

Making a World of *Difference*

Patient Experience & Patient Safety Culture The 11th CAHPS® & 1st SOPS User Group Meeting Scottsdale, Arizona December 3-5, 2008

Update on CAHPS Health Literacy Item Set

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Presentation Summary

- About Affinity
- What is “low health literacy?”
- Why do we care about?
- What do we know from CAHPS?
- Why we are interested in the new modules on health literacy and cultural competence?
- How do we hope to use the results to improve the member experience and quality?



About Affinity

- Independent, not-for-profit managed care plan
- Mission-driven: to improve the health of underserved populations...by improving care-seeking and care-giving
- 220,000 Members in 10-county metro-NYC area
- Medicaid, Family Health Plus, Child Health Plus, UniCare, Medicare Special Needs Plans for Dual Eligibles
- Sixty-one languages spoken!



What is Health Literacy?

➤ **Healthy People 2010** defines **health literacy** as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

➤ **The AMA Council of Scientific Affairs** more specifically defines **functional health literacy** as “the ability to read and comprehend prescription bottles, appointment slips, and the other essential health-related materials required to successfully function as a patient.”

Why Is Health Literacy Important to Us?

- Mission to improve “health” means moving beyond conventional medical model
- Mission to improve health by improving “care-seeking and care-giving,” the essence of which is communication
- Thus, health literacy is part of our mission-driven corporate strategy
- It’s about the written and spoken word *and* cultural competence.....clear health communication

What Do We Know About the Problem?

- Over 2 decades of research have linked low health literacy with challenges in navigating the system, and treatment adherence and poor outcomes
- The National Assessment of Adult Literacy (NAAL): measures literacy among adults
- The 2003 NAAL measured health literacy for the first time
- Four performance tiers
 - Proficient
 - Intermediate
 - Basic
 - Below Basic



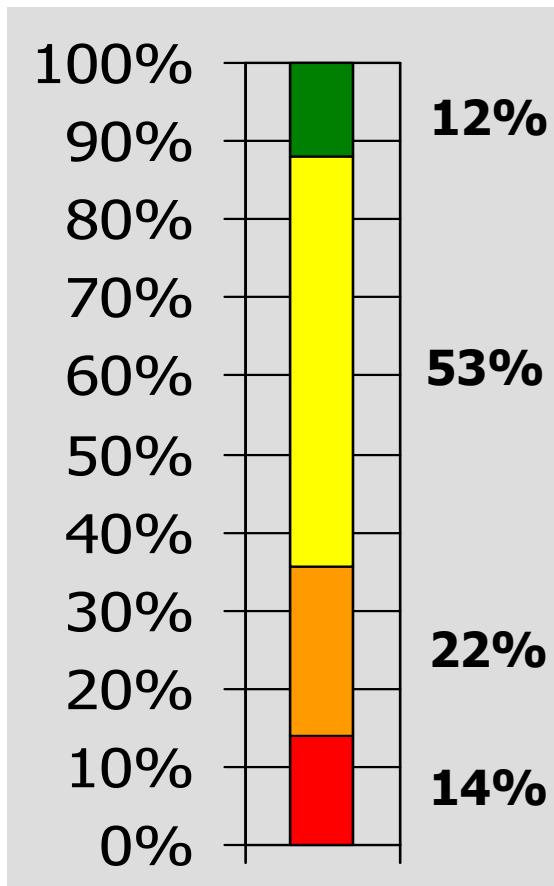
The Facts

- In 2003 the NAAL health literacy results:
 - 12% of adults have proficient health literacy
 - 52% have intermediate health literacy
 - 22% have basic health literacy
 - 14% have below basic health literacy

- Adults with Medicare, Medicaid or no insurance are more likely to have basic or below basic health literacy



The Facts



Proficient: Define medical term from complex document, Calculate share of employee's health insurance costs

Intermediate: Determine healthy weight from BMI chart, Interpret prescription and over-the-counter drug labels

Basic: Can not understand simple patient education handout; trouble explaining why to have a test

