Clinical Practice Guideline: **Cultural Competency in Pain Management and Musculoskeletal Care**

Date of Implementation: **July 17, 2025**

Product: **Specialty**

Related Policies:
QM 36: Corporate Commitment to Health Equity
CPG 12: Medical Necessity Decision Assist Guideline for Rehabilitative Care
CPG 110: Medical Record Maintenance and Documentation Practices
CPG 111: Patient Assessments: Medical Necessity Decision Assist Guideline for Evaluations, Re-evaluations, and Consultations
CPG 135: Physical Therapy Medical Policy/Guideline
CPG 155: Occupational Therapy Medical Policy/Guideline
CPG 166: Speech-Language Pathology/Speech Therapy Guidelines
CPG 167: Therapeutic Massage Medical Policy/Guideline
CPG 264: Acupuncture Services Medical Policy/Guideline
CPG 278: Chiropractic Services Medical Policy/Guideline
CPG 305: Virtual Physical and Occupational Therapy Services

INTRODUCTION

American Specialty Health (ASH) clinical programs are committed to improving the equitable and culturally conscious delivery of healthcare administration and clinical services.

Health equity remains a critical concern in pain management. Pain is a complex experience influenced by various biological, psychological, and social factors. Health-related social needs, including stable housing/utilities, transportation, food security, employment status, and personal safety, can impact a patient's pain experience and treatment outcomes. Additionally, cultural perceptions significantly influence how individuals experience, articulate, and manage pain. Understanding and addressing these cultural differences are essential for equitable and effective pain management. By adopting a holistic and culturally sensitive approach, healthcare providers can help patients receive appropriate care and achieve positive health outcomes. It is incumbent on health care providers to conduct comprehensive pain assessments that consider these factors and develop personalized treatment plans that address both medical and social needs.

DESCRIPTION/BACKGROUND

Cultural competence in pain management and musculoskeletal care is essential for equitable and effective healthcare. Providers often encounter patients with diverse social and cultural circumstances, including low health literacy levels, hearing impairments,

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various ethnicities, and gender identities with which the provider may not be familiar, which can significantly impact patient outcomes. Understanding and addressing these factors is crucial for achieving patient-centered care.

Key Definitions

Patient-Centered: Patient-centered care involves patients in their care decisions, including being mindful of their beliefs, values, and preferences.

Holistic Care: Holistic Care recognizes patients as complete individuals, encompassing various factors affecting their health and well-being. This can include cultural, family, ethnicity, health equity, environmental, spiritual, and other issues important to the person.

Social Determinants of Health (SDoH): Social Determinants of Health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. There are five domains: 1) Economic stability, 2) Education access and quality, 3) Health care access and quality, 4) Neighborhood and built environment, and 5) Social and community context (U.S. Department of Health and Human Services, n.d.).

Health-related social needs (HRSN): Health-related social needs (HRSN) are social and economic factors that impact individuals' health and well-being. These needs, such as financial instability, limited access to healthcare, and transportation issues, can lead to poorer health outcomes and increased healthcare utilization.

Health Equity: The CDC defines health equity as “the state in which everyone has a fair and just opportunity to attain their highest health.” Factors that can impede health equity include, but are not limited to, race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, and preferred language. SDoH influence health equity and may impact health care access, patient presentation, clinical evaluations, treatment planning, and patient outcomes, which may, in turn, influence medical necessity considerations.

Health Equity Factors in Medical Necessity Review: Health Equity factors may be barriers to clinical progress when reviewing provider submissions for medical necessity. If the clinical quality evaluator notes a related health equity factor, they may communicate with the specialty provider regarding the patient’s situation and any possible relationship to medical necessity. Standardized referral recommendations or resources for assisting with the patient’s health-related needs may also be provided. The clinical quality evaluator will use the current Health and Safety Investigation Team (HSIT) guidelines if the clinical quality evaluator notes a related health and safety issue.

