

DLP Case Study– Neighborhood Health Plan

Year Participated in DLP: 2010–2011

Background

Neighborhood Health Plan (NHP) is a licensed, not-for-profit managed care organization (MCO) founded in 1986. NHP has a membership of over 250,000, 70% of whom participate in MassHealth, Medicaid, or other government supported health care. The membership is 44% non-white (18% Black/African American, 15% Latino, 8% Asian, and 3% others)¹. NHP's mission is to provide accessible health care delivery systems, which are member-focused, quality driven, and culturally responsive to its members' needs.

Health equity is “in the DNA of the organization.” It is a core value and principle that is part of NHP's business plan.

“We try to look at everything we do through the lens of health equity. It is a primary directive--a discipline that guides NHP's mission and strategy and is central to who we are as an organization.”(Deborah Enos, NHP President and Chief Executive Officer)

The racial composition of NHP's staff mirrors the plan's membership and the region it serves. Joanne Derr, NHP Vice President for Human Resources, reflects that this achievement puts NHP “way ahead of the pack.”

Participation in DLP

In 2007, a former DLP participant and NHP board member, Paulette Shaw Querner, Vice President and Corporate Vice President of Community Health Centers at Harbor Health Services, suggested that NHP begin to collect and analyze race/ethnicity data. Ms. Querner helped NHP gain access to race and ethnicity data from community health centers that were already serving NHP's membership. Within 18 months, NHP was able to develop profiles of its patients and array them by race and ethnicity for 60% of its membership.

NHP was invited to participate in the DLP by Joe Betancourt, Director of the DLP. NHP had successfully identified disparities, but needed to determine how to address them. Deb Enos, NHP's President and Chief Executive Officer, asked Pam Siren, Vice President of Quality and Compliance, to participate.

¹Data is based on member supplied information

With a strong personal commitment to focus her work on racial inequities and the quality chasm, Ms. Siren took advantage of the opportunity provided by the DLP to advance this work within NHP. As the sole NHP participant in the DLP, Ms. Siren actively engaged NHP's existing Health Equity Steering Committee as her team in the DLP project, and she regularly shared DLP resources with the team. NHP sought guidance from DLP in two primary areas: how to engage and integrate disparities efforts within the local community, and how to design and implement a cohesive strategic plan to reduce health disparities.



Pam Siren

DLP Project

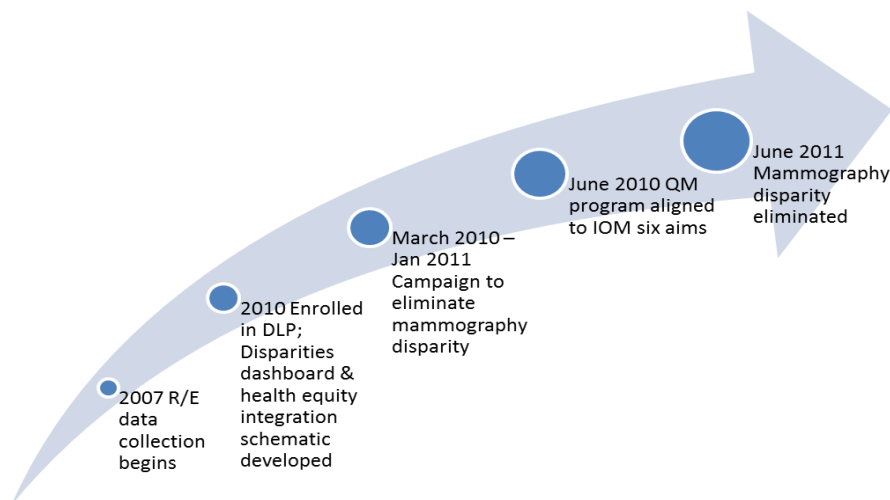
Building a Strategic Plan for Health Equity

The goals of NHP's DLP project were the following:

- Develop an organizational business plan for health equity and develop and track departmental metrics;
- Identify areas of inequity through analysis of HEDIS® and CAHPS® (Healthcare Effectiveness Data and Information Set and Consumer Assessment of Healthcare Providers and Systems, respectively)
- Transform the organization's quality improvement from a "one size fits all" to one target per year; and
- Promote NHP's commitment and approach internally and externally.

