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

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Purpose of Presentation

- Discuss implications and importance of enabling services (ES) data collection
- Review ES data collection process
- Share Association of Asian Pacific Community Health Organizations study findings demonstrating impact of ES on health outcomes
- Share preliminary National Health Care for the Homeless Council pilot study findings from Omaha, NE
What are Enabling Services?

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

- Case management
- Outreach services
- Eligibility assistance/financial counseling
- Health education
- Transportation
Why are Enabling Services Important?

- Underserved minorities face barriers to health care access
- Facilitate health care access and reduce health disparities
- Key components of Patient-Centered Medical Homes
Enabling Services and the Patient Centered Medical Home (PCMH)

- PCMH – Access & Communication
  - Eligibility assistance/financial counseling
  - Interpretation
  - Transportation
  - Outreach
  - Health education

- PCMH – Care Management/ Patient Self-Management Support
  - Health education
  - Case management

- PCMH – Referral Tracking/ Performance Reporting/ Payment
  - Enabling services coding and tracking
PCMH – Team & Whole Person Approach

The Team
- Administration
- Clinical Providers
- The Person’s Community
- Outreach and Enabling Services
- Behavioral Health

Coordination and Integration of Care

The Whole Person
- Physical
- Mental
- Emotional
- Social
What are the Issues?

INADEQUATE FUNDING

Example:

- Nearly 1/3 of CHC patients (6 million people) have limited English proficiency (LEP)

- LEP services take 15 minutes longer than non-LEP services on average
  - Almost double the time for non-LEP patients

- Issue: Only 5% of CHCs reported receiving payment for LEP services
What are the Issues?

MISSING DATA

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

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

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

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

Examples
- New patient assessment
- Psychosocial assessment
Case Management – Treatment & Facilitation

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

- **Example**
  - Pharmaceutical management
Case Management - Referral

**Definition:** Facilitation visit to healthcare or social service provider

**Example:** Arranging visit to social worker
Eligibility Assistance/ Financial Counseling

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

**Example:** Enrollment in Medicaid managed care plan
Supportive Counseling/ Health Education

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

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

**Subcategories:**
- Health Education – Group
- Health Education – Individual
- Supportive Counseling
Interpretation Services

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

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

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

**Example:** Community health fair resulting in patient’s kept appointment to health center; calling members of Medicaid plan resulting in the scheduling of patients.
Transportation Services

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

**Example:** Van service to and from appointments at health center; driving patient to medical or behavioral health appointment.
Results from AAPCHO Enabling Services Studies
Study 1

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

Location: Waianae Coast Comprehensive Health Center
Methodology

■ **Active Group** – diabetes patients with 2 or more health education visits annually between 2002-2005
  ■ 195 patients: (46% male, 54% female)
  ■ Mean age = 47.9 years

■ **Non-Active Comparison Group** – diabetes patients with less than 2 health education visits annually between 2002-2005
  ■ 73 patients: (53% male, 47% female)
  ■ Mean age = 51.9 years
Results

- HbA1c decreased in both groups (F=133.5, p<.00)
- Significant difference found in HbA1c values between Active and Non-Active users of diabetes health education 12-months after baseline HbA1c value (F=5.6, p<.02)
Study 2

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

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

Mean HbA1c Levels

T test: $p < 0.05$
Diabetes Outcomes (cont’d)

Percent of Patients with Controlled HbA1c Levels

- **ES User**
  - <=7%: 53%
  - >7% and <9%: 28%
  - >=9%: 19%

- **ES Non-User**
  - <=7%: 42%
  - >7% and <9%: 31%
  - >=9%: 27%
Well-Child Immunizations

T Test: P<0.05

- **ES User**: 81%
- **ES Non-User**: 64%

T Test: P<0.05
Benefits of Using EMR

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

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

Health Care for the Homeless
Benefits for Health Care for the Homeless

- Access to forum to share ES data collection experiences and best practices
- Evidence to collaboratively and successfully advocate for adequate reimbursement and appropriate funding nationwide
- Improved care for medically underserved populations at large
AAPCHO provided webinar training to National HCH Council staff

AAPCHO provided presentation slides, implementation packet, data collection handbook and other materials for trainings

AAPCHO remains available to assist National HCH Council staff
Participating Sites

