

### Today's Meeting

- Who is NCQA?
- An Overview of NCQA's Efforts to Narrow Disparities in Care
- Caring for Diverse Populations - Technical Assistance Program
- Perspectives from a small practice
- Recommendations for supporting small practices through health reform

### Today's Speakers

- Senator Sheldon Whitehouse – RI
- Margaret E. O'Kane  
 President, NCQA
- Sarah Hudson Scholle, MPH, DrPH  
 Assistant Vice President, Research – NCQA
- Thomas Kockinis, MD & Teresa Latham Kockinis, PA-C  
 California Coast Medical Center
- Robin M. Weinick, PhD  
 Senior Social Scientist – RAND

### NCQA: A Brief Introduction

- Private, independent non-profit health care quality oversight organization founded in 1990
- Mission: To improve the quality of health care
- Committed to measurement, transparency and accountability
- Unites diverse groups around common goal: improving health care quality

### NCQA Assesses Health Plan Systems & Providers

- **NCQA Health Plan Accreditation**
  - 70% of all insured Americans are in NCQA-Accredited plans
    - 109 million people including 92% of people in HMOs
  - Only accreditation program to require clinical quality measure reporting
- **Physician Recognition Programs**
  - 14,000 Physicians are Recognized
  - Assess treatment of diabetes, heart/stroke and back pain use of clinical information systems
  - Newest program certifies patient-centered medical homes

### Health Care Reform 2009

- **Overall goal**
  - Expand coverage
  - Reduce costs
  - Improve quality
- **Focus on delivery system reform**
  - Tie payment to quality
  - Encourage implementation of health information technology (HIT)
  - Improve care coordination

## NCQA Efforts in Cultural Competence/Disparities

- NCQA has focused on racial/ethnic disparities since 2003
- Our efforts include the following:
  - *Innovation in Multicultural Health Care Awards* program
  - *Multicultural Health Care: A Quality Improvement Guide*
  - Technical Assistance Project for practices services minority populations
  - Developing standards for culturally and linguistically appropriate services

## What Do Reform Efforts Mean for Small Physician Practices that Serve Minority Populations?

- Are they ready?
- What will it take to get them ready?

Sarah Hudson Scholle, MPH, DrPH

Assistant Vice President, Research - NCQA

## NCQA'S EFFORTS TO NARROW DISPARITIES IN CARE

## *Innovation in Multicultural Health Care Awards for Health Plans*

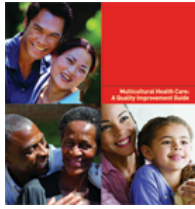
- An effort to identify, recognize innovative practices in health plans
- Provide transferable models for adoption and dissemination
- Add to the evidence base about effective methods for addressing CLAS/disparities
- Funded by The California Endowment

## Award-Winning Programs

- Molina Healthcare identified immunization rates for adolescents as QI target; "Shots for Shorties" program involving public health departments and direct incentives to members increased rates from 19% to 52%
- CIGNA expanded availability of culturally and linguistically diverse behavioral health providers; increased members' rating by 11 percentage points

## Multicultural Health Care: A Quality Improvement Guide

- Offers step-by-step approach
  - Assessment
  - Planning
  - Implementation
  - Evaluation
- For QI efforts focused on
  - meeting needs of minorities
  - addressing language needs
  - reducing disparities
- Includes DVD with tools, resources and reference materials for easy download
- Developed with support from Eli Lilly & Co
- Available free: <http://www.ncqa.org/tabid/676/Default.aspx>

