

# Enabling Services: A Critical Component in Delivering Quality and Cost-effective Health Care in Hawaii

## BACKGROUND

Hawaii serves a predominantly Asian American (AA), Native Hawaiian and Pacific Islander (NHPI) population with complex health needs. AA and NHPI are among the fastest growing groups in the United States, representing more than 50 nationalities and over 100 different languages and dialects. With higher levels of poverty, uninsured, and limited English proficiency than non-Hispanic whites, AA and NHPI subgroups continue to experience challenges in accessing health care and significant health disparities despite aggregate data that obscures these distinctions.

A critical factor in health centers' success at improving care and reducing health disparities for medically underserved populations lies in their consistent utilization of enabling services – non-clinical services provided to patients to support care delivery, enhance health literacy, and facilitate access to care. Enabling services include a variety of supportive services such as case management and health education.

## ISSUES

### 1. More Complex Patients

Hawaii state serves a growing complex population with cultural and linguistic and other social determinants of health (SDH) barriers that contribute to their complexity of care. Hawaii has the largest concentration of NHPIs in the nation, and this group was one of the **fastest growing race groups** between 2000 and 2010.<sup>1</sup>

#### Health Centers in Hawaii, 2017

##### Health Centers in HI

# of Grantee Organizations	14
# of Delivery Sites	71
% Grantees with PCMH Recognition	71%
% Grantees w/ Staff Authorized to Prescribe Medication-Assisted Treatment (MAT) for Opioid Use Disorder	57%
% of Grantees Utilizing Telehealth	50%

##### HI Health Center Patients

Children Served	49,696
Homeless Patients Served	7,964
Veterans Served	3,154
Growth in Patients since 2010	19%
<b>Total Patients</b>	<b>155,436</b>

	HI Health Center Patients	HI Residents	US Residents
% at or Below 100% Poverty	68%	10%	13%
% at or Below 200% Poverty	85%	22%	31%
% Racial/Ethnic Minority	79%	78%	39%
% Uninsured	13%	6%	9%
% Medicare	9%	18%	17%
% Medicaid	56%	12%	17%

##### HI Health Center Staff Provide a Comprehensive Range of Services

FTEs	
Physicians	93
NPs/PAs/CNMs	94
Nurses	81
Dentists	53
Dental Hygienists	17
Behavioral Health Specialists	92
Pharmacy	38
Enabling Services	189
Vision	10
Other Staff	663
<b>Total Staff</b>	<b>1,856</b>

Patient Visits	
Chronic Conditions	162,631
Behavioral Health	176,403
Preventive Services	171,067
Dental Services	109,967
<b>Total Visits</b>	<b>719,109</b>

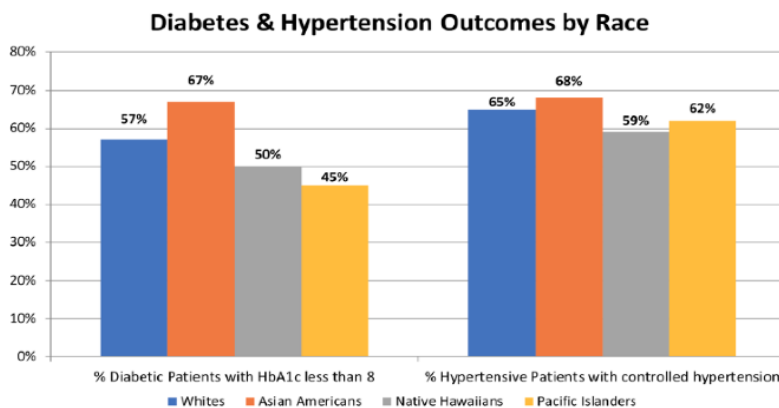
*Did you know that health centers in Hawaii are economic drivers? Every \$1 in federal investments generates \$6.42 in economic activity across Hawaii. In total, health centers in Hawaii deliver \$372. million in economic activity.*



