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## The Patient Centered Medical Home & Cultural Competency

by Robyn S. Taylor, MBA, Office of Health Policy and Performance  
Improvement, Ohio Department of Health

Cultural competence is defined as the ability of health providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients. A culturally competent health care system can help improve health outcomes and quality of care, and can contribute to the elimination of racial and ethnic health disparities. The Ohio Department of Health has embarked upon a journey to cultural competence. Strategies to move the Ohio Department of Health (ODH) towards cultural competence include providing relevant training and cross cultural issues, introducing the national cultural and linguistic appropriate services (CLAS) standards and leading the implementation of ODH specific CLAS standards. The ODH specific standards provide an opportunity for programs to implement CLAS standards according to program delivery functions (e.g., direct services to the public, internal functioning offices/programs).

*"Cultural Competence is a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services." (ODH Maternal and Child Health Policy and Program Update, 2014).*

Over several months in 2015, 99 percent of ODH staff successfully completed baseline cultural competency



### The Ohio Patient-Centered Primary Care

**Collaborative (OPCPCC)** is a coalition of primary care providers, health professionals from the medical neighborhood, insurers, employers, consumer advocates, government officials and public health professionals. They are joining together to create a more effective and efficient model of healthcare delivery in Ohio. That model of care is the Patient-Centered Medical Home (PCMH).

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training. This baseline training provided a foundation for subsequent trainings focusing on cross-cutting cultural issues in healthcare. Additionally, the Multiethnic Advocates for Cultural Competence trained staff to use the C.A.R.E. (Consider, Accept, Execute, Recognize) model as a tool for increasing cross-cultural competency in a variety of settings.

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This training provided an opportunity for ODH to meet the Public Health Accreditation Board's standards and measure 11.1.4 A: providing staff training on health equity and cultural competence, including social, cultural, and/or linguistic aspects of policies, processes and programs. This new journey is being led by a diverse team of healthcare professionals across the organizational structure at ODH.

#### ***Why be a culturally competent patient-centered medical home?***

The U.S. is undergoing significant demographic changes. According to the U.S. Census Bureau, by 2050 approximately one-half of the U.S. population will be categorized as "non-white" or "persons of color." Some have predicted that within 20 years half of U.S. children age 18 and under will be "white" and half will be "non-white." The main reasons for these changes are higher birth rates among people of color groups and immigration. Kathleen Hay from the St. Joseph Mercy Health System says these changes will economically impact healthcare and we will see many changes in our society, including values, beliefs, languages, and behaviors about health and well-being, which must be taken into consideration. Failure to do so will negatively impact the overall success of healthcare provider offices.

Culture comprises multiple variables, affecting all aspects of life experience. Cultural processes frequently differ within the same ethnic or social group because of differences in age cohort, gender, political association, class, disability, religion,

ethnicity, and even personality. Culture is therefore a very elusive and nebulous concept, like art. The multicultural approach to cultural competence results in stereotypical thinking rather than clinical competence. A newer, cross cultural approach to culturally competent clinical practice focuses on foundational communication skills, awareness of cross-cutting cultural and social issues, and health beliefs that are present in all cultures. We can think of these as universal human beliefs, needs, and traits. This patient centered approach relies on identifying and negotiating different styles of communication, decision-making preferences, roles of family, sexual and gender issues, and issues of mistrust, prejudice, and racism, among other factors. Cultural competence can be seen as a necessary set of skills for health professionals to attain in order to render effective patient-centered care.

By promoting culturally and linguistically appropriate services to the individual, health professionals can help bring about positive health outcomes for diverse populations. According to the Department of Health and Human Services' (HHS) Office of Minority Health, the National CLAS Standards include a collective set of mandates and guidelines that inform, guide and facilitate both required and recommended practices related to culturally and linguistically appropriate health services. Developed by the HHS Office of Minority Health in 2000, and updated in 2013 in partnership with a team of subject matter experts and the public, the Enhanced



National CLAS Standards reflect the tremendous growth in the fields of cultural and linguistic competency since 2000, address demographic trends and changes, and ensure relevance with new national policies and legislation, such as the Affordable Care Act.

