

## Medicaid Health Plan Community Partnership Series

# Neighborhood Health Plan: Reducing Disparities

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### Medicaid Health Plan Community Partnership Series

As state Medicaid programs are increasingly shifting beneficiaries into managed care organizations (MCOs), some MCOs are expanding their traditional role to better meet the needs of their vulnerable members and communities. This case study is one of a series that describes how select MCOs are addressing myriad barriers and changing the way care is delivered through community engagement and partnerships. The purpose was to identify examples of successful or promising approaches, internal and state policy drivers that motivated the MCOs, challenges they faced, and lessons learned. A Synthesis Report summarizing strategies, lessons for other MCOs serving vulnerable populations, key “ingredients” for successful MCO-community partnerships, and policy implications for state policymakers from the four case studies in this series will be available at

<http://www.commonwealthfund.org/Publications/Issue-Briefs/2013/Apr/Forging-Community-Partnerships-to-Improve-Care.aspx?omnicid=20>.

### Abstract

Neighborhood Health Plan (NHP), a not-for-profit health plan in Massachusetts serving primarily low-income people, collects race and ethnicity data on members and conducts health equity analyses and a community needs assessments to identify and then address disparities and other gaps in care. NHP’s Community Benefits program, Health Equities Improvement Team, and other parts of the organization work together on initiatives involving strategic partnerships and strong collaboration with community-based organizations such as a YWCA, churches, local grocery stores, community health centers, and others. Promising efforts include diabetes and high blood pressure programs targeting African Americans, a mammography screening initiative targeting black and African American women, and a new pregnancy and well child care health education campaign targeting the Latina community.

### Background and Drivers

Neighborhood Health Plan is a not-for-profit managed care organization (MCO) founded in 1986 by the Massachusetts League of Community Health Centers and the Greater Boston Forum for Health Action.<sup>1</sup> NHP’s network includes over 3,700 primary care physicians and over 13,200 specialists—primarily Community Health Centers (CHCs) and multi-specialty medical practices—in locations throughout

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<sup>1</sup> NHP is not affiliated with Neighborhood Health Partnership of Florida, NHP of Rhode Island, or any other MCOs. NHP was acquired by Partners Healthcare System in 2012.

Massachusetts. NHP is fully licensed as a health maintenance organization and serves primarily low-income individuals including approximately (as of June 2012):

- 156,000 MassHealth (Medicaid) beneficiaries
- 33,000 individuals through Commonwealth Care, a subsidized health insurance program for low and moderate-income uninsured Massachusetts residents
- 57,000 individuals in commercial small group plans plus the insurance exchange (Connector) Commonwealth Choice program, which offers unsubsidized health insurance programs for uninsured adult Massachusetts residents who are not eligible for MassHealth or Commonwealth Care.

NHP's roots as a CHC-led organization has contributed to its community health and equity emphasis. NHP started to focus on disparities in 2008 at the urging of its board of directors, comprised predominantly of CHC leaders. NHP's mission statement includes promotion of equity, and its annual quality plan (required by NCQA) and business plan include strategies for promoting community health and reducing disparities. Strong leadership is a driving force that makes resources available and "lights a fire" throughout the organization so that everyone is working toward the same goal.

NHP began collecting race and ethnicity data on its members around 2008, and as of July 2012 has such data on about 60% of its enrollees (including commercial members). NHP conducts health equity analysis to identify and then address disparities. This case study describes three key initiatives to reduce disparities: diabetes and high blood pressure programs targeting African Americans, a mammography screening initiative targeting black and African American women, and a new pregnancy and well child care health education campaign targeting the Latina community. All of these programs involve strategic partnerships with community-based organizations and a level of collaboration described as unusual among health plans.