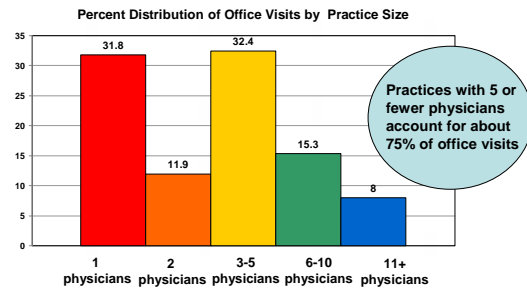


## New Standards to Address Areas for Organizations to Improve Care

- Race/ethnicity and language data
  - Data elements, methodology, storage and protection
  - Reporting and use of data to improve quality and enhance culturally appropriate care
- Language Services
  - Provision, monitoring, and evaluation of services
- Network and Workforce Diversity
  - Improve ability to serve culturally and linguistically diverse members
- Accountability and Quality Improvement
  - Program structure and systems to address CLAS and reduce disparities
  - Using data to assess disparities and language services and designing interventions to reduce disparities and improve CLAS

## SMALL PRACTICES FACE UNIQUE CHALLENGES

## Small practices (< 5 physicians) are essential component of health delivery system



National Ambulatory Medical Care Survey 2006

## Small Practices Are Essential Providers for Vulnerable Populations in Some States

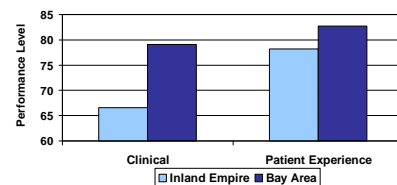
% of Medicaid Patients Linked to a Primary Care Physician (PCP) Practice, By Practice Size and Patient Race/Ethnicity

	Solo	2-3 PCPs	4-10 PCPs	11+ PCPs	FQHCs	
<b>Arkansas</b>						
African American	31	16	29	12	12	
Caucasian	34	15	25	19	8	
Hispanic	28	8	21	27	15	
<b>Pennsylvania</b>						
African American	17	13	18	32	20	
Caucasian	34	24	23	8	11	
<b>Bronx NY</b>						
	Solo	2-5 PCPs	6-20 PCPs	21-70 PCPs	71+ PCPs	FQHCs
African American	14	6	6	2	22	50
Caucasian	14	8	5	1	30	42
Hispanic	18	7	6	2	25	43

Center for Health Care Strategies, 2008

In some states, nearly half of low-income patients use small practices

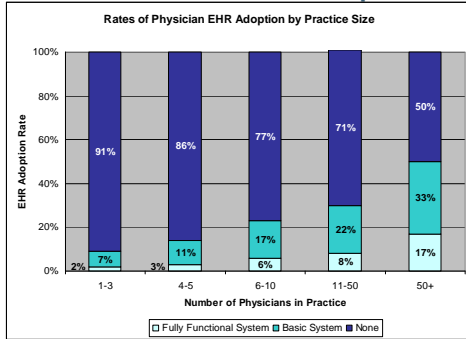
## Regional Differences in Quality in California's P4P Initiative: A Case Study



- Areas with lower income, higher Medicaid, low PCP ratio tend towards lower performance
- Physician groups in these areas appear to have limited capacity (e.g., financial, organizational structure, IT capability)

Integrated Healthcare Association

## Differences in HIT Adoption



DesRoches et al. N Engl J Med 2008;359:50-60

## Small Practices Can Improve

- Practices with <5 doctors account for about half of practices recognized for high quality systems of care through NCQA's Physician Practice Connections programs
- The pace of adoption is better when accompanied by supportive interventions such as the AAFP's TransformMed program

## TECHNICAL ASSISTANCE PROJECT FOR SMALL PRACTICES

## Caring for Diverse Populations

NCQA's Technical Assistance Project

- Objectives
  - To understand and address barriers to improving quality of care for minority patients in small primary care practices
- Participants
  - 20 small primary care practices serving a significant minority population
  - Inexperienced with quality Improvement
- Benefits
  - Up to \$25,000 to each practice
  - Technical assistance provided by national experts and local partners in California and New Jersey

## Caring for Diverse Populations

NCQA's Technical Assistance Project

### We Provided:

- Introductory training in QI & cross-cultural care
- Monthly web-enabled TA sessions with national experts
- Locally-based coaching and hands-on support
- NCQA's *Breakthroughs in Reducing Health Care Disparities* Conference

### We Required:

- Physician and staff champions
- Needs assessment
- Project plan & Quarterly reports
- Site visits and evaluation surveys


