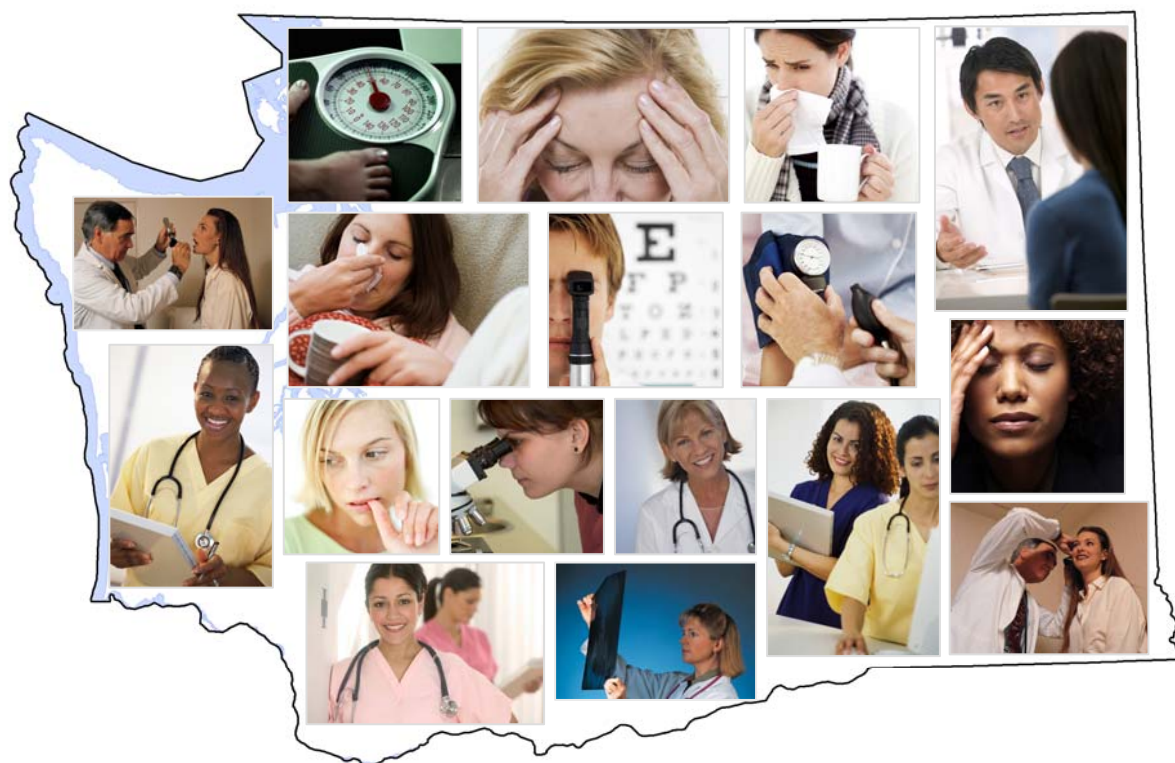


TAKE CHARGE

Final Evaluation

Three-Year Renewal: July 2006 – June 2009

Primary Care Referral



*Washington State Department of Social and Health Services
Planning, Performance and Accountability Administration
Research and Data Analysis Division
Health and Recovery Services Administration*

TAKE CHARGE Final Evaluation
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Trisha Keenan-Wilkie, M.A.
Laurie Cawthon, M.D., M.P.H.

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Department of Social and Health Services
Planning, Performance, and Accountability
Research and Data Analysis Division
Olympia, WA 98504-5204

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Susan N. Dreyfus, Secretary

PLANNING, PERFORMANCE, AND ACCOUNTABILITY

Jody Becker-Green, Ph.D., Senior Director

RESEARCH AND DATA ANALYSIS DIVISION

Elizabeth Kohlenberg, Ph.D., Director

In Collaboration with

HEALTH AND RECOVERY SERVICES ADMINISTRATION

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DIVISION OF HEALTHCARE SERVICES

MaryAnne Lindeblad, B.S.N., M.P.H., Director

OFFICE OF COMMUNITY SERVICES

Todd Slettvet, M.A., Section Manager, Family Healthcare Services

Maureen Considine, A.R.N.P., TAKE CHARGE Program Manager

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EXECUTIVE SUMMARY

Washington State's TAKE CHARGE program, which began July 2001, expands Medicaid coverage for family planning services to men and women with family incomes at or below 200% of the federal poverty level (FPL). Program goals are to improve the health of women, children, and families in Washington by decreasing unintended pregnancies and lengthening intervals between births, and to reduce state and federal Medicaid expenditures for births from unintended pregnancies. The Department of Social and Health Services (DSHS) Health and Recovery Services Administration (HRSA) administers this program. The Centers for Medicare and Medicaid Services (CMS) approved the TAKE CHARGE program as a family planning demonstration program (§1115 waiver).

This report describes the primary care referral evaluation performed during the first three-year waiver renewal period (July 2006 – June 2009). Data sources include provider surveys, primary care referral forms completed by providers, and client surveys.

Key Findings

REFERRAL PRACTICES

- All providers at the ten research sites referred their TAKE CHARGE clients to primary care. Providers completed 482 primary care referral forms during the ten-month data collection period. Client survey responses show 12% of the survey respondents received a referral or recommendation from their TAKE CHARGE provider to see a doctor or specialist because of their health.
- Among survey clients who received a referral or recommendation, 56% reported receiving the name or a list of doctors, specialists, or clinics from their providers.
- Of all survey clients who reported health problems and asked their TAKE CHARGE provider to help them find a doctor or clinic to go to for medical care, 80% reported receiving the help they requested.

MEDICAL CONDITIONS AND SERVICES

- Among the medical conditions recorded on the primary care referral forms, abnormalities of cervix/neoplasm (36.7%) were the most frequent, followed by sexually transmitted diseases (STDs)/vaginitis/pelvic inflammatory disease (PID) (20.7%). Similarly, client survey responses show abnormal pap (33%) was the most frequent health condition of clients who received a referral or recommendation.
- Colposcopy was the most frequently requested primary care service on the primary care referral forms (30.7%).
- According to the primary care referral forms, almost half of the clients (47.6%) received services. Similarly, according to client survey responses, 50% of the clients who received a referral or recommendation received services.

- While primary care services are not covered by TAKE CHARGE, providers offered to provide primary care services on-site for 41.1% of clients, with clients covering the cost of care, according to the primary care referral forms. In addition, as indicated by client survey responses, 24% of survey respondents with a referral or recommendation reported being offered primary care services on-site with clients covering care costs.

BARRIERS TO RECEIVING RECOMMENDED PRIMARY CARE SERVICES

Data from the provider surveys, primary care referral forms, and client surveys all point to the cost of medical care as being one of the main limiting factors to clients receiving needed primary care services.

