Process over Product:

Navigating Across the HIT Life Cycles

HIT.AIDSNJ.org

GET READY FOR IT

LAUNCH IT

HIT

HEALTH INFORMATION TECHNOLOGY

GET BETTER AT IT

NOW USE IT

HealthIT.AHRQ.gov/toolbox

Ryan White AGM 2010

Catherine Correa
Jesse Thomas

Where Are We From?

36°07'59.12" N   109°08'54.10" W   Eye alt 9869.90 km

Background

- Bergen-Passaic TGA

- City of Paterson, Grantee Part A

- HIV Service Providers (PART A, MAI, HOPWA)

- Quality Management Team & SPNS Partners

- Decade of Outcome Measures

- Movement from Paper to Electronics

- Use of Technology for Quality

Who are You?

What role best describes your function:

1. Administrator/Contractor
2. Medical/Clinical Staff
3. Quality Management Staff
4. IT Staff
5. Other

0% 0% 0% 0% 0%

:10

**Which of the four HIT Life Cycles have been the greatest challenge - for which you want to know more about:**

1. Getting Ready for IT (planning)
2. Launching IT (adoption - implementation)
3. Using IT (application - use)
4. Get Better at IT (enhance usage)

0%   0%   0%   0%

:10

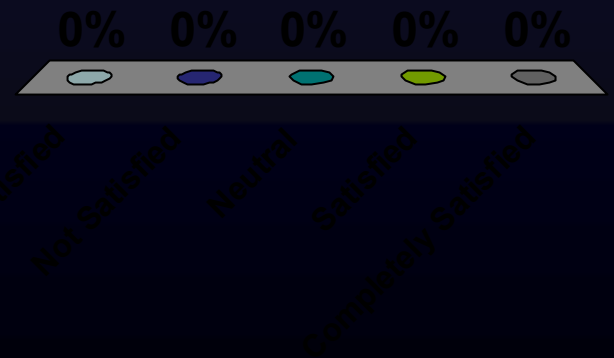# How satisfied are you with your user buy-in?

1. Absolutely Not Satisfied
2. Not Satisfied
3. Neutral
4. Satisfied
5. Completely Satisfied

0%　0%　0%　0%　0%

:10
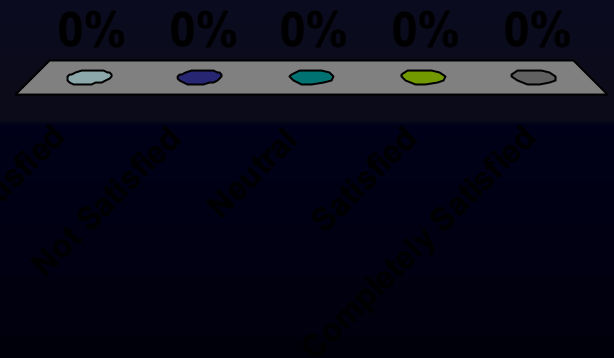
How satisfied are you system capabilities?

1. Absolutely Not Satisfied
2. Not Satisfied
3. Neutral
4. Satisfied
5. Completely Satisfied

0% 0% 0% 0% 0%

Absolutely Not Satisfied

Not Satisfied

Neutral

Satisfied

Completely Satisfied

:10

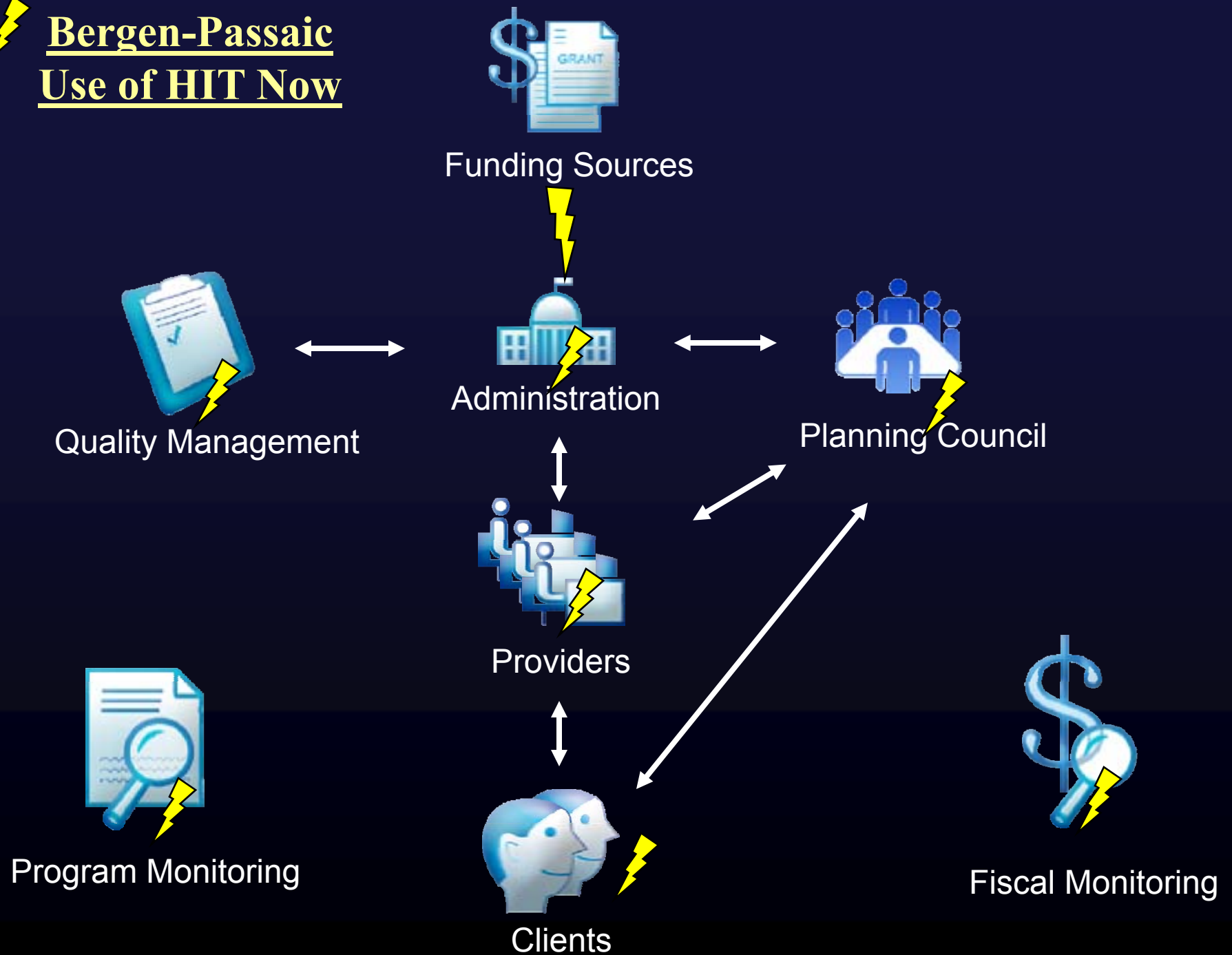# How satisfied are you with your ability to quickly make sense of data you tracking?

1. Absolutely Not Satisfied
2. Not Satisfied
3. Neutral
4. Satisfied
5. Completely Satisfied

0%   0%   0%   0%   0%

Absolutely Not Satisfied   Not Satisfied   Neutral   Satisfied   Completely Satisfied

:10
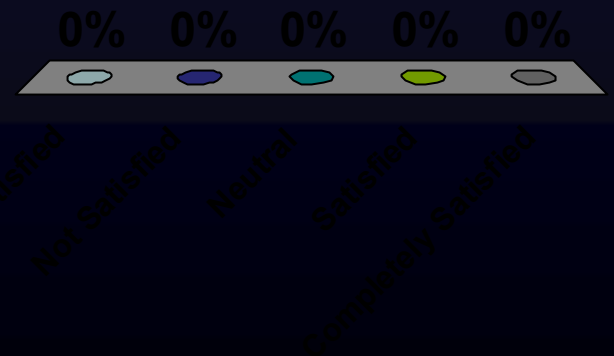
What We Were Doing Before

- Reimbursement contracting

- Paper Outcomes Surveys

- Paper Client Satisfaction

- Multiple Systems:

  - Contract Management

  - Medical

- Paper-Based Needs Assessment

- Paper-Based Quality Management Reporting

- Manual CADR Reporting

- → But had strong foundation in Process

Bergen-Passaic Use of HIT Now

Funding Sources

Quality Management

Administration

Planning Council

Providers

Program Monitoring

Clients

Fiscal Monitoring

What We Are Doing Now

- Performance-based contracting

- Web-based outcomes tracking and reporting

- Web-based Client Satisfaction and reporting

- One integrated system:

  - Contract Management

  - Medical

- Web-based Needs Assessment

- Web-based Quality Management Reporting

- Automated and clickable RDR/RSR Reporting and electronic upload

- Automated and interactive project improvements

Movement of HIT in Bergen-Passaic

Revolutionized Client Input and its affect on Planning & Program

Transformed Data Collection, Exchange & Operations

Enhanced Accountability & Patient Tracking

Enabled New Levels of Quality Management

"Begin with the end in mind"

-- Steven Covey

The Bottom Line

- Saves time

- Saves money

- Saves paper

- Improves productivity

- Improves ability to tell the story / strengthened funding applications

- Reduces errors in data quality

- Improves responsiveness to requests

- Engages our clients directly

- Improves accountability

- Helps us learn where we can do better (CQI)
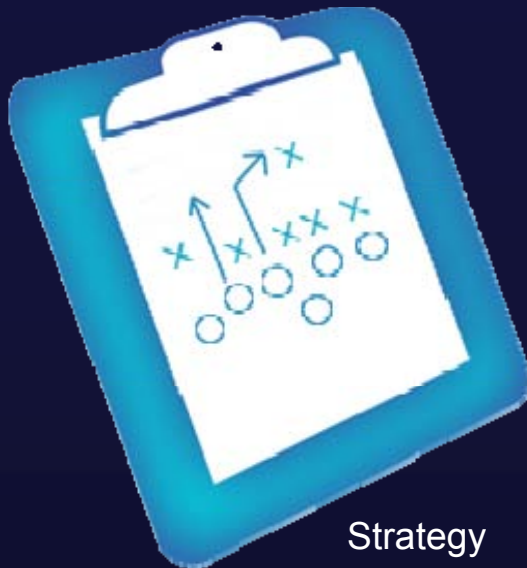
→ HIT, done right, is worth it.

HEALTH INFORMATION TECHNOLOGY (HIT)
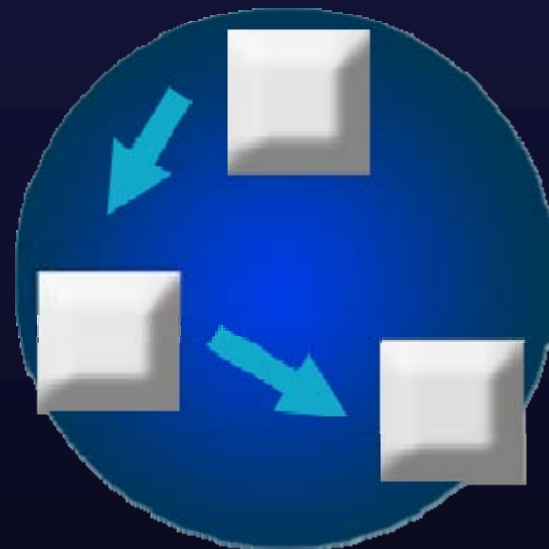
ADOPTION FRAMEWORK

What Broad Components Should We Consider When Implementing HIT?
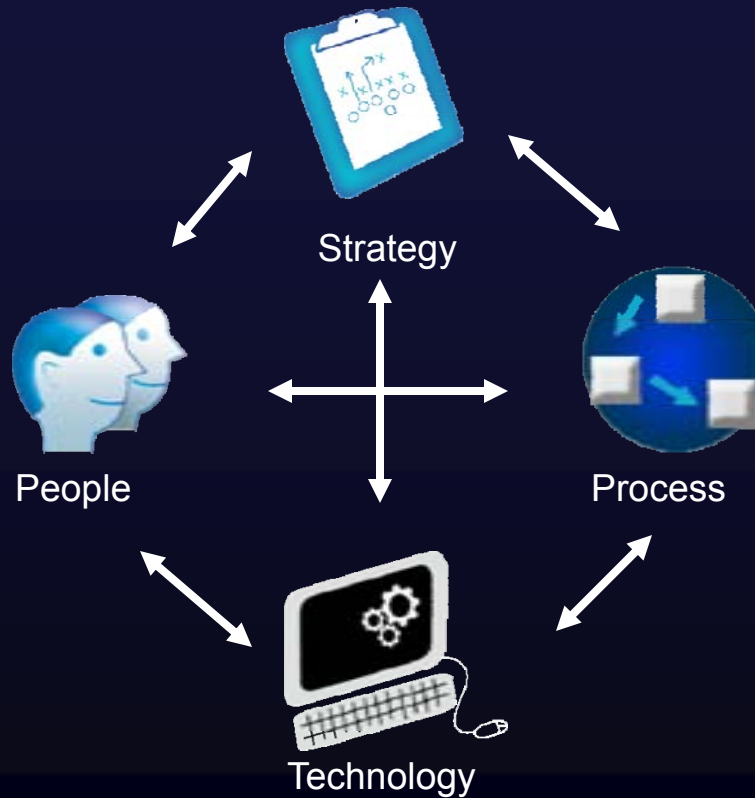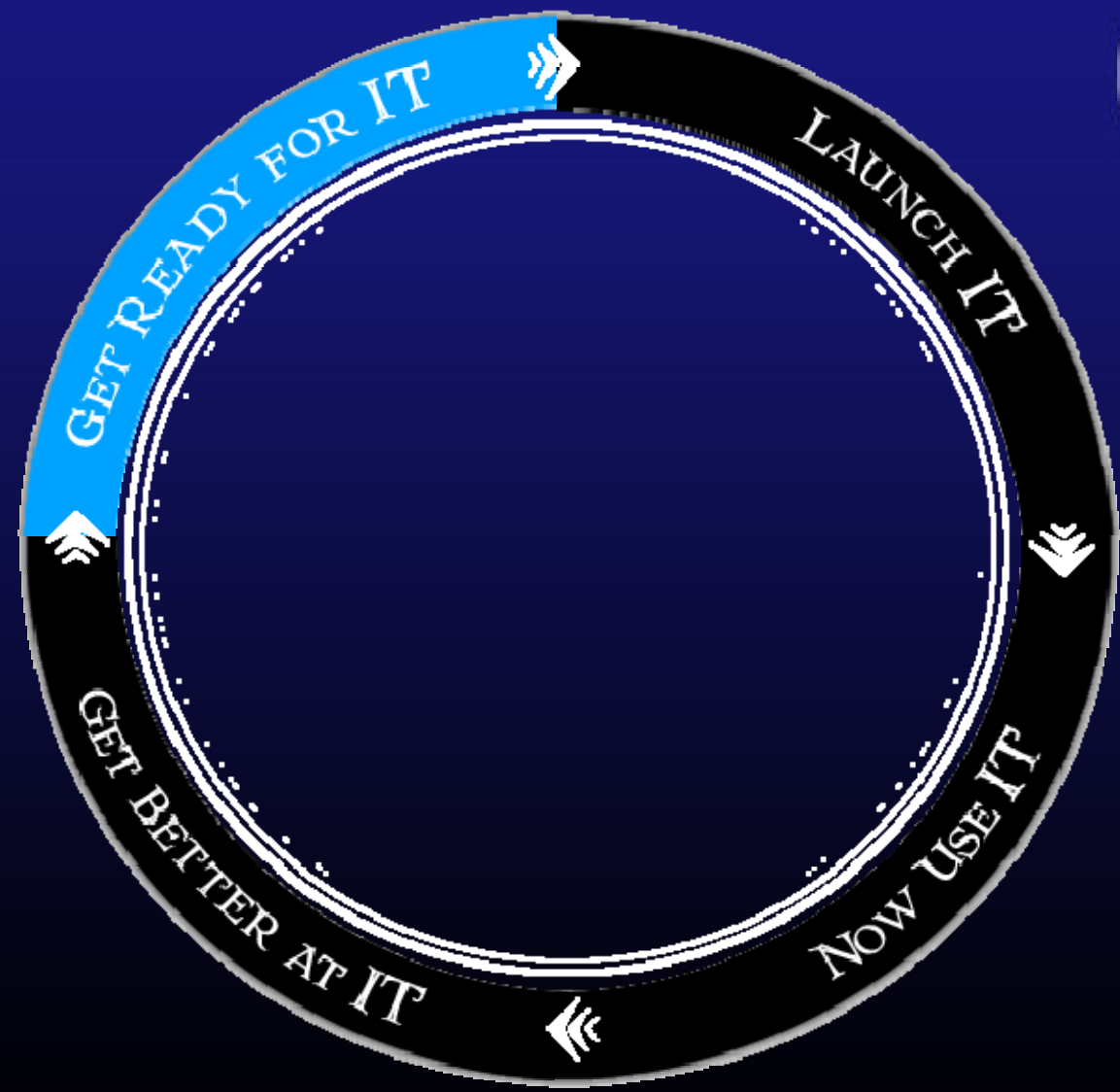
Strategy

People

Process

Technology

What affects what?

