Primary Care in New Hampshire

Focus Group Report

Institute for Health Policy and Practice

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Introduction

As a part of the Endowment for Health's comprehensive strategy to improve the health of the people in New Hampshire (NH), the foundation invests in the University of New Hampshire Institute for Health Policy and Practice Health (UNH IHPP) to research and inform statewide health law and policy. Specifically, funding in 2023 focused on the provision of primary care in NH, which IHPP addressed through two reports and a focus group. The reports included a landscape on existing best-practice literature in primary care and, a review of assessment tools for evaluating primary care services and delivery. This paper provides a summary and findings of the focus group.

Purpose

As a supplement to the review of existing literature and best-practice, the intention of the focus group was to gain a deeper understanding of NH residents' experiences with and hopes for primary healthcare services in the state. Specifically, the focus group asked participants about their present and past experiences with primary care, their general perspectives on primary care services offered, their willingness to engage in care, and gaps in care or desires for a positive primary healthcare experience. It is intended that, in combination with the reports, the results of this focus group will be used to inform both ongoing data collection efforts and future strategies to support the goal that individuals in New Hampshire have access to primary care services that are person-centered, equitable, and affordable.

For the purposes of this paper, high-quality primary care is defined as: "the provision of whole-person,[1] integrated, accessible, and equitable health care by interprofessional teams that are accountable for addressing the majority of an individual's health and wellness needs across setting and through sustained relationships with patients, families, and communities."[2]

[1] Whole-person health focuses on well-being rather than the absence of disease. It accounts for the mental, physical, emotional, and spiritual health and the social determinants of health of a person.

[2] Committee on Implementing High-Quality Primary Care. 2021. https://nap.nationalacademies.org/resource/25983/Highlights_High-Quality%20Primary%20Care-4.23.21_final.pdf

Methodology

IHPP staff conducted a virtual focus group in February 2024 with seven NH residents. The target population were individuals who identify as women between the ages of 21-49 and who live in and have experience with primary health care services in NH. Convenience sampling was used to recruit participants; IHPP created digital fliers with information about the focus group and the inclusion criteria and posted them on IHPP's various social media sites, including LinkedIn, Instagram, and Facebook. A $50 gift card was offered as an incentive for participation. Interested individuals were asked to reach out to a member of UNH IHPP staff for a brief screening phone call or email to ensure they met the inclusion criteria and had reliable access to the internet and a computer or phone with working video and audio. They were offered the chance to ask any questions about the focus group. Participants who were selected for the focus group were sent a calendar invitation with a Zoom link to participate in the virtual focus group. IHPP staff developed a moderator guide, including a verbal assent, to guide the discussion. The focus group script, including questions, can be found in the Appendix.

Participant Profile

The seven focus group participants were between the ages of 28 and 47, with an average age of 39. All identified as women. Five lived in Rockingham County, one in Grafton County, and one in Merrimack County. All seven participants reported having a primary care provider. All but one reported having insurance. Five of the seven shared that they had at least one child and discussed accessing primary care services for their children during the focus group.

Limitations

Given that IHPP only conducted one focus group with seven individuals, the findings presented in this paper are not representative of all individuals. The participants represent a particular subset of NH residents: all participants had access to internet and a camera to join the Zoom virtual meeting platform, spoke English fluently, identified having a primary care provider, and all but one reported having health insurance. Additionally, the convenience sampling approach – while easy, fast, and cost effective – limits the racial and ethnic diversity of respondents given sampling and selection bias. Finally, given the public nature of a focus group, questions did not focus on, and participants did not discuss, experiences with accessing care for mental or behavioral health or substance use. These topics may elicit unique responses and warrant additional data collection. Despite these limitations, the information gathered from the focus group offers a lens into the experiences of residents accessing primary care services in NH.

Findings

The individuals who participated in this focus group presented as having a strong understanding of the U.S. medical system and shared clear expectations, worries, and limitations that impact their ability to access care they desire for themselves and their families. Responses and discussion focused on two key themes: access to care and preferences for the healthcare they receive. Details on these themes are presented below.

Access to Care

In responding to questions, focus group participants spoke to three topics related to access to care: finding primary care providers, technology, and delaying care.

Participants struggle to find primary care providers that are covered by their insurance, accepting new patients, and meet their care needs. Six of the seven participants are currently in the process of finding or have recently begun seeing a new primary care provider for themselves or their children. While all six discussed variables that limit their ability to find a provider, insurance coverage was cited most often. When asked to describe the type of provider they would like to see, participants had a hard time describing specific qualities because their options were so consistently limited by what their insurance would cover. As one shared, "What I want is not necessarily who I get based on who insurance will allow me to see…I felt forced into making a choice versus finding someone I really wanted to see." Others shared that many providers have a waitlist or are not accepting new clients. One participant shared that she is limited by where she lives, noting that there are fewer providers in rural areas. Another said she has a child who has a specific medical need and they have had a very hard time finding a specialty provider who can support the family.

