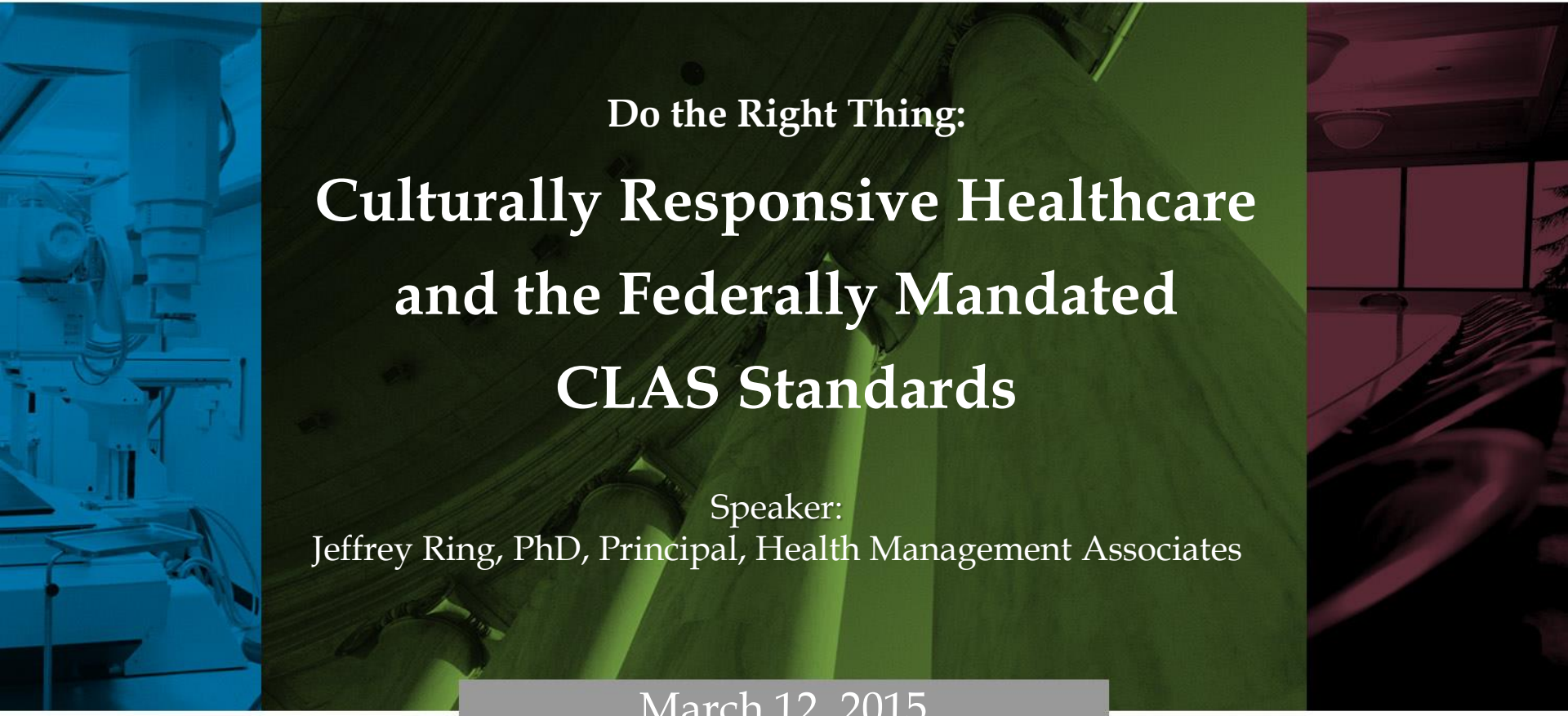
HEALTH MANAGEMENT ASSOCIATES



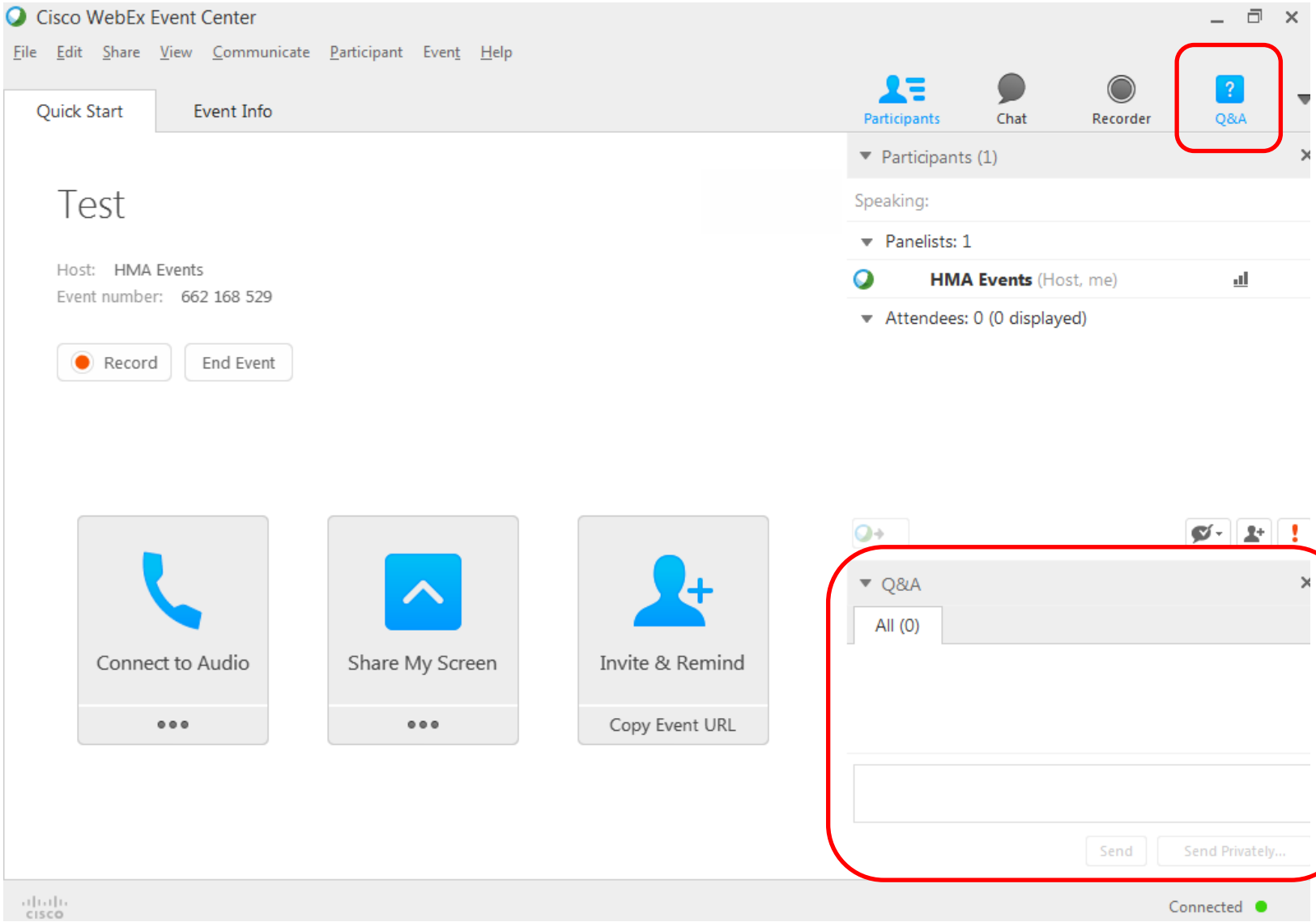
Do the Right Thing:

