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Leading for Inclusion & Health Equity – From Evidence to Action

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Agenda

1. Three Demographic Megatrends
2. Implications for the Healthcare Workforce
3. Implications for Patient Care
4. Disparities Reduction Efforts – And Why They Fail
5. New Approaches – From Evidence to Action
6. Inclusive Leadership Skills
7. Q &A

Three Demographic Megatrends

Three Demographic Megatrends

1. Race
2. Immigration
3. New Cultural Influences

1. .

Workforce Implications

Workforce Implications

1. The ability to navigate difference is becoming the signature leadership skill of the 21st Century
2. Changing workforce demographics will require leaders to manage across cultures.
3. Inclusion Is the Secret Sauce Driving Productivity & Commitment.
4. Diverse Workforces Have Pro's and Con's
5. COVID + Political Unrest = Rising Incivility
6. Middle Management is Where Diversity Initiatives Go to Die.

Inclusion Is The Secret Sauce Driving Productivity

FIGURE 2 | The case for an inclusive culture

Organizations with inclusive cultures are:

2x
as likely to meet or exceed financial targets

3x
as likely to be high-performing

6x
more likely to be innovative and agile

8x
more likely to achieve better business outcomes

Source: Juliet Bourke, *Which Two Heads Are Better Than One? How Diverse Teams Create Breakthrough Ideas and Make Smarter Decisions* (Australian Institute of Company Directors, 2016).

Diverse Workforces Have Pro's and Con's

- Diverse work-teams have many advantages:
  - Superior problem-solving ability
  - Innovation/creativity – new product/process ideas
  - Insights into culturally & linguistically diverse clients
- But diverse work-teams also face several key challenges:
  - Diverse teams take longer to "gel"
  - Decisions/consensus takes longer.
  - More conflict and different conflict styles
  - Less trust

Growing Incivility At Work…

- **The Crisis:** 70% of Americans believe workplace incivility has reached crisis proportions. Source: Christine Porath, Harvard Bus. Review
- **The Costs:** Significant decrease in
  - productivity
  - employee engagement
  - teamwork and safety at work
  - employee retention (and increased turnover)
  - patient care. (In a survey of more than 4,500 doctors, nurses and other hospital personnel, 71 % tied abusive, condescending or insulting personal conduct to medical errors. 27 % tied such behavior to patient deaths.)

Workplace Bullying – In Health Care

According to the Workplace Bullying Institute:

1. 60 million American workers experience bullying annually. (19%)
2. Healthcare has more episodes of workplace bullying than any other industry
3. Nurses are number one target of workplace bullying in the United States (18%-31% of nurses experience it annually). Most common perpetrator: nurses.

Note: The Workplace Bullying Institute defines workplace bullying as: repeated incidents or a pattern of behavior that is intended to intimidate, offend, degrade or humiliate someone.

Issue: Employees Of Color More Likely to Experience Disrespect, Bullying, Discrimination at [Client]

1. Employees of Color are substantially more likely than Whites to experience disrespect, disrespect on the basis of some diversity-related characteristic, workplace bullying and discrimination at work.

Employee Group	Disrespectful Behavior	Diversity-Related Disrespect	Workplace Bullying	Discrimination (Tradit. EEO Categories)
White N = 5,275	46%	12%	21%	6%
Of Color Total N = 589	**57%**	**35%**	**26%**	**20%**
Asian N = 141	48%	27%	20%	14%
Black N = 93	**69%**	**53%**	**32%**	**28%**
Hispanic N = 86	50%	35%	27%	20%
Mixed Race N=145	59%	35%	25%	23%

Issue: Female MD's, MD's of Color More Likely to Experience Disrespect, Bullying, Discrimination

1. Female physicians and physicians of color are substantially more likely than their White counterparts to experience disrespect, disrespect on the basis of some diversity-related characteristic, workplace bullying and discrimination at work.

Behavior	All MD's	Male MD's	Female MD's	White MD's	MD's of Color
Rude, uncivil disrespectful	41% 183/451	32% 70/216	46% 95/207	38% 142/371	49% 37/76
DRI	19% 87/451	9% 20/216	28% 57/207	15% 57/371	38% 29/76
Workplace Bullying	13% 57/451	11% 23/216	14% 29/207	12% 46/371	13% 10/76
Discrimination (Tradit. EEO)	11% 49/451	6% 14/216	14% 29/207	8% 30/371	24% 18/76

The Cost of Disrespect: Lost Productivity & Commitment

	Employees N = 1,634/4,791 Rate: 34%	RN's/LPN's N = 486/1186 Rate: 41%	Physician Faculty 132/388 Rate: 34%	Executives N = 3/23 Rate: 13%	Directors N = 82/233 Rate: 35%	Managers/ Supervisors N = 143/387 Rate: 37%
Impact	%	%	%	%	%	%
None, no effect	14%	15%	11%	0%	12%	17%
Lost work time worrying about the incident	18%	17%	21%	22%	25%	20%
Quality of my work declined	9%	9%	7%	11%	7%	9%
Amount of effort declined	10%	8%	8%	11%	8%	8%
My commitment to the organization declined	15%	15%	18%	22%	14%	14%
Considered changing jobs	**20%**	**20%**	**19%**	**22%**	**17%**	**20%**

Middle Management Is Where Diversity Initiatives Go to Die…

Primary Work Location	SAA %	Neither %	DSD %	Total # Respondents
All Hospital Employees	66%	30%	4%	5,043

Statement: My organization would benefit from increased workforce diversity.

Management Comparisons

Group	SAA %	Neither %	DSD %	Total
Executives	91%	9%	0%	22
Directors	76%	22%	2%	233
Managers/ Supervisors	65%	31%	4%	329

Clinical Comparisons

Group	SAA %	Neither %	DSD %	Total
Physician Faculty	79%	19%	2%	384
Psychologists/ Psychiatrists	81%	19%	0%	154
APRN/PA	55%	37%	8%	190
RN/LPN	57%	36%	7%	1,186

Patient Care Implications

Patient Care Implications

1. Racial and Ethnic Disparities in Patient Outcomes

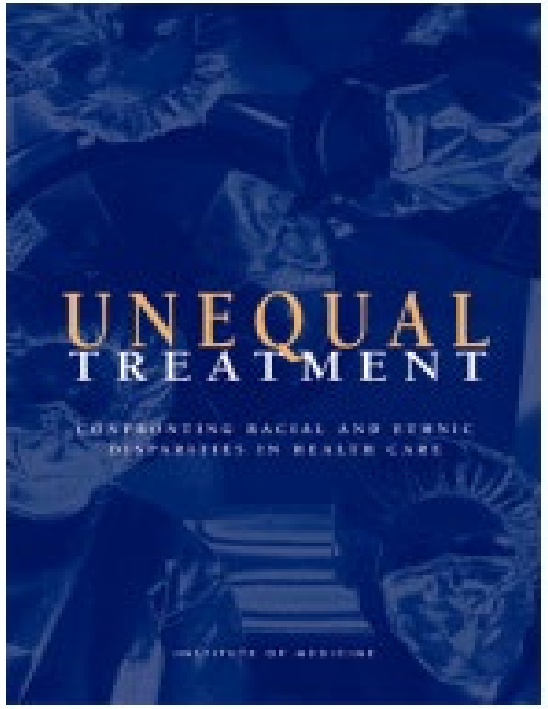
2. Providing Language Access to LEP Patients/Families

   A. Medical – Quality/Safety Issue
   B. Legal – Civil Rights Issue (Title VI, ADA)

3. Medical Disparities Resulting from Globally Mobile Populations

Racial and Ethnic Disparities

- Historical backdrop of prejudice and racial discrimination in health care. Tuskegee Syphilis Experiments
- People of Color receive lower-quality health care than whites, even when insurance status, income, age and severity of conditions are comparable.”
- Major disparities continue to be found in many key diagnostic areas: cardiovascular disease, cancer, stroke, kidney dialysis, HIV/AIDS, asthma, diabetes, mental health, maternal and child health.

