MANAGEMENT AND BUDGET
MANAGEMENT ANALYSIS AND DEVELOPMENT

Health Care Homes Program & Process Assessment

Minnesota Department of Health—Health Policy Division
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I. Introduction and background

The Minnesota Department of Health (MDH)'s Health Policy Division administers the state's Health Care Homes (HCH) program, an initiative that emerged from Minnesota's nation-leading 2008 health reform law. Since its establishment, the program has had much success certifying and recertifying numerous clinics across the state. Now the Health Policy Division's HCH program leadership seeks to better understand how the program could be improved. MDH contracted with Management Analysis and Development (MAD) for an assessment of the HCH program and processes. MAD and MDH designed the assessment based on the following research questions.

Research questions

A. What are the main reasons why certified Health Care Homes (CHCH) decide to pursue (re)certification? What are the main barriers to (re)certification, according to CHCH?
B. How can MDH improve the experience of its customers (i.e., CHCH)?
C. How can MDH better attract noncertified, eligible providers to pursue and complete HCH certification? What are the main barriers to certification, according to these providers?

HCH program overview

MDH's HCH website explains that a health care home, also called a medical home, is an approach to primary care in which primary care providers, families, and patients work in partnership to improve health outcomes and quality of life for individuals with chronic health conditions and disabilities. The HCH program includes certification and recertification for providers based on a set of HCH standards. HCH certification is a process for clinics that encompasses determining eligibility, reviewing guides and tools, requesting access to the HCH web portal, submitting a letter of intent, submitting an application, meeting HCH standards and criteria through the assessment, successfully completing a site visit, becoming certified, and an optional step (if needed) of addressing variances and appeals.

HCH certification lasts three years, after which clinics can apply for recertification. Recertification includes different requirements, depending on whether the clinic is completing its initial or subsequent recertification(s).

The MDH HCH website outlines the HCH program and certification/recertification processes and provides tools to support clinics along each step. Further, MDH offers learning, education, and collaboration opportunities to clinics, such as the Learning Days conference, Learning Communities, and webinars and e-learning courses offered through the online Learning Center. There are also several MDH staff in the roles of nurse planner and web portal specialist who directly support clinics in the program.

II. Methods

MAD collected data for the assessment between January and March 2019. MAD consultants gathered stakeholder feedback through several methods:

- **Focus groups with current CHCH:** MAD conducted one in-person and two remote focus groups with staff from current CHCH. Twenty-one individuals participated in the focus groups. Comments from these sessions are shown as quotations in this report and may have been paraphrased for readability.
- **Interviews with noncertified providers:** MAD conducted seven 30-minute interviews with eight representatives of noncertified providers. Interviewees represented organizations from three different categories: never-certified, those that had submitted a letter of intent but did not complete the certification process, and those that were previously CHCH but had dropped the certification.
- **Survey of current CHCH:** MAD surveyed staff from current CHCH, using focus group results to design the survey questions. Individuals from 36 organizations, out of a possible 67 organizations whom MAD had contacted, responded to the electronic survey for a response rate of 54 percent. Of the 36 respondents, 29 are from organizations that have been recertified at least once. Seventy-five percent of survey respondents had *not* participated in the focus group discussions, indicating that common themes that emerge across both the survey and focus group results demonstrate agreement among CHCH, not just a reiteration of focus group participants' perspectives. Comments from open-ended survey questions and "other" responses appear as quotations and may have been paraphrased for readability.

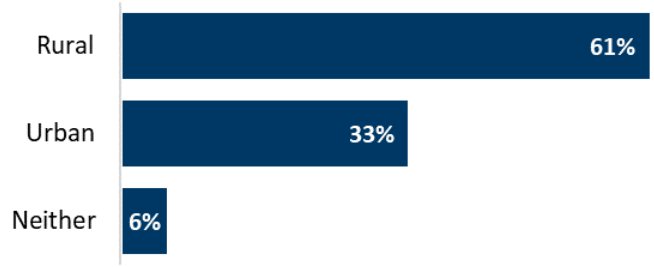
The data collection instruments include the focus group discussion guide, interview questions, and the survey questions. These data collection instruments can be found in Appendix A.

Appendix B contains a list of organizations whose staff participated in data collection for this study. Forty-seven organizations had representatives who participated in at least one of the data collection efforts.

Survey respondent demographics

Survey respondent region (self-identified)

Figure 1: Would you consider the majority of your clinics to be located in an urban area or a rural area?



Survey respondent organization size (from MDH)

Table 1: Clinic size of survey respondents

Number of clinics[1]	Count	% of total survey respondents
More than 6 clinics ("large")	10	28%
Between 3 and 6 clinics	9	25%
Fewer than 3 clinics ("small")	17	47%
Total respondents	**36**	**100%**

Table 2 below shows that the proportion of responding organizations by size is similar to the overall proportion of CHCH by size.

Table 2: Organization size comparison—survey respondents to all CHCH

Number of clinics	# of organizations responding to survey	% of total survey respondents	# of CHCH	% of CHCH in each clinic size grouping
More than 6 clinics (large)	10	28%	16	24%
Between 3 and 6 clinics	9	25%	18	26%
Fewer than 3 clinics (small)	17	47%	34	50%
Total	**36**	**100%**	**68**	**100%**

MAD cross-tabulated the survey results by clinic size and geography (urban versus rural) for two key questions, but did not find any notable trends in the data based on these demographic attributes. See Appendix C for details.

III. Findings

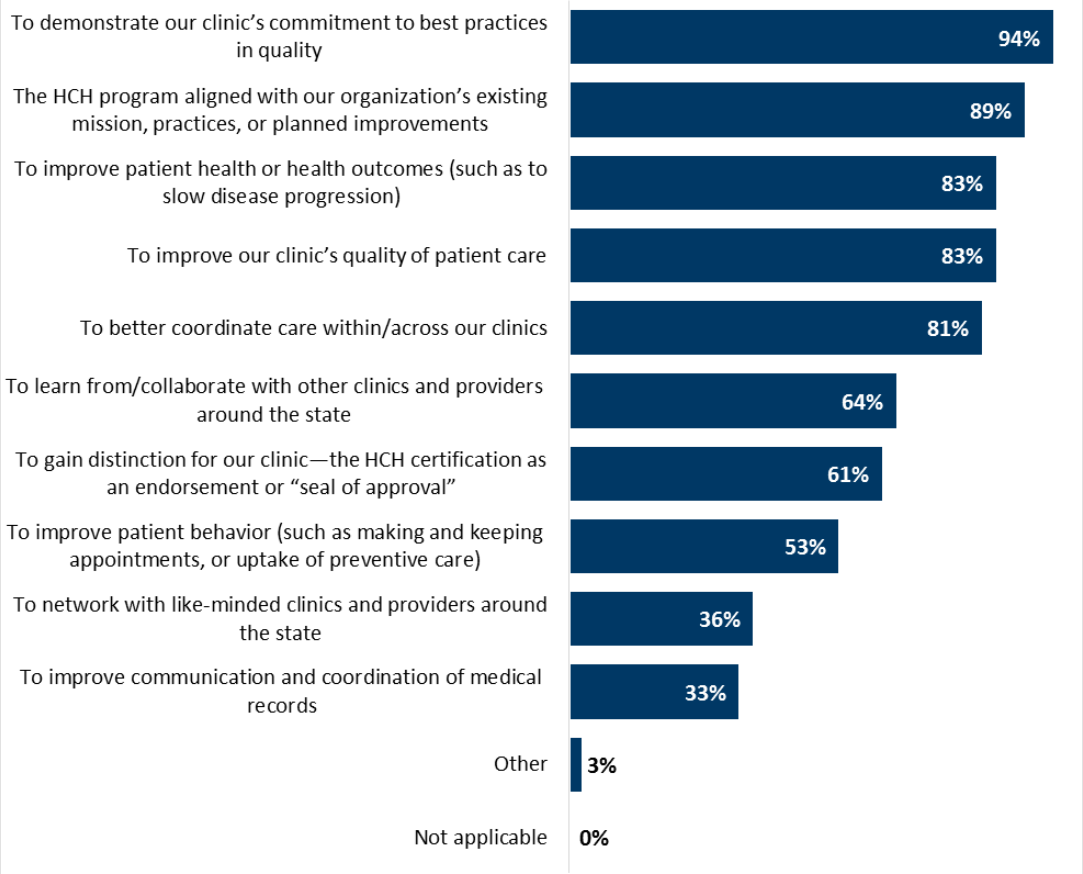
Research Question A

What are the main reasons why CHCH decide to pursue (re)certification?

