

NEIGHBORHOOD HEALTH PLAN SU SALUD PROGRAM EVALUATION

CINDY J WONG, M.S., M.A. & ERIC CAHOW, PH.D., M.B.A.

EXECUTIVE SUMMARY

The phrase *su salud* translated from Spanish literally means *your health*. As the name indicates, the health of patients is central to the *Su Salud* Medical Interpreter Pilot Program. Neighborhood Health Plan of Rhode Island (NHPRI), a Rhode Island's Medicaid managed care plan, has developed the *Su Salud* program to better serve its rapidly growing population of Spanish-speaking members. *Su Salud* is one of ten national demonstration projects funded by The Robert Wood Johnson Foundation's *Hablamos Juntos National Program Office*. *Hablamos Juntos'* overarching mission is to improve communication between health care providers and their Latino patients with limited English proficiency. *Su Salud* and its partners have developed the medical interpreter pilot program with the following goals:

- To increase access to care by reducing language barriers;
- To improve the quality of care that Limited English Proficient (LEP) Latinos receive throughout the health care network; and
- To demonstrate the positive outcomes of providing linguistic and culturally competent care.

Four provider partners, including three hospitals and one community health center, are participating in the *Su Salud* pilot program: Rhode Island Hospital (RIH)/Hasbro Children's Hospital, St. Joseph's Hospital for Specialty Care, Women & Infant's Hospital and Providence Community Health Centers. Specific focus areas have been designated within partner sites for the *Su Salud* program. *Su Salud* Interpreters are employed by partner sites and became *Su Salud* Interpreters by completing an interpreter training and participating in the Language & Interpreter Skills Assessment pilot program provided to all ten grantee sites by *Hablamos Juntos*. *Su Salud* Interpreters are available to provide medical interpretation to patients in each of the focus areas. In addition to four provider partners, a community health advocacy group, Ocean State Action Fund, is also participating as a partner organization in the *Su Salud* program.

Su Salud has completed a one-year planning phase of the *Hablamos Juntos* demonstration grant (October 2002 to September 2003), and is nearing completion of its two-year implementation phase (October 2003 to September 2005). Since the *Su Salud* program is a demonstration project, there is an opportunity to provide general lessons for future programs and to encourage continual process improvement and further sustainability of interpreter programs. *Su Salud* and its partners have accomplished a great deal with regard to developing a solid infrastructure and implementing an ambitiously complex set of activities within three years. In less than three years, the program has developed a strong foundation and has provided a far-reaching model for a health plan sponsored interpreter service program. Under the auspices of *Su Salud*, NHPRI, a provider-sponsored Medicaid managed care organization, has initiated a fee-for-service reimbursement system that pays partnering hospitals and health centers for providing trained medical interpreters to Spanish speaking limited-English proficient patients.

In order to assess the business case for offering trained medical interpreters, the *Su Salud* program has been conducting the program evaluation using a pre- post study design, stratified by patient language, with cost per episode of care as the outcome variable of interest. Using a multivariate difference-in-differences technique, changes in costs for Spanish speakers before and after the intervention will be compared, with changes in costs for

Health Care for Limited English Proficient Populations Hablamos Juntos Lessons Learned September 30, 2005

English speakers being used to control for secular changes in practice pattern and generalized medical inflation. The data presented in this preliminary report establish the baseline cost differentials between Spanish and English speaking patients in the ex-ante period. Preliminary findings from the evaluation of the *Su Salud* program have shown potential cost savings medical areas such as the neo-natal intensive care unit and emergency room areas. The data analyzed for the program evaluation was based on calendar year 2003 claims data to assess differences in cost per episode of care as a function of patient language preference.

The general finding is that in the year 2003, before the implementation of the *Su Salud* project, Spanish-speaking patients tended to cost more than English speaking patients after adjusting for age, gender, chronic conditions, and severity. This is for three reasons. First, Spanish speaking children are between 50 and 60 percent more likely than English speaking patients to present at an urgent or emergent care setting with ambulatory sensitive conditions, that is, with conditions that are more appropriately handled in a lower cost setting. Second, Spanish speaking patients have episode of care costs that are either statistically indistinguishable from their English speaking counterparts, or are up to 15.1 percent higher than their English speaking counterparts, after controlling for age, gender, chronic conditions, and severity. In no site did Spanish speakers have lower adjusted costs than English speakers. Third, Spanish speakers had a higher probability of admission at Hospital A for both their Triage visit as well as within 90 days after live discharge.

The overall adjusted cost difference between caring for Spanish and English speakers at the study sites was \$641,000 in calendar year 2003. 72 percent of the excess cost of care for Spanish speakers at the study sites was driven by excess admissions at Hospital A. Fifteen (15) percent of the excess cost for Spanish speakers was driven by costs for each episode of care at the Emergency Department, Urgent Care, and Obstetric Triage Units. Thirteen (13) percent of the excess cost for Spanish speakers was driven by presenting for care at the ED or Urgent Care unit with an ambulatory sensitive condition as primary diagnosis. Overall, findings suggest that providing trained medical interpreters may serve to reduce net costs, especially if they can serve to redirect pediatric sick care to more appropriate settings, reduce the resource intensity of adult visits, and prevent unnecessary admissions during perinatal care.

In conclusion, the cost-effectiveness evaluation was unable to provide evidence of significant cost-savings from interpreter services during the limited period studied, further investigation into program implementation suggests that the null result may be due to low *intervention dosage*, meaning that a small percentage of the study population are reported to have received the intervention of *Su Salud* interpreter service. NHPRI has decided to move towards an incentive/pay- for- performance initiative under *Su Salud* due to design problems that need to be tweaked. Such problems include but are not limited to using an additional encounter form to submit for reimbursement.

JULY 2005