



## **Health Access Campaign**

### **Data Indicators – Undocumented Primary Care Program**

#### **Introduction:**

The BHC feels that it is important to collect information to identify barriers and celebrate successes to ensure the overall effectiveness of this program. The BHC would like the following to be considered:

1. BHC hopes that the data collected will be shared with a stakeholder or oversight group made up of current stakeholders, PCC staff, and patients at regular intervals.
2. The County will consider using various methods to collect data, including its own data management and scheduling system, medical records, patient surveys (mail issues/and at appointment check-in, and the use of trusted community navigators. Consider the use of trained interviewers to administer the questionnaire, perhaps while people wait for their appointments.
3. The County will provide a clear process to voice service or access related issues/concerns to the stakeholder or oversight committee.
4. Data should be collected and evaluated at regular intervals (recommend every three months)

#### **Performance Measures**

- Improved prevention, early identification, and early intervention of health problems.
- Adequate translational services provided to improve health outcomes.
- Patients feel supported when seeking health care services.
- Language and culturally competent care provided.
- Helped patients connect with and benefit from education, social, and health care services.
- Patients' receipt of preventive care (physical) significantly increased from baseline to follow-up.

#### **County Collection**

- Demographic Information
- Date of birth
- Gender
- Race/Ethnicity

- Country of birth
- Do you have Deferred Action for Childhood Arrivals (DACA) status?
- Spoken Language
- Education (none, elementary school, middle school, high school or equivalent, some college, other)
- Civil status (married, living with partner, widowed, divorced, separated, through pilot study never married)
- \*\*Include Patient Survey Below
- People who live in your household including dependents, age, gender, and health insurance coverage type:

#	RELATIONSHIP (DAUGHTER, SON, NIECE, NEPHEW, UNCLE, GRANDPARENT, ETC.)	DEPENDENT (YES/NO)	AGE	GENDER (M/F)	HEALTH INSURANCE COVERAGE (FOR EXAMPLE: MEDI-CAL, MEDICARE, HEALTHY FAMILIES)
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- Federal Poverty Level
- Zip code of residence
- Insurance status upon application

### Enrollment

- Average time to process application for program
- Number of enrollees each month
- Number of disenrollment's each month
- Reason for disenrollment
- Average length of enrollment
- Number of patients continuously enrolled from beginning to end of pilot study
- Transition to another insurance or program?
- Average time between first day of enrollment and first appointment

### Clinical Utilization

- Enrollment per provider
- Provider to patient ratio
- Have you ever been turned away, due to your Primary Care Center not taking patients with "Medical"?
- Number of visits to primary care
- Number of visits to specialty care
- Specialty care treated at PCC
- Number of prescriptions filled
- Number of visits for urgent need/condition
- Number of visits where health education was provided

### **Appropriate Utilization of Services**

- Number of post hospitalization follow-up visits
- Patients who received a referral to an outside clinic or medical provider
- Types of contacts with patients (calls, referrals, calls/referrals)

### **Care Experience**

- Time between request for appointment and actual appointment (primary care)
- Time between request for appointment and actual appointment (specialty care)
- Time between request for prescription and filled prescription (medication)
- Average length of medical appointment
- Average hold time at Call Center (appointments, complaints)
- Number of calls to Call Center
- Number of complaints (broken down by category)
- Languages spoken by medical staff at PCC

**\*\*Patient Survey** (conducted with culturally trained navigators/brokers)

You have been selected to participate in this survey. Our goal is to provide better access, preventative services, pharmacy, and some specialty services. The information we collect will remain confidential. There will be no individual identifiable information in the final report. Thank you for your participation.

**Preventive Care Services**

- How would you rate your physical health (excellent, good, fair, poor)
- How would you rate mental and emotional health (excellent, good, fair, poor)
- Have you ever received any of the following preventive care services:  
If yes when was the last time?

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___/___/___
Flu shot	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___/___/___
Pneumonia vaccine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___/___/___
Hepatitis B shot	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___/___/___
Diabetes screening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___/___/___
Cardiovascular screening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___/___/___
Bone mass measurements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___/___/___
Glaucoma testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___/___/___
Breast cancer screening (women only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___/___/___
Cervical cancer screening (women only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___/___/___
Colon cancer screening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___/___/___
Prostate screening (men only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___/___/___
High blood pressure screening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___/___/___
Vision screening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___/___/___
Physical exam	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___/___/___
Prenatal services (women only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___/___/___

**Access to medical care**

- When you are in need of medical care what do you do?  
Pay out of pocket  
Go to the Emergency Room  
Go to a Community (CHC)/Federally Qualified Health Center (FQHC) clinic  
Alternative care  
Don't go anywhere  
Other (specify):
- Do you have a primary care doctor?
- Have you visited a doctor within the last 12 months?
- Have you had any problems following a doctor's order in the last 12 months?

