

AAPCHO Enabling Services Encounter Form

Note: Fields in **Red** are optional

| | | | | | |
|--|-------------|---------------------|--------------------------|-----------------------|--------------|
| Service Date | Provider ID | Patient ID | Patient DOB | Patient Gender M F | Pt. Zip Code |
| Encounter Type (check only one): | | Face to Face | Telecommunication | Off-site | |
| Appointment Type (check only one): | | Scheduled | Walk-in | | |
| Group or Individual (check only one): | | Group | Individual | | |

| B. Payor Source at time of service (check) | | | | | |
|--|--|----------|---|--|---|
| A. Managed Care | | Y | N | B. Sliding Fee | |
| | | | | Y | N |
| C. Carrier at time of service (check only one) | | | | | |
| Medicaid | | Medicare | | Other Public including Non-Medicaid CHIP | |
| Private | | Self-pay | | Other (please specify): | |

| D. Primary Language (check only one) | | | E. Race/Ethnicity (check only one) | | |
|--|----------|-------------------------|------------------------------------|---------------------------------|-------------------------|
| English | Mandarin | Vietnamese | Asian Indian/ South Asian | Native Hawaiian | White |
| Cantonese | Samoan | Visayan | Chinese | Guamanian/ Chamorro | Hispanic/ Latino |
| Hmong | Spanish | | Filipino | Samoan | Black/ African |
| Japanese | Tagalog | Other (please specify): | Japanese | Other Pacific Islander | American |
| Khmer | Tibetan | | Korean | American Indian/ Alaskan Native | Mixed – AAPI |
| Korean | Thai | | Vietnamese | | Mixed – Other |
| Laotian | Tongan | | Other Asian | | Other (Please specify): |
| Check if applicable: | | | | | |
| <input type="checkbox"/> Cannot read/write primary language | | | | | |
| <input type="checkbox"/> Service provided in language other than English | | | | | |
| Specify language _____ | | | | | |

| F. Place of Birth (check only one) | | | G. Job Type (check only one) | | |
|------------------------------------|---------------------|---------------------------------------|------------------------------------|---|---------------------------------------|
| U.S. | Laos | Africa | General Enabling Services Provider | Administrator/Clerk/ Facility Staff | Physician (MD or DO) |
| Pacific Islands | Philippines | Latin, Central, or South America | Case Manager | Community Health Worker | Physician's Assistant |
| China | South Asia | Other Place of Birth (Please specify) | Eligibility/Financial Worker | Counselor/Therapist (certified or licensed) | Social Worker (certified or licensed) |
| Taiwan | Thailand | | Health Educator | Dental Personnel | Traditional Healer |
| Japan | Vietnam | | Counselor/Therapist | Medical Assistant | Other (please specify) |
| Korea | Other Asian Country | | Interpreter | Nurse (NP, RN, LVN, Midwife) | |
| Cambodia | Europe | | Outreach Worker | Nutritionist | |
| | | | Transportation Provider | Pharmacist | |
| | | | Volunteer | | |

| H. ENABLING SERVICE | CODE | MINUTES (Circle one or specify in Other if > 120 minutes) | | | | | | | | | | | | Other |
|--|-------|---|----|----|----|----|----|----|----|----|-----|-----|-----|-------|
| Case Management – Assessment | CM001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Case Management – Treatment and 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 below | OT001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |

Sample Health Center Enabling Service Encounter Form

| Service Date (M/D/Y) | Provider ID | Patient ID | Pt. DOB (M/D/Y) | Pt. Gender M F | Pt. Zip Code | | | | | | | | | |
|--|-------------|---|-----------------|----------------------|--------------|----|----|----|----|----|-----|-----|-----|-------|
| Encounter Type (check one): | | Face to Face Telephone Off-site | | | | | | | | | | | | |
| Service provided in language other than English – specify language _____ | | | | | | | | | | | | | | |
| ENABLING SERVICE | CODE | MINUTES (circle one) | | | | | | | | | | | | 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 Enabling Service | OT001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Describe Other Enabling Service: | | | | | | | | | | | | | | |