Both the survey and the focus group guide contained questions about organizations' reasons for pursuing certification. Figure 2 on the next page depicts the frequency with which survey respondents selected various reasons. The survey respondents chose from a pre-populated list and also had the option to provide an "other" response.

[1] While MAD had initially defined "large" CHCH as having 10 or more clinics, there were not sufficient responses (n ≤ 10) at this threshold to disaggregate the data. Therefore, MAD redefined "large" CHCH as having 7 or more clinics.

Figure 2: What are some of the reasons why your organization decided to become HCH certified or recertified?



When the survey results are combined with focus group participants' comments on their reasons for pursuing (re)certification, several themes emerge. The main reasons why clinics pursue certification or recertification are:

- To demonstrate or promote the clinic's commitment to best practices in quality,
- Because the HCH program is aligned with the organization's existing mission, practices, or planned improvements,
- To improve the clinic's quality of patient care or patient health outcomes,
- For better coordination and collaboration within/across clinics, and
- For funding and reimbursement reasons.

The next sections further explore these themes.

To demonstrate or promote the clinic's commitment to best practices in quality

The highest-rated response from the survey was "to demonstrate our clinic's commitment to best practices in quality." Ninety-four percent of survey respondents selected this response. Sixty-one percent of respondents also selected "to gain distinction for our clinic—the HCH certification as an endorsement or seal of approval."

Focus group participants echoed this. Some focus group participants felt that the HCH program is valuable because it supports a commitment that their organization has made to best practices in quality. Other participants focused more on the significance of promoting or demonstrating their organization's involvement in a quality program. One participant recalled, "Our leadership wanted us to show patients that we were meeting [quality] standards—that was important." Another participant stated, "There is fun, friendly competition for clients in our area, and we wanted to distinguish our clinic from other providers." A third said, "We wanted to set ourselves apart in the community and also achieve a greater level of quality."

HCH program is aligned with organization mission, practices, and planned improvements

The second-highest-rated response to the survey question about why CHCH decide to pursue (re)certification was, "the HCH program is aligned with our organization mission, practices, and planned improvements." Eighty-nine percent of survey respondents selected this option.

Several clinics have used the HCH program to formalize or legitimize their existing or planned improvements around coordination-of-care models, or as a philosophical or strategic foundation for their practice. The following comments illustrate this theme:

- "Our client outpatient setting wanted to transition and become more holistic…The HCH program gave us the care team approach and enabled us to move in this direction. It is a nice platform. We had a grant to help with startup—it was a jump start, resulting in changing the way in which we deliver care."
- "The HCH program supported the vision of [our] vice president. It was aligned with a larger conversation around care delivery models in our organization and a planned move to a team-based model of care."
- "The HCH program provided us with the cohesiveness and collaboration to get the 'internal care team' model built. It has helped us to get our providers more involved in the care team and in the care coordination services being provided out in the community."
- "The HCH certification fit right into our mission and was very comparable to what we had previously been certified as. So we viewed the HCH program as an extension of what we had already done, and they work hand-in-hand."

To improve the clinic's quality of patient care or patient health outcomes

The third- and fourth-highest-rated reasons were "to improve our clinic's quality of patient care" and "to improve patient health or health outcomes (such as to slow disease progression)." Eighty-three percent of survey respondents selected one of these options. As explained above, many organizations wanted to use the HCH program as a springboard or foundation for improving patient care, often aligned with an existing vision/mission or planned improvements. Comments from focus group participants demonstrate that they joined the HCH program based on an understanding that it would contribute to improvements in patient care:

- "We are interested in using best practices—what is best for patient health and outcomes. We saw being a part of the HCH program as a way to help with [patients] making and keeping appointments, slow disease progress, and look at co-morbidities."
- "Our interest in the HCH program had to do with trying to get better care for our patients. We wanted to try to find a way to 'upgrade' our patient care."

Coordination and collaboration within and across clinics

The fifth-highest-rated reason was "to better coordinate care within or across our clinics." Sixty-four percent of survey respondents selected this option. Additionally, 61 percent of respondents selected the reason "to learn from and collaborate with other clinics and providers around the state."

In the focus group discussions, coordination and collaboration did not arise as a strong theme. However, a few clinics did comment on coordination and/or collaboration as a benefit of joining the program. One participant said, "We saw the HCH program as a way to network with groups that were already CHCH, so that we could grow what we already had in place." Another participant said, "One of the reasons for joining the HCH program is the opportunity for coordination of care within the clinic and across clinics."

For funding and reimbursement reasons

In the survey question on reasons why CHCH decided to pursue certification, reimbursement or funding was not offered as a pre-populated answer choice. However, respondents could select "other" and specify what they meant. One CHCH wrote in an "other" response related to reimbursement. They stated, "We are a small clinic. Having the HCH certification helped with negotiating the reimbursement status with insurance companies."

Funding and reimbursement emerged as a stronger theme within the focus groups. Several participants mentioned funding or revenue as a reason for certification. One participant described, "For us, it was a way to generate some financial support for some of the things that we were already doing with care coordinators, etc." Another participant echoed this sentiment with a similar comment: "We were not getting paid for our community care services, so getting certified was a way to bring in some revenue for a service that we were already providing." A third added:

> *We saw it as a way to generate extra revenue for those patients whom we were spending more time with. We had the understanding that insurance companies were going to expand upon paying for some of these services. We thought we should get the certification since eventually, that's all these payers were going to be paying for.*

Additionally a few focus group participants pointed to billing and reimbursement as one of several considerations in joining the program: "Another consideration was reimbursement for care coordination" and, "The HCH programs was a billing opportunity for us also."

What are the main barriers to (re)certification, according to CHCH?

The CHCH survey included two related questions on certification and recertification—in this case, asking about barriers (see Figure 3 and Figure 4). The focus group guide also contained several questions on aspects of (re)certification that participants found to be difficult or tedious. While the survey and focus group guide asked about certification and recertification separately, many of the results are similar in terms of which aspects respondents/participants found challenging or considered barriers. Therefore, this section of the report will present the findings together for certification and recertification.

Figure 3: Which aspects of the certification process were the most challenging, or what barriers to certification (if any) did your organization face?

