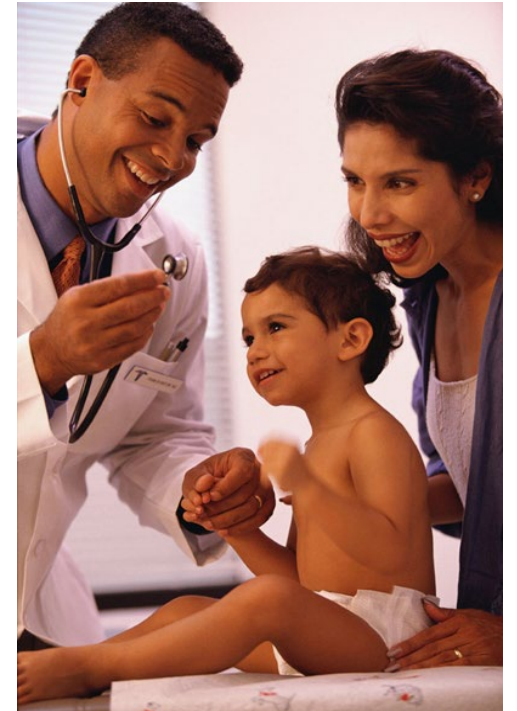


GHP Family[®] Introduction

Geisinger

GHP Family Introduction



Serving the Medical Assistance population is consistent with our Vision, Mission, & Values

Vision

To be one of the nation's most respected health plans, providing measureable value to customers through innovation models of care and coverage

Mission

To provide higher quality for each person's health care dollar through innovative models of care and coverage that support the Geisinger Health System's charitable mission

Values

- Excellence
- Service orientation
- Teamwork
- Clinical quality and collaboration
- Research
- Financial responsibility
- Continuous improvement

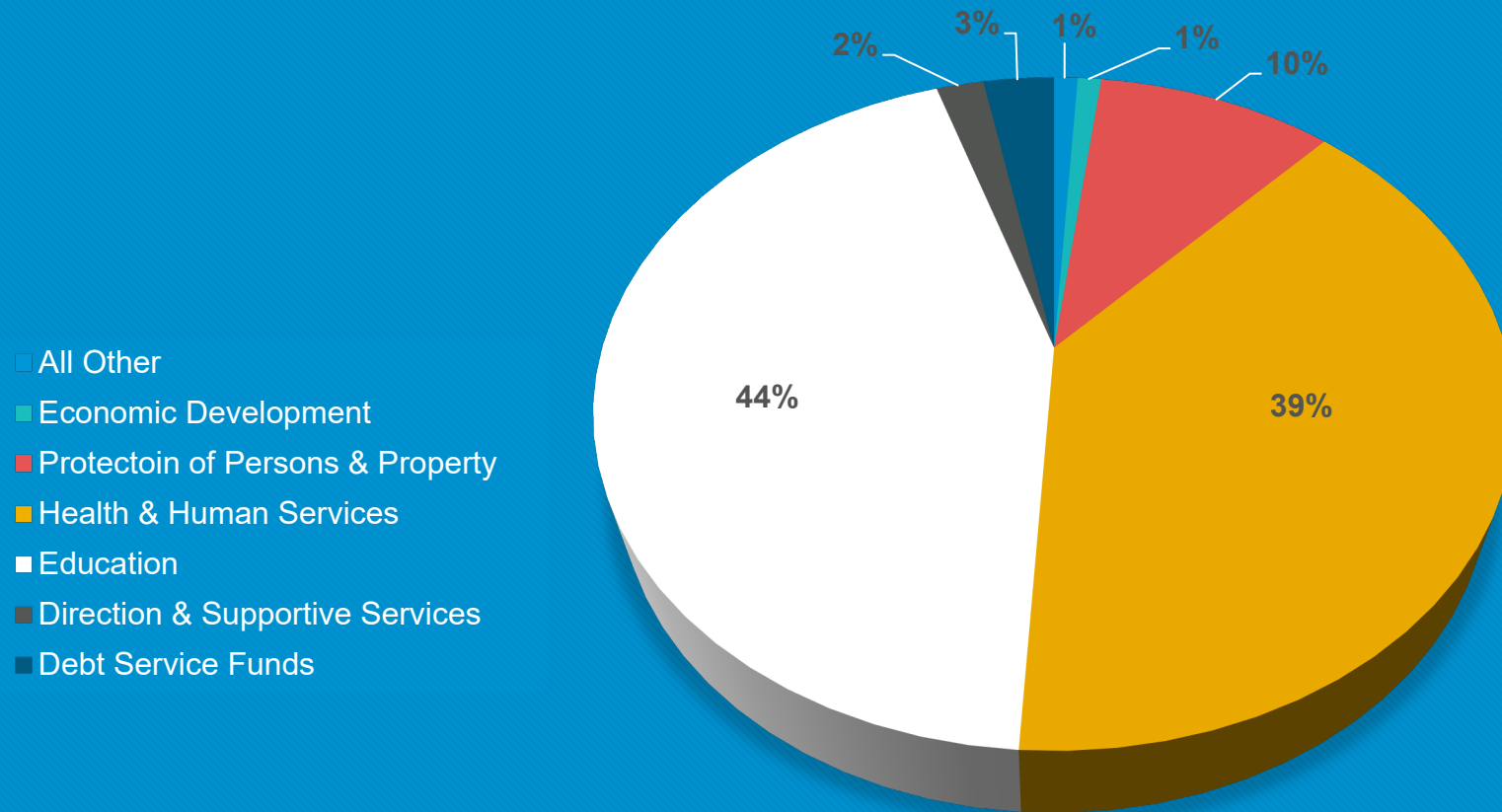
HealthChoices Fact (1 of 2)

