

PATIENT-PROVIDER COMMUNICATION IN THE KALAMAZOO MOM'S HEALTH EXPERIENCES SURVEY STUDY

Rebekah Sharp, MD¹; Melinda Abernethy MD, MPH¹; Alysia Hernandez, BS¹;
Terra Bautista, BA²; Grace Lubwama, DPP³; Catherine Kothari, PhD¹

1. Western Michigan University Homer Stryker, M.D. School of Medicine, 2. Kalamazoo County Health and Community Services 3. YWCA of Kalamazoo

Disclosure

Sponsors: This study was funded by United Way of Battle Creek Kalamazoo Foundation and by Healthy Babies Healthy Start (Kalamazoo County Health and Community Services).

Study findings have been informed by Cradle Kalamazoo partners and Kalamazoo community members.

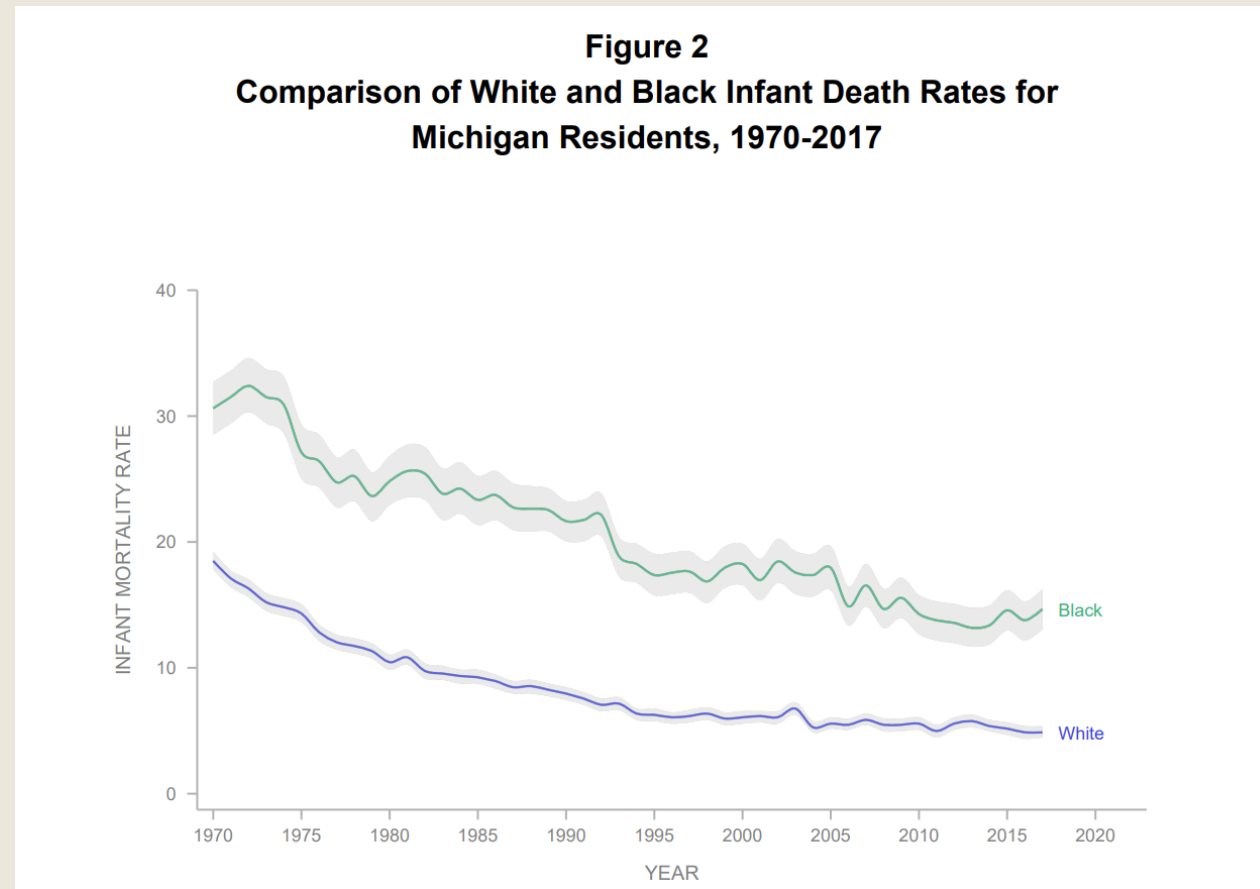


United Way of the Battle Creek
and Kalamazoo Region
changethestory.org



Background

- Racial disparities in birth outcomes between White and African American women are well-documented¹



