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Physician Perspectives on Communication Barriers

Insights from Focus Groups with Physicians Who Treat Non-English Proficient and Limited English Proficient Patients

Executive Summary

March 2004

A STUDY SPONSORED BY:
THE ROBERT WOOD JOHNSON FOUNDATION

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The Robert Wood Johnson Foundation sponsored this focus group study with physicians to better understand communication challenges that exist between health care providers and patients with limited or no English proficiency. The Robert Wood Johnson Foundation seeks to improve the health and health care of all Americans through research and projects on health care systems and the conditions that promote better health. Lake Snell Perry & Associates, a research firm in Washington, DC, conducted six focus groups in four sites across the country May through July 2003.

The purpose of this project was to hear directly from physicians who treat a growing number of patients who are non-English proficient (NEP) or limited English proficient (LEP). The study was particularly interested in the experiences of physicians with Latino patients since Hispanics represent both the largest and fastest growing minority population in the United States. The focus groups explored physicians' experiences with their NEP/LEP patients, the opportunities and challenges for physicians caring for these patients and some of the strategies and actions they have taken to meet the special needs of NEP/LEP patients. Physicians qualifying for this study served patient populations with at least 5 percent NEP/LEP patients, however most providers reported much higher percentages. The study included both general practitioners and specialists and attempted to screen out physicians who were actively involved in issues related to serving NEP/LEP patient populations.

It should be noted that this study is exploratory. It offers descriptive insights into the experiences and perceptions of physicians caring for NEP/LEP populations. Further quantitative research is necessary to measure scope and degree of these results. While not representative of any physician population, the findings uncover critical issues facing our growing social diversity both within and outside of the health system.

Following are some of the key insights from the focus groups:

Context

- **Physicians say their communities are changing – and so are their patients.** Many can easily list six or seven different languages spoken among their patients. This demographic shift means that many physicians are facing increased pressures to identify ways to communicate with and care for their NEP/LEP patients.

- **NEP/LEP patients seem to find their physicians through word-of- mouth, proximity to ethnic communities and insurance coverage.** The growth among their NEP/LEP patients seems unplanned and unintentional for most physicians in this study. Like their other patients, they say that referrals are the main way they attract NEP/LEP patients. Few physicians say they are directly marketing to this community.

- **Many physicians appreciate their NEP/LEP patients and accept the shifts in their patient populations as inevitable.** They know their communities are changing and they feel they need to keep up with the times. Some physicians say they highly value these patients and find them easy to treat and appreciative of the care they receive. A few even want to grow their practices by reaching out to new immigrant communities.

- **Largely because of communication barriers, some physicians say they do not necessarily welcome the idea of caring for more NEP/LEP patients.** Although they feel they cannot turn away these patients and try to offer the best care they can, a number of physicians outlined costs associated with treating NEP/LEP patients. These costs include payment for interpreters, increased time needed to communicate, and failure of patients to follow scheduling procedures. Other problems relate to increased difficulty in treatment procedures and inability to establish a good patient-provider rapport. A handful of physicians expressed resentment over the additional burden associated with NEP/LEP patients given the other serious problems physicians already face within the healthcare system and the "non-medical needs" physicians perceive these patients bring.

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- **Specialty physicians seem to be struggling the most with treating their NEP/LEP patients.** This may be due to more frequent interactions between primary care providers and their patients compared to the more "intermittent" relationships patients may have with specialists.

Communication

- **The goal is clear communication for all patients, say physicians in this study.** They assert that they make efforts with all their patients to ensure they are clearly understood. Many of the physicians resisted the emphasis on NEP/LEP patients in discussing communications challenges because they do not think their challenges are necessarily greater than those faced by other patient groups (e.g., low education levels, elderly). The physicians also strongly pointed out that clear communication is not only a personal and professional priority but is a legal requirement.

- **The majority of physicians in the focus groups feel that the communication techniques they already use with English-speaking patients can overcome most of the language barriers that exist with NEP/LEP patients.** Given these beliefs, physicians did not say that they plan to make major changes in their practices or to seek additional new resources.

- **Nevertheless, the physicians described a number of approaches they use to communicate with NEP/LEP patients.** The most often mentioned and preferred approach was to rely upon bilingual family and friends of NEP/LEP patients because of convenience and past experiences dealing with language barriers.

- **Most physicians feel they have no alternative to using family and friends as interpreters for NEP/LEP patients.** However, many see the downsides including: information going astray because of the poor interpretation skills of family and friends; potential for embarrassing patients by revealing personal information in front of family members and friends; and inappropriately relying on young children as interpreters if there is no other family member present. Some physicians acknowledge they sometimes hold back information they believe the patient needs to know because they are using family members and friends as interpreters.

