

ENABLING SERVICES DATA COLLECTION IMPLEMENTATION PACKET

Enabling Services Accountability Project

Updated February 2005

MISSION

To implement a standardized data collection system that improves the collection of enabling services data at health centers, and advocate for adequate reimbursement of these services so health centers can improve the health of medically underserved communities of color.

Accounts of Participating Health Centers

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

"The project was a good way to get national input"

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

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

"The project was beneficial in terms of the possibility that we might incorporate enabling services data into federal reports for funding and to get an assessment of the enabling services activities provided by our health center to patients and to the community"

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



ASSOCIATION OF ASIAN PACIFIC
COMMUNITY HEALTH ORGANIZATIONS



NEW YORK ACADEMY OF MEDICINE

Made possible with funding from:

Agency for Healthcare Research and Quality; The California Wellness Foundation; The MetLife Foundation; The Office of Minority Health

ENABLING SERVICES DATA COLLECTION

IMPLEMENTATION PACKET

Participate in Enabling Services Data Collection

To demonstrate the quality of care and services that my health center provides for our patients

To highlight the value of enabling services as an integral component of achieving positive health outcomes at my health center

To demonstrate the extent to which we provide enabling services and that our patients rely on these services for their access to care

To support and advocate for providing adequate reimbursement rates and appropriate funding for enabling services for my health center

To support the provision of enabling services to reduce barriers to care and racial and ethnic disparities for AAPIs and other underserved patients

To highlight the importance and need for enabling services and bring attention to comprehensive and quality care for vulnerable, underserved, and diverse populations

To obtain a better understanding of enabling services utilization, encounters, and how it affects health care at my health center

To track the time my clinic staff spends on enabling services to support quality management efforts, evaluate services, and design interventions. For example, the data can be used as a management tool by showing patient utilization patterns and use of resources.

To link with other providers/systems to support advocacy of enabling service reimbursement

To be involved in a pioneering group of community health centers serving underserved minorities in establishing a common dataset of enabling services



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ENABLING SERVICES DATA COLLECTION IMPLEMENTATION PACKET

ENABLING SERVICES ACCOUNTABILITY PROJECT

February 2005

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Enabling Service Data Collection Implementation Packet Contents and Description

Tool	Useful for	Purpose
Enabling Services Fact Sheets and FAQs	Management, Project coordinator	To provide helpful information about the project purpose and goals.
Enabling Services Needs Assessment Tool	Enabling service staff	To provide an assessment to better understand your capacity and needs for collecting and reporting enabling services data at your health center.
Handbook for Enabling Services Data Collection	Enabling service staff	To provide detailed guidelines on the procedure for collecting enabling services data in order to obtain valid and useful data.
Sample Encounter Forms	Project coordinator	To provide samples of encounter forms that have been useful for community health centers that have implemented data collection.
Handbook Quick Reference Card	Enabling service staff	To provide easy access to key enabling service definitions at a glance. This tool can be made into a laminated reference card that can be placed on the provider's ID tag or other suitable area.
Implementation Training Protocol	Project coordinator	To provide a curriculum for conducting training on the enabling service data collection before providers begin implementation.
File Layout Manual	Data analyst	To provide a data layout in which to organize data for entry. The tool includes instructions for importing data from other databases such as practice management systems.
Sample Enabling Service Database	Data analyst	To provide a database in which to enter data.
Enabling Services Implementation Readiness Tool	Project coordinator	To provide an assessment to evaluate readiness for implementation of enabling services data collection.
Data Evaluation Tool	Project coordinator	To provide a tool for evaluating data entry (by crosschecking data entry with completed encounter forms to detect rate of error) and for recognizing and resolving errors as necessary.
Implementation Evaluation Tool	Project coordinator	To provide a tool for measuring and understanding progress of enabling service staff in their data collection, and for recognizing and resolving challenges as necessary.
Sample Analysis & Report	Management, Project coordinator	To gain an understanding of the type of data, analysis, & reporting achieved as a result of data collection of enabling services.
Project Timeline	Management, Project coordinator	To provide a tool for planning timeframe for completing entire project.
Project Benefits and Challenges	Management, Project coordinator	To provide helpful information about the project benefits and challenges.
Enabling Services References	Management, Project coordinator	To provide useful references for further information about enabling services.



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Enabling Services Accountability Project

Association of Asian Pacific Community Health Organizations

Participating Centers

Charles B. Wang Community
Health Center, New York, NY

International Community
Health Services, Seattle, WA

Kalihi-Palama Health Center,
Honolulu, HI

Waianae Coast Comprehensive
Health Center, Waianae, HI

Project Funded by

Agency for Healthcare Research
and Quality

The California Wellness
Foundation

The MetLife Foundation

The Office of Minority Health

OVERVIEW

The Enabling Services Accountability Project is a collaborative effort between the Association of Asian Pacific Community Health Organizations (AAPCHO), four of its member clinics, and the New York Academy of Medicine. The purpose of the project is to develop a model for improving data collection on enabling services and to describe how these services impact health care access and outcomes. Overall, the project aims to provide a better understanding of the role of enabling services in health care access, utilization, and outcomes for Asian Americans, Native Hawaiians, and Pacific Islanders, and useful information to appropriately address their needs.

TARGET AUDIENCES

Community health centers: to support their initiatives to improve access to care

National health center community: to provide a model for collection of enabling services data

Policymakers: to demonstrate the importance of culturally and linguistically appropriate health services for underserved AAPI populations

Researchers: to provide better data on AAPI health

PROJECT ACTIVITIES

Develop and implement a new method for enabling services data collection and create a database for enabling services

Describe enabling services and the patients who utilize them

Evaluate the cost and impact of enabling services on access and utilization of primary care

Disseminate findings to health centers and policy makers

Conduct further research and implement data collection at other health centers

EXPECTED OUTCOMES

Reports that provide better information on enabling services, including utilization rates, type of encounters, and who provides these services

Evidence that enabling services increase access to care, and promotes appropriate, timely, and quality care

Data that demonstrates the importance of enabling services to our communities to guide policy and help secure funding for enabling services

Education for our communities regarding the nature, complexity, and importance of enabling services to health care

Foundation for research on effective methods and best practices in health care for AAPI populations



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Enabling Services

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What are enabling services?

Enabling services are non-clinical services provided to health center patients that promote and support the delivery of health care and facilitate access to quality patient care.

They include case management, benefit counseling or eligibility assistance, health education and supportive counseling, interpretation, outreach, and transportation. These services are an essential component of quality comprehensive services provided by community health centers (CHCs) and are appropriate to the unique needs of their patient populations.

Underserved minorities such as Asian Americans and Pacific Islanders (AAPIs) face substantial financial, cultural, and linguistic barriers which prevent them from obtaining appropriate health care. Enabling services, aimed at increasing access to health care, are important to reducing health disparities and improving health for underserved populations. Despite their importance, these services are often inadequately funded. To improve overall health care for underserved populations, we need to recognize the value of enabling services and reimburse providers that deliver them.

Impact of enabling services

Enabling services are critical to improving health care access and health outcomes for underserved minorities such as AAPIs.

AAPIs, one of the fastest growing minority groups in the nation, face many barriers to care, including lack of insurance, culturally appropriate care, and limited English proficient (LEP) services. These barriers often prohibit many AAPIs from obtaining necessary health care services. Studies have reported AAPI underutilization of preventive and specialty care as well as mental health services compared to other racial groups. Furthermore, Native Hawaiians and Other Pacific Islanders are less likely to get prenatal care in the first trimester, have higher infant mortality rates and have poorer quality care than whites.

The disparities are often magnified for patients who are also LEP. LEP patients are less likely to be given follow-up appointments than English-speaking patients. They also use fewer preventative services, such as mammograms and cervical screening, and often have little knowledge of the purpose of or need for these services. In addition, they are less likely to participate in health care programs in which they are eligible.

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May 2004

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Enabling services ensure that underserved patients can obtain culturally and linguistically appropriate health care. For example, enabling services such as interpretation services increase patient-provider communication and trust resulting in increased health visits and better health outcomes; eligibility assistance and enrollment in health insurance programs alleviate patient financial concerns. In addition, transportation services facilitate patient access to the clinic.

