



Developing A Standardized Enabling Services Data Collection Model At FQHCs

Live Virtual Learning Series: Part 2 – Thur., Oct. 22, 2020 9am-10:30am PST



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BACKGROUND



Providing enabling services, such as connecting people to housing, food and employment resources is important for increasing access to care and leads to better health outcomes. Health centers need to collect data on the enabling services they provide to demonstrate the complexity of the clients they serve and the value of this work to payers and policy makers.

During a 3-part live virtual learning series, Health Outreach Partners (HOP) will train health centers how to codify enabling services, create a standardized data collection model to improve data collection, and better understand impact on health care access and outcomes.



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TRAINING OBJECTIVES



As a result of the training, participants will be able to:

- Delineate and define each enabling service category
- Use the enabling services data collection protocol
- Understand how the protocol can be implemented and data used
- Develop a proposed work plan for pilot implementation at their health center
- Provide guidance or train staff on the protocol

Three-Part Learning Series

Pre-Training: Video Review

Part 1 : Thur., Oct. 15, 2020 9:00am-10:30am PST

- Module 1: Enabling Services Data Collection Protocol
- Breakout: Enabling Service Documentation Practice #1

Pre-Training: Homework & Video Review

Part 2: Thur., Oct. 22, 2020 9am-10:30am PST

- Breakout: Enabling Services Documentation Practice #2
- Module 2: Data Collection & Analysis

Pre-Training: Video Review

Part 3: Thur., Oct. 29, 2020 9am-10:30am PST

- Module 3: Planning for Implementation
- Breakout: Making Enabling Services Data Collection Work
- Next Steps

INTRODUCTIONS



Host:
Patricia Gepert
Health Access Coordinator



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Presenter:
Cynthia Selmi
Executive Director



Presenter:
Beleny Reese
Project Manager



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OUR MISSION IS TO BUILD STRONG, EFFECTIVE, AND SUSTAINABLE HEALTH OUTREACH MODELS by partnering with local community-based organizations across the country in order to improve the quality of life of low-income, vulnerable and underserved populations.

WE SERVE Community Health Centers, Primary Care Associations, and Safety-net Health Organization



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Zoom Housekeeping

Zoom Meeting You are viewing Robot Support's screen View Options

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Participants (2)

- TU Test User (Me)  
- RS Robot Support (Host)   

Invite Unmute Me Raise Hand

Zoom Group Chat

To: Everyone 

Type message here...

Unmute Start Video Participants Chat Share Screen Record Leave

Agenda

- **Welcome & Opening Remarks (5 min)**
- **Breakout: Enabling Services Documentation Practice #2 (30 min)**
 - **Group Practice**
- **Module 2: Data Collection, Analysis & Sharing (50 min)**
 - **Data Collection Steps**
 - **Data Collection Examples & Challenges**
 - **Data Analysis & Reporting**
- **Session 3 Preview & Closing (5 min)**



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Group Agreements

We aim to create a safe space to learn and share with each other.

To do so, we will:

- Respect the value of each other's opinions and experiences
- Maintain confidentiality
- Acknowledge its okay to disagree, respectfully and openly
- Remain present and engaged
- Listen to each other
- Seek to understand our blind spots
- Assume positive intent
- Honor the limitations of time, speak concisely
- Know when to *Step up* and *Step back*
- Practice mindfulness and self-care
- Mute microphones when not speaking
- Keep cameras on



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Ice Breaker Poll



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Breakout Groups

Documenting Enabling Services Part 2



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Data Collection, Analysis & Sharing

Enabling Services Data Collection Module 2



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SPOILER ALERT:

Pre-planning and Operational Implementation covered next week.



Implementation: Data Collection

Today's Focus:

- 1. Data Collection Pilot**
- 2. Data Collection Elements to Collect & Review**
- 3. Data Validations**
- 4. Challenges**
- 5. Data Analysis and Reporting**



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Data Collection: Pilot

Purpose:

- To test out data collection forms and process
- To assess feasibility of data collection and integration into daily workflow
- To provide additional technical assistance for more effective and feasible process

Timeframe:

- 3- 4 months



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Data Collection -Pilot

Why 3-4 months?

Typically it takes a team at least 3 months to feel comfortable applying new workflow and to assure the integrity of the data



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Pilot Go-Live Day

- Check-in with staff during the first day
- Trouble shoot any issues that may come up.
- Generate a list of questions or issues that can be incorporated into an internal FAQ sheet and utilized by new staff, or during broader implementation.



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Glitches?



