Peach State Health Plan
Cultural Competency Program
2016 Annual Evaluation

The Cultural Competency Annual Evaluation is an assessment of data and the effectiveness of interventions in the prior year. Continuous activities and initiatives that are designed to meet goals of the Strategic CCP are acknowledged. This document addresses only data, activities and interventions encountered in the prior year that presented opportunities for improvement or cultural competency and awareness challenges.

Peach State's Cultural Competency Committee is comprised of cross-functional leaders from various disciplines, including Provider Operations/Relations, Member Services, Compliance, Quality Improvement, Human Resources, Marketing & Communications, and Case and Utilization Management.

The committee monitors and reviews the CCP Work Plan throughout the year to track progress to ensure that Peach State staff and Network Providers are on target for delivery of culturally and linguistically appropriate care and service to all Plan's members and communities.

Experiences and observations of committee members who regularly interface with the provider, member, communities, and staff allow for feedback and identification of any barriers/issues and opportunity to continually improve cultural and linguistic competency. Peach State responds to customer and staff concerns, suggestions, and recommendations as presented.

Network providers may access the full strategic plan at www.pshpgeorgia.com, and request a hard copy at no charge.

Key Activities in areas of interpretation, partnerships, as well as, community events were maintained in 2016 to continue strengths and improvement of member outcomes and engagements:

- Notification to all members and providers of the availability of oral interpretation services and how to access bilingual interpreter service
- Provision of free language interpretation services and cultural awareness information to every single provider
- Offer of free linguistic services to members as needed with assistance at points of member contact with interpretation services via telephone, face-to-face, and during doctor's office visit
- Distribution of all member communications including educational materials in English and Spanish
    - Envolve Peoplecare (DM Vendor) supported PSHP Community Events in 2016 by attending and presenting at various community events. Vendor offered services in both English and Spanish. Printed educational materials were also offered in both English and Spanish.
- Audit of all Vendor CCP and language assistance capability

PSHP's Cultural Competency Committee focused on observations across three products and monitored 2016 selected interventions by functional areas. All of the following top areas for members at risk (barriers) for disparity continues to be addressed:

- AAs at higher risk for conditions (HIV, DM, HTN etc.)
- Not enough focus on high risk conditions
- Physician lack of awareness regarding Health Disparities
- Differences in provision of health care between Black and White Races

Quantitative Analysis

Selected High Risk Conditions - 2016 Observations
Medicaid Outreach Impact – 2016

Table 1 - Diabetes Mellitus High Risk Population	Results 2015	Results 2016
Total number of Peach State **Medicaid** members with a confirmed diagnosis of Diabetes	494	2346
Total number of Peach State Medicaid members with a diagnosis of Diabetes who obtained Retinal Eye Exam (REE)	173	2277
Total number of Peach State (Black) AA Medicaid members with a confirmed diagnosis of Diabetes	241 (49%)	1455 (62%)
# Peach State African American (AA) members who obtained REE	**81 (34%)** *33.6%*	**1409 (96.8%)**
Total number of Peach State (White) EA Medicaid members with a confirmed diagnosis of Diabetes	136 (28%)	731 (31%)
# Peach State European (EA) members who obtained REE	**63 (46%)** *46.3%*	**700 (96%)**
Disparity Gap	**13 percentage points**	**< 1%**
KEY: AA = African American; EA = European American; REE = Retinal Eye Exam		
Data provided by QI Analytics		

Medicaid

Display of data in Table 1 shows count of 2,346 Peach State Medicaid members with a confirmed diagnosis of Diabetes in 2016, as compared to only 494 in 2015. Of the members with a confirmed diagnosis of DM in 2016, 1,455 (62%) were AAs and 731 (31%) were EAs. Closure of the Disparity Gap between AAs and EAs who obtain REE in 2016 (< 1%) as compared to disparity gap of statistical significance (13%) 2015 is observed.

Envolve People care (DM Vendor) reports a total of 2763 Medicaid members with episodes of care for Diabetes engaged in health coaching during 2016. 85% (2346) of those members were reported with a confirmed diagnosis of Diabetes. At the end of December 2016, 1073 (46%) of those members remained active in health coaching (1073/2346)

Table 1-A - Diabetes Mellitus High Risk Population	**Ambetter** 2016	**Medicare** 2016
Total number of Peach State members with a confirmed diagnosis of Diabetes	2726	21
Total number of Peach State members with a diagnosis of Diabetes who obtained Retinal Eye Exam (REE)	2673 98%)	21 (100%)
KEY: REE = Retinal Eye Exam		
Data provided by QI Analytics		
Race information not available for Ambetter & Medicare members		

Ambetter

Display of data in Table 1-A shows count of 2,726 Peach State Ambetter members with a confirmed diagnosis of Diabetes in 2016. Of the members with a confirmed diagnosis of DM, 2,673 (98%) obtained a Retinal Eye Exam (REE). Race information was not available.

