PATIENT PERCEIVED QUALITY OF LIFE SURVEY:

COMPARISON AMONG FREE, FQHC AND PRIVATE CLINICS

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BACKGROUND

Social factors play a powerful role in determining health outcomes of patients and communities.[1,2] Historical approaches have been paternalistic in defining what patients need. There is a gap in knowledge regarding what patients feel they need to have the highest possible quality of life. In order to achieve a comprehensive view of the burdens facing individuals in the community we designed an open-ended survey where patients and practitioners from free clinics, federally qualified health centers, and private clinics could express their opinions.

OBJECTIVE

Our primary aim was to **identify the top needs** of different patient populations in Phoenix with an open ended survey and categorizing needs based on the responses.

PATIENT SURVEY

MAYO CLINIC

Patient and Provider Opinions on Quality of Life

Clinic Name_____ Date: _____

Age: _____ Gender: ❑ Male ❑ Female ❑ Other

Race: ❑ Hispanic/Latino ❑ White ❑ Black ❑ Asian ❑ American Indian ❑ Indian ❑ Middle Eastern ❑ Other ❑ prefer not to disclose

County of origin: ❑ U.S. ❑ Other

Do you have health insurance? ❑ Yes ❑ No

If yes ❑ Private ❑ AHCCCS ❑ Marketplace Plan

Are you homeless? ❑ Yes ❑ No

What language are you most comfortable communicating in?

❑English ❑Spanish ❑Other_____

1. What are the top three things that you need in order to have the highest quality of life as possible?
   1. _____
   2. _____
   3. _____

2. How often do you have someone help you read clinic handouts?
   ❑Never ❑Occasionally ❑Sometimes ❑Often ❑Always

3. How confident are you in filling out medical forms by yourself?
   ❑Extremely ❑Quite a bit ❑Somewhat ❑A little bit ❑Not at all

4.How often do you have problems learning about your medical condition because of difficulty understanding written materials?
   ❑Never ❑Occasionally ❑Sometimes ❑Often ❑Always

Figure 1: The survey that was used during data collection.

METHODS

A total of 300 patient surveys were completed between February and July of 2017 in three different clinic types in Phoenix. They were asked the open ended question: *"What are the top three things that you need in order to have the highest possible quality of life?"*. Additionally, basic patient demographic information was obtained, and health literacy was assessed using a validated STOFHLA survey *(Short Test of Functional Healthy Literacy in Adults).*

Free clinics:
- ❖Mission of Mercy
- ❖Virginia G Piper St Vincent de Paul

Federally Qualified Health care Centers:
- ❖Mountain Park Gateway
- ❖ Mountain Park Maryvale

Private clinics:
- ❖Desert Ridge Family Physicians
- ❖Mountain View Family Physicians

PATIENT DEMOGRAPHICS

Variables	Overall N=300	Free Clinics N=100	FQHC Clinics N=100	Private N=100	P-value
Age, years (mean, SD)	48.9 (16.2)	50.1 (13.3)	43.8 (16.3)	53.0 (17.6)	<0.001
Gender					0.41
Male	96	28	31	37	
Female	204	72	69	63	
Race (n, %)					<0.001
Hispanic	154 (51.3)	81 (81.0)	66 (66.0)	7 (7.0)	
Caucasian	98 (32.7)	6 (6.0)	12 (12.0)	80 (80.0)	
African American	22 (7.3)	7 (7.0)	10 (10.0)	5 (5.0)	
Other	26 (8.7)	6 (6.0)	12 (12.0)	8 (8.0)	
Country of Origin (U.S., %)	163 (54.5)	19 (19.2)	51 (51.1)	93 (51.0)	<0.001
Health Insurance (n, %)					<0.001
None	114 (38.0)	92 (92.0)	21 (21.1)	1 (1.0)	
Private	89 (29.7)	0 (0.0)	11 (11.0)	78 (78.0)	
Individual Marketplace	21 (7.0)	1 (1.0)	1 (1.0)	19 (19.0)	
AHCCCS	76 (25.3)	7 (7.0)	67 (67.0)	2 (2.0)	
Homeless (yes, %)	8 (2.7)	2 (2.0)	3 (3.0)	3 (3.0)	1.0
Language Preference (n, %)					<0.001
English	166 (55.3)	26 (26.0)	42 (42.0)	97 (97.0)	
Spanish	118 (39.3)	71 (71.0)	45 (45.0)	2 (2.0)	
Both/Other	16 (5.3)	3.0 (3.0)	13 (13.0)	1 (1.0)	

Table 1: Patient demographic characteristics across all clinic types

RESULTS

HEALTH LITERACY

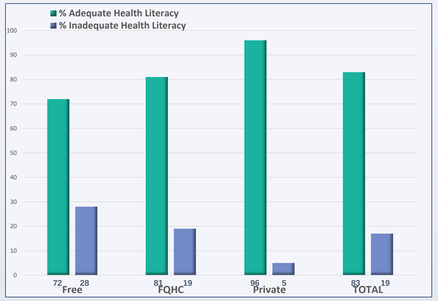


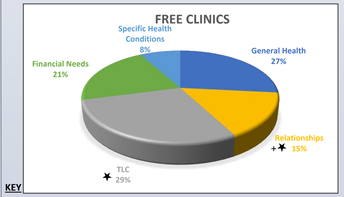
Figure 2: Health Literacy by Clinic Type.
The difference in the percentage of adequate health literacy:
- *Free vs FQHC p=0.77*
- *Free vs Private p<0.001*
- *FQHC vs Private p<0.001*

