

This guidance document describes two example TQS projects and provides guidance how the projects could focus on innovation and quality on health equity within each of the TQS components.

Example project A

Improving prenatal care: *Strong Beginnings* is a free and optional program for members, designed to promote healthy moms and babies by providing telephonic outreach services and educational mailings to women who are pregnant, who have recently delivered or who are thinking about becoming pregnant.

- CCO staff will help women find a provider, find classes and provide information about other services available.
- A registered nurse will be available to provide obstetric case management services for women experiencing high-risk pregnancies and answer questions about pregnancy, labor and delivery, breastfeeding, making healthy changes like quitting smoking and many other health topics.
- The CCO will design a satisfaction survey to assess the prenatal welcome packet, baby care booklet and immunization card.

How the project could be modified to address different TQS components and be more equitable

Linguistic barriers contribute to maternal health disparities, particularly in the Hispanic/Latino community. Pregnant women whose first language is not English have difficulty navigating the health care system and are more likely to have unmet health needs, such as adequate prenatal care. Research has shown that infants with parents whose primary language was not English were half as likely to receive recommended preventive care as infants whose parents' primary language was English. Disparities in health care, combined with linguistic and other cultural factors, result in poorer health outcomes.

Examples include:

1. Access (Quality and Adequacy of Services; Cultural Considerations; Timely)

- The program provides information about access and usage of services. Materials are translated into the most prevalent languages in the service area and are available in alternate formats. All materials are developed using literacy level of 6th grade and below, and in plain language.
- The program provides key materials in other languages and in alternate formats at an appropriate literacy level, including: member access and availability of linguistic services by phone and in person; newsletters and surveys; preventive health reminders (appointments and immunization reminders; examination notices and prenatal care follow-up); grievance (acknowledgement and resolution letters) and fair hearing process; and marketing materials.
- Program staff receive cultural responsiveness, unconscious bias, and health literacy trainings.
- Program documents ongoing education/training (annually, at minimum) for providers on cultural responsiveness. Documentation could include sign-in sheets, curriculum and evaluation.
- Program outreach services are provided at extended hours so participating members can access them by phone at any time during the day and during the weekend.
- Program outreach services include community health workers who are bilingual and bicultural, are trained on how to access and use interpreter services, and have knowledge of community resources.
- Program case management nursing staff is bilingual/bicultural; if not, staff has training in the delivery of culturally and linguistically appropriate care, how to work with interpreters, how to access interpreters, and the availability of community resources for mothers participating in the Strong Beginnings program.
- The program ensures access (24 hours a day and seven days a week) to free interpreting services so limited English proficient and hard-of-hearing or deaf members have meaningful access to health care services.

2. CLAS Standards

- To ensure all program activities are developed in a culturally and linguistically appropriate manner, enhanced CLAS standards are used as a blueprint to follow in their design.
- The program maintains a provider roster with languages spoken by providers (monitored every three years) and clinic staff (monitored annually).

3. Grievances and Appeals

- The program provides participants clear and concise information about their rights to file a grievance if their cultural and/or linguistics needs are not met.
- The program monitors complaints and grievances to be followed up when appropriate and applicable. All grievances and appeals filed will include race, ethnicity, language and disability of the member.
- Information collected is used for quality improvement activities.

4. Health Equity (Data; Cultural Responsiveness)

- The program uses ethnicity, race, language and disability data to determine special needs and develop appropriate plans and services such as the use of quality interpreter services, provider cultural responsiveness training, engagement with community-based organizations and recruitment of a workforce that reflects the communities being served.

5. Behavioral Health Integration; Oral Health Integration

- The program provides referrals to physical, behavioral and dental health care, and information about language and accessibility needs are included in the referrals.

6. Patient-Centered Primary Care Home (PCPCH)

- The program ensures availability of language access services, patient education materials in threshold languages and alternate formats, and after-hour information in other languages.

7. Severe and Persistent Mental Illness (SPMI)

- The program provides upstream prevention and education to expecting mothers and their families, especially those with infants and young children. Program activities can help with the identification of risk factors that can be addressed before they become problematic and mitigate the need for early intervention or treatment not only for the mother, but also for infants and young children.

8. Special Health Care Needs (SHCN)

- Through participation in Strong Beginnings and the network of community resources, expectant mothers and their families can access services to meet their special health care needs, such as severe physical or mental problems, and minimize long-term health and developmental problems.

9. Utilization Review

- The program collaborates with health education, utilization management and credentialing to review providers' ability to comply with Cultural and Linguistic Standards, perform annual monitoring of CLAS-related activities, and provide guidance as needed.

10. Value-based Payment Models (Maternity Care)

- Community health workers are used as a bridge between the member, health care team and health plan.

Example project B

Communication and Language Assistance Services Implementation Plan: The CCO will develop a plan that will allow the CCO and its network health care providers to:

1. Ensure members receive culturally and linguistically appropriate care.
2. Ensure CCO and providers are able to have clear and open communication with members.
3. Ensure network providers know how to access quality health care interpretation.

4. Ensure CCO and network providers are in compliance with state and federal laws.

The CCO will engage the community advisory council in this work. The CCO expects to develop the language access implementation plan (referred to as “plan” below) by September 2020 and adopt and implement it by March 2021.

How the project could be modified to address different TQS components and be more equitable

As Oregon’s population becomes ever more diverse, health care providers serve increasing numbers of members from diverse cultural and linguistic backgrounds. Culture and language play a crucial role in how effectively health services are delivered and received. Issues such as member engagement, health literacy and English language proficiency are all factors that providers must consider providing culturally responsive care. The provision of accessible, quality and meaningful language services to individuals with limited English proficiency is a key component of health equity.

