Approaching HHCAHPS Improvement from a Multicultural Perspective

Objectives

• Understand where we are today with patient experience/HHCAHPS

• Identify effects of multicultural population on overall scoring

• List agency interventions towards improvement of HHCAHPS scores
Public Accountability
· For cost, outcomes, patient experience
Value
· Patient-centered, multidisciplinary
Community or “Systemness”
· Effective transition of patients across the continuum of care

Affordable Care Act: Fixing a broken system

**IHI Triple Aim** – the driver behind healthcare evolution (not just reform)
  · Improve Patient Experience
  · Improve Healthcare
  · Lower Cost of Care
The Journey in Understanding Patient Experience
Patient Centered Care

Shift patient involvement to patient engagement

- Communication Flow between patient and caregivers
- Education methods
  - Teachback
  - Visual + oral
Where does data fit in?
- What does your data tell you? Do you understand your data?
- What are the prime opportunities for improvement?
  - Global measures, composite measures, details
- Who are your patients? What do the patient characteristics look like?
  - Age, gender, ethnicity, education

Do you have patients where their primary language is NOT English?
- Yes
- No
Audience Question

Do you have multi-lingual clinicians?

Yes
No

Audience Poll

Do you have multi-lingual aides?

Yes
No
Overall & Recommendation by Language

Overall Rating

<table>
<thead>
<tr>
<th>Language</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>85%</td>
</tr>
<tr>
<td>Spanish</td>
<td>89%</td>
</tr>
<tr>
<td>Chinese</td>
<td>90%</td>
</tr>
<tr>
<td>Russian</td>
<td>90%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>81%</td>
</tr>
</tbody>
</table>

Likelihood to Recommend

<table>
<thead>
<tr>
<th>Language</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>80%</td>
</tr>
<tr>
<td>Spanish</td>
<td>84%</td>
</tr>
<tr>
<td>Chinese</td>
<td>60%</td>
</tr>
<tr>
<td>Russian</td>
<td>84%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>85%</td>
</tr>
</tbody>
</table>

Domains by Language

- Patient Care
- Communication
- Specific Care Issues

Legend:
- National Benchmark (85%)
- National Benchmark (81%)
Other considerations
“The process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each”

National Transitions of Care Coalition, 2012

“It is essential that clinicians learn as much about a patient’s ethnic/cultural behaviors and traditions to better understand adherence issues or unique behaviors”

Agency for Healthcare Research and Quality (AHRQ)
Health Literacy Universal Precautions Toolkit
Questions that may provide insight into the patient cultural preferences

· What do you call your problem?
· What do you think caused your problem?
· How do you cope with your condition?
· What are you concerns about your condition/treatment?

Assessing Patient Skills: Behavioral Indicators of low health literacy

Identify Red Flags from the patient

· I’d like to discuss this with my family
· I can’t discuss this, I lost my glasses

Medication Review

· Looking at the medications (pills) and not the prescription label
· Not able to name the medication
· Unaware of why they are taking medication
· Does not know when to take medication
Important to provide effective communication

· Verbal
· Written

Principles and practices applied to ALL patients to prevent effects of literacy mismatches

Top Five Drivers of Recommendation

Source: National Research Corporation

1. Care providers listened carefully to you
   Q18 – In the last 2 months of care, how often did home health providers from this agency listen carefully to you?

2. Care providers seemed informed and up-to-date
   Q9 – In the last 2 months of care, how often did home health providers from this agency seem informed and up-to-date about all the care or treatment you got at home?

3. Explained things in a way easy to understand
   Q17 – In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand?
4. Care providers treated you with courtesy and respect
   Q19 – In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?

5. Informed you about when care providers would arrive
   Q15 – In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home?

Who Are We?

With more than 160 years of experience as a not-for-profit elder care system, Jewish Home Lifecare provides a broad spectrum of care and serves as a resource on concerns of aging for elders and caregivers.

In 2012, the total persons served by Jewish Home was 12,088; 54% in Community Services, 31% in Nursing Home Subacute, and 15% in Nursing Home Long Term Care.

