Licensed Physicians from México Pilot Program

Final Report

University of California, Davis

Center for Reducing Health Disparities

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Table of Contents

Introduction

The Licensed Physicians from México Pilot Program (LPMPP) is an innovative initiative designed to bridge the critical gap between California's growing healthcare needs and the shortage of medical professionals especially in regions/counties with high need such as the San Joaquin Valley. By integrating highly skilled physicians from México into the state's healthcare system, the program expands access to quality care, particularly in underserved communities, while strengthening the overall medical workforce. This pilot program places Mexican-trained in four Federally Qualified Health Centers (FQHCs), enhancing access to culturally and linguistically competent care for Spanish-speaking patients. Many individuals in these communities encounter significant barriers to healthcare, including miscommunication with providers, limited access to interpreters, and a lack of culturally responsive care (Pew Research Center, 2022). By incorporating physicians who are linguistically and culturally aligned with their patients, the program fosters clearer communication, stronger patient-provider trust, and improved health outcomes.

On April 1, 2021, the Center for Reducing Health Disparities (CRHD) at the University of California, Davis, was contracted to evaluate Assembly Bill 1045 (AB1045), the LPMPP. CRHD developed a comprehensive evaluation framework that included multiple assessments to measure key factors such as quality of care, cultural and linguistic alignment, staff morale, patient experience, and other critical aspects within the FQHCs where LPMPP physicians practice. The CRHD engaged the School of Medicine's Office of Research (SOMOR) Evaluation Unit at the University of California, Davis, to conduct a comprehensive qualitative assessment of the LPMPP. Through a series of focus groups and in-depth interviews, SOMOR gathered insights from patients, staff, LPMPP physicians, non-LPMPP clinicians, and clinic administrators. This evaluation aimed to capture the program's impact using mixed-methods across multiple levels, providing a deeper understanding of its effectiveness in improving healthcare.

As part of the LPMPP evaluation, CRHD published five comprehensive reports detailing their findings:

1. 1st Annual Progress Report submitted on August 3, 2022
2. 2nd Annual Progress Report submitted on October 16, 2023
3. 3rd Annual Progress Report submitted on August 1, 2024
4. Interim Report submitted on December 31, 2024
5. Final Report submitted on March 31, 2025

While earlier reports focused on specific assessments, interviews, and focus groups, the Final Report offers a comprehensive evaluation of the LPMPP. Beyond summarizing key findings, it provides strategic recommendations on whether the program should be continued, expanded, modified, or discontinued.

The following outlines the outcomes for the evaluation requirements established by the Medical Board of California: 1) Quality of care, 2) Adaptability of physicians to California medical standards, 3) Impact on working and administrative environment in nonprofit community health centers and impact on interpersonal relations with medical licensed counterparts in health centers, 4) Response and approval by patients (Patient experience), 5) Impact on cultural and linguistic services (Culturally and Linguistically Appropriate Services [CLAS]), 6) Impact on limited-English-speaking patient encounters and on the number of limited-English-speaking patients seeking health care services from nonprofit community health centers, and 7) Recommendation on whether the program should be continued, expanded, altered, or terminated. For the quantitative outcomes, we employed multiple assessments to evaluate both staff and patient experiences, each offering unique insights into the program's impact. Staff experiences were measured using the *LPMPP 360*, which assesses performance, collaboration, and leadership, and the *CLAS Assessment*, which evaluates adherence to culturally and linguistically appropriate services. Patient experiences were captured through the *LPMPP 360*, which focuses on care quality, engagement, and satisfaction, and the *CLAS Assessment*, which examines how well the program meets cultural competency standards. Together, these assessments provide a comprehensive understanding of the program's effectiveness, highlighting strengths and areas for improvement in both staff development and patient-centered care.

This Final Report presents a comprehensive evaluation of the LPMPP program, encompassing four years of assessments, focus groups, and interviews across the following four participating FQHCs: AltaMed Health Services (AltaMed), Altura Centers for Health (Altura), Clínicas de Salud del Valle de Salinas (CSVS), and San Benito Health Foundation (SBHF).

Approach

Overview of Qualitative Methods

Collaboratively, the UC Davis SOMOR Evaluation Unit and the CRHD developed tailored interview and focus group guides to assess the multidimensional impact of the LPMPP from diverse perspectives. Between November 2022 and November 2024, 13 administrators, 26 staff, 12 non-LPMPP providers, 22 LPMPP physicians, and 22 patients from participating FQHCs were invited to share their experience through structured interviews and focus group discussions (Table 1). Eight of the 13 administrators completed a follow-up evaluation. Data collection efforts were tailored to the preference of FQHCs and/or participants including preferred language, on site or virtual, group or individual, and time of day.

Table 1. Participants in Focus Groups and/or Interviews by Group.

Admin	LPMPP Physicians	Non-LPMPP Providers	Staff	Patients	Total Participants
13*	22	12	26	22	**95**

*8 of 13 administrative participants completed follow-up.

Administrator interviews, lasting 45 to 60 minutes, focused on their experiences with the program's implementation and its impact on quality of care, patient experience, and how well physicians adapted to the U.S. healthcare system. Participants included administrators in various roles including Chief Executive Officers, Chief Medical Officers, and directors, among others.

Staff and non-LPMPP providers participated in English-language focus groups discussing quality of care, patient experience, and their collaboration with LPMPP physicians. Participants included a range of healthcare professionals, such as physicians, nurse practitioners, and support staff. To address participation challenges, we provided the option of short, confidential phone interviews, offering greater flexibility for providers with limited availability.

LPMPP physicians were invited to participate in Spanish-language focus groups and, when scheduling conflicts arose, individual interviews. Discussion topics included their onboarding experience, adaptation to the U.S. healthcare system and lifestyle, and their working relationships with staff and non-LPMPP providers. Additionally, physicians who returned to Mexico before completing their three-year term were interviewed to understand the reasons behind their early departure.

Patients from each clinic were invited to participate in in-person focus groups or short phone interviews in their preferred language (Spanish or English), with a particular emphasis on Spanish-speaking participants. Discussions explored their experience with LPMPP physicians, quality of care, and the significance of cultural and linguistic alignment in their healthcare interactions.

All interviews and focus groups were professionally transcribed by a third-party service and analyzed by a team of two qualitatively trained evaluators who also facilitated the discussions. These evaluators identified key themes and selected representative quotes to illustrate participant experiences. Spanish-language quotes were translated into English to ensure clarity while preserving their original meaning. Additionally, all quotes

were edited for readability and flow, with filler words such as, “right,” “you know,” “and so,” “I think,” “actually,” “like” and repeated words were removed for conciseness.

Overview of Quantitative Methods

We used multiple assessments to evaluate staff and patient experiences, each providing unique insights into the program’s impact. *LPMPP 360* assessed leadership, performance, and collaboration, while the *CLAS Assessment* measured cultural and linguistic competency for both staff and patients. Patient experiences were further evaluated using *LPMPP 360*, focusing on care quality, engagement, and satisfaction. Together, these assessments offered a comprehensive, data-driven understanding of program effectiveness, highlighting strengths and areas for improvement.

The quantitative findings include data from all assessments that allow for statistical analysis. These assessments provide measurable insights into program impact and performance. The evaluations included in this analysis are:

1. 360 Assessment for Staff (Clinical staff only)
2. CLAS Organizational Assessment for Patients
3. CLAS Organizational Assessment for Staff
4. Chart Reviews (LPMPP physicians only)
5. Knowledge Assessments (LPMPP physicians only)
6. Performance Reviews (LPMPP physicians only)
7. Universal Data System (UDS) Data

The statistical approach varied depending on the type of data collected. For most assessments, we first calculated the average (mean) response for each question to understand overall trends. This was done by finding the middle or typical score from all responses in each round of data collection. To see if there were any meaningful changes between rounds, we used additional statistical tests to compare the results. These methods helped us measure the program’s impact over time. The CLAS Organizational Assessment for Patients and Staff and the Knowledge Assessment were analyzed by first calculating the average response for each question. To compare results between rounds, we conducted a t-test, which produced a p-value[1], indicating whether differences were statistically significant. This p-value helped determine if changes between rounds were meaningful, providing insight into the program’s impact over time.

[1] Any p-value below the 0.05 is considered significant, which indicates that there was likely a change between the two means.

For the 360 Assessment for Staff, we analyzed changes over time by comparing the average responses (means) from the two rounds of data collection. This allowed us to assess shifts in staff perceptions and identify meaningful trends in program impact. The 360 Assessment for Patients required a different approach since responses were limited to “Yes” or “No.” Instead of calculating averages, we determined the percentage of “Yes” responses for each question in both rounds of data collection. To assess whether there were significant differences between rounds, we used Fisher’s Exact Test, which is well-suited for categorical data and small sample sizes. This analysis helped identify any meaningful changes in patient responses over time.

To analyze chart review data, we calculated the average value for each metric. However, performance data required normalization due to variations in how each FQHC conducts its processes. To ensure comparability, we adjusted scores accordingly. For UDS data, which are reported as numerical values, we compared results from two consecutive years to identify any changes or trends over time.

Findings

The results integrate both qualitative and quantitative findings, providing a complementary analysis that enhances the overall understanding of program impact. Quantitative data offer measurable insights into trends and statistical significance, while qualitative findings add depth by capturing participant experiences and perspectives. Together, this mixed-methods approach provides a well-rounded evaluation, ensuring that both numerical outcomes and contextual nuances inform the program’s effectiveness.

