



Blazing the Trail: The Kaiser Permanente Experience On Culturally Competent Care

Presented by Martin Portillo, MD, FACP
Medical Director
Gaithersburg Medical Center, Maryland
Co-chair Mid-Atlantic Diversity Council

Susan Leggett-Johnson, MD
Physician Advisor for Elder Care and Medicare Programs
Member of National Diversity Council
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Health Care and Cultural Diversity

- Why is it important?
- Major communication problems can arise and cause patient non-adherence
- We must keep in mind cultural, natural (Western world)/ supernatural (Non-Western world) beliefs
- Nationality, social group i.e., men/women

Mid-Atlantic States Response

- Limited English Proficiency Task Force (LEP)
- Established a Regional Diversity Council
- Support efforts of the National Diversity Council

LEP Task Force Objective

- Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., (Kaiser Permanente) is committed to providing equal access to medical services to all members.
- Kaiser Permanente recognizes that quality health care depends on the partnership between practitioners and members and their ability to communicate effectively with each other.

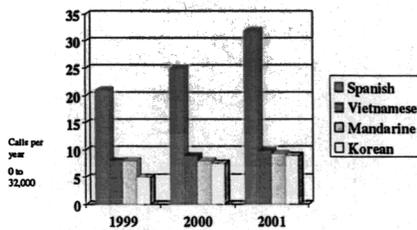
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LEP Task Force Vision Statement

- Kaiser Permanente will provide communication aids to all members with limited English proficiency to ensure them a meaningful opportunity to receive, participate in, and benefit from all health care services.

3/7/2003

Language Line Utilization



3/7/2003 The Language line utilization rates were used to determine the most common interpreted languages.



2001-2002 Task Force Accomplishments

- Formed multidisciplinary team to address LEP concerns.
- Created communication and interim policy about usage of the Language Line and distributed via email to all Mid-Atlantic practitioners and staff.
- Currently surveying health care teams to determine which employees may be interested in participating in the Employee Interpreter Program.
- Determined threshold to identify an increase in services.

3/7/2003



2001-2002 Task Force Accomplishments

- Distributed packets to all medical center administrators for staff training on using Language Line services.
- Currently piloting hand-held cordless phone system in three medical centers with high Language Line usage.
- Conducted organizational needs assessment using the Culturally Competent Care Worksheet.
- Implementing plan to capture language preferences in electronic medical record.

3/7/2003



2001-2002 Task Force Accomplishments

- Conducted two new member orientations for Latino members.
- Translating commonly used forms and pertinent patient education materials.
- Conducted regional training on current programs and resources to meet our members needs.
- Printed articles in quarterly member newsletters informing members of their right to free services.

Diversity Council Mid-Atlantic
States Region

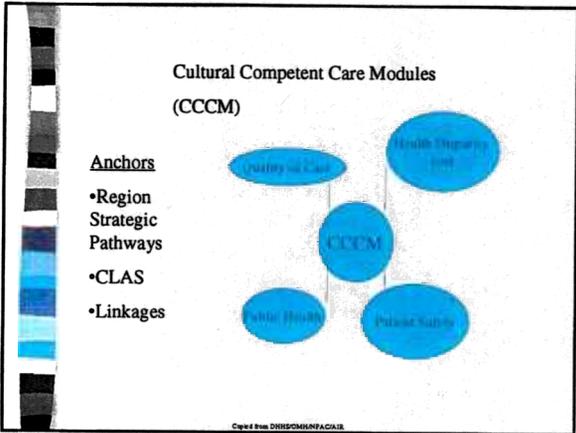
Goals for 2003

Goal I
Increase Cultural Competence and Awareness

- Scope of Initiatives
- Deliver Training Modules (three hours)
- Increase awareness and sensitivity
- Deliver Cultural Care Handbooks
- Develop Continuing Education Programs

Goal II
Workforce Development through Diversity-Organizational Support

- Scope of Initiative
- Align and embed the council's goals with ongoing strategic initiatives
- Initiatives should comply with CLAS standards
- Align key diversity core components with recruitment, People Pulse, HIPPA, new employee orientation programs, etc.
- Develop Staff Associations- "can they own the handbooks?"



- Identify Needed Resources**
- **Assistant Coordinator or Project Manager**
 - **Develop Training Modules for Senior leadership and managers**
 - **Patient surveys to track member perceptions of culturally targeted care and other culturally driven needs and wants**

Culture

- Sum total of acquired values, beliefs, practices, laws, customs, traditions and knowledge possessed and expressed by a designated group
 - these guide the behaviors of group members



Impact of Cultural Diversity Initiatives

- Develop and improve cultural sensitivity
- Incorporate a model or framework-guidelines to train physicians/nurses to improve:
 - 1) Communication
 - 2) Heighten awareness of cultural issues
 - 3) Obtain better patient acceptance-adherence of treatment plans
 - 4) Increase patient trust



Example Project to Improve Health Care Disparities in the Mid-Atlantic States



Hispanic Pathway Initiative

- Commitment to improve health status to our diverse membership
- Build a diverse workforce
- Meet the needs,wants and expectations of our members
- Deliver culturally competent health care

Methodology

- National Diversity Council and National Diversity Department
- Physician Sponsorship
- Volunteer Contributors

Results

<u>Handbook</u>	<u>Year</u>
1. Latino (1st Edition)	1996
2. African American	1998
3. Asian & Pacific Islander	1998
4. Lesbian, Gay, Bisexual and Transgender	2000
5. Latino (2nd Edition)	05/2001

Handbook Distribution Within Kaiser Permanente

As of March 1, 2001:

<u>Handbook</u>	<u>Number of Copies</u>
Latino (1st Ed.)	20,000
African American	11,000
API	10,600
LGBT	9,800
Latino (2nd Ed.)	In Press

Handbook Distribution In the Community

As of March 1, 2001:

<u>Handbook</u>	<u>Number of Copies</u>
Latino (1st Ed.)	NA
African American	1,400
API	870
LGBT	1,700
Latino (2nd Ed.)	In Press

Handbook Distribution To Medical Schools

•Distributed to 250 U.S. Medical Schools

•Incorporated into curriculum at:

- Harvard University
- Yale University
- Wakeforest University
- Vanderbilt University
- Temple University
- Cal State University-San Bernardino
- University of California, Riverside
- University of Kansas
- University of Louisville
- University of Washington
- University of Southern California

Next Steps

•Community Based Health Care
Organizations

•Nursing Schools

•Future Handbooks

- Women's Health/Gender Based Medicine?
- Eastern European Population?

•Complimentary Copy

KP National Diversity Hotline:
510-271-6663
