Chapter 10: Track Enabling Services

CHAPTER OVERVIEW

This chapter provides tools on how to document the enabling services interventions your organization provides to address patients' social determinants of health barriers. Enabling services are non-clinical support services and interventions that support the delivery of basic health services and facilitate access to comprehensive care and community services that address patient social barriers. They include referrals to community resources, insurance eligibility assistance for uninsured patients, interpretation for Limited English Proficient patients, and housing assistance for homeless individuals. This chapter provides tools and resources from AAPCHO's Enabling Services Accountability Project (ESAP) Implementation Companion to help you document these critical services, including sample EHR encounter forms, data collection protocol, a recommended timeline and work plan, and sample data reports.

Enabling Services Categories

1. Case Management Assessment
2. Case Management Treatment and Facilitation
3. Referrals
4. Financial Counseling/Eligibility Assistance
5. Health Education
6. Supportive Counseling
7. Interpretation
8. Outreach

DOCUMENTING INTERVENTIONS

Once you have implemented PRAPARE and developed the appropriate interventions, it is important to track those interventions to provide a more comprehensive understanding of the value of existing interventions to address patient risks, including which interventions are most effective at addressing particular risks for particular populations. This information can inform clinical operations and better allocation of resources leading to improved patient care.

DEMONSTRATING HEALTH CENTER VALUE THROUGH TRACKING OF ENABLING SERVICES + PRAPARE

Enabling services / interventions act as a moderator to address social determinants of health and impact health outcomes.

Social Determinants of Health → Appropriate Care (e.g. preventative visits) → Health Outcomes (e.g. reduced emergency visits)

ENABLING SERVICES & OTHER NON-CLINICAL INTERVENTIONS

Why collect enabling services with PRAPARE data?

NEED DATA
- Standardized data on patient risk (PRAPARE)

RESPONSE DATA
- Standardized data on interventions (ESAP)

TOGETHER, data on patient social risks and interventions demonstrate the value of health organizations in effectively meeting the needs of complex patients. Documentation of the interventions and enabling services provide the context for the care needed to address the social risks delivered to your patients as well as the critical evidence to justify and estimate associated costs for sustainable reimbursement. Since your organization may already deliver enabling services interventions to address your patient social risks, reporting social determinants data alone may underestimate your total patient risks, compared to reporting combined social determinants with enabling services intervention data.

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Association of Asian Pacific Community Health Organizations Enabling Services Accountability Project (ESAP) Data Collection Implementation Companion

The Enabling Services Data Collection Implementation Companion serves as a guide for health organizations wishing to codify and track enabling services using a standardized template. Health centers may tailor many of the detailed demographic categories to their own health center needs, while keeping uniform the broader categories for national health center aggregation purposes. The implementation guide includes samples of currently active encounter forms, protocols for data collection, a recommended work plan, and sample fact sheets demonstrating data use, based on AAPCHO's enabling services data collection model. By building a larger, comparable dataset nationwide, we'll have a more comprehensive set of data that will more clearly show the value of enabling services. Additionally, costs and resource allocation needs can be better approximated which will strengthen health centers' ability to build a business case and obtain adequate funding for sustainability of these critical services and improvement of patient health.

Enabling Services Data Collection Implementation Guide

Enabling Services Data Collection Implementation Companion

AAPCHO

AAPCHO

Thank you for your interest in the Enabling Services Data Collection Implementation Packet. Enabling services, non-clinical services such as interpretation, eligibility assistance, and transportation, play critical roles in increasing access and utilization of quality care, and are key components of the patient-centered medical home. They ensure that underserved patients obtain responsive, affordable, and culturally and linguistically appropriate health care by addressing the relevant health concerns of the local patient population. However, the lack of data on enabling services makes it challenging for health centers to demonstrate to payers and policymakers the value these services bring. In collaboration with four of our member clinics, AAPCHO developed a standardized data collection model to improve data collection on these essential services, and better understand the services and their impact on health care access and outcomes.

The Enabling Services Data Collection Implementation Packet serves as a guide for health centers wishing to codify and track enabling services using AAPCHO's standardized template. Health centers may tailor many of the detailed demographic categories to their own health center needs, while keeping uniform, the broader categories for national health center aggregation purposes. The packet includes real-life sample encounter forms, protocols on data collection, a recommended work plan, project benefits and challenges, and fact sheets from actual data collected based on the enabling services data collection model. By building a larger, comparable dataset nationwide, we'll have a more comprehensive set of data that will more clearly show the value of enabling services. Additionally, costs and resource allocation needs can be better approximated which will strengthen health centers' ability to build a business case and obtain adequate funding for these critical services.

Since this packet is a "working" document that may be updated from time to time, please refer to the AAPCHO website for updated versions. To access the Enabling Services Implementation Packet online go to http://enablingservices.aapcho.org. For additional information, contact es_support@aapcho.org. We also encourage you to send us your feedback or additional resources we may include in future updates.

SINCERELY,

ROSY CHANG WEIR
DIRECTOR OF RESEARCH

Association of Asian Pacific
Community Health Organizations
300 Frank H. Ogawa Plaza, Suite 620
Oakland, CA 94612
Phone 510 272 9536 x107
Fax 510 272 0817
Email rcweir@aapcho.org

TUYEN TRAN
PROGRAM MANAGER

Association of Asian Pacific
Community Health Organizations
300 Frank H. Ogawa Plaza, Suite 620
Oakland, CA 94612
Phone 510 272 9536 x106
Fax 510 272 0817
Email ttran@aapcho.org

Table of Contents

How to Use This Guide

OVERVIEW

This guide provides a detailed, step-by-step companion to starting a data collection project at your health center. It was created to complement in-person ES Data Collection trainings, but can also be used as a stand-alone resource for implementing a data collection project at your health center.

SECTION I

This section provides an ES Work Plan Template and AAPCHO's data collection protocol, definitions of the nine ES categories, and extended categories.

SECTION II

This section provides an overview of all the steps involved in starting an ES data collection project. The suggested timeframe are estimations of how long each step may take, but the actual time will depend on the circumstances of your health center. Throughout the companion, you will find handouts and resources within you may find useful handouts and resources within each step to better implement your data collection project.

SECTION III

This section contains detailed instructions and suggestions for each activity that may be used to enhance your trainings for your staff on implementing an ES data collection project.

Impact of Enabling Services Utilization on Health Outcomes

INTRODUCTION

Asian Americans, Native Hawaiians and Other Pacific Islanders (AA&NHOPIs), especially those that are medically underserved, face substantial financial, cultural, and linguistic barriers that prevent them from obtaining appropriate health care. Enabling services (ES) are non-clinical services such as interpretation, health education, and case management, that can increase access to health care and quality of care at Community Health Centers (CHCs). However, little data is available about the impact of enabling services on quality improvement and health outcomes among medically underserved patients. Because the value of enabling services has not been demonstrated by the existing data, enabling services have not been reimbursed or adequately funded by payers. The limited data is a crucial barrier to securing financial support for these essential services at CHCs.

The Enabling Services Accountability Project is a collaborative effort between the Association of Asian Pacific Community Health Organizations (AAPCHO) and four federally qualified health centers serving predominantly AA&NHOPIs, including Waianae Coast Comprehensive Health Center in Waianae, HI, Charles B. Wang Community Health Center in New York, NY, International Community Health Services in Seattle, WA, and Kalihi-Palama Health Center in Honolulu, HI. This project aims to fill the information gap by developing an enabling services data collection model for CHCs, and examining the impact of enabling services utilization on national quality measures.

The analysis includes eight enabling services measures and two performance measures including adult diabetes and child immunization. The study also compares the demographics between enabling services users and nonusers. The results indicate that enabling services utilization is associated with better diabetes outcomes and child immunization. It also suggests that enabling services users, compared to nonusers, are more likely to be minorities and with public or no insurance. The project demonstrates the vital role of enabling services in reducing health disparities and improving health services quality. It also illustrates the importance of developing long-term federal and state initiatives to fully support these essential and currently poorly-reimbursed services at CHCs across our nation.

PROJECT GOALS

+ To provide a better understanding of the relationship between enabling services utilization and health outcomes for AA&NHOPIs
+ To provide useful information that helps policy makers effectively address health centers, as they strive to improve access and quality care to medically underserved AA&NHOPIs and other safety net patients

METHOD

ENABLING SERVICE DATA COLLECTION PROCEDURE*

1. Data collection period: 1/1/07-12/31/07
2. Enabling services encounter form used to collect data
3. Enabling services data collection protocol used as a guideline
4. Developed study logic model and methodology

*Please contact AAPCHO for definitions and data collection protocol.

ENABLING SERVICES(ES) MEASURES

+ Case Management (CM) Assessment, Treatment, and Referral
+ Eligibility Assistance
+ Health Education or Supportive Counseling
+ Interpretation
+ Outreach
+ Transportation
+ Other Enabling Services

PERFORMANCE MEASURES AND STUDY SAMPLE

	DIABETES	IMMUNIZATION
POPULATION	Adult patients 18-75 years of age as of December 31, 2007 with a diagnosis of type 1 or type 2 diabetes	Children who turned two years of age in 2007
PERFORMANCE MEASURES	Most recent hemoglobin A1c level in 2007	Appropriate immunizations
ES USERS	1,337	291
ES NONUSERS	3,068	1,331
TOTAL	3,068	1,622
ES USER %	43.6	17.9

RESULTS : ADULT DIABETES

PATIENT ETHNICITY
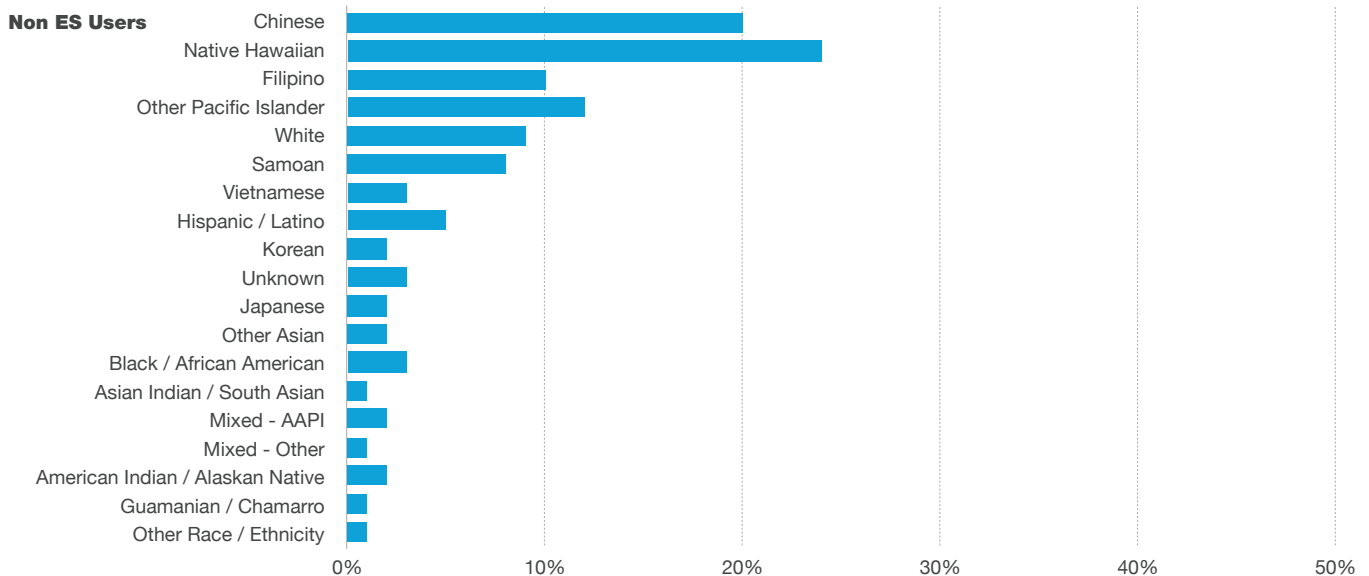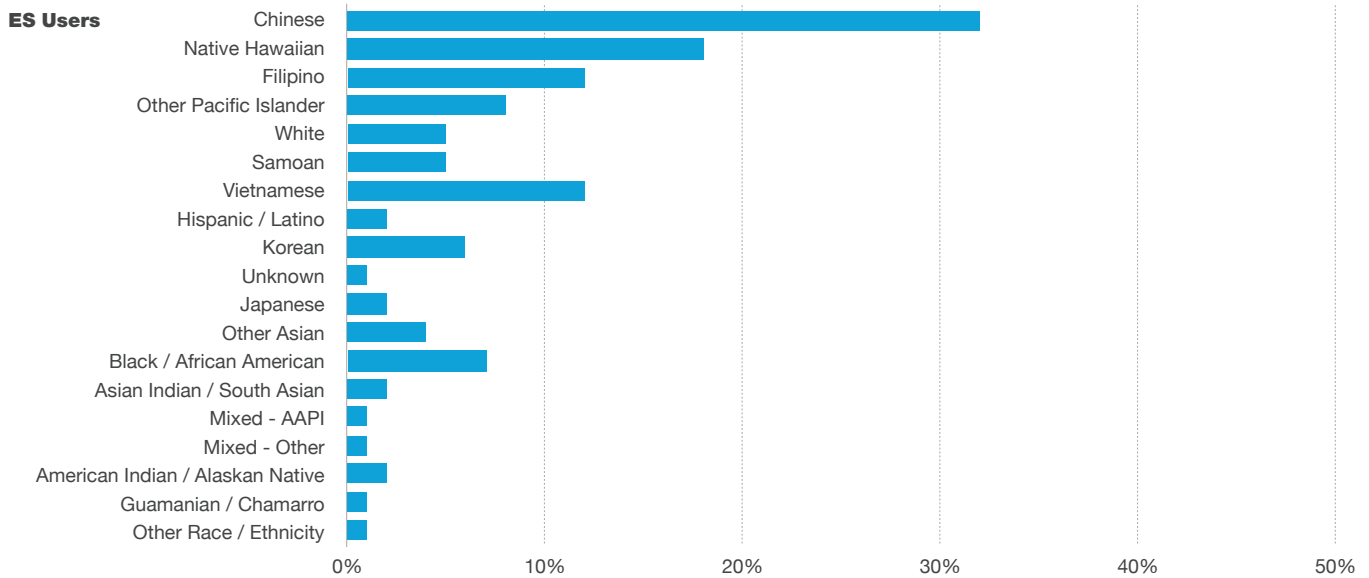
+ **Most patients were AA&NHOPIs.**

INSURANCE CARRIER
+ **Patients with public or no insurance had the highest percentage of ES utilization.**

ES Users

Category	Value
Medicaid	414
Medicare	383
Private	146
Other Public (including non-Medicaid CHIP)	258
Self-Pay	192
Unknown	44
Other Carrier	6

0 100 200 300 400 500 600 700 800 900 1000

Non ES Users

Category	Value
Medicaid	880
Medicare	437
Private	519
Other Public (including non-Medicaid CHIP)	243
Self-Pay	125
Unknown	257
Other Carrier	9

0 100 200 300 400 500 600 700 800 900 1000
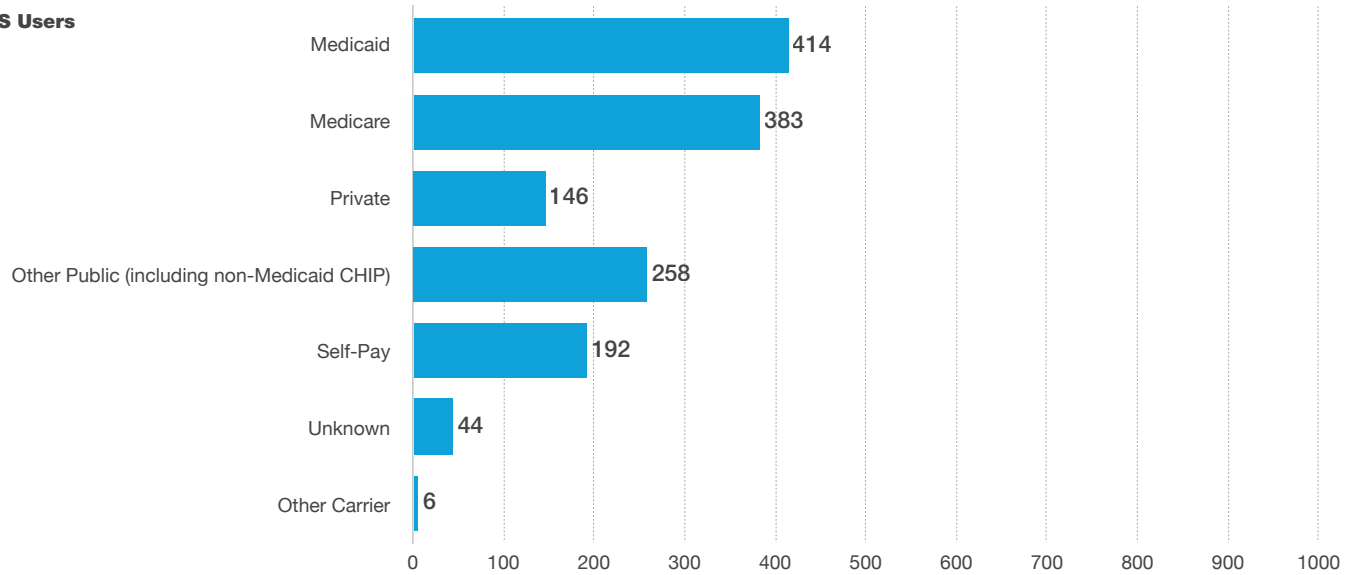
HBA1C LEVELS
+ More ES users had their HbA1c under control compared to ES nonusers.

■ ES User   ■ ES Non User
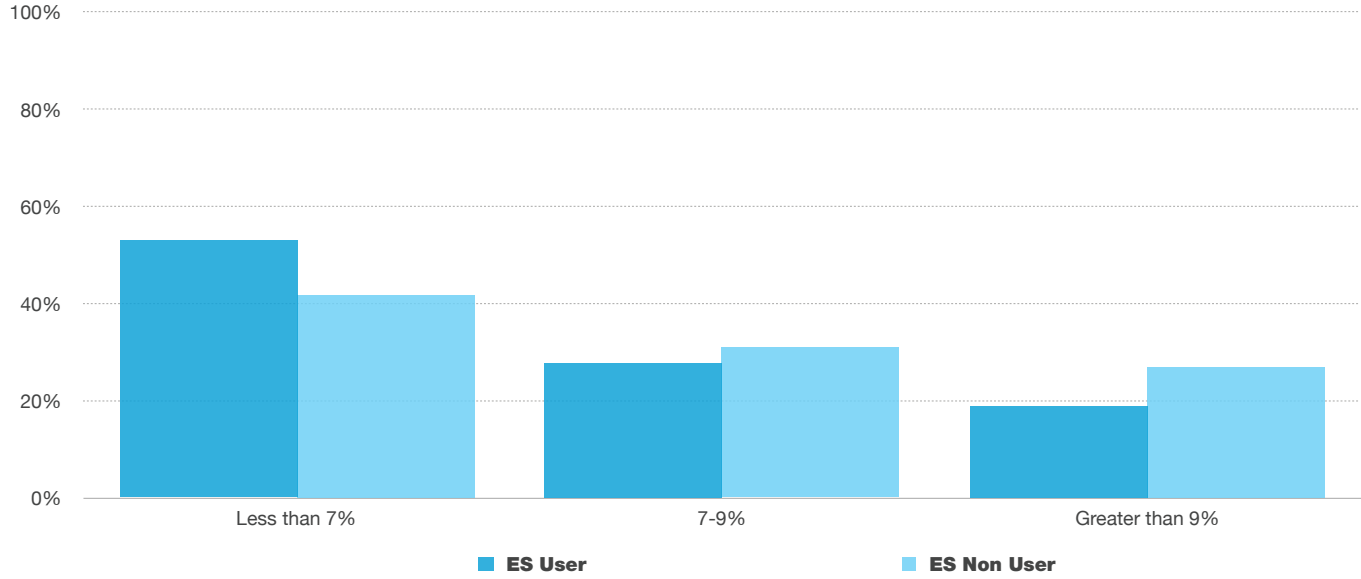
RESULTS : CHILD IMMUNIZATION

PATIENT ETHNICITY
+ **Most patients were AA&NHOPIs**

ES Users

Chinese	
Native Hawaiian	
Filipino	
Other Pacific Islander	
White	
Samoan	
Vietnamese	
Hispanic / Latino	
Korean	
Unknown	
Japanese	
Other Asian	
Black / African American	
Asian Indian / South Asian	
Mixed - AAPI	
Mixed - Other	
American Indian / Alaskan Native	
Guamanian / Chamarro	
Other Race / Ethnicity	

0%   10%   20%   30%   40%   50%

Non ES Users

Chinese	
Native Hawaiian	
Filipino	
Other Pacific Islander	
White	
Samoan	
Vietnamese	
Hispanic / Latino	
Korean	
Unknown	
Japanese	
Other Asian	
Black / African American	
Asian Indian / South Asian	
Mixed - AAPI	
Mixed - Other	
American Indian / Alaskan Native	
Guamanian / Chamarro	
Other Race / Ethnicity	

0%   10%   20%   30%   40%   50%
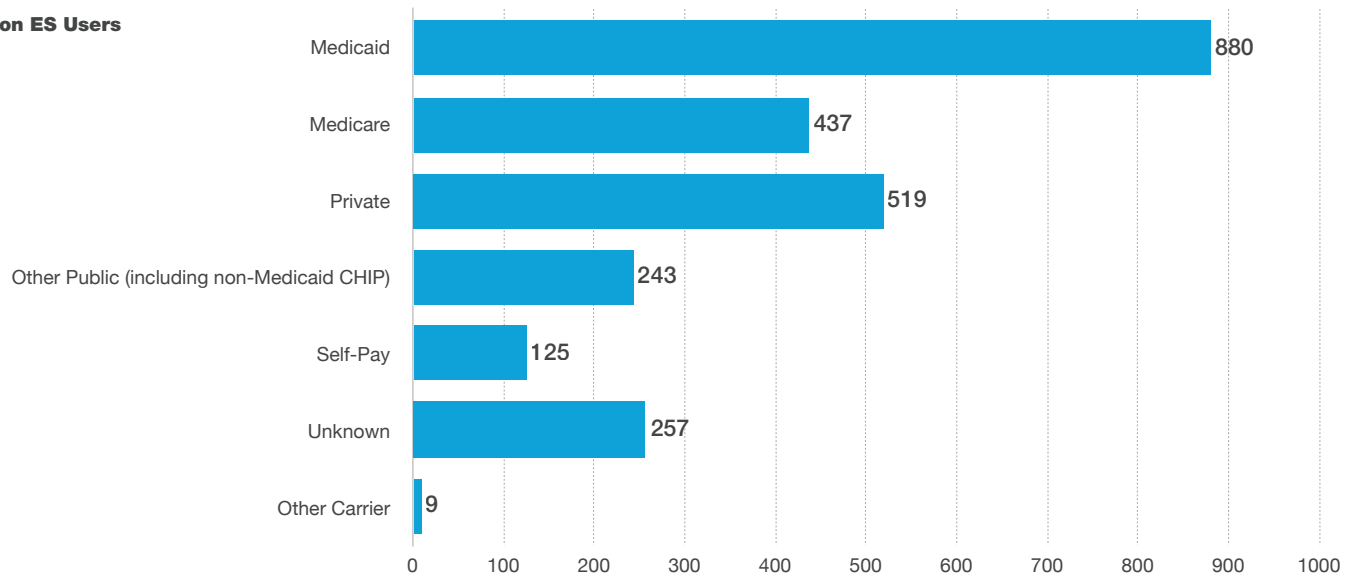
INSURANCE CARRIER

+ **Patients with public or no insurance had the highest percentage of ES utilization.**

ES Users

Carrier	Value
Medicaid	243
Private	14
Unknown	13
Self-Pay	12
Other Public (including non-Medicaid CHIP)	9

Non ES Users

Carrier	Value
Medicaid	981
Private	148
Unknown	130
Self-Pay	42
Other Public (including non-Medicaid CHIP)	30

APPROPRIATE IMMUNIZATION PERCENTAGE
+ **ES users had a higher percentage of patients that received appropriate immunizations.**

Bar chart:
- ES User: 80.76%
- ES Non User: 63.64%
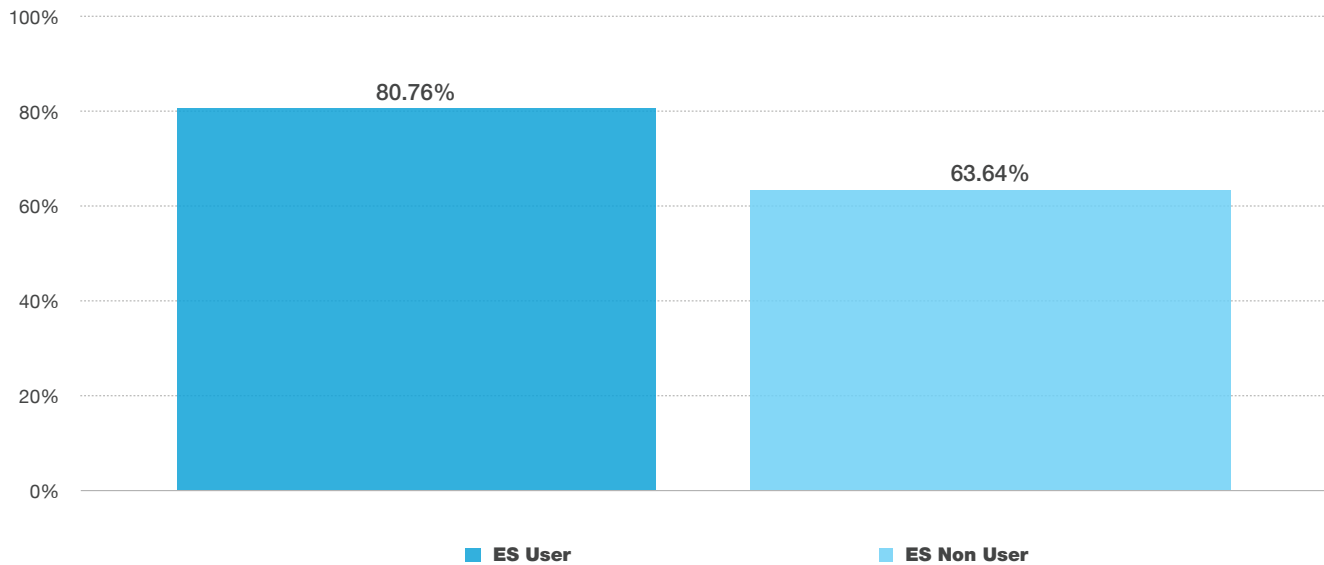
CONCLUSIONS
+ Patients utilizing ES, were more likely to have their HbA1c levels under control, than ES nonusers.
+ Patients utilizing ES were more likely to have received appropriate child immunizations, compared to ES nonusers. (81% v.s. 64%)
+ The majority of patients were AA&NHOPIs. Chinese, Vietnamese and Native Hawaiian were the largest groups. This is consistent with the characteristics of patients seen at participating CHCs.
+ Uninsured (self-pay) patients and patients with public insurance were more likely to use enabling services; patients with private insurance were less likely to use enabling services.
+ Enabling services provided at each health center vary greatly; overall, the majority of enabling services provided at CHCs included case management, financial counseling, interpretation and health education.

IMPLICATIONS
+ This study demonstrates that enabling services are critical to improving health care outcomes and reducing health disparities for medically underserved populations.
+ Health centers which provide a vast number of enabling services deserve to be recognized and reimbursed to sustain these critical services to underserved patients.
+ More research is necessary to evaluate the impact of different enabling service measures on health outcomes and other performance measures.

LIMITATIONS
+ This study is not a randomized controlled study. ES users and nonusers had unequal sample sizes. ES users, compared to nonusers, were more likely to be minorities and uninsured.
+ Enabling services provided were not specific to each performance measure. Future studies will more specifically measure the impact of each enabling service measure.

SECTION ONE

Enabling Services Protocol

OVERVIEW

AAPCHO's protocol captures 9 major enabling services categories and staff time spent providing those services in units of 10 minutes.

IN THIS SECTION

This section contains a work plan template listing all the steps involved and resources available in implementing an enabling services data collection project. The project lead can use this template to plan and track implementation progress. The second part of this section defines and lists the documentation code and requirement for each of the enabling services category.

