

Integration of Clinical Service Utilization and Outcome Data in Community-Based Organization Service Planning

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NATIONAL
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

Georgett Watson has no relevant financial interests to disclose.

Adam Thompson is a member of the Board of Directors for the National Quality Forum

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Objectives

- Describe systems-level interventions to integrate clinical service utilization and outcome data in community-based organizations
- Discuss key lessons and best practice from implementing clinical quality management activities in community-based organizations
- Discuss how community-based organizations utilize clinical data to improve service planning

Overview

- Overview of BHIP
- Introduction to South Jersey AIDS Alliance
- Systems-Level Interventions for BH Integration
- Discussion

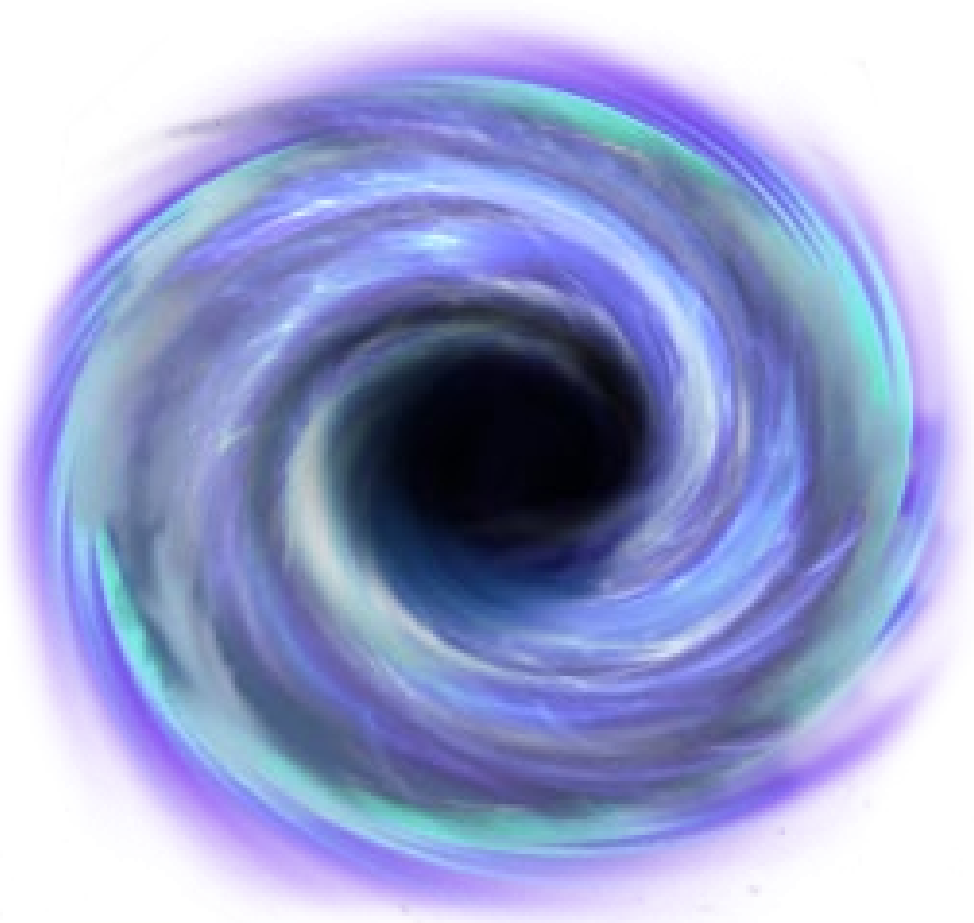
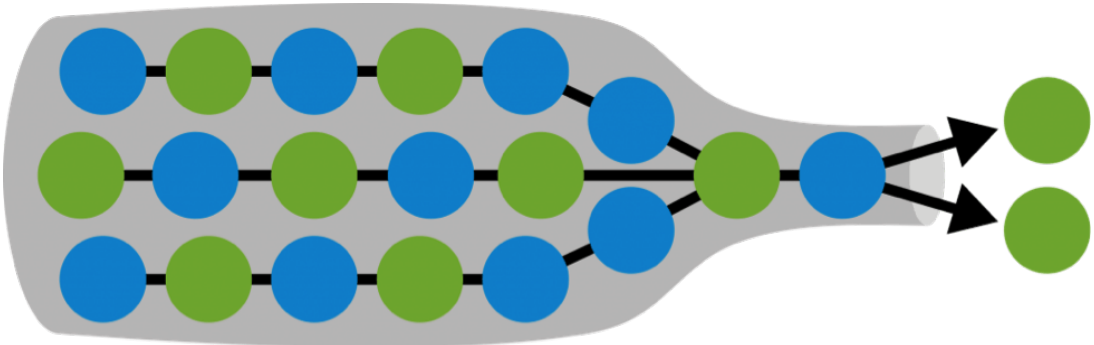
The New Jersey Behavioral Health and HIV Integration Project

Collaborative Learning

In 2014, New Jersey was invited to participate in the national HIV Cross-Part Care Continuum Collaborative (H4C), a learning collaborative aimed at improving viral load suppression rates in Ryan White HIV/AIDS Programs

In 2015, leveraging the quality management infrastructure and performance measurement built during H4C, NJ HIV services providers “drilled-down” their data to identify barriers to viral load suppression

