LEVERAGING TECHNOLOGY TO SUPPORT OUTREACH

Innovative Outreach Practices from the Field
June 2019
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- **Victoria Lamoureux**, Program Director, Thundermist Health Center
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INTRODUCTION

Health Outreach Partners (HOP) defines outreach as the process of improving people’s quality of life by: facilitating access to quality health care and social services, providing health education, bringing linguistically and culturally responsive health care directly to communities, helping people to become equal partners in their health care, and increasing the community’s awareness of the presence of underserved populations.

Since 2002, HOP has published Innovative Outreach Practices (IOPs) Reports. Drawn from outreach programs throughout the country, these reports provide a platform for health centers and other community-based organizations to showcase effective, field-tested strategies for improving access to care. HOP considers outreach practices to be innovative when they accomplish one or more of the following criteria in a unique way:

- Engage and empower low-income and underserved populations,
- Support low-income and underserved populations in overcoming barriers to care,
- Maximize organizational resources in order to extend services,
- Partner with others in the community,
- Collect and use data,
- Connect with an emerging population, or
- Address an emerging issue among low-income and underserved populations.

In 2019, HOP focused on the creative use of technology to improve the primary function of outreach—creating connections with vulnerable and underserved populations and increasing access to care. In recent years, health centers have made great strides towards improving patient access to care through the rapid uptake of health information technology (HIT). Despite the growing prevalence of HIT within the United States health sector, there is still limited understanding of the variety of ways health centers are using technology for patient engagement. This resource describes examples of how technology is being used to support or complement outreach services nationwide and suggests opportunities for replication.

METHODS

Contributors
HOP promoted and recruited for this project through multiple channels, including a marketing message released in the Bureau of Primary Health Care’s (BPHC) Primary Health Care Digest (March 2019), HOP’s communication channels (website, social media, and newsletter), and presentation slides included at national conference workshop events between Fall 2018 and Spring 2019. HOP also directly contacted potential contributors to solicit practices.

In addition to soliciting in-depth practices, HOP developed a short online survey (Appendix C: Assessment Survey) to assess the general landscape of technology use in regards to supporting access to care and patient engagement at health centers. Respondents were offered an opportunity to win a $25 gift card for completing the survey. The survey was sent to a total of 1823 contacts at community health centers and primary care associations across the country in April 2019. HOP received 18 responses to the survey.

Data Collection Tools
HOP developed a detailed interview guide (Appendix A: In-Depth Telephone Interview Guide) to ensure consistency in the content solicited from each participating organization. HOP also developed a SurveyMonkey form (Appendix B: Online Form) based on the interview guide to allow for online
submissions. Both data collection methods asked contributors to describe why the organization started the practice, to share the experience of implementing the practice on a day-to-day basis, and to explain the funding sources for the outreach practice, as well as any evaluation processes that the health center uses to assess the practice.

Data Collection Procedure
Data collection occurred between February and April 2019. Participants were invited to contribute content via an in-depth telephone interview or a detailed online form. Two interviews were conducted via telephone and lasted approximately 60 minutes, and one practice was drafted based on existing data. Upon completion of data collection, HOP staff developed a detailed profile for each organization. Contributors were provided the opportunity to suggest revisions to ensure accuracy of the profiles prior to the final draft of the publication.

ABOUT THE RESOURCE
Health Outreach Partners developed this report as a resource for Health Resources and Services Administration-funded health centers, including existing and potential health centers, Primary Care Associations, Health Center Controlled Networks, and other community-based organizations that are interested in exploring how to use technology to support outreach efforts to vulnerable and special populations. The report features three (3) in-depth profiles describing the use of technology for increasing access to health care as well as the results of the online survey. Additional relevant resources from other national organizations are included at the end of this report. Each profile includes background information about the featured organization, a description of the practice, and key lessons learned as shared by each contributor. Readers seeking more detailed information can contact the individuals listed within each profile.
Great Lakes Bay Health Centers (GLBHC) began as a small migrant health clinic in 1968, when the Saginaw County Health Department received a $75,000 grant to provide health care to migrant farm workers. GLBHC has grown to be one of the largest health center organizations in the state of Michigan. Today, GLBHC operates over 28 sites serving 17 counties throughout central Michigan. They provide comprehensive medical services, oral health, WIC, mental and behavioral health care. Committed to assisting migrant and seasonal agricultural workers, GLBHC’s Migrant Program includes a comprehensive team of community health workers and clinicians that provide services via mobile units at agricultural worker camps during the growing and harvesting season.

