

The logo features a large, stylized red graphic element on the left, resembling a square with a horizontal bar extending to the right and a vertical bar extending downwards. The year '2018' is written vertically in light blue text within the vertical bar. To the right of the graphic, the word 'NATIONAL' is written in light blue, uppercase letters. Below 'NATIONAL', the name 'RYAN WHITE' is written in large, bold, white, uppercase letters. Underneath 'RYAN WHITE', the text 'CONFERENCE ON HIV CARE & TREATMENT' is written in light blue, uppercase letters. The entire logo is set against a dark blue background with a vertical red bar on the far left and a horizontal red bar at the bottom.

2018 NATIONAL
RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

How the Boston Public Health Commission created a client level data system that providers actually use

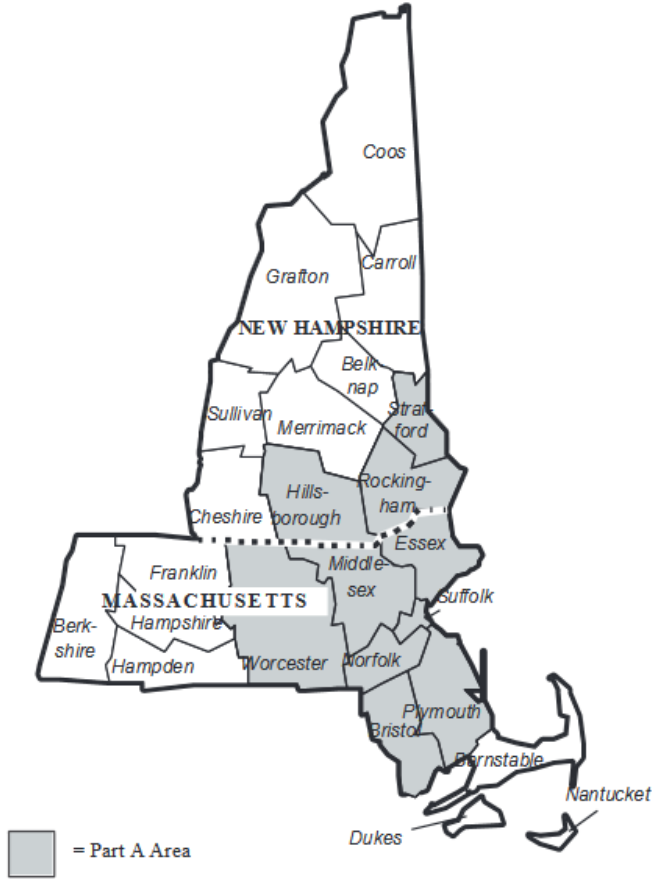
HIV/AIDS Services Division

Infectious Disease Bureau

Boston Public Health Commission

Jurisdictional Profile

- The Boston EMA is a 10-county region, comprising 7 counties in MA and 3 counties in NH.
- The Boston EMA Planning Council is the community planning body, which prioritizes and allocates funds to service categories.



Jurisdictional Profile

Boston Public Health Commission (BPHC) is designated as the Part A recipient.

The FY 2018 Award for the Boston EMA was \$14.8M.

BPHC funds 32 direct service providers, including 65 programs.



A Measure of the Challenge

In Building e2Boston...

Stakeholders

- Clients served and the whole Community
- Funded agency front-line staff
- Funded agency supervisors and administrators
- Grantee Program Staff: Ryan White
- Grantee Researchers and Evaluators
- Grantee Policy and Planning
- Grantee Administration
- Federal Funding Sources (HRSA)
- Grants Managers
- Quality Managers
- Information Technology
- Department / Leadership
- Planning Groups (Planning Council, etc)
- ...

e2Boston Timeline

- **January 4, 2013** **e2Boston Kickoff**
- **May 14, 2013** **Onsite RDE Stakeholder Engagement**
- **March, 2014** **← Provider Training and e2Boston Launch! 😊**
(About 9 months after onsite!)
- **July, 2014** **Data Import Launch!**

STEPHEN M. LAWLOR MEDICAL INTELLIGENCE CENTER

Themes

Continuous Improvement Mentality

Creatively Transform
Requirements

Holistic, Humanistic Approach to
Systems

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Continuous Improvement Mentality

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Success! Challenges Overcome!