The results are organized under the "Key Qualitative Findings" section, which highlights the most prominent and interrelated themes that emerged from group discussions. These themes provide deeper insight into six broadly defined multidimensional outcomes, offering a nuanced understanding of participant experiences and perspectives. The seventh outcome measure is explored in a dedicated section at the end of the report. Across all participant groups, there was strong consensus on the identified outcomes, with no major discrepancies. However, to provide deeper insight, the report highlights unique perspectives from administrators, staff, non-LPMPP providers, LPMPP physicians, and patients where relevant, capturing distinct experiences and viewpoints that enrich the overall analysis.

Outcome Measures

1. Quality of Care

Qualitative Findings

Overall, participating administrators, non-LPMPP providers, staff, and patients expressed high satisfaction in the quality of care provided by the LPMPP physicians. Patients reported increased acceptability of services and satisfaction due to cultural and linguistic alignment facilitating rapport and improved access to services. Staff, non-LPMPP providers, and administrators confirmed patient satisfaction with LPMPP services.

All groups emphasized the improved accessibility of healthcare services, particularly for Spanish-speaking patients. In one clinic, where provider shortages were exacerbated by retirements and recruitment challenges, LPMPP physicians played a crucial role in ensuring continued patient care—filling gaps that would have otherwise left the clinic without physician coverage.

All groups recognized LPMPP physicians for their expertise, strong work ethic, cultural alignment, and holistic approach to patient care. In some cases, their specialized medical knowledge and cultural insights were shared with other providers, enhancing patient care across the entire community health center.

Key Qualitative Findings

All groups expressed confidence in the quality of care provided by LPMPP physicians. Some quotes that illustrate this point:

…we are a community where there is a lot of agricultural work…many people…didn't come at first. First because of the language, and then because of time…there were many barriers…so, being more accessible with time, with language, with the doctors, and trust…they feel, well, "I can go to that place because ***it's more accessible, there's more attention and better treatment****." [Patient]*

They're fantastic doctors. *Like I said, we do work together because we share patients, and so their professionalism is right on point, their knowledge, the way they carry themselves…* *[Non-LPMPP Provider]*

These doctors bring in ***great quality care for their patients and, their knowledge****. They're very knowledgeable. Plus, as they're working with the patients, they're teaching me also. I'm learning as I'm going, and they like to teach. These doctors are great. [Staff]*

*They have different specialties in different emphasis… we were able to make some changes…that has **improved the quality of care**. That's been a blessing for us. [Administrator]*

All groups valued the <u>interpersonal skills</u> LPMPP physicians demonstrated in their clinical practice.

*They're **very knowledgeable**, and they have **really good bedside manners**. [Non-LPMPP Physician]*

I feel like they [LPMPP physicians] ***go beyond trying to take care of the patient*** *and meet their needs or try to help them as much as the patient needs for medical treatment. [Staff]*

*The providers [LPMPP physicians and non-LPMPP providers], you see them going to each other for advice, or **we go to them for advice** or how to handle a situation with a patient. I think everybody brings something different to the table, so putting that all together makes a **really strong team**. [Staff]*

*It's more than quality care for me. It's more than the metrics…. **All patients deserve to be recognized and accepted for who they are. And I think these providers, that's what they bring**. [Administrator]*

LPMPP physicians significantly enhance healthcare <u>accessibility and improved clinical productivity</u>.

*Patients love them [LPMPP physicians], and they're good producers, too, so they see a good number of patients, and it has been an **excellent experience**. [Non-LPMPP Provider]*

*…they [LPMPP physicians] **take the time to care for the whole patient and their needs**—not just the issue they came in for, but if they notice something else, they address it during the same appointment. [Patient]*

*I feel like we have **more accessibility for appointments** to put in more patients. Then also the language, it has been helping a lot with a lot of our patients. Then they* [LPMPP physicians] *are very thorough. They provide a lot of education to their patients, and they make sure the patient gets the **good quality care** they need. [Staff]*

***We've seen massive access**…and we've seen massive revenue coming into the clinics. [Administrator]*

*We have a lot of monolingual Spanish speakers as well and so **culturally it was just a perfect fit** and again, it was taking us many years to even hire a doctor. They just don't want to come. [Administrator]*

Participants recognized the program's positive impact on the FQHC healthcare system, noting enhancements in care quality, provider collaboration, and patient access to services.

Since customs [of care from LPMPP physicians] *are very different…it's also changing the care. The culture…is different, and that is also* ***transforming the clinic****. Not just for the doctors but also for the staff.* ***It has an influence, and it is better that way.*** *[Patient]*

There has been a noticeable change, a difference since they [LPMPP physicians] arrived…I don't know if it's something they brought with them from Mexico, as customs are different. Their presence is changing things—not just the doctors, but the **entire clinic. The influence is there, and it's for the better.** [Patient]

It has [LPMPP program] ***benefited the organization. It's benefited our community, and it's benefited our patients****. I believe they* [LPMPP physicians*] saved many lives from the time that they've been here… they [patients] commented how they saved their lives or what a wonderful doctor* [and say] *"they take time with me," … nothing but positive feedback overall. [Administrator]*

Qualitative Findings

Uniform Data System

The Uniform Data System (UDS) is a database of measures from all Federally Qualified Health Centers. FQHCs are required to submit data to be published in the database on an annual basis. The database includes patient characteristics, service, cost of operation, and other measures. The UDS database is publicly accessible online.[2]

Methodology

The CRHD identified three areas of interest to be included in the program analysis: the number of seasonal flu vaccines administered, patients identified with high blood pressure, and patients identified with diabetes. The values from 2021 and 2023 were compared to assess for any significant changes that happened during the implementation of the LPMPP program.

Findings

The UDS reveals trends in patient diagnoses for influenza, high blood pressure, and diabetes across multiple clinics. From 2021 to 2023, influenza cases increased at all locations, with CSVS experiencing the most significant surge, nearly doubling from 4,314 to 9,694 cases.

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[2] Health Resources and Services Administration, Health Center Program, February 24, 2025: https://bphc.hrsa.gov/data-reporting.

Table 2. Diagnosis of Influenza, High Blood Pressure, and Diabetes.

	Influenza		High Blood Pressure		Diabetes	
Clinic	2021	2023	2021	2023	2021	2023
Altamed	N/A[6]	100,615	N/A	36,044	N/A	30,513
Altura	4,669	4,915	2,168	2,872	2,186	2,380
CSVS	4,314	9,694	3,891	9,294	4,401	8,927
SBHF	1,105	2,298	744	730	422	635

[5,6]AltaMed's 2021 UDS data is excluded as it joined LPMPP in summer of 2022.

Other clinics, including Altura and SBHF, also experienced significant increases in influenza diagnoses, which may indicate a genuine rise in cases or improvements in diagnostic accuracy and testing efforts during this period. Similarly, high blood pressure diagnoses showed moderate growth across most clinics, with CSVS and Altura seeing the most notable increases. In contrast, SBHF recorded a slight decline, with diagnoses decreasing from 744 to 730, suggesting potential variations in patient populations, screening practices, or treatment interventions. These trends may reflect shifts in patient demographics, improved screening efforts, or changes in diagnostic criteria. Diabetes diagnoses saw a significant rise across most clinics, with CSVS experiencing the most dramatic increase, nearly doubling from 4,401 to 8,927 cases. Similarly, AltaMed, Altura, and SBHF also reported notable growth in diabetes diagnoses, indicating a broader trend of increased recognition, screening, and diagnosis of the condition across healthcare facilities.

Overall, the data suggest a clear trend of increased identification of these conditions, likely driven by a growing patient population and enhanced screening and diagnostic capabilities following the implementation of the LPMPP program. These findings highlight the program's potential impact on improving disease detection and expanding access to care.

2. Adaptability of LPMPP Physicians

Qualitative Findings

Administrators, staff, and providers agreed that LPMPP physicians adapted well to the U.S. clinical setting, seamlessly integrating into teams and delivering care aligned with established standards. They built strong relationships with both colleagues and patients, demonstrating proficiency in English and effective communication despite it not being their first language.

In some cases, administrators described providing LPMPP physicians with additional supports (for varying lengths of time) in areas such as charting, which may be different from what they are accustomed to, and the electronic medical record (EMR) system, which varies from center to center. Staff suggested that supplemental time and training on medical coding, referral processes, disability forms, insurance plan navigation, prescription management, and other complex U.S. healthcare systems of care or FQHC protocols could enhance consistency in implementing these mechanisms. Additionally, challenges arose due to inconsistent authorization for LPMPP physicians to prescribe medications, sign off on disability claims, and complete other insurance-related procedures within the healthcare system. Despite these challenges, all groups reported that LPMPPs demonstrated high adaptability and are effectively integrating into their roles within the healthcare organizations.

LPMPP physicians faced adaptability challenges primarily related to social support and mental health, particularly burnout. While they successfully adjusted to clinic systems and procedures over time, many struggled with the broader challenge of adapting to life in a new country. Feelings of isolation and loneliness were common, as they had limited support networks and few opportunities to share their experiences and challenges.

