



Electronic Health Information Exchange:
 A Process of Improved Operations and Measurement of
 Client Health Outcomes with an update on Health
 Information Technology projects (SPNS)



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 QED-881

Learning Objectives

1. By the end of this session participants will be able to see how one EMA/TGA went from paper-based to web-based methods of measuring success.
2. Participants will engage in interactive workshop activities to viscerally experience various aspects, such as group discussions and use of interactive tools.
3. Session participants will be able to list the top barriers to effective program implementation and the top keys to success. Participants will also be able to describe the top practical lessons learned in making such an initiative a reality.

Today's Agenda

- Introduction
- Measuring Success
- Using the Data Interactively
- Project Improvement
- Special Projects of National Significance (SPNS) Health Information Technology (HIT) 2007-2011
 - Upcoming SPNS



Project Partners

Management Team

- City of Paterson Division of Federal and State Grants – Project Manager
- New Solutions – Principal Investigator
- RDE Systems – Technical Manager

HIV Counseling and Testing Centers

- Paterson Division of Health
- Bergen County Division of Health

Medical Providers

- Barnert Hospital
- Paterson Counseling Center
- St. Mary's Hospital

Medical Providers

- Barnert Hospital
- Paterson Counseling Center
- St. Mary's Hospital

Evaluation Team

- New Solutions
- University of Medicine and Dentistry of New Jersey / AIDS Training Center
- Rutgers University
- Quality Management Team

Other Collaborators

- P-TAS (People Take Action, Save Lives)
- HIV Planning Council
- Clients

Demonstration Project Vision

- Facilitate the expansion of network from testing to engagement to treatment
- Advance exchange of clinical information
- Improve quality management capacity

Broad Clinical Outcomes

- Timely engagement into care
- Reduction of morbidity and mortality
- Improvement in treatment adherence

PIE Methodology

P - Planning

I - Implementation

E - Evaluation

PIE Methodology

Planning

1. Visioning and Stakeholder Value
2. Standards and goals
3. Definition of metrics and benchmarks
4. Milestones
5. Business Process and Systems Design

Implementation

1. System Prototyping
2. Process and System Piloting
2. Policies, Procedures, Protocols
3. Training

Evaluation

1. Operation
2. Measurement
3. Lessons Learned
4. Continuous Improvement / Systems Refinement

Electronic Evaluation History

1. Web-based client satisfaction and provider observations measurement
2. Electronic Medical Record
3. Client Acuity Rating System
4. Online Needs Assessment
5. Process Improvement

SPNS Evaluation

1. Quality Management Approach to Evaluation
2. Mix of Qualitative and Quantitative
3. Implementation Assessment
4. Formative Evaluation
5. Outcomes Evaluation

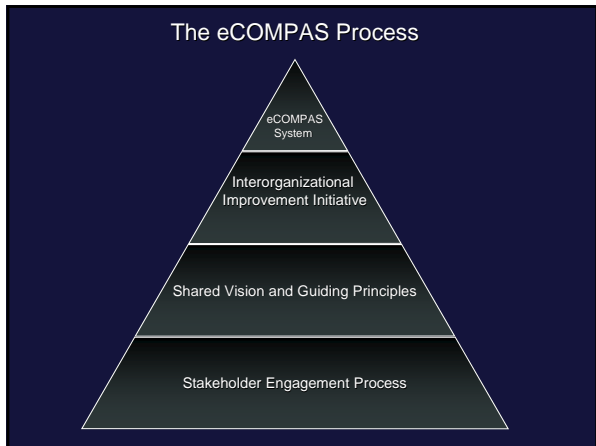


Electronic Comprehensive Outcomes Measurement Program
for Accountability and **Success (e2)**

