

Developing a Cross-Part Client Level Data System – The Minnesota Experience

Ryan White All Grantee Meeting
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Disclosures

- Sheila Murphy RN CPHQ

Has no financial interest or relationships to disclose

- Julie Hanson Pérez MSW

Has no financial interest or relationships to disclose

Learning Objectives

By the end of the session, participants will be able to:

1. Identify the project goals, objectives, scope, participants, outcomes, and present status of Minnesota's collaborative project to develop a secure shared Client Level Database.
2. Describe the importance of technical assistance and a Special Projects of National Significance (SPNS) grant to the success of the project, and show how these resources were obtained.
3. Identify key lessons learned by project leaders and participants, and apply them to their own client level data collection projects.



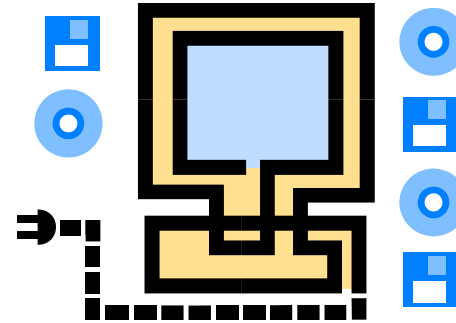
Objectives

- Describe Minnesota's project to develop a secure shared Client Level Database
- Describe how Technical Assistance and a SPNS grant supported the project
- Identify key lessons learned in Minnesota and apply them to your own client level data projects

Improving Data Systems to Improve HIV Care



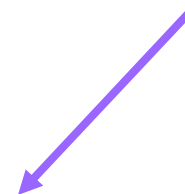
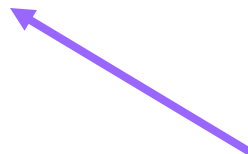
Providers and Consumers



Data System



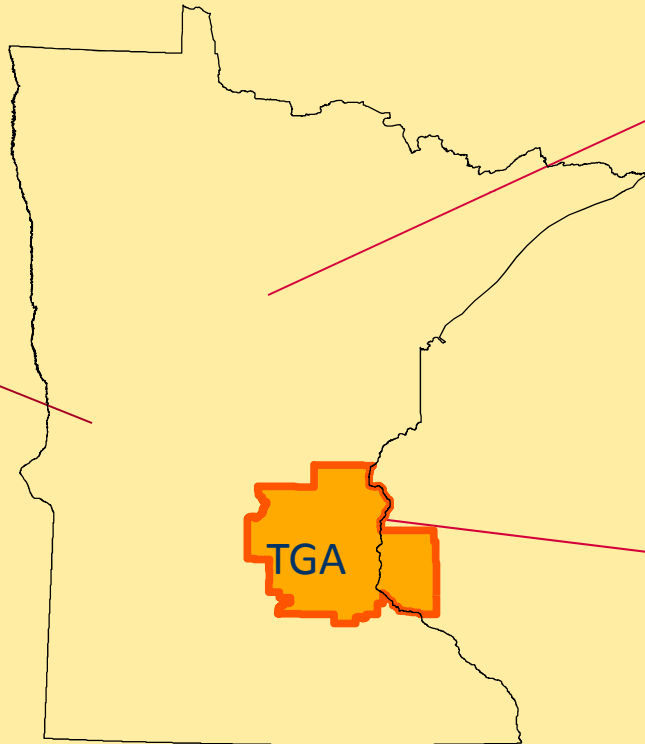
Data Management



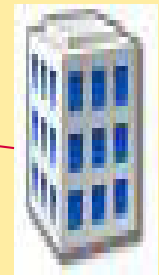
Working Together to Promote HIV Services for Minnesotans



MDH



DHS



HC HSPHD

Minnesota Ryan White Collaboration

- **In addition to data collection:**
 - ◆ **Minnesota HIV Services Planning Council prioritizes and allocates both Part A and B funding**
 - ◆ **Part A and B grantees coordinate management of jointly-funded contracts—Ryan White care and services providers**

