



**>** 



High vulnerability patients



Consequences of barrier for the patient



Healthcare bridge to assure equal access and good care

# Patient moves through these steps in seeking care

Access to new care providers and programs; access to own medical records

# **Know that services exist. Understand**

X Barrier: Services not advertised in patient's environment. Nature of services is not clear to potential patients.

the meaning of marketed services.

- Vulnerability: Not literate, not health lit, language need, remote.
- Consequences: Patient fails to access care + Bridge: Advertise by radio, TV, in community media, in patients' languages. Explain

### Contact services for the first time. Ad says "call us!"

- X Barrier: Phone tree difficult. Poor customer service. No language support
- offered. ASL relay calls refused. Vulnerability: Unfamiliar with phone trees, language need, Deaf, culturally
- non-assertive. Consequences: Patient gives up, does not
- access care. Bridge: Avoid phone tree; advertise number that goes thru; staff trained to get

language support and use Relay, staff

## Negotiate appointment times that work for the patient.

helpful and encouraging.

- X Barrier: Patient pushed to accept appt.
- preferred by appt. maker.
- Vulnerability: Not assertive; patient does not realize can ask for different time.
- Consequences: Patient does not make it to appt, may set care team against him. + Bridge: Ask patient what time of day is

# realistic for him to come.

Get copies of own medical record when

- needed for own use or for other providers. X Barrier: Must physically sign, money, discouraged from getting for own use.
- Vulnerability: Disabled, no transport, can't leave work, unsure of rights.
- certificate; dependent on present provider. Bridge: Care team help: Mail form to

Consequences: Problems with birth, death

# patient, help follow up, help get for own use. Have access to primary or specialty care

# and not have to resort to emergency.

- X Barrier: No out patient triage services, no appt avail, patient not established in care.
- 🕅 Vulnerability: Low priority patients unlikely to be worked-in by clinic, unassertive, work during day.
- Consequences: Patient seen in wrong care setting for problem, does not get treatment plan, wastes time and money, misuses scarce ER resource.
- Bridge: Outpatient care team provide triage, advice nurse, education on when to use ED, access to outpatient care when a patient needs service.

### Participate in support groups for self or family member.

- X Barrier: No language support, can't attend time, no transport, culturally strange concept.
- Vulnerability: Lang need, disabled, working/caretaking
- Consequences: Patients, families who need the support will not get it.
- 🛨 Bridge: Buddy system, call-in, volunteer lang support, wide inclusion strategu, email/blog.

# Move own referrals forward when not contacted or not accepted by receiving office

- X Barrier: Phone tree difficult; no lang support; left message, no reply; referral
- not accepted by specialist. Vulnerability: Not assertive, not familiar American system, language need.
- Consequences: Patient does not receive needed services, or receives them late: possible serious medical consequences.
- Bridge: Referring provider follow-up until appt made. Help pt prepare for spec. appt. Alert specialist to patient need for language support, disability accommodation, literacy support, etc.

# Be invited to participate in research protocols and studies.

- X Barrier: Research teams avoid recruiting patients who need extra time or support. Vulnerability: Patient needs interpretation, translation, disability accommodation,
- Braille, cultural consultation. Consequences: Non-mainstream patients not included in studies; bad for patients themselves, also for their communities as efficacy for them not evaluated.
- Bridge: Provider organizations: support research teams in recruiting patients from all pop. groups in community, cover costs for support needed.

# Intake process, setting solid foundation for good quality care and good relationship

## Successfully transition in on a referral from outside: new care team aware of patient needs.

- X Barrier: New team not made aware of language need, mobility or disability challenges, literacy status when referral made. Forms sent out in wrong language, patient not able to follow instructions.
- Vulnerability: Language need; illiterate; not familiar with American sustem: disabled.
- Consequences: Trouble from the start: care delayed because forms not filled in, no extra time to accommodate a disability; no arrangement made for language support. Patient feels marginalized; staff annoyed.
- + Bridge: Referral intake staff and forms include questions about language need. literacy, disability. Send welcome packets adapted for the patient. Call patient with intake/welcome info if vulnerable.