Envolve People care (DM Vendor) reports a total of 2,181 Ambetter members with episodes of care for Diabetes engaged in health coaching during 2016 (545 members fewer than total identified with confirmed diagnosis). At the end of December 2016, 819 (38%) of those members remained active in health coaching (819/2181)

Medicare

Display of data in Table 1-A shows count of 21 Peach State Medicare members with a confirmed diagnosis of Diabetes in 2016. Of the members with a confirmed diagnosis of DM, 21 (100%) obtained a Retinal Eye Exam (REE). Race information was not available.

Envolve People care (DM Vendor) reports a total of 123 members with episodes of care for Diabetes engaged in health coaching during 2016. (102 members more than total identified with confirmed diagnosis). At year end - December 2016, 82 of those members remained active in health coaching – 61 members over total number of members with a confirmed diagnosis of Diabetes (82-21)

Table 2 - HIV/AIDS - High Risk (human immunodeficiency virus - acquired immunodeficiency Syndrome) Population	Results 2015	Results 2016
Total number of Peach State Medicaid members with a diagnosis of the HIV/AIDS enrolled in the HIV/AIDS program Managed Care Program	248	165
Total number of members with HIV/AIDS who actively participated in the program and managed by a Health Educator.	78 % Participation Rate (193)	59% Participation Rate (98)
HIV/AIDS related **Readmission Rate**	10.34%	9.09%
*Baseline HIV/AIDS related readmission rate – 2014 = 41.38%		

Data in Table 2 reveal:

- A downward trend is emerging in the total number of members with HIV/AIDS who actively participate in the program managed by a Health Educator. Between 2015 and 2016 year ends, the number of members with HIV/AIDS who actively participated in the program decreased from 193 (2015) to 98 2016. A drop of 19 percentage points in participation rate (78%-59%) is observed.
- Over the past two (2) years, data shows an improvement trend in HIV/AIDS related Readmission Rates from baseline 2014 (41.38%). HIV/AIDS related Readmission Rates decreased by 31 percentage points at year end 2015 (41.38-10.34%) then by 1.25 at year end 2016 (10.34-9.09%).

Membership Data at Year End 2016

Peach State Health Plan Rank Order of Population by Race

Table 3 - Race Description - Medicaid	Population %
Black African American (AA)	51.45%
Caucasian - European Americans (EA)	35.21%
Other	3.11%
Black Non-Hispanic	3.02%
Asian	3.01%
Hispanic	1.02%
American Indian or Native American	0.17%
White Non-Hispanic	0.11%
Pacific Islander	0.09%
NA	2.81%
Total	100.0%

Current Gender/Age Status – Year End 2016

Table 4	MEMBER COUNT - Medicaid		
GA - Age Cohort	Female	Male	Total
0-9	103,493	105,896	209,389
10-19	75,118	72,506	147,624
20-34	41,457	2,663	44,120
35-50	17,272	3,043	20,315
>50	1,884	640	2,524
Grand Total	**239,224**	**184,748**	**423,972**
	MEMBER COUNT - Ambetter		
GA - Age Cohort	Female	Male	Total
0-9	705	719	1,424
10-19	1,505	1,528	3,033
20-34	10,436	8,544	18,980
35-50	11,628	8,903	20,531
>50	13,717	10,206	23,923
Grand Total	**37,991**	**29,900**	**67,891**
	MEMBER COUNT - Medicare		
GA - Age Cohort	Female	Male	Total
20-34	5	2	7
35-50	15	13	28
>50	229	139	368
Grand Total	**249**	**154**	**403**
Medicaid total membership @ year end 2015 = 404, 486			
Data provided by Finance			

Over half of Peach State Health Plan's Medicaid population remains African American accounting for 51.45 of the population. Caucasians account for the second highest percentage of the population at 35.21% of the total mix. Hispanic population decreased to < 1.5%. *Table 3.*
Membership increased by <20,000. Ambetter member count at year end 2016 = 67,891. Race information was not available. Medicare member count at year end 2016 = 403. Race information was not available.

Qualitative Analysis

Objective to increase the number of PSHP's AA members with a diagnosis of Diabetes getting Retinal Eye exams at year end, 2016 – **Met**

Objective to contribute to a reduction in the health care Disparity GAP between PSHP's Medicaid AA members & EAs with a diagnosis of Diabetes getting Retinal Eye exams at year end, 2016 – **Met**

Objective to decrease Readmission Rate for AA HIV/AIDS members below baseline (2014) by end of 2015 & 2016 – **Met**

Objective to increase disease management participation rate of Medicaid members with a diagnosis of the HIV/AIDS - **Not met**

Barriers to active participation in managed program identified:

- Members already seeking treatment from other resources
- Members already receiving services from other resources
- Members who were actively enrolled & receiving health coaching did not have a readmission event.