- Work through technical glitches and operation issues in preparation for wider implementation
- Meet with pilot team regularly to gather feedback during the pilot phase
- Helps determine usefulness of data and field that need to be changed or tweaked



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Sharing the Results

- **Staff should see the benefit from their work**
- **Will garner support for the project**
- **Seek input and normal feedback**



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Data Collection: Data Elements

1. **Enabling Services Data**

- Service Date
- Provider ID
- Job Type
- Enabling Services Category
- Minutes spent providing service



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Data Collection: Data Elements

2. Patient Data

- Patient ID
- Date of Birth
- Gender Identity
- Zip Code
- Payor Source
- Race, Ethnicity and Primary Language
- Language used to provide service



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Data Collection: Data Elements

3. **Optional Data**

- **Encounter type (Face-to-face, telemedicine, etc.)**
- **Appointment type**
- **Country of Birth**
- **Literacy Level**
- **Scope of Service**



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Data Validations

Purpose:

- To determine consistency between data entry and coding
- To determine reliability of data
- To help prevent errors and increase accuracy of future data reports
- Ensures Services are being provided and coded correctly –Data matches services provided

Timeframe:

- ~ 3 weeks



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Data Validations: Identifying Data Elements

- Data fields to consider include:
 - Enabling Codes
 - Service Dates
 - Units of Time
 - Enabling Service Provider
 - Patient ID
- Generate your final report



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Data Validations: Randomization

Randomly select encounters from your report, ensuring diversity among enabling service providers.



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Data Validations: Considerations

- **Was a document generated?** Does the documentation match the enabling codes generated as defined in the standard definitions?
- **Do the enabling codes, units, and service dates in the patient's medical record match the data that crossed over to practice management or billing?** Once you substantiate that each enabling code is crossing over, evaluation just needs to occur when significant changes are made to the system.
- **Was there an actual enabling service encounter?** An encounter is either in person or by telephone with the patient or with someone on behalf of the patient in which services were provided that took at least 10 minutes or more. If the service did not take 10 minutes or if the encounter was not with the patient or with someone on behalf of the patient, an encounter should not be generated.
- **Is the enabling encounter separate and distinct from other encounters (medical, behavioral, etc.) on the same day?** An enabling encounter should not be generated if a reimbursable medical, behavioral, dietary encounter by the same provider was generated accounting for the same services.
- Depending on your internal policy and processes, **did the enabling service provider sign off on their documentation (name, credentials)?**



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Happy Piloting!

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



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Challenges

- Relate to your own organization
- What are some challenges to collecting ES data?
- What are some solutions?



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Challenge #1

Lack of participation of all
ES staff in data collection?



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Challenge #2

Clinic and IT team members
resistant to implementation



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Challenge #3

Difficulty tracking time of ES staff



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Challenge #4

Data not saved or entered properly



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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 a model for other organizations serving culturally diverse populations
- Increases capacity of the community to conduct research on underserved populations



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Pilot Evaluation

Assessing the Implementation Process

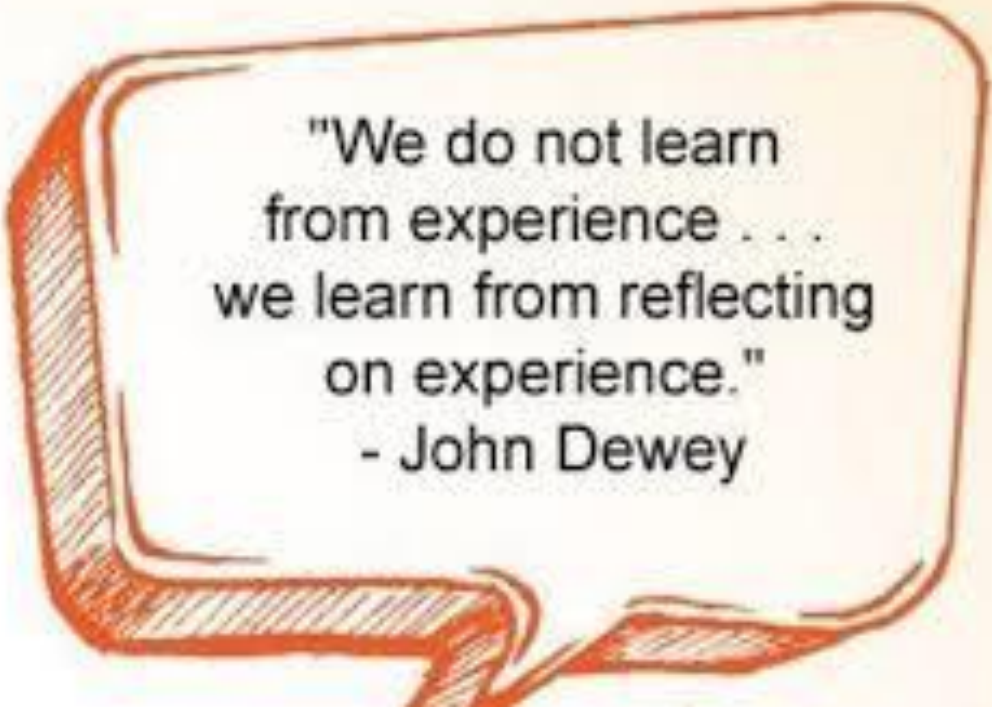


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"We do not learn
from experience . . .
we learn from reflecting
on experience."
- John Dewey



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Pilot Evaluation

Purpose:

- To determine staff's level of comfort with data collection
- To ensure staff's participation and utilization
- To provide additional trainings if needed

Timeframe:

- 1 week



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Pilot Evaluation

How?

- Routine meetings with ES providers, staff involved
- Written evaluations
- ES staff interviews

Areas of Feedback:

1. ES staff perspective of data collection
2. ES staff definitions of ES
3. Identify documentation practices



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Data Analysis & Sharing

Identifying Trends & Patterns



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Data Analysis

What does it tell us?

