upleaf

ANNEX B: Healthy Communities Team Survey

Prepared for the Colorado Department of Health Care Policy and Financing
as part of the Healthy Communities Evaluation Project

May, 2015

I. Introduction

The Colorado Department of Health Care Policy and Financing (HCPF) manages a program called "Healthy Communities" across the state to ensure that children and pregnant women on Medicaid or Child Health Plan Plus (CHP+) receive the health care they need. This care includes preventive care, immunizations, and screening. Colorado's 64 counties are covered by a total of 25 Healthy Communities (HC) contractors.

HCPF hired Upleaf to conduct an evaluation of the Healthy Communities program to better understand program challenges and identify ways to refocus Healthy Communities program efforts on boosting well-child checks and outcomes of the Early, Periodic, Screening, Diagnostic and Testing (EPSDT) benefit offered by Medicaid. The evaluation will also explore the option to implement a pay-for-performance or incentive package to help reward Healthy Communities teams who do increase EPSDT results in their counties.

As part of the evaluation, Upleaf conducted key informant interviews with representatives from seven Healthy Communities teams, and then developed an online survey to be sent to all 100+ Healthy Communities team members across the state. This report presents the results of the online survey and the interviews.

II. Study Design

To understand the recommendations and needs of the Healthy Communities teams, we designed this part of the evaluation to include both qualitative and quantitative data. The key informant interviews offered an in-depth look at the challenges and perspectives of seven of the Healthy Communities teams (and informed the online survey questions and responses), while the online survey helped verify to what extent the ideas that were expressed during the interviews represented the views of the rest of the Healthy Communities teams.

Reviewing the results of both the interviews and the online survey together provides for a more comprehensive understanding of the program and Healthy Communities contractors statewide.

Interviews. Upleaf developed an interview guide for the interviews with Healthy Communities contractors, based on the objectives of the program evaluation and orientation from HCPF managers. During the interviews we included probing questions and asked if there were additional issues they felt were important to address to help improve the Healthy Communities program or better serve the community.

The seven Healthy Communities teams who were interviewed either volunteered during the monthly Healthy Communities phone meeting or were recommended by the Healthy Communities manager. Each of the interviews took place by phone and lasted one hour. Extensive notes were taken during the interviews. The Healthy Communities teams who were interviewed included the following counties: Larimer County, Mesa County, Pueblo County, Boulder County, El Paso County, and Rio Grande County.

Online Survey. Upleaf created an anonymous online survey for Healthy Communities Teams using the SurveyMonkey[1] online survey platform. The questionnaire was developed based on the evaluation objectives and results of the interviews with the seven Healthy Community teams.

The questionnaire included a total of thirteen questions which can be found in Annex A. The questions were organized into the following areas:

- Team Characteristics
- Program Activities
- RCCO Coordination
- Program Management
- EPSDT Services
- Additional Suggestions.

Upleaf notified all members of the Healthy Communities teams and requested that they each take the survey. The survey opened on May 6 and closed on May 11, 2015. Two reminders were sent to the team members about the survey during the data collection period.

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1 https://www.surveymonkey.com

A total of 37 people completed the entire survey, while three others completed the first half of the survey. Eighteen additional team members started the survey and completed the first page, but dropped out after the second page of the survey.

There are around 100 Healthy Communities team members, so the survey sample represents the views of more than 30% of the total group.
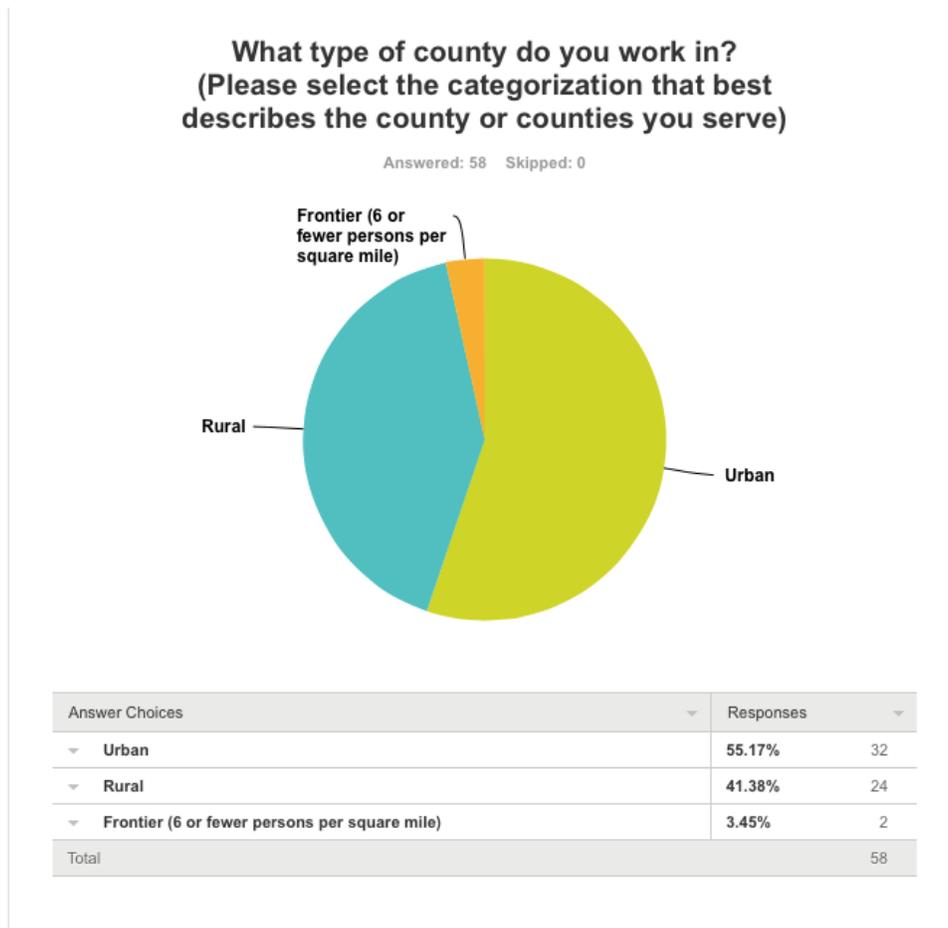
III. Results

A. Team Characteristics

The first two questions of the survey were included to understand who was answering the survey to ensure the sample was representative, and to see whether there were differences by type of county.

