NATIONAL QUALITY FORUM

CULTURAL COMPETENCY MEASUREMENT AND IMPLEMENTATION STRATEGIES: SUMMARY REPORT

CULTURAL COMPETENCY MEASUREMENT AND IMPLEMENTATION STRATEGIES

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NATIONAL QUALITY FORUM

I.   BACKGROUND

Eliminating disparities is one of the National Quality Forum's (NQF's) priorities, and the lack of culturally competent care is one of the major contributors to healthcare disparities. Even as healthcare systems improve, disparities continue to increase because of medical errors, misunderstandings, and low patient adherence resulting from the lack of culturally accurate and appropriate services. The provision of such services not only has the potential to reduce disparities and improve outcomes, but also can create greater patient satisfaction and increase the efficiency of clinical and administrative staff. In 2009, NQF concluded Phase I of an extensive project by endorsing a framework for measuring and reporting the delivery of culturally competent care and a set of 45 preferred practices for cultural competency, as presented in *A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency*[1]. The work for this project was jointly funded by the California Endowment and The Commonwealth Fund.

To follow up on Phase I of the project, NQF began to explore implementation strategies and measures that specifically address the preferred practices, utilizing the expertise of a small multi-stakeholder panel[2]. This 17-person Expert Panel (see Appendix A) convened in July 2010 to provide expertise and strategic direction for measurement of the NQF-endorsed® preferred practices for cultural competency. The Panel provided input and recommendations for the conceptual development of an implementation survey measure related to the cultural competency practices, strategies for implementing the practices in a range of care settings and from a multi-stakeholder perspective, and recommendations for measure concepts related to the cultural competency practices included in the implementation measure.

Project Strategy

This report presents the recommendations and findings of the Panel, which reviewed and evaluated the cultural competency practices and focuses on broad issues related to the development of the survey measure (e.g., weighting of the framework domains and inclusion

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[1] National Quality Forum (NQF). A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency: A Consensus Report. Washington, DC: NQF; 2009.
[2] Funding for this work was provided by the California Endowment

of specific practices and applicable care settings for implementation), measurement gaps, and strategies for implementing the practices. The Panel used *A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency* as its reference document, and it drew upon and evaluated as a potential set for inclusion in the survey measure.

The Panel considered the following questions during its review:

- Should all of the domains of the framework be represented in the survey measure?
- Should all of the practices be included in the survey measure?
- Which practices present the most leverage based on readiness of the field?
- Should the practices that are included in the measure be weighted equally from a scoring/credit perspective?
- Which practices overlap with other national strategies for addressing cultural competency?
- Which practices (or specifications) serve as concepts for measures?

The Panel ranked and voted on all of the practices to determine an initial set of practices recommended for inclusion in the survey measure. After the list was further narrowed down, the Panel voted on the weighting of the practices within the measure. Finally, the Panel conducted a gap analysis to ensure that the concepts essential to culturally competent care were captured by the practices included in the survey measure.

II.   RECOMMENDATIONS— DEVELOPMENT AND STRUCTURE OF CULTURAL COMPETENCY IMPLEMENTATION SURVEY MEASURE

The Panel's recommendations are intended to provide guidance to a contractor who will fully develop and test an NQF cultural competency preferred practices implementation survey measure. The Panel also provided guidance on the broader conceptual aspects of the structure and content of the measure.

The Leapfrog Group's Safe Practices Hospital Survey, which utilized the NQF-endorsed Safe Practices to identify the Safe Practices Score, served as the model for the recommendations for the survey.

Panel members had varying opinions about the implications of a cultural competency implementation survey measure with regard to the importance and feasibility of the NQF-endorsed practices, the applicability of a single measure across all settings of care, and organizational resources for the execution of practices. Several members expressed concern about the lack of a organization similar to Leapfrog to serve as the central administrator of the survey and publisher of its results. Ultimately, however, Panel members agreed that the survey measure should serve as a starting point with the basic NQF-endorsed competencies that should be achievable by most organizations, beginning with awareness and continuing to action.

