The webinar will be starting shortly.
Thank you!

THE DISPARITIES SOLUTIONS CENTER

One Goal – High Quality Care for All

Welcome to the Disparities Solutions Center's
Web Seminar Series

Hearing All Voices: Race, Ethnicity, Language, and the Patient Experience

Thursday, October 22, 2013
3:00PM – 4:00PM ET

THE DISPARITIES SOLUTIONS CENTER

One Goal – High Quality Care for All

Hearing All Voices: Race, Ethnicity, Language, and the Patient Experience

Moderator

Joseph Betancourt MD, MPH
Director, The Disparities Solutions Center at MGH

Presenter

Karen Donelan ScD, EdM
Senior Scientist, Mongan Institute for Health Policy
Associate, Disparities Solutions Center

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One Goal – High Quality Care for All

Karen Donelan, ScD, EdM

Dr. Donelan is a Senior Scientist at the Mongan Institute for Health Policy and the MGH Institute for Technology Assessment at MGH. Dr. Donelan is a health survey researcher who has conducted more than 200 surveys locally, nationally and internationally. Her work has focused both on the experiences of patients and of health professionals in health services and systems. Recognized for her skill in designing surveys to measure the experiences of diverse professional and patient/consumer populations, Dr. Donelan aims to further an understanding of how patients overcome financial, structural and attitudinal barriers to health care.

Recent research focuses on patient and health workforce diversity, coaching and navigation; the impact of diagnostic and information technologies on patients and clinicians; consumer-focused hospital and physician quality ratings, and care coordination. Dr. Donelan joined the MIHP faculty in 2003, following more than a decade at the Harvard School of Public Health and several years in leadership at a company that provided research and referral to patients and families confronting critical illnesses. She is a graduate of Harvard/Radcliffe (AB), the Harvard Graduate School of Education (EdM), and the Harvard School of Public Health (ScD).

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One Goal – High Quality Care for All

DSC Web Seminar Series
in Partnership with the MGH Institute of Health Professions

Improving Quality & Safety for Diverse Populations: An Innovative Interprofessional Curriculum

December 12, 2013
12:00-1:00 pm ET

Please join us for a presentation by Alexander Green, MD, MPH, Associate Director of the Disparities Solutions Center and Gail Gall, PhD, APRN, BC, Clinical Assistant Professor at the MGH Institute of Health Professions School of Nursing. This webinar will highlight the development and implementation of an innovative, interprofessional curriculum for medical and nursing students.

