Affinity Health Plan
Dedicated to Excellence

Making a World of Difference

Health Literacy Series

Starting Up and Advancing Your Company's Health Literacy Program

Presented to:
America's Health Insurance Plans
February 26, 2009

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Presentation Goals

- Overview of health literacy as a policy issue
- How Affinity is creating a health literacy culture
- How addressing health literacy improves our ability to better assist our members through clear communication

About Affinity

- Independent, not-for-profit managed care plan
- Mission-driven: to improve the health of underserved populations…by improving care-seeking and care-giving
- 220,000 Members in 10-county metro-NYC area
- Medicaid, Family Health Plus, Child Health Plus, Medicare Special Needs Plans for Dual Eligibles
- Our Members…New York in all its cultural, ethnic and racial diversity

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How we got started

- Determined that health literacy is part of our mission-driven *corporate strategy, not a project*
- Prepared a paper on the "business case" - adults with Medicare, Medicaid or no insurance are more likely to have basic or below basic health literacy
- Formed a "Guiding Coalition": right people, trust, common goal
- Assessed fit with Customer Service strategy and philosophy
- Executive team endorsement -- Chief Medical Officer and VP of Public Affairs sponsorship
- It's about the written and spoken word *and* cultural competence……clear health communication

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Guiding Coalition Members

Name	Title	Department
A. Abboa Offei	**Vice President**	Customer Service/Public Affairs
A. Van Etten	Vice President	Human Resources
B. Hurley	Director	Quality Management
C. Blanco	Community Liaison	Marketing
C. Cocotas	**Director**	Community Health Innovation
C. Ramirez	Manager	Community Relations
C. Frazier	Reg. Manager	Marketing
D. Rogers	Director	Community Relations
E. Wardwell	Director	Provider Relations, Contract, Credential
E. Anunkor	Manager	Corp. Communications
E. Hudson	Field Rep	Provider Relations
E. Rodriguez	Director	Customer Service
F. Smalls	Manager	Corp. Communications
I. Wikler	Program Manager	Office of CMO
J. Leuchter	Program Manager	Quality Management
J. Frederic	Coordinator	Quality Management

Name	Title	Department
J. Maddox	Manager, Training & Quality	Customer Service
K. Romero	Sr. Manager	Medical Management
L. Hernandez	**Project Manager**	Community Health Innovation
L. Solomon	Project Manager, Pharmacy Ed.	Quality Management
L. Erlanger	Director	E-Commerce
L. Ansizi	Clinical Pharmacist	Office of CMO
M. Garcia	Manager	Customer Service
M. Bedford	Specialist	Customer Service
M. Draper	Manager	Corp. Communications
M. Bluestone	CEO	
R. Colon	Director	Medical Management
R. Morris	Director	Marketing
R. Scala	Manager	Corp. Communications
R. Aponte	Director	Marketing
S. Beane, MD	**Chief Medical Officer**	Office of CMO
V. Giambalvo	Director	Learning & Development
W. Dondo	Director	Vendor Relations

First Tasks

- Did some shared reading
- Evaluated "touch points"—everyone needed to see the whole picture
- Developed Vision, Goals and Objectives
- Completed an organizational baseline assessment

Touchpoints

User Profile:
- **Single Female, Age 28**
- **Mother of 2**

- **Son, Age 9: Asthma 3**
- **Daughter, Age 6: Asthma 1**

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

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

Asthma Case Management

Member fills out application → Member receives HRA → Member receives HRA for asthma program → Member reads asthma related materials → Member speaks to Case Manager → Member meets with RT in home → Member has PCP appointment

Member calls Cust. Service; CS makes PCP appt. → Member has PCP appointment → Member receives phone call and letter from Recert → Recertification

8 months

11 months

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Various different episodes/encounters where Affinity touches Members; Doesn't include touches by our providers and vendors!

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Recertification — **11 months**

Goal	Task	Example of Skills
Navigate the healthcare system	Fill out Application	•Read, write and follow instructions to complete application. •Comprehend questions asked, patient rights, responsibilities, etc. •Organization skills to identify and provide correct documents.