Source: 1970-2017 Michigan Resident Birth and Death Files, Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services

¹Bryant, A., Worjolah, A., Caughey, A., & Washington, A. (2010). Racial/ethnic disparities in obstetric outcomes and care: prevalence and determinants. *American Journal Of Obstetrics And Gynecology*, 202(4), 335-343. doi:10.1016/j.ajog.2009.10.864

Background

Outcome	U.S.	Kalamazoo
Birth rate	62/1,000 ^{2,3}	55.2/1,000 ^{2,3}
Infant mortality rate	5.9/1,000 ^{2,3}	5.5/1,000 ^{2,3}
Black infant mortality rate	11.2 ⁴	12.6 ⁵
White infant mortality rate	4.9 ⁴	3.9 ⁵



In Kalamazoo, Black infants die at rates **3.2 times higher** than White infants

² Martin JA, Hamilton BE, Osterman MJK. Births in the United States, 2017. *NCHS Data Brief No. 318*. US Department of Health and Human Services, Centers for Disease Control and Prevention. National Center for Health Statistics. August 2018.

³ Michigan Department of Community Health. *Birth Statistics by Race*. Accessed 12/29/2-18.

https://www.mdch.state.mi.us/osr/natality/RegionRatesObject.asp?Char=208&Row=MICOUNTYDET&Col=RACE&Stat=F&Average=A&TableType=G&RowGroup=REGION&COLGROUP=RACE_FIXED

⁴ Ely DM, Driscoll AK, Mathews MS. Infant Mortality by Age at Death in the United States, 2016. *NCHS Data Brief No. 326*. US Department of Health and Human Services, Centers for Disease Control and Prevention. National Center for Health Statistics. November 2018.

⁵ Radford G, Myers L. *Michigan Infant Death Statistics; January 1 through December 31, 2016*. Michigan Department of Community Health, Division for Vital Records and Health Statistics. Lansing MI. March, 2018.

Background

- Across the nation, patient-provider miscommunication and dismissive treatment is cited as a common experience
- In Kalamazoo County, patient-provider miscommunication is described in Fetal Infant Mortality Review (FIMR) interviews with families

