AAPCHO

FINAL REPORT 2014

Enabling Services Best Practices Report

The Enabling Services Best Practices Report highlights the most promising enabling services used in Community Health Centers (CHCs) today. Enabling services are non-clinical and non-medical programs a CHC provides to address social barriers that prevent a patient from receiving medical care. These social barriers can range from income to language to transportation.

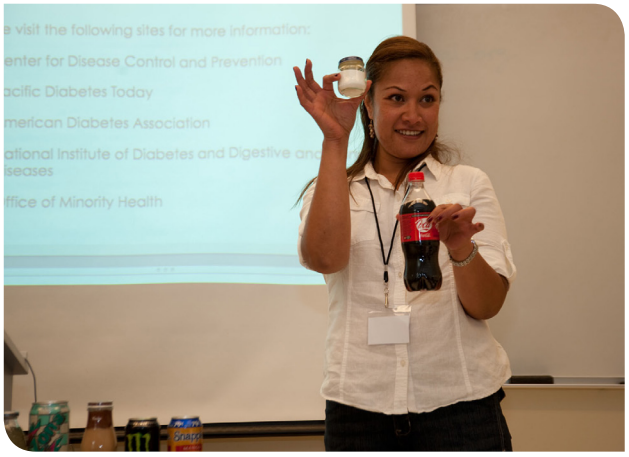
The best practices were identified during meetings with an expert panel and an advisory council consisting of patients, providers, and policy stakeholders from across the country. These meetings were convened to identify enabling services best practices and innovative strategies that health centers utilized to provide these services. The enabling services highlighted in this document are organized in six categories: Health Education and Supportive Counseling, Outreach, Financial Counseling and Eligibility Assistance, Interpretation, Case Management, and Transportation. AAPCHO hopes that readers will consider using these best practices and tailor them as required to ensure that more patients can access health care services.

Disclaimer: Many of the best practices discussed may not apply to all CHCs and may depend on CHC location, budget, and patient population. The expert panel and the advisory council built on AAPCHO resources and definitions and in some cases, modified category definitions. The expert panel refined definitions are presented below.

CATEGORY	DEFINITION
Health Education and Supportive Counseling	Patients learn how to stay well, improve their health, and/or manage their disease(s). Topics include challenges such as taking medications and changing diet. Health Education focuses on educational activities that take place either through individual or group visits. Supportive Counseling focuses on therapeutic services that tend to be delivered one-on-one.
Case Management	Pairing comprehensive non-medical assessment and support - socioeconomic status, wellness, or other non-medical health status – with the provision of medical services.
Outreach	Services that build awareness of health center medical, preventive, and social services available to patients which ultimately bring new patients into primary care; health center departments communicate accurate CHC medical and social service selection and are prepared to communicate this information to community members.
Eligibility Assistance & Financial Counseling	Counseling a patient with financial limitations with the goal of a completed application to sliding fee scale, health insurance program – including Medicaid, Medicare, or pharmaceutical benefits program – and/or other public assistance programs (food assistance, housing, etc)
Interpretation	Provision of linguistic translation services and cultural competency in addressing the medical and social needs of patients; includes sign language and Braille.
Transportation	For patients who would not receive healthcare because they lack transportation, the health center provides services to transport patients or delivers care off-site.

KEY FINDINGS

Health Education and Supportive Counseling



Designed to help patients learn how to stay well, improve their health, and/or manage their disease(s). This type of education often tackles challenges commonly faced by patients, such as medication adherence and adoption of healthy diets. Health Education focuses on educational activities that take place either through individual or group visits. Supportive Counseling sessions are one-on-one visits focused on providing a supportive environment to discuss the client's concerns.

One such technique is motivational interviewing/health coaching, which can be used to effect behavior change. Any staff can be trained to do this -- providers, health education staff, receptionists. One panelist on the advisory panel explains:

> "With health education, you're providing information on how to [do something], like with diabetes for example, how to maintain a healthy diet. Coaching, on the other hand, is actually having the individual come in or even phone them and asking 'What would you like to work on for tomorrow?' or 'Let me give you homework to do.' This process allows the individual to know they've got someone on their team, a cheerleader."

Health coaching builds trust and establishes relationships with chronic care patients. Other health education best practices include:

• Kiosks: often utilized in health center waiting rooms, kiosks provide health and CHC information, and may be manned by health educators from the community.

• Peer Education: Trusted support system from others that share the patient's experience. Peer Education may be utilized in either an individual or group setting, and may utilize volunteers.

• Parish nurse model: Education is conducted in collaboration with a faith-based organization, or other community organization or work site. Under this model, the CHC and a partner organization work together to ensure the target community receives needed community health information. For example, a CHC might do a presentation for breast cancer awareness month at a church, or do a flu clinic at an agriculture site.

• Sign up for phone/email/text message alerts: Patients can sign up for alerts by area of interest. CHC will send out announcements, e.g., in the AM send out "get checked for prostate cancer" text messages, or an electronic newsletter highlighting a "condition of the month".

• PSA: Public Service Announcements can be played while patients calling in to the CHC are placed on hold. PSAs can also be played on TV monitors in CHC waiting rooms.

