



Research on Cultural Comparability

Developing and Testing the CAHPS CC Item Set

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What Is Cultural Competence?

- Broader framework is **quality** of care, particularly patient centeredness
- **Patient-Centered Care:** “Care that is respectful and responsive to individual patient preferences, needs and values”
- **Cultural Competence:** Care that is responsive to diversity and cultural factors such as language, beliefs, attitudes and behaviors that affect health and health care



Cultural Competence and CAHPS

- CAHPS surveys examine quality and performance based on consumer experiences
- **CAHPS I**- Health plan survey included patient-doctor communication and research on racial/ethnic and language differences
- **CAHPS II**- research on cultural competence and initial development and testing of a cultural competency item set
- **CAHPS III and CMWF**- field testing CAHPS CC

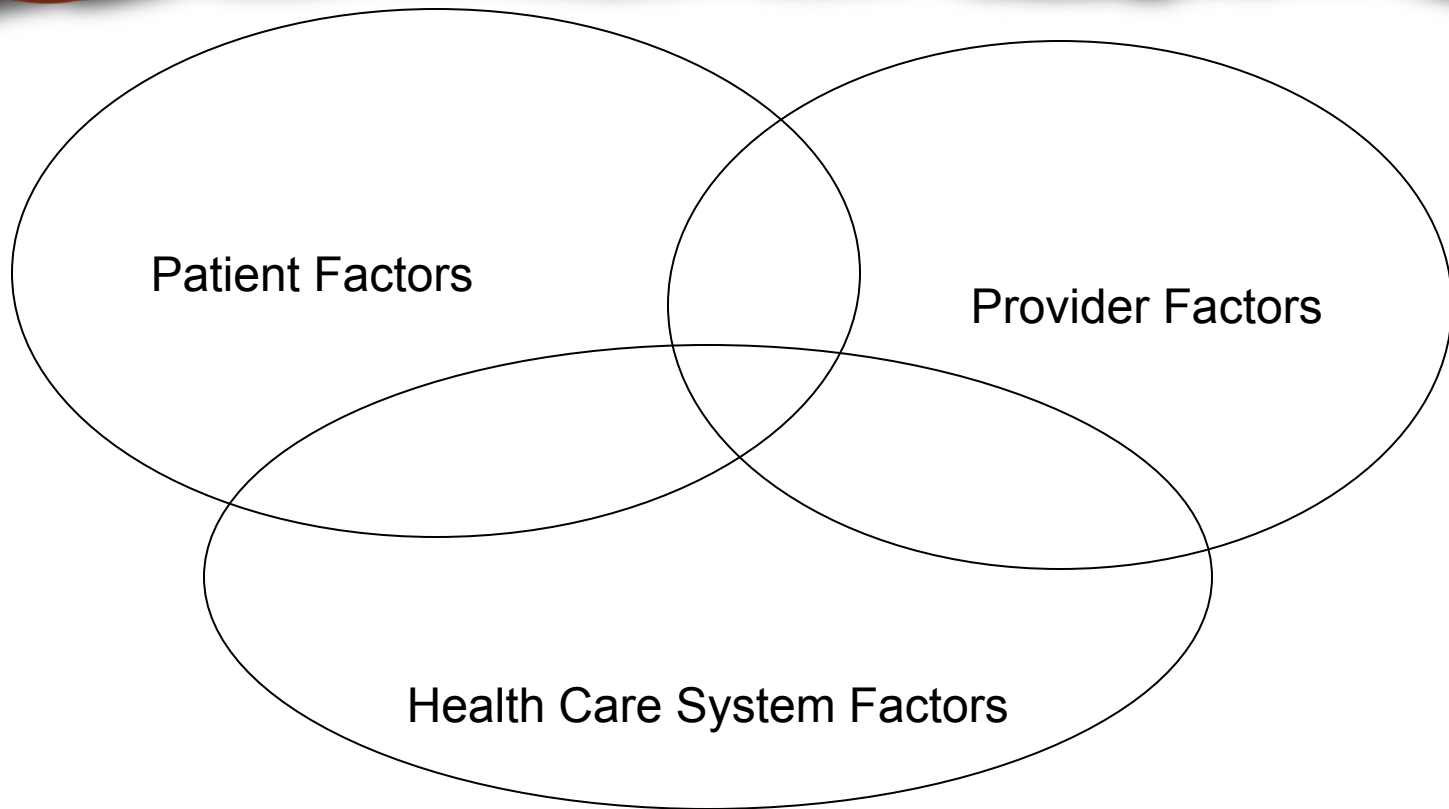


Development of CAHPS CC

- Literature Review
- Development of a Conceptual Model*
- Instrument Review (incl. CAHPS)
- Call for Measures
- Item Development and Translation
- Cognitive Testing
- Field Test

* Ngo-Metzer et al. 2006. Cultural competency and quality of care. Available at www.cmwf.org

Measuring Culturally Competent Care



U.S. Department of Health and Human Services

PATIENT EXPERIENCE & PATIENT SAFETY CULTURE
11th CAHPS® & 1st SOPS
USER GROUP MEETING



Cultural Competence and Consumers

- Providers and Consumers
 - Communication
 - Respect for patient preferences/Shared decision-making
- Systems, Providers and Consumers
 - Experiences leading to trust or distrust
 - Experiences of discrimination
 - Linguistic competency



Cultural Competency in CAHPS Surveys

- Communication
 - Listen carefully; Easy to understand; Spend enough time
- Respect for Patient Preferences/Shared Decision-Making
 - Show courtesy and respect; Discuss pros & cons of options; Participate in treatment decisions
- Linguistic Competency
 - Provide written info that is easy to understand
- Experiences Leading to Trust/Distrust: None
- Experiences of Discrimination: None
- Characteristics: Age, gender, race/ethnicity, language (translated versions only)



Cultural Competence Missing from CAHPS

- **Communication:** Use of complementary and alternative medicine
- **Respect for Patient Preferences/Shared Decision-making:** Empathy and emotional support
- **Linguistic Competency:** Access to language services; Health literacy aspects
- **Experiences Leading to Trust/Distrust:** Level of trust, caring, truth-telling
- **Experiences of Discrimination:** Due to race/ethnicity, insurance, language, etc.
- **Characteristics:** Primary language (all versions), English-language ability



Item Development

- Reviewed CAHPS surveys to identify existing items that address domains of interest
- Reviewed existing measures
- Adapted or modified measures in the public domain
- Wrote new items for domains/sub domains for which we were unable to identify existing measures



Overview of draft item set

- Developed as a supplemental item set for the CAHPS Clinician and Group Survey
- Included 6 composites and 49 items
- Patient Provider Communication (5 items)
- Alternative Medicine (6 items)
- Shared decision-making (7 items)
- Experiences of discrimination (12)
- Trust (7)
- Language Access (10 items)



Translation into Spanish

Used modified “translation by committee approach”

- Conducted 2 forward translations using ATA certified, professional translators
- Provided translators background info (purpose, characteristics of target audience, mode of data collection)
- Reviewed and reconciled translation differences and corrected errors by committee



Cognitive Testing

- Assess patients' understanding of draft survey items
- Assess whether patients' understand key concepts as intended
- Assess appropriateness of Spanish language translation/identify problems w/translation
- Identify terms, items, response options that are problematic
- Findings used to revise and refine survey items



Cognitive Testing

- Conducted by all 3 grantee teams in Los Angeles, Boston, Chapel Hill, NC
- Tested concurrently in Spanish and English
- A total of 18 interviews conducted (9 in Spanish and 9 in English)
- Aimed to get a mix of respondents in terms of age, race/ethnicity, gender, and level of education
- Set targets for Hispanic subgroups (aim for mix, no more than 4 of Mexican origin)



Cognitive Testing Methods

To facilitate training of cognitive interviewers across sites and ensure comparability of information collected across sites and across languages, we used:

- Semi-structured interview with scripted probes
 - All 3 grantees used same recruitment and interview protocol (developed collaboratively)
- Defined measurement goal for each survey item
- Defined cognitive interview goal for each item



Cognitive Testing Methods

- Semi-structured interview with scripted probes
- Used interviewer administered and self-administered protocols
- Used concurrent, think aloud method to interview
- Interviewer coded R responses to survey items, recorded verbatim responses, and took notes using paper/pencil form
- Cognitive interviews were audio recorded



Findings from Cognitive Interviews

- Respondents generally understood survey items and were able to provide meaningful responses
- Item set generally covers issues and experiences that are relevant and important to the respondents
- Several respondents had problems following the skips (particularly Spanish speakers)
- Some translation issues identified
- Some items were confusing or difficult to understand



Revisions to survey

- Shortened some items to make them easier to understand
- Modified translation of some items to make items easier to understand
- Dropped items that were redundant
- Dropped items that didn't provide meaningful data



Revised Survey

- Includes 5 composites and 44 items
- Patient-Provider Communication and Alternative Medicine (16 items)
- Shared decision-making (5 items)
- Experiences of discrimination (2 items)
- Trust (6 items)
- Language Access (15 items)



Field Test/ Preliminary Findings

- Sample
 - Stratified random sample by race/ethnicity and language of 6,000 Medicaid managed care enrollees from two health plans (one in CA and one in NY)
 - 358 completes to date
 - Analytic sample limited to respondents indicating having a personal doctor and visiting him/her at least once during the last 12 months
 - 278 completes met this criteria
- Survey
 - Two-stage mail phase
 - Two-stage phone phase



