

OHIO COLLEGES OF MEDICINE  
GOVERNMENT RESOURCE CENTER

# Evaluation of the MEDTAPP Healthcare Access Initiative

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*2016 FINAL REPORT APPENDICES*



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## **Appendix 1: Summary Study Protocol**

### **Evaluation of the MEDTAPP Healthcare Access (HCA) Initiative**

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#### **Overview**

The goal of our evaluation is to take a responsive, phased, mixed-methods approach, finalized in consultation with the Ohio Department of Medicaid (ODM) and the Government Resource Center (GRC) (ODM/GRC), to comprehensively assess the Medicaid Technical Assistance and Policy Program (MEDTAPP) Healthcare Access (HCA) Initiative. We will develop a framework for measuring the effectiveness of each HCA program's professional development curriculum and training methods, focusing on the three priority areas: Recruitment, Training, and Retention of health professionals to serve Ohio's Medicaid Population. Using that framework we will provide information to ODM/GRC on six topics: 1) Cost-Effectiveness of Strategies; 2) Demographics and Geographic Reach; 3) Satisfaction and Perceptions of HCA Learners, Preceptors, Other Faculty, and Community Participants; 4) Fidelity to Partnering Institution Curriculum; 5) Best Practices from Similar State Medicaid-focused Professional Development Initiatives; and 6) Sustainability of the MEDTAPP HCA Initiative.

#### **1. MEDTAPP HCA Initiative and University Partners**

According to the GRC, "The MEDTAPP HCA Initiative supports the development and retention of healthcare practitioners to serve Ohio's Medicaid population using emerging healthcare delivery models and evidence-based practices by fostering innovative partnerships between the ODM, Ohio's academic medical centers and health services colleges and universities, and in collaboration with the Ohio Department of mental Health and Addiction Services, Ohio Department of Health, the Ohio department of Development Disabilities, and Ohio Board of Regents. The MEDTAPP HCA was designed to align with established, successful programs and leverage existing resources to train and retain health care practitioners to serve Medicaid beneficiaries in the following areas: Child and Adolescent Psychiatry, community Psychiatry with a Geriatric and/or Integrated Behavioral Health/Primary Care Focus, Pediatrics, Family Practice, Advance Practice Nursing, Dentistry, and Community Health Workers.

Ohio's MEDTAPP HCA will train and place additional psychiatrists, primary care physicians, advance practice nurses, dentists, and other practitioners to serve Medicaid beneficiaries of all ages. ODM has secured and awarded approximately: \$2 million in federal funds in SFY 2012; \$10 million in SFY 2013; and \$25 million in SFY 2014 and SYF 2015."

Under the MEDTAPP HCA Initiative, ODM has selected 10 university partners as participants with 21 different HCA Initiative projects as listed below:

1. The University of Akron: Nursing
2. Case Western Reserve University: Community Health Worker, Dentistry, Pediatrics, Primary Care, Psychiatry
3. Cleveland State University: Nursing
4. Kent State University: Nursing
5. The Ohio State University: Community Health Worker, Interdisciplinary
6. Ohio University: Interdisciplinary, Primary Care (2)
7. Northeast Ohio Medical University: Community Health Worker, Psychiatry

8. University of Cincinnati: Interdisciplinary
9. The University of Toledo: Community Health Worker, Interdisciplinary
10. Wright State University: Community Health Worker, Psychiatry (2)

## **2. Methodology**

### **A. Preliminary Evaluation Design**

We recognize that each partner institution and program will take a different approach to implementing the HCA Initiative, and that a single evaluation strategy will not capture this complexity. Therefore, our evaluation uses a responsive, phased, mixed-methods approach to comprehensively assess the HCA initiative, finalized in consultation with the GRC, which enables us to evaluate the variation we expect to identify across partner institutions and programs.

In Phase One (months 1-3), the MEDTAPP Team will conduct a project review to understand the range of current activities and learners included at the 21 HCA program sites associated with the 10 academic partners located throughout Ohio. In consultation ODM/GRC, we will then develop an evaluation framework selecting the most appropriate methods for each site. We anticipate that a thorough evaluation of all elements of the MEDTAPP HCA Initiative will require a combination of telephone interviews, site visits that include in-person interviews, surveys targeted to learners, administrators and placement site preceptors, focus groups with patients, and group interviews or focus groups with community partners. The final evaluation plan will be responsive to the diversity of implementations across the 21 HCA program sites.

Phase Two (months 4-10) will leverage the framework to complete a comprehensive evaluation tailored to the characteristics, reach, and program elements for each of the partners and sites. In this phase we will conduct all data collection activities described below. We will also assess information obtained about other states' Medicaid-focused professional development initiatives. Quantitatively, we plan to deploy targeted surveys that aim to understand the activities, perspectives and satisfaction levels of Placement Site Preceptors. The **Placement Site Preceptor Survey** will gather data related to the populations of Medicaid enrollees served and satisfaction with the HCA program.

Phase Three (months 11-13) will involve cross-site analyses and synthesis of project findings. As part of Phase Three we also expect to be able to access Ohio's new Health Professions Data and use these data for additional quantitative analyses. Finally, we will characterize best practices for HCA Initiative programs in Ohio. A more detailed description of these phased evaluation activities is provided next.

### **B. Phase One: Preliminary Activity Assessment**

To orient ourselves to the different programs, we will conduct both internal and external project reviews. The deliverable associated with Phase One will be the establishment of an evaluation framework appropriate to the diversity of approaches used across HCA sites. This framework will serve as the basis of evaluation activities in Phase Two.

Internally, we propose to conduct a document review of all MEDTAPP applications, participation reports, and appropriate supplemental documents submitted by the academic partners and project sites to provide a preliminary understanding of the structure of each program. We will then conduct individual structured phone interviews with lead administrators at each program from each site. Interviewees will receive a structured interview guide in advance of the call to facilitate collection of preliminary program data. Interviews will be structured to understand the types of activities each site has designed, levels of participation across all activities, training opportunities available and costs required to implement these activities.

The **Structured Interview Guide** addresses the following five areas: 1) Overall Program Description, including demographics of learners and types of placement sites; 2) Recruitment Activities (e.g., by type of program; costs; number of staff associated with HCA activities; impact of recruitment activities; challenges of recruitment); 3) Training Opportunities (e.g., opportunities; areas of focus; number of participants overall and by type of activity; number and type of placement sites; number of Medicaid enrollees at each placement site; challenges encountered; costs associated with training; number of staff associated with HCA activities); 4) Retention Activities (e.g., by type of program; cost of retention activities; number of staff associated with HCA activities; success of retention activities; challenges to retention); and 5) Knowledge of Medicaid-focused professional development initiatives and best practices in other states.

### ***C. Phase Two: Tailored Evaluation***

Based on preliminary data from Phase One, we will structure site visits to each of the 10 MEDTAPP academic partner institutions across Ohio. During site visits we will conduct key informant interviews with lead administrators and deans for each academic partner program, faculty members participating in the program, learners at different stages of the program, and placement site advisors. We will also likely visit partner program sites, when appropriate, to conduct additional key informant interviews with program staff, learners, and preceptors. Interviews will focus on topics such as the individual's role in the program, types of activities the program site offers, and general perspectives on recruitment and retention as well as satisfaction with the program. In addition, we will hold interviews with community participants impacted by the MEDTAPP program, recruiting interviewees through the various HCA Initiative program sites. All interviews will be semi-structured to allow for deeper exploration of concepts we seek to understand.

In addition, in order to assess the impact of this program on Medicaid enrollees, when possible we plan to conduct focus groups at or near different program sites to learn from enrollees served by HCA Initiative Learners. We believe that these group discussions will generate more variety and depth in the type of information we receive with respect to consumers' perspectives about the impact of the MEDTAPP HCA Initiative than might be obtained from interviews.

### ***D. Phase Three: Cross-Site Analyses and Synthesis of Findings***

The final phase of this evaluation will involve synthesizing data collected in Phases One and Two to address important overarching questions about the MEDTAPP HCA Initiative. Additional topics may arise over the course of this project given our approach to evaluation, and we will be able to frame our analyses to answer emerging questions in consultation with the ODM/GRC.

## **3. Data Collection Plan**

### ***A. Data Collection***

We will evaluate the MEDTAPP HCA Initiative through a combination of document collection and review, key informant interviews, focus groups, and surveys, in addition to analysis of data that we expect to become available through the Ohio Health Professions Data Warehouse. Each of these activities is discussed briefly below, including descriptions of both the data collection and analysis planned for this evaluation.

**1. Document Collection and Review.** We will complete a review of all MEDTAPP applications, participation reports, and appropriate supplemental documents (e.g., progress reports, presentations,

contracts, strategic plans) that have been submitted to MEDTAPP as part of the HCA Initiative by the academic partners and project sites. This review will help orient us to the program and focus our evaluation.

**2. Telephone Interviews.** Structured phone interviews will be conducted in Phase One with lead administrators and key personnel at each program site. The goal is to obtain preliminary information about the programs including types of activities in place, levels of participation across all activities, training opportunities available, costs required to implement these activities, and existing site-designed evaluation models. Interviewees will receive interview guides in advance of the call to focus the interview and facilitate collection of preliminary program data. Interviews will last 60 minutes and be recorded and transcribed verbatim to permit further data analyses.

- a. Participant eligibility.** *Inclusion criteria:* Persons at least 18 years of age who are lead administrators or key personnel of one of the 10 Ohio-based HCA Initiatives aforementioned partners outlined above.  
*Exclusion criteria:* 1) Persons who are not members of one of the 21 aforementioned areas outlined directly above; 2) Less than 18 years of age; 3) Legally blind; 4) Cannot speak and read English at eighth grade level or above; 5) Involuntarily confined/detained to penal institution (i.e. prisoner status); or 6) Diminished decision-making capacity (i.e. intellectual disability, cognitive impairment, dementia).
- b. Recruitment.** Participants will be recruited through an email invitation from the Principal Investigator. In advance of the site visit, the PI will send the email to the site contact who will forward the email on to persons at the organization who are members of one of the four aforementioned areas outlined directly above. The site contact will merely pass on the information from the PI to organizational affiliates and will not be engaged in the research (i.e., the contact will not be involved in selecting participants, will not explain the research or address questions about the research). Interested persons who receive the forwarded email will email/call the OSU study personnel to express interest in participation so that interviews can be scheduled in advance of the site visit. The interview recruitment script/email will be provided to the person interested in study participation (script for callers, email for those contacting study personnel via email).
- c. Informed consent.** The interview guide will be distributed to the potential participant in advance of the call and Dr. McAlearney, Dr. Timothy Huerta, Dr. Cynthia Sieck, or Lindsey Sova will review the guide with the potential participant, ask for and address any questions, and ask the person to continue with the call only if he/she consents to participate after reviewing the information outlined in the guide. If the participant provides verbal consent then Dr. McAlearney, Dr. Huerta, Dr. Sieck, or Ms. Sova will proceed with the interview using the IRB-approved interview guide.
- d. Compensation.** Key informant interviewees will not receive compensation for their time.

**3. Site Visits and Key Informant Interviews.** Site visits will include semi-structured key informant interviews with lead administrators and deans for each academic partner program, faculty members participating in the program, learners at different stages of the program, and placement site advisors, as well as partner program site staff, learners, and preceptors, as appropriate for the sites. Interviews will be tailored to the Key Informant's role using standard guides to conduct interviews. Interviews will last from 15-60 minutes and will be transcribed verbatim to permit rigorous data analyses. Our intent is to conduct all interviews in person; however, some site visits may be supplemented with follow-up telephone interviews when appropriate.

- a. **Participant eligibility.** *Inclusion criteria:* Persons at least 18 years of age who are key informants (e.g., lead administrators, deans, faculty, learners, etc.) of one of the 10 Ohio-based HCA Initiatives aforementioned partners outlined above.  
*Exclusion criteria:* 1) Persons who are not members of one of the 21 aforementioned areas outlined directly above; 2) Less than 18 years of age; 3) Legally blind; 4) Cannot speak and read English at eighth grade level or above; 5) Involuntarily confined/detained to penal institution (i.e. prisoner status); or 6) Diminished decision-making capacity (i.e. intellectual disability, cognitive impairment, dementia).
- b. **Recruitment.** Participants will be recruited through an email invitation from the Principal Investigator. In advance of the site visit, the PI will send the email to the MEDTAPP HCA Initiative site contact who will forward the email on to persons at the organization who are members of one of the ten aforementioned areas outlined above. The MEDTAPP HCA Initiative site contact will merely pass on the information from the PI to organizational affiliates and will not be engaged in the research (i.e., the contact will not be involved in selecting participants, will not explain the research or address questions about the research). Interested persons who receive the forwarded email will email/call the OSU study personnel to express interest in participation so that interviews can be scheduled in advance of the site visit. The interview recruitment script/email will be provided to the person interested in study participation (script for callers, email for those contacting study personnel via email).
- c. **Informed consent.** The interview handout will be distributed to the potential participant at the start of the interview session/call and Dr. McAlearney, Dr. Huerta, Dr. Sieck, or Ms. Sova will review the handout with the potential participant, ask for and address any questions, and ask the person to continue with the session/call only if he/she consents to participate after reviewing the information outlined in the handout. If the participant provides verbal consent then Dr. McAlearney, Dr. Huerta, Dr. Sieck, or Ms. Sova will proceed with the interview using the IRB-approved interview guide.
- d. **Compensation.** Learner interviewees will receive a \$10 Target gift card as compensation for their time. All other key informant interviewees will not receive compensation for their time.

**4. Focus Groups.** When possible, we plan to conduct focus groups with Medicaid enrollees who have contact with the programs associated with the academic partners to evaluate the impact of the MEDTAPP HCA Initiative. Participants at least 18 years of age will be recruited for the focus groups (via flyer posted), using the support services provided by participating program sites. Each group will be limited to no more than 14 participants to ensure good discussion and interchange of ideas, and each session will last approximately 60 minutes. All sessions will be conducted in convenient locations, and participants will be reimbursed with a gift card in appreciation for their time. While we recognize that food is not an allowable MEDTAPP expense, we may also provide refreshments for the focus groups at our own expense. Our focus group moderator guide includes a variety of open-ended questions that explore consumers' perspectives about the program. Focus group sessions will be recorded and transcribed verbatim for data analysis.

- a. **Participant eligibility.** *Inclusion criteria:* Persons at least 18 years of age who are patients/consumers (i.e., Medicaid enrollees) using the support services at one of the Ohio-based HCA Initiatives aforementioned partners outlined above.  
*Exclusion criteria:* 1) Persons who do not live in the MEDTAPP program site area or do not interact with MEDTAPP as patients/parents of patients of MEDTAPP providers; 2) Less than 18 years of age; 3) Legally blind; 4) Cannot speak and read English at eighth grade level or above; 5) Involuntarily confined/detained to penal institution (i.e. prisoner status); 6) Diminished decision-

making capacity (i.e., intellectual disability, cognitive impairment, dementia); and 7) Participation in a previous phase of the study.

- b. Recruitment.** Participants will be recruited through recruitment flyers posted in the various MEDTAPP HCA Initiative site locations. The MEDTAPP HCA Initiative study contact will merely distribute the information and will not be engaged in the research (i.e., the contact will not be involved in selecting participants, will not explain the research or address questions about the research). In response to the flyers, interested persons will email/call the OSU study personnel to express interest in participation so that focus groups can be scheduled in advance of the site visit.
- c. Informed consent.** The focus group handout will be distributed to each potential participant at the start of the session and Dr. McAlearney, Dr. Huerta, Dr. Sieck, or Ms. Sova will review the handout with the potential participants, ask for and address any questions, and ask the persons to continue with the session only if they consent to participate after reviewing the information outlined in the handout. If the persons provide verbal consent then Dr. McAlearney, Dr. Huerta, Dr. Sieck, or Ms. Sova will proceed with the session using the IRB-approved focus group guide.
- d. Compensation.** Focus group participants will receive a \$40 gift card as compensation for their time.

**5. Surveys.** We plan to administer targeted surveys as appropriate to supplement our evaluation. The use of surveys will allow us to evaluate concepts such as program satisfaction across a range of participants and to collect important participation-related data. Brief surveys will be administered to placement site preceptors online to maximize convenience and participation. Placement site preceptors can be expected to participate as part of their role in the program; they will be offered an incentive in the form of a gift card for their participation in the survey. Surveys will be collected using Qualtrics, a commercial survey solution provided under contract to OSU.

- a. Participant eligibility.** *Inclusion criteria:* Persons at least 18 years of age who are placement site preceptors of one of the 10 Ohio-based HCA Initiatives aforementioned partners outlined above.  
*Exclusion criteria:* 1) Persons who are not members of one of the four aforementioned areas outlined directly above; 2) Less than 18 years of age; 3) Legally blind; 4) Cannot speak and read English at eighth grade level or above; 5) Involuntarily confined/detained to penal institution (i.e. prisoner status); 6) Diminished decision-making capacity (i.e. intellectual disability, cognitive impairment, dementia); and 7) Participation in a previous phase of the study
- b. Recruitment.** Participants will be recruited through an email invitation from the Principal Investigator. In order to find potential participants, the PI will send the email to the MEDTAPP HCA Initiative site contact who will forward the email on to persons at the organization who are members of one of the ten aforementioned areas outlined above. The MEDTAPP HCA Initiative site contact will merely pass on the information from the PI to organizational affiliates and will not be engaged in the research (i.e., the contact will not be involved in selecting participants, will not explain the research or address questions about the research). Interested persons who receive the forwarded email will be able to participate in the survey via a link to the survey provided in the email.
- c. Informed consent.** As part of the survey, potential participants will be asked to provide informed consent as a first step embedded in the survey process. If the participant provides consent then he/she will be directed to complete the rest of the survey.
- d. Compensation.** Placement site preceptors will be offered a \$15 Target gift card in appreciation for their time. In addition, they will be entered into a raffle for one of four \$40 Target gift cards.

## ***B. Data Analysis***

**1. Qualitative Analysis.** Analyses of key informant interviews, focus groups, and documents will use the constant comparative method of qualitative data analysis, and standard techniques to code data. Using an iterative approach to analysis that involves reading interview transcripts, reviewing available literature, and discussing findings among investigators as the study progresses will enable us to explore emergent themes and to ensure that we reach saturation in data collection from our sites. Atlas.ti qualitative analysis software will be used to facilitate coding and data analyses, including the formal exploration of patterns and themes within the data.

**2. Quantitative Analysis.** Our analysis of Preceptor surveys will begin with descriptive analysis of the overall HCA Initiative and individual programs. Our MEDTAPP Team has extensive experience in quantitative data analysis and cost-effectiveness analysis, thus we will be able to employ the most appropriate and rigorous analytic methods possible across the evaluation.

## **4. Research Team**

### ***A. Overview***

Our MEDTAPP HCA Initiative Evaluation Project Work Team (MEDTAPP Team) has extensive experience conducting the type of project evaluation proposed here, combining expertise in both qualitative and quantitative research methodologies with strong writing and interpersonal skills. This multidisciplinary team draws upon the fields of health services research, organizational development, and program evaluation. Investigators each have strong track records publishing in peer-reviewed academic journals. Both PI McAlearney and Evaluation Design Leader Huerta have specific experience analyzing complex professional development programs. Based in the OSU College of Medicine, our MEDTAPP Team is familiar with Ohio's academic medical colleges' education programs. Additional information about our investigators' qualifications is provided below:

**Ann Scheck McAlearney, ScD, MS**, is Professor and Vice Chair of Research in the Department of Family Medicine in the Ohio State University (OSU) College of Medicine, and holds joint appointments as Professor of Health Services Management and Policy in the College of Public Health, and Professor of Pediatrics in the College of Medicine. Dr. McAlearney will serve as Principal Investigator for this study. Dr. McAlearney has extensive experience conducting evaluations in health services research, having conducted hundreds of key informant interviews and numerous focus groups with administrators, staff, clinicians and patients/consumers. Dr. McAlearney also has considerable experience working on rapid cycle research projects, including serving as PI for several ACTION task orders funded by the Agency for Healthcare Research and Quality (AHRQ). She is currently PI of a major project funded by the Robert Wood Johnson Foundation studying the emergence of Accountable Care Organizations, and co-PI with Dr. Huerta for a contract with PCORI to evaluate their funded research portfolio. She has consistently demonstrated competency in planning, managing, and completing projects on schedule, and has experience evaluating programs that target the Medicaid population (e.g., the AHRQ-funded Emergency Department-Primary Care Physician Connector program). Dr. McAlearney received her Bachelor of Arts and Sciences (BAS) degree in English and Biological Sciences from Stanford University, her MS in Biological Sciences from Stanford University, and her ScD in Health Policy and Management from the Harvard School of Public Health. She has worked in both industry and academics in the health services industry for over 25 years.

**Timothy R. Huerta, PhD, MS**, is an Associate Professor in both Family Medicine and Biomedical Informatics in the College of Medicine at OSU with a joint appointment in the Health Services Management and Policy Division in the College of Public Health. Dr. Huerta will serve as Co-Investigator and Evaluation Design Leader. He has been published extensively, and is one of the leading scholars in assessing the value derived from health services delivery – including the use of Bayesian Belief Networks, an implementation of Monte Carlo simulation for cognitive maps, and frontier analysis, focused on efficiency and productivity in the health care delivery system. He has worked with ODM/GRC as the Scientific Lead for the 2013 Electronic Health Record Survey Series, and has collaborated with Dr. McAlearney on a variety of evaluation projects over the past three years he has been at OSU. Dr. Huerta received his Bachelor of Arts (BA) degree in Chemistry with a dual research emphasis in Biochemistry and Biophysics, his MS in Public Administration from California State University, Los Angeles, and his PhD in Organization Behavior, Organization Theory and Public Management from the University of Southern California. He completed an NCI-funded postdoc in Healthcare and Epidemiology at the University of British Columbia, focused on Knowledge Management, Networks and Systems. He was one of the first NSF-funded fellows at the National Center for Supercomputing Application (NCSA) where he developed the cyberinfrastructure standards for Public Health. He has worked in both academics and the health services industry for over 20 years.

**Cynthia J Sieck, PhD, MPH**: is an Assistant Professor in the Department of Family Medicine at OSU and will serve as Co-Investigator for this study. Dr. Sieck received her doctorate in Health Behavior and Health Education from the University of Michigan School of Public Health and a Master of Public Health in Public and Community Health Services from the University of Pittsburgh School of Public Health. She has expertise with both qualitative and quantitative methods, most recently having worked with the Ohio Department of Mental Health to explore various aspects of providing primary physical health care and mental health care to individuals with serious mental illness. She also has experience in assessment of patient experiences in clinical settings with a variety of populations including health plan satisfaction and organization of autism services for Air Force families.

