



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

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Molly Meinbresse, MPH
National Health Care for the
Homeless Council
Nashville, TN

+ Purpose of Presentation

- Discuss implications and importance of enabling services (ES) data collection
- Review ES data collection process
- 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?



- Prevent barriers to care
- Reduce health disparities
- Contribute to Patient-Centered Medical Homes
- Assist w/ implementation of health care reform



Enabling Services and the Patient Centered Medical Home (PCMH)



- Access & Communication
- Care Management/ Patient Self-Management Support
- Referral Tracking/ Performance Reporting/ Payment



What are the Issues?



INADEQUATE FUNDING



Example:

- 1/3 of CHC patients have limited English proficiency (LEP)
- LEP services take longer
- Only 5% of CHCs reported receiving payment for LEP services (2007)

+ What are the Issues?



MISSING DATA

- What is ES utilization and impact on health?
- Challenge to demonstrate value to payers and policymakers



Association for Asian Pacific Community Health Organizations (AAPCHO)



- Develop standard data collection protocol
- Describe utilization and patients
- Evaluate impact of ES on health access, outcomes, and utilization of primary care
- Disseminate findings to guide effective resource allocation
- Facilitate research and expansion opportunities



Enabling Services Definitions



Case Management – Assessment



- Non-medical assessment including use of instrument measuring socioeconomic status, wellness, or other non-medical health status



Case Management – Treatment & Facilitation

- Encounter with registered patient, in which patient treatment plan is developed by case manager.



+ Case Management - Referral



- Facilitation of visit to healthcare or social service provider



Eligibility Assistance/ Financial Counseling

- Counseling of patient with financial limitations resulting in completed application to sliding fee scale or health insurance program, or development of a payment plan.
- Includes Medicaid, Medicare, or pharmaceutical benefits program,.



+ Health Education/Supportive Counseling

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



+ Interpretation Services



- Provision of interpreter services by third party intended to reduce barriers to limited English-proficient (LEP) patient or patient with documented limitations in writing/ speaking skills.

+ Outreach Services



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

+ Transportation Services

- Providing direct assistance to registered patient by employee or contractor of primary care center to provide transportation to receive necessary medical care.





+ 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
- Investment of senior leadership and management of data collection project
- Commitment to learning the data collection process
- Workflow and documentation of services needs to be clear and consistent



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
<i>Total Approximated Timeframe</i>	<i>11 months</i>	



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



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Case Studies



Case Study I

A 42-year-old male patient (Insurance: Medicaid Managed Care), whose primary language is Spanish walked in your health center without an appointment. First, you spend 23 minutes translating between the physician and patient during the exam. He is diagnosed with hypertension and is prescribed medications. After the appointment, you spend another 18 minutes explaining in Spanish a brochure on hypertension that is written in English, discussing the condition and treatment in more detail.

HOW TO FILL OUT THE ENCOUNTER FORM?



Case Study I

G. ENABLING SERVICE	CODE	MINUTES (Circle one or specify in Other if > 120 minutes)												Other
		10	20	30	40	50	60	70	80	90	100	110	120	
Case Management –Assessment	CM111	10	20	30	40	50	60	70	80	90	100	110	120	
CM- Treatment Facilitation	CM151	10	20	30	40	50	60	70	80	90	100	110	120	
CM– Referral	CM171	10	20	30	40	50	60	70	80	90	100	110	120	
Financial Counseling/ Eligibility Assistance	EA111	10	20	30	40	50	60	70	80	90	100	110	120	
Health Education – Individual	HE101	10	20	30	40	50	60	70	80	90	100	110	120	
Supportive Counseling	SC101	10	20	30	40	50	60	70	80	90	100	110	120	
Health Education – Group	HE004	10	20	30	40	50	60	70	80	90	100	110	120	
Interpretation Services	IT101	10	20	30	40	50	60	70	80	90	100	110	120	
Outreach Services	OU101	10	20	30	40	50	60	70	80	90	100	110	120	
Transportation	TR101	10	20	30	40	50	60	70	80	90	100	110	120	
Other: describe services below _____	OT101	10	20	30	40	50	60	70	80	90	100	110	120	



Case Study 2

A 65-year-old female patient (uninsured, sliding fee) has several conditions, including diabetes. During her most recent scheduled visit, you first spent 8 minutes to assess her eligibility for Medicare program. Then you spent another 34 minutes to develop a medication management plan for this patient. During the visit, you also spent approximately 17 minutes to arrange a referral to a podiatrist

HOW TO FILL OUT THE ENCOUNTER FORM?



