

EQUITY IN DIABETES CARE

UNITED HEALTHCARE COMMUNITY PLAN OF OHIO



- * Culturally Sensitive care will improve member experience

- * Cultural Competence of the Provider Network is vital to achieving Equity

- * Linguistically Appropriate—language access through the use of interpretation services
- * Measure and manage satisfaction



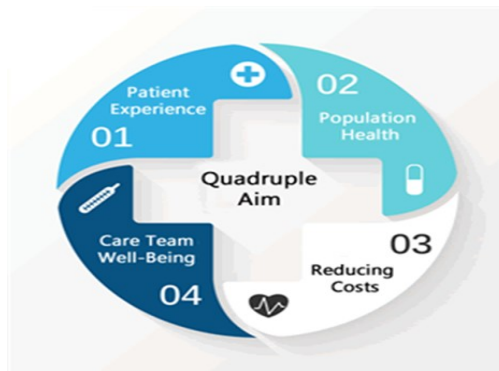
- * Highly prevalent in Ohio's diverse Medicaid population
- * Good Model for Chronic Disease
- * National Data Shows Disparities in access to care and care delivery



- * Improve HEDIS rates in minority populations
- * Reduce Undesirable Outcomes—Less Blindness, Renal Failure, fewer cardiovascular events, amputations

ACTION

- * Enhance Care Management and engage hard to reach, vulnerable members
- * Improve Access to culturally and linguistically appropriate services



- * Informed by data from dashboard
- * Align with business objectives
- * Integrate disparities analysis into development of model of care

- * Improve Provider Satisfaction by better coordinating care through care management
- * Reduce Care Manager Burn-Out by improving access to translation services in the field
- * Cultural Sensitivity Coaching to address implicit bias and improve communication skills



- * Dashboard based on HEDIS Data—most reliable data set at our disposal
- * Incorporate Claims Data—to address cost
- * REL Data—from claims and eligibility files to get complete picture



- * Increase PCP Visits and where necessary, outpatient specialist services
- * Reduce ED and IP Utilization for ambulatory sensitive conditions
- * Avoid Complications related to uncontrolled diabetes