Institute of Medicine: Roundtable on Health Literacy

Panel: Measuring Health System Responses to Health Literacy

An Accradora’s Effort to Push the Public Policy Agenda Forward

February 26, 2009

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Vice President
Overview

• What is Accreditation?

• About URAC

• Health Literacy: An Accradiator’s Effort to Push the Public Policy Agenda Forward
Accreditation is a “Seal of Approval”

Quality standards set by independent group

Accreditation Program to support the Quality Standards is established

Independent group of surveyors audits the health plan to make sure that they meet the standards

Quality standards enforced by independent group

Purchasers/Regulators Recognize Accreditation
Why Accreditation is a Recognized “Seal of Approval”

Accreditation Quality Standards are:

- Set and enforced by an independent group of experts representing all health care stakeholders
- Current with market conditions
- The intersection of health policy goals and health service delivery reality
- Built with performance measures to ensure there is data to support a continuous quality improvement cycle
About URAC

MISSION

- To promote continuous improvement in the quality and efficiency of managed health care through processes of accreditation and education.

STRUCTURE

- Non-profit, independent entity
- Broad-based governance:
  - Providers
  - Purchasers
  - Labor
  - MCO’s
  - Regulators
  - Consumers
- Expert advisory panels (volunteer)

STRATEGIC FOCUS

- Consumer Protection and Empowerment
- Improving and Innovating Healthcare Management
About URAC

• Non-profit, independent organization founded in 1990 originally chartered to accredit utilization review services

• Twenty-two of the top 25 US health plans hold URAC accreditation*

• URAC offers over 25 distinct accreditation and certification programs across the continuum of care

• URAC currently accredits over 400 organizations operating in all 50 states and beginning to see growth in international markets

• Is now recognized by 38 states, District of Columbia, and four federal agencies (CMS, OPM, DoD, VA)

* AIS Directory of Health Plans, 2005
**URAC Offers a Full Range of Accreditation Programs**

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**Pharmacy Quality Management ®**

| - Pharmacy Benefit Management | - HIPAA Security |
| - Drug Therapy Management | |
| - Specialty Pharmacy (Standards and Measures) | |
| - Mail Service Pharmacy (Standards and Measures) | |
Policy Goals of URAC Accreditation Programs

Stakeholders

- Provide evaluative tool for vendor selection
- Enhance patient safety
- Assure consumer access to services
- Improve consumer care management
- Enhance understanding with standard definitions & disclosures
- Empower & protect consumers

Regulators

- External validation of organizational excellence
- Provide benchmarks and CQI-oriented process to
  - Improve operations
  - Enhance compliance
- Reduce misperceptions among stakeholders
- Complementary with regulatory compliance
- Complementary with other Accreditors/Performance Measurers

Purchasers

Service Providers

- Provide evaluative tool for vendor selection
- Enhance patient safety
- Assure consumer access to services
- Improve consumer care management
- Enhance understanding with standard definitions & disclosures
- Empower & protect consumers
Health Literacy:

An Accréditor’s Effort to Push the Public Policy Agenda Forward
Health Literacy: An Accrator’s Effort

• Consumer Directed Health Plans

• URAC Accreditation Programs (Initial URAC Standards):
  – Consumer Education and Support 2005

• CLAS* Crosswalk, 2005 and 2007

• URAC Accreditation Programs:
  – Consumer Education and Support 2005
  – Pharmacy Benefit Management 2007
  – Drug Therapy Management 2007
  – Mail Service Pharmacy 2008
  – Specialty Pharmacy 2008
  – Core Organizational Quality 2008

• Education Programs 2008 and ongoing

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*National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care, Final Report, 2001

U.S. Department of Health and Human Services Office of Minority Health
Early 2000s Accreditation Driver: Consumer Directed Health Plans
Summary of Standard CES 2– Further Pre-Enrollment Consumer Information Requirements

Descriptions of the processes the organization uses to provide information and support to consumers:

(i) For whom English is not their primary language;
(ii) From different cultural backgrounds; and
(iii) With special needs, such as cognitive or physical impairments.

Standard Weight: 3 (non-mandatory)
Standard CES 13 – Health Literacy Communication

The organization has a process to provide information that:

(a) Lowers to the extent practicable the cognitive effort required to use the information;

(b) Helps consumers understand what effect a health care decision may have for their daily lives; and

(c) Displays the information in a way that highlights information important to the consumer.

Standard Weight: 4 (non-mandatory)

Standard CES 14 – Cultural Sensitivity Communication Requirement

Information is presented and delivered in ways that are sensitive to the diversity of the organization’s enrollment, including:

(a) Literacy levels;

(b) Language differences;

(c) Cultural differences; and

(d) Cognitive and/or physical impairment.