Data Analysis

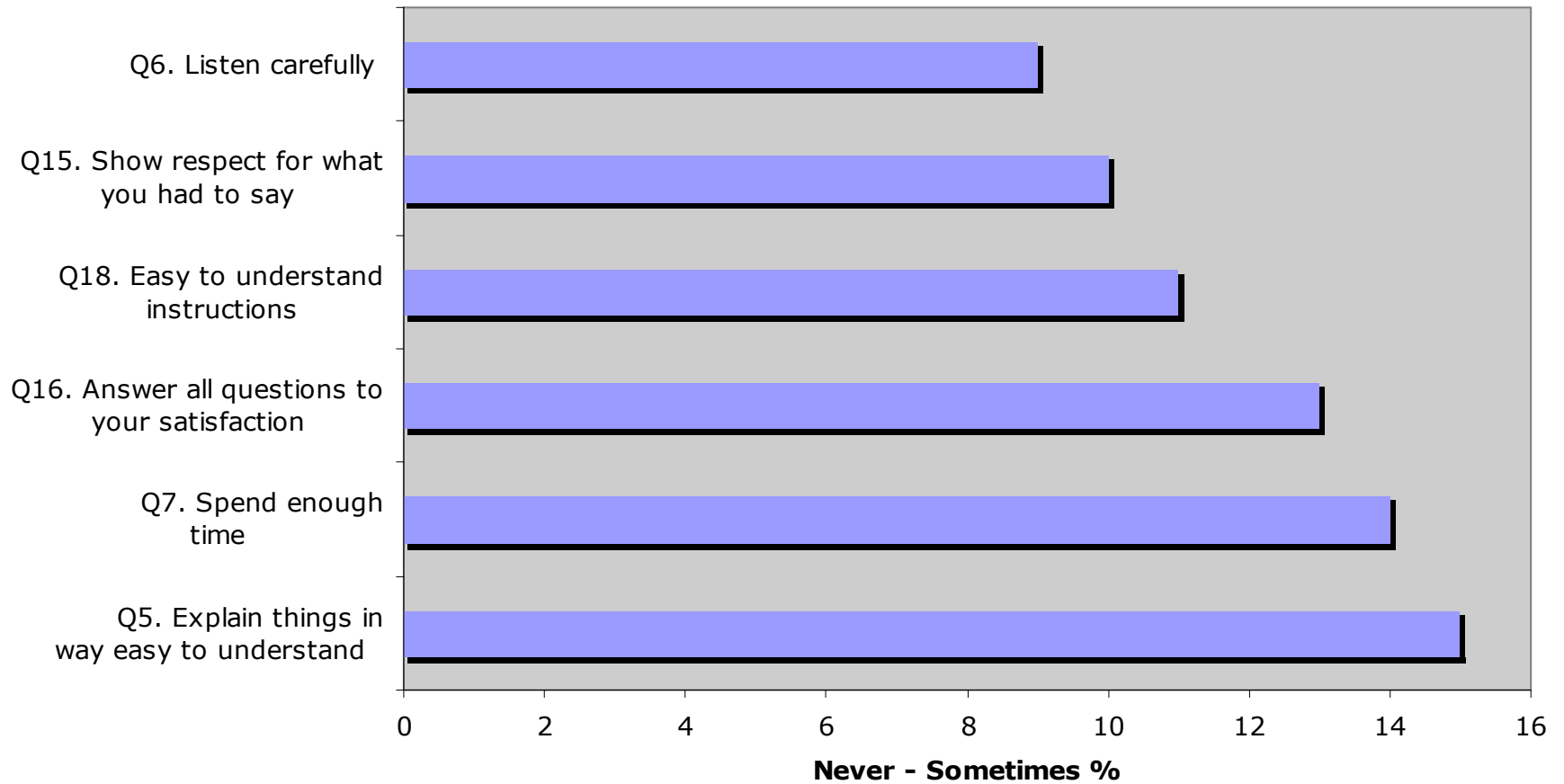
- Psychometric analysis
 - Exploratory factor analysis
 - All core survey items except overall doctor rating and language access variables
 - Internal consistency (Cronbach alphas)
- Descriptive statistics
- ANOVA by race/ethnicity



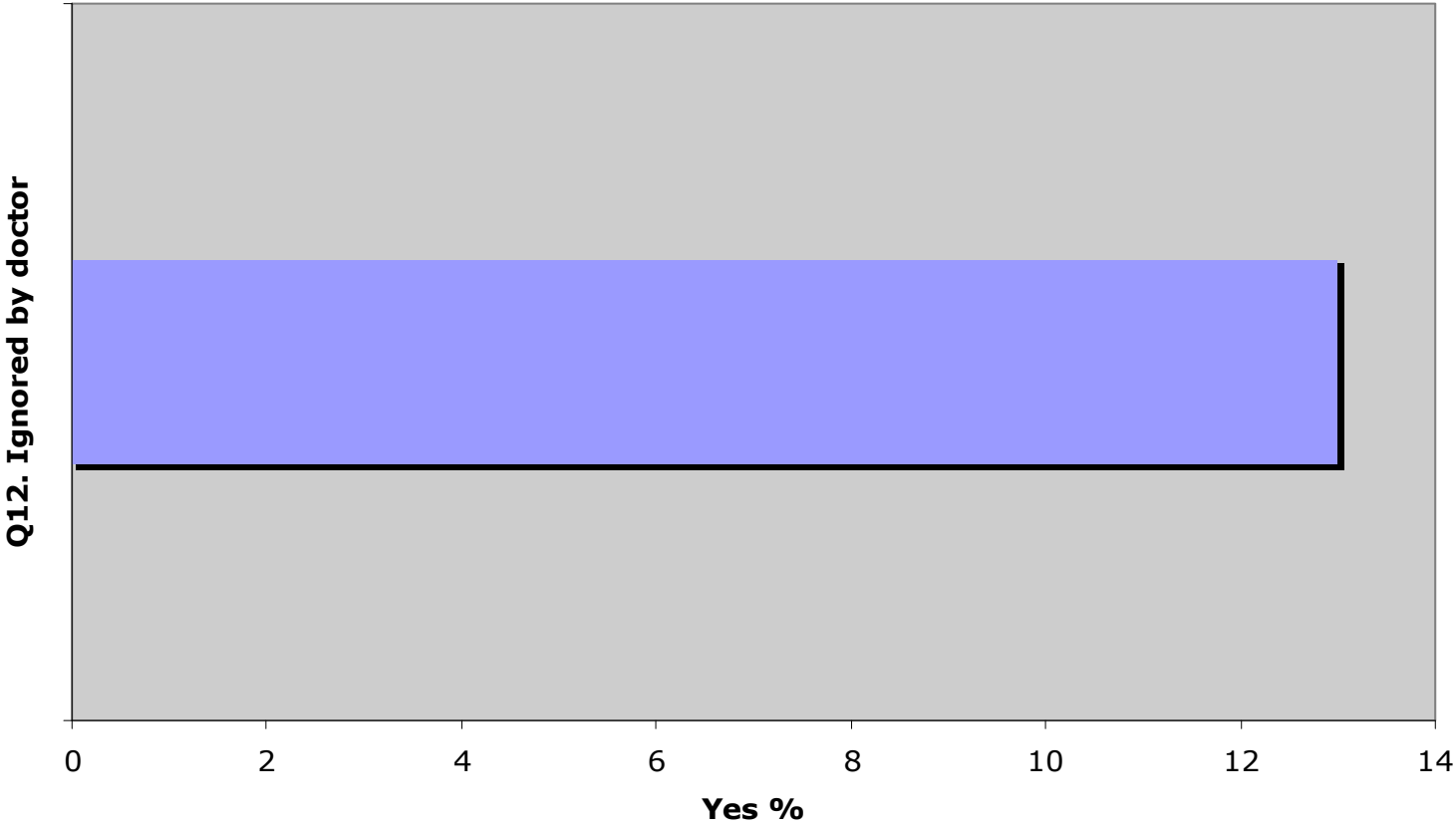
Results

- Domains from factor analysis
 - Overall Provider Communication
 - CAHPS 3.0 Provider Communication items plus
 - Provider Oral Communication
 - Preventive Care
 - Alternative Medicine
 - Equitable Treatment
 - Trust
- Internal consistency
 - Adequate for all domains except shared decision making ($\alpha = .66$) and alternative medicine ($\alpha = .60$)
- Additional domain
 - Language Barriers

