

CONFERENCE
REPORT

BUILDING
QUALITY &
EQUITABLE
HEALTH CARE
SYSTEMS

JUNE 7-9, 2010

Wilshire Grand Hotel
930 Wilshire Boulevard, Los Angeles



California Pan-Ethnic Health Network

On the heels of the passage of historic national health care reform legislation, 245 researchers, clinicians, educators, administrators, policymakers, advocates, and community members from throughout California came together to develop strategies for building quality and equity in the rapidly changing health care landscape. Experts who have led recent activities on language access, cultural competency, data collection, and workforce diversity from across the country joined the California participants. This conference was intended to seize this current juncture in health policy as an unprecedented opportunity to address disparities in health care and promote improved access and quality for all communities. Materials from the conference can be found on CPEHN's website at www.cpehn.org.

Dr. Robert Ross, President and CEO of The California Endowment, opened the conference by noting: “in the year 2015, we’re going to look back and describe one of two scenarios. In scenario A, we’ll look back and reflect that a group of people took strategic advantage of this confluence of opportunities and came out with a health care system that is advancing health equity and reducing disparities. In scenario B, we’ll reflect back on wasted opportunity. As John Wooden said ‘never mistake activity for achievement’... Thank you for what you’ve done so far. But that was just the preamble. Now comes the real work, making sure we don’t miss this golden, strategic opportunity to have a quality, equitable health care system for everyone.”



Building the Foundation for Equity

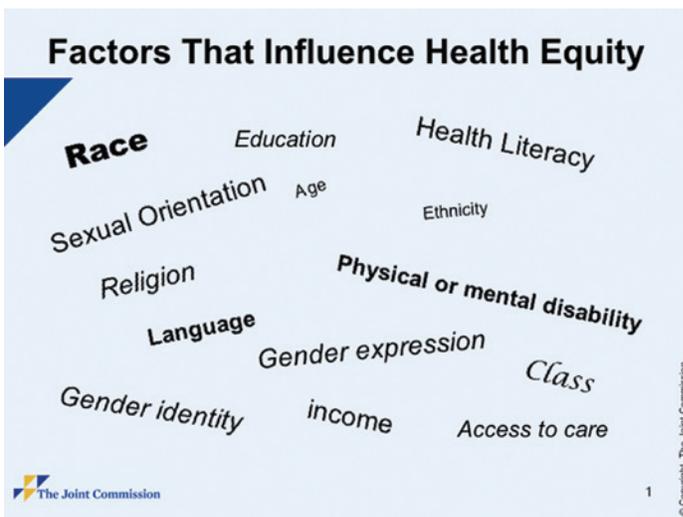
Before turning to discussions of national health care reform and its implications for communities of color and other underserved populations, conference speakers and participants shared some of the many advances toward health care equity that have been made in the past decade.

In an opening plenary session, representatives of three leading national quality organizations described their activities to integrate issues of language access, cultural competence, and health care disparities into their work. **Robyn Nishimi**, Senior Advisor to the National Quality Forum (NQF), described NQF's work on minority health and health disparities issues, culminating in a national framework for cultural competency for health care organizations, published in April 2009. NQF has a unique role and influence as a consensus-setting organization for the quality improvement field.

Sarah Scholle, Assistant Vice President for Research at the National Committee for Quality Assurance (NCQA), discussed the development of NCQA's distinction program for multicultural health care, which became available in July 2010. After working with health plans that demonstrated innovation and leadership on culturally and linguistically appropriate services and health care disparities, physicians, community health centers, and other health care organizations can now participate in the distinction program.

Finally, **Amy Wilson-Stronks**, Project Director from The Joint Commission, described The Joint Commission's activities on promoting patient-centeredness, language access, and cultural competence among its accredited health care organizations. The Joint Commission accredits more than 17,000 health care organizations and programs in the United States, including almost 90 percent of all U.S. hospitals. They have recognized the many potential dimensions of cultural competency that impact on health care quality, patient safety, and equity.

Accordingly, new Joint Commission accreditation standards, effective January 2010, require more effective communication with patients, more demographic data collection and utilization, explicit non-discrimination policies, and more patient and family involvement in care that includes respect for cultural, religious, and spiritual needs and beliefs.