Design and Development

Timeline

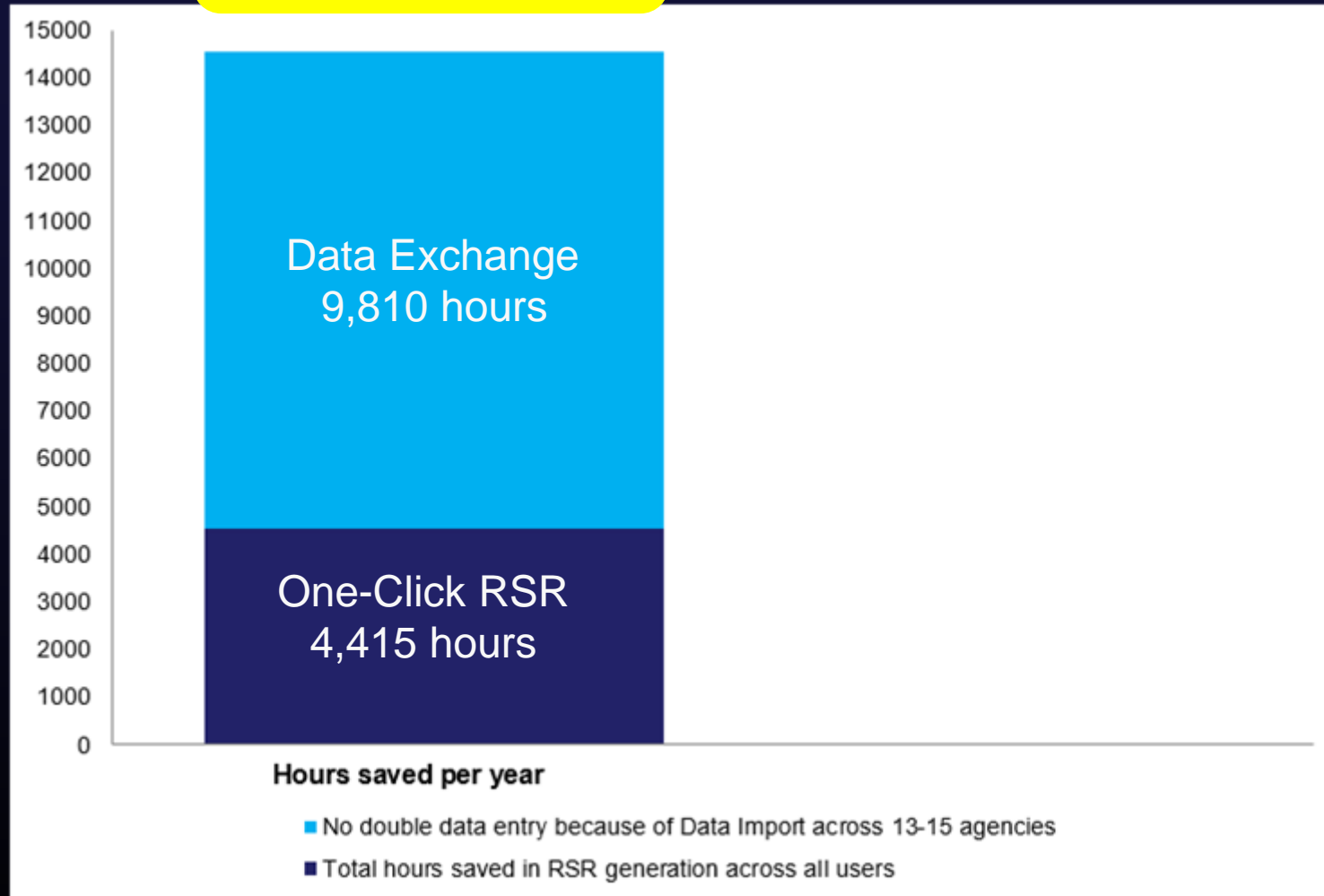
IT / Security

Stakeholder Engagement

HRSA Requirements

Time Savings of e2Boston (Hours)

