DGIM Project Summary

(1 page preferred, 2 pages maximum)

Name of Project: Developing a Spanish-language translation of the Decision Quality in Coronary Artery Disease decision quality measure (DeQCAD-ESP)

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Research question(s):

Our objective in Aim 1 is to translate our previously developed DeQCAD decision quality survey tool into Spanish for the U.S. population. We will employ a team approach to survey translation, also known as TRAPD or Translation, Review, Adjudication, Pretest, and Documentation, which is considered the current best practice for survey translation.

Our objective in Aim 2 is to conduct pretesting of DeQCAD-ESP, the translated DeQCAD decision quality tool using cognitive interview techniques. We will have Spanish-speaking clinicians review the tool, then carry out cognitive interviews to ensure the accuracy of the translation and applicability of the translated survey to Spanish-speaking patients with CAD.

Brief Background/Significance:

We have developed a novel, comprehensive, patient-reported decision quality measure for routine use, but its reach is limited by language. Our DeQCAD decision quality survey adds the dimension of patient-centeredness to efforts to measure whether high quality care is being provided for patients with CAD. Widespread use of this new tool will help patients, clinicians, and hospitals optimize treatment for stable CAD. However, its reach is limited by the lack of translation into other languages, and successful translation into Spanish will lay the groundwork for translation into other languages. Measuring decisional quality in LEP populations will also yield substantial benefits in understanding the quality of CAD care in this population, help identify interventions to improve decision quality, and has the potential to improve health equity.

Inclusion/exclusion criteria (list)

Inclusion:

Patients:

1. Age ≥ 18
2. native Spanish speaker who prefers a translator for medical appointments
3. recently diagnosed with coronary artery disease (CAD) and has had treatment (medications, stent, CABG) within the last 1 years.

Providers:

1. Spanish-language certified bilingual or native Spanish speaker
2. Part-time or full-time clinician (MD, NP, PA) who treats patients with CAD

Exclusion:

Patients:

1. Current diagnosis of acute coronary syndrome
2. Indication for cardiac catheterization other than CAD
3. Unable to consent or complete study tasks

Providers

1. unable to or declines to consent or complete study tasks

Method of contact/recruitment (be specific):

For recruitment of the patient study subjects, the study team and/or clinic staff will identify eligible subjects based on electronic health record review of lists of patients with positive stress tests, referral to a cardiologist, or referral for cardiac catheterization. Subjects will be screened according to the study inclusion and exclusion criteria. Eligible patients will be sent a letter from the study staff describing the study and explaining the voluntary nature of the study. The patient will be given a telephone number and an e-mail address to use if they do not want to be further contacted. Within a week of probable receipt of the letter, study staff will call to follow up with the patient to see whether they are interested in participating or not.

For recruitment of the providers, the study team will use the UCSF physician directory and referrals from other providers to identify providers that meet our inclusion criteria. The study PI or designate will contact the provider, either by e-mail or phone, describe the study and explain the voluntary nature of the study.

Benefits/burden for participants (clearly identify potential for harm)

The main burden for participants is time. The cognitive interview would take about 60 to 90 minutes. Participating patients and providers will receive a $50 gift card for participating. The participants would not receive a direct benefit from participating but would receive an indirect benefit of contributing to the development of a translated survey tool. We will minimize risks/discomforts to the subjects by including in our recruitment and consent process the topics that will be discussed in the cognitive interviews. For study subjects concerned about in-person interactions with study staff, we will provide remote options including phone and video conference applications (e.g. Zoom). For in-person interactions, the study team will implement all required safety protocols and add recommended safety measures, such as conducting the interview in two separate rooms via a video conference application. All electronic data will also be maintained on secure encrypted drives, will be password protected, and paper records will be kept in a locked office to minimize risks to the patient's privacy.

Any benefits or burden to DGIM practitioners?

No.

Timeline for recruitment (projected start and stop dates)

January – May 2020.

Funding source

UCSF RAP

Potential for DGIM collaborators? (We encourage DGIM resident and fellow involvement in particular)

There might be potential for collaboration if a DGIM resident or fellow was interested.

Do you agree to notify us when recruitment is completed?

Yes.

Date form completed:

December 22, 2020.