Racial and Ethnic Disparities in Satisfaction with Care: VA’s Commitment to Health Equity

Michael J. Fine, MD, MSc
Director, VA CHERP
Professor of Medicine, University of Pittsburgh

April 11, 2011
National Minority Quality Forum
Leadership Summit on Health Disparities
Outline

- VA Healthcare System and its commitment to health equity
- Efforts to address racial/ethnic disparities in satisfaction with VA health care
VA Healthcare System

- Nation’s largest integrated health care system
- Tri-fold mission
  - Clinical care
  - Research
  - Medical education
- A key clinical goal is to provide high quality health care to all enrolled Veterans
- A key research goal is to rapidly translate research findings into clinical practice
Key Clinical Operations (FY10)

- 153 hospitals
- 956 outpatient clinics
- 8.3 million enrolled Veterans (37%)
  - 679,600 hospitalizations
  - 75.6 million outpatient visits
Current Racial Distribution of US Veteran Population

- White: 79.0%
- Black: 11.4%
- Hispanic: 5.9%
- Asian/Pacific Islander: 1.5%
- Other: 1.3%
Sustained Track Record of VA Disparities Research

- Designation of health disparities as a priority research focus area by ORD
- Large disparities research portfolio
  - 78 disparities projects
  - $31 million in funding since 2002
- Establishment of Center for Health Equity Research and Promotion (CHERP) and Center for Disease Prevention and Health Interventions for Diverse Populations
Why VA is an Ideal Environment for Disparities Research

- Growing population of racially and ethnically diverse patients
- Access to healthcare is similar across socioeconomic strata
- Use of extensive computerized clinical and administrative databases on Veterans served
CHERP Conceptual Model for Health Disparities Research

First Generation
- Detect disparities in health or health care

Second Generation
- Understand reasons for disparities

Third Generation
- Develop interventions to eliminate disparities

Satisfaction with Health Care

- Important dimension of quality of care
- Widely accepted measure of provider and health system effectiveness
- Patient-centered outcome associated with beneficial health behaviors (e.g., adherence, involvement with provider, and engagement with health care system)
Satisfaction with VA Health Care

- VA quality of care indicator
- Prior data suggest that patient satisfaction with VA health care is lower among racial and ethnic minorities
- Understanding the reasons for these disparities in satisfaction is critical to ensure the quality and equity of VA health care
2008 VA Hospital Report Card

- Mandated by 110th Congress in the 2008 Consolidated Appropriations Act
- First comprehensive facility-level report on quality of VA health care
- Focused on metrics applicable to general patient populations (e.g., quality of care and patient satisfaction)
Key Findings of 2008 VA Hospital Report Card

- VA facilities provided high quality medical care compared to national external benchmarks (i.e., HEDIS measures)
- African American (AA) patients were less satisfied with VA health care compared to whites based on Survey of Healthcare Experiences of Patients (SHEP)
Survey of Healthcare Experiences of Patients (SHEP)

- 600,000 patient surveys administered yearly from 2002-2008
- Encompassed 10 dimensions of satisfaction with VA health care
- Aggregate data reported quarterly
- Basis for patient-centered performance measurement in VA until 2009
Congressional Response to 2008 VA Hospital Report Card

- Noted that quality of care and satisfaction by race could not be accurately assessed with available administrative data.
- Ordered VA to identify and address the reasons for the racial differences in patient satisfaction with VA health care.
VA Response to Congressional Order

- VA Principal Deputy Under Secretary for Health promised Congress that an “...in-depth study, based upon the input from veterans, will be completed....”

- Office of Quality and Performance (OQP), CHERP, and Center for Minority Veterans asked to rapidly examine the reasons for racial differences in satisfaction with VA health care
Initial OQP Analysis of SHEP Data

- Confirmed lower satisfaction with overall, inpatient, and outpatient VA health care among AA and Hispanic Veterans
- Found racial/ethnic differences in several satisfaction domains (e.g., satisfaction with overall quality, access, coordination of care)
- Disparities were only partially explained by differences in age, gender, and self-reported health status
CHERP Evaluation of Racial Differences in Satisfaction

- **Goals**
  - To determine whether racial differences in satisfaction exist in terms of overall, outpatient and inpatient VA care
  - To describe racial differences in satisfaction with selected domains of health care quality
Selected Domains of Health Care Quality

- Trust in providers
- Adequacy of pain management
- Feelings of respect
- Access to medical care
- Communication with providers
- Coordination of care
- Involvement of family and/or friends
- Role of race in provision of health care
Overview of Design and Methods

- Mixed quantitative/qualitative study
- Telephone interviews with 60 users of VA Healthcare System from 3 large urban VA Medical Centers serving large AA populations
- Inclusion criteria: AA or white patients with an episode of VA outpatient or inpatient care in June or July 2008
Selected Data Elements

- Demographics (e.g., race, age, gender)
- Overall health status (current, past)
- 7-point Likert scale ratings of satisfaction with overall, inpatient and outpatient VA care
- Open-ended questions regarding patient satisfaction within 8 domains of VA health care
Methods of Analysis

- Ordinal logistical regression to model Likert scale satisfaction items
- Qualitative coding and analysis of satisfaction or dissatisfaction themes by domain
- Quantitative modeling of the qualitative themes of satisfaction or dissatisfaction by domain
Distribution of Respondents by Site, Treatment Location and Race

<table>
<thead>
<tr>
<th>Treatment Location</th>
<th>Atlanta (N=20)</th>
<th>Philadelphia (N=21)</th>
<th>Chicago (N=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AA</td>
<td>White</td>
<td>AA</td>
</tr>
<tr>
<td>Outpatient</td>
<td>10</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Inpatient</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