Structure of Cultural Competency Implementation Survey Measure

The Panel recommended a global structure whereby the survey measure is comprised of one core set of practices applicable to all settings of care, with at least one preferred practice from each domain of the Cultural Competency Framework. When reviewing each practice for inclusion in the set, the Panel also considered the level of evidence supporting the practice and the practice's feasibility, importance, and measurability. Table 1 presents the core set of 13 practices selected for consideration in the implementation survey measure.

| Table 1: Suggested Core Set of NQF-Endorsed Cultural Competency Practices for Implementation Survey Measure |
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| ***Leadership Domain*** |
| • <u>Practice 3:</u> Ensure that a commitment to culturally competent care is reflected in the vision, mission, and goals of the organization, and couple this with an actionable plan. |
| • <u>Practice 4:</u> Implement strategies to recruit, retain, and promote at all levels of the organization a diverse leadership that reflects the demographic characteristics of the service area. |
| • <u>Practice 5:</u> Ensure that the necessary fiscal and human resources, tools, skills, and knowledge to support and improve culturally competent policies and practices in the organization are available. |
| ***Integration into Management Systems and Operations Domain*** |
| • <u>Practice 8:</u> Integrate into the organizational strategic plan clear goals, policies, operational procedures, and management accountability/oversight mechanisms to |

provide culturally competent services.
• <u>Practice 10:</u> Implement reward and recognition programs to recognize specific individuals, initiatives, and programs within the organization that promote cultural competency.
Patient-Provider Communication Domain
• <u>Practice 12:</u> Offer and provide language access resources in the patient's primary written and spoken language at no cost, at all points of contact, and in a timely manner during all hours of operation, and provide both verbal offers and written notices informing patients of their right to receive language assistance services free of charge.
Care Delivery and Supporting Mechanisms Domain
• <u>Practice 23:</u> Develop and implement a comprehensive care plan that addresses cultural concerns.
Workforce Diversity and Training Domain
• <u>Practice 30:</u> Implement training that builds a workforce that is able to address the cultural needs of patients and provide appropriate and effective services as required by federal, state, and local laws, regulations, and organizational policies.
Community Engagement Domain
• <u>Practice 32:</u> Collaborate with the community to implement programs with clinical and outreach components to address culturally diverse populations, health disparities, and equity in the community.
Data Collection, Public Accountability, and Quality Improvement Domain
• <u>Practice 37:</u> Ensure that, at a minimum, data on an individual patient's race and ethnicity (using the Office of Management and Budget categories as modified by HRET) and primary written and spoken language are collected in health records and integrated into the organization's management information systems. Periodically update the language information.
• <u>Practice 40:</u> Apply a quality improvement framework to improve cultural competency and discover and eliminate disparities in care using the race, ethnicity, and primary written and spoken language information collected by the institution.
• <u>Practice 43:</u> Assess and improve patient- and family-centered communication on an ongoing basis. (Reference to Practice 18 on "teach back" to be included.)
• <u>Practice 45:</u> Ensure that conflict and grievance resolution processes are culturally sensitive and capable of identifying, preventing, and promptly and equitably resolving cross-cultural conflicts or complaints by patients or between organizational staff.

The Panel considered the second major component of the survey measure, that is, the relative weight of the selected practices and of the specifications that will inform scoring and reporting of results. Those practices viewed as more important to high-quality, culturally competent care were recommended to be weighted more heavily for implementation purposes. Figure 1 represents the results of the Panel's voting.

Figure 1: Expert Panel Voting Results for Practice Weighting

Cultural Competency Core Practices
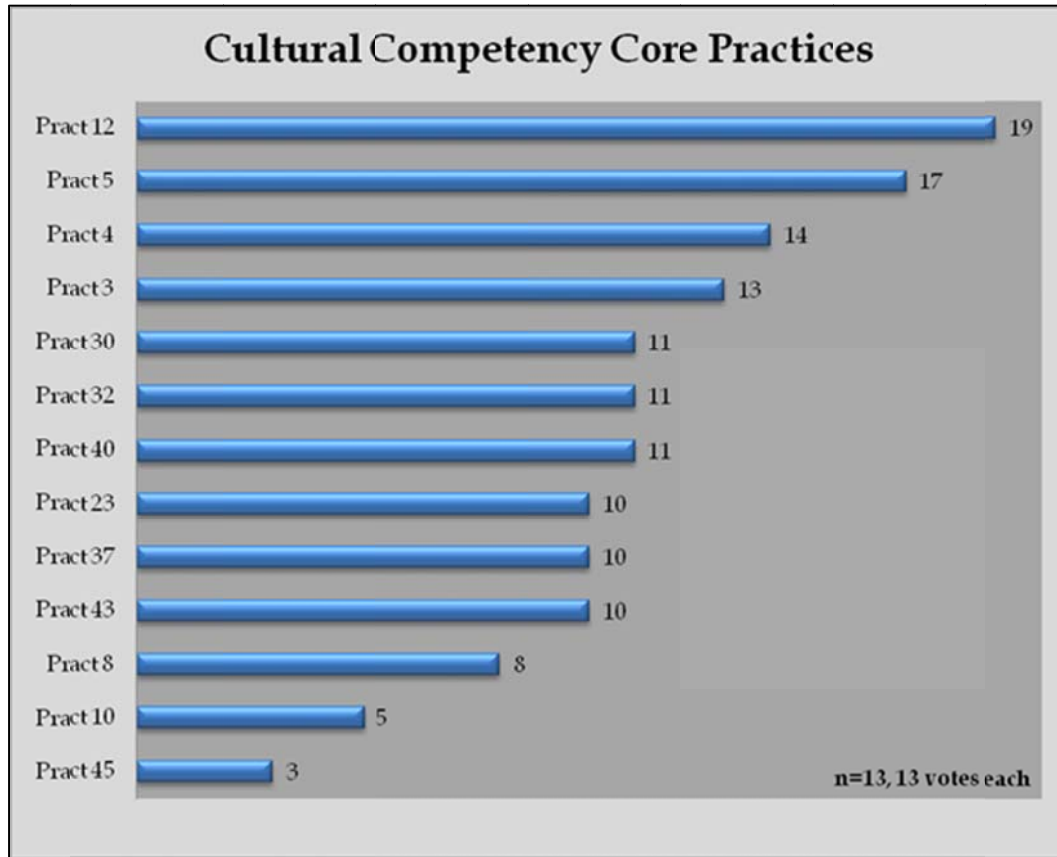
With regard to the weighting of the specifications, Panel members expressed concerns about improving the measurability and harmonization of specifications that represent similar concepts. Consequently, the Panel recommended equal weight for each of the specifications within a practice to emphasize the importance of each practice element and to maintain a reasonable level of complexity and credibility.