## Appendix 2: HCA Project Activities Definitions

Grant Mechanism	Programmatic Activity	Definition
<b>Financial</b>	Training support	Financial assistance to a registered student in a degree or certificate program of study where a part of the remuneration is expected to offset the cost of the educational program.
	Stipends	Financial assistance to a learner (not necessarily a student in a program) while he/she is gaining experience and knowledge in a specific field.
	Recruitment Bonuses	Financial incentive to a newly-appointed individual for agreeing to take a position or responsibility that may otherwise be difficult to fill.
<b>Positions</b>	Effort Support for Existing Faculty	Providing salary support for an existing faculty.
	Effort Support for New Faculty	Salary support to a newly-appointed individual for agreeing to take a position/responsibility to offset costs related to the MEDTAPP program.
	Funding for Faculty Activities not	Funding beyond salary for faculty activities (e.g., travel, books)

	including direct salary support	
	Medical Residencies for identified candidates	Support for identified individuals in a residency at the time of application
	New Medical Residencies	Funding for individuals currently not in a residency program
	Fellowships for identified candidates	Funding for individuals currently not in a fellowship program that are pre-selected prior to receipt of MEDTAPP funding
	New Fellowships	Funding for individuals currently not in a fellowship program.
	Student Positions	Funding for new student positions (e.g., medical students, social work students, psychology students, etc.) or the acceptance of more students into a program.
	Internships	Funding of internships, either new or existing, as part of a program.
	Clinical Support	Intended to provide direct care.
	Non-clinical Support	Intended to provide non-clinical services in support of the program.
<b>Mentoring</b>	Direct Mentoring	The mediated process in which the relationship itself serves as a development tool for students/trainees to develop skills in new areas.
	Mentor Training	The training of individuals to provide mentoring
<b>Training</b>	Course/Curriculum Development	The development of an academic course, or a series of courses with the purpose of developing a product associated with academic coursework (e.g., a new certificate, course, or degree program)
	Faculty Development	Knowledge transition activities associated with academic faculty
	Didactics	Didactic learning methods focus on the baseline knowledge students possess and seek to improve upon and convey this information.
	Interdisciplinary Training	Involving Learners or Trainees (in a formal training environment).
	Clinical Placements	Placement does not involve formalized training, therefore there are not only “learners” or “trainees”
	Integrated Care	Reflects a concern to improve patient experience and achieve greater efficiency and value from health delivery systems through facilitation of services across traditional disciplinary siloes.
	Interprofessional Teams	A group of individuals from different disciplines working and communicating with each other. In the learning environment each member provides their knowledge, skills, and attitudes to augment and support the contributions of others.
	Experiential Learning	The process of learning through experience. More specifically defined as “learning through reflection on doing.” It is distinct from rote or didactic learning, in which the learner plays a comparatively passive role.
	Training Capacity Development	Mentoring works through the vehicle of the unique relationship that develops between a particular mentor and a particular

		mentee: in other words, through the relationship that develops between you and your mentee.
	Unclassified	PCMH-related activities.
<b>Awareness and Community Education Activities</b>	Learning Collaborative	An educational approach to teaching and learning that involves groups of students working together to solve a problem, complete a task, or create a product.
	Employment Development	Working with communities to position professionals with the new trained competencies into the clinical workflow.
	Advisory Council/Board	Participation in community boards.
	Policy Development and Analysis	Development of policy guidance related to MEDTAPP activities.

### **Appendix 3: Data Collection Instruments**

#### **KEY INFORMANT INTERVIEW QUESTIONS**

##### **SECTION 1: Information about your HCA Site**

- Please tell me how you are involved in the HCA Initiative.
- What are your primary responsibilities?
- What is the primary focus of your HCA site?
- How many program partners do you have?
- How many years have you been an HCA Initiative partner?
- How many learners have participated in your program(s)?
- What is your overall program budget?
  - How does this break down by program/activity?

##### **SECTION 2: OVERVIEW OF HCA INITIATIVE ACTIVITIES AT YOUR LOCATION**

- What were the main activities that are part of the HCA Initiative at your location?
- What kinds of training opportunities does your location provide?
- How are non-biomedical disciplines incorporated into your training?
  - How were they incorporated?
  - How were selections about disciplines made?
- Can you describe the placement sites available to your learners?
  - How did you identify them?
  - Did you have any trouble finding sites/getting sites to agree to participate?

### **SECTION 3: PERSPECTIVES ON RECRUITING AND RETAINING LEARNERS**

- How do learners become informed about the HCA Initiative at your location?
- Please tell me about your recruitment efforts.
- Are there things you would like to do to recruit more learners into your program?
- What types of positions do learners typically take after they complete your program?
  - How do you keep track of this?
- What kinds of programs do you offer to retain learners who complete your program?
  - How were these developed?
  - What has been the response?
- What recommendations do you have for ways (your academic partner institution/placement site/the State of Ohio) to retain more primary care physicians?

### **SECTION 4: KNOWLEDGE OF OTHER MEDICAID-FOCUSED PROFESSIONAL DEVELOPMENT INITIATIVES**

- Are you aware of other states' Medicaid-focused initiatives to support professional development?
- Are there any best practices you would note either from your own site or elsewhere?

### **INTERVIEW CLOSURE AND FOLLOW-UP**

- Is there anything else you would like to tell us about your experience with the MEDTAPP HCA Initiative?

## **KEY INFORMANT INTERVIEW QUESTIONS**

### **SECTION 1: INFORMATION ABOUT YOUR ROLE**

- Please tell me how you were involved in the HCA Initiative.
- What were your primary responsibilities?
- Why did you get involved with this initiative?
- How many other people were involved at your location?

### **SECTION 2: OVERVIEW OF HCA INITIATIVE ACTIVITIES AT YOUR LOCATION**

- What were the main activities that were part of the HCA Initiative at your location?
  - How did you decide what kinds of activities to offer?
- What kinds of training opportunities did your location provide?
  - How did you identify these opportunities?

- How did the learners respond?
- In what ways were inter-professional teams included in the training that was offered?
  - What are your thoughts on these ways of including inter-professional teams?
- How were non-biomedical disciplines incorporated into your training?
  - How were they incorporated?
  - How were selections about disciplines made?
- Can you describe the placement sites available to your learners?
  - How did you identify them?
  - Did you have any trouble finding sites/getting sites to agree to participate?
  - What are your thoughts on these sites?
- Do you have plans for any changes, expansions, etc. for the HCA Initiative in the coming months/years?
- What else should we know about the HCA Initiative?

### **SECTION 3: PERSPECTIVES ON RECRUITING AND RETAINING LEARNERS**

- How do learners become informed about the HCA Initiative at your location?
- Please tell me about your recruitment efforts.
  - What has worked well for you?
  - What has been challenging for you?
- Are there things you would like to do to recruit more learners into your program?
- What types of positions do learners typically take after they complete your program?
  - How do you keep track of this?
- What kinds of programs do you offer to retain learners who complete your program?
  - How were these developed?
  - What has been the response?
- What recommendations do you have for ways (your academic partner institution/placement site/the State of Ohio) to retain more primary care physicians?

### **INTERVIEW CLOSURE AND FOLLOW-UP**

- Is there anything else you would like to tell us about your experience with the MEDTAPP HCA Initiative?

### **KEY INFORMANT INTERVIEW QUESTIONS**

### **SECTION 1: DESCRIPTION OF YOUR ROLE**

- Please tell me how you were involved in the HCA Initiative
- What were your primary responsibilities?
- How many other people were involved at your location?

### **SECTION 2: PERSPECTIVES ON HAVING HCA INITIATIVE LEARNERS AT YOUR SITE**

- How many learners have worked at your site?
- Why type of learners how worked at this site?
  - Why did you choose to work with this type/these types of learners?
- How did your site connect with the HCA Initiative?
- How did the experience of your site with HCA Initiative learners compare with other opportunities for recruiting trainees?
- Do you think these learners were appropriately prepared?
  - Do you have any ideas for improving their training prior to placement at your site? (What would be your recommendations?)
- Do you have any plans to change the way you work with HCA Initiative learners in the coming months/years?
- What else should we know about the HCA Initiative?

### **SECTION 3: PERSPECTIVES ON RECRUITING AND RETAINING LEARNERS**

- Are there things you would like to do to recruit more learners into your program?
- What kinds of programs do you offer to retain learners who complete your program?
  - What has been the response?
- What ideas do you have about other things (your academic partner institution/placement site/the State of Ohio) could do to retain more primary care physicians?

### **INTERVIEW CLOSURE AND FOLLOW-UP**

- Is there anything else you would like to tell us about your experience with the MEDTAPP HCA Initiative?

## **KEY INFORMANT INTERVIEW QUESTIONS**

### **SECTION 1: INFORMATION ABOUT YOU**

- Please tell me about your medical school and residency career
- What led you to become involved with the MEDTAPP HCA Initiative?

- How long have you been involved/were you involved in the program?

## **SECTION 2: OVERVIEW OF HCA INITIATIVE ACTIVITIES**

- Tell me about your involvement in the HCA Initiative.
- How did you learn about the program?
- What kinds of training opportunities were available to you?
  - Which of these did you participate in?
  - How did you choose these activities?
  - What did you think of these opportunities?
  - Why did you not choose others?
- In what ways were inter-professional teams included in your training?
  - What types of topics were involved around training to work with inter-professional teams?
  - What are your thoughts on these ways of including inter-professional teams?
- How were non-biomedical disciplines incorporated into your training?
  - How were they incorporated?
  - What are your thoughts on these ways of including non-biomedical disciplines?
- Tell me about your experiences with your placement site(s):
  - How did you select a site?
  - What kind of training did you receive while you were there?
  - What worked well at the site?
  - What were the challenges at the site?
- What else should we know about the HCA Initiative?

## **SECTION 3: PERSPECTIVES ON RECRUITMENT AND RETENTION**

- How did you learn about the HCA Initiative?
- How did this opportunity compare to others that you explored?
- How do you think (your academic partner institution) could recruit more learners like you?
- What makes you want to stay in Ohio and work with Medicaid patients as you continue your career?
- What challenges are there in working with the Medicaid population for the rest of your career?
- What could (your academic partner institution/placement site/the State of Ohio) do to retain more primary care physicians like you?

## **INTERVIEW CLOSURE AND FOLLOW-UP**

- Is there anything else you would like to tell us about your experience as a learner in the MEDTAPP HCA Initiative?

### **KEY INFORMANT FOCUS GROUP QUESTIONS**

#### **Section 1: YOUR EXPERIENCE WITH SEEKING CARE IN OHIO**

- Please tell us how long you have lived in Ohio
- Please tell us how long you have been enrolled in Medicaid
- When you go to the doctor, do you usually see the same doctor each time?
- Do you ever see more than one type of provider at the same visit, such as a doctor and someone who talks with you about nutrition?

#### **Section 2: CHALLENGES TO ACCESSING CARE IN OHIO**

- How easy would you say it is to get an appointment with a doctor?
  - Right away?
  - In the next day or two?
- What makes it difficult to get an appointment?

#### **Section 3: PERCEPTIONS OF ACCESS OVER TIME**

- Thinking back over your time in Ohio, have you noticed any changes in how easy or hard it is to get the health care you need?
  - How has this changed?
  - What made it easier?
  - What made it harder?

#### **CLOSURE AND FOLLOW-UP**

- Is there anything else you would like to tell us about accessing health care in Ohio?

### **FINAL VERSION OF PRECEPTOR SURVEY**

#### **About You**

1. In what areas do you precept? (select all that apply)
  - a. Child and Adolescent Psychiatry
  - b. Community Psychiatry with a Geriatric and/or Integrated Behavioral Health/Primary Care Focus
  - c. Pediatrics
  - d. Family Practice
  - e. Advanced Practice Nursing
  - f. Dentistry
  - g. Community Health Workers/Patient Navigators
  - h. Other? (Please specify: \_\_\_\_\_)

2. How long have you served as a preceptor in your career? [text response]
3. What kind of provider would you describe yourself to be? (e.g., physician, advanced practice nurse, psychiatrist, social worker)? [text response]

#### **About Your Location**

4. In what county do you primarily precept? [drop down of 88 counties]
5. Is the location where you do most of your precepting recognized as a Patient Centered Medical Home (PCMH)? (select one)
  - a. No, we are not recognized as a PCMH
  - b. Yes, certified by NCQA
    - Level 1
    - Level 2
    - Level 3
  - c. Yes, certified by a different agency
  - d. Don't know
6. Is the location where you do most of your precepting any of the following? (Select all that apply)
  - a. School-based health clinic
  - b. Federally qualified health center (FQHC)
  - c. Rural Health Clinic (RHC)
  - d. Community (e.g., faith-based organizations, mobile health, homeless shelter)
  - e. Inpatient-setting (e.g., hospital or long-term care)
  - f. Outpatient-setting (e.g., primary care clinic, community health center)
  - g. Mental or Behavioral Health (e.g., integrated care clinics, community mental health center, primary care clinic with behavioral health support in house)
  - h. Other, please specify [text response]
7. How many patients does your location serve? [text response; don't know]
  - a. Of those patients, approximately what percentage of your patient population receive Medicaid? [text response; don't know]
  - b. Approximately what percentage of your patient population are:
    - i. African-American/Black [text response; don't know]
    - ii. Hispanic [text response; don't know]
    - iii. White [text response; don't know]
    - iv. Other [text response; don't know]
8. What percentage of your patients do you believe reside in the Appalachian region? [text response; don't know]
9. Which of the following years has your location participated in precepting learners from the MEDTAPP/HCA initiative? (select all that apply)
  - a. 2012
  - b. 2013

- c. 2014
  - d. 2015
  - e. 2016
  - f. I don't know
10. (if 9 <f) What is the total number of learners, regardless of participation in the MEDTAPP program, that you have precepted in the years identified in the previous question? [text response]
- a. Approximately what percentage of those learners were MEDTAPP/HCA initiative learners? (For example, if all learners you precept are MEDTAPP/HCA initiative learners the reported number should be 100%) [text response and selection for "don't know"]
- 11A (If 9=f) Since 2012, what is the total number of learners, regardless of participation in the MEDTAPP program, that you have precepted in the years identified in the previous question? [text response]

### **Experience with the Program**

11. What disciplines of learners do you engage with? (select all that apply)
- a. Physicians
  - b. Nurses
  - c. Social Workers
  - d. Dentists
  - e. Community Health Workers
  - f. Behavioral/Mental Health providers
  - g. Other clinicians/providers, please specify [text response]
12. What level of learners do you engage with? (select all that apply)
- a. Undergraduate students or below
  - b. Post Graduate or Medical students
  - c. Residents
  - d. Fellows
  - e. Professional/Graduates
13. Were you ever a learner with the MEDTAPP/HCA initiative (e.g., resident, fellow, post-graduate student)? If so, what type [text response]

**If no, skip to "evaluation of the learners"**

Next questions, answers from likert scale, (5-point with a N/A option):

14. As a former learner, I was able to improve access for Medicaid patients as a result of participating in the MEDTAPP/HCA initiative
15. As a former learner, I was able to improve the experience for Medicaid patients as a result of participating in the MEDTAPP/HCA initiative

16. As a former learner, I was able to better address the social determinants of health impacting Medicaid patients as a result of participating in the MEDTAPP/HCA initiative

### **Evaluation of the Learners**

Next questions, answers from likert scale, (5-point with a N/A option):

17. MEDTAPP/HCA initiative learners were more attuned to the needs of the Medicaid community than non-MEDTAPP/HCA learners
18. As a preceptor, I have been able to improve access for Medicaid patients as a result of participating in the MEDTAPP/HCA initiative
19. As a preceptor, I have been able to improve the experience for Medicaid patients as a result of participating in the MEDTAPP/HCA initiative
20. As a preceptor, I have been able to better address the social determinants of health impacting Medicaid patients as a result of participating in the MEDTAPP/HCA initiative
21. I have seen better health outcomes in patients who worked with MEDTAPP/HCA initiative learners than those who worked with non-MEDTAPP/HCA learners
22. I believe that MEDTAPP/HCA initiative learners are more responsive to the Medicaid population than non-MEDTAPP/HCA learners
23. The training I received to act as a preceptor for the MEDTAPP/HCA initiative has improved my ability to serve the Medicaid community
24. The training I received to act as a preceptor for the MEDTAPP/HCA initiative improved my ability to provide mentorship
25. The MEDTAPP/HCA initiative learners were able to communicate effectively with other members of the healthcare team
26. MEDTAPP/HCA initiative learners had the opportunity to work with a diverse set of disciplines
27. Having MEDTAPP/HCA initiative learners working in this site helped to enhance patient care
28. MEDTAPP/HCA initiative learners were central to the patient care experience

### **Interaction with HCA Initiative**

29. How satisfied were you with participation in the MEDTAPP/HCA initiative? [likert scale]
30. How likely would you be to continue precepting MEDTAPP/HCA initiative learners? [likert scale]

31. Would you recommend precepting MEDTAPP/HCA initiative learners to colleagues? [likert scale]
32. Was the MEDTAPP/HCA initiative program available for questions, concerns or problems? [likert scale]
33. Did you feel adequately prepared for the preceptorship experience? [likert scale]
34. Did you feel supported by the MEDTAPP/HCA initiative program in preparing learners for serving the Medicaid population? [likert scale]
35. The MEDTAPP/HCA initiative program's approach to supporting precepting is a model for other precepting programs? [likert scale]
36. What would you change about the MEDTAPP/HCA initiative? [text response]

#### **Open-ended responses related to experience with MEDTAPP/HCA Initiative**

***For the next questions, please respond in the text boxes provided:***

37. How has having MEDTAPP/HCA initiative learners made a difference in your clinical setting? [text response]
38. What has having MEDTAPP/HCA initiative learners allowed you to do that you could not otherwise do? [text response]

#### **Appendix 4: Defining High, Medium, and Low Volume Medicaid Providers**

In preparing a definition for high, medium and low volume Medicaid providers, we considered two approaches. The first was based on physician count, and the second was based on physician density. In reviewing the raw data, we identified cut points that we believed presented a qualitative difference between the experiences within each county based on these two cut points. We aggregated these counties as a group and then explored service levels of providers to Medicaid beneficiaries. What we determined was that both approaches showed similar dynamics and as a result, we present our recommendations in terms of number of Medicaid patients served because the use of physician density offered no additional information, and the physician count definition was the simplest.

In reviewing this data we made several determinations:

1. In counties with less than 100 providers, we defined Medicaid provider tiers against all providers. Given the relative shortage of providers in these areas, limiting the definition to Medicaid providers created unnecessary skew in the approach.
2. In counties with more than 100 providers, the tiers were identified based only on Medicaid providers.

Put another way, in counties with fewer than 100 providers, a high volume Medicaid office is in the top 33% of all providers. In counties with more than 100 providers, a high volume Medicaid office is in the top 33% of all Medicaid providers.

Based on these dynamics, we grouped counties and then visually inspected the distribution of NPIs in each subgroup. Based entirely on visual inspection, using the top 1/3 as the general marker for high and the top 2/3 as the general marker for medium, we advance the following standards.

