

MEDICAL LEADERSHIP COUNCIL MEETING - MAY 10, 2006 LOS ANGELES

The Medical Leadership Council on Cultural Proficiency met May 10, 2006 in Los Angeles at The California Endowment's new downtown headquarters. Presentations at the meeting detailed new ways individual physician offices, hospitals, health systems, physician associations and others are providing improving language access and cultural competence in health care.

The Medical Leadership Council, convened by The California Endowment with the California Academy of Family Physicians as lead administrative organization, is comprised of 32 members - medical specialty societies, hospitals and health systems, and advocacy groups - that meet together twice a year and conduct projects between meetings to find ways to improve health care for underserved communities and eliminate health disparities.

"This continues to be a unique and powerful group," Robert K. Ross, MD, MGA, President & CEO of The Endowment, told the assembled group. "Together you represent the spectrum of health care delivery – from small and solo practices to statewide health systems – and together you are improving health care and access in California."

Council members presented a range of new projects, funded by The Endowment and others, addressing change at both the physician-office level and the health system level.

PHYSICIAN PRACTICE IMPROVEMENT PROJECTS

These include a number of new projects, still in the early stages:

Network of Ethnic Physicians Organizations (NEPO): Arthur Fleming, MD, Chair of the NEPO Steering Committee, convened by the CMA Foundation, presented this new group's 2006-2010 Strategic Plan. Their work will focus on improving health, reducing health care disparities, and increasing the diversity of those entering medicine as a profession. "More than 10,000 physicians are represented by the 60 organizations in this network," Fleming said. "They are the invisible face of the safety net – caring for the uninsured and the under-insured while they are un-reimbursed for much of their care." NEPO's goal is to serve as a collaborative organization to speak "with one voice" on health policy and healthcare issues. For more information, see www.ethnicphysicians.org.

"It's a diverse and important group of physicians," said NEPO Director Doretha Williams-Fournoy, MS. "They work in universities, large health systems, and also here in Los Angeles at Broadway & 112th Street in small offices, flowing past capacity." The ongoing deterioration of the safety net and public health resources, reimbursement rates, and the fragmentation of care for patients in small and solo practices are critical issues for ethnic physicians.

“We need to look at ways to improve the quality of care and eliminate health care disparities in part by working with these small practices, which are still a mainstay in communities of color,” she said. NEPO has launched a project to learn from patients and physicians alike throughout the state how they believe their health care can be improved and what is needed to make such improvements. Initial results are expected by early next year.

National Committee for Quality Assurance (NCQA): Jessica Briefer French, MHSA, Senior Consultant for Research and Analysis at NCQA, presented an overview of national Culturally and Linguistically Appropriate Services (CLAS)/Disparities programs. NCQA has looked at health disparities in Medicare, gender disparities in cardiovascular care, and the feasibility of evaluating culturally and linguistically appropriate services (as defined in the federal CLAS guidelines) in health plans. Among the results were findings that disparities persist in health plans, regardless of payer, and that providers are motivated to make improvements but don’t know which interventions are effective.

To address these issues, NCQA now is promoting innovative practices in plans and medical practices by awarding recognition to health plans that demonstrate innovation and improvement; awarding small grants and collaborative support to medical practices to implement quality improvement related to CLAS/disparities; and encouraging a focus on patient-centered care in primary care practices, including developing cultural competence and providing language access for diverse populations.

NCQA is focusing on small, independent, adult primary care practices with a minimum of 35 percent minority patients, and awarding \$25,000 to support a variety of quality improvement activities, including staff training, attending collaborative workshops, providing patient education materials, making systems improvements (e.g., developing registries, implementing electronic medical records, completing practice redesign), and hiring interpreters and consultants. Initial results are expected by 2007. For more information, contact French@ncqa.org.

Lumetra: Ana Perez, MSN, CPHQ, Senior Project Manager for Physician Office Initiatives at Lumetra, described work Medicare is funding through that organization to assist small- and medium-size practices to implement electronic health record systems to improve patient outcomes. Lumetra, a healthcare consulting organization, also offers a Continuing Medical Education program on cultural competency training based on federal CLAS guidelines for providing culturally and linguistically appropriate services. For more information, see www.lumetra.com.

California Medical Association (CMA): Robin Flagg, MPH, Director of Policy at the CMA’s Center for Medicaid and Regulatory Policy, reported on their Limited English Proficiency Project. Staff so far have compiled a list of volunteer interpreters, mostly in Santa Clara County, and has delivered training to bilingual staff in physician offices and to physicians on how to use interpreters. To design the next stage of projects, CMA staff

will interview and survey physicians statewide to determine what kinds of efforts would be useful to them.

