

Health System Transformation: How the Affordable Care Act and Other Incentives May Support Integration

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What Makes Efforts to Integrate Language, Literacy, and Culture (LLC) Different Now?

1. New financing and program incentives
2. New pressures and requirements
3. Heightened competition
4. Demographics, overall & newly insured
5. Movement to population health

Opportunities in the Era of Reform

- ACA creates opportunities for LLC integration across a breadth of provisions...
 - Health insurance
 - Health systems transformation
 - Health care workforce
 - Disparities data and research
 - Public health and prevention



ACA & LLC: Health Insurance

- Plain language, culturally and linguistically appropriate:
 - Navigator programs
 - Explanation of coverage
 - Claims appeals process
 - Benefits summary
- Non-discrimination in marketplace

ACA & LLC: Health Systems

- Medical and Health Home initiatives with provider standards for qualification:
 - Communicate in culturally appropriate manner
 - Culturally appropriate family/support for medication adherence, health literacy,...
 - Patient health assessment accounting for culture, language, literacy
 - Use of evidence-based culturally sensitive wellness and prevention
- Accountable care organizations and pay-for-performance which tie payments to LLC priorities, such as:
 - How well providers communicate
 - Quality of health education

ACA & LLC: Workforce

- Building training competencies, including cultural and linguistic competence—such as for personal or home care aides
- Support for cultural competence curricula (in the law, but not funded)
- Primary care training and loan repayment programs with preference for cultural and linguistic competence and health literacy experience
- Team based care—support for community health workers and their role in helping LEP, low-health literate and other diverse patients navigate the system

ACA & LCC: Data & Research

- Section 4302 – Standards for collecting race, ethnicity, and language (REaL) data issued by HHS in October 2011
- PCORI (Patient Centered Outcomes Research Institute) with focus on disparities research – for example support for:
 - Interventions addressing patient characteristics
 - Strategies to overcome cultural/linguistic barriers
 - Health communication models to improve outcomes among patients with low literacy, numeracy and LEP

ACA & LLC: Public Health, Prevention

- Federal focus on health equity
 - Elevation of OMH; 6 new agency OMHs, NIMHD
- National Prevention Strategy with a focus on “elimination of health disparities”. Federal actions work to promote:
 - Study of health literacy factors in patient safety
 - Increase use and sharing of evidence-based health literacy practices and interventions
 - Plain language patient information
 - Labeling tailored to culture, language and literacy
 - REaL data collection

What lies Ahead?

Points for Consideration

Framing LLC integration in the context of system priorities

- Population health
- Value-based care
- Patient safety – e.g., readmissions, hospital acquired infections

Drawing on lessons learned from LLC integration in the Marketplace



Leveraging LLC Integration through State Initiatives – e.g., Transformation Waivers

	Texas	California
Use of CAHPS to measure patient perceptions of physician-patient communication, health literacy and cultural competence	√	√
Implementation of CLAS standards (including those not federally required)	√	
Workforce cultural competence trainings	√	√
Engagement of CHWs in evidence-based programs to increase health literacy	√	
Patient care navigation program for LEP, immigrant, and low health literacy populations	√	√
Redesign of patient materials reviewed by health literacy/language experts		√

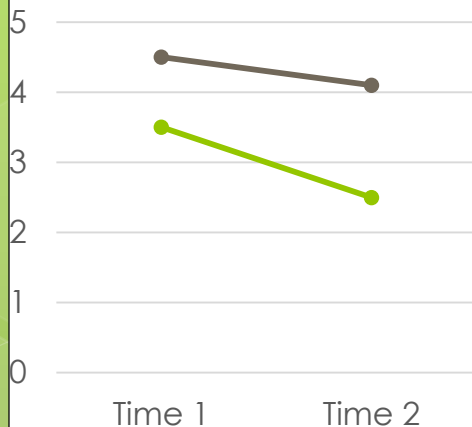
Building an Evidence Base

- Race, ethnic, language and literacy data critical to tying LLC integration to payments and incentives
- Need to build an evidence-base linking language, health literacy, and cultural competence initiatives to health outcomes
- Need to monitor health equity outcomes to assure inequities are not an adverse outcome of related initiatives

Hypothetical scenarios

Growing Disparities

Outcome
(Mortality)

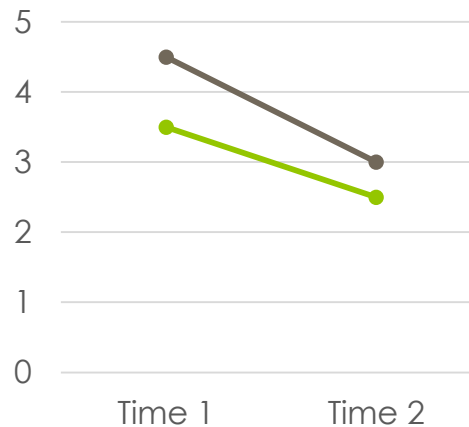


— White
— Black/African-American

Both groups benefit,
but already
advantaged group
benefits at greater
rate.

Lowering Disparities

Outcome
(Mortality)

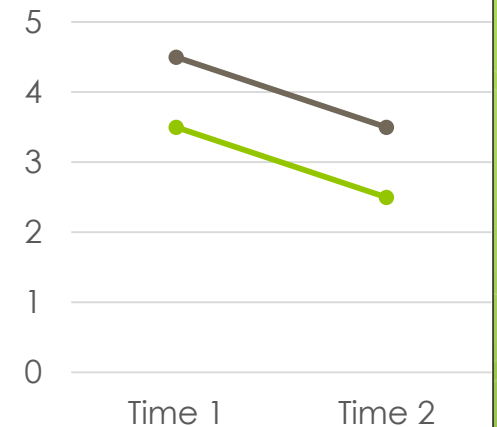


— White
— Black/African-American

Both groups benefit,
but **disadvantaged**
group benefits at
greater rate.

No Change in Disparities

Outcome
(Mortality)



— White
— Black/African-American

Impact is **equal** for
both groups.

Closing Remarks

- Language, literacy and culture are to any systems level initiative to advance population health and health equity.
- Without its integration, efforts to achieve equity, improve health, and curb costs will remain “half empty”.