Overall, enabling services serve not only as an investment in preventive care by providing long-term cost savings, but they also reduce health disparities and result in improved health outcomes for underserved populations.

Growing need for enabling services

Many uninsured individuals often rely on community health centers (CHCs) as their only source of health care. The provision of enabling services at CHCs is becoming increasingly important to improving patient access to health care and health outcomes. In fact, the provision of enabling services is increasing at AAPCHO health centers and nationally despite financial pressures on CHCs. According to the Uniform Data System (UDS), CHCs reported a net gain of 4% in users of enabling services from 2000 to 2001 and AAPCHO CHCs reported a gain of 27% in encounters by enabling service personnel from 2001 to 2002. In addition, costs of different types of enabling services also increased 16-17% nationally and at AAPCHO health centers from 2000 to 2002.

Challenges providing enabling services

Enabling services are often not reimbursed or adequately funded

Despite their essential role in increasing positive health outcomes, enabling services lack financial support. Adequate and consistent funding should be explicitly allocated to pay for these valuable enabling services to guarantee they are provided where and when necessary for vulnerable populations.

Even though states typically do not provide reimbursement for enabling services, many health centers understand their importance and absorb the costs of providing these services to their patients. In fact, 55% of managed care organizations provided language services and 32% provided health education services even though they weren't required to do so. In addition, centers facing a growing number of uninsured patients are more likely to add rather than discontinue the provision of enabling services. If providers are to continue providing quality care to their patients, additional funding should be allocated to help them pay for these essential services.

As health centers face budget shortfalls, the uninsured population will increase and demand more underfunded enabling services

Studies suggest that greater attention be given to access barriers and the delivery of enabling services to underserved populations. America's uninsured population has grown by nearly 10 million since 1990; and in 2001, it reached 41.2 million or 14.6% of the total population. AAPIs with lower levels of education and higher rates of poverty, find it especially difficult to obtain insurance. According to recent studies, approximately 21% of AAPIs are uninsured. Other studies indicate that Chinese Americans have uninsured rates of 20%; Filipinos have rates of 20%; South East Asians, 27%; Japanese, 13%; South Asians, 22%; Korean Americans, 34%; and Native Hawaiians (in Hawaii) 7.5%.

As the uninsured population continues to grow, more low-income ethnic populations will rely on Medicaid and other insurance programs. With the rise in these programs, enabling services will play an increasingly important role in promoting access to health care and improving health outcomes for these high-risk populations. Financial support is essential to provide enabling services to the increasing number of vulnerable patients who require them.

Despite their importance, there is a lack of data on enabling services

Little is known about the utilization of enabling services, or the methods of delivery of these services and their impact on health outcomes. Moreover, a mechanism to track or evaluate the effectiveness of enabling services currently doesn't exist. For example, we currently do not know how many patients access this set of services, the types of patients who use them, how often patients require these services, and how many resources per individual patient are required to provide each service to each individual patient.

Documentation of enabling services is necessary to better understand their impact and contribute to the currently sparse data and research. By tracking enabling services and showing measurable results on health in AAPCHO's ongoing Enabling Services Accountability Project, we can begin to develop funding and reimbursement strategies to fund the cost of these essential services.

As budgetary crises ensue, it becomes especially crucial to document the importance of enabling services. Although many individuals believe that enabling services are cost-effective and improve health outcomes, we have no solid evidence to support this claim. The lack of data is a crucial barrier to securing financial support for these services. Currently, the services are not reimbursed or inadequately funded by the government; therefore health centers often must absorb these costs. The data can serve as evidence to the government and policy makers that these enabling services lead to improved health outcomes and necessitate reimbursement.

Enabling services definitions are not standardized

Because definitions of enabling services as well as a data collection protocol are not standardized, health centers face challenges in collecting the data. However, without data exemplifying that enabling services leads to positive health outcomes, funders are unwilling to reimburse centers that provide them. Both private and public payors are also more inclined to pay for services that are coded and documented. Thus, standardization of an enabling services data collection protocol will ensure that health centers have the tools they need to provide funding agencies with the information they require. Overall, the documentation and examination of enabling services will help support the delivery of health care that is culturally and linguistically appropriate, improve health outcomes and reduce health disparities for underserved populations.

Next Steps

Collect data on enabling services and illustrate the impact of enabling services on health outcomes

Enabling service data collection is crucial since funding agencies, when considering a reimbursement request, often require evidence illustrating the value of enabling services. The Enabling Services Accountability Project, a joint collaboration between AAPCHO and the New York Academy of Medicine, is currently collecting data from four health centers nationwide as a part of numerous studies that aim to illustrate the impact of enabling services on health outcomes.

Provide a model of data collection for health centers including feasible tools to help health centers begin implementation

The Enabling Services Accountability Project developed an Enabling Service Data Collection Implementation Packet which includes standardized definitions of enabling services, a valuable handbook on data collection procedures, and sample encounter forms that health centers can use to support their data collection. AAPCHO can also provide technical assistance services. The packet is designed to help health centers collect their own data and use it to advocate for enabling services funding, as well as for their quality management purposes. Health centers may also work with AAPCHO to compile their data with other health centers to advocate for funding.

Advocate for adequate reimbursement and appropriate funding for research on enabling services

With the data collected by health centers, AAPCHO can begin to provide data to policymakers illustrating the value of enabling services to the health and well-being of underserved minorities. The data will also provide crucial information, such as the cost and level of resources required to provide the services, and justify the need for adequate funding of these critical services.

For citations, please contact AAPCHO.

For further information, please contact Rosy Chang Weir at AAPCHO, 300 Frank H. Ogawa Plaza, Suite 620, Oakland, CA 94612; rcweir@aapcho.org; 510-272-9536 x107.

ENABLING SERVICES ACCOUNTABILITY PROJECT

Enabling Services Data Collection

Frequently Asked Questions

1. What are Enabling Services?

Enabling services are non-clinical services that facilitate the delivery of health care and access to quality patient care for health center patients. They include case management, benefit counseling or eligibility assistance, health education and supportive counseling, interpretation, outreach, and transportation. These services are an essential component of quality comprehensive services provided by community health centers (CHCs) and are appropriate to the unique needs of their patient populations.

2. What is the Enabling Services Accountability Project?

The Enabling Services Accountability Project is a collaborative effort between the Association of Asian Pacific Community Health Organizations (AAPCHO), four of its member clinics, and the New York Academy of Medicine. The purpose of the project is to develop a model that improves data collection on enabling services and to describe how these services impact health care access and outcomes. Overall, the project aims to provide a better understanding of the role of enabling services in health care access, utilization, and outcomes for Asian Americans, Native Hawaiians, and Pacific Islanders, and useful information to appropriately address their needs.

3. How will data collection of enabling service assure quality delivery of care for patients?

Enabling services ensure that underserved patients can obtain culturally and linguistically appropriate health care. For example, enabling services such as interpretation services increase patient-provider communication and trust resulting in increased preventive health visits and better health outcomes. Eligibility assistance and enrollment in health insurance programs alleviate patient financial concerns. In addition, transportation services facilitate patient access to the clinic. Overall, enabling services serve not only as an investment in preventive care by providing long-term cost savings, but they also reduce health disparities and result in improved health outcomes for underserved populations.

4. How do enabling services fit with trends in health care?

The challenge in health care is to reduce costs while simultaneously improving patient care. Implementation of enabling services allows for this. Simple enabling services such as transportation and interpretation services can significantly increase access to preventive care and can have a significant impact on patient outcomes. For example, increased access to preventive health care can reduce the number of costly Emergency Room visits.

5. Who can participate in Enabling Services Data Collection?

Any health center can participate. One of the goals of the Enabling Services Accountability Project is to expand data collection efforts to other health centers so we can collectively document and improve the approaches used by health centers to address the health care needs of underserved populations. The data can be used to advocate for adequate reimbursement of these essential services.

6. Why should we participate in enabling services data collection?

The following are a list of reasons that health centers participate in enabling services data collection:

- To prove that enabling services are an integral component of positive health outcomes at my health center
- To support and advocate for adequate reimbursement rates and appropriate funding for enabling services for my health center
- To obtain a better understanding of enabling services utilization, encounters, and how it affects health care at my health center
- To track the time my clinic staff spends on enabling services to support quality management efforts, to evaluate services, and to design interventions. For example, the data can be used as a management tool by showing patient utilization patterns and use of resources.
- To improve patient care by exchanging ideas and sharing best practices with other CHCs nationwide.