DAY 1

Monday, June 7th

11:30 am to 12:30 pm

Buffet Lunch

Sponsored by:



12:30 pm to 1:00 pm

WELCOME AND INTRODUCTIONS

Ellen Wu, MPH
California Pan-Ethnic Health Network

Tessie Guillermo
ZeroDivide

Robert Ross, MD
The California Endowment

1:00 pm to 2:00 pm

Opening Plenary

We've come a long way — national efforts in addressing language access, cultural competency, and health care disparities

Moderated by Ignatius Bau

Robyn Y. Nishimi, PhD
National Quality Forum

Sarah Scholle, MPH, DrPH
National Committee for Quality Assurance

Amy Wilson-Stronks, MPP, CPHQ
The Joint Commission

2:00 pm to 3:00 pm

Q & A Session

What do these national efforts mean for California?

3:30 pm to 4:45 pm

WORKSHOPS

Participants have an opportunity to break out by issue to share accomplishments and strategies to move the field forward

Workshop A: Race, Ethnicity and Language Data

Moderated by Romana
Hasnain-Wynia, PhD
Northwestern University

Martin Martinez, MPP
California Pan-Ethnic Health
Network

Terri Shaw, MPH
The Children's Partnership

Otilia Tiutin
Contra Costa Health Plan

Workshop B: Language Access

Moderated by Marsha
Regenstein, MCP, PhD
George Washington University

Leah Karliner, MD, MAS
University of California,
San Francisco

Gayle Tang, MSN, RN
Kaiser Permanente National
Diversity

Mara Youdelman, JD, LLM
National Health Law Program/
Certification Commission for
Healthcare Interpreters

These three national quality organizations have all acted within the last year to integrate issues of language access, cultural competency, data collection, and workforce diversity as essential components of health care quality improvement. While health plans, hospitals, and physicians have become more aware of and begun to act on these issues, they have not been integrated as a standard of practice in the health care system. The speakers noted that there is a vital role for community advocates to continue to push the expectations of consumers and purchasers that addressing health care disparities is integral to providing quality health care for all. We need support from all stakeholders to advance these issues forward.

Accomplishments to Celebrate

Throughout the conference participants shared their own work advancing health equity within the health care system. Experts were asked to provide resource materials, which can be found at CPEHN's website at www.cpehn.org. Some of the accomplishments highlighted in the workshops included:

Data Collection

- Many health plans and hospitals have begun to collect race, ethnicity, and language data.
- California Senate Bill 853, co-sponsored by CPEHN, is a model for requiring all health plans to collect demographic data.
- Race, ethnicity, and language data will be collected as part of the requirements for incentive payments for health information technology.

Language Access

- Many health systems, hospitals, and health plans have made significant efforts to establish language access policies and train interpreter staff.
- Matching federal funding for language assistance services under the Children's Health Insurance Program and Medicaid has been increased.
- A national certification for health care interpreters is being developed.
- Valid and reliable tools to assess physician language capabilities are being implemented.

Cultural Competency

- Medical, nursing, and dental schools have all worked to integrate cultural competency into their respective curricula.
- In California, with Assembly Bill 1195, cultural and linguistic competency is now required as part of all continuing medical education programs.

Health Care Disparities

- Reducing disparities is increasingly recognized as essential to quality improvement.
- Multi-stakeholder and multi-payer approaches are being used to address disparities at a community level.
- Challenges faced by small group and solo physician practices are being recognized as a part of the safety net serving patients most impacted by disparities (“high volume, high opportunity, high value”).
- There continues to be a greater understanding of social determinants of health and the broader issues of health disparities beyond health care.

Workforce Diversity

- There has been increased collaboration across the health career pipeline and other programs, supporting multiple pathways to careers in health for underrepresented students and those already in the health care workforce.
- Local and regional partnerships have engaged both educational and training institutions, as well as industry employers, and have effectively leveraged government and foundation funding.

“This conference has demonstrated that we have come a long way but still have a long way to go. We have the power and passion inside and outside this room to make a difference.”