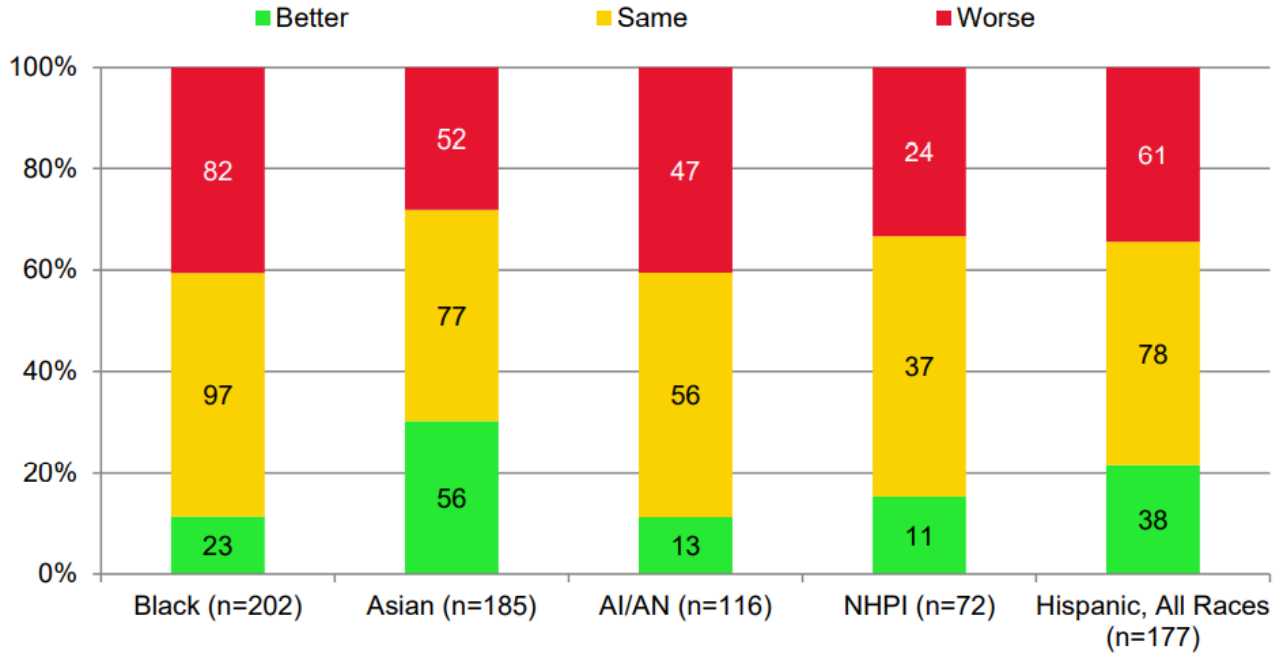


Where Are We Today? Disparities Have Not Improved

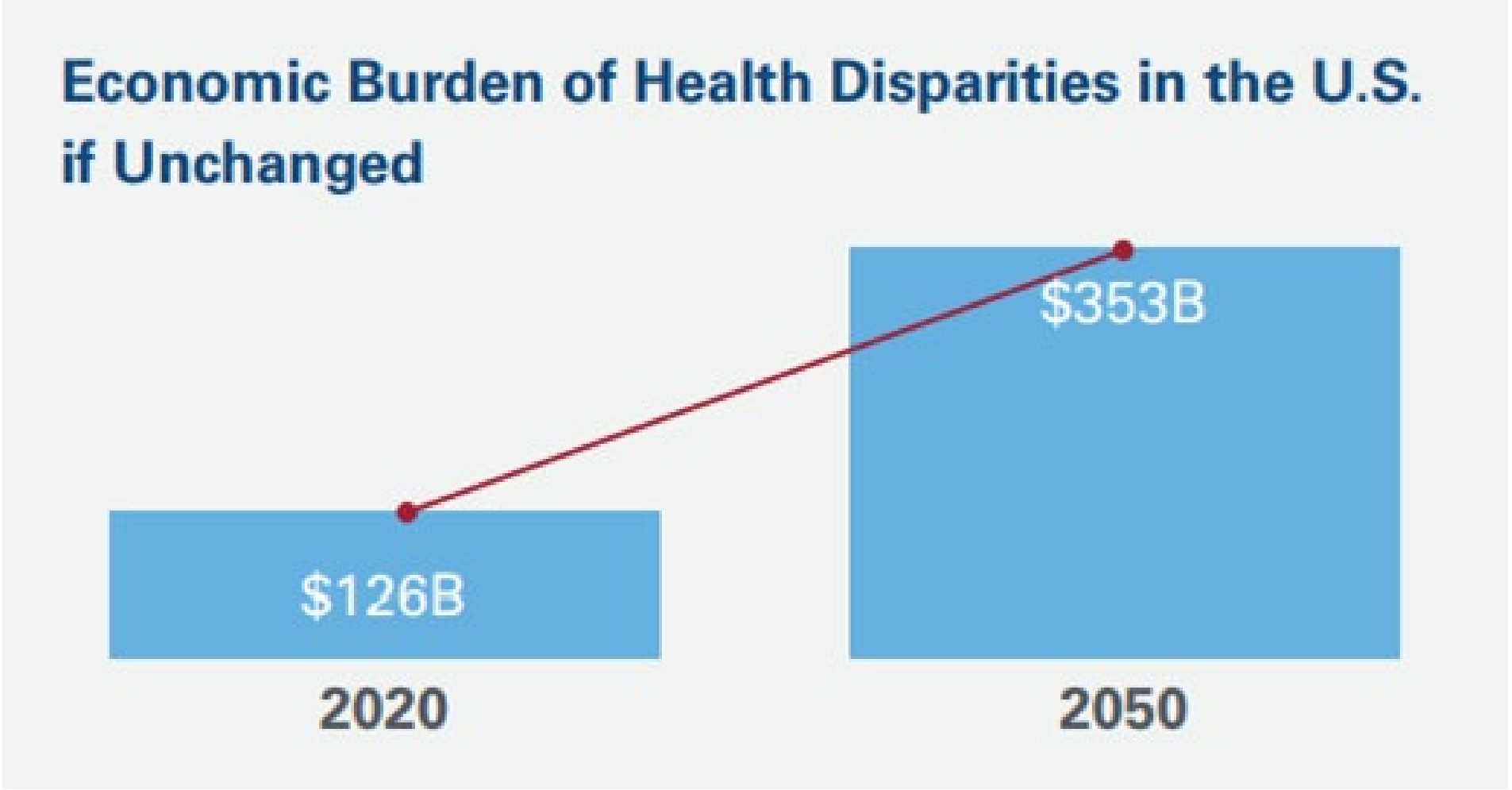
- A 2019 Agency for Healthcare Research and Quality (AHRQ) report found little progress in reducing racial and ethnic disparities. (See table.)
- COVID-19 related health disparities disproportionately affect people of color.
- New research detects racial bias in computer algorithms/AI.

