Enabling Services Data Collection at Federally Qualified Health Centers

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Purpose of Presentation

- Describe the Enabling Services Accountability Project
- Share experiences of community health centers (CHCs) in collecting enabling services data
- Share study findings demonstrating the critical impact of enabling services in improving health
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.

MGMA, 2000
Enabling Service Categories

(modified from MGMA Report, 2000)

1. Case management-assessment
2. Case management-treatment & facilitation
3. Case management-referral
4. Eligibility Assistance/Financial Counseling
5. Health Education
6. Interpretation
7. Outreach Services
8. Transportation
9. Other
Project Goals

- Develop new database and data collection protocol for enabling services at health centers
- Describe the utilization of enabling services by AA & NHOPIs at health centers
- Evaluate the impact of enabling services on health
AAPCHO provides a significant number of enabling service encounters compared to the National average.

AAPCHO Totals
2000: 166,891
2001: 87,807
2002: 111,927
2003: 118,000
2004: 120,301
2005: 136,075
2006: 133,040
2007: 144,321
2008: 150,637

National Total
2008: 4,571,422
Background

- Enabling services are critical to access to care for health center patients
- Enabling services are not reimbursed and are often underfunded
- Need for better data on enabling services and their impact on health
Health Center Participants

- Waianae, Hawaii
- Honolulu, Hawaii
- New York, New York
- Seattle, Washington
Method

- Period of data collection: 2005-2008
- Materials:
  - AAPCHO Enabling Services
    Encounter Form used to collect data
  - AAPCHO Enabling Services Protocol
    used as a guideline for data collection
Encounter Form

With patient data fields

Sample encounter form
Patient Data Summary 2005-2008

<table>
<thead>
<tr>
<th>Health Center</th>
<th>Mean # of Patients per Year</th>
<th>Mean Age</th>
<th>Gender</th>
<th>Race</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHC1</td>
<td>4,993</td>
<td>33</td>
<td>69% female; 31% male</td>
<td>Chinese, 96%</td>
<td>Mandarin, 48%; Cantonese, 38%</td>
</tr>
<tr>
<td>CHC2</td>
<td>11,252</td>
<td>41</td>
<td>61% female; 39% male</td>
<td>Chinese, 51%; Vietnamese, 23%</td>
<td>Cantonese, 41%</td>
</tr>
<tr>
<td>CHC3</td>
<td>4,654</td>
<td>39</td>
<td>65% female; 35% male</td>
<td>32% Other Pacific Islanders; 18% Filipinos; 16% Chinese</td>
<td>23% Chuukese; 19% English</td>
</tr>
<tr>
<td>CHC4</td>
<td>5,857</td>
<td>33</td>
<td>61% female; 39% male</td>
<td>50% Native Hawaiian;</td>
<td>96% English</td>
</tr>
</tbody>
</table>

Patient composition was consistent from 2005 to 2008 for all CHCs
# Enabling Service Encounter Type 2005-2008

<table>
<thead>
<tr>
<th>Health Center</th>
<th>Most Common Enabling Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHC1</td>
<td>CM-Assessment, followed by CM-Treatment</td>
</tr>
<tr>
<td>CHC2</td>
<td>Financial Counseling, followed by Interpretation</td>
</tr>
<tr>
<td>CHC3</td>
<td>Interpretation, followed by Outreach</td>
</tr>
<tr>
<td>CHC4</td>
<td>Health Education/Support Counseling, followed by Financial Counseling</td>
</tr>
</tbody>
</table>
How do health centers benefit?

- Better understanding of enabling services (e.g., volume, time)
- Increased capacity to advocate for enabling services reimbursement and funding
- Increased capacity to track enabling services for research and for funding accountability
- Ability to evaluate staff activities and allocate resources more effectively
- Enabling service staff empowerment
CHC 1 – Example of Data Use

• Track staff productivity; contribute to employee performance evaluation
• Provide data and list of services for grant reporting
• Places value on enabling service providers, therefore, advocating for more of them
• Provides a means to conduct research, particularly regarding the impact of ES on specific high risk conditions

Reference: M. Oneha, 2007
CHC 2 – Example of Data Use

- Data collected on how much time staff was spending on each service
- Data revealed much time was spent on managed care enrollment
- Management decision made in response:
  - Bring in managed care plans to enroll patients
  - Free staff time for other services
- Do more case management
CHC 3 - Values & Benefits

- Staff realized that their work was important

- Staff aware of all other enabling services provided to patients of different ethnicities

- Data showed need for more Micronesian interpreters, which were then hired by CHC
AAPCHO Research on Enabling Services (ES)

- Enabling services users compared to non-users are more likely to be older, female, AA&NHPI, and uninsured.
- CHC enabling services are likely to prevent acute episodes and promote better management of chronic diseases.
- ES users have better outcomes for diabetes and immunization measures.
- Increased use of ES, such as health education, can lead to improved HbA1c levels for diabetic patients.
Conclusions/Implications

- First study to examine uniform enabling services across CHCs nationally and first to examine their impact on underserved AA&NHOPIs.
- Enabling services are critical to reducing barriers to care and health disparities for underserved patients.
- CHCs provide a vast number and array of enabling services and need to be recognized and reimbursed to sustain their critical services for underserved patients.
- AAPCHO and the National Association of Community Health Centers (NACHC) are collaborating to standardize ES data collection nationally as part of a patient-centered medical home movement.
The ESAP Team
Thank you!

- Our health center partners and Advisory Committee
- Heidi Park Emerson


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