



VIRTUAL  
2020 NATIONAL  
RYAN WHITE  
CONFERENCE ON  
HIV CARE & TREATMENT

# How to Share and Leverage Data in Good Times and in Bad #16252

Marianela De La Cruz Fraticelli, Centro Ararat

Elisa Sosa, EBNHC/Project SHINE

Jesse Thomas, RDE Systems

# Learning Objectives



- ✓ Understand how to assess **data quality** and consistency issues that directly impact program workflow and implement this kind of assessment in their own programs.
- ✓ Understand benefits of health information technology and health information exchange for natural disaster **preparedness**.
- ✓ Learn how to leverage multiple funding sources to seamlessly integrate data from **disparate data sources**.
- ✓ Presenters will provide guidance on **pitfalls and lessons learned** on how to avoid them to those regions interested in replication.

# Obtaining CME/CE Credit



If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>

# Today's agenda



1. Introductions
2. Centro Ararat, Inc. Case Study
3. Allegheny Health Network's Case Study
4. East Boston Neighborhood Health Center's Case Study
5. Wrap up
6. Lessons Learned
7. Q&A

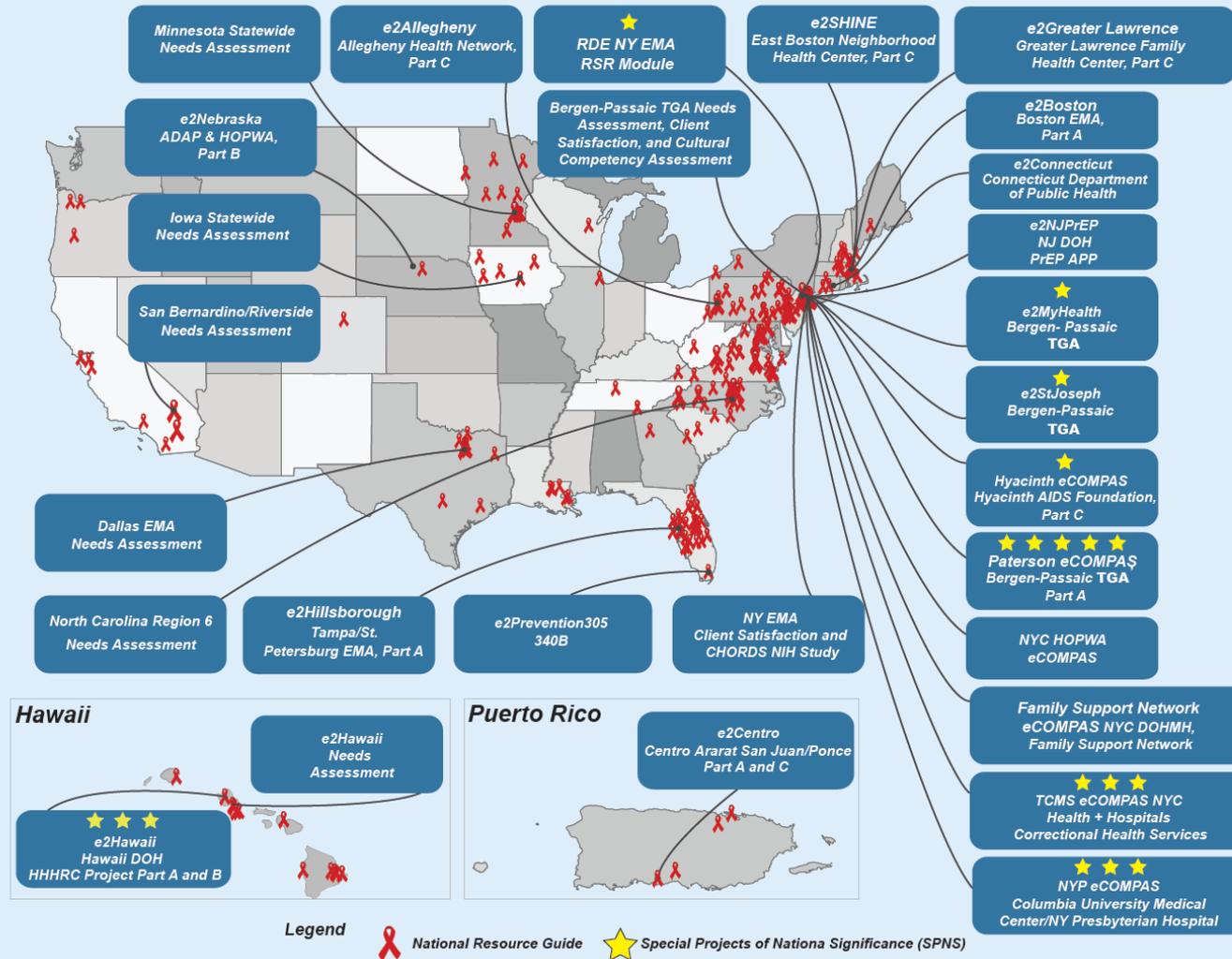
# Welcome and Introductions

# Synthesizing National Lessons Learned



## Programs

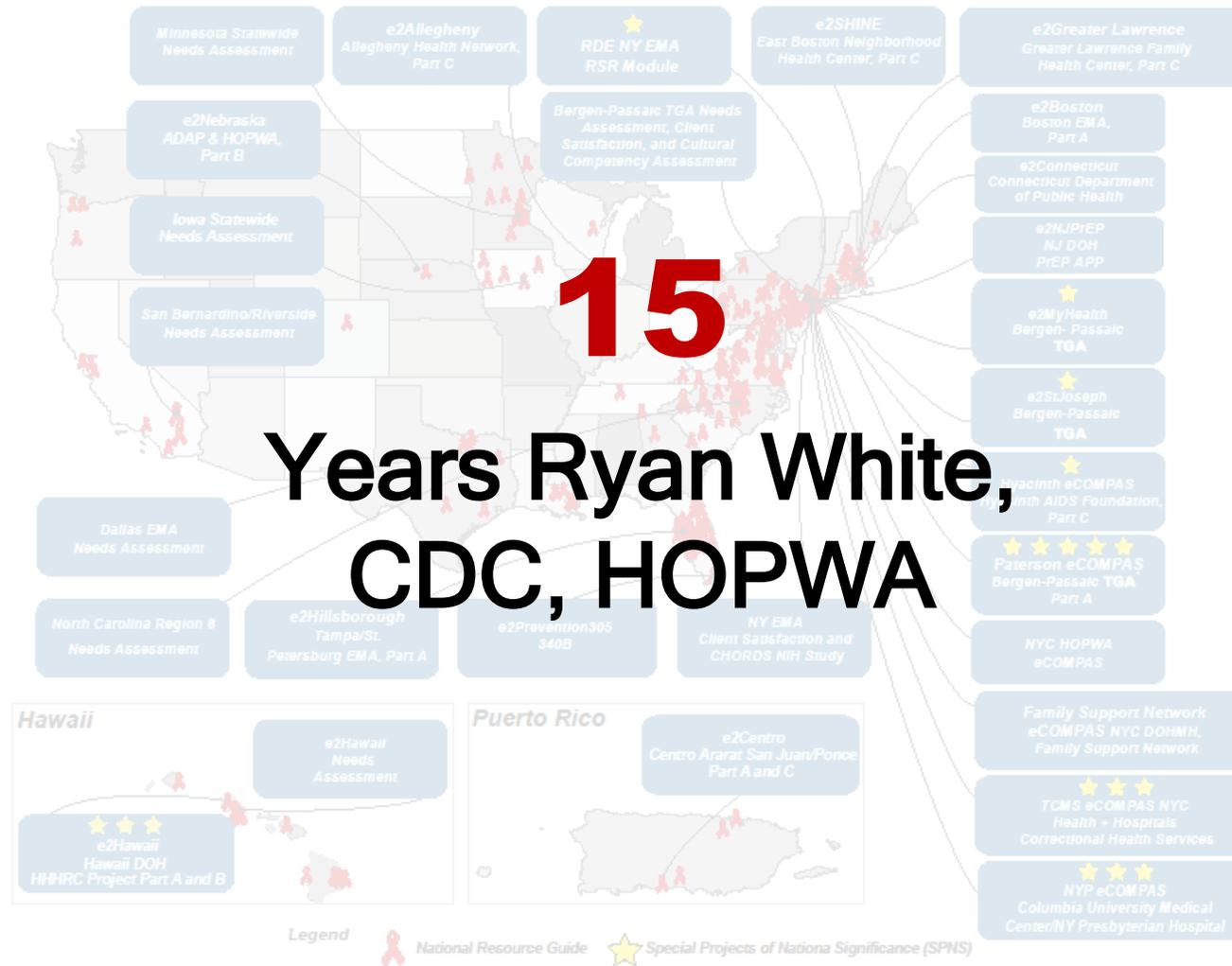
- ✓ CDC Prevention
- ✓ HRSA A,B,C,D
- ✓ HRSA ADAP
- ✓ HRSA SPNS
- ✓ HRSA AETC
- ✓ HUD HOPWA
- ✓ NIH
- ✓ ONC