Bottlenecks and Blackholes



Data Drill Down Outcomes

Primary Barriers (2015)

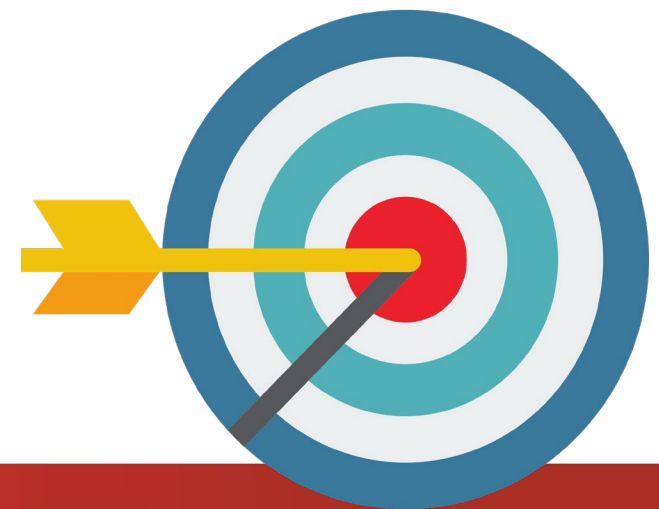
- Substance Use and Mental Health Disorder Management
- Housing Instability
- Challenges with Disclosure & Stigma

DOH Response (2017)

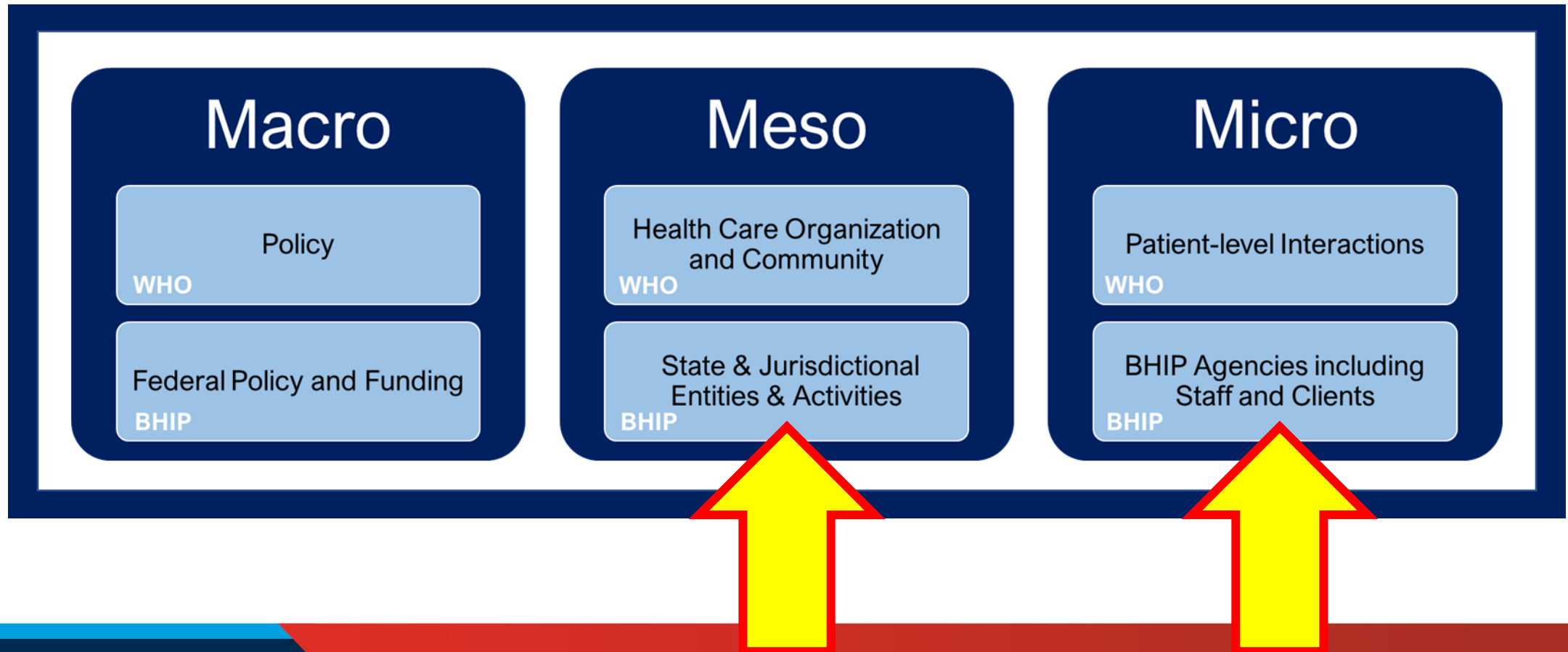
- **Behavioral Health and HIV Primary Care Integration Project (NJ BHIP)**
- New Jersey Housing Collaborative
- New Jersey Community Health Worker Program