### If self-referring, explain needs clearly enough to be set up with the right program or provider.

- Rarrier: Patient cannot explain his need in terms that fit the intake staff's worldview.
- 🛇 Vulnerability: Unfamiliar with categories, terms of health care. Not articulate due to youth, pain, shuness about condition. language need.
- Consequences: Patient slotted into wrong program / wrong provider. Patient wastes time, money; patient frustrated, possible poor outcomes.
- Bridge: Intake workers explain care options in non-judgmental terms.

#### Come to first appt. prepared with required background materials.

- Barrier: Patient does not know how to get labs, X-rays, medical records, insurance info, OR can't take time off work to get them.
- 🛇 Vulnerability: Not assertive, not familiar with system, past records in different language; not able to take off work to run around, mobility challenge.
- Consequences: Patient rescheduled due to incomplete materials OR has ineffective care due to incomplete info. Staff may be annoyed with patient.
- Bridge: Give patient written list of needed items; explain list; provide medical record release forms and send out for patient; follow up for patient on difficult items; ask patient what he can achieve.

### Fill out clinical intake documents accurately and completely.

- X Barrier: Patient cannot read intake forms, cannot write; does not know info; does not understand importance of accuracy in reporting history and symptoms; patient afraid of disclosing.
- Vulnerability: Fearful, shy, unfamiliar with process of care; not aware of details of family or personal med. history, illiterate, low health literacy, language need, blind.
- Consequences: Inaccurate info in permanent record; possible poor outcomes as this incorrect info is referred to by multiple providers from there on out. Ex:
- "Do you have sex with men? <table-cell-rows> Bridge: Assure privacy; explain reason for questions; assist pt. in filling out forms; incorporate corrected info as patient checks with family on details; provide translated and Brailled/spoken format. Use non-judgmental tone.

# so that ID is established and services can be rendered.

Have financial record set up accurately

- X Barrier: Discrepancies between various patient documents not noticed or addressed by registration staff.
- 🔇 Vulnerability: Immigrant patients, American patients with ID mix-ups.
- Consequences: Patient is refused service at lab or other unit due to nonconcordant photo ID and patient record, the latter which is usually based on the insurance card.
- **t** Bridge: Educate patient on how to resolve discrepancies between ID in different systems, as soon as problem noticed on Reg.

# Set up financial record accurately, so patient knows liability and is not billed wrongly

- Barrier: Reg staff miss key elements of patient financial status (relative to situation) due to hurried screening.
- Vulnerability: Unfamiliar with health coverage and liability concepts.
- Consequences: Patients billed and sent to collection when other party responsible or coverage in place; patient not aware of what services covered for him, incurs liability unknowingly.
- Bridge: Explain concepts; screen carefully; aggressively correct improper billing.

**PATIENT PORTAL** 

access/savvy.

tech savvy, low vision.

phone, interpreter.

**Use Patient Portal functionality** 

X Barriers: language barrier, lack of digital

Vulnerability: LEP, elderly, low income, not

Consequences: inability to access team,

Bridge: tech guidance, via computer OR

records, appointments, and information.

## Communication with own care team

### Reach care team during working hours, between scheduled appts.

- X Barrier: Phone menu; long wait on hold; staff not helpful; message left but no response.
- Vulnerability: Can't stay on hold long; language need; trouble navigating phone
- tree or leaving message on phone. Consequences: Patient falls out of care.

does poorly, loses confidence in team.

+ Bridge: Very simple phone tree; no phone tree; teach patients how navigate phone tree, how to leave message; email access to team.

#### Make appointment or change appointment from home.

- K Barrier: Phone tree difficult; wait on hold too long; no appt. available, staff
- aggressively gatekeeping. Vulnerability: Confused, tired, passive, easily discouraged, language need.
- resort to ER. Bridge: Simplify phone access, encourage callers, consider email or voicemail, assure

Consequences: May drop out of care or

# Receive lab results or instructions by phone from care team.

language support.