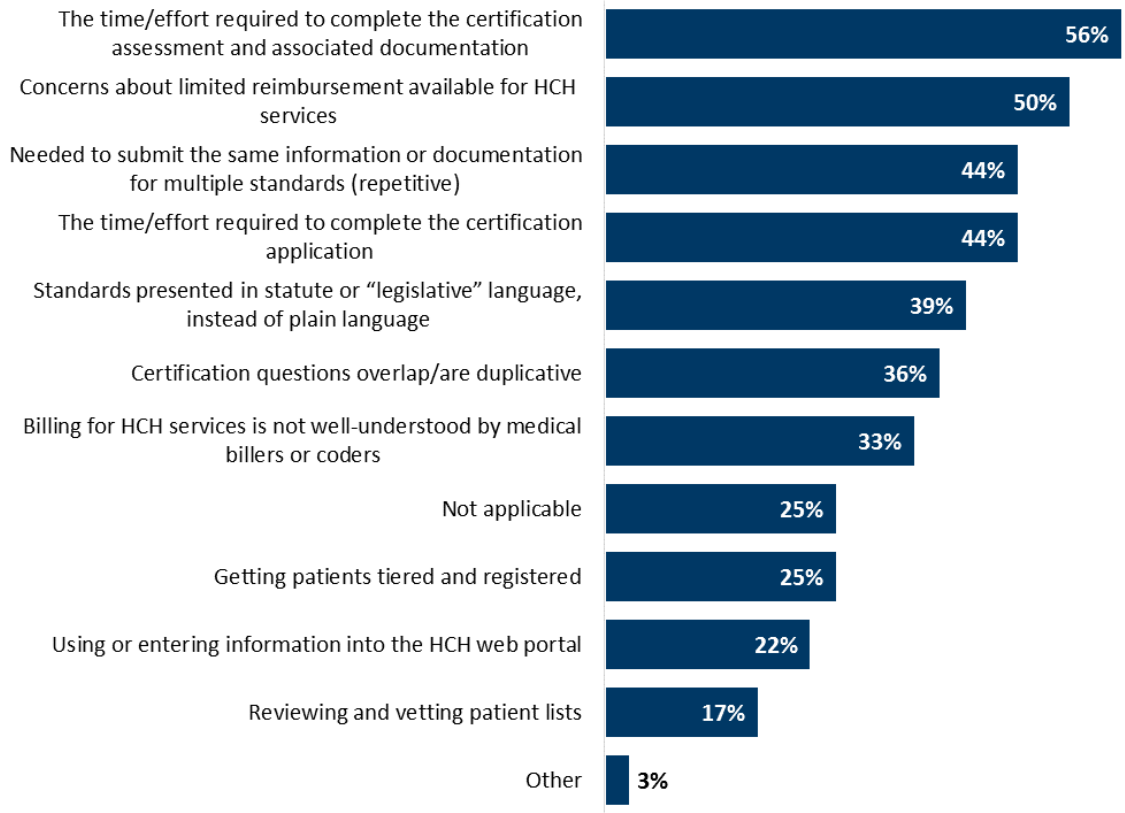
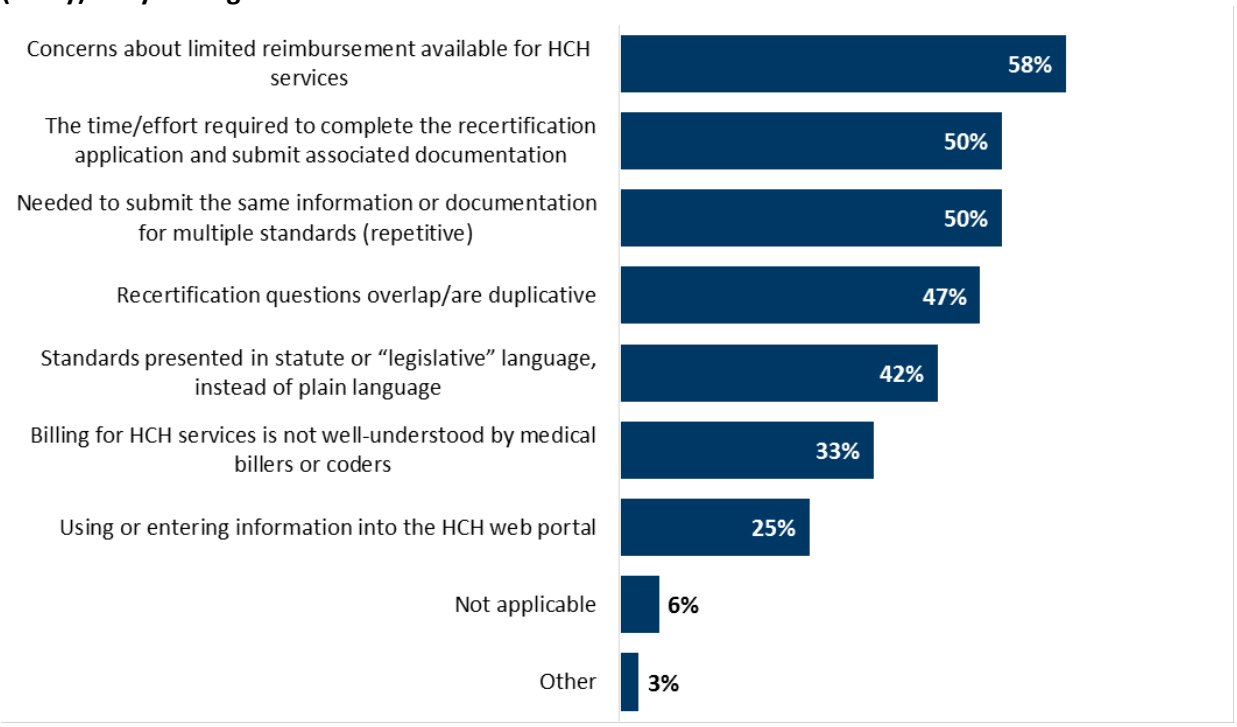


Figure 4: What aspects of the recertification process were most challenging, or what barriers to recertification (if any) did your organization face?



Time/effort to complete the certification assessment and associated documentation

Slightly more than half of survey respondents (56 percent) rated the factor "time/effort to complete the certification *assessment* and associated documentation" as the most challenging or as a barrier to certification. Forty-four percent of survey respondents selected the related option "time/effort required to complete the certification *application*" as a barrier. Regarding recertification, time/effort was the second most frequently selected barrier (50 percent).

Focus group participants' comments added context to this finding. Participants often stated that clinics have little bandwidth to take on additional administrative tasks. As one focus group participant put it, "There are competing forces working on each clinic . . . We cannot just layer on stuff."

A few participants found that certification was challenging, but that recertification was a little less so:

- "The initial certification was very resource-intensive. Recertification feels like an update over the last few years and seems less daunting. However, we do have to resubmit some materials."
- "Certification seemed very daunting, but it seemed to help once we were more familiar with the program. We did have support from various sources—networks we belong to and MDH. It felt really quite satisfying to have completed the process. Recertification was not as daunting."

Another CHCH felt that attaining certification involved a realistic amount of effort: "I don't think that the HCH recertification is any more time-intensive or tedious than other certifications that we've done, or even grant applications and reporting. There's a lot, but I don't think it's excessive."

Concerns about limited reimbursement available for HCH services

Survey respondents rated the factor "concerns about limited reimbursement available for HCH services" as the second-highest barrier for certification (50 percent) and the highest rated for recertification (58 percent). Several comments from focus group participants and open-ended questions in the survey illustrate the difficulties that clinic staff face on reimbursement:

- "We cannot bill for HCH because the amount we would get reimbursed is not worth the time it takes to bill. Patients may have to pay a percentage. Improvement could come with more robust payment platforms to support the work of the care coordination staff."
- "My organization is definitely thinking about not recertifying with the state. Rather, we'll certify with a national organization. Practically speaking, it may not be feasible from a financial perspective to do HCH."
- "Our frustration is with the payment mechanism. The HCH program does not pay for itself—not even close. As a struggling, independent clinic, the question is how to pay for the HCH program?"

Another participant said, "The difficulties with reimbursement is a huge concern for our senior leadership . . . We continuously have to advocate for the program to maintain our ability to remain certified." They suggested that MDH should more clearly articulate the program's benefits "so that leadership can better understand why maintaining certification is so important."

Concerns about repetitive and duplicative standards

Two answer choices address CHCH's perception of repetitive (re)certification questions or duplicative requests for documentation as part of (re)certification.

Respondents rated both of these answer choices as higher concerns for recertification than certification. Forty-four percent of respondents selected the factor "needed to submit same information or documentation for multiple standards (repetitive)" as a concern for certification, and 50 percent selected this factor for recertification. For the answer choice "certification [recertification] questions overlap/are duplicative," 36 percent of respondents noted this area as a certification barrier, while 47 percent chose it as a recertification barrier.

Focus group participants expressed a similar sentiment on the repetitive nature of requirements for the standards. "I would ask MDH to remove duplications in the standards. This becomes especially important with six clinics to certify," commented one participant. Another said, "We fill out each question one at a time since they are organized by statute language, then find that same question reworded in a different way." A third participant said, "With recertification there is some duplication with what you have to submit."

CHCH did provide some examples of where redundancies occur, in their experience:

- "Repetitive questions in certification materials are frustrating, e.g. overlap of care coordination questions and quality questions about the organization."
- "When we are talking about how we are meeting the registry standard, this is also part of care coordination client management. Is there a higher-level way of describing everything to eliminate overlap?"
- "There's a lot of crossover in the sub-parts related to the registry component and the quality component. It would have been nice to put the requests for information just under one of those two categories."

