

Project Title: Improving cultural sensitivity within health care: Cultural competency training & development of a cultural resource tool

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Rationale:

Cultural and religious insensitivity remains a barrier to optimal health outcomes in health care today and contributes to the nation's health disparities. Understanding different cultures of a patient population is key to providing effective health care. A patient's cultural and spiritual background "influences how they experience illness, interact with the care delivery system, and handle care" and also "affects how they behave and self-manage outside of the clinic" (Robert Wood Johnson Foundation, 2014). Unfortunately, many health care workers are not knowledgeable of different cultures and therefore do not understand how to serve them well within the hospital or community setting, which can negatively impact patient care outcomes and patient satisfaction scores. Health care professionals must be trained in cultural competency and have access to a resource that describes various cultures and religions, in terms of health care needs, expectations, and perceptions and incorporate that knowledge in the patient's plan of care in order to truly provide quality health care (RWJF, 2014). Health care clinicians must be culturally competent, which means that they are able to effectively provide services to people of all cultures, races, ethnic backgrounds, religions, languages and sexual orientations in a manner that values the worth of the individual and preserves their dignity.

Cultural competency trainings are offered in hospitals, medical centers and in the community as a solution to this problem. These trainings teach physicians and other health care staff how to effectively communicate with patients from ethnic minority populations and additional communities, such as the homeless and Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ), how to address their cultural and linguistic needs, and how to avoid stereotyping and bias making during health care delivery. Trainings differ in terms of breadth, length, and format. An evidence-based cultural competency training online module, "Culturally Competent Care" was created by Adventist HealthCare in efforts to improve the health of racial and ethnic minorities and other communities and enhance providers' cross-cultural communication skills. This training curriculum has been adopted by MultiCare Health System and will be used with employees. Dialogue discussions are also included in this training to reinforce learned content and to develop a more meaningful understanding of the importance of cultural competency in health care. In addition to cultural competency trainings, an online cultural resource center that outlines health & religious beliefs and general customs of various cultural groups can also be helpful to the clinician. Community cultural groups should be included in the development and design of resource tools to increase cultural awareness and competency (RWJF, 2014).

Cultural competency trainings and the development of cultural resource tools support the following federal Medicaid objectives: 1) Increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations, 2) Improve health outcomes for Medicaid and low-income populations, and 3) Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery. When providers are culturally aware, use effective communication techniques, and address cultural, religious and linguistic needs during care delivery, they will be providing minority Medicaid patients with better quality care. Minority patients may become more comfortable with the services they receive and may be more likely to access primary health care on a more routine basis. Establishing a cultural competency training program and an ongoing cultural resource for Medicaid primary care providers and , eventually, other health professionals throughout the state that serve the Medicaid population will significantly transform service delivery for the better and will enable us to begin closing the health equity gap. These interventions also have potential to reduce avoidable use of hospital services and improve overall population health, which are two transformation goals stated in Washington's Medicaid Transformation Waiver. The Transformation Project Domain involved is population health improvement.

Project Description:

Populations impacted

This project would be piloted with Medicaid primary care providers (MD/DO, ARNP, PA) in Pierce County, one of the most diverse counties in Washington state, in terms of race, ethnicity, and languages spoken in Washington state. According to 2011- 2012 data, there are 638 primary care physicians, 171 nurse practitioners, and 98 physician

assistants practicing in Pierce County (Washington State Primary Care Provider Survey). Approximately, 22.2% of primary care physicians, 25.3% of nurse practitioners, and 17.7% of physician assistants accept Medicaid patients, an estimated total of 200 providers. The Medicaid population in Pierce County would also be impacted.

An estimated number of 830,000 people live in Pierce County (Quick Facts US Census, 2014). Approximately 68% of Pierce County's population is Caucasian, not Hispanic/Latino; 10% is Latino/Hispanic; 8% is African-American; 8% is Asian/Pacific Islander; and 2% is Native-American (Quick Facts US Census, 2014). In addition, approximately 7% of the population identify with two or more races. Pierce is projected to become even more racially and ethnically diverse over the years. Joint Base Lewis McChord, a major military installation, is also located in Pierce County. As a result, Pierce provides health care services to a diverse, large number of active and retired military personnel. Out of 830,000 people residing in Pierce County, approximately 224,000 are Medicaid recipients (WA State Health Care Authority, 2015). We were unable to find Medicaid data stratified by race/ethnicity for Pierce County. However, statewide, approximately half of Medicaid patients under age 65 identify as racial/ethnic minorities. This population tends to experience more barriers to health care, a greater incidence of chronic disease, lower quality of care and higher mortality than the general population (Center for Health Care Strategies, est. 2008).

