



Health Outreach Partners
 ADVANCING GRASSROOTS COMMUNITY HEALTH MODELS



**Implementing an Enabling Services Data Collection Model
 to Improve Quality and Eliminate Disparities**
 August 14, 2014
 Berkeley, CA

Speakers & Agenda

1. Andie Patterson, Director of Policy and Regulatory Affairs, California Primary Care Association
2. Tuyen Tran, Program Coordinator of Technical Assistance, Association of Asian Pacific Community Health Organizations
3. Molly Meinbresse, Program & Research Specialist, National Healthcare for the Homeless Council
4. June Kim, Program Director of Technical Assistance, Association of Asian Pacific Community Health Organizations
5. Kristen Stoimenoff, Deputy Director, Health Outreach Partners

Time	Topic
9:00 am	Welcome and Introductions
9:20 am	Enabling Services and Payment Reform: Policy Perspectives
9:40 am	Demonstrating the value of ES through standardized data collection
10:00 am	Data Collection Protocol
11:30 am	Lunch
1:00pm	Planning for Implementation
1:45 pm	Data Implementation & Analysis, part 1
2:30 pm	Break
2:45 pm	Data Implementation & Analysis, part 2
3:30pm	Going-Live: Checklist and Workplans
4:30 pm	Wrap-Up, Q&A
5:00 pm	Meeting Adjourned



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Impact of Enabling Services Utilization on Health Outcomes

Enabling Services Accountability Project

Association of Asian Pacific Community Health Organizations

INTRODUCTION

Asian Americans, Native Hawaiians and Other Pacific Islanders (AA&NHOPIs), especially those that are medically underserved, face substantial financial, cultural, and linguistic barriers that prevent them from obtaining appropriate health care. Enabling services (ES) are non-clinical services such as interpretation, health education, and case management, that can increase access to health care and quality of care at Community Health Centers (CHCs). However, little data is available about the impact of enabling services on quality improvement and health outcomes among medically underserved patients. Because the value of enabling services has not been demonstrated by the existing data, enabling services have not been reimbursed or adequately funded by payers. The limited data is a crucial barrier to securing financial support for these essential services at CHCs.

The Enabling Services Accountability Project is a collaborative effort between the Association of Asian Pacific Community Health Organizations (AAPCHO) and four federally qualified health centers serving predominantly AA&NHOPIs, including Waiānae Coast Comprehensive Health Center in Waiānae, HI, Charles B. Wang Community Health Center in New York, NY, International Community Health Services in Seattle, WA, and Kalihi-Palama Health Center in Honolulu, HI. This project aims to fill the information gap by developing an enabling services data collection model for CHCs, and examining the impact of enabling services utilization on national quality measures.

The analysis includes eight enabling services measures and two performance measures including adult diabetes and child immunization. The study also compares the demographics between enabling services users and non-users. **The results indicate that enabling services utilization is associated with better diabetes outcomes and child immunization.** It also suggests that enabling services users, compared to nonusers, are more likely to be minorities and with public or no insurance. The project demonstrates the vital role of enabling services in reducing health disparities and improving health services quality. It also illustrates the importance of developing long-term federal and state initiatives to fully support these essential and currently poorly-reimbursed services at CHCs across our nation.

PROJECT GOALS

- ♦ To provide a better understanding of the relationship between enabling services utilization and health outcomes by AA&NHOPIs
- ♦ To provide useful information that helps policy makers effectively address health centers, as they strive to improve access and quality care to medically underserved AA&NHOPIs and other safety net patients

METHOD

Enabling Service Data Collection Procedure

- (1) Data collection period: 1/1/07-12/31/07
- (2) Enabling services encounter form used to collect data
- (3) Enabling services data collection protocol used as a guideline
- (4) Developed study logic model and methodology

Please contact AAPCHO for definitions and data collection protocol.

Enabling Services(ES) Measures

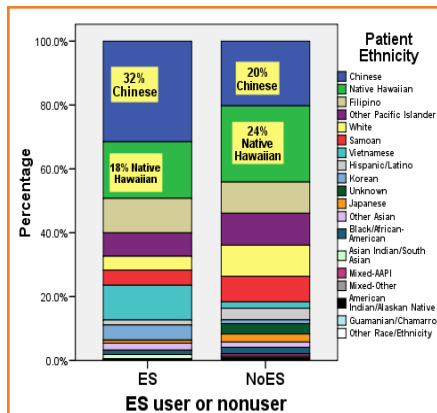
- ♦ Case Management (CM) Assessment, Treatment, and Referral
- ♦ Eligibility Assistance
- ♦ Health Education or Supportive Counseling
- ♦ Interpretation
- ♦ Outreach
- ♦ Transportation
- ♦ Other Enabling Services

Performance Measures and Study Sample

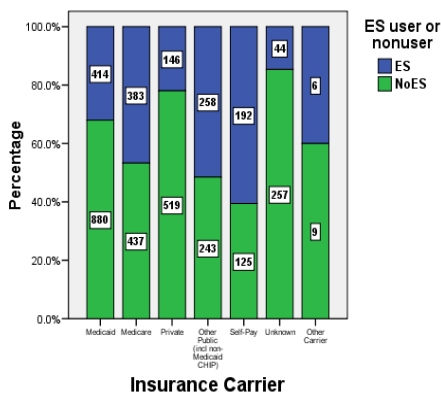
	Population	Performance Measure	ES Users	ES Nonusers	Total	ES User%
Diabetes	Adult patients 18-75 years of age as of December 31, 2007 with a diagnosis of type 1 or type 2 diabetes	Most recent hemoglobin A1c level in 2007	1,337	1,731	3,068	43.6%
Immunization	Children who turned two years of age in 2007	Appropriate immunizations	291	1,331	1,622	17.9%

RESULTS

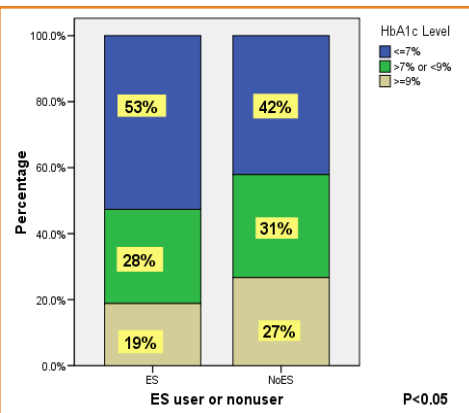
Adult Diabetes



Most patients were AA&NHOPIs.

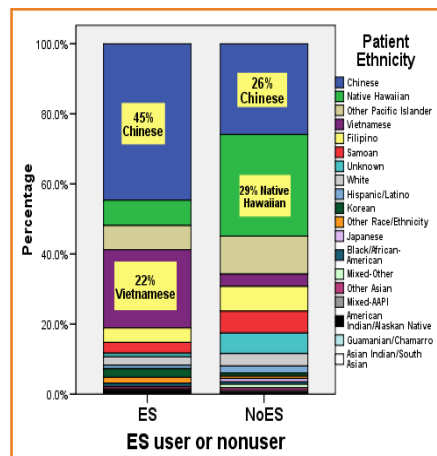


Patients with public or no insurance had the highest percentage of ES utilization.

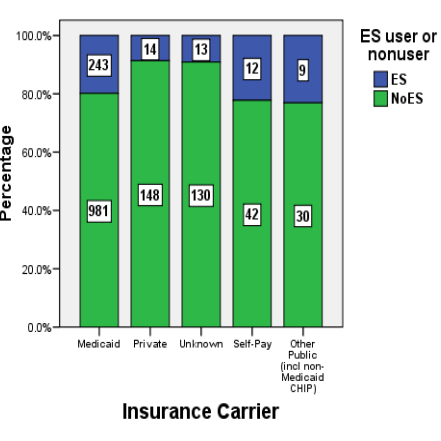


More ES users had their HbA1c under control compared to ES nonusers. P<0.05

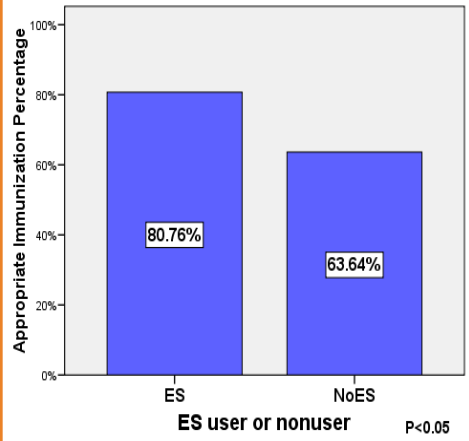
Child Immunization



Most patients were AA&NHOPIs.



Patients with public or no insurance had the highest percentage of ES utilization.



ES users had a higher percentage of patients that received appropriate immunizations. P<0.05

CONCLUSIONS

- ♦ Patients utilizing ES, were more likely to have their HbA1c levels under control, than ES nonusers.
- ♦ Patients utilizing ES were more likely to have received appropriate child immunizations, compared to ES nonusers. (81% v.s. 64%)
- ♦ The majority of patients were AA&NHOPIs. Chinese, Vietnamese and Native Hawaiian were the largest groups. This is consistent with the characteristics of patients seen at participating CHCs.
- ♦ Uninsured (self-pay) patients and patients with public insurance were more likely to use enabling services; patients with private insurance were less likely to use enabling services.
- ♦ Enabling services provided at each health center vary greatly; overall, the majority of enabling services provided at CHCs included case management, financial counseling, interpretation and health education.

IMPLICATIONS

- ♦ This study demonstrates that enabling services are critical to improving health care outcomes and reducing health disparities for medically underserved populations.
- ♦ Health centers which provide a vast number and array of enabling services deserve to be recognized and reimbursed to sustain these critical services to underserved patients.
- ♦ More research is necessary to evaluate the impact of different enabling service measures on health outcomes and other performance measures

LIMITATIONS

- ♦ This study is not a randomized controlled study. ES users and nonusers had unequal sample sizes. ES users, compared to nonusers, were more likely to be minorities and uninsured.
- ♦ Enabling services provided were not specific to each performance measure. Future studies will more specifically measure the impact of each enabling service measure.

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Capturing Enabling Services: Foundational to Payment Reform

August 15, 2014

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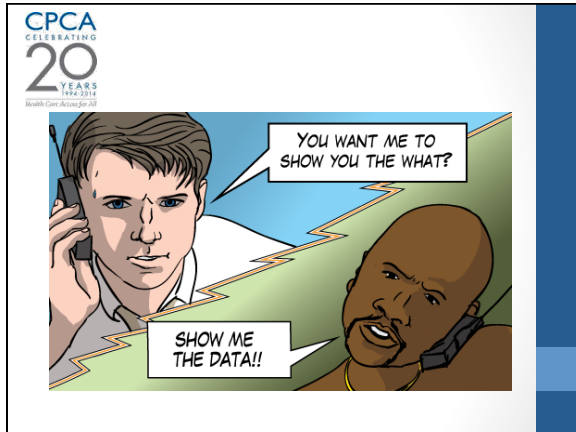
Overview

- I. What's the connection with enabling services?
- II. National and State Environment
- III. Challenges
- IV. Opportunities
- V. Payment Reform Strategy

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HEALTH CENTERS ARE AMAZING!!!!!!!!!! !!!!!!!!!!!!!!!!!!!!!!!!!!!! !!!!



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National and State Environment

- Triple Aim and Systems of Care

Value-Based Pay for Performance

ACOs

Centers for Medicare & Medicaid Innovations-state and local payment reform grants

Section 2703 PCMH Pilots

SAVE MONEY
and
Improve Care
and
Improve patient experience

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National and State Environment

- Necessary Elements

Meaningful Use and Health Information Exchange

Health Benefit Exchanges and Medicaid Expansion

P4P Programs Hospital readmission penalties

Data Exchange
and
Coverage for all
and
Pay for Quality,
Penalize Unnecessary
Volume

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State Environment

If you were running the Medi-Cal Program, what would you see?

Escalating healthcare costs

- Medi-Cal growth
 - 7M beneficiaries ('10) → 10.1M (est '14-15)
- FQHC growth
 - 400 ('01) to over 1300 ('14)
- FQHCs/RHCs = 64% of all Medi-Cal primary care visits in clinic/doctor office setting (FY 09-10)
- Managed care expansion
 -FQHC utilization is not "managed"

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State Environment

Solid ROI from Health Centers

- Medi-Cal rates for non-FQHC primary care: 3rd lowest in nation at 43% of Medicare fee schedule and 10% cut sustained
 - It takes more \$ than DHCS pays others to provide quality primary care for vulnerable populations
 - FQHCs represent 40-80% of Medi-Cal access – varies by region
- California already has one of lowest spends per capita in Medicaid overall
- FQHCs provide "value" to the overall delivery system in access, quality of care and keeping total cost of care down

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Challenges for Health Centers

- Health Center Delivery Model
- Health Plan Delivery Model
- ACA coverage for all....impact on FQHC program
- FFS → Capitation
- Data collection and systems
- Large uninsured populations
- Current structures do not account for social determinants of health

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Challenges for Health Centers

- Increasing federal and state pressure on health centers
 - National Association of Medicaid Directors
 - California Department of Health Care Services
 - Covered California
 - Other States' Experiences

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Opportunities for Health Centers

- Delivery system transformation to achieve the triple aim

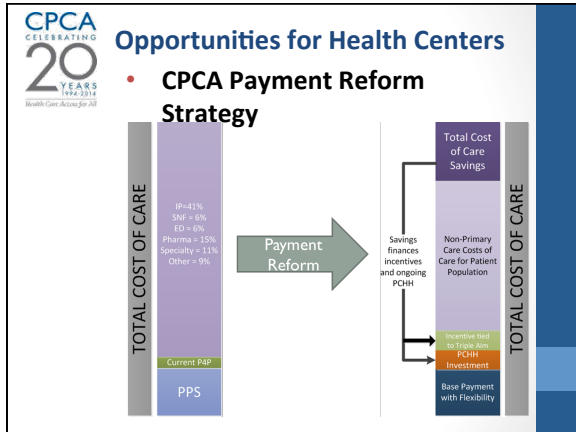
Better Health
Reduced Health Disparities
Improved Cost per Capita
Better Care

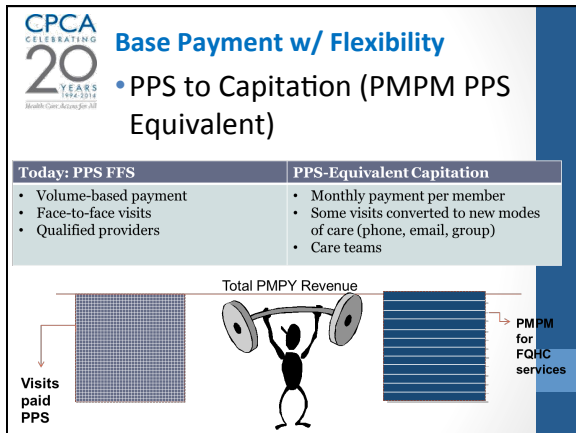
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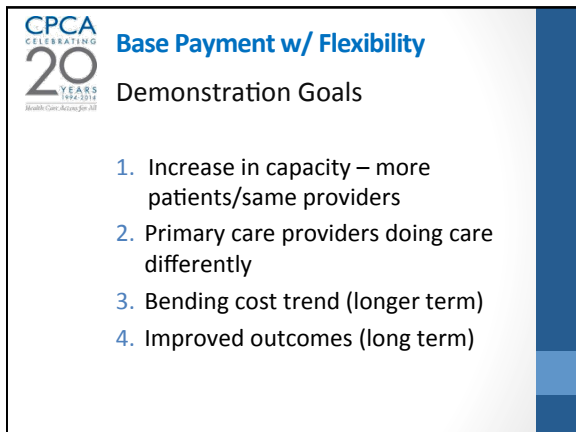
Opportunities for Health Centers

- CPCA Payment Reform Strategy

Triple Aim P4P → Incentive
PCHH Supplemental → Investment
PPS-Equivalent Capitation → Flexibility







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Base Payment w/ Flexibility
Demonstration Logistics

- Abide by Federal APM– PPS is Floor
- Health centers will continue to:
 - Have ability to do reconciliation if visits go up
 - Have site-specific rates
 - Have ability to do scope change
 - Receive annual MEI increases
 - Comply with timely access requirements
 - Report access and quality metrics to health plans, OSHPD and HRSA (UDS)

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Base Payment w/ Flexibility
Benefits

- Financial benefit if panel size increases
- Flexibility to use the capitation to meet patient's needs, improve quality, and be the provider of choice
- PPS Rules Gone- billable providers/ same day visit/ groups / four walls – NO MORE!
- Flexibility to meet other financial incentives
- Capitation is likely future
 - Demonstration is soft/protected launch
- Active management and responsibility of assigned populations

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Base Payment w/ Flexibility
Q/Evaluation framework

Key Metrics

- 1) Help reduce avoidable utilization of high cost services
- 2) Achieve improved patient outcomes
- 3) Enhance patient experience
- 4) Position CA for future payment reform efforts that better address social determinants of health

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Base Payment w/ Flexibility Enabling Services

Year 1 and 2
Rates developed based on PPS and historical utilization (face to face visits)

Year 3
Rates will be based on visits, and "alternative touches," or **enabling services**

Goal- Eventually social determinants built in as well

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Base Payment w/ Flexibility Summary Details

- CPCA and CAPH co-leading
- Start date: Anticipated 2016
- Length: 3 Years
- Voluntary

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Base Payment w/ Flexibility Sites (CPCA proposed)

Phase 1	Phase 2
Alameda	Kings
Contra Costa	Orange
Los Angeles	Riverside
Merced	San Diego
Napa	Stanislaus
San Mateo	Tulare
Santa Clara	Yolo
Solano	

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Base Payment w/ Flexibility Process


- Need legislation and a State Plan Amendment
 - Summer/Fall- details and SPA
 - January 2015- reintroduce bill

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Questions?

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Demonstrating the Value of Enabling Services through Data Collection

Training developed in collaboration between National Health Care for the Homeless Council and Health Outreach Partners

NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL

Health Outreach Partners
ADVANCING GRAVITY'S COMMUNITY OF CARE THROUGH DATA

OVERVIEW

- This purpose of this training is to provide you with the **knowledge, skills and tools** necessary to assist Health Center Program Grantees in implementing AAPCHO's Enabling Services Data Collection protocol
- The training is divided into 6 learning modules

AAPCHO Module 1 | 2


CONTENTS OVERVIEW

- **Module 1- Introduction to Enabling Services**
- Module 2- Defining Enabling Services
- Module 3- Preparing for Implementation
- Module 4- Data Collection, Analysis and Reporting
- Module 5- Dissemination
- Module 6- Staff Training

AAPCHO Module 1 | 3


LEARNING OBJECTIVES

- Understand the importance of Enabling Services
- Understand AAPCHO's role in developing an ES data collection protocol
- Identify the challenges and benefits of collecting and tracking ES at a health center

 **Module 1 | 4**


WHAT ARE ENABLING SERVICES?


