



Cultural Competency Access to Care Standards & Sharing Medical Records

May 17, 2019



Cultural Competency Training

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Training Goals

1. Define culture and cultural competence
2. Explain the benefits of clear communication
3. Address health care for various subcultures and populations in the United States
4. Reflect on strategies when working with seniors and people with disabilities
5. Understand how to access interpretation services and written materials in alternative languages and formats



Chapter

01

Reducing Health
Disparities by
Addressing Cultural
Diversity

Culture and Cultural Competence

Defining Culture and Cultural Competence

- Culture refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, values and institution that unite a group of people.
- Cultural competence is the capability of effectively interacting with people from different cultures.

<http://minorityhealth.hhs.gov>

How Does Culture Impact the Care That is Given to My Patients?

Culture informs:

- Concepts of health and healing
- How illness, disease and their causes are perceived
- Behavior of patients who are seeking health care
- Attitudes toward health care providers



Culture Impacts Every Health Care Encounter

- Who provides treatment?
- What is considered a health problem?
- What type of treatment is needed?
- Where is care sought?
- How symptoms are expressed
- How rights and protections are understood

Because health care is a cultural construct based on beliefs about the nature of disease and the human body, cultural issues are actually central in the delivery of health services.

Adapted from:

<http://minorityhealth.hhs.gov>

Chapter

02

Clear Communication: The Foundation of Culturally Competent Care

Limited English Proficiency (LEP)

Limited English Proficiency is a term that describes a member who has an inability of a limited ability to speak, read, write or understand the English language on a level that permits that individual to interact effectively with health care providers or health plan employees.

- **Who are they?**

- 20 percent of people living in the U.S. speak a language other than English in their home
- Hispanic population grew by 43 percent in the U.S. between 2000 and 2010
- 17 percent of the foreign-born population in the U. S. are classified as newly arrived (arriving 2005 or later).

- **What do they experience?**

- One out of two adult patients has a hard time understanding basic health information due to lower level English fluency
- Average physician interrupts a patient within the first 20 seconds.

Health Literacy

Health literacy is the ability to obtain, process and understand basic health information and services needed to make appropriate decisions.

- Over one third of patients have limited health literacy, which results in their not understanding what they need to take of their health.
 - Limited health literacy is associated with poor management of chronic diseases, poor ability to understand and adhere to medication regimens, and increased hospitalization and poor health outcomes.
- Member communications are based on health literacy and plain language standards.
 - The reading ease of written member materials is tested to ensure no higher than a sixth-grade reading level.

