

Quality and Safety of Care: The Role of Culturally & Linguistically Competent Care

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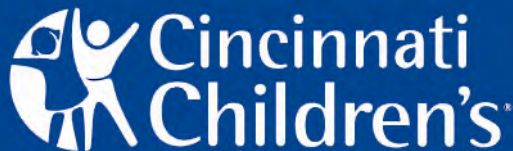
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National Initiative for Children's Healthcare Quality

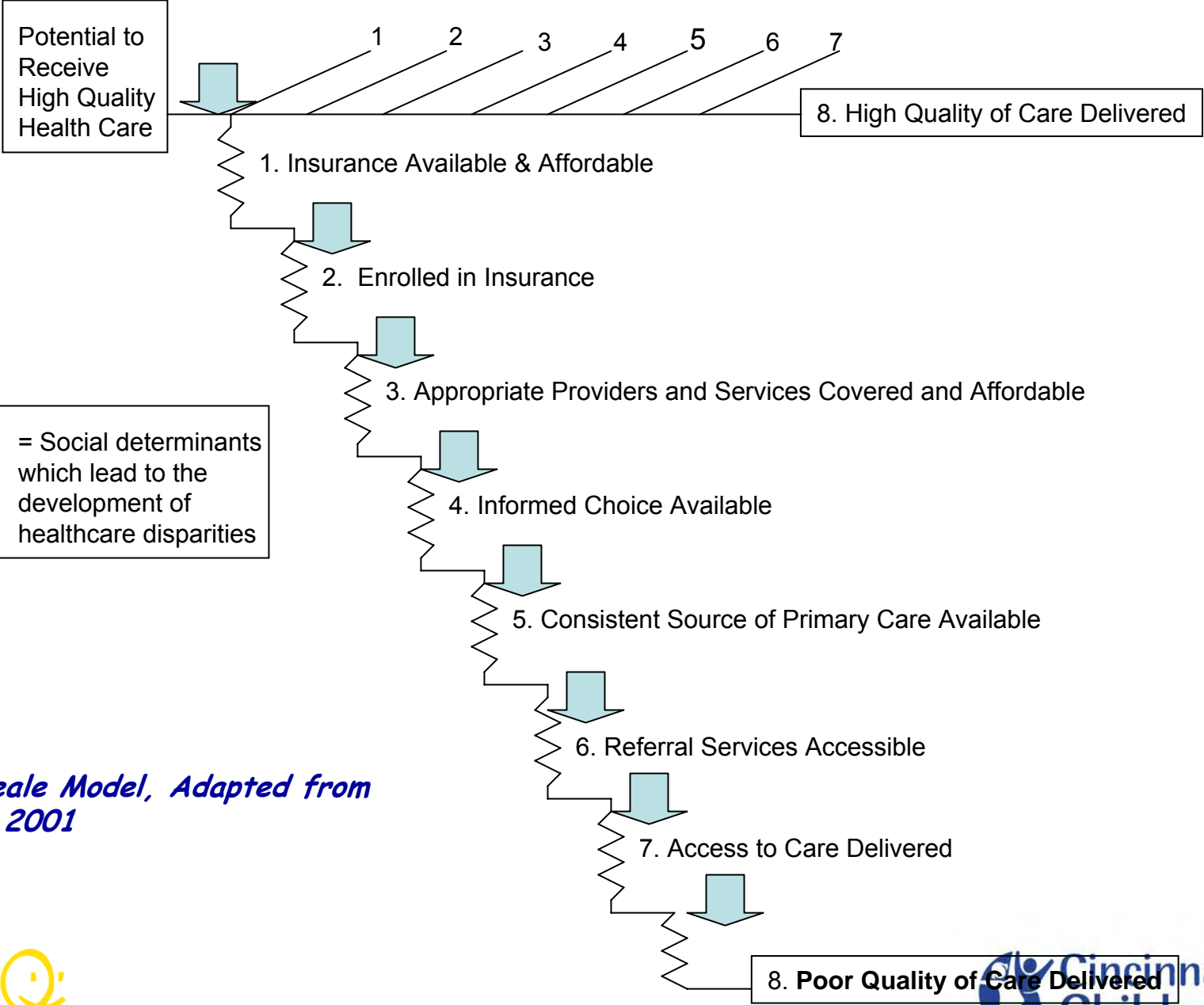


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Outline

- Quality of Care & Disparities: a framework
- How is quality affected by culture and language?
- Results of one study
- What is culturally & linguistically competent care?
 - What is the evidence of its impact?
- What are strategies for quality and safety by improving cultural and linguistic care?
- Next steps



Simpson/Beale Model, Adapted from Eisenberg, 2001

Pressures on Quality & Safety

- Demographic trends
- Disparities in health and health care
- Need to improve the quality of services & outcomes
- Respond to legislative, regulatory, & accreditation mandates

Cohen E, Goode T. Policy Brief 1: Rationale for cultural competence in primary health care. Georgetown University Child Development Center, The National Center for Cultural Competence. Washington, D.C., 1999.

Language Diversity, Limited English Proficiency, and Health Literacy

- **Language Diversity in the US**
 - 18% speak language other than English at home; 47% increase since 1990
 - In California, 40% speak a language other than English at home!
- **Limited English Proficiency**
 - U.S. Census definition of LEP (speak English less than “very well”)
 - 8% of U.S. population; 52% increase between 1990 and 2000
- **Health literacy**
 - The ability to read, comprehend, act on written and numerical information received in health settings

*Growing recognition of prevalence
and impact on quality and costs*

Impact of Language Barriers

- Impaired health status
- Lower likelihood of having a usual source of care
- Lower rates of preventive services
- Greater likelihood of diagnosis of more severe psychopathology and leaving hospital AMA
- Increased risk of drug complications
- Higher resource utilization for diagnostic testing

