Primary Care Patient Experience in Pneumonia Patient and the Effects of Readmissions

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BACKGROUND

Introduction
➢Primary care patient experience is an essential component of patient care.
➢Patient satisfaction data serves as one measure of quality of care.
➢The ACA established the Hospital Readmissions Reduction Program (HRRP)
➢Reducing pneumonia readmission at TJU

Research question
Primary question
▪How do patients' baseline primary care experiences relate to the likelihood of readmission?
Secondary question
▪How do the patients hospitalized at TJUH for pneumonia compare with the general population at Jefferson's primary care sites in terms of patient experience?

Aim:
.To compare patients experience between patients admitted with pneumonia and the general primary care population.
To examine patient experience between readmitted and non readmitted.

METHODS

Sample Population:
▪18 years and older
▪Admitted with a diagnosis of pneumonia
▪Enrolled in a larger care coordination project
▪Had seen their primary care physician in the last 6 months

Data Sources
• Information about patients' readmissions was collected from patient charts on EPIC.
• 2 surveys were conducted; the CG-CAHPS 3.0 and Supplementary Adult CAHPS PCMH.

Statistical Analyses
▪CG-CAHPS scores were calculated for pneumonia patient cohort.
▪ The cohort's mean scores were compared to mean CG-CAHPS scores at Jefferson's Family Medicine Associates and other Jefferson Primary Care sites.
▪ Within the pneumonia cohort, patients' CG-CAHPS scores were compared amongst readmitted and non-readmitted patients

RESULTS

➢Demographics of the study;
▪ The present study consisted of 33 patients
➢ Patient experience across pneumonia cohort and the health system's primary care sites is summarized in table 2
➢ Patient experience and risk of readmission
• 5 patients of the 33 surveyed were readmitted within 30 days
• There is no significant difference in patient experience between the readmitted and non readmitted patient.

Table 1. Pneumonia patient cohort demographics
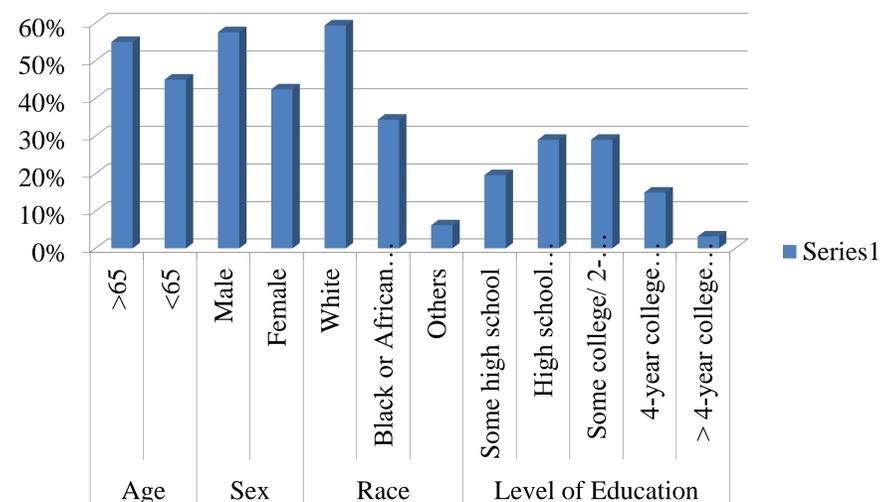
Table 2 CG-CAHPS Ratings: Pneumonia patients versus general primary care patient population

Survey Question	PNA (n / %)		JFMA (n / %)		P-value
Rated overall mental/emotional health as good or better	17	51.5	3706	86.7	<.0001
Provider explained things in a way that was easy to understand	23	74.2	4115	95.6	<0.001
Provider listened carefully to patient	23	74.2	4115	95.6	<0.001
Provider showed respect for what patient had to say	28	90.3	4120	95.2	0.148
Provider spent enough time with patient	23	74.2	3918	95.2	<0.001
Provider's rating score between 9-10	22	66.67	3801	88.7	<0.001
Rated overall physical health as good and better	26	78.8	3642	85.1	0.308

DISCUSSION & LIMITATIONS

Implications
▪ Pneumonia patients have significantly worse patient experience compared to the general primary care population.
▪ There is no significant difference in patient satisfaction between the readmitted and non-readmitted pneumonia patients.
▪The pneumonia patients have lower health self-ratings.

Limitations:
▪ Unable to control for covariates to explore for correlation of patients experience and admissions
▪ Limited sample size: Lack of statistical power
▪ Different versions of CAHPS survey were used between this study and Jefferson primary care sites – working to mitigate this issue

Future Research:
▪ To further understand why they have worse experience
▪ To create intervention that can improve patient satisfaction
▪ Larger study to examine readmitted versus no readmitted pneumonia patients

CORE COMPETENCIES

▪1A1, 1B1. 1C1: Describes factors affecting the health of a community
▪ 1B2& 1C2: Identifies quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns,
▪ 1A9: Describes public health applications of quantitative and qualitative data
▪2A5 current trends (e.g., health, fiscal, social, political, environmental) affecting the health of a community
▪ 3A2, 3B2, 3C2: Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images.
▪ 6C5: Synthesizes evidence from print and electronic sources
▪ 6A7: Describes the procedures for the ethical conduct of research

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