*Beach, Saha, and Cooper (2006) succinctly summarized the differences and similarities between the patient centered medical home and cultural competency approaches in the following way: Both patient-centeredness and cultural competence aim to improve health care quality, but each emphasizes different aspects of quality. The primary goal of the patient-centeredness movement has been to provide individualized care and restore an emphasis on personal relationships. It aims to elevate quality for all patients. Alternatively, the primary aim of the cultural competence movement has been to increase health equity and reduce disparities by concentrating on people of color and other disadvantaged populations. Despite these differences, there is consensus that there is an overlap in how patient centeredness and cultural competence are operationalized, and consequently in what they have the potential to achieve. At the core of both patient centeredness and cultural competence, however, is the importance of seeing the patient as a unique person (Beach et al., 2006).*

In summary, patient centered and culturally competent care are both essential to achieve the best patient outcomes. Since health care decisions are based on many different kinds of cultural beliefs, health care providers must consider these issues. St. Joseph Mercy Health System provides examples of a few of the diverse communication issues that are important in healthcare, and therefore must be considered:

- Decision making (family versus the individual)
- Conversation style (pace, use of silence, volume, nonverbal)
- Personal space (distance from one another)
- Eye contact (direct eye contact versus avoiding contact)
- Touch (how, in what situation, and by whom)
- Gender roles (beliefs of appropriate behaviors)
- Time orientation (on time versus completion of interpersonal encounters)
- Religious beliefs (adherence versus lack of adherence)

A genuinely mindful, patient-centered approach accounts for the patient and his/her family's value system, does not make ethnic assumptions, and helps to ensure positive patient outcomes. Providing culturally competent care is necessary to create the remarkable patient experience and achieving health equity.

For more information about the Ohio Department of Health Cultural Competency Project, please contact Robyn Taylor at [Robyn.Taylor@odh.ohio.gov](mailto:Robyn.Taylor@odh.ohio.gov).

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# National Health Service Corps News



The National Health Service Corps (NHSC) plays a vital role in assuring access to care in Ohio's underserved areas through the recruitment and retention of primary care, dental and mental health providers. In calendar year 2015, 179 providers in Ohio participated in the NHSC Scholarship and Loan Repayment Programs. Providers participating in these programs must practice in NHSC-approved sites located in Health Professional Shortage Areas (HPSA). New sites may apply to become approved by the NHSC in the spring and sites that have been approved in the past must periodically be recertified during the fall recertification cycle. Ohio sites due for recertification by the upcoming October 4 due date have been notified by the NHSC and may contact the Ohio Department of Health's Primary Care Office for assistance in completing their applications in the NHSC portal.

The Ohio Department of Health's Primary Care Office is available to assist providers and sites with new NHSC behavioral health policies that support integrated medical and behavioral health care. The new policies launched in the 2016 NHSC Loan Repayment Program application cycle will apply to all active behavioral health sites by the end of 2017. The policy changes include: 1) modification of clinical practice requirements for behavioral health providers to emphasize service in NHSC-approved practice sites, and 2) support of community-based settings that offer comprehensive behavioral health services.

In addition to its traditional loan repayment and scholarship programs, the NHSC also offers the Students to Service (S2S) Program. This loan repayment program offers up to \$120,000 to medical and dental students who commit in their final year of training to service of at least three

years in an NHSC-approved site in a HPSA of greatest need. Applications for the S2S Program are due by October 13, 2016. For more information, see <http://nhsc.hrsa.gov/loanrepayment/studentstoserviceprogram/index.html>.

Please feel free to contact the Primary Care Office at [HealthPolicy@odh.ohio.gov](mailto:HealthPolicy@odh.ohio.gov) for assistance with any questions on the NHSC, other workforce programs or HPSA designations.