National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care

- The 14 standards are organized by themes:
 - Culturally Competent Care (Standards 1-3)
 - Language Access Services (Standards 4-7)
 - Organizational Supports for Cultural Competence (Standards 8-14).
- Within this framework - three types of standards of varying stringency:
 - CLAS **mandates** are current Federal requirements for all recipients of Federal funds (Standards 4, 5, 6, and 7).
 - CLAS guidelines are activities recommended by OMH for adoption as mandates by Federal, State, and national accrediting agencies (Standards 1, 2, 3, 8, 9, 10, 11, 12, and 13).
 - CLAS recommendations are suggested by OMH for voluntary adoption by health care organizations (Standard 14).

Legislation

New Jersey: “Requires Physician Cultural Competency Training as a Condition of Licensure”

Senate Bill 144, signed into law March 23, 2005
<http://www.njleg.state.nj.us>

California: Civil Code §51 “Continuing Medical Education on Cultural Competency”

AB 1195—Chapter 514, effective July 1, 2006
http://www.aroundthecapitol.com/Bills/AB_1195

Emerging Accreditation Requirements and Guidelines

- Joint Commission on Accreditation of Health Care Organizations
- National Committee on Quality Assurance
- Liaison Committee on Medical Education
- Accreditation Council for Graduate Medical Education

Outline

- Why be concerned with culturally competent care?
- Results of one study

Research Project Goals

- Identify root causes, the scale and scope, and the frequency and severity of communication problems between Latino children/families with limited English proficiency (LEP) and their providers as it relates to hospital-based services
- Identify key consequences of poor communication in areas such as patient satisfaction, health outcomes, access, health service utilization, and medical errors
- Translate key issues identified into a parent survey module
- Provide hospitals with tools and technical assistance for rapid cycle improvement projects to improve the quality and safety of hospital care for LEP children



