Educating Clinicians to Provide Culturally Competent Patient-Centered Care

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Objectives

• Identify legislation and accreditation standards requiring education about health disparities and culturally competent care

• Share the author’s experience in New Jersey providing health disparities/cultural competency training and lessons learned

• Describe examples of exemplary CME/CPD programs that focus on improving the quality of care provided to diverse populations
“Adding wings to caterpillars does not create butterflies -- it creates awkward and dysfunctional caterpillars. Butterflies are created through transformation.”

Stephanie Pace Marshall

Defining Cultural Competence

“The ability of systems to provide care to patients with diverse values, beliefs and behaviors including tailoring delivery of care to meet patients’ social, cultural, and linguistic needs. The ultimate goal is a health care system and workforce that can deliver the highest quality of care to every patient, regardless of race, ethnicity, cultural background, [language proficiency, literacy, age, gender, sexual orientation, disability, religion, or socioeconomic status].”

Cultural Competency Efforts in the US: Levers of Change

- Demographic Diversity and Immigration
- Inequalities in Health and Health Care
- Health Care Legislation and Policy Initiatives
- Standards, Regulations, and Accreditation Requirements
- Professional Education and Training Resources
- Public and Private Sector Funding
- Communities of Practice and Centers of Excellence
- Market Forces and the Business Case
- Liability and Risk Management.

Legislative Initiatives to Foster Health Equity and Cultural Competency


US Cultural Competency Legislation

- **Dark Blue** denotes legislation requiring (NJ, CA, WA, NM, CT) or strongly recommending (MD) cultural competence training, which was signed into law.
- **Burgundy** denotes legislation (NY, OH, AZ, KY, GA) which has been referred to committee and is currently under consideration.
- **Dark Yellow** denotes legislation (IL, FL, IA, OR) which died in committee or was vetoed (CO).

Adapted from https://www.thinkculturalhealth.hhs.gov/Content/LegislatingCLAS.asp
Standards, Accreditation Requirements, and Guidelines

- Office of Minority Health’s National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care
- Joint Commission
- National Committee for Quality Assurance
- National Quality Forum
- Liaison Committee on Medical Education
- Accreditation Council for Graduate Medical Education
Interdisciplinary Team Care: Connecting the Silos

- Nursing
- Medicine
- Mental Health
- Oral Health
- Allied Health
- Public Health
- Pharmacy
- Social Work

CULTURAL COMPETENCE EDUCATION
Commission to End Health Care Disparities

• American Medical Association
• National Medical Association
• National Hispanic Medical Association
• 70+ other leading health professional associations

www.ama-assn.org/go/healthdisparities
There is some evidence that interventions to improve quality of healthcare for minorities, including cultural competence training, are effective.

Name of AAFP-approved source: AHRQ


Strength of evidence:
A systematic review of 91 articles, of which 64 were chosen that evaluated cultural competence training as a strategy to improve the quality of healthcare in minority populations. There is excellent evidence for improvement in provider knowledge, good evidence for improvement in provider attitudes and skills, and good evidence for improvement in patient satisfaction.
The New Jersey Experience
New Jersey Board of Medical Examiners: Required Cultural Competency Topics

- A context for the training, common definitions of cultural competence, race, ethnicity and culture and tools for self assessment.
- An appreciation for the traditions and beliefs of diverse patient populations, at multiple levels- as individuals, in families and as part of a larger community.
- An understanding of the impact that stereotyping can have on medical decision making.
- Strategies for recognizing patterns of health care disparities and eliminating factors influencing them.
- Approaches to enhance cross-cultural skills, such as those relating to history-taking, problem solving and promoting patient compliance.
- Techniques to deal with language barriers and other communication needs, including working with interpreters.

Majority Opted for Online Programs

Selected Cultural Competency Distance Learning Programs

**Free**
Office of Minority Health
*A Physician’s Practical Guide to Culturally Competent Care*
https://cccm.thinkculturalhealth.org

Health Resources and Services Administration
Effective Communication Tools for Health Professionals
(formerly Unified Health Communication 101)
http://www.hrsa.gov/publichealth/healthliteracy

**Private Sector Programs**
e.g., Manhattan Cross Cultural Group, Quality Interactions
http://www.qualityinteractions.org
Cultural Competency Live CME Program

“Improving the Quality of Care Provided to New Jersey’s Diverse Communities”

Educational Modules

• Health Disparities, Cultural Competency, and Implications for Quality Care
• Caring for Diverse Populations: Understanding Your Communities
• Culturally Competent Patient-Centered Care
• Caring for Patients with Limited English Proficiency
• Addressing Cross-Cultural Health Literacy Challenges in Clinical Practice
• Becoming a Culturally Competent Medical Practice
Institute of Medicine and Public Health of New Jersey

<table>
<thead>
<tr>
<th>Organizations</th>
<th>Medical Society of NJ County Medical Societies Hospitals</th>
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<tbody>
<tr>
<td>Number of sessions</td>
<td>3 full-days/4 half-days</td>
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<tr>
<td>Attendees</td>
<td>866</td>
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<tr>
<td>Mean #/Range per session:</td>
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<tr>
<td>Timeframe</td>
<td>May, 2008 – May, 2009</td>
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Selected Participant Reactions

- Opposition to mandated training requirements
- Anger toward subject area and waste of time
- Frustration with health care system, inadequate reimbursement, and liability issues
- Already knew this from experience/more appropriate for medical students
- Pleasantly surprised
- Relevant and useful
- Felt other topics needed to be covered
Quantitative Results (N=866)

- **Organization**
- **Content**
- **Presentation**
- **Educational Value**

Ratings:
- Excellent
- Very Good
- Satisfactory
- Fair
- Poor
- Missing

Respondents:
- Excellent: 500
- Very Good: 450
- Satisfactory: 400
- Fair: 350
- Poor: 300
- Missing: 250