- 7 out of 10 research sites expressed concern about clients' lack of follow-up and reported the cost of referral care as the main causal factor.
- Among the 42 clients who providers knew did not receive the needed primary care services, the reason reported for 35.7% of the clients was cost of care.
- Among survey respondents, 712 (71%) clients reported needing to see a doctor within the past six months but did not because of cost.

CONCLUSION: Overall, TAKE CHARGE providers are assisting clients with primary care needs by making referrals and engaging in referral practices that facilitate those referrals. However, community resources available for primary care services at low cost or no cost to clients are limited, and many clients express concern about the lack of affordable health insurance and simply go without needed services because of the high cost of medical care.

INTRODUCTION

Washington State's TAKE CHARGE program, which began July 2001, expands Medicaid coverage for family planning services to men and women with family incomes at or below 200% of the federal poverty level (FPL). Program goals are to improve the health of women, children, and families in Washington by decreasing unintended pregnancies and lengthening intervals between births, and to reduce state and federal Medicaid expenditures for births from unintended pregnancies. The Department of Social and Health Services (DSHS) Health and Recovery Services Administration (HRSA) administers this program. The Centers for Medicare and Medicaid Services (CMS) approved the TAKE CHARGE program as a family planning demonstration program (§1115 waiver).

In 2001, CMS required that family planning waiver programs facilitate access to primary care services. Specifically, states are required to establish arrangements with community health centers to provide primary care services to clients enrolled in the family planning program and to provide information to the enrollees about access to primary care. During the first five years of Washington's waiver, primary care referrals should have been occurring among TAKE CHARGE providers. Many Title X clinics serve TAKE CHARGE clients, and all Title X clinics are mandated under Title X guidelines to coordinate referrals for women who require primary health care services. In addition, many Community Health Centers and Rural Health Care Centers in Washington are TAKE CHARGE providers, so referrals and follow-up for primary care services should in many cases occur automatically within the same clinic/provider setting.

For the first waiver renewal period (July 2006 – June 2009), the TAKE CHARGE program has added new activities to strengthen the primary care referral process:

- development and distribution of a culturally appropriate brochure informing TAKE CHARGE clients of ways to access primary care;
- revision of Washington Administrative Code (WAC) and Billing Instructions to require that providers refer clients to available and affordable non-family planning care services as needed; and
- use of a telephone hotline provided through a contract with WithinReach (formerly Healthy Mothers, Healthy Babies) as a resource for primary care referrals.

The objective of our evaluation of primary care referrals was to describe activities during the renewal period. Specifically, the evaluation addressed the following questions:

- Were clients provided information about access to primary care?
- Did clients receive help from the TAKE CHARGE providers/staff in locating and accessing primary care if needed?
- Did providers adhere to the program's standards relating to the primary care referral process?
- What is the level and nature of collaboration between the TAKE CHARGE providers and other community health centers in facilitating primary care services for the clients?

- What impact does the primary care referral process have on clients' access to primary care and on the providers?

Given the foundation for improvements to the primary care referral process during the first waiver period (July 2001 – June 2006), we hypothesized that:

Hypothesis: Providers will make appropriate primary care referrals consistent with community-specific resources.

The primary care evaluation, designed by Research and Data Analysis (RDA) and approved by CMS, consisted of three components: the provider survey, the primary care referral form, and the client survey. The methods and findings for each of the study components will be described separately.

Evaluation of the primary care referral process collected baseline data on providers' referral practices, possible barriers to the referral process, and some success factors reported by providers.

Primary care referral forms, completed by providers at the ten research sites, identified primary care needs and medical conditions prevalent in the TAKE CHARGE population, the types of referral providers, and clients' receipt of services.

The client survey assessed primary care needs, referrals and recommendations received from their TAKE CHARGE provider, information on access to primary care received from HRSA program staff and providers, and receipt of primary care services.

Provider Survey

METHODS

The same ten clinic sites that participated in the initial five-year research activities provided data for the provider survey and the primary care referral forms. These ten sites were randomly selected from a pool of Medicaid-approved TAKE CHARGE providers in 2001 after stratifying by provider location. (See *TAKE CHARGE Process Evaluation* (Ritualo, 2003) for description of sites and selection process.)

Research Sites

Public Health Seattle & King County White Center Public Health Center	Public Health Seattle & King County Renton Public Health Center
Planned Parenthood of Western Washington University District Health Center	Planned Parenthood of Western Washington Seattle Health Center
Skagit County Health Department	Clark County Health Department Stevenson Clinic
Mount Baker Planned Parenthood Mount Vernon Clinic	Planned Parenthood of Western Washington Everett Health Center
Planned Parenthood of Central Washington Sunnyside Clinic	Planned Parenthood of the Inland Northwest Pullman Health Center

Written referral protocols were collected from the sites and reflected in the design of the provider survey. Surveys were e-mailed to one or more designated providers at each site. The survey asked about provision of information and assistance to primary care, follow-up of identified medical condition(s), barriers to care, and collaboration with community health partners. Questions asked about both referrals for urgent, potentially life-threatening, or serious health problems, and recommendations for routine primary care services, including routine screenings, vaccinations, or treatment of common conditions such as ear, throat, or chest infections or rashes.

Analyses of the clinics' primary care referral processes for their TAKE CHARGE clients were based on responses to the provider survey, site-specific referral forms and protocols, and printed materials with contact information for local primary care resources. The findings present the survey responses from the ten sites as average (mean) scores.

FINDINGS

Referral Practices

All providers at the ten sites made primary care referrals and recommendations for their TAKE CHARGE clients. Among the different sites, 100% documented a referral in patient charts, transferred records to referral providers, gave clients a printed list with the contact information of local primary care providers/resources, and followed up with clients; 9 out of 10 sites completed

referral forms; 7 out of 10 gave clients directions to referral providers; and 5 out of 10 called to make appointments for clients.

All providers also made recommendations for routine primary care services including screenings (screening mammograms, screening cholesterol), immunizations, and treatment of common conditions such as skin problems or urinary tract infections. All providers reported that their clinic protocols did not require completing a referral form for a recommendation. On the other hand, all providers documented recommendations in patient charts; 9 out of 10 sites gave clients a list of local primary care providers; 8 out of 10 followed up with clients on the next contact; 6 out of 10 gave directions; and 1 out of 10 called to make appointments.

All but one of the ten research sites have their own referral forms in place. Of the ten sites, six have detailed, written protocols for follow-up on referrals made for urgent, potentially life-threatening, or serious health problems, and 6 out of 10 clinics have a designated person(s) responsible for organizing referrals, including sending referrals and transferring records. At Mt. Baker Planned Parenthood (MBPP) - Mount Vernon Clinic, medical records have been electronic for two years, and their primary care referral system is in the process of becoming centralized.

Providers' Perception of Efficacy of Referral Process

When asked "How well do you think your primary care referral process helps TAKE CHARGE clients receive primary care?" providers reported *some of the time* to *most of the time* (3.4 on a 5-point rating scale where "1" represents *none of the time* and "5" *all of the time*).

