

**National Standards for  
Culturally and Linguistically Appropriate  
Services (CLAS)  
in Health and Health Care  
and the Medical Community**



National Council of Asian Pacific Islander Physicians

No financial relationships or conflicts to disclose.

# National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

*The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:*

## **Principal Standard:**

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

## **Governance, Leadership, and Workforce:**

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

## **Communication and Language Assistance:**

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

## **Engagement, Continuous Improvement, and Accountability:**

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

# Project Goal

**To develop resources and educational materials for physicians and other health care providers to increase their awareness about and utilization of the National Standards for CLAS**

*This project was funded by the U.S. Department of Health and Human Services Office of Minority Health through a contract with PSA and a subcontract with the National Council of Asian Pacific Islander Physicians.*

# Project Deliverables

- 1) A summary of environmental scans about how the the National Standards for CLAS have been implemented**
- 2) A logic model for how the National Standards for CLAS could be integrated into the implementation of quality improvement and practice transformation**

# Project Deliverables

- 3) A report on recommended strategies for continued integration of the National Standards for CLAS into quality improvement and practice transformation**
- 4) A toolkit of tools and resources to implement the recommended strategies for continued integration of the National Standards for CLAS into quality improvement and practice transformation, with a focus on tools for solo and small group physician practices**

# **Technical Advisory Group**

**A Technical Advisory Group provided technical advice and provided feedback on the drafts of the summary of environmental scans, logic model, implementation strategies, and toolkit.**

# Technical Advisory Group

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*\*Organizations are listed for identification only.*

# **Project Deliverable 1**

**A summary of environmental scans about  
how the National Standards for CLAS  
have been implemented**

National Standards for CLAS in Health and Health Care:  
*A Blueprint for Advancing and Sustaining CLAS Policy and Practice*

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**National Standards for Culturally and Linguistically  
Appropriate Services in Health and Health Care:  
A Blueprint for Advancing and Sustaining CLAS  
Policy and Practice**

**Office of Minority Health  
U.S. Department of Health and Human Services**

**April 2013**



Massachusetts Department of Public Health

## Literature Review

to inform *Making CLAS Happen* updates

July 2, 2013

Prepared by Emma Hernández Iverson

### LITERATURE REVIEW

## **A Scoping Review of the Literature: Content, Focus, Conceptualization and Application of the National Standards for Culturally and Linguistically Appropriate Services in Health Care**

Robin Dawson Estrada, PhD, RN, PNP-BC  
DeAnne K. Hilfinger Messias, PhD, RN, FAAN

*Abstract:* With the aim of addressing inequalities and disparities in health care access and outcomes, in 2001 the United States Department of Health and Human Services Office of Minority Health (OMH) established National Standards for Culturally and Linguistically Appropriate Services (CLAS). In 2010 the OMH solicited public, private and government input which was incorporated into the Enhanced National CLAS Standards. To date there have been no formal reviews of the published literature on the CLAS Standards. The aim of this scoping review was to identify the scientific and professional literature related to the CLAS standards and describe the content, focus, conceptualization and application of these publications, with the goal of providing insights and directions for further research and application of the CLAS standards.

*Key words:* CLAS standards, cultural competence, vulnerable populations, scoping review, linguistic access.



## Literature Review of the *National CLAS Standards*: Policy and Practical Implications in Reducing Health Disparities

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## Addressing Disparities in Mental Health Agencies: Strategies to Implement the National CLAS Standards in Mental Health

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# National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

Compendium of State-Sponsored  
National CLAS Standards Implementation Activities



## A Summary of Awareness, Knowledge, Adoption, and Implementation of the *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care* in Health and Health Care Organizations

August 2016

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- While reports and articles published since 2013 describe examples of how the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care have been implemented by health and health care organizations, implementation remains limited and specific by health profession, type of health care organization, and diseases and conditions, and has not been generalizable
- There are few CLAS Standards implementation activities among solo and small group physician practices
- There still is a lack of awareness and recognition of the importance of the CLAS Standards as a framework or health policy innovation
- There may be organizational and financial barriers to the implementation of the CLAS Standards that have not been adequately identified or addressed
- While several of the CLAS standards reflect the requirements of federal language access laws and regulations, there are no mandates, requirements, or enforcement mechanisms to support the implementation of the CLAS Standards as a whole; however, incentives rather than punitive actions are more likely to support implementation

