

Differences in Patient Reports and Ratings of Ambulatory Health Care by Race/Ethnicity

Ron D. Hays, Ph.D.

June 13, 2005

10:45-11:45 (EPN 6021)



1st and 2nd Bullet Point Highlights

- 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



3 and 4th Bullet Point Highlights

- 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



CAHPS®

- Public domain consumer surveys and reports focused on the quality of health care
- CAHPS surveys used for accreditation by NCQA
- Medicare survey used nationally by CMS
- Many other organizations use CAHPS
 - 130 million Americans enrolled in health plans that collect CAHPS data
 - Over half million Americans complete CAHPS surveys each year



CAHPS® Design Principles

- Provide information consumers say they want and need to help select a health plan.
- Collect information for which the consumer is the best or only source.
- Develop core items applicable to everyone.
- Develop a smaller set of supplemental items to address needs of specific populations.

I: October 1995 -> September 2001

II: June 2002-> May 2007



CAHPS® Reports about Care (20 items)

- How well doctors communicate (4)
- Courtesy/respect/helpfulness of staff (2)
- Getting care that is needed (4)
- Getting care quickly (4)
- Customer service/information from plan (3)
- *Claims processing (3)*



Provider Communication (4 items)

In the last 12 months, how often did doctors or other health providers:

- Listen carefully to you?
- Explain things in a way you could understand?
- Show respect for what you had to say?
- Spend enough time with you?

Never, Sometimes, Usually, Always



CAHPS® Global Ratings (4 items)

- Health plan
- Health care
- Personal doctor
- Specialist care



Example Global Rating Item

Using any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?

- 0 WORST HEALTH CARE POSSIBLE
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 BEST HEALTH CARE POSSIBLE



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)
- 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



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)



Medicare Managed Care: Hispanics compared to whites

- 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



Medicare Managed Care: Hispanic-Spanish compared to Hispanic-English

- Hispanic-Spanish speakers
 - Reported worse experiences with provider communication than did Hispanic-English, but
 - Reported more positive experiences with getting needed care than did Hispanic-English.



Medicare Managed Care: Between State Variation

- Hispanic-Spanish in Florida had more positive reports of communication and staff helpfulness than Hispanic-Spanish in other states.
- Hispanic-Spanish reported worse provider communication and staff helpfulness than Hispanic-English, except in Florida.



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)



Getting Needed Care

	Between	Within	Overall
Asian/non-English	-0.69	-7.77	-8.46*
American Indian	-0.12	-4.38	-4.51*
Missing Race	-0.36	-5.67	-6.03*

Staff Helpfulness

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

Provider Communication

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

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).



Possible Conclusions for 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



Examples of 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).



Ongoing Evaluations of Psychometric Equivalence

- IRT DIF assessment
 - DIF between English and Asian (Cantonese, Korean and Vietnamese) language respondents in California's SCHIP ("Healthy Families Program").
- Qualitative (focus groups, cognitive interviews) methods
- Vignettes



If Assessments of Care are not Equivalent

- Might be able to adjust
 - e.g., “parking item”
 - anchor items (IRT)
- Stratified reporting of results



To the Extent that there are Real Disparities in Health Care

- Care needs to be improved
 - Provide professional translators
 - Cultural competency training
 - Employ bilingual providers
 - Provide transportation



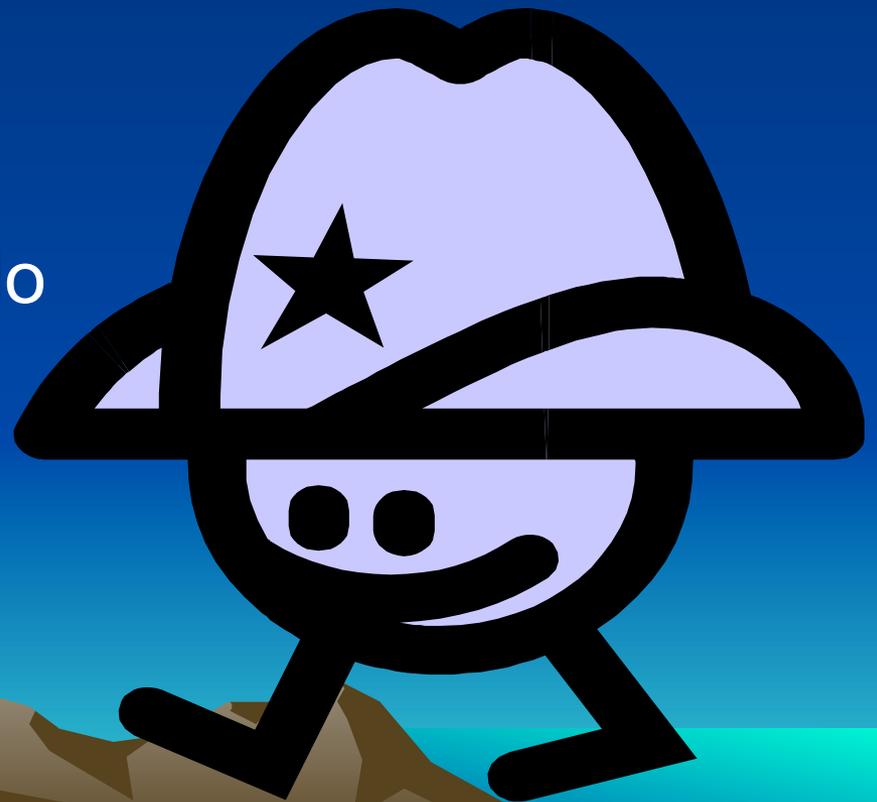
Thank you

- <http://gim.med.ucla.edu/FacultyPages/Hays/>
- <http://www.chime.ucla.edu/measurement/measurement.htm>



Acknowledgements

- Marc Elliott
- Leo Morales
- Karen Spritzer
- Robert Weech-Maldonado



References (1 of 2)

- 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., Reise, S., & Hays, R.D. (2000). Evaluating the equivalence of health care ratings by whites and Hispanics. Medical Care, 38, 517-527.
- 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.
- 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.
- 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.

References (2 of 2)

- 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.
- 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.
- 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.
- 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.