Data analysis can tell us a lot:

- Trends and patterns in service delivery, patient needs
- Need for additional staff and/or services
- Need for more data



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Data Analysis

Important considerations

- What are you using the data for?
- Who will be analyzing? Reporting?
- How often will reports be shared? Who will see it?
- Does your health center have the appropriate capacity for full implementation?



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Data Analysis Methods

- **Demographics**
 - Age
 - Race/Ethnicity
 - Primary language
 - Insurance status
- **ES Utilization**
- **Health Outcomes**



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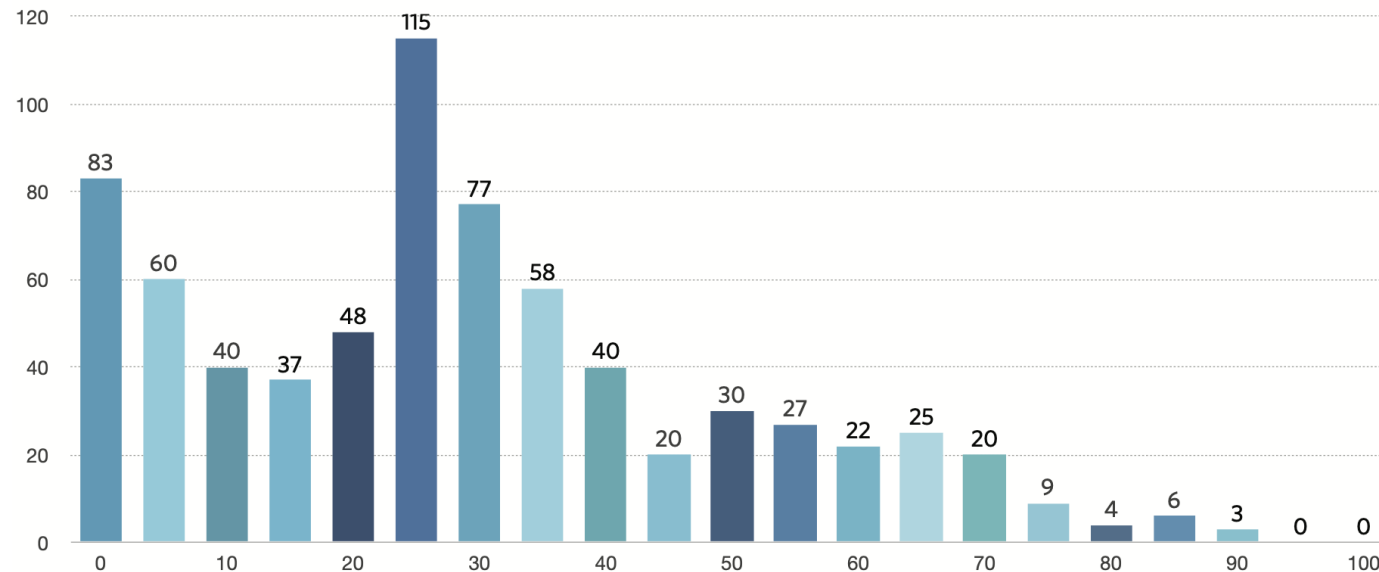
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Data Analysis

Examples: Demographic

DEMOGRAPHICS

AGE



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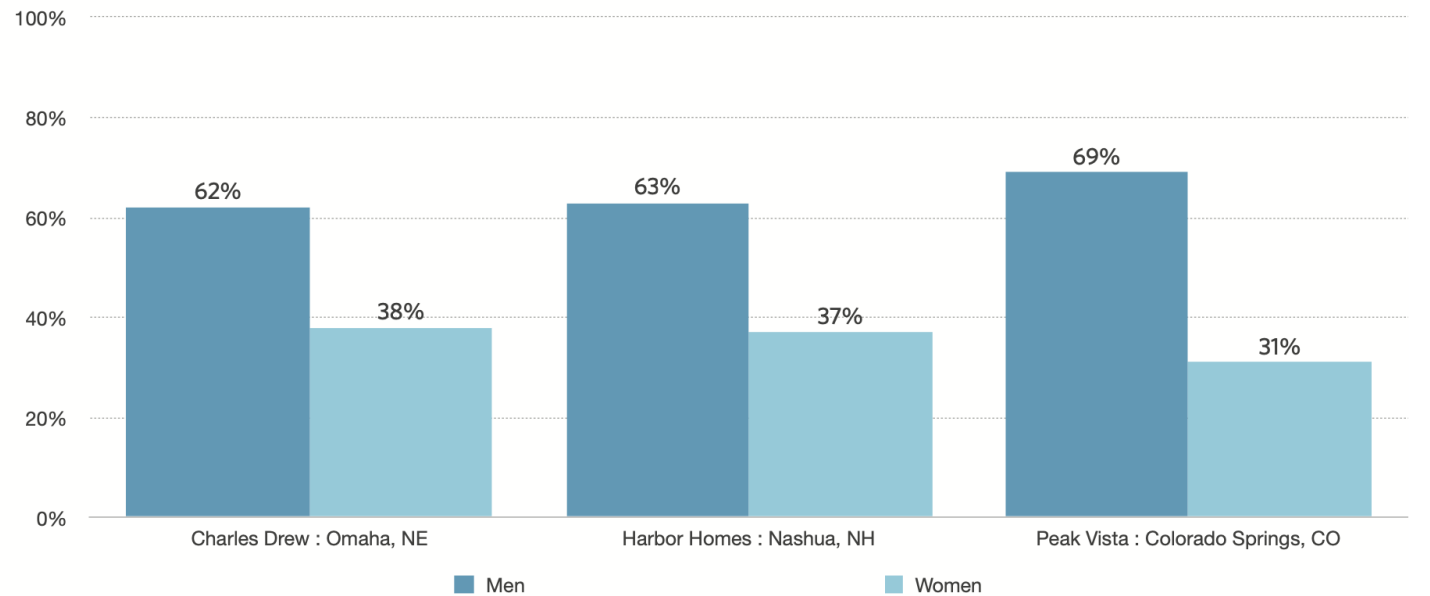
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Data Analysis