Standards presented in statute or "legislative" language

Over one-third of survey respondents selected as a barrier, "Standards are presented in statute or 'legislative' language, instead of plain language." Thirty-nine percent of respondents chose this for certification, and 42 percent selected it for recertification. Several quotes from focus group participants explain that HCH standards could be presented in simpler terms: "More real life examples or the typical interpretation would be helpful, instead of 'legalese.' The standards are worded for the law/statute versus for users," one participant said. A second mentioned, "The descriptions of the required components (sub-parts, rules, etc.) were very long and complicated. It could be much more simplified—each individual component that you have to comply with." Another participant explained, "As a new person coming in to HCH, it was hard for me to discern what the actual requirements were and whether or not our clinic meets certain criteria."

Research Question B

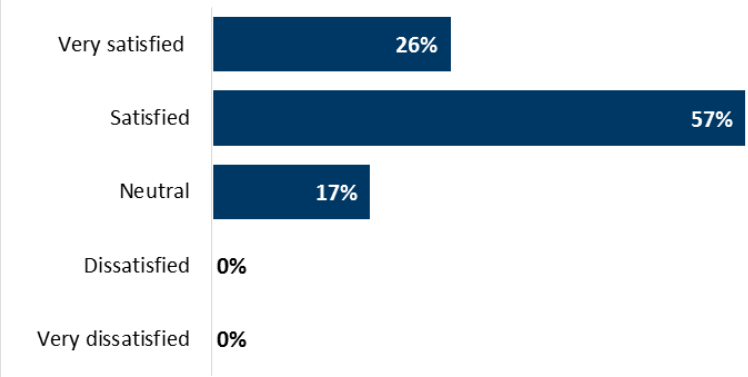
How can MDH improve the experience of its customers (i.e., CHCH)?

To understand how MDH can improve the experience of its customers, it is helpful first to review the assessment findings on CHCH's current level of satisfaction, as well as those aspects of the program that CHCH find to be most useful or easiest to understand. The next sections focus on highlighting these positive trends, then explore some mixed perspectives and potential areas of improvements.

Customer experience: CHCH surveyed are generally satisfied with the HCH program

Survey results demonstrate that CHCH are generally satisfied with being in the program. As shown in Figure 5, none of the CHCH surveyed described their organizations as "dissatisfied" or "very dissatisfied," and just a small minority (17 percent) described their organization's experience as "neutral." On the positive side, 83 percent of respondents reported that they are either "satisfied" or "very satisfied" with being a part of the HCH program.

Figure 5: Overall, how satisfied is your organization with being a part of the HCH program?



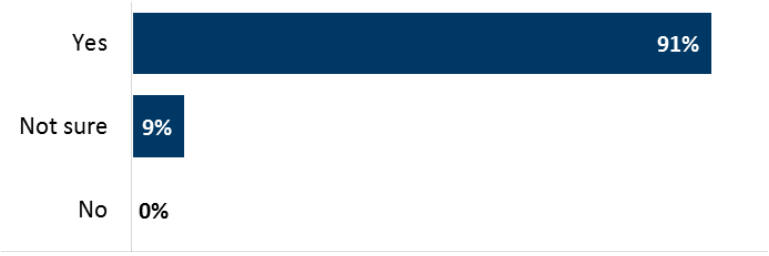
Customer experience: Most CHCH surveyed plan to apply for recertification

Further, 91 percent of survey respondents indicated that their organization plans to apply for recertification at the end of the current three-year period (Figure 6). A small minority (9 percent) responded that they are unsure if their organization will recertify. When asked to explain why, these respondents gave reasons such as:

- Additional regulations and quality metrics (from the HCH program),
- Community does not seem to recognize the HCH certification,
- Competing priorities,
- Costs associated with administering aspects of the program outweigh the benefits, and
- Organizational change has made it unclear if the new administration will support recertification.

None of the survey respondents indicated that their organization will not pursue recertification.

Figure 6: Does your organization plan to apply for recertification at the end of its current three-year certification period?



Customer experience: CHCH find personal interactions to be a user-friendly resource

When asked to rate which aspects of certification or recertification they find the most useful or easiest to understand, 78 percent of survey respondents selected "MDH staff" (see Figure 7). Comments from the survey and focus group discussions supported this point, with many CHCH describing their positive experiences working with MDH staff. One survey respondent wrote, "[Our nurse planner] is absolutely wonderful to work with. She has a positive, collaborative, and accomplished manner that pulls from her rich nursing leadership experience to assist in making this a positive experience for all involved." A focus group participant stated, "I'd like to give a shout-out to [our nurse planner]. She took the anxiety out of everything. She let us know, 'Variances are not a bad thing—it's just something that you need to spend a bit more time on.'" Another added, "I second that about [nurse planner]. When we've needed help explaining what HCH is to the public and help on billing, she has been very supportive and willing to talk to anyone who she needs to speak with about that."

Approximately two-thirds of survey respondents rated the annual check-in (67 percent) and the site visit (64 percent) as those components of (re)certification they find to be the most useful or easiest to understand. These findings demonstrate that CHCH value those channels through which they have personal interactions with MDH. Other components of the program that survey respondents rated as most useful or easiest to understand include the HCH certification/recertification website (47 percent), the Learning Days conference (44 percent), the Certification/Recertification Guide (42 percent), and the HCH web portal (42 percent).

Figure 7: Check the box for those certification (or recertification) components that you found to be the *most* useful or *easiest* to understand.

Customer experience: CHCH have mixed opinions on the web portal

Although two-fifths of survey respondents (42 percent) selected the HCH web portal to be the most useful or easiest to understand component of (re)certification, other survey and focus group results demonstrate that CHCH have mixed opinions on the web portal. For instance, one-third of survey respondents (33 percent) selected the web portal as "least useful or most difficult to understand" (see Figure 8).

When discussing what they like about the web portal, some focus group participants said they find it useful to be able to view the materials that their organization had previously submitted. Other CHCH liked that "it walks you through the process step-by-step" and found it easy to take screenshots of the portal pages to send to their various clinics to request information for recertification.

When describing why they did not like the web portal, CHCH pointed to the sub-parts of the assessments and areas of repetition between the requests for information. A focus group participant said, "At my organization, I rely on administrative support staff to input information into the portal since it's so time-consuming." Another CHCH suggested making a more in-depth portal training available to clinic employees.

Figure 8: Check the box for those certification (or recertification) components that you found to be the *least* useful or most *difficult* to understand.

Customer experience: CHCH would like the recertification process to be simpler

Several CHCH felt that recertification should be simplified for clinics, such as by asking questions only on whether anything has changed since the last review and on a few specific performance characteristics. One survey respondent wrote, "The recertification process [should] focus on revisions or additions to the existing model of care and not require reiteration of established practices." A focus group participant pointed out that their recertification was tedious even only when providing clinic updates: "I had to submit on almost every single sub-part where we had a change. I felt like it was almost entirely starting over, because we had changed so many work flows, improved so many processes, added so many new team members, etc. It made the process harder than perhaps MDH would expect it to be." CHCH shared the cost-benefit analysis that clinics must undertake when choosing whether to recertify: "Recertification is time-consuming and burdensome. It straps already very tight staffing resources and takes time away from patient care." Another participant suggested that recertification could be less burdensome if the portal were left open to clinics year-round. That way, CHCH could log in to update a clinic workflow in real time, instead of waiting until recertification to make all of the updates.

Customer experience: Other aspects of (re)certification present additional opportunities for MDH to improve CHCH's experience

Survey and focus group findings shed light on other opportunities for improving the CHCH customer experience as well, such as revising or streamlining some of the (re)certification forms and tools, creating more ways to recognize CHCH for their progress, and aligning the HCH requirements and practices with other programs and platforms that clinics use.

Approximately one-third of survey respondents found the following three aspects of (re)certification to be the *least* useful or most difficult to understand: the application form (31 percent), the HCH online course (28 percent), and the certification assessment tool (28 percent). Thus, revisiting or streamlining these components could be a way to increase CHCH's satisfaction.