*Based on these environmental scans, this project has developed a logic model and proposed strategies for implementing the CLAS Standards:*

| <i>Summary from Environmental Scans</i>  | <i>Project Logic Model and Proposed Strategies for Implementation of CLAS Standards</i>   |
|--|---|
| Implementation of CLAS Standards remains limited and specific by health profession, type of health care organization, and diseases and conditions, and has not been generalizable                              | Support the integration, adoption, and implementation of the CLAS Standards through existing and emerging health care quality improvement and practice transformation standards, measures, and activities   |
| There are no mandates, requirements, or enforcement mechanisms to support the implementation of the CLAS Standards; however, incentives rather than punitive actions are more likely to support implementation | Leverage the current movement toward the triple aim and value-based payment to overcome any barriers to implementation by integrating the CLAS Standards into quality improvement and practice transformation standards, measures, and activities that support the triple aim and value-based payment |
| There may be organizational and financial barriers to the implementation of the CLAS Standards that have not been adequately identified or addressed   | Align the engagement of physicians and other health care providers in the implementation of the CLAS Standards with their existing engagement in quality improvement and practice transformation initiatives and activities   |
| There are few CLAS Standards implementation activities among solo and small group physician practices  | Highlight solo and small group physician practices as users of the project toolkit to support implementation of the CLAS Standards  |

## **Project Deliverable 2**

**A logic model for how the  
National Standards for CLAS  
could be integrated into  
the implementation of quality improvement  
and practice transformation**

## WHO

Patients/consumers

Families/caregivers

Advocates/community-based organizations

Providers

Physicians, nurses, NPs, PAs, health care teams, interpreters, CHWs, other providers

Physician groups/IPAs

Hospitals & health systems

Community health centers

Payors

CMS, HRSA, federal government

State governments (Medicaid)

Tribal health programs

Health plans, marketplaces, purchasers

Accountable care organizations

Quality organizations

National, regional, state, local quality organizations

Quality improvement & practice transformation organizations & networks  
Evaluators & researchers

Health professions institutions

Education & training institutions

Continuing education providers

Health professions licensing

## WHAT (tools)

Measures of patient/consumer experiences of CLAS

CAHPS, patient surveys

Patient/family/caregiver reported outcomes

Education & tools about CLAS

Assessments & measures

Quality improvement & practice transformation tools

Health IT tools

Payment for CLAS

Alternative payment models, value-based payment methodologies for CLAS

Technical assistance & training to support CLAS

Peer learning/improvement networks

Standards & guidelines for CLAS in health professions education and training

Educational & training curricula

Standards & guidelines for CLAS in health professions licensing

## HOW

Increased data collected about patient/family/caregiver experiences of CLAS

Increased use of educational materials about CLAS among physicians & other providers

Increased use of quality improvement & practice transformation tools to support CLAS

Government payors incentivize CLAS

Health plans & other payors incentivize CLAS

Integration of CLAS into quality measures & standards by quality organizations

Integration of CLAS into health professions education & training, & licensing

## RESULTS

Patients/families/caregivers have improvements in experiences of CLAS

Physicians & other health providers have increased awareness and knowledge about CLAS

Physicians & other health providers increase provision of CLAS

Quality organizations measure & report progress on provision of CLAS

Health professions graduates and trainees ready to implement CLAS

Health professions licensees increase provision of CLAS

**BETTER CARE, HEALTHIER PEOPLE, SMARTER SPENDING**

Culturally & linguistically appropriate health care services

Reduced disparities in health care access, experiences of care, & quality

Reduced disparities in health outcomes & health status

Value-based care & payment includes business case for culturally & linguistically appropriate health care services

## **Project Deliverable 3**

**A report on recommended strategies for  
continued integration of  
the National Standards for CLAS  
into quality improvement  
and practice transformation**