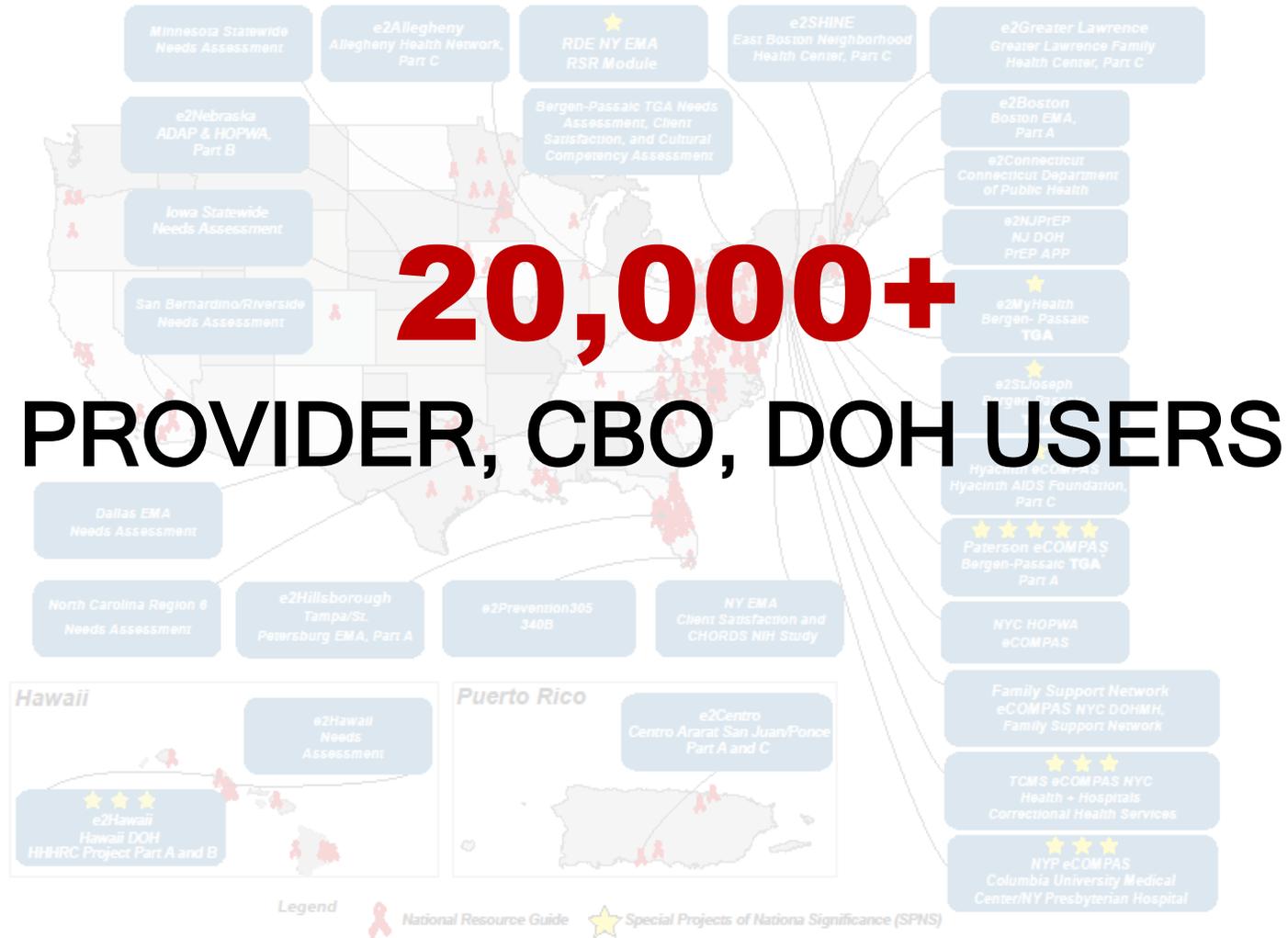
## Users

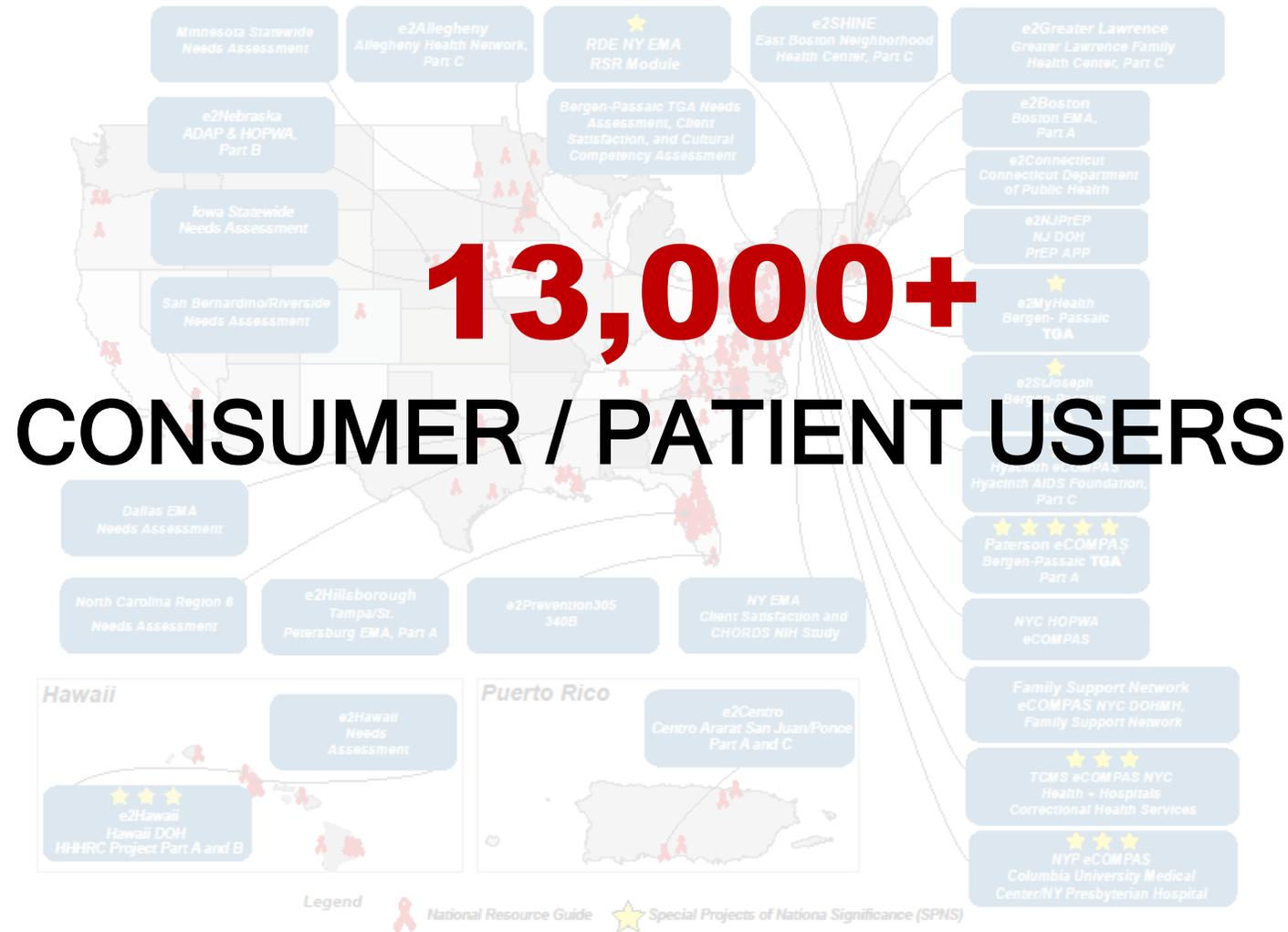
- ✓ Recipients
- ✓ Sub-Recipients
- ✓ Public Health
- ✓ Human Services
- ✓ Health Networks
- ✓ Hard Reduction
- ✓ Clinics
- ✓ CBOs
- ✓ Planning Commissions
- ✓ Clients & Patients

