“PROJECT 11”: IMPLEMENTATION OF PATIENT ACTIVATION ACTIVITIES TO ENGAGE, EDUCATE, AND INTEGRATE THE UNINSURED, NON UTILIZING AND LOW UTILIZING MEDICAID POPULATIONS INTO COMMUNITY-BASED CARE

Implementation Guidelines
Version 1.1

Patient Activation Measure® (PAM®) Survey Administration &

Coaching for Activation

NYC Health + Hospitals | OneCITY Health
Project 11 Implementation Guidelines:
Patient Activation Measure® (PAM®) Survey Administration
&
Coaching for Activation

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PROJECT 11 OVERVIEW

As part of the movement towards patient-centered care, OneCity Health will engage and educate individuals so that they are better positioned to manage their own health. The goal of “Project 11”—one of eleven projects that will be implemented by the OneCity Health PPS—is to increase client activation related to healthcare by pairing outreach efforts with resources to engage and help individuals gain access to and utilize their health benefits, particularly primary care and preventive services.

Through proactive outreach and engagement at point-of-care, partner organizations in Project 11 will engage individuals through the following interventions:

- Measuring and documenting client engagement through the Patient Activation Measure 10 (PAM® 10), a ten-item survey that helps identify the knowledge, skills, and confidence level of an individual towards their health and healthcare
- Coaching individuals to increase engagement (“activation”) in their healthcare including connection to insurance coverage as well as primary care and preventive services

The following implementation guidelines detail how partner organizations will administer the PAM® 10 survey and coach individuals to activation in order to reduce rates of inappropriate hospitalizations and ED visits, and improve health outcomes of communities currently disconnected from the healthcare system.

Target Population for Project 11

The efforts of Project 11 focus on three distinct populations—uninsured individuals and Medicaid beneficiaries who may benefit from additional primary care and preventive services (Medicaid “non-utilizers” and “low-utilizers”). Please note that New York State Department of Health’s definitions of these populations are different than the definitions that Managed Care Organizations (MCO) use.

Uninsured (UI): An individual who is not enrolled in Medicaid, does not have commercial insurance, or any other comprehensive insurance coverage at the time the PAM® survey is administered.

Non-utilizer (NU): A Medicaid member with continuous enrollment for the previous 12 months without a gap in enrollment greater than three months, who has no claims for qualifying services. These services include primary care, specialist care, care received in an emergency department, or an inpatient hospital admission.
**Low-utilizer (LU):** A non-Health Home participant enrolled in Medicaid for the previous 12 months with no more than a three month gap in continuous enrollment and:

- Has two or more chronic conditions and has received no Primary Care Physician (PCP) visits in the previous 24 months,
- Has received services from his/her PCP two or fewer times in the previous 12 months,
- Has received three of fewer qualifying medical services in the previous 12 months, including primary care, specialist care, emergency room care or an inpatient hospital admission, or
- Has only received emergency room, inpatient hospital services, eye care, and/or dental services in the previous 12 months

To identify the uninsured for Project 11, OneCity Health initially focused on those with chronic illness, immigrants, and the undocumented.

The OneCity Health team has identified “hot spots” — New York City neighborhoods with relatively high count of uninsured, non-utilizers and low-utilizers. The following zip codes highlight the primary “hot spots”:

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In addition to the hot spots identified by OneCity Health, we are reliant on the expertise of community partners and will seek their local knowledge to identify additional areas where individuals would benefit from Project 11 efforts (e.g. places of worship for various immigrant groups).
PROJECT ACTIVITIES

Step #1: COMMUNITY OUTREACH & ENGAGEMENT

OneCity Health will contract with community-based organizations (CBOs) and primary care practitioners (PCPs) to undertake focused activities to locate and/or identify LU/NU/UI individuals. Once located or identified, CBOs will assess a client for PAM® screening, facilitate linkages to primary care providers and provide education on healthcare benefits.

**Patient Activation Measure 10-question (PAM® 10) Survey and Score Interpretation**

Individuals vary greatly in their activation or ability to manage their health and healthcare. Activated individuals use their knowledge, skills, and confidence to engage in the promotion of their own self-care through shared decision-making with their healthcare providers. To measure and document client activation, NYS Department of Health has mandated OneCity Health to utilize the Insignia Health Patient Activation Measure 10 survey (PAM® 10), a 10-question evidence-based tool.

