From Theory to Practice: Health Equity Initiatives at WellPoint

Lisa Latts, MD, MSPH
VP, Programs in Clinical Excellence

Institute of Medicine
Workshop on Health Equity and Patient-Centeredness
May 12, 2008
Agenda

• WellPoint overview

• Building the foundation
  – Health disparities analyses
  – Market research

• Applying research and theory to practice
  – Diabetes disease management pilot for African Americans and Latinos

• Other health equity initiatives
35 Million Members Across the Country
One of every nine Americans is a member of a WellPoint health plan. For us, that's a tremendous privilege and responsibility. It's the reason we're transforming health care by:

– Creating innovative products that make health care more accessible and affordable

– Improving the health of our communities by providing our members the right tools and information

– Collaborating with health care professionals to improve quality of care
Indirect Methods for Estimating Member Race & Ethnicity

• Benefits
  – Low cost alternative to expense of collecting primary source data
  – Fast to implement
  – Filling in gaps in primary source data
    § Allows analysis of members who do not respond to requests for self reporting
    § Enables the analysis of selection bias among self reported responders
    § Accurate Plan, Regional, and Practice level analysis is difficult when data gaps exist

• Methodology
  – Geocoding of addresses, combined with Census demographic data
  – Members matched to name lists
  – Probabilities derived from Census data
WellPoint Health Disparities Analyses:

Proxy R/E Data Linked to Clinical Measures for Quality Improvement

• Estimated race/ethnicity data at aggregate and member-levels may be linked to clinical quality measurements for QI activities
  – HEDIS® screening and process measures
  – Specific treatment utilization, i.e. low-back pain procedures

• Data can be summed to various levels
  – Plan level
  – Region/city/county/zip code
  – Provider practice group
  – Product

• Application of proxy R/E data and disparities analyses
  – Identify members of potential R/E minority background for additional HEDIS and disease management outreach
  – Engage physician groups in QI initiatives addressing disparities and health literacy
Validation Testing

- Indirect methods have high degree of accuracy when comparing population groups
  - Group data allows comparison of demographics and associated quality metrics across regions, products, medical practices, etc.

### Aggregate Demographics – Predicted vs. Reported

<table>
<thead>
<tr>
<th>Approach</th>
<th>Hispanic (%)</th>
<th>Asian (%)</th>
<th>Black (%)</th>
<th>White / Other (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 192,096</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surname Only</td>
<td>46.1</td>
<td>6.6</td>
<td>7.1</td>
<td>40.2</td>
</tr>
<tr>
<td>Geocoding Only</td>
<td>41.3</td>
<td>7.9</td>
<td>11.9</td>
<td>39.0</td>
</tr>
<tr>
<td>WellPoint Model</td>
<td>52.1</td>
<td>7.9</td>
<td>14.7</td>
<td>25.3</td>
</tr>
<tr>
<td>Member Self – Reported Data</td>
<td>52.0</td>
<td>8.0</td>
<td>14.8</td>
<td>25.2</td>
</tr>
</tbody>
</table>
Healthy Disparities Market Research

Opportunity for Members to Reflect, Share & Validate

• Conduct qualitative, socio-ethnic market research in health care to address health disparities

• Develop profile of “adherent” diabetic patients who take proactive care of their health

• Identify major racial and ethnic (R/E) differences that affect outcomes of people with diabetes
  – Differences can be addressed in designing quality improvement or disease management initiatives

• Our 3-phased approach:
  – Conduct Phase I focus groups of “adherent” individuals to identify culturally relevant strategies
  – Test and validate sample interventions/materials with Phase II focus groups of “non-adherent” individuals
  – Develop pilot deployment recommendation for Phase III, including proposed metrics to measure success of these enhancements
I was very sad. I didn’t expect that...

“So I went to ask the doctor and I told her, “So I have diabetes?” and the doctor very rudely said, “Yes, you do.” They didn’t tell me anything, how I could treat it or how I could get informed about it.”

~ Phase I Latino Focus Group Participant

“I didn’t ask any questions because I was so scared and I didn’t know what to do.”

~ Phase I African-American Focus Group Participant
Applying Lessons Learned

Enhancements to disease management program – in process

- Develop more culturally/linguistically specific information in hard copy, especially on diet (recipes) and exercise (types)
- Include culturally relevant topics targeted to specific minority populations
  - Roles of spirituality, family and community in supporting healthy lifestyles
  - Strong fears surrounding complications of diabetes (blindness, amputations)
- Improve access to individually relevant and targeted information
- Address behavioral health issues proactively, but sensitively
  - Many minority groups view behavioral health support as shameful and to be avoided
Applying Lessons Learned

Product redesign or benefit changes – under consideration

• Needed to ease financial strains and improve self-monitoring of diabetes
  – Reduce test strip/insulin copay levels
  – Cover cost of glucometer
  – Consider covering local, in-person diabetics education programs or dieticians

Health plan staffing – in process

• Configure systems to match appropriate staff with language ability or R/E cultural sensitivity attributes

• Promote cross-cultural communication skills in a clinical/telephonic setting through staff training
Diabetes Disease Management Pilot

How do culturally relevant strategies for African Americans and Latinos with diabetes impact member engagement and health outcomes (proximal, intermediate, and long-term)?

- Patient/member/participant-level strategies to enhance engagement that can be replicated nationally on a large scale
- Employer group collaboration to enhance employee recognition of the program to increase self-referrals or receptivity to proactive outreach

Challenge: Helping or Offending? Walking a fine line…

- On the one hand, of segmenting to deliver appropriate culturally relevant materials
- On the other hand, of the perception of racial profiling or stereotyping by the “health plan”

We struggled…

- How do we push out culturally relevant materials to individuals predicted to be in our target populations in a sensitive and non-offending manner?

