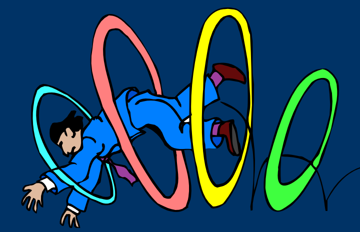
Jumping Through Hoops:
How Three Grantees Collaborated To Meet Client Level Data Requirements and Procure a New Data System



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All Grantees Meeting

August 25, 2010

BOSTON PUBLIC HEALTH COMMISSION

20 Years of Leadership
A LEGACY OF CARE

Objectives

- Present an overview of the Collaborative HIV Data System in Massachusetts
- Identify at least two essential steps in creating a cross-part collaboration to meet CLD requirements
- Discuss potential pitfalls and effective strategies to ensure the success of a cross-part collaboration

The Players

- Boston Public Health Commission
  HIV/AIDS Services Division
  Part A Grantee

- Massachusetts Department of Public Health
  Bureau of Infectious Disease, Office of HIV/AIDS
  Part B Grantee

- Massachusetts Department of Public Health
  Bureau of Family Health and Nutrition, MassCARe
  Part D Grantee

Disclosures

Debbie Isenberg, MPH, CHES
Michael Goldrosen, MA
Sandra Broughton, MHA

Have no financial interest or relationships to disclose

- HRSA Education Committee Disclosures
  HRSA Education Committee staff have no financial interest or relationships to disclose.

- CME Staff Disclosures
  Professional Education Services Group staff have no financial interest or relationships to disclose.

Background

Background

- HRSA released client level data requirements
- Part A, B, and state Part D grantees began to pursue how to meet new national requirements and improve existing legacy systems
- Part A and B grantees wanted to build upon history of collaborative work such as the joint client form, case management standards and joint case management procurement
- Part A, B and state Part D grantees wanted to try to resolve different local reporting requirements through proposed data solution

Background

- Part A Grantee
  - Home Grown SQL databases managed at the Grantee's office
  - Provider sends electronic file or paper forms monthly
  - Electronic file/paper forms are uploaded/keyed uploaded into SQL server
  - Data can be run on a provider level, service category level or deduped across providers and/or categories

Background

- Part B Grantee
  - Home Grown Access-based application installed at each provider
  - Provider sends data file from application monthly
  - Data file is uploaded into SQL server
  - Data can be run on a provider level or deduped across providers

Background

- Part D Grantee
  - Home Grown Access database managed at the grantee's office
  - Provider sends paper forms monthly
  - Paper forms are keyed into the Access database

The Plan

Project Goals

Maintenance and upkeep of multiple, independent systems	Maintain single centralized system
Potentially redundant or overlapping business processes	Analyze processes across all stakeholders to streamline and reduce duplication
Providers required to interact with multiple agencies using different terminology	Utilize standardized and consistent terminology across organizations
Difficult to coordinate between systems	Continue collaborative effort to reduce and share maintenance costs

The implementation of a single centralized data system to streamline and improve the service delivery and reporting of Ryan White Funding

Project Plan

Planning

Vision → Requirements

- Document the goals and functionality of the system
- Collect key stakeholder input

Procurement

RFR → Select Solution

- Write procurement documents
- Establish evaluation criteria
- Evaluate solution proposals
- Select solution