- **Physicians in the study also described using "traditional communication techniques" for improving patient-provider communications.** These traditional practices include speaking simply and slowly, repeating what they say, taking extra time, writing instructions down, using non-verbal gestures/signals, presenting charts and visual aids, showing videos, speaking a few words in their language (Spanish mostly), and using simple English terms the patient might know.

- **Fewer physicians, but still a significant number, say they obtain and disseminate print materials to NEP/LEP patients in the appropriate language (usually Spanish).** These materials describe common medical conditions, treatments and information on medications. They are obtained from their medical associations, colleagues, websites and vendors. Physicians are unclear as to the quality or appropriateness of these non-English materials for their patients.

- **Almost half of the study's physicians said they had purposely hired bi-lingual staff, almost always Spanish-speaking to assist with NEP/LEP patients.** While the physicians were proud of hiring bi-lingual staff, and feel it shows their commitment to NEP/LEP patients, they express concern that these staff may be spread too thin. No physician discussed the need for any special training that would qualify staff as medical interpreters.

- **Very few physicians had experience with professional medical interpreters or language lines. Those who did had access through the health system, typically a hospital.** Most physicians in this study report that they know little about professional interpreters or language lines (such as where to find these services, training and credentials, and how much they cost). Although there is little knowledge or experience with these resources, the physicians assume that they would be too expensive for their private practices, particularly since they feel they are "getting by" without them.

- **Physicians point out they have to contend with more than just language barriers.** They say that in addition to language barriers, cultural barriers also exist, and can affect communication between patient and physician. They say they must think creatively to effectively overcome these barriers.

Barriers and Opportunities

- **Time and cost are the biggest barriers to physicians taking additional steps to improve communication with NEP/LEP patients.** These barriers are particularly salient when it comes to professional interpretation services. Most physicians think these services cost too much and are not affordable to individual physician practices. They believe that the health system, insurance companies and patients will need to financially support such efforts. There is also concern that these services will be costly to them in terms of treatment time and delays.

- **Physicians lack awareness and knowledge regarding resources that can support quality provider communication with NEP/LEP patients. The physicians in this study had little familiarity with new ideas and systems coming on line to help providers with language barriers.** Physicians say they do not discuss these topics with peers and are not receiving any outside information from their professional societies about ways to improve communication with NEP/LEP patients.

- **Many lack motivation to take action since they perceive they are meeting the needs of their patients.** The physicians displayed little knowledge concerning documented disparities in care and health outcomes between different ethnic and racial groups and the role that language can play. Some also feel it is not their responsibility to address communication barriers of NEP/LEP patients – i.e., that burden lies with the patient.

- **Physician concern over malpractice and medical errors may offer opportunities for engaging them around improved communications with NEP/LEP patients.** Physicians tell vivid stories of near misses and other problems stemming from miscommunication between patient and doctor and the risk for malpractice and medical errors. However, they do not think about

these issues in the context of NEP/LEP patients. And while they resist establishing standards of care in relation to communication with NEP/LEP patients, many expressed support for the intent behind this idea.

Messages

As part of this research messages were developed and tested with physicians to learn what kinds of arguments resonate with physicians on this topic. Insights include:

- **Most physicians find arguments that stress the importance of clear doctor-patient communication to quality healthcare to be very convincing, but not necessarily motivating.** Since they aspire to clear communication with all their patients, they like messages that stress this point. However, they may not find this message as compelling as others. Supporting this point data on health disparities may increase motivation.

- **What they find to be more motivating is the idea that models and ideas exist already to improve communication with NEP/LEP patients.** This message addresses their information gaps about new ideas and methods for improving communication. This message is also motivating in that it begins to answer the "how" questions that physicians struggle with on their own.

- **While concern over medical errors and lawsuits may offer openings for motivation, physicians state that direct references to these in messages decrease their support.** Most physicians appear to dislike linking "communication" with NEP/LEP patients with the terms "medical errors" and "lawsuits." In fact, many physicians believe that their NEP/LEP patients are least likely to sue and are the most appreciative of all their patients.

- **Many physicians also are not convinced by messages that assert that marketing to NEP/LEP patients will reap economic benefits.** As mentioned, only a few physicians in this study are actively marketing their services to minority and immigrant communities. This suggests that many are still not convinced by economic arguments for serving this population.

For more details about these and other findings from the focus groups, please refer to the full report of findings available on Hablamos Juntos's website at www.hablamosjuntos.org. Hablamos Juntos is a three-year national demonstration project funded by The Robert Wood Johnson Foundation to develop and test tools and systems for enhancing language services for Latinos in the health care setting. The Tomas Rivera Policy Institute, an affiliated research unit of the University of Southern California, School of Policy, Planning and Development and the Institute for Social and Economic Research and Policy at Columbia University, administer the project.