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

Adam Thompson, Health Systems Carpenter

Georgett Watson, COO

South Jersey AIDS Alliance

2022

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Disclosures

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

Disclosure will be made when a product is discussed for an unapproved use.

This continuing education activity is managed and accredited by AffinityCE, in collaboration with the Health Resources and Services Administration (HRSA), LRG, and AffinityCE. AffinityCE, LRG and HRSA staff, as well as planners and reviewers, have no relevant financial interests to disclose. AffinityCE adheres to the ACCME's Standards for Integrity and Independence in Accredited Continuing Education. Any individuals in a position to control the content of a CME activity, including faculty, planners, reviewers, or others, are required to disclose all relevant financial relationships with ineligible entities (commercial interests). All relevant conflicts of interest have been mitigated prior to the commencement of the activity.

There was no commercial support for this activity.

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

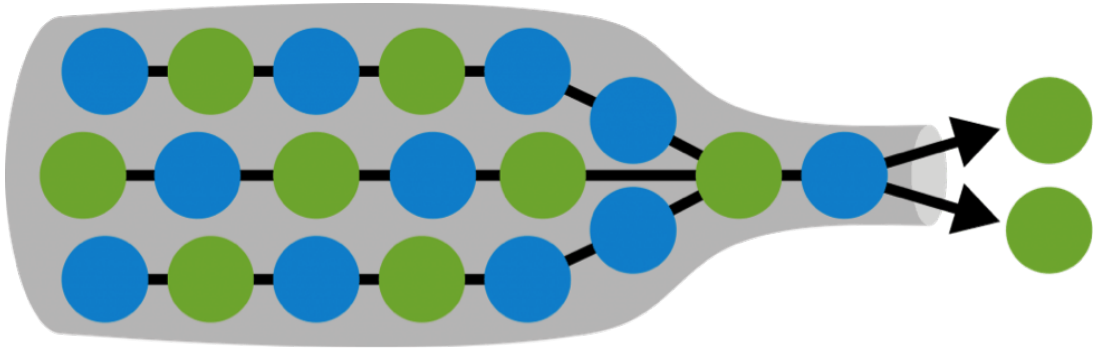
Collaborative Learning

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Primary Barriers (2015)

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

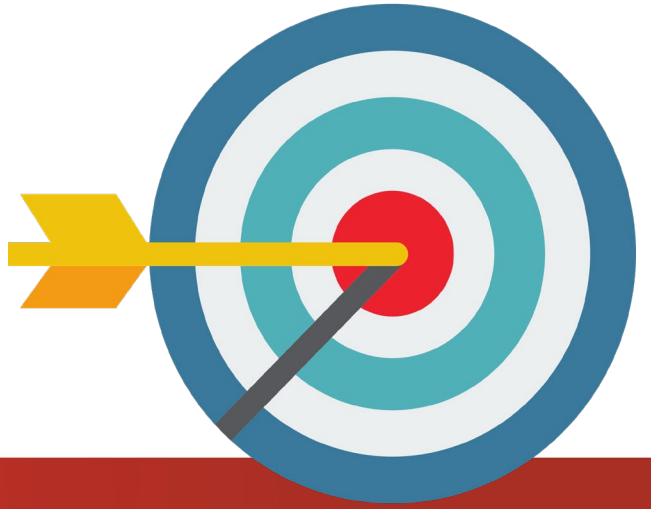
DOH Response (2017)

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

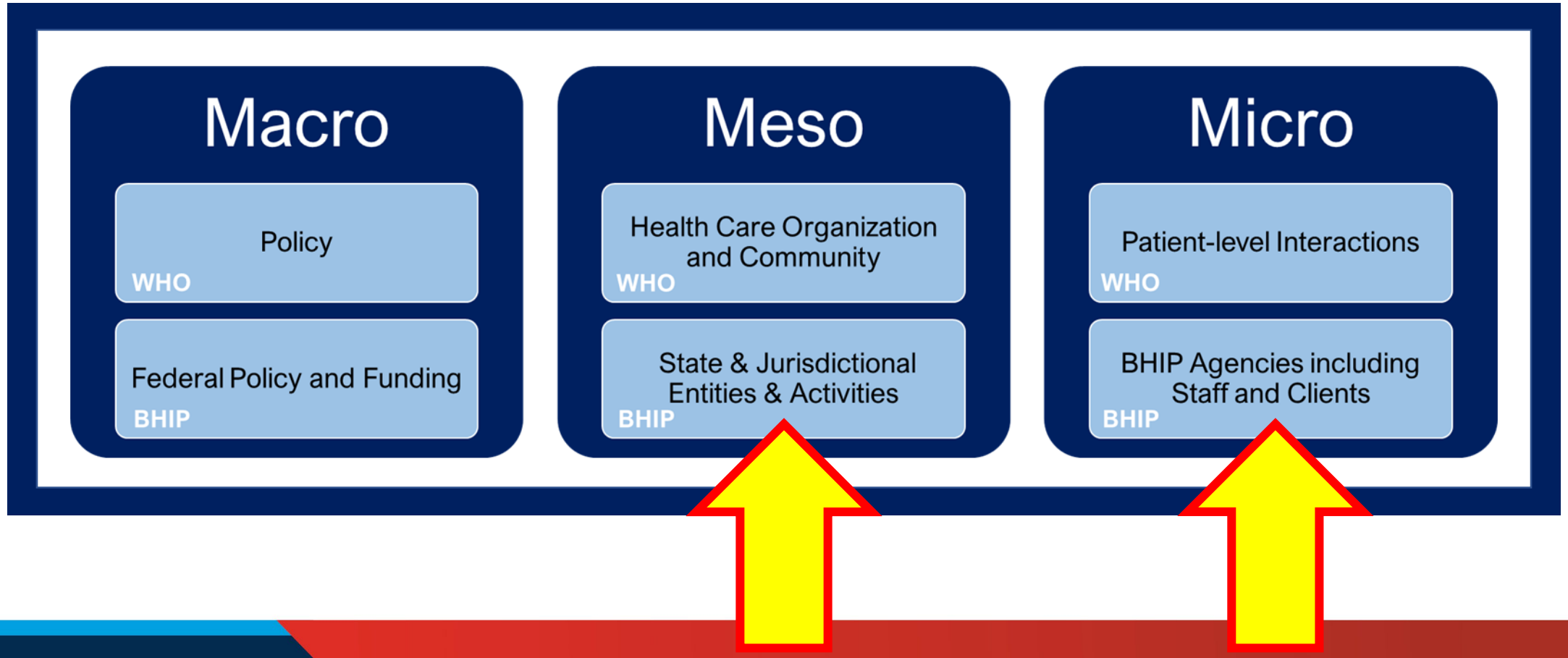
B-HIP Aim

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

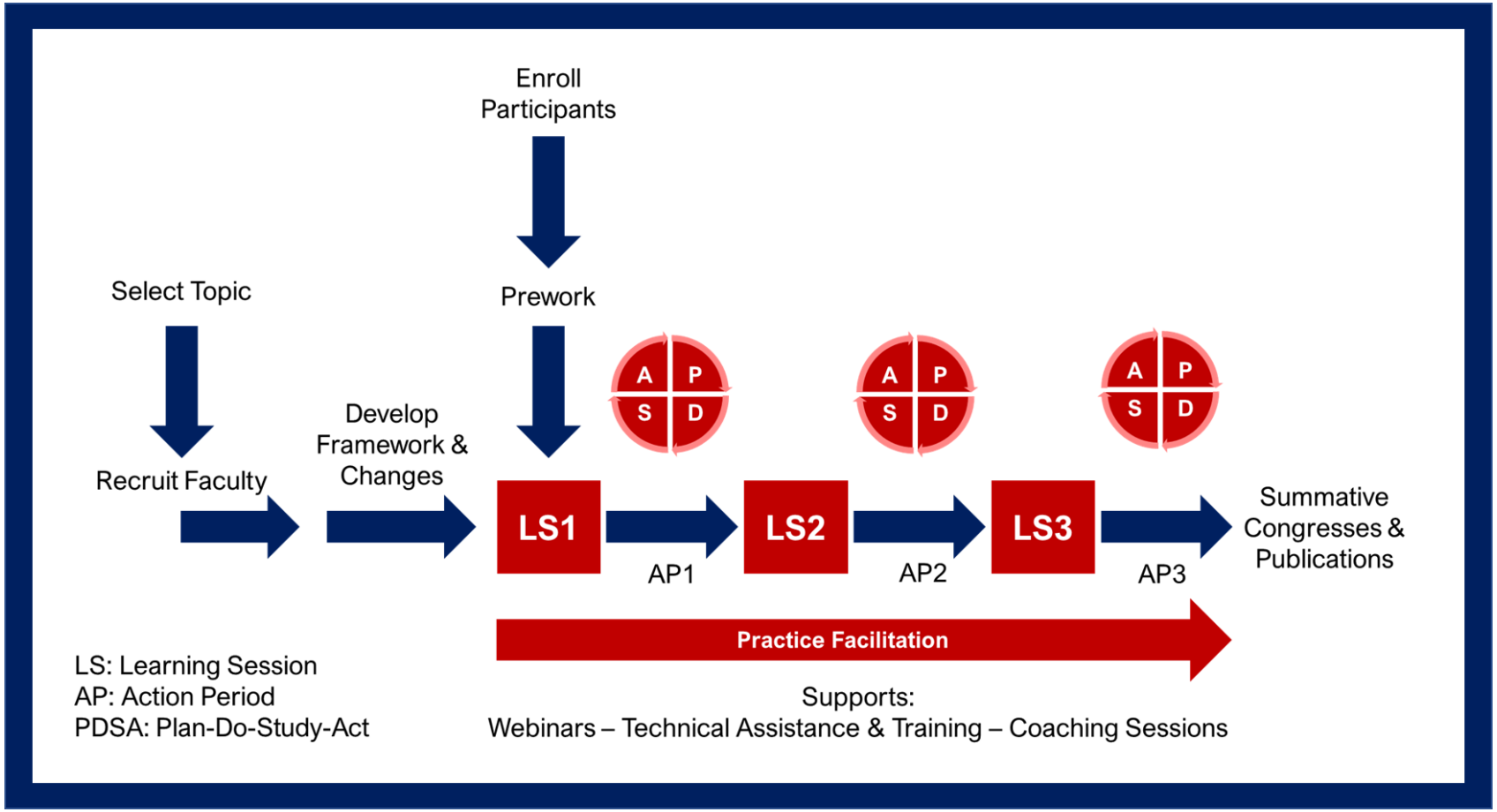
Develop a system of care in New Jersey that integrates behavioral health and HIV primary care services to improve system and patient outcomes.



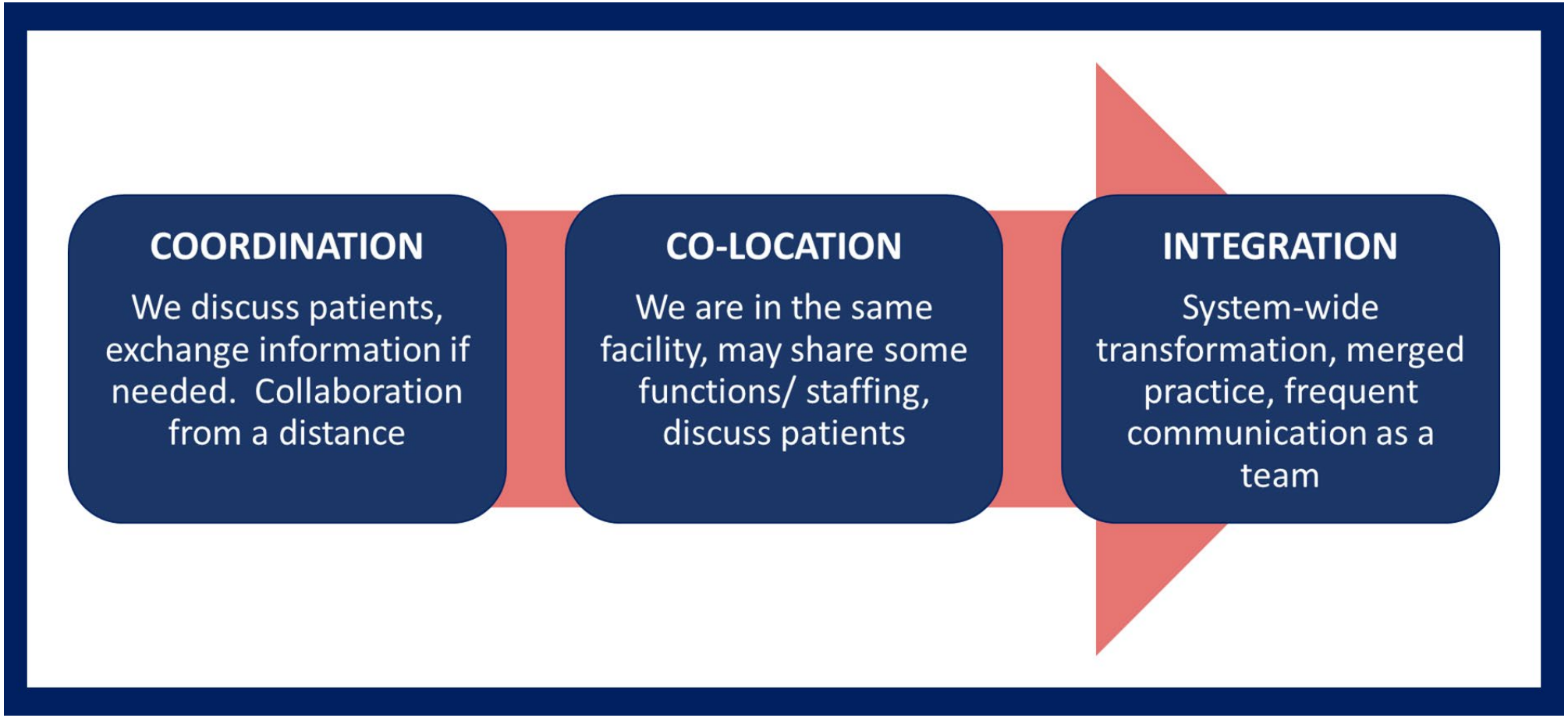
BHIP Environment & Stakeholders



Practice Facilitation



Integration Framework



Gerrity, M., Zoller, E., Pinson, N., Pettinari, C., & King, V. (2014). Integrating Primary Care into Behavioral Health Settings: What Works for Individuals with Serious Mental Illness. New York, NY: Milbank Memorial Fund

BHIP Webinars

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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

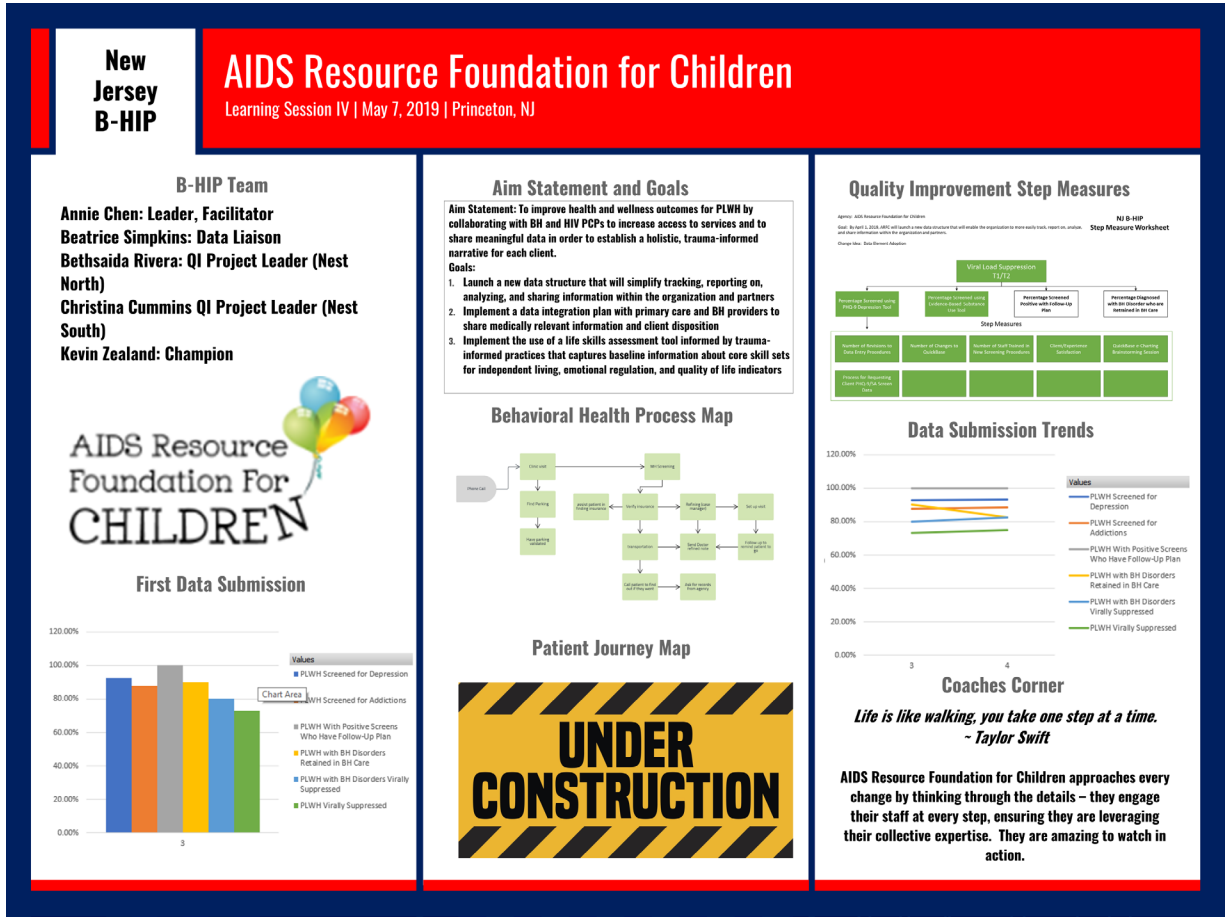
Referral Mapping

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

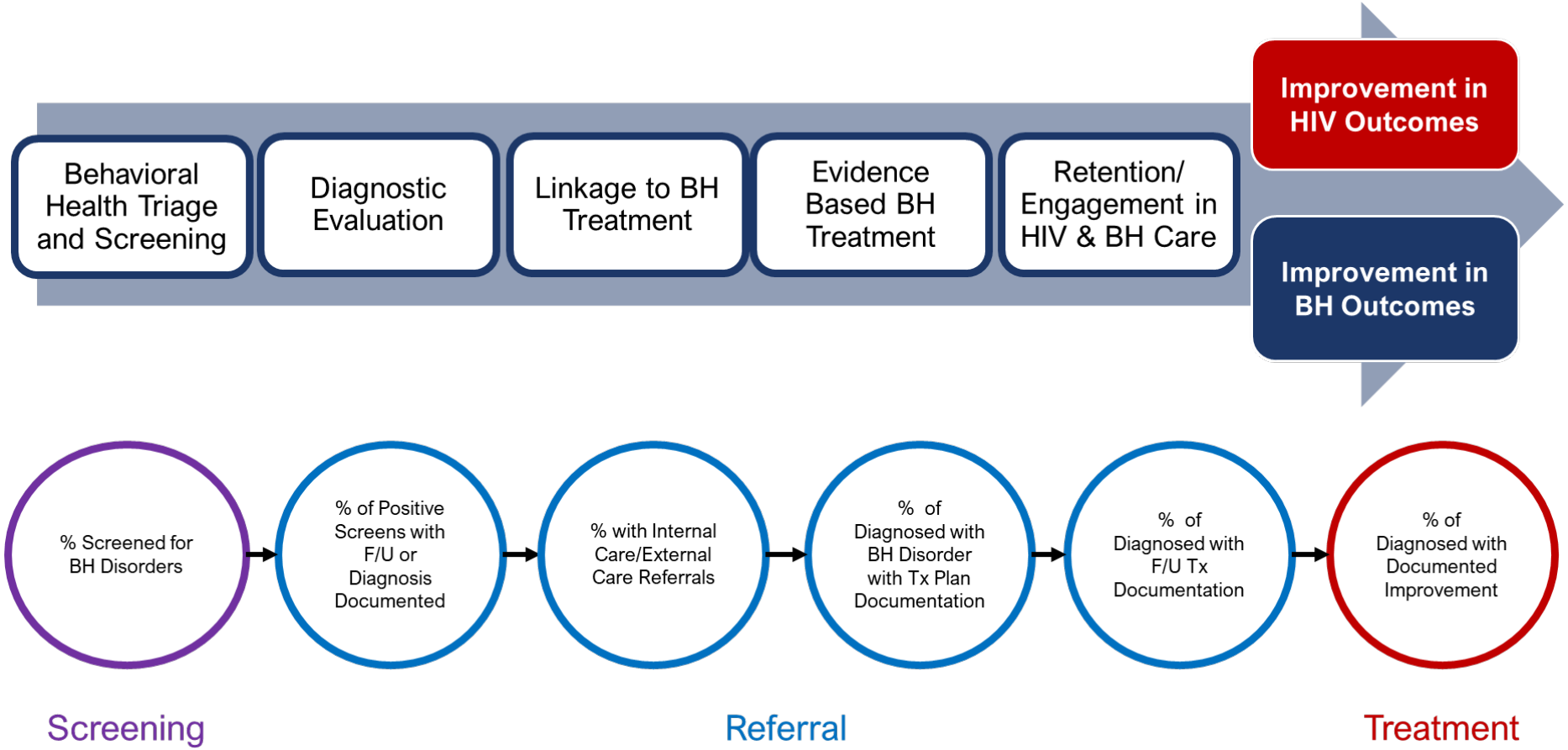
Storyboards

BHIP agencies showcased their quality improvement activities using storyboards depicting:

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



BH & HIV Combined Continuum



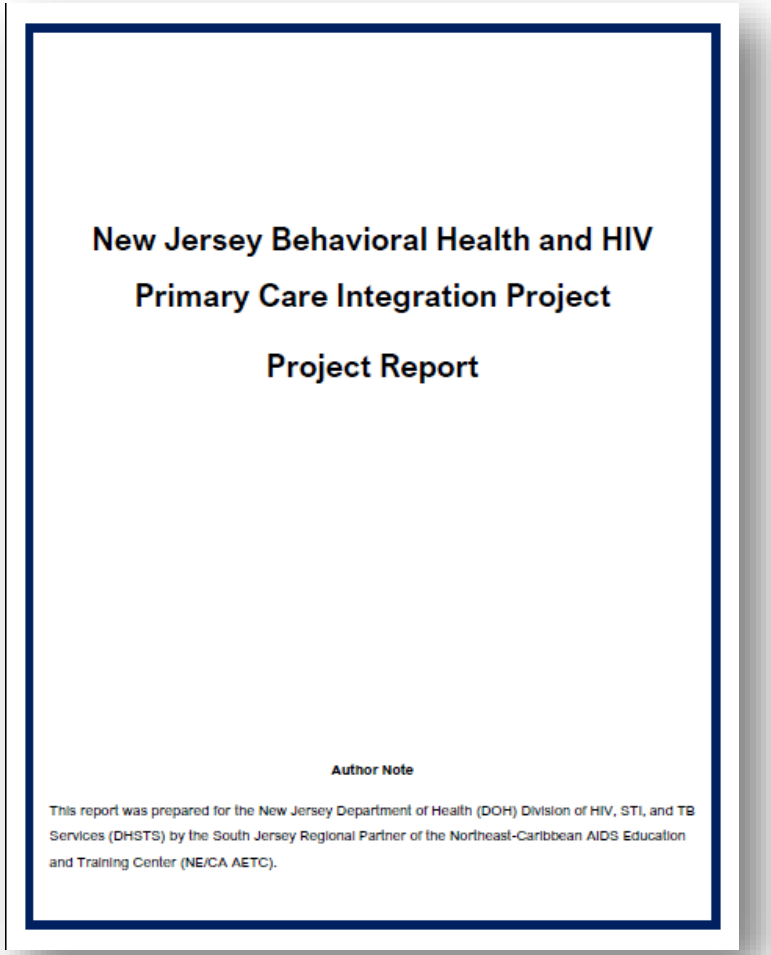
Performance Measures

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

- 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

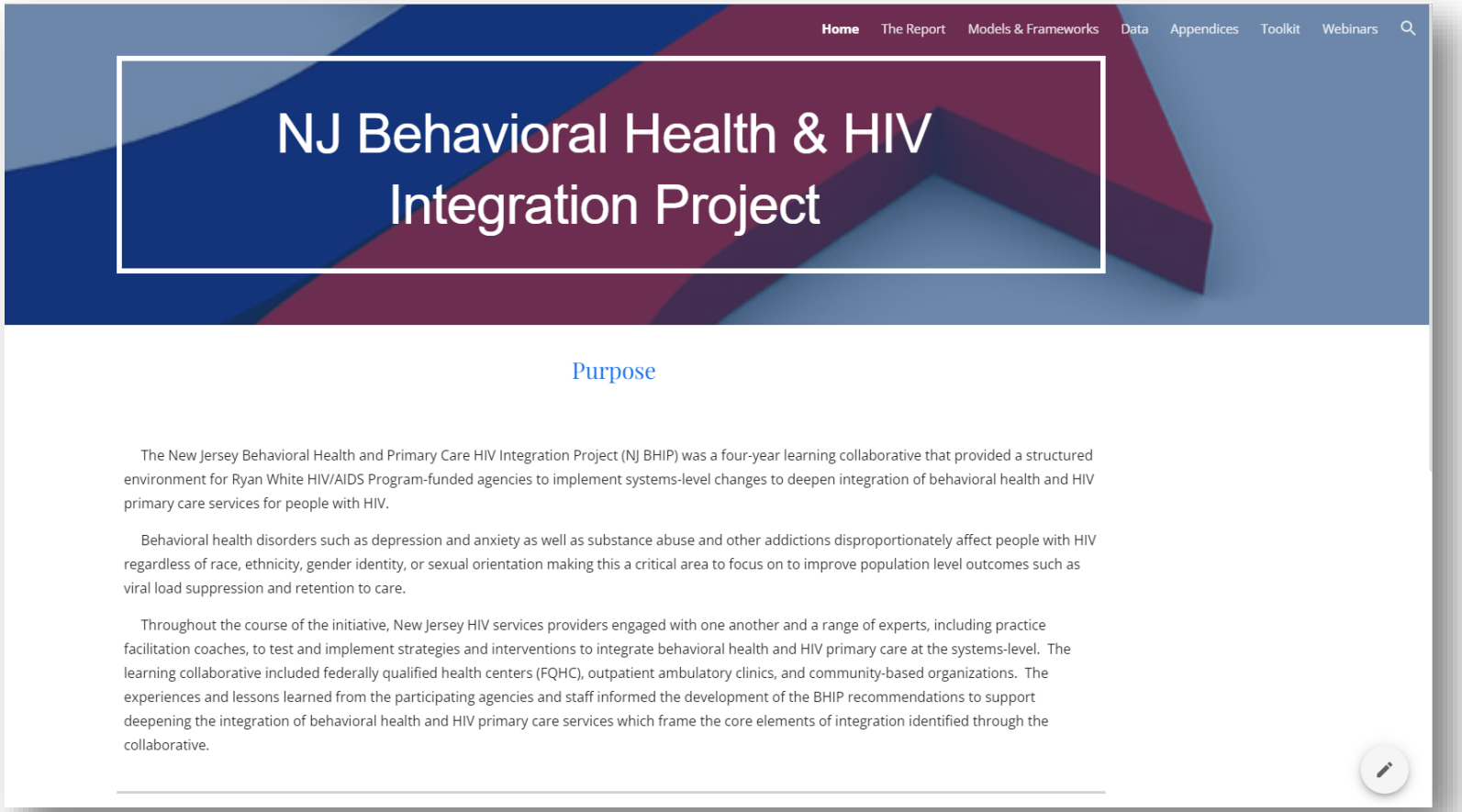
Author Note

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).

Project Website (www.NJBHIP.com)

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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



BHIP Report Recommendations

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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.

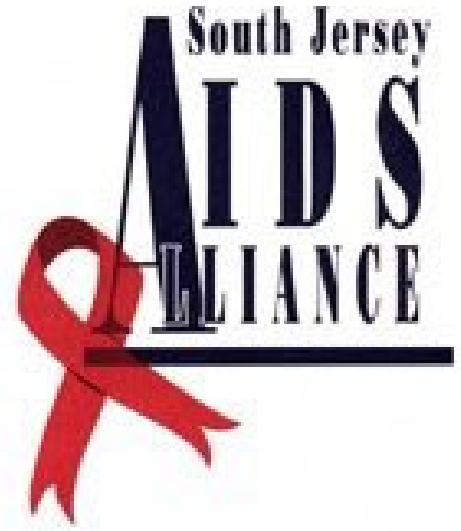
- Funding
- Contracting
- Service Standards
- Program Monitoring
- Performance Measurement
- Workforce Development

Recommendations

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

- 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

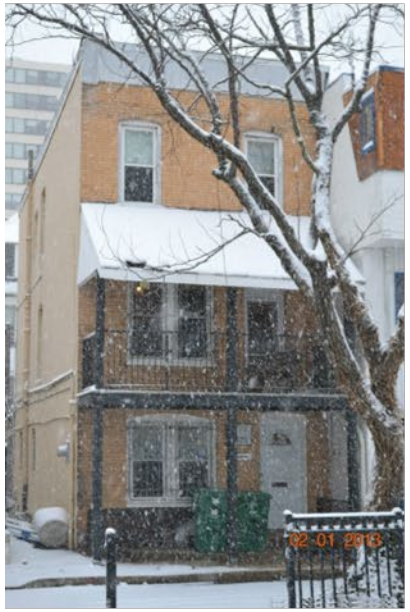
SJAA currently provides Ryan White CARE Act support services annually to:

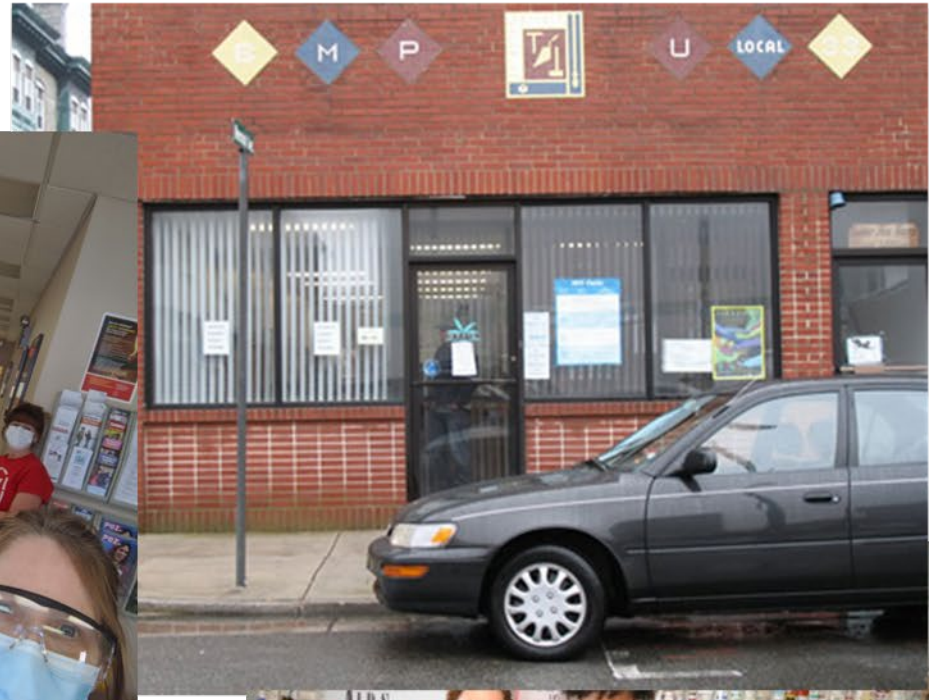
- approximately **366** PWH
- evidenced-based prevention interventions to over **1,815** PWH or at high risk for HIV
- syringe services program to **1,700** People who Inject Drugs (PWID)
- drop-in center services to **3,934** people in need.

- 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





South Jersey AIDS Alliance 5

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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

South Jersey AIDS Alliance 6

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

South Jersey AIDS Alliance 7

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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**

South Jersey AIDS Alliance 8

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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

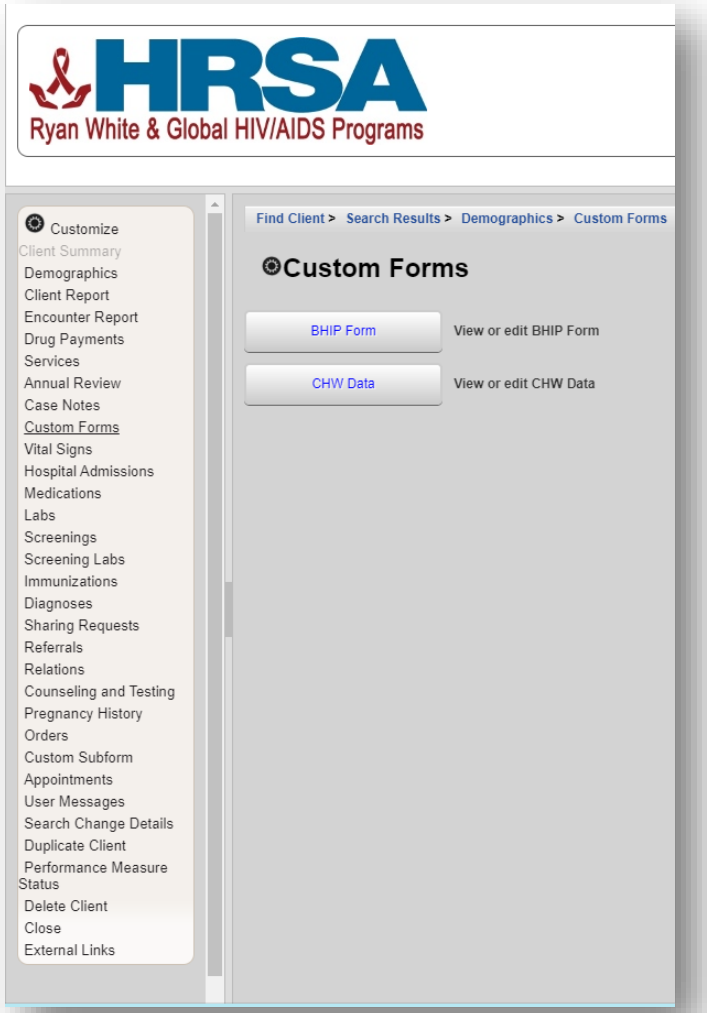
CAREWare Customization

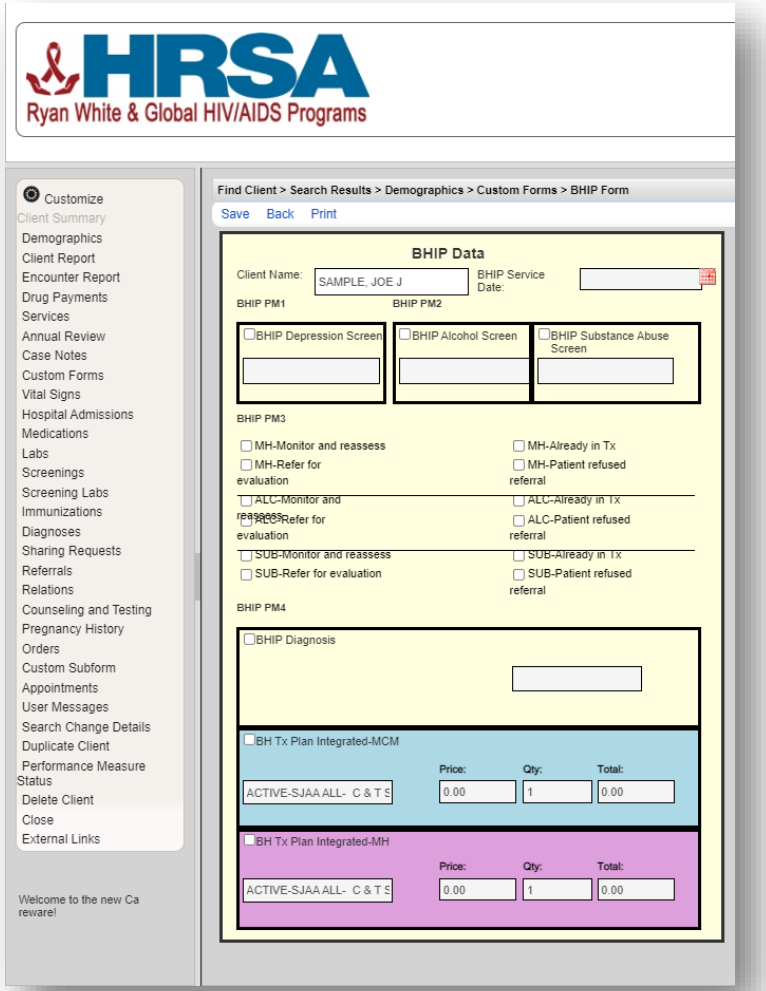
- SJAA utilized the existing CAREWare information system by using a custom tab created to collect client-level behavioral health data
  - Allowed staff to use the same database they have been using and were familiar with
  - Allowed SJAA QA to create custom reports.
- What did it take to do this
  -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

Routine Collection of VLS Data

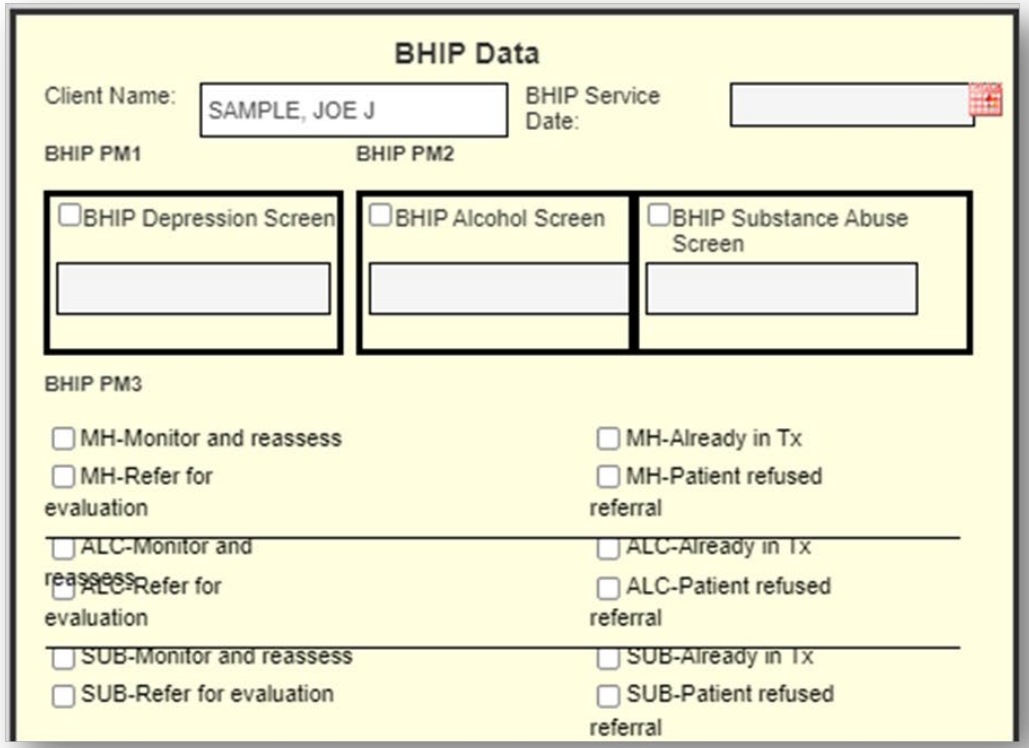
- SJAA adopted routine collection of viral load suppression data for clients
  - Allows staff to see if someone is adherent
  - Allows staff to review for resistance or adherence
  - Builds relationships with medical providers
- What did it take to do this
  - Staff training
  - Addition to our current 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

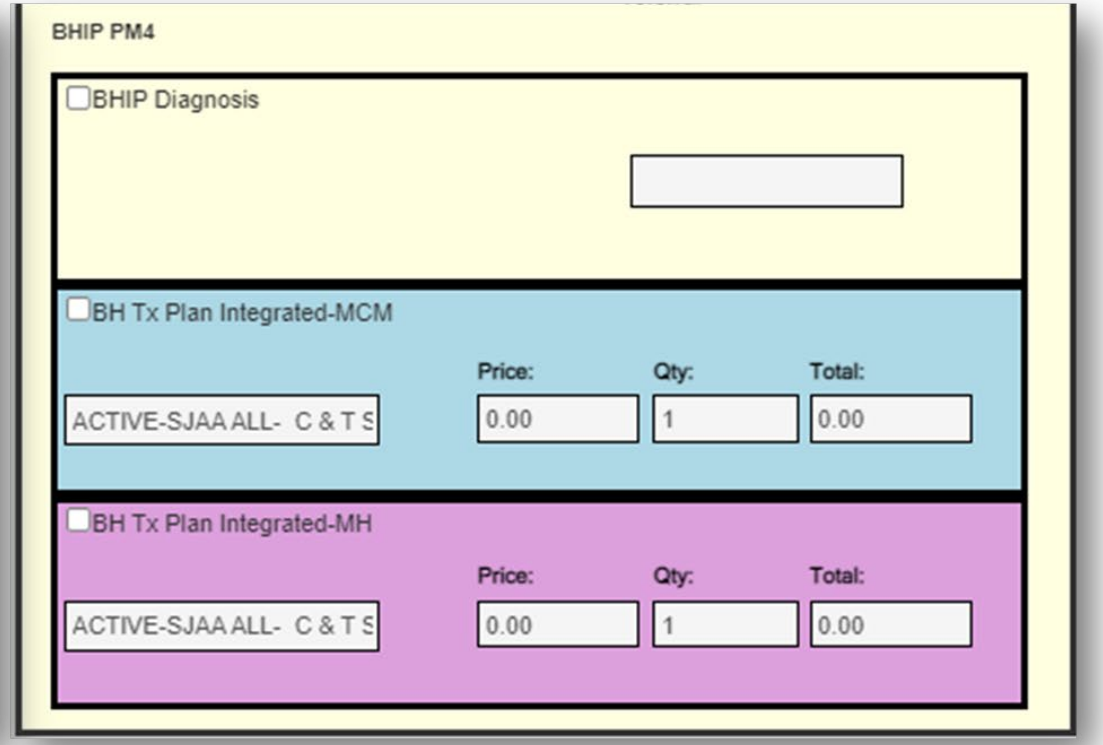
CAREWare Customization
NJ BHIP Program 1



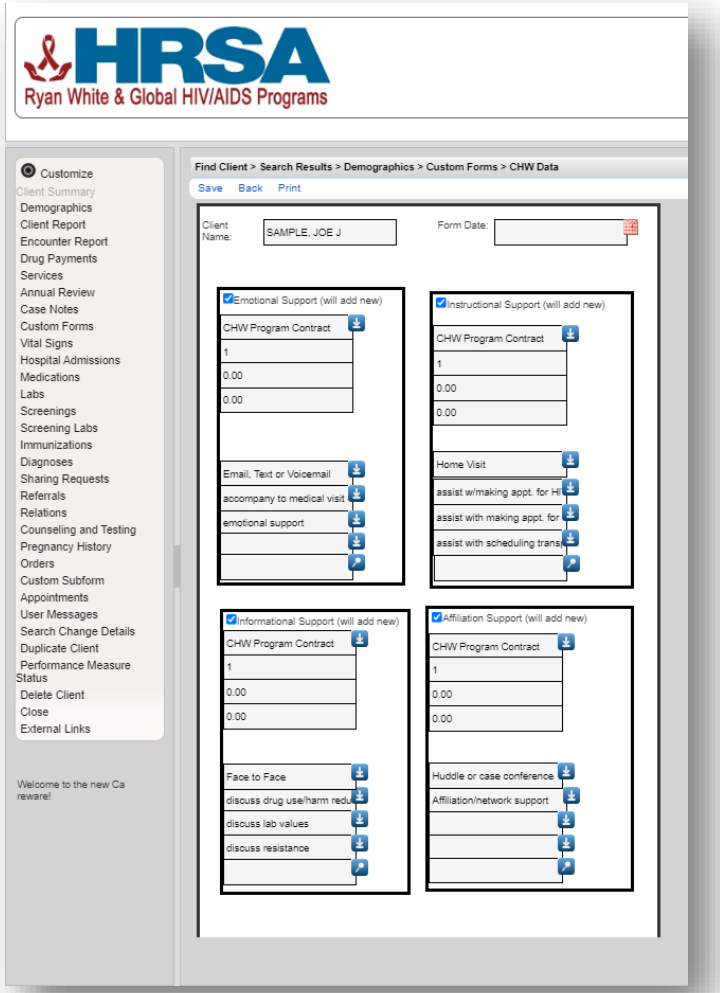


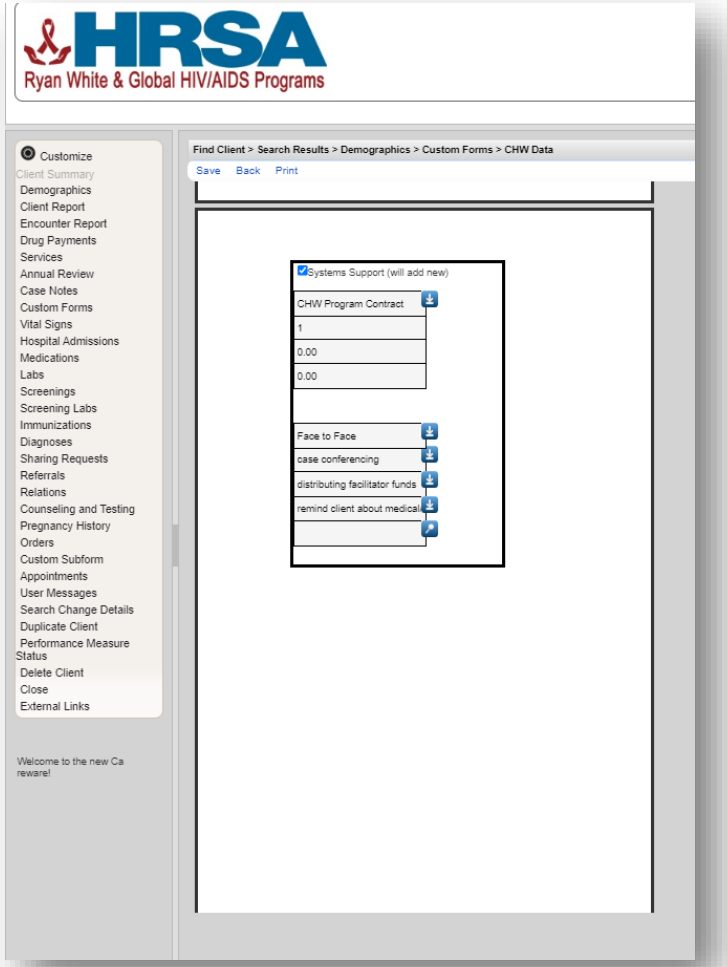
CAREWare Customization
NJ BHIP Program 2





CAREWare Customization
CHW Program 3





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