Everything affects everything!

What Are the Main Stages of the HIT Lifecycle?

GET READY FOR IT

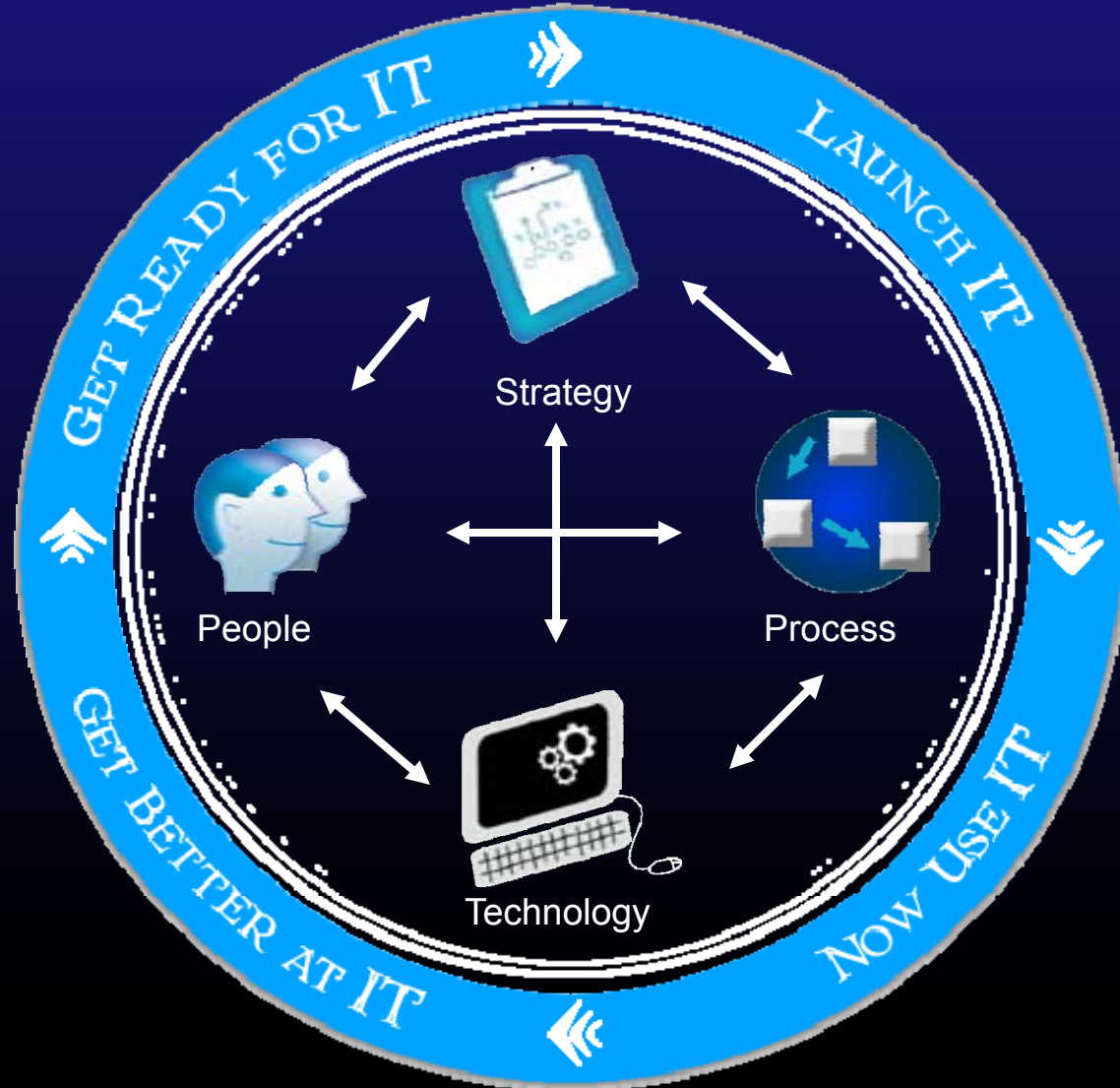LAUNCH IT

NOW USE IT

GET BETTER AT IT

HIT

A Simple, Integrated Framework for HIT Implementation

Inspirations to and Resources of the Framework and the Overall Approach

- TQM / CQI
- Systems Theory
- Change Management
- Organizational Behavior
- Software Development
- Enterprise Architecture and Engineering
- Information Systems Management
- Knowledge Management
- Chronic Disease Management
- Public Health Policy
- Project Management
- Behavioral Psychology
- Social Science

Getting Ready for IT
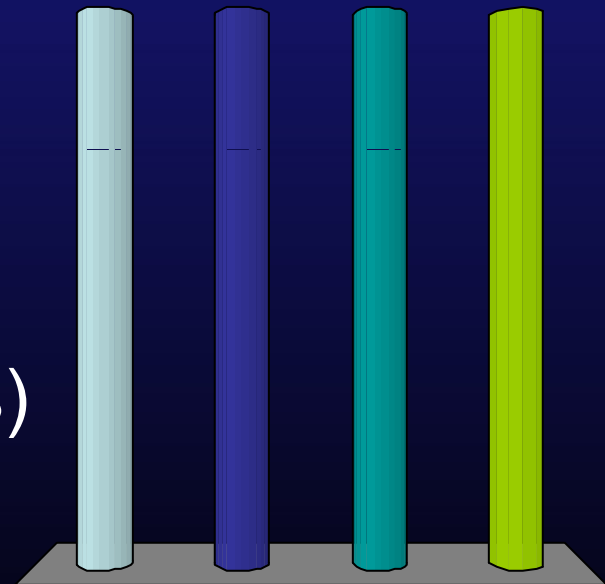
Key Aspects & Challenges

Which of the following areas
was or will be the most difficult

in HIT readiness:

1. Leadership
2. Buy-in
3. Technology (systems capacities)
4. User Capabilities

:10

25% 25% 25% 25%

Leadership   Buy-in   Technology (systems...   User Capabilities

What are the costs of getting HIT wrong?

- Financial costs
- Over-utilization of services
- Under-utilization of services
- Sub-optimal health care
- Unnecessary stresses on staff
- Being focused on putting out fires and dealing with emergencies
- Lower revenues
- Lost time
- Lost productivity
- Lost patients
- Higher mortality
- Lower quality of life
- …?

Therefore the investment in preparation to get it done right is worth it.
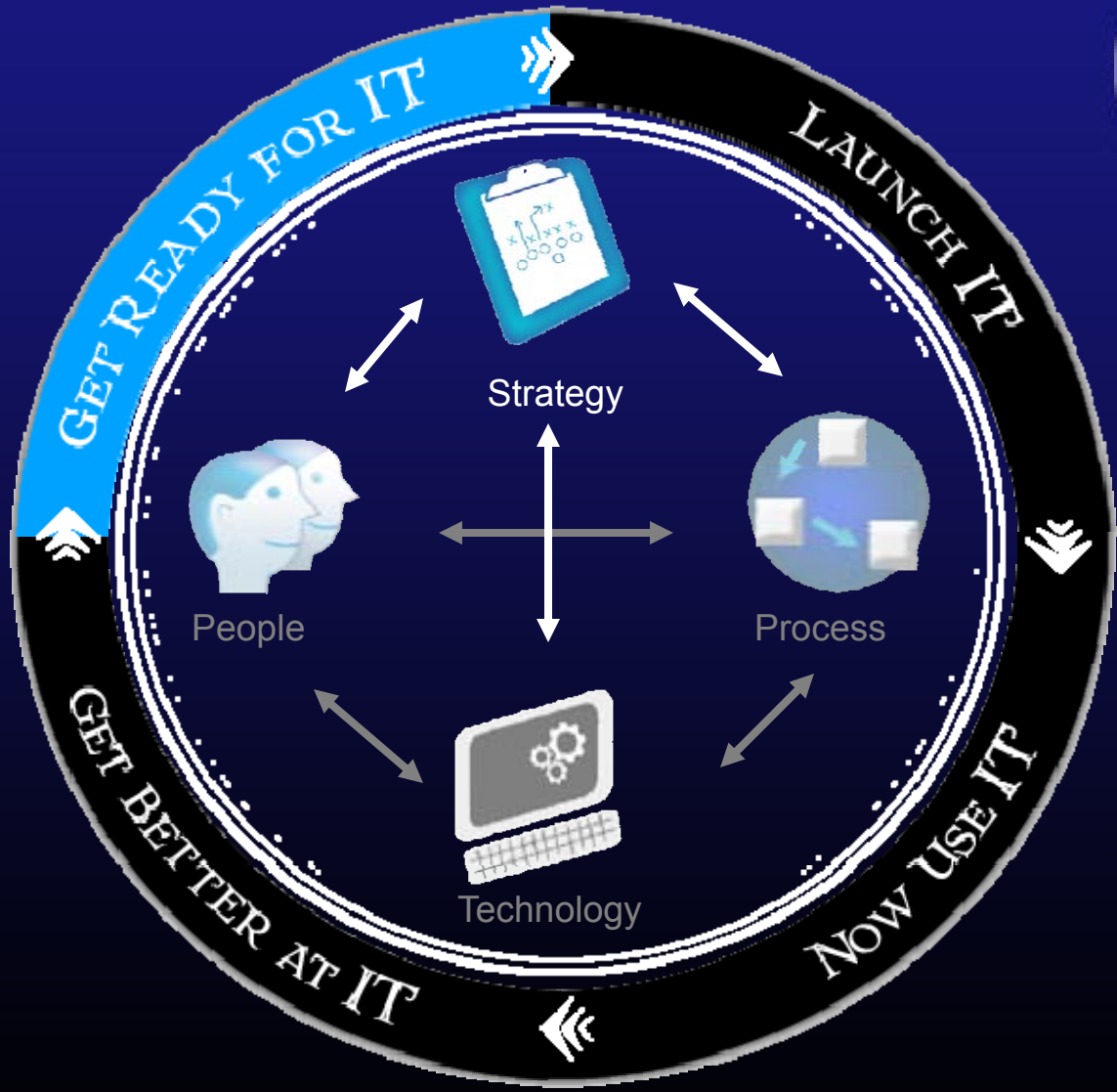
Define Success Early

Define Success for EACH Stakeholder

- Clients served
- Provider front-line staff
- Provider supervisors and administrators
- Administrative Program Staff: Ryan White
- Administrative Program Staff: HOPWA
- Administrative Program Staff: Prevention
- Administrative Epidemiology
- Administrative Researchers and Evaluators
- Administrative Policy and Planning
- Senior Administration
- Federal Funding Sources (HRSA, HUD, CDC)
- Grants Managers
- Quality Managers
- Information Technology
- Department / City / County / State Leadership
- Health Planning Bodies (Planning Council, Advisory, etc)
- …?

Sample Definition of Success

- System has high usage
- Users have high satisfaction levels
- People engaged in giving their ideas
- **System and Process evolves at the right pace based on ideas (not too fast, and not too slow)**
- Health Outcomes get better over time (can set targets as you learn more)
- New capabilities emerge that allow us to do our jobs better
- The data and reports help us tell our story better
- Less under-utilization
- Less over-utilization
- Enables us to spend less time on paperwork, and more on clients.
- Enables us to elicit needs and feedback directly from clients
- Improve our ability to monitor programs for accountability.
- Provides reporting that enables better policy, planning, and programming.
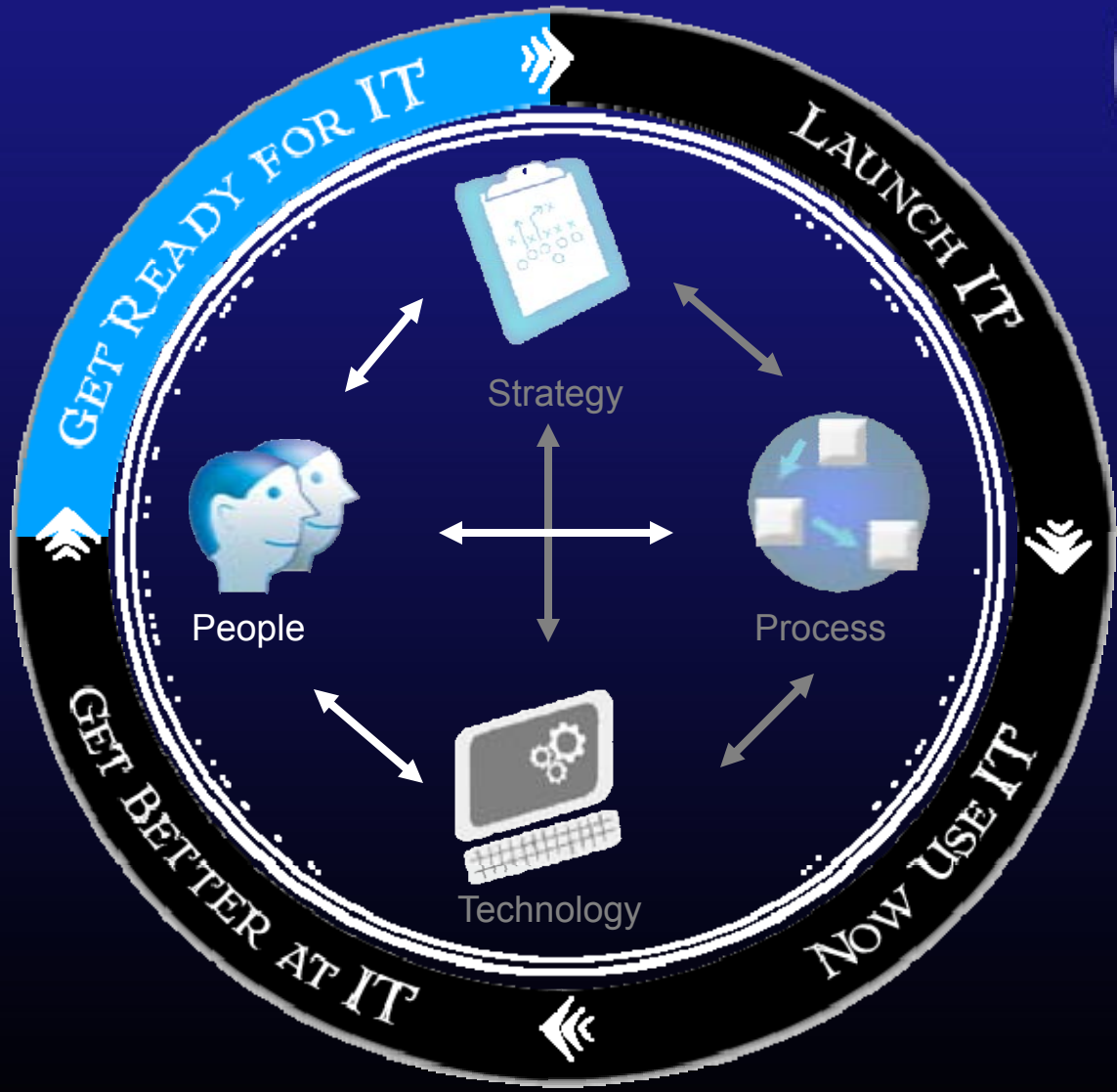
Leadership is Key

