



Peach State Health Plan
Cultural Competency Program
2015 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 2015 to continue strengths and improvement of member outcomes and engagements

- Community faith-based and advocacy meetings
- Community Outreach activities & events
- 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
- Audit of all Vendor CCP and language assistance capability
- Distribution of all member communications including educational materials in English and Spanish
 - Nurtur supported PSHP Community Events in 2015 by providing a health coach during various community events, including baby showers and the Latino Family Health Event. Vendor utilized the language line for interpreter services and bi-lingual staff to offer services in both English and Spanish. Printed educational materials were also offered in both English and Spanish.

PSHP's Cultural Competency Committee focused and activated selected interventions based on local data, disparity barrier analysis, and research as conducted during a brainstorm session in quarter one of 2015. All of the following top areas for members at risk (barriers) for disparity were addressed:

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

Quantitative Analysis

Selected High Risk Conditions - 2015 Observations Medicaid Outreach Results – 2015

Table 1 - Diabetes Mellitus High Risk Population	Results
Total number of Peach State Medicaid members with a confirmed diagnosis of Diabetes in 2015	494
Total number of Peach State Medicaid members with a diagnosis of Diabetes who obtained Retinal Eye Exam (REE) in 2015	173
Total number of Peach State (Black) AA Medicaid members with a confirmed diagnosis of Diabetes	241 (49%)
# Peach State African American (AA) members who obtained REE in 2015	81 (34%) 33.6%
Total number of Peach State (White) EA Medicaid members with a confirmed diagnosis of Diabetes	136 (28%)
Peach State European (EA) members who obtained REE in 2015	63 (46%) 46.3%
<i>KEY: AA = African American; EA = European American; REE = Retinal Eye Exam</i>	
<i>Data provided by QI Analytics</i>	
<i>Disparity Gap of 13 percentage points is Statistically Significant with P Value = 0.016 – Fisher's Exact Test per Minitab by E. Mveng</i>	

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

Membership Data at Year End 2015

Peach State Health Plan Rank Order of Population by Race

Table 3 - Race Description	Population %
Black African American (AA)	53.13%
Caucasian - European Americans (EA)	36.00%
Other	3.27%
Black Non-Hispanic	3.10%
Asian	2.91%
Hispanic	1.19%
White Non-Hispanic	0.13%
American Indian or Native American	0.13%
Pacific Islander	0.08%
NA	0.07%
Total	100.0%

Current Gender/Age Status

Table 4 - MEMBER COUNT	Female	Male	Total
GA	211,479.00	157,386.00	368,865.00
Age Cohort			
0-9	92,366	94,540	186,876
10-19	60,241	56,920	117,161
20-34	41,097	2,547	43,644
35-50	16,092	2,827	18,919
>50	1,713	552	2,265
+PC	17,499	18,122	35,621
Grand Total	228,978.00	175,508.00	404,486.00
<i>Data provided by Finance</i>			

Over half of Peach State Health Plan’s population remains African American accounting for 53.13 of the population. Caucasians account for the second highest percentage of the population at 36% of the total mix. Hispanic population decreased to < 2%. Table 3.

Display of data in Table 1 shows count of 494 Peach State Medicaid members with a confirmed diagnosis of Diabetes in 2015. Of the members with a confirmed diagnosis of DM, 241 (49%) were AAs and 136 (28%) were EAs. However, data further reveal a Disparity Gap of 13 percentage points between AAs (33.6) and EAs (46.3) who obtain REE in 2015. The disparity gap is of statistical significance with P value of 0.016. 173 members obtained a Retinal Eye Exam (REE) including 34% (81/241) AAs and 46.3% (63/136) EAs ((17% (29) unknown)).

Nurtur (DM Vendor) reports a total of 1,153 members with episodes of care for Diabetes engaged in health coaching during 2015. At the end of December 2015, 469 of those members remained active in health coaching – assuming 95% of members with a confirmed diagnosis of Diabetes (469/494)

Data in Table 2 reveal:

- An improvement in total number of members with HIV/AIDS who actively participated in the program managed by a Health Educator; an increase of 78% program participation rate).
- A decrease in HIV/AIDS readmission rates by 31 percentage points as compared to previous year (41.38 - 10.34%)

Objectives in 2015 Continued:

- To increase the number of PSHP's AA members with a diagnosis of Diabetes getting Retinal Eye exams at year end, 2016 – **To be continued**
- To decrease Readmission rate for AA HIV/AIDS members below baseline (2014) by end of 2015 - **Met**

Qualitative Analysis

The Heckler Report – 30 Years Later:

The year 2015 marked the 30th anniversary of the Report of the Secretary's Task Force on Black and Minority Health (also known as the Heckler Report), released in 1985 under the leadership of (then) U.S. Department of Health and Human Services (HHS) Secretary Margaret M. Heckler.

