A Tale of Two Systems: Hartford Data Integration Grant

PRESENTED BY: PETA-GAYE NEMBHARD

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Hartford Ryan White Part A Recipient Team

Angelique Croasdale-Mills
Project Manager

Thomas Williams
Finance Officer

Peta-Gaye Nembhard
Systems Analyst

Sarah Macone
Quality Management Nurse

DeLita Rose-Daniels
HCV Project Coordinator

Hartford transitional grant area

- The fiscal year is **March 1, 2018 to February 28, 2019**
- Hartford, Middlesex and Tolland County
- **16** Sites were funded
- **13** HRSA defined service categories
- **2** Minority aids initiative sites were funded
  - **309** HIV+ Hispanic & Black/African-American consumers
  - **14** clients received Housing Services for **572** encounters
  - **66** Clients received Medical Case Management for **909** encounters
  - **248** Clients received Outpatient Services for **2,106** encounters
- **2312** Clients received services for **45,208** encounters
- Of the **2312** clients served **1386** were HIV+

Project Overview

FROM START TO FINISH

HOW DID WE GET HERE?

The Stated Problem

- 2 Different Programs (HOPWA and Ryan White) with different modus operandi

- 2 data systems (CAREWare and CaseWorthy) that don't interface with one another

- Both provide services to the <u>SAME CLIENTS</u>!!!!

- Only 1 Housing Case Manager OR 1 Medical Case Manager allowed in our jurisdiction

Hartford DIG Core Activities

- Enact new policies and processes to support data exchange and analysis;

- Create a bi-directional interface between the CAREWare and CaseWorthy systems;

- Develop and implement a cross training curriculum to foster improved service delivery, data exchange and analysis;

- Analyze comprehensive data to assess changes in health outcomes;

- Document and disseminate challenges, lessons learned, best practices, and innovative models.

- Improve health outcomes including viral load suppression for persons living with HIV/AIDS and those prone to homelessness

Key Partners

City of Hartford HOPWA recipient Offices

ACT, Inc.

Connecticut Association for Human Resources

Connecticut Children's Specialty Group,

Community Health Center Inc

Chrysalis Center

Community Health Services Inc

Charter Oak Health Center,

Community Renewal Team

Hartford Gay and Lesbian Health Collective

Hands on Hartford

Human Resource Agency of New Britain

Latinos Community Services

Mercy Housing and Shelter

Rockville Hospital

Hospital of Central Connecticut

Hartford Hospital

Saint Francis Hospital

St Phillips House

University of Connecticut Health Center

Zezzo House

CONSUMERS!!!!

Hartford DIG Steering Committee

- Peta-Gaye Nembhard
- Angelique Croasdale
- John Merz
- Melanie Alvarez
- Lionel Rigler
- Russ Cormier
- Kate Bassett
- Barbara Shaw
- Sheryl Horowitz
- Tachica Murray
- Tahaira Nicolas

- Danielle Warren-Diaz
- Yolanda Potter
- Shawn Lang
- Catellia Casey
- Abbie Kelly
- Ricardo Cruz
- Zaida Hernandez
- Joan Barere
- Shanay Hall
- Mary Ellen Laskarzewski

Hartford DIG Steering Committee Charge

- Develop, implement and monitor operational plan

- Develop and implement joint release of information documents

- Develop, implement and monitor training activities

- Revise service delivery structure and align activities with local, state and federal regulations

- Evaluate Hartford DIG Project

- Report back to funders and other key stakeholders

The Data Systems

Bi-Directional System

RW Users

CAREWARE

HOPWA Users

CaseWorthy

- CD4 Lab Test
- Financial Assessment
- Hepatitis C Screening
- Medications
- Service Records
- Scanned Documents
- TB Screenings
- Viral Load Test

- Case Management Assignment
- Employment Information
- Financial Assessment
- Housing
- Service Records
- Veterans Status

Shared Data

* Data is imported/exported on a daily basis

MORE COWBELL!
(Year-4 feature add-ons)

- Dashboards in CaseWorthy to alert users of new imported information
  - User messages
  - Referrals
  - Labs/medications

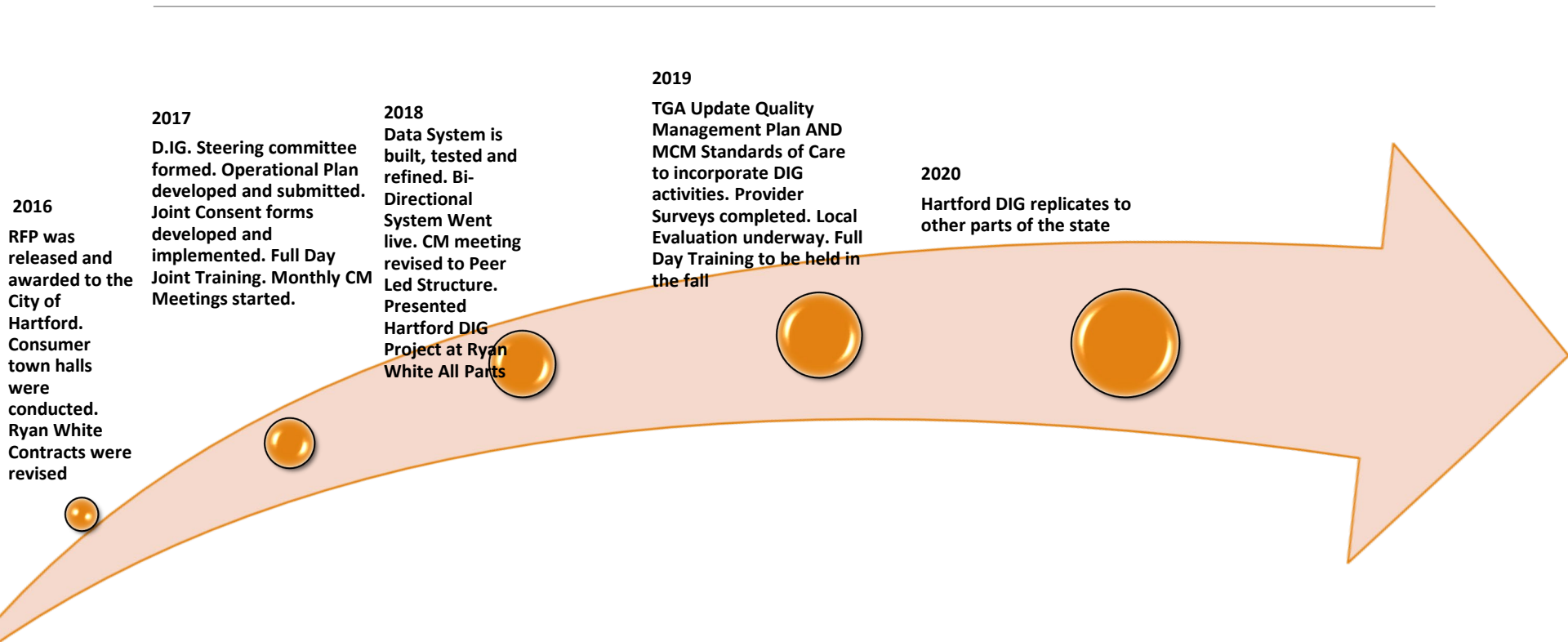- Alerts and billboards on login screen in CaseWorthy