- HealthChoices (HC) is PA's Medical Assistance Managed Care Program
- Today HC is in all 67 counties in five zones:
 - Southeast
 - Southwest
 - Lehigh/Capital
 - Northeast
 - Northwest
- In 2012, the Department of Human Services, or DHS awarded contracts to three 3 MCOs in the Northeast Zone with an effective date of March 01, 2013. They were:
 - AmeriHealth Caritas
 - Aetna/Coventry Cares
 - Geisinger Health Plan

HealthChoices Fact (2 of 2)

- As of September 2021, GHP Family had 221,271* members.
- In 2019, DHS released a Request for Application (RFA) to re-procure the entire state.
- Geisinger Health Plan has submitted a bid for all five zones for consideration to expand into additional zones
- 2022 Geisinger Health Plan has expanded into all five zones.

General Fund Expenditures*





Meet the HealthChoices Member

Faces of Medicaid



Young Children



Pregnant Women



Low Wage Earners



Services with Children
with Disabilities



Elderly



US Population

- **What percentage of United State's population is on Medicaid?**
 - According to Medicaid.gov* over 76 million Americans were estimated to be enrolled in the Medicaid program as of June 2021.
 - Of those who signed up, over 50 percent are adult Medicaid enrollees.
 - Since February 2020, Medicaid enrollment has increased by 19.2 percent. The increase is most likely driven by COVID-19 and the continuous enrollment requirements.
 - Medicaid is an essential safety net that helps keep health coverage stable during the most crucial times.

* CMS, Medicaid.gov, Medicaid and CHIP Enrollment Data Highlights, June 2021

What About Pennsylvania

- **What percentage of PA's working population is on Medicaid?**
 - 60% of adult Medicaid enrollees are working in PA.*
 - 20% of PA's population is covered by Medicaid/CHIP.*
- **What percent of children in PA on Medicaid?**
 - Covers 37.8 percent** of all **children** and funds nearly half of all births, including providing necessary care for very sick infants.
- **Does Medicaid provide coverage for more of PA's urban population or rural population?**
 - Provides health coverage to a larger share of the population in **rural** areas than in urban areas*.