- Suicide prevention and mental health care for Blacks is worsening, with many disparities and no reductions in disparities over time.
- Blacks also experience many disparities in care for Diabetes.
- Care for substance use disorders is poor for all ethnic groups.
- No narrowing of disparities was observed among measures of cardiovascular and mental health care between Blacks and Whites.

Peach State's local data, as well as, key observations (via literature search in 2015) 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
- Observed health care disparity gap in local data - between AAs and EAs obtaining REE for Diabetes.

Objective in 2015:

- To make health care disparity information available and accessible to all network physicians, on-goingly

Interventions designed to inform physicians about disparity on the Web in 2015 showed very few touches as compared to overall traffic. There were only 620 views on the Web page @ <http://www.ahrq.gov/> in 2015. Communications Department reports that there are over 65,000 views on our Web page each month; 14,622 views for provider section alone.

Opportunities for Continuous Improvement Identified:

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

Heckler Report, 2015:

- Outlined recommendations in areas of:
 - urgent need, including health information and education; health services delivery and financing; health professions development; data development; and research agenda

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

LGBT:

- Based on information in RFP Recommendations 2015, an opportunity exists to increase culturally competent services, health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals.

Objective: Increase staff and provider awareness and understanding of LGBT cultural barriers by year end 2016

Staff and Network Provider Focused:

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

Enhance Interventions in 2016:

Member Focused:

- Continue to apply program; monitor and collect HP data outreach re: HIV/AIDS and Diabetes in 2016 as conducted in 2015 (UM)
 - Program Participation rate
 - Readmission Rate
 - Compare results at year end to prior year
- Obtain total number of members with a diagnosis of Diabetes Mellitus (Nurtur & QI)
 - Identify Number of AA members with DX of Diabetes
 - AA members obtaining REE
 - Identify Number of EA Members with DX of Diabetes
 - 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: 2016 data results to data obtained in 2015

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.
 - Consider re-posting and positioning of the updated ‘Physician’s Practical Guide to Culturally Competent Care’
 - Display findings in The Heckler Report – 30 Years Later

Linguistic Data

Language Service Line Requests for Interpreters
Top 3 Most Frequent Requests

Language	2015 # of Requests	2015 % of Total	2014 # of Requests	2014 % of Total
Spanish	3,720	76.14%	1912	70.55%
Burmese	225	4.60%	165	6.09%
Nepali	107	2.19%	107	3.95%

Quantitative Analysis

The top three most frequent requests comprised 82.9% of the total requests received. The percentage of requests for Spanish language line requests was 5.55 percentage points higher than the previous measurement period.

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.

Thus, as a result and going forward to 2016, the following are reinforcements toward continuous improvement:

- Monitor continued competence of bilingual staff
- 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

Recommendations:

- Sustain achievements from 2015
- Continue efforts to reduce the health care disparity gap in provision of quality health care between African and European Americans
 - Continue to monitor and maintain HP data outreach re: HIV/AIDS and Diabetes in 2016 as conducted in 2015
 - Prepare or plan to compare 2016 data results to data obtained in 2015
 - Track/Graph AA & EA REE data monthly or quarterly
- Expand deployment of Continuous Improvement methods and tools to identify opportunities for improvement
 - Activate staff performing the tasks and on-going interventions in each business area using PDSA method. Extend monitoring of ongoing interventions/outreach per functional area.
 - Track all on-going Cultural Competency Outcomes per department to allow for on-going continuous improvement

Reference:

A Physician's Practical Guide for Culturally Competent Care has been updated! In April 2013, the National CLAS Standards were re-released after undergoing a two-year enhancement initiative. The content of this program has been updated to include the updated National CLAS Standards, more interactivity, and updated literature and references!

The Affordable Care Act (ACA) advances efforts to reduce disparities and to improve health and health care for vulnerable populations.