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CONFERENCE ON HIV CARE & TREATMENT

2018 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

National, State and EMA-level Insights: Leveraging Partnerships & Data Systems for Program Monitoring and Outcomes

Session ID: #11077

HealthHIV,

Louisiana Office of Public Health,

Tampa St. Petersburg EMA,

RDE Systems

Introductions

Who is in the audience?

e2Polls

Poll.rde.org

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Leveraging Data to Develop Innovative Responses to Healthcare Landscape Changes

Shayna Linov

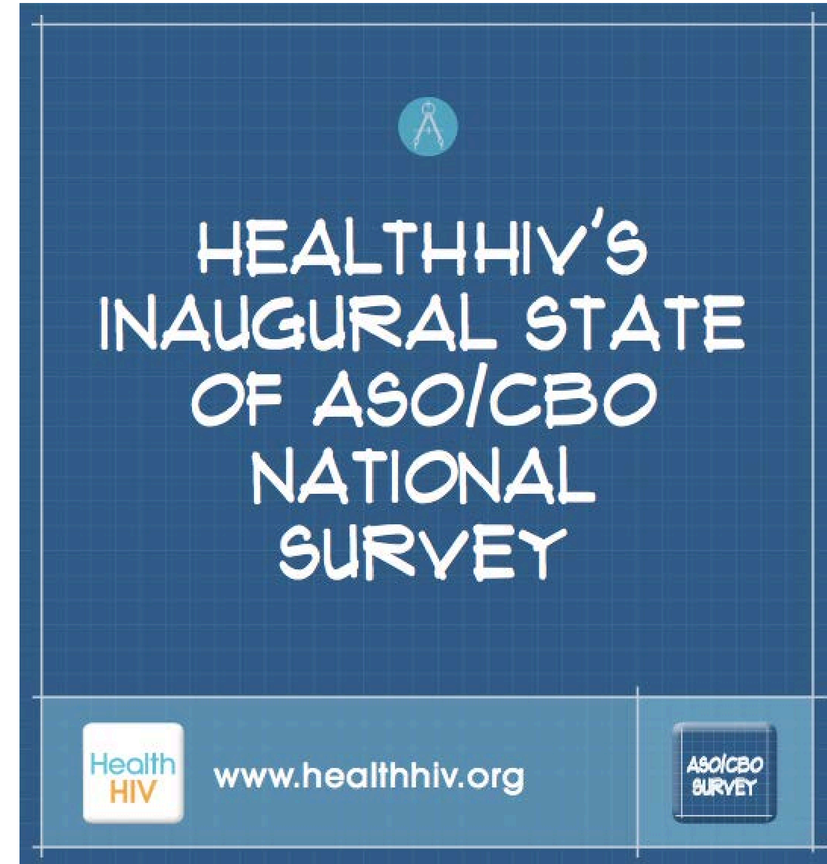
Fiscal Health Manager, HealthHIV

Learning Objectives

- Describe insights of *HealthHIV's Inaugural State of ASOs/CBOs National Survey*.
- Explain implications of survey findings on program sustainability, service availability, and infrastructure capacity of AIDS Service Organizations/Community-Based Organizations (ASOs/CBOs).
- Identify training and technical assistance needs of ASO/CBO leaders to increase sustainability of community-level HIV services.

Shifts in Healthcare Landscape

- Increased focus on accountability and outcomes
- Reduction and re-direction of HIV funding
- Need for infrastructure enhancements to maintain purposeful data



Methodology

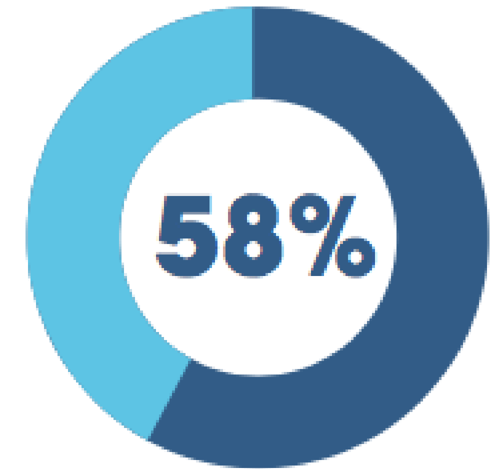
- Sixty-four question SurveyMonkey™ survey, distributed via HealthHIV networks and TPAN email lists
- 650 respondents - Majority (58%) of respondents were executive-level or senior-level staff
- No incentive provided

National Survey Assessment Areas

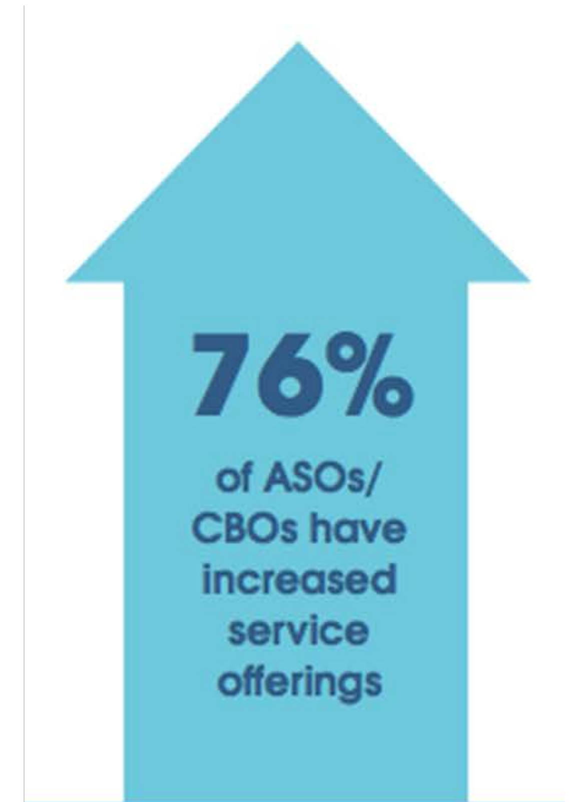
- Organizational structure / leadership
- Workforce capacity
- Partnership development
- Service provision
- Funding sources
- Strategic planning
- Training and technical assistance needs

National Survey of ASOs/CBOs

A majority of survey respondents were executive level or senior level staff (e.g. Senior Management/Director, Executive Director or Chief Executive Officer)



National Survey Findings, cont'd



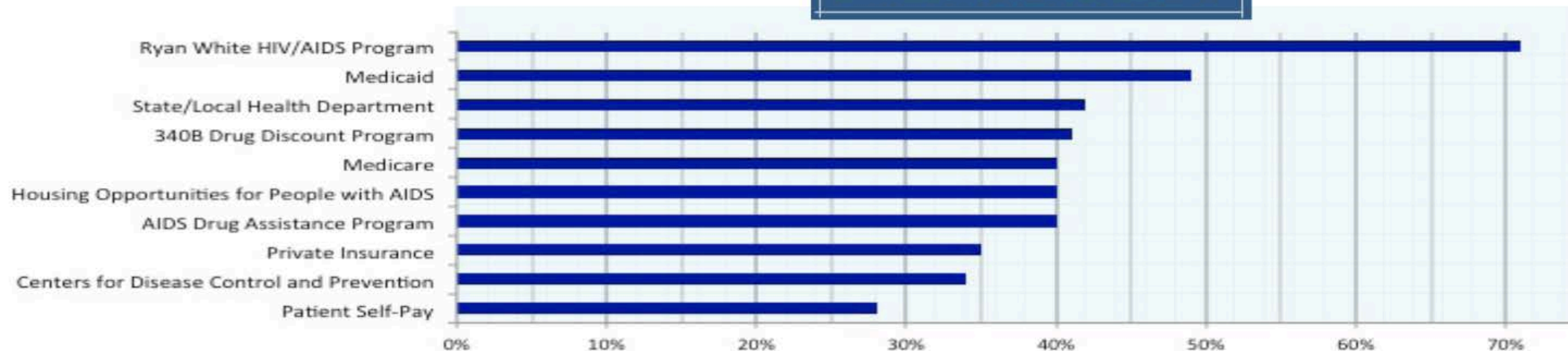
National Survey Findings, cont'd

- **A majority (71%) of ASOs/CBOs have fewer than 50 staff members**, and nearly half (47%) have 20 or fewer staff members.
- **Some ASOs/CBOs offer some clinical services** to their clients, including PrEP (49%), HIV care and treatment (44%), primary medical care (33%), and nPEP (32%).
- **Over three quarters of ASOs/CBOs (76%) have increased service offerings** over the past three years in response to client needs and opportunities to diversify funding. The most commonly cited barrier to expanding services is a lack of financial resources (47%).
- **Nearly 30% of ASOs/CBOs surveyed indicated most or all funding comes from local and federal government sources**. About one in eight (12%) ASOs/CBOs rely on a single source of funding to maintain their HIV programs, and 12% also reported being very concerned about meeting budget goals this year.