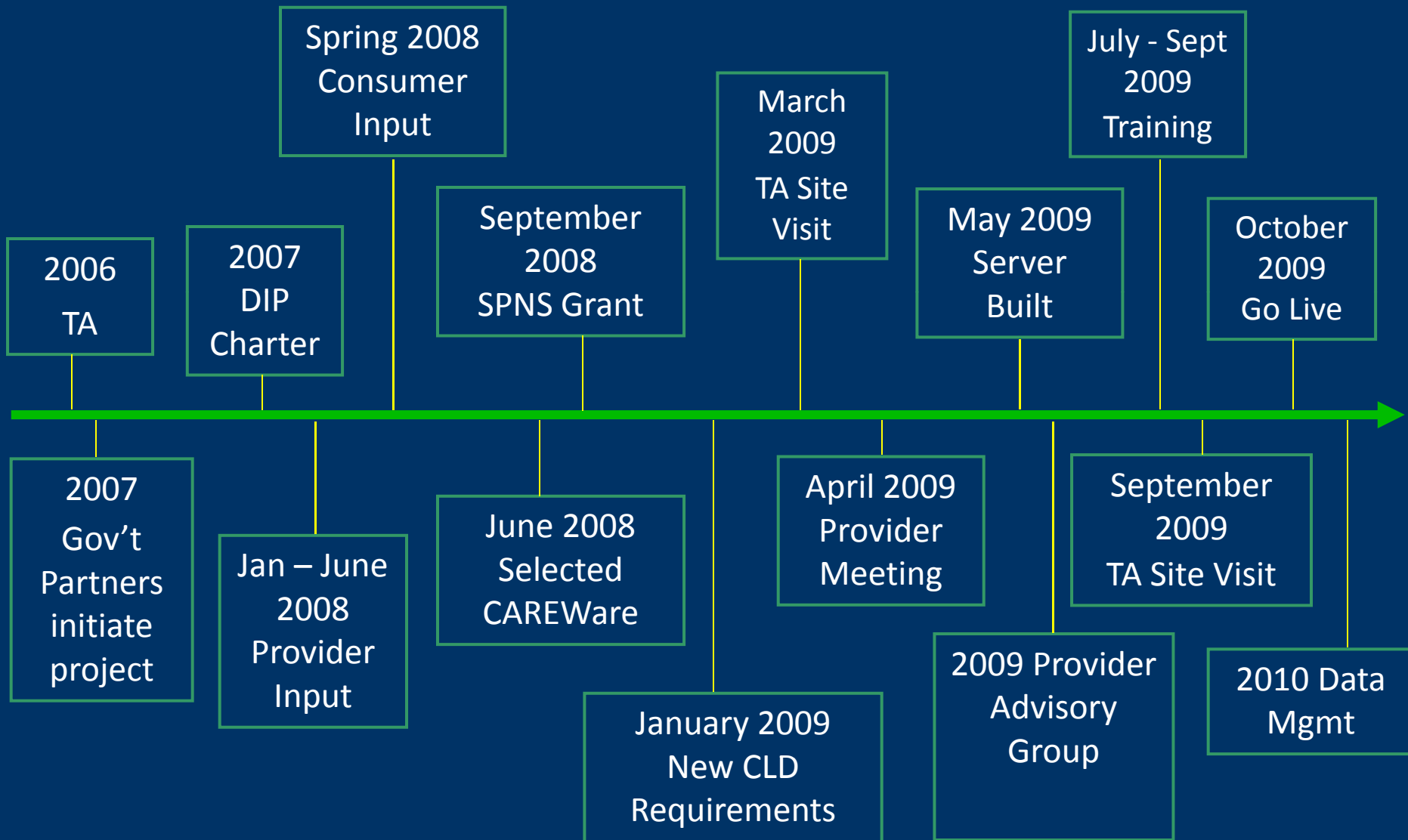
Why a Centralized Data System?

