

Creating an Optimal Environment for Quality Healthcare for Individuals, Families, and Communities

Who Seeks Medicare Support and Advocacy Services and how can we Address Barriers and Reduce Disparities?



Leaning Objectives



- 1. Understand who seeks Medicare support and advocacy services.
- 2. Consider the implications of inequity in use of services.

3. Share strategies to understand barriers and reduce disparities in use of Medicare support and advocacy services.





Creating an Optimal Environment for Quality Healthcare for Individuals, Families, and Communities



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Our Context: the BFCC-QIO Program

- Beneficiary and Family Centered Care-Quality Improvement Organizations (BFCC-QIOs) help people who have Medicare exercise their right to high-quality health care.
- BFCC-QIOs provide a range of services to Medicare beneficiaries including support for:
 - Quality of Care Complaints
 - Discharge Appeals
 - Immediate Advocacy
 - Emergency Medical Treatment & Labor Act (EMTALA)

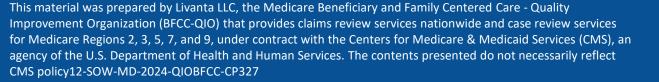


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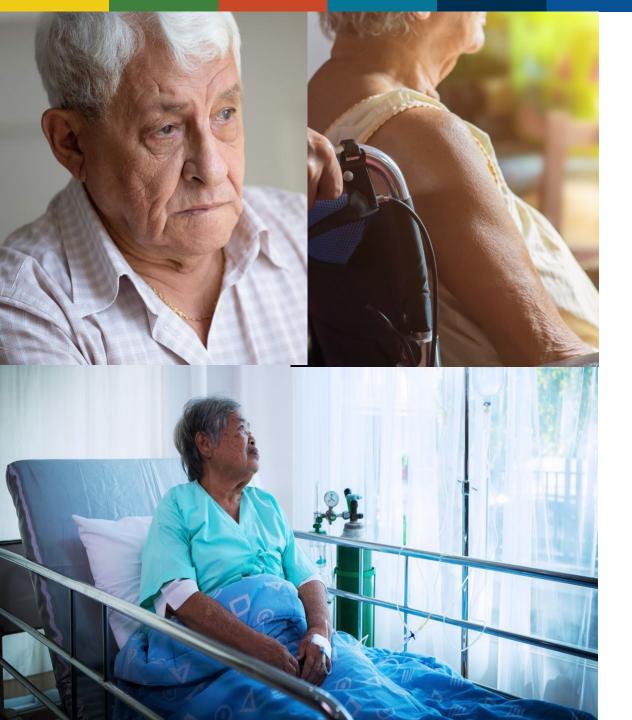
Addressing Disparities through Immediate Advocacy

Livanta LLC

Carmen Villegas, BSN, RN, BCPA Quality Triage and Immediate Advocacy Manager







Removing Barriers at all Steps

- As part of its mission as one of Medicare's BFCC-QIOs Livanta works to remove barriers to accessing BFCC-QIO services.
 - Livanta's BFCC-QIO website is mirrored in Spanish and has dedicated pages for languages other than English including Tagalog, Portuguese, French, and more.
 - Outreach materials are translated into Spanish.
 - All electronic content including web pages and outreach material is compliant with Section 508 accessibility standards.
- Livanta's customer service-oriented approach ensures that each caller is treated with dignity and respect.
 CMS 2024

Resilient and Ready Together

Immediate Advocacy at Livanta

- Immediate Advocacy at Livanta is offered to all callers regardless of the initial reason they may have made contact.
- Livanta's Immediate Advocacy intake process involves a triage in order to assess the needs of the individual and determine how best their needs can be met.



Who is Asking for Help

- Livanta's service area is geographically, culturally, and linguistically diverse.
- Because of this diversity, Livanta is prepared to meet the needs of callers who speak any one of over 200 languages.
- Even through this diversity, there are common threads that unite callers who seek Immediate Advocacy.



Why Seek Immediate Advocacy?

- Many Immediate Advocacy seekers:
 - have had negative experiences with the healthcare system and do not trust their providers.
 - have lower levels of health literacy.
 - feel they are not being seen or heard by their healthcare providers.
 - face uncertainties and anxiety of the next steps in their care.
 - experience real and perceived barriers to achieving positive health outcomes and experiencing health equity.



