Tracking Enabling Services Provided to Respond to Social Determinant Needs

Joe Lee, MSHA, Training and Technical Assistance (T/TA) Director
Albert Ayson, Jr., MPH, Senior Program Manager of T/TA
Association of Asian Pacific Community Health Organizations (AAPCHO)

ACU 2019 Annual Conference | Stronger Teams, Healthier Communities
July 29, 2019
AAPCHO’s Mission

AAPCHO is dedicated to promoting advocacy, collaboration, and leadership that improves the health status and access of Asian Americans (AAs) and Native Hawaiian and Pacific Islanders (NHPIs) within the United States and territories.
AAPCHO’s Reach & Impact
AAPCHO’s Training & Technical Assistance

HRSA Bureau of Primary Health Care - National Cooperative Agreement (NCA)

Goal 1: Increase Access to Care
Goal 2: Improve Health Outcomes
Goal 3: Promote Health Equity

National Audience
Learning Collaborative
National Audience
Learning Collaborative
National Audience
Learning Collaborative
AAPCHO’s Training & Technical Assistance

- Disaggregated Race/Ethnicity Data Collection
- Culturally and Linguistically Appropriate Services (CLAS)
- Social Determinants of Health Data Collection (PRAPARE)
- Enabling Services Data Collection (ESDC)
Visit us today at aapcho.org

Working to improve the health of AA&NHPIs

We provide a national voice to advocate for the diverse health needs of Asian American, Native Hawaiian and Pacific Islander communities and the community health providers that serve those needs.

Learn More
Learning Objectives

1. Explain the value of Enabling Services data collection to address SDoH needs of underserved patients

2. Identify training resources to implement an Enabling Services Data Collection (ESDC) initiative

3. Describe the updated ESDC standardized protocol and its role in value-based care payment models
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What are **Enabling Services (ES)** and why are they important?

- **CASE MANAGEMENT ASSESSMENT**
- **CASE MANAGEMENT TREATMENT AND FACILITATION**
- **REFERRALS**
- **FINANCIAL COUNSELING/ELIGIBILITY ASSISTANCE**
- **HEALTH EDUCATION**
- **SUPPORTIVE COUNSELING**
- **INTERPRETATION**
- **OUTREACH**
- **TRANSPORTATION**

**Enabling Services & Other Non-Clinical Interventions**

- Improved Health Outcomes and Lower Costs (e.g. reduced emergency visits)
- Social Determinants of Health
- Appropriate Care (e.g. preventive visits)
- Enabling Services & Other Non-Clinical Interventions
Enabling Services are foundational to Clinical Quality Improvement

Source: AAPCHO & NACHC White Paper on “Highlighting the Role of Enabling Services at Community Health Center: Collecting Data to Support Service Expansion & Enhanced Funding.” 2010
Enabling Services are foundational to: Practice Transformation

2017 Standards

Concepts

- Team-Based Care and Practice Organization (TC)
- Knowing and Managing Your Patients (KM)
- Patient-Centered Access and Continuity (AC)
- Care Management and Support (CM)
- Care Coordination and Care Transitions (CC)
- Performance Measurement & Quality Improvement (QI)

Source: NCQA Introduction to PCMH. Available at: www.ncqa.org
Enabling Services are foundational to:
Social Determinants of Health

Figure 1

A Framework for Health Equity

Socio-Ecological

Medical Model

Enabling Services are foundational to: Value-Based Health Care Transformation

How SDoH data can support the transition to value-based care

The transition to value-based purchasing is becoming a reality for payers and providers. In 2018, Health Care Payment Learning & Action Network (LAN) reported that 34 percent of healthcare payments made in 2017 were tied to an alternative payment model - shared savings, shared risk, bundled payments, or bundled population-based payments. These innovative payment structures aim to integrate the social determinants of health (SDoH), which can account for up to 60% of our health.

Healthcare organizations increasingly understand the urgency of implementing alternative payment models that incorporate SDoH to drive down costs and improve health outcomes, and researchers report that the transition to alternative payment models is on a steady rise. Total U.S. healthcare payments tied to alternative payment models increased from 23% two years ago.

Source: Healthify Blog - “The Critical Role of SDoH Data in Value-Based Contracts.” March 12, 2019
Enabling Services Accountability Project (ESAP)

The ONLY standardized data system to track and document non-clinical enabling services that help patients access care.

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ES Users - Association with Reducing Health Disparities and Improving Health Services Quality

HBA1C LEVELS

+ More ES users had their Hba1c under control compared to ES nonusers.

