Barriers to Care Map

Healthcare from the Patient’s Point of View

copyright Linda Golley 2011
We Will Cover

- The conceptual framework of barriers to care and the details around each barrier.

- How interpreters can participate in reducing barriers to care WITHIN the boundaries of the traditional interpreter role.
We can look at healthcare from one of two points of view:

- Business perspective: What product is sold, how many people are paid to provide the product, how many visits are completed, what goods are used up.

OR

- Essential service perspective: What is needed for people to be healthy, what are people actually getting in terms of health outcomes.
Essential Service Perspective

- How are we doing?
  - We know that our outcomes in the United States are not very good, particularly in light of how many dollars and percentage of GNP we collectively spend on healthcare.
  - We know that as individuals we run into barriers at every step of our attempt to get value from the healthcare system, be it in our interactions with our primary care setting, our hospital, or our insurance plan. It is hard work to get healthy.
Essential Service: Let’s Fix the Problems One by One

- Healthcare is not one monolithic thing. It is lots of little chunks which patients encounter one by one as they seek medical care.
- We will look at each step of the patient journey.
- We will see where patients encounter barriers at each interface, and we will be able to remove or correct each barrier.
Two groups of people, working together, can eliminate the barriers to care:
- Patients and their families
- Healthcare workers, including interpreters and navigators

Support can push progress and prevent backsliding
- Government programs paying for care
- Regulatory bodies which certify care providers
- Community organizations which recommend care providers.
Medical Interpreters and Patient Navigators are Part of the Care Team

- Medical Interpreters are in the unique position of accompanying the patient through the care system.
- Interpreters witness the barriers to care which prevent their patients from getting full benefit from advertised services.
- Interpreters hear from patients and families about their frustration in using services.
For Interpreters and Navigators: the Value of Conceptualizing Barriers

- As healthcare workers, interpreters and navigators should be committed to improving health outcomes of patients, not just to doing their job function and going home.
- Committed to improving health outcomes for patients, it is essential to have an analytical tool which identifies **what** needs to be fixed and **how** these problems can be fixed.
Interfaces in the Healthcare System

- We will look at the healthcare system as a series of interfaces where the patient tries to achieve a specific goal. The patient has a “job” at each of these interfaces.

- For example, the patient is told to:
  - Call the doctor back later if his stomach still hurts
  - Get copies of his medical records from his previous providers
  - Take his 6 medications correctly
  - Fill out the 3-page intake questionnaire completely and accurately in 10 minutes
Invitation and Challenge to Amplify the Inventory of Barriers and Bridges

- As we move through the list of patient interfaces on the Map, you are invited and encouraged to think about additional barriers, additional solutions, additional vulnerable patient groups.
- Take this model of identifying and fixing barriers into your OWN practice environment and inventory the places that patients hit barriers that prevent them from using care effectively.
The Barriers to Care Map identifies the following aspects of each interface:

- Patients most **vulnerable** to hitting barriers here
- What **barriers** commonly crop up at this interface
- What are the **consequences** to patients of hitting barriers at this interface
- What can be done to prevent patients from hitting barriers at this interface, to **bridge** the problem
Patients most vulnerable to the barriers:

CONSEQUENCES OF BARRIER FOR THE PATIENT

BRIDGE YOUR ORG CAN BUILD TO ASSURE EQUAL ACCESS AND GOOD CARE

KEY
Key

- The blue octagon is the interface, what the patient has to accomplish
- The red spiky blob is the set of barriers
- The orange triangle is the consequences of hitting the barriers
- The heart is the set of vulnerable patients
- The green bridge is a set of proposed fixes
Scope and Source of Map Items

- There are about 50 care interfaces listed on this poster of the Barriers to Care Map.
- These barriers have been reported to the author from thousands of patients in many care settings. Some barriers have been reported by non-English-speaking patients, but the majority of barriers are common to both native-born and immigrant patients.
Categories of Patient Interfaces

- **Access** to new providers/programs, access to own medical record
- **Intake** process, setting good foundation
- **Communication** with own care team
- Negotiating care that meets pt’ s needs
- Managing **information** about own condition
- **Navigating** the care system and coordination of care
Getting Established

- Interfaces the patient must navigate
  - Successfully transition in on a referral
  - Be assigned to appropriate provider/program
  - Come to first appt. prepared
  - Complete intake documents accurately
  - Set up financial records/Reg accurately: ID
  - Understand financial relationship, scope of coverage
Communicating with Own Care Team

- Interfaces the patient must navigate
  - Reach care team during working hours
  - Make appt or change appt from home/work
  - Receive lab results or instructions by phone
  - Reach care team after hours
  - Deal with automated reminder calls
Communicating with own care team, cont.

- As inpatient, be kept in the loop
- Speak with members of care team to get needs met: receptionist, biller, phlebotomist, etc.
- Make a complaint or get a problem addressed
- Understand messages left on answering machine by care team
- Understand medication directions and refill process and how to solve meds problems
Appropriate Care Plan, Dignity

- Interfaces the patient must navigate:
  - Receive treatment plan aligned with goals, prefs
  - Have privacy or family support as desired
  - Use mental health system safely, with dignity
  - Direct end-of-life decisions as desired
  - Make decisions about reproductive health
  - Understand expectation that patient participate in care
  - Understand medical decision-making process
Information about own Condition

- Interfaces the patient must navigate
  - **Literacy**: Receive info in usable form: oral, visual, written
  - **Health literacy**: Receive info that pt can understand and use
  - Understand **self-care instructions**
  - Understand instructions on how to **prepare** for procedures
Information about own condition, cont.