Overall, implementing this process can lead to improved patient care & outcomes, decreased costs and increased patient, provider, and staff satisfaction.

7. *How does the data collection differ from other data collection systems such as the Bureau of Primary Health Care Uniform Data System (UDS)?*

The UDS does not provide comprehensive data on enabling services. For example, it only provides utilization data on select categories of enabling services and the data is not linked to health outcomes, thus preventing the ability for detailed analysis. In addition, the UDS does not provide disaggregated data on races, such as AAPIs.

8. *How much will this cost the clinic? Is there funding available to implement the data collection project?*

The costs can vary. Most of the clinic costs involve staff time and energy. There is no direct federal funding to conduct the work, although the costs of training sessions, phone conferences, meetings, and technical support may be considered for funding by AAPCHO. AAPCHO will also consider additional funding requests depending on availability of funds.

9. *How much time is involved in the data collection process? What is the time commitment necessary to be successful?*

There are no exact time measurements for this process. Initially, setting up the team and learning the process requires more time. Teams should be given time weekly to meet for planning, implementing testing processes, data entry, and communicating results.

10. *What are the resources available to implement the data collection? What training, resources, and tools will I be provided?*

AAPCHO can provide resources depending on availability at the time of need. Enabling services database software can be provided, along with handbooks on procedures for data collection, encounter forms, and other materials. On-site training can also be provided by AAPCHO depending on available resources. Teams also participate in quarterly telephone conferences to support their efforts.

11. *How sophisticated should the Information System staff be to participate?*

IS staff should be able to install/uninstall programs, set file permissions, move files around on a network, be familiar with backing up data, know how to use and link data on Access and Excel, and understand the meaning of terms such as: RAM, CDROM, 1GHz, 256Mb, etc. In addition, staff must be able to send and receive e-mail, as filing reports and other communication is done electronically.

12. *What are the key elements to assure success in the data collection?*

The key elements to assure success are Senior Leadership and management of the project, staff involvement in the data collection, and enthusiastic staff champion and creative team. Regular meetings are also very important to ensuring success.

13. *What are other health centers' experiences participating in enabling services data collection?*

The following are accounts of health centers in the enabling services data collection project:

- "The project demonstrates that enabling services are the core of what makes quality care for our patients"
- "The project was a great way to share ideas and get national input. We enjoyed meeting and joining forces with other health centers to show that enabling services are valuable to our vulnerable populations"
- The project was beneficial in terms of "the possibility that we might incorporate enabling services data into federal reports for funding and to get an assessment of the enabling services activities provided by our health center to patients and to the community"
- "The data will allow our managers to better assign staff and evaluate those activities which staff participate in. We will look at the outcome of sessions like nutritional counseling and the impact on patient health status"

14. *How easy is it to obtain technical support if needed?*

It is easy to obtain technical support by contacting Rosy Chang Weir at AAPCHO at 510-272-9536 x107 or rcweir@aapcho.org.

Enabling Services Needs Assessment Tool

Enabling Services Accountability Project

Purpose of Needs Assessment:

To better understand your capacity and needs for collecting and reporting enabling services data at your health center.

Purpose of Project:

The purpose of the project is to track enabling services to gain a better understanding of how they affect health care for underserved populations. As we know, enabling services are very important to your patients' medical care. These services increase access to health care and improve outcomes of treatment, but are not part of the actual medical encounter. Unfortunately, health centers often have little information on how these services work, even though they are very important to health care. Once we have measurable information on these services, we can begin to demonstrate how they can improve health.

General Questions

1. Please list the types of enabling services your health center provides to patients.

2. Do you currently collect data or information on the enabling services provided by your health center? ☐ yes ☐ no

2a. IF YES, what information does your health center currently collect (e.g, type of enabling service, provider of service, etc.)? Please specify category and category choices if appropriate. If possible, please attach encounter form(s).

3. Do you currently collect registration/patient information on the patients to whom you provide enabling services (e.g. insurance, race/ethnicity, language spoken)? ☐ yes ☐ no

3a. IF YES, please specify category and category choices if appropriate. If possible, please attach registration form(s).

4. IF YOU ANSWERED YES TO QUESTION 2 OR 3: Are data for enabling services available in electronic format (i.e. entered into a database)? ☐ yes ☐ no

4a. IF YES, what data or fields are inputted?

- 4b. IF YES, can your enabling service database be linked to other databases using patient identifiers (e.g. claims data, encounter data)? ☐ yes ☐ no

4bi. IF YES, please specify which databases:

5. Does your health center routinely monitor prevalence rates for specific conditions such as diabetes, asthma or cardiovascular disease (including those from health collaboratives)? ☐ yes ☐ no

5a. IF YES, please list below or attach sheet.

5b. IF YES, how often are they reported or recorded?

6. Does your health center routinely calculate quality/performance measures such as proportion of women who have had a mammogram in the last 2 years, or use of appropriate medications for people with asthma? ☐ yes ☐ no

6a. IF YES, please list below or attach sheet.

6b. IF YES, how often are they reported or recorded?

Questions about Enabling Services at your Health Center
(for Enabling Services Providers)

7. How many total FTE's of enabling service staff do you have at your health center? _____
8. How many total hours of enabling services does your health center provide on average per day at your health center?

9. For how many average total patients per day do you provide enabling services?

10. 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
11. How much time do you typically spend with each patient on enabling services per day? _____min
- 11a. Do you document all the enabling services you provide?
☐yes ☐no
- If yes, which ones? Please list:

12. 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
13. After the patient visit, when is the encounter documented, if at all? Check, if not documented → ☐

14. Does your 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

Thank you for your participation.

**Enabling Services Accountability Project
Handbook for Enabling Services Data Collection**

AAPCHO Enabling Services Encounter Form

Note: Fields in **Red** are optional

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

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

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

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

H. 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	

Sample Health Center Enabling Service Encounter Form

Service Date (M/D/Y)	Provider ID	Patient ID	Pt. DOB (M/D/Y)	Pt. Gender M F	Pt. Zip Code
Encounter Type (check one):		Face to Face		Telephone	Off-site
Service provided in language other than English – specify language _____					

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:														

Service Date	Provider ID	Patient ID	Patient DOB
Encounter Type (check only one):	Face to Face	Telephone	Off-site
Appointment Type (check only one):	Scheduled	Walk-in	
Individual or Group (check only one):	Individual	Group	
First Social Work Visit? Yes No	Provider: I M	Pediatrics	Mental Health Women's Health
Referral Source: Self	Other		
Needs Assessment:	School Issues	Family Violence	
Mental Health	Developmentally Delayed	Safety/Risk	
ADHD	Medically-related Issues	Other (Please specify)	
Pregnancy-related Issues	Family Relationships		
<input type="checkbox"/> Cannot read/write primary language		<input type="checkbox"/> Provided service in language other than English (Please specify language)	

ENABLING SERVICE	CODE	MINUTES (CIRCLE ONE OR SPECIFY IN OTHER IF > 120 MINUTES)												OTHER
Case Management – Assessment														
• Initial Intake	CM0011	10	20	30	40	50	60	70	80	90	100	110	120	
• Ongoing Assessment	CM0012	10	20	30	40	50	60	70	80	90	100	110	120	
Treatment and Facilitation	CM0020	10	20	30	40	50	60	70	80	90	100	110	120	
Referral														
• Housing	CM0031	10	20	30	40	50	60	70	80	90	100	110	120	
• VNS	CM0032	10	20	30	40	50	60	70	80	90	100	110	120	
• EIP	CM0033	10	20	30	40	50	60	70	80	90	100	110	120	
• CPSE	CM0034	10	20	30	40	50	60	70	80	90	100	110	120	
• CSE	CM0035	10	20	30	40	50	60	70	80	90	100	110	120	
• Other (Please specify) _____	CM0040	10	20	30	40	50	60	70	80	90	100	110	120	
Health Ed/Supportive Counseling	CM0050	10	20	30	40	50	60	70	80	90	100	110	120	

