



Culturally Responsive Patient-Centered Care: The Path to Communication Excellence

ACE Academy-Session #5
October 5, 2015

Today's Agenda



- Introduction- Susannah Brouwer, CCI
- Culturally Responsive Patient-Centered Care:
The Path to Communication Excellence –
Jeffrey Ring, PhD, Health Management Associates
- Questions & Answers

ACE Academy

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Virtual learning series on techniques to build a culture of strong communication skills in healthcare organizations

ACE Academy Curriculum (subject to change)		
Session	Dates	Topic
1	Oct-14	Overview: patient-centered care starts with empathic communication
2	Dec-14	Tools to measure communication skills
3	Mar-15	Implementing and sustaining a communications skills program
4	Jul-15	Incorporating communication skills into human resource processes
5	Oct-15	Culturally Responsive Patient-Centered Care

HEALTH MANAGEMENT ASSOCIATES

ACE Academy Webinar

October 5, 2015

Culturally Responsive Patient-Centered Care: The Path to Communication Excellence

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CCI
CENTER FOR CARE
INNOVATIONS

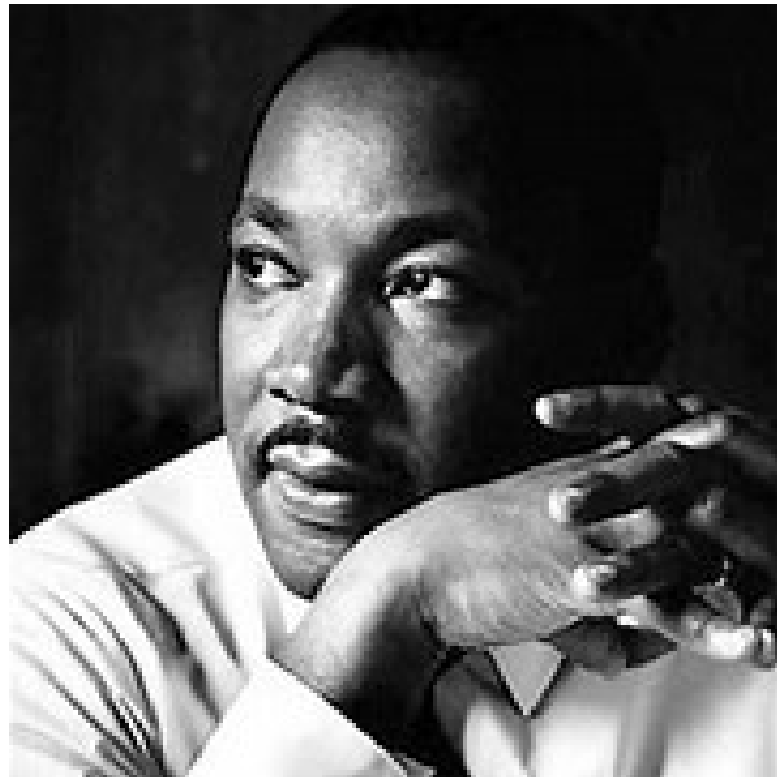
Objectives

By the conclusion of this presentation, participants will be able to:

- Articulate a strong rationale for culturally responsive care (CRC)
- Differentiate between Awareness/ Attitudes, Knowledge and Skills components of CRC
- Identify key aspects of clinical practice and practitioner/ patient communication that should be evaluated in terms of quality for diverse populations
- Identify useful resources for enhancing practitioner excellence in delivering CRC

Rev. Dr. Martin Luther King, Jr.

