



# *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

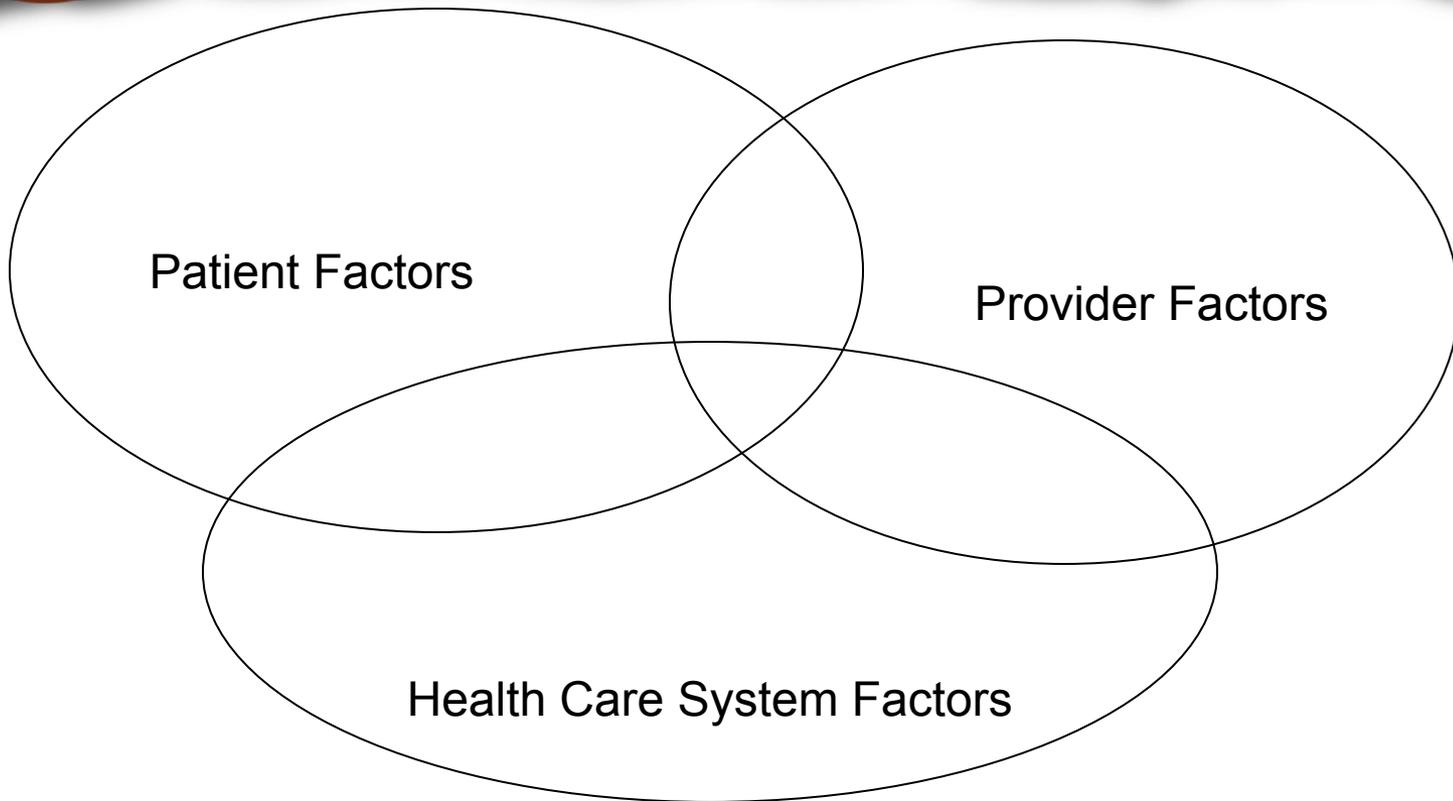


# Development of CAHPS CC

- 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](http://www.cmwf.org)

# Measuring Culturally Competent Care





# 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



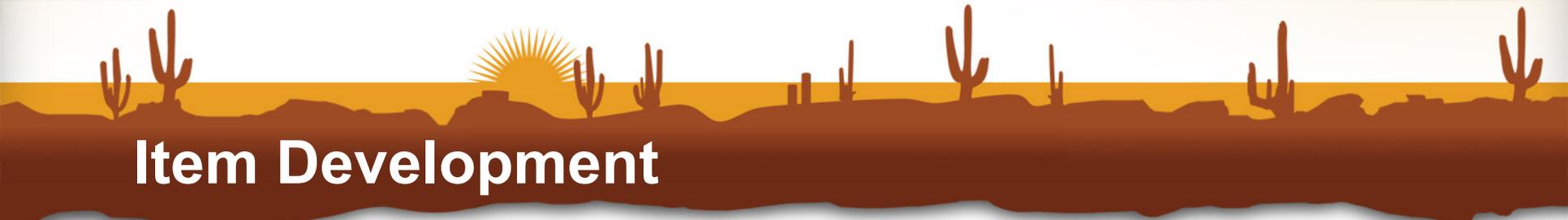
# Cultural Competency in CAHPS Surveys

- **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

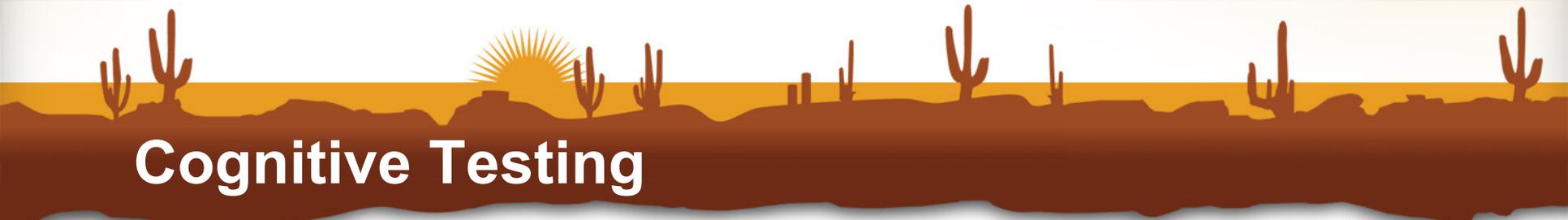
- Developed as a supplemental item set for the CAHPS Clinician and Group Survey
- Included 6 composites and 49 items
- Patient Provider Communication (5 items)
- Alternative Medicine (6 items)
- Shared decision-making (7 items)
- Experiences of discrimination (12)
- Trust (7)
- Language Access (10 items)



# Translation into Spanish

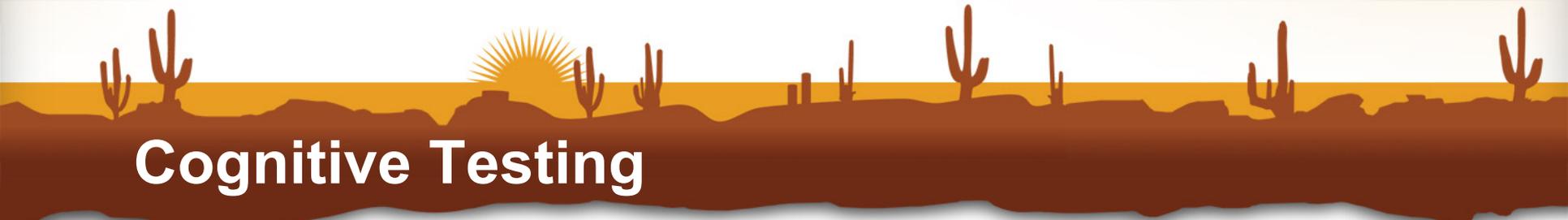
Used modified “translation by committee approach”

- 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



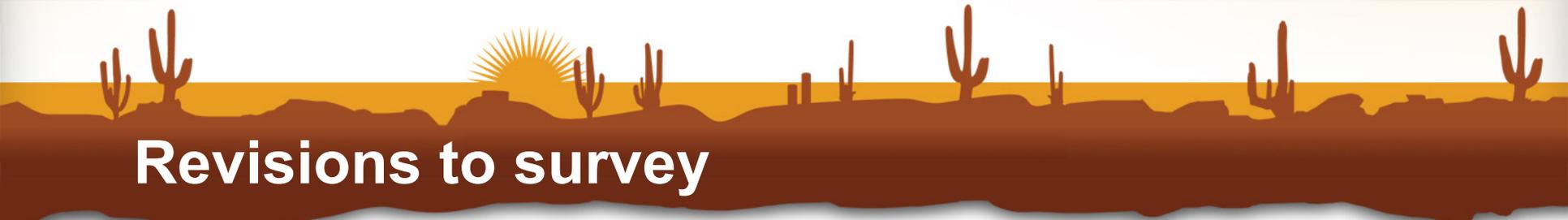
# Cognitive Testing Methods

- 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



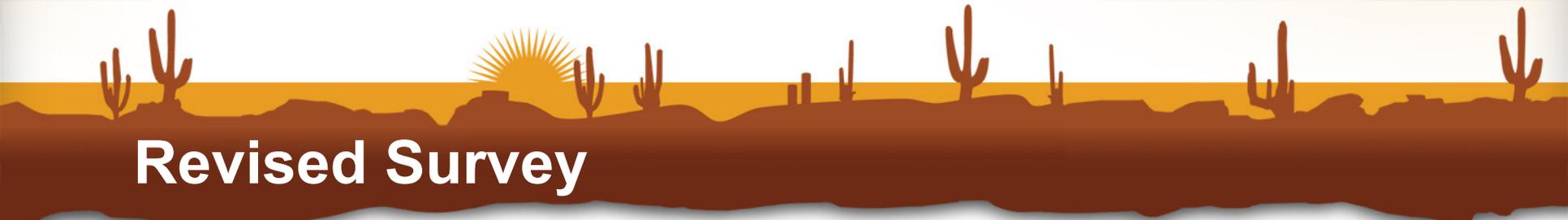
# Findings from Cognitive Interviews

- 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



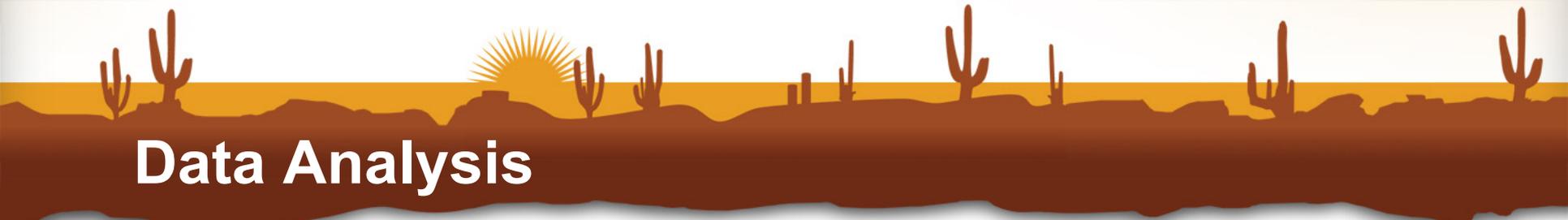
# Revised Survey

- 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)