**In counties with a Low Physician Count (fewer than 100 physicians)**

Within this group, there are 1,651 physicians. Of those physicians:

553 see fewer than 50 Medicaid patients, with 377 physicians (22.8%) seeing no Medicaid patients

512 have between 50 and 250 Medicaid patients

583 have over 250 Medicaid patients

Applicable County list:

Adams, Ashland, Auglaize, Belmont, Brown, Carroll, Champaign, Clinton, Coshocton, Crawford, Darke, Defiance, Fayette, Fulton, Guernsey, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Knox, Lawrence, Logan, Madison, Meigs, Mercer, Monroe, Morgan, Morrow, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Preble, Putnam, Sandusky, Seneca, Shelby, Union, Van Wert, Vinton, Williams, Wyandot

**In counties with a Medium Physician Count (more than 101 physicians, fewer than 500 physicians)**

Within this group, there are 6,408 physicians. Of those physicians:

1,736 physicians (27.1%) see no Medicaid patients

Of the remaining 4,672 physicians in this area:

1,527 physicians see 100 or fewer Medicaid patients

1,476 physicians see between 101 and 275 Medicaid patients

1,669 physicians see 276 or more Medicaid patients

If we were inclusive of the no Medicaid patients in the “fewer than” group, the numbers would change as follows:

2,686 see fewer than 50 Medicaid patients, with 1,736 physicians (22.8%) seeing no Medicaid patients

1,861 have between 50 and 250 Medicaid patients

1,806 physicians see 251 or more Medicaid patients

Applicable County list:

Allen, Ashtabula, Athens, Clark, Clermont, Columbiana, Delaware, Erie, Fairfield, Gallia, Geauga, Greene, Hancock, Jefferson, Lake, Licking, Lorain, Marion, Medina, Miami, Muskingum, Portage, Richland, Ross, Scioto, Trumbull, Tuscarawas, Warren, Washington, Wayne, Wood

**In counties with a High Physician Count (more than 500 physicians)**

Within this group, there are 23,692 physicians. Of those physicians:

8,244 physicians (37.8%) see no Medicaid patients

Of the remaining 15,448 physicians:

5,040 physicians see 50 or fewer Medicaid patients

5,674 physicians see between 51 and 200 Medicaid patients

4,731 physicians see 201 or more Medicaid patients

If we were inclusive of the no Medicaid patients in the “fewer than” group, the numbers would change as follows:

3,299 see at least 1 patient but fewer than 25 Medicaid patients, with 8,244 seeing none

7,003 have between 26 and 175 Medicaid patients

5,213 physicians see 176 or more Medicaid patients

Applicable County list:

Butler, Cuyahoga, Franklin, Hamilton, Lucas, Mahoning, Montgomery, Stark and Summit

**Recommendation:**

Based on this data, we recommend Medicaid adopt the following definitions:

**In counties with a Low Physician Count (less than 100 physicians)**

*Low:* 0 to 100 Medicaid patients

*Medium:* 101 to 275 Medicaid patients

*High:* 276 or more Medicaid patients

**In counties with a Medium Physician Count (more than 101 physicians, less than 500 physicians)**

*Low:* 0 to 50 Medicaid patients

*Medium:* 51 to 200 Medicaid patients

*High:* 201 or more Medicaid patients

**In counties with a High Physician Count (more than 500 physicians)**

*Low:* 0 to 50 Medicaid patients

*Medium:* 51 to 250 Medicaid patients

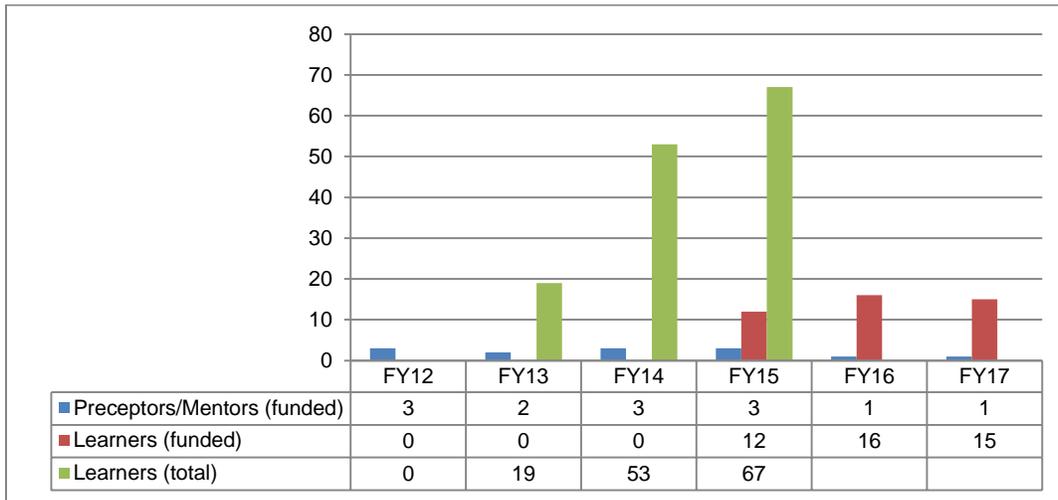
*High:* 251 or more Medicaid patients

**Appendix 5: Additional Metrics, by Site**

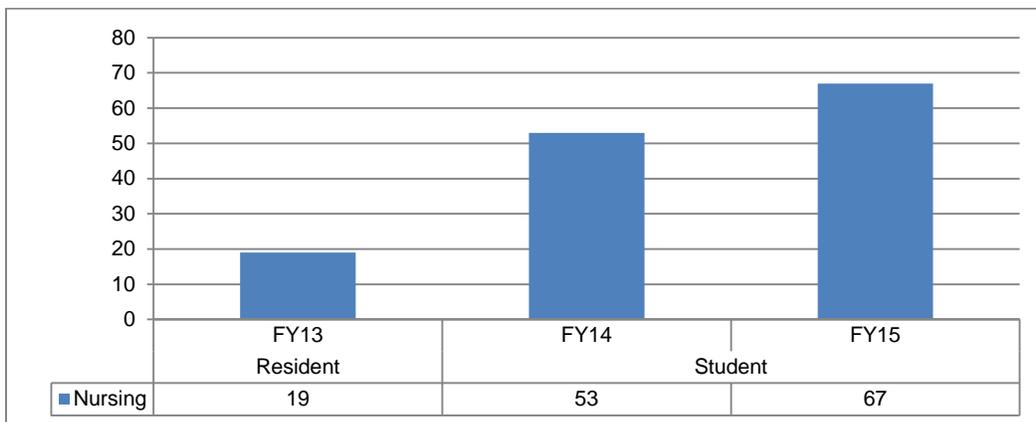
NOTE: As explained the Final Project Report, quantitative metrics were extracted from proposals from each participating program including the initial applications and continuing and expansion funding requests. We attempted to collect missing data directly from the academic

program sites when possible. However, the findings presented are most likely underestimates. This is likely because reports did not list information for all sites, and some locations favored general descriptions rather than specific names.

**Site 1, Number of Learners and Preceptors/Mentors by Year**



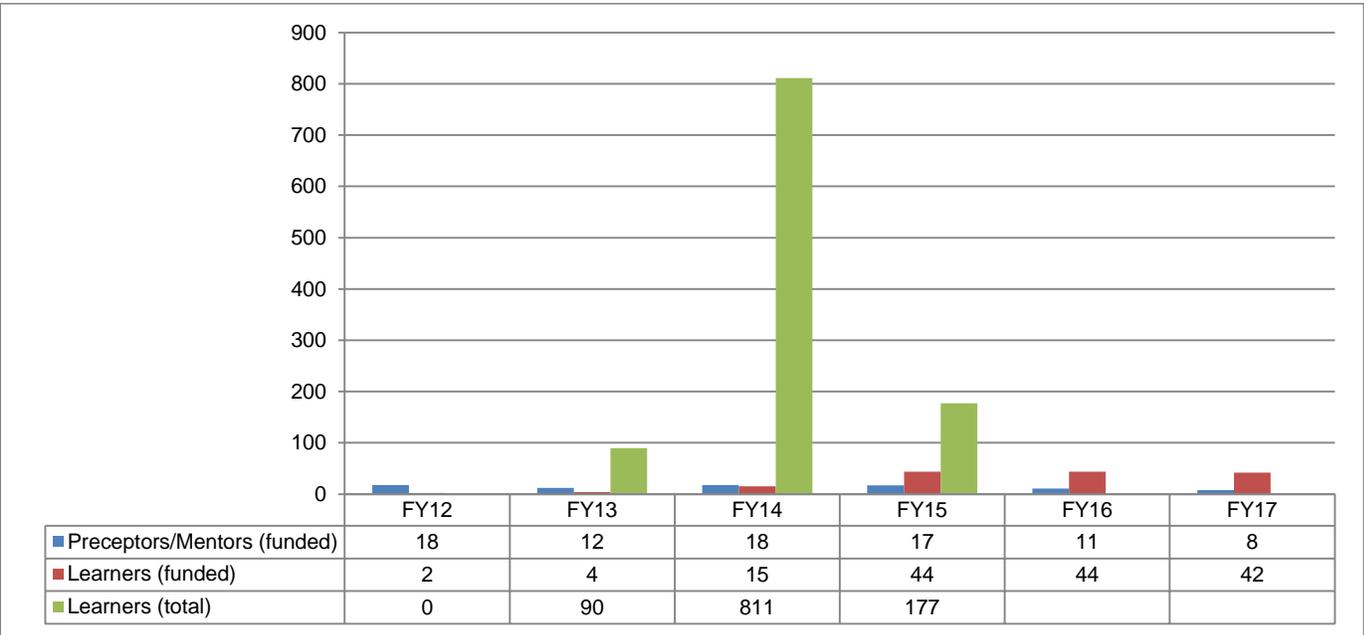
**Site 1, Number of Learners by Level and Discipline**



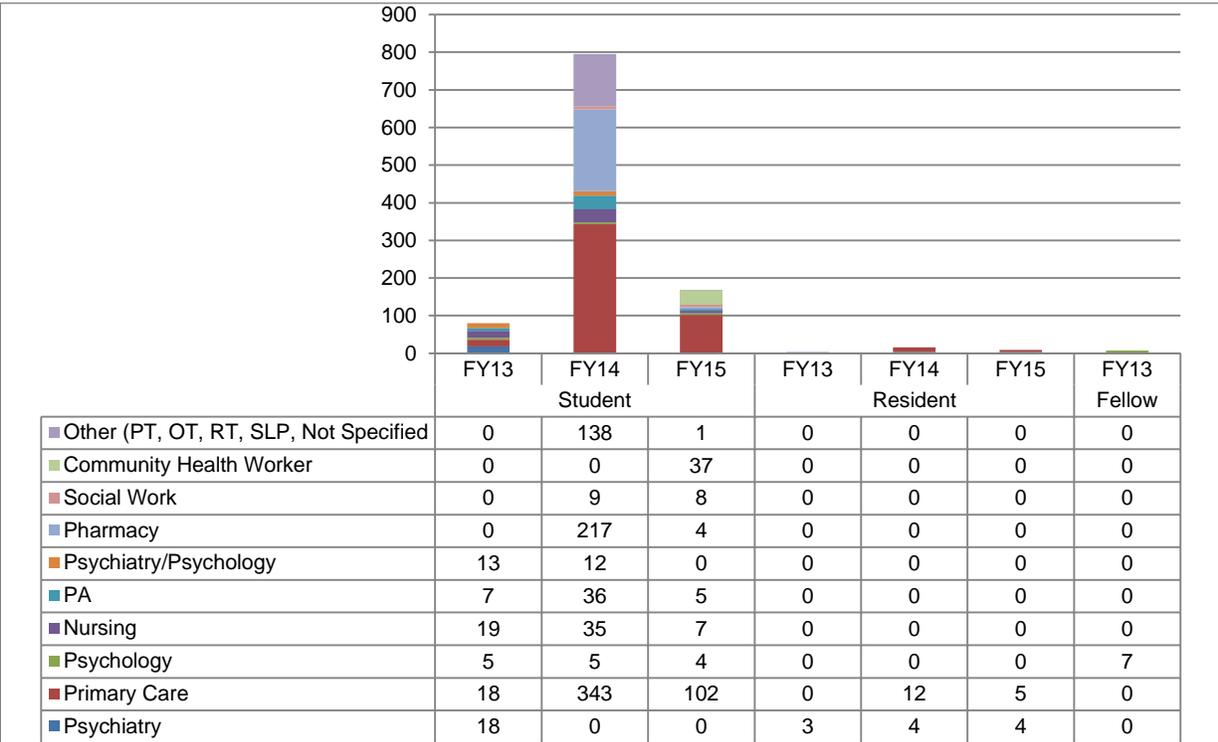
**Site 1, Monetary Support for Learners and Preceptors/Mentors**



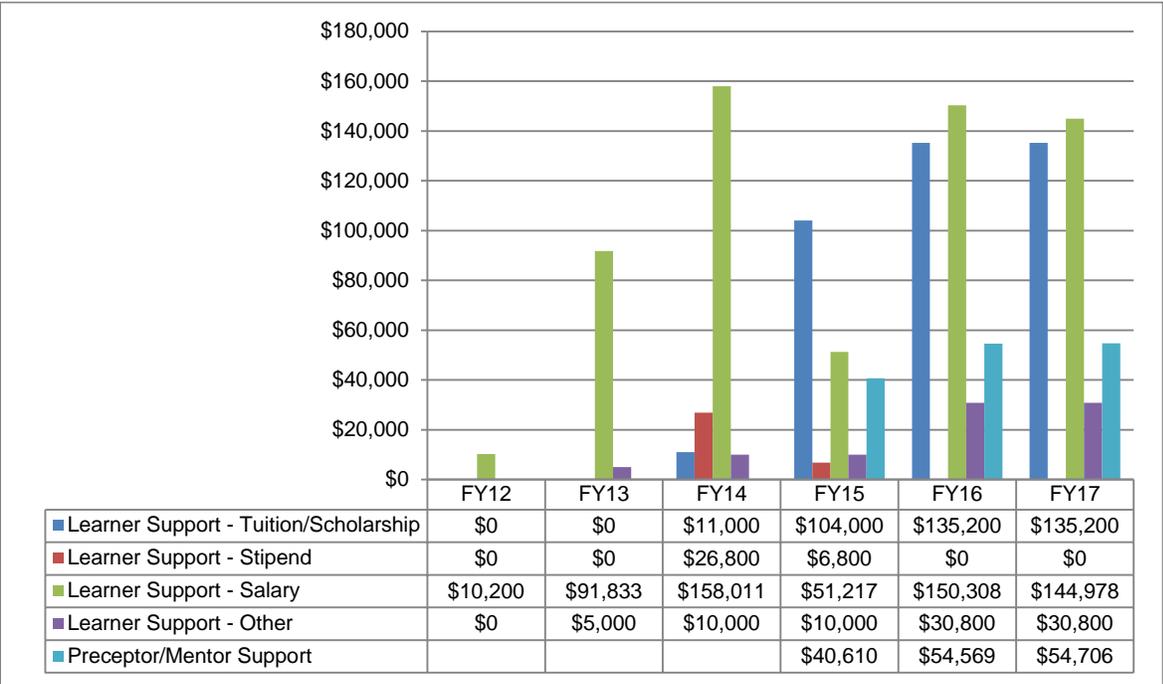
**Site 2, Number of Learners and Preceptors/Mentors by Year**



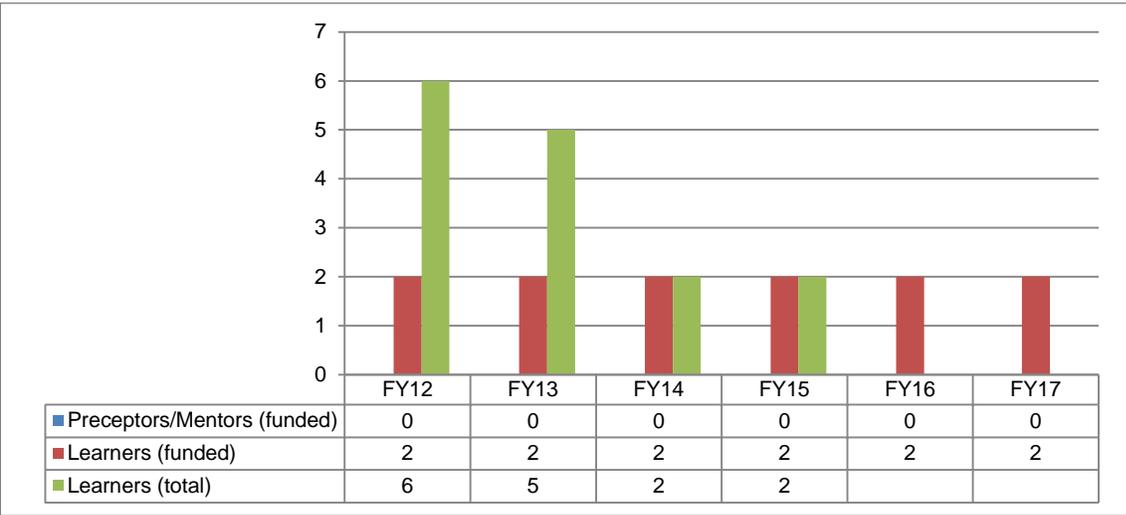
**Site 2, Number of Learners by Level and Discipline**



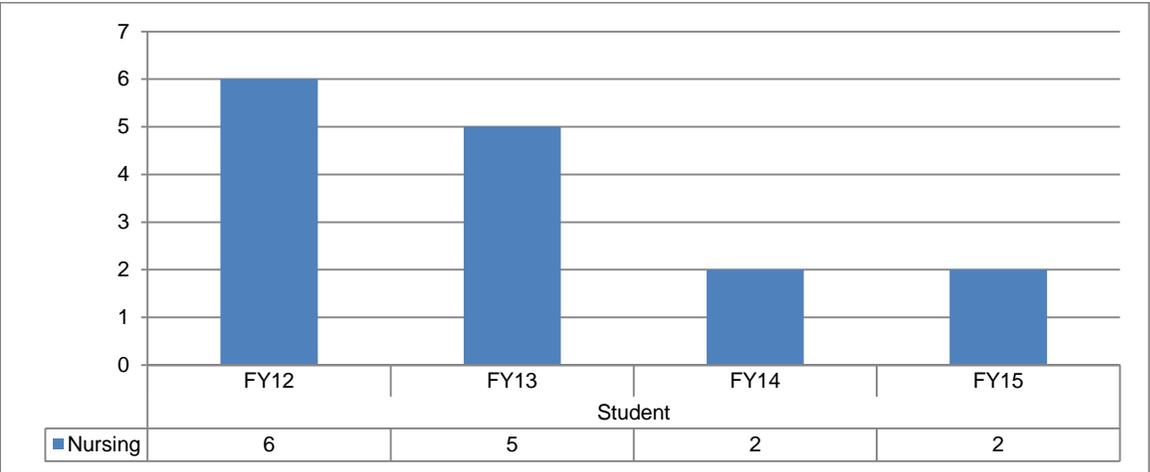
**Site 2, Monetary Support for Learners and Preceptors/Mentors**



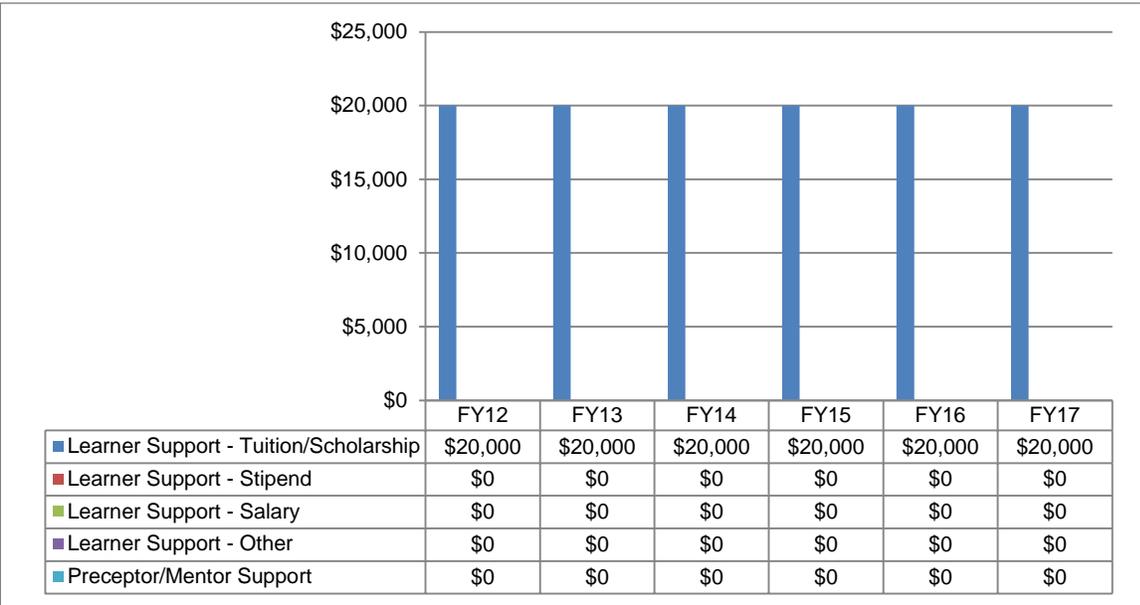
**Site 3, Number of Learners and Preceptors/Mentors by Year**



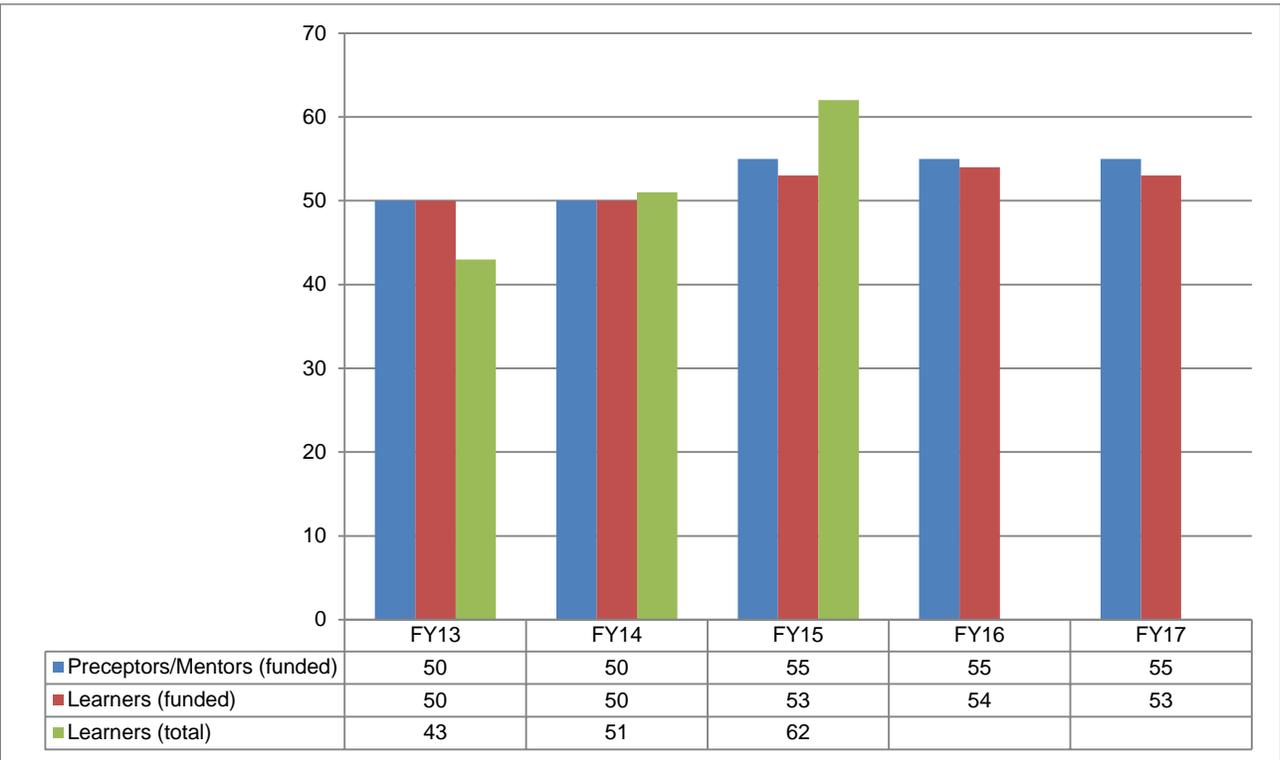
**Site 3, Number of Learners by Level and Discipline**