- Real-time reports that showcase sharing agreements in place WITH expiration dates

Service Coordination

Data Integration Grant: Client Care & Housing Integration Process

Project Timeline

2016

RFP was released and awarded to the City of Hartford. Consumer town halls were conducted. Ryan White Contracts were revised

2017

D.IG. Steering committee formed. Operational Plan developed and submitted. Joint Consent forms developed and implemented. Full Day Joint Training. Monthly CM Meetings started.

2018

Data System is built, tested and refined. Bi-Directional System Went live. CM meeting revised to Peer Led Structure. Presented Hartford DIG Project at Ryan White All Parts

2019

TGA Update Quality Management Plan AND MCM Standards of Care to incorporate DIG activities. Provider Surveys completed. Local Evaluation underway. Full Day Training to be held in the fall

2020

Hartford DIG replicates to other parts of the state

Joint Peer Led Case Management Meeting

- Coordinated by ACT Inc

- 40+ attendees at each meeting

- Meets monthly

- Time allotted for case studies/Care Coordination

- Each session evaluated

- Training Topics are selected by Peers

- Professional Peer support and networking environment

- Training fulfills contractual requirements for required continuous learning
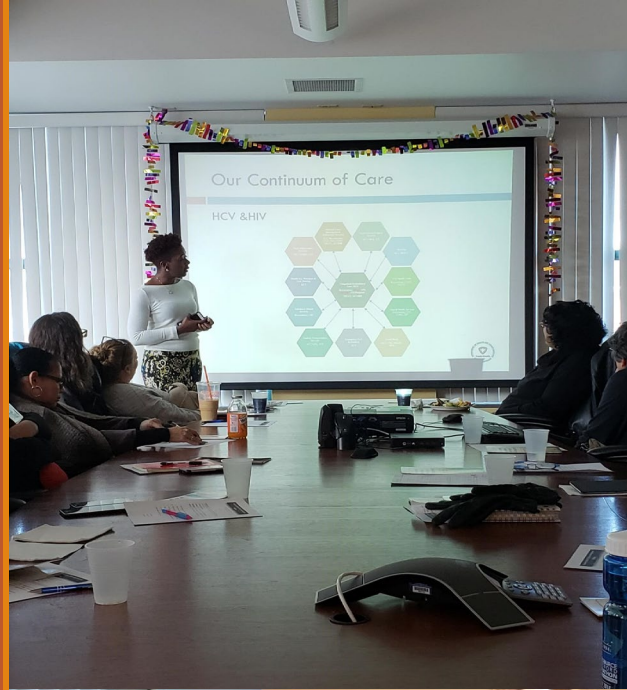
Local Evaluation

PROVIDER SURVEY & PEER LED JOINT MEETINGS

Provider Survey

BASELINE

PREPARED BY SHERYL HOROWITZ

Provider Survey Respondents N=30

Role	Responses		% Cases
	N	%	
Housing Case Management	7	16.3%	23.3%
Medical Case Management	15	34.9%	50.0%
Navigation	7	16.3%	23.3%
I do not provide direct services	3	7.0%	10.0%
Other	11	25.6%	36.7%
Total	43	100.0%	143.3%

For the analysis:

1. Respondents were able to choose multiple roles (total responses = 43. (% cases reflects division by 30 and % responses reflects division by 43)

2. A category was created for the 2 respondents who labeled themselves as both RWCM and HCM.

3. Of the 11 who categorized themselves "Other", 7 had already categorized themselves in another category. Therefore only 4 without another designation are counted as "Other"

EDUCATION

1. 37% of providers in the survey have graduate degrees.