Dr. Joseph R. Betancourt
*Director of the Disparities Solution Center at
Massachusetts General Hospital*



Workshop C: Cultural Competency

Moderated by Desiree Lie, MD,
MSED, *University of California, Irvine*

Paul Glassman, DDS, MA,
MBA, *University of the Pacific*

Sheryl Horowitz, PhD
Institute for Medical Quality

Pam Malloy, RN, MN, OCN®,
FPCN

*American Association of Colleges
of Nursing*

Workshop D: Health Disparities Reduction

Moderated by
Robin M. Weinick, PhD, *RAND*

Karen Anderson, PhD
Institute of Medicine

Dianne Hasselman, MPH
Center for Health Care Strategies

Sarah Hudson Scholle, MPH,
DrPH

*National Committee for Quality
Assurance*

Workshop E: Workforce Diversity

Moderated by Jeff Oxendine,
MPH, MBA

University of California, Berkeley

Tarecq Amer, MA
Insight/NCCED

Theodore D. Lucas, DMA,
The California State University

José Millan, JD, *California
Community Colleges*

Angela L. Minniefield, MP
*Office of Statewide Health
Planning and Development*

Cathryn L. Nation, MD
*University of California Office
of the President*

8:00 am to 9:00 am

Continental Breakfast

9:00 am to 9:30 am

**WELCOME & OPENING
REMARKS**

*Reframing Our Issues as Quality,
Patient-Centeredness, and Equity*
Ignatius Bau

9:30 am to 10:00 am

Keynote Speaker

*Reframing Our Issues as Quality,
Patient-Centeredness, and Equity*

Thomas Tsang, MD, MPH
*Office of the National Coordinator
for Health Information
Technology, U.S. Department of
Health and Human Services*

10:00 am to 11:00 am

Roundtable Discussions

11:00 am to 12:30 pm

**Culturally Competent
Health Systems Idol!**

Making your best case

Hosted by Sid Voorakkara
The California Endowment

Judges:

David Carlisle, MD, PhD
*Office of Statewide Health
Planning and Development*

Miya Iwataki
*Office of Diversity Programs, Los
Angeles County Department of
Health Services*

Robert Phillips
The California Endowment

The Opportunities

While acknowledging and celebrating the many achievements on these issues, the conference also highlighted the new contexts for advancing quality and equity in health care for communities of color and other underserved populations. The Patient Protection and Affordable Care Act, signed into law on March 23, 2010, focuses on expanding access, controlling costs, and improving quality. The Health Information Technology for Clinical and Economic Health (HITECH) provisions of the American Recovery and Reinvestment Act (ARRA), the economic stimulus legislation enacted a year earlier in February 2009, provides billions of dollars in federal investments in health information technology which is a critical platform for transforming our health care system. Conference consultant **Ignatius Bau** underscored that for



the health policy field, “the universe has changed” and highlighted many of the new frameworks as well as federal, state, and external structures, created by both pieces of legislation. These two developments combined create unprecedented opportunities for advancing quality and equity in health care.

In addition to expanding access to coverage to 32 million who are currently uninsured, the health care reform law funds demonstration

projects that would improve quality and control costs. For example, new types of incentives would reward outcomes-based, patient-centered care, as well as encourage the use of medical home models and experiment with new risk-sharing structures called accountable care organizations. There is also significant funding for prevention activities, which marks a shift from payments for acute and chronic care to a focus of promoting health and wellness. In all of these efforts, issues of equity need to be incorporated.

Conference keynote speaker **Dr. Thomas Tsang**, Medical Director from the U.S. Department of Health and Human Services Office of National Coordinator



for Health Information Technology (ONCHIT), described how the unprecedented federal investments in health information technology will be used to build a foundation for improvements in the delivery system through electronic health records and health information exchanges. The ultimate goal is to achieve sustainable improvements in health care quality and in population health.

Dr. Tsang summarized the requirements that will be in place to qualify for federal funding and emphasized the concept of “meaningful use” of health information technology. Hospitals, physicians, and community health centers will have to demonstrate more than just the purchase and adoption of electronic health record systems – they will need to show how they are meaningfully using the technology to improve health care quality, and ultimately, the health status of their patients.



“There is a whole new ‘alphabet soup’ of language and acronyms to learn. We need to become proficient at our messaging – our ‘elevator speeches’ should become about quality, safety, and cost. However, as we learn and use the new language and frameworks, we should not forget the old language. It is essential that we stay true to the roots and values of what brought us here.”