Triage Practices

Assess Social Needs

- Why is it important to address social needs? What does this do for the patient or are we simply trying to engage them?
- Collecting this information helps the advocate identify additional support that may needed to understand the patient's situation.
- By having these aspects of an individual, the advocate can further facilitate communication with the provider for a holistic approach.

Active Listening

- Why is active listening important? How do we accomplish this in the call center or with immediate advocacy?
- It is important for a patient to feel they are being heard, treated with compassion and respect and never judged.
- Making the caller know you are listening by occasionally paraphrasing their words to ensure you understand what they need.
- Telling a caller that as an advocate you will do everything you can to help resolve the issue.



What are callers asking for?

- Although every case and person is unique and has needs and concerns that are theirs alone, common threads often emerge that tie people together.
- Immediate Advocacy seekers frequently experience:
 - lack of communication from their care team.
 - inadequate follow-up from social workers and discharge planners.
 - experience overly technical or incomprehensible instructions.
 - anxiety and low health literacy regarding transitions of care.



Barriers to Health Equity: Real and Perceived

- Health literacy: A person's ability to understand information to make informed decisions related to their health of themselves or others (cdc.gov, 2024).
 - Low levels of health literacy is a real barrier to achieving health equity.
 - Persons with low health literacy make lessinformed decisions which can result in poorer health outcomes.
- The social determinants of health risks that impact a patient's outcome:
 - Lower education levels
 - Housing insecurity
 - Lack of community support
 - Lower income levels



Example of Real Patient Challenges

"Mr. Bob"

- Lives alone with no nearby family or caregivers to help with activities of daily living (ADLs)
- Lacks personal transportation or access to public transit to visit outpatient therapy services
- Is not proficient in English





"Mrs. Susie"

- Lives in a multi-generational home and has family caregivers available
- Has access to transportation for outpatient services
- Requires durable medical equipment (DME) as a part of her discharge plan

Strategies to Reduce Barriers and Achieve Health Equity through Immediate Advocacy

- Each patient is an individual who has unique needs that must be met to achieve positive health outcomes and successfully accomplish a transition of care.
- Active listening and cultural competence
 - Using appropriate levels of communication
 - Use of preferred languages
 - Remaining neutral but positive and supportive of the patient's needs
 - Ensuring that Immediate Advocacy is an educational experience to help improve health literacy, make better informed decisions and reduce the need for support.

Connecting Beneficiaries

No Wrong Door Approach

- Livanta's Immediate Advocacy Team employs the "No Wrong Door" approach to assisting callers.
- In this approach, developed by the Administration of Community Living (ACL), callers are never told, "We don't do that so I can't help you."
- Callers are provided with resources and information to assist them with their needs







Healthcare for Individuals, Families, and Communities

Reducing Disparities in Use of Support and Advocacy Services for Medicare Beneficiaries

Stephanie Fry

Deputy Director BFCC National Coordinating & Oversight Review Center (NCORC) Associate Vice President, Westat









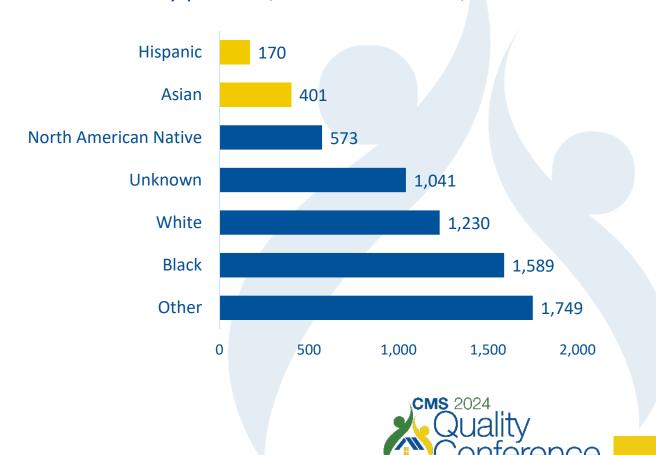




Disparities among Hispanic and Asian Beneficiaries

- Hispanic and Asian beneficiaries are the least likely to use BFCC-QIO services
- Disparities in case review service utilization may contribute to health inequalities

