

Patients may face barriers due to race, ethnicity and language at hospital discharge

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A new study by research, quality improvement and health equity experts at Massachusetts General Hospital (MGH) in *The American Journal of Managed Care* lays out the challenges of achieving equity for diverse

patients in communication at hospital discharge. A survey of 224 recently discharged patients was conducted in five languages just before the COVID-19 pandemic and highlighted challenges, including limited understanding of medications; lack of available professional medical interpreters and translated patient instructions at discharge; and worries about support for at home after hospitalization.

Major findings include:

- Overall, one in four patients were alone at discharge, without a family member or friend to accompany them, a factor that may contribute to miscommunication.
- More than half of patients with limited English proficiency reported lack of access to medical interpreters and translated materials at the time of discharge
- Significant differences were reported in technology access to smartphones, laptop or tablet computers, and to the electronic health record patient portal by patients who are Hispanic, Latino, Black or African American, and experience limited English proficiency. Only 25% of Hispanic or Latino patients and 57% of Black patients reported having laptop or [tablet computers](#), and fewer than 10% of Hispanic or Latino patients had used the patient portal.
- Patients of Asian or Pacific Islander descent were more likely to express worries about understanding medications and about getting home health services.

Esteban Barreto, Ph.D., lead author of the paper, says the researchers conducted the study to gather a more rich and nuanced view of patient perspectives than can be found in standard [quality improvement](#) surveys. "We employed a [team approach](#) to survey development and translation, embedding in the team bilingual interviewers and clinicians from diverse backgrounds to capture the experience of this patient population," he

says. "This was a work of love for the team."

Many of these issues became more urgent during the pandemic—the data from this survey helped to put new innovations in place to support patients with better information, technology access and communication support during hospitalization and discharge. MGH has taken several steps to address issues revealed in survey results and improve patient care. Joseph R. Betancourt, MD, MPH, Senior Vice President, Equity and Community Health, notes that "MGH has been working on improving quality, addressing disparities, and achieving equity for over 20 years, and has made a lot of progress. In some of these areas, like interpreter services, we have been industry leading. That being said, we are firm believers that you can't manage what you don't measure, and we have had the courage to be deliberate and look everywhere for opportunities to improve the care we provide to diverse populations. We will expand and improve what we do well, and create strategies to address the new challenges we identify."

Funded by the Edward P. Lawrence Center for Quality and Safety at MGH, the study involved researchers and operational leaders from multiple areas including Equity and Community Health, General Internal Medicine, Interpreter Services, and the Disparities Solution Center, with research leadership provided from the Mongan Institute.

Karen Donelan, ScD, EdM, director of the Survey Research Unit at MGH, says that "for more than a decade, our team has worked to identify barriers to care faced by diverse populations and use those data to build solutions. Language barriers, especially in the use of medications and technology, need to be overcome to achieve equity in care through improved communication at care transitions."

More information: Esteban A. Barreto et al, The role of race ethnicity and language in care transitions, *The American Journal of Managed Care*

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