



Understanding cross-cultural patient-centered care

Handi Medical Supply Spring Conference, 2019

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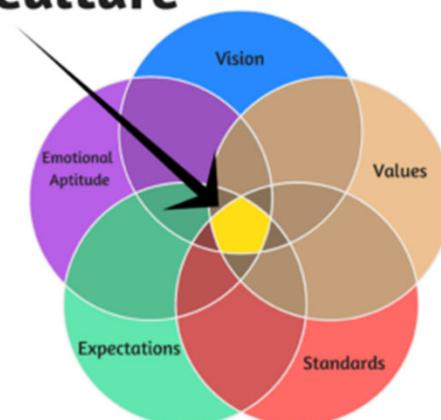
Pediatric Nurse Practitioner



culture

- The social behavior and norms found in human societies
- *The cumulative deposit of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, roles, spatial relations, concepts of the universe, and material objects and possessions acquired by a group of people in the course of generations through individual and group striving.*
- The characteristics and knowledge of a particular group of people, encompassing language, religion, cuisine, social habits, music and arts.

Culture



Goal of Cross Cultural Healthcare

Improve healthcare providers' ability to understand, communicate with, and care for persons from diverse backgrounds

-Institute for Healthcare Improvement

Issues In Cross Cultural Healthcare

-University of MN School of Medicine

- Racial and Ethnic Disparities in patient treatment, satisfaction, and outcomes
- Language barriers in providing care to patients with Limited English Proficiency (LEP) and to patients who are Deaf and hard of hearing
- Providing care to immigrants, refugees and other globally mobile persons
- Lesbian, Gay, bisexual, transgender, questioning, intersexual, and allied (asexual) persons

Challenges to providing cross cultural healthcare

- Language barriers
- Social and cultural differences between provider and patient
- Manifestations of a persons illness that are directly linked to the individual's social environment

Racial and Ethnic disparities

- IOM Unequal Treatment report (2002): People of Color
 - Lower-quality health care than whites – despite adjusting for insurance status, income, age, and severity of conditions are comparable
- AHRQ (2018): racial and ethnic disparities are not improving and, in some cases worsening
 - Infant mortality and chronic disease management disparities cost health care \$57 billion per year
 - Disparities are wide for GLBTQA persons, immigrants, refugees and more

Language and Deaf and Hard of Hearing Disparities

- >60% of American households speak a language other than English
 - 25 million persons are LEP, speaking and understanding English “less than very well”
- Language barriers create quality and safety problems for LEP and D& HH
 - Inadequate communication of diagnosis, treatment, and medications
 - Higher rates of medical errors
- Failure to meet language deficits may result in fines which are not covered by malpractice insurance (civil rights violation)
 - CLAS standards

Providing care to Immigrants, Refugees, and other Globally mobile persons

- Over one billion persons cross international borders every year
 - Healthcare is no longer locally focused
 - Conditions that have never been seen before
 - Infectious diseases, parasitic infections
 - Diseases may look common but are actually of foreign countries.
- Issues are not confined to immigrants but to Americans who travel internationally as well



Cultural competence
begins with
self-knowledge

Implicit Bias

Refers to the attitudes or
stereotypes that affect our
understanding, actions, and
decisions in an unconscious
manner

- <https://implicit.harvard.edu/implicit/takeatest.html>

What is your preferred image of diversity:

- Melting Pot
 - Salad
 - Rainbow
 - Tapestry
 - Kaleidoscope
 - Mosaic
 - Cauldron
 - Stew
 - Combination of the above?
- What are the implications of these metaphors on the delivery of:
 - High quality
 - Cost-effective
 - Patient-centered services
- to diverse populations?

