

FINAL EVALUATION REPORT:

The Portable Electronic Enrollment Program (PEEP)

== Executive Summary ==

**Submitted to Community Partners, Inc., Amherst MA
By Summit Collaborative**

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EXECUTIVE SUMMARY

Introduction

In 2004, with funding from the US Department of Commerce's Technology Opportunities Program and the Jessie B. Cox Charitable Trust (2006), Community Partners launched the Portable Electronic Enrollment Project (PEEP), a three-year pilot program in rural western Massachusetts that provided health care outreach workers with mobile technology tools. The program's primary aims were to reduce the lag time between application for healthcare coverage and receipt of care for low-income residents in western Massachusetts, and to improve efficiency and effectiveness in work patterns at the seven pilot sites through the innovative use of mobile technology tools, including laptop computers, wireless Internet connectivity, the Community Partners web site and online enrollment tools.

Health care outreach workers participated in the three-year program from December, 2004 to December, 2007.

- Fairview Hospital/Advocacy for Access, Great Barrington
- Cooley-Dickinson Hospital/Hampshire HealthConnect, Northampton
- Hilltown Community Health Centers, Huntington and Worthington
- Community Health Center of Franklin County, Turners Falls
- CHP Community Health Center, Great Barrington
- Community Action/Healthy Connections, Orange
- Ecu-Health Care, North Adams

Evaluation Methodology

In December, 2004, Community Partners engaged Summit Collaborative as the outside evaluator to follow the project throughout the three-year pilot period. The evaluation focused on gathering data that would help provide insights related to the program's key challenge: integrating technology into existing systems. The emphasis was therefore placed on measuring change in work flow. The evaluation was designed¹ to collect information to answer these key questions:

- Are the outcomes being met or not? Why?
- How can the PEEP project be improved to better meet outcomes?

This final report presents the data collected from each of seven sites during the entire three-year span of the Portable Electronic Enrollment Project (PEEP Project). Year 3 data is analyzed and compared with data collected during Years 1 and 2 and with data gathered during the baseline period prior to implementation of the Virtual Gateway (the State of Massachusetts' new online screening and enrollment tool) and the use of laptops, Internet and wireless technology provided by the PEEP Project.

¹ See full report for a detailed description of the methodology

KEY FINDINGS

Less Time to Wait for Notification and Coverage

With the introduction and seamless integration of the tools provided by the PEEP project – a laptop, online enrollment capacity, wireless internet and other mobile hardware – the project has helped reduce the waiting time from application submission to receipt of notification from MassHealth. The results have been nothing less than extraordinary: a reduction from 27 days of waiting time during the baseline period to 9 days in Year 3. As a result, successful MassHealth applicants can receive coverage and needed health care much more quickly.

Impact on Outreach Worker Workflow

A key success has been that the goal of embedding mobile technology tools into health outreach workers' work flows has been achieved. Outreach workers report that their institutions now consider these tools and the mobility they provide to be an essential component of their outreach programs

There has also been a dramatic impact on the way outreach workers do their jobs. The tools have helped make their administrative tasks more efficient as well as enabling them to deliver a greater depth of service to clients. The technology tools have facilitated a decrease in the number of steps and the amount of time required to complete those steps by almost half, from a maximum of 54 steps and as long as 16 hours during the baseline period to less than 7 hours and 24 steps to complete during Year 3 Implementation. Fewer steps, less complexity, and less time reduces frustration and increases the sense of a job well done.

The value of this saved time translates to \$200 for an MBR processed outside the office and \$100 for an MBR processed in the office. Based on an estimated total of 5,000 MBRs processed by the seven sites in a given year, the total amount of saved time could translate into \$700,000 or more per year.

The strategic deployment of technology and mobility tools resulted in significant improvements in outreach worker workflow and quality of services to clients. The success of the PEEP project demonstrates that the dedicated efforts of these health care outreach workers – expanded and enhanced by the use of the technology tools – can serve as a vital bridge between health care policy and the people who benefit from it. Outreach workers equipped with the technology tools and access to information are able to connect health care services with the people who need it in the quickest, most efficient, and most comprehensive way.

Observed Changes in Efficiency and Effectiveness

- There's been a transformation in how outreach workers conduct their work in the last three years – from frustrating and inefficient paper-based systems and an extended wait to get health care coverage to a more efficient and effective electronic system that allows **outreach workers to both serve more clients and to provide them with a greater depth of services**. Outreach workers have been able to spend less time faxing and copying paper work and are putting that time into the delivery of new programs.

- **The tools have liberated outreach workers from their desktops and permitted them to work anywhere** and any time to help more people find healthcare and coverage. Whether they are setting up their laptop on a client's kitchen table or sitting by the patient's hospital bedside, they have clearly been able to make the task of obtaining healthcare coverage and other needed services more convenient to the client.
- Over the past three years, outreach workers made the shift from manual systems to online applications. Some initially felt the online process was slower, and in some cases their clients mistrusted the process. But by the final year of the project, outreach workers said **they can't get their work done without having access to the Internet and their laptops**. Outreach workers shared many stories about how they integrated the use of the web – whether it be getting a program update on Community Partners' web site or Googling the doctor's office number – into their work. PEEP project participants have become innovative mobile outreach workers and as a result have identified many best practices for using these tools.
- The program's impact has extended farther than outreach worker's offices and created noticeable changes within the host organizations. While it is difficult to prove direct cause and effect, outreach workers pointed to dozens of examples of how the **PEEP tools and information have improved internal collaboration and communication**. A huge side benefit is that reimbursable income has been brought into the organization in a more timely manner, something that has not gone unnoticed by some senior managers. In addition, employee time and other resources have been saved because the time spent on resolving patient billing issues has been reduced or prevented.
- Host organizations' communities have felt PEEP's impact as well. Outreach workers' **institutions** – whether hospitals or community health centers – **have enhanced their reputations** as the “go-to” places in the community. There's been an increase in word-of-mouth referrals.
- Creative **PEEP outreach workers with laptops have opened up places in the community that used to be inaccessible to traditional outreach efforts**. Whether at a school, workplace, community center, day labor office, or beauty parlor in the neighborhood, the technology and use of online information has brought the possibility of a quick and accurate connection to appropriate health resources to people who otherwise might not be served.
- The Community Partners Web site and email newsletters have become a valuable and important resource in the outreach worker's mobile toolkit. The content provided by Community Partners helps outreach workers stay up to date with program changes while in the field. Most outreach workers reference the site many times a day every day, so often they keep a link on their browser tool bar.

- It has become clear by the end of the project that the effective use of the technology tools and information have become an embedded part of both the individual's practice and their organization's program delivery goals.
- A few challenges to productivity have surfaced during the course of the project – a mixed electronic-plus-paper MassHealth application; new federal documentation requirements; occasional lapses in Internet connection or difficulty finding a wireless signal – but outreach workers have not found them insurmountable. Some of their creative work-around solutions and tips are part of the full evaluation report.

The two major impacts of the PEEP project have been to demonstrate that dedicated outreach workers using PEEP technology tools can substantially improve the process of connecting health care programs with the people who need them most, and that workflow changes introduced by the use of the tools make internal process simpler and more effective, saving time, money, and frustration in the process.