Data and Cultural Competence

AnMed Health is a non-profit health system and the largest employer in Anderson County, South Carolina. It has achieved recognition in the National Call to Action for the Elimination of Health Care disparities through increased emphasis on recognizing and addressing the fact that “we all are diversity challenged in one way or another”, and collecting and using demographic data for quality improvement.

Motivators

- Leadership belief that improving the ability of the system to respond to individual needs is the right thing to do. With the diversification of patient population and the increased availability of tools to meet the individual needs of patients, leadership was able to accelerate improvement.
- Years later, the momentum created by the National Call to Action for the Elimination of Health Care disparities.

The Transformation

1. Strengthening the Diversity and Language Department
2. Implementing Culturally and Linguistically Appropriate Standards (CLAS)
3. Embracing the National Call to Action for the Elimination of Health Care disparities
4. Introducing differentiology, as a more comprehensive diversity definition
5. Promoting Differentiology at all levels of the system

Results

- Little to no difference in Core Measures and HCAHPS by demographic group
- Decrease AMI readmissions among African American patients over two years
- Increased volume of certified Spanish interpretations (27% from 2012 to 2013)

I. DATA AND RELATIONSHIPS DRIVE CHANGE

In 2001 the Department of Diversity and Language Services leadership started developing relationships with all departments inside AnMed Health to improve the collection and use of race, ethnicity and language preference data at the front desk (now known as REaL Data).

At the same time, enabled by executive leadership commitment to diversity, they expanded the interpretation services, trained bi-lingual staff for dual roles, and adopted the Fourteen National Standards for Culturally and Linguistically Appropriate Service Standards (CLAS) as framework for culturally competent services.

With time the improvements in data collection achieved through these relationships, as well as increased awareness of the importance of stratifying data by demographic characteristics as a tool for population health management, led to a more formal strategy for improvement:

A TEAM LED BY THE DIVERSITY AND LANGUAGE SERVICES DIRECTOR AND THE MEDICAL RESOURCE MANAGEMENT DIRECTOR AND STAFFED BY

A multi-disciplinary team composed of the Diversity and Language Services Director, Clinical and Quality Outcomes Director, Chief Nursing Officer, Directors of Nursing, Resource Management Director and Analyst, Chief Medical Officer, Vice President of Medical Affairs, and Associate Director of the Family Medicine Residency Program, developed a Disparity Dashboard that compares Core Measures and Satisfaction across demographic groups (REaL data categories) which in turn is used for quality improvement purposes.

ANMED HEALTH 4 STEPS TO POPULATION HEALTH MANAGEMENT

1. Diversity relevance and Return on Investment
2. Multidisciplinary collaboration
3. REaL data and infrastructure
4. Population Health Management
II. FROM LEADERSHIP COMMITMENT TO SYSTEM-WIDE EMBRACEMENT OF DIFFERENTIOLOGY

In mid 2000s, the CEO of AnMed Health attended the Riley Institute Diversity Leaders Initiative (DLI) housed at Furman University in Greenville, South Carolina. His experience at the institute catalyzed a cultural transformation process inside the system; in 2007, Embracing Differentiology [“the science of different-ness”] was adopted and included as one of the 10 Building Blocks of the organization.

Embracing “Differentiology” consists of recognizing and respecting the dignity and individual differences of all people, respecting and protecting the privacy of all patients, providing the same level of service to all patients regardless of who they are, and constantly reminding themselves that they are diversity challenged in one way or another.

To better serve the diverse patient population of the hospital, a critical mass of employees of the system must internalize the concept and incorporate it into day to day activities and decisions:

ENGAGING SENIOR LEADERSHIP

The Executive Team was already on board with a commitment to diversity. However, to guarantee common understanding of this complex concept, all upper management attends the Riley Institute Diversity Leadership Initiative (DLI).

ENGAGING THE ENTIRE WORKFORCE

• The AnMed Health Differentiology Leadership (ADL) Academy: is an in-house diversity leadership program especially designed for the directors, managers, and supervisors of the health system. It is facilitated by the same person that delivers the content of the DLI. The Differentiology Academy utilizes internal projects as part of the training. An increased number of nominations and participants serve as attestation of its success.
  - One team tackled the issue of physician and staff communications and provided recommendations to Human Resources and Medical Affairs.
  - Another team tackled the issue of more inclusive employee bereavement policies.

• Continuous employee training: All new employees are welcomed by the senior leadership team, which among others, emphasize the importance of differentiology for the system. This is reinforced by required cultural competence training (online) and diversity of programs such as cultural competence fairs, internal excellence programs, and individualized assistance as needed.

Conclusion

The National Call to Action for the Elimination of Health Disparities provides guidance on how hospitals can accelerate health improvement for underserved and vulnerable populations. Taking advantage of the mixture of backgrounds and differences at AnMed Health, they not only implemented the cultural competence and data aspects of this Call to Action prior to its development, they embraced differences and integrated differentiology (a word with no political history) into the mission and vision of the health system. AnMed Health’s commitment has led them to:

• Establish a system that sustains and reinforces culturally competent care delivery

• Be nationally recognized for their pioneer approach to collect and use REaL data for quality improvement