MEDTAPP HEALTHCARE ACCESS (HCA) INITIATIVE  
Technical Assistance Webinar  

HCA Evaluation and Administrative Updates  

July 13, 2016
• Welcome and Overview (5 min)
• HCA Evaluation Results (30 min)
  o Q&A (5 min)
• SFY 17 (10 min)
  o Award Letters
  o Subcontract Q&A
  o Quarterly Report and HCA Program Metrics Feedback
  o Upcoming Deadlines
• Site Visits (5 min)
  o Schedule
  o Agenda
• Q&A (5 min)
HCA Evaluation
Evaluation of the MEDTAPP Healthcare Access (HCA) Initiative

Technical Assistance Webinar
July 13, 2016

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Research Team Members

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- **Terri Menser**, PhD, MBA, Post-doctoral Researcher, DFM, OSU
Agenda

Background

Methods

Results

Questions & Answers
The Punch Line...

Variety is key, impact is far-reaching

- Considerable variation and innovation in HCA strategies – no “one size fits all”
- HCA strategies build on existing and create new relationships with local communities
- CHWs having an impact on their communities
- Impact of MEDTAPP HCA initiative extends beyond numbers
BACKGROUND AND CONTEXT
Rationale for Evaluation

- To comprehensively assess the MEDTAPP HCA Initiative
- Develop an evaluation framework to guide sites with future data collection
- Characterize best practices across Ohio, and nationally
RESEARCH METHODOLOGY
Three-Phase Study

1. Preliminary Activity Assessment
   - Document review of MEDTAPP applications, participation reports, supplemental documents
   - Structured phone interviews
   - Identify peer programs in other states

2. Tailored Evaluation
   - Site visits to each academic program site, selected placement sites
   - Key informant interviews, group interviews, tours
   - Focus groups with Medicaid enrollees, where appropriate
   - Survey of preceptors

3. Cross-Site Analyses, Synthesis of Findings
Research Design

- 13-month study, 2015-2016

- Data collection strategies
  - Document collection and review
  - Telephone interviews
  - Site visits and in-person interviews
  - Focus groups of Medicaid enrollees, where appropriate
  - Surveys of HCA preceptors
  - Key informant interviews for non-Ohio initiatives

- Data analysis
  - *Qualitative*: of interviews, focus groups
  - *Quantitative*: of surveys, Ohio Health Professions Data Warehouse
Site Visit Methodology

• 1-2 day site visits
• Semi-structured key informant and group interviews with administrators, deans, faculty, learners, placement site coordinators, etc.
• Focus groups with patients, caregivers, where appropriate
• Interviews recorded, transcribed
• Review of documents including reports, internal evaluations, presentation handouts
## Study Population

<table>
<thead>
<tr>
<th>Institution</th>
<th>Number of programs</th>
<th>PIs and Co-Is</th>
<th>MEDTAPP staff</th>
<th>Deans</th>
<th>Placement Sites</th>
<th>Learners</th>
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*Notes: The table above shows the number of interviews conducted at various institutions. The columns represent the number of programs, PIs and Co-Is, MEDTAPP staff, Deans, Placement Sites, Learners, Community Members, and the total number of interviews conducted.*
RESULTS
Summary of Findings

- Considerable variation and innovation in HCA strategies – no “one size fits all”
- HCA strategies build on existing and create new relationships with local communities
  - Developing placement sites for learners
  - Having a positive impact on community
- CHWs having impacts in their communities
- Impact of HCA initiative extends beyond numbers
  - Learners train others
  - Spillover effects into communities, schools, etc.
Finding 1: Varied HCA Strategies
Logic Model, part 1

- Financial
  - Tuition support (includes scholarships)
  - Stipends
  - Recruitment bonuses
- Positions
  - Effort support for existing faculty
  - Effort support for new faculty
  - Funding for faculty activities (not salary support)
  - Medical residencies and fellowships for identified candidates
  - New medical residencies and fellowships
  - Student positions
  - Internships
  - Clinical support
  - Non-clinical support
Logic Model, part 2: HCA Approach & Programmatic Activities

- Mentoring
  - Direct mentoring
  - Mentor training

- Training
  - Course/curriculum
  - Faculty development
  - Didactics
  - Interdisciplinary training
  - Integrated care
  - Inter-professional teams
  - Experiential learning
  - Training capacity development
  - Other activities (e.g., PCMH-related)
Logic Model, part 3: HCA Approach & Programmatic Activities

- Awareness and Community Education Activities
  - Learning collaborative
  - Employment development
  - Advisory council/board
  - Policy development and analysis
## Logic Model, part 4: Activities by Institution

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From proposals from each program (i.e., initial, continuation and expansion funding requests)
Logic Model:  

*Metrics under investigation*

- Financial
  - Recruitment standards
  - Completion rates
  - Satisfaction with the program: award recipients
- Positions
  - Retention rates
  - Satisfaction with the program: embedded community
  - Satisfaction with the program: award recipients
- Mentoring
  - Retention rates
  - Satisfaction with the program: embedded community
  - Satisfaction with the program: award recipients
Finding 2: Quantitative Results