HOSPITAL AND HEALTH SYSTEM IMPROVEMENT PROJECTS

Scripps Mercy Hospital - David Shaw, MD, Director of Medical Education presented details of a project in which readmissions to the hospital were reduced after staff began using basic medication instructions in English or Spanish at discharge. The project studied 126 patients with cardiovascular disease – one-half English-proficient and one-half not. Fifty percent of both groups were medication compliant 48-72 hours after discharge and 35 percent of both groups were compliant 30 days after discharge. The hospital now uses a computer-based form to reconcile pre-and post-admissions medication lists and to provide instructions, and electronically translates the form into Spanish for patients who need it. Results: a 40 percent reduction in admissions for any cause over the six months after discharge and the elimination of readmissions due to medication non-compliance. Scripps Mercy plans to incorporate Vietnamese as the next language for translation.

Montserrat Noboa, Coordinator of the Cultural Competency and Linguistics Program at Scripps Mercy, works to improve employee's competence in these areas. She delivers a presentation on cultural awareness in all new-employee orientations and explains how to access interpreters for patients; holds a lunch-time multicultural health series; and teaches a brief medical Spanish series (three classes, two hours each) designed to help employees serve patients until an interpreter arrives.

Catholic Healthcare West (CHW) - Eileen Barsi, Director of Community Benefit discussed ways CHW has enhanced policies for patients with Limited English Proficiency; has developed a new education and training module on cultural competence, open to all employees, focusing on patient diversity and cross-cultural team-building; is developing a dedicated interpreter program; and plans to measure pre-and post-demonstration project outcomes in patient and provider satisfaction and in specific quality of care indicators. CHW also is tracking patients' language preferences and needs system-wide and now conducts patient surveys by mail in each patient's language of choice.

St. Joseph Health System - Veronica Gutierrez, MPH, Community Outreach Department explained how her organization is tracking patient languages system-wide using MEDITECH; conducting extensive staff interpreter training; negotiating a system-wide contract for telephonic interpretation; introducing language access coordinators at each facility; conducting patient satisfaction surveys about language access; and including language access and cultural competency in physician grand rounds.

Kaiser Permanente (KP) - Gayle Tang, RN, MSN, Director, National Linguistic and Cultural Programs outlined Kaiser Permanente's three main language access projects. One was a comparison of KP's written translation process with that of other vendors. Results: KP's process had the lowest error rates and a 38% lower cost. Another is assessing whether the use of KP

qualified/trained interpreters and integrated systems of language access is predictive of better patient outcomes, a study comparing two different groups of 430 Cantonese-speaking patients each and two groups of 800 Spanish-speaking patients each. The third project is developing methods for testing providers' language proficiency, a project also still in progress.

California Health Care Safety Net Institute (SNI) – Wendy Jameson, MPH/MPP, Director, outlined SNI's statewide activities, which include:

Policy & procedure review: SNI is assisting public hospital systems in improving language access and cultural competency. Three California Association of Public Hospitals (CAPH) member institutions—Kern Medical Center, Riverside County Regional Medical Center, and Rancho Los Amigos National Rehabilitation Center—will participate this year in a Language Access Policy and Procedure Review. Each will receive \$10,000 to review SNI model policies and procedures, as well as their own, and develop improvement plans. A subsequent project will allow hospitals that have completed the review process to apply for a \$40,000 grant for additional consulting and training support.

Video & phone interpreters: Three public hospitals (San Mateo Medical Center, Contra Costa Health Services and San Joaquin General Hospital) are sharing interpreter services remotely using video and speakerphone. San Francisco General Hospital and Alameda County Medical Center have linked their interpreters via Videoconferencing Medical Interpreting technology. Interest is growing in several Los Angeles county hospitals, other health plans, and private providers, considering the huge boost in productivity possible. At one hospital using all in-person, face-to-face interpreters, five FTEs can handle 45 encounters per day, limited mostly to hospital-based outpatient primary care clinics. At a hospital participating in the Health Care Interpreter Network (HCIN) (three CAPH member hospitals sharing interpreters via remote technology), one fulltime interpreter can handle 45 encounters a day throughout the hospital, including the emergency department.

Team training: SNI also is helping eight public hospital teams to improve language access and integrate cultural competency principles into administrative and clinical practice, in partnership with the [UCSF Center for the Health Professions](#). The program provides teams with leadership training, educational resources, tools to monitor accountability, and best practices to be shared among public hospital and health systems leaders. Teams this year come from Riverside County Regional Medical Center, Rancho Los Amigos National Rehabilitation Center, Santa Clara Valley Medical Center and San Francisco General Hospital and are focusing their project work on language access, palliative care for Latinos, and diabetic care for African Americans.

