

Cross-Agency Data Collaboration: Turning Insights into Action

The District of Columbia Experience

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DC HEALTH



Disclosures

The Presenters have no financial interest to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Describe the value of establishing an inter-agency data-sharing agreement
2. Describe the steps involved with matching claims, program and surveillance datasets
3. Identify data-driven opportunities for programmatic enhancements

Obtaining CME/CE Credit

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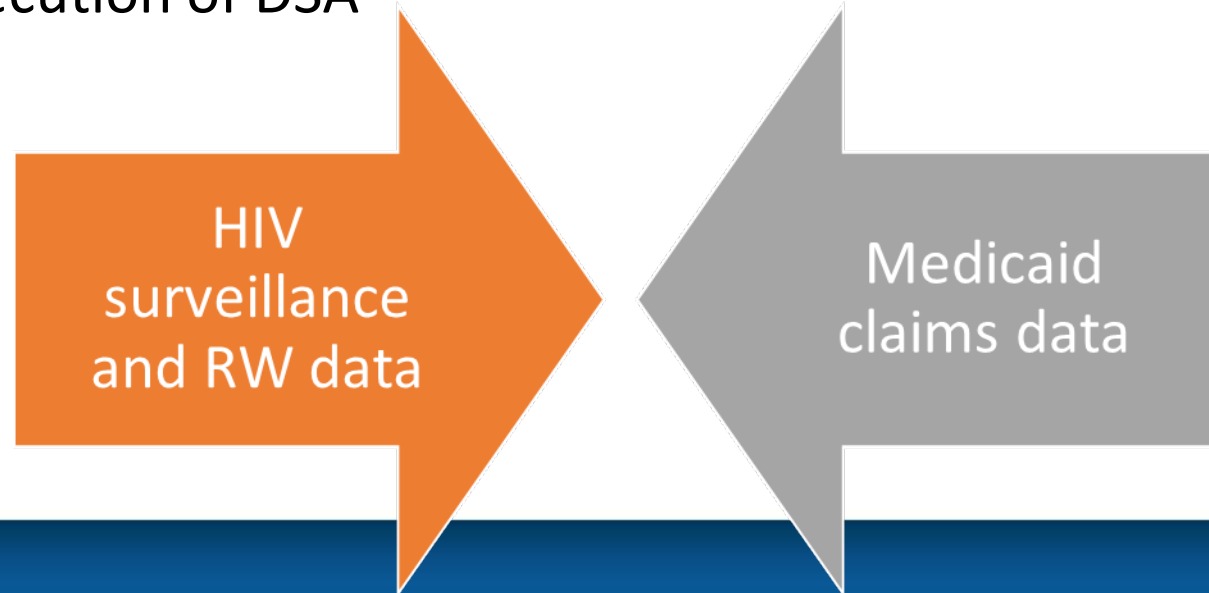
<http://ryanwhite.cds.pesgce.com>

Presentation Outline

- Collaboration and establishing a data-sharing agreement
- Executing data-sharing
- Outcomes of data-sharing
- Call to Action and Next Steps
- Challenges and Other perspectives

Data-Sharing Agreements Foster Collaboration

- Data sharing between DC Health and Department of Health Care Finance
- Initially involved aggregate-data only
- Mutual goals and value add of client-level data sharing
- Timeframe for execution of DSA



Medicaid Program Perspective

Data Sharing with DC Health means:

- Better coordinated care and reduced duplication of services
- Better information on social-determinants of care
- Better information on lab data and ARV medication data
- Increased understanding of comprehensive care, potential gaps in services, and opportunities for interventions

Surveillance Program Perspective

Use the HIV care continuum data to:

- Identify best practices
- Create technical assistance plans for individual providers
- Determine disparities in care by key demographics
- Improve overall health outcomes among people living with HIV

Reliably identifying HIV cases in claims data

- Explore stricter criteria for HIV-related claims and diagnosis code/ARV drug code combinations

Ryan White Program Perspective

Service and clinical data

- Overlapping populations
- Data completeness and quality
- Service utilization patterns and outcomes
- Continuum of care comparison by insurance types