- Barrier: Speech too fast, register too high. If message, can't understand English or terminologu. Vulnerability: Low health literacy, language
- need, confusion, anxiety, poor hearing. Consequences: Patient misunderstands is falsely relieved or falsely worried. OR does not understand—misses important information for care.
- Bridge: Provide language support, do teachback of info, be clear about what patient needs to do. Avoid using automated phone notifications for vulnerable patients.

# Reach care team after hours.

- X Barrier: No clear phone number; no answer: no language support; no response after using paging/answering service.
- Vulnerability: Trouble with complex instructions, trees; language need; sense of urgency.
- medical issues; possible medical repercussions; may resort to ER. + Bridge: Simple after-hours phone trees;

answering service use language support;

educate patients how to navigate tree.

Consequences: Delay in dealing with

# nteract with reminder calls from

- automated system. K Barrier: Automated message not clear;
- prompts not clear; easy for patients to cancel appointment by mistake. Vulnerability: Decreased mentation,
- anxious, language need. Consequences: Patient cancels appt. by mistake; cannot hear or understand
- message; worries that something is wrong. Bridge: Teach vulnerable patients to

expect call and ignore.

# As an inpatient, be informed of his condition and plan, ask questions, get needs met.

- Barrier: Staff hurried, not responsive; information not interactive: no language support.
- Vulnerability: Culturally passive, blind, Deaf, language need, low health literacy. Consequences: Alienation from care team, worry, withdrawal from commitment to
- self-care. Bridge: Keep patient fully informed; ask what he wants to discuss (not IF); language support.

## Speak to any member of the care team to get needs met; receptionist, tech, biller, security guard, nurse, pharmacy tech

- Barrier: Staff ignores "difficult" patient; staff brusque, hurried; no language support.
- Vulnerability: Disabled, Deaf, blind, hardof-hearing, language need, lots of questions, forgetful.
- Consequences: Patient unable to get needs met, alienated from care.
- + Bridge: Train staff to be responsive to patient, use tools to accommodate communication needs.

# Make a complaint or get a problem addressed.

- Barrier: Patient does not know route for complaint; lang. barrier; fear of reprisal.
- Vulnerability: Low social status; culturally passive; disabled; language need; fearful.
- Consequences: No complaint is made, system unaware of problems; patient complains out of channel and becomes "the problem" himself.
- Bridge: Target satisfaction surveys at those who fell OUT of care; teach staff to see patient difficulties and proactively solve.

# Understand message left on phone by care team: "Your surgery has been moved from 3pm to 6am. Do not eat anything after midnight tonight."

- Barrier: Patient does not receive, or understand, instructions.
- Vulnerability: Does not use phone often; poor hearing; language need; confused.
- Consequences: Patient does not follow instructions, with possible poor outcomes.
- Bridge: Check doc. of lang. need, hearing, mental status before leaving a message. Follow-up and check for understanding.
- Understand dose, timing, and administration route of prescribed medicine; know how to get refills; know when to act on warning signs.
- by patient; route not understood; duration not clear. Vulnerability: Low literacy, low health literacy, Confused, low vision, language need, New to meds, physical diff. taking

X Barrier: Label too small or not understood

- Consequences: Patient suffers harm, takes not enough or too much or by wrong route, does not get refills.
- Bridge: Proactively teach all aspects; use teach-backs; use appropriate pictorial, Braille, translated labels; call patient at home later to check on meds use.

# Setting up treatment plan/ negotiating care that meets patients needs, preferences

# Receive treatment plan appropriate to patient's goals, lifestyle, and preferences.

- X Barrier: Treatment plan set up without asking patient about life goals and values.
- 💙 Vulnerability: Patients with life goals, preferences, lifestule different from mainstream or different from provider.
- Consequences: Patient cannot use expensive care received; has wasted time and money; may not seek care in the future; may feel insulted or ashamed by treatment plan.
- Bridge: Ask patient her goals and preferences; build plan with her; check back regularly as to whether the plan is desired; watch degree of compliance as clue to patient satisfaction with the plan.