Excerpt from *IOM: Health Literacy - A Prescription to End Confusion* - April 2004

Member fills out application

Member receives phone call and letter from Recert — **8 months**

Recertification — **11 months**

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Guiding Coalition Vision

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

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Objectives

- Coordinate efforts throughout Affinity to positively impact care seeking and care-giving
- Embed and activate the principles of health literacy and plain language in every Affinity encounter to improve customer service
- Establish Affinity as a leader and model for health literacy and health education
- Inspire Providers to identify patients with low health literacy skills to ensure patients understand and act upon the health information provided
- Enhance Providers' capacity to effect positive behavior change through improved communication with patients and thus improve clinical outcomes
- Support the community's resources, capacities and abilities to effect positive behavior change at the community level

Baseline Assessment to Begin Affinity's Health Literacy Transformation

- Conducted a needs assessment among staff across all operational departments:

- Adapted a literacy audit tool -- *Literacy Alberta Audit Kit* (S. Devens, A. Scott) -- to frame the questions according to our organization's business and goals

  - Four areas of concern: Clear Communication, Sensitivity to Literacy, Promotion and Publicity, Print Materials

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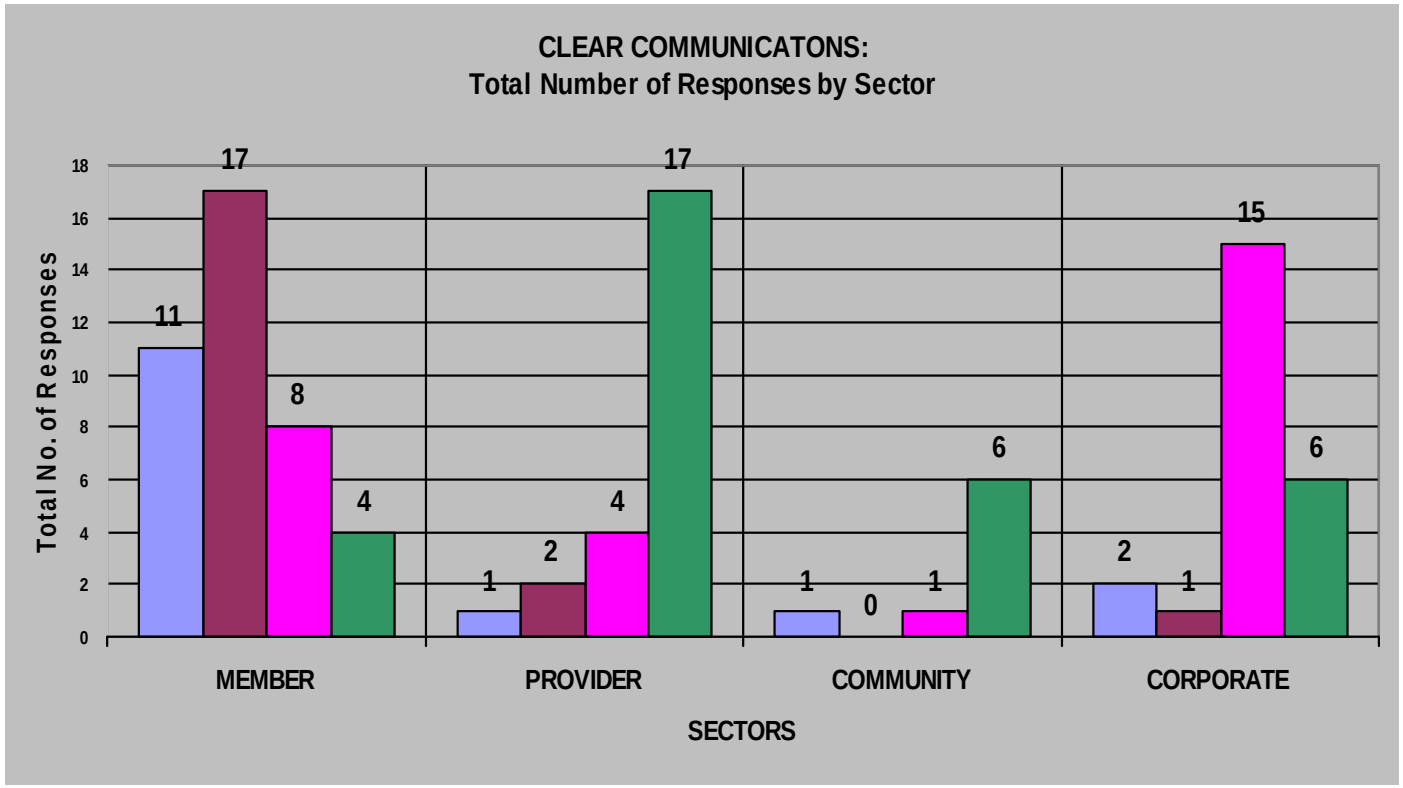
Health Literacy Assessment Tool*
Clear Communications: Findings



