

A Decade of Advancing Patient-Centered Care: The 10th National CAHPS® User Group Meeting



Use of CAHPS® Database by Researchers: Findings Related to Differences by Race and Ethnicity

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- ***Hispanics and (especially) Asians tend to report more negative experiences with health care***
- ***Among Hispanics and Asians, those who speak a language other than English report more negative experiences with care***
 - Language effect bigger than race/ethnicity effect
 - Some variance in Spanish language effect by insurance and region of country

Highlights Continued



- ***There are between and within plan disparities***
 - Within plan differences exceed between plan differences
- ***Greater disparities in care are observed for reports than ratings of care***

Four Main Datasets

- **1994 UMGA ($n = 7,093$)**
 - 65% female; 93% high school grad; 10% Hispanic, 4% Asian, 3% AA
- **1998 NRC Health Care Market Guide ($n = 98,204$)**
 - 64% female; 94% high school grad; 3% Hispanic, 1% Asian, 6% AA
- **2000 CAHPS Medicaid managed care ($n = 49,327$)**
 - 77% female; 65% high school grad; 20% Hispanic, 5% Asian, 24% AA
- **2002 CAHPS Medicare managed care ($n = 125,369$)**
 - 58% female; 59% high school grad; 7% Hispanic, 7% AA, 4% other race/ethnic minorities

Asians tend to have the most negative perceptions of care



- **6,911 Unified Medical Group Association patients**
 - 72% of Asians vs. 55% whites believed improvement needed in obtaining treatment (Snyder et al., 2000)
- **120,855 National Research Corporation Healthcare Market Guide respondents (Haviland et al., 2003)**
 - e. g., confidence in plan's doctors rated 1/3 SD less favorably
- **Especially Asians who speak a language other than English**
 - National CAHPS® Benchmarking Database
 - 28,354 adults and 9,540 children in Medicaid (CAHPS® 1.0)
 - 49,327 adults in Medicaid for CAHPS® 2.0
 - Less favorable reports (1/2 to 1 SD) by non-English speakers compared to whites (getting needed care, getting care quickly, communication, staff helpfulness)

Hispanics also have less positive experiences with care

- ***More negative perceptions of adult and children's care than non-Hispanic whites***
 - 9,540 children in Medicaid for CAHPS® 1.0 (Weech-Maldonado et al., 2001)
 - 49,327 adults in Medicaid for CAHPS® 2.0 (Weech-Maldonado et al., 2003)
- ***Especially Spanish-language Hispanics***
 - More negative perceptions of provider communication than reported by Latino/English or non-Hispanic white respondents in sample of 6,911 adults (Morales et al., 1999)

Hispanics compared to whites in Medicare managed care

- ***Hispanic-English reported worse experiences with care than whites for all dimensions except provider communication***
- ***Hispanic-Spanish reported worse experiences with care than whites for several dimensions of care (including provider communication), but better perceptions of getting needed care***

Hispanic-Spanish compared to Hispanic-English



	<i>FL</i>	<i>Other</i>	<i>Versus Whites</i>
<i>Communication</i>	+	---	---
<i>Staff helpfulness</i>	+	---	---
<i>Getting needed care</i>	NS	NS	+

Within plan effects account for majority of race/ethnic differences



- ***Vulnerable race/ethnic subgroups (e.g., African Americans, Hispanic-Spanish speakers, non-English language whites) more likely than white-English language speakers to be clustered in worse plans.***
- ***But within plan differences by race/ethnicity exceeded between plan differences.***

Weech-Maldonado et al. (2004)

Staff Helpfulness



	<i>Between</i>	<i>Within</i>	<i>Overall</i>
<i>Asian/non-English</i>	<i>-0.64</i>	<i>-9.15</i>	<i>-10.27*</i>
<i>American Indian</i>	<i>-0.25</i>	<i>-3.34</i>	<i>-3.71*</i>
<i>Missing Race</i>	<i>-0.52</i>	<i>-2.85</i>	<i>-3.84*</i>