Dr. Joseph R. Betancourt
*Director of the Disparities Solution Center at
Massachusetts General Hospital*

1:30 pm to 2:45 pm

WORKSHOPS

Participants have an opportunity to break out by sector and share accomplishments, priorities, and next steps

**Workshop 1:
Researchers**

Anna Nápoles, PhD, MPH
University of California, San Francisco

Michael Wolf, PhD, MPH
Northwestern University

Workshop 2: Clinicians

Shiva Bidar-Sielaff, MA
University of Wisconsin Hospitals & Clinics

Jeffrey Ring, MD
White Memorial Medical Center

**Workshop 3:
Educators/Trainers**

Ron Garcia, PhD
Stanford University School of Medicine

Nora Goodfriend-Koven, MPH,
City College of San Francisco

**Workshop 4:
Administrators**

Wendy Jameson, MPH, MPP
California Healthcare Safety Net Institute

Linda Medal, MA
Scripps Mercy Hospital

**Workshop 5:
Policymakers/Advocates**

Deana Jang, JD
Asian & Pacific Islander American Health Forum

Shelly Rouillard
Managed Risk Medical Insurance Board

DAY 2

Tuesday, June 8th

3:00 pm to 4:00 pm

Workshop Report Back

Dianne Yamashiro-Omi,
The California Endowment

5:00 pm to 5:30 pm

Hosted Reception

5:30 pm to 7:00 pm

Dinner

Sponsored by



DAY 3

Wednesday, June 9th

9:00 am to 9:15 am

WELCOME AND OVERVIEW OF DAY

Ignatius Bau

9:15 am to 10:15 am

PLENARY

Looking Forward in California

Moderated by Anthony Iton,
MD, MPH, JD

The California Endowment

Alice Hm Chen, MD, MPH
*UCSF/San Francisco General
Hospital*

Cherie Kunold, BSN
Catholic Healthcare West

Traci Van, Sutter Health

William B. Walker, MD
*Contra Costa County Health
Services Department*

10:15 am to 10:45 am

Town Hall

*How Do We Spread and
Sustain Change?*

Ways to Move Forward

Leaders from California health organizations highlighted both challenges and opportunities as their health systems prepare for these massive changes.

Dr. Alice Chen, Medical Director of the Adult Medical Center at San Francisco General Hospital, described our existing health system as one that is provider-centric rather than patient-centered. Dr. Chen emphasized that national health care reform offers the opportunities to add more value to primary care and to move more resources into the community.

Traci Van, Director of Community Benefits for Sutter Health, described the challenges of understanding and implementing this very complex law, even within a large health system. She observed that having more and better data about patients will help identify how to improve the quality of care and to focus community benefits upstream.

Dr. Bill Walker, Director of Contra Costa County Health Services, observed that *“buried within the health reform bill are some huge investments in community health – if we look at these investments to address the highest needs of people in our communities that suffer health disparities, we can go a long way.”* Dr. Walker also highlighted the parts of the national health care reform legislation that will support workforce development, including community health workers, patient navigators, and others working at the grassroots community level.

Finally, **Cherie Kunold**, Team Lead for Transformational Care at Catholic Healthcare West, noted that *“we are seeing the beginning of a just and compassionate health care system that many of us have worked for – being a leader in health care at this time is one of the most dynamic things in history.”*

All of the speakers emphasized that it will be important to remain involved and keep up with the details of implementation of both the national health care reform and health information technology legislation.



“It is up to us to speak on behalf of our communities and to play the role of interpreting what is important. We need to assert our rights as patients and as communities. We need to become students and understand the implications of what is happening for our communities. Learning the details will help us connect the dots between our historic goals and the new, evolving context of health care and social change.”