Case Management

This provision of enabling services includes pairing comprehensive non-medical assessment and support (e.g., socioeconomic status, wellness, or other non-medical health status) with the provision of medical services.

Case management often involves a peer specialist/advisor who can relate to patient situations and conditions and anticipate potential problems. One panelist serving as a community health worker at their clinic explains how a peer can complement a licensed professional:

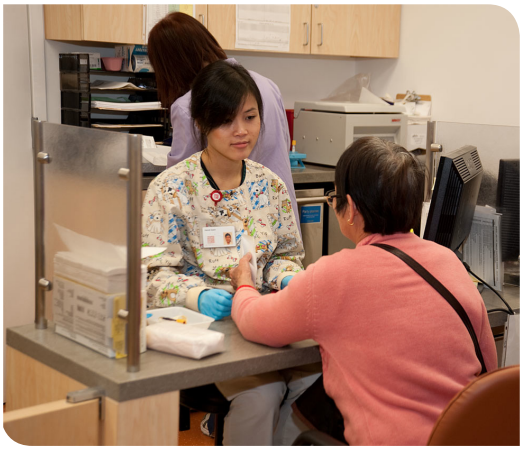
> "Once you have the professional talk to them, they pass them on to me… I pull out my assessment, and I go down the list to find out if they have the necessary [items] to where I can say 'Okay, we're going to put you in housing,' or 'I need you to come back to see me again because you need to bring this, this, and this to me in order to get you ready."

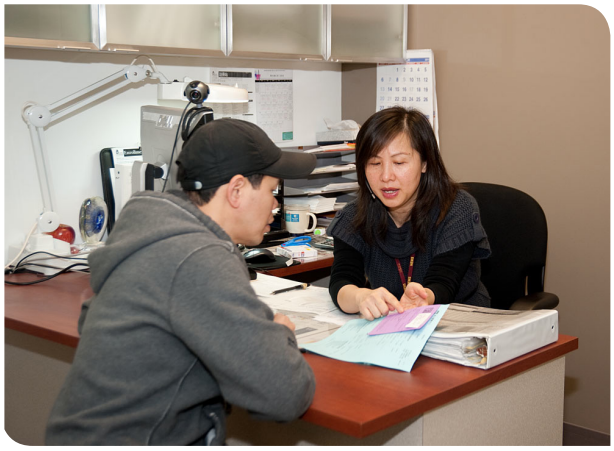
Other case management best practices are:

- Standardized Case Management (CM) protocols:
  - Specialty care referrals: if a patient is referred outside of the CHC, CM should follow-up to make sure the patient kept the appointment, and request information documenting the appointment.
  - Set goals with patient.
  - Provide preventative care reminders.
  - Consider psychosocial needs.
  - Establish timelines for reassessment (e.g., baseline, 6 months, 12 months).

- Coordinate with existing programs (e.g., Women Infants and Children program) that provide needed resources. By doing this you may prevent your organization from shouldering unnecessary costs.

- CM teams: CM can also be accomplished through teams that include light CM (referrals, information) and intensive CM (crisis management) roles, as well as other various CHC staff from health educators, health counselors, providers. In the team model it is important that everyone is clear on each team member's roles. This approach was suggested to optimize staff contributions and focus on their strengths and credentials.





Outreach

This provision of enabling service involves educating community members of the medical, preventive, and social services available to patients at a health center. This type of service ultimately leads to more patients accessing primary care at the CHC. Outreach can also be used to describe not only a service, but also a department that communicates accurate CHC medical and social services information to the surrounding communities.

In order to effectively get word out to a community regarding CHC services and events, it is essential to identify the community's common modes of communication. This can be challenging as patient communication modes can vary widely. It can be especially challenging if a patient does not have access to a cell phone or computer. To address this challenge, one CHC utilized the Community Voice Message service, which provides individuals with a telephone number that they call from any phone to access recorded messages. One panelist from the expert panel explains:

> "You get your telephone number that you call and a four-digit code to put in to get your voice messages. You don't have to worry about whether or not you have minutes, whether or not there is someone going to be there, it just answers the phone for them and that's what helped us."

Other outreach best practices include:

• Radio: Develop relationships with local radio stations. Providers and outreach workers can serve as in-studio guests who speak on relevant health topics (e.g., the Pertussis outbreak) and promote CHC events.

• Ads: Use ads for CHC services along with patient testimonials in local newspapers and media outlets (e.g., local talk show).

• Home visits: are extremely successful as they are "intensive interventions", but they can be difficult to coordinate, as patients reschedule and sometimes miss appointments.

• Outreach at cultural fairs/events: is a great way to gain access and build trust and relationships with the population you are trying to reach. Attending these events also demonstrates that you respect and appreciate the community's culture.

• Incentives: provide an incentive to get the patient in the door, but can also provide an incentive to get patients to stick to something. For instance, complete a four-week nutrition class and get a prize.

• Patient leadership council: Diverse group of patient volunteers based on immigrant status, age, and lifestyle can consult with clinic staff on community outreach strategies.

