Perceptions about Collaborative Decisions: The Decline of Perceived Provider Effectiveness among 2007 HINTS Respondents

Ray Marks, EdD1,2, Haean Ok, EdD3, Hoyoee Joung, PhD4, John P. Allegrante, PhD2,5

1School of Health & Behavior Sciences, York College, City University of New York, New York, 2Department of Health and Behavior Studies, Teachers College, Columbia University, New York, 3Department of Sports Industry and Science, Mokwon University, Daejeon City, South Korea, 4Division of Public Health Nutrition: Graduate School of Public Health, Seoul National University, Seoul, South Korea, and 5Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University, New York.

Introduction
Effective provider communication is a crucial determinant of health outcomes. Satisfaction with one’s primary health care providers’ communication skills, a new Healthy People 2010 focus area, was recently reviewed through 4 criteria involving the patients’ perception of their health care providers’ skills in listening (11-15), providing understandable explanations (11-16), showing respect (11-16), and spending enough time with them (11-16). Tasks central to effective public health practice. For each of these attributes, the proportion of patients who rated their health providers positively was not universal and moved away from the target by 13-30 percentage points between 2000-2004. A similar trend was recently observed within the context of the National Cancer Institute data collected between 2003 and 2007 using a related research question that reported on perceptions of usual decision-making in the Health Information National Survey (HINTS).

Purpose
To examine disparities among these responses that might impact attempts to prevent or treat cancer.

The two specific research questions were:
1. To what extent has the percentage or frequency of respondents who reported their perceptions in experiments about their health care providers’ communication skills declined? What social factors, if any, were associated with past and current respondents’ perceptions of their providers’ willingness to involve them in health decision-making?

Materials and Methods
The data for this comparative descriptive analysis were retrieved from the HINTS website and initially analyzed using SPSS.

Thereafter, the SAS-Callable SUDAAN statistical program using Replicate Weighting/ Jackknife procedures was used to further elucidate the key findings observed in the exploratory phase and any consistent or divergent trends across time. Cross-tabulations using Chi-Square Tests and Generalized Multinomial logit analyses with the same denominator and degrees of freedom (50 for both periods) were employed.

The 2003 + 2007 HINTS question items H56-84, H56-70 were:
How often did the providers you saw in the past 12 months involve you in decisions about your health care as much as you wanted?

Response categories were:
ALWAYS 1, USUALLY 2, SOMETIMES 3, NEVER 4.

DEMOGRAPHIC VARIABLES EXAMINED WERE:
Age, Cancer History, Educational Status, Employment Status, Extent of Health Coverage, Income level, Race, Regular Provider.

Results
Sampling and overall results
In 2003, 6395 observations were made. In 2007, 4902 observations were made. (This was due to the fact that the most recent HINTS was mixed-mode dual frame design of Random Digit Dial telephone and mailed survey, and those who received the mailed surveys were excluded (Cantor & McBride, 2009). Analyses included Hispanics, Non-Hispanic White, Non-Hispanic Black, Other or Multiple races.

As in 2003, less than 100% of the 2007 respondents reported they were ‘always’ involved in health care decisions as much as they wanted.

As in 2003, females represented approximately two thirds of the 2007 respondents.

Overall, the percentage of affirmative responses declined from 61% to 54.6% between 2003 and 2007.

Associations
While there was no observed gender effect on the reported perceptions in either 2003/2007 (p=.052), there was a significant effect for ethnicity (p=.005) and being Hispanic was found to be associated with lower percentages of affirmative responses across both time periods. (See Figure 1)

Educational status, health coverage, income, and having a regular provider were significant (p=.051) determinants in 2007.

In contrast to 2003 results, higher education was significantly associated with higher perception of their health care providers’ skills in collaborative decision making. In 2007, the respondents who reported higher education were more likely to report involvement in decision-making compared to those who reported lower levels of education. (See Figure 2)

Other trends
The percentage of positive responses associated with having a cancer history declined linearly over time.

Conclusions
A decreasing percentage of HINTS respondents reported their providers ‘always’ involved them in the decision-making process between 2003 and 2007 when interviewed by random digit dialing procedures.

Keeping the mode of interview consistent, a significant univariate relationship was consistently observed between several sociodemographic variables and the respondent’s perceptions about the consistency with which providers appear to include them as desired in decision making.

According to Cantor and McBride (2009), frames are relatively equivalent along age, race, gender, education and income. Yet, there were linear trends in education, ethnicity, and cancer diagnosis that may have influenced the 2003 and 2007 responses.

In particular, health coverage, and having a regular provider were social and health-related associations that may help to explain less than optimal provider collaboration and the overall decline between 2003 and 2007 in perceptions about the ability of providers to consistently engage in high-quality, collaborative communication with healthy adults, in particular.

Implications
- Efforts to improve communication between adults and their providers is indicated in the context of cancer prevention and intervention, regardless of health status.
- Adults with no health coverage and no regular provider should be specifically targeted in preventive efforts to prevent and treat cancer (See Box 1).
- Also vulnerable are Hispanic adults, and those with less than high school education, and these adults should be targeted.
- Those in remission may need to be targeted as well.

Improving client provider communication in decision making may be a useful key to:
- Reducing the cancer burden.

Key References