Overview of Racial and Ethnic Disparities

Figure 1. Number and percentage of quality measures for which members of selected groups experienced better, same, or worse quality of care compared with reference group (White) for the most recent data year, 2014, 2016, 2017, or 2018

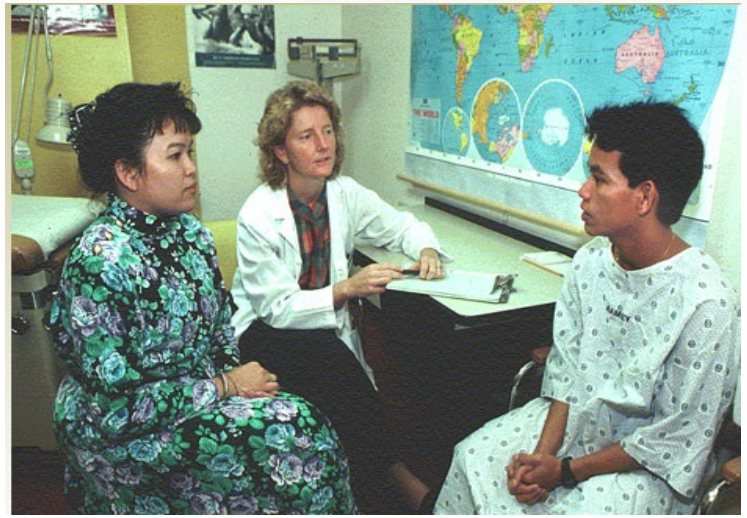


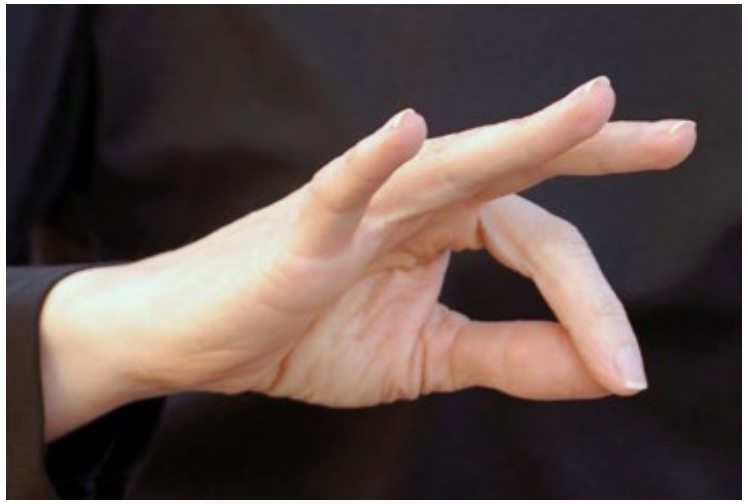
Where Will We Be Tomorrow If Disparities Fail to Improve?



Language Access for LEP, Deaf and Hard of Hearing Patients

- Business Case
- Medical Quality and Safety Case
- Legal and Civil Rights Case
  - Federal Law
  - State Law
  - Case Law (Courts)
- **Bottom line**: failing to provide effective language access services is not just bad communication it is bad medicine





More Hospitals, Physicians Treat LEP

- 80% of American hospitals encounter LEP patients frequently (ie daily or weekly). Yet less than 30% of U.S. hospitals have quality improvement efforts underway to improve the quality of their language access programs.
- 97% of U.S. physicians treat LEP patients. Yet only 55% of doctors' office offer any language access services.
- Nearly half (48.6%) of U.S. physicians report that language/cultural barriers negatively affects their ability to provide high quality care.

Safety

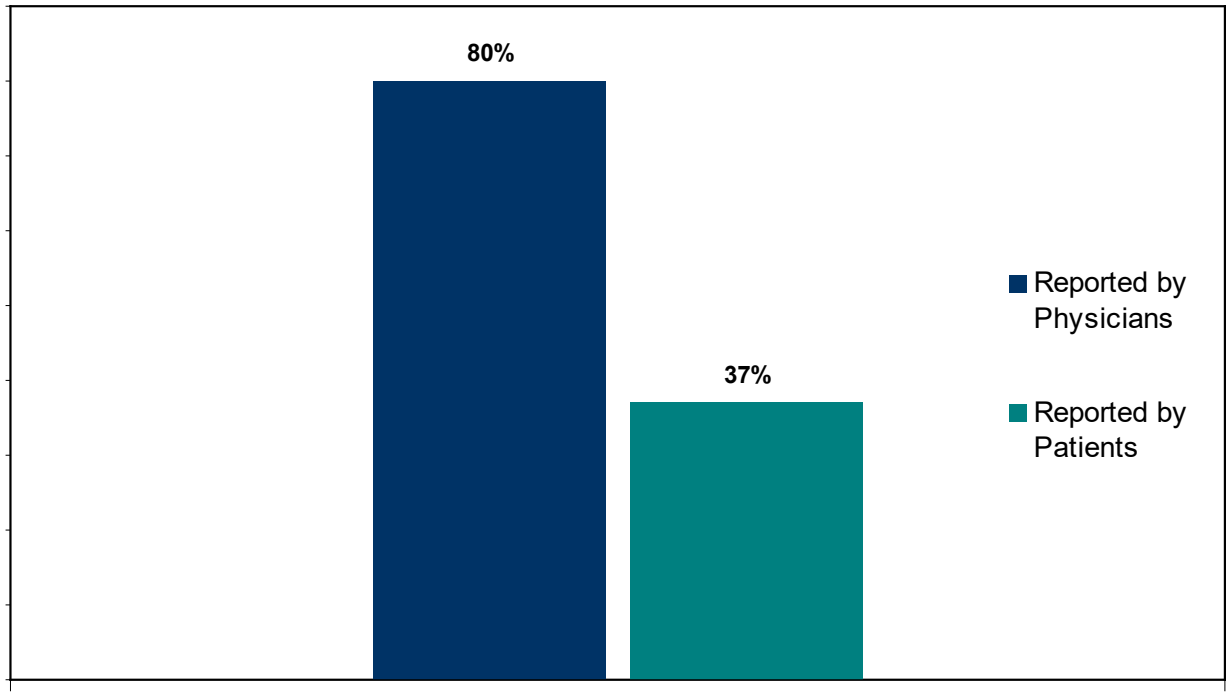
Dr. Glenn Flores conducted research on interpreting mistakes by inadequately trained interpreters (typically adult family members, friends and minor children.) He found an average of 33 mistakes per clinical encounter, over two-thirds of which could have negative clinical consequences for patients…

