Cultural Competency & Compliance

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AGENDA:

Part 1: Cultural Competency

- Definitions & Concepts
- Case Studies
- Perspectives
  - Clinical
  - Business
  - Legal
AGENDA:

Part 2: Compliance

- High Level Overview of Regulations
  - Government
  - Non-government

- Tools and Resources
Definitions

&

Concepts
Cultural competency is:

- A developmental process.
- Both individuals and organizations are at various levels.
Cultural Competence Continuum

Definitions source:

Graph Source:

These characteristics have been adapted and expanded from original work of Cross, et al., in several ways: (1) to ensure their relevance for primary health care organizations; (2) to incorporate salient items from the NCCCOs Policy Brief 1 checklist (Cohen & Goode, 1999); and (3) to emphasize the role of primary health care organizations in research.
Cultural competency requires:

Effectively providing services to people of all cultures, races, ethnic backgrounds, and religions in a manner that respects the worth of the individual and preserves one’s dignity.
Cultural competency requires:

Organizations to have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally.

Medicare Quality Improvement Community
Respecting cultural differences & similarities.
A five-step process…

…for progressing on the cultural competence continuum.

1) Desire
2) Awareness
3) Knowledge
4) Skills
5) Encounters
Cultural Desire:

The motivation of health care providers to want to engage in the process of cultural competence.

Cultural Awareness:

The deliberate, cognitive process of health care providers becoming appreciative and sensitive to the values, beliefs, life ways, practices, and problem solving strategies of patients’ cultures.

Cultural Knowledge:

Healthcare professionals seeking and obtaining a solid base of information regarding the worldviews of different cultural and ethnic groups.

Cultural Skills:

The ability to collect relevant cultural data regarding the patients’ health histories and presenting problems, as well as accurately performing a culturally specific physical assessment.

When healthcare professionals directly engage in face-to-face cultural interactions and other types of encounters with patients from culturally diverse backgrounds in order to enhance existing beliefs about a cultural group.

How do we provide culturally competent care?
Strategies?

- Co-workers
- Patients & families
- Respected mediums
- Promising practices
- National standards
Individual Examples:

- What caused the illness
- Alternative treatment methods
- Patient-family spokesperson
- Communication styles
Organization Example:

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.

CLAS Standard 3
(Guideline)
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.

CLAS Standard 7
(Mandate)
Organization Example:

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.

CLAS Standard 10
(Guideline)
Case Studies
Generalizations vs. Stereotypes:

Stereotype = Ending point
Generalizations vs. Stereotypes:

Generalization = Starting point
Every encounter…

is a cross-cultural encounter.
Clinical Approach:

- Trust
- Communication
- Disclosure of information
- Negotiating differences
- Compliance with treatment
- Clinical outcomes
Business Approach:

- Patient satisfaction
- Time
- Employee satisfaction
- Unnecessary procedures
- Demographic trends

?
Legal Approach:

- **Government regulations**
  - U.S. Department of Health & Human Services
  - State legislation

- **Non-government regulations**
  - National accreditation and regulatory agencies
  - Professional organizations
Part 2:

Cultural Competency & Compliance
Cultural Competency

- Strategy
- Goal
Reverend Martin Luther King, Jr.
Poll Question #1

Which of the following states have considered or passed legislation pertaining to cultural competence training?

- Arizona
- California
- Colorado
- Georgia
- Illinois
- Maryland
- New Jersey
- New Mexico
- New York
- Ohio
- Washington
## State Licensing Requirements for Cultural Competency

<table>
<thead>
<tr>
<th>State</th>
<th>Bill Number</th>
<th>Sponsor/Committee</th>
<th>Status</th>
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<tbody>
<tr>
<td>NJ</td>
<td>SB 144</td>
<td>Senator Wayne R. Bryant</td>
<td>Passed 3-24-05</td>
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<tr>
<td>CA</td>
<td>AB 1195</td>
<td>Assemblyman Joe Coto</td>
<td>Passed 10-06-05</td>
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<tr>
<td>WA</td>
<td>ESB 6194</td>
<td>Senator Rosa Franklin</td>
<td>Passed 3-27-06</td>
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<td></td>
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<td>by governor</td>
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<td>AZ</td>
<td>SB 1468</td>
<td>Senator Richard Miranda</td>
<td>In committee</td>
</tr>
<tr>
<td>IL</td>
<td>SB 0522</td>
<td>Senator Iris Y. Martinez</td>
<td>Session sine die</td>
</tr>
<tr>
<td>NY</td>
<td>S00765</td>
<td>Assemblyman William Scarborough</td>
<td>Referred to Finance</td>
</tr>
<tr>
<td>OH</td>
<td>SB68</td>
<td>Senator Ray Miller and Senator Shirley Smith</td>
<td>Introduced 2/20/07, currently in committee</td>
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(http://qualityinteractions.org/cultural_competence/cc_statelicreqs.html)
New Jersey
New York
Colorado
Florida
Maryland & …