Financial Counseling/ Eligibility Assistance														
• PCAP Application	FC0011	10	20	30	40	50	60	70	80	90	100	110	120	
• PCAP Related	FC0012	10	20	30	40	50	60	70	80	90	100	110	120	
• Medicaid/Mnged Care Issues	FC0013	10	20	30	40	50	60	70	80	90	100	110	120	
• Medicaid/CHP	FC0014	10	20	30	40	50	60	70	80	90	100	110	120	
• Medicaid/FHP	FC0015	10	20	30	40	50	60	70	80	90	100	110	120	
• Medicare	FC0016	10	20	30	40	50	60	70	80	90	100	110	120	
• SSI/SSA	FC0017	10	20	30	40	50	60	70	80	90	100	110	120	
• Public Assistance	FC0018	10	20	30	40	50	60	70	80	90	100	110	120	
• Food Stamps	FC0019	10	20	30	40	50	60	70	80	90	100	110	120	
• Other (Please specify)	FC0020	10	20	30	40	50	60	70	80	90	100	110	120	

Interpretation Services	IN0010	10	20	30	40	50	60	70	80	90	100	110	120	
Outreach Services	OR0010	10	20	30	40	50	60	70	80	90	100	110	120	
Transportation	TR0010	10	20	30	40	50	60	70	80	90	100	110	120	
Other (Specify, continue on back)	OT0010	10	20	30	40	50	60	70	80	90	100	110	120	

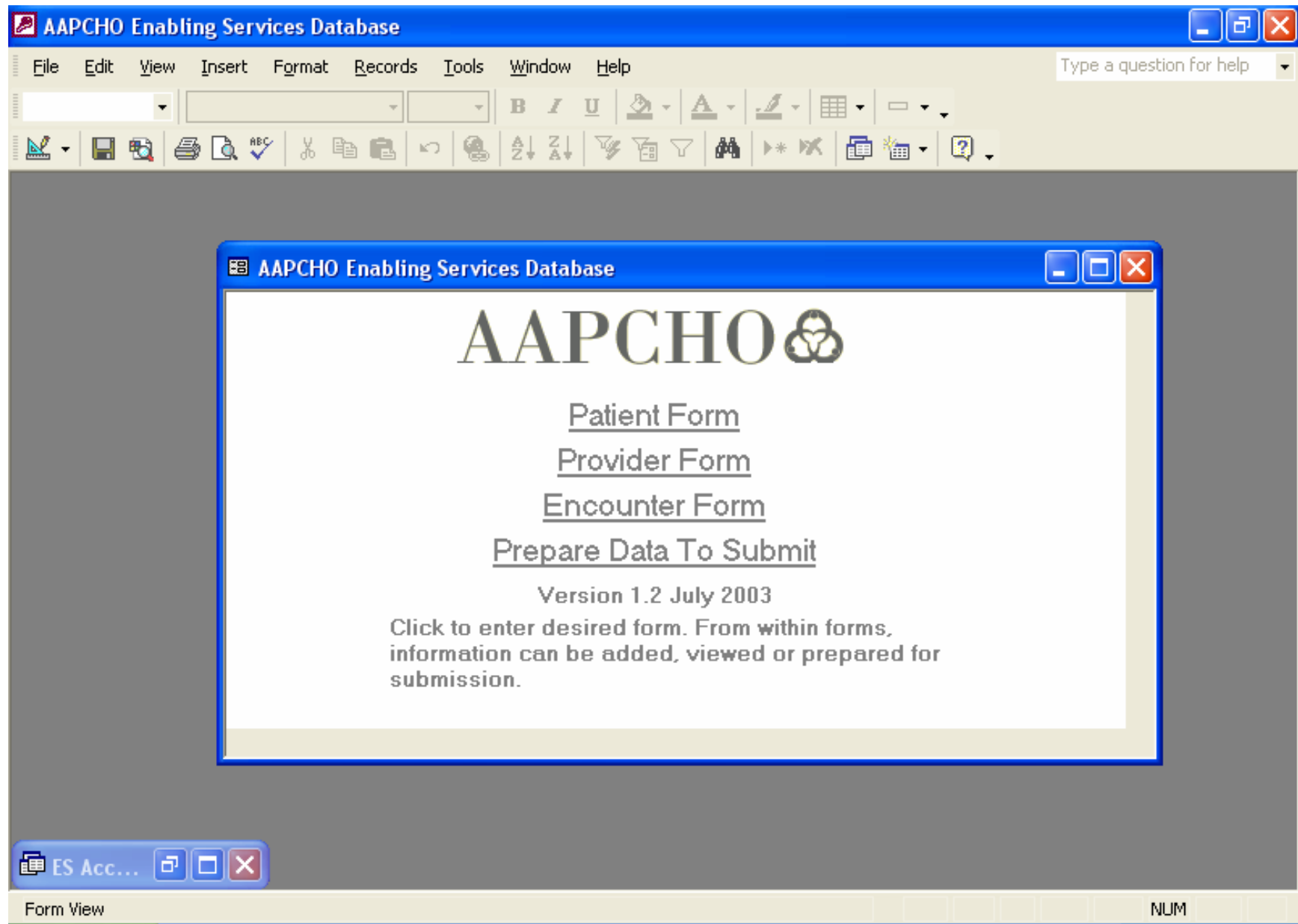
Note: Please complete form only if services cannot be submitted as a claim for reimbursement services.

**Enabling Services Accountability Project
Handbook Quick Reference Card**

Enabling Services Training Curriculum

<p>Objectives for Session: By the end of the session, you will be able to:</p> <ul style="list-style-type: none"> • Understand requirements for documentation of enabling services. • Identify nine (9) types and examples of enabling services. <p>Time: 30-40 minutes</p> <p>Considerations for Facilitator: Must have familiarity with enabling services data collection protocol.</p> <p>Evaluation: Participants will be presented with scenario in protocol booklet and asked to fill out encounter form.</p>		
<p>Activity 1: Introduction to Enabling Services Project.</p> <p>Overall Description: Mini-lecture</p>		
Time	Methodology/Steps and Content	Materials
5 min	<p>I. Introduce self and AAPCHO</p> <p>II. Explain collaboration</p> <p style="padding-left: 20px;">A. Project developed out of collaboration between AAPCHO, four of its member centers (WA, HI, NY), and NYAM.</p> <p>III. Explain purpose of data collection project</p> <p style="padding-left: 20px;">A. To track the time clinic staff spend providing enabling services.</p> <p style="padding-left: 20px;">B. Define enabling services: services that “enable” your patients to access and receive culturally appropriate health care (e.g., interpretation, transportation).</p> <p style="padding-left: 20px;">C. Making a case for reimbursement: The services are often non-reimbursable by the government; therefore health centers often have to absorb these costs. Our goal is to prove to the government and policy makers that these enabling services are valuable and necessitate reimbursement. The first step in trying to prove the value of the services is to track them.</p> <p>IV. Explain purpose of training</p> <p style="padding-left: 20px;">A. To explain to you the procedure we will use to track the time you spend providing enabling services.</p> <p style="padding-left: 20px;">B. Explain materials: instruction manual and encounter form.</p> <p>V. Explain project plan</p> <p style="padding-left: 20px;">A. This is the initial phase of the project</p> <p style="padding-left: 40px;">1) Collect enabling services data for 4 months beginning _____.</p> <p style="padding-left: 40px;">2) After 4 months, we would like to obtain your feedback on the process to see what worked and what didn’t work in an attempt to make the process more effective.</p> <p style="padding-left: 40px;">3) We intend to continue the process of data collection even after the 4 month pilot period</p> <p>VI. Explain benefits - what we will gain</p> <p style="padding-left: 20px;">1) Better understanding of enabling services utilization, encounters, how it affects health care</p> <p style="padding-left: 20px;">2) Policy paper to guide policy and help secure funding for enabling services</p>	Enabling Services Protocol, Enabling Services Encounter Form