Enabling Services Work Plan Template

STEP	ACTIVITY	SUGGESTED TIMEFRAME	TRAINING MODULE
1	Needs Assessment	1 week	3

TEMPLATE SAMPLES   Needs Asessment Template

HEALTH CENTER TIMEFRAME   _____

ACTIVITY LEADER   _____

SUPPORTING STAFF   _____

NOTES   _____

_____

STEP	ACTIVITY	SUGGESTED TIMEFRAME	TRAINING MODULE
2	Presentation to Key Staff	1 month	3

TEMPLATE SAMPLES   Presentation to Key Staff (PPT available via email)

HEALTH CENTER TIMEFRAME   _____

ACTIVITY LEADER   _____

SUPPORTING STAFF   _____

NOTES   _____

_____

STEP	ACTIVITY	SUGGESTED TIMEFRAME	TRAINING MODULE
3	Develop ES Template	1 week - 1 month	2, 3

TEMPLATE SAMPLES ES Templates

HEALTH CENTER TIMEFRAME _____

ACTIVITY LEADER _____

SUPPORTING STAFF _____

NOTES _____

_____

STEP	ACTIVITY	SUGGESTED TIMEFRAME	TRAINING MODULE
3.5	Determine Workflow for Data Input	1 week	2, 3

TEMPLATE SAMPLES N/A

HEALTH CENTER TIMEFRAME _____

ACTIVITY LEADER _____

SUPPORTING STAFF _____

NOTES _____

_____

STEP	ACTIVITY	SUGGESTED TIMEFRAME	TRAINING MODULE
4	Prepare for ES Database	1 month	3

TEMPLATE SAMPLES ES Database Variables Handout, Sample ES Templates

HEALTH CENTER TIMEFRAME _____

ACTIVITY LEADER _____

SUPPORTING STAFF _____

NOTES _____

_____

STEP	ACTIVITY	SUGGESTED TIMEFRAME	TRAINING MODULE
5	Train ES Staff	1 month	2

TEMPLATE SAMPLES   Sample 3-4 hr Training Agenda (PPT available via email), ES Definitions And Protocol

HEALTH CENTER TIMEFRAME   _____

ACTIVITY LEADER   _____

SUPPORTING STAFF   _____

NOTES   _____

_____

STEP	ACTIVITY	SUGGESTED TIMEFRAME	TRAINING MODULE
6	Identify and Train Data Analyst (s)	1 month	2, 3

TEMPLATE SAMPLES   ES Definitions and Protocol

HEALTH CENTER TIMEFRAME   _____

ACTIVITY LEADER   _____

SUPPORTING STAFF   _____

NOTES   _____

_____

STEP	ACTIVITY	SUGGESTED TIMEFRAME	TRAINING MODULE
7	Complete ES Readiness Assessment	3-4 months	2, 3, 4

TEMPLATE SAMPLES   ES Definitions and Protocol

HEALTH CENTER TIMEFRAME   _____

ACTIVITY LEADER   _____

SUPPORTING STAFF   _____

NOTES   _____

_____

STEP	ACTIVITY	SUGGESTED TIMEFRAME	TRAINING MODULE
8	Implement Pilot Data Collection	3 weeks	4

TEMPLATE SAMPLES Tips for Data Entry Validation

HEALTH CENTER TIMEFRAME _____

ACTIVITY LEADER _____

SUPPORTING STAFF _____

NOTES _____

_____

STEP	ACTIVITY	SUGGESTED TIMEFRAME	TRAINING MODULE
9	Data Validation	1 week	N/A

TEMPLATE SAMPLES N/A

HEALTH CENTER TIMEFRAME _____

ACTIVITY LEADER _____

SUPPORTING STAFF _____

NOTES _____

_____

STEP	ACTIVITY	SUGGESTED TIMEFRAME	TRAINING MODULE
10	Evaluate Implementation Process	1 week	4

TEMPLATE SAMPLES Pilot Process Staff Evaluation

HEALTH CENTER TIMEFRAME _____

ACTIVITY LEADER _____

SUPPORTING STAFF _____

NOTES _____

_____

STEP	ACTIVITY	SUGGESTED TIMEFRAME	TRAINING MODULE
10.5	Revise ES Template	1 week - 1 month	2, 3, 4

TEMPLATE SAMPLES   Sample ES Templates

HEALTH CENTER TIMEFRAME   _____

ACTIVITY LEADER   _____

SUPPORTING STAFF   _____

NOTES   _____

_____

STEP	ACTIVITY	SUGGESTED TIMEFRAME	TRAINING MODULE
11	Data Analysis	2 weeks	4, 5

TEMPLATE SAMPLES   N/A

HEALTH CENTER TIMEFRAME   _____

ACTIVITY LEADER   _____

SUPPORTING STAFF   _____

NOTES   _____

_____

STEP	ACTIVITY	SUGGESTED TIMEFRAME	TRAINING MODULE
12	Sharing and Dissemination	1 week	5

TEMPLATE SAMPLES   N/A

HEALTH CENTER TIMEFRAME   _____

ACTIVITY LEADER   _____

SUPPORTING STAFF   _____

NOTES   _____

_____

Protocol :
Coding & Definintions

Enabling services are defined as non-clinical services that are specifically linked to a medical encounter or the provision of medical services for a patient at your health center. They are aimed at "enabling" your patients to use appropriate medical services available at your health center to improve health care access and outcomes. To enable standardized data collection, simplify coding and aggregate data for national evaluation and advocacy purposes, the following 9 major categories are used. If your health center provides additional enabling service and you want to add it to this protocol, you may do so under the "Other" category.

CODE	NAME	DEFINITION
CM001	Case Management (CM) Assessment	Non-medical assessment that includes the use of an acceptable instrument measuring socioeconomic status, wellness, or other non-medical health status. **SOME EXAMPLES INCLUDE** New patient assessment, Achenbach assessment, and psychosocial assessment. **DOES NOT INCLUDE** Cancer screening, HIV testing, spirometry.
CM002	Case Management (CM) Treatment & Facilitation	An encounter with a patient or their household/or family member in which the patient's treatment plan is developed or facilitated by a Case Manager. The plan must incorporate the referral to services of multiple providers or healthcare disciplines. If the service only includes referral to 1 provider, please use Case Management Referral. **SOME EXAMPLES INCLUDE** Crisis intervention (all services), directly observed therapy, and pharmaceutical management. **DOES NOT INCLUDE** Provision of traditional healing services, family counseling (should be coded as Health Education/Supportive Counseling if not provided as part of a treatment plan that involves more than one provider), referral to substance abuse treatment (would be under case Management Referral Services if not part of treatment plan).
CM003	Case Management (CM) Referral	Facilitation of a health-related visit for a patient to a healthcare or social service provider. Some examples include: creating an appointment with WIC staff, arranging for visit to a social worker, linkage to traditional healers.
FC001	Eligibility Assistance/ Financial Counseling	Counseling of a patient with financial limitations and assessing the patient's eligibility to a sliding fee scale or health insurance program (ie. Medicaid, Medicare, CHIP) or pharmaceutical benefits program; or assistance in the development of a payment plan. **SOME EXAMPLES INCLUDE** Enrollment in Medicaid managed care plan, development of payment plans, and eligibility determination for pharmaceutical program, explaining a medical bill from a hospital. **DOES NOT INCLUDE** Referral to an off-site eligibility counselor (should be entered under 'Other Enabling Services' category), debt counseling (should be entered under 'Other Enabling Services' category), providing assistance with filling out financial aid forms for college (should be entered under 'Other Enabling Services' category), explaining a bill from your own health center (this is part of routine health center procedures and is not considered an ES).

CODE	NAME	DEFINITION
HE001	Health Education/ Supportive Counseling*	Provision of health education or supportive counseling to a patient in which wellness, preventive disease management or other improved health outcomes are attempted through behavior change methodology.
IN001	Interpretation	The provision of interpreter services by a third party (other than the service provider) intended to reduce barriers to a limited English-proficient (LEP) patient or a patient with documented limitations in writing or speaking skills sufficient to affect the outcome of a medical visit or procedure. *Includes sign language **SOME EXAMPLES INCLUDE** Interpreting between a patient and a health plan representative, providing sign language during a health education workshop, interpreting over the phone for a physician at a hospital and a health center patient, translating medication instructions to primary language. **DOES NOT INCLUDE** Interpreting between a patient and homeless shelter personnel (should be entered under the 'Other Enabling Services' category), interpreting GED materials in English to primary language of a patient (should be entered under the 'Other Enabling Services' category), providing health education in Vietnamese (should be coded as 'Health Education/Supportive Counseling' and check 'Provided in language other than English,' if category available, because the primary services is Health Education), translating an electric bill for a health center patient (should be entered under the 'Other Enabling Services' category).
OR001	Outreach	Patient services that result in the acceptance of a new patient who was formerly without a primary care provider at your health center. **SOME EXAMPLES INCLUDE** A community health fair with a method for resulting in a patient's kept appointment to the health center, assignment of a patient at the health center to a primary care provider, telephone calls to patients to encourage colon cancer screening.
TR001	Transportation	Providing transportation assistance(directly or via referral) to a patient requiring transport to receive appropriate medical care. **SOME EXAMPLES INCLUDE** Van service to and from appointments at the health center, coordinating car service to off-site specialist appointments, and enrolling patients in a transportation voucher program. **DOES NOT INCLUDE** Van service to a soup kitchen, providing reimbursement for taxi fare, handing out transportation tokens.
OT001	Other	All other services that reduce access barriers to health care for a patient and that do not fall into the other 8 categories. **SOME EXAMPLES INCLUDE** Child care, parenting workshops, food provision.

TIME DOCUMENTATION REQUIREMENTS

An enabling service encounter should be documented if it meets the following criteria:
+ Service must be provided by a staff member, volunteer, contractor at your health center
+ Service must be linked to a medical patient at your health center
+ Service must be provided to the patient or to their primary caregiver
+ Service must last 10 minutes or longer
+ Round to 10-mins interval
+ Less than or equal to 4, round down
+ Greater than or equal to 5, round up
+ Service should be documented on 1 encounter form per patient encounter/per provider, regardless of the number of services provided during that encounter.

For example, if a provider provided both Health Education and Case Management Referral services to the patient during an encounter, the provider should document both services on the same encounter form.

Protocol :
Extended Categories

Health centers can use Health Education/Supportive Counseling as one category to capture any health education and or supportive counseling services. Alternatively, health centers can use three separate categories.

CODE	NAME	DEFINITION
HE003	Health Education-Individual *Health Education/ Supportive Counseling (HE001) can be broken down into three separate categories.	The provision of health education to a patient in which wellness, preventive disease management, or other improved health outcomes are attempted through behavior change methodology. SOME EXAMPLES INCLUDE Providing a patient with diabetes information on nutrition, and explaining a brochure on breast self-exams.
HE002	Health Education- Group	The provision of health education to patients in a workshop or groups of 2-12* people in which wellness, preventive disease management, or other improved health outcomes are attempted through behavior change methodology. SOME EXAMPLES INCLUDE Prenatal care workshops, group sessions on smoking cessation, and small group sessions for asthma management.
HE004	Supportive Counseling	Counseling sessions for the purpose of providing a supportive environment to discuss a patient's needs and or concerns that are not tied specifically to a treatment plan. SOME EXAMPLES INCLUDE Family counseling for a patient with cancer, substance abuse counseling, and domestic violence counseling. DOES NOT INCLUDE Job counseling (should be entered under the 'Other Enabling Services' category), nutrition workshops (should be entered as Health Education-Group).

Steps for
Data Collection Project

OVERVIEW
This section provides a detailed step-by-step guide to starting a data collection project at your health center.

INSTRUCTIONS
Below is an overview of all the steps involved in starting an ES data collection project. The timeframe associated with each activity is only a suggestion, actual time will vary and depend on the circumstances of your health center.

STEP	PAGE	ACTIVITY	SUGGESTED TIMEFRAME
1	29	ES Needs Assessment	1 week
2	33	Presentation to Key Staff	1 month
3	39	Develop ES Template	1 week - 1 month
3.5	49	Determine Workflow for Data Input	1 week
4	53	Prepare ES Database	1 month
5	57	Train ES Staff	1 month
6	63	Identify and Train Data Analyst(s)	1 month
7	65	Complete ES Readiness Assessment	3 - 4 months
8	69	Implement Pilot Data Collection	3 weeks
9	73	Data Validation	1 week
10	79	Evaluate Implementation Process	1 week - 1 month
10.5	85	Revise ES Template	1 week
11	89	Data Analysis	2 weeks
12	101	Sharing and Dissemination	1 week

SECTION TWO // STEPS FOR DATA COLLECTION PROJECT

Step 1 : Needs Assessment

OVERVIEW

This tool is to help you better understand your capacity and needs in collecting and reporting enabling services data at your health center. The results from this assessment should inform your plans for implementation: from deciding which group of ES providers to pilot with, to developing the data collection template and planning for data analysis.

INSTRUCTIONS

This tool assesses the types of enabling services staff are providing and their current documentation practices. It is to be completed by a representative sample of enabling services staff. Data from this needs assessment should inform the development of your enabling services template, training needs and workflow changes necessary for staff to adopt the data collection template.

To access an electronic version of the following *Enabling Services Needs Assessment Tool*, please visit our website enablingservices.aapcho.org or email es_support@aapcho.org.

Enabling Services Needs Assessment Tool

GENERAL QUESTIONS

1. Please list the type(s) of enabling services (defined as non-clinical services that are provided to health center patients that promote, support and assist in the delivery of health care and facilitate access to quality patient care) you provide.

_____

_____

2. Do you provide enabling services onsite (at your health center) or offsite (locations outside of the health center)?

☐ ONSITE   ☐ OFFSITE

3. On average, how many patients do you provide enabling services to per day?

_____

4. On average, how many NON-patients do you provide enabling services to per day?

_____

5. How much time (in minutes) do you typically spend with each patient on enabling services per day?

_____

6. Do you document the enabling services you provide?

☐ YES   ☐ NO

If YES, what specific information do you document (e.g, patient information such as name, insurance, race/ethnicity; the type of enabling service provided, how long, where, etc.)? Please list all the categories. Please attach a sample form.

_____

_____

Is this information entered into a database or your EMR?

☐ YES   ☐ NO

IF YES, when does this information get entered?

☐ MONTHLY   ☐ WEEKLY   ☐ DAILY   ☐ OTHER

7. 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

8. 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 or do you document multiple services on the same form?

☐ MULTIPLE FORMS   ☐ SAME FORM   ☐ NOT APPLICABLE/DO NOT DOCUMENT

9. Does your department or health center conduct data analyses or reports on the enabling service data? If possible, please attach sample.

☐ YES   ☐ NO   ☐ NOT APPLICABLE/DO NOT DOCUMENT

SECTION TWO // STEPS FOR DATA COLLECTION PROJECT

Step 2: Presentation to Key Staff

OVERVIEW

This is an introduction presentation for key leadership staff at your health center. The presentation should run through the importance of enabling services and the need for data collection as well as the benefits of having this type of data. Not all health centers will need this step if your leadership is aware and supportive of the project. But we recommend presenting this to your key enabling services managers, CFO, COO, and front line staff managers.

INSTRUCTIONS

You are encouraged to use the following materials for the introduction presentation. It should take about 30 minutes. Emphasize to your leadership team that their commitment is crucial.

The complete powerpoint presentation is available upon request, please email es_support@aapcho.org.

Staff Presentation

Demonstrating the Value of Enabling Services through Data Collection

Training developed in collaboration between National Health Care for the Homeless Council and Health Outreach Partners

PURPOSE OF PRESENTATION

1. Background and history of enabling services data collection protocol
2. Importance of enabling services and data collection
3. Benefits for CHCs in collecting enabling services data

Key Staff Intro I 2

WHAT ARE ENABLING SERVICES?

Non-clinical services that are provided to health center patients that promote, support and assist in the delivery of health care and facilitate access to quality patient care.

Key Staff Intro I 3

BACKGROUND AND HISTORY

- Underserved minorities face barriers to health
- Anecdotal data shows that ES help overcome barriers thereby increasing access and reducing health disparities
- Little is known about the utilization of ES and its impact on health outcomes
- Enabling services are inadequately funded
- Lack of comprehensive data on ES is a crucial barrier to securing financial support for these services

Key Staff Intro I 4
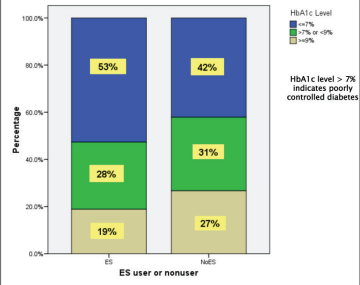
AAPCHO ES DATA COLLECTION PROJECT

- Four pilot health centers serving majority LEP Asian Americans, Native Hawaiians and Other Pacific Islanders
- Collectively developed and implemented a standardized data collection protocol for enabling services
- Objectives were:
  1. Using data to describe ES and the patients who utilized them
  2. Evaluate the impact of ES on access, outcomes and utilization of primary care
  3. Disseminate findings for effective resource allocation
  4. Facilitate research and expansion opportunities

Key Staff Intro I 5

AAPCHO RESULTS

- ES users have better outcomes for diabetes

Data source: 2007 ESAP sites ES and clinical data

Key Staff Intro I 6

AAPCHO RESULTS

• ES users have better outcomes for child immunizations

AAPCHO RESULTS

• Increased use of enabling services, specifically culturally proficient health education, can lead to improved blood sugar levels for diabetic patients

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AAPCHO RESULTS

• Operational benefits included:
  1. Track staff productivity; contribute to employee performance evaluation
  2. Provide data and list of services for grant reporting
  3. Places value on ES providers, therefore, advocating for more of them
  4. Provides a means to conduct research, particularly regarding the impact of ES on specific high risk conditions

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AAPCHO RESULTS

• Operational benefits included:
  1. Data collected on how much time staff was spending on each service
  2. Data revealed much time was spent on managed care enrollment
  3. Management decision was made to bring in managed care plans to enroll patients and freed up staff time for other services
  4. Do more case management

AAPCHO RESULTS

• Operational benefits included:
  1. Staff realized that their work was important
  2. Staff aware of all other enabling services
  3. Able to develop a standard for the support staff
  4. Data showed increase demand for Micronesian interpretation services so decision was made to hire more Micronesian interpreters

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VALUE FOR OTHER HEALTH CENTERS

• Better understanding of enabling services (volume, usage)
• Increased capacity to advocate for enabling services reimbursement and funding
• Increased capacity to track enabling services for research and for funding accountability
• Ability to evaluate staff activities and allocate resources more efficiently
• Enabling service staff empowerment

SUGGESTED IMPLEMENTATION TIMELINE

•~11months

Activity	Approximate Timeframe
Complete enabling services needs assessments	1 week
Presentation to Key Staff	1 month
Develop encounter form	1 week- 1 month
Prepare enabling services database	1 month
Train enabling service staff to collect data	1 month
Train data analysts to enter, code, and clean datasets	1 month
Complete enabling service implementation readiness assessment	3 weeks
Implement data collection pilot phase	4 months
Evaluate data entry	3 weeks
Evaluate implementation process	1 week
Analyze data	2 weeks
Report data	1 week

SUPPORT FOR SUCCESS

•Senior leadership and management support [resources and staff time] for data collection
•Support for next steps:
  1. Adapt AAPCHO's ES template,
  2. 3-4hour staff training on data collection protocol,
  3. Staff time for data analysis and validation

THANK YOU.

AAPCHO

Step 3: Develop Enabling Services Template

OVERVIEW

AAPCHO's standardized template requires the following data elements:

+ Patient information
+ Provider information
+ Encounter information
+ Type(s) of enabling services provided
+ Total time of each enabling services provided

INSTRUCTIONS

If the needs assessment reveals that your health center is currently documenting some of the enabling services provided [caveat being that the service is provided to a patient], find ways to incorporate them into AAPCHO's protocol. For example, if the needs assessment shows that medication reconciliation services are currently being documented, you should incorporate it as a sub-category on the template. You would want to work with the providers of medication reconciliation to determine which category it would best fit under: Case Management-Treatment and Facilitation or Health Education or Other.

The following pages include samples of ES templates that other health centers have utilized. We encourage you to have pre-populated data for patient and provider information and discourage unnecessary free text fields so providers can efficiently indicate the service(s) provided and the time providing those service(s). Additionally, it would be helpful to incorporate the definitions of each enabling service category on the template, whether directly underneath or through an "information" icon.

You'll notice that some templates are more standard, i.e. set to capture the 9 standardized categories, while others are more detailed with sub-categories for each of the major 9 standardized ones. We recommend that subcategories be added after a period of piloting to determine what should be added and under which major category they best fit.

You are also welcome to assign the same codes provided by AAPCHO (for example CM001 for case management assessment; CM002 for case management treatment, etc.) but it is not required.

+ Useful Tip: Simplify documentation as much as possible. Use checkboxes, pre-populated fields, drop down menus, and limit the use of free text fields.
+ To access an electronic version of the following *Standard Template*, please visit our website enablingservices.aapcho.org or contact us at es_support@aapcho.org.
+ An ES template for the NextGen EMR system is also available upon request, please email es_support@aapcho.org.

Enabling Services Template

*Fields in Blue are optional

A. PATIENT INFORMATION

SERVICE DATE (MM+DD+YR) _____   PATIENT DOB (MM+DD+YR) _____

PROVIDER ID _____   PATIENT GENDER _____

PATIENT ID _____   PATIENT ZIP CODE _____

ENCOUNTER TYPE (CHECK ONLY ONE)   ☐ FACE TO FACE   ☐ TELECOMMUNICATION   ☐ OFF-SITE   ☐ OTHER

APPOINTMENT TYPE (CHECK ONLY ONE)   ☐ SCHEDULED   ☐ WALK-IN

GROUP OR INDIVIDUAL (CHECK ONLY ONE)   ☐ GROUP   ☐ INDIVIDUAL

B. PAYOR SOURCE AT TIME OF SERVICE (CHECK)

MANAGED CARE   ☐ YES   ☐ NO

SLIDING FEE   ☐ YES   ☐ NO

C. CARRIER AT TIME OF SERVICE (CHECK ONLY ONE)

☐ MEDICAID   ☐ MEDICARE   ☐ OTHER PUBLIC INCLUDING NON-MEDICAID CHIP
☐ PRIVATE   ☐ SELF-PAY   ☐ OTHER (PLEASE SPECIFY):

D. ETHNICITY (CHECK ONLY ONE)

☐ HISPANIC OR LATINO   ☐ ALL OTHERS INCLUDING UNREPORTED   ☐ NOT USED

E. PRIMARY LANGUAGE (CHECK ONLY ONE)

☐ ENGLISH	☐ JAPANESE	☐ LAOTIAN	☐ SPANISH	☐ THAI	☐ VISAYAN
☐ CANTONESE	☐ KHMER	☐ MANDARIN	☐ TAGALOG	☐ TONGAN	☐ OTHER
☐ HMONG	☐ KOREAN	☐ SAMOAN	☐ TIBETAN	☐ VIETNAMESE	(PLEASE SPECIFY)

_____

CHECK IF APPLICABLE
☐ CANNOT READ/WRITE PRIMARY LANGUAGE
☐ SERVICE PROVIDED IN LANGUAGE OTHER THAN ENGLISH
    (PLEASE SPECIFY) _____

F. RACE (CHECK ONLY ONE)

☐ ASIAN INDIAN/ SOUTH ASIAN	☐ KOREAN	☐ GUAMANIAN/ CHAMORRO	☐ WHITE	☐ MIXED – AAPI
☐ CHINESE	☐ VIETNAMESE	☐ SAMOAN	☐ BLACK/ AFRICAN AMERICAN	☐ MIXED – OTHER
☐ FILIPINO	☐ OTHER ASIAN	☐ OTHER PACIFIC ISLANDER	☐ AMERICAN INDIAN/ ALASKAN NATIVE	☐ OTHER (PLEASE SPECIFY)
☐ JAPANESE	☐ NATIVE HAWAIIAN			_____

G. JOB TYPE (CHECK ONLY ONE)

- [ ] 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 SERVICES

ENABLING SERVICE	CODE	MINUTES *(CIRCLE ONE OR SPECIFY IN OTHER IF MORE THAN 120 MINUTES)*												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 (Describe services) _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

EMR Standard Template

This is an example of a standard template developed by the International Community Health Services.

Enhanced Services

Patient: Man Zztest   **Age:** 30 Years   **Gender:** Male
Current Provider: Kimo C. Hirayama MD

Service Date	Provider ID	Staff ID	Patient ID	DOB	Gender	Zip Code
05/20/2010	Kimo C. Hirayama MD	Jian Z. Wong	267440	02/19/1980	M	98104

Encounter Type	○ Face to Face	○ Telecommunication	○ Off-site	
Appointment Type	○ Scheduled	○ Walk-in		
Group or individual	○ Group	○ Individual		

Primary Language	Race	Ethnicity
Vietnamese	Asian	

Check if applicable ☐ Service provided in language other than English   **Place of Birth**

Person Providing Service

○ Case Manager
○ Community Health Worker
○ Counselor/Therapist
○ Dental Personnel
○ Eligibility/Financial Worker

○ Health Educator
○ Interpreter
○ Medical Assistant
○ Midwife

○ Nurse
○ Nutritionist
○ Outreach Worker
○ Pharmacist
○ Physician (MD or DO)

○ Physician's Assistant / ARNP
○ Psychologist
○ Receptionist
○ Social Worker
○ Other

Enhanced Service(s) Provided

Place of Service

Case Management - Assessment		Save
Case Management - Treatment Plan & Facilitation		Save
Case Management - Referral Service		Save
Financial Counseling / Eligibility Assistance		Save
Health Education / Supportive Counseling		Save
Interpretation / Translation		Save
Outreach Services		Save
Transportation Services		Save
Other Enhanced Services		Save

Tailored EMR Template, Sample 1

Below is an example of a tailored ES template developed for the Nursing department at Charles B. Wang Community Health Center. Each enabling service is tailored and pre-populated with specific activities most relevant to the Nursing department so nurses who are using the template can quickly check off the service(s) provided.

Nursing Enabling Service: ABC TEST

Time per Enabling Service (in minutes)

HEALTH EDUCATION
- Health education/counseling
- Disease management and educatio
- Preventive care patient education
- Education workshops

(dropdown: 10, 20, 30, 40, 50, 60, 70, 80, 90, 100, 110, 120)

TREATMENT and FACILITATION

Prior Authorization
- Referral/services/medication/DME

Scheduling
- Schedule referrals

Follow up
- Specialist F/U
- Telephone F/U - post ER/Hospitalization

Coordinate Care/Treatment
- Specialist referrals
- Lab scheduling
- Program enrollment
- Coordinate care - schools/DOH/other agencies
- Patient recall
- Navigate off-site facilities

Case Management
- Pre-visiting planning
- Chronic disease/High-risk patient management
- Medication management

FINANCIAL/ELIGIBILITY ASSISTANCE
- Patient Assistance Program

TRANSPORTATION
- Arrange transportation or ambulance to send patient to ER or L&D

REFERRAL SERVICES
- SW
- WIC
- Health education/counseling
- Community resource

ASSESSMENT
- PEDS developmental screening
- Family psychosocial screening
- PSC 17 screening
- ASQ-3 screening
- Screening intake assessment

OUTREACH
- Community outreach - preventive screening/phone calls

INTERPRETATION
- During medical encounter at CBW
- To coordinate off site specialty visits

OTHER
- Other

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

Tailored EMR Template, Sample 2

Below is an example of a tailored ES template, developed for the Health Education (HE) department at Charles B. Wang Community Health Center. The inclusion of "Topics" is tailored to the specific needs of the HE department and gives additional data when analysis is performed.

Tailored EMR Template, Sample 3

Below is an example of a tailored ES template, developed for the Social Work department at Charles B. Wang Community Health Center. Specific sub-categories were added for Assessment (shortened-Case Management Assessment), Treatment & Facilitation, Referral, Health Education and Financial/Eligibility Counseling for the needs of the department and to capture more specific data.

Tailored EMR Template, Sample 4

Below is an example of a tailored ES template, developed for the Case Management department at Waianae Coast Comprehensive Health Center. Specific sub-categories were added to the three ES categories relevant to their case managers: Case Management Assessment; Case Management Treatment and Facilitation; Case Management Referral.

Tailored EMR Template, Sample 5

Below is an example of a tailored EMR NextGen ES template developed for the White House Clinic, 2014.

SECTION TWO // STEPS FOR DATA COLLECTION PROJECT

Step 3.5 : Determine Workflow for Data Input

OVERVIEW
Having a clear and documented workflow for ES data collection helps ensure consistency in data input.

INSTRUCTIONS
Ideally, you will work with the designated group who will be collecting the data to determine the appropriate workflow and the changes or support necessary to allow them to document correctly and consistently.

For example, one of our sites determined that an ES encounter can only be connected to a medical encounter. Therefore, any ES that were provided prior to the patient receiving medical care are to be inputted into the system after the generation of a clinical encounter. In other words, staff providing eligibility/financial assistance to a patient will not input that encounter until a provider has seen the patient and a clinical encounter is generated.

Workflow Considerations

GUIDING QUESTIONS

+ Consider a typical day for the ES providers and how patients reach them, is it through a referral or direct appointment?

+ Consider what kind of documentation the providers are already capturing, what they collect and record as well as the data available to them through the patient's chart.

+ Consider when and how providers are documenting their services.

+ Consider when the providers will document in the new template, whether it will be at the end of the day or immediately after each encounter and what to do if they forgot or are too busy to document. Ideally, data should be entered immediately after each ES encounter.

+ Consider to whom they can go to if they have questions on the ES category definitions or documentation protocol.

+ Consider if the providers would like to receive the ES data and how often they would like to see it.

Please note that these are some suggestions to consider and that this is not an exhaustive list.

SECTION TWO // STEPS FOR DATA COLLECTION PROJECT

Step 4 : Prepare Enabling Services Database

OVERVIEW
For health centers using paper templates, it is important to set up your database in a format that will capture all the data elements necessary and is capable of storing a large volume of data. For health centers on EMR, it is necessary to ensure that all the ES data captured can be extracted for analysis.

INSTRUCTIONS
The following data variables are split into two groups. One group contains required elements that are necessary to carry out meaningful analysis of the enabling services data you're collecting. The second group contains recommended but not necessary elements.

Although not required for the pilot phase of data collection, it is necessary to check with your HIT/EMR specialist that you will have the capability to link in additional data elements and or databases.

Note: If you want to start looking at health outcomes data, say diabetes, you will need to be able to link the patients' ES access and utilization data to their HbA1c levels.

Enabling Services Database Variables

Enabling Services Database Variables

VARIABLE NAME	DESCRIPTION	STATUS
Service date	Date service was provided in YYYYMMDD format	Required
Provider ID	Unique ID of provider who provided the service	Required
Patient ID	Unique patient ID of patient who received the service; in the case where you are providing service to a family member (for example parent of a child) and they are both patients at your CHC, please fill in the ID of the intended recipient, not the family member	Required
Patient DOB	Patient's DOB; in case where you are providing service to the parent of a child and they are both patients at your CHC, please fill in the DOB of the child	Required
Patient gender	Patient gender at the time of service; in case where you are providing service to the parent of a child and they are both patients at your CHC, please fill in the gender of the child	Required
Patient Ethnicity	Ethnicity of patient; Hispanic/Latino; Not Hispanic/Latino; Unreported	Required
Patient Race	Race of patient	Required
Patient Zip code	5-digit USPS zip code of the patient's residence	Required
Patient insurance	Insurance type at the time of service	Required
Patient Primary Language	Patient's primary language	Required
Language Used	If service was provided in a non-English language, indicate which language was used* (can this variable help us tell the difference between Interpretation or Health Education in a language other than English?)	Required
Enabling service type	Type of enabling service provided	Required
Name of other enabling service	Free text name of other enabling service. This is REQ if the ES service type field "Other" is marked	Conditional
Enabling service time	Number of minutes ES was provided; in increments of 10	Required
Encounter type	Type of encounter; face to face, telecommunication, off-site, other	Optional
Appointment type	Type of appointment: scheduled, walk-in, referred, other	Optional
Scope of service	Scope of appointment; part of group encounter or individual encounter	Optional

SECTION TWO // STEPS FOR DATA COLLECTION PROJECT

Step 5 : Train Enabling Services Staff

OVERVIEW

The training for enabling services staff should help them understand the importance of their services, the reasons for data collection and most importantly, the data collection protocol.

INSTRUCTIONS

You are encouraged to use the following materials for the staff training. We recommend that the training should be 3-4 hours and staff be given ample time to practice documenting sample encounters, work through any questions on the protocol and any issues in the new workflow. Additionally, it is also helpful to "go live" immediately after the trainings have been completed, at a maximum within a week post-training to build upon the momentum.

A complete training presentation is available upon request, please email es_support@aapcho.org To access electronic versions of the following *Sample Agenda'* and '*Sample Training Evaluation*, please visit our website enablingservices.aapcho.org.