- What comes to mind?
- What are some examples?

 **Module 1 | 5**

WHAT ARE ENABLING SERVICES?


- Non-clinical services that aim to increase access to healthcare and improve health outcomes



 **Module 1 | 6**

WHY IS ES IMPORTANT?

- Facilitate health care access and improve outcomes
- Reduce racial and ethnic disparities in health
- Key components of quality care and Patient-Centered Medical Homes
- Integral in expanding access under health care reform




Module 1 | 7

WHY IS ES IMPORTANT?

Addresses multiple needs

	Disproportionate Needs	Safety-Net System Characteristics
Health-related needs	Chronic conditions Disability Mental illness Substance abuse Reproductive health care	Team care Care management Care coordination/Integration Medical home Co-located services Integrated services Social services
Personal and social factors adversely affecting health	Dangerous work Unhealthy environments Unsafe environments Chronic stress Shortage of personal time Illiteracy Low social support Homelessness Poor nutrition Health risk behaviors (smoking, substance abuse, inactivity) Disability	Patient education Outreach services Facilitated enrollment in public programs Wraparound services

Source: CommonwealthFund.org




Module 1 | 8

WHY IS ES IMPORTANT?

Addresses multiple needs

	Disproportionate Needs	Safety-Net System Characteristics
Personal and social factors affecting health care access	No sick leave Language barriers Cultural disparities Transportation Nontraditional work hours Transient residence Disability	Extended hours of service Language services Transportation services Cultural sensitivity Electronic health records Home visits Home health care Telephone advice lines Electronic visits

Source: CommonwealthFund.org




Module 1 | 9

PATIENT CENTERED MEDICAL HOMES

- 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


ES as key components of PCMH Certification



Module 1 | 10

CHALLENGES


- Inadequate funding and reimbursement
 - Interpretation for LEP patients, insurance enrollment
 - Reaching new communities will require additional ES to break down barriers to care
 - Utilization and costs for ES provision increasing

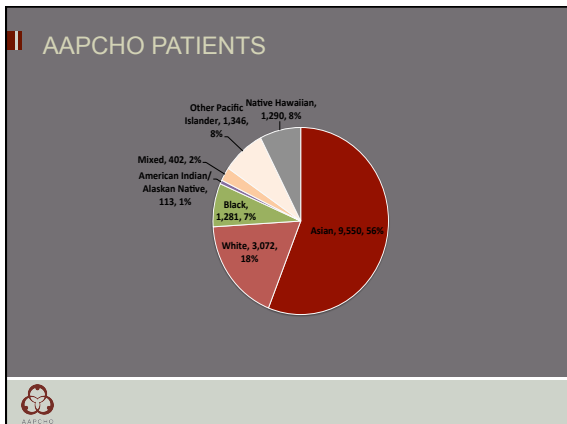


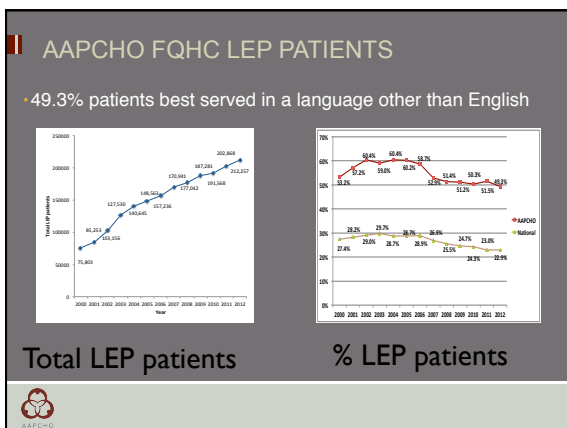
Module 1 | 11

AAPCHO BACKGROUND

• Dedicated to promoting advocacy, collaboration, and leadership that improves the health status and access of Asian Americans, Native Hawaiians and Other Pacific Islanders (AANHOPIs) within the United States, its territories and freely associated states, primarily through our member CHCs.







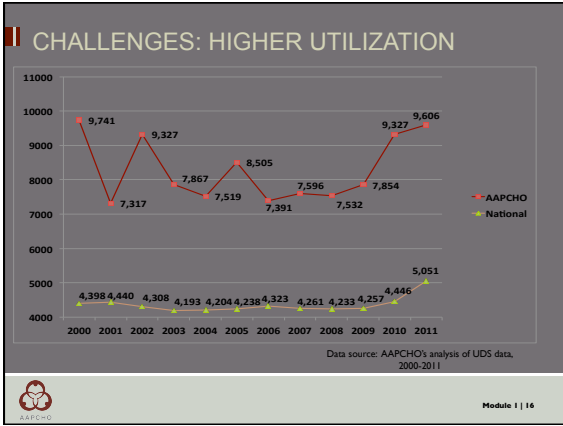
AAPCHO CENTERS VS. NATIONAL

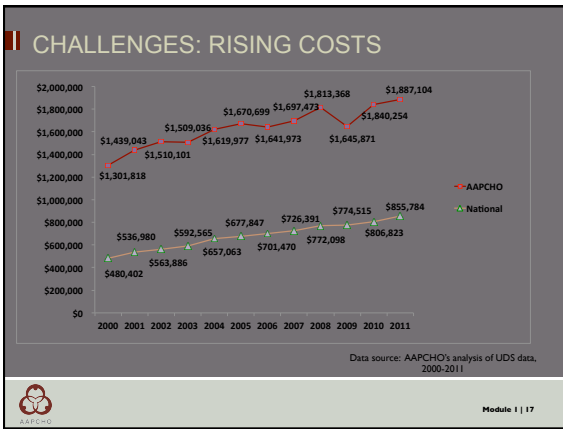
AAPCHO serves a higher proportion of:

- Medicaid patients (41.9% vs. 39.6%)
- Geriatric patients (9.5% vs. 7.2%)
- Patients with hepatitis B (1.78% vs. 0.10%)
- Patients with tuberculosis (0.19% vs. 0.05%)

Higher cost:

- Per patient (\$901 vs. \$687)
- Per encounter (\$188 vs. \$172)







CHALLENGES (continued...)

- Partial UDS reporting requirement
- Incomplete/lack of data on ES- scope, volume and patient users
- No standardized method for data collection* (until now)

Module 1 | 18




Enabling Services Accountability Project (ESAP)



Module 1 | 19

AAPCHO'S ENABLING SERVICES ACCOUNTABILITY PROJECT: GOALS

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






Module 1 | 20

AAPCHO'S ENABLING SERVICES ACCOUNTABILITY PROJECT: PILOT

PARTICIPATING CENTERS:

- Charles B. Wang Community Health Center NY, NY
- International Community Health Services Seattle, WA
- Kalihi-Palama Health Center Honolulu, HI
- Waianae Coast Comprehensive Health Center Waianae, HI



Module 1 | 21

ESAP OUTCOMES: PATIENT BENEFITS

- ES users have better outcomes for diabetes

HbA1c Level	ES user or nonuser	Percentage
<math>HbA1c < 7%</math>	ES	53%
$7% - 9%$	ES	28%
$9% - 11%$	ES	19%
<math>HbA1c < 7%</math>	NoES	42%
$7% - 9%$	NoES	31%
$9% - 11%$	NoES	27%

Data source: all ESAP sites ES and clinical data

Module 1 | 22

ESAP OUTCOMES: PATIENT BENEFITS

- ES users have better outcomes for appropriate child immunization

ES user or nonuser	Appropriate Immunization Percentage
ES	80.78%
NoES	63.64%

Data source: all ESAP sites ES and clinical data

Module 1 | 23

Investment in Enabling Services is Associated with Better Health Outcomes

Health Outcome	Top 10% CHCs in ES investment	All CHCs
Children Immunization	71.07%	64.32%
Pap Test	62.63%	53.98%
Healthy Birthweight	92.96%	89.31%
Blood Pressure	62.29%	60.91%
HbA1c	41.96%	42.22%


Data source: HRAS SFHC Uniform Database System (UDS) 2008

Module 1 | 24

HOW DID CHCS BENEFIT

- Assist management to allocate resources more effectively
- Better understanding of ES (volume, time, etc) to improve efficiency and effectiveness


"The data allows our managers to better assign staff and evaluate those activities which staff participate in. For example, we will look at the outcome of sessions like nutritional counseling and the impact on patient health status"



Module 1 | 25

HOW DID CHCS BENEFIT

- Enabling Services staff were interested in showing how their services impacted patients' health
- Enabling services staff were willing to provide information about their work
- Enabling services staff were involved with improving data collection processes




Module 1 | 26

COMMUNITY LEVEL BENEFITS

- Provides general health assessment of patients
- Highlight diverse needs of community and their challenges to healthcare providers

"The data from the project shows that our health center provides a great many services to patients and the community"

"The project demonstrates that enabling services are the core of what makes quality care for our patients"




Module 1 | 27

COMMUNITY LEVEL BENEFITS

- Comprehensive data
- Model for other organizations within the community
- Increases capacity to carry out research/programs to benefit community


"We enjoyed meeting and joining forces with other health centers to show that enabling services are valuable to our vulnerable populations"



Module 1 | 28

BENEFITS OF STANDARDIZED ES DATA

- Advocate for sustainable funding
- Highlight value of enabling services
- Bring attention to the need for comprehensive services
- Increase capacity to track enabling services for grants, research and funding accountability
- Assist CHCs in allocating time and resources more effectively
- Recognize the importance of having enabling services staff



Module 1 | 29


CURRENT ES SITES

AAPCHO Members	Location	NHCHC Sites	
Asian Health Services	Oakland CA	Charles Drew Health Center	Omaha, NE
Asian Pacific Health Care Venture	Los Angeles CA	Harbor Homes	Nashua, NH
Bay Clinic	Hawaii	Jackson-Hinds Comprehensive	Jackson, MS
Charles B Wang CHC	NYC NY	Peak Vista Community Health	Colorado Springs, CO
International Community Health Services	Seattle WA	Other CHCs	
Kalihi Palama	Hawaii	Location	
Kokua Kalhi Valley	Hawaii	CHCs of Benson County	OR
Northeast Medical Services	San Francisco CA	Community Clinic of Maui	Hawaii
Waianae Coast Comprehensive	Hawaii	Hamakua Health Center	Hawaii
Waikiki Health Center	Hawaii	La Clinica	OR
Waimanalo Health Center	Hawaii	OHSU Richmond Campus	OR
		Virginia Garcia	OR
		White House Clinics	Kentucky



POSSIBILITIES

- What would having ES data do for you/your health center?
- Identify one project where having ES data can benefit your health center



Module 1 | 31



THANK YOU.




Module 1 | 32

Contact Information




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Module 1 | 33




MODULE 2: DEFINING ES
Demonstrating the Value of Enabling Services Data Collection



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OVERVIEW


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- The training is divided into 6 learning modules.



Module 2 | 2

CONTENTS OVERVIEW


- Module 1- Introduction to Enabling Services
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Module 2 | 3

LEARNING OBJECTIVES


- Understand the different ES categories and their definitions
- Understand the requirements and limitations for a "counted" ES encounter
- Accurately describe and record ES encounters



Module 2 | 4

ENABLING SERVICES DEFINITIONS


- ...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.
-NACHC/MGMA 2000



Module 2 | 5

9 ENABLING SERVICES CATEGORIES


CATEGORY	CODE
CASE MANAGEMENT ASSESSMENT	CM001
CASE MANAGEMENT TREATMENT AND FACILITATION +(OPTIONAL SUB CATEGORY)	CM002
CASE MANAGEMENT REFERRAL +(OPTIONAL SUB CATEGORY)	CM003
FINANCIAL COUNSELING/ELIGIBILITY ASSISTANCE	FC001
HEALTH EDUCATION/SUPPORTIVE COUNSELING +(OPTIONAL SUB CATEGORIES)*	HE001
INTERPRETATION	IN001
OUTREACH	OR001
TRANSPORTATION	TR001
OTHER	OT001




Module 2 | 6

CASE MANAGEMENT ASSESSMENT

Definition: Non-medical assessment that includes the use of an acceptable instrument measuring socioeconomic status, wellness, or other non-medical health status.




 Module 2 | 7

CASE MANAGEMENT TREATMENT & FACILITATION


Definition: An encounter with a patient or their household/or family member in which the patient's *treatment plan* is developed or facilitated by a Case Manager. The plan must incorporate the referral to services of multiple providers or healthcare disciplines. If the service only includes referral to 1 provider, please use Case Management Referral.

Subcategory:
CM004- Social Case Management

 Module 2 | 8

SOCIAL CASE MANAGEMENT

Definition: An encounter with a patient or their household/or family member in which a plan is developed to support the patient in meeting basic needs such as food, shelter, clothing and safety. The plan must incorporate the referral to services of multiple providers.

 Module 2 | 9

CASE MANAGEMENT REFERRAL


Definition: Facilitation of a health-related visit with a patient to a healthcare or social service provider.




 Module 2 | 10

ELIGIBILITY ASSISTANCE/FINANCIAL COUNSELING

Definition: Counseling of a patient with financial limitations and assessing the patient's eligibility to a sliding fee scale or health insurance program [ie Medicaid, Medicare, CHIP...] or pharmaceutical benefits program; or assistance in the development of a payment plan.




 Module 2 | 11

HEALTH EDUCATION/SUPPORTIVE COUNSELING


Definition: Provision of health education or supportive counseling with a patient in which wellness, preventive disease management or other improved health outcomes are attempted through behavior change methodology.


Subcategories:
HE002 – Health Education - Individual
HE003 – Health Education - Group
HE004 – Supportive Counseling

 Module 2 | 12

HEALTH EDUCATION- INDIVIDUAL


Definition: The provision of health education with a patient in which wellness, preventive disease management, or other improved health outcomes are attempted through behavior change methodology.



 Module 2 | 13

HEALTH EDUCATION- GROUP

Definition: The provision of health education with patients in a workshop or groups of 2-12* people in which wellness, preventive disease management, or other improved health outcomes are attempted through behavior change methodology.

 Module 2 | 14

SUPPORTIVE COUNSELING


Definition: Counseling sessions for the purpose of providing a supportive environment to discuss a patient's needs and or concerns that are not tied specifically to a treatment plan.




 Module 2 | 15

INTERPRETATION SERVICES


Definition: The provision of interpreter services by a third party (other than the service provider) intended to reduce barriers to a limited English-proficient (LEP) patient or a patient with documented limitations in writing or speaking skills sufficient to affect the outcome of a medical visit or procedure. [Includes sign language]




 Module 2 | 16

OUTREACH SERVICES

Definition: Patient services that result in the acceptance of a new patient who was formerly without a primary care provider at your health center.*



 Module 2 | 17

TRANSPORTATION SERVICES

Definition: Providing transportation assistance [directly or via referral] to a patient requiring transport to receive appropriate medical care.



 Module 2 | 18

OTHER SERVICES

Definition: All other services that reduce access barriers to health care for a patient and that do not fall into the other 8 categories.




 Module 2 | 19

DOCUMENTATION CRITERIA

A valid entry needs to meet the following criteria:


- Service must be provided by a staff member or volunteer of the health center/ contractor*
- Service must be linked to a medical patient of the health center
- Services must be provided directly to the patient or to their primary caregiver (e.g. parent)**
- Service must be documented off of one encounter form per patient, even if multiple enabling services were provided***

 Module 2 | 20

DOCUMENTATION CRITERIA-TIMING

Service must last 10 minutes or greater

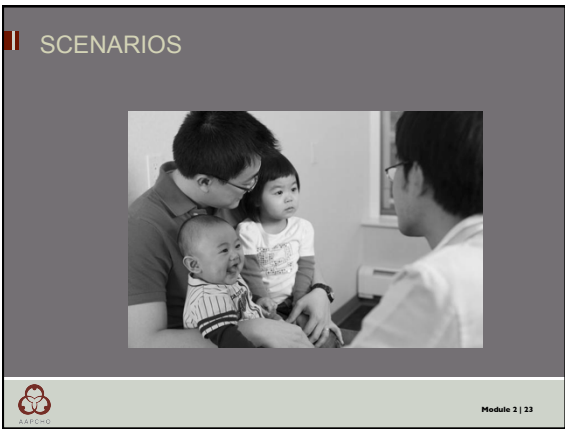
For services less than 10 minutes, do not document
Document services longer than 10 minutes in 10 minute increments. Time includes only direct patient time and does not include documentation time
To calculate time increments that fall between 10 minute increments, any amount ending in less than or equal to 4, round down, all amounts ending in 5 and more, round up to the nearest 10 minutes.

 Module 2 | 21

DOCUMENTATION: ENCOUNTER FORM

Service Date (MM/YY) 12/16/02	Provider ID 1001	Patient ID 123456	Pt. DOB (MM/YY) 3/11/45	Pt. Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F										
Encounter Type (check one): <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Telephone <input type="checkbox"/> Off-site														
<input checked="" type="checkbox"/> Service provided in language other than English – specify language: <u>Mandarin</u>														
ENABLING SERVICE	CODE	MINUTES (circle one)										Other		
Case Management – Assessment	CM001	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management – Treatment & Facilitation	CM002	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management – Referral	CM003	10	20	30	40	50	60	70	80	90	100	110	120	
Financial Counseling / Eligibility Assistance	FC001	10	20	30	40	50	60	70	80	90	100	110	120	
Health Education / Supportive Counseling	HE001	10	20	30	40	50	60	70	80	90	100	110	120	
Interpretation Services	IN001	10	20	30	40	50	60	70	80	90	100	110	120	
Outreach Services	OR001	10	20	30	40	50	60	70	80	90	100	110	120	
Transportation	TR001	10	20	30	40	50	60	70	80	90	100	110	120	
Other Enabling Service	OT001	10	20	30	40	50	60	70	80	90	100	110	120	
Describe Other Enabling Service:														

AKFCO Module 2 | 22



SCENARIO 1

A 42-year-old male patient, primary language is Vietnamese, walked in your health center without an appointment. First, the enabling service (ES) provider spends 23 minutes translating between the physician and patient during the exam. He is diagnosed with hypertension and is prescribed medications. After the appointment, the ES provider spends another 18 minutes explaining in Vietnamese a brochure on hypertension that is written in English, discussing the condition and treatment in more detail.


Which type of services were provided and for how long?

AKFCO Module 2 | 24

SCENARIO 2

A 55-year old Mexican male who is experiencing homelessness came to the health center's mobile medical unit during its weekly rounds at a local church. The ES provider performed a psychosocial assessment, which took 24 minutes. The ES provider also spent 18 minutes talking with him about his challenges related to alcohol dependency and 12 minutes talking to him about a supportive housing program.

Which type of services were provided and for how long?




Module 2 | 25

SCENARIO 3

A health education specialist records a radio program on various health topics every week. The recording is 10 minutes long and she spends about 90 minutes in preparation for each recording.

Which type of services were provided and for how long?




