MEETING SUMMARY: November 12, 2008
Medical Leadership Council on Cultural Proficiency

The health care needs of California's diverse, multi-ethnic population are being addressed in novel and effective ways by members of the Medical Leadership Council on Cultural Proficiency (MLC). Presenting at the Council's Nov. 12, 2008 meeting in Los Angeles, leaders of statewide medical specialty societies, county medical associations, and health care systems outlined recent advances in providing culturally proficient care, working to improve the diversity of tomorrow's doctors, and finding ways to eliminate health disparities.

"As physicians in the most culturally diverse state in America, 'cultural proficiency' is not just a concept to us, it's an essential aspect of effective care," said Robert K. Ross, MD, President and CEO of The California Endowment, convener of the MLC since 2002. "We have the opportunity – and the responsibility – to be national leaders in finding ways to deliver this care."

Through pilot projects, MLC member organizations are exploring new approaches for providing outstanding health care while meeting the needs of patients who speak a wide variety of languages and observe a wide range of cultural customs. Projects described at the November meeting included:

Providing Interpreter Services: The Alameda Contra Costa Medical Association has led the development of the Alameda County Coalition on Language Access in Healthcare (ACCLAH), a coalition of agencies, organizations and individuals invested in making interpreting services available to physicians, other healthcare professionals and institutions.

The mission of ACCLAH is to drive collaborative solutions to countywide needs for effective, efficient, patient-centered and culturally proficient language access services in Alameda County health system. ACCLAH is supporting a variety of collaborative demonstration projects to pilot new methods of delivering interpreting services to primary care physicians who have traditionally been left out of established language support networks.

Fluency, Inc. was awarded subcontractor status for ACCLAH and is working on the Alameda County Language Access Portal, which will provide the first public/private approach to managing the dispatch of face-to-face interpreters throughout a highly diverse, urban California county for a variety of public and for-profit healthcare customers.

NEPO: Valerie Berry, MPH, director of the Network of Ethnic Physician Organizations (NEPO) discussed recent network activities, including the annual summit. Network activities are based on organizational goals, which include efforts to: support a network of ethnic physician leaders to serve as community health advocates throughout California; strengthen the collaboration between ethnic physician and community-based

organizations; deepen the relationship between physicians and community members to improve the health of their communities; and encourage ethnic physician leadership development at the local, regional, and statewide level.

Medical Office Staff Training: Executive Director Dolores Green from the Riverside County Medical Association and Executive Director Linda Stratton from the San Bernardino County Medical Society described trainings their organizations developed in which physicians teach medical office staff about language access needs and solutions. Five hundred physician assistants, nurse practitioners, medical assistants, office managers, and receptionists have been invited to the educational series. An evaluation of the pilot and future recommendations will be developed in early 2009.

Regional Solutions for Interpreter Services: The San Francisco Medical Society (SFMS) hosted a two-part "Language Solutions Stakeholders Meeting" in April 2008 to develop a consensus about the best way to provide interpreter services at the regional level. In this project, outlined by SFMS consultant Diana Lau, RN, CNS, 17 stakeholders – including physicians, Independent Practice Associations (IPAs), HMOs, language policy experts and others – determined that a centralized language broker would be the best solution. Participants agreed that a "centralized collaborative language portal model" could best address current needs, including consistent interpreter standards, research to validate standards, interpreter evaluations, and a computer-based scheduling system.

Increasing Physician Workforce Diversity: Currently in California, just 5% of the state's 62,000 licensed, practicing physicians are Latino, though 33% of the population is Latino. Just 3% of the state's doctors are black while 7% of the population is black. To help increase diversity, the San Joaquin County Medical Society has developed *DECISION Medicine*, a two-week program designed to encourage local students to consider careers in medicine and to show them such a career is possible. In July 2008, 24 students received one-on-one mentoring from area physicians and shadowing opportunities in medical practices, said Executive Director Mike Steenburgh. They also made group hospital visits and took a field trip to UC Davis Medical School.

National Approaches Supporting Culturally Proficient Care

Medical Homes: Staff and elected leaders from MLC member organizations at the November 12 meeting also heard from national experts about ways a patient-centered primary care medical home benefits diverse, low-income patient populations.

In the patient-centered medical home – as jointly defined by the American Academy of Family Physicians, the American College of Physicians, the American Academy of Pediatrics, and the American Osteopathic Association – each patient has a relationship with a personal physician, who leads a health care team that takes responsibility for delivering primary care and coordinating the patient's overall care across the health care system and in the community. This includes care for all stages of life, including preventive, acute, chronic, and end-of-life care. Care also is facilitated by "registries, information technology, health information exchange, and other means to assure that

patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner," according to the joint statement.

Data clearly show that this model improves care and reduces health care disparities, said Anne Beal, MD, MPH, of The Commonwealth Fund. Studies show that Hispanics and Asians are least likely to report always getting medical care when they need it, for example, but these racial and ethnic differences are eliminated when adults have medical homes. Hispanics and Asian Americans also are less likely to receive a reminder for preventive care visits, but are just as likely as whites to receive the reminders when they have medical homes. Overall, three quarters of adults with medical homes received plans to manage their conditions at home, and adults with medical homes are more likely to report checking their blood pressure regularly and keeping it in control.

The National Committee for Quality Assurance (NCQA) has developed criteria for recognizing patient-centered medical homes. As payers and purchasers conduct pilot projects and consider future scenarios in which primary care practices functioning as medical homes may receive additional payment, agreement on standards is necessary, said Kristine Thurston Toppe, MPH, NCQA's Director for Public Policy. The current standards evaluate access and communication, patient tracking and registry methods, care management, patient self-management support, electronic prescribing, and four other areas. For more information, visit http://www.ncqa.org/tabid/631/Default.aspx.

Pay for Performance

Roza Do from the Pacific Business Group on Health's California Quality Collaborative (CQC) presented the results of a recent study assessing the feasibility of addressing cultural proficiency and health care disparities through "pay for performance." Sunita Mutha, MD, from the University of California-San Francisco Center for the Health Professions, was the principal investigator and conducted the study with CQC's Neil Solomon, MD, partnering with the Integrated Healthcare Association.

Interviewing representatives of medical groups and health plans, the researchers learned that 84% of physician groups do not "look at differences in quality of care of special populations of patients (e.g., racial/ethnic populations, populations with language barriers)" and 60% of physician groups do not collect information about patients' preferred languages for their health care visits. Most physician group representatives did not think cultural proficiency measures should be added to P4P. The researchers are considering other ways to improve collection and measurement of patient experience as well as to increase physicians' cultural proficiency.

Medical Leadership Council Meetings in 2009

The California Endowment will continue supporting the MLC in 2009, with meetings scheduled in May and November.

“Given the good work undertaken by MLC organizations to date, I look forward to our work together in 2009,” said CAFP Past President Leonard Fromer. “As physicians who know the difference cultural proficiency makes in the care we deliver, we are eager to make progress on every initiative that can possibly improve our patients’ health.”