

2023 ACHC Patient’s Experience of Care Survey

Info assembled by Joan Field, CHW

Exhibit A – All 2023 Survey Questions Grouped into Domains

Exhibit B – 2023 ACHC Survey Results - Domains

Exhibit C – 2017, 2019, 2021, 2023 Top 2-Boxes Comparison

Exhibit D – 2023 Demographics of Respondents

Exhibit E – 2023 Comments from Respondents

Why do we do this Medical Provider survey?

It’s imperative that we know what our patients think about their care at Asher Community Health Center (ACHC) to identify areas where we can improve. To truly serve our constituents, we must know and understand their perspective, and this must be our overarching goal. We encourage the public’s feedback with our website’s online comment forms, which allow for rapid comment submission, and a swift ACHC response. We also have a patient advisory council (PAC) that meets once or twice yearly and brings comments, ideas, and concerns regarding any aspect of the patient-clinic interaction and experience. Additionally, I’d like to revive the ‘lobby’ comment form in each clinic location.

ACHC is a recognized member of “Patient-Centered Primary Care Home” (PCPCH) and being part of this program requires that certain benchmarks are met—this “Patient Experience of Care” survey helps to fulfill some of the tier requirementsⁱ. ACHC is currently a PCPCH Tier 4 primary care home member.

The overall goal is to gather feedback, make the best choices for improvement, and to offer high quality and responsive care to our patients and our region. We cannot correct, what we do not know.

Dental Survey

Along with the Medical survey, we also conducted a very similar survey of dental patients. This survey was handed out to patients during the month of November 2023 as they had their dental visits. The patients who turned in completed dental surveys were also entered into the prize drawing. The 2023 Dental Survey will be a separate report – this report concerns the medical provider survey only.

How do we choose the Medical Clinic/Provider survey process?

We use the PCPCH endorsed survey template and version: CAHPS® Clinician & Group Survey (CG-CAHPS) Version 3.0.ⁱⁱ We analyze our data with the CAHPS Guidelinesⁱⁱⁱ: CAHPS Ver. 3.0 Analytics. With the CAHPS template, survey questions are assembled into “domains” or categories of patient care^{iv}.

Using the CAHPS template allows for meaningful comparisons to our previous years’ surveys and allows us to compare with industry standards. As we strive to meet the highest PCPCH benchmarks and standards, we compare our survey results against their “top box 6.C.3. 75th percentile” numbers^v. Typically, PCPCH raises the bar for benchmarks each year – for 2023, they were the same as 2021.

Our 2023 ACHC Patient Experience of Care survey contains 33 total questions and is slightly customized to fit the particulars of our clinic. **Exhibit A** shows how the survey questions are grouped into domains.

Who were the patients surveyed in 2023? When/ How did we conduct this survey?

Patients who were eligible to be surveyed were those with a medical provider visit within the last six months^{vi} and over 18 years old. To have enough eligible patients to survey, we expanded our ‘visit-window’ to 14-months, which is allowed with the CAHPS guidelines. Not more than one survey per household/ per address was recommended per provider; a guideline we followed.

PCPCH requires we have a minimum of 3% completed surveys returned for each provider’s “patient panel” population total.^{vii} To determine each provider’s patient panel or population, we ran a focused OCHIN report and took note of their percentages, calculating how many surveys to send out for each provider, and how many we needed to have completed and returned.

The providers we included in the survey were FNP Monique Moya, FNP Lanesha Bracy, and Physical Therapist Brian Schaudt. It may seem odd to request a survey response for the two providers who are not working for ACHC anymore, but CAHPS guidelines require we conduct the survey on the providers we had seeing patients during the look-back period (*Sept 2022 through Oct 2023*).

Next, names of eligible patients^{viii} were alphabetized and assembled into the patient panel for each provider. Patients were then randomly selected to receive a mailed survey by using a repeating numerical marker (i.e., every 3rd or 5th patient on the list). In this case for this survey, we sent a survey to ‘every other’ patient, or roughly 50%^{ix} of the provider’s patient panel.

The survey was also promoted as available in Spanish to those requesting it; we did not receive any requests.

Survey distribution began early in November 2023, with a return deadline of November 22, 2023. (There were surveys that arrived just after the deadline; those results were included in the final data tally.

As you can see below, we met the PCPCH 3% requirement for each provider.

| Providers surveyed: | PP# (patient panel number): | # of surveys needed to meet the 3% <u>minimum</u> : | We mailed out: | Surveys returned usable | % Received, in comparison to 3% minimum | Surveys returned but NOT usable |
|---------------------|-----------------------------|---|----------------|-------------------------|---|---------------------------------|
| Moya | 249 | 8 | 120 | 27 | 22.5 % | 1 |
| Bracy | 187 | 6 | 94 | 20 | 21.28 % | 1 |
| Schaudt | 68 | 3 | 34 | 13 | 38.24 % | 0 |

Note: 11 surveys were returned to ACHC by USPS as “unable to forward”. One survey was mailed back to us but was noted by the patient as: “No, that they haven’t seen a provider here within the last 12 months.”