An individual’s activation is measured through the completion of the PAM® 10 survey (See Resource Guide Section A). The activation score is based on a 0-100 point scale determined by an individual’s response to ten statements regarding their self-management of care.

The activation score segments individuals into one of four activation levels, predicting healthcare outcomes including medication adherence, ER use and hospitalization. Each level provides insight into an array of health-related attitudes and the performance of a wide range of behaviors. The level is an indicator of an individual’s style of interacting with the healthcare system. **By no means is a Level 4 better than a Level 1.** The levels seek to explain different individual’s health-seeking behaviors based on their level of motivation to engage in the healthcare system. Knowing an individual’s level of activation provides insight into a client’s self-management competencies, making tailored support possible to meet individuals where they are.

The graphic below illustrates, by activation level, individual behaviors and appropriate self-management needs.

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Patient Activation Characteristics by Level

Coaching for Connection to Insurance and Primary Care

A coach (terminology used within the Flourish system by Insignia Health) is an individual trained to administer the PAM® survey regardless of the person’s job title or educational level. Training can be provided by Insignia Health, OneCity Health, or an approved OneCity Health partner utilizing a Train the Trainer model.

1. Coaching for Connection to Insurance and Primary Care
   a. The individuals that may be best suited for this role will be those who are able to complete health insurance applications or refer to individuals who do health insurance enrollment (e.g. In-Person Navigator)

2. Coaching for Disease Improvement
   a. The individuals best suited for this role will be those who are able to help individuals design health goals and follow up on individuals’ progress (e.g. Care Coordinator)

PAM® 10 levels will be used to help the coach identify and provide the appropriate type and frequency of support to an individual. The activation level provides the coach with necessary information to tailor support and begin to build an individual’s self-management capacity. It provides the coach with information about an individual’s style of managing his/her healthcare.
Workflow for PAM® Administration & Coaching for Connection to Insurance and Primary Care

As the schematic below depicts, coaches will be required to engage in the following activities:

i. Identify appropriate candidates for PAM® 10 survey administration and coaching utilizing the pre-screening questions to assess an individual’s eligibility for the PAM® 10 survey

ii. Administer the PAM® 10 survey

iii. Input survey data into Flourish (a data system that is exclusively licensed by Insignia Health to store and report on PAM® 10 survey administration and coaching information)

iv. Provide resources to link individuals to health insurance

v. Provide resources to link individuals to care by first utilizing the individual’s existing health benefits
Workflow for PAM® 10 Survey Administration & Coaching for Activation

Client presents at community partner.

- Client not present?
  - No
  - Do you have health insurance?
    - No
      - Community partner administers PAM & inputs survey materials into Flourish data system
      - Community partner uses client’s PAM activation level to tailor a specific conversation about healthcare insurance
    - Yes
      - Do you have Medicaid?
        - No
          - Ineligible for PAM administration
          - Community partner administers PAM & inputs survey materials into Flourish data system
          - Community partner uses client’s PAM activation level to tailor a specific conversation about primary care
        - Yes
          - Do you have a PCP?
            - No
              - Ineligible for PAM administration
            - Yes
              - In the last 12 months, how many times did you visit a PCP?
                - <3
                  - Community partner administers PAM & inputs survey materials into Flourish data system
                  - Community partner uses client’s PAM activation level to tailor a specific conversation about primary care
                - 3+
                  - Ineligible for PAM administration
Step #2: ADMINISTERING THE PAM® 10 SURVEY

Once individuals are identified as eligible candidates for the PAM® 10 survey through pre-screening questions (that are outlined above), coaches will administer the PAM® 10 survey using a few ‘best practices’ (from training and are listed below) for an accurate, measure of an individual’s self-management capacity.

a. Introduce the PAM® 10 Survey to the Individual

Before administering the PAM® 10 survey, explain the intent of the survey to the individual:

i. The PAM® 10 survey is used to identify appropriate areas for improving health management and to assist the coach in working with the individual to achieve his/her desired health goals. The statements on the survey help the coach understand how best to work with the individual.

ii. Assure the individual that the intent of the survey is to help and not to judge him/her. The results of the survey will be utilized as guideline for the coaching process. The survey results will not:
   a. Affect his/her relationship with their doctor or employer;
   b. Be shared with his/her family members;
   c. Be shared with any other agency including law enforcement or immigration;
   d. Affect his/her ability to receive services;
   e. Affect his/her health benefits (if he/she is a low/non-utilizing Medicaid beneficiaries).

