

# Making a World of *Difference*

## *Improving Health Literacy: A Strategic Approach to Improving Health Outcomes*

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# Presentation Outline

- **Affinity Health Plan**
  - **Affinity's Mission and Vision**
  - **Measuring Quality**
  - **Health Communication / Health Literacy as strategy to improve health outcomes**
-

## What is Affinity Health Plan?

An independent, not-for-profit managed care company dedicated to serving the needs of low-and moderate income populations.

Founded in 1986, Affinity was one of the first health plans licensed in New York State specifically to serve public sector programs. It served as a model for development of the State Medicaid managed care program, and as a pilot for State-subsidized programs for the uninsured.

# Mission: Why Affinity exists

The **mission** of Affinity Health Plan is to improve the health of underserved populations by providing comprehensive, affordable, high quality health care coverage, and by striving, in collaboration with its primary care providers, to improve care-seeking and care-giving.

# Corporate Goals:

## What we are trying to accomplish

**Achieve  
meaningful quality  
and related  
performance  
improvements.**

*Improve care-seeking  
and care-giving.*

**Achieve  
community health  
improvements.**

*Improve the health of  
underserved populations.*

## **A framework to align decision-making**

Reduce the burden of illness, injury and disability

Improve functional health status

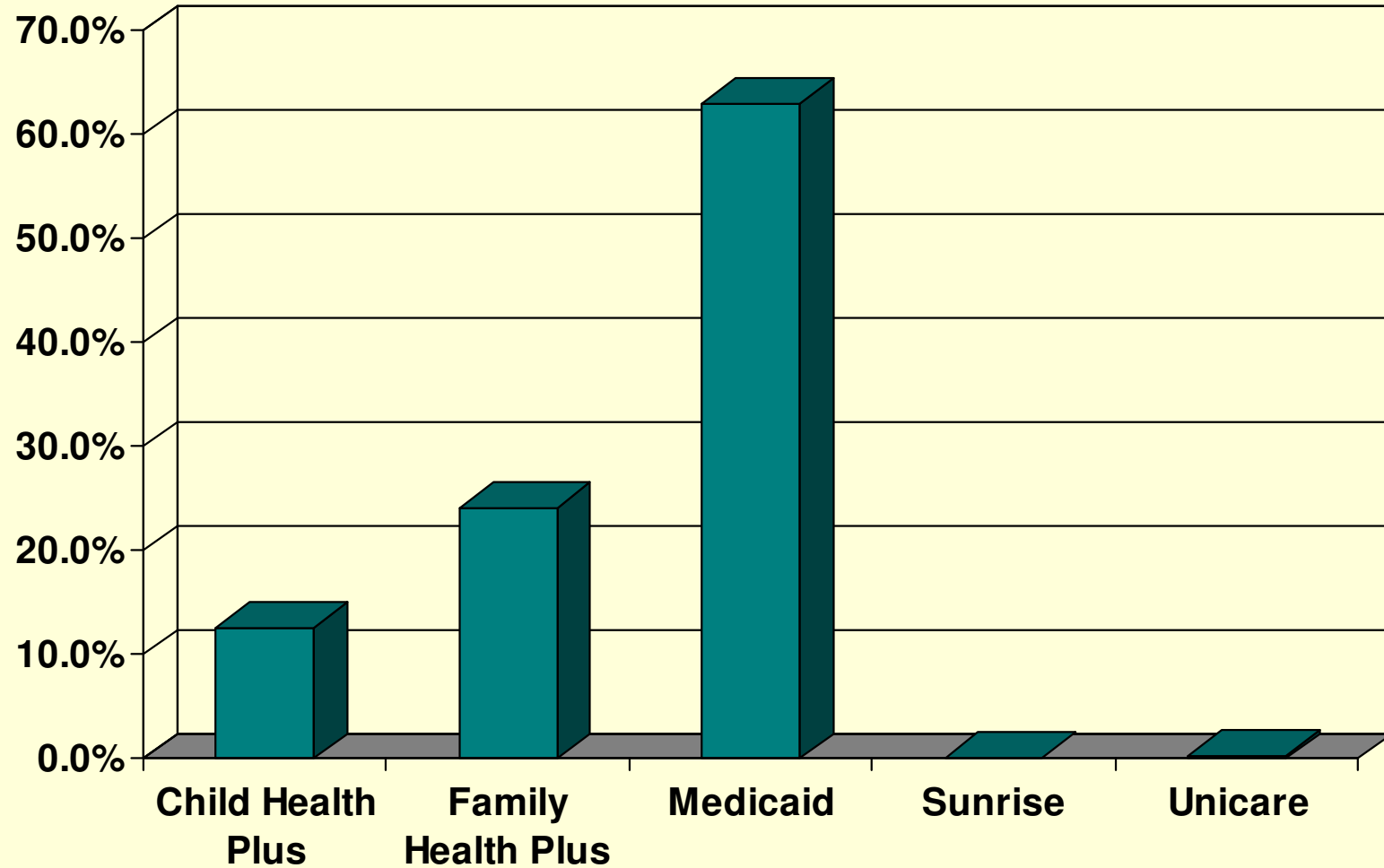
Focus attention on improving health literacy