Module 2 | 26

SCENARIO 4

A care coordinator calls a Spanish-speaking patient on the phone to provide the patient with information on smoking cessation. She spent 15 minutes on the phone discussing strategies about how to quit smoking in Spanish.

Which type of services were provided and for how long?




Module 2 | 27

SCENARIO 5

A 66-year-old female patient, whose primary language is Korean, complains that she has been feeling sad and lonely. She is referred to an ES provider since she can speak Korean. The ES provider first spent 30 minutes screening her for depression then another 12 minutes referring her to a mental health specialist.

Which type of services were provided and for how long?




Module 2 | 28

SCENARIO 6

A 55-year-old African American male patient has several conditions, including diabetes. During his most recent scheduled visit, the ES provider spent 40 minutes developing a medication management plan for this patient. Of that time, the ES provider spent approximately 12 minutes arranging a referral to a podiatrist.

Which type of services were provided and for how long?




Module 2 | 29

SCENARIO 7

A 24 year old white female patient who is homeless needs to get the HPV vaccine. The ES provider spent 15 minutes helping her apply for the free HPV vaccine program and another 22 minutes counseling her on STIs.

Which type of services were provided and for how long?




Module 2 | 30

SCENARIO 8

A 40 year old Honduran patient currently has no insurance. The ES provider spent 36 minutes helping him apply for Medi-Cal. A few days after, the ES provider calls to let him know that his application for Medi-Cal was approved and helped him pick a primary care provider at the health center. The ES provider spent 14 minutes doing this.

Which type of services were provided and for how long?




Module 2 | 31

SCENARIO 9

A case manager called a patient about some test results, but there was no answer so she left a message, which took her a total of 1 minute. She then called the patient's provider and gave the provider an update on the patient including the screenings she completed on the patient and the resources she directed the patient to for food and clothing. She also recommends to the provider that the patient may need a referral to the ENT specialist. Her conversation with the provider was 12 minutes.

Which type of services were provided and for how long?




Module 2 | 32

SCENARIO 10

An ES provider contacts a female patient by telephone to remind her that she is due for a pap test and spent about 10 minutes explaining to her the importance of pap tests and answering her questions. Later that day, the same patient comes in to the same ES provider about scheduling a mammogram test as well. The ES provider spent 20 minutes assessing her past medical history as well as her last mammogram and scheduling an appointment. The ES provider also spent another 15 minutes providing her education about completing a mammogram.

Which type of services were provided and for how long?




Module 2 | 33

PARTICIPANT'S SCENARIO

PLEASE DESCRIBE YOUR MOST RECENT ES ENCOUNTER:

- General patient characteristics (gender, age, race/ethnicity)
- Service (s) you provided
- Time you spent providing each service(s)

Which type of services were provided and for how long?



Module 2 | 24



THANK YOU.



Module 6 | 35




MODULE 3: PLANNING FOR IMPLEMENTATION

Demonstrating the Value of Enabling Services Data Collection



OVERVIEW


- This purpose of this training is to provide you with the **knowledge, skills and tools** necessary to *assist* Community Health Centers in implementing AAPCHO's Enabling Services Data Collection protocol.
- The training is divided into 6 learning modules.



Module 3 | 2

CONTENTS OVERVIEW


- Module 1- Introduction to Enabling Services
- Module 2- Defining Enabling Services
- **Module 3- Preparing for Implementation**
- Module 4- Data Collection, Analysis and Reporting
- Module 5- Dissemination
- Module 6- Staff Training



Module 3 | 3


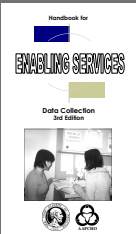

LEARNING OBJECTIVES

- Understand the overall implementation process and timeline
- Describe the minimum requirements for necessary for implementation
- Understand the steps leading up to project implementation



Module 3 | 4

RESOURCE GUIDES



Module 3 | 5

PRE-IMPLEMENTATION REQUIREMENTS

- Clinic provides enabling services (complete needs assessment)
- Senior leadership and management support 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




Module 3 | 6

IMPLEMENTATION TIMELINE OVERVIEW

~11 months

Activity	Approximate Timeframe
Complete enabling services needs assessments	1 week
Presentation to Key Staff	1 month
Develop encounter form	1 week- 1 month
Prepare enabling services database	1 month
Train enabling service staff to collect data	1 month
Train data analysts to enter, code, and clean datasets	1 month
Complete enabling service implementation readiness assessment	3 weeks
Implement data collection pilot phase	4 months
Evaluate data entry	3 weeks
Evaluate implementation process	1 week
Analyze data	2 weeks
Report data	1 week




Module 3 | 7

IMPLEMENTATION TIMELINE

Factors that influence the implementation timeline and plan

ES Structure + Data Systems + Existing Processes



Module 3 | 8

IMPLEMENTATION: STAFFING TEAM


- Project lead for overall project coordination and sustainability
- HIT/Information systems
- Data analyst
- Supporting staff:
 - Enabling services- additional time for data recording dependent on project integration into daily workflow



Module 3 | 9

TIMELINE: NEEDS ASSESSMENT


- **Purpose:** to provide an assessment that helps organizations better understand its capacity and needs in collecting and reporting enabling services data
- ES Assessment tool to be completed prior to start of training
- Associated handout: Needs Assessment Worksheet



Module 3 | 10

TIMELINE: NEEDS ASSESSMENT



- **AVAILABLE RESOURCES:**
- Frequently Asked Questions (Packet page 9-10)
To provide answers to commonly asked questions
- Needs Assessment Tool (Packet page 11-13)
To distribute to CHC for completion



Module 3 | 11

TIMELINE-KEY STAFF ORIENTATION


- Presentation to key staff to gain support



Module 3 | 12

TIMELINE-KEY STAFF ORIENTATION


- PRESENTATION RESOURCES
- [ES Project Introduction PowerPoint](#)
- Packet P63-67
- PowerPoint file is available
- [Frequently Asked Questions \(Packet P9-10\)](#)
- [ES Fact Sheets \(Packet P49-62\)](#)



Module 3 | 13

TIMELINE:KEY STAFF ORIENTATION

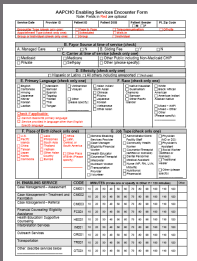

- What information would be necessary?
- How would you go about convincing?



Module 3 | 14

TIMELINE: ES FORM DEVELOPMENT

- Develop ES encounter form based on needs of CHC
- Necessary data fields

Module 3 | 15

TIMELINE: ES FORM DEVELOPMENT

Data Elements

Enabling Services Info:

- Service date
- Provider ID
- Job type
- ES code
- Minutes spent providing ES


Patient Info:

- Patient ID
- Patient DOB
- Gender
- Patient zip code
- Payor Source

- Primary language
- Race
- Ethnicity

Optional Info:

- Encounter type
- Appointment type
- Scope of service
- Language used (to provide service)
- Country of birth
- Literacy level



Module 3 | 16

TIMELINE: ES FORM DEVELOPMENT


AVAILABLE RESOURCES

Sample Paper Form (Packet P15-16)

- Long form & short form
- Modified ES categories forms

Sample EMR form (Packet 17-19)


- Software templates are available upon request
- Some sites have created own; others asked EMR vendor to supply generic form (limited information)
- NextGen



Module 3 | 17

TIMELINE: ES DATABASE

- Prepping ES Database: paper templates
- EMR: ensuring all variables cross over for analysis




Module 3 | 18

TIMELINE: ES DATABASE

- AVAILABLE RESOURCES

ES File Specifications

- Key variables and definitions are in booklet





Module 3 | 19

TIMELINE: FORM & DATABASE

IMPORTANT

Develop clear documentation protocols

Involve ES staff in form development; agreed upon workflow and documentation process protocols




Module 3 | 20

TIMELINE: FORM & DATABASE

IMPORTANT

“Not only did we create an electronic form to capture the services provided, but we made sure it integrated into that user’s workflow...For example, for the case manager, we wanted to make sure that not only are we creating a template to capture the service, but also how it works in terms of how they are interviewing a patient. Are they capturing the notes they need to document? We try to make it so that it is easy enough that with one click these things are getting filled out.”


NORC Health IT-ESAP Sites Report



Module 3 | 21

FORM DEVELOPMENT EXPERIENCES


- CHC 1
- 2005 – 2006
 - Collected Enabling Services on paper
- 2007
 - Decided to create EMR template based on early paper documentation standards
 - Developed early draft of the template
 - Demonstrated the template for feedback
- 2008
 - Presented template to Clinical Informatics Committee for pilot testing
 - Trained clinic staff
 - Implemented Enabling Services template for staff providing interpretation



Module 3 | 22

FORM DEVELOPMENT EXPERIENCES


- CHC 2
- Developed templates on paper
- Workflow and documentation process need to be clear
- Worked with EMR staff to develop test templates
- Tested templates with 1 or 2 staff
- If pass test, templates placed into production



Module 3 | 23

FORM DEVELOPMENT EXPERIENCES


- CHC 3
- Management and staff decided which data was important to collect
- This influenced the design of the enabling services templates and the workflow



Module 3 | 24

FORM DEVELOPMENT CHALLENGES

- Multiple end user and system issues
- Multiple revisions
- Workflow and documentation of services needs to be clear and consistent with staff
- Validation process to ensure right code for the right service based on the right documentation can be time-consuming



Module 3 | 25

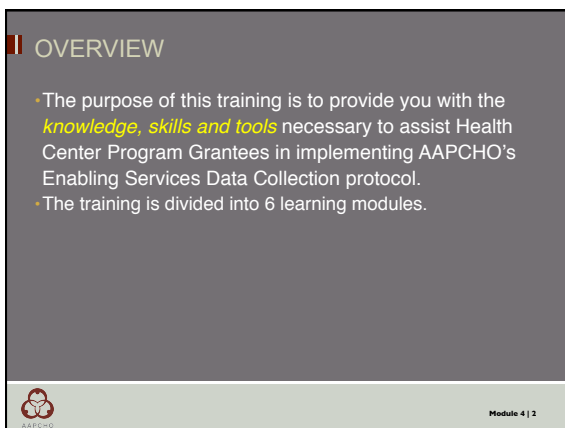


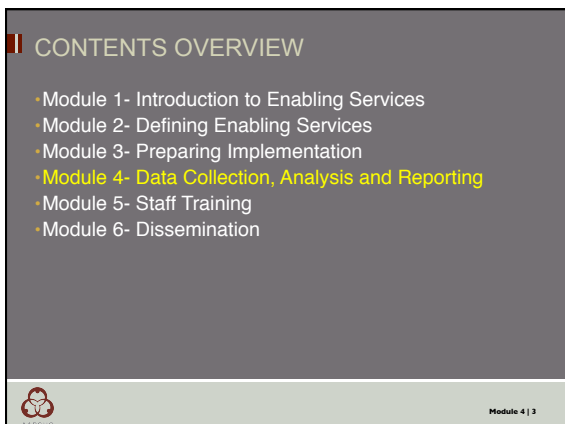
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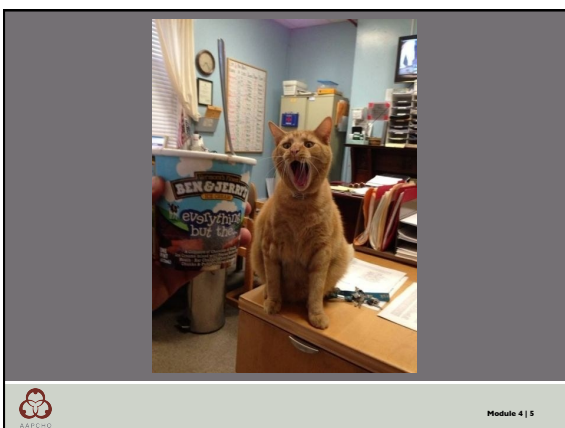
Module 3 | 26












LEARNING OBJECTIVES

- Describe the steps in data collection
- Identify the different methods for data analysis
- Identify the multiple methods for data reporting and dissemination

 Module 4 | 6

IMPLEMENTATION: READINESS CHECK


IMPLEMENTATION READINESS ASSESSMENT

Purpose:

- To confirm work flow integration and process
- To assess whether the organization is fully prepared for the project
- To provide additional technical assistance if needed

Timeframe:

- ~ 3 weeks



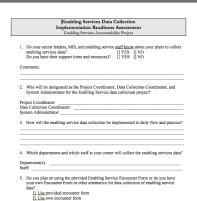

Module 4 | 7

IMPLEMENTATION READINESS

IMPLEMENTATION READINESS ASSESSMENT

Resources available:

- ES Implementation Readiness Assessment Resource packet pg.40-42

Module 4 | 8

IMPLEMENTATION: DATA COLLECTION


DATA COLLECTION PILOTING

Purpose:

- To test out data collection forms and process
- To assess feasibility of data collection and integration into daily workflow
- To provide additional technical assistance for more effective and feasible process

Timeframe:

- ~ 4 months



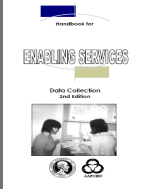
Module 4 | 9


IMPLEMENTATION: DATA COLLECTION

DATA COLLECTION PILOTING

Resources available:

- Blue handbook for data collection
- ES Implementation Packet pages 27-34 for data elements



 **Module 4 | 10**

IMPLEMENTATION: DATA COLLECTION

Data Elements Review

Enabling Services Info:

- Service date
- Provider ID
- Job type
- ES code
- Minutes spent providing ES


- Primary language
- Race
- Ethnicity

Patient Info:

- Patient ID
- Patient DOB
- Gender
- Patient zip code
- Payor Source

Optional Info:

- Encounter type
- Appointment type
- Scope of service
- Language used (to provide service)
- Country of birth
- Literacy level

 **Module 4 | 11**



 **Module 4 | 12**

IMPLEMENTATION: DATA VALIDATIONS

DATA VALIDATIONS

Purpose:

- To determine consistency between data entry and coding
- To determine reliability of data
- To help prevent errors and increase accuracy of future data reports

Timeframe:

~ 3 weeks



Module 4 | 13

IMPLEMENTATION: DATA VALIDATIONS

DATA VALIDATIONS

Resources available:

- Data evaluation form
- Data check crosswalk sample form (pg.43-44)

Existing Services Accountability Project
Sample Data Crosswalk

Demographic	Service Line	Department	Room
Gender	Female	OB	OB 1000
Procedure	Procedure 123	OB	OB 1000
Encounter	Encounter 456	OB	OB 1000
Encounter	Encounter 789	OB	OB 1000
Encounter	Encounter 101	OB	OB 1000
Encounter	Encounter 202	OB	OB 1000
Encounter	Encounter 303	OB	OB 1000
Encounter	Encounter 404	OB	OB 1000
Encounter	Encounter 505	OB	OB 1000
Encounter	Encounter 606	OB	OB 1000
Encounter	Encounter 707	OB	OB 1000
Encounter	Encounter 808	OB	OB 1000
Encounter	Encounter 909	OB	OB 1000
Encounter	Encounter 1010	OB	OB 1000
Encounter	Encounter 1111	OB	OB 1000
Encounter	Encounter 1212	OB	OB 1000
Encounter	Encounter 1313	OB	OB 1000
Encounter	Encounter 1414	OB	OB 1000
Encounter	Encounter 1515	OB	OB 1000
Encounter	Encounter 1616	OB	OB 1000
Encounter	Encounter 1717	OB	OB 1000
Encounter	Encounter 1818	OB	OB 1000
Encounter	Encounter 1919	OB	OB 1000
Encounter	Encounter 2020	OB	OB 1000
Encounter	Encounter 2121	OB	OB 1000
Encounter	Encounter 2222	OB	OB 1000
Encounter	Encounter 2323	OB	OB 1000
Encounter	Encounter 2424	OB	OB 1000
Encounter	Encounter 2525	OB	OB 1000
Encounter	Encounter 2626	OB	OB 1000
Encounter	Encounter 2727	OB	OB 1000
Encounter	Encounter 2828	OB	OB 1000
Encounter	Encounter 2929	OB	OB 1000
Encounter	Encounter 3030	OB	OB 1000
Encounter	Encounter 3131	OB	OB 1000
Encounter	Encounter 3232	OB	OB 1000
Encounter	Encounter 3333	OB	OB 1000
Encounter	Encounter 3434	OB	OB 1000
Encounter	Encounter 3535	OB	OB 1000
Encounter	Encounter 3636	OB	OB 1000
Encounter	Encounter 3737	OB	OB 1000
Encounter	Encounter 3838	OB	OB 1000
Encounter	Encounter 3939	OB	OB 1000
Encounter	Encounter 4040	OB	OB 1000
Encounter	Encounter 4141	OB	OB 1000
Encounter	Encounter 4242	OB	OB 1000
Encounter	Encounter 4343	OB	OB 1000
Encounter	Encounter 4444	OB	OB 1000
Encounter	Encounter 4545	OB	OB 1000
Encounter	Encounter 4646	OB	OB 1000
Encounter	Encounter 4747	OB	OB 1000
Encounter	Encounter 4848	OB	OB 1000
Encounter	Encounter 4949	OB	OB 1000
Encounter	Encounter 5050	OB	OB 1000
Encounter	Encounter 5151	OB	OB 1000
Encounter	Encounter 5252	OB	OB 1000
Encounter	Encounter 5353	OB	OB 1000
Encounter	Encounter 5454	OB	OB 1000
Encounter	Encounter 5555	OB	OB 1000
Encounter	Encounter 5656	OB	OB 1000
Encounter	Encounter 5757	OB	OB 1000
Encounter	Encounter 5858	OB	OB 1000
Encounter	Encounter 5959	OB	OB 1000
Encounter	Encounter 6060	OB	OB 1000
Encounter	Encounter 6161	OB	OB 1000
Encounter	Encounter 6262	OB	OB 1000
Encounter	Encounter 6363	OB	OB 1000
Encounter	Encounter 6464	OB	OB 1000
Encounter	Encounter 6565	OB	OB 1000
Encounter	Encounter 6666	OB	OB 1000
Encounter	Encounter 6767	OB	OB 1000
Encounter	Encounter 6868	OB	OB 1000
Encounter	Encounter 6969	OB	OB 1000
Encounter	Encounter 7070	OB	OB 1000
Encounter	Encounter 7171	OB	OB 1000
Encounter	Encounter 7272	OB	OB 1000
Encounter	Encounter 7373	OB	OB 1000
Encounter	Encounter 7474	OB	OB 1000
Encounter	Encounter 7575	OB	OB 1000
Encounter	Encounter 7676	OB	OB 1000
Encounter	Encounter 7777	OB	OB 1000
Encounter	Encounter 7878	OB	OB 1000
Encounter	Encounter 7979	OB	OB 1000
Encounter	Encounter 8080	OB	OB 1000
Encounter	Encounter 8181	OB	OB 1000
Encounter	Encounter 8282	OB	OB 1000
Encounter	Encounter 8383	OB	OB 1000
Encounter	Encounter 8484	OB	OB 1000
Encounter	Encounter 8585	OB	OB 1000
Encounter	Encounter 8686	OB	OB 1000
Encounter	Encounter 8787	OB	OB 1000
Encounter	Encounter 8888	OB	OB 1000
Encounter	Encounter 8989	OB	OB 1000
Encounter	Encounter 9090	OB	OB 1000
Encounter	Encounter 9191	OB	OB 1000
Encounter	Encounter 9292	OB	OB 1000
Encounter	Encounter 9393	OB	OB 1000
Encounter	Encounter 9494	OB	OB 1000
Encounter	Encounter 9595	OB	OB 1000
Encounter	Encounter 9696	OB	OB 1000
Encounter	Encounter 9797	OB	OB 1000
Encounter	Encounter 9898	OB	OB 1000
Encounter	Encounter 9999	OB	OB 1000
Encounter	Encounter 10000	OB	OB 1000