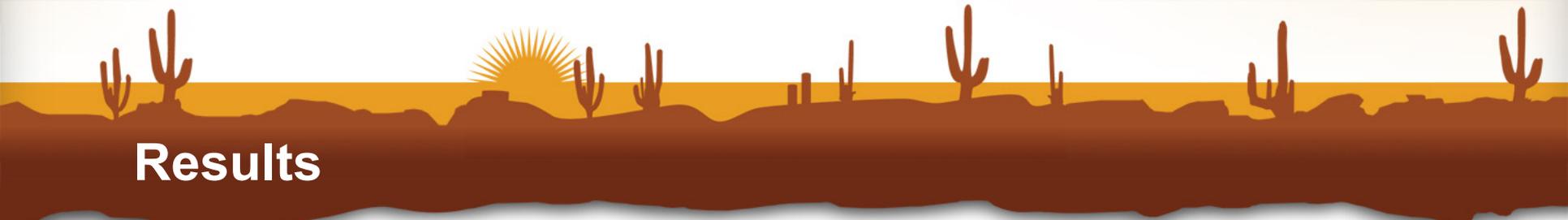
# Field Test/ Preliminary Findings

- 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

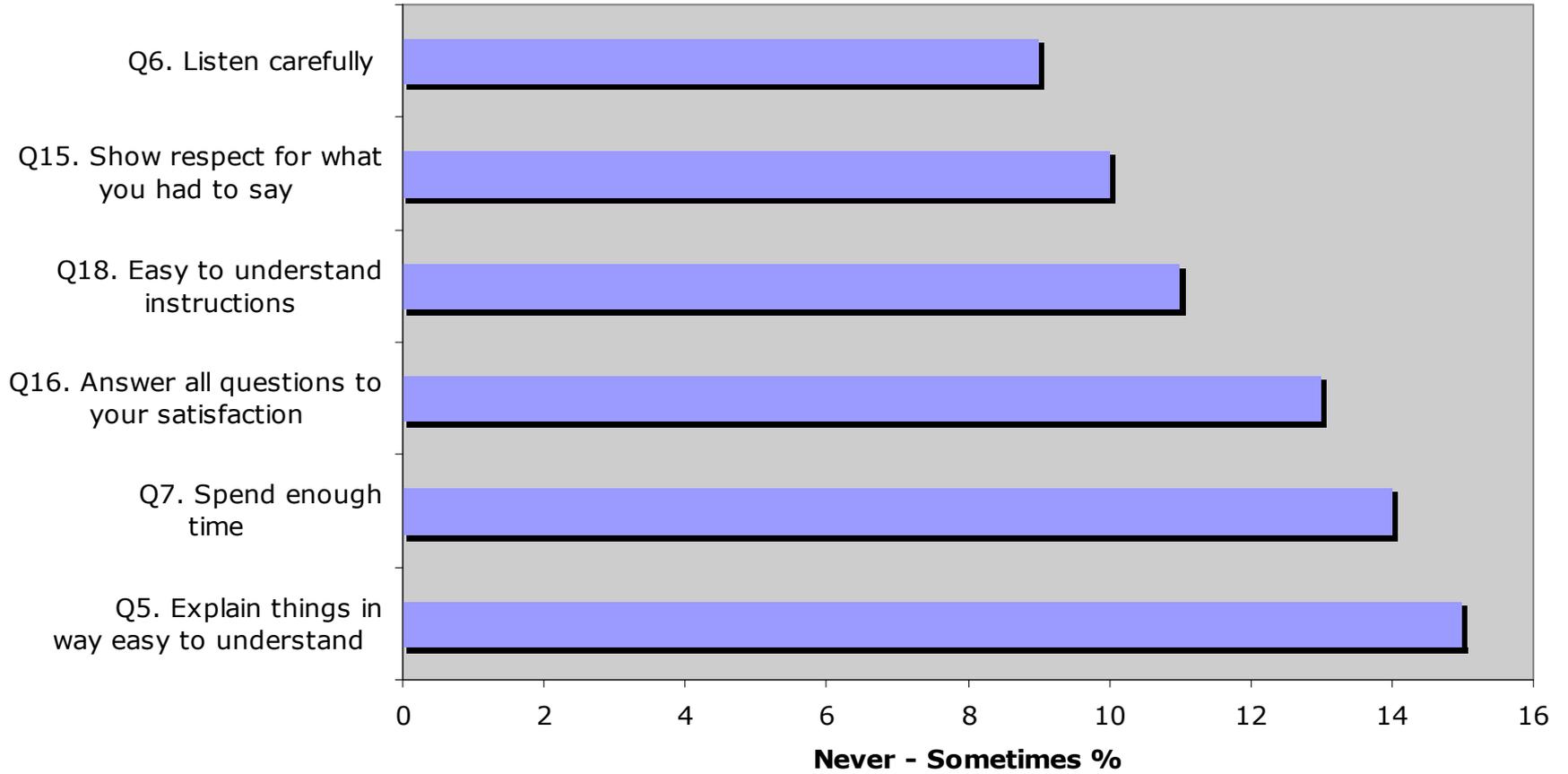
- Psychometric analysis
  - Exploratory factor analysis
    - All core survey items except overall doctor rating and language access variables
  - Internal consistency (Cronbach alphas)
- Descriptive statistics
- ANOVA by race/ethnicity