Leadership

- Authoritarian versus Collaborative leadership?
- Strong versus Weak leadership
- Ensuring logistics
- Navigation
- Conflict resolution
- Setting the tone and leading by example

Strategic Partnerships
and the
Role of Third Parties

GET READY FOR IT

LAUNCH IT

NOW USE IT

GET BETTER AT IT

Strategy

People

Process

Technology

HIT

People

How best can you prepare your people for a smooth launch and successful adoption?

- Engage folks and agree on a Shared Vision.
  - A compelling vision motivates and clarifies.
- Build a Project Mission Statement.
  - What is the essence of this project?
- Identify Restraining Forces and Barriers ahead of time.
  - It's best to anticipate challenges so you can prevent and mitigate them.
- Agree on Guiding Principles.
  - A perfect detailed plan is impossible. Principles are more robust and will come in handy during times that require tough decisions.

# Top 10 Guiding Principles for e2 Bergen Passaic

1. People are the most important component in success!

2. Success should be defined holistically by each stakeholder.

3. Everyone should be more empowered with better information.

4. Better action requires better system intelligence.

5. Visual is better.

6.   Think outside the box!

7. Ease of use is critical for success.

8. Time is better spent with clients than on paperwork!

9. Simple and clean is more powerful than complex and messy.

10. No one has all of the answers. But a great process, open to everyone, produces great results.
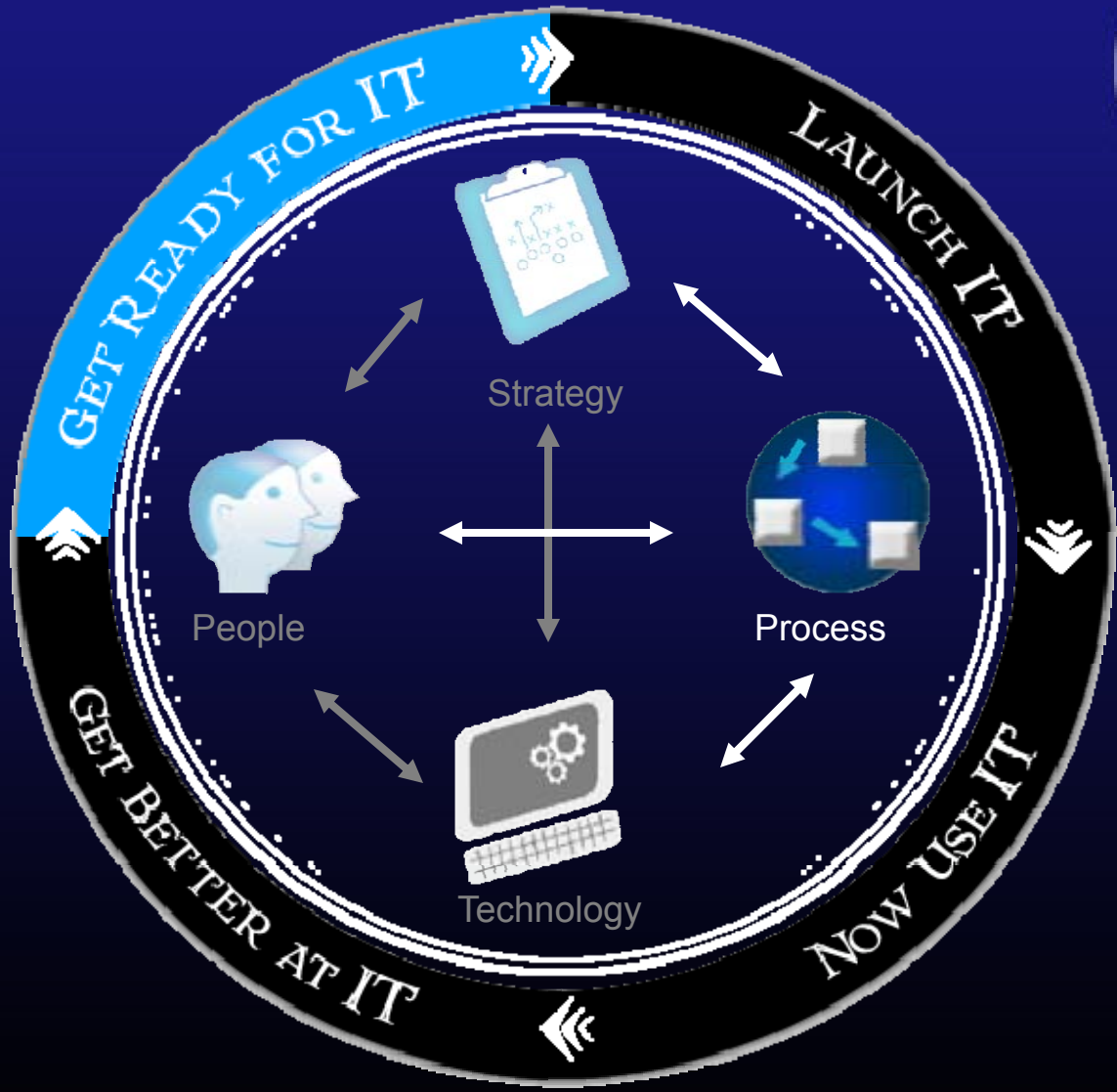
Some Ideas to Engage Stakeholders

- Surveys to ALL potential users and stakeholders
- Focus groups
- One-on-one semi-structured interviews
- Goals / Objectives / Deliverables mapping and prioritization
- Sharing introductory reports with stakeholders before adopting
- Clicker tools
- Rapid Prototyping
- Piloting
- Online polling once launched

Process Tips for Buy-In

- Promote ownership
- Energy and Fun
- Be interactive
- Stress management
- Have early success (pick low hanging fruit first)
- Having others see the early success
- Manage all as volunteers
- Recognition and appreciation
- Share in the credit
- Build local champions

Link your goals and objectives to your deliverables

Phases and Tasks

Task	Phase
❑ Stakeholder engagement and needs assessment summary	1 - Specs
❑ Evaluation plan (pre-test, post-test, base lines, indicators, etc)	1 - Specs
❑ Challenges and challenge mitigation plan	1 - Specs
❑ Project plan update	1 - Specs
❑ HIPAA approval	1 - Specs
❑ Definition of system enhancements	1 - Specs
❑ System enhancement specifications	1 – Specs
❑ System Enhancement and process improvement feasibility	1 - Specs
❑ Develop / prototype system enhancement	2 - Prototype
❑ Protocol definition Roles and responsibilities definitions updates	3 - Deployment
❑ Pilot system enhancements	3 - Deployment
❑ System and Process Training	3 - Deployment
❑ Fully deploy system enhancements	3 - Deployment
❑ Operation and TA	3 - Deployment
❑ Evaluation	4 - Evaluation
❑ Review and Learn for next iteration	4 - Evaluation
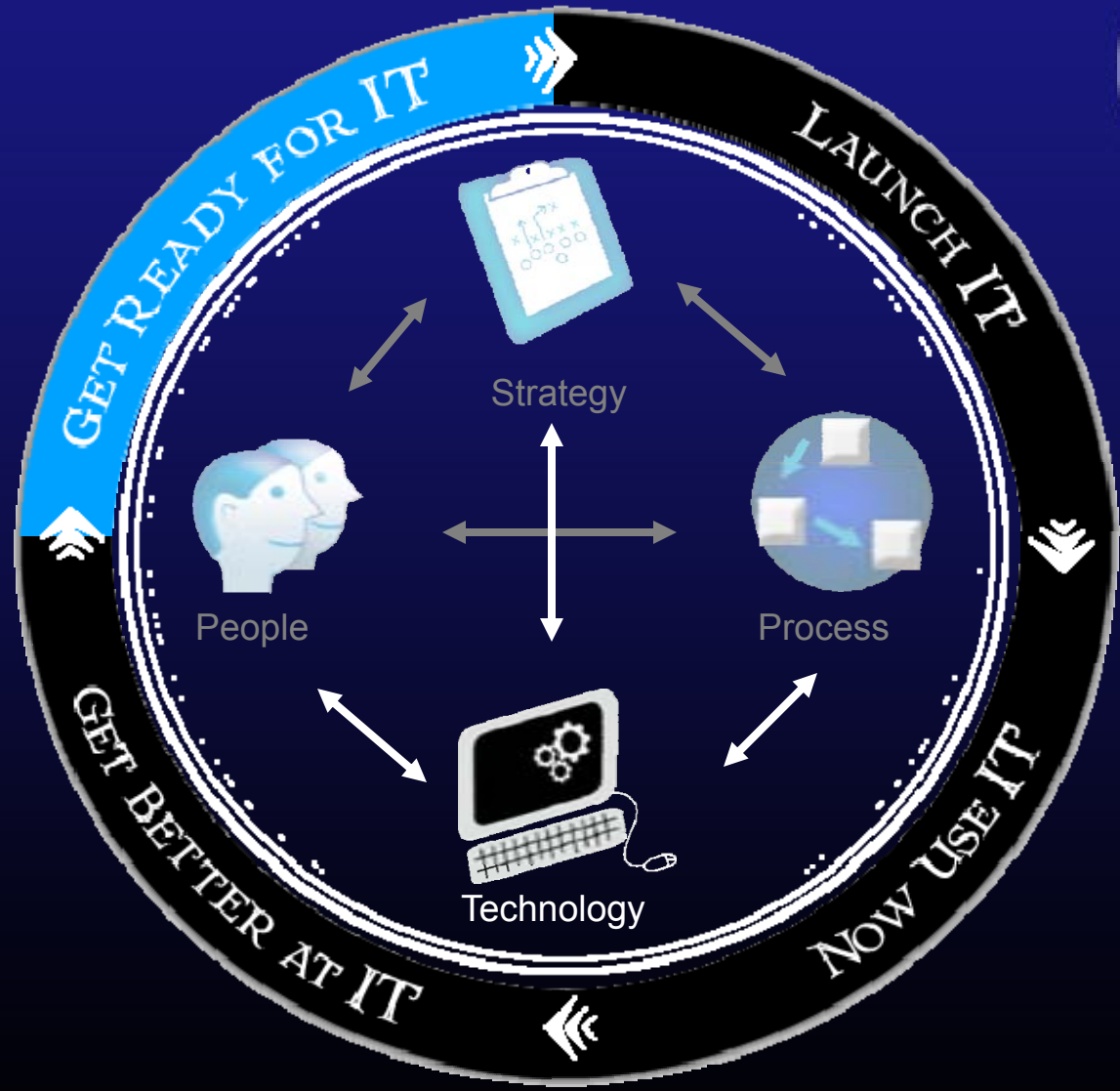
What's wrong with this picture?

Focus on features that make a difference.

Define System Requirements and Understand Impact

Sample Definition from Bergen-Passaic

* **Web-Based** → No installation / IT maint
* **Hosted** → No desire to manage & maintain
* **User Friendly** → Low learning curve
* **HIV/AIDS-specific** → focused, not general
* **Strong QM** → Be a tool
* **Visual** → Reduce time to interpret data
* **Technical** → **Secure, Stable, Fast**
* **Community/Client Capability** → Want to engage clients directly
* **Integrated** → Reduce multiple systems
* **Customizable** → Ability to evolve over time

Define Characteristics of your Vendor / Strategic Partner

Sample Definition from Bergen-Passaic

- **Human-Centered Approach**
- **Process-Oriented Implementers**
- **Flexible and Responsive**
- **Attentive and *Listens***
- **Asks Good Questions**
- **Non-Sales Focused Liaison**
- **Track Record and Reputation**
- **Has Organizational Capacity**
- **Understands HIV/AIDS**
- **Excellent Customer Support a Must**
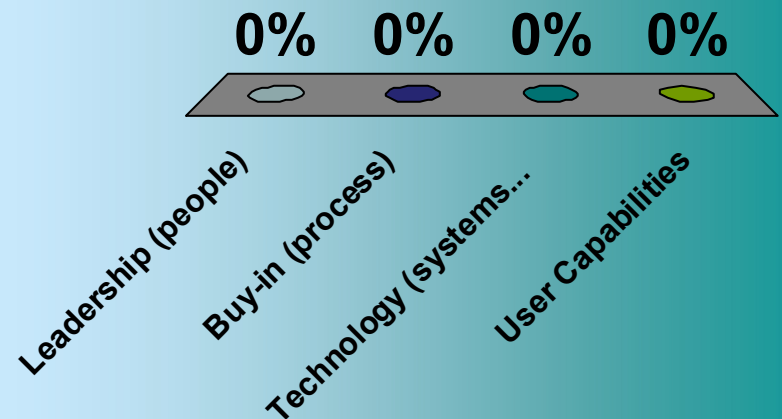- **Long-Term-Oriented**
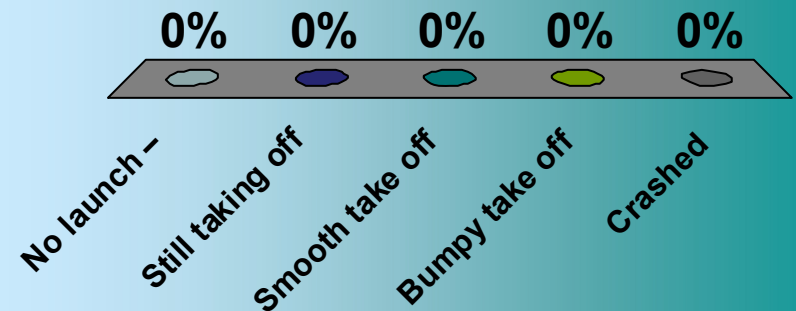
Launch IT

Key Aspects & Challenges

# Which of the following areas was most difficult in HIT adoption/implementation:

1. Leadership (people)
2. Buy-in (process)
3. Technology (systems capacities)
4. User Capabilities

0%   0%   0%   0%

Leadership (people)
Buy-in (process)
Technology (systems...
User Capabilities

:10

How smooth was your initial launch?