AN ENTIRELY NEW BALLGAME
While GLBHC has had a long-standing relationship with migrant workers in their community, particularly returning seasonal workers, they have experienced a decrease in migrant patients accessing health services over the last several years and a shift in the makeup of their migrant community from primarily seasonal workers to more migratory H2A workers. After being able to only reach a fraction of the migrant workers that GLBHC knew to be present at agricultural worker camps, the Migrant Program had to quickly identify how to build trust and effectively communicate with the new population. Outreach strategies such as having a presence in the community, word-of-mouth referrals and testimonials, and flyer outreach did not always resonate with this unique population of agricultural workers. The program knew that they needed to do something different to adjust to this “new migrant stream and entirely new ballgame.”

EL PAISA DEL NORTE
The Migrant Program noticed that this younger generation of workers was more likely to keep up with technology and many of them were on the Facebook social media platform. One barrier that emerged was GLBHC’s name itself, which is difficult for workers to remember and does not translate well into Spanish. Taking a risk, the Migrant Program Manager worked with health center leadership to explore and launch a closed Facebook group called El Paisa Del Norte (“Friend from the North” in English) as a way to communicate with and build trust among their new H2A population. Facebook communication became an effective bridge.

The Facebook group is managed by the Migrant Program Manager to ensure members joining the group are workers that the outreach team has seen in agricultural worker camps and to maintain patient confidentiality. The group is a “closed group,” which means that anyone can find the group, but only members of the group can see who is in the group and view the content. The Migrant Program uses it to assess interest in services and to announce upcoming (mobile) clinics in the community. It has also been beneficial for when the program needs to change an event location or date and does not have time to flyer the camps about the updates. Members of the group can send health questions through Facebook direct messages that they may not be comfortable asking in person. Each correspondence is documented in the patient’s chart and is elevated to a provider as needed. In needed, the Migrant Program Manager can also arrange a phone call between the provider and patient to address issues or will ensure that the patient sees a provider during an upcoming mobile clinic.
Migrant Health Care

Great Lakes Bay Health Centers was originally founded to provide care to migrant health workers in 1969. We continue to serve migrant and seasonal agricultural workers throughout mid- and lower Michigan.

Our mobile medical and dental units travel to more than 20 farms to provide care seasonally. In addition, year-round agricultural workers may be seen at any of our sites.

El paisadelnorte.com

The Facebook group has significantly shifted how migrant patients interact with GLBHC and their own health. In the past, the community did not want to access any services, and now they are not only accessing primary care but also preventive services, such as flu vaccines. To help further facilitate access and educate the community about the services they provide, GLBHC purchased the elpaisadelnorte.com web domain, which links patients directly to the Migrant Health Services page. Before elpaisadelnorte.com, migrant patients would have to remember the lengthy greatlakesbayhealthcenters.org address and then navigate to the Migrant Health Services page for this information. The Migrant Program keeps the page updated so community members can effectively access more details about upcoming events and services than it is possible to post on Facebook.

While health services are based on a sliding fee scale, the nominal $10 charge is still a significant barrier, particularly for those who have just arrived in the area. GLBHC is pleased to delay or waive the fee for services for those who are unable to pay, which strongly supports building trust within the community. Through the Facebook group, the Migrant Program has been able to ask for donations from workers who can contribute to their care once they are more settled and know they can trust the health center. Patients are more open to getting services this way and are happy to contribute once they are able.

LESIONS LEARNED

Building trust with a new community is not an easy task. GLBHC was able to overcome communication barriers through Facebook; however, this must be followed up with a commitment to the community and providing services regardless of a patient's ability to pay. For GLBHC, this required a significant investment of the organization in developing concrete policies and protocols around managing a Facebook group and follow-up patient communications, the time and care of the staff member overseeing the group, and the contributions of community partners that are committed to improving the health and well-being of the community.