Prize Drawing Process ~ Nine incentive Prizes: Prize tickets were affixed to each survey (both medical and dental), and the drawing was held on Nov 29th for all completed surveys. Winning numbers were posted at our ACHC website and Joan also contacted them by phone (for privacy, the names are not published). Prizes were all kitchen/ food preparation items. Confidentiality is carefully guarded.

- Before distributing surveys, a spreadsheet was created to capture name and corresponding prize ticket number (to allow for precise identification of winning tickets when they are drawn)
- As completed surveys were received, the tickets were immediately separated from the surveys to maintain confidentiality (and tickets were collected in “prize-drawing envelope”)

Patient Survey response

In total, we distributed 248 surveys to patients who fit the required parameters. We received 60 surveys back that were valid to analyze (meaning that enough questions were completed).^x

We met the required PCPCH Benchmark of 3% return-rate requirement for each provider.

On the suggested (not required) CAHPS goal of a “return/ response rate of greater than 40%”^{xi} – for 2023 ours was 24.19 % (in 2021 we met this CAHPS goal with 40.96%). The lower return/response rate may be due to the fact that at the time this survey was generated and distributed, two of the three providers we were required to use were in the process of leaving the clinic’s staff.

What did we learn from our results in the Domains?

We have some work to do. Domains 1, 3 and 4 are very provider-focused, and these are areas we have already been concentrating on improving, for a variety of reasons. Domain 5 speaks to ‘operations’, where we clearly need to look at workflows, as well as public perception. Although we exceeded the benchmark this time on Domain 2, we should never underestimate this critical front-line interaction with our patients and the public. All of this is designed to *learn the patient’s perception* of our care and clinic.

Exhibit B – note the 2023 Benchmark percentage yellow-highlighted near the center of the page, compared to the red-text percentage just to its left. There we find our results in each domain alongside the PCPCH benchmarks, plus a glance back at three previous year’s results. (*Note: Exhibit B—Domain 3 includes all three providers data in one number. For separate Provider’s Rating, see Exhibit C, Domain 3.*)

The Domain Benchmarks that are used by PCPCH only look at the ‘top box’ (or ‘always’) rating given by the patients.^{xii} In Exhibit B we can see that,

In 2017, we exceeded the ‘top box’ benchmark in 2 of 5 domains (we fell below in 3).

In 2019, we exceeded the ‘top box’ benchmark in 3 of 5 domains (we fell below in 2).

In 2021, we fell below on all 5 ‘top box’ domain benchmarks.

In 2023, we exceeded the ‘top box’ benchmark in 1 of 5 domains (we fell below on 4).

Exhibit C – the 2023 info is the left-most column. Exhibit C is really just for our own information. Because there seems to be a tendency for people to be unwilling to give that highest mark, the “Always” mark – so last year I started making a comparison chart. It calculates the percentage we *would have had* if PCPCH was looking at “Always” plus “Usually”. It’s just for our own information but I think it can be useful. In this case (using both Always + Usually) we would have *exceeded* Domains 1, 2 and 5. We still would have been below on Domain 3 and 4.

Exhibit D provides some demographics of the survey respondents. From 2021 to 2023, there was a shift in ‘how long being seen by Provider’, from the 2021 majority of 3-years or more, to the 2023 majority of less than 1-year (this is to be expected, based on the different providers). Also a slight upward shift in education-level, and a slight shift toward less female/more male.

Exhibit E provides the respondents’ added comments, with their names removed (staff names intact).

Survey parameters

(From the CAHPS guide to calculating results^{xiii})

- “Case-mix or survey-mode”: No adjustments were made for case-mix (i.e. how they answered by demographics) or survey-mode (i.e. adjusting for survey method used, such as paper-copy versus online).
- “Frequencies”: We ARE excluding ‘missing values’ from the percentages calculated. This means that we are not including “Appropriately not answered” or “Missing” numbers from the total when percentages are calculated. • However, when entering the answers: if the patient should have skipped one or more questions (due to the survey instructions, i.e. “...if #11 is ‘no’, go to #13”...) – if they DID answer #12 for example, I did count it – even though the instructions said they should have skipped.
- “Item Suppression”: Not used. If fewer than 5 valid responses are submitted for any single item, CAHPS says the item’s results can be suppressed – we did not use this adjustment.

Additionally:

One survey was provided per person; we did not discriminate against employees (or anyone affiliated with the clinic, such as board members) or family members of employees, etc.

- A Prize Drawing incentive was offered to the patients for returning a completed survey
- As received, each survey was checked for completeness, then separated from drawing ticket and sorted according to provider
- Data was assembled using CAHPS guidelines, Excel charts, and also with SurveyMonkey analytics
- Results were hand-entered into SurveyMonkey database; each survey was check-marked when completely entered into database
- All valid data received was included in ACHC Report and accounted for in PCPCH analysis
- Patient’s handwritten notes and respondent names on the survey: The comments are included for the Board as **Exhibit E**. For patient privacy, the respondent names are not included

ⁱ PCPCH TA Guide, Standard 6.C, pg 131. <https://www.oregon.gov/oha/HPA/dsi-pcpch/Documents/2020-PCPCH-TA-Guide.pdf> (current TA Guide is May 2023, Version 5)

ⁱⁱ CAHPS stands for Consumer Assessment of Healthcare Providers and Systems, and is part of the federal-level agency for Healthcare Research and Quality (AHRQ).

