# NATIONAL QUALITY FORUM

## Healthcare Disparities and Cultural Competency Project
## Table of Submitted Measures

| Measure ID Number/Title | Measure Description | Numerator | Denominator |
|---|---|---|---|
| **1821**<br>**L2: Patients receiving language services supported by qualified language services providers**<br><br>**Measure Steward:**<br>George Washington University, Department of Health Policy | This measure is used to assess the percentage of limited English-proficient (LEP) patients receiving both initial assessment and discharge instructions supported by assessed and trained interpreters or from bilingual providers and bilingual workers/employees assessed for language proficiency.<br><br>Interpreter services are frequently provided by untrained individuals, or individuals who have not been assessed for their language proficiency, including family members, friends, and other employees. Research has demonstrated that the likely results of using untrained interpreters or friends, family, and associates are an increase in medical errors, poorer patient-provider communication, and poorer follow-up and adherence to clinical instructions. The measure provides information on the extent to which language services are provided by trained and assessed interpreters or assessed bilingual providers and bilingual workers/employees during critical times in a patient's health care experience. | The number of limited English-proficient (LEP) patients with documentation they received the initial assessment and discharge instructions supported by trained and assessed interpreters, or from bilingual providers and bilingual workers/employees assessed for language proficiency. | Total number of patients that stated a preference to receive their spoken health care in a language other than English. |
| **1824**<br>**L1A: Screening for preferred spoken language for health care**<br><br>**Measure Steward:**<br>George Washington University, Department of Health Policy | This measure is used to assess the percent of patient visits and admissions where preferred spoken language for health care is screened and recorded.<br><br>Hospitals cannot provide adequate and appropriate language services to their patients if they do not create mechanisms to screen for limited English-proficient patients and record patients´ preferred spoken language for health care. Standard practices of collecting preferred spoken language for health care would assist hospitals in planning for demand. Access to and availability of patient language preference is critical for providers in planning care. This measure provides information on the extent to which patients are asked about the language they prefer to receive care in and the extent to which this information is recorded. | The number of hospital admissions, visits to the emergency department, and outpatient visits where preferred spoken language for health care is screened and recorded | The total number of hospital admissions, visits to the emergency department, and outpatient visits. |

# NATIONAL QUALITY FORUM

| Measure ID Number/Title | Measure Description | Numerator | Denominator |
|---|---|---|---|
| **1828**<br>**L3: Patient wait time to receive interpreter services**<br><br>**Measure Steward:**<br>George Washington University, Department of Health Policy | This measure is used to assess the percent of encounters where the wait time for an interpreter is 15 minutes or less. Patients and providers report resistance or reluctance to using interpreter services due to long wait times or delays in obtaining an interpreter upon request. As interpreter services continue to evolve, many hospitals across the country have adopted standards for wait times for interpreter encounters. This measure provides information on the extent to which interpreter services are able to respond to requests for service within a reasonable amount of time, defined here as within 15 minutes. | The number of interpreter encounters in which the wait time is 15 minutes or less for the interpreter to arrive | The total number of interpreter encounters, stratified by language. |
| **1831**<br>**L5: The percent of work time interpreters spend providing interpretation in clinical encounters with patients and providers**<br><br>**Measure Steward:**<br>George Washington University, Department of Health Policy | The percent of work time interpreters spend providing interpretation in clinical encounters with patients and providers. | The total number of minute's interpreters spent providing interpretation during clinical encounters during the calendar month, stratified by language. | The total number of minutes worked by interpreters during the calendar month, stratified by language. |
| **1881**<br>**Data collection domain of Communication Climate Assessment Toolkit**<br><br>**Measure Steward:**<br>American Medical Association (AMA) | Site score on the domain of "Data Collection" of the Communication Climate Assessment Toolkit (C-CAT), 0-100. | Data collection component of patient-centered communication: an organization should use standardized qualitative and quantitative collection methods and uniform coding systems to gather valid, reliable information for understanding the demographics and communication needs of the population it serves. Measure is scored on 3 items from the C-CAT patient survey and 9 items from the C-CAT staff survey. | There are two components to the target population: staff (clinical and nonclinical) and patients. Sites using this measure must obtain at least 50 staff responses and at least 100 patient responses. |

