Implementing a Standardized Tracking System for Documenting Enabling Services in the HCH Setting: A Pilot Project

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Purpose of Presentation

- Discuss implications and importance of enabling services (ES) data collection
- Review ES data collection process
- Share Association of Asian Pacific Community Health Organizations study findings demonstrating impact of ES on health outcomes
- Share preliminary National Health Care for the Homeless Council pilot study findings
- Discuss successes and challenges of implementing ES tracking system

What are Enabling Services?

Non-clinical services that are provided to health center patients that promote, support and assist in the delivery of health care and facilitate access to quality patient care.

- Case management
- Outreach services
- Eligibility assistance/ financial counseling
- Health education
- Transportation

Why are Enabling Services Important?

- Underserved minorities face barriers to health care access
- Facilitate health care access and reduce health disparities
- Key components of Patient-Centered Medical Homes

Enabling Services and the Patient Centered Medical Home (PCMH)

- PCMH – Access & Communication
  - Eligibility assistance/financial counseling
  - Interpretation
  - Transportation
  - Outreach
  - Health education
- PCMH – Care Management/ Patient Self-Management Support
  - Health education
  - Case management
- PCMH – Referral Tracking/ Performance Reporting/ Payment
  - Enabling services coding and tracking

PCMH – Team & Whole Person Approach

The Team

Administration

Clinical Providers

Outreach and Enabling Services

The Person's Community

Behavioral Health

Coordination and Integration of Care

The Whole Person

What are the Issues?

INADEQUATE FUNDING

Example:

- Nearly 1/3 of CHC patients (6 million people) have limited English proficiency (LEP)
- LEP services take15 minutes longer than non-LEP services on average
  - Almost double the time for non-LEP patients
- Issue: Only 5% of CHCs reported receiving payment for LEP services

What are the Issues?

MISSING DATA

- Little is known regarding utilization of ES and impact on health
- Lack of ES data creates challenge for health centers to demonstrate value to payers and policymakers

Health Care Reform

- Health centers to assist with insurance enrollment efforts
- Reaching new communities will require additional ES to break down barriers to care
- Lack of data on ES – scope, volume and patient users – is barrier to securing financial support

Association for Asian Pacific Community Health Organizations (AAPCHO)

- Develop standard data collection protocol and database for ES at health centers nationally
- Describe utilization of ES at health centers and patients who use them
- Evaluate impact of ES on health access, outcomes, and utilization of primary care
- Disseminate findings to health centers and policymakers to guide effective resource allocation
- Facilitate research and expansion opportunities to other health centers and networks

Enabling Services Definitions

Case Management – Assessment

- Definition
  - Non-medical assessment including use of instrument measuring socioeconomic status, wellness, or other non-medical health status
- Examples
  - New patient assessment
  - Psychosocial assessment

Case Management – Treatment & Facilitation

- Definition
  - Encounter with registered patient, or household/family member, in which patient treatment plan is developed - or facilitated - by case manager.
  - Plan must incorporate services of multiple providers or healthcare disciplines.
- Example
  - Pharmaceutical management

Case Management - Referral

- **Definition:** Facilitation visit to healthcare or social service provider
- **Example**: Arranging visit to social worker

Eligibility Assistance/ Financial Counseling

- **Definition:** Counseling of patient with financial limitations that results in a completed application to sliding fee scale or health insurance program including Medicaid, Medicare, or pharmaceutical benefits program, or development of a payment plan.
- **Example**: Enrollment in Medicaid managed care plan

Supportive Counseling/ Health Education

- **Definition:** Provision of health education or supportive services to individual in which wellness, preventive disease management or other improved health outcomes are attempted through behavior change methodology.

- **Example**: Counseling a patient with diabetes about nutrition

Subcategories:

Health Education – Group

Health Education – Individual

Supportive Counseling

Interpretation Services

- **Definition:** Provision of interpreter services by third party (other than the primary care provider) intended to reduce barriers to limited English-proficient (LEP) patient or patient with documented limitations in writing/ speaking skills sufficient to affect the outcome of a medical visit or procedure.

