included the attributes of accessibility, communication, empathy, and caring of the health care professionals.³

Objectives

- Develop a survey in efforts to evaluate patient and family satisfaction and identify areas for quality improvement of a current home based primary care program
- Provide each new patient or family member with a survey within 3 months of being seen as a new patient in the home-based primary care program
- Analyze survey answers and identify themes for the purpose of identifying areas of program success as well as areas for improvement

Methods

Based on the literature review, we chose to use an independently developed patient survey to help gain insight into the patient and caregiver perception of care received by the program in an assisted living facility. The survey was approved through the Wake Forest Baptist Health IRB and was either mailed or hand distributed to new patients or their family members after they had started to receive in-home primary care services. The services were provided by staff of one physician, two nurse practitioners, and one certified medical assistant.

The providers of the HPBC plan use the information gained from the survey for the purpose of improving the quality of care and for further program development. Surveys were distributed to 24 patients or to their family members/caregivers after they received services through the HBPC. Phone reminders as well as in person reminders were given to both patients and family members to return surveys. They understood that the information gained from the surveys were to improve the quality of care that they were receiving under HBPC services.

The survey measurement included categories of questions related to the general satisfaction of the HBPC, interpersonal satisfaction, communication, and accessibility. Multiple choice answers were provided as well as comments for each question. An area for patients or family members to make a general comment was also provided at the end of the survey.

Individuals were eligible for the survey if they were English speaking, resided in the catchment area of the house call program, cognitively intact patients of the house call program over the age of 65, or family members/caregivers of a patient with cognitive impairment. After the surveys were returned, answers to the survey questions were analyzed by the HBPC team. Major themes and areas for improvement were identified.

Survey Questions

General Satisfaction

Would you recommend in home medical care to your family or friends if they needed medical care in their home?

Does having in-home medical care improve my quality of life?

Do you prefer in-home primary care over traditional clinic setting?

What suggestions do you have to improve the care that you receive by your in-home primary care provider?

Interpersonal Satisfaction

The in-home provider appropriately addresses my health concerns during my visit.

Do you feel like having primary care at home has improved you or your family member's relationship with the medical provider?

Communication

Are the in-home primary care providers friendly and easy to talk to?

Do the in-home primary care providers explain your plan of care in a way that is easy to understand?

Do the in-home primary care providers keep you informed of you or your family member's care?

Is there sufficient communication between your in-home primary care provider and the caregivers or staff providing your care?

Accessibility and Convenience

Is it easy to access your primary care provider with a concern or question related to you or your family member's care?

Are appointments scheduled in a timely manner?