| | | | |
|---|--------------------------|---|-----------------------------------|
| Service Date | Provider ID | Patient ID | Patient DOB |
| Encounter Type (check only one): | | Face to Face | Telephone Off-site |
| Appointment Type (check only one): | | Scheduled | Walk-in |
| Individual or Group (check only one): | | Individual | Group |
| First Social Work Visit? Yes No | Provider: | I M Pediatrics | Mental Health Women's Health |
| Referral Source: Self | Other | | |
| Needs Assessment: | School Issues | Family Violence | |
| Mental Health | Developmentally Delayed | Safety/Risk | |
| ADHD | Medically-related Issues | Other (Please specify) | |
| Pregnancy-related Issues | Family Relationships | | |
| <input type="checkbox"/> Cannot read/write primary language | | <input type="checkbox"/> Provided service in language other than English (Please specify language) | |

| ENABLING SERVICE | CODE | MINUTES (CIRCLE ONE OR SPECIFY IN OTHER IF > 120 MINUTES) | | | | | | | | | | | | OTHER |
|--|--------|---|----|----|----|----|----|----|----|----|-----|-----|-----|-------|
| Case Management – Assessment | | | | | | | | | | | | | | |
| • Initial Intake | CM0011 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| • Ongoing Assessment | CM0012 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Treatment and Facilitation | CM0020 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Referral | | | | | | | | | | | | | | |
| • Housing | CM0031 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| • VNS | CM0032 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| • EIP | CM0033 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| • CPSE | CM0034 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| • CSE | CM0035 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| • Other (Please specify) _____ | CM0040 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Health Ed/Supportive Counseling | CM0050 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |

| Financial Counseling/ Eligibility Assistance | | | | | | | | | | | | | | |
|---|--------|----|----|----|----|----|----|----|----|----|-----|-----|-----|--|
| • PCAP Application | FC0011 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| • PCAP Related | FC0012 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| • Medicaid/Mnged Care Issues | FC0013 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| • Medicaid/CHP | FC0014 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| • Medicaid/FHP | FC0015 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| • Medicare | FC0016 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| • SSI/SSA | FC0017 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| • Public Assistance | FC0018 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| • Food Stamps | FC0019 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| • Other (Please specify) | FC0020 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |

| | | | | | | | | | | | | | | |
|--|--------|----|----|----|----|----|----|----|----|----|-----|-----|-----|--|
| Interpretation Services | IN0010 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Outreach Services | OR0010 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Transportation | TR0010 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Other (Specify, continue on back) | OT0010 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |

Note: Please complete form only if services cannot be submitted as a claim for reimbursement services.



An Examination of Enabling Services at Community Health Centers Serving AAPIs

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PROJECT GOALS

- Develop an enabling service data collection protocol and database at health centers serving predominantly Asian Americans & Pacific Islanders (AAPIs)
- Describe the utilization of enabling services by AAPIs at health centers
- Examine health needs of enabling service users

BACKGROUND

What are enabling services?

- Non-clinical services aimed to increase access to health care and improve outcomes of treatment
- Includes case management, financial counseling, health education and supportive counseling, interpretation, outreach, and transportation

What stimulated the project?

- Need for better data on enabling services and its impact on health
- Recognition of enabling services' impact on patient access to care
- Need for resources to sustain services that are non-reimbursable or inadequately funded

METHOD

Sample

- 5,862 patients (9,821 encounters) from 4 health centers located in Hawaii (2 centers), New York, & Washington
- 64% Male, 36% Female

Average Health Center Characteristics:

| # of Users | % AAPI | % at or below 100% Poverty | % Uninsured | % best served by language other than English |
|------------|--------|----------------------------|-------------|--|
| 18,862 | 81% | 70% | 30% | 50% |

Source: UDS 2003

Procedure

Enabling Service Data Collection:

- Define enabling service categories & data collection variables
- Develop data file layout manual and enabling service encounter form

| Service Date (MDY) | Provider ID | Patient ID | PL DOB (MDY) | PL Gender | PL Zip Code | | | | | | | | | |
|--|-------------|----------------------|----------------------|----------------------|----------------------|-------|----|----|----|----|-----|-----|-----|-------|
| Encounter Type (check one): <input type="checkbox"/> Face to Face <input type="checkbox"/> Telephone <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Off-site | | | | | | | | | | | | | | |
| Service provided in language other than English - specify language: | | | | | | | | | | | | | | |
| ENABLING SERVICE | CODE | MINUTES (circle one) | MINUTES (circle one) | MINUTES (circle one) | MINUTES (circle one) | Other | | | | | | | | |
| Case Management | CM001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | Other |
| Case Management | CM002 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | Other |
| Case Management | CM003 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | Other |
| Case Management | CM004 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | Other |
| Financial Counseling | FC001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | Other |
| Health Education | HE001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | Other |
| Health Education | HE002 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | Other |
| Outreach Services | OS001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | Other |
| Transportation | TR001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | Other |
| Other Enabling Service | OT001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | Other |

- Develop enabling service data collection protocol
- Collect 16 weeks of data between May-September 2003*

*At one center, only data from Social Service department was collected.