Participants delay seeking medical care for themselves, most often citing cost as the driving factor. Five of the seven participants said that they delay seeking medical care when they are sick. While participants with children say they get care immediately for their children when they are sick, they put off calling the doctor for their own medical needs: "I follow my intuition with the kids, but I wait personally." Four of the seven said that costs, both known and unknown, are the largest barrier to accessing care. This aligns with national data that cites 28% of adults delayed or did not get healthcare due to cost and 45% worried about their ability to pay medical bills.[3] As one focus group participant shared, "I hate that money is the driving cost for whether I schedule an appointment." Participants shared numerous financial factors that influence their decisions to delay

> "I have to weigh out if I am sick enough to justify seeing a doctor."
>
> - Focus group participant

[3] Peterson-KFF Health System Tracker. 2024. How does cost affect access to healthcare? https://www.healthsystemtracker.org/chart-collection/cost-affect-access-care/

care: high copays, "hidden costs" of having to miss work and rearrange schedules, and lack of transparency or clarity in what additional tests or referrals as a result of the initial appointment may cost.

The availability of telehealth appointments has improved access to care. Three participants shared that they have found telehealth expands their ability to access care. One spoke to the use of telehealth for urgent care, citing that rather than having to physically go to an urgent care setting, they were able to have a telehealth appointment with a provider to diagnose and obtain medication for an infection. Two others said they had used telehealth to seek care from a specialist that they would not have been able to travel to, but who was covered by insurance.

Care preferences

Although participants shared they often delay care or have trouble accessing care from the providers they want to see, they were able to share two clear visions for what they hoped for in healthcare: a sense of control over their own health and healthcare journey and systemic care coordination.

Participants want access to their healthcare records and want to feel that providers value their ideas, opinions, and decisions. Four participants spoke directly to the idea of owning their health, three of whom linked it to their ability to access records, notes, and test results in the online patient portal of their primary care practice. One participant, who personally saw a provider at a smaller practice that did not have an online patient portal, appreciated access to the portal at her children's provider: "I like to read every note. I felt like I could take my own health into my own hands and research options and see what care they were debating providing." Another, who has a medical condition that requires monthly blood tests, shared that she liked the autonomy of being able to track the results in the online portal.

In addition to owning and having access to personal health information, focus group participants shared that they want to also own decisions about their health and be viewed by providers as an active, collaborative member of their healthcare team. They want providers to listen to them and let them lead, not feel pushed toward a healthcare decision that is based on the provider's course of action. "My body, my choices," shared one woman.

The healthcare system needs improved care coordination across providers and practices. Four participants spoke to the importance of integrated, collaborative, coordinated care, a topic that was important for various reasons. "It's faster and easier," shared one woman as she considered seeing multiple providers in the same building. For some, being able to access various types of care within one practice relieves the stress of finding or being referred to providers

> "The medical system feels separated in the U.S."
>
> - Focus group participant

that are in-network for insurance; for example, if a practice had offices for primary care, dermatology, and physical therapy, patients could have access to different healthcare needs under the same billing structure with providers that could easily coordinate care by sharing health records and care notes. In discussing this type of healthcare structure, one participant shared that even if a practice offered various types of care, they would feel more confident – and willing to travel -seeing a specialist in a designated office: "I am okay with going to a larger hospital to see a specialist, because I know this is what they are doing day in and day out." When considering accessing care at urgent care setting, participants noted the blatant lack of coordination; records and notes from weekend or evening urgent care visits are often not sent to primary care providers, limiting the ability for providers to coordinate care.

Conclusion

Results of this focus group offer valuable perspective into the experiences with and desires for healthcare in NH. While additional data collection is needed to assess the universality of the findings presented, the seven participants present important topics to consider: 1) consumers seek access to healthcare with providers that match patient preference; 2) consumers seek care that is reliably affordable and accessible; 3) consumers want a healthcare system that is coordinated across providers and practices; and 4) consumers want to healthcare that supports and values patients' active participation in their healthcare decision. These insights may serve useful in the ongoing efforts to ensure individuals in NH have access to primary care services that are person-centered, equitable, and affordable.

Appendix

Primary Care in New Hampshire

Focus Group Moderator's Guide

University of New Hampshire, Institute for Health Policy and Practice

Introduction

(1 min)

Thank you for taking the time to talk with us today. I am [FACILITATOR], and this is my colleague, [NOTETAKER], and we both work at the University of New Hampshire at the Institute for Health Policy and Practice. I will be moderating our discussion today and [NOTETAKER] will be taking notes. Before we begin, I have a statement I need to read to you about your participation in this focus group.

Verbal Assent

(2 min)

We are conducting this focus group to learn more about your experiences with and understanding of primary healthcare in New Hampshire. Each of you has experiences and perceptions about this topic that are unique. Your honest point of view is very important to us. You do not have to answer any question you do not want to answer. Your participation in this focus group is voluntary. You can stop participating at any time.