4 Health Care for the Homeless grantees

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

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

- ES categories identified and defined
- Data file layout and transmission protocol established
- Encounter form established
- Staff training
- Data validation and project evaluation
  - Routine meetings
  - Written evaluations
  - ES staff interviews
  - HCH evaluations
  - Cross-check of encounter data
<table>
<thead>
<tr>
<th>Activity</th>
<th>Approximate Timeframe</th>
<th>Available Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete enabling services needs assessment</td>
<td>1 week</td>
<td>Fact sheets, FAQs, Needs assessment tool</td>
</tr>
<tr>
<td>Presentation to key staff to obtain buy-in</td>
<td>1 month</td>
<td>ES project introduction ppt</td>
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<tr>
<td>Develop enabling services encounter form</td>
<td>1 week</td>
<td>Sample encounter forms</td>
</tr>
<tr>
<td>Prepare enabling services database</td>
<td>1 month</td>
<td>Sample database, File layout manual</td>
</tr>
<tr>
<td>Train enabling service staff to collect data</td>
<td>1 month</td>
<td>Fact sheets, Implementation training protocol, Handbook for enabling services data collection</td>
</tr>
<tr>
<td>Train data analysts to enter, code, and clean datasets</td>
<td>1 month</td>
<td>Handbook for enabling services data collection</td>
</tr>
<tr>
<td>Complete enabling services implementation readiness assessment</td>
<td>3 weeks</td>
<td>Implementation readiness assessment tool</td>
</tr>
<tr>
<td>Implement pilot data collection</td>
<td>4 months</td>
<td>Handbook for enabling services data collection, Handbook quick reference card</td>
</tr>
<tr>
<td>Evaluate data entry</td>
<td>3 weeks</td>
<td>Data evaluation tool</td>
</tr>
<tr>
<td>Evaluate implementation process</td>
<td>1 week</td>
<td>Implementation evaluation tool</td>
</tr>
<tr>
<td>Analyze data</td>
<td>2 weeks</td>
<td>Sample Analysis &amp; Report</td>
</tr>
<tr>
<td>Report data</td>
<td>1 week</td>
<td>Sample Analysis &amp; Report</td>
</tr>
<tr>
<td><strong>Total Approximated Timeframe</strong></td>
<td><strong>11 months</strong></td>
<td></td>
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Documentation Requirements

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

Charles Drew Health Center – Omaha, NE

- Health Care for the Homeless project
  - Under umbrella of Community Health Center
  - 2 small clinics – campus, shelter
  - Mobile van for chronically homeless
  - Transportation to 4 shelters
  - Women’s clinic
Results – Big Picture

- Patient visits between October 2011 – February 2012 (4 months)
- 398 patients received ES
- 776 ES provided
- 12 providers documenting ES
Who is Providing Enabling Services?

- Medical providers – 71%
- Transportation – 13%
- Mental and behavioral health – 11%
- Outreach coordinator – 5%
Who is Receiving Enabling Services

- **Gender**
  - Male – 60%
  - Female – 39%
  - Transgender < 1%

- **Race**
  - White – 71%
  - Black – 18%
  - Hispanic – 2%
  - American Indian – 2%
  - Asian American Pacific Islander – 2%
  - Other – 5%
Who is Receiving Enabling Services?

- **Language spoken**
  - English – 97%
  - Spanish – 2%

- **Education**
  - High school – 43%
  - College – 28%
  - GED – 23%

- **Employment**
  - Unemployed – 89%
  - Employed – 7%
  - Disabled – 4%
Who is Receiving Enabling Services?

- Literacy
  - All but one patient able to read and write

- Length of homelessness
  - 0-6 months – 59%
  - 6-12 months – 18%
  - 1-2 years – 16%
  - 3-5 years – 5%
  - More than 5 years – 2%

- Insurance
  - All but 2 on managed care through federal grant
# Enabling Services Provided

<table>
<thead>
<tr>
<th>Enabling Service</th>
<th>Percent Patients Receiving</th>
<th>Average Time Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case management – assessment</td>
<td>4%</td>
<td>33 minutes</td>
</tr>
<tr>
<td>Case management – treatment</td>
<td>22%</td>
<td>28 minutes</td>
</tr>
<tr>
<td>Case management – referral</td>
<td>&lt;1%</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Eligibility/financial counseling</td>
<td>&lt;1%</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Health education/ supportive counseling</td>
<td>67%</td>
<td>19 minutes</td>
</tr>
<tr>
<td>Interpretation</td>
<td>&lt;1%</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Outreach</td>
<td>24%</td>
<td>19 minutes</td>
</tr>
<tr>
<td>Transportation</td>
<td>28%</td>
<td>21 minutes</td>
</tr>
<tr>
<td>Other</td>
<td>&lt;1%</td>
<td>10 minutes</td>
</tr>
</tbody>
</table>
Feedback from Omaha – Process

- Like real time data collection, but difficulty remembering to document in the moment

- More streamlined if part of EMR or “super bill”
  - Red tape to add enabling services to EMR is barrier

- Entering data and running reports is burdensome
  - Checking data with providers
Feedback from Omaha – Outcomes

- **Accurate picture of how providers spending time**
  - Providers spending “lots of time” on enabling services
  - Some clinicians more regimented than others
  - Get many things done with very few staff

- **Allows management to restructure job responsibilities**

- **Helps to schedule patients**

- **Provides data for grant writing**
Feedback from all sites

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

- Data analysis after 4-month pilot data collection
  - Look at patient demographics and diagnoses in relation to ES received

- Publish report of results

- Present workshop at 2012 National HCH Conference

- Recruit additional HCH grantees to participate in ESAP

- Submit research grant proposal to study ES and health outcomes within the HCH setting
Why Track Enabling Services?

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

- Thanks to AAPCHO for conducting Train-the-Trainer with NHCHC. Parts of this presentation were adapted from that training.

- Thanks to all the HCH grantee sites that are participating in the National HCH Council pilot project.
Resources


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