14,225 hours saved
since e2Boston launch

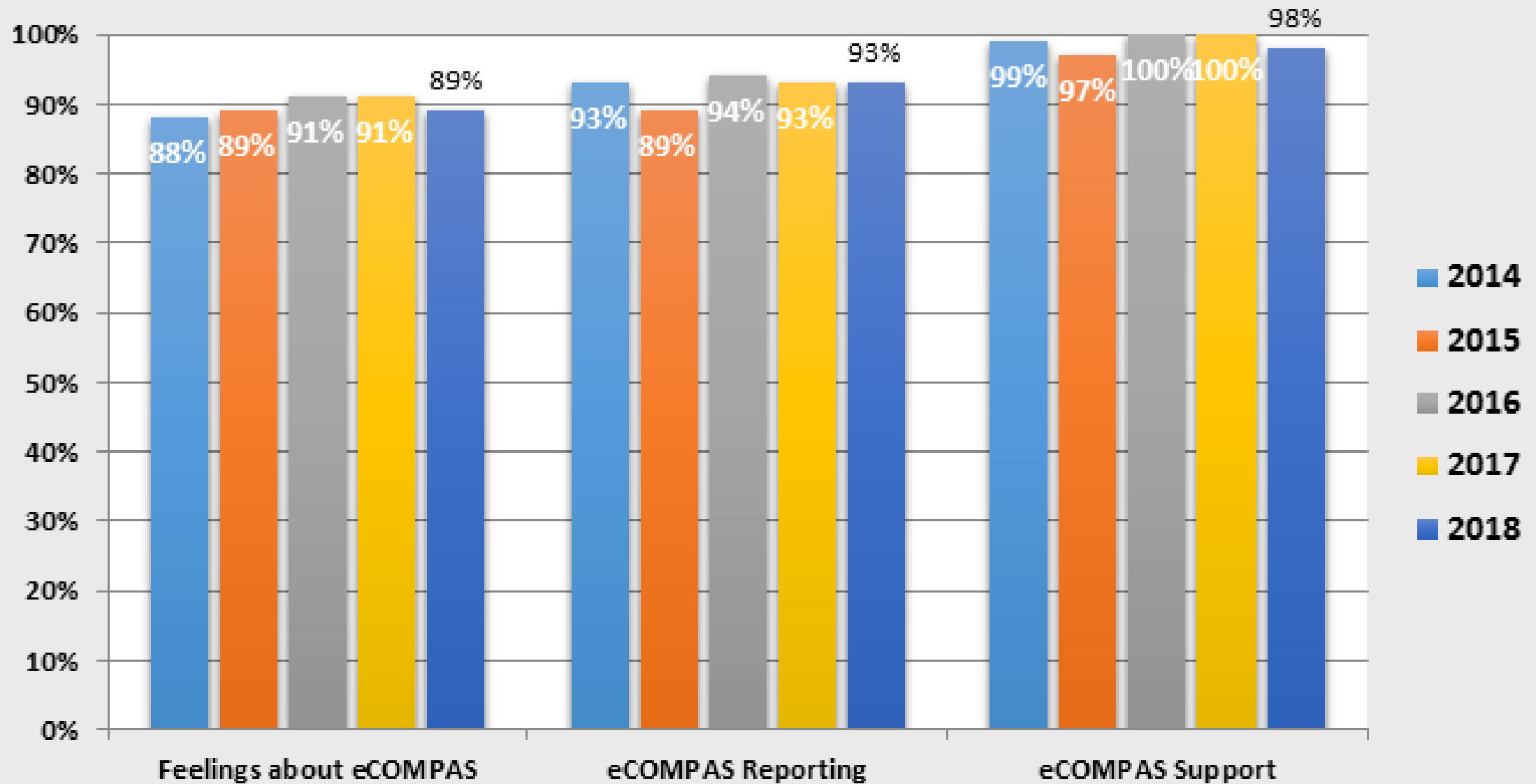


What do end users think?

1. Any problems or barriers with using the system?
2. To what degree is the system saving you time?
3. To what degree is the system reporting effective for you?
4. How is technical assistance and support for you?
5. If not a “10”, what can we do to make it a “10”?