ABOUT GREAT LAKES BAY HEALTH CENTERS

Great Lakes Bay Health Centers

Location: Saginaw, MI

Community Health Center Funding: 330(e), 330(g)

Contact: Jesse Costilla, Migrant Program Manager

Email: JCostilla@glbhealth.org

Website: www.greatlakesbayhealthcenters.org
IMPROVING PATIENT ENGAGEMENT THROUGH INTEGRATED TEXT SOLUTIONS

Organization: Providertech

Providertech founders got their start in the field of health care and technology by developing and implementing patient portals. This was during the deployment of the Meaningful Use standards, which resulted from the HITECH Act of 2009 that supported health centers in expanding electronic health records. The goal of patient portals was to increase patient communication and engagement; however, they discovered the program did not yield its intended results. As a response, they developed Providertech, a technology solution that automates operational, clinical, and outreach needs. Through Providertech, they believed they could overcome HIPAA challenges and system limitations to effectively communicate with patients electronically.

WHAT DOES IT DO?

Providertech allows medical practices to automate communication to patients through appointments follow up, appointment reminders, and following up on no-shows. Beyond these services, the tool allows health centers to engage patients in their care plans and chronic condition management and can be utilized to disseminate patient experience surveys. The tool integrates with electronic health records (EHRs) for patient information, and its practices abide with the Telephone Consumer Protection Act (TCPA).

Marketing studies have shown that 98% of text messages are read within 15 seconds of receipt and are the preferred method of communication for many patients. While text messaging is the most popular feature, the tool also supports voice and email communications. It includes a 2-way secure messenger feature, which allows ongoing text message conversations with patients that can be recorded, saved, and documented within a patient’s chart. If a patient requests or is better served through a live call, the service can directly transfer the patient to someone on their care team.

Example of the Providertech population health outreach feature.

A TOOL TO MANAGE ACCESS TO CARE AT ADELANTE HEALTHCARE

As the patient centered medical home model, value-based care, and population health initiatives become ubiquitous, health centers are being tasked with engaging patients outside of their office visits. This was the case for Adelante Healthcare, a community health center serving the greater Phoenix, AZ metropolitan area. Starting with the highest-risk patients, they began a campaign to improve utilization of health care services. However, as the campaign progressed, they found that they were spending countless hours making phone calls to patients and taking on the expensive
cost of mailing postcards. Not only was this process draining their staff and financial resources, it did not yield the desired patient engagement or improvements in health outcomes.

Through funds from a diabetes outreach grant, Adelante piloted Providertech software to support patient outreach and engagement. Their first phase was to contact diabetic patients via text message who were due for an appointment but did not have plans to come to the clinic. They saw a 20% response rate of patients calling and making appointments after receiving the text message, which was much higher than manual calling. Excited about these results, they began to consider how else they could utilize Providertech to support patient engagement.

In phase two, Adelante expanded the program using automated voice dialing and asked patients clinical questions, such as, “Our records indicate you are due for your 3 month checkup. Press 1 if, in the last 7 days, you felt like your blood sugar was too high. For example, were you feeling thirsty, experiencing frequent urination, or having blurry vision?” This phase approached patient engagement from a different perspective. If patients responded, they could receive health education in real time, as well as make an appointment, or get a referral. Due to the success of the pilot, Adelante refined and expanded their use of Providertech for patient engagement across different health conditions.

**EVALUATION & RETURN ON INVESTMENT**

Health centers using Providertech can access a suite of standard, out-of-the-box reports. For example, when Adelante completed their diabetes outreach campaign, they were able to look at the patient response rate, number of appointments made, and data on specified clinical measures, such as if patients received A1c testing. Providertech is currently working on a trend analytics feature that will allow health centers to view dashboards with additional data in the Providertech portal.

Some health centers use a portion of their HRSA funding to cover front-end costs of implementing the tool. This cost can be quickly recovered by utilizing appointment reminders to decrease no-show rates as well as through savings in staff time and effort. In addition, an unintended benefit of Adelante was increased staff morale and “joy for the team.” Before Providertech, many outreach and enabling services tasks were tedious and staff turnover was high, particularly at the call center.
When Providertech was implemented, staff roles shifted from calling patients to actually providing assistance with appointments, health education, and referrals. This shift to doing more meaningful work greatly impacted staff retention rates.

