Attitudes Toward Cultural Competency in CA Medical Groups

P4P Summit

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Research Endeavor

- Questions:
  - Are CA medical groups collecting and using information about language, race, ethnicity (LRE)?
  - Is there a need for program support in cultural competency, especially for chronic care?
  - Is there a role for cultural competency in P4P?
- Team
  - Sunita Mutha, MD – Center for Health Professions
  - Neil Solomon, MD – NAS, CQC
  - Roza Do – CQC, CAPG
- Sponsored by The California Endowment

Surveyed Provider Organizations

- 11 medical groups/IPAs (20 total interviews)
    - All risk-bearing groups in CA
    - Mix of urban and rural, North and South
    - Sampled high achievers and those serving very diverse populations
- Spoke to organizational/clinical leader
- Semi-structured interviews

Areas Covered

- Current activities to collect and use information about patient LRE
- Current strategies to incorporate language and cultural issues into population-based programs (DM, UM, CM, etc.)
- Major challenges faced in caring for specific groups of patients
- Desires/needs for support in LRE care issues
- Opinions about recognition and rewards for culturally effective care
    - Ways to measure and report this information

LRE Data: "No Need Now"

- Haven't heard it's a problem
  - No call from providers or patients
  - No external complaints about disparities
- Language issue is being handled
  - Patients find providers and vice versa
  - Use bilingual office staff
  - Other local interpreter resources

Data Collection: "Not Our Job"

- Health plans
  - Have the infrastructure and resources
  - Required to collect by law; they should forward to medical groups
- Individual provider offices
  - Know their own patients
  - Document in medical records or registries
- Medi-Cal
  - Gather info during enrollment

Data Collection: Early Efforts

- Infer from population demographics
- Internal surveys of physicians
- Plan to incorporate into system-wide EHR

Challenging Patient Populations

- Defined by disease, not by culture
- Some recognition of cultural issues
  - Self-care behaviors
  - End-of-Life views
  - Distrust of physicians who are different from them
- Groups with most complicated populations have least resources to dedicate for QI efforts

What is Needed/Wanted

- Embed teaching and tools into chronic care and patient experience programs (as opposed to stand-alone training)
- Interpreter training and support for office staff
- Work with health plans to get data
- Help address potential regulatory requirements

Cultural Competency in P4P

- Not an issue, doesn't belong
- Adding another measure wouldn't motivate focus on the topic
- Lack valid measures
- Not fair to assess across groups serving very disparate populations

Cultural Competency in P4P

- Go Slow for Now
    - Add questions to PAS to learn more about the size and shape of the problem (not to be used for recognition or rewards)
    - Recognition before Rewards

Future Directions

- Identify strategies to increase awareness of health disparities given population diversity
- Develop/describe valid and reliable LRE data collection methods for groups to use
  - Shared across health plans
  - Via EHRs at physician offices
- Develop training and education
  - Esp. chronic care and self-management support
  - Office staff interpreter services
- Focus on measuring cultural competency by assessing patient experience