

Paladina Health's Patient-Centered Medical Home Patient Experience Report

Paladina Health provides patient-centered, outcome driven healthcare. It operates as an employer-sponsored, patient-centered medical home, where patients can get most of the medical services they need from an experienced physician, usually without any co-payments¹.

Through Paladina Health's medical home, employers add a new physician option from which their employees and dependents can choose. Paladina Health physicians are dedicated to serving the employers' populations, are highly accessible through on-site and near-site locations and 24/7 cell phone availability, and are held accountable for delivering great care and service. They provide comprehensive services, including primary and preventive care, chronic disease management, urgent care and referrals to specialists and hospitals.

Remarkably, while this model delivers higher quality care, it also drives down healthcare costs in three powerful ways by:

- redirecting care into the lower-cost primary care setting
- actively managing patient referrals to ensure high quality and value
- proactively managing chronic disease and long-term conditions

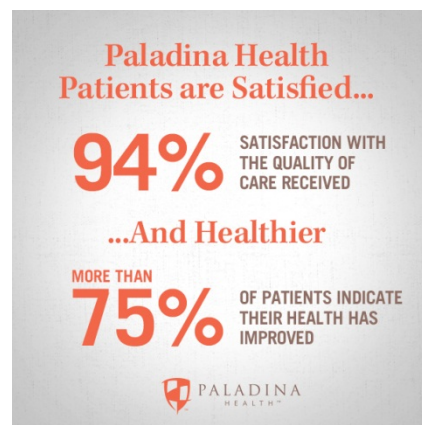
Report Methodology

This report is designed to share data obtained from survey responses from 642 Paladina Health patients as they evaluated the services and care they received from their Paladina Health provider. The data was obtained from surveys completed in 2014; patients from every Paladina Health clinic across the United States were included in the sample. During the survey timeframe, patients who received care at a Paladina Health clinic were sent a comprehensive patient satisfaction survey within two weeks of their care encounter.

Why Should an Employer Care about the Quality of the Healthcare its Employees Receive?

There are many people in an employer's covered population who are not being treated for persistent health conditions such as a chronic disease. For example, there are seven million **undiagnosed diabetics in the U.S.**, about 8.3 percent of U.S. adults.² Left undiagnosed, untreated or sub-optimally managed, chronic diseases such as diabetes can have serious health consequences that can materially impact a person's quality of life. It can also result in significant financial consequences for the patient and employer alike.

Driving meaningful and measurable improvement in the health of a covered population is therefore an important objective for an employer. The quality of the healthcare an employer's covered population receives is critical to achieving this goal.



¹ For most employers, patients who are not actively contributing to an HSA will not experience co-pays or fees for their care. By law, active contributors to an HSA must be charged for acute portions of care.

² American Diabetes Association

Why Lowering Barriers to Care Matters

Employers are recognizing the importance of lowering barriers to care. Studies show that one in four insured individuals delay seeking care for health issues due to financial considerations, but other factors such as inconvenience and time constraints also play a role.³ Delaying care can result in serious health issues for patients down the road that may often be prevented with early intervention and proactive treatment. Helping employees and their dependents improve their long-term health is important to their quality of life as well as critical to an employer's ability to drive down healthcare costs in the long-term.

Patients delay care because³:

- Work or other commitments
- Unable to get to the doctor's office when it was open
- Appointment delays
- Inconvenience of getting to the doctor's office

25% of privately insured individuals say they delay care for financial reasons.³

Why the Patient Experience Matters

After care is received, adherence to care is essential to improve health. Unaddressed, these factors can lead to increased costs and decreased productivity down the line.

Higher trust in a specific physician is strongly associated⁴ only with greater reported adherence.

Paladina Health's model is designed in a way such that its physicians are given the time and tools to assist them in uncovering previously undiagnosed health issues as well as manage and improve the health outcomes of their patient population. Trust is critical in the Paladina Health model. Improved health outcomes are more difficult to achieve if patient adherence to a treatment plan is not optimized.

With Paladina Health, patients have unhurried appointments with their physician. Paladina Health physicians have, on average, 70 percent fewer patients to care for than in a traditional primary care practice, so physicians can spend the time needed with their patients to discuss their health concerns and history and develop a trusting relationship.

³Kullgren, J. T., McLaughlin, C. G., Mitra, N., & Armstrong, K. Nonfinancial Barriers and Access to Care for U.S. Adults.

Health Services Research, 47, 1-2. Brown, A. (2013, December 9). Costs Still Keep 30% of Americans From Getting Treatment. Gallup Well-Being.

⁴Trachtenberg, F., Dugan, E., & Hall, M. A. How patients' trust relates to their involvement in medical care. Journal of Family Practice, 54, 344-352.



"...in our busy lives...we can count on Paladina to be there when we need them, not when it's convenient for them. They care about me as a person not just a patient."

— Paladina Health patient, Irving, TX



"My Paladina Health doctor asks questions and takes the time to listen. I am used to having to fight to keep my doctor in the room for more than 2 minutes—now, I have a doctor who lets me participate in my care.

He doesn't just treat symptoms like my previous doctor. He spends the time with me and genuinely cares. We're even starting to resolve issues that haven't been addressed in years."

— Linda, Paladina Health patient, Colorado Springs, Colorado

Summary

Paladina Health patients were asked to rate their experience across key areas that are important to improving patient health and wellness as well as lowering the long-term healthcare costs of their employer. These areas included:

- Quality of Care Received
- Ease of Access to Care
- Level of Trust with Physician

In every case, patients reported being highly satisfied, resulting in 92-94 percent satisfaction ratings across all three areas.

Patients were then asked to indicate the extent to which their health had improved since becoming a Paladina Health member. Remarkably, 77 percent of patients indicated that their health had improved. A considerable one-third of the respondents indicated that their health had improved **significantly**.



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