	3) Highlight importance and need for enabling services and more attention to comprehensive and quality care for vulnerable and diverse populations	
<u>Activity 2: Explain requirements for documentation of enabling services.</u>		
<u>Overall Description:</u> Mini-lecture in larger group.		
Time	Methodology/Steps and Content	Materials
5 min	1) Service must be linked to provision of <u>medical</u> services. 2) Service must be <u>provided by a staff member</u> or volunteer at your health center. 3) Service must be linked to a <u>registered medical patient</u> at your health center. 4) Service <u>cannot be submitted as a claim</u> for reimbursement purposes. 5) Service must last <u>10 minutes</u> or greater.	Handout or write on display board
<u>Activity 3: Definition and identification of the nine (9) types of enabling services.</u>		
<u>Overall Description:</u> Mini-lecture in larger group.		
Time	Methodology/Steps and Content	Materials
10 min	1) Mini-lecture on enabling services <ul style="list-style-type: none"> Define and describe examples of enabling services. Highlight important points on protocol (e.g., record in 10 minute increments, rounding) 	Enabling Services Protocol
<u>Activity 4: Evaluation.</u>		
<u>Overall Description:</u> Participants will be presented with scenario in protocol booklet and asked to fill out encounter form.		
Time	Methodology/Steps and Content	Materials
5 min	1. Present enabling services scenario (in handbook or make up appropriate scenario depending on participants) 2. Invite participants to individually fill out encounter form. 3. Invite participants to share their answers. Ask other participants for their reactions, questions.	Enabling Services Encounter form
<u>Activity 5: Questions and Answers</u>		
<u>Overall Description:</u> Questions and Answers		
5 min	1. Invite participants to ask questions. 2. Disseminate contact info.	RCW, HP contact info





Hawaii Patient Accounting Services

AAPCHO Enabling Services File Specifications

June 2003

Version 1.4 (6/9/2003)

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Overview

This document provides specifications to community health centers (CHCs) participating in the Enabling Services Accountability Initiative on the procedures to be followed in the electronic submission of enabling service encounter information to AAPCHO. Data submitted will be edited and then merged into the AAPCHO Enabling Services Database (AESDB) for subsequent analysis.

The encounter file submitted must be a “flat” ASCII file. It must consist of fixed-length 320-character records with no linefeed/carriage return (CRLF) record terminators, no CTRL-Z end-of-file character, and no embedded control characters. The total number of characters/bytes in the file should be the product of the number of records in the file and 320, the length of each record.

The content of the file has been kept simple. Each file contains one File Header record (Record Type “00”) as the first record in the file. The header record is followed by an indefinite number of Service Records, one for each enabling service provided (Record Type “10”). After all the Service Records, and the last record in the file, is the File Trailer record (Record Type “99”).

In order to enhance the quality of data entered into the AESDB, all files received from participating CHCs will be edited prior to entry into the AESDB. The edit process will check the logical integrity of the file contents and produce a report. If errors are found, the file and the edit report will be submitted to the originating CHC for correction. Sample edits performed on the file are included later in this document.

Record Type: File Header (00)

Position	Size	Field Name/Remarks	Status	Type	Justify
1-2	2	Record Type Must be "00".	Req	N	
3-8	6	Source ID Unique ID assigned to each participating AAPCHO health center, as follows: CBWCHC: 1 ICHS: 2 KPHC: 3 SCCHC: 4 WCCHC: 5	Req	A/N	Left
9-16	8	File creation date Date the enabling services activity file was created, in YYYYMMDD format.	Req	N	
17-320	304	Blank			

Record Type: Service Record (10)

Position	Size	Field Name/Remarks	Status	Type	Justify
1-2	2	Record Type Must be "10".	Req	N	
3-10	8	Service Date Date the enabling service was rendered, in YYYYMMDD format.	Req	N	
11-18	8	Provider ID Unique ID assigned by the reporting clinic to the rendering provider.	Req	A/N	Left
19-28	10	Patient ID Unique ID assigned by the reporting clinic to the patient served.	Req	A/N	Left
29-36	8	Patient DOB The patient's birthdate, in YYYYMMDD format.	Req	N	
37	1	Patient Gender The patient's gender (M:Male; F:Female).	Req	A	
38-42	5	Patient Zip Code The 5-digit USPS zip code of the patient's residence.	Req	N	
43	1	Encounter Type F: Face to face encounter T: Telecommunication encounter O: Off-site encounter Blank: Not reported	Opt	A	
44	1	Appointment Type S: Scheduled W: Walk In Blank: Not reported	Opt	A	
45	1	Scope of Encounter G: Group encounter I: Individual encounter Blank: Not reported	Opt	A	
46	1	Managed Care Indicator	Req	A	

Position	Size	Field Name/Remarks	Status	Type	Justify
		Y: Patient is covered by a managed care plan N: Not managed care			
47	1	Sliding Fee Indicator	Req	A	
		Y: Patient visit was covered by sliding fee N: Not sliding fee			
48	1	Insurance Carrier Category	Req	A	
		A: Medicaid B: Medicare C: Other Public (incl non-Medicaid CHIP) D: Private E: Self-Pay F: Other carrier at time of service (specify in next field)			
49-68	20	Name of Other Insurance Carrier Free text name of other insurance carrier. This field is REQ if the Insurance Carrier Category field above contains an "F". Otherwise, this field should be left blank.	Cond	A/N	Left
69	1	Primary Language	Req	A	
		A: English C: Cantonese D: Hmong E: Japanese F: Khmer G: Korean H: Laotian I: Mandarin J: Samoan K: Spanish L: Tagalog M: Tibetan N: Thai O: Tongan P: Vietnamese Q: Visayan			

Position	Size	Field Name/Remarks	Status	Type	Justify
		Z: Other Primary Language (specify in next field)			
70-89	20	Name of Other Primary Language Free text name of other primary language. This field is REQ if the Primary Language field above contains a "Z". Otherwise, this field should be left blank.	Cond	A/N	Left
90	1	Literacy Challenge Y: Cannot read/write primary language N: Can read/write primary language Blank: Not reported	Opt	A	
91	1	Ethnicity A: Asian Indian/South Asian B: Chinese C: Filipino D: Japanese E: Korean F: Vietnamese G: Other Asian H: Native Hawaiian I: Guamanian/Chamarro J: Samoan K: Other Pacific Islander L: American Indian/Alaskan Native M: White N: Hispanic/Latino O: Black/African-American P: Mixed - AAPI Q: Mixed- Other Z: Other Race/Ethnicity (specify in next field)	Req	A	

Position	Size	Field Name/Remarks	Status	Type	Justify
92-111	20	Name of Other Ethnicity Free text name of the other ethnicity. This field is REQ if the Ethnicity field above contains a "Z". Otherwise, this field should be left blank.	Cond	A/N	Left
112-116	5	Enabling Service Code CM001: Case Mgmt Assessment CM002: Case Mgmt Treatment & Facilitation CM003: Case Mgmt Referral FC001: Financial Counseling/Eligibility Assistance HE001: Health Education/Supportive Counseling IN001: Interpretation Services OR001: Outreach Services TR001: Transportation Services OT001: Other Enabling Service	Req	A/N	
117-196	80	Name of Other Enabling Service Free text name of other enabling service. This field is REQ if the Enabling Service Code field contains "OT001". Otherwise, this field should be left blank.	Cond	A/N	Left
197-199	3	Minutes Total minutes spent rendering enabling service (in multiples of 10 only: 10, 20, 30, etc).	Req	N	Right
200	1	Job Type A: General Enabling Services Provider B: Case Manager C: Eligibility/Financial Worker D: Health Educator E: Counselor/Therapist	Req	A	

Position	Size	Field Name/Remarks	Status	Type	Justify
		F: Interpreter G: Outreach Worker H: Transportation Provider I: Volunteer J: Administrator/Clerk/Facility Staff K: Community Health Worker L: Certified or Licensed Counselor/Therapist M: Dental Personnel N: Medical Assistant O: Nurse (NP, RN, LVN, Midwife) P: Nutritionist Q: Pharmacist R: Physician (MD or DO) S: Physician's Assistant (PA) T: Certified or Licensed Social Worker U: Traditional Healer Z: Other Job Type (specify in next field)			
201-220	20	Other Job Type Free text name of other job type. This field is REQ if the Job Type field above contains "Z". Otherwise, this field should be left blank.	Cond	A/N	Left
221	1	Enabling Service Provided in Language Other than English Y: Enabling Service provided in language other than English. <i>Specify language in next field.</i> N: Enabling Service provided in English language Blank: Not reported	Opt	A	
222	1	Non-English Language Used B: Cantonese D: Hmong	Cond	A	

