



STRATEGIES FOR INTEGRATING NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES INTO QUALITY IMPROVEMENT AND PRACTICE TRANSFORMATION

BACKGROUND

These implementation strategies are among of the products being developed through a project funded by the U.S. Department of Health and Human Services Office of Minority Health. The project seeks to increase awareness and implementation of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. A twenty-member Technical Advisory Group, including physicians, nurse practitioners, physician assistants, and health care interpreters from diverse racial and ethnic, gender, sexual identity, geographic, and practice setting backgrounds and with nationally-recognized expertise in quality improvement, practice transformation, and culturally and linguistically appropriate services, has provided technical advice and guidance for the project.

A review of published environmental scans about the implementation of the CLAS Standards since 2013 revealed a continued lack of awareness about, and limited implementation of, the CLAS Standards. The environmental scans highlighted the organizational and financial barriers to implementation, and pointed to the use of incentives as a more effective strategy to increase awareness and implementation of the CLAS Standards. Integrating the CLAS Standards as part of quality improvement and practice transformation standards and activities would be one strategy to increase awareness and implementation. A logic model was developed to provide a framework for these strategies to implement the CLAS Standards through quality improvement and practice transformation. Based on the logic model and these implementation strategies, the project also has developed an implementation toolkit that focuses on how solo and small group physician practices might implement the CLAS Standards through quality improvement and practice transformation.

IMPLEMENTATION STRATEGIES

The following strategies would:

- ❖ increase awareness about how the National Culturally and Linguistically Appropriate Services (CLAS) Standards have been integrated into national

- quality improvement and practice transformation standards, measures, and activities
- ❖ support the continued integration of the CLAS standards into quality improvement and practice transformation standards, measures, and activities
- ❖ promote awareness and implementation of the CLAS Standards by physicians and other health care providers, especially solo and small group physician practices serving diverse racial and ethnic patients and communities.

STRATEGIES TO BE IMPLEMENTED BY PATIENTS/CONSUMERS, FAMILY/ CAREGIVERS, AND CONSUMER ADVOCATES

- ❖ Educate diverse communities (racial and ethnic populations, limited English proficient populations, sexual and gender minorities, individuals with disabilities, rural populations, etc.) about the importance of patient/consumer engagement in their own health care, including requesting and using their own health information, shared decision-making, and self-management
- ❖ Develop and provide tools to diverse communities (racial and ethnic populations, limited English proficient populations, sexual and gender minorities, individuals with disabilities, rural populations, etc.) to provide feedback about their experiences of health care and to report patient-reported outcomes

STRATEGIES TO BE IMPLEMENTED BY LARGE PHYSICIAN GROUPS AND HOSPITALS AND HEALTH SYSTEMS

- ❖ Support the implementation of the CLAS Standards as part of quality improvement and practice transformation activities through ongoing training and continuing education, technical assistance, coaching, measurement, and evaluation
- ❖ Support the implementation of the CLAS Standards as part of community needs assessments, community benefits, and population health improvement activities
- ❖ Incentivize the implementation of the CLAS Standards as part of quality improvement, practice improvement, and value-based payment models
- ❖ Use health care quality performance data to demonstrate that the implementation of the CLAS Standards improves quality and reduces cost, and is essential to value-based payment models

STRATEGIES TO BE IMPLEMENTED BY FEDERALLY QUALIFIED HEALTH CENTERS, DISPROPORTIONATE SHARE AND SAFETY NET HOSPITALS, AND LOCAL PUBLIC HEALTH DEPARTMENTS

- ❖ Support the implementation of the CLAS Standards as part of quality improvement and practice transformation activities through ongoing training and

continuing education, technical assistance, coaching, measurement and evaluation

- ❖ Support the implementation of the CLAS Standards as part of community needs assessments and population health improvement activities
- ❖ Incentivize the implementation of the CLAS Standards as part of quality improvement, practice improvement, and value-based payment models
- ❖ Use health care quality performance data to demonstrate that the implementation of the CLAS Standards improves quality and reduces cost, and is essential to value-based payment models

STRATEGIES TO BE IMPLEMENTED BY SOLO AND SMALL GROUP PHYSICIAN PRACTICES

- ❖ Support the implementation of the CLAS Standards as part of quality improvement and practice transformation activities
- ❖ Continue to advocate for support and resources for quality improvement and practice transformation that include support and recognition for implementation of the CLAS Standards

