Health Literacy Implications of the Affordable Care Act (ACA)

Presentation to the Institute of Medicine’s Roundtable on Health Literacy

Stephen Somers
Roopa Mahadevan
Center for Health Care Strategies

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CHCS Mission

To improve health care quality for low-income children and adults, people with chronic illnesses and disabilities, frail elders, and racially and ethnically diverse populations experiencing disparities in care.

► Our Priorities

- Assuring Access to Services for Covered Beneficiaries
- Improving Quality and Reducing Racial and Ethnic Disparities
- Integrating Care for People with Complex and Special Needs
- Building Medicaid Leadership and Capacity
When the Institute of Medicine (IOM) contacted CHCS re: the ACA and Health Literacy, our initial thoughts were:

- this is landmark legislation, but it’s not exactly health literacy legislation;
- yet, it can’t succeed without attending to health literacy; and
- it sure softens the health care *terra firma* for further work on health literacy.
In short

- The ACA offers few potent levers for health literacy:
  - No forceful legislative language;
  - No regulatory mandates; and
  - No designated resources.

- However, it does include:
  - Several direct mentions; and
  - Multiple indirect windows for promoting understanding of the need to include health literacy in expanding coverage, reaching consumers/patients, improving quality, etc.
Direct mentions of “health literacy” in the ACA

- Definition of the term, using the National Library of Medicine’s definition (Title V, Subtitle A)
- Four provisions:
  - Sec. 3501: Health Care Delivery System Research; Quality Improvement Technical Assistance;
  - Sec. 3506: Program to Facilitate Shared Decision-making;
  - Sec. 3507: Presentation of Prescription Drug Benefit and Risk Information; and
  - Sec. 5301: Training in Family Medicine, General Internal Medicine, General Pediatrics, and Physician Assistantship
• Six broad themes emerge:
  ► **Coverage expansion**: Enrolling, reaching out to, and delivering care to health insurance coverage expansion populations in 2014 and beyond;
  ► **Equity**: Assuring equity in health and health care for all communities and populations;
  ► **Workforce**: Training providers on cultural competency and diversifying the health care provider workforce;
  ► **Patient information**: At appropriate reading levels in print and electronic media;
  ► **Public health and wellness**; and
  ► **Quality improvement**: Innovation to create more effective and efficient models of care, particularly for individuals with chronic illnesses requiring extensive self-management.
Insurance Reform, Outreach, and Enrollment

- **Insurance reforms improve access to coverage for 32 million Americans**
  - Individual Mandate
  - Employer mandates
  - Regional/state exchanges
  - Expansion of Medicaid eligibility

- **Effective outreach and enrollment to low-literacy populations will be essential.**
  - Consumer assistance Internet portal for enrollment into public programs and the Exchange (Sec. 1413).
  - Funding to states for outreach and enrollment assistance into low-income programs (Sec. 3306).
  - Uniform explanation of coverage documents and standardized documents (Sec. 2715).
Medicaid Expansion

• Starting in 2014, Medicaid will cover everyone who is under age 65 and 133 percent of FPL ($14,404 for one person in 2009)

• Medicaid could be serving upwards of 80 million Americans — or one-quarter of the U.S. population.

• Newly eligible population is likely to:
  ► Be racially and ethnically diverse;
  ► Be predominantly childless adults;
  ► Have high levels of substance abuse and prior jail involvement; and
  ► Require integrated care management for complex physical and behavioral health needs.

• State Medicaid agencies have consumer assistance and readability standards, but there are state or federal entities tasked with managing this consistently across states.
Individual Protections, Equity, and Special Populations

• **Health literacy as a means to ensuring non-discrimination**
  - Sec. 1557 prevents exclusion of an individual from participation in or denial of benefits under any health program or activity.
  - “Culturally and linguistically appropriate” obligations for health plan communications and new patient protection and appeals processes.

• **Addressing racial/ethnic disparities**
  - Mandatory collection of race, ethnicity, language, sex, and disability status data for all federally supported programs (Sec. 4302).
  - Office of Minority Health established in every federal health agency (Sec. 10334).