ⁱⁱⁱ <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/helpful-resources/analysis/preparing-data-for-analysis.pdf>

^{iv} Patient Experience Measures from the CAHPS Clinician & Group Survey, Document No. 2309, Pg 2, 5-6

^v AHRQ CAHPS Aggregated Data Clinician & Group, 2019 Adult 6-month (or 12-month) survey 3.0 with/without PCMH items Percentiles

^{vi} We are permitted to expand the 6-month period to allow for a proper survey, so the actual timeframe for a patient’s visit was between September 1, 2022 through October 31, 2023.

^{vii} The number of patients that the Provider is actively managing or currently working with in their health care.

^{viii} From the appropriate Provider Patient Panel list, only one patient per household, patients over 18 years old, and any other pertinent criteria from CAHPS.

^{ix} CAHPS’s rule of ‘one per household/one patient per household, per each provider’ caused a few names to be skipped in order to adhere to the guidelines.

^x Fielding the CAHPS Clinician & Group Survey, Document No. 2033, Appendix B (Pg 23)

^{xi} Fielding the CAHPS Clinician & Group Survey, Document No. 2033, Pg 2, 18

^{xii} PCPCH-TA-Guide, page 136 – Specifications for 6.C.3, and also CAHPS Clinician & Group Survey Database, “How Results Are Calculated”, Pg 1-5. -- (percentage calculated with: Numerator= number of top box answers. Denominator= number of survey responses to that question)

^{xiii} CAHPS Clinician & Group Survey Database, “How Results Are Calculated”, Pg 1-5

EXHIBIT A Questions grouped by DOMAIN

(These are the questions for 2023 survey)

| Domain 1 | Provider Communication |
|----------|---|
| 11 | In the last 12 months, how often did this provider explain things in a way that was easy to understand? |
| 12 | In the last 12 months, how often did this provider listen carefully to you? |
| 14 | In the last 12 months, how often did this provider show respect for what you had to say? |
| 15 | In the last 12 months, how often did this provider spend enough time with you? |

| Domain 2 | Helpful, Courteous and Respectful Staff |
|----------|--|
| 21 | In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be? |
| 22 | In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect? |

| Domain 3 | 0 to 10 - Provider Rating |
|----------|---|
| 18 | Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this healthcare provider? |

| Domain 4 | Provider's use of information to coordinate the Pt care |
|----------|--|
| 13 | In the last 12 months, how often did this provider seem to know the important information about your medical history? |
| 17 | In the last 12 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results? |
| 20 | In the last 12 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking? |

| Domain 5 | Timely appts, timely care, timely information |
|----------|--|
| 6 | In the last 12 months, when you contacted this provider's office to get an appointment for care you needed right away , how often did you get an appointment as soon as you needed? |
| 8 | In the last 12 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed? |
| 10 | In the last 12 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day? |

| Not in a Domain | Other Questions |
|-----------------|---|
| 23 - 31 | Nine (9) questions were about demographics, such as age, gender, ethnicity, etc. |
| 32 | For patients who qualify for the Sliding Fee Program, Asher Community Health Center charges a \$25 nominal fee for a Medical visit – Do you feel this is affordable? |
| 33 | Would you like to speak to a Community Health Worker about any social needs or other concerns ? |

Exhibit B 2023 Survey Domain Benchmarks

** The benchmarks change EVERY survey, FYI.
 exceed= good, means we exceeded the benchmark
 meet= just met the benchmark
 below= means we fell short & have work to do!

**Incl: Moya, Bracy,
 Schaudt (all 3)**

2023

| Domain #1 | | | | | PROVIDER COMMUNICATION | | | | | | | | | | | | |
|---|-------|-------|-------|-------|----------------------------|--|-------------|--|-------------|--|-------------|--|-------------------------------------|--|------------------|--------|--------|
| 11. Provider explained in easy to understand way 12. did provider listen carefully 14. did provider show respect for what you had to say 15. did provider spend enough time with you | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 2023 | | | | | | | | |
| Response scale (%) | | | | | Q-11 | | Q-12 | | Q-14 | | Q-15 | | Composite Proportional Score | | Benchmark | | |
| (top box) ALWAYS | 77.59 | 75.44 | 81.03 | 82.76 | 316.82 / 4= 79.21 % | | | | | | | | 89% | | 86.5 | 93.5 | 90.8 |
| USUALLY | 8.62 | 14.04 | 8.62 | 8.62 | 39.9 / 4= 9.97 % | | | | | | | | below | | below | exceed | exceed |
| SOMETIMES or NEVER | 13.79 | 10.52 | 10.35 | 8.62 | 43.28 / 4= 10.82 % | | | | | | | | | | | | |