STRATEGIES TO BE IMPLEMENTED BY NATIONAL, STATE, AND LOCAL PHYSICIAN ASSOCIATIONS

- ❖ Develop and implement educational activities that support the implementation of the CLAS Standards
- ❖ Support the implementation of the CLAS Standards as part of quality improvement and practice transformation activities
- ❖ Continue to advocate for support and resources for quality improvement and practice transformation that include support and recognition for implementation of the CLAS Standards
- ❖ Support incentives for the implementation of the CLAS Standards as part of quality improvement, practice transformation, and value-based payment models

STRATEGIES TO BE IMPLEMENTED BY U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Strategies to be Implemented by the Office of Minority Health

- ❖ Continue implementation of the *Action Plan to Reduce Racial and Ethnic Disparities* (2011)¹, especially Strategy II.A to increase the ability of all health professions and the healthcare system to identify and address racial and ethnic health disparities, through the implementation of the CLAS Standards
- ❖ Continue implementation of the *National Stakeholder Strategy for Achieving Health Equity* (2011)², especially Goal 4 to improve cultural and linguistic competency and the diversity of the health-related workforce, through the implementation of the CLAS Standards
- ❖ Continue to support activities to increase awareness of the CLAS Standards by physicians and other health care providers
- ❖ Continue to support the development and utilization of quality improvement and practice transformation assessments, tools, and other resources that support implementation of the CLAS Standards by physicians and other health care providers

Strategies to be Implemented by the Centers for Medicare and Medicaid Services (CMS)

- ❖ Continue to disseminate the *Practical Guide to Implementing the National CLAS Standards* (2016)³
- ❖ Begin to include a question for applicants and recipients of CMS funding (e.g. state Medicaid programs, Medicare Advantage health plans, grantees funded through the Center for Medicare and Medicaid Innovation⁴) about how they are implementing the CLAS Standards
- ❖ Identify and validate an assessment tool for measuring implementation of the CLAS Standards by CMS grantees (collaborate with HRSA and SAMHSA)(e.g., National Committee for Quality Assurance’s Multicultural Health Care Distinction⁵ or completing the NQF-endorsed organizational assessments developed by RAND (Cultural Competency Implementation Measure)⁶ or the University of Colorado at Denver (Communication Climate Assessment Tool)⁷)
- ❖ Establish an explicit goal for implementation of the CLAS Standards by CMS grantees, and monitor and report progress towards achievement of the goal

¹ https://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf

² <https://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvi=1&lvid=33&ID=286>

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<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf>

⁴ <https://innovation.cms.gov>

⁵ <http://www.ncqa.org/programs/other-programs/multicultural-health-care-distinction>

⁶ <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=70166>

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<http://www.ucdenver.edu/academics/colleges/medicalschoo/centers/BioethicsHumanities/C-CAT/Pages/C-CAT.aspx>

- ❖ Integrate the CLAS Standards into the Medicare Five-Star Quality Rating System⁸
- ❖ Include a quality improvement project that implements the CLAS Standards in the Quality Improvement Organization (QIO) 12th scope of work (beginning August 2019)⁹
- ❖ Include a question in applications for Medicaid section 1115 waivers about how the State Medicaid program is implementing the CLAS Standards¹⁰
- ❖ Include CLAS Standards in the development and renewal of initiatives at the Center for Medicare and Medicaid Innovation, i.e., require applicants for future accountable care or bundled payment initiatives to demonstrate implementation of CLAS Standards
- ❖ Issue a specific call for health care quality performance measures that measure CLAS as part of the Measures Application Partnership (MAP)¹¹ and annual Measures Under Consideration rulemaking process¹²
- ❖ Identify and add quality improvement and practice transformation activities that implement the CLAS Standards as Improvement Activities¹³ in the Quality Payment Program¹⁴ established by the Medicare Access and CHIP Reauthorization Act (MACRA)
- ❖ Engage the Health Care Payment Learning and Action Network¹⁵ in integrating the CLAS Standards into alternative payment models (APMs)
- ❖ Leverage the federal health insurance marketplace to require qualified health plans to demonstrate how they are implementing the CLAS Standards

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<https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/fsgs.html>

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<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/Current.html>

