

MLC Meeting Summary 11/18/09

The [Medical Leadership Council on Cultural Proficiency](#) met in Los Angeles in November to learn about funding for health information technology (HIT); ways to increase physicians' cultural proficiency in caring for lesbian, gay, bisexual and transgender patients; and possibilities in national health care reform to improve care for California's diverse patient populations.

Members of the Council, convened by [The California Endowment](#), are elected leaders and executives of medical specialty societies and county medical associations, leaders in large health care systems, and other health care and advocacy organization representatives.

Health information technology (HIT) funding available in 2010

In 2010, various sources of funding will become available for physician offices to purchase and implement electronic health records (EHRs). California Health and Human Services Agency Deputy Secretary for Health Information Technology, Jonah Frohlich, MPH, presented an overview of incentives and planned technical assistance.

The goal of the State's [Health Information Exchange \(HIE\) Cooperative Agreement Program](#) is to build a health information exchange throughout the state that provides secure patient and provider access to patient and population health information. All stakeholders will have an opportunity to collaboratively develop policy and technical standards, building from the many existing and nascent health information exchanges in the State, he said.

Other funding, through Medi-Cal and Medicare, will be available for primary care providers who begin using HIT in individual and small group practices, public and critical access hospitals, community clinics and rural health centers, and other settings accessed by underserved populations. Up to \$44,000 per practice will be available through Medicare and up to \$65,000 through Medi-Cal.

A new [Regional Extension Center \(REC\) Program](#) will oversee the distribution of other federal funding. The RECs will provide services, including EHR vendor selection and group purchasing and assistance with workflow redesign and EHR implementation.

Another source of funding is the [California Telehealth Network](#) (CTN), which expects to fund at least 800 sites to upgrade Internet access to broadband.

Health issues among lesbian, gay, bisexual and transgender (LGBT) patients

Researchers from the University of California, San Francisco (UCSF) and San Francisco State University (SFSU) presented findings about health disparities among LGBT patients, a lack of cultural proficiency among most health care providers when treating members of these groups, and the role that LGBT patients' rejection by their families plays in predicting negative health outcomes.

Shane Snowdon, director of the [UCSF LGBT Resource Center](#), presented research showing that many LGBT patients lack access to care, in part because they lack of health insurance. Many employers, for example, do not provide coverage for LGBT employees' partners and "care related to transsexualism" is excluded from most insurance policies. Also, physicians in some cases deny care, overtly or covertly, and patients sometimes delay seeking care because of a fear of, or experience of, negative bias.

Snowdon also presented data on health disparities and differences in health behaviors among LGBT populations, including higher rates of alcohol, drug and tobacco use; a greater rate of sexual risk-taking; higher incidences of cardiovascular disease and lung, anal, and breast and reproductive cancers. She encouraged providers to become more culturally proficient in LGBT health care and recommended the Resource Center's Web site for [educational resources](#).

Caitlin Ryan, PhD, director of the [Family Acceptance Project](#) at SFSU, provided data about the link between family acceptance or rejection of LGBT children and longer-term negative health indicators among White and Latino LGBT young adults. Higher rates of family rejection were associated with much higher rates of suicide attempts, depression, illegal drug use, unprotected sexual intercourse and other negative indicators than those among peers from families reporting no or lower levels of family rejection. A research summary is available in the [January 2009 issue of *Pediatrics*](#).

Ryan also is engaged in research to determine evidence-based family interventions that can lower the level of rejection. She encouraged physicians to consider this a public health issue and learn ways to intervene and recommend alternatives and resources for families in need.

Positive aspects of health care reform

Lucien Wulsin, Jr., project director at the [Insure the Uninsured Project](#), and Sandra Newman, MPH, director of health policy at the [California Academy of Family Physicians](#), discussed provisions of national health care reform bills that could positively affect health care for diverse and underserved patients. These included guaranteed issue and renewal of health care coverage, measures to make coverage affordable through Medicaid expansion and subsidized premiums, and increased funding for community clinics and the National Health Service Corps.

Endowment-funded projects at MLC organizations

The San Joaquin Medical Society is creating enduring materials from [Decision Medicine](#), a popular two-week program that encourages high school students to consider careers in medicine; the toolkit will be available to others interested in replicating the program.

The [California Medical Association](#) (CMA) hosted a series of seminars for students in Sacramento, encouraging them to pursue medical careers. CMA staff also surveyed members of the San Joaquin Medical Society and will make in-person visits to document effective ways some practices provide language access.

The Riverside County Medical Association has launched successful trainings teaching medical office staff how they can assist in providing culturally proficient care. Materials are available on the association's [Web site](#).