- **Example**: Interpreting during appointment with healthcare or social service provider; translating written instructions on prescription bottle

Outreach Services

- **Definition:** Services resulting in conversion of patient who was formerly without primary care provider to one who has been accepted into a provider's panel.

- **Example**: Community health fair resulting in patient's kept appointment to health center; calling members of Medicaid plan resulting in the scheduling of patients

Transportation Services

- **Definition:** Providing direct assistance to registered patient by employee or contractor of primary care center to provide transportation to receive necessary medical care.
- **Example**: Van service to and from appointments at health center; driving patient to medical or behavioral health appointment

Results from AAPCHO Enabling Services Studies

Study 1

Question: What is the the impact of culturally proficient health education utilization on HbA1c outcomes of underserved diabetes patients?

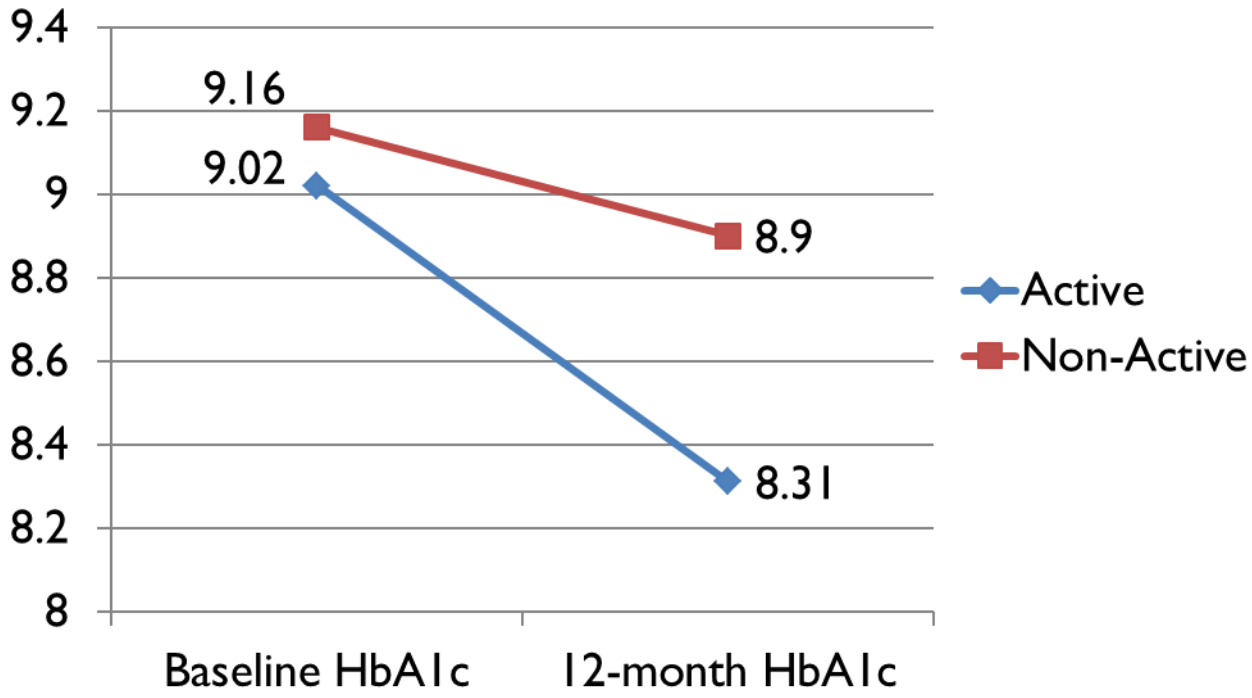
Location: Waianae Coast Comprehensive Health Center

Methodology

- Active Group – diabetes patients with 2 or more health education visits annually between 2002-2005
  - 195 patients: (46% male, 54% female)
  - Mean age = 47.9 years
- Non-Active Comparison Group – diabetes patients with less than 2 health education visits annually between 2002-2005
  - 73 patients: (53% male, 47% female)
  - Mean age = 51.9 years

Results

- HbA1c decreased in both groups (F=133.5, p<.00)
- Significant difference found in HbA1c values between Active and Non-Active users of diabetes health education 12-months after baseline HbA1c value (F=5.6, p< .02)