¹⁰ <https://www.medicaid.gov/medicaid/section-1115-demo/about-1115/index.html>

¹¹ http://www.qualityforum.org/setting_priorities/partnership/measure_applications_partnership.asp

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<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>

¹³ <https://qpp.cms.gov/measures/ia>

¹⁴ <https://qpp.cms.gov>

¹⁵ <https://hcp-lan.org>

- ❖ Include a question in state applications for Affordable Care Act section 1332 State Innovation Waivers¹⁶ how the applicant state is implementing the CLAS Standards

Strategies to be Implemented by the Assistant Secretary for Health

- ❖ Consider development and inclusion of a measure on progress in implementing the CLAS Standards as part of Healthy People 2030¹⁷

Strategies to be Implemented by the Assistant Secretary for Planning and Evaluation

- ❖ Convene and support minority physician organizations and other minority health care provider organizations (e.g. minority nurses organizations) in developing physician-focused payment models under MACRA that include the CLAS Standards¹⁸

Strategies to be Implemented by the Agency for Healthcare Research and Quality

- ❖ Report on progress on the implementation of the CLAS Standards as part of the annual National Health Care Quality and Disparities Reports¹⁹
- ❖ Continue to promote and support the use of the cultural competency, health literacy, people with mobility impairments, and patient-centered medical home supplemental items in the Consumer Assessment of Health Providers and Systems (CAHPS)²⁰; ensure updated translations of these supplemental items in Spanish and other languages
- ❖ Develop and provide support for utilization of additional measures of patient experiences of care that measure the effective implementation of the CLAS Standards, including alternative methods of data collection using digital tools, etc.
- ❖ Support dissemination and implementation science research on the implementation of the CLAS Standards by various types of health care organizations and by health care providers serving specific diverse patient populations

Strategies to be Implemented by the Health Resources and Services Administration

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https://www.cms.gov/ccio/programs-and-initiatives/state-innovation-waivers/section_1332_state_innovation_waivers-.html

¹⁷ <https://www.healthypeople.gov>

¹⁸ <https://aspe.hhs.gov/ptac-physician-focused-payment-model-technical-advisory-committee>

¹⁹ <https://www.ahrq.gov/research/findings/nhqrdr/index.html>

²⁰ <https://www.ahrq.gov/cahps/surveys-guidance/item-sets/index.html>

- ❖ Begin to include a question about how applicants for HRSA funding, e.g. Federally Qualified Health Centers, are implementing the CLAS Standards
- ❖ Identify and validate an assessment tool for measuring implementation of the CLAS Standards (collaborate with CMS and SAMHSA)
- ❖ Establish an explicit goal for implementation of the CLAS Standards by HRSA grantees, and monitor and report progress towards achievement of the goal
- ❖ Through the Bureau for Health Professions, convene health professions educational institutions to identify best practices for educating health professions students and trainees about the CLAS Standards as part of quality improvement and practice transformation

Strategies to be Implemented by the Substance Abuse and Mental Health Services Administration

- ❖ Begin to include a question about how applicants for SAMHSA funding are implementing the CLAS Standards
- ❖ Identify and validate an assessment tool for measuring implementation of the CLAS Standards (collaborate with CMS and HRSA)
- ❖ Establish an explicit goal for implementation of the CLAS Standards by SAMHSA grantees, and monitor and report progress towards achievement of the goal

Strategies to be Implemented by the Office of National Coordinator for Health Information Technology (and health information technology vendors)

- ❖ Continue to support the development and utilization of patient-facing health information technologies that facilitate engagement and feedback from diverse patients (e.g. electronic access to health information in multiple languages/formats; access to electronic health education materials in multiple languages/formats; culturally and linguistically appropriate shared decisionmaking support; culturally and linguistically appropriate self-management support; referrals to culturally and linguistically appropriate specialists, hospitals, and community resources), including feedback about provider implementation of the CLAS Standards
- ❖ Support the development of health IT-enabled measures for the CLAS Standards

Strategies to be Implemented by the National Center for Health Statistics

- ❖ Disseminate the results of the CLAS supplemental questions from the 2016 National Ambulatory Medical Care Survey²¹
- ❖ Include the CLAS supplemental questions in future National Ambulatory Medical Care Surveys, other provider surveys, and hospital surveys (e.g., National Hospital Ambulatory Medical Care Survey)

