

Carlisle Area Health & Wellness Foundation

Primary Care Practice Focus Groups

Report of Findings

March 2007

## TABLE OF CONTENTS

1. Foreword
2. Executive Summary
3. Introduction
4. Method
5. Findings
  - a. Health Care Needs of Patients
  - b. Practice Stressors
6. Closing
7. Appendices
  - a. Letter of Invitation to Primary Care Practices
  - b. Questionnaire


## FOREWORD

March 2007

On behalf of the Carlisle Area Health & Wellness Foundation I am pleased to present this Report of Findings from our focus group sessions with local primary care medical practices. Having this front line, first hand view of delivering primary healthcare is incredibly valuable to the Foundation. In many ways it greatly reinforces our current focus areas of Oral Health; Behavioral Health; and the major Chronic Diseases of Cancer, Asthma/COPD, Diabetes and Cardiovascular Disease. The information gained also reflects the need to continually promote some supportive but less well known services, such as Sadler Health Center's Healthy Rx program. Incorporating programs and opportunities into the daily life of medical practices is a challenge and one to which we need to be sensitive.

Many of the findings have an impact beyond responsive grantmaking and proactive initiatives, extending even to public policy. The Foundation's will and efforts to enhance the daily practice of medicine through good legislation and policymaking are vital to system-wide change.

I personally wish to thank Anne Gero, PhD for her work and insights as consultant and David Albright, MD who suggested this study. Most of all, the willingness of these eight practices to work with us on this effort is applauded. Strong lines of communication between the Foundation and the primary care providers are greatly valued.



M. Elizabeth Clever,  
Executive Director

# Primary Care Practice Focus Groups

## Executive Summary

Study conducted for Carlisle Area Health & Wellness Foundation by  
Dr. Anne Gero, Consultant

- ❖ Data collected from 8 primary care practice groups (6 family practice, 1 ob/gyn & 1 pediatric)
- ❖ 70 persons interviewed in total, with approximately equal representation among Physicians, Medical Staff and Support Staff
- ❖ **Identified health care needs of patients**  
(Listed in order of prevalence)
  1. Diabetes, Obesity, Lack of Exercise
  2. Mental Health Needs
  3. Poverty-related Issues
  4. Oral Health
  5. Adolescent Issues
  6. Children's Issues
  7. Elderly Issues
- ❖ **Practice stressors**
  1. Insurance chaos
  2. Need for information & referral resources
  3. Patient empowerment
  4. Other stressors

## **Introduction**

As part of its 2007 Health Status Assessment, the Carlisle Area Health & Wellness Foundation and its consultants spent several months gathering data and input from persons throughout its service region. These efforts included

- 1300 random telephone surveys
- 40 community focus groups with diverse perspectives such as elected officials, Sadler Health Center patients, ministers, Cumberland and Perry County residents, school nurses, Salvation Army Senior Center clients and residents of Shippensburg
- 20 key informant interviews with local health care experts
- Data collection from a wide variety of sources such as the Centers for Disease Control and the Pennsylvania Department of Health

The purpose of this extensive data gathering was to gain a broad and diverse picture of the health and healthcare issues of the Foundation's region. While community-based information was important, it was equally important to talk with the keystones of our healthcare system – physicians and their staff. Healthcare professionals in primary care settings (defined as family practice, internists, pediatricians, and obstetricians/gynecologists) provide a critical ground-level perspective as well as an overview of the related systems. They “take the pulse” of the health care needs in the region each day.

The following report summarizes the perspectives of these frontline healthcare professionals and staff. They generously donated their time and expertise to this process and we are very grateful for their participation.

The 70 participants in the eight Primary Care Practice focus groups filled a variety of staff positions, each representing roughly one-third of the total, as follows:

24 Physicians	34%
26 Other medical personnel (physician assistants, medical assistants, nurse practitioners)	37%
20 Office managers and support staff	29%.

## **Method**

The Foundation contacted 12 primary health care practices in the region, eight of which, or two-thirds, agreed to participate. We designed a very simple questionnaire with open-ended questions. Because the participants had approximately an hour to talk with us, it was very important to use the time efficiently. To compensate for the limited time, we sent the questionnaire

to the offices prior to the focus group meetings and asked the staff to think about their responses before we met. (see Appendix A, the Invitation letter, and Appendix B, the Survey instrument.)

The focus group sessions began with a brief overview about the Foundation and a description of how the input would be used. They were told that a copy of this report would be sent to each practice that participated.

Dr. Anne Gero, the facilitator, conducted the focus groups and a Carlisle Area Health & Wellness Foundation staff member took notes. Dr. Gero subsequently analyzed the data for patterns of concerns and issues, which yielded the seven categories of health care needs that are outlined below.

