

Who Gets a Teach-Back?

Odds of Patients Being Asked to
Repeat Doctors' Instructions

Andrew Jager, MA
Matthew Wynia, MD, MPH
Oct. 17, 2011

ama-assn.org

Disclosures

Data presented is from the field testing of the Communication Climate Assessment Toolkit (C•CAT), a commercial product developed by the American Medical Association's Ethical Force[®] Program.

Background:

Literacy and Socio-Demographics

- Lower health literacy strongly correlated with:
 - Age (AMA, 2007; Davis, 2006)
 - Race/Ethnicity (Kutner et al, 2006)
 - Language (Schyve, 2007)
 - Education
- Yet *everyone* benefits from clear information
- It is difficult to identify patients at risk of misunderstanding

Health Literacy

“Universal Precautions”

- Clinicians often ...
 - *Underestimate* prevalence of low literacy
 - *Overestimate* patients’ ability to understand information provided (Weiss, 2007)
- Recommend that clinicians *always* ...
 - Create a shame-free environment
 - Use specific communication techniques
 - Plain language
 - Visual Aids
 - Focus on most important part of message
 - Use Teach-Back method

Question: Who Gets a Teach-Back?

- It is unknown if clinicians use teach-back more frequently with certain patients:
 - Age
 - Race/ethnicity
 - Language
 - Education

Methods

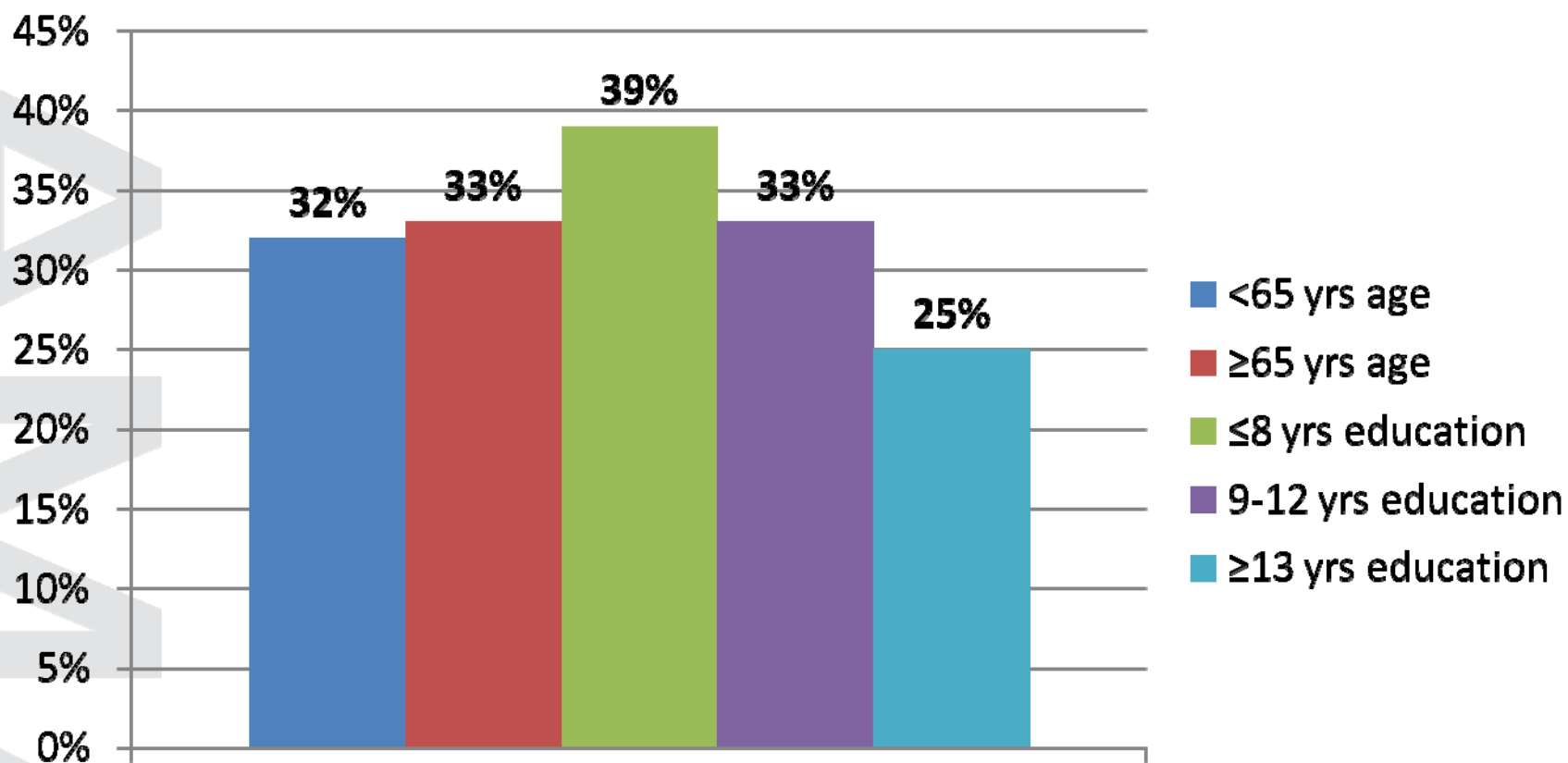
- Patient survey from field testing of Communication Climate Assessment Toolkit (C•CAT)
- 8 health systems
 - 13 sites nationwide
 - hospitals and clinics
- Patients asked: Did doctors ask you to repeat their instructions?
(Never, Sometimes, Always, Not Sure)

Results: Survey Sample

- 3,548 patient respondents
- 25% male, 75% female
- 20% with 8 or fewer years of education
- 48% Hispanic or Latino/a
- 14% Black or African American
- 32% White
- 69% Prefer English, 27% Prefer Spanish

