Cultural Linguistic Competency & Implicit Bias Standards

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KUDOS to our Amazing Team!

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Agenda

- Overview and Background
- CMA’s process
- Definitions & Standards
- Toolkit
- Q&A
CMA CME

• CMA CME is the ACCME recognized accreditor for the state of California

• CMA accredits 200+ organizations that provide CME in the state of California, under the Recognition of the Accreditation Council for Continuing Medical Education’s (ACCME)

• CMA has been delegated the authority to create these standards for all CA providers by the Medical Board of California
Business and Professions (B&P) Code Section 2190.1 requires CMA to develop standards for cultural and linguistic competency (CLC) and implicit bias (IB) for inclusion in continuing medical education (CME) activities.

The CLC and IB standards are codified into B&P 2190.1 from the following legislation:

- **Assembly Bill (AB) 1195** (Coto, Statute of 2005)
- **AB 241** (Kamlager-Dove, Statute of 2019)
FAQs

• Do these standards apply to all CME activities?
  • Yes with limited exception.

• Who is required to comply with these standards?
  • All CME providers located in California.

• How will this affect my accreditation?
  • CMA and ACCME expect you will comply with state regulations as part of your adherence to the ACCME CME Program and Business Management Procedures Policy. At initial accreditation and reaccreditation, as well as during the annual reporting process, you will be asked to attest you have complied with all ACCME requirements, including this policy. Adherence with the law is separate from your accreditation decision.
Advisory Council

- Kristin Jensen, M.D., Palo Alto VA Health Care System
- Kavitha Jayachandran, M.D., Department of Medicine, The Permanente Medical Group
- Kristin E. Fontes, M.D., FAAEM, FACEP, Santa Barbara Cottage Hospital
- Judy Hyle, CME Consultants
- Margaret Juarez, M.D., San Gabriel Women’s Health Inc
- Michele Ruiz, BiasSync
- Kiran Savage-Sangwan, California Pan-Ethnic Health Network
- Nancy Wongvipat Kalev, Health Net
We will...

• Follow statutory intent & language
• Draft standards that matter
• Draft standards that are achievable by all CME programs
• Collaborate with provider organizations to support implementation
• Secure feedback from stakeholders (Public Comment Period)
CLC/IB Website

• Everything we will go through today is available on our website

• https://www.cmadocs.org/cme-standards
Cultural and Linguistic Competency Definition

The ability and readiness of health care providers and organizations to humbly and respectfully demonstrate, effectively communicate, and tailor delivery of care to patients with diverse values, beliefs, identities, and behaviors, in order to meet social, cultural and linguistic needs as it relates to patient health.
Implicit Bias Definition

The attitudes, stereotypes, and feelings, either positive or negative, that affect our understanding, actions and decisions without conscious knowledge or control. Implicit bias is a universal phenomenon. When negative, implicit bias often contributes to unequal treatment and disparities in diagnosis, treatment decisions, levels of care and health care outcomes of people based on race, ethnicity, gender identity, sexual orientation, age, disability and other characteristics.
Standards

Each standard applies to both AB 1195 (CLC) and AB 241 (IB), unless otherwise noted.

1) WEBSITE LINK
   + Provide link on website or other means to make AB 1195 and AB 241 legislation accessible to planners, faculty and speakers

2) DEFINITION
   + Present definition of CLC and IB to planners, faculty and speakers

3) RESOURCES
   + Direct or otherwise make CLC and IB educational resources available to planners, faculty and speakers
Standards (Contd)

4) PATIENT POPULATIONS (CLC ONLY)

+ Reflect on the patient populations impacted by the provider’s CME program to best determine how cultural/linguistic factors should be addressed, and communicate to planners, faculty and speakers.

5) DISPARITIES (IB)

+ Reflect on disparities in care affecting the patient populations impacted by the provider's CME program, and the role IB plays in these disparities, and communicate to planners, faculty and speakers.

6) DIVERSITY

+ Include diverse planners, faculty and/or patient representatives in the activity planning process.

7) INCORPORATE

+ Incorporate educational components to address factors identified as impacting the provider's patient populations and disparities potentially caused or exacerbated.

*Activities exempted from including CLC or IB content by the state law must be documented.*
• Toolkit and Resources
Quick Reference Chart

• Overview all standards with the Rationale

<table>
<thead>
<tr>
<th>Name</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Website Link</td>
<td>Communicate the standards to your community. Providing a link on the organization’s website that refers to Assembly Bill (AB) T55 and AB 241 will encourage planners, faculty and speakers to consider legislative intent when planning, developing, executing and evaluating continuing medical education (CME) activities.</td>
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<tr>
<td>2 Definition</td>
<td>The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients’ diverse backgrounds may impact their access to care. Presenting these definitions reminds planners, faculty and speakers to consider legislative intent when planning, developing, executing and evaluating CME activities.</td>
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<tr>
<td>3 Resources</td>
<td>Educational resources are broadly defined to mean medical journals, peer-reviewed case studies, websites from organizations with expertise in health equity, etc. Providing these resources to the individuals in control of content ensures that they have credible, up-to-date information to share with the learners.</td>
</tr>
<tr>
<td>4 Patient Population</td>
<td>This standard encourages planners, faculty and speakers to include relevant educational content and incorporate CLC components that best serve the provider’s patient population. Further, this standard supports opportunities to incorporate real-world scenarios into CME education to enhance physician CLC.</td>
</tr>
<tr>
<td>5 Disparities</td>
<td>The goal of this standard is for medical education to address how IB affects perceptions and treatment decisions, which lead to disparities in health outcomes. Unintended biases in decision-making may contribute to health care disparities by shaping behavior and producing differences in medical treatment along lines of race, ethnicity, gender identity, sexual orientation, age, socioeconomic status or other characteristics.</td>
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<tr>
<td>6 Diversity</td>
<td>Diversity of perspectives during planning of educational interventions is a proactive measure to help ensure that content is designed to incorporate understanding of CLC and IB toward meaningful action and to create changes in professional practice that reduce health disparities. CME programs might include planners or faculty who have diverse culture, ethnicity, physical abilities, age or gender who bring various perspectives and understanding to the delivery of care. Examples may include committee members, leaders, speakers (including patients as faculty), planners, etc. and be different for each activity or may have ongoing influence on your program of CME.</td>
</tr>
<tr>
<td>7 Incorporate</td>
<td>Convey to learners the issues in diversity, equity and inclusion that have been identified, and any strategies or best practices that can help mitigate these factors for your community. This ensures that the efforts put into all previous standards go beyond administrative processes, which may or may not be visible to learners.</td>
</tr>
</tbody>
</table>

