

CCO: Meaningful language access to culturally responsive health care services need assessment notes

What's working

- ❖ How are you preparing to meet the requirements of this measure?
 - As we've begun the assessment, we've internally looked at our data systems and how we can gather that data from different language access providers we're contracted with, starting to look at where providers have been billing. Piloting a provider survey to understand the data capture and how well providers can identify when language services are provided during visit. Plans to share results with larger provider community.
- ❖ Have you identified any workflow and data capture gaps in interpreter service delivery that you need help with?
 - Gathering information about workflows. Piloting survey to partner clinics to understand what they're collecting, how its working. Questions about training and protocols.
 - Our four CCOs are in the same state of doing needs assessment and level setting. Beginning to provide training and make a FAQ for provider partners about what measure looks like and the implications for them. In foundational stages.
 - Working on language access in general within primary care network for past couple of years. Recently started working on internal data improvement. Participated in pilot, learned how to improve internal systems around identifying members who need interpretation, matching with vendor records and claims data to ensure those systems are correctly talking to each other. Recently completed chart review of members who needed interpretation services and saw how that was being documented on provider side. In the process of sharing those results with network. Our CCOs are collaborating to make these improvements across all CCO partners.
 - Working with vendors to standardize invoices and look at percentage and rate of fulfilling visits with qualified interpreters and working with them to find opportunities to find scholarships and improve network.
- ❖ Are there new/innovative strategies you are considering?
 - Approaching contracting season wants to make sure interpreter vendor contracts are shored up. Created templates to standardize reporting. Making sure to line up with quality metric requirements.
 - Looking at existing data sources and collecting more qualitative data around workflows, structures, processes clinics use when delivering language services. Looking at using data to identify those with limited English proficiency or have another preferred language. Looking to set more quantitative goals around getting more data and understanding if it's a data barrier or a service barrier. On the innovation side, quality metric work is embedded in alternative payment methodology program and VBP payment structures. Looking to add this kind of data capture and desire for workflows where data can be shared through claims experience or other reporting mechanisms. Recognizes administrative burden with data capture piece.

Reporting Template

- ❖ What has worked for you in reporting this information?
 - Conversations letting partners know this will be a reporting requirement and assessing capacities in clinics. Sending surveys shortly.
 - Have monthly meeting with clinic partners and have given them preliminary info on measure. Have done survey on services.

- Working closely with La Clinica and Providence. La Clinica has done extensive work and has internal language processing system. Working with them to learn specifically about what they're doing in capturing this data. Several Providence staff already speak Spanish, and a lot of interpretative services are in house. Trying to work with them to capture this data. They don't know that those visits are happening.
- ❖ What can you easily report?
 - Data work based on invoices as well as claims experience for those using surveillance codes. The learnings from clinic partners is showing varying levels of the ability to capture language services that aren't coming through a language access vendor or claims. Longer term approach to develop those data systems and workflows. For Spanish-speaking providers there's work that will need to be done. Look at reach based on members known to have limited language proficiency based on 834.
- ❖ What specific support would be helpful for you to submit your report to OHA on time?
 - How do we incent the provider systems to capture this data? Some are significant workflow pieces that would need to shift or data systems like an EHR. Is there a checkbox that can capture data elements vs incenting providers to help with administrative data capture processes? Education piece is the biggest gap. How do we educate providers on the importance of capturing this data? How do we tie it into EHR reporting similar to electronic clinical quality measures?
 - Large systems changes are required. Need provider buy-in. OHA could add additional support with this: If patients know a provider speaks their language, they've declined interpretation services from a vendor and prefer to receive services in-language. Process of asking clinic staff who are fluent to become certified/qualified is a large lift in terms of time and financial resources. Is there an option to do a provider competency exam or fluency test that is less burdensome for the clinic?
- ❖ What questions do you have about how/when to fill out the annual language access self-assessment and quantitative report?
 - How to prioritize data pieces? There's a variety of locations/stakeholders/service groups and different lines of business thinking about touch points that members have and wanting to ensure language services at every point of care. This is the ultimate goal, but pretty big. Have been prioritizing low -hanging fruit service areas. In the area of general service/scheduling rides for transportation/etc. Are those in scope for the measure? Where do we prioritize those interactions?
 - OHA - Currently contemplating this question. Currently it is out of scope.
 - It may be easier to look internally into our own systems to identify and not as difficult as it may be in the provider setting and the actual direct care delivery setting which is why we've been rounding on that topic and trying to figure out how we prioritize our efforts.
 - OHA - For the purpose of the requirement, completely separate from the measure indicate we have to make language access services available to everybody. While this discussion is focused on CCOs, there are other requirements at the CCO contract level and state and federal laws that require you to work on those other areas that may be out of scope for this measure but they are within the scope of the contract requirements and state and federal laws.
 - Is this due end of the year or April? Has a clear deadline been defined on that out of station component?
 - OHA - 10/19/20 is for contract reporting. We will be using same contract reporting template. They are not being used for metric until year two. Some of the reporting deadlines are specified in the spec sheet which is in TAG meeting packet. Want self assessments by January of the following year. Qualitative reporting will go with contract reporting around April.

CCO Workflow

- ❖ Does your intake process for members include an assessment for interpretation and other language needs?
- ❖ Who orders the interpreter at your CCO? How does your CCO receive confirmation that interpreter services have been ordered etc.?
- ❖ How does your CCO ascertain that a member who requested interpreter services received the services for their appointment and on time?
- ❖ Do you have someone in charge of interpreter services at your CCO?
 - Providers and any staff that interact with a member can order interpreter services.

Learning Collaborative

Beginning in 2021, the Transformation Center is considering forming a quarterly learning collaborative to support this measure, with the idea of convening each quarter after the reporting timelines.

- ❖ What information would you like to see discussed on this learning collaborative if formed?
 - FAQs or tools CCOs are producing for their provider partners.
 - Documentation standards workflow best practices policies
 - documentation standards, workflows. Would love the learning collaborative opportunity
 - If some CCO's are using the Tcode, would love to understand how those are being used, workflows related to those etc (T codes with their providers)
 - payment compensation models for language access services i.e. CCO direct funded vs. provider funded vs. claims-based compensation vs VBP PMPM
 - challenges to vendor model based on need and volume of visits compared to cost of living and cost of certification for the interpreters. Is there an interpretation of the model and how do we support the interpreter network in a way that's more sustainable?
- ❖ Thoughts about the proposed timeline/timing for the formation of and your participation in such a learning collaborative?
 - Sounds like a great timeline.
 - sounds good. I like the quarterly approach

Specific supports you'll need to move work forward?

- Is it appropriate to invite vendors to CCO and provider webinars?