

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

The health care needs of California's diverse, multi-ethnic population are 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.

Through pilot projects, MLC member organizations explore 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. Recent projects include:

- Physician-led trainings designed by the Riverside County Medical Association and San Bernardino County Medical Society to teach medical office staff about language access needs and solutions.
- New approaches to providing interpreter services, led by the Alameda-Contra Costa Medical Association through its support of the Alameda County Coalition on Language Access in Healthcare (ACCLAH), a coalition of agencies, organizations and individuals. ACCLAH is supporting a variety of demonstration projects to pilot new methods of delivering interpreter services to primary care physicians who have traditionally been left out of established language support networks.
- A two-part "Language Solutions Stakeholders Meeting" in which the San Francisco Medical Society explored the best way to provide interpreter services throughout the county. A series of stakeholder meetings achieved consensus that a centralized language services broker would be the best method to address the need for consistent interpreter standards, research to validate standards, interpreter evaluations, and computer-based scheduling systems.
- NEPO Project: Valerie Berry, MPH, director of the Network of Ethnic Physician Organizations (NEPO) discussed recent network activities, including the annual summit.
- DECISION Medicine, a two-week training program developed by the San Joaquin County Medical Society to increase workforce diversity by encouraging local students to consider careers in medicine. Twenty-four students received one-

on-one mentoring from area physicians and shadowing opportunities in medical practices this year, and took field trips to hospitals and the University of California-Davis Medical School.

MLC members at the November meeting also received updates on national efforts to improve culturally proficient health care. These included:

Medical Homes: Commonwealth Fund research showing that delivering care in the “patient-centered medical home” model reduces health care disparities. In a medical home – as jointly defined by the American Academy of Family Physicians (AAFP), the American College of Physicians, the American Academy of Pediatrics, and the American Osteopathic Association – each patient’s care is coordinated by a primary care practice, across the health care system and the community, through all life stages, using evidence-based medicine, electronic medical records, and other state-of-the-art practices.

Data show that Hispanics and Asians are least likely to report always getting medical care when they need it, for example, but these 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.

Criteria developed by the National Committee for Quality Assurance (NCQA) to recognize patient-centered medical homes evaluates access and communication, patient tracking and registry methods, care management, patient self-management support, electronic prescribing, and more.

Pay for Performance: The University of California-San Francisco Center for the Health Professions, partnering with the Integrated Healthcare Association and Pacific Business Group on Health’s (PBGH’s) California Quality Collaborative (CQC), recently assessed the feasibility of addressing cultural proficiency and health care disparities through pay for performance (P4P).

Interviewing representatives of medical groups and health plans, 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, however, so researchers are considering other ways to improve collection and measurement of patient experience and ways to increase physicians’ cultural proficiency.

“Given the good work undertaken by MLC organizations to date, I look forward to our work together in 2009,” said CAFPP 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.”