

**PRESS RELEASE**

**Nov. 12, 2008 Meeting of the Medical Leadership Council on Cultural Proficiency**

**Physicians Pilot Innovative Ways to Improve Care  
for California's Diverse Patients**

*Los Angeles* – Physician and health care organizations in California are finding ever more effective ways to deliver culturally proficient health care to the state's residents, who speak more than 300 languages and come from nearly as many cultures.

Working together in the Medical Leadership Council on Cultural Proficiency (MLC), the leaders of more than 30 medical specialty societies, county medical associations, and health care systems are piloting ways to provide interpreter services, better understand and respect patients' cultural beliefs, improve the diversity of tomorrow's doctors, and eliminate health disparities based on race and ethnicity. Several unique pilot projects launched in 2008 will shape MLC members' work in 2009.

“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 health care,” said Robert K. Ross, MD, President and CEO of The California Endowment, at the Nov. 12, 2008 MLC meeting. The Endowment first convened the MLC in 2002 and has announced this work will continue in 2009. Projects include:

- The Riverside County Medical Association and the San Bernardino County Medical Society have designed physician-led trainings to teach medical office staff about language access needs and solutions. Trainings will continue in 2009.
- The Alameda-Contra Costa Medical Association is supporting the Alameda County Coalition on Language Access in Healthcare, a coalition of agencies, organizations and individuals conducting 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.
- NEPO: The Network of Ethnic Physician Organizations (NEPO) plans to continue mission-based activities 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.
- The San Joaquin County Medical Society has developed DECISION Medicine, a two-week training program 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 in 2008, and took field trips to hospitals and the University of California-Davis Medical School. This program continues in 2009.

Other California work in 2009 to improve cultural proficiency and workforce diversity and to eliminate health care disparities will link with national efforts. These include:

*Establishing Medical Homes:* Commonwealth Fund research shows 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, the American College of Physicians, the American Academy of Pediatrics, and the American Osteopathic Association and supported by the California chapters of these organizations – 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.

*Pay-for-Performance and Cultural Proficiency:* Recent research conducted by the University of California-San Francisco Center for the Health Professions, partnering with the Integrated Healthcare Association and Pacific Business Group on Health’s California Quality Collaborative, found that 84% of physician groups contracting with health plans 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. The researchers now are looking for ways to improve collection of this information.

“Members of the MLC organizations look forward to continuing our work together in 2009,” said Leonard Fromer, MD, of the California Academy of Family Physicians. “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.”

For more information, including a list of organization members, see: [www.MedicalLeadershipCouncil.org](http://www.MedicalLeadershipCouncil.org).