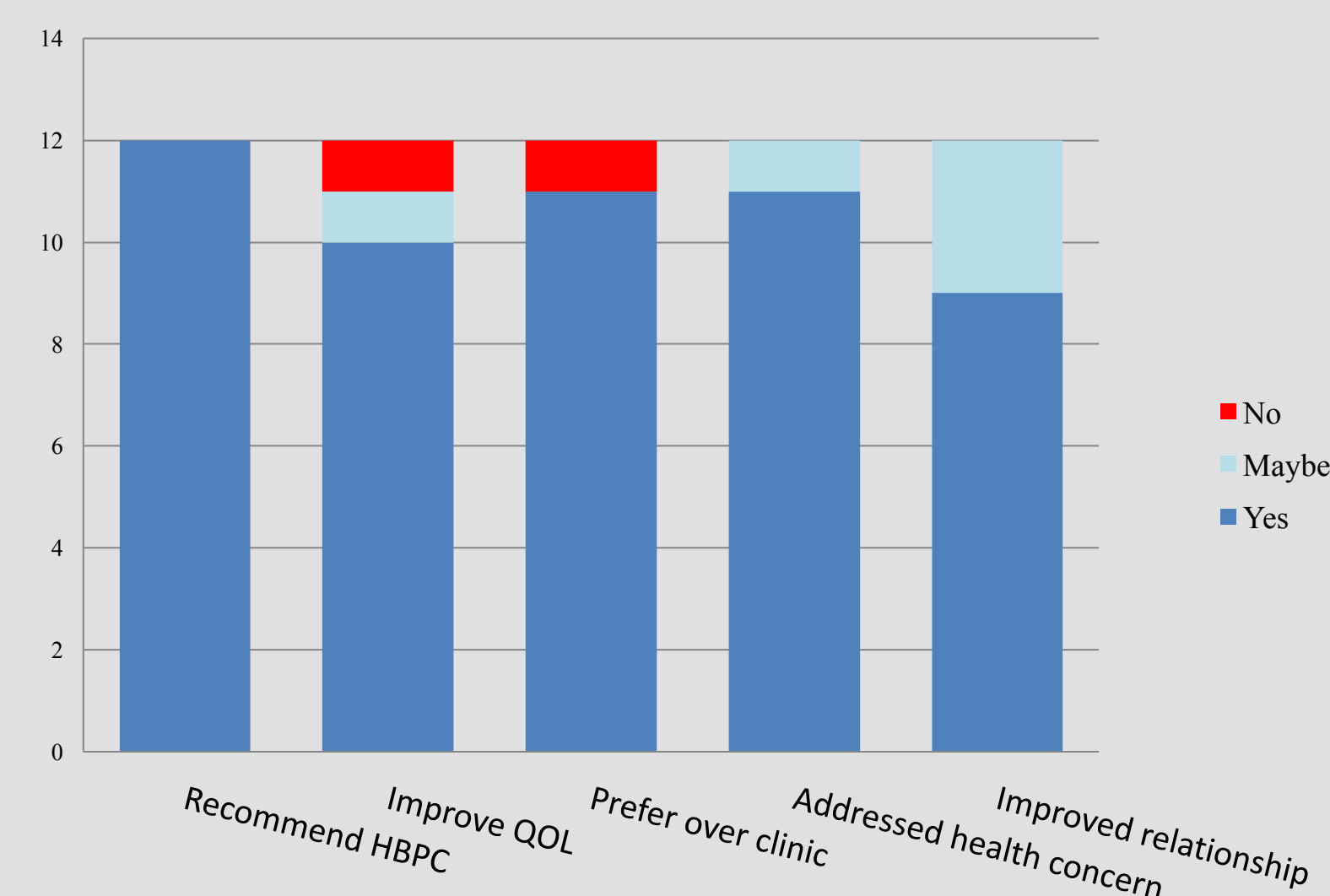
Does the in-home primary care provider arrive for your appointments in a timely manner?

Since receiving in-home primary care, have you noticed that your cost of care has increased?