When asked what they found difficult, focus group participants pointed to ease of use as a concern. "With the HCH tools, it seems like a lot of the web pages look similar, so sometimes I'm not even sure where I'm clicking," one participant said. They continued, "Sometimes when you click and click through web pages, you're not sure where you've ended up." Another stated, "I really think the online training course is a nice tool. It's a little tedious to get in there and use the content, though." A third participant said that at times it feels like the training PowerPoints (PPTs), modules, and tools gave contradictory information in laying out the expectations for (re)certification. "Some had very specific suggestions, whereas others had very broad, overarching suggestions," they said.

Some CHCH offered ideas for recognizing clinics for their progress as a way to improve the program. For instance, creating an "interim status" for certification milestones throughout the application process would help motivate clinics and signal that they are making headway. "Clinics could achieve a status such as 'pending,' 'on the pathway,' or 'making progress,'" a focus group participant suggested. Other focus group participants proposed acknowledging those CHCH that perform above and beyond the program's standards or that meet their targets for improvement, thus signifying progress.[2]

Lastly, several focus group participants asked whether the HCH program could align its requirements with other programs and platforms that clinics adhere to, such as electronic medical records (EMR) and Accountable Care Organizations (ACOs). This step would simplify administrative work and billing for CHCH. One participant said, "It's frustrating to meet all of the different requirements from the various programs," and another pointed out that their organization's EMR platform makes it difficult to bill for HCH-related work.

Customer experience: CHCH view billing as a high-priority area for improvement

Billing for HCH-related tasks and services frequently arose during focus group discussions as fundamental to the customer experience. CHCH expressed frustration with the limitations around billing and proposed different ideas to simplifying it.

[2] The program is amending its rules to introduce two additional "levels" of certification to recognize organizations that perform at higher levels. But not all CHCH may be aware of this forthcoming change.

For one thing, CHCH observed that patients often do not understand what the program is or why they are being billed for services. “They get very angry that we are billing them for it. We field a lot of questions on that,” a focus group participant said. Another participant elaborated, “Our number-one hang-up when we ask patients if they are willing to enroll in care coordination is that we can’t tell them if their insurance will cover the service, and we have no idea what the co-pay will be. A lot of the time, they aren’t willing to take a chance on a bill.”

Additionally, many CHCH find the current billing process for HCH services to be frustrating and insufficient. “Looking at the payment for care coordination, in the end it’s really ‘peanuts’ if you can bill . . . It’s such a tedious process to jump through all of the hoops,” a focus group participant described. “We should be able to break even. It should not have to cost you [to maintain CHCH status],” another said.

CHCH did offer a number of suggestions for how to improve their experience with billing, including:

- Restructure the payment process so that a portion of the payment for HCH services goes back to the physician (similar to ACOs),
- Align billing for HCH tiering and care coordination with some of the other systems and practices that clinics follow (such as other state programs and the Centers for Medicare and Medicaid Services [CMS]),
- Adjust tiering to payment methods, and
- Make billing similar to chronic care management payment.

One focus group participant described how their organization has successfully synchronized its care coordination billing with the ACO and EMR: “We’re part of an ACO that built a tool into our Epic that makes billing a bit easier. Care coordinators document their time spent in each encounter. At the end of the month, that report goes to the medical coders, who put in the correct code. So patients are only billed if they meet the 20 minutes for care coordination.” If this approach is replicable, it could help ease some of the other clinics’ concerns around billing and affect CHCH’s customer experience.

Research Question C

How can MDH better attract noncertified, eligible providers to pursue and complete HCH certification?

Focus group participants suggested that MDH could better attract noncertified clinics to apply for certification by focusing on three main areas: communicating the benefits of certification, diversifying and simplifying options for funding and reimbursement, and using data to demonstrate the impact of certification. These suggestions also reflect the main barriers to certification that uncertified HCH reported in interviews (see subsection below, “What are the main barriers to certification, according to these providers?”).

Communicate the benefits of being HCH-certified

MAD asked focus group participants what they would say to a noncertified clinic about the advantages of the program. CHCH find these messages to be the most compelling, and thus MDH could communicate them to help noncertified clinics better understand the benefits of becoming certified.

Participants reported that the program has helped improve their clinic's quality of care, as well as influenced their staff members' understanding and attitudes. One participant recalled, "The philosophy [of HCH] helped bring everything together for us as a large community care team. It gave us the 'language' to be able to educate everyone throughout the entire organization." A second stated that the program sustains staff enthusiasm and motivation for continuous improvement within their organization.

Further, CHCH consider the tangible changes in practices and approaches required by HCH standards to be a benefit, such as "changes to the model of care, introducing care management into the system, and team-based care." One participant described, "Having to meet the measures, parts, and sub-parts helps the facility understand why we do things. We can use the HCH program as a reason for explaining why we need to do those things. MDH has determined that these are the stepping stones to help you get to a good end point." Another said, "We hear the benefits and the stories."

Lastly, participants shared that they consider the community of certified clinics across the state to be a benefit. For instance, CHCH value opportunities to network with and learn from others, such as at the MDH-sponsored Learning Days annual conference and other activities. "As a rural clinic, it's nice to be able to learn about what's happening at clinics around the state, especially in larger towns and cities and in rural areas that have seen large demographic changes. That way, if we encounter some of the same challenges, we have resources to look to," a focus group participant said. A second said, "The fact that so many clinics in the state are a part of HCH, this legitimizes the cost to our Finance Department. It establishes us as being a part of a quality organization."

Diversify or simplify options for funding and reimbursement

Focus group participants frequently stated that one of the most important ways to attract noncertified clinics to apply would be to diversify or simplify the options for funding and reimbursement. As mentioned previously, many CHCH currently find it challenging to get reimbursed for HCH-related costs (e.g., care coordination). Suggestions that CHCH offered include giving grants to help clinics get started with the HCH program (either federal or state grants), using a prospective payment system rate with patient tiering, introducing more robust payment platforms to support the work of care coordination staff, or having a flat fee for reimbursement.

Use data to demonstrate the impact of certification

Several focus group participants agreed that another way to attract noncertified clinics would be to present data that demonstrates the impact of the program—for instance, in terms of improvements in the quality of care or reduction of costs—on clinics that are HCH-certified. One participant said, "We've seen a decrease in our emergency-room visits as a result of providing 24-hour care and care coordination services. We've seen a decrease in Integrated Health Partnership and ACO costs of care." Another said, "We track a lot of outcomes for our care coordination patients. Over the past six years, we've reduced readmissions and inappropriate emergency department usage. We attribute that to the fact that we are a CHCH." Communicating these types of results could be a compelling motivator for noncertified clinics.

What are the main barriers to certification, according to noncertified providers?

Noncertified, eligible providers that MAD interviewed expressed a high level of agreement on the main barriers to certification, as follows:

- Noncertified clinics perceive that applying for and maintaining HCH certification involves a lot of staff time and resources, with associated costs.
- These clinics do not think they have sufficient budget or staff capacity within their existing organizational structure to carry out the effort needed to apply for and maintain HCH certification.
- Noncertified clinics question whether the added value of HCH certification outweighs the costs, especially without outside funding sources available, such as grants.
- These groups express concern that they would receive minimal or no reimbursement for delivering the services and maintaining the systems/procedures required by HCH standards.

These points echo the issue that many CHCH raised: Clinics operate in a resource-constrained environment, in which dedicating time to additional tasks or paperwork takes away from time staff could use to serve patients. When asked, "What is one change that you would make to improve the program?" a focus group participant said, "Make the HCH program easy and useful. Do not add burdens to clinics—rather, take them away."

IV. Recommendations

Based on the assessment findings, MAD has provided a set of key recommendations numbered in priority order. MAD also offers several other recommendations for MDH's consideration, starting on the next page and again numbered in priority order.

Key recommendations

1. **Consider clinics' concerns about billing and reimbursement in future iterations of the program.**
   - Explore new sources of funding for CHCH to cover costs associated with launching and maintaining (re)certification, such as state or federal grants.
   - Another option would be to consider adjusting the tiering component of HCH (in collaboration with other stakeholders, such as state agencies and payer organizations) so that clinics may bill for it more easily.
   - Explore how to align billing for tiering and care coordination with the practices of other networks, platforms, and programs that clinics adhere to (such as EMR systems, CMS, other state programs, and ACOs).