Key Qualitative Findings

LPMPP physicians were described as <u>adapting</u> well to their workplace setting at their FQHC.

*You know, **it's a learning curve**…I mean I've seen the same challenges as I've seen with any other provider that we brought on board. [Administrator]*

*They're providing not only a care that's consistent with our standards, but **they're adapting** **[to the setting]** **well. They are being integrated** within the team and the patients. [Administrator]*

[LPMPP physician] *can choose not to work but he chooses to work…he does step in and take care of some of the shifts when people call out in the evening. Things that I* [non-LPMPP provider] *ask him to do—to help him improve his clinical performance, he does it…**he's a strong provider**. [Non-LPMPP Provider]*

He's [LPMPP physician] *pulling through. I think he's getting better as time goes by, but it's been a little bit slower with him. Again, in respect to **knowledge, quality of work, and bedside manners, it's been really good**. We've had really no complaints of any of the Mexican doctors, so it's been, overall, a very good experience. [Non-LPMPP Provider]*

Though LPMPP physicians were reported as adapting well, LPMPP physicians described an emotional cost and the need for additional support.

*…I can say that **I now feel adapted and much more confident** than when I first arrived nearly two years ago. It is quite a difficult emotional challenge, and one feels that it is worth it after such a long wait, and you have to make it worth it. The challenge is worth it, but **it also carries a significant emotional cost.** [LPMPP Physician]*

I also believe that there should be support for us [LPMPP physicians] *because, in the end, we do experience terrible burnout. Seeing 40 patients in a day… forty patients is too much. We are not being taken care of. With such a heavy workload, you come home completely exhausted—it's really difficult…I do think it's something that should be addressed—our well-being. Especially our mental health, because that is extremely important. Even if more [LPMPP] doctors come, I think the situation would remain the same. You see them* [LPMPP physicians] *get tired. I remember seeing an OB provider walk down the hall, and he just looked **exhausted because he had so many patients and such a huge load**. It was a lot for him. [LPMPP Physician]*

LPMPP physicians expressed tension around balancing compassionate care with health system constraints.

Here [USA], *they try to address issues strictly by pathology: "No, they're here for finger pain, and that's it." If their head hurts, "No, make another appointment." …, **It's also hard to tell the patient, "Oh, no, for that, you'll need to schedule another appointment."** I feel like that's how doctors work here, and that's how the healthcare system functions. But as Mexicans, we tend to have soft hearts, thinking, "They already missed work, they brought the patient all the way here." So, we try to address everything during the visit to make it worthwhile. The patient made the effort to come. [LPMPP Physician]*

*…it's about **leaving everything behind and coming here, you face challenges**—there are rewarding experiences… but I believe **that day by day it's difficult**. And it's also hard to see such a large number of patients sometimes… there are times when **I feel like we wish we could give more time, more space, and it's not possible**. There are patients who merit more, and that part has been difficult. [LPMPP Physician]*

*I believe the healthcare system is a learning curve that we all face without prior knowledge, and it scares us. But as time goes on and we practice, it becomes easier. For me, **the hardest part has been the way of being**… we come with the way of life from here, from Mexico. That represents a **cultural clash**. It's the hardest part to adapt to. [LPMPP Physician]*

LPMPP physicians and others mentioned the need for <u>more regular check-ins and more formal support mechanisms</u> to help navigate the changes of adapting to a new country and workplace environment.

*Meetings among us would be very productive…. **simply having the opportunity to talk**, to share what we are experiencing, discuss specific patients or cases in a more structured way…would be very beneficial for us. [LPMPP Physician]*

… they [LPMPP physicians] *don't want to let themselves down. **They** **[LPMPP physicians] don't want to let anybody down**. They're just doing all these things that is required of them. They have not had enough time for transition. **How is that really affecting them?** Does the program have any way to get around the facade and say, "Hey, how are you really feeling? What are you doing? " That can lead to **burnout in a different level.** [Non-LPMPP Provider]*

*…it's important to recognize that yes, we are "providers," but we are also migrants. That part isn't considered from the administrative side. **I would suggest holding sessions or something to support us**—you sometimes hold yourself up alone. There are times when you have very few people to rely on. Maybe your family is there, but here, you don't have someone to give you a hug or to listen to you day to day sometimes. [LPMPP Physician]*

I think we need to provide the LPMPP doctors with time and space to check in, even mandating quick check-ins every two weeks and tapering down from there. Having that support, whether from another LPMPP provider or someone with a mental health background, would be beneficial. [Administrator]

Quantitative Findings

Knowledge Assessment

The Knowledge Assessment is a survey designed to evaluate LPMPP physicians' comprehension of key concepts from their six-month orientation course, a prerequisite under AB1045 before they begin practicing in the United States. This course provides a comprehensive introduction to the California healthcare system, equipping physicians with essential administrative, ethical, legal, and medical knowledge necessary for effective clinical practice. The assessment measures their preparedness and ability to integrate California's medical standards into their practice.

Based on responses from 30 physicians in Round 1 and 27 in Round 2, LPMPP physicians showed a slight improvement in their readiness score to apply California medical standards after the orientation course. The average assessment score increased from 56.98 in Round 1 to 59.69 in Round 2, but the change was not statistically significant ($p = 0.1118$), indicating minimal knowledge gains between rounds.

	Round 1	Round 2	p value
Average Score	56.98	59.69	0.1118
Number of Participants	30	27	n/a

*Three physicians left the LPMPP program before the second round of the assessment was administered.

Performance Reviews

Methodology

In this study, we analyzed the performance review scores of physicians in the LPMPP program, provided by clinic leadership. The initial data consisted of raw performance scores for each physician, which were often presented on different numeric scales, such as 1 to 10. To standardize these scores for comparison across clinics, we first converted each clinic's score into a consistent 1-5 scale. For example, if a clinic used a scale from 1 to 10, each individual physician's score was divided by 2 to align with the 1-5 scale. The formula for this conversion is:

Normalized Score = Original Score / 2

Once the scores were normalized, the next step involved summing the performance scores of all physicians within each clinic. This aggregate score reflected the total performance rating for each clinic based on its physicians' evaluations. The formula for summing the scores across physicians in a clinic is:

Total Clinic Score = Sum of Normalized Physician Scores

After summing the scores, the total clinic score was divided by the number of physicians in that clinic to calculate the average clinic score, which represents the overall performance level of the clinic based on the evaluations of its physicians. The formula for this calculation is:

Average Clinic Score = Total Clinic Score / Number of Physicians in Clinic

The final average scores for each clinic were then used for further analysis, enabling the identification of trends, comparisons between clinics, and potential correlations with clinic-specific factors such as resources or patient volume.

Findings

Clinic:	Phase 1 Mean (n)	Round 2 Mean (n)
Clinic A	3.33 (5)	N/A*
Clinic B	4.72 (5)	4.96 (5)
Clinic C	3.26 (5)	2.89 (4)
Clinic D	N/A*	3.36 (5)

*No performance reviews were submitted for the LPMPP physicians from the clinic.

The performance review analysis finds varying levels of physician performance, with some clinics showing higher average scores than others. Notably, Clinic B had the highest mean score in both rounds, suggesting consistently strong evaluations, while Clinic C experienced a decline between rounds. It is important to note that each clinic has its own metrics and evaluation criteria. Differences in scoring methods, expectations, and performance benchmarks across clinics mean that direct comparisons should be made with caution. Additionally, the absence of performance reviews for several LPMPP physicians limits the completeness of the analysis.

Chart Reviews

As stipulated by AB1045, each clinic employing LPMPP Physicians was required to establish a contract with a medical school. The medical school reviewed one to 20 patient charts for each LPMPP Physician on a quarterly basis. This report analyzes the chart reviews from two to three separate quarters for each physician. Given the varying start dates for LPMPP physicians and delays in the review process, the charts were reviewed anywhere between April 2023 to January 2025.

The chart review analysis focused on the quality of each physician's examination, the appropriateness of requested tests, the accuracy of resulting diagnoses, and if the senior medical staff noted the errors found in each chart. Each chart was then categorized into one of three categories: *concordant*, *minor discordance*, or *major discordance*. Numerical values were assigned to these categories as follows:

Concordant = 3, *Minor discordance* = 2, *Major discordance* = 1

Then, the sum of the scores for each clinic's charts was calculated and divided by the number of physicians reviewed during that quarter to determine a mean value for each clinic. This value was used to assess the overall performance of the clinic's physicians in the reviewed quarters.

The formula to calculate the mean value is:

Mean Value = (Sum of Each Clinic's Charts) /

(Number of LPMPP Physicians at the Clinic)

This process ensured a standardized assessment of physician performance, based on the chart reviews conducted.

Findings

Clinic	Number of Physicians	Mean (n):
Clinic A	6	2.64 (91)
Clinic B	5	2.12 (50)
Clinic C	11	2.39 (23)
Clinic D	1	2.2 (20)

The chart review analysis revealed satisfactory performance across clinics. Clinic A achieved the highest mean score of 2.64 based on 91 chart reviews, reflecting strong alignment with high standards of care. Clinic C followed closely with a mean score of 2.39 from 23 chart reviews, Clinic D achieved a mean score of 2.20 from 20 chart reviews, and Clinic B had a mean score of 2.12 from 50 chart reviews.