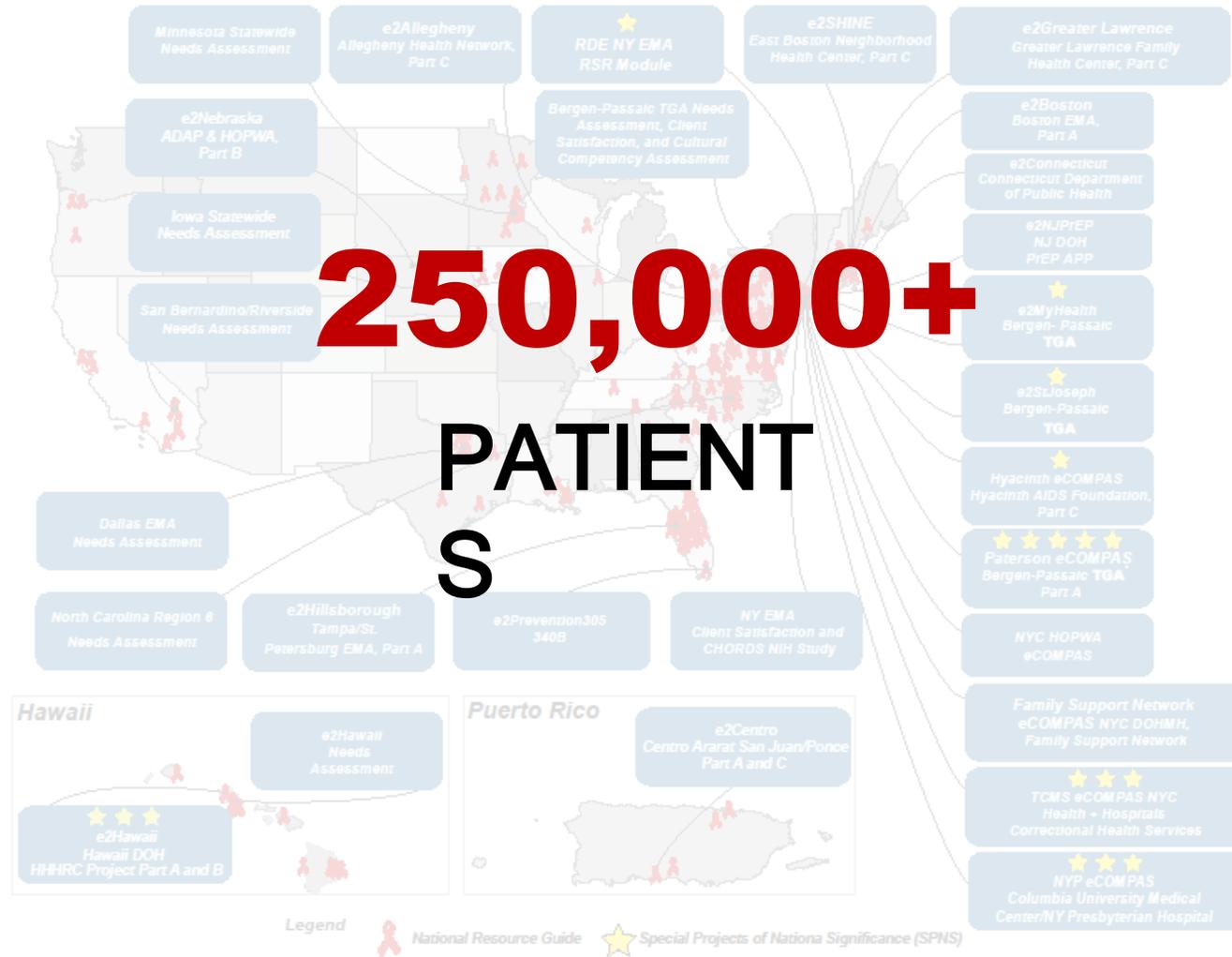










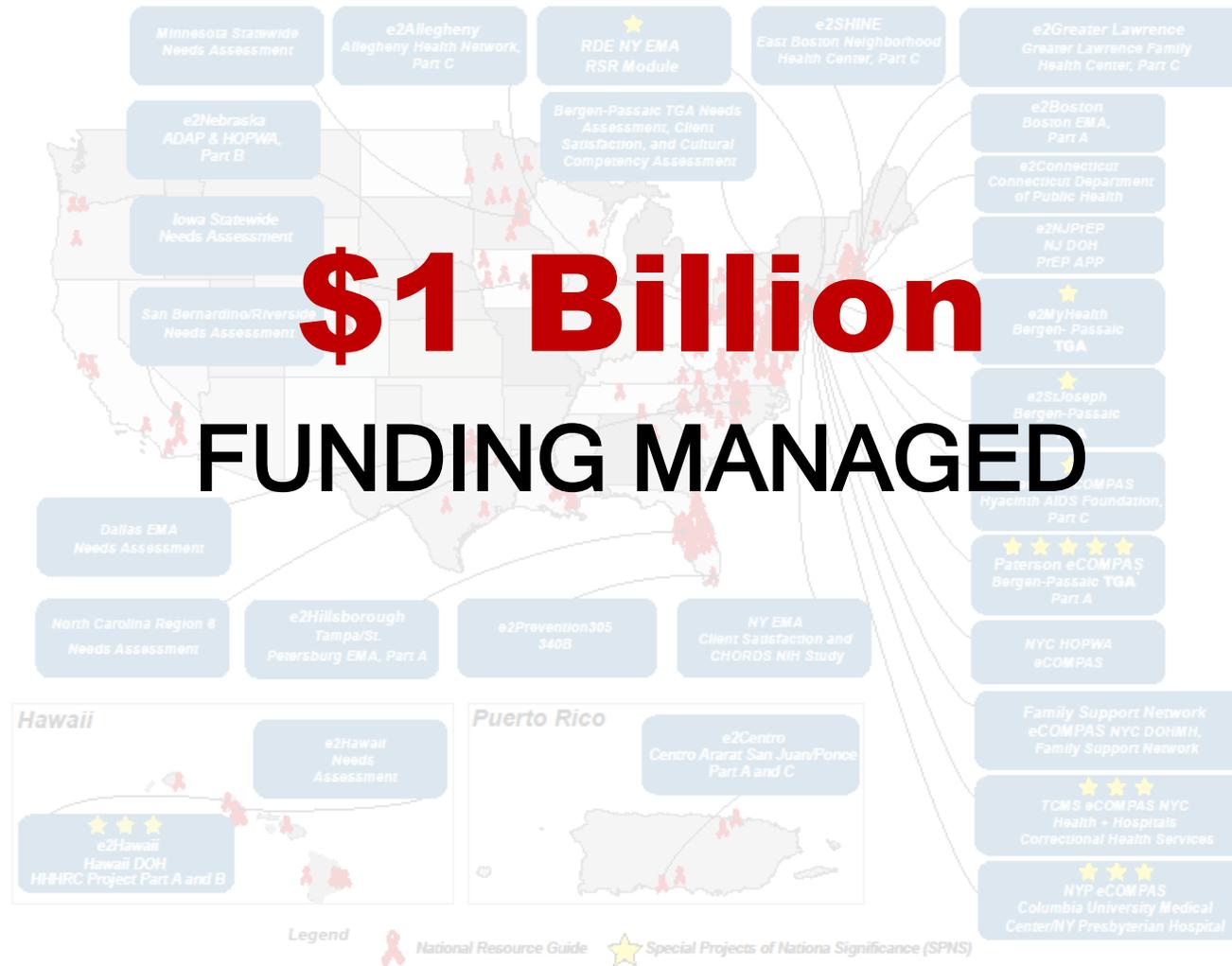


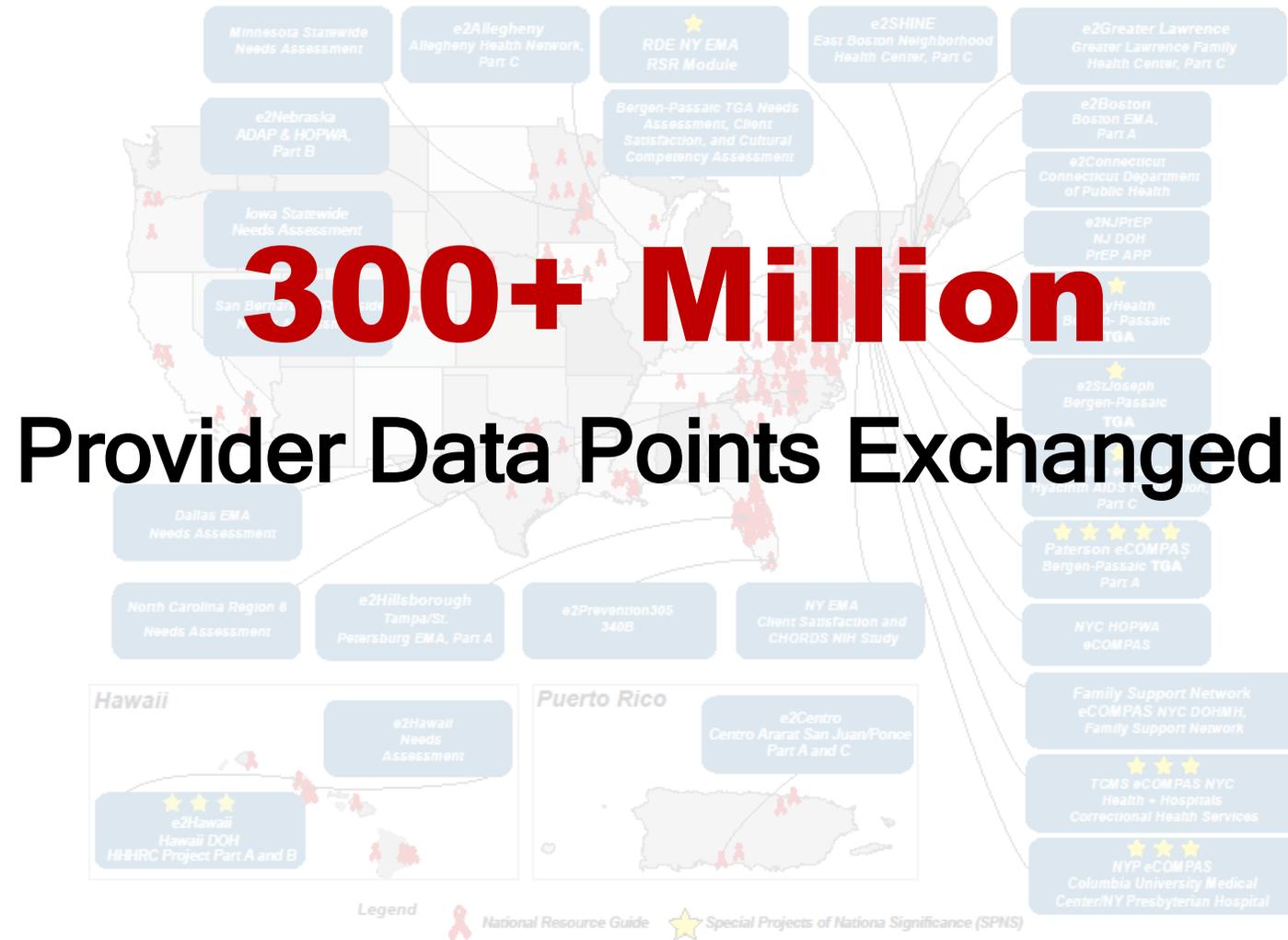
# Security and Privacy are #1

## AWS Assurance Programs

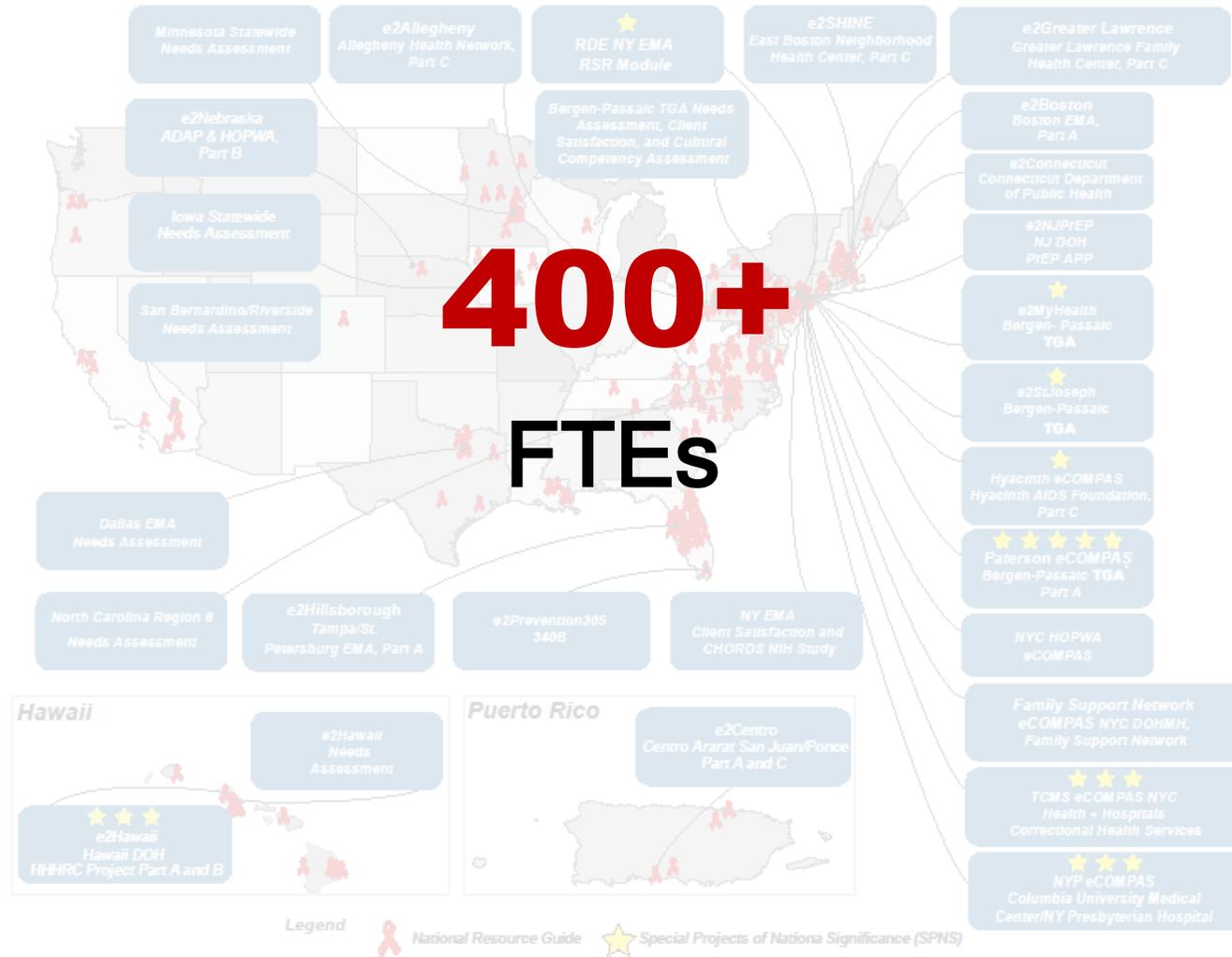


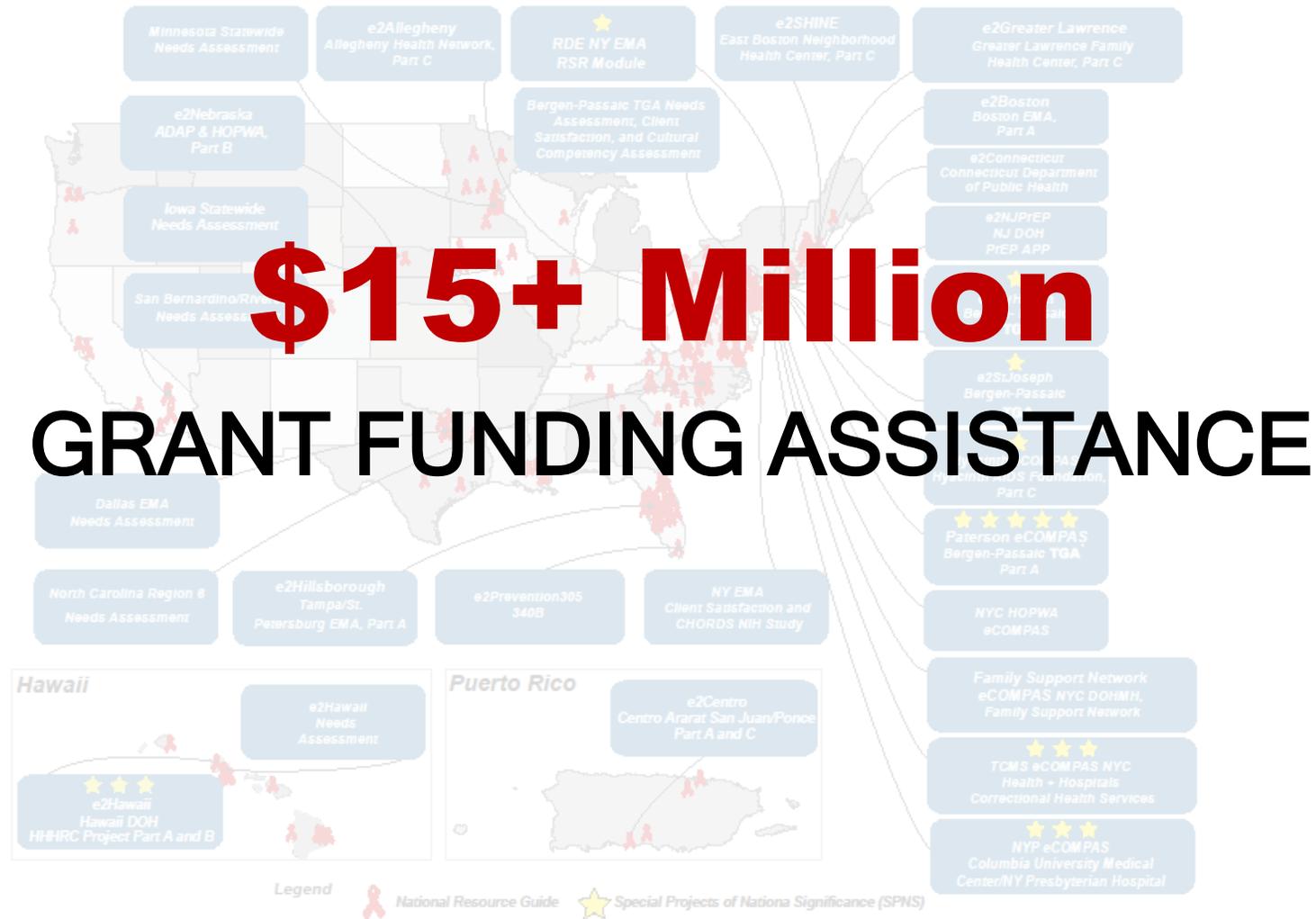
eCOMPAS  
Advanced  
Encryption













Evaluate Impact of HIT on Care

e Networks of Care

Capacity building grants\*



HIT for ADAP

HIT for HIV Care Continuum

SMAIF HIEs for Care Engagement

SMAIF HIV Care & Housing Data Integration

Direct clinic IT investments:

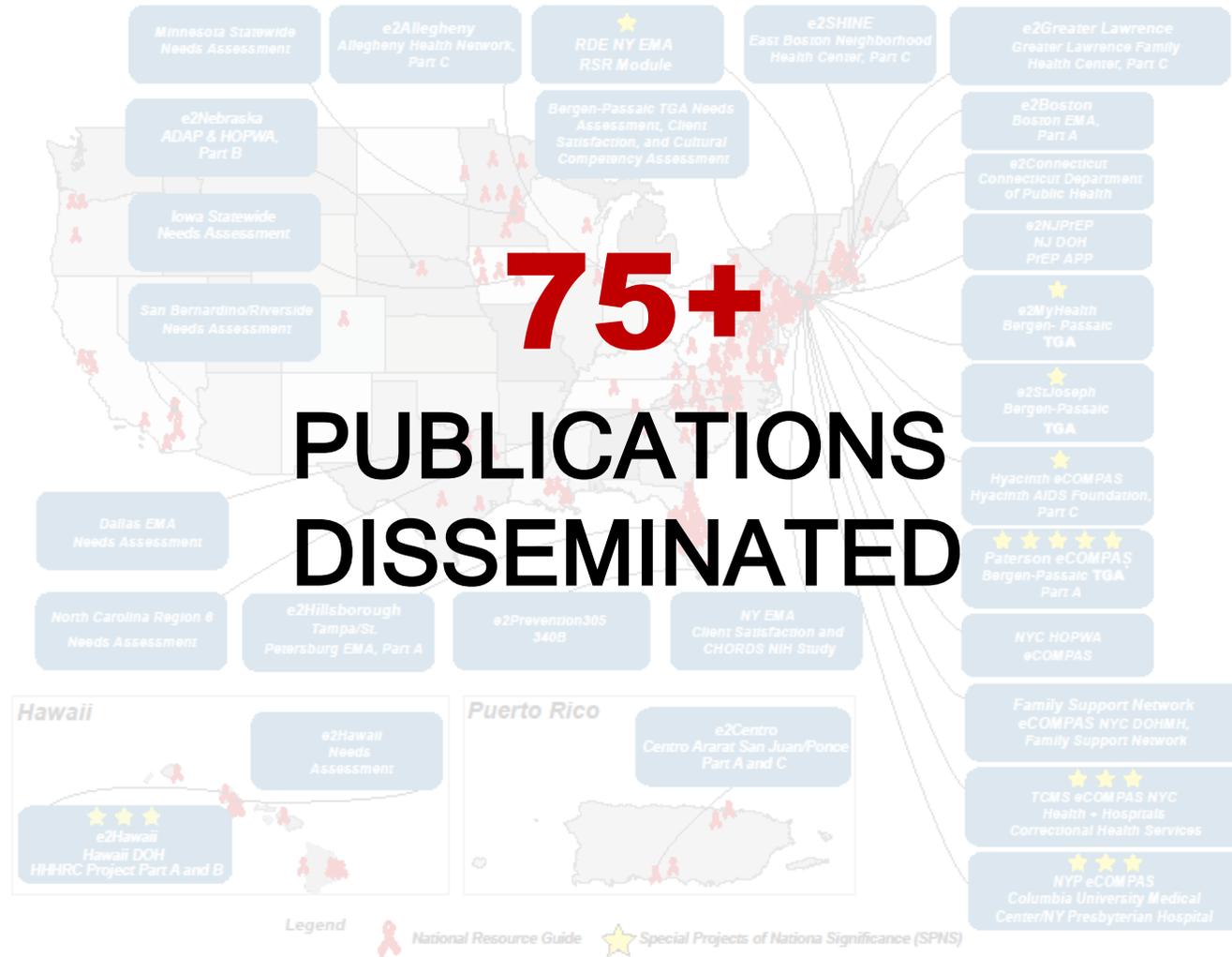
Medical Home for HIV+ Homeless

Practice Transformation HIV Primary Care

Evidence-Informed Interventions

Social Media HIV Care Continuum

# 19 SPNS PROJECTS

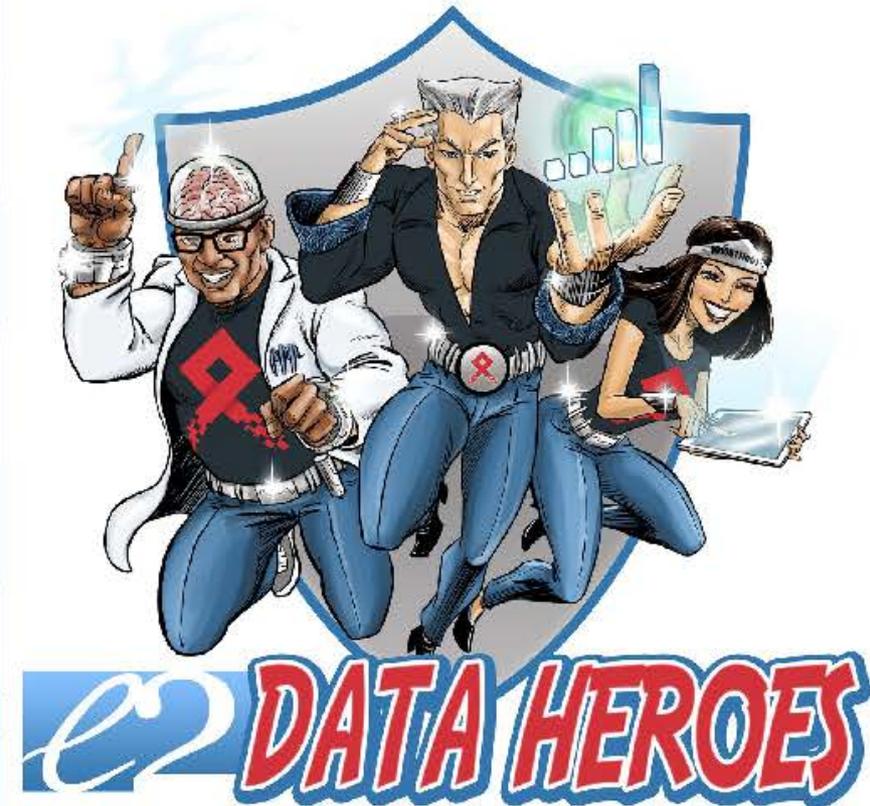




#	Title	Presenters/Panelists	Presenters	Date and Time
1	<b>Innovative Automation In data management, claims processing and electronic billing which saves time and costs!</b> (Session #15910)	Tampa-St. Petersburg EMA; RDE Systems	Aubrey Arnold; Orella Pineda; Jesse Thomas	Wednesday, August 12 12:45pm - 2:15pm (Subject to change)
2	<b>Housing, Employment, and Quality Improvement for Incarcerated Populations - Paterson, NJ, and Puerto Rico.</b> (Session #16238)	Bergen-Passaic NJ TGA; Puerto Rico One Stop Career Center; RDE Systems	Millie Izquierdo; Carmen Cosme Pitre; Alison Jordan; Jesse Thomas	Wednesday, August 12 2:30pm - 4:00pm (Subject to change)
3	<b>How to Share and Leverage Data: Learn from Three Diverse Clinics: Puerto Rico, Boston and Pennsylvania.</b> (Session #16252)	Centro-Ararat, Puerto Rico; East Boston Neighborhood Health Center, Boston; Allagheny Health Network, Pennsylvania; RDE Systems	Marlanela De La Cruz Fratlicelli; Elisa Sosa; Jesse Thomas	Wednesday, August 12 2:30pm - 4:00pm (Subject to change)
4	<b>Avoiding the Data System Black Holes: Stakeholder-driven design to increase data integration and reduce administrative burden.</b> (Session #16205)	Connecticut Department of Public Health; RDE Systems	Mukhtar Mohamed; Michael Ostapoff; Daniel Hulton; Jesse Thomas	Thursday, August 13 2:30pm - 4:00pm (Subject to change)
5	<b>Practice transformation, data analytics, and quality improvement: Addressing HIV/HCV and opioid use disorder in NYC.</b> (Poster Presentation #15892)	Columbia Presbyterian University / New York Presbyterian; RDE Systems	Mila Gonzalez Davila; Susan Olander; Megan Urry; Kenneth Ruperto; Jesse Thomas	Thursday, August 13 4pm - 4:25pm (Subject to change)
6	<b>Actuating Care in Iowa, Dallas, TX, and NJ Using Multilingual, Evidence-Based Needs Assessments.</b> (Session #16211)	Dallas EMA; Bergen-Passaic NJ TGA; Iowa State AIDS Program; RDE Systems	Justin Henry; Millie Izquierdo; Katie Herting; Jesse Thomas	Friday, August 14 11:00am - 12:30pm (Subject to change)

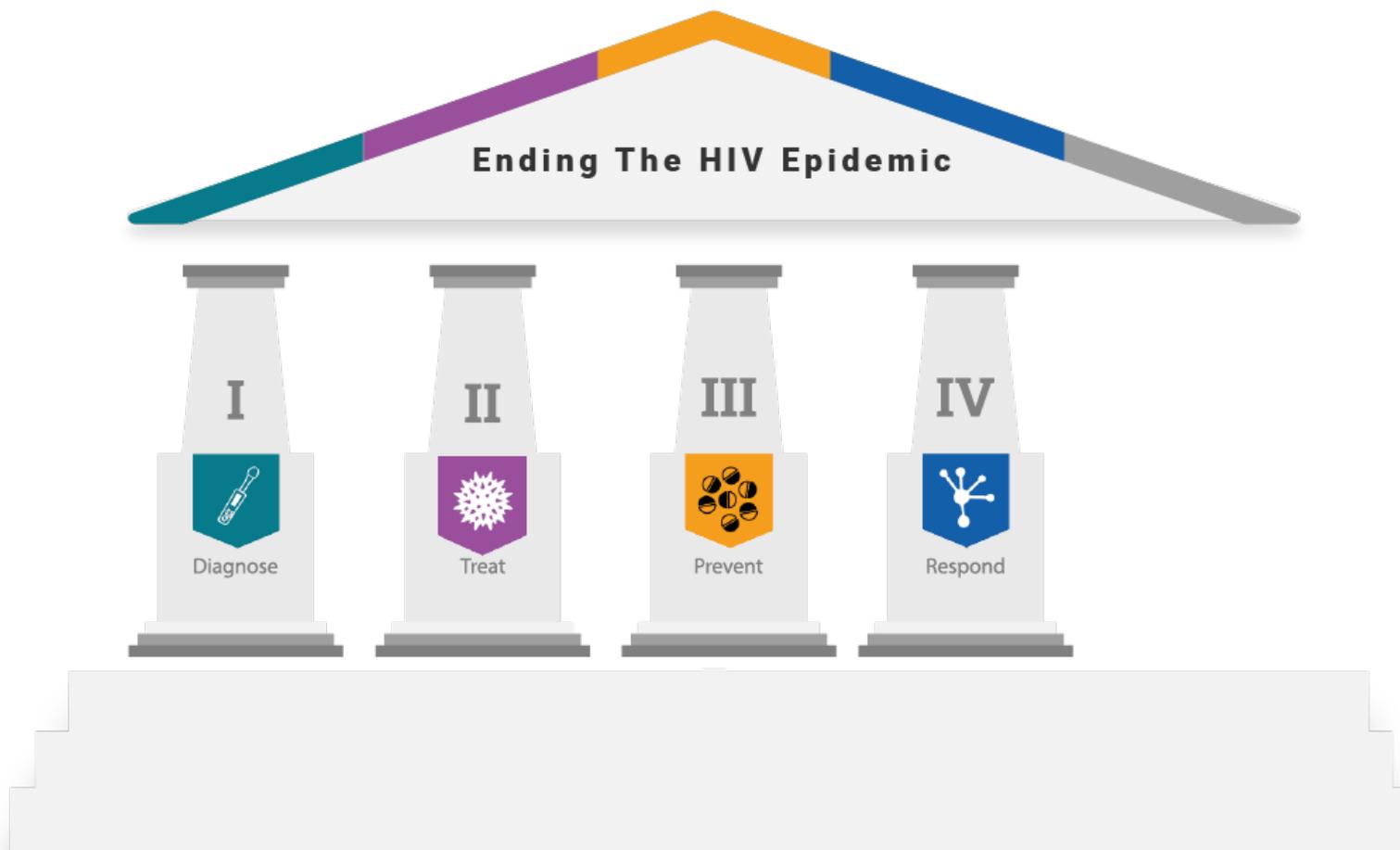
**Worth Checking Out – Additional Presentations by Our Partners**

	<b>Incidence of Syphilis Among Persons With Recent HIV Diagnoses – Connecticut, 2016</b> (Poster Presentation #16205)	Connecticut Department of Public Health	Mukhtar Mohamed	Thursday, August 13 4pm - 4:25pm (Subject to change)
	<b>Using Data Tools and Partnerships to Provide Innovative Disruption.</b> (Session #16164)	Atlanta EMA Planning Council	Sandra Vincent	Thursday, August 13 4:30pm - 5:30pm (Subject to change)



# Cross-cutting Themes Across All Three Sites

# 30 Years of Innovating Care, Optimizing Public Health, Ending the HIV Epidemic



Source: Four Pillars: [Ending the HIV Epidemic: A Plan for America](#), HIV.gov

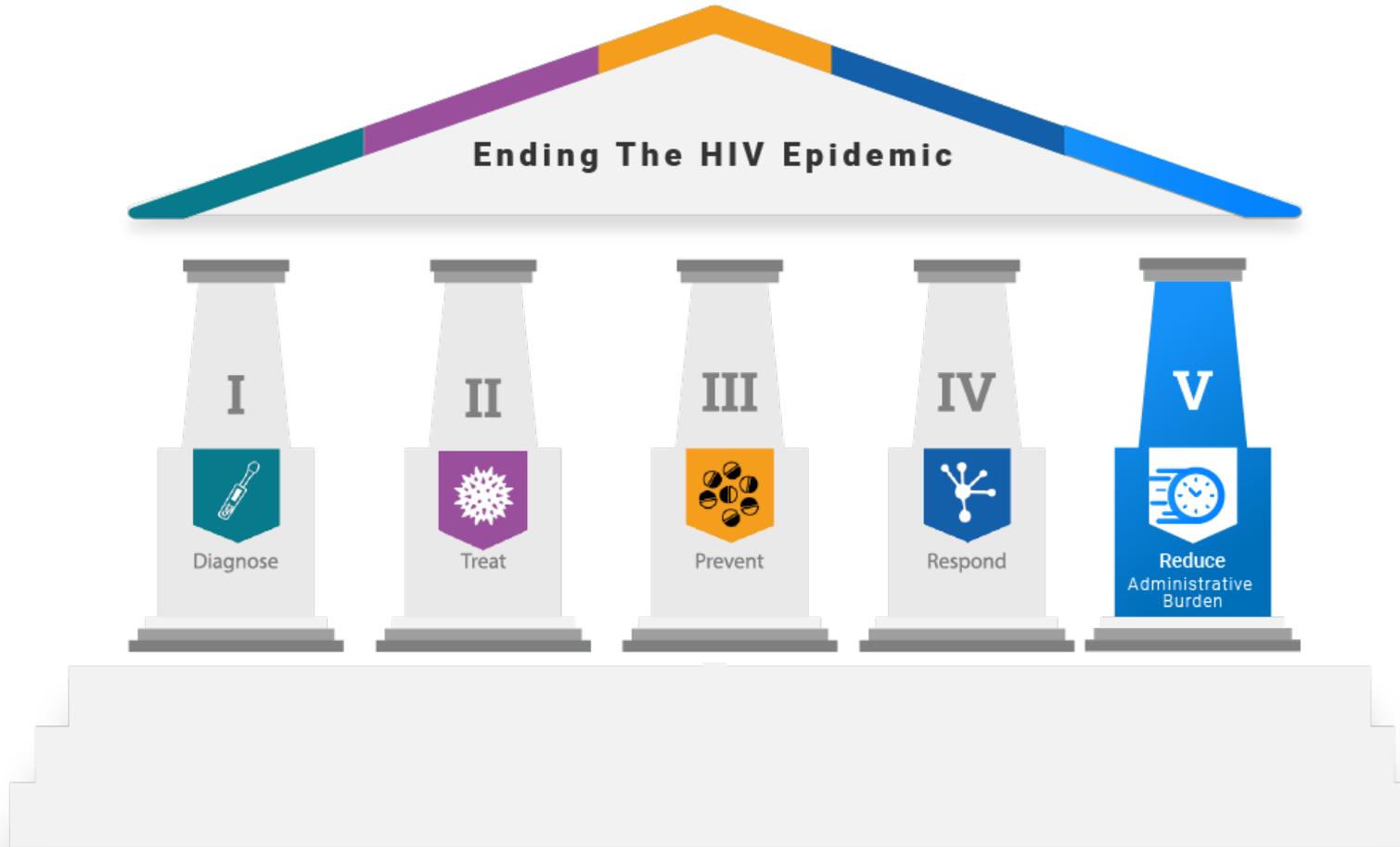
## Reducing Administrative Burden

- Time is our finite resource
- Reduce staff stress, burnout, and turnover
- Burden → empowerment