Coordination of benefits and payer of last resort requirement

Effectively Managing the Analysis Process

- Communication, relationship building, and regular contact
- Defining clear goals and objectives in the beginning
- Establishing a work plan and track:
 - Status
 - Action Steps
 - Responsible Members
 - Deadlines
- Shared responsibility to organize/host meetings and update the work plan
- Learning and analyzing the data

Develop a Work Plan: Establish Goals

- Host project kick-off meeting to establish clear goals, timelines and analysis plan
- Prioritizing objectives
- Tracking status
- Action steps
- Responsible members
- Completion dates
- Benchmarks/measures

Data Analysis: Understanding the Data

- Data dictionaries
- Identifying data variables of interest
- Timeframe
- Mechanism for exchanging/sharing data
- Data-matching and results review

Valuable Data Elements: What to Share

DOH (HAHSTA)

Lab results

Other non-medical related activities

Service utilization

Medicaid (DHCF)

Claims

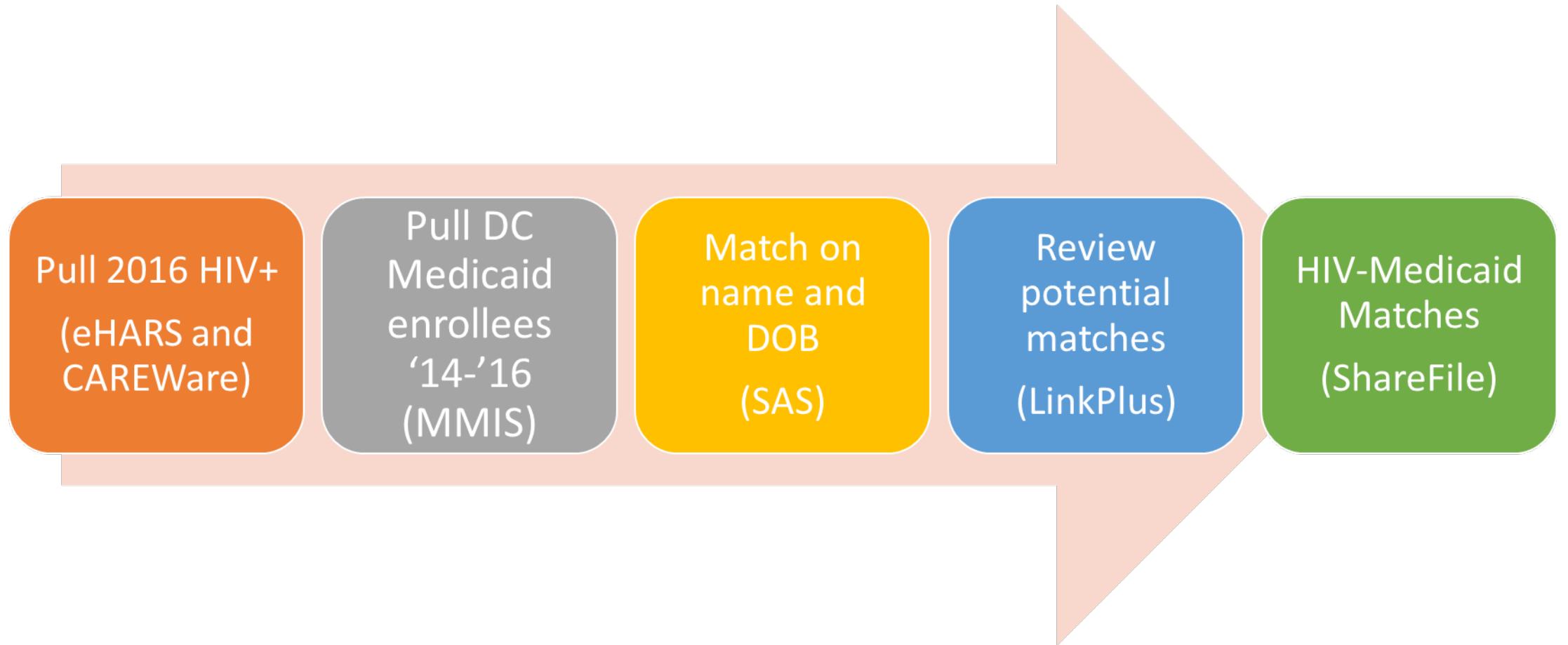
Other medical related activities

Other diagnoses

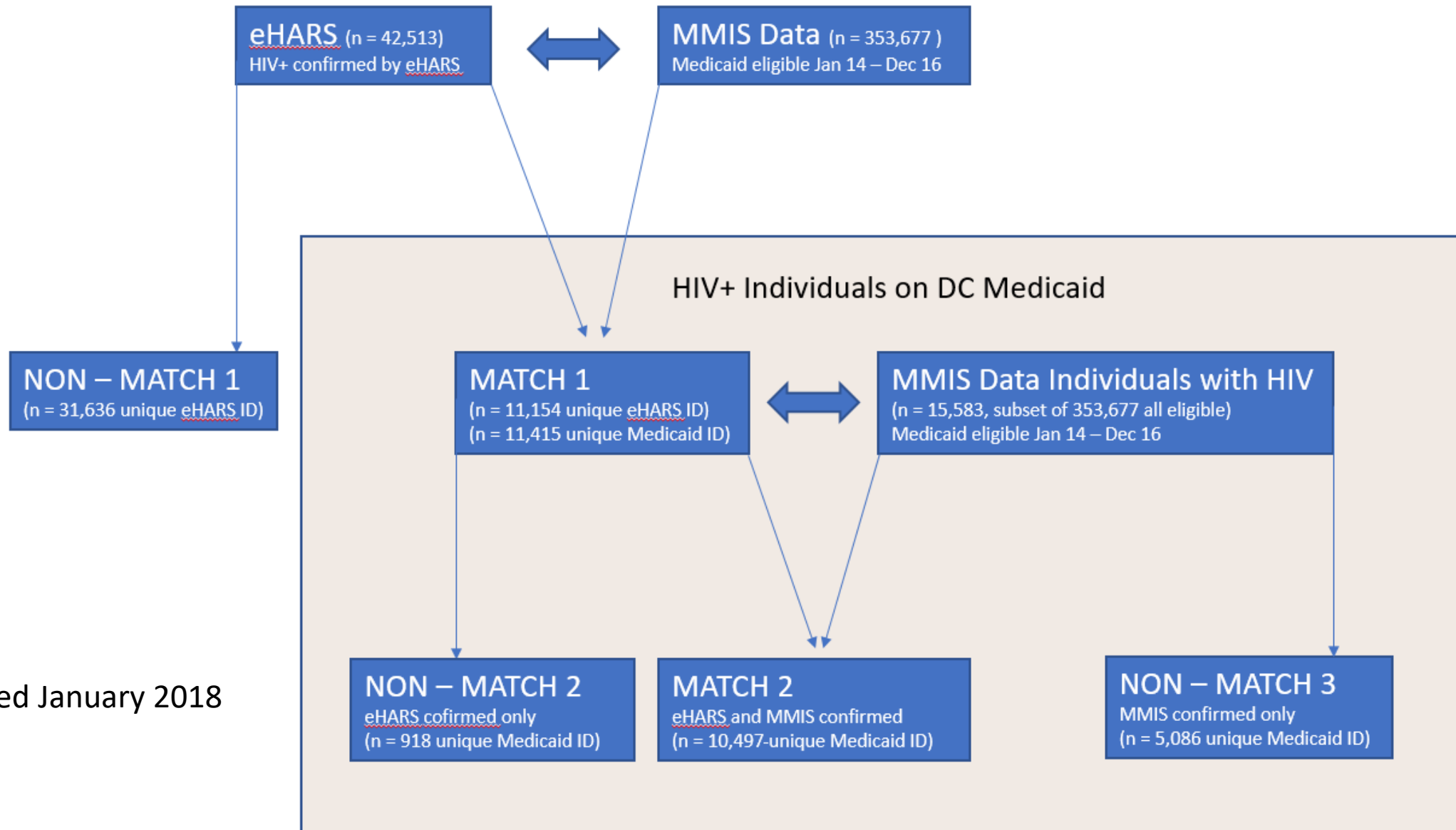
Enrollment (length/churn)