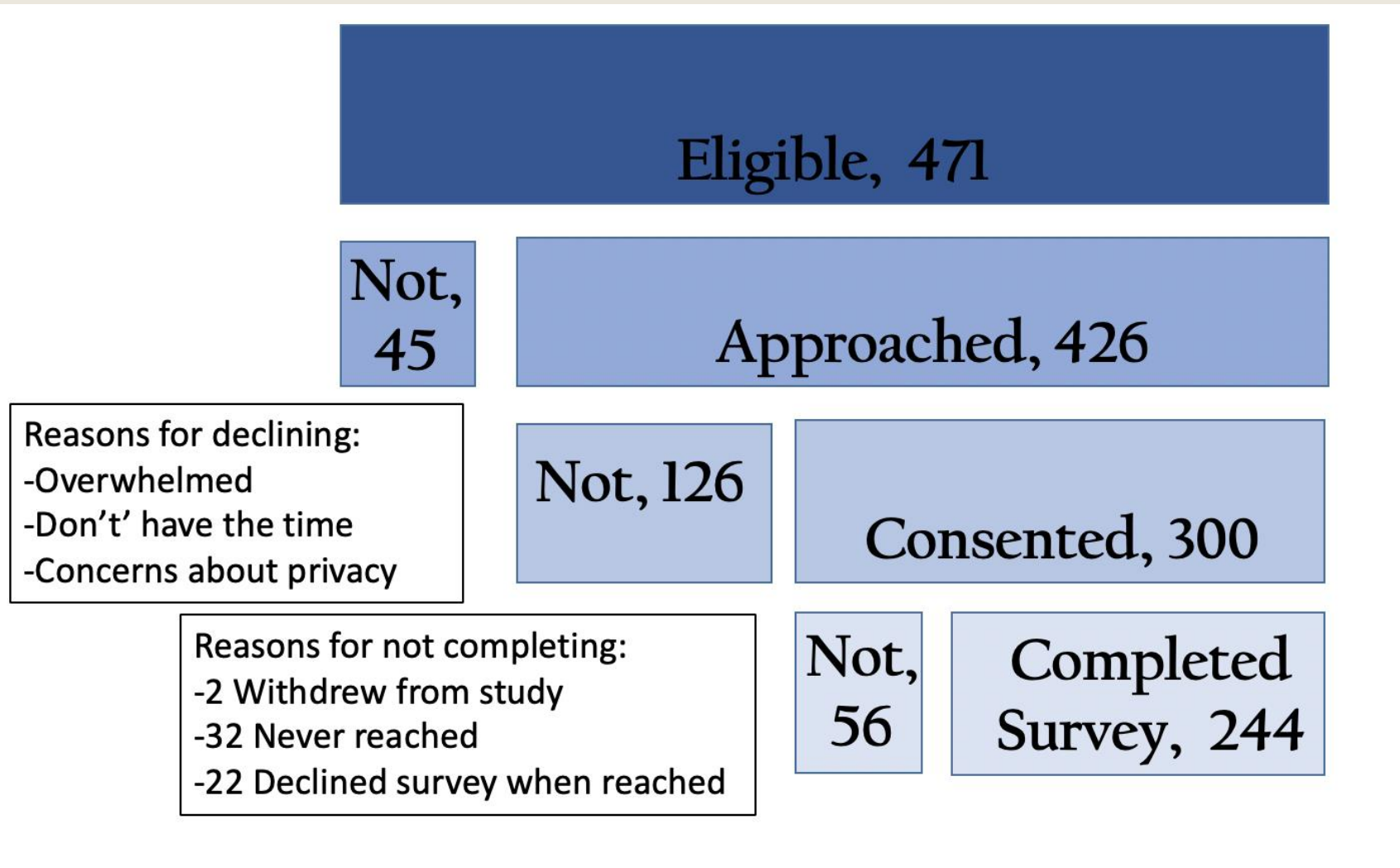
Study Objective

- Evaluate post-partum patients' communication with their healthcare providers

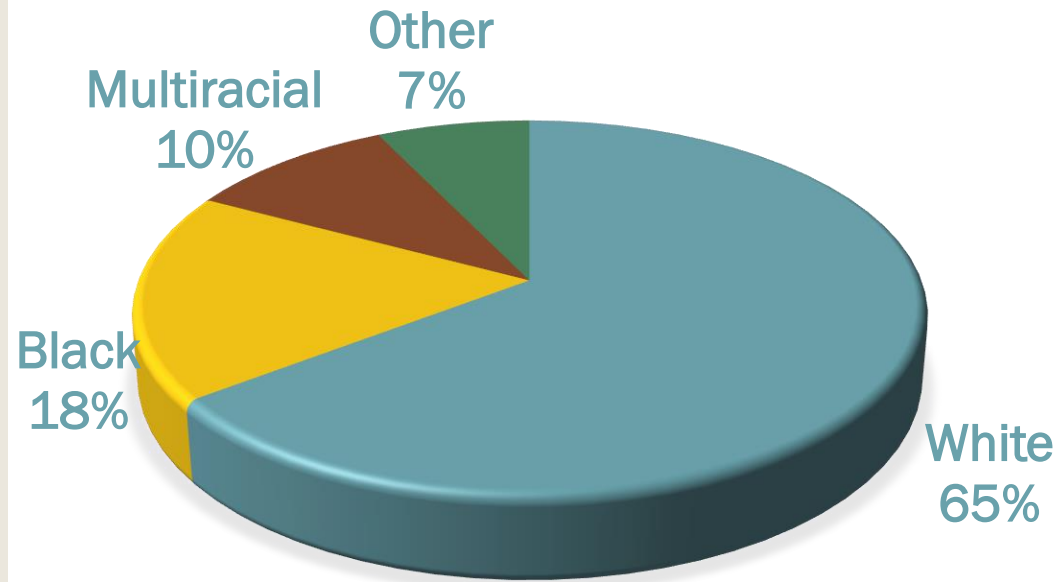
Methods

- “Mom’s Health Experiences Survey Study” is a prospective, observational cross-sectional study
- Postpartum mothers were recruited from Bronson and Borgess hospitals January through September, 2017
- Utilized medical record data and a thirty-minute telephone interview 2-4 months after delivery
- Questions utilized validated measures of medical home, patient-provider communication, empowerment and respect
- Pearson Chi Square analysis was completed using SPSS