## Right Data & Right Tools

- Quality
- Actionable
- Useful + Usable

# 30 Years of Innovating Care, Optimizing Public Health, Ending the HIV Epidemic



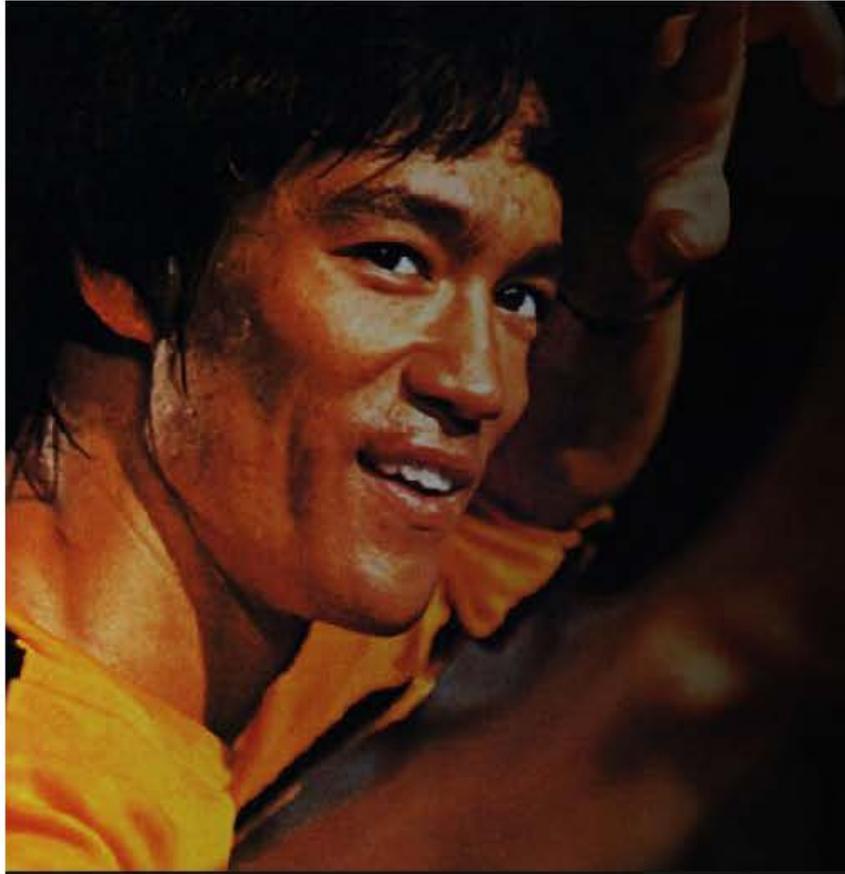
Source: Four Pillars: [Ending the HIV Epidemic: A Plan for America](#), HIV.gov

## Reducing Administrative Burden

- Time is our finite resource
- Reduce staff stress, burnout, and turnover
- Burden → empowerment

## Right Data & Right Tools

- Quality
- Actionable
- Useful + Usable



**Absorb** what is useful,  
**discard** what is useless,  
and **add** what is  
specifically **your own.**

- *Bruce Lee*

# Who are you?

An interactive poll

# Interactive Poll

## Acknowledgments

Centro Ararat

EBNHC

Project SHINE

AHN

RDE Systems

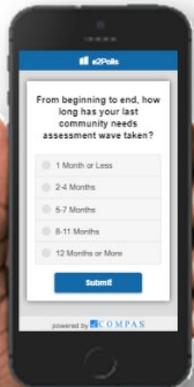
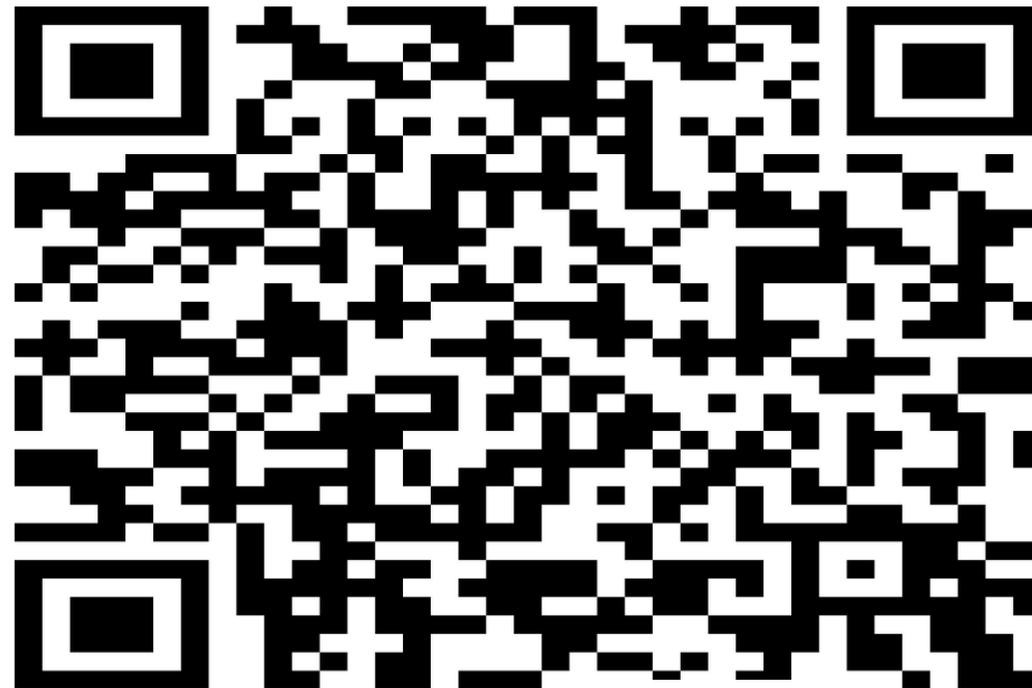
HRSA

 e2Polls.com

Code: **Centro**

Join us on [e2Polls.com/Centro](https://e2Polls.com/Centro)

Access Code: **Centro**



Provided for  
free by  **RDE Red**

# Centro Ararat, Inc.

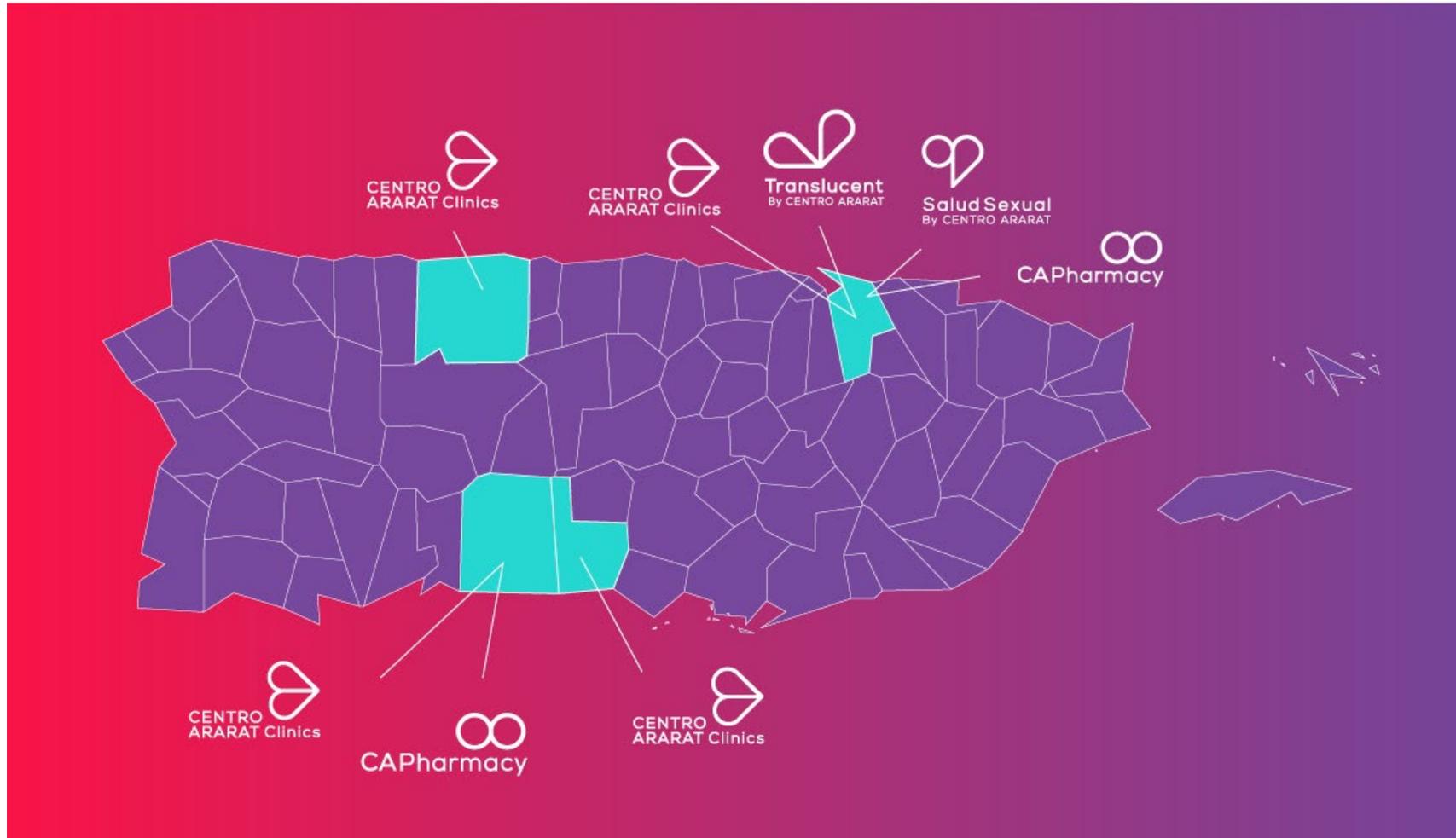
A Story on HIE and Disaster Preparedness