Sample Agenda

OBJECTIVES
1. Discuss the importance of enabling services and need for data collection.
2. To conduct a training on enabling services data collection protocol.
3. Determine new workflow for data collection.

TIMEFRAME
3-4 hours, depending on the number of participants and time constraints.

AGENDA

TIME	ACTIVITY AND DESCRIPTION	RESOURCES AND MATERIALS
20 mins	INTRODUCTION Provide purpose of training + Give overview of agenda + Carry out introductions/ice breaker	Agenda Prepared ice breaker
20 mins	ES OVERVIEW + Discuss the importance of ES for CHC patients + Explain the need for collecting data on ES: emphasize that it is required but also not reimbursed + Share the benefits of collecting and having ES data + Share what the organization hope to do with data	Handouts of 1 article from "Background and Research" section for participants to reference
30-40 mins	ES DATA COLLECTION PROTOCOL + Slowly walk through each ES category and the definitions and give examples + Ensure that participants understand the definition of each category + Explain documentation guidelines and criteria + Show participants CHC's documentation/encounter form and explain all the fields that need be to be filled	Give participants a handout of the 9 categories, their definitions and documentation guidelines
30 mins	ES DOCUMENTATION PRACTICE 1 + lead the whole group through 3 different sample ES scenarios + Tip: have volunteers read out loud each encounter, give participants a chance to practice documenting, then ask for volunteers to share their answers, walk through step-by-step how they would need to document it in the CHC's system/set-up	Handouts with 3 sample encounters and 3 CHC-specific encounter documentation form for participants to practice documentation + We have sample scenarios but we encourage you come up with your own to make the training more relevant to staff
30 mins	Break/meal time	
30-40 mins	ES DOCUMENTATION PRACTICE 2 + Have participants work on documenting 7 additional sample encounters on their own or in groups, for 20 minutes + Ask for volunteers to share their answers with the larger group + Work through disagreements to the answers + Ensure that everyone understands the correct answers	Handouts with 7 sample encounters and encounter documentation form + Small incentives or prizes can be given to volunteers with the correct answers

TIME	ACTIVITY AND DESCRIPTION	RESOURCES AND MATERIALS
15 mins	**WORKFLOW ASSESSMENT** + Whenever possible, have participants determine the appropriate workflow for documentation + Tip: for example, if you're on EMR, you will need to work through how/when staff will document the encounter if they are providing services to a new patient but that patient hasn't been registered and or entered into the system yet + Have participants consider which fields on the ES template can be pre-populated, which needs drop down menus and when to use free texts	Flip chart to map the flow of documentation + ES template to determine how data should be inputted (automated/prepopulated; drop down lists; free text box)
20-30mins	**CHALLENGES AND SOLUTIONS ACTIVITY** + Have each participant write down on an index card one challenge they see to correctly and consistently document ES + Have participants trade index cards and contribute a solution to the challenge listed + Have everyone share at the end of the activity + Tip: encourage participants to think about how they would accommodate this additional task and find ways to overcome the barriers	Hand out 1 index card per participant
15-20 mins	**WRAP UP** + Solicit from participants how/when they would like to see the data + Review documentation process + Carry out evaluation of training + Tip: build in time as part (5 minutes) of the agenda for participants to complete evaluation	A template of the evaluation is included

Sample Training Evaluation

SAMPLE TRAINING EVALUATION

Thank you for participating in the training on Demonstrating the Value of Enabling Services Data Collection. We appreciate your support and value your input. Please take a moment to answer the following short survey.

1. Please specify to what extent you agree or disagree

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
1. The training was well organized.					
2. The materials were presented in a clear and easy to understand format.					
3. The activities helped me better understand the training materials.					
4. The presenters were knowledgeable and answered my questions.					
5. The information I have learned during the training helped me better understand the need for ES data collection					
6. As a result of the training, I am able to list and define the 9 ES categories					
7. As a result of the training, I am able to describe the documentation criteria and time requirements for an enabling service encounter.					
8. I know who to contact for help on documenting enabling services.					

2. As a result of the training, I am confident that I can correctly document _____ of the enabling services encounter types. (Please choose an answer that would best complete the statement)

ALL 9   MOST 5-8   SOME 1-4   NONE 0

3. What did you like best about the training?

_____

_____

_____

4. What can we do to improve the training?

_____

_____

_____

SECTION TWO // STEPS FOR DATA COLLECTION PROJECT

Step 6 : Identify &
Train Data Analyst(s)

OVERVIEW
Help the data analyst better understand what data are being collected and the types of reports needed for the enabling services project.

INSTRUCTIONS
The role of the analyst will be:
1. to clean and evaluate ES data
2. to analyze data
3. to report analysis

It is helpful to have a designated member on the project as your data analyst. In our previous experiences, there have been cases where the project coordinator is the analyst; where the project coordinator is initially the analyst during the pilot phase or the early stage of the project; and where the project coordinator designated a member of the IT staff as the analyst.
In the scenario where the analyst is not you, there are a few things you will need to do:
1. share the ES protocol
2. share the list of required variables that you are collecting along with the data dictionary
3. share sample analysis reports
4. set up automated and or regularly scheduled data analysis and reporting

*Ideally, the analyst can attend the ES staff training so s/he can have a better sense of the project, the protocol and what is being collected for cleaning and analysis.

Step 7 : Complete Enabling Services Readiness Assessment

OVERVIEW
The ES Readiness Assessment helps determine if the center is prepared to implement the pilot data collection.

INSTRUCTIONS
Please use the Readiness Assessment checklist to help prepare you for pilot data collection and also identify any issues that may need to be addressed.

You may also add additional items as necessary.

To access electronic versions of the following *Readiness Assessment Checklist,* please visit our website enablingservices.aapcho.org or email es_support@aapcho.org.

Enabling Services Readiness Assessment

READINESS CHECKLIST

☐ Notify senior leaders, MIS and enabling services managers of data collection project. Give an overview presentation whenever possible. Senior leaders should be committed to and supportive of project.

DATE OF PRESENTATION _____

☐ Determine ES department for pilot data collection

DEPARTMENT _____

☐ Set "go-live" date for implementation of data collection

DATE _____

☐ Carry out needs assessment

DATE _____

☐ Develop ES template

DATE _____

STAFF TRAINING

☐ Train designated ES staff for pilot data collection

DATE _____

☐ Train designated data analyst for data cleaning, validation and analysis

DATE _____

VERIFY ES TEMPLATES READINESS

☐ If your template is on an EMR, check that it is working properly by completing a few test encounters

☐ If your template is on an EMR, check that all the variables on your template crossed over for analysis

☐ If your template is on paper, provide staff with enough templates

☐ If your template is on paper, determine who will collect the templates and how often they will be collected

☐ If your template is on paper, prepare your ES database to capture all necessary data

☐ If your template is on paper, determine who will enter the data and who will monitor for accuracy

REVIEW YOUR DATA VALIDATION AND ANALYSIS PLAN

☐ Assign a designated staff for data validation, analysis and reporting

STAFF _____

☐ Determine how the accuracy of the data will be monitored

STAFF AND FREQUENCY _____

☐ Determine how often it will be pulled for analysis and reporting

FREQUENCY _____

☐ Determine who will receive the finalized ES reports

STAFF AND DEPARTMENTS _____

OTHERS

☐ _____

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Step 8 : Implement Pilot Data Collection

OVERVIEW

We highly recommend a pilot period for any health center embarking on the data collection project. Use this period to work through any workflow and or technical glitches that will come up in order for the organization to be better prepared for wider implementation. It can be used as a trial period to determine if the data collected will be useful for the needs of the organization or if additional fields will be needed.

INSTRUCTIONS

On your "go-live" day, send reminders and check-in with staff during the first day, whenever possible, to trouble shoot any issues that may come up. For better implementation, generate a list of questions or issues that can be incorporated into an internal FAQ sheet and utilized by new staff, or during implementation.

We suggest a 3-4 month pilot period for data collection, but we leave this up to the discretion of your health center. We have found that there is typically a 3-month lag time from when the data collection process is introduced to comfortably applying it into daily practices. This timeframe will provide you enough data and time to ensure the data's accuracy. For better practice, allow your staff to see the results of their efforts to boost documentation support.

Happy Piloting!

We highlight below the benefits and challenges to an ES data collection project.

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 a model for other organizations serving culturally diverse populations
+ Increases capacity of the 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 in practice management systems for adding enabling service data fields
+ Implementation of successful data collection often requires more resources than anticipated

Step 9 : Data Validation

OVERVIEW

The purpose of the data evaluation is to ensure the completed data 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. Furthermore, you can identify potential faults 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.

INSTRUCTIONS

Tips for data entry evaluation and validation are on the following pages and are divided into two separate formats: tips for data captured on EMR and tips for data captured on paper forms.

To access electronic versions of the following *Enabling Service Data Evaluation and Validation Tool* and *Instructions for Paper Format,* please visit our website enablingservices.aapcho.org or email es_support@aacho.org.

EMR Data Evaluation & Validation

We would like to thank Mary Oneha, CEO of Waimanalo Health Center in Waimanalo, HI for providing us with these tips for ES data evaluation and validation.

USEFUL TIPS FOR EMR DATA EVALUATION AND VALIDATION

Using enabling service data requires periodic data evaluation and validation to ensure services are being provided as coded and that data pulled electronically matches the services provided. The purpose of this document is to provide tips in completing an enabling service record review through an electronic medical record.

IDENTIFYING DATA ELEMENTS

Identify all of the discrete data elements that would be helpful to your data evaluation and validation process before generating your report. Complete a test run of your report to verify your data fields. Data fields to consider include:

+ Enabling Codes
+ Service Dates
+ Units of Time
+ Enabling Service Provider
+ Patient ID

Generate your final report and export to excel.

RANDOMIZATION

Randomly select encounters from your report, ensuring diversity among enabling service providers. (A variety of tools are available to randomize as Research Randomizer: Free Random Sampling and Random Assignment)

VALIDATING ENABLING SERVICE DATA

Create columns in your excel report to respond to the questions below (see attached Sample). Match the data in the report or services provided with the documentation in the patient's medical record by responding to the following questions:

A. Was a document generated? Does the documentation match the enabling codes generated as defined in the standard definitions?

B. 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.

C. 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.

D. 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.

E. Depending on your internal policy and processes, did the enabling service provider sign off on their documentation (name, credentials).

CODING YOUR AUDIT

Use codes (ex: 1 = met, 0 = not met) to determine if the questions above were answered or the criteria met.

FINDINGS AND DISSEMINATION

Summarize your findings and disseminate to your enabling service providers. If changes are needed to increase documentation accuracy, determine feasibility of making changes at the system/technical level to ensure an accurate and efficient workflow, and consider whether additional staff training or review is necessary.

If no documentation is available to validate the ES data against, ie no documentation was generated in the patient's record and no cross-over of the data to the Practice Management or Billing side, consider these tips:

+ Note that there is no other documentation

+ Check if the patient completed other services that usually require ES for example, if the service provided is Financial Counseling, check to see if an application and or associated paperwork was started or completed and check the date of the application, or if the service provided is Case Management Assessment- check to see if any assessment tool was used and the date

+ Check with the ES provider and have them review their appointment schedules and notes

Sample : Enabling Service Data Evaluation And Validation Tool

PERCENT COMPLIANT · NO. MET CRITERIA · NO. REVIEWED

PATIENT ID	DATE OF SERVICE	ES PROVIDER	CM ASSESS	CM ASSESS UNITS	FINANCIAL COUNSEL	FINANCIAL UNITS	HEALTH ED	HEALTH ED UNITS	DOC GENERATED	DOC MATCHES CODE	CODE CROSSOVER TO PROCEDURES	UNIT CROSSOVER TO PROCEDURES ACCURATE	ENABLING ENC
	2/25/2013		1	30 min	0		1	60 min	1	1	1	1	1
	2/25/2013		0		1	10 min	0		0	0	1	1	1
	2/22/2013		1	10 min	0		0		1	0	1	1	1
	2/22/2013		1	20 min	0		1	90 min	1	1	1	1	1
	2/22/2013		1	30 min	0		1	90 min	1	1	1	1	1
	2/22/2013		1	20 min	0		1	90 min	1	1	1	1	1
	2/22/2013		0		0		1	90 min	1	1	1	1	1
	2/20/2013		0		0		1	40 min	1	1	1	1	1
	2/15/2013		0		0		1	60 min	1	1	1	1	1
	2/15/2013		0		0		0		0	0	1	1	1
	2/14/2013		1	20 min	0		0		1	0	1	1	1
	2/12/2013		1	10 min	1	120 min	0		1	1	1	1	1
	2/11/2013		1	20 min	0		1	30 min	1	1	1	1	1
	2/11/2013		0		0		1	70 min	0	0	1	1	1
	2/8/2013		0		1	30 min	0		0	0	1	1	1
	2/7/2013		1	10 min	1	20 min	1	20 min	1	1	1	1	1
	2/6/2013		0		0		0		0	0	1	1	1
	2/6/2013		0		1	10 min	0		1	0	1	1	1
	2/5/2013		0		0		1	40 min	1	0	1	1	1
	2/4/2013		0		1	10 min	0		0	0	1	1	1
	2/4/2013		0		0		0		0	0	1	1	1
	2/4/2013		0		1	10 min	0		0	0	0	0	0
	2/4/2013		0		1		0		0	0	1	1	1

Instructions for Paper Format

USEFUL TIPS WHEN DOING YOUR DATA CROSSCHECK

+ It is very important to understand exactly how your data was created (for paper format- 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.

Step 10 : Evaluate Implementation Process

OVERVIEW

The results from this evaluation will help you better understand the staff's perspective and understanding of the data collection. The evaluation is divided into 3 main sections

+ Section A elicits perspectives from staff of the data collection
+ Section B tests staff's understanding of the definition of ES
+ Section C asks staff to identify their documentation practices

INSTRUCTIONS

The evaluation should be given to all staff that participated in the pilot data collection phase. Typically, it is distributed to staff in a meeting where results from the initial pilot period were presented and shared. Staff members were then given a few minutes at the end of the meeting to complete the evaluation.

Results from the evaluation should be used in tandem with your data to better inform your next steps, whether it is additional training to clarify confusion or difficulties with the definitions or to better prepare for larger scales of the data collection.

+ Section A responses provide insights into the difficulty of the template.
+ Section B responses help determine staff's understanding of the categorical definitions.
+ Section C responses complement the distribution of the data you're seeing. For example, if most of the responses show that they're providing a majority of health education, you can expect to see a lot of health education utilization in your data and you can then determine if you want to include sub-categories within health education to capture additional information.

On the following pages, we have included a paper template. You can make copies for distribution or email es_support@aapcho.org for an electronic copy and answer key if needed.

Enabling Services Data Collection Project

STAFF EVALUATION

YOUR JOB TITLE: _____   DATE: _____

INSTRUCTIONS

Please fill out all the sections on evaluation 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 TIME   ☐ 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 DIFFERENT SCENARIOS. PLEASE READ CAREFULLY, AND THEN DESCRIBE THE SERVICE AS INDICATED.

6. Please check which one of these services you provide most often at your health center

A. **CASE MANAGEMENT : ASSESSMENT** ➡ GO TO QUESTION 7

B. **CASE MANAGEMENT : TREATMENT AND PLANNING** ➡ GO TO QUESTION 8

C. **CASE MANAGEMENT : REFERRAL** ➡ GO TO QUESTION 9

D. **FINANCIAL COUNSELING/ELIGIBILITY ASSISTANCE** ➡ GO TO QUESTION 10

E. **HEALTH EDUCATION/ SUPPORTIVE COUNSELING** ➡ GO TO QUESTION 11

F. **INTERPRETATION** ➡ GO TO QUESTION 12

G. **OUTREACH** ➡ GO TO QUESTION 13

H. **TRANSPORTATION** ➡ GO TO QUESTION 14

I. **OTHER**, PLEASE SPECIFY: _____

   ➡ GO TO QUESTION 15

7. A 52-year-old female patient drops in to the clinic and you spend 18 minutes doing a psychosocial assessment. Which type of service was provided and for how long?

A. SERVICE TYPE

☐ CASE MGMT – ASSESSMENT ☐ FINANCIAL COUNSELING/ELIGIBILITY ASSISTANCE ☐ HEALTH EDUCATION/ SUPPORTIVE COUNSELING
☐ CASE MGMT – TREATMENT AND PLANNING ☐ INTERPRETATION ☐ OUTREACH
☐ CASE MGMT – REFERRAL ☐ TRANSPORTATION ☐ OTHER: _____

B. TIME

☐ 10M   ☐ 20M   ☐ 30M   ☐ 40M   ☐ 50M   ☐ 60M   ☐ OTHER: _____

8. A 55-year-old female patient has been a patient with the health center for 5 years. She has several conditions including diabetes. You developed an ongoing care management plan for her during a previous visit, and today you spend 37 minutes to follow up on her treatment plan. Which service was provided and for how long?

A. SERVICE TYPE

☐ CASE MGMT – ASSESSMENT ☐ FINANCIAL COUNSELING/ELIGIBILITY ASSISTANCE ☐ HEALTH EDUCATION/ SUPPORTIVE COUNSELING
☐ CASE MGMT – TREATMENT AND PLANNING ☐ INTERPRETATION ☐ OUTREACH
☐ CASE MGMT – REFERRAL ☐ TRANSPORTATION ☐ OTHER: _____

B. TIME

☐ 10M   ☐ 20M   ☐ 30M   ☐ 40M   ☐ 50M   ☐ 60M   ☐ OTHER: _____

9. A 52-year-old male patient who has diabetes has been seen by your physician and requires a referral to a podiatrist. You call to arrange the visit and it takes you approximately 15 minutes. Which service was provided and for how long?

A. SERVICE TYPE

☐ CASE MGMT – ASSESSMENT ☐ FINANCIAL COUNSELING/ELIGIBILITY ASSISTANCE ☐ HEALTH EDUCATION/ SUPPORTIVE COUNSELING
☐ CASE MGMT – TREATMENT AND PLANNING ☐ INTERPRETATION ☐ OUTREACH
☐ CASE MGMT – REFERRAL ☐ TRANSPORTATION ☐ OTHER: _____

B. TIME

☐ 10M   ☐ 20M   ☐ 30M   ☐ 40M   ☐ 50M   ☐ 60M   ☐ OTHER: _____

10. A 35-year-old female patient drops in to the clinic and you spend 11 minutes to assess her eligibility for Medicaid. Which service was provided and for how long?

A. SERVICE TYPE

☐ CASE MGMT – ASSESSMENT ☐ FINANCIAL COUNSELING/ELIGIBILITY ASSISTANCE ☐ HEALTH EDUCATION/ SUPPORTIVE COUNSELING
☐ CASE MGMT – TREATMENT AND PLANNING ☐ INTERPRETATION ☐ OUTREACH
☐ CASE MGMT – REFERRAL ☐ TRANSPORTATION ☐ OTHER: _____

B. TIME

☐ 10M   ☐ 20M   ☐ 30M   ☐ 40M   ☐ 50M   ☐ 60M   ☐ OTHER: _____

11. A male patient is diagnosed with hypertension and is prescribed medications by a physician at your clinic. You spend 18 minutes discussing the condition and explain a brochure on the diagnosis and treatment in more detail. Which service was provided and for how long?

A. SERVICE TYPE

☐ CASE MGMT – ASSESSMENT   ☐ FINANCIAL COUNSELING/ELIGIBILITY ASSISTANCE   ☐ HEALTH EDUCATION/ SUPPORTIVE COUNSELING
☐ CASE MGMT – TREATMENT AND PLANNING   ☐ INTERPRETATION   ☐ OUTREACH
☐ CASE MGMT – REFERRAL   ☐ TRANSPORTATION   ☐ OTHER: _____

B. TIME

☐ 10M   ☐ 20M   ☐ 30M   ☐ 40M   ☐ 50M   ☐ 60M   ☐ OTHER: _____

12. A 42-year-old male patient, whose primary language is Spanish, has an appointment with a physician at your clinic. You spend 23 minutes interpreting between the physician and patient during the exam. Which service was provided and for how long?

A. SERVICE TYPE

☐ CASE MGMT – ASSESSMENT   ☐ FINANCIAL COUNSELING/ELIGIBILITY ASSISTANCE   ☐ HEALTH EDUCATION/ SUPPORTIVE COUNSELING
☐ CASE MGMT – TREATMENT AND PLANNING   ☐ INTERPRETATION   ☐ OUTREACH
☐ CASE MGMT – REFERRAL   ☐ TRANSPORTATION   ☐ OTHER: _____

B. TIME

☐ 10M   ☐ 20M   ☐ 30M   ☐ 40M   ☐ 50M   ☐ 60M   ☐ OTHER: _____

13. Your clinic is holding a community health fair to promote colorectal cancer screening. You spend a total of 22 minutes discussing the importance of screening with a female patient, including scheduling an appointment for her to your clinic. What service was provided and for how long?

A. SERVICE TYPE

☐ CASE MGMT – ASSESSMENT   ☐ FINANCIAL COUNSELING/ELIGIBILITY ASSISTANCE   ☐ HEALTH EDUCATION/ SUPPORTIVE COUNSELING
☐ CASE MGMT – TREATMENT AND PLANNING   ☐ INTERPRETATION   ☐ OUTREACH
☐ CASE MGMT – REFERRAL   ☐ TRANSPORTATION   ☐ OTHER: _____

B. TIME

☐ 10M   ☐ 20M   ☐ 30M   ☐ 40M   ☐ 50M   ☐ 60M   ☐ OTHER: _____

14. A 72-year-old male patient has no way of getting to the health center for his appointment next week. You spend 10 minutes, over the phone, arranging for transportation services for the patient. Which services were provided and for how long?

A. SERVICE TYPE

☐ CASE MGMT – ASSESSMENT   ☐ FINANCIAL COUNSELING/ELIGIBILITY ASSISTANCE   ☐ HEALTH EDUCATION/ SUPPORTIVE COUNSELING
☐ CASE MGMT – TREATMENT AND PLANNING   ☐ INTERPRETATION   ☐ OUTREACH
☐ CASE MGMT – REFERRAL   ☐ TRANSPORTATION   ☐ OTHER: _____

B. TIME

☐ 10M   ☐ 20M   ☐ 30M   ☐ 40M   ☐ 50M   ☐ 60M   ☐ OTHER: _____

15. In the space below, please describe briefly the LAST enabling service encounter you conducted. Please include sufficient detail for coding in Part B.

_____

_____

_____

15b. Now, please show how you would code this service on the following example of an encounter form:

A. SERVICE TYPE

☐ CASE MGMT – ASSESSMENT   ☐ FINANCIAL COUNSELING/ELIGIBILITY ASSISTANCE   ☐ HEALTH EDUCATION/ SUPPORTIVE COUNSELING

☐ CASE MGMT – TREATMENT AND PLANNING   ☐ INTERPRETATION   ☐ OUTREACH

☐ CASE MGMT – REFERRAL   ☐ TRANSPORTATION   ☐ OTHER: _____

B. TIME

☐ 10M   ☐ 20M   ☐ 30M   ☐ 40M   ☐ 50M   ☐ 60M   ☐ OTHER: _____

SECTION C: CONCLUDING QUESTIONS

16. If you often provide more than one enabling service, please check ALL that apply.

☐ CASE MGMT – ASSESSMENT   ☐ FINANCIAL COUNSELING/ELIGIBILITY ASSISTANCE   ☐ HEALTH EDUCATION/ SUPPORTIVE COUNSELING

☐ CASE MGMT – TREATMENT AND PLANNING   ☐ INTERPRETATION   ☐ OUTREACH

☐ CASE MGMT – REFERRAL   ☐ TRANSPORTATION   ☐ OTHER: _____

17. How do you document your enabling services? Please check ALL that apply.

☐ SELECT THE PREDEFINED CATEGORY IN AN ELECTRONIC SYSTEM (EMR, PRACTICE MANAGEMENT).

☐ SELECT THE PREDEFINED CATEGORY ON A PAPER ENCOUNTER FORM

☐ WRITE OR TYPE FREE TEXT

☐ OTHER (PLEASE SPECIFY)_____

18. Do you document the length of time of the enabling services you provide?

☐ YES   ☐ NO

18b. If YES, please check for which services you document length of time. Please check ALL that apply.

☐ CASE MGMT – ASSESSMENT   ☐ FINANCIAL COUNSELING/ELIGIBILITY ASSISTANCE   ☐ HEALTH EDUCATION/ SUPPORTIVE COUNSELING

☐ CASE MGMT – TREATMENT AND PLANNING   ☐ INTERPRETATION   ☐ OUTREACH

☐ CASE MGMT – REFERRAL   ☐ TRANSPORTATION   ☐ OTHER: _____

19. What is the primary unit you use to document the length of time of the service(s)?

☐ 10 MINUTE UNITS   ☐ 15 MINUTE UNITS   ☐ FREE TEXT   ☐ I DON'T DOCUMENT THE LENGTH OF TIME

☐ OTHER (PLEASE SPECIFY) _____

20. Use the space below for comments on how the health center can improve the encounter form or the process of using the forms

_____

_____

_____

Step 10.5: Revise Enabling Services Template

OVERVIEW

Health centers have the flexibility to customize the enabling services template to meet their own needs without compromising the broader more standardized data categories. To do this, health centers can add in subcategories under each of the 9 standardized categories to capture more detailed information.

INSTRUCTIONS

Additions to your health center ES template should be made after the initial pilot of the standard template and should be based on input from your ES staff. If the majority of your staff report providing a common ES not listed in the current template, it will be useful to add that service as a subcategory. Adding pre-defined subcategories will help your staff document more efficiently and give you more specific data on the types of services provided. For example, a health center decided to capture more detailed information on the type of health education services provided so they added different topics under the Health Education category and trained staff to document accordingly. Another health center provided car seats and instructions on how to properly install them to their patients who are new parents and wanted to capture this information so they added a subcategory under the "Other" category and trained their staff regarding the additions. Please note that once subcategories have been added, staff should be given notice of the addition and training (if necessary) on the definition on the new subcategories. Below are two examples, for additional samples, please see Sample Templates in Step 3.

Sample Revised Template,
Health Education Category with Topics

Health Education Time [   ]   Health Education/Supportive Counseling (HE001) ☐

Group Education Time [   ]   Group Health Education/Supportive Counseling (HE002) ☐

Provision of health education or supportive services to individuals or groups of 12 or less in which wellness, preventive disease management or other improved health outcomes are attempted through behavior change methodology.

	Individual	Group
	☐	☐ Breast/Cervical Cancer Education X5201
	☐	☐ Individual Education X5008
	☐	☐ Immunization/EPSDT X5098
	☐	☐ Injury Prevention X5099
	☐	☐ Harm Reduction X5106
	☐	☐ Nutrition X5107
	☐	☐ Individual Supp Counseling X5116
	☐	☐ Lifestyle Supp Counseling X5132
	☐	☐ Family Supp Counseling X5118
	☐	☐ Family Planning X5229

[Page Down]

Interpretation Time [   ]   Interpretation (IN001) ☐

☐ Linguistic Services X5023

The provision of interpreter services by a third party (other than the primary care giver) intended to reduce barriers to a limited English-proficient patient or a patient with documented limitations in writing or speaking skills sufficient to affect the outcome of a medical visit or procedure.

☐ Svc. Provided in other language X5340

Enabling provider interpreting

Sample Revised Template,
Other Category with Specific Fields

☐ **Other (OT001)**   Other Time [   ]

  ☐ Car Seat

  ☐ Voc Rehab referral   [▶ Place Order]

  ☐ Farmer's Market voucher

  ☐ Other - specify [   ]

Step 11 : Data Analysis

OVERVIEW
In the pilot phase of the project, data should be analyzed on a monthly basis to see utilization trends and patterns. After the pilot timeframe, project coordinators should set a regularly, scheduled data analysis plan.

INSTRUCTIONS
The following pages include sample data analysis formats and templates. Information from the analysis not only shows you trends and patterns, but also help inform if:
+ Additional services and or staff are needed
+ Additional data is needed, for example, if health education is the most utilized service, you can add a subcategory within health education to capture the topics or types of health education provided.

Important Considerations
+ What will you be using the data for?
+ Who's responsible for analysis and reporting?
+ How often will you analyze and report out?
+ Who will see it?
+ Is there capacity?

Data Analysis Samples

Below are some examples of analysis other community health centers have performed with the data they have collected. Your clinic may adjust and plan your data analysis specific to your organization's needs. Additional examples can be found in our research publications, available on our website at enablingservices.aapcho.org.