Module 4 | 14

IMPLEMENTATION: DATA VALIDATIONS

Helpful Tips

- Blank/missing/duplicative fields
- Inconsistent data
- Patients/encounters
- Time units




Module 4 | 15

IMPLEMENTATION: DATA VALIDATIONS

Helpful Tips

Count of Service Item	CM001	CM003	FS001	HE001	IN001	OR001	OT001	TR001
Care Coordinator	1							
Care Coordinator	1							
Care Coordinator	23							1
Case Manager	3	99	2	61	1	6	42	2
Counselor/Therapist (Certified or Licensed)	1			7			2	1
Eligibility/Financial Worker	98	49	95					
NULL	2	26	5	9	3	2	4	1
OEW	1		1					
Patient care Coordinator	10	363	24	2	1		3	2
[blank]								
Grand Total	114	563	127	79	5	8	51	7

 Module 4 | 19

IMPLEMENTATION: PROCESS EVALUATION


PILOT PHASE PROCESS EVALUATION

Purpose:

- To determine staff's level of comfort with data collection
- To ensure staff's participation and utilization
- To provide additional trainings if needed

Timeframe:

- ~ 1week


 Module 4 | 20

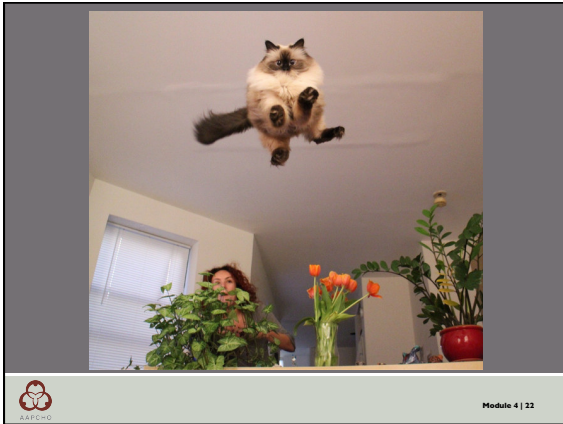
IMPLEMENTATION: PROCESS EVALUATION

PILOT PHASE PROCESS EVALUATION

Resources:

- Routine meetings
- Written evaluations
- ES staff interviews
- Implementation evaluation tool [pg 45-46]

 Module 4 | 21








IMPLEMENTATION: DATA COLLECTION EXAMPLE

CHC 1

- Encounter form completed by enabling service provider immediately after each encounter, at end of day or within 72 hours
- Additional resources allocated to data entry if on paper
- Data is reviewed for accuracy and reasonableness
- Data is pulled by Information Systems staff for period of time and format required
- Give on-going encouragement and feedback to staff




Module 4 | 25

DATA COLLECTION: CHALLENGES

CHC 2

- Decision to document contact type: Office visit, Field visit, Telephone visit
- Initial data determined that 20% of documentation had no contact type
- Barriers were identified and solutions were incorporated into template and workflow
- Impact: number of documents without the contact type box checked reduced from 20% to 10%




Module 4 | 26

DATA COLLECTION: CHALLENGES

Clinic staff and clinical informatics team resistant to implementation.

What are some possible strategies to overcome?

Experiences from our sites: Include project team from beginning: in template development and testing; data collection and analysis process development




Module 4 | 27

DATA COLLECTION: CHALLENGES

Changing staff habits and expectations takes time.

What are some possible strategies to overcome?

Experiences from our sites: Include from beginning- in template development and testing; develop clear procedural process for data collecting and entry; data feedback to staff so they know their work is important; booster trainings




Module 4 | 28

DATA COLLECTION: CHALLENGES

Tracking time for providing ES proved difficult.

What are some possible strategies to overcome?

Experiences from our sites: staple ES form to the superbill for the whole visit if there's no patient information, making documentation part of service provision, training with documentation practice




Module 4 | 29

DATA COLLECTION: CHALLENGES

Staff turnover

What are some possible strategies to overcome?

Experiences from our sites: booster trainings, incorporate into new ES orientation items, clear and consistent data collection and entry procedurals




Module 4 | 30

DATA COLLECTION: CHALLENGES


Data not saved and or entered properly.

What are some possible strategies to overcome?


Experiences from our sites: keep track of common data entry errors and or missing fields, monitor data entry



Module 4 | 31



DATA ANALYSIS & REPORTING



Module 4 | 32




Module 4 | 33

DATA ANALYSIS & REPORTING

IMPORTANT CONSIDERATIONS:

- What will you be using the data for?
- Who's responsible for analysis and reporting?
- How often will you analyze and report out?
- Who will see it?
- Is there capacity?




Module 4 | 34

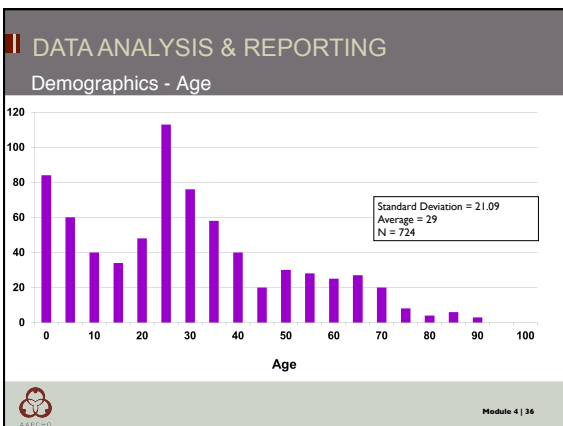
DATA ANALYSIS & REPORTING

TYPES OF ANALYSES:

- Demographic
 - Age
 - Race/Ethnicity
 - Primary Language
 - Insurance status
- Utilization
- Health Outcomes



Module 4 | 35

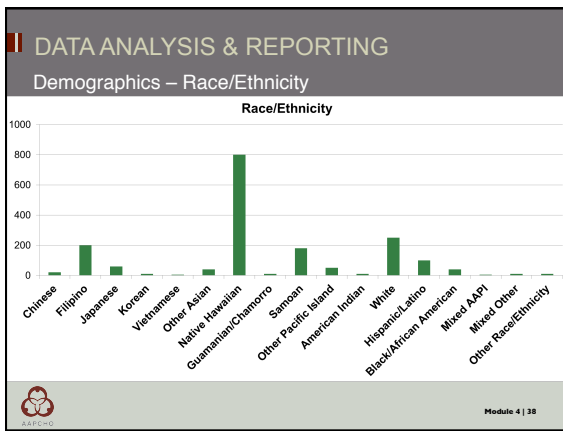


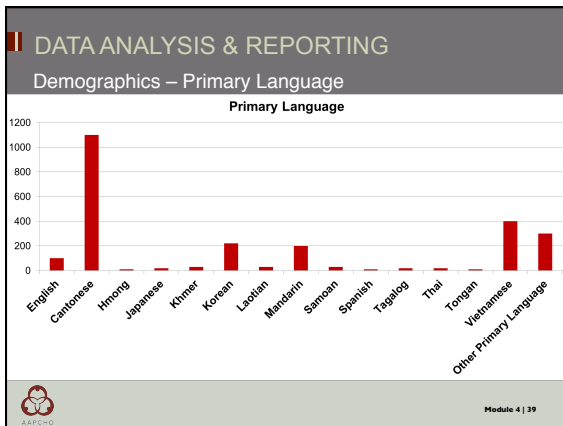
DATA ANALYSIS & REPORTING

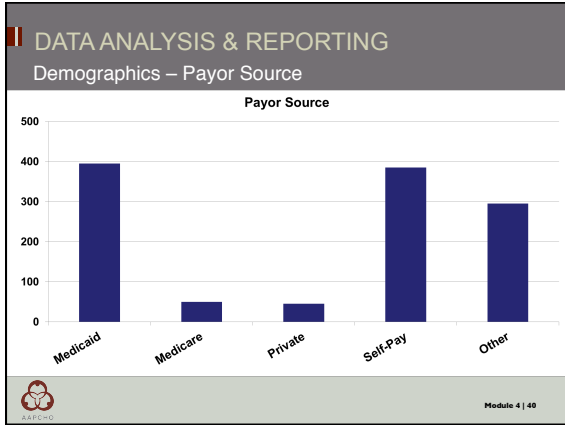
Demographics

	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%

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DATA ANALYSIS & REPORTING

Demographics – Language & Payor Source

	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%


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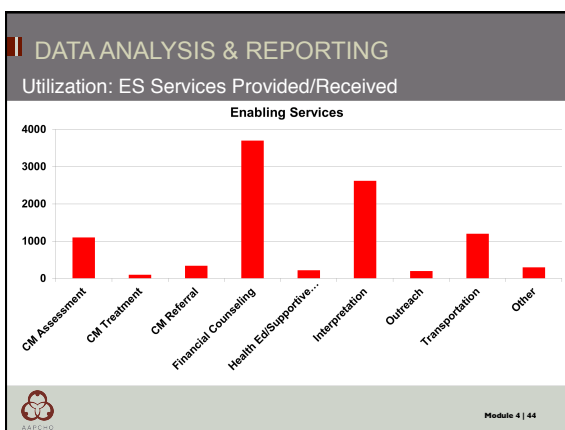


DATA ANALYSIS & REPORTING

Utilization: Providers of ES


	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%	--

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DATA ANALYSIS & REPORTING

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)

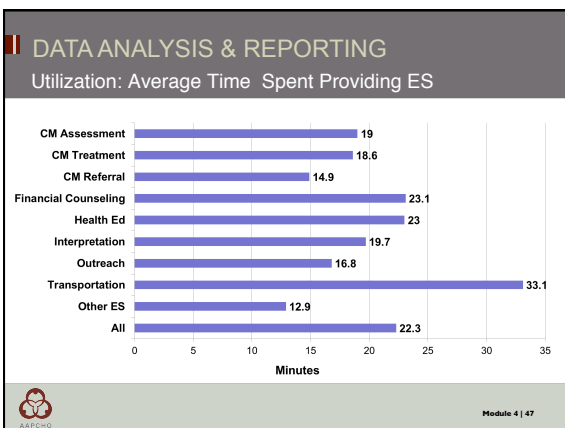
 Module 4 | 45

DATA ANALYSIS & REPORTING

Enabling Service	Percent Visits in Which ES Provided (Average Time Spent)		
	Charles Drew (Omaha, NE)	Harbor Homes (Nashua, NH)	Peak Vista (Colorado Springs, CO)
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)	--




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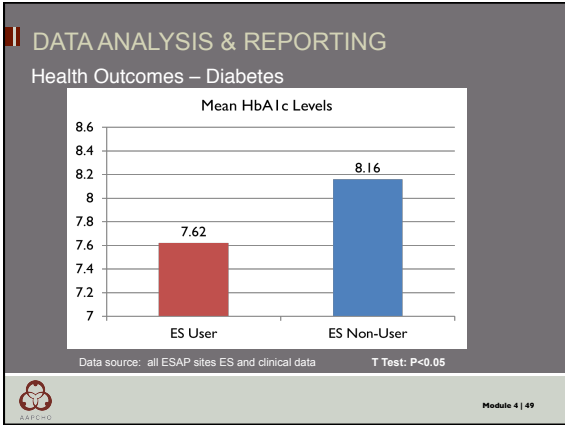


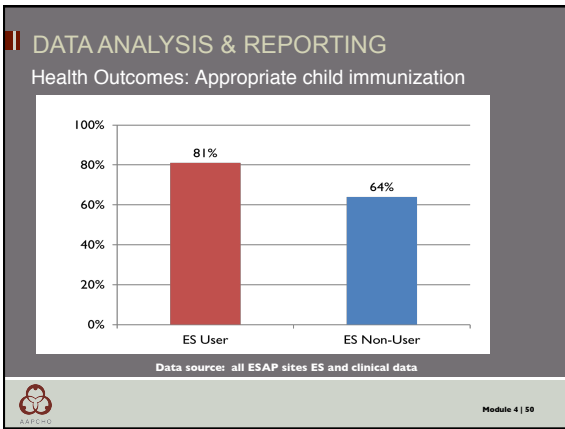
DATA ANALYSIS & REPORTING

TYPE OF ANALYSIS:
 Health Outcomes: Children's immunization
 Do users of Enabling Services have better outcomes on diabetes and children's immunizations when compared with non-users?



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TELLING THE STORY: EXTERNAL


Supporting your health center and your patients

Module 5 | 52

TELLING THE STORY: EXTERNAL


Health Center	# of Patients	# of ES Encounters	Average Age	Gender (%Women)	Non-English Speaking Patients	Most Common Insurance	Most Common ES used	Most Common ES Provider type
CHC	5,450	27,712	33	69%	91%	Medicaid, 52%; Self Pay, 19%	CM-Assessment followed by CM-Treatment	Social Worker, Social Work Assistant



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TELLING THE STORY: EXTERNAL


Health Center	# of Patients	# of ES Encounters	Average Age	Gender (%Women)	Non-English Speaking Patients	Most Common Insurance	Most Common ES used	Most Common ES Provider type
CHC2	3,358	16,624	39	66%	64%	Medicaid, 47%; Self Pay, 29%	Interpretation; followed by Outreach; Financial Counseling	Community Health Worker; Eligibility Worker



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TELLING THE STORY: EXTERNAL


Health Center	# of Patients	# of ES Encounters	Average Age	Gender (%Women)	Non-English Speaking Patients	Most Common Insurance	Most Common ES used	Most Common ES Provider Type
CHC3	6022	26,843	32	62%	4%	Self Pay 44% Medicaid 49%	Financial Counseling; Eligibility followed Case Management	Case Managers (47%); Eligibility Worker (38%)

 Module 5 | 55

PAYMENT REFORM

- Current funding structure/mechanism for ES




 Module 5 | 56

PAYMENT REFORM


- New efforts to modernize the payment model

1. CMS Single National Encounter Rate Proposal
2. AK's proposal

 Module 5 | 57

PAYMENT REFORM

- Quality and efficiency of care
- Proving the value of enabling services



Module 5 | 58



Module 4 | 59



THANK YOU.

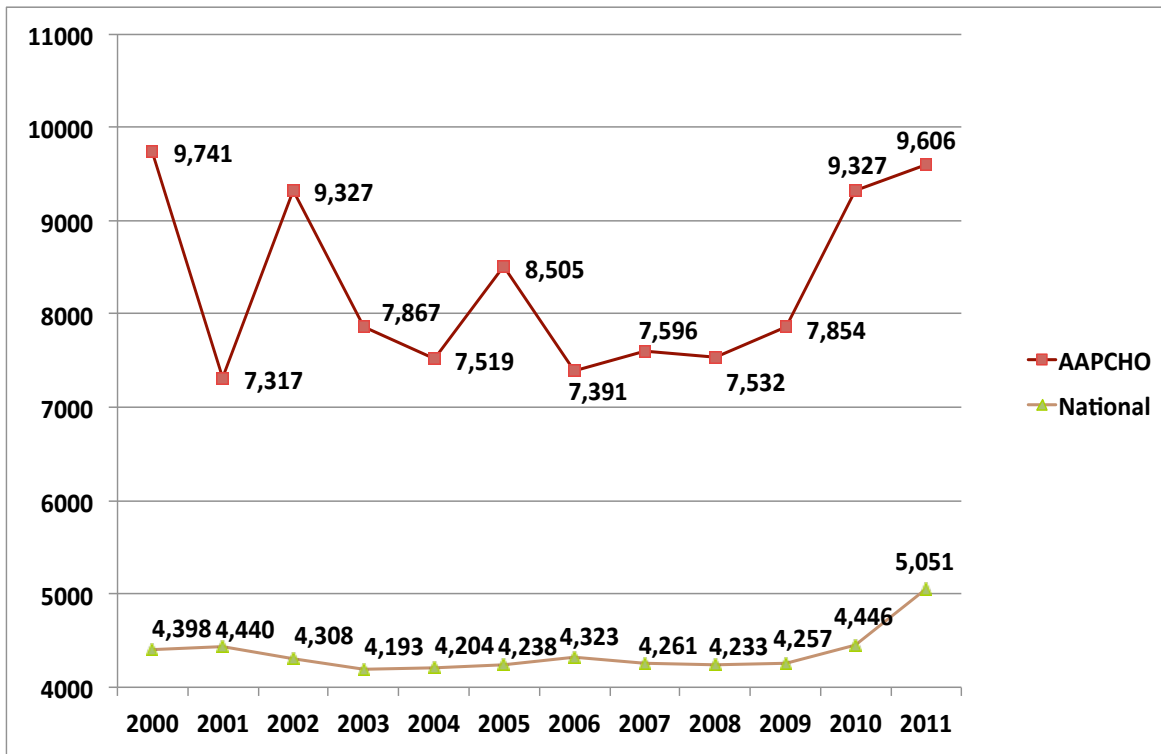


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Enabling Services Training Handout

