

Perceived Discrimination and Patients Experience with Care

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Presenter Disclosures

- Thomas Bryant III
 - No relationships to disclose.

Introduction

- Racial and ethnic disparities exist in access to health care, as well as poorer outcomes and health status among racial and ethnic minorities (Smedley, Stith & Nelson, 2002).
- Commonwealth Fund 2001 survey shows racial/ethnic minorities were less satisfied with quality of health care services (Ngo-Metzger et al., 2006).

Introduction

- Community Tracking Survey
 - Hispanics and African Americans were less satisfied with their physician's style and had less trust in their doctor after controlling for SES factors (Doescher et al., 2000).
- National Consumer Assessments of Healthcare Providers and Systems (CAHPS)
 - Studies show racial/ethnic minorities have worse reports of care in commercial and Medicaid managed care (Morales et al., 2001; Weech-Maldonado et al., 2004).

Research Question

- What is the relationship between patient experiences with discrimination and CAHPS reports and ratings of care?

Literature Review

■ Quality of Care

- Persons who'd thought they'd received better treatment if of a different race significantly less likely to receive optimal chronic disease screening, and more likely to not follow the doctor's advice or put off care (Blanchard & Lurie, 2004)
- Self-reported racial/ethnic discrimination associated with a 50% lower marginal probability of receiving a hemoglobin A1c test, foot exam, & BP exam making it difficult to control diabetes (Ryan, Gee, & Griffith, 2008)
- Self-reported racial discrimination associated with A1C levels that were higher for blacks than other patients, more symptoms, and poorer physical functioning (Piette, Bibbins-Domingo, & Schillinger, 2006)

Literature Review

- Utilization and Adherence
 - Negative experiences resulting from perceived discrimination influence how and when minorities utilized health care services (Bird & Bogart, 2001)
 - Odds of delaying filling a prescription were higher for those who reported experiences of perceived discrimination (Van Houtven et al., 2005)
 - Perceived discrimination positively and significantly associated with screening for breast cancer among older urban African-American women (Klassen & Washington, 2008)

Literature Review

- Health Care Experience
 - 691 randomly selected Blacks & Whites with Medicaid insurance who experienced discrimination were significantly more likely to be less satisfied with their overall care (Bouknight, 2000)
 - 110 residents with HIV in a US midwestern city found a significant negative correlation between perceived discrimination & healthcare satisfaction (Bird et al., 2004)
 - 2003 California Health Interview Survey of 39,000 adults revealed one unit increase on dissatisfaction scale was associated with ~ 30% increased odds of having experienced discrimination (Ponce, 2006)

Methods - Data

- Survey of Florida Medicaid beneficiaries from September 2007 to December 2007
- National Consumer Assessments of Healthcare Providers and Systems (CAHPS®) 4.0 survey instrument
- An additional set of items that assess patient experiences with discrimination

Methods - Respondents

- There was a 40% response rate with a total of 1877 completed surveys
- The respondents included:
 - Fee-for-service (384)
 - Primary Care Case Management (383)
 - Provider Sponsored Organization A (370)
 - Provider Sponsored Organization B (370)
 - Provider Sponsored Organization C (370)

Methods - Dependent Variables

- CAHPS 4.0 reports and ratings of care
 - Reports of care capture consumer's perspective of what did or did not happen
 - Responses to questions about specific health care experiences were answered in relations to the past 12 months
 - Ratings are personal evaluations of providers and services
 - Report/ratings converted to a 0 – 100 scale

Methods - Dependent Variables

- CAHPS Report Composites
 - Timeliness of care
 - Getting needed care
 - Provider communication
 - Health plan customer service

- Ratings of Care
 - Personal doctor rating
 - Specialty doctor rating
 - Overall healthcare rating
 - Health plan rating

Methods - Independent Variables

- Discrimination Measure
 - In the last 6 months, how often have you been treated unfairly at this doctor's office because of your race or ethnicity?