2. **Develop approaches and materials to motivate clinics to join the HCH program, recognizing the "cost-benefit analysis" that many clinics struggle with when deciding whether to pursue (re)certification.**

- Consider collecting data to demonstrate the impact of certification on clinics, such as reduced costs or improvements in the quality of patient care. If this data is already being collected, publicize the results widely via HCH marketing materials and the website.
- Revise the HCH communications materials to more explicitly articulate the program's benefits, as well as how these benefits outweigh the costs. In communications materials, emphasize those aspects of the program that CHCH ranked most highly as "motivating factors," i.e.:
  - (Re)certification as a sign of the organization's commitment to best practices in quality,
  - How the program aligns with many organizations' missions and can serve as a springboard to formalize new practices or planned improvements, and
  - How the program promotes higher-quality patient care or better patient health outcomes.

3. **Retain aspects of the program that CHCH find most user-friendly and make improvements to the certification requirements in those areas that CHCH find most tedious or difficult to understand.**
   - Review assessment and application materials to remove any requirements or requests for information that may be redundant with other sections (e.g., care coordination questions and quality questions about the organization, sub-parts related to the registry component and the quality component).
   - Replace "statutory" language in the assessment with plain language. Where possible, provide real-life examples or a "typical interpretation" of the requirement to help clinics understand what MDH is asking for.
   - Retain personal interactions (such as through the check-in, site visit, and support from nurse planners, whether in-person or remote) as an aspect of the HCH program, since CHCH find this component to be the most useful/easiest to understand.

4. **Streamline aspects of (re)certification**
   - Revisit the recertification process to determine whether it may be simplified, such as by asking only about what has changed since the clinic's last (re)certification, or by leaving the portal open year-round so that clinics can update workflow information as these changes occur in between recertification cycles.

Other recommendations

1. **Develop approaches and materials to motivate clinics to join the HCH program, including communications that convey the value of the program to clinics' stakeholders.**
   - As a means of addressing the highly-ranked motivating factor "demonstrate [a] commitment to best practices in quality," support clinics with informational/marketing materials that promote this message to distribute to their patients and the community (see Research Question A).
   - Consider creating an interim certification designation/milestones to keep clinics engaged and motivated while MDH reviews the clinic's initial application.

- Recognize clinics for exceptional performance.[3]

2. **Where relevant, emphasize how the program aligns with clinics' existing priorities and commitments.**
   - During the initial contact, highlight that clinics may already have in place many of the processes and procedures required by the HCH standards—it is simply a matter of matching these practices to the standards and documenting them. This communication could ease some of the clinics' concerns about the effort needed for certification.
   - Where the HCH program already aligns with other systems, standards, and programs (such as ACOs), communicate this more widely, and where it does not (such as EMR systems), explore alignment.

3. **Make improvements to the certification online tools, website and portal**
   - Review the HCH online modules, tools, and PPTs to ensure that the explanations on (re)certification expectations and requirements are consistent.
   - When the HCH web portal is redesigned, incorporate user feedback or testing to ensure that it is as customer-centric and user-friendly as possible.
   - To improve customers' experience of navigating the HCH website, consider using new or distinctive-looking layouts for some of the web pages.

4. **In consideration of clinics' concerns about billing and reimbursement for HCH-related activities, explore ways to rework communications materials to promote shared expectations and understanding among stakeholders.**
   - Proactively manage clinics' expectations on reimbursement for HCH-related services by explaining carefully in the initial certification materials what the general experience of other CHCH has been in this area.
   - Develop written materials for CHCH on how to communicate with patients about billing for HCH-related services and why these services are valuable, so that CHCH can prepare for such questions from patients.

5. **Continue to offer robust learning opportunities for CHCH, as well as opportunities to collaborate and coordinate with other clinics.**
   - Offer ongoing opportunities for clinics to learn from and collaborate with other CHCH around the state. Prioritize in-person experiences, since survey respondents rated the Learning Days event more highly as a "helpful resource" than webinars or online courses.
   - Develop targeted training and/or technical assistance approaches to address some of the areas of concern for clinics. Offer training or technical assistance on topics such as:
     - How to use the web portal more efficiently,
     - How to efficiently complete the certification assessment and associated documentation so that it takes less time and effort for clinics,
     - Billing practices that have worked, based on "success stories" from those CHCH that have identified practical solutions.

[3] The program is amending its rules to introduce two additional "levels" of certification to recognize organizations that perform at higher levels. But CHCH may not yet be aware of this forthcoming change.

Appendix A—Data collection instruments

Focus group discussion guide

Questions for focus group discussions with Certified Health Care Homes

1. Welcome and introduce facilitators. Facilitators review "Project Background" section and Ground Rules.

Project Background

- The Minnesota Department of Health (MDH) has asked MAD to get some information from certified Health Care Homes about your experience with the certification process and with the program.
- They want to know what you like and don't like and what can be improved.
- As part of an overall assessment of the program, we are holding two focus group discussions this month with certified Health Care Homes.
- We will also design a survey that MDH will send out to its entire roster of certified Health Care Homes in early-/mid-February. We'll design the survey questions to follow up on the issues that emerge from the focus groups.
- Lastly, we'll be interviewing several providers who are eligible to become Health Care Homes, but have not chosen not to pursue certification, in order to understand their reasons for not participating.
- We'll compile the results of our research and our recommendations into an internal assessment report for MDH later on this year (if they ask: June 2019).
- Please note: MDH will not be present at this focus group discussion and will not have access to any data that identifies individuals.
- For you and all of the focus group participants, private information about you as an individual will not be shared. At MAD, we report on the themes that we hear from you and others to represent perspectives, not individuals.
- The provisions of the Data Practices Act related to MAD (Minnesota Statutes §13.64) allow us to keep data on individuals private if the information is needed for a report.
- For the report, we won't link your name directly to any comments, ideas, or information included, unless you ask us to.

Ground rules

- There are no right or wrong answers, only differing points of view.
    - Please feel free to share your point of view, even if it differs from what others have said.
    - Keep in mind that we are just as interested in negative comments as positive comments—and at times, the negative comments are the most helpful.
- One person speaks at a time.
- We're on a first name basis.
- You don't need to agree with others, but you must listen respectfully as they share their views.
- Minimize cell phone use.
- My role as a moderator will be to guide the discussion; talk to each other.

2. In-person focus group: To introduce yourself to the group, please say your first name and the city/town where you work. (No need to say the name of your employer.)
   Remote focus group: Take attendance

3. Think back to when you (or your organization) first became a Certified Health Care Home (CHCH). What influenced you to apply? What were some of your or your organization's reasons for pursuing certification?

4. Think back to your experience of applying for certification. What did you think of it? Were there any aspects of the process that felt especially difficult or tedious?
   a. How was your experience with the HCH certification and recertification website? *User friendly or not?*
   b. How understandable did you find the required steps/associated documents, such as the *Letter of Intent, Application form,* and the *Certification Assessment form?*
   c. Did you find the training or reference materials helpful, such as…?:
      - "Certification/Recertification Guide" (pdf)
      - "HCH Initial Certification Training" (pdf)
      - "Certification Assessment Tool" (pdf), and
      - (Depending on who is in the room): Has anyone had experience with the HCH online course?
        Online course, "Foundations of Health Care Homes Certification" (series of fourteen lessons that takes learners through each of the five Health Care Homes standards and the necessary steps for certification and recertification), available from the MDH Learning Center

5. Now think about your current experience as an HCH, working with MDH. How do you feel about it?
   - What positive experiences have you had?
   - Are there any aspects that feel particularly difficult or tedious?

6. Has your organization applied for recertification or tried to apply for it? What did you think of that experience?
   - Were there any aspects of the process that felt especially difficult or tedious?
   - What, if any, obstacles or problems did you face in that process?

7. If someone in your professional network was thinking about (or their organization was considering) applying for HCH certification, what would be some of the benefits or advantages of certification that you would tell them about?
   - Follow-up question: What suggestions do you have for how MDH can better attract providers to become certified?
   - Are there any particularly motivating messages or ways that MDH can better present the program to attract eligible providers to apply?