1. No launch
2. Still taking off
3. Smooth take off
4. Bumpy take off
5. Crashed

:10

0% 0% 0% 0% 0%

No launch Still taking off Smooth take off Bumpy take off Crashed
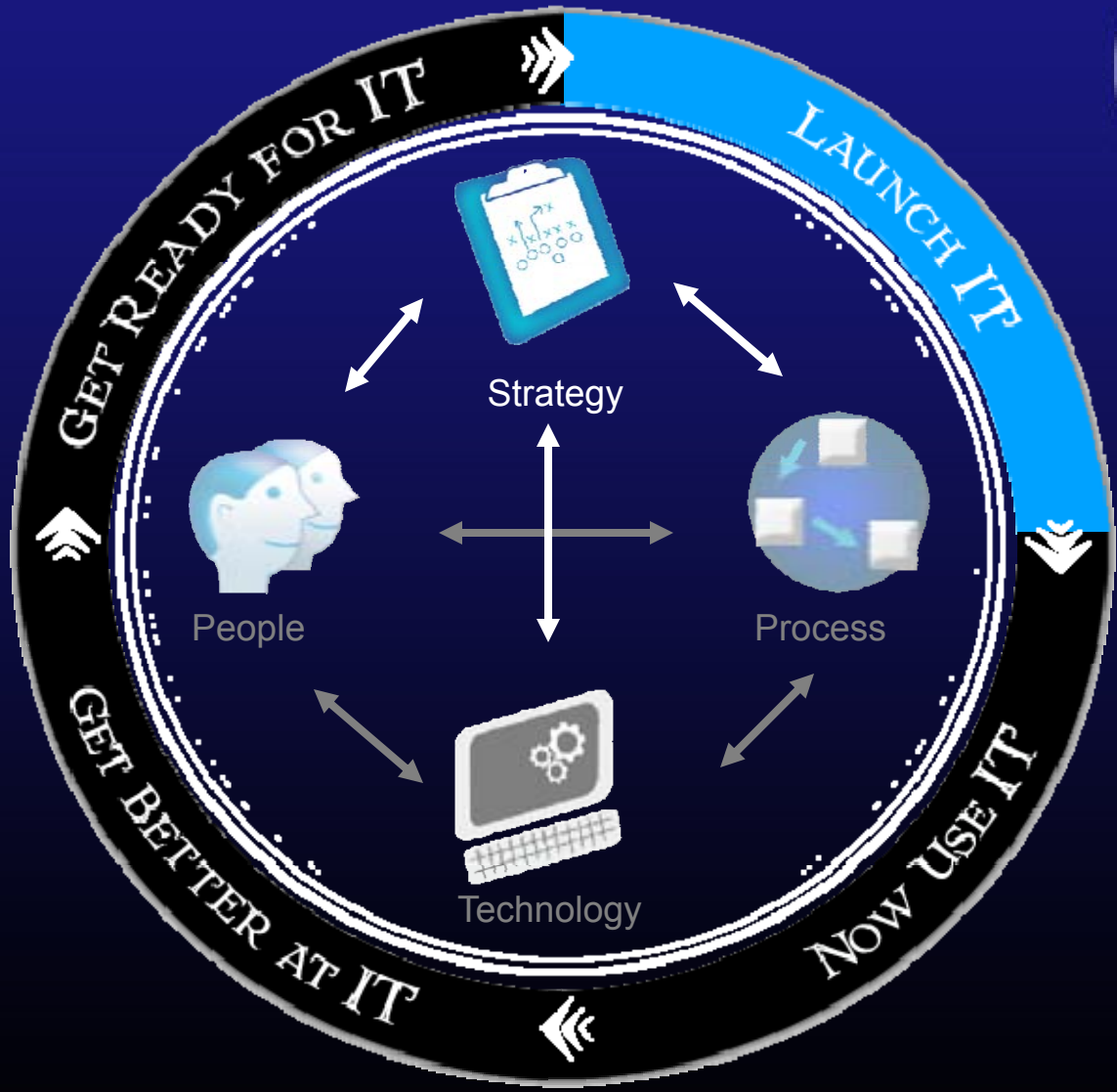
What is a successful Launch or rollout?

- **System is ready (tested, verified, stable)**

- **Users are ready (buy-in, capacity, expectations)**

- **Timed with initial training occurring shortly before launch**

- **User accounts prepared and notifications ready to be sent out**

- **Smooth launch: no major technical problems or hiccups**

- **No surprises**

- **Little to no complaints from end users**
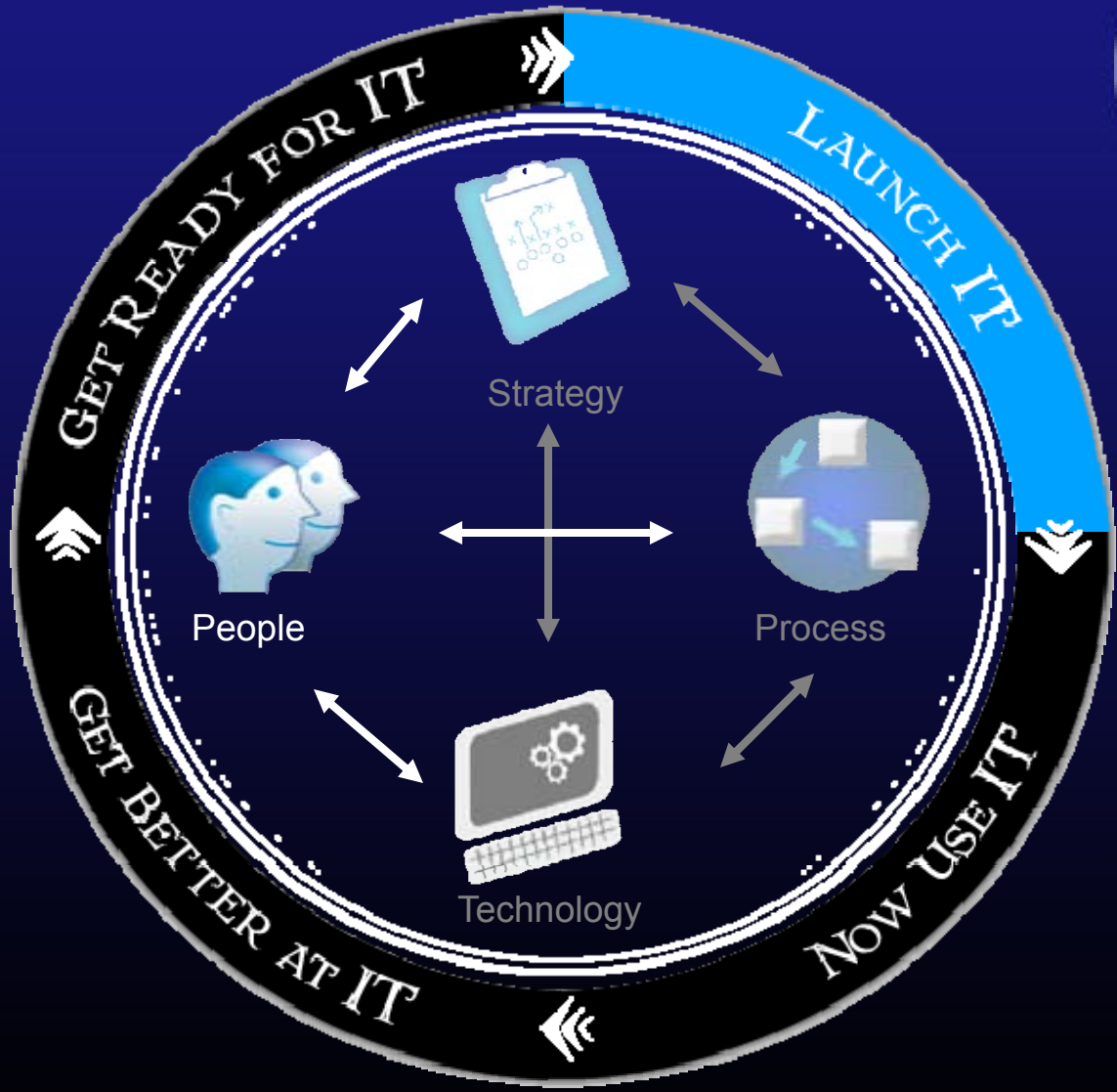
# Change is never easy…..

And sometimes perspective is helpful…

There are worse jobs than changing systems and processes…

Managing Expectations

- There are always practical realities that constrain the journey to where you want to be.

- You can proactively set and adjust expectations with stakeholders.

- Or you can allow them to react. Without being proactive, human nature often applies a negative cause to a change in plan.

- Therefore, managing expectations throughout the lifecycle is key to buy-in, as well as, planning and logistics.

- While crafting a compelling vision is key for motivation, be conservative in your promises, and always try to exceed expectations.
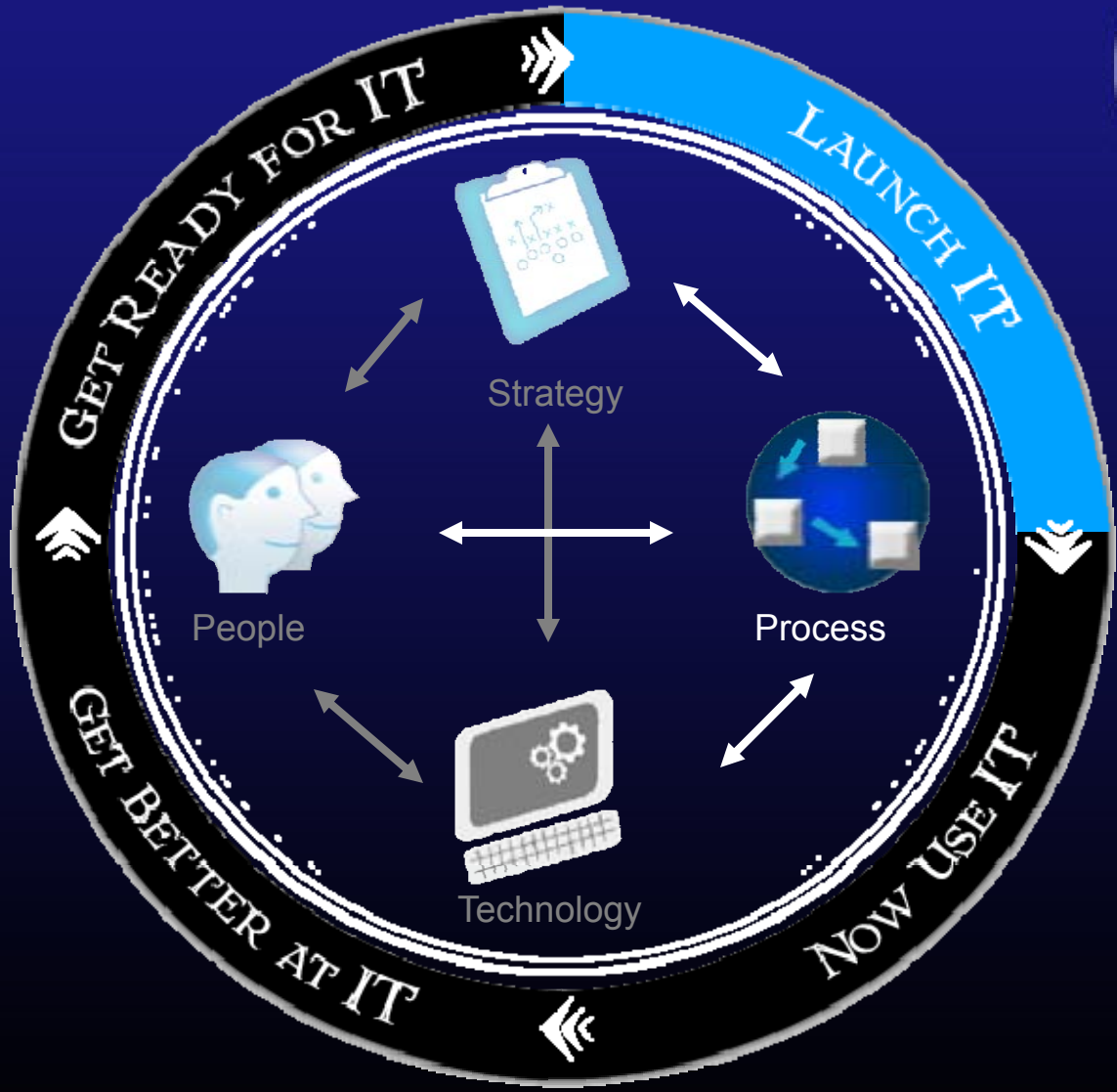
WARNING!