The urban counties are well-represented in this survey, which is not surprising as the urban counties also have more staff for the Healthy Communities program. Some the respondents cover both rural and frontier counties, and chose "rural" as their survey response. There were very few respondents who selected "frontier" as the designation for their county.
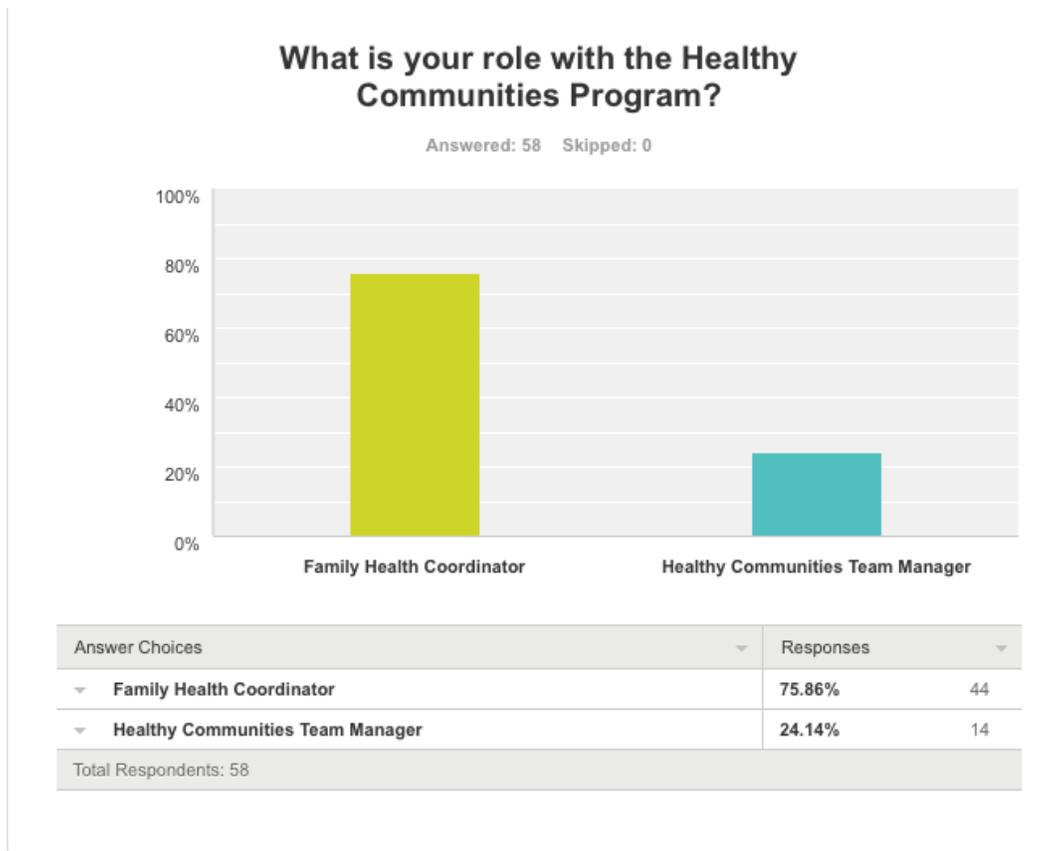
The results include 18 team members who did not complete the full survey, and therefore may not accurately reflect the type of counties of the team members who completed the survey.

Q 1: What type of county do you work in?

Answer Choices	Responses	
Urban	55.17%	32
Rural	41.38%	24
Frontier (6 or fewer persons per square mile)	3.45%	2
Total		58

Q 2: What is your role with the Healthy Communities Program?

Seventy-five percent of the respondents were Family Health Coordinators who work directly with families on Medicaid and CHP+. The remainder were program supervisors.

What is your role with the Healthy Communities Program?

Answered: 58   Skipped: 0

Answer Choices	Responses	
Family Health Coordinator	75.86%	44
Healthy Communities Team Manager	24.14%	14
Total Respondents: 58		

B. Program Activities

The next series of questions was designed to understand the reality of the Healthy Communities program. The large increase in the number of people eligible for Medicaid due to provisions of the Affordable Care Act and Medicaid expansion has significantly increased the Healthy Communities team caseload, and we wanted to understand how this has been affecting the core services they offer to the public.

The results reveal that on average, only 7% of the time the Healthy Communities teams spend is dedicated expressly to following up with clients regarding preventive care visits. That is equal to the average amount of time the teams spend helping non-clients (ages 21+ and not pregnant) navigate Medicaid. Other activities however such as providing orientation about Medicaid or CHP+ benefits (15% of time spent) in addition to time spent contacting newly enrolled (26%) also support boosting EPSDT outcomes.

Q 3: Please estimate how much of their time the Family Health Coordinators in your county currently spend, on average, on the following tasks.

The teams were asked to allocate the percentage of time spent on the above tasks, so that their total time allocation would add up to 100%.

Basic Statistics	Minimum	Maximum	Median	Mean	Standard Deviation
Getting people enrolled in Medicaid or CHP+	0.00	50.00	10.00	10.45	9.51
Troubleshooting issues with the health care / Medicaid systems for clients	5.00	50.00	16.50	18.18	12.07
Providing orientation about Medicaid or CHP+ benefits	1.00	40.00	10.00	14.75	9.86
Helping non-clients navigate Medicaid	0.00	20.00	5.00	6.88	5.14
Organizing and implementing outreach activities	0.00	25.00	5.00	8.20	6.90
Coordinating with providers and other community agencies	1.00	25.00	10.00	8.48	4.65
Contacting newly enrolled based on system reports	0.00	65.00	25.00	25.75	14.73
Following up with clients regarding well-child visits	0.00	25.00	5.00	7.33	5.93

Overall the time spent by Healthy Communities teams on these tasks averaged out as follows:

- Contacting newly enrolled based on system reports - 26%
- Troubleshooting issues with the health care / Medicaid systems for clients - 18%
- Providing orientation about Medicaid or CHP+ benefits - 15%
- Getting people enrolled in Medicaid or CHP+ - 10%
- Coordinating with providers and other community agencies - 8%
- Organizing and implementing outreach activities - 8%
- Following up with clients regarding well-child visits - 7%
- Helping non-clients navigate Medicaid - 7%

These results are very important for several reasons:

1. **Healthy Communities is bearing the weight of broader Medicaid system issues.** Healthy Communities teams are providing the public with face-to-face customer service to both troubleshoot issues with the Medicaid system and help non-clients navigate Medicaid, while there are other programs responsible for these activities.

We heard consistently in almost every interview that issues with the Medicaid helpline (long wait times, often disconnected after waiting for 45+ minutes) and difficulty getting a clear answer from anyone else, have been increasing the number of people appearing in person at Healthy Communities offices. The county sites reported that 25% of staff time is being spent on these activities that the teams aren't contractually responsible for, out of necessity or a desire to serve the public. Some teams report spending 50% of their time troubleshooting, and others report spending as much as 20% of their time helping non-clients with Medicaid. Healthy Communities teams are not compensated for these activities.

2. **Only seven percent of staff time is spent following up with clients regarding well-child visits.** Because boosting EPSDT outcomes is a high priority for HCPF, it is noteworthy that only 7% of time is spent following up with clients to make sure they get their children in to their well-child visits. The in-depth interviews revealed that many teams feel they just don't have time to follow up with families about well-child visits due to the large volume of people needing help resolving issues with their Medicaid application, confusing correspondence, and other systemic challenges.

3. **Twenty-six percent of time is spent contacting newly enrolled.** The Healthy Communities teams feel that the initial contact with a newly enrolled client is critical for providing orientation about benefits and starting to create a relationship that once built, facilitates communication for years to come. This is an important approach, and time well-invested.