RECOMMENDATIONS FOR COMMUNITY HEALTH CENTERS

Before implementing a tool like Providertech, it is important to have leadership buy-in and include the participation of operations staff, such as the Director of Operations, Chief Operations Officer, and administrative staff. It is also valuable to involve staff who can provide clinical input on population health during the planning process, including the Chief Medical Officer, to develop appropriate and effective campaigns that address clinical measures. Health centers interested in implementing a tool like Providertech should first consider the following questions:

1. How much automation currently exists? What pieces of a process could become automatic and allow for staff to attend to other tasks?
2. How integrated are automated systems within the EHR? Is it bi-directional? If not, why?
3. How will the tool address the health center’s biggest challenges? (No-show rates, clinical outcomes, etc.)
4. How will it align with existing work flows?

Note Regarding this Profile:

HOP originally learned about this practice from a former employee of La Comunidad Hispana (LCH). Follow-up with LCH in February 2019 led to direct conversations with Providertech. This profile captures the experiences of the former health center staff who implemented the technology practice in their respective clinics.
RIDE-SHARING BEYOND THE APP: USING UBER HEALTH TO OVERCOME TRANSPORTATION BARRIERS

Organization: Thundermist Health Center

Thundermist Health Center was established in Woonsocket, RI in 1969, and from humble beginnings has now grown to one of the health center leaders in the state of Rhode Island. It has three clinic sites strategically located in northern, central, and southern Rhode Island. All clinic sites provide a full-array of medical, dental, behavioral health, and social services. Thundermist’s community presence is vast, and includes managing a thriving community garden, pediatric oral health outreach, and participation at local farmers’ markets.

TRANSPORTATION & ACCESS TO CARE

Cancelations, no shows, patients arriving late, and delayed treatment are common occurrences for community health centers, and Thundermist is no exception. Through appointment attendance data and feedback from their medical providers, transportation was identified as a major barrier to care for a significant portion of their patient population. However, finding an adequate solution presented a challenge.

A NEW SOLUTION TO AN OLD PROBLEM

Thundermist staff considered this challenge from several angles. At the time, they were already utilizing taxi cab vouchers and prepaid bus passes to help patients experiencing transportation barriers, but they knew they wanted to do more. In 2017, staff began to explore Uber Health, a new platform of the Uber ride-sharing application.

Over half (60%) of Thundermist’s patients are Medicaid recipients, and through the state’s Non-Emergency Medical Transportation provider, MTM, these patients are able to request low or no-cost rides to and from their medical appointments. However, these rides must be requested well in advance of appointments and not all eligible patients are automatically enrolled in the program. The Uber Health program is primarily reserved for patients without MTM or who do not have the appropriate time to request a ride, as well as those that need emergency rides. Thundermist also receives a grant from the Rhode Island Department of Health which covers Uber Health rides specifically for patients needing a colonoscopy, as well as women enrolled in the state’s Women’s Cancer Screening Program.

When a patient needs a ride, it is scheduled and tracked through a centralized system at Thundermist. The ride is confirmed 24-hours in advance, and can be rescheduled easily if needed. A pickup address is entered into the Uber Health online platform, and the patient is given a pick-up time for the ride. When the patient arrives at the health center and checks-in for their appointment, they are flagged for a return ride, and the receptionist is able to arrange for their return ride in the moment.

The first ride through this platform was successfully completed in April of 2017. Since then, Thundermist averages 52 round-trip patient rides per month, at a monthly cost of approximately $1,300. This averages to $25 per round-trip ride and is approximately half the cost of equivalent cab services.

COST/BENEFIT ANALYSIS

With a majority Medicaid patient population, the average missed appointment at Thundermist costs an estimated $180. For example, if in a given month, two-thirds of the 52 patients receiving Uber Health

Uber Health is HIPAA-compliant and allows its users to assign rides for patients from a centralized dashboard without requiring the rider to have the Uber app, or even a smart phone.
rides each month would have otherwise missed their appointment, providing rides prevents around 35 cancellations or no-shows per month. The cancellations or no-shows would come at a cost of $6,300 per month. With an average expense of $1,300 per month to provide rides, the Uber Health program saves Thundermist Health Center an estimated $5,000 per month. The $25 per patient spent on Uber Health rides is not only effective in helping people achieve better health, but has a significant financial benefit to the organization.