Provider Communication



	<i>Between</i>	<i>Within</i>	<i>Overall</i>
<i>Asian/non-English</i>	<i>-0.64</i>	<i>-6.52</i>	<i>-7.16*</i>
<i>American Indian</i>	<i>-0.25</i>	<i>-1.69</i>	<i>-1.93</i>
<i>Missing Race</i>	<i>-0.52</i>	<i>-1.59</i>	<i>-2.11</i>

Differences in reports greater than for ratings



- ***Compared to whites, Asian adults reported worse experiences with care but similar global ratings in commercial and Medicaid plans (Morales et al., 2001)***
- ***Worse reports of care but similar global ratings for Asian children compared to whites in Medicaid managed care (Weech-Maldonado et al., 2001)***
- ***Correlations between global ratings and reports differed for Spanish and English language respondents to CAHPS 2.0 survey (Morales et al., 2003).***

Conclusions about differences in reports about care



- A) Reports about care are not psychometrically equivalent for Asians and Hispanics compared to whites***
- B) Care delivered to Asians and Hispanics is not as good as care for non-Hispanic whites***
- C) Both A & B***

Assessing psychometric equivalence

- ***CFA supports equivalence of CAHPS® 1.0 data for Hispanics and non-Hispanic whites (Marshall et al., 2001)***
- ***Similar reliability and construct validity for English and Spanish language respondents to CAHPS® 2.0 survey (Morales et al., 2003)***
- ***2 of 9 rating items displayed DIF between Hispanics and non-Hispanic whites (Morales et al., 2000).***

If reports about care are not psychometrically equivalent:



- ***Might be able to adjust using anchor items***
 - “parking item”
 - IRT (items shown to be equivalent)
- ***Stratified reporting of results***

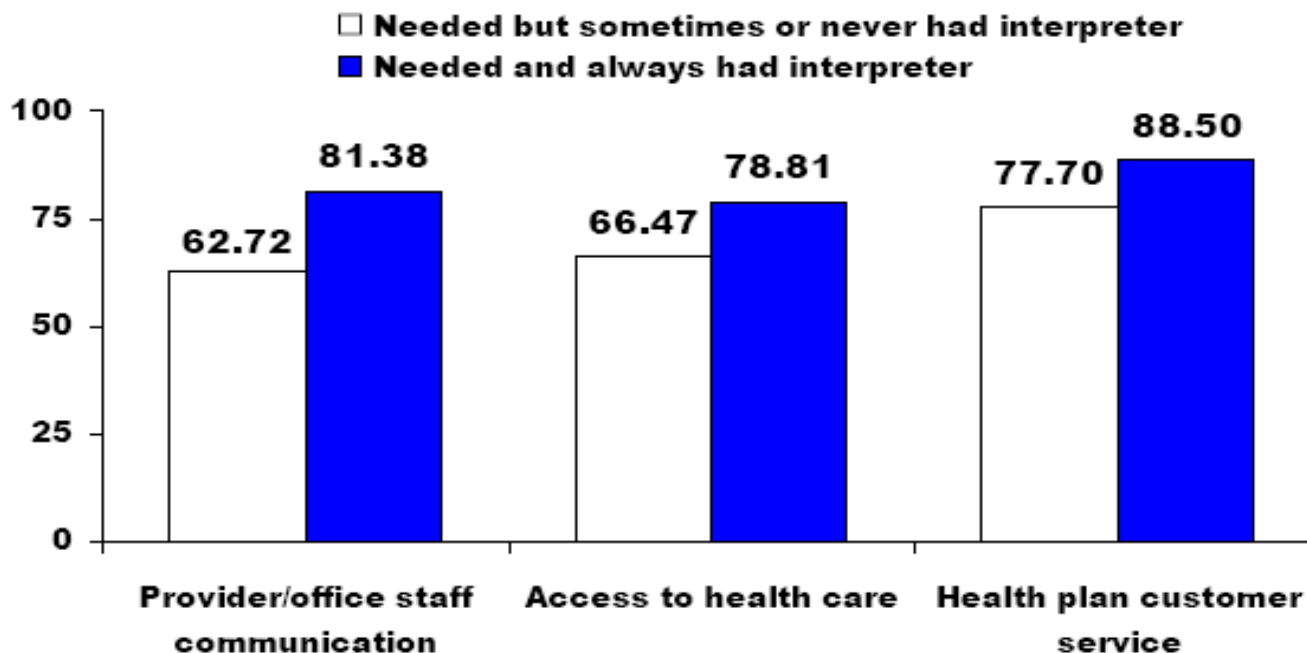
Disparities in health care experiences indicate



- ***Opportunities for improvement in care***
 - Provide professional translators
 - Cultural competency training
 - Employ bilingual providers
 - Provide transportation

Smedley et al. (eds.), Unequal treatment: Confronting racial and ethnic disparities in health care. IOM Committee on understanding and eliminating racial and ethnic disparities in health care, 2003.