Below Basic: Could not recognize an appointment on appointment slip, nor understand simple pamphlet about pre-test instructions



The Facts

- Many studies have linked low health literacy with:
 - Increased hospitalization rates
 - Less frequent screening rates, e.g., cancer
 - Lower utilization of preventive services
 - Delays in care
 - Higher use of ERs
 - Disproportionately higher rates of disease and mortality
- Lower health literacy associated with worse self-reported physical health and activities of daily living



The Facts

- A recent study by Vernon, et al found:
 - Low health literacy is a major source of inefficiency costing the economy in the range of \$106 to \$238 billion annually
 - Significant savings could be achieved; enough to cover the 46 million uninsured
 - Real present day cost is closer to \$1.6 to \$3.6 trillion



The Current Environment for Care-Seeking

- Healthcare is complex and costly

40 years ago

- ◆ 1 doctor
- ◆ 1 pharmacist
- ◆ No forms
- ◆ In-patient
- ◆ 650 medications
- ◆ Ave Rx cost \$3.25

Today

- ◆ Multiple providers
- ◆ Chain drug stores
- ◆ Numerous forms
- ◆ Out-patient
- ◆ 24,000 meds
- ◆ Cost \$28.74 (\$96 brand)

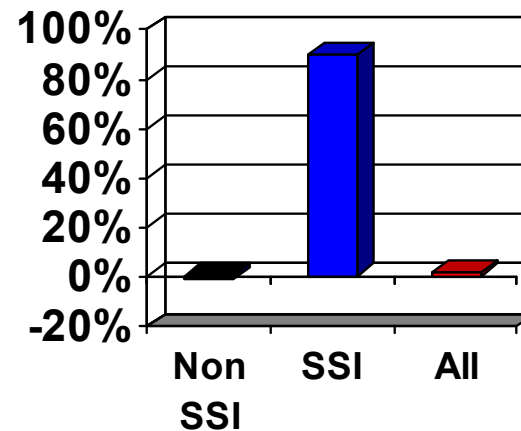
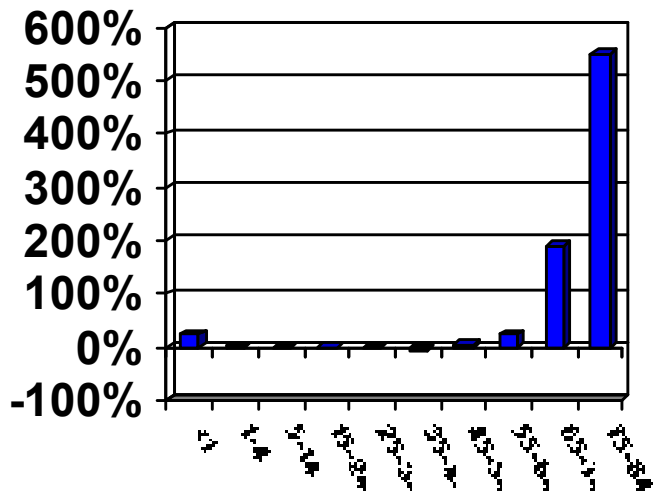
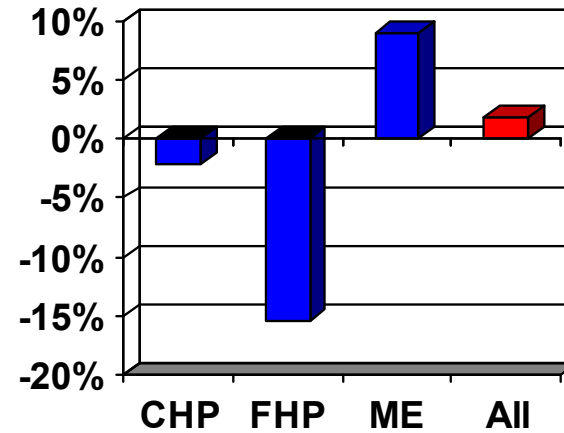
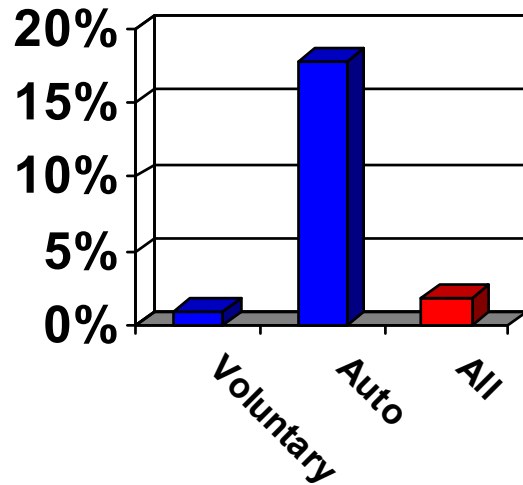
Source: Ruth Parker, MD presentation at Affinity Health plan, 2007