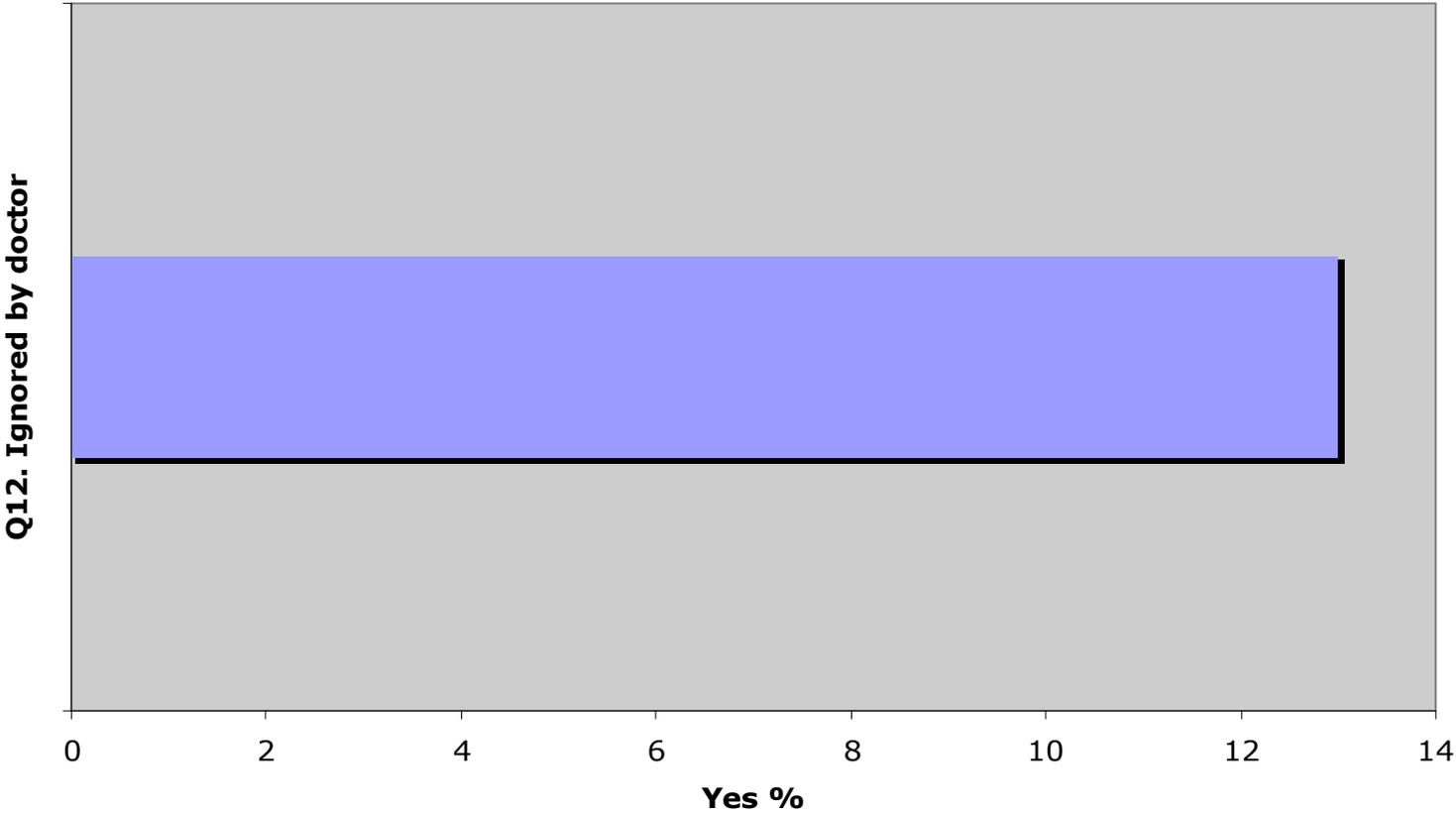
# Results

- 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

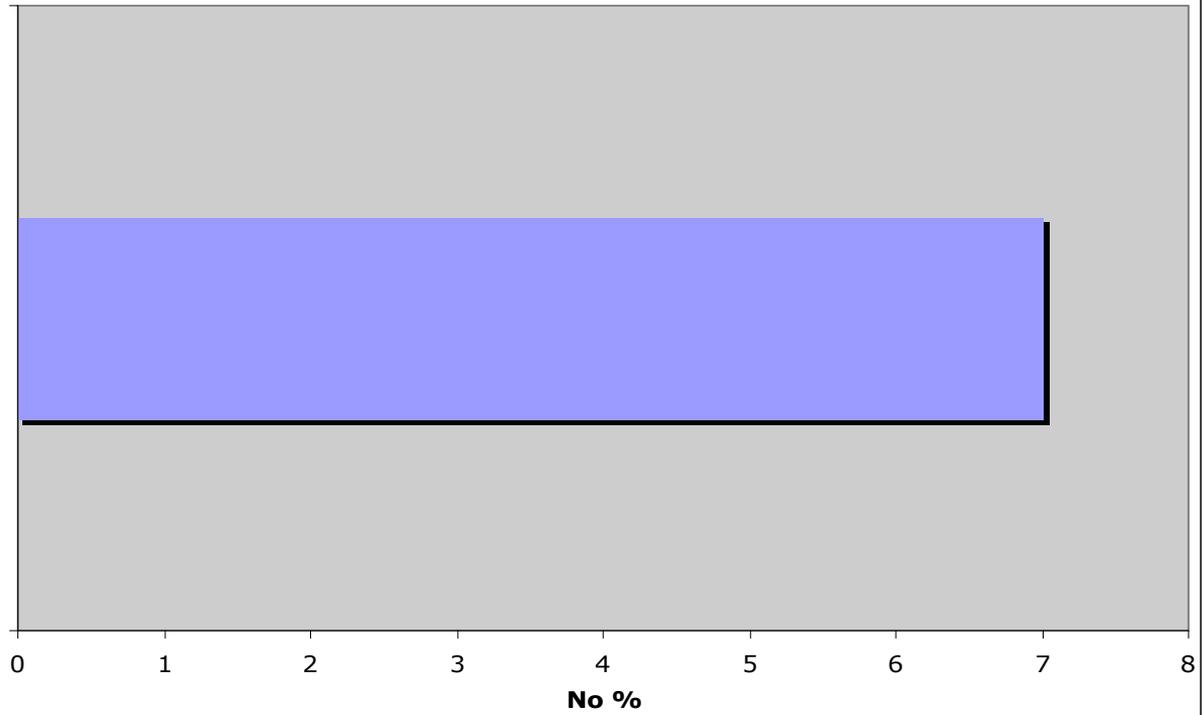


# Overall Provider Communication

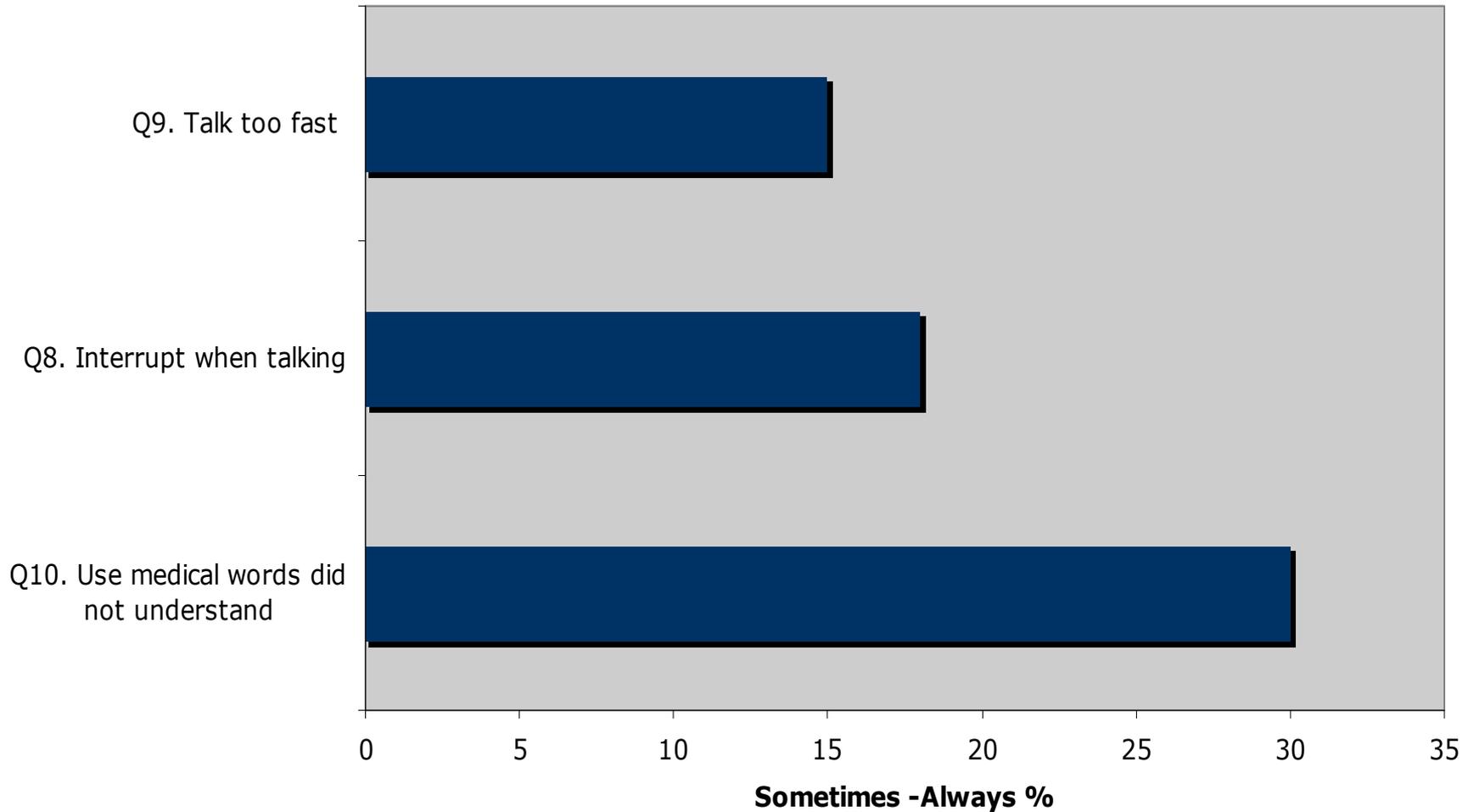


### Overall Provider Communication

**Q14. Show interest  
in questions**



## Provider Oral Communication



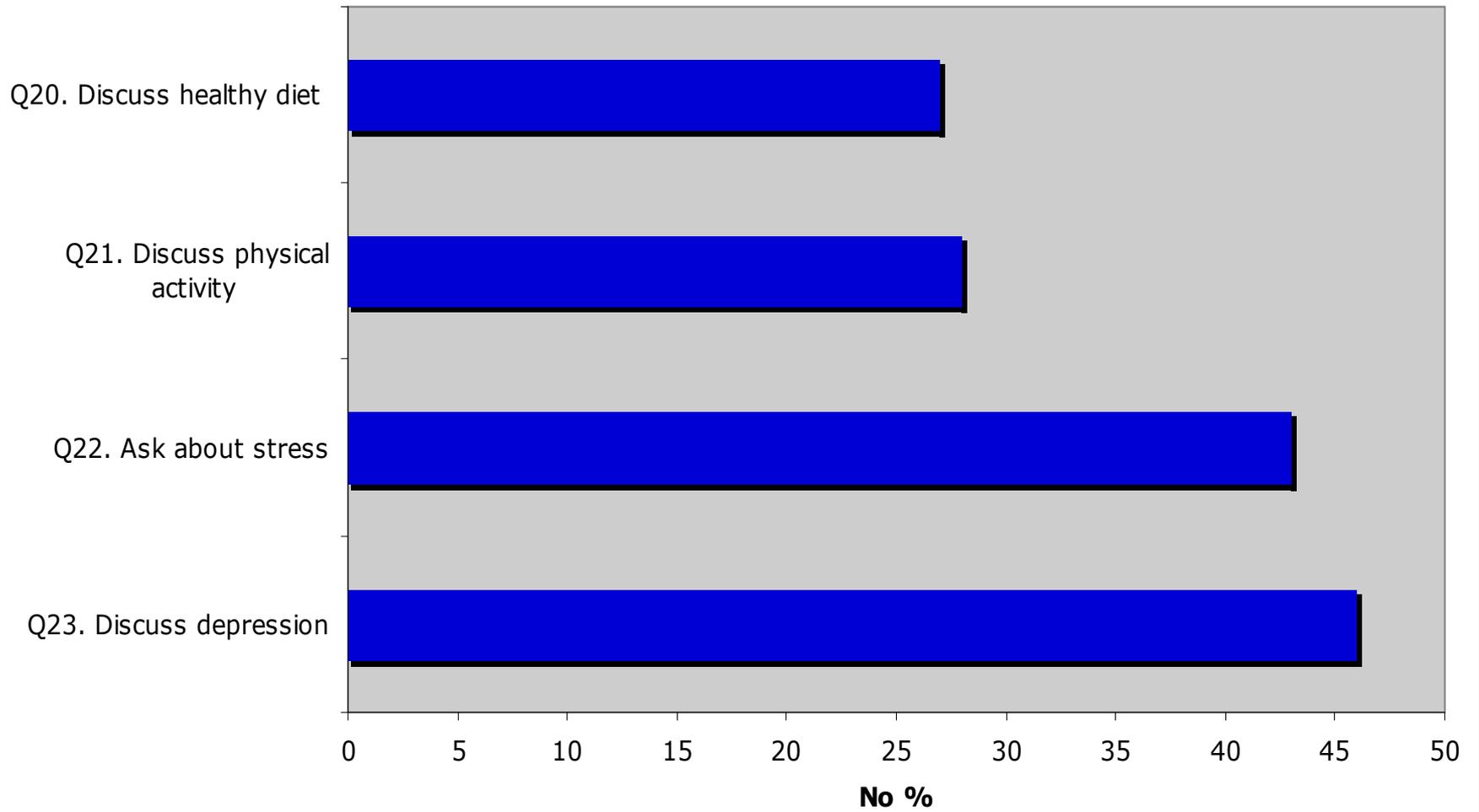