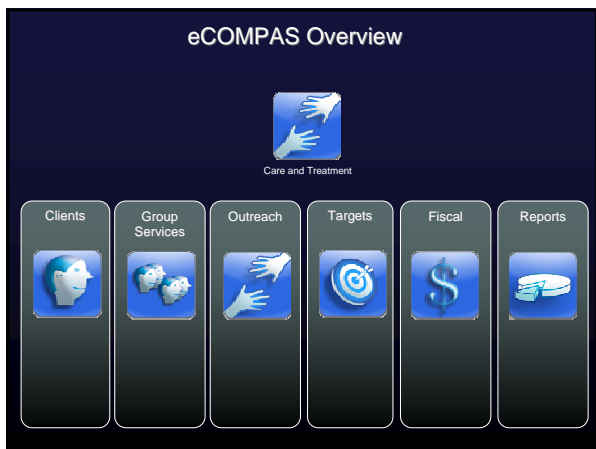
Developed by
RDE Systems, LLC

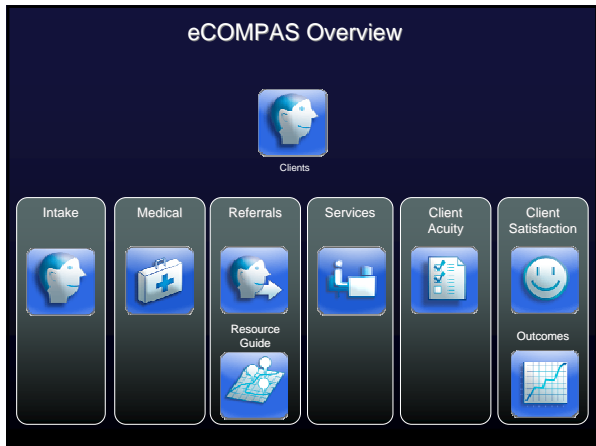
What is eCOMPAS?



