



June 19, 2009

Margaret E. O’Kane
President
NCQA
1100 13th Street, N.W., Suite 1000
Washington, D.C. 200005

Subject: Support for small practices to provide culturally and linguistically appropriate services

Dear Ms. O’Kane:

The American Academy of Family Physicians (AAFP) has a deep and long-standing organizational commitment to improve the care provided to the American people by our members. These family physicians struggle daily to listen with understanding and communicate clearly with patients. Indeed, it is the only way they can be truly effective in guiding people to better health and well-being.

Our society has become increasingly diverse. The implications for the medical profession and the office support systems are tremendous. Primary care physicians often see a mix of patients from varying race, cultural, religious, socioeconomic and linguistic backgrounds. Clear two-way communication and sensitivity to the needs of the individual are at the heart of a continuous healing relationship that **is the care**.

The AAFP has advocated for the transformation of family medicine practices to become patient-centered medical homes. Along with the many features of the medical home is the need for a systematic approach to improve the care provided to populations of patients with unique cultural and linguistic characteristics. In most cases translation services are available either on-site or via telephone. In practices where a large portion of the patient population has a particular native language, a multi-lingual staff may be recruited. Patient education materials and self-management support resources need to be in language and at a level that all can understand. All of this infrastructure support costs money to assemble and sustain. Small to medium size primary care practices (one to seven clinicians) often have little financial reserve to pay for these additional services.

Support for Culturally and Linguistically Appropriate Services (CLAS) should be provided to small practices through a care management fee or other direct payment. In addition, community resources (care coordinator or health coach) could be funded and be available for many small practices in a given area. Culturally sensitive public health approaches to prevention and wellness could supplement the community-wide effort.

www.aafp.org

President
Ted Epperly, MD
Boise, ID

Board Chair
James D. King, MD
Selmer, TN

Vice Speaker
John S. Meigs, Jr., MD
Centerville, AL

Directors
David W. Avery, MD, *Vienna, WV*
James Dearing, DO, *Phoenix, AZ*
Roland A. Goertz, MD, *Waco, TX*
Kenneth R. Bertka, MD, *Holland, OH*
David A. Ellington, MD, *Lexington, VA*
Glen R. Stream, MD, *Spokane, WA*

Jeffrey J. Cain, MD, *Denver, CO*
Thomas Allen Felger, MD, *Granger, IN*
George Wm. Shannon, MD, *Columbus, GA*
Jason Dees, DO (New Physician Member), *New Albany, MS*
Jennifer Bacani, MD (Resident Member), *Wichita, KS*
Amy McIntyre (Student Member), *Cranston, RI*

President-elect
Lori J. Heim, MD
Vass, NC

Speaker
Leah Raye Mabry, MD
San Antonio, TX

Executive Vice President
Douglas E. Henley, MD
Leawood, KS

The American Academy of Family Physicians is pleased to be a strong advocate and willing partner with the NCQA to provide optimal care to all who need these services.

Sincerely,

A handwritten signature in black ink, appearing to read "JK MD". The signature is stylized and cursive.

James King, M.D.
Board Chair
American Academy of Family Physicians