| | | |
|---|---|---|
| see below= what the % was 2021: | see below= what the % was 2019: | see below= what the % was 2017: |
|---|---|---|

| Domain #2 | | | | | Helpful/respectful Staff | | | | | | | | | | |
|--|-------|-------|--|--|----------------------------|--|-------------|--|-------------------------------------|--|------------------|--|-------|--------|-------|
| 21. Clerks & receptionists as helpful as you thought they should be 22. Clerks & receptionists treat w/courtesy & respect | | | | | | | | | | | | | | | |
| | | | | | | | | | 2023 | | | | | | |
| Response scale (%) | | | | | Q-21 | | Q-22 | | Composite Proportional Score | | Benchmark | | | | |
| (top box) ALWAYS | 77.59 | 94.83 | | | 172.42 / 2= 86.21 % | | | | | | 84% | | 77.2 | 87.9 | 68.05 |
| USUALLY | 18.96 | 5.17 | | | 24.13 / 2= 12.07 % | | | | | | exceed | | below | exceed | below |
| SOMETIMES or NEVER | 3.45 | 0 | | | 3.45 / 2= 1.72 % | | | | | | | | | | |

| Domain #3 | | | | | Provider 1-10 rating | | | | | | | | |
|--|------|--|--|--|--------------------------|--|-------------------------------------|--|------------------|--|-------|--------|--------|
| 18. Pt's rating of provider, scale of 1-10 | | | | | | | | | | | | | |
| | | | | | | | | | 2023 | | | | |
| Response scale (%) | | | | | Q-18 | | Composite Proportional Score | | Benchmark | | | | |
| (top box) 9-10 | 62.5 | | | | 62.5 / 1= 62.5 % | | | | 85% | | 78.3 | 87.3 | 94 |
| 7-8 | 21.4 | | | | 21.4 / 1 = 21.4 % | | | | below | | below | exceed | exceed |
| 0-6 | 16.1 | | | | 16.1 / 1= 16.1 % | | | | | | | | |

| Domain #4 | | | | | Provider's Use of Info to Coordin Care | | | | | | | | | | |
|--|-------|-------|-------|--|--|--|-------------|--|-------------|--|-------------------------------------|--|------------------|-------|-------|
| 13. did provider know important medical info 17. did someone from provider's office follow up of test results 20. how often did you & someone from the provider's office talk about all the meds you are taking? | | | | | | | | | | | | | | | |
| | | | | | | | | | 2023 | | | | | | |
| Response scale (%) | | | | | Q-13 | | Q-17 | | Q-20 | | Composite Proportional Score | | Benchmark | | |
| (top box) ALWAYS | 60.71 | 54.05 | 34.62 | | 149.38 / 3= 49.79 % | | | | | | 79% | | 72.6 | 73.3 | 68.9 |
| USUALLY | 21.43 | 24.32 | 30.77 | | 76.52 / 3= 25.51 % | | | | | | below | | below | below | below |
| SOMETIMES or NEVER | 17.86 | 21.63 | 34.61 | | 74.01 / 3= 24.7 % | | | | | | | | | | |

| Domain #5 | | | | | Timely appts, care & info | | | | | | | | | | |
|--|----|-------|-------|--|----------------------------|--|------------|--|-------------|--|-------------------------------------|--|------------------|-------|-------|
| 6. how often did you get an ('right away' care) appt as soon as you needed 8. how often did you get an ('check up or routine' care) appt as soon as you needed 10. how often did you get an answer to medical Q the same day | | | | | | | | | | | | | | | |
| | | | | | | | | | 2023 | | | | | | |
| Response scale (%) | | | | | Q-6 | | Q-8 | | Q-10 | | Composite Proportional Score | | Benchmark | | |
| (top box) ALWAYS | 52 | 62.16 | 30.77 | | 144.93 / 3= 48.31 % | | | | | | 72% | | 51.5 | 58.8 | 49.4 |
| USUALLY | 24 | 27.03 | 38.46 | | 89.49 / 3= 29.83 % | | | | | | below | | below | below | below |
| SOMETIMES or NEVER | 24 | 10.81 | 30.77 | | 65.58 / 3= 21.86 % | | | | | | | | | | |

| | | |
|--|-----|------|
| | | 2023 |
| is Sliding Fee Scale of \$25 affordable? | yes | 91% |
| | no | 9% |

Exhibit C

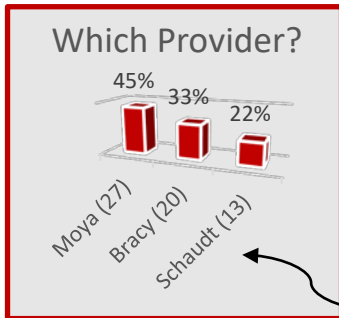
Compare **Top 2 boxes**, all 4 yrs

(Percentage IF looking at Always & Usually)