## lave privacy for care and support of loved ones. Control who is included and excluded.

- Sarrier: Patient not asked who to include or exclude; OR patient's wishes not
- documented for later care. 💙 Vulnerability: Teenage, elderly, disabled, dependent, immigrant, culturally passive,
- LGBT, alternative lifestyle. Consequences: Serious breaches of confidentiality; failure to disclose important info to provider; bullying by unwanted individuals who should have been excluded: OR patient sadness due to the exclusion of needed loved ones.
- Bridge: Clear the room. Ask patient alone who to include and exclude today and in future episodes of care. Document and enforce. Orally include prefs in team briefings.

### Use the mental health system safely, privately and with dignity intact.

- Barrier: Patient fear of community or
- legal system knowledge of any MH Dx. 🛇 Vulnerability: Alternative lifestyle, immigrant, some religious or political communities, afraid of losing work or kids.
- Consequences: Patient does not seek care although could benefit from it; could have serious or life-threatening consequences. Bridge: Entire health team be very careful

to not mention MH Dx or service except to

patients; camouflage MH svcs within other

primary or specialty services. Hide billing.

# Direct end-of-life decisions, advance directives, organ donation and autopsy

- authorizations. Barrier: Fear of hospital use of AD or organ donation auth; lack of knowledge of benefit
- of AD for self and family. Vulnerability: Not familiar with concept of hospice, AD, organ donation, research autopsy; community with historic mistrust of doctors and hospitals over issues of
- Consequences: Dying patients on lifesupport beyond own wishes; organs not donated; autopsy refused; hospice not considered. 🖶 Bridge: Ask patient early in care about goals and values; explain AD early in care.

Present facts about different options

lives of people of color; educate on

clearly, address fears of undervaluing of

experimentation or "pulling the plug."

# concepts in community. Make decisions about reproductive health.

- Barrier: Fear of being seen to seek care by family or community; inability of many to safely access available reproductive care.
- Vulnerability: From culture or religion with strong norms around reproduction; low status in own family; low health literacy; unfamiliar with the many options around reproductive health in America.

Consequences: Men, women have

taboos. Non-judgmental tone.

unwanted procedures or prevented from having wanted procedures. Bridge: Protect privacy at every point. Educate using every available medium. Use scripts to gently introduce topics full of

unwanted children; are pushed to have

# Understand rights and responsibilities, especially the expectation that patient

- actively participates in care. X Barrier: The concept of active participation is rarely orally presented to pt. until there are issues of "non-compliance."
- Vulnerability: Low self-esteem or status in own circle; past experience of providers making all decisions; cultural or religious fatalism toward outcomes of care. Consequences: Patient does not

participate in care planning or even in selfcare, thinking that provider does not want

this OR that it is not necessary. Care outcomes poor. Bridge: All care team indicates to patient his central role in care. Keep asking if plan meets his goals and how he will work to

# implement. Understand American care system: history taking; rule-out process; diagnosis; Dx disclosure; treatment plan options;

- consents; prognosis. X Barrier: Elements of care not explained by providers. Ex: Dr. says she must rule
- out cancer. Patient only hears "cancer." Vulnerability: First serious medical episode in life; unfamiliar with American health system; used to providers with very different practice norms.
- Consequences: Every part of the care process is a pitfall for the patient, adding to his worries and full of missteps between himself and the care team.

Bridge: Care team explains each step of

the care process. Use scripts and

examples.

# Interacting with information about own care and condition

Literacy: receive information in a form that

- X Barrier: Form of info not adjusted to
- patient's needs or capabilities.
- Consequences: Patient signs consents without knowledge; takes meds incorrectly; cannot follow instructions for self-care;

instructions. Translate and Braille materials.

Can't afford parking fees. May not make it physically from parking area to point of drop out of care. care because too far. Bridge: Proactively ask patient if prefers to read the offered info for himself or to have it read to him or explained to him. Assist

#### such as lab or pharmacy. Health literacy: receive information that patient can understand and use.

- X Barrier: Material is read by patient,
- but terms or concepts are not understood. Vulnerability: Little science background; little popular health info exposure; community with 'not many non-Western ideas about health.
- Consequences: Patient unable to fully participate in care; care team not aware that patient not fully informed. Patient may be embarrassed and afraid to ask questions.