• Communication: Interdepartmental communication is vital to effective outreach. It can be difficult to conduct communications across departments, but it is necessary in order to disseminate accurate information. One solution is to post relevant news and updates on an internet bulletin board, and ensure that it is the first thing staff sees when logging on to their computer systems. Action items will be flagged to better track the status of action items and when items are completed.

Financial Counseling and Eligibility Assistance

This provision of enabling service refers to counseling a patient with financial limitations with the goal of a completed application to sliding fee scale, health insurance program – including Medicaid, Medicare, or pharmaceutical benefits program – and/or other public assistance programs (food assistance, housing, etc).

One way to support enrollment into eligibility programs is to consider instituting a "medical advocate" role on staff. This position would check patient eligibility status and anticipate potential issues before the patient arrives for his/her appointment. If issues do arise, s/he would call the patient to help resolve the problem prior to the patient's appointment:

> "Medical advocates...are individuals who in advance of a patient coming in for an appointment would check on their eligibility status and see if there were any issues [to be addressed]. And they would then call the patient and say 'You've got some issues here, and we might want to work them out before you step in the door.'"

Other financial counseling and eligibility best practices are:

• Universal assessment: This assessment should be used to access patient eligibility for as many benefits as possible, including healthcare, food stamps, housing, Women Infants and Children program.

• Health benefit advisors: Should be maintained in-house.

• Partnerships:Establish collaborations with existing eligibility programs to expand your reach.

• Increase venues: Provide more venues in which patients can access these services. For example, on a designated day of the week have someone available to provide counseling at the local church; on another day of the week have an eligibility worker onsite at the CHC, etc.

• Standardize the enrollment process: Have the same Certified Application Assistant (CAA) or staff member follow a patient through the beginning of the application process to the verification that the patient received the benefit.

• Identify a single renewal date: Patients often forget renewal dates, and are required to track multiple enrollment dates for various programs. It may be easier to renew all programs on one designated date, like a birthday.

• Partner with the county, who can provide patient navigators (similar to CAA's) to help with enrollment.

Interpretation

This provision of enabling services involves linguistic translation services and cultural competency to address the medical and social needs of patients (includes sign language and Braille).

Certified interpreters, who are trained and validated through an interpretation program were preferred by all panelists over self-attested fluency. Tests of fluency can be provided either by the health center or some other external nationally recognized program. One panelist discussed her health center's internally recognized certification program:

> "Part of the problem is there are very few training certification programs, so we're looking at developing a certification program in-house to handle our own need. But it's not just community clinics, it's all providers, all clinics that need these services."

Best-case scenario, an interpreter would be certified in linguistic and cultural fluency, and be recognized by a credentialed program. Other interpretation best practices include:

• Patient Choice in how translation and interpretation is conducted. It is important that the patient feels comfortable, and that his/her language skills are adequate and not inferior.

• Tele-interpreting is helpful as a last resort and is preferred over the use of family members as interpreters.

• If a CHC cannot afford interpreter services: consider linking interpreting roles with other staff. For example, patient navigators and MAs may also serve as interpreters.

• Have CHC staff available via phone for interpretation if patient goes to an off-site visit.

• Translate forms and documents through a service, and not internally for more accuracy.

• In the event that a patient does not read/write in any language, pictures can help. For instance, a heart sticker can be placed on a bottle of heart medication.

Transportation

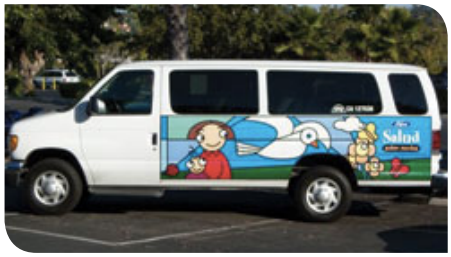
This provision of enabling service helps patients who otherwise would not receive healthcare because they lack their own mode of transportation. The health center provides services, such as a shuttle or bus or mobile unit, to transport patients or deliver care off-site.

One example of a CHC transportation intervention is a bus service that was created especially to help the homeless population get clinic access. One of the panelists described a CHC-designed bus system that enabled more patients to come in for health care services:

> "[It ran] every hour and it went by the major shelters that provided the sleeping areas for individuals, and then they went to the major service providers. It also went to the Department of Motor Vehicles, Vital Statistics, social security office, the food stamp office, to the medical center and the VA hospital. And we saw that by having that it made it possible for the amount of individuals that wound up in the ERs to go down...."

Other transportation best practices include:

- Partnership with transportation companies
  - o Bus vouchers
  - o Taxi vouchers
  - o May have reduced prices for CHCs buying tickets for patients
  - o Educating individuals on how to use the bus system (can be intimidating for elderly individuals and new immigrants).



- Chartered vans/shuttles may be more effective in rural areas than taxis and buses.

- Vans/shuttle service needs to be coordinated around patient appointment times in order to be effective.

- Mobile clinics should be considered for multiple purposes
  - o As a site for the delivery of needed medical services
  - o As an enrollment opportunity: Mobile clinics can travel to senior centers and other community gathering spaces and enroll folks in the health center who would otherwise not make it to the CHC

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