Expenditures

Data Matching Process



eHARS and MMIS Matching, 2014-2016*

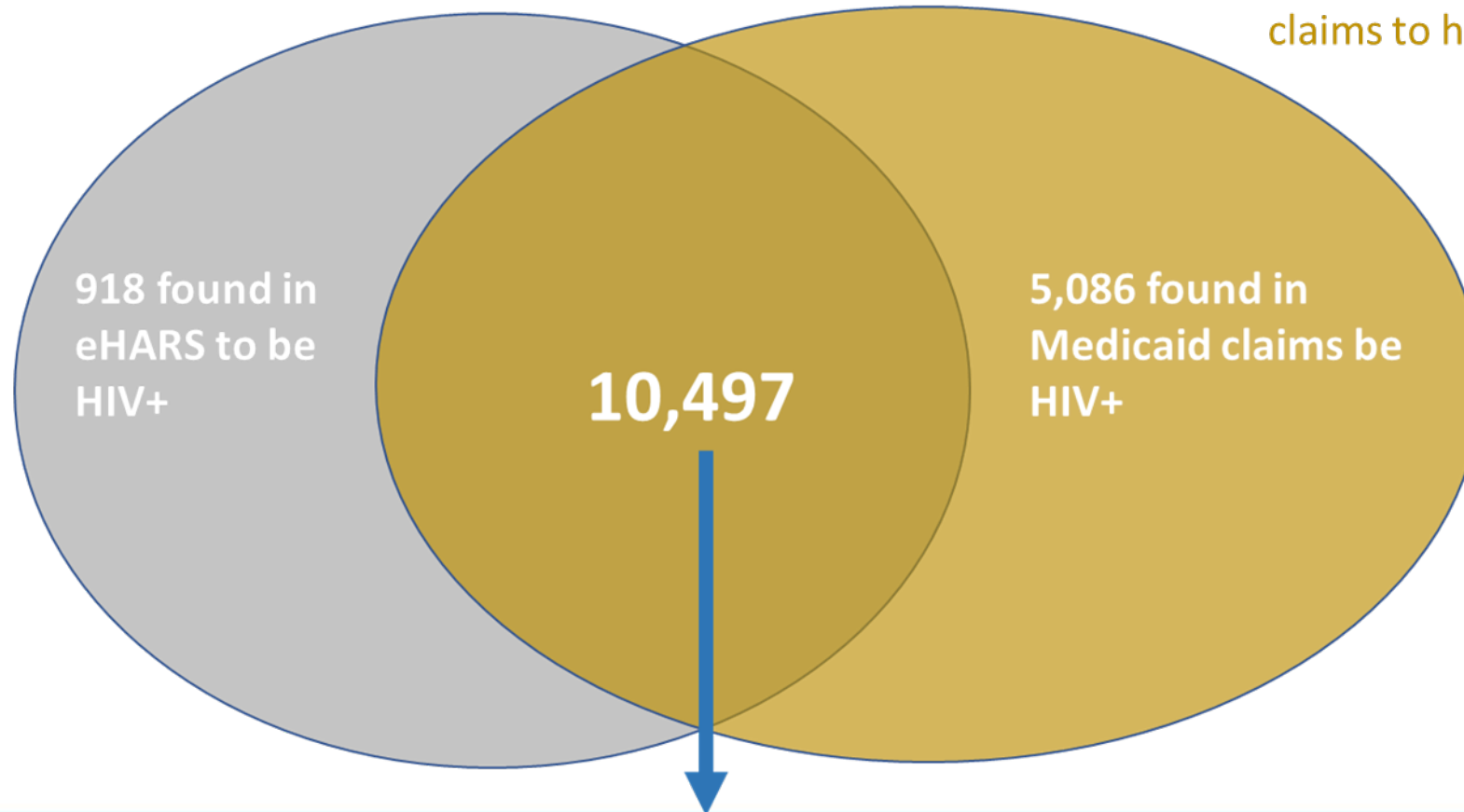


*Updated January 2018

Among Medicaid Beneficiaries

11,415 Number of Medicaid Beneficiaries confirmed in eHARS to be HIV+

15,583 Number of Medicaid Beneficiaries confirmed in Medicaid claims to have an HIV+ Diagnosis

