

touchpoints

Connecting you to the Heritage Provider Network

Issue 25 | Summer 2016

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The Power of Cultural Competency

Cultural competency will continue to be important for California's health systems and providers



»» **EXCITING UPDATES!**

Heritage Provider Network is making a big difference in the communities we serve.

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When I started HPN more than 35 years ago, my goal was clear-cut: To deliver quality, outstanding healthcare to our local communities. HPN is a dynamic

organization at the forefront of new technologies and ideas. We understand the people in our communities. We know their cultures, the languages they speak, and their values – the things that are important to them.

Our membership continues to grow and become more diverse. Since 2009, California law has required health plans and insurers to provide language services to their enrollees and collect data on race, ethnicity, and language to assist efforts to end health disparities. Physicians and other healthcare professionals must learn to care effectively for patients whose primary language is not English and who may also have cultural barriers to navigating the healthcare system.

Cultural competency will continue to be a key to quality for California’s health systems and providers. At HPN, we are focused on our robust competency program that extends throughout all of our groups, reaching physicians, healthcare providers, and our thousands of members. To learn more about this timely topic, take a look at our feature article.

Richard Merkin, M.D.
President and CEO of HPN



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The Power of Cultural Competency

Cultural competency will continue to be a key to quality for California’s health systems and providers

Racial, ethnic and cultural disparities exist in all aspects of society, but nowhere are they more clearly documented than in healthcare.

Consider this: According to Californians for Patient Care, the average amount of time a physician spends with a patient is **15 minutes**. But when communication skills are limited due to language and cultural barriers, 15 minutes is not enough.

Misunderstandings of diagnosis and miscommunication about treatment plans can affect the quality and cost of care. Patients may not comply with their doctor’s instructions and suffer negative outcomes. Culturally competent care isn’t just desirable — it can literally be a question of life and death.

For more than a decade, cultural competency has been an emerging issue in healthcare delivery. The state of California, as it often does in healthcare trends, has been leading the way.

The U.S. Census Bureau announced several years ago that for the first time, Caucasian infants no longer comprised a majority of births. Hispanic, African-American, Asian and other non-Caucasian infants accounted for 50.4% of U.S. births in a 12-month period.

Growing, diverse populations

When it comes to the populations of our communities, things have changed over the past few decades. Here are some more facts:

- In California, which has been a “majority minority” state since the late 1990s, communities of color account for about **60% of the population**.
- With the Affordable Care Act adding as many as 30 million newly insured Americans to the system — up to three million in California — **the need for healthcare providers who understand language and cultural differences will be greater than ever**.
- **The number of people in the U.S. who don’t speak English as their native language has grown 140% over the past three decades**. While it may not continue at that pace, the number of Americans for whom English is a second language is expected to continue growing.
- California, with one of the most diverse populations in the country, has large — and growing — populations whose first language is **Spanish, Chinese, Tagalog, Korean, Vietnamese or another of the 100** languages spoken in the state. Officials estimate about 40% of Californians speak a language other than English at home.
- Cultural competency extends not just to non-English speaking members, but also older adults, people with disabilities, and those in the lesbian, gay, bisexual, and transgender (LGBT) community.

What HPN is doing

By implementing culturally and linguistically appropriate



services, HPN's medical groups demonstrate respect and responsiveness to:

- Individual cultural health beliefs and practices
- Preferred languages
- Health literacy levels
- Communication needs

The Joint Commission and NCQA, in fact, have continued to incorporate cultural competency in their standards for medical homes and accountable care organizations. As a result of these policy changes, every healthcare system will be increasingly accountable for its cultural competency and effectiveness in providing equitable healthcare to diverse populations.

“On an annual basis, we perform a population assessment across all of our groups. We take a comprehensive look at a specific area in a specific location and delve into potential environmental and social conditions that impact the health of that community,” said Shunta Beed, HPN Director of Quality Improvement.

HPN supports all of the groups in its network throughout California - making sure that members have the understanding they need to make informed medical decisions. They also work to ensure that providers have the right tools to communicate with patients in a culturally competent manner.

Cal MediConnect: Community Outreach

The Cal MediConnect program serves Californians who are eligible for both Medicare and Medi-Cal. This all-in-one health plan covers medical, prescription drugs, and long-term services. Regal Medical Group, Lakeside Community Healthcare, and ADOC Medical Group care managers, case managers, and member advocates are provided with cultural competency training. They are bilingual and bi-cultural, proficient with numerous languages including English, Spanish, Armenian, Russian, and Tagalog.

“The member advocates go deep into our communities to help members instead of them coming to us for important health information. It’s crucial that we communicate in ways our members understand – which may avert hospital admissions and improve patient outcomes.”