Providers identified the following factors as contributing to the success of their clinics' primary care referral process: availability of community resources, printed materials with referral listings, and sound referral protocol. All sites had printed materials with either contact information of local primary care providers/resources or information about access to primary care services.

Factors Contributing to Success of Primary Care Referral Process

- Having community health clinics that meet the needs of low-income clients available (n=3)
- Sound referral protocol (n=3)
- Accessible primary care around Seattle both public and private clinic/facility (n=2)
- Hand-out of Referral Listings including providers with sliding scales, updated yearly (n=2)
- Collaborative relationship with Harborview Women's Clinic for gynecology follow-up, and the Breast and Cervical Health Program for women 40 years and older for mammograms and pap smears (n=1)
- Ease of patients getting in quickly to see a primary care provider (n=1)
- Educating clients on why they need additional care and the importance of follow-up on abnormal test results, also the value of preventive care (immunizations, mammograms, etc.) (n=1)
- Providers with knowledge regarding community referrals (n=1)
- "Sometimes making the appointment for the client works." (n=1)

Challenges to Providing Primary Care Referrals

Using a 5-point rating scale where “1” represents *none of the time* and “5” represents *all of the time*, providers were asked to rate how often clients follow through and obtain care. Providers reported that after receiving a referral for a medical problem that may have serious medical consequences, clients follow through and obtain care *some of the time to most of the time* (3.5), and for recommended primary care services, they reported that clients obtain follow-up care *some of the time* (3).

Among providers who added comments about factors contributing to the lack of success of their clinic’s primary care referral process, 7 out of 10 listed the cost of referral care as the main factor for clients’ lack of follow-up. Specifically, some providers that addressed this issue stated: “*Patients can’t afford referral care. The biggest problem for patients is the out-of-pocket cost of needed care. As a result many of our patients don’t follow-up at all!*” and “*Our clients have difficulty affording health care. Because of cost, many women do not follow-up with a recommended colposcopy after an abnormal pap smear nor do many women follow-up on abnormal breast findings.*”

Providers were asked to rate the extent to which various potential barriers are a problem when providing primary care referrals or recommendations for their TAKE CHARGE clients. The table on the next page shows providers' responses using a 5-point scale, where “1” represents *not a problem* and “5” *always a problem*.

- Providers reported finding primary care providers that would serve uninsured or low-income clients as *somewhat of a problem* (3 on a 5-point scale).
- Providers reported long wait times, client resistance to going to another facility, transportation issues, inadequate time to discuss referrals with clients, and inadequate time to complete paperwork and/or track referrals as *a little problem to somewhat of a problem* (2.1 – 2.7 on a 5-point scale).

Collaboration with Community Health Care Providers

All clinics have an informal network of community health care providers where they refer their TAKE CHARGE clients for primary care. Many of these community providers such as the Community Health Centers (CHCs) and specialty programs at area hospitals offer sliding scale fees. Of family planning clinics located in a large urban setting, three have comprehensive lists including referral sources for general medicine, obstetrician/gynecologists (OB/GYNs), oncology, ultrasound, colposcopy, and breast specialists/mammograms. The two public health departments in White Center and Renton refer their clients to their site in Seattle with primary care services, to specialty programs in Seattle hospitals, and to local CHCs. The three sites situated in small urban counties, along with one in a rural county, predominantly refer to CHCs and private Family Medicine clinics. The other site in a rural area does not have a CHC available and typically refers to private Family Medicine clinics and student health services.

**Barriers Experienced by Providers in Making Referrals
and Recommendations for Primary Care**

When you refer or recommend TAKE CHARGE clients to primary care, how much of a problem are the following issues?	REFERRAL (Average Score)	RECOMMENDATION (Average Score)
Finding primary care providers or resources to serve low income, uninsured clients	3	3
Unwillingness of local primary care providers to take on new clients	2.2	2.3
Long wait times for clients to see primary care providers	2.5	2.1
Client resistance to going to another facility	2.5	2.5
Transportation issues for clients	2.6	2.5
Finding providers to accommodate client's language need	2.0	2.0
Clinic's staff unfamiliarity with services offered by other local health agencies	1.6	1.6
Inadequate length of client visits to provide/discuss referrals or recommendations	2.6	2.5
Inadequate staff time to complete paperwork and/or track referrals	2.7	NA

Response choices include: 1=Not a problem, 2=A little problem, 3=Somewhat of a problem, 4=Mostly a problem, 5=Always a problem.

Collaboration with Community Health Care Providers (continued)

The majority (7 out of 10) of clinics maintained linkages with their community-based organizations through phone calls, e-mails, or meetings.

Among the types of providers listed on the survey question about where clinics send their clients for primary care services, respondents reported sending clients *most of the time* to community health clinics for both referrals and recommendations (3.9). Providers reported sending clients *a little of the time* down the hall to programs in their own clinic or to another clinic within their affiliate system. Among the six clinics that were not health departments, providers reported sending clients to the local health department for a referral *a little of the time* (2.2) and more often for a recommendation (2.7). Clients were sent to the emergency room *a little of the time* for a referral (2.2) and from *none of the time* to *a little of the time* for a recommendation (1.6).

Primary Care Referral and Recommendation Form

METHODS

Providers at the ten sites completed a Primary Care Referral and Recommendation Form whenever they made a referral or recommendation for medical health care services not covered by TAKE CHARGE for TAKE CHARGE clients, 18 years of age or older, during the planned six-month data collection period. Each site was responsible for completing a specified number of primary care referral forms based on the volume of TAKE CHARGE clients at the clinic. Staff from Department of Social and Health Services (DSHS) Research and Data Analysis Division (RDA) presented training to the ten sites in the fall of 2007. The data collection period was extended to ten months to allow all clinics to reach their goal for total forms completed.

The primary care referral form, designed by evaluation staff, is a duplicate form for recording TAKE CHARGE clients' medical conditions, the referral providers and specialty, services requested, any activities providers did to enhance the efficacy of the referral, and follow-up information. The first page of the form was completed at the time of the initial referral or recommendation; the second page includes a section for follow-up information.

Analysis of the primary care referral forms addressed (1) the number of TAKE CHARGE clients who needed primary care referrals during the data collection period, (2) the number and types of medical conditions TAKE CHARGE clients typically experienced, (3) to what providers they were referred for primary care, and (4) whether or not they received the needed primary care services.

FINDINGS

During the ten-month data collection period, providers made 341 referrals for urgent, potentially life-threatening, or serious health problems, and 141 recommendations for routine primary care services including routine screenings, vaccinations, or treatment of common conditions such as ear, throat, or chest infections or rashes. Referrals and recommendations were reported only for female clients; no male clients were reported to have received referrals or recommendations. Referrals or recommendations to primary care could be made in-house or to outside primary care providers.

The table on the next page shows the numbers and types of medical problems that TAKE CHARGE clients experienced, based on referrals and recommendations made by the providers at the ten sites.

