Statement of Problem or Question (one sentence): Patients are not confident in their ability to access their resident primary care providers (PCP) and teams (PCT).

Objectives of Program/Intervention (no more than three objectives): To improve patient confidence in their ability to contact the resident PCT
To determine how our patients prefer to communicate with their care teams

Description of Program/Intervention, including organizational context (e.g. inpatient vs. outpatient, practice or community characteristics) :
A standard patient satisfaction survey administered by Press Ganey from July 2018 to July 2019 indicated that 89% of patients were likely to recommend our safety-net primary care practice in Central Brooklyn. However, only 77% felt they had good access to the practice. In our Internal Medicine resident practice, patient continuity and accessibility to resident PCPs is complicated by the rotating resident inpatient-outpatient schedule. We studied the use of a standard resident MD business card to determine its impact on patient confidence around communications with the resident PCT.

A one-question survey using a Likert scale was administered prior to the visit to gauge baseline patient confidence regarding the ability to contact their PCP and care team. Patients were given a business card with resident PCP name, Practice availability, and appointment line information. After the visit, patients were asked the same question to assess if the business card impacted patient confidence around the ability to contact their PCP/PCT.

Patients were also asked how they preferred to be contacted by the practice: email, phone, text messaging or letter.

Measures of success (discuss qualitative and/or quantitative metrics which will be used to evaluate program/intervention): We used a quasi-experimental study design with a one-question pre- and post-intervention survey that utilized a 5-point Likert Scale. Pre- and post-intervention data was analyzed using the Wilcoxon Signed Ranks Test.

Findings to Date (it is not sufficient to state findings will be discussed): 30 patients were included in our study; the mean age of our patients was 54.3 years, 18 were females and 12 were male.

A Wilcoxon signed-rank test showed that provider business cards elicited a statistically significant increase in patient confidence in being able to contact the PCT ($Z = -2.7137$, $p = 0.006$); the mean pre-Intervention rating was 2.8 while the mean post-Intervention rating was 3.7.

Of the 30 patients surveyed regarding their communication preferences, 86.7% selected phone, 6.7% email, 3.3% text message and 3.3% regular mail.

Key Lessons for Dissemination (what can others take away for implementation to their practice or community?): - Resident business cards significantly improved patient confidence regarding the ability to contact their resident primary care team.
- Based on previous studies linking patient satisfaction to perceived connection with a PCT, a resident business card with specific dates of clinic availability and a contact number for the PCT can improve patient satisfaction.
- Patient communication preferences vary by community. This may be impacted by social determinants of health; many patients in our practice prefer phone calls over email communication.
Although our practice recently transitioned to EPIC, we don't know how our patients in a safety net system will use the new technologies.

**Impact:** The impact of new electronic medical record systems which rely on computers and text messaging for patient communication promises to be tremendous. However, as long as our primary care patients prefer traditional modes of communication, we must continue to offer alternative means of connecting with care teams.

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