

COLLEGE OF HEALTH SCIENCE FACULTY GRANT-IN-AID REPORT

(No longer than 1 Page)

PROJECT TITLE: “Assessing how patients’ level of “Activation” and “Health Literacy” affect their healthcare expectations from a Rural Patient Centered Medical Home (PCMH) Model of Care”

INVESTIGATOR: Reshmi Singh

YEAR PROJECT WAS SUPPORTED: April 2015

Participants/Subjects

Patients and community members (21 years and older) who utilized services from local healthcare clinics, hospitals, or wellness centers, were approached to participate in a focus group.

Methods

This qualitative study was done using a structured focus group guide to elicit rural patients’ healthcare experiences. A purposeful sample of English speaking adult patients was recruited. Each audio-recorded group took about two hours. A total of fifteen focus groups were conducted to obtain sufficient text for theoretical saturation and thematic analysis. Each group had a range of 3-8 participants. A \$25 visa gift card and lunch was provided in appreciation for each participant's time and help.

Results

Overall, patients reported higher satisfaction when seeing a nurse practitioner or physician assistant as opposed to a physician. Emergent themes for *best encounters* included health care providers who had sufficient time, adequately explained diagnosis and new medications, provided free medication samples or discount cards, and did not dismiss patient complaints or concerns and treated individuals with respect. Typical responses for *worst encounters* included themes of misdiagnosis, dismissing patient symptoms, providers whose attention was not focused on the patient during the visit, pushing too many medications, rushed encounters, and providers with poor bedside manner who failed to establish a rapport. Themes regarding self-management of health questions included, taking things one day at a time, taking medication on a daily basis, good stress management, and frustration over insurance costs and lack of coverage. When participants were asked about engagement in their own health, most were confused on the meaning of the term and needed clarification. Self-care responses involved people focusing on diet, exercise, doing routine lab work and being proactive in the event of an incorrect diagnosis. A large number of participants avoided doctor visits unless it was absolutely necessary indicating the notion of the “cowboy up” mentality. The themes regarding healthcare technology included appointment reminders, using health websites and symptom trackers for additional information, using online portal systems for health care records, and online bill pay. Many used apps on smart phones to look at calories and to track exercise as well as online support groups to encourage fitness. Some participants were hesitant about using technology and preferred to talk with an actual person regarding issues. When asked how people took care of their own health, responses included

minimizing fats or carbohydrates, reading nutrition labels, exercise, using herbal supplements and vitamins. Typical barriers for taking care of their health included inclement weather, lack of sidewalks, stress, financial constraints for eating healthy or going to a gym, lack of time, and holidays as times of overeating.

Limitations

This was a qualitative study and hence while the themes might apply to other rural areas, generalizability is not the purpose of such a study. It was hard to recruit patients from medical settings and easier to do so directly through advertisements to the community. It is possible that patients who volunteered for this study might have had more issues with their healthcare. However, for the most part all respondents were able to reflect both on the positive and negative healthcare experiences. When asked regarding their engagement with healthcare- most needed clarification on the term making this a bit of limitation but really an interesting finding as presented in the results. Most respondents were female not allowing us to explore if male respondents would have had different experiences and expectations in this rural state.

Conclusions

Based on these results, it appears that many patients in this rural state do not understand the term 'healthcare engagement'. Future studies need to examine these concepts and train providers on how to engage patients in their health care especially using technology.

Future Research & Dissemination

A future research goal will be to try and conduct focus groups with healthcare providers in the area and get their opinion on the overall health of these rural communities. Hopefully, the results from this future study can be compared with this study and the gaps in communication addressed. Lastly, telecommunication appears to be a valuable tool for improving healthcare in rural areas and a promising area of research for the state of Wyoming to consider.

This research is submitted for publication in the journal - Rural and Remote Health in October 2016.

Also, a poster presentation was made of the interim results at the Health Literacy Research Conference (HARC) , Bethesda, MD, November 2015 and Encore Presentation was at the University of Wyoming CHS Research Day in April 2015.