Method: 12 Focus Groups

72 participants in California and Florida

- 25 parents or guardians with limited English Proficiency (LEP) of children or adolescents age 0 - 17, who had been hospitalized at least overnight within the past 6 months;
- 35 hospital healthcare staff and providers (physicians, nurses, admissions, social workers, etc.)
- 12 hospital quality improvement professionals



Results

- Language and cultural differences have a pervasive and often negative impact on the quality and safety of hospital care for children as perceived by parents.
- Twelve overarching themes emerged across the focus groups



Results: Parents and Providers shared four of these themes

- Phone and lay interpreters are insufficient. Face to face language assistance services are inconsistently available, lack continuity, and are of varied (and often poor) quality;
- Communication related problems obtaining and transmitting clinically relevant information that impacts quality and safety are common especially on admission and discharge;
- Communication related problems in establishing relationships & trust are extensive;
- Communication related problems in establishing effective patient-provider partnerships in decision-making and child's health care provision are routine.

One perspective was unique to parents:

- Perceived hospital worker avoidance contributes to and exacerbates communication, quality and safety problems related to language and cultural differences.

Results: Providers & QI participants shared these themes

- The uncertain link between communication, quality and safety is a barrier to action;
- Communication problems are universal and it is not clear that they are specific to or greater for LEP children and families vs. English speaking families;
- Broader community wide and social issues are at play that lead to quality problems for LEP children and families.

Implications for Practice: Strategies for Improvement

Parents, Providers and QI Professionals Agreed on
11 Specific Ideas for Improvement

All three groups set forth these 4 ideas:

- Provide more medically trained interpreters
- Develop a universal focus on improving communication skills.
- Be patient with families, encourage and help them to be more empowered & speak up. (ASK ME 3)
- Provide a checklist and/or information form for parents to complete to prepare for arrival of interpreters.



Parents & Providers

Recommended Four Ideas for Improvement

- Require routine provider and staff training in cultural sensitivity.
- Proactively let parents know that interpreters are on their way (& when).
- Increase Spanish language signage and the availability of written materials in Spanish.
- Provide parents with a trustworthy and knowledgeable support or ombuds-person.

Conclusions

- Communication challenges are universal
- All aspects of quality by language and communication are affected
- Levels of change are needed (at the level of the patient, microsystem, organization and external environment)
- Divergent perspectives limit progress
- Measurement is essential
- Parents are key to ensuring good communication and the quality and safety of care
- Healthcare providers must not wait to take action

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Definitions

- Culture

- Set of learned and shared beliefs and values that shape interactions and interpretation of experience
- Each of us can belong to many different cultural groups, including but not nearly limited to race, ethnicity, language, religion, sexual orientation, gender, disability, and socioeconomic status

- 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, or English proficiency.”** *The Commonwealth Fund. New York, NY, 2002*

Definitions (cont)

- Linguistic competence
 - Capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences, including persons of LEP, those who have low literacy skills or are not literate, and individuals with disabilities.

National Center for Cultural Competence, 2004

Evidence Base for Cultural Competency

The Evidence Base for Cultural Competency. Goode et al , 2006.

Cultural Competence: A Systematic Review of Health Care Provider Educational Interventions Beach MC, et al. Medical Care 2005; 43(4):356-373.

Can Cultural Competency Reduce Racial & Ethnic Health Disparities? A Review and Conceptual Model Brach C, Frazer I. Medical Care Research and Review 57, Suppl. 1:181-217, 2000.

Culturally Competent Health-Care Systems: A Systematic Review Aderson LM, et al. and the Task Force on Community Preventive Services. American Journal of Preventive Medicine 2003; 24(suppl 3):68-79.

Setting the Agenda for Research on Cultural Competence in Health Care: Final Report

Fortier JP, Bishop D, eds. Resources for Cross Cultural Health Care. US Department of Health and Human Services Office of Minority Health and Agency for Healthcare Research and Quality, August 2004. Rockville, MD
<http://www.ahrq.gov/research/cultural.htm>)



The Bottom Line?