- **FoxPro database was outdated and limiting**
 - ◆ Grantees and providers did not have direct access to data
 - ◆ Problems with data quality
 - ◆ Very cumbersome for data analysis
- **Plan to eventually integrate Outcomes Evaluation data collection**
- **Recommended by NQC TA provider**



DIP: Data Improvement Project

Minnesota DIP Timeline



DIP Partner Roles

Role	HC	DHS	MDH
Project sponsor and facilitate DIP meetings	✓		
Champion project within organization	✓	✓	✓
Implementation planning	✓	✓	✓
Provider communications	✓	✓	✓
HRSA/HAB reporting requirements	✓	✓	✓
Contract with server host	✓		
Contract with MDH for system administration		✓	
Training for providers			✓
Help desk for providers			✓
Documentation			✓
System administration			✓
Data management			✓

Tools for Managing DIP

- Project charter
- Consultant
- Timeline
- Monthly meetings
- Subcommittees
- Policies and procedures

Client Level Data Reporting

- Planning for new HRSA/HAB client level data (CLD) requirements added to project in 2008
- Impacts:
 - ◆ Moved up implementation date
 - ◆ Increased provider and consumer questions about privacy protections

Hearing from Providers and Consumers



Input from Providers

- Telephone Interviews
- Focus Group
- Site Visits
- CAREWare Demo and Project Update

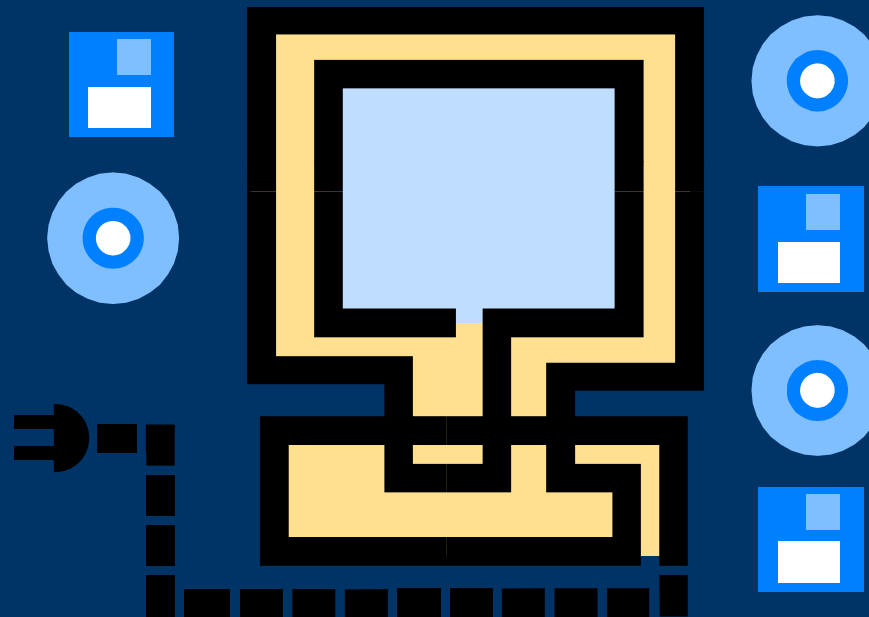
Provider Advisory Group

- **Volunteer members from 8 agencies**
 - ◆ Large clinician and CBO perspectives
 - ◆ Feedback on draft policies and procedures
 - ◆ Met with DIP members to discuss concerns
 - ◆ Advocated for clients

Input from Consumers

- **DHS Consumer Advisory Board**
- **Planning Council Community Voice Committee**
- **Mixed reactions:**
 - ◆ Some concern with names being reported to MDH
 - ◆ Some concern with data being shared among providers
 - ◆ Benefit of not presenting same information to each provider

Data System



Selection of Data System

- **Several data systems were considered**
 - ◆ CAREWare
 - ◆ Provide Enterprise
 - ◆ ARIES
 - ◆ CTK

Selection of Data System

- **CAREWare was ultimately selected**
 - ◆ Positive feedback from two providers already using CAREWare
 - ◆ HRSA-sponsored system / low cost
 - ◆ Ability to customize
 - ◆ Ability to import data from other systems

