

# Cultural Competency Program

2022

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## Objectives

The objectives of the Cultural Competency Program are to:

- Work with our providers so that once their members are identified that may have cultural or linguistic barriers, alternative communication methods are made available through our contracted health plans.
- Utilize culturally sensitive and appropriate educational materials, provided by our contracted health plans, based on the member's race, ethnicity, and primary language spoken.
- Utilize the resources available from our health plans to our providers and staff, that assist members in overcoming the language barriers and communication barriers that exist in the member population.
- Make certain that providers care for and recognize the culturally diverse needs of the population.
- Provide continuing education to medical group staff to value the diversity of both their co-workers inside the organization and the population served, and to behave accordingly.

## Definitions

**Cultural competence in health care** describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring benefit delivery to meet patients' social, cultural, and linguistic needs. It is both a vehicle to increase access to quality care for all patient populations, as well as being a business strategy to attract new patients and market share.

**Culturally and linguistically appropriate services (CLAS):** Health care services that are respectful of, and responsive to, cultural and linguistic needs. The US Department of Health and Human Services of Minority Health, has issued national CLAS standards. The medical group is committed to a continuous effort to perform according to those standards.

The delivery of culturally competent services requires providers and/or medical group staff to possess a set of attitudes, skills, behaviors, and policies which enable the organization and staff to work effectively in cross-cultural situations. It reflects an understanding of the importance of acquiring and using knowledge of the unique health-related beliefs, attitudes, practices, and communication patterns of beneficiaries and their families to improve services, strengthen programs, increase community participation, and eliminate disparities in health status among diverse population groups.

## Rationale

Performing in a culturally competent manner is not just good for our members, it is good for business. The medical group endorses the view, promulgated by the federal government, that achieving cultural competency will help to:

- Improve services and care for current members (improved understanding leads to better satisfaction)
- Increase market penetration by appealing to potential culturally and linguistically diverse members.
- Enhance the cost-effectiveness of service provision.
- Reduce potential liability from medical errors and Title VI (Civil Rights Act) violations.

Achieving cultural competency is an ongoing process, not a single act. With that knowledge, this document sets forth the approach the medical group has implemented and updates in an ongoing effort toward becoming an increasingly more culturally competent organization.

## Plan Components

The main components of the medical group Cultural Competency Program are:

**Needs Assessments**—Activities we conduct to identify the cultural and linguistic needs of the staff and the members the medical group serves as well as health disparities present in the enrolled population.

**Organizational Readiness**—Steps the medical group takes to make certain that the medical group has the platform systems, and people skills needed to operate in a culturally competent manner.

**Program Development**—Ongoing identification of opportunities to improve the operation of the Cultural Competency Program or to improve outcomes through new responses to cultural and linguistic needs of members.

**Performance Improvement**—Ongoing identification of opportunities to improve the operation of the Cultural Competency Program or to improve outcomes through new responses to cultural and linguistic needs of staff, providers, and members.

## **Needs Assessment**

### **Data Analysis**

When provided with information from contracted health plans regarding the cultural and linguistic needs of their populations, the medical group reviews the data provided and does the following:

- Compares the data with information available regarding the cultural and linguistic composition of our network.
- Assesses the medical group's interaction with providers and health plans to ensure that assistance with requests for member information are handled with the utmost sensitivity and regard to cultural and linguistic diversities.

## **Organizational Readiness**

### **Management Accountability for Cultural Competency**

The Board of Directors maintains ultimate responsibility for the activities related to cultural competency. The Chief Executive Officer is a member of the Board and is responsible for ensuring implementation of the medical group's Cultural Competency Program.

The medical group's Chief Compliance Officer is in charge of the company's efforts to meet internal cultural competency objectives and any externally set rules and guidelines on the subject. The Chief Compliance Officer collaborates with the department leaders of the medical groups business units in making certain that the Cultural Competency Program is fully and properly executed.

### **Diversity of Staff**

The medical group recruits diverse and talented staff members who work in all levels of the organization. The medical group does not discriminate with regard to race, religion, sexual orientation, gender identity or ethnic background when hiring staff or in how we treat members and providers.

The medical group is assigned members who speak languages other than English. The medical group trains staff to establish communication with a language interpretation vendor, as needed.

### **Diversity of Provider Network**

The medical group recruits providers to ensure the network includes a diverse array of providers to care for the population served. By building our network around "significant traditional providers," whose demographic profile mirrors that of the community they serve, the medical group has contracted with providers that value diversity and are committed to serving people of racial and ethnic minorities.

The medical group captures information from providers regarding their own and their staff's languages abilities. This information is maintained on the health plans website so that members can choose providers that speak the languages that they do.

### **Education on Cultural Responsiveness**

All new medical group staff must attend cultural competency training within ten (10) days of the date of hire and annually thereafter. Major elements of the training include:

- The rationale and need for providing culturally and linguistically competent services.
- Effective approaches to communicating information to beneficiaries.
- Gauging member's perception (i.e., fearful versus trustful) of providers and staff.

The medical group also incorporates diversity exercises into staff meetings to ensure that all associates respect diversity within the organization and among the enrolled population.

At each performance appraisal period, the medical group employees are evaluation on their respect for diverse backgrounds as a core value that the medical group measures. Employees are assessed for their cultural competency through testing, direct observation, and monitoring of employee, member, and provider encounters.

