CHALLENGES AND OPPORTUNITIES FOR PROVIDING QUALITY HEALTH CARE FOR NEWCOMERS: A HEALTHCARE PROVIDER PERSPECTIVE

Community Development Society
Charleston, SC
July 22, 2013

University of Missouri Extension
Stephen Jeanetta

Center for Health Policy at the University of Missouri
Shannon Canfield
Ioana Staiculescu
Joseph LeMaster
The purpose of the study was to:

1. Understand the experiences of health care providers giving care to newcomer refugee and immigrant patients
2. Identify policies and procedures that help and/or hinder the provider’s ability to provide care to refugees, immigrants and newcomers patients
Methods

• Adult practicing health care providers and staff (N=35)
• Providers from St. Louis, Columbia, Cassville, Kenneth, Senath, Bernie and Kansas City
• Semi-structured interview guide and waiver of documentation of consent
• Interviews transcribed
• Content analysis
Demographics

<table>
<thead>
<tr>
<th>Physicians</th>
<th>Nurse Provider</th>
<th>Other providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 12 interviews (5 residents)</td>
<td>• 11 interviews</td>
<td>• 12 interviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Dental Assistant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Medical Assistant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Social Worker</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Behavioral Health Assistant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Resource/Financial Counselor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Patient Access</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Perinatal Ultrasound Technician</td>
</tr>
</tbody>
</table>
Main Findings

1. Patients’ ability to access health care services
2. Importance of effective communication—the patient provider relationship
3. Policy recommendations to improve health care for immigrant and refugee patients
Themes

• Factors regarding access that affect providing care
  • Cost
  • Health Insurance
  • Resources
  • Documented vs. Undocumented Patients
  • Trust
Cost and Coverage

“It’s, the challenging part is making the decision to, to order an expensive test. So for somebody that has insurance the decision to get, say, an MRI for back pain there are certain criteria that you use to make that decision, but in the end, if you get it and it’s normal, you really haven’t lost anything.

But in the case of somebody that is facing a $900 bill and you order an unnecessary test, well, now you have negatively impacted that person’s life and so it creates a little bit more pressure, I think, to, to make sure you’re utilizing those services as they need, as they’re needed and not unnecessarily.”
Cost—Accessing Care

“We have payment plans, but that’s when they can do...example, we had a patient that came in, he needed to be seen, he had to pay $65 to be seen. He didn’t have the money, he can’t be seen. If he goes through the emergency room, it’s a higher bill, he’ll get seen, but his bill can be pretty high.”
“I don’t know how to help the immigrants understand that obtaining health care or assistance for health care is not gonna get them deported. I just don’t know how to make them understand that, or help them to understand that.

I think that’s their biggest fear and even if they’re here legal and, but it’s only temporary, I think they’re still, they still have that fear that they’re gonna get sent back.”
Fear

“And so, you’ve got things like that where you know, you came in the ED with a DUI and you know, you got terribly upset in the emergency room because you want to leave and this happens a lot here. Well, you’re not quite safe to leave yet. So we have to keep you here until you’re safe, you get into an altercation with staff, policy get called, you know, everyone else a DUI is an easy thing.

Typically the reason they are fighting and they want out of the ED is because they know they don’t have a legal status, they know that if police are called there is a higher percentage chance of them of ending up on the bus to go home or being arrested and put in deportation proceedings and we have so many other things in health care; that is not something that nobody wants to take time to think about.”
“And it, and if they have, many of them don’t have a social number, social security number, so you’re very limited. In fact you are their primary care giver because you can’t refer them to any other places because they have no means of receiving any other benefits than what your clinic provides.”
Themes

• Patient- Provider Communication
  • Interpretive Services
  • Culture and Communication
  • The Generalized Interaction
    • Patient Understanding, Relationship Building
Anticipating Demand for Interpretive Services

“It’s interesting, you know, we de change what we do in different settings, so it just takes longer. If you haven’t arranged for an interpreter or translator then it takes a lot longer cause then you have to call and find somebody or get the phones in there, those awful phones that everybody hates to use ad it’s just a nightmare to start with.”
“Interpretive services being so darn expensive is an issue. Getting paid less for visit for what it costs to pay for the interpreter is an issue. Not having available video interpretation for rare languages anymore is an issue. Not having health care coverage for refugees for an adequate number of time is an issue. Not having materials in different languages that are culturally competent is an issue. Not having a better system of intake so that it takes too long to see patient, that’s an issue. Not having a way to deputize people to be interpreters on the fly is an issue.”
Workflow, Cost, Quality

“The way it is now, we have, it’s a situation set up to lose. It’s a lose, lose, lose situation, you know, it just is. It’s a lose for patients because cause we don’t give a high quality care, I don’t think. It’s a lose for providers cause it takes longer and it costs you money in the way the incentives are set up right now. You are required to have an interpreter but nobody pays for it. So when you see the patient, there is no source of payment and even if there is, it’s probably going to cost you money to see that patient.