Overall Provider Communication

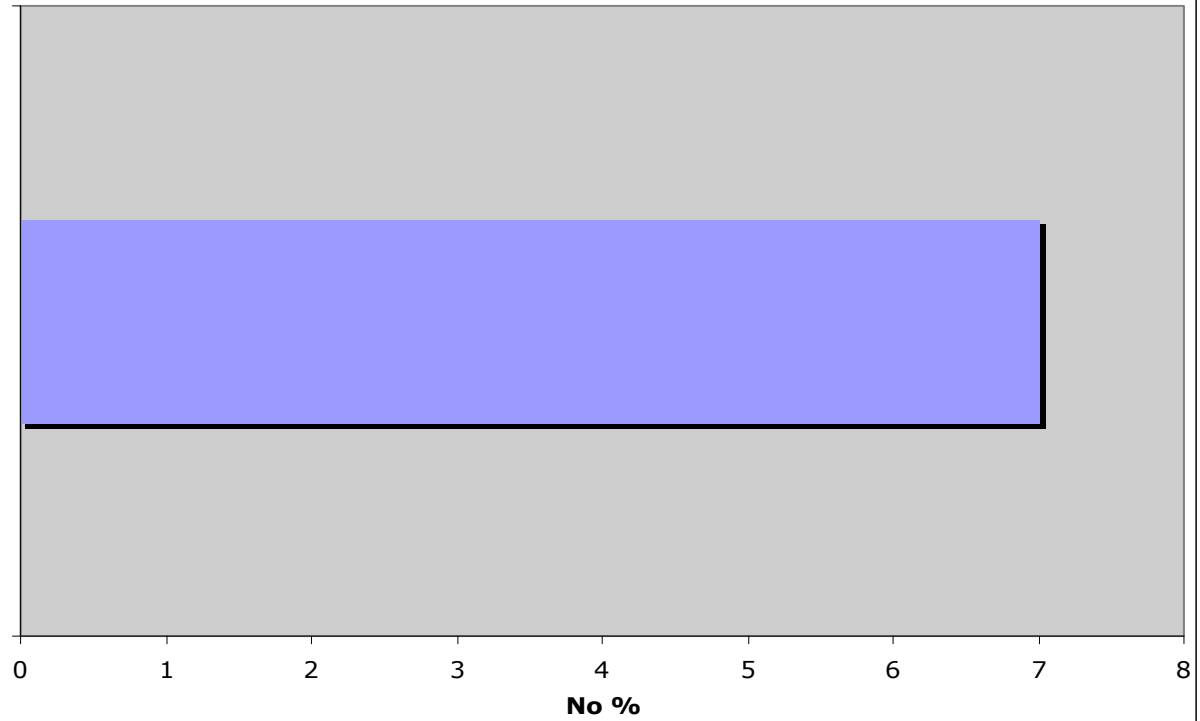


Overall Provider Communication

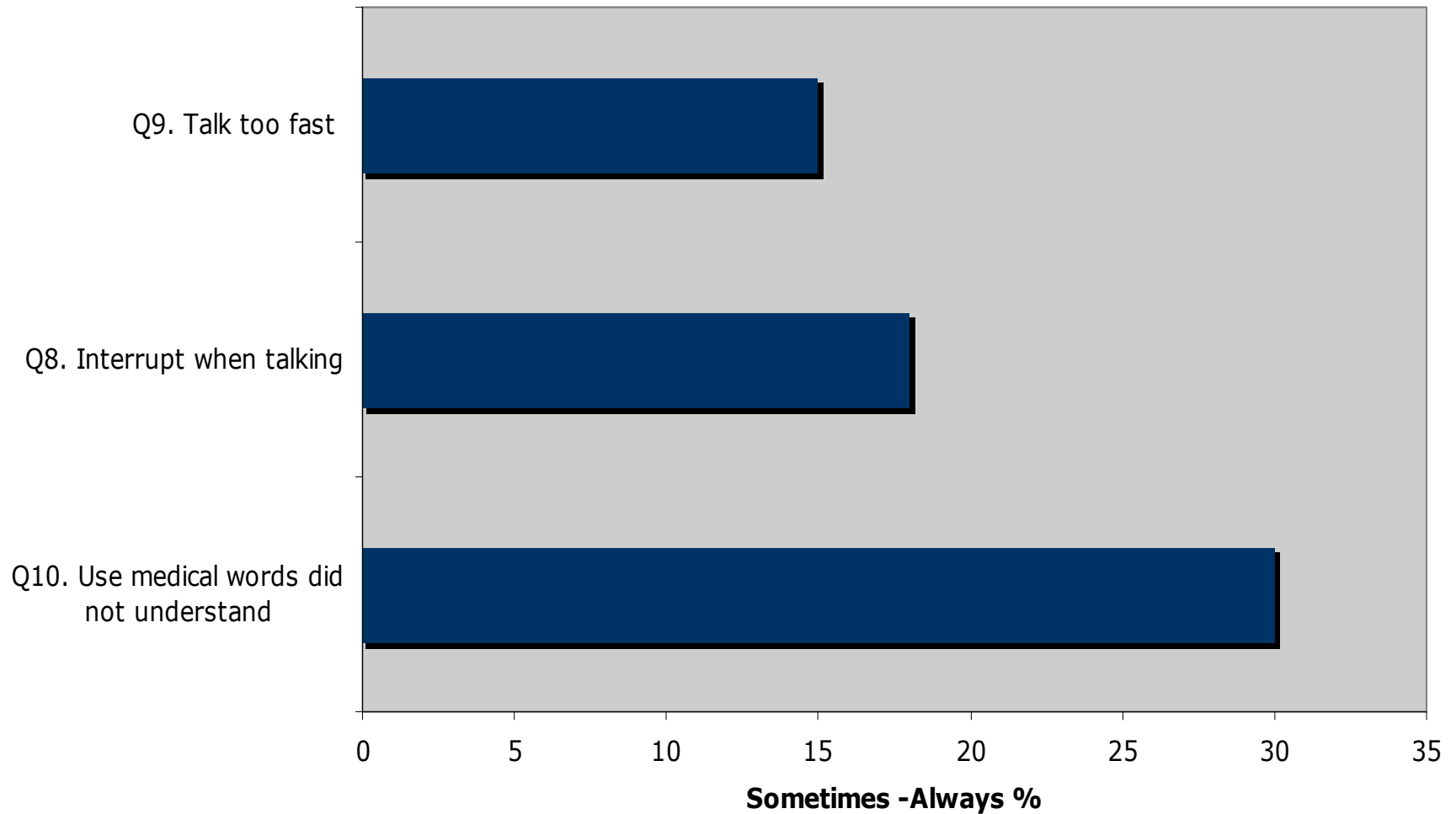


Overall Provider Communication

**Q14. Show interest
in questions**

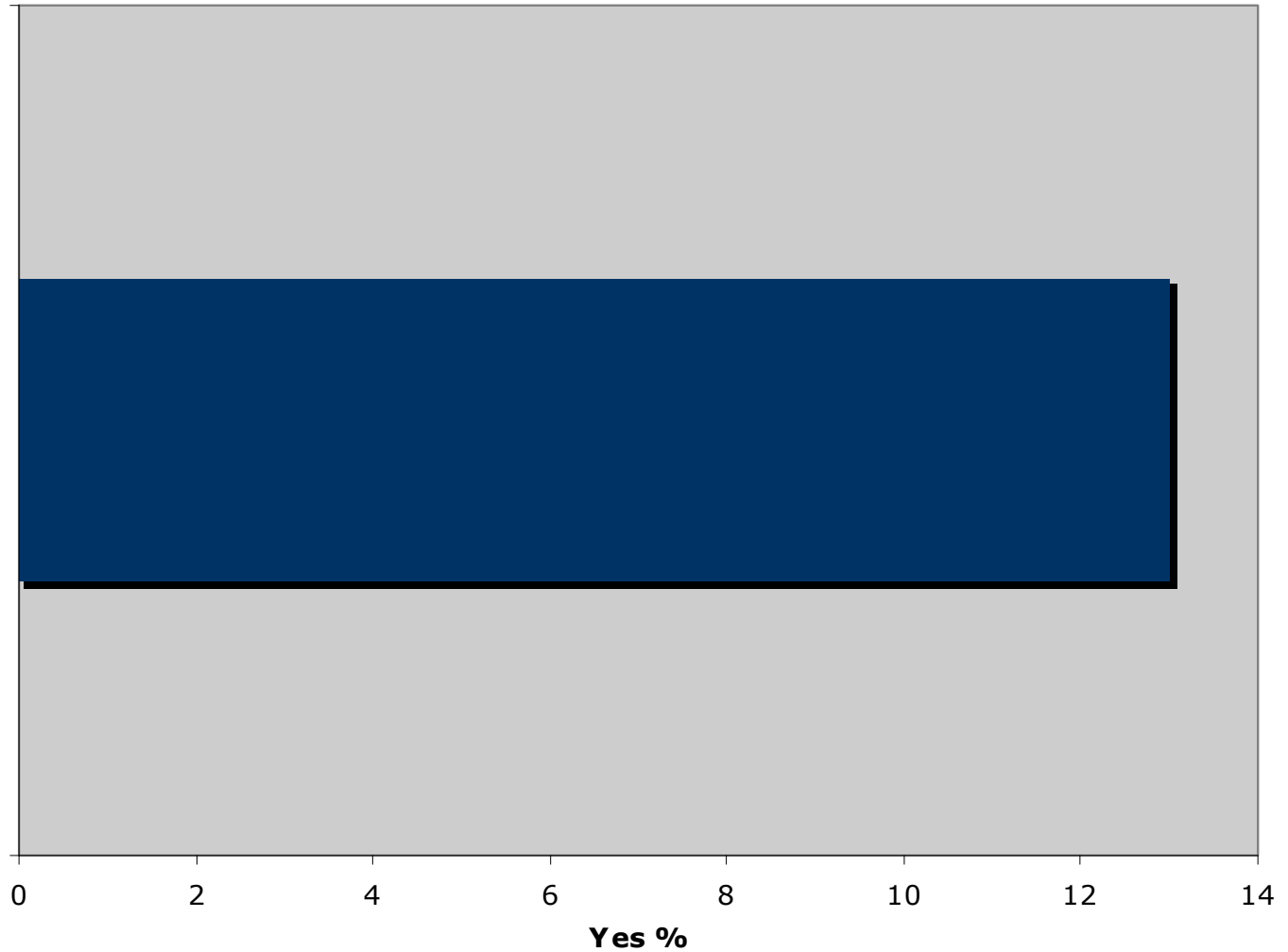