Cultural Competence: Cultural competence is understanding the importance of social and cultural influences on patients' health beliefs and behaviors. Providers should consider and adjust communication styles to accommodate the beliefs, values, and preferences of others. This includes cultural preferences like directness or indirectness and being mindful of body language, eye contact, and personal space, as these may have different meanings across cultures. Healthcare providers should acknowledge and address their biases about a patient's pain experience. Research indicates that some professionals hold misconceptions about pain tolerance in different racial groups, ethnicities, and sexes, leading to disparities in care. Ongoing education and strategies to combat these biases can promote equitable care for all patients.

Explicit bias: Explicit bias refers to preferences, beliefs, and attitudes that individuals are consciously aware of and are intentional. They can often be clearly identified and communicated.

Implicit bias: Implicit bias refers to unconscious mental processes that lead to automatic associations and reactions without intention. These biases, which include favorable or unfavorable evaluations of groups of people (stereotypes), significantly impact decision-making despite a lack of awareness of them.

PROVIDER STRATEGIES

Providers should recognize and integrate social and cultural factors that influence health beliefs and behaviors. Strategies providers can use include adapting communication styles, respecting diverse expressions of pain, and addressing any biases affecting assessment and treatment. Embracing these approaches can help build trust, improve treatment adherence, and lead to better health outcomes.

Managing explicit and implicit bias: Managing bias involves self-awareness, education, institutional assessments, and proactive strategies.

To address implicit bias, individuals should self-reflect using standardized assessments such as the Implicit Association Test and ongoing self-analysis. Several Implicit Association Tests are available through Project Implicit at https://implicit.harvard.edu/implicit/takeatest.html. Consider the perspectives of those stereotyped by the provider's implicit bias through self-study, group educational activities, or direct interpersonal interaction. Implicit biases can also operate in institutions where common practices can be biased without the institution or its healthcare workers being aware. Evaluation of implicit bias in institutions can be evaluated and altered through shared educational opportunities and changes in behaviors and policies. Proactively evaluating personal characteristics rather than group affiliations can reduce the effects of implicit bias in clinical activities.

Management of Explicit bias requires full evaluation and identification of biases as well as education on their impact and implementation and enforcement of policies to effect change. Creating an environment where open discussions and awareness of biases and their impacts is crucial.

Examples of both implicit and explicit biases can include those related to people's gender and sex. Gender and sex factors can influence pain perception and expression. Studies have shown that women may report higher pain levels and different pain experiences compared to men. In addition, some preliminary research shows higher rates of pain in transgender and gender diverse individuals, especially if they are undergoing hormonal therapies. Providers should be aware of these differences in people's pain experiences and avoid gender/sex biases in pain assessment and treatment.

Explicit biases in institutions can lead to reduced access to pain management based on gender/sex and result in poorer health outcomes.

Tailored Treatment Plans: Personalizing treatment strategies to the individual's specific goals and preferences is crucial for effective pain management and musculoskeletal care. For example, integrating the patient's traditional healing practices can enhance patient engagement, adherence to care plans, and health outcomes.

Outcome Measures: Patient-reported outcome measures (PROMs) provide information on patient function and how they feel about symptoms and quality of life and aid the provider in tailoring the treatment plan. Tools that have been validated in the specific cultural groups served should be used when available, especially if translating into another language or culture. Practitioners should also be aware of and respect different cultural interpretations and expressions of pain. Recognizing that cultural backgrounds influence pain perception can enhance patient care. Some cultures may view discussing pain as necessary, while others may consider it a sign of vulnerability. Healthcare providers can better communicate and understand patients' pain experiences by learning the unique terminologies and metaphors used across cultures.

Communication and Patient Education: Improving cultural competence in healthcare fosters better communication between providers and patients, creating a trusting environment. Enhancing communication includes assessing barriers to communication such as language, hearing or vision impairment, and health literacy. Examples of strategies might be providing interpreters and health materials in preferred languages.

Offer culturally appropriate information about pain management options and involve patients in decision-making. Regularly solicit patient feedback regarding pain management experiences and adjust care plans accordingly. Consider patient-reported functional outcome measures (PROMs) to help monitor progress in functions that are important to the patient during pain management.