\* Notes: Dual eligible beneficiaries enrolled in both Medicare and Medicaid are only included in Medicare estimates. "Federal investments" refer solely to Health Center Program Section 330 grants. Sources: 2017 Uniform Data System, BPHC, HRSA, DHHS; US Census Bureau; Leavitt Partners in collaboration with NACHC. Detailed sources are available at <http://www.nachc.org/research-and-data/state-level-data-maps/>

- The 14 federally-funded health center organizations in Hawaii serve 155,436 patients.<sup>2,3</sup>
- **Thirteen percent (13%) of health center patients** compared to 6% in the general population are **uninsured** in Hawaii.<sup>2,3</sup>
- **Fifty-six percent (56%) of health center patients** compared to 12% in the general population are **covered by Medicaid** in Hawaii.<sup>2,3</sup>

In addition to experiencing multiple SDH barriers, NHPI health center patients in Hawaii are also more likely to have multiple chronic conditions. For instance, NHPI adults in general are also more likely to have diabetes and to have ever had asthma.<sup>4</sup>



NHPI patients at health centers have **higher proportions of patients with uncontrolled diabetes and uncontrolled hypertension**, when compared to their White and Asian American population counterparts.

- Compared to national health centers, NHPI-serving health centers also have more than **double the average number of patients with diabetes** (3,644 at NHPI-serving health centers and 3,455 at PI-serving health centers, compared to 1,651 at national health centers)<sup>5</sup>; and
- More than double the average number of patients with HbA1c levels greater than 9% (1,197 at NHPI-serving health centers and 1,131 at PI-serving health centers, compared to 504 at national health centers).<sup>5</sup>
- Drawing from the 2014 NHPI-National Health Interview Survey, a study found that **NHPIs with chronic diseases were twice as likely to be multiple emergency department (ED) users and nearly four times as likely to be frequent-users of outpatient services. Social support played a protective role in preventing multiple use of ED.**<sup>6</sup>

The findings suggest an opportunity for health centers to identify and address social, cultural, and economic determinants of health that may contribute to the health disparities that exist amongst the NHPI population.<sup>5</sup>

Additionally, in a national safety net study that included Hawaii health centers, AAs and NHPIs were

found to have significantly higher proportions of multiple chronic conditions compared to other groups.<sup>7</sup>

- In a study that included AA and NHPI patients at Hawaii health centers, social determinants of health including lack of insurance and Limited English Proficiency were associated with HbA1c level among diabetic safety net patients.<sup>8</sup>

## 2. Greater Number of Enabling Services

A notable difference between health centers serving these complex patients and other health centers can be seen in patients' utilization and the health centers' provision of enabling services or non-clinical services that support access to health care and improve health outcomes (i.e., case management, translation/interpretation, transportation, health literacy, and outreach).

- A study that included AA and NHPI patients in Hawaii found that health centers provide **a large variety of enabling services**, with eligibility assistance being the most common to provide assistance to uninsured patients. Compared to nonusers of enabling services, users of enabling services were more uninsured patients. Compared to nonusers of enabling services, users of enabling services were more likely to be from a minority background, uninsured, older in age, and have a greater need for enabling services.<sup>9-15</sup>
- Another study including Hawaii health centers demonstrated the critical **impact of health education for diabetic patients** and the importance of sustaining funding for critical health education services at community health centers.<sup>9-15</sup>
- And yet another study with Hawaii health centers examining diabetes control and childhood immunization showed that for both outcome measures, **ES users compared to non-users are more likely to have desired outcomes.**

The studies concluded that enabling services provided at community health centers are likely to prevent acute episodes and promote better management of chronic diseases and that enabling services provided by the clinics are critical for access to appropriate care for underserved AA and NHPI patients.<sup>9-15</sup>

## 3. High Quality Care

Investment in enabling services and interventions addressing SDH is cost effective by preventing future high cost of care (e.g., costly ER visits).

