## **Avoiding the Data System Black Holes:**

Two States' Journeys to integrate programs, utilize innovative approaches to improve data quality, and reduce administrative burdens system-wide

Gretchen Regier, Infectious Disease Program Manager, Nebraska Department of Health and Human Services

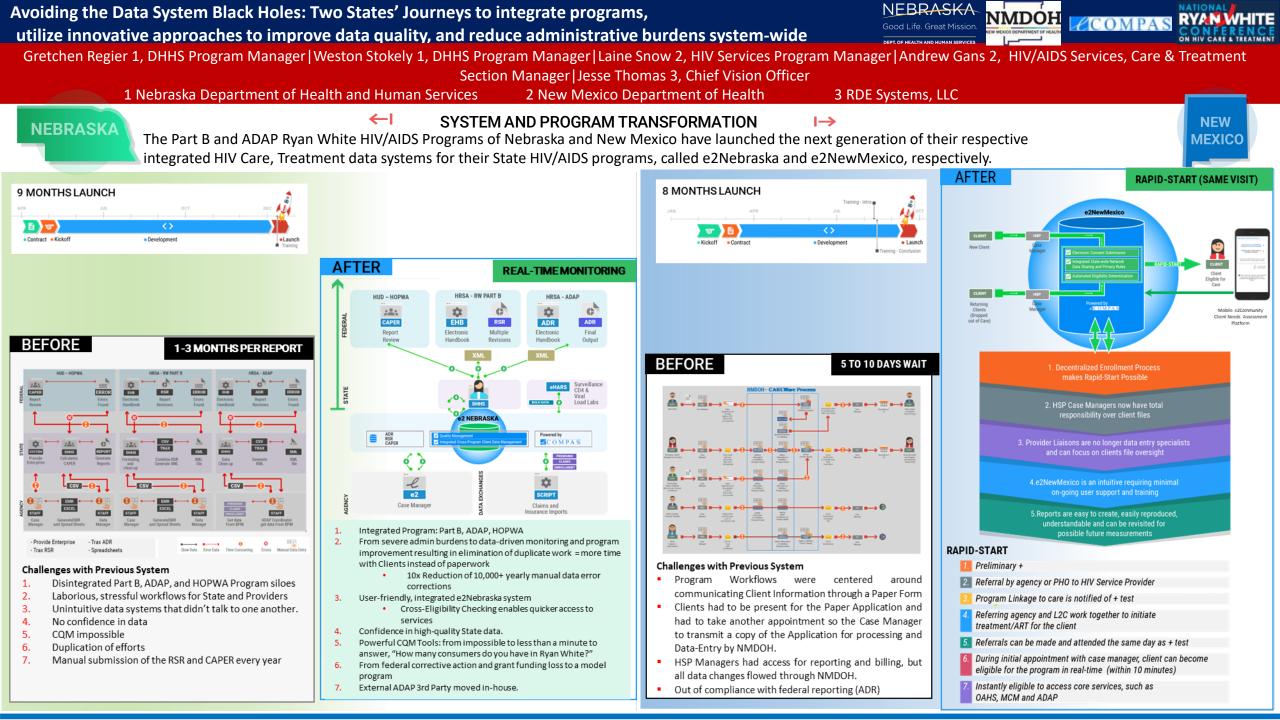
Weston Stokey, Ryan White Part B Program Manager, Nebraska Department of Health and Human Services

Laine Snow, HIV Services Program Manager, New Mexico Department of Health

Andrew Gans, HIV/AIDS Services, Care & Treatment Section Manager, New Mexico Department of Health

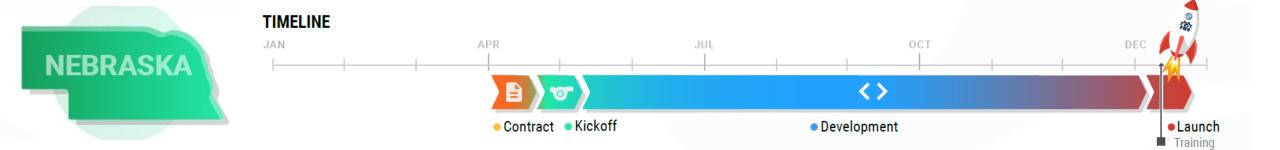
Jesse Thomas, Chief Vision Officer, RDE Systems
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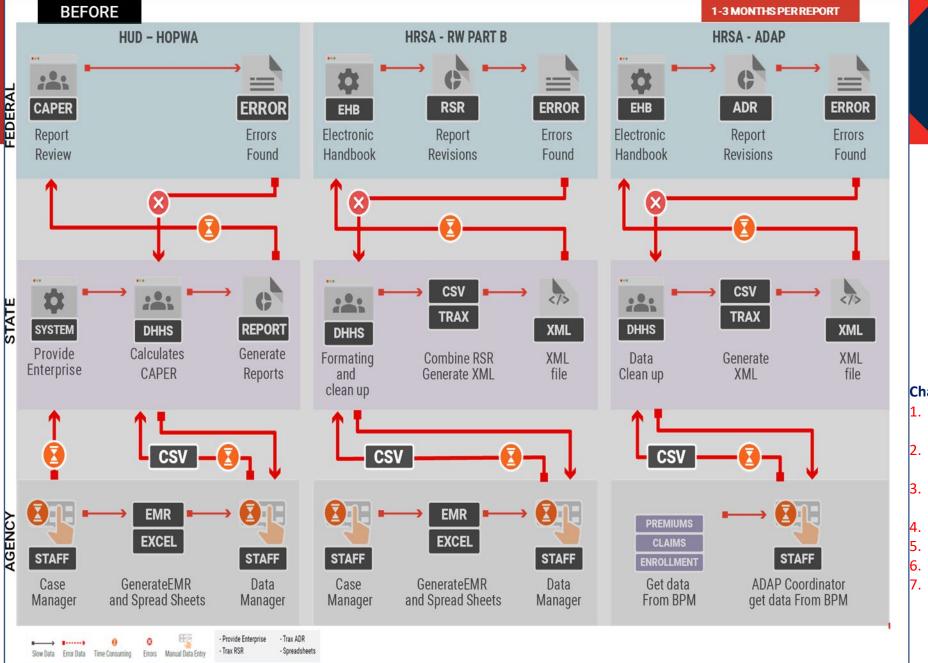
RYANNHITE CONFERENCE ON HIV CARE & TREATMENT