## NCQA Discount for OPCPCC Members

As part of the purchase of monthly data feed subscription through the National Committee for Quality Assurance (NCQA), the Ohio Department of Health (ODH) has a sponsor discount code for NCQA fees. Members of the Ohio Patient-Centered Primary Care Collaborative (OPCPCC) can use this discount code to receive a **20 percent discount** on NCQA application fees. The code can be used by OPCPCC members who are not already eligible for other discounts, such as the 50 percent NCQA multi-site discount given to practices that have three or more sites that share the same EMR. To use the ODH sponsor discount code, please first complete the free on-line OPCPCC membership form and then call Amy Bashforth at (614) 644-9756 by **October 30** to receive the code.

# OPCPCC Annual Conference

The fifth annual Ohio Patient-Centered Primary Care Collaborative annual conference will be held on Fri., Nov. 18, 2016 at the Pinnacle Golf Club in Grove City, Ohio. The theme of this year's conference is "Mobilizing prevention and practice teamwork in the neighborhood: Leveraging the primary care relationship." The conference will examine how



*John Auerbach, MBA*

primary care practice teams can work through the patient-centered medical neighborhood to mobilize prevention and disease management activities to improve population health. Diabetes prevention and management will be used as an example throughout the conference to illustrate models, strategies, and best practices.

OPCPCC is pleased to announce that the conference will feature a keynote presentation by John Auerbach, MBA, associate director for policy at the Centers for Disease Control and Prevention (CDC). John Auerbach is the associate director for policy at the Centers for Disease Control and Prevention (CDC), and the acting director of the Office for State, Tribal, Local and Territorial Support (OSTLTS). He oversees the Office of the Associate Director for Policy, which focuses on the promotion of public health and prevention as components of health care and payment reform and health system transformation.

Other conference agenda items include managing diabetes through addressing social determinants of health, integration of medical and behavioral health to manage chronic medical conditions, a sharing of best practices for managing diabetes, updates on CMMI funding initiatives in Ohio (i.e., SIM, Comprehensive Primary Care initiative), interprofessional teams and diabetes management, and employer initiatives for diabetes prevention. The conference agenda is now available on the [OPCPCC website](#). Registration has now begun; the \$30 registration fee includes coffee and lunch. Parking is free. Please register by November 7. [Register now.](#)

Contact OPCPCC at [PCMH@odh.ohio.gov](mailto:PCMH@odh.ohio.gov) or 614-644-9756 with questions.

## Announcements and Upcoming Events

### OPCPCC Activities and Events

- Tue., Oct. 25 at 11:00 a.m. Patient Engagement Learning Center conference call
- Fri., Nov. 18 at 9:00 a.m. OPCPCC annual conference
- Tue., Nov. 22 at 11:00 a.m. Patient Engagement webinar
- Wed., Nov. 30 at 10:00 a.m. Workforce Learning Center meeting

### Observances

- National Primary Care Week – October 3 – 7, 2016 (<http://www.amsa.org/events/npcw/>)
- National Rural Health Day – November 17, 2016 (<https://nosorh.org/calendar-events/nrhd/>)

If you have ideas or would like to contribute an article for an upcoming newsletter, please send your ideas to [PCMH@odh.ohio.gov](mailto:PCMH@odh.ohio.gov) or call Amy Bashforth at (614) 644-9756.

## OPCPCC Membership

The Ohio Patient-Centered Primary Care Collaborative (OPCPCC) invites you to become a member of OPCPCC and join us in spreading PCMH throughout Ohio. Check out the [OPCPCC website](#) to see the strong list of supporters.

**Membership in OPCPCC is free** and benefits include:

- Conferences and networking opportunities
- Quarterly Newsletters
- Ohio PCMH Weekly updates
- Discount code for 20 percent discount on NCQA application fees

Please complete the [on-line membership form](#), to ensure that you will receive updates about OPCPCC and PCMH activities in Ohio. Please call (614) 644-9756 with any questions regarding membership in OPCPCC.