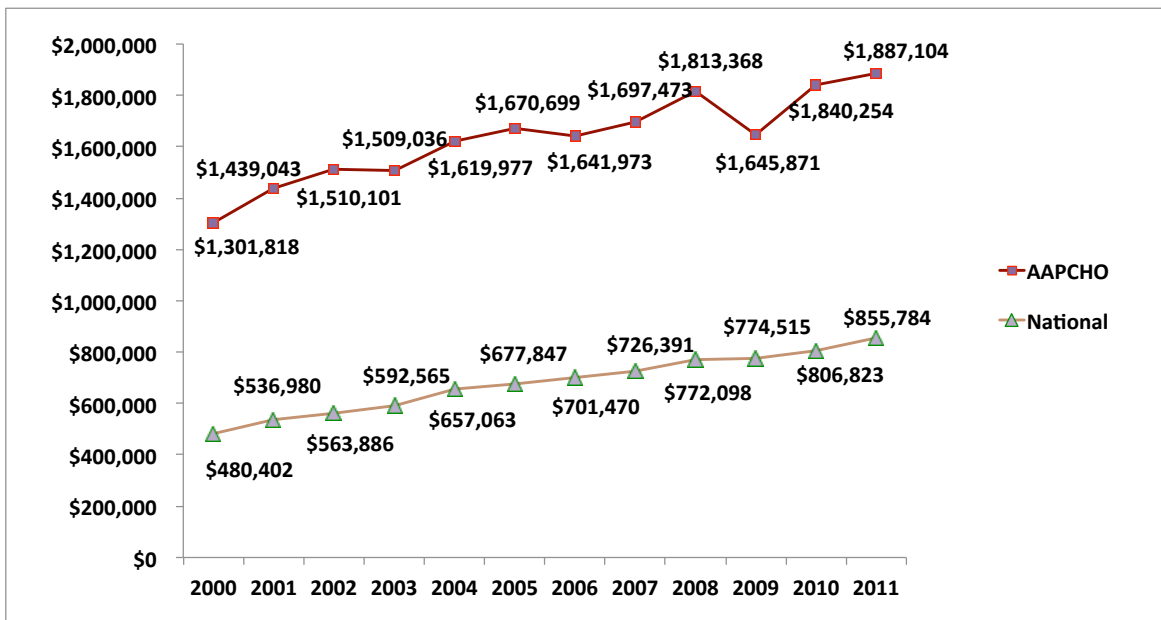
Modules' Graphs and Tables

CHALLENGES: HIGHER UTILIZATION



Module 1 | Slide 12

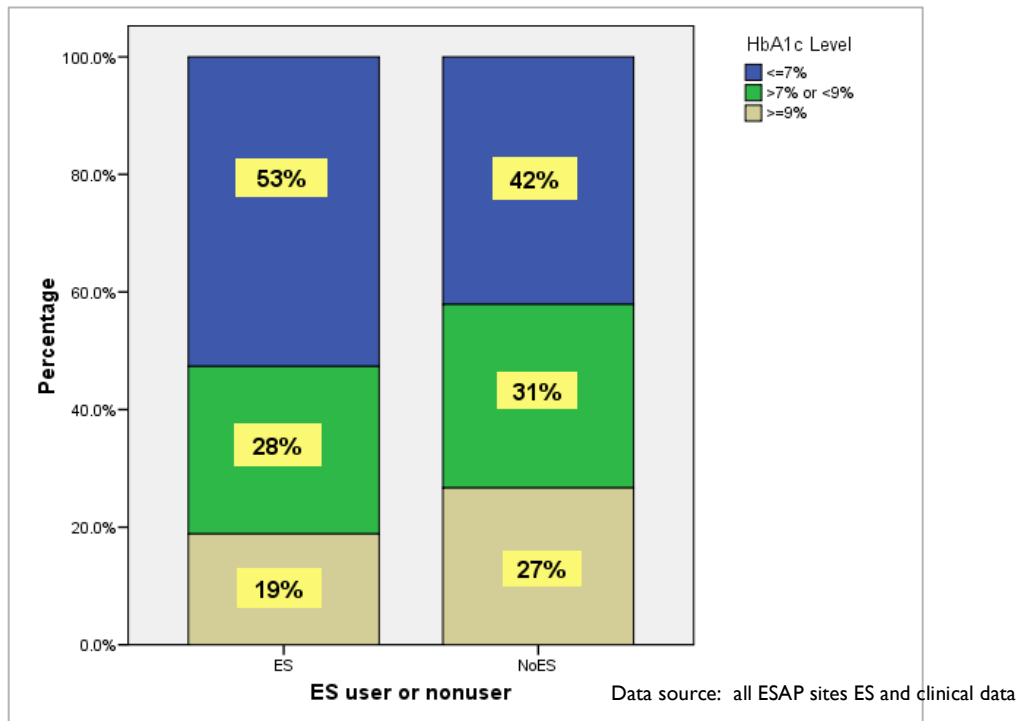
CHALLENGES: RISING COSTS



Module 1 | Slide 13

ESAP OUTCOMES: PATIENT BENEFITS

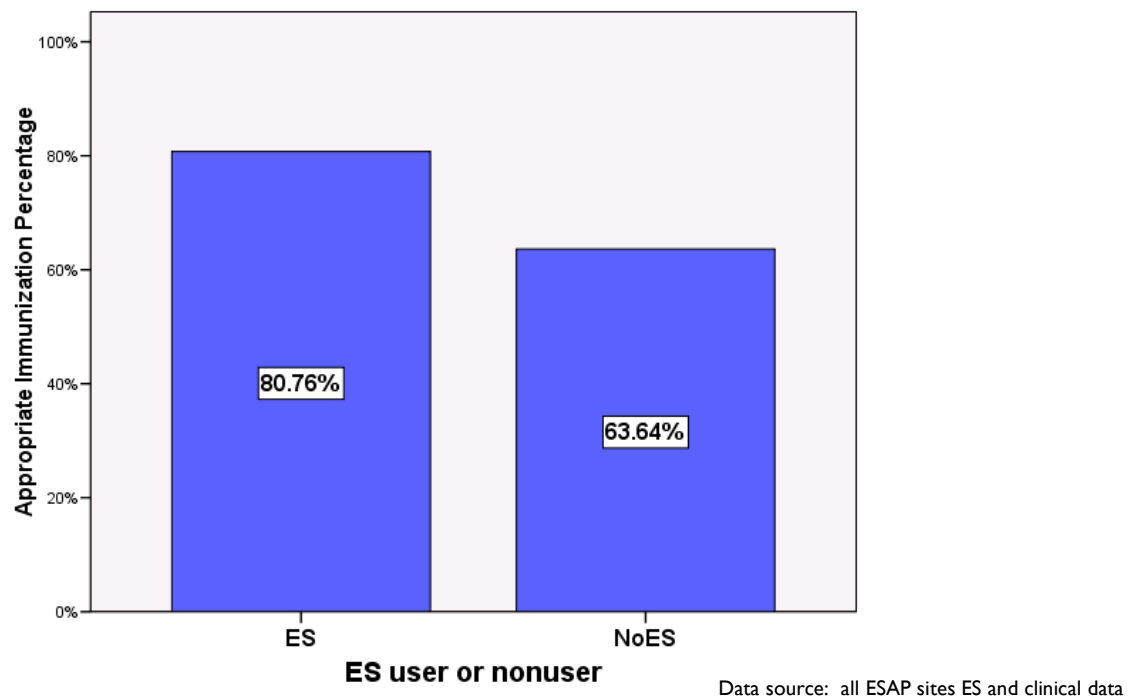
-ES users have better outcomes for diabetes



Module 1 | Slide 18

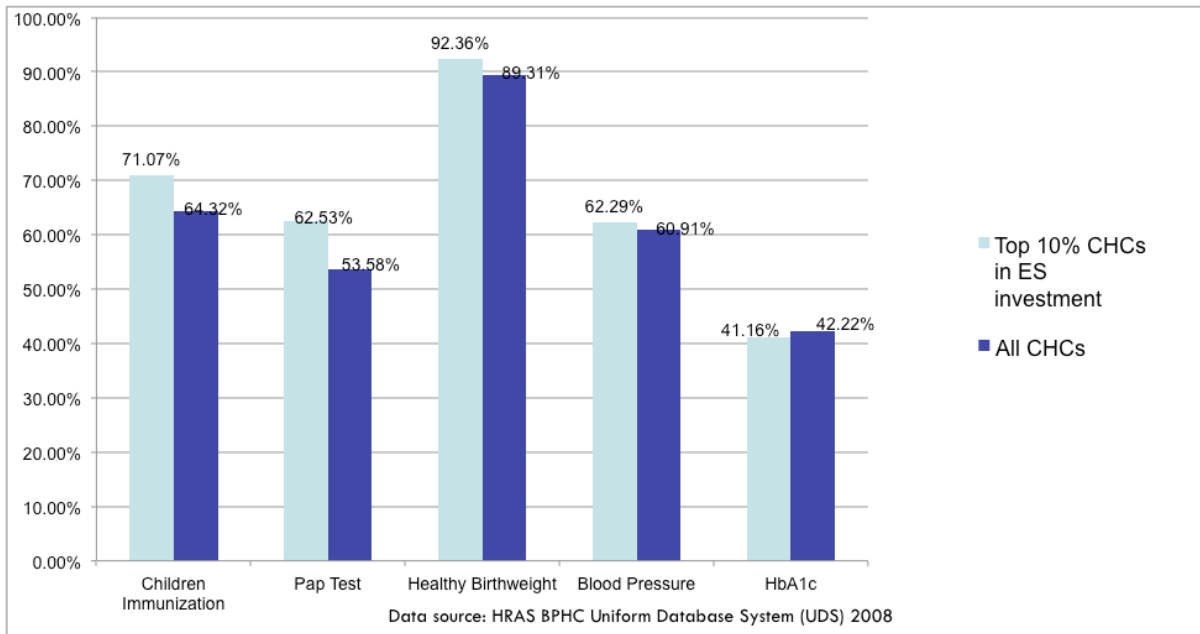
ESAP OUTCOMES: PATIENT BENEFITS

-ES users have better outcomes for appropriate child immunization



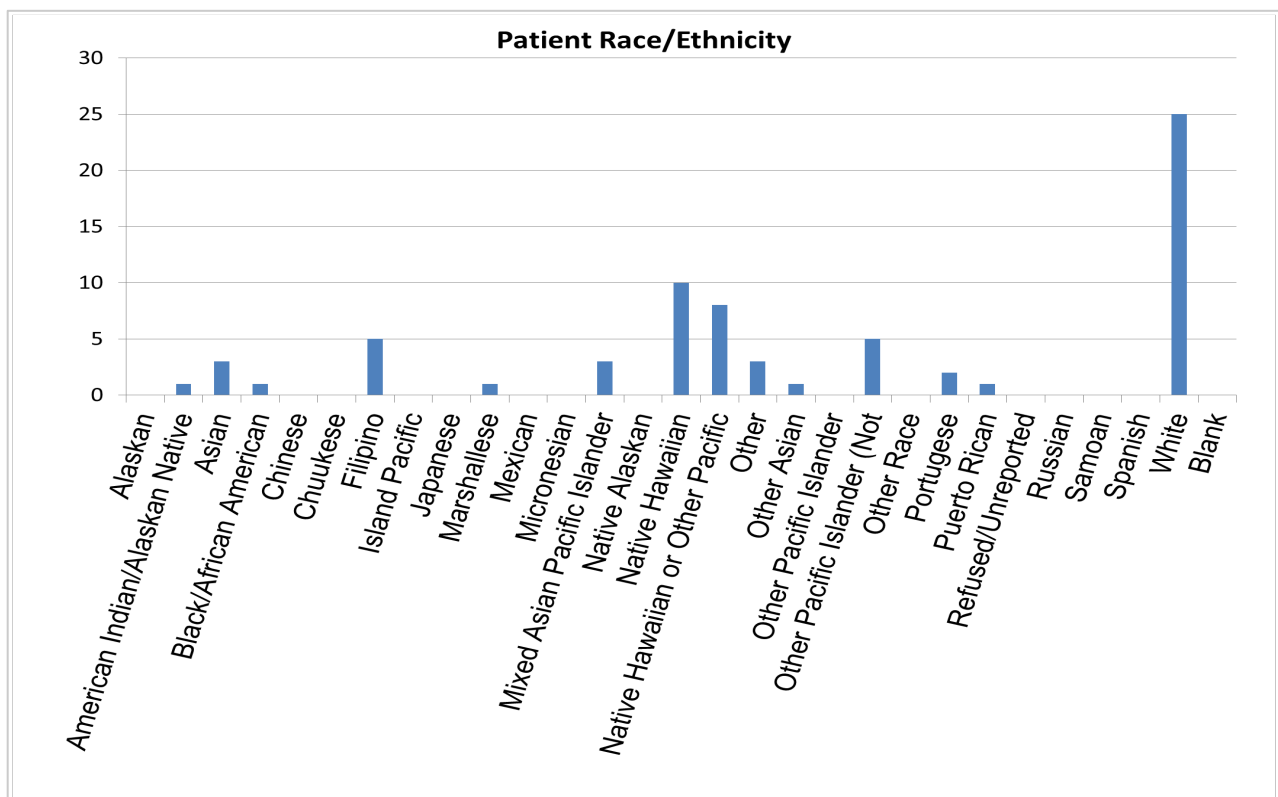
Module 1 | Slide 19

INVESTMENT in ENABLING SERVICES ASSOCIATED WITH BETTER HEALTH OUTCOMES



Module 1 | Slide 20

IMPLEMENTATION: DATA VALIDATIONS



Module 4 | Slide 16

IMPLEMENTATION: DATA VALIDATIONS

Count of Service Item	CM001	CM003	FC001	HE001	IN001	OR001	OT001	TR001
Care Coordinator		1						
Care Coordinator		1						
Care Coordinator		23						1
Case Manager	3	99	2	61	1	6	42	2
Counselor/Therapist (certified or licensed)		1		7			2	1
Eligibility/Financial Worker	98	49	95					
NULL	2	26	5	9	3	2	4	1
OEW	1		1					
Patient care Coordinator	10	363	24	2	1		3	2
(blank)								
Grand Total	114	563	127	79	5	8	51	7

Module 4 | Slide 17

TELLING THE STORY: INTERNALLY

Narrating your numbers (total patients receiving ES: 167)

Service Code	Count	Time (Minutes)	Avg Per Service (Minutes)	
TR001		12	670	55.83
HE001		77	2470	32.08
IN001		8	190	23.75
FC001		707	15860	22.43
CM003		111	1830	16.49
OT001		30	400	13.33
CM001		3	30	10
CM002		3	30	10
OR001		9	90	10
		960	21570	22.47
		960	21570	22.47

Module 5 | Slide 6

TELLING THE STORY: INTERNALLY

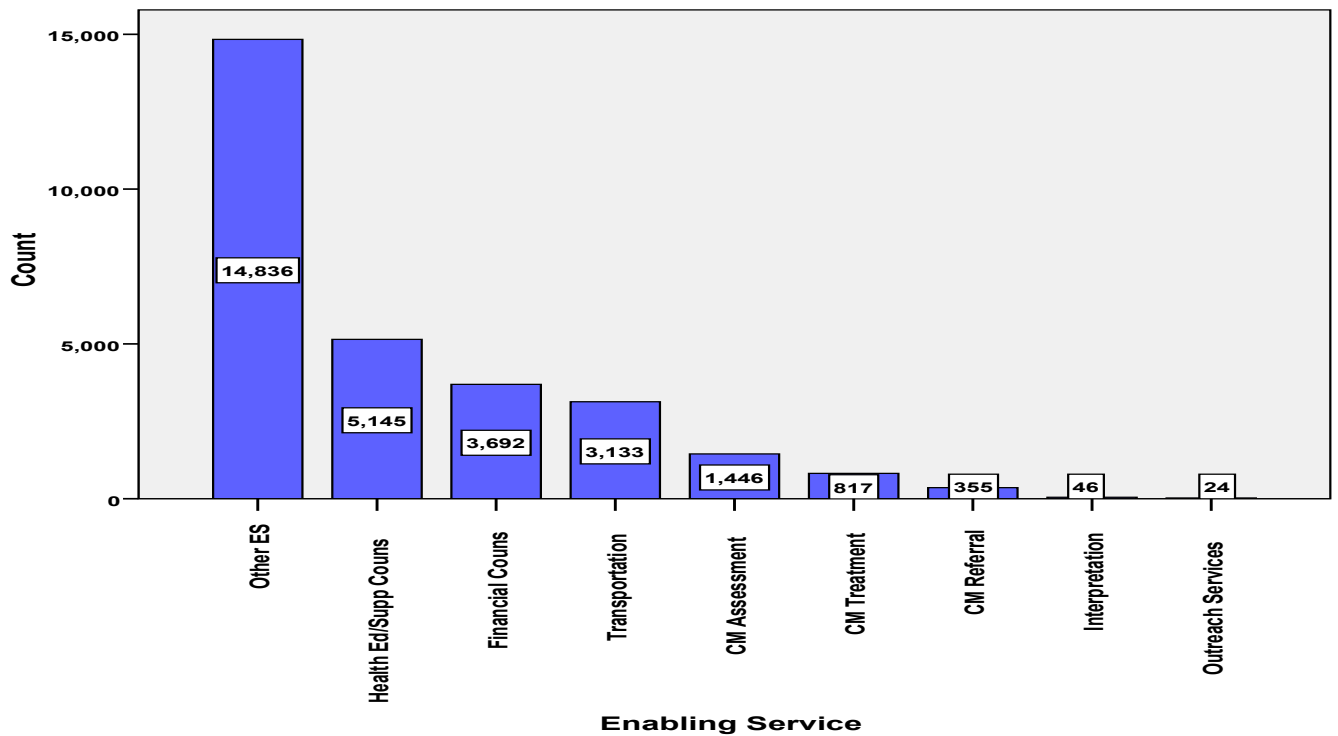
Making your ES data actionable

ES Avg Time Per Provider Type Report

Practice Name	Provider Type	Service Code	Services Per Code	Minutes per Cod	Average
	Counselor/Therapist (certified or licensed)	CM003	1	20	20.00
		FC001	3	60	20.00
		HE001	1	60	60.00
		Total	5	140	28.00
	Dental Personnel	FC001	7	170	24.29
		Total	7	170	24.29
	Other	HE001	9	440	48.89
		Total	9	440	48.89
	Physician (MD or DO)	CM001	3	30	10.00
		CM002	3	30	10.00
		CM003	110	1810	16.45
		FC001	697	15630	22.42
		HE001	67	1970	29.40
		IN001	8	190	23.75
		OR001	9	90	10.00
		OT001	30	400	13.33
		TR001	12	670	55.83
		Total	939	20820	22.17
	Total		960	21570	22.47
Grand Total					

Module 5 | Slide 7

Making your ES data actionable



Module 5 | Slide 8

TELLING THE STORY: EXTERNAL

Health Center	# of Patients	# of ES Encounters	Average Age	Gender (%Women)	Non-English Speaking Patients	Most Common Insurance	Most Common ES used	Most Common ES Provider type
CHC	5,150	27,712	33	69%	91%	Medicaid, 52%; Self Pay, 19%	CM-Assessment followed by CM-Treatment	Social Worker, Social Work Assistant

Module 5 | Slide 10

Health Center	# of Patients	# of ES Encounters	Average Age	Gender (%Women)	Non-English Speaking Patients	Most Common Insurance	Most Common ES used	Most Common ES Provider type
CHC2	3,358	16,624	39	66%	64%	Medicaid, 47%; Self Pay, 29%	Interpretation; followed by Outreach; Financial Counseling	Community Health Worker; Eligibility Worker

Module 5 | Slide 11

Health Center	# of Patients	# of ES Encounters	Average Age	Gender (%Women)	Non-English Speaking Patients	Most Common Insurance	Most Common ES used	Most Common ES Provider type
CHC3	6022	26,843	32	62%	4%	Self Pay 44%; Medicaid 40%	Financial Counseling ; Eligibility followed Case Management	Case Managers (47%); Eligibility Worker (38%)