WHO’S INVOLVED?

All staff are trained to screen for and document social determinants of health needs, including transportation. When a patient presents with transportation issues, it is documented in the patient’s electronic medical record (EMR). When scheduling an appointment, staff will access the patient’s EMR and note the need for transportation. Thundermist’s receptionists and administrative assistants monitor the Uber Health schedules, check patient eligibility, and ultimately, request the rides.

Technological issues with the services provided, glitches, or dissatisfaction with the platform are brought up with Uber customer service directly. Thundermist’s evaluation process includes:

- Monitoring cancelation and no-show rates on a monthly basis
- Randomly assigning patient feedback surveys
- Screening for social determinants of health for all patients who use the service

One key limitation of using the Uber Health platform is that it is difficult to find rides for patients in more rural areas, as Uber drivers are more concentrated in more densely populated areas. In addition, at this time Uber does not offer any vehicles that are accessible for patients in wheelchairs or who have other physical mobility needs. Thundermist also does not allow rides for minors unless a parent or guardian is present.

Despite technological challenges and limitations, using Uber Health to help patients to and from appointments has not only been an effective way to address no-shows and appointment cancellations, it has also transformed patient experience at Thundermist.

ABOUT THUNDERMIST HEALTH CENTER

Location: Woonsocket, RI
Community Health Center Funding: 330(e), 330(h)
Contact: Victoria Lamoureux, Program Director; Roy Lamphere, Administrative Assistant
Email: VictoriaL@thundermisthealth.org; RoyL@thundermisthealth.org
Website: www.thundermisthealth.org
ASSESSMENT SURVEY SUMMARY

As technology becomes an increasingly important part of the way outreach is conducted at community health centers, Health Outreach Partners wanted to get a sense of exactly how and to what extent technology is being incorporated beyond the highlighted innovative practices. A survey was created (Appendix C: Assessment Survey) and released through HOP’s e-newsletter, Outreach Connection in April, 2019. The newsletter was sent to 1823 contacts from community health centers, and Primary Care Associations, and 18 people completed the survey. Fifty-five percent (55%) of respondents reported being involved in outreach directly as outreach workers or managers, 17% were administrative staff, and 11% were clinical staff.

Beyond electronic health records (EHR) and patient portal practices, the majority of technology used in outreach by survey respondents’ health centers revolves around communication with patients and the community. The technology most frequently utilized by respondents was automated appointment reminders at 67%. The next most frequently cited types of technology were email communication, text message, or other direct message communication; utilization of mobile devices; and social media.

There were several notable uses of technology that respondents identified when ask to describe their usage of technology in more detail. Respondents who use mobile devices (laptops, tablets, and smartphones) reported being able to:

- access patient information in the moment;
- schedule appointments while conducting outreach in the field;
- communicate with patients outside of the health center through text and social media applications; and
- allow patients to complete pre-visit paperwork, make payments, and update personal information.
Certain applications and programs were cited as tools used in outreach and patient communication:

- **MyChart** for appointment scheduling, reminders, messages to providers, and refill requests
- A **Facebook** group for patients to be able to ask direct messages regarding their care
- **Lyft** to organize rides for senior patients who face transportation barriers
- One respondent indicated that their health center is developing their own application

When asked “How effectively is your organization using technology to support outreach services and access to care?,” 67% of respondents answered “somewhat effectively,” while 33% were divided evenly among the remaining responses: “not effectively,” “effectively,” or “very effectively.” This viewpoint may be tied to the amount of support from leadership to support technological solutions for outreach and patient engagement: 67% of respondents felt that leadership was “somewhat supportive” versus the remaining 33% split between “supportive” and “very supportive.”

There is reason to believe that this is a period of growth for incorporating technology into outreach services. As new advancements continue in the field of technology, so does health center adoption. Two-thirds of respondents say that their health center plans to incorporate new technology into their outreach and patient engagement in the next 1-3 years. Some specific examples include:

- New or improved patient portals
- Implementing social media strategies
- Introducing telehealth capabilities
- Using the PRAPARE tool

Respondents were asked, “What is your vision for how technology could be utilized most effectively to advance outreach or patient engagement at your organization and beyond?” Many expressed a desire for increased efficiency when it comes to patient-provider communication and scheduling appointments. This includes facilitating messaging capabilities between patients and providers, incorporating more telehealth options to help patients who have a hard time getting to health services, and freeing up time for providers by facilitating the tasks around patient follow-up. Several respondents also mentioned making applications available to patients for health education, coaching, and monitoring their own health status.