- Among the medical conditions recorded on the primary care referral forms, Abnormalities of Cervix/Neoplasm (36.7%) were most frequent, followed by Sexually Transmitted Diseases (STDs)/Vaginitis/Pelvic Inflammatory Disease (PID) (20.7%).

Primary Care Needs of TAKE CHARGE Clients

MEDICAL PROBLEM	INITIAL REFERRAL FORMS N	FOLLOW-UP FORMS N	CLIENT RECEIVED SERVICES	CLIENT DID NOT RECEIVE SERVICES	UNKNOWN IF SERVICES RECEIVED
Cardiovascular: Hypertension	17	16	43.8%	12.5%	43.8%
Cardiovascular: Other	2	2	0%	0%	100%
Gastrointestinal	11	7	28.6%	42.9%	28.6%
Ear, Nose, and Throat	3	2	0%	0%	100%
Endocrine/Metabolic	26	23	69.6%	4.3%	26.1%
Female: Genital and Breast					
Breast Abnormality	24	23	34.8%	8.7%	56.5%
Menstrual Abnormality	7	6	66.7%	0%	33.3%
Abnormality of Cervix/Neoplasm	177	158	23.4%	8.2%	68.4%
STDs/Vaginitis/PID	100	96	78.1%	4.2%	17.7%
Other	13	12	50.0%	33.3%	16.7%
Musculoskeletal	4	4	25.0%	0%	75.0%
Neurological	4	3	33.3%	33.3%	33.3%
Risk Factors and Other Medical Problems	63	57	54.4%	14.0%	31.6%
Skin	12	11	63.6%	9.1%	27.3%
Tobacco Abuse	1	1	100%	0%	0%
Urological	18	18	72.2%	16.7%	11.1%
Total	482	439	47.6%	9.6%	42.8%

- Of the 439 total follow-up forms received, 47.6% of the clients received services, and 9.6% of the clients did not receive services; for 42.8% of the clients, it was unknown whether or not services had been received. For 15 (35.7%) of the 42 clients who did not receive care, the reason reported was cost of care.
- Of the 148 clients who needed colposcopy, 143 had follow-up forms documenting that 23 (16.1%) received the service and 13 (9.1%) did not receive the service. For 107 (74.8%) clients it was unknown whether the services were received. For 4 (35.7%) of the 13 women who did not receive colposcopy, the reason reported was cost of care.
- More than three-fourths (78.1%) of clients with STDs/Vaginitis/PID received the needed primary care. The most frequently requested service for this condition was evaluation and treatment with a prescription medicine (47%). In the majority of cases, evaluation and treatment were provided on-site with the client paying for the cost of care.

- Other primary care services provided on-site included treatment of urinary tract and skin infections; screening for STDs, HIV, and HPV for at risk clients; support for weight management; tobacco cessation; and diabetes screening.

Referral Providers

Of the 482 initial referral forms, in-house referrals were most frequent (41.1%). In addition, clients were provided a referral list (23.6%), and other referrals were made to specialists (13.3%), private medical doctors (6.8%), and Community Health Centers (6.0%). Referrals to hospital clinics (4.8%), primary care providers (2.9%), providers of the patients' choosing (0.4%), emergency departments/urgent care centers (0.4%), and student health services (0.4%) were less frequent.

Types of Referral Providers

TYPE OF PROVIDER	REFERRALS N	IN-HOUSE REFERRALS N
Community Health Clinic	29	0
Emergency Room/Urgent Care	2	0
Family Planning Clinic	145	139
Hospital	23	0
Patient Choice	2	0
Public Health Dept	47	40
Primary Care Provider	14	0
Private MD	33	12
Referral List	114	1
Specialist Breast Care	15	0
Specialist GYN/Colposcopy	44	6
Specialist Radiology Ultrasound	2	0
Specialist Urology, Neurology, or Dermatology	3	0
Student Health Services	2	0
Missing	7	0
Total	482	198

- While primary care services are not covered by TAKE CHARGE, providers offered to provide services on-site for 41.1% of clients, with clients paying for the cost of care.

TAKE CHARGE providers were the most frequent referral providers for various primary care services including:

- Endocervical Sampling (100%);
- HPV testing (100%);

- Evaluation and Treatment-Rx for STDs/Vaginitis/PID (89.4%);
- Repeat Pap for Abnormality of Cervix/Neoplasm (76.5%);
- Evaluation and Management of STDs/Vaginitis/PID (69.2%).

**Most Frequent Medical Conditions, Primary Care Service Needed,
and Type of Referral Provider**

Medical Problem and Primary Care Service Needed	REF N	REC N	Client Received Services	Referral Provider by Type								
				PP	PUB	CHC	Specialist	PMD	Hospital	List	Other	
Abnormality of Cervix/Neoplasm												
Colposcopy	128	0	21	6	0	3	31	2	5	81	0	
Colposcopy with Biopsy	3	0	1	1	0	0	2	0	0	0	0	
Colposcopy with ECC	1	0	0	0	0	0	0	0	0	1	0	
Endocervical Sampling	2	0	2	2	0	0	0	0	0	0	0	
Evaluation and Management	1	0	1	0	0	0	1	0	0	0	0	
Evaluation and Treatment	1	0	1	0	0	0	0	0	1	0	0	
HPV Testing	4	1	4	4	0	0	0	0	0	0	0	
Repeat Pap	19	15	6	24	2	0	2	0	0	1	1	
Ultrasound	2	0	1	0	0	0	0	0	1	1	0	
STDs/Vaginitis/PID												
Colposcopy	15	0	1	2	0	0	7	0	2	4	0	
Colposcopy with ECC	1	0	0	0	0	1	0	0	0	0	0	
Cryotherapy	0	2	0	0	1	0	0	1	0	0	0	
Evaluation and Management	8	5	10	7	2	1	1	0	1	1	0	
Evaluation and Treatment	3	1	2	2	0	0	0	2	0	0	0	
Evaluation/Treatment – Rx	39	8	47	18	24	0	0	4	0	0	1	

Referral Provider Types are: Planned Parenthood (PP); Public Health Department (PUB); Community Health Clinic (CHC); Specialist in Breast Care, GYN/Colposcopy, Radiology/Ultrasound, Urology, Neurology, or Dermatology (Specialist); Personal Medical Doctor (PMD); Hospital (same); Referral List (List); Emergency Room/Urgent Care, Patient's Choice, or Student Health Services (Other).

- Colposcopy was the most frequent primary care service requested on the referral forms. Of the 177 women with Abnormalities of the Cervix/Neoplasm, 128 were referred for colposcopy, 3 for colposcopy biopsy, and 1 for colposcopy with endocervical curettage (ECC). Of the 100 women with STDs/Vaginitis/PID, 15 were referred for colposcopy and 1 for colposcopy with ECC.
- All clients referred to TAKE CHARGE providers for Evaluation and Treatment-Rx, Endocervical Sampling, and HPV testing received the primary care services needed.
- Clients needing colposcopy for Abnormality of Cervix/Neoplasm were most frequently given a list of referral providers (63.3%) or referred to individual specialists (24.2%).

