

Overcoming Communication Barriers in the Care of Diverse Patients: The IDEALL Project

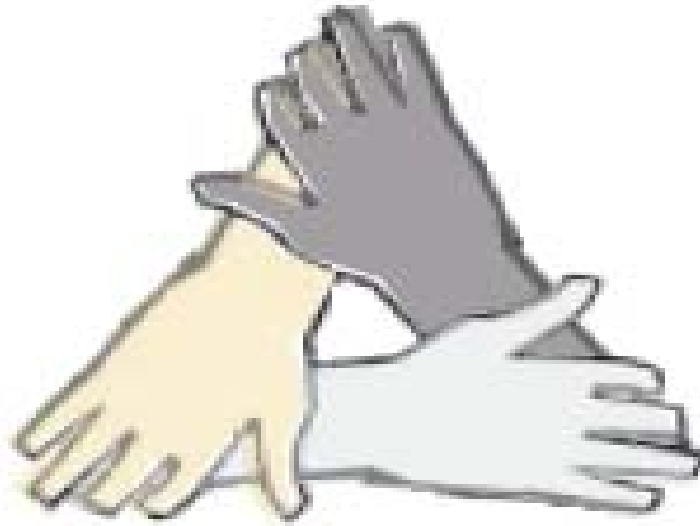
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Improving Diabetes Efforts Across Language & Literacy



EL PROYECTO DE SALUD IDEALL

理想健康計劃

IDEALL HEALTH PROJECT

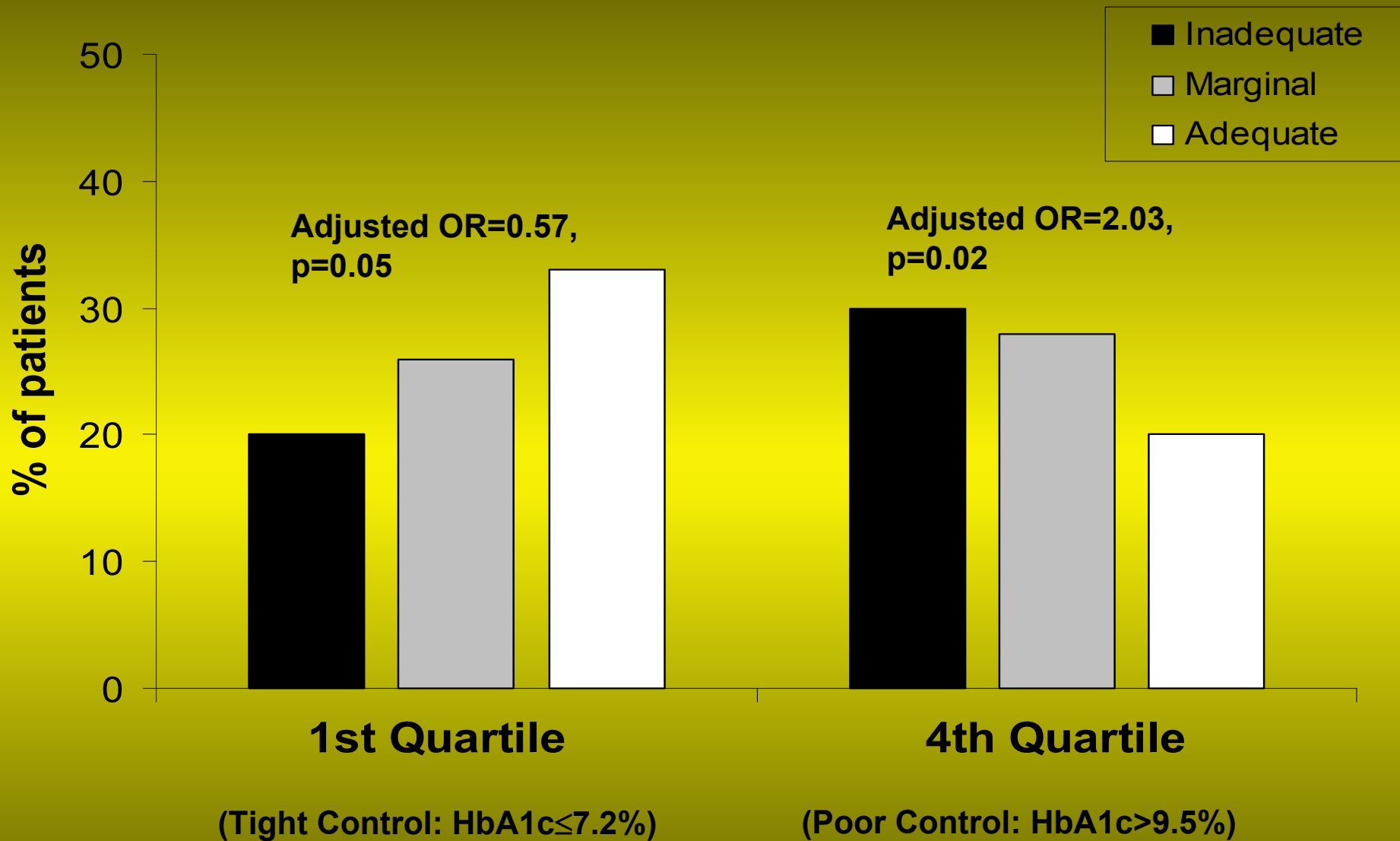
Family Health Center, General Medicine Clinic, Chinatown Health Center,
UCSF Collaborative Research Network