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

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 ADVOCATE*

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

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

*STRATEGIES TO BE IMPLEMENTED BY SOLO AND SMALL GROUP  
PHYSICIAN PRACTICES*

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

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

*Office of Minority Health*

*Centers for Medicare and Medicaid Services*

*Assistant Secretary for Health*

*Assistant Secretary for Planning and Evaluation*

*Agency for Healthcare Research and Quality*

*Health Resources and Services Administration*

*Substance Abuse and Mental Health Services Administration*

*Office of National Coordinator for Health Information Technology*

*National Center for Health Statistics*

*National Institutes of Health*

*Food and Drug Administration*

*Indian Health Service*

## *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)<sup>4</sup>
- Begin to include a question about how applicants for/recipients of CMS funding (e.g. state Medicaid programs, Medicare Advantage health plans, grantees funded through the Center for Medicare and Medicaid Innovation<sup>5</sup>) 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 Distinction<sup>6</sup> or completing the NQF-endorsed organizational assessments developed by RAND (Cultural Competency Implementation Measure)<sup>7</sup> or the University of Colorado at Denver (Communication Climate Assessment Tool)<sup>8</sup>)
- Establish an explicit goal for implementation of the CLAS Standards by CMS grantees, and monitor and report progress towards achievement of the goal
- Integrate the CLAS Standards into the Medicare Five-Star Quality Rating System<sup>9</sup>
- Include a quality improvement project that implements the CLAS Standards in the Quality Improvement Organization (QIO) 12<sup>th</sup> scope of work (beginning August 2019)<sup>10</sup>

- Include a question in applications for Medicaid section 1115 waivers about how the State Medicaid program is implementing the CLAS Standards<sup>11</sup>
- 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)<sup>12</sup> and annual Measures Under Consideration rulemaking process<sup>13</sup>
- Identify and add quality improvement and practice transformation activities that implement the CLAS Standards as Improvement Activities<sup>14</sup> in the Quality Payment Program<sup>15</sup> established by the Medicare Access and CHIP Reauthorization Act (MACRA)
- Engage the Health Care Payment Learning and Action Network<sup>16</sup> 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
- Include a question in state applications for Affordable Care Act section 1332 State Innovation Waivers<sup>17</sup> how the applicant state is implementing the CLAS Standards

*STRATEGIES TO BE IMPLEMENTED BY STATE AND TERRITORIAL HEALTH DEPARTMENTS*

*STRATEGIES TO BE IMPLEMENTED BY HEALTH PLANS*

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

*STRATEGIES TO BE IMPLEMENTED BY ACCOUNTABLE CARE ORGANIZATIONS*

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

*STRATEGIES TO BE IMPLEMENTED BY QUALITY IMPROVEMENT AND PRACTICE TRANSFORMATION ORGANIZATIONS*

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

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

*STRATEGIES TO BE IMPLEMENTED BY HEALTH PROFESSIONS  
LICENSING AND CERTIFICATION BOARDS*

*STRATEGIES TO BE IMPLEMENTED BY HEALTH PROFESSIONS  
EDUCATIONAL AND TRAINING INSTITUTIONS*

## **Project Deliverable 4**

**A toolkit to implement the recommended strategies for continued integration of the National Standards for CLAS into quality improvement and practice transformation, with a focus on tools for solo and small group physician practices**

Implementing CLAS Standards and Improving  
Cultural Competency and Language Access

A PRACTICAL TOOLKIT



## BUILDING AN ORGANIZATIONAL RESPONSE TO HEALTH DISPARITIES



### A Practical Guide to Implementing the National CLAS Standards:

For Racial, Ethnic and Linguistic  
Minorities, People with Disabilities and  
Sexual and Gender Minorities

DECEMBER , 2016

# TOOLKIT

## FOR QUALITY IMPROVEMENT AND PRACTICE TRANSFORMATION FOR SERVING DIVERSE PATIENTS

### FOR SOLO AND SMALL GROUP PRACTICES



Photo Source: Asian Health Services



*Supporting the Implementation of the National Standards for  
Culturally and Linguistically Appropriate Services in Health and Health Care*

**Topic 1: Organize Your Practice for Quality and Value**

**Topic 2: Understand the Needs of Your Diverse Patients**

**Topic 3: Provide High-Quality Patient-Centered Care**

**Topic 4: Engage Your Patients as Partners in Their Care**

**Topic 5: Partner with Providers Outside of Your Practice**

**Topic 6: Continuously Improve Your Quality and Value**

**Topic 1: Organize Your Practice for Quality and Value**

*Tool 1A. Define Roles and Responsibilities for All Members of Health Care Team*

*Tool 1B. Use Standing Orders for Regular and Routine Tests*

*Tool 1C. Get Technical Assistance from Your Electronic Medical Record Vendor*

*Tool 1D. Develop and Implement a Continuing Education Plan*

## **Tool 1D: *Develop and Implement a Continuing Education Plan for Yourself and Your Health Care Team***

Since all health professionals have continuing education requirements, you should develop a formal annual continuing education plan for yourself and each member of your health care team, aligning all your learning experiences individually and as a team to optimize your practice's quality performance. There may be some training and continuing education activities that you could attend together as a team that will help reinforce your learning and working together more effectively as a team.