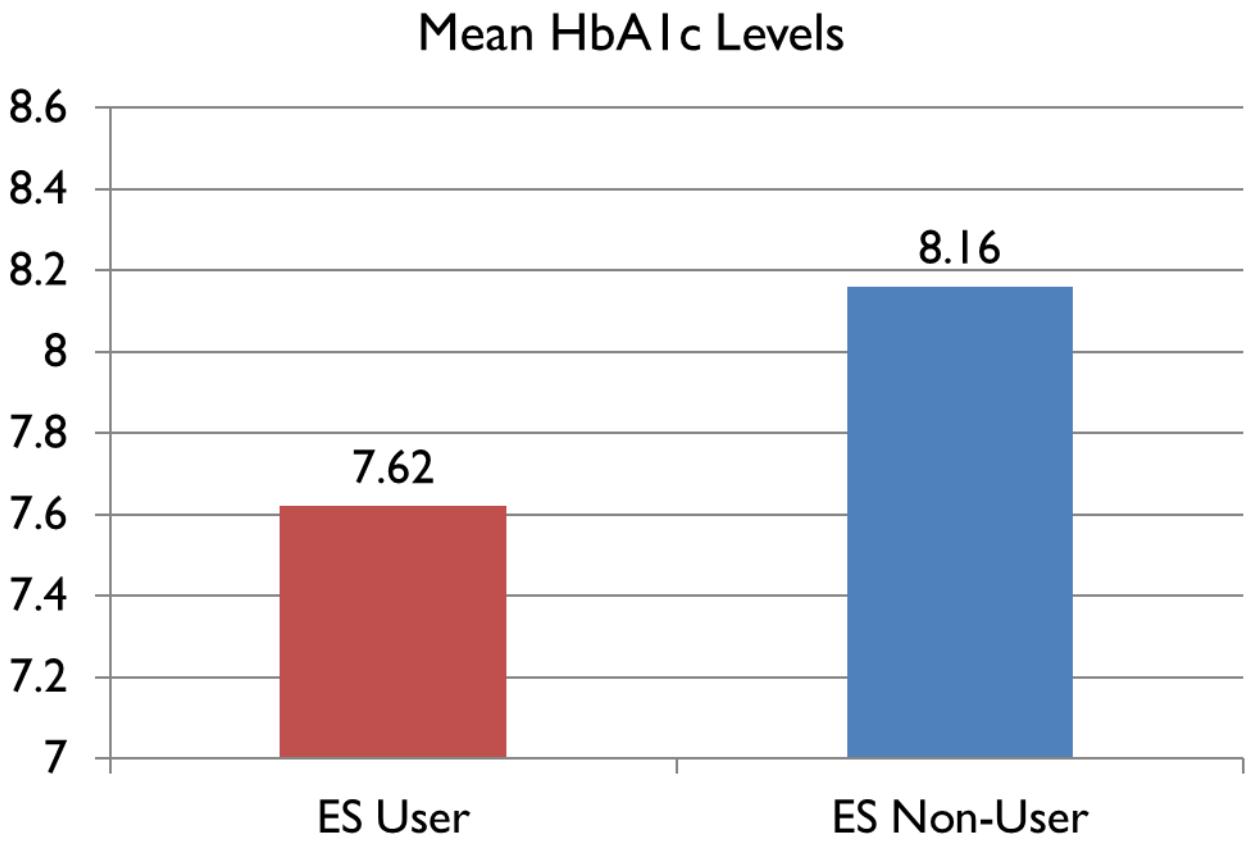


Study 2

Questions: What is the impact of ES utilization on health outcomes (diabetes, immunizations) and what are the demographics of enabling service users and nonusers?