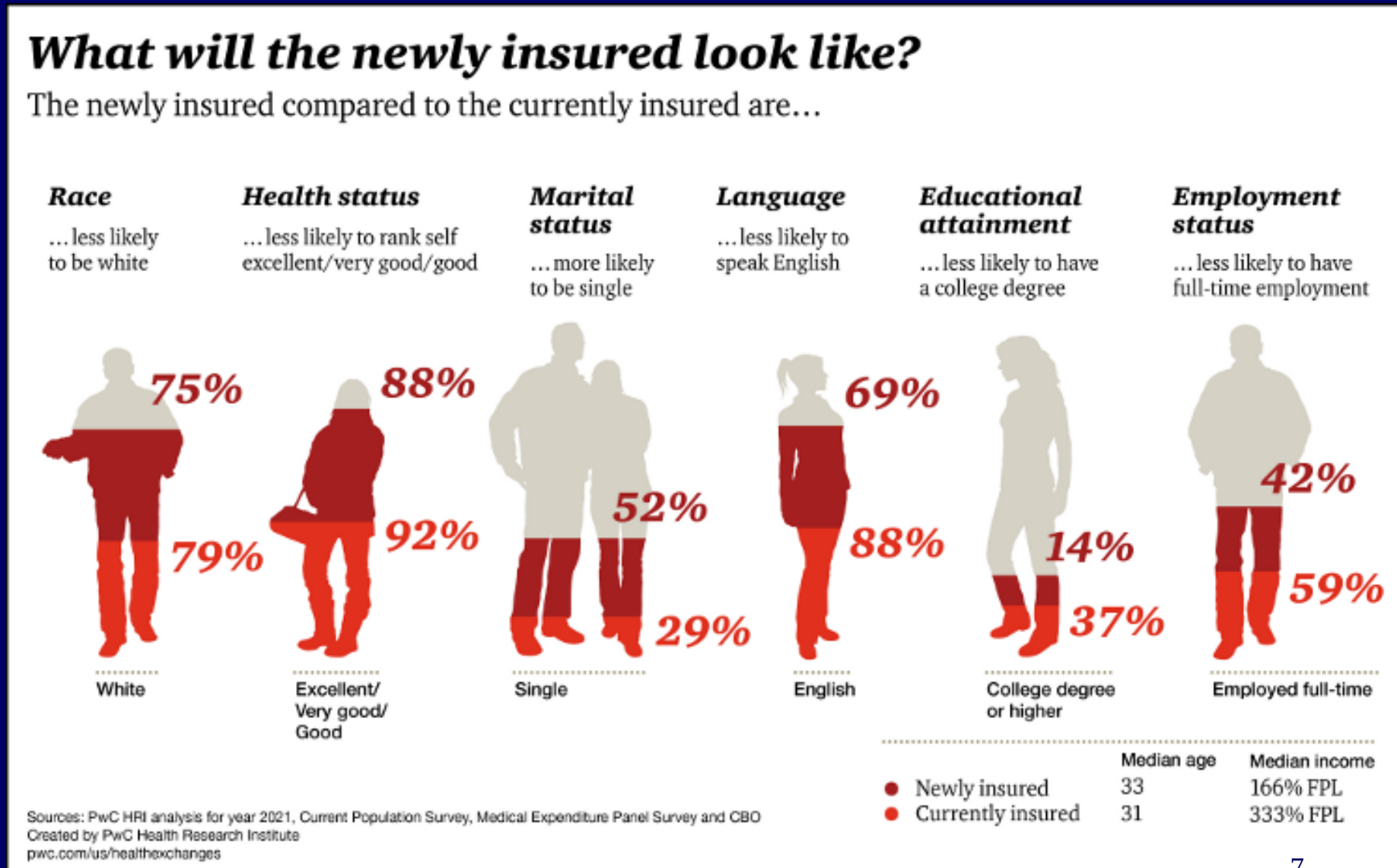
This web seminar is free and open to the public. To register, please email disparitiessolutions@partners.org. Visit our Events page for more information.

High-Value in A Time of Healthcare Transformation

Value-based purchasing and health care reform will alter the way health care is delivered and financed

- Increasing access: Assuring appropriate utilization
  - Decreasing ED use, linkage to primary care
- Paying for quality: ACO's and PCMH's
  - Importance of Wellness, Population Management, Preventing ACS
- Controlling cost: Transitions, safety and patient experience
  - Importance of hot spotting, preventing readmissions, avoiding medical errors, and improving patient satisfaction

The Newly Insured Population
Approximately 50% Minority



Hearing All Voices:
Race, Ethnicity, Language and the Patient Experience

Karen Donelan, Sc.D., Ed.M.
Mongan Institute for Health Policy
Massachusetts General Hospital/Partners HealthCare
Harvard Medical School

Project support from the MGH Disparities Committee, MGH Disparities Solution Center and funding through the MGH Center for Quality and Safety

Topics for Today

- What do we know about measuring the patient experience of care? Who is included/excluded?
- What evidence do we have from research and quality improvement data that patient experience varies by race, ethnicity, language?
- How do organizations measure patient experience? What tools are commonly used?
- How might current tools and approaches be improved to represent all patients?
- What lessons have we learned at MGH?
- Where should we go from here?

Measuring Patient Experience

- The Good News
  - Measuring patient-reported outcomes is now considered an essential component of quality assessment—this wasn't always true!
  - Surveys of patients are proliferating—most health organizations, health plans, state and federal government agencies want to hear from patients about their experiences.
  - Data are used for consumer ratings, determination of physician payment.

- The Bad News
  - Routine patient experience surveys often exclude or under-represent racial, ethnic and linguistic minorities
  - Barriers to minority inclusion rates may include sampling design, survey mode, literacy, language, translation quality, persistent contact efforts and cost

Why is it Important to Hear from All Patients?

