**Patient Satisfaction of an Integrated Care Model in a Family Medicine Residency & FQHC**

*Aubry N. Koehler, PhD, LMFT1* aubry.koehler@wakehealth.edu

*Julienne K. Kirk, PharmD1*

jkirk@wakehealth.edu

 *Gail S. Marion, PA, PhD1*

gmarion@wakehealth.edu

*Edward Ip, PhD2*

eip@wakehealth.edu

 *Stephen W. Davis, MA1*

sdavis@wakehealth.edu

*1*Wake Forest School of Medicine, Family & Community Medicine, Winston-Salem, NC

2Wake Forest School of Medicine, Biostatistics & Data Science, Winston-Salem, NC

**Background:** In 2015, we implemented an integrated care model in a family medicine clinic and an affiliated Federally Qualified Health Center (FQHC). This model utilizes warm-handoffs from medical providers (residents, attending physicians, and advanced practice practitioners) to behavioral health providers (BHPs), brief BH intervention at the point of primary care, and short-term BH follow-ups. We have elicited patient feedback as a means of evaluating and improving our integrated care program. Our hypotheses were as follows: (a) patients’ self-report of physical health will show a direct correlation with satisfaction level, and (b) patients’ self-report of emotional/mental health will be correlated with satisfaction level.

**Methods:** Using a combined site sample (N=305), we implemented a patient cohort model utilizing a satisfaction survey of integrated care experience in two primary care clinics. We used a validated measure, the Agency for Healthcare Research and Quality’s Consumer Assessment of Health Care Providers and Systems (CAHPS®), Home and Community Based Services version. The CAHPS® survey consists of 12 questions designed to measure patients’ healthcare experience of the clinic practice as a whole over the past 6 months. We added 6 additional questions to measure interactions with an integrated care team.

**Analysis:** We assessed bivariate relationships between self-reported physical health (CAHPS® Question 7) or self-reported emotional/mental health (Q8) and satisfaction with clinic and integration (Q10-15). We also utilized multiple regression to evaluate this relationship. We controlled for the covariates of age, race, and clinic site. Our analysis show a statistically significant correlation between physical health and Q11 (“You learned more about which professionals were involved in your care”) (p = 0.03) and Q13 (“You had to explain your medical history less often to your health professionals”) (p < 0.01). This relationship was present when confounding variables were controlled (p = 0.02 for Q11 and p < 0.01 for Q13).

**Implications**: The correlation between physical health and patient satisfaction suggests integrated care has utility for patients with multiple and/or severe physical conditions. Lack of correlation between emotional/mental health and patient satisfaction suggests a need for further investigation of patients’ experience with regard to emotional/mental health issues and integrated care treatment. The majority of patients expressed high levels of satisfaction with integrated care.