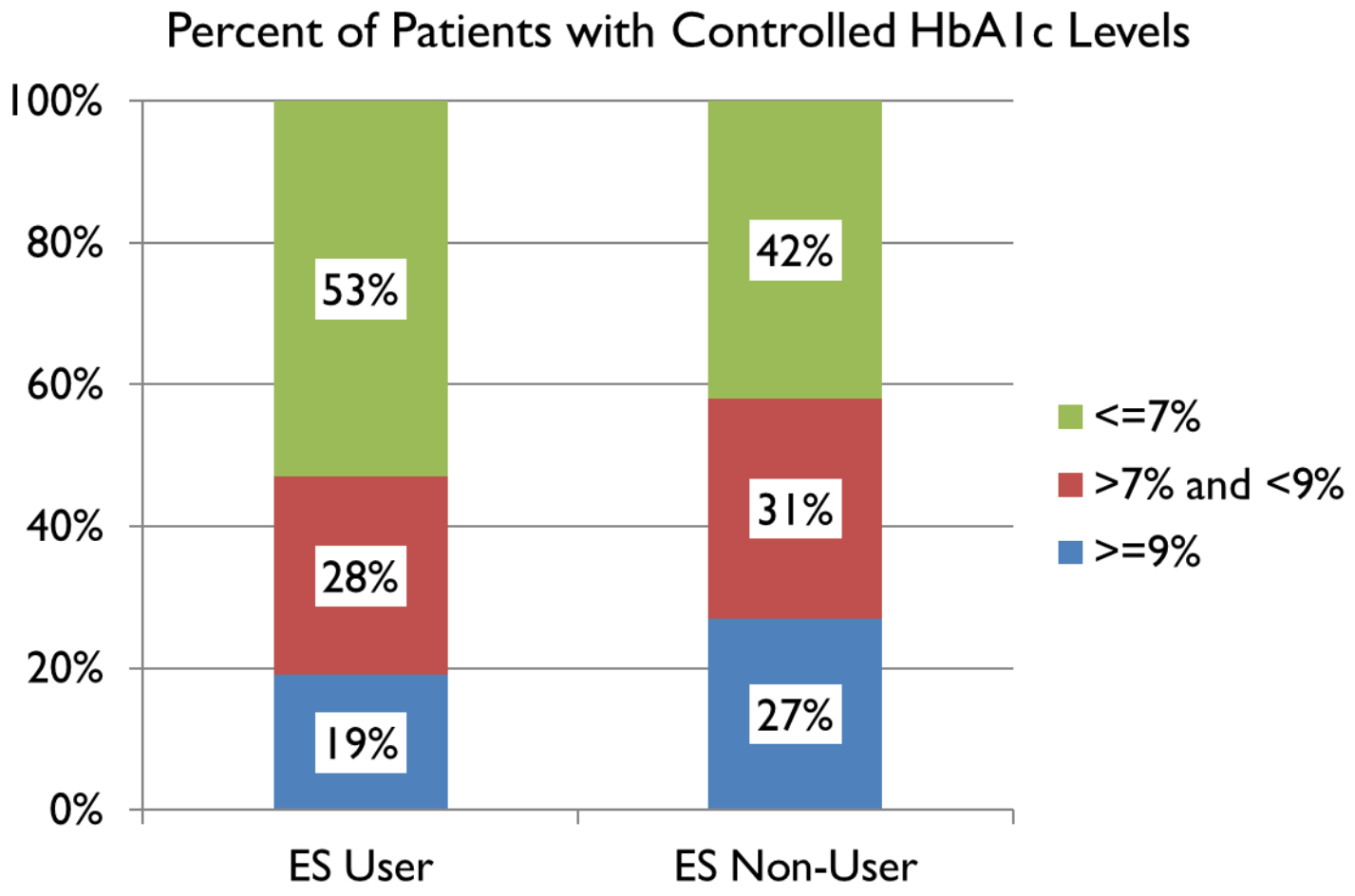
Location: 4 Community Health Centers serving predominantly Asian Americans, Native Hawaiians and Pacific islanders

