

December 3, 2010

Thomas Carey
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1345-NC
P.O. Box 8013
Baltimore, MD 21244-8013

Dear Mr. Carey:

The National Asian Pacific American Women's Forum (NAPAWF) is the only national, multi-issue Asian/Pacific Islander (API) women's organization in the country. Our mission is to build a movement to advance social justice and human rights for API women and girls. Successfully reforming health care requires putting patients first and improving how their care is delivered. This is particularly important for low health literacy, immigrant, and limited English proficient populations such as API women.

We welcome the opportunity to share our perspective on the Shared Savings Program and the development of potential models for the Center for Medicare and Medicaid Innovation. We are submitting responses to two questions which are of particular importance to the API community.

How should we assess beneficiary and caregiver experience of care as part of our assessment of ACO performance?

Language access should be part of the assessment of beneficiary and caregiver experience. Language barriers reduce the ability for beneficiaries to access care and to have a good health care encounter if language services are not provided. Limited English proficient (LEP) populations, including the AAPI community where more than one-third struggle with English, encounter significant communication difficulties in health care settings. These difficulties result in patients who are unable to fully communicate the extent of their health issues and must rely on family members and friends who must often interpret confidential and private health information on behalf of an LEP patient.

Similarly, if a caregiver is willing and able to use language services with a patient, but the ACO does not have the resources to provide services, access to high quality health care is limited for the LEP patient. ACO should also be assessed on how well they provide training to caregivers on how to use language services to provide high quality care to LEP patients.

What quality measures should the Secretary use to determine performance in the Shared Savings Program?

In addition to language access, the Secretary should also use cultural competence as a quality measure. Cultural competence is essential to the provision of quality health care to API women

and their families. Understanding a patient's daily diet, sensitivities to certain health subjects, and beliefs on disease, transmission, and treatment provides a strong foundation for effective communication with patients and the development of trust between patients and providers. A diverse health care workforce provides one means of developing cultural competence in health care.

The ACO should also be evaluated on the quantity and quality of partnerships between the ACO and health care providers, women and their families, and community resources. Shifting to person-centered care requires a paradigm shift that allows for convenient, "one-stop" health centers that allow individuals to work with their care providers to take control of their health. Increasing the use of electronic medical records that are language accessible can also improve the patient experience.

We encourage HHS to continue to provide opportunities for meaningful input from multiple stakeholders. The success of the Shared Savings Program and the development of potential models for the Center for Medicare and Medicaid Innovation requires ample opportunity for meaningful input from a variety of stakeholders at all steps, including implementation and evaluation of progress.

Thank you for your consideration of these comments.

Respectfully,

Miriam W. Yeung, MPA
Executive Director
National Asian Pacific American Women's Forum (NAPAWF)