Respondents acknowledged that several barriers exist to incorporating technology practices into outreach and patient engagement. One common barrier is the cost of technology, both for the health center as well as for patients. Four respondents mentioned that their patients’ inability to access their technology is a major barrier, due to not having a smart phone, lack of internet access, low comfort/literacy with technology, or lack of access to other technology. For these respondents, even if new technology were incorporated into the health center, it is uncertain whether their patients would be able to take advantage of it. Despite these challenges, one respondent mentioned a desire to educate both patients and providers on the effectiveness of certain technologies, which may help increase adoption and effectiveness on both sides.
CONCLUSION

Creating trusting relationships, ensuring access to health care, and enabling marginalized and vulnerable populations to manage their care are all key components of health outreach programs and vital to the success of health centers. This resource stemmed from an increasing number of requests in recent years regarding technology strategies for health outreach programs and limited existing resources. It was developed in hopes of uncovering and sharing how technology is being used to support the important role of outreach. Like all outreach strategies, technology-based strategies are not one-size-fits-all solutions. It is important that health center staff carefully consider the unique needs of their communities and respond accordingly. As the relationship between health care, community, and technology evolves, HOP encourages health centers to support and invest in appropriate technology solutions for their health outreach programs, particularly technologies that enhance patient engagement, improve quality of care, and increase the effectiveness of health center communications with their communities.
ABOUT HEALTH OUTREACH PARTNERS

Health Outreach Partners (HOP) is a national organization providing training and technical assistance (T/TA) and key resources to health centers and other community-based organizations striving to improve the quality of life of low-income, vulnerable, and underserved populations. HOP has nearly 50 years of experience in the field of outreach and offers support to organizations interested in exploring a more customized application of these ideas. Learn more at HOP’s website: www.outreach-partners.org.

ADDITIONAL RESOURCES

THE PROMISE OF TELEHEALTH: STRATEGIES TO INCREASE ACCESS TO QUALITY HEALTHCARE IN RURAL AMERICA
Farmworker Justice, March 2018
Developed in collaboration with the Center for Health Law and Policy of Harvard Law School, this issue brief explores the potential for telehealth to enhance access and quality of care in rural America.

FARMWORKER JUSTICE HEALTH POLICY BULLETIN: POLICY IN ACTION TO PROMOTE HEALTHCARE ACCESS THROUGH TECHNOLOGY
Farmworker Justice, Spring 2017
This 2017 Health Policy Bulletin focuses on the intersection of technology and health care, including using technology to support agricultural worker health and promotores programs.

MHP SALUD AND COMMHCARE: COMMUNITY OUTREACH MEETS THE DIGITAL AGE
MHP Salud, 2011
MHP Salud partnered with Dimagi—a social enterprise that makes open source software to improve healthcare in developing countries and for the underserved—to develop a mobile application for data collection and evaluation purposes.

HEALTH INFORMATION TECHNOLOGY, EVALUATION, AND QUALITY CENTER (HITEQ)
The HITEQ Center is a National Training and Technical Assistance center developed and operated by JSI and Westat to support health centers in full optimization of their EHR/Health IT systems.

HEALTH CENTER RESOURCE CLEARINGHOUSE: HIT/DATA RESOURCES
The Health Center Resource Clearinghouse addresses the demands placed on a busy public health workforce by providing resources and tools to acquire and use targeted information on a daily basis. The Clearinghouse is a database of resources organized by topic, including an HIT/Data topic area.
**APPENDIX A:**
**IN-DEPTH TELEPHONE INTERVIEW GUIDE**

**BACKGROUND INFORMATION**

Organization Information:
- Organization Name:
- State:
- Health Center Type (330e/330g/330h/330i):
- Website:

Contact Information:
- Name:
- Title:
- Email:
- Phone Number:

**INTRODUCTION**

Hello! My name is [insert name] from Health Outreach Partners. [Optional: I am joined today by my colleague, [insert name]. Thank you for taking the time to talk with me today about [insert organization name] and your outreach practice(s). How are you today?

