

# 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

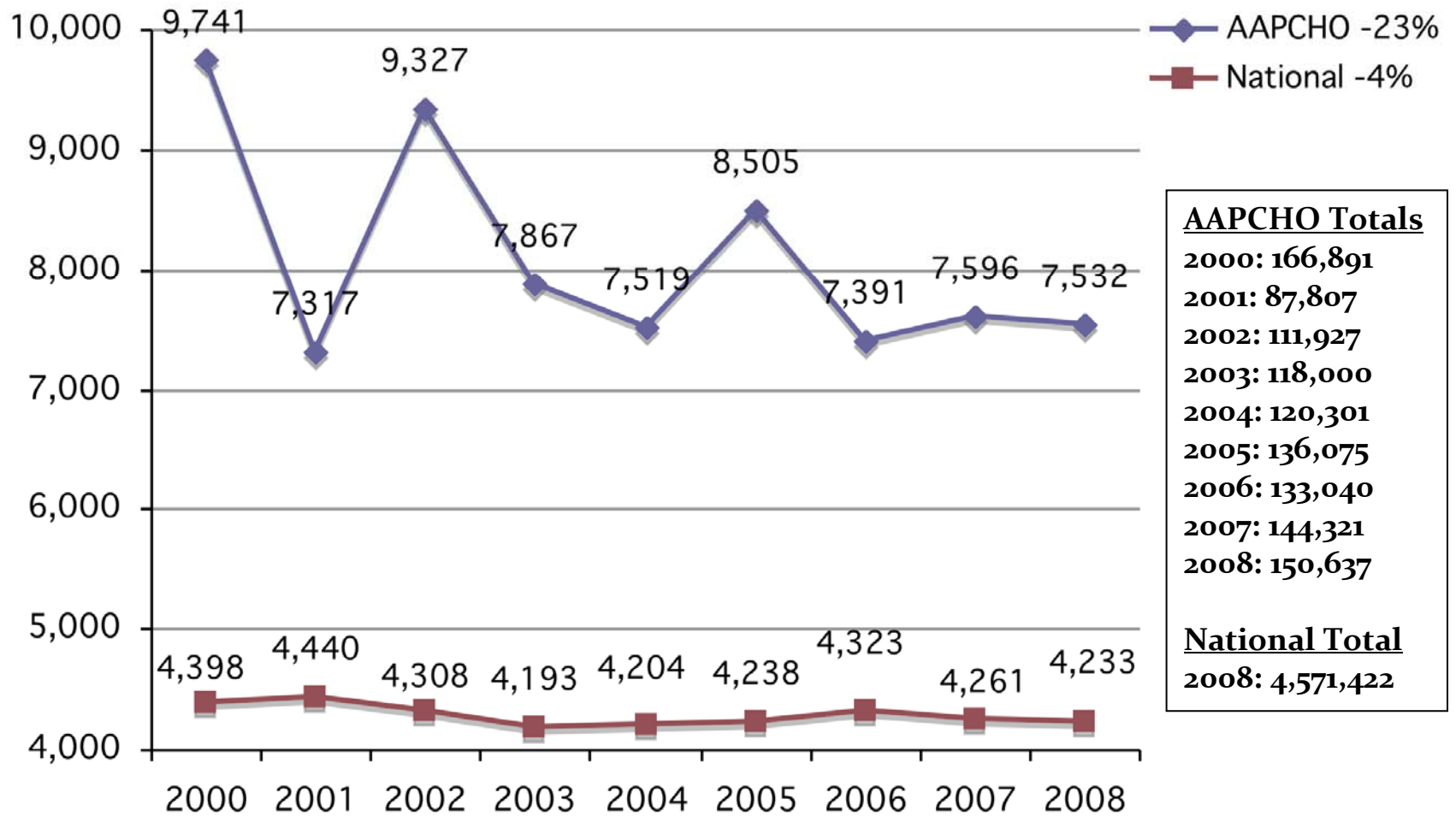
(modified from MGMA Report, 2000)

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



# 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

Service Date 12/15/02	Provider ID 1001	Patient ID 123456	Patient DOB 03/11/1945	Pt. Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Pt. Zip Code 10013
Encounter Type (check only one):		<input checked="" type="checkbox"/> Face to Face		<input type="checkbox"/> Telephone	
Appointment Type (check only one):		<input checked="" type="checkbox"/> Scheduled		<input type="checkbox"/> Walk-in	
Group or Individual (check only one):		<input type="checkbox"/> Group		<input checked="" type="checkbox"/> Individual	

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

D. Primary Language (check only one)		E. Race/Ethnicity (check only one)	
<input type="checkbox"/> English	<input checked="" type="checkbox"/> Mandarin	<input type="checkbox"/> Asian Indian/ South Asian	<input type="checkbox"/> Guamanian/ Chamorro
<input type="checkbox"/> Hmong	<input type="checkbox"/> Samoan	<input checked="" type="checkbox"/> Chinese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Spanish	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Japanese	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Japanese	<input type="checkbox"/> American Indian/ Alaskan Native
<input type="checkbox"/> Khmer	<input type="checkbox"/> Tibetan	<input type="checkbox"/> Korean	<input type="checkbox"/> American Indian/ Alaskan Native
<input type="checkbox"/> Korean	<input type="checkbox"/> Thai	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Laotian	<input type="checkbox"/> Tongan	<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Other (Please specify):

F. 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 – 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	

G. Job Type	
<input type="checkbox"/> General Enabling Services Provider	<input type="checkbox"/> Interpreter
<input checked="" type="checkbox"/> Case Manager	<input type="checkbox"/> Outreach Worker
<input type="checkbox"/> Eligibility/Financial Worker	<input type="checkbox"/> Transportation Provider
<input type="checkbox"/> Health Educator	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Counselor/Therapist	<input type="checkbox"/> Consultant/Contractor
<input checked="" type="checkbox"/> Provided in language other than English: <u>Mandarin</u>	
<input type="checkbox"/> Administrator/Clinic/Facility Staff	<input type="checkbox"/> Nutritionist
<input type="checkbox"/> Community Health Worker	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Counselor/Therapist (licensed)	<input type="checkbox"/> Physician (MD or DO)
<input type="checkbox"/> Dental Personnel	<input type="checkbox"/> Physician's Assistant
<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Social Worker (certified)
<input type="checkbox"/> Nurse (NP, RN, LVN, Midwife)	<input type="checkbox"/> Traditional Healer
<input type="checkbox"/> Other (please specify):	

Service Date (M/D/Y) 12/15/02	Provider ID 1001	Patient ID 123456	Pt. DOB (M/D/Y) 3/11/45	Pt. Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F										
Encounter Type (check one):		<input checked="" type="checkbox"/> Face to Face		<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:														

# Patient Data Summary 2005-2008

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

Patient composition was consistent from 2005 to 2008 for all CHCs

## Enabling Service Encounter Type 2005-2008

<b>Health Center</b>	<b>Most Common Enabling Services</b>
<b>CHC1</b>	<b>CM-Assessment, followed by CM-Treatment</b>
<b>CHC2</b>	<b>Financial Counseling, followed by Interpretation</b>
<b>CHC3</b>	<b>Interpretation, followed by Outreach</b>
<b>CHC4</b>	<b>Health Education/Support Counseling, followed by Financial Counseling</b>

# 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&NHOP, 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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