Among the errors identified in the chart reviews were issues such as lack of documentation, validity of tests and treatments made, incomplete examinations, and missing patient history. It is important to note that many of these errors could be related to contributions or oversights by other clinical staff members. Despite these challenges, the overall findings underscore the LPMPP physicians' consistency in providing quality care while identifying opportunities for targeted improvements to enhance performance and consistency across clinics.

3. Nonprofit Community Health Centers: (a) Impact on Working and Administrative Environment & (b) Interpersonal Relations with Medical

Qualitative Findings

Implementation and Integration in Clinical Settings

According to administrators, the initial set up and implementation of the LPMPP program was a heavy lift for most clinics. There were challenges faced acquiring the required documentation, credentialing, and authorization for the LPMPP physicians to operate fully in their roles. However, the eventual pay off in patients seen per day was considered to outweigh the challenge of initial implementation. Nearly all administrators agreed the LPMPP program is worth the effort invested, although as one interviewee said, "it definitely took a significant amount of time." Administrators as well as staff described program implementation and onboarding as becoming smoother over time. However, it was noted that centers participating in the future should be made aware of the time and effort required in advance.

The introduction of the LPMPP physicians was noted to have a beneficial impact on the working and administrative environment in the participating FQHCs. Some administrators and non-LPMPP providers shared the LPMPP physicians establish faster rapport with Spanish speaking patients due to their bilingual and cultural backgrounds. Staff described LPMPP physicians as contributing positively to the clinic environment and serving as a model to improve engagement and interactions with patients.
A few administrators were aware at the start of the program that existing providers may feel undervalued due to the cultural and linguistic fit of the LPMPP physicians with the patient population or feel displaced by the influx of LPMPP physicians; however, in follow up interviews these concerns were not identified by non-LPMPP providers or administrators. However, it was noted that a culture of consideration is beneficial in workplace settings, specifically in regard to the use of Spanish among providers and staff in settings with non-Spanish speakers.

Key Qualitative Findings

Despite challenges to initial program implementation due to delays from systems, settings, and situations outside of the FQHCs' control (e.g., visas, authorizations, and global COVID pandemic), there was return on investment.

*Financially **it's expensive** because we pay for all of their immigration fees and we also have to start paying them their doctor salary wages and there's no revenue because they can't see patients, but **I'm sure it'll even out at the end of the day** once it all gets taken care of and **this is a provider we don't have and have been struggling to fill** [Administrator]*

*The problem with them has been the hospitals. **They were not approved** by either one of our local hospitals… they did not approve hospital privilege for the* [LPMPP] *OB-GYNs, so that was a very disappointing part. [Non-LPMPP Provider]*

There was consensus among administrators, LPMPP physicians, non-LPMPP providers, staff, and patients that the LPMPP physicians were a good fit.

*The program in our end has been a **complete success**, not only from the medical side, administrative side from the clinic, the economical side, but also from the community side…honestly, people love them. [Non-LPMPP Provider]*

I assume that our **[LPMPP]** ***doctors are taking good care of them*** **[patients]** *because I know they are. It's nice that I can just focus on taking care of* [specialty area] *and informing them [patients] of what they need to do there, and not worry that they haven't had the complete explanation about their disease process or what they need to take care of, so **it's been really good**. [Non-LPMPP Provider]*

The [LPMPP] *physicians, they're very **welcoming and very open with us staff** members.* [In] *all my experiences with the Mexico pilot program providers, it's very easy to*

communicate with them, not intimidating at all. They don't make you feel like there's always the doctor to lower staff type of inferiority...[it's been] *great and pleasant experience. [Staff]*

*They're using the AB1045 as the ideal clinician at this point...the communication with the patient is more smooth with these clinicians....**The staff are seeing the value of these clinicians...we're looking at in general that this is how the clinicians should function**. [Administrator]*

*Everybody's been very, very **happy and accepting and welcoming** too of the new providers. [Administrator]*

Quantitative Findings

360 Assessment for Staff

The 360 Assessment for Staff is a survey for evaluating patient-provider interactions. Administered to clinical staff, this survey provides a thorough assessment of the Community Health Center's (CHC) work environment and the attitudes and experiences surrounding patient care over the past year. The results are critical in identifying areas of excellence and opportunities for improvement.

Methodology

There were two phases of the 360 Assessment for Staff. The first phase was administered from November 2021 to September 2022. The second phase was from August 14th to September 30th, 2024. The assessment was administered online to staff from all four clinics participating in the LPMPP program for the first phase, and 3 clinics for the second phase. This is because one clinic joined the LPMPP later. Only staff members who worked with LPMPP Physicians were included, such as dieticians, nurses, and medical assistants. There were a total of 29 questions in the assessment. In this report, 14 questions were selected for evaluation. Questions were selected to represent four broad categories: clinic procedures, patient care processes, patient care outcomes, and staff morale.

Respondents could respond to questions by selecting one of these options: strongly disagree, disagree, neither agree nor disagree, agree, strongly agree, or not applicable. Numerical values were assigned to each response as follows:

1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree nor Disagree, 4 = Agree, 5 = Strongly Agree

Any “Not applicable” responses were not taken into account during analysis.

The analysis is done using respondents’ scores to determine the mean score (single value) for each phase of data collection. By determining the mean it allows for a comparison of scores between the first and final phase as shown in the table below.

Key Quantitative Findings

Question	Phase 1 Average (n)	Phase 3 Average	p-value
We have good procedures for checking that work in this clinic was done correctly.	3.87 (211)	3.89 (254)	0.75
Staff in this clinic follow standardized processes to get tasks done.	4.02 (209)	4.13 (255)	0.49
This clinic makes sure staff get the on-the-job training they need.	3.75 (114)	3.83 (257)	0.45
I find ways to adapt my services to patient and family cultural preferences.	3.86 (220)	3.86 (263)	0.99
I believe that everyone should be treated with respect no matter what their cultural heritage.	4.43 (220)	4.39 (263)	0.71
I think that I am the appropriate person for the medical profession.	4.13 (220)	4.18 (263)	0.47
In this clinic, we treat each other with respect.	3.94 (220)	3.87 (263)	0.27
Generally speaking, I am very satisfied with this job.	4.08 (220)	4.03 (263)	0.71
We have good procedures for checking that work in this clinic was done correctly.	3.97 (211)	3.95 (255)	0.81
Staff in this clinic follow standardized processes to get tasks done.	3.99 (209)	3.95 (255)	0.65
This clinic is effective at tracking a patient’s test results from labs, imaging, and other diagnostic procedures.	3.89 (194)	3.93 (244)	0.78
A patient’s chart/medical record was not available when needed.	1.49 (115)	1.52 (219)	0.916
I feel I’m positively influencing other people’s lives through my work.	4.86 (220)	4.16 (263)	0.59

Patient-Centered: Is responsive to individual patient preferences, needs, and values.	3.52 (220)	3.43 (263)	0.45

The results of the 360 Assessment for Staff reveal that staff perceptions of clinic procedures, patient care processes, and staff morale remained positive and stable between the two phases of the survey. The mean responses for most questions showed only small variations, indicating consistency in how staff view the operational and cultural aspects of their work environment. For example, questions regarding the effectiveness of standardized procedures, availability of on-the-job training, and staff respect for one another all had similar mean scores in both phases, suggesting that these areas are largely unchanged over the course of the two years. Notably, the question about staff satisfaction, "Generally speaking, I am very satisfied with this job," had a slight decrease in mean score from 4.08 in Round 1 to 4.03 in phase 2. On the other hand, questions related to cultural sensitivity and the ability to adapt services to individual patient needs showed no significant differences. Staff consistently agreed that they were able to adapt their services to patient and family cultural preferences (mean score of 3.86 in both rounds), and there was strong agreement that everyone should be treated with respect, regardless of cultural background. This suggests that respect for cultural diversity and patient-centered care remain fundamental values within the clinic.

While the overall findings indicate stability, a few areas warrant further attention. The slight decrease in the perceived ability to positively influence patients' lives (from 4.86 to 4.16) could reflect evolving challenges or shifts in the clinical environment that may impact staff's sense of personal fulfillment or the effectiveness of their work. Additionally, the question related to patient-centered care, "Is responsive to individual patient preferences, needs, and values," showed a small drop in mean score from 3.52 to 3.43. This could suggest a potential area for improvement in aligning patient care practices more closely with individual needs and preferences.

In conclusion, while the 360 Assessment for Staff shows overall stability in staff perceptions, it also highlights areas where ongoing attention and improvement could enhance both staff satisfaction and patient care outcomes, particularly in areas like staff morale and patient-centered practices.

4. Response and Approval by Patients (Patient Experience)

Qualitative Findings

All groups reported a positive patient experience. The ability to communicate with patients in their preferred language was identified as the strongest factor contributing to a positive experience. Additionally, the ability to quickly build rapport due to cultural and linguistic similarities as well as insider knowledge on supplements used and medications often purchased in Mexico were described as positively contributing to the patient experience.

There were also reports of the LPMPP physicians actively engaging with the community beyond their clinical duties. LPMPP physicians were described as becoming a part of the community by participating in events and supporting health education efforts in local schools and other settings. Some engagement activities were coordinated by the clinic while others were initiated by the LPMPP physicians themselves.

Key Qualitative Findings

The acceptability of the LPMPP physicians among patients was reported as very high across groups.