iii. Total honesty is important for each response. Ask the individual to respond with what is true for him/her today. If honest responses are not provided, it limits the coach’s ability to guide the individual to successfully achieve his/her health goals.

iv. Do not tell the individual he/she is taking an “assessment” or “the PAM®”. Frame the introduction such that it is viewed as a survey that will help in the coaching/care process.

v. Assure the individual that the survey is completely confidential and will be used as a tool in the coaching relationship.

vi. Advise the individual that the survey is very short, typically taking only 3 - 5 minutes to complete.
b. Assess Individual’s Survey Preferences

Once the individual understands the positive intentions of the tool, assess the individual’s survey preferences. PAM® 10 survey can either be self-administered by the individual or administered to the individual by a coach or other team member. To ensure that the individual is comfortable with the survey tool, please ask the following questions:

i. Would you prefer to complete this survey in English or in another language?
ii. Would you prefer if I read the survey along with you or would you prefer to read it on your own?

Each coach trained by OneCity Health will receive an email with the PAM® 10 survey in English, Spanish, Albanian, Arabic, Bengali, Chinese, French, Haitian Creole, Hindi, Korean, Polish, Russian, and Urdu. Other languages are available upon request to Insignia Health. Contact OneCity Health for additional language support or to assist in providing your organization with the PAM® 10 survey in other languages.

c. Assign User Identifier

Complete the individual’s demographic information at the bottom of the survey. This will serve as their unique identifier. For LU/NU Medicaid beneficiaries, the user identifier will be their Medicaid ID number. For UI individuals, the user identifier will be their PAM® 10 ID. A PAM® 10 ID can be created utilizing the following information/format: YYYYMMDDFFLZZZ which represents: year of birth, month of birth, date of birth, first two letters of first name, first letter of last name, last three numbers of zip code. If the individual is homeless, use “SHH” instead of the zip code. For example:

i. Jane Doe who was born on 1/23/1994 and lives in 12335 will have the user identifier 19940123JAD335
ii. Jane Doe who was born on 1/23/1994 and is homeless will have the user identifier 19940123JADS"
d. Administer PAM® 10 Survey to the Individual

The coach must administer the PAM® 10 survey in-person for the first administration of the PAM. For clinical partners re-administration of the PAM® 10 survey may be done by phone provided there is not an opportunity to engage the individual in the clinical setting. All attempts should be made to administer the PAM® 10 survey in person. When administering the survey to an individual:

i. Read the statements and responses in the order they appear on the survey.

ii. Do not add, remove, or interpret words.

iii. Record the response to each statement at the time the survey is administered. Once complete, do not go back and change a response. All responses must be inputted into Insignia Health’s Flourish system within 48hrs of survey completion. More information about Flourish is in the Data Entry & Reporting section of this document.

There are several considerations for administering the survey to an individual that you should keep in mind:

i. Administer PAM® 10 survey as early in the coaching process as possible (preferably during the initial consultation; and not after conducting other assessments first). This will provide a basis for starting productive discussions with the individual.

ii. Encourage total honesty in individual responses to PAM® 10 survey statements. The coach should explain the importance of honesty in the individual’s responses, creating an environment free of judgment.

iii. If the individual is having trouble understanding the meaning of the statement(s), encourage him/her to answer to the best of his/her ability according to how he/she understands the statement. In the event an individual does not understand a statement, reread it exactly as it appears. If, after re-reading the statement a second time, the individual continues to struggle with its meaning, the coach may rephrase or interpret the statement(s) according to the PAM® Primer (See Resource Guide Section B). Do not interpret or rephrase other PAM® 10 survey statements based on this one – instead be sure to read each statement at least twice exactly as it is written, before making any further changes to assist the individual.

iv. If an individual answers “Yes” instead of “Agree” or “Agree Strongly”, follow up with a question asking him/her to clarify the response. Follow the same approach if the individual responds with “No” or any other response not designated in the given response categories.

v. If an individual does not know the answer, does not believe it applies, or refuses to respond, mark “NA” as the response for that statement.