Note: The controlling legislation provides specific exemptions for CME activities that are research-based or contain no direct patient care component. Documenting when activities fall into these exemption categories demonstrates that all activities have been evaluated to determine the relevance of CLC and IB materials.
Fact Sheets

• Each Standard

• Includes:
  + Purpose
  + Tips for Application
  + Additional Support

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FAQ’s

• Most asked questions compiled!

Frequently Asked Questions

Why were these standards implemented? Why now?

California Business and Professions Code (B&P) 2190.1 mandates that continuing medical education (CME) courses include curriculum that includes understanding of cultural and linguistic competency (CLC) and implicit bias (IB) in the delivery of health care, and further mandates that evaluative standards be developed by January 1, 2022.

The standards were developed to help reduce health care disparities by ensuring that CME activities in California reflect this important aspect of caring for patients.

The requirement to address CLC in California-based CME activities has been in place since 2006. The new IB requirement now provides an opportunity to provide a framework for supporting the adoption of these requirements universally.

What legislation does B&P 2190.1 come from?

The CLC and IB standards are codified into B&P 2190.1 from Assembly Bill (AB) 195 (Coto, 2005) and AB 241 (Kamlager-Dove, 2019).

Why is the California Medical Association (CMA) creating the standards?

CMA has been delegated the authority to create these standards for California CME providers by the Medical Board of California. As the accrediting body for CME by and for California’s physician educators, CMA is in the best position to develop standards that reflect the needs...
Planning Worksheet

- Assists planners to ensure required components are included
CLC/IB Website

• Announcements and Resources
  + State Law
  + CMA/ACCME Joint Statement
  + Toolkit
  + External Resources

• Check regularly
Best Practices: CME Activities

• 1) DEVELOP EVALUATION + Develop CLC or IB-specific evaluation questions related to CLC factors or disparities in care and IB identified in standard #4

• 2) FOLLOW-UP + Follow-up on evaluation after 3 – 6 months

• 3) DATA + Provide data on specific under-represented groups and topics of CME activity to learners

• 4) IMPACT + Conduct an annual, standalone CME activity on cultural and linguistic inequities or IB, as it related to health care, including information on how CLC or IB impacts access to care and health outcomes DRAFT CMC CLC & IB STANDARDS Page 2 of 2 (Rev. 04/03/21) cmadocs.org/cme-standards C ONTA CT US cmestandards@cmadocs.org

• 5) PATIENT REPRESENTATIVES + Include patient representatives in CME activity

• 6) LEARNING OBJECTIVE + Identify at least one learning objective, related to CLC or IB in all applicable activities
Best Practices: Program/Organization

• 1) PARTICIPATE + Participate in your organization’s Equity, Diversity and Inclusion (EDI) efforts

• 2) CONTRIBUTE (CLC) + Contribute to the identification of personal, interpersonal, institutional, structural and cultural barriers to health equity

• 3) CONTRIBUTE (IB) + Contribute to the identification of previous or current unconscious biases and misinformation and their impact on health outcomes

• 4) PROVIDE INFORMATION ON CULTURAL IDENTITY + Provide information about cultural identity across diverse communities with an emphasis on racial or ethnic groups and disparities within health care

• 5) PROVIDE INFORMATION ON COMMUNICATING + Provide information about communicating more effectively across identities, including racial, ethnic, religious and gender

• 6) ADOPT PERSPECTIVES + Adopt perspectives of diverse, local constituency groups and experts on racial, identity, cultural and provider relations in the community and impact on health outcomes
How to join

Web
1. Go to PollEv.com
2. Enter CMACME416
3. Respond to activity

Text
1. Text CMACME416 to 22333
2. Text in your responses
Factors of Implicit Bias
Reflection

• What factor of implicit bias surprised you on the word cloud?

• How does it change the way you think about IB and incorporating it into education?
What about....... 

(B &P 2190.1 )The code allows for an exemption to the law in the case of CME which is “dedicated solely to research or other issues that [do] not include a direct patient care component.”

• Should be rare.

• Take a broad view when determining relevance of CLC & IB

• Must be research-focused or contain no direct patient care component.
Upcoming Webinars

General & Pathology | Radiology Activities

• October 27, 2021 - 3:00pm PT
Q & A

• Discussion/chat
Thank You

For more information, visit cmadocs.org/cme