Poor Language Access Services Are Linked To:

1. Permanent physical injury in patients
2. Increases in patient mortality
3. Increases in patient falls
4. Problems with patient diagnosis, miscommunication and treatment
5. Medication errors
6. Higher rates of hospital admission, unnecessary medical tests and higher rates of hospital readmission
7. Breaches in patient privacy and confidentiality
8. Lower patient satisfaction scores

We may assume they understand…

- Patients leaving the physician's office with a good understanding of what they are told



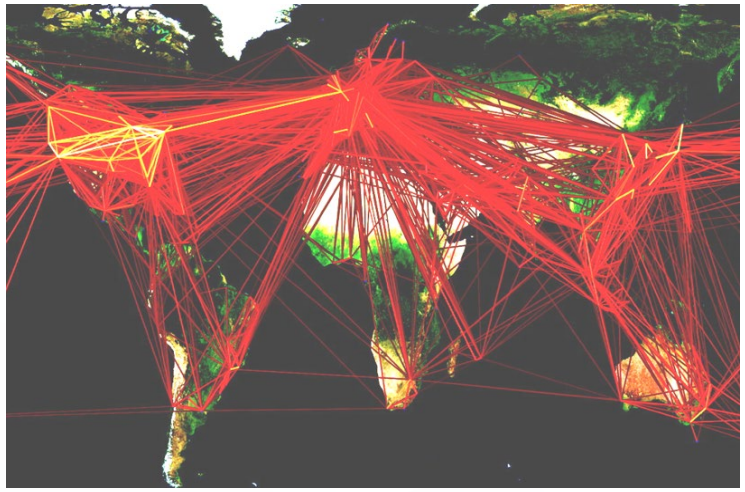
Intermountain Healthcare study, 2005 – IOM

Legal Issues Associated With Language Access

- **Discrimination –** National origin and disability discrimination
- **Informed Consent** – invalid if not obtained by qualified interpreter. See: Quintero v. Encarnacion, Lexis 30228, 10th Cir. 2000; Snyder v. Ash, 596 N.E.2d 518 (1991)
- **Breach of Provider's Duty to Warn**
- **Breach of Patient's Privacy Rights (HIPAA)**
- **Medical Malpractice** – language access violations are civil rights violations which are typically not covered by medical malpractice insurance.
- **EMTALA Violations –** hospital emergency departments
- **State Pharmacy Laws –** counseling obligation

Globally Mobile Populations Create New Paradigm for Medicine

- International Travelers: – 1.5B travelers cross international borders each year. 80M foreign travelers came to U.S. in 2018 and 42M U.S. citizens traveled internationally and returned to the U.S.
- Globally mobile populations increase chances of pandemics because of increased spread.
- Only 38% of U.S. medical schools have formal programs in global medicine. Of those, only about 25 programs (16%) place a major emphasis on global health.
- Lack of global medical training increases chances of misdiagnosis. Many diseases of foreign origin share the same symptoms as common domestic conditions.

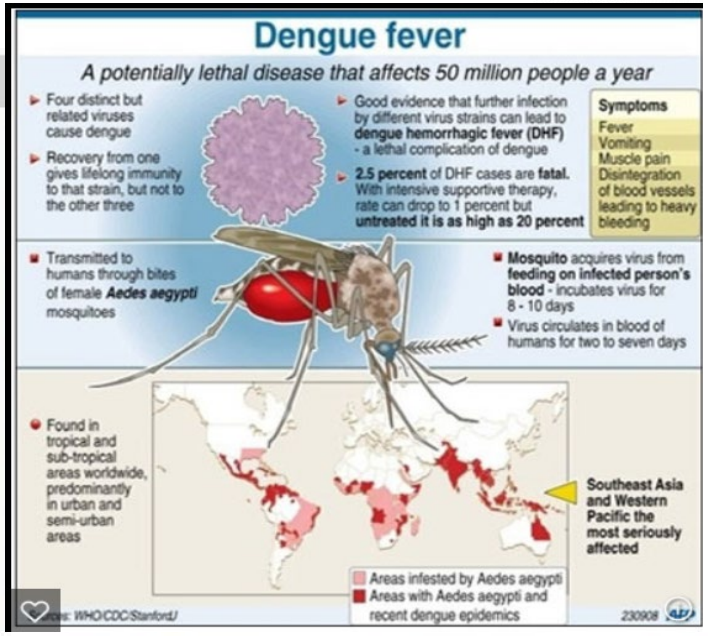


Sometimes It Looks Like A….

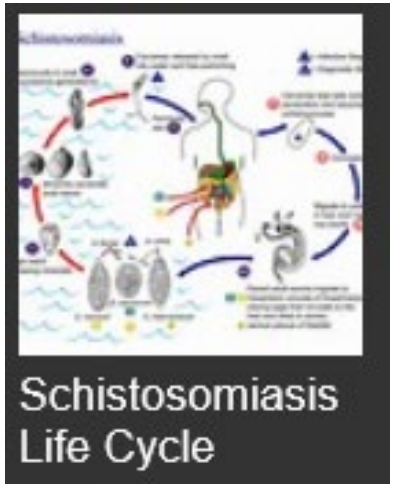
- Horse …
- And gallops like a horse …
- But it’s a …..

Moral: In A Globally Mobile World, Today's Doctors Are Seeing More…

Diseases of Foreign Origin in the U.S.



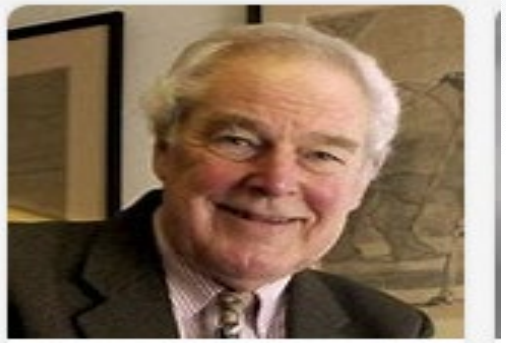
People with Strongyloides


Schistosomiasis Life Cycle

Disparities Reduction Efforts – And Why They Fail

Why Haven't Disparities Reduction Efforts Worked?

1. Failure to adequately collect patient race, ethnicity and language (REL) data.
2. Failure to tie patient REL data to patient outcomes. (Less than 50% of American hospitals currently do…)
3. Focus on hospitals versus providers practice behaviors.
4. Failure to address variations in provider practice styles.



Dr. John Wennberg

Small Area Variations in Health Care Delivery

Small Area Variations in Health Care Delivery

A population-based health information system can guide planning and regulatory decision-making.

