

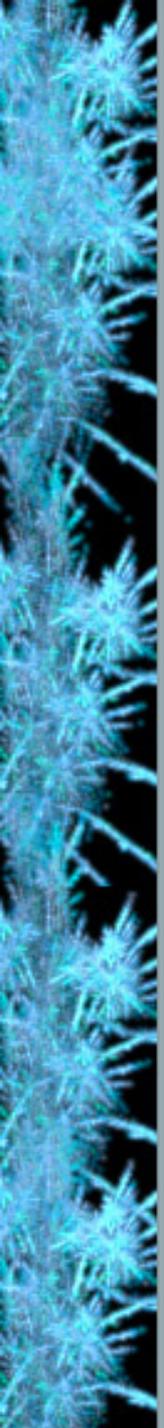
**Track:** Improving Patients' Experiences With Care  
**Session:** Improving Physician-Patient Communication  
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# Using Standardized Encounters to Understand Reported Racial/Ethnic Disparities in Patient Experiences with Care

**Robin M. Weinick, Angelo E. Volandes,  
Marc N. Elliott, Lenny Lopez, Q Burkhardt, Mark Schlesinger**

**RAND, Massachusetts General Hospital, Yale University**

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## Racial/ethnic disparities in patient experiences with care

- Have been repeatedly demonstrated
  - Even when using well-validated measurement tools
- Apparent paradoxes
  - Minority patients report having more problems, but provide higher global ratings

## Potential explanations

- Expectations of care
  - Some groups may be more easily satisfied
- Scale use
  - E.g., Extreme Response Tendency (ERT) previously demonstrated for global ratings
- Differing interpretations of the same events

# Interpreting disparities is increasingly important

- CAHPS Hospital Survey data now publicly available
- Medicare Improvements for Patients and Providers Act of 2008
  - Mandates public reporting of Medicare plan data by race/ethnicity

## New contribution

- Prior studies use real-world data
  - Primarily from CAHPS
  - Cannot distinguish among the three explanations
- Our study
  - Online
  - Simulated written and video encounters
  - Experimental design allows for systematic examination of the three explanations

## Study design

- Knowledge Networks panel
  - Online
  - RDD-based
  - Free Web-TV access for those without connections
    - Represents lower-income adults
- Previously used in health-related studies

# Sample

- Random sample of 1,275 adults from panel
- Stratified to obtain similar numbers by race/ethnicity

Group	n	Response rate
White	204	57.3
African American	163	41.6
Latino	200	49.9
Total	567	49.4

# Study part I – Expectations of care

- 5 questions
  - Used in previous studies
  - Roughly how many doctors do you think
    - Take the time and effort to learn about the most up-to-date treatments and drugs?
    - Don't take enough time to talk with patients about their medical care?
    - Treat all patients fairly regardless of race?
    - 2 additional
  - Responses are no doctors at all, some doctors, most doctors, all doctors

## Study part II – Written vignettes

- Patient complains of headache, physician responds
- Respondents answer 3 modified items from CAHPS Clinician and Group survey
  - Listen carefully
  - Show respect
  - Spend enough time
- 5 vignettes presented in randomized order
- Ordinally scaled measure of responsiveness

## Study part III – Video encounter

- A single 4-minute simulated encounter
  - Diabetic patient with longstanding physician relationship
  - Frustration at lack of blood sugar control
  - Discuss alternative strategies for improving health
- Respondent answers
  - 5 report questions modified from CAHPS Doctor Communication composite
  - 0-10 global rating

## Study part III – Rationale for video response

- Perceived positive and negative physician behaviors
- To what extent was the physician
  - Positive: Kind, helpful
  - Negative: Impatient, intimidating
- Attributes developed via local qualitative interviews
- Exploratory factor analysis yielded 2 factors with 10 items each

## Analyses - I

- Expectations
  - Means compared via independent sample t-tests
- Written vignettes
  - Multivariate linear regressions adjusted for correlation within respondents
  - Responses to each CAHPS item predicted from physician responsiveness and race/ethnicity

## Analyses - II

- Video
  - Reports and 0-10 rating
    - Means compared via independent sample t-tests
    - Multinomial regression and tests of variance used to test for ERT
  - 0-10 rating only
    - Multivariate model predicting rating from race/ethnicity, perceived positive and negative behavior, and their interaction

## Results - Expectations

- Average responses fall near middle of scale
- Only 1 of 5 questions demonstrates racial/ethnic differences

Roughly how many doctors do you think:	All	White	African American	Latino
Make too many mistakes in taking care of their patients?	2.06	2.09	2.03	2.05
Treat all patients fairly regardless of race?	2.78	2.98	2.53*	2.78*

**1 = no doctors at all; 2= some doctors; 3 = most doctors; 4 = all doctors**

## Results – Written vignettes

- Perceptions of physician responsiveness increased linearly with designed level of responsiveness
- All three racial/ethnic groups responded similarly

To what extent did this doctor listen carefully to the patient?			
Vignette	White	African American	Latino
1	1.63	1.64	1.71
2	1.91	1.85	1.94
3	2.77	2.72	2.85
4	3.31	3.29	3.22
5	3.73	3.64	3.58

**1=not at all; 2=very little; 3=to some extent; 4=to a great extent**

- Confirmed in repeated-measures multivariate models

## Results - video

- No evidence of racial/ethnic differences in responses to Doctor Communication report items
  - Independent sample t-tests
  - Repeated-measures multivariate regression

## Results - video

- Mean 0-10 rating was below 5 for all groups
  - Encounter was perceived far more negatively than typical in real-world data
- Similar mean scores across racial/ethnic groups
- African Americans and Latinos
  - Greater standard deviation
  - More likely to use both ends of the response scale
  - Evidence of extreme response tendency

## Results – video

- 0-10 global rating regressed on race/ethnicity, positive and negative perception scales, and interaction
- Main race/ethnicity and interaction terms were nonsignificant
  - Perceptions of physician behavior have a similar influence across racial/ethnic groups

## White, African American, and Latino respondents

- Had generally similar expectations of physician behavior
- Used CAHPS report items similarly when exposed to the same stimuli
- Had similar mean responses on 0-10 ratings
  - African Americans and Latinos more likely to use both extremes of the response scale more often
  - 0-10 ratings were similarly responsive to perceptions of physician behavior
  - One video encounter with mean atypically near 5

## Limitations

- Online panel participants may differ in unmeasured ways
- Study administered only in English
- Unable to study Asians
- Internet administration, rather than mail or phone
- Single video encounter, no experimental manipulation of quality
- Asked about a third-party encounter rather than one's own physician

## Implications

- Future work should use multiple videos
  - Manipulate physician responsiveness over multiple dimensions
- MIPPA implementation should emphasize reports rather than 0-10 global ratings
  - Concern about extreme response tendency
- Stronger basis for interpreting differences in real-world CAHPS report items as reflecting true disparities in need of remedy