Project goals, Interventions, Outcomes

The overall goal of this project is to improve patient care outcomes in Pierce County for all Medicaid patients, but especially those from minority and limited English proficiency populations and additional communities. We hope to achieve this goal by offering the “Culturally Competent Care” online training module to primary care providers (MD/DO, NPs and PAs) in Pierce County and developing a cultural sensitivity online tool that would allow providers to learn about health beliefs, expectations, and perceptions of different cultures and religions. Being knowledgeable about cultures and religions different from their own will better enable them to develop patient care plans taking into account the patient’s background. When culture is taken into account, care is better coordinated and it’s more likely that a patient will subscribe to the treatment regimen, thus preventing unnecessary ER visits and hospital readmissions and leading to potential cost savings. Patients and family members will also feel respected and listened to which will increase patient satisfaction and staff will feel more competent caring for patients whose cultures, language, and spiritual beliefs differ from their own.

Year 1 Interventions - Development of the online Cultural Resource Center

- Identify Medicaid primary care providers (MD/DO, ARNP, PA) in Pierce County and communicate new focus on health equity.
- Survey providers to identify specific cultural groups or communities they desire more information on.
- Research content for resource center via online references and databases, including health beliefs & practices, customs, and general information on cultures, religions and additional communities that are commonly served in Pierce County.
- Identify and contract with community organizations that serve identified cultural groups – they will be the experts and help provide content for the tool.
- Set-up website, with log-in/password feature, that includes a discussion board.
- Add content to online resource center.
- Add “Culturally Competent Care” online training to online resource center.

Year 2 Interventions – “Culturally Competent Care” Training for Pierce County Medicaid Providers

- Survey Medicaid primary care providers about confidence and ability around providing culturally competent care before starting the training.
- Medicaid providers will register for and complete “Culturally Competent Care” training Parts I (online content) and II (virtual dialogue) –Approximately ten virtual dialogue events to discuss training content will be held.
- Develop, administer, and analyze results of a post survey to providers at the completion of the training, 6 months after training and 12 months after training.
- Develop, administer, and analyze results of a survey to Medicaid patients about how well their cultural and religious needs are met during health care delivery at 6 months and 12 months after provider training.

Anticipated Outcomes

- Increase in providers' confidence in delivering health care to patients whose culture or religion differs from their own
- Increase in providers' ability in delivering health care to patients whose culture or religion differs from their own
- Increased frequency of providers taking patient's cultural context into account when developing treatment plan
- Increased patient satisfaction among Medicaid population
- Decreased avoidable use of the emergency room and readmission rates

Core Investment Components:

Project Manager-(1)-\$35/hr for 24 months – **\$134,400**-Develops and analyzes survey tools, communicates information to providers, enrolls providers in virtual dialogues, supervises implementation of culturally competent care training and development of online cultural resource

Content researchers (4) -\$25/hr for 12 months–\$48,000 x4= **\$192,000** -Identifies content for online cultural resource center via meetings with community groups that serve cultural groups of interest and databases

Virtual Facilitator–\$30/hr for ten 60 minute virtual discussions- **\$300**- Facilitate ten 60 minute virtual dialogues for providers about culturally competent care content from training. May need to purchase technology to do this (i.e. Adobe Connect) - **\$500**

Sub-contracts with Community Groups (approx. 10) -\$1,000 each – **\$10,000**- Work with content researchers to develop online cultural resource center

Web design - **\$25,000** - Will design and develop online cultural resource center with a discussion board. Design could be similar to WA State Community Health Worker resource center.

Total Estimated cost of Project - \$362,200 (not including yearly website maintenance)

Ongoing Maintenance of online Cultural Resource Center- \$15,000/yr– Ensures that information in the Cultural Resource Center is kept up-to-date and that relevant information is added when needed. Monitors discussion board.

We expect approximately 200 Medicaid primary care providers in Pierce County will complete the Culturally Competent Care Training and will have access to the online Cultural Resource Center. This will benefit approximately 224,000 Medicaid clients plus thousands of other culturally diverse patients who have private insurers. This entire project, including Culturally Competent Care Training and development of the online cultural resource center, will take approximately one year to complete in Pierce County.

Project Metrics:

- % Medicaid providers who completed Cultural & Linguistic Competency Training
- % of Medicaid provider who feel more confident delivering health care to patients whose culture differs from their own
- Frequency of providers taking patient's cultural context into account when developing treatment plan
- Medicaid patient satisfaction of office visit
- Avoidable Use of the Emergency Room
- Readmission rates