To Optimize the Wellness of our Members

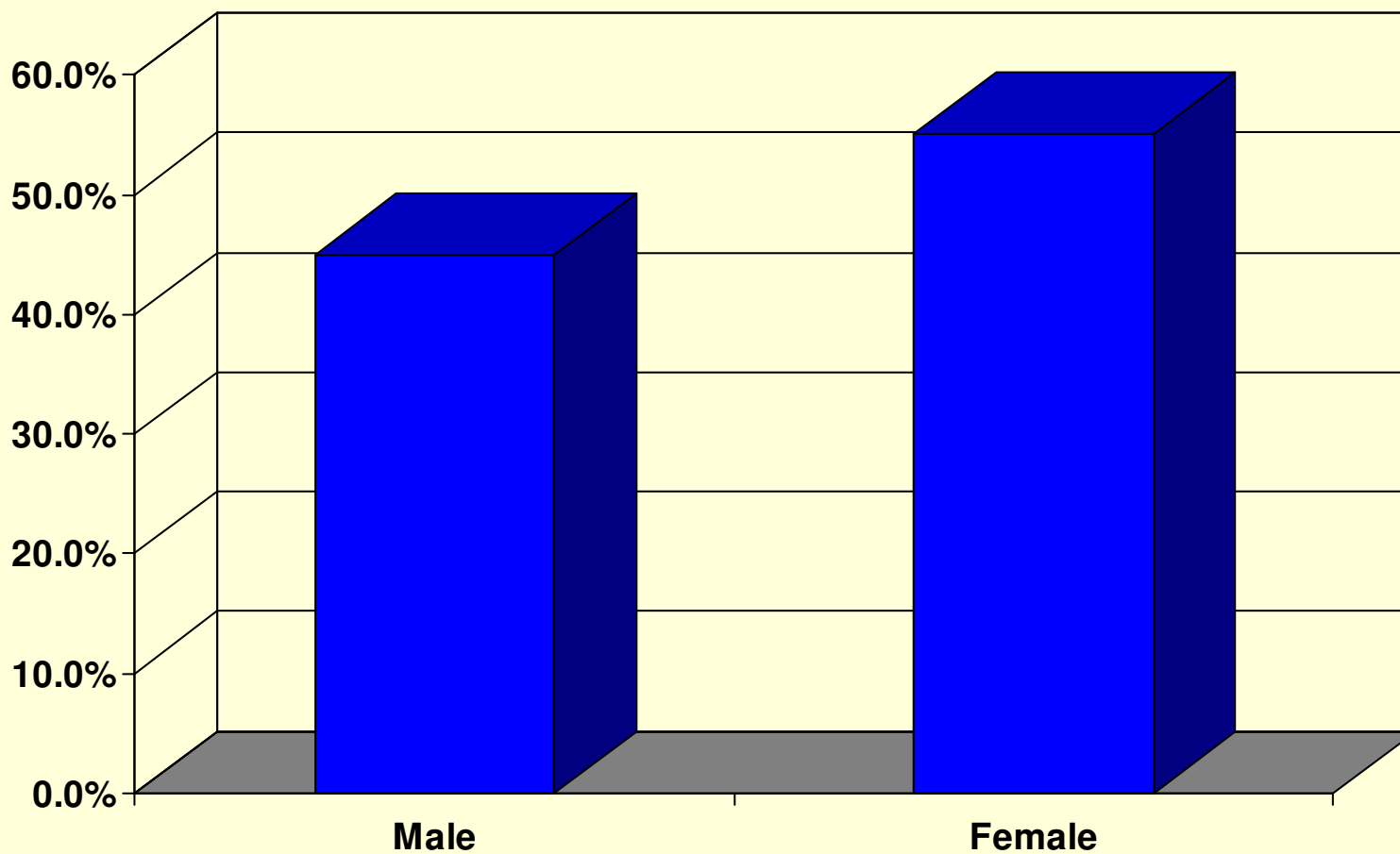
# Who are Affinity's Members?

- Today, Affinity serves over 200,000 enrollees in its Medicaid, Child Health Plus, Family Health Plus, UniCare, and Sunrise programs.
- Affinity Health Plan serves residents of New York City, and the five surrounding counties of Nassau, Suffolk, Westchester, Rockland and Orange.

