AAPCHO
Association Of Asian Pacific Community Health Organizations

The Role of Enabling Services in Patient-Centered Medical Homes

Community health centers, including AAPCHO members, have long served as patient-centered medical homes for nearly 600,000 medically underserved Asian Americans, Native Hawaiians, and other Pacific Islanders (AA&NHOPIs) or 1 in 9 low-income AA&NHOPI. The Patient-Centered Medical Home (PCMH) is a model of team-based primary health care delivery that emphasizes timely access to services, coordination and continuity of care, enhanced communications between patients and providers, and a systems-based focus to quality and safety improvements. Moreover, this paradigm stresses an ongoing patient-physician relationship, holistic and preventive care, and optimal integration and utilization of health information technology.

1. Background on the Patient-Centered Medical Home (PCMH)

To strengthen the primary health care safety net, four physician membership organizations jointly issued seven principles that comprise the primary care PCMH:[i]

- Personal physician
- Physician-directed medical practice
- Whole person orientation
- Coordinated and/or integrated care
- Quality and safety
- Enhanced access
- Payment

Evidence suggests that PCMHs improve care for racial and ethnic minorities, and potentially eliminates health disparities.[ii] PCMHs are also increasingly acknowledged today for sustaining chronic care management and improving health outcomes. Therefore, many private and public health plans are incentivizing primary care practices that meet National Committee for Quality Assurance (NCQA) PCMH standards in access and communication, patient tracking and registry functions, care management, patient self-management support, electronic prescribing, test tracking, referral tracking, performance reporting and improvement, and advanced electronic communications.

2. Importance to AA&NHOPIs

AAPCHO community health centers serve a predominantly AA&NHOPI population with distinctive health needs. The AA&NHOPI population in the United States is burgeoning and represents many nationalities and more than 100 different languages and dialects. With higher levels of poverty, uninsured, and limited English proficiency than non-Hispanic whites, AA&NHOPI subgroups continue to experience difficulties in accessing health care and significant health disparities despite aggregate data that obscures these distinctions.[iii] Additionally, cultural differences magnify the challenges AA&NHOPIs face in obtaining appropriate health services, and demonstrate an increased need for a PCMH model uniquely adapted to fit diverse patients' needs.

3. Enabling Services – A Critical Factor in Building PCMH

Community health centers offer comprehensive, quality, affordable primary and preventive care and are well positioned to meet the NCQA's PCMH criteria in patient assistance, quality improvement, enhanced access, and electronic health records. A critical factor in community health centers' success at improving care and reducing health disparities for medically underserved populations lies in their consistent utilization of **enabling services** – non-clinical services provided to patients to support care delivery, enhance health literacy, and facilitate access to care. Enabling services include a variety of supportive services such as case management and health education and are incorporated with medical care to eliminate quality chasms in care delivery and reduce health disparities.

Conservative estimates from the federal health center data show that nationally Federally Qualified Health Centers (FQHCs) provided over 4,500,000 enabling services to almost 1,700,000 patients in 2008.[iv] With

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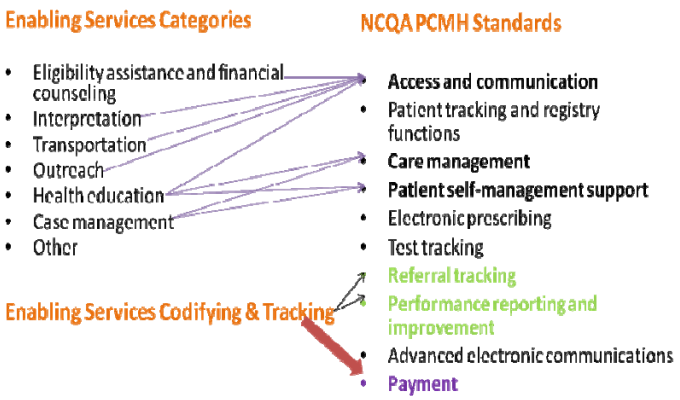
its staff working as part of the multi-disciplinary team, such as that prescribed by PCMH, **enabling services strengthen a community's medical home**.



Enabling services are critical in providing seamless care to medically underserved populations, including AA&NHOPI communities. Focusing on the holistic health of patients, enabling services integrate multiple components of care to improve the well-being of an individual. As seen in the figure, enabling services directly correlate to NCQA PCMH standards. However, enabling services are often jeopardized by political and financial pressures. Enabling services are generally not reimbursed nor have continuous funding. This is of particular concern because community health centers have limited resources. Although costs of enabling services increased from 2000-2008, FQHCs spent less than 8% of their total expenditures on enabling services in 2008.[iv] With inadequate funding, enabling services are only available to some of the neediest patients. Due to the lack of data on enabling services, it is challenging to advocate for more funds to sustain these critical services. As shown in the figure, enabling services codifying and tracking support a strong documentation and reporting system for PCMH and result in more accurate payments to fully recognize community health centers' effort in providing culturally competent health care.

4. Recommendations

With the passage of the Affordable Care Act (ACA) and plans to double the number of health centers and thereby expand coverage to millions of low-income adults, community health centers are well positioned to continue serving as the model of PCMH. Community health centers have the capacity to integrate and coordinate services provided by a network of specialists, health care organizations, and community organizations. Although the PCMH better aligns patient and provider priorities, improves health outcomes, and reforms payment systems to better reflect services utilized, AAPCHO believes that **the medical home model must also recognize enabling services as an indispensable feature that helps address the geographic, language, cultural/social, and health literacy challenges of this population**. As the national discussion on PCMH continues, we urge consideration of the following:

- Adoption of NCQA measure standards for PCMH, including those in the Joint Principles of the Medical Home
- Adoption of AAPCHO's standards for enabling services delivery, codification, and tracking
- Implementation of the Agency for Healthcare Research and Quality (AHRQ)'s medical home definition, such that services are patient-centered, comprehensive, coordinated, accessible, and focused on improvements to quality and safety.
- Development of complementary PCMH standards for federally designated Medically Underserved Areas to recognize cultural proficiency, training and workforce development, community involvement, and enabling services

References

[i] American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Osteopathic Association. Joint Principles of the patient-centered medical home. 2007.
[ii] Beal AC, Doty MM, Hernandez SE, Shea KK, Davis K. Closing the Divide: How Medical Homes Promote Equity in Health Care: Results from the Commonwealth Fund 2006 Health Care Quality Survey. New York, NY: The Commonwealth Fund; 2007.
[iii] US Census Bureau. 2006-2008 American Community Survey 3-Year Estimates. Washington, DC: US Census Bureau; 2009.
[iv] Bureau of Primary Health Care Uniform Data System. Rockville, MD: Bureau of Primary Health Care; 2008.