



Cultural Competency and Health Literacy Strategic Plan

Nassau Queens Performing Provider System

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Nassau Queens Performing Provider System Vision:

As surrounding communities have become more diverse, the need to incorporate cultural competency and health literacy into practice is essential to providing exceptional, patient-centered care. Therefore, the vision of the Nassau Queens Performing Provider System (NQP) Cultural Competency and Health Literacy (CC/HL) Workgroup is to advance cultural and linguistic competence, and promote effective communication to eliminate health disparities and enhance patient outcomes.

Nassau Queens Performing Provider System Mission:

Drawing on the current landscape of healthcare reform and innovation, the NQP Cultural Competency and Health Literacy (CC/HL) Workgroup will align its efforts with the U.S. National Prevention Strategy. Its mission is to help increase the number of Americans who are healthy at every stage of life by developing a strategy to focus on enhancing health literacy and cultural competency efforts among the populations served.

Purpose of Plan:

The Cultural Competency and Health Literacy Strategic Plan for the NQP establish a foundation on which to provide culturally competent and health literate care. The National Institutes of Health and the New York State Department of Health have provided evidence that organizational cultural competency and patient health literacy have a positive impact on patient health outcomes and the elimination of health disparities. The purpose of this plan is to provide a framework for: (1) cultural competence, which is the ability to provide an expanded cross-cultural approach to care of individuals with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, communication and linguistic needs; and, (2) health literacy, which happens when patients, or anyone on the receiving end of health communication, and providers, anyone on the giving end of health communication, truly understand one another. It is the degree to which individuals have the capacity to obtain, process, communicate and understand basic health information and services needed to make appropriate health decisions about their healthcare needs and priorities.

The NQP's mission and vision will help to guide its cultural competency and health literacy efforts in order to establish a culturally responsive system of care, promote and maintain health literate organizations and meet organizational work stream milestones and deliverables.

Cultural Competency and Health Literacy Workgroup

The NQP formed the Cultural Competency and Health Literacy Workgroup. The Workgroup is comprised of key PPS stakeholders and partners. The task of this Workgroup is to initially complete the two milestones from the NYSDOH DSRIP NQP Organizational Application Section 7 (PPS Cultural Competency/Health Literacy) and provide ongoing guidance, evaluation and oversight for the NQP CCHL work stream:

- Milestone #1: Finalize a cultural competency/health literacy strategy (December 31, 2015).
- Milestone #2: Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material) (June 30, 2016).

Goals and Objectives:

The goal of the Cultural Competency and Health Literacy Work Stream is to reduce health disparities through enhancing cultural competency and health literacy efforts across the NQP communities served and partners.

Objectives:

1. Identify priority groups experiencing health disparities (based on our Community Needs Assessment and Hot Spotting)
2. Identify key factors to improve access to quality primary, behavioral health, and preventive health care
3. Define plans for two-way communication with the population and community groups through specific community forums
4. Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors)
5. Identify community-based interventions to reduce health disparities and improve outcomes
6. Develop an inventory of all levels of staff that interact with the PPS patient population to define a population that would benefit from training activities.
7. Develop and implement a training strategy, targeting specific population needs and effective patient engagement approaches.

Implementation Plan:

The NQP has developed a sustainable plan, which implemented over time is expected to improve cultural competency and health literacy across the NQP.

Objective #1: Identify priority groups experiencing health disparities (based on our Community Needs Assessment and Hot Spotting)

Plan		Deliverable	Metrics/Evaluation
1.1	<ul style="list-style-type: none">Establish hot spotting criteria.	<ul style="list-style-type: none">Analyze hot spotting data to evaluate demographic trends throughout the network to identify the areas with the largest opportunities for improvement. Service gaps in care as well as priority groups experiencing health disparities will also be analyzed and further examined using Community Forums.	<ul style="list-style-type: none">Ongoing annual hot spotting (evaluate change in medical utilization volume and rates and demographics) and re-surveying to evaluate performance improvement.Patient satisfaction metrics related to CCHL.
1.2	<ul style="list-style-type: none">In collaboration with the CC/HL Workgroup, establish a PPS-wide survey to be distributed to all providers and CBOs.	<ul style="list-style-type: none">Analyze survey data to review all existing CC/HL efforts in the PPS (CBOs and practices) and determine gaps to best practices (as applicable), and which best practices to leverage in the PPS strategy.Maintain an understanding of the needs of priority groups experiencing health disparities in order to develop plans/steps to address these gaps including, but not limited to, targeted outreach, education, communication and engagement.	
1.3	<ul style="list-style-type: none">Obtain data from community needs assessments, PPS-wide surveys and hot spotting criteria		