Culturally Responsive Healthcare and the Federally Mandated CLAS Standards

Speaker:
Jeffrey Ring, PhD, Principal, Health Management Associates

March 12, 2015

HMA Information Services Webinar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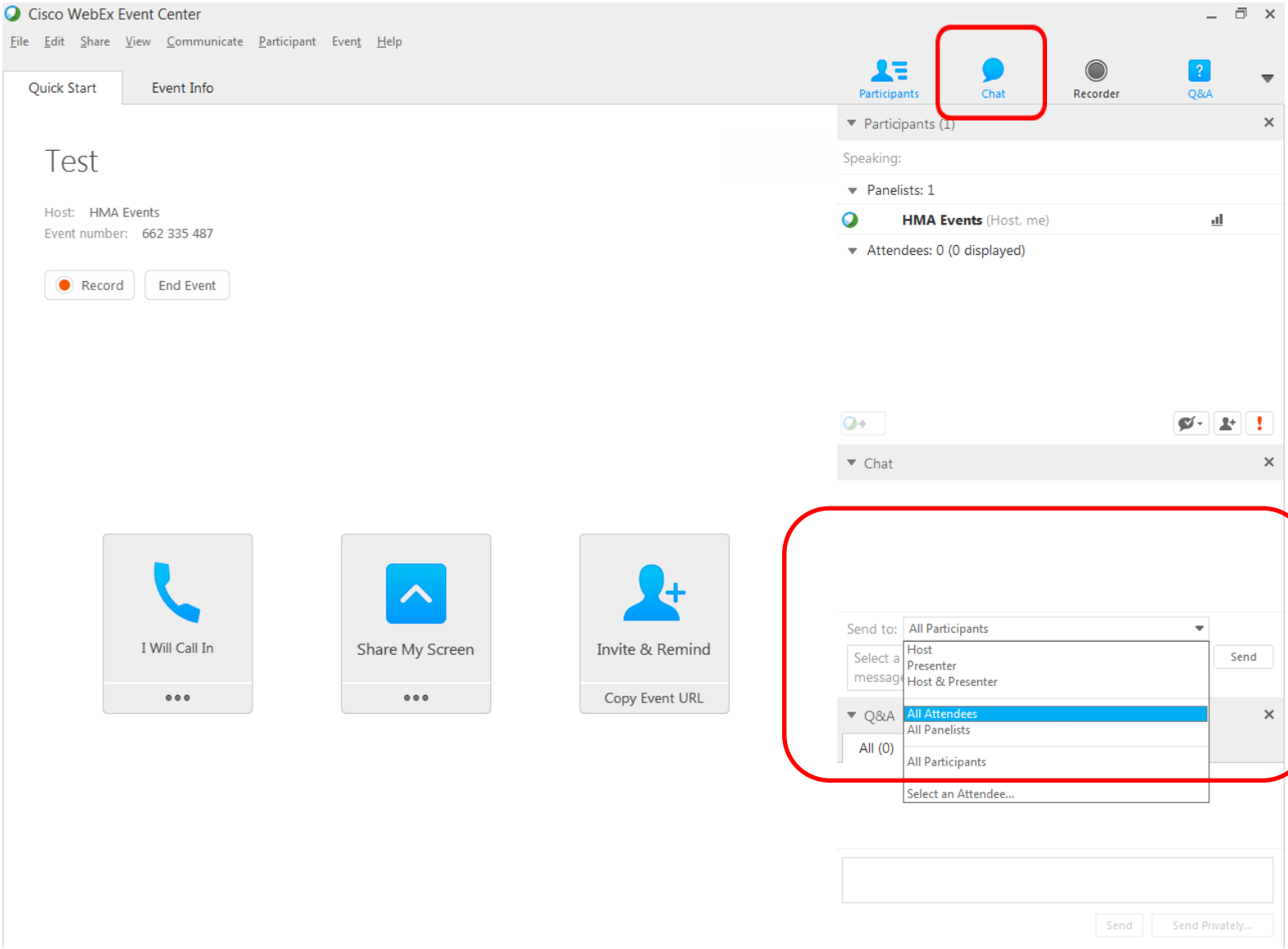
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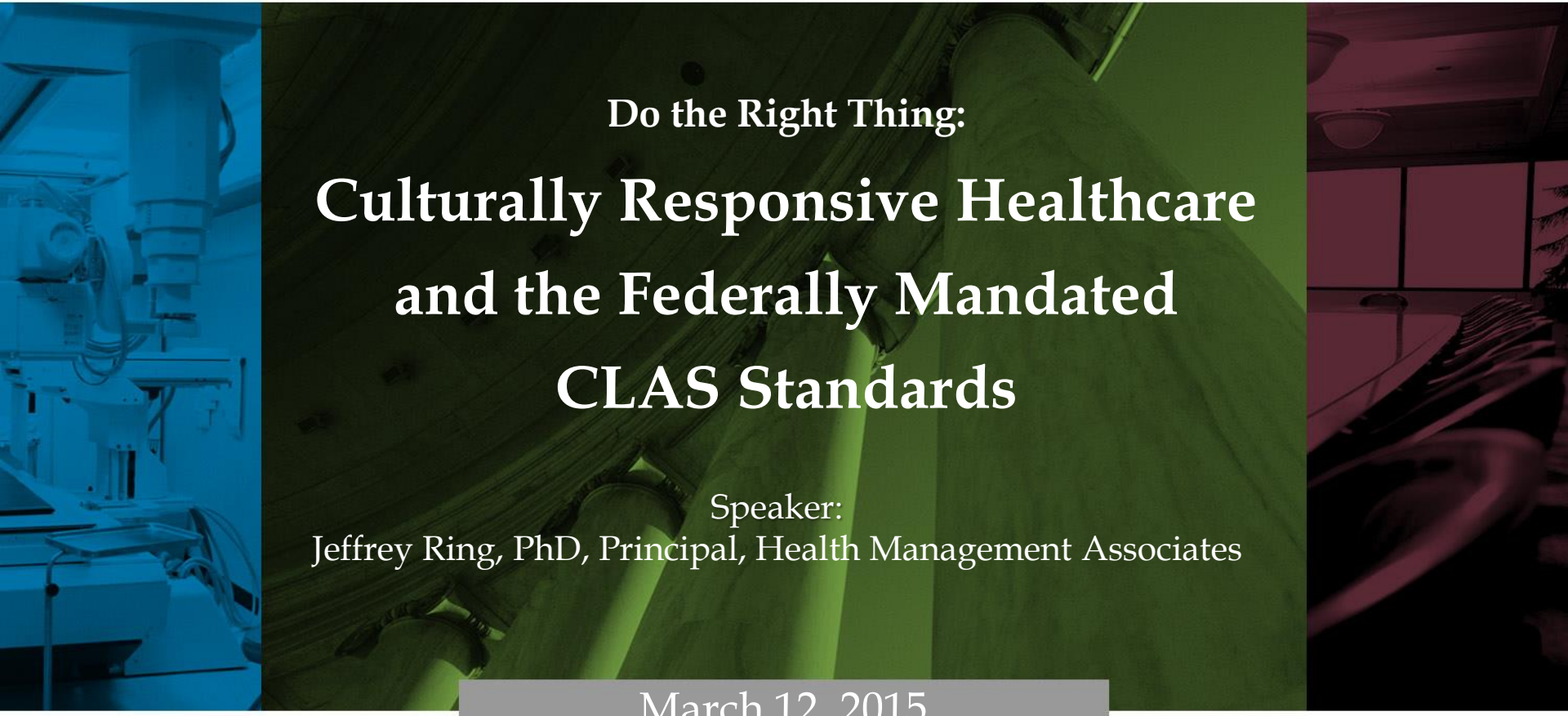
HEALTH MANAGEMENT ASSOCIATES



