

Access to Care Clinic Outreach

A Technical Assistance Checklist

The NHPCC provides technical assistance and supportive services to hemophilia treatment centers (HTCs). This checklist provides a comprehensive list of considerations that may be applicable to your center as you undertake your access to care outreach.

STEP 1: IDENTIFY PATIENT POPULATIONS

Key Considerations: Is an outreach clinic worth doing? Does this outreach meet an identified need?

- ▶ Mapping out where all of your current patients live by county and diagnosis will help you better identify the services needed at each location.
- ▶ Which patients are in need that cannot be properly cared for through:
 - ▷ telemedicine
 - ▷ travel assistance to your HTC (or another HTC)
 - ▷ a nearby HTC
 - ▷ community providers, etc.?
- ▶ Are there more accessible locations that can be utilized as outreach sites to provide clinic services?
- ▶ Is there a budget available to provide outreach services?
- ▶ What staff are needed (and available) to provide these services (e.g. those most critical for in-person comprehensive care visits)?
- ▶ Will the local patient chapter/foundation be able to assist in any way (e.g., provide transportation, recruit patients who might benefit from outreach)?
 - ▷ If so, is the HTC able and willing to be a partner for events with patients, families, and local community providers?

STEP 2: SECURE AN OUTREACH SITE

Key Consideration: Where will the outreach clinic be located?

- ▶ Who is the clinic's primary contact person?
- ▶ How is ongoing communication being conducted?
- ▶ How much space is needed (or available) to provide services?
- ▶ Are there potential clinic locations affiliated with your institution and/or is there an organization affiliated with your HTC that can provide space?
 - ▷ If not, are there Federally Qualified Health Centers (FQHCs) with whom you can partner?
 - ▷ If not, are there local healthcare providers that may be willing to lend or sublease space, or provide free of charge?
- ▶ Will there be equipment/supplies available for the outreach team to use at the site?
- ▶ Are there community centers or other spaces available to rent and use for temporary clinic space?
- ▶ Is personnel available to staff the site?
- ▶ Does the outreach site benefit from your being there (i.e., increased services to the hospitals, filling a subspecialty gap such as peds home)?

Vignette: HTCs have found that providing face-to-face services to rural populations fosters stronger relationships and networks for patients and community providers compared to telemedicine alone, but the cost and time for travel are prohibitive for many patients, even with HTC assistance. These personal interactions promote increased adherence to prescribed treatment plans. Community providers are more willing to contribute by monitoring their local population, consulting HTC providers, and filling the gaps of care that the HTC cannot provide such as primary care, referrals, and local pharmacy storage and distribution.

Vignette: To conduct outreach, clinic space is donated by or subleased from FQHCs, primary care offices, and local hospital clinic offices. Supplies and equipment are sparse at these locations, so the HTCs bring their own.

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STEP 3: CONTRACTING/CREDENTIALING/ BILLING

Key Considerations: What relationships do we need to establish to be able to conduct services? Who is going to handle contracting, credentialing, and billing?

- ▶ Will the HTC be billing for services?
 - ▷ If so, which carriers or plans?
- ▶ Are there any differences in billing Medicaid for patients in outreach locations (e.g., across state lines)?
- ▶ Will providers need to be credentialed and/or have privileges to practice if the location is out of state or even in state?
- ▶ Is additional malpractice and liability coverage required?
 - ▷ If so, how much does it cost?
- ▶ Is there a cost to use the space, support staff, and supplies such as printers and office supplies?
- ▶ If yes to any of the above, who will be completing these tasks?
- ▶ Are there legalities with billing for services from a location that is provided free of charge?

Vignette: A nurse coordinator works with an administrator experienced with credentialing and billing to establish contracts, privileges, credentials, and billing arrangements with outreach sites.

STEP 4: DETERMINE LOGISTICS

Key Consideration: What materials and services are actually needed to be able to do our job?

For the clinic:

- ▶ Is there adequate signage to help patients easily locate the clinic?
- ▶ What are the clinic hours?
- ▶ How will new and existing patients be scheduled?
 - ▷ Needs to be carefully planned to avoid patients waiting for extended time to be seen
- ▶ Is a clinic front desk/MA/RN available to help with check-in?
 - ▷ If needed, include in lease agreement.
 - ▷ If not, plan to bring HTC staff for check-in and registration/paperwork.
- ▶ Can an HTC document in their own EMR? (Note: It is important to keep HTC patients' medical records within the HTC system for 340B program patient eligibility.)
- ▶ Is the internet available?
- ▶ How many rooms can the HTC use on outreach days? And for how long?
- ▶ Is there a workroom where HTC team members can meet and work?
- ▶ Is there a break room?
- ▶ What are the lunch options for staff?
- ▶ What supplies are available on site (included in the lease agreement) vs. what supplies need to be brought along and/or shipped ahead of time?
 - ▷ Laptops, printer, fax machine, scanner, Wi-Fi hotspot
 - ▷ Medical supplies, blood collection tubes, research kits, centrifuge, shipping materials, PPE, etc.
- ▶ What if vaccines are needed?
- ▶ How early can staff arrive to set up? Secure storage of supplies overnight for a 2-day clinic? Are evening hours an option? If so, which staff stays late?

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STEP 4: DETERMINE LOGISTICS *continued*

Research

- ▶ Can patients from another healthcare system (if applicable) be enrolled in studies? Consider billing and IRB specifications.

Lab

- ▶ Is staff available to process an extra amount (beyond their normal workload) of samples?
- ▶ Does the HTC need to provide lab staff and/or supplies to process and ship?
- ▶ Can the local lab run or process the labs needed?
- ▶ Registration of patient into local lab system? Is the lab's system different than your EMR?

Travel & Compensation

- ▶ Is the clinic location far enough away that staff need to stay overnight?
 - ▷ If so, how does this affect:
 - Hourly vs. salaried staff
 - Air travel/car travel
 - How travel expenses will be covered
 - Whether team members will be compensated for overtime or comp time

Vignette: The team brings all lab supplies needed to draw, process, and store specimens (e.g., Styrofoam coolers with dry ice). Shipment of specimens is sometimes sent out from a local post office.

STEP 5: DEVELOP A FOLLOW-UP PLAN

Key Considerations: Now that outreach is completed, what's next?

- ▶ What follow-up is necessary for patients?
- ▶ What gaps in care or services have been identified in outreach areas?
- ▶ Is another outreach clinic needed?
 - ▷ If so, when? What type of clinic is needed (e.g., comprehensive care vs. office visits)?
- ▶ Are recurring outreach clinics needed, and if so, at what frequency?
- ▶ Are regular outreach clinics feasible?
- ▶ How do patients find out about clinic dates?
- ▶ Does the outreach plan need to be revised?

Vignette: The team conducts two annual visits per site. Patients call the HTC's main phone number and have services coordinated. The HTC also participates in all non-clinical outreach efforts by the local chapter.

Take Action! To learn more about the NHPCC's access to care efforts, email support@athn.org.

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About the NHPCC: The NHPCC supports activities that contribute to the uniformity of practice and standards of care, ultimately enhancing accessibility of care for all patients and their families. This includes outreach to the underserved within and outside of the U.S. Hemophilia Treatment Center Network.