Client Survey

METHODS

Survey Sample Selection: A random sample (n=3000) of Program G women, newly enrolled in TAKE CHARGE in December 2007 or January 2008, age 18 and older, was selected from HRSA's quarterly TAKE CHARGE client files. Only women were included in the sample because we did not receive any primary care referral and recommendation forms for men. Inclusion criteria included primary language identified as English (or missing) and complete mailing address.

The questionnaire, *A Survey of Health Care Needs Not Covered by TAKE CHARGE*, was developed from existing surveys with the addition of some novel questions. The survey asks enrollees questions concerning primary care information they received from HRSA and providers, primary care needs, referrals and recommendations received from TAKE CHARGE providers, and receipt of needed primary care services. The term "recommendation" was used in survey questions, with no distinction between recommendations and referrals.

The survey was pre-tested with a focus group of 11 young women and refined based on recommended changes. The final questionnaire is provided in Appendix C.

Survey Administration: Research and Data Analysis (RDA) contracted with The Gilmore Research Group in Seattle, Washington, to administer the survey. Before the mailing, the list of TAKE CHARGE clients was processed through the National Change of Address (NCOA) verification process. NCOA returned 2812 records with verified or corrected addresses.

The contractor began administration of the client survey on July 1, 2008, with the mailing of the notification letter introducing the survey and informing respondents they would receive a questionnaire in the mail along with \$2 the following week. A survey packet containing a questionnaire, cover letter, stamped return envelope, and two-dollar bill was mailed one week after the prior notification letter. A reminder letter was sent one week following the questionnaire, thanking respondents for completing the survey and inviting those who had not to complete and return the survey. All non-respondents were sent a replacement questionnaire during week five.

A total of 1001 surveys were received, resulting in a response rate of 39.6%. One survey was excluded from further analysis because the client answered only one survey question. This exclusion resulted in 1000 completed surveys available for analysis. Of the total 2812 clients in the survey sample, 10.1% could not be located.

Analysis: The analysis of the client survey was designed to (1) describe the proportion of clients who reported receiving information from HRSA program staff and TAKE CHARGE providers, (2) compare the number of clients who reported a need for primary care and the number who got a referral/received assistance from the providers, and (3) determine the proportion of clients who received the needed primary care services. The findings from these analyses are described in the next section.

FINDINGS

The majority of the TAKE CHARGE women who completed the client survey were 18–24 years of age (56%) or 25–34 years old (35%). Survey participants rated their overall health as *very good* to *excellent* (48%), *good* (38%), and *fair* to *poor* (14%). Almost half the clients (49%) had some college, two-year degree, or technical school, and 24% had a four-year college degree or more.

Among the 1000 survey respondents, almost half (48%) reported having been sick or having had health problems, other than birth control, during the past six months.

Provider Referral Practices

Among clients reporting health problems, 19% (n=89) asked their TAKE CHARGE provider for help in finding a doctor or clinic for medical care, while 81% (n=388) did not ask their TAKE CHARGE provider for such help. Of those 89 clients with a health problem who asked their TAKE CHARGE provider for help in finding a doctor or clinic, 71 (80%) reported receiving the help they requested.

For 12% of survey respondents (n=121), TAKE CHARGE providers made recommendations to see a doctor or specialist. The most frequent health conditions reported by these clients who received recommendations were abnormal pap (33%), followed by breast abnormality (10%), and HPV (4%). For 23% of clients who received recommendations, TAKE CHARGE providers offered to provide the treatment or health services at their clinics. Among these clients who received a recommendation, 56% reported receiving the name or a list of doctors, specialists, or clinics from their TAKE CHARGE provider. Of the clients who reported not being given a name or list, 24% had been offered primary care services on-site.

Barriers to Receiving Recommended Primary Care Services

Of the 121 clients who received a recommendation to see a doctor or specialist because of their health, 60 clients (50%) went to the doctor or specialist.

When the clients who received a recommendation and did not go to see a doctor or specialist were asked the reason for not going, 83% listed the reason as “Didn’t have enough money to pay.” When all clients were asked if there was a time in the past six months when they needed to see a doctor but did not because of cost, 712 clients (71%) answered “Yes.”

Clients also identified the cost of care as the limiting factor in getting needed primary care services in “Other” responses to Question 13. The table referring to Question 13, at the bottom of the page, shows 20.9% of the “Other” responses cited abstaining from medical attention due to cost. Additional comments responding to Question 13 included:

Clients that abstained from medical care due to cost commented:

- "Don't go, no insurance." (**similar comments, total n = 30**)
- "I can't afford care. I have even given myself stitches when needed."
- "Don't go to the hospital because I do not have insurance. I just try to tough it out or buy medicine at the store."
- "I only go see a doctor if I need birth control pills. I never go when I'm sick. I can't afford to."
- "I can't afford medical visits so I normally don't go. But if it's an emergency I'll go to the walk-in clinic/ER."

Types of Health Providers

Of clients surveyed, 37% reported they had at least one person they think of as their personal doctor or health care provider; 63% reported having no personal doctor or health care provider.

The following table shows the types of health care providers where TAKE CHARGE clients typically go when needing medical care.

Question 13: When you are sick or need medical care, where do you <i>usually</i> go?	N	%
Doctor's office	366	36.6%
Public health clinic or community health center	351	35.1%
School's student health center	97	9.7%
TAKE CHARGE provider	187	18.7%
Emergency room	240	24.0%
Look on the internet	146	14.6%
No usual place	147	14.7%
Other	163	16.3%
Abstained from medical attention due to cost	34	20.9%
Abstained from medical attention (unspecified reason)	30	18.4%
Went to a free, low-cost, or walk-in clinic	20	12.3%
Urgent Care	17	10.4%
Saw a doctor other than their Take Charge provider or general practitioner	13	8.0%
Alternative medicine	12	7.4%
Sought counsel from a family member in the medical field	12	7.4%
Self-care	9	5.5%
Generally does not need medical attention/usually healthy	9	5.5%
Other	7	4.3%
Total	1,000	100%

- The proportions of TAKE CHARGE clients who *usually* go to a doctor's office, or to a public health clinic or community health center, when they are sick or need medical care were similar (36.6% and 35.1%, respectively).
- Almost one quarter (24.0%) of the respondents reported they *usually* go to an emergency department when they need medical care.

Client Receipt of Help or Information on Access to Primary Care

Clients were asked three questions (Questions 3, 10, and 8b) about whether they received information or help about how to access primary care. Unduplicated responses to these survey questions show that 189 clients (18.9%) received assistance from their TAKE CHARGE provider. Assistance included a brochure with a phone number, a list of clinics, or other type of help. A small proportion (4%) of clients reported receiving information on access to primary care from Health and Recovery Services Administration (HRSA).