- *“... there is a growing case to support the effectiveness of culturally competent health promotion and education models in improving outcomes.*
- *Of these twenty-five studies, all but two found improved outcomes in terms of increased rates of screening, improved adherence to treatment regimens, or better physiologically based measures.”*

Evidence on the Impact of Interpreter Services

- Communication issues
- Patient satisfaction with care
- Processes, outcomes, complications and use of health services

Flores, 2005

The Bottom Line?

- *“...Available evidence suggests that optimal communication, the highest patient satisfaction, the best outcomes, and the fewest errors of potential clinical consequence occur when LEP patients have access to trained professional interpreters or bilingual health providers”*

Flores, 2005

Evidence on the Costs and Benefits of Culturally Competent Care

- Cost estimates for linguistic competence
- Benefits found in only 2 studies
 - ↑ preventive services
 - ↓ emergency department use, intensity, or charges
- Cost benefits focused on reduction of disparities

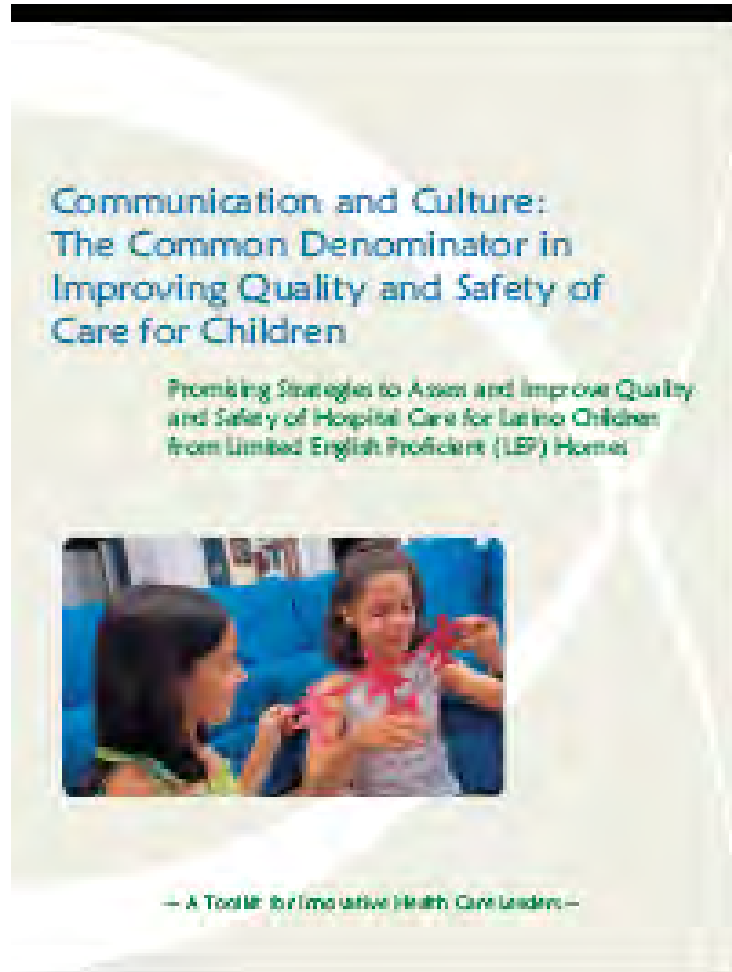
The Bottom Line?

- The volume and level of evidence to support the hypothesis [...] that cultural and linguistic competence would result in decreased system cost is not currently present in the literature.