Provider Oral Communication

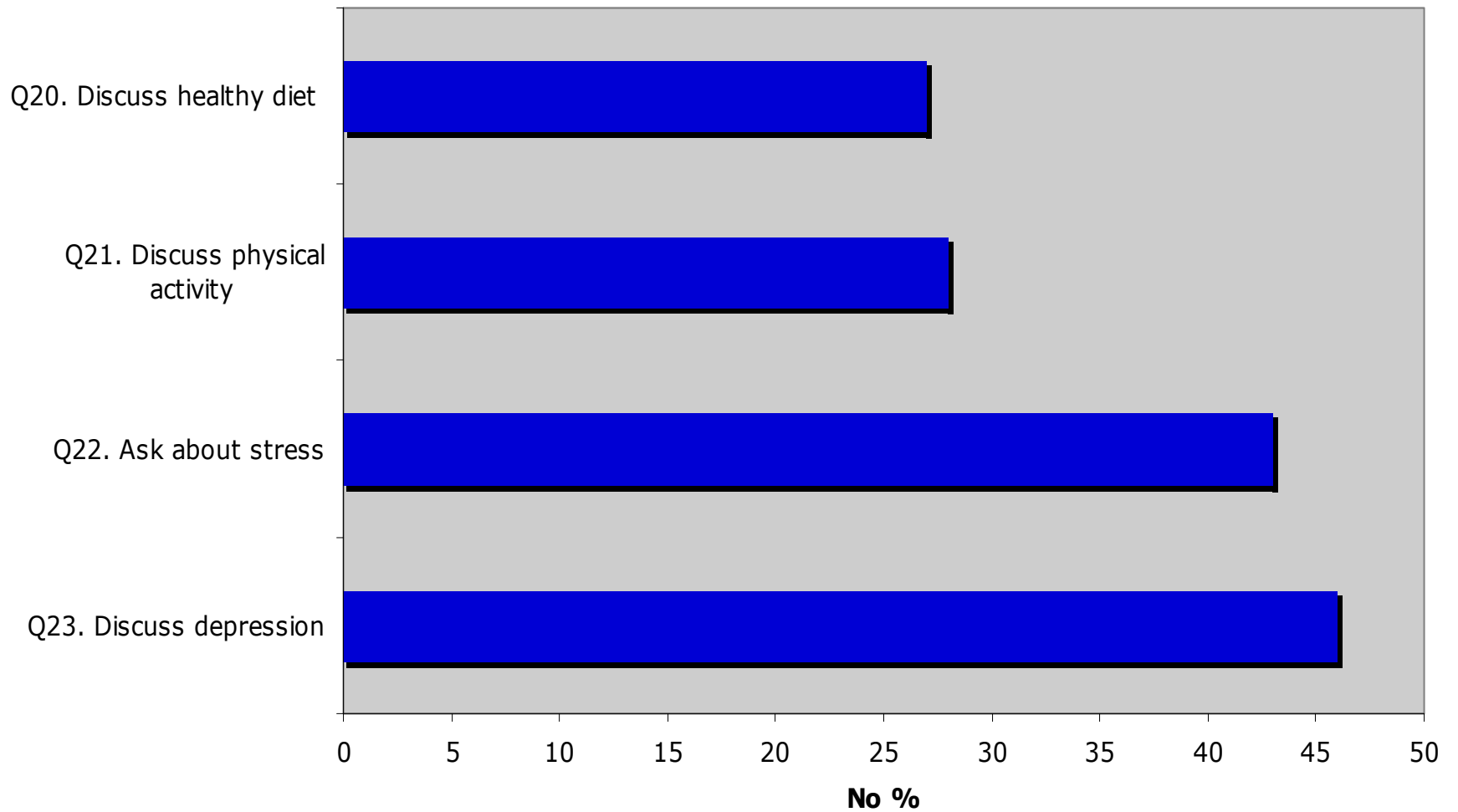


Provider Oral Communication

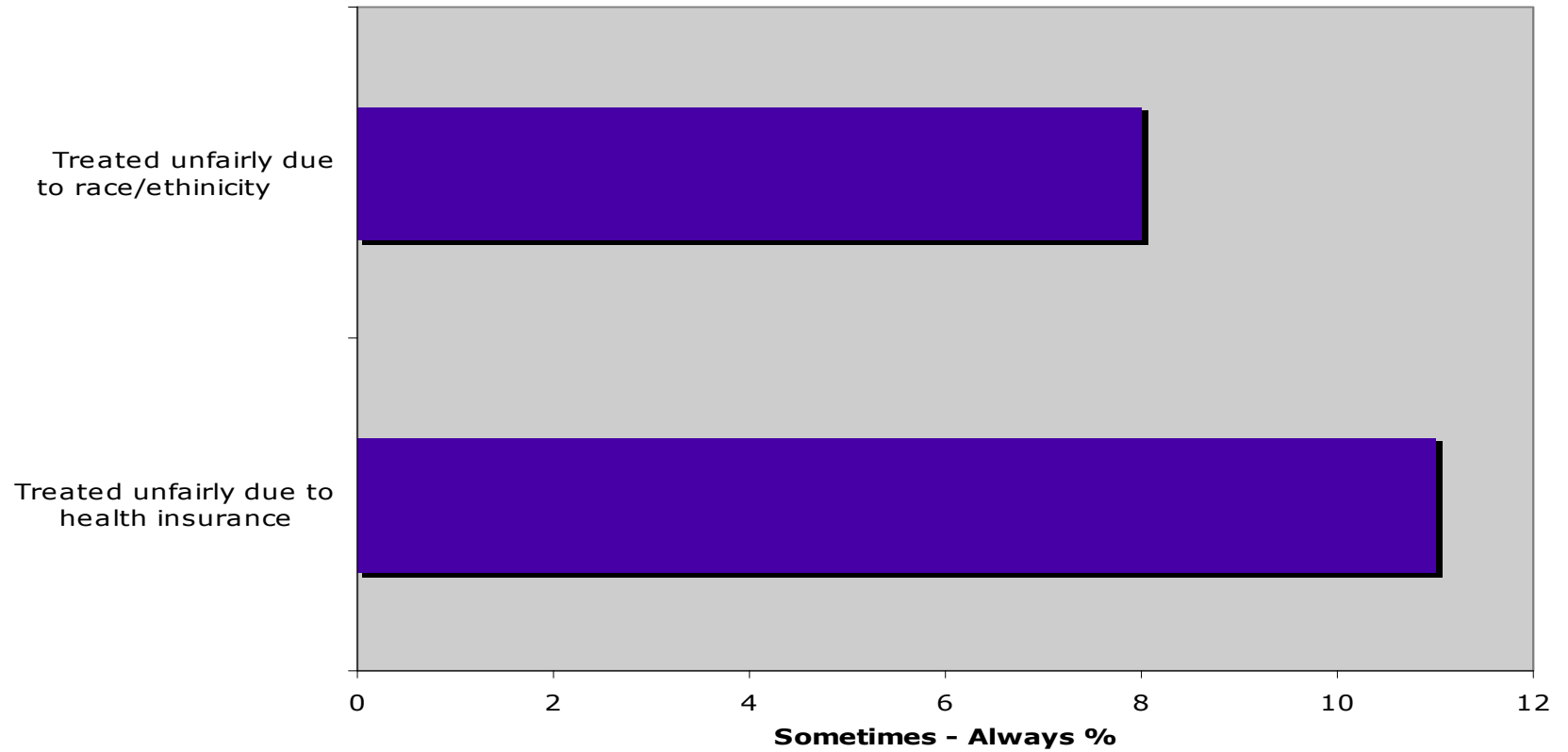
**Q11. Explanations
hard to understand
because of accent or
way doctor spoke
English**