2. Proportionately more Housing vs Medical CM have graduate degrees: (60% vs. 31%)
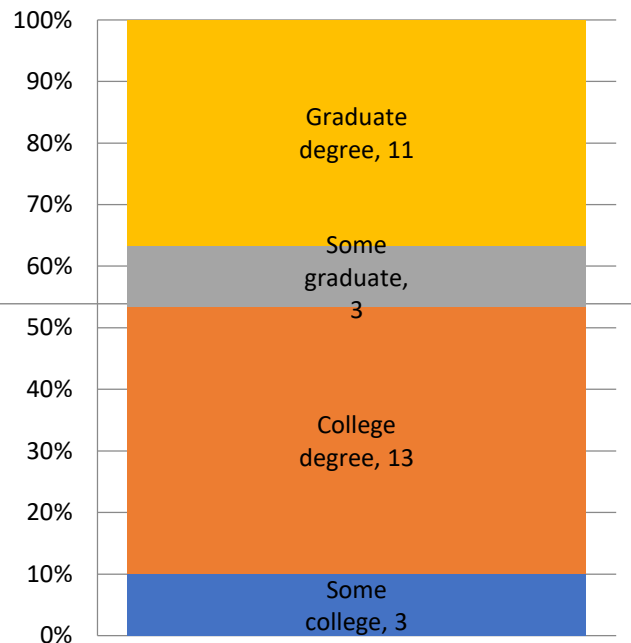
JOB TENURE AND DIG TRAINING:

1. Medical CM respondents have longer job tenure but less training hours in DIG than Housing CM

2. Medical CM respondents are more likely than Housing CM to agree they have enough training on the new system to use it correctly
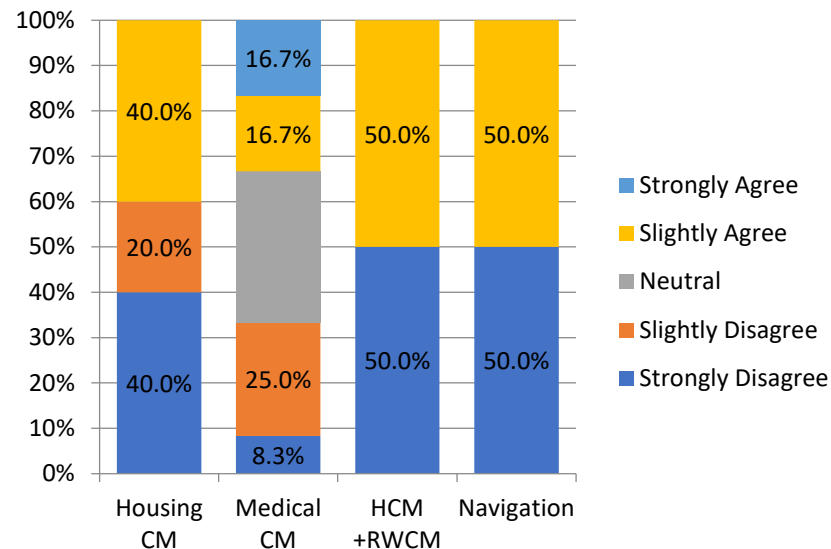
USE OF THE DATA SYSTEM:

1. Housing CM are more likely (43% vs 20%) than Medical CM respondents to use DIG (often and very often) to access cross-system data*

2. Around ¼ of CMs say they are not using the new system

3. Both MCM (67%) and HCM (43%) are most likely to use DIG to check health indicators

4. Only 20% of MCM say they use the system to check housing status.

 (* MCM accessing housing info and HCM accessing medical info)

Reasons for not using the data system

1. The data system is hard to use
2. I don't need the data system
3. I was not told to use the data system
4. I use my organization's data system
Total responses = 5

The most frequent positive aspect mentioned was easier access to information while the most frequent negative was lack of data

The most positive aspects of using the integrated data system?	N	%
Easier access to information- efficiency	11	55%
No positives to report	5	25%
Provides better tools to serve clients	2	10%
Provides a tracking record	1	5%
Real time communication with other providers	1	5%
	20	

| The most challenging aspects of using the integrated data system?	N	%
No challenges to report	5	23%
Lack of data in system	4	18%
Training on use of system	3	14%
Client buy-in/consents	2	9%
Inefficiency- update alerts	2	9%
Lack of exposure/awareness of system	2	9%
Training on Structure of Integration (cross training)	2	9%
Quality and Quantity of data available	1	5%
User interface inadequate	1	5%
	22	

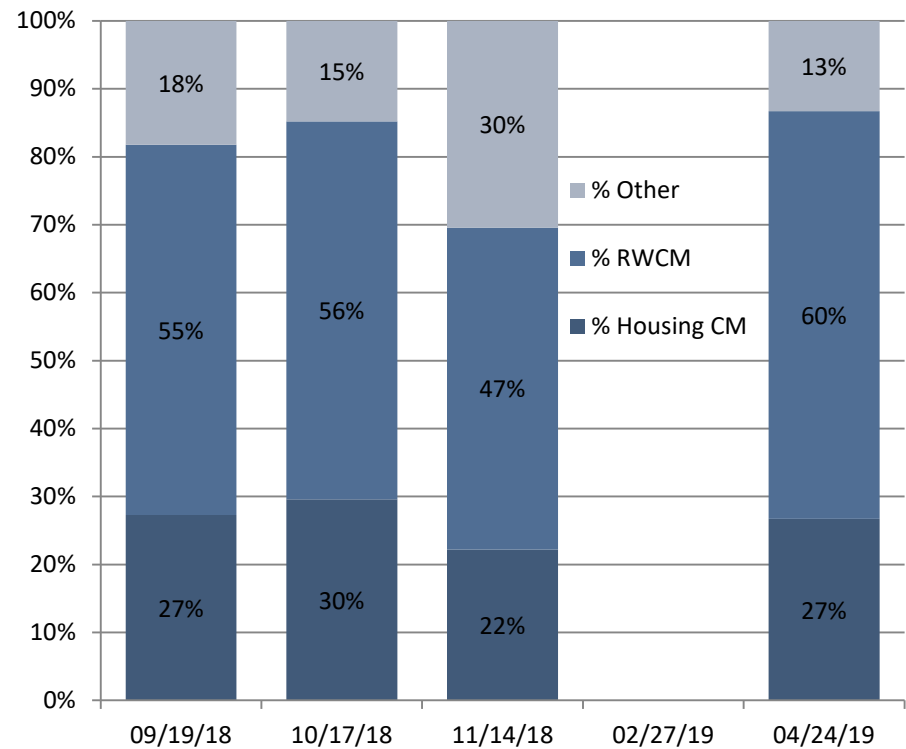# Analysis of Peer-led Sessions 9/18-4/19