B-HIP Aim

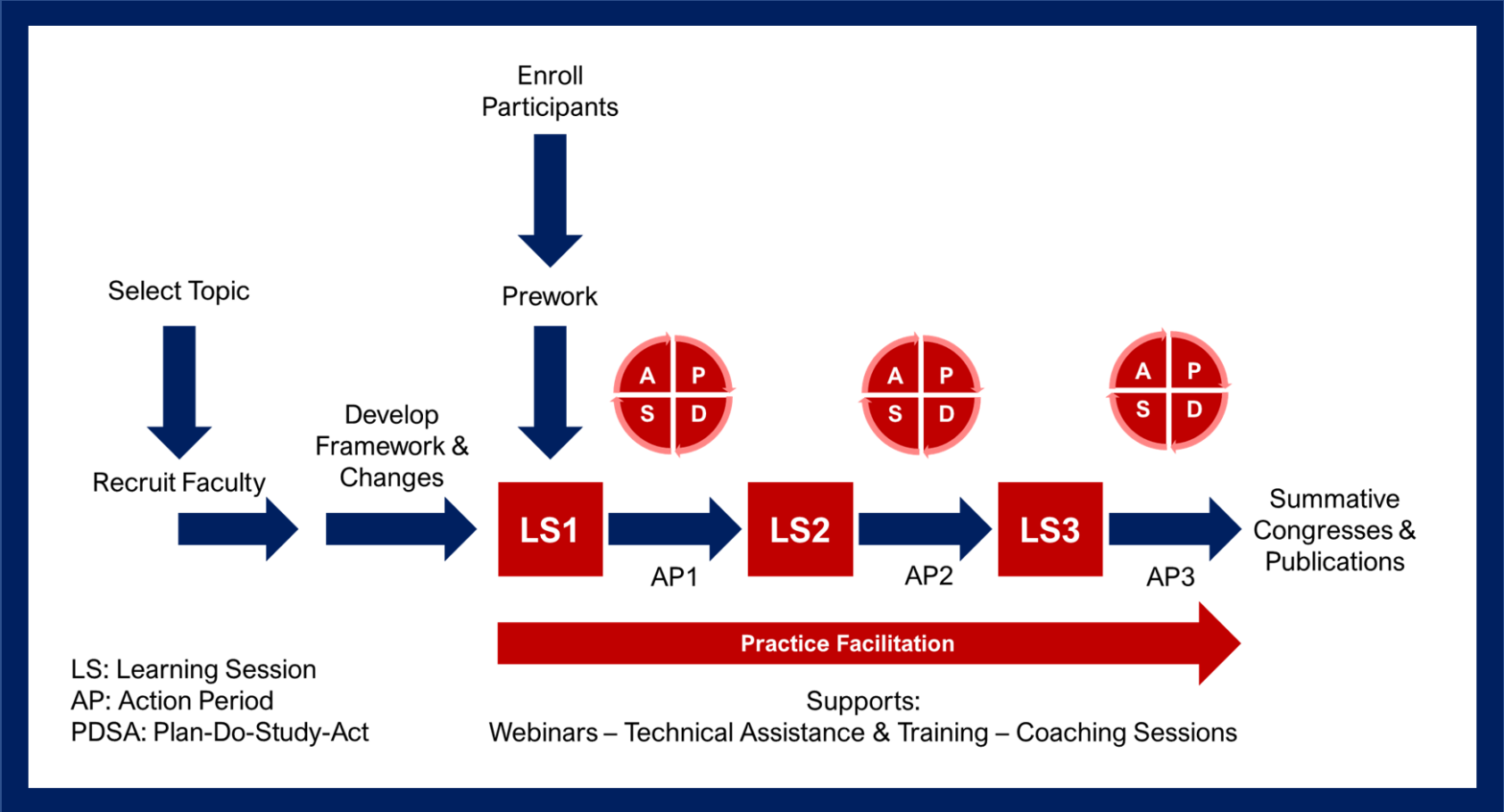
Develop a system of care in New Jersey that integrates behavioral health and HIV primary care services to improve system and patient outcomes.



