“If the fruit is sour...you cut away the tree”

Diversity and Language in Patient Engagement

Presenters: Lyn Berry, MD, Selena Soni Wood
BACKGROUND
Highland K6 Adult Medicine Clinic

- Teaching clinic—residents follow 38% of 8500 patients
- Language—interpret for 25 languages
- Ethnicity/race—40% African American, 22% Latino, 16% Asian, 22% White
- Insurance—67% Medi-Cal, 22% Medicare, 11% HealthPAC
In 2013 began team-based care as part of our operations transformation
In 2014 residency switched to 3+1 curriculum with residents in clinic 1 week every 4 weeks
CG–CAHPS scores low
Central question—how to involve our patients in transformation?
Mission Statement: To bring patient-driven quality improvement to the K–6 Clinic by creating the opportunity for patients and providers to collaborate and learn from each other outside the exam room

- **Building Together Project**: opportunity to understand diverse patient experiences to establish challenges and to connect with patients who might be interested in joining the Advisory Councils

- **The PCORI Projects**: support developing an advisory group as an ongoing part of clinic operations
The Building Together Project

- **The start**: A Department mini-grant for a qualitative study of our patients’ experiences in their own words

- **Investigators**: included an MPH lead, 2 interpreters, 1 patient, 1 resident, 1 physician faculty, our research director

- **Timeline**: January–June 2014

- **Methodology**: 19 in-depth interviews conducted with patients
  - 8 English-speaking patients
  - 6 Mien-speaking patients
  - 5 Spanish-speaking patients
Our Research Interests

A. What makes a clinic experience for a patient positive? Why does that affect the experience positively?

B. What makes a clinic experience for a patient negative? Why does that affect the experience negatively?

C. What are patients’ personal, cultural, and historic contexts relating to health and the clinic experience? How does that affect the experience?
Findings and Themes

- “It’s just Highland”—low expectations with systems issues
- All patients identified with same operational problems
- Relationships with clinicians and staff affected by language discordance
  - impact of language—“there is a gap”
  - power of interpreter as broker
For me, when you have a fruit to eat in your garden, if it is sour or sweet, if you don’t like it, you cut away the tree, and you don’t even tell the family. It’s like that with the doctors. If they don’t like caring for you, they go away.

-Notes from Interview with 65-year-old male Mien K6 AMC patient
Simultaneous with research project, received PCORI Tier 1 grant

--To gather feedback from patients of different racial, ethnic, cultural, and linguistic backgrounds about their clinic experiences

--To engage patients in the development of patient-centered services

--To integrate staff and patients in councils for more effective action plans
PCORI Grant

- Support project manager
- Stipend to our interpreter services for Spanish and Mien interpreter participation
- Funding for food and gift cards at each meeting
- Stipend to our department research program for support
- Patient and staff travel to PCORI meeting
- Some supplies for projects
PATIENT ADVISORY COUNCILS
Patient Advisory Councils

- Patient Advisory Council (PAC) consists of 20 patients and 3 subgroups
  - 6 Mien–speaking patients
  - 6 to 7 English–speaking patients
  - 7 Spanish–speaking patients
- All include at least one clinic staff and our project manager
- Occasional Primary Care residents, MAs, and recently a Board of Trustees member
Patient Advisory Councils

Meeting format
- Each subgroup meets monthly
- All of the groups meet together quarterly
- Interpreters present for all meetings with non-English speaking patients

Meeting content
- check-in on recent experiences
- discussion of any current issues
- work on new or on-going projects
Quarterly All-Council Meeting

- Discussion initially in English then pause for simultaneous Spanish and Mien interpretation
- It works!
- Patients are all respectful of one another
- As our research project showed, there is much commonality
PAC Agendas
Open forum and Project Oriented

January 2017
Mien Group Agenda

Patient-Centered Primary Care Council
English-language Small Group Meeting
April 14, 2017, 3-5PM, HCP Conference Room D & E

1. Introductions
   - Welcome: John Maitl, Tia Tucker & Brenda Hill

2. Group Check In

3. K6A/PAC Feedback
   - Behavioral Health Project: Dr. Neha Gupta & Dr. Veronica Concern Perin
   - Sexual Orientation & Gender Identity (SOGI): Dr. Neha Gupta
   - Clinic Hours: Dr. Blake Gregory
   - Waiting Room Experience: Dr. Blake Gregory & Medical Student Team
   - Patient Financial Support Fund: Anita Roberts, RN
   - Health Education Materials: Dr. Jenny Cohen