Positive Outcomes of Clear Communication



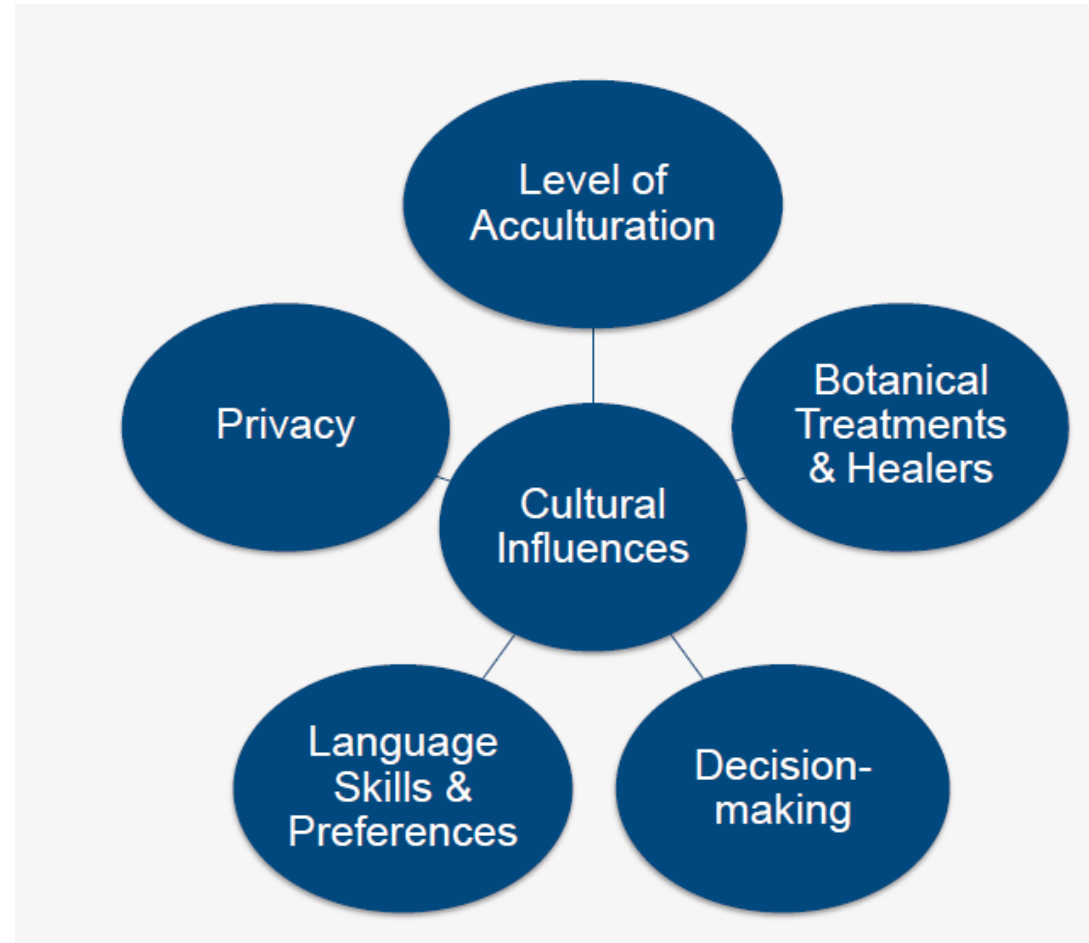
Language Assistance Program (LAP) for Limited English Proficient (LEP) Members

Beacon is committed to providing free language assistance for members.

Services include:

- Free interpreter services for all languages, including American Sign Language
 - Providers may call Beacon directly to access telephonic interpreter services while the member is in the office
 - Request for onsite face to face interpreter services must be requested at least **three days** in advance
- Spanish versions of Beacon's public website and member materials
- TTY/TDD Services
- Members may request information materials in any of the threshold languages
- Members should call the customer service phone number listed on the back of the member's ID card to request translated materials.

Impact of Cultural Influences



Clear Communication with LEP Members

Here's what we wish our health care team knew about some of our members:

- I tell you I forgot my glasses means I am ashamed to admit I don't read very well.
- I don't know what to ask and am hesitant to ask you
- When I leave your office, I often don't know what I should do.

Here's What Your Team Can Do:

- Use a variety of instruction methods
- Encourage questions & use of Ask Me 3*
- Use Teach-back tool*

*Described on the following pages



Ask Me 3: Tool for Communicating with Members

Ask Me 3 is a patient education program designed to:

- Improve communication between patients and health care providers
- Encourage patients to become active members of their health care team
- Promote improved health outcomes
- The program encourages patients to ask their health care providers three questions:
 - 1. What is my main problem?
 - 2. What do I need to do?
 - 3. Why is it important for me to do this?
- Patients and providers can use this tool in their patient clinical encounters

Teach Back: Tool for Communicating with Members

The Teach-back tool is a research-based health literacy communication intervention that promotes adherence, quality and patient safety.

- You can use it by:**

- Confirming with the patient that you explained information clearly; it is not a test or quiz of patients or members.
- Asking a patient (or family member) in a caring way to explain, in his or her own words, what he or she needs to know or do.
- Checking for understanding and, if needed, explain and check again.

Clear Communication

Here's what we wish our health care know about some of our members:

- I put medication into my ear instead of my mouth to treat an ear infection.
- I am confused about risk and information given in numbers like percentages and ratios. How do I decide what I should do?

Here's what you team can do:

- Use specific, plain language on prescriptions.
- Use qualitative, plain language to describe risks and benefits. Avoid using just numbers.

Addressing the U.S. Healthcare System

Here's what we wish our health care know about some of our members:

- My expectations do not align with U.S. managed care.
- I'm bewildered by requirements to visit multiple doctors.
- I wonder why I have diagnostic testing before a prescription is written.

Here's what you team can do:

- Inform patients that they may need follow-up care.
- Explain why a patient may need to be seen by another doctor.
- Emphasize the importance of medication adherence.