Plan Members Who Always Have Interpreters Report Higher Rates of Satisfaction with Health Care Experiences



Note: Weighted means. Composite scores range from 0 to 100.

L. S. Morales, M. Elliott, R. Weech-Maldonado et al., "The Impact of Interpreters on Parents' Experiences with Ambulatory Care for Their Children," *Medical Care Research and Review*, Feb. 2006 63(1):110–28.

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Citations (1 of 2)

- **Fongwa, M. N., Cunningham, W., Weech-Maldonado, R., Gutierrez, P. R., & Hays, R. D. (in press). Comparison of data quality for reports and ratings of ambulatory care by African Americans and White Medicare enrollees. Journal of Aging and Health.**
- **Haviland, M. G., Morales, L. S., Reise, S. P., & Hays, R. D. (2003). Do health care ratings differ by race/ethnicity? The Joint Commission Journal on Quality and Safety, 29, 134-145.**
- **Marshall, G. N., Morales, L. S., Elliott, M., Spritzer, K., & Hays, R. D. (2001). Confirmatory factor analysis of the Consumer Assessment of Health Plans Study (CAHPS) 1.0 core survey. Psychological Assessment, 13, 216-229.**
- **Morales, L. S., Cunningham, W. E., Brown, J. A., Liu, H., & Hays, R. D. (1999). Are Latinos less satisfied with communication from health care providers? Journal of General Internal Medicine, 14, 409-417.**
- **Morales, L. S., Elliott, M., Weech-Maldonado, R., & Hays, R. D. (2006). The impact of interpreters on parents' experiences with ambulatory care for their children. Medical Care Research and Review, 63, 110-128.**
- **Morales, L. S., Elliott, M. N., Weech-Maldonado, R., Spritzer, K.L., & Hays, R. D. (2001). Differences in CAHPS® adult survey ratings and reports by race and ethnicity: An analysis of the National CAHPS® Benchmarking Data 1.0. Health Services Research, 36, 595-617.**
- **Morales, L., Reise, S., & Hays, R.D. (2000). Evaluating the equivalence of health care ratings by whites and Hispanics. Medical Care, 38, 517-527.**

Citations (2 of 2)

- **Morales, L. S., Weech-Maldonado, R., Elliott, M. N., Weidmer, B., & Hays, R. D. (2003). Psychometric properties of the Spanish Consumer Assessment of Health Plans Survey (CAHPS). Hispanic Journal of Behavioral Sciences, 25 (3), 386-409.**
- **Ornstad, K. (2005, November). Racial and ethnic disparities in the experiences of health care consumers. National CAHPS® Benchmarking Database Research Brief.**
- **Snyder, R., Cunningham, W., Nakazono, T. T., & Hays, R. D. (2000). Access to medical care reported by Asians and Pacific Islanders in a West Coast physician group association. Medical Care Research and Review, 57, 196-215.**
- **Weech-Maldonado, R., Morales, L. S., Spritzer, K., Elliott, M., & Hays, R. D. (2001). Racial and ethnic differences in parents' assessments of pediatric care in Medicaid managed care. Health Services Research, 36, 575-594.**
- **Weech-Maldonado, R., Morales, L. S., Elliott, M., Spritzer, K. L., Marshall, G., & Hays, R. D. (2003). Race/ethnicity, language and patients' assessments of care in Medicaid managed care. Health Services Research, 38, 789-808.**
- **Weech-Maldonado, R., Elliott, M., Morales, L. S., Spritzer, K. L., Marshall, G., & Hays, R. D. (2004). Health plan effects on patient assessments of Medicaid managed care among racial/ethnic minorities. Journal of General Internal Medicine, 19, 136-145.**