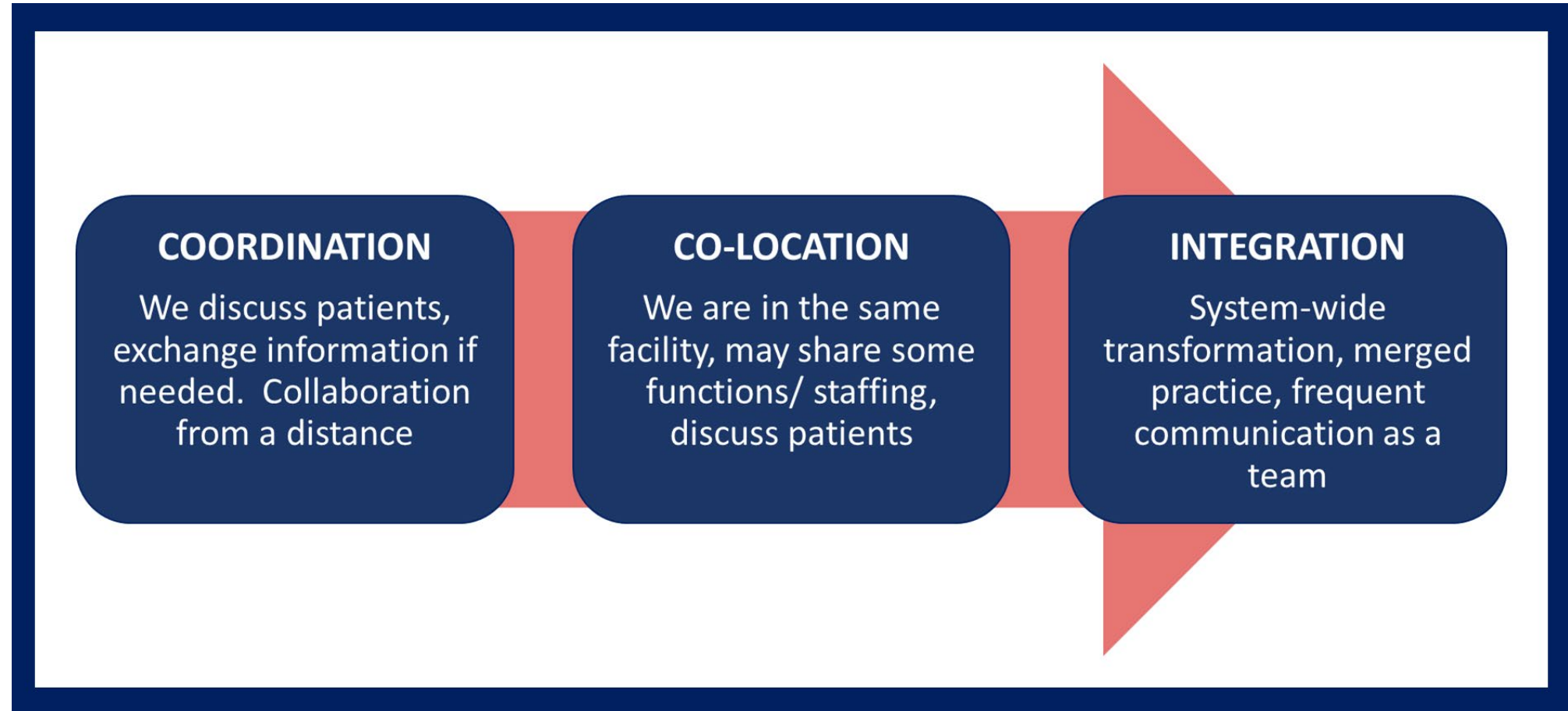
BHIP Environment & Stakeholders



Practice Facilitation



Integration Framework



BHIP Webinars

Date	Topic
AUG 2018	Psychiatric First Aid
SEP 2018	BH Diagnosis in PWH
DEC 2018	Model for Improvement & PDSA Cycles
JAN 2019	Motivational Interviewing
FEB 2019	SBIRT Implementation
MAR 2019	Agency Spotlight
APR 2019	Workplace Stress
MAY 2019	Community Health Workers
JUN 2019	Readiness for Substance Use Treatment
JUL 2019	Triply Diagnosed Patients
AUG 2019	Opioid Use & Care for Persons with HIV
SEP 2019	LGBTQ+ Cultural Competency

Date	Topic
OCT 2019	National HIV Curriculum & BH Screening
NOV 2019	Harm Reduction
DEC 2019	Stigma
JAN 2020	Behavioral Health Treatment
FEB 2020	Agitation and Difficult Behaviors
MAR 2020	COVID-19
APR 2020	Methamphetamine, MSM, & HIV
MAY 2020	Addressing Barriers for Transgender PWH
JUN 2020	Personality Disorders
SEP 2020	Using the GAD-7
OCT 2020	Preparation for Learning Session 8
DEC 2020	Project L.E.A.D. Recruitment

Referral Mapping

BHIP agencies mapped existing referral partners to identify gaps and better understand referral networks



Storyboards

BHIP agencies showcased their quality improvement activities using storyboards depicting:

- Baseline Data
- Aim Statement & Goals
- Process Maps
- Measurement Trees
- Performance Data Graphs


New Jersey B-HIP **AIDS Resource Foundation for Children**
Learning Session IV | May 7, 2019 | Princeton, NJ

B-HIP Team

Annie Chen: Leader, Facilitator
Beatrice Simpkins: Data Liaison
Bethsaida Rivera: QI Project Leader (Nest North)
Christina Cummins QI Project Leader (Nest South)
Kevin Zealand: Champion



First Data Submission




Aim Statement and Goals

Aim Statement: To improve health and wellness outcomes for PLWH by collaborating with BH and HIV PCPs to increase access to services and to share meaningful data in order to establish a holistic, trauma-informed narrative for each client.


Goals:

1. Launch a new data structure that will simplify tracking, reporting on, analyzing, and sharing information within the organization and partners
2. Implement a data integration plan with primary care and BH providers to share medically relevant information and client disposition
3. Implement the use of a life skills assessment tool informed by trauma-informed practices that captures baseline information about core skill sets for independent living, emotional regulation, and quality of life indicators

Behavioral Health Process Map



Patient Journey Map



Quality Improvement Step Measures



Data Submission Trends

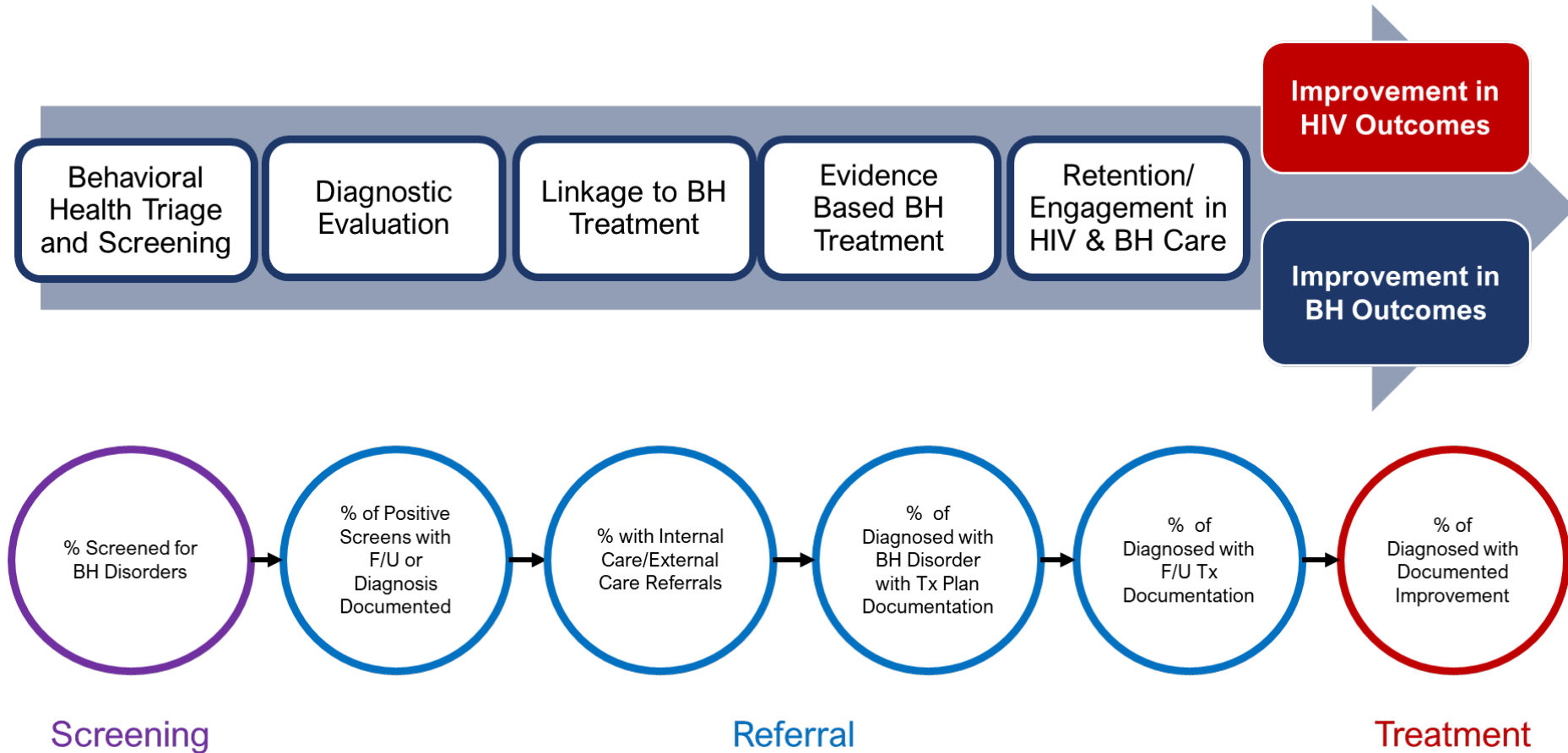


Coaches Corner

Life is like walking, you take one step at a time.
- Taylor Swift

AIDS Resource Foundation for Children approaches every change by thinking through the details – they engage their staff at every step, ensuring they are leveraging their collective expertise. They are amazing to watch in action.

BH & HIV Combined Continuum



Performance Measures

- **Screening**

- Depression Screening with PHQ-9
- Substance Use Screening with Evidence-based Tool

- **Referral**

- Positive Screens with Follow-Up Documented
- PWH w/BH Disorders Retained in BH Care

- **Treatment**

- Viral Suppression in PWH w/BH Disorders
- Viral Suppression in all PWH

The BHIP Report

1. Introduction
2. Learning Collaborative Model
3. Systems of Care
4. Concept Models
5. Recommendations Framework
6. Recommendations
7. References
8. Appendices

**New Jersey Behavioral Health and HIV
Primary Care Integration Project
Project Report**

Author Note

This report was prepared for the New Jersey Department of Health (DOH) Division of HIV, STI, and TB Services (DHSTS) by the South Jersey Regional Partner of the Northeast-Caribbean AIDS Education and Training Center (NE/CA AETC).

- Report
- Concept Models
- Data Reports
- Toolkit
- Webinars

Home The Report Models & Frameworks Data Appendices Toolkit Webinars

NJ Behavioral Health & HIV Integration Project

Purpose

The New Jersey Behavioral Health and Primary Care HIV Integration Project (NJ BHIP) was a four-year learning collaborative that provided a structured environment for Ryan White HIV/AIDS Program-funded agencies to implement systems-level changes to deepen integration of behavioral health and HIV primary care services for people with HIV.

Behavioral health disorders such as depression and anxiety as well as substance abuse and other addictions disproportionately affect people with HIV regardless of race, ethnicity, gender identity, or sexual orientation making this a critical area to focus on to improve population level outcomes such as viral load suppression and retention to care.

Throughout the course of the initiative, New Jersey HIV services providers engaged with one another and a range of experts, including practice facilitation coaches, to test and implement strategies and interventions to integrate behavioral health and HIV primary care at the systems-level. The learning collaborative included federally qualified health centers (FQHC), outpatient ambulatory clinics, and community-based organizations. The experiences and lessons learned from the participating agencies and staff informed the development of the BHIP recommendations to support deepening the integration of behavioral health and HIV primary care services which frame the core elements of integration identified through the collaborative.

BHIP Report Recommendations

The BHIP Report includes **recommendations for HIV service systems** to support greater integration of behavioral health and HIV services.

The recommendations were developed through evaluation meetings with BHIP participants, faculty, & coaches.

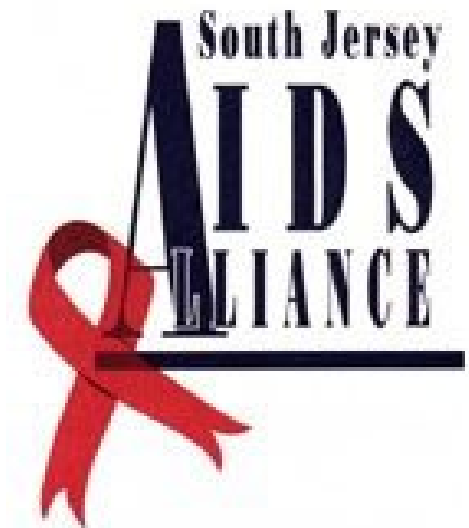
Choosing to implement any one of the recommendations would strengthen the system of care.

- Funding
- Contracting
- Service Standards
- Program Monitoring
- Performance Measurement
- Workforce Development

Recommendations

- **Fund Health Information Technology Infrastructure for CBOs - Funding**
- **Target Funding and Support Innovation in CBOs - Funding**
- **Demonstrate a Continuum of Care for BH Services - Contracting**
- **Monitor and Report BH Subpopulation by Diagnosis Code - Contracting**
- **Integrate Clinical Outcomes into CBO Services & Reporting – Service Standards**
- **Build Data Informed Agencies - Workforce**
- **Build CBO Capacity for Measurement, Reporting, & Improvement - Workforce**

South Jersey AIDS Alliance



South Jersey AIDS Alliance 1

- The South Jersey AIDS Alliance is a caring, compassionate, organization dedicated to the fight against HIV/AIDS.
- The South Jersey AIDS Alliance was born out of a grass roots effort to help people living with HIV/AIDS who needed support and assistance beyond that which was available at the time. That guiding principle remains one of our greatest strengths today.
- It all began in 1985 with a fundraiser at several local bars and clubs. The organizing group became The South Jersey Against AIDS Committee. Officers were selected on September 11, 1985. Today, the South Jersey AIDS Alliance stands as one of the region's leaders in the fight against AIDS. The SJAA is the eighth oldest AIDS Service Organization in the Country and the oldest in Southern New Jersey.

South Jersey AIDS Alliance 2

SJAA currently provides Ryan White CARE Act support services annually to:

- approximately **366** PWH
- evidenced-based prevention interventions to over **1,815** PWH or at high risk for HIV
- syringe services program to **1,700** People who Inject Drugs (PWID)
- drop-in center services to **3,934** people in need.

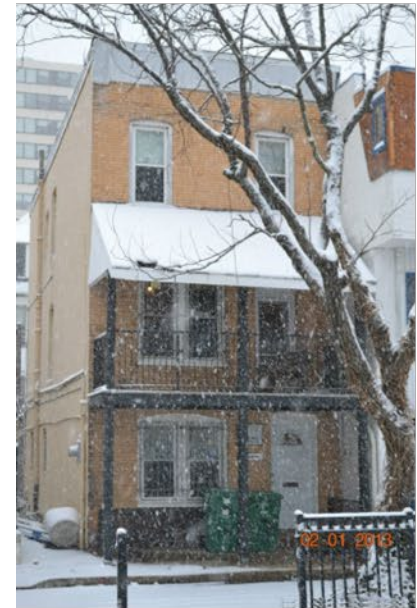
• Locations

- Atlantic City
 - Oasis, 32 South Tennessee Avenue
 - Administrative Offices, 19 Gordon's Alley
- Rio Grande
- Camden
- Bridgeton
- Vineland
- South Woods State Prison
- Southern State Correction Facility
- Bayside State Prison

South Jersey AIDS Alliance 3



South Jersey AIDS Alliance 4



HIV Care & Treatment Programs

- Non-medical Case Management
- Medical Case Management
- Community Health Workers
- Pharmaceutical Assistance
- Emergency Financial Rental Assistance
- Transportation
- Food Bank
- Delivered Meals Program (MANNA at the Shore)
- Support Groups
- Prison Discharge Planning

Prevention Programs

- CLEAR – PWH/A and MSM in Atlantic City
- Healthy Relationships – PWH/A in Camden
- CLEAR – PLWH/A in Vineland
- HIV Testing – Atlantic City
- Condoms/Lube/Dental Dams
- Harm Reduction Centers – Atlantic City, Rio Grande, Vineland

Atlantic City Harm Reduction Center

- **Syringe Access Program** – 1st legal syringe access program in NJ, opened November 2007, largest in NJ
- **ARCH Nurses** (Access to Reproductive Care and HIV Services) – added 2010, wound care, HIV testing, Hepatitis C testing, STI testing, Pregnancy Testing, overdose prevention education, safe injection education, referrals and linkages to medical care, PrEP, mental health & social services
- **Narcan kits**
- **Fentanyl Test Strips**
- **Condoms, Lube, Dental Dams**
- **Low Threshold Buprenorphine Program on demand**

Rio Grande & Vineland Harm Reduction Centers

- **Narcan kits**
- **Fentanyl Test Strips**
- **Condoms, Lube, Dental Dams**
- **Safe Disposal and Safe Injection Education**
- **Overdose Prevention Education**
- **Referrals and linkages to medical care, PrEP, mental health & social services**

Determinants of Integration

- Existing Data System
 - CAREWare is a **FREE**, electronic health and social support services information system for HRSA's Ryan White HIV/AIDS Program recipients and providers
- Staff Capacity to Customize Data System
 - SJAA utilizes CAREWare as the agency information system and has capacity and expertise in adaptation and customization
- Relationships with Clinical Providers
 - SJAA collaborates with other HIV providers including private practice and non-RWHAP-funded health care settings

Systems-Level Interventions

CAREWare Customization

- SJAA utilized the existing CAREWare information system by using a custom tab created to collect client-level behavioral health data
 - Allowed staff to use the same database they have been using and were familiar with
 - Allowed SJAA QA to create custom reports.
- What did it take to do this
 - Staff training
 - Addition to our current list of requests to medical providers
- Challenges
 - **NONE – We love CAREWare**
- Recommendations
 - Statewide CAREWare Data Specialist

Routine Collection of VLS Data

- SJAA adopted routine collection of viral load suppression data for clients
 - Allows staff to see if someone is adherent
 - Allows staff to review for resistance or adherence
 - Builds relationships with medical providers
- What did it take to do this
 - Staff training
 - Addition to our current list of requests to medical providers
- Challenges
 - Connecting with Non-Ryan White funded medical providers
- Recommendations
 - Build relationships with medical providers/office staff
 - Have a QA person or point person to review data quarterly

CAREWare Customization NJ BHIP Program 1

HRSA
Ryan White & Global HIV/AIDS Programs

Find Client > Search Results > Demographics > Custom Forms

Custom Forms

[BHIP Form](#) View or edit BHIP Form

[CHW Data](#) View or edit CHW Data

- Customize
- Client Summary
- Demographics
- Client Report
- Encounter Report
- Drug Payments
- Services
- Annual Review
- Case Notes
- Custom Forms**
- Vital Signs
- Hospital Admissions
- Medications
- Labs
- Screenings
- Screening Labs
- Immunizations
- Diagnoses
- Sharing Requests
- Referrals
- Relations
- Counseling and Testing
- Pregnancy History
- Orders
- Custom Subform
- Appointments
- User Messages
- Search Change Details
- Duplicate Client
- Performance Measure Status
- Delete Client
- Close
- External Links

HRSA
Ryan White & Global HIV/AIDS Programs

Find Client > Search Results > Demographics > Custom Forms > BHIP Form

Save Back Print

BHIP Data

Client Name: BHIP Service Date:

BHIP PM1: BHIP Depression Screen

BHIP PM2: BHIP Alcohol Screen BHIP Substance Abuse Screen

BHIP PM3:

MH-Monitor and reassess MH-Already in Tx

MH-Refer for evaluation MH-Patient refused referral

ALC-Monitor and reassess ALC-Already in Tx

ALC-Refer for evaluation ALC-Patient refused referral

SUB-Monitor and reassess SUB-Already in Tx

SUB-Refer for evaluation SUB-Patient refused referral

BHIP PM4:

BHIP Diagnosis

BH Tx Plan Integrated-MCM

	Price:	Qty:	Total:
ACTIVE-SJAA ALL- C & T S	0.00	1	0.00

BH Tx Plan Integrated-MH

	Price:	Qty:	Total:
ACTIVE-SJAA ALL- C & T S	0.00	1	0.00

Welcome to the new CareWare!

CAREWare Customization NJ BHIP Program 2

BHIP Data

Client Name: BHIP Service Date:

BHIP PM1 BHIP PM2

<input type="checkbox"/> BHIP Depression Screen <input type="text"/>	<input type="checkbox"/> BHIP Alcohol Screen <input type="text"/>	<input type="checkbox"/> BHIP Substance Abuse Screen <input type="text"/>
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BHIP PM3

<input type="checkbox"/> MH-Monitor and reassess <input type="checkbox"/> MH-Refer for evaluation <input type="checkbox"/> ALC-Monitor and reassess <input type="checkbox"/> ALC-Refer for evaluation <input type="checkbox"/> SUB-Monitor and reassess <input type="checkbox"/> SUB-Refer for evaluation	<input type="checkbox"/> MH-Already in Tx <input type="checkbox"/> MH-Patient refused referral <input type="checkbox"/> ALC-Already in Tx <input type="checkbox"/> ALC-Patient refused referral <input type="checkbox"/> SUB-Already in Tx <input type="checkbox"/> SUB-Patient refused referral
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BHIP PM4