vi. Ideally, someone who does not have a personal or ongoing relationship with the individual should administer the PAM® 10 survey. Unknowingly, the individual may adjust responses to the statements to please his/her coach or caregiver, potentially leading to inaccurate results.
vii. Use neutral body language. Avoid any body language that may inhibit an individual from responding honestly to statements (e.g., nodding your head to indicate whether an individual should agree or disagree with a statement).

e. Sample Interaction for PAM® 10 Survey Administration

Coach: I want to help connect you to services that will meet your healthcare needs. In order for me to provide you will the best assistance possible, I want to make sure that I understand how you currently use health care. Do you have health insurance?
Individual: No.
Coach: Ok, no problem. I will read a set of statements that people sometimes make when they talk about their health. Please respond to each statement as honestly as you can. Respond to the statements with the answer that is best for you as of today. By doing so, I can get a better idea of how we can best work together to help you set and meet your health goals. There are no right or wrong answers and your responses are completely confidential.
Individual: Ok.
Coach: Would you prefer to complete the survey in English or in another language?
Individual: English
Coach: Would you prefer if I read the statements along with you or would you prefer to read them on your own?
Individual: You can read it along with me.
(Coach hands individual a copy of the survey.)
(Coach reads each statement on the survey along with all of the possible responses in the order in which it was written and records the individual’s responses in the Flourish system.)
Coach: Thanks, you did great!
(Utilizing the advice tailored to each activation level, the coach helps to connect the individual to existing insurance or resources to receive insurance.)

Step #3: COACHING FOR CONNECTION TO INSURANCE AND PRIMARY CARE

Project 11 also focuses on establishing (re)connectivity to health resources. The coach will utilize an individual’s PAM® 10 level to tailor conversations about developing appropriate health goals and action steps for an individuals to (re)engage with the healthcare system. Activation consists of an individual’s engagement in his/her healthcare through shared decision-making between the individual and the healthcare provider.

For Project 11’s target population, UI/LU/NU individuals, coaching will more specifically be the communication between coach and an individual about connecting to insurance and primary care.
i. For LU/NU Medicaid beneficiaries, coaches will first encourage individuals to utilize existing health insurance benefits by (re)connecting with his/her designated PCP or another PCP who participates in their health plan.

ii. For UI individuals, coaches will facilitate linkage to health insurance and health services utilizing the Linkage to Care listed in the Resource Guide.

**Tailor Coaching by Level**

The true power of the PAM® 10 survey lies in meeting individuals where they are and using their survey responses to provide appropriate education and support in setting and achieving health goals. A key goal of the coaching process is to build individual confidence about self-management of health by understanding an individual’s health-seeking behaviors and interacting with him/her in specific ways to achieve positive health outcomes. Individuals at lower levels of activation will require more time and guidance to engage in healthcare whereas individuals at higher levels may just need access to the appropriate resources to support their health goals. Understanding, empathy, and insight about where to start the coaching process are gained from the initial conversation, from the activation score, and from PAM® 10 discussion.

**Activation Level 1**

Individuals at an activation Level 1 tend to give responsibility for their health to others, feel helpless to self-manage or change aspects of their health condition(s) and do not believe they can make a positive difference in their health. These individuals easily become overwhelmed with seemingly rudimentary tasks. They often have low levels of motivation, confidence and health management skills. In order to assist the individual, the coach must be acutely tuned in to an individual’s limitations, work within the individuals’ bounds, and negotiate to support and achieve very small successes.

At level 1, the task of the coach is to work with an individual to help him/her:

a. Navigate through the health insurance application process or connect with someone who can facilitate linkage to health insurance. Complete the application together. Set up the appointment with a PCP if the individual has one. Follow up with the individual to ensure PCP visit took place and provide positive feedback to build confidence.

b. Understand their role in their health and in the healthcare process. The coach can help the individuals understand what they’re accountable for and where other healthcare providers can be of help. The focus here is for individuals to understand their vital role in managing their health—that they are partners in managing their health.

c. Whittle away at their sense of being overwhelmed by what they already know they should be doing. The coaching/intervention focus should be on what the individual can realistically take on today to connect to health insurance and/or healthcare.
d. Connect their health concerns to the here-and-now, not improvements in health or increased longevity 20 or 30 years into the future. Focusing on feeling better today reduces feelings of being overwhelmed.

**Activation Level 2**

Individuals at Level 2 may not make connections between their overall health and their behaviors. They may lack sufficient knowledge about their condition and treatments. Confidence is often low.

