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Quality of Care for All: Addressing the Gaps in Quality of Care for Undocumented Immigrants in the U.S. Health Care System

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Executive Summary

- From 2000 to 2018, health care quality improved across several quality measures such as person-centered care, patient safety, healthy living, care coordination, etc. Yet, the 2019 *National Healthcare Quality and Disparities Report* indicates that several inequalities in the quality of care provided to racial and ethnic minorities have continued and even worsened.
- Compared to non-Hispanic Whites, Hispanic patients are more likely to receive inadequate quality of care due to differences in uninsurance rates, geographic health care access, and language proficiency. Moreover, undocumented Hispanic immigrants report substandard health care quality and poor patient experience in comparison to U.S.-born Hispanics.
- To improve quality of care for undocumented immigrants, it is imperative for government funded health care facilities to incorporate cultural competency trainings, integrate discriminatory-related items in

quality measurements, and increase high-quality interpretation services.

Background

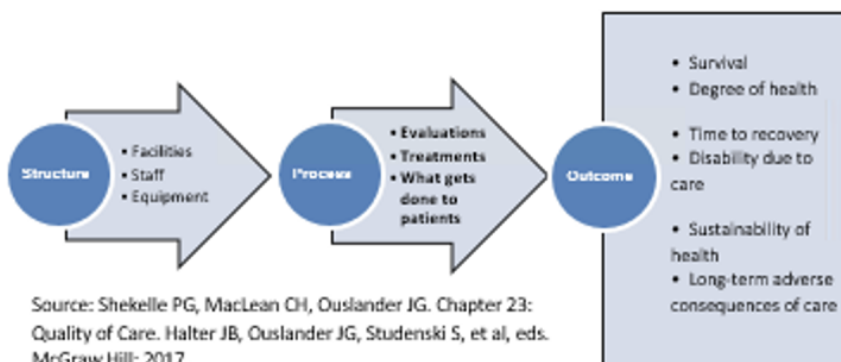
What is Quality of Care?

Health care quality is characterized as the degree to which health services can improve the prospects of individual and population health outcomes, and are aligned with contemporary professional knowledge.¹ The Institute of Medicine identified six measures of quality in the health care system—effectiveness, efficiency, equity, patient centeredness, safety, and timeliness.² To assess the delivery of care, the Donabedian Model classifies quality of care

into a technical and interpersonal care framework.³

Technical care is classified into three measures – structure, process, and outcome. Structure relates to the physical, environmental, and organizational components of the health care system, which encompasses the equipment/tools accessible to providers.³ Process pertains to the services provided to patients – which range from evaluations to treatments. Outcome concerns a patient’s health status, which includes patient health outcomes, patient reported outcomes, and indirect outcomes.³ Moreover, interpersonal care refers to the degree of adequate patient expe-

Figure 1: Technical Care - The Donabedian Framework



Patient, provider, and health care system related factors play a crucial role in determining the quality of care that people receive in the United States.

rience or satisfaction with the health care system.³

Quality of Care in the United States

Led by the U.S. Department of Health and Human Services (HHS), the Agency for Healthcare Research and Quality issues the National Healthcare Quality and Disparities Report (NHQDR) to assess the national health care quality acquired by the U.S. population.⁴ The NHQDR evaluates quality in health care by addressing six priority areas—person-centered care, patient safety, healthy living, effective treatment, care coordination, and care affordability.⁴ The 2019 NHQDR reports that quality of health care improved from 2000 to 2018; however, there is variation in improvement measures across priority areas.⁴ For instance, 48% of person-centered care measures—which include patient experience, hospital communication, home health communication, and hospice care—have improved.⁴ Similarly, 46% of patient safety measures, 58% of healthy living measures, 41% of effective treatment measures, 37% of care coordination measures, and 40% of care affordability measures improved generally.⁴ Concerning racial and ethnic disparities in quality of care, the 2019 NHQDR states that disparities reduced from 2000 to 2018, yet a few continued to remain and even worsened.⁴ For example, African Americans and American Indians/Alaska Natives received worse care than Whites for approximately 40% of quality measures. Additionally, Hispanics

experienced worse care than non-Hispanic Whites for nearly 35% of quality measures.⁴

Factors Impacting Quality of Care

Patient, provider, and health care system related factors play a crucial role in determining the quality of care that people receive in the United States. Regarding patient-related factors, a patient's sociodemographic variables— which include education level, insurance status, and English language proficiency⁵ — influence the quality of care reported. For instance, Hispanics and Asian/Pacific Islanders with a college degree are more likely to report low ratings of perceived quality of care when compared to members of their own group with less than a college degree.⁵ Hispanics and African Americans with low levels of English language proficiency are less likely to report low ratings of perceived quality of care.⁵ These statistics suggest that patient characteristics can act as barriers to reporting higher levels of quality of care.