“The fact that someone calls me to make sure that all is well and to see if I have any ideas is just great.”

eCOMPAS Satisfaction Scores for e2Boston



- “It’s easy to navigate. I like how the client utilization report allows me to make sure data matches before it is submitted.”
- “I love it! Overall, it is easy to use.”
- “It’s a great system. I like that it gives all the information right away.”
- Everything is manageable and good. Very useful system.”
- The system is excellent. It is easy to access and use it.”
- “It’s a breeze [to use].”
- “One of the best programs. I love it!”
- “It’s been really great! Everything I need is right in front of me.”
- “Support for e2Boston has been very helpful and responsive.”
- “Overall, I like it much better than the old system. Everything is a click away.”
- “We love it! It is really helpful and the reports definitely give me what I need.”
- “It’s working beautifully. Makes our jobs much easier.”
- “I love the reporting and demographics!”
- “Keep up the great work! I love the new system!”

- **“I like the system. It’s simple.”**
- **“It is an easy site to navigate and I love the ability to create charts for my quarterly reports.”**
- **“I like the fact that now we can put everything in one place and then pull information needed for Quarterly reports and outcome submissions.”**
- **“Very user friendly.”**
- **“The ability to run reports regarding ct updates needed is most helpful.”**
- **“User friendly, I wish all my systems were so easy.”**
- **“The system and reports are very helpful.”**
- **“User friendly, easy to navigate. Best system out there, I really enjoy it.”**
- **“Doing great. System is self-explanatory.”**
- **“Thanks for all the work you do (development, support, etc.) and it is a pleasure to be working with you!”**

- **"I think the system is great."**
- **"I love how easily accessible everything on E2 Boston is. It's very easy to navigate and use."**
- **"The tech staff are professional and helpful. What I have experienced is very user friendly."**
- **"I'm not computer savvy but I find it to be a good tool."**
- **"System is very clear and easy to navigate."**
- **"Pleasant experience overall."**
- **"User friendly, straight to the point."**
- ***"I love e2Boston. It is easy to use."***
- ***"e2Boston is easy to work with. Thank you for coming up with this program."***
- ***"e2Boston is easy to use and user friendly."***

- *"I like e2Boston very much. It is easy to use."*
- *"Thank you for all of your work and it is great to work with your team and look forward to continue this collaboration process with you."*
- *"Overall we are impressed with the e2Boston system. We wish we had a system like this when working at past jobs."*
- *"Keep it going! The system is meeting our needs. We appreciate everybody being there when we need them."*
- *"The system is wonderful."*
- *"We are doing fine and very pleased with the site."*

e2Boston utilizes an open data standard to provide user choice.

- Larger agencies, such as health centers, already utilize an existing EMR and using e2Boston as a primary system may not be an option.
- BPHC and RDE worked to develop a data dictionary and data import standards that allow agencies to export data from their existing systems into a database file, which can be directly uploaded onto the e2Boston website.
- Users can import client demographic, service utilization, and/or health outcome data.