— Mindy Morgen, MS,
director of marketing and health education.



Provider Tips:

What can you do to ensure your office and staff is culturally competent?

- 1. Provide an interpreter in the office.** State laws require health plans and providers to provide assistance to limited English speaking and hearing impaired patients. Call your HPN medical group customer service representative for assistance and to learn how to have an interpreter come to your office. If you are a Regal, a Lakeside, or ADOC provider and require health education materials in any language, send an e-mail to healtheducation@regalmed.com.
- 2. Address after-hours care for limited-language speaking members.** Make sure the representatives answering your after-hours service know how to access the language line if needed.
- 3. Know your patient base culturally and ethnically.** Do you have intake forms available in your patients' primary languages? If you are a Medi-Cal provider, you should consider having the forms in the threshold languages your community serves (over five percent of your county's population).
- 4. Provide ongoing staff training.** Staff familiarity with patients' cultures helps promote an environment of understanding and appreciation for diversity. For more information about how to ensure your staff is bi-literate and bicultural, contact your health plan.
- 5. Integrate cultural competency efforts into all systems of your office.** Cultural competency must be viewed as integral to the organization and incorporated into all aspects of its operations, including disease management, quality improvements, and patient safety initiatives.

Cultural Understanding: Healthy Plates

Many times, said Crystal Wallstrom, Regal Medical Group, Lakeside Community Healthcare, and ADOC Medical Group health educator, MS, RD, the key to communicating with patients who are Hispanic and have diabetes is through



visual examples. Wallstrom, who is bilingual and bi-cultural, talks to her patients about the predisposition for them to be at a greater risk for diabetes.

“I explain that if they eat the way they have been, their risk will be increased, so I show them how to decrease their carbohydrate intake. Then we focus on exact portion sizes with the foods they like,” she added. “We make a healthy plate that contains specific portion sizes. It’s a fun way to show them, rather than tell them. They are then able to really understand and make positive lifestyle changes that impact their health.”

To further provide assistance for this population, Regal, Lakeside, and ADOC have a partnership with Northgate González Markets to provide monthly health chats (“charlas”) and cooking demonstrations at six Southern California locations.



Language Tips: Communicating directly with limited English-speaking patients

- 1. Speak slowly, not loudly.** Remember that the patient is hard of understanding, not hearing.
- 2. Face the patient.** Make extensive use of gestures, pictures, and facial expressions.
- 3. Avoid difficult and uncommon words and idiomatic expressions.** American English is fraught with idioms like, “right on target,” “kill two birds with one stone,” etc. They tend to confuse, intimidate, and alienate most immigrants and others who don’t understand them.
- 4. Don’t “muddy the waters” with unnecessary words or information.** More is not better. Keep what you say simple.
- 5. Organize what you say for easy access.** Use short, simple sentences.
- 6. Rephrase and summarize often.** Try to say the same thing or ask the same question in two or three different ways.
- 7. Don’t ask questions that can be answered by “yes” or “no.”** The patient’s answer will only tell you if the question has been heard – not if it has been understood.
- 8. Check the concept behind the word.** The patient may interpret even the simplest instructions like, “keep the baby warm,” “wash the wound regularly,” “eat a balanced diet” etc. in a different way than you intended.

A Physician’s Practical Guide to Culturally Competent Care

Get free CME/CE credits!

The website offers **free CME/CE credits** and equips healthcare professionals with awareness, knowledge, and skills to better treat the increasingly diverse U.S. population they serve.

To learn more, go to

<https://cccm.thinkculturalhealth.hhs.gov/>

Heritage Provider Network and Crain's New York Business, Custom Division, Announce Winners of the Heritage Healthcare Innovation Awards for New York



(from left to right) Louise Cohen, CEO Primary Care Development Corp, Michael Dowling, President and CEO, Northwell Health, Dr. Richard Merkin, President and CEO of Heritage Provider Network, Jill Kaplan, VP and Publisher of Crain's NY Business and Mark Wagar, President of Heritage Medical Systems.

The first-ever Heritage Healthcare Innovation Awards, held in New York, honored innovators who have most improved access and quality of affordable healthcare in the communities they serve.

Winners were announced in categories at a luncheon event at Apella in Manhattan, including innovation in healthcare delivery, innovator in healthcare, healthcare leadership, and healthcare organizational leadership.

The healthcare awards competition garnered nominations across the spectrum of New York healthcare, from exciting early stage startups to long established centers of New York medical innovation. The complete list of 25 finalists can be found at <http://www.craainsnewyork.com/heritagefinalists>.

"These winners are true innovative trail blazers who exemplify the best in healthcare excellence, transforming access to quality, affordable healthcare for all New Yorkers," said Dr. Merkin. "I would like to thank our esteemed panel of judges for their expertise and all the nominees who are truly standouts in their respective endeavors."