Objective #2: Identify key factors to improve access to quality primary, behavioral health, and preventive health care

Plan		Deliverable	Metrics/Evaluation
2.1	<ul style="list-style-type: none"> Review the U.S National Prevention Strategy and its applicability to NQP CC/HL Strategy. 	<ul style="list-style-type: none"> Evaluate how the strategic directions of the NPS (“Empowered People” and “Elimination of Disparities”) can aide in understanding how cultural competency and health literacy can be operationalized within the context of medical care. Align the CC/HL strategy with these strategic directions 	<ul style="list-style-type: none"> Ongoing review of best practices.
2.2	<ul style="list-style-type: none"> Study CC/HL best practices nationally. 	<ul style="list-style-type: none"> The CC/HL Workgroup will evaluate which best practices to leverage within the CC/HL Strategy. Evaluate how the AHRQ Universal Precautions Toolkit can be deployed within the CC/HL Strategy. The Health Literacy Universal Precautions Toolkit provides step-by-step guidance and tools for assessing practices and making changes to order to connect with patients and communities of all literacy levels. 	
2.3	<ul style="list-style-type: none"> Review information to create a PPS wide definition for cultural competency and health literacy using the NPS and other best practice models ensuring the definitions are understood by the PPS including the project leads, project teams, partners and patients. 	<ul style="list-style-type: none"> Based on the NPS and other national best practice models, standardize the meaning of cultural competency and health literacy to be communicated across all PPS entities, including PPS leaders, organizations, providers, frontline staff, CBOs, community members and all other partners. 	<ul style="list-style-type: none"> Continually socialize cultural competency and health literacy definitions across all NQP Committees/ Workgroups.

Plan		Deliverable	Metrics/Evaluation
2.4	<ul style="list-style-type: none"> Review data from PPS-wide CC/HL Survey 	<ul style="list-style-type: none"> Analyze survey data to identify barriers to health care access as well as best practices to improve health care access. Maintain an understanding of the needs of priority groups experiencing health disparities in order to develop plans/steps to address these gaps including, but not limited to, targeted outreach, education, communication and engagement. 	<ul style="list-style-type: none"> Annual re-surveying to evaluate performance improvement and changing demographics. Patient satisfaction metrics related to CCHL.
2.5	<ul style="list-style-type: none"> Establish focus groups among CBOs and community members to identify barriers to access to care. Gather information from project leads and workgroups (i.e. 2di, 2ai, etc.), community-based organizations and community members to identify partners in our network with capacity to provide supportive services for those experiencing health disparities. 	<ul style="list-style-type: none"> Analyze information obtained from focus groups and other project leads/workgroups and implement findings within the CC/HL strategy. Provide Workstream representation to project workgroups 	<ul style="list-style-type: none"> Evaluate and monitor access to quality of care (ie: interpreter phone use, use of culturally and linguistically appropriate patient education materials) as well as the impact of the CC/HL strategy.

Plan		Deliverable	Metrics/Evaluation
2.6	<ul style="list-style-type: none"> Review hot spotting data 	<ul style="list-style-type: none"> Assess capacity and opportunities to provide supportive services for those experiencing health disparities based on hot spotting data findings. 	<ul style="list-style-type: none"> Use metrics information from hot spotting data points to evaluate and monitor access to quality healthcare as well as the impact of the CCHL Strategy.

Objective #3: Define plans for two-way communication with the population and community groups through specific community forums

Plan	Deliverable	Metrics/Evaluation
3.1 <ul style="list-style-type: none"> Identify opportunities to maximize two-way communication with the population and community groups to inform and obtain feedback on events/activities on community forums to support and reduce health disparities. 	<ul style="list-style-type: none"> In collaboration with project leads and workgroups, care managers, community health workers, PPS partners, etc., the NQP will identify existing/standing community forums and/or to develop community forums that focus on cultural competency and health literacy with the population and community groups. Develop information exchange platforms with feedback mechanisms (i.e., NQP website; NQP CC/HL meetings; webinars; community engagement plan and project workgroups and committees, etc.) The NQP will maintain current lists of community forums (including community resources and program information) and inform to partners (i.e., care managers, CBOs, etc.) and populations. 	<ul style="list-style-type: none"> Analysis of ongoing communications with community members to track identified CCHL needs and evaluate if they are being addressed.