Preventative Care

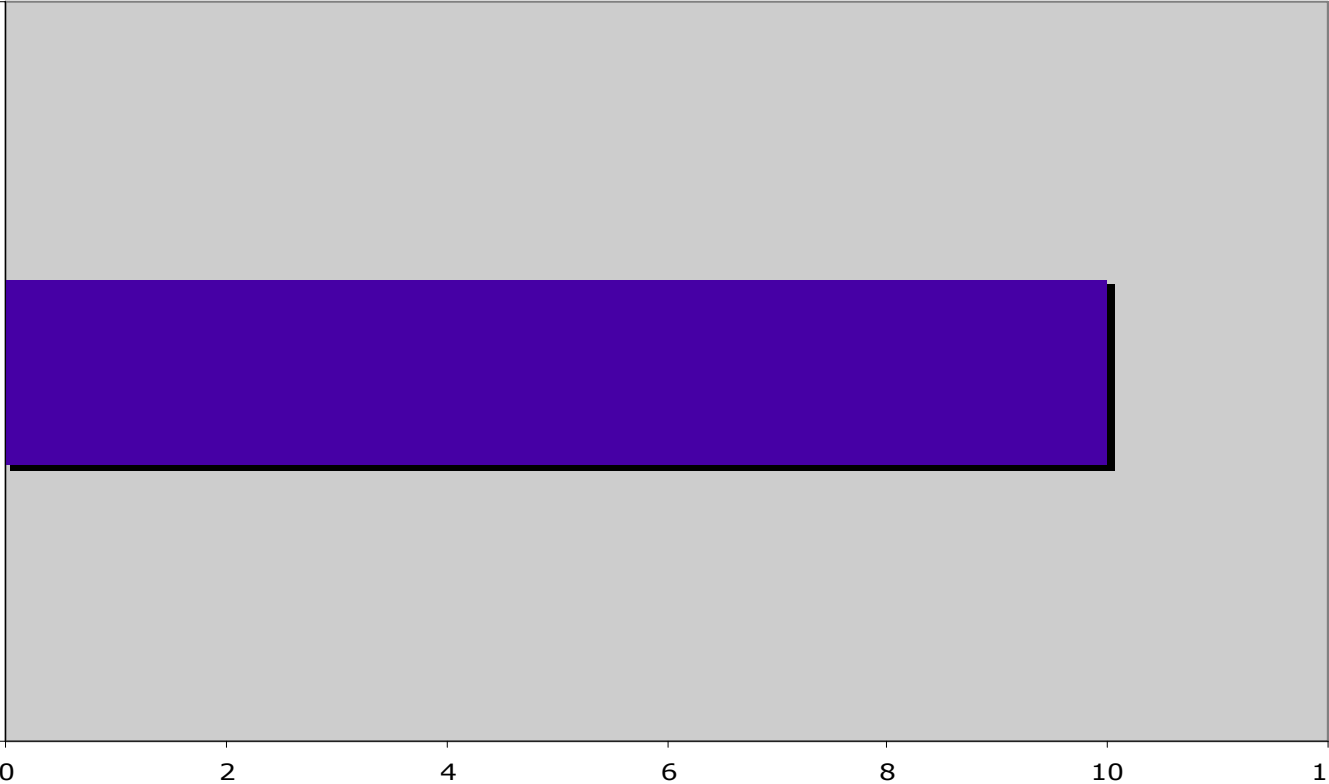


Equitable Treatment

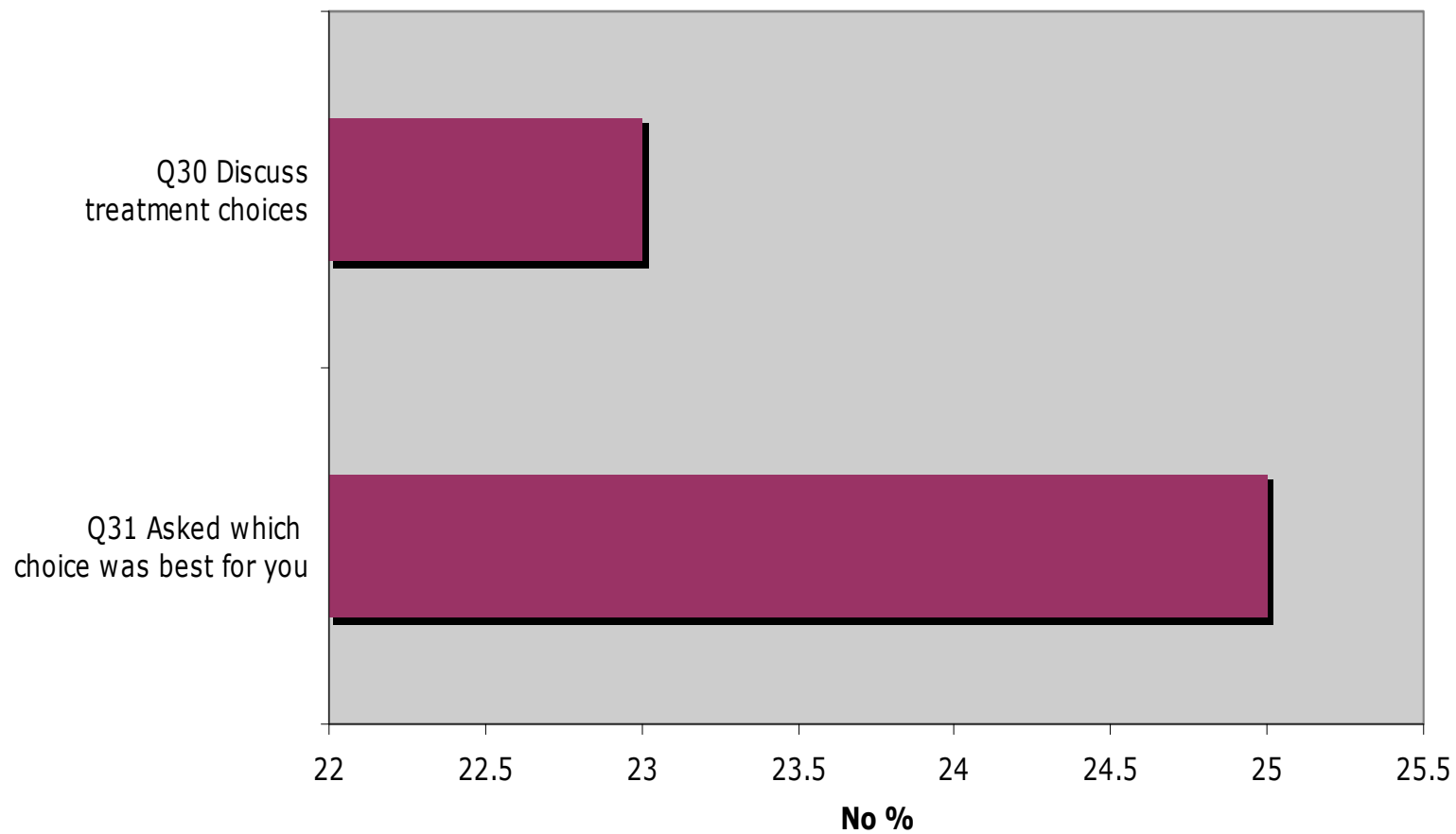


Equitable Treatment

**Q13 Used
condescending,
sarcastic, rude tone**



Shared Decision-Making



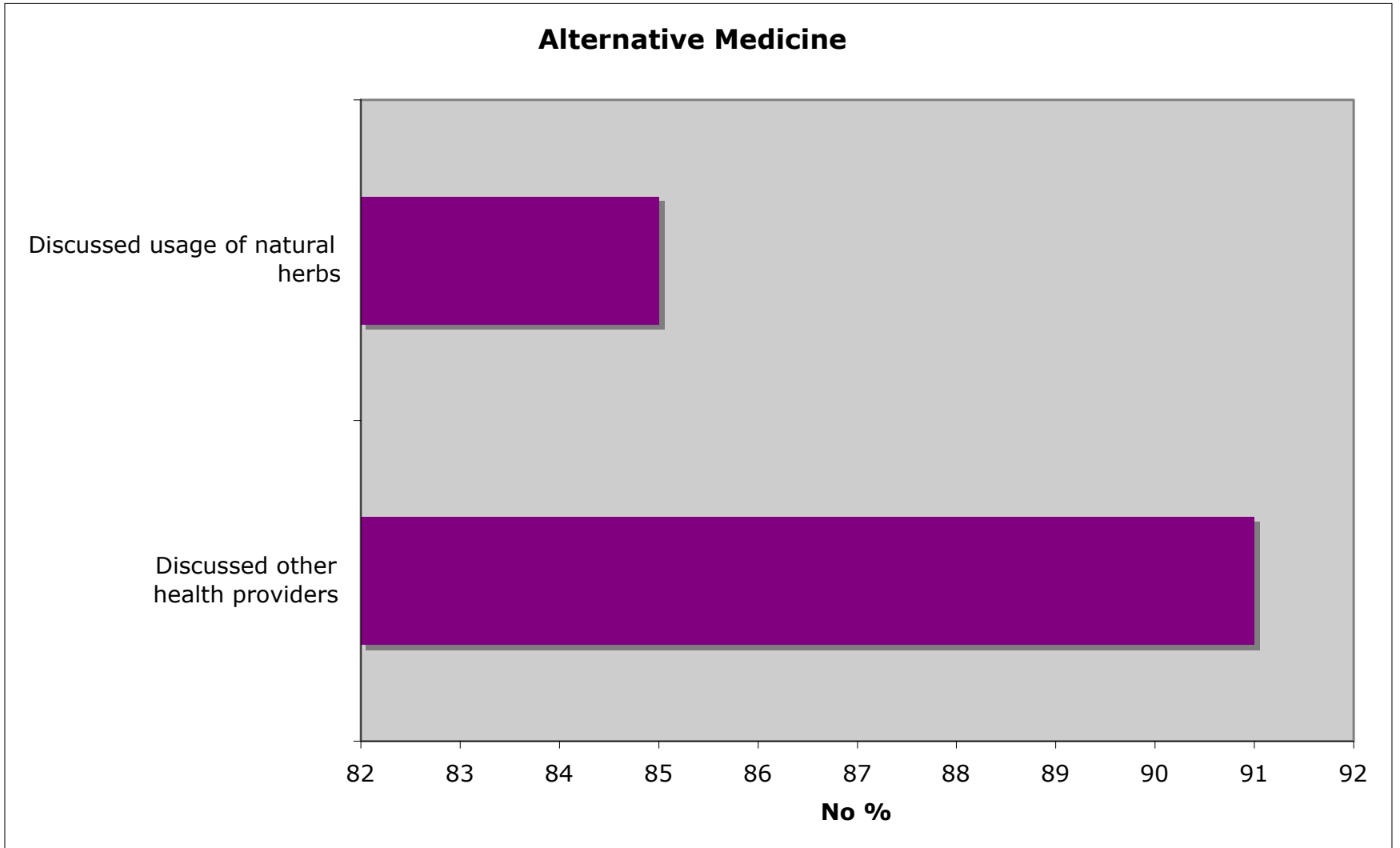
Alternative Medicine