Service Termination and Discharge Appeal Rates by Race and Ethnicity per 100,000 Beneficiaries, 2019-2022



Resilient and Ready Together

Methods and Analysis

- Recruit stakeholder organizations that represent Hispanic and Asian beneficiaries
- Collect organizational data using a pre-interview questionnaire
- Interview stakeholders about barriers and facilitators to using BFCC-QIO services and outreach strategies
- Conduct thematic analysis of stakeholder interviews



Characteristics of Stakeholder Organizations

- Advocacy
- Healthcare
- Research
- Serving Hispanic populations
- Serving Asian population
- Serving rural populations
- Broadly distributed across the U.S.



Facilitators to Using BFCC-QIO Services



Caregivers and family members facilitate communication and information dissemination to beneficiaries

"Involving the whole family is really important because they're going to be the ones that support them."



Simple and respectful messaging appeals to beneficiaries

"I think the biggest thing honestly is that we emphasize that the program is free."



Beneficiaries rely on trusted organizations for information

"I would put churches at the top."



Barriers to Using BFCC-QIO Services



Language and literacy
barriers prevent
beneficiaries from seeking
services

"The way you might say something in Mexico might not be the same thing in Peru or Colombia—or it might mean something else."



Beneficiaries can be deterred by technology and complexity

"Older folks are really uncomfortable calling a number where a machine answers."



Cultural norms may influence help seeking behavior among beneficiaries

"There is not a culture of self-advocacy in the community."



Recommendations

- Help seniors understand information by using simple and culturally appropriate messages
- Engage caregivers and family members to share information and support seniors
- Prioritize personalized communication and services with beneficiaries
- Conduct outreach with stakeholder organizations to reach beneficiaries

Possible Next Steps

- Simple outreach materials to explain services available
- Leverage community partners to raise awareness
- Identify opportunities to provide personalized services
- Ensure materials are culturally sensitive, written in plain language, and available in multiple languages