Common Office Expectations

Here's what we wish our health care know about some of our members:

- I have different expectations about time.
- I prefer to have someone of the same gender.
- I'm going to bring friends or family. They want to help make decisions.

Here's what you team can do:

- Upon arrival, inform patient about wait time.
- Accommodate by offering a doctor or interpreter of same gender.
- Confirm decision-makers at each visit.

Using Interpreter Services

Don'ts:

- As friends or family members to support interpretation
 - Particularly minors
- Speak louder to the person
- Look at the interpreter instead of the patient
- Speak rapidly

Dos:

- Use the Beacon language line for telephonic or in-person interpretation services.
- Articulate and speak slowly
- Look at the patient directly
- Pause and give the interpreter time to translate fully.

Using Interpreter Services

Beacon makes available free interpreting services 24-hours a day, 7 days a week, including American Sign Language (ASL).

To arrange for an interpreter, providers should contact Beacon member services at least 3 business days in advance of the appointment.

Providers must document member request/refusal of interpreter services and the request to use a friend or family member in the medical record.

Providers need to include the member's language in the member's medical record.

Chapter

03

Cultural Competence: Various Populations and Subcultures

Subcultures and Populations

With growing concerns about health inequities and the need for health care systems to reach increasingly diverse patient populations, cultural competence has increasingly become a matter of national concern.

There are also growing concerns over different health issues that affect American society, which can differ amongst ethnic groups. Each population has its health issues; Anglo, Asian, African and Latino Americans, as well as genders.

A **subculture** is an ethnic, regional, economic or social group exhibiting characteristic patterns of behavior sufficient to distinguish it from others within an embracing culture or society.

Health Care for Economically Disadvantaged Populations

Economically disadvantaged members may:

- Not be familiar with the U.S. health care system
- Experience illness related to life changes like job loss
- Experience difficulty getting to medical appointments due to transportation issues

Benefits to open communication:

- Builds trust
- Results in full disclosure of patient knowledge, behavior, and ability to afford medications and treatment.

Culture Differences

To take care of health issues within different ethnicities in the United States, you need to understand the values, beliefs and customs of different people.

- An example of a cultural difference that impacts health care:
 - Consider people from the Middle East and Central Asia.
 - Understand that woman from the part of the word might not be comfortable undressing.
- When working with a wide array of different people from different cultures, take into account the following:
 - Have respect for everyone
 - Have respect for everyone's traditions, norms and other traits

Cultural Aspects That May Impact Health Behavior

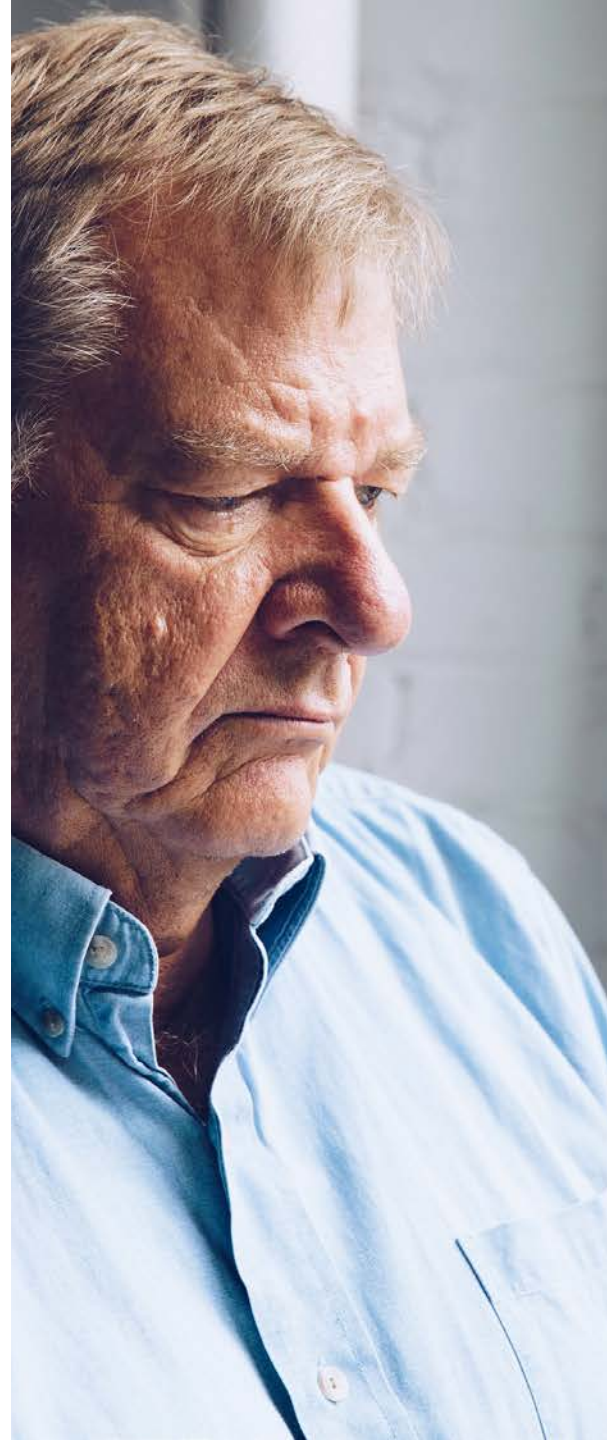
- **Eye Contact:** Many cultures use deferred eye contact to show respect. Deferred eye contact does not mean that the patient is not listening to you.
- **Personal Space:** Different cultures have varying approaches to personal space and touching. Some cultures expect more warmth and hugging in greeting people.
- **Respect for Authority:** Many cultures are very hierarchical and view doctors with a lot of respect; therefore, these patients may feel uncomfortable questioning doctors' decisions or asking questions.