DEMOGRAPHICS

AGE

MEDIAN AGE

GENDER

Men — Charles Drew : Omaha, NE 62%, Harbor Homes : Nashua, NH 63%, Peak Vista : Colorado Springs, CO 69%

Women — Charles Drew : Omaha, NE 38%, Harbor Homes : Nashua, NH 37%, Peak Vista : Colorado Springs, CO 31%

RACE / ETHNICITY 1

White — Charles Drew : Omaha, NE 71%, Harbor Homes : Nashua, NH 91%, Peak Vista : Colorado Springs, CO 82%

Black — Charles Drew : Omaha, NE 18%, Harbor Homes : Nashua, NH 1%, Peak Vista : Colorado Springs, CO 10%

Other — Charles Drew : Omaha, NE 11%, Harbor Homes : Nashua, NH 8%, Peak Vista : Colorado Springs, CO 9%

RACE / ETHNICITY 2

Category	Value
Chinese	25
Philipino	200
Japanese	40
Korean	10
Vietnamese	5
Other Asian	30
Native Hawaiian	800
Guamanian / Chamorro	8
Samoan	190
Other Pacific Islander	35
American Indian	8
White	225
Hispanic / Latino	89
Black / African American	33
Mixed AAPI	4
Mixed Other	6
Other Race/ Ethnicity	7

NUMBER OF PATIENTS RECEIVING ENABLING SERVICES

Category	Value
Other	142
Outreach	4
Interpretation	5,493
Health Ed / Counseling	1,404
Financial / Eligibility	1,571
CM-Referral	436
CM-Tx & Facilitation	344
CM-Assessment	755
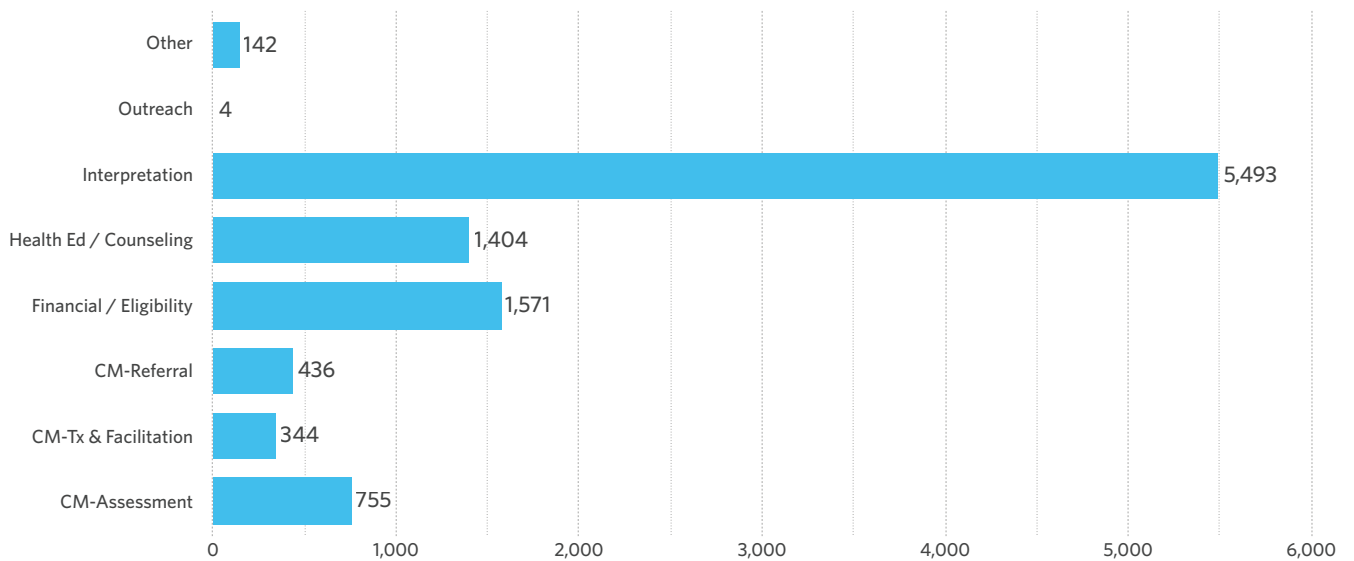
PRIMARY LANGUAGE
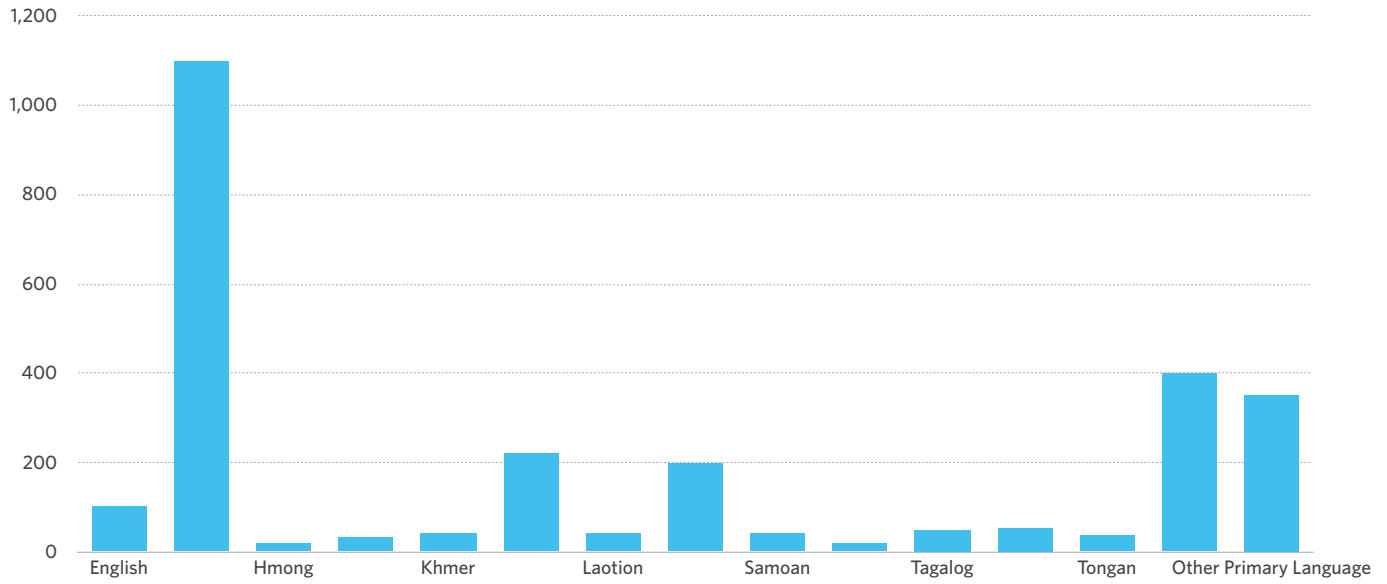
NUMBER OF ENABLING SERVICES (ES) ENCOUNTERS BY LANGUAGE
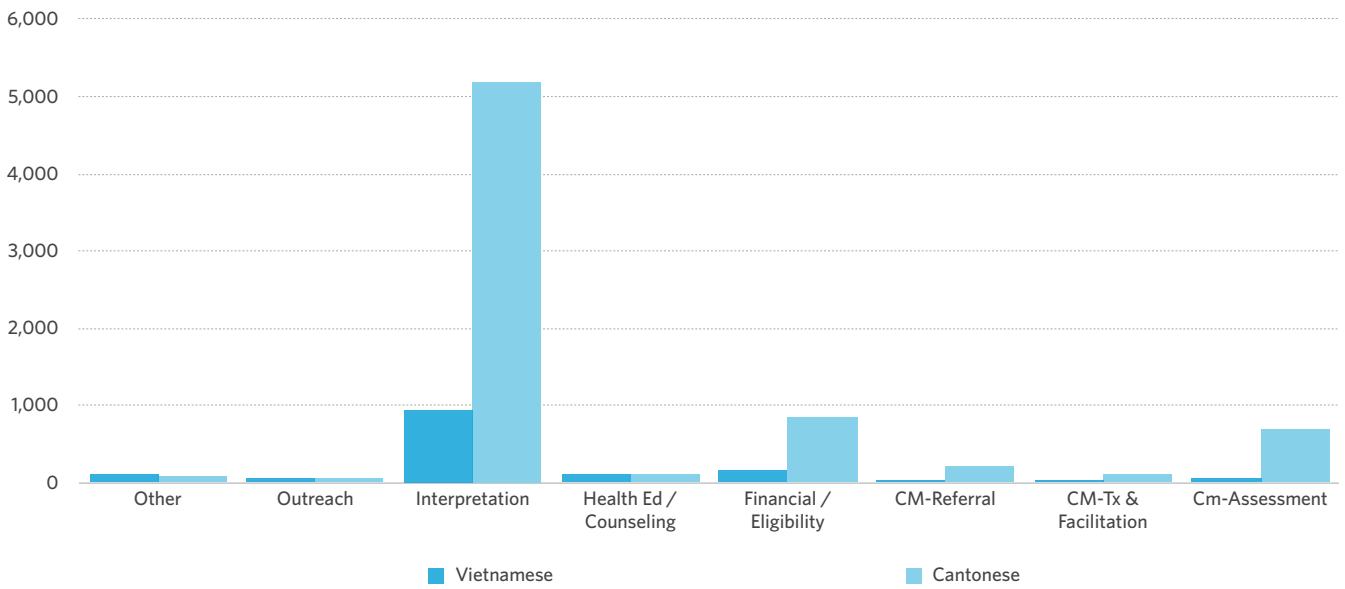
AVERGAGE NUMBER OF MINUTES ES ENCOUNTER BY LANGUAGE

Legend: Vietnamese | Korean | Khmer | Cantonese
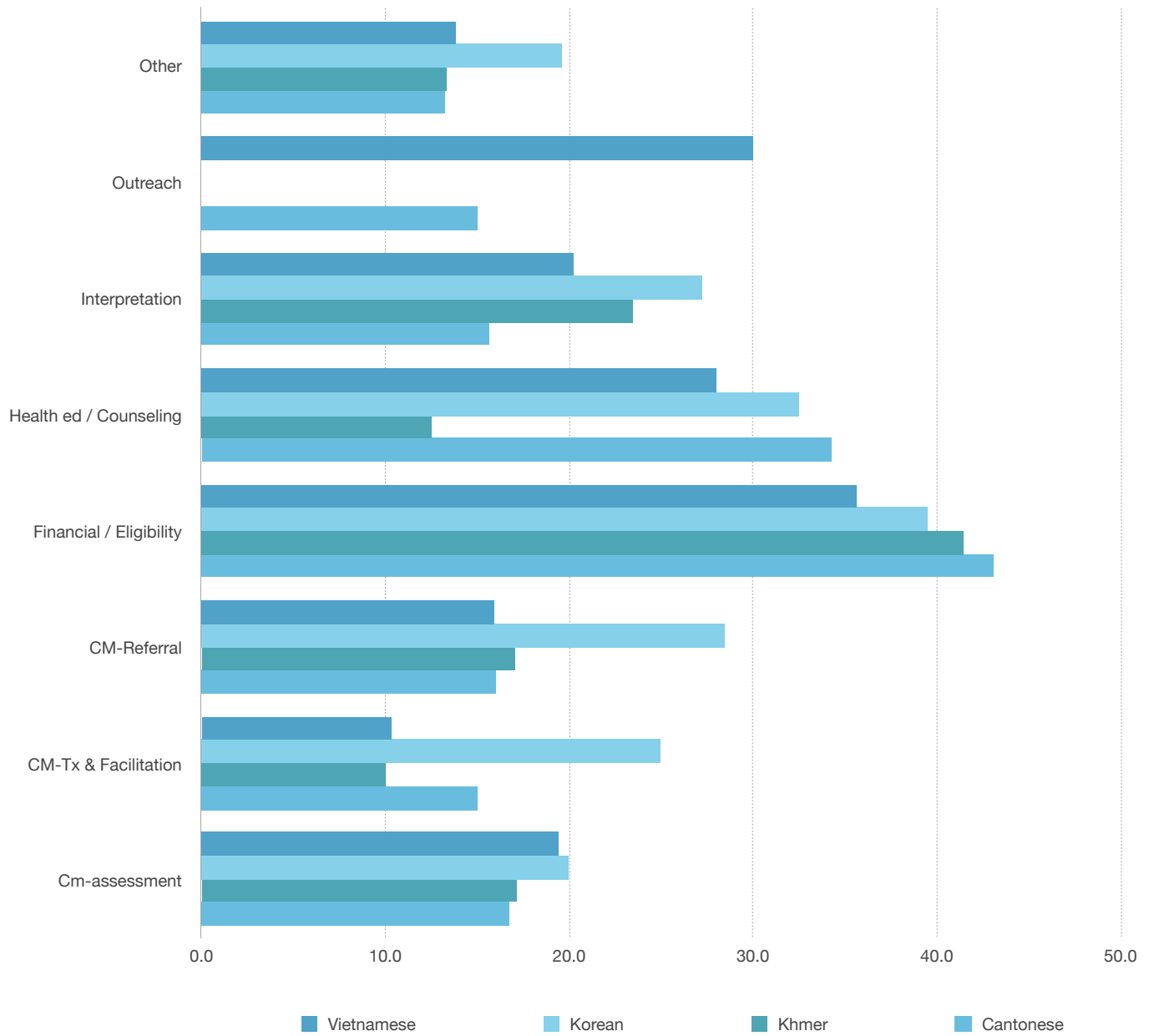
LANGUAGE BY HEALTH CENTER
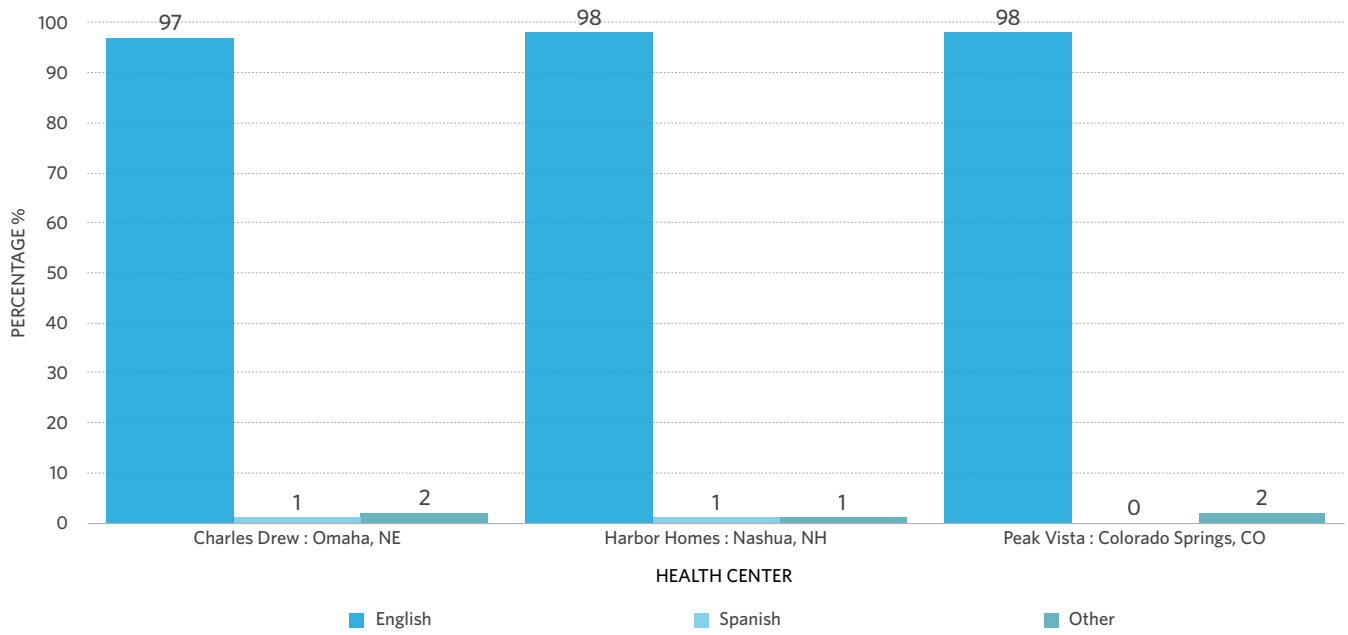
INSURANCE STATUS

Payor Source at the time of service.
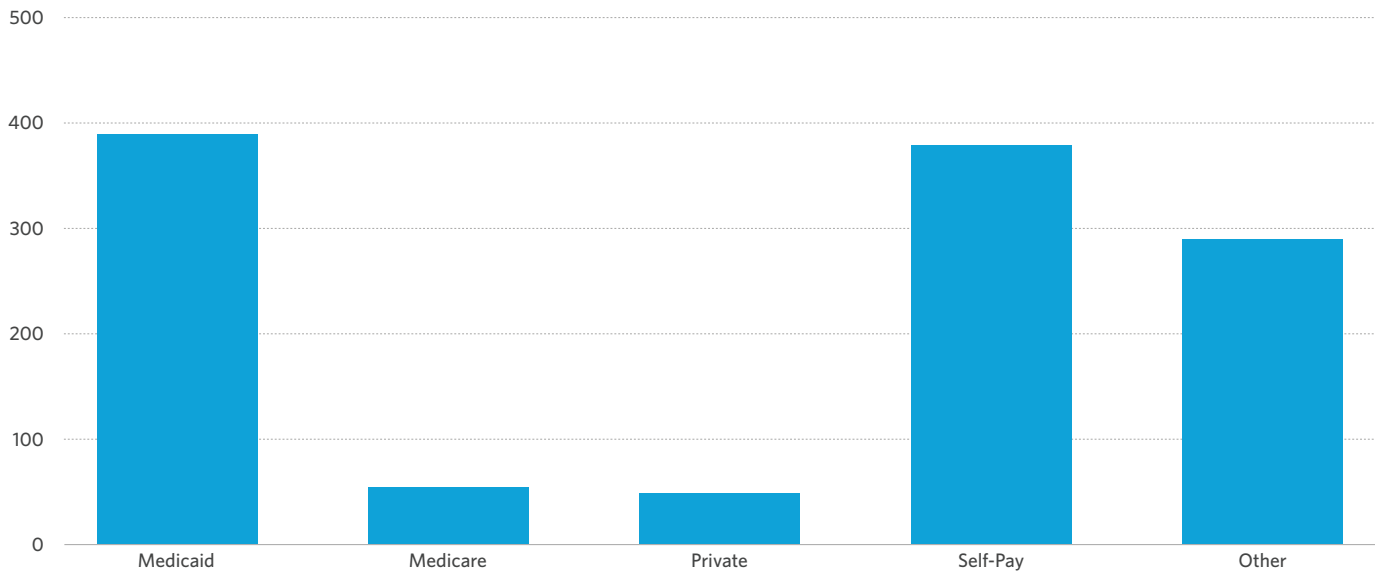
UTILIZATION

Total Number of ES encounters by service category.

Service Category	Count (approx.)
CM Assessment	~1,200
CM Treatment	~150
CM Referral	~250
Financial Counseling	~3,800
Health Ed / Supportive Counseling	~200
Interpretation	~2,700
Outreach	~200
Transportation	~1,100
Other	~250
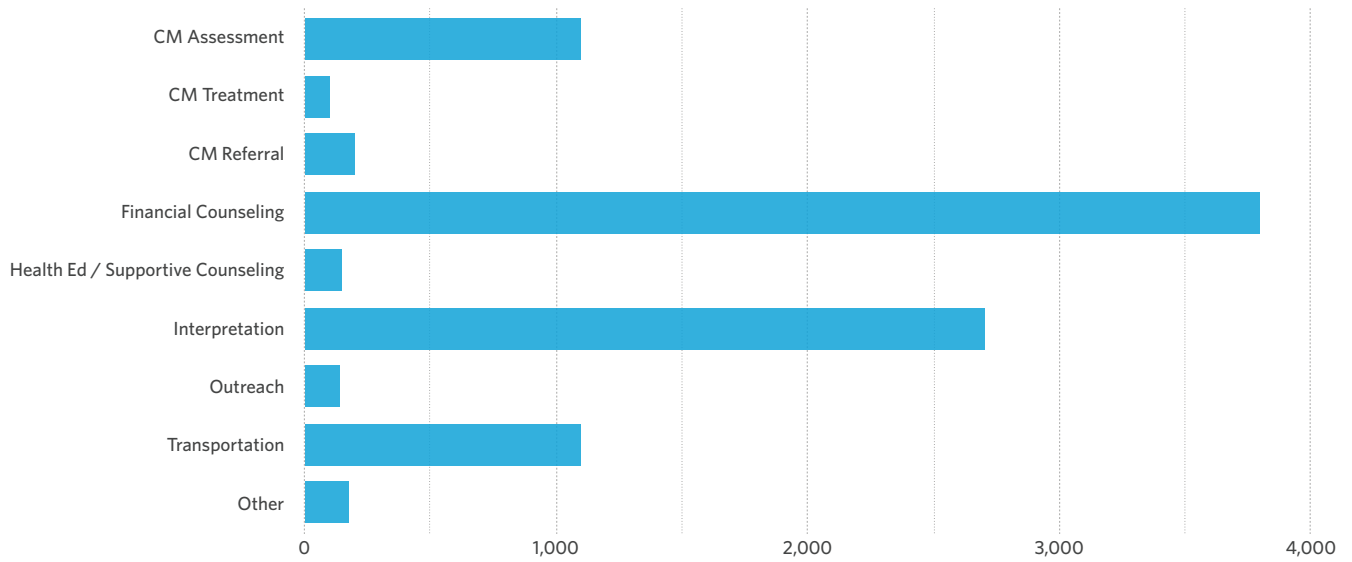
Percent visits and average time spent for each ES provided.

Charles Drew (Omaha, NE) Health Center

Service Category	Percent (avg time)
CM Assessment	3% (33 min)
CM Treatment	15% (28 min)
CM Referral	< 1% (10 min)
Eligibility / Financial Counseling	< 1% (10 min)
Health Ed / Supportive Counseling	47% (19min)
Interpretation	1% (10 min)
Outreach	15% (19 min)
Transportation	21% (21 min)
Other	1% (10 min)

97
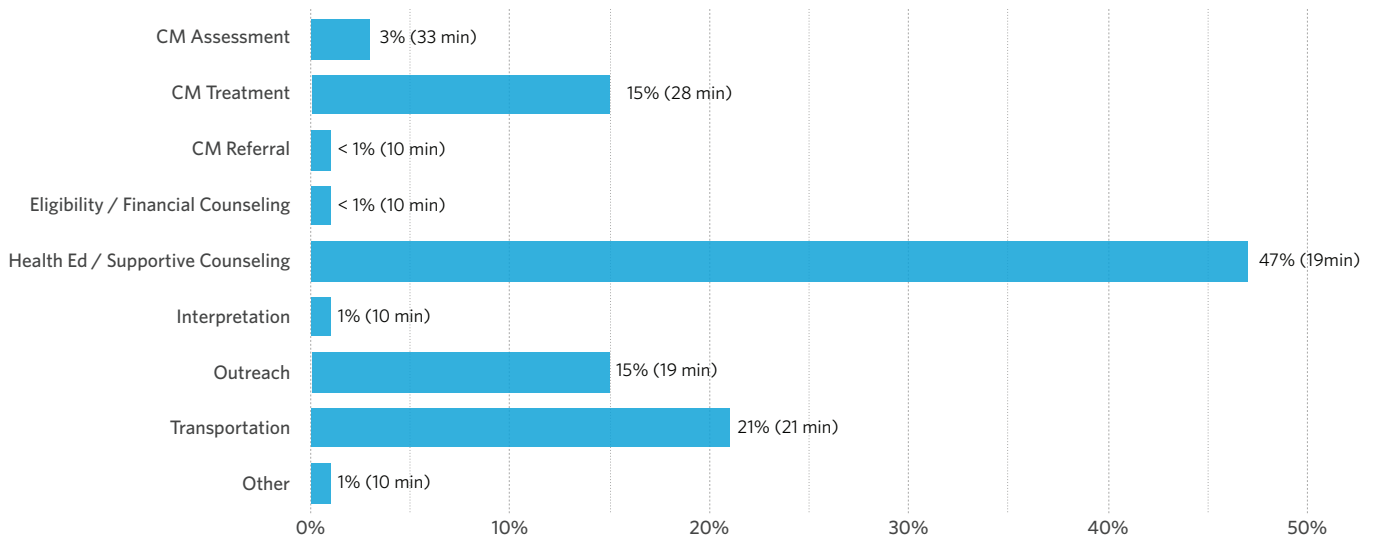
Average time spent providing each ES Services

Service	Minutes
CM Assessment	19.0
CM Treatment	18.6
CM Referral	14.9
Financial Counseling	23.1
Health Ed	23.0
Interpretation	19.7
Outreach	16.8
Transportation	33.1
Other ES	12.9
All	22.3
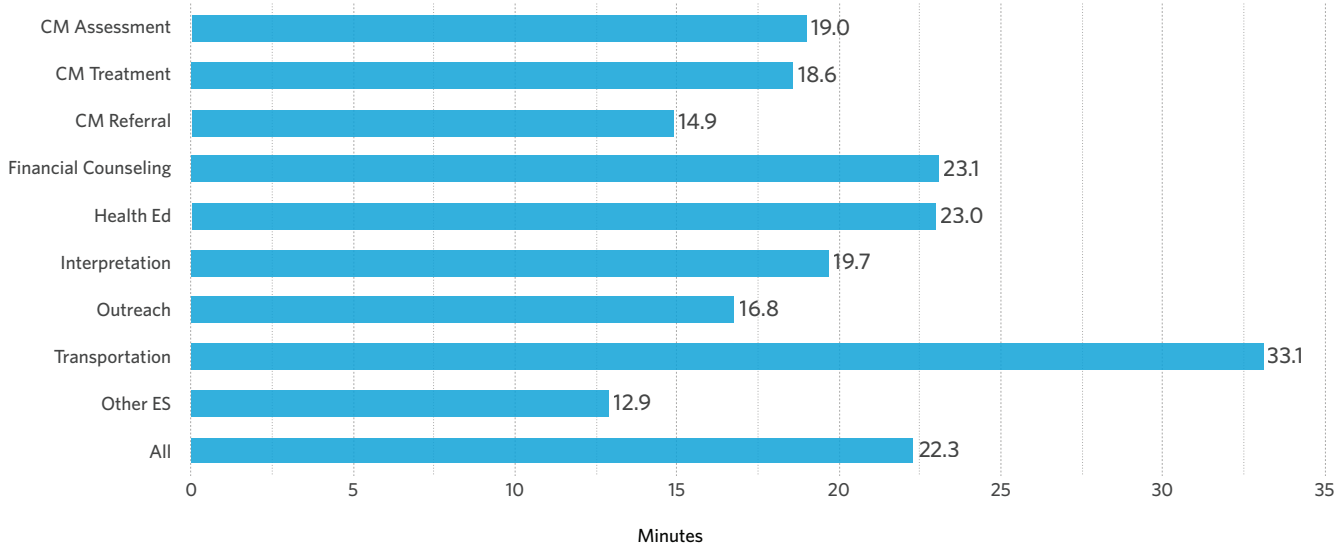
Minutes

INSURANCE STATUS

Payor Source at the time of service.
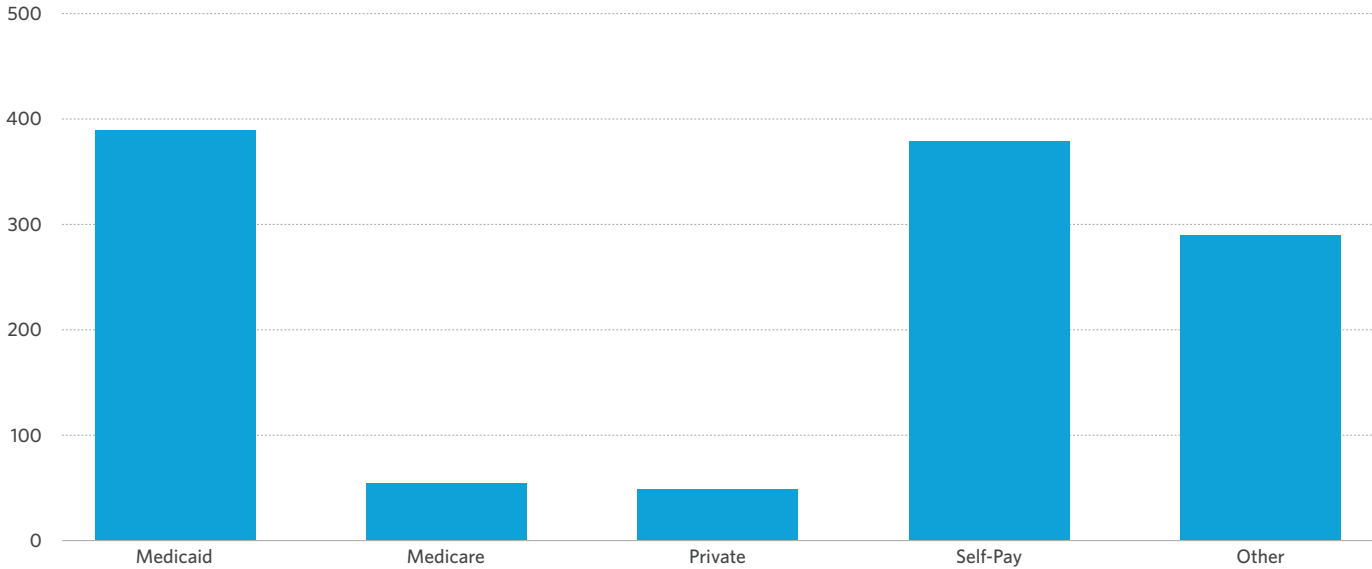
AVERAGE NUMBER OF MINUTES PER ES ENCOUNTER BY JOB TYPE

Legend: Social Worker, Nutritionist, Nurse, Medical Assistant, Interpreter, Health Educator, Case Manager
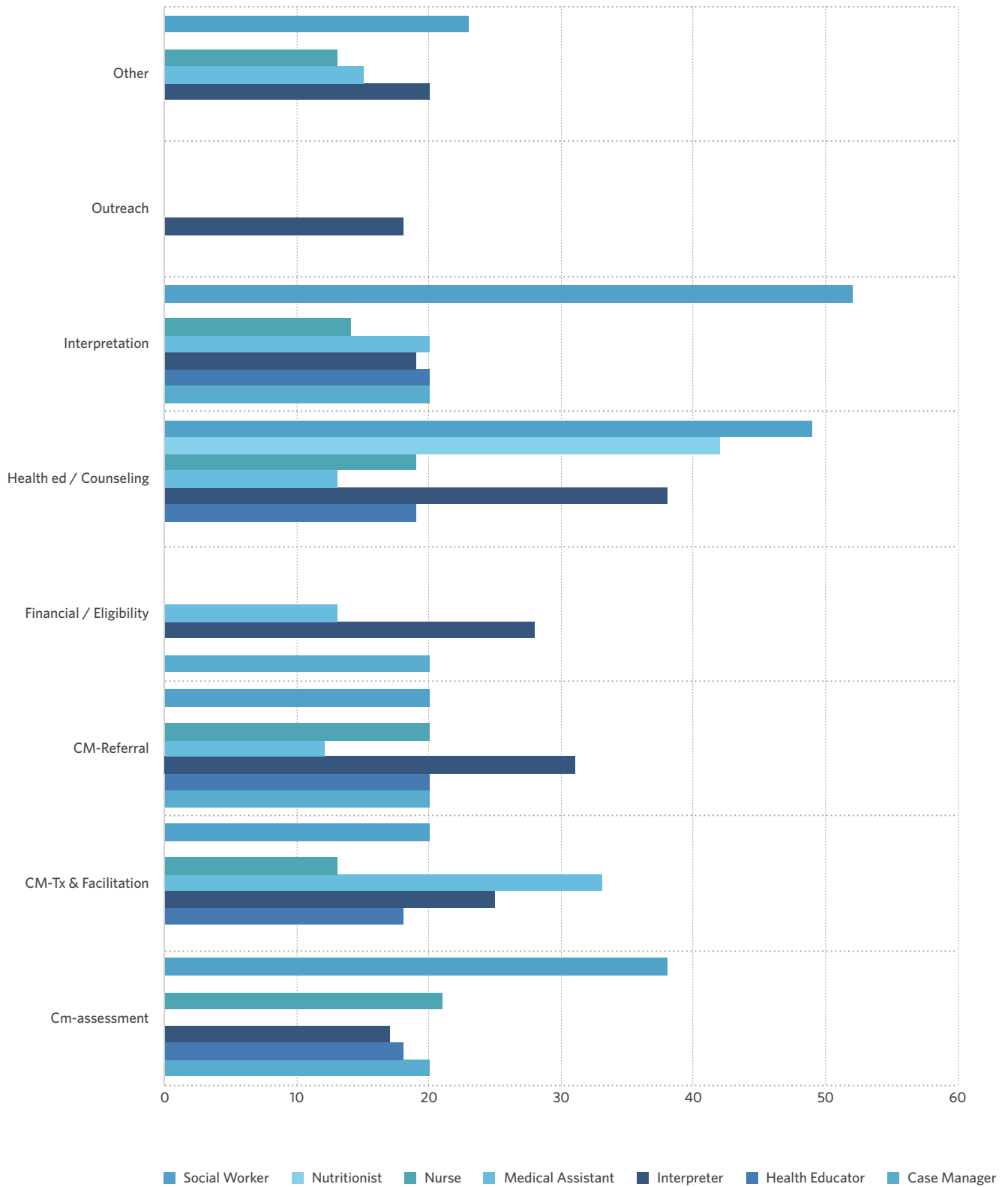
HEALTH OUTCOMES

*For more information on our analysis, please consult AAPCHO and NACHC's article, Weir, R.C. & Proser, M. (2010). 'Highlighting the Role of Enabling Services at Community Health Centers: Collecting Data to Support Service Expansion & Enhanced Funding' available on our website: enablingservices.aapcho.org.