* KFF-Medicaid in Pennsylvania, October 2019

** American Academy of Pediatrics (January 2017)

Myth vs Fact

- **Myth: Medicaid is a welfare system for people who don't work.**
- **Fact: Nationally, Sixty percent of people who receive Medicaid are from working families*.**
 - The Medicaid program was originally designed to provide coverage to welfare recipients, but it was separated from the welfare system in 1996.
 - Individuals with severe disabilities are beneficiaries who are not part of the workforce
 - Medicaid coverage serves as a supplement to their cash assistance and provides needed health coverage.

* KFF-Medicaid in the United States, FY 2016 (November 2018)

Impact of Medicaid

❖ **The Economic Contribution of Medicaid**

- In 2019, State Medicaid expenses equal about 21.6 percent* of the state's budget, and on average.

❖ **Medicaid spending generates economic activity at local and state levels.**

- Medicaid funding supports jobs and generates income and tax revenues within the health sector and other sectors of the state's economy due to the multiplier effect. This is equally important to rural communities and urban areas of Pennsylvania.

❖ **Medicaid's economic impact is intensified because of federal matching dollars.**

- For every \$1 spent on Medicaid at the state level, an additional \$1.09** of federal funds flow into the Commonwealth.

❖ **Medicaid spending contributes to both rural and urban economies.**

- All regions of Pennsylvania benefit from Medicaid funding; some of Pennsylvania's rural counties have higher percentages of Medicaid enrollment than do urban counties.

* 2019-20 Pennsylvania Budget in Brief

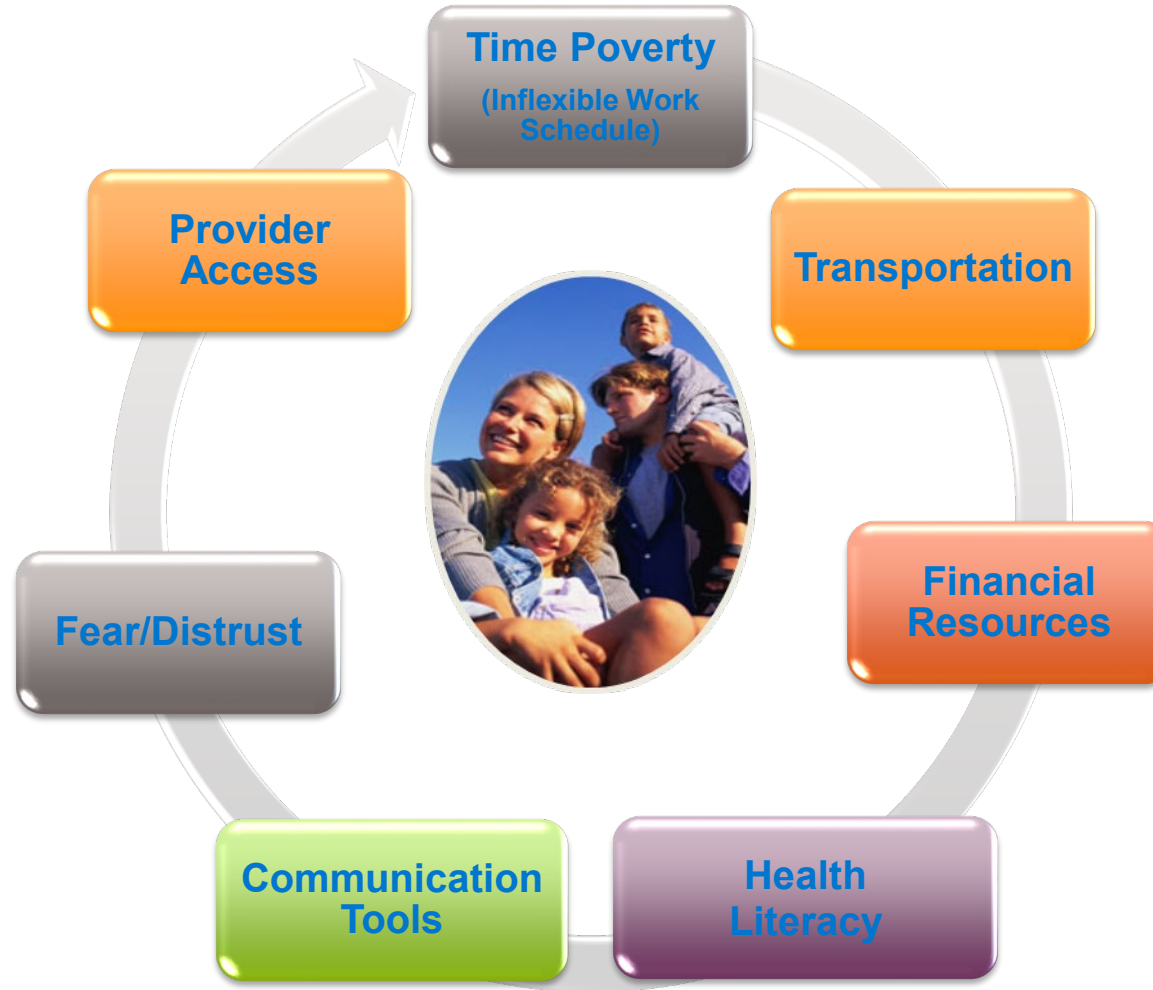
** KFF - FMAP for Medicaid and Multiplier (FY 2021)