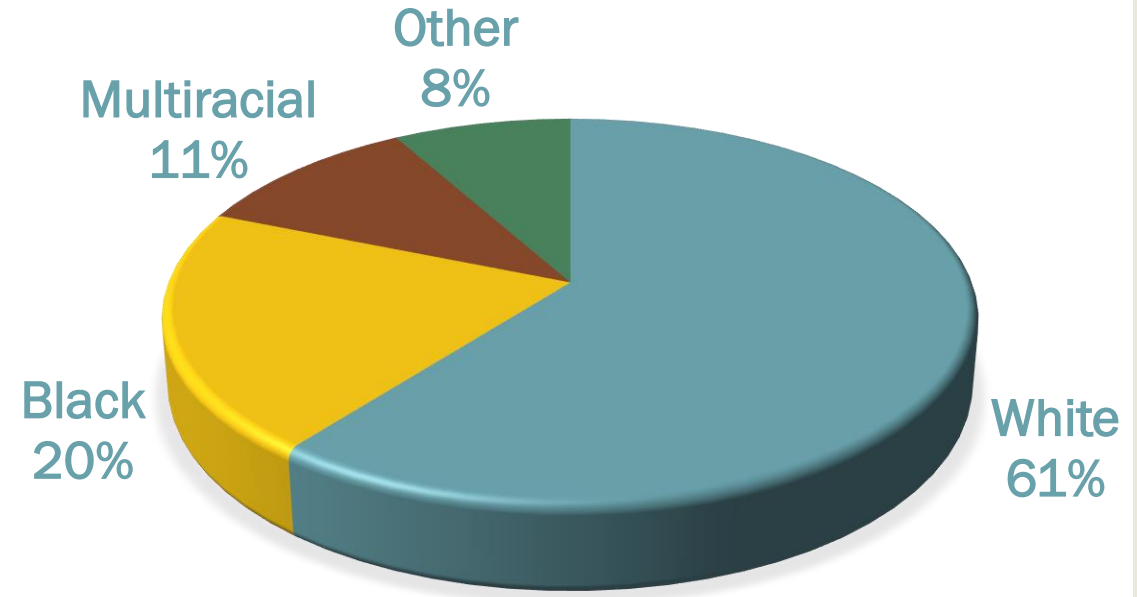
Recruitment Flowchart



County Population

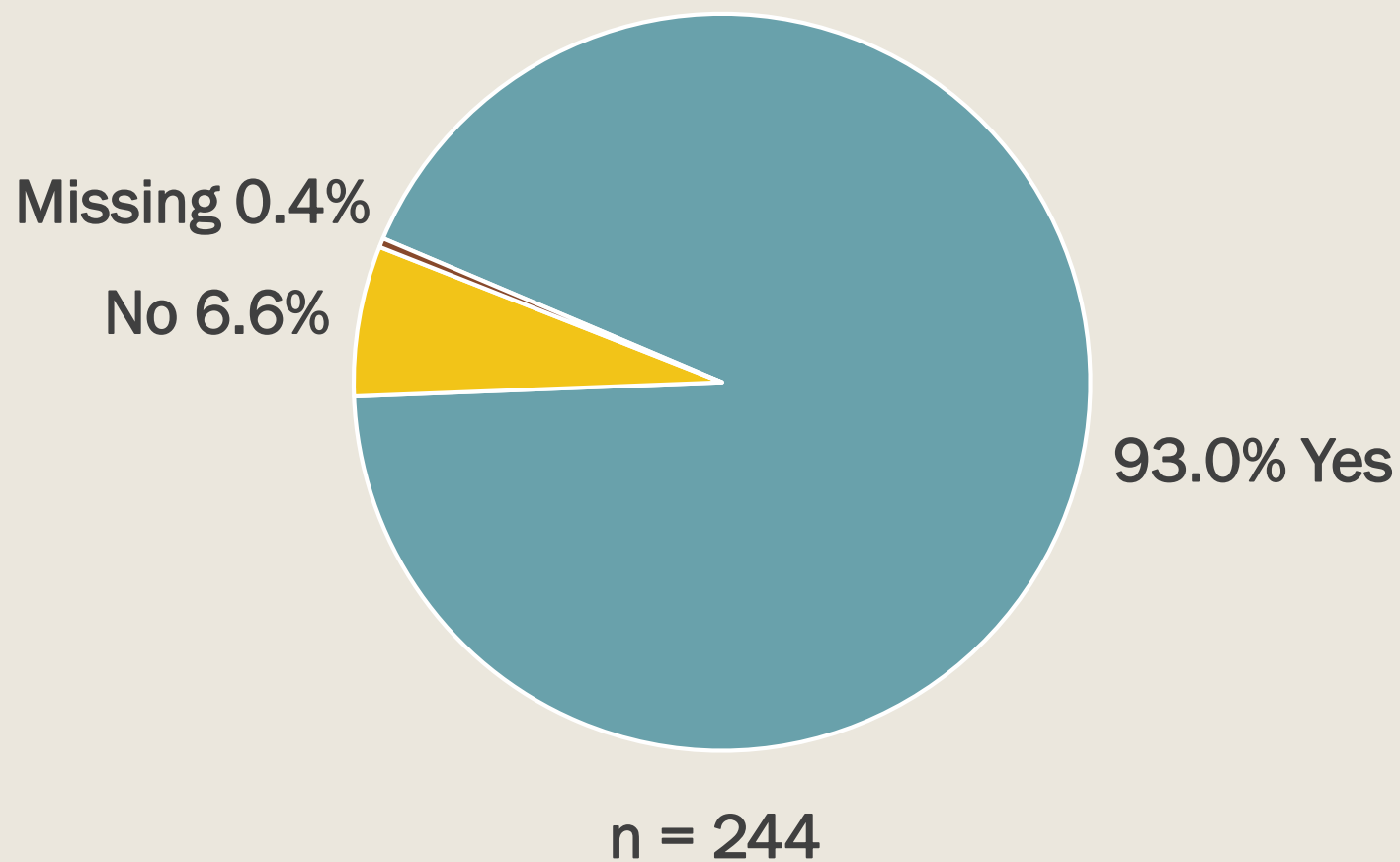