+ Bridge: Ask patient in each care episode

what he already knows about the topic;

adjust teaching; use props, metaphors,

stories, and examples to explain concepts.

Use teach-backs to reinforce understanding.

# Understand self-care instructions between appointments and at discharge

- K Barrier: Patient rarely gets info orally plus written, with demo, with teach-back. 💙 Vulnerability: Low literacy, low health
- literacy. Language need. Not used to doing self-care. Confused, discouraged, in pain. 🔼 Consequences: Patient can suffer harm from not following self-care instructions, example not calling when red-flag

symptoms appear.

# on self-care and red-flag symptoms. Understand instructions on how to prepare

Bridge: Match teaching to patient's learning

capabilities in general and at moment. Use

teach-backs. Čall patient at home to check

- for procedures (nothing by mouth, stop meds before surgery, bowel prep, etc.) Barrier: Instructions given in a hurry, by untrained personnel, or on appt. slip. Terms
- or language not understood. Vulnerability: Low health literate, language need; low ability to care for self; culturally passive (reluctant to ask questions).

Consequences: Medical consequences

before surgery. OR patient re-scheduled, considered non-compliant. Bridge: Give any important instructions carefully, in language or format matched to pt. needs and capabilities. For vulnerable patients, call at home to remind of critical

items. Explain the reason for prep, results if

possibly severe, ex: coumadin not stopped

## Maintain logs to record: food intake, allergies, glucose levels, blood pressure, headache triggers, mood changes, fertility

not followed, ask for teach-back.

- indicators... Rarrier: Care team assigns home log kept even if patient are no good at writing or
- 🔇 Vulnerability: Illiterate, innumerate. Little formal education. Not used to active participation in own care. Consequences: Patient's log is incomplete OR inaccurate (patient truing to please

provider); care not effective due to

poor data.

#### accurate entries. Assess pt.'s ability to measure and write. Modify log to pictures, symbols, or spoken record if approp. Give incentives, praise for log.

Bridge: Explain reason for log and for

class, diabetic ed class.. Rarrier: No accommodation made by presenters for differing learning styles.

Understand and participate in group classes: transplant prep class, labor prep

Vulnerability: Low literacy, low health literacy, language need, in pain, depressed, distracted. Consequences: The system checks off the patient as being taught, but the patient has not learned the material and will fail in some

# before referring to group class. Consider individual teaching. If class, use teach-backs and range of 3D, audio, storytelling methods.

Make informed decisions about consent

Bridge: Care team assess learning skills

aspect of self-care.

for care.

process.

method, or risks.

- Barrier: Consent hurried, non-interactive, written only, high register. Patient may not know he has a choice.
- 🗖 Vulnerability: Low health literate, culturally submissive, anxious, distracted, in pain, language need, not fully engaged in care

# Bridge: Present consent at the patient's level of literacy and health literacy, using appropriate tools and aides. Use teach-

in the patient's language.

Consequences: Patient signs consent without understanding condition, options,

backs. Use both oral and written versions,

- Understand purpose, concepts, and personal details of genetic counseling.
- X Barrier: Very difficult concepts, as well as difficult cultural constructs. 🛇 Vulnerability: Low literate, innumerate,
- low health literate, language need. Consequences: Patient does not understand the information. Cannot make informed consent. May refuse treatment
- Bridge: Develop materials to explain concepts to low health literate patients. Use scripts to soften approach and engage patient.

Absorb info in individual teaching sessions: discharge teaching, insulin management,

Barrier: Info presented without ref. to

patient's learning style or capabilities

🛇 Vulnerability: In pain, exhausted, sedated,

out of fear and confusion.

ostomy care...

### worried; low literacy; low health literacy; language need. Consequences: Patient checked off as instructed, but cannot perform the selfcare. Poor outcomes.

# home soon to check on ability to perform self-care.

Understand letters, reports, instructions

Bridge: Teach with appropriate level and

tools; use teach-backs; support patient with refresher CD for home; call patient at

X Barrier: Patient may not open, read, or understand mailed material. Yulnerability: Patient not expecting critical

sent to patient's home.

info in the mail. Low literate, low numerate, language need. Blind. Consequences: Patient fails to do what

he is instructed to do, with possible medical outcome. Patient may be

considered non-compliant.