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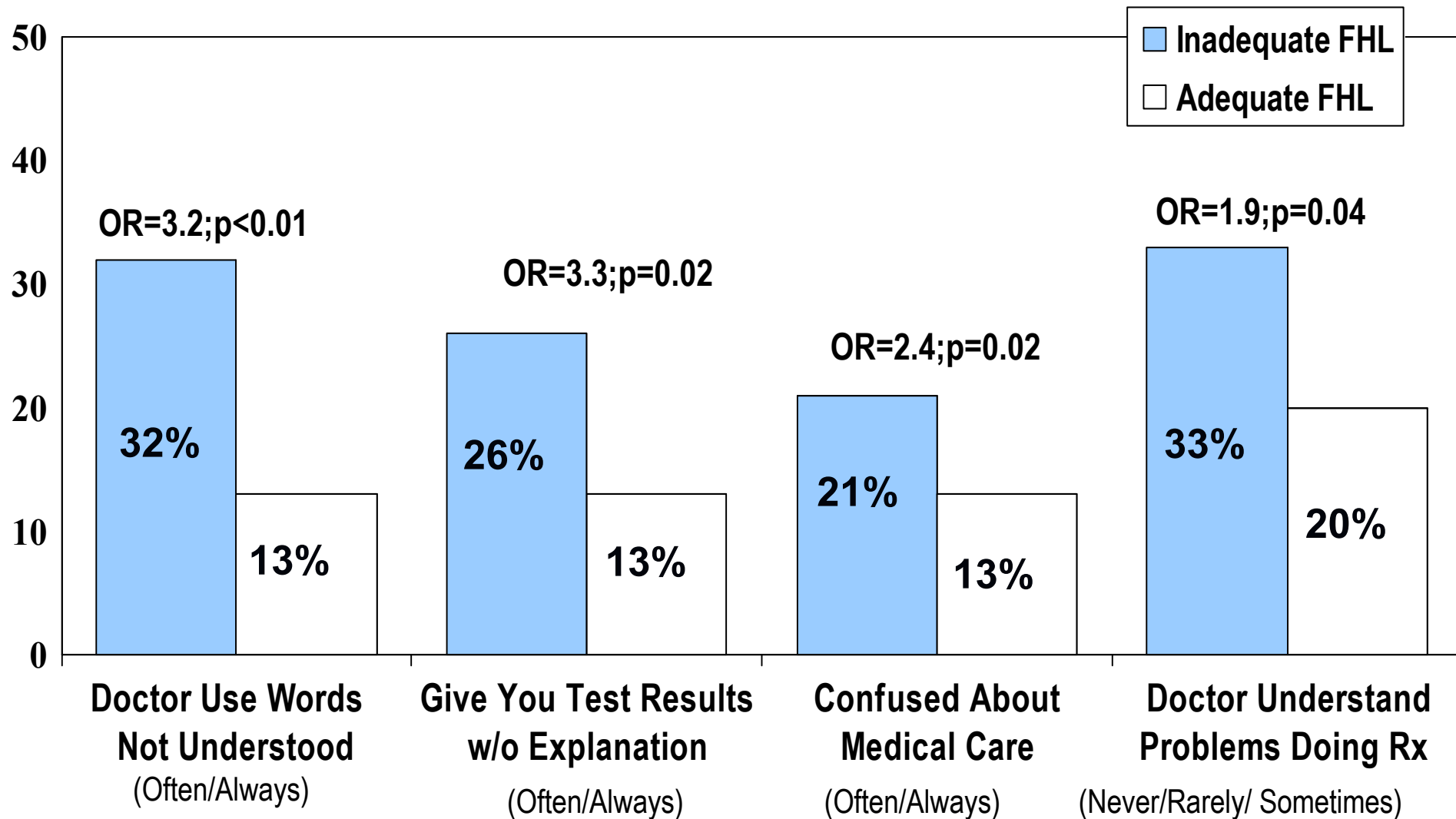
Background