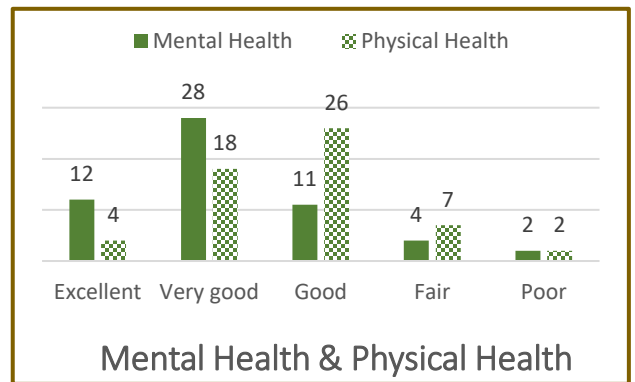
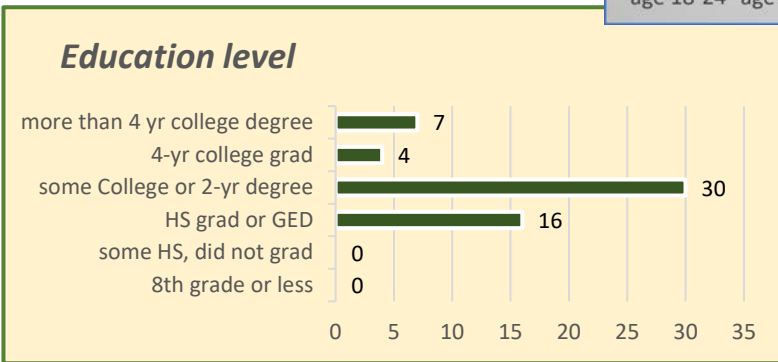
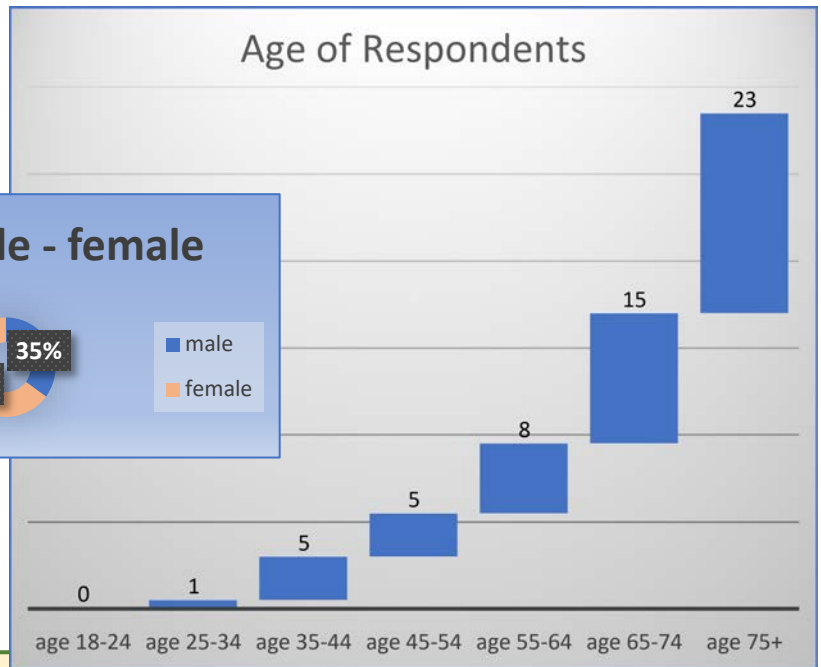
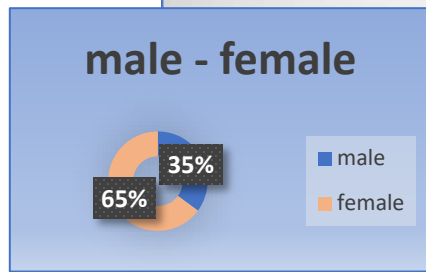
| Year | Domain # 1 | Domain # 2 | Domain # 3 | Domain # 4 | Domain # 5 | | | | | | | | | | | | | | | | | | | | | | | | |
|-------|--|------------|------------|------------|------------|------|-------|------|------|--|-------|-------|-------|------|---|--|-------|-------|-------|-------|-------|-------|---|------|-------|-------|------|-------|-------|
| 2023 | <p>Q-11 Q-12 Q-14 Q-15</p> <table border="1"> <tr><td>77.59</td><td>75.44</td><td>81.03</td><td>82.76</td></tr> <tr><td>8.62</td><td>14.04</td><td>8.62</td><td>8.62</td></tr> </table> <p>86.21 89.48 89.65 91.38 356.72 / 4 89.18</p> <p>2023 Benchmark: 89%</p> | 77.59 | 75.44 | 81.03 | 82.76 | 8.62 | 14.04 | 8.62 | 8.62 | <p>Q-21 Q-22</p> <table border="1"> <tr><td>77.59</td><td>94.83</td></tr> <tr><td>18.96</td><td>5.17</td></tr> </table> <p>96.55 100 196.55 / 2 98.27</p> <p>2023 Benchmark: 84%</p> | 77.59 | 94.83 | 18.96 | 5.17 | <p>Q-18</p> <p>62.5</p> <p>2023 Benchmark: 85%</p> | <p>Q-13 Q-17 Q-20</p> <table border="1"> <tr><td>60.71</td><td>54.05</td><td>34.62</td></tr> <tr><td>21.43</td><td>24.32</td><td>30.77</td></tr> </table> <p>82.14 78.37 65.39 225.9 / 3 75.3</p> <p>2023 Benchmark: 79%</p> | 60.71 | 54.05 | 34.62 | 21.43 | 24.32 | 30.77 | <p>Q-6 Q-8 Q-10</p> <table border="1"> <tr><td>52</td><td>62.16</td><td>30.77</td></tr> <tr><td>24</td><td>27.03</td><td>38.46</td></tr> </table> <p>76 89.19 69.23 234.42 / 3 78.14</p> <p>2023 Benchmark: 72%</p> | 52 | 62.16 | 30.77 | 24 | 27.03 | 38.46 |
| 77.59 | 75.44 | 81.03 | 82.76 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.62 | 14.04 | 8.62 | 8.62 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77.59 | 94.83 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18.96 | 5.17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60.71 | 54.05 | 34.62 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21.43 | 24.32 | 30.77 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52 | 62.16 | 30.77 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | 27.03 | 38.46 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2021 | <p>Q-11 Q-12 Q-14 Q-15</p> <table border="1"> <tr><td>85.3</td><td>89.7</td><td>86.8</td><td>84</td></tr> <tr><td>11.8</td><td>8.8</td><td>11.8</td><td>13</td></tr> </table> <p>97.1 98.5 98.6 97 391.2 / 4 97.8</p> | 85.3 | 89.7 | 86.8 | 84 | 11.8 | 8.8 | 11.8 | 13 | <p>Q-21 Q-22</p> <table border="1"> <tr><td>67.2</td><td>87.2</td></tr> <tr><td>27.1</td><td>11.4</td></tr> </table> <p>94.3 98.6 192.9 / 2 96.45</p> | 67.2 | 87.2 | 27.1 | 11.4 | <p>Q-18</p> <p>78.3</p> | <p>Q-13 Q-17 Q-20</p> <table border="1"> <tr><td>83.6</td><td>73.5</td><td>60.6</td></tr> <tr><td>9</td><td>18.4</td><td>12.1</td></tr> </table> <p>92.6 91.9 72.7 257.2 / 3 85.7</p> | 83.6 | 73.5 | 60.6 | 9 | 18.4 | 12.1 | <p>Q-6 Q-8 Q-10</p> <table border="1"> <tr><td>56.5</td><td>52.7</td><td>45.2</td></tr> <tr><td>34.8</td><td>43.6</td><td>41.9</td></tr> </table> <p>91.3 96.3 87.1 274.7 / 3 91.6</p> | 56.5 | 52.7 | 45.2 | 34.8 | 43.6 | 41.9 |