# NATIONAL QUALITY FORUM

| Measure ID Number/Title | Measure Description | Numerator | Denominator |
|---|---|---|---|
| **1886**<br>**Community engagement domain of Communication Climate Assessment Toolkit**<br><br>**Measure Steward:**<br>American Medical Association (AMA) | Site score on the domain of "Community Engagement" of the Communication Climate Assessment Toolkit (C-CAT), 0-100. | Community Engagement component of patient-centered communication: an organization should make demonstrable, proactive efforts to understand the community it serves, including establishing relationships with community groups and developing opportunities for community members to participate in shaping organizational policies. Measure is scored based on 3 items from C-CAT patient survey and 3 items from C-CAT staff survey. Minimum n of 100 patient responses and 50 staff responses | There are two components to the target population: staff (clinical and nonclinical) and patients. Sites using this measure must obtain at least 50 staff responses and at least 100 patient responses. |
| **1888**<br>**Workforce development domain of Communication Climate Assessment Toolkit**<br><br>**Measure Steward:**<br>American Medical Association (AMA) | Site score on the domain of "Workforce Development" of the Communication Climate Assessment Toolkit (C-CAT), 0-100. | Workforce development component of patient-centered communication: an organization should ensure that the structure and capability of its workforce meets the communication needs of the population it serves, including by employing and training a workforce that reflects and appreciates the diversity of these populations. Measure is scored on 2 items from the C-CAT patient survey and 21 items from the C-CAT staff survey. Minimum of 100 patient responses and 50 staff responses. | There are two components to the target population: staff (clinical and nonclinical) and patients. Sites using this measure must obtain at least 50 staff responses and at least 100 patient responses. |
| **1892**<br>**Individual engagement domain of Communication Climate Assessment Toolkit**<br><br>**Measure Steward:**<br>American Medical Association (AMA) | Site score on "Individuals Engagement" domain of patient-centered communication, per the Communication Climate Assessment Toolkit (C-CAT); 0-100. | Individual engagement: an organization should help its workforce engage all individuals, including those from vulnerable populations, through interpersonal communication that effectively elicits health needs, beliefs, and expectations; builds trust; and conveys information that is understandable and empowering. Measure is scored on 18 items from the patient survey of the C-CAT and 9 items from the staff survey of the C-CAT. Minimum of 100 patient responses and 50 staff responses. | There are two components to the target population: staff (clinical and nonclinical) and patients. Sites using this measure must obtain at least 50 staff responses and at least 100 patient responses. |

# NATIONAL QUALITY FORUM

| Measure ID Number/Title | Measure Description | Numerator | Denominator |
|---|---|---|---|
| **1894**<br>**Cross-cultural communication domain of the Communication Climate Assessment Toolkit**<br><br>**Measure Steward:**<br>American Medical Association (AMA) | Site score for "cross-cultural communication" domain of Communication Climate Assessment Toolkit (C-CAT), 0-100. | Cross-cultural communication component of patient-centered communication (aka socio-cultural context): an organization should create an environment that is respectful to populations with diverse backgrounds; this includes helping its workforce understand sociocultural factors that affect health beliefs and the ability to interact with the health care system. Measure is scored on 3 items from the C-CAT patient survey and 16 items from the C-CAT staff survey. Minimum of 100 patient responses and 50 staff responses. | There are two components to the target population: staff (clinical and nonclinical) and patients. Sites using this measure must obtain at least 50 staff responses and at least 100 patient responses. |
| **1896**<br>**Language services domain of Communication Climate Assessment Toolkit**<br><br>**Measure Steward:**<br>American Medical Association (AMA) | Site score on domain of "language services" of the Communication Climate Assessment Toolkit (C-CAT), 0-100. | Language services component of patient-centered communication: an organization should determine what language assistance is required to communicate effectively with the population it serves, make this assistance easily available and train its workforce to access and use language assistance resources. | There are two components to the target population: staff (clinical and nonclinical) and patients. Sites using this measure must obtain at least 50 staff responses and at least 100 patient responses, including at least 50 patients who prefer to speak a language other than English with their doctor. |
| **1898**<br>**Health literacy domain of Communication Climate Assessment Toolkit**<br><br>**Measure Steward:**<br>American Medical Association (AMA) | Site score on the domain of "health literacy" of the Communication Climate Assessment Toolkit (C-CAT), 0-100. | Health literacy component of patient-centered communication: an organization should consider the health literacy level of its current and potential populations and use this information to develop a strategy for the clear communication of medical information verbally, in writing and using other media. Measure is scored based on 15 items from the patient survey of the C-CAT and 13 items from the staff survey of the C-CAT. Minimum of 100 patients responses and 50 staff responses. | There are two components to the target population: staff (clinical and nonclinical) and patients. Sites using this measure must obtain at least 50 staff responses and at least 100 patient responses. |