Healthcare for Individuals, Families, and Communities

Enhancing Reach into Diverse Audiences

Scott Fortin

Sr. Director Communications and Outreach

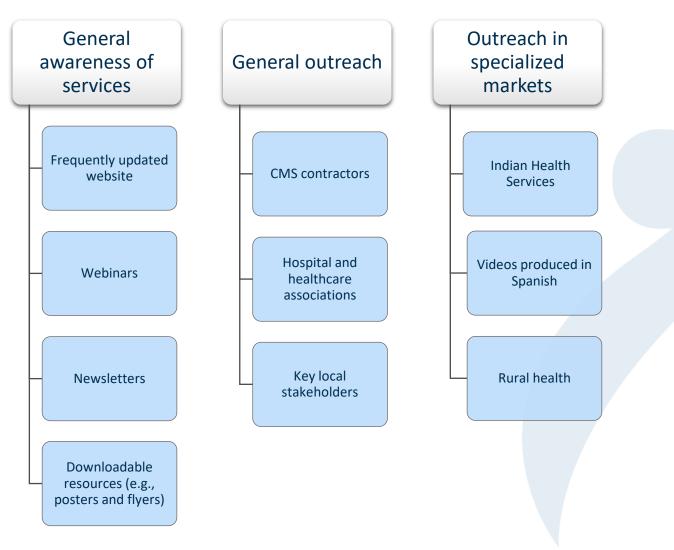
Kepro







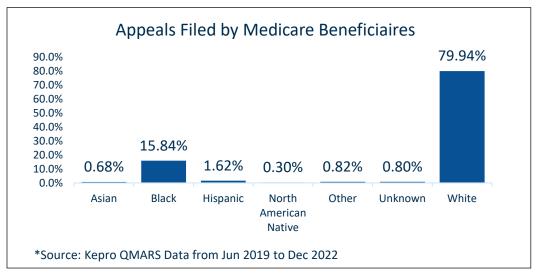
Kepro's Prior Approach

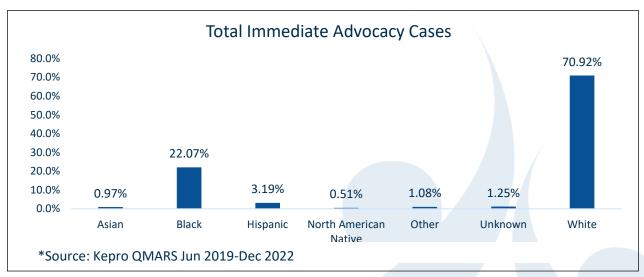


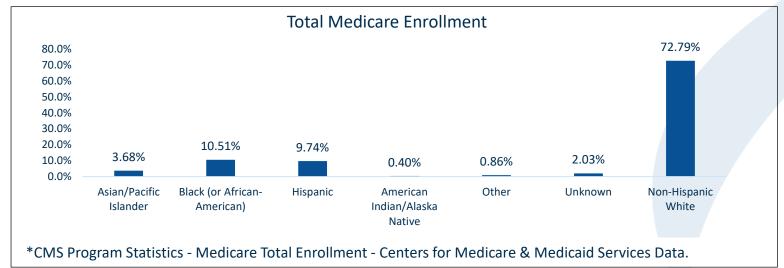
Digging Deeper

- Findings shared by NCORC regarding Hispanic and Asian demographics spurred further investigation.
- Focus on collaborating with key partners to target Hispanic and Asian populations.
- Coordination with CMS Regional Offices.
- Concentration on localized, high-percentage minority beneficiary areas

What does the data show?









Is it cultural based?

Hispanic and Asian Cultures

- Family members provide care and support in times of need and are opposed to care provided by medical providers.
- 24% of Asian Americans and 26% of Hispanic Americans lived in multigenerational households in 2021, compared with 13% of White Americans.

Native American Culture

- Indigenous elders have internalized trauma from systemic racism and discrimination resulting in mistrust of those outside of their community.
- 23% report experiencing discrimination in clinical encounters.
- 15% avoid seeking health care due to anticipated discrimination.
- Hospice care is rare as many families prefer to keep their loved ones at home.
 20

Kepro's New Approach

- Cultivate new partnerships and enhance existing partnerships to target Hispanic, Asian, Indian, and rural health communities.
- Develop and modify resources that are culturally sensitive and relevant in terms of language with bilingual messaging to advance health equity in diverse communities.

Outreach to Hispanic Population in Region 4

- Partnership with the Florida Department of Elder Affairs
 - Presentation to all SHINE (Serving Health Insurance Needs of Elders) volunteers and bilingual liaisons to raise awareness of Kepro's services and share information with 30,000 Medicare beneficiaries.
 - To address language and health literacy barriers, Kepro has created a newsletter insert with information on the free services provided by Kepro in the Spanish language.
 - Ongoing work groups with Kepro outreach staff and bilingual liaisons to share all news and updates.
- Spring 2024 podcast episode with this stakeholder on health equity in the Hispanic community on Kepro's Aging Health Matters podcast.



Coordination with CMS Regional Offices in Regions 6 & 10

- Annual training of IHS staff in New Mexico.
 - Connections assist 132,000 native Americans living on reservations in New Mexico or receiving IHS services.
 - Upcoming training in New Mexico, Oklahoma, Wyoming, and Texas again later in 2024.
- Collaborated with RO to disseminate information to the Latino population in Washington and Oregon.
 - Provided Spanish translations (informational poster, flyer, website page, and a newsletter insert) to share with the Yakima Farm Worker Clinics.
 - 40 clinics in 18 communities across Washington and Oregon serving more than 180,000 patients.
 - Potential reach: 93,500 Latino at-risk beneficiaries in Washington and Oregon.
- Provided translations (newsletter insert) with Chinese Information Service Center in Seattle.



Rural Health Outreach Partners

CMS Sources

Long-term
Care
Ombudsman

Massachusetts
Senior
Medicare
Patrol Program

Rural Health Association of Tennessee



Information Available in Chinese Language



為 Medicare 受益人提供的服

務概述

我們是 Medicare 品質改進組織·致力於提高 Medicare 受益人的護理品質。我們的網站為提供者、患者和家人提供受益者和以家庭為中心的資訊。歡迎!