Target launch June 2008
Addressing Disparities and Health Literacy

Member Communication Basics – Honesty, Respect, Sensitivity

Our proposed solution… Up front honesty

• Tell our target populations about the disparity issue
  – Health disparities is a huge issue for all of us living in America

• Convey a message of wanting to help
  – We care about your health and want to make sure all our members have the tools they need to avoid such disparities

• Tell them what to expect
  – We will be sending out material to you that we feel might be helpful for members of ________ (African American/Latino) communities

• Provide the option of contacting us if they do not want the materials specifically for African Americans/Latinos
  – If they do not contact us but also later do not want the materials, we will ask them to please pass on to someone they think might benefit from them
Addressing Disparities and Health Literacy

Keepin' it real...
...about diabetes and African Americans.

Let's keep it real for a minute. African Americans are hit harder by diabetes ("sugar") than any other racial/ethnic group in the U.S. today. Over three million African Americans ages 20 and older have diabetes, and that number is growing each year.

You know that living well with diabetes can take a lot of effort and focused care. And unfortunately, many African Americans today aren't receiving equal, or appropriate, diabetes care as some other racial/ethnic groups. The results? African Americans are at greater risk for diabetes-related health problems like stroke, heart disease, blindness and limb amputations.

Anthem Blue Cross and Blue Shield recognizes this inequality in diabetes care and treatments. And we want to help you get the extra support you need to manage diabetes and enjoy a healthier life.

Introducing [program name].
The [program name] program is meant to help you better manage diabetes and avoid potential health problems that can come with it. Your participation is voluntary. And, best of all, there's no additional cost for you to enroll.

What [program name] offers you:
- Educational materials specifically for African Americans with diabetes including:
  - Personal care guide
  - DVDs covering nutrition, weight control and general diabetes care
  - Quarterly diabetes care newsletter
- Toll-Free access to a nurse 24 hours a day, including weekends and holidays. Our program nurses have specialized training in diabetes care and can offer support any time you need help.

Want to know more about enjoying your favorite foods while watching your sugar level? Need help finding testing strips and other supplies? Have a question about family history and preventing serious health problems? Ask us. Your nurse is just a phone call away.

How to enroll in [program name]:
There are a couple of ways to enroll in the [program name] program:

Revamp introduction letter as a colorful, bright postcard enticing the addressee to open it

Do it for yourself and your family.

It's good to make diabetes care a priority.

Getting adequate health care can help you better control diabetes. And well-controlled diabetes can help prevent other serious health problems. That's good for you and your family too.

Unfortunately, many Latinos today aren't receiving equal, or appropriate, diabetes care as some other racial/ethnic groups. The results? Latinos are at greater risk for diabetes-related health problems like blindness, heart disease, stroke and limb amputations. It's estimated that about 2.5 million Latinos in the U.S. aged 20 years or older have diabetes, and that number is growing each year.

Anthem Blue Cross and Blue Shield recognizes this inequality in diabetes care and treatments. And we want to help you get the extra support you need to manage diabetes and enjoy a healthier life.

Introducing [program name].
The [program name] program is meant to help you better manage diabetes and avoid potential health problems that can come with it. Your participation is voluntary. And, best of all, there's no additional cost for you to enroll.

What [program name] offers you:
- Educational materials specifically for Latinos with diabetes including:
  - Personal care guide
  - DVDs covering nutrition, weight control and general diabetes care
  - Quarterly diabetes care newsletter
- Toll-Free access to a Spanish-speaking nurse 24 hours a day, including weekends and holidays. Our program nurses have specialized training in diabetes care and can offer support any time you need help.

Have a question about family history and preventing serious health problems? Need help communicating with your doctor so he/she understands you better? Want to know more about life-saving diabetes medications? Ask us. Your nurse is just a phone call away.

How to enroll in [program name]:
There are a couple of ways to enroll in the [program name] program:
Addressing Disparities and Health Literacy

Develop Relevant New Health Education Materials

- Print materials will be culturally/linguistically appropriate for African Americans and Latino populations, respectively
- Materials are being reviewed for lower reading levels – target is 6th grade or below
- Health education materials are not the same as the standard packet offering
- Besides the culturally/linguistically appropriate printed health education materials, the pilot will feature other media for health education
Addressing Disparities and Health Literacy

Explore Use of Different Media for Health Education Messages

African American

• DVD/Website
  – Video Segments (topics include nutrition, exercise, and coping with diabetes)
  – Menus
  – Recipes

• Audio Soap Opera “BodyLove”
  (under negotiation)

DVD Video Segment: Eating Out and Eating Healthy

Erik S. Lesser / For Los Angeles Times
Addressing Disparities and Health Literacy

Explore Use of Different Media for Health Education Messages

Latino

• DVD/Website
  – Interactivity and online access to non-commercial, customized Diabetes Resource Center
  – Upfront built-in option for Spanish or English
  – Culturally-personalized wellness, diet, fitness and healthy weight programs
  – Video segments on nutrition, exercise, and coping with diabetes
  – Menus and recipes

• Bilingual *fotonovella* “Sweet Temptations” (developed by the University of Southern California)
Other Health Equity Initiatives

- Cultural competency training for all clinical staff
- Clinical quality staff using health disparities reports and maps to initiate dialog with medical groups to improve quality and reduce disparities in key HEDIS measures
- Development of culturally sensitive telephonic reminder scripts
- Provider and member web pages with focus on the cultural and linguistic needs of minorities
- Cultural and linguistic competency toolkits for network physicians’ offices
- Enhancement of telemedicine diabetes education outreach to rural minorities in Georgia