California's Community Clinics and Health Centers

The Online Conversation

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California's Community Clinics and Health Centers: The Online Conversation
EXECUTIVE SUMMARY

THIS REPORT EXPLORES IN DETAIL the online conversation about people's perceptions of and experiences with California's community clinics and health centers (hereafter referred to as "community clinics"). The goal is to help clinics understand how patients see them, how patients define a good clinic experience and how social media and the online discussion can shape public perceptions. As more people are insured under the Affordable Care Act, more of those people will turn to the Internet to find and evaluate resources for care. What will they find, and how will community clinics fare in that new marketplace?

In this research we examined about 1,250 comments about California's community clinics—2/3 from clinics themselves, the rest from users. Experts estimate that for every person who comments online, four more are reading—as a result even a modest number of comments has large potential impact. As more and more people go online to seek out healthcare resources, reviews and discussions, the internet will become increasingly important in driving the behavior and expectations of healthcare consumers.

In-depth analysis of user comments showed that positive comments outweighed negative by 2:1. There were three major themes in both the negative and the positive comments:

- *Respect. Did people listen to me, answer my questions, treat me warmly and professionally, treat me differently because I have a lower income?* This was the most common theme in people's assessment of a clinic, and surfaced in fully half of all user comments.

- *The clinic experience.* In particular, commenters evaluated:
  - *Cost*
  - *Quality of care*
  - *Wait times and appointments*
  - *Atmosphere, environment and amenities*

Clinics currently get a pass for some deficiencies in these areas because their clients see it as an acceptable tradeoff for free or low-cost care. But in a more competitive environment clinics that address the sore points (especially lack of respect and long wait times) will have a significant advantage.

- *Helping the community.* Some clinics were seen as particularly good community partners and were praised for that commitment.

These findings suggest insights that can help to inform clinics about what they are doing well, what they might improve, and how they can begin to position themselves for the roll-out of

healthcare reform. The full report details several implications for clinics, summarized below:

- *Every interaction matters.* When people feel disrespected, they criticize multiple elements of their experience—from the front office staff to the waiting room to the physician's attitude. But when they feel respected and well cared-for, they can become supporters, repeat patients and sometimes even passionate advocates. The key is to treat patients with respect from the minute they enter the door.

- *Meet or exceed expectations.* To attract patients and spark positive online ratings and reviews, it is essential to understand what patient expectations are and when and how they differ from their expectations of other types of healthcare facilities.

- *Community partnerships count.* Clinics that are perceived as particularly good community partners generate some of the most heartfelt positive comments.

- *Build online marketing capacity.* This new set of skills will include clinics knowing where users are posting (Yelp, Yahoo, on mobile devices) and being comfortable encouraging honest user feedback.

There are risks and opportunities that will accompany the higher expectations clinics are likely to face when millions more people have insurance and have more healthcare options. The bar will be set higher. But these findings demonstrate that continuing to look deeply at the online conversation about clinics can provide a window into how clinics are perceived and what they can do better to meet the challenges and take advantage of the opportunities that lie ahead.

Those clinics that generate the most positive feedback do so because they over-perform in two areas: creating a respectful patient experience in every interaction, and playing an active and positive role in the larger community. These are likely to continue to be areas of opportunity where community clinics will be able to compete.

I NCREASINGLY, PEOPLE FROM ALL WALKS OF LIFE are turning to the Internet and social media to share their personal and professional experiences and to learn the good, bad and ugly about companies, products and services. At the same time companies and other organizations are turning to social media to promote their services or brand, provide information and in some cases drum up political support. The above is certainly true in the case of community clinics and health centers across California. Patients and community members use social media to post comments, advice and inquiries about clinics throughout the state. And clinics are increasingly using social media to promote healthy habits, clinic and community events, new doctors and services and sometimes political causes.

This report explores what is revealed about California's community clinics and health centers (hereafter referred to as "community clinics") online. We ask:

- Why does the online conversation matter?

- What themes emerge from a broad look at the online conversation about community clinics?

- Are there differences in how people view urban and rural clinics?

- What can this report tell community clinics about how they are perceived and what benefits and risks social media holds for them now and in the future?

The goal is to help clinics understand how patients see them, how patients define a good clinic experience and how social media and the online discussion can shape public perceptions. This insight will be especially important as more people are insured under the Patient Protection and Affordable Care Act (the national health care reform law). When millions more people have health insurance and more healthcare options, many will turn to the internet to find and evaluate resources for care. What will they find, and how will community clinics fare in that new marketplace?

This report is an initial examination of an area which will become increasingly important in the years to come.

Why the online conversation matters

Unlike in a survey with a representative sample, we do not know much about the individuals posting the comments detailed in this report. Comments cannot be sorted by demographics like income, age, or other traditional factors. We do not know how diverse the posters are as a group. But there are some things we can safely assume about clinic users who posted comments. We can assume that many of them fall in the lower income brackets, and that some come from racially diverse communities, as some of the clinics they discuss serve Native American, Hispanic, Filipino or LGBT (lesbian, gay, bisexual, transgender) communities. Many of the comments were well-written by individuals who seem comfortable expressing themselves in writing, indicating that this is a literate group with at least some formal education. We know they have access to the Internet either on a computer or a mobile device and that they are

using, or thinking about using, free or low cost clinics. And we know that their experience was important enough to them to take the time to post online.

The potential reach of online posts about community clinics is impressive. Looking for information on health and healthcare is the third most frequent commonly reported online activity, after only email and using a search engine. About 80% of all Internet users under 65 look for health information online, and the numbers for those over 65 are only slightly lower.[1] For more information on rates of internet use, see Appendix A.