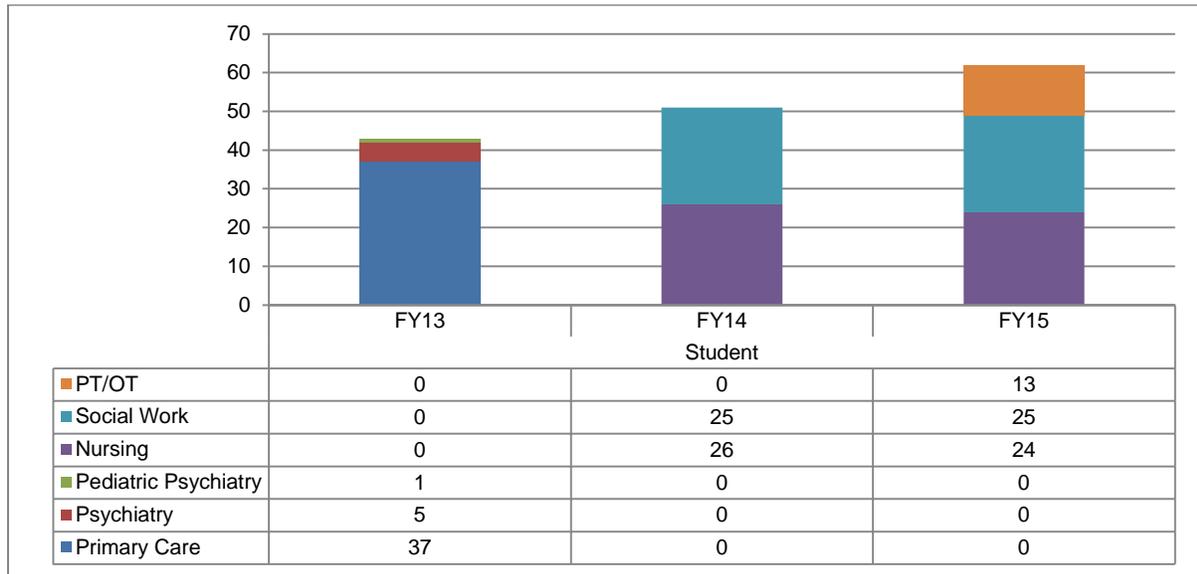
**Site 3, Monetary Support for Learners and Preceptors/Mentors**



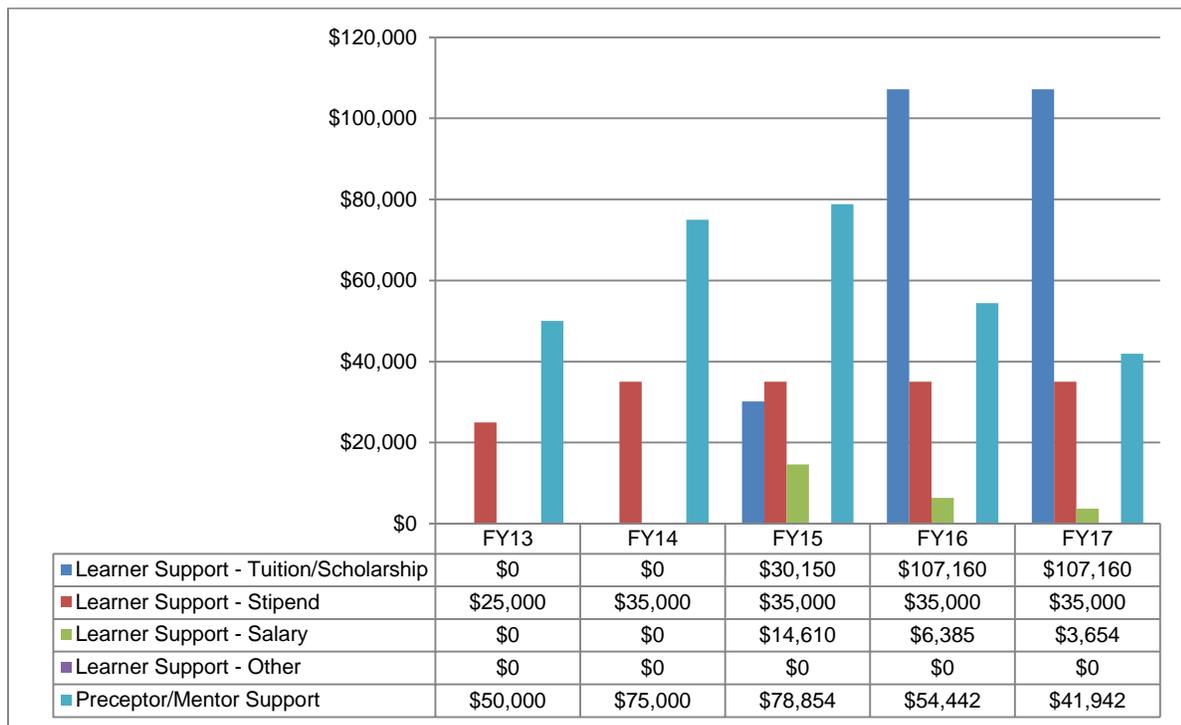
**Site 4, Number of Learners and Preceptors/Mentors by Year**



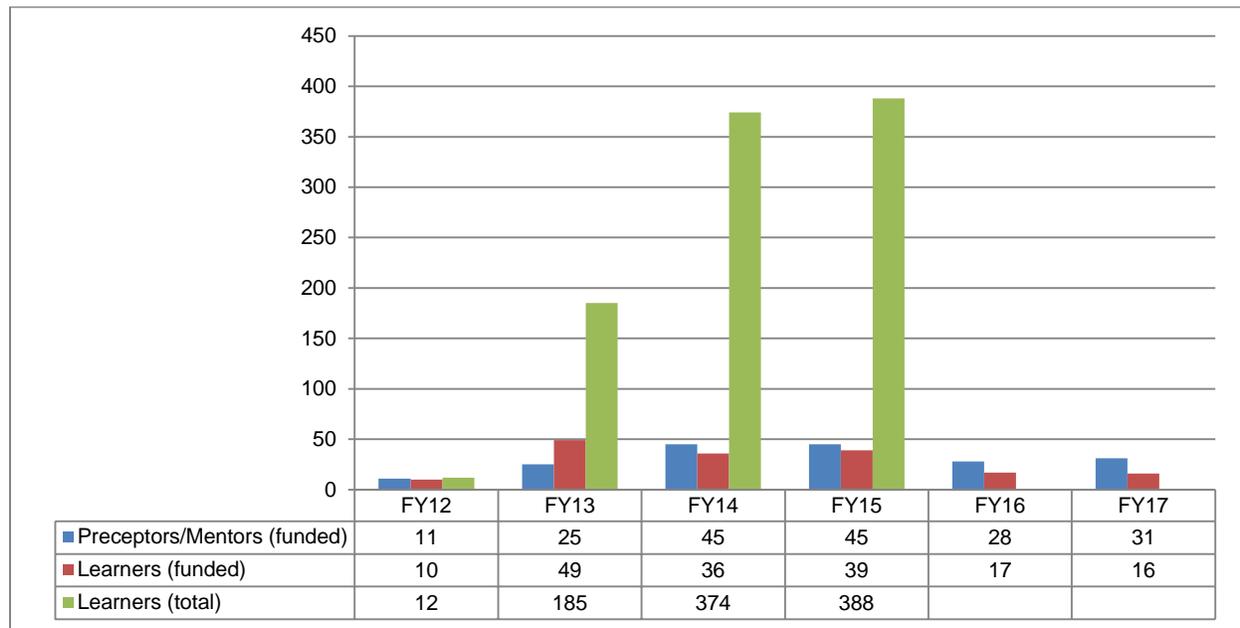
**Site 4, Number of Learners by Level and Discipline**



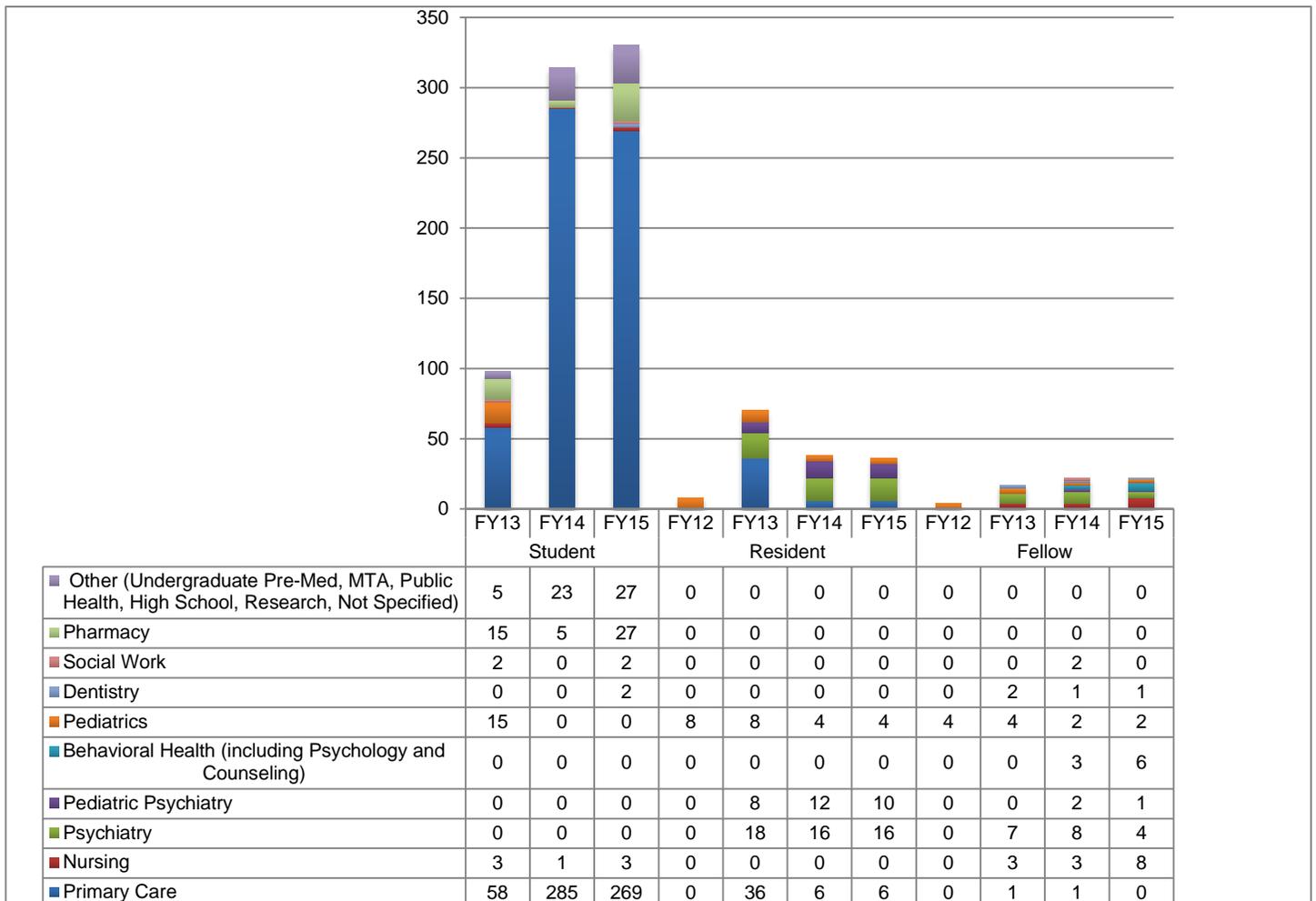
**Site 4, Monetary Support for Learners and Preceptors/Mentors**



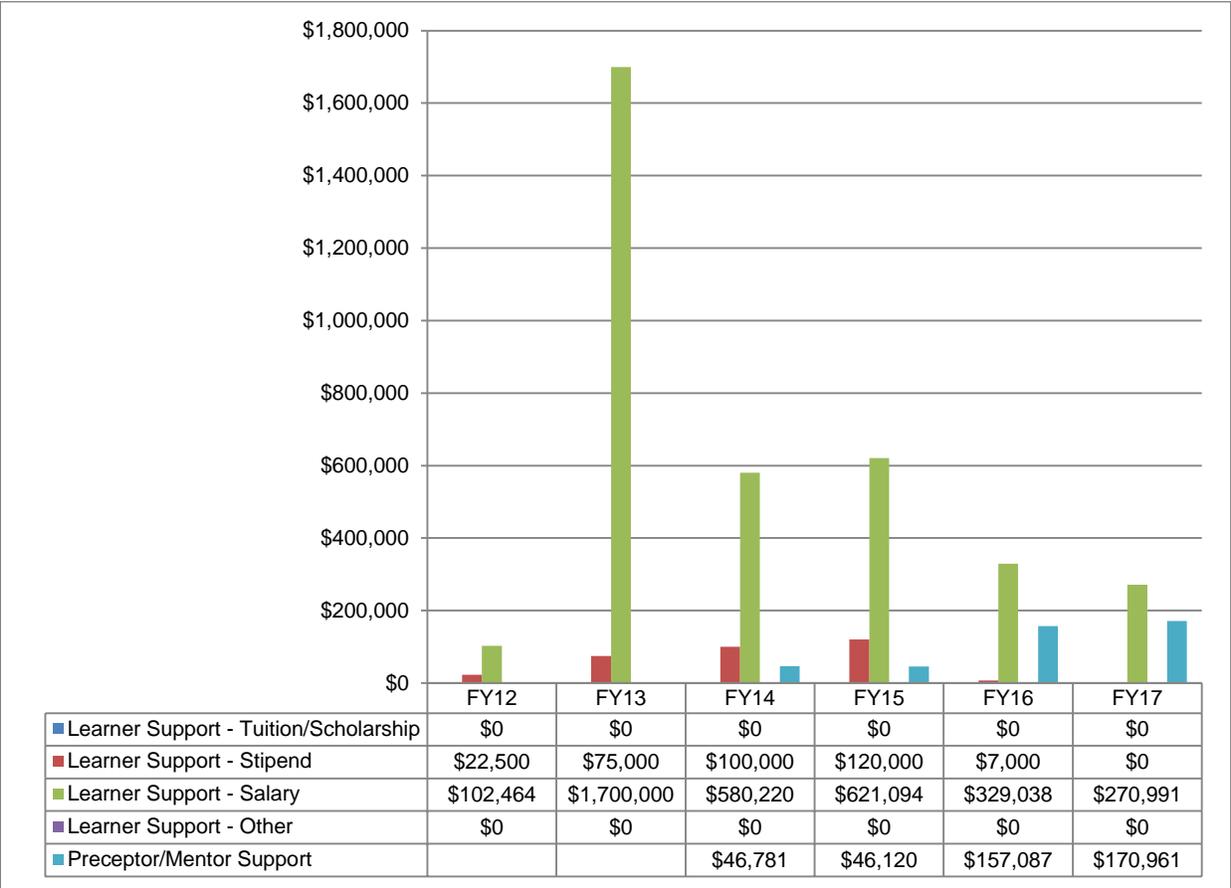
### Site 5, Number of Learners and Preceptors/Mentors by Year



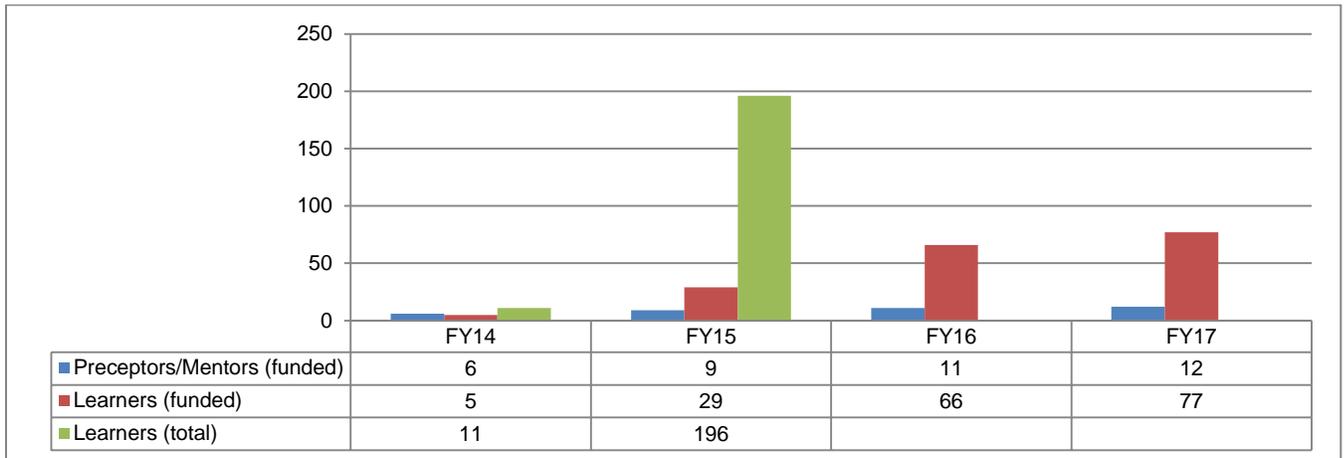
### Site 5, Number of Learners by Level and Discipline



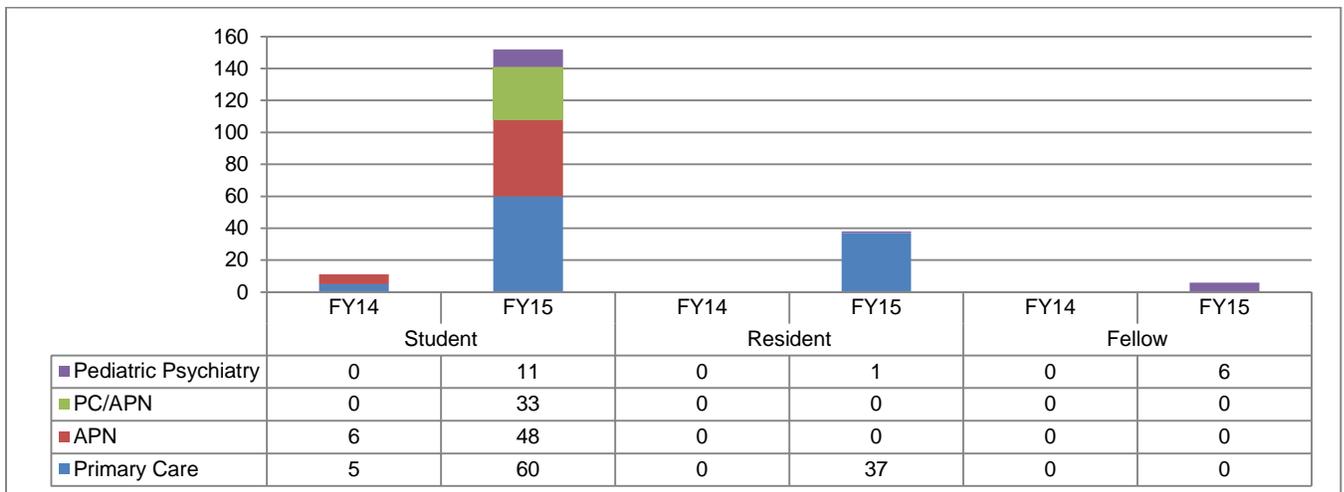
**Site 5, Monetary Support for Learners and Preceptors/Mentors**



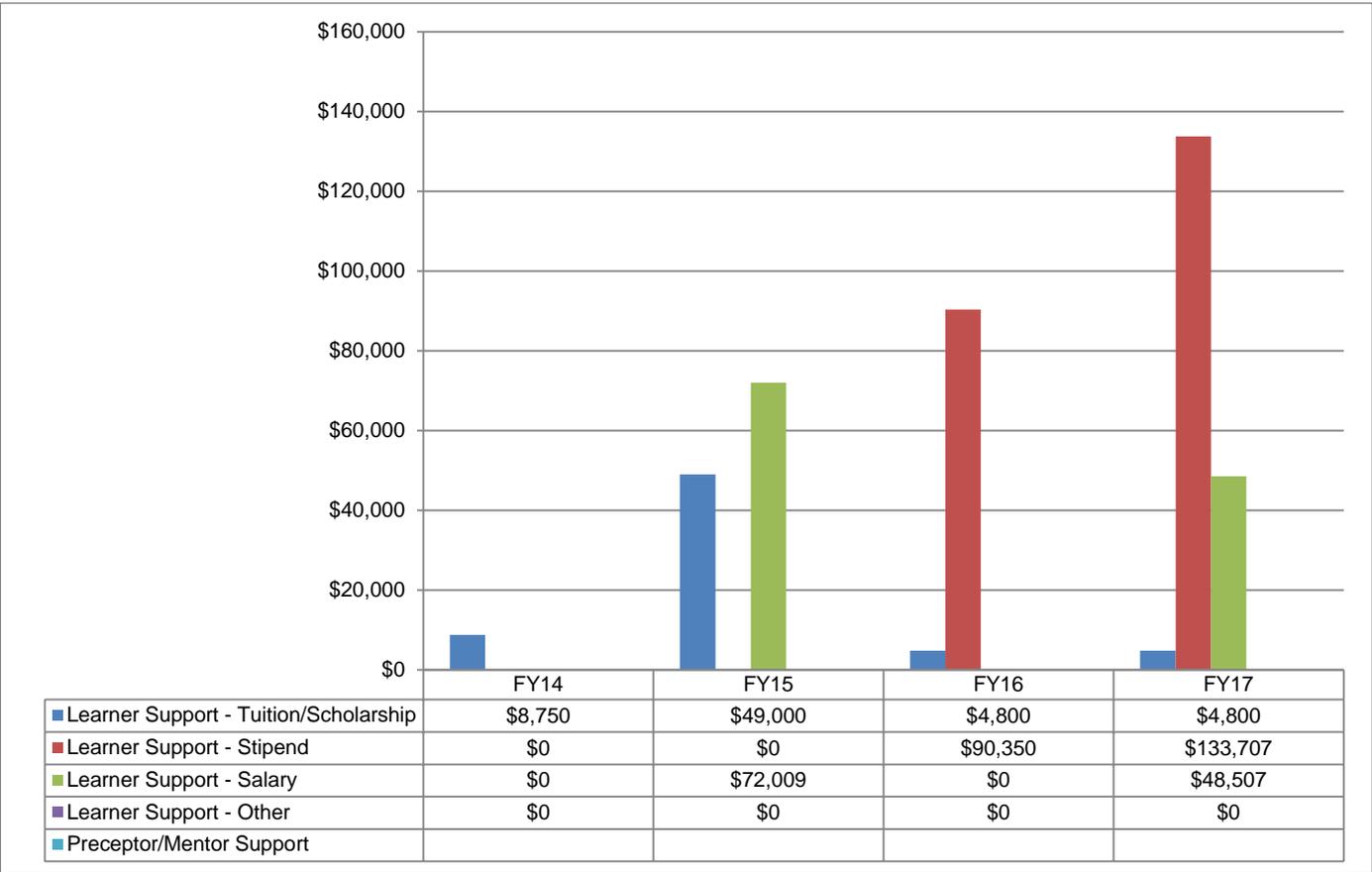
**Site 6, Number of Learners and Preceptors/Mentors by Year**