These programs are part of a broader set of initiatives comprising NHP's Community Benefits program, a response to voluntary principles presented by the state Attorney General's Office that encourage health plans to address unmet health needs in their communities. The state's voluntary guidelines for health maintenance organizations suggest (without requiring or recommending specific activities) that plans formalize their community benefit activities approach, collaborate with community organizations to identify and address needs, and report on their activities annually.<sup>2</sup>

In 2009, NHP's Steering Committee conducted a community health needs assessment to identify key local health issues and target populations for their 2010-12 Community Benefits program. The assessment was based on published health and internal NHP data, discussions with community stakeholders, and other sources, including CHCs. According to its report to the state,<sup>3</sup>

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<sup>2</sup> See *The Attorney General's Community Benefits Guidelines for Health Maintenance Organizations*, Office of the Massachusetts Attorney General, 2009. <http://www.mass.gov/ago/docs/healthcare/hmo-guidelines.pdf>

<sup>3</sup> See [http://www.cbsys.ago.state.ma.us/cbpublic/public/hcstandardnew.aspx?org\\_id=89&report\\_year=2011](http://www.cbsys.ago.state.ma.us/cbpublic/public/hcstandardnew.aspx?org_id=89&report_year=2011)

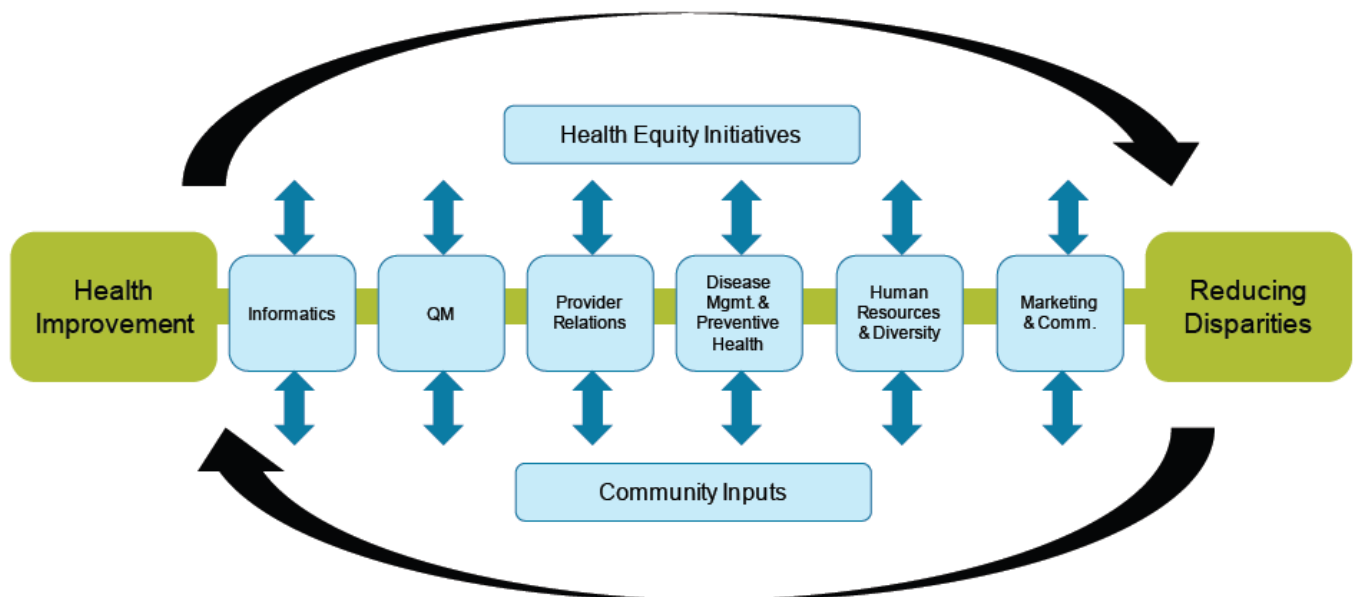
as the Steering Committee focused on areas of demonstrated community need, they considered the following factors: reducing health care disparities; partnering with the community and CHCs; addressing the needs of underserved and vulnerable populations; improving health of the population as measured by industry HEDIS® scores; using published public health data to drive decisions; and continuing to align NHP’s work with Community Benefits.