# Nebraska - Introduction



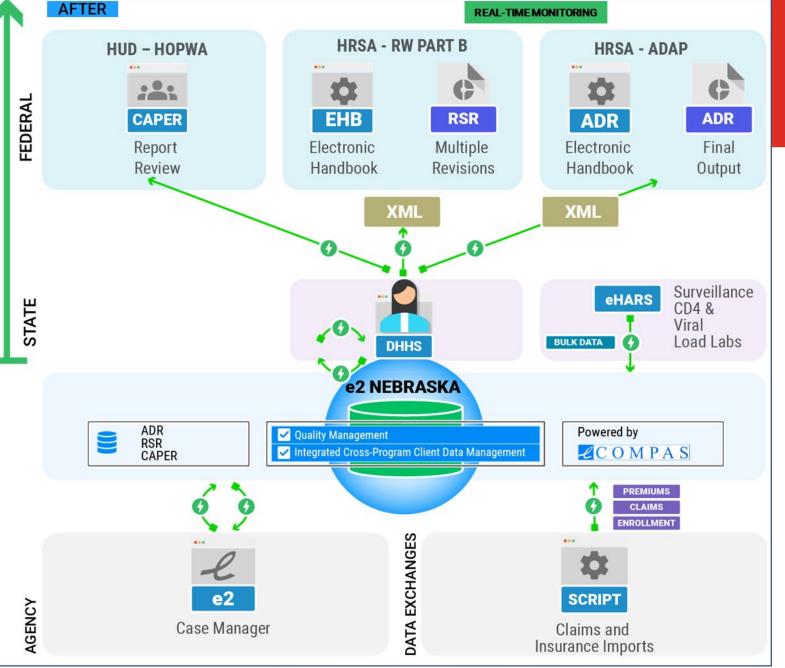




### RYANNAL CONFERENCE ON HIV CARE & TREATMENT

Challenges with Previous System

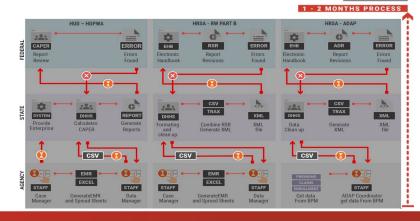
- Disintegrated Part B, ADAP, and HOPWA Program siloes
- Laborious, stressful workflows for State and Providers
- . Unintuitive data systems that didn't talk to one another.
- No confidence in data
- CQM impossible
- Duplication of efforts
- Manual submission of the RSR and CAPER every year



### RYANNHITE CONFERENCE ON HIV CARE & TREATMENT

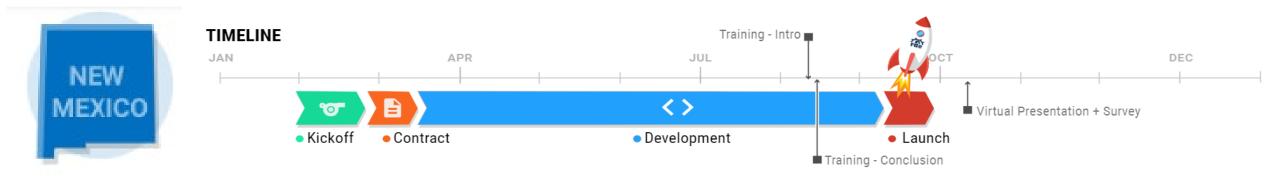
#### Highlights

- 1. Integrated Programs: Part B, ADAP, HOPWA
- 2. From severe admin burdens to data-driven monitoring and program improvement resulting in elimination of duplicate work = more time with Clients instead of paperwork
  - 10x Reduction of 10,000+ yearly manual data error corrections
- 3. User-friendly, integrated e2Nebraska system
  - Cross-Eligibility Checking enables quicker access to services
- 4. Confidence in high-quality State data.
- 5. Powerful CQM Tools: from impossible to less than a minute to answer, "How many consumers do you have in Ryan White?"
- 6. From federal corrective action and grant funding loss to a model program
- 7. External ADAP 3rd Party moved in-house.