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You are invited to join in the discussion on culturally responsive care at

#HMAHealth

My colleague , Dr. Margarita Pereyda, and I will continue the conversation via Twitter for a half hour after the webinar. Join us!

Rev. Dr. Martin Luther King, Jr.

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

Objectives

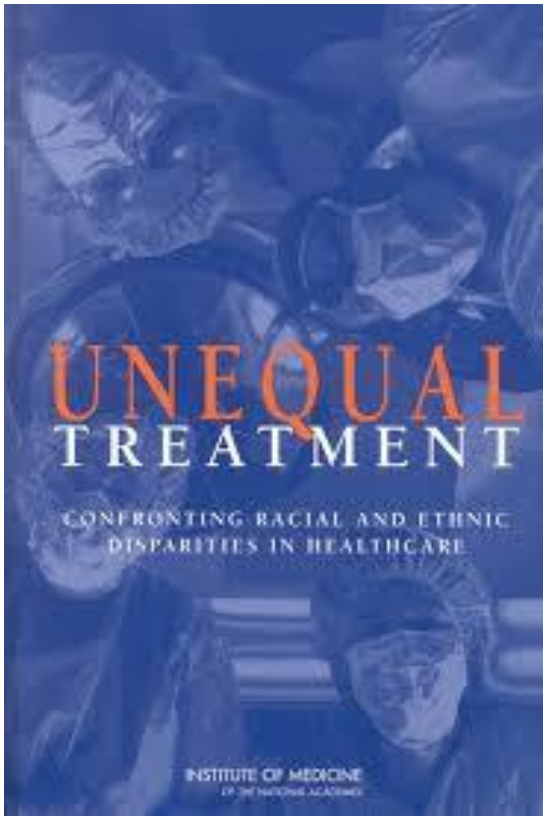
By the conclusion of this presentation, participants will:

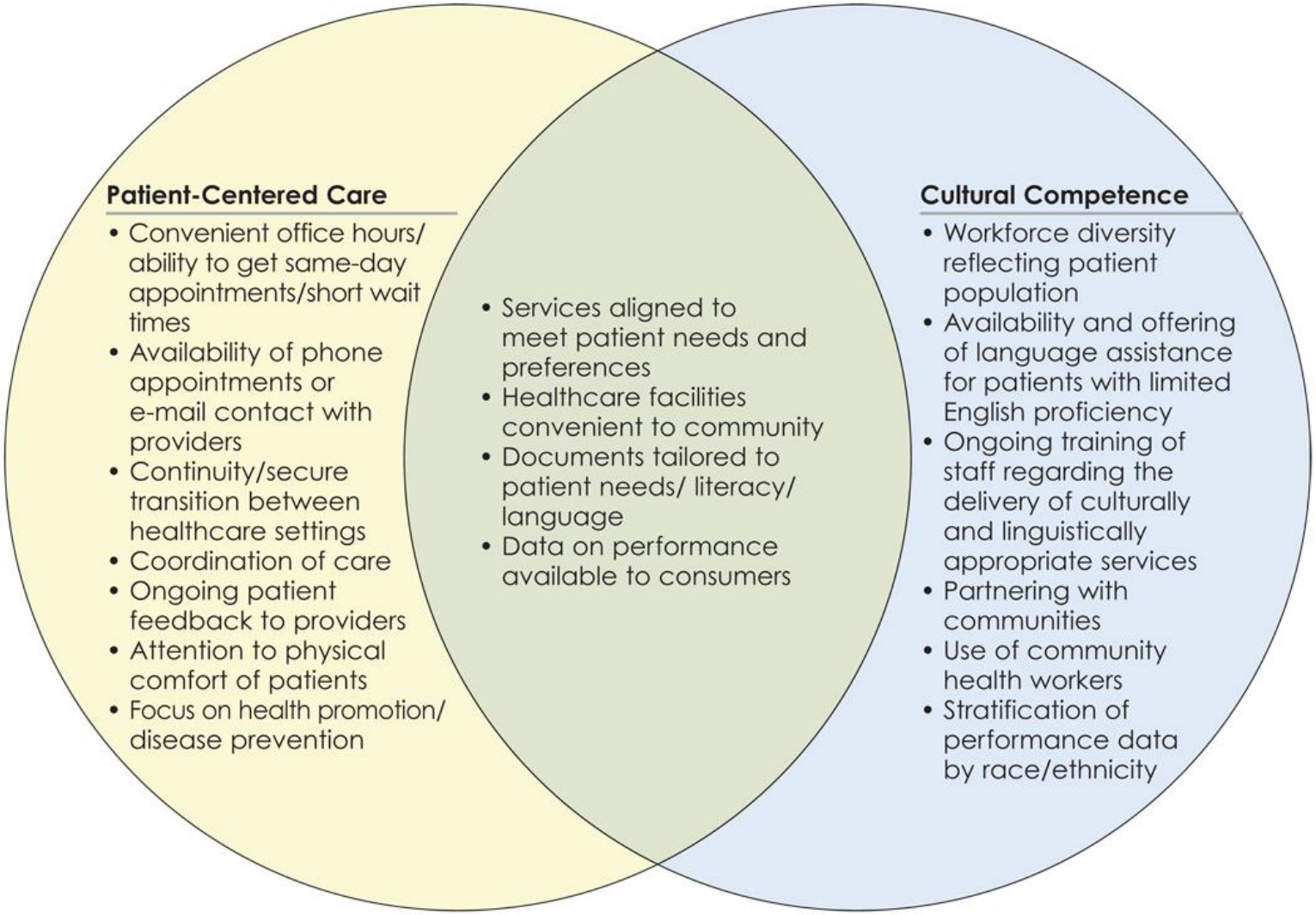
- Deepen your understanding of culturally responsive health care: definition and rationale
- Increase your knowledge of the Federal CLAS Standards
- Consider next steps toward providing culturally responsive care at your setting

Culturally Responsive Health Care

- Providing care consistent with the patient's world view
- Addressing patient's cultural and linguistic needs
- Patient-centered care

IOM 2002


UNEQUAL
TREATMENT
CONFRONTING RACIAL AND ETHNIC DISPARITIES IN HEALTHCARE
INSTITUTE OF MEDICINE



Source: Beach et. al, Commonwealth Fund Report, October 2006

Group Brainstorm: Rationale Culturally Responsive Health Care

Culturally Responsive Health Care: Rationale

- Patient satisfaction
- Practice building
- Practitioner satisfaction
- Avoid malpractice/medical errors/informed consent
- Enhanced treatment adherence/improved outcomes/lower readmission rates
- Social justice
- AAMC/ACGME
- Health disparities
- US HHS required educ. topic for hospitals
- Federal CLAS Standards

Costs of Disparities

- The Joint Center for Political and Economic Studies estimates racial and ethnic disparities to have cost this nation $1.24 trillion between 2003 and 2006: $229.4 billion for direct medical care expenditures associated with health disparities and another $1 trillion for the indirect costs of disparities.

Exploring Health Inequities

Health of the United States 2014

Which Group Has Highest Mortality From Diabetes (2010)?