5 SESSIONS

PREPARED BY SHERYL HOROWITZ

Participation by role in Peer-led sessions
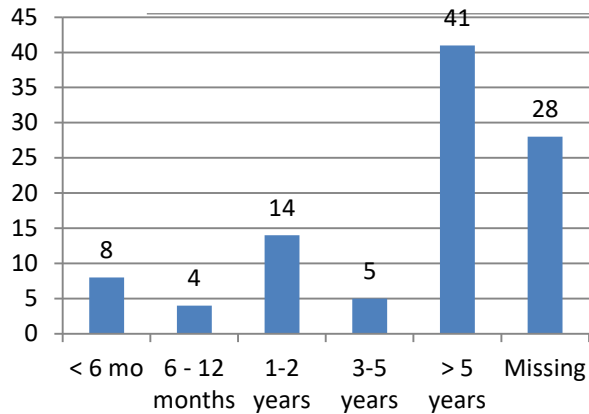
Total # Participants in Peer-led sessions
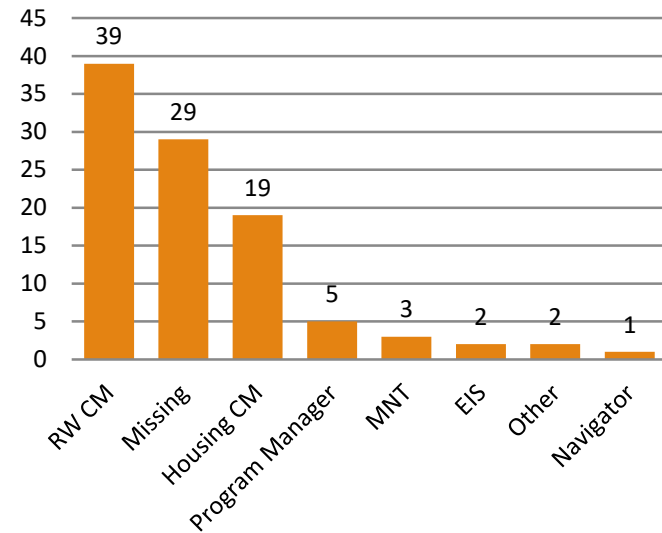
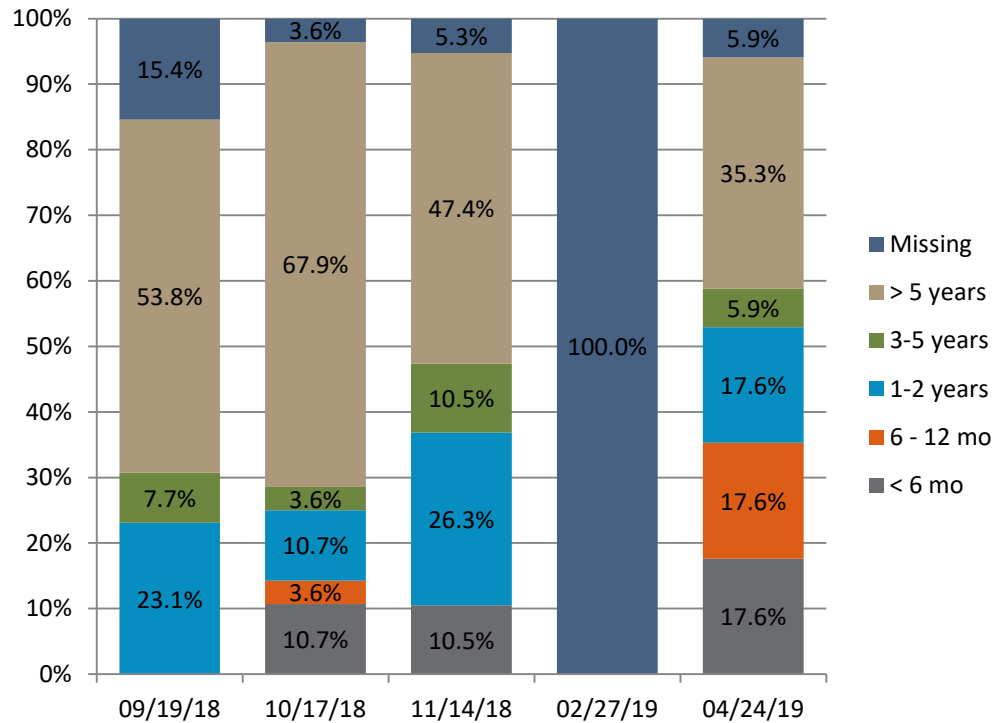Twice as many RW CM attend the sessions as Housing CM

Participant Level of experience

Length of time in Role

Earlier sessions were attended by more experienced participants while more recent sessions are more diverse