- Disease Prevention-Hepatitis C Advisory Council [House Bill 342]
- Adult Sickle Cell Anemia – Study [House Bill 851]
- Department of Health and Mental Hygiene – Cultural Competency and Health Outcomes – Pilot Program [House Bill 1455]
- Higher Education – Nurse Support Program Assistance Fund-Hospital Rates [House Bill 322]
- Statewide Commission on the Shortage in the Health Care Workforce [House Bill 1127]

Others examples…

(www.dhmh.state.md.us/hd/faq.html)
Poll Question #2

Which of the following are US Department of Health and Human Services agencies/offices working on cultural competency compliance efforts?

- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Health Resources and Services Administration (HRSA)
- National Institutes of Health (NIH)
- Office of Minority Health (OMH)
- Office for Civil Rights (OCR)
Medicaid:

• Regulations require Medicaid providers and participating agencies, including long-term care facilities, to render culturally and linguistically appropriate services.

• The Health Care Financing Administration, the Federal agency that oversees Medicaid, requires that states communicate both orally and in writing “in a language understood by the beneficiary” and provide interpretation services at Medicaid hearings.
Medicare:

- Addresses linguistic access in its reimbursement and outreach education policies.

- “Providers are encouraged to make bilingual services available to patients wherever the services are necessary to adequately serve a multilingual population.”

- Reimburses hospitals for the cost of the provision of bilingual services to patients.

(www.omhrc.gov/templates/browse.aspx?lvl=1&lvlID=3 laws)
**California:**
- All Medicaid (Medi-Cal) recipients are enrolled in managed care plans.
- All of these plans provide cultural competence training for member services personnel.

(USDHHS, OMH: *Teaching Cultural Competence in Health Care*, 3/12/02)

**Massachusetts**
- Health care reform law established a Medicaid pay-for-performance plan for hospitals that is partly linked to disparities.
- The reduction of racial and ethnic disparities is among the specified quality standards and performance benchmarks that hospitals are required to meet by fiscal year 2009.
Office of Minority Health (OMH)

- **Established**
  - 1986
  - US Department of Health and Human Services

- **Houses**
  - Laws
    - OCR Title VI
  - Policies
  - Initiatives
    (www.omhrc.gov/templates/browse.aspx?lvl=1&lv1ID=3)

- **Standards**
CLAS Standards

“Culturally and Linguistically Appropriate Services (CLAS) in health care”

**Stringency Levels:**
- Mandates
- Recommendations
- Guideline

CLAS Standards

“Culturally and Linguistically Appropriate Services (CLAS) in health care”

Themes:
- Culturally Competent Care
- Language Access Services
  - OCR Title VI
- Organizational Supports for Cultural Competence

Healthy People 2010:

“Every person in every community across the nation deserves equal access to comprehensive, culturally competent, community-based health care systems that are committed to serving the needs of the individual and promoting community health.”
ClAS Standards

- Standards could be even more widely disseminated
  
  *(Disparities And Quality Improvement: Federal Policy Levers, 2005)*

- Evidence of moving in this direction…
The Joint Commission

CLAS Standards Crosswalked to Joint Commission 2007 Standards

- Important quality and safety issue
- Key element in individual-centered care

(www.jointcommission.org/NR/rdonlyres/5EABEBC8-F5E2-4810-A16F-E2F148AB5170/0/hlc_omh_xwalk.pdf)
National Standards