National Survey Findings, cont'd

- **40% of ASOs/CBOs are not are billing third-party payer**s for services despite over half (52%) providing billable services.
- **Nearly one quarter (23%) of ASOs/CBOs do not share client-level health outcomes data** with external organizations to enhance linkage to/retention in care.
- ASOs/CBOs most needed, and least received, technical assistance and training topic areas are Revenue Generation/Diversification (43%), Unit Cost Calculation for Services (36%), and Performance-Based Payment Models (35%).

National Survey Findings, cont'd



72%

ASOs/CBOs receive Ryan White funding, the most common funding source for organizations

Implications of Findings

- **ASOs/CBOs need more support** to build confidence and capacity in responding to the dynamic healthcare landscape.
- **Lack of financial resources is the leading factor limiting ASO/CBO capacity to expand services**, adequately train staff, and evaluate performance.
- **More ASOs/CBOs are needed in rural areas**. Only a small number of ASOs/CBOs (12%) surveyed have locations in rural areas.

Implications of Findings, cont'd

- **ASOs/CBOs should significantly diversify funding** to include non-governmental sources to ensure fiscal sustainability. ASO/CBOs rely heavily on government funding. Nearly 30% of ASOs/CBOs surveyed indicated most or all funding comes from local and federal government funding sources.
- **ASOs/CBOs need to continue to expand service offerings to clinical/medical services**. 44% of of ASOs/CBOs offer HIV care and treatment, and one-third offer primary medical care.

Technical Assistance Needs

Ranking of trainings and technical assistance (TA) MOST needed by ASOs/CBOs versus received	Need Training (High to Low)	Received in Past 3 Years
Organization Sustainability	44%	36%
Revenue Generation/Diversification	**43%**	**23%**
Collaborative Models for Clinical/Non-clinical Partnerships	40%	30%
Strategic Partnerships Development	40%	31%
Organizational Development	38%	42%
Organization Diagnosis	37%	26%
Staff Development and Management	36%	47%
Strategic and Business Planning	36%	40%
Unit Cost Calculation for Services	**36%**	**16%**
Performance-Based Payment Models	**34%**	**11%**
Board Development	34%	43%
Grant-Writing Skills Training	32%	40%

Conclusions

- HIV organizations need more data management training
- Technical assistance to HIV organizations should include fiscal diversification
- Service sustainability and expansion depends on innovative uses of data management and data sharing

Next Steps: National ASO/CBO Directory

Acknowledgements

Marissa Tonelli, Director of Health Systems Capacity Building, HealthHIV

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Scott Brawley, Director of Evaluation, HealthHIV

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Utilizing Data to Monitor Effect of Medicaid Expansion on Louisiana's AIDS Drug Assistance Program

Kristina Larson, MPH

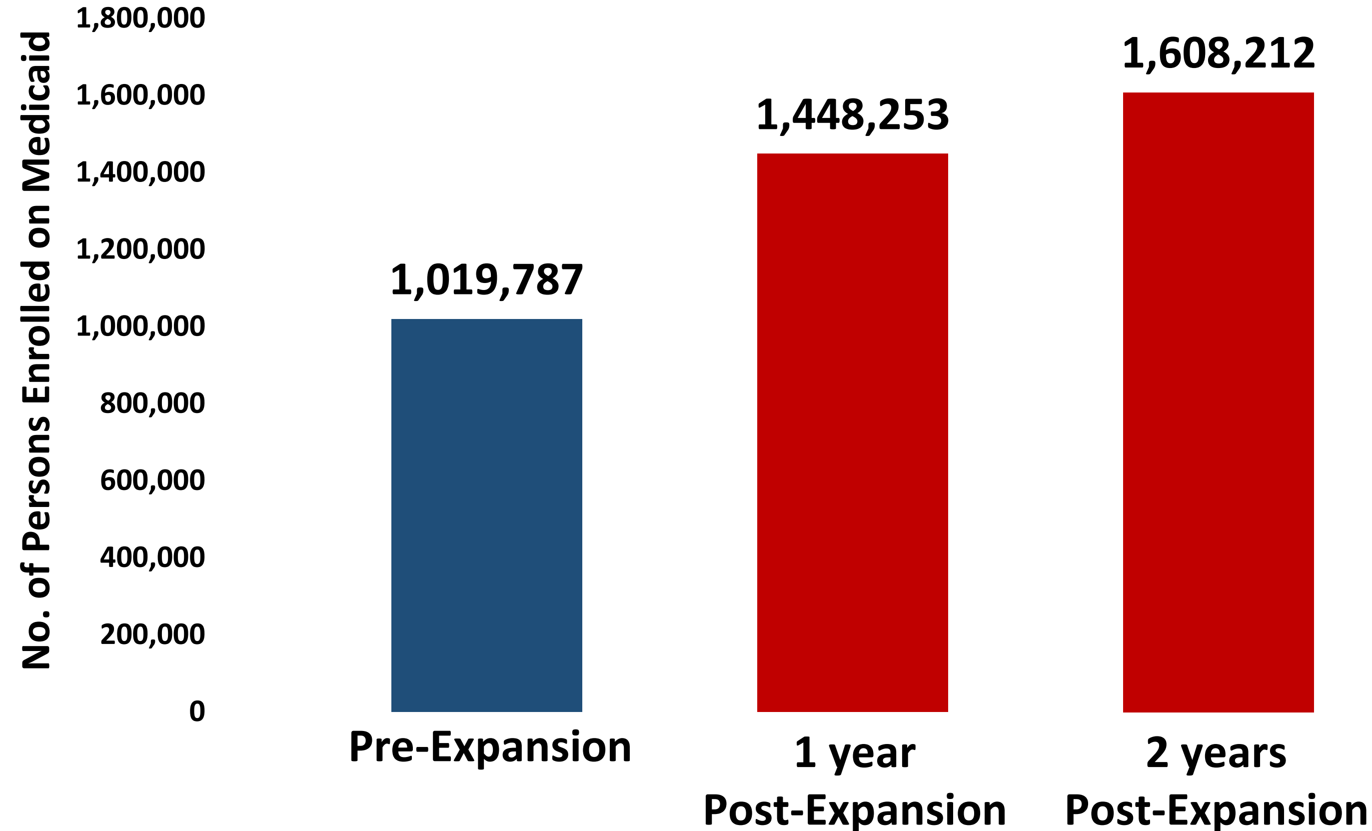
Data Analyst/Louisiana Office of Public Health, STD/HIV Program

Outline

- Review Medicaid expansion in LA
- Affect on LA ADAP
- Activities to track impact and target affected clients
- Evaluating Medicaid provider coverage
- How have persons fared since moving to Medicaid?
- Future activities