The table below shows the level of confidence clients had in their ability to get help from their TAKE CHARGE provider if needed.

How confident are you that...	Percentage of clients				
	Not at all confident	A little confident	Somewhat confident	Mostly confident	Totally confident
You can get help from your TAKE CHARGE provider to find a doctor or clinic if you need one?	9.7%	17.0%	27.2%	31.1%	15.1%

- Almost half (46.2%) the survey participants felt *mostly* or *totally confident* they could get help from their TAKE CHARGE provider to find a doctor or clinic if they needed one.

Additional Comments

Finally, survey participants were invited to write in additional comments if they wished. The table below lists these responses by category.

Question 18: "Is there anything we may have overlooked? If you have any additional comments you would like to make about your health care or family planning needs, please note them in the box below."		
	N	%
Many clients expressed gratitude for Take Charge.	119	40.3%
Some clients had specific concerns or suggestions regarding Take Charge.	77	26.1%
Some clients expressed general concern about the lack of health insurance.	32	10.8%
Some clients had personal concerns about their lack of health insurance.	23	7.8%
A few clients requested more information.	17	5.8%
Some clients gave miscellaneous comments that did not fall under any of the preceding categories.	27	9.2%
Total	295	100.0%

CONCLUSION

The findings show that providers are making primary care referrals for their TAKE CHARGE clients and that they are adhering to the program standards relating to the primary care referral process. Analysis of provider surveys showed that providers are completing referral forms, documenting the referral in the client's medical chart, transferring records to referral providers, and providing information to clients about local primary care providers/resources.

Providers are well informed about local resources and maintain connections with the providers they use for primary care referrals. While some research sites have comprehensive lists of referral sources ranging from general medicine to specialists in colposcopy and breast abnormalities, other sites refer to primary care services at affiliated clinics. All clinics have informal referral networks with local primary care providers. While the majority (7 out of 10) of clinics maintain linkages with their community-based organizations through e-mails, phone calls, or meetings, some clinics reported extra activities are not needed due to their long-standing relationships with local providers.

Providers are concerned about the primary care needs of their clients and the cost of medical care for the uninsured. Although providers believe their primary care referral process is reasonably successful (3.4 on the 5-point scale), the majority of the sites (7 out of 10) expressed concern about clients' lack of follow-up and reported the cost of referral care as the main reason.

Medical conditions of TAKE CHARGE clients, as recorded by providers on the primary care referral forms, show abnormalities of cervix/neoplasm were most frequent (36.7%), followed by STDs/vaginitis/PID (20.7%). Client survey responses also show abnormal pap (33%) as the most frequent health condition of clients who received a referral or recommendation.

According to the primary care referral forms, of the 439 total follow-ups received, 47.6% of the clients received services, 9.6% did not receive services, and for 42.8% of the clients, it was unknown whether or not services had been received. For 15 (35.7%) of the 42 clients who did not receive care, the reason reported was cost of care. Client survey responses show a similar picture. Of the 121 clients who received a referral or recommendation, 50% went to the doctor or specialist. Of the 50% who did not go to see a doctor or specialist, 83% reported the reason was not having enough money to pay.

Almost half of all survey participants (46.2%) had confidence they could get help from their TAKE CHARGE provider in finding a doctor or clinic if they needed one. Of clients surveyed, 12% received a referral or recommendation to see a doctor or specialist because of their health; more than half (56%) reported receiving the name or a list of referral sources, while 24% were offered the needed primary care services on-site.

Some clients express great need for health insurance and access to medical care; 18.6% of the clients who wrote in comments about their health care reported either general or personal concerns about the lack of health insurance. Many simply do without regular medical care. One client reported giving herself stitches. The majority of survey respondents (71%) reported they needed to see a doctor in the past six months but could not because of the cost.

Overall, TAKE CHARGE providers are assisting clients with primary care needs by making referrals and engaging in referral practices that facilitate those referrals. However, community resources available for primary care services at low cost or no cost to clients are limited, and many clients express concern about the lack of affordable health insurance, at times simply going without needed services because of the high cost of medical care.

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APPENDICES

APPENDIX A: PROVIDER SURVEY



DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Research and Data Analysis

PO Box 45204

Olympia, WA 98504-5204

PRIMARY CARE REFERRAL PROCESS SURVEY TAKE CHARGE EVALUATION

We want to learn about your clinic's primary care referral process for TAKE CHARGE clients. One of the Centers for Medicare and Medicaid Services' (CMS) approval conditions for the TAKE CHARGE waiver renewal in 2006 was an evaluation of the primary care referral process. This survey is one part of our primary care evaluation.

We are interested in both **referrals** for urgent or potentially life-threatening or serious health problems and **recommendations** for routine primary care services including routine screenings, vaccinations, or treatment of common conditions such as ear, throat, or chest infections or rashes. Referrals or recommendations to primary care may be within your clinic or to outside primary care providers.

More than one individual may complete a survey. Appropriate respondents to this survey include:

- A clinician who sees patients, evaluates medical problems and determines what kind of referral the patient needs AND has knowledge of community partners.
- A clinician who sees patients, evaluates medical problems and determines what kind of referral the patient needs.
- A staff member who facilitates linkages with community organizations for primary care referral purposes.

Definition of Primary Care: For this survey we define primary care as medical health care services that TAKE CHARGE doesn't cover such as:

Follow-up on abnormal pap smears

Mammogram, ultrasound, biopsy

STD treatment

Colposcopy

Other medical services such as:

Treatment for common conditions like ear, throat or chest infections or rashes

Management of serious conditions like diabetes or high blood pressure

Preventive care like immunizations, dental and vision screenings

Thank you so much for your help with this important evaluation. We look forward to hearing from you soon. If you have any questions, please contact Trisha Keenan-Wilkie at 360.902.0763 or keenata@dshs.wa.gov.

Name:

Date:

Staff Position:

Clinic:



DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Research and Data Analysis

PO Box 45204

Olympia, WA 98504-5204

PROVIDER SURVEY

Primary Care Referral Procedures and Policies

1. Which of the following activities do your staff typically do for a TAKE CHARGE client if a problem is identified or suspected that may have serious medical consequences (e.g. breast mass, abnormal Pap test, diabetes, high blood pressure)? (*Check all that apply.*)
 - Complete a referral form to obtain a consultation, diagnostic test, or management of medical condition
 - Document referrals to providers in client's medical chart
 - Have the client sign a release of medical information form
 - Transfer records to the referral providers (fax, mail, or give copies to client)
 - Give client directions to referral providers
 - Call to make appointment for client
 - Follow-up with client (on next visit ask if client followed through on referral, ask about medical problem, etc.)

2. Which of the following activities do your staff typically do when suggesting a TAKE CHARGE client obtain routine primary care services, including routine screenings (screening mammograms, screening cholesterol), vaccinations, or for treatment of common conditions such as ear, throat, or chest infections or rashes? (*Check all that apply.*)
 - This is considered a recommendation and a referral form is completed
 - This is considered a recommendation and a referral form is not required by our clinic protocol
 - Document recommendation to see a primary care provider in client's medical chart
 - Give client a printed list of local primary care providers/resources
 - Give client directions to primary care providers
 - Call to make appointment for client
 - Follow-up with client (on next visit ask if client followed through on recommendation, etc.)