New Approaches: From Evidence to Action

Provider Cross-Cultural Medical Assessment

1. Created with assistance from top physician and provider experts in cross-cultural medical care.
2. Emphasis is not on cultural competence but on clinical competence in a globally mobile world.
3. Focuses not on providers attitudes towards disparities but rather on practice behaviors.
4. Asks and answers two key questions:.
    A. Which minority patient populations are providers most/least prepared to treat?
    B. Do providers' practice behaviors match clinical best practices and current legal/regulatory requirements?

Provider Cross-Cultural Medical Assessment

5. Examines providers' practice behaviors with respect to eight non-traditional patient populations:
   A. Limited English Proficient
   B. Deaf and Hard of Hearing
   C. Immigrants
   D. Refugees
   E. International Travelers
   F. Military Veterans
   G. LGBTQ
   H. Racial and Ethnic Minorities
6. What do these patients have in common? Travel, language and culture.

TLC = Travel, Language and Culture

T = Travel = immigrants, refugees, military veterans and international travelers
Medical Challenges: medical screenings and immunizations, parasites, diseases of foreign origin which share the same symptoms as diseases of domestic origin, diseases with long latency periods, country or race/ethnicity specific diseases, different conceptions of health, illness and disease, different expectations of the medical system, health literacy and language challenges, mental health issues (depression, history of torture, PTSD, risk of suicide)

L = Language or linguistic minorities = Limited English Proficient and Deaf and Hard of Hearing
Medical Challenges: health literacy and language challenges, effective communication, accommodating language and/or dialect differences via qualified medical interpreters and translators, quality and safety issues associated with ineffective communication. Legal challenges: failure to accommodate could be seen as national origin or disability discrimination, informed consent, HIPPA privacy or confidentiality concerns.

C = Culture = racial and ethnic minorities, sexual minorities (Lesbian, Gay, Bisexual, Transgender or Queer) religious minorities. **Medical/Care Delivery Challenges**: history of discrimination and mistrust of the dominant medical system, pain styles, diet, influence of religion and spirituality, sexual practices and partners, gender relations, role of family, medical decision-making, birthing traditions, end-of-life norms, mental health, depression and risk of suicide

Take Assessment By Phone/Computer
Most Providers Finish in 10 Minutes

Individual Feedback Report Contains…

- Comparisons against clinical best practices.
- Insights from leading clinicians.
- Practice improvement tips
- Legal/risk management strategies and advice
- Statistical comparisons against peers by medical sub-specialty.
- Clinical effectiveness ratings (excellent, good, fair or poor)

MD's See Racial/Ethnic Disparities As A U.S., State Problem, Less Of A Problem at Their Hospital

All MD Respondents

Question: In your view, how significant is the problem of racial and ethnic disparities in healthcare in [the United States, Your State or Your Local Hospital System]?

Position	Very Important	Moderately Important	Rel. Unimp./ Unimportant	Total
United States	45% (808)	42% (764)	13% (242)	1,804
Your State	43% (766)	42% (752)	15% (274)	1,792
Your Hospital	35% (630)	41% (736)	24% (422)	1,788

Source: BCT Partners National Database, 2019

MD's Most Prepared to Treat LGBT & Minorities, Least Prepared to Treat Refugees, Deaf, & LEP.

All MD Respondents

Question: How prepared do you believe that you are to provide care to patients [from the following groups]?

Group	Very Well/Well Prepared		Less Than Well Prepared		Total
Limited English Profic.	51%	937	49%	906	1,843
Deaf/Hard of Hearing	44%	815	56%	1,034	1,849
New/Recent Immigrants	53%	975	47%	857	1,832
New/Recent Refugees	43%	797	57%	1,049	1,846
LGBTQ Patients	**85%**	**1,576**	**15%**	**270**	**1,846**
International Travelers	73%	1,092	27%	401	1,493
Military Veterans	**84%**	**654**	**16%**	**121**	**775**
Racial & Ethnic Minorities	**84%**	**657**	**16%**	**121**	**778**

Source: BCT Partners National Provider Database, 2019

In Depth - Limited English Proficient

Primary Care MD's Believe Themselves Less Prepared to Treat LEP Patients Than Other MD's.

Question: How prepared do you believe that you are to provide care to patients who speak languages other than English?

Primary Care MD Respondents Only

Position	Very Well or Well Prepared		Less Than Well Prepared		Total
All Physicians	51%	937	49%	906	1,843
Family Medicine MDs	46%	111	54%	128	239
OB-GYN MDs	46%	50	54%	58	108
Pediatric MDs	56%	104	44%	82	186
Internal Medicine MDs	39%	47	61%	72	119
Primary Care MD's	48%	312	52%	340	652

Source: BCT Partners National Database, 2019

Yet 49% of MD's Believe That They Are Less Than Well Prepared to Treat LEP Patients.

Question: How prepared do you believe that you are to provide care to patients who speak languages other than English?

Physician Respondents Only

Position	Very Well or Well Prepared	Less Than Well Prepared	Total
System A (WI)	48% (29)	52% (31)	60
System B (MD)	39% (134)	61% (212)	346
System C (MN)	62% (259)	38% (160)	419
System D (NC)	42% (127)	58% (178)	305
System E (FL)	58% (205)	42% (150)	355
System F (SC)	51% (183)	49% (175)	358
Total	51% 937	49% 906	1,843

Source: BCT Partners National Database, 2019

Hospitals Vary In Their Use of Trained/Qualified Medical Interpreters When Treating LEP Patients

Question: When providing care to LEP patients, how often do you use trained/qualified medical interpreters?

All Physician (MD) Respondents

Position	Always/Usually	Sometimes	Never	Total
System A (WI)	55% (31)	30% (17)	15% (9)	57
System B (MD)	61% (195)	25% (81)	14% (46)	322
System C (MN)	74% (307)	20% (81)	6% (24)	412
System D (NC)	69% (202)	22% (66)	9% (28)	296
System E (FL)	45% (136)	40% (122)	15% (47)	305
System F (SC)	88% (275)	9% (28)	3% (11)	314
Total All MD's	67% 1,146	23% 395	10% 165	1,706

Source: BCT Partners National Database, 2019

Hospitals Vary Widely In Their Use of Adult Family Members and Friends as Interpreters

Question: When providing care to LEP patients, how often do you use patients' adult friends or family members as interpreters?

All Physician (MD) Respondents

Position	Always/Usually	Sometimes	Never	Total
System A (WI)	20% (11)	61% (35)	19% (11)	57
System B (MD)	31% (98)	56% (180)	13% (42)	320
System C (MN)	8% (32)	72% (294)	20% (85)	411
System D (NC)	31% (91)	60% (177)	9% (26)	294
System E (FL)	40% (107)	53% (139)	7% (19)	265
System F (SC)	10% (32)	56% (175)	34% (105)	312
Total All MD's	22% 371	60% 1,000	18% 288	1,659

Source: BCT Partners National Database, 2019

Hospitals Vary Widely In Their Use of Minor Children (<18 years old) as Medical Interpreters

Question: When providing care to LEP patients, how often do you use patients' minor children (<18 years old) as interpreters?