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”



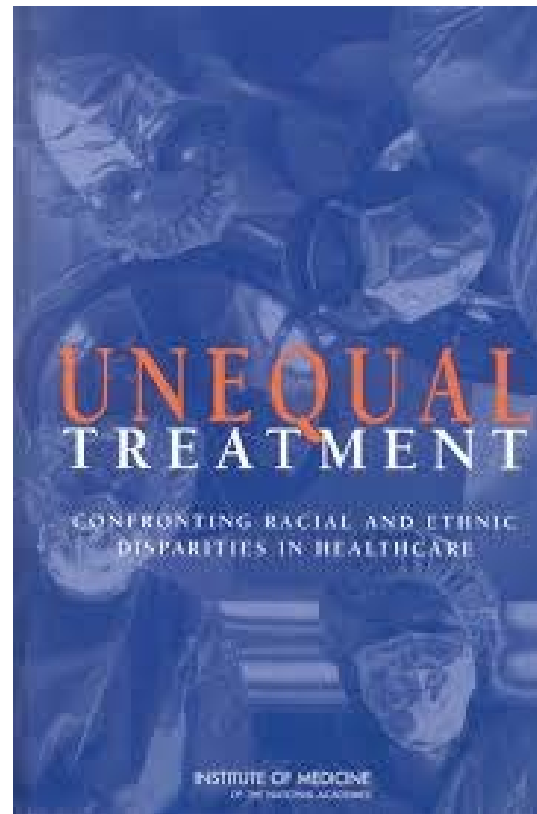
Culturally Responsive Health Care

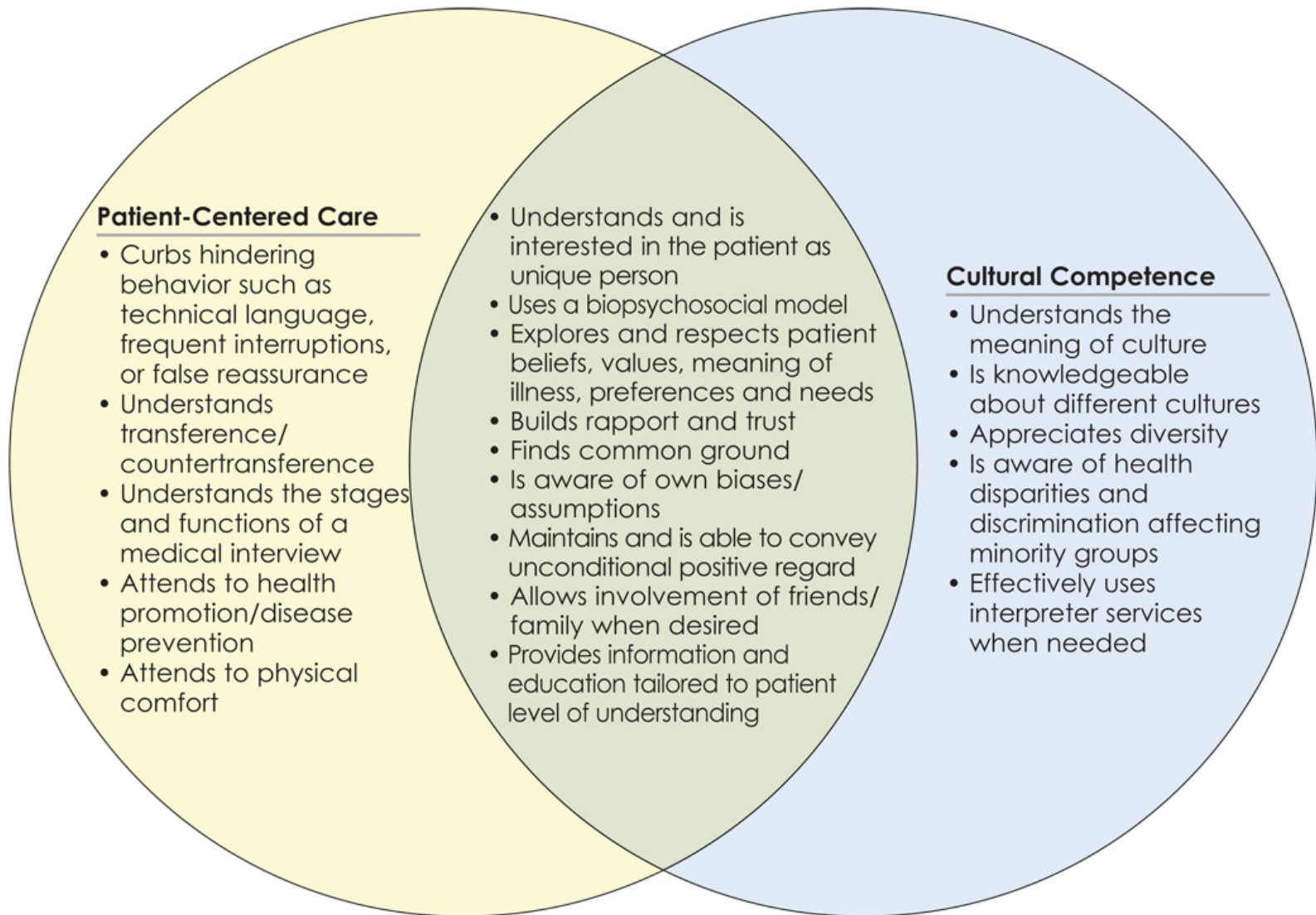
- Providing care consistent with the patient's world view
- Addressing patient's cultural and linguistic needs
- Patient-centered care