Examples: Demographic

GENDER



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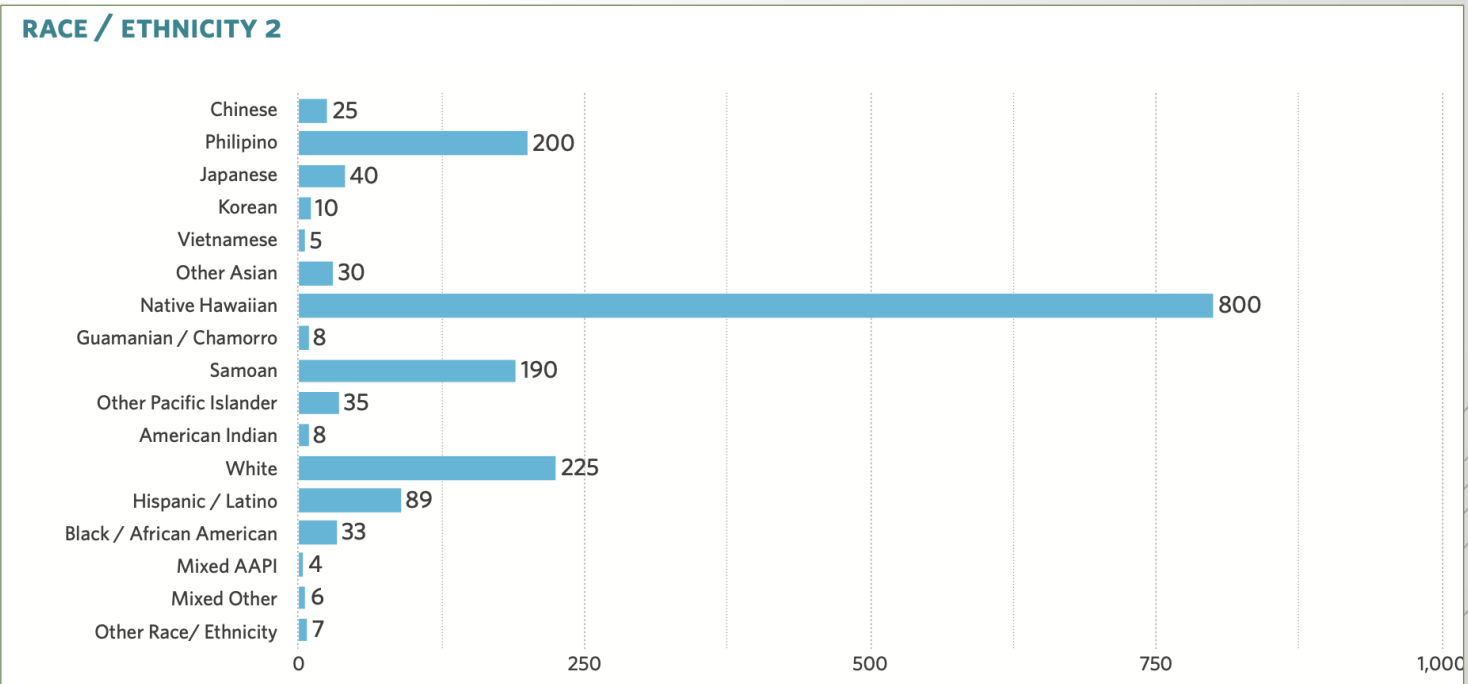
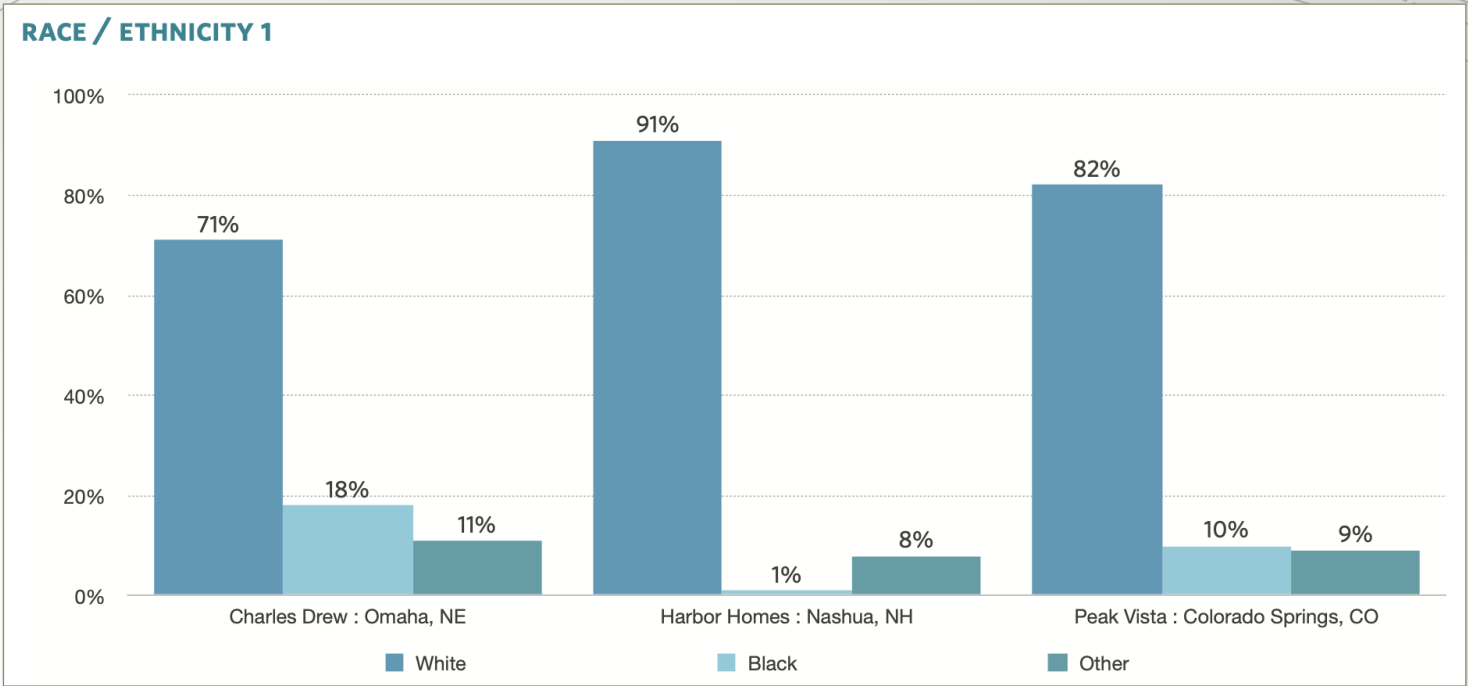