All Physician (MD) Respondents

Position	Always/Usually	Sometimes	Never	Total
System A (WI)	3% (2)	30% (17)	67% (38)	57
System B (MD)	10% (32)	38% (120)	52% (168)	320
System C (MN)	3% (13)	32% (130)	65% (268)	411
System D (NC)	11% (32)	51% (149)	38% (112)	293
System E (FL)	12% (39)	44% (132)	44% (132)	303
System F (SC)	5% (15)	22% (70)	73% (225)	310
Total All MD's	8% 133	36% 618	56% 943	1,694

Source: BCT Partners National Database, 2019

Nearly 50% of MD's Are Not Familiar With Legal Requirements for Working With Interpreters.

Question: How familiar are you with legal requirements for working with interpreters?

All Physician (MD) Respondents

Hospital	Very Fam. or Familiar	Rel. Unfamiliar or Unfamiliar	Total
System A (WI)	71% (41)	29% (17)	58
System B (MD)	41% (140)	59% (199)	339
System C (MN)	63% (259)	37% (153)	412
System D (NC)	37% (112)	63% (188)	300
System E (FL)	41% (136)	59% (198)	334
System F (SC)	69% (247)	31% (110)	357
Total ALL Hospital MD's	52% 935	48% 865	1,800

Source: BCT Partners National Database, 2019

Most MD's Always Use Interpreters To Obtain Informed Consents From LEP. But 35% Do Not.

Question: How frequently do you use an interpreter to obtain an LEP patient's informed consent to a procedure?

All Physician Respondents

Position	Always	Less Than Always*	Total
System A (WI)	71% (41)	29% (17)	58
System B (MD)	48% (156)	52% (168)	324
System C (MN)	76% (309)	24% (97)	406
System D (NC)	65% (187)	35% (102)	289
System E (FL)	55% (170)	45% (138)	308
System F (SC)	76% (241)	24% (75)	316
Total – All MD's	65% 1,104	35% 597	1,701

* Less than always = respondents who selected usually, sometimes or never.

Source: BCT Partners National Database, 2019

In Depth – Deaf and HoH

Deaf and Hard of Hearing – Key Findings

1. 85% of approx. 420 MD's treat Deaf/Hoh patients. (Typically < monthly.)
2. But nearly half of MD's (45% of MD's) feel less than well prepared to do so.
3. 49% of MD's are unfamiliar with techniques for working with Deaf patients using ASL interpreters.
4. Few MD's routinely use best practices when treating Deaf/Hoh (visual aids, teach-back method.)
5. Approx. one-third of MD's use inappropriate means to communicate with Deaf patients (ask patients if they read lips, exchange written notes)
6. 58% of MD's are unfamiliar with language access laws pertaining to Deaf patients.
7. Legal/Risk Management Issues: overuse of family, friends as interpreters (66% of all providers and MD's); failure to always use ASL interpreters during informed consent discussions (45% of providers); 16% of providers ask Deaf to bring own interpreter

Recent Research Confirms Our Findings...

1. Recent research (2022) by Lisa I. Iezzoni, MD, a health care policy researcher at Massachusetts General Hospital (MGH) confirms many of our findings.
2. According to Iezzoni, only 40.7% of surveyed physicians reported feeling very confident about their ability to provide the same quality of care to patients with disabilities as their other patients received. And just 56.5% strongly agreed that they welcomed patients with disabilities into their practices.
3. To explore the understanding by physicians of their obligations under ADA, MGH researchers conducted a nationwide survey of 714 U.S. physicians in outpatient practices. They learned that 36 percent had little or no knowledge about their legal responsibilities under ADA; 71 percent answered incorrectly about who determines reasonable accommodations; 21 percent did not know who is obligated to pay for these accommodations; and 68 percent felt they were at risk for ADA lawsuits.
4. The authors call for all levels of medical education, including continuing education for practicing physicians, to include training about disability. Currently, most medical schools don't include disability topics in their curricula.

In Depth – Immigrants/Refugees

87% of Physicians Sampled Provide Care to Immigrants and Refugees.

Question: Do you provide care to patients who are immigrants and/or refugees?

ALL Physician Responders

Position	YES	NO	Total
System A (WI)	86% (50)	14% (8)	58
System B (MD)	81% (273)	19% (64)	337
System C (MN)	93% (385)	7% (31)	416
System D (NC)	89% (261)	11% (33)	294
System E (FL)	92% (307)	8% (27)	334
System F (SC)	79% (278)	21% (75)	353
Total	87% 1,554	13% 238	1,792

Source: BCT Partners National Database, 2019

Primary Care MD's Believe Themselves Less Prepared to Treat Immigrants Than Other MD's.

Question: How prepared do you believe that you are to provide care to patients who are new or recent immigrants?

Primary Care MD Respondents Only

Position	Very Well or Well Prepared		Less Than Well Prepared		Total
All Physicians	53%	975	47%	857	1,832
Family Medicine MDs	43%	107	57%	143	250
OB-GYN MDs	45%	49	55%	61	110
Pediatric MDs	53%	99	47%	87	186
Internal Medicine MDs	43%	51	57%	68	119
All Primary Physicians	46%	306	54%	359	665

Source: BCT Partners National Database, 2019

Most MDs Are Unfamiliar With Two of the Five Leading Diseases Among Immigrants.

Question: How familiar would you say that you are with the following diseases ….?

All MD Respondents/All Clients

Disease	Very Fam. or Familiar	Rel. Unfamiliar or Unfamiliar	Total
Strongyloides	31% (485)	69% (1,096)	1,581
Schistosomaisis	41% (651)	59% (927)	1,578
Malaria	73% (1,144)	27% (432)	1,576
Hepatitis B.	92% (1,461)	8% (123)	1,584
Tuberculosis	93% (1,466)	7% (118)	1,584

Source: BCT Partners National Database, 2019

In Depth – LGBTQ Patients

Primary Care MD's Less Prepared to Treat LGBT Patients Than Other MD's.

Question: How prepared do you believe that you are to provide care to patients who are LGBT?

Primary Care MD Respondents Only

Position	Very Well or Well Prepared		Less Than Well Prepared		Total
All Physicians	85%	1,576	15%	270	1,846
Family Med MDs	75%	188	25%	62	250
OB-GYN MDs	85%	94	14%	16	110
Pediatric MDs	85%	159	15%	27	186
Internal Med MDs	84%	101	17%	19	120
All Primary MDs	81%	542	19%	124	666

Source: BCT Partners National Database, 2019

Primary Care MD's Are More Likely Than MD's Generally To Ask About Patients' Sexual Partners.

Question: How frequently do you ask patients about whether they have sex with men, women or both?