Association of American Medical Colleges, American Association of Colleges of Nursing, and Josiah Macy Foundation, Lifelong Learning in Medicine and Nursing (2010)  
<http://www.aacn.nche.edu/education-resources/MacyReport.pdf>

You might identify continuing education activities sponsored by local medical societies, specialty physician associations, minority physician organizations, and other health professional associations, or continuing education opportunities provided by your local hospital, health plan, or medical or nursing school. Here is a sample continuing education plan for yourself and all the members of your health care team:

| <b>Health Care Team</b> | <b>Continuing Education Objectives</b>  | <b>Continuing Education Activities to be Completed This Year</b>  |
|-------------------------|---|---|
| Physician               | Learn about requirements for Medicare Quality Payment Program (QPP) under MACRA   | Listen to CMS webinars about QPP; attend local medical society CE workshop on MACRA and QPP                               |
| Receptionist            | Learn more about improving customer service, especially for patients with limited English proficiency and lower health literacy | Attend CE activities about improving CAHPS scores for patients with limited English proficiency and lower health literacy |
| Medical Assistant       | Become trained as a phlebotomist  | Attend training on phlebotomy   |
| Office Manager          | Learn about requirements for Medicare Quality Payment Program (QPP) under MACRA   | Listen to CMS webinars about QPP  |
| Nurse Manager           | Gain additional training and skills as a care manager for complex patients  | Attend Continuing Nursing Education on care management for complex patients   |

| <p><b>How These Tools to Organize Your Practice for Quality and Value Align with CLAS Standards</b></p>   | <p><b>How These Tools to Organize Your Practice for Quality and Value Align with NCQA PCMH Standards</b></p>  |
|---|---|
| <p><b>CLAS Standard 2:</b> Advance and sustain governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.</p> <p><b>CLAS Standard 3:</b> Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.</p> <p><b>CLAS Standard 4:</b> Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.</p> <p><b>CLAS Standard 7:</b> Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.</p> <p><b>CLAS Standard 9:</b> Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.</p> | <p><b>Team-Based Care 01</b> PCMH Transformation Leads: Designates a clinician lead of the medical home and a staff person to manage the PCMH transformation and medical home activities.</p> <p><b>Team-Based Care 02</b> Structure and Staff Responsibility: Defines practice organizational structure and staff responsibilities/skills to support key PCMH functions.</p> <p><b>Team-Based Care 06</b> Individual Patient Care Meetings/Communication: Has regular patient care team meetings or a structured communication process focused on individual patient care.</p> <p><b>Team-Based Care 07</b> Staff Involvement in Quality Improvement: Involves care team staff in the practice's performance evaluation and quality improvement activities.</p> <p><b>Team-Based Care 05</b> Certified EHR System: The practice uses an EHR system (or modules) that has been certified and issued an ONC Certification ID, conducts a security risk analysis, and implements security updates as necessary correcting identified security deficiencies.</p> <p><b>Access &amp; Continuity 07</b> Electronic Patient Requests: Has a secure electronic system for patient to request appointments, prescription refills, referrals, and test results.</p> <p><b>Access &amp; Continuity 08</b> Two-Way Electronic Communication: Has a secure electronic system for two-way communication to provide timely clinical advice.</p> |

## **Topic 2: Understand the Needs of Your Diverse Patients**

*Tool 2A. Ask All Your Patients About Their Demographic Characteristics*

*Tool 2B. Provide Patient-Centered Care to Lesbian, Gay, Bisexual & Transgender Patients*

*Tool 2C. Conduct a Comprehensive Health Needs Assessment for Each Patient*

*Tool 2D. Use Community Level Data about Communities You Serve*

## **Tool 2C: *Conduct Comprehensive Health Needs Assessments for Each Patient***

Payment for health care is shifting away from fees-for-services for episodes of care such as office visits, towards value-based payments based on improved quality and reduced costs for a panel of patients over time. One of the important changes that you can make in your practice is to conduct and document comprehensive needs assessments for each of your patients so that you have a more complete understanding of their needs and preferences, their medical and social history, diagnoses, medications, etc.

Such comprehensive needs assessments do not need to be completed in a first visit, or all in one visit. More sensitive issues such as mental health and substance use, or end-of-life care planning, can be explored and discussed when you and your patient can plan for and set aside appropriate time to discuss these issues.