However, it is important to note that while most people online in all age groups are using the Internet to look for health information, only about one-third (32%) actually use the Internet to rate products, services, or other things.[2]

This means that many more people are checking ratings and opinions than are actually providing them, which amplifies the importance of these comments far beyond what the individual posters think or experience. Open and unrestricted forums like Yelp and Yahoo have particular currency with the public; recent research has shown that people are far more likely to trust the opinions of others that they see as "like themselves" than those of companies or official organizations who may or may not have their best interests at heart.

When people are looking for healthcare providers, many will search online and will hit on some of the same comments we did, providing them with a strong impression about the kind of care they are likely to receive and a sense of how they are likely to be treated. Clinics would do well to pay attention to what is being said about them and other similar clinics online. As more people are insured under national health care reform, they will have the opportunity to be more selective about where they go for healthcare. In this new environment, compliments, critiques and discussions online have the potential to become increasingly relevant and drive patients' behavior and expectations.

More information on how the research was conducted can be found in Appendix B.

Where people comment

Dozens of sites have been established to function specifically as health consumer resources, most with well-populated clinic and doctor information and built-in rating and commenting systems. However, almost no consumer ratings or reviews appeared on these sites. (See for example: health-centers.findthebest.com; www.healthcare.com; www.healthgrades.com.) "If you build it, they will come" does not seem to be an effective strategy for attracting comments and reviews on healthcare providers. Instead, the majority of comments from actual users of clinics appeared on Yelp and Local Yahoo, which are the most popular online platforms for consumer ratings in general. Facebook and Twitter also provided many hundreds of comments, but (as discussed in more detail below) for the most part these were promotional comments written by clinic staff or volunteers.

What kind of comments people make

Of the about 1250 comments analyzed in depth after weeding out less relevant material, more than 2/3 (68%) were promotional comments from clinics themselves. Many of these promotional comments announced some healthcare service (flu shots, check-ups, immunizations, testing for sexually transmitted diseases, screenings) or offered general healthcare advice (wash your hands, don't text and drive). Others focused on community events the clinic either sponsored or participated in.

Cloud generated from comments describing the overall community clinic experience. For an interactive version of this cloud, visit http://www.viewpointlearning.com/bscf-wordclouds.

The "word clouds" used to illustrate this report were created using SayZu software. They were generated by inputting the text from selected comments from the dataset used in this report. The size of the word is proportional to the frequency with which it occurred in the text sample. For more on how the word clouds were generated, see Appendix B.

The remaining comments were user or patient-generated. Each user comment was classified according to its primary focus (some comments fit into more than one category).[3] Of those comments:

- **60%** expressed general support for a clinic or a good experience with a doctor and/or customer service;

- **26%** were complaints about poor customer service, a negative experience with of a doctor or more general dissatisfaction with a clinic;

- **10%** were primarily political in nature, including comments on abortion rights, welfare, and state budget issues;

- **12%** focused primarily on scheduling and wait times;

- **12%** were inquiries about specific services offered (e.g. where can I get seen for a sinus infection, is flu vaccine available, etc);

- **11%** focused primarily on cost.

Most of this report focuses on a more detailed analysis of these user comments.

User comments: Major themes

Most of the comments and reviews from clinic users revolved around people's personal experiences, and people often described these experiences in great detail. This provided context to their statements about whether or not they would recommend a given clinic—not only did they give an up-or-down recommendation, they also gave a lot of information about how and why they reached that conclusion.

Consumer feedback on online sites can frequently be negative, and we initially anticipated that negative comments would outweigh positive. However, this proved not to be the case. Positive comments (those describing experiences with good customer service, a good doctor and/or

Cloud generated from all comments describing good service at a community clinic. For an interactive version of this cloud, visit http://www.viewpointlearning.com/bscf-wordclouds.

general support for a clinic) outweighed negative (describing experiences with poor customer service, a bad experience with a doctor or general dislike of a clinic) by more than a 2:1 margin. In some cases, a negative comment sometimes seemed to have a galvanizing effect on fans of a clinic or doctor, and would be followed by several positive comments in which other people described how their own experience differed.

As clinics consider how much feedback to invite and make public, this is a salient point to consider. It does not appear that encouraging honest feedback will automatically open the floodgates to a torrent of negative comments: negative comments will appear, but it seems likely that they will be put in context by other responses. Given the patterns we observed, it would appear that the potential benefits of encouraging more user feedback outweigh the risks. Most clinics have more to gain from learning how they can improve services for their patients than they have to lose from unwarranted or un-contextualized negative reviews.

Commenters across the board seemed to share quite consistent ideas about what made a given clinic good or bad. We did not observe that comments that were positive overall focused on one set of issues while those that were negative overall focused on a different set of issues. Instead, most reviewers were focused on the same set of issues and rated clinics according to how well they performed.

Those issues broke down into three major themes.

- *Respect* (mentioned in 51% of all user comments)
- *The clinic experience*
    - *Cost* (mentioned in 33% of all user comments)
    - *Quality of care* (mentioned in 32%)
    - *Wait times and appointments* (mentioned in 29%)
    - *Atmosphere, environment and amenities* (mentioned in 16%)
- *Helping the community* (mentioned in 16%)

These are discussed in more detail in the pages that follow. Representative quotations (both in the sidebars and in the body of the text) have been taken from the set of about 400 user comments, and have been lightly edited for clarity.

RESPECT. This was the most common theme in people's assessment of a clinic, raised in fully half of all patient comments either directly or indirectly. Many of the key criteria by which

people evaluated clinics—did people care about me, answer my questions, treat me professionally, try to understand me—were, at their core, questions of respect.