- MGH has been collecting patient experience data through the inpatient H-CAHPS survey since 2007 and the ambulatory CG-CAHPS survey since 2008.
- Surveys are administered in English and in Spanish.
- We need to view results over larger periods of time to support analysis of results by racial and ethnic dimensions.
- Using our hospital data
  - Hispanics reported significantly more positive or equivalent experiences than non-Hispanic Whites for 9 of 10 measures.
  - Asians reported significantly less positive experiences than non-Hispanic Whites for 4 of 10 measures.
- Outpatient measures
  - Asians reported least positive experiences for the majority of measures
  - Patients in the Multiple Races category gave lower ratings on all measures
- Our findings are consistent with national data (Goldstein, E., et al., 2010; Elliott, M.N., et al., 2010; Weech-Maldonado, R., et al., 2008.)

Surveying Patients

- Specify Objectives: What data and why?
  - Understanding requirements, organizational need will be key to approach
- Determine Population
  - Inpatients, Outpatients, Primary or Specialty Care, Clinic
  - Do you have a list? Do you survey entire list or a sample?
- Choose Instruments/Measures
  - CAHPS suite of surveys are current standard
  - Approved vendors, methods guidance
  - Core surveys and special modules (cultural competence, communication)
- Data Collection Mode and Follow-up to Produce Level of Quality Needed

How Can Methods Be Improved?

- *Population*
  - Does your organization gather patient registration data on race, ethnicity, language or other key variables of interest?
- *Sampling Design*
  - Any group you need to hear from requires completed surveys with minimum 30-50 people; more is better
  - Think beyond the random sample, especially if your minority populations Cross-sectional, Stratified, Oversample Designs
- *Survey Instrument*
  - Consider augmenting CAHPS or other standard surveys with well tested measures from other surveys
  - Focused, specific questions about diversity, culture
  - General questions about welcome, respect, dignity will be very useful analyzed by race/ethnicty/language
  - Certified Translations are key

How Can Methods Be Improved?

- *Data Collection Matters*
  - Mail, Telephone or Online surveys alone are not sufficient to hear from everyone
  - Used mixed modes
  - Train your interviewers or work with vendor that does
  - Mail should include bilingual letter
  - Consider bilingual interviewers for major languages in your population (language data cannot always be trusted and others may answer phone)
  - Persistence is necessary to reach people who are busy, work multiple jobs, may not have stable home or source of income, may have lapses in phone coverage.