Additional Considerations for Development of the Survey Measure

The Panel also discussed several considerations regarding the survey measure's reporting structure, including the identification of 1) the different levels of achievement based on how well an organization has performed on certain practices, 2) a minimum passing score to indicate whether an organization has met the standard of cultural competency, and 3) the different levels of scoring for each domain of the framework. Panel members noted that the impact of scoring and reporting on the intended purpose of the survey is an additional

important concept for development and testing. There is a clear distinction between self-assessment to guide internal quality improvement and public reporting of performance results, and the development and testing of the survey measure should account for these distinctions and their implications.

III.   CULTURAL COMPETENCY MEASUREMENT GAPS

The NQF-endorsed cultural competency framework and preferred practices represent the first step in a larger agenda of quality improvement for culturally diverse populations. From these practices and specifications, concepts for performance measures can be identified and developed.

Panel members drew on their general knowledge and expertise to identify broad measure concepts for each of the 13 practices based on the practice's importance, feasibility, and potential to drive improvement of culturally competent care. Several of the practices presented challenges in terms of measurement, such as having more than one measureable component or having qualitative rather than quantitative aspects. Appendix B presents the broad measure concepts recommended for the practices selected for inclusion in the survey measure. The Panel did not discuss or consider the more specific methodological aspects of disparities measurement such as stratification, risk adjustment, and implications for public reporting. A more in-depth look at disparities measurement is slated for future NQF work on disparities and cultural competency.

IV.   CULTURAL COMPETENCY IMPLEMENTATION STRATEGIES

Strategies for implementing the NQF-endorsed cultural competency practices will provide context for organizations that seek to operationalize the practices and to identify strategies for improving care for culturally diverse populations. The Panel considered the following key questions:

- Who are the key stakeholders needed for successful implementation of the practices, and what is their role?

- What are the essential components (internal and external) needed for successful implementation?

- What specific internal or external barriers to/inhibitors of implementation exist?

The Panel noted that identifying stakeholders for the successful implementation of the practices can vary greatly, but has a significant role. In addition to senior leadership, key stakeholders include compliance officers, quality safety officers, and ethics committee chairs. The Panel stressed that employers, consumer and patient groups, labor relations officers, chief nursing officers, public affairs/communications experts, and leads for interpretation services also are critical to successful implementation. Other, more nontraditional, stakeholders would include experts in performance measurement, research, and evaluation.

The Panel identified several barriers and inhibitors that may affect implementation of the practices. Although a clear need for the practices has been demonstrated, the evidence to support them could be stronger, which would enhance their credibility for public reporting of cultural competency and disparities. Panel members also stated that the lack of funding and incentives for cultural competency activities may inhibit implementation as well as contribute to rationing of organizational resources. Finally, the current political climate and national debate over immigration may influence the successful implementation of cultural competency practices.

The Panel recommended a small set of strategies for overcoming barriers, which included recognizing the importance of teams and champions to facilitate organizational change, and the involvement of federal agencies or other regulatory agencies to assist in expanding the implementation of frameworks and measures, and engaging more with diversity experts in cultural competency initiatives.