| 85.3 | 89.7 | 86.8 | 84 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11.8 | 8.8 | 11.8 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67.2 | 87.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27.1 | 11.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 83.6 | 73.5 | 60.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 18.4 | 12.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 56.5 | 52.7 | 45.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34.8 | 43.6 | 41.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019 | <p>Q-11 Q-12 Q-14 Q-15</p> <table border="1"> <tr><td>95.1</td><td>95.1</td><td>95.1</td><td>88.7</td></tr> <tr><td>1.6</td><td>3.2</td><td>3.2</td><td>9.7</td></tr> </table> <p>96.7 98.3 98.3 98.4 391.7 / 4 97.9</p> | 95.1 | 95.1 | 95.1 | 88.7 | 1.6 | 3.2 | 3.2 | 9.7 | <p>Q-21 Q-22</p> <table border="1"> <tr><td>83.9</td><td>91.9</td></tr> <tr><td>12.9</td><td>8</td></tr> </table> <p>96.8 99.9 196.7 / 2 98.3</p> | 83.9 | 91.9 | 12.9 | 8 | <p>Q-18</p> <p>87.3</p> | <p>Q-13 Q-17 Q-20</p> <table border="1"> <tr><td>82</td><td>81.8</td><td>56.1</td></tr> <tr><td>16.4</td><td>13.6</td><td>21</td></tr> </table> <p>98.4 95.4 77.1 270.9 / 3 90.3</p> | 82 | 81.8 | 56.1 | 16.4 | 13.6 | 21 | <p>Q-6 Q-8 Q-10</p> <table border="1"> <tr><td>61.4</td><td>67.9</td><td>47.2</td></tr> <tr><td>18.2</td><td>26.4</td><td>44.4</td></tr> </table> <p>79.6 94.3 91.6 265.5 / 3 88.5</p> | 61.4 | 67.9 | 47.2 | 18.2 | 26.4 | 44.4 |
| 95.1 | 95.1 | 95.1 | 88.7 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.6 | 3.2 | 3.2 | 9.7 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 83.9 | 91.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12.9 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 82 | 81.8 | 56.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16.4 | 13.6 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 61.4 | 67.9 | 47.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18.2 | 26.4 | 44.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2017 | <p>Q-11 Q-12 Q-14 Q-15</p> <table border="1"> <tr><td>88</td><td>94</td><td>97</td><td>97</td></tr> <tr><td>12</td><td>4.5</td><td>3</td><td>3</td></tr> </table> <p>100 98.5 100 100 398.5 / 4 99.6</p> | 88 | 94 | 97 | 97 | 12 | 4.5 | 3 | 3 | <p>Q-21 Q-22</p> <table border="1"> <tr><td>55.2</td><td>80.9</td></tr> <tr><td>28.4</td><td>14.7</td></tr> </table> <p>83.6 95.6 179.2 / 2 89.6</p> | 55.2 | 80.9 | 28.4 | 14.7 | <p>Q-18</p> <p>94</p> | <p>Q-13 Q-17 Q-20</p> <table border="1"> <tr><td>78</td><td>64.3</td><td>73.4</td></tr> <tr><td>19</td><td>26.8</td><td>15.6</td></tr> </table> <p>97 91.1 89 277.1 / 3 92.4</p> | 78 | 64.3 | 73.4 | 19 | 26.8 | 15.6 | <p>Q-6 Q-8 Q-10</p> <table border="1"> <tr><td>45.6</td><td>63</td><td>39.5</td></tr> <tr><td>40.3</td><td>27.8</td><td>39.5</td></tr> </table> <p>85.9 90.8 79 255.7 / 3 85.2</p> | 45.6 | 63 | 39.5 | 40.3 | 27.8 | 39.5 |
| 88 | 94 | 97 | 97 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 4.5 | 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55.2 | 80.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28.4 | 14.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 78 | 64.3 | 73.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 26.8 | 15.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45.6 | 63 | 39.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40.3 | 27.8 | 39.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Exhibit D - 2023 Demographics, and Sliding Fee Scale