## The Challenges Practices Face

- Lack of resources, business management skills
- Lower patient adherence to treatment plans
- Language and communication barriers
- Lack of sophistication with technology
- Inability to track and manage patient needs and outcomes
- Staff turnover

*Small practices serve a critical role:  
Physicians, staff have personal relationship with patients;  
dedication and commitment to their patients, community*


**Thomas Kockinis, MD**  
**Theresa Latham Kockinis, PA-C**

California Coast Medical Center  
 Huntington Beach, CA




**Robin M. Weinick, PhD**

Senior Social Scientist, RAND



### What Do Small Practices Want?


- Training and development for physicians & other clinical and non-clinical staff
- Tools, templates & information resources
- Shared services or staff for support
- Networking opportunities and learning collaboratives



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### Training and Development


- Target physicians, clinical & non-clinical staff
- Topics
  - Patient engagement skills and cultural competence
  - Language needs, including how to use telephone and in-person interpreters, training for bilingual staff
  - Quality improvement, including initiating, sustaining and evaluating successful changes to clinical practice
  - Teamwork, including roles, responsibilities and staff development opportunities



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### Training and Development


- Ask Me 3
- Building capacity to help patients who speak limited English
  - It "costs considerably more because of the need for interpreters and the need to hire bilingual staff. It's also important to spend extra time with these patients to be sure they understand what I'm recommending."
- New skills for multitasking medical assistants
  - "This is the first time I've ever done anything like this, and I learned a lot. It's been a chance to try something new and to keep growing in my career."



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### Tools, Templates and Information Resources

- Patient education materials in various languages
- Clinical practice guidelines and other evidence-based medicine tools
- Templates for organizing medical charts (care plans, problem lists, reminder tools)
- Quality improvement tools



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## Tools, Templates and Information Resources

- **Appreciate the focus on quality improvement**
  - “There is nobody in our industry that asks us the questions you asked. Nobody was interested in our improvement of quality of care to minorities until you came along. There wasn’t anyone.”
- **Need help with basic practice management**
  - Summary sheets
  - Mailing reminder cards

## Shared Services or Staff

- Interpreters
- Patient education or care management
- Data analysis
- EHR maintenance and technical support

## Shared Services or Staff

- **Interpreters**
  - “While some of the insurance companies I work with do reimburse for interpreter services, I pay for the services up front and hope that they will approve the expense each time.”
- **Electronic health records**
  - “I spent a huge amount of time selecting the right EHR . . . Even once this was done, I spent hours crawling around the floor of my office on the weekends to install the wiring . . . There was no one else who could do this, and even with the grant money, I couldn’t afford to hire someone to help.”

## Networking opportunities and learning collaboratives

- **Want to work collaboratively**
  - EHR implementation
  - **Negotiating with insurance companies**
    - “I want to be able to continue helping my patients, but as an independent physician, I have limited ability to negotiate changes with the insurance company.”
  - **Addressing common problems**
    - Improve quality for patients
    - Improve efficiency of the practice

Margaret E. O’Kane

President, NCQA

## General Lessons of NCQA’s Experience

- **Carefully targeted initiatives can have a disproportionate impact**
  - Small practices serve the most patients, need the most support
- **Extra payments to physicians serving diverse populations/proactively addressing CLAS**
  - We must be careful to avoid constructing programs that could be construed as punitive
- **Patient activation is a key to success**

## Policy Recommendations

- Reform efforts should also provide the following:
  - Comprehensive training and support for clinical and non-clinical staff
  - Effective resources from a trusted source
  - Shared services and resources when possible
  - Networking opportunities and learning collaboratives
- Use the HITECH Act Regional Centers as a model for providing this support

## HITECH Model

- Regional technical assistance programs to support the implementation and meaningful use of HIT
- Priority to certain types of providers, including individual or small group practices focused on primary care and providers that serve uninsured, underinsured and medically underserved individuals

## Discussion

## For More Information:

[www.ncqa.org](http://www.ncqa.org)

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