4. **Sixteen percent of time is spend on community-oriented activities.** Both coordinating with providers and other community and outreach activities are important - particularly in rural communities - to build relationships with other providers. According to the interviewees, these relationships are essential for:

   (a) Making it easier to troubleshoot cases as they can then pick up the phone and call the right person, who is someone they know;
   (b) Ensuring that health care providers understand the EPSDT benefit, periodicity schedule, and work together with Healthy Communities toward the same goal;
   (c) Helping to ensure that the public is receiving consistent messages from all sources.

The Healthy Communities teams appear to be instrumental in getting the word out to other providers at the local level.

Q 4: What do you think are the most valuable services that Healthy Communities offers to the public? (Please rank from 1 to 7 with 1 being most important)

The following is the average ranking in order of importance, provided by the Healthy Communities teams:

1. Orientation for newly enrolled

2. Referring clients to health providers and other services
3. Face-to-face customer service
4. Following up with clients about well-child visits and screenings
5. Troubleshooting issues with enrollment or benefits
6. Community awareness about child health
7. Liaison between health providers, clients and HCPF

Notably, following up with clients about well-child visits and screenings only ranks 4th in order of importance for most Healthy Communities teams. But it ranks above troubleshooting issues with enrollment or benefits, and community awareness about child health. There is clearly a disconnect between the activities the teams feel are important, and the amount of time they are spending on the tasks.

Q 5: How effective do you believe that sending automated reminders to clients about upcoming well-child visits would be via the following channels?

Of the options provided, text message was by far the favored channel with 25% of respondents stating that this approach would be "Highly Effective" and 47.5% replying that text messages would be "Effective". The second most effective channel was email, followed by robocalls and then print mailing.

How effective do you believe that sending automated reminders to clients about upcoming well-child visits would be via each of the following channels?

Answered: 40   Skipped: 18
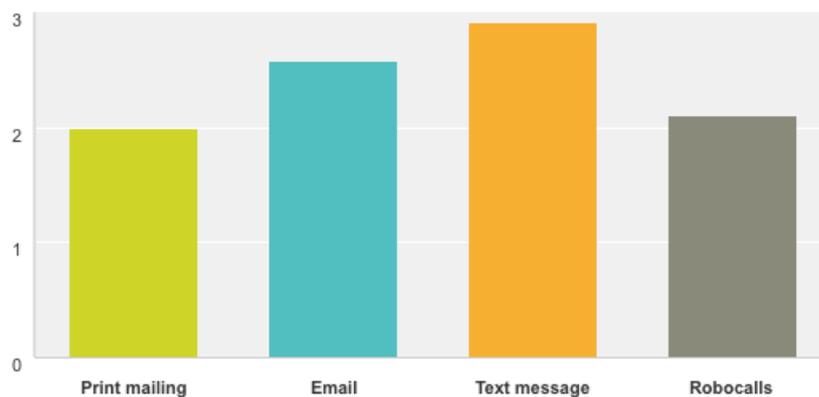
	Ineffective	Somewhat Effective	Effective	Highly Effective	Total	Weighted Average
Print mailing	22.50% 9	62.50% 25	7.50% 3	7.50% 3	40	2.00
Email	5.00% 2	45.00% 18	37.50% 15	12.50% 5	40	2.58
Text message	5.00% 2	22.50% 9	47.50% 19	25.00% 10	40	2.92
Robocalls	32.50% 13	32.50% 13	27.50% 11	7.50% 3	40	2.10

Sixty-two percent of the team members thought that print mailing would only be "Somewhat Effective" while 22.5% thought it would be "Ineffective". A higher percentage of respondents (32.5%) thought the robocalls would by "Ineffective" and another 32.5% thought they would only be "Somewhat Effective", though 27% felt they would be effective.

C. Regional Care Collaborative Organization (RCCO) Collaboration

Due to the amount of potential overlap between the Healthy Communities program and the RCCO programs and services, we wanted to understand how much the Healthy Communities teams know about and already coordinate with the RCCO in their region.

Which of the following best describes your relationship with the RCCO covering your county?

Answered: 38   Skipped: 20
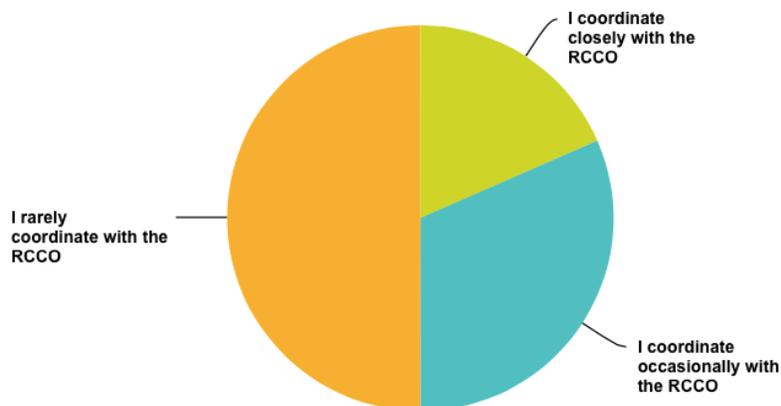
Q 6: Which of the following best describes your relationship with the RCCO in your county?

While 18.4% of survey respondents stated that they coordinate closely with the RCCO in their county, 31.6% said that they only occasionally coordinate with the RCCO. And fully half of the Healthy Communities teams (50%) reported that they rarely coordinate with the RCCO in their region.

Q 7: If you are already coordinating with the RCCO, what does that coordination entail?

While many teams reiterated that they don't coordinate with the RCCO in any significant way, those who did coordinate gave the following responses, in order of frequency:

- **We share or coordinate educational / orientation materials given to clients - 30%**
- I sit on one or more coordinating committees together with the RCCO - 27%
- **I actively support the RCCO by following up on lists that they provide - 19%**
- **We share lists and intend to share client records where feasible - 13.5%**
- We have been contracted by the RCCO to provide services - 13.5%
- **We are responsible for the RCCO's initial contact with pregnant women / parents with children on Medicaid - 2.7%**
- We provide this support as a favor to the RCCO - 2.7%

If you are already coordinating activities with the RCCO, what does that coordination entail? (Please check all that apply)

Answered: 37   Skipped: 21
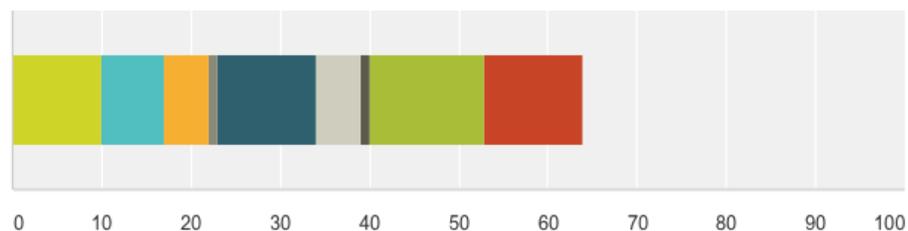
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- We share clients lists and intend to share client records where feasible
- We are responsible for the RCCO's initial contact with pregnant women / parents of ch...
- We share or coordinate educational / orientation materials given to clients
- We have been contracted by the RCCO to provide services
- We provide this support as a favor to the RCCO
- We don't coordinate with the RCCO in any significant way
- Other (please specify)