8. Let's suppose that you worked for MDH and were in charge of the HCH program. What is one change that you would make to improve the program?
    - Any other feedback for improvement on the HCH certification (or recertification) process, like the application?
    - What feedback do you have on the experience of working with MDH, like communication with MDH, the annual check-ins, or the site visits?

9. Of all the things we discussed today, what is the most important to you?

10. [Facilitator summarizes:] Is this an adequate summary of what we discussed?

11. [Final question—facilitator reviews the purpose of the focus group and asks:] Have we missed anything?

Interview guide—noncertified providers

For organizations listed in the matrix as "previously certified/dropped certification":

1. To begin with, could you please tell us your organization, position title, and your role related to the HCH program (if applicable)?
2. Thinking back to your organization's experience with the process of becoming certified, do any particularly positive aspects come to mind? Were there any aspects of the certification process that felt especially difficult or tedious?
    - Or, if you were not involved in the certification process, what did you think of your organization's experience with the HCH program? Do any particularly positive aspects come to mind? Were there any aspects of the program that felt especially difficult or tedious?
3. How involved were you in your organization's decision not to pursue recertification? If you were not involved in the decision, do you feel that you still have some knowledge of it? *(If somewhat or very involved or feels that they have some knowledge):*
    - What were the main reasons why your organization decided not to recertify?
    - Were there any obstacles or problems your organization faced that contributed to this?
4. In the future, MDH would like to be able to attract more clinics to apply for certification. What suggestions do you have for how MDH can improve the certification process?
    - Are there any barriers or deterrents in the certification process that MDH needs to address in order to help with this?

For organizations listed in the matrix as "never certified":

1. To begin with, could you please tell us your organization, position title, and your role?
2. Has your clinic ever considered becoming HCH certified? *(If yes, ask the Q2 bullet. Otherwise, continue with Q3)*
    - What were some of the reasons why your organization ultimately decided not to apply for certification?
3. How familiar are you with the HCH program? *(If not very familiar: MAD explains the program.)*

4. In the future, MDH would like to be able to attract more clinics to apply for certification.
   - What aspects of the program or motivating factors would make your organization interested in applying? **Note that this question is solely for informational purposes—there is no pressure to apply if you answer it.**
   - Are there any aspects of the HCH program, from what you've heard about it (either during this interview or in general), that seem to demotivate or deter your organization from wanting to apply?

For "never certified" organizations that submitted LOIs, but did not complete the certification process:

1. To begin with, could you please tell us your organization, position title, and your role?
2. How involved were you in your organization's decision NOT to complete the certification? If you were not involved in the decision, do you feel that you still have some knowledge of it? *(If somewhat or very involved or feels that they have some knowledge:)*
   - What were the main reasons why your organization decided not to complete the process?
   - Were there any obstacles or barriers in the certification process that contributed to this decision?
3. How familiar are you with the HCH program? *(If not very familiar: MAD explains the program.)*
4. In the future, MDH would like to be able to attract more clinics to apply for certification.
   - What aspects of the program or motivating factors would make your organization interested in applying? **Note that this question is solely for informational purposes—there is no pressure to apply if you answer it.**
   - Are there any aspects of the program, from what you've heard about it (either during this interview or in general), that seem to demotivate or deter your organization from wanting to apply?

Survey of Certified Health Care Homes

Minnesota Department of Health

Health Care Homes Program Survey

MINNESOTA
HEALTH CARE HOMES

What is this survey?

Thank you for participating in this Minnesota Department of Health (MDH) survey! MDH has contracted with Management Analysis and Development (MAD) to conduct a program and process assessment of its Health Care Homes Program. MDH and MAD need your input to better understand how the Health Care Homes (HCH) Program can be improved.

This survey is voluntary and will take about 5–10 minutes to complete. There will be no consequence to you if you decide not to take the survey, but then we will not get the benefit of your input. Please complete the survey by end of day Friday, March 15.

This survey asks questions about your experience with the HCH program. Please provide the best information that you can. Feel free to ask others to assist you in completing the survey if needed. If you can't complete the survey at one time, you can click the "Save" button at the bottom of a page, and return to the survey later using the link in your email invitation. You can also reset your answers on any page by using the "Reset" button.

Who can see my answers?

MDH has hired MAD to administer the survey and analyze the results. MAD is located in a separate State of Minnesota agency from MDH and provides consulting services for the public sector. Only MAD, and not MDH, will know whether you took the survey and what you answered. Information that could reasonably be used to identify an individual from their response is considered private data under the Minnesota Government Data Practices Act (Minnesota Statutes §13.64), meaning MAD will not share it with others except as provided by law.

How will my answers be used?

MAD will include the results of the survey in our HCH assessment report. MAD will remove identifying information from all survey responses, and share anonymized results and open-ended responses with MDH.

Accessibility?

MAD is committed to providing access to all respondents who wish to participate in the survey. If you would prefer a text-based version of the survey (for example, if you use a screen reader), click on the "text only" link on the center of the top of the screen. If you need other accommodations in order to complete the survey, please contact Abra Pollock at Abra.Pollock@state.mn.us or 651-259-3814.

Questions?

If you have any questions about this survey or the assessment of the HCH program, please contact Abra Pollock at Abra.Pollock@state.mn.us or 651-259-3814.

Thank you for your time!

To begin the survey, click the "Next" button below.

About your organization

Would you consider the majority of your clinics to be located in an urban area or a rural area?

- ☐ Urban
- ☐ Rural
- ☐ Neither of these

Your organization's experience with the HCH program

What are some of the reasons why your organization decided to become HCH certified or recertified? Check all that apply. If none or unsure, select "Not applicable."

- ☐ To demonstrate our clinic's commitment to best practices in quality
- ☐ To gain distinction for our clinic—the HCH certification as an endorsement or "seal of approval"
- ☐ The HCH program aligned with our organization's existing mission, practices, or planned improvements
- ☐ To improve our clinic's quality of patient care
- ☐ To improve patient health or health outcomes (such as to slow disease progression)
- ☐ To improve patient behavior (such as making and keeping appointments, or uptake of preventive care)
- ☐ To better coordinate care within/across our clinics
- ☐ To improve communication and coordination of medical records
- ☐ To network with like-minded clinics and providers around the state
- ☐ To learn from/collaborate with other clinics and providers around the state
- ☐ Other
- ☐ Not applicable

If you selected "other," please specify:_____

Which aspects of the certification process were the most challenging, or what barriers to certification (if any) did your organization face? Check all that apply. If none or unsure, select "Not applicable."

- ☐ Reviewing and vetting patient lists
- ☐ Getting patients tiered and registered
- ☐ The time/effort required to complete the certification application
- ☐ The time/effort required to complete the certification assessment and associated documentation
- ☐ Standards presented in statute or "legislative" language, instead of plain language
- ☐ Needed to submit the same information or documentation for multiple standards (repetitive)
- ☐ Certification questions overlap/are duplicative

- ☐ Using or entering information into the HCH web portal
- ☐ Concerns about limited reimbursement available for HCH services
- ☐ Billing for HCH services is not well-understood by medical billers or coders
- ☐ Other
- ☐ Not applicable

If you selected "other," please specify:_____

What aspects of the <u>recertification</u> process were most challenging, or what barriers to recertification (if any) did your organization face? Check all that apply. If none or unsure, select "Not applicable."

- ☐ The time/effort required to complete the recertification application and submit associated documentation
- ☐ Standards presented in statute or "legislative" language, instead of plain language
- ☐ Needed to submit the same information or documentation for multiple standards (repetitive)
- ☐ Recertification questions overlap/are duplicative
- ☐ Using or entering information into the HCH web portal
- ☐ Concerns about limited reimbursement available for HCH services
- ☐ Billing for HCH services is not well-understood by medical billers or coders
- ☐ Other
- ☐ Not applicable

If you selected "other," please specify:_____

Applying for Certification/Tools

Now think about your organization's current experience as a Certified HCH, working with MDH.