Cross- Cultural Health Care

- Understanding the many different subcultures that exist within our own culture is also an important aspect of cross-culture health care
- Not just understanding Americans in general, but also understanding different issues that affect different subcultures of American society.

Chapter

04



Cultural Competence: Seniors and People with Disabilities

Americans with Disabilities Act (ADA)

People with disabilities must be consulted before an accommodation is offered or created on their behalf.

Providers are required to comply with all Americans with Disabilities Act (ADA) requirements. These include:

- Utilization of waiting room and exam room furniture that meets the needs of all members, including those with physical and nonphysical disabilities
- Use of clear signage throughout provider offices
- Provide materials in alternate formats
- Providing adequate parking

Working with Seniors and Persons with Disabilities



Disease and Multiple Medications

Here's what we wish our health care know about some of our members:

- Their neurocognitive processing ability is impaired due to:
 - Stroke
 - Pain
 - Hypertension, Diabetes
 - UTI, Pneumonia
- Their medications are affecting their cognition
 - Pain medication
 - Antidepressants
 - Interactions

Here's what you team can do:

- Be aware
 - Slow down
 - Speak clearly
 - Use plain language
 - Recommend assistive listening devices
- Obtain thorough health history

Caregiver Burden/Burnout

Here's what we wish our health care know about some of our members' caregivers:

- 12 percent of active caregivers may have their own limitations
- 16 percent of working seniors are also caregivers
- Caregivers report more stress and higher likelihood of depression

Here's what you team can do:

- Ask about caregiver responsibilities and stress levels
- Offer caregiver support services

Cognitive Impairment and Mental Health

Here's what we wish our health care know about some of our members' caregivers:

- Patients with dementia may need a caregiver
- Older adults suffer more losses
 - May be less willing to discuss feelings
 - Have high suicide rates at 65 and older

Here's what you team can do:

- Communicate with patient and caregiver
- Assess for depression, dementia/cognitive ability

Person-Centered, Recovery-Oriented Behavioral Health Services

We support behavioral health programs that provide members with access to **a full continuum of recovery and resiliency focused** behavioral health services through our network of contracted providers.

The primary goal is to provide medically necessary care in the most clinically appropriate and cost-effective therapeutic settings.

We believe in recovery: consumers should live and thrive in the community, with family and friends, engaging in gainful activity.

