

The Foundation for Community Health:

Summary of Findings
from the
Survey of Healthcare Providers

INTRODUCTION

This document contains a summary of the data collected in the spring of 2004 from the Foundation's healthcare provider survey. The summary provides an overview of the findings followed by more specific findings organized into sections corresponding to those on the survey, including characteristics of providers and their patients, "adult health needs," "child or adolescent health needs," "family mental health needs," "healthcare access issues," and "barriers & suggestions for improvement." Following the summary is a comparison of the findings from the provider survey with those from a previous review of needs assessments

Filling Gaps in Knowledge

The Provider Survey collected extensive information about healthcare needs from the perspective of providers. Results from the Provider Survey contribute to The Foundation's understanding of healthcare needs in the Foundation's catchment area by finding out what providers need to better serve their clients, and what their clients need to obtain better care. Additionally, the Provider Survey fills previous gaps in knowledge about the demographic characteristics of providers in different locations and gauges the degree to which providers have implemented various measures to increase their level of cultural competency.

Data Quality

Twenty-five percent of the providers sampled completed the survey, totaling 117 respondents. While this response rate is high for surveys of this type, the resulting data is likely not representative of the entire population of providers in the Foundation's catchment area. However, the resulting data is likely representative of the population the Foundation is interested in serving.

The majority of providers who responded to this survey may have been those most concerned about meeting the needs of underserved populations. For example, the proportion of providers who indicated that they accept uninsured patients (98% of those applicable) was probably higher than the proportion of all applicable area providers who accept uninsured patients. This may also be the case with the proportion of providers who accept Medicaid (69% of those applicable) and Medicare (83% of those applicable). Such a skew in respondent type is typical for surveys conducted via mail or internet among populations of professionals, especially busy healthcare providers. This type of skew, however, probably does not detract from the findings resulting from this survey. Because the providers who responded to this survey are likely those who serve the most disadvantaged populations, they can provide the information the Foundation is interested in—the most urgent healthcare needs among the Foundation's catchment population. This is, the Provider Survey likely achieved just what it intended to.

SUMMARY OF FINDINGS

Overview of Findings

Providers indicate a tremendous need for mental health services among their patient populations. Among both adults and teens, providers noted a greater need for mental rather than physical health services. Three of the top five most critically needed services among adults include “outpatient psychiatric care,” “substance abuse services” and “chronically mentally ill services.” Four of the top five most critically needed services for children and adolescents are mental health services: “psychiatric disorder interventions,” “substance abuse services,” “school-based mental health services,” “disruptive behavior interventions,” and “alcohol abuse services.” Relatedly, providers indicated that the greatest “family mental health” need is “parenting skills training.”

Providers were also concerned about how to improve access to healthcare in their communities while still covering their operating costs. Very few providers cited “no need at all” for any issues surrounding healthcare access, indicating that need exists for nearly all access issues with the possible exception of “decreased fear of legal actions against illegal aliens,” for which 10 providers cited “no” and 43 providers cited “low” need. Providers indicated that “resources to cover costs” is the largest barrier they face in improving or increasing the amount of care they provide. They indicated that “transportation to services” and “lack of knowledge about available services” are the largest barriers that their patients encounter in obtaining better or more care. Transportation to services may be a more critical problem in Sharon and Amenia compared to other locations. Resources to cover costs may be a more critical need among social workers compared to other types of providers. Providers number one suggestion for improving healthcare was to offer transportation to and from services.

Characteristics of providers and their clients

Provider demographics:

- Provider type: Physicians composed the largest proportion of respondents (37), followed by “other” types (22), and nurses (19).
- Type of organization: The most frequently cited type of organization for which a provider worked was “solo private practice” (30) followed by “school setting” (17) and “other” (17).
- Sex ratio: An equal number of female and male providers responded to the survey (57 and 56, respectively).
- Provider age: Most providers were ages 40-49 (37) or ages 50-59 (36).
- Years of practice: Most providers had been practicing for 10 or more years (71).
- Primary location: The largest proportion of providers were located in Sharon (33), followed by “other” locations (30) and Salisbury/Lakeville (12).

- Secondary location: Forty-two providers (35%) practiced in a secondary location.

Facility hours:

- Days/week at primary location: Nearly half of providers (43%) spent 5 days per week in their primary office/clinic.
- Days/week at secondary location: Of the providers who practiced at a secondary location, most practiced at this secondary location one day (16) or two days (12) per week.
- Evening services: 61% of providers (70 of 115 respondents) offer services in the evenings.
- Saturday services: 57% of providers (65 of 115 respondents) offer services on Saturdays.
- After-hours care: 70% of providers (77 of 110 respondents) offer after-hours emergency care.
- Statistically significant findings: In regression models controlling for number of each type of provider, physicians were more likely than other types of providers to offer care on Saturdays and after hours for emergencies.