Case Study 2

G. ENABLING SERVICE	CODE	MINUTES (Circle one or specify in Other if > 120 minutes)												Other
		10	20	30	40	50	60	70	80	90	100	110	120	
Case Management –Assessment	CM111	10	20	30	40	50	60	70	80	90	100	110	120	
CM- Treatment Facilitation	CM151	10	20	30	40	50	60	70	80	90	100	110	120	
CM– Referral/Linkage, Placement	CM171	10	20	30	40	50	60	70	80	90	100	110	120	
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Outreach Services	OU101	10	20	30	40	50	60	70	80	90	100	110	120	
Transportation	TR101	10	20	30	40	50	60	70	80	90	100	110	120	
Other: describe services below _____	OT101	10	20	30	40	50	60	70	80	90	100	110	120	



Case Study 3

While on street outreach, you run into a 23-year-old male patient with diabetes who you haven't seen in 6 months. He looks skinny, is shaking and seems disoriented. You talk to him for 12 minutes and offer to take him to the clinic to be evaluated. It's an 18-minute drive to get to the clinic. While the patient is being seen by a physician, you talk to the local shelter for 10 minutes to see if they have room for him that night. After the patient sees the physician, you talk with him for 24 minutes to develop a new plan for managing his insulin. Then you spend 6 minutes arranging a referral to a nutrition class. After the patient's clinic visit is complete, you transport him to the shelter 5 minutes away.

HOW TO FILL OUT THE ENCOUNTER FORM?



Case Study 3

G. ENABLING SERVICE	CODE	MINUTES (Circle one or specify in Other if > 120 minutes)												Other
		10	20	30	40	50	60	70	80	90	100	110	120	
Case Management –Assessment	CM111	10	20	30	40	50	60	70	80	90	100	110	120	
CM- Treatment Facilitation	CM151	10	20	30	40	50	60	70	80	90	100	110	120	
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Transportation	TR101	10	20	30	40	50	60	70	80	90	100	110	120	
Other: describe services below <u>Shelter referral</u>	OT101	10	20	30	40	50	60	70	80	90	100	110	120	



+ Health Care for the Homeless
Findings

+ 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 visits documented	1022	306	74
Unique patients receiving ES	370	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	78%	28%	91%
Nurses	--	38%	--
Medical Assistants	--	--	9%
Transportation	10%	--	--
Mental/Behavioral Health Staff	8%	--	--
Outreach Workers	4%	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	97%	--	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	56%
6-12 months	21%
1-2 years	15%
3-5 years	5%
> 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	3% (33 min)	33% (80 min)	4% (17 min)
Case management – treatment	15% (28 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	47% (19 min)	1% (28 min)	45% (13 min)
Interpretation	<1% (10 min)	--	--
Outreach	15% (19 min)	4% (22 min)	--
Transportation	21% (21 min)	28% (20 min)	1% (10 min)
Other	<1% (10 min)	21% (18 min)	--



Feedback from Sites - Challenges



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



Feedback from Sites - Benefits



- Visual presentation of types of enabling services provided and time spent on them
- Confirmation of great work by providers
- Allows management to restructure job responsibilities
- Helps to schedule patients
- Provides data for grant writing



Lessons Learned



- Commitment from leadership extremely important
- Project champion at each site
- Sites willing to link ES data to EMR
- Plan B to resolve staff turnover issues



Lessons Learned (continued)



- Spend more time with providers practicing documentation using real life examples
- Follow up training
- Be flexible!



Future Activities



- Submit research grant proposal to study health outcomes and cost
 - Analyze data stratified by demographic variables
 - Compare outcomes to patients who do not receive ES
 - Advocate for ES reimbursement
- Modify list of high priority ES to track within the HCH setting
- Collaborate with AAPCHO to develop ES training curriculum



Acknowledgements



- Thanks to AAPCHO for collaborating with NHCHC to participate in this pilot project and providing all the necessary training materials, including parts of this presentation.
- Thanks to all the HCH grantee staff that participated in the National HCH Council pilot project.



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)



Contacts



Molly Meinbresse

Program & Research Specialist

National Health Care for the Homeless Council

mmeinbresse@nhchc.org

615-226-2292 x 233



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Questions?