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

Sample questions:

1. We avoid jargon when we communicate with Members.
2. We continually check that our Members understand the information we give them.

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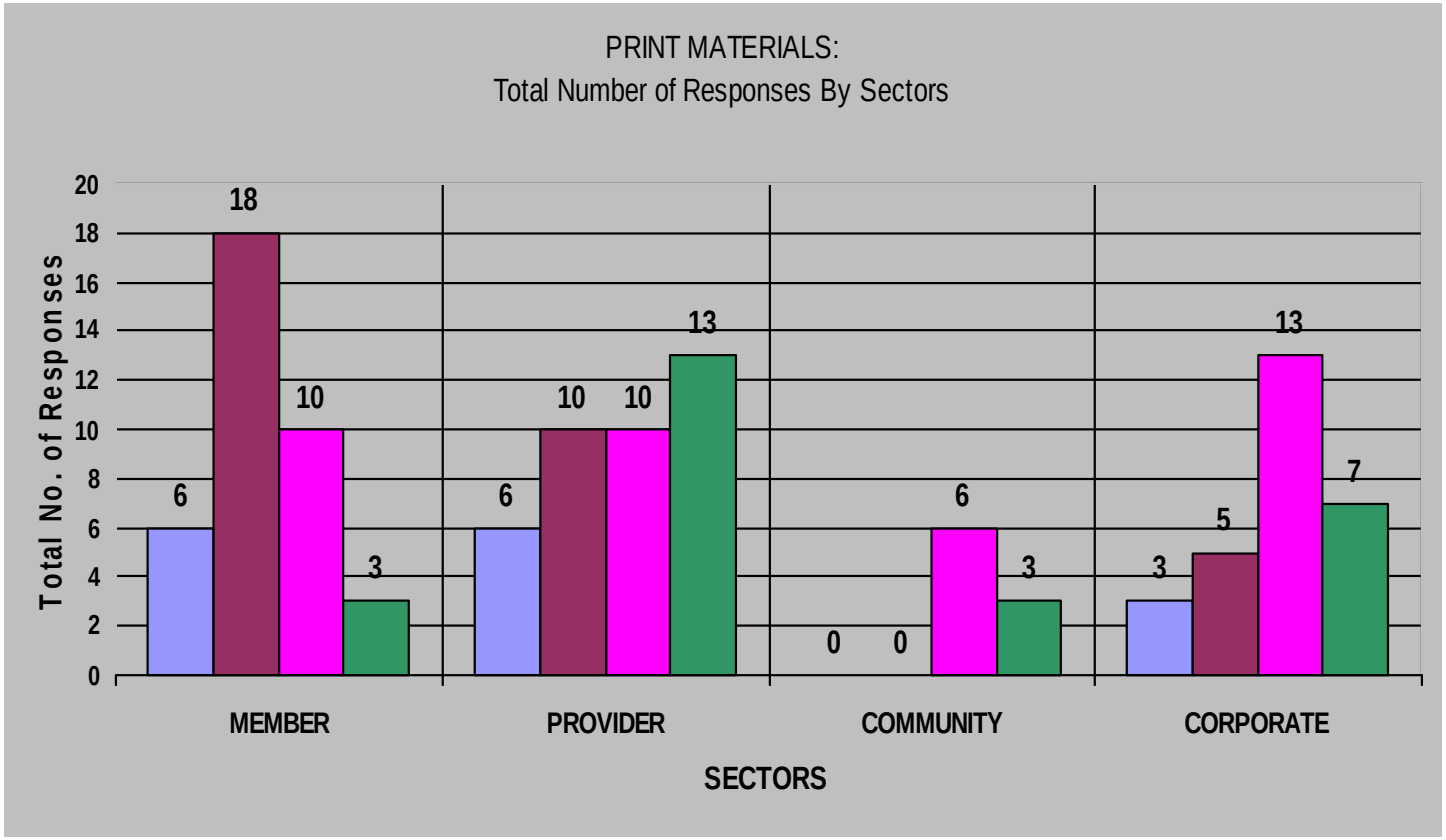
*Adapted from Literacy Alberta Audit Kit (S. Devens, A. Scott) Alberta Association for Adult Literacy 2003