DIABETES

Mean HbAlc Levels
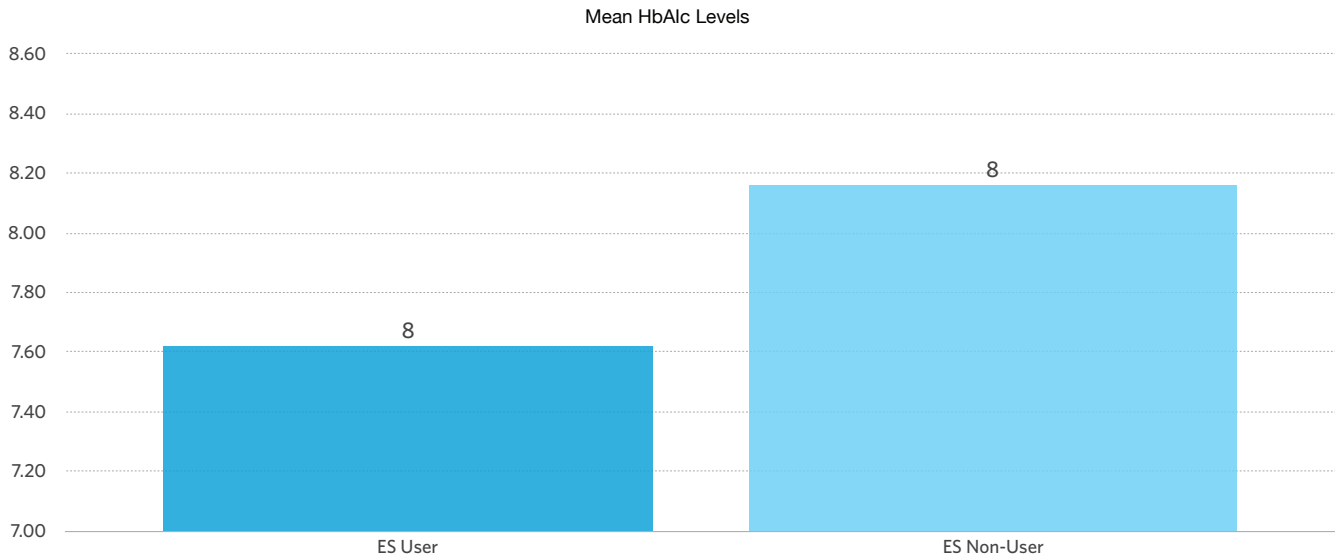
APPROPRIATE CHILD IMMUNIZATIONS
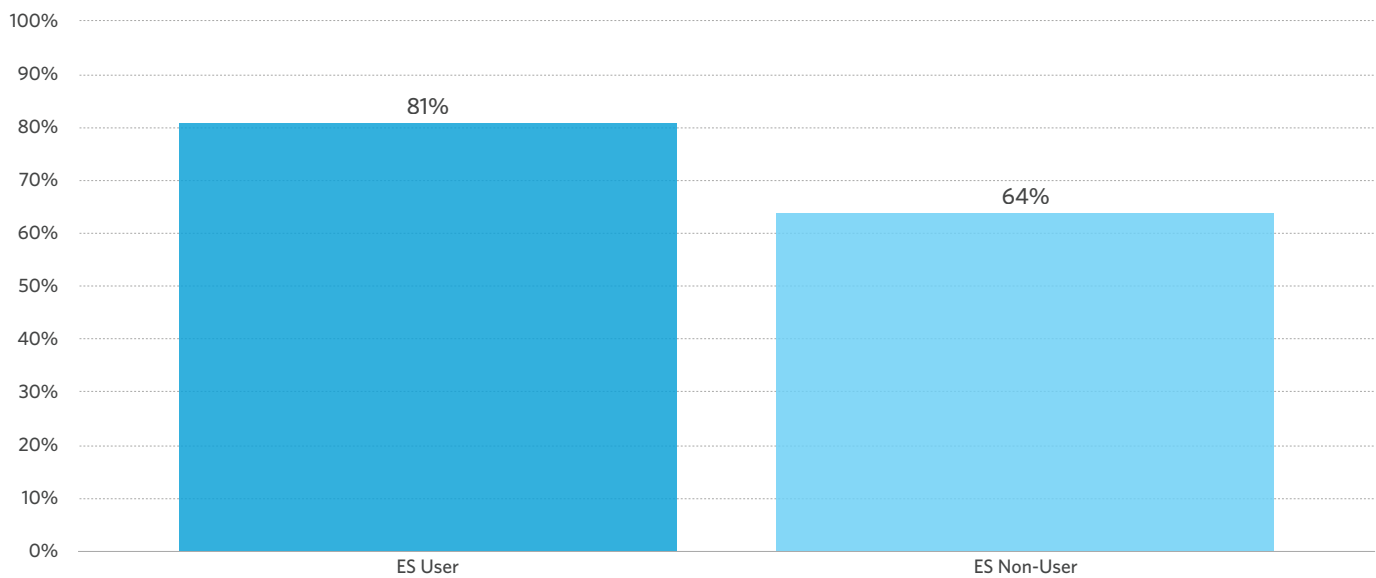
Step 12 : Sharing & Dissemination

OVERVIEW

Data sharing and dissemination can be used as methods of promoting the importance of Enabling Services. Internally, it can be used to argue for the continuation of services, re-allocation of services and resources, and or for additional services and staffing. Our health centers have found that reporting data back to ES providers encouraged them to continue with data collection. Externally, it can be used to request support for continued funding of a specific service or continued services for specific populations.

INSTRUCTIONS

In previous steps, you have determined which data variables are important to capture and in this step, you will need to determine how to present and share these data elements in a way that is meaningful to your staff, your health center's board, and other stakeholders.
For example,

+   Imagine you have 2500 encounters in 6 months. If you report having a total of 2500 ES encounters, will it be meaningful for your staff or your health center? If over 1400 of those encounters are for Interpretation services, how will you report it? Will saying you have 1400 Interpretation encounters mean anything?

Sharing your ES data with your community and other external stakeholders will help reinforce the unique role of your health center as a health home that meets the needs of its patients beyond the treatment room.

The following pages contain an internal tool used share information with staff and some examples of health center wide ES data that others have shared and disseminated to show the characteristics of the community members they serve but also the set of comprehensive services that are provided.

Internal Dissemination

INTERNAL TOOL FOR SHARING INFORMATION TO STAFF

Your data results may also show which ES patients utilize the most and which ES needs more or less attention or staffing. Allocating appropriate resources throughout your clinic will cut costs and improve patient health outcomes. The data can also be used for managers and executives to develop new programs or enhance existing programs to better serve their patients. For example, if majority of patients in a group health education speak another language other than English, then a bilingual counselor may be better suited to carry out the counseling.

WHITE HOUSE CLINICS' : CASE MANAGERS REPORT CARD

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**

External Dissemination

SAMPLE HEALTH CENTER WIDE REPORTS

Once your ES data has been collected and analyzed, there are many ways to share and disseminate your results to build the case for expanded services and reimbursement for existing services. Quantifying the services provided and the resources used to provide those services are the most basic steps to building your case for enhanced reimbursement and showing the unique features of your health center. Ultimately, most convincing argument to payors and other stakeholders will require health centers to demonstrate and disseminate the impact of enabling services on patient health outcomes.

TELLING THE STORY EXTERNALLY

HEALTH CENTER	CHC
# of Patients	5,150
# of ES Encounters	27,712
Average Age	33
Gender (%Women)	69%
Non-English Speaking Patients	91%
Most Common Insurance	Medicaid, 52% Self Pay, 19%
Most Common Es Used	CM-Assessment followed by CM-Treatment
Most Common ES Provider type	Social Worker, Social Work Assistant

+ 91% of the patients at this particular health center are non-English speaking.

+ The most common ES used was CM-Assessment followed by CM-Treatment.

+ As this health center reported having 91% non-English speaking patients and their most common ES used being CM-assessment and CM-treatment—not Interpretation—the data demonstrates the health center has many bilingual ES staff members that are able to provide ES services in the native language of their patients.

Charles B. Wang Community Health Center (CBWCHC)

The following graphs and tables were taken from: AAPCHO – An Examination of Enabling Services at Charles B. Wang Community Health Center (CBWCHC) 2004-2007 Enabling Services Accountability Project. (2008). Association of Asian Pacific Community Health Organization (AAPCHO).

ENABLING SERVICE PATIENTS COMPARISONS 2004 - 2007
+   The majority of Enabling Services patients were female (69%) and the average age was 32 years old.

YEAR	NO. OF PATIENTS	NO. OF SERVICES	AVERAGE NO. OF SERVICES PER PATIENT	AVERAGE AGE	% FEMALE
2004	2,410	9,885	4.10	27	69%
2005	4,540	32,825	7.23	32	65%
2006*	3,224	11,845	3.67	35	71%
2007	5,043	23,773	4.71	33	71%
Average**	3,998	22,161	5.54	32	69%
*Data from Apr – Dec 2006; Jan – Mar 2006 data was not available **Yearly Average for 2004, 2005, and 2007					

PERCENT OF ES PROVIDED IN LANGUAGE OTHER THAN ENGLISH
+   Most enabling services were provided in languages other than English.
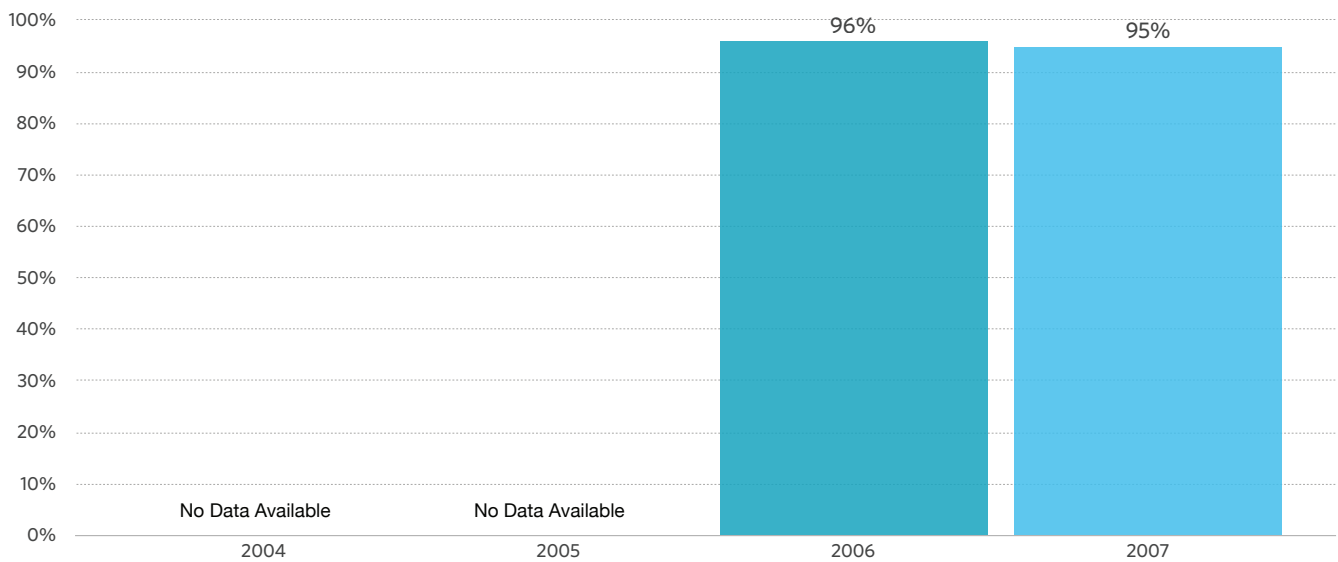
Source: AAPCHO – An Examination of Enabling Services at Charles B. Wang Community Health Center (CBWCHC) 2004-2007 Enabling Services Accountability Project. (2008).
Association of Asian Pacific Community Health Organization (AAPCHO). Other languange ES provided was in English.

PERCENT OF CHINESE PATIENT POPULATION
+   The most common ethnicity served at CBWCHC was Chinese (96%).
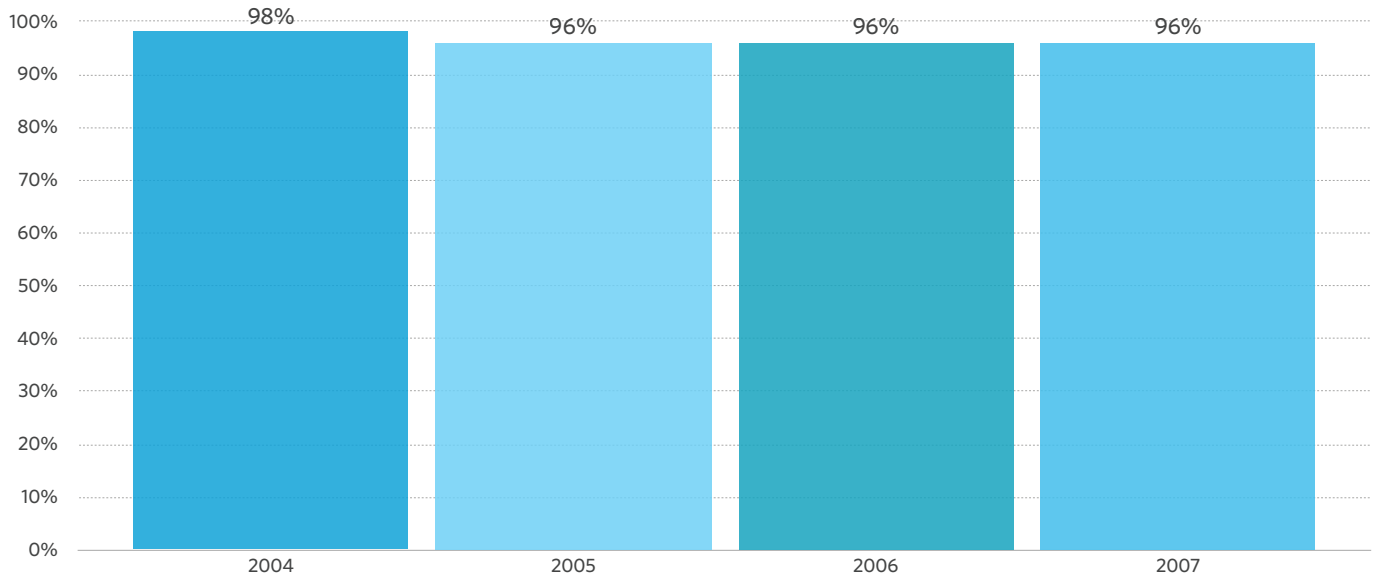
PERCENTAGE OF MANDARIN- AND CANTONESE-SPEAKING PATIENTS
+   The most common primary languages spoken were Mandarin (48%) and Cantonese (41%).

■ Mandarin Speaking   ■ Cantonese Speaking

PERCENT OF MEDICAID AND SELF-PAY PATIENTS
+ The most common insurance source was Medicaid (57%).
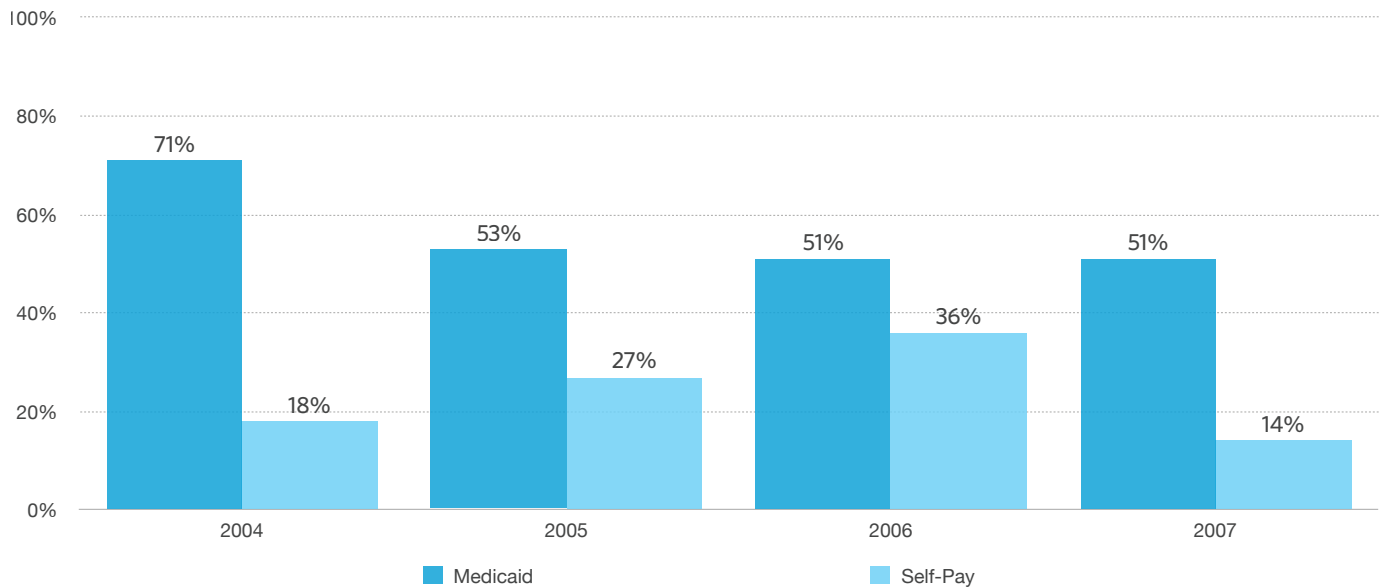
PERCENT OF PATIENTS USING CM ASSESSMENT, CM TREATMENT & FACILITATION, AND FINANCIAL COUNSELING
+ There was an increase in CM Treatment, and a decrease in Health Education/Supportive Counseling from 2004-2007..
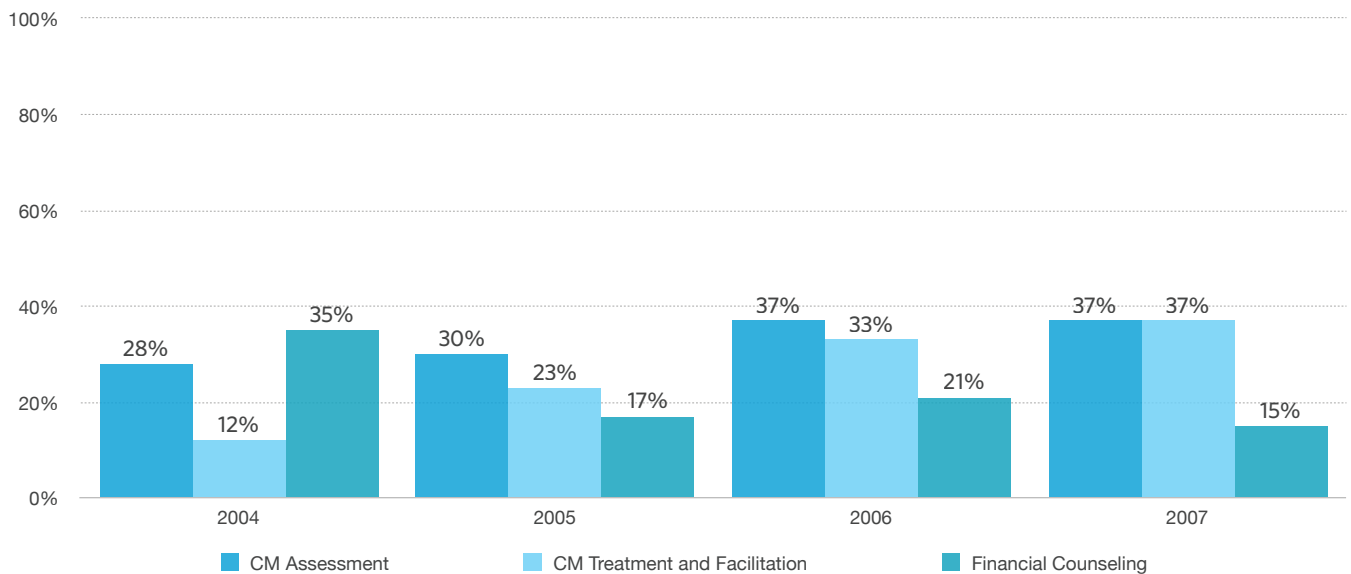
AVERAGE MINUTES OF ENABLING SERVICES
+ Interpretation (17 minutes) and Outreach Services (17 minutes) averaged the longest service time.
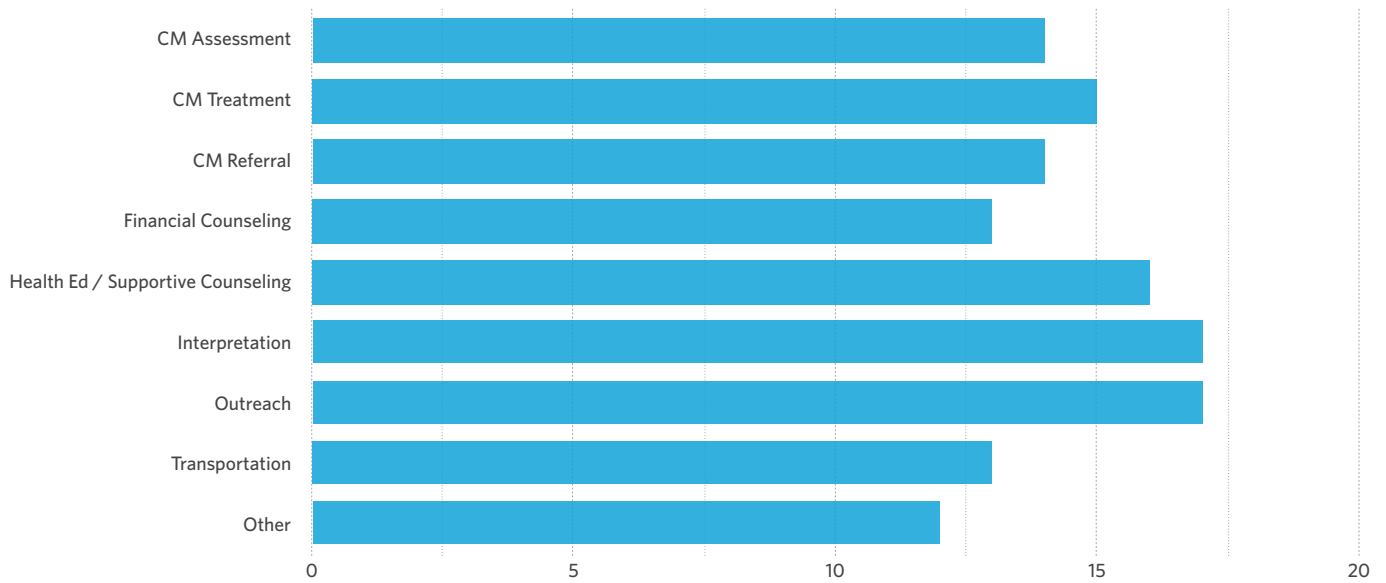
PERCENT OF PROVIDER'S FACE-TO-FACE AND TELECOMMUNICATION ENCOUNTERS
+ Most Enabling Services were Face-to-Face.
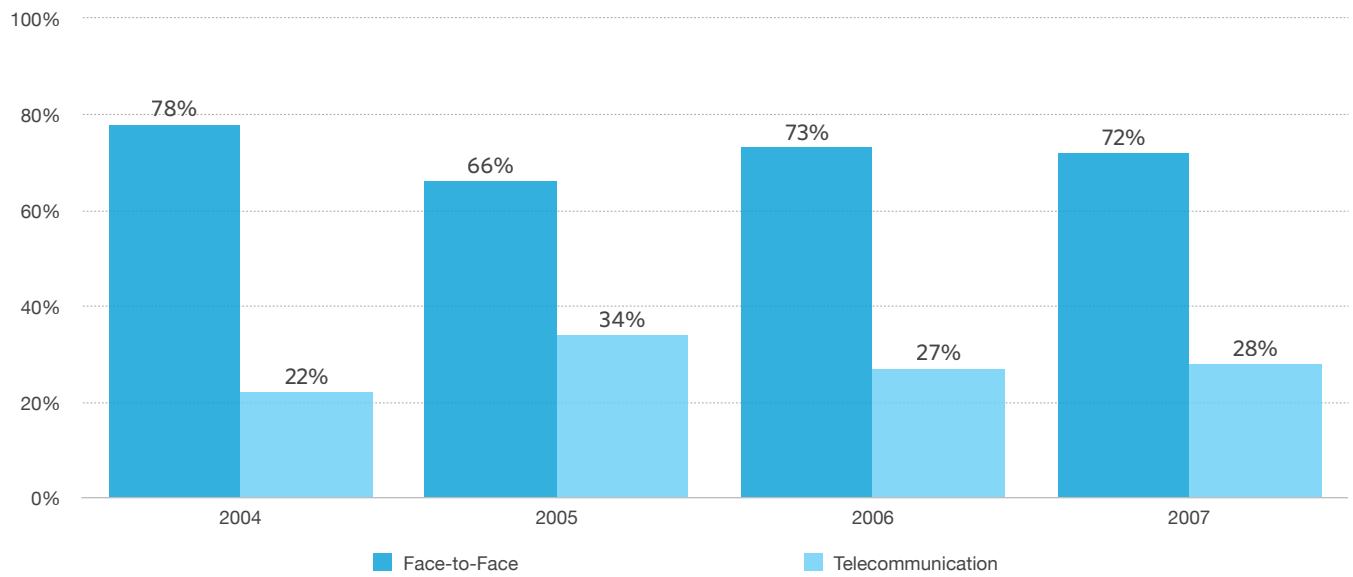
Face-to-Face   Telecommunication

International Community Health Services (ICHS)

The following graphs and tables were taken from: AAPCHO – An Examination of Enabling Services at International Community Health Services (ICHS) 2004-2007 Enabling Services Accountability Project. (2008). Association of Asian Pacific Community Health Organization (AAPCHO).

ENABLING SERVICE PATIENTS COMPARISONS 2004 - 2007
+   The majority of ES patients were female (61%) and the average age was 42 years old.

YEAR	NO. OF PATIENTS	NO. OF SERVICES	AVERAGE NO. OF SERVICES PER PATIENT	AVERAGE AGE	% FEMALE
2004	11,718	26,847	2.29	43	62%
2005	12,872	26,954	2.09	41	61%
2006	8,969	18,577	2.07	41	61%
2007	10,527	26,267	2.50	41	61%
Average	11,002	24,661	2.24	42	61%
*Data from Apr – Dec 2006; Jan – Mar 2006 data was not available **Yearly Average for 2004, 2005, and 2007					

PERCENT OF CHINESE AND VIETNAMESE PATIENT POPULATION USING ES
+   The most common ethnicities served at ICHS were Chinese (51%) and Vietnamese (22%).
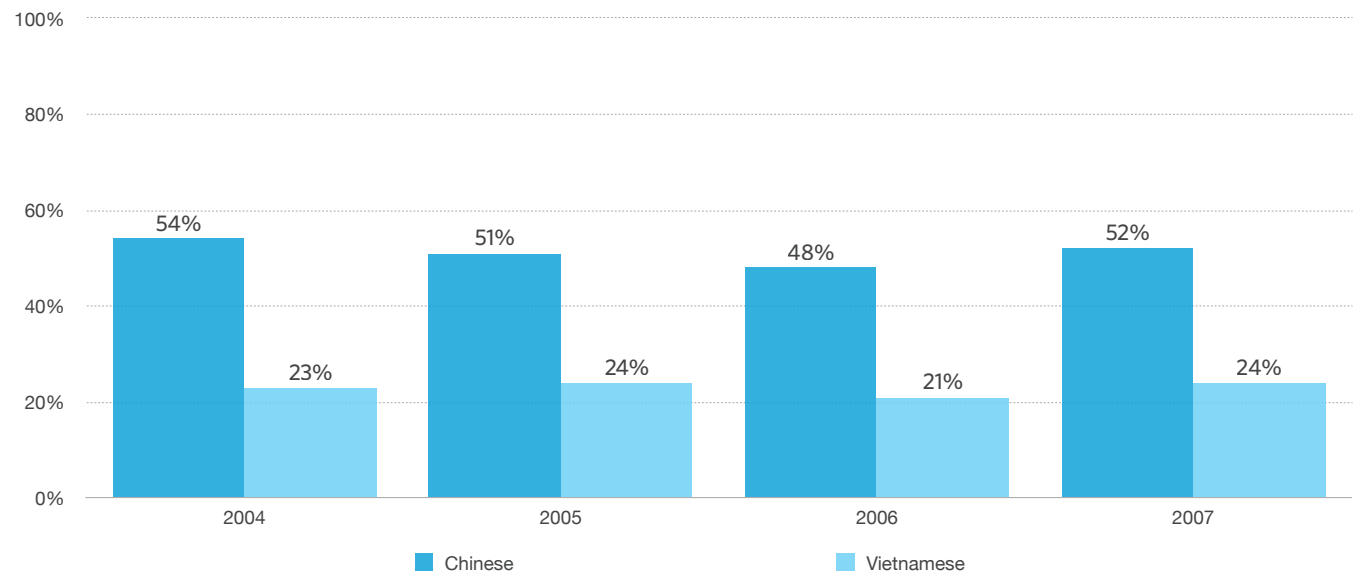
Source: AAPCHO – An Examination of Enabling Services at International Community Health Services (ICHS) 2004-2007 Enabling Services Accountability Project. (2008)
Association of Asian Pacific Community Health Organization (AAPCHO). Ethnicities include: Chinese, Vietnamese, Korean, other Asian, Filipino, other race/ethnicity, Black, White, Hispanic/Latino, other Pacific Islander, AIAN, Japanese, Samoan, mixed-other, Asian Indian/S. Asian, Native Hawaiian, mixed-AAPI, Guamanian/Chamarro.