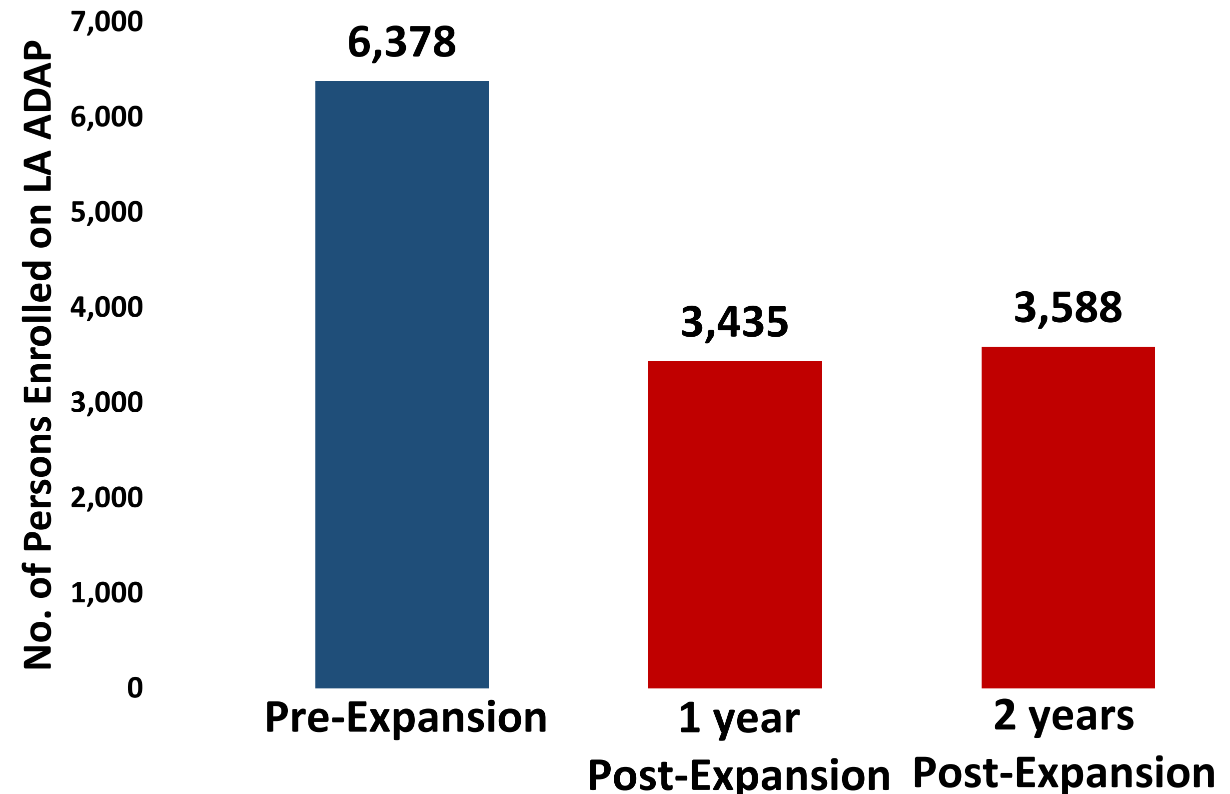
Medicaid Expansion in LA

- Louisiana expanded Medicaid effective July 1, 2016
- Population grew by 428,466 in one year
- Increase of 42% compared to population pre-expansion
- 1,608,212 persons enrolled as of June 2018

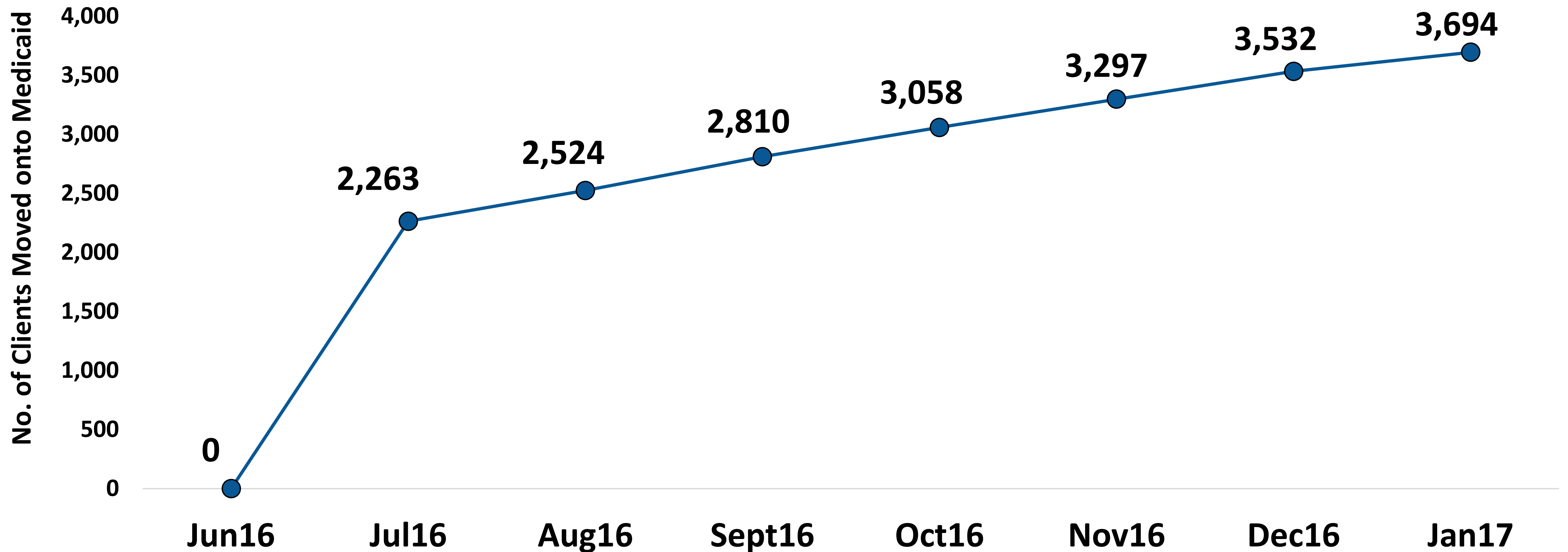


How did the affect LA ADAP?

- 8,042 clients served by LA ADAP in 2016
  - 38% of PLWH in LA (n=21,335)
- LA ADAP enrollment decreased 46%
  - from 6,378 in June 2016 to 3,435 in June 2017
- Enrollment slightly increased since



Clients Moved from LA ADAP onto Medicaid during Expansion



Targeting Impacted Clients

Large number of clients impacted by expansion

Pre-expansion

- Identified clients likely to be impacted and sent educational material
- Educated case managers about expansion
- Sent lists of clients likely to be impacted to case managers

Targeting Impacted Clients

Large number of clients impacted by expansion

Post-expansion

- Monthly match done between Medicaid and ADAP population to identify clients moved onto Medicaid
- Provided Case Managers with lists of clients on Medicaid who were no longer eligible for ADAP
- Clients batch disenrolled from PBM

Evaluating Medicaid Provider Coverage

- Matched providers between major Louisiana insurer (BCBS) and Medicaid providers
  - Identified regions with scarce advanced nursing specialties and ID physicians
- Findings shared with Medicaid and used to revise upcoming RFP
- MCOs encouraged to include advanced nursing specialties in networks as primary care providers

How have persons fared since moving to Medicaid?

Well!

Viral Suppression Pre- and Post- Medicaid Transition*

	Pre-Transition†		Post-Transition‡	
VL Result	n	pct	n	pct
<200	1,639	81%	1,673	83%
>= 200	389	19%	338	17%
Total	2,028	100%	2,011	100%

*Includes clients on ADAP for 6 or more months who transitioned onto Medicaid within three months of their ADAP eligibility expiration and maintained Medicaid coverage for 11 or more months

†84 VLs not done

‡101 VLs not done

How have persons fared since moving to Medicaid?

- No statistical difference among sub-populations
  - Looked at gender, race/ethnicity, age group, fpl, last insurance status while on ADAP and last region of residence
- 216 persons went from VS while on ADAP to not VS on Medicaid
  - No difference among sub-populations when compared to persons who maintained viral suppression after transition

Future Activities

For ADAP clients who moved onto Medicaid

- Did ARV regimens change during/after transition?
- How has adherence changed since transition?
  - Utilize Medicaid pharmacy claims to create the Medication Possession Ratio (MPR) for each person and compare pre-/post-expansion (already have MPR data from PBM for pre-expansion)

$$\text{MPR} = \left(\frac{\text{Sum of days' supply for all fills in period}}{\text{Number of days in period}} \right) \times 100\%$$

Questions?

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Using Data, Automation, and Process Improvement to Increase VL Suppression at the Tampa EMA

David Cavalleri, Florida Health Care Coalition

Jesse Thomas, RDE Systems

Tampa St. Petersburg Story..