3. Does your clinic have a designated person(s) who is responsible for organizing referrals, including sending referrals and transferring records to referral providers? Yes No

Barriers to Primary Care Referral Process

4. How often would you say clients for whom you have completed a **referral** for a medical problem that may have serious medical consequences follow through and obtain care?
 - All of the time
 - Most of the time
 - Some of the time
 - A little of the time
 - None of the time

5. How often would you say clients follow through and obtain their **recommended** primary care services?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

6. When you refer or recommend TAKE CHARGE clients to primary care, how much of a problem are the following issues?

a. Finding primary care providers/resources to serve low income, uninsured clients

FOR A REFERRAL

- Not a problem
- A little problem
- Somewhat of a problem
- Mostly a problem
- Always a problem

FOR A RECOMMENDATION

- Not a problem
- A little problem
- Somewhat of a problem
- Mostly a problem
- Always a problem

b. Unwillingness of local primary care providers to take on new clients

FOR A REFERRAL

- Not a problem
- A little problem
- Somewhat of a problem
- Mostly a problem
- Always a problem

FOR A RECOMMENDATION

- Not a problem
- A little problem
- Somewhat of a problem
- Mostly a problem
- Always a problem

c. Long wait times for clients to see primary care providers

FOR A REFERRAL

- Not a problem
- A little problem
- Somewhat of a problem
- Mostly a problem
- Always a problem

FOR A RECOMMENDATION

- Not a problem
- A little problem
- Somewhat of a problem
- Mostly a problem
- Always a problem

d. Client resistance to going to another facility

FOR A REFERRAL

- Not a problem
- A little problem
- Somewhat of a problem
- Mostly a problem
- Always a problem

FOR A RECOMMENDATION

- Not a problem
- A little problem
- Somewhat of a problem
- Mostly a problem
- Always a problem

e. Transportation issues for clients

FOR A REFERRAL

- Not a problem
- A little problem
- Somewhat of a problem
- Mostly a problem
- Always a problem

FOR A RECOMMENDATION

- Not a problem
- A little problem
- Somewhat of a problem
- Mostly a problem
- Always a problem

f. Finding providers to accommodate client's language need

FOR A REFERRAL

- Not a problem
- A little problem
- Somewhat of a problem
- Mostly a problem
- Always a problem

FOR A RECOMMENDATION

- Not a problem
- A little problem
- Somewhat of a problem
- Mostly a problem
- Always a problem

g. Clinic staff's unfamiliarity with services offered by other local health agencies

FOR A REFERRAL

- Not a problem
- A little problem
- Somewhat of a problem
- Mostly a problem
- Always a problem

FOR A RECOMMENDATION

- Not a problem
- A little problem
- Somewhat of a problem
- Mostly a problem
- Always a problem

h. Inadequate length of client visits to provide/discuss referrals or recommendations

FOR A REFERRAL

- Not a problem
- A little problem
- Somewhat of a problem
- Mostly a problem
- Always a problem

FOR A RECOMMENDATION

- Not a problem
- A little problem
- Somewhat of a problem
- Mostly a problem
- Always a problem

i. Inadequate staff time to complete paperwork and/or track referrals

FOR A REFERRAL

- Not a problem
- A little problem
- Somewhat of a problem
- Mostly a problem
- Always a problem

j. Other problems for your clients or staff (*Please tell us.*) _____

7. Do you have printed materials that you give to TAKE CHARGE clients that have information about access to primary care services? Yes No
8. Do you have printed materials with the contact information of local primary care providers/resources that you can give clients? Yes No

Collaboration with Community Health Care Organizations

9. How often do you typically send your clients to the following locations for primary care services?

a. Down the hall to programs in your own clinic

FOR A REFERRAL

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

FOR A RECOMMENDATION

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

b. Another clinic within your affiliate system

FOR A REFERRAL

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

FOR A RECOMMENDATION

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

c. Community Health Clinic

FOR A REFERRAL

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

FOR A RECOMMENDATION

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

d. Local Health Jurisdiction

FOR A REFERRAL

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

FOR A RECOMMENDATION

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

e. Emergency room

FOR A REFERRAL

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

FOR A RECOMMENDATION

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

f. Other locations or facilities (*Please tell us.*) _____

10. Who are the community based organizations with whom your clinic collaborates for giving primary care services to your TAKE CHARGE clients?

11. What do you do to maintain linkages with these community based organizations? (*Check all that apply.*)

- See them everyday (down the hall or across the street)
- Talk with them on the phone or email them twice a month or more
- Talk with them on the phone or email them less often than twice a month
- See them at meetings once every three months or more
- See them at meetings less often than once every three months
- Do not do any activities to maintain linkages
- Not necessary due to long standing association
- Other (*Please tell us.*) _____

12. Do you do more collaborative activities with some community partners than others?

- Yes No If yes, please explain.

Final Comments

13. Has your clinic's primary care referral process for TAKE CHARGE clients changed since July 2006? Yes No If Yes, how?

14. How well do you think your primary care referral process helps TAKE CHARGE clients receive primary care?

- All clients get the primary care they need
- Most clients get the primary care they need
- Some clients get the primary care they need
- A few clients get the primary care they need
- None of the clients get the primary care they need

15. What factors have contributed to the success of your clinic's primary care referral process for TAKE CHARGE clients?

16. What factors have contributed to the lack of success of your clinic's primary care referral process for TAKE CHARGE clients?

17. What changes, if any, would you like to see incorporated into your clinic's primary care referral process?

What challenges does your clinic face in being able to make these changes?

If you have any additional comments, please note them here.

Thank you for your time and participation!

Please return your completed survey and cover page to Trisha Keenan-Wilkie at keenata@dshs.wa.gov or to DSHS Research and Data Analysis, PO Box 45204, Olympia, WA 98504-5204.

APPENDIX B: PRIMARY CARE REFERRAL FORM

**PRIMARY CARE REFERRAL AND RECOMMENDATION FORM
FOR TAKE CHARGE PATIENTS**

Directions: Complete page one (white copy) at time of INITIAL referral or recommendation and put in TAKE CHARGE box. Complete the follow-up (manila copy) during a subsequent patient visit or contact AFTER referral or recommendation has been made and put in TAKE CHARGE box.