Project Accomplishments

The timeline below shows the major early milestones in NHP's disparities work.



Key project accomplishments include:

- Reorganization of the Quality Management Program to align with the Institute of Medicine's six aims to ensure equity is an integral part of NHP's organizational quality improvement plan
- Establishment of a database of race and ethnicity for over 60% of NHP's membership
- Identification of disparities in mammography cancer screening in African-American women and a campaign to eliminate that disparity
- Launch of a coordinated effort with advertising, print materials, website, telecommunications, and giveaways to educate women about the need for routine mammogram screenings
- Mammography disparity eliminated for African-American women



“My leadership obligation is to instill that sense of urgency in a wider group of individuals so that the momentum can continue to be sustained and that it can grow in new areas. I encourage people to experiment and learn from failures.”(Pam Siren, Vice President of Quality and Compliance)

Key Success Factors

Full support of the board and executive leadership

NHP's Board of Directors and Executive Committee have made working to reduce disparities an organizational priority. Central to NHP's mission is the belief that all individuals should be treated with fairness, honesty, and respect, without bias, and that diversity should be embraced in all of its dimensions. These beliefs are reflected in NHP's corporate policies including the Code of Ethics, Prohibition of Discrimination, and Domestic Partner Benefits policies. With the support of the Board of Directors and Executive Committee, NHP promotes effective management and care for a diverse membership by building emphasis on cultural competence throughout each aspect of their delivery system. Continual efforts to enhance cultural competence, improve employee engagement, and promote health care equity are exemplified in NHP's strategic business plan, member-focused care and disease management, customer service, provider contracting, network education, operations, and staff recruitment and promotion.

Pam Siren's leadership

Ms. Siren created a sense of urgency around health equity, tapped the resources of her network, and led by influence.

“Pam raised the level of consciousness of the organization that health equity was something important to focus on, both as a business imperative as well as better quality.”(Dr. Paul Mendis, NHP Chief Medical Officer)

“Pam brought a lot to this work, but she has so many more connections now, and networking to tap people and bring it back.”(Dr. Mendis)

“My department is very small; I have to lead by influence. I don’t have authority to tell the Health and Wellness Committee, “we cannot do this,” so what I need to do is convince them through data that this is the way we need to do it.”(Ms. Siren)

Reporting requirements

NHP was able to strategically align its data collection with the Massachusetts Attorney General's Community Benefit reporting requirements. NHP tailored its annual Community Benefits goals to those populations where they had identified disparities (breast cancer screening for African-American women in Roxbury/Dorchester/Mattapan and Perinatal Care for Latina women in Southeastern Massachusetts.)

Organization-wide engagement

A “Health Equity Integration” schematic, displayed in NHP’s offices, is tagged with the motto “Reducing disparities is everyone’s business!” The staff--including the President and CEO--engage in outreach activities such as the annual YWCA Boston Breast Health Phone-A-Thon, phoning dozens of women-at-risk to encourage them to get a mammography screening.

“The people that work here do so because of the mission, a tangible program like the Breast Health Phone-A-Thon makes people feel like they are making a difference.”(Joanne Derr, VP of Human Resources)

Role of the DLP in Facilitating Success

Making health equity a priority

The DLP was a key ingredient in making health equity an organizational priority.

“Health equity is inherent at NHP, but its visibility as a major initiative of the organization began with the DLP program. It may be a convergence of many things, and there are other initiatives that we are involved in, but health equity has been raised to a level of prominence because of Pam Siren and the program.”(Dr. Mendis)

Faculty advice

The DLP faculty provided advice on strategy to get short-term wins and created an environment for experimentation and peer learning.