Health Needs Study:

Setting: 3 centers who participated in enabling service data collection

Enabling Service Users (N=2656):

-Patients who used at least one enabling service and had a primary care visit in June 2004.

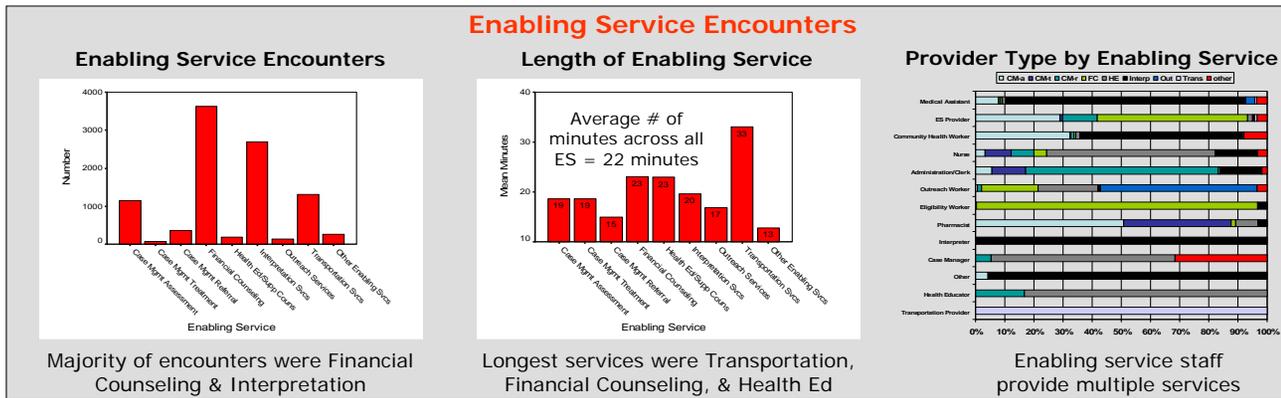
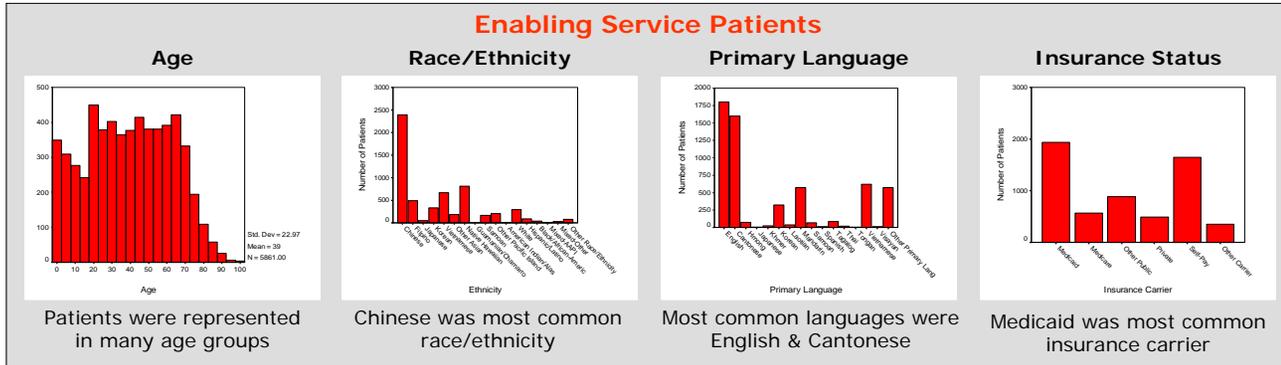
Non-Enabling Service Users (N=2190):

-Patients who had a primary care visit in June 2004

-Excluded patients who used enabling services during data collection period

Measures

- Demographic: Gender, Age, Ethnicity, Insurance
- Primary diagnosis of all primary care visits from 6/1/02-6/30/04
- Diagnoses were coded as Ambulatory Care Sensitive Conditions (Falik et al, 2001; Billings, et al. 1993)