4. Projects:
   - CER: "Do pictogram labels with accompanied teaching, for hypertension medication, increase medication use among low literacy patients?" Comparators: Standard care vs. pictogram labels.
   - Study design Flow Chart: Fifty Spanish and 50 Mien speaking patients who are low literate will be recruited at the time they are prescribed a blood pressure medication. We will randomly assign 25 to pictorial information plus community health worker home visits and 25 standard care. Patients return to the primary care clinic two weeks after the prescription is given for a nurse blood pressure check. At that appointment, the visual aids will be attached to the medication bottle. When the medication is refilled, a community health worker will visit the patient's home to do a blood pressure check and adhere the visual aids to the medication bottle during medication reconciliation. These visits will be made when the medication is refilled and 6 months follow-up.
   - New Labels: Feedback
   - Board of Trustees: Agenda topics per Dr. Berry?
   - Doctor Intro Video: Three interview questions.
   - CDC Brochures: in process.
   - Hospital Sanctuary Flyers: in process.

5. Next Group Meeting
   - English-language Small Group Meeting: Friday, May 12th, 3-5PM, HCP D & E

April 2017
English Group Agenda
Sample Projects:

- Waiting room informational bulletin boards
- Waiting room wait-time indicator system
- Exam room educational videos
- Waiting room videos introducing staff

CER research question:

“For hypertension medications, do pictogram labels with accompanied teaching increase medication use among low literacy patients?” Comparators: Standard care vs pictogram labels
Bulletin Board Project

May 2017

May 2017
Waiting Room Video Project
CCTV
Important issue was staff using complete patient names
Many similar names and frequent errors
Also voiced feeling ignored in the waiting room—no communication
Occasionally sat for hours because of a misunderstanding about patient identity
PAC–Spanish Council

- Members from Mexico, Guatemala, Nicaragua
- Meeting topics:
  - Recent immigration policies
    - Shared how the community has responded to recent policy shifts
    - Shared issues brought to AHS leaders and instrumental in handling current policies
  - How being a monolingual Spanish speaker affects access to care
    - Change in pharmacy policy on use of interpreters
    - Improvement of clinic Spanish phone tree
Pictogram Project
US Pharmacopeial Convention Pictograms

Read the label

If this medicine makes you dizzy, do not drive

Do not take other medicines with this medicine

Take in the morning
Pictogram Project
Pictogram worksheet

Mien Group Pictogram:

© 1997 USPC

For heart problems

© 1997 USPC

Healthy heart muscle
Diseased heart muscle

© Can Stock Photo

Read the label

© 1997 USPC

Take 2 times a day

© 1997 USPC

Call your doctor

© 1997 USPC
Our CER Project

Statin Pictogram:
- Blood pressure
- heart
- eye
- medicine
- patient

Yellow = AM
Blue = PM

food

Do not take with food

See doctor if side effects

- communication
- warning
- dosage

- English
- other languages

- drowsy
- side effects
- the glass
CER Pictogram Project
Patient Advisory Councils

PAC Evolution:
- The PAC has evolved to become a valued and utilized resource.
- It is a “sounding board” for developmental projects for the clinic, PRIME and institution:
  - SOGI screeners
  - Expanded clinic hours
  - Substance use disorder screening
  - Use of outside funding allocation
  - Health education material development
  - Waiting room aesthetics
- It also assists in residency issues such as transitions, selecting residents.
PCORI Grants Summary

- Tier I: Created the PACs
- Tier II: Created a Comparative Effectiveness (CER) Research question
- Tier III: Write a proposal to fund the research question

All PCORI grants have enabled us to continue funding the advisory councils
REFLECTIONS ON THE FUTURE
Challenges and Issues

- PCORI funding ends in 2 months
- Strategy for institutional support
- Loss of institutional–level patient council
- Engaging staff and residents
Challenges and Issues

- Councils vs CER vs both
- Different groups have different goals
- Are we representative?
- Expansion to other patient populations
Our Dreams

**Alameda Health System Council**
- Hear & advise about system-wide presentations
- Hear & respond to reports from Clinic-councils
- System-level projects
- Opportunity to be involved at other system levels

**Adult Medicine Clinic Councils**
- Hear & advise about clinic-specific presentations
- Hear & respond to reports from AHS Council (report-back)
- Clinic-specific projects
- Opportunity to be involved in other system-level opportunities and attend broader system presentations (but not voting members of AHS Council)