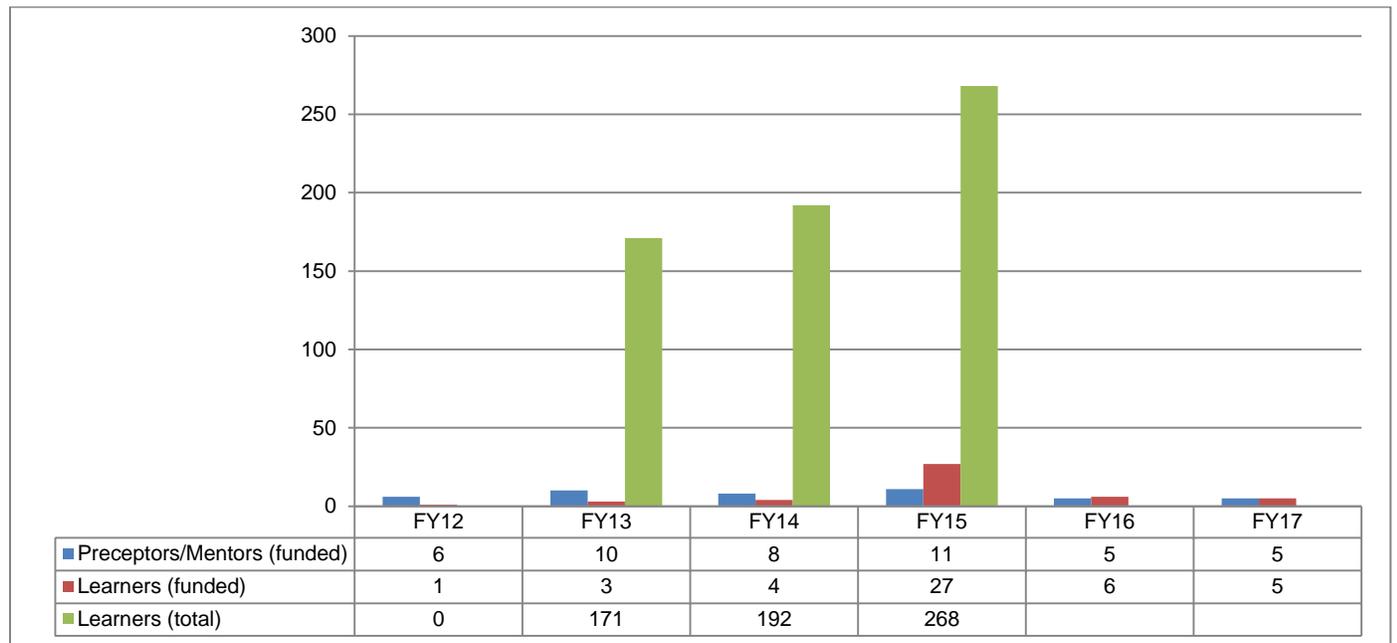
**Site 6, Number of Learners by Level and Discipline**



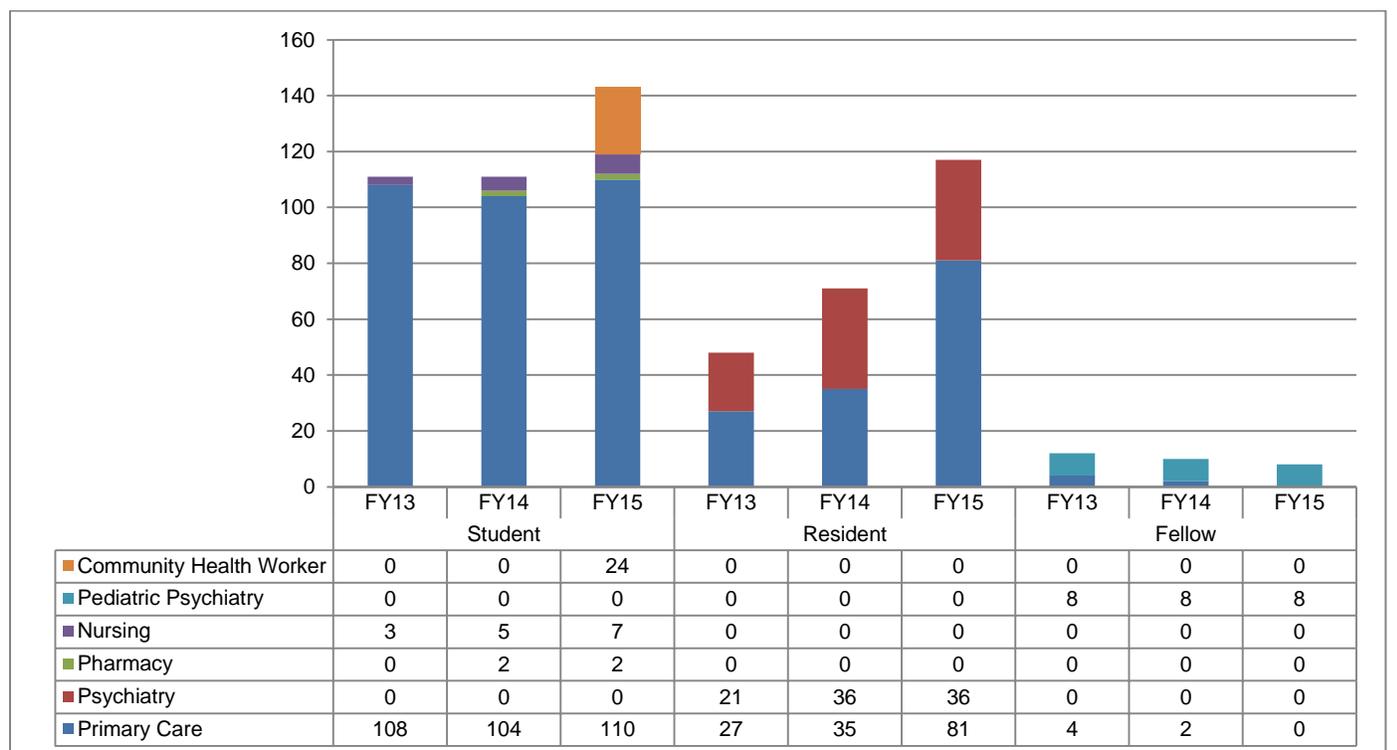
**Site 6, Monetary Support for Learners and Preceptors/Mentors**



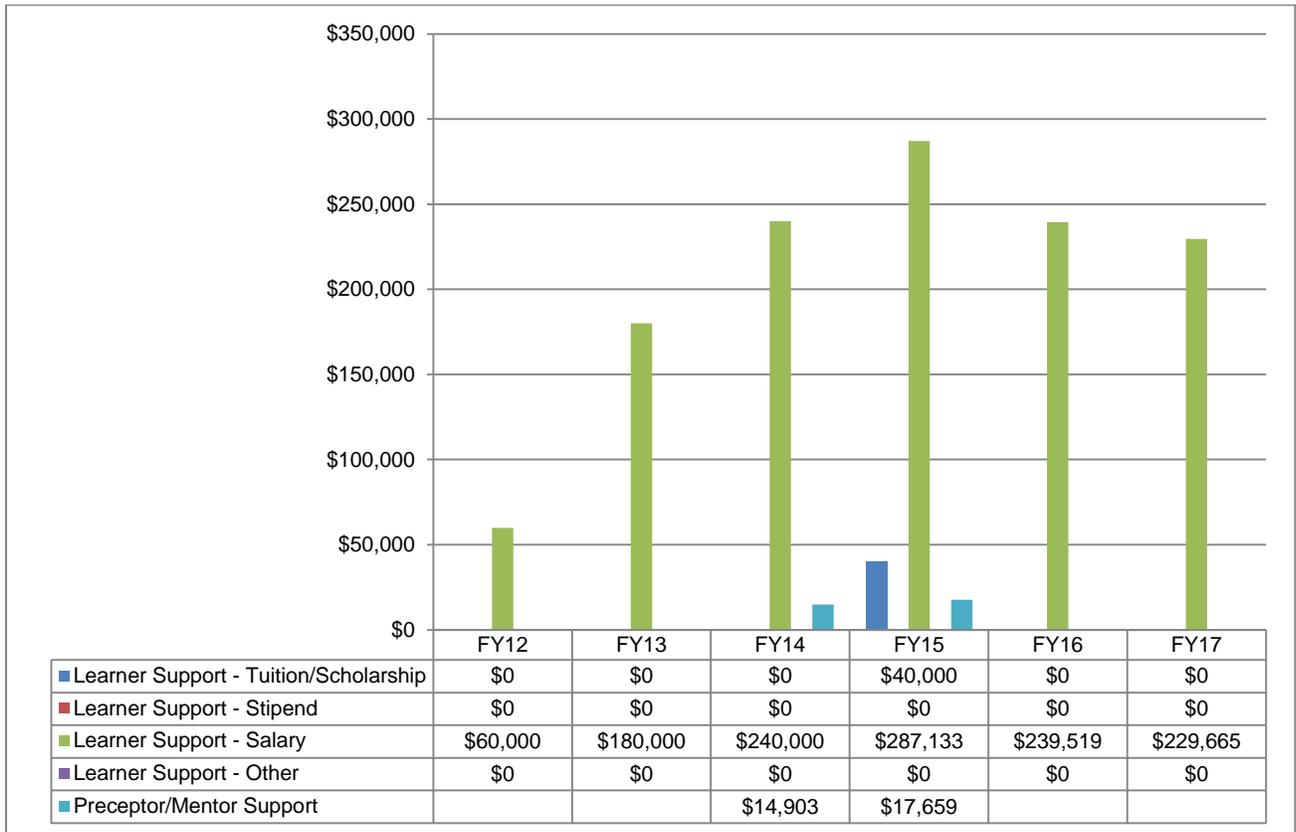
**Site 7, Number of Learners and Preceptors/Mentors by Year**



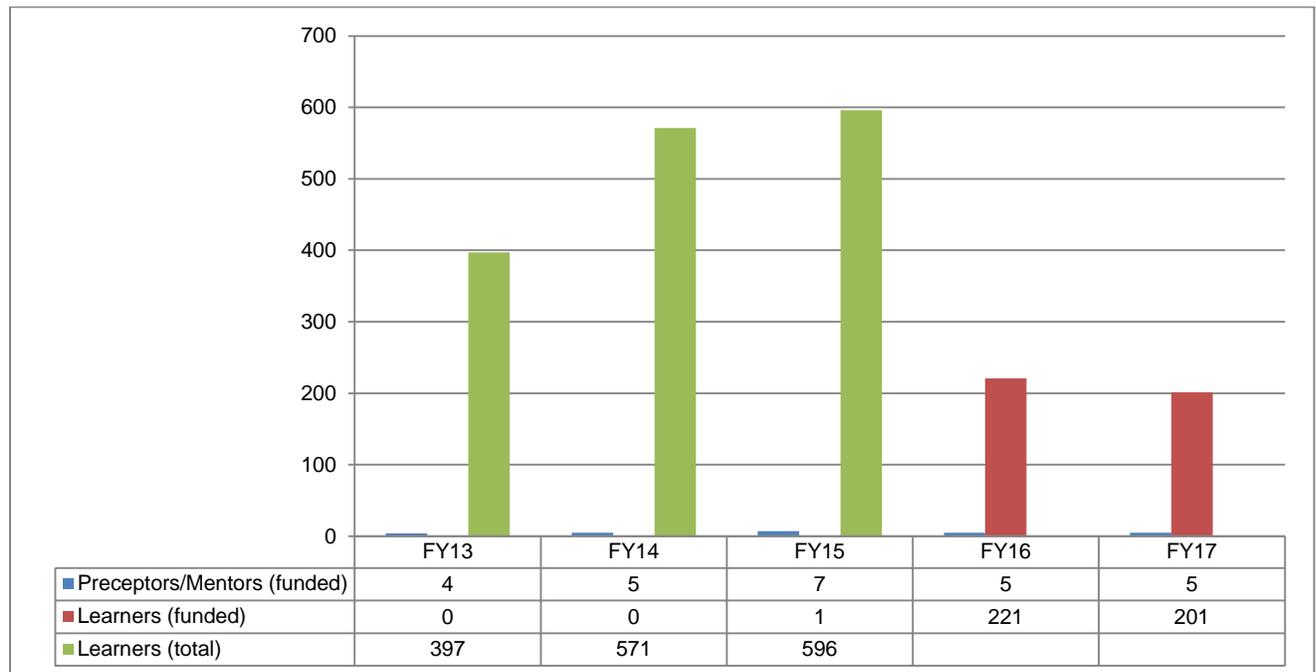
**Site 7, Number of Learners by Level and Discipline**



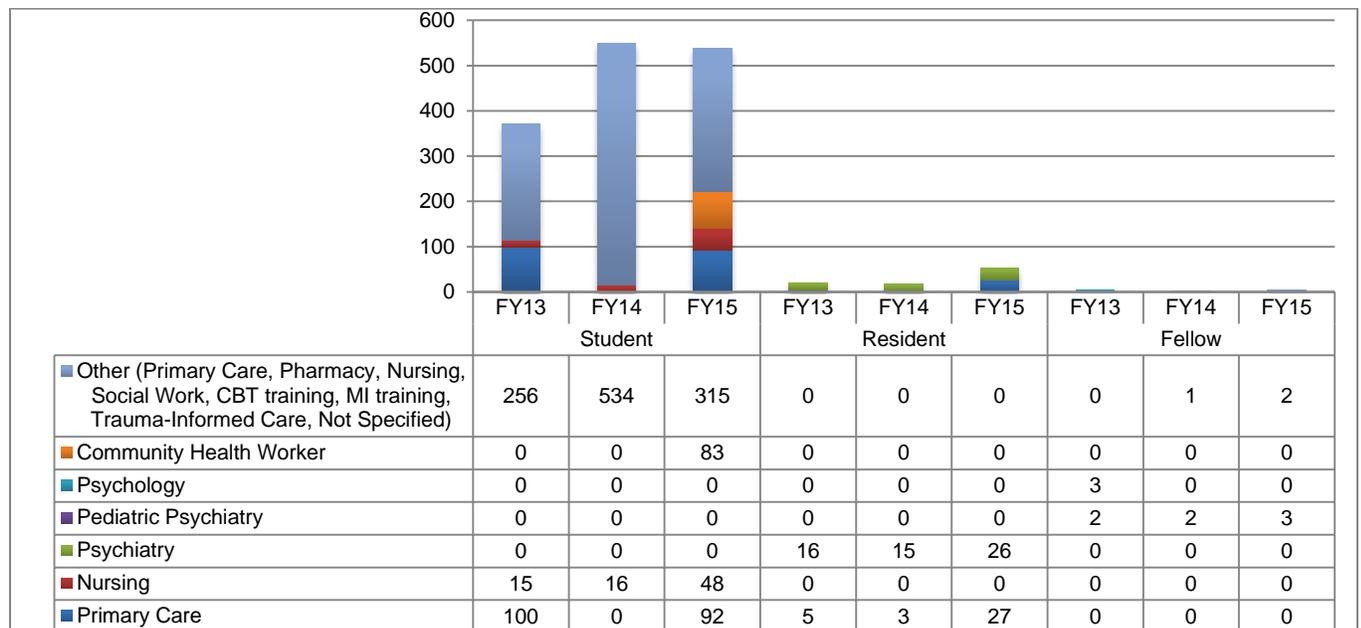
**Site 7, Monetary Support for Learners and Preceptors/Mentors**



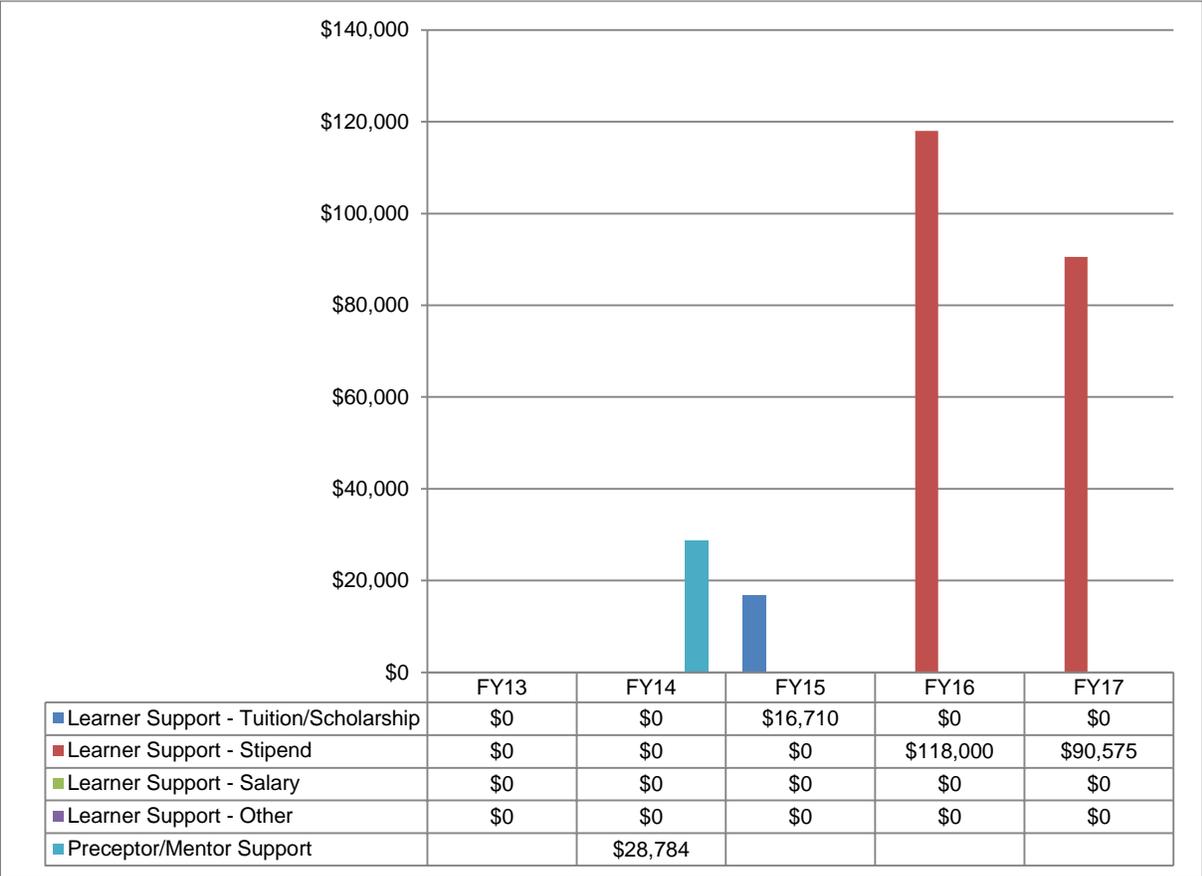
**Site 8, Number of Learners and Preceptors/Mentors by Year**



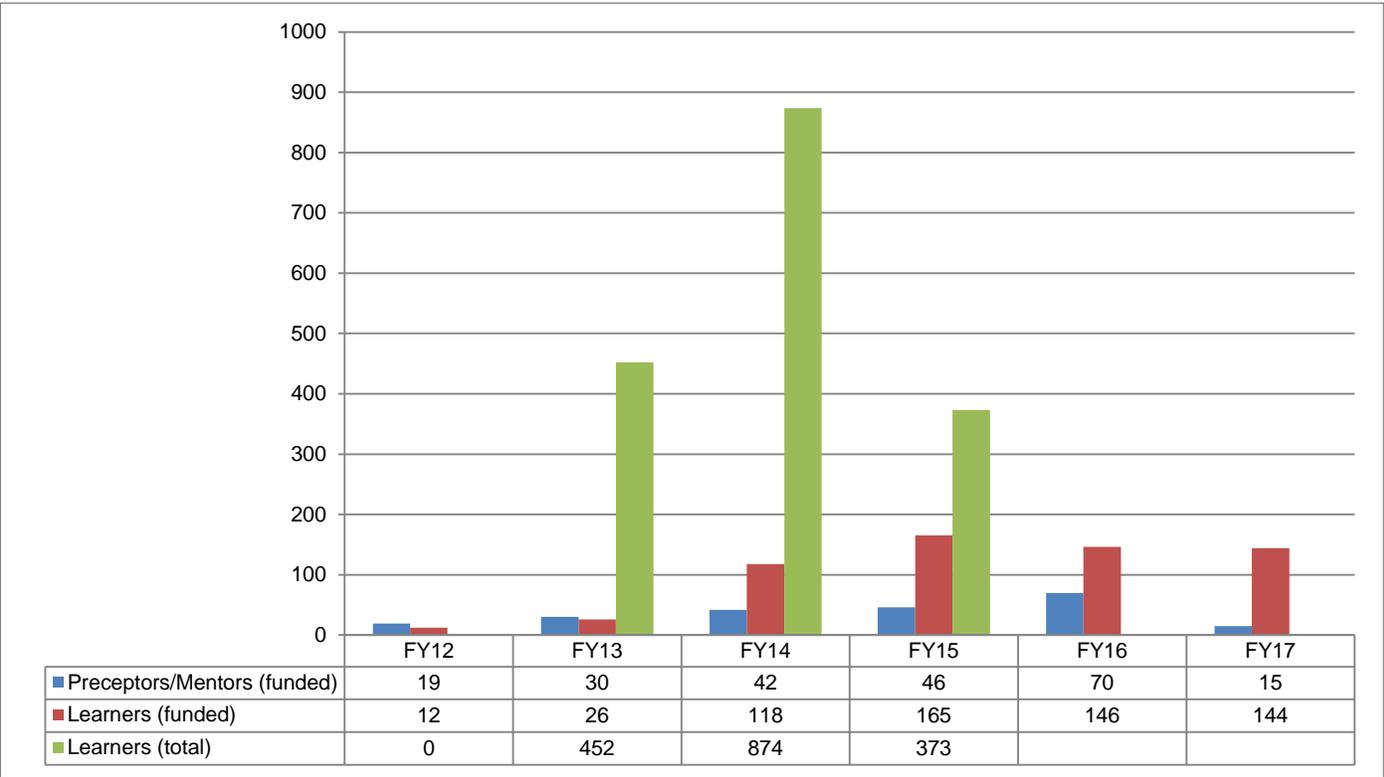
**Site 8, Number of Learners by Level and Discipline**