1. Irrespective of their role, all participants learned new information at Peer Led Sessions.
2. Over time, the % of participants stating that much of the material was new decreases, but the attendance at the sessions is staying stable
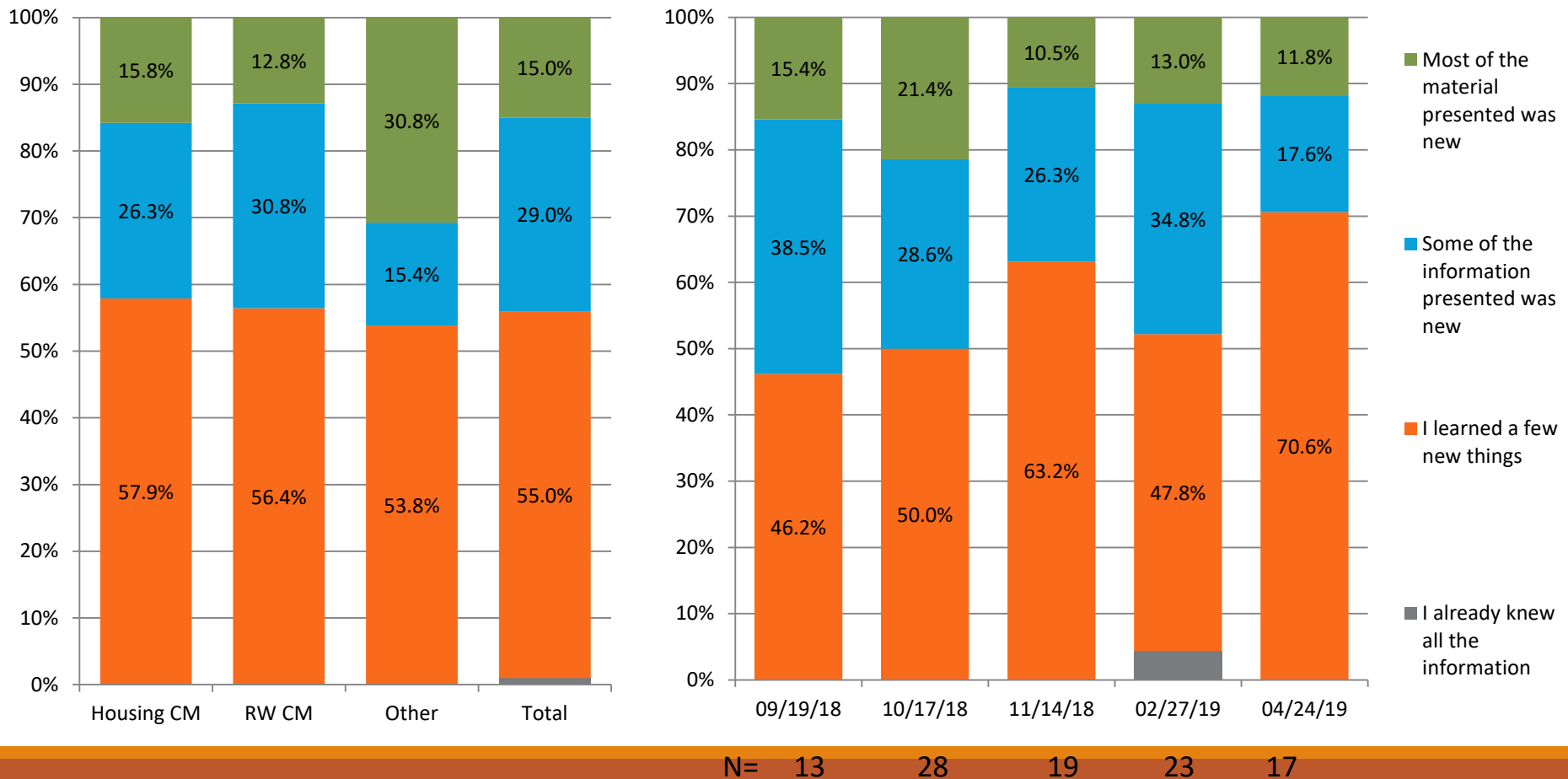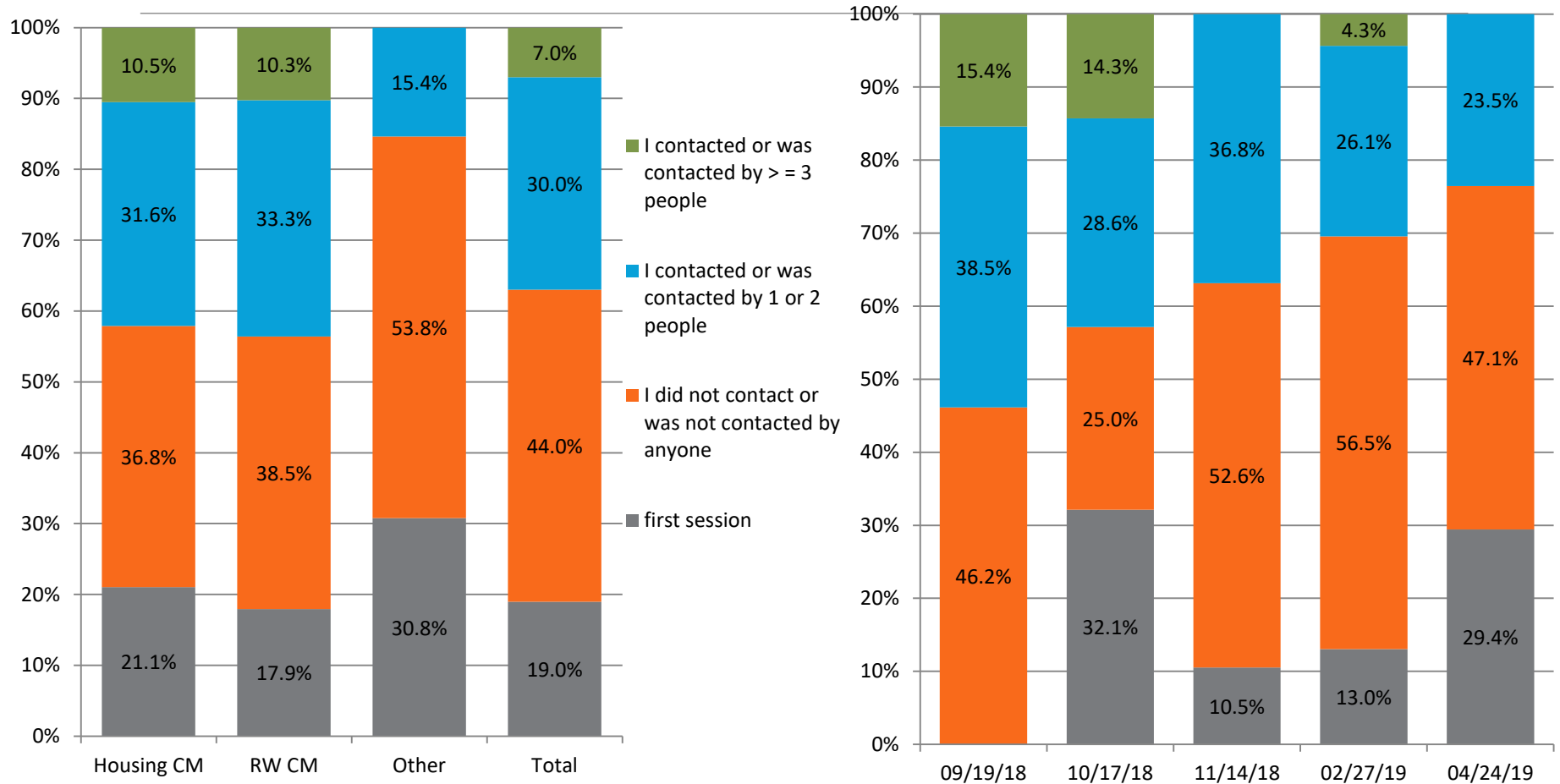
1. Around 90% of CM met new contacts at their sessions.