Standard Weight: 4 (non-mandatory)
The CLAS standards are primarily directed at health care organizations.

The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served.

The 14 standards are organized by themes:
- Culturally Competent Care (Standards 1-3),
- Language Access Services (Standards 4-7), and
- Organizational Supports for Cultural Competence (Standards 8-14).
Cultural Competency Standards Crosswalk 2005 and 2007

• This crosswalk outlines the relationships between the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care, issued by the Office of Minority Health, and the accreditation standards of the Joint Commission, URAC, and the National Committee for Quality Assurance (NCQA).

• Prepared by the UQIOSC, the Underserved Quality Improvement Organization Support Center under contract with CMS

• In the Crosswalk, URAC compared the CLAS standards to standards found in its:
  – Consumer Education and Support Standards, Network Management and Member Relations Standards for Health Plans.
  – Aspects of URAC’s Utilization Management and Case Management Standards.
Cultural Competency Standards Crosswalk 2005 and 2007

To summarize, the crosswalk shows that the Joint Commission, URAC, and the National Committee for Quality Assurance (NCQA) all have embedded standards in their accreditation programs that speak to Culturally and Linguistically Appropriate Services (CLAS) in Health Care at a high level.

For additional information, visit these Web sites:
- The Joint Commission (http://www.jointcommission.org/)
- National Committee for Quality Assurance (www.ncqa.org)
- URAC (www.urac.org)
- The Office of Minority Health Resource Center (www.omhrc.gov/clas/)

But! Consumers would be better served if accreditors addressed these issues at a more granular level.
national standards on culturally and linguistically appropriate services (clas)
us dhhs omh

problem: urac has found when working towards applying the clas standards to voluntary managed care accreditation

lack of clarity regarding applicability to health benefits plans and their managed care service vendors.

remember:

- the intersection of health policy goals and health service delivery reality

policy driver

market driver
Addressing Health Literacy in URAC’s Pharmacy Accreditations

- Pharmacy Benefit Management v1.0 2007
- Mail Service Pharmacy v1.0 2008
- Specialty Pharmacy v1.0 2008

These 3 pharmacy programs include:
  - URAC Standard CES 13 – Health Literacy Communication
  - URAC Standard CES 14 – Cultural Sensitivity Communication
Addressing Health Literacy in URAC’s Health Care Accreditations

- **May 2007** – Health Standards Committee (HSC)– agreed to address “Health Literacy/Diversity” as a topic for health care management suite of standards and possibly Health Plan.

- **July 2007** – Workgroup for health care management addressed the topic as a broad category.

- **2nd half of 2007** – URAC works with Information Therapy (Ix) Center to draft health literacy standards.

The IxCenter is an independent, not-for-profit organization dedicated to advancing the practice and science of prescribing and using information to improve people's health. Visit [www.IxCenter.org](http://www.IxCenter.org) or [www.IxCenterBlog.org](http://www.IxCenterBlog.org) for more information.
Addressing Health Literacy in URAC’s Health Care Accreditations

• **2/28/08 – 4/14/08** – Core Organizational Quality (Core) standards go out for public comment and include new health literacy standard (revised in light of public comment).

• **4/2/08-5/21/08** – Disease Management (DM) is among other standards out for public comment.

• **July 2008** – URAC Board approves the Core standards and DM standards.

• **November 2008** – Core version 3.0 and DM version 3.0 are released to the public.

Health Literacy now addressed in **all** URAC health care accreditation Programs!
Core 40 – Health Literacy

The organization will implement written policies and/or documented procedures addressing health literacy that:

(a) Require consumer materials to be in plain language; [L]
(b) Assess the use of plain language in consumer documents; and [L]
(c) Provide relevant information and guidance to staff that interfaces directly with, or writes content for, consumers. [L]

However!!!
- Scoring Weights for Health Literacy are Very Low.
- Organizations can still get accredited if they don’t meet this standard.
Addressing Health Literacy in URAC’s Health Care Accreditations

Summary of DM 23 – Plan Addressing Delivery of Health Information to Consumers

(a) Targeting consumer’s information needs for the current episode of care; [1]
(b) Proactively providing health information;[1]
(c) Supporting: [--]
   (i) Informed decision making; [1]
   (ii) Skill building and motivation for effective self-care; and [1]
   (iii) Consumer comfort and acceptance. [1]
(d) Tailored to the individual consumer’s specific needs; and [1]
(e) Health information that is accurate, comprehensive, and easy to use; and [1]
(f) Using community resources and other health care partner. [1]

However!!!