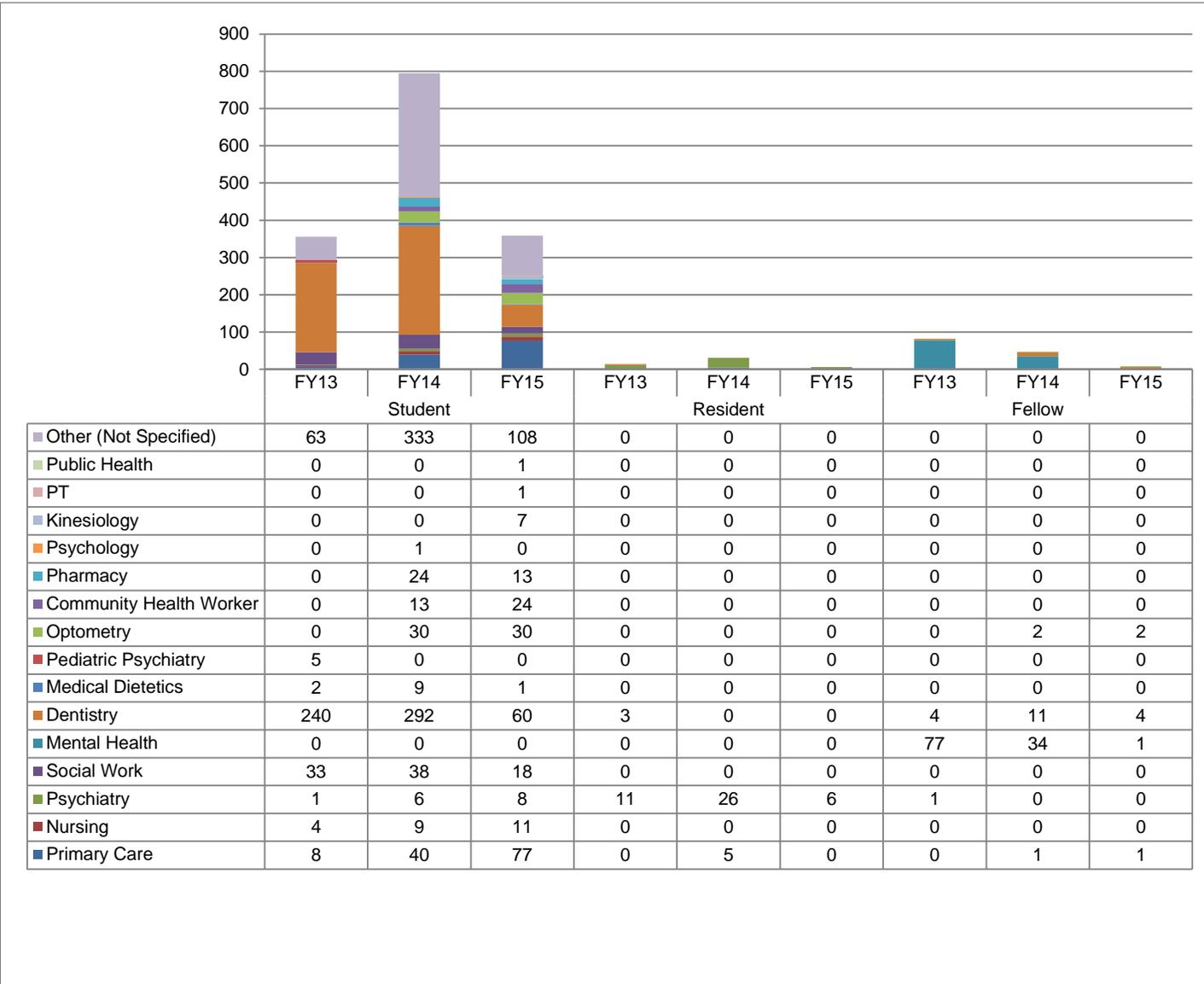
**Site 8, Monetary Support for Learners and Preceptors/Mentors**



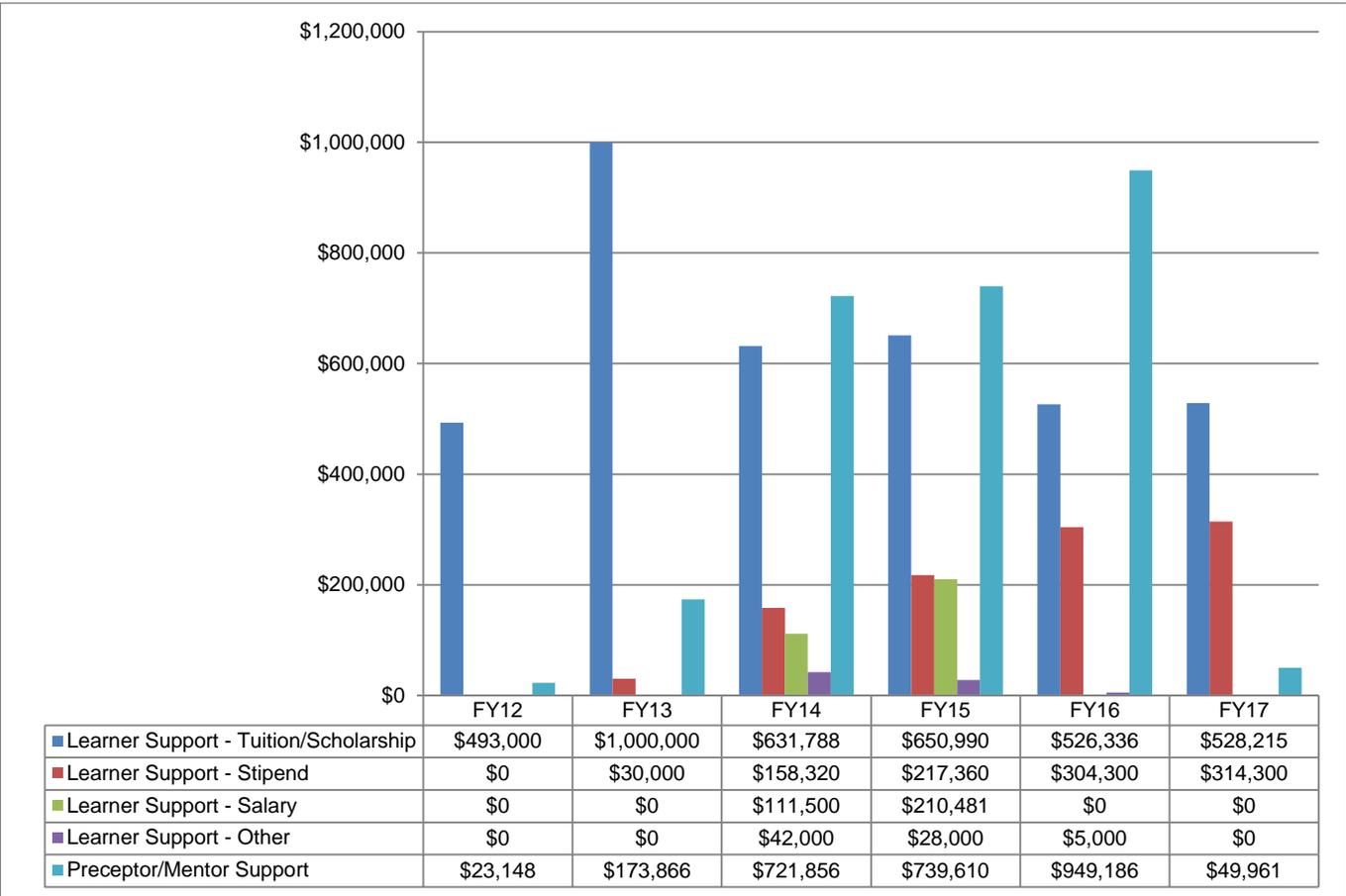
**Site 9, Number of Learners and Preceptors/Mentors by Year**



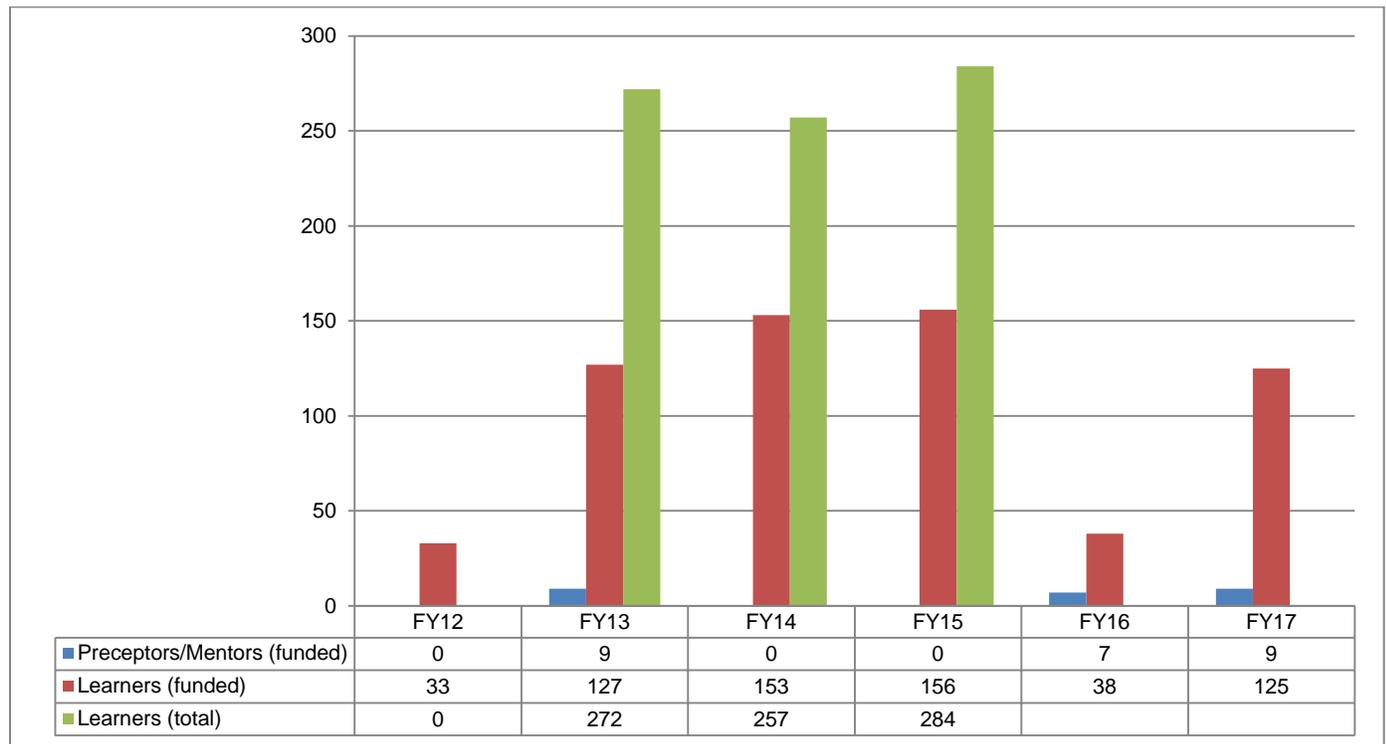
**Site 9, Number of Learners by Level and Discipline**



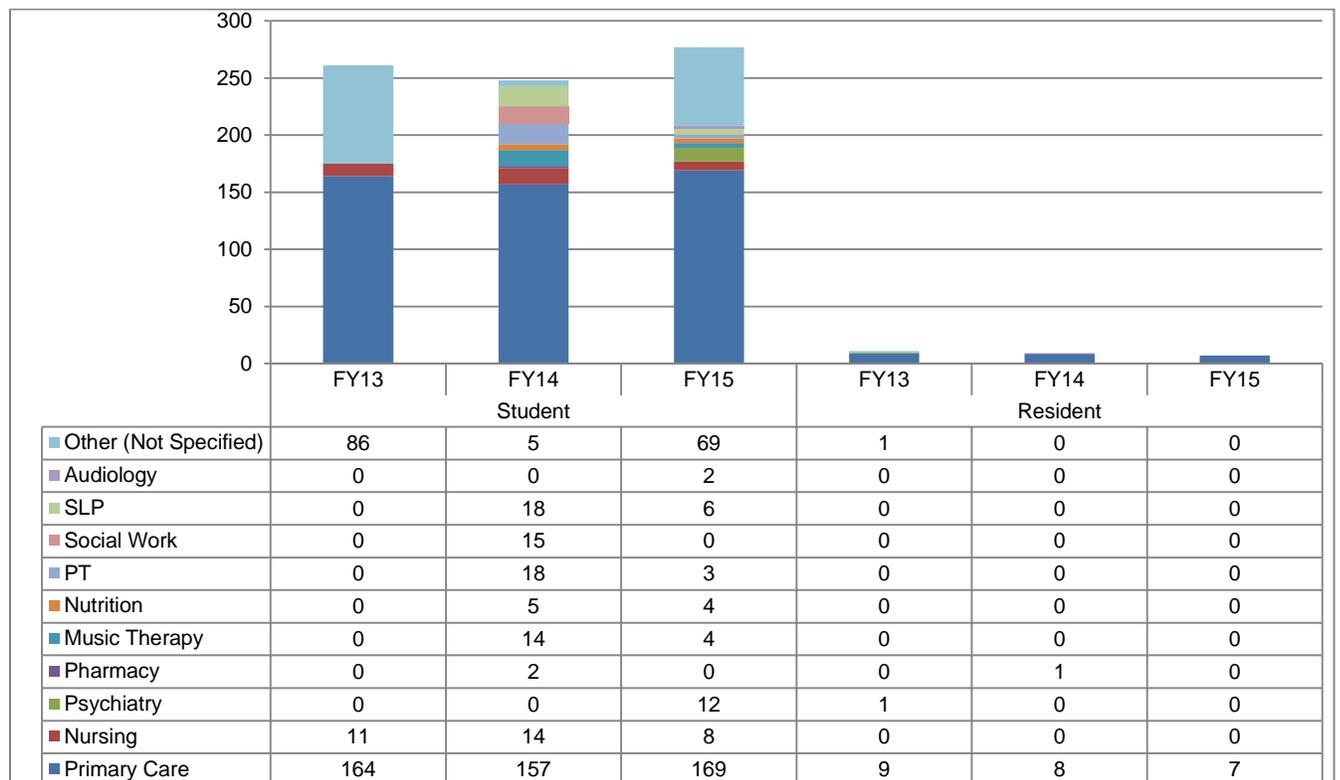
**Site 9, Monetary Support for Learners and Preceptors/Mentors**



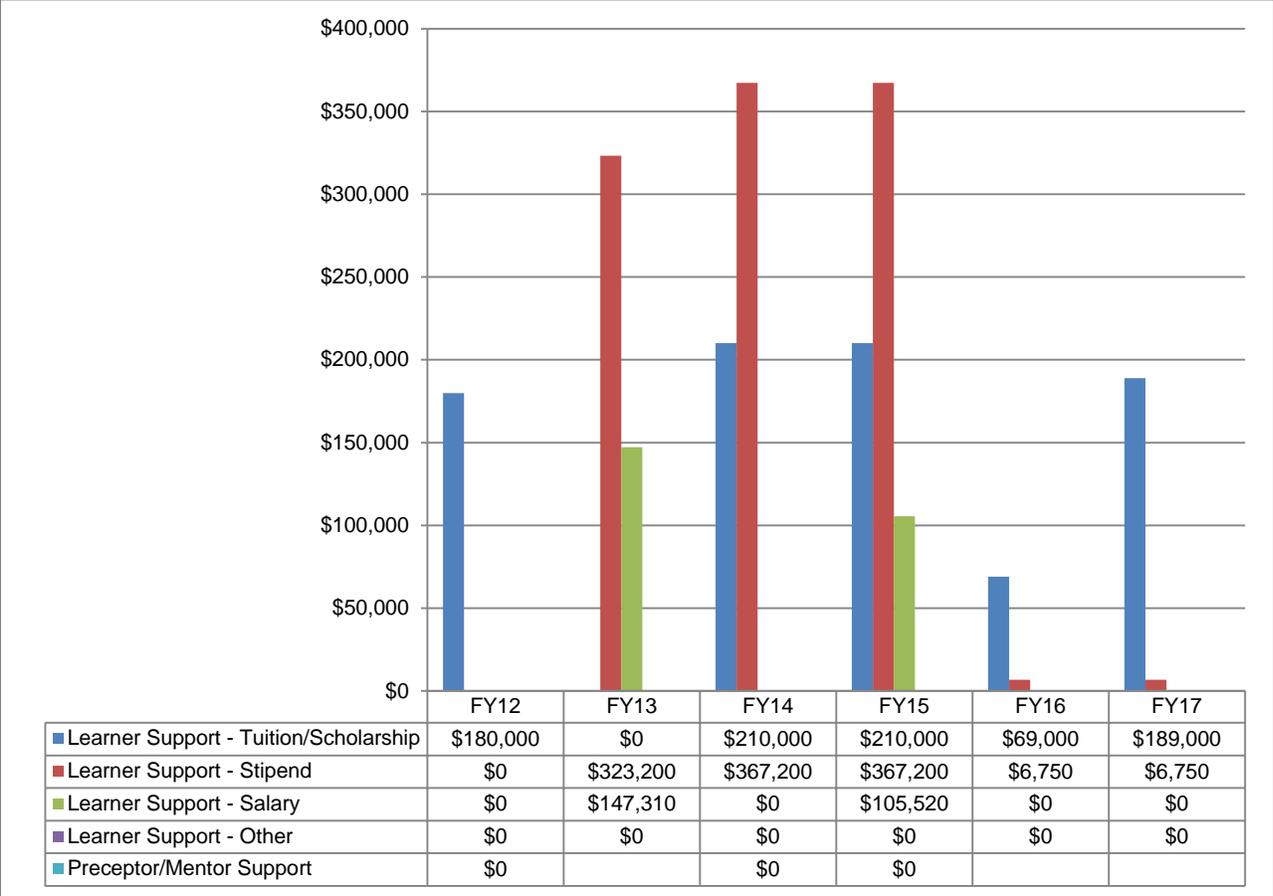
**Site 10, Number of Learners and Preceptors/Mentors by Year**



**Site 10, Number of Learners by Level and Discipline**



**Site 10, Monetary Support for Learners and Preceptors/Mentors**



## Appendix 6: Additional MEDTAPP Preceptor Survey Results

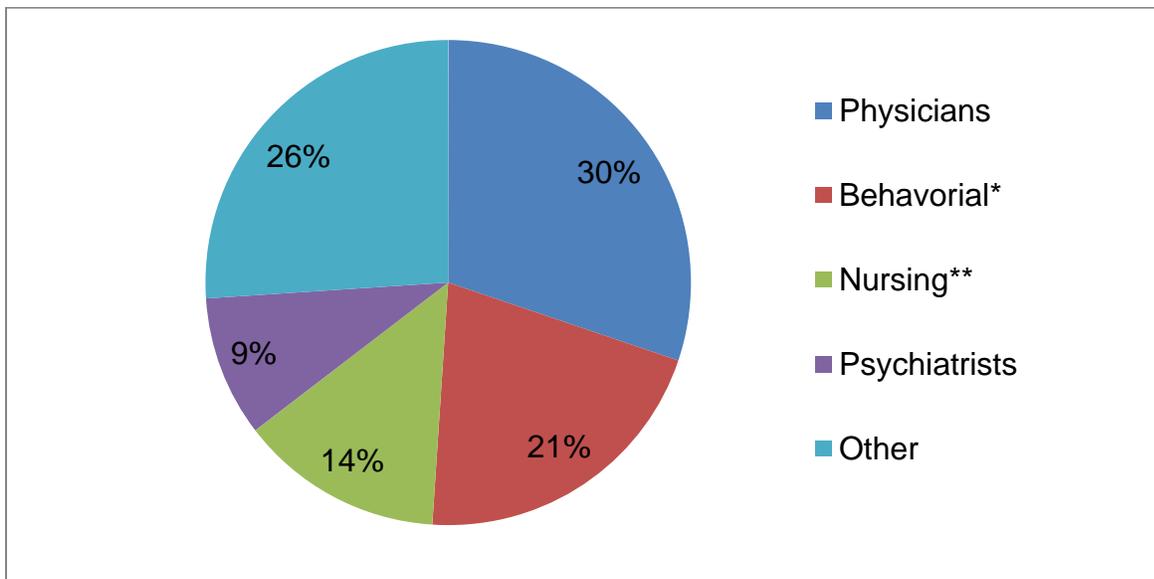
**Survey Respondents:** The Medicaid Technical Assistance and Policy Program (MEDTAPP) Healthcare Access (HCA) Initiative Preceptor Survey was sent to at least 200 individuals who were preceptors for MEDTAPP learners at a minimum of six of the ten participating universities. There were 96 preceptors who responded to the survey, 11 of whom were previously MEDTAPP learners.

**Respondent Geography:** The large majority (53 percent) of survey respondents precepted in the following counties: Cuyahoga, Hamilton, and Montgomery; other counties combined comprised 24 percent of the responses and included: Darke, Franklin, Greene, Lucas, Mahoning, Portage, Richland, Sandusky, Stark, and Summit counties, leaving 23 percent from unknown counties. Respondents were a mixture of providers including: physicians, psychiatrists, psychologists, counselors, social workers, and nurses (e.g., registered nurses and advanced practice registered nurses).

**Respondent Tenure:** Regarding respondents' tenure as preceptors, the average precepting time was more than 12 years (83 percent response rate). Note – all responses that did not specify a time period were assumed to be in years.

The figures on the following pages provide additional detail about survey results based on responses to individual survey questions.

