

Summary of 2022 MA & PDP CAHPS Cognitive Interviews with Enrollees in Puerto Rico

Background

In late summer 2022, CMS conducted nine cognitive interviews with Spanish-preferring Medicare enrollees residing in Puerto Rico. The interviews focused on enrollee experience, interpretation of and response to a subset of survey items within the composites Getting Appointments and Care Quickly, Doctors Who Communicate Well, and Care Coordination, and new survey content on experience with telehealth, appointment start time, test results, provider communication, and perceived unfair treatment. The goal of the testing was to assess whether the Spanish-language translation (including key terms and survey item wording) had similar meaning to enrollees residing in Puerto Rico as enrollees residing in the 50 states and the District of Columbia.

The interviews also explored alternative Spanish-language wording of the below bolded terms within several survey questions:

- Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see **the person you came to see** within 15 minutes of your appointment time?
- A **personal doctor** is one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a **personal doctor**?
- In the last 6 months, when you visited your **personal doctor** for a scheduled appointment, how often did he or she have your **medical records** or other information about your care?

Interview participants:

- Preferred to talk about health care and doctor visits in Spanish
- Were enrolled in a Medicare Advantage plan
- Had at least one visit for health care in the last 6 months
 - A subset of participants were required to have experience with a blood test, x-ray, or other medical test in the last 6 months
- Reflected a mix of gender, age, and educational attainment

Experienced bilingual interviewers familiar with CAHPS and the MA & PDP CAHPS Survey conducted the interviews by phone using a common interview protocol to promote comparison across interviews.

Findings

Medical professional and person you came to see

Two translations for the “person you came to see” were tested: the existing translation of “su profesional médico le atendiera” and a possible alternate translation of “la persona que vino a ver”.

Most expressed that “medical professional” (su profesional médico) refers to a doctor; some also thought it included others such as nurses, other health professionals such as doctor’s assistants, technicians, and other specialists. Most thought this term is more specific and clearer than “la persona que vino a ver” as it focuses on health care. Participants indicated that “la persona que vino a ver” could be ambiguous and could refer to anyone, not just a doctor or nurse or other health professional. The term “medical professional” (su profesional médico) will be retained in the Spanish survey.

Personal doctor

Two translations of “personal doctor” were tested: the existing translation of “doctor personal” and the alternative translation “médico primario” (primary doctor).

All participants understood “personal doctor” (doctor personal) to be the doctor they usually see for care. One participant said, “*the one who (you) have for life, knows you.*” When asked about the alternative translation “médico primario” (primary doctor), seven of the nine participants interpreted this term to mean the same as “personal doctor” (doctor personal). The remainder interpreted it to mean “*the one who gives referrals*” or a “*specialist.*” However, when asked which one is easier or preferred, five preferred “médico primario” (primary doctor) because it is commonly used in Puerto Rico. As one person said, “*both are really the same, but ‘médico primario’ is what (I) hear more in Puerto Rico.*” Another added that it is “*used more often here in Puerto Rico*” and another said that “*médico primario is based on health plan or health insurance. All by referral through primary care doctor.*” This term is referred to as their primary care physician, “*the one who gives referrals and plans use.*” Furthermore, four of the participants used the term “médico de cabecera” to refer to their personal doctor.

Overall, most understood “personal doctor” (doctor personal) to be the doctor they usually see for care, and it seems that in Puerto Rico, “médico primario” (primary doctor) is commonly used but referred to as their primary care physician.

The term “doctor personal” will be retained, as the term is appropriately interpreted by interview participants and consistent with the English-language question. Replacing “doctor personal” with “médico primario” would change the interpretation of the question and would affect the comparability of the data from Puerto Rico respondents.

Health history and medical records

Participants did not seem to distinguish between the existing translation of “health history” (historial de salud) and the possible alternative translation of “medical records” (historial médico).

When participants were asked about their “health history” (historial de salud), most indicated that it includes their entire health history including lists of conditions, medications, tests, and results. One participated said *“all my history since started with doctor, history of illness, all my history as a patient.”* Another stated *“the computer has the medical history, records my status, they see the record and tell me how I am doing, they have all my information”*.

When asked about their “medical records” (historial médico), most participants interpreted this to mean *“all health conditions that I have, my medicines, what they have done and the results.”* Another said, *“all info they keep with our health conditions, ailments, the treatment we’ve had, labs, everything”*.

Finally, participants read a question containing both the existing translation “historial médico” (medical records) and a version of the question using the alternative translation “récord médico”. All but one participant indicated that both translations have the same meaning and interpretation, that is referring to medical records. On participant said *“same, one has historial and other récord but same just using different words.”* Another said, *“one is in English (récord médico) and the other is in Spanish (historial médico).”* Several indicated that in Puerto Rico *“récord médico”* is commonly used, *“we tend to use récord médico here.”* One participant stated that *“In the hospital there is an office called récord médico.”*

Only one participant made a distinction between the two terms, indicating that medical history is referring to *“my history, is more in depth, like if I have a history of cancer. Is more of history”* while medical records are more about exam results.

One survey item will be updated to include both the existing translation (historial médico) and the alternative translation (récord médico) for medical records as follows:

English	Spanish
In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?	En los últimos 6 meses, cuando visitó a su doctor personal durante una cita programada, ¿con qué frecuencia tenía él o ella su historial médico, récord médico, u otra información sobre su atención médica?