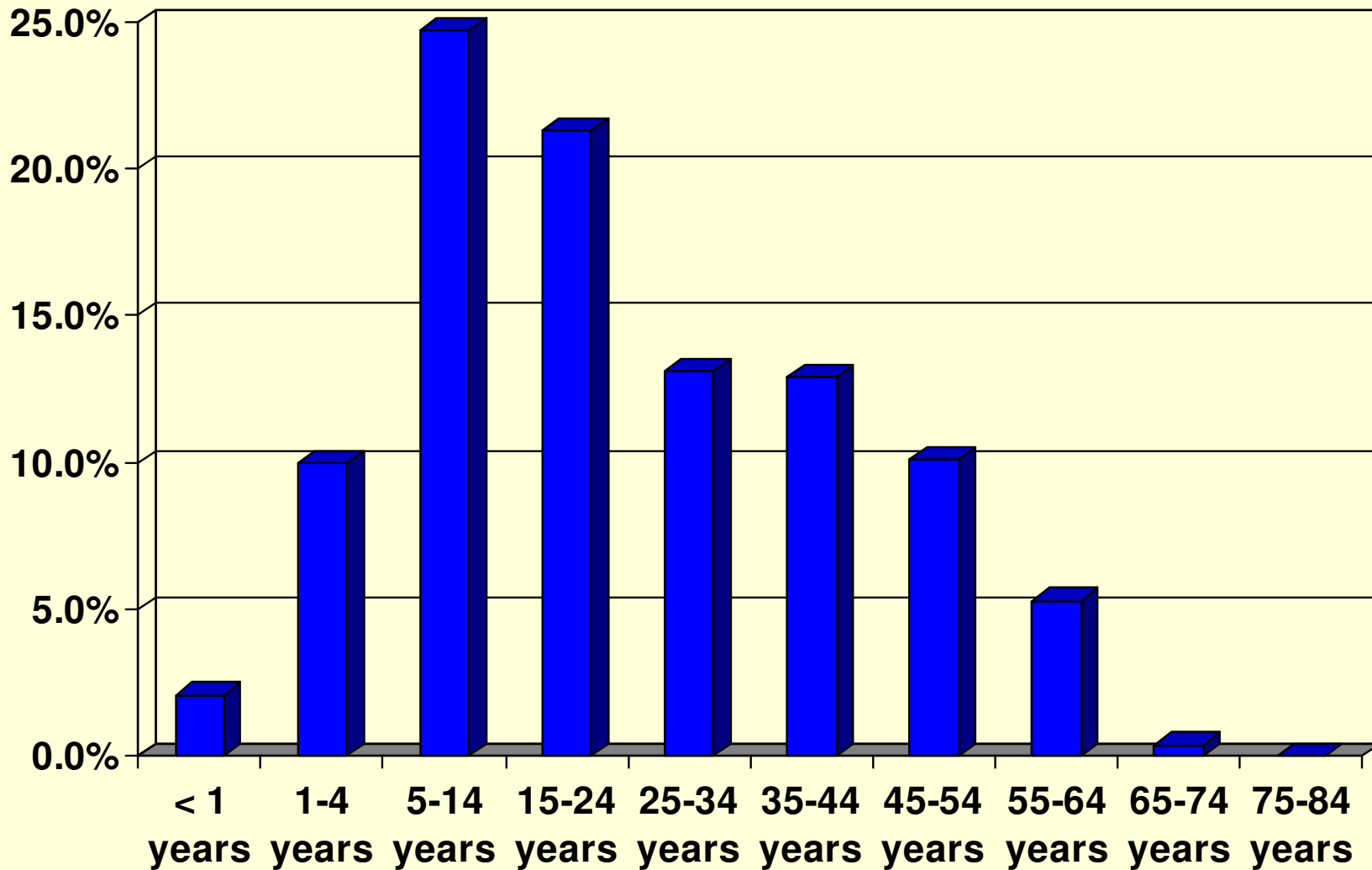
# Insurance Carrier of Membership



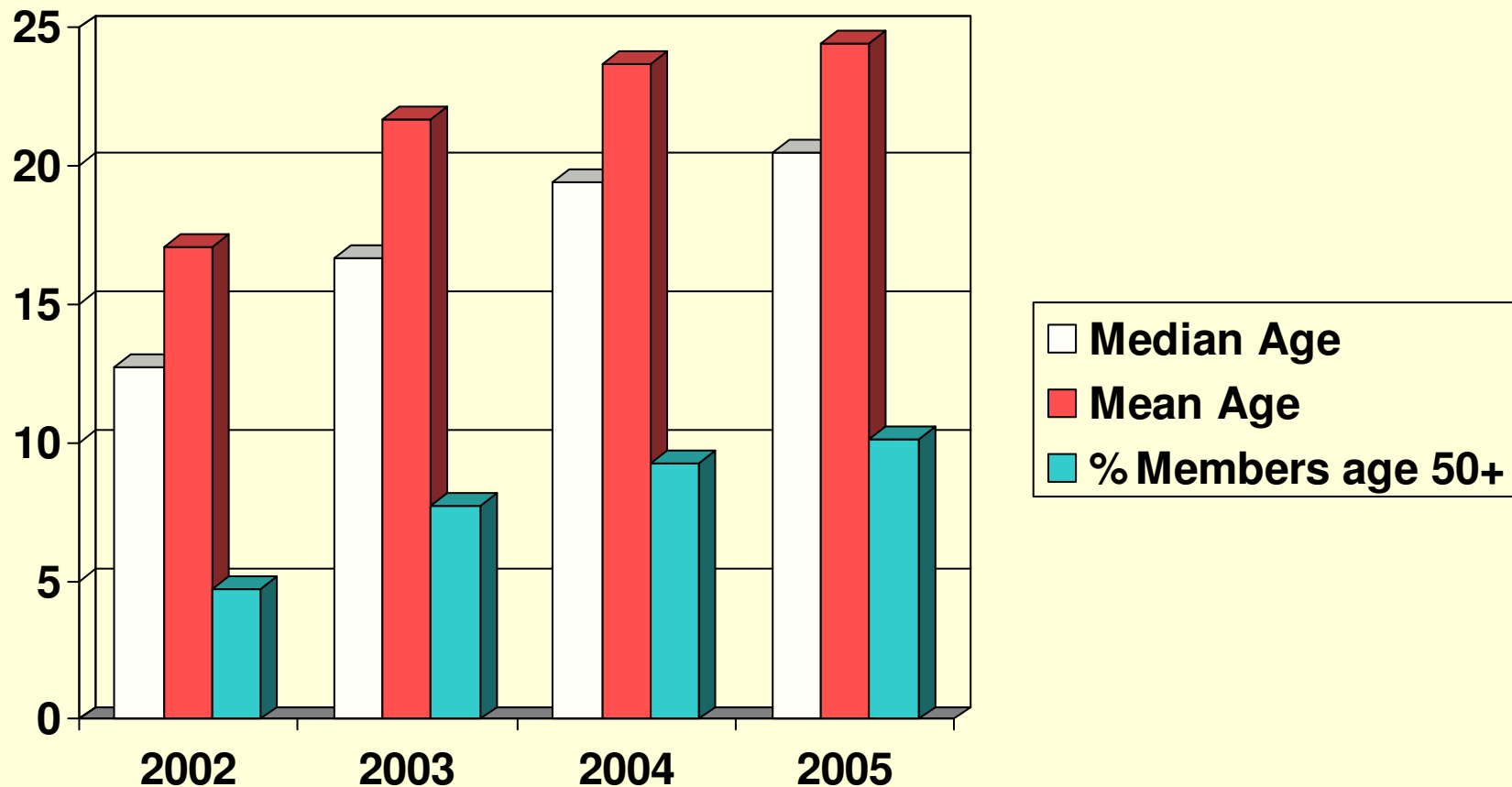
# Gender of Membership



# Age of Membership

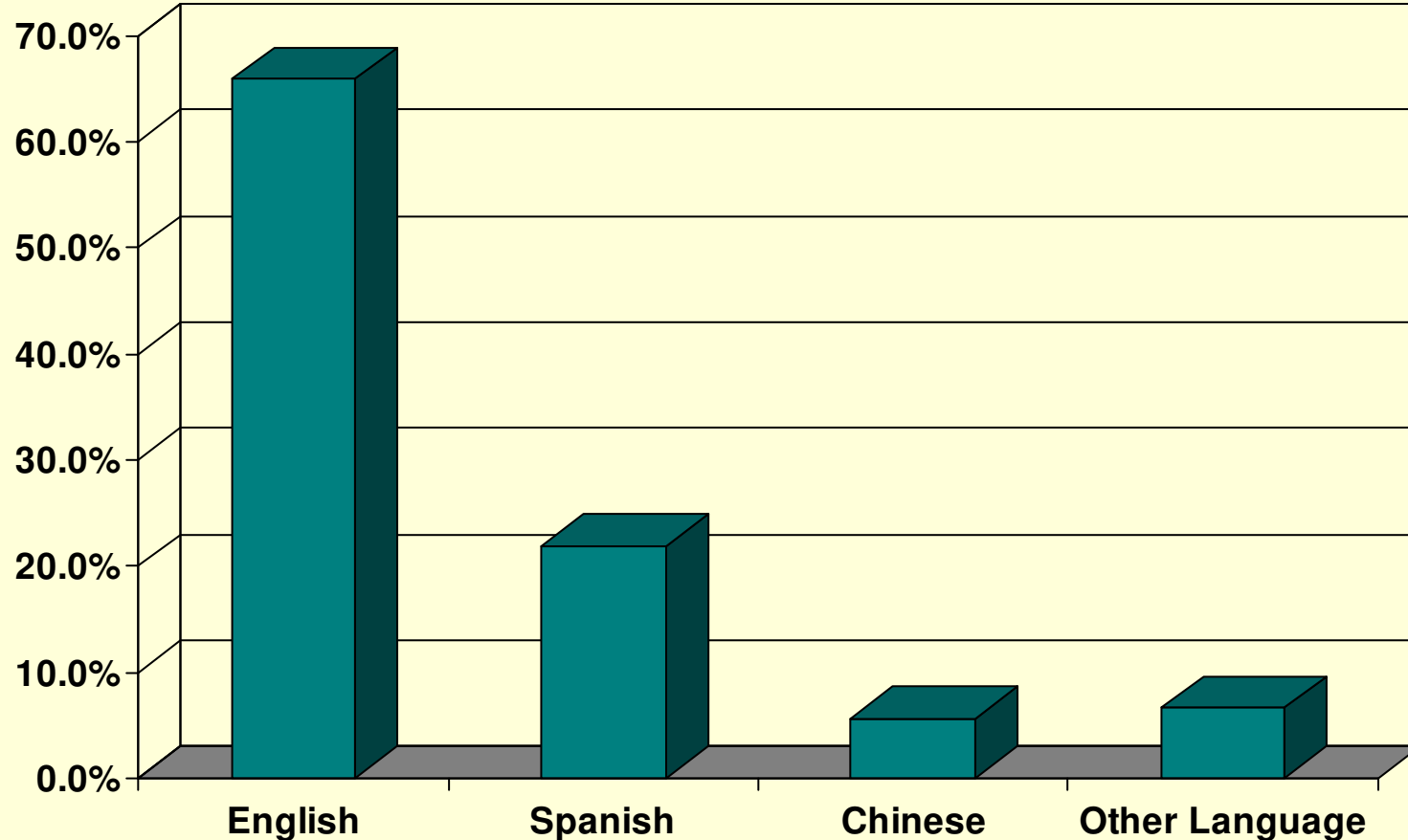


**There has been an increase in the average age, median age, and % of membership over 50 from 2002-2005**

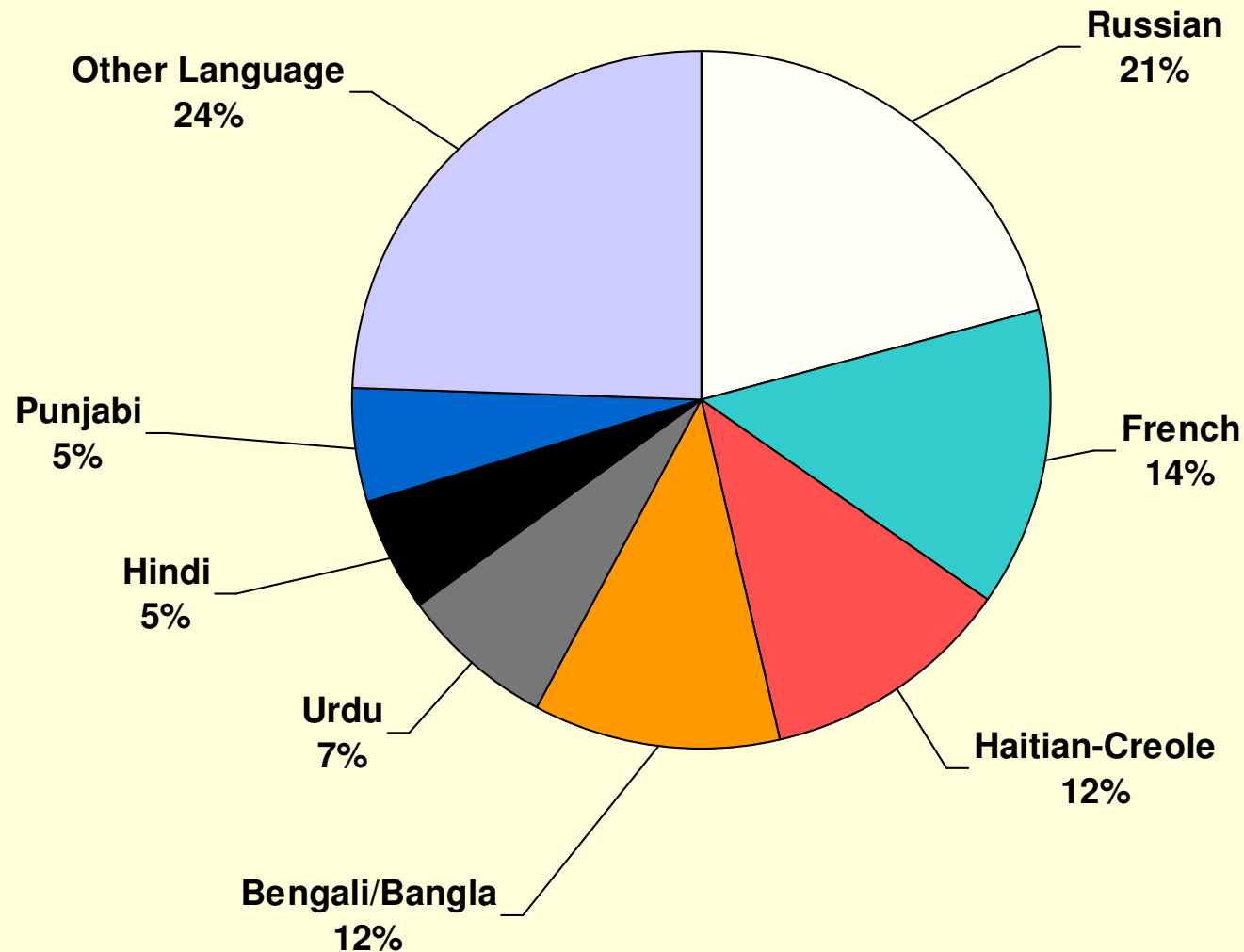


# Language of Membership

Approximately 1/3 of Affinity's membership does not speak English as their primary language.



# What “Other” languages do Affinity Members speak?



# Top Health Conditions of Affinity Members (using claims data)

## **Chronic:**

- Asthma
- Hypertension/Cholesterol
- Pain Syndromes
  - Back
  - Joint
- Diabetes
- Obesity
- Gastroenteritis/Colitis
- GERD
- Depression
- Allergic Rhinitis

## **Acute or Acute/Chronic**

- Acute URI
- Acute Pharyngitis
- Viral Infection
- Otitis Media
- Skin Conditions
  - Acne
  - Dermatitis/Eczema
  - Dermatophytosis
- Conjunctivitis
- UTI
- Pregnancy

# Multiple Chronic Conditions

A large number of Affinity members suffer from multiple **complex chronic** conditions.