We also offered an "other" response for teams to fill in other ways in which they may be coordinating with the RCCO. Eleven respondents added a comment in the other box. These were the more common "other" responses:

- Referrals to and from RCCO (3 responses)
- We coordinate with local care coordination teams (2 responses)

There were a few other ways in which Healthy Communities teams were coordinating with RCCOs:

- "Focusing outreach activities on age groups not currently included in KPI" (this respondent also has a contract with RCCO to provide these services)
- "We share caseload with RCCO doing adult category case management" (this respondent sits on a coordinating committee with RCCO)

D. Program Management

The survey included questions related to program management that covered everything from system access to training to communication. Some clear priorities emerged that can help Healthy Communities management at the state level better support the Healthy Communities teams.

Q 8: Please rate how high a priority each of the following is for the Healthy Communities program, in your opinion (possible responses were High Priority / Medium Priority / Low Priority).

Please note that each of the 16 possible responses listed below were suggested as ways to improve the program by one or more participants in the Healthy Communities team in-depth interviews, so all are considered important by the teams. The purpose of this question was to help prioritize program efforts.

While responses varied across respondents, there were some clear trends. We have organized responses into groups based on how often they were cited as "High Priority" or lower categories, and ranked each of the 16 items in order of priority. The percentage of respondents assigning a particular ranking can be seen in parentheses:

Top Priority - Most commonly listed as "High Priority"
1. Being able to view MA site data for clients (70.3%)
2. Improving clarity and coordination at the state level (67.6%)
3. Being able to easily generate Salesforce reports (65%)
4. Receiving more training and direction about program priorities and messaging (62.2%)

High Priority - Also most commonly categorized as "High Priority" but by fewer respondents
5. Receiving recommendations on how to improve well-child visits among 10-20 year olds (59.5%)

6. Being able to add newly born babies to Medicaid (58.6%)
7. Standardizing activities across Healthy Communities contractors (54.1%)
8. Having state-created educational materials to distribute to clients and in communities (48.7%)

Medium Priority
9. Clearly defining RCCO versus Healthy Communities roles (43.2% voted High Priority)
10. State-level helpline / customer service line for Healthy Communities cases (40.5% voted High Priority)
11. State-led promotion on Facebook to raise awareness of importance of well-child visits (51.4% voted Medium Priority)
12. Receiving more Salesforce training (40.5% voted Medium Priority / 38.4% voted High Priority)

Lower Priority
13. Hiring additional staff (40.5% voted this was High Priority while 37.8% voted it was Low Priority - the high number of Low Priority votes brought down the overall score of this item - review case-by-case)
14. Doing more community outreach and education (48.7% voted Medium Priority)
15. Being able to share client records (non HIPAA info) with RCCO (46% voted Medium Priority / 32.4% voted Low Priority)
16. Reducing staff turnover (51.4% felt this was Low Priority)

Q 9: Is there another area you feel is or should be a high priority for the Healthy Communities program? Or a low priority? Please explain.

We included this question to ensure that all ideas about how to prioritize activities for Healthy Communities were captured. Here are the most relevant verbatim responses that were provided:

Management Priorities
- "For all of us to be on the same page regarding priority"
- "Setting clear and specific priorities for Healthy Communities staff"
- "Training for newly hired Healthy Communities staff should be a higher priority (in-person training, manual available for all HC workers) "
- "Having staff at full capacity as funding permits"
- "Having local supervisors held accountable at the state level"

Programmatic Priorities
- "Back to the basics of what EPSDT was and is about"
- "I believe we need to focus on concentrating more around EPSDT informs. The low priority should be assisting client's apply or troubleshoot cases, as I feel this should come from Social/Human Services agency staff"
- "Having a certain percentage of intake face-to-face"

- "Being able to do more face-to-face interaction with clients"

Greater Systemic Priorities
- "More IT for PEAK to help clients trouble shoot"
- "More IT people for Peak website"
- "Being able to have a contact person at different agencies to help clients troubleshoot and/or navigate (Sometimes we get the run-around too, and get sent from dept to dept)"
- "Recruiting Providers, especially dental, to alleviate some of the issues that prevent our children from getting the services recommended. The RCCO roles and ours are crucial. The communication between the two in our area is abysmal. Clients do NOT need a diluted message when they hear from so many different sources."

Partnership Priorities
- "Strengthen relationship with eligibility sites so that Coordinators spend less time on eligibility-related tasks"
- "More communication with RCCO for getting reports on frequent ED users for well-child checks"
- "With regard to increasing well child visits I feel that there should be outreach done by the child's PCP so that it can come from an authoritative source as a gentle reminder rather than the 'medicaid police'."

Q 10: Which of the following statements do you most agree with regarding an incentive structure that rewards Healthy Communities teams who boost well-child visits among Medicaid clients in their county? (pick one)

Surprisingly, a majority of respondents (62%) did not favor financial incentives for Healthy Communities staff as a way to boost well-child visits. Forty-six percent of survey respondents preferred that funds be invested in hiring additional staff (this was a high priority for 40% of survey respondents) while a minority of respondents were concerned that financial incentives dilute the program's community impact by shifting focus away from other important services.

Answer Choices	Responses	
Financial incentives for Healthy Communities staff could really help boost well-child visits and are welcomed by our team	37.84%	14
Financial incentives might dilute our community impact by shifting our focus away from some important services we offer	16.22%	6
The funding available for a financial incentives structure would be better invested in hiring additional staff for our team	45.95%	17
Total		37

E. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services

The questions in this section of the survey aim to identify the barriers and motivators that can affect EPSDT outcomes, based on the Family Health Coordinators' knowledge of their client population.

Q 11: In your opinion, to what extent do the following issues create a barrier to better EPSDT outcomes? (Potential responses: Not a barrier / Sometimes a barrier / Significant barrier)

Responses listed from most significant to least significant barrier:

1. **Lack of providers who accept Medicaid** (56.8% cited as a significant barrier)
2. **Lack of transportation** (43% cite as significant barrier / 48.7% sometimes a barrier)
3. **Inability to take time off work for well-child appointments** (40.5% say a significant barrier / 48.7% sometimes a barrier)
4. **Lack of initiative from providers to schedule and follow-up on recommended appointments** (37.8% cite as significant / 46% sometimes a barrier)
5. **Lack of child care** (35.1% cite as significant barrier / 64.9% say sometimes a barrier)
6. **Lack of information among families about importance of well-child care** (35.4% cite as significant / 56.8% sometimes a barrier)
7. **Reluctance to take time off school for well-child appointments** (64.9% say this is sometimes a barrier)
8. **Providers who are uninformed of importance of well-child visits or periodicity schedule** (while 32.4% cite as significant barrier, 37.8% say it is not a barrier)

Q 12: Please rank the following options according to how likely they are to motivate clients to make their well-child visits, in your opinion.