- White (Non-Hispanic)
- Black or African American
- Hispanic or Latino
- American Indian or Alaska Native
- Asian or Pacific Islander

Diabetes Mortality (per 100,000) (2010)

- White (Non-Hispanic) 19
- Black or African American 39
- Hispanic or Latino 27
- American Indian or Alaska Native 36
- Asian or Pacific Islander 16

Which Group Has Highest Mortality From HIV (2010)?

- White (Non-Hispanic)
- Black or African American
- Hispanic or Latino
- American Indian or Alaska Native
- Asian or Pacific Islander

HIV Mortality (per 100,000) (2010)

• White (Non-Hispanic)	1.4
• Black or African American	17.6
• Hispanic or Latino	2.8
• American Indian or Alaska Native	1.6
• Asian or Pacific Islander	0.4

Which Group Has Highest Mortality From Unintentional Injuries (2010)?

- White (Non-Hispanic)
- Black or African American
- Hispanic or Latino
- American Indian or Alaska Native
- Asian or Pacific Islander

Unintentional Injuries Mortality (per 100,000) (2010)

• White (Non-Hispanic)	40
• Black or African American	31
• Hispanic or Latino	26
• American Indian or Alaska Native	47
• Asian or Pacific Islander	15

Which Group Has Highest Mortality From Suicide (2010)?

- White (Non-Hispanic)
- Black or African American
- Hispanic or Latino
- American Indian or Alaska Native
- Asian or Pacific Islander

Suicide Mortality (per 100,000) (2010)

• White (Non-Hispanic)	13
• Black or African American	5
• Hispanic or Latino	6
• American Indian or Alaska Native	11
• Asian or Pacific Islander	6

Which Group Has Highest Mortality From Homicide (2010)?

- White (Non-Hispanic)
- Black or African American
- Hispanic or Latino
- American Indian or Alaska Native
- Asian or Pacific Islander

Homicide Mortality (per 100,000) (2010)

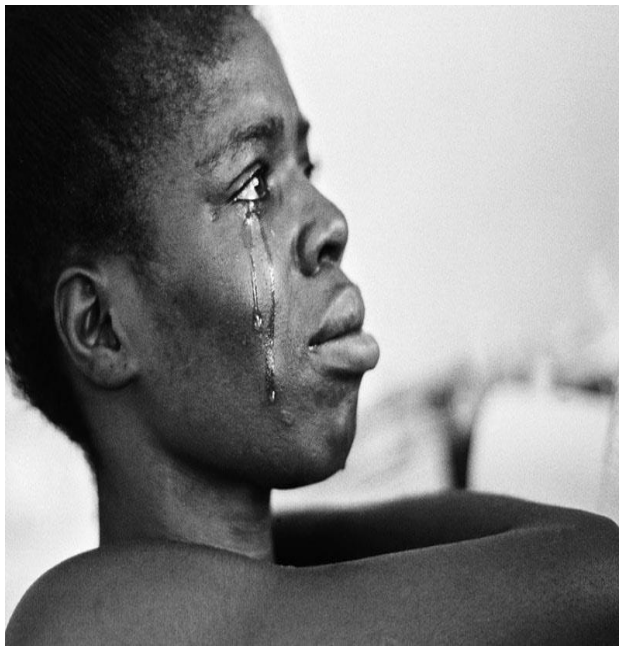
- White (Non-Hispanic) 3
- Black or African American 18
- Hispanic or Latino 5
- American Indian or Alaska Native 6
- Asian or Pacific Islander 2

Which Group Has the Highest Mortality (per 100,000, 2010) for:

- Death Rates (all causes)
- Disease of the Heart
- Ischemic Heart Disease
- Cerebrovascular Disease
- Malignant Neoplasm
- Trachea, Bronchus Lung Cancer
- Colon, Rectum, Anal Cancer
- Influenza and Pneumonia
- Diabetes
- HIV
- Breast Cancer
- Childhood Asthma

"Statistics are people with the tears wiped away."

-Irving Selikoff



Affordable Care Act

- Population health management
- Patient Engagement
- Federal non-discrimination laws are alive in the healthcare arena.


Population Health Management
Subpopulation identification and description
Predictive analytics and risk stratification
Provider engagement
CDS and guidance design
Performance tracking
Data sharing
Patient engagement
Culture
Governance
Leadership
Shared vision
Innovation
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ACA Non-Discrimination Provisions

- Section 1557 of the Affordable Care Act prohibits discrimination in health care programs on the basis of race, color, national origin, sex, sex stereotypes, gender identity, age, or disability.
- DHHS' Office for Civil Rights holds the authority and obligation to investigate potential violations of the law and enforce this new civil rights guarantee.