Partnership with Kaiser Permanente (KP): SNI and KP are sharing bilingual staff training and assessment tools. KP also has contributed significant funding to a learning partnership with HCIN.

Online resources: Go to www.safetynetinstitute.org beginning in June to access language access tools and resources, including translated documents and signage.

Sutter Health – Maria Moreno, MPH, Health Services Researcher, and Traci Van, Community Benefit Coordinator, reported that Sutter Health has evaluated the language competency of 500 dual-role staff interpreters and is providing interpreter skills training as needed. Also, to increase access to appropriately translated patient education documents and decrease redundancy, the health system partnered with a translation vendor to develop a popular online library with 150 frequently translated patient education documents accessible to all Sutter affiliates.

The health system also will be selecting a single telephone interpreter vendor to provide services system-wide, is completing a cultural competence assessment using the federal CLAS guidelines as a baseline, and will develop improvement plans as necessary.

OTHER CALIFORNIA ENDOWMENT PROJECTS

Program Director Ignatius Bau, JD, presented an overview of the following efforts:

Finding Health Plan Interpreters: The Endowment compiled this one-page list of phone numbers for health care providers to access interpreter services at Med-Cal Managed Care and Healthy Families health plans. For copies, see www.CalEndow.org and search the Publications.

Language Access Needs by Legislative District: The Endowment compiled this summary of the number of Limited English Proficient residents in each California Assembly and Senate District. For copies, see The Endowment Web site.

Pre-Med Support: The Endowment will continue funding programs at the University of California (Davis, San Francisco and Irvine) to assist under-represented minority (URM) students to prepare for medical school. Working with all five dental schools in the state over the past three years, The Endowment has found such programs effective, as URM students now comprise 10 percent of dental school admissions in California, up from 4 percent at the start of the project.

Nursing School Faculty: Because mentoring and role modeling are critical to minority students' success, The Endowment will support efforts to increase nursing school faculty diversity. Given the nursing shortage and the large number of retiring faculty members, nursing schools have an excellent chance to improve faculty diversity and improve the teaching of cultural competency in their curricula.

Expert Planning: Representatives of The Endowment met with experts including Louis Sullivan, MD and Lonnie Bristow, MD, the chair and co-chair of the Alliance to Transform America's Health Professions, part of the Joint Center's Health Policy

Institute in Washington, DC. The Alliance is comprised of former members of the Institute of Medicine panel that examined diversity in the health professions and former members of the Sullivan Commission on Diversity in the Health Care Workforce. Dean of Morehouse School of Medicine, Dr. Sullivan led the commission that issued the landmark 2004 report, "Missing Persons: Minorities in the Health Professions," and Dr. Bristow is a member of the Institute of Medicine. The Endowment next will fund the Public Health Institute to study additional ways to increase workforce diversity.

Cultural Competency Education: The Endowment also is looking at ways to support cultural competency education in medical schools, residency programs, health departments and public hospitals.

Ending Health Care Disparities: The Endowment is funding projects like those described above and also is talking with large national organizations, such as the American Medical Association, Institute for Healthcare Improvement, health care purchasers and large employers about ways to improve health care.

ADDITIONAL RESOURCES

The Medical Leadership Council Web site will launch in June. At www.medicalleadership.org, readers can find a wide range of language access and cultural competency resources and tools, including a list of medical interpreters by county, a Continuing Medical Education toolkit, patient education materials, and Council documents including policy statements, reports and meeting summaries.

POLICY UPDATE

Lupe Alonzo-Diaz, MPAff, Executive Director at the Latino Coalition for a Healthy California, updated Council members on current legislation, including Senate Bill 1405 (Soto), which would create a task force to develop a system for federal reimbursement of language access services, and Assembly Bill 2883 (Oropeza), which would require the California Medical Board to aggregate race, ethnicity and language data for licensed physicians and make it publicly available. For more information, see www.lchc.org.

She also discussed the state budget, which includes funding for pilot projects in two California counties to assess mandatory enrollment in managed care for Medi-Cal patients, funding for outreach and media efforts in 20 counties to reach families of children who qualify for Medi-Cal but are not enrolled, and funding for similar outreach for the Healthy Families program.

NEXT MEETING

The Medical Leadership Council's next meeting will be Nov. 15, 2006 in Sacramento.