Cross-cultural Teams

A personal and organizational Experience working with Community Health Workers

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“Hot Spotters”:
High-risk, high-cost, isolated patients with multiple chronic diseases
Atul Gawande

Trauma-informed Care

Cambodian Hot Spotters

Financial
- High cost with poor outcomes
- $27,000 = Average annual health expenses for people with 5 or more chronic diseases
- 49% of Cambodians over age 35 have 5 or more conditions.
- Cambodians have half the per capita income of other Americans

Social
- broken families
- Social isolation
- limited traditional resources
- unresolved issues of justice
- Few educated survivors due to targeted extermination
- 65% illiterate in Khmer and English

Culture
- Limited English Speaking
- unassuming
- Eastern Concepts of Health

Chronic Disease
- PTSD = 62%
- Depression = 51%
- Diabetes = 49%
- Stroke = 9%
- CVD = 40%
- Liver Disease = 14%

Trauma
- Loss of self esteem and trust due to torture
- Loss of human resources due to genocide
- Loss of leadership due to targeted extermination
- Multiple physical and psychological injuries

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Complex health care problems are deconstructed and health care plans implemented using the CARES model. CARES is the realm of the Community Health Worker.
The CARES TEAM continuously asks these questions:

- Does the health care provider have enough information to treat the patient?
- Does the patient understand what the health care provider wants to know or wants to do?
- Does the patient understand their health problem?
- Does the patient have the resources to follow a treatment plan?
- Does the patient have the support they need to follow a plan?
- Is the patient satisfied with the care they are receiving?
The Cambodian American Managing Health Program (CAMHP)
The product of 30 years of cross-cultural learning
Core Components of CAMHP

- Coordination of care
- Medication Therapy Management
- Community based support

Delivered by:
Cross cultural teams that include: the patient, the family, Community Health Workers, pharmacists/specialists and care coordinators

Using an Integrated Network
For communications, telemedicine, data collection and data reporting

Evaluated on an ongoing basis
To establish patient satisfaction, best practices and cost analysis.

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The CAMHP Process

Risk Assessment:
Trauma & chronic disease assessments using CARES.
**Barriers & Resiliency Factors**

1. **Patient Engagement** (cross cultural teams):
   - Outreach
   - Education
   - Satisfaction

2. Planning is completed by the team with the patient identifying priorities

3. **Evaluation:**
   Ongoing process of team analysis of data
   Plan-Do-Study-Act (PDSA)

4. The Process

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The Community Health Worker plays a unique role in the care of high risk patients.

They are the care giver who helps other health care providers understand their patient.

They are the care giver who helps the patient understand their health care providers.

They help patients find and use resources.

They help them learn how to change their behaviors to manage illness.

Working together with other providers, they help the patient solve problems and make plans.

There is no other provider who plays this unique role in the life of a patient and

They are the missing link needed to improve the health of the underserved.