## V.	THE PATH FORWARD

NQF's endorsement of a cultural competency framework and preferred practices has generated significant interest and is becoming integral to furthering the healthcare quality agenda with respect to improving cultural competency and reducing disparities. There continues to be excitement and uptake of the practices among various organizations, which

demonstrates the need to explore implementation strategies. The development of a cultural competency implementation survey measure will contribute greatly to this goal, because it will enable organizations to accurately assess their adherence to the most important elements of the endorsed set of practices. NQF has identified a small portfolio of upcoming projects to further work on eliminating disparities, which includes commissioning papers on the methodological concerns surrounding measuring disparities and cultural competency, as well as commencing a full consensus development project to endorse performance measures.

APPENDIX A: CULTURAL COMPETENCY EXPERT PANEL ROSTER

Paul M. Schyve, MD (Co-Chair)
The Joint Commission
Oakbrook Terrace, IL

Kimberlydawn Wisdom, MD, MS (Co-Chair)
Henry Ford Health System
Detroit, MI

Dale M. Allison, PhD
Hawaii Pacific University College of Nursing and Health Sciences
Kaneohe, HI

Ignatius Bau, JD
California Pan-Ethnic Health Network
San Francisco, CA

Cindy Brach, MPP
Agency for Healthcare Research and Quality
Rockville, MD

J. Emilio Carrillo, MD, MPH
New York-Presbyterian Community Health Plan
New York, NY

Lisa A. Cooper, MD, MPH
Johns Hopkins University School of Medicine
Baltimore, MD

Ricardo Forbes, MPA
Baptist Health
Coral Gables, FL

Marcos Pesquera, RPh, MPH
Adventist Health System
Rockville, MD

Wayne S. Rawlins, MBA, MD
Aetna
Hartford, CT

Marsha Regenstein, PhD
George Washington University School of Public Health and Health Systems
Washington, DC

Kyu Rhee, MD, MPP
Health Resources and Services Administration
Rockville, MD

Kalahn A. Taylor-Clark, PhD, MPH
Brookings Institute
Washington, DC

Robert Weech-Maldonado, PhD
University of Alabama Birmingham
Birmingham, AL

Ann O. Wehr, MD
Molina Healthcare of New Mexico
Albuquerque, NM

Winston F. Wong, MD, MS
Kaiser Permanente
Oakland, CA

John M. Young, MA
Centers for Medicare & Medicaid Services
Baltimore, MD

Project Staff

Nicole W. McElveen, MPH
Senior Project Manager, Performance Measures

Robyn Y. Nishimi, PhD
Senior Advisor

Hawa Camara, MPH
Research Analyst

Helen Burstin, MD, MPH
Senior Vice President, Performance Measures

APPENDIX B: MEASUREMENT GAPS FOR CULTURAL COMPETENCY PRACTICES

Preferred Practices and Measurement Gaps
Preferred Practice 3: Ensure that a commitment to culturally competent care is reflected in the vision, goals, and mission of the organization, and couple this with an actionable plan. • Develop a plan that includes explicit expectations and measureable objectives relating to culturally competent care and that is adopted and endorsed by leadership and updated on an annual basis. • Develop a vision statement that indicates a commitment to providing high-quality, culturally competent care for diverse populations.
Preferred Practice 4: Implement strategies to recruit, retain, and promote at all levels of the organization a diverse leadership that reflects of the demographic characteristics of the service area. • Obtain data on diversity in the community served, and compare data to diversity of staff. • Conduct annual organizational assessments of the ethnicity, language, gender, and racial characteristics of staff, employees, and associates, and target retention and recruitment based upon this information. • Establish organizational goals for recruitment of diverse leadership and staff. • Conduct annual employee reviews that include measureable components of participation and development of individual knowledge regarding cultural competency.
Preferred Practice 5: Ensure that the necessary fiscal and human resources, tools, skills, and knowledge to support and improve culturally competent policies and practices in the organization are available. • Provide and require participation in orientation and ongoing training of staff on legal, accreditation, and policy requirements related to cultural competency. • Assess the effectiveness of culturally competent activities. • Allocate fiscal and human resources as evidenced by job, product, and service descriptions to be associated with diversity and cultural competency.
Preferred Practice 8: Integrate into the organizational strategic plan clear goals, policies, operational procedures, and management accountability/oversight mechanisms to provide culturally competent services. • Incorporate a written policy concerning the availability and accessibility of language services. • Utilize an electronic medical record that collects demographic data such as race, ethnicity, preferred written and spoken language, and country of birth. • Incorporate the ability to generate an equity report based on certain quality indicators related to cultural competency and diversity.
Preferred Practice 10: Implement reward and recognition programs to recognize specific individuals, initiatives, and programs within your organization that promote cultural competency. • Improve upon performance evaluations to include cultural diversity goals, demonstrated achievement toward goals, and behaviors that show knowledge of cultural awareness and diversity. • Incorporate incentives, both financial and operational, related to accomplishment of quality

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improvement initiatives related to cultural competency.