Bridge: Have alerts in med rec re: patient's literacy, language need. Adjust mailed materials to phone contact as necessary.

- patients can use: oral, visual, written.
- 🕅 Vulnerabilitu: Illiterate, low literate; low vision: unable to concentrate and read at
- the moment; language need. has poor outcomes; is discouraged, may
- Bridge: Include broad access info in welcome materials, covering all needs of with filling out forms. Use pictorial meds visitors. Translated versions.

# Get into the queue properly at point of care

English only.

Barrier: Signage non-existent, small, unclear, English-only re; how to get into

Navigating the healthcare

system, taking care of business

at multiple points of service

Use wayfinding materials: maps, parking directions, facility directory.

about buses, walking, or cab access; may

not address disability accommodation;

X Barrier: Materials may not include info

may not state parking fees; may be

Consequences: Patient lost, late to appt.

Vulnerability: Out-of-area, disabled,

language need, non-car user.

- the queue or get attention of staff. Vulnerability: Blind, low vision, illiterate. Unfamiliar with process. Language need patients.
- Consequences: Patient delayed, embarrassed, may be scolded by staff or other clients. Blind patients may simply not be attended.

# Follow directions of care team re: getting

Bridge: Provider proactively explains the

process. Staff at point of service scan

area for patients needing assistance.

- test done, (same day) taking care of transactions related to encounter. Barrier: Patient cannot wait in 3 more lines in 3 more places, paying more for parking, taking more time off work.
- 🖓 Vulnerability: Stressed, mobility challenge, unfamiliar with where to go, late for work, financially stressed... Consequences: Patient is overwhelmed,
- Bridge: Referring provider explains the reason for tests, and makes a plan with the patient for getting them done. Proactively explain where and how.

may put off tests or meds pick up. May

suffer medical harm or be labeled non-

# Follow direction by care team to contact own insurance to find out about coverage.

X Barrier: Insurance company hard to

reach or to get answers from.

bad experience in past with insurance. Consequences: Patient puts off care or falls out of care when asked to contact

Bridge: Care team support the patient

in contacting insurance, if the patient

<equation-block> Vulnerability: Language need, unfamiliar

with insurance, no time to wait on hold,

Understand the role of primary care versus specialty care to get the best service and

needs this.

- K Barrier: Misinformation in the market place about absolute superiority of specialty over primary care. 🛇 Vulnerability: Susceptible to advertising.
- Consequences: Patient does not get the coordination of care, and may have duplication of meds or tests. Wastes money, subjected to more procedures. Bridge: Actively educate patients about

better care coordination, and give

primary care oversight.

examples of better clinical outcomes from

# Interface with government or community

- agencies regarding care-related matters: birth registry, assistance programs, organ donation... Barrier: Too many steps, time off work,
- no language support. 🛇 Vulnerability: Immigrant, fearful of govt. entities, language need, mobility challenge. Consequences: Patients/families spend excessive time, and money; become
- discouraged and alienated from care. May not donate the organ or get the birth certificate or sign up for the program. Bridge: Care team give patient good tips on how to proceed, support as possible

with forms, addresses, maps on hand,

# Understand treatment facility options for informed care planning: hospice, SNF, nursing home, mental health continuum, rehab continuum, and addiction rehab

check in on success at each visit.

X Barrier: Staff gloss over important aspects of facility patient being sent to.

Vulnerability: Families unfamiliar with

institutionalized care; Immigrants.

Consequences: Family/patient may not

have realistic idea of what happens in facility or what family will need to do to support the patient there. Bridge: Explain the purpose of the facility, options, how family needs to interact, how long patient will be there,

and daily routine.

**TELEHEALTH** 

# X Barrier: lack of digital access/savvy, noninclusion by provider, language barrier

# tech savvy. Consequences: break in care.

# Get care via TeleHealth

# Vulnerability: elderly, low income, LEP, not

# phone, interpreter.

# Bridge: tech guidance, via computer OR