Objective #4: Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors)

Plan		Deliverable	Metrics/Evaluation
4.1	<ul style="list-style-type: none"> In collaboration with the CC/HL Workgroup, based on best practices and an inventory of NQP provider and CBO resources identify specific assessment tools to assist patients with self-management based on cultural, linguistic and other factors. 	<ul style="list-style-type: none"> Employ the use of AHRQ Universal Precautions Toolkit 	<ul style="list-style-type: none"> Utilize the AHRQ Primary Care Health Literacy Assessment at Baseline and 1-year post implementation to evaluate the use of AHRQ tools.
	<ul style="list-style-type: none"> In collaboration with IT Task Force, create plans for IT support to engage attributed members - (i.e., example pt. engagement strategies such as web-based tools). 	<ul style="list-style-type: none"> Through engagement of the IT Task Force, ensure that Teach-back is able to be documented on most EMRs. Through engagement of the IT Task Force, ensure that health literate patient education materials are able to be accessed on most EMRs. 	<ul style="list-style-type: none"> Monitor documentation via usage reports of Teach-back and patient education within the EMR

Objective #5: Identify community-based interventions to reduce health disparities and improve outcomes

Plan	Deliverable	Metrics/Evaluation
5.1 <ul style="list-style-type: none">Survey data will help to identify community-based interventions utilized by CBO and organization partners to reduce health disparities and improve outcomes.	<ul style="list-style-type: none">Use intervention information gathered from partners to develop best practices in reducing health disparities and improving outcomes (prioritizing hotspot areas).	<ul style="list-style-type: none">Annual hot spotting and surveying to evaluate performance improvement and changing demographics.Evaluation of CBO delivered CCHL community workshops

Objective #6: Develop an inventory of all levels of staff that interact with the PPS patient population to define a population that would benefit from training activities.

Plan		Deliverable	Metrics/Evaluation
6.1	<ul style="list-style-type: none"> Survey data will help to identify all levels of staff that interact with the PPS patient population. 	<ul style="list-style-type: none"> Use information gathered from survey to develop an inventory of staff that will be trained using the CC/HL training strategy. Noting the intersection between the Workforce Development Strategy and the CC/HL Strategy. 	<ul style="list-style-type: none"> Ongoing inventory updates based on staff feedback.

Objective #7: Develop and implement a training strategy, targeting specific population needs and effective patient engagement approaches.

Plan		Deliverable	Metrics/Evaluation
7.1	In collaboration with the CC/HL Workgroup and results from the CC/HL survey, collect data on the training practices and training resources for clinicians and non-clinician segments.	<ul style="list-style-type: none"> Identify training gaps in existing clinical and non-clinical segments and support development of training practices, resources and plans (include best practices, services, evidence based research, PCMH practices etc.) 	<ul style="list-style-type: none"> Conduct ongoing collection, evaluation and monitoring to determine the effectiveness of the strategic plan.
7.2	Develop a cultural competency and health literacy training strategy (Milestone #2). This strategy is a separate document which will be fully aligned with the NQP's CC/HL Strategy Plan	<ul style="list-style-type: none"> CCHL Training Strategy Plan 	

Cultural Competency/Health Literacy Strategy

The NQP CC/HL Strategy will use hot spotting data to prioritize practices in hot spot areas that would benefit the most from CC/HL training. The strategy will employ two main components:

1. A four pronged strategy approach to training at education, aimed to reach all levels of staff that interact with the PPS patient population (specific strategies detailed below):
 - a. Clinical Providers:
 - An individual who has successfully completed a prescribed program of study in a variety of health fields and who has obtained a license or certificate indicating his or her competence to practice in that field.
 - b. Non-Clinical Staff:
 - Personal that may or may not interact with patients but do not provide medical care (i.e: medical billers, registrars, administrative assistants, front desk personnel, patient navigators, food service and, housekeeping workers, etc.).
 - c. Community:
 - Includes both Community Based Organizations and community members.
 - d. Executive Leadership/Administration:
 - Senior level management in acute and ambulatory settings
2. Alignment of the strategy with Patient Centered Medical Home (PCMH) requirements through the use of the AHRQ Universal Precautions Toolkit.
 - a. The AHRQ Health Literacy Universal Precautions Toolkit provides evidence-based guidance to adult and pediatric practices to ensure that systems are in place to promote better understanding by all patients, not just those who are thought to need extra assistance. It is divided into manageable sections so that its implementation can fit into the daily practice workflow. It contains 21 Tools (3-5 pages each) that address improving: spoken communication, written communication, self-management and empowerment and supportive systems. The Toolkit can help practices reduce the complexity of health care, increase patient understanding of health information, and enhance support for patients of all literacy levels. The practices will use the AHRQ Primary Care Health Literacy Assessment at Baseline to evaluate which areas have deficiencies and employ the use of AHRQ tools to address these opportunities for improvement.