Utilization Comparison

Utilization / 1000	Commercial	Medicare	TANF	SSI	Newly Eligible
Inpatient Med/Surg. Admits	39	241	19	115	64
Outpatient Surgery	129	318	52	178	141
Emergency Department	181	358	423	654	593
Office Visits	2,915	6,852	2,264	4,786	3,741
Pharmacy	18,267	60,755	8,107	42,785	23,124
Maternity Delivery Admits	8	0	27	4	12

** incurred dates 10/2020-9/2021 paid through 12/2021*

Member Access Barriers



Body Posture and Presentation

- Carrie was surprised to see that Mr. Ramirez was dressed very elegantly for his doctor's visit. She was confused by his appearance because she knew that he was receiving services on a sliding fee scale. She thought the front office either made a mistake documenting his ability to pay for service, or that he falsely presented his income.
 - Many cultures prioritize respect for the family and demonstrate family respect in their manner of dress and presentation in public. Regardless of the economic resources that are available or the physical condition of the individual, going out in public involves creating an image that reflects positively on the family – the clothes are pressed, the hair is combed, and shoes are clean. A person's physical presentation is not an indicator of their economic situation.

Eye Contact

- Ellen was trying to teach her Navaho patient, Jim Nez, how to live with his newly diagnosed diabetes. She soon became extremely frustrated because she felt she was not getting through to him. He asked very few questions and never met her eyes. She reasoned from this that he was uninterested and therefore not listening to her.
 - It is rude to meet and hold eye contact with an elder or someone in a position of authority such as health professionals in many Latino,/Latina Asian, American Indian, African-American and Arab countries.

Cultural Competency



DHS Definitions

Cultural Competence – *The ability of individuals, as reflected in personal and organizational responsiveness, to understand the social, linguistic, moral, intellectual, and behavioral characteristics of a community or population, and translate this understanding systematically to enhance the effectiveness of healthcare delivery to diverse populations.*

Limited English Proficiency (LEP) – *A designation referring to a member who primarily communicates in a language other than English and has a limited ability to communicate in English.*

Low Literacy Proficiency – *In Public Law 102-73, the National Literacy Act of 1991, Congress defined literacy as an individual's ability to read, write and speak English, and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one's goals and develop one's knowledge and potential. Those lacking these levels of proficiency would be considered to have low literacy proficiency.*

Sensory Impaired – *A person who is hearing or visually impaired.*

Geisinger Values Diversity

Geisinger is committed to cultivating a culture of diversity, equity, and inclusion that leads to belongingness for every patient and member of our Geisinger family. Our patients and family members are our most valuable asset. Investment in our individual differences, life experiences, knowledge, innovation, and talent define our culture and reputation as a caring healthcare organization.