Since these doctors [LPMPP physicians] *have been here* [FQHC], ***there has been a significant difference*** *because they teach us* [patients], *educate us, and explain these illnesses that were not explained to us before*. *[Patient]*

Many times, we don't take proper care of ourselves because we are unaware of many aspects of the illnesses we have. They [LPMPP physicians] *are* ***willing to take the time to explain****.[Patient]*

I love to see that my ***[LPMPP] provider loves his job*** *as well. The way* ***he cares and follows up with his patients****...when children come with a fever, he always follows up in a few days to see if it's resolved. [Staff]*

They just have that heart that you know, you can train skill you could train them on the immunization schedule, you cannot train them on ***having that heart****.... There are all kinds of things that are happening with our patients when they walk in, and for them to be that ease and lead with a* ***sense of ownership that they have their doctor****, that they have their clinic. That is extremely important. [Administrator]*

They love seeing the patients and so far, we've learned that the ***patients love them****. They're* ***able to connect to them on a different level*** *than the providers that are raised and trained here. [Administrator]*

Several groups highlighted LPMPP physicians' commitment to community engagement through workshops, outreach, and volunteer work. Physicians

expressed personal fulfillment and emphasized the importance of recognizing their contributions.

Some of our physicians [have] *been* ***conducting workshops for our patients.*** *They've engaged with local elementary schools where they've actually done seminars or workshops for patients about certain health aspects…. That's been very beneficial, especially in the local school districts. [Administrator]*

Another point I'd like to mention is…the aspect of the ***many volunteer activities we*** **[LPMPP physicians]** ***do****, such as giving talks to communities that speak other languages and participating in outreach, sports, and similar activities. I believe that in Mexico, all of this provides you with knowledge and adds to your resume. Here,* ***you do it from the heart because you want to be there, you want to participate, you want to learn****. But I also think it would be good for that effort to be recognized as well. [LPMPP Physician]*

Quantitative Findings

Linguistic Alignment

Most administrators, non-LPMPP providers, and staff acknowledged the ongoing challenges in recruiting and retaining physicians at FQHC locations. As a result, the presence of LPMPP physicians significantly improved access to care, particularly for limited-English and monolingual Spanish-speaking patients, who often face language barriers that discourage them from seeking medical services. LPMPP physicians were highly valued for their strong work ethic, high-quality care, fluency in Spanish, and cultural alignment with the primary FQHC patient population. Across all groups, there was consensus that their presence enhanced access to care, improved linguistic and culturally appropriate communication, and received overwhelmingly positive feedback from limited-English and monolingual Spanish-speaking patients. Some administrators and patients noted that word-of-mouth praise was spreading, further attracting new patients to the clinics.

Key Qualitative Findings

Patients noted the benefit of Spanish speaking doctors in facilitating direct communication.

I think it's ***important that they*** **[providers]** ***speak our language*** *because they bring an interpreter, a nurse, but then you hold back more… whereas when your doctor speaks your language, you speak directly to them, and it's no longer like there's a third person there… [Patient]*

Truly, being able ***to speak our own language helps us more as human beings to understand them*** *in their profession as doctors,* ***and them to understand us as mothers***

***or as patients**. That is the beauty of our culture. It is our language that allows us to express ourselves and convey what we are feeling. [Patient]*

*…It's such a **benefit to have the doctors** **[LPMPP physicians]** there to be able to **communicate with the patients** smoothly, cleanly for the patients, for them to be able to express themselves smoothly and cleanly and not have to dance around words. [Non-LPMPP Provider]*

*…they [patients] love the fact that they're able to speak one-on-one with the doctor and in proper Spanish because they feel that, **with an interpreter, sometimes there's stuff lost within that**. When they talk one-on-one with these doctors, they love it. I've never seen an unhappy patient from my [LPMPP] doctor. [Staff]*

Even if there is a translator [who] *may provide a very close literal translation—when it comes to **understanding those words in context**, they don't always make sense. [LPMPP Physician]*

<u>Staff and non-LPMPP providers described the benefits of linguistic alignment</u> provided for direct communication that increasing comfort and trust for patients.

Having to translate for them [patients] *is stopping what I'm doing… we have to drop everything, so we can go ahead and help the provider* [non- Spanish speaking provider] *in translating. **When they're Spanish speaking** **[providers]**, **it makes the flow easier not having to translate for them.** Patients are more comfortable with and going back to having Spanish* [speaking] *providers and expressing themselves better and easier. [Staff]*

*Having the **ability to quickly understand without the need for triangulation** between the medical assistant, patient, and doctor—allowing for direct communication…increases trust, improves time efficiency by reducing waste, and most importantly**, enables more accurate diagnoses**. [LPMPP Physician]*

*Most of the time, when we have a translator or the **provider uses a translator, I feel like the patients aren't really okay**, or they don't think we're understanding them. As where the provider speaks Spanish, they can speak to the patient face-to-face and explain to them. [Staff]*

All groups emphasized the widespread <u>acceptance and enthusiasm</u> for LPMPP physicians, particularly among monolingual Spanish-speaking patients, who felt more comfortable and better understood in their care.

We have a great population of Hispanic [Spanish]*-only speaking patients…they really **appreciate having somebody who can speak Spanish directly to them**…[not having to rely on their] relying on their sometimes not very efficient English or relying on the kids to translate to them. It's been really great…they speak Spanish directly to a lot of our patients. It's been great. [Administrator]*

*I wasn't concerned about the Hispanic or the monolingual Spanish speakers, more about those that are not. That was my concern. Is it going to drive my other patients away? I hope not, but now they've been **very well received** and especially the Hispanic monolingual. As soon as they found out I don't know if it's added more patients, new patients, but definitely the **word has been spreading** and they're really happy with them. Great comments. [Administrator]*

Quantitative Findings

CLAS Organizational Assessment for Patients

The Culturally and Linguistically Appropriate Standards (CLAS) Organizational Assessment for Patients is an informational needs assessment for health care providing organizations. The CLAS Organizational Assessment for Patients is comprised of 55 items that align with the National CLAS Standards. Many of the items have been designed to ask about actionable implementation strategies related to the CLAS Standards.

Methodology

The CLAS Organizational Assessment for Patients was conducted three times, with this report analyzing data from the first and final phases. The first phase (January–May 2022) included patients from Altura, CSVS, and SBHF, while the final phase (April–September 2024) expanded to include AltaMed. Trained community health professionals administered the survey in person or by phone within three days of the patient's appointment, ensuring timely and accurate responses.

The assessment included a total of 55 questions, with this report focusing on 17 key questions selected to represent four core categories: clinic convenience, linguistic alignment, clinic atmosphere, and overall experience. Respondents answered using a five-point scale: Never (0), Rarely (1), Often (2), Always (3), or Not Applicable. Numerical values were assigned to quantify responses, allowing for a structured analysis of patient experiences. Any "Not applicable" responses were excluded from the analysis. For statistical analysis, we calculated the mean response for each question in both phases and performed a t-test to compare them. A p-value < 0.05 was considered significant, indicating a likely change between rounds.

Findings

Question	Phase 1 Average (n)	Phase 3 Average (n)	p-value
Could you find your way around the clinic?	2.72 (298)	2.92 (519)	0.00
Was it easy to ask questions at the clinic?	2.89 (317)	2.91 (523)	0.64
Did clinic staff ask about your preferred language for your visits?	2.09 (262)	2.09 (475)	0.99
Did clinic staff ask if you needed an interpreter for your visits?	1.72 (238)	1.50 (453)	0.70
Did the clinic use a trained medical interpreter for your visits?	2.33 (107)	1.69 (193)	0.45
Did you understand the clinic's informed consent forms?	2.89 (289)	2.66 (515)	0.22
Did you feel welcome at the clinic?	2.88 (315)	2.92 (523)	0.15
Did clinic staff come from your community?	2.80 (176)	2.61 (449)	0.28
Did providers know what language you preferred using?	2.64 (302)	2.83 (503)	0.18
Did providers pay attention to what you said?	2.87 (314)	2.81 (518)	0.56
Did providers treat what you said as important?	2.87 (314)	2.90 (518)	0.38
Did providers at the clinic try to understand your culture?	2.72 (259)	2.03 (445)	0.16
Did you have enough time to talk with your provider?	2.74 (314)	2.83 (515)	0.29
Did providers ask if you had any questions?	2.83 (316)	2.86 (518)	0.53
Was it easy to reach someone at the clinic if you had a question?	2.60 (313)	2.79 (505)	0.24
Did you feel like all of your health care needs were addressed (including physical, emotional, and social)?	2.80 (317)	2.82 (506)	0.83
Did you feel comfortable with recommending this clinic to a family member or friend?	2.78 (309)	2.83 (498)	0.53

Findings from the CLAS Organizational Assessment for Patients provide key insights into patient experiences, highlighting positive feedback on clinic convenience, linguistic alignment, atmosphere, and overall care across both phases of data collection. Clinic navigation significantly improved, with the mean score for "Could you find your way around the clinic?" increasing from 2.72 in Phase 1 to 2.92 in Phase 3, reflecting a meaningful enhancement in patient orientation. However, ease of asking questions remained stable, with scores of 2.89 in Phase 1 and 2.91 in Phase 3. Clinic staff accessibility showed a slight improvement, rising from 2.60 to 2.79, suggesting better patient-staff interactions over time.