- Introduction
- Where did we come from?
- Where are we today?
- Future goals and vision
- Wrap up

Learning Objectives

The audience will

- Identify the advantage of common Client Consents and its benefit to PLWH.
- Explore the use of automation and information technology to reduce manual effort and save time that can be spent on better patient care.
- Understand how to assess data quality and consistency issues that directly impact program workflow and implement this kind of assessment in their own programs.
- Via interactive real-time audience engagement techniques, learn how this EMA is redesigning their program infrastructure with innovative health IT to merge data across disparate sources and be prepared to respond to emerging priorities for health outcomes, business operations, population health, and service delivery needs

Where did we come from?

Background

- The Tampa-St. Petersburg Eligible Metropolitan Area (EMA), is comprised of Hernando, Hillsborough, Pasco, and Pinellas Counties. Hillsborough and Pinellas counties are urban, while Pasco and Hernando counties are semi-rural.
- The two largest counties (Hillsborough and Pinellas) have numerous providers offering outpatient ambulatory health services, pharmaceutical assistance, oral health, health insurance premium assistance, health education/risk reduction, medical case management, substance abuse, and mental health services, with most locations offering bi-lingual services.
- The smaller counties with fewer cases (Pasco and Hernando) offer outpatient ambulatory health services, pharmaceutical assistance, oral health, health insurance premium assistance, medical case management, and mental health services.

Challenges with the Legacy System..

- Data Entry Inconsistent
- Reliability
- Data Integrity
- Compliance
- Data Monitoring

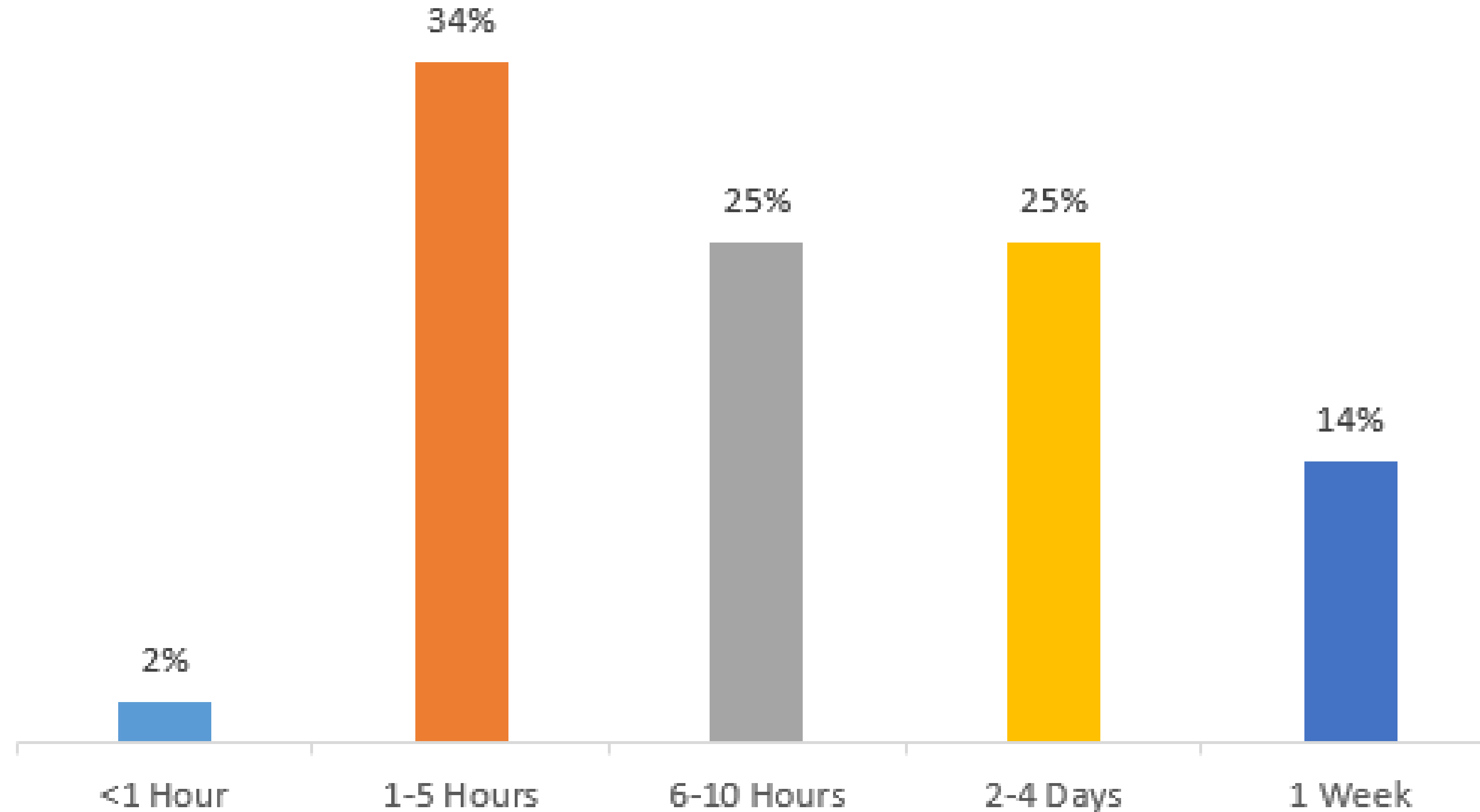
Challenges with the Legacy System

Previously used cumbersome processes

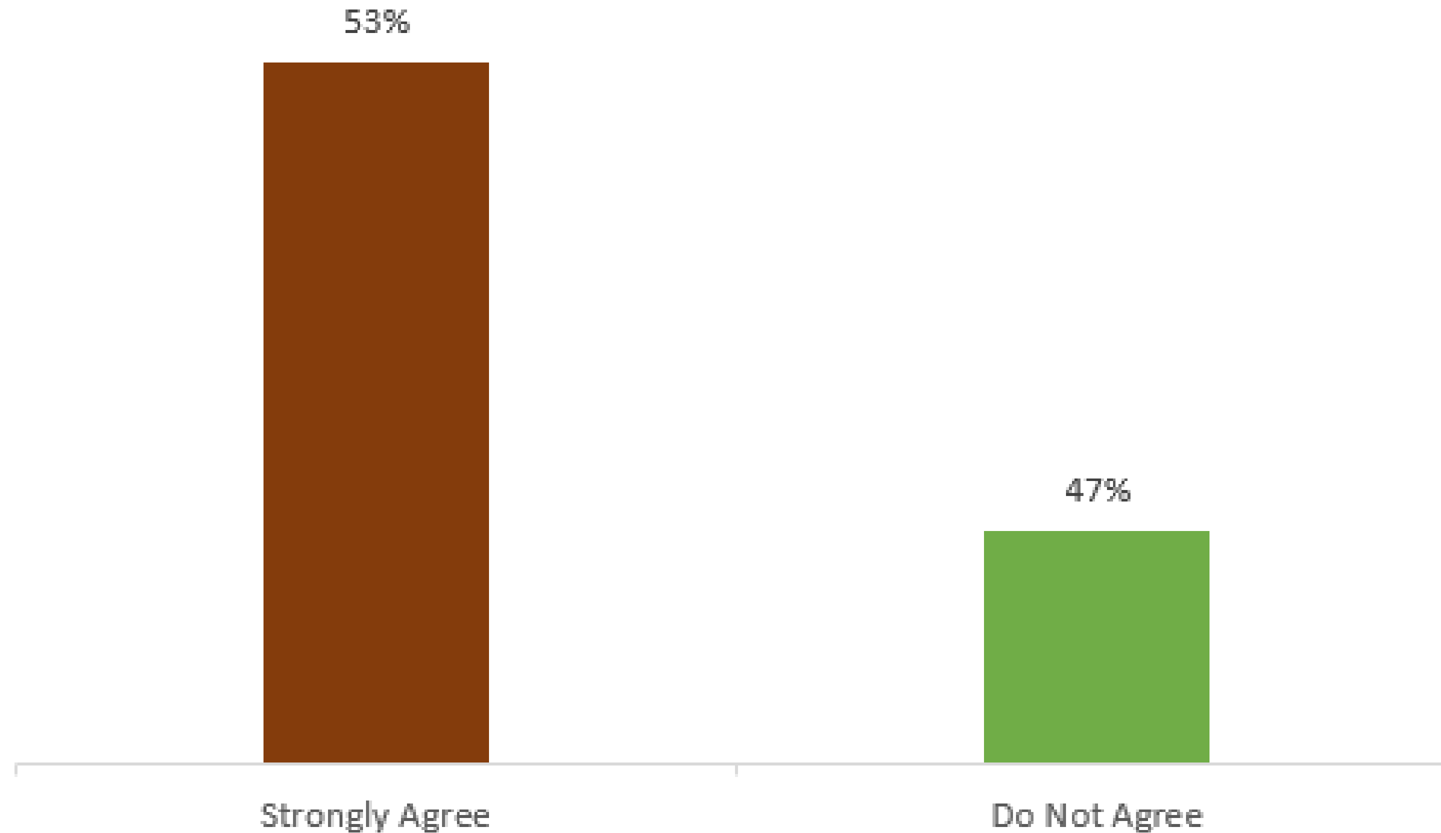
- Legacy System for service entry, Notice Of Eligibility's (NOE's) and supporting documentation for RSR
- Shared system for two funding sources with different billing processes
- Not a end-to- end billing system impacting Tampa's Fiscal needs as well.
- Main challenge: The Tampa EMA had to migrate to a new business solution for Part A.

