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Cultural Competency Holds Key to Revolutionizing Healthcare

By Mario J. Paredes

MANY AMERICANS today would agree that our healthcare system is troubled. The Affordable Care Act remains controversial and has thus far failed to appease both Republicans and Democrats. Consumer and government spending on healthcare has grown exponentially for several decades, but, compared to other industrialized nations, quality of care has continued to decline. Something is seriously amiss.

Back in 2001, in an earlier effort to remedy the situation, the Committee on Quality of Healthcare in America set new goals for the future of the country's healthcare system. These include equitable and patient-centered care. On those two counts, I am excited to report on a unique experiment underway in New York State that is radically upgrading care for Medicaid patients.

ACP presents one courageous attempt to revolutionize healthcare.

Since April of last year, it has been my privilege to lead a brand new type of health-care organization, Advocate Community Providers (ACP). It is one of 25 so-called Performing Provider Systems (PPSs) in New York State. ACP is funded under the Delivery System Reform Incentive Payment (DSRIP) program. Its ambitious goal is to, by 2020, save the State some \$17B through a 25 percent reduction in the number of unnecessary emergency room visits. The idea is that preventive medicine and interactions with primary care physicians can reduce the cost of healthcare across the board. Hence, DSRIP participants have to do such a good job in taking care of patients so that illnesses, chronic, and otherwise, do not reach the crisis level that require hospitalization. Now, delivering that quality of service, that excellent—indeed “equitable”—care is not just a matter of medical technology, testing, and medication.

As our experience and ongoing research at ACP is revealing, success depends, above all, on “patient-centered” care—and such care can only be realized through cultural competency on the part of our doctors and other service providers. Simply put, that means that a patient is evaluated and treated holistically: this approach takes into account culture in the broadest sense, including language, ethnicity, race, religion, socioeconomic status, gender, and age. Also, takes into account the non-medical needs when attending a physician's office.

From this perspective, a patient is far, far more than his or her particular medical condition. Of course, curing illness remains critical, but the patient's empowerment and overall health and wellness—physical, emotional, even spiritual—becomes the overriding objective. This is a radical prescription for health-care delivery, but a necessary one: human flourishing in the fullest sense equals optimal health, which equals savings for all stakeholders, from the patient, to the insurance company, to the state, and federal government.



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That human flourishing, that long-term positive health outcome, is measured by the New York State Department of Health through a sophisticated medical-data gathering system, referred to as value based payment system, that tracks a patient's longer-term health status, as expressed in Medicaid insurance claims, medical updates, and the all-important and ideally avoidable hospital admissions.

Our doctors are paid according to concrete results; hence the word "Performing" in our designation as a Performing Provider. In this new system, providers' remuneration no longer hinges simply on tests administered, the number of office visits, strictly medical interventions—a method of accountability subject to so much waste and fraud.

No, ACP has to deliver! And the beauty of our experiment is that this deeply humanizing—deeply human, humanistic, holistic—approach to providing healthcare also translates into enormous savings as well as financial incentives for providers. Let us salute the brilliant planners in Washington, D.C. and Albany, NY!

Now, it must be stressed that ACP is in a unique position, as cultural competency lies at the very heart of our working philosophy and practical infrastructure. We are a network of 3,000 doctors and providers—the bulk of them independents—in the Bronx, Queens, Manhattan and Brooklyn. We serve a combined total of some 650,000 Medicaid patients in those boroughs. And here is the clincher: a great many of our doctors live in the same neighborhoods as their patients, sharing the same cultural, ethnic and linguistic backgrounds.

Of the 25 PPSs in New York State, we are the only community-based participant and the only one led by doctors themselves. The others are massive, corporate-style hospital systems, whose very structure makes a personalized—culturally competent! —approach to taking care of patients much, much harder. (Credit goes to the State, nonetheless to insist on a cultural competency commitment for all PPSs.)

In the majority of cases, our doctors themselves are immigrants from the same countries and regions that their patients have come from; these providers can relate to difficulties of language and other obstacles that confront new immigrants, or residents with a limited educational background. This cultural affinity naturally encourages and nurtures the development a more personal bond between doctor and patient, a relationship of mutual trust. Such a connection is proving vital for the patient's overall health.