## **Examples:**

- Of the members we identified with diabetes, 45.9% also had a diagnosis of hypertension.
- Of the members we identified with depression, 32.2% had a “pain” diagnosis and 20.4% had a diagnosis of hypertension.
- Of the members we identified with obesity, 14.1% had a diagnosis of asthma and 15.6% had a diagnosis of hypertension.

# Framework for Choosing Performance Improvement Initiatives

## *Managed Care Objectives*

Improve **Access** to Evidence Based Medicine

Improve **Quality of Care**

**Cost** - Efficient use of funds to achieve the most impact and value

**Accountability** – Responsibly execute our obligations

Measure and report on performance and results

## *Public Health Objectives*

Reduce the burden of illness, injury and disability

Improve health and function

Improve health literacy

# Quality of Care

- New York State HEDIS:
  - Quality Assurance Reporting Requirements
- Work closely with our providers on Performance Improvement
- At or above Statewide Benchmarks for all Hybrid measures
  - Struggle with Administrative Data
- Opportunity:
  - Access to Care

# Quality of Care and Service Challenge

- To increase number of adults and families accessing primary care using their Affinity Health Plan benefits
- Can attention to Health Literacy make a difference?

# Access to Care

- Key benefit of having health insurance:
  - **Access to a “Medical Home”**
- Pre and Post enrollment interviews for children newly enrolled in NYS SCHIP demonstrated an increase in access to a “usual source of care” and improved quality of care (Szilagyi et al 2004)

# QARR: Access To Care

- Among Adult Affinity members:
  - **76% of Adult members ages 20-44 access care**
  - **83% of Adult members ages 45-64 access care**
- **Goal is to determine:**
  - **Opportunities for Affinity to reach “non users**
  - **Track health outcomes for members by type of utilization**

# **Making Affinity a Health Literacy Center of Excellence**

## **VISION STATEMENT**

- To create a health literate environment empowering Affinity members to achieve their full health potential.

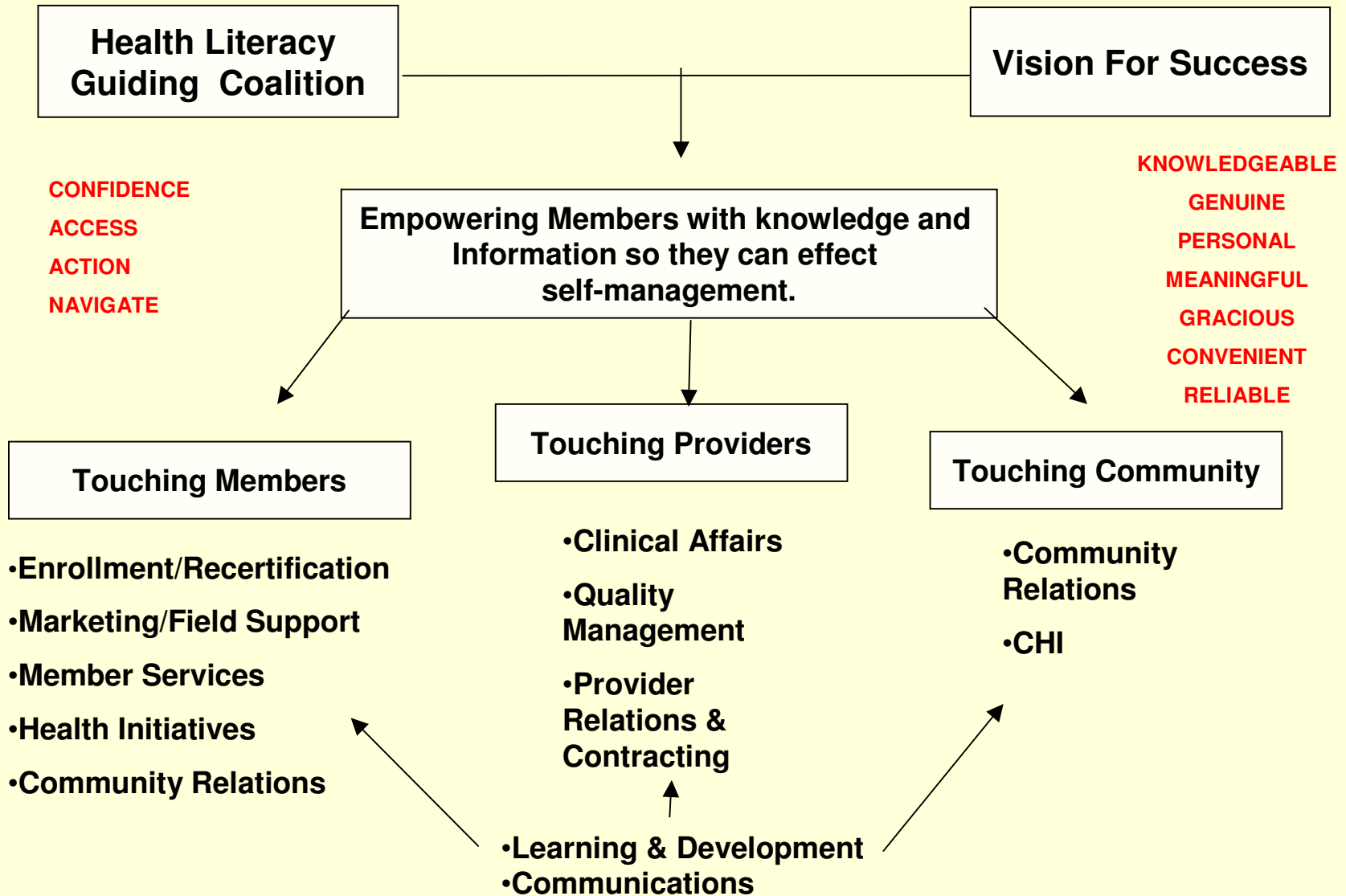
## **COALITION GOALS**

- To improve Members' confidence and ability to act on health information effectively and thus manage their conditions (health) with positive outcomes;
- To improve Members' ability to access health care services and successfully navigate the system.