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Data Analysis

Examples: Demographic

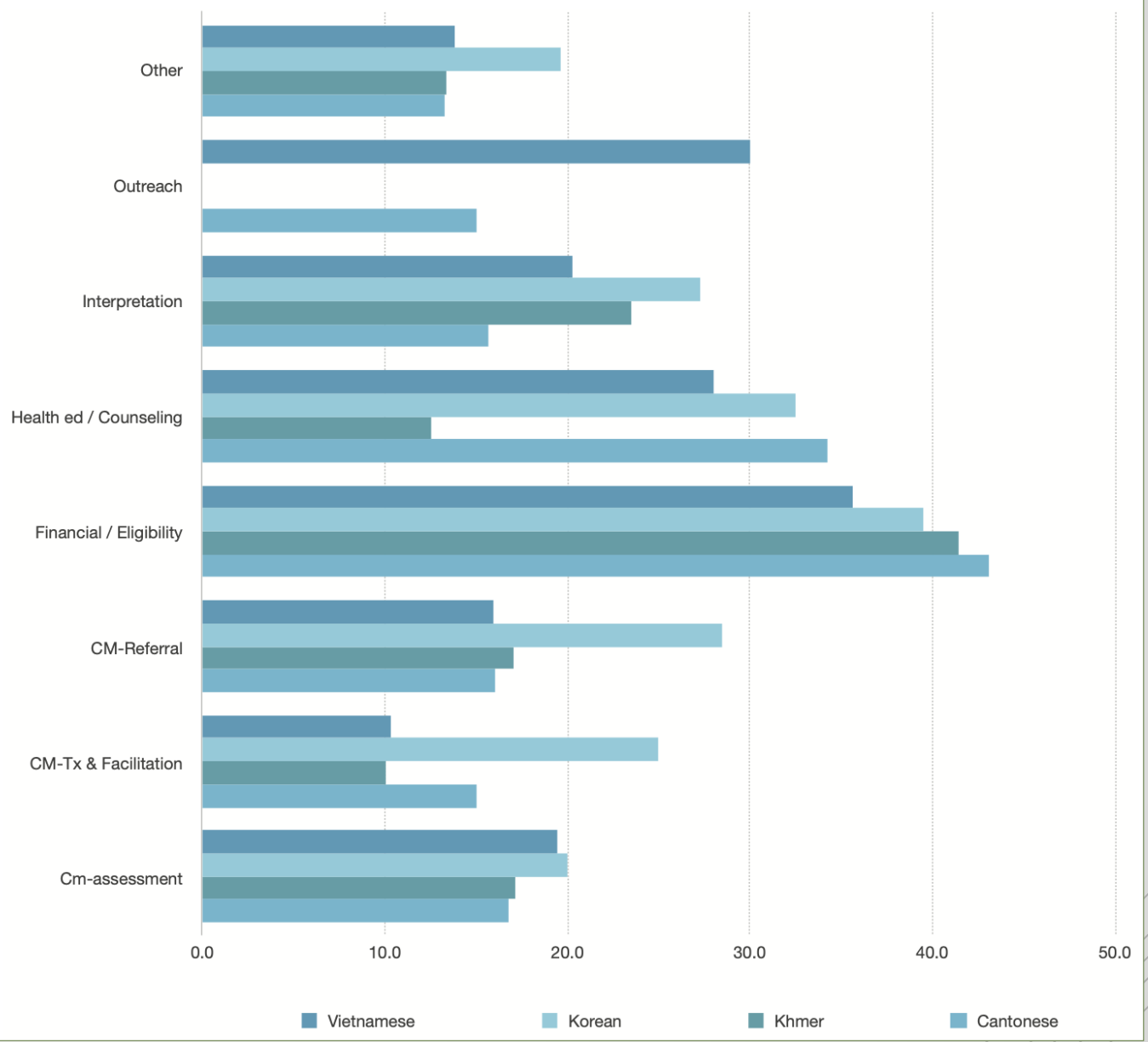


Data Analysis

Examples: Demographic

AVERAGE NUMBER OF MINUTES ES ENCOUNTER BY LANGUAGE

Please note this dataset used old ES categories.



