ISSUE BRIEF:
The 4 Cs of Patient Engagement and Satisfaction

RESULTS FROM A 2016 SURVEY

The Colorado Health Foundation™
Results from this survey will inform our work and help us meet our evolving goals around access to care, with an intentional focus on equity.

Individuals represented in the photos of this issue brief do not necessarily reflect the population of individuals interviewed for the purpose of this survey.

Brochure photos:
inside front cover James Chance;
p. 2 Brian Clark; p. 7 Brian Clark;
p. 10 James Chance; page 19 Lynn J. Shore;
inside back cover James Chance/Michael Rieger.
The 4 Cs of Patient Engagement and Satisfaction

At the Colorado Health Foundation, we work to bring health in reach for all Coloradans by engaging deeply in communities to pinpoint challenges and support solutions that lead to better health and health equity.

To that end, we partnered with Langer Research Associates in 2016 to conduct this survey to understand the perceptions of low-income Coloradans about the care that is available to them. Results from this survey will be used to inform our work and help us to meet our evolving goals around access to care, with an intentional focus on equity. We are sharing these findings with you so that, together, we can make informed decisions about how to improve the health care experiences and outcomes for low-income Coloradans in communities across the state.

In the survey results, four factors emerge as critical elements of patient engagement and overall satisfaction with care. These include:

- **Community ties**: how well patients think their health care facility is connected to the local community.
- **Connectedness**: whether or not patients feel that someone at their health care facility knows them well.
- **Continuity**: how often patients see the same provider or care team.
- **Cultural responsiveness**: how well patients think their facility acknowledges and honors their cultural or ethnic background.
THESE 4 CS ARE DEEPLY INTERTWINED WITH MULTIPLE FACTORS IN PATIENTS’ PERCEPTIONS OF THEIR HEALTH CARE EXPERIENCES, SUGGESTING THAT HEALTH CARE FACILITIES WHO FOCUS ON BUILDING THEIR PATIENT-CENTERED APPROACHES AND CONNECTIONS WITH THEIR PATIENT COMMUNITIES WILL SEE AN INCREASE IN PATIENT ENGAGEMENT, SATISFACTION AND OVERALL USE OF SERVICES.

For the purpose of this survey, “low-income” was defined as having a household income less than 200 percent of the federal poverty level, or about $49,000 per year for a family of four. A total of 901 low-income Coloradans from across the state responded to a 20-minute phone interview, and 302 Coloradans whose income is above the 200 percent federal poverty level were interviewed for comparison.
Key Findings

1. Personal connection and cultural responsiveness strongly increase patient satisfaction among low-income Coloradans.

2. Community ties and continuity of care, along with personal connection and cultural responsiveness, increase patients’ engagement with their care.

3. Continuity of care helps establish patient engagement overall and their participation in care through asking questions and collaborating on care choices.

4. Team-based care and health care navigators increase patient experience of the 4 Cs.
The 4 Cs Among Low-Income Coloradans

Together, the 4 Cs measure health care facilities' level of personal engagement with and connection to their patients. According to survey results, they strongly influence patients' overall satisfaction and participation in their care.

Only 47 percent of low-income Coloradans report having a personal connection at their clinic, and 62 percent see the same provider or team member at all or most of their visits. Because of the critical role personal connection and continuity of care play in patients’ satisfaction, there is a need to focus on and increase both.

Connectedness & Continuity

<table>
<thead>
<tr>
<th>Does Someone Know You Pretty Well?</th>
<th>How Often Do You See the Same Providers?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>EVERYTIME 34%</td>
</tr>
<tr>
<td>NO</td>
<td>MOST TIMES 28%</td>
</tr>
<tr>
<td>47%</td>
<td>SOMETIMES 15%</td>
</tr>
<tr>
<td>52%</td>
<td>RARELY 13%</td>
</tr>
<tr>
<td></td>
<td>NEVER 9%</td>
</tr>
</tbody>
</table>

Sixty-five percent of low-income Coloradans feel their health care facility is extremely or very responsive to their cultural or ethnic background, and 57 percent feel their facility has very or extremely close ties within their communities. While these are encouraging numbers, there is room for improvement.
CULTURE & COMMUNITY

HOW WELL DO YOU THINK YOUR FACILITY...