# Provider Oral Communication

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



0 2 4 6 8 10 12 14  
**Yes %**

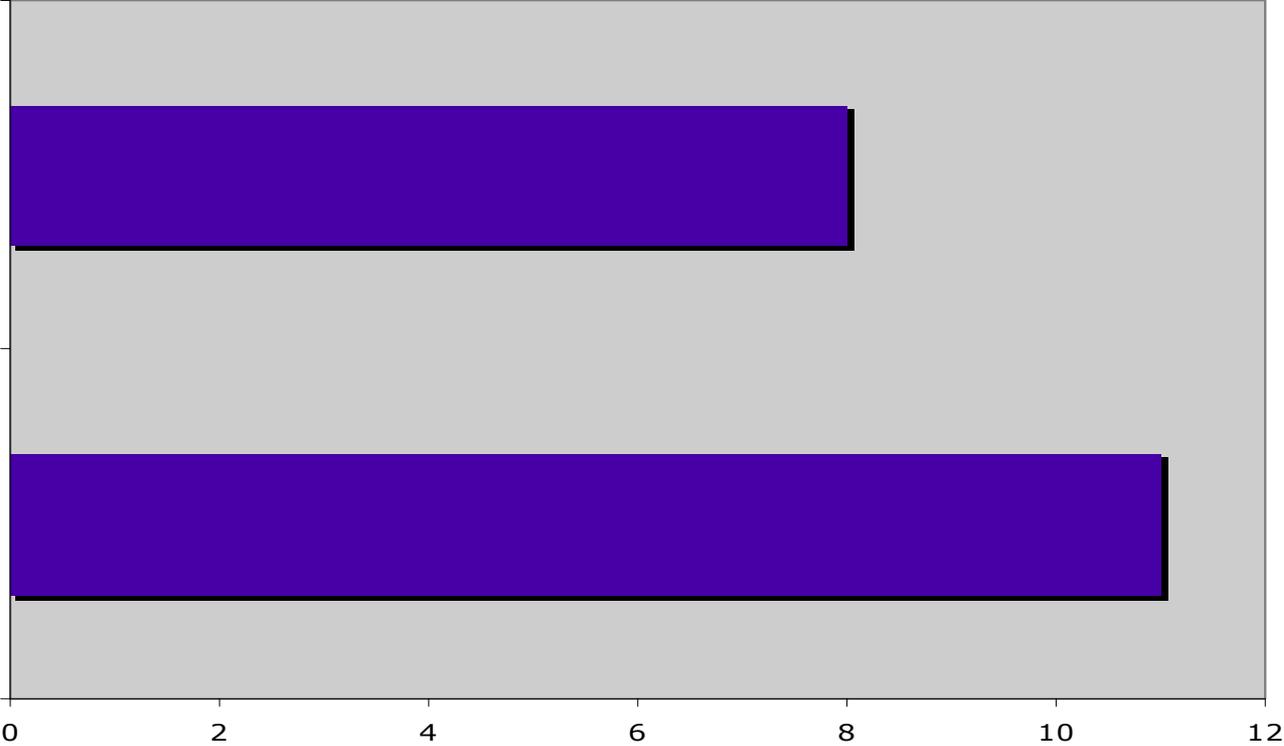
## Preventative Care



### Equitable Treatment

Treated unfairly due to race/ethnicity

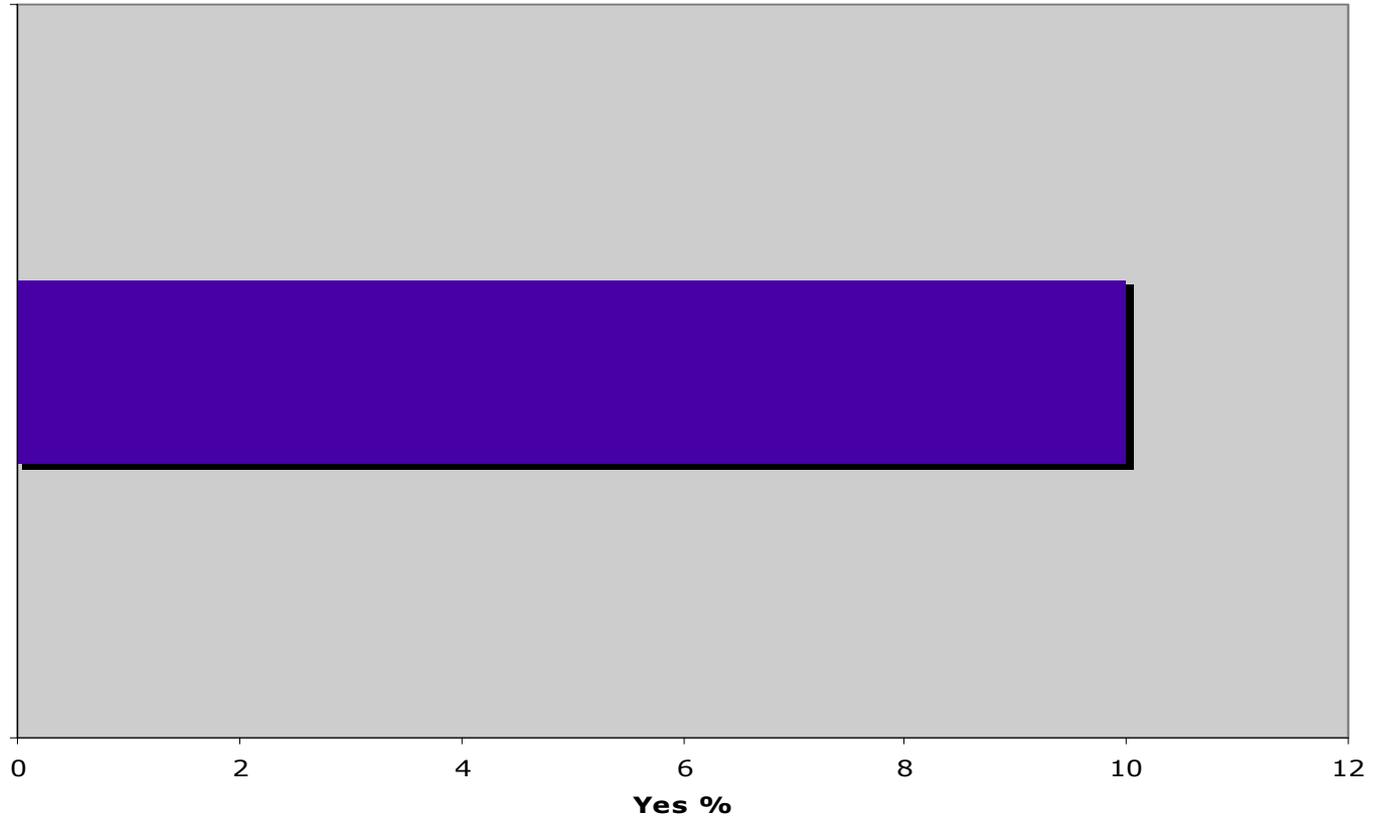
Treated unfairly due to health insurance