As for provider-related factors, physicians have identified the following characteristics as contributors to providing high-quality care: (1) having adequate time with patients and (2) maintaining good patient-provider relationships.⁶ Conversely, physicians have addressed burnout and stress as leading causes to delivering low-quality care.⁷ Impacting 42% of U.S. physicians, burnout is increasingly linked to medical errors, increased costs, worsened patient satisfaction, and lower quality of care.⁷ Moreover, differences in leadership styles and organizational cultures in the health care system

determine the quality of health care services that are provided.⁸ For example, a cooperative manager leadership style has resulted in improved quality of health services in the nursing home setting.⁶ On the contrary, providers expressed greater dissatisfaction with practice leadership that promotes different values in patient care.⁶ In this regard, a physician stated:

The dictatorship is coming from nonphysicians, and that's not good. ... I find that at the hospital, ... it's amazing how the administration determines how you'll deliver health care, and no matter how you try and influence that, as a medical staff, usually there's so much push from the top.⁶

Problem Analysis

Quality of Care for Hispanic Patients

According to the 2019 NHQDR, Hispanics performed worse than non-Hispanic Whites for 35% of all quality measures, which include person-centered care, patient safety, healthy living, effective treatment, care coordination, and care affordability.⁴ In comparison to non-Hispanic Whites, Hispanics are more likely to obtain substandard quality care due to discrepancies in insurance coverage, geographic health care access, and language barriers.⁹ With a 20% uninsured rate, Hispanics possess the second highest uninsured rate across all racial and ethnic groups in the United States.¹⁰ From 2018 to 2019, the number of nonelderly uninsured Hispanic persons grew by 612,000, which resulted in a 0.7% percent-

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age point increase in uninsurance.¹⁰ As for geographical health care access, data indicates that early rural new destinations—areas that underwent rapid Hispanic population increase during the 1990’s—demonstrate the lowest insurance coverage rate for Hispanic adults.¹¹ Alternatively, recent metropolitan new destinations—areas that encountered significant Hispanic population growth during the 2000’s—have similar Hispanic health insurance rates to traditional immigrant-receiving areas, with the exception of rural areas.¹¹ These findings suggest that rural foreign-born Hispanics have a higher disadvantage in their insurance coverage rates when compared to those living in different geographic locations.

With regards to language discordances, patients with limited English proficiency (LEP) encounter barriers to high-quality care services and receive lower quality inpatient care, outpatient preventive treatment, and report lower care satisfaction.¹² From 2014 – 2018, Hispanic adults with LEP reported fewer outpatient and emergency department visits, less inpatient days, and acquired fewer prescription medications compared to English proficient Hispanic adults.¹² These findings imply that language barriers may hinder access to care, resulting in the underuse of medical services by Hispanic adults with LEP.

Undocumented Immigrants & Health Coverage

As of 2019, 11 million undocumented immigrants were estimated to reside in the U.S., making up 3% of the U.S. population.¹³ The regions of birth for undocumented immigrants are Mexico and Central America (67%), Asia (15%), South America (8%), Europe/Canada/Oceania (4%), and the Caribbean (3%).¹³ Moreover, undocumented immigrants from Latin America are further categorized into the following Hispanic subgroups: Mexicans (73%), Salvadorians (10%), Guatemalans (10%), and Hondurans (7%).¹³ According to the Pew Research Center, a significant portion of undocumented immigrants reside in 20 metropolitan areas; which include New York (1.1 million), Los Angeles (925,000), and Houston (500,000).¹⁴

With the exception of Emergency Medicaid, undocumented immigrants are not eligible for federally funded public health insurance programs, including Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), and the Affordable Care Act (ACA) marketplace.¹⁰ Alternatively, undocumented immigrants are qualified for state or locally funded programs and limited private coverage via their employer, their spouse’s employer, and private

plans outside of the ACA marketplace.¹⁰

Undocumented Immigrants & Quality of Care

With reference to perceived quality of care, research shows that undocumented Hispanic immigrants were more likely to report receiving fair/poor quality care (24%) in comparison to U.S.-born Hispanics (20%).¹⁵ As for interpersonal care, undocumented Hispanic immigrants report poorer levels of patient experience/satisfaction due to (1) language and/or cultural discordance between patients and health care workers and (2) the facility’s culture/environment.¹⁶ A study examining the limitations to health care services for undocumented Hispanics reported that discrepancies in language and culture are correlated with delays in seeking and receiving care.¹⁶ Regarding the language discordance between patients and providers, a health care provider at the Washtenaw County non-profit

Figure 2: Overview of Lawfully Present and Undocumented Immigrants

Lawfully permanent immigrants are noncitizens who are lawfully residing in the U.S. This group includes permanent residents (LPRs, i.e., “green card” holders), refugees, asylees, and other individuals who are authorized to live in the U.S. temporarily or permanently.