Patient responses regarding language preference inquiries remained consistent, with a mean score of 2.09 in both phases. However, the frequency of staff asking if patients needed an interpreter declined slightly from 1.72 in Phase 1 to 1.50 in Phase 3. Similarly, the use of trained medical interpreters dropped significantly from 2.33 to 1.69, likely reflecting a reduced perceived need for interpreters due to the presence of Spanish-speaking LPMPP providers, who may have facilitated direct communication without intermediaries.

Perceptions of clinic staff belonging to the community showed a slight decline, with scores dropping from 2.80 in Phase 1 to 2.61 in Phase 3, suggesting a possible decrease in community representation, though the change was not statistically significant. Meanwhile, patient-provider interactions remained stable—patients felt their concerns were heard (2.87 in Phase 1 vs. 2.81 in Phase 3) and valued (2.87 vs. 2.90), indicating consistent provider attentiveness and respect.

Patients' perception of having sufficient time with providers improved slightly, with scores rising from 2.74 in Phase 1 to 2.83 in Phase 3. Likewise, the likelihood of recommending the clinic to family and friends increased from 2.78 to 2.83, suggesting sustained patient satisfaction and trust in the clinic experience over time.

Additional: Impact of LPMPP Program Discontinuation

Qualitative Findings

Participants were asked not only for recommendations but also to describe the potential impact of discontinuing the LPMPP program. Across all groups, there was universal agreement that its termination would have severe negative consequences for both FQHCs and the patient populations they serve. Patients expressed feelings of anger, frustration, and discouragement, likening the loss to having something essential taken away after building trust and reliance on LPMPP providers. FQHC administrators and

staff emphasized the system-wide impact, warning that discontinuation would significantly reduce access to timely, high-quality, and culturally aligned care for underserved communities.

Key Qualitative Findings

Patients voiced strong concerns about a potential decline in care quality and difficulties in meeting their healthcare needs without access to culturally and linguistically aligned LPMPP physicians. They emphasized that discontinuing the program would create significant gaps in care, not only for individual patients but for the broader community, leaving many without the support they rely on.

*Personally, **we would feel anger** when* [the LPMPP program] *is taken away from us…and many times people* [would] *say, 'I'm not going to the clinic anymore… but I think in terms of the **community, there would be a stronger impact, like disempowerment**, like when you're given a candy and then it's taken away…the quality of care would decrease overall… [Patient]*

*The important thing is to understand what the legislature aims to achieve with these doctors. What was the reason they started and implemented this program? What was their objective? Was it just to stir things up among people? That wouldn't be good. I imagine they wanted to see how much healthcare they could provide to the Latino population. …But **if the goal was to get Latinos more involved in their health, they're doing it well. So, I think their goal should be to continue**. [Patient]*

*Yes, **this program should continue because, honestly, we need it**. Sometimes, it's very frustrating when you want to talk or say something about what you feel, what's happening to you, or if you're in pain…with someone like her* [LPMPP provider], *you can communicate…If they take away this program, it would harm us greatly. For example, I might not be able to explain my illnesses in English...don't take it away. Think of us. We have a great need for doctors like them who understand and comprehend us. Don't take it away because **we've built trust with these doctors**, and suddenly it's gone. You're left wondering, 'What am I going to do? Maybe I won't get another doctor like him or her.' Maybe they won't help me the way my current* [LPMPP] *doctor has. [Patient]*

It would be a disaster [if the program was terminated] *because we truly need it. It's a need. It's a personal need; **it's a community need…It's a necessity**… [Patient]*

Administrators, staff, non-LPMPP providers, and LPMPP physicians emphasized that discontinuing the program would have devastating consequences for participating FQHCs, severely compromising their ability to deliver timely, high-quality, and accessible care to the communities they serve.

Honestly, if it wasn't for these [LPMPP] *doctors, I don't know where we'd be right now**. We'd be really struggling**. It's just been so **difficult for us to recruit providers**, doctors especially…they've been able to fill that void… [Administrator]*

...Less people will be served [if the LPMPP program was discontinued]. *We* [FQHC] *will struggle with that. We will probably see* ***busier ERs*** *here in our valley. We have a shortage of doctors, and I haven't been able to fill them quickly. We're going to see a* ***huge decrease in our revenue****, and we're going to see* ***longer patient waiting times****. [Administrator]*

More than half of our MD providers are [LPMPP physicians], *and they've made a positive impact already. The community is more aware of the different services that we do offer...there's definitely an impact, a good impact.* ***If they were to discontinue the program, we would have a crisis on our hands.*** *[Administrator]*

Ending the LPMPP program would disrupt continuity of care, leaving patients without consistent, culturally aligned providers and potentially compromising their long-term health outcomes.

We'd have a lot of angry patients [if the program was discontinued] *...they want their* [LPMPP] *doctor, they want that specific doctor, they're comfortable with that one. They've* [patients] *established a medical history, and* ***they just don't want anyone else****. [Staff]*

It's really ***critical that we continue this program*** *and look at enhancing that program to have more opportunities...you know that there's all kinds of things that are happening with our patients when they walk in, and for them to be that ease and lead with a* ***sense of ownership that they have their doctor****, that they have their clinic. That is extremely important. [Administrator]*

All these patients are being treated thanks to having them [LPMPP physicians] *available. Otherwise, these* ***patients would have to struggle somewhere else, or they end up in the ER****. Financially, they're also helping our system by keeping them* [patients] *out* [of the ER] *and helping them prevent any kind of diseases or illnesses they could have caught had they not been treated timely. Some conditions are time sensitive, like cancer as well. It's very time sensitive, being able to see them. [Administrator]*

*"****It*** **[program discontinuation]** ***would have a negative impact on patients and, therefore, on the community****.* ***This would affect all aspects****, including family, social, work, and even economic aspects. Ultimately, we are here because there are patients—because there are migrant individuals working here every day, and in a way, we also become migrants ourselves, working to serve them." [LPMPP Physician]*

It would be a loss*. Really, if this didn't continue, it would be a loss...if all of this were lost, it would be* ***devastating for the people****. Not just for us* [LPMPP physicians] *—because despite all the challenges, I have enjoyed being here. But for the people, it would be very bad. [LPMPP Physician]*

If they [LPMPP physicians] *leave, and then* ***there's no replacement for them****, economically, it will hurt us a lot too.* ***We have become dependent right now from the program****, and we're still*

recruiting, trying to recruit more people because we know there's a certain uncertainty about the program, so we cannot rely on then 100 percent, but it's so hard. [Non-LPMPP Provider]

LPMPP Qualitative Data Summary

All groups—staff, administrators, non-LPMPP providers, LPMPP physicians, and patients—unanimously reported the positive impact of the LPMPP program. Feedback consistently emphasized its role in enhancing healthcare delivery, improving access, and fostering strong patient-community trust. Key areas of impact included expanded patient access, improved care quality, and heightened patient satisfaction, particularly among predominantly Spanish-speaking populations. The program's emphasis on culturally and linguistically aligned care was recognized as a major benefit. Additionally, the seamless integration of LPMPP physicians within FQHCs was highlighted, with strong interpersonal relationships among staff and providers, as well as the LPMPPs' adaptability in learning and navigating healthcare systems. The qualitative findings highlight the substantial benefits the program brings to the communities it serves. While there are opportunities for improvement, its positive impact is widely regarded as significant—and in some cases, essential—to the FQHCs' ability to deliver high-quality, accessible care.

Recommendation for Program Improvement and Sustainability

During data collection, key areas for improvement were identified to enhance the program's effectiveness and ensure its long-term sustainability. The following recommendations are outlined below and expanded upon in the next sections. While not ranked by priority, they are categorized into two main areas: (1-6) Enhancing program logistics and (7-9) Strengthening participant experience and coordination within the U.S. healthcare system.

Summary of Recommendations:

1. **Increase Program Awareness:** Improve communication among FQHC personnel to ensure seamless LPMPP integration, foster teamwork, and align staff with program goals.

2. **Optimize Physician Balance:** Ensure a balanced integration of LPMPP and existing physicians to prevent feelings of displacement, foster inclusivity and maintain clinic harmony and culture.

3. **Extend Program Duration:** Increase the program's duration to maximize impact, enhance FQHC return on investment, and facilitate a smoother reintegration of LPMPP physicians upon returning to Mexico.

4 **Expand Provider Specialties and Capacity:** Increase LPMPP cohort sizes as needed and broaden the program's scope to include high-demand specialties such as dentistry, mental health, and emergency medicine, strengthening care accessibility and service availability.

5 **Strengthen FQHC Collaboration and Partnerships:** Promote cross-collaboration among FQHCs to share best practices and optimize the onboarding process. Expand partnerships with hospitals and insurance providers to improve coordination, authorization processes, and overall program efficiency.

6 **Strengthen Partnerships with Mexican Institutions.** Enhance collaboration with medical institutions in Mexico to ensure LPMPP physicians maintain their professional standing during the program and experience a seamless transition upon return.

7 **Enhance Recruitment Strategies:** Broaden eligibility criteria to include early-career LPMPP physicians, minimizing disruptions to family commitments and established practices while ensuring a smoother transition and integration into FQHCs.

