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BACKGROUND

- High quality primary care is important for promoting optimal child health. From birth to five years of age, a child should be seen by a primary care provider about fourteen times for health maintenance.
- An optimal relationship between a caregiver and a pediatric provider is based in communication. The quality of parent-provider communication may vary by race, poverty, and/or education, which may be associated with inequitable health outcomes.
- The Institute of Medicine’s vision of 21st century care emphasizes patient-centered care and equitable care (Nieman 2014).
- There are studies looking at parent perception of care, but many focus on subspecialty care or on patients with certain insurance type.
- The purpose of this study was to describe parents’ perceptions of care quality for pediatric primary care in a nationally representative sample.



METHODS

- National Survey of Children’s Health (NSCH) database was used to examine perceived quality of care (PQC) and if the child has a personal doctor or nurse.
- Sample: Children 0 to 5 years old (n=12,141)
- We created a composite score measuring parental perception of whether the provider spent enough time, listened carefully, showed sensitivity, provided specific information, and made them feel like a partner.
- Scores ranged from 5-20 with 20 being the highest quality.
- Composite score satisfaction level was classified into 2 categories: 5 to 14 (low) and 15 to 20 (high)
- Multivariate logistic regression analysis was used to examine the association between the 2 composite score levels and education, poverty level, child having a personal MD/DO or RN, and by racial/ethnicity group.

RESULTS

Table 1. Descriptive Analysis

Variable	N (%) (n = 12,141)
Race/Ethnicity	
White NH	8,019 (66.1)
Black NH	724 (6.0)
Hispanic	1,674 (13.8)
Asian NH	637 (5.3)
Two or more race NH	979 (8.1)
Other NH	108 (0.9)
Family Poverty Ratio (FPL)	
≤ 100	1,559 (12.8)
101-200	2,020 (16.6)
201-300	1,926 (15.9)
> 300	6,636 (54.7)
Adult 1 - Highest Completed Year of School	
<12th grade/No diploma	376 (3.1)
High school or GED	1,332 (11.0)
Some college: Associate/Vocational	3,223 (26.6)
College: Bachelors/Masters/Doctorate	7,210 (59.4)
Personal Doctor or Nurse - One or More (Yes)	9,285 (76.9)
How Often - Spend Enough Time	
Always	7,592 (69.3)
Usually	2,634 (24.0)
Sometime	593 (5.4)
Never	138 (1.3)
How Often - Listen Carefully	
Always	8,518 (77.8)
Usually	2,047 (18.7)
Sometime	340 (3.1)
Never	46 (0.4)
How Often - Show Sensitivity	
Always	8,706 (79.5)
Usually	1,797 (16.4)
Sometime	348 (3.2)
Never	96 (0.9)
How Often - Provide Specific Information	
Always	8,589 (78.6)
Usually	1,944 (17.8)
Sometime	329 (3.0)
Never	73 (0.7)
How Often - Feel Like a Partner	
Always	8,705 (79.5)
Usually	1,817 (16.6)
Sometime	356 (3.3)
Never	76 (0.7)
Composite score satisfaction level	
5 - 14	2,111 (19.4)
15 - 20	8,783 (80.6)

Table 2. Results of Factors Associated with Composite Score Level of Satisfaction: Multivariate Logistic Regression Analysis

Covariates	Odds Ratio	95% CI		P
Race/Ethnicity				
White NH		Reference		
Black NH	0.86	0.70	1.06	0.155
Hispanic	0.70	0.61	0.81	<.0001
Asian NH	0.66	0.54	0.81	<.0001
Two or more races NH	0.79	0.66	0.94	0.007
Other NH	0.56	0.36	0.88	0.012
Education				
<12th grade ***		Reference		
HS or GED	1.12	0.82	1.54	0.477
Some/Associate/Vocational	1.08	0.80	1.46	0.596
Bachelors/Masters/Doctorate	0.97	0.72	1.31	0.860
% U.S. Federal Poverty Level				
≤ 100		Reference		
101-200	1.09	0.92	1.30	0.326
201-300	1.12	0.93	1.34	0.233
> 300	1.40	1.19	1.66	<.0001
Personal MD/DO or RN				
No		Reference		
Yes	1.52	1.36	1.70	<.0001

*CI: confidence interval; P = p-value of Wald Chi-Square test.

CONCLUSIONS

- Overall, the majority of parents reported a positive health care visit experience.
- There are significant differences in the perceived quality of care based upon race/ethnicity, poverty ratio and children having a personal MD/DO or RN.
- The odds of high satisfaction are lower for each race but did not reach statistical significance among Black parents.
- Further investigation is warranted to understand the specific reasons within each group for differences in perceived quality of care.
- Targeting care quality factors for specific groups can reduce inequity in health outcomes for young children and foster trust and positive relationships between parents and their primary care provider.

STRENGTHS/LIMITATIONS

Strengths

- Nationally representative sample from well-validated survey

Limitations

- Retrospective study
- Scoring for the PQC was created for this study, although the variables included are from validated questionnaires

REFERENCES

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The authors have no conflicts to report.