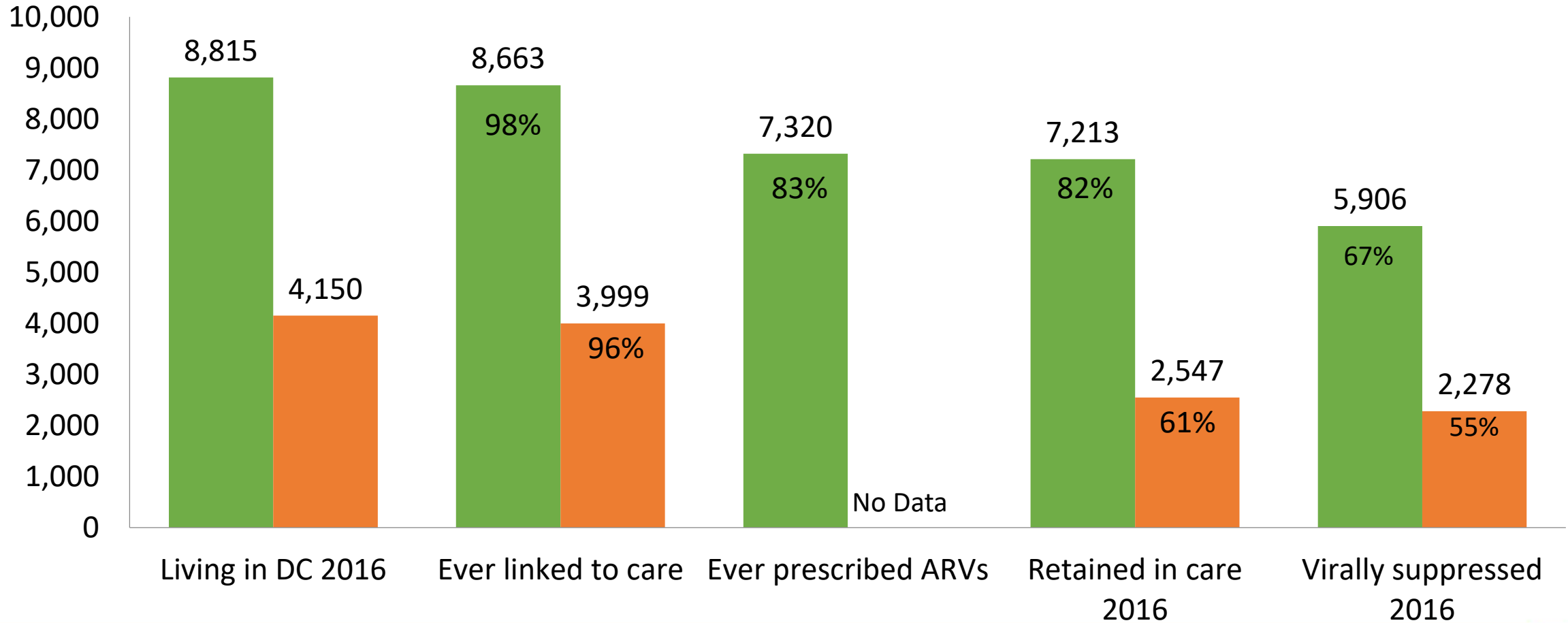


10,497 confirmed in both eHARS and Medicaid claims to have an HIV+ diagnosis

Data Matching Results

- 68% of people living with HIV in DC are on Medicaid
- 5,086 HIV-related claim – not in eHARS
 - 4,269 (84%) HIV Diagnosis Code Only
 - 3,014 (71%) – 1 HIV Diagnosis Code Only
 - 671 (13%) ARV code only
 - 146 (3%) Both HIV Diagnosis and ARV codes
 - DIS investigations
 - Outcomes TBD

HIV Care Continuum: Medicaid vs. Non-Medicaid



Challenges and Lessons Learned

- Defining a HIV+ person in Medicaid data
- Distinguishing PrEP and PEP from HIV+ in claims data
- Working across departments – sharing data and results while preserving confidentiality
- Using integrated data to improve programs and inform policy

How We Use Data: Program and Policy Changes

- Expansion of data-sharing
 - Expenditure data
 - Hepatitis C
 - PrEP
- Planned next steps

Partnership Resources

- What does it take to make this relationship successful – all perspectives?
- HIV Health Improvement Affinity group feedback from federal partners
- CMS and Mathematica Quality Improvement Coaching

Contact Information

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