Position	Size	Field Name/Remarks	Status	Type	Justify
		E: Japanese F: Khmer G: Korean H: Laotian I: Mandarin J: Samoan K: Spanish L: Tagalog M: Tibetan N: Thai O: Tongan P: Vietnamese Q: Visayan Z: Other Non-English Language (specify in next field)			
223-242	20	Other Non-English Language Used Free text name of other non-English language used to conduct encounter. This field is REQ if the Non-English Language above contains a "Z". Otherwise, this field should be left blank.	Cond	A/N	Left
243	1	Place of Birth A: United States B: Pacific Islands C: China D: Taiwan E: Japan F: Korea G: Cambodia H: Laos I: Philippines J: South Asia K: Thailand	Opt	A	

Position	Size	Field Name/Remarks	Status	Type	Justify
		L: Vietnam M: Other Asian Country N: Europe O: Africa P: Latin, Central, or South America Q: Other Place of Birth (specify in next field) Blank: Not reported			
244-263	20	Name of Other Place of Birth Free text name of other place of birth. This field is REQ if the Place of Birth field above contains "Q". Otherwise, this field should be left blank.	Cond	A/N	Left
264-320	57	Blank			

Record Type: File Trailer (99)

Position	Size	Field Name/Remarks	Status	Type	Justify
1-2	2	Record Type Must be "99".	Req	N	
3-8	6	Source ID Unique ID assigned to each participating AAPCHO health center.	Req	A/N	Left
9-16	8	File creation date Date the enabling services activity file was created, in YYYYMMDD format.	Req	N	
17-24	8	Service Record Counter Number of Service ("10") Records in the file	Req	N	Right
25-320	296	Blank			

File Transmission Instructions

WHEN TO SUBMIT DATA:

Data should be submitted monthly for the services posted between the beginning and ending of the previous month. Note there is a distinction between visits POSTED the prior month and those with SERVICE DATES the prior month. Please send us data for all services posted the previous month only.

Please submit the data posted during the previous month within two weeks of the following month. Because each pilot site will have different start dates, schedules will be distributed once the data collection begins at each participating health center. Timelines for submitting data may be adjusted if necessary as long as all data are received within two weeks of the end of the four-month data collection period. Please contact Rosy Chang Weir before you begin data collection (see contact info below) should you require an adjusted timeline.

Each participating health center is required to submit data for a total of four months during the initial phase of the project.

FORMAT:

Data files must be submitted in a flat file format (e.g., .txt format).

Instructions for submitting data via e-mail:

It is highly recommended that health centers submit data via email. If this is not possible, please see instructions for submitting data via compact disc (below).

Data files via email should be submitted to rcweir@aapcho.org.

File Compression:

The data file may be zipped using compression utilities in order to reduce the amount of time required to transmit the file.

Instructions for submitting data via Compact Disc:

Data should be mailed to the following address:

Rosy Chang Weir
Research & Data Analyst
Association of Asian Pacific Community Health Organizations
300 Frank H. Ogawa Plaza, Suite 620
Oakland, CA 94612

Copies of compact discs will be retained unless specifically requested otherwise in writing. Please remember to label the compact disc with the appropriate file name (see section below).

LABELING FILES:

Use the naming convention of:

hc#_momoyr.txt

where # stands for the number assigned to your health center followed by the months of data submitted followed by the year. For example, International Community Health Services (assuming #2 assigned to health center) submitting data for the months of April through May 2003 would create a file named hc2_040503.txt.

In your submission (email or CD), please specify the number of cases in your submitted dataset.

Please crosscheck your dataset with the file layout manual to ensure that all the appropriate database fields are included in the submission. All files received will be checked via an editing process (see sample file edits section in this document). If errors are found, the file and the edit report will be submitted to the originating health center for correction.

BACKING UP DATA:

Please remember to keep backup copies of your dataset to prevent data loss.

QUESTIONS:

If you have any questions about the data submission, please contact Rosy Chang Weir at 510-272-9536 x107, or by email, rcweir@aapcho.org.

Sample File Edits

- The first 2 characters of every record must be either “00”, “10”, or “99”
- The first record in each file must be a 10 record
- Any record other than the first or last must be a 10 record
- The last record in each file must be a 99 record
- The 00 record Source Id must be valid and match the sender
- The 00 record File Creation Date must be a valid date within the last 90 days
- The 00 record positions 17-80 must be blanks
- The 10 record Service Date must be a valid date within the last year
- The 10 record Patient DOB must be a valid date prior to the File Creation Date
- The 10 record Patient Gender must be M or F
- The 10 record Encounter Type must be F, T, O, or blank
- The 10 record Appointment Type must be S, R, W, or blank
- The 10 record Scope of Encounter must be G, I, or blank
- The 10 record Managed Care Indicator must be Y or N

Requirements for Documentation of Enabling Service

- 1) Service must be linked to provision of medical services.
- 2) Service must be provided by a staff member or volunteer at your health center.
- 3) Service must be linked to a registered medical patient at your health center.
- 4) Service cannot be submitted as a claim for reimbursement purposes.
- 5) Service must last 10 minutes or greater.

Instructions for importing data to AAPCHO Enabling Services database.

If you are using a version of MS Access other than Access 97, convert database upon initial entry. After conversion, exit database and re-enter. This will force a re-compilation of the database.

To import records to the Patient table:

Be sure that data is plain text and comma or tab delimited.

Fields must be passed in order, type, and format as specified. If fields are not correct, your export file will not be correct. Any fields that are not required, still need a blank entered for them. In those cases, the file should contain first a comma, then a space, then another comma prior to the next field being imported.

If field headings are used on import, they must match those described below.

Patient Table

PatientNbr – 10 character text, must have leading zeros.

LastName 25 character text

FirstName 15 character text

DOB Date/Time, yyymmdd format

Gender 1 character text, value either M or F

ZIPCd 5 character text, 00000 format

PlaceOfBirth All entries must meet data specifications layed out for field with the AAPCHO Enabling Services File Specifications dated May 2003 Version 1.3

Ethnicity All entries must meet data specifications layed out for field with the AAPCHO Enabling Services File Specifications dated May 2003 Version 1.3

PrimaryLanguage All entries must meet data specifications layed out for field with the AAPCHO Enabling Services File Specifications dated May 2003 Version 1.3. N, patient CAN read/write primary language. Y, patient CAN NOT read/write primary language.

WRPrimaryLang All entries must meet data specifications layed out for field with the AAPCHO Enabling Services File Specifications dated May 2003 Version 1.3

OtherPOB All entries must meet data specifications layed out for field with the AAPCHO Enabling Services File Specifications dated May 2003 Version 1.3

OtherEthnicity All entries must meet data specifications layed out for field with the AAPCHO Enabling Services File Specifications dated May 2003 Version 1.3

OtherPrimLang All entries must meet data specifications layed out for field with the AAPCHO Enabling Services File Specifications dated May 2003 Version 1.3

Provider Table

ProviderID 8 character text, must have leading zeros.

LastName 25 character text

FirstName 15 character text

MI 2 character text

**Enabling Services Data Collection
Implementation Readiness Assessment**
Enabling Services Accountability Project

1. Do your senior leaders, MIS, and enabling service 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 Coordinator, Data Collection Coordinator, and System Administrator for the Enabling Service data collection project?

Project Coordinator: _____

Data Collection 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. Do you plan on using the provided Enabling Service Encounter Form or do you have your own Encounter Form or other alternative for data collection of enabling service data?

☐ Use provided encounter form

☐ Use own encounter form

☐ Use both

Comments:

6. How will the encounter forms be collected from the enabling service staff (e.g. how often, by whom)?

7. Do you plan on using the provided Enabling Service Database or do you have your own practice management system or other alternative for data entry and management of enabling service data?