- Health systems place high literacy and language demands on patients
- Growing body of evidence linking communication barriers to outcomes
- Interactive communication can affect outcomes
- Little is known about the extent to which population-based approaches can successfully engage high-risk patients with diabetes
- Public-sector settings rarely have systematic disease mgmt programs tailored to vulnerable populations

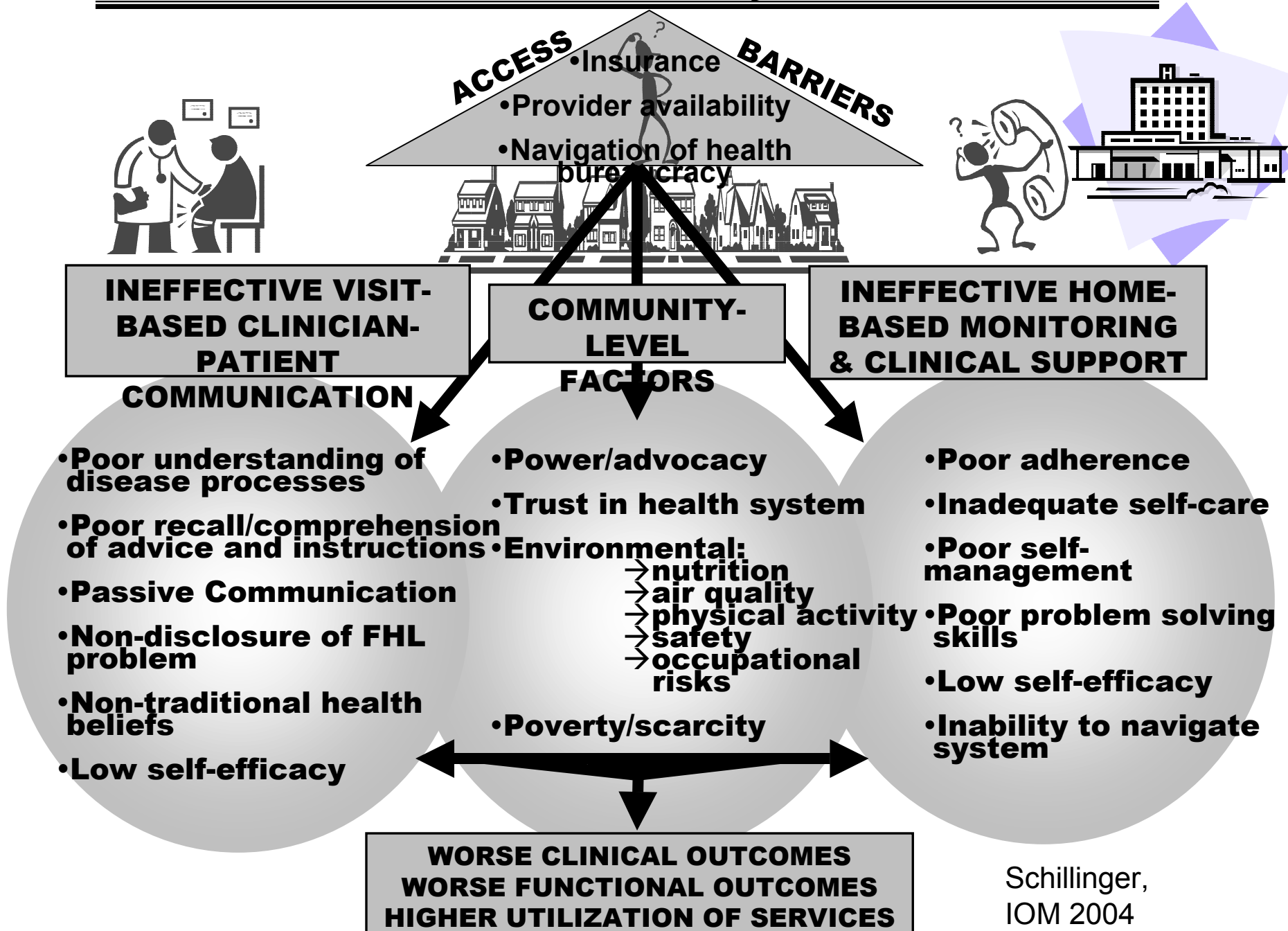
Health Literacy Level Associated with Diabetes Outcomes



Diabetes Patients with Limited Health Literacy Experience Lower Quality Communication