Implementation

Configure Solution → Test → Deploy

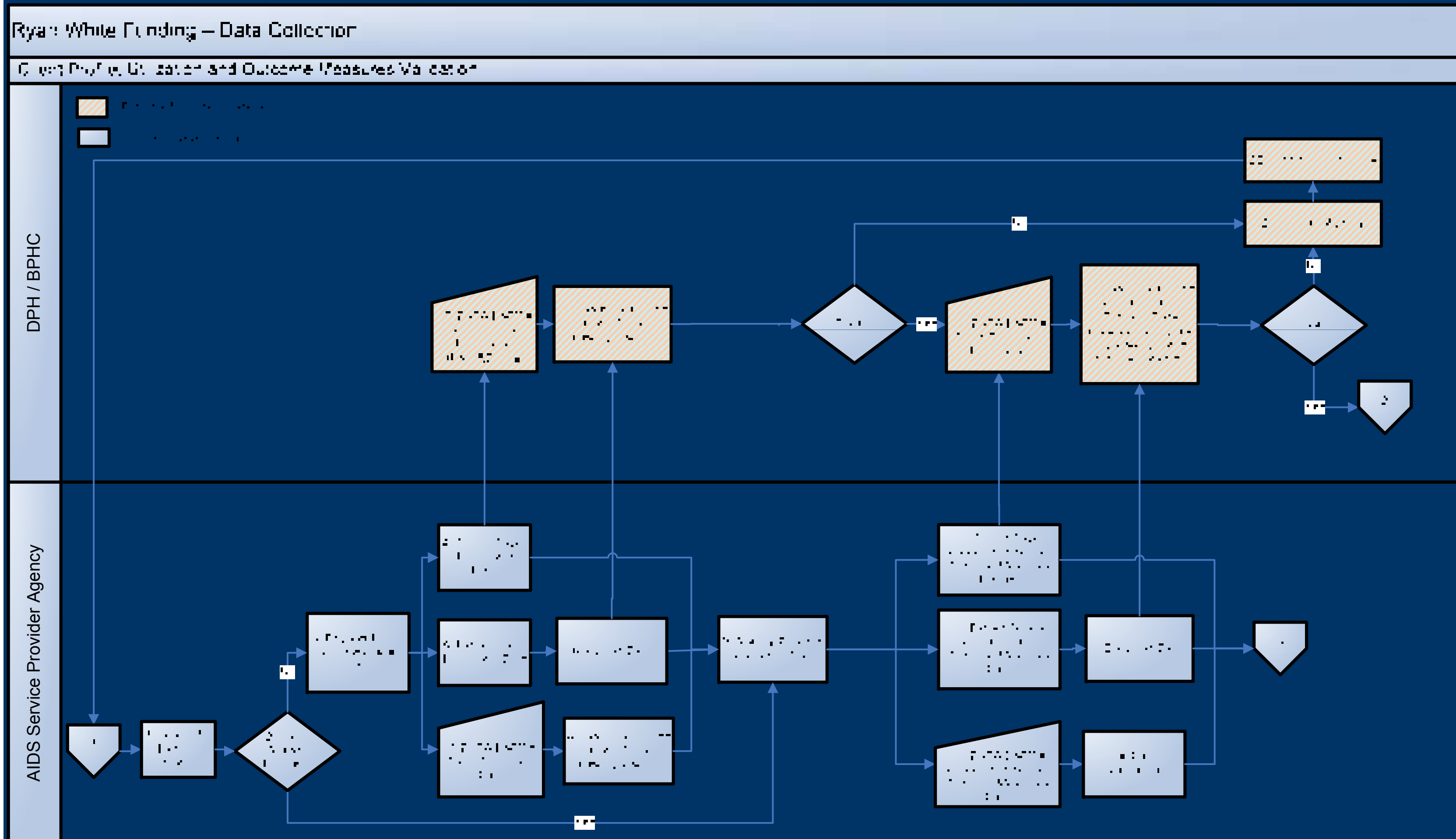
- Install system
- Configure System
- Test System
- System Interfaces
- Deploy system to production hosting environment