Geisinger's Code of Conduct

Integrity in Our Workplace Relationships

We expect you to treat your coworkers with respect, dignity, and fairness. Bias does foster medical errors, contribute to poor patient satisfaction and preventable adverse outcomes for our patients.

Basic Assumptions

- We have been socialized into a society in which there exists individual, institutional, and societal biases associated with race, gender, sexual orientation, class, etc.
- None of us are immune from inheriting the biases of our ancestors, institutions, and society.
- It is not “old-fashioned” discrimination that is most harmful to everyone, but the contemporary forms known as systemic racism.
- The characteristics of these forms of discrimination are their invisible, unintentional and subtle – usually outside the level of conscious awareness.

Intent vs Impact

It is not our intent but our behavior and its **impact** on our colleagues, patients, that is the key. Focus on the outcomes rather than your intent.

Remember...





Health Literacy

GHP Family Population

- Stereotype
 - Frequent utilizers
 - Poor compliance
 - Abusers of scarce resources
- “Glass half-full approach” - typical patient populations with typical attributes and challenges – family support, religious background, work hours
- Added “special needs” driven in some individuals by some key differences outside their control
- Health literacy gaps

Health Literacy Definition

The degree to which **individuals** have the capacity to obtain, process and understand **basic** health information, services, and **skills** needed to make **informed** health decisions and actions” Healthy People 2020

Health literacy is no longer an individual deficit – it’s a “system issue” which reflects the complexity of both the presentation of health information and the navigation of the health care system.

How do people acquire, understand and evaluate health knowledge:

Oral Literacy

- Listening
- Speaking

Print Literacy

- Writing
- Reading

Numeracy

- Determining the number of pills somebody takes
- Deciding what time of day to take those pills
- Choosing among different treatment options based on risks and benefits

Barriers to Health Literacy (1 of 2)

- The ability to read and comprehend health information is impacted by a range of factors including age, socioeconomic background, education and culture.
 - **Example: Some seniors may not have had the same educational opportunities afforded to them.**
- A patient's culture and life experience may have an affect on their health literacy.
 - **Example: A patient's background culture may stress verbal, not written, communication styles.**
- An accent, or a lack of an accent, can be misread as an indicator of a person's ability to read English.
 - **Example: A patient, who has learned to speak English with very little accent, may not be able to read instructions on a prescription bottle.**

Barriers to Health Literacy (2 of 2)

- Different family dynamics can play a role in how a patient receives and processes information.
- In some cultures it is inappropriate for people to discuss certain body parts or functions leaving some with a very poor vocabulary for discussing health issues.
- In adults, reading skills in a second language may take 6–12 years to develop.

Possible Signs of Low Health Literacy

- *Your patients' may frequently say:*
 - I forgot my glasses.
 - My eyes are tired.
 - I'll take this home for my family to read.
 - What does this say? I don't understand this.
- *Your patients' behavior may include:*
 - Not getting their prescriptions filled, or not taking their medications as prescribed.
 - Consistently arriving late to appointments.
 - Returning forms without completing them.
 - Requiring several calls between appointments to clarify instructions

Medical Term vs Simple Description

Medical Terms That a Patient May Not Understand	
Medical Term	Translation into Plain Language
Analgesic	Pain killer
Anti-inflammatory	Lessens swelling and irritation
Benign	Not cancer
Carcinoma	Cancer
Cardiac problem	Heart problem
Cellulitis	Skin infection
Contraception	Birth control
Enlarge	Get bigger
Heart failure	Heart isn't pumping hard enough