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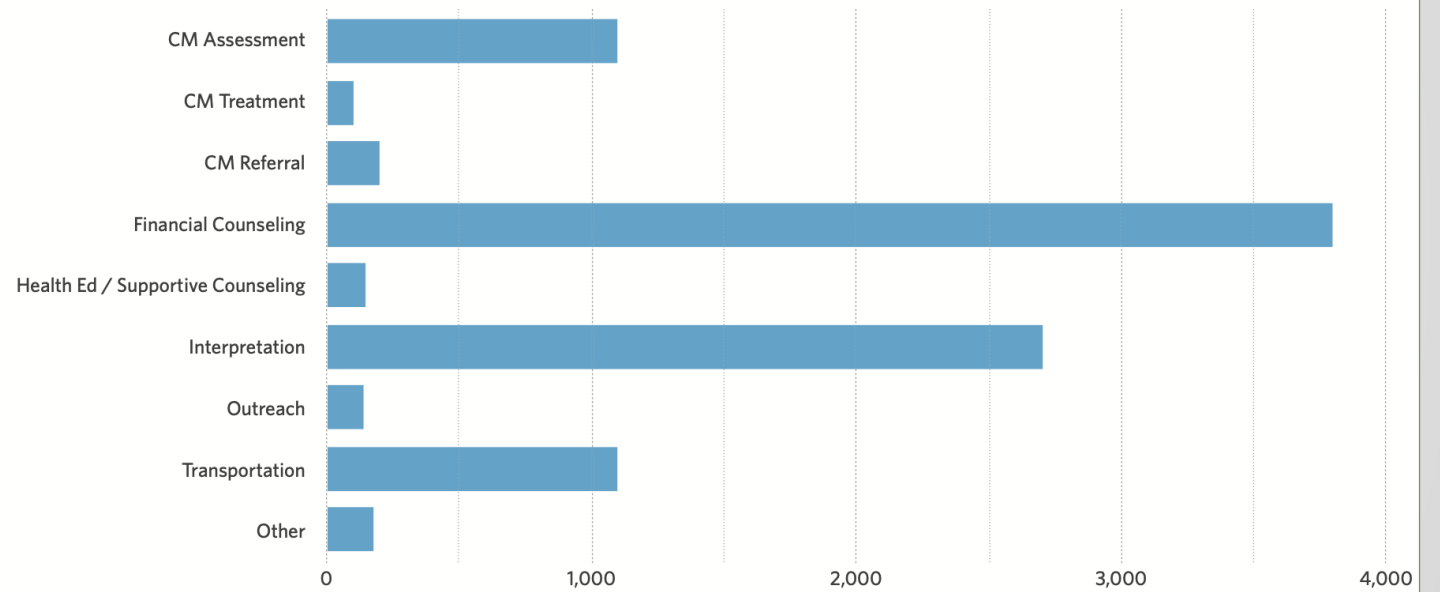
Data Analysis

Examples: Utilization

UTILIZATION

Total Number of ES encounters by service category.

Please note this dataset used old ES categories.