Our home care program is a LTHHCP (Long Term Home Health Care Program), which allows for Medicaid billing for chronic services. Our average length of stay (LOS) is 18 months.
HomeCare Patients by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Bronx</th>
<th>Manhattan</th>
<th>Total</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>9</td>
<td>42</td>
<td>51</td>
<td>5.95%</td>
</tr>
<tr>
<td>African American</td>
<td>82</td>
<td>78</td>
<td>160</td>
<td>18.67%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>234</td>
<td>234</td>
<td>468</td>
<td>54.61%</td>
</tr>
<tr>
<td>White</td>
<td>48</td>
<td>119</td>
<td>167</td>
<td>19.49%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>10</td>
<td>11</td>
<td>1.28%</td>
</tr>
</tbody>
</table>
Experience > Satisfaction?

Clancy, Brach, Abrams (2012)

- CAHPS surveys go beyond producing patient satisfaction ratings
- Patients report their experiences with health care services
- Reports about care are regarded as more specific, actionable, understandable, and objective than general ratings alone.
- Anticipate that HHCAHPS will convey patient experiences and also go beyond producing patient satisfaction ratings


Cultural Demographics

30. Are you Hispanic or Latino/Latina?
   1. Yes
   2. No

31. What is your race? Please select one or more.
   1. White
   2. Black or African-American
   3. Asian
   4. Native Hawaiian or other Pacific Islander
   5. American Indian or Alaska Native
Analysis #1: Latino/Hispanic?

- Latino/Hispanic: 6%
- Non-Latino/Hispanic: 94%

Averaged JHLC Survey % Returned by Latino or Hispanic, 2011-2013

Averaged National Survey % Returned by Latino or Hispanic, 2011-2013

**Weighted Average Based on Number of Surveys per year, 2011-2013**

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Analysis #2: Race

- African American: 17%
- American Indian: 3%
- Asian: 4%
- Hawaiian: 4%
- Unknown Race: 10%
- White: 76%

Averaged JHLC Survey % Returned by Race, 2011-2013

Averaged National Survey % Returned by Race, 2011-2013


**Weighted Average Based on Number of Surveys per year, 2011-2013**
Explaining the “Unknown”

Correlational Analysis of "Unknown Race" & "Spanish Returned Surveys" 2011-2013 Averaged

R² = 0.9017

HHCAHPS Agency Scoring
HHCAHPS Agency Scoring
Patient Care Average by Race 2011-2013

**Weighted Average Based on Number of Surveys per year, 2011-2013**

Communication Average by Race 2011-2013

**Weighted Average Based on Number of Surveys per year, 2011-2013**
Influential Factors
Factor #1: Cultural Competency in HHCAHPS?

Carle and Weech-Maldonado (2012)

- Discussed possibility that 2 people who have had equivalent experiences may answer questions about their experiences differently based on characteristics such as race or ethnicity (Mellenbergh, 1989).
- Provided general support for the equivalence of the CAHPS Cultural Competence Survey in measuring across racial groups.
- Anticipate and expect that HHCAHPS will also provide equivalent measurement across white, black, and Hispanic patients.

Carle AC, Weech-Maldonado R. Evaluating measurement equivalence across race and ethnicity on the CAHPS

Carle and Weech-Maldonado (2012)

- Possibility exists that even when Spanish and English speakers experience the same levels of culturally competent care, responses describing this care may differ.
- Examined whether measurement bias on the CAHPS-CC impedes valid measurement across the English and Spanish version.
- Result support the use of the English and Spanish versions of the CAHPS-CC.
- Anticipate and expect that HHCAHPS will also provide equivalent measurement across English and Spanish versions.

Factor #3: Patient Attitudes Towards Surveys

Weech-Maldonado et al. (2008)

- Examined differential use of the 0-10 rating scales in the CAHPS® health plan survey by Hispanic ethnicity and insurance status.
- Hispanics exhibited a greater tendency towards extreme responding in the CAHPS ratings than non-Hispanic Whites.
- Observed higher Hispanic ratings may be partially attributed to differences in response styles rather than variations in care.