The data here has been taken from the answers given by 60 respondents – however not all answered every question; most questions had 57-60 responses.



66% said “Yes, that’s the provider they normally see for a check up, when sick or hurt.”



- Race: of those who answered, 98 % indicated “white”, and 98 % as “not Hispanic or Latino”.
- One person had assistance with completing the survey; help was by writing down the Pt’s answers.
- 91% of respondents (53 people) felt the Medical Siding Fee Scale nominal fee of \$25 was affordable.
- Many of the respondents added their name to the bottom of the survey, even if they didn’t have any other comments.
- Four respondents requested CHW contact and provided their contact information – contact was made, and resources were provided.

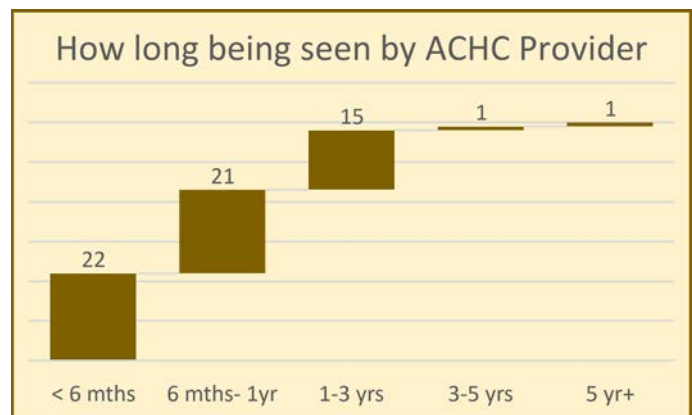
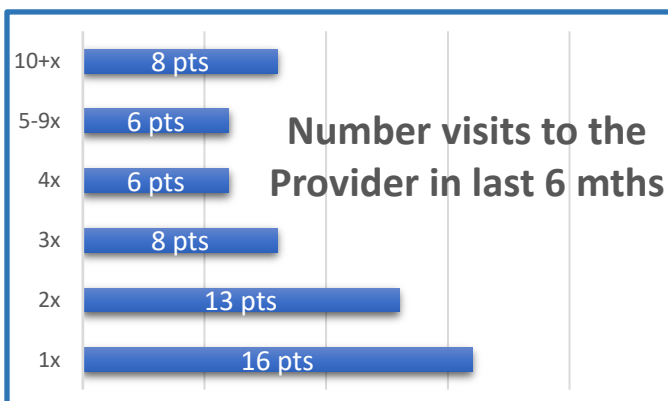


Exhibit E

(without respondent names)

General Distribution

Handwritten comments on the 2023 Surveys

These are in no particular order.