*“One of the things that DLP faculty coached us on was that in order to get a short-term win you cannot choose to work on a big complicated project because people will lose interest. That’s why the mammography program worked well.”
(Ms. Siren)*

“I went into DLP thinking that Joe [Betancourt], Alex [Green], Rod [King] would tell me what to do, but it was not like that. I came to realize that there is no right answer—we are all experimenting and learning together.” (Ms. Siren)

Faculty and peer resources

Some of the resources that DLP faculty and peers shared have been highly valuable for NHP’s progress, including the following:

- The knowledge that Rita Carreon, Deputy Director of Clinical Strategies & Health Care Equity at America’s Health Insurance Plans (AHIP), had about health plans around the country and efforts to address disparities;
- Wellpoint’s “Roadmap to Culturally Competent Communications” with its focus on addressing food, family, faith, fear, and finances in culturally competent and meaningful ways in marketing and communicating with diverse communities;
- Provider educational manuals developed by Kaiser Permanente on barriers to accessing care used by NHP’s corporate communications and quality improvement departments to design interventions for at-risk communities.

Challenges to making progress

Working with medical practices

Federally qualified community health centers share NHP’s mission in reducing disparities. One of the challenges facing health plans is working with medical practices that are not aware of the disparities existing in their own population. Health plans rely on medical practices to collect data and make changes in practice to improve health outcome for all members. NHP’s strategy has been to enlist the practices that are interested in disparities and want to devote resources to it. Getting medical practices on board takes time and leadership’s investment at the practice level. Unfortunately, turnover in medical practices often means starting over.

Integrating a health equity lens throughout the organization

A second challenge is integrating health equity throughout the organization, aligning all departments around the goal of reducing disparities and improving health and ensuring that all staff members view their work through the health equity lens. An example, from a year or two ago, demonstrates the challenge. The marketing department was asked to develop a postcard to outreach and educate Black and African-American women about mammography screening. Instead of a culturally appropriate photo, the postcard included faces from all racial groups that is known to be less effective at reaching a particular group. Since then the marketing department has increased its capacity to market in culturally competent ways.

Broader Impact

NHP’s health outreach campaigns reach beyond their membership to the entire community. NHP has shifted some of its marketing and communications resources to more targeted and personal ways of reaching women in the community. They are working closely with the YWCA Boston

providing outreach and educational materials on the Dana Farber Mammography van, and provide deodorant for use after the exam. They also outreach to targeted populations in churches and Muslim faith-based organizations, nail salons, Women, Infants, and Children (WIC) offices, laundromats, and health fairs.

As an attestation to NHP's efforts to address health disparities, in 2011, NHP was awarded the Rosoff Award for "Marketing to a Diverse Audience" for their mammography educational campaign. Rosoff Awards are given annually to leaders in the greater Boston community who are pioneers in serving Boston's diverse population. The mammography campaign was presented to the Medicaid Study Commission and will be featured in the 2012 Massachusetts Association of Health Plans Annual Report.

NHP conducted an analysis that showed a disparity in high blood pressure in diabetic Black and African-American men and women in their 40s and 50s. Based on the success of NHP's mammography campaign and the analysis, in 2011, NHP launched a campaign to motivate and educate this population to better manage their disease. NHP also identified a high blood pressure disparity in the Latino population and appointed a Latino Social Care Manager to outreach to Latino members.

Initiatives on the horizon

In October 2012, NHP became an affiliate of Partners HealthCare (Partners). A core principle of both organizations is a shared vision and commitment to address health inequities. In addition to his role as Director of the DLP, Dr. Joe Betancourt serves on the Board of NHP, offering new opportunities to expand disparities work at both NHP and Partners.

Recently, NHP identified Latina women who receive postpartum care at a lower rate than other women as a disparity reduction priority in 2013.

Case Study Informants

DLP Lead

Pam Siren, Vice President of Quality and Improvement

Other Informants

Deborah Enos, President and Chief Executive Officer

Paul Mendis, Chief Medical Officer

Joanne Derr, Vice President of Human Resources

Carla Bettano, Vice President of Business Development

Helen Hendricks, Director of Quality Management and Improvement

Paul Jiang, Director of Quality Evaluation

Nicole Marie Fletcher, Manager of Marketing and Communications

Abel Guerrero, Manager of Community Outreach Activities

Support

This evaluation was supported by The Aetna Foundation, a national foundation based in Hartford, Connecticut, that supports projects to promote wellness, health and access to high quality care for everyone. The views presented here are those of the author and not necessarily those of The Aetna Foundation, its directors, officers, or staff. The Aetna Foundation was not involved in selecting the organizations presented in this case study or in the work conducted as part of the Disparities Leadership Program evaluation.