Preferred Practice 12: Offer and provide language access resources in the patient's primary written and spoken language at no cost, at all points of contact, in a timely manner during all hours of operation, and provide both verbal offers and written notices informing patients of their right to receive language assistance services free of charge.

- Percentage of patients who receive language assistance services, when needed.
- Percentage of staff that provide healthcare interpretation, are assessed for language proficiency in both English and target language(s), and trained in the ethics and standards of practice regarding healthcare interpretation.
- Percentage of unique patients for which language need is documented and who are provided notice of the right to free language assistance services.
- Average wait times for patients with language needs vs. those without language needs.
- Percentage of clinical staff that use a language other than English to communicate with patients who are assessed for language proficiency in the target language(s).

Preferred Practice 23: Develop and implement a comprehensive care plan that addresses cultural concerns.

- Incorporate assessment tools to elicit culturally relevant information on health beliefs, behaviors, and practices.
- Develop comprehensive care plans that address the physical, cultural, and social needs of the patient, including cultural background, religion, and spiritual belief system.
- Utilize referrals with community-based organizations, such as social service and religious organizations.

Preferred Practice 30: Implement training that builds a workforce that is able to address the cultural needs of patients and provide appropriate and effective services as required by federal, state, and local laws, regulations, and organizational policies.

- Include in human resources processes organizational policies and procedures for addressing issues of diversity and cultural competence.
- Expand staff training/continuing education to include patient demographics and diversity, cultural competence, language assistance, disability access, and spiritual needs.
- Conduct annual training to address the needs of cultures representing more than a certain percentage of the population served.

Preferred Practice 32: Collaborate with the community to implement programs with clinical and outreach components to address culturally diverse populations, health disparities, and equity in the community.

- Establish a community advisory board that will provide recommendations for working with the community.
- Develop formal agreements (memoranda of understanding, contracts, etc.) that are used to document collaborations with community-based organizations working with diverse patient populations.
- Develop a formal or informal mechanism to engage local community leaders (e.g., community advisory board, participation and attendance at community functions, etc.).

Preferred Practice 37: Ensure that, at a minimum, data on the individual patient's race and ethnicity (using the OMB categories as modified by HRET) and primary written and spoken language are collected in health records and integrated into the organization's management information systems, and periodically update language.

- Ensure that race/ethnicity/language data elements exist in the information system.
- Ensure that data elements used for an electronic health record conform with OMB categories for race/ethnicity data and HRET for language data elements.
- Develop a process to update language data elements.

Preferred Practice 40: Apply a quality improvement framework to improve cultural competency, and discover and eliminate disparities in care using the race, ethnicity, and primary written and spoken language information collected by the institution.

- Ensure that race/ethnicity/language data are aggregated and analyzed for disparities.
- Design and implement quality improvement strategies/projects, informed by race/ethnicity/language data, to improve cultural competency and eliminate disparities.
- Continuously assess goals and quality improvement projects/strategies and modify as needed.

Preferred Practice 43: Assess and improve patient- and family-centered communication on an ongoing basis.

- Use patient surveys (e.g., CAHPS Item Set to Address Health Literacy) and/or focus groups to assess patient- and family-centered communication at regular intervals, but at least once a year.
- Develop and implement a quality improvement plan to improve patient- and family-centered communication. This could include individual-level feedback, clinician and staff training, redesign of visit to be more conducive to patient- and family-centered communication, etc.

Preferred Practice 45: Ensure that conflict and grievance resolution processes are culturally sensitive and capable of identifying, preventing, and promptly and equitably resolving cross-cultural conflicts or complaints by patients, or between organizational staff.

- Assess conflict and grievance resolution process for cultural sensitivity.
- Provide to all patients culturally and linguistically competent notice of the conflict and grievance resolution process.
- Use patient surveys or focus groups to assess patients' perceptions of what constitutes accessible and equitable conflict and grievance resolution processes.
- Analyze conflict and grievance resolution data by race/ethnicity/language to identify disparities.
- Develop and implement a quality improvement plan to ensure equitable resolution of cross-cultural conflicts or complaints by patients or between organizational staff.