Anything you tell us will be kept confidential by the research team. That means that when we write a report based on what we've heard today, nothing you say will be linked back to you. Our notes will be stored electronically on a secure, password protected network that are only viewable by staff in our Institute at the University of New Hampshire.

New Hampshire is a small state; we ask you to respect others in this space and not repeat what you hear in the focus group. However, you each should know that anything you share could be repeated by someone else.

Lastly, with your permission, I am going to record the focus group to ensure we have accurately captured your feedback. Audio files and transcripts will be stored on the University of New Hampshire's password protected cloud storage system. Is anyone ***not*** *comfortable with me recording this session?* **[pause 15 seconds]**

Does anyone have any questions about the statement I just read?

If you do not agree with the consent statement I just read, please take this time to leave the meeting.

Ground Rules

(2 min)

A focus group is all about people talking to each other. To make sure that this is a useful discussion that gives us a lot of good information, we have guidelines to help keep us on track. As the facilitator, I will help make sure we follow those guidelines and that everyone gets a chance to share. Here are the ground rules for this discussion:

- *Please speak one at a time.*
- *Different opinions are okay. There are no right or wrong answers.*
- *I may call on you to share, but it is ok to pass if you do not want to answer a question.*
- *I may interrupt you if we get off topic or if we need to move on. This is to allow everyone a chance to speak and make sure we end on time.*
- *Please ask me if a question is not clear.*
- *Keep everything you hear today confidential.*

Are there any questions or additional ground rules you would like to add?

Group Introductions

(5 min)

Now that we have covered that, let's start with some introductions. Let's go around and have everyone say ***your name, your pronouns if you would like to share, and one thing that you can do any day that brings you a feeling of joy, peace, or happiness.***

I will get us started…

Questions

(45 min)

It is great to meet you all and again thank you for being here today. I am going to transition to some questions about your experiences with primary care in New Hampshire. In responding to these questions, you can think about what experiences have been like for you as the patient or for someone you provide care for.

1. **Where we live can shape how we think about and experience healthcare. So let's start out easy and hear where folks live in the state. Who considers themselves living in a rural area of the state? And non-rural, or more urban? Anyone not sure?**

2. **Thinking broadly about primary care or primary healthcare, what does it mean to you?**
    a. Probe: What comes to mind when you think about primary care or a PCP, a primary care provider?

Thank you. So that we are continuing the conversation on the same page, for the purposes of this discussion, I will ask you to think about primary care as healthcare services that have the following three components that come from the World Health Organization's definition of primary care:[4]

a. *Care that addresses the whole-person, meaning that it is preventative, protective, and curative and is not designed for a specific medical condition.*
b. *Care that is coordinated, meaning that services are organized across levels of the health system.*
c. *Care that is continuing, meaning that the service promotes long-term relationships between a person and a health care provider or team of providers.*

3. **Who here has a primary care provider? This would mean you are a current client at a practice or office, even if you haven't been recently.**
    a. Probe if anyone does not have a PCP: Why do you not have a PCP? Are there certain barriers or challenges?

4. **Imagine you have been sick for a few days with a fever and decide you needed to get checked out. Who would you call or where do you go?**
    a. Probe if participants have but are not going to PCP: Why go there [*e.g. ER, urgent care]* rather than call your primary care provider?
        i. Probe: Is cost ever a deciding factor to where you go?
    b. Probe if participants do call PCP: What would that process be like, do you imagine?
        i. Probe: Would you feel comfortable calling and explaining what was going on? Would they be able to get you in quickly or is there typically a wait?

5. **Imagine you had to find a new primary care provider. What are some things that are important to you when you think about who you would want to see?**
    a. Probe: Is it important that your provider is around the same age as you, same gender identity, similar family background, for example?
    b. Probe: Is there anything you do not want in a provider?

6. **Now think about a primary care practice or clinic. What is important to you when you think about choosing where you are going to get your primary care services?**
    a. Probe: Besides your annual physical, are there particular services or offerings you would want the practice to have?
        i. Let's think about it another way. Do you go to other healthcare settings for services that you wish you could get at your primary care office?

[4] World Health Organization. Primary Care. https://www.who.int/teams/integrated-health-services/clinical-services-and-systems/primary-care

b. Probe: Is there anything you do not want in a practice?

7. **I would like to learn a little about you and your experiences with accessing healthcare services. Would you say you are more of a "call the doctor at the first sign of illness" person or a "I'll hold off until I absolutely need it – or someone makes me" person?**
    a. Tell me more about that. Where do you think that comes from? Is it your constitution as a person or your past experiences with the healthcare system?

8. **Is there have anything else you would like to add that we haven't talked about?**

Conclusion

(5 min)

Thank you all so much for your time today. You have all shared such helpful experiences and insights.