Secure Central Server

- **Considered hosting by one of government partners**
 - ◆ Each has complex IT system with multiple priorities
 - ◆ Choices limited by infrastructure
 - ◆ Complexity of managing budgets
 - ◆ Not set up to allow external access to servers
- **Bids let for a contracted server host**
 - ◆ Winning bid had experience hosting CAREWare
 - ◆ Web-based secure server built for Minnesota CAREWare exclusively

SPNS Grant

■ Part A grantee applied in 2008

- ◆ Improved project focus
- ◆ Forced timelines

■ Provider Readiness

- ◆ Assessment of skills and existing hardware and software capacities
- ◆ Cover some programming costs of providers with established CLD systems

SPNS Grant

■ Customization by jProg

- ◆ Minnesota-specific forms created in Form Designer
- ◆ Custom PDI templates
- ◆ Transformation utility

■ MDH

- ◆ Communication with jProg
- ◆ Tested customizations
- ◆ System documentation
- ◆ Provider training

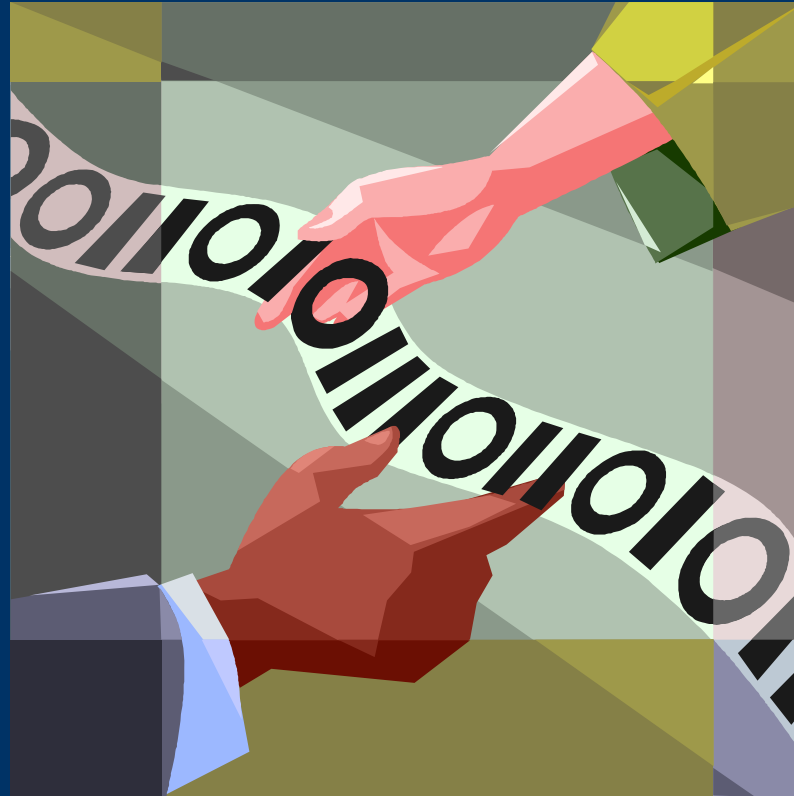
Project Consultant

- **SPNS grant funded**
- **Conducted provider readiness assessments**
 - ◆ Surveys
 - ◆ Interviews
 - ◆ Site visits
- **Facilitated provider input and communications**
- **Assisted with provider training**

Technical Assistance

- **HRSA/HAB approved TA provider Phillip Byrne**
 - ◆ Denver experience informed Minnesota project
 - ◆ Assessed similarities and differences between two systems
 - ◆ Provided TA support via phone calls, email, and two site visits