Results:

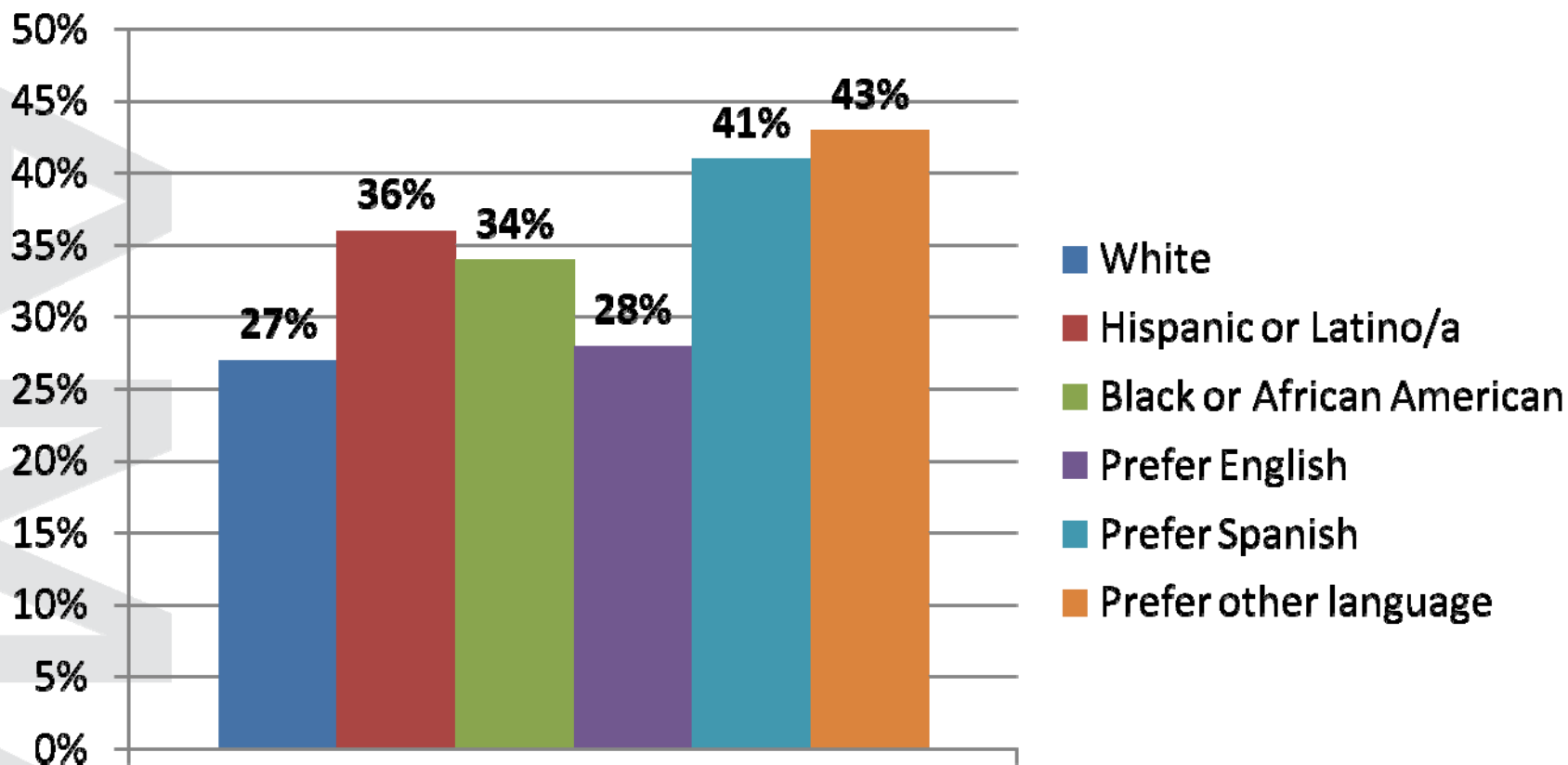
Who "Always" Got a Teach-Back



"Always" asked to repeat physician instructions

p<0.01 for all values

Results: Who "Always" Got a Teach-Back



"Always" asked to repeat physician instructions

p<0.01 for all values

MV Results: Education, Race/Ethnicity, Language Preference & Time with Doctors

	OR	95% CI	P-Value
Education - Mean	0.946	0.915-0.978	<0.01
Native American or Alaska Native	0.514	0.295-0.994	<0.05
Black or African American	1.888	1.433-2.489	<0.001
Prefer Spanish	1.870	1.396-2.503	<0.001
Prefer Other Language	2.713	1.653-4.453	<0.001
“Always” had enough time w/ doctors	2.805	2.162-3.638	<0.001

DV dichotomized: Never vs. Sometimes/Always

Predictors included in model: age, education, race/ethnicity, language preference, enough time with doctors

Limitations

- Incidence of teach-back is patient-reported, actual use of teach-back not documented
- Can't pinpoint underlying mechanisms or other cues that might drive provider decisions on when to employ teach-back

Conclusions

- Despite universal precautions message, physicians may be focusing teach-back efforts on those perceived to be most at-risk
 - Less formal education
 - African American
 - Speak a language other than English
- *Very* strong correlation between reporting teach-back and reporting “enough time” with the doctor
 - Having enough time allows use of teach-back
 - Using teach back fosters patient perception of having enough time

Questions?

Andrew Jager, MA

Sr. Research Assistant

Institute for Ethics

American Medical Association

andrew.jager@ama-assn.org

Matthew Wynia, MD, MPH

Director

Institute for Ethics

American Medical Association

matthew.wynia@ama-assn.org