Social Determinants that could put patients at risk

- Age
 - Ability to see, hear, capacity to understand
- Styles of Speech: *People vary greatly in length of time between comment and response, the speed of their speech, and their willingness to interrupt.*
 - Tolerate gaps between questions and answers, impatience can be seen as a sign of disrespect.
 - Listen to the volume of speed of the patient's speech as well as the content. Modify your own speech to more closely match that of the patient to make them more comfortable.
- Eye Contact: *The way people interpret various types of eye contact is tied to cultural background and life experience.*
 - Many European-Americans expect to look people directly in the eyes and interpret failure to do so as a sign of dishonestly or disrespect.
 - For many other cultures direct eye contact is considered rude or disrespectful. Never force a patient to make eye contact with you.
- Culture
 - Affects how we communicate understand and respond to health information
 - This is both for the patients and the providers – we often speak in our own “language”
 - The treating provider must understand the patient and the cultural context by which the patient receives the information
- Minorities
 - Access to care, economics, culture, lack of green space, housing, employment

Social Determinants that could put patients at risk continued

- Food insecurities
 - The USDA defines **food insecurity** as a state in which “consistent access to adequate **food** is limited by a lack of money and other resources at times during the year.” Good shorthand terms for **food insecurity** are “struggling to avoid hunger,” “hungry, or at risk of hunger,” and “hungry, or faced by the threat of hunger.”
- Education
- Primary language
- Low income
- Access to resources
- Compromised health status
- Zip code

Impacts

- Lower likelihood of receiving flu shots, understanding medicine labels and instructions
- Greater likelihood of taking medicines incorrectly (one letter example)
- Less likely to use preventive care
- More likely to be hospitalized and have bad disease outcomes
- Higher mortality rates
- Less likely to receive screenings – skin, colonoscopies, diabetes
- Treatment options not always fully understood
- Low literacy impacts income level, occupation, education, housing, access to care

Tips for Dealing With Low Health Literacy

- Use simple descriptions and avoid medical terms where possible
- Do not use acronyms
- Avoid technical language (if possible)
- Repeat important information – a patient's logic may be different from yours
- Ask patients to repeat back important information
- Ask open-ended questions
- Give information in small chunks
- Articulate words
- “Read” written instructions out loud
- Speak slowly (don't shout)
- Use body language to support what you are saying

Working With Diverse Patients (1 of 2)

- **Styles of Speech:** *People vary greatly in length of time between comment and response, the speed of their speech, and their willingness to interrupt.*
 - Tolerate gaps between questions and answers, impatience can be seen as a sign of disrespect.
 - Listen to the volume and speed of the patient's speech as well as the content. Modify your own speech to more closely match that of the patient to make them more comfortable.
- **Eye Contact:** *The way people interpret various types of eye contact is tied to cultural background and life experience.*
 - Most Euro-Americans expect to look people directly in the eyes and interpret failure to do so as a sign of dishonesty or disrespect.
 - For many other cultures direct gazing is considered rude or disrespectful. Never force a patient to make eye contact with you.

Working With Diverse Patients (2 of 2)

- **Body Language:** *Sociologists say that 80% of communication is non-verbal. The meaning of body language varies greatly by culture, class, gender, and age.*
 - Follow the patient's lead on physical distance and touching. If the patient moves closer to you or touches you, you may do the same. However, stay sensitive to those who do not feel comfortable, and ask permission to touch them.
 - Gestures can mean very different things to different people. Be very conservative in your own use of gestures and body language. Ask patients about unknown gestures or reactions.
- **Gently Guide Patient Conversation:** *English predisposes us to a direct communication style, however other languages and cultures differ.*
 - Initial greetings can set the tone for the visit. Many older people from traditional societies expect to be addressed more formally, no matter how long they have known their physician. If the patient's preference is not clear, ask how they would like to be addressed.

Working Together We Can Make a Difference in the Lives of Our Community's Most Vulnerable



...Do Well, By Doing Good!

Thank you

Geisinger