- ☐ Use provided Enabling Service Database
- ☐ Use own database system
- ☐ Use both

Comments:

8. Do your computers meet the following requirements for hardware and software specifications? (Please check)

Hardware

- ☐ Processor Speed: 1 GHz (gigahertz)
- ☐ Hard Drive: 5 Gb of free space
- ☐ Memory (RAM): 128 Mb
- ☐ External/Internal Drive: CD-RW (CD-ROM re-write - for backup purposes)
- ☐ Monitor 1024x768 Pixels

Software:

- ☐ Operating System: Windows 98, 2000, XP, or ME
- ☐ Application Software: Microsoft Office 2000 or more recent version (Word, Excel, Access)

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

Read-only Access: _____

Read/write Access: _____

10. Who will input the enabling service encounter form data?

11. Will you import existing data from your health center databases (e.g. patient demographic data) into the Enabling Service Database? ☐ YES ☐ NO

IF YES, will you be able to review and verify that the import went smoothly and the data appears to be accurate? ☐ YES ☐ NO

Comments:

12. Will you be able to monitor the enabling service data collection? ☐ YES ☐ NO

IF YES, how will the accuracy of the data entry be monitored (e.g. with encounter form audits?)

13. Do you have on-site IS support at your center? ☐ YES ☐ NO

14. Do you have off-site IS support at your center? ☐ YES ☐ NO

15. How will electronic patient data be kept confidential?

16. Do you have other concerns/comments?

Enabling Services Data Evaluation

Enabling Service Accountability Project

Purpose of Data Evaluation:

The purpose of the data evaluation is to ensure that the data completed on the encounter form correctly matches the data entered into the database. The evaluation process can also determine the consistency between data entry and coding in the health center database. For example, you can crosscheck the error rate of data entry and coding of completed enabling service encounter forms to identify potential errors in the process of transferring data from the encounter form into the database. Overall, the data evaluation process can prevent errors and increase the accuracy of the data reports.

Useful Tips When Doing Your Data Crosscheck

- It is very important to understand exactly how your data was created (how it was entered, whether your codes matched with the source's codes, and if not, how were they translated or cross-linked). Such information can vary from site to site and will determine for you which entries are correct and incorrect.
- Randomly select the encounters to be crosschecked. Be sure to select encounters from different service dates to avoid systematic forces affecting data entry and to ensure adequate representation of the crosschecks. You may want to avoid the first month of data or perhaps do a comparison between the first and later-month data.
- Organize your encounter forms and database to match with sequence and entry before you begin. This keeps you from having to look up each encounter and facilitates a faster crosscheck.
- Number the crosschecked encounters, so you can easily refer back to the same database entry and/or encounter form when necessary.
- Document everything. If an entry is entered incorrectly, do not just designate it as incorrect. Note what should have been entered and what was entered instead. This can show trends in the erroneous entries and help you identify the problem.
- Note missing encounters not found in the database.
- Please see the attached sample of a data crosscheck used for data evaluation.

Enabling Services Accountability Project

Sample Data Crosscheck

CROSSCHECK RESULTS

Variable Name	Variable Label	Error Rate per variable	Notes
ServiceDate	Service Date	N/A	Used to identify patient.
ProviderID	Provider ID	N/A	Used to identify patient.
PatientID	Patient ID	N/A	Used to identify patient.
InsuranceCarrierCategory	Insurance Carrier	71.4%	Possible systematic errors. "C" was consistently entered as "B" in database.
EnablingSvcCode	Enabling Service	14.3%	Looks to be a random error.
OtherEnablingSvcCode	Other Enabling Service	0.0%	
Minutes	Minutes	28.6%	

SAMPLE CROSSCHECK – Errors Shaded – Correct Entry in Parentheses

Crosscheck Number	ServiceDate	ProviderID	PatientID	InsuranceCarrier	EnablingService	OtherEnablingService	Minutes
1	8/22/2003	98765321	123456789	A	CM003		10 (20)
2	8/25/2003	98765322	123456780	A	FC001		20 (40)
3	6/12/2003	98765323	123456781	B (C)	CM003		20
4	8/18/2003	98765324	123456782	B (C)	CM003 (CM001)		10
5	8/25/2003	98765325	123456783	B (C)	CM001		20
6	8/18/2003	98765326	123456784	B (C)	OT001	ANTICOAGULATION	60
7	8/19/2003	98765327	123456785	B (C)	CM001		20
Total Incorrect	NA	NA	NA	5	1	0	2
Error Rate	NA	NA	NA	71.4%	14.3%	0%	28.6%

**ENABLING SERVICES DATA COLLECTION PROJECT
IMPLEMENTATION EVALUATION FORM**

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 42-year-old male patient, whose primary language is Korean, has an appointment with a physician at your health center. First, you spend 23 minutes translating between the physician and patient during the exam. He is diagnosed with hypertension and is prescribed medications. After the appointment, you spend another 18 minutes explaining a brochure on hypertension that is written in English, discussing the condition and treatment in more detail. **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: _____

C. 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: _____ |

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

7. 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.**

**ENABLING SERVICES DATA COLLECTION PROJECT
IMPLEMENTATION EVALUATION FORM**

A. Service Type:

- ☐ Case mgmt – assessment ☐ Financial counseling/eligibility assistance ☐ Health education/ supportive counseling
☐ Case mgmt – treatment & planning ☐ Interpretation ☐ Outreach
☐ Case mgmt – referral ☐ Transportation ☐ Other: _____

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

8a. In the space below, please describe briefly the LAST enabling service encounter **you** conducted. Please include sufficient detail for coding in part b.

8b. 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

9a. Please check which of these eight services you provide at your health center. **CHECK ALL THAT APPLY.**

- ☐ Case mgmt – assessment ☐ Financial counseling/eligibility assistance ☐ Health education/ supportive counseling
☐ Case mgmt – treatment ☐ Interpretation ☐ Outreach
☐ Case mgmt – referral ☐ Transportation

9b. Which of the above enabling services do you most commonly provide? _____

10. Please check this box if you are a certified or licensed social worker. → ☐

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 ***



An Examination of Enabling Services at Community Health Centers Serving AAPIs

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PROJECT GOALS

- Develop an enabling service data collection protocol and database at health centers serving predominantly Asian Americans & Pacific Islanders (AAPIs)
- Describe the utilization of enabling services by AAPIs at health centers
- Examine health needs of enabling service users

BACKGROUND

What are enabling services?

- Non-clinical services aimed to increase access to health care and improve outcomes of treatment
- Includes case management, financial counseling, health education and supportive counseling, interpretation, outreach, and transportation

What stimulated the project?

- Need for better data on enabling services and its impact on health
- Recognition of enabling services' impact on patient access to care
- Need for resources to sustain services that are non-reimbursable or inadequately funded

METHOD

Sample

- 5,862 patients (9,821 encounters) from 4 health centers located in Hawaii (2 centers), New York, & Washington
- 64% Male, 36% Female

Average Health Center Characteristics:

# of Users	% AAPI	% at or below 100% Poverty	% Uninsured	% best served by language other than English
18,862	81%	70%	30%	50%

Source: UDS 2003

Procedure

Enabling Service Data Collection:

- Define enabling service categories & data collection variables
- Develop data file layout manual and enabling service encounter form

Service Date (MDY)	Provider ID	Patient ID	PL DOB (MDY)	PL Gender M F	PL Zip Code									
Encounter Type (check one):														
<input type="checkbox"/> Face to Face		<input type="checkbox"/> Telephone		<input type="checkbox"/> Off-site										
<input type="checkbox"/> Service provided in language other than English - specify language:														
ENABLING SERVICES														Other
Code	CM001	10	20	30	40	50	60	70	80	90	100	110	120	
Case Management	CM001													
Financial Counseling / Counseling & Motivation	FCM02													
Financial Management	FCM03													
Financial Counseling / Counseling & Motivation	FCM01													
Health Education / Education & Information	HE001													
Information Services	IN001													
Outreach Services	OS001													
Transportation	TR001													
Other Enabling Service	OT001													

Describe Other Enabling Service:

- Develop enabling service data collection protocol
- Collect 16 weeks of data between May-September 2003*

*At one center, only data from Social Service department was collected.

Health Needs Study:

Setting: 3 centers who participated in enabling service data collection
Enabling Service Users (N=2656):

-Patients who used at least one enabling service and had a primary care visit in June 2004.