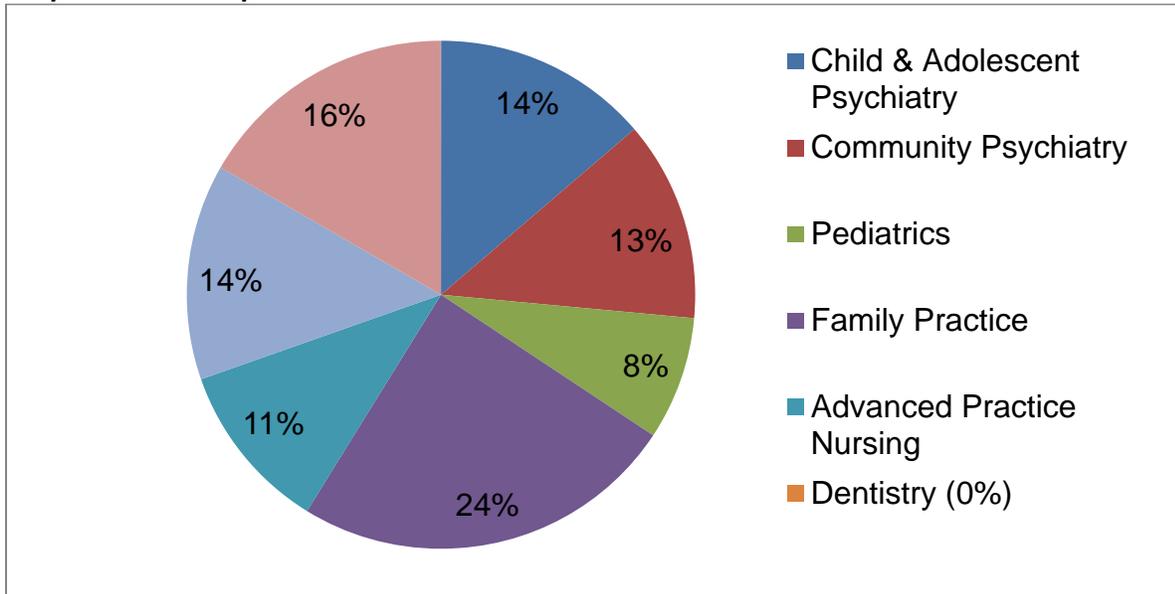
### **Respondent Provider Types**



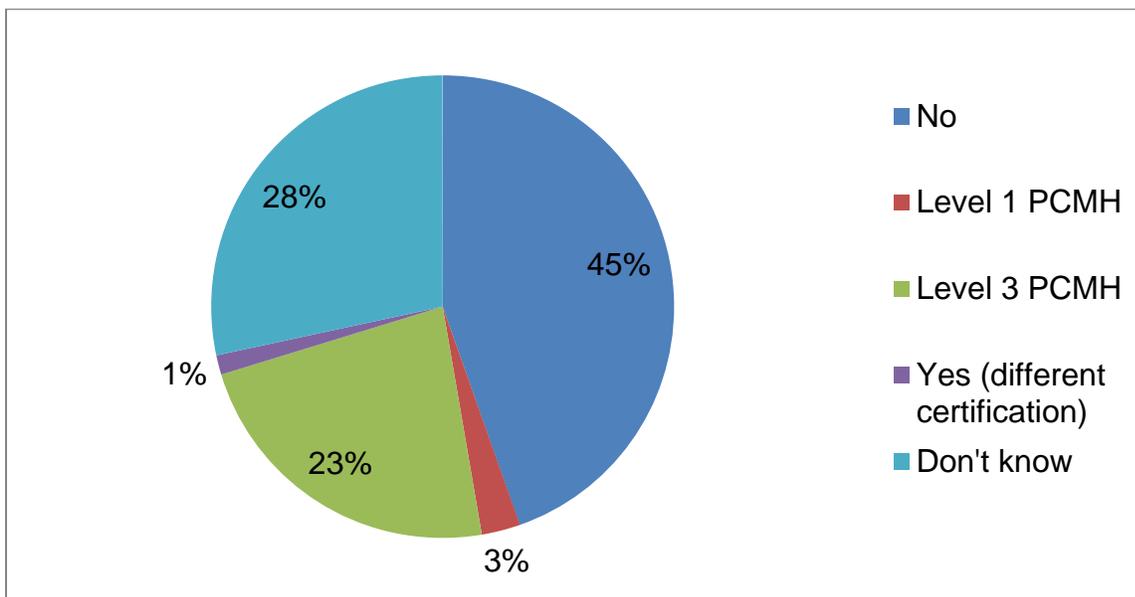
\*Psychologist, Counselor, Social Worker

\*\*RN, APRN, etc.

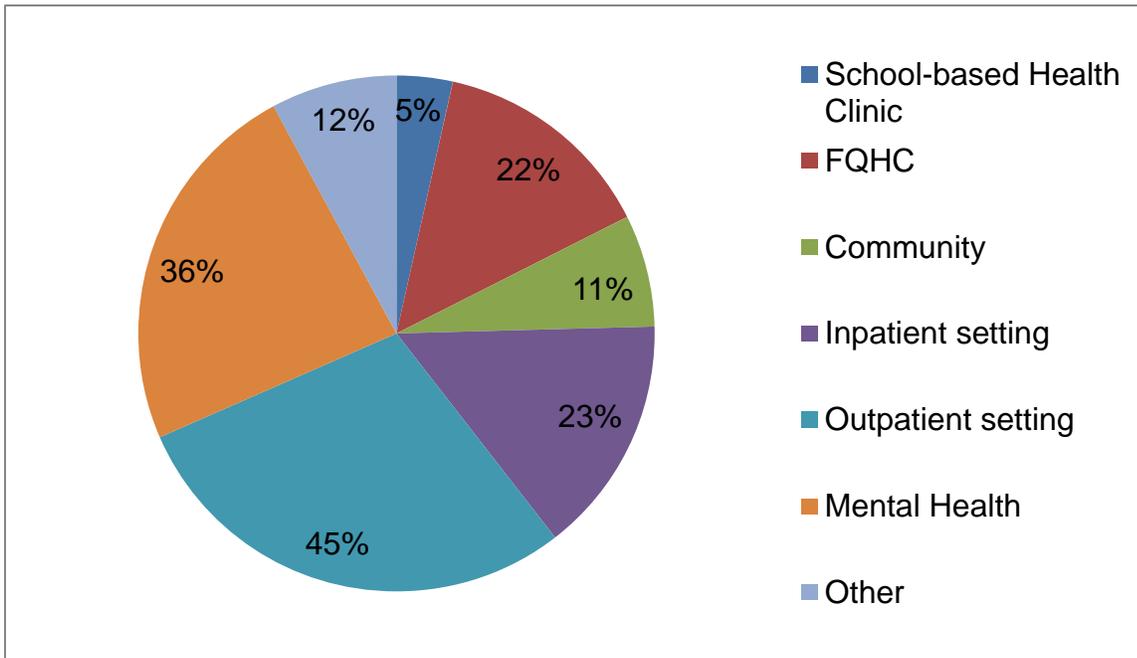
**Respondent Preceptor Areas**



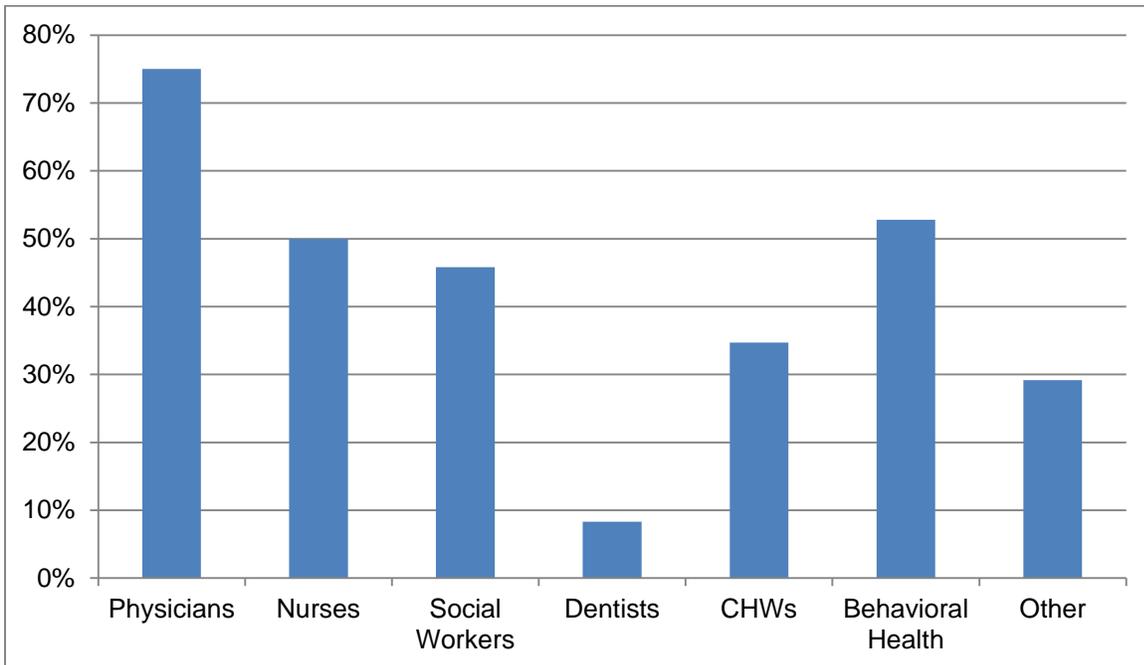
**Recognition of Preceptor Location as a Patient-Centered Medical Home (PCMH)**



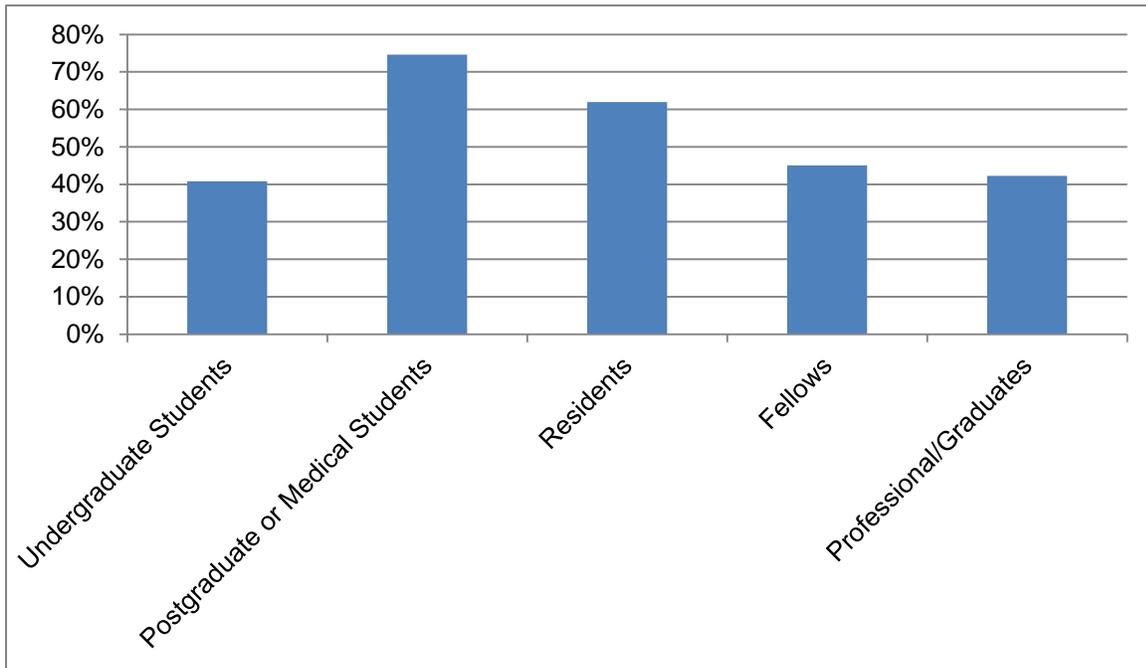
**Locations Where Most of Respondents' Precepting Occurs**



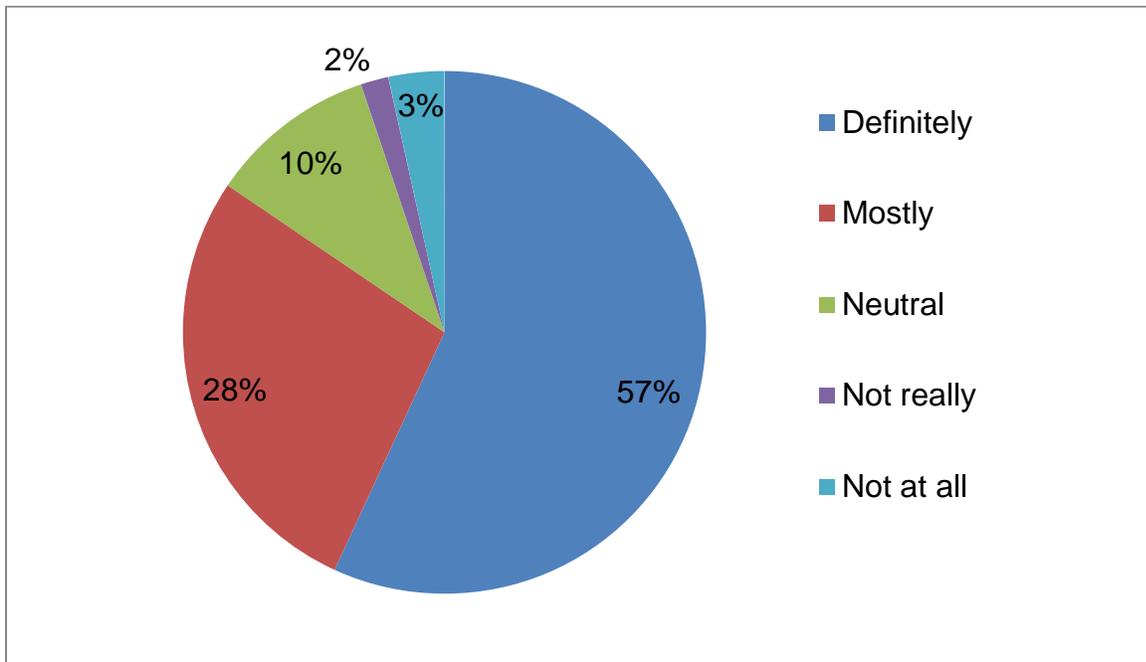
**Disciplines of Learners with whom Preceptors Engage**



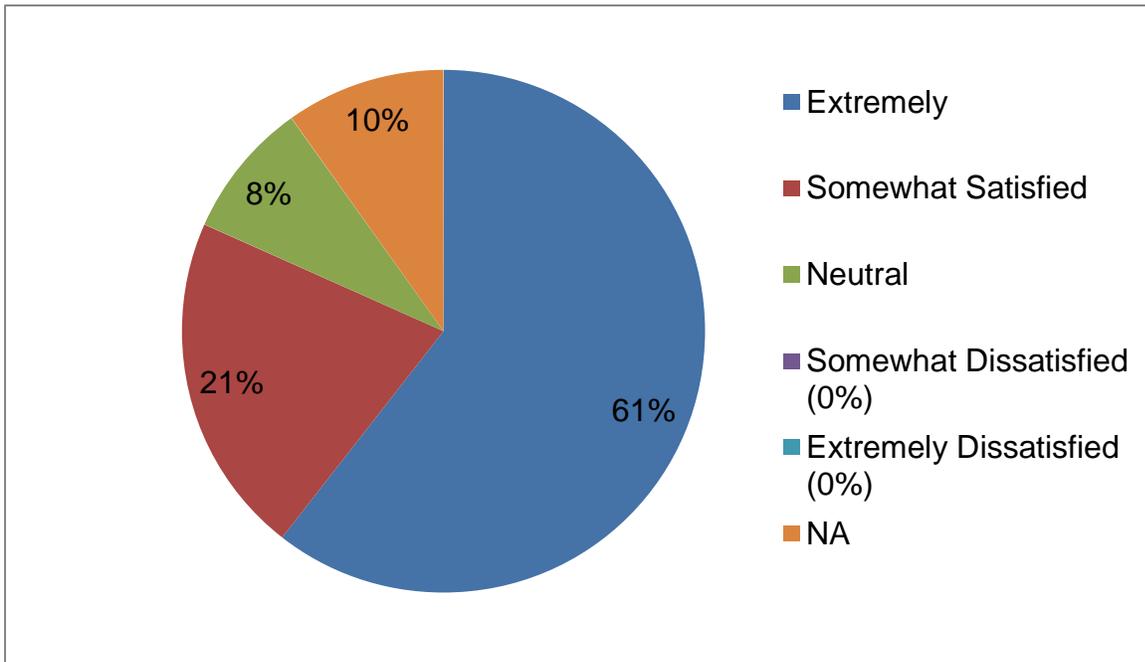
**Levels of Learners with whom Preceptors Engage**



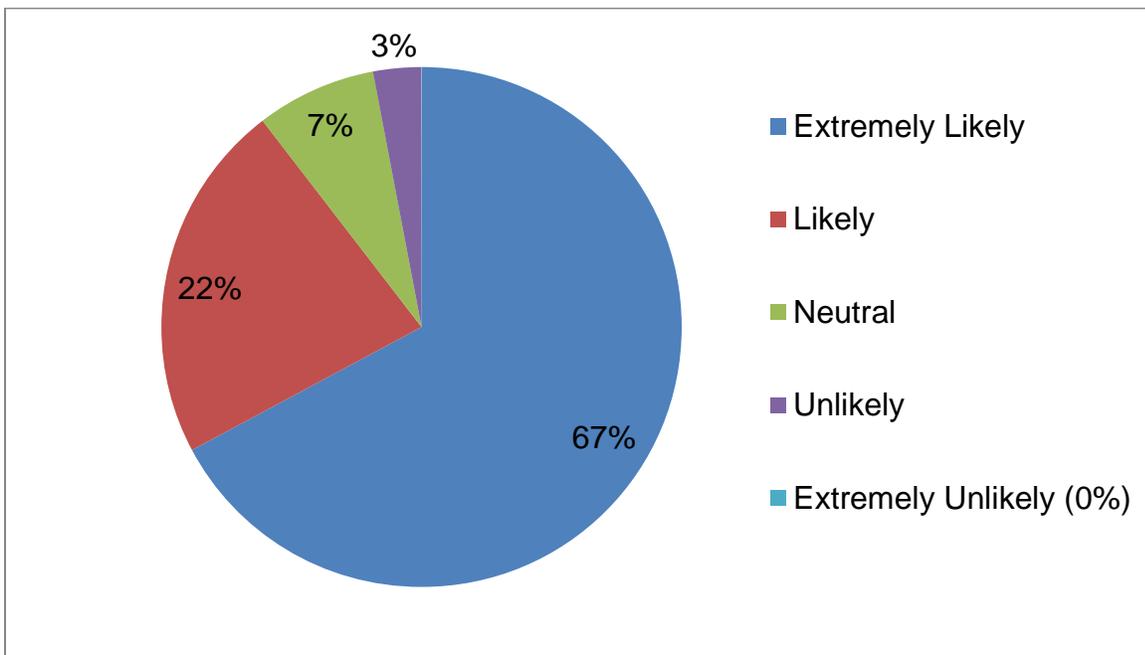
**Whether Respondents Felt Supported by the MEDTAPP/HCA Initiative in Preparing Learners to Serve the Medicaid Population**



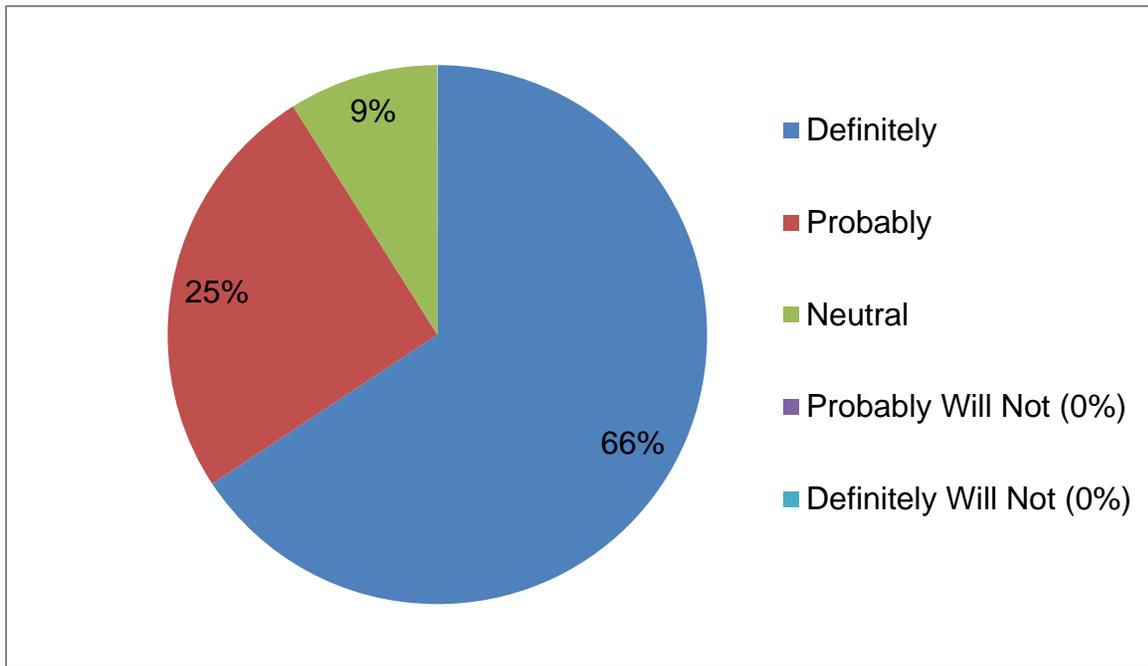
**Preceptor Satisfaction with Participation in the MEDTAPP/HCA Initiative**



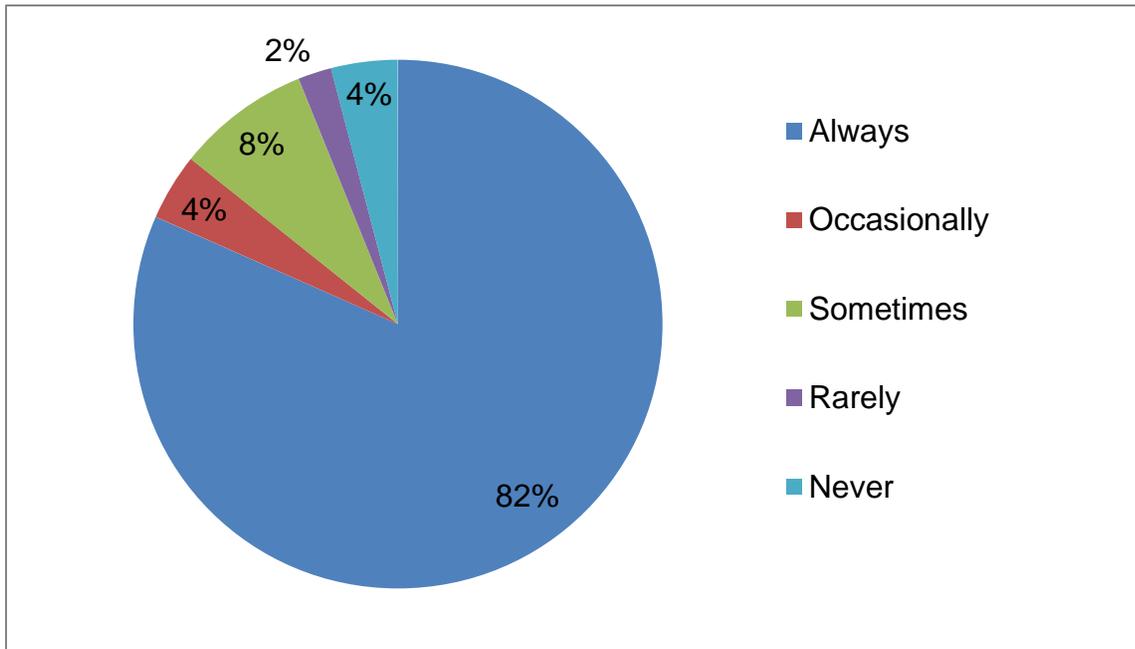
**Likelihood of Continuing Precepting – a MEDTAPP/HCA Initiative Learner**



