

Group Medical Visit: Understanding the Health Care Proxy (HCP) Among Spanish-speaking Elders.

Introduction

Inadequate health literacy disproportionately affects older adults in the United States. The complexities associated with managing chronic disease, language barriers, cultural differences, cognitive and sensory changes associated with the aging, increase challenges in educating this highly vulnerable group. A number of issues plague the HCP process and the understanding of its importance. About 70% of older adults who require decision-making in their final days of life lack the capacity to make decisions on their own. A major challenge involves Spanish-speaking elders. Group medical visits (GMVs) are a proven, effective method for enhancing a patient's self-care of chronic conditions, increase patient satisfaction, and improve outcomes.

Clinical Question

What is the effectiveness of an educational group medical visit (GMV) as measured by a pre and post-test about the Health Care Proxy (HCP) among Spanish-Speaking patients who are 65 years old and older?

Theoretical Framework

RE-AIM framework was used to evaluate implications for the group medical visits that measured the understanding of the Health Care Proxy (HCP):

- "Reach" into the elderly Spanish speaking patients at BHC;
- "Effectiveness" was demonstrated by the increased knowledge measured by the pre-test and post-test results comparison;
- "Adoption" by introducing the educational HCP to a community health center with a large percentage of Spanish-speaking patients;
- "Implementation" by providing the HCP educational power point presentation through GMVs; and
- "Maintenance" by providing the educational HCP to the geriatric team at the community health center to be used as a knowledge and comprehension measurement tool in the future.

Methods

- The legal Health Care Proxy form of Massachusetts was used to create the power point presentation of the pre and post-test.
- The initial power point presentation and pre and post-test were designed in English.
- A third-grade reading level and simple illustrations with primary colors were used on each slide of the power point.
- The completed power point presentation included five slides; each slide focused and addressed each of the explained questions on the original HCP of Massachusetts.
- The pre and post-test were designed to have the same order as the HCP form of the State of Massachusetts.
- Each survey used the same five questions as the legal form. These questions were: What does the HCP Law allow?; What can my Agent do?; How do I fill out the form?; Who should have the original and copies?; and How can I revoke or cancel the document?
- Each survey was designed to use the same questions. A Likert scale on each answer enabled measurement of the results.

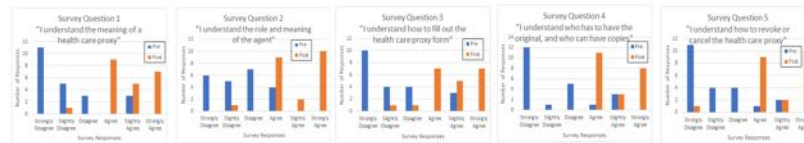
Participants

Session number	GMV date	Patient Attendance	Caregiver Attendance	Patient refused
1	11/17/2017	1	0	0
2	11/21/2017	3	0	2
3	11/27/2017	9	1	0
4	11/30/2017	2	0	0
5	12/8/2017	3	1	0
6	12/11/2017	0	0	0
Total		20	2	2

- Even though the turnout was less than expected (<50%), the information was well received and 100% of the participants indicated that their knowledge on the HCP was greatly improved. The GMV sessions were relaxed, respectful and provided a nonjudgmental environment with extensive discussion among the patients and the DNP candidate.

Results

A total of 91.7% (n=20) of those who participated in the GMV, including patients and their caregivers, completed the pre-test and post-test. Of these, 83.3% were patients and 8.3% were caregivers. The 8.3% of those who did not complete a pre-test or post-test were either visually impaired, or did not bring a relative they trusted to the GMV and refused help from the DNP candidate to complete the HCP form.



- Question 1. Participants better knowledge the meaning of the HCP after the power point presentation.
- Question 2. Participants better knowledge the role and meaning of the agent after the power point presentation.
- Question 3. Participants better knowledge how to fill out the HCP document after the power point presentation.
- Question 4. Participants better knowledge who can have a copy of the HCP after the power point presentation.
- Question 5. Participants better knowledge how to revoke or cancel the HCP after the power point presentation.
- The five questions in the pre-test measure the lack of understanding of the HCP prior the power point presentation.
 - The results of the post-test demonstrated that knowledge was significantly enhanced.
 - Many patients expressed their concern that they did not answer the pre-test correctly.
 - Patients were also more confident in answering post-test questions.
- The enhancing trends of improved knowledge, comprehension and understanding after the implementation were evident.
- The results of this capstone project can encourage the use of these tools for future quality improvement on the topic of the HCP.

Conclusions

- To stimulate further discussions on standardizing health practices, approaches and methods that it can be used as a tool to facilitate health care and health services delivery, especially for the Spanish-speaking elderly in a challenged areas.
- The group of Spanish-speaking elders at BHC patients were exposed to explained the meaning of the HCP form, the importance of selecting the right HCP agent, and the steps to fill out the document, replacing or revoking the HCP form and who can have the copies of the completed document.
- The comparison of the pre and post-test survey responses demonstrated that the educational material in the power point presentation improved the general knowledge and understanding of the HCP process and importance.

Limitations

- A major limitation was the schedule only offered GMVs in the afternoon.
- Many patients depend on caregivers or on public or private transportation.
- Sessions could be offered during the daytime.
- Patients with lower health literacy or general literacy were less likely to participate in the discussion.
- Not specific tools to measure the general or health literacy.

References

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