Undocumented immigrants are foreign-born individuals residing in the U.S. without authorization. This group includes individuals who entered the country without authorization and individuals who entered the country lawfully and stayed after their visa or status expired.

Source: Kaiser Family Foundation. Health Coverage of Immigrants. Kaiser Family Foundation Web site. https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/#endnote_link_527709-1. Updated 2021

stated:

I was in my office and I overheard the receptionist saying, yelling to a patient that they needed to bring someone in English. That she wasn't going to help them. They [patient] spoke Spanish. They [receptionist] would refuse to help.¹⁶ In reference to the facility's culture/environment, several health care providers addressed the discriminatory operations in their current or previous employment; and the role that this played in the perceived quality of service.¹⁶ In a separate study, a participant, of Mexican origin and undocumented status, from a Central California town clinic expressed the following: If with our disease (i.e., diabetes), we struggle to breathe, we still get confronted (i.e., by clinic staff) with the problem of not having papers, or not having this or the other, and then they will not give us medical attention.¹⁷ Concerning technical care, undocumented immigrants are more likely to exhibit negative patient health outcomes due to delays in seeking care.¹⁸ Consequently, undocumented patients are more likely to rely on emergency care rather than preventive and primary care, which results in the use of both higher cost services and complex treatments.¹⁹

Consequences of Poor Quality of Care

According to the AHQR, poor quality of care results in worsened health outcomes, increased costs, underuse/misuse of services and mistrust of the health care system.²⁰ Compared to White women, women of color experience higher rates of maternal mortality and severe maternal morbidity due to inadequate quality of prenatal care.²¹ For instance, it is estimated that 21% to 51% of pregnancy-related deaths are associated to provider-related factors – including ineffective

treatment.²¹ In addition, 13% to 36% of maternal deaths are caused by inconsistencies in the systems of care – such as an inefficient and unresponsive workforce.²¹ In the United States, the cost of poor quality of care, when quality-adjusted life years (QALYs) are applied, accounts for approximately \$1 trillion annually.²² Alternatively, improvements in quality of care reduce hospital readmissions among heart failure patients by 12.1%, and by 6.3% in the general population, hence reducing net cost.²³ The inability to provide high-quality care results into the misuse, overuse, and underuse of health care services.²⁰ Poor quality of care contributes to the misuse of medications and treatments, which accounts for nearly \$52.2 billion, and the overuse of antibiotics for respiratory tract infections for approximately \$1.1 billion.²⁴ Lastly, experiences of poor quality of care at health care facilities that are associated with immigration- and enforcement-related policies result in mistrust and avoidance of health services in marginalized communities.¹⁵ Mistrust from perceived discrimination likely results in delays in seeking care – which exacerbate the patient's emotional and physical health.¹⁶

Recommendations

Cultural Competency Training

In health care, cultural competence is the ability to acknowledge a patient's needs or values, address discrepancies, and determine solutions to lessen interference from social/cultural factors.²⁵ To ensure quality of care for undocumented immigrants, local and state governments must mandate annual cultural competency training for physicians and health

workforce in government-funded health care facilities.

Modification of the HCAHPS Survey

To reward providers for the quality of care provided, the Hospital Value-Based Purchasing program utilizes the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey to assess a patient's experience of hospital care.²⁶ It is imperative that the HCAHPS survey incorporates questions measuring a patient's experience to discriminatory practices from nurses, doctors, and hospital staff to maintain quality of care for patients – regardless of their immigration status.

High-quality Interpretation Services

According to the Title VI of the Civil Rights Act of 1964, federal financial assistance recipients are required to make their services available for LEP individuals.²⁷ Yet, marginalized populations experience limited accessibility to interpretation and translation services in health care facilities. Hence, it is necessary for federally funded health care facilities to ensure that LEP patients have increased access to in-person/virtual medical interpreters and document translation services.

Conclusion

Over the last 18 years, quality of care in the United States has improved across several improvement measures – such as patient-centered care, patient safety, healthy living, etc. However, it is reported that racial and ethnic minorities experienced worse care over numerous quality measures. Hispanics are more likely to experience lower quality of care than their White counterparts due to variations in insurance enroll-

ment, language barriers, and geographic health care access. In comparison to U.S.-born Hispanics, undocumented Hispanic immigrants report both poor quality of care and inferior patient experience/satisfaction. To assure quality of care for undocumented immigrants, it is important to promote cultural competency training, incorporate criteria assessing discriminatory experiences to the HCAHPS survey, and increase high-quality interpretation services for federally funded health care facilities.

Endnotes

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