Study Population



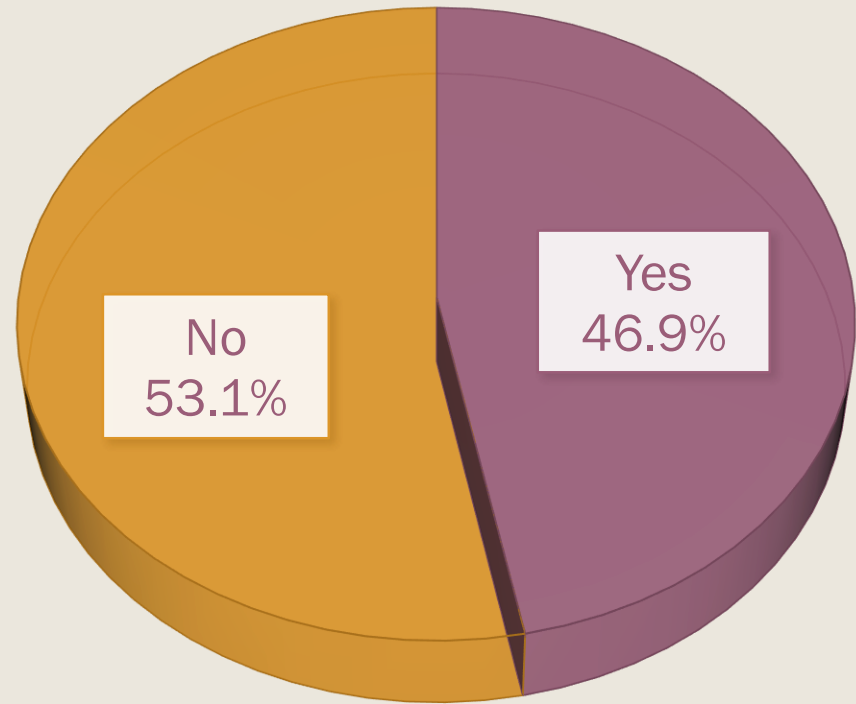
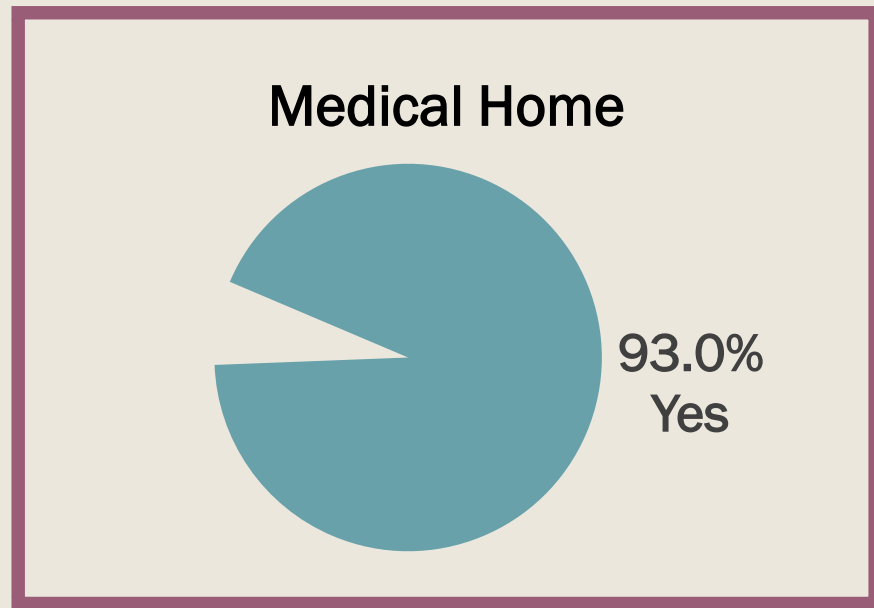
Medical Home