- Annual studies using national and regional health center data demonstrate the association between health centers' investment in enabling services and patient health outcomes.<sup>16-20</sup>
- **Enabling services staffing and costs are associated with better national quality measures, including higher rate of HbA1c < 8%, higher rate of controlled hypertension, higher cervical cancer screening rate, and higher child immunization rate.**<sup>16-20</sup>

- A growing body of other work demonstrates that provision of a variety of enabling services leads to positive health outcomes, and often generate cost savings from better use of primary and preventive care and reduction of expensive emergency and inpatient care.<sup>21-31</sup>

## **RECOMMENDATION**

### **Health plans need to account for SDH and ES provision in setting payments and in measuring quality for patients seen at these health centers to achieve the Quadruple Aim.**

A variety of financing methods can be used to negotiate with health plans in supporting the delivery of enabling services that will help them to reach cost/outcome targets. Medicaid systems, managed care approaches and safety net providers employ best practice models that others can adapt.

For example, states often target priority high risk populations in contract specifications or performance incentives to support care coordination services. A majority of states require their plans to meet performance goals to reduce these certain outcomes such as diabetes and utilization of emergency department services. Often, this involves addressing social determinants of health by providing enabling services, such as case management, care coordination, and health education on healthy eating and physical activity with related medical care. States have also prioritized reduction in racial and ethnic disparities, and these initiatives involve community health workers who can help engage minority enrollees into services and provide education on target conditions.

Medicaid health plans are usually paid on a capitated basis, using a financial incentive to identify and improve management of high cost members and giving them considerable flexibility in delivering additional services if it can be done within the capitation rate. Health plans are using sophisticated claims analysis or risk stratification to identify not only high cost members, but also members with chronic diseases who are not getting effective treatment and medication. Health centers could benefit by administering social determinants of health and enabling services documentation tool to produce critical data to supplement these risk stratification analyses.<sup>32-35</sup>

Studies have demonstrated the relevance of enabling services and how better quantifying their provision can demonstrate their value to private and public payers. **AA and NHPI serving health centers including those in Hawaii on average provide enabling services (ES) to almost twice as many patients as the national average, and provide more than twice as many enabling service visits as the national average.** Documented data on the social complexity of patients in Hawaii and the enabling services/interventions required to address them can be used to risk adjust payment for health organizations providing these critical services to improve patient health and curb spending from better use of primary and preventive care and reduction of expensive emergency and inpatient care.<sup>36-37</sup>

## Endnotes

1. [2010 Census Brief](#)
2. [State UDS Data](#)
3. [NACHC Hawaii State Fact Sheet](#)
4. [National Health Interview Survey, 2014](#)
5. [AAPCHO Analysis of Native Hawaiian And Pacific Islander Health Outcomes At Health Centers: UDS 2017](#)
6. [Frequency and predictors of health services use by Native Hawaiians and Pacific Islanders: evidence from the U.S. National Health Interview Survey \(2018\)](#)
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8. [Impact of Social Determinants of Health on Patients with Complex Diabetes Who Are Served by National Safety-Net Health Centers \(2016\)](#)
9. [Use of Enabling Services by Asian American, Native Hawaiian, and Other Pacific Islander Patients at 4 Community Health Centers \(2010\)](#)
10. [Examination of Health Conditions of Enabling Service Users \(2005\)](#)
11. [Evaluation of Culturally Appropriate Community Health Education on Diabetes Outcomes \(2008\)](#)
12. Impact Of Enabling Services Utilization On Improving Health Outcomes at Community Health Centers (Spring 2015)
13. [Enabling Services at Health Centers: Eliminating Disparities and Improving Quality \(2006\)](#)
14. [Enabling Services at Community Health Centers - A Critical Component in Building Sustainable Health Care Homes \(2010\)](#)
15. [Implementing a Standardized Tracking System for Documenting Enabling Services in the HCH Setting: A Pilot Project \(2012\)](#)
16. [Health Center Investments in Enabling Services Associated with Better Health Outcomes \(2017\)](#)
17. California Primary Care Association: Examination of the Relationship Between Enabling Services and Health Outcomes in California Community Clinics and Health Centers
18. [Highlighting the Role of Enabling Services At Community Health Centers](#)
19. [Enabling Services at Community Health Centers: A Critical Component in Building Sustainable Health Care Home](#)
20. [Why do some health centers provide more enabling services than others? \(2009\)](#)
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