To view a video from the event, visit http://origin-qps.onstreammedia.com/origin/multivu_archive/PRNA/ENR/HPN_NYC.mp4

Richard Merkin, M.D., Establishes Fund for Professorships at City of Hope

Gift supports two endowed professorships in the fields of gene therapy and Immunology

Richard Merkin, M.D., President and CEO of HPN, has committed to City of Hope, a National Cancer Institute-designated Comprehensive Cancer Center in Duarte, California, for the establishment of two endowed professorships in the fields of gene therapy and immunology. The endowed professorships will be known as the "Heritage Provider Network Professor of Immunology" and the "Heritage Provider Network Professor of Gene Therapy."

"I'm delighted to establish the endowed professorships in gene therapy and immunology at City of Hope," said Dr. Merkin. "It is critically important we encourage vital scientific research to fast track and develop new therapies to treat cancer, diabetes and other serious diseases."

Dr. Merkin Endows the Merkin Honors Scholars Program at California State University, Los Angeles, With Additional Funds for New Scholars

Gift will support eight honors students by 2018

Dr. Merkin has pledged additional funds to the already established Merkin Honors Scholars Program at Cal State University, Los Angeles, to provide scholarships covering the cost of tuition and fees for two additional freshman each year between 2015 and 2018.

The scholarships will provide the freshman full four-year opportunities to complete their undergraduate studies. The Merkin Honors Scholars Program was created in 2010 to help recruit and support talented students for the Honors College.

"Encouraging and supporting young people to reach their peak educational potential is one of my top priorities," said Dr. Merkin. "Nothing is more important than providing talented young students the educational tools to equip them to solve the critically important global problems we find before us. It is my honor and privilege to contribute these additional scholarships to these deserving young people at Cal State LA as they study ways to change our world."

The Merkin Honors Scholars program will provide full four-year scholarship funding for two new freshmen each year in 2016, 2017 and 2018.

Heritage Sierra Medical Group Opens Third Office Location



Heritage Sierra Medical Group is proud to announce the opening of their third office location in the Santa Clarita Valley! Founded in 1984 and inherited by Heritage Provider Network in 2008, they have expanded with their newest location at 25775 McBean Parkway, Suite 106, Valencia, CA 91355. The office is conveniently located on the Henry Mayo Newhall Hospital campus.

The third location enabled them to open their doors to the 200,000 and growing number of residents of the Santa Clarita Valley. As a result, the Santa Clarita Valley gained its very own 5-star medical group practice that provides primary healthcare for diagnosing, managing, and treating conditions and diseases – plus offers the latest equipment in X-ray, laboratory services, medical wallboards, and electronic health medical records.

Heritage Sierra Medical Group's urgent care center is scheduled to open in fall 2016 to provide medical services for all non-life threatening emergencies on a walk-in basis, seven days a week. All life-threatening emergencies are handled through their contracted partner, Henry Mayo Newhall Hospital, to deliver quality of care.

Heritage Sierra Medical Group is not only contracted with the local area hospital, but is also directly contracted exclusively with Santa Clarita Valley specialists, allowing new and existing patients to have access to all their healthcare needs locally. Contracted specialties include: Audiology, Cardiology, Endocrinology, Gastroenterology, Nephrology, Orthopedics, Podiatry, Pulmonary and many more.



Heritage Victor Valley Medical Group Awarded the IHA Medicare Advantage Five Stars Award

Heritage Victor Valley Medical Group (HVVMG) has been awarded a high rating by the Centers for Medicare and Medicaid Services (Integrated Healthcare Association, 2016). The honor demonstrates the extensive lengths they have gone to help their members achieve the finest level of health. To achieve this prestigious industry rating, a medical group has to provide extensive preventive and screening testing for their membership.

HVVMG received an outstanding score on the IHA Medicare Stars Physician Organization Clinical Care measure set, the 13 clinical measures that are a subset of the Medicare Stars measures that plans report to CMS.



The "Medicare Stars Quality" award serves as a testament to HVVMG's ongoing commitment to provide the best quality care for its patients and community. HVVMG is known as one of the top ranked medical groups in the High Desert.

More than 5,000 Attend High Desert Medical Group “Life Festival”

Life Festival, De Buena Vida celebrated in time for Mother’s Day



More than 5,000 people of all ages and ethnicities streamed through the Life Festival, De Buena Vida the night before Mother’s Day. Many took advantage of free health screenings and provider information, including a range of coverage offered by Health Net Medicare, MediCal and Covered California, in addition to information about High Desert Medical Group.