Factors that may impact communication and patient education include:

- **Literacy and Numeracy:** Literacy is typically defined as the ability to read and write. It encompasses the skills necessary to understand, evaluate, and use written text in order to engage effectively in society (CDC, 2024). Numeracy refers to the ability to access, use, interpret, and communicate mathematical information and ideas (CDC, 2024). Health literacy and literacy are related, but not the same.

- **Health Literacy:** Health literacy is defined as an individual's ability to access, understand, and process health information in order to make appropriate health decisions. The World Health Organization states that "health literacy is a stronger predictor of an individual's health status than income, employment status, education level, and racial or ethnic group." Many patients may have limited health literacy, making it difficult for them to understand medical terminology and treatment plans. Even people with high literacy and numeracy may have limited health literacy. Providers should use plain language, visual aids, and teach-back methods to ensure patients comprehend their care instructions. This approach helps in building trust and improving adherence to treatment.

- **Hearing Impairments:** Patients with hearing impairments may struggle to communicate their pain levels and symptoms effectively. Age is one of the most important risk factors for hearing loss, and as the population ages, the number of people with hearing loss will continue to increase (Haile, 2021). Providers should use clear, simple language and consider using sign language interpreters or written communication tools as appropriate to facilitate better understanding. Ensuring that patients can express their pain accurately is vital for appropriate pain management.

- **Vision Impairments:** Vision impairment may impact communication with the provider in several ways. It may make it difficult for the patient to read non-verbal cues from the provider. Vision impairment may also make it difficult for the patient to describe their pain, especially if the provider is using visual analog scales or written questionnaires. Appropriate educational material may be limited. Consider having consent forms and other handouts or patient education material available in large black and white print, electronic copies, braille, or as an audio version.

MEDICAL NECESSITY REVIEW

During the review of materials submitted for medical necessity review, clinical quality evaluators may become aware of barriers to care, clinical progress, and/or outcomes related to social determinants of health (SDoH). These SDoH may include but are not limited to economic instabilities, healthcare access, and social/community contexts. If the clinical quality evaluator notes a related SDoH, they may communicate with the specialty provider regarding the patient's situation and any possible relationship to medical necessity and provide standardized referral recommendations or resources for assisting with the patient's health-related social needs. If the clinical quality evaluator notes a related health and safety issue, they will utilize the current HSIT guidelines

A comprehensive pain assessment by the provider submitting for medical necessity review involves understanding patients' unique experiences. Considering factors like medical history, socioeconomic status, health literacy, and cultural influences allows for more accurate diagnoses and treatment plans. Medical necessity reviews involve evaluating the appropriateness of pain management interventions based on clinical guidelines and patient-specific factors. Providers are informed about the criteria used in these reviews so that relevant patient information is submitted to demonstrate medical necessity.

PRACTITIONER SCOPE AND TRAINING

Practitioners should practice only in the areas in which they are competent based on their education, training, and experience. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine where they have the knowledge and skills necessary to perform such services and whether the services are within their scope of practice.

It is best practice for the practitioner to appropriately render services to a patient only if they are trained to competency, equally skilled, and adequately competent to deliver a service compared to others trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and training, it would be best practice to refer the patient to the more expert practitioner.

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus driven and is recognized by a majority of professionals in a particular field as more effective at delivering a particular outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2020).

Depending on the practitioner's scope of practice, training, and experience, a patient's condition and/or symptoms during examination or the course of treatment may indicate the need for referral to another practitioner or even emergency care. In such cases it is essential for the practitioner to refer the patient to appropriate co-management (e.g., to their primary care physician) or if immediate emergency care is warranted, to contact 911 as appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* clinical practice guideline for information.

Helpful resources for patients:

- FindHelp.org
    a. Free or reduced-cost resources like food, housing, financial assistance, healthcare and more.
    b. Just enter zip code to find resources.
- 211.org or Call 211
    a. Connect you to expert, caring help
- 988lifeline.org or Call/ text 988
    a. Provides 24/7, free support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States
- Call/ text 911
    a. National police, fire, or emergency medical assistance from any phone in any location

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