

# Satisfaction and Dissatisfaction with Medical and Social Services

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## Research Questions

- Are PLWH in NYC and the TriCounty Region satisfied/ dissatisfied with their medical care?
- Are PLWH satisfied/ dissatisfied with social services?
- Are there differences in satisfaction according to patient/client characteristics?
- What predicts satisfaction with care and services?
- What are the reasons for dissatisfaction?

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## Methodology

- Over time CHAIN has recruited 3 representative cohorts of PLWH/A
  - NYC I (1994-2002, n=968)
  - NYC II (2002-present, n=693)
  - Tri-County (2001-present, n=298)
- In-person comprehensive (2-3hr) interview every 12 mos – over 6,000 interviews
- Strong community support – 80-90% interview rate
- Compares to surveillance data/ RW client data

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## Measuring Satisfaction

- Ask about satisfaction with primary HIV medical care provider as well as service settings
- Ask about case manager and services in 10 different service areas
- Question asks: Overall, how satisfied are you with the medical care (services) that you get from (this provider)...

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied




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## FINDINGS

- Satisfaction with services has remained high in both NYC and TriCo
- At each interview period, CHAIN participants were generally more satisfied with health services than with social services
- Service areas with greatest dissatisfaction are the same across interview periods, and in both NYC and TriCo Region
- There are few differences in rates of dissatisfaction by patient/ client characteristics
- Satisfaction/ dissatisfaction most affected by provider characteristics

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## Dissatisfaction with Medical Care




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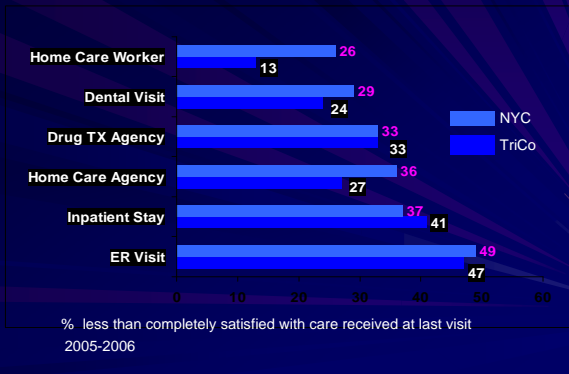
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## Dissatisfaction with Medical Care




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## Dissatisfaction with Social Services




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## Differences in Rates of Satisfaction/ Dissatisfaction with Primary Medical Care

Dissatisfaction with Provider does not differ by:

- gender
- age
- race/ethnicity
- foreign birthplace
- education
- income
- risk exposure group

Dissatisfaction does differ by current problem drug use and mental health functioning in NYC; and geographic region in Tri-County

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### % Less than Completely Satisfied with Medical Provider

	NYC	TriCo
<b>Comprehensive Primary Care</b>		
Care coordinated, comprehensive, and accessible for emergency	10***	16
Lacks one or more feature	24	22
<b>Choice of Medical Provider</b>		
Has choice of provider	15***	16
Limited choice of provider	38	18
<b>Waiting Time</b>		
< 30 minutes to see doctor	12**	12**
30+ minutes to see doctor	22	23
<b>Patient-Provider Relationship</b>		
Shows concern, understands problems, and spends enough time with patient	5***	5***
Lacks one or more feature	70	60

\* p ≤ .05  
 \*\* p ≤ .01  
 \*\*\* p < .001

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### Satisfaction/ Dissatisfaction with Case Manager Shows Similar Pattern

- Few differences by individual client characteristics
- Slight differences associated with location of case management practice (eg medical v. social service agency)
- Important differences associated with provider and service characteristics: comprehensiveness of case management, choice of case manager, waiting time, client-provider relationship and communication

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### % Less than Completely Satisfied with Case Manager

	NYC	TriCo
<b>Comprehensive Primary Care</b>		
Cmgr provides social service and medical referral, coordination, and counseling for personal problems	14**	11#
Lacks one or more feature	29	29
<b>Location of Case Management</b>		
HASA	33#	-
Other social service agency	20	23
Medical clinic	24	24
<b>Waiting Time</b>		
< 30 minutes to see doctor	20***	22
30+ minutes to see doctor	49	38
<b>Patient-Provider Relationship</b>		
Shows concern, understands problems, and spends enough time with patient	18***	17**
Lacks one or more feature	40	36

# p ≤ .10  
 \* p ≤ .05  
 \*\* p ≤ .01  
 \*\*\* p ≤ .001

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## Reasons Given for Dissatisfaction with Medical Provider

REASONS FOR DISSATISFACTION	% Who Gave Reason Among the Very Dissatisfied	
	NYC (n=88)	Tri Co (n=66)
Individual Provider lack of concern, poor communication, poor quality of interaction	62%	53%
Individual Provider not competent to address concerns, solve problems	39%	38%
Problems with organization of services, characteristics of the medical facility	26%	36%
Poor outcome of medical treatment or care	40%	21%

Note: Analysis of Open-Ended Descriptions of Reasons for Dissatisfaction. Pooled data from all interview periods. Multiple Responses Possible

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## Reasons Given for Dissatisfaction with Case Manager

REASONS FOR DISSATISFACTION	% Who Gave Reason Among the Very Dissatisfied	
	NYC (n=88)	Tri Co (n=89)
Case manager lack of concern, poor communication, quality of interaction	50%	54%
Case manager not competent to address concerns, solve problems	33%	33%
Problems with organizational and other service- setting characteristics of the program or agency	19%	14%
Poor outcomes, service needs not met, problem(s) not solved	45%	27%

Note: Analysis of Open-Ended Descriptions of Reasons for Dissatisfaction. Pooled data from all interview periods. Multiple Responses Possible

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## SUMMARY AND CONCLUSIONS

- PLWHs not completely satisfied with medical services ranged from low of 13-15% dissatisfied with care provided in private doctors office to over 50% of those who had ER visit
- Service encounters to address housing, financial, legal problems or need for clothing or household items were rated unsatisfactory by over 40% of NYC sample
- TriCo respondents have greatest dissatisfaction with case management, financial, and legal services

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## SUMMARY AND CONCLUSIONS

- The most common reasons for dissatisfaction with both medical providers and case managers refer to lack of provider concern, and poor interaction and communication
- Other reasons direct attention to organizational features of service delivery as well as service outcomes
- Response to patient/ client concerns is important since dissatisfaction is associated with lack of service use, dropping out of care, changing providers, and nonadherence to treatment

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