- **Centro Ararat, Inc.**, is a non-profit private, institution with a mission to provide access to comprehensive community-based primary care, mental health care, preventive healthcare and social services for diverse populations in underserved communities throughout Puerto Rico. Founded in Ponce, Puerto Rico in 2001. Centro Ararat currently services more than 2,500 patients Islandwide, of which, 855 are PLWH.
  - RWHAP Part A, B, C & F (SPNS) Provider
  - RWHAP Part C funded since 2014
  - 4 Primary Care Clinics, 2 Special Care Clinics, 2 Pharmacies (340B)

# Centro Ararat, Inc



VIRTUAL  
2020 NATIONAL  
RYAN WHITE  
CONFERENCE ON  
HIV CARE & TREATMENT



## Challenges:

- Legacy system going out of business March 2016.
- No Data available after legacy system was shut down.
- Data migration from legacy system to a new system to prevent loss of data and to run RSR (federal reports)
- Constrained resources (time & money)
- Tracking client eligibility
- No system for measuring data quality and productivity

# How did Centro Ararat solve these problems?



- **Emergency Rescue Mission**
- Centro Ararat and RDE Systems Collaboration
- Beginning of ... e2Centro!
- Intense data cleanup by CA team of the legacy system's data
- Stakeholder were involved in testing and review of Prototypes
- Successful training conducted across the network

# e2Centro Timeline



# Outcomes

e2Centro project kick off **March, 2016.**

System developed and launched in 8 months!  
**November, 2016.**

# Success!



- ✓ Training for **50 users** across **3 sites** in Puerto Rico
- ✓ Approx. **4,500 client** records migrated from Legacy System to e2Centro
- ✓ **2.8 Million data points** migrated from Legacy System to e2Centro
- ✓ **RSR-Ready System** and on-time RSR Report Submission

# E2 Visual RSR built-in

Summary Demographic Data Visit Data Create Export File Resources

### Clickable RSR Report

**Report Options**

Select RSR Reporting Period:  Current Period (2014)  Custom Dates  Calendar Year

Report Format:  **Ability to choose which report format to run the report for.**

Substitute missing values:

Run Report

Total clients in this report: **553**

**Errors, Warnings, and Alerts by Category**

10 records per page

**Dynamic search box**

Error Type	Error Message	Client Count
Warning	Clients missing Poverty Level	552
Warning	Clients missing Medical Insurance	131
Warning	Clients missing Housing Status	122
Warning	Clients with Male or Unknown Gender with a Cervical Pap Smear	1
Error	Ethnicity is not set for this record	198
Alert	Clients Screened for Hepatitis B Since HIV Diagnosis missing RWHAP-funded Ambulatory Care Visits	543
Alert	Clients Screened for TB Since HIV Diagnosis missing RWHAP-funded Outpatient/Ambulatory Care Visits	543
Alert	Clients with Vaccinated for Hepatitis B missing RWHAP-funded Outpatient/Ambulatory Care Visits	415
Alert	Clients missing HIV Risk Factors	265
Alert	Clients age 90 or older	121

Showing 1 to 10 of 22 entries

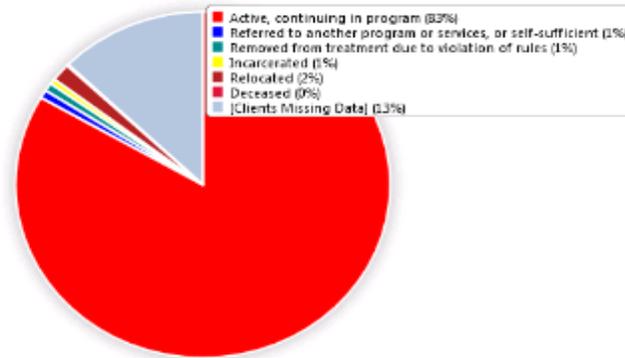
← Previous 1 2 3 Next →

**Clickable client drill downs**

# Visual RSR Completeness Report



## Enrollment Status



Enrollment Status	Count	Total Percent
Active, continuing in program	653	83.40 %
Referred to another program or services, or self-sufficient	6	0.77 %
Removed from treatment due to violation of rules	6	0.77 %
Incarcerated	4	0.51 %
Relocated	13	1.66 %
Deceased	1	0.13 %
[Clients Missing Data]	100	12.77 %
Total Clients	783	100.00 %



**2,315+** end-user hours saved!

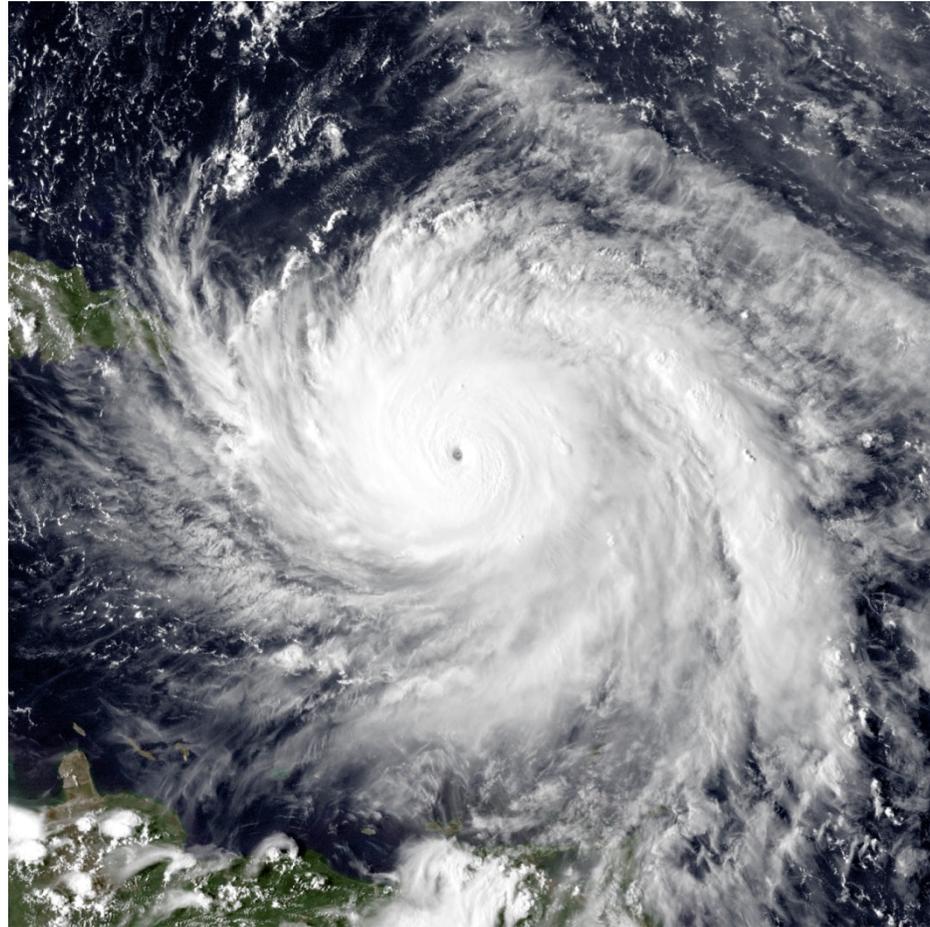
**No-double data entry**

**Happy end users** 😊

And then...



# Natural Disaster



Hurricane Maria  
September 2017

# Access Problems



- Network, servers, EMRs down.
- No telephone connection.
- Intermittent internet.
- No access to client records impacting outreach and **medication delivery.**

# e2Centro Team Response



- CA reached out to RDE for assistance.
- RDE developed a custom export file within two hours.
- Export file contained patient-level data.

# Positive Outcomes



- Recipient's staff could easily download the file from e2Centro.
- The file enabled CA to locate patients, facilitating outreach and **successful medication delivery** amidst the devastation.
- The report is helping CA on an on-going basis.

- **“Thanks to you and your team for the help. The report is very helpful to us in this moment”**
- *- Clinical Data Administrator, Centro Ararat Inc*

# System Improvements

- Automated Eligibility Module
- Service and Productivity Report
- Data Quality Report

# Document Tracker



### New Entry | Document Tracker

\* Form Type

\* Document Type

\* Signage / Effective Date

\* Document

10 records per page

Form Type	Document Type	Signage / Effective Date	Document	Action
Income Verification	W2	06/01/2020	<input type="button" value="View"/>	<input type="button" value="🔍"/> <input type="button" value="✎ Edit"/> <input type="button" value="🗑 Delete"/>

Showing 1 to 1 of 1 entries  1

**4,425**

**Documents Securely Uploaded in  
e2Centro**

# Eligibility

Full Name Smith, John

DOB 01/01/1800

MRN ABC123

RWID

RW Cap / \$1,250.00

Sliding Scale

Fee

RW Paid \$0.00

RW \$1,250.00

Remaining

Eligibility ⓘ **Ineligible**  
[History](#)  
[Audit Report](#)  
[Chart](#)

**Reasons for Ineligibility:**

- No Patient Responsibility Document.
- No Currently Valid Consent Document.