- Response Scale
 - 0= Never experience discrimination
 - 1= Sometimes experience discrimination
 - 2= Usually or Always experience discrimination

- Four point scale collapsed to three point scale based on distribution of item responses

Methods - Analysis

- SAS version 12.0
- Analysis of Variance (ANOVA)
 - Comparison and hypothesis test of differences in CAHPS reports and ratings of care across the variable categories for the discrimination
 - Post hoc tests using the Tukey procedure were conducted for the ANOVA analysis to test the significance of differences between means of paired groups

Methods - Analysis

- Ordinary least squares regression
 - Model the effect of patient perceptions of discrimination on CAHPS reports and ratings of care controlling for age, gender, education, and self-rated health
 - Standard errors for all regressions were adjusted for correlation within health plans using the Huber/White correction

Means: Race/Ethnicity Discrimination

	0= Never	1= Sometimes	2= Usually or Always	F-test
Timeliness of Care	82.4	70.9	78.9	4.5*
Getting Needed Care	73.6	51.8	64.6	10.0***
Provider Communication	89.1	75.6	80.7	15.4***
Health Plan Customer Service	77.5	51.8	75.0	9.3***
Personal Doctor Rating	89.0	81.9	81.2	8.5***
Specialist Rating	89.3	81.4	85.7	3.6*
Health Care Rating	82.1	68.2	72.5	12.8***
Health Plan Rating	84.2	70.1	80.9	10.4***

*<.05, **<.01, ***<.001

Reports of Care: Regression Results

Reports of Care	Coef.	Std. Err.	T	P>t
Getting Needed Care				
Sometimes perceived discrimination	-18.6	5.3	-3.5	0.00
Usually/always perceived discrimination	-5.7	5.0	-1.1	0.26
Timeliness of Care				
Sometimes perceived discrimination	-9.1	4.2	-2.2	0.03
Usually/always perceived discrimination	-1.4	3.7	-0.4	0.72

*<.05, **<.01, ***<.001

Reports of Care: Regression Results

Reports of Care	Coef.	Std. Err.	T	P>t
Provider Communication				
Sometimes perceived discrimination	-13.3	2.9	-4.6	0.00
Usually/always perceived discrimination	-8.8	2.7	-3.2	0.00
Health Plan Customer Service				
Sometimes perceived discrimination	-20.5	6.2	-3.3	0.00
Usually/always perceived discrimination	-0.3	5.2	-0.1	0.96

*<.05, **<.01, ***<.001

Ratings of Care: Regression Results

Ratings of Care	Coef.	Std. Err.	T	P>t
Doctor Rating				
Sometimes perceived discrimination	-7.4	2.6	-2.8	0.01
Usually/always perceived discrimination	-8.8	2.4	-3.7	0.00
Specialist Rating				
Sometimes perceived discrimination	-6.8	3.5	-2.0	0.05
Usually/always perceived discrimination	-3.7	2.9	-1.3	0.21

*<.05, **<.01, ***<.001

Ratings of Care: Regression Results

Ratings of Care	Coef.	Std. Err.	T	P>t
Health Plan Rating				
Sometimes perceived discrimination	-11.6	3.3	-3.5	0.00
Usually/always perceived discrimination	-2.5	2.9	-0.9	0.39
Health Care				
Sometimes perceived discrimination	-12.1	3.5	-3.5	0.00
Usually/always perceived discrimination	-9.7	3.2	-3.1	0.00

*<.05, **<.01, ***<.001

Conclusions

- Perceptions of discrimination based on race/ethnicity are associated with lower CAHPS reports and lower ratings of care
- “Usually” versus “Sometime” experience discrimination difference can be associated with the infrequency of experience with perceived discrimination
- Medicaid health plans must use quality improvement efforts to address perceptions of discrimination, barriers to care, of their enrolled patient population
- Suggests the importance of assessing cultural competency from the patients’ perspective

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