Examples include:

1. Access: (Quality and Adequacy of Services; Cultural Considerations; Timely)

- The plan describes responsibilities for language access services at:
 - Health care facility
 - Provider network (including oral and behavioral health providers)
 - CCO
- The plan includes specific guidelines for:
 - Interpretation services in all modalities
 - Translation of member materials
 - Availability of alternate formats
- The plan includes information on federal and state rules around the use of qualified and certified health care interpreters and clarifies the difference between interpreters and translators and how their roles are not interchangeable.
- Translation:
 - The plan includes guidelines for the translation of essential documents, including requirements for version control, quality of translations and literacy level.
 - The plan identifies key materials that need to be translated to other languages and at an appropriate literacy level, such as: member access and availability of linguistic services; newsletters and surveys; preventive health reminders (appointments and immunization reminders; examination notices and prenatal care follow-up); grievance (acknowledgement and resolution letters) and fair hearing process; and marketing materials.
 - The plan includes guidelines on the role of language services and provision of informational materials, such as signage and patient education materials, in the languages commonly encountered in the member population and alternate formats.
- Interpretation:
 - The plan includes guidance on the provision of language services that include:
 - The use of qualified and/or certified health care interpreters, including ASL interpreters
 - The use of telephonic or video interpreting
 - How to use interpreter services and the different modalities (with the interpreter present or through phone or video)
 - Services provided to members who have limited English proficiency and/or other communication needs such deaf or hard of hearing

- Language services provided at no cost to members to facilitate timely access to all health care services
- Plan includes policies on the availability of language services at all times, including services provided after regular hours and services delivered by phone (such as triage). The plan ensures clinic extended-hour services include language access services and that phone trees and other communication tools include language availability to ensure members who are limited English proficient and deaf or hard-of-hearing have access to services after regular business hours and on the weekends.
- Plan includes guidelines on patient–provider and member–health plan communications, such as reminders and follow-up communication by mail or phone, so they are sent to the member in the member’s language. Member language needs are periodically re-assessed.
- Plan includes training for staff, community health workers, and other plan and clinic staff on how to access and use interpreter services and community resources serving the area.

2. CLAS Standards

- The plan contains policies and procedures that ensure all CCO and network provider programs and activities are developed in a culturally and linguistically appropriate manner.
- The plan is developed with CCO leadership and provider network buy-in based on the CLAS framework, and it is community and member informed.
- The plan allocates funds for language access services including alternate formats and provides guidance for providing such services that include:
 - The use of qualified and/or certified health care interpreters
 - The use of quality telephonic or video interpreting
 - How to use interpreter services and the different modalities (with the interpreter present or using phone or video)
- Language services are provided free of charge to members who have limited English proficiency or other communication needs such as deaf or hard of hearing.
- Language services are provided by trained health care interpreters and not by ad-hoc interpreters such as family or other staff, unless staff person is a trained and qualified or certified medical interpreter.
- The plan includes guidelines and education to ensure the difference between health care interpreter and bilingual employee is understood.

3. Grievances and Appeals

- The plan includes the provision of clear and concise information on the members’ rights to file a grievance if their cultural, linguistic and accessibility needs are not met.
- The plan includes procedures for monitoring the quality of language access services by area and facility and includes processes to address complaints on any vendor quality performance issues.
- The plan ensures processes — such as how to inform members’ right to file complaints and incident reports — are developed in a culturally and linguistically appropriate manner.

4. Health Equity (Data; Cultural Responsiveness)

- The plan ensures data on ethnicity, race, language and disability are gathered and used to determine special needs and develop appropriate plans and services such as the use of language access services, prevalent languages, provider cultural responsiveness training, engagement with community-based organizations and recruitment of a workforce that reflects the culture and language of the communities being served.
- The plan includes guidelines for determining interpretation needs (the organization identifies the member’s language needs from information provided by the member enrollment file).

- The plan includes the assessment of characteristics and needs of the population including race and ethnicity, cultural health beliefs and practices, preferred languages, health literacy, vision and hearing limitations and other communication and accessibility needs.

5. Behavioral Health Integration; Oral Health Integration)

- The plan addresses the needs of limited English proficient members and integration of care by providing guidelines on scheduling and referral:
 - Interpreter explains to member the referral process.
 - Clinic ensures organizations where members are referred are informed of the member's language needs.

6. Severe and Persistent Mental Illness (SPMI)

- The implementation of the appropriate language access services for members facilitates the communication between members and their families and identifies risk factors that can be addressed before they become problematic.
- Programs that are developed to meet the needs of members experiencing SPMI include and refer to the language services plan to ensure program is culturally and linguistically appropriate.

7. Special Health Care Needs (SHCN)

- The plan ensures members with SHCN and their families can access services to meet their special health care needs such as severe physical or mental problems, and minimize long-term health and developmental problems, in a culturally and linguistically appropriate way.

8. Utilization Review

- The plan ensures that health education, utilization management, credentialing and other parts of the health plan or health care organization are able to review their providers' ability to comply with cultural and linguistic standards, assess how they perform through annual monitoring of CLAS-related activities, and provide guidance as needed.

9. Value-based Payment Models (Equitable VBP Models)

- Through training and technical assistance, the plan ensures staff and provider buy-in and understanding that because communication is key to the member experience and intimately tied to health outcomes, access to certified or qualified health care interpreters and robust language access policies and procedures are an integral part of a successful value-based payment model.
- Through the implementation of the plan, the CCO and network providers will develop standardized language access to help eliminate unnecessary care gaps and streamline the cost to provide interpreter and translation services. This in turn helps eliminate clinical variation and increase patient satisfaction, while reducing overall language service expenses.