

Managing multiple data sources and overcoming interoperability barriers for HIV care

From a North Carolina Department of Health and Human Services (NC DHHS)
CAREWare Program Coordinator Point of View

Program Overview

- HIV Care Program (HCP) in the NC Division of Public Health
 - HRSA/HAB Ryan White HIV/AIDS Program (RWHAP) Part B grant recipient
 - United States Department of Housing and Urban Development (HUD) Housing Opportunities for Persons With AIDS (HOPWA) Program Recipient
- Grantee Network
 - State of NC, excluding Charlotte/Mecklenburg Transitional Grant Area (TGA)
 - 10 Regional Networks of Prevention and Care
 - Contracting and subcontracting agencies



NC CAREWare Content

- Centralized CAREWare network
- Part B and HOPWA data
- Optional services funded by other sources (Part C, Part D, Medicaid, private insurance etc.)
- No data from
 - Part A TGA
 - HIV Medication Assistance Program (HMAP) (i.e. ADAP)

Number of Service Providers Using NC CAREWare: **46**

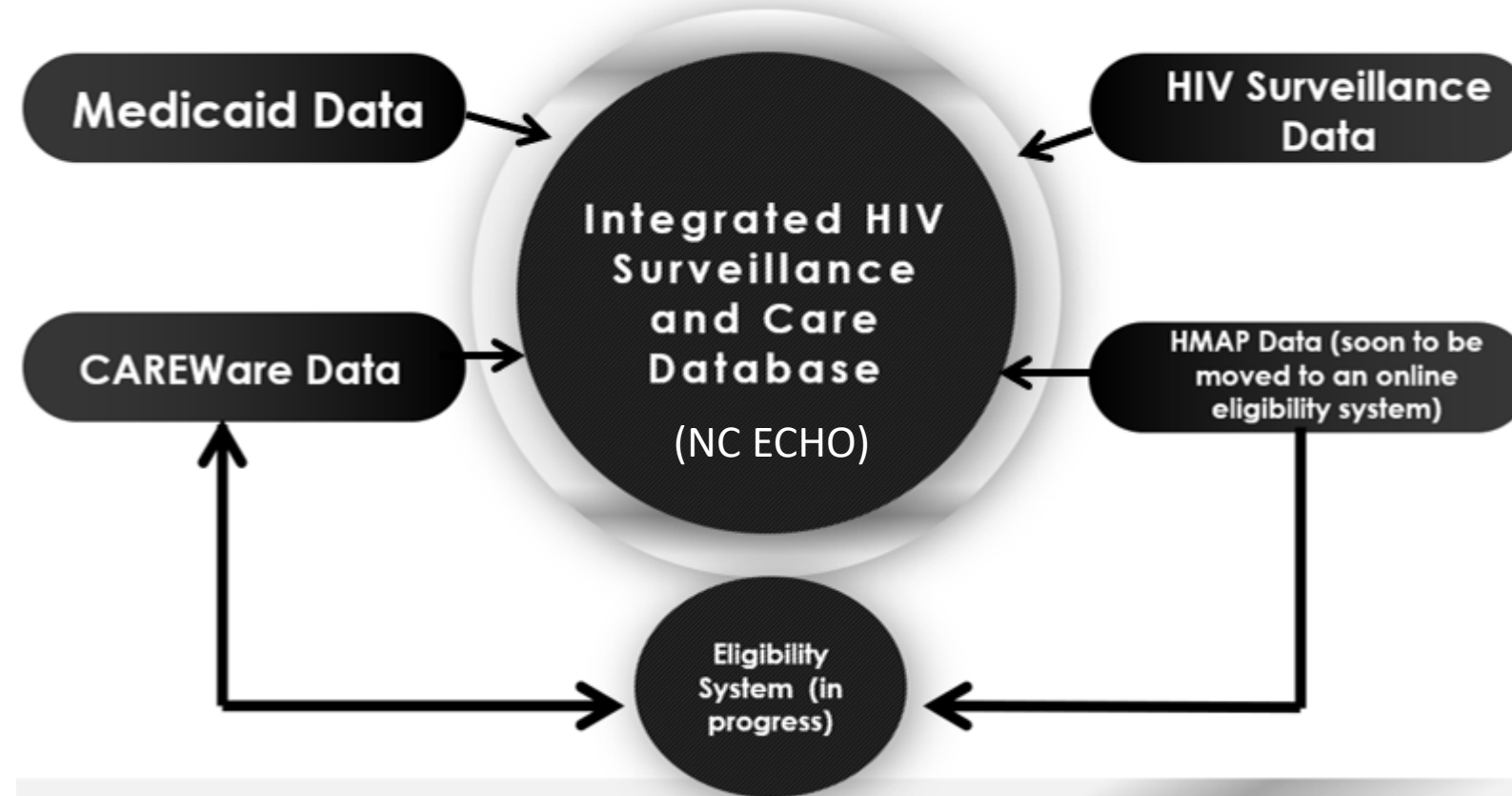
Number of Clients with Part B services in 2019: **10,691**

Number of clients with any service in 2019: **14,327**

State Level

Data Integration

NC CAREWare Data Integration (State-Level)



- CAREWare data moved to our integrated HIV surveillance and care database (NC ECHO)
- HMAP is establishing an online eligibility system which will be integrated with CAREWare

NC CAREWare Data Integration (State-Level)

Benefits

- Numerous NC ECHO benefits
- Building integration with CAREWare into an electronic eligibility system from the start is much easier
- Useful for statewide quality improvement efforts

Barriers

- NC ECHO data doesn't flow back into CAREWare
- Time and cost for establishing an electronic eligibility system
- No integration between CAREWare and HMIS, a required data system for Homeless programs funded by HUD

Agency Level

Data Integration

NC CAREWare Data Integration (Agency-Level)

Reasons to move data from other systems into CAREWare

- Decreases time and effort spent on double data entry
- Improves accuracy
- Once you have a set process, you just need to monitor and make changes as needed
- Quality management benefits

NC CAREWare Data Integration (Agency-Level)

Methods for moving data into CAREWare

1. Automatic lab interface
 - Benefits: Free; Requires very little effort from agencies
 - Barriers: Only works with LabCorp and Quest Diagnostics; Might take some time on the lab side to get paperwork and accounts together
2. HL7 Socket
3. Provider Data Import (PDI), with options for moving data to the PDI xml or mdb file template
 - Vendor interface
 - EHR exports and Data Translation Module (DTM)
 - EHR exports and other software to clean/format data for import

NC CAREWare Data Integration (Agency-Level)

HL7 Socket and PDI Barriers

- Each agency needs to figure it out on their own
- It takes time, effort, and/or funding, especially initially
 - You have to get the right people at the table
 - Configuration and mapping
- Still need to log into CAREWare and manually enter some data
- Changes in your EHR may cause issues that need to be addressed
- Any needed modifications to the process may take a long time to complete

Thank you Janet Cote, John Switzer, and Barry White for sharing your data integration experiences!

NC CAREWare Data Integration (Agency-Level)

Data Translation Module (DTM) -> Provider Data Import (PDI)

- Benefits
 - Free!
 - Can be automated
 - Has “ad hoc” value for data maintenance
 - CAREWare Help Desk
- Barriers
 - Initial learning curve
 - Depends on your ability to extract the needed from your EHR

Thank you Janet Cote, John Switzer, and Barry White for sharing your data integration experiences!

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