Modest and Uneven

James D. Reschovsky, Ellyn R. Boukus (2010)

Table 1

U.S. Physicians Implementing Select Tools Aimed at Reducing Racial/Ethnic Disparities, 2008

Practice Provides Interpreter Services[1]	55.8%
Practice Provides Patient-Education Materials in Languages other than English[2]	40.1
Physician Received Training in Minority Health[3]	40.3
Physician Receives Reports on Own Patients' Demographic Characteristics[3]	23.2
Information Technology to Access Patients' Preferred Language is Available and Used Routinely[1]	7.3
Physician Receives Reports on Quality of Care for Own Minority Patients[3]	11.8

[1] Excludes physicians who reported having no non-English speaking patients.

[2] Population consists of physicians whose practices treat at least one of the following chronic conditions: diabetes, asthma, depression, congestive heart failure. Population excludes physicians who report having no non-English speaking patients.

[3] Excludes physicians who report having no minority patients.

Source: HSC 2008 Health Tracking Physician Survey

Discriminatory Intent?

Table 1

U.S. Physicians Implementing Select Tools Aimed at Reducing Racial/Ethnic Disparities, 2008

PRACTICE PROVIDES INTERPRETER SERVICES[1]	55.8%
PRACTICE PROVIDES PATIENT-EDUCATION MATERIALS IN LANGUAGES OTHER THAN ENGLISH[2]	40.1
PHYSICIAN RECEIVED TRAINING IN MINORITY HEALTH[3]	40.3
PHYSICIAN RECEIVES REPORTS ON OWN PATIENTS' DEMOGRAPHIC CHARACTERISTICS[3]	23.2
INFORMATION TECHNOLOGY TO ACCESS PATIENTS' PREFERRED LANGUAGE IS AVAILABLE AND USED ROUTINELY[1]	7.3
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Source: HSC 2008 Health Tracking Physician Survey

CLAS STANDARDS

(Culturally and Linguistically Appropriate Services)

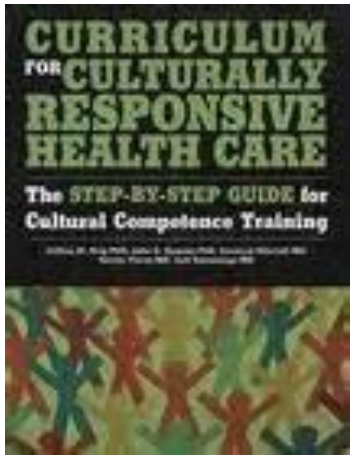
- Published by OMH in 2000
- Enhanced Standards published in 2013
- Emphasize opportunities to address disparities at every point of contact along health care services continuum
- Emphasis on health care organizations
- Legal consequences

CLAS Principal Standard

"Provide effective, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practice, preferred languages, health literacy and other communication needs."

CLAS: Governance, Leadership, Workforce

- Policy, practices and allocated resources towards CLAS promotion
- Recruit and support culturally and linguistically diverse governance/workforce
- Educate governance, leadership and workforce in culturally and linguistically appropriate policies on an *ongoing* basis



CLAS: Communication and Language Assistance

- Offer language assistance at no cost
- Inform all individuals of availability
- Ensure competence of language providers
- Provide easy-to-understand print and multimedia materials/signage in common threshold languages in service area

CLAS: Engagement, Continuous Improvement and Accountability

- "Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization…"

- "Conduct ongoing assessments of the organization's CLAS-related activities" …and integrate CLAS measures into continuous QI activities"

CLAS: Engagement, Continuous Improvement and Accountability

- Collect/maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS

- Conduct regular assessments of community health assets and needs and use the results to plan and implement services

CLAS: Engagement, Continuous Improvement and Accountability

- Partner with the community to design, implement, and evaluate policies, practices and services
- Create conflict and grievance resolution processes that are C&L appropriate
- Communicate organizational progress in CLAS implementation to *all* stakeholders, constituents and the general public

CLAS Blueprint

"[HRSA] found that health professionals who **lack cultural and linguistic competency can be found liable** under tort principles in several areas (2005). For instance, providers may be presumed negligent if an individual is unable to follow guidelines because they conflict with his/her beliefs and the provider neglected to identify and try to accommodate the beliefs (HRSA, 2005). Additionally, if a provider proceeds with treatment or an intervention based on **miscommunication due to poor quality language assistance**, he/she and his/her organization may face increased **civil liability exposure** (DeCola, 2010). **Thus, culturally and linguistically appropriate communication is essential to minimize the likelihood of liability and malpractice claims."**

Source: National Standards for CLAS in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice

Next Steps -1-

- Clinic self-assessment
- Language assistance
- Data and disparities
- Identify resources
- Cultural medicine training
  - Awareness/attitudes
  - Knowledge
  - Skills

Web Scavenger Hunt

- Example Case: A very jittery adult male immigrant from Somalia presents with a number of cavities and oral health problems. Upon exam, you notice his teeth have a greenish hue. What is your diagnostic hypothesis?