UNDERSTANDS YOUR CULTURAL/ETHNIC BACKGROUND

- Extremely well: 26%
- Very well: 39%
- Somewhat well: 22%
- Not so well: 4%
- Not well at all: 5%

ENGAGES WITH THE LOCAL COMMUNITY

- Extremely well: 20%
- Very well: 37%
- Somewhat well: 24%
- Not so well: 7%
- Not well at all: 3%

Discussion Questions:

In what ways does your facility focus on creating personal connections with patients? How can you improve on your existing efforts to do so?
Gaps in the 4 Cs by Race and Ethnicity

**There are significant gaps in how patients of color perceive the 4 Cs in their facility when compared to white patients.**

<table>
<thead>
<tr>
<th></th>
<th>PERSONAL CONNECTION</th>
<th>CONTINUITY OF CARE</th>
<th>CULTURAL RESPONSIVENESS</th>
<th>COMMUNITY TIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LATINOS</strong></td>
<td>32%</td>
<td>47%</td>
<td>59%</td>
<td>54%</td>
</tr>
<tr>
<td><strong>NOT IDENTIFIED AS WHITE OR LATINO</strong></td>
<td>34%</td>
<td>55%</td>
<td>37%</td>
<td>39%</td>
</tr>
<tr>
<td><strong>WHITE</strong></td>
<td>55%</td>
<td>71%</td>
<td>74%</td>
<td>62%</td>
</tr>
<tr>
<td><strong>NOT CITIZENS</strong></td>
<td>19%</td>
<td>37%</td>
<td>65%</td>
<td>56%</td>
</tr>
<tr>
<td><strong>CITIZENS</strong></td>
<td>51%</td>
<td>67%</td>
<td>65%</td>
<td>58%</td>
</tr>
<tr>
<td><strong>SPANISH-SPEAKING</strong></td>
<td>21%</td>
<td>36%</td>
<td>66%</td>
<td>55%</td>
</tr>
<tr>
<td><strong>ENGLISH-SPEAKING</strong></td>
<td>50%</td>
<td>66%</td>
<td>65%</td>
<td>58%</td>
</tr>
</tbody>
</table>
WHILE 91 PERCENT OF MONOLINGUAL SPANISH SPEAKERS SAY IT IS HIGHLY IMPORTANT FOR STAFF AT THEIR CARE FACILITY TO BE ABLE TO SPEAK WITH THEM IN THEIR LANGUAGE OF CHOICE, ONLY 69 PERCENT SAY THEIR FACILITY DOES SO “EXTREMELY” OR “VERY” WELL.

THOSE DIFFERENCES SUGGEST AN IMPORTANT DISCREPANCY TO BE ADDRESSED IN THE WAY HEALTH CARE FACILITIES RELATE TO THEIR PATIENTS OF COLOR. THIS TOPIC IS DEEPLY EXPLORED IN THE COLORADANS OF COLOR ISSUE BRIEF.
DIFFERENCES IN THE 4 CS ARE ALSO NOTABLE AMONG OTHER GROUPS WITHIN THE POPULATION OF LOW-INCOME COLORADANS. ON A POSITIVE NOTE, SENIORS AND PEOPLE WITH CHRONIC CONDITIONS OR DISABILITIES ARE MORE LIKELY THAN OTHERS TO HAVE A PERSONAL CONNECTION IN THEIR FACILITY AND TO EXPERIENCE CONTINUITY OF CARE.