The discussions also revealed many other issues that impact primary practice practitioners. These practice stressors are also included in the findings because they clearly affect the quality of care.

### **The Findings**

This report offers both the unmet health care needs identified by the focus group members and the associated recommendations made for some of the needs. While the participants were not asked about recommendations to deal with the needs/problems, many offered ideas. Not wanting to lose the benefit of their suggestions, we have included the recommendations that they made.

The needs are presented in order of prevalence. "Prevalence" was defined by the number of times an issue or concern was noted during the focus group sessions. The issues, ordered by the frequency in which they were mentioned during the focus groups, are

1. Diabetes, obesity, and lack of exercise
2. Mental health issues
3. Poverty-related issues
  - a. Medications
  - b. Lack of transportation
  - c. Lack of insurance
  - d. Lack of obstetrical services for low income women
  - e. Multiple needs
4. Oral health
5. Adolescent issues
  - a. Teen pregnancy
  - b. Sexually Transmissible Diseases (STDs)
  - c. Cervical cancer
  - d. Smoking
6. Children's issues
  - a. Unrecognized sexual abuse
  - b. Poor parenting

- c. Too much television
- 7. Elderly issues
  - a. Care for the indigent
  - b. Caregiver stress

The first two priorities were identified by nearly all the groups. Diabetes, obesity, and lack of exercise were identified and reinforced by seven of the eight groups and by most participants in the seven groups (see Table 1). Likewise, mental health needs, especially for children, were also emphasized by nearly all the groups.

While each of needs #3 through #7 were mentioned less frequently than the ones above it, it should not be assumed that the nominators were less passionate. For example, this was particularly true for those who identified teen pregnancy as an issue. They claimed that teens with unplanned pregnancies were somewhat invisible within the system because many were seen by Planned Parenthood, which reportedly did not report data to the public. They also mentioned that schools do not track the reasons why females drop out of high school and many female high school students drop out due to an unplanned pregnancy.

### **Obesity and Mental Health - Priorities #1 & #2**

Most of the primary care groups mentioned diabetes, conditions related to obesity and a pervasive lack of exercise as a major problem for their patients (Table 1). Generally, the medical staff noted their patients' lack of understanding and education along with the critical need for early intervention as major issues for the geographic area. They strongly suggested that more diabetes educators and nutritionists were needed. Participants in Perry County noted that there are no facilities for exercise activities (gyms, YMCA) in the entire county.

Mental health issues (Table 1) were also mentioned by most of the health care staff. There was some mention given to the hiring of the new community psychiatrist, crediting the Foundation for helping to bring her to the area. They did, however, feel that much more needed to be done. Of special concern was the need for more mental health resources for children. Several argued that a child psychiatrist is desperately needed. Others suggested that more mental health practitioners in general were needed in a variety of disciplines for individual and family counseling. Waiting lists to be seen in the mental health system were described as long.

**Table 1. Priority #1 Diabetes, Obesity and Lack of Physical Exercise**  
**Priority #2- Mental Health Issues**

<b>Health Issue</b>	<b>Recommendations</b>
1. Diabetes, Obesity, and Lack of Physical Exercise	<ul style="list-style-type: none"> <li>▪ Recruit diabetes &amp; nutrition experts</li> <li>▪ Provide more screenings</li> <li>▪ Locate a Sadler satellite in Perry County</li> <li>▪ Locate a wellness/fitness center in Perry County</li> <li>▪ Provide parent education on obesity issues of children</li> <li>▪ Provide general education</li> </ul>
2. Mental Health Issues	<ul style="list-style-type: none"> <li>▪ Increase availability of child psychiatrists</li> <li>▪ Increase mental health services in Perry County</li> <li>▪ Recruit more mental health practitioners e.g. psychologists, social workers and counselors.</li> <li>▪ Improve access for existing services. Wait time is too long.</li> </ul>

### **Poverty Issues - Priority #3**

In the next issue, Poverty (Table 2), all of the unmet needs listed below occur because the patients are poor and cannot afford the medications, transportation, or insurance needed to improve their health. In regard to medication, staff reported that many patients do not get their prescriptions filled. Some fill them, but do not take the pills as often as required. Staff explored as many subsidies as they could find, but often there was no additional help for those in need of getting prescriptions. [Note: Healthy Rx brochures were distributed at the focus groups to educate them about this resource for prescription medications.]

Transportation was mentioned often as an area of need for many of their patients. The only exceptions were those serving the Newville area who noted that transportation did not appear to be a problem at this time.

There was also acknowledgement by many that the County transportation system was available. This service, however, must be scheduled in advance and there is a wait of a day or two, which was not helpful to someone who was ill.

There was general recognition by those who served the rural areas that there are many indigent people in the rural areas who are not receiving adequate health care.

