Examination of Health Conditions of Enabling Service Users

Enabling Services Accountability Project

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INTRODUCTION

Enabling services (ES), nonclinical services that facilitate access to care, are believed to improve health outcomes for underserved minority patients. They also help to prevent acute episodes and promote better management of chronic diseases. Moreover, culturally and linguistically appropriate enabling services are integral components of health care that reduce barriers to care and health disparities for AAPIs and other vulnerable populations. However, there is no solid evidence to support this claim, as there is a current lack of data on enabling services. In addition, these services are not reimbursed or adequately funded by payors; the lack of data is a crucial barrier to securing financial support for these essential services at Community Health Centers (CHCs).

This collaborative study between the Association of Asian Pacific Community Health Organizations (AAPCHO) and the New York Academy of Medicine, addresses this information gap and takes a closer look at CHC patients who utilize enabling services. The CHCs in this study are Bureau of Primary Health Care federally qualified health centers (FQHC) located in Hawaii, New York, and Washington. Each AAPCHO CHC serves predominantly Asian Americans, Native Hawaiians, and Pacific Islanders. Patient diagnoses were categorized into ambulatory care sensitive conditions (ACSCs). Nine different enabling service categories were included in the analysis to better examine the differences in patient health conditions by enabling service use. (See Methods section)

Overall, this study provided an overview of the health conditions of enabling service users as well as an examination of patients with comorbidities, or simultaneous conditions. This study provides an essential foundation for future enabling service studies that examine health outcomes for specific conditions. By examining enabling services and their measurable effects on health, we can begin to develop funding and reimbursement strategies to pay for these essential and currently non-reimbursed services at CHCs nationwide.

METHOD

Sample

- Setting: Three federally qualified health centers located in Chinatown New York City, NY, Seattle, WA, and Waianae, HI
- Sample: 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. Patients were excluded if they used enabling services during varying health center data collection periods between May 2003- June 2004.

Measures

- Demographic: Gender, Age, Ethnicity, Insurance
- Enabling services categories: case management assessment, treatment, and referral; eligibility assistance; health education or supportive counseling; interpretation; outreach; and transportation services. Please contact AAPCHO for definitions and data collection protocol.
- Primary diagnosis of all primary care visits from 6/1/02-6/30/04

Analysis

- Diagnoses were coded as Ambulatory Care Sensitive Conditions (ACSCs) (Falik et al, 2001; Billings, et al. 1993). ACSCs are medical conditions for which timely effective outpatient care can prevent hospitalization or ER visits.
- Chi square and t-test analyses were used to examine differences between enabling service Users and Non-Users.

RESULTS

Analyses indicated that ES Users and Non-Users significantly differed in gender, ethnicity, insurance, and age (p<.05). See Table 1. ES Users were more likely to be female, AAPI, uninsured, and older (mean=40 vs. 34 years). ES Users had a higher incidence of chronic conditions.
CONCLUSIONS / IMPLICATIONS

This study provided preliminary evidence that ES Users, compared to Non-Users, are more likely to be from a minority background, uninsured, older in age, and have a greater need for enabling services. Patients with genitourinary disorders may also be more likely to require enabling services.

Enabling services provided at CHCs are likely to prevent acute episodes and promote better management of chronic diseases. Health outcomes for specific diseases, such as diabetes, the most common chronic condition observed in this study, will be analyzed in future studies.

Enabling services data can be used to examine how enabling services at CHCs improve quality of care and reduce health disparities. These services can be further studied and tailored to specific AAPI populations and health conditions. The research can also demonstrate the impact of these services on health, and be used as a tool to advocate for reimbursement of these services.

LIMITATIONS

Although the health centers used a standard protocol for data collection, they used different methods to provide enabling services. Enabling services data thus reflects those services captured through each center’s protocols. For example, one health center implemented the project in one department, while other health centers achieved varying organizational levels of implementation.

Services less than 10 minutes are not captured. Thus, some patients in the non-user group may have used a number of enabling services that were each less than 10 minutes.