HOP’s Innovative Outreach Practices (IOP) are short case studies that showcase effective, field-tested strategies for improving access to care. They are drawn from outreach programs throughout the country, and published across HOP’s various online platforms. IOPs provide an opportunity for peer learning across potential and existing health centers.

HOP is focusing on technology-related practices this year because we believe that the creative use of technology can expand the primary function of outreach—creating connections with underserved populations and increasing access to care. Use of technology has transformed health care within clinical settings over the past several years. There is an opportunity for outreach programs to increase their use of technology in order to benefit underserved populations. HOP hopes to uncover how innovative outreach programs are using technology, identify ways these practices can be replicated, and disseminate the practices nationally in order to encourage wide adoption.

As a reminder, the purpose of our conversation today is to hear about your practice and experience using technology to support your health outreach efforts. If your practice meets our criteria [1]relation to outreach services, 2) innovation (is practice is new and/or interesting?), and 3) feasibility of replication, the information that you share will be used to write a summary of your organization’s practice to include in HOP’s 2019 Innovative Outreach Practices report. This report will be disseminated nationally and shared with the Health Resources and Services Administration.

With your permission I would like to record our conversation. I will use the recording only to supplement any notes that I take during our call. Is it ok if I record our conversation?

Please stop me at any time if you have questions or concerns about the project or any portion of the process. Do you have any questions before we begin?
INTERVIEW QUESTIONS

1. Please briefly describe the history of your organization and the populations that it serves.

2. Please briefly describe your outreach program services.

3. Please describe specifically how you use technology in your outreach practice.
   
   Required Probes:
   - Who is the target population(s) for your technology use?
   - What specifically is done?
   - How does technology support your outreach services (if applicable)?
   - What material resources, if any, are needed? (i.e.: tablet, computer, software, etc.)

4. Why did your organization begin using technology to support your outreach efforts?

   Optional Probes:
   - How did you identify the need for technology?
   - What or who instigated the practice?

5. I would now like to talk about who is involved in the practice.

   Required Probes:
   - How many of your staff participate in carrying out the practice?
   - What are the roles of the staff that do this work?
   - What did it take to train your staff to carry out this work?

6. Do you currently have a formal evaluation process for the practice?

   Required Probes:
   - If yes, please describe your process.
   - If no, how do you assess the impact of the practice?

   Optional Probes:
   - How frequently do you look at evaluation results?
   - Do you collect and review client feedback?
   - Do you assess changes in health outcomes of participating patients? If so, how?

7. Please describe how the use of technology for outreach is funded.

   Optional Probes
   - Does your organization receive grants to use this technology?
   - Is the outreach practice budget part of your overall organizational budget?

8. What would you recommend to others interested in implementing a similar technology or practice at their health center?

   Optional Probes:
   - What are some of your lessons learned?
   - What else do you want others to know about this practice?
   - Does it work better in a specific context vs. another, such as rural vs. urban, specific population or language?
APPENDIX B: ONLINE FORM

INTRODUCTION

About
HOP’s Innovative Outreach Practices (IOPs) are profiles of new and innovative practices in outreach. They are featured in HOP’s Outreach Connection Newsletter, website, and shared with health centers nationwide. IOPs are a valuable method of peer learning, as they include strategies and ways for outreach programs to adopt and adapt practices for their own region or patient population.

Focus on Outreach and Technology
HOP is focusing on technology-related practices this year, because we believe that the creative use of technology can improve the primary function of outreach—creating connections with underserved populations and increasing access to care. As more people are looking towards technological solutions to address problems, technology use within health care has transformed the way we do our work in the last several years, but we still do not see outreach programs engaging in technological solutions to advance their work across the board. It is important to learn about why, what, and how technology is used in outreach to truly benefit underserved populations. HOP hopes to uncover how technology is working for outreach programs, identify ways it can be replicated, and disseminate these innovative practices nationally.

Purpose of this Survey
The purpose of this survey is to collect information about your practice and experience using technology to support your health outreach efforts. The information that you share will be used to write a profile of your organization’s practice that will be included in HOP’s 2019 Innovative Outreach Practices report. This survey should take between 30-45 minutes of your time.