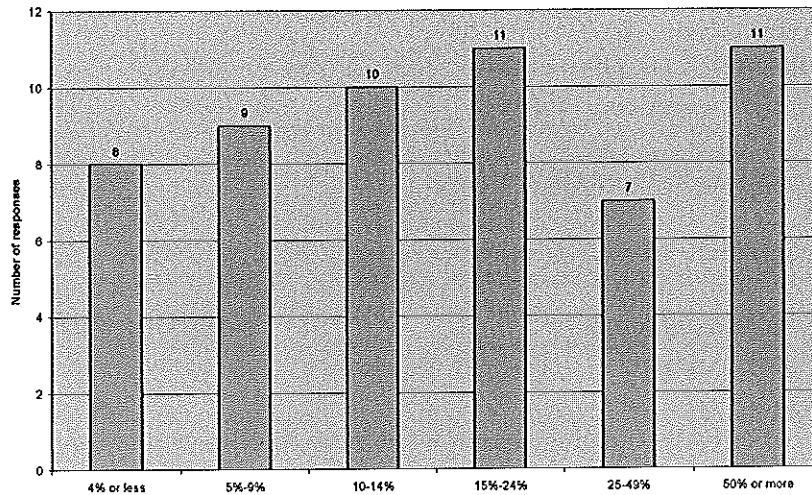
Payment accepted:

- Medicaid: 77% of applicable providers (53 of 65) accepted Medicaid.
- Medicare: 83% of applicable provider (60 of 72) accepted Medicare.
- Uninsured patients: 98% of applicable providers (80 of 82) accepted uninsured patients.
- Sliding scale fee schedule: 68% of applicable providers (28 of 41) offered a sliding fee schedule. The average minimum fee was approximately \$30. Twelve providers had minimum fee of \$10 or less. Eight providers had a minimum fee of \$50 or more.

Client characteristics:

- Medicaid enrolled: 20% of applicable providers indicated that over half of their clients were Medicaid-enrolled. Another 20% of applicable providers indicated that 15%-24% of their clients were Medicaid-enrolled.

Percent of Clients who are Medicaid-enrolled



- Uninsured: On average, 10%-14% of each applicable providers' patient population was uninsured.
- Patient ages: Most providers served patients 60+ years of age (77) or patients of all ages (22).

Adult General Health

Critical needs:

Providers cited the highest level of need ("critical need") among adults for the following services:

1. Outpatient psychiatric care (23)
2. Substance abuse services (18)
3. Access to medications (17)
4. Chronically mentally ill services (15)
Dental care (15)
5. Weight control services (14)

No/low needs:

Providers cited the lowest level of need ("no need at all") among adults for the following services:

1. TB care (14)
2. High cholesterol control (10)
Hospice care (10)
Pulmonary care (10)

- Smoking cessation programs (10)
- Vision care (10)
- 3. Arthritis care (9)
- HIV/AIDS care (9)
- Hypertension control (9)
- Prenatal services (9)
- Postnatal services (9)

Needs by location:

Significant results from regression models ($\alpha=0.10$) that controlled for number of providers in each location:

- Providers in Amenia and Sharon were more likely than providers in other locations to cite a critical need for outpatient psychiatric care.
- Providers in no other locations cited a disproportionately large or small need for a specific service.

Needs by provider type:

Significant results from regression models ($\alpha= 0.10$) that controlled for number of different types of providers sampled:

- Mental health professionals and social workers were more likely than other types of providers to cite a critical need for outpatient psychiatric care and chronically mentally ill services.
- No other provider types cited a disproportionately large or small need for a specific service.

Child or Adolescent General Health

Critical needs:

Providers cited the highest level of need (“critical need”) among children and adolescents for the following services:

1. Psychiatric disorder interventions (18)
2. Dental care (15)
3. School-based mental health services (13)
- Substance abuse services (13)
4. Disruptive behavior interventions (11)
- Weight control services (11)
5. Alcohol abuse services (8)

Early intervention services (8)

No/low needs:

Providers cited the lowest level of need (“no need at all”) among children and adolescents for the following services:

1. Childhood immunizations (11)
2. Diabetes care (8)
3. Pregnancy or STD services (7)
4. Dental care (6)
Early intervention services (6)
Vision care (6)

Needs by location:

Significant results from regression models ($\alpha=0.10$) that controlled for number of providers in each location:

- Providers in Sharon were more likely than providers in other locations to cite a critical need for substance abuse services.
- Providers in no other locations cited a disproportionately large or small need for a specific service.

Needs by provider type:

Significant results from regression models ($\alpha= 0.10$) that controlled for number of different types of providers sampled:

- Mental health providers were more likely than other type of providers to cite a critical need for psychiatric disorder interventions.
- No other provider types cited a disproportionately large or small need for a specific service.

General Family Mental Health

Critical needs:

Providers cited the highest levels* of need (“critical need” or “high need”) among adults for the following services:

* Due to very small and thus unreliable numbers in the uncombined categories, the “critical” and “high” need categories were combined, as were the “low” and “no” need categories.