Person-centered focus is designed to improve member well-being and quality of life

Improve communication between behavioral and physical health care providers to ensure proper coordination/transitions of care for members to improve outcomes and reduce hospital and nursing home admissions/readmissions

Continued use of preventive and screening programs can help decrease

Visual Impairment Examples

- Macular degeneration



- Diabetic retinopathy



- Cataract



- Glaucoma



- Problems
 - Reading, depth perception, contrast, glare, loss of independence
- Solutions
 - Decrease glare
 - Use bright, indirect lighting and contrasting colors
 - Share printed material with LARGE, non-serif fonts

Images courtesy of the National Institutes for Health/National Eye Institute

Hearing Impairment

Here's what we wish our health care know about some of our members' caregivers:

- Presbycusis: Gradual, bilateral, high frequency hearing loss
 - Consonant sounds are high frequency
 - Word distinction difficult
 - Speaking louder *does not* help

Here's what you team can do:

- Face patient at all times
- Speak slowly and enunciated clearly
 - Do not use contractions
- Rephrase if necessary
- Do not cover your mouth
- Reduce background noises
 - Air conditioner, TV, hallway noise, etc.
- Offer listening devices

Physical Impairment

Here's what we wish our health care know about some of our members' caregivers:

- Pain and reduced mobility is common due to:
 - Osteoarthritis
 - Changes in feet, ligaments and cushioning
 - Osteoporosis
 - Stroke

Here's what you team can do:

- Keep hallways clear
- Lower exam tables
- Add grab bars/railings
- Use exam rooms nearest waiting area
- Offer assistance- transfers, opening sample bottles, etc.
- Recommend in home accessibility assessment

References

<http://www.iceforhealth.org/library.asp?sf=&scid=2899#scid2899>

<http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/>

<http://www.teachbacktraining.com/> <http://www.thinkculturalhealth.org/>

<https://www.thinkculturalhealth.hhs.gov/about>

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11>



Access to Care Standards

May 17, 2019



Access to Care - Our Commitment to Members

Primary Care Medical Providers (“PCMP”) are required to serve Health First Colorado (Colorado’s Medicaid Program) Members as a Medical Home that is nearby, aiming to meet high access-to-care standards such as:

- **Provide reasonable hours of operation**, including 24-hour availability of information, referral and treatment for emergency medical conditions.
- **24/7 phone coverage** with access to a clinician that can triage Member’s health need;
- **Appointment availability** on a weekend and extended weekday hours; and
- **Short waiting times** in reception area.

Access to Care - Our Commitment to Members

Behavioral Health Providers are required to render services to Members on a timely basis, as follows:

- **Urgent Care** – within twenty-four (24) hours after the initial identification of need.
- **Outpatient follow-up appointments** – within seven (7) days after discharge from a hospitalization.
- **Non-urgent Symptomatic Care Visit** – within seven (7) days after the request.
- **Well Care Visit** – within one (1) month after the request; unless an appointment is required sooner to ensure the provision of screenings in accordance with the Department's accepted Early Periodic Screening, Diagnostic and Treatment (EPSDT) schedules.
- **Emergency Behavioral Health Care** – by phone within fifteen (15) minutes after the initial contact, including TTY accessibility; in person within one (1) hour of contact in Urban and suburban areas, in person within two (2) hours after contact in Rural and Frontier areas.
- **Non-urgent, Symptomatic Behavioral Health Services** – within seven (7) days after a Member's request.
- Administrative intake appointments or group intake processes will not be considered as a treatment appointment for non-urgent symptomatic care.
- The RAE will not place Members on wait lists for initial routine service requests.

Access to Care Standards References

You can find the Access to Care Standards on our websites under Clinical Tools in the Provider section:

www.healthcoloradae.com

And

www.northeasthealthpartners.org

You can find specific information the Provider Handbook, in the Practice Procedures section. You can find the Provider Handbook on the websites under Provider Handbook n the Provider section.



Sharing Medical Records

May 17, 2019



Sharing Medical Records

As part of being a part of our provider network, providers should maintain and share, as appropriate:

- Member health records with
 - Other providers
 - Or organizations involved in the member's care- such as care coordination organizations
- In accordance with professional standards

This communication expectation will:

- Promote continuity of care,
- Prevent unnecessary re-hospitalizations or services at a higher level of care and
- Facilitate improved communication about the member among providers, facilities, and others who are involved with the member.


Thank You

Contact Us



 888-502-4189 | 888-502-4185

 www.northeasthealthpartners.org | www.healthcoloradocolorae.com

 northeasthealthpartners@beaconhealthoptions.com
healthcolorado@beaconhealthoptions.com