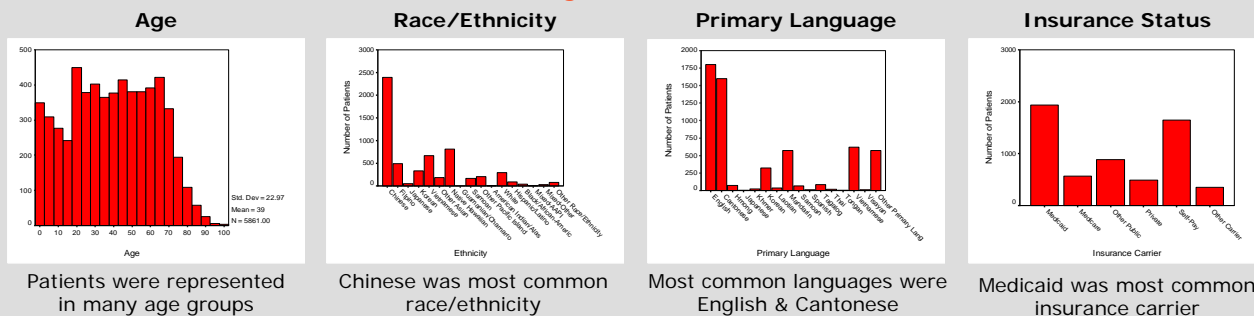
Non-Enabling Service Users (N=2190):

-Patients who had a primary care visit in June 2004
-Excluded patients who used enabling services during data collection period

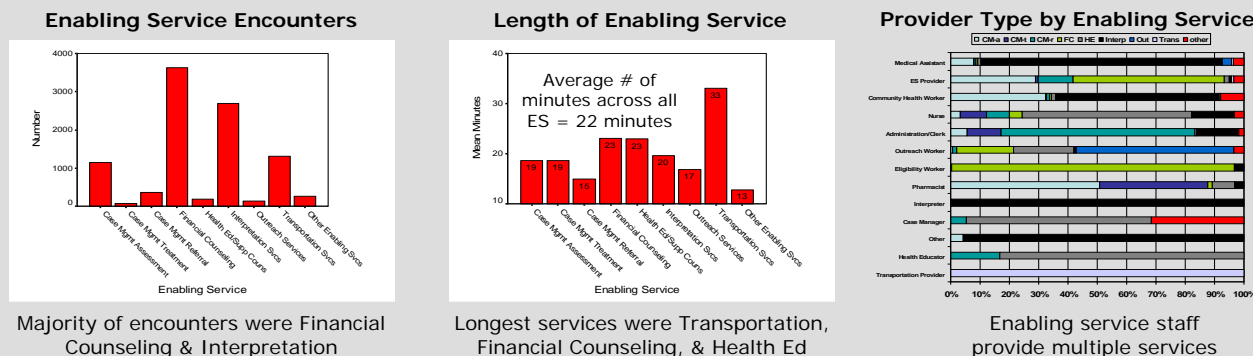
Measures

- Demographic: Gender, Age, Ethnicity, Insurance
- Primary diagnosis of all primary care visits from 6/1/02-6/30/04
- Diagnoses were coded as Ambulatory Care Sensitive Conditions (Falik et al, 2001; Billings, et al. 1993)

Enabling Service Patients



Enabling Service Encounters



Patient Demographics – ES Users and Non-Users

	ES User		Non-ES User		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Total	2,656	100	2,190	100	4,846	100
Gender						
Female	1,809	68	1,255	57	3,064	63
Male	847	32	935	43	1,782	37
Ethnicity						
Chinese	1,150	43	779	36	1,929	40
Filipino	165	6	231	11	396	8
Korean	107	4	38	2	145	3
Vietnamese	307	12	307	14	614	13
Other Asian*	137	5	120	5	257	5
Native Hawaiian	469	18	318	15	787	16
Samoa	66	3	40	2	107	2
Other Pacific Islander	29	1	37	2	66	1
Total AAPI	2,430	92	1,870	86	4,300	88
White	132	5	138	6	270	6
Other Race/Ethnicity**	92	3	180	8	272	6
Insurance Carrier						
Medicaid	1,004	38	976	45	1,980	41
Medicare	337	13	251	11	588	12
Other Public	505	19	272	12	777	16
Private	283	11	358	16	643	13
Self-Pay	525	20	326	15	851	18
Other Carrier	0	0	6	0.3	6	0.1
Age						
Younger than 1	72	3	137	6	209	4
1-4	154	6	195	9	349	7
5-14	174	7	298	14	472	10
15-24	390	15	240	11	630	13
25-44	687	26	488	22	1,175	24
45-64	687	26	501	23	1,188	25
Older than 64	492	19	331	15	823	17

*Includes Japanese and Asian Indian

**Includes Black, White, Asian, and Other

Health Needs Study (Preliminary Data)

Chronic and Acute Ambulatory Care Sensitive Conditions – ES Users

	ES User	
	Frequency	Percent
Chronic Conditions		
Asthma	127	2
Epileptic Convulsions	17	0.3
Cellulitis	160	3
Diabetes	324	5
Congestive Heart Failure	71	1
Hypertension	108	2
Iron-Deficiency Anemia	12	0.2
Pulmonary Disease	174	3
Total	993	17
Acute Conditions		
Bacterial Pneumonia	3	0.1
Ear, Nose, & Throat Infections	667	11
Gastroenteritis, Dehydration	41	1
Hypoglycemia	7	0.1
Kidney/Urinary Infections	163	3
Pelvic Inflammatory Disease	3	0.1
Failure to Thrive	14	0.2
Tuberculosis	4	0.1
Immunization-related Events	0	0
Total	902	15
Reproduction & Dev		
Routine Care	874	15
Other	2,307	38
Total	5,993	100

Average number of conditions per user

Summary

- Preliminary results indicate that ES Users and Non-Users differed in gender, ethnicity, insurance, and age. ES Users were more likely to be female, AAPI, uninsured, and older.
- For ES Users, the most common chronic and acute conditions were Diabetes and ENT Infections, respectively.
- Enabling services are likely to contribute to prevention of acute episodes and better management of chronic diseases.

Implications

- By reducing barriers to care and health disparities, culturally & linguistically appropriate enabling services are integral components of health care for AAPIs.
- The data can be used to demonstrate the impact of enabling services on health and to advocate for reimbursement of these services. It also highlights increased attention to comprehensive & quality culturally & linguistically appropriate care for vulnerable and diverse populations.

Activity Timeline for Implementation of Enabling Services Data Collection Project
Enabling Services Accountability Project

Activity	Approximate Timeframe	Included Resources in Packet
Complete enabling services needs assessment	1 week	Fact sheets, FAQs, Needs assessment tool
Develop enabling services encounter form	1 week	Sample encounter forms
Prepare enabling services database	1 month	Sample database, File layout manual
Train enabling service staff to collect data	1 month	Fact sheets, Implementation training protocol, Handbook for enabling services data collection
Train data analysts to enter, code, and clean datasets	1 month	Handbook for enabling services data collection
Complete enabling services implementation readiness assessment	3 weeks	Implementation readiness assessment tool
Implement pilot data collection	4 months	Handbook for enabling services data collection, Handbook quick reference card
Evaluate data entry	3 weeks	Data evaluation tool
Evaluate implementation process	1 week	Implementation evaluation tool
Analyze data	2 weeks	Sample Analysis & Report
Report data	1 week	Sample Analysis & Report
<i>Total Approximated Timeframe</i>	<i>10 months</i>	

ENABLING SERVICES ACCOUNTABILITY PROJECT

Benefits and Challenges

Project Benefits to Health Centers

- Better understanding of the nature of enabling services (e.g., volume, time spent)
- Increased capacity to advocate for enabling services reimbursement
- Increased capacity to collect enabling services data for research & reimbursement purposes
- Ability to evaluate staff activities and allocate resources more effectively
- Empowerment of enabling service staff through documentation of their important work
- Increased capacity to demonstrate quality of care and services

Project Benefits to the Community

- Provides general health assessment of underserved patients at health centers
- Highlights diverse needs of community and challenges for healthcare providers
- Provides comprehensive data on underserved patients (e.g., disaggregated data, language data)
- Provides model for other organizations serving culturally diverse populations
- Increases capacity of community to conduct research on underserved populations

Project Challenges for Health Centers

- Staff time for training on the importance of enabling services data collection & research
- Lack of participation of all direct enabling service providers in data collection
- Lack of space on practice management system for adding enabling service data fields
- Implementation of successful data collection often requires more resources than anticipated

For more information regarding project benefits & challenges, please contact:

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Enabling Services

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