### **Linguistic Services**

#### **Preparation of Materials**

**Readability**—Materials that are used for member communication are tested for readability and must be scored at the 6<sup>th</sup> grade level or lower.

**Language other than English**—Materials are routinely prepared utilizing the designated threshold languages. The medical group prepares communications with members using the designated threshold languages templates provided by the health plans.

**Materials for persons with cognitive impairments**—The health plans prepare materials in large print versions for members who can see, but not read normal size print, or in Braille or recorded in audiotape format for people who are legally blind. The health plans make these materials available to the medical group as needed.

#### **Foreign Language Translation Services**

**Communication with the Medical Group**—The medical group uses a qualified vendor provided by the health plans for interpreter services as needed to communicate with members who have limited English proficiency. The health plans pay all costs of language services required by its members. There is never a cost to the members.

**Special Services for Persons with Hearing Impairments**—The medical group's assigned members who are deaf or hard of hearing may require devices, or services to aid them in communicating effectively

with their providers. Staff or providers ask members who are hearing impaired if they would like a certified interpreter—such as a computer assisted real-time reporter, oral interpreter, cued speech interpreter, or sign-language interpreter—to be present during a visit to the provider. Staff and providers maintains a list of phone number and locations of interpreter services provided by the health plans. If the use of an interpreter is not appropriate, the employee or provider will offer the member the chance to specify what other type of auxiliary aid or service they prefer, as identified by the health plans.

Also, Provider Network Operations staff educates providers on what they can do to make facilities more accessible for individuals with hearing impairments, such as the following:

- Ensure a quiet background for patients.
- Reduce echoes to enhance sound quality.
- Add lighting to enhance visibility.
- Install flashing lights that work in conjunction with auditor safety alarms.
- Clearly identify all buildings, floors, offices and room numbers.
- Include a TTY (teletypewriter) or TDD (telecommunications devices for deaf persons) in the office.

**Functional Illiteracy**—Often hidden from view is the fact that many members who speak English as their native language cannot read at a level that allows them to perform basic tasks such as filling out forms used in everyday transactions. Fearing embarrassment, seldom do such members identify themselves to staff or to network providers. Nevertheless, we are committed to making best efforts to help these individuals so that they can get the most out of their health care plan.

We begin by encouraging our staff and provider's office staffs to look for telltale signs of literacy problems. These personnel then attempt, with sensitivity and discretion, to help the member with the immediate need, such as completing a form.

## **Program Development**

### **Provider Education**

The medical group educates providers regarding the Cultural Competency Program through the Provider Manual, the Provider Portal of the medical group's website, and as part of routine encounters with Provider Network Operations staff. The topic is covered regularly in the medical group's provider newsletter. We also distribute appropriate reference materials to providers—for example the national CLAS standards.

All providers receive a Cultural Competency Checklist, approved by the federal Centers for Medicare and Medicaid Services, to assess their cultural competency in their offices. Use of the tool is voluntary for providers at the present time. The medical group arranges for appropriate follow-up assistance to providers who, after using it, report a need for help in becoming more culturally competent.

## **Performance Improvement**

The medical group is committed to conducting performance improvement projects both pertaining to culturally and linguistically appropriate services and related to health care disparities identified in the population served.

### **Provider Performance Monitoring**

In the event that members file complaints or grievances with their health plans concerning a provider that behaves in a manner inconsistent with standards for culturally and linguistically appropriate services, the medical group will work with the health plan to investigate the matter with the same degree of concern applied to any other complaint or grievance. Offending providers are expected to take corrective measures, if appropriate, and the medical group will follow-up to make certain that such action was indeed taken.

If the medical group observes patterns in complaint and grievance information provided by the health plans that suggests there are systemic deficiencies in providers' conformance to cultural competency aims, the medical group investigates the causes and defines broad performance improvement projects to eliminate the weakness.

### **Ongoing Self-Assessment**

#### **Process and Tools**

The medical group continually assesses the cultural competency of the company to ensure that the medical group is meeting the diverse needs of their members, providers, and staff. A component of the assessment is listening to suggestions from providers and staff from various business units for improving this Cultural Competency Program.

Annually, the Cultural Competency Program is reviewed, revised, and presented to the Compliance Committee and the Board of Directors to ensure compliance with the program objectives.

### **Reporting**

All measures are reported to the Compliance Committee and the Board of Directors for recommendations, interventions, and approval.

### **Determination of Performance Improvement Projects**

#### **Benchmarking Against Best Practices**

The Compliance Committee reviews the literature on innovations and best practices in cultural competency at least once yearly. The results of this review are compared to the findings of the assessment (above) to identify gaps between the medical group's Cultural Competency Program and industry benchmarks.

#### **Setting Priorities and Assignments**

The medical group at least annually, presents member demographics and provider demographics to the Compliance Committee. The Compliance Committee is responsible for setting priorities and assigning owners for compliance activities and ensuring that continuous compliance is incorporated throughout the organization.

#### **Linking Cultural Competency/CLAS with Other Compliance Efforts**

The medical group's Compliance Committee is charged with ensuring that there is an active feedback loop between the cultural competency activities and other compliance efforts. When opportunities for improvement are identified in either of the two domains, medical group staff and the Committee are expected to explore ways to introduce that improvement opportunity into the other realm.