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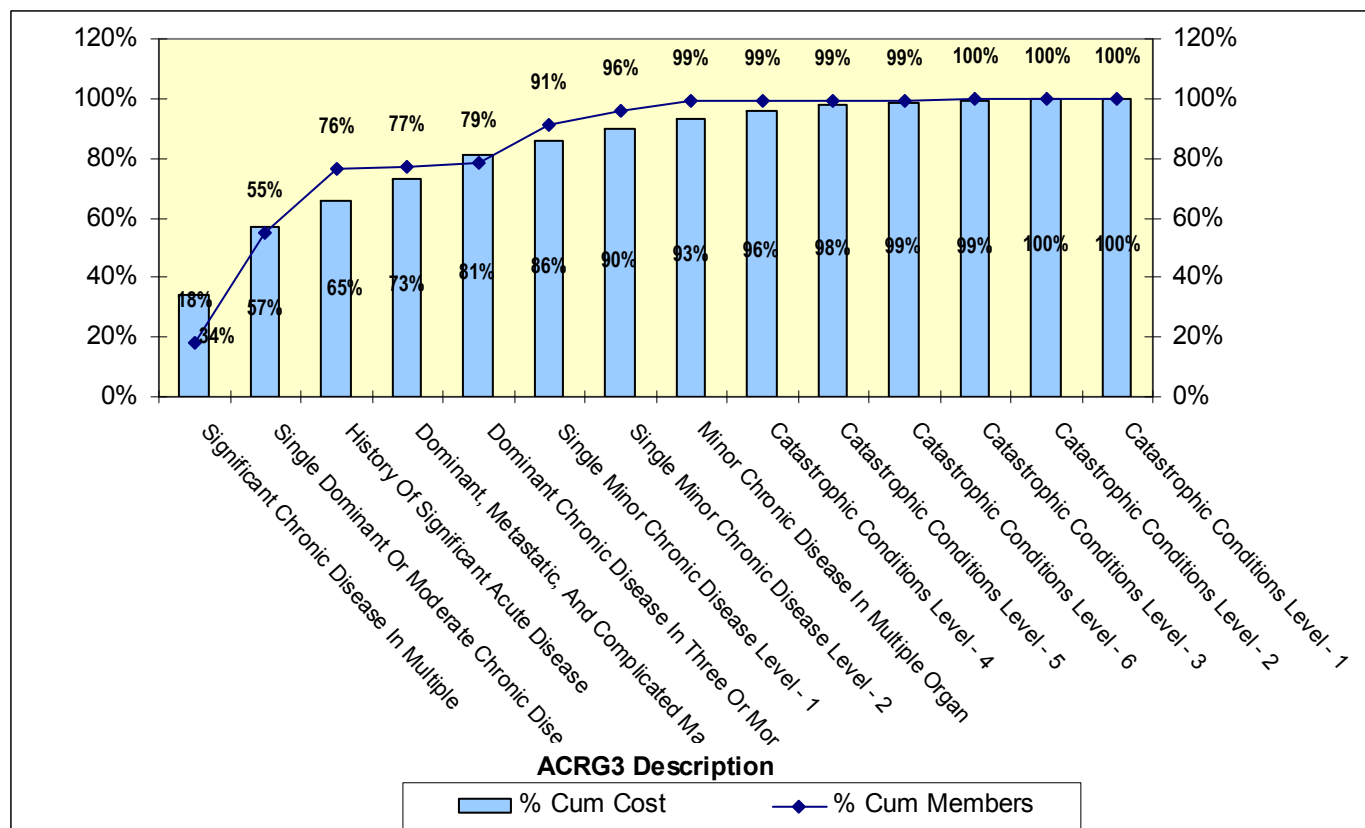
Demographic Changes in Affinity Members

