

## Partnering with a Malpractice Carrier for Task 1d2

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## Outline of Topics

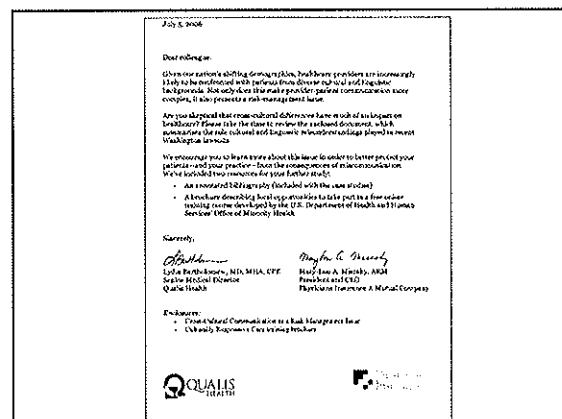
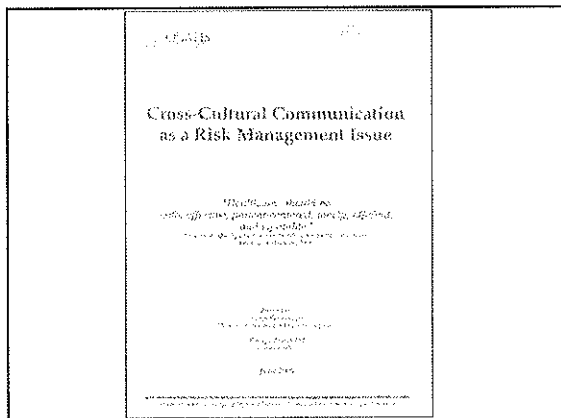
- Project summary
- The case for cultural competency as a risk management issue
  - A summary of material compiled and disseminated in WA state
- Impact of project so far
- Tips for organizations who would like to replicate this project

## Project Summary

- Partnership between QIO and malpractice carrier, exploring
  - The case for cultural competency as a risk management issue
  - How to disseminate this information to health care providers in Washington State
  - Opportunities to promote Office of Minority Health cultural competency curriculum (QIO goal)

## Project Timeline

Activity	Timeline
Formed partnership	Dec 2005
Researched topic	Dec 2005-Jan 2006
Developed white paper; identified case studies	Feb-April 2006
Obtained internal approvals for white paper	May-June 2006
Disseminated to physicians in WA	July 2006



### Linking Cultural Competency to Risk Management

1. Effective communication is clearly linked to patient compliance, patient outcomes, patient satisfaction, and patient intent to sue
2. Cultural and linguistic differences impact physician-patient communication

### Linking Cultural Competency to Risk Management (cont'd)

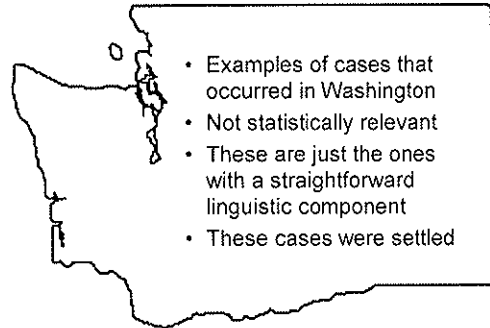
3. Cultural and linguistic differences are going to play an increasing role in physician-patient encounters due to shifting demographics

### Local Example of Demographic Shift

Seattle Times, Sunday August 19, 2006:

*The percentage of foreign-born residents in Bellevue was 13% in 1990, 24% in 2000, and now is 31%. More than one-third entered the US in the past five years.*

### Washington State Cases



### Did the Patient Understand?

- Russian-speaking young boy seen by FP
- Referred to surgeon
- Boy and his family agreed to frenulum release but not circumcision
- Surgeon performed circumcision
- Boy viewed himself as sexually mutilated

### Did the Patient Understand?

- Surgeon thought there was informed consent
- Surgeon recalled speaking to patient and thought patient agreed, although an interpreter was present
- Likely that there was both a language barrier and a cultural barrier

### Communicating in Any Language

- Middle-aged Korean male saw an OB/GYN about a vasectomy
- Physician and patient conversed in their native Korean language
- Confusion over what procedure was to be done
- Ultimately, the vasectomy was performed unsuccessfully

### Communicating in Any Language

- Underlying concerns about patient-physician communication
- Moreover, patient was upset over event yet did not receive counseling because a Korean-speaking psychologist was not available
- Patient feared that using an interpreter with an English-speaking psychologist would result in the entire Korean community learning about the incident

### A Relative as an Interpreter

- The FP was unable to determine the patient's nationality and used the relative as the interpreter
- The FP did not appear to have a policy or procedure for communicating with non-English speaking patients

### When to Use an Interpreter

- Historically, when this deaf patient saw their physician, the clinic provided an interpreter
- On one occasion, however, when the patient's spouse called to make a next-day appointment, the clinic couldn't guarantee an interpreter.

### When to Use an Interpreter

- An interpreter wasn't available from the agency the clinic normally used
- At the patient's suggestion the clinic contacted another agency where an interpreter was available at a substantially higher cost
- Clinic gave patient a choice

### When to Use an Interpreter

- Patient and physician have different recollections of the office visit
- Patient alleged that there should have been an interpreter
- Later the clinic terminates the patient and the patient files a discrimination lawsuit

## Dissemination of White Paper

- Co-signed cover letter (see handout)
- Sent to 1,000 primary care physicians by Qualis Health
- Sent to over 8,000 physicians (all specialties) by Physicians Insurance
- Shared with Governor's Blue Ribbon Commission on Health Care
- Shared with professional associations, residency programs

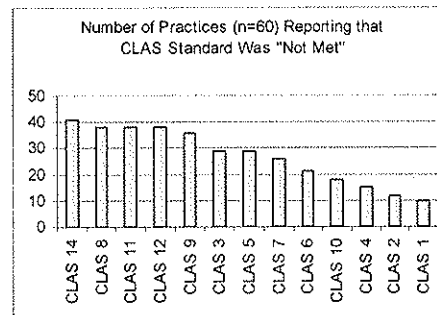
## Impacts So Far

- Over 40 requests to take the course on-line or at a face-to-face session
- More than half of requestors have completed self-assessments of CLAS compliance at their work site

## A New Incentive!

- In response to physician interest, Physicians Insurance agreed that taking the OMH cultural competency course would count for their policyholders for state-mandated risk management training required once every three years
- This should generate even more interest!

## Results of Self-Assessments



## Reported Interest in Cultural Competency Resources

By frequency of request:

- 14 – Demographic information
- 12 – Information about risk management
- 10 – Information about working effectively with interpreters
- 10 – Lists of interpreters
- 10 – Community profiles
- 6 – Patient education materials in other languages

## Impact for Carrier in Terms of Call Volume

- A 3 month phone survey in 2006 indicated that at least 6 calls were related to interpreter questions
- In the 2 months following the paper's publication the risk management department received at least 14 calls

### Tips for Organizations Wanting to Replicate this Project

- Find passionate partners
- Allow enough time for internal approvals
- Be prepared to weather turnover
- Recognize that malpractice carriers are very risk adverse organizations; you may need the highest senior level support to keep momentum

### Advantages to Partnering with Malpractice Carrier

- Real anecdotal data – case studies -- from state not available anywhere else
- Very powerful messenger to physicians – mail from the carrier gets opened!
- Potentially able to offer powerful incentives like credit for state man dated training

### Advantages to Partnering with QIO

- Time, energy, and resources dedicated to the topic
- Link to federally championed standard cultural competency curriculum (online and in person formats), including free continuing education credits