

# Improving the Quality of Patient-Provider Interactions and Promoting Equitable, Accessible and Patient-Centered Cancer Care

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## Background

- ❖ Philadelphia is among the top 10 cities in the US with populations over 500,000 with a high Community Need Index score (CNI- severity of Health disparity)
- ❖ Data from 2015 County Health Ranking, had Philadelphia last of all 67 counties in the state for social economic factors. (unemployment, income inequality, injury deaths, etc. )
- ❖ Cancer is a leading cause of mortality in the US
- ❖ The SKCC participated in a year-long, externally supported self study to improve the quality of patient-provider interactions and promote more equitable, accessible and patient- centered cancer care. This program aligned with internal initiatives.
- ❖ SKCC at Jefferson is NCI-designated cancer center and part of an academic medical center located in Philadelphia. In the catchment area the Incidence and Mortality in 7 out of 10 Major Cancers is higher than state and national averages.

## Methods

- ❖ Location: SKCC in Philadelphia, Pennsylvania
- ❖ Inclusion Criteria:
  - All staff including Physicians, Nurses, and Social Workers, Medical Assistants, Front line staff in Medical and Radiation Oncology
- ❖ Intervention: Conduct a needs assessment of SKCC staff to inquire their attitudes and experiences along two main issues: Health Literacy and working with Limited English Proficient patients.
- ❖ Content of intervention: Perceptions of frequency of interactions with Limited English Proficient Patients and Low literate patients; perception of current language translation service usefulness
- ❖ Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis of internal strengths/weaknesses in provision of Cancer screening and treatment at SKCC as well as opportunities and challenges
- ❖ Root Cause Analysis conducted by authors using interviews and internal and external data sources

## Design

- ❖ SWOT analysis of internal/external strengths and weaknesses of resources and allocations in SKCC
- ❖ Ten question survey given to all staff at SKCC Oncology Service line patients with Free form text to elicit staff feedback for training opportunities

## Description of Participants

# of Participants	73
Gender	
Female	57
Male	13
Role	
Physician	18
CRNP	8
Nurse	19
Social Worker	1
Medical Assistant	4
Administrative	6
Front Desk	4
Other	11
Employment- Years employed	
Less than 2 years	17
2-5 years	12
5-10 years	26
More than 10 years	16

## Key Results

Table 1. Cultural Competency and Literacy Survey of Staff

VARIABLE (N=73)	RESULT
Staff Perception of frequency in encountering LEP patients (sometimes/often)	82%
Staff perception of frequency in encountering low written literacy: (sometimes/often)	75%
Staff Perception of Language line phone effectiveness : (it does not meet need)	61%

## Key Results

Table 2. Age and Language of Patient Population of SKCC

VARIABLE (N=9746)	RESULT
Age- (Mean )	64
English speaking	86.7 %
LEP or ESL patients	9.7%

- ❖ Root Cause and SWOT analysis revealed external and internal language barriers impacted accessibility of care: high # of care team members, physical distance on campus for appointments; limited multi-language signage
- ❖ Limited in-person interpreters impacted patients and providers increased communication concerns
- ❖ Disparities exist in which cancer patients can access newer digital resources to improve access

## Discussion

- ❖ The impact of health disparities on patients and families is significant. LEP patients face significant barriers in receiving high quality care.
- ❖ Assessing current provider perceptions are integral to implementing quality improvement strategies in patient care as there significant levels of concern reported
- ❖ There was a gap between the perception of volume of LEP/Low literacy patients and extracted data regarding race/ethnicity and language data in EMR.
- ❖ Data suggested that providers were open to new strategies to address disparities in care and to improve access and outcomes for patients under their care

## Future Research / Next Steps

- ❖ Utilize survey data to conduct staff training to increase perceptions of and usefulness of available translation tools
- ❖ Evaluate additional materials and/or tools that can increase ease of use of translation to reduce disparities in cancer care in LEP and low literacy patients
- ❖ Provide educational opportunities for patients to increase digital literacy by hosting classes on campus