% Change 2005-2007



Affinity's Population

Relationship of Total Cost to Membership by ACRG3 Description - 2007



Major Spend Changes from 2005-2007

Service Types with largest PMPM Increases	2005 PMPM \$	2007 PMPM \$	% Change
Inpatient	\$54.49	\$60.38	10.8
Physician Specialty	\$15.22	\$19.27	26.6
Diagnostic Test, Lab/X-Ray	\$12.93	\$18.61	43.9
Pharmacy	\$10.75	\$12.10	12.5
Prenatal/Postpartum Maternity	\$3.10	\$4.96	60.0
Emergency Room	\$2.92	\$4.91	68.0
Ambulatory Surgery	\$1.18	\$3.80	200.0

Inpatient and ACS Admissions by Top 3 ACRG Cost Categories

	# Members in ACRG3 In 2007	#Inpatient Admissions 2007	Rate of Inpatient Admissions	#ACS Admissions 2007	Rate of ACS Admissions
Significant Chronic Disease in Multiple Organ Systems	17,850	6,907	38.7%	1,428	8%
Single Dominant or Moderate Chronic Disease	36,359	5,128	14.1%	1,127	3.1%
History of Significant Acute Disease	21,082	2,706	12.8%	245	1.2%
All Affinity Members			4.6%		1.4%



Members with an Asthma, Diabetes or Heart Disease CRG, drive over ½ of ACS Admissions in 2007

CRG Contains:	# Members with CRG in 2007	# ACS Admissions	# Unique Members
Asthma	12,047	1,306	1,018
Diabetes	9,769	1,184	717
Heart Disease	10,246	644	414
Obesity	1,776	18	
Depression	969	10	

2,521 ACS Admissions /4,886 TTL ACS Admissions = ½ of ACS Admissions



How Are We Doing on Quality?

Chronic Condition Care	2007	SWA	2006	SWA
Use of Appropriate Medications for People with Asthma 5-17 yo	91%	92%	92%	92%
Use of Appropriate Medications for People with Asthma 18-56 yo	89%	90%	90%	89%
Use of Appropriate Medications for People with Asthma 5-56 yo	90%	91%	91%	92%
<i>Comprehensive Diabetes Care</i>				
HbA1c Test	86%	87%	89%	86%
HbA1c Well Controlled <7	40%	38%	38%	35%
HbA1c Poorly Controlled >9	32%	34%	33%	35%
LDL-C Test	84%	85%	86%	85%
LDL-C Well Controlled <100	44%	41%	41%	39%
Eye Exam	69% ▲	62%	61%	57%
Monitor Nephropathy	83%	82%	80%	80%
Blood Pressure <130/80	36%	31%	34%	30%
Blood Pressure <140/90	71%	61%	70%	61%
<i>Cholesterol Mgmt for Patients with Cardiovascular Conditions</i>				
LDL-C Screening	90%	89%	89%	89%
LDL-C Control <100	54% ▲	47%	49%	46%
Controlling High Blood Pressure (Blood Pressure Reading < 140/90)	Rotated-off	N/A	65% ▲	60%
Use of Spirometry Testing in the Assessment & Diagnosis of COPD	44%	40%	35%	40%
<i>Pharmacotherapy Management of COPD Exacerbation (New Measure)</i>				
Systemic Corticosteroid	52%	50%		
Bronchodilator	66%	76%		

What Do We Know Now from CAHPS?

