Assessing Cultural Perspectives on the Quality of Care

June 2010

Presentation to the Annual AcademyHealth Research Meeting, Boston

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Introduction
Existing quality surveys do not address cultural differences in perspectives of health care quality
- Most surveys were designed for a limited target audience

Research shows that perspectives of health care quality vary by patient characteristics
- Analyses of the CAHPS® surveys find racial/ethnic differences in quality ratings
- Little research has explored the reasons behind those variations using qualitative methods

“Does your language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment you need?” – ECHO® Survey
Research Questions

- How do patients define “quality” in health care encounters with primary care physicians?
- Are there differences across racial/ethnic groups in factors considered important to health care quality?
- Do existing surveys reflect perceptions of health care quality of members of racial/ethnic minority groups?
- How can surveys better account for racial/ethnic differences in assessments of health care quality?
Methods
Eight 90-minute focus groups with adults
  - Two each with participants from 4 groups
    • Latinos
    • African Americans
    • Asian Indians
    • Whites
  - Discussions divided into two 45-minute segments
    • General discussion of the concept of “quality” in health care
    • Video depicting a health care encounter
      – Asian female patient and white male physician
      – Designed for cultural competency training
  - Order of segments alternated
Analysis

- Discussions were audio recorded and transcribed

- Project staff developed list of themes from
  - The core CAHPS® Clinical and Group Survey instrument
  - Supplemental CAHPS® questionnaire items
  - Discussion among focus group participants

- Text was coded using Atlas.ti
  - Test of inter-rater reliability
    - Kappa = 0.73 (standard error = 0.13)
    - Indicates substantial agreement in coding
Results
Four Factors Commonly Associated with Quality

- Waiting time
- Patient-provider communication
- Provider’s technical skills
- Respect
Waiting Time

- Long waiting times can negatively affect ratings of health care quality

- Sometimes, long waiting times might indicate higher quality of care
  - Patients don’t like to wait for appointments
  - Visits should take “as long as needed”

“But then there are other doctors who are really in there for the love of medicine and really want to help you and will answer every question you can possibly have and stay there for like a half-hour, and that’s why sometimes you’re in the waiting room for 2 hours wondering what’s going on.”
Patient-Provider Communication

- Two views on the need for patient-provider rapport
  - Provider should get to know the patient at a personal level
  - Provider should maintain emotional distance for objectivity

- Patients and providers are responsible for communication
  - Physician bears greater responsibility as a professional

- Support for nursing model of communication

“I try to get the nurse practitioner instead of the physician because my experience is the nurse practitioner is more patient-oriented, spends more time and is a better listener.”
Provider’s Technical Skills

- Provider should show competence in medical skills
  - Should not need to consult medical texts during routine visits
  - Bedside manner less important to some participants than technical skills

- Participants had particularly high expectations for the technical skills of specialists
  - Expectations were low for social skills

“When I’m satisfied with my doctor … I don’t care if we communicate well. I mean it’s important. I’m not saying it’s not important. But if you identify the problem and you give me the right prescription, that’s all I’m looking for.”
Respect

- Important to members of racial/ethnic minority groups

- Participants noted various definitions of "respect"
  - Doctor’s willingness to listen to patient’s health concerns
  - Acceptance of patient’s explanations of illness
  - Acknowledgment of patient waiting time

- Cultural differences affect perceptions of respect
  - Eye contact as sign of respect
  - Turning the sole of a shoe toward a patient is disrespectful

“I just don’t like the timing. You take 10 minutes of their time [but] you probably have to spend your whole day, maybe more sometimes. That’s the thing that bothers me the most.”
Racial/Ethnic Differences in Perceptions of Quality

- Factors that may not be adequately addressed in existing surveys
  - Varying conceptions of cultural competency
  - Age and gender differences as cultural issues
  - Providers taking a holistic approach to care
  - Ability to trust provider
  - Maintenance of patient privacy

“I don’t think cultural competency means learning about each culture. That’s impossible; there are too many cultures. But being culturally sensitive … [is] listening to the person and finding out what’s important to them and what it means to them.”
Summary
Culture is vital to understanding perspectives of health care quality
  - Factors that affect perceptions vary across racial/ethnic groups
  - Even common factors can have different meanings

Existing quality surveys do not capture many factors important to members of racial/ethnic minority groups

CAHPS® developers are designing new item sets
  - Cultural competency and health literacy
  - Study suggests these concepts should be core components
Limitations

- Study looked at members of only four groups
  - Examined perspectives of largest racial/ethnic minority groups
  - Could not examine subgroups within these groups
    - For example, could not recruit sufficient number of Mexicans
    - Study was limited to English-speaking participants

- Focus groups are not representative
  - Conducted limited number of discussions
  - Cannot control for important covariates

- Examined perspective of quality at a point in time
Providers should know which population groups they are serving and address the needs of those groups
  - Improve communication and consumer engagement

Quality surveys should be designed to more explicitly address concerns of diverse patient groups
  - Ignoring cultural differences can lead to measurement error
  - Population demographics are changing

“It’s like some of the doctors … don’t understand other cultures. I believe that is coming to New Jersey hospitals, that [it] is getting mandatory to have training [in] cultural competency.”
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Funded by: Robert Wood Johnson Foundation, Grant Number 63841