Health Literacy and Vulnerable Populations: Impact of the PPACA

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Vulnerable Populations: Definition

• …groups of people "made vulnerable by their financial circumstances or place of residence; health, age, or functional or developmental status; or ability to communicate effectively...[and] personal characteristics, such as race, ethnicity, and sex."

(Defined in the Final Report of the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry)
Clinical Vignettes

- A 30 y/o Portuguese-speaking man applies for Medicaid after a devastating assault requiring surgery. He is given application materials in Spanish. He obtains coverage only because of the social worker who accompanied him to the office.

- A young mother fails to obtain coverage for her children because she cannot read the Medicaid application. They go without care.

- An African-American woman in her 50s refuses to apply for Medicaid because she is so humiliated by her treatment at the local DPW office. She too goes without care.
Coverage Expansion: Challenges

- Literacy level of materials remains too high for many applicants
- Inadequate access to translated application materials and interpreters
- Inadequate access to computers/lack of computer literacy
- New requirements for proof of citizenship using original documents have created barriers to enrollment
- Families of mixed immigration status often fear applying for Medicaid
- Attitudinal barriers and literacy among front-line staff
Coverage Expansion: Opportunities

- States should regulate health literacy level of materials used in exchanges.
- Integrate interpretation/translation requirements as materials and programs are created.
- Use TV/radio to help reach those without computer access.
- Enlist trusted community brokers to help bridge the divide using funding from Community Assistance Programs.
Coverage Expansion: Opportunities Specific to Medicaid

• States should be allowed to relax rules for documents that prove citizenship.

• Financial incentives for increased enrollment of vulnerable populations are needed.

• State ombudsman programs should be advertised via TV/radio to improve accountability re literacy and language requirements.
Clinical Vignette

- A 54 y/o man with diabetes and hypertension misses his appointments at the clinic frequently and often runs out of his medicines for months at a time.

- He suffers a large left sided stroke that leaves his arm and leg very weak. When he returns to the clinic for follow-up, he is using a walker but has fallen repeatedly since leaving the hospital. He had no rehab treatment after his stroke and his family is struggling to care for him at home.

- With help from our staff, he completes inpatient and outpatient rehab and is now able to walk unassisted.
Clinical Vignette: Analysis

- Patient had not been referred for rehab (inpatient or outpatient) because he was uninsured.

- He and his family did not have the medical knowledge to ask about these services and how to access them.

- They also did not possess the knowledge or negotiating skills to realize that he should not have been sent home until he had learned to walk safely with his walker.
Equity: Challenges

• Patients from vulnerable groups often not offered the same treatment options as whites.
• Disparities in insurance status explain part but not all of these disparities in care and outcomes.
• Patients and families may not feel comfortable challenging care providers even when they disagree or do not understand.
• Linguistic and cultural barriers worsen these challenges.
Equity: Opportunities

- Non-discrimination provisions in the ACA provide protections for patients excluded from public or private coverage based on personal status.

- Requirements for data collection on race, ethnicity, sex, primary language, and disability status will help to allow assessment of success in enrolling vulnerable populations.

- Workforce training required in culturally and linguistically appropriate care.
Workforce Development: Challenges

- Community Health Center expansion expected to serve majority of new Medicaid enrollees. Recruitment has been a major challenge for CHCs.

- Training in communication with low-literate patients and culturally and linguistically appropriate methods has received little attention thus far.

- Entire health care team will need this training.
Workforce Development: Opportunities

- NHSC expansion will help recruit a larger workforce for FQHCs.

- Training grants in primary care will give preference to applicants that “provide training in enhanced communication with patients… and in cultural competence and health literacy.”

- Model medical school curricula should be developed including sessions on how to work with a team to provide patient-centered, collaborative care that is culturally and linguistically appropriate.
A woman in her 50s is sent in to the clinic to start care after a 4 week hospitalization at a local hospital. When asked why she was admitted, she says, “I had a bad cold.”

She has been given a single sheet of information by the hospital bearing only a scrawled list of medications.

Full review of her hospital records reveals an admission for pneumonia complicated by congestive heart failure as well as diabetes.

Her physicians in the hospital almost certainly think that they communicated these diagnoses to the patient.
Health Information: Challenges

- Handoffs from one institution to another pose a particular challenge for patients with low health literacy.

- Most health education materials are screened to be below a 6\textsuperscript{th} grade reading level, too high for many patients with low health literacy.
ACOs offer an opportunity to improve these handoffs through payment and quality incentives.

Incentives will increase use of EHRs and other Health IT.

Financial incentives may increase use of CHWs and promotoras for patients unable to understand written literature.
Health Information: Opportunities

- Use of tools to assess patients’ health literacy (need to avoid talking down as well as being overly technical).

- Simple techniques such as “Teach back” can be taught to health care workers to improve communication skills.

- Creation of a clearinghouse for low literacy health information screened by literacy level including materials at a 2nd-3rd grade reading level as well as those with pictograms only.
The ACA expands coverage for preventive services and funds expansions of interventions at the community level.

These activities will need to be conducted using culturally and linguistically appropriate media (print, TV, radio, internet).

Because many public health issues disproportionately impact vulnerable populations and because the impact of screening and prevention programs on these communities is historically low, it will be critical to examine the impact of these programs on the health of vulnerable populations.
Quality: Challenges and Opportunities

- Low literacy populations with chronic conditions are greatly in need of culturally and linguistically appropriate intervention strategies.

- ACOs may provide sufficient incentives to improve the quality of care for low literacy populations.

- Medicaid fee for service plans offer opportunities to pilot intervention strategies for these groups aiming to decrease complications and hospitalizations.

- Improving communication throughout the clinical encounter via the measures cited above would vastly improve quality of care for low literacy groups.
Conclusions

- Systems for enrollment need to include multiple options for populations with low health literacy.
- Community assistance program/ombudsman funding should include trusted community brokers who can help vulnerable populations understand insurance options and serve as advocates for those experiencing problems.
- Data collection and oversight will be critical to ensure that vulnerable populations enroll at rates equal to those of other communities.
- Financial incentives may be needed to improve compliance with recommendations for culturally and linguistically appropriate care.
Conclusions

- ACOs need to be used as tools to improve patient-centered care. Teach back or other standardized tools should be required prior to discharge.
- Standardized discharge summaries need to be developed to improve the quality of handoffs between inpatient and outpatient care.
- Quality measures to be evaluated to determine payments based on cost savings must include these elements of patient-centered care.
- Success of these measures will depend on adequate training and commitment by the entire health care team.
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