Dr. Winston Wong

Medical Director for Community Benefit and Director of Disparities and Quality Initiatives at Kaiser Permanente

Key Issues for the Future

Throughout the conference, participants discussed both current achievements and the new, emerging contexts for advancing quality and equity for all communities. The event culminated with break-out sessions to identify key issues that are critical to moving our work forward:

1. Engage Patients, Consumers, and Communities

- How do we educate consumers and communities so that they can understand and navigate the changes in the health care system?
- With the move towards more technology, we need to bridge the “digital divide” for communities that do not have access to technology, including linguistically isolated populations, communities of color, and seniors.
- We need to have some specific definitions about what it means to engage diverse patients and families.
- What is the role of organizing and movement-building in communities to transform a provider-centric, profit-centered system?

2. Engage All Providers

- How did leading organizations get ahead of the curve? What are common themes and threads within organizations that have pushed them ahead of the curve?
- How can we engage physicians in private practice so that communities that are most impacted are better served?
- How will we build the workforce capacity to serve the 32 million people who will become insured?
- We need to ensure that underserved populations have access to basic education and skills in science, technology, engineering, and mathematics to pursue health careers.
- What will be the long-term impact for our physicians of changing the health care model so often?

3. Ensure Access and Preserve the Safety Net

- Under health care reform, a number of patients currently uninsured and seen by safety net providers will have coverage – we need to pay attention to preserving those systems of care and ensuring access for those who will remain uninsured.

10:45 am to 12:00 pm

BREAK OUT SESSIONS

Participants have an opportunity to break out by issues identified on Day 2 to strategize about how reframing our issues can advance the field

Breakout 1: Engaging Patients, Consumers, & Community

Gem Daus, MA
National Council on Interpreting in Health Care

Breakout 2: Engaging All Providers/Workforce Development Issues

Catherine Dower, JD
University of California, San Francisco Center for the Health Professions

Breakout 3: Preserving Safety Net Providers/Ensuring Access

Christine Smallwood, MBA
Alta Bates Summit Medical Center

Breakout 4: Using Race, Ethnicity, Language, Sexual Orientation & Other Data

Juliet Yonek, MPH
Health Research and Education Trust

Closing Plenary

Next Steps

Moderated by
Ellen Wu, MPH

California Pan-Ethnic Health Network

Joseph Betancourt, MD, MPH
Disparities Solution Center

Winston Wong, MD, MS
Kaiser Permanente

Lunch and Goodbyes

- We need to make sure that the safety net can keep up with the pace of health information technology and health care reform implementation.
- There is a need to address California state budget issues that are impacting the safety net.
- Small group physician practices often care for disproportionate numbers of vulnerable patients – these providers and their staff need training and support on population management.
- How do you provide care to the rural, marginalized communities (e.g., far northern California) who need physicians?
- Providing services to immigrants who are excluded from many of the national health reform programs is key to avoiding further marginalization of underserved populations and impacts on their service providers.
- Risk adjustment in pay for performance will be critical for sustaining providers traditionally serving communities of color.

4. Improve Data Collection and Analyses

- We need to improve and standardize collection of sexual orientation and gender identity/expression data so that it is included in the data conversation.
- Health information technology will help us collect more data but we need good baseline data to know if things are improving.
- Creating a patient-centered health care system begins with collecting and using quality data.
- There are still challenges in categorizing individuals and getting data with sufficient granularity to identify disparities in subpopulations.



- Extensive planning, education of staff and patients, reorganization of workflow and adaptation of technology is needed for a good system of data collection and reporting.
- We must ensure a connection between data collection and meaningful use of the information; for example, using data on patient language to schedule an interpreter.

5. Explicitly Identify and Reduce Health Disparities

- We need to expand beyond health systems' current focus and reach to address the social determinants of health.
- We should incorporate a “health and equity in all policies” approach by collaborating across sectors and areas of expertise.
- There are still areas of disparities that are under-addressed including disparities among lesbian, gay, bisexual, and transgender (LGBT) people, particularly LGBT people of color.



“It is up to us to speak on behalf of our communities and to play the role of interpreting what is important. We need to assert our rights as patients and as communities. We need to become students and understand the implications of what is happening for our communities. Learning the details will help us connect the dots between our historic goals and the new, evolving context of health care and social change.”

Dr. Winston Wong
 Medical Director for Community Benefit and Director of
 Disparities and Quality Initiatives at Kaiser Permanente

The agendas, speaker biographies, presentations, and resource handouts from the conference are available on CPEHN's events page: www.cpehn.org/register.php

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