Patient Name _____	Visit Date _____
Medicaid Patient ID Code (PIC) _____	DOB _____
(Check one) <input type="checkbox"/> Referral	<input type="checkbox"/> Recommendation Date _____
Referred To: Provider _____	Specialty _____

Reason for Referral or Recommendation Medical Condition: Service Requested:
--

What did your clinic do to help this patient receive needed primary care services? (Circle all that apply.) 1 Gave patient list of primary care providers or clinics 2 Gave patient directions to provider's office 3 Called provider and made appointment for patient 4 Completed medical referral form and sent to referral provider or gave to patient 5 Sent copies of all appropriate medical records to referral provider 6 Made copies of all appropriate medical records for patient to take to referral provider 7 Had patient sign medical records release for return of records from referral provider 8 Requested copies of lab reports, biopsy reports, etc. from referral provider 9 Other _____

**PRIMARY CARE REFERRAL AND RECOMMENDATION FORM
FOR TAKE CHARGE PATIENTS**

Directions: Complete page one (white copy) at time of INITIAL referral or recommendation and put in TAKE CHARGE box. Complete the follow-up (manila copy) during a subsequent patient visit or phone contact AFTER referral or recommendation has been made and put in TAKE CHARGE box.

Patient Name _____ Visit Date _____
Medicaid Patient ID Code (PIC) _____ DOB _____
(Check one) <input type="checkbox"/> Referral <input type="checkbox"/> Recommendation Date _____
Referred To: Provider _____ Specialty _____

Reason for Referral or Recommendation Medical Condition: Service Requested:
--

What did your clinic do to help this patient receive needed primary care services? (Circle all that apply.) 1 Gave patient list of primary care providers or clinics 2 Gave patient directions to provider's office 3 Called provider and made appointment for patient 4 Completed medical referral form and sent to referral provider or gave to patient 5 Sent copies of all appropriate medical records to referral provider 6 Made copies of all appropriate medical records for patient to take to referral provider 7 Had patient sign medical records release for return of records from referral provider 8 Requested copies of lab reports, biopsy reports, etc. from referral provider 9 Other _____
--

PRIMARY CARE REFERRAL AND RECOMMENDATION FOLLOW-UP

Please complete the follow-up (manila copy) during a subsequent patient visit or contact AFTER referral or recommendation has been made and put in TAKE CHARGE box.

Outcomes/Interventions Received
Did patient receive needed primary care services? Yes No Don't Know
If "No," what is the reason?

APPENDIX C: CLIENT SURVEY

PLEASE PROMPTLY RETURN THIS SURVEY IN THE ATTACHED POSTAGE-PAID ENVELOPE

A Survey of Health Care Needs Not Covered by TAKE CHARGE

**Your comments on this program are important to us.
Your answers will be kept strictly confidential.**



Sponsored by:

Department of Social & Health Services
Research and Data Analysis
PO Box 45204
Olympia, WA 98504

Conducted by:

The Gilmore Research Group
2324 Eastlake Avenue East, Suite 300
Seattle, WA 98102



The **TAKE CHARGE program** provides free birth control to eligible women and men in Washington State. The TAKE CHARGE program does not pay for other health care services you may need. The questions in this survey ask about any health problems or medical needs you've experienced that TAKE CHARGE doesn't cover.

First we have some questions about your health and medical care experiences, other than birth control, during the last 6 months.

1. During the past 6 months, have you been sick or had any health problems? *(for example, abnormal pap smear, migraines, breast lump, bladder infection, high blood pressure, or weight problem)*

- Yes
- No

2. During the past 6 months, did you ever **ask** your TAKE CHARGE provider to help you find a doctor or clinic to go to for medical care? *(Your TAKE CHARGE provider is the clinic, health department or doctor's office where you go for birth control.)*

- Yes
- No

3. Did your TAKE CHARGE provider **help** you find a doctor or clinic?

- Yes
- No
- I did not ask my TAKE CHARGE provider to help me find a doctor or clinic.

4. During the past 6 months, did your **TAKE CHARGE provider ever recommend** that you see a doctor or specialist because of your health?

- Yes
- No —→ **If No, Go To Question 9 on Page 2**

5. Thinking back to the last time when your TAKE CHARGE provider recommended that you see a doctor or specialist, what was the reason or health condition?

Please tell us: _____

6. After your TAKE CHARGE provider's recommendation, did you go to see a doctor or specialist?

- Yes —→ **If Yes, Go to Question 8 on Page 2**
- No

7. What were the reasons you did **not** go to see a doctor or specialist? (Check ALL that apply)

- a. Didn't think I needed to see a doctor or specialist
- b. Too busy or didn't have enough time
- c. Didn't know where to go to see a doctor or specialist
- d. Problem getting or paying for child care
- e. Didn't have transportation to the doctor's office or clinic
- f. Office or clinic wasn't open when I could get there
- g. Took too long to get an appointment or there were no openings
- h. Didn't have enough money to pay
- i. Couldn't find a doctor or specialist who would accept me as a patient
- j. Health condition went away
- k. Other (please tell us): _____

8. After recommending you go to a doctor or specialist, did your TAKE CHARGE provider do any of the following:
- a. Offer to provide treatment or health services at their clinic?
 Yes
 No
 - b. Give you the name or a list of doctors, specialists, or clinics?
 Yes
 No
9. At any time during the past 6 months, did you receive a red brochure **in the mail** with information about ways to get health care that TAKE CHARGE doesn't cover?
 Yes
 No
 Don't know
10. At any time during the past 6 months, did your **TAKE CHARGE provider** give you any information on how or where to get health care that TAKE CHARGE doesn't cover? (*for example, a brochure with a phone number or a list of clinics*)
 Yes
 No
 Don't know
11. Overall, how confident are you that you can get help from your **TAKE CHARGE provider** to find a doctor or clinic if you need one?
- a. Not at all confident
 - b. A little confident
 - c. Somewhat confident
 - d. Mostly confident
 - e. Totally confident

Finally, we'd like to know a little bit more about you.

12. Do you have one person you think of as your personal doctor or health care provider?
 Yes, I have one
 Yes, I have more than one
 No, I have no personal doctor or health care provider
13. When you are sick or need medical care, where do you **usually** go? (Check ALL that apply)
- a. Doctor's office
 - b. Public health clinic or community health center
 - c. School's student health center
 - d. TAKE CHARGE provider
 - e. Emergency room
 - f. Look on the internet
 - g. No usual place
 - h. Other (please tell us) _____
14. Was there a time in the past 6 months when you needed to see a doctor but did not because of cost?

- Yes
- No

15. In general, how would you rate your overall health *now*?

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

16. What is your age now?

- a. under 18
- b. 18-24
- c. 25-34
- d. 35-44
- e. 45 to 54
- f. 55 and over

17. What is the highest grade or level of school that you have completed?

- a. 8th grade or less
- b. Some high school, but did not graduate
- c. High school graduate or GED
- d. Some college or 2-year degree, or technical school
- e. 4-year college degree
- f. More than 4-year college degree

THANK YOU FOR COMPLETING THIS SURVEY!

Is there anything we may have overlooked? If you have any additional comments you would like to make about your health care or family planning needs, please note them in the box below.

Please return your completed survey in the postage-paid envelope provided.



RDA Research & Data
Analysis Division

Report Number 9.95