8 **Provide Mental Health and Wellness Support:** Implement structured wellness check-ins and peer support systems to help LPMPP providers manage personal and professional transitions, reducing isolation and fostering emotional well-being.

9 **Enhance Onboarding and Integration:** Streamline LPMPP physician arrivals to minimize delays in clinical practice. Provide earlier, targeted training on English proficiency, U.S. prescription protocols, and insurance regulations to ensure seamless integration and readiness upon arrival.

Recommendation 1: Increase Program Awareness

Non-LPMPP providers, staff, and administrators emphasized the need for greater transparency and communication about the LPMPP program before physician arrivals. Additionally, many suggested incorporating informal meet-and-greet events to foster early connections and smoother integration into the clinic community.

*...**I would've liked a little bit more information*** [about the LPMPP program] *...I didn't realize how far back it went...and I didn't realize the extent of all the organizations involved. [Non-LPMPP Provider]*

...[I recommend] ***talking to the staff in advance**. Like, "Hey. We are a part of this program, and next week we're gonna have a provider joining us." All of that, it came post and by word-of-*

mouth. If you worked directly with the provider, you knew. If you were any other employee, then you had no concept. ***There wasn't any highlight of why it was special, or why this was a new project that was being launched.*** *I think that if a clinic is going to be absorbing a new provider, especially from this program, it would be probably helpful for their entire staff to understand that because then that would alleviate some of the awkwardness sometimes that you may run into… [Staff]*

*…**have the introduction*** **[of the LPMPP physicians]** ***be a little more informal**, I think, when the providers did meet with them* [LPMPP physicians] *initially, it was through a meeting, a provider meeting. It was kind of formal, but maybe having a luncheon, a dinner…**Let's all get together**". [Administrator]*

I think we would want to start it [onboarding process] ***a little earlier**… then really get them in tune with who their team would be so that they can start **building that relationship**, right? Cause it's not just a professional relationship. They do need to trust each other and that goes beyond just "Good morning. Hello, how are you?" It becomes that relationship. It becomes that almost friendship like thing.* ***I think we would start that a little earlier so that they can build that relationship beforehand.*** *[Administrator]*

"I think if I would do something different [for future LPMPP cohorts], *I'd probably— just* [want] ***involvement from the start**, like screening and selecting* [LPMPP] *candidates. [Administrator]*

Recommendation 2: Optimize Physician Balance

Maintaining an appropriate ratio of LPMPP physicians to existing providers is crucial for seamless integration, preventing feelings of displacement among non-LPMPP providers, and preserving clinic culture and workflow stability.

*You can't put so many physicians, so many foreign-trained physicians in one area so that they're **displacing** native population* [existing providers] *or **change your practice culture just because of the sheer number or proportions**. [Non-LPMPP Provider]*

*They **layered it*** [flow of incoming LPMPP physicians in FQHC]. *I think the flow of that felt good. I know alternate clinics that we've partnered with maybe had three or four* [LPMPP physicians] *that **onboarded at the same time, and almost that was overwhelming** because you had providers that were here that were running the clock on their visas but not able to deliver the services of a physician. [Staff]*

Recommendation 3: Extend Program Duration

LPMPP physicians and administrators emphasized the need to extend program duration to minimize care disruptions, maximize contributions to FQHCs, and streamline timely onboarding and integration. A longer program would also support smoother professional reintegration in Mexico, reducing provider attrition by allowing LPMPP physicians to better balance their private practices and institutional commitments upon return.

Participants described benefits of extending the duration of the program to minimize disruptions to continuation of care as well as maximize the return of investment to FQHCs.

*I think a **longer time frame would be more ideal, especially with that continuation of care**. It is difficult for a patient to start their care with one provider and then after a couple of years then transition over to another provider.* *[Administrator]*

***I would recommend extending it. I think it's been very beneficial**...If the majority of the population is Spanish speaking, I would just see that as a **great win for everybody**. You have trained physicians who meet the criteria for these U.S. standards that speak Spanish...and have the cultural linguistic background. I think it's just beneficial for everybody. It would be a shame if for some reason, anyone thought that otherwise…* *[Administrator]*

*It's gonna be heartbreaking when they leave…that's why I know they're **trying to extend**...that would be great.* *[Non-LPMPP Provider]*

*I am in favor of **increasing** not only the **duration of the program but also the number of physicians** because the excessive patient load during a workday has been very stressful for us…managing excessive workloads is crucial **to prevent burnout and exhaustion** because, no matter how much love and dedication we* [LPMPP physicians] *have, we all have a limit. We also need to find balance—otherwise, at some point, we could end up as patients on the other side.* *[LPMPP Physician]*

Participants also described that extending the duration of the LPMPP program was also needed because of the delays related to the onboarding process could significantly reduce the time the LPMPP provider was able to practice.

*I mean, it was a matter of waiting for credentialing to come through for the medical board to issue a license and so on so forth... Again, that process takes time. It's time away for them to travel, get stamps on their passports, I-94s, meeting with lawyers. **All of that is an additional drain and strain that may take away from time that they're here to serve.** The year is **definitely way too short**. Two years flies by like that. Three is good, but I would propose four if that was possible.* *[Staff]*

*It is worth it, because, again, of all these patients that they can see that otherwise wouldn't be treated… **I don't think three years is enough**…they should each have at least a minimum of five years, **just to really cover all these expenses*** [related to onboarding]. *[Administrator]*

Many also described the costs, both financially and professionally of participating in the LPMPP program with a three-year duration. LPMPP physicians suggested extending or allowing for the option to renew contracts to make it more feasible for physicians to participate in the LPMPP program and build enough savings to make it possible for them to continue their practice in Mexico.

With the program being only three years long… it is long enough to sever any professional ties in Mexico, yet too short to allow for meaningful savings upon our return. [LPMPP-Physician]

One of our [LPMPP physicians] *actually went back to Mexico…he has his own private practice, and…he was getting a pay cut coming to the program.... for a while, he was going back and forth to Mexico, like on the weekends or long weekends, or he would ask for a vacation day so he could go to Mexico three days and doing surgery over there and everything. I was like, "Wow. He was able to do all that, and he still wanted to be part of the program." [Non-LPMPP-Provider]*

Recommendation 4: Expand Provider Specialties and Capacity

In addition to extending the duration of program, LPMPP patients, LPMPP physicians and staff also highlighted the need to expand and increase the program to include additional healthcare specialties, such as dentistry, nutrition, ophthalmology and mental health, among others.

*Selfishly we could have **more** **[LPMPP]** **providers** like the ones that we have absolutely all day and all night because **we see the benefit**. [Staff]*

*It's so hard to get providers here, so we have become dependent on the program…we want to bring more, **want to bring more providers for our community**… it's been an absolute treasure. [Non-LPMPP-Provider]*

It [LPMPP Program] *should continue, and it should be expanded. it is very, very good—very important for our community. **Expanding it, I think, is crucial**, because, in my experience, in the health clinics it has been a sea of people. [Patient]*

We want more [LPMPP physicians], *which is why we are here raising our voices—because **we want more. Because, for the first time, we are feeling like we truly are human beings**. We are in our culture. That's what we want, to feel at home. [Patient]*

*I live way out in the fields…And here, **we truly need more doctors—dentists, psychologists, a little bit of everything**. [Patient]*

We are already here [in the country], *and we should be considered. Don't forget that **we are part of the country** and that there are many of us Latinos—not just Mexicans but from other nationalities. They should take this into account and **expand the programs that have benefited us greatly and are so desperately needed because the difference has been significant here**. I think that, as part of the country and the community, we deserve good healthcare and medical attention for everyone. [Patient]*

*It should be expanded. **Definitely, it should be expanded**…aside from the personal challenges of being here, I have not seen anything negative in terms of relationships with either the doctors or the patients. [LPMPP Physician]*

*The suggestion would be to **expand the program to other areas of healthcare, not just physicians.** There is an urgent need for nutritionists. We have nutritionists for pregnant women and children, but not for adults. The bariatric clinic only accepts patients with a body mass index over 40. Expanding the program to include other areas of nutrition is urgently needed. [LPMPP Physician]*

Recommendation 5: Enhance Recruitment Strategies

LPMPP physicians recommended shifting recruitment efforts toward experienced early-career providers to align eligibility criteria with participant needs. This adjustment would help reduce conflicts with established private practices and family obligations, challenges often faced by senior-career physicians navigating the transition to the U.S. Recruiting less established providers in Mexico could enhance program flexibility, retention, and long-term participation.

LPMPP physicians recommended expanding recruitment eligibility to include more early-career providers with relevant experience from Mexico.

*Essentially, **the requirements** [to participate in the LPMPP program] **were those of a celebrity.** They required international publications, being a professor at their university, appearing on radio and television, and earning significantly more than their peers—many times more. There are eight requirements in total, and within the clinics, this was a major point of contention. They would say, 'How is it possible that even the doctors we train here* [in the US] *don't meet all these requirements, yet **you expect a foreign physician to be young and also have all of that and more**?...these excessive requirements also became a barrier to launching and implementing the program. [LPMPP Physician]*

The work environment at the [name] *clinic was perfect. Perfect, truly perfect. However, the financial factor—being able to provide for my wife and children—was ultimately the deciding factor in my case. I thought, 'Well, in Mexico, I earn more, I have my own home, and I don't have to pay rent.' All of these factors added up, leading me to ultimately decide to leave the* [LPMPP] *program early. [LPMPP Physician]*

Recommendation 6: Strengthen Partnerships with Mexican Institutions

LPMPP physicians highlighted the challenges of meeting requirements imposed by their sending institutions to maintain their positions in Mexico upon return. Additionally, restrictions on practicing specialized skills during the program posed a risk to preserving clinical expertise. Many providers emphasized the significant financial and professional costs of participation, underscoring the need for greater institutional support and policy adjustments to sustain engagement in the program.