CONSENT STATEMENT

1. I understand that the purpose of this survey is to collect information about my outreach program practices using technology and that completing the survey does not guarantee that my practice will be chosen for publication.

2. If chosen, I agree to allow this information to be used in a profile of my practice. I understand that HOP may follow up for additional information, supporting documents, and photographs. I understand that I will have the opportunity to review a draft of the profile prior its final publication.
   - I understand and agree
   - I do not agree (exit survey)

BASIC INFORMATION

3. Please provide the following information:
   - Organization Name:
   - State
   - Health Center Type (330e/330g/330h/330i):
   - Website:
   - Best contact for this practice:
   - Contact’s title:
   - Contact’s email:
   - Contact’s phone number:
ABOUT THE PRACTICE

4. Please describe your outreach practice and its use of technology. Please include your target population and what materials or resources are needed for the practice (i.e. tablet, computer, software, etc.).

5. Please describe how your outreach program began to use technology to support your outreach efforts, including 1) how you identified the need for technology and 2) how did you get started.

6. What specific needs does technology help your outreach program address?

7. Please describe who is involved in the practice, including how many staff participate in carrying out the practice or using technology, the roles/titles of the staff that do this work and why they were chosen to carry out your practice, and what type of training is required.

8. What would you recommend to others interested in implementing similar technology or a similar practice at their health center? This may include your lessons learned or anything you want others to know about this practice.

EVALUATION AND FUNDING

9. Do you currently have a formal evaluation process for the practice? If yes, please describe your process. If no, how do you assess the impact of your practice, including changes in health outcomes of your patients?

10. Please describe how you fund the use of technology for outreach. Does your organization receive grants to use this technology or is it included in the overall organizational budget?
APPENDIX C: ASSESSMENT SURVEY

INTRODUCTION

In Health Outreach Partners’ (HOP) role as a national provider of training and technical assistance, we have experienced a growing number of inquiries for information about using health information technology (HIT) or communication information technology (CIT) to support the work of outreach/community health workers. HOP is conducting this assessment in an effort to understand how health centers are currently using technology to support the goals of community outreach: patient engagement, community relationship building, and access to care.

This survey should take no longer than 10-15 minutes to complete. All respondents will be entered in a raffle to receive a $25 Amazon.com gift card.

QUESTIONS

1. Which best describes your role/title?
   - Outreach/Community Health Worker
   - Outreach Program Manager/Director
   - Clinical Staff
   - Operations Staff
   - Administrative Staff
   - Other

2. Beyond standard Electronic Health Record (EHR) and patient portal practices, how are you currently using technology to support patient engagement or access to care outside of the clinical setting? (select all that apply)
   - Integration of outreach or enabling services within EHR
   - Utilization of mobile devices (ie. tablets, smart phone)
   - Social media (beyond basic health promotion)
   - Text message or other direct message communication
   - Appointment reminder automation
   - Data collection for outreach services
   - Transportation coordination
   - Email communication
   - Other
   - None/I don’t know

3. If applicable, please briefly describe how you use technology to support patient engagement or access to care outside of the clinical setting, according to each area indicated in the above question.

4. In your experience, how effectively is your organization using technology to support outreach services and access to care?
   - Not effectively
   - Somewhat effectively
   - Effectively
   - Very effectively
5. In your opinion, to what extent does health center leadership staff support technological solutions for outreach and patient engagement?
   - Not at all supportive
   - Somewhat supportive
   - Supportive
   - Very supportive

6. Does your health center intend to incorporate new technology within your outreach or patient engagement practices in the next 1-3 years?
   - Yes. Please describe:
   - No

7. What is your vision for how technology could be utilized most effectively to advance outreach or patient engagement at your organization and beyond?

8. What else would you like for us to know about regarding using technology to advance outreach or patient engagement within your health center?

9. Would you be willing to be featured in our Innovative Outreach Practices resource regarding your use of technology to support outreach or patient engagement?
   - Yes
   - No

10. May we contact you to follow up on your responses?
    - Yes
    - No

11. Please provide your contact information: (Please complete this if you have consented to follow-up or would like to be entered for the raffle drawing for a $25 gift card.)
    - Name:
    - Title:
    - Organization:
    - Email:
    - Phone number: