Texas/Oklahoma AIDS Education & Training Center

ASPECTS OF THE PATIENT/PROVIDER INTERACTION THAT INFLUENCE QUALITY MEDICAL CARE

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♦ BACKGROUND

The Texas/Oklahoma AETC, under the Minority AIDS Initiative, conducted an evaluation to assess the provision of culturally competent HIV care in Parkland Health and Hospital's largest HIV clinic. The evaluation sought to:

1) Determine patient perceptions of quality medical care.

2) Identify patterns in provider/patient communication that may have an impact on patient perceptions of quality medical care.

3) Design a strategic plan with administrators to address health care disparities (if any), including the development of an educational curricula for providers.

♦ STUDY PARTICIPANT DEMOGRAPHIC DATA

Study Participants	African American (non-Latino)	Latino	White (non-Latino)	Other (Asian)	Total
N	*5*	*3*	*3*	*1*	*12*
Males	1	3	2	1	7
Females	4	0	1	0	5
18-24	1	0	0	0	1
25-44	2	1	1	1	5
45-64	2	2	2	0	6
Family Income 0-10K/yr	5	1	2	1	9
Family Income 10-15K/yr	0	1	0	0	1
Family Income 15-25K/yr	0	1	1	0	2
No H.S. Diploma	3	1	1	0	5
H.S. Diploma only	2	0	0	1	3
Tech. training or some college education	0	1	2	0	3
College Degree	0	1	0	0	1
Private Health Insurance	None	None	None	None	

♦ METHODS

The evaluation consisted of in-depth semi-structured qualitative interviews with HIV--infected patients combined with observations of clinical encounters. These data collection strategies were designed to determine the components and indicators of a quality medical encounter and culturally appropriate care. Providers were asked for consent to allow study staff to observe clinical encounters with their patients. If providers consented, study staff approached their patients to obtain consent for participation in a qualitative interview and observation of their clinical encounter. Interview topics included questions on patient/provider communication, the patient's current experience with Parkland's HIV services, and their perceptions of the ideal health care experience. These questions were meant to elicit patients' perceptions of quality care. All data was then analyzed using the qualitative software program Atas ti.

♦ FINDINGS

A total of 12 patients were interviewed. Of these, 6 consented to observation of the clinical encounter. Patients' perception of quality care was based on patients' feelings about their providers and their comfort in discussing their care. Some participants discussed communication challenges, including:

1) Not sharing information with provider due to embarrassment.
"I don't want to be sittin' around tellin' my whole life story all the time either so like, I'll be seen and they might ask me a couple of questions whatever and I'm ready to get out of there myself."

2) Not volunteering information about patient-initiated alternative health treatments.
"No, I didn't tell my doctor about [the negative effects suffered from an herbal treatment recommended by a friend], I figured if [the doctor] needed to know he would ask me about it."

3) Non-adherence to medication although it was discussed with provider.
"I just try to do what I have to do and at times I know, sometimes, that it's not good for me to skip my medication or whatever, but if I'm drinking, or I'm on a drinking spree than that's gonna happen and I already know the consequences of it, but at the time I don't be carin'."

Overall, patients appeared to have had low levels of understanding about HIV and its treatment. All of the participants indicated that they understood their disease, treatment, and the instructions their providers gave them. However, in the course of the interview and/or during the observation, interviewees provided examples of not fully understanding their treatment and/or the disease. Several patients brought up medically pertinent issues with the interviewer that they did not discuss with their providers because they were not asked or did not want to disclose to their provider. Patients who have been living with HIV for a longer amount of time were more knowledgeable about their treatment and the disease than those more recently diagnosed.

♦ CONCLUSIONS

Patient-provider communication improvement suggestions:

- Providers should discuss the importance of patients being open with them about any issues they are having with their treatment, in particular, adherence to medications and the use of alternative treatments that could interact with their medications.

- Providers need to find new ways to ensure that patients fully understand their disease and treatment in a way that fits into their cultural perspective and educational level.

The region is currently working on incorporating the findings into existing curricula. Expansion of the study is planned for the next grant cycle to include Parkland's Community Health Centers. The expanded plan will add interviews with the providers in addition to the patients.

♦ SELECTED REFERENCES

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