The responses were ranked by respondents in the following order of importance:

1. Reminders from the child's primary care provider to make well-child visit appointments
2. More awareness among families of the importance of well-child visits
3. Follow-up calls from a Family Health Coordinator
4. Receiving a printed schedule with recommended dates for each child's appointments
5. Help with transportation and/or child care

Please rank the following options according to how likely they are to motivate clients to make their well-child visits, in your opinion:

Answered: 37   Skipped: 21
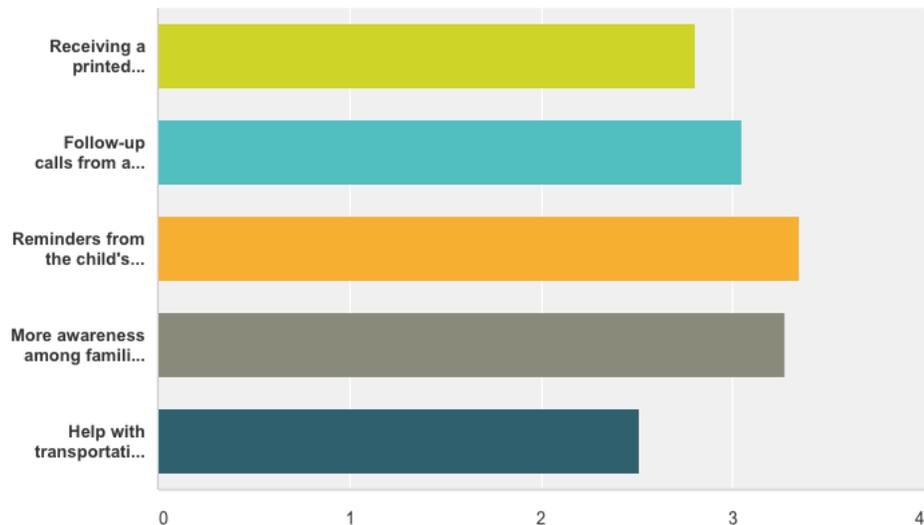
Of particular interest is the response about follow-up calls from a Family Health Coordinator, which produced mixed results. Three respondents felt it was the most important motivator, fourteen felt it was the second most important motivator, four ranked it third, fourteen again ranked it fourth, and two ranked the influence of the Family Health Coordinators last. This reflects a wide range of self-efficacy among the Family Health Coordinators. Some feel they can have an important impact, while others feel they have limited impact compared to some of the other options.

Q 13: What do you believe is the single most important thing that the Healthy Communities program can do to boost EPSDT outcomes?

The most important thing selected by the Healthy Communities team members were:

1. In-person initial orientation for each newly enrolled - 32.4%
2. Statewide educational campaign targeting parents - 27%
3. Automated appointment reminders sent to families (through communication method of their choice) - 21.6%

4. Educate healthcare providers about the benefits of well-child visits and get them to follow up with their patients to meet the periodicity schedule - 18.9%

What do you believe is the single most important thing that Healthy Communities can do to boost EPSDT outcomes? (select one)

Answered: 37   Skipped: 21
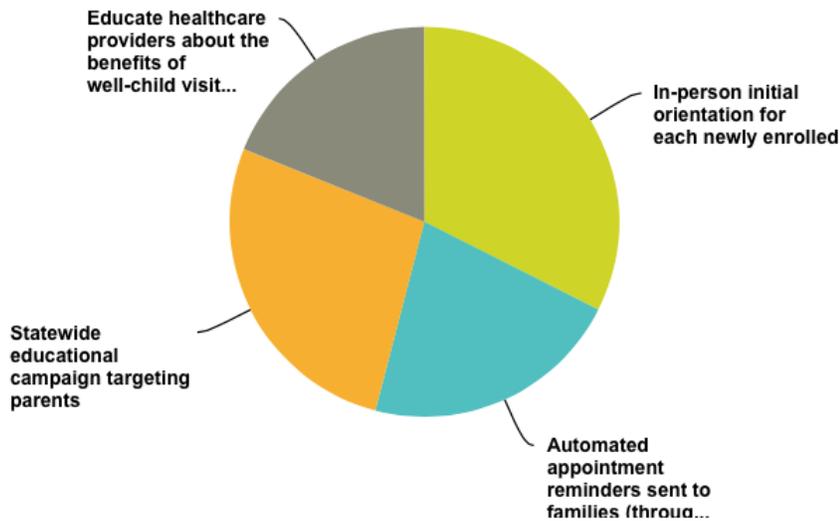
Q 14: Do you have any additional suggestions about how the Healthy Communities program can be improved or better serve the community?

Sixteen of the survey respondents (43%) had additional suggestions to add. We have organized their most relevant comments and suggestions (verbatim) around common themes.

Human Resources
- "Increased funding for FTE would allow the program to better serve the local communities"
- "More staff to do the work effectively and with quality and thoroughness"
- "More staff! We have to get out there more. Schedule outreach events, partner with community agencies to really get our message out there. We can't do that when there is only one or two people per county working nonstop on the newly enrolled report."
- "Hiring and maintaining staff"
- "Promoters in the community, making home visit to newly enrolled helping them to establish well family visits"

- "Recognition of seniority at local levels"
- "Having enough time to do our job"
- "We spent a lot of time 'enrolling' and now we're shifting that emphasis a bit and I certainly can't do it all in just two days a week. Need more time."
- "A challenge we have is when we have issues that need help and input from the State. We do not always get timely responses which leaves our clients hanging and us dealing with them wanting a response and the assistance they are looking for. Some issues just have to be dealt with at the State level."
- "Have some additional assistance when troubleshooting with clients (contact people that we can call)."

Training / Orientation
- "Better/timely communication from the state levels down to the counties. Many times we hear of big changes in Medicaid and/or CHP+ from community partners who are asking us about these big changes. Yet, we've heard nothing from the state. Not knowing of these big changes, how can we best serve our families, providers and community partners?!"
- "The biggest challenge is having the information and resources to perform our job…. What would be helpful is a training for new employees and a manual with detailed steps of processes. With much of what we do, we feel like we are given the task without being given enough specific information to do the job. We are not always sure if what we are doing is correct."
- "The training needs to include Motivational Interviewing, outreach techniques, etc."
- "It is difficult to know what to do with the issues that arise such as billing issues. We do not always know who to call or what to do. I know each case is different from the next, but a manual with some processes and procedures would be helpful."

System-Wide Issues
- "Age old question, how do we establish more Medicaid providers."
- "Maybe we need to change the approach somehow. Maybe if we offered incentive for families that do take children [in for preventive care] similar to how CHP+ gave incentives if their child was up to date with immunizations."
- "Be sure we have access and correct up to date information on the clients that we serve."