What Lessons Have We Learned at MGH?: Surveys 2004 and 2012

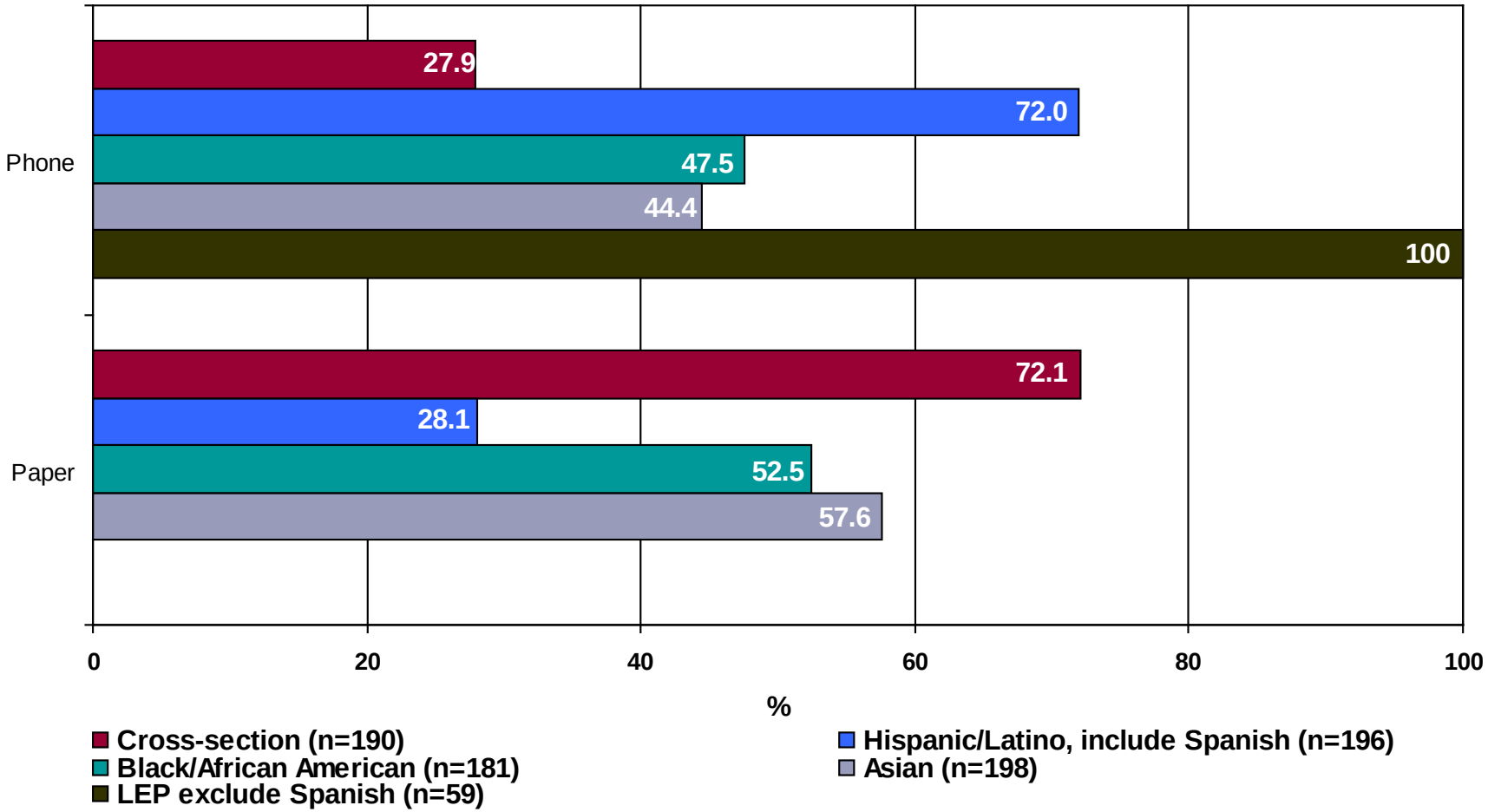
Lesson 1:Targeted Samples

- *Study Population*
  - Sample n=1700 primary care patients including children (ages 0-12) and adults (ages 18+); patients not previously surveyed by hospital
- *Stratified Sampling Design*
  - 2004 n=400 completes, English and Spanish
  - 2012 n=852 completes, 6 languages
    - Cross-section (n=340 Adults, n=60 Children)
    - Hispanic/Latino English Speaking (n=142 Adults, n=58 Children)
    - Black/African American (n=328 Adults, n=72 Children)
    - Asian English Speaking (n=302 Adults, n=83 Children)
    - Hispanic/Latino Spanish Speaking (n=159 Adults, n=41 Children)
    - Limited English Proficiency (Chinese, Khmer, Arabic, Portuguese) (n=107 Adults, n=6 Children)