IF THE HELP DESK THINKS YOUR QUESTION IS STUPID, WE WILL SET YOU ON FIRE
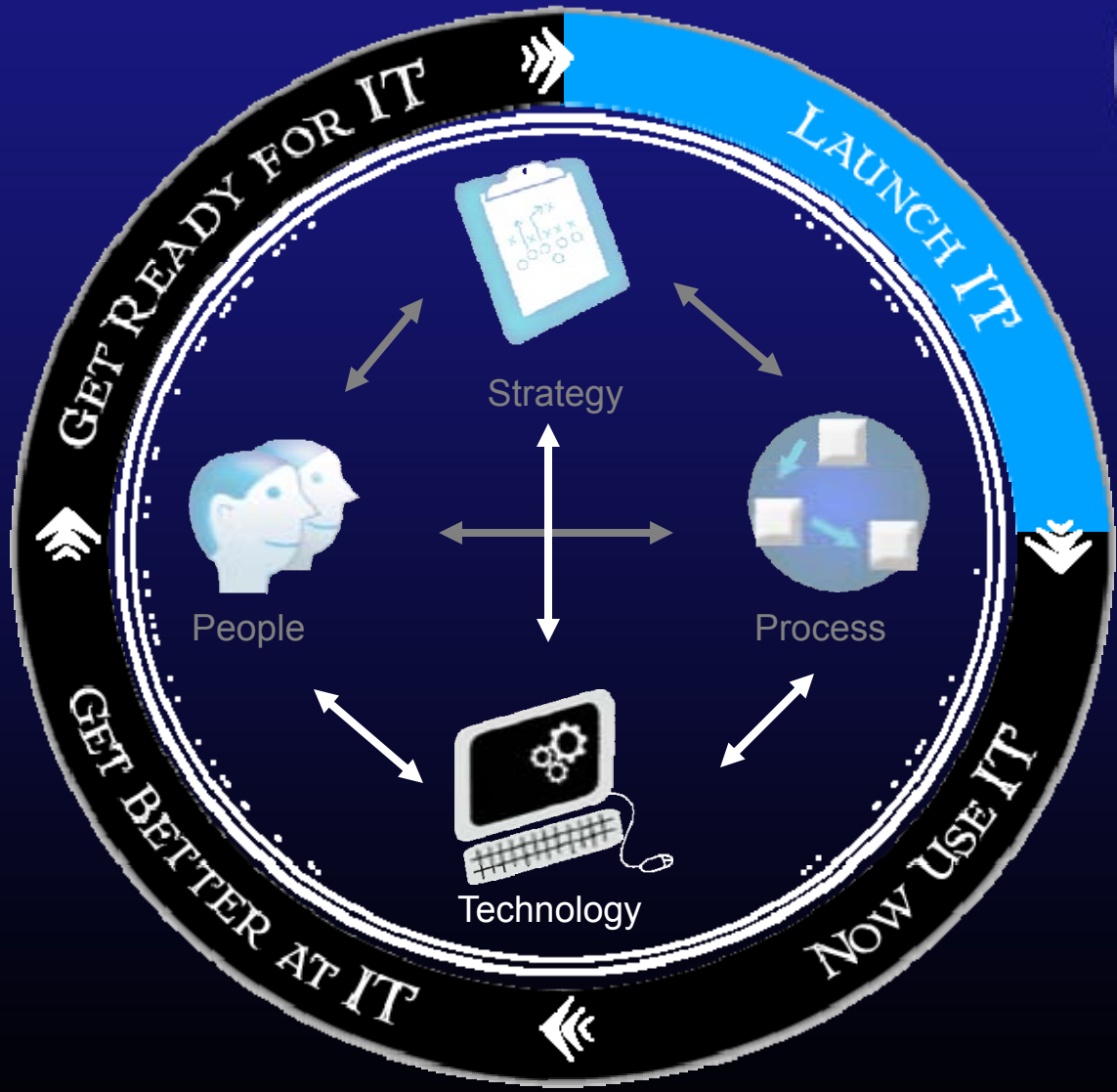
A Solid TA Plan is KEY for a Smooth Launch

Training and Resources

- **Customize your training approach for the initiative.**

- **Training videos**

- **Training seminar**

- **Webinars**

- **Help embedded into the system**

- **System announcements**

- **Printed / electronic manual**

- **Buddy system**

- **Power users**

Data Conversion and Data Cleanup

(Don't wait until it's too late…)

You must address…

Security

&

Privacy

Ensure Security and Confidentiality is Up to Par Pre-Launch

- Levels of data sensitivity defined
- PHI & HIPAA
- Point-to-point channel encryption (SSL, SFTP)
- Strong passwords with forced expirations
- Role-based security
- Audit Trail
- Access Logging
- IP Address Logging
- Firewalls
- Intrusion Detection
- Monitoring & Audits
- Encrypted offsite backups
- Continuous Security Updates
- Security Certifications (E.g., CISSP)

For Large Releases, Load Testing Helps Ensure a
High Performing Launch

Have Power Users Test and Verify the Software Pre-Launch

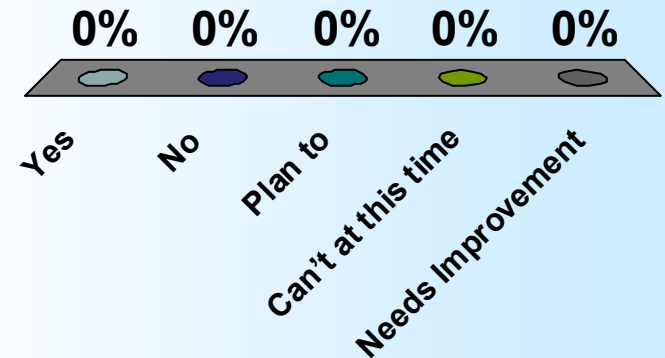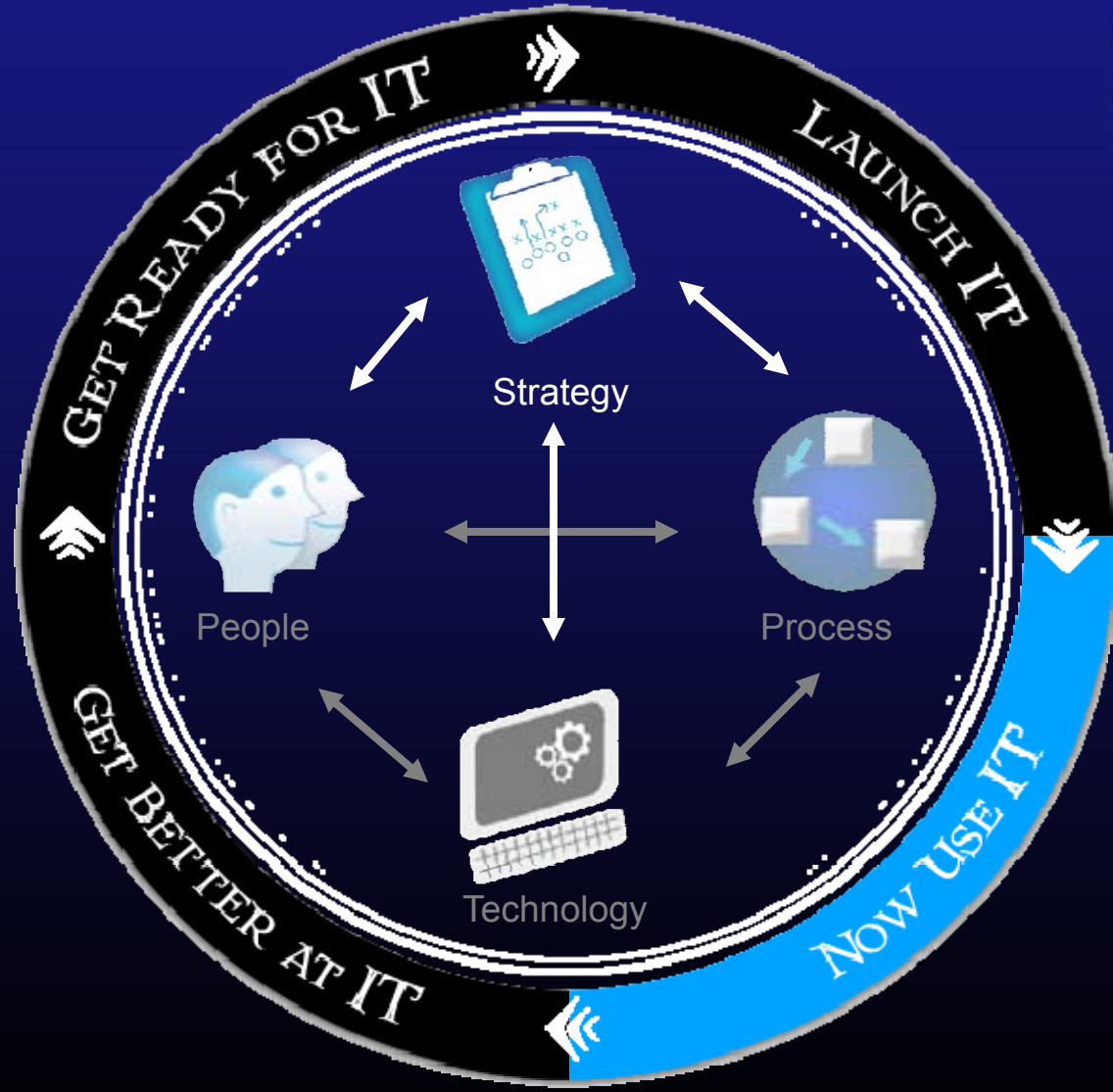(Just relying on the tech folks to test is not enough)

Now Use IT

Key Aspects & Challenges

Is your Health IT integrated with service delivery coordination (referrals, appointment planned/kept, active service activity-look up, etc)?

1. Yes
2. No
3. Plan to
4. Can't at this time
5. Needs Improvement

:10

0%   0%   0%   0%   0%

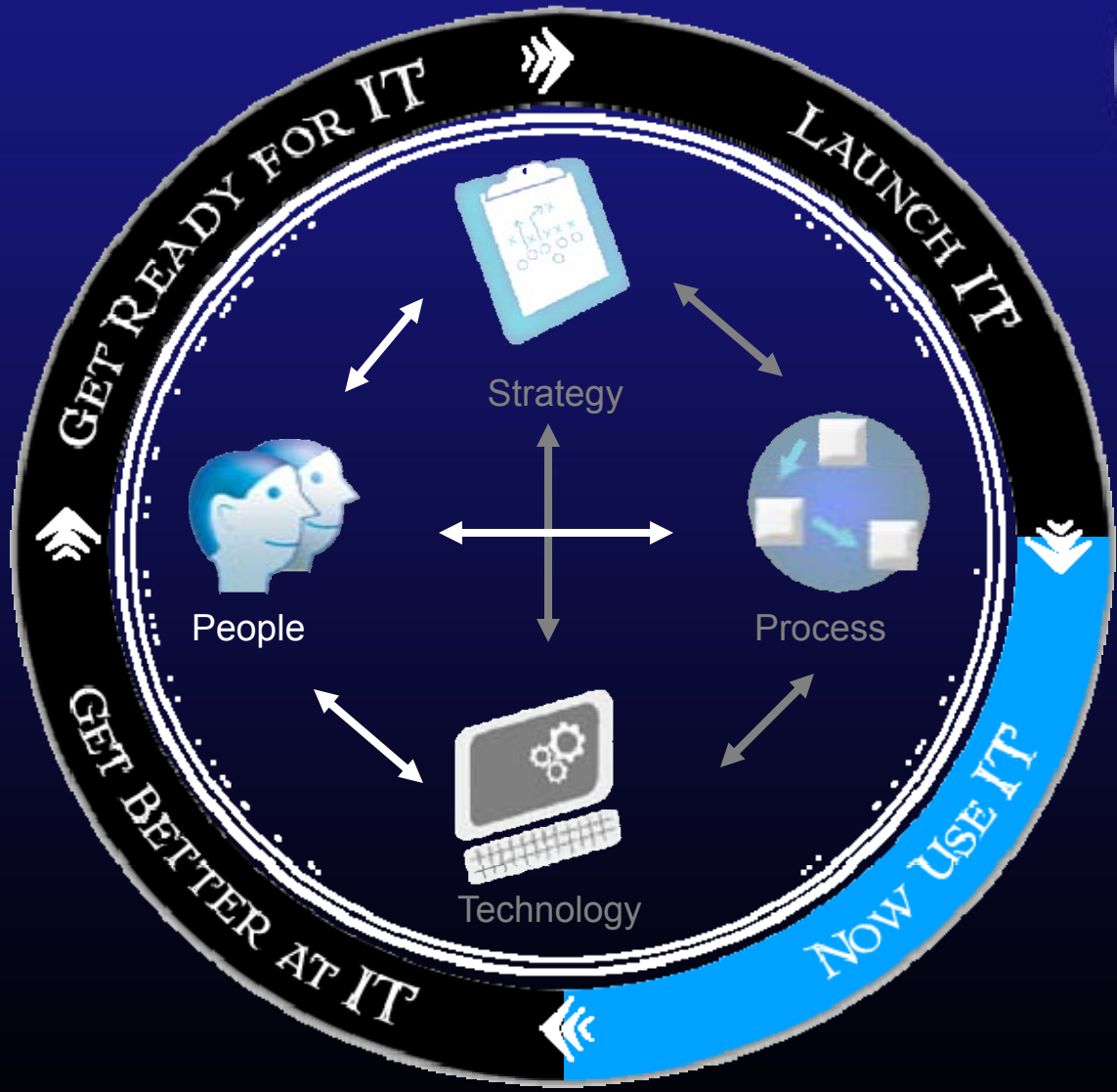Yes   No   Plan to   Can't at this time   Needs Improvement
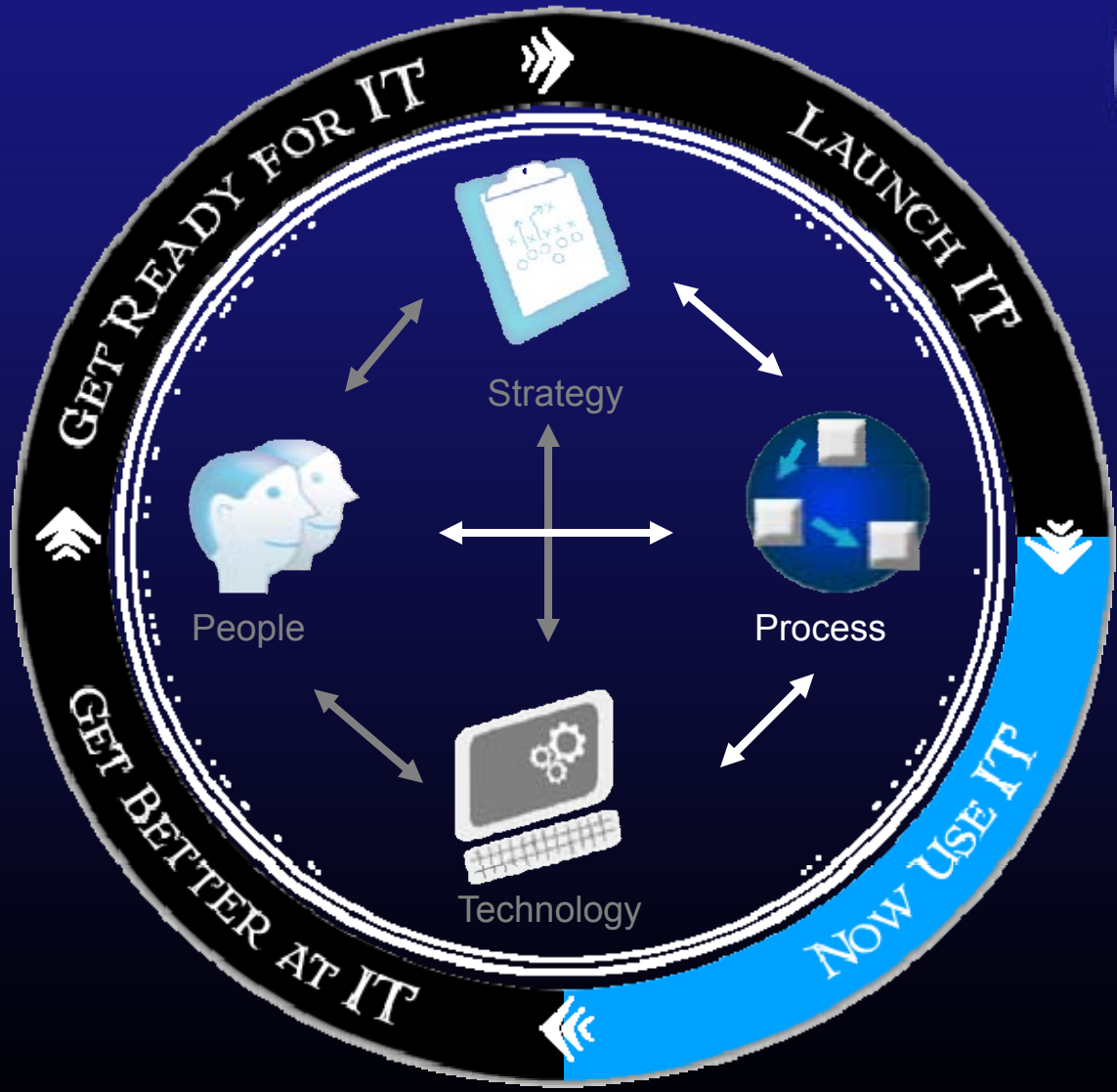
Strategies for Successful Use

- **Excellence in technical assistance**

- **Monitoring of usage patterns for gaps**

- **Regular meetings to USE the data**

- **Engage power users to teach greater utilization**

- **Ensure early success stories and spread those stories**

Be wise with the rules you set

And monitoring will help you

Data Reporting …
validation of errors difficult to find, and data corrections difficult to make.

