Cultural Competency—How well do you know your patients?

IHCP Annual Seminar 2012
Agenda

• Overview
• Culturally and Linguistically Appropriate Services (CLAS) Standards
• Self Awareness
• How Can You Help Patients in Your Practice
• MDwise Activities to Meet CLAS Standards
Overview—Cultural Awareness

Diversity

• The condition of having or being composed of differing elements or qualities: variety; especially: the inclusion of different types of people (as people of different races or cultures) in a group or organization
  – e.g. programs intended to promote diversity in schools/workplace
• An instance of being composed of differing elements or qualities: an instance of being diverse
  – e.g. a diversity of opinions or personalities
Culture

- the behaviors and beliefs characteristic of a particular social, ethnic, or age group: the youth culture; the drug culture.
  - Shared values
  - Beliefs
  - Standards
  - Language
  - Thinking patterns
  - Behavioral norms (clothing styles, body language)
  - Communications styles, etc.

- Guides decisions and actions of a group through time
Culture Competency

• The Office of Minority Health defines cultural competency as:

A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.
Overview—Regulations

- Civil Rights Act of 1964
- Rehabilitation Act of 1973
- Limited English Proficiency (LEP)
Overview—Civil Rights Act of 1964

• **Title VI: Non-Discrimination in Federally Assisted Programs** this national law protects persons from discrimination based on race, color, or national origin in programs and activities that receive federal financial assistance.

• **Section 601** Prohibits intentional discrimination of recipients of federal financial assistance.

• **Section 602** Protects recipients of federal assistance from discriminatory acts that disproportionatley impact individuals because of race, color or national origin. It also empowers federal agencies to terminate federal funding to a program, or otherwise sanction such a program, that is found to have violated Title VI.
• Developed by the U.S. Department of Health and Human Services (HHS) and its Office of Minority Health (OMH)
  – 14 standards that address cultural and linguistic competence in an organization
  – Primarily directed at health care organizations
  – Individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible
  – Should be integrated throughout an organization
  – Undertaken in partnership with the communities being served
Culturally Competent Care (Standards 1-3)

- **Standard 1**– Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
- **Standard 2**– Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
- **Standard 3**– Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.
Language Access Services (Standards 4–7)

- **Standard 4**– Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

- **Standard 5**– Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
• **Standard 6**—Health care organizations must **assure the competence of language assistance** provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

– **Standard 7**—Health care organizations must make available **easily understood patient-related materials and post signage** in the languages of the commonly encountered groups and/or groups represented in the service area.
Organizational Supports for Cultural Competence (Standards 8–14)

– **Standard 8**– Health care organizations should develop, implement, and promote a **written strategic plan** that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

– **Standard 9**– Health care organizations should conduct **initial and ongoing organizational self-assessments** of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.
Standard 10—Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11—Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12—Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.
CLAS Standards

- **Standard 13**—Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

- **Standard 14**—Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.
Self Awareness
Self-Awareness

“An Overview of Diversity Awareness”
Self Awareness

Continuum of Cultural Competency

- Insensitive
- Denial
- Defense
- Minimization
- Acceptance
- Adaptation
- Integration
- Sensitive

Ethnocentric

Ethnorelative
Self Awareness

- **Ethnocentric** – You view your own, or adopted, culture as central to reality.
- **Ethnorelative** – You experience your culture in relation to, or in context of, other cultures.
• **Denial** – You experience your culture as the only culture that exists. You deny and are disinterested in cultural differences.

• **Defense** – You experience your culture as the only good culture. You acknowledge cultural differences but see them as threatening. You use mechanisms such as stereotyping to defend yourself.

• **Minimization** – You experience elements of your culture as universal. You minimize differences between cultures and believe that human similarities outweigh any differences.

• **Acceptance** – You recognize and value cultural differences, without judging them. You are curious about different cultures.

• **Adaptation** – You experience other cultures by yielding to perceptions and behaviors acceptable to that culture. You intentionally change your behavior to communicate more effectively in different cultures.

• **Integration** – You value a variety of cultures and continuously define your own identity in contrast and in conjunction with a number of cultures. You move easily in and out of varying worldviews.
Self-Awareness

Continuum of Cultural Competency

Ethnocentric Ethnorelative

Where do you fall on the continuum?

