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Title

Good Clinician Communication Improves Continuity of Care for U.S.-Born Latino Patients but Not for Immigrant Latino Patients

Priority 1 (Research Category)

Health Care Disparities

Presenters

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Abstract

Context: Research shows that effective patient-clinician communication leads to high quality of care, overall satisfaction, and better patient outcomes.

Objective: Examine the association between patient-clinician interactions (communication, patient education, and shared decision-making) and continuity of care, patient satisfaction and diabetes treatment used among Non-Hispanic White (NHW) and Latino adults (including by nativity).

Study Design: Repeated cross-sectional study design, multivariate linear and logistic regression models

Dataset: Medical Expenditure Panel Survey, 2007-2021

Population: NHW (75,670), U.S.-born Latino (6,458), and Foreign-born Latino (12,057) adults with and without diabetes

Analysis: Explanatory variables: communication, patient education, and shared decision-making. Communication construct combined: how often healthcare clinicians listened, respected, explained, and spent enough time with the patient. Patient education construct combined: how often instructions were easy to understand and use of teach-back. Shared decision-making construct combined: physician explaining all options, helped decide on options, and asked about other treatments.

Outcome Measures: Continuity of care, patient satisfaction, type of diabetes treatment

Results: Latino adults who reported better communication (OR 2.1, 95% CI (1.1-4.1), patient education (2.5, 95% CI 1.2-5.2) and shared decision making (1.9, 95% CI (1.5-2.4) had higher odds of continuity of care compared to those who reported poor patient-clinician interactions. When stratified, better communication led to continuity of care among U.S.-born but not foreign-born Latinos. Better patient-

clinician interactions were associated with higher patient satisfaction in Latino and NHW adults. For those with diabetes, NHW adults treated through diet modification had higher patient communication scores. Latino adults and foreign-born Latino adults treated with insulin had higher patient education scores.

Conclusions: Latino adults overall have improved patient satisfaction and continuity of care when clinicians engage in higher quality communication and education. The same is not true for communication and continuity of care among foreign-born Latinos. Latino patients on insulin received more education. Our study highlights clear communication and education enhance patient satisfaction, care continuity, and treatment and raises new areas of inquiry to improve continuity of care for immigrant Latinos.

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