Diabetes Outcomes

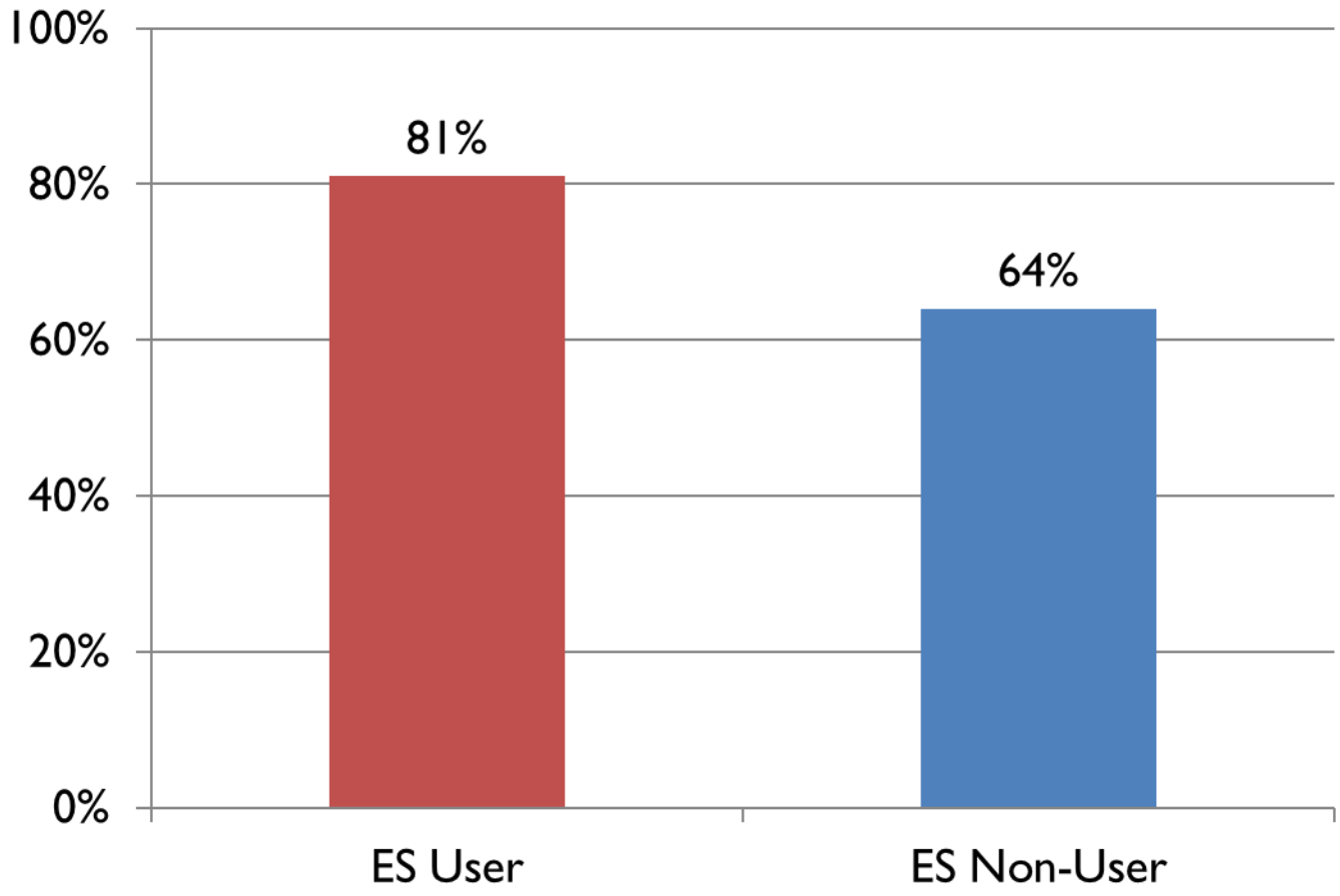


T test: $p<0.05$

Diabetes Outcomes (cont'd)



Well-Child Immunizations



T Test: P<0.05

Benefits of Using EMR

- Staff find that collecting ES data via EMR is faster than on paper
- Data is posted in real time
- Staff documentation is also available in EMR for the provider or other staff to review
- Once data is made electronic, reports can be pulled for performance appraisals, productivity or grant reports

Overall Conclusion and Implications from AAPCHO Studies

- Culturally & linguistically appropriate ES integral to health care for underserved populations
- ES reduce barriers to care and health disparities
- Health centers providing ES deserve to be recognized and reimbursed
- ES should be parts of standards for medical home model
  - AAPCHO collaborating with the National Association of Community Health Centers to establish, develop, and issue guidance on nationally recognized standards for ES and data collection