2. Even at more recent sessions. Only 5-6% said they already knew the people at their session.
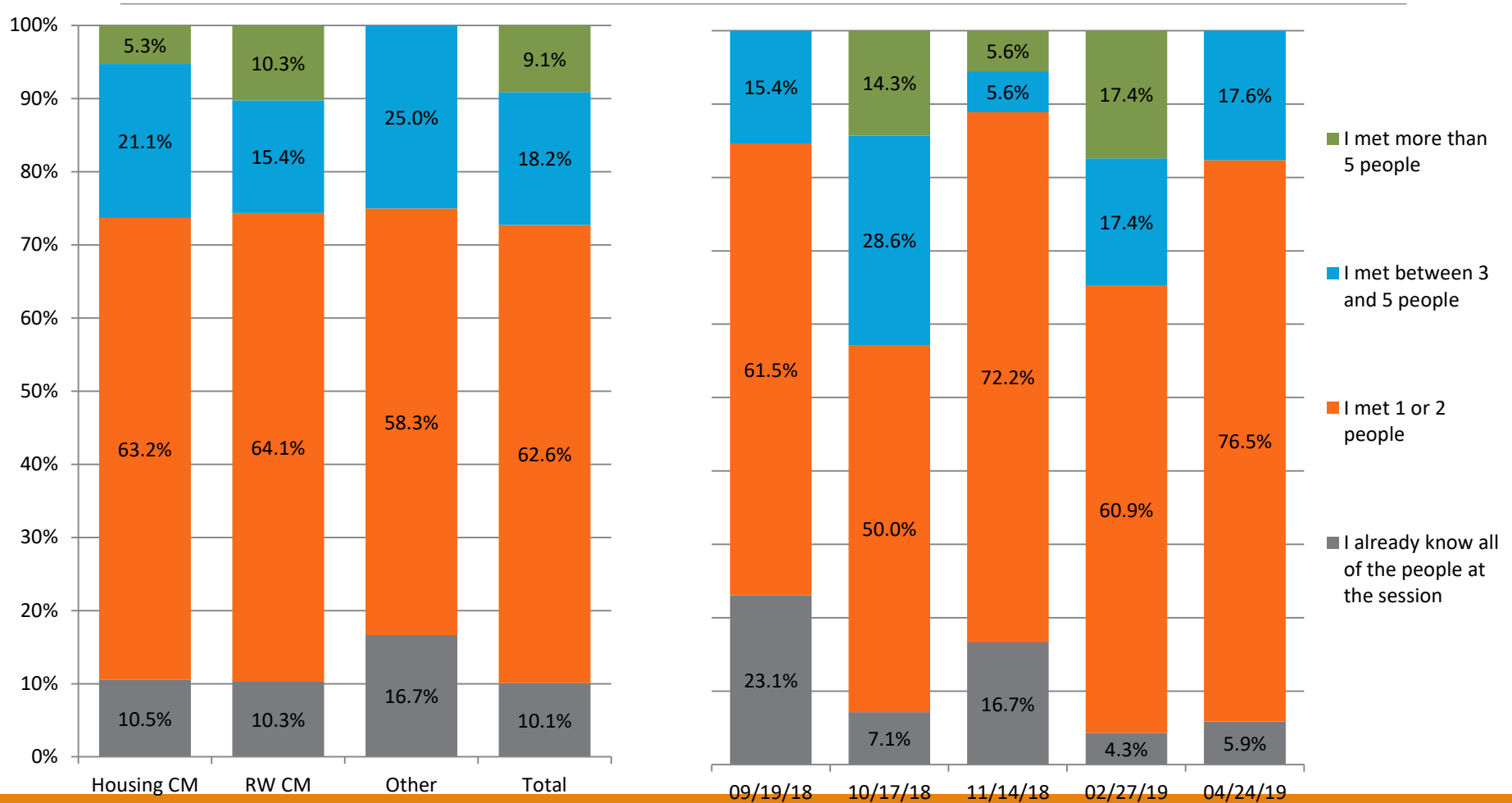
1. @ 43% of both RW and Housing CM contacted or were contacted as a result of these meetings.