And then, people talk about the Evil doctors who don’t want to see those patients. Well, when you’re under the pressure to see more and more patients, it’s probably not entirely fair, you know.”
“Again, I presume that our phone interpreters are good; I have no bases for making that, because I don’t know if I’m explaining something and they are giving sewing machine instructions because I have no way to make that determination. ..so you can take non-verbal cues [in-person interpretation] in order to fill out the picture a little bit more so than with a phone interpretation.”
Use of Bilingual Staff

“And there’s a lot of Hispanics come to this clinic. For other languages we don’t, but they always bring their own translator...It’s been more than 20, 30 [Hispanic] patients and there’s no other clinic who have bilingual staff. They’ll have in the hospital where they have to call a number and it takes forever, and they speak different Spanish.

Most of our patient comes from poor towns, so sometimes they don’t understand the medical terminology. So we, you know, we translate the way they will understand. Some patients they don’t understand what is positive, what is negative...So it means a lot that we have bilingual stuff here.”
When Interpretive Services Do Not Exist

- Interpretive services are primarily offered in Spanish.

“We do. We have some Hmong, and then there’s different dialects with the Spanish language. That gets a little more difficult, to be really honest, especially the Hmong population is really, really, they’re really good about bringing someone in with them. I think they’ve dealt with that enough here that, that usually the younger generation speaks English very well so they usually bring a family member, which isn’t always the best case scenario because of confidentiality.”
I do think some access to additional languages and lower literacy levels within those languages are really necessary. I think most of the handouts that are provided even in English are too high literacy levels for the population. Couple that with such a stressful diagnosis, “Oh, by the way, you have breast cancer!” you know, they’re not going to, they’re not going to hear, nobody is going to hear any additional information that day, yet we’re trying to get them set up for this, this and this and you need to think about what type of surgery and you need...”
Relationship Building

She’s from somewhere in the Middle East, um, Muslim woman. And we had the interpreter there and she, she had a really hard time, you know, talking to me. Like she kept just talking to the interpreter. And um, you know didn’t want, the interpreter had already told my, like assistant, you know kind of what was going on. Um, but I came in and I wanted to you know, repeat it just to make sure that, that the story was the same...she didn’t really want to repeat it, and you know, it seemed like she was getting worried like, ok, well how come don’t I know the story...it didn’t feel so much like she didn’t trust me, but um, just like she felt like she shouldn’t be talking to me.
Cultural Norms

“the gender dynamic that is different in other cultures too, where is expected that, I’m pediatric resident, so often times, even though you’re communicating with the mother for an information since she is generally the one who knows the information, often times is left to the husband or the male individual in the family to make the decision which is interesting to me,

Sometimes I feel like I do impose my own culture on the families somewhat in that I encourage to be a dialogue rather than a unilateral decision “
Policy recommendations

Explore changes in the Limited English Proficiency patients’ intake process, in order to improve the quality of the patient-provider appointment.
“I would love to have a checklist filled out ahead of time; I would love to have the translator, interpreter meet with that patient and say: “Why are you here? What have you done for it? What makes it better? What makes it worse? What do you think caused it? What do you hope to get from this visit today? and What do you think your health care provider needs to know about you that she probably doesn’t know?”

Those questions, if I could have those questions filled out ahead of time, and I could just read them that would cut the visit in half and the care would be better because I guarantee you I don’t ask every one of those seven questions “
Policy recommendations

Transition to a community based model of care

“Emergency rooms and sort of urgent care settings is where the vast majority of care occurs so, you know, trying to transition to a community based or more of a model where people even with acute, some, you know, sub-acute or problems can get into the community health centers… “
Policy recommendations

Address the difficulties in caring for undocumented patients.

With the exception of emergency medical care, undocumented immigrants are not eligible for federally funded public health insurance programs, including Medicare, Medicaid and the Child Health Insurance Program (CHIP).
Conclusion

• Patient centered care, a national goal, cannot be achieved without effective communication and equitable access to health care services.

• The shift toward patient centered care requires us to allow patients to be an integral and active participant in their health care means while also producing policy that supports service providers as they deliver quality and effective health care services.