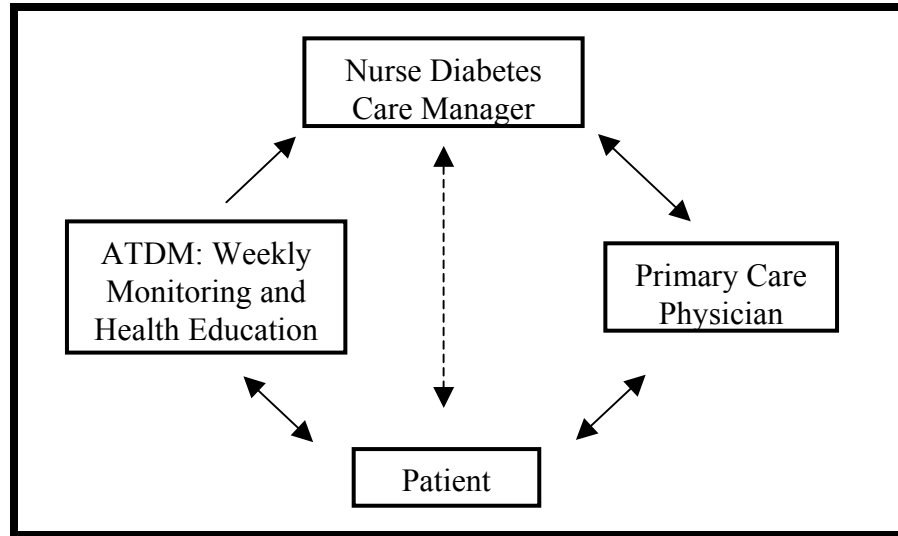
Framework for Limited Health Literacy & Poor Health Outcomes



Aims

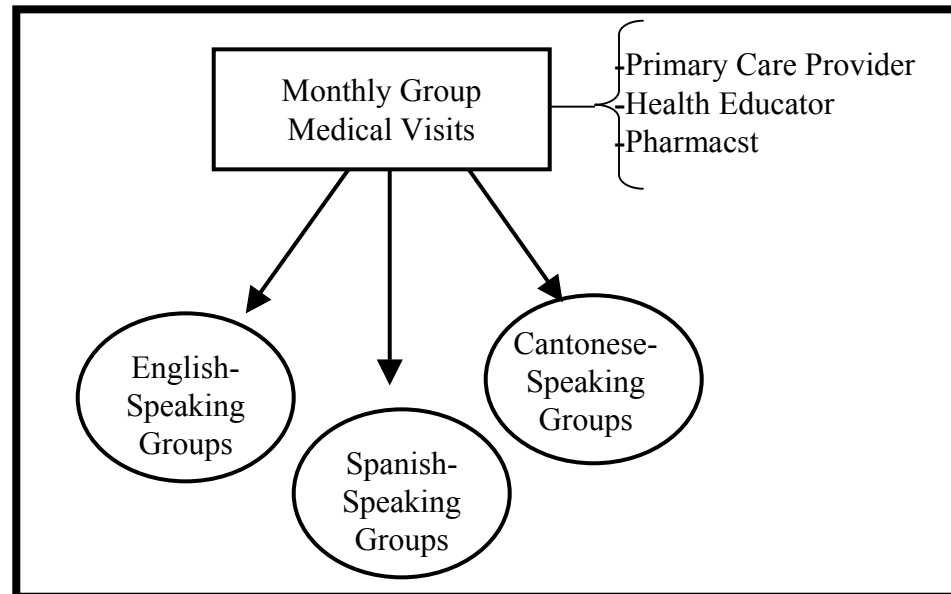
- Develop, implement and evaluate diabetes self-management support strategies tailored to the literacy and language needs of patients in a public delivery system
- Focus on self-care and patient-generated action plans using one of two models:
 - **Assistive Technology Model:** Automated Telephone Disease Management (ATDM)
 - **Interpersonal Model:** Group Medical Visits (GMV)
- Describe patient engagement with the process and activities generated by each approach

Automated Telephone Disease Management (ATDM)