Challenges remain, however, for those low-income Coloradans without insurance who are half as likely as those with insurance to say someone at their facility knows them well, 24 vs. 51 percent, and less likely than insured patients to regularly see the same health care provider, 37 vs. 67 percent.

Patients in rural areas are more likely than other residents to feel someone at their facility knows them well, 56 vs. 45 percent, and to say their facility has strong community ties, 67 vs. 55 percent. Rural communities stand out in the report as the only ones for whom strong 4 Cs do not translate into overall patient satisfaction. This may be because they are outweighed by significant barriers to care in rural areas like cost and transportation. More information about rural low-income Coloradans is available in the Rural Coloradans issue brief.
PATIENT SATISFACTION IS A SIGNIFICANT GOAL FOR HEALTH CARE FACILITIES, AND COLORADO CAN FEEL PROUD.

The results of the survey suggest that a majority of Coloradans rate their satisfaction with the quality of health care as “excellent” or “very good.” Yet there is significant room for improvement and a major gap between low-income Coloradans, 59 percent of whom rate their care as “excellent” or “very good,” compared to 71 percent of higher income Coloradans who say the same.

Among low-income Coloradans, only 8 percent say their care is “not so good” or “poor” and 32 percent rate their care as “good.”

RATINGS OF OVERALL CARE

Six in 10 of low-income Coloradans who gave their care a “good” rating say there are times they don’t go in for care when they probably should, and 54 percent of those state that one of the reasons is that they doubt they’d get good care.

It is also important to note that there is a positive relationship between the number of services offered at a clinic and the likelihood that low-income Coloradans are satisfied with their care. As mentioned in the Health Care Services issue brief, patients who use facilities that offer multiple comprehensive primary care services are more satisfied with their quality of care and use more services. Facilities who offer the following specific services enjoyed significant increases in overall patient satisfaction:

- Care for chronic conditions (38 percentage point increase);
- Team-based care (24 percentage point increase); and
- Behavioral health services (21 percentage point increase).
Patient Satisfaction and the 4 Cs

HAVING A PERSONAL CONNECTION WITH SOMEONE IN THE FACILITY AND CONTINUITY OF CARE INCREASE OVERALL PATIENT SATISFACTION.

SATISFACTION BY CONNECTEDNESS, CONTINUITY & TEAM CARE

Team-based care is not only a major predictor of patient satisfaction, but also increases patients’ sense of connectedness and continuity within the clinic.

Similarly, how well patients feel their cultural and ethnic backgrounds are understood and how much they perceive their facilities to be tied to their communities, also have distinct positive impacts on patient satisfaction.
Given the clear relationship between the 4 Cs and patient satisfaction, health care facilities can likely improve their patient satisfaction by focusing on personal connections, continuity of care, cultural responsiveness and community ties.
PATIENT ENGAGEMENT WITH THEIR HEALTH CARE IS A KEY INDICATOR OF PATIENT-CENTERED CARE AND IMPROVED HEALTH OUTCOMES, AND 72 PERCENT OF LOW-INCOME COLORADANS SAY THEY HAVE A “GREAT DEAL” OR “GOOD AMOUNT” OF SAY IN THEIR CARE.

Having a say in their care was used in the survey as the most important sign of patient engagement. The survey also asked about other measures of patient engagement, including encouragement from a provider to take an active role in their care and having the information needed to make good health decisions. Other measures, such as asking questions of providers; reading information from providers; working with a provider to reach decisions; and doing independent research about their health are discussed below as “active participation.”

The survey found that many of these aspects of patient engagement are positively linked. For example, patients whose providers encourage them to take an active role in their care are more likely to do so, more likely to feel they have the information they need to make decisions, and more likely to feel they have a say in their care.

Discussion Question:
What strategies are in place at your health care facility to encourage patients to have a say in their care?
Encouragement, Information, Say in Care and the 4 Cs

JUST AS WITH SATISFACTION, CONTINUITY OF CARE AND HAVING A PERSONAL CONNECTION IN YOUR FACILITY ARE POSITIVELY RELATED TO PATIENT ENGAGEMENT.