Web Scavenger Hunt

- Example Case Answer: Qat or Khat
- Sample website for answer

http://ethnomed.org/culture/somali/somali-cultural-profile/

Next Steps -2-

- Team-based care
- Population health management
- Patient engagement and activation
- Motivational interviewing
- Shared decision making

twitter

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#HMAHealth

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Follow Me @ring4jeff

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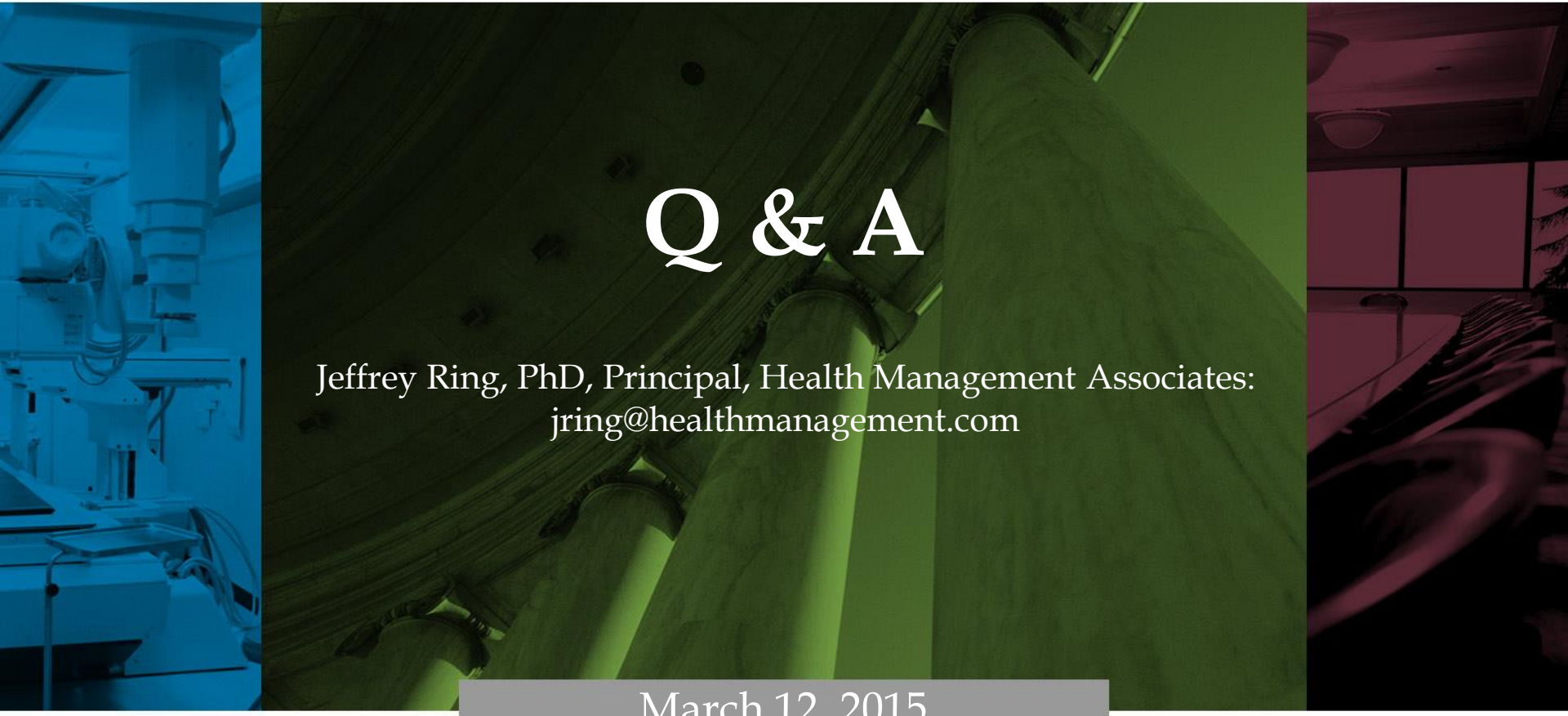

Q & A

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