Enabling Services Accountability Project

Health Care for the Homeless

Benefits for Health Care for the Homeless

- Access to forum to share ES data collection experiences and best practices
- Evidence to collaboratively and successfully advocate for adequate reimbursement and appropriate funding nationwide
- Improved care for medically underserved populations at large

AAPCHO Train-the-Trainer

- AAPCHO provided webinar training to National HCH Council staff
- AAPCHO provided presentation slides, implementation packet, data collection handbook and other materials for trainings
- AAPCHO remains available to assist National HCH Council staff

Participating Sites

4 Health Care for the Homeless grantees

- Charles Drew Health Center, Inc. – Omaha, NE
- Peak Vista Community Health Centers – Colorado Springs, CO
- Harbor Homes, Inc. – Nashua, NH
- Jackson-Hinds Comprehensive Health Center – Jackson, MS

Requirements for Implementation

- Clinic provides ES
- Senior leadership and management of data collection project
- Commitment to learning the data collection process and to collect appropriate and accurate data
- Workflow and documentation of services needs to be clear and consistent with staff.

Implementation Plan

- ES categories identified and defined
- Data file layout and transmission protocol established
- Encounter form established
- Staff training
- Data validation and project evaluation
  - Routine meetings
  - Written evaluations
  - ES staff interviews
  - HCH evaluations
  - Cross-check of encounter data

Sample Timeline

Activity	Approximate Timeframe	Available Resources
Complete enabling services needs assessment	1 week	Fact sheets, FAQs, Needs assessment tool
Presentation to key staff to obtain buy-in	1 month	ES project introduction ppt
Develop enabling services encounter form	1 week	Sample encounter forms
Prepare enabling services database	1 month	Sample database, File layout manual
Train enabling service staff to collect data	1 month	Fact sheets, Implementation training protocol, Handbook for enabling services data collection
Train data analysts to enter, code, and clean datasets	1 month	Handbook for enabling services data collection
Complete enabling services implementation readiness assessment	3 weeks	Implementation readiness assessment tool
Implement pilot data collection	4 months	Handbook for enabling services data collection, Handbook quick reference card
Evaluate data entry	3 weeks	Data evaluation tool
Evaluate implementation process	1 week	Implementation evaluation tool
Analyze data	2 weeks	Sample Analysis & Report
Report data	1 week	Sample Analysis & Report
Total Approximated Timeframe	*11 months*	

Documentation Requirements

- Service must be provided by a staff member or volunteer at your health center
- Service must be linked to a medical patient at your health center
- Services must be provided directly to the patient or to their primary caregiver (e.g. parent) – direct patient time
- Service must last 10 minutes or greater
  - Depends on site
  - Round to 10-minute intervals

Preliminary Findings

Charles Drew Health Center, Inc. (Omaha, NE)

- HCH – under Community Health Center
- 2 small clinics – campus, shelter
- Mobile van – chronically homeless
- Transportation – 4 shelters
- Women's clinic

Peak Vista Community Health Center (Colorado Springs, CO)

- HCH – under Community Health Center
- 1 small clinic – connected to shelter
- Mobile van and outreach to rural areas, camp sites
- Medical respite program recently opened next door

Harbor Homes, Inc. (Nashua, NH)

- HCH – Stand alone, part of larger organization providing housing (emergency, transitional, supportive) and recovery services
- 1 small clinic
- Outreach services

Results – Big Picture

	Charles Drew (Omaha, NE)	Harbor Homes (Nashua, NH)	Peak Vista (Colorado Springs, CO)
Data collection time period	Oct 2011 – Feb 2012	Oct 2011 – Jan 2012	Jan – Mar 2012
ES provider vists documented	749	306	74
Unique patients receiving ES	376	152	65
Providers documenting ES	12	6	4

Who Is Providing Enabling Services?

	Charles Drew (Omaha, NE)	Harbor Homes (Nashua, NH)	Peak Vista (Colorado Springs, CO)
Medical Providers	70%	28%	91%
Nurses	--	38%	
Medical Assistants	--	--	9%
Transportation	13%	--	--
Mental/Behavioral Health Staff	11%	--	--
Outreach Workers	6%	26%	--
Financial Staff	--	40%	--
Administrators	--	28%	--

Who is Receiving Enabling Services?