Extreme Response Style

Weech-Maldonado et al. (2008)

- "Respond systematically to questionnaire items on some basis other than what the items were designed to measure" (Baumgartner and Steenkamp, 2001).
- One of these response styles is the extreme response style or tendency to select both endpoints of a response scale (Hui and Triandis, 1989, Clarke, 2000, Marin et al., 1992).
- Prior research has shown that African Americans and Hispanics in the U.S. are more likely than Whites to use the extreme responses in the scale.

Now What?

- Client/provider relationship
- Unintentional bias
- Mutual cultural knowledge/understanding & behaviors
- Language
- Food
2012 Percentage of Employees that Speak Spanish by Job Title, n= 496

<table>
<thead>
<tr>
<th>Job Title</th>
<th>CSD</th>
<th>HAPI</th>
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<tbody>
<tr>
<td>C.N.A.</td>
<td>6</td>
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<tr>
<td>Driver</td>
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<tr>
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<td>HHA</td>
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<td>LPN</td>
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<td>0</td>
</tr>
<tr>
<td>Pharmacy</td>
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<td>0</td>
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<tr>
<td>Plant Operations</td>
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<td>0</td>
</tr>
<tr>
<td>PT/OT/ST/RT</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>RN</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Social work</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>24</td>
<td>9</td>
</tr>
<tr>
<td>Total who speak Spanish/Total employees</td>
<td>47/227</td>
<td>451/778</td>
</tr>
<tr>
<td>% who speak Spanish</td>
<td>21%</td>
<td>57%</td>
</tr>
</tbody>
</table>

Other Includes: Administrative Coordinator, Assistant Director, Associate Director, Clinical Service, Consultant, Directors, Escorts, IT, Interns, Office Coordinators, Pastors, Program Aids, Security.
## 2012 Number of Employees by Division and Ethnicity

### Gender

<table>
<thead>
<tr>
<th>Company</th>
<th>Female</th>
<th>Male</th>
<th>Grand Total</th>
</tr>
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<tbody>
<tr>
<td>Community Service Division</td>
<td>159</td>
<td>30</td>
<td>189</td>
</tr>
<tr>
<td>Asian</td>
<td>20</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>Black/African American</td>
<td>60</td>
<td>5</td>
<td>65</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>33</td>
<td>13</td>
<td>46</td>
</tr>
<tr>
<td>White</td>
<td>46</td>
<td>11</td>
<td>57</td>
</tr>
<tr>
<td>Home Assistance Personnel, Inc (HAPI)</td>
<td>885</td>
<td>13</td>
<td>898</td>
</tr>
<tr>
<td>American Indian</td>
<td>7</td>
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</tr>
<tr>
<td>Asian</td>
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<td>1</td>
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<tr>
<td>Black/African American</td>
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<tr>
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</tr>
<tr>
<td>White</td>
<td>13</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>1044</td>
<td>43</td>
<td>1087</td>
</tr>
</tbody>
</table>

### 2012 Snapshot:

- 33% of JHL employees speak a second language (1,167 out of 3,484 total)
- 22% (766) employees speak Spanish (Conversational, Fluent, Primary Language)

*Other Languages Include: Italian, Korean, Chinese, Romanian, German, Malay, Hindi, and many others
Interventions

Intervention #1:

Cultural Competency Training
- Expand training modules/tracks
Intervention #2:

Help Clients Understand the language of the HH-CAHPS survey

Intervention #3:

Address HHCAHPS communication issues across all races

- “Get Help in a Timely Manner”
- “Informed About Arrival”
- “Easy to Understand”
Stellar Patient Experience!

Involve All Levels of Staff in Training

Evaluate Effectiveness of Training

Take Your Data Apart

Drill Down Further

Expect Surprises

Include All Cultures

References


References


Khatutsky, G., Anderson, W., Weiner, J., Personal Care Satisfaction Among Aged and Physically Disabled Medicaid Beneficiaries. *Health Care Financing Review, Fall 2006/Volume 28, Number 1*

Cooper-Patrick L., Gallo, J., et al., Race, Gender, and Partnership in the Patient-Physician Relationship. *JAMA 1999;282(6)583-589*

Brach, C., Fraserirector, I., Can Cultural Competency Reduce Racial and Ethnic Health Disparities? A Review and Conceptual Model

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