PATIENT CENTERED CARE FOR DISENFRANCHISED POPULATIONS

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LEARNING ASSESSMENT

• A learning assessment is required for CE credit.
• A Question & Answer period will be conducted at the end of this presentation.
**LEARNING OBJECTIVES**

At the conclusion of this session, the participant will be able to:

**Learning Objective 1:**
Demonstrate an understanding of multiple reasons why it is in our country’s best interest to focus increased attention on our most vulnerable healthcare populations.

**Learning Objective 2:**
Identify ways to increase cultural competencies to implement the Triple Aim to the nation’s underserved populations.

**Learning Objective 3:**
Articulate an understanding of important opportunities for achieving Triple Aim objectives with vulnerable and under-represented groups through addressing the social determinants of health and the healthcare system.

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**MEETING THE TRIPLE AIM**

- **Improved Patient Experience:** Health literacy improved pt experience and understanding of care.
- **Improved Population Health:** Improvement in health outcomes and adherence, improved medical literacy
- **Reducing Per Capita Cost of Health Care:** As health disparities and literacy are addressed, the evidence supports reduced costs of care.

What are the needs and values of your patients? (e.g., low health literacy; trust/mistrust in system)

Healthcare Effectiveness Data and Information Set (HEDIS) metrics re: diabetes, depression, and pain care?

What are your most costly chronic diseases?

**As you think about your community, how might a PCMH for marginalized, underserved groups lead to a meaningful reduction in health care disparities and result in health equity?**
MEETING THE TRIPLE AIM

- Improved Patient Experience
- Improved Population Health
- Reducing Per Capita Cost of Health Care

SMART Goals

**S**pecific and Clear
- What exactly should be realised?

**M**easurable
- How will we measure this?

**A**chievable
- Is it feasible?
- Do we have control/insufficiency over it?

**R**elevant & Recorded
- Is this goal recorded and relevant to my life or business right now?

**T**ime-Bound
- What is a realistic timeframe?

DEFINITIONS

**Health determinants:** variables that lead to positive or negative health.

**Patient-centered care:** the patient experience of transparent, individualized, recognized, respected, dignified, and elected care related to one’s own circumstances and relationships.

**Patient-Centered Medical Home (PCMH):** an approach to comprehensive primary care for children, youth, and adults. PCMH facilitates partnerships between patients and their personal physicians, and when appropriate, their families; emphasis is on caring for populations, team-based care, and holistic care. PCMH aims to improve the quality, cost, accessibility, and efficiency of primary care. The PCMH additionally integrates a range of medical and health specialties into the clinic’s team in order to keep patient’s more closely tied to their “home” clinic (e.g., co-located SMH, pharmacy).

Corso, Hemes, Deri, Kallenberg, & Hansen (2016)
CULTURAL COMPETENCE IN PCMHS WITH UNDERSERVED POPULATIONS

• Cultural competence has a direct, observable, and scientifically-based impact on patient outcomes
• Immense amounts of documentation support the presence of health disparities/health inequities in diverse populations
  • Racial/ethnic minority groups and other disadvantaged groups and cultures have increased rates for morbidity and all-cause mortality after controlling for multiple factors
  • Improving health in these populations increases overall population health, wealth, and quality of life

METRICS/OUTCOMES

X % of patients will complete health literacy measure/survey as part of the check in process during Y months.
   PDSA: Results of health literacy survey will be reviewed with X clinics to assist with evaluating and identifying specific changes to verbal and written patient instructions and forms.

Patients with X assessed health disparities will improve by Y % on the assessment with 4 months of targeted integrated care treatment.

X % of patients’ EHRs will have one identified shared self-management goal related to health disparities.
PATIENT-CENTERED MEDICAL HOMES

FIVE CORE FUNCTIONS
1. Comprehensive Care
2. Patient-Centered Care
3. Coordinated Care
4. Accessible Services
5. Quality and Safety

CHANGING DEMOGRAPHICS

Increasing racial and ethnic minority populations
Increasing immigrant/foreign-born populations
Increasing age (especially those >65 yoa and esp. those aged >85)
Increasing percentage of people who do not speak English well or at all (approximately 5 million people); at least 321 languages spoken in the U.S.
US Census Bureau predicts that by 2050, 50% of the US population will be comprised on ethnic and racial minorities
MARGINALIZED AND VULNERABLE POPULATIONS