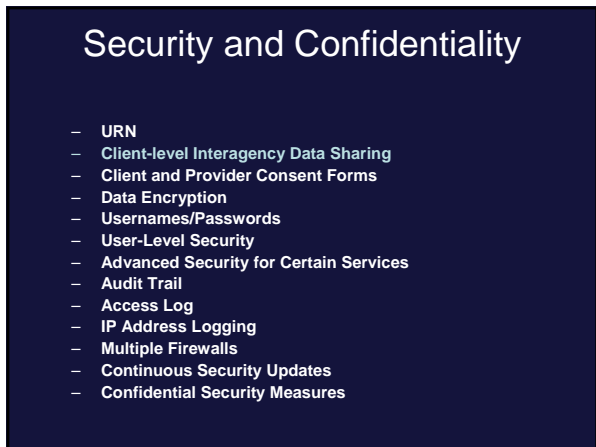








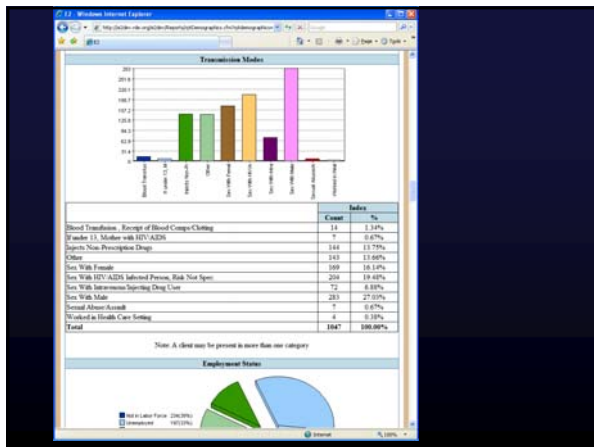




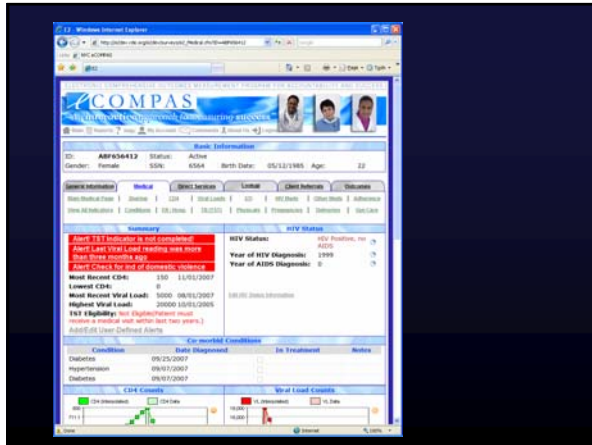
eCOMPAS Demonstration

1. Demographics / Utilization
2. Clinical Module / QIP
3. Testing to Engagement to Treatment

Demographics / Utilization

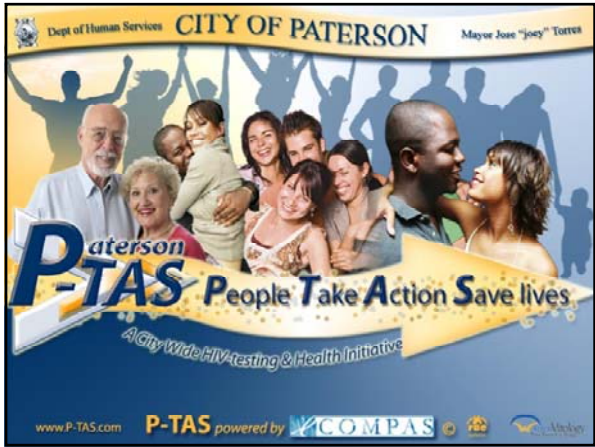


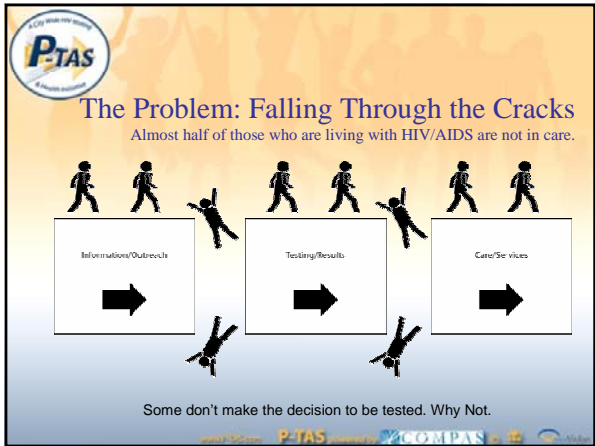
Clinical Module

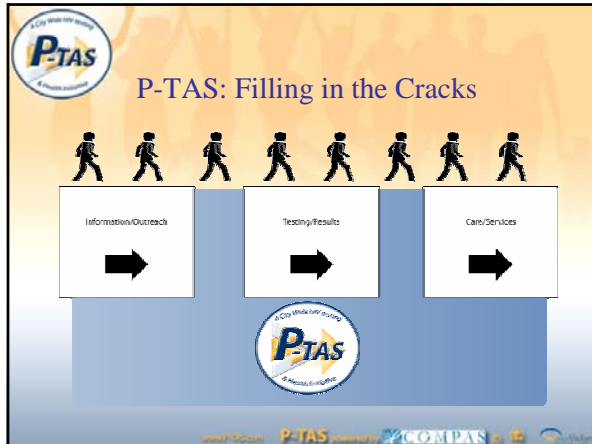




Testing to Engagement to Treatment







Do beliefs affect behavior?

What are the beliefs in **each community** that are **barriers** to healthy decisions?

Which messages must we **focus** on to affect behavior?

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Health Quiz Given to Community by P-TAS Outreach Workers

A person can get HIV by a mosquito bite. T or F
 A person cannot get HIV if over age 50. T or F
 Sharing needles increases risk of HIV. T or F
 AIDS is the final stage of HIV infection. T or F
 HIV infection is preventable. T or F
 You can tell if someone has HIV - AIDS. T or F
 Only gay men get HIV - AIDS. T or F
 There is a treatment for AIDS. T or F
 There is a cure for AIDS. T or F

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P-TAS A City Wide HIV Initiative

Web-Based Data Entry into e2

Web-based data entry interface for P-TAS, showing a form for entering patient information into the e2 system.

P-TAS A City Wide HIV Initiative

Real-Time Tracking & Monitoring: Myths and Misconceptions for Targeted Outreach

Myth	Total Accepted	Accepted Percent
1. A person can get HIV by sneezing or coughing	218	30 (14.3%)
2. A person cannot get HIV if over age 50	218	32 (14.7%)
3. Sharing needles and other drug-related accessories HIV risk	218	9 (4.1%)
4. AIDS is the final stage of HIV infection	217	36 (16.6%)
5. HIV and/or AIDS is preventable	218	41 (18.8%)
6. HIV and/or AIDS is curable	215	35 (16.3%)
7. A person may get HIV and/or AIDS and not realize it	215	15 (7.0%)
8. Only gay men get AIDS	217	18 (8.3%)
9. You can't get HIV if you have sex once	215	39 (18.1%)
10. There is a treatment for AIDS	215	87 (40.5%)

Over 26% of people in our community believe AIDS is not treatable!

Why bother get tested if you believe that HIV/AIDS is not treatable?

P-TAS A City Wide HIV Initiative

Messages Based on Analysis

HIV IS TREATABLE

P-TAS People Take Action Save Lives

A City Wide HIV-testing & Health Initiative

P-TAS powered by COMPAS

Tracking Outcomes

Real-time tracking of outcomes throughout entire process, anonymously with pre-printed incentive code on reward cards

Real-Time Tracking & Monitoring: Activity Tracking

Real-Time Tracking & Monitoring: Outcomes by Demographic Profile

We track outcomes, barriers, and success by demographic profile, so we can take a targeted approach with continuous program refinement.

Special Projects of National Significance
(SPNS) Health Information Technology (HIT)
2007-2011

Innovative Application of Technology to
Planning Bodies



Upcoming SPNS Projects

Innovative Application of Technology to
Planning Bodies



Q&A

Innovative Application of Technology to
Planning Bodies



Conclusion

Innovative Application of Technology to
Planning Bodies



Thank you for your time!