The Old Way

1. Providers would scroll through hundreds of Unique Record Number (URN) and scroll through multiple electronic and paper files to determine errors linked to report.

2. Validations would often have to be repeated to eliminate data errors. Time and human factor would range from weeks – to – months.

3. Electronic Handbook (EHB) submission process would include multiple layers of manual reporting, between sub-grantees and grantee could last for weeks before corrections and finals were approved.
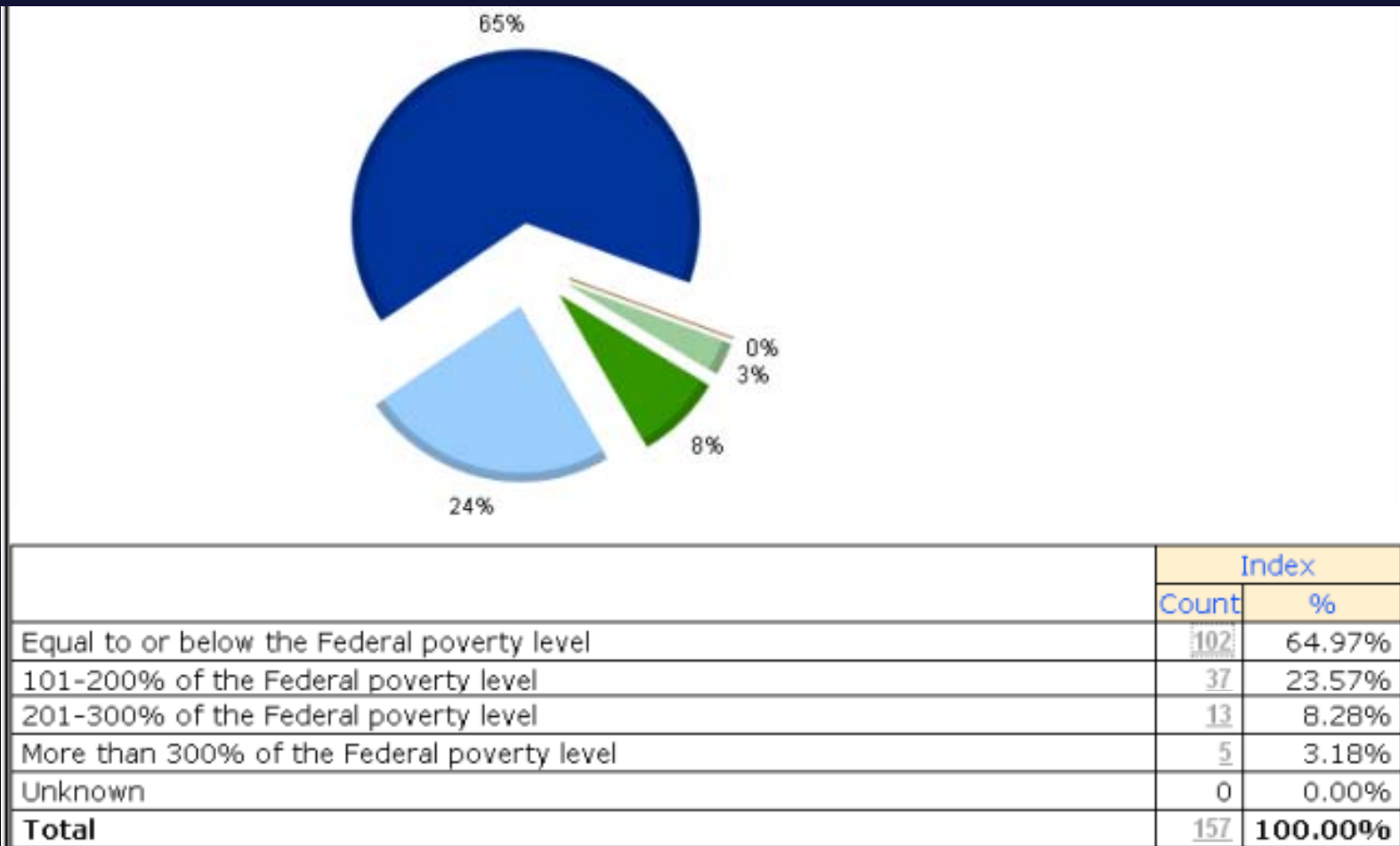
Client Level Data Quality
The New Way

eCOMPAS (e2) Visual / Clickabkle RSR

- Preview of Client Level Data before submission to HRSA

	Index	
	Count	%
Equal to or below the Federal poverty level	102	64.97%
101-200% of the Federal poverty level	37	23.57%
201-300% of the Federal poverty level	13	8.28%
More than 300% of the Federal poverty level	5	3.18%
Unknown	0	0.00%
Total	157	100.00%

Active, continuing in program	155	96.27%
Referred to another program or services, or self-sufficient	2	1.24%
Removed from treatment due to violation of rules	0	0.00%
Incarcerated	0	0.00%
Relocated	2	1.24%
Deceased	2	1.24%
Unknown	0	0.00%
Total	**161**	**100.00%**

Index – Active, [Anchor for Printing] [Close] lient's Ethnicity
continuing in program tino ■ Unknown

TTM999909 TTM999909 TTM999909 TTM999909
TTM999909 TTM999909 TTM999909 TTM999909
TTM999909 TTM999909 TTM999909 TTM999909
TTM999909 TTM999909 TTM999909 TTM999909
TTM999909 TTM999909 TTM999909 TTM999909
TTM999909 TTM999909 TTM999909 TTM999909
TTM999909 TTM999909 TTM999909 TTM999909
TTM999909 TTM999909 TTM999909 TTM999909
TTM999909 TTM999909 TTM999909 TTM999909
TTM999909 TTM999909 TTM999909 TTM999909

40%

- eCOMPAS provides drilldown capability
- Click on any number to see the client records that comprise that aggregate number.

- …which allows you to go to any client's record, and update their data accordingly.

- Changes are reflected immediately in the RSR, for the correct reporting time period.

- This is the **eCOMPAS Time Machine** feature, and allows you to correct past data historically, without creating problems in current data.

- eCOMPAS also offers Data Cleanup Tools, which will check for inconsistent or invalid data, alert you to them, and allow you to correct them.

Cleanup the data

Data Cleanup tool for HIV Status

Data Cleanup tool for Client Race

Data Cleanup tool for Affected-Client Infected ID

Data Cleanup tool for Household Income and Family Size

Clients who received services in the selected reporting period from this agency

Instructions: For each client, review the Family Income and the Family Size fields. If they are correct, click on the "Correct" button. If they are incorrect, enter the correct values and click the "Correct" button.

Your mission is to make sure all records have been corrected or verified such that all records say "Verified" and are yellow (not red or white).

Please note that the system will update the information only for the client for which the "Correct" button was clicked.

Records in red are those in which one of the following issues exist:
- **Family Size is zero** - incorrect, since family size always includes the individual, and thus has to be at least one
- **Yearly Individual Income greater than Yearly Family Income** - incorrect, since family income should include the individual's income
- **For family size of 1, Yearly Individual Income not equal to Yearly Family Income**

ClientID	Yearly Individual Income	Yearly Family Income	Family size	Verified
ZZF123412	$0.00	$0.00	0	Correct
ZZF435512	$0.00	$0.00	0	Correct
Total clients: 2, to be reviewed: 2				

- You can even update multiple clients at the same time.

RSR Client Level Data Export

The RSR Data File is ready to download.

Right-click HERE ... Target As and then choose a directory on your computer that you ... will need to upload this to the HRSA EHB website, ps://perf-test.hrsa.gov/hab/ReqLoginApp/Login.aspx.

Open
Open in New Tab
Open in New Window
Save Target As...
Print Target
Cut
Copy

Please d ... have finished uploading it to the HRSA website. Thank you!

- And uploading the data to the HRSA EHB is real-time and easy.

Data Use………Limitations
The Old Way

- Data presented was old and static, making it difficult to make policy changes rapidly.

- Local review of data was annual (demographic profiles, outcomes data, and semi-annual (clinical-medical).

- Data was difficult to present to administrators.

Use of the Data
The New Way

- Data is presented in real-time, allowing for more responsive policy changes.

- Data is reviewed more regularly due to the Peer Learning Network concept.

- Providers are more engaged with their own data analysis.

- Data is presented graphically in a user-friendly way that is more explainable to administrators.

Case Management

Demonstrated an understanding of barriers to receiving a service ☑ Show

Legend: ■ 0-18 ■ 19-55 ■ 56+
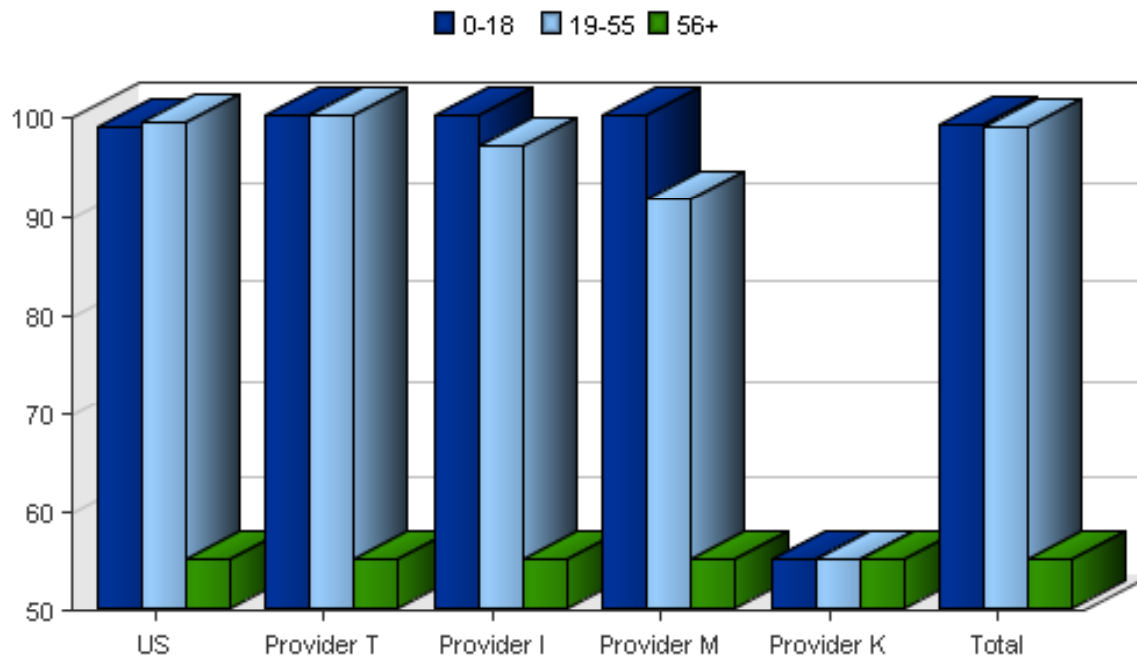
	0-18		19-55		56+	
	Count	Score	Count	Score	Count	Score
US	185	98.92	319	99.37	N/R	N/R
Provider T	5	100.00	8	100.00	N/R	N/R
Provider I	20	100.00	33	96.97	N/R	N/R
Provider M	18	100.00	12	91.67	N/R	N/R
Provider K	N/R	N/R	N/R	N/R	N/R	N/R
Total	**228**	**99.12**	**372**	**98.92**	**N/R**	**N/R**
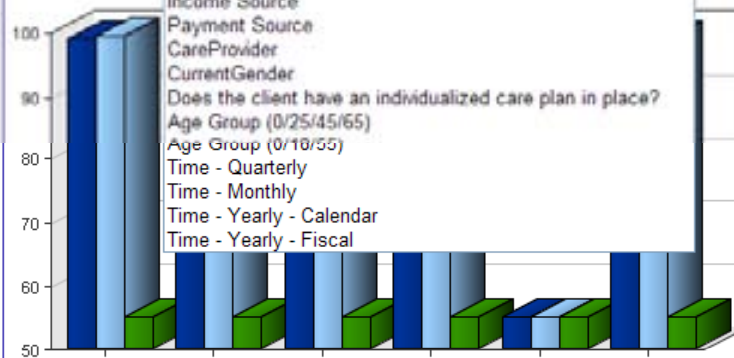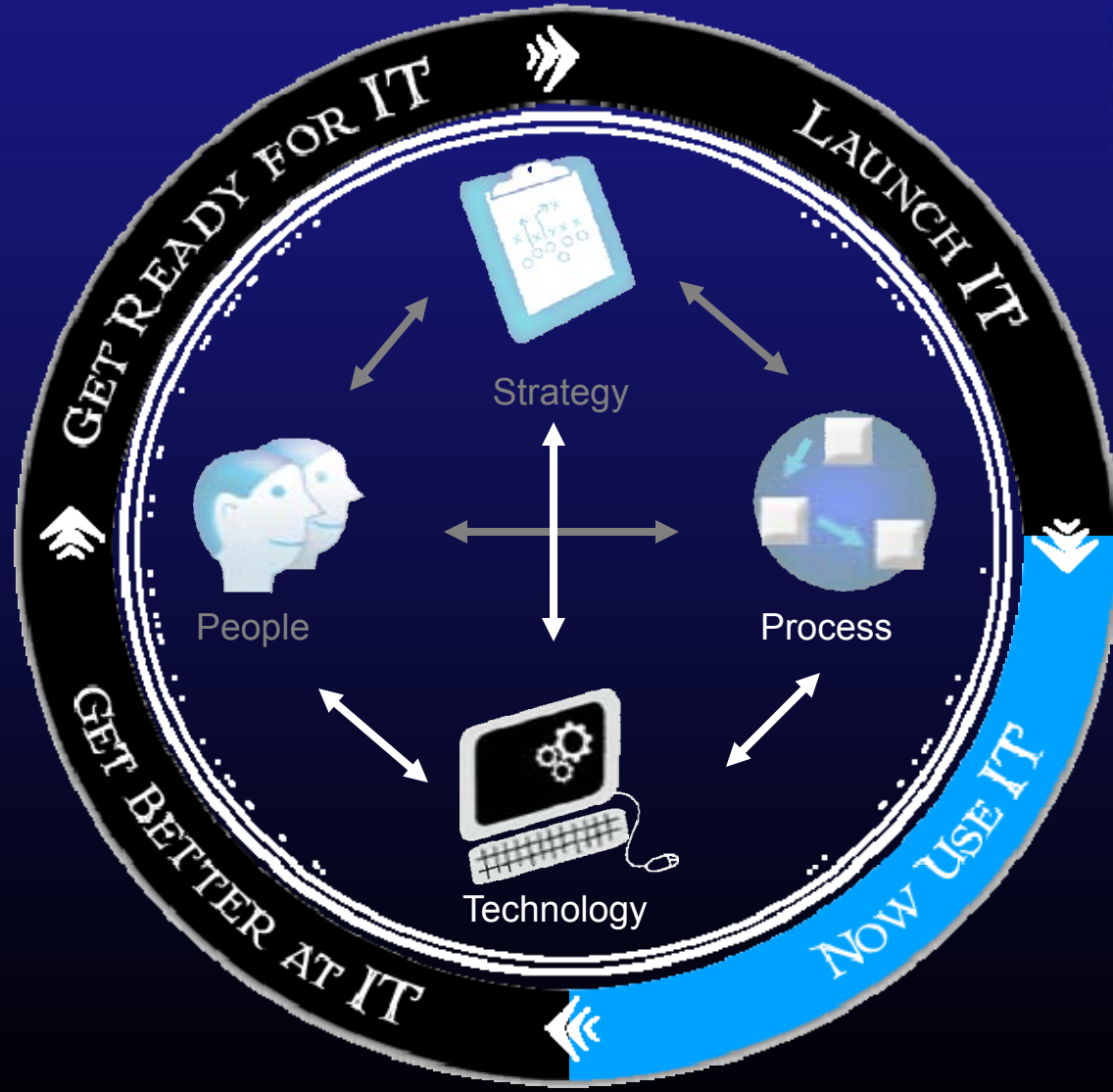
Clinical Health Information Exchange
Where We Were