Continuity of care is the factor linked most strongly to patient engagement. Low-income Coloradans who see the same provider or team member at each visit are 32 percentage points more likely than those who experience less continuity to report feeling encouraged to take an active role in their care, 17 percentage points more likely to feel they have the information they need to make health care decisions and 26 points more likely to feel engaged in their care.

THOSE LOW-INCOME COLORADANS WHO FEEL THEY HAVE PERSONAL CONNECTIONS ALSO REPORT AN INCREASE IN ENGAGEMENT.

INFORMATION, ENCOURAGEMENT & ENGAGEMENT BY PERSONAL CONNECTEDNESS

<table>
<thead>
<tr>
<th></th>
<th>Has personal connection</th>
<th>No connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGHLY INFORMED</td>
<td>63%</td>
<td>51%</td>
</tr>
<tr>
<td>FREQUENTLY ENCOURAGED</td>
<td>82%</td>
<td>47%</td>
</tr>
<tr>
<td>GREAT DEAL OF SAY</td>
<td>58%</td>
<td>37%</td>
</tr>
</tbody>
</table>

Issue Brief: 4 Cs of Patient Engagement and Satisfaction
CULTURAL RESPONSIVENESS AND COMMUNITY TIES ALSO POSITIVELY INFLUENCE THOSE SAME PATIENT ENGAGEMENT INDICATORS:

INFORMATION, ENCOURAGEMENT & ENGAGEMENT BY GROUPS

<table>
<thead>
<tr>
<th>Facility Condition</th>
<th>Has All Information Needed</th>
<th>Often Encouraged by Provider</th>
<th>Has Great Deal of Say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility is extremely or very well connected</td>
<td>64%</td>
<td>75%</td>
<td>57%</td>
</tr>
<tr>
<td>Less well connected</td>
<td>44</td>
<td>46</td>
<td>32</td>
</tr>
<tr>
<td>Facility understands culture or ethnicity extremely or very well</td>
<td>65</td>
<td>74</td>
<td>55</td>
</tr>
<tr>
<td>Understands culture less well</td>
<td>42</td>
<td>42</td>
<td>32</td>
</tr>
</tbody>
</table>

As with overall satisfaction, team-based care has a profound impact on patient engagement. Patients whose facility offers team-based care are 10 percentage points more likely than others to feel they have the information they need to make health care decisions and 23 percentage points more likely to feel they are frequently encouraged by their provider to take an active role in their care. Eight in 10 say they have at least a “good” amount of say in their care, compared with about 66 percent of those without team care.

Low-income patients with a health care navigator are more likely than those without one to feel encouraged to take an active role in their care, 77 vs. 60 percent. And, those who have a navigator at their place of care also are more likely than patients who lack a navigator to feel they have considerable say in their care, 85 vs. 71 percent.

Discussion Question:
What are ways that continuity of care can be enhanced in your health care setting?
Active Participation and the 4 Cs

Cultural responsiveness increases active patient participation in their own care, such as asking questions, reading the information providers distribute, doing independent research and working with a provider to make decisions.

Active Participation by Cultural Responsiveness

<table>
<thead>
<tr>
<th></th>
<th>Asks Questions</th>
<th>Reads Information</th>
<th>Does Own Research</th>
<th>Works with Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Understands Culture</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremely/Very Well</td>
<td>68%</td>
<td>71%</td>
<td>53%</td>
<td>55%</td>
</tr>
<tr>
<td>Less Well</td>
<td>54</td>
<td>53</td>
<td>54</td>
<td>36</td>
</tr>
</tbody>
</table>

Discussion Question:

In what ways do you and your staff strive for cultural responsiveness? What might you do to improve your capacity in this area?
CONTINUITY OF CARE AND HAVING PERSONAL CONNECTIONS ALSO INCREASE THE LIKELIHOOD THAT PATIENTS TAKE AN ACTIVE PARTICIPATION ROLE IN THEIR CARE.