Check the box for those certification (or recertification) components that you found to be the <u>most useful</u> or <u>easiest</u> to understand—you may select as many as you like:

Technology tools

- ☐ HCH certification and recertification website
- ☐ HCH web portal

Required forms, steps, and related reference materials

- ☐ Letter of Intent
- ☐ Application form
- ☐ Certification Assessment Tool (outlines the requirements and standards for being a certified HCH)
- ☐ Certification/Recertification Guide (provides step-by-step instructions for online documentation)
- ☐ Team site visit for certification and recertification

MDH resources

- ☐ MDH staff
- ☐ HCH Initial Certification Training (a PDF document that outlines the Certification Process)
- ☐ Recertification training (a PDF document that provides an overview of recertification)
- ☐ HCH online course: "Foundations of HCH Certification" (a series of fourteen lessons that takes learners through each of the five HCH standards and the necessary steps for certification and recertification)

- ☐ Learning Days conference
- ☐ Webinars
- ☐ Annual check-in with MDH nurse planners

- ☐ Not applicable—I have not used/am not familiar with any of these components.
- ☐ Other

If you selected "other," please specify:_____

Check the box for those certification (or recertification) components that you found to be the <u>least useful</u> or <u>most difficult</u> to understand—you may select as many as you like:

Technology tools

- ☐ HCH certification and recertification website
- ☐ HCH web portal

Required forms, steps, and related reference materials

- ☐ Letter of Intent
- ☐ Application form
- ☐ Certification Assessment Tool (outlines the requirements and standards for being a certified HCH)
- ☐ Certification/Recertification Guide (provides step-by-step instructions for online documentation)
- ☐ Team site visit for certification and recertification

MDH resources

- ☐ MDH staff
- ☐ HCH Initial Certification Training (a PDF document that outlines the Certification Process)
- ☐ Recertification training (a PDF document that provides an overview of recertification)
- ☐ HCH online course: "Foundations of HCH Certification" (a series of fourteen lessons that takes learners through each of the five HCH standards and the necessary steps for certification and recertification)
- ☐ Learning Days conference
- ☐ Webinars
- ☐ Annual check-in with MDH nurse planners

- ☐ Not applicable—I have not used/am not familiar with any of these components.
- ☐ Other

If you selected "other," please specify:_____

Overall feedback

Does your organization plan to apply for recertification at the end of its current three-year certification period?

- ☐ Yes
- ☐ No
- ☐ Not sure

If you answered "no" or "not sure," please explain why:_____

Overall, how satisfied is your organization with being a part of the HCH program?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very dissatisfied

Please describe why you chose that level of satisfaction:_____

What one thing would you recommend changing about HCH in order to improve clinics' experience with the program? _____

Click the "**Submit**" button below to submit your survey.

Thank you for your feedback!

Appendix B—Participating organizations

A total of 47 organizations participated in data collection (focus groups, survey, or interviews) for this assessment:

- Alomere Health
- Avera Medical Group
- Bluestone Physician Services
- Catalyst Medical Clinic, PA
- CentraCare Health
- CHI St. Gabriel's Health
- Children's Hospitals & Clinics of Minnesota
- Christopher J. Wenner, MD, PA
- Courage Kenny Rehabilitation Institute
- Dakota Child and Family Clinic
- Entira Family Clinics
- Essentia Health
- Fairview Health Systems
- FirstLight Health System
- Glencoe Regional Health Services
- HealthPartners
- Hennepin Healthcare
- Hutchinson Health
- Indian Health Board of Minneapolis
- Lake Region Healthcare Clinic Services
- Lakewood Health System
- Madison Healthcare Services
- Mankato Clinic
- Mayo Clinic
- Mille Lacs Health System
- Murray County Medical Center
- Native American Community Clinic
- North Memorial Health
- North Metro Pediatrics, PA
- Olmsted Medical Center
- Open Door Health Center
- Optage Primary Care, LLC
- Ortonville Area Health Services
- Park Nicollet
- Pediatric and Young Adult Medicine
- Sanford Health
- Sartell Pediatrics

- Sawtooth Mountain Clinic, Inc.
- Scenic Rivers Health Services
- Sleepy Eye Medical Center
- South Lake Pediatrics
- Stellis Health, PA
- Stevens Community Medical Center
- Tri-County Health Care
- University of Minnesota Physicians
- Winona Health
- Zumbro Valley Health Center

Appendix C—Cross-tabulated survey responses

When cross-tabulating the survey responses to Question 3, MAD did not find notable trends in the data to suggest that rural clinics find most aspects of (re)certification to be more challenging than urban clinics do. Among the areas in which the gap between urban/rural ratings was greater than fifteen percent—a cutoff point to highlight substantial differences in ratings—rural clinics rated only one topic (highlighted below) higher than urban clinics did.

Table 3: Cross-tabulation of survey responses by urban versus rural CHCH (self-identified)

Survey Question	Urban (n = 12)	Rural (n = 22)
3.A.ii. Which aspects of the certification process were the most challenging, or what barriers to certification (if any) did your organization face?		
Reviewing and vetting patient lists	31%	18%
Getting patients tiered and registered*	31%	9%
The time/effort required to complete the certification application*	62%	41%
The time/effort required to complete the certification assessment and associated documentation*	77%	55%
Standards presented in statute or "legislative" language, instead of plain language*	46%	27%
Needed to submit the same information or documentation for multiple standards (repetitive)*	54%	36%
Certification questions overlap/are duplicative	38%	27%
Using or entering information into the HCH web portal	23%	14%
Concerns about limited reimbursement available for HCH services*	77%	45%
Billing for HCH services is not well-understood by medical billers or coders	46%	32%
Other	0%	5%
Not applicable	38%	32%
3.A.iii. What aspects of the recertification process were most challenging, or what barriers to recertification (if any) did your organization face?		
The time/effort required to complete the recertification application and submit associated documentation	62%	53%
Standards presented in statute or "legislative" language, instead of plain language	54%	60%
Needed to submit the same information or documentation for multiple standards (repetitive)	62%	60%
Recertification questions overlap/are duplicative	54%	53%
Using or entering information into the HCH web portal	15%	20%
Concerns about limited reimbursement available for HCH services	85%	73%
Billing for HCH services is not well-understood by medical billers or coders*	**38%**	**53%**
Other	8%	7%
Not applicable	8%	7%

*An asterisk indicates a response in which the difference between urban and rural CHCH's ratings was > 15%.

Similarly, when cross-tabulating survey responses by clinic size, MAD did not find notable trends to suggest that small clinics find most aspects of (re)certification to be more challenging than large clinics do. Among the areas in which the difference between small/large clinic ratings differed by more than fifteen percent, small clinics rated only one topic (highlighted below) higher than large clinics did.

Table 4: Cross-tabulation of survey responses by small versus large CHCH

Survey Question	Small (<3 clinics) (n = 17)	Large (>6 clinics) (n = 10)
3.A.ii. Which aspects of the certification process were the most challenging, or what barriers to certification (if any) did your organization face?		
Reviewing and vetting patient lists	24%	20%
Getting patients tiered and registered	24%	40%
The time/effort required to complete the certification application	47%	60%
The time/effort required to complete the certification assessment and associated documentation	59%	60%
Standards presented in statute or "legislative" language, instead of plain language*	35%	50%
Needed to submit the same information or documentation for multiple standards (repetitive)*	41%	70%
Certification questions overlap/are duplicative*	29%	70%
Using or entering information into the HCH web portal	18%	30%
Concerns about limited reimbursement available for HCH services	59%	50%
Billing for HCH services is not well-understood by medical billers or coders*	35%	50%
Other	0%	0%
Not applicable*	29%	10%
3.A.iii. What aspects of the recertification process were most challenging, or what barriers to recertification (if any) did your organization face?		
The time/effort required to complete the recertification application and submit associated documentation	67%	60%
Standards presented in statute or "legislative" language, instead of plain language	54%	50%
Needed to submit the same information or documentation for multiple standards (repetitive)	62%	70%
Recertification questions overlap/are duplicative*	54%	70%
Using or entering information into the HCH web portal*	15%	40%
Concerns about limited reimbursement available for HCH services*	**85%**	**60%**
Billing for HCH services is not well-understood by medical billers or coders	38%	50%
Other	8%	0%
Not applicable	8%	0%

* An asterisk indicates a response in which the difference between small and large CHCH's ratings was > 15%.