# Inventory our Ability to Impact Health Literacy as an Organization

- Understand Health Literacy as a component of Health Communication
- Use “evidence” to guide our efforts
- To inventory ourselves to determine and prioritize opportunity
- To track outcomes for the members we touch

# Health Literacy Strategic Framework 2007



# Affinity Member Touch Point Continuum

## User Profile:

- Single Female, Age 28
- Mother of 2
- Son, Age 9: Asthma 3
- Daughter, Age 6: Asthma 1

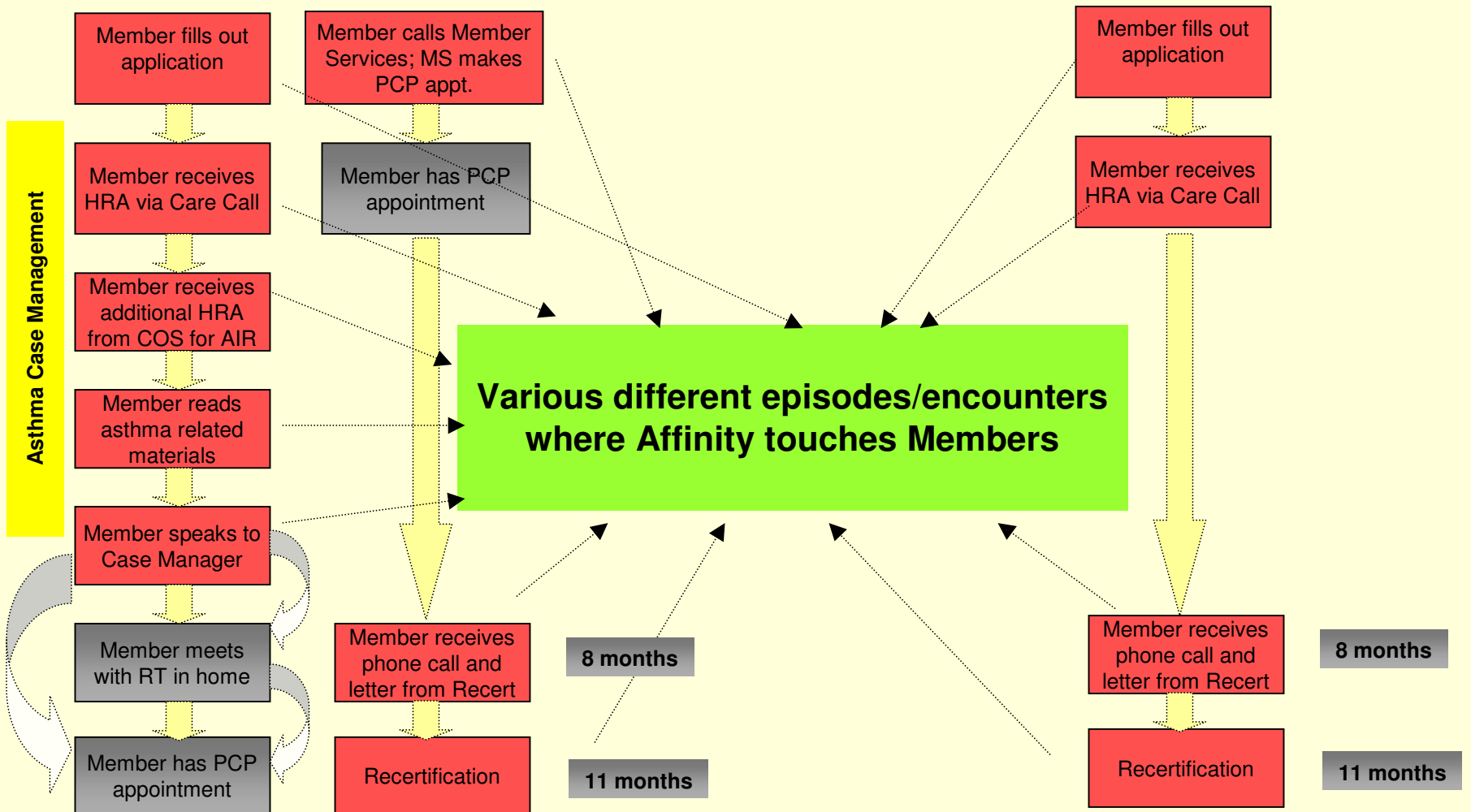


## Initial Touchpoints to Affinity:

Doctor, Ad, Friend, Member, LDSS, Marketing Rep, Community Event, CSC, Affinity Employee

## Non-User Profile:

- Single Male, Age 35
- Obese/Smoker



# Find the Touch Points

- Touch Point #1:
  - Enrollment Application processing

# Patient participation in the patient-provider interaction

Who is the Model Patient / Consumer?

- Asks Polite questions
- Mutually sympathetic in the interview
- Satisfied with the outcome on the day of their visit

# Patient participation in the patient-provider interaction

	Patients in Experimental Group	Patients in Placebo Group
Direct Questions	+	-
Indirect Questions	-	+
Patient-provider interaction	Negative affect, anxiety, and anger	Mutually sympathetic
Satisfaction with care received in the clinic on the day of their visit	-	+
Appointment-keeping ratios	+	-

# Health Communication: Foundation

- Interview: Opportunities for patients / consumers to ask Direct Questions
  - Roter 1977
- Establishing Context:
  - *The notes are sour because the seams are split.*
- Adult Learning Theory
  - **Role of interactive and active learning**