IOM

2002





Group Brainstorm: Rationale Culturally Responsive Health Care



Culturally Responsive Health Care: Rationale

- Patient Satisfaction
- Practice Building
- Practitioner Satisfaction
- Avoid Malpractice/Medical Errors/Informed Consent
- Enhanced Treatment Adherence/Improved Outcomes/ Lower Readmission Rates
- Social Justice
- AAMC/ACGME
- Health Disparities
- US HHS required educ. topic for hospitals
- Federal CLAS Standards

CLAS STANDARDS

(Culturally and Linguistically Appropriate Services)

- Published by OMH in 2000
- Enhanced Standards published in 2013
- Emphasize opportunities to address disparities at every point of contact along health care services continuum
- Emphasis on health care organizations
- Legal consequences

CLAS Principal Standard

“Provide effective, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practice, preferred languages, health literacy and other communication needs.”

Costs of Disparities

- The Joint Center for Political and Economic Studies estimates racial and ethnic disparities to have cost this nation \$1.24 trillion between 2003 and 2006: \$229.4 billion for direct medical care expenditures associated with health disparities and another \$1 trillion for the indirect costs of disparities.

Reducing Health Disparities

Brach and Fraser, 2002

Diverse
Populations



Cultural
Competence
Techniques



Clinician/Patient
Behavioral
Change



Improved
Outcomes



Appropriate
Services



The Road to Culturally Responsive Practice

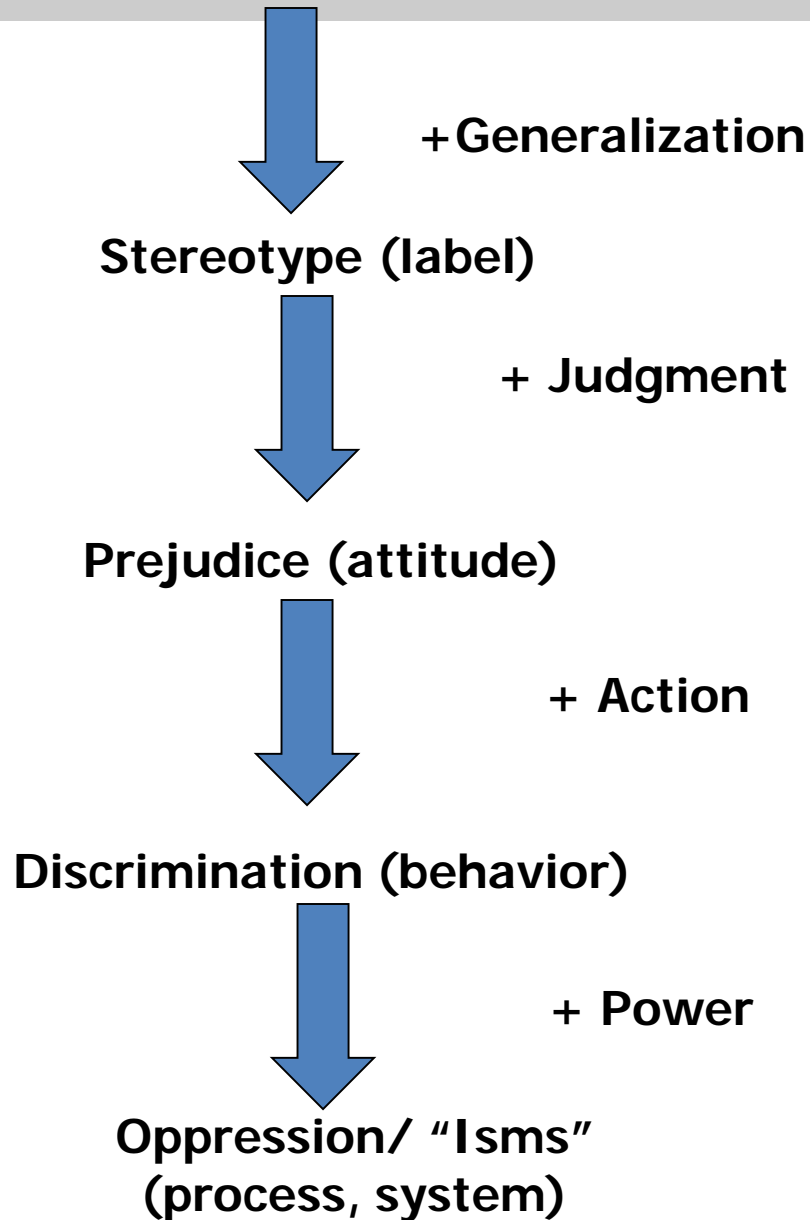
- Awareness/ Attitudes
- Knowledge
- Skills



