

Cultural competency program improves services: publicly funded population is from many cultures.

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An innovative cultural competency program has helped Molina Healthcare serve a highly diverse membership covered under Medicaid and other government-sponsored health care programs.

Molina, with headquarters in Long Beach, CA, focuses primarily on the Medicaid and low-income population, using case management, member outreach, and low-literacy programs to reach members in multicultural populations.

About 80% of the health plan's members in California are from diverse ethnic groups.

In addition to traditional barriers to health care among the publicly insured populations, such as poor literacy and transportation issues, many of Molina's members face cultural barriers as well.

The company has established a cultural and linguistics services program to help its employees understand how patients' cultural background affect their approach to health care.

"In California, we have people coming from all over the world who may never have had any experience with an organized health care system. One very important intervention is explaining how the health benefits work, and to do so means our care managers must understand the members' cultural background and ways that it can create barriers to receiving health care services," says Anne LaSette, director of quality improvement for Molina Healthcare.

For instance, in many Latin American countries, people can walk into a pharmacy and get care and treatment. An herbalist in their country of origin routinely treated other Molina members.

"They don't understand our health care system. That is something we have to explain very carefully. For instance, Sacramento is in one of the most diverse counties in the country. Our members speak Russian, Hmong, Vietnamese, Chinese, Spanish, and English," LaSette reports.

In Los Angeles County, most of the Medicaid members are Hispanic or Vietnamese. In San Francisco, Chinese is the dominant population.

The company's web site is in six languages--English, Spanish, Chinese, Hmong, Vietnamese, and Russian,

representing the majority of the populations the company serves.

Every person who works for Molina goes through a comprehensive six-hour cultural training program to learn about the populations the health plan serves and become more adept at dealing with cultural differences.

Margie Akin, PhD, a cultural anthropologist, oversees the cultural competency program, ensuring that all of Molina's initiatives, from materials for new members to telephone protocols are developed keeping the cultures of members in mind.

Many initiatives ensured proper translation

The health plans have developed many initiatives to make sure that materials are accurately translated into the languages that members speak and that they are culturally sensitive, adds Marian Ryan, RRT, MHP, CES, corporate director of health education and disease management.

The health plan has created an internal cultural and linguistics advisory commission made up of key people from every department who come from a variety of backgrounds and who identify and discuss cultural issues that may be barriers to health care and identify strategies to help resolve them.

The health plan brings program designs and materials to a cultural advisory committee made up of members of the community, which meets every two months.

"We ask the experts to advise us on any problems they see with the materials while they are in the early stages of development and to suggest different approaches for various populations," Ryan says.

It's particularly important for the health plan to have clear communications to ensure that members with chronic conditions such as asthma, diabetes, and congestive heart failure understand the importance of compliance, LaSette points out.

Member services representatives call newly diagnosed members using a script approved by the California Department of Health Services.

The health plan has created language-specific videos for members with diabetes and asthma in its disease management programs.

"Some of our members don't read, even in their native language. They may not have finished but a few years of

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schooling and they couldn't even read even our materials that are translated at the fifth-grade level," LaSette says.

The company translates its materials into five threshold languages and uses only certified translators when talking with members in person or on the telephone.

"In doctor's offices, we identify what languages are spoken and steer our members to an office with someone who speaks their language. If a member hasn't selected a doctor, we try to do a language preference match whenever possible," Ryan says.

The health plan has a contract with a translation service and gives members a laminated card with "I need help with translation" in English and five other languages, along with a telephone number for the translation service.

"If a member is at a doctor's office or a pharmacist office and is having trouble communicating, the health care provider can call the language line for a translator, LaSette says. The health plan has case management programs for diabetes, asthma, and high-risk pregnancy, identifying members through pharmacy claims and encounter data.

They often come up with innovative programs to reach members with the disease.

For instance, when it launched a pediatric asthma program for children with asthma, the health plan set up classes for families, providing transportation, day care, and grocery coupons to members who participate.

"As a practicing respiratory therapist, I believe that personal education is best, but we couldn't get the families to go to class," Ryan says.

The company decided to create a telephone-based asthma education program instead and sent families a learning kit that includes a workbook and a video produced in-house. The video and workbook are in English and Spanish.

Families receive peak flow meters and other materials through the mail. Molina's outreach staff made outbound calls to the families to help them understand how to use them.

Plan provides follow-up with members

The health plan follows up with members and sends reports of their interventions to the primary care physician through chart notes.

The health plan comes up with innovative ways to ensure that members, especially children, get the services they need, LaSette says.

For instance, in many of the plan's families, the grandmother is taking care of the kids and never got an immunization when she was growing up and doesn't see the need for her grandchildren to be immunized.

In California, state law has made it virtually mandatory for children to get immunizations when they enter school.

"Improving immunization rates has been a longtime focus of our company. It's on the front burner and is everyone's objective," LaSette says.

Each member who enrolls in the health plan receives a welcome call during which the nurse explains his or her benefits, discusses the importance of preventive health care, and schedules an initial health assessment with a primary care physician.

Members who see a physician for an initial health assessment receive a gift card from a local department store.

"We anticipate that the doctor will get them up to date with their shots. If they send in a card that shows they're up to date with their immunization and have had a health assessment, we send them the gift card," LaSette says.

Added perks for physicians

Physicians also receive additional payment for immunizations, in addition to their capitated reimbursement.

The health plan maintains an immunization registry using information from the county government, the school system, and other health plans.

"We keep a close check on that and send out postcard reminders when immunizations are due," LaSette reports.

Using Quality Spectrum, a quality reporting software from Catalyst Technologies in Snellville, GA, the health plan mines its data twice a year, identifying every child who does not have a documented claim for immunizations or other preventive services.

The plan contacts the member's primary care physician, reminding him or her to make sure the member receives the recommended care.

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The health plan sends reminders of immunizations that are due to the families of all children age 2 and younger. Older members receive annual birthday cards along with information on the appropriate preventive health measures, including immunization, recommended for their age group.

A quarterly newsletter for all members emphasizes the importance of immunization. A newsletter for members ages 12 to 21 includes information on preventive care measures for older children.