# Affinity Member Touch Point Continuum

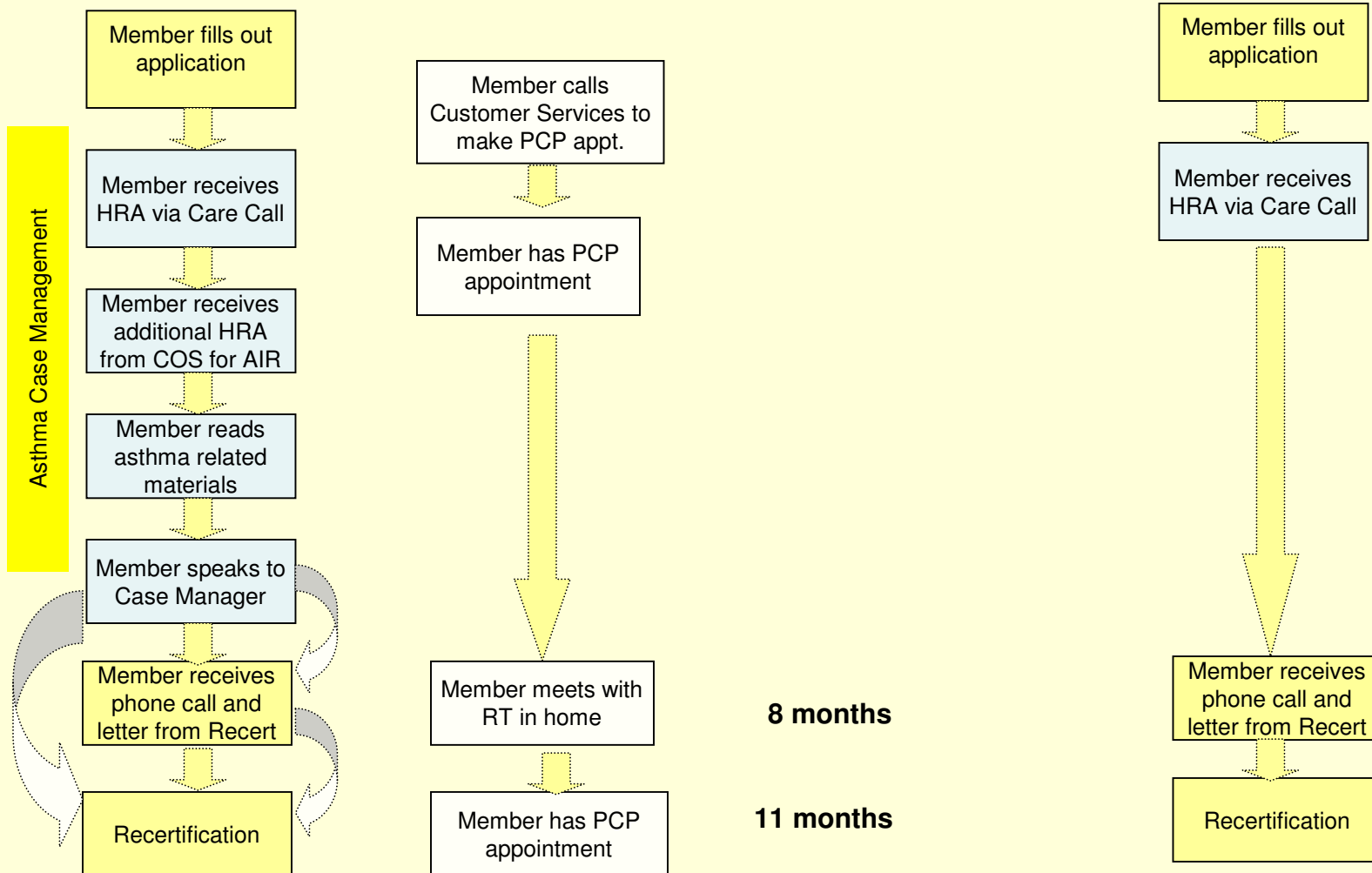
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# Member Touch Point Continuum & Related Health Literacy Skills

## User Profile:

- Single Female, Age 28
- Mother of 2
- Son, Age 9: Asthma 3
- Daughter, Age 6: Asthma 1



## Non-User Profile:

- Single Male, Age 35
- Obese/Smoker

Member fills out application

Member calls Customer Services to

Member fills out application

Asthma Case Management

Goal	Task	Inventory of Skills
<b>Navigate the healthcare system</b>	<b>Fill out Application</b>	<ul style="list-style-type: none"> <li>•Read, write and follow instructions to complete application.</li> <li>•Comprehend questions asked, patient rights, responsibilities, etc.</li> <li>•Organization skills to identify and provide correct documents.</li> <li>•Retain information about accessing care</li> </ul>

Recertification

Member has PCP appointment

11 months

Recertification

# **Sensitivity to Literacy:**

## **What we are currently doing**

- **We ask caller how may we assist them and at the end of the call ask if their question has been answered.**
- **We follow the departments P&P and take every opportunity to educate our members on how to use the plan effectively.**
- **We ask every caller if they were satisfied with the service and answered their questions.**

# Clear Communications: What we are currently doing

- Jargon is not used with Members.
- Pharmacy materials written for the lay public.
- Dept. has scripts for every program that is specific for the Member.
- We confirm w/caller that they understand what we are saying; ask if they are satisfied with outcome of the call.

# Understanding and Preparing our Members

- We postulate that our members may be unprepared for the complexity of the health care delivery system
- We further consider that there is an increased likelihood that health literacy will improve as members know what to expect on their “personal” health journey
- Managed care can have an early impact on these factors

# Purpose of the Health Literacy Inventory

- To identify how Affinity Health Plan **currently** helps members understand and act upon health information.
- Management Literacy Environment Assessment
  - \* Adapted from Literacy Alberta Audit Kit (S. Devens, A. Scott) - Alberta Association for Adult Literacy 2003

# HEALTH LITERACY ASSESSMENT TOOL

## RATING SCALE

**1= This is something we are not doing presently, but should consider.**

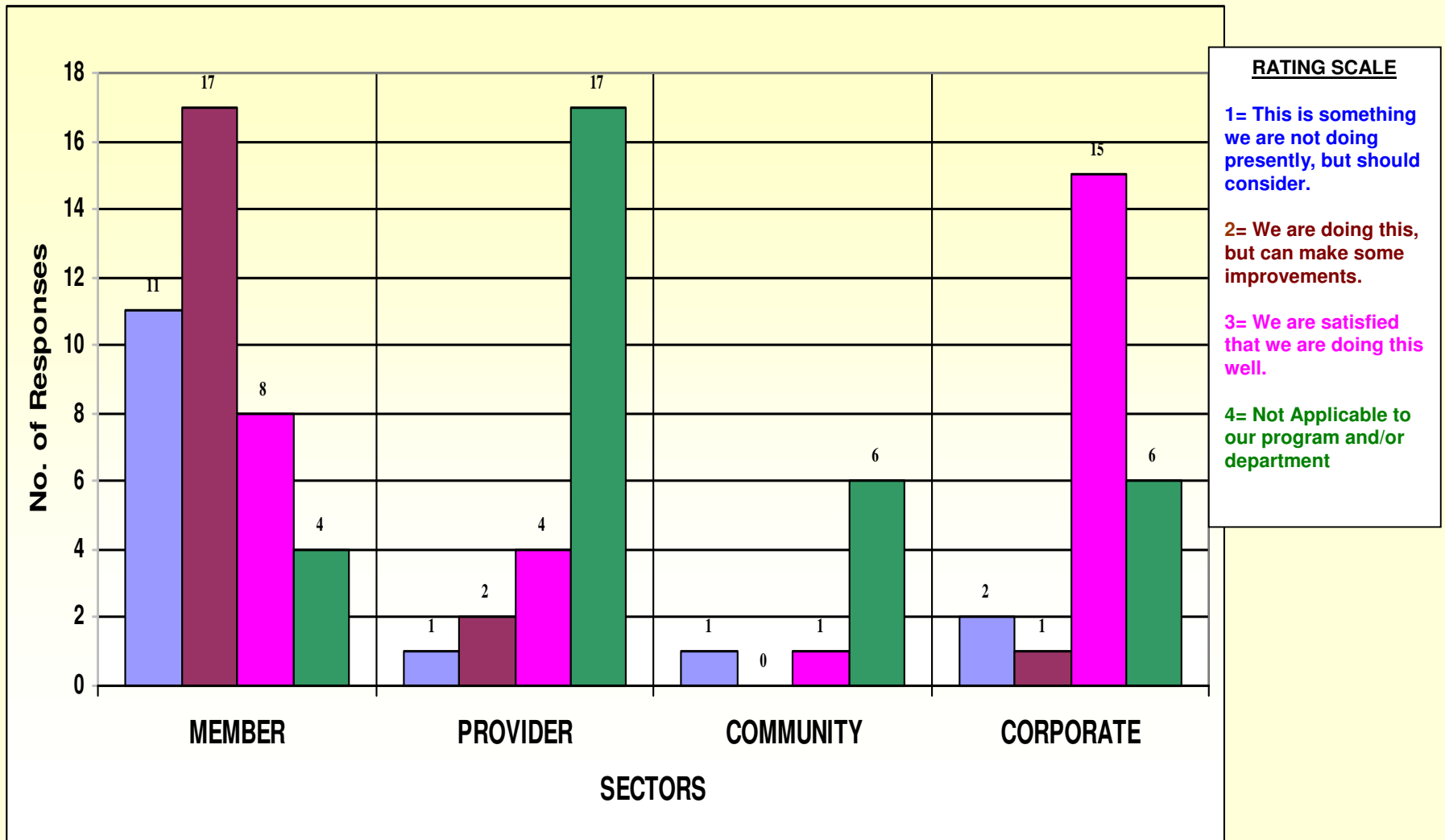
**2= We are doing this, but can make some improvements.**