Q: Is there a particular doctor's office, health center, or other place that you usually go to if you are sick or need advice about your health?



Primary Care Provider

Q: Is there a particular doctor or other healthcare person that you consider your primary doctor (your main doctor)?



n = 227

Provider Relationship

Empowerment



“How often do you feel...

...you can express negative feelings freely

...you are allowed in the decision-making process

...you have an active partnership with your provider

...your provider encourages you to make decisions

Provider Relationship

Empowerment



“How often do you feel...	Race Better for..
...you can express negative feelings freely	Whites
...you are allowed in the decision-making process	
...you have an active partnership with your provider	
...your provider encourages you to make decisions	

Provider Relationship

Empowerment



“How often do you feel...	Insurance Better for..
...you can express negative feelings freely	Privately insured
...you are allowed in the decision-making process	Privately insured
...you have an active partnership with your provider	
...your provider encourages you to make decisions	

Provider Relationship

Empowerment



“How often do you feel...	PCP Better for..
...you can express negative feelings freely	PCP
...you are allowed in the decision-making process	
...you have an active partnership with your provider	PCP
...your provider encourages you to make decisions	

Provider Relationship

Communication



“How often do you feel...

...it is easy to understand your provider’s instructions

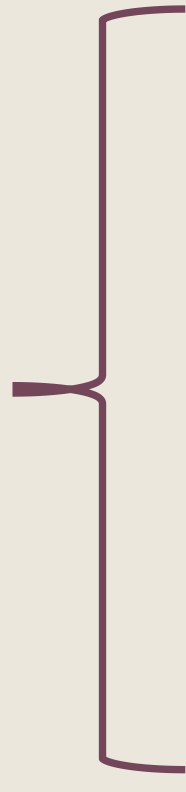
...plain language is used by your provider

...your provider supports your point of view

...your provider and you work well together

Provider Relationship

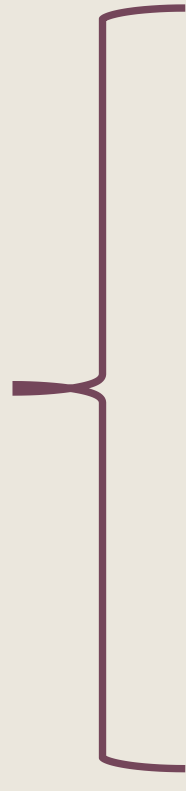
Communication



"How often do you feel...	Race Better for..
...it is easy to understand your provider's instructions	
...plain language is used by your provider	POC
...your provider supports your point of view	
...your provider and you work well together	