At each site, respondents could have had an outpatient visit, an inpatient stay, or both within the last 2 months. Of the 61 respondents, 56 had recent outpatient visits and 33 had recent inpatient stays.
Respondent Characteristics by Race

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>AA % (N=30)</th>
<th>White % (N=31)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years, mean)</td>
<td>57.1</td>
<td>63.7</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Gender (% male)</td>
<td>93.3</td>
<td>96.8</td>
<td>0.61</td>
</tr>
<tr>
<td>Education (% &gt; high school)</td>
<td>90.0</td>
<td>54.8</td>
<td>0.04</td>
</tr>
<tr>
<td>Health status (% good/very good)</td>
<td>43.3</td>
<td>67.7</td>
<td>0.10</td>
</tr>
</tbody>
</table>
Satisfaction with VA Care by Race

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Satisfied AA (%)</th>
<th>Satisfied White (%)</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>73.3</td>
<td>96.8</td>
<td>0.38 (0.15, 1.00)</td>
</tr>
<tr>
<td>Outpatient</td>
<td>88.5</td>
<td>93.4</td>
<td>0.28 (0.10, 0.82)</td>
</tr>
<tr>
<td>Inpatient</td>
<td>88.3</td>
<td>73.3</td>
<td>0.72 (0.21, 2.56)</td>
</tr>
</tbody>
</table>

Satisfied defined as “somewhat satisfied,” “very satisfied,” and “completely satisfied.”

Odds ratios based on ordinal logistic regression with “neither satisfied nor dissatisfied,” “somewhat dissatisfied,” “very dissatisfied,” and “completely dissatisfied” combined into one response category.
## Satisfaction by Domains and Race

<table>
<thead>
<tr>
<th>Domain</th>
<th>AA % (N=30)</th>
<th>White % (N=30)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust in providers</td>
<td>69.0</td>
<td>90.0</td>
<td>0.05</td>
</tr>
<tr>
<td>Adequacy of pain management</td>
<td>52.2</td>
<td>85.2</td>
<td>0.02</td>
</tr>
<tr>
<td>Feelings of respect</td>
<td>56.7</td>
<td>60.0</td>
<td>1.00</td>
</tr>
<tr>
<td>Access to medical care</td>
<td>53.3</td>
<td>53.3</td>
<td>1.00</td>
</tr>
<tr>
<td>Communication w/ provider</td>
<td>53.3</td>
<td>66.7</td>
<td>0.43</td>
</tr>
<tr>
<td>Coordination of care</td>
<td>64.0</td>
<td>82.1</td>
<td>0.21</td>
</tr>
<tr>
<td>Involvement of family/friends</td>
<td>95.0</td>
<td>89.5</td>
<td>0.61</td>
</tr>
<tr>
<td>Role of race in VA care (no)</td>
<td>69.0</td>
<td>76.7</td>
<td>0.57</td>
</tr>
</tbody>
</table>
Racial Differences in Satisfaction: Trust in Providers

- Less AA than white patients (57% vs. 83%) were satisfied with their level of trust in VA primary care providers.
- Less AA than white patients (63% vs. 77%) were satisfied with the amount of information obtained from their providers.
Sample Quote: AA Dissatisfaction with Trust in Provider

“So I get this doctor—her name is Dr. X—anytime I get to a definitive point, she’ll go see somebody else and then come back and tell me something. It’s like I’m talking to a student, not really talking to a real doctor.”
Racial Differences in Satisfaction: Adequacy of Pain Management

- More AA than white patients (20% vs. 7%) indicated that the VA practiced overly restrictive narcotic prescribing.
- More AA than white patients (13% vs. 3%) perceived that they were viewed as narcotic seekers by their medical providers.
Sample Quote: AA Dissatisfaction with Adequacy of Pain Management

“First word that came up was, well, you know, these can be sold as narcotics. And I wondered, why mention it to me? I can understand them mentioning it, but why mention it to me as being a black person? As far as [the pain medication] really being needed? I really needed it as I had a broken jaw.”
Racial Differences in Satisfaction: Access to Care

- Although overall satisfaction with access to care did not differ by race, compared to whites, AA patients were less satisfied with:
  - Appointment scheduling (50% vs. 70%)
  - Navigating the VA system (67% vs. 87%)
  - Follow-up care (77% vs. 97%)
Sample Quote: AA Dissatisfaction with Access to Care

“Nobody answers the phone down there at the VA. They put you on a recording and then another recording and another recording and then they cut off. .. If you’re there, you see the people working and the phones ringing; you can’t get in contact with anybody.”
Limitations

- Sample size limits generalizability and power
- Potential for selection bias due to convenience sampling
- Selected domains of health care quality are not comprehensive
- Focus on AA and white patients does not consider other ethnic and racial minorities
Summary

- AAs were less satisfied with overall and outpatient care than white Veterans
- AAs were less satisfied with trust in providers, adequacy of pain management, and access to care
Ongoing Work

- CHERP continues to collaborate with OQP
  - To determine the extent to which racial and ethnic differences in patient satisfaction occur within and between VA facilities
  - To identify patient and facility characteristics associated with such disparities
Next Steps

- Larger, more rigorous HSR&D study
  - 25 VA Medical Centers
  - 750 Veterans (equal numbers of whites, AAs, and Hispanics)

- Solicit detailed Veteran input on:
  - Reasons for satisfaction and dissatisfaction with VA health care
  - Potential solutions to improve satisfaction with VA health care
Future Directions

- Develop and test interventions to improve satisfaction with care among racial and ethnic minorities in VA