Stakeholders Engagement Survey Conducted across the EMA on the Legacy System

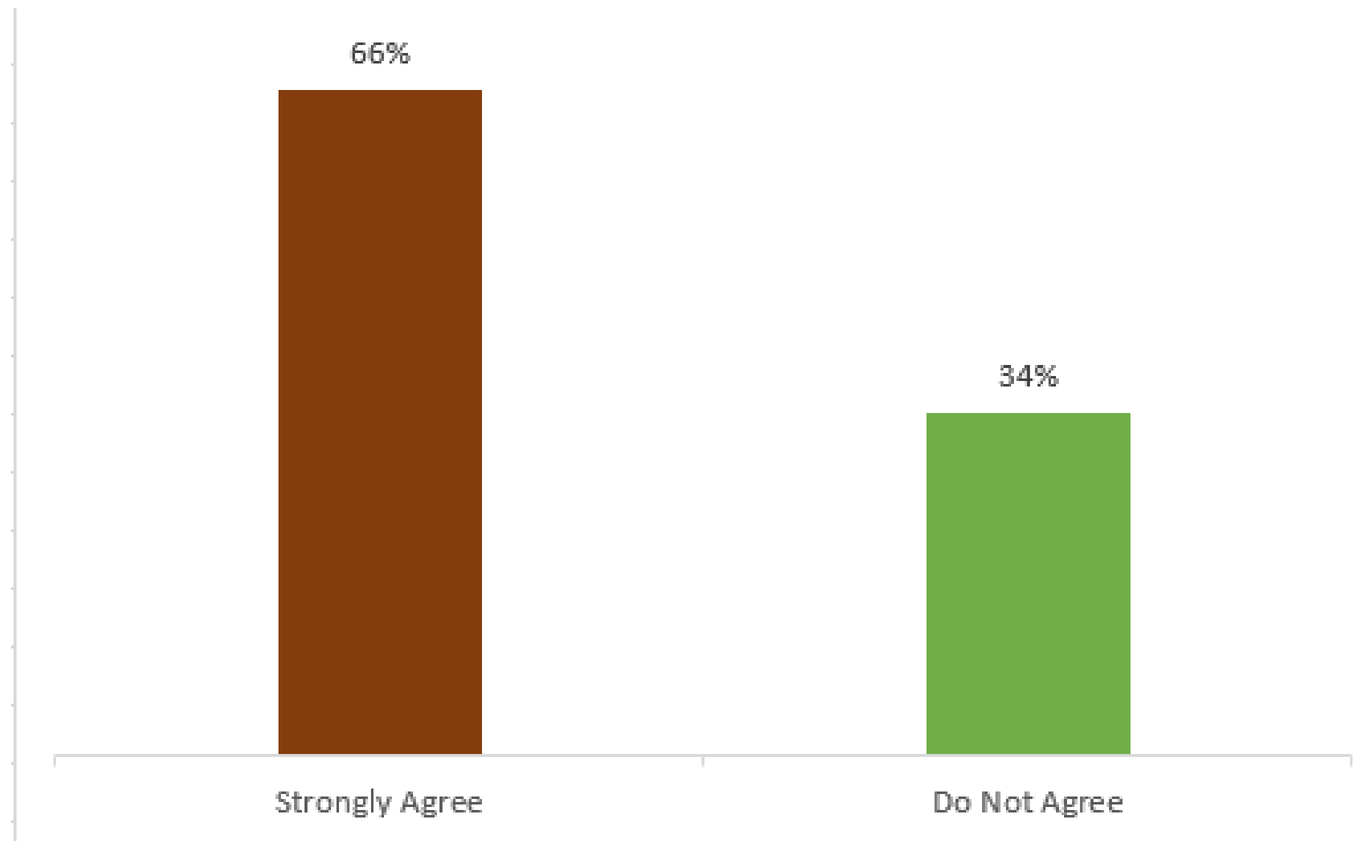
[Legacy System] On average, how much time do you spend per week working with client data (entry, cleaning, submission, etc.)?



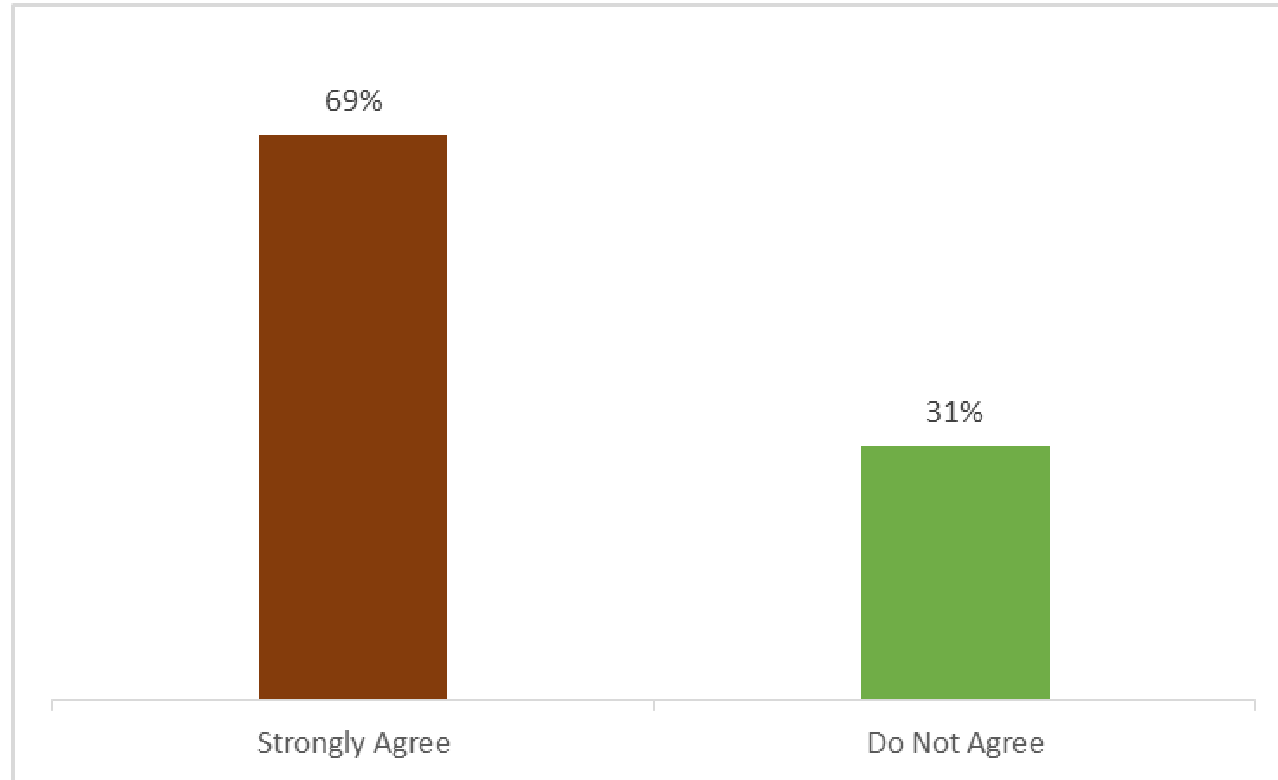
[Legacy System] My current system is slow or unavailable at times and slows down my daily work.