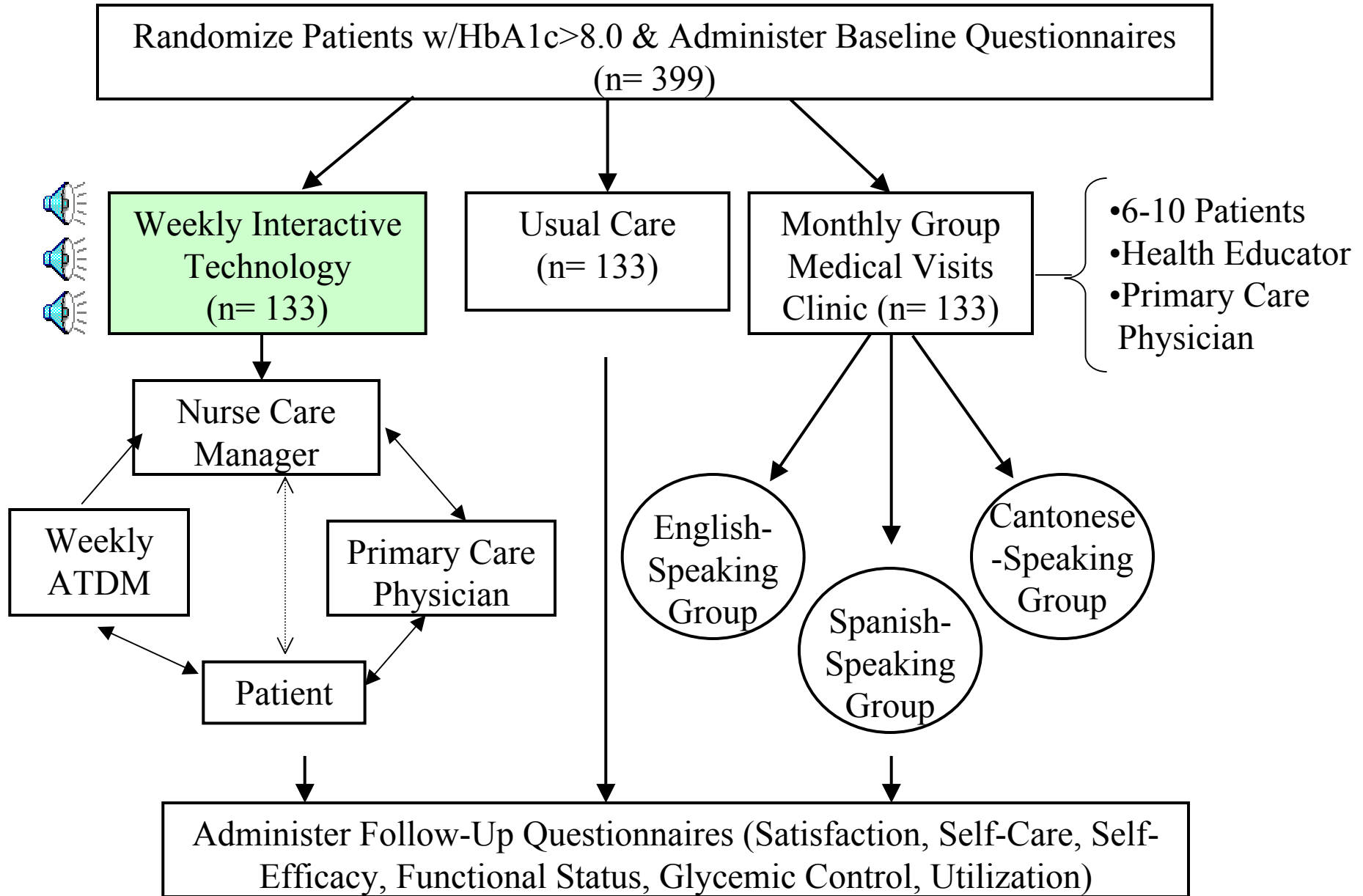
- Interactive touch tone response technology
- Weekly surveillance & health education (39 weeks=9 mos)
- In patients' preferred language (English, Spanish or Cantonese)
- Generates weekly reports of out-of-range responses
- Live phone follow-up through a bilingual nurse

Group Medical Visits (GMV's)



- 6-10 patients in monthly group meetings (9 months)
- In patients preferred language (English, Spanish, or Cantonese)
- Facilitated by a bilingual health educator and a primary care provider
- A pharmacist present at end of each group visit
- Encourage patients to become active in self-care through participatory learning and peer education

IDEALL PROJECT OVERVIEW



Preliminary Research Questions

- To what extent do ATDM and GMV's engage patients?
- To what extent do these self-management support interventions generate activities that could improve clinical outcomes?
- Can a patient-activated telephonic surveillance system identify threats to patient safety and promote safer practice?