You can use your EMR to document comprehensive information about social and behavioral determinants of health. The National Academy of Medicine recommends collecting information about social and behavioral determinants of health that includes:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Race/ethnicity</li><li><input type="checkbox"/> Residential address</li><li><input type="checkbox"/> Educational attainment</li><li><input type="checkbox"/> Neighborhood median household income</li><li><input type="checkbox"/> Financial resource strain (food and housing insecurity)</li><li><input type="checkbox"/> Physical activity</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Tobacco use</li><li><input type="checkbox"/> Alcohol use</li><li><input type="checkbox"/> Stress</li><li><input type="checkbox"/> Depression</li><li><input type="checkbox"/> Social isolation</li><li><input type="checkbox"/> Intimate partner violence</li></ul> |
|--|--|

**EMR TIP:** EMRs that meet the 2015 certification requirements from the federal Office of National Coordinator for Health IT will have these questions about social and behavioral determinants of health pre-programmed into the EMR. Ask your EMR vendor for assistance in using these new questions.

**Topic 3: Provide High-Quality Patient-Centered Care**

*Tool 3A. Follow the Most Recent Evidence-Based Guidelines*

*Tool 3B. Create Patient Registries*

*Tool 3C. Identify High Volume, High Opportunity Patients for Population Management*

*Tool 3D. Ensure Language Access for Patients Who Speak Languages Other than English*

*Tool 3E. Provide Multilingual Health Education Materials*

*Tool 3F. Improve Communications with Your Patients with Low Health Literacy*



### **Tool 3A: *Follow the Most Recent Evidence-Based Guidelines***

The practice of medicine continues to evolve with advances in scientific knowledge, new drugs, and other breakthroughs in treatment. As a practicing clinician, it can be challenging to keep up with all the changing clinical guidelines. However, it is fundamental to quality improvement and practice transformation to stay updated on the most recent evidence-based clinical practice guidelines. The Agency for Healthcare Research and Quality (AHRQ) maintains a National Guideline Clearinghouse for the most recent evidence-based practice guidelines.

<https://www.guideline.gov>

For example, here is the 2016 guideline for prescribing opioids for chronic pain:

 Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care

 NATIONAL  
**GUIDELINE**  
CLEARINGHOUSE

General

Guideline Title

CDC guideline for prescribing opioids for chronic pain—United States, 2016.

Bibliographic Source(s)

Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain - United States, 2016. *MMWR Recomm Rep.* 2016 Mar 18;65(1):1-49. [223 references] PubMed

**Topic 4: Engage Your Patients as Partners in Their Care**

*Tool 4A: Support Shared Decision-making with Your Patients, Families, Caregivers*

*Tool 4B. Ensure Effective Communications and Understanding by Your Patients*

*Tool 4C. Create a Care Plan for Every Patient*

*Tool 4D. Support Self-Management*



**Tool 4A: *Support Shared Decision-making with Your Patients, Their Families, and Caregivers***

Another step in transforming your practice into one that is more patient-centered is proactive support for shared decision-making with your patients - and as appropriate an requested by your patients - with their family members and caregivers. In many cultures decision-making is more a collective process, where there is consultation and deference to other family members, especially family elders.



Agency for Healthcare Research and Quality, SHARE Approach to Shared Decision making  
<https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html>

**Topic 5: Partner with Providers Outside of Your Practice**

*Tool 5A. Conduct Medication Reconciliations*

*Tool 5B. Follow-up with Your Patients After Hospitalizations*

*Tool 5C. Improve Care Coordination with Other Providers*

*Tool 5D. Leverage Community Resources*

## **Tool 5B: *Follow-up with Your Patients After Hospitalizations***

As part of their quality improvement processes, all hospitals are focused on reducing the number of preventable readmissions and improving their discharge processes, including supporting follow-up with each patient's regular primary care provider. You should have a process in place for receiving notice from your local hospitals whenever one of your patients is admitted to the hospital. Some hospitals and health systems are developing these communications channels directly with the providers in their service area; others are partnering with health plans or using organizations called electronic health information exchanges (HIEs) to support these communications electronically. These communications should include the summary of care about your patient's hospitalization as well as your patient's discharge instructions. You should note any new diagnoses and conditions that will need your follow-up care. There are usually some new medications prescribed (e.g., antibiotics to prevent infections, medication for pain, etc.) that should be actively monitored; many of these prescriptions should be terminated or adjusted after hospitalization.