Some of the most common ways this surfaced:

- *Did doctors or staff look down on me or treat me as "less than"?*
  Many commenters seemed acutely aware that they might face stigma or disrespect because of their identity and/or circumstances, including:
    - Being low income, unemployed, and/or uninsured;
    - Belonging to a marginalized group (for example racial minority, LGBT, disabled, immigrant, limited English proficiency);
    - Being young;
    - Having to bring young children along to an appointment;
    - Wanting to be tested for STDs;
    - Needing to use a community clinic (e.g. because of travel, being unable to get an appointment with their regular provider, or needing a service that was not covered by their insurance).

Some of the strongest reactions to clinics—both positive and negative—revolved around whether people felt attacked or supported around these issues. Many people walked in prepared by hard experience to encounter stigma, and they were especially surprised and grateful when this proved not to be the case.

- *Was the staff friendly and welcoming?*
  The attitude and competence of the people staffing the front desk/reception was hugely important—in fact those interactions often seemed to set the tone for the entire experience. Positive comments described staff who were helpful, friendly and professional; many negative comments featured abrupt or rude front office staff. Users also noted whether staff seemed on top of things like following up

USER COMMENTS | **RESPECT**

GOD BLESS all of you at [clinic]. You've been so very helpful—never judge us or make us feel less-than. I can't begin to tell you how comfortable that feels. I'm so glad to hear that you're still here in our hood where we NEED you. Thank you so very-very much for the wonderful care that you have given many of us that otherwise wouldn't have seeked care for fear of being mistreated and judged.

....

Because of my limited income, I have had to use [clinic], and have nothing but praise for each person I have encountered. They are efficient, professional, and show no disregard for my poverty level. Each person is treated the same, regardless of race. If I ever win the lottery these staff members will surely be at the top of my list to be rewarded for a job well done. They are overworked and probably underpaid, and I hope someday our system rewards them for what they do to make my medical needs less anxious.

....

Your service leaves a lot to be desired, your doctors are always in a terrible hurry and just really do not want to take the time to listen to their patients (if this is what you wish to call us, we are treated more like animals, shuffled in and out in a big hurry), no attention is paid to complaints so needless to say wants are totally ignored.... Is this because we are Medi-Cal patients (some of us) and the state doesn't pay that much for our care so we are treated like second class citizens and just left alone to die? Whatever the case may be I would never advise anyone to come to you if they had any other choice.

I am not saying talk half the day with one patient but surely you could be a little more concerned with what's going on with a human being .... just because we are "LOW INCOME" doesn't mean we don't deserve the best care available...RIGHT?

[Doctors had] bad communication and always in a hurry to get away from us ...being poor is not contagious!!!

....

I have a CHOICE alright. And that is to NEVER go here again. The receptionists were so RUDE that I left. She wouldn't listen to what I was saying and kept cutting my sentences off.

....

The most fantastic people in the city run this clinic. They are so friendly and so helpful. From the receptionist right through to the doctors they're just awesome. I wish that the other dr's offices/clinics in this God-forsaken city would be 1/2 as caring and/or helpful.

....

[Clinic] does an ok job. but they certainly have poor customer service. It is always the same you're treated like a number and

(continued)

with no smiles of course. Staff is like a bunch of grumpy people that never smile. I rarely run into any doctors that are "nice" and sympathetic there. [The director] needs to talk to his staff about treating people with respect and that it wouldn't hurt to smile once in a while.

....

[Doctor] is great! He really took the time to talk to me, and actually listened to what I had to say. We talked about the things going on, and he suggested the tests I needed, and worked with me on which ones were most important since I do not have health insurance.

....

All would have been fine if [doctor] had not hung up on my husband the next day. We had called with a request/question regarding the antibiotic he prescribed. He got mad at my husband for asking questions and then hung up before we could understand what we were supposed to do. Definitely needs to work on his bedside and phone manners.

....

with lab work or requests for medical records, helping deal with insurance, answering phones and returning calls.

Interestingly, several commenters seemed fairly forgiving of situations where a doctor was brusque when the office staff was friendly. The opposite case was less frequently observed—it would seem that for many a friendly doctor did not make up for a rude front office. This may be because most commenters spent far more time in the presence of front office staff than providers. It is also possible that status issues come into play here: people may be more willing to accept being brushed off by a doctor than an assistant.

▪ *Was I listened to?* This was the most common theme when it came to evaluation of doctors and other providers. People spoke especially warmly about providers who were responsive to a patient's specific situation—for example, who prescribed less expensive medication or offered a choice of treatments or therapies. But commenters strongly objected when they encountered what one described as "factory production line" care—for example impersonal treatment, or providers bursting in and rushing away.

▪ *Did they answer my questions?* On a related point, people appreciated providers who took time to answer their questions. Several angrily described experiences where a doctor brushed off questions or concerns, or treated a patient as if he or she could not understand.

▪ *Was I treated as a person, or "like a number"?* While people described clinics that were crowded and even chaotic, most did not complain about crowding per se. Instead, they based their judgment on how they as individuals were treated in the midst of it. Many positive reviews noted that staff were friendly and welcoming. Some remarked on a human touch redeeming what might otherwise have been an alienating experience—a friendly receptionist, a kind word to a child, compassion for a patient in pain or distress. These moments helped commenters feel they were being seen and treated as individuals. Negative reviews described

Cloud generated from all comments describing poor service at a community clinic. For an interactive version of this cloud, visit http://www.viewpointlearning.com/bscf-wordclouds.

being treated "as a number" or "like animals" with no one willing to engage on a personal level, answer questions or listen to patients' concerns.

The idea of respect surfaced in one way or another in fully half the comments. It was at the heart of how people defined good care and a quality clinic experience.

EXPERIENCES AND EXPECTATIONS. Another major theme in comments was the experience of using the clinic itself. Commenters reflected on the cost of a visit, quality of care, appointments and wait time, and the whether the facility and environment were pleasant.