Graph showing distribution of ratings across categories.
Quantitative Results (N=866)

- Stated objectives were fulfilled
- What I learned will assist me in my work
- AV/handout materials beneficial

Ratings:
- Excellent
- Very Good
- Satisfactory
- Fair
- Poor
- Missing

Met my expectations and needs
Appropriate for my level of training
Improved my knowledge
Lessons Learned: Key Points

• Need to create learning environments that foster safety, trust, and respect
• Within-group diversity is often greater than between-group diversity
• There is no “cookbook approach” to treating patients
• Avoid stereotyping and overgeneralization
• An assets and strengths-based perspective is important to maintain
• Remember that every encounter is a cross-cultural encounter
• Developing cultural competency is a life-long journey and not a final destination
Office of Minority Health
National Partnership for Action to End Health Disparities

HHS Action Plan to Reduce Racial and Ethnic Health Disparities, April 2011

National Stakeholder Strategy for Achieving Health Equity, April 2011
http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286
Addressing Disparities in Health and Health Care and Improving the Quality of Care for Diverse Populations Through Education and Training

Cultural Competency and Health Disparities
CME/CPD Programs
Selected Therapeutic Areas

• *Cultural Competency for the Physician: A Practical Approach to Improving Patient Outcomes*
  http://ccoe.umdnj.edu/online/activities/10MS01/index.htm

• *Empowering Clinicians and Patients To Manage Type 2 Diabetes and Reduce Cardiovascular Risk*
  www.medscape.org/viewarticle/731683

• *Improving Adherence in Patients from Culturally Diverse Backgrounds With Type 2 Diabetes and Cardiovascular Disease*
Cultural Competency and Health Disparities
CME/CPD Programs, cont.

- *Confronting Racial and Ethnic Disparities in Renal Disease: Strategies to Close and Eliminate the Gap*

- *Improving Outcomes of Pharmacotherapy in Minority Patients with Psychosis*

- *Improving Outcomes for Adult Depression in Ethnically and Racially Diverse Patients*
Warrior-Patient Centric Healthcare Training™ Seminar Series

You Must Know Me To Treat Me™

http://www.youtube.com/watch?v=u-cXxuOpNSA&feature=player_embedded

“For providers treating Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Compassion Fatigue, and other mental and behavioral health conditions to improve long term health outcomes.”

The Steptoe Group, LLC
http://www.thesteptoeigroup.com
NOW OFFERING!

Online CME Course
Improving Religio-Cultural Competence in Patient Care

Tanenbaum offers a 60-minute audiovisual course to help physicians and other health care providers understand how cultural practices and religious beliefs may impact patient decision-making, treatment options and the provision of patient centered care.

https://www.tanenbaum.org/cme
Becoming a
Culturally Competent
Health Care Organization and
Service Delivery System
Cultivating Cultural Humility

- A lifelong commitment to self-evaluation and self-critique
- Redressing power imbalances
- Developing mutually beneficial partnerships with communities on behalf of individuals and defined populations

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<th>Stage</th>
<th>Description</th>
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<tr>
<td>0</td>
<td>Inaction</td>
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<tr>
<td>I</td>
<td>Symbolic Action and Initial Organization</td>
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<tr>
<td>II</td>
<td>Formalized Internal Action</td>
</tr>
<tr>
<td>III</td>
<td>Patient and Staff Cultural Diversity Initiatives</td>
</tr>
<tr>
<td>IV</td>
<td>Culturally Diverse Learning Organization</td>
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Developed by Dennis P. Andrulis, PhD; Texas Health Institute, Austin, TX
http://erc.msh.org/mainpage.cfm?file=9.1g.htm&module=provider&language=English
http://erc.msh.org/provider/andrulis.pdf
Joint Commission

Hospitals, Language, and Culture: A Snapshot of the Nation, March 2007
http://www.jointcommission.org/assets/1/6/hlc_paper.pdf

One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations, April 2008
http://www.jointcommission.org/assets/1/6/HLCOneSizeFinal.pdf

“What Did the Doctor Say?” Improving Health Literacy to Protect Patient Safety, February 2007
http://www.jointcommission.org/assets/1/18/improving_health_literacy.pdf

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals, August 2010
http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf

A Cultural Competency Standards Crosswalk: a tool to examine the relationship between the OMH CLAS Standards and Joint Commission/URAC/NCQA Accreditation Standards
https://www.urac.org/savedfiles/CLAS_Standards_Crosswalk_V2.pdf
Key Summary Points

- Disparities in health and health care are common and disproportionately impact on minority, ethnic, and socio-economically disadvantaged communities.

- Recent health care policy, legislative, accreditation, and professional initiatives emphasize the importance of addressing disparities and providing culturally and linguistically appropriate services (CLAS) to our diverse population.

- Educating leadership, clinicians, and teams about the provision of high quality, patient-centered, culturally competent care is one of the key strategies for helping to reduce disparities and foster greater health equity.
Ongoing Challenges

How can we …

• transform ourselves as individuals, organizations, and health care delivery systems?
• generate interest, deal with resistance and inertia, and support the desire to become more culturally competent?
• address historical and contemporary “isms” and “fears”? 
Ongoing Challenges

How can we …

• partner and work more effectively with communities and with key stakeholders/constituencies in the public and private sectors?

• align the social, economic, and business cases for cultural competence?

• support a more culturally competent and participatory health policy environment?
Diversity in America

What is your preferred image?

Rainbow
Kaleidoscope
Mosaic
Salad
Melting Pot
Cauldron
Other?
“Sometimes it is easier to change the world than to change oneself.”

Rabbi Yakov R. Hilsenrath