Program Focus
- "Less community outreach and more client contact"
- "Less eligibility trouble shooting, focus more on EPSDT benefits, face to face, home visits, calls"
- "Would it be possible to combine the automated reminders with a small piece of related education for parents?"
- "We already do presentations to community partners but feel it would be helpful to do a big presentation and invite community partners to talk about what we do at Healthy Communities."
- "Relook at the program current scope of work and align with activities that could boost the well child exams and other preventative services. Example of reaching those goals, is doing constant informs and education around preventative services."
- "Be able to obtain more material about well-child-checks we can give to clinics and families."

IV. Recommendations

There are several consistent themes that emerged from this survey. We have organized our recommendations around these themes. The overarching recommendations are:

1. Alleviate the large amount of time spent troubleshooting systemic issues
2. Review contractor budgets and staffing levels
3. Provide additional training and orientation
4. Prioritize EPSDT outcomes consistently
5. Offer both financial and non-financial incentives to team members
6. Enable access to other Medicaid-related systems
7. Implement concrete collaboration with RCCOs

Each of these recommendations are discussed in more detail in the sections below.

1. Alleviate the Time Spent Troubleshooting System Issues

An average of 18% of Healthy Communities time is spent troubleshooting issues with the health care / Medicaid systems for clients. An additional 7% of time is spent helping non-clients navigate Medicaid. This amounts to **25% of the teams' time**, that should instead be spent providing in-depth orientation for new clients and following up with existing clients to help boost EPSDT outcomes. Given the time spent troubleshooting, it is not surprising that EPSDT outcomes have been on the decline.

The interviews with Healthy Communities teams revealed an array of systemic issues that lead people to contact the Healthy Communities teams for help. Some of the most common were:

- Long wait times to speak with someone on the Medicaid hotline. Healthy Communities reports many people complaining of waiting for 45 minutes to an hour to speak with someone, and then being disconnected without having a chance to speak with anyone. Some adults then contact Healthy Communities.
- Receiving confusing communications by mail. Examples include letters stating that benefits have been discontinued but never receiving a renewal reminder or notice; inquiries about why one child is accepted to Medicaid while a sibling is rejected; receiving letters from multiple sources with conflicting information.

The Healthy Communities teams then face unnecessary hurdles when trying to resolve clients' issues. For example:
- They cannot see the communications that were sent to a client or by whom
- They cannot access systems to see why a benefit was denied
- They cannot directly enroll a newborn baby after the mother on Medicaid gives birth (in some counties)
- They must leave messages with people at other agencies who can look into these issues, and wait until they call them back. This results in time-consuming back-and-forth communication just to resolve one client's issues.

To help address these challenges, we offer the following recommendations:

1. **Dedicated Department Staff for Escalated Healthy Communities Cases.** Hire an additional staff member at the State level who has clearance to access to all of the necessary systems, and is 100% dedicated to helping troubleshoot complicated Healthy Communities cases. This person is responsible for escalated cases referred by Healthy Communities teams, when they are unable to resolve an issue or realize that a case will be especially time-consuming. (This cannot be done by the Healthy Communities Program Manager who has his hands full with other administrative and programmatic issues).

2. **Expand Medicaid Hotline Service.** Expand the Medicaid hotline team to decrease wait times and handle additional cases. The Medicaid hotline has a policy of not helping Healthy Communities clients and instead referring them back to the Healthy Communities team. Some cases, however, are more quickly and easily solved by the hotline team as they have access to some information Healthy Communities does not. Once the team is expanded we recommend that they change their policy and serve Healthy Communities clients also.

3. **Resolve PEAK IT Issues.** Problems with the PEAK website were mentioned repeatedly as a source of frustration for clients, which landed them back at Healthy Communities offices. Once the PEAK issues are fixed, this will help alleviate some of the high troubleshooting demand that is falling on the Healthy Communities teams.

It is important to note that in counties across Colorado, Healthy Communities teams have a reputation as the most accessible place to go when someone has an issue or question with their Medicaid or CHP+ coverage. The face-to-face customer service that they offer is rare and invaluable, and word has gotten out that they will help resolve issues when others can't. They also don't have the long wait times found at other county offices.

It's vital for the community to know they have somewhere to go, where they don't have to wait for hours or even a full day to get an issue resolved. But the high volume of systemic issues has been posing a real problem for the Healthy Communities program. These proposed solutions will help reduce the overflow caused by issues with other aspects of the system and allow the Healthy Communities teams to stay focused on their core mission.

2. Review Healthy Communities Contractor Budgets / Staffing Levels

Some of the Healthy Communities teams have a high volume of newly enrolled clients, and are spending a large proportion of their time reaching out to newly enrolled and providing orientation about their benefits. This is not necessarily consistent across the board, given the wide variation in proportion of time spent on newly enrolled and other activities.

Some teams stated that hiring additional staff is a high priority (40%) while others consider it a low priority (38%). In some cases the staffing issue is so significant that many teams would prefer to use funds available for employee incentives to hire new staff instead. Staffing issues came up in several of the comments and interviews. The fact

that it did not arise as an issue across the board however, suggests that some teams are well-staffed while others are not.

To help address this challenge we recommend:

1. **Allocating FTE by County Caseload.** We recommend taking a close look at the number of full-time employees each contractor has dedicated to the Healthy Communities program, compared with the total eligible clients that contractor is responsible for. HCPF can then balance the caseload per contractor by using a standard equation of cases per FTE, thereby allocating resources and personnel more equitably. As caseloads increase or decrease, resources may increase or decrease accordingly. Priority counties (see EPSDT mapping document) could be given priority to ensure a reasonable caseload per full time employee.

2. **Standardizing Activities Across Contractors.** The teams felt that activities should be more standardized across Healthy Communities contractors. Some counties mentioned in the interviews how hard they work for impact - visiting mothers in the hospital, conducting home visits, receiving large volumes of clients in their offices - while other contractors simply send out written communication by mail. This standardization could be achieved by:

    - Setting clear goals and priorities for the contractors. Each would be evaluated on the same criteria.
    - Providing clear direction / best practices for how to achieve the stated goals
    - Sharing of lessons learned across the state. Select high performing counties to document and share what is working with their colleagues
    - Defining what % of time is spent on which activities
    - Clarifying how communications should be managed

3. Provide Additional Training and Orientation

Many survey respondents cited the need for additional training or orientation on a variety of topics. Other staff said that they felt that various aspects of their job responsibilities weren't spelled out clearly, that they didn't have enough knowledge to do their jobs, or that they weren't clear on what the Healthy Communities program priorities were.

Among the top priorities ranked by the Healthy Communities teams were:

- Improving clarity and coordination at the state level (67.6%)
- Being able to easily generate Salesforce reports (65%)
- Receiving more training and direction about program priorities and messaging (62.2%)
- Receiving recommendations on how to improve well-child visits among 10-20 year olds (59.5%)
- Having state-created educational materials to distribute to clients and in communities (48.7%)

To address all of these concerns, we recommend developing a standardized, in-depth training and orientation curriculum for all new Healthy Communities team members. Once the curriculum is ready, it can also be given to existing team members. Given the heavy workload of the Healthy Communities program manager, this may need to be outsourced.