- Number of HCA Learners and Preceptors/Mentors, by Year
- Percentage of Total HCA Learners, by Level
- Learner and Preceptor/Mentor Funding
- Monetary Support for HCA Learners and Preceptors/Mentors, by Year
### 2a. Number of HCA Learners and Preceptors/ Mentors, by Year

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<th>Year</th>
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<td>141</td>
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2b. Percentage of Total Learners, by Level

FY12:
- Student: 33%
- Resident: 45%
- Fellow: 22%

FY13:
- Student: 81%
- Resident: 8%
- Fellow: 11%

FY14:
- Student: 92%
- Resident: 6%
- Fellow: 2%

FY15:
- Student: 87%
- Resident: 11%
- Fellow: 2%
2c. Learner & Preceptor/Mentor Funding

- **Funding**: Included only MEDTAPP support of preceptor, learners (matching funds not included)
  
- **Learner Funding**:
  - *Tuition* = Monies for scholarship or tuition
  - *Stipend* = Monies referred to as a stipend
  - *Salary* = Monies listed under personnel in the budget
  - *Other* = Categories undefined (e.g., CPR training)

- **Preceptor Funding**:
  - Only included in sums IF, in the budget narrative, in description of responsibilities, mentoring or precepting was indicated AND either the amount of FTE dedicated to precepting was specified OR an exact dollar amount (e.g., stipend) was listed
2d. Monetary Support for Learners and Preceptor/Mentors, by Year

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Finding 3: Innovative Approaches

- Training residents, fellows, medical students, undergraduates in social determinants of health
- Interdisciplinary opportunities that facilitate interaction with and understanding of other disciplines
- Developing integrated healthcare programs
- Expanding school-based health clinics to cover other children, families
- Working with community garden initiative to improve food security, knowledge of healthy eating, etc.
Finding 4: Building on and Creating Community Relationships

- Connecting with needs of community
  - Schools as centers of community
  - “Internet desert,” “food deserts”

- Filling gaps
  - Mental and behavioral health services
  - Community health worker outreach
  - Initiatives to reduce infant mortality

- Training providers to address needs of Medicaid population, better understand poverty
  - Placements in clinics, schools, health centers
Finding 5: Preceptor Survey Results

- Survey Participants
- Provider Type and Precepting Locations Represented
- Responses to Questions

  - In what areas do you precept?
  - Is your precepting location recognized as a PCMH?
  - What disciplines of learners do you engage with?
  - Did you feel supported by the MEDTAPP/HCA Initiative in preparing learners to serve the Medicaid population?
  - What would you change about training in the HCA Initiative?
  - How has having MEDTAPP/HCA learners made a difference in your clinical setting with respect to training/learning?
5a. Preceptor Survey Participants

- 96 Preceptors Responded
  - 11 preceptors were previously a MEDTAPP learner
  - 90 percent (N=60/67) reported being “likely” or “extremely likely” to continue precepting for MEDTAPP learners
  - Average tenure: 12 years (range: 3 months-36 years of precepting)

- Represented 13 different counties
  - Majority precept in Cuyahoga, Hamilton, and Montgomery counties (53 percent)
5b. Preceptor Survey Results (n=96)

Provider Type
- Physicians: 30%
- Behavioral: 26%
- Nursing: 9%
- Psychiatrists: 14%
- Other: 21%

Precepting Location
- School-based Health Clinic: 44.59%
- FQHC: 36.49%
- Community: 10.81%
- Inpatient-setting: 12.16%
- Outpatient setting: 22.97%
- Mental Health: 5.41%
- Other: 10.81%
5c. In what areas do you precept?

- Child & Adolescent Psychiatry: 16%
- Community Psychiatry: 14%
- Pediatrics: 13%
- Family Practice: 11%
- Advanced Practice Nursing: 14%
- CHW/Patient Navigators: 24%
- Other: 8%
5d. Is the location where you do most of your precepting recognized as a PCMH?
5e. What disciplines of learners do you engage with?
5f. Did you feel supported by the MEDTAPP/HCA Initiative in preparing learners for serving the Medicaid population?
5g. What would you change about Training in the HCA Initiative?

- “Any training at all for preceptors would have been welcome”
- “In building the pipeline, understanding that you need to engage learners before they are at the end of their training.”
- “It was very difficult to access training programs and even now real time information as to when trainings will be held, schedules etc. is difficult to obtain.”
- “The learners who come from the community also live in "crisis" much like those they are trying to assist. Learners in these situations need additional training in professionalism [and] work expectations.”
5h. How has having MEDTAPP/HCA Initiative learners made a difference in your clinical setting with respect to training/learning?

- Having learners helps everyone remain excited about learning and staying current on changes in a given area of practice.
- Allows us to train more fellows who have an interest in treating underserved patients.
- It has enhanced the learning environment, keeping learners, preceptors, and other staff more up-to-date, while opening the doors for better care, including integrated care.
Finding 6: Creating Community-focused Workers: CHWs

- Variety in CHW programs
  - Overall focus on needs of poor in the community
  - Interdisciplinary training for CHWs, other professionals
  - Reaching out to help victims of human trafficking
  - Focus on chronic disease self-management
  - Opportunity to put CHWs in schools

- CHWs can focus on reducing infant mortality
  - NEOMED, University of Toledo, OSU

- Major question of reimbursement for CHW work
Finding 7: Impact Extends Beyond Numbers

- Training Activities
  - Improve understanding of social determinants of health, challenges of poverty, barriers to care, Medicaid interdisciplinary team-based care
  - Broad impact of CHWs possible

- Retention of trained workforce who care for Medicaid population
  - In Ohio, in other underserved areas

- Spillover Effects
  - Courses developed available to students beyond learners
  - Learners train others
  - Community garden used by all students
7a. What has having MEDTAPP/HCA initiative learners allowed you to do that you could not otherwise do?

- “More proactive engagement of clients for health-related appointments, more routine contact regarding progress towards goals in individualized service plan, additional aid in facilitating access to various community resources.”

- “The community programs run through our organization have been made possible through the partnership with MEDTAPP/HCA and MEDTAPP/HCA learners.”
7b. What has having MEDTAPP/HCA initiative learners allowed you to do that you could not otherwise do?

- “It is helping to educate and build the workforce in behavioral health and integrated care at a faster pace than without it. Thanks!”
- “The initiative sparked our organization on a trajectory of true patient-centered and trauma-informed care. Having MEDTAPP students significantly increased the volume of patients who were able to receive behavioral health services at our sites.”
- “This initiative promotes more interdisciplinary interaction. This benefits patient outcomes.”
- “We are better able to document improved outcomes for our pregnant patients and their children.”
7c. What has having MEDTAPP/HCA initiative learners allowed you to do that you could not otherwise do?

- “Critical training for students who would otherwise begin careers with no practical community experience.”
- “This program has allowed me the opportunity to stress chronic oral diseases as a risk factor to overall health within the underserved populations.”
- “Maintain a program with more trainees than would otherwise be possible, and with more Medicaid consumers in their caseload than would otherwise occur.”
SUMMARY & CONCLUSIONS
General Impressions

- Enthusiasm at each academic site, each program
  - By students, faculty, clinical sites, etc.
  - Appreciation from Medicaid recipients
  - Interest and enthusiasm from Deans

- Opportunity to redefine HCA mission:
  - Highlight metrics that matter
  - Highlight changes and challenges that occur
Future Opportunities

- Establish collaborative learning environment to allow sites to share their successes
- Examine the impact of interdisciplinary training in the context of Patient-Centered Medical Home
- Explore policies related to reimbursement for services provided by additional personnel such as Community Health Workers
Next Steps

1. Complete and disseminate Final Report (July 20, 2016)
2. Work with Ohio Medicaid and GRC to publish findings, present results more broadly
Considerable variation and innovation in HCA strategies – no “one size fits all”

HCA strategies build on existing and create new relationships with local communities

CHWs having impacts in their communities, variety in programs

Impact of MEDTAPP HCA initiative extends beyond numbers
Any Questions?
Thank you!

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Q & A Session
SFY 17 Items

- Award Letters

- Subcontracts

- New quarterly reporting forms in SFY 17
  - Piloted forms in Q4 of SFY 16
  - Feedback on new forms
    - Send feedback to MEDTAPPHCA@osumc.edu by July 15
  - Will make revisions based on feedback and set up calls with each school individually to go over forms and any additional feedback
  - Will make final revisions and send out for use in SFY 17
Upcoming Deadlines

**SFY 16:**
- Q4 Invoice due July 15
- Final Invoice due August 15
  - *[No extensions]* for submitting invoices will be granted

**SFY 17:**
- Q1 report due October 5
- Q1 invoice due October 15
Summer Site Visit Schedule

- August 3: CSU
- August 11: WSU
- August 29: UT
- September 1: OU
- September 8: CWRU
- September 15: KSU
- September 21: UC
- September 22: UA
- September 30: NEOMED
Site Visit Agenda

**Purpose:** To maximize collaboration among GRC, academic leadership and faculty, and local and state resources to improve Ohio’s population health and healthcare delivery system.

- Introductions
- Overview of GRC
- MEDTAPP Inventory
  - Subject Matter Expertise
  - GRC Funding Opportunities
- Project Presentations
  - Formal or informal presentations of project achievements (presented by PI or other partners)
  - Optional tours of different project components
- MEDTAPP Strategic Planning
  - SFY 18-19 Priorities
  - Timeline
- Healthcare Access Initiative
  - Project Activities
    - Current Challenges
    - Opportunities
  - GRC Technical Assistance
    - How can GRC improve in this area?
    - What is needed from GRC?
  - SFY 18-19 HCA Priorities
- Other Items
Q & A Session