Sometimes - Always %

## Equitable Treatment

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

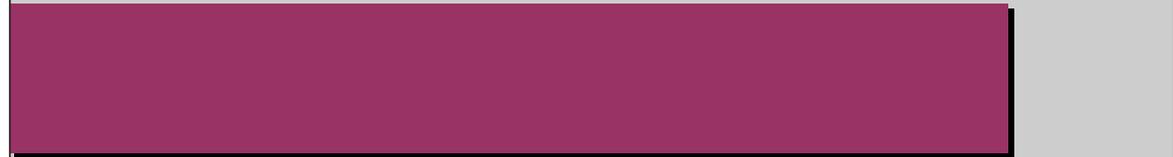


### Shared Decision-Making

Q30 Discuss  
treatment choices

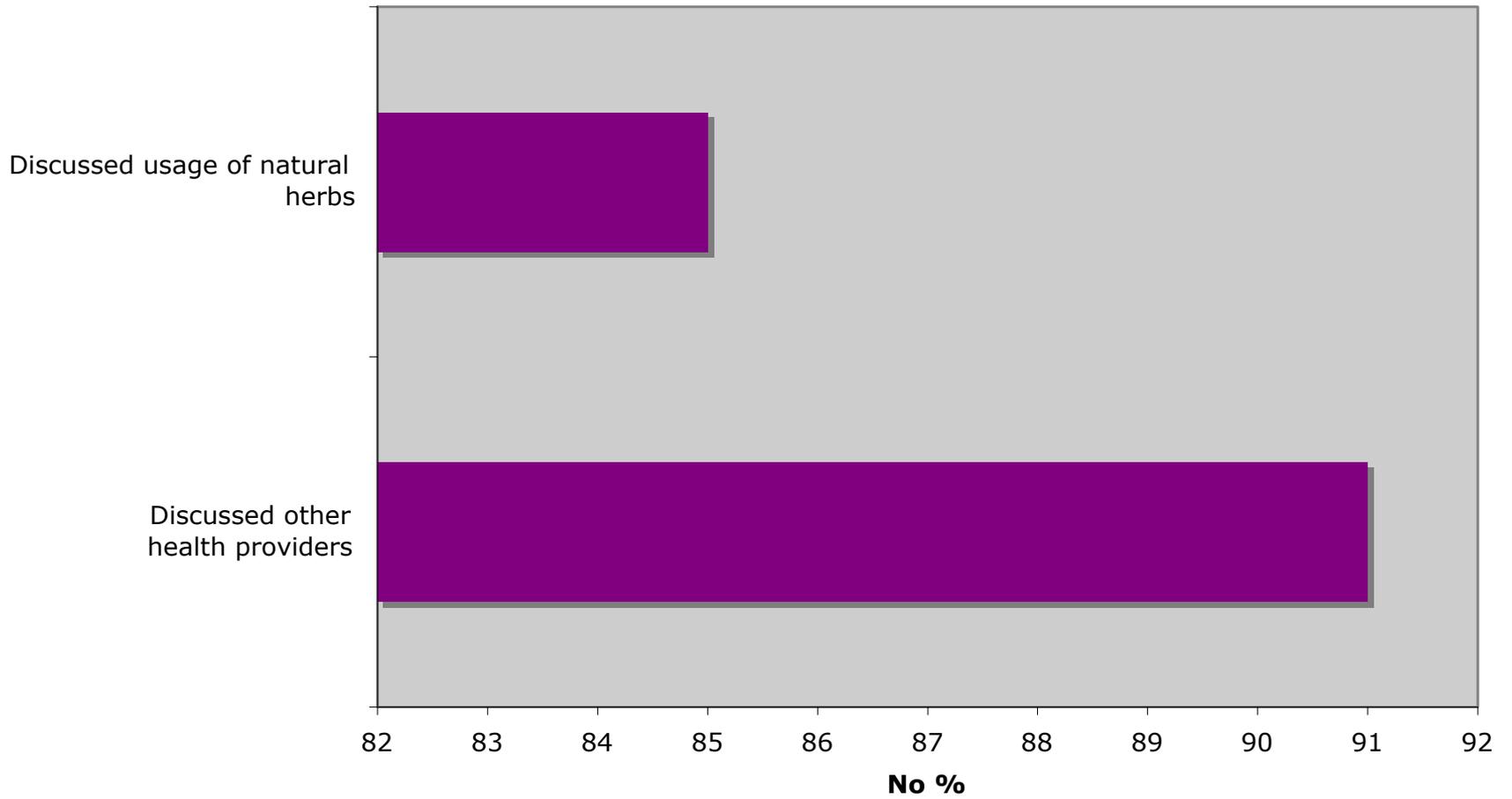


Q31 Asked which  
choice was best for you

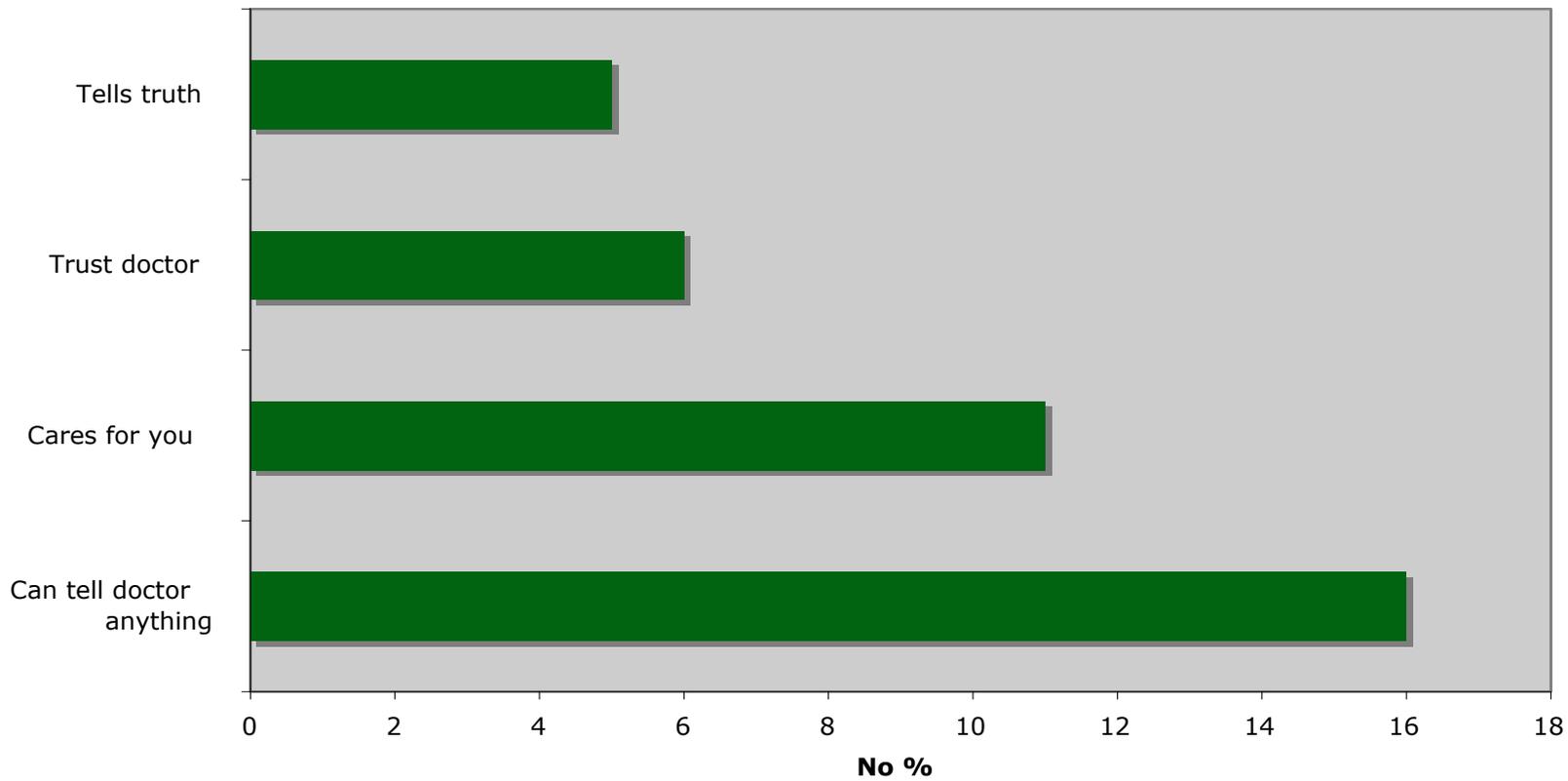


22      22.5      23      23.5      24      24.5      25      25.5  