- *Cost.* About 1/3 of user comments mentioned cost. The clinics described in the comments had a wide variety of payment structures. Some charged patients on a sliding scale according to income, some took insurance or Medi-Cal, some charged a flat fee, while others simply asked patients to pay whatever they felt they could afford. Whatever the payment policy, many commenters indicated that the low cost was a big part of what drew them to that clinic, and most were extremely grateful that this care was available. Several posters reported making a donation when receiving free care and encouraged others to do the same. Several others expressed heartfelt appreciation for doctors and staff who worked long hours for low pay, or who donated their time.

  Most felt that the care they received was more than worth what they paid, and many were acutely aware that without the clinic they would have no access to healthcare beyond the emergency room. With the stakes so high, there was widespread sense that amenities like fresh paint and fancy waiting rooms were luxuries they were quite willing to do without.

  There were very few negative comments about cost (positive references outnumbered negative by about 7:1). Most negative comments revolved around the idea that (as several commenters put it) "You get what you pay for." These commenters linked their negative experience to the fact that their care was free/low cost—a free service, they argued, was bound to be low quality.

  A handful of angry comments accused clinics of gouging or finding ways of overcharging

Cloud generated from all comments discussing cost of visiting a community clinic. For an interactive version of this cloud, visit http://www.viewpointlearning.com/bscf-wordclouds.

patients: most of these comments seemed to be in response to situations where patients faced unexpected charges that they couldn't afford. A few others related to disputes over insurance and billing practices. Instead of serving the community, these posters felt, the clinics were out to exploit people in need and make a quick buck.

However, negative comments about cost were on the whole quite rare—far more people expressed surprise and gratitude that they were able to find professional and compassionate care even if they were poor and/or uninsured.

▪ *Quality of care.* About 1/3 of user comments mentioned the quality of care. People's expectations about quality of care were the same as can be found in almost any medical setting. They accepted that the trappings of the encounter might be less pleasant, but they were completely clear that they expected the quality of care would be equal to that found in a higher-priced facility.

Doctors and the clinical encounter: People expected to see a provider who was caring and medically competent. By and large, people approaching these clinics (especially those seeking reproductive healthcare) did not express the expectation of having a personal relationship with a doctor. For many, getting "high-quality care" did not necessarily entail seeing the same doctor every time. At the same time, those who had established such a relationship prized it highly.

Good quality care did not require seeing someone with a medical degree: most commenters were willing to be seen by Nurse Practitioners, Physicians' Assistants or other paraprofessionals for many services, provided that the care provided was compassionate and appropriate.

USER COMMENTS | **QUALITY OF CARE**

He's my favorite doctor in town. His staff makes you feel real welcome and special […] They always help me feel better. They always help me, it seems like they really do care! I never see any other doctors.

....

They have a certified nurse practitioner there that was excellent. My mom has always sworn by nurse practitioners, but now I understand what she meant. She was attentive, calming, and everything you could want in an OB-GYN.

....

I was not allowed to see a doctor, who is there part time and accepting no new patients. The pleasant PA that I did see was clueless, absolutely not concerned with my condition, and seemed to know less than I did medically.

....

[Doctor] is indeed a very open and responsive and intelligent physician. I have been particularly impressed by her ability to work with my special needs adult son, who is virtually nonverbal and very easily made anxious. He loves [her], and she does not condescend to him. She has worked with our whole family, respecting our preference for natural and alternative modalities where those are possible. She radiates compassion and intelligence and is extremely open to questions.

....

Did they do their best to address the problem? People sought care for a wide range of reasons—urgent care (for a cough, infection or injury), checkups or immunizations, or reproductive healthcare, to name only a few. Some of these problems were clearly easier to address than others, but as in any clinical encounter, getting appropriate treatment was key.

Did they treat me as a whole person or as a single symptom? Once again, this links back to the question of respect. Posters approved of clinics that treated a patient like a whole person rather than a symptom or problem, and they noted where providers took a full history, asked questions and addressed other issues besides the most urgent one.

Cloud generated from comments describing positive interactions with a doctor or provider. For an interactive version of this cloud, visit http://www.viewpointlearning.com/bscf-wordclouds.

There did appear to be patterns in how positively posters viewed the quality of care they received. Comments indicated an especially high level of satisfaction with care at reproductive health clinics—understandable given that these serve a younger and healthier population, many of whom are seeking preventive services rather than treatment for acute problems.

At the other end of the satisfaction scale were comments around dental health clinics. Not only did people frequently report negative clinical experiences, they were more likely to report poor outcomes (like inadequate treatment that did not fix the problem, or serious complications). We cannot draw firm conclusions from our data about what lies behind this pattern, though it is possible that people seeking low-cost dental care were in more serious trouble from the outset (several reported being in serious pain when they walked in) and so were more difficult to treat. In 2008, 39% of adult Californians lacked dental coverage,[4] and subsequent cuts to Medi-Cal dental benefits have reduced access even further. It is quite possible that commenters' experiences reflect the impact of the state's shortage of free and low-cost dental care.

▪ *Appointments and waiting.* About 3 in 10 comments mentioned waiting and/or appointments, and many people complained about long waits and missed appointments in otherwise positive reviews. Commenters were mostly quite aware of the pressures facing busy clinics—with so many people needing care, most expected that they would need to wait to be seen. This was irritating to many, especially when waits stretched beyond an hour or two, but most treated it as a necessary evil of low cost care.

Appointments. The difficulty of making appointments was a constant frustration. Many reported phoning to make an appointment only to learn that nothing was available for weeks—and many others said they had trouble getting through on the

USER COMMENTS | **APPOINTMENTS AND WAITING**

I have seen patients yell at the employees for slow service, but those patients are also receiving FREE services. You can't beat that. Expect to wait, bring a book, and leave your significant other at home because they'll be bored out of their mind…. Expect to wait up to 3 hours on very busy days. It just happens.

