The Intersection of Health Literacy, Cultural-competency, and Patient-centeredness for Quality Improvement

Mary Catherine Beach, MD, MPH
Assistant Professor of Medicine and Health, Behavior & Society
Johns Hopkins Schools of Medicine and Public Health
Purpose of Talk

• To discuss the development of patient centeredness as an indicator of quality
• To compare conceptual models for patient centeredness and cultural competence
• To discuss how attention to health literacy, cultural contexts, and language preferences are critical to improving communication and healthcare quality
Patient Centeredness
## Early Conceptions of Patient-Centeredness

<table>
<thead>
<tr>
<th>Author</th>
<th>Quote/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balint 1969</td>
<td>each patient “has to be understood as a unique human being.”</td>
</tr>
<tr>
<td>Lipkin et al. 1984</td>
<td>“patient-centered interview” approaches the patient as a unique human being with his own story to tell promotes trust and confidence clarifies the patient’s concerns understands psychosocial dimensions of illness creates the basis for an ongoing relationship</td>
</tr>
<tr>
<td>McWhinney et al. 1989</td>
<td>“the physician tries to enter the patient’s world, to see the illness through the patient’s eyes.”</td>
</tr>
</tbody>
</table>
“Through the patients eyes:” from individual interactions to systems

**Patient-Centered Interview**

Original model of interaction and communication between patients and physicians

**Patient-Centered Communication**

May include other modes of communication:

- communication with receptionists
- written communication (education materials, signage)
- phone calls, e-mails

**Patient-Centered Care/Access**

Expanded beyond communication to other aspects of care:

- convenient office hours
- ability to make appointments
- being seen on time
- having services available nearby
<table>
<thead>
<tr>
<th>MeSH Definition 1995</th>
<th>Design of patient care wherein institutional resources and personnel are organized around patients rather than around specialized departments.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institute of Medicine Crossing the Quality Chasm 2001</td>
<td>“providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.”</td>
</tr>
</tbody>
</table>
Key Features of Patient-Centeredness

**Within Health Care Organizations**

Services aligned to meet patient needs/preferences:

- Coordinated/integrated/continuous
- Convenient/easily accessible
- Attendant to health promotion/physical comfort

**Within Interpersonal Interactions**

Provider understands each patient as a unique human being:

- Uses biopsychosocial model
- Views patient as person
- Shares power and responsibility
- Builds effective relationship
- Is aware of the ‘doctor as person’
Cultural Competence
Key Features of Cultural Competence

Within Health Care Organizations:
Ability of the health care organization to meet needs of diverse groups of patients:

- Diverse workforce reflecting patient population
- Language assistance available
- Ongoing staff training regarding culturally and linguistically appropriate services

Within Interpersonal Interactions:
Ability of a provider to bridge cultural differences to build an effective relationship with a patient:

- Explores and respects patient beliefs, values, meaning of illness, preferences and needs
- Finds common ground
- Is aware of own biases/assumptions
- Is aware of health disparities and discrimination
- Effectively uses interpreter services when needed
Overlap between Patient Centeredness and Cultural Competence
Overlap between Patient-Centered Care and Cultural Competence at the Interpersonal Level

Patient-Centered Health Care Interactions
- Understands and is interested in the patient as unique person
- Uses a biopsychosocial model
- Explores and respects patient beliefs, values, meaning of illness, preferences and needs
- Builds rapport and trust
- Finds common ground
- Is aware of own biases/assumptions
- Provides information tailored to patient level of understanding

Culturally Competent Health Care Interactions
- Understands the meaning of culture
- Is knowledgeable about different cultures
- Appreciates diversity
- Is aware of health disparities and discrimination
- Effectively uses interpreter services when needed

- Understands transference/countertransference
- Understands the stages and functions of a medical interview
- Attends to health promotion/disease prevention/physical comfort
Overlap between Patient-Centered Care and Cultural Competence at the Health Care System Level

- Convenient office hours/ability to get same-day appointments/short wait times
- Availability of telephone appointments or email contact with providers
- Coordination of care
- Ongoing patient feedback to providers
- Focus on health promotion/disease prevention

- Services aligned to meet patient needs and preferences
- Healthcare facilities convenient to community
- Documents tailored to patient needs/literacy/language
- Data on performance available to consumers
- Ongoing training of staff regarding culturally and linguistically appropriate services
- Partnering with communities
- Use of community health workers

- Workforce diversity reflecting patient population
- Availability and offering of language assistance
- Ongoing patient feedback to providers
- Focus on health promotion/disease prevention

Patient-Centered Health Care Systems

Culturally Competent Health Care Systems
Where does health literacy fit into this framework?
Patient-Centered Care Ought to Address Health Literacy, Cultural Contexts, and Language Preferences

• **Patient-centered Care** - “care that is respectful of and responsive to individual patient preferences, needs, and values.” (IOM, 2001)

• What are patients’ preferences and needs?
  – >34 million people born in another country*
  – >22 million people speak English less than “very well”*
  – >95 million people have literacy levels below what they need to understand most basic health information*

*AMA Ethical Force Program. *Improving Communication - Improving Care.* 2006
Healthcare Systems/Clinicians

Potential Barriers to Effective Communication

Socio-cultural Context

Language Preferences

Health Literacy

Communication

Patients

AMA Ethical Force Program. *Improving Communication - Improving Care.* 2006
Key Features of Health Care that Effectively Addresses Health Literacy

Within Health Care Organizations

- Create/use materials that present information clearly to a broad audience
- Assess patient materials to ensure understandability
- Know the prevalence of limited health literacy in patient population

Within Interpersonal Interactions

- Communicate in clear and simple terms
- Observe patient behavior for signs of limited health literacy/ misunderstanding
- Assess patient understanding of information

AMA Ethical Force Program. *Improving Communication - Improving Care.* 2006
Main Points

• Patient-centered care *conceptually* includes attention to patients’ health literacy, cultural context, and language preferences.

• BUT… many common specifications of patient-centered care do not explicitly attend to health literacy, cultural context, and language preferences.

• Literature which addresses improving communication across cultures, languages, and literacy levels have developed more specific strategies, and should be considered with more generic patient-centered strategies.