Assembled by Joan Field, CHW

| The Comments handwritten on survey pages: | | |
|---|--|-------------------|
| | Number of pts who signed name: 25 | |
| | Total number of pts who gave a comment: 19 | |
| | | Pos or Neg? |
| 1 | name provided. Comments: "Lanesha was a delight. ... Feel like the clinic is moving away from emergency medical care. Seem to send people out by ambulance or air life for every little thing. Then the people have to find a ride home. There appears to be a lot of staff doing programs, etc." | P+N |
| 2 | name provided. Comment: "Lanesha was so sweet and caring to me every time I saw her. I hate to see her go. I always felt she had my best interest (health) as her top priority. Thank you for giving me the opportunity to give her well-deserved praise! I also want to put in a good word for Dan and Kimberly. Both always do their job very well and efficiently. Both are so kind and helpful. Asher Clinic, as a whole, does their job fairly well." | P |
| 3 | name provided. Comment: "staff in Mitchell great to work with. Mai is especially easy to talk to, very good at her job. I see her on most visits, which are normally shots, blood draws. Video visit with Lanesha went very well." | P |
| 4 | Comment: "Thanks for the opportunity to participate." | P |
| 5 | name provided | |
| 6 | name & contact info provided. <i>Transportation needs and was connected to resources.</i> Comment: "Need to get a provider that is going to stay full time." | - |
| 7 | ACHC NOTE: Pt specified what he would like extra help with, and gave his contact information. He has since been connected with support services. | |
| 8 | name provided | |
| 9 | name provided. Comment: "I have been pleased with everyone at the clinic. But Monique has made me feel like a friend! She is awesome!" ~~~ Q# 12: "She is wonderful" | P |
| 10 | name provided | |
| 11 | name provided | |
| 12 | Name given. Comment: "Always kind, courteous. professional treatment. Would appreciate some support. Spouse dying in nursing care facility. I don't drive any longer. (___unknown word___) cut my budget in half, no pay towards spouse's care. Have a reverse mortgage and don't know how I can manage upkeep of home, as is mandatory, plus tax (up) \$4,000 and maintenance etc. ... Would prefer a 'seasoned' person (not a young one!) *** ACHC Note: this person & their daughter were contacted. | P |
| 13 | name provided. Comment: "When I was working I worked at Mult. Co. hospital and as surgery assistant for Dr Malcom in Portland, and I have found Fossil Clinic to be one of the best clinics I have been seen at." | P |
| 14 | Comment: "On question 13, Provider had very little opportunity to learn my medical history. My answer is not meant as a criticism of this provider." | - |

| | | |
|---|--|-----|
| 15 | Comment: "The clinic should have 1 doctor and 3 PA's. 4 in Fossil, 5 days in Fossil, 3 days in Mitchell, 3 days in Spray." Q# 18 also commented: "No doctor on site, PA is overworked." | N |
| 16 | Comment: "Not enough Doctors or PA's to see people. Wait to see someone is weeks not days. Unless it's an emergency you're waiting weeks to see someone." Q# 18: also commented, "Not enough PA's to see people, way too busy" | N |
| 17 | Comment: "Would like to see you get a good provider and one that stays. In my opinion once you lost Amanda Roy, care & communication went down." | N |
| 18 | Name and contact information provided. <i>Requested help navigating Marketplace (and this was followed up on/ completed.)</i> | |
| 19 | name provided | |
| 20 | name provided | |
| 21 | name provided | |
| 22 | name provided | |
| 23 | name provided | |
| 24 | name provided | |
| 25 | Name provided. Comment: "I was dealing with getting treatment for hip and back, a set up exercise program with your staff. It was excellent and I use it daily. ... I do however question the full page ad running for quite a few weeks now. These monies could be better used elsewhere at the facility." **** ACHC note: Due to this comment, I added an informational piece at the bottom of the adverts letting people know it was paid for by a grant and that those funds were designated for advertising ONLY. **** | P+N |
| 26 | Name provided. Comment: "I have seen Brian Schaudt for PT on both of my knees this year. He is hands down the best physical therapist I've ever been to. He is hands on, thinks outside the box, and gets results. The support staff has always been very friendly, courteous, and helpful." | P |
| 27 | comment on Q 17: A lot were "lost". | N |
| 28 | (Name was given) "I was very impressed with Brian Schaudt. He was very knowledgeable and helpful with my after knee surgery therapy. I would definitely use him for any physical therapy I need and would recommend him to anyone. He was great. The staff was also very nice and helpful. Thank you, [name]" | P |
| 29 | I really enjoyed receiving Physical Therapy from Brian. He is very knowledgeable and is flexible in his approach. He helped me make incremental progress by listening carefully to me about the progress I had made. He made constant adjustments to my PT plan to fit my current needs and future goals. I am VERY satisfied with the care I received. Brian is kind and listens well. He asks a lot of questions to determine the best plan moving forward. I credit him with having helped me get back to doing all the physical tasks I had hoped to be able to do. GREAT JOB BRIAN. (signed his name) | P |
| 30 | name provided | |
| 31 | name provided | |
| <i>GENERALLY and OVERALL – 11 comments were positive; 6 were negative; 3 were neutral (-)</i> | | |