Opportunity to improve the Managed Care Program participation rate of Peach State Medicaid members with a diagnosis of HIV/AIDS observed

Although Peach State's local data showed reduction in disparity GAP at year end 2016, key observations (via literature search in 2016) suggest continued disparities in quality measures of care and access to care among Blacks and Hispanics as compared to Whites.

- Blacks and Hispanics continue to have less access to and utilization of care than Whites

Overall, the intervention designed to inform physicians about disparity on the Web is not effective due to very few touches as compared to overall traffic. There were only 331 Page Views on the Web page @ http://www.ahrq.gov/ in 2016 as compared to 620 views in 2015. Communications Department reports that there are over 65,000 views on our Web page each month; >14,000 views for provider section alone.

Linguistic Data 2016

Language Service Line Requests for Interpreters
Top 3 Most Frequent Requests

Table 5 - Language	2016 # of Requests	**2016 % of Total**	2015 # of Requests	2015 % of Total	2014 # of Requests	**2014 % of Total**
Spanish	5,261	**72.18%**	3,720	**76.14%**	1912	**70.55%**
Burmese	276	**3.78%**	225	4.60%	165	**6.09%**
Nepali	89	**1.22%**	107	2.19%	107	**3.95%**

Quantitative Analysis

Top 3 most frequent requests from the Language Service Line for Interpreters was made up of 77% of totals requested – a decrease of 5.7 percentage points from prior year. Spanish language line requests revealed 3.96 percentage points lower than the previous measurement period. One could assume this decrease may be related to the Hispanic population decreased to < 1.5% @ year end 2016.

Qualitative Analysis

Opportunities for Continuous Improvement Identified:

Spanish continues to be the most prominent non-English speaking language of PSHP'S membership, and observations continue to show that members have a cultural and linguistic need for competence among practitioners and staff who touch them.

Reinforce continuous improvement methods:

- Monitor continued competence of bilingual staff
- Continue tracking & monitoring of Language Service Line activities

Opportunities for Continuous Improvement Identified:

Goal: Continue to heighten cultural competency and awareness while increasing awareness of health disparities among staff and providers.

Healthy People 2020 continues to stress that health professionals **must** recognize the impact that social determinants have on health outcomes of specific populations—and be aware of the disparities they create. If a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health.

Objective: To continue to make health care disparity information available and accessible to all network physicians, on-going

Objective: To continue contribution to reducing GAP in provision of quality health care between African and European Americans

Objective: To increase staff and provider awareness and understanding of LGBT cultural barriers by year end 2017 – **To be continued**

Continue Interventions in 2017:

Staff and Network Provider Focused:

- Intervention: Include assessment and understanding of the LGBT Community and health barriers in the Cultural Competency trainings - Compliance

Member Focused:

- Continue to manage programs; monitor and collect HP data & outreach re: HIV/AIDS and Diabetes. Collect:
  - Program Participation rate
  - Readmission Rate
  - Compare results at year end to prior year
- Obtain total number of members with a diagnosis of Diabetes Mellitus for all LOBs (QI)
- Obtain count of all members obtaining REE – all products
  - Identify Number of AA members with DX of Diabetes - Medicaid
    - AA members obtaining REE
  - Identify Number of EA Members with DX of Diabetes – Medicaid
    - EA members obtaining REE
- Track the number of AA Diabetic members obtaining Retinal Eye Exam, quarterly, alongside the number of EA Diabetic members obtaining Retinal Eye Exam
- Compare totals: 2017 data results to data obtained in 2017

Provider Focused:

- Inform providers about the availability and utilization of disparities data @ http://www.ahrq.gov/
  - Consider a physician e-blast to heighten awareness access and location to disparity and cultural competency information.
  - Include report re: number of Web hits in 2016

Recommendations:

- Sustain achievements from 2016
- Sustain efforts to reduce the health care disparity gap in provision of quality health care between African and European Americans
    - Include Dr. Carson's recommendation to conduct a quality healthcare disparity assessment of Low Birth Weight babies in Peach State's largest (African Americans) population in the Medicaid product.
- Continue to monitor and maintain HP data & outreach re: HIV/AIDS and Diabetes in 2017
- Sustain Continuous Improvement methods and tools to identify opportunities for improvement
    - Track all on-going Cultural Competency outreach & outcomes per department to allow for on-going continuous improvement
    - Include all lines of business: Medicaid, Ambetter & Medicare
    - Continue tracking of CCP training as conducted annually for all providers, PSHP staff, and new hires (providers and staff) during on boarding process.
    - Continue Cultural Competency Committee meetings, quarterly

Reference: 2016 CCP & Cross-functional Input