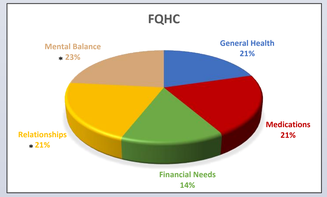
STATISTICAL LIKELIHOOD COMPARED TO PRIVATE CLINICS

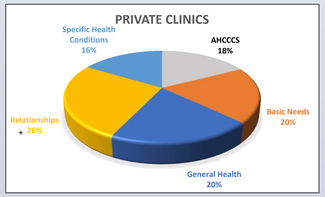
	Private N=100	FQHC N=100	p-value	Free Clinic N=100	p-value
Access/Insurance (n, %)	16	28		32	
Odds Ratio (95% CI)	REF	1.83 (0.88, 3.81)	0.1	2.38 (1.16, 4.87)	0.02
Finances (n, %)	37	35		37	
Odds Ratio (95% CI)	REF	0.92 (0.51, 1.63)	0.77	0.92 (0.51, 1.63)	0.77
General Health(n, %)	45	53		43	
Odds Ratio (95% CI)	REF	1.32 (0.75, 2.31)	0.32	0.92 (0.52, 1.61)	0.78
Health Education (n, %)	4	15		12	
Odds Ratio (95% CI)	REF	4.83 (1.33, 17.5)	0.02	3.59 (0.95, 13.5)	0.06
Medications (n, %)	7	11		19	
Odds Ratio (95% CI)	REF	1.31 (0.46, 3.67)	0.60)	3.11 (1.24, 7.79)	0.02
Mental balance (n, %)	39	28		9	
Odds Ratio (95% CI)	REF	0.61 (0.33, 1.14)	0.12	0.18 (0.08, 0.40)	<0.001
Relationships (n, %)	57	52		33	
Odds Ratio (95% CI)	REF	0.81 (0.47, 1.43)	0.47	0.43 (0.24, 0.76)	0.004
Specific Health Need (n, %)	19	15		31	
Odds Ratio (95% CI)	REF	0.75 (0.32, 1.76)	0.52	1.73 (0.82, 3.61)	0.14
Spirituality (n, %)	3	3		6	
Odds Ratio (95% CI)	REF	1.00 (0.19, 5.07)	>0.99	1.70 (0.39, 7.32)	0.47
TLC (n, %)	22	27		29	
Odds Ratio (95% CI)	REF	1.56 (0.77, 3.18)	0.21	2.35 (1.19, 4.67)	0.01

Table 2: Statistical likelihood of identifying specific need relative to the Private Clinic.

TOP 5 NEEDS IDENTIFIED BY CLINIC TYPE







KEY
★ *Statistically significant difference as compared to Private Clinic*
\+ *Statistically significant difference as compared to FQHC Clinic*
* *Statistically significant difference as compared to the Free Clinic*

SAMPLE RESPONSES FROM THE SURVEY

TLC
"Weight loss"
"healthy food"
"Time to exercise"
"A balanced diet"
"Active lifestyle"

Specific Health Conditions
"no neck pain"
"to control my diabetes"
"pain management"
"blood pressure management"
""help with my depression"
"Treatment for my RA"

Relationships
"family"
"love"
"friends"
"healthy relationships"
"family support"
"safe family and friends''

General Health
"to be healthy"
"have good healthy"
"not be sick"
"my health"

Access/Insurance
"reasonable cost of healthcare"
"access to medicine"
"reasonably priced medical services"

Financial Needs
"have a good job"
"Money for bills"
"financial stability"
"enough money to do what I want"

Mental Balance
"Peace of Mind"
"good mental health"
"mental clarity"
"trust"
"to be happy"
"be free of anxiety"

Basic Needs
"food and shelter
"To have my own roof"
"Clothing"
"A safe place to live"
"Home/food/clothes"
"transportation"

CONCLUSION

The findings of this study are unique because they allowed us to directly identify what patients need in order to have the highest possible quality of life. There was a difference in age, insurance type and language across all three clinic types. Free and FQHC clinics were alike when comparing race and health literacy and were significantly different than the private clinics.

Overall, the top six identified needs categories included Access/Health Insurance, General Health, Finance, Specific Health concerns, relationships and Therapeutic Lifestyle Changes across all clinic types.

As expected, patients from Free Clinics were more likely to identify *Access* or *Insurance* as a need category the FQHC data was trending towards significance when compared to private clinics. Health education was also seen as a much larger need in these two clinics compared to free clinics. Medications and therapeutic lifestyle changes were also identified as needs for patients in the free clinic setting where relationships and mental balance were seen as needs in the free clinics.

When there differences were compared adjusting for clinic type most of the differences were due to where the patient was born, whether English was the primary language, age and sex showing differences in the categories of general health, financial need, health education, relationships, medications and specific medical concerns.

DISCUSSION

With the introduction of evidence based medicine over 25 years ago came a change in how we treat or decide not to treat illnesses. More recently there has been a focus on prioritizing patient oriented evidence that matters (POEMs) over disease oriented evidence (DOEs) as these tend to have a much larger impact on the patient's quality of life as oppose to an improved laboratory value.

Even with an emphasis on POEMs we as a medical field are still making medical decisions for our patients based on what gets reimbursed. In the outpatient setting that includes face to face visits, ensuring proper tests are ordered at specified intervals based on what disease the patient has and patient satisfaction surveys. Unfortunately those surveys do not ask the patient how satisfied they are with their life and if their provider is partnering with them to help them achieve the quality of life they envision for themselves.

For clinics and the providers that serve patients to adopt a culture change that puts the ultimate success, a patients quality of life first there needs to be a change starting with the patient satisfaction survey to one that captures whether we in the health care field are treating ourselves, diseases or people.

REFERENCES

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