All Primary Care MD Respondents

Position	Always		Less Than Always*		Total
Total – All MD's	11%	199	89%	1,597	1,796
Family Med. MD's	18%	45	82%	202	247
OB-GYN MD's	32%	35	68%	74	109
Pediatric MD's	13%	24	87%	156	180
Internal Med. MD's	23%	27	77%	90	117
Total Primary Care MD's	20%	131	80%	522	653

* Less than always = respondents who selected usually, sometimes or never.

Source: BCT Partners National Database, 2019

Primary Care MD's Are More Likely Than MD's Generally To Ask About Patients' Sexual History.

Question: How frequently do you obtain a complete sexual history from your patients?

All Primary Care MD Respondents

Position	Always		Less Than Always*		Total
Total – All MD's	9%	169	91%	1,625	1,794
Family Med. MD's	13%	29	88%	216	245
OB-GYN MD's	38%	41	62%	68	109
Pediatric MD's	13%	24	87%	156	180
Internal Med. MD's	21%	24	79%	93	117
Total Primary Care MD's	18%	118	82%	533	651

* Less than always = respondents who selected usually, sometimes or never.

Source: BCT Partners National Database, 2019

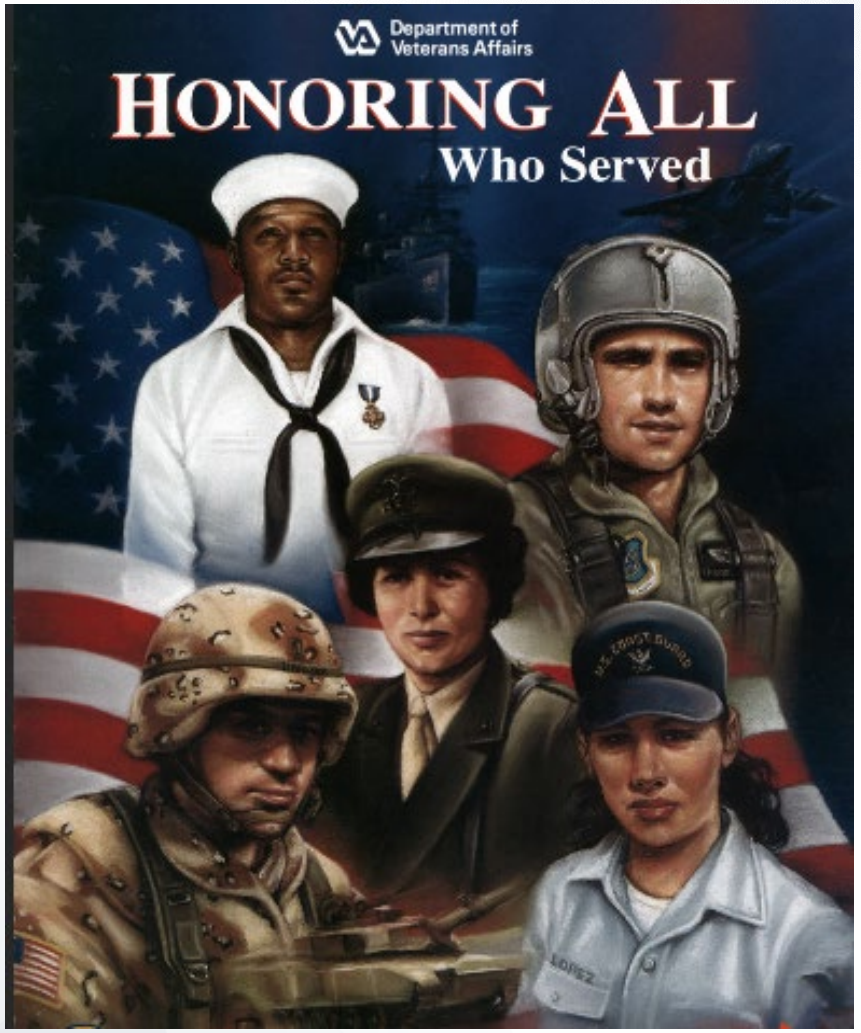
[Client] Physicians Miss 7 of 11 Common Medical Conditions Affecting LGBTQ Patients.

Question: For which of the following medical conditions should providers have a heightened index of suspicion when treating LGBTQ patients? (MD's Only)

Condition	Yes %	Yes #	No %	No #	Total
Alcohol and drug use	77%	310	23%	95	405
Cancer	23%	94	77%	311	405
Cardiovascular disease	12%	48	88%	357	405
Depression	91%	369	9%	36	405
Diabetes	9%	37	91%	368	405
Eating Disorders	65%	263	35%	142	405
HIV/AIDs	75%	305	25%	100	405
Obesity	1%	4	99%	401	405
Sexually Transmitted Infections	6%	23	94%	382	405
Suicide	20%	79	80%	326	405
Tobacco Use	4%	15	96%	390	405

Source: BCT Partners National Database, 2019

In Depth – Military Veterans



Military Veterans – Key Findings

1. 70% of veterans are not treated/registered with the VA and do not receive care through the VA system. Rather, they receive care from the private, commercial health sector.
2. 84% of 775 physicians stated that they were very well or well prepared to treat military veterans. However, their practice behaviors failed to support that belief.
3. Primary care physicians were less prepared than other physicians (-9%) to treat military veterans.
4. Only 23% of physicians always or usually ask their patients whether they served in the military. Similarly, a majority of physicians did not always or usually ask their patients about their era of military service.
5. A majority of physicians (69% to 76%) were relatively unfamiliar or unfamiliar with three of the top six illnesses faced by military veterans including Brucellosis, Coxiella Burnetti and Leishmaniasis.

Most MDs Are Unfamiliar With Three of the Top Six Diseases Among Military Veterans.

Question: How familiar would you say that you are with the following infectious diseases or medical conditions ….?

All Medical Staff MD's

Disease	Very Fam. or Familiar	Rel. Unfamiliar or Unfamiliar	Total
Brucellosis	31% (111)	69% (245)	356
Campylobacter jejuni	62% (221)	38% (134)	355
Coxiella Burnetti	24% (84)	76% (271)	355
Leishmaniasis	30% (107)	70% (248)	355
Chronic Bronchiolitis	62% (220)	38% (135)	355
Post Traumatic Stress	90% (322)	10% (34)	356

Source: BCT Partners National Database, 2019

54% of MD's Have Never Had Formal Training on Cross-Cultural Medicine.

Question: Have you ever received any formal training on cross-cultural medicine?

All Physician (MD) Respondents

Organization	Yes <5 yrs		Yes > 5 yrs		No/Don't Know		Total
All MD Respondents	27%	479	19%	339	54%	974	1,792
Family Medicine MD's	37%	91	21%	50	42%	102	243
OB-GYN MD's	33%	36	19%	21	48%	51	108
Pediatric MD's	28%	50	24%	44	48%	87	181
Internists	24%	28	14%	17	62%	73	117
All Primary MD's	32%	205	20%	132	48%	313	649

Source: BCT Partners National Database, 2019

How Can We Improve Cross-Cultural Healthcare?

What Can We Do To Improve?