1. Clinical Providers Strategy:

- b. Onboarding and Annual CC/HL Education: as part of required onboarding education of new providers (including allied health students, residents, and fellows rotating at the practice), individuals will be educated on:
 - a. The impact of social and cultural factors on health beliefs and behaviors.
 - b. The link between culture, language and patient safety outcomes, quality of care and health disparities.
 - c. The tools and skills needed to manage these factors appropriately, including interpretation services, teach-back, and health-literate patient education materials.
 - d. The importance of empowering patients to be more of an active partner in their healthcare.
 - e. The importance of unconscious bias in patient and family centered care.
- c. CC/HL Training: PPS will contract with vendor(s) based on DSRIP requirements and a PPS lead open procurement process
- d. Implementation of an Electronic Patient Engagement Tool:
 - a. When patients are engaged in their plan of care, evidence indicates improved compliance, medication and health management and adherence to follow-up doctor visits. An Electronic Patient Engagement Tool will enable patients to stay informed and remain an active member in their care. In collaboration with the IT Workstream, the tool will allow for electronic access to medical information such as discharge instructions/clinical summaries/laboratory results from providers. Patients will have 24/7 access to this information via web, patient portal, and/or smart phone applications.
- e. PCMH/APC AHRQ Toolkit EMR Prompts:
 - a. The teach-back method is an evidence-based method to ensure that patients understand the information they have been given. It is a way of checking understanding by asking patients to state in their own words what they need to know or do about their health. It is a way to confirm that providers have explained things in a manner that their patients understand.
 - b. In collaboration with the IT Workstream, prompts will be built into the Electronic Medical Record that reminds providers to engage in and document the teach-back method.
- f. Web-based Cultural and Patient Education Resources:
 - a. For example (vary by Hub):

- a. In collaboration with the IT Workstream, such patient education resources will be integrated into the EMR and Electronic Patient Engagement Tool for ease of access and documentation.
- **Care Notes®:** Provides easy-to-understand patient education materials on a variety of patient conditions, patient care and medical procedures and testing. All material is vetting from a health literacy perspective and available in English and Spanish and up to 13 other languages.
 - **Medline:** MedlinePlus is the National Institutes of Health's Web site for patients and their families and friends. Produced by the National Library of Medicine, the world's largest medical library, with information about diseases, conditions, and wellness issues in language one can understand. MedlinePlus offers reliable, up-to-date health information, anytime, anywhere, for free. MedlinePlus has extensive information from the National Institutes of Health and other trusted sources on over 950 diseases and conditions. There are directories, a medical encyclopedia and a medical dictionary, health information in Spanish, extensive information on prescription and nonprescription drugs, health information from the media, and links to thousands of clinical trials. MedlinePlus is updated daily.
 - **Long Island Health Network (LIHN) Educational Booklets:**
 - **Up-to-Date:** Offers different levels of patient education materials to meet the varying information needs of patients. "The Basics" are short (1 to 3 page) articles written in plain language. They answer the 4 or 5 most important questions a person might have about a medical problem. These articles are best for people who want a general overview. The Basics articles are also available in Spanish. "Beyond the Basics" articles are 5 to 10 pages long and more detailed than "The Basics". These articles are best for readers who want a lot of detailed information and who are comfortable with some technical medical terms.
 - **Healthwise:** Healthwise is a global provider of health information, decision support tools, behavior change assistance, and personal care planning for the top health plans, care management companies, hospitals, and consumer health portals.
 - **ExitCare:** interactive video education, and the flexibility of our technology, which integrates with various EMR and HIS platforms.
 - **Lexicomp:** delivers drug information software on mobile applications. The databases and packages feature multiple indexes to expedite searching and advanced navigation to save valuable time.