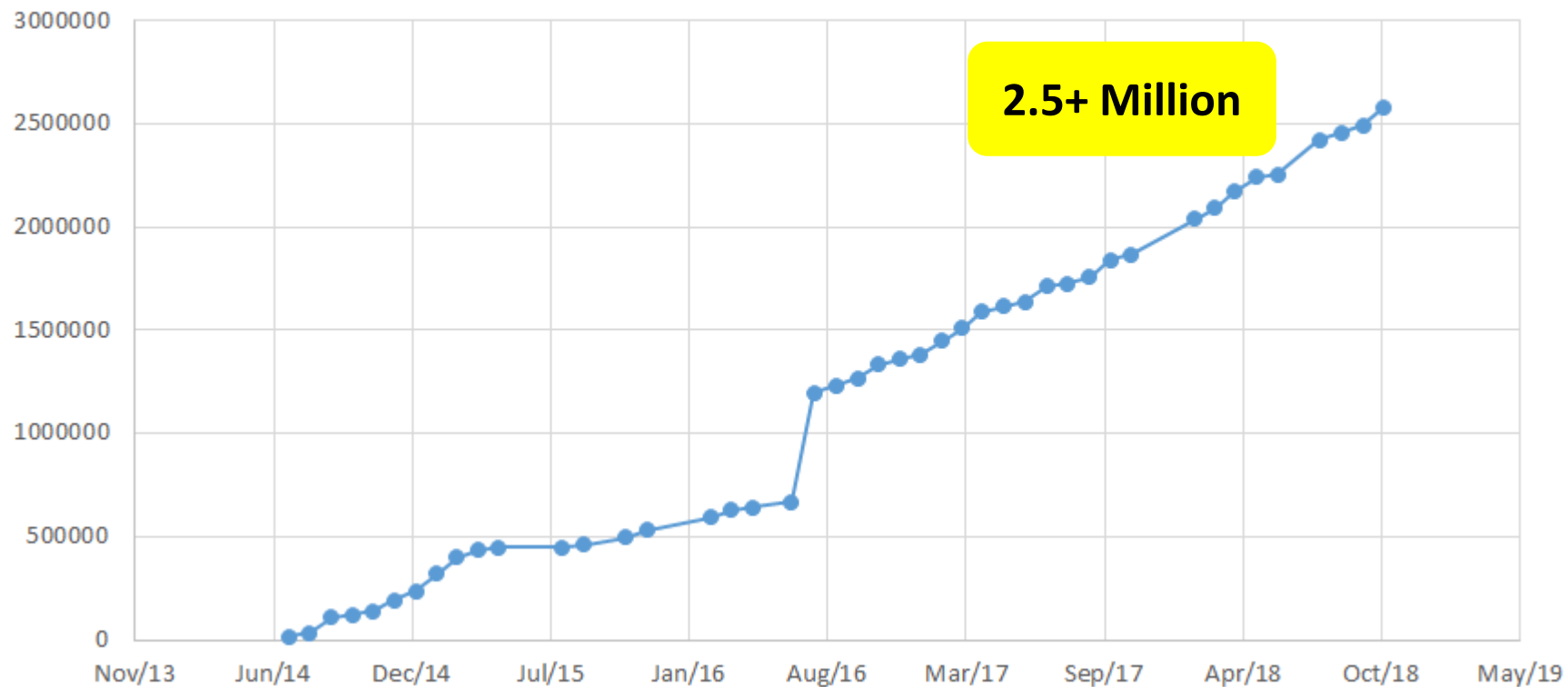


Data import is a highly prized functionality within e2Boston.

- 8 of 32 agencies import their data.
- These agencies typically serve between 100-500 clients annually.
- The biggest time saver is to import service utilization data, especially for programs that provide a high volume service, such as daily congregate or home-delivered meals, office visits, or support group meetings.
- Importing data is also helpful during RSR season when RSR-specific data elements must be updated for a majority of clients.

Seventeen import users imported over 2.5 million data elements since launch.

Data Elements Imported to e2Boston, cumulative



Experience with e2Boston: Using the Data

- Breakdowns by service category and providers
- Useful in developing QM activities
- Easy user experience
- Exportability
- [Examples](#)

Users can enter and see their data in real time.

- All users can run reports at any time to review any previously entered data, whether it's two years ago or 10 minutes ago.
- Providers can enter their work for the week, run a report showing total volume of services, and then send a copy of that report to their supervisor.
- e2Boston also features advanced visual analytics that allow users to generate tables and graphs for internal usage, BPHC reporting, or data for grant applications.

The HIV Care Continuum is everywhere and now it's in e2Boston.

- In March 2015, BPHC released a health outcomes module, which allows providers to use the same interface to now submit client demographic, service utilization, and outcomes data.
- Data import for outcomes was available at launch.
- Some of BPHC's outcomes include: HIV viral suppression, housing status, last medical visit date, mental health.

Viral suppression is the ultimate goal.

- VS is tracked on the client level within e2Boston. Providers can identify individuals or cohorts that are not suppressed and target them for services.
- BPHC has dramatically shifted its focus on improving viral suppression (VS) and requires agencies to review the VS rates among their clients. From FY17 data, 88% of Part A clients reported an undetectable* viral load.
- BPHC now proactively provides comparative performance measures to subrecipients quarterly.

* Undetectable = less than 75 copies/mL.

Lessons learned through this process:

- Building a system that people will actually use and be mindful of the user experience
- In order for providers to fully take advantage of any data system, they must have real-time access to their own data – this is essential for tackling viral suppression
- Share the data to all stakeholders.
- Manage turnover wisely.
- Collaboratively and continuously develop the vision.

e2Boston will keep evolving.

- One-Click HAB Measures Report: Drill down data by VL, Race, Ethnicity, Transmission Mode, Age
- One-click HIV care continuum at agency, service category, and EMA levels
- Client enrollment data sharing, allowing providers to send RW eligibility information to others in the Part A network



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