1. Train/Retrain Providers on Global Medicine
2. Collect REL Data and Tie It to Patient Outcomes
3. Create a National/State Health Equity Database and Benchmark Providers' Use of Population-Specific, Clinical Best Practices.
4. Use Insights from Behavioral Economics to Provide Individual Feedback to Providers and Performance Improvement Tools to Correct Deficiencies.
5. Tie a Portion of Provider Compensation to Improvements in Patient Satisfaction (By Demographic Sub-groups)
6. Train Leaders on Inclusive Leadership

M.D.'s Trained in Global Medicine Are…

1. Better prepared to treat globally mobile and minority patient populations.
2. More likely to ask key diagnostic questions.
3. More familiar with infectious diseases of foreign origin.
4. More likely to use population-specific clinical best practices when treating globally mobile and minority patient populations.

All MD Respondents

Question: How prepared do you believe that you are to provide care to patients [from the following groups]?

Group	GHP Very Well/Well Prepared		USA Very Well/Well Prepared		GHP vs USA Compare
New/Recent Refugees	84%	41/49	43%	797/1,846	+41%
Limited English Profic.	94%	46/49	51%	937/1,843	+43%
New/Recent Immigrants	88%	43/49	53%	975/1,832	+35%
International Travelers	90%	44/49	73%	1,092/1,493	+17%
Non-Western Health Beliefs	80%	39/49	58%	1,041/1,843	+22%
Racial & Ethnic Minorities	96%	47/49	84%	657/778	+12%
Deaf/HoH	51%	24/47	44%	815/1,849	+ 7%
Military Veterans	61%	30/49	84%	654/775	-23%
LGBTQ Patients	73%	36/49	85%	1,576/1,846	-12%

Question: If you provide care to patients who are immigrants or refugees, how familiar would you say that you are with the following diseases ….?

All MD Respondents/All Clients

Disease	GHP Very Fam. or Familiar		USA Very Familiar or Familiar		Compare GHP vs USA
Strongyloides	87%	(27/31)	31%	(485/1,581)	+56%
Schistosomaisis	90%	(28/31)	41%	(651/1,578)	+49%
Malaria	100%	(31/31)	73%	(1,144/1,576)	+27%
Hepatitis B.	100%	(31/31)	92%	(1,461/1,584)	+ 8%
Tuberculosis	100%	(31/31)	92%	(1,461/1,584)	+ 8%

Question: If you provide care to international travelers, how familiar would you say that you are with the following diseases ….?

All MD Respondents/All Clients

Disease	GHP Very Fam. or Familiar		USA Very Familiar or Familiar		Compare GHP vs USA
Chikungunya	77%	(24/31)	27%	(110/413)	+50%
Dengue Fever	94%	(29/31)	45%	(186/411)	+49%
MERS Virus	58%	(18/31)	22%	(90/413)	+36%
Ebola Virus	77%	(24/31)	50%	(205/413)	+27%
Zika Virus	90%	(28/31)	68%	(280/413)	+22%
Measles	97%	(30/31)	82%	(339/412)	+15%

Tie REL Data to Patient Outcomes

1. Today, less than 50% of U.S. hospitals collect REL data and tie it to patient outcomes
2. To make progress, hospitals need to collect REL data and tie it to:
   - Patient satisfaction data
   - Patient complaints
   - Adverse events
   - Critical incidents
   - Medical errors
   - Hospital readmissions
   - Patient falls
   - Medication overdoses
   - CMS core measures (congestive heart failure, acute myocardial infarction, pneumonia, surgical complications and global immunization measure set.)
   - Major areas of racial/ethnic disparities: asthma, diabetes, hypertension, congestive heart failure, etc.

Mass General Substantially Improves Patient Satisfaction Among Patients of Color.

Percentage of Mass General patients of color agreeing with the statement that White patients received better care than I did."

Patient Group	2004	2012	2017
Latino	25%	9%	< 5%
Black	21%	6%	< 5%

Kaiser Creates Patient Satisfaction Report Cards for Providers

1. Financial compensation tied (in part) to patient satisfaction scores.
2. Patient satisfaction broken out by key patient demographics.
3. Question: which patients are *least* satisfied with my care?
4. Encourages virtuous cycle of change.

Segment Items	Score					Difference Score
	Your Overall				Fac/ Dept	
	2007 YE	2008 YE	2009 YE	3-Yr Avg	3-Yr Avg	(Your - Fac/Dept)
Familiar Visit	75.1	89.1	89.9	85.5	85.1	0.4
Stranger Visit	69.0	65.0	75.0	69.1	64.4	4.7
Under 18					75.0	
18 - 34	46.4	62.5	68.2	58.9	65.0	-6.1 (-)
35 - 44	74.1	76.8	92.6	80.5	73.1	7.4 (+)
45 - 64	79.7	77.7	86.9	81.5	80.4	1.1
65+	75.0	73.9	84.3	78.9	82.2	-3.3
African Amer.	66.7	80.0			77.5	
Chinese	81.1	70.0	85.1	79.8	75.6	4.2
Filipino	78.9	90.0	72.2	83.9	78.3	5.6 (+)
Hispanic/Latino	77.3	66.7	78.9	73.5	77.1	-3.6
Japanese			84.2		76.7	
Other	11.5	75.0	82.8	56.0	75.8	-19.8 (- -)
Other Asian	73.5	90.4	82.2	83.2	72.3	10.9 (+ +)
White	70.3	69.4	90.3	77.8	82.0	-4.2
Female	73.0	70.1	90.5	78.5	76.9	1.6
Male	70.5	82.4	70.1	74.7	81.0	-6.3 (-)

New Skills for the Inclusive Leader

- Culturally inquisitive, manages own biases
- Capable of perspective or code shifting
- Hires, retains, manages and mentors diverse workforce
- Trust building with diverse employees
- Cross-cultural communication
- Teambuilding
- Cross-cultural conflict resolution
- Issue-spots diversity-related employment matters that could create liability
- Masters the art of complaint handling

New Skills for the Clinically Competent Global Provider

1. How to conduct a culturally competent patient examination/history using the LEARN Model (Listen, Explain, Acknowledge, Recommend, Negotiate)
2. How lack of knowledge of epidemiological and pathophysiological differences may lead to unintended iatrogenic consequences.
3. How to work with patients using qualified medical interpreters & ASL
4. Understanding the Law of Language Access (implications for informed consent, medical malpractice and other legal issues)
5. Given the increase in globally mobile populations, physicians should know their patients national origin and travel history and be mindful of diseases endemic to other parts of the world that might share symptoms with diseases commonly seen in the U.S.
6. Health care providers should be aware of at least the five most common infectious diseases most commonly encountered in refugee populations.

New Skills for the Clinically Competent Global Provider

7. Cross-Cultural Medical Ethics (examples: cultural differences around death and dying, blood beliefs, surgery, organ transplants, mental health etc.)
8. Ethnopharmacology and its implications for current clinical practice
9. Understand the New Science of Unconscious Bias and its implications for clinical decision-making.
10. Be able to take a competent sexual history.
11. Be able to take a competent patient history from immigrant and/or refugee patients.

Questions & Answers