Patient Demographics – ES Users and Non-Users (Preliminary Data)

| | ES User | | Non-ES User | | Total | |
|------------------------|-----------|---------|-------------|---------|-----------|---------|
| | Frequency | Percent | Frequency | Percent | Frequency | Percent |
| Total | 2,656 | 100 | 2,190 | 100 | 4,846 | 100 |
| Gender | | | | | | |
| Male | 1,809 | 68 | 1,555 | 57 | 3,064 | 63 |
| Female | 847 | 32 | 635 | 29 | 1,482 | 37 |
| Ethnicity | | | | | | |
| Chinese | 1,150 | 43 | 779 | 36 | 1,929 | 40 |
| Filipino | 1,055 | 40 | 231 | 11 | 1,286 | 27 |
| Korean | 1,077 | 41 | 38 | 2 | 1,115 | 23 |
| Vietnamese | 307 | 12 | 307 | 14 | 614 | 13 |
| Other Asian** | 137 | 5 | 120 | 5 | 257 | 5 |
| Native Hawaiian | 469 | 18 | 318 | 15 | 787 | 16 |
| Samoan | 66 | 3 | 40 | 2 | 106 | 2 |
| Other Pacific Islander | 29 | 1 | 37 | 2 | 66 | 1 |
| Total AAPI | 2,430 | 92 | 1,870 | 86 | 4,300 | 88 |
| White | 132 | 5 | 138 | 6 | 270 | 6 |
| Other Race/Ethnicity** | 92 | 3 | 180 | 8 | 272 | 6 |
| Insurance Carrier | | | | | | |
| Medicaid | 1,004 | 38 | 976 | 45 | 1,980 | 41 |
| Medicare | 377 | 13 | 251 | 11 | 628 | 13 |
| Other Public | 505 | 19 | 272 | 12 | 777 | 16 |
| Private | 283 | 11 | 358 | 16 | 641 | 13 |
| Self-Pay | 525 | 20 | 326 | 15 | 851 | 18 |
| Other Carrier | 0 | 0 | 6 | 0.3 | 6 | 0.1 |
| Age | | | | | | |
| Younger than 1 | 72 | 3 | 137 | 6 | 209 | 4 |
| 1-4 | 154 | 6 | 195 | 9 | 349 | 7 |
| 5-14 | 174 | 7 | 298 | 14 | 472 | 10 |
| 15-24 | 390 | 15 | 240 | 11 | 630 | 13 |
| 25-44 | 687 | 26 | 488 | 22 | 1,175 | 24 |
| 45-64 | 687 | 26 | 501 | 23 | 1,188 | 25 |
| Older than 64 | 492 | 19 | 331 | 15 | 823 | 17 |

Chronic and Acute Ambulatory Care Sensitive Conditions – ES Users

| | ES User | |
|---------------------------------------|--------------|------------|
| | Frequency | Percent |
| Chronic Conditions | | |
| Asthma | 127 | 2 |
| Epileptic Convulsions | 17 | 0.3 |
| Cellulitis | 160 | 3 |
| Diabetes | 324 | 5 |
| Congestive Heart Failure | 71 | 1 |
| Hypertension | 108 | 2 |
| Iron-Deficiency Anemia | 112 | 0.2 |
| Pulmonary Disease | 174 | 3 |
| Total | 993 | 17 |
| Acute Conditions | | |
| Bacterial Pneumonia | 3 | 0.1 |
| Ear, Nose, & Throat Infections | 667 | 11 |
| Gastroenteritis, Dehydration | 41 | 1 |
| Hypoglycemia | 7 | 0.1 |
| Kidney/Urinary Infections | 163 | 3 |
| Pelvic Inflammatory Disease | 3 | 0.1 |
| Failure to Thrive | 4 | 0.2 |
| Tuberculosis | 4 | 0.1 |
| Immunization-related Events | 0 | 0 |
| Total | 902 | 15 |
| Reproduction & Dev | | |
| Routine Care | 874 | 15 |
| Other | 2,307 | 38 |
| Total | 5,993 | 100 |
| Average number of conditions per user | | |

Summary

- Preliminary results indicate that ES Users and Non-Users differed in gender, ethnicity, insurance, and age. ES Users were more likely to be female, AAPI, uninsured, and older.
- For ES Users, the most common chronic and acute conditions were Diabetes and ENT Infections, respectively.
- Enabling services are likely to contribute to prevention of acute episodes and better management of chronic diseases.

Implications

- By reducing barriers to care and health disparities, culturally & linguistically appropriate enabling services are integral components of health care for AAPIs.
- The data can be used to demonstrate the impact of enabling services on health and to advocate for reimbursement of these services. It also highlights increased attention to comprehensive & quality culturally & linguistically appropriate care for vulnerable and diverse populations.