

## Industry responds to diverse population

---

### Unique immigrant population spurs managed care to offer culturally competent care and evaluate product offerings

Jul 1, 2006

By: [Tracey Walker](#)

Managed Healthcare Executive

**NATIONAL REPORTS**—The diverse immigrant population is changing managed care on several fronts, and providers and executives alike are working to respond to the unique needs of this group.

"Immigrants have the same healthcare needs as anyone else and all the more so because, in many cases, they carry out physical labor activities that are very demanding, for long periods of time," says Jim Arriola, president and CEO of Sekure Healthcare.

According to Arriola, 54% of California's uninsured are Latino, and their high uninsured rate is largely because of the low rate of health insurance provided by their employers: 43% compared with 76% for whites.

According to Arriola, immigrants are changing managed care on several fronts:

- **There will be a greater demand on the managed care system for delivering care with cultural competency.** "Smart executives will see that current healthcare delivery systems are not keeping up with meeting the unique and challenging healthcare needs of the dynamic demographic landscape impacted by immigration," he says. "In many cases, the delivery systems will need major overhauls if they are to be effective in serving the healthcare needs of changing populations."
- **Because of economics and cultural characteristics, managed care will need to weave in new provider types.** "Community clinics, which were never part of a commercial plan network, will start to make inroads," Arriola says. "Additionally, nurse kiosk centers in retail settings like The Little Clinic and the Minute Clinic will start to become more commonplace as they are integrated in provider networks."
- **New managed care products taking into account the impact of immigration will become more prevalent.** "Several carriers have developed cross-border plans that offer coverage across the border into Mexico," he says. "More health plans will start to offer split contract coverage for families that are geographically separated. The worker can get coverage in one location while family dependents receive coverage in another location, such as Mexico."
- **New classes of products such as limited benefits will see more penetration.** Cost pressures and flexibility to receive care outside established networks will increase.
- **If guest-worker legislation is approved, managed care will see a demand for products with "transportability" features.** "'Transportability' means that an employer-sponsored health benefit provides coverage for workers in one location—such as Fresno, Calif., or anywhere in the United States—and coverage for family members in another country, such as Mexico," he says.

In markets where there is competition, customer-focused managed care plans will make these changes in order to grow and retain market share, according to Arriola. "They will look at these changes as a necessary part of business development to better serve the changing population of their market," he says. "They will be more effective in meeting the healthcare needs of their members. In markets without competition, or where managed care plans do not seek to address the changing needs, they will probably see this as negative and be reluctant

to make the changes to better serve their population."

Arriola believes that managed care executives should focus on the new needs of the changing demographics of their customers and bring on executives who understand the cultural and unique needs of their evolving population. "Many plans lack the cultural competency inside their executive ranks," he says. "Without this cultural competency, change comes very slow to those plans. Look for 'out-of-the-box' approaches to better serve members, such as the telephone."

Arriola also advises to look for healthcare alternatives that are affordable to the workers, even at the minimum-wage level, so that they may elect to utilize them.

According to Floyd Green, head of emerging markets for Aetna, Aetna was the first national insurer to begin collecting racial and ethnic data on its members. To date, data has been provided voluntarily by 3 million to 4 million of its members.

Also, 95% of the clinicians who work for Aetna have gone through cultural competency training. "This sensitizes our medical management staff to the cultural needs of people from diverse backgrounds," Green says.

Maimonides Medical Center in Brooklyn, N.Y., was founded by immigrants in 1911 as a community-based dispensary. As it grew and evolved throughout the 20th century, the hospital has served countless waves of new immigrants.

It recently opened a \$1 million clinic to cater to the Chinese population. Maimonides has been recruiting multilingual physicians, nurses and staff, especially for patient care areas. A prime example of this effort can be seen in the emergency department. As a result of an increasing Chinese, Russian, Spanish, and Arabic patient population in the emergency department, it now has coverage 24 hours a day, seven days a week by multilingual patient representatives.