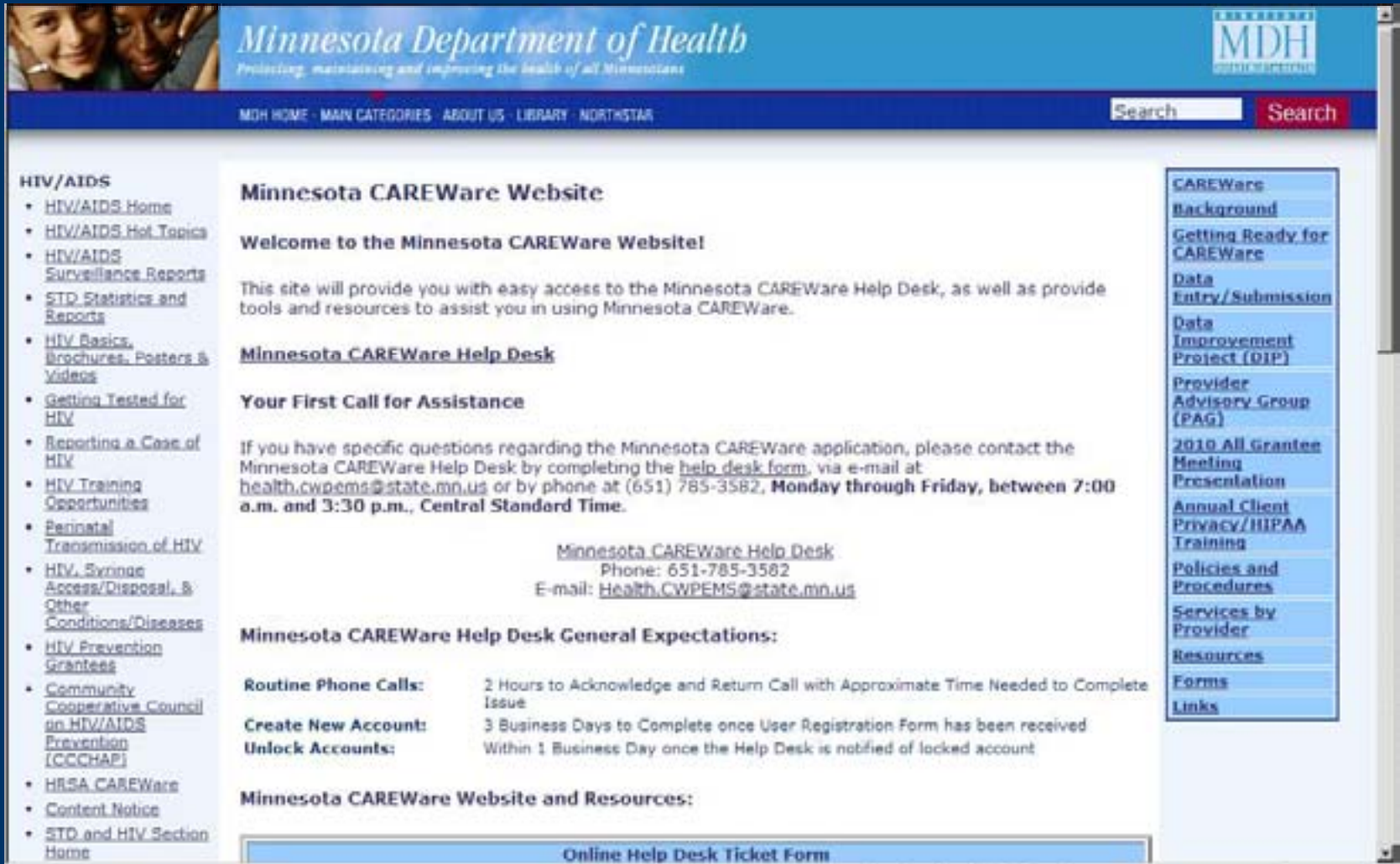
Data Management



MN CAREWare Implementation

- First half of 2009 data submitted via scannable forms or spreadsheets
- CAREWare training for all providers, July – Sept 2009
- Minnesota CAREWare Help Desk Oct 1, 2009
- Minnesota CAREWare went “live” on Oct 15, 2009
- Ongoing testing and refining of data import process

Minnesota CAREWare on the Web



Minnesota Department of Health
Protecting, maintaining and improving the health of all Minnesotans

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Minnesota CAREWare Website

Welcome to the Minnesota CAREWare Website!

This site will provide you with easy access to the Minnesota CAREWare Help Desk, as well as provide tools and resources to assist you in using Minnesota CAREWare.

