

Medical Leadership Council May 20, 2009 Meeting Summary

Long version: 1,938 words

New Developments in Medical Leadership Council Work

The Medical Leadership Council on Cultural Proficiency (MLC) met May 20 in Oakland. The California Endowment has been convening the MLC since 2002 in order to bring together a broad array of physician organizations, hospitals, health systems, and advocates to address issues of cultural proficiency, language access and workforce diversity. Meeting topics included: how to ensure language access and cultural proficiency are addressed in the national health information technology effort spurred by federal stimulus funds; reports on several member organizations' Endowment-funded projects; and an update on national efforts to address health care interpreter certification.

“As the nation catches up with California in addressing language access, cultural proficiency and health care disparities, the Council organizations are positioned to be leaders on these issues,” said Robert K. Ross, MD, President and CEO of The Endowment. “In the seven years we’ve been meeting, the MLC has become a strong voice in identifying both local and statewide efforts to better serve the state’s diverse population.”

Endowment Involvement in Health Information Technology

Ignatius Bau, a Program Director at The California Endowment, provided an overview of how federal and State agencies are working to make billions of dollars of federal stimulus money available to support the adoption of health information technology (HIT) nationwide.

The Endowment and other foundations are supporting efforts in California to establish the infrastructure necessary to distribute federal funds and to assist health care providers in qualifying for this money. The Endowment also is articulating ways that these massive efforts addresses language access and cultural proficiency.

The Health Information Technology for Economic and Clinical Health (HITECH) Act provisions of the American Recovery and Reinvestment Act of 2009 (source of the federal stimulus funds) establishes an unprecedented investment in HIT in the U.S. The Office of the National Coordinator for Health Information Technology (ONC), in the Department of Health and Human Services, is charged with overseeing this effort.

As much as \$36 billion of the \$787 billion in federal economic stimulus funds will be allocated to HIT. Hospitals, physicians' offices, clinics, and Indian Health Services clinics that meet certain criteria will be eligible to receive significant reimbursements to cover adoption of electronic health records (EHRs).

The Endowment and others are advocating that any HIT efforts focus on improving patients' health, in part by ensuring that patient-centered information and uses of EHRs be included in the national standards to be developed this year. This would include the gathering of patient demographics, including race, ethnicity, and language. The foundation's leaders have also recognized that HIT support is particularly valuable for minority/small/solo medical practices, community clinics, school health services, and public and nonprofit hospitals.

The California Health and Human Services Agency is working through its Health Information Exchange program to assist in the development of necessary criteria, provide stakeholders with information and opportunities for feedback, and undertake other efforts necessary to oversee HIT implementation and federal payments. For more information, see: <http://www.chhs.ca.gov/initiatives/HealthInfoEx/Pages/Default.aspx>

MLC Project Updates

Representatives of three organizations reported on the progress their institutions have made on Endowment-funded projects.

California Health Care Safety Net Institute – Wendy Jameson, Director: Staff at the Safety Net Institute, the quality improvement partner of the California Association of Public Hospitals and Health Systems, are leading the REAL Data Planning Initiative to assist public hospitals in better standardizing data collection protocols and capturing and using meaningful data on patients' race, ethnicity, and preferred language that reveal potential disparities in access or care. Throughout 2009, researchers are interviewing leaders at 10 public hospital systems and offering project participation options with the ultimate goal of developing an interview script for hospital registration staff and health information technology recommendations for data collection. Early findings include: Information systems need to be able to capture more than one race for a patient and, at the same time, systems need to strike a balance between specificity and efficiency in designating ethnicities.

Catholic Healthcare West (CHW) – Cherie Kunold, Director of Diversity and Organizational Development, and Marianna Kolleda, Language Access Analyst: CHW is a large health care system comprised of 8,900 medical staff and 40 hospitals in California, Nevada and Arizona. They have made several improvements in language access and cultural proficiency, including developing a Qualified Medical Interpreter Program. Language access is provided by a variety of means, including: video remote interpreting; a preferred language services vendor; and the use of cordless phones in non-bedded units such as the emergency department and recovery room. CHW also has made uniform among eight admitting systems their process for collecting race, ethnicity and language data in the admitting process. About half the hospitals also collect uniform data using electronic medical records. Lessons learned so far include the critical importance of establishing an executive sponsor to support system-wide improvements, selecting a champion to oversee changes at each facility, involving labor partners early in the

process, and appropriately preparing for the varied operational implications of such major changes.

Sutter Health – Traci Van, Community Benefit Director: Sutter leaders and staff have been working over the past seven years to improve language access and cultural proficiency in Sutter’s 26 hospitals and among its 3,000 physicians in Northern California. The health system now uses a model of infusing cultural proficiency throughout the organization by linking evaluations of that effort to the system-wide ‘dashboard’ of measures rather than treating it as a separate initiative. This includes a focus on eliminating health care disparities as part of overall clinical quality and enhancing provider/patient interactions as part of service excellence. Other activities include establishing staff interpreter competency testing with over participating 1200 staff to date. The organization also has developed online interpreter skills training and is looking at ways to implement videoconferenced medical interpreting.

