

# Post-Katrina New Orleans safety-net clinic patients report more efficient, affordable health care

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A new Commonwealth Fund survey of safety-net clinic patients in New Orleans finds that, despite being disproportionately low-income and uninsured, these patients had fewer problems affording care and fewer instances of medical debt and inefficient care than most U.S. adults. In fact, the report, *Coming Out of Crisis: Patient Experiences In Primary Care In New Orleans, Four Years Post Katrina*, finds that, among the clinic patients surveyed, only 27 percent went without needed health care because of cost, compared with 41 percent of adults across the country.

According to the authors, this shows that the post-Katrina primary care pilot program—a system that relies primarily on a large network of local clinics funded by federal and local government, and given [financial incentives](#) to improve care—could serve as a national model for providing primary care to vulnerable groups.

"The health care safety net in New Orleans was devastated by [Hurricane Katrina](#), but that also presented an opportunity to build something new from the ground up," said Commonwealth Fund President Karen Davis. "It's exciting to see the impact that a real focus on primary care can have on the health of this vulnerable population. I hope that the lessons learned in New Orleans will be considered as we seek ways to provide high quality, affordable health care for more Americans."

With New Orleans' major public hospital and adjacent ambulatory sites

closed, in 2007 the U.S. Dept. of Health and Human Service gave a grant to the state of Louisiana that supported a network of independent neighborhood primary care centers in efforts to increase access to care and develop an organized system of care. The Commonwealth Fund survey was conducted 18 months after the grant was awarded to assess the impact of the project on patients' access to care and experiences, and provide lessons for national and state leaders on the value of strengthening primary care for vulnerable patients.

When the authors compared the 2009 survey of patients in 27 New Orleans health clinics to findings from The Commonwealth Fund's 2007 Biennial Survey, a nationally representative survey of the general population, they found that clinic patients were less worried about affordability overall. In fact, half of clinic patients (49%) reported they were confident they could afford needed care if they became seriously ill, compared with only 30 percent of adults in the general population. Medical debt was also less of a concern for clinic patients, with 34 percent reporting medical bills or debt problems compared to 40 percent in the U.S. overall. Unpaid medical bills were also a far greater problem among all U.S. adults than among clinic patients (28 percent vs. 18 percent).

Clinic patients also received care that was more efficient than the U.S. norm. According to the report, only 4 percent of clinic patients reported duplicate medical tests, or that medical records or test results were unavailable at their appointment, while overall, 34 percent of U.S. patients experienced such problems. Clinic patients also had more confidence in the health care system—three-quarters said they would be very confident in their ability to get high-quality and safe medical care; in contrast, only 39 percent of all U.S. adults were very confident that they could get high quality and safe care.

Additional Findings From The 2009 Commonwealth Fund Survey Of

## Clinic Patients In New Orleans:

- 88 percent of patients found it is easy to get same or next-day appointments when sick, to access medical advice via telephone or during regular practice hours, or to get after-hours care (in the evenings, on weekends or on holidays).
- 79 percent of patients reported exceptional communication with their doctors and 85 percent said that their health needs are "very well" met in the clinics.
- Adults who reported "excellent patient experiences" - easy access to well-coordinated care and exceptional patient-doctor communication—were more likely to get recommended preventive services.
- New Orleans clinics serve a particularly vulnerable population: 72 percent of New Orleans clinic patients were uninsured at some point during the past year, compared with 28 percent of U.S. working age adults. Half of New Orleans clinic patients have incomes below 200 percent of poverty, compared with one-third of U.S. working-age adults.

"These findings reveal that strengthening primary care can be instrumental in helping to move the U.S. to a high performance health system," said Commonwealth Fund Assistant Vice President Melinda Abrams, a co-author of the report. "Provisions in the health care reform legislation currently being considered by Congress—including medical home pilots to test different payment methodologies, increased payment for primary care in Medicare, and loan forgiveness for physicians choosing careers in primary care—are steps towards the goal of improving [health care](#) for all Americans."

## Methodology

Data come from the Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans, an in-person survey conducted February 2, 2009, through April 2, 2009 with a sample of 1,573 clinic patients aged 18 and older or adults accompanying a child under the age of 18. The report limits the analysis to 1,231 respondents ages 18 to 64. The 20-minute, two-part, in-person surveys were conducted in 27 primary care and pediatric clinics across Orleans Parish that received funding from the [Primary Care](#) Access and Stabilization Grant. The survey was conducted by Social Science Research Solutions (SSRS), a branch of AUS and ICR/International Communications Research. The survey sample was drawn from all eligible patients present at the clinics on interviewing days, consisting of those ages 18 and older and visiting the clinic as a patient or accompanying a child under the age of 18. A total of 2,021 individuals were approached for an interview and 448 refused. The response rate for the survey was 77.8 percent. The data are weighted in accordance with patient flow reports to ensure that each clinic is proportionally represented. The margin of error was +/- 2.92%; however, the margin-of-error calculations for non-random samples should be treated carefully. The report also includes estimates from the 2007 Commonwealth Fund Biennial Health Insurance Survey, conducted among a nationally representative sample of 3,501 adults living in the continental U.S.

Provided by Commonwealth Fund

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