....

Would love to write a review about this medical clinic if only I could make an appointment. So far it's been 2-3 days since I called them and the half asleep girl who took my information was supposed to call me back with an ID number so that I can then make an appointment. No word from her so I called again today. Same girl; no recollection of my information or our conversation last week, can't find my information and within the same conversation I had to repeat my name, spell it 3 times and then sit on hold. If it's this hard to even make an appointment, I'd rather not find out what it's like to be in their care when I am really ill. I'll pass.

....

Although I have never been a patient at [clinic] myself, I did accompany my friend several times to her appointments. The wait time (even with an appointment) tends to be extremely long (no wonder why she wanted someone to go with her), but the doctors and staff are always sooo friendly and nice.

....

I went here one time and one time only. I waited forever and when I was finally seen, the woman was rude. I had to wait for her to check her email and myspace while I sat there. I wouldn't recommend this place to anyone.

....

It's a total cattle call and the wait is horrendous. The staff can be pretty short with people. The waiting room is full of unpoliced screeching brats [….] But this is not the kind of place you come for five star service. On the food chain, [clinic] is less like a gourmet dinner and more like an MRE in an earthquake preparedness kit.

....

The key to avoid annoyance is to get the earliest appointment, the moment they open and show up 5 minutes before they open. Finish the paper work fast, then you are in.

....

phone at all, or found when they did that the clinic was closed to new patients. Even more frustrating was having an appointment, only to wait hours past the scheduled time.

Waiting. Most people were fairly pragmatic when it came to waiting. They were pleased when the wait was short, but mostly resigned when the wait was long. Strongly negative comments about waiting were often accompanied by complaints about being misinformed (or not told at all) about how long the wait would be and/or a rude or disorganized office staff.

Waits were so routine and expected that several comment threads included discussion about strategies for getting in and out of a given clinic quickly (go on a Tuesday, show up at specific times [e.g. before the clinic opens, mid-morning], make an appointment, don't bother with an appointment, etc.).

▪ *Atmosphere/environment.* About 15% of user comments specifically mentioned the atmosphere and environment of a clinic.

The neighborhood and the clientele. Several comments reflected assumptions and prejudices about who uses community clinics: there were references to "bums," "trashies" or "the STD-ridden." Some were clearly a bit anxious about the literal or metaphorical contagion of associating with a disreputable clientele.

In one or two extreme cases a comment included racist or anti-immigrant sentiments. These comments reflected the assumption that clinics provide second-rate service. Such a place might be good enough for a poor, non-white or immigrant clientele, commenters implied, but they themselves deserved something better, and the clinic was to blame for not recognizing this. But many professed to be pleasantly surprised, saying that the clinic had surpassed their expectations and that they could recommend the clinic to others.

Atmosphere and cleanliness. Most commenters did not expect luxury. They commented positively when a place was clean and inviting; sometimes they noted that a clinic seemed run down, but this was not usually a major strike if the commenter's overall experience was good. Strongly negative comments about a clinic's cleanliness or amenities almost always came in the context of a broader complaint (e.g. the receptionist was rude, AND it was dirty).

Convenience. This was more commonly mentioned in urban clinics. Some urban residents noted that they especially liked a clinic because it was in their neighborhood, convenient to home or work. Several reviews noted whether parking is safe or convenient (free parking, when available, was much appreciated). Comments about clinics in more suburban or rural areas did not especially highlight convenience—possibly because the greater distances involved make any clinic visit equally inconvenient. But urban or rural, when people found a clinic that they liked, they were often willing to travel long distances to get to it.

"HELPS THE COMMUNITY." About 15% of comments noted the role that a clinic plays in its community. Several commenters saw their clinics as a neighborhood asset and spoke eloquently of their appreciation of the clinic and its commitment to serving a community they love.

This was a notably strong theme in rural areas, where clinics appeared to form an important part of the local social fabric. This community focus was also especially visible in the promotional comments made by clinics (both urban and rural). Several rural clinics were especially active users

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A NOTE ON EXPECTATIONS

Many commenters seem to have approached their visit with fairly low expectations. Some said that this had been their first visit to a community clinic and that they were turning to this resource because they had lost their jobs and/or their insurance and now needed other sources of care. Frequently they were surprised to find that what they'd assumed would be dirty, off-putting and substandard was in fact welcoming and efficient.

Most expected "no-frills" service. Few were outraged by long waits, spartan surroundings or seeing a different physician at each visit—but this is not to say people were indifferent to these things. Long wait times in particular were a sore point, where patient frustration rose very close to the surface.

USER COMMENTS | **ATMOSPHERE/ENVIRONMENT**

This place is a mecca for the homeless because it offers free showers. So you will see a swarm of bums entering and leaving the facility throughout the day. The bums don't bother me much but I had to leave because I started feeling itchy on my legs and became paranoid of contracting scabies or something. Ugh, the misery people have to go through just to be seen by a health professional when they don't have insurance.

....

I will say, and no offense, I had to disinfect after getting home. But [clinic] provides an amazing service and their work is well appreciated!

....

The office is on the shabby side but I received excellent care.

....

It's no-frills, but if you want cushy couches and Star Magazine while you wait for your appointment then marry someone with a real job and get some damn health insurance!

USER COMMENTS | **EXPECTATIONS**

I am always hesitant to go to free clinics and usually will opt to pay out of pocket because of the long waits, overcrowding, and the cold and patronizing treatment associated with these types of places. However, this clinic was different. Although the receptionist was very typical of these types of clinics in that she never greeted me but rather just shoved a clip board in my face, the rest of the staff was great.

....