Other NHP interventions address low-health literacy and domestic violence (through training of CHC staff), and improve asthma treatment (through health education and purchase of spirometers) at community health centers.<sup>4</sup>

The initiatives build upon NHP’s community outreach team, which is tasked to assess the needs of the communities they serve and provide accurate information and educational materials through community events and working with community-based organizations such as adult education centers, community colleges, faith-based organizations, health centers, schools, housing authorities, WIC offices, food pantries and distribution centers, and governmental agencies.

NHP’s outreach efforts and materials are designed through collaboration among its Quality and Compliance team, Clinical Care Management, and Corporate Communications. A Health Equity Committee with representatives from medical leadership, clinical operations, operations, human resources, corporate communications, health education and quality and compliance is also involved in and approve the interventions. Its disparities efforts are illustrated in Figure 1.

**Figure 1. NHP Community-Based Model**



Source: Neighborhood Health Plan, 2012

<sup>4</sup> See NHP Community Benefits Annual Report for 2010, [ADD LINK]

NHP's community efforts are noticed and appreciated by their partners. For example, the regional vice president of American Heart Association/American Stroke Association for Health Equity in the New England region considers the shared goals and level of collaboration between the organization and NHP unique, and the relationship is a "model we use to work with other health plans in the region."

## **Addressing Hypertension and Diabetes Disparities Among African Americans**

After lab data indicated a high incidence of diabetes with high blood pressure among African Americans, NHP launched a campaign in January 2012 to improve diabetes management and blood pressure control in the African-American communities of Dorchester, Hyde Park, Mattapan, and Roxbury.

### **Partnerships Promoting Nutrition and Fresh Produce**

In addition to reimbursing members for the purchase of blood pressure cuffs, NHP partners with local grocery stores, pharmacies, community health centers, and others to promote nutrition awareness and healthy eating and monitoring of blood pressure and blood glucose levels. Activities include:

- At a Stop & Shop supermarket in a target neighborhood, an NHP facilitator surveyed consumers about nutrition, helped shoppers read labels, and raised awareness of healthy and non-healthy foods.
- Partnering with another local grocery store, NHP mailed nearly 2,000 Fair Food Vouchers (\$2 coupons) for fresh groceries to members with diabetes as identified through administrative data.
- NHP conducted a health fair at a local Walgreens and provided diabetes educators, blood pressure screenings, and glucose monitoring equipment.
- NHP distributed 1530 Health & Wellness brochures through Community Based Organizations including a faith-based organization.
- NHP placed "advertorials" on blood pressure control and diabetes in local newspapers in target areas, and sent over 200 Televox outreach messages to members with hypertension.
- NHP collaborated with AHA to distribute 150 Healthy Soul Food Recipes and 50 Anytime CPR kits.
- A set of events in October 2012 included diabetes awareness in a community health center; NHP sent invitations to members with high blood pressure and diabetes about the events, along with a voucher for a bag of fresh produce.

## **Improving Pregnancy and Well Child Care in Latina Community**

NHP's ethnicity analysis found that Dominican, Puerto Rican, and "unspecified" Latinas were more likely than whites to not receive post partum follow up and birth-to-15-month well care. The disparity was particularly pronounced in the Lawrence, Massachusetts area. Based on claims data, NHP determined that 709 of its female members were not receiving the necessary postpartum follow-up care, and 565 children were not receiving the recommended number of well child visits in the first 15 months of life.

NHP applied and received a grant from Harvard Pilgrim Health Care Foundation's Partnering for Healthy Communities Culture InSight (CIS) Regional Program to address this problem. In March 2012, NHP began a 3-phase community-focused initiative involving:

1. Coalition-building and barrier analysis using focus groups to determine why the target population is not accessing the care they need;
2. Intervention design, cultural competency training for medical staff, and development of culturally competent patient materials;
3. Implementation and evaluation.