PERCENT OF CANTONESE- AND VIETNAMESE-SPEAKING PATIENTS

+ The most common languages spoken by patients were Cantonese (41%) and Vietnamese (22%).
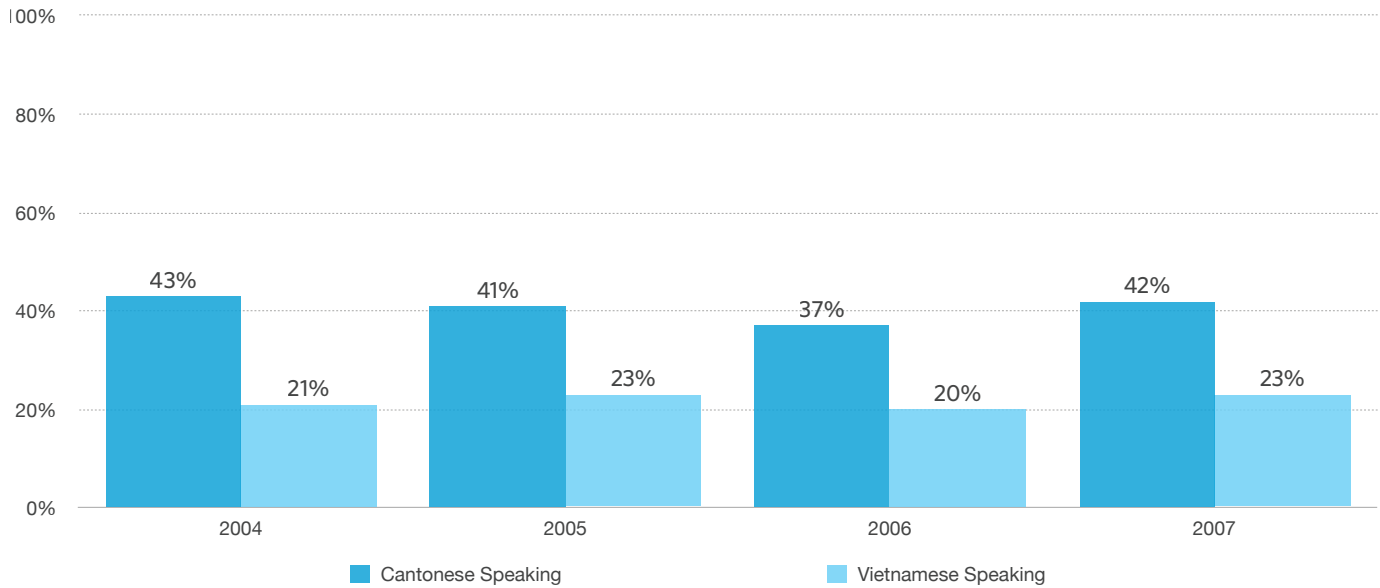
PERCENT OF PATIENTS WITH INSURANCE TYPES

+ The most common insurance sources were Other Public (29%), Self-Pay (24%), and Medicaid (23%).
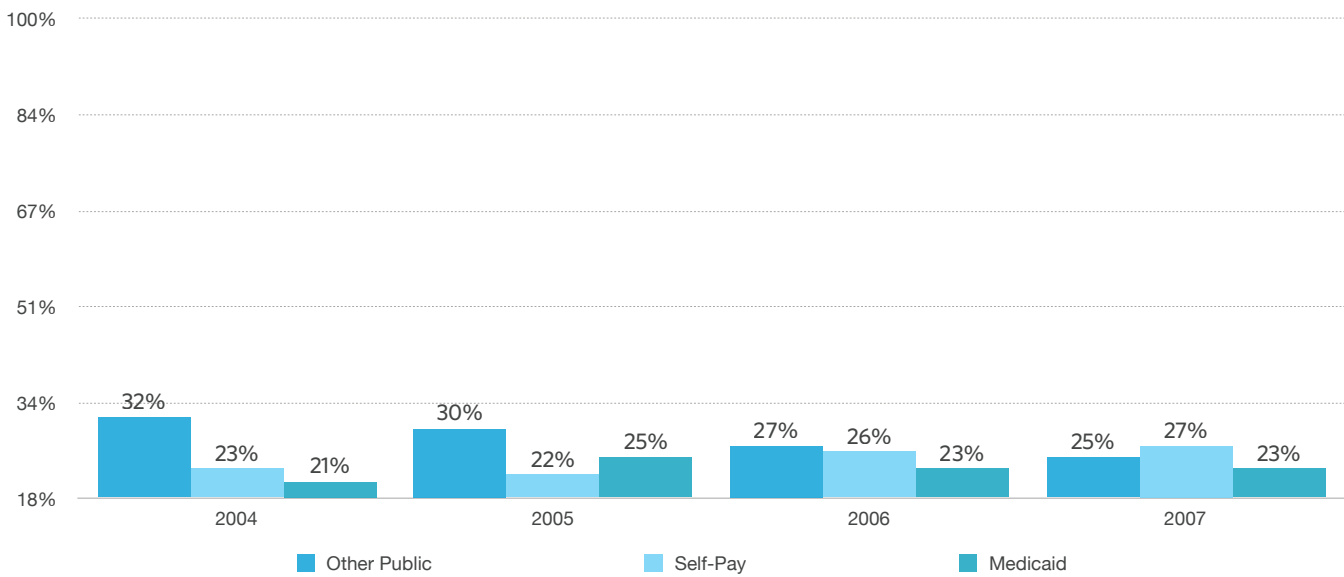
PERCENT OF PATIENTS USING FINANCIAL COUNSELING AND INTERPRETATION SERVICES
+   Most enabling services were Financial Counseling (54%) and Interpretation (34%).
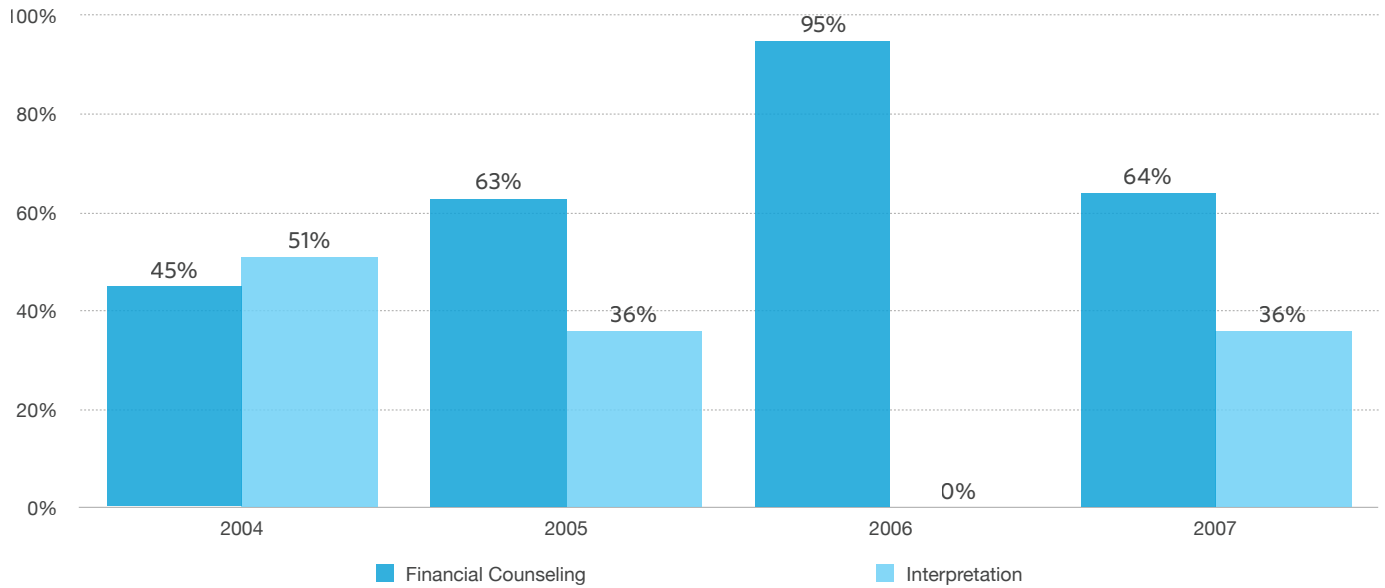
AVERAGE MINUTES OF ENABLING SERVICES
+   Health Education/Supportive Counseling (38 minutes) averaged the longest service time.
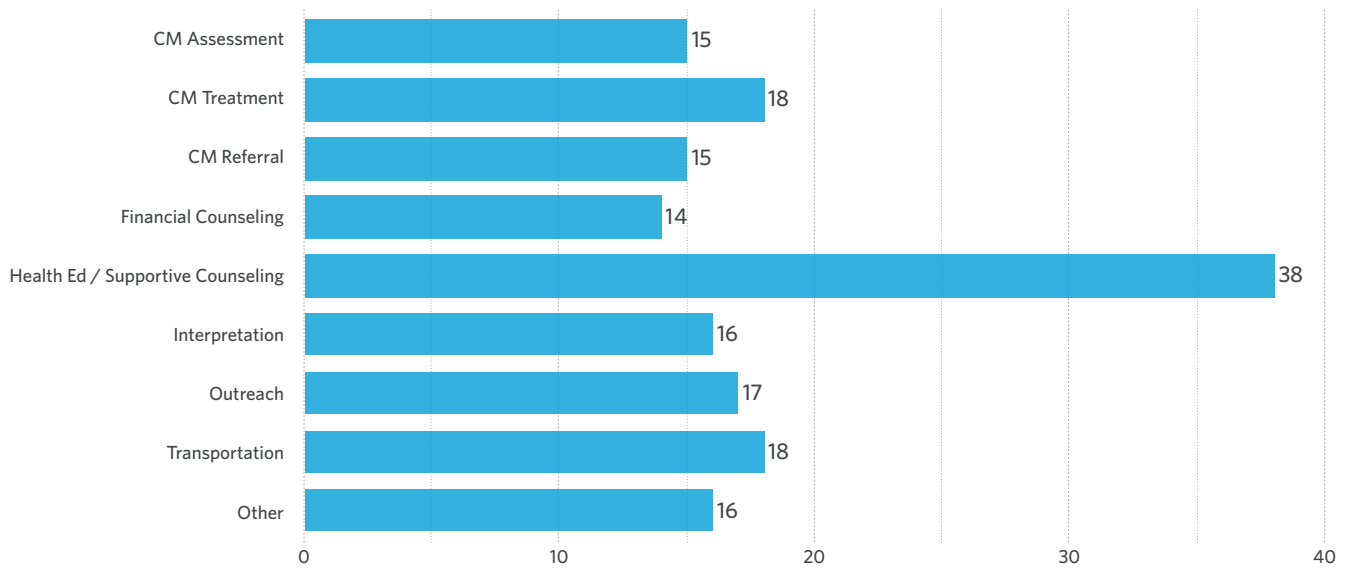
PERCENT OF ELIGIBILITY WORKERS AND MEDICA ASSISTANTS PROVIDING ES
+ Eligibility Workers (58%) and Medical Assistants (35%) consistently provided most enabling services.
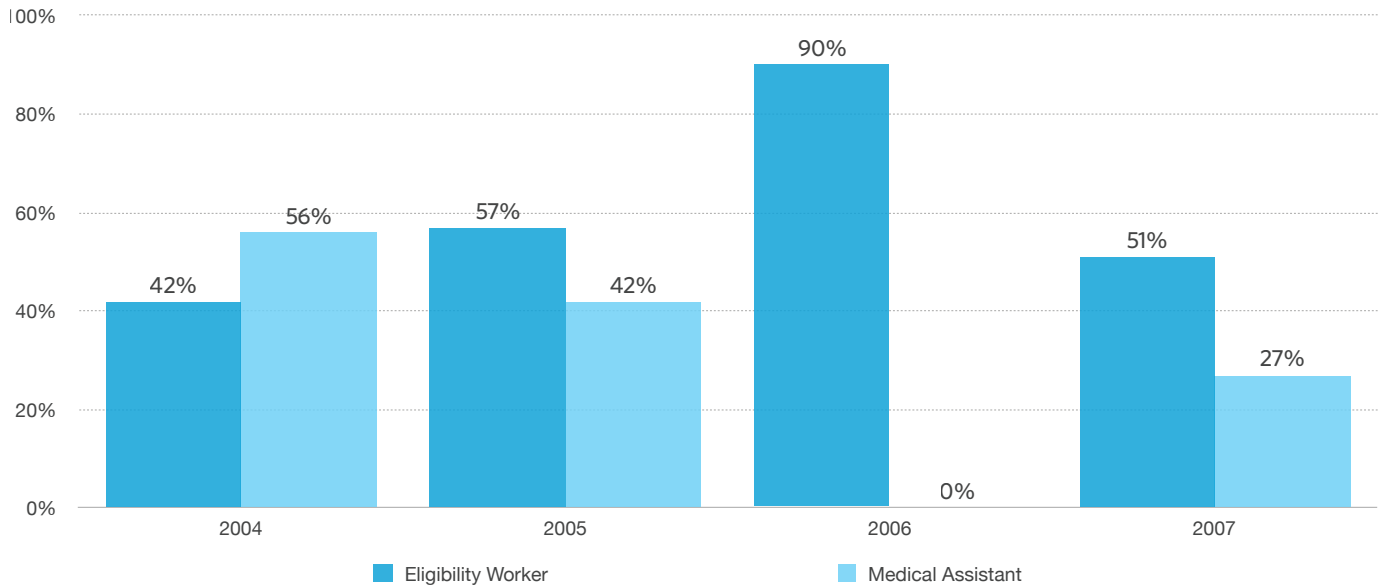
Legend: ■ Eligibility Worker ■ Medical Assistant

Bar chart data:
- 2004: Eligibility Worker 42%, Medical Assistant 56%
- 2005: Eligibility Worker 57%, Medical Assistant 42%
- 2006: Eligibility Worker 90%, Medical Assistant 0%
- 2007: Eligibility Worker 51%, Medical Assistant 27%

AVERAGE MINUTES OF ENABLING SERVICES
+ Services provided by Counselors/Therapists averaged the longest service time (60minutes).
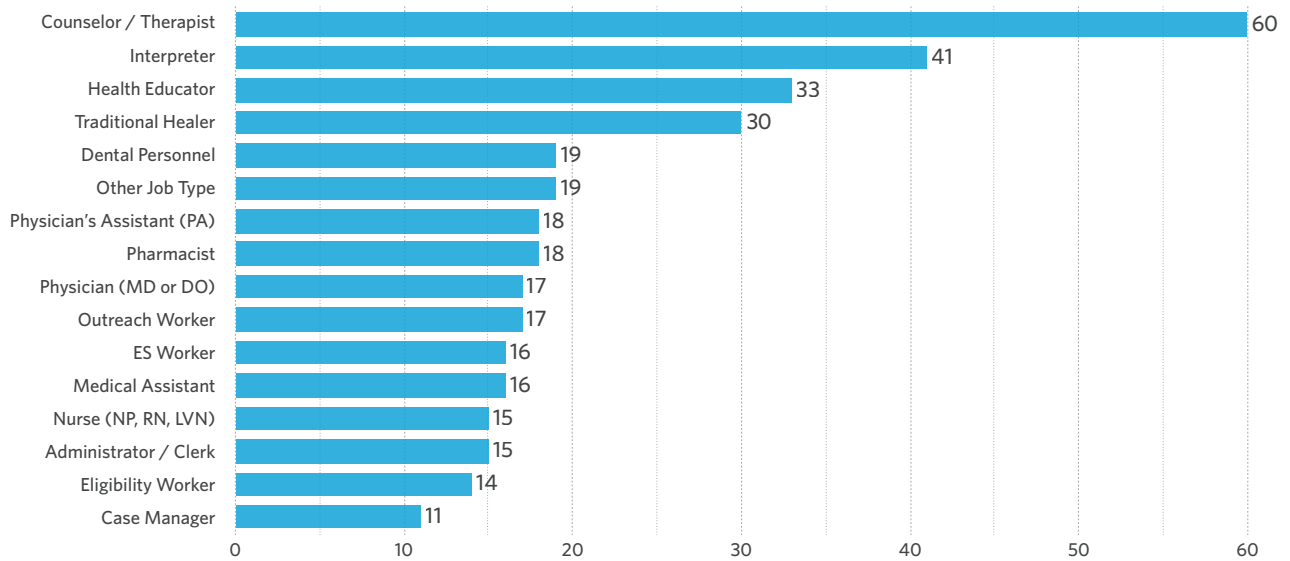
Horizontal bar chart data:
- Counselor / Therapist: 60
- Interpreter: 41
- Health Educator: 33
- Traditional Healer: 30
- Dental Personnel: 19
- Other Job Type: 19
- Physician's Assistant (PA): 18
- Pharmacist: 18
- Physician (MD or DO): 17
- Outreach Worker: 17
- ES Worker: 16
- Medical Assistant: 16
- Nurse (NP, RN, LVN): 15
- Administrator / Clerk: 15
- Eligibility Worker: 14
- Case Manager: 11

Kalihi-Palama Health Center (KPHC)

The following graphs and tables were taken from: AAPCHO – An Examination of Enabling Services at Kalihi-Palama Health Center (KPHC) 2004-2007 Enabling Services Accountability Project. (2008). Association of Asian Pacific Community Health Organization (AAPCHO).

ENABLING SERVICE PATIENTS COMPARISONS 2004 - 2007

+ The majority of enabling service patients was female (66%) and the average age was 39 years old.

YEAR	NO. OF PATIENTS	NO. OF SERVICES	AVERAGE NO. OF SERVICES PER PATIENT	AVERAGE AGE	% FEMALE
2004	2,651	7,510	2.83	38	65%
2005	3,702	15,876	4.29	37	64%
2006	3,358	16,624	5.0	39	66%
2007	3,134	11,469	3.66	41	68%
Average**	3,237	13,337	4.12	39	66%
*Data from Apr – Dec 2006; Jan – Mar 2006 data was not available **Yearly Average for 2004, 2005, and 2007					

PERCENT OF PATIENT POPULATION BY RACE/ETHNICITY

• The most common ethnicities served at KPHC were Other Pacific Islander (31%), Filipino (19%), and Chinese (14%)
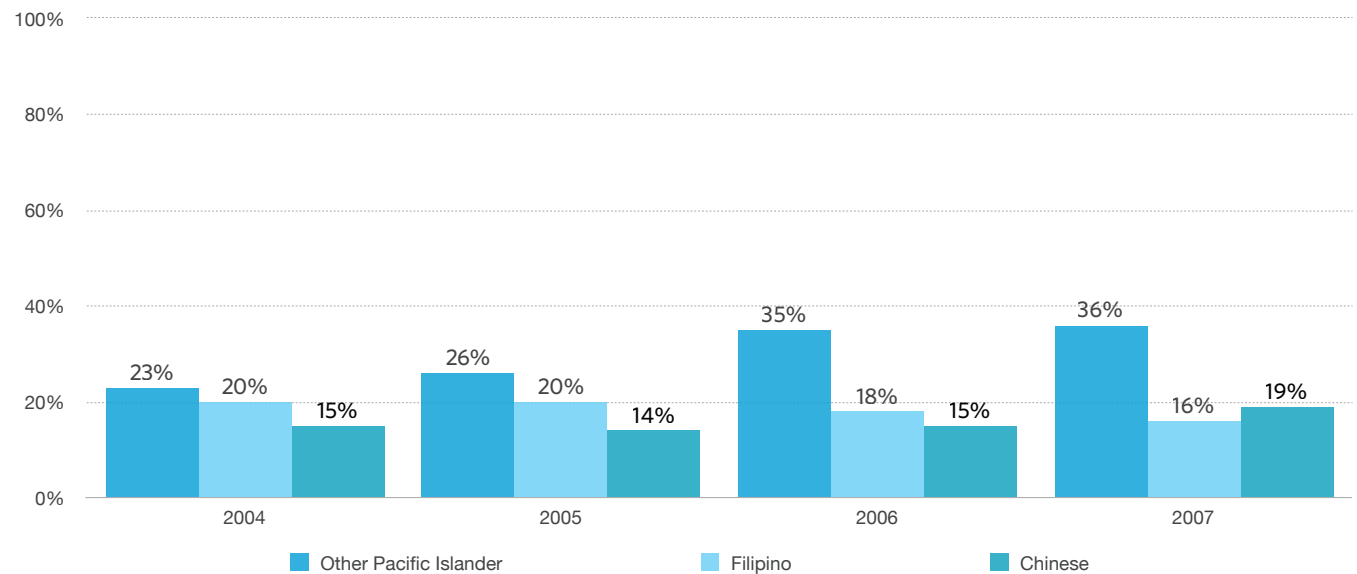
Source: AAPCHO – An Examination of Enabling Services at Kalihi-Palama Health Center (KPHC) 2004-2007 Enabling Services Accountability Project. (2008).
Association of Asian Pacific Community Health Organization (AAPCHO). Ethnicities include: Other Pacific Islander, Filipino, Chinese, Vietnamese, Korean, White, Samoan, Native Hawaiian, Hispanic/Latino, Japanese, Other Asian, Black, mixed-other, other race/ethnicity, Asian Indian/S.Asian, AIAN, Guamanian/Chimarro

PERCENT OF CHUUKESE, ENGLISH, AND VIETNAMESE SPEAKING PATIENTS

+ Chuukese (21%), English (18%), and Vietnamese (11%) were the most common languages spoken.
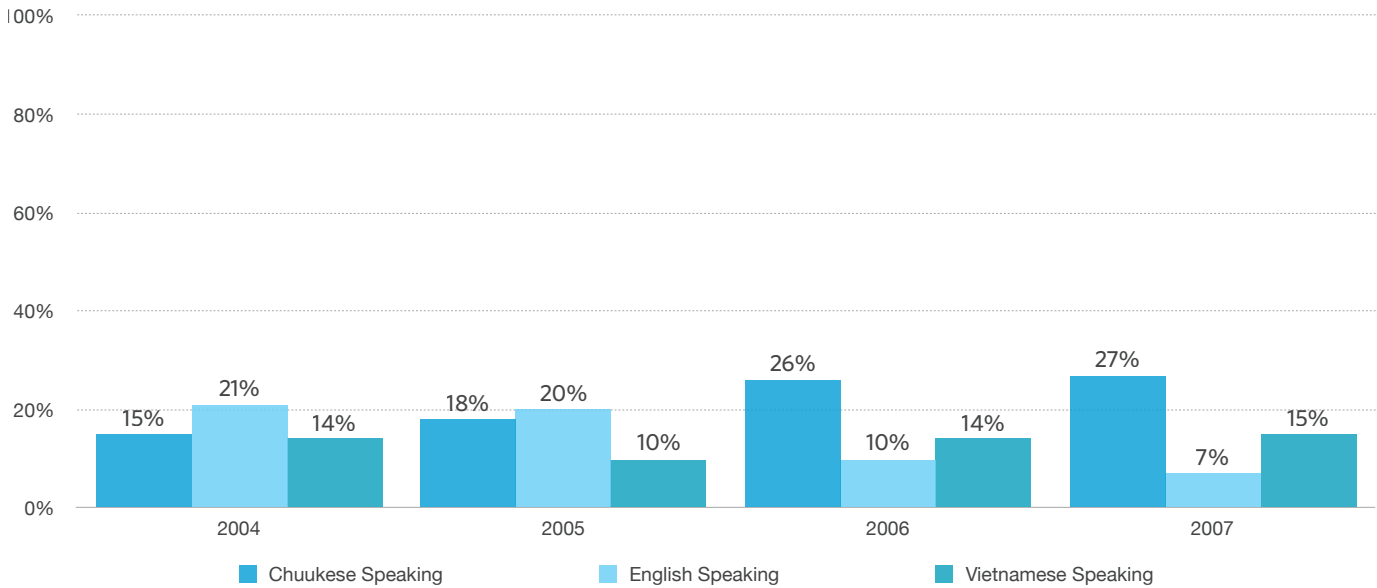
Chuukese Speaking / English Speaking / Vietnamese Speaking

- 2004: 15%, 21%, 14%
- 2005: 18%, 20%, 10%
- 2006: 26%, 10%, 14%
- 2007: 27%, 7%, 15%

Source: AAPCHO – An Examination of Enabling Services at Kalihi-Palama Health Center (KPHC) 2004-2007 Enabling Services Accountability Project. (2008).
Association of Asian Pacific Community Health Organization (AAPCHO). Primary Languages include: Chuukese, English, Vietnamese, Cantonese, Ilokano, Korean, Tagalog, Marshallese, Mandarin, Samoan, Pohnpeian, and other.

PERCENT OF MEDICAID AND SELF-PAY PATIENTS

• The most common insurance sources were Medicaid (47%) and Self-Pay (29%).
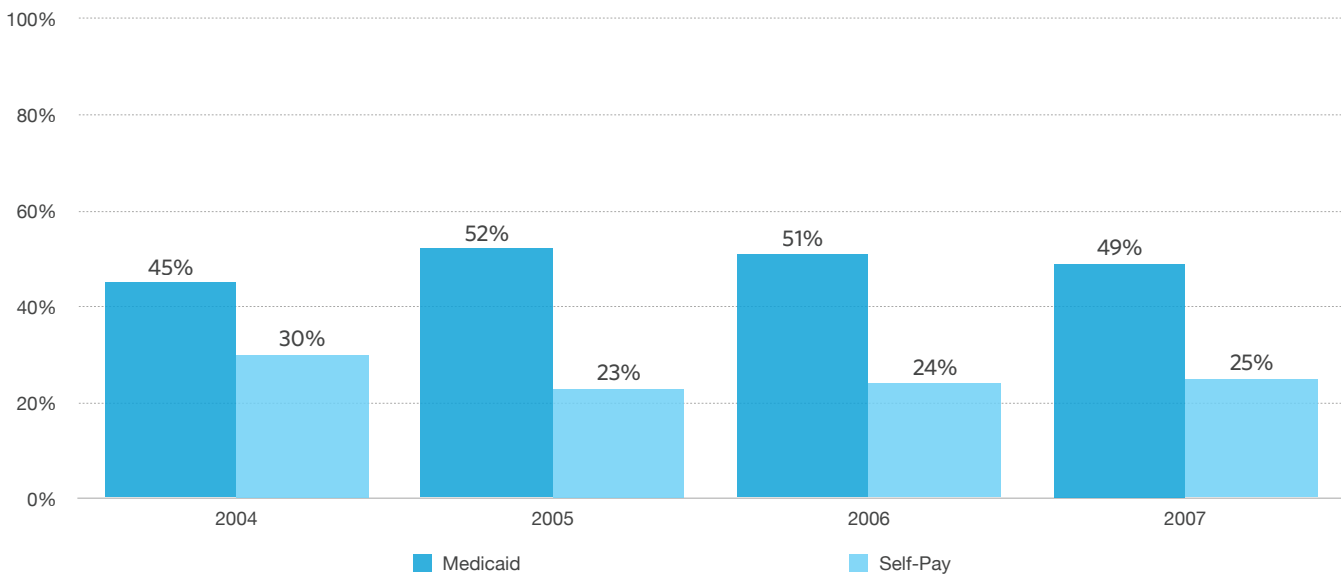
Medicaid / Self-Pay

- 2004: 45%, 30%
- 2005: 52%, 23%
- 2006: 51%, 24%
- 2007: 49%, 25%

Source: AAPCHO – An Examination of Enabling Services at Kalihi-Palama Health Center (KPHC) 2004-2007 Enabling Services Accountability Project. (2008).
Association of Asian Pacific Community Health Organization (AAPCHO). Insurance carriers include: Medicaid, Self-Pay, other carrier, Medicare, and Private.

PERCENT OF PATIENTS USING ES
+ Interpretation, Outreach Services, and Financial Counseling were the most commonly used enabling services for each year.
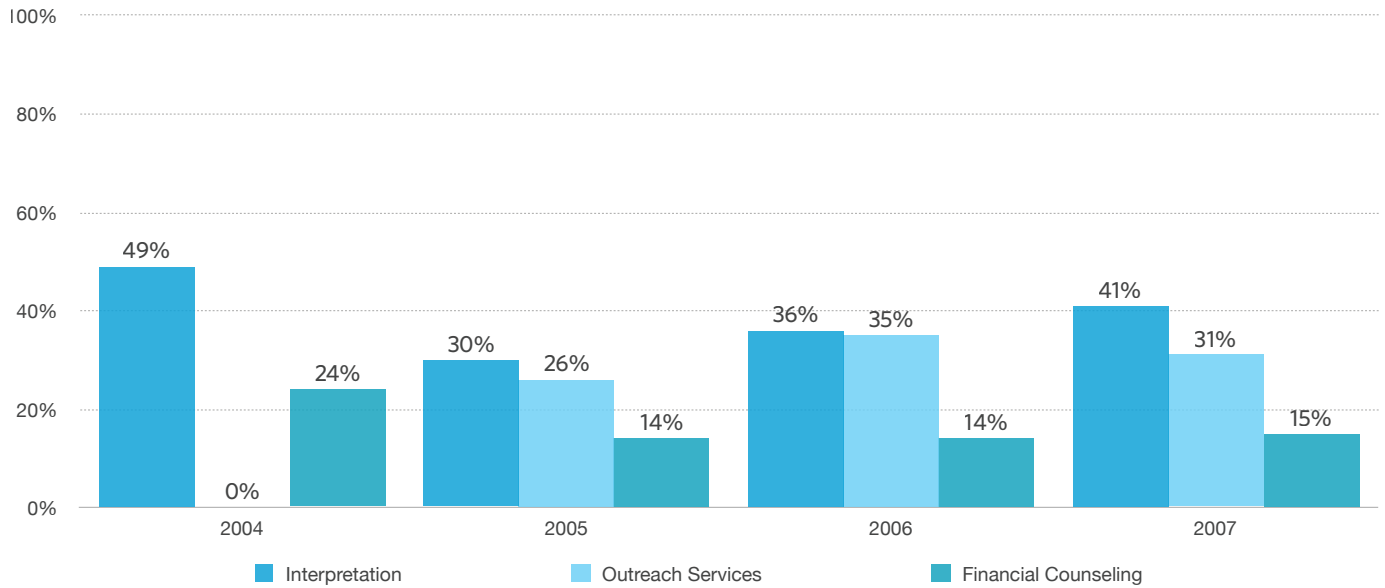
Legend: Interpretation | Outreach Services | Financial Counseling

2004: Interpretation 49%, Outreach Services 0%, Financial Counseling 24%
2005: Interpretation 30%, Outreach Services 26%, Financial Counseling 14%
2006: Interpretation 36%, Outreach Services 35%, Financial Counseling 14%
2007: Interpretation 41%, Outreach Services 31%, Financial Counseling 15%

AVERAGE MINUTES OF ENABLING SERVICES
+ Health Education/Supportive Counseling (25 minutes) and Interpretation (24 minutes) averaged the longest service time.