“It really worked out that we hosted it the day before Mother’s Day,” HDMG Administrator Rafael Gonzalez said. “It was a great day for it, because mothers are those first-line healthcare coordinators.”

HDMG staff provided screenings for blood pressure, body fat, bone density, cholesterol and glucose. Bilingual services extended to the diverse community of the Antelope Valley, along with Dr. Hernandez and Pas Flores, FNP, who discussed the importance of health education.

“Did we meet our goals? Absolutely.” Gonzalez said. “We reached out to community, and we had an all-around celebration of life.”

Regal Medical Group, Lakeside Community Healthcare Host Pediatrician “Meet and Greet” at Burbank Clinic



Children and their parents had a chance to meet some of their favorite movie characters while their parents chatted with pediatricians during the event, “Party at

Your Pediatrician’s Office” in Burbank. The event also included a raffle for a Nintendo Wii, Target gift cards, face painting, and healthy snacks.

The event, held on a Saturday in late May, served as a way for parents to get to know the staff pediatricians, who included Dr. David Bender, Dr. “Micky” Obradovic, and Dr. Vasanti Voleti.

FPO

Should Non-Pregnant Adults Be Worried About the Coming Zika Epidemic?

By Patrick Whelan M.D., PhD, Lakeside Community Healthcare

The unfolding Zika epidemic has provoked panic in public health circles because of the profound neural developmental problems that have been seen in babies born to several thousand women who had the misfortune to be bitten by a Zika-infected mosquito. The World Health Organization has advised pregnant women not to travel to the Rio de Janeiro Olympics this summer, or to the other 57 countries with ongoing Zika virus transmission problems.

But should others be worried about Zika? In general, the virus causes no symptoms, and only about one in five suffers a mild week-long febrile illness with conjunctivitis, headache, rash, and achy muscles.

Evidence has emerged in Brazil of infected individuals developing Guillain-Barre syndrome, a rare, mostly-adult disease with damaged peripheral nerve cells that causes weakness and even paralysis. More recently, Zika has led to cases of Acute Disseminated Encephalomyelitis (ADEM) — a CNS demyelinating disease that mimics Multiple Sclerosis.

Nonetheless, the ability of the virus to cause serious disease in adults, and some new studies showing targeting of neural progenitor cells, has raised a startling question: Could a mosquito-borne virus damage cells that are critical to balance, coordination, and memory in adults?

In March, scientists affiliated with Johns Hopkins demonstrated a selective toxicity of Zika toward neural progenitor cells grown in test tubes. They subsequently demonstrated that Zika impaired the development of brain organoids, a model for early brain development. In the developing fetus, this kind of damage may underlie microcephaly and the severe developmental delay now seen in thousands of babies in Brazil.

Could infection early in life with something like Zika contribute to dementia or movement disorders late in life by accelerating the loss of these neural progenitor cells? And should we be worried about this in Southern California? The mosquitos that carry Zika only arrived starting in 2011, and spread widely during 2015. They’ve been found in Whittier, East Los Angeles, Boyle Heights, Silver Lake, and La Canada/Flintridge, but Zika hasn’t been transmitted here – yet! For these mosquitos to spread Zika, they have to bite someone who became Zika-infected in a place like Brazil or the Caribbean – and then carry it into another unsuspecting victim.

Zika has already arrived in Puerto Rico, but the studies necessary to link it with any neurodegenerative diseases could take decades. Given the new risks of mosquito bites, even in a dry climate like ours, avoidance and prevention – especially for children and pregnant women – will be increasingly essential as summer approaches.

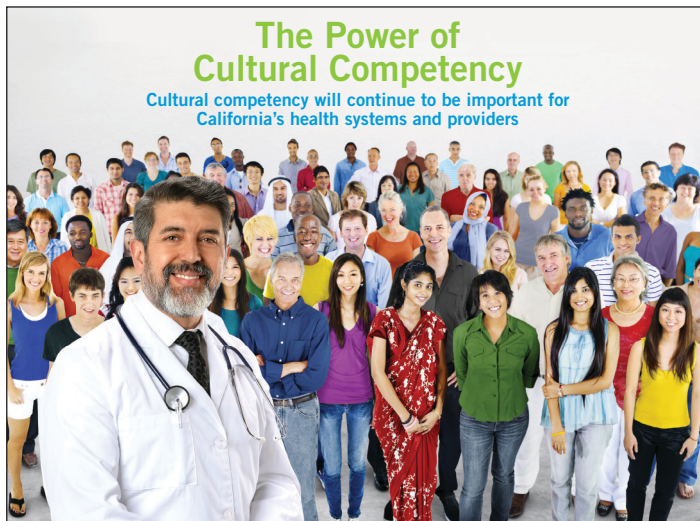
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