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
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.
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**

<table>
<thead>
<tr>
<th>Achieve meaningful quality and related performance improvements.</th>
<th>Achieve community health improvements.</th>
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<tr>
<td>Improve care-seeking and care-giving.</td>
<td>Improve the health of underserved populations.</td>
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</table>
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

- Child Health Plus
- Family Health Plus
- Medicaid
- Sunrise
- Unicare
Gender of Membership

- Male: 0.0%
- Female: 10.0%
There has been an increase in the average age, median age, and % of membership over 50 from 2002-2005
Approximately 1/3 of Affinity’s membership does not speak English as their primary language.
What “Other” languages do Affinity Members speak?

- Russian: 21%
- French: 14%
- Haitian-Creole: 12%
- Bengali/Bangla: 12%
- Other Language: 24%
- Urdu: 7%
- Hindi: 5%
- Punjabi: 5%
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
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)
• 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
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

Health Literacy Guiding Coalition

Vision For Success

Empowering Members with knowledge and Information so they can effect self-management.

Touching Members
- Enrollment/Recertification
- Marketing/Field Support
- Member Services
- Health Initiatives
- Community Relations

Touching Providers
- Clinical Affairs
- Quality Management
- Provider Relations & Contracting
- Learning & Development
- Communications

Touching Community
- Community Relations
- CHI

CONFIDENCE
ACCESS
ACTION
NAVIGATE

KNOWLEDGEABLE
GENUINE
PERSONAL
MEANINGFUL
GRACIOUS
CONVENIENT
RELIABLE
Affinity Member Touch Point Continuum

Initial Touchpoints to Affinity:
Doctor, Ad, Friend, Member, LDSS, Marketing Rep, Community Event, CSC, Affinity Employee

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

Various different episodes/encounters where Affinity touches Members

- Member fills out application
- Member receives HRA via Care Call
- Member receives additional HRA from COS for AIR
- Member reads asthma related materials
- Member calls Member Services; MS makes PCP appt.
- Member has PCP appointment
- Member receives phone call and letter from Recert
- Member receives phone call and letter from Recert
- Member meets with RT in home
- Member receives phone call and letter from Recert
- Member has PCP appointment
- Member receives phone call and letter from Recert
- Member has PCP appointment

8 months
11 months
• Touch Point #1:
  – Enrollment Application processing
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

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<tr>
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<th>Patients in Experimental Group</th>
<th>Patients in Placebo Group</th>
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<tr>
<td><strong>Direct Questions</strong></td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td><strong>Indirect Questions</strong></td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td><strong>Patient-provider interaction</strong></td>
<td>Negative affect, anxiety, and anger</td>
<td>Mutually sympathetic</td>
</tr>
<tr>
<td><strong>Satisfaction with care received in the clinic on the day of their visit</strong></td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td><strong>Appointment-keeping ratios</strong></td>
<td>+</td>
<td>-</td>
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</table>
• 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

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

Member fills out application

Member receives HRA via Care Call

Member reads asthma related materials

Member speaks to Case Manager

Member receives phone call and letter from Recert

Recertification

8 months

Member calls Customer Services to make PCP appt.

Member has PCP appointment

Member meets with RT in home

Non-User Profile:
- Single Male, Age 35
- Obese/Smoker

Member fills out application

Member receives HRA via Care Call

Member has PCP appointment

Member receives phone call and letter from Recert

Recertification

11 months
Member Touch Point Continuum & Related Health Literacy Skills

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- Single Female, Age 28
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**Goal:**
Navigate the healthcare system

**Task:**
Fill out Application

**Inventory of Skills:**
- Read, write and follow instructions to complete application.
- Comprehend questions asked, patient rights, responsibilities, etc.
- Organization skills to identify and provide correct documents.
- Retain information about accessing care

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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.
• 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

<table>
<thead>
<tr>
<th>SECTORS</th>
<th>MEMBER</th>
<th>PROVIDER</th>
<th>COMMUNITY</th>
<th>CORPORATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Responses</td>
<td>17</td>
<td>4</td>
<td>17</td>
<td>15</td>
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Health Literacy Assessment Tool
Print Materials - Findings

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MEMBER PROVIDER COMMUNITY CORPORATE

No. of Responses

SECTORS

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