**Table 2. Priority #3 - Poverty Issues**

<b>Health Issue</b>	<b>Recommendations</b>
<p>3. Poverty Issues</p> <ul style="list-style-type: none"> <li>▪ Not taking medications/Not getting prescriptions filled</li> <li>▪ Lack of Transportation</li> <li>▪ Uninsured</li> <li>▪ No OB care in the area for the poor</li> <li>▪ Many indigent living in the area with multiple needs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide subsidies</li> <li>▪ Address the lack of insurance</li> <li>▪ Locate a federally funded clinic in the area</li> </ul>

### **Oral Health - Priority #4**

Oral health issues (Table 3) continue to be identified as an important unmet health need. Many reported that getting people from rural areas to Sadler Health Center was a major obstacle.

**Table 3. Priority #4 - Oral Health Issues**

<b>Health Issue</b>	<b>Recommendations</b>
4. Oral Health Issues	<ul style="list-style-type: none"> <li>▪ Improve access and funding for those who do not have insurance.</li> <li>▪ Provide dental screenings</li> <li>▪ Locate a Sadler satellite in outlying areas</li> </ul>

### **Priority #5 - Adolescents**

The next set of issues focused on adolescents (Table 4). Teen pregnancies were mentioned by only a few of the practices. Those that mentioned it felt the issue was much greater than was believed by the general public because the young women received care outside the mainstream system (often seen by Planned Parenthood) and there are no federally funded OB clinics in our community.

There was also concern about the increase in sexually transmissible diseases (STDs) and the projected increase in cervical cancer if the HPV vaccine was not administered. Having funding for the recently developed vaccine was mentioned as critically important.

Many teens still smoke. Cessation programs for this age group are needed. Much more education needs to be done with the adolescents to discourage teens from starting smoking and to encourage them to stop if they have started.

**Table 4. Priority #5 - Adolescent Issues**

<b>Health Issue</b>	<b>Recommendations</b>
5. Adolescent Issues <ul style="list-style-type: none"> <li>▪ Pregnancies</li> <li>▪ STDs</li> <li>▪ Cervical Cancer</li> <li>▪ Smoking</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide funding for vaccine</li> <li>▪ Offer smoking cessation programs</li> </ul>

### **Children's Issues - Priority #6**

Children's Issues (Table 5) focuses on education needs. First, the general public needs to be aware that there are many children who are sexually abused and have not received help.

The second kind of education the medical staff identified as being needed was for parent education classes. Parents, they claimed, did not set limits or boundaries. Many parents were described as being intimidated by their children. In some instances, the health care providers talked at length about the role confusion where parents are hoping to be their children's friends and forfeit their role as parents.

**Table 5. Priority #6 - Children's Issues**

<b>Health Issue</b>	<b>Recommendations</b>
6. Children's Issues <ul style="list-style-type: none"> <li>▪ Unrecognized sexual abuse</li> <li>▪ No limits set—parents intimidated by children</li> <li>▪ Too much television</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide education for public</li> <li>▪ Provide parent education classes</li> </ul>

### **Elderly Issues - Priority #7**

While it was not surprising that elderly issues (Table 5) were a part of the priority list, it was somewhat surprising that it was not mentioned more often, given the demographics of our region. Pennsylvania has the third highest percentage of older persons in their population (behind Florida & Iowa). Our geographic area of Cumberland and Perry Counties has more of the oldest old (75 and over) than most other areas in Pennsylvania.

One practice noted that caregiver needs are a major issue for health care. Because of the stress that caregivers experience, they often deteriorate physically and this stress may even shorten their life span by several years. They also noted that many of the regional elderly are poor.

**Table 6. Priority #7 - Elderly Issues**

<b>Health Issue</b>	<b>Recommendations</b>
7. Elderly Issues <ul style="list-style-type: none"> <li>▪ Care for the indigent</li> <li>▪ Caregiver stress</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide information &amp; support</li> </ul>

## **Practice Stressors**

The primary purpose of this study was to identify unmet health care needs of patients. While we learned much about the patients' needs, we also were able to learn concurrently about the providers' needs. Clearly, these issues impact their ability to provide quality care in the way they would like to do. Without exception, practice stressors were identified as roadblocks to being able to provide the patient care that they would like to offer. The following stressors on the practices were consistently mentioned.

**Insurance Chaos** In addition to noting the health care needs of patients, the health care staff also told us a lot about the things that make it difficult to provide health care for their patients. While many factors were mentioned as issues that provided stress on them, they all described health insurance, in general, and Medicare D, in particular, as very stressful and very confusing.

The impression conveyed was that insurance and Medicare D create chaos for most family practices. Some of the chaos is in the way the rules and regulations are written, which makes them difficult to interpret. They also noted that the logic for coverage or denial of service was often irrational. For example, if a patient must see a diabetic educator and a nutritionist, one insurance plan will not cover the services if they were seen on the same day by both practitioners. In order to be covered, the patient must make appointments on two different days, even though both providers are in the same building.