Proposed Healthy Communities Training Curriculum
- Overview of Healthy Communities program and high-level goals
- Specific activities and targets for % of time spent on each activity
- Key performance indicators - when and how each team is evaluated
- Map of the various other agencies, their roles, and points of contact
- Key evidence-based messages to communicate to clients
- Educational materials available to share with community members and providers
- Salesforce training and practicum
- Salesforce reporting training

This would address many of the concerns that arose during the interviews, as well as the individual comments that respondents wrote in when asked in the survey if there were other priorities that should be taken into account:

- "For all of us to be on the same page regarding priority"
- "Setting clear and specific priorities for Healthy Communities staff"
- "Training for newly hired Healthy Communities staff should be a higher priority (in-person training, manual available for all HC workers) "

4. Prioritize EPSDT Outcomes

Clearly EPSDT outcomes are a priority, as Colorado's performance has slipped low enough to sound the alarm. But only seven percent of Healthy Communities time is being spent on following up with clients regarding their well-child /preventive care visits.

Program managers need to make it clear to the Healthy Communities teams that this is a priority, and then offer alternatives to help alleviate some of the other time demands (see first recommendation).

To help demonstrate support for prioritizing EPSDT we recommend the following:

1. Articulate to the Healthy Communities teams how much of their time should be dedicated to following up with families regarding well-child and preventive care visits (20%? 30%?)
2. Provide training, scripted messaging, and support materials to help ensure that caregivers take their older children (6+) in for their preventive care visits

3. Add new functionality within the Salesforce CRM system to help flag children who have not been to preventive care visits in the last year (based on claims data) and prioritize them for follow-up
4. Add new functionality to Salesforce to send automated reminders to parents about scheduling visits for their children. Based on the survey, it appears that text message and email are likely to be the most effective automations. Both of these are feasible to automate and personalize within Salesforce.

Many of the teams felt very strongly that the face-to-face interactions they have with newly enrolled clients help to build a strong relationship that then allows them to be more effective when following up regarding well-child and other preventive care visits. Behavior change studies have also found repeatedly that in-person interventions are most likely to change behavior. We recommend setting targets for the proportion of interactions that happen in-person, along with which types of interactions should be in-person. This will help establish a base of clients with a strong relationship to the Healthy Communities team.

5. Offer Both Financial and Other Incentives for Healthy Communities Teams

One of the most remarkable results of the survey was that a majority respondents did not favor the idea of financial incentives for staff as a reward for boosting EPSDT outcomes. Forty-six percent of the survey respondents preferred that funds be invested in hiring additional staff to help balance their heavy workload. Only 38% were in favor of financial incentives.

While financial incentives can be an excellent motivator for some teams, there are many other ways to motivate employees. Many large companies and experts in employee motivation have recognized that other types of incentives can often motivate employees and increase results more than financial incentives. Based on suggestions and sentiment expressed during the interviews, we recommend that the Healthy Communities program adopt a variety of additional incentives to motivate the teams.

Incentive Recommendations

- Recognition for individual Healthy Communities team members who excel at the job. This may include:
    - Public recognition across the Healthy Communities program
    - Awards for individuals who excel in a particular area
    - Leadership recognition in a particular area (the individual can help develop training curriculum in that area, lead discussions at conferences, become a recognized "thought leader" and resource to other teams)
    - Additional paid time to create best practice sheets or educational materials
- Recognition for Healthy Communities teams for significant improvements in EPSDT outcomes
    - Public recognition across the Healthy Communities program / RCCO
    - Team documentation of what was done to obtain the desired results
    - A financial bonus that can either be used to hire an additional team member or split among team members

- Transparent and standardized annual employee and team evaluations
  - Clearly defined, measurable individual and team goals
  - Clear parameters for scoring (include both results and peer/supervisor reviews)
  - Review of caseload and interactions per employee
  - Bonuses or opportunities for leadership based on evaluation results

6. Enable Access to Other Medicaid-Related Systems

The item most commonly cited as "High Priority" by the Healthy Communities teams was "Being able to view MA site data for clients" (70.3% cited this as high priority). Several people mentioned this during the interviews as a way to speed up the trouble-shooting process and help clients more quickly.

Others mentioned being able to add newly born babies to Medicaid. In several counties, Healthy Communities teams are visiting mothers in the hospital right after they have been given birth, to offer orientation and help the mother get her child enrolled in Medicaid to ensure that all hospital bills are covered. In many cases the team members can only provide a referral and walk her through what to do, but a mother with a new baby who has just given birth often doesn't prioritize enrolling her child. Some of the teams interviewed felt strongly that if they could only enroll the baby when they visit, it would save a lot of time and hassle for everyone involved.

7. Concrete Collaboration with RCCOs

Only about 18% of the Healthy Communities teams reported that they coordinate closely with the RCCOs. Others mention that they sit on coordinating committees together, but don't have a concrete relationship. Half of the respondents stated that they rarely coordinate with their RCCO.

Some contractors are working very closely with the RCCO. These relationships can be examined more closely to see which aspects of the relationship are working well and to what extent they could be replicated in other regions. Some the concrete points of collaboration include:

- Sharing educational/orientation materials given to clients
- Following up with clients based on lists provided by RCCO, to boost EPSDT
- Sharing/updating client lists or records where feasible
- Sharing financial incentives when counties boost EPSDT results
- Providing specific contractual services that help RCCO meet goals

We recommend (and will be conducting) an analysis of RCCO needs and how Healthy Communities can potentially support the RCCO teams. The survey respondents also offered some suggestions that RCCOS may be able to help with, including provider recruitment to address the lack of specialize providers who accept Medicaid.

An important note of caution with regard to this recommendation: During the interviews several people mentioned that there are already too many coordinating committees and "what is needed is definitely not another coordinating committee."

V. Conclusion

The Healthy Communities teams are working hard across the state to help ensure that children and pregnant women on Medicaid or Child Health Plan Plus (CHP+) receive the benefits and health care they need. They offer valuable orientation regarding to Medicaid/CHP+ benefits and the importance of preventive care, provide clients with referrals to providers and other services, and help resolve issues with benefits.

In recent years the Healthy Communities caseload has increased significantly without a proportionate increase in resources or staff. Teams are struggling to keep up with the immediate demands on their time (clients who call and appear at the offices in person to troubleshoot issues with their benefits) which dilutes their focus on boosting EPSDT outcomes.

In addition to providing more support, training and incentives to the teams, some of the issues associated with the high caseload and other parts of the system must be addressed in order to effectively prioritize EPSDT and boost outcomes. We believe that if the seven recommendations listed here are implemented simultaneously, HCPF will soon see EPSDT outcomes improve across the state.