- Race
- Ethnicity
- Age
- Education
- Mentally ill
- Immigration status
- Gender
- Socioeconomic status
- Religion
- Ability (e.g., consider deaf or hard of hearing)
- Sexual orientation
- Health beliefs
- Rural populations
- Transient Populations

HEALTH EQUITY QUIZ

1. What is the greatest difference in life expectancy observed between U.S. counties?
   a. 4 years
   b. 7 years
   c. 15 years
   d. 22 years
   e. 33 years

2. Between 1980 and 2000, how did the life expectancy gap between the least deprived and most deprived counties in the U.S. change?
   1. Narrowed by 1%
   2. Narrowed by 12%
   3. Remained the same
   4. Widened by 28%
   5. Widened by 60%
HEALTH EQUITY QUIZ

3. Citizens of other industrialized countries have longer life expectancies and better health than we do because:
   a. They spend more on medical care
   b. They are more egalitarian
   c. They smoke less
   d. They eat better
   e. They have universal health care coverage

4. African American men in Harlem have a shorter life expectancy from age five than which of the following groups?
   1. Japanese
   2. Bangladeshis
   3. Cubans
   4. Algerians living in Paris
   5. All of the above

HEALTH EQUITY QUIZ

5. Generally speaking, which group has the best overall health in the United States?
   a. Recent Latino immigrants
   b. Non-Hispanic whites
   c. Native-born Latinos
   d. Native-born Asian Americans
HEALTH DETERMINANTS

• Addressing social and environmental factors can influence individual and population health and wellness, and therefore can play a key role in promoting health in a community.
• We tend to focus on individual behavioral determinants of health.
• Lose sight of the HUGE role of non-individually based determinants (i.e., patients not always making poor choices → often they don’t have choices).
• Health/wealth gradient
  • Result of social and economic policies
  • PCMHs can help to decrease health disparities—or can they?

MINORITIES’ EXPERIENCE OF HEALTH CARE IN THE UNITED STATES

• Fewer preventative services
• Fewer breast cancer screenings
• Fewer vaccinations
• Smoke cigarettes at higher rates
• Eat fewer fruits and vegetables
• Higher rates of infant mortality
• Higher rates of maternal mortality
• Higher percentages of chronic disease
• Higher mortality rates from heart disease, lung cancer, myocardial infarct, breast cancer, stroke
HEALTHCARE DISPARITIES

Equity was identified as one of the six core dimensions of a high-performing, high-quality health care system in the landmark Institute of Medicine (IOM) report *Crossing the Quality Chasm* (2001).

Compared to other industrialized nations, the US spends at least 2.5 times as much money per person on medical care. Yet, we certainly don’t demonstrate concomitant outcomes.

Sicker you are when you enter the system, the more strain placed on the system.

PCMHs typically focus on the course of illness and disease, not prevention and wellness.

The PCMH promises to ease fragmentation by leveraging underlying capabilities in infrastructure and data to achieve improved health outcomes and better patient experiences.

HOWEVER, this PCMH model does not specifically take into account the social and environmental contexts from which patients come and to which they return.

We need an expanded PCMH model to include the social determinants of health.
SOCIAL/ENVIRONMENTAL DETERMINANTS OF HEALTH

Predominantly white neighborhoods have 4 times as many supermarkets than predominately African-American and Latino communities.
- more fast food restaurants
- more liquor stores
- more reliance on public transportation

A 2005 Chicago study found that people living in “food deserts” had increased morbidity and mortality rates.

In west Los Angeles, predominately white neighborhoods have about 31.8 acres of green space per every 1000 residents, compared to the predominately African-American and Latino neighborhoods of south central L.A., which have 1.7 acres.

The single strongest predictor of health is wealth/position on the class pyramid. Poor smokers have higher mortality rates than rich smokers.

SOCIAL/ENVIRONMENTAL DETERMINANTS OF HEALTH

Life expectancy increased 30 years in the US in the 20th century. Social reforms and increased prosperity played the largest role in this change.

US does not have mandatory sick leave and vacation

Children living in poverty are 7 times more likely to have poor health than those in high-income households.