- In the last 12 months, did you receive routine care (preventative, check-ups)?
- Have you delayed medical care due to inability to pay within the last 12 months? If so, why?
- Have you scheduled follow-up medical visits?
- Have you visited the Emergency Room (ER) within the last 12 months? How many times did you go (zero, once, twice, three times, other (specify)\_\_\_)
- Did you go to the ER because you could not get care elsewhere or because of the seriousness of your condition?
- Were you able to see a doctor when you left the ER?
- How long did you have to wait to be seen at an ER?
- Have you visited a dentist within the last 12 months?
- Have you delayed dental care due to inability to pay within the last 12 months? If so, why?
- Have you scheduled follow-up dental visits?
- Were you denied specialty care within the last 12 months? If so, why? What was the health need that you were seeking care for?
- Have you delayed purchasing needed medications due to inability to pay?
- Were you able to get medication labels in your language?
- Is the font large enough for you to read on your medication labels?
  
- Is there a place you usually go when you are sick or need advice about health  
Yes No. If yes, where do you go?\_\_\_\_\_
  - If No, please check all the reasons that apply
    - No health insurance
    - Can't afford to pay
    - Lost health insurance
    - Don't understand the health care system
    - Lack of transportation
    - Lack of child care
    - Cultural barriers
    - Other (reasons):
- Is there anything that would prevent you from applying for Medi-Cal?
- Do you need help with arranging an appointment for an annual check-up or physical exam for yourself?
- Are you aware of Community Health Navigators or Community Health Workers in your community?
- Do you want health education/disease prevention resources (for example preventing diabetes, high blood pressure, and information on cancer screening tests)?

- Have you received counseling from a doctor or other medical care provider about disease prevention and living healthy (for example, education about healthy nutrition, exercise, tobacco prevention, or obesity prevention)?
- Do you receive CalFRESH?

### **Transportation**

- Have you delayed getting medical care due to transportation issues?
- Is transportation a barrier to receiving care?
- How long does it take to get to your preferred medical facility?
- Have you delayed getting medical care due to the distance of your clinic?
- Do you use a bus, own a car, have family/friends take you to your appointments?

### **Language Services**

- If you speak a language other than English, did the hospital or clinic provide you with an interpreter? What language do you speak?
- If you completed forms at a clinic or hospital within the last 12 months, were they in your preferred/native language?
- Have you received educational materials in your preferred/native language?
- Did you understand the materials and/or instructions provided to you during your visit?

### **Primary Care Clinic (PCC)**

- Why did you choose this clinic?
- In which clinic are you getting care (UC Davis, Paul Hom clinic)?
- Do you have a primary care doctor at a PCC?
- Do you have any difficulty making appointments at a PCC?
- How soon after calling to make an appointment are you able to see a doctor?
- What is the availability of appointments from time of call to time of appointment?
- How many days do you wait for an urgent appointment?
- How many days do you wait for a post-hospital follow-up appointment?
- How long does it take to get your medications filled at a PCC?
- How many days do you wait for a specialty appointment?
- Do you pay for any services or medications received at a PCC?
- Is your PCC easy for you to access?
- Does your PCC provide interpretation?
- Does your PCC accommodate your preferences (religious, cultural, etc.)?

- Does your PCC refer you out to other providers?
- Do you feel like you can confide in your Primary Care Provider?
- Does your Primary Care Provider make you feel comfortable?
- Did you feel like you were a partner in your health?
- Did your Primary Care Provider address your questions?

**Federally Qualified Health Clinics (FQHC)/Community Healthcare Clinics (CHC)**

- Have you utilized an FQHC/CHC in Sacramento County (if so, please list)?
  - Wellspace
  - Elica
  - HALO
  - Sacramento Native American Health Clinic
  - CARES
  - Planned Parenthood
  - Gender Health Center
  - Other (specify)
- How long did you need to wait to be referred to another FQHC/CHC?