



Jay A. Gold, MD, JD, MPH

# MetaStar's medicine and culture project

Jay A. Gold, MD, JD, MPH

MetaStar is recruiting physician practices around Wisconsin to foster cross-cultural education in how to work more effectively with patients whose beliefs, values, and histories are significantly different from one's own. The method used is the "Culturally and Linguistically Appropriate Services" (CLAS) standards developed by the US Department of Health and Human Services Office of Minority Health (OMH) (Table 1).

MetaStar staff will be working with collaborating practitioners and practice sites to complete a series of on-line training modules that have been developed by OMH. Information about these modules can be found at <https://cccm.think-culturalhealth.org/>.

There are many reasons physicians might be interested in pursuing this program:

- With the increasing diversity of the state population, Wisconsin physicians are more likely to

encounter situations that require them to have a strong working knowledge of cultural issues.

- Better communication with patients facilitates diagnosis and treatment.
- Patients will be more likely to adhere to physician recommendations.
- Patient satisfaction will increase.
- Good communication has been shown to decrease liability risk.
- The ability to understand and to work with a diverse patient population can assist in patient recruitment and retention.
- Cross-cultural training can help meet regulatory requirements.

Practices interested in participating should

- Sign a participation agreement
- Complete a pre/post self assessment using the CLAS Standards Assessment tool
- Have an administrator complete the on-line OMH training module, Organizational Supports
- Have at least one health care professional in each participating clinic site complete two on-line OMF training modules, Culturally Competent Care and Language Access Services

For more information, please e-mail Dan Machkovech at [dmachkov@metastar.com](mailto:dmachkov@metastar.com) or call 800.362.2320.

Table 1. CLAS Standards

**Standard 1:** Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

**Standard 2:** Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

**Standard 3:** Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

**Standard 4:** Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner, during all hours of operation.

**Standard 5:** Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

**Standard 6:** Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

(continued on page 72)

Doctor Gold is senior vice president and principal clinical coordinator for MetaStar, Inc. This material was prepared by MetaStar, Inc., the Quality Improvement Organization for Wisconsin, under a contract with the Centers for Medicare & Medicaid Services (CMS). The contents presented do not necessarily reflect CMS policy.

---

**Table 1.** CLAS Standards (continued from page 71)

---

**Standard 7:** Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

**Standard 8:** Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

**Standard 9:** Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

**Standard 10:** Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

**Standard 11:** Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

**Standard 12:** Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

**Standard 13:** Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

**Standard 14:** Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

# Wisconsin Medical Journal

The mission of the *Wisconsin Medical Journal* is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

The *Wisconsin Medical Journal* (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of the *Wisconsin Medical Journal*. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the *Wisconsin Medical Journal* nor the Society take responsibility. The *Wisconsin Medical Journal* is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

For reprints of this article, contact the *Wisconsin Medical Journal* at 866.442.3800 or e-mail [wmj@wismed.org](mailto:wmj@wismed.org).

© 2006 Wisconsin Medical Society