### **5 Responsibilities**

*Assessment* – care transitions will be safer if the ambulatory practice is responsible for conducting a baseline comprehensive health assessment, prior to the inpatient admission if possible, and then updating this assessment following discharge from the inpatient setting.

*Goal-Setting* – care transitions will be safer if the ambulatory practice is responsible for working with the patient to establish, document, and keep up-to-date an explicit set of the patient's goals and corresponding care decisions.

*Supporting Self-Management* – care transitions will be safer if the ambulatory practice is responsible for providing information and facilitating access to resources that can help the patient and caregivers safely manage the patient's condition(s) over time.

*Medication Management* – care transitions will be safer if the ambulatory practice is responsible for communicating with the patient, pharmacy, and other relevant members of the care team to promote effective and safe medication use.

*Care Coordination* – care transitions will be safer if the ambulatory practice is responsible for helping to synchronize the efforts of all members of the care team(s) to best promote achievement of the patient's care goals.

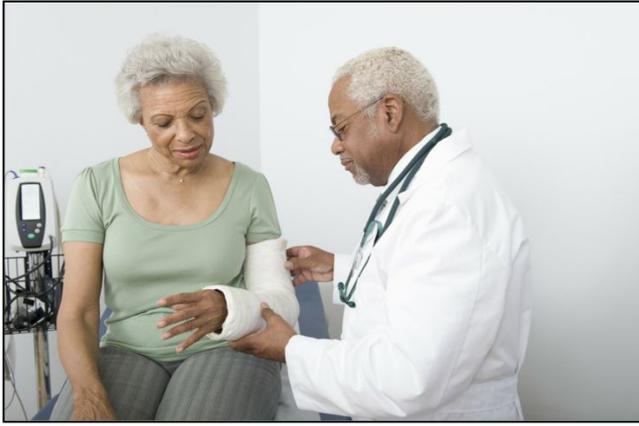
**Topic 6: Continuously Improve Your Quality and Value**

*Tool 6A. Choose Quality Performance Measures for Improvement*

*Tool 6B. Get Credit for Identifying and Reducing Disparities*

*Tool 6C. Get Feedback from Your Diverse Patients/Families/Caregivers*

*Tool 6D. Share Quality Performance Data with Patients/Families/Caregivers/Public*



**Tool 6B: *Get Credit for Identifying and Reducing Disparities***

Unfortunately, racial and ethnic minorities, sexual and gender minorities, individuals with disabilities, and other populations continue to experience disparities in health care quality. Many health care quality organizations are recognizing the importance of reducing disparities as an essential element of achieving optimal health care quality. For example, the Institute for Healthcare Improvement (IHI) has recently called the achievement of health equity the “forgotten aim” of health care quality.<sup>14</sup> IHI has developed a self-assessment about a health care provider organization’s capacity for reducing disparities and advancing health equity as part of health care quality improvement.

**WHAT?**

Deaths resulting from colorectal cancer (CRC) can be dramatically reduced by early detection. It is recommended that adults between the ages of 50-75 complete a fecal occult blood test (FOBT) every year. There is room for improvement in our CRC screening rates. Increasing these rates is a priority for our organization and is a new metric in our pay-for-performance program.

**FOR WHOM**

Stratifying the percentage of patients 50-75 years old with a completed FOBT in the past year by race/ethnicity, we find that the percentage for our Hispanic patients with completed screening is 30% while the rates for Non-Hispanic White patients, the highest performing group, is 50%.

**HOW MUCH & WHEN**

Our goal is to improve the rates of colon cancer screening to 60% for patients 50-75 years old and eliminate the gap between our Hispanic and Non-Hispanic White patients by the end of 2012.

**Quality improvement goal:**

By December 31, 2012, decrease by 100% the gap between Hispanic and White patients ages 50 -75 years who have an up-to-date FOBT test, while improving colon cancer screening rates for all to 60%.

Marks A, Regenstein M, Heinrich P, Mutha S. Bringing Equity into QI: Practical Steps for Undertaking Improvement, University of California San Francisco Center for the Health Professions (2012) [https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/6.2%20Part%202\\_Equity%20into%20QI.pdf](https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/6.2%20Part%202_Equity%20into%20QI.pdf)

# NCAPIIP

NATIONAL COUNCIL OF ASIAN PACIFIC ISLANDER PHYSICIANS

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Resources for Culturally and Linguistically  
Appropriate Services (CLAS)

<http://www.ncapip.org/resources/page71/>