# NATIONAL QUALITY FORUM

| Measure ID Number/Title | Measure Description | Numerator | Denominator |
|---|---|---|---|
| **1901 Performance evaluation domain of Communication Climate Assessment Toolkit**<br><br>**Measure Steward:** American Medical Association (AMA) | Site score on domain of "performance evaluation" of the Communication Climate Assessment Toolkit (C-CAT), 0-100. | Performance evaluation component of patient-centered communication: an organization should regularly monitor its performance with regard to each of the content areas (C-CAT domains of patient-centered communication) using structure, process and outcome measures, and make appropriate adjustments on the basis of these evaluations. | There are two components to the target population: staff (clinical and nonclinical) and patients. Sites using this measure must obtain at least 50 staff responses and at least 100 patient responses. |
| **1902 Clinicians/Groups' Health Literacy Practices Based on the CAHPS Item Set for Addressing Health Literacy**<br><br>**Measure Steward:** Agency for Healthcare Research and Quality | These measures are based on the CAHPS Item Set for Addressing Health Literacy, a set of supplemental items for the CAHPS Clinician & Group Survey. The item set includes the following domains: Communication with Provider (Doctor), Disease Self-Management, Communication about Medicines, Communication about Test Results, and Communication about Forms. Samples for the survey are drawn from adults who have had at least one provider´s visit within the past year. Measures can be calculated at the individual clinician level, or at the group (e.g., practice, clinic) level. We have included in this submission items from the core Clinician/Group CAHPS instrument that are required for these supplemental items to be fielded (e.g., screeners, stratifies). Two composites can be calculated from the item set: 1) Communication to improve health literacy (5 items), and 2) Communication about medicines (3 items) | We recommend that the Clinicians/Groups' Health Literacy Practices measures be calculated using the top box scoring method. The top box score refers to the percentage of patients whose responses indicated excellent performance for a given measure. This approach is a kind of categorical scoring because the emphasis is on the score for a specific category of responses.<br>Two composites can be calculated from the item set: 1) Communication to improve health literacy (5 items), and 2) Communication about medicines (3 items) | Adults with a visit to the provider for which the survey is being fielded within the last 12 months who responded to the item. |

# NATIONAL QUALITY FORUM

| Measure ID Number/Title | Measure Description | Numerator | Denominator |
|---|---|---|---|
| **1904 Clinician/Group's Cultural Competence Based on the CAHPS® Cultural Competence Item Set**<br><br>**Measure Steward:** Agency for Healthcare Research and Quality | These measures are based on the CAHPS Cultural Competence Item Set, a set of supplemental items for the CAHPS Clinician/Group Survey that includes the following domains: Patient-provider communication; Complementary and alternative medicine; Experiences of discrimination due to race/ethnicity, insurance, or language; Experiences leading to trust or distrust, including level of trust, caring and confidence in the truthfulness of their provide; and Linguistic competency (Access to language services). Samples for the survey are drawn from adults who have at least one provider´s visit within the past year. Measures can be calculated at the individual clinician level, or at the group (e.g., practice, clinic) level. We have included in this submission items from the Core Clinician/Group CAHPS instrument that are required for these supplemental items to be fielded (e.g., screeners, stratifies). Two composites can be calculated from the item set: 1) Providers are caring and inspire trust (5 items), and 2) Providers are polite and considerate (3 Items). | We recommend that the Clinicians/Groups' Health Literacy Practices measures be calculated using the top box scoring method. The top box score refers to the percentage of patients whose responses indicated excellent performance for a given measure. This approach is a kind of categorical scoring because the emphasis is on the score for a specific category of responses.<br>Two composites can be calculated from the item set: 1) Providers are caring and inspire trust (5 items), and 2) Providers are polite and considerate (3 Items). | Adults with a visit to the provider for which the survey is being fielded within the last 12 months who responded to the item. |
| **1905 Leadership commitment domain of Communication Climate Assessment Toolkit**<br><br>**Measure Steward:** American Medical Association (AMA) | Site score on the domain of "Leadership Commitment" of the Communication Climate Assessment Toolkit (C-CAT), 0-100. | Leadership commitment component of patient-centered communication: an organization should routinely examine its commitment, capacity and efforts to meet the communication need of the population it serves, including leadership involvement; mission, goals and strategies; policies and programs; budget allocations; and workforce values. Measure is scored based on 9 items from C-CAT patient survey and 16 items from C-CAT staff survey. Minimum of 100 patient responses and 50 staff responses | There are two components to the target population: staff (clinical and nonclinical) and patients. Sites using this measure must obtain at least 50 staff responses and at least 100 patient responses. |

# NATIONAL QUALITY FORUM

| Measure ID Number/Title | Measure Description | Numerator | Denominator |
|---|---|---|---|
| **1919**<br>**Cultural Competency Implementation Measure**<br><br>**Measure Steward:**<br>RAND | The Cultural Competence Implementation Measure is an organizational survey designed to assist healthcare organizations in identifying the degree to which they are providing culturally competent care and addressing the needs of diverse populations, as well as their adherence to 12 of the 45 NQF-endorsed® cultural competency practices prioritized for the survey. The target audience for this survey includes healthcare organizations across a range of health care settings, including hospitals, health plans, community clinics, and dialysis organizations. Information from the survey can be used for quality improvement, provide information that can help health care organizations establish benchmarks and assess how they compare in relation to peer organizations, and for public reporting. | The target audience for this survey includes health care organizations across a range of health care settings, including hospitals, health plans, community clinics, and dialysis organizations. The focus of the measure is the degree to which health care organizations have adopted or implemented 12 of the 45 NQF-endorsed cultural competency preferred practices. | As mentioned above, the survey can be used to measure adherence to 12 of the 45-NQF endorsed cultural competence preferred practices. The survey could be used to focus on a particular type of health care organization, or more broadly to collect information across various organization types. |