New MLC Grants

Representatives of three organizations that are beginning new Endowment-funded demonstration projects provided an overview of their plans for the next 12 to 18 months. In addition to the stated objective of each project, the goal is empower MLC organizations to develop solutions at the local level that may serve as appropriate project models for others.

California Medical Association (CMA) – Don Moulds, PhD, Vice President of Medical and Regulatory Policy, and Delilah Clay: (1) **Bilingual Staff Evaluation:** CMA will draw on lessons learned from Kaiser Permanente’s success in expanding bilingual language capacity and take those ideas to independent medical group practices. Partnering with the San Joaquin Medical Society, CMA will identify at least five medical offices and eight bilingual office staff members to participate. Using Kaiser Permanente’s interactive voice response (IVR) bilingual staff assessment tool, CMA will assist in the assessment of the office staff members’ language capabilities. Project staff then will work with the medical offices to identify best practices among those whose staff members are language-proficient and to identify resources to assist those whose staff members are not.

(2) **Addressing Language Access Pilot:** CMA staff will use the *Addressing Language and Culture* assessment workbook developed by the California Academy of Family Physicians to develop an initial assessment to allow physicians to evaluate language access services in their offices. Survey results will be made available to CMA’s membership, providing data on methods currently used to provide language access.

In the next project phase, CMA staff will visit medical offices to compare various approaches and will work with physicians to develop resource plans and provide resources to improve provision of these services.

(3) **Medical Student Diversity** – CMA staff will partner with the University of California (UC) Sacramento Center to foster interest in the medical profession among a diverse group of

UC undergraduate students and to provide resources and support to encourage their successful application to medical school. The project will develop a curriculum that includes seminars on California physician supply and diversity and panels with ethnic physicians to discuss community needs, the range of career options for physicians, and the process of applying to medical school. Students will be encouraged to adapt the curriculum for use with on-campus groups in order to improve outreach to diverse student populations. CMA component medical societies also will assist in development of these local student informational sessions.

California Primary Care Association (CPCA) – Allison Homewood, Policy Analyst: CPCA policy staff will develop a comprehensive fact sheet detailing how cultural and language proficiency can be integrated into state and national patient centered medical home (PCMH) efforts. This project will include conducting a literature review of existing PCMH proposals at the state and federal levels and a review of cultural proficiency curricula and other resources relevant to these efforts.

San Joaquin Medical Society (SJMS) – Mike Steenburg, Executive Director: The medical society in recent years developed DECISION Medicine, a two-week program designed to introduce diverse, high-achieving students to the field of medicine through intensive, hands-on field study opportunities each year. During the program, students work in teams, receive one-on-one mentoring from local physicians, and take behind-the-scenes visits to the University of California-Davis Medical School and several regional hospitals. Some 178 students applied this year. The medical society's next goal is to assist other medical societies in developing their own local DECISION Medicine programs and making information and applications available via a new Web site (www.decisionmedicine.com). SJMS will create a toolkit, including a booklet and video, to assist others in creating their programs.

Language Access Policy Developments

California Health Care Interpreting Association (CHIA) – Don Schinske, Executive Director: Senate Bill 853, which requires all health plans in California to provide and pay for language access services, has now been implemented. Plans have been notifying physicians of the need to use trained interpreters. Most plans offer mainly telephone interpreter services. Plans are required to conduct a survey of patients' needs; the response rate has been low and the rate of requests for translated documents also has been limited.

Schinske also said two additional issues should have been addressed when SB 853 regulations were written: (1) There are no reporting requirements for plans to provide updates to the executive or legislative branch on their efforts; and (2) there are no penalties for non-compliance.

California Health Care Interpreting Association (CHIA) – Elizabeth Nguyen, Chair, Board of Directors: Nguyen reported on the most recent work of the National Coalition on Health Care Interpreter Certification (NCC). The coalition is committed to developing

a valid, credible, inclusive, and transparent national process to ensure competency of health care interpreters and to improve access and quality of care for patients with limited English proficiency. The group recently conducted two in-person surveys to learn about stakeholders' opinions national certification. Most agree that the benefits of a national process outweigh the challenges. Opinions vary widely, however, on whether a formal educational degree should be a pre-requisite for certification and whether previous work experience should be a required component. Opinions also vary about whether culturally sensitive testing instruments should be developed for interpreters. NCC plans to continue discussions and research in order to move forward in ways that meet the needs of the majority of stakeholders.

New MLC Video

A recently produced 10-minute video describing the MLC's work was shown at the meeting. It offers uniquely personal views on the policy issues the group was formed to address. To view online, see:

http://medicalleadership.org/diverse_patient_populations_video.shtml.

Next Meeting

The Council will meet on Wednesday, November 18, 2009 at The California Endowment's Center for Healthy Communities, 1000 North Alameda Street, Los Angeles, CA 90012.

For More Information

For additional details on topics presented at the May 20 meeting, see presenters' slides and other information available on the MLC Web site at www.MedicalLeadership.org.