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Impact of Enabling Services Utilization on Health Outcomes

Enabling Services Accountability Project

Association of Asian Pacific Community Health Organizations

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 non-users. **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 by 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

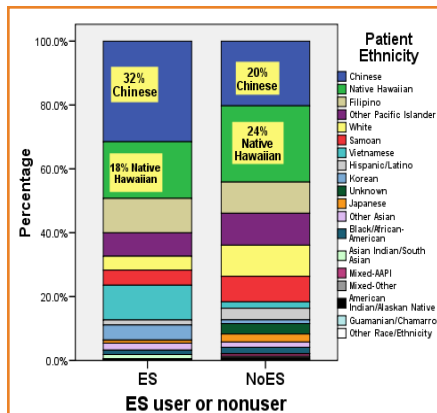
- ♦ Case Management (CM) Assessment, Treatment, and Referral
- ♦ Eligibility Assistance
- ♦ Health Education or Supportive Counseling
- ♦ Interpretation
- ♦ Outreach
- ♦ Transportation
- ♦ Other Enabling Services

Performance Measures and Study Sample

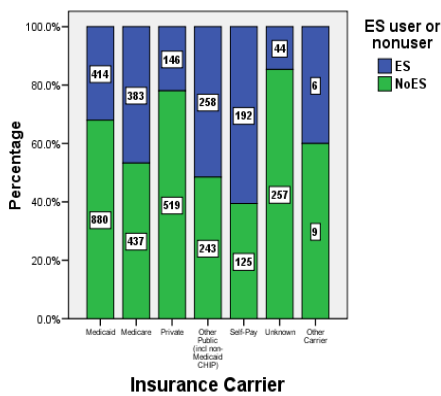
	Population	Performance Measure	ES Users	ES Nonusers	Total	ES User%
Diabetes	Adult patients 18-75 years of age as of December 31, 2007 with a diagnosis of type 1 or type 2 diabetes	Most recent hemoglobin A1c level in 2007	1,337	1,731	3,068	43.6%
Immunization	Children who turned two years of age in 2007	Appropriate immunizations	291	1,331	1,622	17.9%

RESULTS

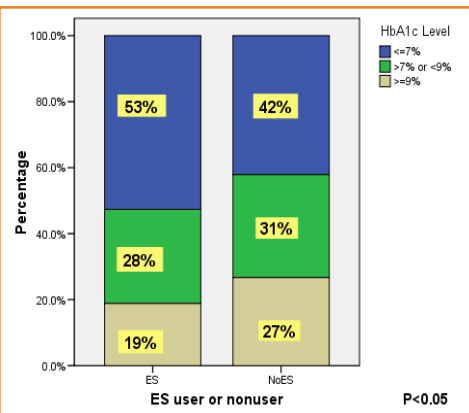
Adult Diabetes



Most patients were AA&NHOPIs.

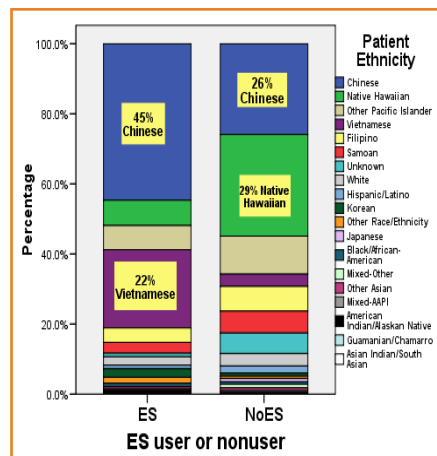


Patients with public or no insurance had the highest percentage of ES utilization.

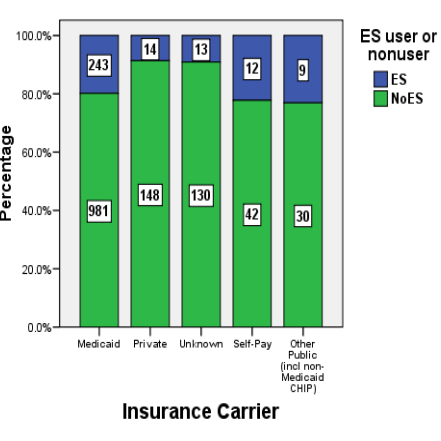


More ES users had their HbA1c under control compared to ES nonusers. P<0.05

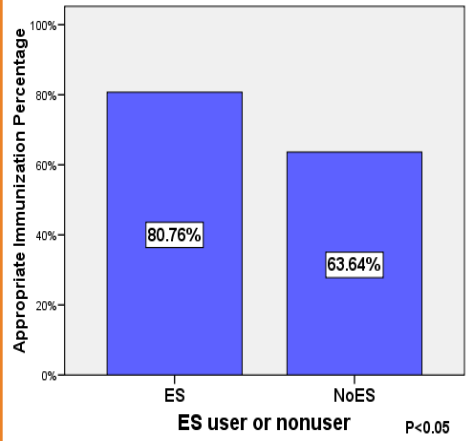
Child Immunization



Most patients were AA&NHOPIs.



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



ES users had a higher percentage of patients that received appropriate immunizations. P<0.05

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 and array 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.