At Level 2, the task of the coach is to work with the individual to:

a. Make sure the knowledge dots are connected about their health and connecting to insurance. Do they understand when they engage in a positive lifestyle activity (getting insurance, visiting their PCP, moving more, eating healthier, not smoking), there is a positive result on their health?

b. Explain the importance of health insurance as it relates to achieving health goals. Provide support to complete appropriate applications or set appointments for PCP visits with the individual. Follow up with the individual to ensure PCP visit took place and provide positive feedback to build confidence.

c. Start making small changes – it is OK to focus on one small step at a time. Make sure to provide all the tools necessary for the individual to accomplish their task (connect to insurance, schedule appointment with PCP).

d. Connect their health and choices to immediate problems, not long-term goals. Don’t overwhelm them with thinking they need to fix everything at once.

**Activation Level 3**

By Level 3, individuals are adopting some new behaviors, have some condition-specific knowledge and skills, and exhibit ownership of their condition through appropriate self-management behaviors.

The work of the coach with the individual in Level 3 is to support greater consistency and further refinement in desired behaviors, applaud successes, help the individual link health care knowledge to their own outcome indicators, and help to grow the individual’s knowledge and skills. At Level 3, individuals are striving to accomplish best-practice and evidence-based care. This includes further development of health improvement skills. Work with an individual in Level 3 to set bigger goals for the individual to accomplish to work toward best-practice self-care (e.g., visiting PCP 1-2 times annually; eating 5 fruits and vegetables each day).

**Activation Level 4**
Level 4 individuals require the coach to work on relapse prevention and handling new or complex situations as they arise. Most Level 4 individuals are already connected to health insurance, but may need support making PCP visits in times of stress and challenge. Focus on getting the individual back-on-track when weather, illness, stress, holidays, etc., derail them. Individuals are asked to set goals and take action steps, identify specific barriers, plan how to overcome them, and work with personal challenges that may derail success. Problem-solving skill development and refinement is particularly important at this level.

Action Steps for Coaching by Activation Level

* Indicates the primary goal for coaching if time is limited.

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<tr>
<th>Level 1: Develop Basic Knowledge, Self-Awareness, &amp; Confidence</th>
<th>UI Individuals</th>
<th>For LU/NU Medicaid Beneficiaries</th>
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<tr>
<td>• Actively assist individual with completing health insurance applications.*</td>
<td>• Actively assist individual with connecting to assigned PCP and scheduling an appointment.*</td>
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<tr>
<td>• Discuss information they know about health insurance and eligibility requirements.</td>
<td>• Discuss knowledge about the importance of primary care and prevention.</td>
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<td>• Discuss the individual’s level of comfort asking for health insurance paperwork.</td>
<td>• Discuss individual’s level of comfort about going to a clinic for the first time/communicating with assigned PCP.</td>
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<th>Level 2: Increase Knowledge, Initial Skill Development</th>
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<tr>
<td>• Actively assist individual with completing health insurance applications.*</td>
<td>• Actively assist individual with connecting to assigned PCP and scheduling an appointment.*</td>
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<tr>
<td>• Explain why health insurance is important.</td>
<td>• Explain why check-ups are important.</td>
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<th>Level 3: Initiate New Behaviors</th>
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<th>For LU/NU Medicaid Beneficiaries</th>
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<tr>
<td>• Set realistic target date and discuss action plan for health insurance enrollment.*</td>
<td>• Set realistic target date and discuss action plan for visit with assigned PCP.*</td>
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<tr>
<td>• Provide contact information for health insurance enrollment facilitator.</td>
<td>• Provide contact information for assigned PCP.</td>
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**Level 4: Maintaining Behaviors and Techniques to Prevent Relapse**

- Set realistic target date and discuss action plan for health insurance enrollment.*
- Provide contact information for health insurance enrollment facilitator.
- Discuss strategies to maintain consistent connection to care.

- Set realistic target date and discuss action plan for visit with assigned PCP.*
- Provide contact information for assigned PCP.
- Discuss strategies to maintain consistent connection to assigned PCP.