The Joint Commission  urac  NCQA

A Cultural Competency Standards Crosswalk

- CLAS
  - Joint Commission 2006
  - URAC
  - NCQA 2007

(www.urac.org/savedfiles/CLAS_Standards_Crosswalk_V2.pdf)
The Joint Commission


- The report marks an update from the Joint Commission’s “Hospitals, Language and Culture” project
- Joint Commission has called on hospitals to improve language services for patients with limited English proficiency

(RWJF, 1/2/08)
To improve quality of care, Joint Commission recommends hospitals:

✓ Establish a program to coordinate language and cultural services

✓ Adopt a system for collecting race, ethnicity, and language data

✓ Regularly train staff on how and when to access language services

✓ Implement formal processes for translating patient education resources

✓ Create written policies that specifically prohibit the use of family members and children as interpreters in situations other than emergencies

(RWJF, 1/2/08)
“Statistics are people with the tears wiped off.”

~ Kerr White, MD
Poll Question #3

Which of the following national organizations play a key role in guiding & accrediting medical education & hospitals in the US?

- Association of American Medical Colleges (AAMC)
- Joint Commission
- Liaison Committee on Medical Education (LCME)
In 2000, LCME introduced the following standard for cultural competence:

“The faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments. Medical students should learn to recognize and appropriately address gender and cultural biases in health care delivery, while considering first the health of the patient.”

(Cultural Competence Education for Medical Students, AAMC, 2005)
LCME accreditation standards also specify:

“All instruction should stress the need for students to be concerned with the total medical needs of their patients and the effects that social and cultural circumstances have on their health. To demonstrate compliance with this standard, schools should be able to document objectives relating to the development of skills in cultural competence, indicate where in the curriculum students are exposed to such material, and demonstrate the extent to which the objectives are being achieved.”

(Legislation as Intervention: A Survey of Cultural Competence Policy in Health Care, 2007)
“In order to communicate effectively with patients, physicians will need to understand how a person’s spirituality and culture affect how they perceive health and illness, and particularly their desires regarding end of life care.”

(Legislation as Intervention: A Survey of Cultural Competence Policy in Health Care, 2007)
Tool for Assessing Cultural Competence Training (TACCT)

(Cultural Competence Education for Medical Students, AAMC, 2005)
“When patients fail to receive high-quality care because of their race or ethnicity, the entire nation suffers. Fortunately, we in medicine are working hard to heal part of this disease of social injustice.”

~ Ronald Davis
President, AMA
Co-chair, AMA’s Commission to End Health Care Disparities
The Commission to End Health Care Disparities

Mission:

- collaborate proactively to increase awareness among physicians and health professionals
- use evidence-based and other strategies
- advocate for action, including governmental, to eliminate disparities in health care and strengthen the health care system
Emerging Accreditation Requirements & Guidelines

- Accreditation Council for Graduate Medical Education (ACGME)
- American College Health Association (ACHA)
- National Committee on Quality Assurance (NCQA)
- National Initiative for Children’s Healthcare Quality (NICHQ)
- Others…
Poll Question #4

More than two dozen professional associations for health care providers have demonstrated support for cultural competence.

- True
- False
Associations for Physicians

- American Academy of Family Physicians
- American Academy of Orthopedic Surgeons
- American Academy of Pediatrics
- American College of Emergency Physicians
- American College of Obstetricians and Gynecologists
- American College of Physicians
- American Medical Association
- American Medical Women’s Association
- American Osteopathic Association
- National Center for Primary Care
- National Hispanic Medical Association
- National Medical Association
Other Health Professions

- American Academy of Physician Assistants
- American Nurses Association
- American Pharmacists Association
- American Physical Therapy Association
- National Association of Social Workers
- Oncology Nursing Society
Mental Health

- American Psychiatric Association
- American Psychological Association
- National Mental Health Association
Educators

- American Association of Diabetes Educators
- American Medical Student Association
- Association of American Medical College
- Society for Public Health Education
- Society of Teachers of Family Medicine
“Adding wings to caterpillars does not create butterflies, it creates awkward and dysfunctional caterpillars. Butterflies are created through transformation.”
“It is more important to know what kind of patient has the disease than what kind of disease a patient has.”

~ Sir William Osler
Conversation Starters

Platinum Rule:
"Do unto others as they would have you do unto them."

~ Tony Alessandra
Questions and Comments

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