Project Implicit

- Nonprofit organization and internal collaboration of researchers interested in implicit social cognition – thoughts and feelings out side of conscious awareness or control
(<https://www.projectimplicit.net>)
- Offers free quizzes for self assessment of implicit bias along with other support
- Can help identify individual's implicit bias that influences actions and attitudes toward health care and approaches to persons unlike self

Tests Implicit Bias toward the following topics

- Age
- Skin tone
- Asian-American
- Weight
- Native American
- Race
- Gender-Career
- Sexuality
- Religion
- Weapons
- Arab-Muslim
- Disability
- Gender- Science



Patient-centered care is respectful and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions

-IOM

Patient Centeredness

- Balint (1969): each patient “has to be understood as a unique human being”
 - Patient centered care defined how providers should interact and communicate with patients
- Lipkin et al (1984) Patient-centered interview:
 - Patient is unique human being with their own story to tell
 - Promotes trust and confidence
 - Clarifies and characterizes patient symptoms and concerns
 - Generates and tests hypotheses that include biopsychosocial aspects of illness
 - Creates a basis for ongoing relationship

Characteristics of patient-centered clinicians

- Specific knowledge
 - Define Countertransference (emotional entanglement with the patient), identify different types of interview questions
- Specific Attitudes
 - Unconditional positive patient regard, willingness to join with patients as partners
- Specific Skills
 - Elicit patient's story of illness
 - Overcomes barriers to communication

-Lipkin et al, 1984

Dimensions of Patient-centered care

- **Adopting the biopsychosocial perspective of illness** (Mead and Bower, 2000)
 - Exploring the illness experience (Stewart et al, 1995)
- **Understanding the patient as a person in their own right not just a body with an illness** (Mead and Bower)
 - Understanding the whole person (Stewart)
- **Sharing power and responsibility between provider and the patient** (M&B)
 - Finding common ground regarding management (Stewart)
- **Building a therapeutic alliance** (Mead and Bower)
 - Enhancing the provider-patient relationship (Stewart)
- **Understanding the provider as a person and not just a skilled technician** (Mead and Bower)
 - Being realistic about personal limitations (Stewart)

Patient-Centered Clinical Method

- Provider aims to gain an understanding of the patient along with the illness
 - Does not focus strictly on the disease
- Process that addresses the patient's agenda as well as the provider's agenda
 - Does not address the clinicians agenda only

- Levenstein et al. 1986

“The patient centered approach is where the physician [provider] tries to enter the patient's world, to see the illness through the patient's eyes”

McWhinney, 1989

Patient-centered communication

- Interpersonal communication:
 - Provider patient interaction
 - Interfacing with the health system
 - Email their providers if they prefer
 - Phone is answered by a pleasant and responsive receptionist
 - Timely return to phone calls
- Written communication (signage and pt. ed. materials)
 - Meet patient needs
 - Written in a way that patient's understand
 - Enhance patient understanding and ability to participate in medical care

Patient-centeredness seeks to support and correct marginalization of patient collaboration

- Greater focus on the biopsychosocial model
- Focus on health promotion
- Attention to physical comfort and optimal function
- Coordination between care settings
- Continuum of care: patient-centeredness through doctor-centeredness
- Medical paternalism is the opposite of patient-centeredness
 - Paternalism fails to recognize and acknowledge preferences, needs and values of the patient.

Improving cross-cultural communication

- Six steps to improve communication with clients/patients
 - 1. Slow down.
 - 2. Use plain, non-clinical language but do not “talk down”
 - 3. Show or draw pictures.
 - 4. Limit the amount of information provided at one time.
 - 5. Use the “teach-back” method.
 - Ask the patient or parent, in a nonthreatening way, to explain or show what he or she has been told.
 - 6. Create a shame-free environment that encourages questions and participation.

- Weiss (2007)

HOW?

Interweave the principles of cross cultural care and the ethics of caring in order to have a positive impact on diverse populations

Ethics of Caring (Carol Gillian, PhD)

- Moral action centers on interpersonal relationships and care (or benevolence) is a virtue.
 - Focused on the individual not the general (society)
 - Asks “how to respond” vs “ what is just”
 - Emphasizes the importance of response to the individual
- Contrast to deontological or consequential theories
 - Emphasize generalizable standards and impartiality
 - Medical ethics: beneficence, autonomy, justice as approach to solve moral issues

“Developing cultural competence is a life-long journey rather than a destination – verb rather than a noun”

-Robert Like, MD



Resources

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