Spending so much time away from Mexico, [**sending institutions**] ***start forcing*** [**LPMPP**] ***physicians to resign or they are dismissed.*** *Perhaps the* [LPMPP] *program could establish a*

formal agreement with institutional authorities from the beginning to clarify, 'What happens if I take your doctor for three years? Please ensure their [LPMPP physicians] *position is respected upon their return. [LPMPP Physician]*

In my case, ***I have already lost my position*** **[in Mexico].** *My colleagues have lost theirs as well. I understand that this is something the system or the program cannot change in Mexico, that is clear to me. But I believe that for many* [LPMPP physicians], ***returning will be difficult.*** *[LPMPP Physician]*

Some of them [LPMPP physicians] *were telling that, also, they've been having some problems on that end because they* [sending institutions] *are telling them, "Oh, no, you can't be out for so long…****you're going to lose your job here****" … That's probably also the only thing that I have heard from them* [LPMPP physicians] *that might worry them, that* ***once they go back, they might not able to get the same job that they had before****, but all in all, I am asking, "Well, do you think if you know that you're going to lose your job, will you still come?" [Non-LPMPP Provider]*

…he [LPMPP provider] *was like, "****I'm losing my surgical abilities. I cannot be here three years without doing any surgery at all.*** *That would kill me" … when the hospital didn't approve them, he said, "Sorry, but this is not going to work for me," so he went home…We can't expect them* [LPMPP physicians] *to be three years here without doing a delivery, doing a surgery or anything, or just seeing outpatients. For pediatricians, family, and internal medicine, that would be no problem, but for* [specialized practice], *that's probably a* ***big drawback****… [Non-LPMPP Provider]*

Recommendation 7: Provide Mental Health and Wellness Support

LPMPP physicians emphasized the need for structured mental health support to help navigate the emotional and professional transitions of practicing in a new country. Establishing formal wellness check-ins and ensuring access to mental health resources were identified as essential for physician well-being and program sustainability (see "Adaptability of LPMPP Physicians" on page 8 for supporting findings and quotes).

Recommendation 8: Enhance Onboarding and Integration

LPMPP physicians would benefit from early training and guidance on U.S. healthcare practices, including prescription protocols, insurance processes, medical coding, and disability documentation. Introducing these trainings earlier in the onboarding process would better prepare physicians and streamline their integration into clinical workflows (see "Implementation and Integration in Clinical Settings" on page 9 for supporting findings and quotes).

Recommendation 9: Strengthen FQHC Collaboration and Partnerships

Some LPMPP physicians faced barriers in utilizing specialized skills due to hospital authorization challenges, limiting their ability to maintain proficiency and, in some cases, affecting their program retention. Strengthening collaborations with U.S. institutions would enable physicians to practice their full skill set, preserve clinical expertise, and reduce financial losses for FQHCs (see “Implementation and Integration in Clinical Settings” on page 10 for supporting findings and quotes).

Recommendations for the Expansion of the LPMPP Program

1: Supplemental Clinical Training for LPMPP Physicians

Data from chart reviews and performance evaluations revealed gaps in clinical training, particularly in diagnostic accuracy, treatment planning, and documentation. While LPMPP physicians demonstrate strong medical expertise, they may not be fully accustomed to clinic-specific or U.S.-based standards and protocols. Implementing supplemental training aligned with California-specific medical guidelines—alongside consistent feedback from chart reviews—would help address these gaps. Strengthening training and incorporating lessons learned from chart reviews will further enhance the quality of patient care provided by LPMPP physicians.

2: Provide Regular Staff Training on CLAS Standards

Findings from the CLAS Organizational Assessment for patients and staff highlight clinics' strong commitment to implementing CLAS Standards. However, opportunities for improvement remain across all areas. To further enhance culturally and linguistically appropriate care, clinics should establish regular, mandatory training for all staff. Additionally, integrating CLAS Standards into staff evaluations will reinforce their importance and ensure the continued delivery of equitable, patient-centered care.

3: Standardize Performance Review Metrics

Variations in LPMPP physician performance, as reflected in inconsistent review scores, suggest differences in evaluation practices across clinics. Implementing a standardized performance review framework would ensure greater consistency, reliability, and comparability of physician assessments. This framework should include clinical skills evaluation, diagnostic accuracy, and adherence to treatment protocols, enabling clinics to identify trends, recognize strengths, and pinpoint areas for improvement more effectively.

4: Enhancing Patient and Staff Feedback Systems

Findings from the CLAS Organizational Assessments and 360 Assessments for Patients and Staff provide critical insights into patient and staff experiences at clinics. To sustain high-quality care, clinics should implement continuous feedback mechanisms, including regular patient and staff surveys, anonymous feedback forms, and suggestion boxes to ensure all voices are heard. Consistently collecting and analyzing feedback will enable clinics to identify and address issues promptly, fostering improved patient care, staff satisfaction, and overall clinic performance.

Evaluation Limitations and Challenges

The evaluation of the LPMPP program faced several logistical and administrative challenges that impacted data collection. Assessment windows were extended due to delays in physician arrivals, largely driven by visa-related issues that postponed their start dates and, in turn, the initiation of data collection. Additionally, staffing shortages and competing priorities at some clinics further hindered timely data collection, affecting the overall evaluation timeline. Patient data collection was particularly affected by these challenges. One clinic joined the LPMPP program late in summer 2022, after the evaluation had already begun. This staggered timeline introduced variability across assessment phases, which should be considered when interpreting findings. Maintaining consistent data collection timelines is crucial for ensuring valid comparisons and minimizing potential biases in program evaluation. A key limitation of the evaluation was the small sample sizes across all assessments. Limited sample sizes weaken statistical power, increasing the risk of random variation influencing results and potentially obscuring meaningful trends or the true impact of LPMPP physicians. This reduces the reliability and generalizability of findings. Expanding sample sizes in future assessments would create a more robust dataset, enhancing confidence in conclusions and providing a clearer picture of program outcomes.

Another key limitation was the relatively short evaluation window, which may not fully capture physician performance, patient outcomes, or long-term program impact. A longer evaluation period would provide a more comprehensive assessment, particularly for clinics that joined later, ensuring their progress and challenges are accurately reflected. Extended observation allows for better trend analysis, a broader range of patient cases, and deeper insights into the effectiveness of interventions over time. Additionally, it would account for the adjustment period required for LPMPP physicians as they adapt to a new country, integrate into clinic workflows, and familiarize themselves with U.S. healthcare systems.

While the evaluation provided a comprehensive analysis of the medical care delivered by LPMPP physicians, certain unavoidable limitations impacted data collection and interpretation. Logistical challenges in coordinating assessments across multiple clinics, small sample sizes, and limited evaluation timeframes posed constraints on the study's scope. However, despite these challenges, the evaluation offers valuable insights into the impact of the LPMPP program, highlighting key strengths and areas for improvement.

Strong Recommendation for LPMPP Expansion – Outcome Measure 7

Findings from CRHD's evaluation strongly advocate for the expansion of the Licensed Physicians from Mexico Pilot Program (LPMPP), as it has delivered significant benefits across all parties involved, including administrators, non-LPMPP providers, staff, and patients. The program has enhanced healthcare access, improved patient satisfaction, and strengthened cultural and linguistic alignment, particularly for Spanish-speaking and monolingual patients. LPMPP physicians have played a critical role in bridging care gaps, with assessments revealing high levels of patient satisfaction and a clear positive impact on healthcare delivery.

Interviews and focus groups further reinforced these findings, highlighting improved patient-provider rapport, cultural congruence, and increased trust in LPMPP physicians. Additionally, the program has played a critical role in mitigating physician shortages, ensuring continuity of care in clinics that have historically faced significant challenges in provider recruitment and retention.

LPMPP physicians have effectively integrated into the U.S. healthcare system, meeting clinical standards and collaborating seamlessly with healthcare teams. While challenges in charting, medical coding, and insurance procedures were identified, targeted training and support have significantly eased the transition. The program's impact on healthcare quality, as reflected in UDS data, has been substantial. Notably, the increased diagnosis and management of chronic conditions such as hypertension and diabetes suggests enhanced preventative care and improved patient outcomes.

Building on the program's success, expanding LPMPP to additional clinics would broaden its impact, further addressing physician shortages and improving culturally and linguistically competent care. To ensure long-term sustainability and continuous improvement, key recommendations outlined in this Final Report should be considered. In conclusion, LPMPP has proven to be a highly effective and timely solution, enhancing

healthcare access, provider diversity, and patient satisfaction. Expanding this initiative is strongly encouraged to further strengthen California's healthcare system, increase access to quality care, and improve health outcomes for historically underserved communities.

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Appendix A

LPMPP Physician Overview

Clinic	Number of LPMPP Physicians
Clinic A	5
Clinic B	7
Clinic C	11
Clinic D	6