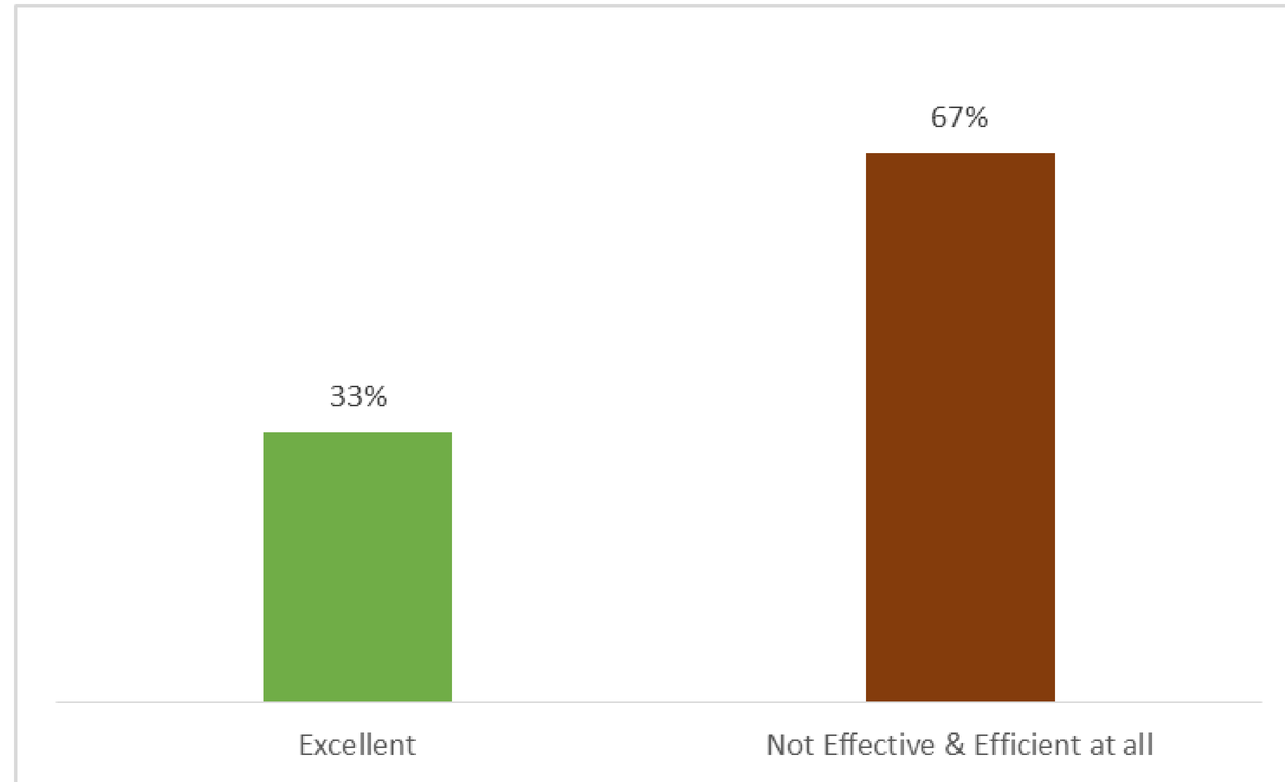
[Legacy System] I have to look for information instead of my data tools telling me what I should be focused on.



[Legacy System] I think the work processes can be changed to be more effective and efficient.



[Legacy System] How effective and efficient is it for you to monitor data quality with your current data tools?



How did the EMA address these challenges?

- Conduct Quality Management monitoring visits to determine level of data integrity.
- Engage the provider network on data fields being used and identify common fields for all sub-recipients.
- Utilize Quality Management workgroup meetings to identify performance measures for monitoring.
- New Ryan White Data System … e2Hillsborough.
- Work with RDE Systems to ensure data fields are incorporated into clinical component

II. Where are we today?

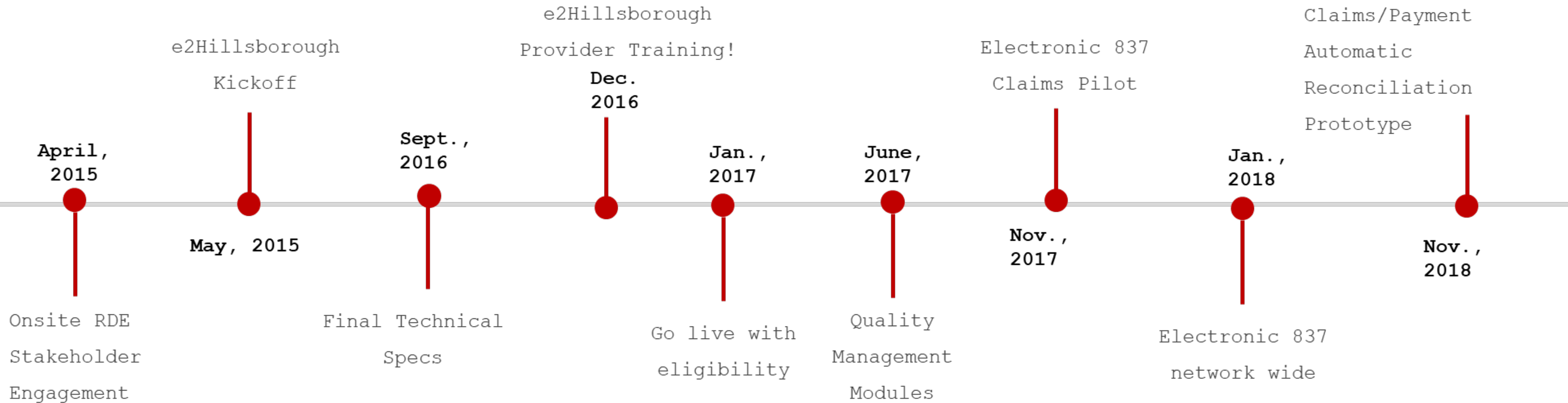
What Are Hillsborough County's Business Needs?

- Ryan White Data System compliance with HRSA standards and reporting
- Automated contract management, secure and electronic end-to-end billing system
- Automated eligibility determination to improve data consistency and data quality across all funded Part A sub-recipients
- Elimination of duplicate client files
- Global consent among EMA providers

Stakeholders

- Clients served and the whole Community
- Funded agency front-line staff
- Funded agency supervisors and administrators
- Recipient Program Staff: Ryan White
- Recipient Fiscal Staff
- Recipient IIO, Researchers and Evaluators
- Recipient Policy and Planning
- Recipient Administration
- Federal Funding Sources (HRSA)
- Grants Managers
- Quality Managers
- Department / Leadership
- Planning Groups (Planning Council, etc.)
- Zenith American Solutions -Third Party Administrator (TPA)

e2Hillsborough Timeline



e2Hillsborough Successfully Launched

January 2017

Data Migration from Legacy System

6,800+ clients

436,000+ data points

No Double Data Entry! Time Saved ☺

Innovative System Design and Features

Automated Client Eligibility Determination

- Automatic algorithm that calculates Eligibility dates based on triggers
- Document uploader (Identification, signed forms and etc.)

Client Entry and De-duplication

- Data validations
- Duplicate data check
- Duplicate client check

One Click RSR

- E2 RSR Data Dictionary – helps Providers understand the mappings between the RSR fields and data fields pulled from e2
- Errors, Warnings, and Alerts by Category
- Client drilldowns – report displays list of clients, all issues associated with the client record that can be corrected at one-go
- Completeness Report – follows HRSA's manual and specifications. Gives sub-recipients a summary of data, in graphs and charts
- Exportable RSR
- Resources – Useful Links

New way..