Health Literacy Assessment Tool*
Print Materials: Findings



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Sample questions:

1. We regularly review our printed materials to check how easy they are to read.
2. Affinity develops and periodically review literacy guidelines for printed materials.

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Observations from Needs Assessment

- Many staff "think" we are doing a great job communicating
- We don't measure whether our efforts are producing the desired outcomes for our Members
- Staff unclear about how "health literacy" relates to what they do
- But the message resonated and created excitement; a lot of "AHA" moments
- Everyone recognized their role in communication

Baseline Assessment Opportunities

- **MEMBER**
  - Offer health literacy and clear communications training for Affinity staff.
  - Provide creative ways to assist Members in navigating Affinity's health care system.
  - Provide creative communication strategies to touch all Members including those with low literacy skills.
  - Develop and institute literacy Policies and Procedures
- **PROVIDER**
  - Offer low literacy and clear communications training for Affinity healthcare Providers
- **COMMUNITY**
  - Identify community adult literacy resources and develop a resource directory for Staff.
  - Use creative communication strategies to touch Members and promote Affinity Health Plan

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Recommendations

- "Fix ourselves before we try to fix others……."
  - Train staff to better assist our members
  - Enhance our written materials

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Training Approach

- All new hires complete a one-hour session during Orientation to introduce topic
- RFP to develop more rigorous skills-based training---We need help!
- Contract awarded to Literacy Assistance Center of New York to build train-the-trainer program

Status of Training Initiative

- Completed organizational needs assessment
  - 1:1 interviews with all categories of staff who interact with Members via phone, face to face, or written communication
  - Reviewed recordings of Customer Service and Medical Management phone calls
- Finalized learning objectives, evaluation plan, and basic curriculum
- Development of advanced curriculum is underway
- Train-the-trainer and rollout will begin in Second Quarter 2009

Basic Curriculum Modules

- Introduction to Health Literacy
  - definitions of literacy and health literacy
- How Low Health Literacy Affects Affinity's Members
  - learn to identify some of the signs of low health literacy
- Health Literacy at Affinity
  - Affinity's goal to improve care giving and care seeking
  - incorporate personal values with corporate value
- Elements of Plain Language
  - address low health literacy by using plain language techniques
  - practice the Teach Back

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Advanced Curriculum: Phone Skills Module*

- **Principles of Oral Communication**
  - basic principles of effective oral communication
  - self-assessment of their strengths and weaknesses
- **How to Aid Understanding**
  - organize and communicate information on the phone that make it easier for Members to understand and follow instructions
- **Effective Listening**
  - techniques for improving communication
  - listening carefully to Member concerns and feedback
- **Plain Language and Teach Back**
  - solidify understanding of plain language techniques and the Teach Back Method of verifying Member understanding
  - learn skills specific to phone communication

*draft

Enhance Written Materials

- Implement Health Literacy Advisor Software
- Train those who outreach with Members across departments and functions
- Review and amend all "old letters"
  - Heavily regulated environment
  - Clinical content must be re-examined
- Create new letters that meet clear communication standards; health literacy policy and procedure

Major Obstacles and Lessons Learned

- Breaking down "silos"
- Understanding how it impacts "me"
- Regulatory environment; State and Federal
- Measuring impact
- Resources--$360,000 spent over 2 years thus far with results pending
- Only persistence, a sound rationale and working it at all levels of the organization will overcome challenges
- Everything takes longer than you think!

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Presentation Summary

- Organizational culture is key
- By improving our communication skills we can make a difference for our members; improved health, better outcomes and lower costs!

Thank you