Awareness & Attitudes

- Biases
- Stereotypes
- Unconscious Bias
- Implicit Attitudes
- <https://implicit.harvard.edu/implicit/takeatest.html>
- *Blink* by Malcolm Gladwell





Knowledge

A very jittery adult male immigrant from Somalia presents with a number of cavities and oral health problems. Upon exam, you notice his teeth have a greenish hue. What is your diagnostic hypothesis?



Qat or Khat

- http://ethnomed.org/ethnomed/cultures/somali/som_oral_health.html



Skills



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Modest and Uneven

James D. Reschovsky, Ellyn R. Boukus (2010)

Table 1

U.S. Physicians Implementing Select Tools Aimed at Reducing Racial/Ethnic Disparities, 2008

PRACTICE PROVIDES INTERPRETER SERVICES ¹	55.8%
PRACTICE PROVIDES PATIENT-EDUCATION MATERIALS IN LANGUAGES OTHER THAN ENGLISH ²	40.1
PHYSICIAN RECEIVED TRAINING IN MINORITY HEALTH ³	40.3
PHYSICIAN RECEIVES REPORTS ON OWN PATIENTS' DEMOGRAPHIC CHARACTERISTICS ³	23.2
INFORMATION TECHNOLOGY TO ACCESS PATIENTS' PREFERRED LANGUAGE IS AVAILABLE AND USED ROUTINELY ¹	7.3
PHYSICIAN RECEIVES REPORTS ON QUALITY OF CARE FOR OWN MINORITY PATIENTS ³	11.8

¹ Excludes physicians who reported having no non-English speaking patients.

² Population consists of physicians whose practices treat at least one of the following chronic conditions: diabetes, asthma, depression, congestive heart failure. Population excludes physicians who report having no non-English speaking patients.

³ Excludes physicians who report having no minority patients.

