



In the Literature

PATIENT-CENTERED COMMUNICATION, RATINGS OF CARE, AND CONCORDANCE OF PATIENT AND PHYSICIAN RACE

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Evidence is emerging that relationships between patients and physicians can affect the quality of care and health outcomes for blacks and other minority Americans. In the Commonwealth Fund 2001 Health Care Quality Survey, substantially higher rates of blacks, Hispanics, and Asians than whites reported having communication problems with their physicians. Fifteen percent of black patients said that they believed they would receive better care if they were of a different race or ethnicity, and nearly twice as many blacks as whites (16% vs. 9%) reported being treated with disrespect during a health care visit. A recent study of “race concordance” between patients and physicians found that, when patients and physicians were the same race, office visits lasted longer and patients rated their visits as more satisfying and participatory than when patients and physicians were different races.

“Patient-Centered Communication, Ratings of Care, and Concordance of Patient and Physician Race,” by Lisa A. Cooper and colleagues from Johns Hopkins University, examines how race concordance affects patient-physician communication and patients’ perceptions of the quality of their care. The researchers conducted a study among 252 adults, including 142 black patients and 110 white patients, and 31 physicians, including 18 black doctors and 13 white doctors. Patients were asked to rate their physician’s decision-making style, their overall satisfaction with the visit, and whether they would recommend the physician to a friend. In addition, the researchers made audio recordings of the visits and then analyzed the verbal communications in terms of the categories of data-gathering, patient education and counseling, and relationship-building. They also analyzed independent observer ratings of the overall the emotional tone of doctor-patient interactions.

Findings

Race-concordant visits were longer, by about 2.2 minutes, than race-discordant visits. Race-concordant visits also earned higher mean ratings of “positive patient affect” as rated by voice tone qualities that have proven to be reliable indicators of engagement, interest, friendliness, and responsiveness.

In models that took into account patient and physician characteristics (e.g., age, gender, education), patients in race-concordant visits rated their physicians as more participatory, based on their propensity to involve them in decisions about their care, than did patients in race-discordant visits. Patients in race-concordant visits were more likely to say that they were satisfied with the visit, and that they would recommend their physician to friend.

Ratings of patient-centeredness (including the length of visits and positive patient affect) did not explain the favorable ratings of care that occurred when physicians shared their patients’ racial or ethnic background. The authors suggest that race concordance may have unique effects on patients’ judgments of their office visits, regardless of the content or emotional quality of medical dialogue. For example, patient and physician attitudes may mediate their relationships.

Policy Recommendations

Teaching physicians patient-centered communication skills is important to improve the quality of care for all patients. However, increasing ethnic diversity among physicians and engendering trust and comfort between patients and physicians of different races may be the best strategies to improve health care experiences of ethnic minority patients, the authors say.