After being a healthcare snob with my fancy PPO, I was scared to go to [clinic], but it is absolutely acceptable. [...] Definitely not as awful as these other reviews say it was going to be.

of Twitter and Facebook and used these methods of promoting events, thanking volunteers and discussing important local news.

Geographic differences

The findings outlined above were consistent across all geographical subgroups. However, there were some differences in the patterns seen in coastal versus inland clinics and the same differences seem to hold true for urban versus rural, although the number of comments about rural clinics is relatively small. It is difficult to draw strong comparisons between the two: there were simply far more posts about urban locations, but the patterns we observed are intriguing and worth further study. In inland and rural areas we observed:

- *Fewer individual postings overall.*
  This was not especially surprising—not only are there fewer people in rural areas, many have less access to the Internet and digital technology. (Although this pattern is changing, some rural populations like migrant workers remain less inclined to post reviews or comments on English-language public forums.)

- *Higher rate of positive comments.*
  Across the board, positive user comments outweighed negative by about 2:1. However in rural areas this ratio approached 3:1. Many commenters in rural areas had little choice in where they go to get care, and they became deeply attached to the clinics that were available to them.

- *Less stigma associated with community clinics.* People in rural communities were less likely to attach stigma to the idea of community clinics. In places that have been economically struggling for years, with higher rates of poverty and uninsurance, people seemed less likely to look down on those who make use of community clinics where they are available.

- *Greater awareness of community benefit.* Commenters in inland and rural areas were more likely to express appreciation for the positive role clinics play for all members of their communities, not just themselves and their immediate family.

Promotional comments

In addition to the user comments outlined above, there were many comments—found mostly on Facebook and Twitter—generated by clinic staff or volunteers. The majority of the more than 800 comments in this category came from a relatively small set of about 30 clinics. These clinics made a point of regularly posting, and these posts were overwhelmingly positive, friendly and community-oriented.

Many of these posts promoted some healthcare service (flu shots, check-ups, immunizations, testing for sexually transmitted diseases, screenings) or general healthcare advice (wash your hands, don't text and drive). Others focused on community events the clinic either sponsored or participated in. Political advocacy showed up in a number of comments (updates on the Affordable Care Act, suggestions that people contact their representatives if they are concerned about cuts to Medi-Cal) as did notices about job openings, new staff and grant awards. Many clinics also used these sites to re-post positive press coverage that they had received, usually linking back to broadcast or online reports that showed them in a positive light.

Some of the most prolific Facebook users in the dataset were a small number of clinics serving Native American communities.

There were very few comments from clinic patients on Facebook and Twitter, and those that appeared were almost entirely positive. Facebook in particular has a built-in bias towards the positive. Before they can post on a clinic's page, users have to click the button that officially says they "like" that organization, and they are then publicly listed as one of the organization's "friends." For these reasons Facebook page comments may be over-representative of "satisfied" customers or unchallenged positive comments from the clinic. This may also be why many of the Facebook comments are generated by clinic staff rather than clinic users.

Twitter, with its 140 character limit, discourages longer more detailed postings and online interchanges. Again, this likely contributes to the lack of client comment; instead, it appears that clinic staff develop promotional "tweets" on a regular basis.

However, while the uses of Facebook and Twitter may be narrow, their visibility cannot be overstated. Those clinics that are actively using Facebook

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PROMOTIONAL COMMENTS

If you have children with pre-existing conditions, there is a special open enrollment window to get your kids health coverage with no discrimination or surcharges. jan 1 to March 1.   *[Facebook]*

....

Thanks to all the staff, family members, significant others, friends and supporters who came out to a successful FUNdraiser at John's Pizza tonight. See you all bright and early on Sunday morning at AIDS Walk.   *[Facebook]*

....

RT @HumboldtAIDSDay: June 27th was National HIV Testing Day—when was the last time you were screened??   *[via Twitter]*

....

Drive safe today on the snowy roads!
    [→ Reply:] SLOW over Pit one and Hat Creek...   *[Facebook]*

....

Protect your baby! Avoid #SuddenInfantDeathSyndrom #SIDS by always putting your #baby to sleep on their backs in an uncluttered crib.   *[via Twitter]*

....

and Twitter will show up in web searches differently (and more prominently) than those less actively posting. With hundreds of millions of users from all walks of life using these platforms, people searching for information on clinics will without a doubt find these posts. This kind of promotional communication could become far more important to clinics as they enter into a more competitive marketplace, and clinics that find more creative and interactive ways to use them today could create for themselves a real advantage a few years down the road.

Implications

A number of important implications arise from these findings:

- *Every interaction matters.* Patients notice how they are treated from the minute they enter the door; whether or not they feel respected is central to how they assess a clinic. Negative posts most often have to do with a sense of being ignored or treated poorly, and such incidents lead people to criticize multiple elements of their experience, from the front office staff to the waiting room to the physician's attitude. But when people feel respected and well cared-for, they can become supporters, repeat patients and sometimes even passionate advocates.

  Other important elements of a clinic experience include cost, quality of care, and wait time.

  - *Low cost with no surprises.* People generally feel the care they receive was worth more than they paid, but when unexpected costs arise or people are surprised, negative reactions can be strong.
  - *"Good care" identifies and treats the problem.* When it comes to quality of care, people expect the same as in any other healthcare setting: that medical personnel will listen to them, properly diagnose and treat their illness.
  - *Alternative providers are acceptable in many cases.* Alternative providers are acceptable in many cases. A personal relationship with a doctor is not essential; people are usually willing to be seen by Physicians' Assistants and other medical professionals as long as they feel listened to. This is especially the case when it comes to reproductive health care clinics.
  - *Willing to wait—to a point.* Patients can accept longer wait times and bare-bones waiting rooms if clinic staff are viewed as courteous and efficient. However, their reservoir of good will around long wait times is not unlimited—this was a consistent sore point in otherwise positive assessments of clinics.