Source: HSC 2008 Health Tracking Physician Survey

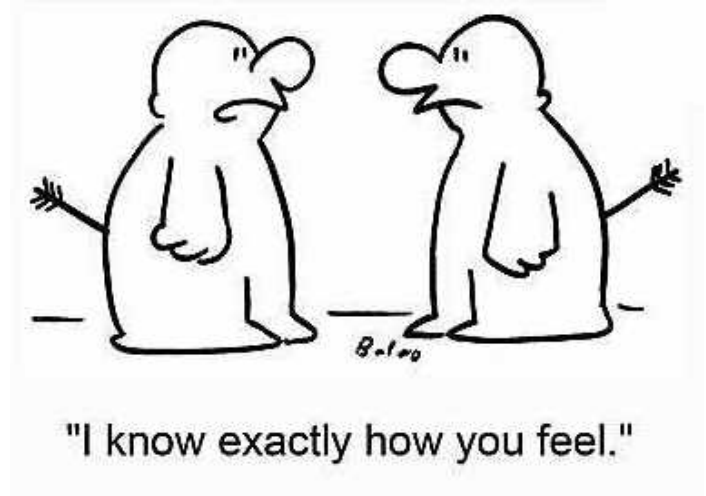
Culturally Responsive Care Skills

- Empathic communication (AACH & DOCCOM)
- Q2 to elicit patient health beliefs (with a nod to Arthur Kleinman)
- Negotiated Treatment Plan
- Patient Activation
- Language and Interpreters
- Motivational Interviewing/ Readiness 4 Change
- Provider Self-Care



Empathic Communication

- Non-Defensive Listening
- Full Present Attention
- Curious
- Respectful
- Respond to Feeling and Meaning

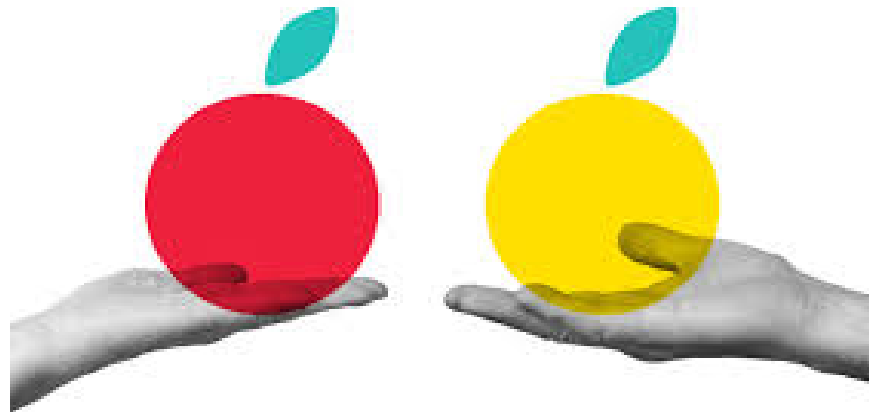


Q2 (inspired by A. Kleinman)

- What do you think caused your symptoms?
- What do you think will help you feel better?

Negotiated Care Patient Activation (Getting to Yes, Fisher and Ury)