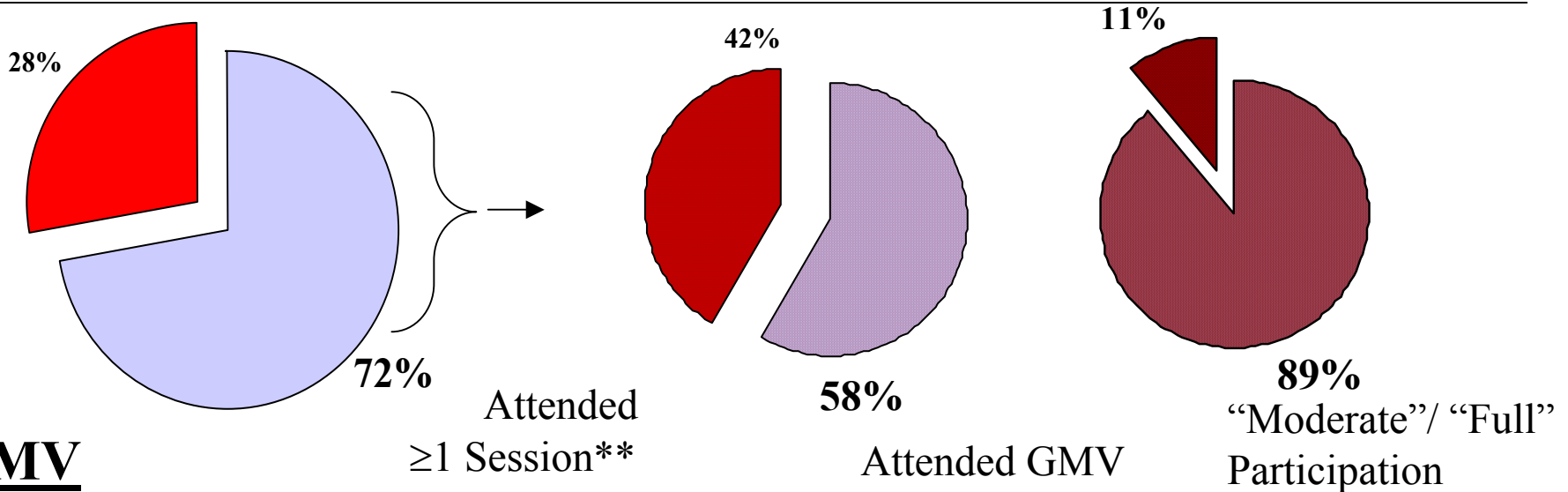
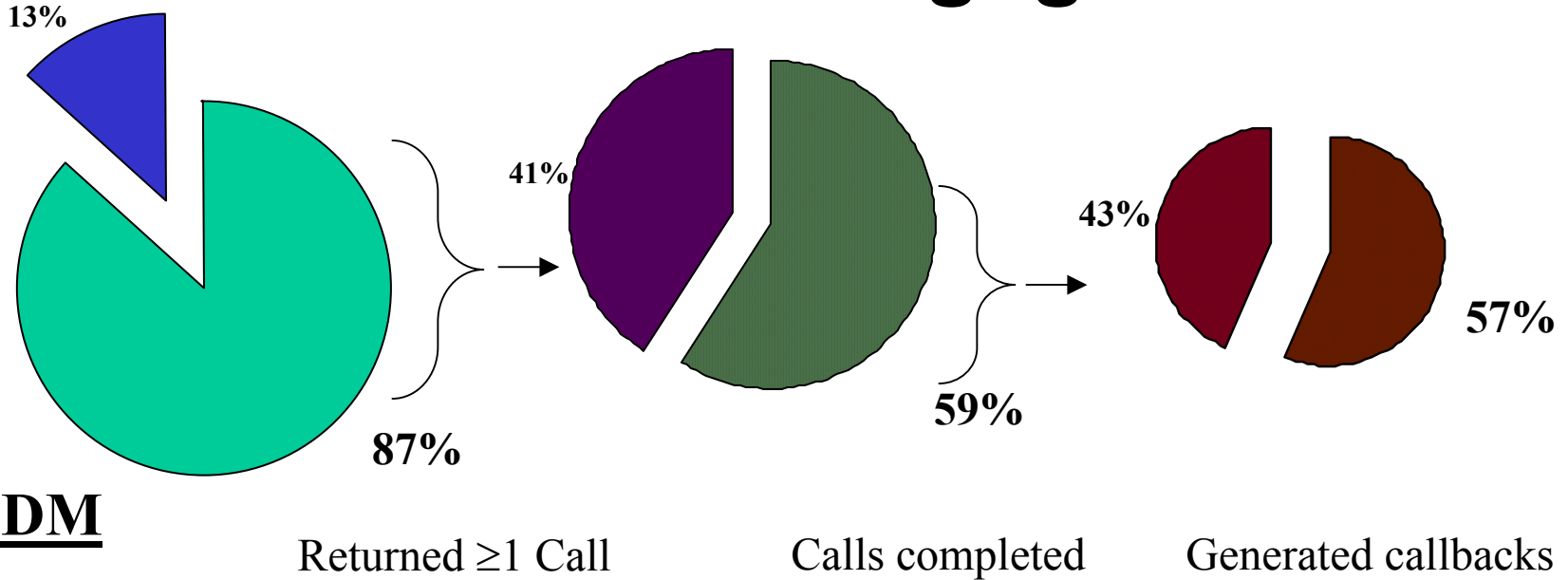
Methods

- Documentation of clinical interactions via standardized electronic records
 - Clinical database review performed
- Compare rates of **Patient Engagement** and **Activities Generated** by the ATDM call-backs and GMV's, overall and stratified.
 - Unit of analysis = individual patient
- Review ATDM records to quantify and describe **potential adverse events** identified
 - Unit of analysis = individual ATDM encounter