Lesson 2: Survey Instrument Trends and Updates

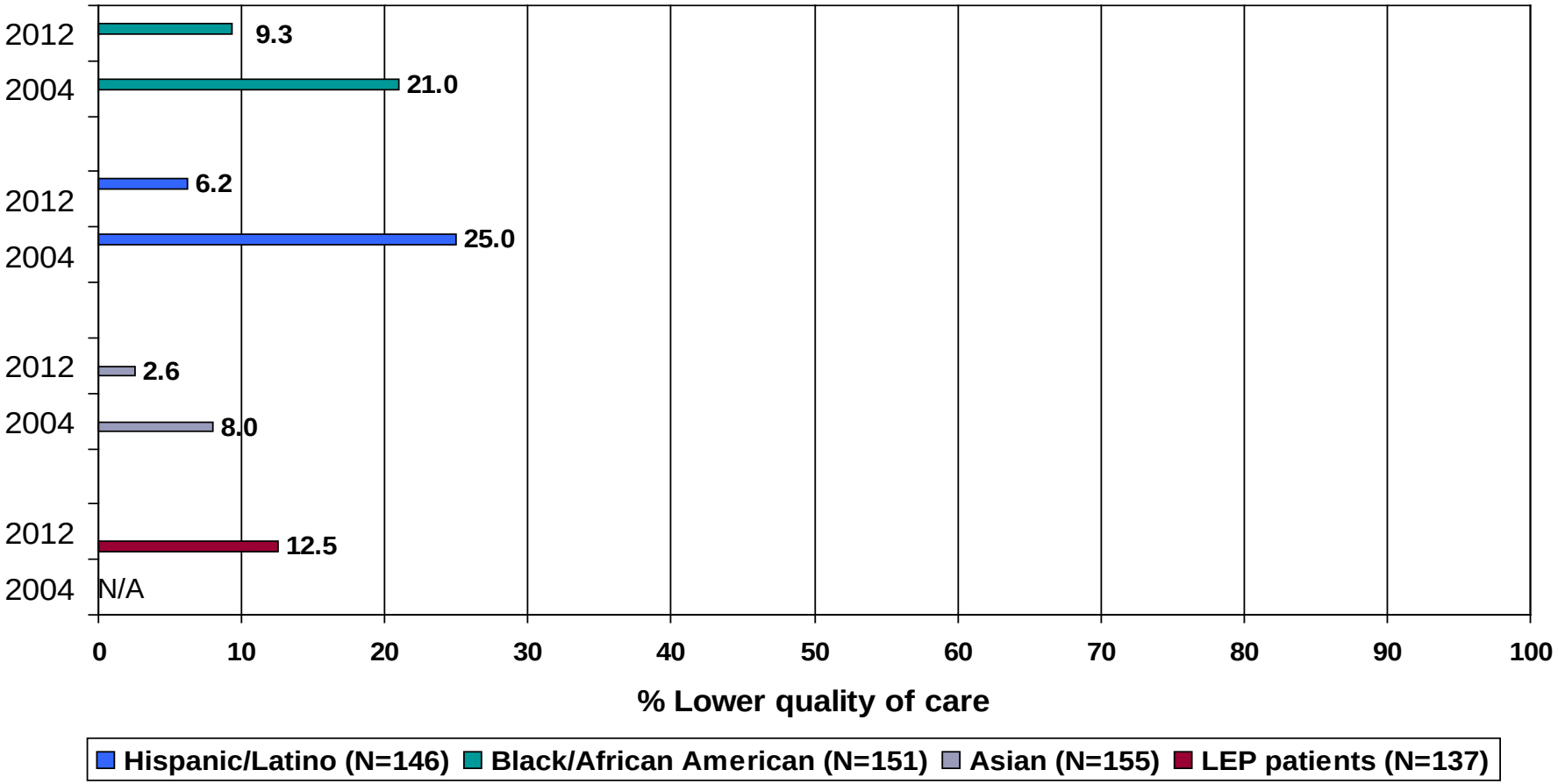
- *Questionnaire Development*
  - Trend some items from 2004, add new items
  - Use CAHPS 4 point, not 6 point, scale for vulnerable populations
  - Review by and suggestions for additional domains by leadership
  - Update domains: Special focus on interpretation and communication to augment other MGH efforts for LEP patients
- *Questionnaire Domains*
  - CG CAHPS patient experience, CAHPS cultural competency benchmark
  - Unmet needs (2004)
  - Perceptions of fair and respectful treatment (2004)
  - Preference for gender, race/ethnicity, religion concordance (new)
  - Interpreter services/communications (new)

Lesson 3: Mode Matters
Contact by Group



Lesson 4: Track Progress
Perception of Quality of Care

Do you think [GROUP] patients receive a lower quality of care, same quality of care or a higher quiality of care than most White, English-speaking patients?