Minnesota CAREWare Help Desk

Your First Call for Assistance

If you have specific questions regarding the Minnesota CAREWare application, please contact the Minnesota CAREWare Help Desk by completing the [help desk form](#), via e-mail at health.cwpcms@state.mn.us or by phone at (651) 785-3582, **Monday through Friday, between 7:00 a.m. and 3:30 p.m., Central Standard Time.**

Minnesota CAREWare Help Desk
Phone: 651-785-3582
E-mail: Health.CWPEMS@state.mn.us

Minnesota CAREWare Help Desk General Expectations:

Routine Phone Calls:	2 Hours to Acknowledge and Return Call with Approximate Time Needed to Complete Issue
Create New Account:	3 Business Days to Complete once User Registration Form has been received
Unlock Accounts:	Within 1 Business Day once the Help Desk is notified of locked account

Minnesota CAREWare Website and Resources:

[Online Help Desk Ticket Form](#)

CAREWare

- [Background](#)
- [Getting Ready for CAREWare](#)
- [Data Entry/Submission](#)
- [Data Improvement Project \(DIP\)](#)
- [Provider Advisory Group \(PAG\)](#)
- [2010 All Grantee Meeting Presentation](#)
- [Annual Client Privacy/HIPAA Training](#)
- [Policies and Procedures](#)
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www.health.state.mn.us/careware

Scope of Minnesota CAREWare

- 22 total providers have data in Minnesota CAREWare

# Providers	Part A	Part B	ADAP	Part C	Part D	State
5	✓					
3		✓				
3	✓	✓				
2	✓	✓		✓		
1	✓	✓			✓	
2						✓
1	✓					✓
1		✓				✓
3	✓	✓				✓
1	✓	✓	✓			✓

Successes

- “Real time” data
- Improved ability to de-duplicate clients
- Providers: direct access to data and reports
- Grantees: independent reports and analysis
- RDR / RSR much easier

Challenges

- **Timeline for implementation**
- **Increased system administration time during implementation phase**
- **Data import process**



Lessons Learned

- **Anticipate Provider Response to Change**
 - ◆ Communication
 - ◆ Apply Dynamic Systems Change concepts
 - ◆ Less customization
- **Direct Data Entry vs. Provider Data Import**

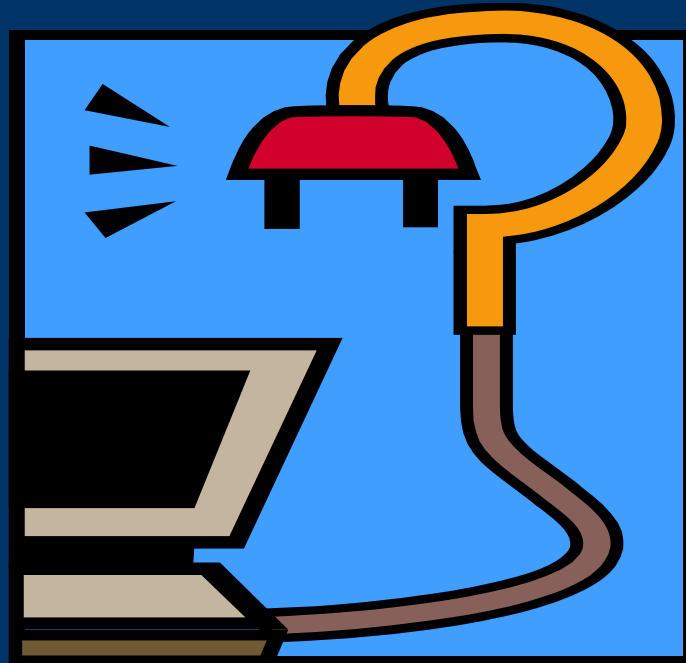
Next Steps

- CAREWare training for “super users”
- CAREWare training on creating custom reports
- Learning and using performance measures in CAREWare

Next Steps

- **Technical assistance to evaluate project and recommend improvements**
- **More in-depth analyses of data**
- **Increased data quality assurance efforts**
- **Transition from DIP Workgroup to Client-Level Data Workgroup in September 2010**

Questions?



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