The diversity of our physicians increases our cultural competence as a network. Ideally, a patient from any cultural background presents to any practice and a successful visit and provision of equitable services are provided. Our practices uniquely serve patients from the neighboring communities and thus African-American doctors treat African-Americans; Hispanic physicians work with Latinos, and Chinese-American providers serve the Chinese-American community. That cultural link proves to be very powerful as is the sheer proximity of doctors' offices. That is far cry from the old system of ill-informed and vulnerable Medicaid patients making their way through an intimidating urban environment to far-off providers with whom they



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meet only rarely, let alone build any kind of personal relationship required to promote patient empowerment and understanding.

The familiarity, experience, and past successes in serving generations of the same families come with it a unique understanding of cultural practices within a community and equips doctors with a unique ability to reduce health disparities within those communities. A challenge that we are calling to our physicians to act upon and collectively think about together. The diversity of the networks' racial and ethnic makeup gives us-ACP-the unique advantage of addressing together in low-income families. There are immediate, concrete medical benefits to a doctor treating someone of his or her cultural background; it gives the physician an immediate medical roadmap. For example, Hispanics are 65 percent more likely to develop diabetes than other ethnic groups; African-Americans are more prone to strokes; Asian-Americans are 80 percent more likely to die from liver cancer. But the doctor-patient rapport has many further benefits.

Through better communication with the local and culturally familiar doctor and his or her staff—who also receive special training in cultural competency—the patient is more likely to follow directives, to keep office visits, to take medicine in a timely fashion, to exercise, to refrain from smoking, to avoid fatty foods and other unhealthy practices.

Cultural competency invites the patients to become a more active participant in ensuring their own overall well-being. Patients, to use the technical term, gradually acquire a significant degree of health literacy, an understanding of the factors, medical and otherwise, that have an impact on their quality of life.

ACP defines health literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” To swing back to the national picture, research shows that 14 percent of adults, or almost 30 million individuals, lack this literacy! Across all ethnic groups, cultural competency on the part of medical providers and the health literacy of their charges go hand-in-hand.

To boost their care for and understanding of their patients, our doctors also pursue active partnerships with Community-Based Organizations (CBOs)—including faith-based entities—that have a deep understanding of the people in their communities. In many cases, these CBOs themselves have a cultural or ethnic identity that matches that of the people they serve. Our physicians are also assisted by Community Health Workers (CHWs), who can, for example, visit the patients' home, support them on their visit to their primary care physician, among other things.

The vision behind cultural competency is very broad; it takes into account a full range of social determinants of health; living conditions, including familial relationships that may have an effect on a patient's health or treatment; the child of a diabetic patient may be flagged early on to



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avoid obesity, for example; perhaps the patient's family is suffering financial difficulties, in which case a CHW can refer the patient or a relative to pertinent city-provided assistance, such as employment or housing services.

Then, too, behavioral factors can influence someone's health—what if the patient (or someone in the household) suffers from depression? ACP puts a premium on doctors and CHWs recognizing signs of depression and ensuring the patient in question gets appropriate, that is, culturally appropriate care.

We are also committed to help turn our providers' offices into vital information hubs through the provision of language-appropriate informational brochures and posters, as well as, in some cases, video presentations; our communication department is developing a comprehensive patient education website; town-hall style meetings are held in the various ethnic neighborhoods to recruit local physicians to our network as well as inform local residents that they can have access to a doctor who shares their ethnic and cultural background.

Our slogan is: "We Are Different!" Signs proclaiming that in English, Spanish, and Chinese are popping up in more and more doctors' offices in New York City. Yes, we are a novelty in the New York State healthcare universe. Naturally, we are closely watched by Department of Health officials. So much is at stake: to qualify for payments under DSRIP we have to hit very specific targets demonstrating, first and foremost, clinical success.

It is a slow, sometimes painful, but most exciting process. Of course, cultural competence makes eminent sense for ACP, whose founder, Chairman Ramon Tallaj is an immigrant from the Dominican Republic. Funded by Medicaid, we serve very specific cultural and ethnic communities. Our model, once proven successful in the long run, will surely inspire other states to follow suit in caring for low income families.

Yet, I'd go even further: cultural competence—and the health literacy of patients it produces and informs—is the wave of the future; it's a vital piece of the puzzle of solving the country's healthcare crisis as manifested astronomical cost and failing quality. Middle-class and affluent Anglo-Americans will also get healthier and stay healthier longer if their particular medical problems are considered and treated in the broadest possible human—emotional, spiritual—context.