NHP is collaborating with nine community-based organizations that interact with and understand the target population: a large family health center; a "one-stop shopping" center that provides or refers community members to education, social services, child care, health and other services; local WIC offices; and others. NHP is conducting focus groups with some of these organizations to learn about barriers and to get feedback on messages and materials.

With the grant support, NHP has devoted a number of personnel to this effort: quality-improvement staff to oversee this initiative; two bicultural community outreach staff who are familiar with the Lawrence community; a data analyst who will be responsible for collecting, analyzing, and reporting on data; project management support to ensure key milestones are met; and marketing and communications staff.

### **Eliminating disparities in mammography screenings**

Around 2009, NHP discovered that despite gains in mammogram screening rates in general, there was a significant disparity across races. An NHP ethnicity analysis found lower rates of mammography screenings among black and African-American women, particularly African-born women living in certain neighborhoods. NHP responded by launching a multi-faceted public campaign in five geographic areas, with many components specifically targeting black and African-American women 40 years old and over.

A focus group with NHP's member advisory group identified factors behind the disparity. They included lack of awareness about the importance of screenings and where to get mammograms, lack of knowledge about a type of breast cancer that is more virulent among African Americans, and fear of results. This information helped NHP develop key messages and materials.

Unlike campaigns limited to a health plan's own members or potential members, NHP's initiative was a public health campaign involving multiple partnerships and targeting non-members as well as NHP members. Their rationale was threefold: NHP's mission includes improving health care equity in general, not just among members; members do not necessarily stay with any one plan, so non-NHP members who start regular mammogram screenings today may be NHP members in the future; and a broad campaign could help NHP's image among the public. NHP shifted funds out of its advertising budget into the campaign.

NHP partnered with a YWCA to conduct annual Breast Health Phone-a-thons. NHP offered its call center (during hours that the health plan call center was closed), as well as volunteers from its staff, and merged its membership with the Y's data base for the telephone outreach. NHP also joins the Y in an annual Stand Against Racism demonstration.

Through a partnership facilitated by a Charles Street Church minister who is also a nurse, NHP arranged for the Dana Farber mobile mammography van to visit the church to provide screenings for congregants. The van only serves people with a primary care provider (PCP) to whom it can send the results. It was discovered that 50 congregants did not have a medical home. NHP then switched its focus to getting the women connected to a PCP, often referring them to a CHC that helped them enroll in a health plan. Of 50 women without a PCP, all eventually were enrolled in coverage (not necessarily NHP) and had a mammogram.

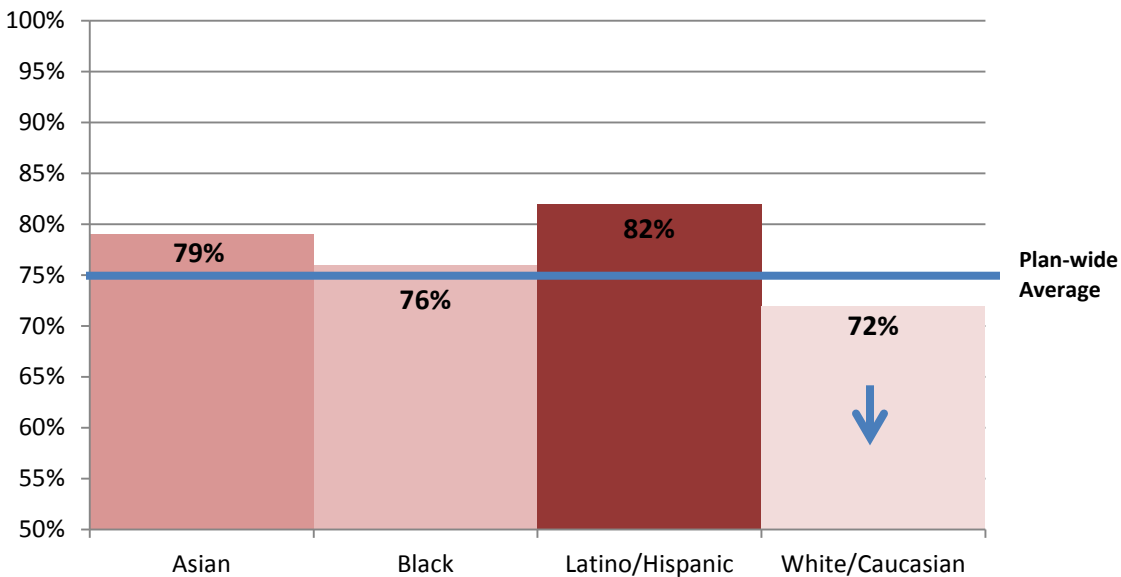
Other strategies were birthday card reminders, mail reminders to NHP members that fit the target demographic, "remember beads,"<sup>5</sup> posters and brochures in hair salons and other businesses and CHCs, and "advertorials" in regional ethnic publications. NHP also developed a "defect report" for primary care practices that listed NHP patients who did not have mammogram screenings, so that the practice could conduct its own outreach to those patients. This was particularly helpful for practices without electronic health records that create automatic reminders. NHP also established relationships with CHCs and local businesses where they place brochures about the importance of mammography screenings and where and how to get them.