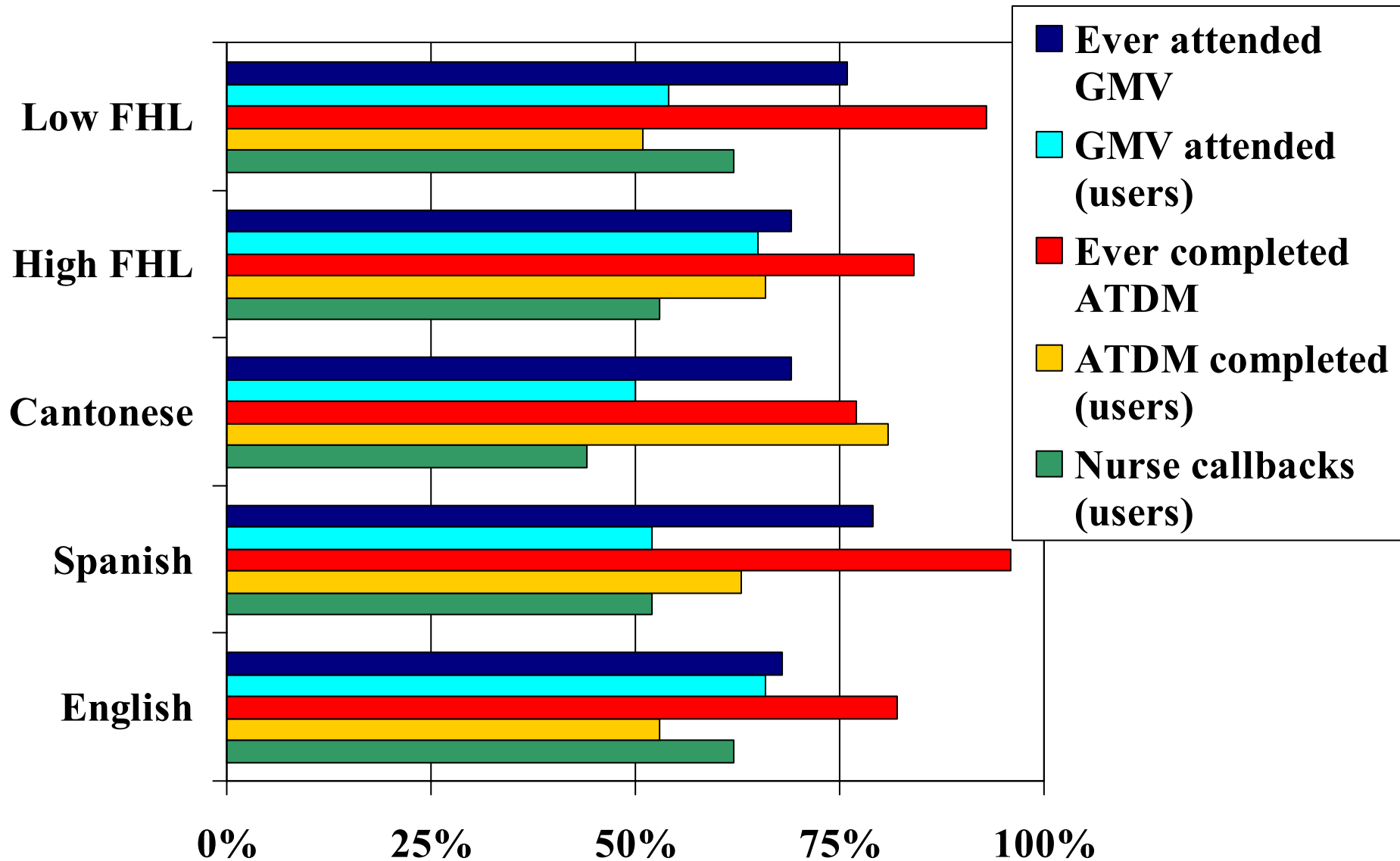
Preliminary Results – 8/2004

- 554 patients approached
 - 71 refused to participate
 - 89 ineligible for study
 - 27 deferred enrollment
 - 47 still “in the pipeline”
- 293 patients enrolled and randomized
 - Only 15% “non-Hispanic white”
 - 55% with limited health literacy
 - 58% with limited English proficiency
 - Mean HbA1C = 9.8%