[Bar chart showing HBA1C levels for ES users and non-users]
Investment in ES is Associated with Better Health Outcomes

Source: HRSA BPHC Uniform Database System (UDS) 2015

- Childhood Immunization*:
  - Top 10% CHCs in ES Environment: 79.41%
  - All CHCs: 76.06%

- Pap Test*:
  - Top 10% CHCs in ES Environment: 60.19%
  - All CHCs: 54.19%

- Healthy Birthweight:
  - Top 10% CHCs in ES Environment: 91.75%
  - All CHCs: 91.78%

- Blood Pressure*:
  - Top 10% CHCs in ES Environment: 64.58%
  - All CHCs: 63.76%

- HbA1c<8%*:
  - Top 10% CHCs in ES Environment: 57.59%
  - All CHCs: 56.15%
WITHOUT DATA
YOU’RE JUST ANOTHER PERSON
WITH AN OPINION

W. EDWARDS DEMING
Learning Objectives

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ESDC Implementation Companion

- Needs Assessment
- Readiness Assessment
- Workflows
- EHR Integration
- Database Strategy
- Training Guidelines
- Report Cards

http://EnablingServices.aapcho.org
ESDC Implementation Companion

Section 1
ES Work Plan Template
Protocol: Coding & Definitions

Section 2
Step-by-step guide to starting ESDC

Section 3
Activities Guide: ES Scenarios
<table>
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ESDC Implementation Companion
How did ES data collection help CHCs?

**Waianae Coast Comprehensive Health Services (Hawaii)** – used ES data to support reduction in ER utilization. Received better funding from local health plan by submitting ES data.

**LifeLong Medical Care (California)** – tracked ES for community/non-patients to sustain or expand health education programs (e.g. walking groups, zumba, cooking classes).

**Valley Wide Health Systems (Colorado)** – worked with Colorado Medicaid office for per member per month (PMPM) for care coordination staff.

**Charles B. Wang CHC (New York)** – reallocation of resources to hire more care coordinator or case managers. Also, led to more Medicaid eligibility assistant for enrollment and eligibility.

Sample ES Implementation Protocol:
Charles B. Wang CHC (New York, NY)

Social Work Department:
- Social Workers conduct a biopsychosocial assessment to assess the social determinants for every patient who was referred to Social Work Department for service.
- The enabling service taxonomy is used to capture the services delivered at the end of every encounter.
- In 2017, SW delivered 22,911 unit of enabling services for approximately 11,000 patients.
- Top three enabling services:
  1. Treatment and Facilitation: 11,647 units; avg. time spent: 17 minutes
  2. Assessment: 9,416 units; avg. time spent: 14 minutes
  3. Referral: 626 units; avg. time spent: 12 minutes

Acknowledgement: Manna Chan, Charles B. Wang CHC
Sample ES Process & Data Analysis: Valley Wide Health Systems, Inc. (Colorado)

- **Initial Resistance:**
  - Previous IS Leadership – Not worth BI’s time.
  - Staff – Overwhelmed by EHR.

- **Reasons**
  - UDS tracking
  - Organizational
  - Visibility
  - New ACO requirements
  - Program Enrollment/Eligibility expansion
  - Integrated multi-disciplinary chart

Acknowledgement: Jason Brokaw, Valley Wide Health Systems
Steps for Data Collection Success for Health Centers

- Develop a data collection system
- Increase buy-in for continuous training and supporting a data-driven culture
- Use data to drive improvement

Data Systems

Data Stewards

Data Driven Culture

Acknowledgement: Elizabeth Hernandez, Contra Costa Health Services
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How do Health Centers benefit?

- Assist management to allocate resources more effectively
- Better understanding of ES (volume, time, etc.) to improve efficiency and effectiveness
- Practice Transformation (i.e., PCMH recognition)
- Payment reform efforts
How do Health Centers benefit?

"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.**"
Importance of Social Determinants Intervention & Enabling Services Data

**NEEDS DATA**
Standardized data on patient social risk/barriers (e.g., PRAPARE)

**RESPONSE DATA**
Standardized data on interventions (ES + others)

- Demonstrate health center value to payers
- Advocate for upstream investments
- Seek adequate financing to ensure interventions are sustainable
- Achieve integrated, value-driven delivery system and reduce total cost of care

How does the **community** benefit?

- Provides general overview of health center programming
- Highlight diverse needs of community and their challenges
- Comprehensive data
- Model for other organizations within the community
- Increases capacity to carry out research/programs to benefit community
Key Takeaways: Enabling Services...

- ...is associated with **better health outcomes**

- ... can **help your health center’s bottom line** through resource allocation and capacity building

- ... requires **standardized data collection** to demonstrate its value and impact
Questions to consider for your health center

1. What are some examples of ES your health centers provide?
2. What is your experience with Enabling Services data collection (ESDC) at your organization?
3. What resources do you need to start or expand an ESDC initiative?
4. What would having ES data do for you/your health center?
5. Identify one project where having ES data can benefit your health center.
# Publications on Enabling Services

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<tr>
<td>AAPCHO. “Enabling Services Best Practices Report”</td>
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Resources & Contact Info

Visit AAPCHO’s Enabling Services homepage at:
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E-mail the AAPCHO Training & Technical Assistance (T/TA) team at:
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Thank you!

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