Module 5 | Slide 12

Enabling Services Training Handout

Coding & Definitions

Code	Name	Definition
CM001	Case Management (CM) Assessment	<p>Non-medical assessment that includes the use of an acceptable instrument measuring socioeconomic status, wellness, or other non-medical health status.</p> <p>Some examples include: new patient assessment, Achenbach assessment, and psychosocial assessment. Does NOT include: cancer screening, HIV testing, spirometry.</p>
CM002	Case Management (CM) Treatment & Facilitation	<p>An encounter with a patient or their household/or family member in which the patient's <i>treatment plan</i> is developed or facilitated by a Case Manager. The plan must incorporate the referral to services of multiple providers or healthcare disciplines. If the service only includes referral to 1 provider, please use Case Management Referral.</p> <p>Some examples include: crisis intervention (all services), directly observed therapy, and pharmaceutical management. Does NOT include: provision of traditional healing services, family counseling (should be coded as Health Education/Supportive Counseling if not provided as part of a treatment plan that involves more than one provider), referral to substance abuse treatment (would be under case Management Referral Services if not part of treatment plan).</p>
CM003	Case Management (CM) Referral	<p>Facilitation of a health-related visit with a patient to a healthcare or social service provider.</p> <p>Some examples include: creating an appointment with WIC staff, arranging for visit to a social worker, linkage to traditional healers.</p>
FC001	Eligibility Assistance/ Financial Counseling	<p>Counseling of a patient with financial limitations and assessing the patient's eligibility to a sliding fee scale or health insurance program [ie Medicaid, Medicare, CHIP...] or pharmaceutical benefits program; or assistance in the development of a payment plan.</p> <p>Some examples include: enrollment in Medicaid managed care plan, development of payment plans, and eligibility determination for pharmaceutical program, explaining a medical bill from a hospital. Does NOT include: referral to an off-site eligibility counselor (should be entered under 'Other Enabling Services' category), debt counseling (should be entered under 'Other Enabling Services' category), providing assistance with filling out financial aid forms for college (should be entered under 'Other Enabling Services' category), explaining a bill from your own health center (this is part of routine health center procedures and is not considered an ES).</p>

HE001	Health Education/ Supportive Counseling*	Provision of health education or supportive counseling with a patient in which wellness, preventive disease management or other improved health outcomes are attempted through behavior change methodology.
IN001	Interpretation	<p>The provision of interpreter services by a third party (other than the service provider) intended to reduce barriers to a limited English-proficient (LEP) patient or a patient with documented limitations in writing or speaking skills sufficient to affect the outcome of a medical visit or procedure. [Includes sign language]</p> <p>Some examples include: interpreting between a patient and a health plan representative, providing sign language during a health education workshop, interpreting over the phone for a physician at a hospital and a health center patient, translating medication instructions to primary language.</p> <p>Does NOT include: interpreting between a patient and homeless shelter personnel (should be entered under the 'Other Enabling Services' category), interpreting GED materials in English to primary language of a patient (should be entered under the 'Other Enabling Services' category), providing health education in Vietnamese (should be coded as 'Health Education/Supportive Counseling' and check 'Provided in language other than English,' if category available, because the primary services is Health Education), translating an electric bill for a health center patient (should be entered under the 'Other Enabling Services' category).</p>
OR001	Outreach	<p>Patient services that result in the acceptance of a new patient who was formerly without a primary care provider at your health center.</p> <p>Some examples include: a community health fair with a method for resulting in a patient's kept appointment to the health center, assignment of a patient at the health center to a primary care provider, telephone calls to patients to encourage colon cancer screening.</p>
TR001	Transportation	<p>Providing transportation assistance [directly or via referral] to a patient requiring transport to receive appropriate medical care.</p> <p>Some examples include: van service to and from appointments at the health center, coordinating car service to off-site specialist appointments, and enrolling patients in a transportation voucher program.</p> <p>Does NOT include: van service to a soup kitchen, providing reimbursement for taxi fare, handing out transportation tokens.</p>
OT001	Other	<p>All other services that reduce access barriers to health care for a patient and that do not fall into the other 8 categories.</p> <p>Some examples include: child care, parenting workshops, food provision.</p>

AAPCHO'S Enabling Services Protocol_ Extended Categories

Health centers can use Health Education/Supportive Counseling as 1 category to capture any health education and or supportive counseling services. Alternatively, health centers can use 3 separate categories.

Code	Category	Notes	Category Definition
HE003	Health Education-Individual	*Health Education/Supportive Counseling (HE001) can be broken down into three separate categories.	<p>The provision of health education with a patient in which wellness, preventive disease management, or other improved health outcomes are attempted through behavior change methodology.</p> <p>Some examples include: providing a patient with diabetes information on nutrition, and explaining a brochure on breast self-exams.</p>
HE002	Health Education-Group		<p>The provision of health education with patients in a workshop or groups of 2-12* people in which wellness, preventive disease management, or other improved health outcomes are attempted through behavior change methodology.</p> <p>Some examples include: Prenatal care workshops, group sessions on smoking cessation, and small group sessions for asthma management.</p>
HE004	Supportive Counseling		<p>Counseling sessions for the purpose of providing a supportive environment to discuss a patient's needs and or concerns that are not tied specifically to a treatment plan.</p> <p>Some examples include: family counseling for a patient with cancer, substance abuse counseling, and domestic violence counseling.</p> <p>Does NOT include: job counseling (should be entered under the 'Other Enabling Services' category), nutrition workshops (should be entered as Health Education-Group).</p>

TIME DOCUMENTATION REQUIREMENTS

An enabling service encounter should be documented if it meets the following criteria:

- ✓ Service must be provided by a staff member, volunteer, contractor at your health center
- ✓ Service must be linked to a medical patient at your health center
- ✓ Service must be provided to the patient or to their primary caregiver
- ✓ Service must last 10 minutes or longer
 - Round to 10-mins interval
 - Less than or equal to 4, round down
 - Greater than or equal to 5, round up
- ✓ Service *should* be documented on 1 encounter form per patient encounter/per provider, regardless of the number of services provided during that encounter. For example, if a provider provided both Health Education and Case Management Referral services to the patient during an encounter, the provider should document both services on the same encounter form.

Enabling Services Training Handout

Module 2- Enabling Services Encounter Scenarios Handout

Directions: For each of the scenario below, circle the enabling services provided and corresponding time spent; encounter type and specify language if service was provided in a language other than English on the 'Scenarios Template Handout'.

Scenario 1

A 42-year-old male patient, primary language is Vietnamese, walked in your health center without an appointment. First, the enabling service (ES) provider spends 23 minutes translating between the physician and patient during the exam. He is diagnosed with hypertension and is prescribed medications. After the appointment, the ES provider spends another 18 minutes explaining in Vietnamese a brochure on hypertension that is written in English, discussing the condition and treatment in more detail.

Which type of services were provided and for how long?

Scenario 2

A 55-year old Mexican male who is experiencing homelessness came to the health center's mobile medical unit during its weekly rounds at a local church. The ES provider performed a psychosocial assessment, which took 24 minutes. The ES provider also spent 18 minutes talking with him about his challenges related to alcohol dependency and 12 minutes talking to him about a supportive housing program.

Which type of services were provided and for how long?

Scenario 3

A health education specialist records a radio program on various health topics every week. The recording is 10 minutes long and she spends about 90 minutes in preparation for each recording.

Which type of services were provided and for how long?

Scenario 4

A care coordinator calls a Spanish-speaking patient on the phone to provide the patient with information on smoking cessation. She spent 15 minutes on the phone discussing strategies about how to quit smoking in Spanish.

Which type of services were provided and for how long?

Scenario 5

A 66-year-old female patient, whose primary language is Korean, complains that she has been feeling sad and lonely. She is referred to an ES provider since she can speak Korean. The ES provider first spent 30 minutes screening her for depression then another 12 minutes referring her to a mental health specialist.

Which type of services were provided and for how long?

Scenario 6

A 55-year-old African American male patient has several conditions, including diabetes. During his most recent scheduled visit, the ES provider spent 40 minutes developing a medication management plan for this patient. Of that time, the ES provider spent approximately 12 minutes arranging a referral to a podiatrist.

Which type of services were provided and for how long?

Scenario 7

A 24 year old white female patient who is homeless needs to get the HPV vaccine. The ES provider spent 15 minutes helping her apply for the free HPV vaccine program and another 22 minutes counseling her on STIs.

Which type of services were provided and for how long?

Scenario 8

A 40 year old Honduran patient currently has no insurance. The ES provider spent 36 minutes helping him apply for Medi-Cal. A few days after, the ES provider calls to let him know that his application for Medi-Cal was approved and helped him pick a primary care provider at the health center. The ES provider spent 14 minutes doing this.

Which type of services were provided and for how long?

Scenario 9

A case manager called a patient about some test results, but there was no answer so she left a message, which took her a total of 1 minute. She then called the patient's provider and gave the provider an update on the patient including the screenings she completed on the patient and the resources she directed the patient to for food and clothing. She also recommends to the provider that the patient may need a referral to the ENT specialist. Her conversation with the provider was 12 minutes.

Which type of services were provided and for how long?

Scenario 10

An ES provider contacts a female patient by telephone to remind her that she is due for a pap test and spent about 10 minutes explaining to her the importance of pap tests and answering her questions. Later that day, the same patient comes in to the same ES provider about scheduling a mammogram test as well. The ES provider spent 20 minutes assessing her past medical history as well as her last mammogram and scheduling an appointment. The ES provider also spent another 15 minutes providing her education about completing a mammogram.

Which type of services were provided and for how long?

Participant's Scenario

Please describe your most recent ES encounter:

- General patient characteristics (gender, age, race/ethnicity)
- Service(s) you provided
- Time you spent providing each services

Which type of services were provided and for how long?

Enabling Services Training Handout

Module 2- Scenarios Template Handout

Scenario 1

Service Date (M/D/Y)	Provider ID	Patient ID	Patient DOB (M/D/Y)	Patient Gender	Pt. Zip Code										
Encounter Type (check only one):		<input type="checkbox"/> Face to Face		<input type="checkbox"/> Telecommunication		<input type="checkbox"/> Off-site									
Appointment Type (check only one):		<input type="checkbox"/> Scheduled		<input type="checkbox"/> Walk-in											
Group or Individual (check only one):		<input type="checkbox"/> Group		<input type="checkbox"/> Individual											
<input type="checkbox"/> Service provided in language other than English— specify language _____															
ENABLING SERVICE		CODE	MINUTES (Circle one or specify in Other if > 120 minutes)											Other	
Case Management – Assessment		CM001	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management (CM) – Treatment & Facilitation		CM002	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management – Referral		CM003	10	20	30	40	50	60	70	80	90	100	110	120	
Financial Counseling/ Eligibility Assistance		FC001	10	20	30	40	50	60	70	80	90	100	110	120	
Health Education (HE)/ Supportive Counseling		HE001	10	20	30	40	50	60	70	80	90	100	110	120	
Interpretation Services		IN001	10	20	30	40	50	60	70	80	90	100	110	120	
Outreach Services		OR001	10	20	30	40	50	60	70	80	90	100	110	120	
Transportation		TR001	10	20	30	40	50	60	70	80	90	100	110	120	
Other: describe services below _____		OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenario 2

Service Date (M/D/Y)	Provider ID	Patient ID	Patient DOB (M/D/Y)	Patient Gender	Pt. Zip Code										
Encounter Type (check only one):		<input type="checkbox"/> Face to Face		<input type="checkbox"/> Telecommunication		<input type="checkbox"/> Off-site									
Appointment Type (check only one):		<input type="checkbox"/> Scheduled		<input type="checkbox"/> Walk-in											
Group or Individual (check only one):		<input type="checkbox"/> Group		<input type="checkbox"/> Individual											
<input type="checkbox"/> Service provided in language other than English— specify language _____															
ENABLING SERVICE		CODE	MINUTES (Circle one or specify in Other if > 120 minutes)											Other	
Case Management – Assessment		CM001	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management (CM) – Treatment & Facilitation		CM002	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management – Referral		CM003	10	20	30	40	50	60	70	80	90	100	110	120	
Financial Counseling/ Eligibility Assistance		FC001	10	20	30	40	50	60	70	80	90	100	110	120	
Health Education (HE)/ Supportive Counseling		HE001	10	20	30	40	50	60	70	80	90	100	110	120	
Interpretation Services		IN001	10	20	30	40	50	60	70	80	90	100	110	120	
Outreach Services		OR001	10	20	30	40	50	60	70	80	90	100	110	120	
Transportation		TR001	10	20	30	40	50	60	70	80	90	100	110	120	
Other: describe services below _____		OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenario 3

Service Date (M/D/Y)	Provider ID	Patient ID	Patient DOB (M/D/Y)	Patient Gender	Pt. Zip Code									
Encounter Type (check only one):		<input type="checkbox"/> Face to Face		<input type="checkbox"/> Telecommunication		<input type="checkbox"/> Off-site								
Appointment Type (check only one):		<input type="checkbox"/> Scheduled		<input type="checkbox"/> Walk-in										
Group or Individual (check only one):		<input type="checkbox"/> Group		<input type="checkbox"/> Individual										
<input type="checkbox"/> Service provided in language other than English— specify language _____														
ENABLING SERVICE	CODE	MINUTES (Circle one or specify in Other if > 120 minutes)												Other
Case Management – Assessment	CM001	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management (CM) – Treatment & Facilitation	CM002	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management – Referral	CM003	10	20	30	40	50	60	70	80	90	100	110	120	
Financial Counseling/ Eligibility Assistance	FC001	10	20	30	40	50	60	70	80	90	100	110	120	
Health Education (HE)/ Supportive Counseling	HE001	10	20	30	40	50	60	70	80	90	100	110	120	
Interpretation Services	IN001	10	20	30	40	50	60	70	80	90	100	110	120	
Outreach Services	OR001	10	20	30	40	50	60	70	80	90	100	110	120	
Transportation	TR001	10	20	30	40	50	60	70	80	90	100	110	120	
Other: describe services below _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenario 4

Service Date (M/D/Y)	Provider ID	Patient ID	Patient DOB (M/D/Y)	Patient Gender	Pt. Zip Code									
Encounter Type (check only one):		<input type="checkbox"/> Face to Face		<input type="checkbox"/> Telecommunication		<input type="checkbox"/> Off-site								
Appointment Type (check only one):		<input type="checkbox"/> Scheduled		<input type="checkbox"/> Walk-in										
Group or Individual (check only one):		<input type="checkbox"/> Group		<input type="checkbox"/> Individual										
<input type="checkbox"/> Service provided in language other than English— specify language _____														
ENABLING SERVICE	CODE	MINUTES (Circle one or specify in Other if > 120 minutes)												Other
Case Management – Assessment	CM001	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management (CM) – Treatment & Facilitation	CM002	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management – Referral	CM003	10	20	30	40	50	60	70	80	90	100	110	120	
Financial Counseling/ Eligibility Assistance	FC001	10	20	30	40	50	60	70	80	90	100	110	120	
Health Education (HE)/ Supportive Counseling	HE001	10	20	30	40	50	60	70	80	90	100	110	120	
Interpretation Services	IN001	10	20	30	40	50	60	70	80	90	100	110	120	
Outreach Services	OR001	10	20	30	40	50	60	70	80	90	100	110	120	
Transportation	TR001	10	20	30	40	50	60	70	80	90	100	110	120	
Other: describe services below _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenario 5

Service Date (M/D/Y)	Provider ID	Patient ID	Patient DOB (M/D/Y)	Patient Gender	Pt. Zip Code									
Encounter Type (check only one):		<input type="checkbox"/> Face to Face		<input type="checkbox"/> Telecommunication		<input type="checkbox"/> Off-site								
Appointment Type (check only one):		<input type="checkbox"/> Scheduled		<input type="checkbox"/> Walk-in										
Group or Individual (check only one):		<input type="checkbox"/> Group		<input type="checkbox"/> Individual										
<input type="checkbox"/> Service provided in language other than English—specify language_____														
ENABLING SERVICE	CODE	MINUTES (Circle one or specify in Other if > 120 minutes)												Other
Case Management – Assessment	CM001	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management (CM) – Treatment & Facilitation	CM002	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management – Referral	CM003	10	20	30	40	50	60	70	80	90	100	110	120	
Financial Counseling/ Eligibility Assistance	FC001	10	20	30	40	50	60	70	80	90	100	110	120	
Health Education (HE)/ Supportive Counseling	HE001	10	20	30	40	50	60	70	80	90	100	110	120	
Interpretation Services	IN001	10	20	30	40	50	60	70	80	90	100	110	120	
Outreach Services	OR001	10	20	30	40	50	60	70	80	90	100	110	120	
Transportation	TR001	10	20	30	40	50	60	70	80	90	100	110	120	
Other: describe services below _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenario 6

Service Date (M/D/Y)	Provider ID	Patient ID	Patient DOB (M/D/Y)	Patient Gender	Pt. Zip Code									
Encounter Type (check only one):		<input type="checkbox"/> Face to Face		<input type="checkbox"/> Telecommunication		<input type="checkbox"/> Off-site								
Appointment Type (check only one):		<input type="checkbox"/> Scheduled		<input type="checkbox"/> Walk-in										
Group or Individual (check only one):		<input type="checkbox"/> Group		<input type="checkbox"/> Individual										
<input type="checkbox"/> Service provided in language other than English—specify language_____														
ENABLING SERVICE	CODE	MINUTES (Circle one or specify in Other if > 120 minutes)												Other
Case Management – Assessment	CM001	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management (CM) – Treatment & Facilitation	CM002	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management – Referral	CM003	10	20	30	40	50	60	70	80	90	100	110	120	
Financial Counseling/ Eligibility Assistance	FC001	10	20	30	40	50	60	70	80	90	100	110	120	
Health Education (HE)/ Supportive Counseling	HE001	10	20	30	40	50	60	70	80	90	100	110	120	
Interpretation Services	IN001	10	20	30	40	50	60	70	80	90	100	110	120	
Outreach Services	OR001	10	20	30	40	50	60	70	80	90	100	110	120	
Transportation	TR001	10	20	30	40	50	60	70	80	90	100	110	120	
Other: describe services below _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenario 7

Service Date (M/D/Y)	Provider ID	Patient ID	Patient DOB (M/D/Y)	Patient Gender	Pt. Zip Code									
Encounter Type (check only one):		<input type="checkbox"/> Face to Face		<input type="checkbox"/> Telecommunication		<input type="checkbox"/> Off-site								
Appointment Type (check only one):		<input type="checkbox"/> Scheduled		<input type="checkbox"/> Walk-in										
Group or Individual (check only one):		<input type="checkbox"/> Group		<input type="checkbox"/> Individual										
<input type="checkbox"/> Service provided in language other than English—specify language_____														
ENABLING SERVICE	CODE	MINUTES (Circle one or specify in Other if > 120 minutes)											Other	
Case Management – Assessment	CM001	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management (CM) – Treatment & Facilitation	CM002	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management – Referral	CM003	10	20	30	40	50	60	70	80	90	100	110	120	
Financial Counseling/ Eligibility Assistance	FC001	10	20	30	40	50	60	70	80	90	100	110	120	
Health Education (HE)/ Supportive Counseling	HE001	10	20	30	40	50	60	70	80	90	100	110	120	
Interpretation Services	IN001	10	20	30	40	50	60	70	80	90	100	110	120	
Outreach Services	OR001	10	20	30	40	50	60	70	80	90	100	110	120	
Transportation	TR001	10	20	30	40	50	60	70	80	90	100	110	120	
Other: describe services below _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenario 8