**No %**

## Alternative Medicine

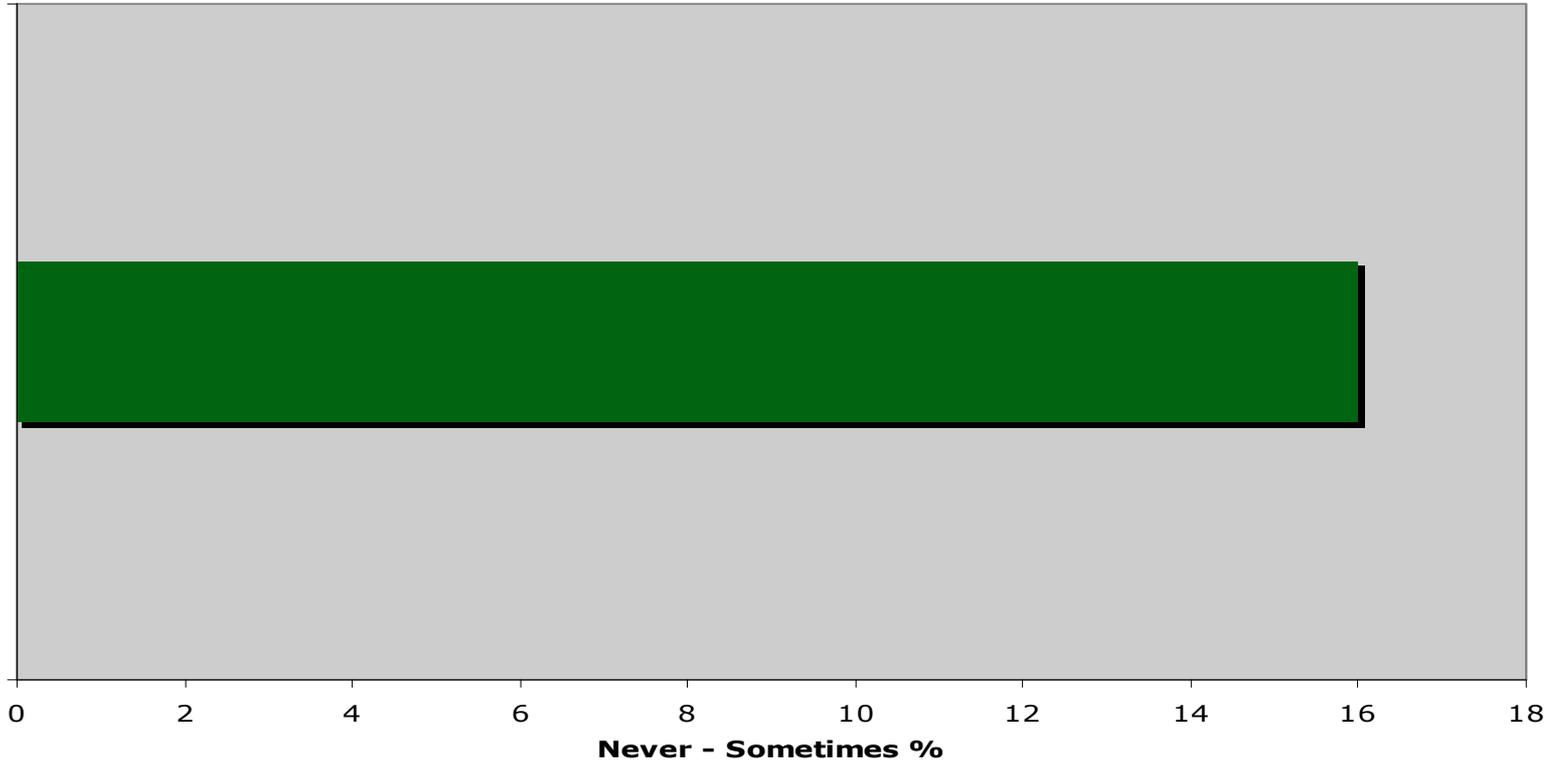


### Trust

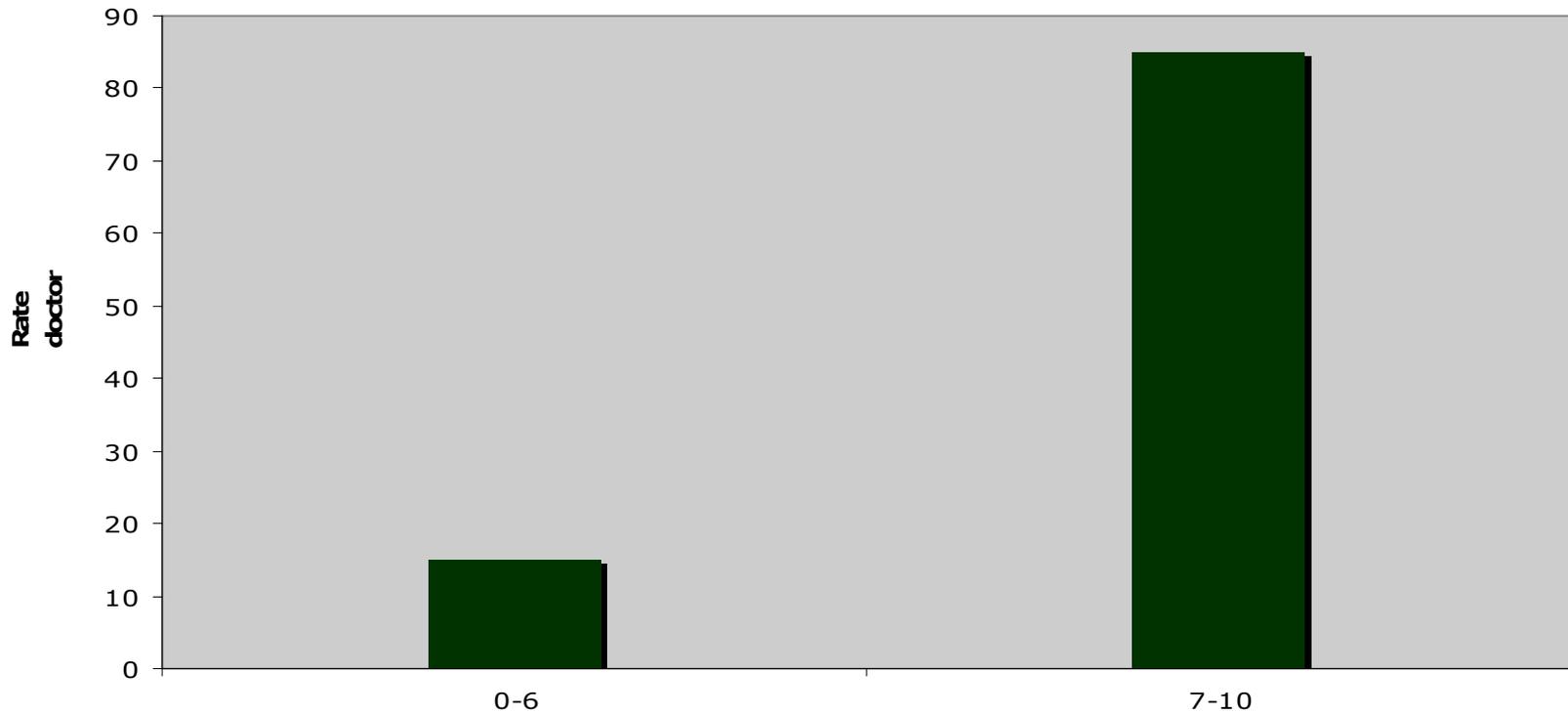


# Trust

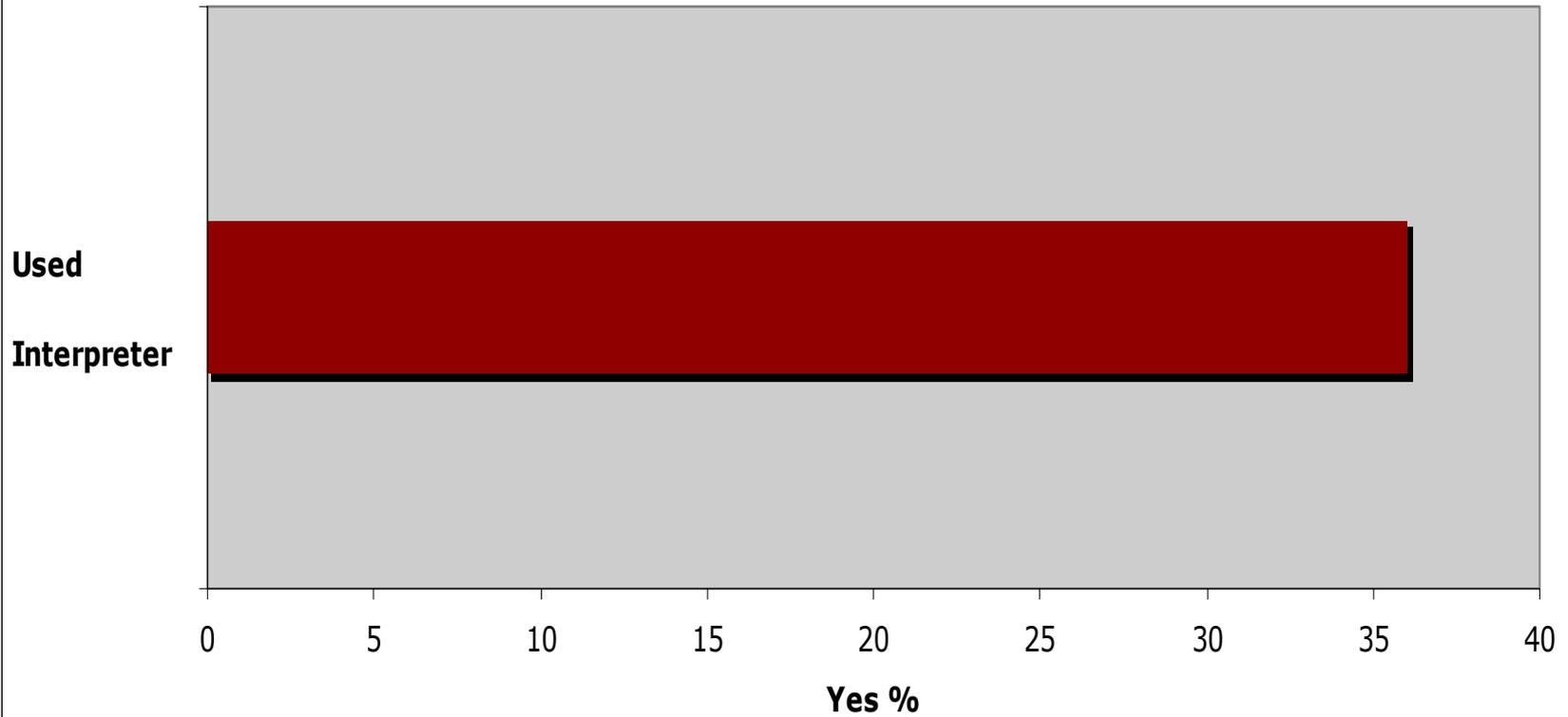
Cares for you as  
a person



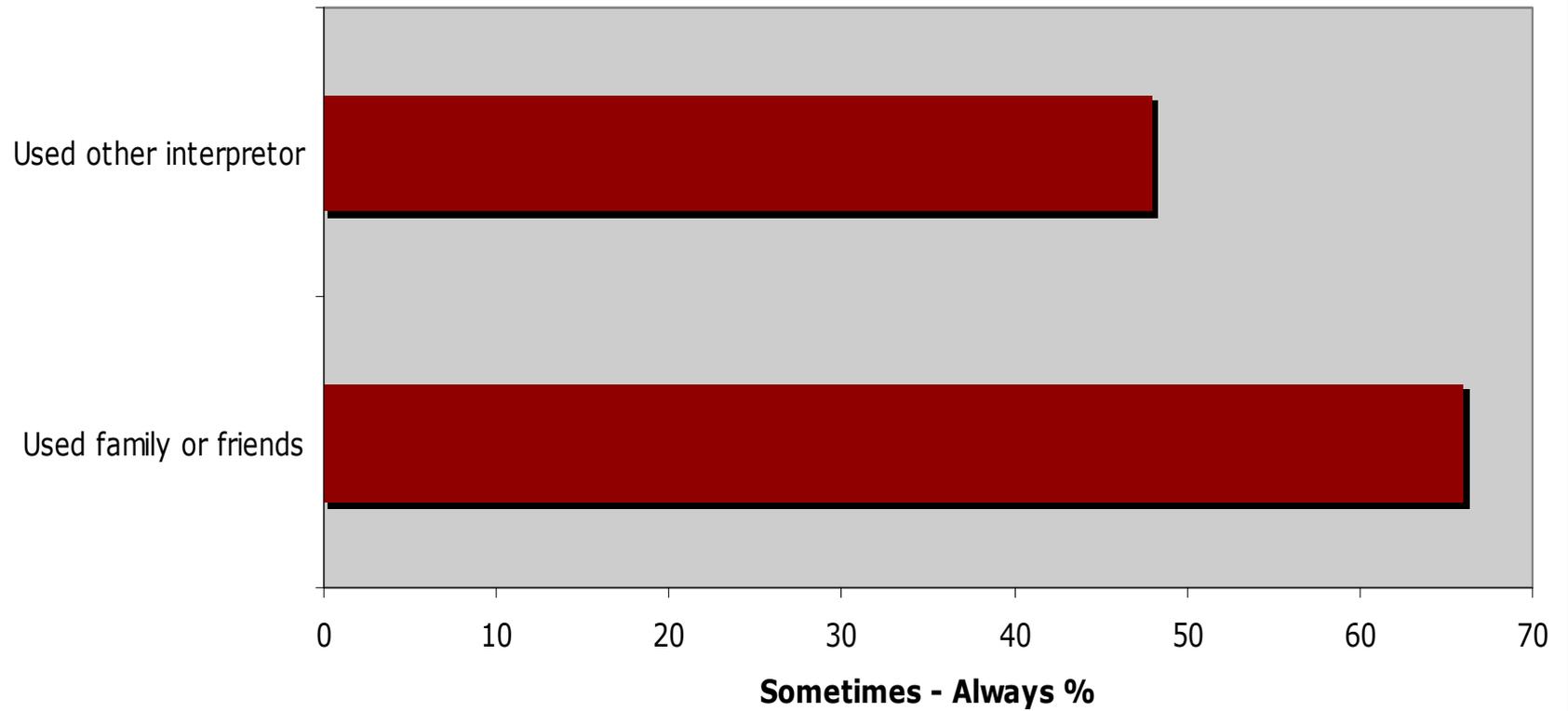
### Trust



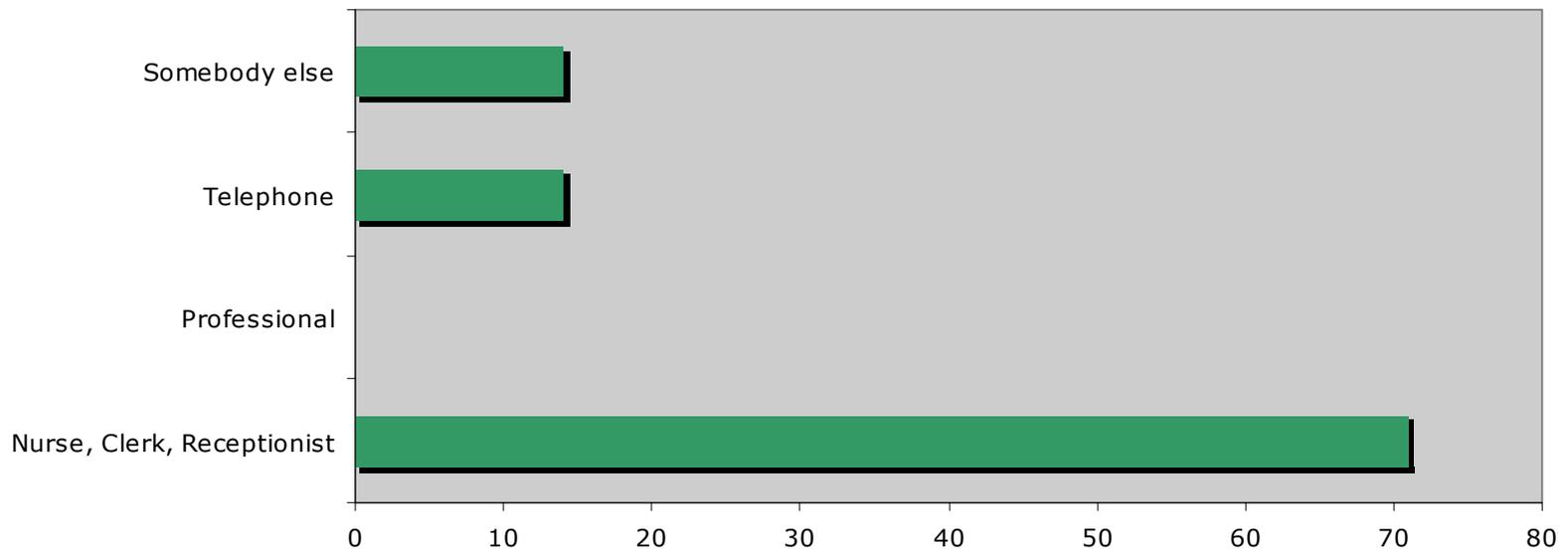
## Use of Interpreters (Non-English speakers)