**Additional Customer Service Resources**

In addition to resources to support an individual’s linkage to care, coaches will provide Medicaid members with government agency complaint contact information. For individuals enrolled in a NYS certified Managed Care Organization and who are dissatisfied with their quality of care or have any other concerns, he/she can contact 1-800-206-8125 or write to NYS Department of Health, Bureau of Managed Care Certification and Surveillance, Complaint Unit Room, 2019, Corning Tower ESP, Albany, NY 12237 or to: managedcarecomplaint@health.state.ny.us. Individuals enrolled in Medicaid managed care in NYS with eligibility questions and enrollment issues can also contact NY Health Options at 1-855-693-6765.

Organizations may also connect individual clients/patients to Community Service Society of New York (CSSNY) for additional insurance navigation and advocacy. CSSNY’s Community Health Advocates program offers individual assistance and education to community members who need support navigating health care options. These advocates can help community members apply for Medicaid as well as advocate for their health care rights. These services are provided in a linguistically and culturally competent manner. To contact CSSNY call 212-254-8900 or email info@cssny.org
Step #4: SCREENING INDIVIDUALS FOR CARE MANAGEMENT

The Health Home At-Risk (HHAR) screening tool is currently under development and has been designed as a pre-screening tool for the HHAR project.

HHAR is a DSRIP project that is designed to give individuals similar access to care management without having to meet the strict requirements of the Health Home program. Criteria for referral to the HHAR may include poor control of chronic disease despite medical intervention; social problems that impede patient’s ability to self-manage; behavioral health conditions that require community-based support; and/or loss to follow-up. Uninsured patients will be eligible for the HHAR program.

Once the HHAR screening tool has been finalized OneCity Health will disseminate it and train community partners on using this tool. All individuals who have the PAM® 10 surveys administered should also have the HHAR screening tool administered to assess their care management needs. The tool addresses a number of social determinants of health including housing, food security and recent incarceration.

Step #5: DATA ENTRY & REPORTING

In order to track progress and distribute payments for performance, all partner organizations will be required to document, track, and report all Project 11 activities, including PAM® 10 surveys administered and individuals coached. All partner organizations must maintain an internal record of all Project 11 activities that would be subject to ongoing auditing by New York City Health + Hospitals, OneCity Health Services and applicable federal and state agencies. This internal record consists of documentation of implementation of patient activation activities including, survey administration (e.g., all paper versions of PAM® 10 surveys) and linkage to health insurance and health benefits/services including primary care and preventive services. Records must be maintained for atleast 7 years in accordance with applicable state and federal laws, and policies and procedures.

Flourish 2.0

All PAM® 10 surveys must be entered into the Flourish system within 48 hours of administration. Flourish is Insignia Health’s data system that coaches are mandated to utilize to record each individual’s demographic information and PAM® 10 survey responses. It also facilitates calculation and tracking of each individual’s PAM® 10 survey score/level over time.
Before administering the PAM® 10 survey to any individual, your organization must be registered in the Flourish data system. To complete registration, OneCity Health will create a Group Admin(istrator) account for one staff member at your agency—this will trigger a “Welcome” email to that staff member with a link to complete registration. The Group Admin(istrator) will be responsible for setting up accounts for each staff member who will enter data into Flourish. For more information about Flourish, see the Appendix for Flourish Survey Administration Quick Guide for Coach and Flourish 2.0 Admin Tool-Coach Manual.

Reporting Template & Supporting Documentation

To track Project 11 patient activation activities, coaches will be required to submit the Project 11 Patient Activation Measure® Monthly Activity Report template along with supporting documentation (See Resource Guide Section D). The Project 11 Patient Activation Measure® Monthly Activity Report template consists of:

i. Number of PAM® 10 surveys administered
ii. Number of individuals linked to insurance
iii. Number of individuals linked to primary care
iv. Number of staff trained to administer the PAM® 10 survey

Linkage to insurance and primary care includes making a referral (via phone, or in person) to a service provider that the community partner who can provide services to the individual. Community partner will be responsible for confirmation of services and follow up once the next phase of Project 11 begins on July 1, 2017. To determine the number of PAM® 10 surveys administered, each organization’s Flourish Group Admin(istrator) must generate a report from Flourish, using the following instructions.