2. Actual contacts by participants seemed to decrease over time

1. Proportionately fewer RW CM are "very likely" ready to implement.

2. Confidence to implement varied depending on the session but correlated with the ratings of the presenter
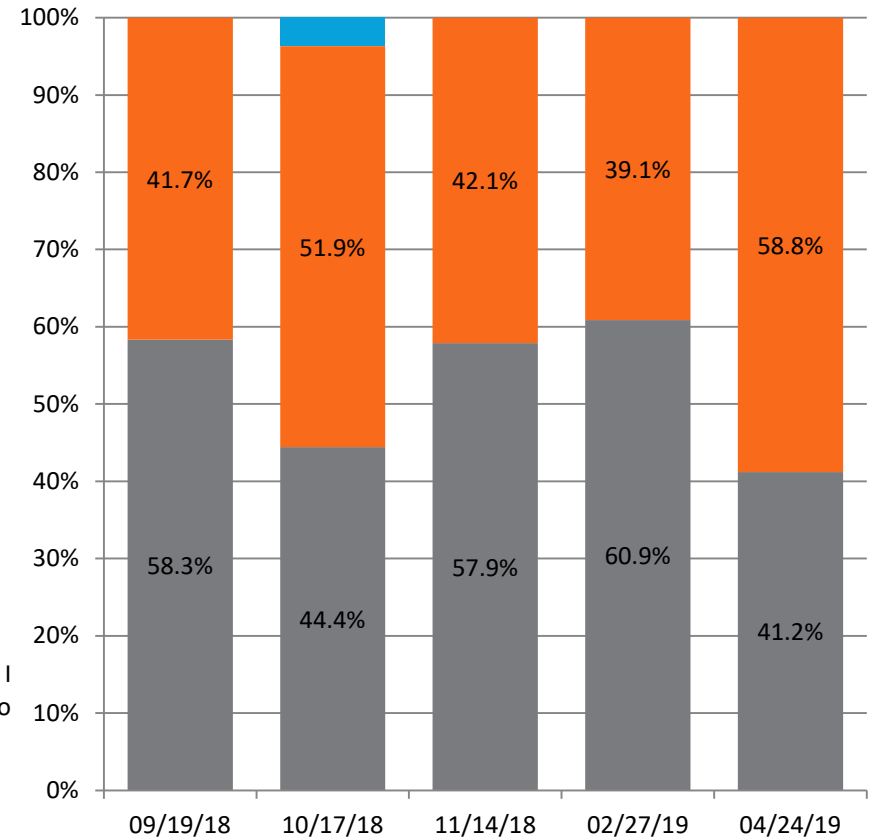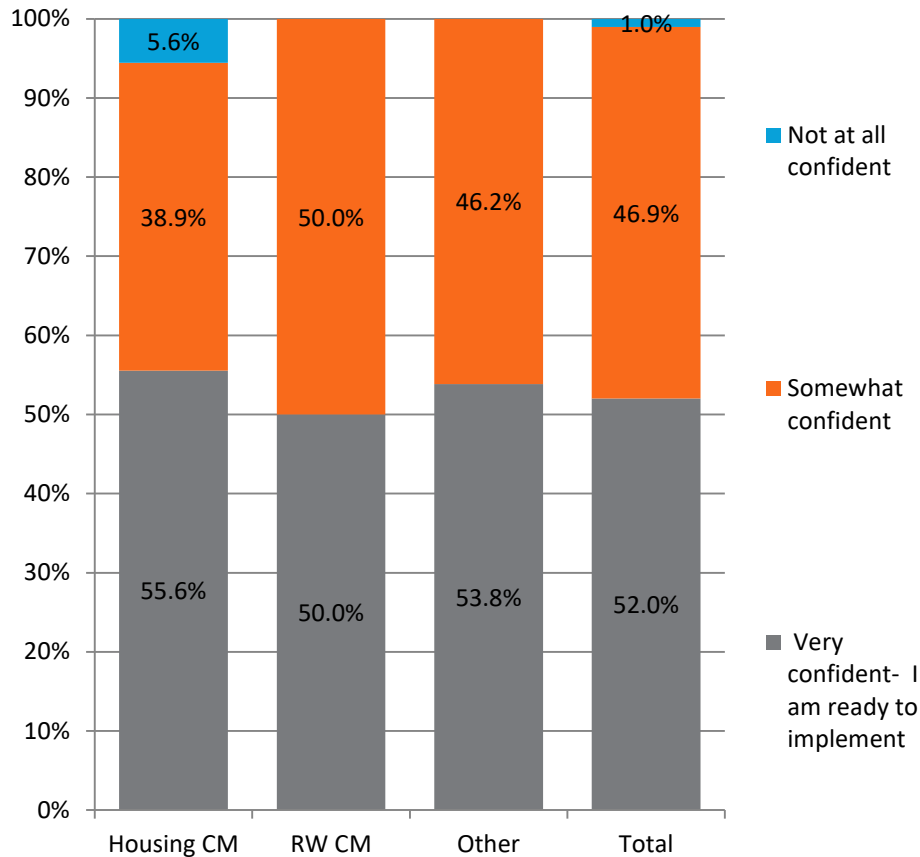
1. A higher proportion of Housing CM stated that they "very much" have the data to coordinate medical and housing services (68% vs 42%).

