OBJECTIVE:
The Rural Patient Experience Survey seeks to identify barriers to healthcare faced by patients in rural Oklahoma. Through the administration of a survey directly to patients, this study will analyze the current status of healthcare access, availability, and usage among rural Oklahoma populations. Results can be used to implement effective improvements in healthcare access tailored to specific patient-identified barriers.

METHODS:
Surveys will be distributed to individuals residing in rural communities and Health Professional Shortage Areas in the state of Oklahoma. The study involves patients of healthcare facilities in partnerships with Oklahoma State University’s Center for Health System Innovation, and the facilities that agree to participate in the study will allow access to their patient panel. Patients residing in rural zip codes will be pooled into a randomly sampled population for survey distribution. Two-thirds (67%) of qualifying patients from each patient panel will be randomly selected to receive a survey in order to achieve a sample of adequate size.

Responses will be analyzed using summary statistics, descriptive statistics, and significance testing.

RESULTS & CONCLUSIONS:
The development of the survey is being conducted and results are pending the distribution of the survey.

Abstract

Very few studies have been conducted to identify barriers to healthcare access among patients residing in rural and medically underserved areas of Oklahoma. Furthermore, no studies have been conducted to analyze healthcare access from the perspectives of the rural populations themselves. Gathering information directly from residents of rural Oklahoma will provide a specific understanding of the exact obstacles to healthcare they experience, which will then aid in forming precise efforts to resolve rural healthcare disparities. With Oklahoma currently the second highest state in percentage of uninsured individuals, second highest in heart disease, and third highest in diabetes (National Center for Health Statistics 2017), it is imperative that this research be conducted to identify areas of needed improvement.

Methods

This project will utilize a descriptive approach to the research conducted by building a survey. Surveys will be administered to patients sourced from healthcare facilities in partnership with Oklahoma State University’s Center for Health System Innovation across HPSAs (as defined by the Health Resources & Services Administration – HRSA) classified communities in Oklahoma.

Recruitment Methods

A list of potential medical clinics in existing partnership with OSU-Center for Health Systems Innovation (CHSI) will be contacted for participation in the study. Participating clinics will provide a list of patient names and corresponding contact information.

Any patient information provided by the physician/clinic will be stored in an excel spreadsheet on OSU-CHSI’s password protected online storage. Two-thirds (67%) of qualifying patients from each physician panel obtained will be randomly selected and contacted to participate in the survey.

Inclusion and Exclusion Criteria

- Participants must be a current or former patient at a participating clinic
- Participants must reside in rural areas of Oklahoma as defined by the US Census Bureau
- Participants must be 18 years or older
- Adults unable to consent will be excluded from the study
- Healthcare facilities (in current partnership with OSU-CHSI) will be contacted until 15 clinics agree to participate

Survey Distribution

Surveys will be distributed to patients in various formats:
- Email
- Text message
- Patient portal message
- Postal mail

Surveys will be available in both English and Spanish. Correspondence will include a brief description of the survey, instructions for accessing the survey, and a link to the survey or an attached paper survey.

The Survey

The online survey will take approximately 10-20 minutes to complete. Once the survey is completed it will be immediately sent electronically to survey collection software. To minimize risk, access to the survey results will only be provided to members of the research team. Each clinic will be identified by an anonymous clinical ID marker rather than a name. Collected data will be analyzed by a data analysis software.

Methods (Cont’d)

What defines a rural patient?

The Rural Patient Experience Survey aims to paint a clear picture of rural patients in Oklahoma by administering survey questions that target three distinct domains: demographics, access, and health status.

Demographics

- Zip Code/City
- Age
- Sex
- Education Level
- Ethnicity
- Relationship Status
- Employment Status/Occupation
- Income

Access

- Primary care provider access
- Dental/Vision care access
- Specialist access
- Access to medication
- Geographical barriers
- Financial barriers
- Social barriers
- Unmet healthcare needs

Health Status

- Chronic conditions
- Health Insurance
- Emergency room visits
- Overnight hospital stays
- Dietary habits
- Exercise habits
- Satisfaction with healthcare quality
- Satisfaction with healthcare access

Results and Findings

Further development of the survey. Institutional Review Board approval, and solidification of 15 participating healthcare facilities are all currently being conducted and serve as the first steps in the distribution of the survey.

Initial survey development and preliminary testing has shown the survey to be of a manageable length and fully functional in a variety of formats (email, text message, etc.). Preliminary survey results are currently pending survey distribution.

Conclusion

As current knowledge of the contributing role of rural healthcare barriers is lacking, this study seeks to gather data that identifies existing barriers and the extent to which these affect the health of rural Oklahoma. Furthermore, the Rural Patient Experience Survey aims to gain a unique understanding of rural healthcare access not provided in earlier research by seeking opinions and insight from rural patients directly. Data will identify exact obstacles to healthcare and the relative severity of each barrier, as experienced by patients themselves. The data collected will also serve to make comparisons between various ages, occupational industries, ethnicities, and socioeconomic classes within this rural population to construct the most comprehensive analysis of healthcare access in Oklahoma. All information gathered will enhance efforts to precisely eliminate healthcare inadequacy.