CM Assessment: 13
CM Treatment: 16
CM Referral: 15
Financial Counseling: 15
Health Ed / Supportive Counseling: 25
Interpretation: 24
Outreach: 13
Transportation: 12
Other: 13

PERCENT OF COMMUNITY HEALTH WORKERS
+ Community Health Workers (73%) consistently provided the most enabling services.

Waianae Coast Comprehensive Health Center (WCCHC)

The following graphs and tables were taken from: AAPCHO – An Examination of Enabling Services at Waianae Coast Comprehensive Health Center (WCCHC) 2004-2007 Enabling Services Accountability Project. (2008). Association of Asian Pacific Community Health Organization (AAPCHO).

ENABLING SERVICE PATIENTS COMPARISONS 2004 - 2007

+ The majority of enabling services patients was female (59%) and the average age was 31 years old.

YEAR	NO. OF PATIENTS	NO. OF SERVICES	AVERAGE NO. OF SERVICES PER PATIENT	AVERAGE AGE	% FEMALE
2004*	4,803	14,861	3.09	30	61%
2005	5,216	22,145	4.25	33	63%
2006	5,948	30,055	5.05	34	60%
2007	6,022	26,843	4.46	32	62%
Average**	5,729	26,348	4.60	31	59%
*Data from Apr – Dec 2006; Jan – Mar 2006 data was not available **Yearly Average for 2004, 2005, and 2007					

PERCENT OF NATIVE HAWAIIAN AND WHITE PATIENT POPULATION

+ The most common ethnicities served at WCCHC were Native Hawaiian, White, and Filipino. Native Hawaiian comprised half of the patient population (49%).
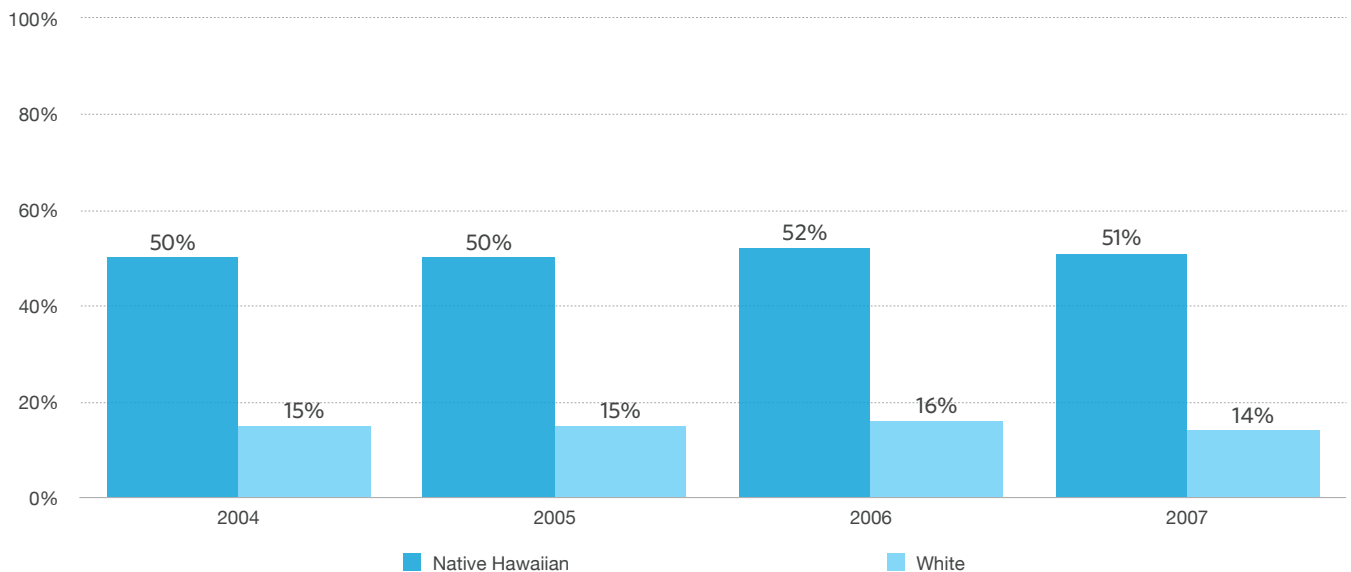
AAPCHO – An Examination of Enabling Services at Waianae Coast Comprehensive Health Center (WCCHC) 2004-2007 Enabling Services Accountability Project. (2008).
Association of Asian Pacific Community Health Organization (AAPCHO). Ethnicities include: Native Hawaiian, White, Filipino, Samoan, and other.

PERCENT OF ENGLISH-SPEAKING PATIENTS
+ The most common language spoken by patients was English (96%).
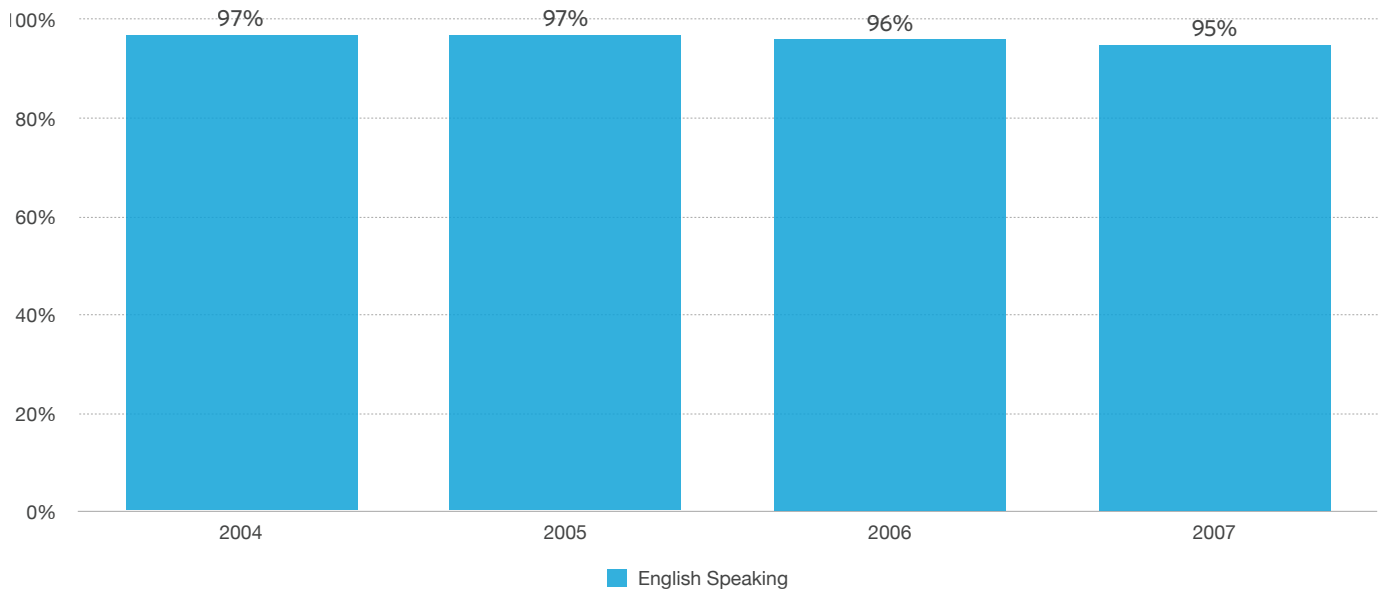
PERCENT OF SELF-PAY AND MEDICAID PATIENTS
+ The most common insurance sources were Self-Pay (44%) and Medicaid (40%).
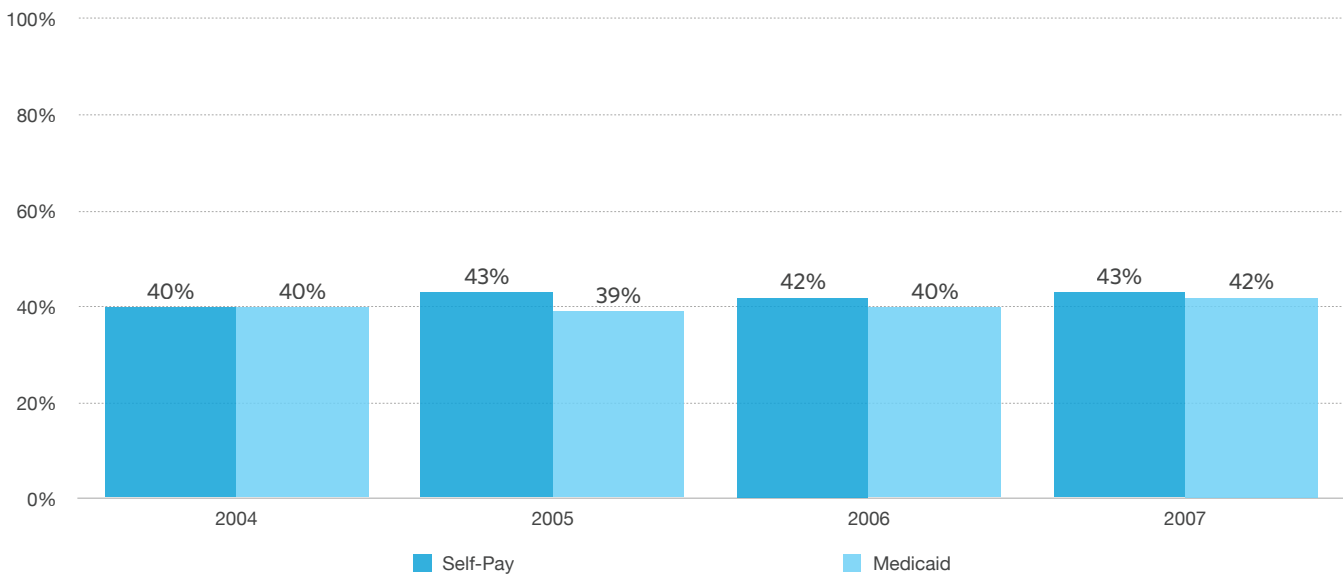
AVERAGE MINUTES OF ENABLING SERVICES
+ Interpretation (38 minutes) and Transportation (34 minutes) averaged the longest service time.

Service	Minutes
CM Assessment	16
CM Treatment	15
CM Referral	12
Financial Counseling	28
Health Ed / Supportive Counseling	15
Interpretation	38
Outreach	10
Transportation	34
Other	17
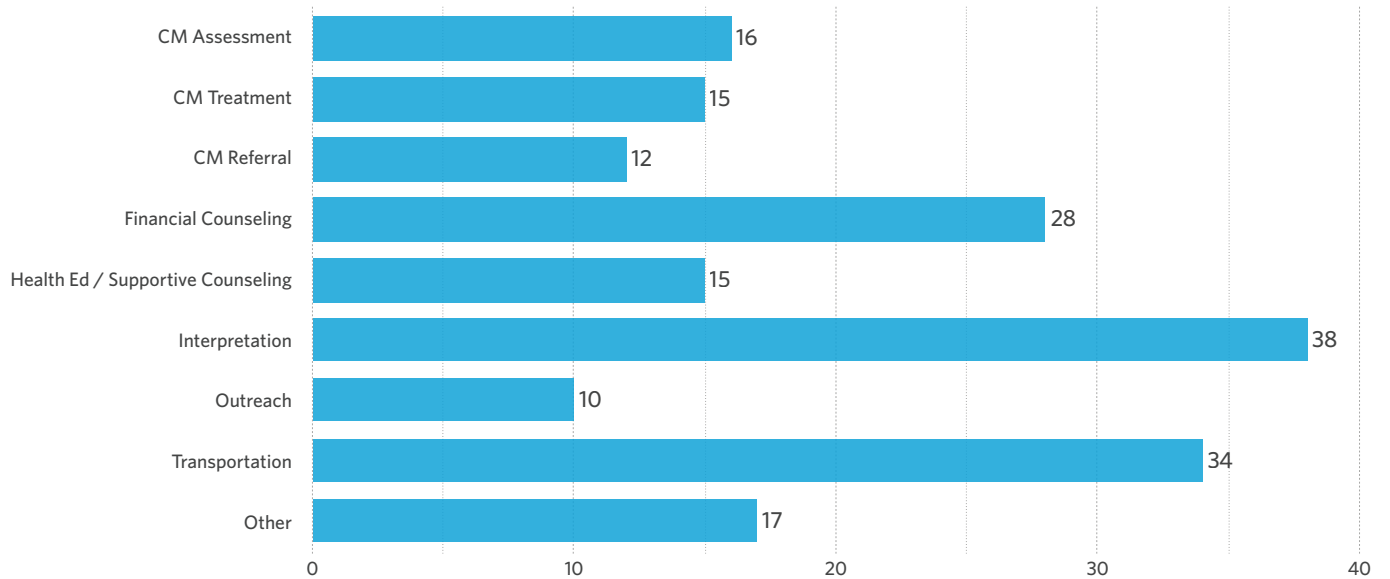
PERCENT OF PATIENTS USING ES
+ Most enabling services in 2007 were Eligibility Assistance (24%), followed by Case Management (16%).

Year	Health Ed / Supportive Counseling	Financial Counseling
2004	19%	27%
2005	22%	15%
2006	18%	13%
2007	12%	13%

PERCENT OF ES PROVIDERS
+ Case Managers (47%), Eligibility Workers (38%), and Transportation Providers (14%) consistently provided most enabling services.
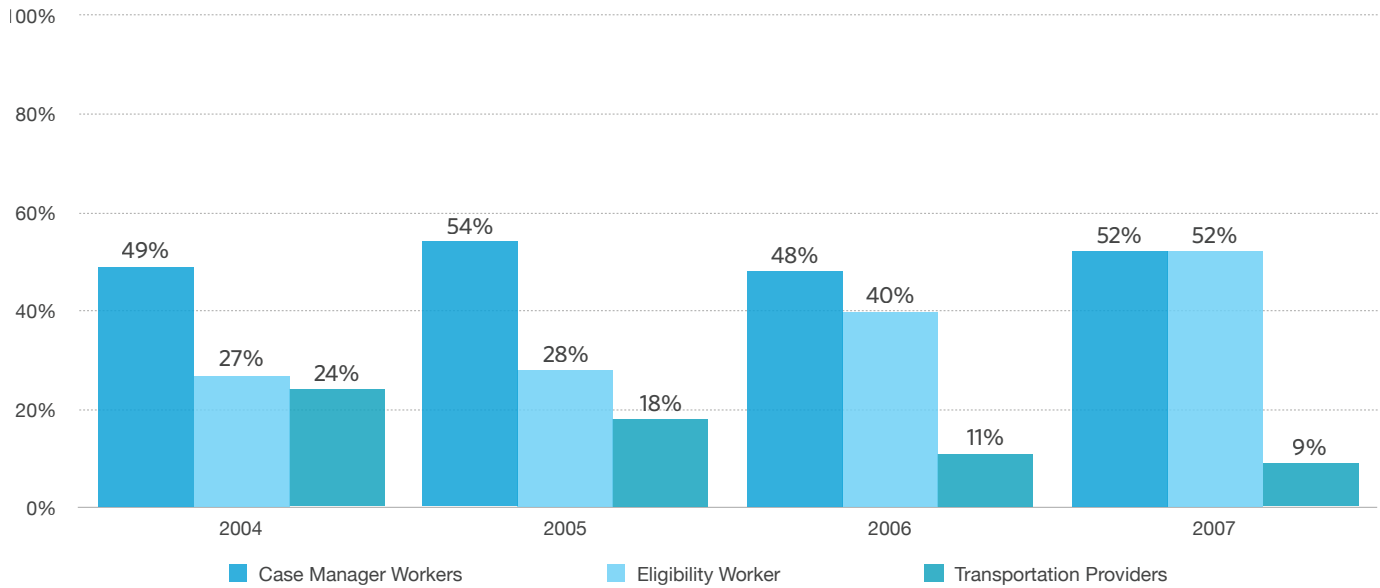
AVERAGE MINUTES OF ENABLING SERVICES
+ Services provided by Transportation Providers (34 minutes) and Nurses (30 minutes) averaged the longest service time.
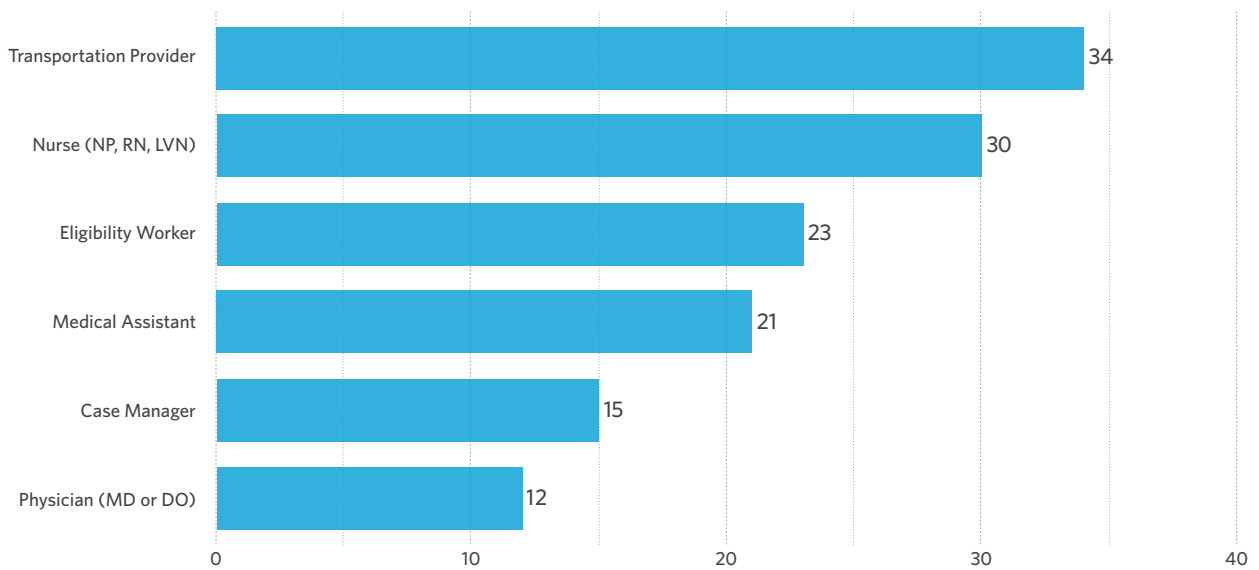
Activities Guide

OVERVIEW

Incorporating activities and hands-on learning into your ES trainings will help staff better absorb and retain the information. Included in this section are activities that we have used in our trainings to help participants understand the materials.

INSTRUCTIONS

The following pages contain detailed instructions on how to carry out each activity. You have the flexibility of where in your trainings to incorporate the activity. We also have some recommendations of where to insert an activity.

For example, the 'Scenarios-Documenting ES Encounters' activity is commonly carried out after going over all nine ES category's definitions and the extended categories. This activity may act as a recap of the information learned to reinforce your staff's understanding of the ES definitions as well as discovering which part(s) of the material your staff is having trouble grasping.

Scenarios :
Documenting ES Encounters

TIME
40 minutes

OBJECTIVES
+ Participants will better understand ES categories, their definitions and documentation protocol.
+ Participants will describe and document proposed scenarios appropriately and accurately on sample shortened ES encounter form.

METHOD OF INSTRUCTION
+ Direct instruction
+ Small group activity
+ Large group discussion

SECTIONS
+ Address
+ Discuss

SUPPLIES
None

HANDOUTS
ES scenarios and shortened encounter form

STEPS
1. Introduce activity. *Talking Points:* Tell participants that now they have had the opportunity to learn about the 9 ES categories, their definitions and the documentation protocol, it is time to put it in practice.

2. Go through the first sample encounter and answer together as a whole group.

3. Have participants go through each scenario and answer it, have each group include a timer and answer recorder.

4. Large group discussion after each scenario or wait until participants go through the rest of the scenario and go through the answers all at once?

DIRECTIONS
For each of the following scenarios, circle the enabling services provided and corresponding time spent; encounter type and specify language if service was provided in a language other than English on the 'Scenarios Template Handout'.

*When completing this activity on your own, please email us at es_support@aapcho.org for the answer guide of each scenario.

Scenarios : Documenting ES Encounters

Scenario 1

A 42-year-old male patient, primary language is Vietnamese, walked in your health center without an appointment. First, the en-abling service (ES) provider spends 23 minutes translating between the physician and patient during the exam. He is diagnosed with hypertension and is prescribed medications. After the appointment, the ES provider spends another 18 minutes explaining in Vietnamese a brochure on hypertension that is written in English, discussing the condition and treatment in more detail.

WHICH TYPE OF SERVICES WERE PROVIDED AND FOR HOW LONG?

SERVICE DATE (MM+DD+YR)   _____   PATIENT DOB (MM+DD+YR)   _____

PROVIDER ID   _____   PATIENT GENDER   _____

PATIENT ID   _____   PATIENT ZIP CODE   _____

ENCOUNTER TYPE (CHECK ONLY ONE)   ☐ FACE TO FACE   ☐ TELECOMMUNICATION   ☐ OFF-SITE   ☐ OTHER

APPOINTMENT TYPE (CHECK ONLY ONE)   ☐ SCHEDULED   ☐ WALK-IN

GROUP OR INDIVIDUAL (CHECK ONLY ONE)   ☐ GROUP   ☐ INDIVIDUAL

☐ SERVICE PROVIDED IN LANGUAGE OTHER THAN ENGLISH (SPECIFY LANGUAGE)

ENABLING SERVICE	CODE	MINUTES (CIRCLE ONE OR SPECIFY IN OTHER IF MORE THAN 120 MINUTES)												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 (Describe services) _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenarios : Documenting ES Encounters

Scenario 2

A 55-year-old Mexican male who is experiencing homelessness came to the health center's mobile medical unit during its weekly rounds at a local church. The ES provider performed a psychosocial assessment, which took 24 minutes. The ES provider also spent 18 minutes talking with him about his challenges related to alcohol dependency and 12 minutes talking to him about a supportive housing program.

WHICH TYPE OF SERVICES WERE PROVIDED AND FOR HOW LONG?

SERVICE DATE (MM+DD+YR) _____   PATIENT DOB (MM+DD+YR) _____

PROVIDER ID _____   PATIENT GENDER _____

PATIENT ID _____   PATIENT ZIP CODE _____

ENCOUNTER TYPE (CHECK ONLY ONE)   ☐ FACE TO FACE   ☐ TELECOMMUNICATION   ☐ OFF-SITE   ☐ OTHER

APPOINTMENT TYPE (CHECK ONLY ONE)   ☐ SCHEDULED   ☐ WALK-IN

GROUP OR INDIVIDUAL (CHECK ONLY ONE)   ☐ GROUP   ☐ INDIVIDUAL

☐ SERVICE PROVIDED IN LANGUAGE OTHER THAN ENGLISH (SPECIFY LANGUAGE)

ENABLING SERVICE	CODE	MINUTES (CIRCLE ONE OR SPECIFY IN OTHER IF MORE THAN 120 MINUTES)												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 (Describe services) _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenarios : Documenting ES Encounters

Scenario 3

A health education specialist records a radio program on various health topics every week. The recording is 10 minutes long and she spends about 90 minutes in preparation for each recording.

WHICH TYPE OF SERVICES WERE PROVIDED AND FOR HOW LONG?

SERVICE DATE (MM+DD+YR) _____   PATIENT DOB (MM+DD+YR) _____

PROVIDER ID _____   PATIENT GENDER _____

PATIENT ID _____   PATIENT ZIP CODE _____

ENCOUNTER TYPE (CHECK ONLY ONE) ☐ FACE TO FACE ☐ TELECOMMUNICATION ☐ OFF-SITE ☐ OTHER

APPOINTMENT TYPE (CHECK ONLY ONE) ☐ SCHEDULED ☐ WALK-IN

GROUP OR INDIVIDUAL (CHECK ONLY ONE) ☐ GROUP ☐ INDIVIDUAL

☐ SERVICE PROVIDED IN LANGUAGE OTHER THAN ENGLISH (SPECIFY LANGUAGE)

ENABLING SERVICE	CODE	MINUTES (CIRCLE ONE OR SPECIFY IN OTHER IF MORE THAN 120 MINUTES)												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 (Describe services) _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenarios : Documenting ES Encounters

Scenario 4

A care coordinator calls a Spanish-speaking patient on the phone to provide the patient with information on smoking cessation. She spent 15 minutes on the phone discussing strategies about how to quit smoking in Spanish.

WHICH TYPE OF SERVICES WERE PROVIDED AND FOR HOW LONG?

SERVICE DATE (MM+DD+YR) _____   PATIENT DOB (MM+DD+YR) _____

PROVIDER ID _____   PATIENT GENDER _____

PATIENT ID _____   PATIENT ZIP CODE _____

ENCOUNTER TYPE (CHECK ONLY ONE)   ☐ FACE TO FACE   ☐ TELECOMMUNICATION   ☐ OFF-SITE   ☐ OTHER

APPOINTMENT TYPE (CHECK ONLY ONE)   ☐ SCHEDULED   ☐ WALK-IN

GROUP OR INDIVIDUAL (CHECK ONLY ONE)   ☐ GROUP   ☐ INDIVIDUAL

☐ SERVICE PROVIDED IN LANGUAGE OTHER THAN ENGLISH (SPECIFY LANGUAGE)

ENABLING SERVICE	CODE	MINUTES (CIRCLE ONE OR SPECIFY IN OTHER IF MORE THAN 120 MINUTES)												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 (Describe services) _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenarios : Documenting ES Encounters

Scenario 5

A 66-year-old female patient, whose primary language is Korean, complains that she has been feeling sad and lonely. She is referred to an ES provider since she can speak Korean. The ES provider first spent 30 minutes screening her for depression then another 12 minutes referring her to a mental health specialist.

WHICH TYPE OF SERVICES WERE PROVIDED AND FOR HOW LONG?

SERVICE DATE (MM+DD+YR) _____ PATIENT DOB (MM+DD+YR) _____

PROVIDER ID _____ PATIENT GENDER _____

PATIENT ID _____ PATIENT ZIP CODE _____

ENCOUNTER TYPE (CHECK ONLY ONE) ☐ FACE TO FACE ☐ TELECOMMUNICATION ☐ OFF-SITE ☐ OTHER

APPOINTMENT TYPE (CHECK ONLY ONE) ☐ SCHEDULED ☐ WALK-IN

GROUP OR INDIVIDUAL (CHECK ONLY ONE) ☐ GROUP ☐ INDIVIDUAL

☐ SERVICE PROVIDED IN LANGUAGE OTHER THAN ENGLISH (SPECIFY LANGUAGE)

ENABLING SERVICE	CODE	MINUTES (CIRCLE ONE OR SPECIFY IN OTHER IF MORE THAN 120 MINUTES)												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 (Describe services) _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenarios : Documenting ES Encounters

Scenario 6

A 55-year-old African American male patient has several conditions, including diabetes. During his most recent scheduled visit, the ES provider spent 40 minutes developing a medication management plan for this patient. Of that time, the ES provider spent approximately 12 minutes arranging a referral to a podiatrist.

WHICH TYPE OF SERVICES WERE PROVIDED AND FOR HOW LONG?

SERVICE DATE (MM+DD+YR) _____   PATIENT DOB (MM+DD+YR) _____

PROVIDER ID _____   PATIENT GENDER _____

PATIENT ID _____   PATIENT ZIP CODE _____

ENCOUNTER TYPE (CHECK ONLY ONE) ☐ FACE TO FACE ☐ TELECOMMUNICATION ☐ OFF-SITE ☐ OTHER

APPOINTMENT TYPE (CHECK ONLY ONE) ☐ SCHEDULED ☐ WALK-IN

GROUP OR INDIVIDUAL (CHECK ONLY ONE) ☐ GROUP ☐ INDIVIDUAL

☐ SERVICE PROVIDED IN LANGUAGE OTHER THAN ENGLISH (SPECIFY LANGUAGE)

ENABLING SERVICE	CODE	MINUTES (CIRCLE ONE OR SPECIFY IN OTHER IF MORE THAN 120 MINUTES)												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 (Describe services) _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenarios : Documenting ES Encounters

Scenario 7

A 24 year old white female patient who is homeless needs to get the HPV vaccine. The ES provider spent 15 minutes helping her apply for the free HPV vaccine program and another 22 minutes counseling her on STIs.

WHICH TYPE OF SERVICES WERE PROVIDED AND FOR HOW LONG?

SERVICE DATE (MM+DD+YR) _____   PATIENT DOB (MM+DD+YR) _____

PROVIDER ID _____   PATIENT GENDER _____

PATIENT ID _____   PATIENT ZIP CODE _____

ENCOUNTER TYPE (CHECK ONLY ONE) ☐ FACE TO FACE ☐ TELECOMMUNICATION ☐ OFF-SITE ☐ OTHER

APPOINTMENT TYPE (CHECK ONLY ONE) ☐ SCHEDULED ☐ WALK-IN

GROUP OR INDIVIDUAL (CHECK ONLY ONE) ☐ GROUP ☐ INDIVIDUAL

☐ SERVICE PROVIDED IN LANGUAGE OTHER THAN ENGLISH (SPECIFY LANGUAGE)

ENABLING SERVICE	CODE	MINUTES (CIRCLE ONE OR SPECIFY IN OTHER IF MORE THAN 120 MINUTES)												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 (Describe services) _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenarios : Documenting ES Encounters

Scenario 8

A 40-year-old Honduran patient currently has no insurance. The ES provider spent 36 minutes helping him apply for Medi-Cal. A few days after, the ES provider calls to let him know that his application for Medi-Cal was approved and helped him pick a primary care provider at the health center. The ES provider spent 14 minutes doing this.

WHICH TYPE OF SERVICES WERE PROVIDED AND FOR HOW LONG?

SERVICE DATE (MM+DD+YR) _____   PATIENT DOB (MM+DD+YR) _____

PROVIDER ID _____   PATIENT GENDER _____

PATIENT ID _____   PATIENT ZIP CODE _____

ENCOUNTER TYPE (CHECK ONLY ONE)   ☐ FACE TO FACE   ☐ TELECOMMUNICATION   ☐ OFF-SITE   ☐ OTHER

APPOINTMENT TYPE (CHECK ONLY ONE)   ☐ SCHEDULED   ☐ WALK-IN

GROUP OR INDIVIDUAL (CHECK ONLY ONE)   ☐ GROUP   ☐ INDIVIDUAL

☐ SERVICE PROVIDED IN LANGUAGE OTHER THAN ENGLISH (SPECIFY LANGUAGE)

ENABLING SERVICE	CODE	MINUTES (CIRCLE ONE OR SPECIFY IN OTHER IF MORE THAN 120 MINUTES)												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 (Describe services) _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenarios : Documenting ES Encounters

Scenario 9

A case manager called a patient about some test results, but there was no answer so she left a message, which took her a total of 1 minute. She then called the patient's provider and gave the provider an update on the patient including the screenings she completed on the patient and the resources she directed the patient to for food and clothing. She also recommends to the provider that the patient may need a referral to the ENT specialist. Her conversation with the provider was 12 minutes.