為醫療保險人員提供免費 KEPRO 服務

參加 Medicare 的人,無論是 Original Medicare 還是 Medicare Advantage 健康計劃,都有權獲得高品質的醫療保健。Kepro,您的受益人和以家庭為中心的護理品質改進組織 (BFCC-QIO),提供免費服務來幫助你。這些資訊可以幫助你解決現在或將來可能遇到的醫療保健問題。

Kepro為擁有 Medicare 的個人、代表及其家人免費提供 3 項主要服務:

- 您可以要求停止出院或繼續 Medicare 專業服務。熟練的服務可能包括您在醫院外接受的物理治療和護理就診等服務。
- 您可以對您所接受的醫療照護的品質提出投訴。
- 如果您需要快速解決醫療護理或服務問題,您可以使用即時支援服務來幫助您。

影片

觀看有關 Kepro 服務的視頻



<u> 翻看有關室例狀能下目的視期</u>



Examples of Information Available in Spanish









Descripción General de los Servicios Para Personas Que Tienen Medicare

Nosotros somos la Organización de Mejoramiento de Calidad de Medicare, trabajando para mejorar la calidad de cuidado para nuestros beneficiarios de Medicare. Nuestro sitio ofrece beneficiarios y familia-centrada información para los proveedores, pacientes, y familia. Bienvenido!

SERVICIOS GRATUITOS DE KEPRO PARA PERSONAS QUE TIENEN MEDICARE

Una persona con Medicare, ya sea Medicare Original o un plan de salud Medicare Advantage, tiene derecho a una atención médica de alta calidad. Kepro, su Organización para el Mejoramiento de la Calidad de la Atención Centrada en el Beneficiario y la Familia (BFCC-QIO), tiene servicios gratuitos para ayudarlo. Esta información puede ayudar con los problemas que pueda tener con su atención médica, ahora o en el futuro.

Kepro tiene 3 servicios principales que son gratuitos para las personas, representantes, y sus familias que tienen Medicare:

- Puede presentar una apelación para detener el alta hospitalaria o para que continúen los servicios especializados de Medicare. Los servicios especializados pueden incluir cosas como fisioterapia y visitas de enfermería que recibe fuera del hospital.
- Puede presentar una queja sobre la calidad de la atención médica que recibió.

VIDEOS

Mira un video sobre los servicios de Kepro



Mira un video sobre la herramienta de Estado del Caso





¿Tiene Medicare? Obtenga ayuda de inmediato para sus problemas de salud. Pregunte por nuestro servicio de Apoyo Inmediato. Es gratis.

Línea gratuita de ayuda de Medicare de Kepro: 888-319-8452

MA • CT • RI • NH • VT • ME expira 7/2024



Efforts/Accomplishments/Partnerships

Translation to Spanish to enable access to information and materials

- Updated website pages
- Newsletter insert
- Wallet cards

Key Partnerships

- Indian Health Services
- Florida SHINE
- CMS Regional Offices
- Rural Health Association of Tennessee

Published Kepro Podcast Episodes

- Rural health
- Health equity



In Conclusion

While there are some cultural differences that may be driving this trend, we have experienced a very welcome approach from our partners and their communities.

- Increased traffic and contact points.
- More trusted resource with our partners.
- Presentations done from outreach staff.

Learn more about Kepro by clicking on the link – www.keprogio.com – or scanning the QR code.



The American Nurse Journal. (2023, May 2). Understanding and honoring the needs of Native American elders. https://www.myamericannurse.com/understanding-and-honoring-the-needs-of-native-american-elders

The National Association of Latino Elected and Appointed Officials. (2021, November 30). New census research charts Florida's Latino population growth statewide and within its 10 largest counties. https://naleo.org/press2021/

References

Pew Research Center. (2022, March 24). The demographics of multigenerational households. Household Structure & Family Roles. https://www.pewresearch.org/social-trends/2022/03/24/the-demographics-of-multigenerational-households/

Samper-Ternent, R., Tinetti, M., Jennings, L. A., Wong, R., Arney, J., & Naik, A. D. (2022). Better care for older Hispanics: Identifying priorities and harmonizing care. Journal of the American Geriatrics Society, 70(6), 1889–1894. https://doi.org/10.1111/jgs.17748





Healthcare for Individuals, Families, and Communities







Thank You!

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