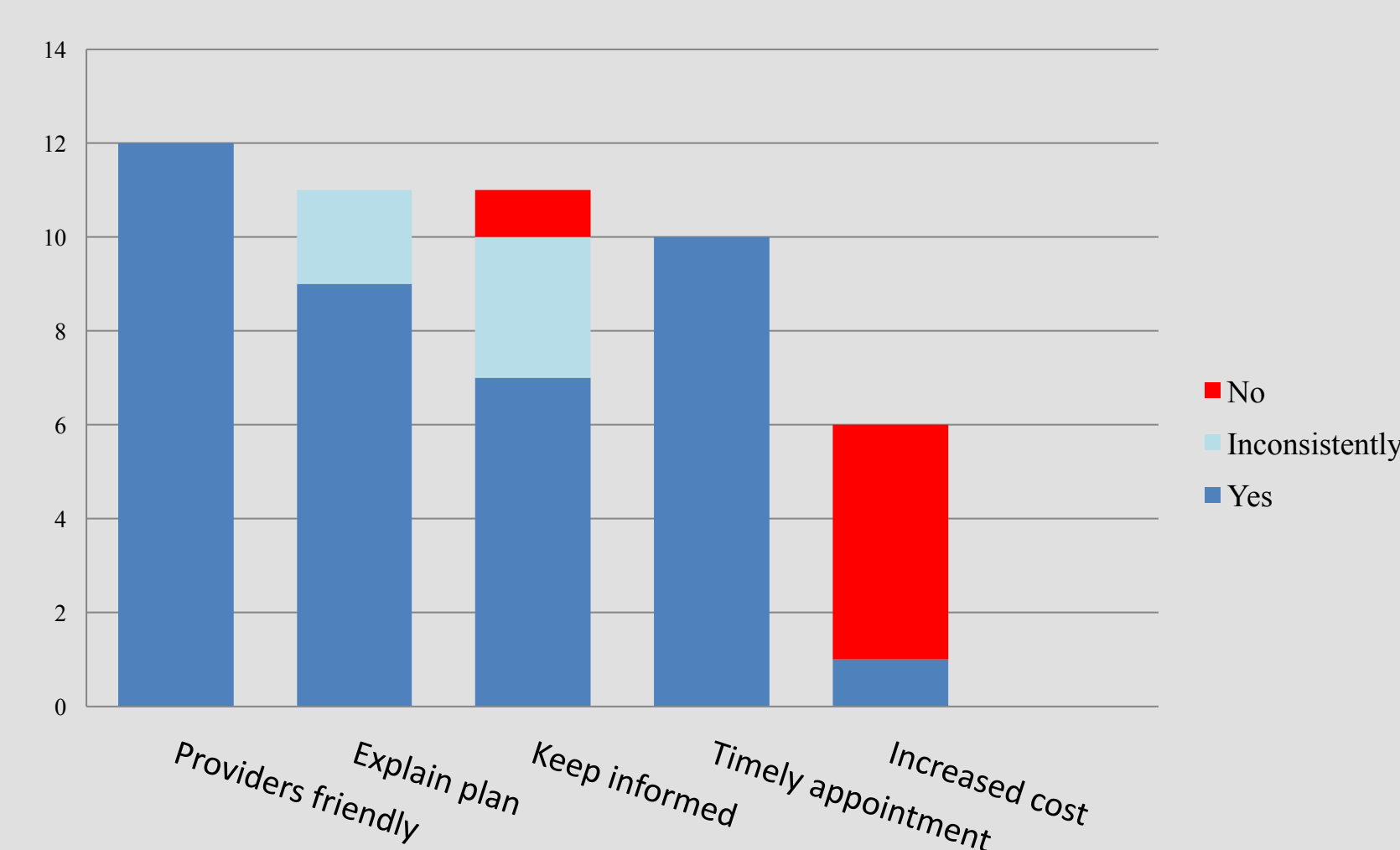
Results

There were 24 surveys sent out to patients or proxy family members and 12 were returned for evaluation.

Satisfaction with HBPC



Communication and Access



Comments

The majority of subjective comments were pleased with the convenience and warmth of HBPC providers. One offered suggestion for improving transition of care back to home after hospitalization. Two suggested improving communication when scheduling appointments. One felt that the communication was impeded by the turnover in staff at the facility. One stated that HBPC was the perfect scenario for the elderly, and felt that the visits were easier and less intrusive than traditional clinic visits.

Conclusions

Our preliminary data shows that overall our patients feel that HBPC has improved their quality of life and affords them excellent access to primary care services. All of the patients felt that the providers were friendly and reported that communication was patient-centered. We found that we may not have communicated the best way for patients to schedule in-home appointments. One limitation is that family members are often not present during in-home visits and might be filling out the surveys in proxy for the patient.

- Patient and family surveys showed that we need to improve our communication with the front line staff at assisted living
- Patients and family are usually highly satisfied with our services
- HBPC did not increase cost of care according to the majority of our patients
- Next steps are to explore the barriers of inadequate communication with facility: high turnover, lack of leadership willingness, etc.

References

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