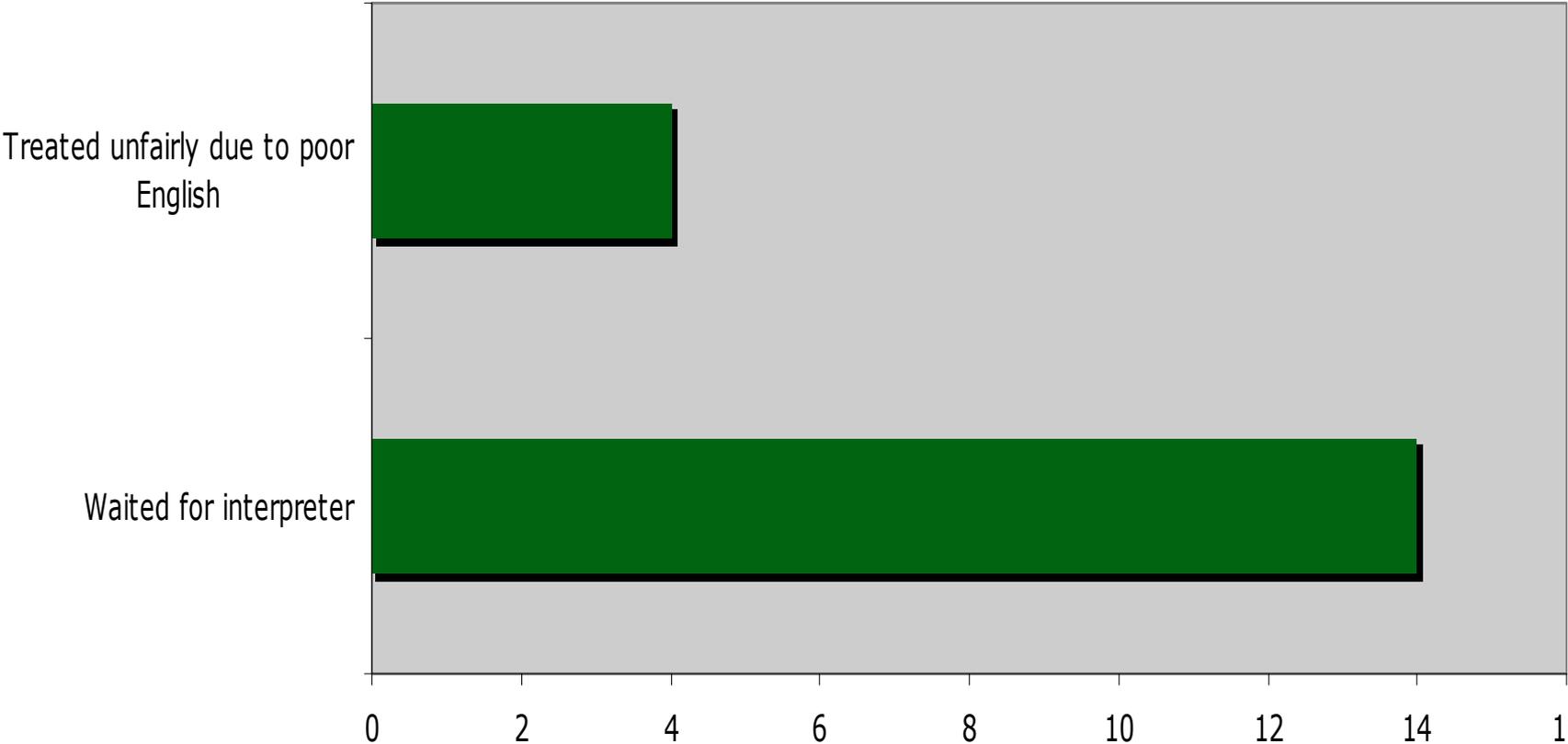
### Use of Interpreters (for those who used one)