Discussed usage of natural
herbs

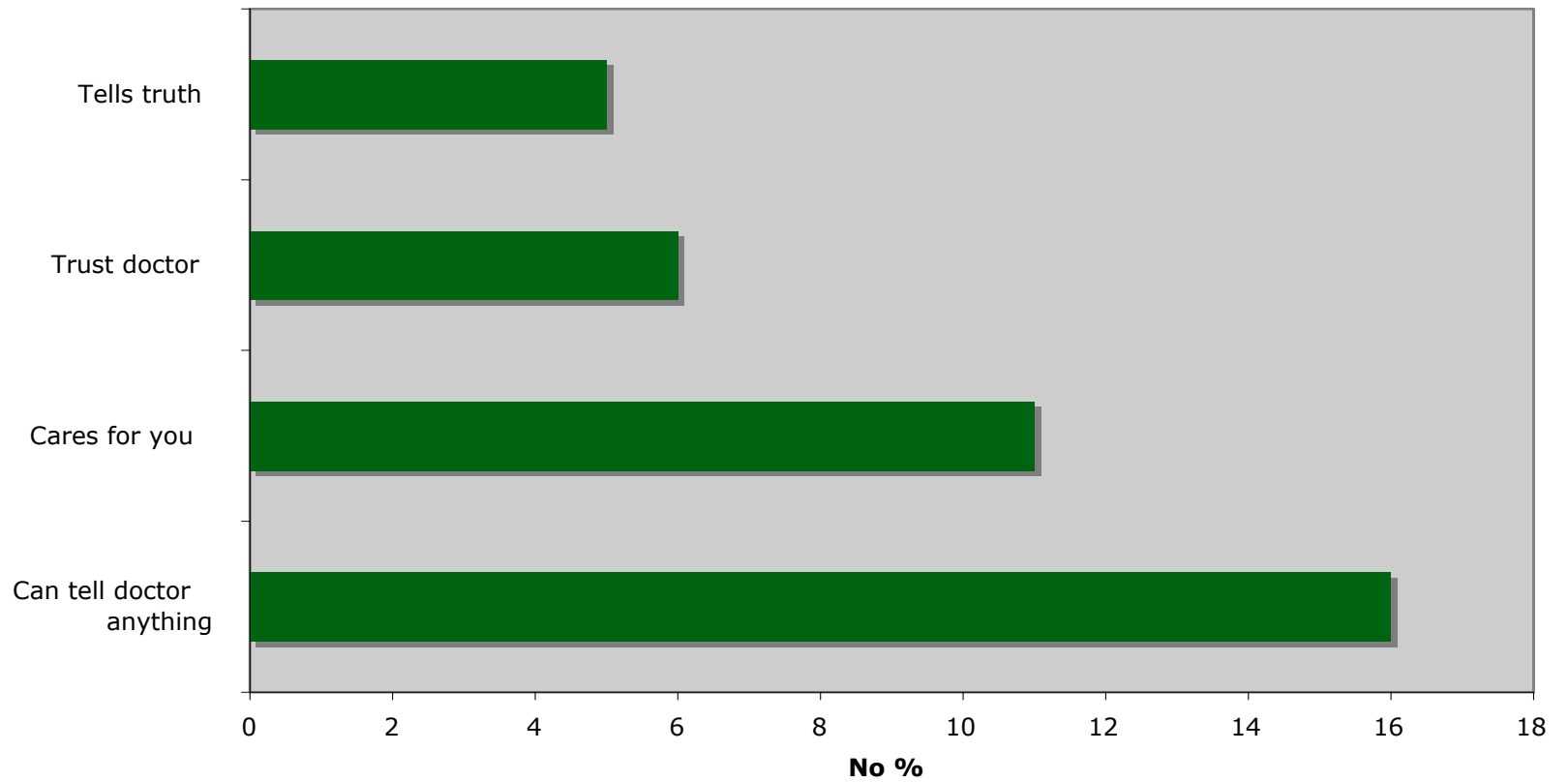
Discussed other
health providers

82 83 84 85 86 87 88 89 90 91 92

No %

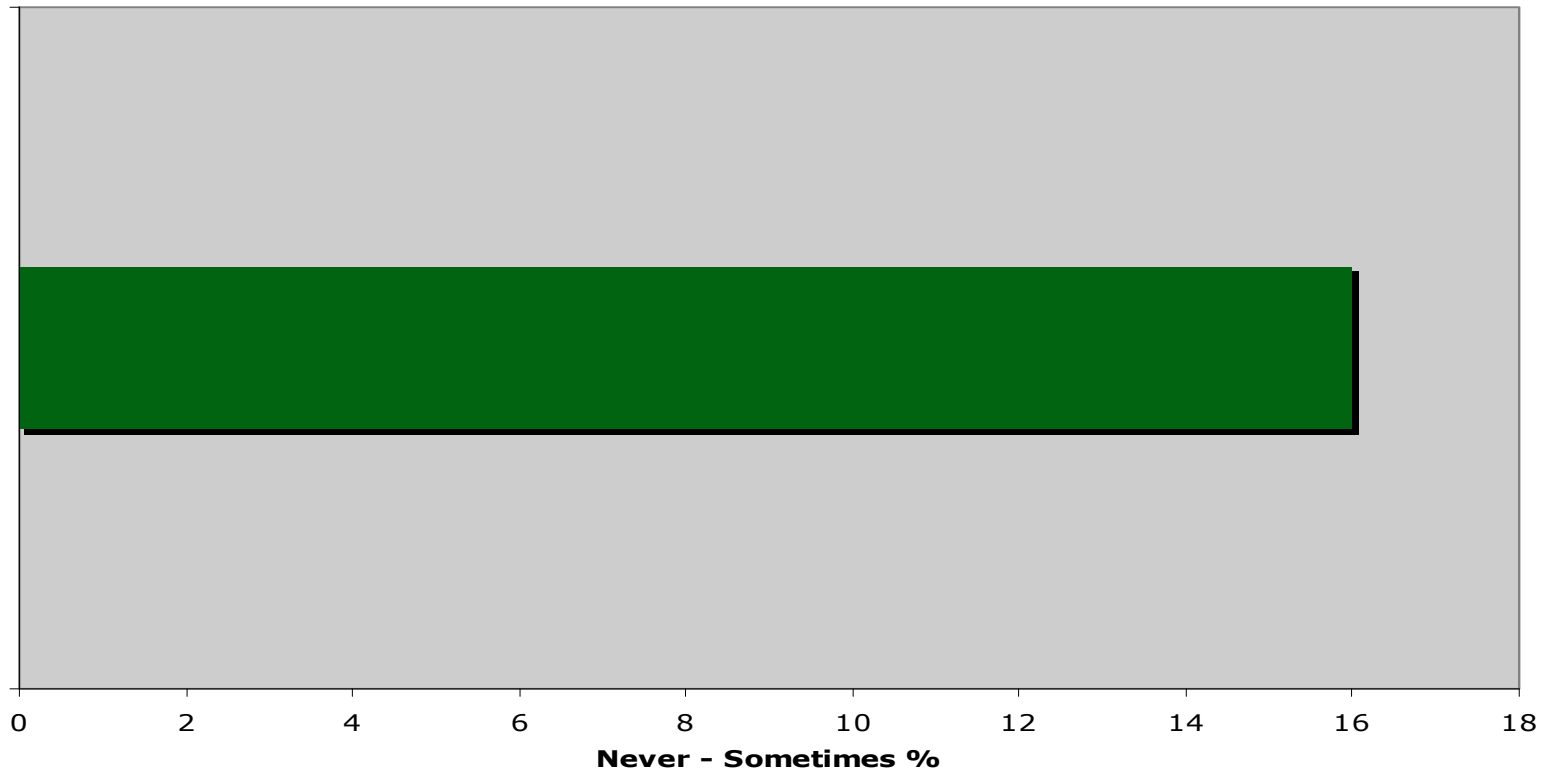


Trust

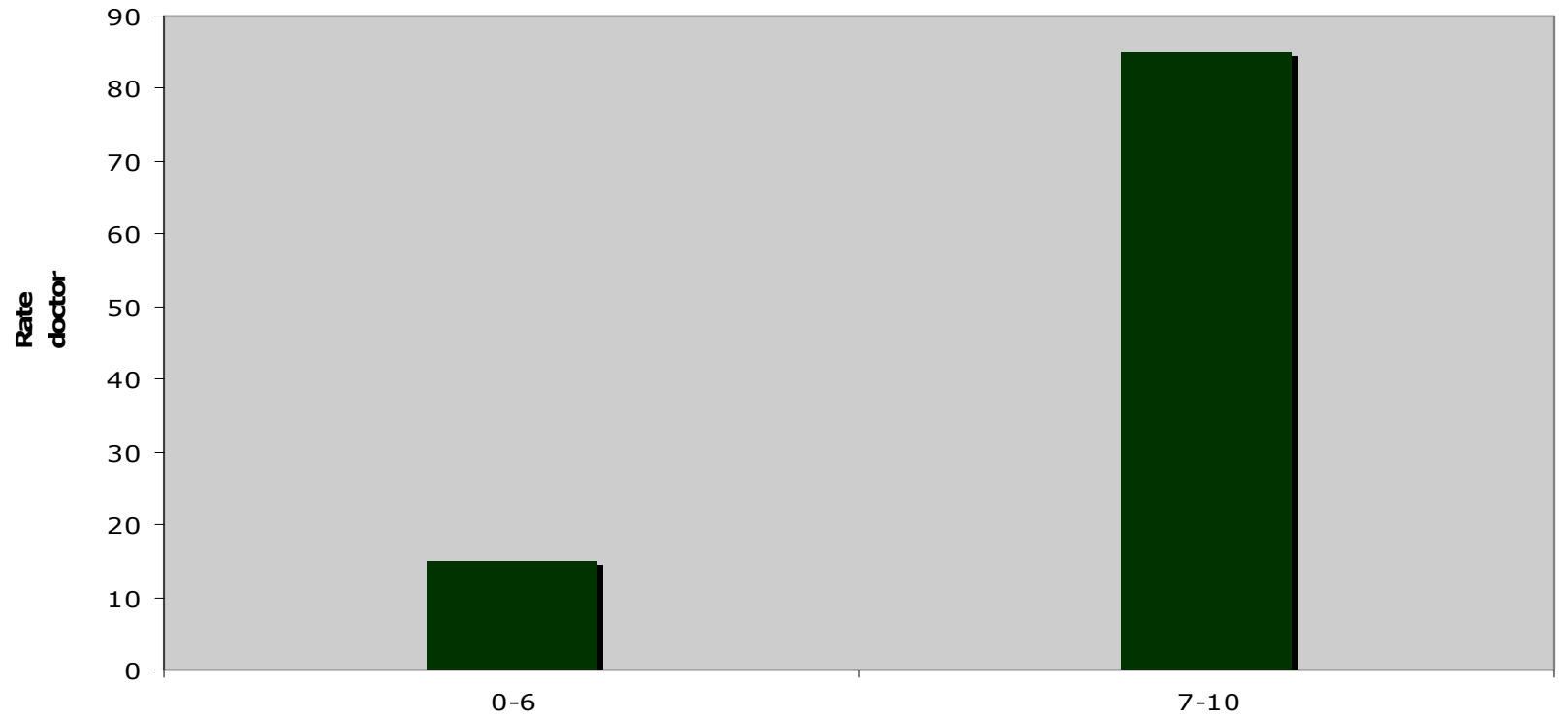


Trust