1. Health information exchange was done manually.

2. Medical chart review conducted manually and on-site only.

3. Independent assessment of patient needs and outcomes.

4. No central electronic reporting.
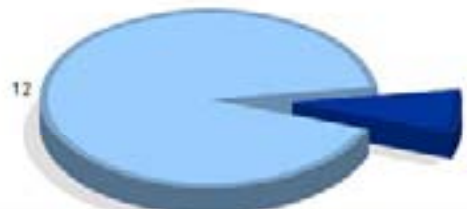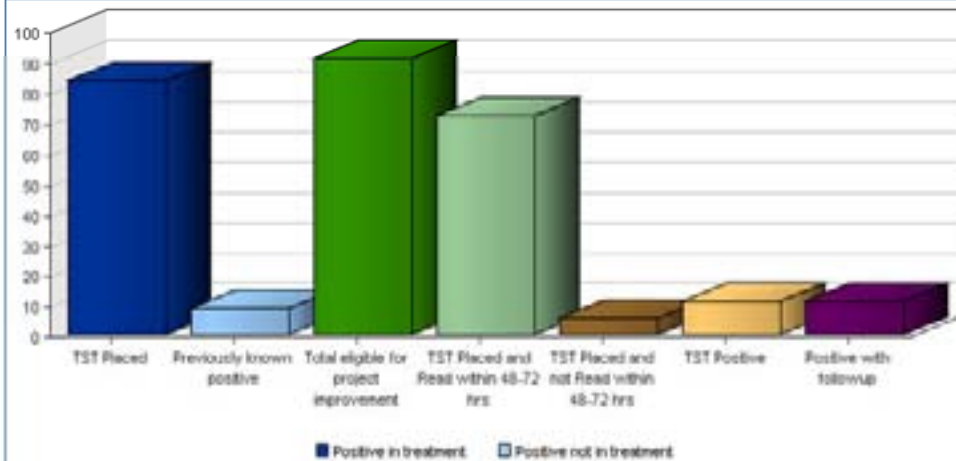
Clinical Health Information Exchange
Where We Are

1. Health information exchange has been implemented.

2. Medical chart review is still conducted manually with planning for partial electronic medical record for monitoring purposes.

3. System-wide, interactive assessment of patient needs and outcomes.

4. Centralized electronic reporting (RDR, RSR, WICY, CLD, NQC CPC).

Provider C	Number	%	
1. Patients in care	137	-	
2. TST Placed	134	83.75%	Out of #1
3. Previously known positive	14	08.75%	Out of #1
4. Total eligible for project impr...	6	91.25%	Out of #1
5. TST Placed and Read within ...	6	72.50%	Out of #1
6. TST Placed and not Read wit...		05.63%	Out of #1
7. TST Positive		11.21%	Out of #5
Positive in treatment		07.69%	Out of #7
Positive not in treatm...		92.31%	Out of #7
8. Positive with followup		11.21%	Out of #5
X-Ray		15.38%	Out of #8
Referral to the Board ...		53.85%	Out of #8
Treatment of Latent T...		30.77%	Out of #8
Treatment for active TB disease	0	00.00%	Out of #8
Other	0	00.00%	Out of #8
Unknown/lost to follow-up	0	00.00%	Out of #8

Popup [Close]:
JHM836009
LEM569319
AGF418404
VHF597713
ODM732013
IMM306027
JXF285825
OXM909209
SUF515719
SUF515719
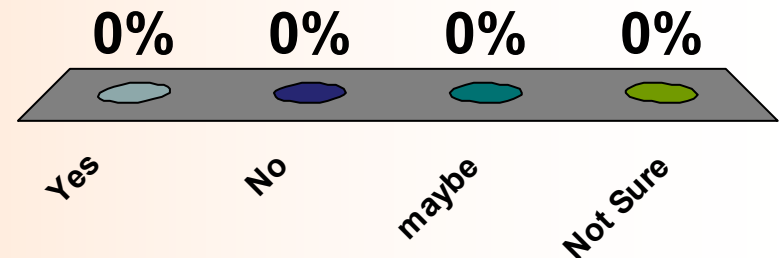FVM924917
YNF987315
AKM764807
VMM913222

Get Better at IT

Key Aspects & Challenges?

Is your Health IT integrated and/or used with Quality Improvement Activities?

1. Yes
2. No
3. maybe
4. Not Sure

:10

0% 0% 0% 0%
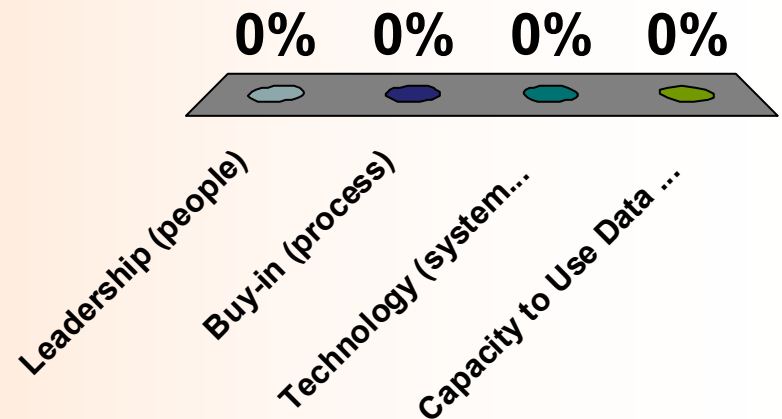
Yes   No   maybe   Not Sure

Which of the following areas has been most difficult for continuous project or quality improvement?

1. Leadership (people)
2. Buy-in (process)
3. Technology (systems capabilities)
4. Capacity to Use Data for continuous improvement (project improvements)

:10

0% 0% 0% 0%

Leadership (people)

Buy-in (process)

Technology (system...

Capacity to Use Data ...

What percentage of the data in your Health IT system do believe is useful for quality improvement tracking?

1. None of it
2. Some of it
3. Most of it
4. All of it
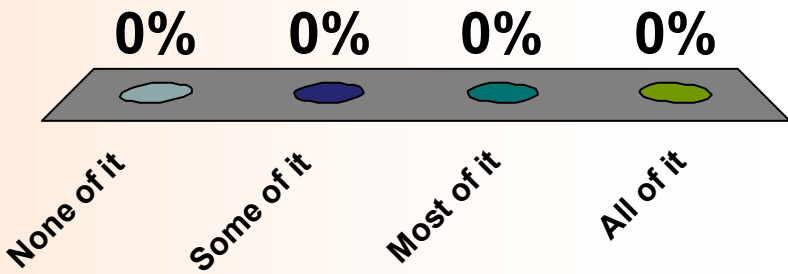
:10
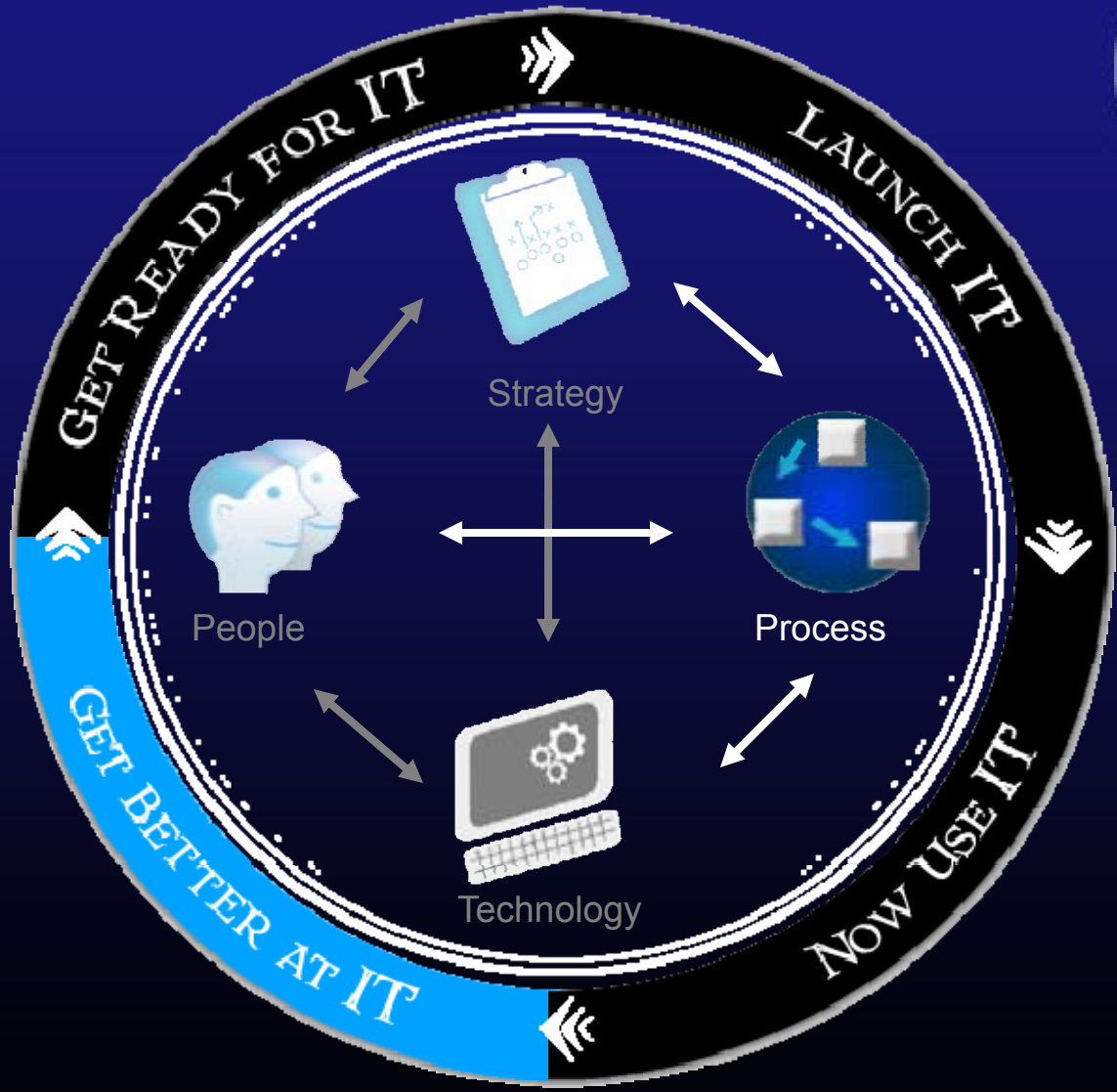
0%   0%   0%   0%

None of it   Some of it   Most of it   All of it

Getting Better at IT

- **Strong and continuous leadership in avoiding complacency and striving to take things to the next level is needed.**

- **Little ways and big ways to get better.**

- **PDSA cycles and performance improvement projects.**

- **Draw on power users in your efforts again.**

- **Use of third parties can help as well.**

After Action Reviews

- **What did we do well, that we would do again?**

- **What could we do better?**

- **If we had to do it over again, what would we do differently?**

Not All HIT Challenges Have Technology Solutions

- **Policies, procedures, protocols** may need to be created or amended.

- Realignment of **expectations** may need to occur. Communication is the solution.

- **User capacities** (including non-technical capacities) may need to be upgraded.

Other Methods of Engagement

- Integrated into QM committees

- Quarterly Provider Meetings

- User Group

- National Quality Centers / outside parties

- Presentations / Conferences

Consumer Participation: Existing Tools

- Instruction Sheets

- Access Cards

- Access Point Signs

- Consumer Training Sessions and Locations

- Service Resource Site

- On-line Help

- Provider Assistance: Train the Helper

Provider Kiosks

St. Paul's CDC

STRONGLY AGREE	AGREE	SOMETIMES AGREE	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE
FUERTEMENTE ESTE DE ACUERDO	ESTAR DE ACUERDO	A VECES ESTE DE ACUERDO	DISCREPAR	FUERTEMENTE DISCREPAR	NO APLICABLE

1.1. I feel comfortable talking to my case manager.
Siento hablar c?modo con mi encargado del caso.

○   ○   ○   ○   ○   ○

1.2. I am able to tell my case manager about things that I need.
Puedo decir a mi encargado del caso sobre cosas que necesite.

○   ○   ○   ○   ○   ○

1.3. I am able to tell my case manager about things that get in the way of my care.
Soy capaz de decir ami encargato del casa acerca de las cosas que me molestan.

○   ○   ○   ○   ○   ○

Needs Assessment
Getting Better at IT

1. In-Care survey filled out by clients using Provider Access Points.

2. Out-of-care surveys administered via field teams.

3. In-Care Survey data available in real-time. No delay, no need for central data entry of paper.

4. Out-of-care surveys data entered into same central, integrated web-based database by field teams.

5. eCOMPAS performs initial analysis and graphical data presentation on both in-care and out-of-care, freeing up analysts to concentrate on drawing meaningful conclusions.