- *Community partnerships count.* Clinics that are perceived as particularly good community partners generate some of the most heartfelt positive comments. These clinics are seen as serving the community as a whole (especially in rural areas) and not just as a place to go when an individual has an urgent medical need. Activities that reinforce this perception help build general support for clinics and make them more viable options even for those with insurance. This point could be explored in more detail through a study of the best practice of model clinics: those widely viewed as providing tangible benefit to their communities.

- *Meet or exceed expectations.* To attract patients and spark positive online ratings and reviews, it is important to meet or exceed expectations. But to do so it is essential to understand what those expectations are and when and how they differ from higher end healthcare facilities. This research shows that more often than not, community clinics are meeting or exceeding people's expectations, but that these expectations are frequently low to begin with. People generally have low or moderate expectations of community clinics; the stigma associated with services for "poor people" is powerful and widespread.

  Because of this clinics often get a pass for deficiencies like longer wait times, scheduling difficulties, or fewer amenities—a pass that they may not get in a more competitive marketplace when people have more choices. This presents a real risk for community clinics, which may struggle financially to upgrade facilities or increase support staff. But there are opportunities as well. Those clinics that generate the most positive feedback do so because they over-perform in two areas: creating a respectful patient experience in every interaction, and playing an active and positive role in the larger community. These are likely to continue to be areas of opportunity where community clinics will be able to compete.

- *Build online marketing capacity.* Understanding and participating in the evolving online environment is an increasingly essential marketing tool.

  Facebook and Twitter provide valuable platforms for reinforcing the community benefit of clinics and promoting services and healthy behaviors. Clinics that are actively using Facebook and Twitter will show up in web searches differently (and more prominently) than those less actively posting. But for honest feedback, users turn to third-party sites that appear more neutral or unbiased.

  Contrary to perception, the majority of user posts on these sites reflect positively on community clinics. Encouraging more honest user feedback is likely to generate generally positive comments, as well as providing clinics with valuable insight into how they can improve services for their patients.

  In addition, mobile connectivity is becoming increasingly important, as growing majorities of young people and ethnically diverse populations are accessing the Internet through mobile devices. Research indicates that people who have access to mobile internet technology tend to be more active users of and contributors to online activities.[5] Clinics should make sure their online presence works well on mobile platforms.

These findings suggest insights that can help to inform clinics about what they are doing well, what they might improve, and how they can begin to position themselves for the roll-out of components of healthcare reform. The findings also warrant more systematic investigation through surveys and in-depth dialogue. Testing these conclusions with a broader, more representative sample will confirm whether these insights hold true only for those who choose to post online, or for clinic users more generally. And surveying clinic users about whether

they read online information about health clinics, and how useful they find it, will also provide important context for the relative importance of these results.

As Internet access becomes more universal and more people of all ages and backgrounds become increasingly active on social networking sites, clinics have the opportunity to better understand and to impact how they are perceived by their patients and by their community. In this rapidly evolving online environment, clinics can foster online discussion that has the power to make anyone who googles "healthcare clinics"—insured or not—rethink their expectations and consider California's community clinics for high quality healthcare at a reasonable cost.

Those clinics that generate the most positive feedback do so because they over-perform in two areas: creating a respectful patient experience in every interaction, and playing an active and positive role in the larger community. These are likely to continue to be areas of opportunity where community clinics will be able to compete.

ENDNOTES

1. *Pew Internet & American Life Project. Health Topics (Feb 1, 2011). Available at: http://pewinternet.org/Reports/2011/HealthTopics.aspx*

2. *Pew Internet & American Life Project. Online Product Research (September 29, 2010). Available at: http://pewinternet.org/Reports/2010/Online_Product_Research.aspx.*

3. *Each user comment was classified twice: once according to its primary focus (as described here) and again later to reflect all themes raised, whether extensively or in passing (see "Major themes" below). For more detailed information, see Appendix B.*

4. *Drilling Down: Access, Affordability, and Consumer Perceptions in Adult Dental Health. California HealthCare Foundation 2008.*

5. *See "The Mobile Difference" Pew Internet Project March 2009. Available at: http://pewinternet.org/Reports/2009/5-The-Mobile-Difference--Typology.aspx*

APPENDIX A

Internet Access and the Digital Divide
(Statistical information drawn from the Pew Internet and American Life Project April 2010)

WHO USES THE INTERNET?

Internet use is becoming the norm in American society. According to *Pew's American Life and the Internet* series, 79% of all Americans go online, up from 66% in 2005.

Usage is near-universal among young people aged 18-29 (95%), college graduates (96%) and people making more than $75,000 per year (95%). But it is also strong among older adults aged 50-64 (78%), those making less than $30,000/year (63%) and high school graduates (67%). About 80% of whites and English-speaking Latinos go online, and about 71% of African Americans.

Groups not yet online in such large numbers include those over age 65 (42%), those without a high school diploma (52%) and those living with a disability (54%). This last statistic may be especially relevant: 1 out of 4 Americans lives with a disability, and access to quality healthcare is of paramount concern to many in this group. (When people with disabilities have internet access, they research most health topics at similar rates as other internet users.)

THE DIGITAL DIVIDE

For years, the discussion of the "digital divide" focused on access to the Internet. Until fairly recently, whites, the wealthy and the highly educated had much higher rates of access, calling into question the universality of research examining how people use the Internet. But the nature of the divide is shifting, in particular as mobile devices like smartphones become more prevalent, especially among young people, African Americans and Latinos.