- Maintain logs to monitor own health: B/P, blood glucose, fertility, food allergy…
- Benefit from group classes: birth class, transplant class, parenting class, diabetic ed class
- Make informed consent for care decisions
- Understand and make decisions around genetic counseling
- Absorb detailed self-management teaching: ostomy care, insulin dosing, catheter care, etc.
- Understand letters, reports, instructions sent to pt’s home
Navigating the system across multiple points of service

- Interfaces the patient must navigate
  - Use wayfinding materials successfully
  - Get into the queue successfully at lab or pharmacy
  - Follow instructions of care team to have labs or studies done
  - Follow instructions of care team to contact own insurance to verify coverage
Navigating, cont.

- Understand role of **primary care** versus specialty care with respect to benefit and cost
- Interact with **agencies** regarding care: birth registry, assistance programs, organ registry…
- Understand treatment **facility** options: hospice, SNF, mental health continuum, rehab continuum, detox continuum…
Initial Access to Services, Record

- Interfaces the patient must navigate:
  - **Know** the service exists, what it is
  - **Contact** service for first time
  - **Negotiate** realistic appt. time
  - Get an appt. rather than resort to ER care
  - Get copy of **medical record** from each POS
  - Find **support group** that fits logistics
  - Move referral forward when stalled
  - Be invited into **research** protocols
From Conceptual to Operational

- Interpreters can use the concept of fixable barriers to improve care in two ways:
  - Within the traditional interpreter relationship
    - Hear, restate in conceptual terms
    - Observe, state to patient or care team
    - Anticipate barrier, ask for proactive bridge
  - Wearing the broader hat of health care worker, staff person, community liaison, consultant, educator, activist
Action Opportunities for Interpreters

- As the interpreter becomes aware of barriers that his individual patient is facing:
  - Restate to patient what he has just said in terms of his having encountered a structural barrier;
    “You just said that you have been unable to reach the clinic during working hours because the phone tree does not have a choice that matches what you need. Is that right?”
    “You just said that you are confused about how long to take your medication. Is that right?”
  - Encourage the patient to state to the care team that he has encountered that specific barrier to care.
Action Opportunities, cont.

- Notice when a patient has hit a barrier or anticipate when he is vulnerable to hitting a barrier, and educate the patient:
  - “The clinic/lab/medical records office usually asks for photo ID before checking you in/ drawing blood/ processing your request for records.”
  - “In order to get good care, it is important to fill out the intake forms completely and accurately.”

- If the patient then needs advice about how to get this job done, advise him to ask the care team with your help as the interpreter.
If the interpreter is assigned to do reminder calls, he can ask the patient if he has any questions about what he needs to bring with him, how to get there, how he needs to prepare, what he will need to pay, etc. If the patient has questions, the interpreter can put him in contact with the care team and interpret for him.
Action Opportunities, cont

- In an encounter, when the patient is given a job to do by the provider, and the advice is vague or prone to barriers, clarify the specifics of the job from the provider:
  - “You said the patient is to call the clinic after-hours if his stomach still hurts. The interpreter would like to clarify the process so as to be clear for the patient.”
As the communication expert on the team, the interpreter should be alert to understanding on the part of the patient. If he is in doubt that the patient is clear,

- “The interpreter would like to recommend that the provider check for understanding on the part of the patient, regarding the detailed information about medication changes. Would it be helpful to write down the changes?”
Outside of any particular encounter, if the interpreter has an ongoing relationship with a particular care team or unit, he can mention to the team that patients have indicated hitting certain barriers to accomplishing their “jobs” vis-à-vis that unit:

- “I am a regular interpreter for patients coming for surgery here, and I have noticed that many patients have had their procedures canceled because they were not properly prepared. There is probably an opportunity for more clarity about how to prepare for the X procedure. Would you like to know what patients have said about their preparation instructions to me?”
Action Opportunities, cont.

- If the interpreter has a relationship with community organizations which educate, assist, or refer patients to providers, he can summarize and conceptualize the barriers that many patients face, so that the community organizations can prepare the patients for success at the various interfaces.
Community Organizations, cont.

- Encourage female patients to request same gender providers and interpreters ahead of time;
- Encourage patients to be clear about what care plans would fit with their culture;
- Assist patients in filling out their intake and patient history forms completely;
- Assist patients to make transportation and child-care arrangements so as to get to appts. on time.
Summary

- Health care is full of barriers for patients.
- Care team members, including interpreters and navigators, can work with patients to identify and fix the barriers common to each interface in the system.
- Identifying the barriers to as many patients and colleagues as possible improves care.
- Incremental success is SUCCESS. Keep moving on to break down the next barrier…
Contact Info

Slides and supporting materials from this presentation are available from:

- Linda Golley
  - lgolley@u.washington.edu
  - University of Washington Medical Center
  - Interpreter Services

- NOTIS MedSIG
  - officemanager@notisnet.org