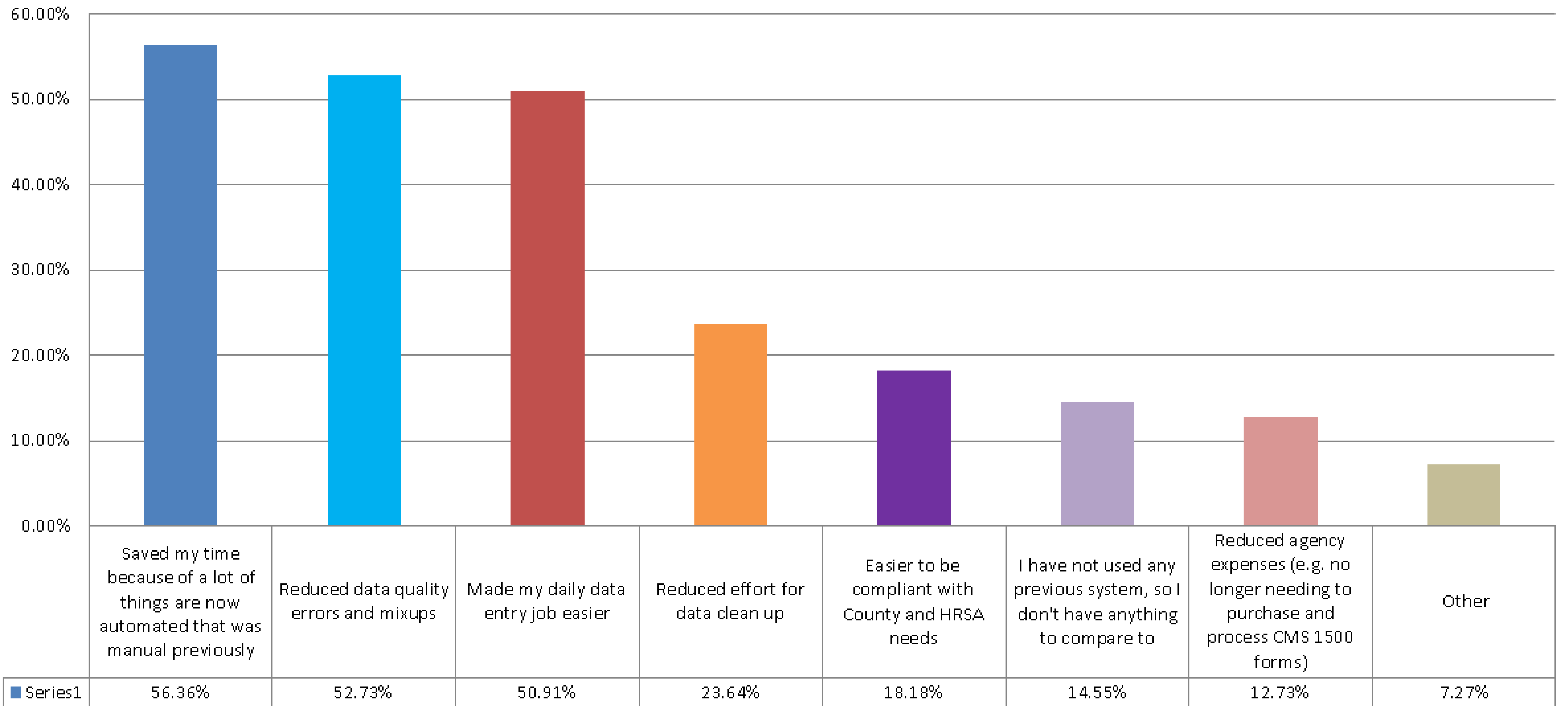
- ✓ Central, global Client Consent
- ✓ Quick and easy data entry & Cleaner view and design
- ✓ Automated Eligibility Calculation with Eligibility History
- ✓ Improved data validations
- ✓ Easy Federal and Local Reporting
- ✓ Secure system

Positive Outcomes

- ✓ More accurate information
- ✓ Time savings
- ✓ Better user experience
- ✓ User friendly
- ✓ Provider and County more in compliance
- ✓ Process improvement

e2Hillsborough 2018 User Satisfaction Survey Conducted

In what way have all these e2Hillsborough features, that you like, helped you?



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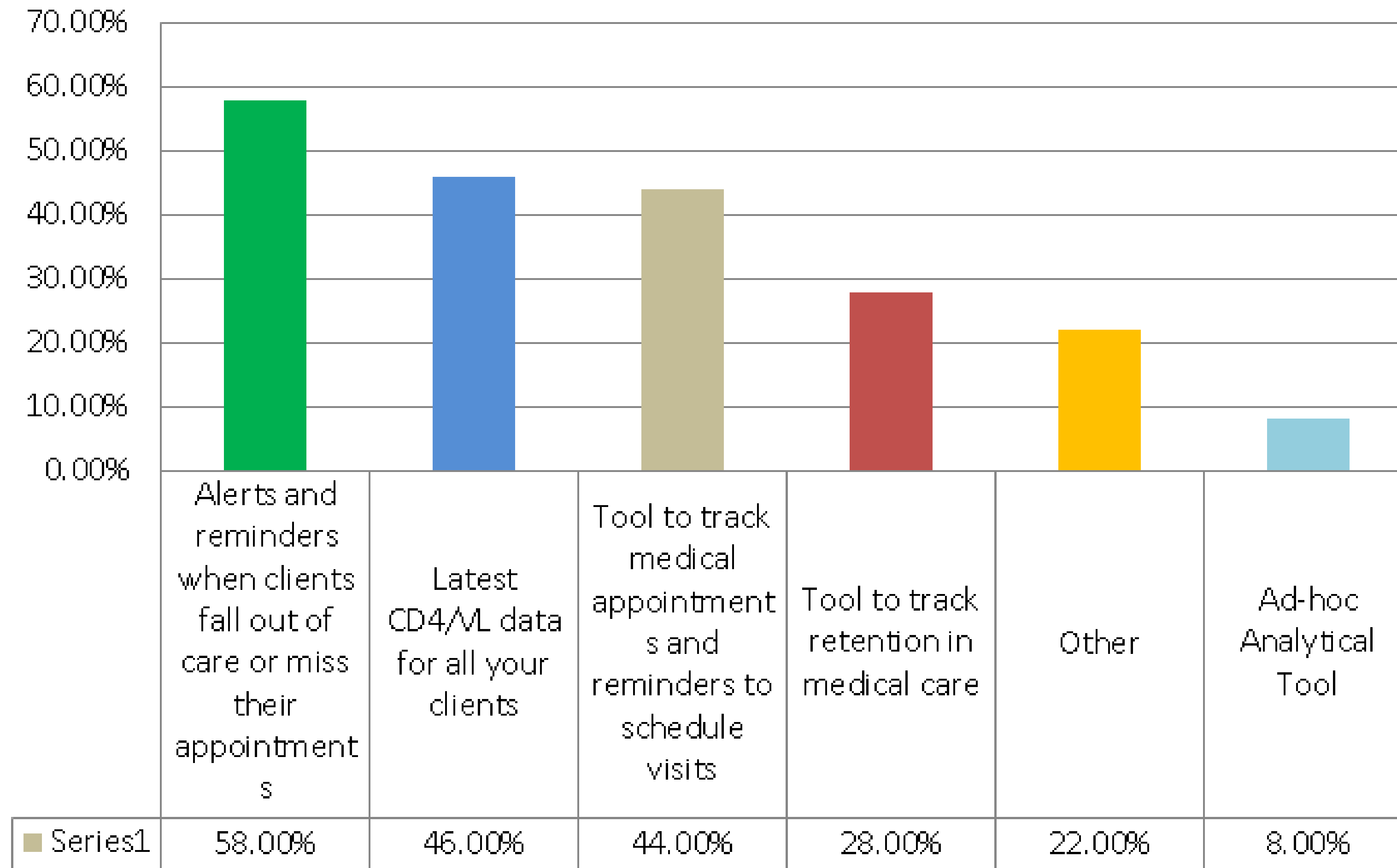
Where are going?

User Needs Assessment conducted in 2018

What tools would help you identify Clients who are not adhering to medical care?