African Americans and Latinos are much more likely to access the Internet using mobile phones and handheld devices: 51% of Latinos and 46% of African Americans use their phones to access the Internet, versus 33% of whites. A similar pattern can be found in social networking, with African Americans and Latinos using their phones to get to sites like Facebook at rates 10-15 points higher than whites. When both computers and mobile devices are taken into account, the racial gap around Internet access narrows dramatically.

The income gap is narrowing as well: in 2010, 46% of people with household incomes under $30,000/year had wireless internet access by laptop or cellphone, up a striking 11 points since the previous year.

There is some indication that people who access the internet using mobile phones or devices tend to be more active users of and contributors to online activities. But it is not clear whether these groups are more likely to write reviews of health-related products or services.

HEALTH INFORMATION: WHO IS LOOKING, AND FOR WHAT?

Using the internet to access health information is extremely common. 59% of all adults in the US look for health information online, and 8 out of 10 Internet users—making it the third most frequent commonly reported online activity after email and using search engines.

The most common health-related searches look for information about a specific disease, symptom or treatment. 44% of internet users look online for information about doctors or caregivers, and 36% look for information about hospitals, clinics, or other medical facilities.

At present, low income individuals and those with low levels of education are less likely to use the Internet to seek out health information. Only 41% of U.S. adults in the lowest income bracket go online to seek out health information (vs. 83% of the wealthiest), and a scant 24% of people with less than a high school education (vs. 81% of college graduates). Looking only at internet users, 62% of internet users who have not graduated from high school say they look for health information online, compared with 89% of those with a college degree.

But this pattern may well change in coming years, as young and low-income people are moving online at faster rates than many other groups and are increasingly likely to use mobile devices to gather information.

REVIEWS AND POSTING:

56% of American adults have researched a product or service online, and nearly 8 out of 10 internet users (78%) have done so. Far fewer post their own reviews. About one in four Americans (24%) and about one in three internet users (32%) has posted product reviews or comments online.

These numbers are fairly consistent for all internet users regardless of age, income and education. Although the wealthiest and most highly educated internet users are somewhat more likely to post online reviews of products or services (about 40% report having done so), the poorest are only slightly below the average (29%).

APPENDIX B

Methodology

HOW WE CONDUCTED THE RESEARCH

This research involved several "sweeps" of online sources.

A "general sweep" involves doing Internet searches using several search engines, with a variety of keywords and keyword combinations, and filtering the results. The keywords are drawn from an initial broad survey of the topic area, including conversations with the client and the client's target audience[s].

Geographic areas were identified for more targeted searches, specifically the Sacramento, Inland Empire, Bay Area, Los Angeles, and San Diego regions. General sweeps for references to free health clinics and health clinics were made. Finally, searches were done targeting the clinics funded in part by Blue Shield of California Foundation Community Clinic core support grants.

General sweeps yielded significant numbers of comments and reviews of community clinics in California (approximately 7,000). Most of these came from two dominant consumer reviewing sites: Yelp.com and Local.Yahoo.com. Very few clinics individually generated large numbers of comments on Yelp or Yahoo. However, clinics that actively promote themselves through social media showed up frequently on Facebook and Twitter.

Many of the 7,000 comments collected in the initial sweep were about fee-for-service health centers and clinics run by HMOs or by Kaiser, not free or low cost community clinics. These were not included in this analysis. Others were excluded that focused on services only marginally related to health (e.g. depilation, weight loss, smoking cessation) and were not necessarily being offered at community clinics. Comments and reviews spanned the last 5 years, though most were made between 2009 and the present.

The final set of 398 user comments includes reviews and comments on more than 80 different clinics, from San Diego to Humboldt County.

Each of these comments was classified in the following ways.

ABOUT THE WORD CLOUDS

The "word clouds" used to illustrate this report were created using SayZu software. They were generated by inputting the text from selected comments from the dataset used in this report. The size of the word is proportional to the frequency with which it occurred in the text sample.

Each cloud was created by excerpting all comments in the dataset that dealt with a given topic (e.g. cost, positive/negative clinic experience, good doctors). The resulting cloud was edited in several ways:

- eliminating short high-frequency words (e.g. the, an, about, from)
- combining related words (e.g. nurse/nurses; listen/listened/listening)
- eliminating high-frequency words that provide little insight (e.g. eliminating "doctor"
  from a group of comments about doctors)

The resulting clouds should be viewed as illustrations – they are visual representations of the kinds of comments that we saw. They are not scientific "data" per se, and they were not used in the analysis of the comments. They do, however, reflect the key themes that emerged within each category.

The word cloud on the cover of this report is a composite illustration, not generated from actual user comments.

	# OF COMMENTS
Total comments	**7145**
Comments NOT about free or low-cost community clinics	(5681)
Comments ABOUT free/low cost community clinics	1454
Duplicate/tangential	(208)
Promotional comments generated by clinics themselves	848
User comments on clinics	398

First, each was classified as belonging to one (or two) of 12 broad categories, based on the primary focus of the comment.

	# OF COMMENTS
Political	28
Anti-immigrant/racist	13
Good customer service	34
Poor customer service	52
Good doctor	49
Promotional	848
General support	162
General dislike	39
Cost	47
Specific doctor	31
Scheduling	50
Inquiry	51

For a second and more detailed analysis, the comments were scored to note all themes mentioned, whether those themes were discussed extensively or only in passing. Those themes were:

	# OF COMMENTS
Respect *(includes whether people felt well treated, was staff friendly)*	202
Cost *(includes mentions of free care, insurance, co-pays)*	129
Quality *(includes good/bad doctor, was care appropriate and/or effective)*	127
Experience *(includes facility cleanliness, atmosphere, clientele, convenience)*	116
Waiting *(includes waiting, appointments, telephone scheduling)*	62
Community *(clinic's role in community)*	61