In the two years of the campaign, the mammography screening rate among African American members increased by four percentage points (from 72% to 76%); in fact, the rate for the white subgroup is currently below that of the other groups (Figure 2).

**Figure 2: 2010 Breast Cancer Screening by Race/Ethnicity, After Targeting Black and African-American Women**

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<sup>5</sup> NHP distributed "remember beads" with different sized beads representing tumor size detectable by mammogram, physician exam, self-exam, and undetected.



Source: NHP, 2012.

## Challenges and Lessons

Medicaid is generally supportive of NHP’s initiatives, and the state convenes the Medicaid health plans every other month to discuss quality improvement goals and share strategies and data. With very small margins, however, NHP finds it challenging at times to pursue areas it identifies as needing improvement at the same time that it must respond to the state’s priorities. NHP has found that to address limited funding and resources it must be creative. For example, NHP is now exploring the use of public service announcements in print media, which are relatively inexpensive.

More importantly, NHP’s experience underscores the value of building and leveraging relationships with community health, social service, and faith-based organizations, as well as local retail, communications, and transportation entities. “The community has to be part of it,” said Helen Hendricks, Director of Quality Management and Improvement. NHP experienced a “chicken and egg” dilemma, however. An MCO needs support from other entities to build a strong initiative, but it also needs positive results to garner support. One solution is to start by building on existing relationships; NHP has community outreach staff who continually work on building relationships with organizations, and this has paid off. Feedback suggests that NHP has become a trusted entity by local businesses, health and service organizations, and residents.

NHP stresses that their community campaigns are based on *data*. NHP collects racial/ethnic data on their members so they can identify disparities in screenings and health conditions by race, ethnicity and neighborhood, which allows them to target interventions.

Though the mammography screening campaign has been successful, “We can’t take our foot off the pedal,” according to Pam Siren, NHP’s Vice President of Quality and Compliance. NHP continues its messaging, although at a lower level of intensity. NHP views its success as a beginning and is applying to

other health conditions where there are access or outcomes disparities the model of combining a general public health campaign with targeted outreach to members identified through administrative and claims data.

An NHP leader acknowledges that staff sometimes forget to involve affected parties in planning and that the organization needs to get more stakeholders involved. In their latest pregnancy/well-care outreach initiative, NHP is working closely with local health and social service agencies and the WIC program to better understand what the target population needs. They are holding focus groups to hear from residents themselves about barriers and effective ways to address them. NHP has learned the importance of preparing culturally sensitive materials and messages and delivering a message as often as possible and from people from within the community with similar backgrounds.

A final lesson is that the initiatives described in this report must not be viewed as special projects, but “must be part of bricks and mortar of what you do,” said Siren. This requires strong leadership that establishes community engagement as a priority, motivates staff, and makes resources available—shifting resources within the organization and seeking grants and partnerships to leverage resources.

### **Acknowledgments**

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