2. The percent of respondants stating they did not at all have the data to coordinate medical and housing services increased in the last sessions
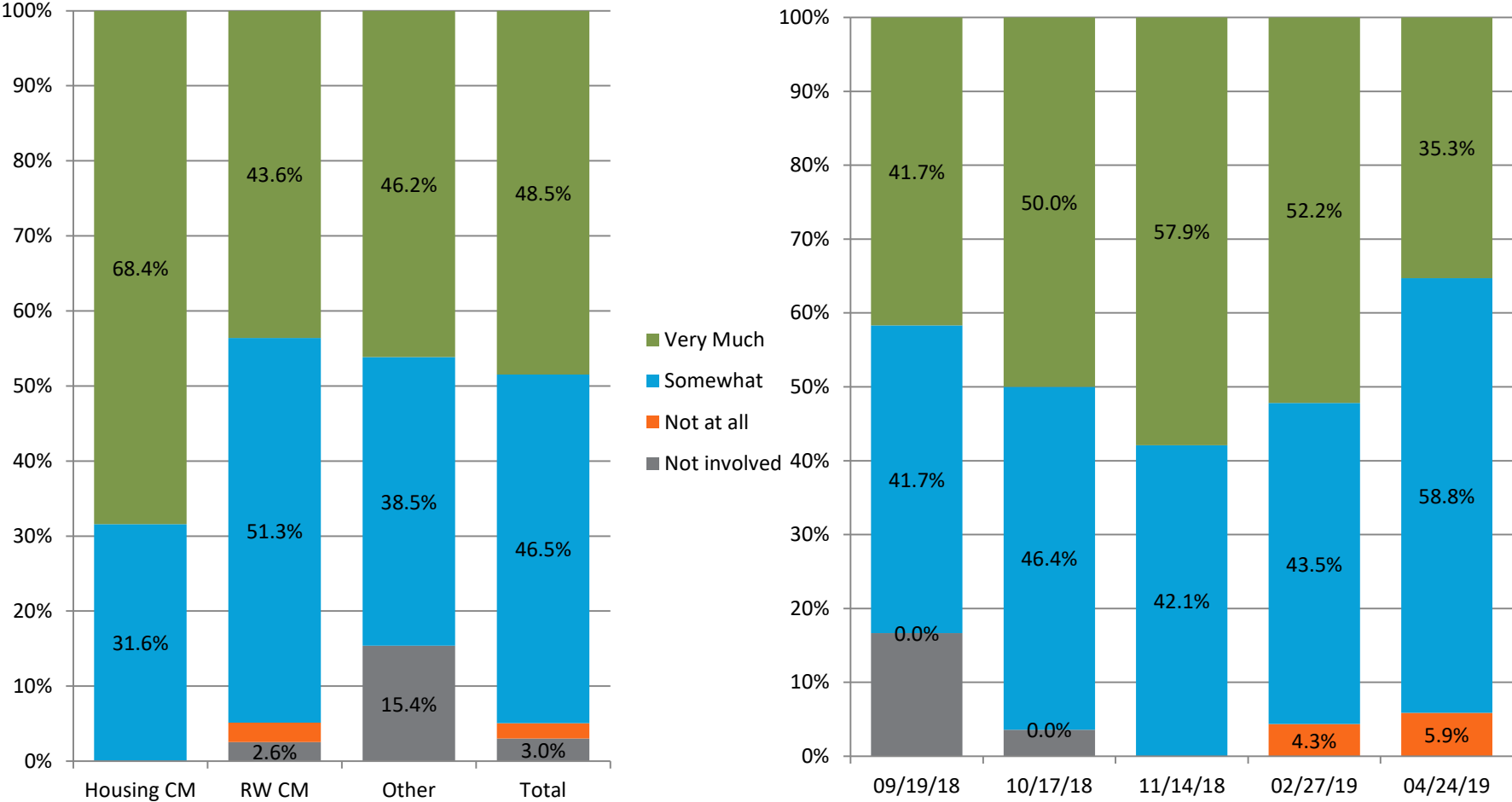
CHALLENGES? OF COURSE!

IDENTIFIED BUT MOMENTUM MAINTAINED

Challenges

Differing usage of software systems.

◦ CAREWare is the required data system for all Ryan White service providers and houses all core and non core RW services; CAREWare is used for data entry, QM and reporting.

◦ CaseWorthy has capacity for case management but is mainly used for reporting to funders; HOPWA sites do not all use CaseWorthy for case management.

Differing cultures and approaches of recipients/sub-recipients:

◦ RW Part A office is more directive in program development, implementation, quality management and oversight;

◦ HOPWA system allows for sites to operate more independently with emphasis on compliance with HUD law and regulations.

◦ In the Hartford TGA Consumers only have one case manager; they cannot have both a Ryan White and HOPWA case manager because the financial and staff capacity

Challenges Cont'd

- Larger HOPWA providers with multiple programs have invested in other data systems; for them, integration has not provided a "one-stop" solution.

- The CAREWare platform will be changing which will have implications for the future of the project

- Changes to the HOPWA Coordinated Access Network that will drastically change the continuum of care structure

Things we didn't consider

- Engaging the CT Coalition to Ending Homelessness at the beginning

- Adding in time for municipality processes and approvals

- Putting DIG as part of every local program (HOPWA & Ryan White) meeting agenda- help with buy-in at an early phase

- Full assessments of current data systems prior to asking for sites to participate

- Assessment of agency capacity to participate in project

- Investing in communication campaign with project partners

- Everyone doesn't speak the same language

PLANNING FOR SUSTAINABILITY

HOW DO WE KEEP THE MOMENTUM?

Sustainability

- Increasing **AND** maintaining provider buy-in for Long-term use of CaseWorthy sites as they experience increased value in adapting to the new platform alongside or instead of ones already in use.
- Allocate HOPWA and Ryan White funds to maintain activities and trainings that have been developed through DIG.
- Connecticut Coalition to End Homelessness will also be integrating into the system, bringing a direct link to state support.
- Contract language addressing ongoing implementation in both RW & HOPWA sub-recipient agreements will remain in contracts.
- Coordination should be done on all levels! Including HOPWA into statewide planning bodies for HIV Care and Prevention in CT (CHPC)
- Standardizing joint release forms; incorporating DIG activities into QM Plan and Standards of Care.
- Continue to evaluate and improve!

Questions?

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