Instructions for Generating Monthly Reports of PAM® 10 Survey Administration from Flourish

i. Log into the Flourish data system on the 5th business day of the month after the month you wish to report on e.g., If reporting on the month of November, log in on December 7th which was the 5th business day in the month of December);
ii. On the left side of the screen click “Reports”;
iii. Click “PAM® Individual Data”; iv. Click “Create Report”; v. Click “Start” and select the first day of the month and click “End” and select the last day of the month;
vi. Make sure that the appropriate “Group” and “Subgroup” are checked off for your facility or organization;
vii. Make sure that the “Survey Type” is “PAM® 10”; viii. Click the green “Generate Report” Tab;
ix. Click “Download CSV” and an Excel Spreadsheet will be created;
x. The number of PAM® 10 surveys will be displayed in this spreadsheet;
xi. Insert number of PAM® 10 surveys in Project 11 Patient Activation Measure® Monthly Activity Report template.

In addition to submitting the reporting template, each organization must submit the following documentation:

i. Sign-in Sheet listing staff trained to administer the PAM® 10 survey (template will be provided)

OneCity Health Reporting templates along with the appropriate supporting documentation is due on the 5th business day of the month following the month you wish to report on (e.g., If reporting on the month of November, log in on December 7th). Please note that the time that appears in the Flourish system is in Coordinated Universal Time (UTC) which is five hours ahead of Eastern Standard Time (EST). For example, if the time in Flourish is 9 p.m. UTC then it is 4 p.m. in EST.

**FOLLOW-UP PAM® 10 SURVEY ADMINISTRATION**

PAM® demonstrates that with coaching, or effective support, individuals can increase their level of activation over time. Progress is tracked by continued administration of the PAM® 10 survey. On subsequent administrations, the activation score and level can be used to gain insight into what new issues the individual faces as they make progress as well as where the individual has achieved success. The PAM® 10 survey may only be administered once a year. CBOs will be responsible for maintaining internal records of each individual’s demographic information in order to administer a follow-up PAM® 10 survey to the same individuals the following year. The method of PAM® 10 survey administration should be consistent from the first administration to subsequent administration(s). If the PAM is administered face to face in year one, the PAM must be administered face to face in all subsequent years. It is acceptable to change from administering the survey on paper to administering on a laptop.

Coaches will review and compare PAM® 10 survey results to determine progress the individual has made through the coaching process. Compare both the activation levels (Levels 1-4) and raw numeric score (0-100) to see whether changes have occurred. Note that a change in activation may not occur at each administration but a change in the raw numerical score may occur.

The DOH goal for Project 11 is to have a higher proportion of Level 3 and 4 individuals and the Insignia goal is to have an increased raw numeric score in the later DSRIP years than there are now. OneCity Health’s goal is to support traditionally disengaged individuals and help them
become more engaged in a healthcare system that provides better communication and coordination to support their needs.
PAM® 10 SURVEY ADMINISTRATION AND COACHING FOR ACTIVATION TRAINING

All PAM® coaches must be trained either by Insignia Health, OneCity Health, or a trainer who was trained by Insignia Health or OneCity Health. Trainers are expected to utilize the tools provided to them during their training, to train others in their respective organizations.

Future Project 11 contract schedules will detail opportunities to receive payment for the delivery of PAM® 10 survey administration and coaching to other partner organizations for payment.

Recommendations for strong PAM® Coaches for Disease Improvement

The coach’s key role is to guide the individual to make appropriate health choices, given the individual’s capacity (informed by level of activation as measured by PAM® 10 survey). Key skills for a coach include:

- Active and reflective listening skills (with particular attention paid to listening and seeking out identified barriers to change)
- Spending more time asking rather than telling
- Understanding and focusing on the individual’s agenda
- Promoting the individual’s problem-solving skills
- Collaborating with the individual to improve his/her self-efficacy and capacity
- Helping the individual start to engage in his/her health and healthcare by taking an active role in the process
- Demonstrating a positive belief in the individual’s ability to accomplish level-appropriate goals and action steps
- Focusing the individual on improving his/her stress management and coping skills

Employing most, or all, of these skills in each coaching session will provide individuals the support they need to develop the confidence and skills necessary to increase their level of activation – and thereby take a more active role in their health and healthcare.

Members of the workforce and the community who may have skills and traits to be strong PAM® coaches include: community navigators, social workers, care managers, case managers, community health workers, health coaches, peer educators/tutors, and community advocates.

ONECITY HEALTH CONTACT INFORMATION

Any questions about Project 11 can be directed to DSRIPSupport@nychhc.org.