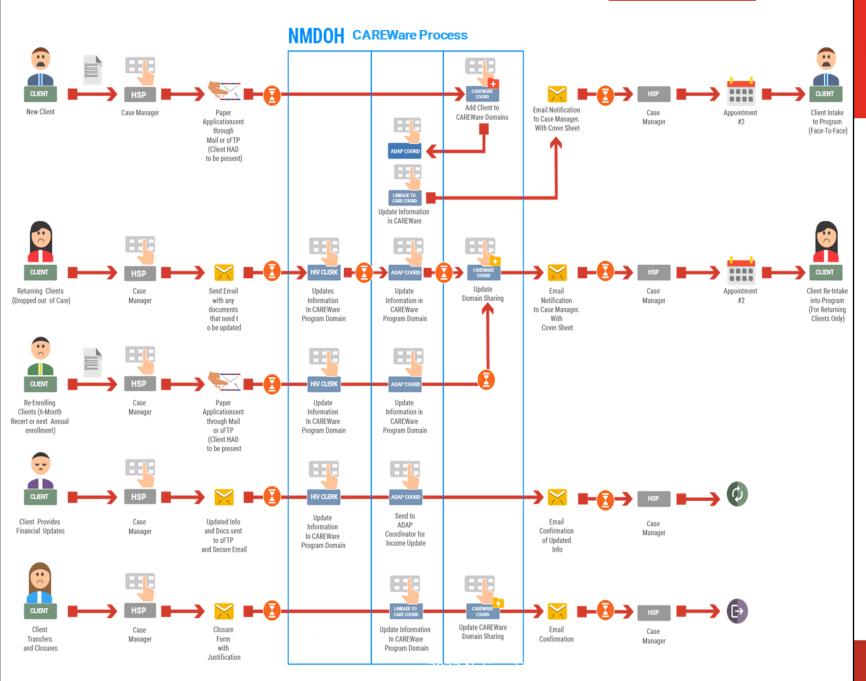
# **New Mexico - Introduction**







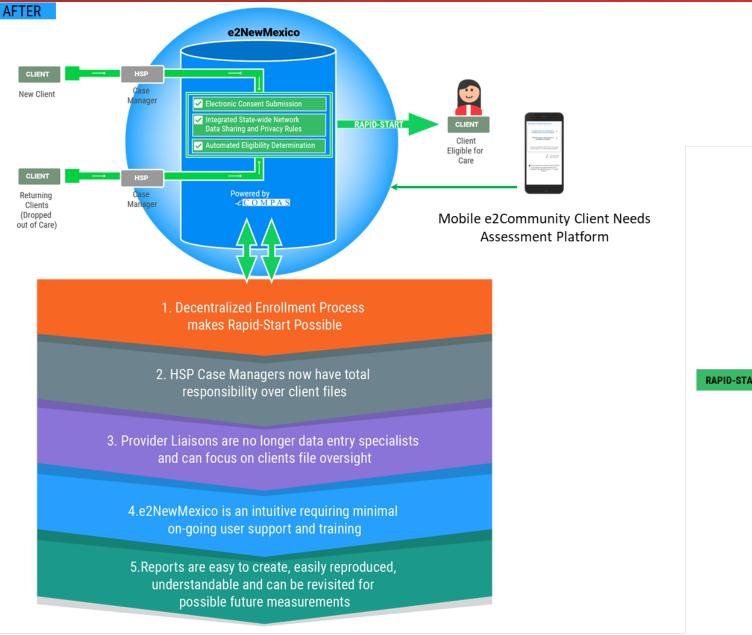
1-3 MONTHS PER REPORT



#### RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

#### Challenges with Previous System

- Program Workflows were centered around communicating Client Information through a Paper Form
- Clients had to be present for the Paper Application and had to take another appointment so the Case Manager to transmit a copy of the Application for processing and Data-Entry by NMDOH.
- HSP Managers had access for reporting and billing, but all data changes flowed through NMDOH.
- Out of compliance with federal reporting (ADR)





#### RAPID-START (SAME VISIT)

RAPID-START

Preliminary +

2. Referral by agency or PHO to HIV Service Provider

Program Linkage to care is notified of + test

Referring agency and L2C work together to initiate treatment/ART for the client

5. Referrals can be made and attended the same day as + test

6. During initial appointment with case manager, client can become eligible for the program in real-time (within 10 minutes)

Instantly eligible to access core services, such as OAHS, MCM and ADAP

# End User Feedback & Keys to Success



## **Provider Feedback**

"You just made my day, I love it!"

• e2Nebraska Provider User

"I just love e2NewMexico and thank you so much for what you're doing..."

• e2NewMexico Provider User

### Keys to Success

- Both States had leadership who wasn't afraid to get things done
- With the support from a good partner to help; learning how to do the data dictionaries and all the other technical tasks, anybody can do it, and nobody should shy away from that, even if that's not what they do for a living