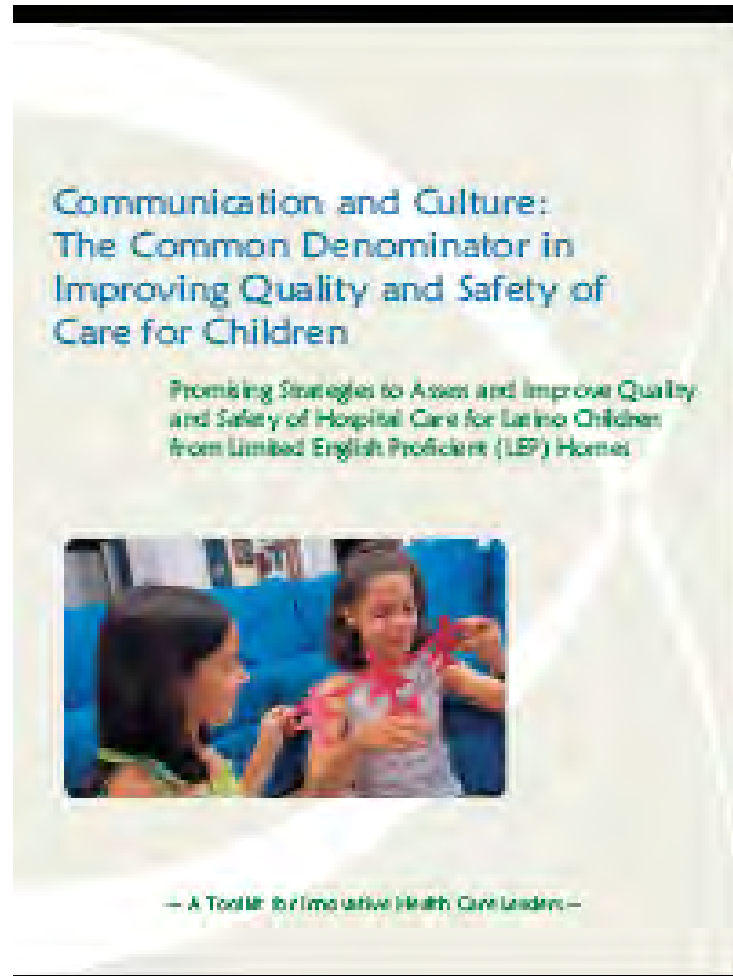
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Tools and Resources



Tools and Resources



This toolkit for innovative health care leaders includes:

- I. The Child Hospitalization Communication, quality and Safety Survey (CHCQSS-LEP) Module, Pilot Version 1.5, guidelines and checklist for implementation
- II. Models to Improve Quality & Safety-Related Communication, additional tools, ideas and resources
- III. Additional resources and references

LEP Survey Module

Survey module topics include:

- LEP Status Screener
- Translation
- Written Forms
- Medical Procedures
- Medicines
- Getting Help and Information
- Admission to Hospital
- Discharge



Tools and Resources



“Expanding Perspectives”

Objectives

- Develop practical strategies that healthcare organizations – primary care practices in particular – can use to become better able to care for diverse populations
- Develop measures that can be used to track progress towards the goal of culturally competent care
- Test strategies and measures for feasibility
- Embed both in NICHQ quality improvement efforts and those of others

Change Package

- Three key elements
 - A conceptual framework that describes the features of the ideal system (Care Model for Child Health)
 - A set of changes and strategies that have proven to be or promise to be effective in achieving improvements
 - Change concepts
 - A set of measures that enable tracking of progress towards improvement goals
 - Outcome Measures
 - Process Measures
 - Structural Measures
 - Balancing Measures

Change Concepts

- Within each of the six components of the Care Model for Child Health
 - Community Resources (2)
 - Health System and Organization (3)
 - Family and Self-Management Support (2)
 - Decision Support (2)
 - Delivery System Design (2)
 - Clinical Information System (2)
- Included several or many strategies for each change

Next Steps

- Providing support for testing the LEP survey module
 - Phoenix Children's and Ronald McDonald Charities
- Developing an online training module encompassing
 - Evidence base on impact on quality/safety
 - Core concepts for
 - Cultural competence
 - Linguistic competence
 - Quality improvement
- Integrating all of the change concepts into all work by NICHQ

Questions?

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