- For Diabetes: Nopales and Medications



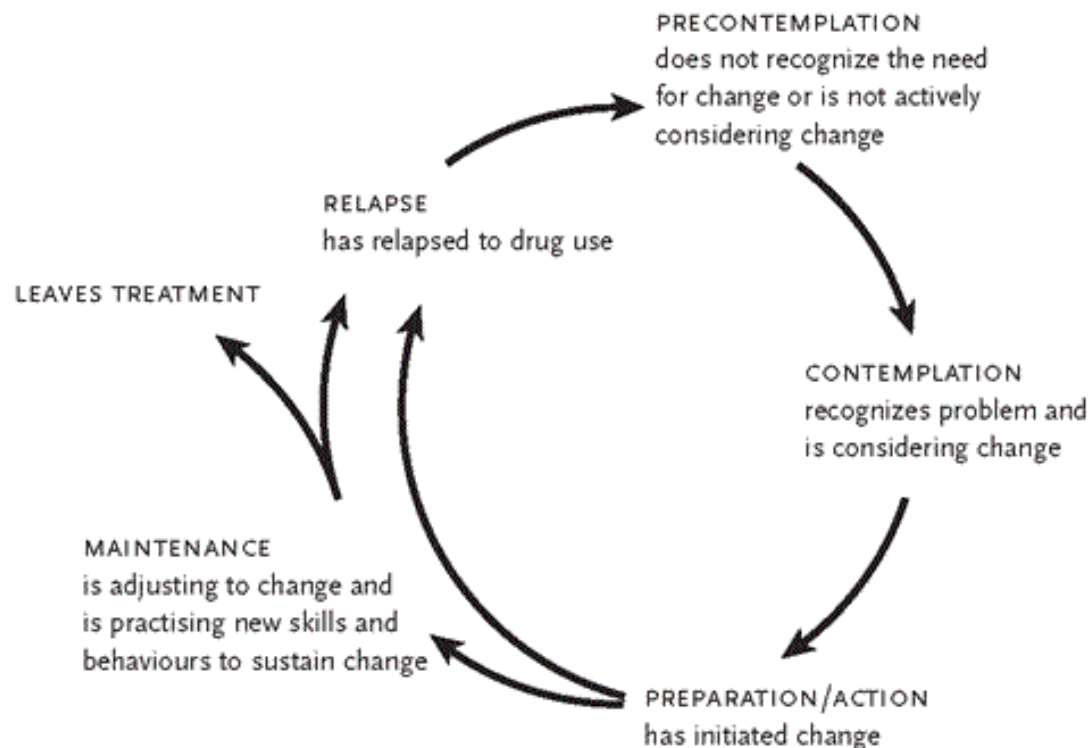
Language and Interpretation



Patient-Centered Communication: Diabetes Conversation Plate



Stages of change



Source: Prochaska, J., Norcross, J. & DiClemente, C. (1995). *Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward*. New York: Avon Books.

Stages of Change

- **Precontemplation** – “I really just eat anything. I haven’t really ever thought about dieting.”
- **Contemplation** – (Recognition but ambivalence) “I know I should watch what I eat and exercise, but it’s all too overwhelming.”

Stages of Change

- **Determination/ Preparation** - Ready to take action within the next 30 days, and believe that behavior change will lead to a healthier life
- **Action** - A recent behavior change (last six months) and a determination to move forward
- **Relapse** – We are tender human beings and must be very gentle and forgiving

Stages of Change

- **Maintenance** – Sustained behavior more than six months and intend to maintain the behavior moving forward, while keeping an eye on preventing relapse
- **Celebration** – An essential but often forgotten element of this model

Change Talk

- Desire
 - “I want to...”
- Ability
 - “I can try to...”
- Reasons
 - “My limitations are..”
- Need
 - “I really ought to...”
- Commitment
- Action Steps

Decision Balance

Decisional Balance Sheet

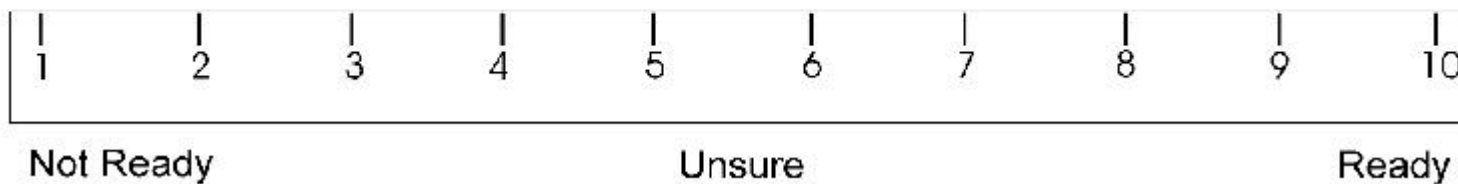
	Disadvantages	Advantages
No Change		
Change		

Decision Balance: 4 Questions

- What are the best things about eating everything?
- What are the problems with eating everything?
- What are the benefits of eating healthfully?
- What are the problems with eating healthfully?

Readiness Ruler

Figure 8-2
Readiness Ruler



www.motivatehealthyhabits.com

Self Care



Resources

Links below will be sent to participants in post-webinar email

- https://www.nlm.nih.gov/services/queries/health_disparities.html#nlm
- www.ethnomed.org
- www.beliefnet.com
- www.diversityrx.org
- <http://minorityhealth.hhs.gov/>
- www.equityofcare.org
- <http://www.annfammed.org/content/12/6/573.full>
- www.motivatehealthyhabits.com

Questions/Discussion



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