**3= We are satisfied that we are doing this well.**

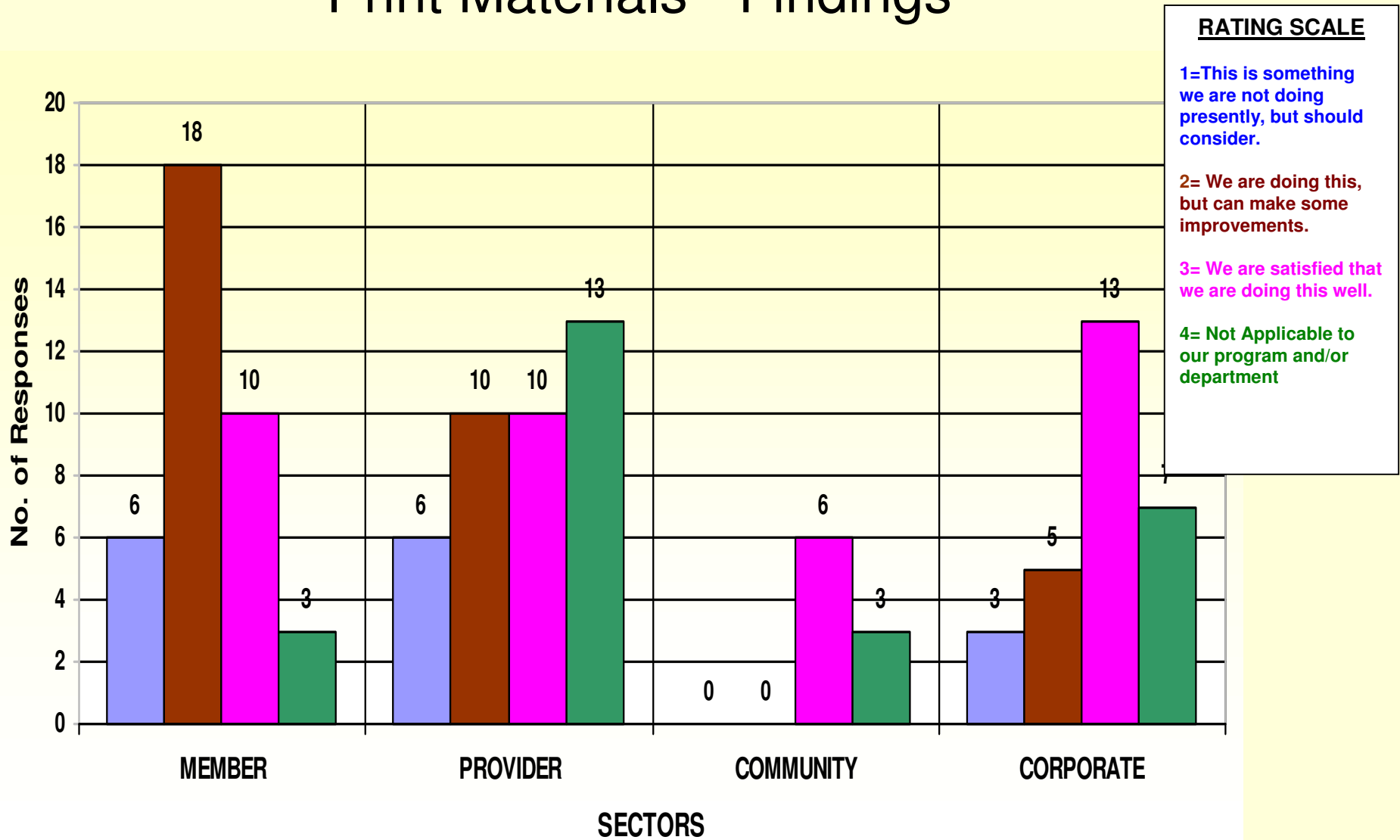
**4= Not Applicable to our program and/or department**

# HEALTH LITERACY ASSESSMENT TOOL

## Clear Communications - Findings



# Health Literacy Assessment Tool Print Materials - Findings



## Health Literacy Priority: Our Member Touch Points

- Develop and institute literacy Policies and Procedures.
- Provide creative communication strategies to touch all Members including those with low literacy skills.
- Offer low literacy and clear communications training for Affinity Staff.
- Provide creative ways to assist Members in navigating Affinity's health care system.
  - For Example, create a Member profile enabling the Staff to “better know” the Member and thus allowing them to tailor programs and services to the Member's needs.

# Summary

- Affinity serves the type of population that is likely to be “health literacy” challenged
- Affinity has a commitment to access to and quality of care
- Affinity is seeking to apply principles of Health Communication and Health Literacy improvement to determine links to improved access and health outcomes

# Summary

- Step #1:

Our approach to an Organizational Inventory