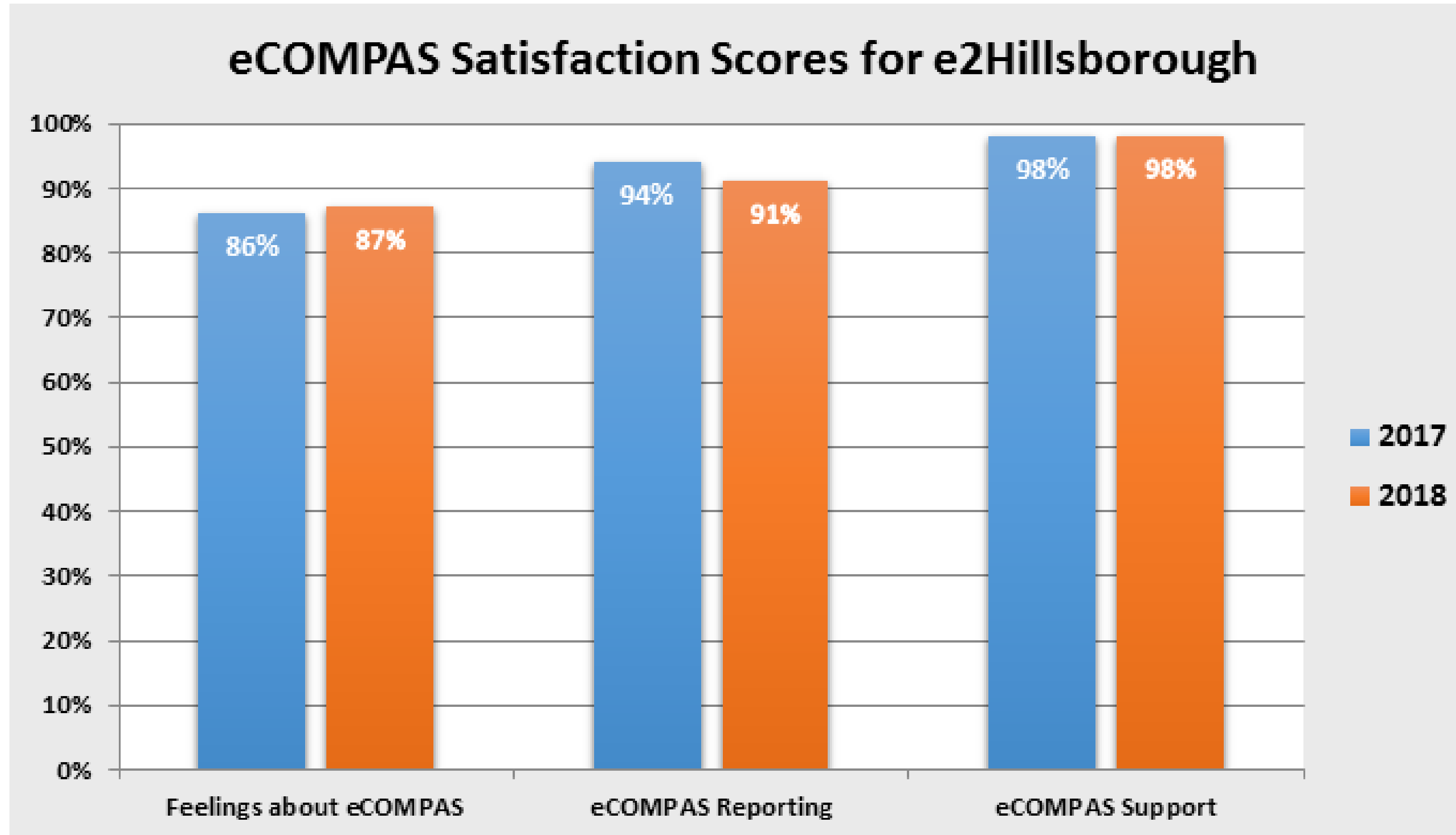
	Alerts and reminders when clients fall out of care or miss their appointments	Latest CD4/VL data for all your clients	Tool to track medical appointments and reminders to schedule visits	Tool to track retention in medical care	Other	Ad-hoc Analytical Tool
Series1	58.00%	46.00%	44.00%	28.00%	22.00%	8.00%

Prototypes in test..

Future Vision

- ✓ Continued Monitoring, Process Improvements to Save Time across the EMA.
- ✓ Continued Quality Management workgroup meetings to identify performance measures for monitoring.
- ✓ Data and Visual Analytics to assess Utilization Trends to assist in Planning and Meeting Goals of National HIV AIDS Strategy and Getting- to-90.
- ✓ Drill down data to address gaps and disparities in care.

e2Hillsborough User Satisfaction



Qualitative User Feedback on e2Hillsborough

“It is an easy system to navigate.”
-Medical Case Manager

“In 20 years of work this is the easiest system I’ve used, and tech support was very helpful.”
-Medical Case Manager

“Easy system to use, everything is better in e2 verses [legacy system]."
-Medical Case Manager

“Interface is user friendly, very speedy."
-Linkage Case Manager/HEART Program Navigator

Lessons Learned

- Successful collaborations and partnerships is a key to maintain Program Goals and Objectives!
- Leadership at Recipient-Level and QM Champion at Sub-Recipient Level.
- Sub-Recipient's take Ownership.
- A Comprehensive HIV Data System that meets EMA needs and one that continuously adapts with changing EMA and Healthcare Landscapes.
- Being consistent and open to continuous improvements!

National, State and EMA-level Insights: Leveraging Partnerships & Data Systems for Program Monitoring and Outcomes. (#Session ID 11077)
Health HIV; Louisiana Office of Public Health; Tampa-St. Petersburg EMA;
RDE Systems
Wed. 10:30 a.m.-12:00 p.m.Room: Chesapeake C
1

Actuating Care in Iowa, Dallas, TX, and Paterson, NJ Using Multilingual, Evidence-Based Needs Assessments. (#Session ID 13019)
Iowa State AIDS Program; Dallas BMA; Bergen – Passaic NJ TGA;
RDE Systems
Wed. 1:30 p.m.-3:00 p.m. Room: National Harbor 8
2

The Whoosh: Innovative Data Exchange, Saving Time, Improving HIV Care Coordination- NYC Jails and Boston. (#Session ID 13002)
INYC Health + Hospitals – Correctional Health Services; Boston Public Health Commission, HIV/AIDS Services Division;
RDE Systems
Wed. 4:00 p.m.-5:30 p.m. Room: Maryland B 4/5/6
3

Bridging the Data (Systems) Divide! Integrating Data Systems for Better HIV reporting and Care Coordination. (#Session ID 11079)
Boston Medical Center; Parkland Health & Hospital System; Northeast/Caribbean AETC; University of Puerto Rico;
RDE Systems
Thurs. 10:30 a.m.-12:00 p.m. Room: National Harbor 4/5
4

Learnings from Implementation and Integration of Interventions from the SPNS Latino Transnational Initiative. (#Session ID 13008)
University of Puerto Rico; HRSA;
AIDS Foundation of Chicago;
RDE Systems
Thurs. 10:30 a.m.-12:00 p.m. Room: Chesapeake 1/2/3
5

Emerging Issues, Part A & B Resource Trends, and Using RWHAP Funds Efficiently by Saving Time and Money. (#Session ID 11047)
HRSA; Tampa-St. Petersburg EMA;
RDE Systems
Thurs. 1:30 p.m.-3:00 p.m. Room: Maryland C
6

Improving HIV Outcomes in Rural and Urban Settings: A Tale of Two Emergency Department Strategies. (#Session ID 11084)
Columbia University/ New York Presbyterian; University of Nebraska Medical Center; ECU Brody School of Medicine;
RDE Systems
Thurs. 4:00 p.m.- 5:30 p.m. Room: Chesapeake 6
7

SPNS Systems Innovations and Consumer Empowerment: Paterson, NJ. (#Session ID 12786)
Bergen – Passaic NJ TGA;
RDE Systems
Fri. 8:30 a.m.-10:00 a.m. Room: National Harbor 15
8

How to Share and Leverage Data in Good Times and in Bad. (#Session ID 12796)
Centro-Ararat, Puerto Rico; East Boston Neighborhood Health Center, Boston; Allegheny Health Network, Pennsylvania; RDE Systems
Fri. 10:15 a.m.-11:45 a.m. Room: Chesapeake 1/2/3
9

Wrap up!

Emerging Issues, Part A & B Resource Trends, and Using RWHAP Funds Efficiently by Saving Time and Money
Session ID: 11047

Onelia Pineda, Hillsborough County

Jesse Thomas, RDE Systems

Thursday 1:30 p.m.- 3p.m
Room: Maryland C

Thank You / Q&A

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