Again, team-based care is a statistically significant predictor of the frequency with which patients work with providers, independent of all other factors.

Age is most strongly related to patients doing their own research, and patients age 18-64 are the most likely to do research about their own health care.

ACTIVE PARTICIPATION BY CONTINUITY, CONNECTEDNESS & TEAM-BASED CARE

<table>
<thead>
<tr>
<th></th>
<th>ASKS QUESTIONS</th>
<th>READS INFORMATION</th>
<th>DOES OWN RESEARCH</th>
<th>WORKS WITH PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAS CONTINUITY</td>
<td>72%</td>
<td>70%</td>
<td>56%</td>
<td>61%</td>
</tr>
<tr>
<td>NO CONTINUITY</td>
<td>49</td>
<td>56</td>
<td>48</td>
<td>30</td>
</tr>
<tr>
<td>HAS CONNECTION</td>
<td>75</td>
<td>73</td>
<td>56</td>
<td>67</td>
</tr>
<tr>
<td>NO CONNECTION</td>
<td>52</td>
<td>58</td>
<td>51</td>
<td>35</td>
</tr>
<tr>
<td>TEAM CARE</td>
<td>70</td>
<td>68</td>
<td>51</td>
<td>65</td>
</tr>
<tr>
<td>NO TEAM CARE</td>
<td>59</td>
<td>63</td>
<td>54</td>
<td>39</td>
</tr>
</tbody>
</table>

Finally, the 4 Cs impact adherence to health care plans created with a provider. Patients who feel a personal connection with someone at their health care facility are 13 percent more likely than others to have followed up on a referral and 10 percent more likely to say they always take their medication as prescribed.
Team-Based Care and the 4 Cs

The survey results showed that patients who experience a team-based care model are more likely than those without to experience personal connection, continuity of care and cultural responsiveness. In addition, they are more likely to believe their facility has community ties.

For safety net clinic patients, use of multiple health care services like behavioral and reproductive health, help enrolling in insurance and other services also improves the likelihood that a patient feels personal connection and continuity at their facility. Having a health care navigator is associated with a 12 percentage point increase in connectedness and continuity. This relationship likely works both ways: Those who are more connected are more apt to hear about and want to use more of the services available at their place of care, and those who use the services have more opportunities to connect with someone. Regardless, the benefit of an enhanced personal relationship is evident in many ways.
Key Takeaways

INCREASING PERSONAL CONNECTION, CONTINUITY OF CARE, CULTURAL RESPONSIVENESS AND COMMUNITY TIES ARE CRITICAL FOR ENHANCING PATIENTS’ CARE EXPERIENCES, INCLUDING THEIR OVERALL SATISFACTION AND THEIR ACTIVE INVOLVEMENT IN CARE DECISIONS. IMPLEMENTING TEAM-BASED CARE AND ENCOURAGING USE OF AVAILABLE COMPREHENSIVE CARE SERVICES MAY HELP TO ACCOMPLISH THIS GOAL.

Increasing efforts in the areas of the 4 Cs is particularly important for improving relationships with patients from communities of color, who are the least likely of all low-income Coloradans to report the 4 Cs at their care facilities.

Low-income Coloradans who live in rural settings are likely to feel personally connected to their health care facility. Rural communities, however, have unique barriers to care that are described in the Rural Coloradans issue brief.
Increasing personal connection, continuity of care, cultural responsiveness and community ties are critical for enhancing the patient experience.
About the Colorado Health Foundation:

The Colorado Health Foundation is bringing health in reach for all Coloradans by engaging closely with communities across the state through investing, policy and advocacy, learning and capacity building. For more information, please visit www.coloradohealth.org.

The Colorado Health Foundation would like to thank Langer Research Associates for their work on this study. For more information, please visit www.langerresearch.com.

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