WHICH TYPE OF SERVICES WERE PROVIDED AND FOR HOW LONG?

SERVICE DATE (MM+DD+YR) _____   PATIENT DOB (MM+DD+YR) _____

PROVIDER ID _____   PATIENT GENDER _____

PATIENT ID _____   PATIENT ZIP CODE _____

ENCOUNTER TYPE (CHECK ONLY ONE)   ☐ FACE TO FACE   ☐ TELECOMMUNICATION   ☐ OFF-SITE   ☐ OTHER

APPOINTMENT TYPE (CHECK ONLY ONE)   ☐ SCHEDULED   ☐ WALK-IN

GROUP OR INDIVIDUAL (CHECK ONLY ONE)   ☐ GROUP   ☐ INDIVIDUAL

☐ SERVICE PROVIDED IN LANGUAGE OTHER THAN ENGLISH (SPECIFY LANGUAGE)

ENABLING SERVICE	CODE	MINUTES (CIRCLE ONE OR SPECIFY IN OTHER IF MORE THAN 120 MINUTES)												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 (Describe services) _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenarios : Documenting ES Encounters

Scenario 10

An ES provider contacts a female patient by telephone to remind her that she is due for a pap test and spent about 10 minutes explaining to her the importance of pap tests and answering her questions. Later that day, the same patient comes in to the same ES provider about scheduling a mammogram test as well. The ES provider spent 20 minutes assessing her past medical history as well as her last mammogram and scheduling an appointment. The ES provider also spent another 15 minutes providing her education about completing a mammogram.

WHICH TYPE OF SERVICES WERE PROVIDED AND FOR HOW LONG?

SERVICE DATE (MM+DD+YR) _____   PATIENT DOB (MM+DD+YR) _____

PROVIDER ID _____   PATIENT GENDER _____

PATIENT ID _____   PATIENT ZIP CODE _____

ENCOUNTER TYPE (CHECK ONLY ONE) ☐ FACE TO FACE ☐ TELECOMMUNICATION ☐ OFF-SITE ☐ OTHER

APPOINTMENT TYPE (CHECK ONLY ONE) ☐ SCHEDULED ☐ WALK-IN

GROUP OR INDIVIDUAL (CHECK ONLY ONE) ☐ GROUP ☐ INDIVIDUAL

☐ SERVICE PROVIDED IN LANGUAGE OTHER THAN ENGLISH (SPECIFY LANGUAGE)

ENABLING SERVICE	CODE	MINUTES (CIRCLE ONE OR SPECIFY IN OTHER IF MORE THAN 120 MINUTES)												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 (Describe services) _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenarios : Documenting ES Encounters

Scenario 11

As an Outreach Worker, your clinic is hosting a booth at the local Grandparents and Parents conference. A 52-year-old, uninsured grandmother spends 15 minutes speaking with you regarding applying for insurance and her need for a primary care physician. You schedule an appointment for her to see a nurse practitioner in two weeks. After the day of her appointment, you follow-up and she kept her appointment with your clinic's medical provider.

WHICH TYPE OF SERVICES WERE PROVIDED AND FOR HOW LONG?

SERVICE DATE (MM+DD+YR) _____   PATIENT DOB (MM+DD+YR) _____

PROVIDER ID _____   PATIENT GENDER _____

PATIENT ID _____   PATIENT ZIP CODE _____

ENCOUNTER TYPE (CHECK ONLY ONE)   ☐ FACE TO FACE   ☐ TELECOMMUNICATION   ☐ OFF-SITE   ☐ OTHER

APPOINTMENT TYPE (CHECK ONLY ONE)   ☐ SCHEDULED   ☐ WALK-IN

GROUP OR INDIVIDUAL (CHECK ONLY ONE)   ☐ GROUP   ☐ INDIVIDUAL

☐ SERVICE PROVIDED IN LANGUAGE OTHER THAN ENGLISH (SPECIFY LANGUAGE)

ENABLING SERVICE	CODE	MINUTES (CIRCLE ONE OR SPECIFY IN OTHER IF MORE THAN 120 MINUTES)												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 (Describe services) _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenarios : Documenting ES Encounters

Scenario 12

A 23-year-old, African American patient with Medicaid has an appointment with a medical provider regarding decreased mood. After the patient completes the PHQ4, the provider contacts the clinic's LCSW to meet with the patient regarding depression and anxiety symptoms. The provider introduces the LCSW to the patient and the patient speaks with the LCSW regarding her current situation and her symptoms. The LCSW spends 43 minutes with the patient.

WHICH TYPE OF SERVICES WERE PROVIDED AND FOR HOW LONG?

SERVICE DATE (MM+DD+YR) _____   PATIENT DOB (MM+DD+YR) _____

PROVIDER ID _____   PATIENT GENDER _____

PATIENT ID _____   PATIENT ZIP CODE _____

ENCOUNTER TYPE (CHECK ONLY ONE) ☐ FACE TO FACE ☐ TELECOMMUNICATION ☐ OFF-SITE ☐ OTHER

APPOINTMENT TYPE (CHECK ONLY ONE) ☐ SCHEDULED ☐ WALK-IN

GROUP OR INDIVIDUAL (CHECK ONLY ONE) ☐ GROUP ☐ INDIVIDUAL

☐ SERVICE PROVIDED IN LANGUAGE OTHER THAN ENGLISH (SPECIFY LANGUAGE)

ENABLING SERVICE	CODE	MINUTES (CIRCLE ONE OR SPECIFY IN OTHER IF MORE THAN 120 MINUTES)												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 (Describe services) _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenarios : Documenting ES Encounters

Scenario 13

A 34-year-old female patient from Mexico has several conditions, including diabetes and back pain from her work in the tomato fields. She and her husband are both undocumented and they have two young children. During her most recent scheduled visit, you first spent 8 minutes to assess her children's eligibility for Medicaid. Then you spent another 34 minutes to develop a management plan for her diabetes. You also spent an additional 17 minutes to arrange a referral to a physical therapist. You are bilingual in English and Spanish and provided all services to her in Spanish.

WHICH TYPE OF SERVICES WERE PROVIDED AND FOR HOW LONG?

SERVICE DATE (MM+DD+YR) _____   PATIENT DOB (MM+DD+YR) _____

PROVIDER ID _____   PATIENT GENDER _____

PATIENT ID _____   PATIENT ZIP CODE _____

ENCOUNTER TYPE (CHECK ONLY ONE) ☐ FACE TO FACE ☐ TELECOMMUNICATION ☐ OFF-SITE ☐ OTHER

APPOINTMENT TYPE (CHECK ONLY ONE) ☐ SCHEDULED ☐ WALK-IN

GROUP OR INDIVIDUAL (CHECK ONLY ONE) ☐ GROUP ☐ INDIVIDUAL

☐ SERVICE PROVIDED IN LANGUAGE OTHER THAN ENGLISH (SPECIFY LANGUAGE)

ENABLING SERVICE	CODE	MINUTES (CIRCLE ONE OR SPECIFY IN OTHER IF MORE THAN 120 MINUTES)												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 (Describe services) _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Scenarios : Documenting ES Encounters

Participant's Scenario

Please describe your most recent ES encounter

GENERAL PATIENT CHARACTERISTICS (GENDER, AGE, RACE/ETHNICITY)

_____

SERVICE(S) YOU PROVIDED

_____

TIME YOU SPENT PROVIDING EACH SERVICES

_____

WHICH TYPE OF SERVICE(S) WERE PROVIDED AND FOR HOW LONG?

ENABLING SERVICE	CODE	MINUTES _(CIRCLE ONE OR SPECIFY IN OTHER IF MORE THAN 120 MINUTES)_												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	
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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) _____	OT001	10	20	30	40	50	60	70	80	90	100	110	120	

Challenges

TIME
35 minutes

OBJECTIVES
+ Participants will connect Enabling Services Data Collection activities to their own personal and organizational workflow.
+ Participants will identify possible challenges to collecting enabling services data.
+ Participants will propose solutions to possible ES data collection challenges.

METHOD OF INSTRUCTION
+ Individual brainstorming
+ Small group activity
+ Large group discussion

SECTIONS
+ Brainstorm
+ Prioritize
+ Address
+ Discuss

SUPPLIES
+ Index cards
+ Post-it notes in various colors
+ Flip chart paper & markers
+ Masking tape

HANDOUTS
None

Challenges

Brainstorm

TIME
5 minutes

PURPOSE
To brainstorm possible challenges to Enabling Services data collection.

SUPPLIES
Index cards

HANDOUTS
None

SUPPLIES
None

PREPARATION
In advance, or right before activity, distribute one index card to each participant.

STEPS
1. Cluster participants into groups of about 5 or 6.

2. Ask them to think about everything we've talked about so far, including the importance of enabling services, the definitions, coding, staffing, etc.

3. Tell them to imagine themselves either doing this work themselves or overseeing an enabling services data collection project.

4. Have each participant write one challenge or difficulty they anticipate around incorporating ES data collection into the work of the organization. They may have several challenges in mind, but they should only write down one.

5. Have each group collect their challenge cards in one pile.

6. Now, have each group give their stack of cards to a different group.

Challenges

Prioritize

TIME
5 minutes

PURPOSE
To identify the most difficult potential challenges with ES data collection projects.

SUPPLIES
Index cards from different group; flip chart paper; markers; post-it notes (different colors for each group if possible); masking tape.

HANDOUTS
None

PREPARATION
Give 2 sheets of flipchart paper, a marker, and several pieces of masking tape to each group.

STEPS
1. Instruct each group to look at the cards they have just received and work together to quickly choose whichever two challenges they think are most important.

2. One person from each group should write the 1st prioritized challenge at the top of the first sheet and the 2nd prioritized challenge at the top of the 2nd sheet.

3. Tape both sheets of flip chart paper to the wall.

Key Point

Having groups switch their cards with another group ensures anonymity – nobody's ideas are being discussed and accepted or rejected in front of them. Having people think about the challenges individually and then prioritize as a group helps address different learning styles within the same activity.

ACTIVITY 2
Challenges

Address

TIME
10 minutes

PURPOSE
To identify potential solutions to ES data collection challenges.

SUPPLIES
Post-It notes, a different color for each group, if possible.

HANDOUTS
None

PREPARATION
Give a stack of Post-It notes to each table.

STEPS
1. Tell the groups that their task in the next 10 minutes is to come up with as many possible solutions to each of their challenges as possible. Tell them to be creative and try to come up with more possible solutions than any other group.

2. At a minimum, each group should propose at least 3 possible solutions to the challenge. Write each solution on a separate post-it note.

3. As solutions are proposed and written on the post-it notes, a "runner" should take them up to the wall and stick them on the appropriate flip-chart paper.

4. As groups are working, facilitators should consolidate like challenges and solutions and be planning their discussion points around the challenges and solutions identified.

Challenges

Discuss

TIME
15 minutes

PURPOSE
To debrief on the challenges and solutions identified by each group and connect them to actual challenges and solutions that health center sites have dealt with in practice.

SUPPLIES
PowerPoint slides with content about challenges.

HANDOUTS
None

PREPARATION
Group like challenges and solutions on the wall.

STEPS
1. Facilitator should summarize the key challenges identified by each group and some suggested solutions.

2. Facilitator should then present slides about challenges, pointing out those that were already mentioned by the group, and highlighting those that the group hadn't.

3. Special attention should be paid to highlighting solutions, rather than just challenges.

4. Debrief with group. How did this feel? Did it make the project seem less overwhelming? More overwhelming? Did it give them new ideas? Can they see their organizations implementing some of these things?

Enabling Services Data Collection Implementation Team Kick-Off Meeting

TIME
25 minutes

OBJECTIVES
+   Participants will apply what they have learned in a mock ES team meeting.
+   Participants will be able to advocate for Enabling Services Data Collection projects in their own organizations.

METHOD OF INSTRUCTION
+   Individual preparation (assigned roles)
+   Team member discussion

SECTIONS
+   Familiarize with your role
+   Assert your questions and concerns with the team

SUPPLIES
None

HANDOUTS
Role Description (ED/CEO, Program Director, ES Provider, Data Analyst) provided on the following pages.

ESDC Team Kick-Off Meeting

Individual Preparation

TIME
5-7 minutes

HAND-OUT
Role Descriptions (CEO, ES Program Director, ES Provider, Data Analyst)

PREPARATION
Assign each participant to a role, distributing the roles as evenly as possible.

GOAL
Have participants answer the questions specific to their role as best as they can based on what they have learned today. Outline key highlights that they believe will challenge their role's position and any questions that they would like to engage the team to discuss.

Team Meeting

TIME
15 minutes

GROUP
CEO, ES Program Director, ES Provider, Data Analyst

GOAL
Discuss as a team what they have thought of in their 'preparation' stage. Talk about the answers to the questions, concerns, ideas, and methods to successfully ensure ES is integrated with the staff and your health clinic. A good topic to practice is creating a challenging scenario in which all members of the team will have to coordinate with each other to reach the solution.

Class Discussion

TIME
5 minutes

GROUP
Health Center Group

GOAL
Share in a larger group what they have discussed in their team meeting and what solutions their team came up with.

ESDC Team Kick-Off Meeting

Role Description : ED/CEO

BACKGROUND

You are the Executive Director/CEO of ABC Health Center. You and your Enabling Services Program Director recently attended a very compelling training on "Demonstrating the Value of Enabling Services Through Data Collection." You both agreed that undertaking this initiative would be excellent for your organization.

A team has been created to lead this effort, and the kick-off meeting is today. (The other team members are the Enabling Services Program Director, an Enabling Services provider, and a Data Analyst). Take about 15 minutes to prepare for the meeting.   You'll then meet with the rest of the team to discuss opportunities, questions, concerns, and how each of you can champion this effort with staff to ensure its success.

Your task in this meeting is to "sell" the Enabling Services Data Collection project to key staff.   You should start the meeting and facilitate the conversation. Make sure to get everyone involved in the discussion.

Be prepared to address the following points. Reference Module 1, Module 3, and/or your ES Training Companion to help you prepare:
+   Why Enabling Services are important?
+   How collecting data about Enabling Services will benefit your health center?
+   How you plan to support the Enabling Services data collection effort?

Role Description : ES Program Director

BACKGROUND

You are the Enabling Services Program Director of ABC Health Center. You and your Executive Director/CEO recently attended a very compelling training on "Demonstrating the Value of Enabling Services Through Data Collection." You both agreed that undertaking this initiative would be excellent for your organization.

A team has been created to lead this effort, and the kick-off meeting is today. (The other team members are the Executive Director/CEO, an Enabling Services provider, and a Data Analyst). Take about 15 minutes to prepare for the meeting.   You'll then meet with the rest of the team to discuss opportunities, questions, concerns, and how each of you can champion this effort with staff to ensure its success.

Your task in this meeting is to describe how Enabling Services are currently provided in your health center and why this effort will benefit the team overall.

Be prepared to address the following points. Reference Module 1, Module 2, and/or your ES Training Companion to help you prepare:
+   Who provides Enabling Services at your health center? (Clinical providers? Social workers? Outreach workers? Health educators? Other?). What types of Enabling Services do they provide? How do they currently track their activities?
+   How could collecting Enabling Services data using this system contribute to improving the services your health center provides?
+   How can you specifically support the Enabling Services data collection effort?

ESDC Team Kick-Off Meeting

Role Description : ES Provider

BACKGROUND

You are an Enabling Services Provider at ABC Health Center. ABC's Executive Director/CEO and Enabling Services Program Director recently attended a very compelling training on "Demonstrating the Value of Enabling Services Through Data Collection." They both agreed that undertaking this initiative would be excellent for your organization.

A team has been created to lead this effort, and you are a part of that team. (The other team members are the Executive Director/CEO, the Enabling Services Program Director, and a Data Analyst). The kick-off meeting is today. Take about 15 minutes to prepare for the meeting. You'll then meet with the rest of the team to discuss opportunities, questions, concerns, and how each of you can champion this effort with staff to ensure its success.

Your task in this meeting is to describe how you are currently tracking the Enabling Services work you do and how you anticipate your workflow changing as this new process is adopted.

Be prepared to address the following points. Reference Module 3, Module 4, and/or your ES Training Companion to help you prepare:
+ How does the Enabling Services Data Collection protocol compare to your existing data collection methods?
+ What kind of support will you need from other health center staff to ensure that you can move to this new system effectively?
+ How can you specifically support the Enabling Services data collection effort?

Role Description : Data Analyst

BACKGROUND

You are a Data Analyst at ABC Health Center. ABC's Executive Director/CEO and Enabling Services Program Director recently attended a very compelling training on "Demonstrating the Value of Enabling Services Through Data Collection." They both agreed that undertaking this initiative would be excellent for your organization.

A team has been created to lead this effort, and you are a part of that team. (The other team members are the Executive Director/CEO, the Enabling Services Program Director, and an Enabling Services Provider). The kick-off meeting is today. Take about 15 minutes to prepare for the meeting. You'll then meet with the rest of the team to discuss opportunities, questions, concerns, and how each of you can champion this effort with staff to ensure its success.

Your task in this meeting is to describe how you can help the team in using Enabling Services data as effectively as possible.

Be prepared to address the following points. Reference Module 3, Module 4, and/or your ES Training Companion to help you prepare:
+ What kind of data are currently compiled and shared with key staff? How might the Enabling Services data reports compare or differ?
+ What challenges do you anticipate in producing timely, accurate reports? How might you address these challenges?
+ How can you specifically support the Enabling Services data collection effort?

Visualizing New Workflow

TIME
30 minutes

OBJECTIVES
+ Participants will connect Enabling Services Data Collection activities to their own personal and organizational workflow.
+ Participants will be able to design a new workflow that includes ES documentation.

METHOD OF INSTRUCTION
+ Direct instruction
+ Small group activity
+ Large group discussion

SECTIONS
+ Address
+ Discuss

SUPPLIES
+ Flip chart paper
+ Markers

STEPS
1. Introduce activity. *Talking Points:* Tell participants that now they have had the opportunity to see what the template and what is required for documentation, now it is time to assess how this new process will affect their usual routine and activities.

2. Break participants up into small groups.

3. Have participants design a new workflow on flip chart paper. Instruct participants that they need to start with the patient encounter and ending with documentation and submission of the ES encounter. They need to identify what to do if they have questions about what kind of ES service it is they're providing, or if they forget to click submit, etc.

4. Have groups explain their new workflows and take comments and questions from the larger group.

Delivering an Effective Training

TIME
45 minutes

OBJECTIVES
+ Participants will understand the basic principles of adult learning.
+ Participants will learn at least 3 effective training practices.

METHOD OF INSTRUCTION
+ Individual reflection
+ Large group discussion
+ Tips on Delivering an Effective Training Slide Set

SECTIONS
+ Brainstorm and Personal Reflection
+ Powerpoint and Group Discussion

SUPPLIES
+ Scratch paper or note cards for writing personal reflections

HANDOUTS
+ "What Made That Training Great Was..."

Delivering an Effective Training

Brainstorm and Personal Reflection

TIME
20 minutes

PURPOSE
To have participants reflect on what is most useful or meaningful to them in a training experience.

SUPPLIES
Note cards or pieces of paper

HANDOUTS
"What Made that Training Great Was…"

PREPARATION
Post on a flip chart or show on a slide: "Definition of Training: a process by which someone is taught the skills that are needed for an art, profession, or job."

STEPS
1. Explain that the Tips on Delivering an Effective Training Slide Set is going to help participants think about how to use everything learned to prepare them to:
    +   Provide or support effective staff training.
    +   Support organizational change around Enabling Services Data Collection.

2. Explain that the first part of the slide set will focus on what makes a good—or effective—training.

3. Acknowledge that not everyone in the room may be involved in delivering training, but that everyone in this room will be uniquely suited to reinforce and support it.

4. Begin with a working definition of "training," so everyone is on the same page. Tell participants that when we talk about training, we're referring to the following."
    +   "A process by which someone is taught the skills that are needed for an art, profession, or job." *

5. Now ask everyone to take out a notecard or piece of paper. Tell participants to think about the best training they've ever received or participated in as adults (after age 18). It can be anything as long as it fits the above definition and occurred in their adulthood.

6. Give participants 5 minutes to think and write down the answers to the following questions:
    +   What was the purpose of the training?
    +   Who provided the training?
    +   Approximately how long did the training last?
    +   What made the training so good?

7. Now pass out the Handout "What Made That Training Great Was…" (page 63)
    +   Ask participants to draw a circle around the top three characteristics of training they received.
    +   Ask participants to put a check mark next to one more characteristic that may not have been a part of the training, but that they consider very important.

8. Spend 5-10 minutes discussing people's responses.

9. Go through the slides, pointing out where aspects of the conversation came up.

* From Merriam-Webster

Delivering an Effective Training

Power Point and Group Discussion

TIME
25 minutes

PURPOSE
To reinforce key concepts about what makes an effective training for adults and encourage participants to think about how to prepare for their own staff trainings.

SUPPLIES
None

HANDOUTS
Tips on Delivering an Effective Training Slide Set

PREPARATION
Tips on Delivering an Effective Training Slide Set ready to go

STEPS
1. Following the individual reflection and group discussion, go through the slides on facilitation skills and ES staff training plan.

2. Have the group (or pairs) discuss the following questions:
   + How would you prepare for the training?
   + What materials would be required?
   + How will you measure if your training is successful?

3. Address any final questions or comments related to the activity.

Delivering an Effective Training

MODULE 6: STAFF TRAINING

Demonstrating the Value of Enabling Services Data Collection

OVERVIEW

• This purpose of this training is to provide you with the knowledge, skills and tools necessary to *assist* you with the knowledge and tools to do it and assist in implementing AAPCHO's Enabling Services Data Collection protocol.
• The training is divided into 5 learning modules.

Module 6 | 2

CONTENTS OVERVIEW

• Module 1- Introduction to Enabling Services
• Module 2- Defining Enabling Services
• Module 3- Preparing for Implementation
• Module 4- Data Collection, Analysis and Reporting
• Module 5- Dissemination
• Module 6- Staff Training

Module 6 | 3

LEARNING OBJECTIVES

• Understand the steps in the training for implementation
• Identify materials necessary for training
• Understand basic principles of adult learning and tips for better group facilitation
• Develop a plan to ensure training effectiveness

Module 6 | 4

Purpose of Training

Primary reasons for conducting a training program

1. Increase knowledge
2. Develop or enhance skills
3. Influence behavior

Your goals as a trainer:

1. Deliver a good training experience
2. Support individual and organizational change

Module 6 | 5

TRAINING: ACTIVITY

Module 6 | 6

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Delivering an Effective Training

ACTIVITY: WHAT MAKES A TRAINING GREAT?

What was the best training you ever received as an adult?

• Definition of Training: "a process by which someone is taught the skills that are needed for an art, profession, or job." (from Merriam-Webster)

Write down the answers to these questions:
• What was the purpose of the training?
• Who provided the training?
• Approximately how long did the training last?
• What made the training so good?

Module 6 | 7

DELIVER A GOOD TRAINING: TIPS FOR FACILITATION

Three basic principles of adult learning:

1. Active learner participation in the learning process significantly increases the learner's ability to retain and use knowledge
2. One of the keys to successful learning is a supportive environment, in which the learner receives positive (praise/encouragement), rather than negative, reinforcement (scolding/criticism)
3. Independent learning experiences increase the learner's confidence and sense of responsibility

Module 6 | 8

TRAINING: TIPS FOR FACILITATION

Characteristics of Adult Learners Theory

1. Adults have a need to know why they should learn something
2. Adults have a deep need to be self-directing
3. Adults have a greater volume and different quality of experience than youth
4. Adults become ready to learn when they experience in their life situation a need to know or be able to do in order to perform more effectively and satisfying*

Module 6 | 9

TRAINING: TIPS FOR FACILITATION

Characteristics of Adult Learners Theory

5. Adults enter into a learning experience with a task-centered orientation to learning
6. Adults are motivated to learn by both extrinsic and intrinsic motivators

Module 6 | 10

TRAINING: TIPS FOR FACILITATION

Concentration and Attention Span:

The key to maintaining information recall at a high level is to organize learning sessions in blocks of 20-50 minutes.

Importance of breaks!

Module 6 | 11

Influencing Knowledge, Attitudes, and Skills

Knowledge:

1. Only teach those facts which the learner needs
2. Start with learner's own experience
3. Use all possible additional resources
4. Make learning activities participatory
5. Use visual aids and handouts
6. Review and summarize often
7. Verify that learning has taken place

Module 6 | 12

Influencing Knowledge, Attitudes, and Skills

Attitudes:
1. Provide information
2. Provide examples or models
3. Provide direct experience
4. Provide opportunity for discussion
5. Provide role playing exercises

Influencing Knowledge, Attitudes, and Skills

Skills:
1. Describe the skill
2. Demonstrate the skill
3. Have the trainee practice the skill
4. Verify that the skill is being done correctly (evaluate)

TRAINING TECHNIQUES

1. Lecture and illustrated lecture
2. Demonstration
3. Discussion
4. Role play
5. Assignment
6. Question and answer
7. Field trips, Practicum, Group work
8. Case study

TRADITIONAL VS. EXPERIENTIAL

Traditional Trainer focuses on:
- Passing on information from trainer to trainee
- Assuming responsibility for trainee needs
- Focusing "one-way" communication from trainer to trainee

Experiential Trainer focuses on:
- Trainees learn from experience
- Trainees should be actively involved in the training process
- Trainees will learn best by exploration and discovery, asking questions, formulating and testing hypotheses and solving problems

TRAINING PLAN

- Site visit/workflow assessment
- Training for enabling services staff
- Training for data analysts

TRAINING ENABLING SERVICES STAFF

- Identify all enabling services staff
- Enabling services categories and definitions
- CHC-specific enabling services form and instructions
- Refresher trainings

Delivering an Effective Training

ES STAFF TRAINING RESOURCES

<u>Training Curriculum</u>
- Packet P21-22
- Training PowerPoint is available upon request

<u>ES Data Collection Handbook</u>

Module 6 | 19

TRAINING DATA ANALYSTS

- Work with data analysts to enter, code, and clean datasets

- Go through common mistakes in data entry with data analysts

- Establish common guidelines addressing data issues

Module 6 | 20

STAFF TRAINING: DISCUSSION

- How would you prepare for the training?
- What materials would be required?
- How will you measure if your training is successful?

Module 6 | 21

Ensuring Training Effectiveness

Keep in Mind:
1. Purpose: increase knowledge; develop/enhance skills; influence behavior
2. Training is necessary….but not sufficient
3. Possible roadblocks:
   - Employees may not understand why a change is needed
   - Training may not adequately address real barriers or challenges.

Module 6 | 22

Ensuring Training Effectiveness

Effective Training Practices[1]
1. Establish learning goals for training together
   - short <u>and</u> long-term goals
2. Simulate the workplace, where possible
3. Demonstrate supervisor support
   - participate in training
   - post-training debrief
   - discussions about learning
   - immediate opportunity to practice new skills

[1]FHI360. "Effective Training Practices." FHI360.org. February 2012.

Module 6 | 23

Supporting Individual and Organizational Change

Strategies for Creating Change[2]
1. Reinforce key messages after the training
2. Hold people accountable
   - clear expectations and consistent follow-up
3. Address actual barriers
   - choose 1-2 real problems to address in the short term
4. Involve managers <u>and</u> employees
   - cross-functional teams with a clear purpose
   - champion / sponsor

[2]Kamins, Craig. "How to Make Training a Catalyst for Real Change." Gallup Business Journal. March 11, 2014

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ESDC TEAM KICK-OFF MEETING

ABC health center's CEO and Enabling Services Program Director recently attended a very compelling training on Demonstrating the Value of Enabling Services Through Data Collection. Both agreed that undertaking this initiative would be excellent for the organization. A team has been created to lead this effort, and you are on it. The team kick-off meeting is today. Take about 15 minutes to prepare for the meeting.   You'll then meet with the rest of the team to talk about questions, concerns, and how each of you can champion this effort with staff and ensure its success.

THANK YOU.

Delivering an Effective Training

DIRECTIONS
Have participants draw a circle around the top 3 characteristics of a great training they received

What Made That Training Great Was....

The importance of the training was clear.

I knew how it would benefit me.

My own knowledge and experience were recognized and incorporated into the training.

I felt engaged in the training – like I was participating and "learning by doing."

I was able to learn at my own pace.

There were useful take-away resources (handouts, articles, curriculum, instructions guides, etc.).

I was able to learn in my own way.

There were enough different activities or parts of the training to keep me interested.

I was given enough time to reflect and learn on my own.

I had the chance to learn from others (besides just the trainer/s).

There was enough time for breaks.

The trainer(s) were confident and clear about what they were teaching.

The trainer(s) made sure I understood important concepts and skills.

There were good visual aids.

Reflecting Back

TIME
25 minutes

OBJECTIVES
Participants will have reviewed their learning using a simple closing activity.

METHOD OF INSTRUCTION
+ Individual reflection
+ Large group discussion

SECTIONS
+ Reflection
+ Discuss

SUPPLIES
+ Index cards and tape or Post-it notes
+ Flip chart paper & markers
+ Masking tape

HANDOUTS
None

Reflecting Back

Reflection

TIME
10 minutes

PURPOSE
Reflect on the things they saw, heard, did during the 1st day

SUPPLIES
Preferably sticky post-it notes

HANDOUTS
None

PREPARATION
+   In advance, or right before activity, distribute 4-8 post-it notes or index cards to each participant.
+   In advance, trainer places the following four simple charts across a long wall so participants
    can easily see them all:
    1.   Large outline of a square
    2.   A circle
    3.   A triangle
    4.   A question mark

STEPS
1.   Ask participants to write down something they saw, heard or did that:
     +   Squared with they they knew or believed
     +   Completed the circle of their understanding
     +   Gave a new angle on something
     +   Leaves them the most curious

2.   Participants should have at least one response per shape/category.

3.   Once they have responses to the 4 shapes, ask them to get up and post the responses on the charts.

Reflecting Back

Discuss

TIME
15 minutes

PURPOSE
To review what the group learned during the 1st day.

SUPPLIES
None

HANDOUTS
None

PREPARATION
Group similar responses under each shape to provide an easy summary.

STEPS

1. Facilitator should summarize the responses under each of the shapes.

2. Debrief with group about the things learned.

3. Address the questions/curiosity comments if possible.

References

AAPCHO's ESAP technical and other resources including sample EHR templates: http://enablingservices.aapcho.org.

AAPCHO ESAP technical assistance: Tuyen Tran, ttran@aapcho.org