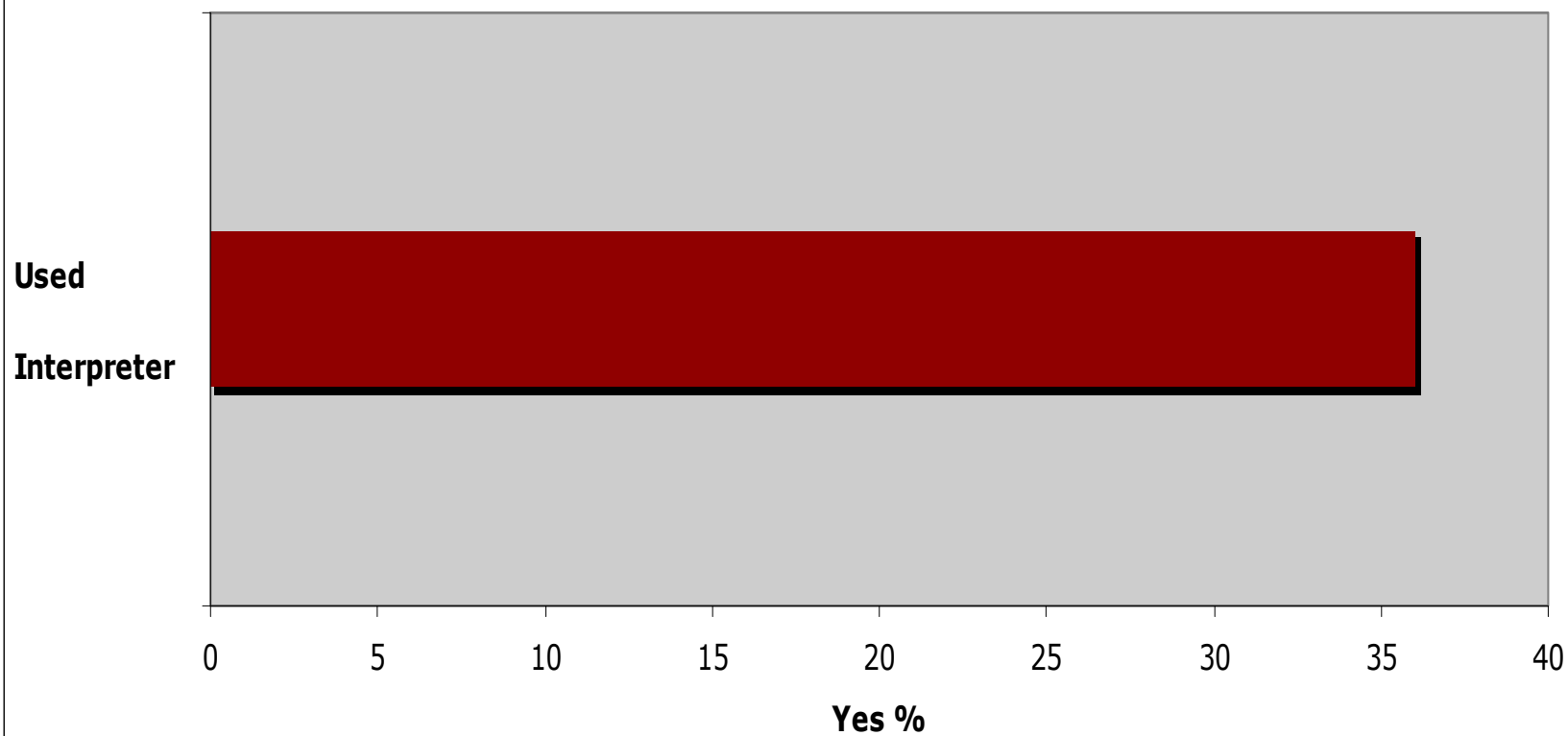
Cares for you as
a person



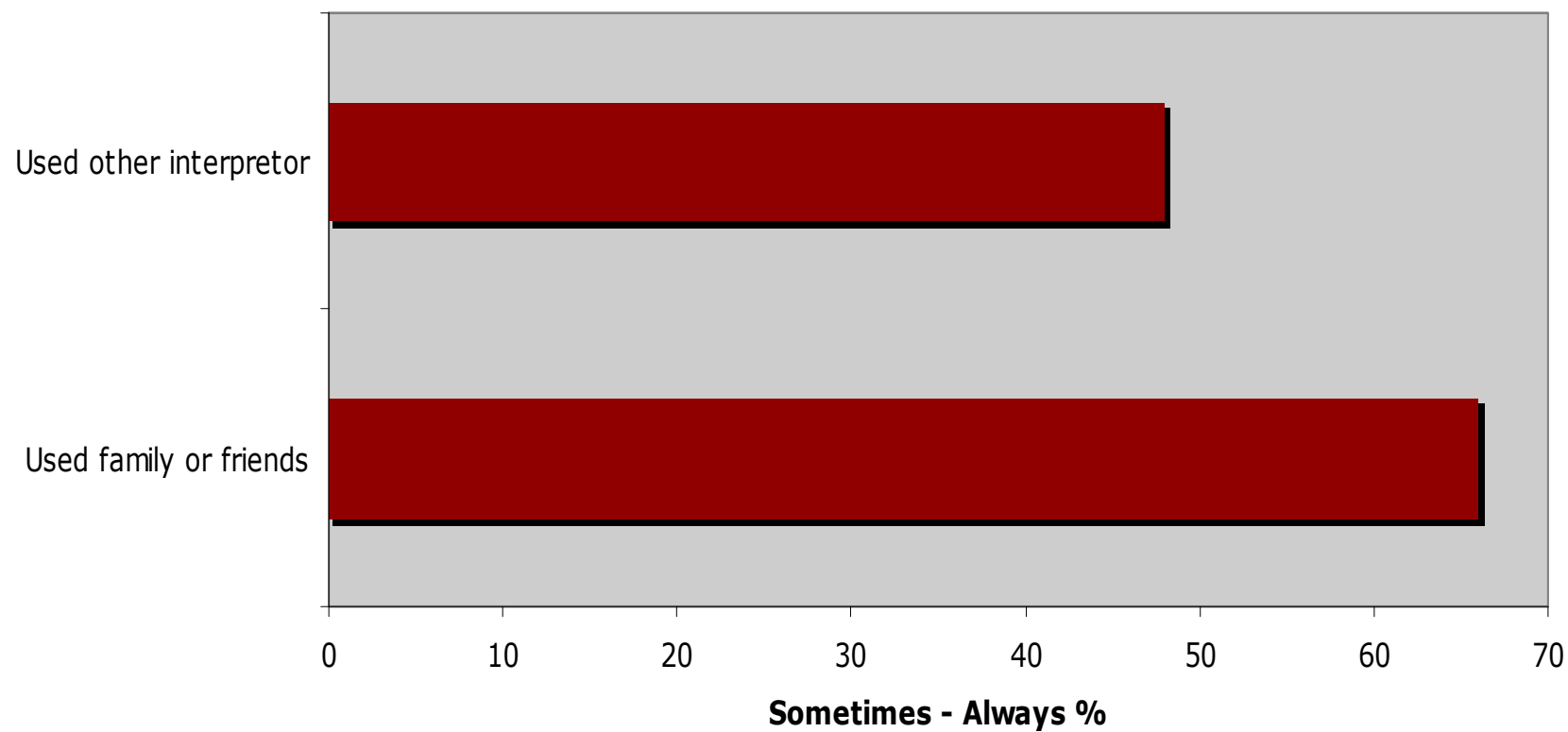
Trust



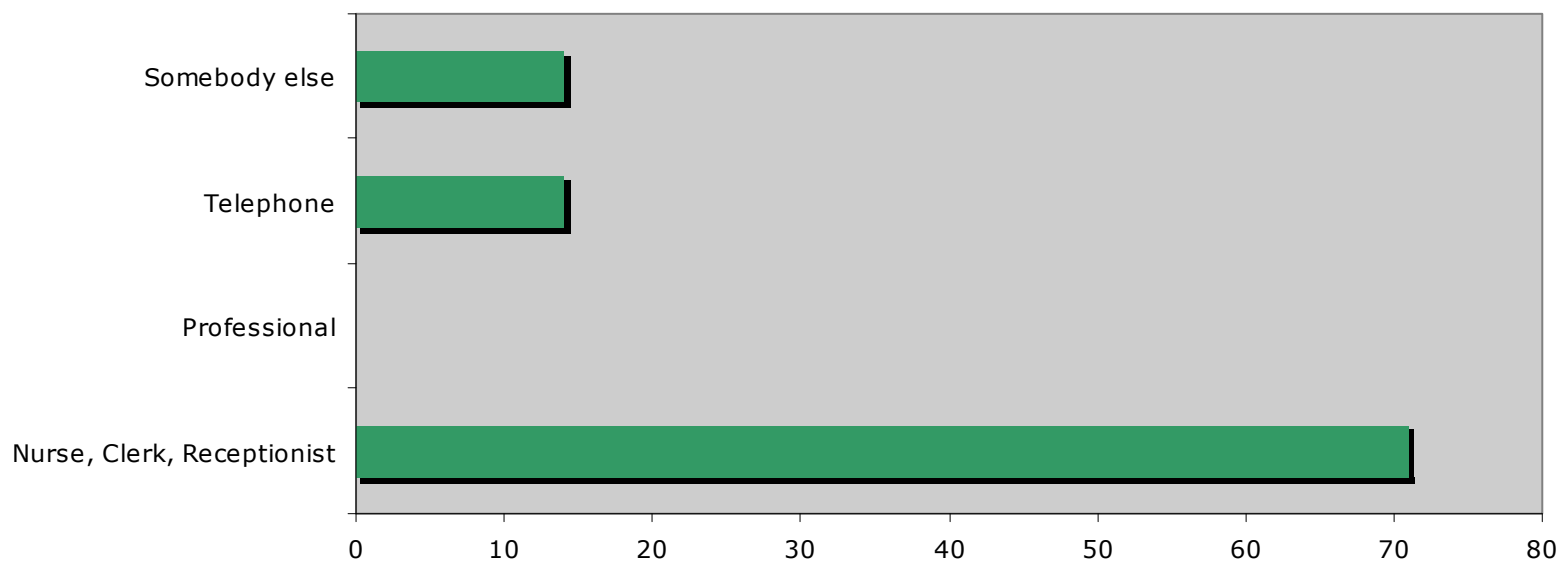
Use of Interpreters (Non-English speakers)



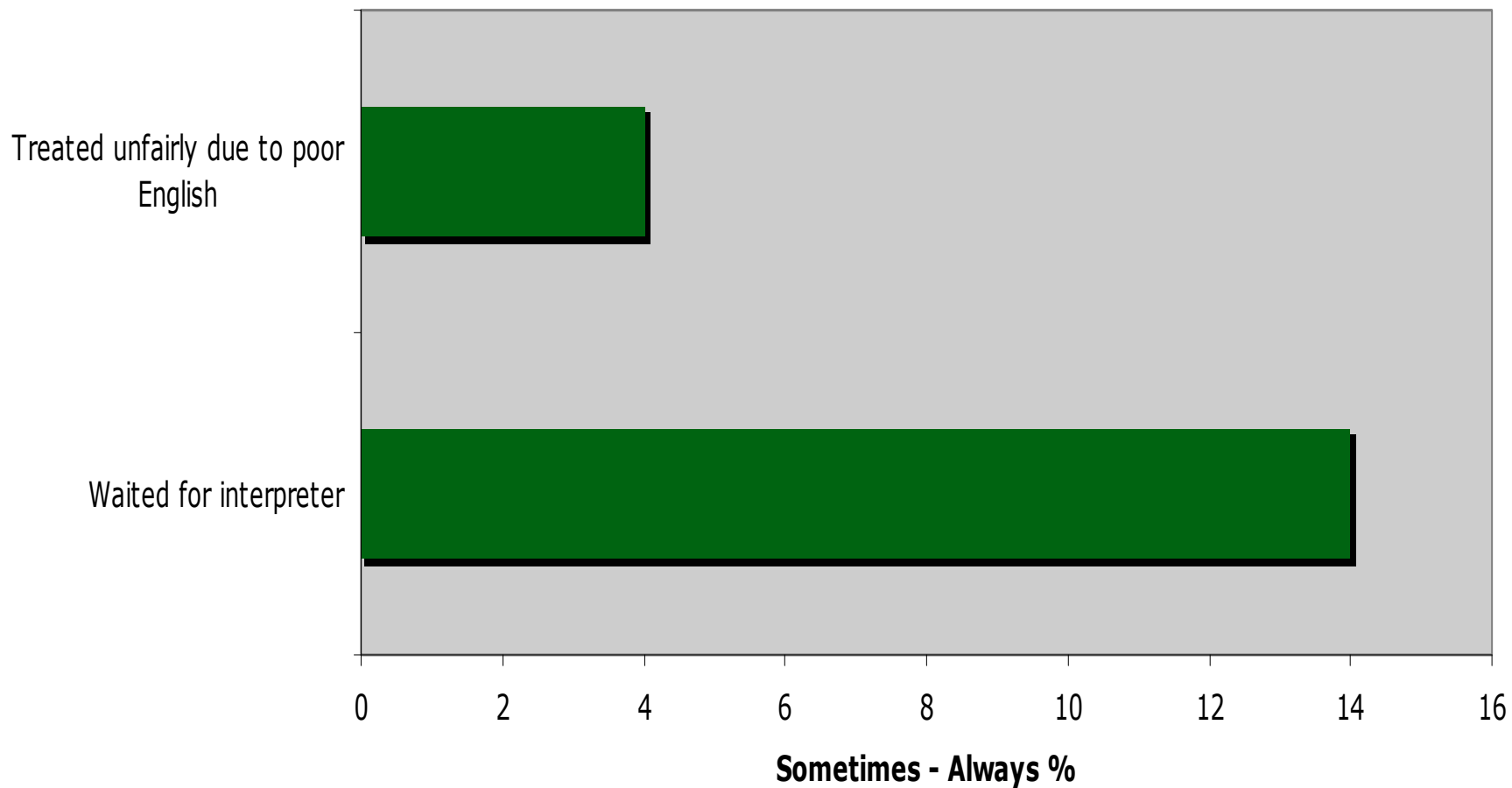
Use of Interpreters (for those who used one)