Strategies to be Implemented by the National Institutes of Health

- ❖ Support the integration of the CLAS Standards in all research on effective interventions to improve minority health and reduce health disparities (i.e. identify elements of disparities reduction interventions that reflect the CLAS Standards)

Strategies to be Implemented by the Food and Drug Administration

- ❖ Develop guidance based on the CLAS Standards to ensure that clinical trials and other research for testing, reviewing, and approving drugs and medical devices are culturally and linguistically appropriate, and include diversity among clinical trial participants

Strategies to be Implemented by the Indian Health Service

- ❖ In partnership with the Indian Health Service, conduct appropriate consultation with American Indian tribes and tribal health providers to support the implementation of the CLAS Standards

STRATEGIES TO BE IMPLEMENTED BY STATE AND TERRITORIAL HEALTH DEPARTMENTS

- ❖ Adopt and implement the CLAS Standards in state and territorial health department strategic plans
- ❖ Continue to support activities to increase awareness and implementation of the CLAS Standards by physicians and other health care providers
- ❖ Support the implementation of the CLAS Standards as part of quality improvement and practice transformation activities
- ❖ Incentivize the implementation of the CLAS Standards as part of quality improvement, practice transformation, and value-based payment models
- ❖ Begin to collect data on the implementation of health care quality performance measures that measure CLAS for benchmarking

²¹ https://www.cdc.gov/nchs/ahcd/namcs_participant.htm (survey conducted August-December 2016)

- ❖ Describe how the CLAS Standards are being implemented in all applications for funding from the U.S. Department of Health and Human Services, including funding for Medicaid and from the CMS Innovation Center
- ❖ Leverage state health insurance marketplaces to require qualified health plans to demonstrate how they are implementing the CLAS Standards

STRATEGIES TO BE IMPLEMENTED BY HEALTH PLANS

- ❖ Identify, assess, and continuously evaluate how contracted network providers are implementing the CLAS Standards
- ❖ Support the implementation of the CLAS Standards as part of quality improvement and practice transformation activities
- ❖ Support the implementation of the CLAS Standards as part of community needs assessments, community benefits, community health improvement plans, and population health improvement activities
- ❖ Incentivize the implementation of the CLAS Standards as part of quality improvement, practice transformation, and value-based payment models

STRATEGIES TO BE IMPLEMENTED BY EMPLOYERS, INSTITUTIONAL PURCHASERS²², AND HEALTH INSURANCE MARKETPLACES

- ❖ Request that contracted health plans identify, assess, and continuously evaluate how contracted network providers are implementing the CLAS Standards
- ❖ Support the implementation of the CLAS Standards as part of quality improvement and practice transformation activities
- ❖ Incentivize the implementation of the CLAS Standards as part of quality improvement, practice transformation, and value-based payment models
- ❖ Continue to develop and disseminate the business case for implementation of the CLAS Standards

STRATEGIES TO BE IMPLEMENTED BY ACCOUNTABLE CARE ORGANIZATIONS

- ❖ Support the implementation of the CLAS Standards as part of quality improvement and practice transformation activities through ongoing training and continuing education, technical assistance, coaching, measurement, and evaluation

²² For example, state and local government employee/retiree organizations, self-insured labor unions, and other self-insured companies.

- ❖ Support the implementation of the CLAS Standards as part of community needs assessments, community benefits, community health improvement plans, and population health improvement activities
- ❖ Incentivize the implementation of the CLAS Standards as part of quality improvement, practice improvement, and value-based payment models
- ❖ Use health care quality performance data to demonstrate that the implementation of the CLAS Standards improves quality and reduces cost, and is essential to value-based payment models

STRATEGIES TO BE IMPLEMENTED BY NATIONAL QUALITY ORGANIZATIONS AND NATIONAL PATIENT SAFETY ORGANIZATIONS

- ❖ Continue to support the development of health care quality performance measures that measure CLAS
- ❖ Support the development of patient safety measures that measure CLAS
- ❖ Continue to consider endorsement and utilization of health care quality performance measures that measure CLAS in national quality measurement standards and activities
- ❖ Consider endorsement and utilization of patient safety measures that measure CLAS in national patient safety standards and activities
- ❖ Begin to collect data on the implementation of health care quality performance measures that measure CLAS for benchmarking