Continuum of Cultural Competency taken from NYNJ PHTC Communicate to Make a Difference: Exploring Cross-Cultural Communication
Culturally Competent Care: How it Can Help Your Patients and Your Practice
Benefits of Culturally Competent Care

- Patient’s comfort level increases
- Better understanding of physician’s orders improves health outcomes
- Reduction of misdiagnosis and unnecessary testing translates into fewer health risks due to improper treatment and lower costs
- Reduces patient no shows
- Improves overall practice management effectiveness by reducing unproductive and redundant staff-to-patient interactions
- Allows provider to focus on the whole individual and reduce potential liability
What Can We Do?

• Make every contact patient friendly
• Communicate in an easy-to-understand language
• Create and use member-friendly written materials
• Repeat important instructions
• Utilize the teach-back method
Communicate in Easy-to-Understand Language

- 5 steps to improve communication with patients
  1. Slow down
  2. Use plain, non-medical language
  3. Limit the amount of information provided, and repeat it
  4. Use teach-back or show-me technique
  5. Create a shame-free environment
Table 13. Medical terms that patients may not understand

<table>
<thead>
<tr>
<th>Medical term</th>
<th>Translation into plain language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesic</td>
<td>Pain killer</td>
</tr>
<tr>
<td>Anti-inflammatory</td>
<td>Lessens swelling and irritation</td>
</tr>
<tr>
<td>Benign</td>
<td>Not cancer</td>
</tr>
<tr>
<td>Carcinoma</td>
<td>Cancer</td>
</tr>
<tr>
<td>Cardiac problem</td>
<td>Heart problem</td>
</tr>
<tr>
<td>Cellulitis</td>
<td>Skin infection</td>
</tr>
<tr>
<td>Contraception</td>
<td>Birth control</td>
</tr>
<tr>
<td>Enlarge</td>
<td>Get bigger</td>
</tr>
<tr>
<td>Heart failure</td>
<td>Heart isn’t pumping hard enough</td>
</tr>
</tbody>
</table>
MDwise Activities

- Conducted an internal assessment utilizing NCQA Multicultural Healthcare Standards and Guidelines as a guide
- Determined gaps and developed work plan activities and goals
- Began receiving race/ethnicity/language (R/E/L) data from OMPP
  - Able to pass this to the Delivery Systems on enrollment data
- Incorporated activities into Delegation Oversight of Delivery Systems
MDwise Activities

- With new Health Risk Screening began collecting R/E/L data from members
- Formed an internal CLAS Steering Committee to oversee work plan activities
- Improved Provider directory to include languages spoken
- Provided a link to providers to earn CMEs thru MDwise website
  - Effective Healthcare Communication through US Dept. of Health and Human Services (5)
  - Health Literacy through CDC (1.25)
- CLAS webinar and quiz developed and available on MDwise website
MDwise Activities

- Work with community agencies in Allen and Marion Counties on Refugee issues to include conducting refugee educational forums and developed materials in Burmese, Karen and Chin
- Have begun looking at specific populations (e.g. diabetics, well child, ER), by R/E to determine if targeted interventions are indicated
- Recruit employees from diverse ethnic, cultural, and linguistic backgrounds and those who may have had personal experiences with Medicaid
- Recruit and retain a culturally diverse provider network
- Network development focus on traditional and safety net providers who have a greater understanding of the special needs of Hoosier Healthwise and Healthy Indiana Plan members
• Collect R/E/L on contracted providers and other language services available at provider practice
  – Enrollment form completion for primary providers
  – Directory data collection for specialists
  – Information must be available to members upon request
• Discuss culturally and linguistically related health care issues and resources during new provider orientation; Reinforce key concepts during regular onsite visits with providers and during provider training sessions
• Ensure that contracted providers provide free interpretation services to members at the point of service, or provide those resources for them to use
MDwise Activities

- Ensure that interpreter or bi-lingual services are offered for any interaction between MDwise and a MDwise member; This includes: Customer Service, Claims, UM, DM, CM and Complaints, grievances and appeals
- Provide information to staff and providers on the availability and means to access services and to assist members with special language needs or oral interpretive services
Future MDwise Goals

• Extract R/E/L data from HRS and incorporate into available member data
• Achieve Multicultural Health Care Distinction (special NCQA health plan distinction)
• Take CLAS activities to Community Advisory Groups for feedback and recommendations
• Develop a Provider Toolkit
Questions?