### Types of Other Interpreters

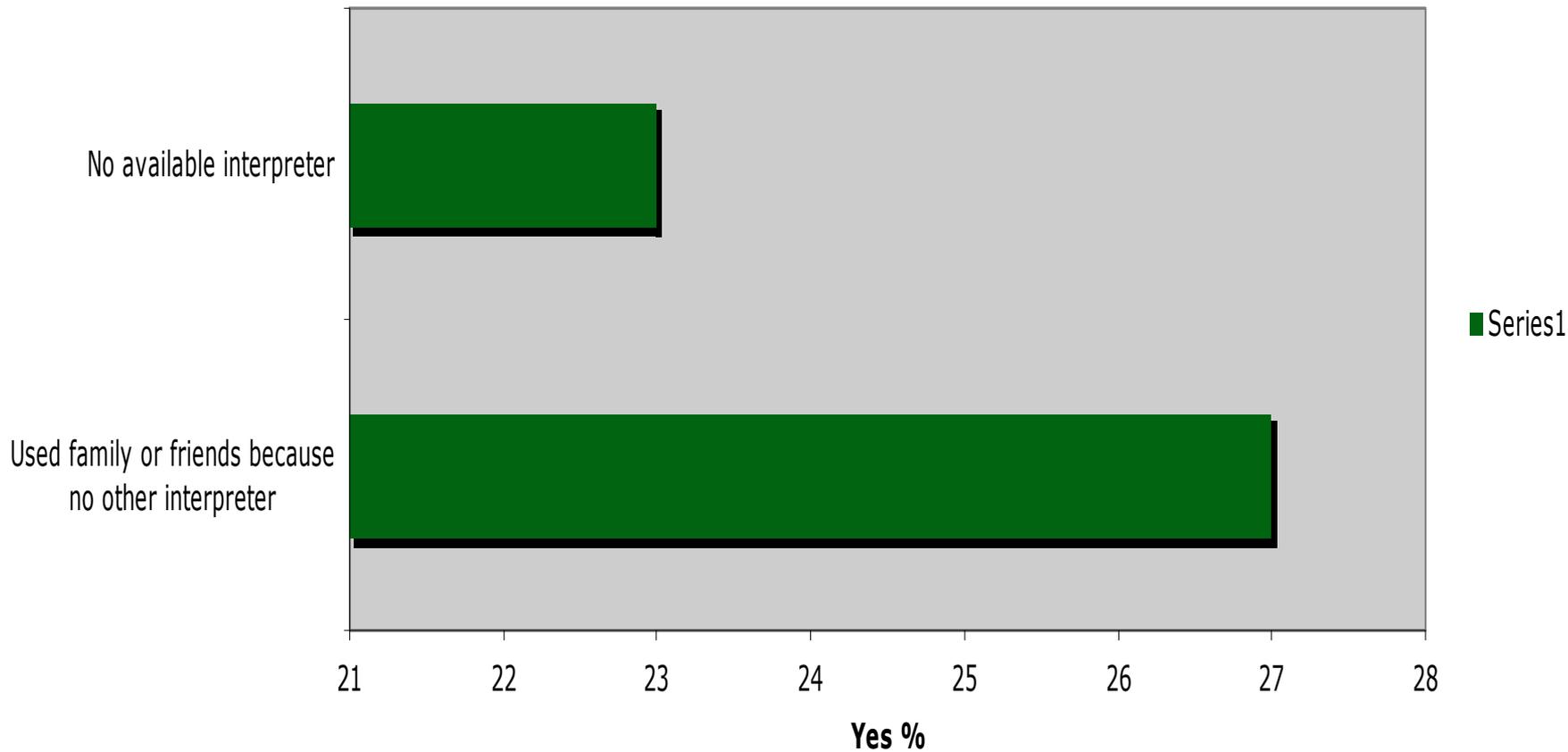


# Language Barriers



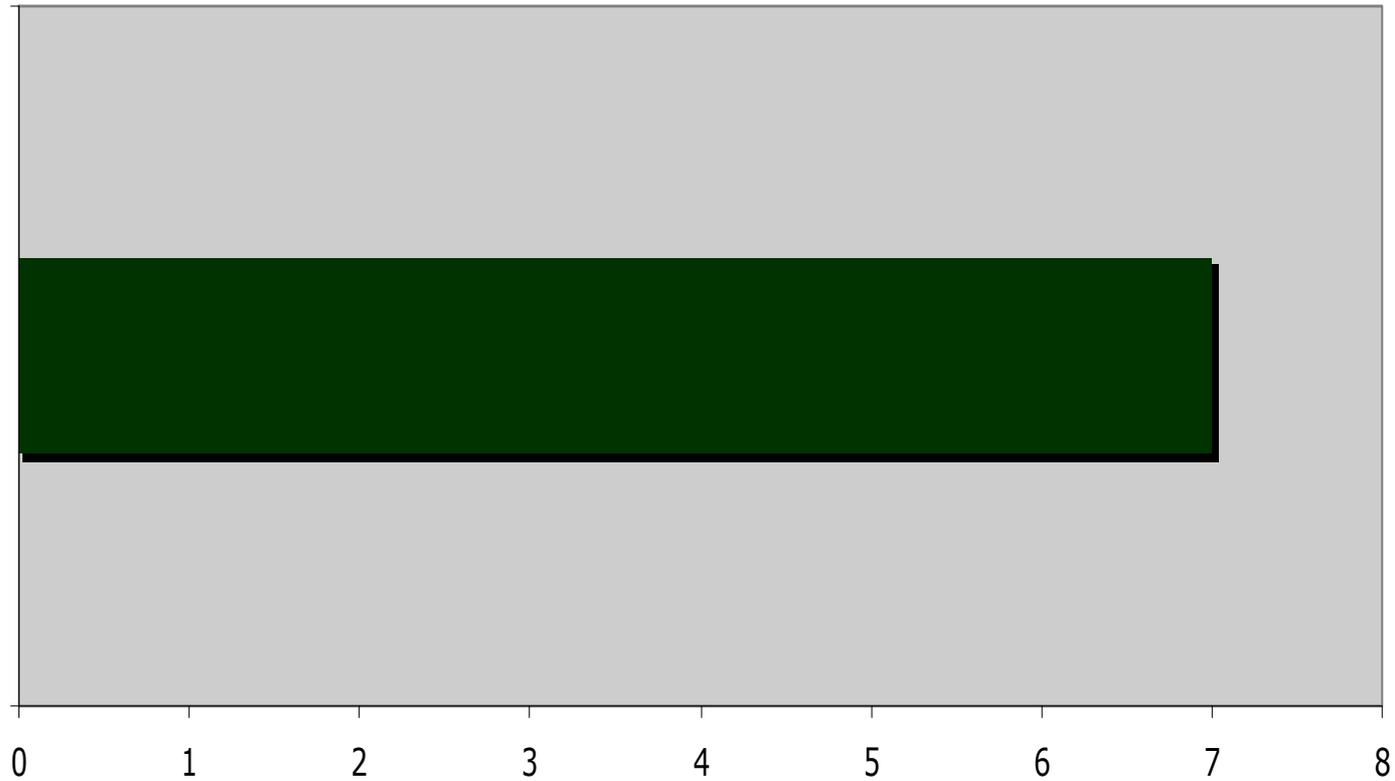
Sometimes - Always %

## Language Barriers



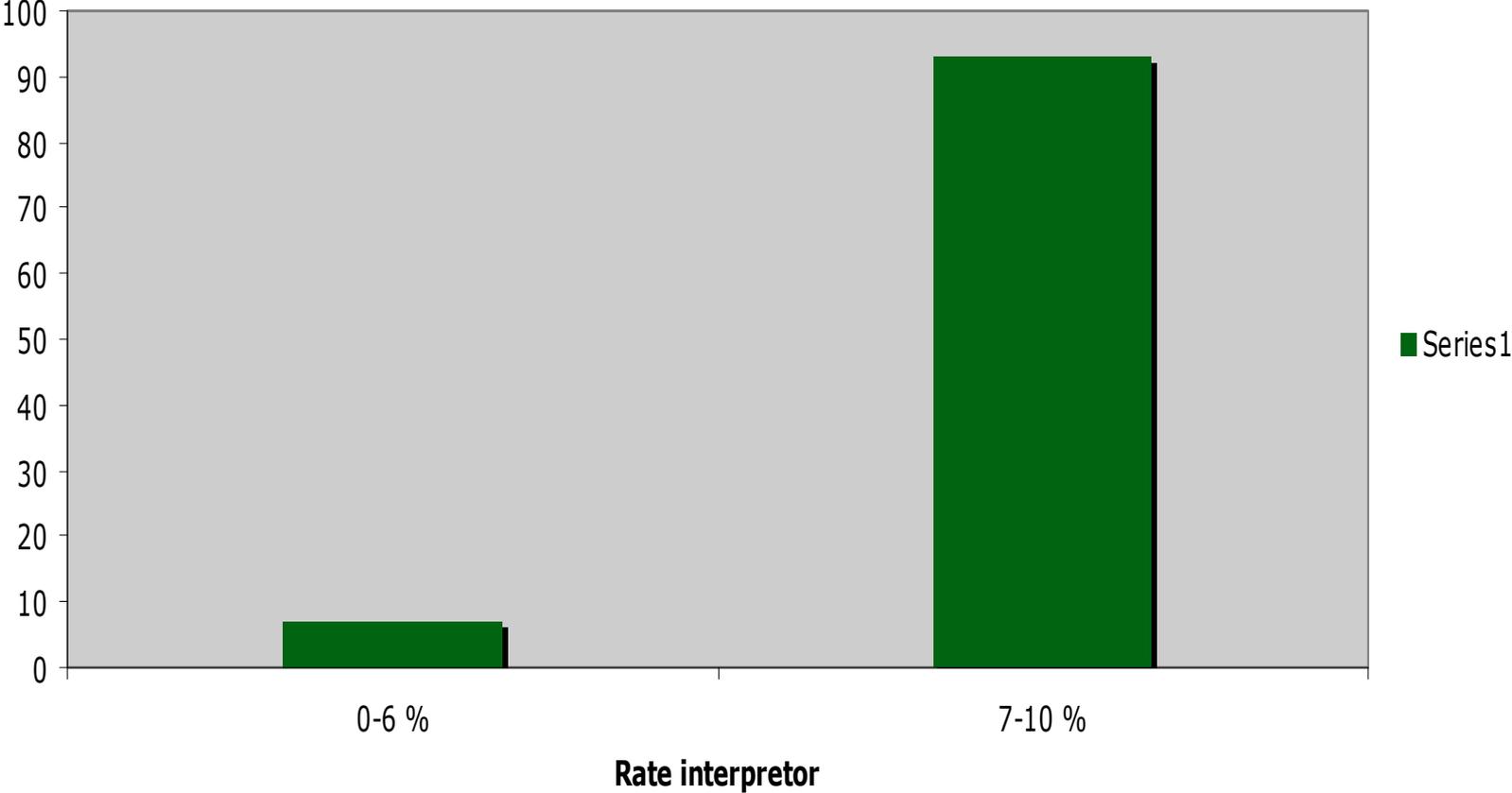
## Language Barriers

**Interpreter  
treated with  
respect**

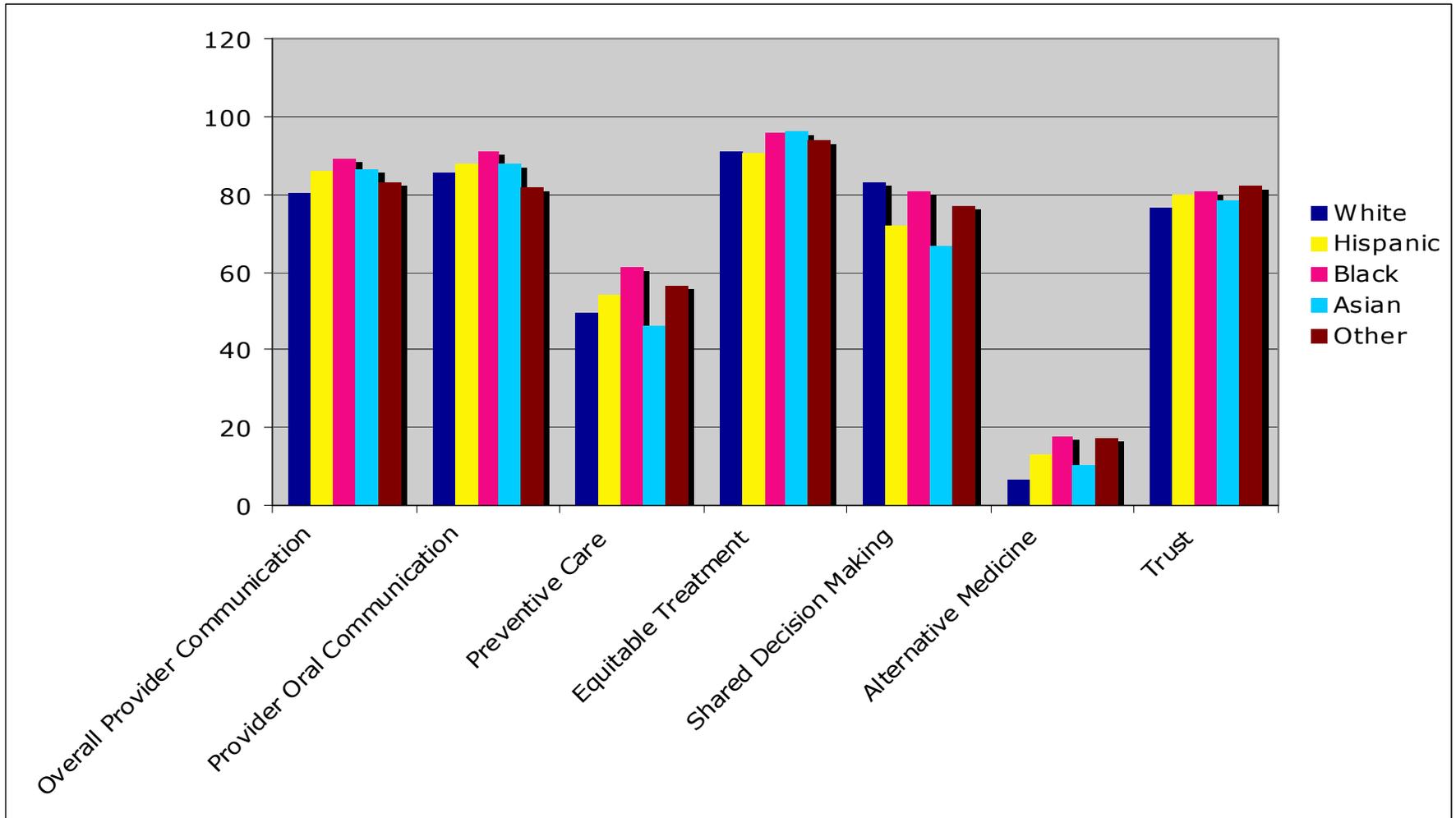


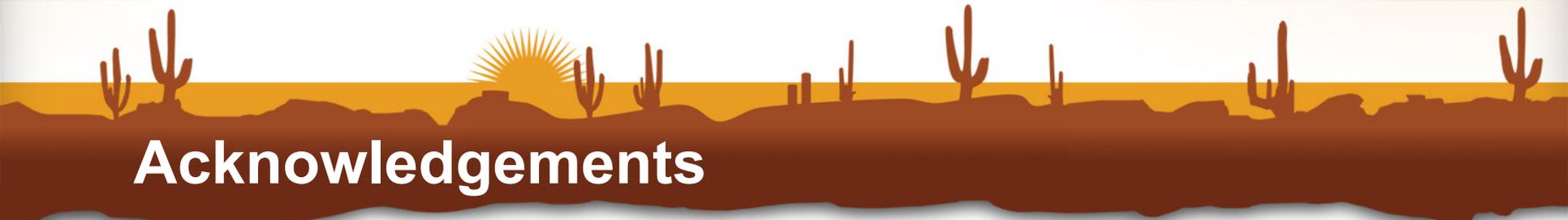
**Never - Almost Never %**

# Language Barrier



# Composites by Race/Ethnicity





# Acknowledgements

- Funding
  - AHRQ- development and cognitive testing of CAHPS CC
    - Project Officer- Chuck Darby
    - Project Staff- Ana Caponiti
  - Commonwealth Fund- field test and dissemination of CAHPS CC
    - Project Officer- Ann Beal
- Other members of CAHPS II Cultural Comparability Team
  - Quyen Ngo-Metzger
  - Karen Bogen
- Other CAHPS II teams