Some of the physicians described their frustration with insurance companies because the insurance company does not value (or reimburse for) the time they spend with the patients. They felt that the insurance companies were governing how they practice medicine.

Health care staff was also frustrated that patients and their families did not understand their respective insurance policies and often expected the staff members to know what benefits they had. Because insurance has become so complicated, it is impossible to know all the rules and regulations. They pointed out that even within a single employer there are many different policies with varying benefits. They wanted patients to become more knowledgeable about their individual policies.

**Information and Referral** Some of the practices complained that much of their time and effort went into making referrals to social services for their patients. They also stated that they were not very knowledgeable about community-based resources and wished there could be others to provide these services.

Along those lines, some requested a kind of central clearinghouse for resources such as support groups. They wondered if that could be an on-line service provided by the Foundation.

The issue of mental health resources also was mentioned in this context as they pointed out how difficult it was to get appointments to see mental health professionals.

Patient Empowerment Some health care providers reported that many patients were not taking responsibility for their own health care and wanted the patients to be more empowered to do so. They found the patients were too dependent on their doctors and on medications.

Other Stressors While not mentioned by all, there were several other stressors that were identified. Getting lab reports in a timely fashion was noted as a problem. One practice asked if a “community-based medical records system” was possible.

Fragmentation of health care services was also identified, especially difficulties in coordination. Several staff noted abuse by the patients who, for example, might be getting the same medications, perhaps to sell, from more than one provider.

Another concern for some was the limited training of the paramedics who worked on the ambulances in Perry County. They suggested that more training was necessary.

One practice said they were very stressed because of the high number of patients in the practice. They also noted that the practice was still accepting new patients. They asserted that this stress, with what they saw as personnel practices that did not permit flexibility, was leading to staff burn out.

### In Conclusion

One physician ended their focus group with the following statement and it is now offered as a fitting ending for this report.

“This was a therapeutic experience and I am glad the Foundation sponsored this meeting. We should have these sessions periodically- It created cohesiveness among the partners.”

## APPENDICES

Appendix A

July 13, 2006

(Physician First & Last Name), M.D.  
Physician Practice Name  
Street Address  
City, State, Zip Code

Dear Dr. (Last Name) and Staff:

The Carlisle Area Health & Wellness Foundation wants to better serve the community, patients and physicians in our region. As part of this quest, you have been selected as one of the primary health care office practices to assist in providing critical information and guidance to the Foundation. We are hoping that your office will be willing to be part of this important effort to help improve community health and your feedback will be especially important. Since the potential time involved may be a major concern or fear, our goal is to keep the process simple, fun and non-intrusive.

We propose the following process for your consideration:

- We will provide a healthy lunch for you and your staff. You simply inform us of the count prior to the meeting date.
- A facilitator will meet with you and other available and interested staff during the designated time, understanding that the allocated time is quite limited.
- The questions will be shared with you ahead of time to allow staff to think about their input.

We hope that you will give thoughtful consideration to this important request and see it as a unique opportunity to set the direction for the Foundation and to better understand your concerns and connection to patients, families and the community.

Our Director of Planning, Cliff Deardorff, is the contact person for this process, and will be in touch shortly to discuss your participation and any questions or concerns. You may also contact him with questions or concerns.

Sincerely,

Bets Clever  
Executive Director

cc: P. Heath  
A. Gero

Appendix B**HEALTHCARE PRACTICE  
FOCUS GROUP QUESTIONS**

(NOTE: Please exclude discussion about the Carlisle Regional Medical Center since they are not associated with the Foundation)

1. Please circle your role in the practice:

Physician      Nurse Practitioner      Receptionist      Medical Assistant

Physician Assistant      Office Manager      Administrative Support

Other \_\_\_\_\_

2. As a primary health care provider, please list 3 things that are most satisfying to you in dealing with your patients and their needs:
- a.
  - b.
  - c.
3. As a primary health care provider, please list 3 things are the most frustrating to you in dealing with your patients and their needs:
- a.
  - b.
  - c.
4. List three health care issues that you see regularly with your patients that you believe need to be addressed, in terms of prevention and/or education:
- a.
  - b.
  - c.

(See Next Page)

5. Are there any other prevention and wellness issues that you think need more attention?

YES\_\_\_\_\_ NO\_\_\_\_\_

If YES, what are they?

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6. Are there issues that you are “passionate” about that you would volunteer to work on in a task force or collaboration, if it were available? If so, please list them:

a.

b.

c.

7. Is there anything else that you want the Carlisle Area Health & Wellness Foundation to be aware of pertaining to health education, prevention and wellness?

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THANK YOU!