- Scoring Weights for Health Literacy are Very Low.
- Organizations can still get accredited if they don’t meet this standard.
Addressing Health Literacy in URAC’s Health Care Accreditations

Summary of DM 24 – Evaluation of Consumer Health Information

(a) providers with current knowledge relevant to the information review it prior to its release and thereafter at least annually to ensure that it is based upon current clinical principles, processes and when available, evidence based information; [1]

(b) Having the medical director (or equivalent designate) or clinical director (or equivalent designate) approve the information to be released to consumers. [1]

However!!!

- Scoring Weights for Health Literacy are Very Low.
- Organizations can still get accredited if they don’t meet this standard.
Problem: URAC has found when working towards applying the CLAS Standards to Voluntary Managed Care Accreditation.

Lack of Clarity Regarding Applicability to Health Benefits Plans and their Managed Care Service Vendors.

REMEMBER:

- Built with performance measures to ensure there is data to support a continuous quality improvement cycle.
Health Literacy: A Managed Care Accrator’s Response

Education Programs 2008 and ongoing

Health Literacy
August 5, 2008 – 2:00 – 4:00 p.m.
Presenter Information: Dallice Joyner H. Ed., M. Ed. – NVAHEC

Medical Ethics
September 10, 2008 – 2:00 – 4:00 p.m.
Presenter Information: Adelya Carlson - NVAHEC

Cultural Competency in Health Care
October 8, 2008 – 2:00 – 4:00 p.m.
Presenter Information: Dallice Joyner H. Ed., M. Ed. and Adelya Carlson - NVAHEC

Cross Cultural Perspective in Health Care
November 5, 2008 – 2:00 – 4:00 p.m.
Presenter Information: Jihane Abou Chabke - NVAHEC

How to communicate effectively through an interpreter
December 3, 2008 – 2:00 -4:00 p.m.
Presenter Information: Ruma Bhowmik, MSW - NVAHEC
We’ll Keep Pushing

- The intersection of health policy goals and health service delivery reality

Future Accreditation Revisions…

Will likely have more granular Standards with Higher Weights!

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Appendix

Sample of URAC Standards Addressing Health Literacy Issues
Standard CES 2– Further Pre-Enrollment Consumer Information Requirements

The information made available to potential enrollees under CES Standard 1 includes:

(a) Data about member satisfaction with services provided by the organization;
(b) Condition-specific criteria for benefits coverage;
(c) Descriptions of the processes the organization uses to provide information and support to consumers:
   (i) For whom English is not their primary language;
   (ii) From different cultural backgrounds; and
   (iii) With special needs, such as cognitive or physical impairments.
**Standard CES 13 – Health Literacy Communication**

The *organization* has a process to provide information that:

(a) Lowers to the extent practicable the cognitive effort required to use the information;

(b) Helps consumers understand what effect a health care decision may have for their daily lives; and

(c) Displays the information in a way that highlights information important to the *consumer*.

**Standard CES 14 – Cultural Sensitivity Communication Requirement**

Information is presented and delivered in ways that are sensitive to the diversity of the *organization’s* enrollment, including:

(a) Literacy levels;

(b) Language differences;

(c) Cultural differences; and

(d) Cognitive and/or physical impairment.
Addressing Health Literacy in URAC’s Health Care Accreditations

Core 40 – Health Literacy

The *organization* will implement written policies and/or documented procedures addressing *health literacy* that:

(a) Require *consumer* materials to be in *plain language*;
(b) Assess the use of *plain language* in *consumer* documents; and
(c) Provide relevant information and guidance to *staff* that interfaces directly with, or writes content for, *consumers.*
DM 23 – Plan Addressing Delivery of Health Information to Consumers

The organization has a documented plan addressing the delivery of health information to consumers:

(a) Targeting one or more of a consumer’s information needs for the current episode of care;

(b) Proactively providing health information to the individual consumer;

(c) Supporting one or more of the following:

   (i) Informed decision making;

   (ii) Skill building and motivation for effective self-care and healthy behaviors related to the consumer’s information needs for the current episode of care; and

   (iii) Consumer comfort and acceptance.

(d) Promoting the use of information tailored to the individual consumer’s specific needs and characteristics, including health literacy levels; and

(e) Providing health information that is accurate, comprehensive, and easy to use; and

(f) Using community resources and other health care partners to provide health information to consumers.
Addressing Health Literacy in URAC’s Health Care Accreditations

DM 24 – Evaluation of Consumer Health Information

As part of its documented plan addressing the delivery of health information to consumers, the organization provides health information that is accurate and appropriate for the population served by:

(a) Having providers with current knowledge relevant to the information review it prior to its release and thereafter at least annually to ensure that it is based upon current clinical principles, processes and when available, evidence based information;

(b) Having the medical director (or equivalent designate) or clinical director (or equivalent designate) approve the information to be released to consumers.