Roll-out

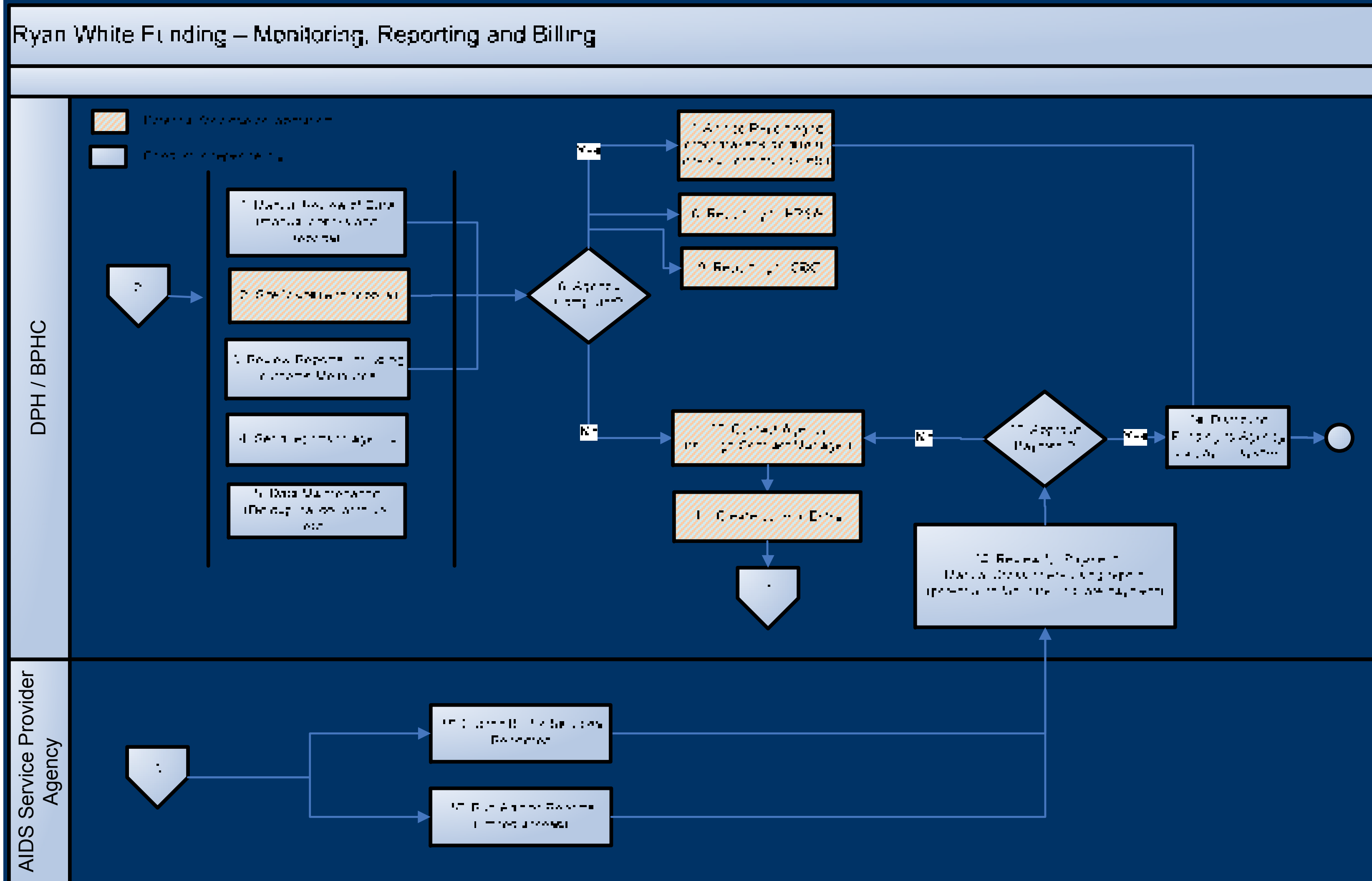
Training → Maintenance

- Roll-out plan
- Training
- System Maintenance
- Help desk support

Plans For How System Will Be Used



Plans For How System Will Be Used



Data System Overview

- Web-based centralized data system to support and streamline the shared business processes among the organizations, including:
  - Collecting client demographic, clinical and service utilization information, outcome measures
  - Monitoring funded contracts including contract amendments
  - Reporting data to federal funders
  - Producing reports for local stakeholders
  - Providing reports to support unit rate billing

- Purchased system will be commercially available and modified to meet specified needs ("COTS")

Data System Functionality

- Client and Service Utilization Tracking
  - Demographics
  - Service utilization
  - Clinical Information
  - Outcome measures
- Agency Information
- Important modification is that data system does not collect name but must create UCI

Data System Functionality

- Reporting Module
  - RDR
  - RSR
  - Quality management reports
  - Service Utilization and Demographic Reports
  - Ad Hoc Reports

Data System Functionality

- Data Import/Exchange
  - Allows providers who have their own data system to submit data to the collaborative data system
  - Flexible to support both import (i.e. required file format submitted by agency) and data exchange (automatic exchange)

Data System Functionality

- System Administration
  - Assigning/managing users
  - Managing the "back end" of the system

Data System Functionality

- Security
  - Agencies have access to information for all clients they serve
    - Role-based access used internally
  - Funders can see services that they fund only; currently data are not shared across grantees
  - Logging so can see who accesses what and when
  - System notifications

Project Update

- Joint Procurement Completed with Vendor Identified!
- Intake with MDPH Hosting Entity (VG) Completed!
- Memorandum of Understanding being finalized
- Governance Council being finalized
- Service Level and Business Associate Agreements being developed

Steps to Create Effective Collaboration

- ✓ Willingness to work together
- ✓ Commitment of staff resources
- ✓ Commitment of fiscal resources
- ✓ Involvement of senior staff as early as possible
- ✓ Engage IT staff and legal staff

Potential Pitfalls

- Competing priorities for time and money
- Different types and levels of Grantee bureaucratic requirements
- Ineffective processes – everything started, nothing done
- Inability to meet the needs of the different stakeholders
- Inability to achieve consensus on content or business processes
- Losing focus on the goal of improving services for PLWH
- Bureaucracy, Bureaucracy, Bureaucracy, Bureaucracy

DPH1

DPH1 Michael-

I dropped the end to make it shorter. Whoever presents it can say it but there was so much content on this slide (and initially more pitfalls than strategies that I tried to simplify statement

Debbie Isenberg, 8/16/2010

Effective Strategies

- Start early – it takes a lot more time than you think
- Engage key stakeholders early
  - Providers
  - Consumers
  - Legal staff
  - IT staff
  - Content experts
- Find funding (this is expensive) – Apply for SPNS $$
- Assign dedicated staff to project

Effective Strategies

- Identify early "successes" to keep people engaged in process
- If you disagree, find a middle ground on which you can all agree
- Learn "IT" language
- Keep communication open throughout the process
- Be PATIENT – it takes a lot more time than you think

Questions??

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