BHIP Diagnosis

BH Tx Plan Integrated-MCM

	Price:	Qty:	Total:
<input type="text" value="ACTIVE-SJAA ALL- C & T S"/>	<input type="text" value="0.00"/>	<input type="text" value="1"/>	<input type="text" value="0.00"/>

BH Tx Plan Integrated-MH

	Price:	Qty:	Total:
<input type="text" value="ACTIVE-SJAA ALL- C & T S"/>	<input type="text" value="0.00"/>	<input type="text" value="1"/>	<input type="text" value="0.00"/>

CAREWare Customization CHW Program 3

HRSA
Ryan White & Global HIV/AIDS Programs

Find Client > Search Results > Demographics > Custom Forms > CHW Data

Client Name: SAMPLE, JOE J Form Date: []

Emotional Support (will add new)

CHW Program Contract	+
1	
0.00	
0.00	

Instructional Support (will add new)

CHW Program Contract	+
1	
0.00	
0.00	

Home Visit

- assist w/making appt. for HI
- assist with making appt. for
- assist with scheduling trans

Informational Support (will add new)

CHW Program Contract	+
1	
0.00	
0.00	

Face to Face

- discuss drug use/harm red
- discuss lab values
- discuss resistance

Affiliation Support (will add new)

CHW Program Contract	+
1	
0.00	
0.00	

Huddle or case conference

- Affiliation/network support

Customize menu: Client Summary, Demographics, Client Report, Encounter Report, Drug Payments, Services, Annual Review, Case Notes, Custom Forms, Vital Signs, Hospital Admissions, Medications, Labs, Screenings, Screening Labs, Immunizations, Diagnoses, Sharing Requests, Referrals, Relations, Counseling and Testing, Pregnancy History, Orders, Custom Subform, Appointments, User Messages, Search Change Details, Duplicate Client, Performance Measure Status, Delete Client, Close, External Links.

Welcome to the new Ca reware!

HRSA
Ryan White & Global HIV/AIDS Programs

Find Client > Search Results > Demographics > Custom Forms > CHW Data

Client Name: SAMPLE, JOE J Form Date: []

Systems Support (will add new)

CHW Program Contract	+
1	
0.00	
0.00	

Face to Face

- case conferencing
- distributing facilitator funds
- remind client about medical

Customize menu: Client Summary, Demographics, Client Report, Encounter Report, Drug Payments, Services, Annual Review, Case Notes, Custom Forms, Vital Signs, Hospital Admissions, Medications, Labs, Screenings, Screening Labs, Immunizations, Diagnoses, Sharing Requests, Referrals, Relations, Counseling and Testing, Pregnancy History, Orders, Custom Subform, Appointments, User Messages, Search Change Details, Duplicate Client, Performance Measure Status, Delete Client, Close, External Links.

Welcome to the new Ca reware!

Client-Provider Empanelment

- SJAA adapted an empanelment strategy to stratify clients by HIV primary care provider for data collection
 - Allowed us to see where our clients were receiving their HIV care
 - **Showed us that over 50% of our clients were not being seen by Ryan White funded providers**
 - Helped us make connections in the clinical space
- What did it take to do this
 - Ran a custom report in CAREWare to see who went where
 - QA met with NMCMs and CHWs
 - QA and CHWs contacted medical providers to set up case conferencing meetings to gather data
- Challenges
 - Connecting with Non-Ryan White funded medical providers

Relationship Building

- SJAA enhanced existing relationships to improve data collection
 - Open communication with medical providers
- What did it take to do this
 - QA coached relationships with Ryan White medical providers; facilitated extraction
 - CHW/NMCMs had relationships with other CHW and NMCMs and facilitated extraction
 - Set aside time to do case conferencing on shared clients
 - Continued to request updates of CD4 counts, viral load and PHQ-9 data on a quarterly basis
- Challenges
 - Connecting with Non-Ryan White funded medical providers
- Recommendations
 - Know what resources are available in your community – people, places, what the process is like, referral/linkage turn around time, what screenings are conducted
 - Identify the gaps in service

Integration of Screening

- SJAA Non-Medical Case Managers adopted depression screening for special populations
 - Individuals seen in environments NOT routinely screening for depression
 - General practitioners willing to share data and currently working on those relationships
 - Happy to know there were people and services working with this patient – they were able to rely on the CBO
 - Still working on individual providers to collaborate on all patients in their environment – it's hit or miss; frequency of interactions with staff tend to improve ability to get the data
 - **Added additional staffing through HIV Services funding to continue expanded scope of NMCM for clinical data collection**

Integration of Screening continued

- What did it take to do this
 - PHQ-9 Training (Columbia University); Motivational Interviewing (BHIP Faculty); Readiness Rulers and Brief Interventions (NECA AETC)
- Challenges
 - Resources, where to refer clients
- Recommendations
 - Know what resources are available in your community – people, places, what the process is like, referral/linkage turn around time, what screenings are conducted
 - Identify the gaps in service

Lessons Learned

- Desire: Having a Mental Health person on staff to at least make the initial connection
 - Greater need as a result of increased awareness of need
- Learn to fully utilize the FREE database
 - Expert in each state would be helpful; someone who knows how to customize and understands what a CBO could be doing with this tool
- Build relationships with other providers by continually making requests for information and sharing information

Discussion