Provider Relationship

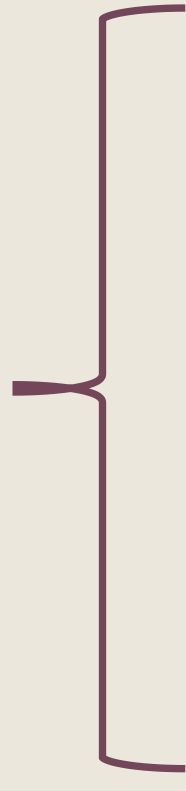
Communication



“How often do you feel...	Insurance Better for..
...it is easy to understand your provider’s instructions	
...plain language is used by your provider	
...your provider supports your point of view	
...your provider and you work well together	Privately insured

Provider Relationship

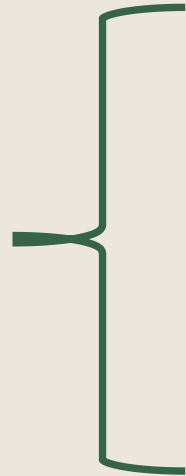
Communication



“How often do you feel...	PCP Better for..
...it is easy to understand your provider’s instructions	PCP
...plain language is used by your provider	PCP
...your provider supports your point of view	PCP
...your provider and you work well together	PCP

Provider Relationship

Integration



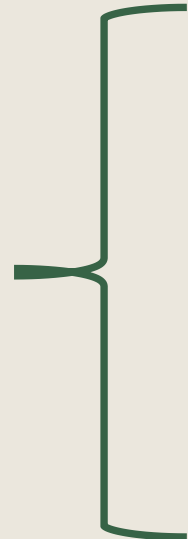
“How often do you feel...

...your provider respects your beliefs, customs, and the ways that you do things in your family

...your provider makes negative judgements because of ways that you are different from her/him

Provider Relationship

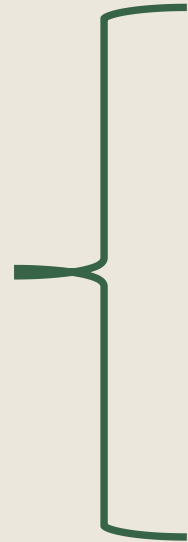
Integration



“How often do you feel...	Race Better for..
...your provider respects your beliefs, customs, and the ways that you do things in your family	
...your provider makes negative judgements because of ways that you are different from her/him	

Provider Relationship

Integration



“How often do you feel...	Insurance Better for..
...your provider respects your beliefs, customs, and the ways that you do things in your family	
...your provider makes negative judgements because of ways that you are different from her/him	

Provider Relationship

Integration



“How often do you feel...	PCP Better for..
...your provider respects your beliefs, customs, and the ways that you do things in your family	PCP
...your provider makes negative judgements because of ways that you are different from her/him	

Why is this important?

PCP



More **empowered**, better appraisal of provider **communication**, and more **integrated** in their healthcare

Strengths

- Sample is representative of Kalamazoo demographics
- Sample size and participation
- Validated tools
- Quality assurance

Limitations

- One side of communication
- May not be representative of full clinical experience
- 2-4 month time period in between experience and survey
- Chosen scales may not have measured the important aspects of provider communication

Discussion

- Continuity of care – how we change the structural boundaries of quality healthcare
- Patient expectations are widely cited as a predictor of patient satisfaction^{6,7,8}
- Does having a primary provider facilitate discussion of patient expectations?
- Do patient expectations vary by race and income?

⁶Ledford CJ, e. (2019). *Influence of Provider Communication on Women's Delivery Expectations and Birth Experience Appraisal: A Qualitative Study*. - PubMed - NCBI . Ncbi.nlm.nih.gov. Retrieved 26 March 2019, from <https://www.ncbi.nlm.nih.gov/pubmed/27472789>

⁷JO, S. (2019). *Patient satisfaction: Implications and predictors of success*. - PubMed - NCBI . Ncbi.nlm.nih.gov. Retrieved 26 March 2019, from <https://www.ncbi.nlm.nih.gov/pubmed/23677370>

⁸Sitzia, J., & Wood, N. (1997). Patient satisfaction: A review of issues and concepts. *Social Science & Medicine*, 45(12), 1829-1843. doi:10.1016/s0277-9536(97)00128-7

Future Steps

- Community Voice Panel

- Series of focus groups conducted among women in the “Mom’s Health Experiences Study” and from the community

- Goals

- Examine thematic variations by race and income in terms of:
 - Women’s expectations and experiences of prenatal care
 - Women’s expectations of healthcare provider

THANK YOU!
QUESTIONS?