6. Data available immediately to all stakeholders.

7. Reports provided in an easy-to-use dynamic and visual format.

26. Answer each of the following questions, following directions listed under the headings.

Complex Data Collection

	A During the past 12 months, did you *get*:				B If YES, how easy was it for you to get this service?				C If NO, during the past 12 months, did you *need*?				D If YES, what is the main reason you were not able to get this service?
	Yes = 1 *(Go to B)* No = 2 *(Go to C)* Refused = 3 Don't know = 4 *If 3 or 4 STOP. Go to next category.*				1= Easy 2= Somewhat hard 3= Hard 4= Have not used or tried to get *If 1 or 4 STOP. Go to next category* *If 2 or 3 , go to D*				Yes = 1 *(Go to D)* No = 2 Refused = 3 Don't know = 4 *If 2, 3, or 4 STOP.* ***Go to next category***				See Code List
	1	2	3	4	1	2	3	4	1	2	3	4	
Visits with a doctor, nurse, or assistant to take care of your HIV outpatient medical care.													
Visit to a medical specialist based on a referral from your doctor.													
Visit with a doctor, nurse, or assistant to examine or treat non-HIV health conditions.													
Education or counseling about HIV, HIV transmission, and how to reduce the risk of HIV transmission.													
Treatment adherence services to provide you with education and counseling on ways to help you routinely take HIV/AIDS medications and follow through on HIV/AIDS treatments.													
Case management session(s) with a case manager to help you coordinate your HIV/AIDS care and help access other services and benefits.													
Client advocacy where a counselor assists you to work through a particular problem in obtaining a service, obtaining benefits or in a complaint against a service provider.													

25a) During the past 12 months, did you get HIV outpatient medical care visits?

- ◉ Yes
- ◯ No
- ◯ Don't know

25a) How easy was it for you to get HIV outpatient medical care visits?

- ◉ Easy
- ◯ Somewhat hard
- ◯ Hard

Next Question

25b) During the past 12 months, did you Visit a medical specialist based on a referral from your doctor?
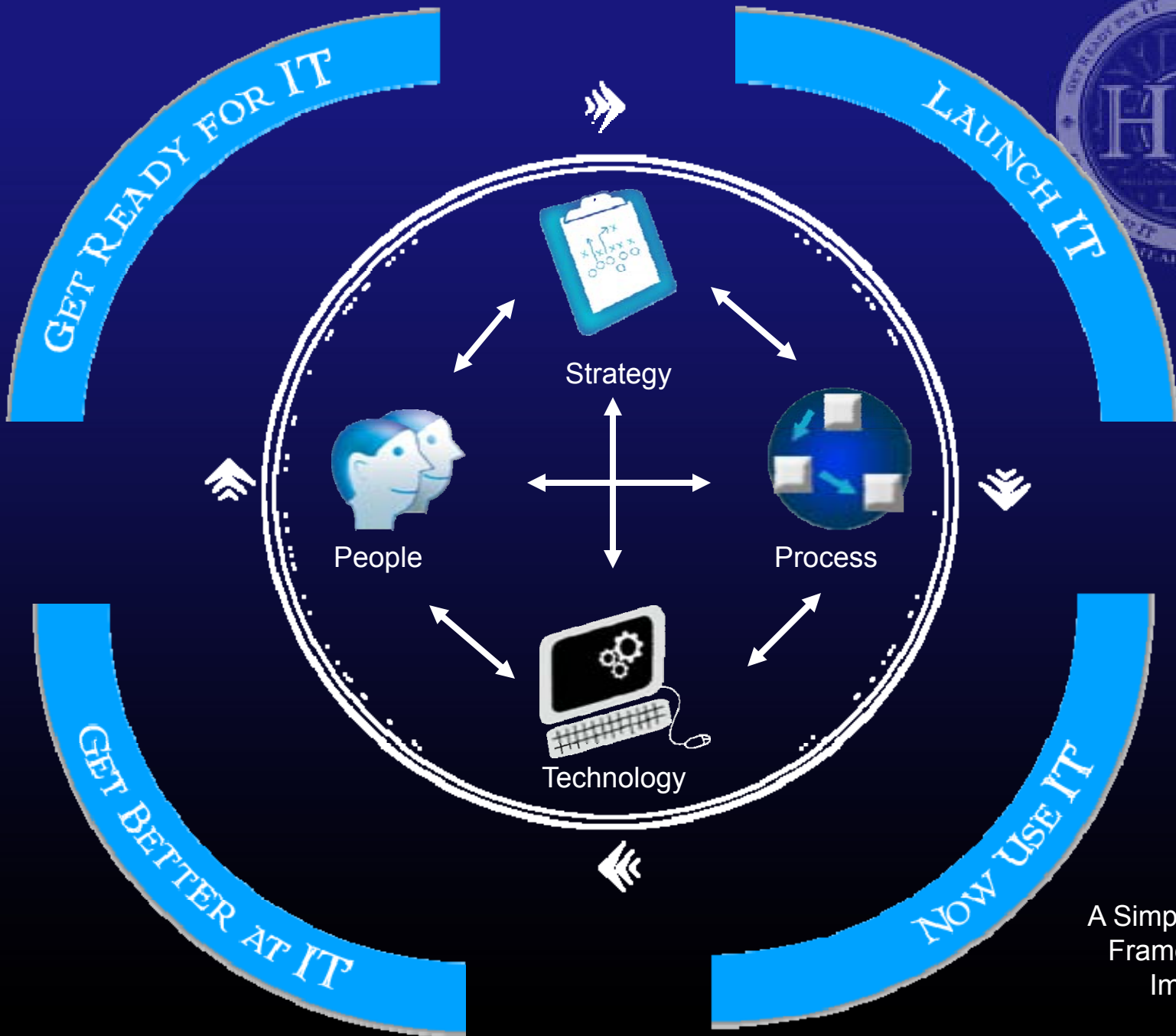
- ◯ Yes
- ◯ No
- ◯ Don't know

Next Question

25a) What is the main reason it was hard to get HIV outpatient medical care visits?

- ◯ Information - Where to get it, how to qualify
- ◯ Personal or cultural - You weren't comfortable with the agency staff or language barrier
- ◯ Service delivery - No agency available, you didn't qualify to get it
- ◯ Access/availability - Too far away, not open when you could get there, long waits
- ◯ Not applicable/no barriers

<u>Getting Better at IT</u>
- The System does all the work behind the scenes.

GET READY FOR IT

LAUNCH IT

HIT

Strategy

People

Process

Technology

GET BETTER AT IT

NOW USE IT

A Simple, Integrated Framework for HIT Implementation

Selected Outcomes

- Reduction / elimination of duplicate data entry.

- 50% reduction of time in fee-for-service billing and other activities for providers, enabling more clients to be seen each day (and more quality time with clients)

- Real-time feedback and improved data quality.

- Federal reporting went from being a "nightmare" to a tool used for real-time data quality improvement.

- Providers engaged in data analysis seeing its value for quality improvement.

Practical Lessons for Replication

1. Stakeholder engagement at all stages is key.

2. Incremental development allows for absorptions and refinement.

3. A web-based architecture reduces cost and maintenance headaches.

4. Being data rich does not means using the data to its fullest extent. A regular, structure process to leverage data analysis is a large commitment.

5. Quick feedback loops with real-time analysis are important to make midcourse corrections.

6. Be creative. Transforming a challenge (federal reporting) into a data quality improvement tool helped turn lemons into lemonade.

7. Finding a strategic partner "who gets it" and who has your best interests at heart makes the world of difference.

Final word of hope…

**Bergen-Passaic Indicators Improvement
Cross Part Collaborative** (cycle 2-9)
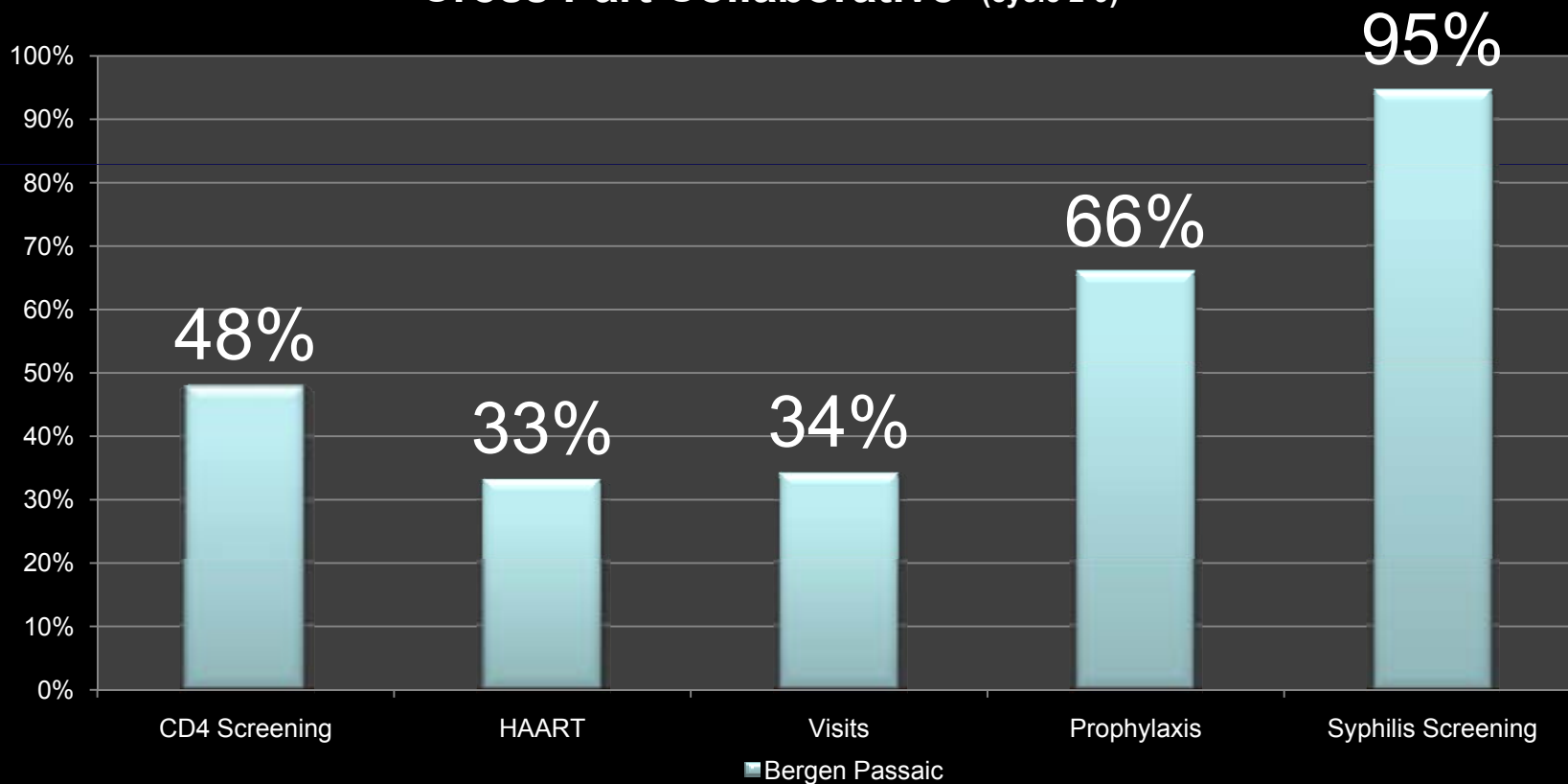
User Satisfaction Results: Proactive Courtesy Calls
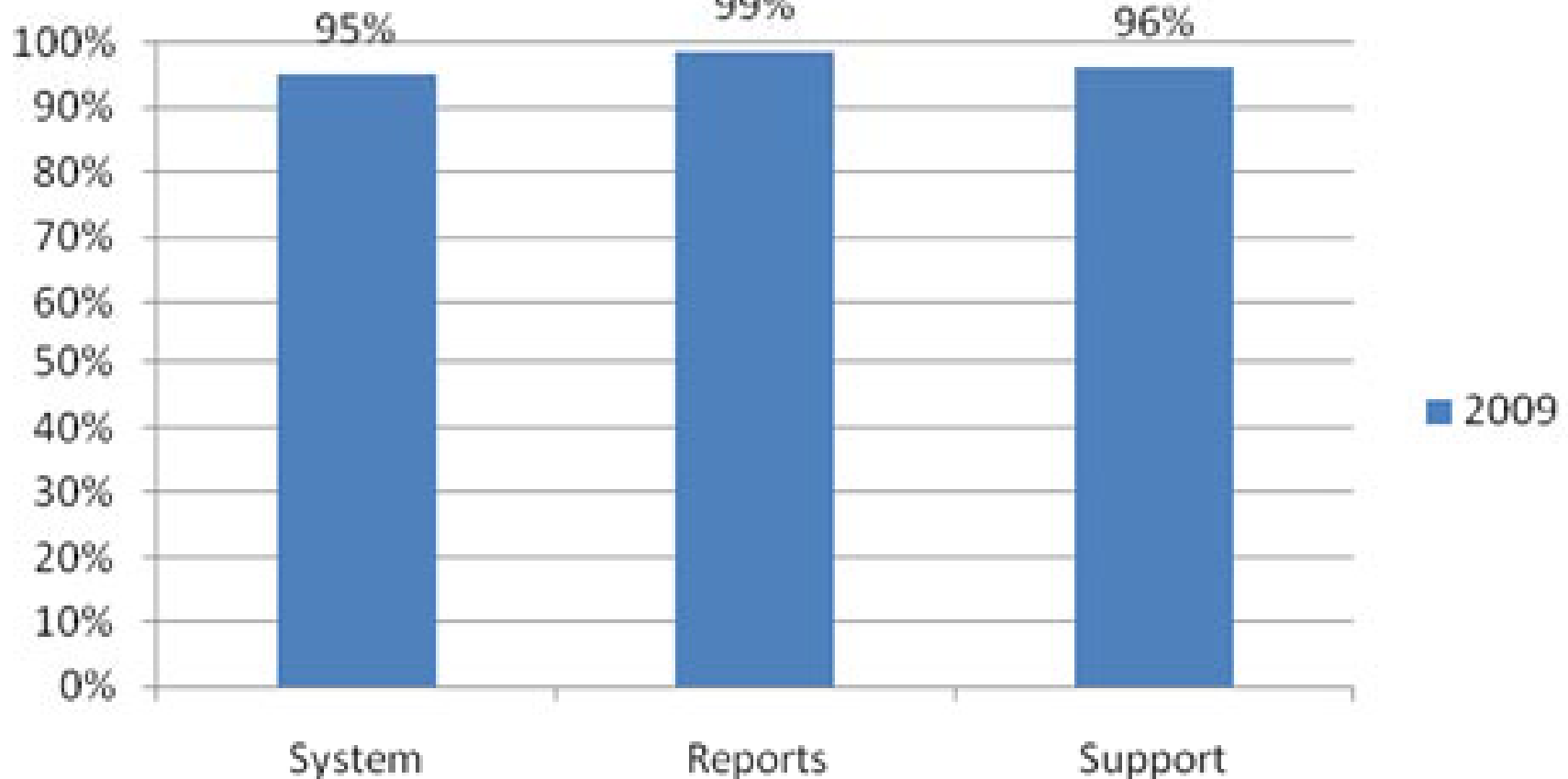
Connecting the Community to Network Resources

…and Assisting Case Managers with Referrals

Online Community Resource Guide

Online Community Resource Guide

Filters

Directions (cont.)

Agency Editor to Keep Content Updated

Teamwork Makes
a Difference

Be Flexible

How can you accomplish ambitious goals?

One bite at a time.

Thank you for your time!