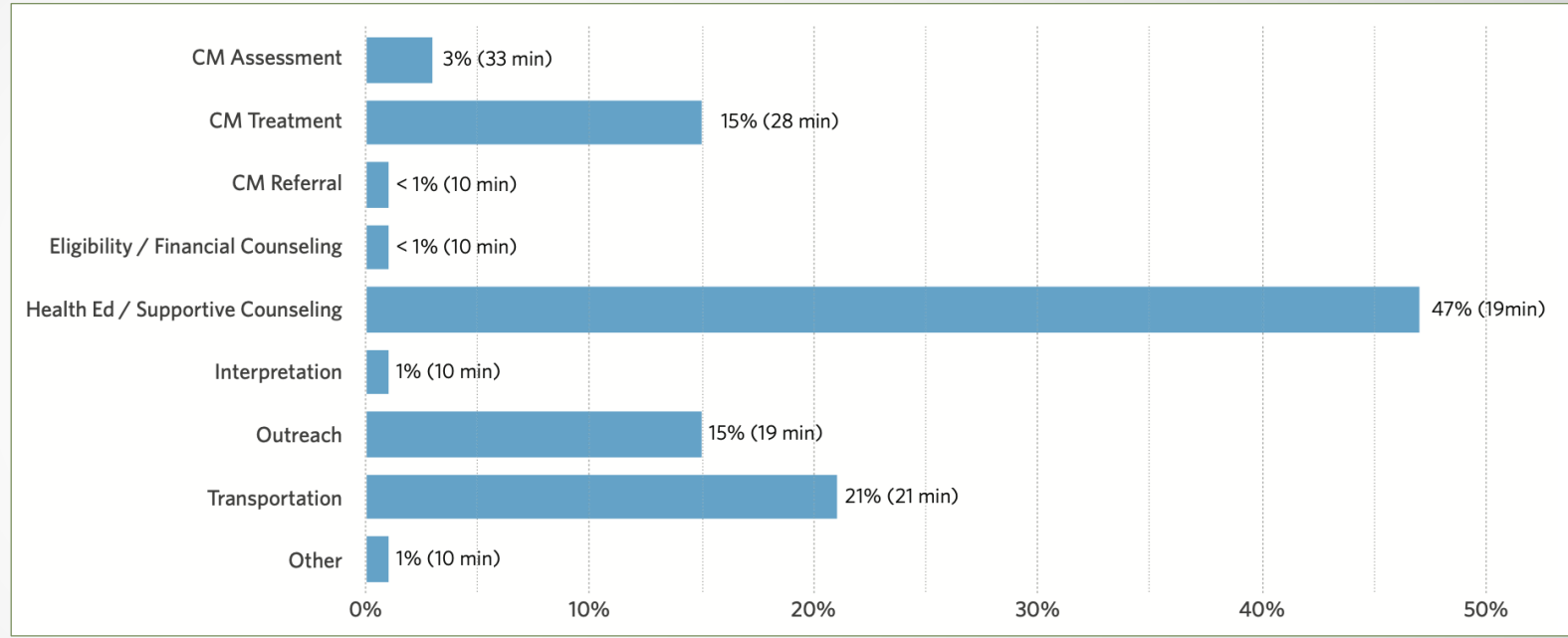
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Data Analysis

Examples: Utilization



Data Analysis

Examples: Health Outcomes



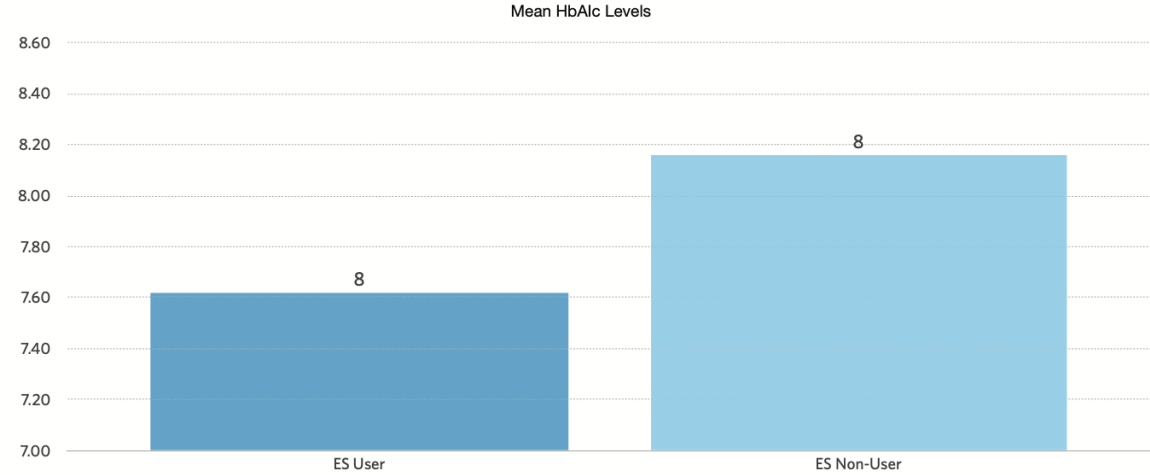
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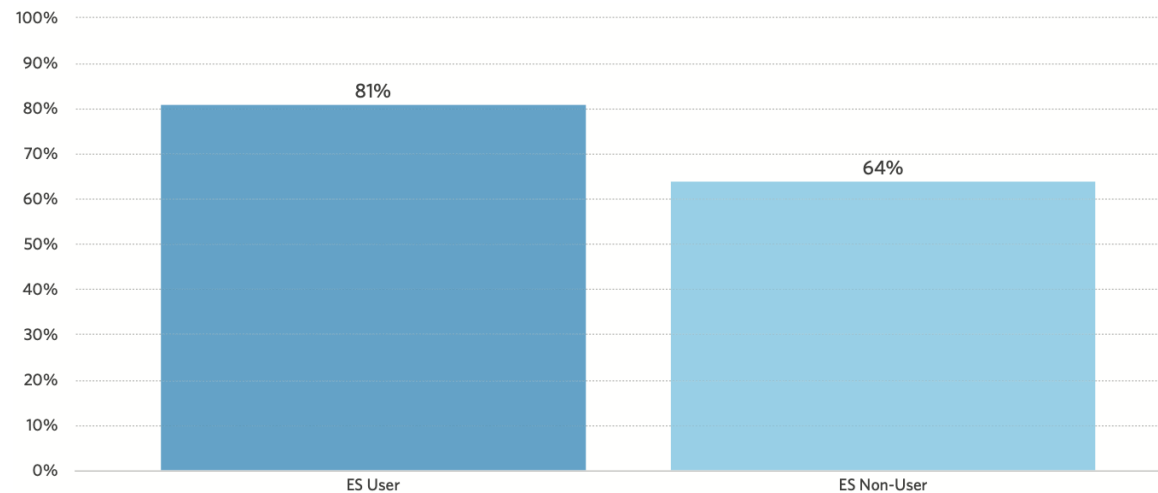
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DIABETES