Measures of Engagement

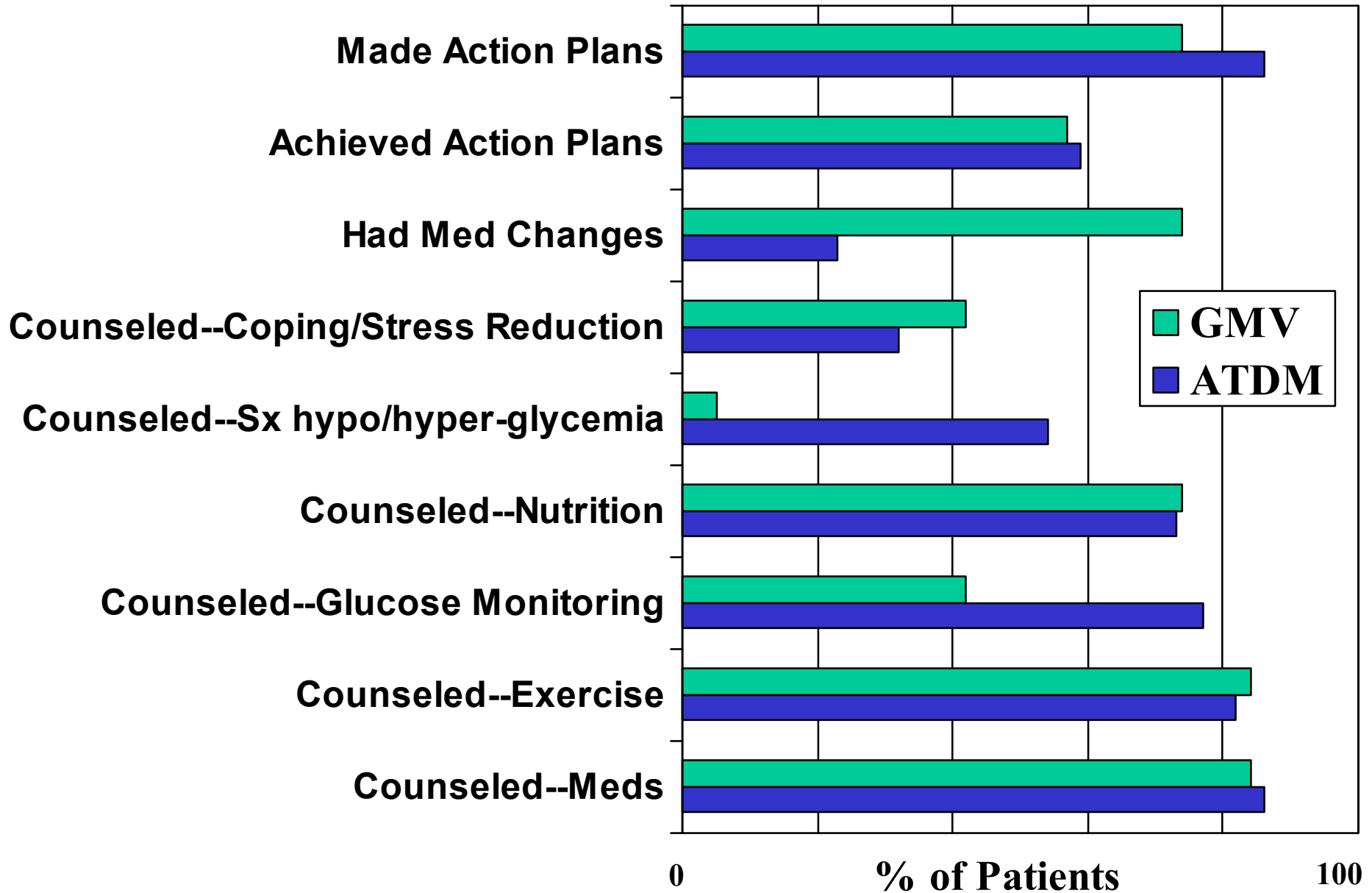


Literacy*, Language, and Engagement



*Literacy was only assessed among English and Spanish speakers

Activities Generated



Promoting Patient Safety – ATDM sample

- Can a patient-activated telephonic surveillance system identify threats to patient safety and promote safer practice among vulnerable patients?
- 10 patients x 9 months
 - 34 disclosures of potentially unsafe situation
 - 30 potentially adverse events prevented

Preliminary Conclusions

- Both self-management support interventions:
 - generate significant levels of patient engagement and clinical activity
 - Patients with limited health literacy and/or limited English proficiency appear more likely to engage
 - May be useful adjuncts to improve the care of high risk patients in a public health setting
- Levels of engagement and kinds of activities generated may vary by type of intervention,
 - Pharmacological management
 - Psychosocial concerns
- ATDM may serve an additional surveillance function to promote patient safety

Next Steps

- Continue enrollment and expand to other sites in San Francisco:
 - Chinatown and Silver Avenue Health Centers
- Examine effects of ATDM and GMV on:
 - patient satisfaction and self-efficacy
 - self-management activities
 - glycemic control
 - relative resource use
- Expand descriptive study of patient safety
- Examine contextual factors associated with patient engagement and effectiveness, both quantitatively and qualitatively