- **Krames Staywell:** 600+ titles across nearly 40 specialties, Krames Patient Education incorporate health literacy design principles to increase readability and comprehension, improve engagement and motivate healthy behaviors.
- **Culture Vision™:** Comprehensive resource intended to assist providers who are interested in developing their cultural knowledge by asking thoughtful questions. Considering diversity exists among individuals even within a given culture, Culture Vision™ provides users with information to help anticipate their patients' needs and guide their conversations. This resource provides accurate up-to-date information on more than 68 cultural groups and includes the following topics: communication, diet and nutrition, family patterns, beliefs, religion and spirituality and treatment protocols and ethno pharmacological issues

g. Online Cultural Competency/Health Literacy Case Based Learning:

- a. A 30 minute cultural competency/health literacy case-based learning tool will be created, in collaboration with the Hofstra-North Shore LIJ School of Medicine and Graduate School of Nursing, CC/HL Workgroup and NQP Workforce Workstream. This learning tool will employ evidence-based adult learning principles and include interactive case-based information on health literacy, cultural competency and unconscious bias.
1. Provider participation in this tool will be part of a Practice Incentive Agreement.
 2. CME, CEU and Social Work Credits will be made available for successful completion of this tool
 3. Mandatory education (in-service) as a way for providers to fulfill the CCHL requirements of PCMH.

3. Non-Clinical Staff Strategy:

- a. Onboarding/annual CC/HL Education: as part of required onboarding/annual education of non-clinical staff and incorporated into current education curriculum for other allied healthcare professionals (lab technicians, BOCES, etc.), individuals will be educated on:
- a. The impact of social and cultural factors on health beliefs and behaviors.
 - b. The link between culture, language and patient safety outcomes, quality of care and health disparities.
 - c. The tools and skills needed to manage these factors appropriately, including interpretation services, Ask Me3, iSpeak Cards, and health-literate patient education materials.
 - d. The importance of accurate data capture of Race, Ethnicity and Preferred Language.
 - e. The importance of unconscious bias in patient and family centered care.

- b. CC/HL Training: PPS will contract with vendor(s) based on DSRIP requirements and a PPS lead open procurement process
- c. Health Literacy Online Education:
 - a. A web-based Health Literacy module that provide employees with the fundamental skills and resources to enhance the patient experience, strengthen effective patient- provider communication and promote patient-centered care. The education reviews the impact of low health literacy skills on patient outcomes and the importance of using plain language in both oral and written communication. Suggestions on how to improve communication with patients by incorporating the “teach-back” method as well as other helpful resources for future references are presented. The existing NSLIJ online health literacy education would be made available and utilized across the PPS.
- d. Implementation of an Electronic Patient Engagement Tool:
 - a. When patients are engaged in their plan of care, evidence indicates improved compliance, medication and health management and adherence to follow-up doctor visits. An Electronic Patient Engagement Tool will enable patients to stay informed and remain an active member in their care. In collaboration with the IT Workstream, the tool will allow for electronic access to medical information such as discharge instructions/clinical summaries/laboratory results from providers. Patients will have 24/7 access to this information via web, patient portal, and/or smart phone applications.
 - b. Non-clinical staff (Front desk personnel, Patient Navigators, etc.) will receive training on patient registration for the tool via the practice portal

4. Community Strategy

- a. Community CC/HL Educational Curriculum:
 - a. In collaboration with the Workforce Workstream, CBOs, and CC/HL Workgroup, an educational tool will be developed to provide education to CBOs and Community Members regarding the following:
 1. The impact of social and cultural factors on health beliefs and behaviors.
 2. The tools and skills needed to manage these factors appropriately, including interpretation services, Ask Me3, iSpeak Cards, and health-literate patient education materials.
 3. The importance of accurate data capture of Race, Ethnicity and Preferred Language.
 4. The importance of empowering patients to be more of an active partner in their healthcare.
 - b. A train the trainer model will be employed to educate CBOs.

c.CBOs will then deliver this information to community members.

d.This training responsibility will be included in the CBO Patient Activation Management RFP

- **Executive Leadership/Administration**

- Executive Leadership/Administration CC/HL Educational Curriculum:

- i. Educational tools that include a brief overview of:

- a. The impact of social and cultural factors on health beliefs and behaviors.

- b. The link between culture, language and patient safety outcomes, quality of care and health disparities.

- c. The tools and skills needed to manage these factors appropriately, including interpretation services, teach-back, and health-literate patient education materials.

- d. The importance of empowering patients to be more of an active partner in their healthcare.

- e. The importance of unconscious bias in patient and family centered care.