STRATEGIES TO BE IMPLEMENTED BY QUALITY IMPROVEMENT AND PRACTICE TRANSFORMATION ORGANIZATIONS²³

- ❖ Disseminate and utilize tools and resources to support the implementation of the CLAS Standards as part of quality improvement and practice transformation activities

²³ For example, the Quality Improvement Organizations (QIOs) [<http://qioprogram.org>], the Transforming Clinical Practice Initiative (TCPI) Practice Transformation Networks (PTNs) and Support and Alignment Networks (SANs) [<https://innovation.cms.gov/initiatives/Transforming-Clinical-Practices/>], and the MACRA technical assistance providers for small group physician practices funded by CMS [https://qpp.cms.gov/docs/QPP_Support_for_Small_Practices.pdf], as well as national, regional, state, and local quality improvement organizations, e.g. the Network for Regional Health Improvement (NRHI) [<http://www.nrhi.org>]

STRATEGIES TO BE IMPLEMENTED BY NATIONAL HEALTH CARE ACCREDITATION AND CERTIFICATION ORGANIZATIONS

- ❖ Support the implementation of the CLAS Standards as part of health care organization and health care provider accreditation, certification, and recognition standards
- ❖ Support health care provider educational activities that support the implementation of the CLAS Standards
- ❖ Continue to support training and continuing education about the CLAS Standards for spoken and sign language health care interpreters

STRATEGIES TO BE IMPLEMENTED BY THE PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI)

- ❖ Support the development of measures of patient-centered outcomes that incorporate the CLAS Standards
- ❖ Begin to include a question about how applicants for PCORI funding are implementing the CLAS Standards

STRATEGIES TO BE IMPLEMENTED BY HEALTH PROFESSIONS LICENSING AND CERTIFICATION BOARDS

- ❖ Support the implementation of the CLAS standards as part of health professions licensing, certification, and recertification requirements
- ❖ Support continuing educational activities that increase awareness and implementation of the CLAS standards

STRATEGIES TO BE IMPLEMENTED BY HEALTH PROFESSIONS EDUCATIONAL AND TRAINING INSTITUTIONS

- ❖ Include the CLAS Standards as part of accreditation of health professions educational institutions, including adoption by the Liaison Committee on Medical Education, Commission on Osteopathic College Accreditation, Accreditation Commission for Education in Nursing, Commission on Collegiate Nursing Education, Commission for Nursing Education Accreditation, American Association of Colleges of Nursing, National League of Nursing, Accreditation Review Commission on Education for the Physician Assistant, Accreditation Council for Pharmacy Education, Commission on Dental Education, American Dental Educational Association, and other national accreditation organizations for health professions educational institutions (e.g. allied health professions education institutions)

- ❖ Include the CLAS Standards as part of health professions education and training curricula, including adoption by the Association of American Medical Colleges, American Association of Colleges of Nursing, National League of Nursing, American Association of Nurse Practitioners, American Academy of Physician Assistants, American Association of Colleges of Pharmacy, American Dental Educational Association, and other national health professions education organizations (e.g. allied health professions education organizations)
- ❖ Include the CLAS Standards in health professions licensing standards, including adoption by the National Board of Medical Examiners for the U.S. Medical Licensing Examination, Federation of State Medical Boards, Bureau of Osteopathic Specialists, National Council of State Boards of Nursing, Accreditation Board for Specialty Nursing Certification, American Academy of Nurse Practitioners National Certification Board, National Commission on Certification of Physician Assistants, American Association of State Dental Boards, and other state health professions licensing boards
- ❖ Include the CLAS Standards in health professions certification standards, including adoption by the American Board of Medical Specialties, American Board of Internal Medicine, American Board of Family Medicine, American Board of Pediatrics, American Board of Obstetrics and Gynecology, American Board of Preventive Medicine, American Board of Nursing Specialties, and other health professions certification boards and programs (e.g. allied health professions certification organizations)
- ❖ Include the CLAS Standards in health professions continuing educational activities, including adoption by the Accreditation Council for Continuing Medical Education, Council on Osteopathic Continuing Medical Education, American Nurses Credentialing Center, American Association of Nurse Practitioners, Accreditation Council for Pharmacy Education Continuing Education Provider Accreditation Program, American Dental Association Continuing Education Recognition Program, other health professions continuing education accreditation organizations (e.g. allied health professions continuing education accreditation organizations), and their respective accredited continuing education providers and programs