Lesson 5: Identify Issues

- Doctors and Nurses spend enough time
  - 95% White, 90% Hispanic, 82% Asian, 85% Black, 91% LEP
- No significant differences
  - Trust doctor/nurse with your care (84-91% definitely yes)
  - Explain things in a way you could understand (86-95% definitely yes)
  - You could tell your doctor or nurse anything (72-79% definitely yes)
  - Felt your doctor or nurse told the truth (81-88% definitely yes)
- Feeling welcomed
  - 2004: 26% said never/sometimes; 2012: 11%
- Interpreter Services
    - Focus on assuring patients know interpreter services are free
    - Recognition of complexity of language preference for medical care, survey completion, registration

Lesson 6: Valuable Verbatims Add Depth to Quantitative Data

Patients who said they were treated with disrespect on basis of race / ethnicity

- I got there too early and they told me to go away and come back and ignored me. *(Hispanic/Latino - English)*
- My wife does not speak English. When she asked them something, they laughed and didn't answer; they didn't call an interpreter. The interpreter was already gone for the day…*(Spanish)*
- A doctor who I saw, not my PCP, assumed that I don't speak English from the beginning at the visit he spoke to me like I was a child. *(Asian - English)*
- My father experienced disrespect due to accent. I was with him. *(Asian/English)*
- Because I don't speak English, sometimes I have to wait too long. *(Khmer)*
- They get irritated when you don't understand something *(Portuguese)*
- It happens with my [doctor], I get the feeling that he asks me stupid questions like why am I here- He makes me feel like I don't deserve to come here. Dr. only spends few minutes with me, what about my questions? …I don't like the way he treats me, he should never ask me what kind of insurance I have, and he makes me feel bad about that. *(Black/African American)*

Lesson 7: Use the Data
Hospital Initiatives to Improve Patient Experience

- MGH Annual Report on Equity in Health Care Quality
  - Key quality measures by patient race, ethnicity, and language
  - Identifies areas for quality improvement and reports on progress of ongoing initiatives to achieve equity in health care quality at MGH
- Patient Activation Poster Campaign
  - Urges patients to take a role in improving quality and preventing medical errors by becoming active/informed participants of the health care team
  - Posted in English and Spanish in key areas of the hospital and CHCs
- Quality & Safety Rounds
  - Rounds conducted by Center for Quality & Safety and the Director of Interpreter Services – inpatient and ambulatory practice units
  - Raised the issue of disparities in health care at the provider level
- Cross-cultural Training Initiative
  - Training provided to frontline staff at MGH
  - Focused on improving cross-cultural communication and patient care
- Service Matters Initiative
  - Aim to build/support a culture of service among MGH frontline staff

Going Forward

- Diverse populations require diverse modes of data collection
- Gathering and updating patient registration information on race, ethnicity, language, contact information will save time and money and allow more flexible sampling approaches.
- This approach, used periodically in tandem with existing efforts, can provide actionable data
- Direct measures of respect, discrimination, sensitivity to cultural issues alongside benchmarks to existing quality measures
- Consult with survey experts
- Smaller targeted scientific samples can yield valuable information, higher quality at lower cost.
- If you collect the data, use and disseminate the data

Going Forward

- At MGH
  - Encouraging progress in respectful treatment, welcome, equity
  - Unmet needs remain
  - New look at language proficiency
    - Focus on assuring patients know interpreter services are free
    - Health materials in multiple languages
    - Recognition of complexity of language preference for medical care, surveys, registration
  - This approach, used periodically in tandem with existing efforts, is affordable and yields valuable insights
    - Smaller scientific samples can yield valuable information, higher quality at lower cost
    - This survey ambulatory only--supplement inpatient efforts?
    - Perhaps alternate inpatient/outpatient studies to augment existing efforts every 2-3 years

Question and Answer Period

You can submit questions by typing them in the chat box at the lower left hand corner of your screen and hitting “submit question.”

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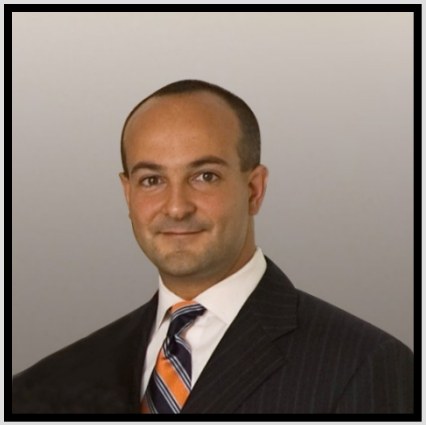
Facilitator



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Thank you for your participation!

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