1. Parenting skills training (67)
2. Family support groups (61)
3. Job training (59)
4. Emergency/crisis services (54)

No/low needs:

Providers cited the lowest levels* of need (“no need at all” or “low need”) among children and adolescents for the following services:

1. Domestic violence services (45)
2. Ongoing recovery/support services (34)
3. Emergency/crisis services (33)
4. Family support groups (28)

Needs by location:

Significant results from regression models ($\alpha=0.10$) that controlled for number of providers in each location:

- Providers in different locations did not cite a disproportionately large or small need for a specific service.

Needs by provider type:

Significant results from regression models ($\alpha=0.10$) that controlled for number of different types of providers sampled:

- Different types of provider did not cite a disproportionately large or small need for a specific service.

General Healthcare Access Issues

Critical needs:

Providers cited the highest levels of need (“critical need” or “high need”) among adults for the following services:

1. Transportation to services (26)
2. Resources to cover costs (24)
3. Bilingual services (10)
Increased awareness of available services (10)

No/low needs:

Providers cited the lowest level of need (“no need at all”) among children and adolescents for the following services:

1. Decreased fear of legal actions against illegal aliens (10)
2. Crisis hotline (7)

Four or fewer providers said there was “no need at all” for other healthcare access issues.

Needs by location:

Significant results from regression models ($\alpha=0.10$) that controlled for number of providers in each location:

- Providers in Sharon and Amenia were more likely than providers in other locations to cite a critical need for “transportation to services.”
- Providers in no other locations cited a disproportionately large or small need for a specific issue of access.

Needs by provider type:

Significant results from regression models ($\alpha=0.10$) that controlled for number of different types of providers sampled:

- Social workers were more likely than other type of providers to cite a critical need for “transportation to services” and “resources to cover costs.”
- No other provider types cited a disproportionately large or small need for a specific issue of access.

Barriers, Accommodations & Suggestions

Most frequently cited barriers for patients in obtaining services:

1. Financial (95)
2. Lack of knowledge about services available (65)
3. Transportation to services (64)
4. Lack of walk-in services (45)

Barriers for healthcare practitioners in providing services:

- 42% of applicable providers (30 of 72) indicated that the rise in malpractice insurance has caused them to make changes, or to consider making changes, in

their practice. 58% of providers (42 of 72) indicated no changes due to the rise in malpractice insurance.

Special accommodations/cultural competency:

- 55% of respondents listed various special accommodations offered at their practice.
- The most common accommodations included translation services or Spanish-speaking staff (24) and accessible facilities for physically disabled patients (17).

Suggestions for improving care:

Providers most common suggestions for improving care included:

1. Transportation to and from services
2. Need for more providers to accept Medicaid and Medicare
3. Mental health/psychiatric care, especially for teenagers
4. Elder care and caregiver support

COMPARISON WITH PREVIOUS NEEDS ASSESSMENTS

Previous needs assessments indicated major needs for:

- Affordable healthcare. Suggestions for improving healthcare affordability included:
 - Increasing enrollment of children in HUSKY programs
 - Increasing the number of providers who accept Medicaid
 - Providing free healthcare via a “Volunteers in Medicine” or similar clinic
- Accessible healthcare. Suggestions for improving healthcare accessibility included:
 - Spanish-speaking and translation services
 - Dental care, especially for children
 - Transportation to and from healthcare facilities

Similarities with provider survey:

As data from previous needs assessments has shown, the provider survey indicates that affordable healthcare is a major need for residents in the Foundation’s catchment area. In previous needs assessments, increasing providers’ enrollment in Medicaid and Medicare was one of the primary suggestions for improving healthcare affordability. This finding was echoed in the providers’ suggestions for improvement.

Previous needs assessments have demonstrated a concern with healthcare accessibility and suggested that improving transportation to and from healthcare facilities might increase accessibility. This finding was even more pronounced in the providing survey data.

Dental care was a highly emphasized need, especially for children, in previous assessments. These findings are replicated in the provider survey. Providers rank dental care as the 2nd most critical need for children and adolescents and the 4th most critical need among adults.

Inconsistencies with provider survey:

The provider survey called attention to the need for mental health services in a much stronger way than previous needs assessments did. This may be because the provider survey asked more questions about mental health than previous needs assessments have asked, thereby detecting a greater need for mental health services than was previously thought to exist. Alternatively, there has been a real increase in the need for mental health services among the population in the Foundation's catchment area.

None of the providers suggested that a free healthcare clinic should be created as a previous needs assessment report did, but several providers did suggest a need for increased affordable and walk-in services.

While providers did note a need for increased bilingual services, this need was not emphasized as strongly as it was in previous needs assessments. This is likely due to more providers offering translation services (or at least written material in the native languages of the patients) in the time since previous needs assessments were conducted.

Conclusion:

Results from the provider survey confirm findings from previous needs assessments regarding issues related to healthcare affordability and accessibility, including the need for increased provider enrollment in Medicaid/Medicare and the need for better transportation to take patients to and from healthcare facilities. However, the provider survey stresses the need for mental health services more strongly than previous needs assessments have. Data from the provider survey also may indicate that more providers are offering translation services for patients who speak non-English languages.

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