Affinity Health Plan

Correlation Analysis

Affinity Health Plan

Corr. Rank	Rating of personal doctor			Rating of specialist seen most often			Rating of all health care			Rating of health plan		
	Question	Score	Correlation	Question	Score	Correlation	Question	Score	Correlation	Question	Score	Correlation
1	Q19 How Well Doctors Communicate	88%	0.68	Q19 How Well Doctors Communicate	88%	0.34	Q19 How Well Doctors Communicate	88%	0.50	Q31 Getting Needed Care	79%	0.44
2	Q21 How Well Doctors Communicate	80%	0.64	Q21 How Well Doctors Communicate	80%	0.31	Q21 How Well Doctors Communicate	80%	0.50	Q19 How Well Doctors Communicate	88%	0.41
3	Q20 How Well Doctors Communicate	92%	0.63	Q4 Getting Care Quickly	76%	0.30	Q4 Getting Care Quickly	76%	0.48	Q21 How Well Doctors Communicate	80%	0.38
4	Q18 How Well Doctors Communicate	87%	0.60	Q18 How Well Doctors Communicate	87%	0.29	Q20 How Well Doctors Communicate	92%	0.44	Q18 How Well Doctors Communicate	87%	0.37
5	Q4 Getting Care Quickly	76%	0.33	Q27 Getting Needed Care	69%	0.29	Q18 How Well Doctors Communicate	87%	0.40	Q27 Getting Needed Care	69%	0.36
6	Q31 Getting Needed Care	79%	0.33	Q6 Getting Care Quickly	74%	0.19	Q31 Getting Needed Care	79%	0.37	Q20 How Well Doctors Communicate	92%	0.34
7	Q6 Getting Care Quickly	74%	0.28	Q20 How Well Doctors Communicate	92%	0.18	Q6 Getting Care Quickly	74%	0.35	Q36 Customer Service	92%▲	0.32
8	Q27 Getting Needed Care	69%	0.27	Q31 Getting Needed Care	79%	0.10	Q27 Getting Needed Care	69%	0.35	Q35 Customer Service	79%	0.30
9	Q35 Customer Service	79%	0.24	Q36 Customer Service	92%▲	0.09	Q36 Customer Service	92%▲	0.28	Q6 Getting Care Quickly	74%	0.24
10	Q36 Customer Service	92%▲	0.20	Q35 Customer Service	79%	0.00	Q35 Customer Service	79%	0.21	Q4 Getting Care Quickly	76%	0.24

▲▼ Statistically significantly better/worse than Statewide 2008.

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What Do We Know Now from CAHPS?

- Our overall satisfaction rate declined from 74% to 65% from 2006 to 2008
- Items that had the highest correlation **for Affinity** in terms of rating of personal doctor, health care and health plan mainly focused on **communication** and access
 - How often did your doctor **listen** carefully?
 - Did your doctor **spend enough time**?
 - Did your doctor **show respect** for what you had to say?
 - Did your doctor **explain things** in way that was easy to understand?



Affinity Health Literacy Strategy

Vision Statement

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

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

Opportunity

- Health literacy; information to help communication and decision
- Communication; improve the member PCP connection

Health Literacy Interventions

- Health plan staff *skills-based* training in clear health communication; written and oral
- Revisions to written member communication materials
- Provider education-CME DVD
- Improvements in member contact and engagement
- Measure better! Testing the new modules.....



What Is Most Exciting About The New Modules?

- Health literacy question set all about communication and navigation (latter mostly around forms)
- We feel it will be actionable if executed at individual provider level
- Cultural competence survey excited people less
- Some negative reaction to “inference” in questions such as “...have you been treated unfairly at this doctor’s office because you do not speak English very well....”
- We care about the intersection but couldn’t administer both modules due to time considerations



How Might We Use The Results?

- We want to see if improvements on health literacy can translate into improved overall rating of health plan
- Want to see if improvements in clear health communication can impact member contact, engagement in self management and improved outcomes
- Want to see if improvements in clear health communication can mediate cost trends



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