	Charles Drew (Omaha, NE)	Harbor Homes (Nashua, NH)	Peak Vista (Colorado Springs, CO)
Median Age (Range)	42 (18, 69)	42 (18, 91)	48 (21, 71)
Gender			
Male	62%	63%	69%
Female	38%	37%	31%
Race			
White	71%	91%	82%
Black	18%	1%	10%
Other	11%	8%	9%

Who is Receiving Enabling Services?

	Charles Drew (Omaha, NE)	Harbor Homes (Nashua, NH)	Peak Vista (Colorado Springs, CO)
Language			
English	97%	98%	98%
Spanish	1%	1%	--
Other	2%	1%	2%
Payor Source			
HCH grant	96%	--	5%
Medicaid/Medicare	<1%	<1%	3%
Other	3%	97%	92%

Who is Receiving Enabling Services

	Charles Drew (Omaha, NE)
Education	
High school	42%
College	27%
GED	25%
Bachelor Degree	4%
Employment	
Unemployed	87%
Employed	8%
Disabled	5%
Length Homeless	
0-6 months	55%
6-12 months	21%
1-2 years	15%
3-5 years	6%
> 5 years	3%

Enabling Service	Percent Visits in Which ES Provided (Average Time Spent)		
	Charles Drew (Omaha, NE)	Harbor Homes (Nashua, NH)	Peak Vista (Colorado Springs, CO)
Case management – assessment	4% (33 min)	33% (80 min)	4% (17 min)
Case management – treatment	23% (33 min)	7% (19 min)	7% (13 min)
Case management – referral	<1% (10 min)	4% (19 min)	41% (10 min)
Eligibility/financial counseling	<1% (10 min)	44% (20 min)	3% (10 min)
Health education/ supportive counseling	67% (19 min)	1% (28 min)	45% (13 min)
Interpretation	<1% (10 min)	--	--
Outreach	23% (19 min)	4% (22 min)	--
Transportation	28% (21 min)	28% (20 min)	1% (10 min)
Other	<1% (10 min)	21% (18 min)	--

Feedback from Omaha – Process

- Appreciate real time data collection, but difficulty remembering to document in the moment
- Would be better streamlined if tracking system part of EMR or "super bill"
  - Red tape to add enabling services to EMR is barrier
- Entering data and running reports is burdensome
  - Checking data with providers

Feedback from Omaha – Outcomes

- Accurate picture of how providers spending time
  - Providers spending "lots of time" on enabling services
  - Some clinicians more regimented than others
  - Get many things done with very few staff
- Allows management to restructure job responsibilities
- Helps to schedule patients
- Provides data for grant writing

Feedback from all sites

- Forget to document ES
- Lack of time to enter and run reports
- Short staffed in general
- Slow response when requesting ES reports
- Want to track time under 10 minutes

Future Activities

- Analyze data stratified by demographic variables
- Publish report of pilot results
- Recruit additional HCH grantees to pilot ES tracking system
- Submit research grant proposal – study relationship between receipt of ES and health outcomes within the HCH setting
- Compare outcomes to patients who do not receive ES
- Modify list of high priority ES to track within the HCH setting

Why Track Enabling Services?

- Better understanding of ES (scope, volume, time) to improve efficiency and effectiveness
- Increased capacity to collectively advocate for sustainable ES reimbursement and funding
- Increased capacity to track ES for grants, research and funding accountability
- Assist management to evaluate staff activities and allocate resources more effectively
- Empower enabling service staff as part of health care team

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  - Mary Levesque – Nashua, NH
  - Alice Emanuel – Jackson, MS

Resources

Fact sheets available on the Enabling Services section of AAPCHO website: http://enablingservices.aapcho.org/

- Highlighting the Role of Enabling Services at Community Health Centers (2010)
- The Role of Enabling Services in Patient-Centered Medical Homes (2010)
- Impact of Enabling Services Utilization on Health Outcomes Fact sheet (March 2009)

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Questions?