APPROPRIATE CHILD IMMUNIZATIONS



Data Sharing

Telling the Story of ES



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Data Sharing

Internally

- Justification of services
- Re-allocation of resources
- Show need for additional services

Externally

- Show impact
- Justify continued funding



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Data Sharing Example

THE DATA

- Your health center had a total of 2500 ES encounters over a 6 month period

IS IT MEANINGFUL?

- 1400 of those were Interpretation services
 - 700 were Vietnamese
 - 300 were Spanish



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Internal Data Sharing Reports



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WHITE HOUSE CLINICS : CASE MANAGERS REPORT CARD

Disclaimer: please note this report used old ES categories.

CLINIC	ENCOUNTERS
RWHC	90
BWHC	81
MWHC	49
BPCC	21
IWHC	10
VWHC	10
TOTAL	261

PROVIDER	ENCOUNTERS
1	12
2	6
3	10
4	14
5	13
6	8
7	11
8	45
9	13
10	4
11	1
12	1
13	16
14	12
15	1
16	9
17	3
18	23
19	3
20	24
21	4
22	8
23	7
24	13
TOTAL	261

CATEGORY	SPECIFICS	SUB TOTAL	TOTAL
Assessment			18
	Warm Hand Off	2	
T & F			24
	Social CM	12	
FINANCIAL			55
	SF Completion	12	
	Medicaid	13	
	PAP	30	
TRANSPORTATION			48
OTHER			116
	Car Seat	14	
	Voc Rehab	4	
	Farmer's Mkt	35	
	Vision Program	8	
	Other	55	
TOTAL		185	261

Internal Data Sharing

Narrating your numbers

Service Code	Count	Time (Minutes)	Avg Per Service (Minutes)
TR001	12	670	55.83
HE001	77	2470	32.08
IN001	8	190	23.75
FC001	707	15860	22.43
CM003	111	1830	16.49
OT001	30	400	13.33
CM001	3	30	10
CM002	3	30	10
OR001	9	90	10
	960	21570	22.47
	960	21570	22.47



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Internal Data Sharing

Making the data actionable

ES Avg Time Per Provider Type Report

Practice Name	Provider Type	Service Code	Services Per Code	Minutes per Cod	Average	
	Counselor/Therapist (certified or licensed)	CM003	1	20	20.00	
		FC001	3	60	20.00	
		HE001	1	60	60.00	
		Total	5	140	28.00	
	Dental Personnel	FC001	7	170	24.29	
		Total	7	170	24.29	
	Other	HE001	9	440	48.89	
		Total	9	440	48.89	
	Physician (MD or DO)	CM001	3	30	10.00	
		CM002	3	30	10.00	
		CM003	110	1810	16.45	
		FC001	697	15630	22.42	
		HE001	67	1970	29.40	
		IN001	8	190	23.75	
		OR001	9	90	10.00	
		OT001	30	400	13.33	
		TR001	12	670	55.83	
		Total	939	20820	22.17	
		Total		960	21570	22.47
		Grand Total				



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Data Sharing

Important considerations

DON'T FORGET!

- **What are you using the data for?**
- Who will be analyzing? Reporting?
- How often will reports be shared?
- **Does your health center have the appropriate capacity for full implementation?**



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Next Week: Planning & Implementation

ACTIVITY	SUGGESTED TIMEFRAME
ES Needs Assessment	1 week
Presentation to Key Staff	1 month
Develop ES Template	1 week - 1 month
Determine Workflow for Data Input	1 week
Prepare ES Database	1 month
Train ES Staff	1 month
Identify and Train Data Analyst(s)	1 month
Complete ES Readiness Assessment	3 weeks
Implement Pilot Data Collection	3 - 4 months
Evaluate Data Entry & Validation	1 week
Evaluate Implementation Process	1 week - 1 month
Revise ES Template	1 week
Data Analysis	2 weeks
Sharing and Dissemination	1 week



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