Service Date (M/D/Y)	Provider ID	Patient ID	Patient DOB (M/D/Y)	Patient Gender	Pt. Zip Code									
Encounter Type (check only one):		<input type="checkbox"/> Face to Face		<input type="checkbox"/> Telecommunication		<input type="checkbox"/> Off-site								
Appointment Type (check only one):		<input type="checkbox"/> Scheduled		<input type="checkbox"/> Walk-in										
Group or Individual (check only one):		<input type="checkbox"/> Group		<input type="checkbox"/> Individual										
<input type="checkbox"/> Service provided in language other than English—specify language_____														
ENABLING SERVICE	CODE	MINUTES (Circle one or specify in Other if > 120 minutes)											Other	
Case Management – Assessment	CM001	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management (CM) – Treatment & Facilitation	CM002	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management – Referral	CM003	10	20	30	40	50	60	70	80	90	100	110	120	
Financial Counseling/ Eligibility Assistance	FC001	10	20	30	40	50	60	70	80	90	100	110	120	
Health Education (HE)/ Supportive Counseling	HE001	10	20	30	40	50	60	70	80	90	100	110	120	
Interpretation Services	IN001	10	20	30	40	50	60	70	80	90	100	110	120	
Outreach Services	OR001	10	20	30	40	50	60	70	80	90	100	110	120	
Transportation	TR001	10	20	30	40	50	60	70	80	90	100	110	120	
Other: describe services below _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenario 9

Service Date (M/D/Y)	Provider ID	Patient ID	Patient DOB (M/D/Y)	Patient Gender	Pt. Zip Code									
Encounter Type (check only one):		<input type="checkbox"/> Face to Face		<input type="checkbox"/> Telecommunication		<input type="checkbox"/> Off-site								
Appointment Type (check only one):		<input type="checkbox"/> Scheduled		<input type="checkbox"/> Walk-in										
Group or Individual (check only one):		<input type="checkbox"/> Group		<input type="checkbox"/> Individual										
<input type="checkbox"/> Service provided in language other than English— specify language _____														
ENABLING SERVICE	CODE	MINUTES (Circle one or specify in Other if > 120 minutes)												Other
Case Management – Assessment	CM001	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management (CM) – Treatment & Facilitation	CM002	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management – Referral	CM003	10	20	30	40	50	60	70	80	90	100	110	120	
Financial Counseling/ Eligibility Assistance	FC001	10	20	30	40	50	60	70	80	90	100	110	120	
Health Education (HE)/ Supportive Counseling	HE001	10	20	30	40	50	60	70	80	90	100	110	120	
Interpretation Services	IN001	10	20	30	40	50	60	70	80	90	100	110	120	
Outreach Services	OR001	10	20	30	40	50	60	70	80	90	100	110	120	
Transportation	TR001	10	20	30	40	50	60	70	80	90	100	110	120	
Other: describe services below _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenario 10

Service Date (M/D/Y)	Provider ID	Patient ID	Patient DOB (M/D/Y)	Patient Gender	Pt. Zip Code									
Encounter Type (check only one):		<input type="checkbox"/> Face to Face		<input type="checkbox"/> Telecommunication		<input type="checkbox"/> Off-site								
Appointment Type (check only one):		<input type="checkbox"/> Scheduled		<input type="checkbox"/> Walk-in										
Group or Individual (check only one):		<input type="checkbox"/> Group		<input type="checkbox"/> Individual										
<input type="checkbox"/> Service provided in language other than English— specify language _____														
ENABLING SERVICE	CODE	MINUTES (Circle one or specify in Other if > 120 minutes)												Other
Case Management – Assessment	CM001	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management (CM) – Treatment & Facilitation	CM002	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management – Referral	CM003	10	20	30	40	50	60	70	80	90	100	110	120	
Financial Counseling/ Eligibility Assistance	FC001	10	20	30	40	50	60	70	80	90	100	110	120	
Health Education (HE)/ Supportive Counseling	HE001	10	20	30	40	50	60	70	80	90	100	110	120	
Interpretation Services	IN001	10	20	30	40	50	60	70	80	90	100	110	120	
Outreach Services	OR001	10	20	30	40	50	60	70	80	90	100	110	120	
Transportation	TR001	10	20	30	40	50	60	70	80	90	100	110	120	
Other: describe services below _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Participant's Scenario

Service Date (M/D/Y)	Provider ID	Patient ID	Patient DOB (M/D/Y)	Patient Gender	Pt. Zip Code									
Encounter Type (check only one):		<input type="checkbox"/> Face to Face		<input type="checkbox"/> Telecommunication		<input type="checkbox"/> Off-site								
Appointment Type (check only one):		<input type="checkbox"/> Scheduled		<input type="checkbox"/> Walk-in										
Group or Individual (check only one):		<input type="checkbox"/> Group		<input type="checkbox"/> Individual										
<input type="checkbox"/> Service provided in language other than English— specify language _____														
ENABLING SERVICE	CODE	MINUTES (Circle one or specify in Other if > 120 minutes)												Other
Case Management – Assessment	CM001	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management (CM) – Treatment & Facilitation	CM002	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management – Referral	CM003	10	20	30	40	50	60	70	80	90	100	110	120	
Financial Counseling/ Eligibility Assistance	FC001	10	20	30	40	50	60	70	80	90	100	110	120	
Health Education (HE)/ Supportive Counseling	HE001	10	20	30	40	50	60	70	80	90	100	110	120	
Interpretation Services	IN001	10	20	30	40	50	60	70	80	90	100	110	120	
Outreach Services	OR001	10	20	30	40	50	60	70	80	90	100	110	120	
Transportation	TR001	10	20	30	40	50	60	70	80	90	100	110	120	
Other: describe services below _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Enabling Services Training Handout

Enabling Services Needs Assessment Tool

General Questions

1. Please list the type(s) of enabling services [*defined as 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*] you provide.
2. Do you provide enabling services onsite (at your health center) or offsite (locations outside of the health center)?
3. On average, how many patients do you provide enabling services to per day?
4. On average, how many NON-patients do you provide enabling services to per day?
5. How much time do you typically spend with each patient on enabling services per day?
____min
6. Do you document the enabling services you provide? yes no

If YES, what specific information do you document (e.g, patient information such as name, insurance, race/ethnicity; the type of enabling service provided, how long, where, etc...)? Please list all the categories. Please attach a sample form.

Is this information entered into a database or your EMR? yes no

IF YES, when does this information get entered (monthly, weekly, daily)?

7. How often do you provide more than one enabling service to the same patient per day?

never rarely some of the time most of the time always

8. If you provide more than one service, how is this documented using your current procedures, if applicable? Do you document multiple services on multiple forms (A) or do you document multiple services on the same form (B)?

A. multiple forms B. same form C. not applicable/do not document

9. Does your department or health center conduct data analyses or reports on the enabling service data? If possible, please attach sample.

yes no not applicable/do not collect enabling service data

Enabling Services Training Handout

Samples of ES Templates

1. Standard Template

Note: Fields in **Blue** are optional

Service Date	Provider ID	Patient ID	Patient DOB	Patient Gender <input type="checkbox"/> M <input type="checkbox"/> F	Pt. Zip Code
Encounter Type (check only one):		<input type="checkbox"/> Face to Face	<input type="checkbox"/> Telecommunication	<input type="checkbox"/> Off-site	
Appointment Type (check only one):		<input type="checkbox"/> Scheduled	<input type="checkbox"/> Walk-in		
Group or Individual (check only one):		<input type="checkbox"/> Group	<input type="checkbox"/> Individual		

B. Payor Source at time of service (check)		
A. Managed Care	<input type="checkbox"/> Y <input type="checkbox"/> N	B. Sliding Fee <input type="checkbox"/> Y <input type="checkbox"/> N
C. Carrier at time of service (check only one)		
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Other Public including Non-Medicaid CHIP
<input type="checkbox"/> Private	<input type="checkbox"/> Self-pay	<input type="checkbox"/> Other (please specify):

D. Ethnicity (check only one)		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> All others including unreported	<input type="checkbox"/> Not used

E. Primary Language (check only one)			F. Race (check only one)		
<input type="checkbox"/> English	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Asian Indian/ South Asian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> White
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Visayan	<input type="checkbox"/> Chinese	<input type="checkbox"/> Guamanian/ Chamorro	<input type="checkbox"/> Black/ African American
<input type="checkbox"/> Hmong	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan	<input type="checkbox"/> American Indian/ Alaskan Native
<input type="checkbox"/> Japanese	<input type="checkbox"/> Tagalog	_____	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Pacific Islander	
<input type="checkbox"/> Khmer	<input type="checkbox"/> Tibetan		<input type="checkbox"/> Korean		<input type="checkbox"/> Mixed – AAPI
<input type="checkbox"/> Korean	<input type="checkbox"/> Thai		<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Mixed – Other
<input type="checkbox"/> Laotian	<input type="checkbox"/> Tongan		<input type="checkbox"/> Other Asian		<input type="checkbox"/> Other (Please specify):
Check if applicable: <input type="checkbox"/> <i>Cannot read/write primary language</i> <input type="checkbox"/> <i>Service provided in language other than English</i> <i>Specify language</i> _____					_____

F. Place of Birth (check only one)			G. Job Type (check only one)		
<input type="checkbox"/> U.S.	<input type="checkbox"/> Laos	<input type="checkbox"/> Africa	<input type="checkbox"/> General Enabling Services Provider	<input type="checkbox"/> Administrator/Clerk/ Facility Staff	<input type="checkbox"/> Physician (MD or DO)
<input type="checkbox"/> Pacific Islands	<input type="checkbox"/> Philippines	<input type="checkbox"/> Latin, Central, or South America	<input type="checkbox"/> Case Manager	<input type="checkbox"/> Community Health Worker	<input type="checkbox"/> Physician's Assistant
<input type="checkbox"/> China	<input type="checkbox"/> South Asia	<input type="checkbox"/> Other Place of Birth (Please specify)	<input type="checkbox"/> Eligibility/Financial Worker	<input type="checkbox"/> Counselor/Therapist (certified or licensed)	<input type="checkbox"/> Social Worker (certified or licensed)
<input type="checkbox"/> Taiwan	<input type="checkbox"/> Thailand	_____	<input type="checkbox"/> Health Educator	<input type="checkbox"/> Dental Personnel	<input type="checkbox"/> Traditional Healer
<input type="checkbox"/> Japan	<input type="checkbox"/> Vietnam		<input type="checkbox"/> Counselor/Therapist	<input type="checkbox"/> Medical Assistant	
<input type="checkbox"/> Korea	<input type="checkbox"/> Other Asian Country		<input type="checkbox"/> Interpreter	<input type="checkbox"/> Nurse (NP, RN, LVN, Midwife)	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Cambodia	<input type="checkbox"/> Europe		<input type="checkbox"/> Outreach Worker	<input type="checkbox"/> Nutritionist	
			<input type="checkbox"/> Transportation Provider	<input type="checkbox"/> Pharmacist	
			<input type="checkbox"/> Volunteer		

H. 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	CM001	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management – Treatment and Facilitation	CM002	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management – Referral	CM003	10	20	30	40	50	60	70	80	90	100	110	120	
Financial Counseling/ Eligibility Assistance	FC001	10	20	30	40	50	60	70	80	90	100	110	120	
Health Education/ Supportive Counseling	HE001	10	20	30	40	50	60	70	80	90	100	110	120	
Interpretation Services	IN001	10	20	30	40	50	60	70	80	90	100	110	120	
Outreach Services	OR001	10	20	30	40	50	60	70	80	90	100	110	120	
Transportation	TR001	10	20	30	40	50	60	70	80	90	100	110	120	
Other: describe services below _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

2. Electronic Medical Records (EMR) Standard Template

This is an example of a standard template developed by the International Community Health Services

Enhanced Services						
Patient: Man Zztest		Age: 30 Years		Gender: Male		
Current Provider: Kimo C. Hirayama MD						
Service Date	Provider ID	Staff ID	Patient ID	DOB	Gender	Zip Code
05/20/2010	Kimo C. Hirayama MD	Jian Z. Wong	267440	02/19/1980	M	98104
Encounter Type		<input type="radio"/> Face to Face <input type="radio"/> Telecommunication <input type="radio"/> Off-site				
Appointment Type		<input type="radio"/> Scheduled <input type="radio"/> Walk-in				
Group or individual		<input type="radio"/> Group <input type="radio"/> Individual				
Primary Language			Race		Ethnicity	
Vietnamese			Asian			
Check if applicable <input type="checkbox"/> Service provided in language other than English			Place of Birth			
Person Providing Service						
<input type="radio"/> Case Manager <input type="radio"/> Community Health Worker <input type="radio"/> Counselor/Therapist <input type="radio"/> Dental Personnel <input type="radio"/> Eligibility/Financial Worker		<input type="radio"/> Health Educator <input type="radio"/> Interpreter <input type="radio"/> Medical Assistant <input type="radio"/> Midwife		<input type="radio"/> Nurse <input type="radio"/> Nutritionist <input type="radio"/> Outreach Worker <input type="radio"/> Pharmacist <input type="radio"/> Physician (MD or DO)		<input type="radio"/> Physician's Assistant / ARNP <input type="radio"/> Psychologist <input type="radio"/> Receptionist <input type="radio"/> Social Worker <input type="radio"/> Other
Enhanced Service(s) Provided						
Place of Service						
Case Management - Assessment					Save	
Case Management - Treatment Plan & Facilitation					Save	
Case Management - Referral Service					Save	
Financial Counseling / Eligibility Assistance					Save	
Health Education / Supportive Counseling					Save	
Interpretation / Translation					Save	
Outreach Services					Save	
Transportation Services					Save	
Other Enhanced Services					Save	

3. EMR Template for Nursing department at Charles B. Wang Community Health Center (CHC)

Below is a tailored ES template developed for the Nursing department at Charles B. Wang Community Health Center. Each enabling service is tailored and pre-populated with specific activities most relevant to the Nursing department so nurses who are using the template can quickly check off the service(s) provided.

Nursing Enabling Service: ABC TEST

Time per Enabling Service (in minutes)

HEALTH EDUCATION						FINANCIAL ELIGIBILITY ASSISTANCE	
<input type="checkbox"/> Health education/counseling		10		<input type="checkbox"/> Patient Assistance Program			
<input type="checkbox"/> Disease management and education		20					
<input type="checkbox"/> Preventive care patient education		30					
<input type="checkbox"/> Education workshops		40					
		50					
		60					
		70					
		80					
		90					
		100					
		110					
		120					

<p>TREATMENT and FACILITATION</p> <p>Prior Authorization</p> <input type="checkbox"/> Referral/services/medication/DME	<p>TRANSPORTATION</p> <input type="checkbox"/> Arrange transportation or ambulance to send patient to ER or L&D
<p>Scheduling</p> <input type="checkbox"/> Schedule referrals	<p>REFERRAL SERVICES</p> <input type="checkbox"/> SW <input type="checkbox"/> WMC <input type="checkbox"/> Health education/counseling <input type="checkbox"/> Community resource
<p>Follow up</p> <input type="checkbox"/> Specialist F/U <input type="checkbox"/> Telephone F/U - post ER/Hospitalization	<p>ASSESSMENT</p> <input type="checkbox"/> PEDS developmental screening <input type="checkbox"/> Family psychosocial screening <input type="checkbox"/> PSC 17 screening <input type="checkbox"/> ASQ-3 screening <input type="checkbox"/> Screening intake assessment
<p>Coordinate Care/Treatment</p> <input type="checkbox"/> Specialist referrals <input type="checkbox"/> Lab scheduling <input type="checkbox"/> Program enrollment <input type="checkbox"/> Coordinate care - schools/DOH/other agencies <input type="checkbox"/> Patient recall <input type="checkbox"/> Navigate off-site facilities	<p>OUTREACH</p> <input type="checkbox"/> Community outreach - preventive screening/phone calls
<p>Case Management</p> <input type="checkbox"/> Pre-visiting planning <input type="checkbox"/> Chronic disease/High-risk patient management <input type="checkbox"/> Medication management	<p>INTERPRETATION</p> <input type="checkbox"/> During medical encounter at CBW <input type="checkbox"/> To coordinate off site specialty visits
	<p>OTHER</p> <p>Other <input style="width: 100%;" type="text"/></p>

4. EMR Template for Health Education department at Charles B. Wang CHC

Below is a tailored ES template developed for the Health Education department at Charles B. Wang Community Health Center. The inclusion of "Topics" is tailored to the specific needs of the HE department and gives additional data when analysis is performed.

Health Education: AB TEST

Health Education

Encounter Date: Department Referral:

Encounter Type: Face to face
 Off-site
 Telephone
 E-mail

Appointment Type: Scheduled
 Walk-in

Group or Individual: Group
 Individual

Language Used: Cantonese
 Mandarin
 Other Chinese dialect
 English
 Korean
 Other

Person Educated:

Time Per Enabling Service (In Minutes)

Assessment	<input type="text"/>	Interpretation Services	<input type="text"/>
Treatment and Facilitation	<input type="text"/>	Transportation	<input type="text"/>
Referral Services	<input type="text"/>	Outreach Services	<input type="text"/>
Health Education	<input type="text"/>	Other Enabling Services (13 or more)	<input type="text"/>
Financial/Eligibility Counseling	<input type="text"/>		

Topics

Healthy Lifestyle <input type="checkbox"/> Child Development <input type="checkbox"/> Healthy Aging <input type="checkbox"/> Nutrition <input type="checkbox"/> Physical Activity <input type="checkbox"/> Prenatal Care <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Weight Management <input type="checkbox"/> Other	Disease Prevention and Self-Management <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> COPD <input type="checkbox"/> Diabetes <input type="checkbox"/> Gastrointestinal Disease <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hepatitis <input type="checkbox"/> Hypertension <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Medication Management <input type="checkbox"/> Preventive Health <input type="checkbox"/> Other
--	--

Access to Care
 Provider-Patient Communication
 Electronic Access To Health Information
 Other

Comments:

Completed by:

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

5. EMR Template for Social Work department at Charles B. Wang CHC

Below is a tailored ES template developed for the Social Work department at Charles B. Wang Community Health Center. Specific sub-categories were added for Assessment (shortened-Case Management Assessment), Treatment & Facilitation, Referral, Health Education and Financial/Eligibility Counseling for the needs of the department and to capture more specific data.

