Assessing Cultural Competency from the Patient’s Perspective: The CAHPS Cultural Competency (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- inclusion of Cultural Competency (CC) Item Set into CAHPS family of instruments.
Development of CAHPS CC

- Development of a Conceptual Model*
- Item Development
- Translation of Item Set into Spanish
- Cognitive Testing
- Field Test

Measuring Culturally Competent Care

Patient Factors
- Respect for patient preferences/shared decision making
- Patient Provider Communication
- Experiences leading to trust or distrust
- Experiences with discrimination

Provider Factors
- Health literacy strategies
- Language services

Health Care System Factors
Cultural Competence and Consumers

- Providers and Consumers
  - Communication
  - Shared decision-making
- Systems, Providers and Consumers
  - Experiences leading to trust or distrust
  - Experiences of discrimination
  - Linguistic competency (health literacy and language services)
CAHPS and Cultural Competence (Gaps in Current Measures)

- Communication
  - Use of complementary and alternative medicine
- Shared Decision-Making
  - Respect for patient preferences
- 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
Item Development

- Literature review of existing measures
- Adapted or modified measures in the public domain
- Wrote new items for domains/subdomains 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 47 items
  - Patient-Provider Communication (5 items)
  - Alternative Medicine (6 items)
  - Shared Decision-making (7 items)
  - Experiences of Discrimination (12 items)
  - Trust (7 items)
  - 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 by committee of translators and bilingual members of CAHPS Cultural Comparability team
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

- Semi-structured interview with scripted probes
- Used concurrent, think aloud method to interview
- 18 interviews conducted
  - 9 in Spanish and 9 in English
  - Los Angeles, Boston, Chapel Hill, NC
  - Mix of respondents in terms of age, race/ethnicity, gender, and level of education
  - Set targets for Hispanic subgroups
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 did not provide meaningful data
Field Test

Sample
- Stratified random sample by race/ethnicity and language
- 6,000 Medicaid managed care enrollees from two health plans (CA and NY)

Survey
- Mixed mode
  - Two-stage mail phase
  - Two-stage phone phase
- 26% response rate
Field Test

- Analytic sample limited to respondents who had
  - A personal doctor
  - Visited their personal doctor at least once during the last 12 months

- Racial/ethnic composition of final sample (N=991)
  - White- 15%
  - Black- 15%
  - Hispanic- 34%
  - Asian- 17%
  - Other- 18%
  - Missing- 1%
Data Analysis

- Psychometric analysis
  - Exploratory factor analysis
  - Confirmatory factor analysis
  - Multitrait scaling analysis
  - Internal consistency (Cronbach alphas)
Data Analysis

- Regression analysis
  - Assess convergent validity
  - Overall doctor rating (0-10) = f (CAHPS CC composite, gender, age, education, and perceived health status)
- CAHPS CC composites
  - Items converted to 0-100 scale
  - Average of item scores within composite
Results

- Exploratory factor analysis (eigenvalues > 1) and confirmatory factor analysis (CFI= 0.91; TLI= 0.99; RMSEA= 0.04) provided support for a seven-factor structure
  - Doctor Communication-Positive Behaviors (5 items)
  - Doctor Communication-Negative Behaviors (4 items)
  - Doctor Communication-Preventive Care (4 items)
  - Doctor Communication-Alternative Medicine (2 items)
  - Shared Decision Making (2 items)
  - Equitable Treatment (2 items)
  - Trust (5 items)
Results

- **Multitrait scaling**
  - Item-scale correlations above 0.30 for all items
  - Item discrimination
    - Items correlated more with their hypothesized scale than with other scales

- **Internal consistency**
  - Ranged from 0.58 for Doctor Communication-Alternative Medicine to 0.92 for Doctor Communication-Positive Behaviors
  - Exceeded 0.70 for four of the seven composites
Results

- Psychometric analysis provided support for one additional domain
  - Access to Interpreter Services (5 items)
- Regression results showed that all CAHPS CC composites were positively and significantly associated with overall doctor rating
Conclusions

The CAHPS CC item set
- Demonstrates adequate measurement properties
- Assess culturally competent care from the patient’s perspective
- Addresses aspects of care that are important to patients’ ratings of care

Health care organizations wanting to improve their CAHPS ratings can implement quality improvement to address CAHPS CC domains

Recommend the item set as a supplemental module for the CAHPS health plan and clinician and group survey instruments
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