Health/wealth gradient
- substandard housing → asthma
- food deserts → obesity, malnutrition, prenatal care
- unsafe neighborhoods, violence
- increased stress hormones
- poor schools

effects are cumulative

Do you want to live in south central LA??
POTENTIAL NEXT STEPS

Mobile Medical
"Green buck" for farmer’s markets (food stamps)
Built environments/gardens/play space
Bus tickets
Cultural brokers
Telehealth
Food and clothing closets
Cultural brokers (tailored messages but trusted messengers)
Group patient self-management (Robert Wood Johnson)
Nurse-led Clinics
Work with agencies in economic development, land use, transportation, housing, and education

Coordinate town hall meetings or community dialogues and action planning
Define a local angle for media: identify three health disparities you are focusing on and what you’re doing about them
Visit the Unnatural Causes website (http://www.unnaturalcauses.org) to get tools on building coalitions and advocating for policy change
Conduct an audit of your community environment and report findings to your local council or Board of Supervisor’s meeting
Set up a reading room in a church, where people can help those with low literacy
Create coalitions with local churches, mosques, etc.
WHAT IS CULTURAL COMPETENCE?

“What is cultural competence? The ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, and religions in a manner that recognizes, affirms, and values the cultural differences and similarities and the worth of individuals, families, and communities and protects and preserves the dignity of each.”

ACCP WHITE PAPER

WHAT IS A CULTURALLY COMPETENT HEALTHCARE SYSTEM?

“What is a culturally competent healthcare system? An integrated pattern of human behaviors that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting and roles, relationships and expected behaviors of a racial, ethnic, religious, or social group; and the ability to transmit the above to succeeding generations.”

ACCP WHITE PAPER
HEALTH CARE ALSO IS A CULTURE

Procedures
Medications
Surgery
Productivity
Health Care cultural ethnocentrism
Must actively seek to challenge one’s own biases/beliefs

SELF ASSESSMENT OF CULTURAL COMPETENCE

Self assessment provides an increased understanding of one’s own levels of cultural competence
System/organizational assessments also necessary
**COMMUNICATION WITH PATIENTS**

Communication is key to effective assessment and treatment.

*Lack of effective communication leads to:*

- Misunderstandings
- Misdiagnosis
- Repeated testing
- Drug omissions
- More missed appointments
- Increased difficulty getting prescriptions filled
- Lack of referrals/access to Specialty Care
- Less likely to receive oral health care (developmental disabilities)

**COMMUNICATION WITH PATIENTS**

- Fewer patients with PCPs
- More advanced disease stage when diagnosed
- Increased ER visits
- Lack of needed testing
- Patient’s sense of safety with provider is decreased
- Patient’s willingness to disclose is decreased (GLBTQIA)
- Ageism (chalk symptoms up to being old)
- Patient’s adherence to treatment is decreased
- Increased lawsuits
MODELS OF CULTURALLY COMPETENT HEALTHCARE DELIVERY

National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS).
- Created by the Office of Minority Health (U.S. Dept. of Health and Human Services)
- Some standards are mandates; required for those who receive Federal funds; others are recommendations
- The specific guidelines outlined are directly translatable to practice
- [https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf](https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf)

MAJOR CULTURAL COMPETENCY TECHNIQUES

Interpreter Services
Recruitment and Retention policies
Training
Coordinating with Traditional Healers
Use of Community Health Workers
Culturally Competent Health Promotion
Administrative and Organizational Accommodations

- Brach & Frasenector, AHRQ
CULTURALLY COMPETENT HEALTHCARE DELIVERY AT THE ORGANIZATIONAL LEVEL

Content analysis of six approaches to cultural competence at the organizational level provides a broad consensus on needed changes:

1. Organizational Commitment
2. Data Collection & Analysis
3. Competent and Diverse Workforce
4. Ensuring Access for all Patients
5. Care Provision that is Responsive to Diversity
6. Patient and Community Participation
7. Promoting Responsiveness

Seeleman et al., 2015

A FEW KEY RESOURCES FOR CULTURAL COMPETENCE

Government Resources:
- www.ahrq.gov
- www.hrsa.gov

Pharmacy Resources:
- www.aacp.org
- www.snpa.com

Health care Resources:
- www.iom.edu
- www.xculture.org
- www.quchd.georgetown.edu/nccc
- www.phrusa.org
- www.med.umich.edu/multicultural/ccp/culcomp.htm
  - Many web-based learning modules; discipline specific
  (includes pharmacy)
BIBLIOGRAPHY / REFERENCES


QUESTIONS

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THANK YOU!