Telehealth

Most participants interpreted visits “by phone or video” to be about speaking with the doctor or nurse over the phone to “*follow-up for given condition, calls about medication refill, or something urgent.*” Generally, participants indicated that phone visits include discussions about their condition, general questions or checking on medications. Several participants indicated that during the pandemic, they were unable to see their doctors in person and could only do visits by phone. One participant indicated “*one can’t go to the office or because the doctor is not attending in-person consults. During the pandemic last year (I) had (a) consult by phone but not in last 6 months.*” In terms of visits by video, participants indicated it would be like “*facetime where you can see the doctor.*” Most participants indicated that video visits will be similar to those by phone but that “*they use a system where the doctor connects with you, and you see each other.*”

However, only one participant indicated having a phone visit in last 6 months. This participant indicated having several phone calls with her doctor due to an illness.

For the others who had not had any phone or video visits in last 6 months, we asked what “meet your needs” meant in context of a phone or video visit. Most participants understood this as the doctor answering all their questions about a specific issue and being able to have follow-up conversations about their given condition and getting care as usual via phone or video.

Visit start time

When asked about the item “*In the last 6 months, how often did your in-person, phone, or video visits start on time?*” all participants interpreted the term “on time” as the appointment to start at the scheduled time. Several participants indicated that if the appointment is within 15 to 30 minutes of the scheduled time, they would consider that on time. As one indicated “*If appointment is at 1pm then the doctor should be there by 1 pm. Maybe 15 after but not to wait over 1 hour.*” Another stated, “*That if my appointment was at 5 pm they saw me at 5:00 pm*”. There was no indication that “on time” varied by in person, phone, or video visit.

Test results

When asked about the item “*In the last 6 months, when a doctor, nurse, or other health care provider ordered a blood test, x-ray, or other test for you, how often were you told when to expect your test results?*”, many participants indicated that their doctor does not inform them of the results but rather the lab technician does. One respondent said, “*my doctor puts in order for labs, but those are done in different location, and she does not have any control of when the results will be available from that lab.*” Another said, “*sometimes we see doctor in one place, but then he sends us to different place, like the laboratory or the hospital to get those tests done and he may not know when I will get results that he has ordered for me.*” These respondents

interpreted the question to be asking if the doctor would inform them when test results would be available.

Most participants reported always receiving test results. They indicated that in Puerto Rico, *“They always give us the results in paper. When I go to (the) lab they either give them to me same day or a day or two later and they tell me when I can go pick them up.”* Another said, *“I always get it (results) in a sealed envelope.”* The most common method of receiving results was in person directly from a lab or x-ray department in a sealed envelope. Only two participants indicated receiving the results via email.

Finally, most participants indicated that their doctor explains the test results. One participant indicated that *“Well yes, my doctor knows and what he tells me is OK. If he says “ok” then it’s OK. If he sees something, like high cholesterol then he tells me what I need to do.”* Another stated *“Always is doc who explains, tells me this is right, wrong, need improvement.”*

Dismissing symptoms

Most participants interpreted “dismiss” (no tomó en cuenta) as *“did not take into account”* or *“not paid attention”* to symptoms. Even though all said this has never happened to them, participants consistently interpreted the concept of “dismiss symptoms.” One participant was confused because his doctor *“always takes into account what I have.”*

Perceived Unfair Treatment

Most participants interpreted the question *“In the last 6 months, did anyone from a clinic, emergency room, or doctor’s office where you got care treat you in an unfair or insensitive way because of any of the following things about you?”* to be about unfair treatment or discrimination due to any of the factors listed.

Health condition

Participants interpreted the phrase “health condition” to describe serious illness or disease such as COVID, AIDS, asthma and being mistreated for such condition. One participant said, *“I go to lab or doctor don’t want to care for me due to health, skin problem and they care for others but refuse me, like COVID, they don’t want to care for me.”* They interpreted that their health condition may have been a cause for unfair or insensitive treatment.

Sex, sexual orientation

Participants’ interpretation of “sex (female or male)” and “sexual orientation” was consistent. They interpreted “sex” as being female or male and being discriminated based on sex; as one participant stated, *“they might ignore some problems woman may have, think they are less serious than if a man shows up with same thing.”* Most participants interpreted “sexual orientation” to mean gay, lesbian, or bisexual.

Gender or gender identity

The concept of gender and gender identity was confusing, and participants did not have a consistent, uniform interpretation of “gender or gender identity.” Participants communicated that they know those terms are very much in the news and people are “*talking about that*” but many expressed confusion with the concept and limited familiarity with the term. Some interpreted “*like gay, bisexual or alternative*” or being transgender, others said that they don’t know or that it is just confusing. One participant indicated that “*my daughter explained the terms to me, but I still get confused.*” One participant defined “gender or gender identity” as when an individual does not identify with their gender.

Income

Participants interpreted this to mean “*rich or poor*” and indicated that some clinics might not treat you based on your income. Two participants also thought it might be referring to persons who get some type of income such as Welfare or “*ingresos*” (SSI). One participant stated, “*well if you don’t have way of paying for service, you might be turned away and told they can’t care for you.*”