Diversity in Quality Improvement

Ron D. Hays, Ph.D.
UCLA Department of Medicine

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Hyatt Regency Hotel, 1107 Jamboree Road, Newport Beach, CA 92660

Race/ethnicity Differences in Experiences with Health Care

- AHRQ National Healthcare Disparities Report
- Published CAHPS® research
- Possible improvements in race/ethnicity and primary language questions in large national surveys (e.g., CAHPS®, NHIS)

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

Public domain surveys, reports, and QI tools

- 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.
- Core items applicable to everyone, supplemented by items targeted to specific groups

National Standard

- NCQA uses CAHPS for accreditation
- CMS uses Medicare version nationally
- 130 million Americans enrolled in health plans that collect CAHPS data
- Over one-half million Americans complete CAHPS surveys each year

CAHPS® Surveys

- Focus is on reports about health care
- Includes a few global rating items
- English and Spanish language surveys
- Mail and phone data collection
- Cross-sectional design

CAHPS® Items

- Reports about care
 - How well doctors communication
 - Courteous and helpful office staff
 - Access to care
 - Plan customer service
- Single-item ratings of
 - Health care, personal doctor, specialist care, and the health plan

Race/ethnicity and Language Items

Are you Hispanic or Latino/Latina?
□ Yes
□ No
What is your race? Please select one or more.
☐ American Indian or Alaska Native
□ Asian
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
□ White
What language do you mainly speak at home?
□ English
□ Spanish
☐ Some other language (please print):

AHRQ 2007 National Healthcare Disparities Report

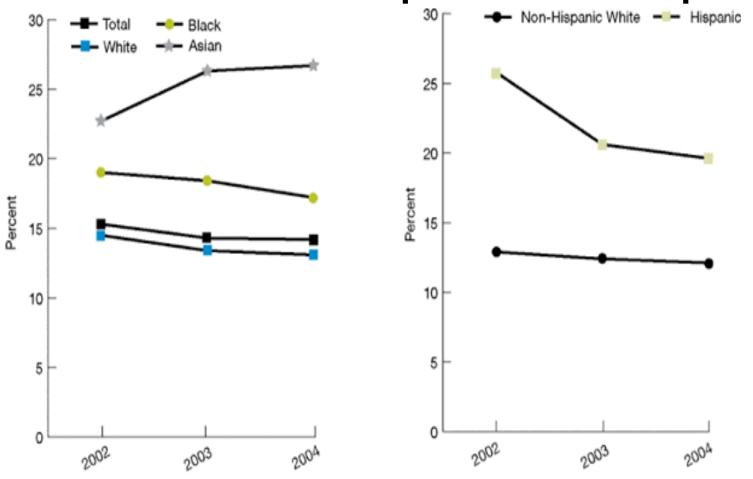


Figure 2.37. Adults age 18 and over who reported never or sometimes or never getting care for illness or injury as soon as wanted in the past year, by race and ethnicity, 2002-2004

AHRQ 2007 National Healthcare Disparities Report

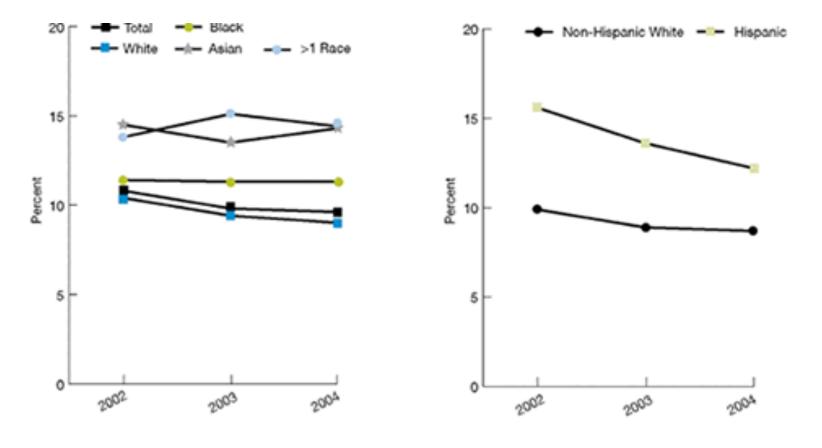


Figure 2.40. Composite: Adult ambulatory patients who reported poor communication (never or sometimes item responses) with health providers, 2002-2004

Asians

(Compared to non-Hispanic Whites)

- Report worse experiences with
 - Getting needed care
 - Getting care quickly
 - Doctor communication

 Non-English language speakers report the worst experiences with care of all racial/ ethnic subgroups

Hispanics/Latinos

(Compared to non-Hispanic Whites)

- Report worse experiences with
 - Getting care quickly
 - Courteous and helpful office staff

- Spanish language speakers also report worse experiences with
 - Doctor communication

American Indians

(Compared to non-Hispanic Whites)

Report worse experiences with

- Getting needed care
- Getting care quickly
- -Courteous and helpful office staff

Blacks

(Compared to non-Hispanic Whites)

- Report worse experiences with
 - Getting care quickly

- Report <u>better</u> experiences with
 - Doctor communication

Implications for Quality Improvement

- Target improvement to race/ethnicity and language subgroups with worse experiences with care
- Tailor health education and outreach efforts to those that are experiencing disparities
- Increase number of providers with language proficiency
 - Spanish-speakers in Florida were found to have relatively positive experiences with care

Race/Ethnic/Language Question Improvements

- Standard information on race/ethnicity/ and language for plan enrollees/group members/ patients of doctors
 - Representativeness of respondents

- Distinguish Asian and Hispanic subgroups
- Routinely assess language primarily spoken