• **Supports for disadvantaged populations**
  - Native American Health Improvement Act (Sec. 10221).
  - Protections and standardized complaint forms for nursing and long-term care home residents (Sec. 6105).
  - Expanded aging and disability centers (Sec. 2405).
  - Increased support for geriatric mental health, and dementia and abuse prevention (Sec. 6121).
Workforce Development

- Continuing medical education support for providers of minority, rural, and/or underserved populations and areas (Sec. 5000 – 5600).
- Cultural competency and disabilities training curricula in medical and health professions schools (Sec. 5000 – 5600).
- Diversifying the professional and para-professional health care workforce, along various axes (Sec. 5000 – 5600)
  - *Income*: Educational grant and loan programs.
  - *Racial/Ethnic*: Native American workforce development and minority professional recruitment and retention.
  - *Type or Specialization*: Community health worker, nurse, home aide, geriatric specialist, adolescent mental health specialist.
  - “Cultural and linguistic appropriateness” is a frequent condition of eligibility for the workforce grant opportunities.
Health Information

- Nutrition labeling of standard menu items at chain restaurants (Sec. 4205).
- Improved presentation of prescription label information (Sec. 3507).
- Medication management services in the treatment of chronic conditions (Sec. 3503).
- Enhanced information around choice of plan eligibility and prescription drug reimbursement for Part D Medicare seniors (Sec. 3305).

Health Information Technology

- ACA frequently prescribes the use of technology to disseminate health information, e.g.:
  - Internet portal to facilitate insurance enrollment (Sec. 1103).
  - Web-based tool for consumer access to health risk assessment tools and personalized prevention plans (Sec. 4004).
Public Health and Prevention/Wellness

• National activities
  ► National Prevention Strategy and Public Health fund (Sec. 4001 and 4002).
  ► Review of effectiveness of clinical (e.g., tobacco screening) and community-based prevention (e.g., media campaign) activities (Sec. 4003).
  ► Education campaign regarding preventive benefits (Sec. 4004).

• Increased coverage of clinical preventive services under Medicare, Medicaid, and private health insurance (Sec. 4100 - 4300).

• Personalized wellness programs by employers and insurers (Sec. 4300 – 4400, and Sec. 10408).

• Expanded federal grant-making for chronic disease prevention and other public health issues
  ► National oral health education campaign (Sec. 4102).
  ► State Medicaid campaign regarding coverage of chronic disease prevention (Sec. 4004).
  ► Early motherhood-child visiting programs (Sec. 2951).
  ► Teenage personal responsibility grants (Sec. 2953).
  ► National diabetes prevention program (Sec. 10501).
  ► Childhood obesity-reduction demonstration grants (Sec. 4306).
  ► Young woman breast health awareness and cancer support campaign (Sec. 10413).
Innovations in the Quality, Delivery, and Costs of Care

• **National quality improvement efforts**
  ► Umbrella strategy and federal inter-agency workgroup (Sec. 3011 and Sec. 3012).
  ► Development of Adult Core Measure set (Sec. 3013).

• **Delivery system redesign: patient-centeredness and care coordination**
  ► Health homes in Medicaid (Sec. 2703).
    - Community health teams (Sec. 3502).
  ► Shared decision-making program (Sec. 3506).
  ► Patient navigator services (Sec. 3510).
  ► Regional collaborative networks (Sec. 10333).

• **Center for Medicare and Medicaid Innovation (CMMI): demonstration programs that research, test, and expand innovations in payment and delivery system improvement pilots (Sec. 3021).**
  ► Good opportunity for demonstration of business case for literacy among high-risk populations (e.g., pregnant women, elders with multiple medications).
  ► High prevalence of low literacy among individuals in Medicaid and individuals with chronic disease.
In Summary

• No potent new levers on health literacy in the ACA.
• Lots of recognition that patients need to understand information in order to enroll in programs, stay well, and prevent and manage disease.
• Opportunities to safeguard patient rights through acknowledgement of need for cultural competency and reduction of disparities.
• Opportunities to demonstrate that targeted health literacy innovations could improve health and reduce preventable hospitalizations.