Annex A:

Survey Questions

SurveyMonkey Healthy Communities Survey

Healthy Communities Team Survey

Team Characteristics

| 1 / 6 | | 17% |

Please note that this survey is completely anonymous so that you can feel comfortable providing honest feedback. We appreciate you taking the time to carefully consider each question. There will be space at the end of the survey to offer any additional thoughts and suggestions on the Healthy Communities program.

*1. What type of county do you work in? (Please select the categorization that best describes the county or counties you serve)

◯ Urban

◯ Rural

◯ Frontier (6 or fewer persons per square mile)

*2. What is your role with the Healthy Communities Program?

☐ Family Health Coordinator

☐ Healthy Communities Team Manager

*3. Please estimate how much of their time the Family Health Coordinators in your county currently spend, on average, on each of the following activities: (Simply enter "10" for 10%, 25 for 25% and so on. Total time should add to 100%)

Getting people enrolled in Medicaid or CHP+

Troubleshooting issues with the health care / Medicaid systems for clients

Providing orientation about Medicaid or CHP+ benefits

Helping non-clients navigate Medicaid

Organizing and implementing outreach activities

Coordinating with providers and other community agencies

Contacting newly enrolled based on system reports

Following up with clients regarding well-child visits

✱4. What do you think are the most valuable services that Healthy Communities offers to the public? (Please rank the following options in order of importance - 1 is most important, 7 is least important)

[1 ⌄] Orientation for newly enrolled

[2 ⌄] Follow-up with clients about well-child visits and screenings

[3 ⌄] Community awareness about child health

[4 ⌄] Troubleshooting issues with enrollment or benefits

[5 ⌄] Referring clients to health providers and other services

[6 ⌄] Face-to-face customer service

[7 ⌄] Liaison between health providers and clients/state

✱5. How effective do you believe that sending automated reminders to clients about upcoming well-child visits would be via each of the following channels?

	Ineffective	Somewhat Effective	Effective	Highly Effective
Print mailing	○	○	○	○
Email	○	○	○	○
Text message	○	○	○	○
Robocalls	◉	○	○	○

✱6. Which of the following best describes your relationship with the RCCO covering your county?

◯ I coordinate closely with the RCCO

◯ I coordinate occasionally with the RCCO

◯ I rarely coordinate with the RCCO

7. If you are already coordinating activities with the RCCO, what does that coordination entail? (Please check all that apply)

☐ I sit on one or more coordinating committees together with the RCCO

☐ I actively support the RCCO by following up with clients based on lists they provide

☐ We share clients lists and intend to share client records where feasible

☐ We are responsible for the RCCO's initial contact with pregnant women / parents of children on Medicaid

☐ We share or coordinate educational / orientation materials given to clients

☐ We have been contracted by the RCCO to provide services

☐ We provide this support as a favor to the RCCO

☐ We don't coordinate with the RCCO in any significant way

☐ Other (please specify)

[   ]

✱8. Please rate how high a priority each of the following activities is, in your opinion:

	Low Priority	Medium Priority	High Priority
Being able to view MA site data for clients	○	○	○
Being able to add newly born babies to Medicaid	○	○	○
Being able to share client records (non-HIPAA info) with RCCO	○	○	○
Clearly defining RCCO vs Healthy Communities roles	○	○	○
Hiring additional staff	○	○	○
Reducing staff turnover	○	○	○
Doing more community outreach and education	○	○	○
Receiving more Salesforce training	○	○	○
Receiving more training and direction about program priorities and messaging	○	○	○
Being able to easily generate Salesforce reports	○	○	○
Receiving recommendations on how to boost well-child visits among older children (10 – 20 yrs old)	○	○	○
State-led promotion on Facebook to raise awareness of importance of well-child visits and screenings	○	○	○
State-created educational materials to distribute to clients and in communities	○	○	○
State-level helpline / customer service line for Healthy Communities clients	○	○	○
Improving clarity and coordination at the State level	○	○	○
Standardizing activities across Healthy Communities contractors	○	○	○

9. Is there another area you feel is/should be a high priority for the Healthy Communities program? Or that should be a low priority? Please explain:

[ ]

✱10. Which of the following statements do you most agree with regarding an incentive structure that rewards Healthy Communities teams who boost well-child visits among Medicaid clients in their county? (pick one)

◯ Financial incentives for Healthy Communities staff could really help boost well-child visits and are welcomed by our team

◯ Financial incentives might dilute our community impact by shifting our focus away from some important services we offer

◯ The funding available for a financial incentives structure would be better invested in hiring additional staff for our team

✱11. In your opinion, to what extent do the following issues create a barrier to better EPSDT outcomes in your county/counties?

	Not a barrier	Sometimes a barrier	Significant barrier
Lack of transportation	◯	◯	◯
Lack of child care	◯	◯	◯
Lack of providers who accept Medicaid	◯	◯	◯
Lack of information among families about importance of well-child care	◯	◯	◯
Inability to take time off work for well-child appointments	◯	◯	◯
Reluctance to take time off school for well-child appointments	◯	◯	◯
Lack of initiative from providers to schedule and follow-up on recommended appointments	◯	◯	◯
Providers who are uninformed of importance of well-child visits or periodicity schedule	◯	◯	◯

✱12. Please rank the following options according to how likely they are to motivate clients to make their well-child visits, in your opinion:

[◢] Receiving a printed schedule with recommended dates for each child's appointments

[◢] Follow-up calls from a Family Health Coordinator

[◢] Reminders from the child's primary care provider to make well-child visit appointments

[◢] More awareness among families about the importance of well-child visits

[◢] Help with transportation and/or child care

✱13. What do you believe is the single most important thing that Healthy Communities can do to boost EPSDT outcomes? (select one)

◯ In-person initial orientation for each newly enrolled

◯ Automated appointment reminders sent to families (through communication method of their choice)

◯ Statewide educational campaign targeting parents

◯ Educate healthcare providers about the benefits of well-child visits and get them to follow up with their patients to meet periodicity schedule

14. Do you have any additional suggestions about how the Healthy Communities program can be improved or better serve the community?

Prev   Done

Annex B:

Interview Questions

Healthy Communities Team Interview Questions

1. How is most of your team's time spent? What are the key activities you spend your time on?

2. What do you see as the most important role you play / benefit you offer to the public?

3. How much influence do you feel you currently have on EPSDT outcomes?

4. Do you coordinate with the RCCO? In what ways?

5. Who are the most vulnerable populations in your County?

6. Who or what do you think most motivates clients to take the time to go to their well-child visits?

7. What are the primary barriers to going to well-child visits in your County?

8. From a management perspective, what are some of the more important challenges you face?

9. Have you experience staff turnover at your team and if so, what do you think are the main reasons for the turnover?

10. How would you feel about an incentive program or pay-for-performance agreement that rewards your team for boosting EPSDT outcomes at the County level?

11. What information do you feel you need to have within Salesforce to better execute your responsibilities? To improve EPSDT outcomes?

12. What other changes would you recommend making to the HC program?

13. How else can the HC program better serve your community? Fill gaps?