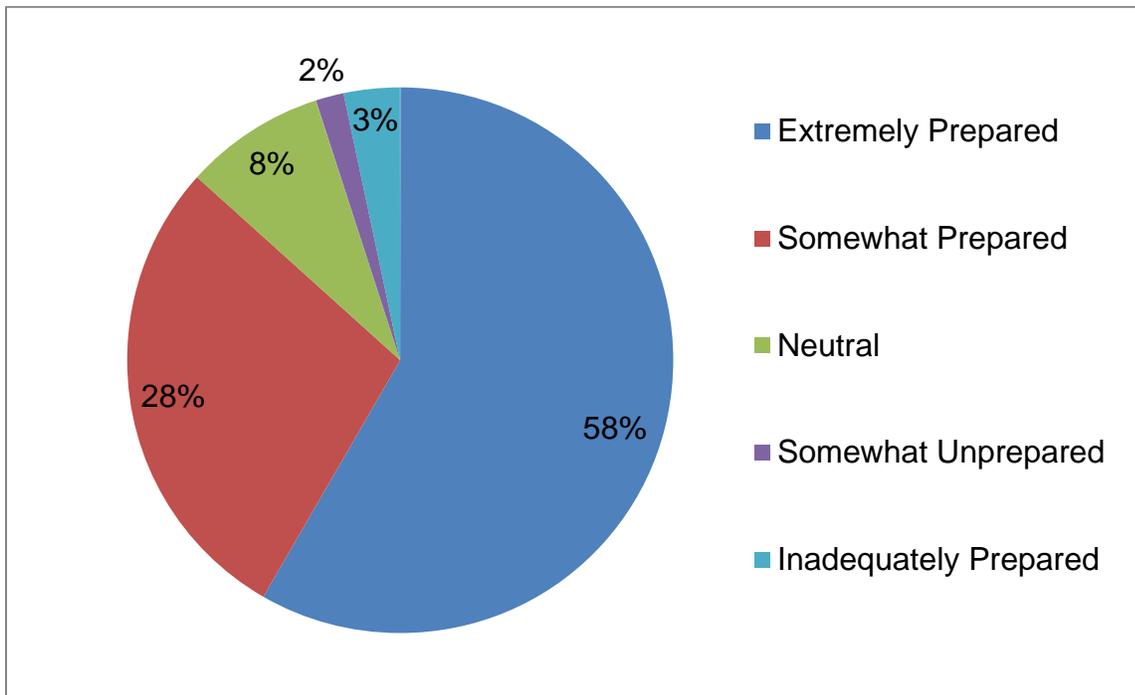
**Likelihood of Preceptors Recommending Precepting MEDTAPP/HCA Initiative Learners to Colleagues**



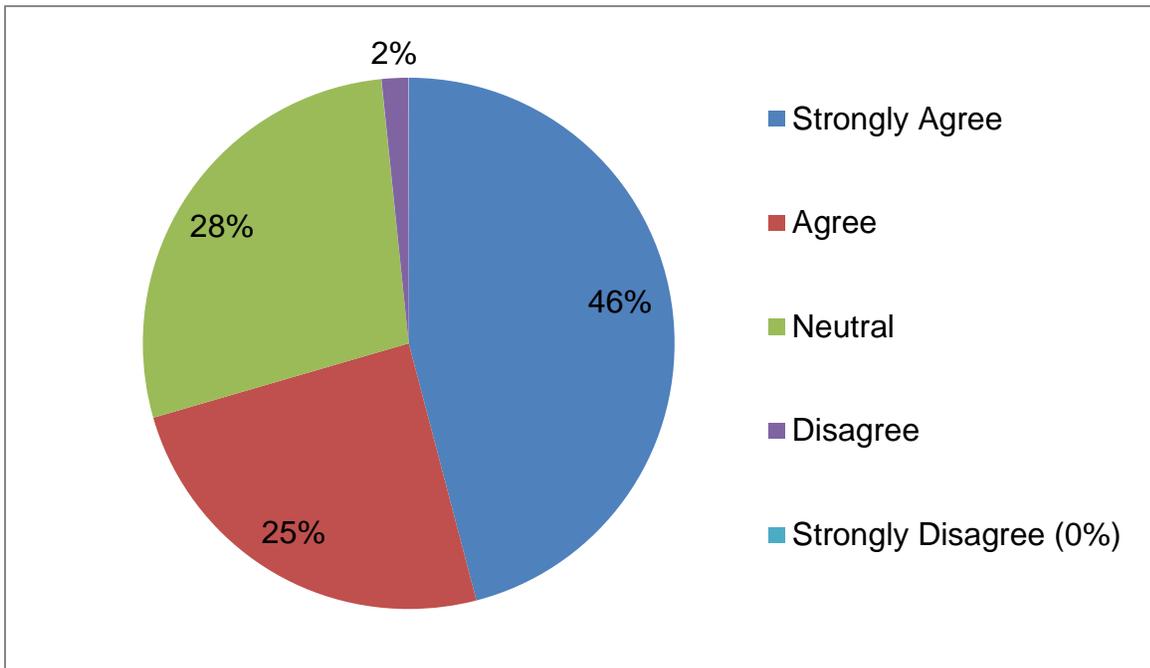
**Availability of the MEDTAPP/HCA Initiative Program for Questions, Concerns, or Problems**



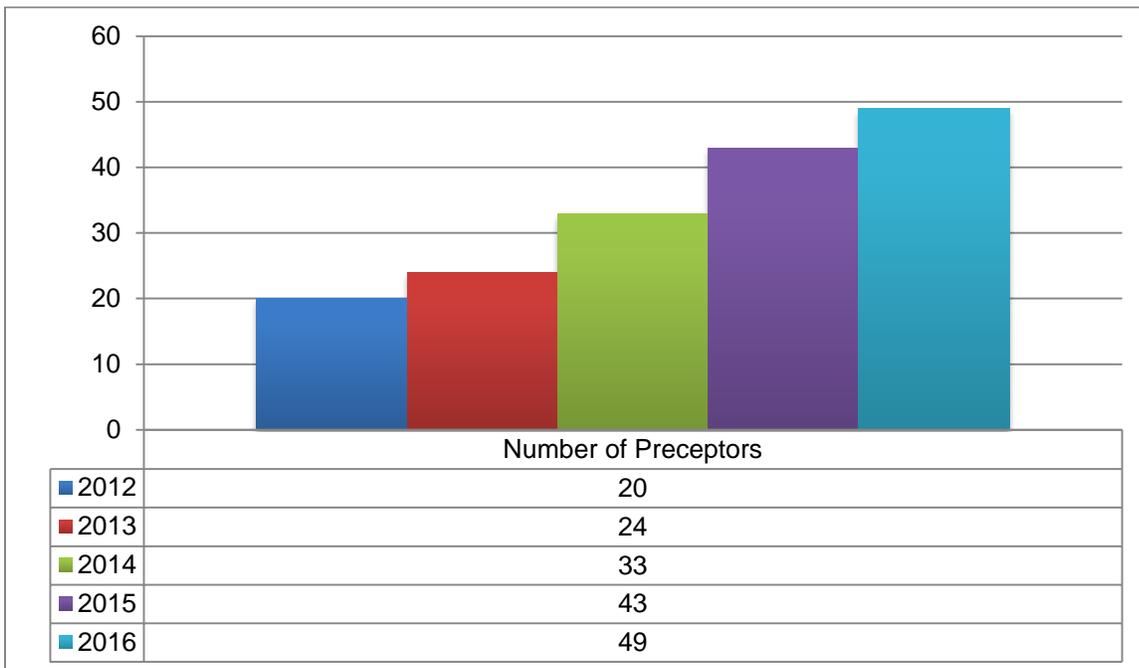
**Preceptor Preparedness for the Preceptorship Experience**



**Preceptors Agreement that the MEDTAPP/HCA Initiative's Approach to Supporting Precepting is a Model for Other Precepting Programs**



**The Years (2012-2016) the Preceptors' Location has Participated in the MEDTAPP/HCA Initiative**



***Preceptors' Responses to Potential Changes that would benefit the MEDTAPP/HCA Initiative***

<b>MEDTAPP versus Non-MEDTAPP learners</b>
<ul style="list-style-type: none"> <li>It would have been helpful if someone came to the agency and explained the program to the staff. None of us had any idea that MEDTAPP students were different from the normal graduate students we had been precepting for years. And looking back I didn't see that they were.</li> </ul>
<ul style="list-style-type: none"> <li>I don't know which learners are MEDTAPP and which are not. I don't know what MEDTAPP does or how they support anything I do as a preceptor. I find I can't answer most of the questions on this survey.</li> </ul>
<ul style="list-style-type: none"> <li>I only know for sure that one of my students was a MEDTAPP scholar. I suspect others were too, but found them all to be similarly prepared. Should I be doing something different with the MEDTAPP scholars?</li> </ul>
<b>Communication</b>
<ul style="list-style-type: none"> <li>[Provide] more clear directives. It seems like the goals change, the leadership changes and the waters are often muddy with what we are supposed to be doing. That being said, I am very proud of the work we have done, the learners we have taught and the providers we have recruited.</li> </ul>
<ul style="list-style-type: none"> <li>The setting where I precept residents had a CHW that I think could have been a valuable partner to the team but the medical director did a poor job of introducing [the CHW] and the effort failed after a few months.</li> </ul>
<b>Training</b>
<ul style="list-style-type: none"> <li>Any training at all for preceptors would have been welcome.</li> </ul>
<ul style="list-style-type: none"> <li>In building the pipeline, understanding that you need to engage learners before they are at the end of their training.</li> </ul>
<ul style="list-style-type: none"> <li>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. Certain providers seem to be favored in terms of availability of trainings, knowledge that there will be trainings, how to direct people to apply.</li> </ul>
<ul style="list-style-type: none"> <li>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.</li> </ul>

***Preceptors' Responses on the Impact of Having MEDTAPP/HCA Initiative Learners in their Clinical Settings***

<b>Resources</b>
<ul style="list-style-type: none"> <li>Increase the number of clinical staff such as dieticians and pharmacists available to the MEDTAPP/HCA Initiative.</li> </ul>
<ul style="list-style-type: none"> <li>More support for preceptor time.</li> </ul>
<ul style="list-style-type: none"> <li>Have adult protective services (APS) and other community physicians involved.</li> </ul>
<b>Patient Access and Engagement</b>

<ul style="list-style-type: none"> <li>• We are able to provide more behavioral health services and well-rounded care to patients. Patients no longer have to wait months to see someone for their mental health needs.</li> </ul>
<ul style="list-style-type: none"> <li>• Providing greater access for patients to behavioral healthcare and case management. Increased awareness of non-behavioral health staff of behavioral health issues and needs in the patient population.</li> </ul>
<ul style="list-style-type: none"> <li>• Client engagement and linkage to resources improving.</li> </ul>
<b>Training/Learning</b>
<ul style="list-style-type: none"> <li>• Having learners helps everyone remain excited about learning and staying current on changes in a given area of practice.</li> </ul>
<ul style="list-style-type: none"> <li>• Allows us to train more fellows who have an interest in treating underserved patients.</li> </ul>
<ul style="list-style-type: none"> <li>• 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.</li> </ul>

***Preceptors' Responses on What Having MEDTAPP/HCA Initiative Learners Allowed to Do that Could Not Be Done Otherwise***

<ul style="list-style-type: none"> <li>• It is helping to educate and <u>build the workforce</u> in behavioral health and integrated care at a faster pace than without it. Thanks!</li> </ul>
<ul style="list-style-type: none"> <li>• The initiative sparked out organization on a trajectory of true <u>patient-centered</u> and trauma-informed care. Having MEDTAPP students significantly <u>increased the volume</u> of patients who were able to receive <u>behavioral health</u> services at our sites.</li> </ul>
<ul style="list-style-type: none"> <li>• This initiative promotes more <u>interdisciplinary interaction</u>. This benefits <u>patient outcomes</u>.</li> </ul>
<ul style="list-style-type: none"> <li>• We are better able to <u>document improved outcomes</u> for our pregnant patients and their children.</li> </ul>
<ul style="list-style-type: none"> <li>• More proactive <u>engagement</u> of clients for health related appointments, more routine contact regarding progress towards goals in <u>individualized service</u> plan, additional aide in facilitating access to various community resources.</li> </ul>
<ul style="list-style-type: none"> <li>• The <u>community programs</u> run through our organization have been made possible through the partnership with MEDTAPP/HCA and MEDTAPP/HCA learners.</li> </ul>
<ul style="list-style-type: none"> <li>• Critical <u>training</u> for students who would do otherwise begin careers with no practical community experience.</li> </ul>
<ul style="list-style-type: none"> <li>• This program has allowed me the opportunity to stress chronic oral diseases as a risk factor to overall health within the <u>underserved populations</u>.</li> </ul>
<ul style="list-style-type: none"> <li>• Maintain a program with more trainees than would otherwise be possible, and with <u>more Medicaid consumers</u> in their caseload than would otherwise occur.</li> </ul>

## **Appendix 7: Proposed Program Evaluation Metrics**

The sections that follow provide detailed metrics that can be requested from each program site. Sections include:

- A. Financial Metrics**
- B. Curriculum Development Metrics**
- C. Mentorship Metrics**
- D. Program Metrics**
- E. Awareness and Community Activity Metrics**
- F. Training Metrics**

Sites would be required to respond to all sections relevant to their particular programmatic activities as well as select additional topic areas that they believe are relevant.

### **A. Financial Metrics**

**For programs that sites have implemented to advance their HCA mission through direct payments to learners or on their behalf (i.e., training support or stipend)**

#### **Program Description**

- Provide a title for the training effort as you would prefer it to be referred to in a report to Medicaid (e.g., residents in Family Medicine, or MEDTAPP Scholar)
- Was the program associated with any of the following:
  - Residency
  - Internship
  - Fellowship
  - Training support
  - The direct payment of a stipend
- A brief description of the program (no more than 200 words)
- What were the eligibility requirements for the program

#### **For learners that have received disbursements in the form of training support or stipends**

- The names of everyone receiving direct financial support
- What program (described earlier) did the individual participate in
- Did the individual receive or participate in any of the following:
  - Residency
  - Internship
  - Fellowship
  - Training support
  - The direct payment of a stipend
- When did they start as learners in programs supported by MEDTAPP?

- When did they finish as learners in programs supported by MEDTAPP?
- What was the value of the direct financial support (in dollars) this learner received
  - Did the individual incur an obligation to MEDTAPP?
  - How are you tracking obligations and credit to MEDTAPP for this
- How many contact hours would you estimate that this individual had with the MEDTAPP program
- Primary Contact: Did the learner provide services while serving as a learner
  - How many approximate contacts with clients did the learners have, on average, while engaged by MEDTAPP?
  - What percentage of those client contacts were Medicaid eligible?
- Secondary Contact: Did the learner engage others in your program to support their efforts to serve the Medicaid community (e.g., train the trainer models)
  - Describe the way this individual engaged in secondary contact, ideally with quantitative estimates of impact
- Is the individual participating in an educational program that the State of Ohio certifies (ex: medical doctor, nurse, etc.)?
- What do you know of this individual's current status (narrative)
- Did this individual go on to support other aspects of the MEDTAPP program after completing their course of learning in the MEDTAPP program?

**For programs that sites have implemented to advance their HCA mission through direct payments to individuals or on their behalf (i.e., recruitment bonuses)**

**Program Description**

- Provide a title for the retention effort as you would prefer it to be referred to in a report to Medicaid (e.g., MEDTAPP Scholar)
- A brief description of the program (no more than 200 words)
- What were the eligibility requirements for the program

**For individuals that have received disbursements in the form of recruitment bonuses**

- The names of everyone receiving a recruitment bonus
- What program (described earlier) did the individual participate in
- Did the individual also receive training support, a stipend or both
- When did they receive a recruitment bonus supported by MEDTAPP?
- What were the terms of the recruitment bonus?
- Have they left the appointment for which they received the recruitment bonus?
- What was the value of the direct financial support (in dollars) this individual received
  - Did the individual incur an obligation to MEDTAPP?
  - How are you tracking obligations and credit to MEDTAPP for this Did they complete the learning program?
- Do they provide services to the Medicaid community?

- o How many approximate contacts did the learners have, on average, since recruited by MEDTAPP?
- Is the individual a clinician that the State of Ohio certifies (ex: medical doctor, nurse, etc.)?
- What do you know of this individual's current status (narrative)

**B. Curriculum Development Metrics**

**For programs that sites have implemented to advance their HCA mission through the development of curricula**

**Curricula Description**

- Provide a title for the effort as you would prefer it to be referred to in a report to Medicaid (e.g., CHW curriculum)
- A brief description of the curriculum (no more than 200 words)
- What were the eligibility requirements for participating in the curriculum

**Curriculum Implementation**

- The names of everyone receiving support for the development of the curriculum
- What the curriculum tailored as part of a degree program or was it taken by a broad community?
- What was the cost of the direct financial support (in dollars) that was used to support this curriculum development?
- Was the curriculum developed as an online program?
- Number of new courses
- Number of courses augmented by MEDTAPP training funds
- Disciplines included
- Number of MEDTAPP learners participating
- Number of non-MEDTAPP learners participating

**C. Mentorship Metrics**

**For programs that sites have implemented to advance their HCA mission through supporting mentorship and perceptible of learners**

**Program Description**

- Provide a title for the effort as you would prefer it to be referred to in a report to Medicaid (e.g., Preceptorship in Dentistry)
- A brief description of the preceptor/mentor program (no more than 200 words)
- What were the eligibility requirements for selecting preceptors/mentors
- What training did you offer preceptors/mentors
  - o Number who participated in training
  - o Number of hours, per person, spent in training

**For mentors and preceptors who worked under the program (including those who did NOT receive disbursement of MEDTAPP funds)**

- The names of everyone receiving direct support for mentorship and preceptorship activities
- How many mentors/preceptors were participating who did not receive direct financial compensation or support?
- How many individuals have these preceptors/mentors overseen
- What was the cost of the direct financial support (in dollars) that was used to support preceptors/mentors
  - The names of everyone receiving direct financial compensation or support
- Did you train the mentors?

**D. Program Metrics**

**What programs has the site developed to support faculty or staff (e.g., protected faculty time, student administrative support, administrative and programmatic support of the program) to advance the HCA mission that is not related to mentorship or curriculum development**

**Program Description**

- Provide a title for the effort as you would prefer it to be referred to in a report to Medicaid (e.g., Direct clinical services or advocacy)
- A brief description of the program (no more than 200 words)
- What was the cost of the direct financial support (in dollars) that was used to support this project
- When did support start for faculty in this program?
- When did support finish for faculty in this program?
- How many contact hours would you estimate that this individual had with the MEDTAPP program
- Primary Contact: Did the individual provide clinical services as part of this support
  - How many approximate client contacts did they have while engaged by MEDTAPP?
  - What percentage of those contacts were Medicaid eligible?
- Secondary Contact: Did the faculty member engage others in your program to support their efforts to serve the Medicaid community (e.g., train the trainer models)
  - Describe the way this individual engaged in secondary contact, ideally with quantitative estimates of impact

**Individual-level metrics**

- The names of everyone receiving direct financial compensation or support
  - When did they start in programs supported by MEDTAPP?
  - Do they have ongoing participation directly with the MEDTAPP program?
  - Do they have ongoing indirect engagement with the MEDTAPP program?

- o Did they complete the learning program and in what year?
- o Did they provide services to the Medicaid community?
  - How many approximate contacts did the learners have, on average, while engaged by MEDTAPP?
- Of the 100% of time paid for by MEDTAPP, what percent of this support was for administrative, teaching or clinical efforts

**E. Awareness and Community Activity Metrics**

**What programs has the site developed to promote Awareness and Community Education Activities to advance their HCA mission (e.g., community gardens, learning collaboratives, advocacy)**

**Program Description**

- Provide a title for the effort as you would prefer it to be referred to in a report to Medicaid (e.g., Direct clinical services or advocacy)
- A brief description of the program (no more than 200 words)

**Participation Metrics**

- FOR Learning collaboratives
  - o Number of collaborative members
  - o Disciplines represented
  - o Number of meetings held in (year)
  - o Products from collaboratives- training materials, guidelines, etc.
    - *Impacts of products would be based on other criteria*
- FOR Employment development
  - o Notable advances championed by this effort
- FOR Advisory council/board
  - o How often did the board meet in (year)

**F. Training Metrics**

- Course/curriculum development by year
  - o Number of new courses
  - o Number of courses augmented by MEDTAPP training funds
  - o Disciplines included
  - o Number of MEDTAPP learners participating
  - o Number of non-MEDTAPP learners participating
- Faculty development by year
  - o Number of development opportunities provided
  - o Type of development opportunities
  - o Disciplines included in development
- Didactics by year

- o Number of sessions
  - o Number of MEDTAPP learners participating
  - o Number of non-MEDTAPP learners participating
  - o Disciplines represented in didactic sessions
- Interdisciplinary training by year
  - o Type of training- formal coursework, structured teams, placement in interdisciplinary sites
  - o Number of MEDTAPP learners participating
  - o Number of non-MEDTAPP learners participating
  - o Disciplines represented in training
- Integrated care by year
  - o Number of MEDTAPP learners participating
  - o Number of non-MEDTAPP learners participating
  - o Disciplines providing care
  - o Number of sites and % in high volume Medicaid facilities
- Experiential learning
  - o Types of opportunities
  - o Number of MEDTAPP learners participating
  - o Number of non-MEDTAPP learners participating
- Training capacity development
  - o Number of new positions created
- Other activities
  - o Types of opportunities
  - o Number of MEDTAPP learners participating
  - o Number of non-MEDTAPP learners participating