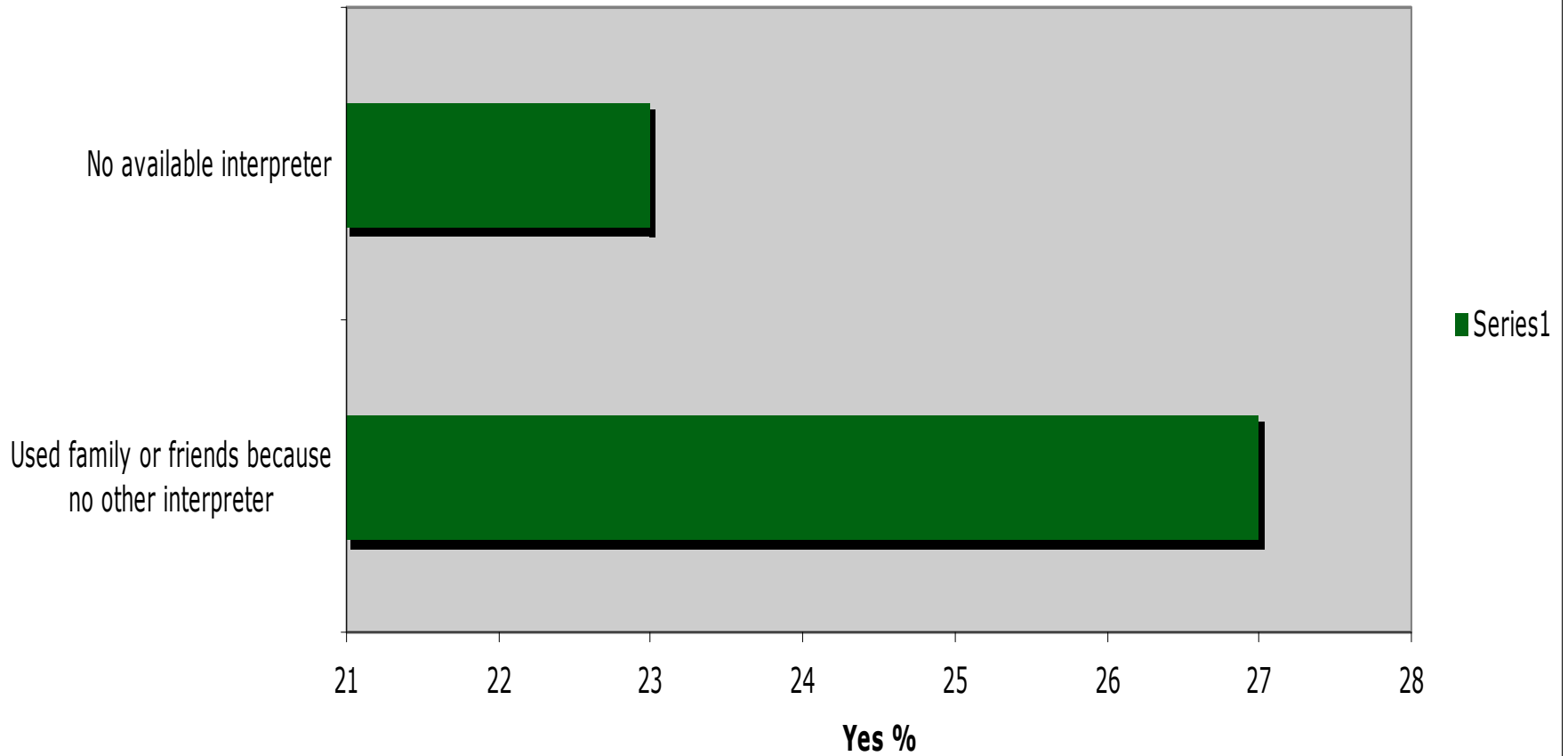
Types of Other Interpretors



Language Barriers

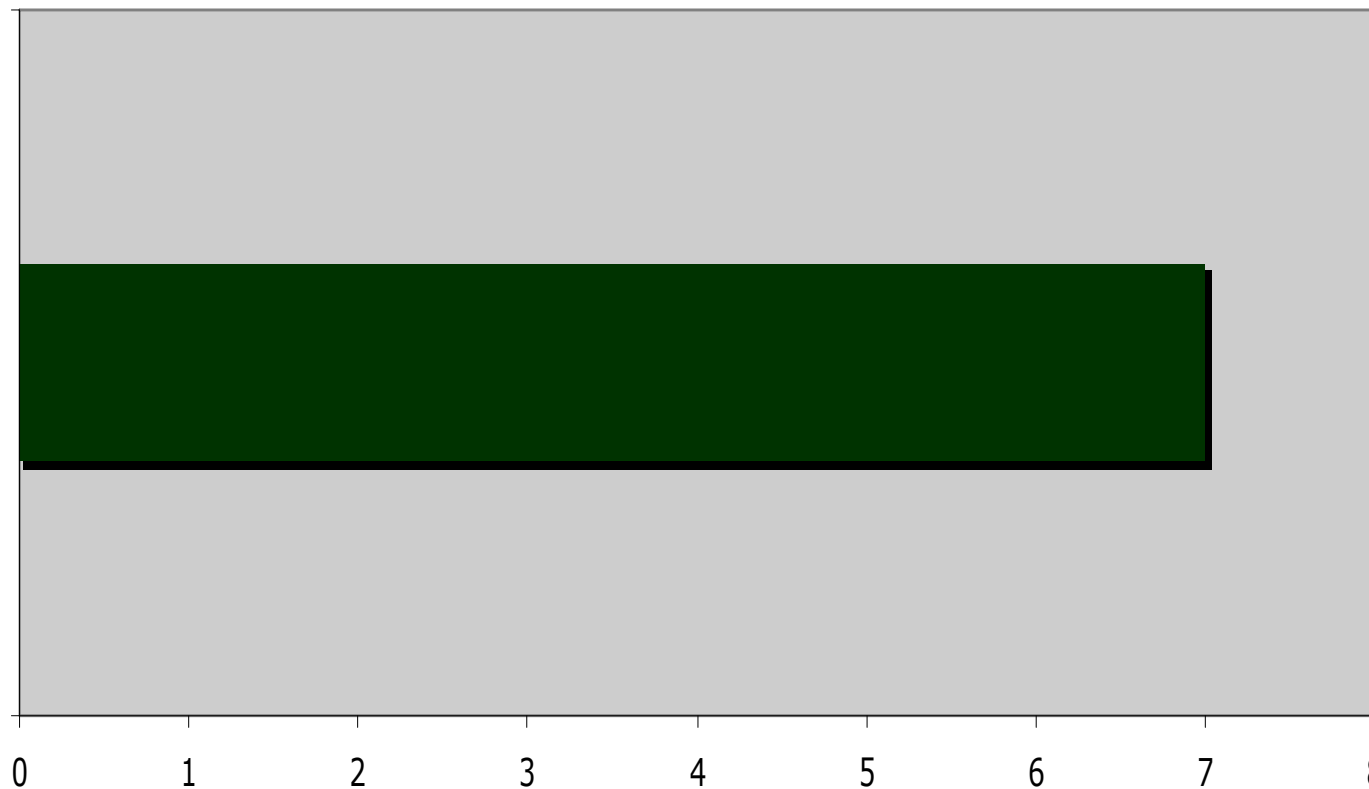


Language Barriers



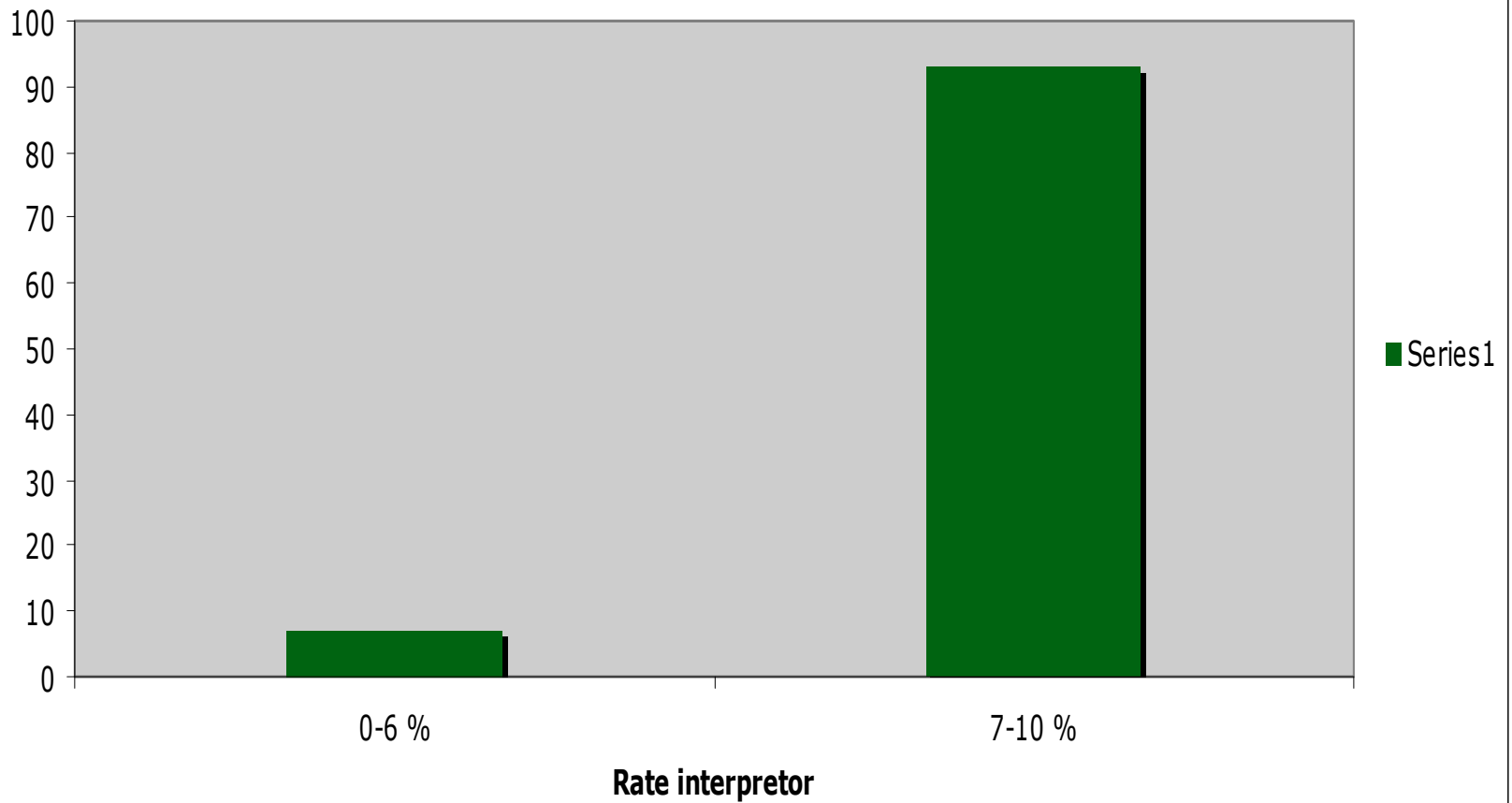
Language Barriers

**Interpreter
treated with
respect**

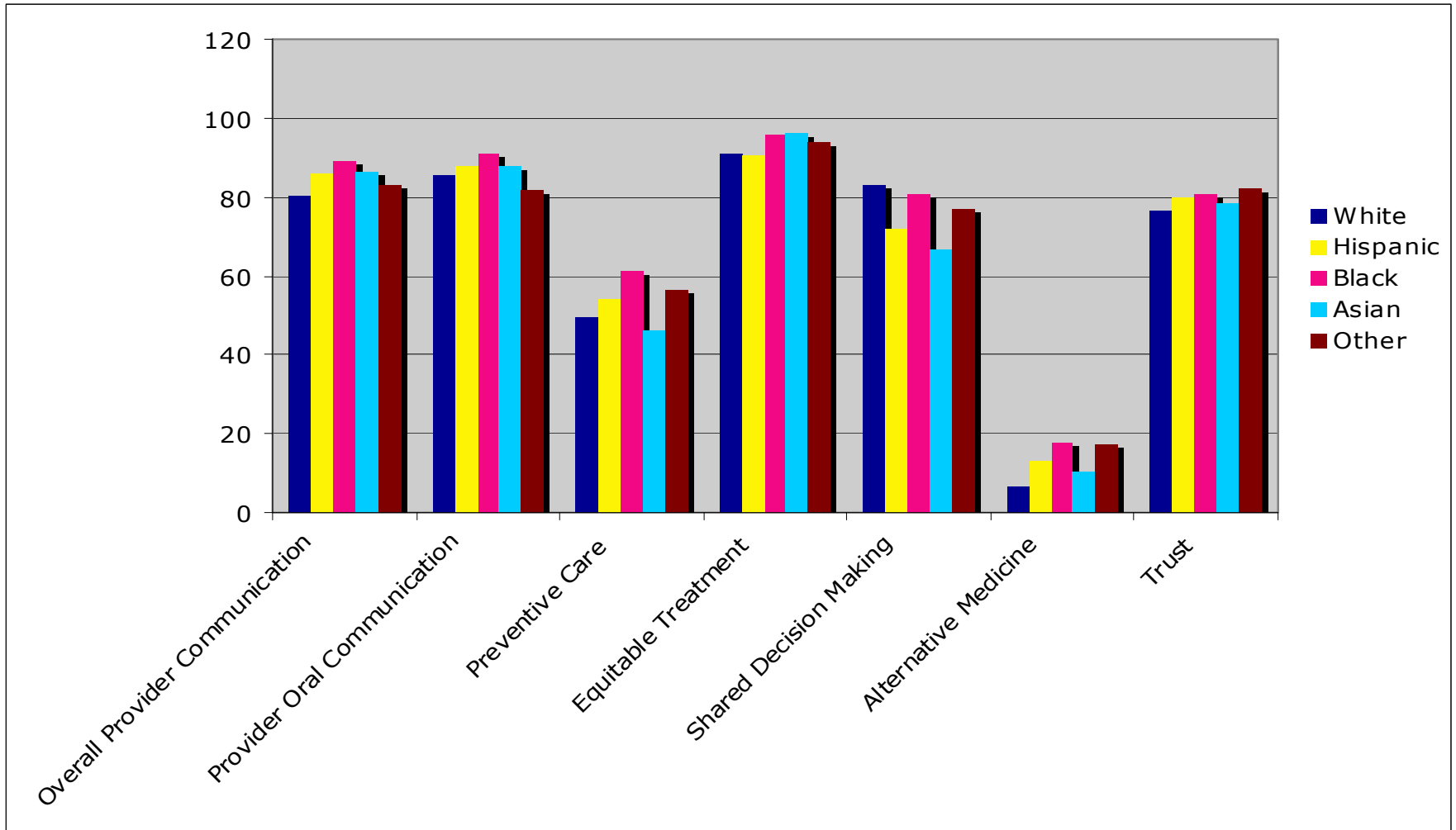


Never - Almost Never %

Language Barrier



Composites by Race/Ethnicity





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- Funding
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 - Quyen Ngo-Metzger
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- Other CAHPS II teams