"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

Highland K-6 Adult Medicine Clinic

- 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?

Drivers

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

PCORI Grant

- 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 patientcentered 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 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

- 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



HIGHLANDHOSPITAL

Patient-Centered Primary Care Council

Mien-language Small Group Meeting January 20, 2017 3:30-5PM HCP Conference Room D & E

- 1. Updates
 - Happy New Year!
 - o Maryan and Selena attended the Tier III conference. Pictogram/Cartoon labels well received!
- 2. Group Sharing
- 3. CER Question Development
 - Focus: "People not thinking they need to take medication. How to increase awareness about conditions that do not have symptoms and can lead to serious consequence over time if not managed."
 - o A focus on hypertension to simplify things.
 - Ways to increase awareness and medication adherence: literature, cartoon/pictograms, labels, videos, bubble packs, helpful pharmacists/nurses, doctor patient relationship trust and consistency, surveys to learn about patient beliefs. Lots of ideas.
 - o Community Health Outreach Workers (CHOWs) and home visits.
 - 1. Thoughts?
 - 2. In person or doctor video chat?
 - Same culture/language or interpreter?
- 4. Projects:
 - o New bulletin boards will be up soon in waiting area. Thoughts on information you would like posted?
 - o Dr. Berry asked the pharmacy about bubble packs. Status?
 - o Pictograms to be continued.
- 5. Next Small Group Meetings
 - o All Council Meeting: Friday, February 17th, 3:30-5PM, HCP D & E

January 2017 Mien Group Agenda



HIGHLANDHOSPITAL

Patient-Centered Primary Care Council

English-language Small Group Meeting April 14, 2017 3-5PM HCP Conference Room D & E

- 1. Introductions
- Welcome: John Habibi, Tia Tucker & Brenda Hill
- 2. Group Check in
- 3. K6A PAC feedback
 - o Behavior Health Project: Dr. Neha Gupta & Dr. Veronica Correa Perin
 - o Sexual Orientation & Gender Identity (SOGI): Dr. Neha Gupta
 - o Clinic Hours: Dr. Blake Gregory
 - o Waiting Room Experience: Dr. Blake Gregory & Medical Student Team
 - o Patient Financial Support Fund: Anita Roberts, RN
 - o 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.
- o Study design Flow Chart: Fifty Spanish and 50 Mien speaking patients who are low literacy will be recruited at the time they are prescribed a blood pressure management medication. We will randomly assign 25 to pictorial information plus community health worker home visit group 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 at 6 months follow-up.
- o New Labels: Feedback
- o Board of Trustees: Agenda topics per Dr. Berry?
- o Doctor Intro Video: Three interview questions
- o Bulletin Boards: In process. Separate meeting needed.
- CDC Brochures: In process.
- Hospital Sanctuary Flyers: In process

Next Group Meeting

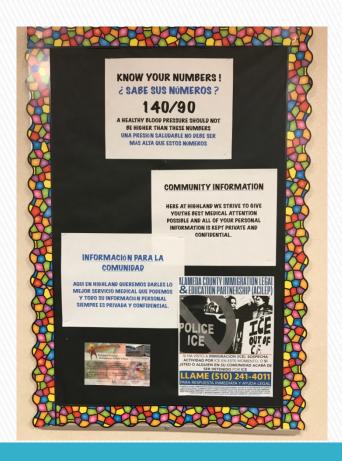
o English-language Small Group Meeting: Friday, May 12th, 3-5PM, HCP D & E

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



PAC-Mien Council Projects

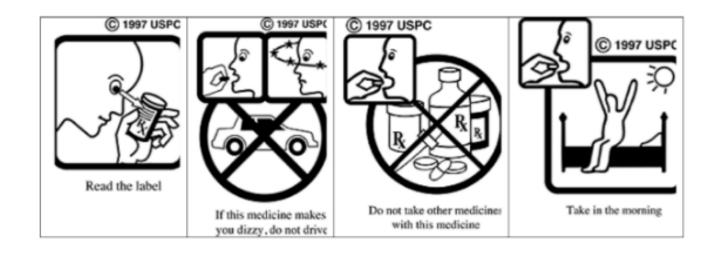
- Important issue was staff using complete patient names
- Many similar names and frequent errors
- Also voiced feeling ignored in the waiting room—no communication
- Occasionally sat for hours because of a misunderstanding about patient identity

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

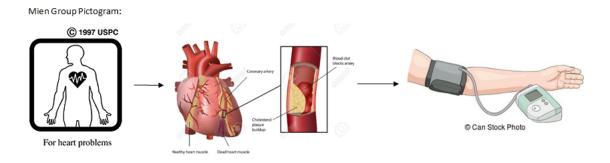
Pictogram Project

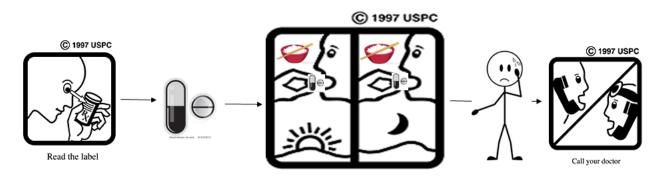
US Pharmacopeial Convention Pictograms



Pictogram Project

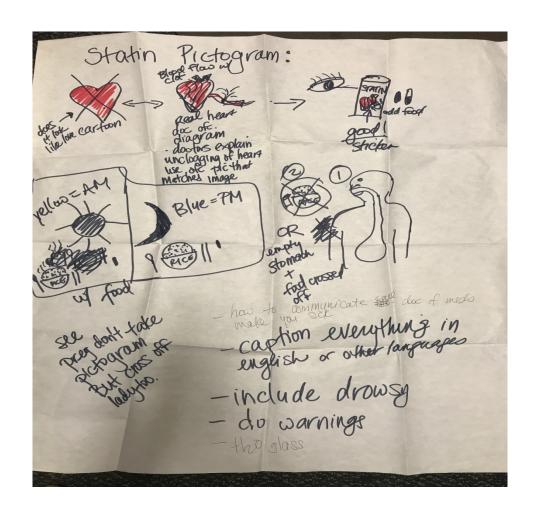
Pictogram worksheet





Take 2 times a day

Our CER Project



CER Pictogram Project



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



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