SW Enabling Service: ASTHMA TEST

Time per Enabling Service (in minutes)

<p>Assessment [dropdown]</p> <ul style="list-style-type: none"><input type="checkbox"/> SW Intake Assessment<input type="checkbox"/> SW Ongoing Assessment	<p>Health Education [dropdown]</p> <ul style="list-style-type: none"><input type="checkbox"/> SW Individual<input type="checkbox"/> SW Group
<p>Treatment and Facilitation [dropdown]</p> <ul style="list-style-type: none"><input type="checkbox"/> SW Individual Support Counseling<input type="checkbox"/> SW Marriage/Partnership Counseling<input type="checkbox"/> SW Family Counseling<input type="checkbox"/> SW Parenting Counseling<input type="checkbox"/> SW Review Reproductive Health Care Options<input type="checkbox"/> SW Case Coordination<input type="checkbox"/> SW Case Advocacy<input type="checkbox"/> SW Provide Information/Resource	<p>Financial/Eligibility Counseling [dropdown]</p> <ul style="list-style-type: none"><input type="checkbox"/> PCAP<input type="checkbox"/> Medicaid<input type="checkbox"/> Medicare<input type="checkbox"/> Managed Care<input type="checkbox"/> SSI<input type="checkbox"/> Public Assistance<input type="checkbox"/> Public Housing<input type="checkbox"/> Other
<p>Referral Services [dropdown]</p> <ul style="list-style-type: none"><input type="checkbox"/> SW Early Intervention/Special Education<input type="checkbox"/> SW Skilled Nursing<input type="checkbox"/> SW Domestic Violence Service<input type="checkbox"/> SW Home Care<input type="checkbox"/> SW Children/Elderly Protective Service<input type="checkbox"/> SW Preventive Service<input type="checkbox"/> SW MH Service<input type="checkbox"/> SW WMC<input type="checkbox"/> SW Other Referral	<p>Interpretation Services [dropdown]</p> <p>Outreach Services [dropdown]</p> <p>Transportation [dropdown]</p> <p>Other [dropdown]</p>

Prev Form (Ctrl+PgUp) **Next Form (Ctrl+PgDn)** **Close**

6. EMR Template for Case Management department at Waianae Coast CHC

NextGen EHR: Female Test DOB: 08/11/1992 AGE: 21 years 9 months (Female) MRN: 65934 - 04/17/2014 12:28 PM : " CHS Enabling WCCHC" <Read-or

File Edit Default View Tools Admin Utilities Window Help

Case Management BRADLEY, STEPHEN Enabling Patient History Inbox PAQ EPM ICS Close

Female Test (F) DOB: 08/11/1992 (21 years) Weight: 136.0 lb (61.69 Kg) Allergies: (24) Problems: (1) Diagnoses:

Address: PO Box 808 1111 Happy Str... WAIANAE, HI 96792 Insurance: H M S A Parent/Guardian: 0 Test Preferred Pharmacy: LONGS WAIANAE Pharmacy Phone: (808) 696-5126 Referring: PCP: Preferred Pharm 2: WCCHC PHARMA... Rendering:

04/17/2014 12:28 PM : " CHS Enabling WCCHC" <Read-only> x

Patient: Female Test Gender: F Age: 21 Years 8 Months 7 Days DOB: 08/11/1992

Location: Case Management POS: PCP: Patient Seen By: No Posting Required

Today's Assessment(s) ER Low Complexity Visit

Chief Complaint:

Primary Dx: Counseling NOS V65.40 Dx3:

Secondary Dx: Dx4:

CM Assessment Time CM Assessment (CM001)

Non-Medical assessment that includes the use of an acceptable instrument measuring socioeconomic, wellness, or other non-medical health status.

Case Assessment X5041 ASQ X5067 LOF X5068
 Case Assessment Emergency X5032 Homeless Intake X5066 RiskAssessment X5152

CM Tx Facilitation Time CM Tx Facilitation (CM002)

An encounter with a center-registered patient or their household/or family member in which the patient's treatment plan is developed or facilitated by a CM. The plan must incorporate the services of multiple providers or healthcare disciplines.

Case Conference X5043 Case Management Plan X5003

CM Referral Time CM Referral (CM003)

Facilitation of a visit for a registered patient of the center to a healthcare or social service provider.

Children Advocacy Ctr X5236 Mental Health X5044 Self-Help Organization X5138
 Dental Services X5057 Nutrition Services X5128 Preventive Health Services X5091
 ER Services X5123 Podiatry Services X5061 State Advocacy Program X5056
 Medical Services X5127 Substance Abuse Programs X5115
 Case Management Referral X5267
 Optometry/Ophthalmology Services X5129

Financial Counseling/Eligibility Asst. Time Financial Counseling/Eligibility Assistant (FC001)

Medical Entitlements X5021

Counseling of a patient presumed to have a family income of 300% of poverty level or less that results in a completed application to a sliding fee scale or health insurance program Medicaid or Medicare.

Health Education Time Health Education/Supportive Counseling (HE001)

Group Education Time Group Health Education/Supportive Counseling (HE002)

Provision of health education or supportive services to individuals or groups of 12 or less in which wellness, preventive disease management or other improved health outcomes are attempted through behavior change methodology.

Enabling Services Training Handout

Enabling Services Database Variables

VARIABLE NAME	DESCRIPTION	STATUS
Service date	Date service was provided in YYYYMMDD format	Required
Provider ID	Unique ID of provider who provided the service	Required
Patient ID	Unique patient ID of patient who received the service; in the case where you are providing service to a family member (for example parent of a child) and they are both patients at your CHC, please fill in the ID of the intended recipient, not the family member	Required
Patient DOB	Patient's DOB; in case where you are providing service to the parent of a child and they are both patients at your CHC, please fill in the DOB of the child	Required
Patient gender	Patient gender at the time of service; in case where you are providing service to the parent of a child and they are both patients at your CHC, please fill in the gender of the child	Required
Patient Ethnicity	Ethnicity of patient; Hispanic/Latino; Not Hispanic/Latino; Unreported	Required
Patient Race	Race of patient	Required
Patient Zip code	5-digit USPS zip code of the patient's residence	Required
Patient insurance	Insurance type at the time of service	Required
Patient Primary Language	Patient's primary language	Required
Language Used	If service was provided in a non-English language, indicate which language was used* (can this variable help us tell the difference between Interpretation or Health Education in a language other than English?)	Required
Enabling service type	Type of enabling service provided	Required
Name of other enabling service	Free text name of other enabling service. This is REQ if the ES service type field "Other" is marked	Conditional
Enabling service time	Number of minutes ES was provided; in increments of 10	Required
Encounter type	Type of encounter; face to face, telecommunication, off-site, other	Optional
Appointment type	Type of appointment: scheduled, walk-in, referred, other	Optional
Scope of service	Scope of appointment; part of group encounter or individual encounter	Optional

Enabling Services Training Handout

Train Enabling Services Staff_ Sample Agenda

SAMPLE AGENDA

OBJECTIVES

1. Discuss the importance of enabling services and need for data collection
2. To conduct a training on enabling services data collection protocol
3. Determine new workflow for data collection

TIMEFRAME

3-4 hours, depending on the number of participants and time constraints

AGENDA

Time	Activity and Description	Resources & Materials
20 mins	<p>Introduction</p> <ul style="list-style-type: none">- provide purpose of training- give overview of agenda- carry out introductions/ice breaker	<ul style="list-style-type: none">- agenda- prepared ice breaker
20 mins	<p>ES Overview</p> <ul style="list-style-type: none">- discuss the importance of ES for CHC patients- explain the need for collecting data on ES: emphasize that it is required but also not reimbursed- share the benefits of collecting and having ES data- share what the organization hope to do with data	<ul style="list-style-type: none">- handouts of 1 article from "Background and Research" section for participants to reference
30-40 mins	<p>ES Data Collection Protocol</p> <ul style="list-style-type: none">- slowly walk through each ES category and the definitions and give examples- ensure that participants understand the definition for each of the category- explain documentation guidelines and criteria- show participants CHC's documentation/encounter form and explain all the fields that be to be filled	<ul style="list-style-type: none">- give participants a handout of the 9 categories, their definitions and documentation guidelines (can be found on page XX)OR- give participants copies of the blue "Handbook for Enabling Services Data Collection 3rd edition"

30 mins	<p>ES Documentation Practice #1</p> <ul style="list-style-type: none"> - lead the whole group through 3 different sample ES scenarios - tip: have volunteers to read out loud each encounter, give participants a chance to practice documenting, then ask for volunteers to share their answers, walk through step-by-step how they would need to document it in the CHC's system/set-up 	<ul style="list-style-type: none"> - <i>handouts with 3 sample encounters and 3 CHC-specific encounter documentation form for participants to practice documentation</i> - <i>we have sample scenarios but we encourage you come up with your own to make the training more relevant to staff</i>
30 mins	Break/meal time	
30-40 minutes	<p>ES Documentation Practice #2</p> <ul style="list-style-type: none"> - have participants work on documenting 7 additional sample encounters on their own or in groups, for 20 minutes - ask for volunteers to share their answers to the larger group - work through disagreements to the answers - ensure that everyone understands the correct answers 	<ul style="list-style-type: none"> - <i>handouts with 7 sample encounters and encounter documentation form</i> - <i>small incentives or prizes can be given to volunteers with the correct answers</i>
15 mins	<p>Workflow Assessment</p> <ul style="list-style-type: none"> - whenever possible, have participants determine the appropriate workflow for documentation - tip: for example, if you're on EMR, you will need work through how/when Eligibility staff will document the encounter if they are providing services to a new patient before the patient is seen by a medical provider, ie before a medical encounter is generated - have participants consider which fields on the ES template can be pre-populated, which needs drop down menus and when to use free texts 	<ul style="list-style-type: none"> - <i>flip chart to map the flow of documentation</i> - <i>ES template to determine how data should be inputted (automated/prepopulated; drop down lists; free text box)</i>
20-30mins	<p>Challenges and Solutions Activity</p> <ul style="list-style-type: none"> - have each participant write down on an index card one challenge they see to correctly and consistently document ES - have participants trade index cards and contribute a solution to the challenge listed - have everyone share at the end of the 	<ul style="list-style-type: none"> - <i>hand out 1 index card per participant</i>

	<p>activity</p> <ul style="list-style-type: none"> - tip: encourage participants to think about how they would accommodate this additional task and find ways to overcome the barriers 	
15-20 mins	<p>Wrap Up</p> <ul style="list-style-type: none"> - solicit from participants how/when they would like to see the data - review documentation process - carry out evaluation of training - tip: build in time as part (5 minutes) of the agenda for participants to complete evaluation 	<ul style="list-style-type: none"> - <i>a template of the evaluation is included</i>

Enabling Services Training Handout

Enabling Services Data Collection Project_ Staff Evaluation

YOUR JOB TITLE: _____ **DATE:** _____

INSTRUCTIONS - Please fill out all 10 questions on BOTH sides of this form. Your responses will be used to improve the data collection process and will be kept confidential and anonymous. Results will be reported in aggregate and individuals will not be identified.

SECTION A: PERSPECTIVES

Please share your perspectives on the data collection for enabling services at your health center.

1. How difficult is it to fill out the enabling services encounter forms?
 Very difficult Somewhat difficult Somewhat easy Very Easy
2. How often are you able to categorize the enabling services you provide into one of the eight main categories?
 Always Most of the time Some of the time Rarely/never
3. On average, how often do you use the "other" category?
 Always Most of the time Some of the time Rarely/never
4. On average, how often do you provide services in less than 10 minutes?
 Always Most of the time Some of the time Rarely/never
5. What proportion of the direct patient services that you provide is captured on your encounter forms?
 All or most services Half my services Less than half my services Very few of my services

If you checked "very few of my services," please explain why: _____

SECTION B. SCENARIOS

This section provides two different scenarios. Please read carefully, and then describe the service as indicated.

6. A 55-year-old female patient has been a patient with the health center for 5 years. She has had several conditions, including diabetes. You developed an ongoing care management plan for her during a previous visit, and today you follow up on her plan and arrange a referral to a podiatrist. The encounter, during which you telephone the provider to arrange the visit, takes you approximately 15 minutes. **DESCRIBE THIS SERVICE BY CHECKING ONE ITEM IN EACH CATEGORY.**

A. Service Type:

- | | | |
|---|--|--|
| <input type="checkbox"/> Case mgmt – assessment | <input type="checkbox"/> Financial counseling/eligibility assistance | <input type="checkbox"/> Health education/ supportive counseling |
| <input type="checkbox"/> Case mgmt – treatment & planning | <input type="checkbox"/> Interpretation | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Case mgmt – referral | <input type="checkbox"/> Transportation | <input type="checkbox"/> Other: _____ |

B. Time: 10m 20m 30m 40m 50m 60m other: _____

7a. In the space below, please describe briefly the LAST enabling service encounter **you** conducted. Please include sufficient detail for coding in part b.

Enabling Services Training Handout

Enabling Services Data Collection Project_ Staff Evaluation

7b. Now, please show how you would code this service on the following example of an encounter form:

ENABLING SERVICE	MINUTES (circle one)												Other
1- Case Management – Assessment	10	20	30	40	50	60	70	80	90	100	110	120	
2- Case Management – Treatment & Planning	10	20	30	40	50	60	70	80	90	100	110	120	
3- Case Management – Referral	10	20	30	40	50	60	70	80	90	100	110	120	
4- Financial Counseling / Eligibility Assistance	10	20	30	40	50	60	70	80	90	100	110	120	
5- Health Education / Supportive Counseling	10	20	30	40	50	60	70	80	90	100	110	120	
6- Interpretation Services	10	20	30	40	50	60	70	80	90	100	110	120	
7- Outreach Services	10	20	30	40	50	60	70	80	90	100	110	120	
8- Transportation	10	20	30	40	50	60	70	80	90	100	110	120	
Other Enabling Service:	10	20	30	40	50	60	70	80	90	100	110	120	

SECTION C: CONCLUDING QUESTIONS

8a. Please check which of these services you provide at your health center. **CHECK ALL THAT APPLY.**

- | | | |
|---|--|--|
| <input type="checkbox"/> Case mgmt – assessment | <input type="checkbox"/> Financial counseling/eligibility assistance | <input type="checkbox"/> Health education/ supportive counseling |
| <input type="checkbox"/> Case mgmt – treatment | <input type="checkbox"/> Interpretation | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Case mgmt – referral | <input type="checkbox"/> Transportation | <input type="checkbox"/> Other Enabling Service(s)
: _____ |

8b. Which of the above enabling services do you most commonly provide?

Use the space below for comments on how we can improve the encounter form or the process of using the forms:

***** Thank you for your participation *****

Enabling Services Readiness Assessment

READINESS CHECKLIST

Notify senior leaders, MIS and enabling services managers of data collection project. Give an overview presentation whenever possible. Senior leaders should be committed to and supportive of project.

Date of presentation: _____

Determine ES department for pilot data collection

Department: _____

Set “go-live” date for implementation of data collection

Date: _____

Carry out needs assessment

Date: _____

Develop ES template

Date: _____

Staff training

Train designated ES staff for pilot data collection

Date: _____

Train designated data analyst for data cleaning, validation and analysis

Date: _____

Verify ES templates readiness

If your template is on an EMR, check that it is working properly by completing a few test encounters

If your template is on an EMR, check that all the variables on your template crossed over for analysis

If your template is on paper, provide staff with enough templates

If your template is on paper, determine who will collect the templates and how often they will be collected

If your template is on paper, prepare your ES database to capture all necessary data

- If your template is on paper, determine who will enter the data and who will monitor for accuracy

- Review your data validation and analysis plan
 - Assign a designated staff for data validation, analysis and reporting
Staff: _____

 - Determine how the accuracy of the data will be monitored
Staff & Frequency: _____

 - Determine how often it will be pulled for analysis and reporting
Frequency: _____

 - Determine who will receive the finalized ES reports
Staff & Departments: _____

- Others
 - _____

 - _____

**Enabling Services Data Collection
Implementation Readiness Assessment Survey**

1. Do your senior leaders, MIS, and enabling services managers and staff know about your plans to collect enabling services data? YES NO
Do you have their support (time and resources)? YES NO

Comments:

2. Who will be designated as the Project Lead, Data Collection and Reporting Coordinator, and System Administrator for the Enabling Service data collection project?

Project Lead: _____

Data Collection & Reporting Coordinator: _____

System Administrator: _____

3. How will the enabling service data collection be implemented in daily flow and practice?

4. Which departments and which staff at your center will collect the enabling services data?

Department(s): _____

Staff: _____

5. Have you developed and tested the ES encounter form? YES NO

IF YES, please indicate if you will be using the standard encounter form (with 9 ES categories and core required data elements) or if you will be adding additional subcategories and optional data elements.

- Standard encounter form
 Enhanced encounter form

PLEASE ATTACH YOUR ES ENCOUNTER FORM.

6. Has designated staff been trained on the protocol and how to use the encounter form?

YES NO

Date of training: _____

7. Who will have access to the enabling service data?

Read-only Access: _____

Read/write Access: _____

8. Will you be able to monitor the enabling service data collection? YES NO
IF YES, how will the accuracy of the data be monitored (e.g.chart reviews) and how often?

9. Do you have on-site or off-site IS support at your center? On-site Off-site

10. How will electronic patient data be kept confidential?

11. Do you have other concerns/comments?

Enabling Services Training Handout

ES Work Plan Template

ACTIVITY (SUGGESTED TIMEFRAME)	AVAILABLE RESOURCES (es_support@aapcho.org)	HEALTH CENTER TIMEFRAME	ACTIVITY LEADER	SUPPORTING STAFF	NOTES
Step 1: Needs Assessment (1 week)	Training module 3; Sample needs assessment template handout				
Step 2: Presentation to Key Staff (1 month)	Training module 1; Sample presentation to key staff ppt available via email.				
Step 3: Develop ES Template (1 week to 1 month)	Training module 2 & 3; Sample ES templates handout				
Step 4: Prepare for ES Database and Full IT integration of ES template into EMR (1 month)	Training module 3; ES database variables handout; Sample ES templates handout				
Step 5: Train ES staff and others to collect data (1 month)	Training module 2; Sample 3-4hr training agenda handout [ppt available via email]; ES definitions and protocol handout				
Step 6: Complete (ES) implementation readiness assessment (3 weeks)	Training module 3; Implementation readiness checklist handout				
Step 7: Implement pilot data collection (3-4 months)	Training modules 2, 3 & 4; ES definitions and protocol handout				
Step 8: Evaluate Data Entry (3 weeks)	Training module 4; Tips for data entry validation handout				
Step 9: Evaluate Implementation Process (1 week)	Training module 4; Pilot Process Staff Evaluation handout				
Step 9a: Revise ES template if necessary	Training modules 2, 3 & 4; ES templates handout				
Step 10: Data analysis (pilot for reporting) (1 week)	Training module 4				
Step 12: Share & Disseminate Results	Training module 4				