

Connecticut State Innovation Model (SIM) Project
Healthcare Innovation Steering Committee & Workgroups
Office of the Healthcare Advocate, Hartford CT

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My name is Supriyo B. Chatterjee and I reside in West Hartford Connecticut. I would like to submit my comments for your consideration. The October 2014 Connecticut Department of Public Health (DPH) assessment report on 'Culturally and Linguistically Appropriate Services (CLAS Standards)' is a snapshot of 'Cultural Competency' within the State's healthcare ecology. It cites the public-funded CT Multicultural Health Partnership (CMHP)'s efforts in implementing the CLAS standards since 2008. CMHP's 2012 progress report remains inconclusive as it is missing the matter of measurable outcomes or performance – the critical linkage between cultural competency and service delivery. Connecticut Health Foundation's CT Health Care Survey (2014) showed some clear evidence of health inequities and CMHP's report was not congruous with this survey. Now, half-way through, CMHP's public-funded project goals of "increasing CLAS Standards adoption in organizations by 10%" and "increasing knowledge and awareness of disparities by 40%" are with good intentions but the results remain unsubstantiated because it is only the measurable outcomes of the interventions that will show the impact of eradicating disparities.

While cultural competency (CLAS) training shows promise, evidence that it improves equity in provider services & patient health outcomes may not be conclusive. CLAS does have its merits but adding more enhanced standards & frameworks such as the ones from NCQA and the NQF can help bridge the gap. From the cultural competency interventions, measurable outcomes is the key – it is the foundation of value-based delivery in healthcare and the yardstick to measure the savings in the shared-savings programs. It will provide insights into provider performance with socio-demographic factors. Invariably, it can also determine which cultural competency training methods and content are most effective.

Thank you.

References used in above comments are shown below (next page).

REFERENCES - Supplement to Public Comments

Connecticut Department of Public Health - CLAS Standards Assessment Report Oct 2014

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Culturally and Linguistically Appropriate Services — Advancing Health with CLAS. Koh H, Nadine Gracia J et al. N Engl J Med July 17, 2014 <http://www.nejm.org/stoken/default+domain/Permissions-HHS/full>

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http://www.ctmhp.org/wp-content/uploads/2012/12/CMHP-Evaluation-Report_April-2012_Final.pdf

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Connecticut Multicultural Health Partnership Public Comment to Draft 1.1 of the State Healthcare Innovation Plan <http://www.healthreform.ct.gov/ohri/cwp/view.asp?a=2741&q=335252>

CT SIM - Practice Transformation Task Force Meeting April 28th (under Public Comment)

http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/practice_transformation/2015-04-28/publiccomment_pttf_chatterjee_04282015.pdf

Multicultural Health Care Distinction – NCQA Program

<http://www.ncqa.org/Programs/OtherPrograms/MulticulturalHealthCareDistinction.aspx>

National Quality Forum NQF - Healthcare Disparities and Cultural Competency Consensus Standards

http://www.qualityforum.org/projects/Healthcare_Disparities_and_Cultural_Competency.aspx

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<http://healthaffairs.org/blog/2014/03/27/should-provider-performance-measures-be-risk-adjusted-for-sociodemographic-factors/>

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