

Background

Integrated Care is a newer approach to healthcare delivery that connects clinicians, care team members, and patients in a more cohesive, networked way. When assessing current patient demographics, data showed 21% of Coconino residents live below the federal poverty line, and 13.7% were without insurance. At the same time, many Coconino residents are living with at least one chronic disease. This integrated care model may address current lack of care quality, as previous research showed only 22.4% of respondents knew of having a care plan or what it entailed. To investigate the understanding and needs regarding integrated care, we utilized a record of eligible North Country Healthcare (NCHC) patients in a diabetic management database. In order to assess patient understanding and opinions on integrated care, an 8-question text-delivered survey was developed. With assistance from our directors, we were able to coordinate and deliver our text survey via the NCHC marketing team to our pool of eligible participants. Data were compiled by the SurveyMonkey program and evaluated by the research team.

Objectives

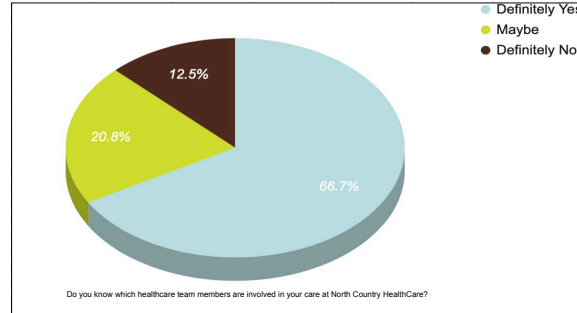
1. Identify how community health clinics impact communities as a whole.
2. Consider how integrated care can be utilized for patients with chronic conditions.
3. Examine a community's current perspective and understanding of integrated healthcare.

Methods

To investigate the understanding and needs regarding integrated care, we first utilized a record of eligible North Country Healthcare (NCHC) patients in a diabetic management database. In order to assess patient understanding and opinions on integrated care, an 8-question text-delivered survey was designed. With assistance from our advisors, we were able to coordinate and deliver our text survey via the NCHC marketing team to our pool of eligible participants. Data was compiled and analyzed by the SurveyMonkey program, and evaluated by the research team.

Results

North Country's diabetes registry list was utilized to identify our target population. Of the 198 eligible participants, 24 survey responses were received. Twenty-one participants preferred English and 3 preferred Spanish. No p-values were utilized since this was a survey study. Most participants knew about the healthcare team members involved in their care at NCHC (16/24;66.7%). Fifteen of the participants (62.5%) were interested in having their team meet to discuss their care while the remaining nine (37.5%) were not interested in having their team meet.



References

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Discussion

The survey was limited by restricted data collection time, which affected response rate; and the mode of distribution included text, allowing only patients with cell phone service to reply; the translation of survey questions may have resulted in a higher reading level than intended. This research can be expanded by evaluating other healthcare integrated teams within other clinical settings and compare the responses of those patients preferences and understanding of integrated healthcare. We could also include other patient populations not limited to chronic patients, allowing a larger population and sample size. Lastly, more categories could be incorporated to define the data further and analyze the research including criterias and disparities between patients.

Conclusions

Responses indicate that two-thirds of patients know which healthcare members are involved in their care (66.7%) and can reach their healthcare team if needed (62.5%). About 50% believe that their team has excellent interpersonal communication. Interestingly, 45.8% indicated they never use the online portal. Interest in having interdisciplinary communication of care was even across the board. This project provided baseline information to assess patient awareness and preferences regarding NCHC integrated care teams. This project could provide a standardized survey to CHCs to assess integrative healthcare understanding within specific patient populations.

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