Full Name Smith, John

DOB 01/01/1800

MRN ABC123

RWID

RW Cap / \$1,250.00

Sliding Scale

Fee

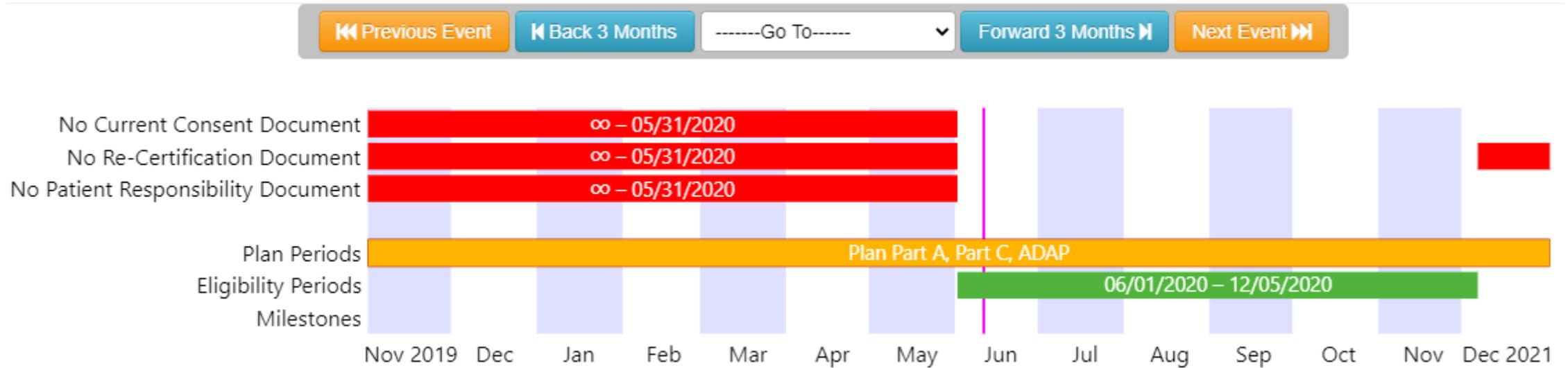
RW Paid \$0.00

RW \$1,250.00

Remaining

Eligibility ⓘ **Eligible for: Part A San Juan, Part C, ADAP**  
Begin Date: 06/01/2020  
End Date: 12/05/2020  
[History](#)  
[Audit Report](#)  
[Chart](#)

# Eligibility History Chart



# Service and Productivity Report



## Service and Productivity Report

Service category: Doctor Visit

MRN	Employee Name	Total time	Contract; Service and Subservice name	Unit Notes
06/10/2020 *****	John Smith	38min	Funding X (FY2020) Doctor Visit - Bupre Visit	*****
06/10/2020 *****	John Smith	1hr 10min	Funding X (FY2020) Doctor Visit - Bupre Visit	*****
06/10/2020 *****	John Smith	21min	Funding X (FY2020) Doctor Visit - Bupre Visit	*****
06/10/2020 *****	John Smith	1hr 10min	Funding X (FY2020) Doctor Visit - Bupre Visit	*****
06/10/2020 *****	John Smith	21min	Funding X (FY2020) Doctor Visit - Bupre Visit	*****

**Total Services delivered: 5, Total Time: 3hr 40min**

# Data Quality Report

## Service De-Duplication

Duplicate RSR Core Services <span>?</span>	Total Clients With Duplicate Services	Total Clients Without Duplicates	Total Percentage of clients with duplicate/missing data
Outpatient Ambulatory Medical Care	0	7042	0.00 %
Mental Health	0	7042	0.00 %
Medical Nutritional Therapy	0	7042	0.00 %
Medical Case Management Services	0	7042	0.00 %

Screenings for Services that are <u>Funding by Ryan White</u> <span>?</span>	Total Clients With Screenings for Services that are <u>Funding by Ryan White</u>	Other Clients	Total Percentage of clients with duplicate/missing data
Health Education/Risk Reduction	1	7041	0.01 %
Treatment Adherence Counseling	1	7041	0.01 %
HIV Risk Reduction Screening / Counseling	1	7041	0.01 %
Mental Health Screening	0	7042	0.00 %
Substance Abuse Screening	0	7042	0.00 %
Tobacco Use Screening	0	7042	0.00 %

# Data Quality Report Drilldown



## 🔍 Clients Drilldown - Health Education/Risk Reduction

10 records per page

Search:

MRN	E2ID	First Name	Last Name	Deficient Items	
ABC123	ABC123	John	Smith	<ul style="list-style-type: none"><li>Medical - Immunizations - Hepatitis A, Hepatitis B, and HPV records with incomplete Series Dates and Immunization Status = "Complete".</li><li>H&amp;I Status - Insurance Name (Centro Ararat)</li><li>Medical - Medications - Medications other than Septra, Dapsone, Meprone, Zithromax and Biaxin where PCP Prophylaxis or MAC Prophylaxis is checked</li><li>Screenings for Services that are <a href="#">Funding by Ryan White</a> - Health Education/Risk Reduction</li><li>Screenings for Services that are <a href="#">Funding by Ryan White</a> - Treatment Adherence Counseling</li><li>Screenings for Services that are <a href="#">Funding by Ryan White</a> - HIV Risk Reduction Screening / Counseling</li></ul>	<a href="#">View</a>

Showing 1 to 1 of 1 entries

← Previous 1 Next →

# Centro Ararat's Future Vision



- Visual Analytic Report
- HAB Performance Measures Report
- Clinical Quality Management (CQM)
  - Outcomes Module
  - Ryan White Compliance Report
- Prevention Module
- Automated EMR Integration Pilot to Save Staff Time and to Improve Data Consistency

# Visual Analytics Report



## 1. Select Dates and Services

\* Specify Provider(s):

Specify Service Category(s):

Service Date Range: \* From Date:   \* To Date:  or Select:

You have not selected any services, so all the clients in the system are included in this report.

## 2. Custom Filters

Viral Load:   and

Include clients without Viral Load tests  Include clients with undetectable Viral Loads

Age Range:  Between  and

(Born between 06/11/1969 and 06/10/1995, inclusive.)

Add Filter:

## 3. Display Options

\* Select Section:

Break down by (select up to two):

# Visual Analytics Report

## e2Centro Visual Analytics Report

HAB - Viral Load Suppression

HAB - Prescribed Antiretroviral Therapy (ART)

HAB - Medical Visits Frequency

HAB - Gap in Medical Visits

HAB - PCP Prophylaxis

Export to PDF

Export to Excel



Table 1: HAB - Viral Load Suppression

	# Clients	%
Compliant	748	46.5%
Non-Compliant	861	53.5%
Total	1609	100%

Table 1: HAB - Viral Load Suppression

**Compliant (Numerator):** Out of the patients in the denominator, # of patients with a HIV VL less than 200 copies at last HIV VL test during measurement period.

**Non-Compliant:** Patients in the denominator that are not in the numerator

**Total (Denominator):** Number of patients with at least one medical visit in the measurement period.

**Exclusions:** None.

# HAB Performance Measures



## Core Performance Measures

Performance Measure	Numerator	Denominator	%
Viral Load Suppression <a href="#">?</a>	748	1609	46.49 %
Prescribed Antiretroviral Therapy (ART) <a href="#">?</a>	718	1610	44.60 %
Medical Visits Frequency <a href="#">?</a>	3	1290	0.23 %
Gap in Medical Visits <a href="#">?</a>	1602	1605	99.81 %
PCP Prophylaxis <a href="#">?</a>	25	38	65.79 %

# CQM – Outcomes Module



## Outcomes

Fiscal Year:

FY2020

Apply Filter

## Access to Care

Category	Unduplicated Clients Targets												Total
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Total Number of HIV Patients	10	10	10	10	10	10	10	10	10	10	10	10	120
Total Number of HIV Patients in RW C Program	5	5	5	5	5	5	5	5	5	5	5	5	60
Number of New Patients Enrolled in HIV	5	5	5	5	5	5	5	5	5	5	5	5	60
<b>Total</b>	20	20	20	20	20	20	20	20	20	20	20	20	240

# CQM - Ryan White Compliance Report



## Compliance Report

Fiscal Year: 2019

Month: May

Run Report

Export to PDF

Export to Excel

## Access to Care

Category	CA Ponce	CA Juana Diaz	CA San Juan	CA Arcibo	Translucent	Total	Goal	%
Total Number of HIV Patients ?	5	3	1	0	0	9	10	90.00 %
Total Number of HIV Patients in RW C Program ?	5	3	1	0	0	9	15	60.00 %
Number of New Patients Enrolled in HIV ?	5	2	1	0	0	8	15	53.33 %

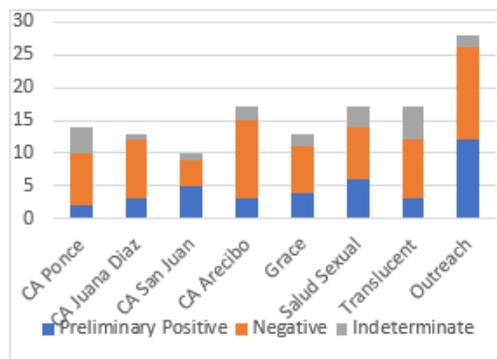
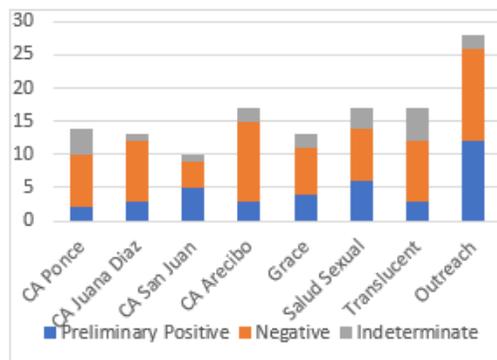
# Prevention Report



## Prevention Report: HIV Testing

Export to PDF

Export to CSV



Clinic	Preliminary Positive	Negative	Indeterminate	Total
CA Ponce	2 (29%)	8 (55%)	4 (16%)	14 (100%)
CA Juana Diaz	3 (29%)	9 (55%)	1 (16%)	13 (100%)
CA San Juan	5 (29%)	4 (55%)	1 (16%)	10 (100%)
CA Arecibo	3 (29%)	12 (55%)	2 (16%)	17 (100%)
Grace	4 (29%)	7 (55%)	2 (16%)	13 (100%)
Salud Sexual	6 (29%)	8 (55%)	3 (16%)	17 (100%)
Translucent	3 (29%)	9 (55%)	5 (16%)	17 (100%)
Outreach	12 (29%)	14 (55%)	2 (16%)	28 (100%)
<b>Total</b>	<b>38 (29%)</b>	<b>71 (55%)</b>	<b>20 (16%)</b>	<b>129 (100%)</b>

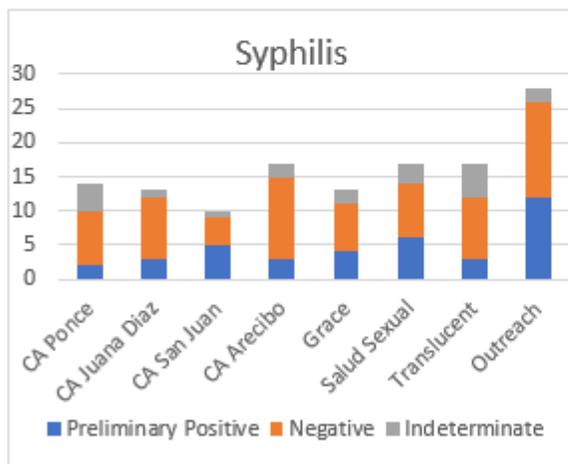
Sex at Birth	Preliminary Positive	Negative	Indeterminate	Total
Male	2 (29%)	8 (55%)	4 (16%)	14 (100%)
Female	3 (29%)	9 (55%)	1 (16%)	13 (100%)
<b>Total</b>	<b>38 (29%)</b>	<b>71 (55%)</b>	<b>20 (16%)</b>	<b>129 (100%)</b>

# Prevention Report

## Prevention Report: STI Testing

Export to PDF

Export to CSV

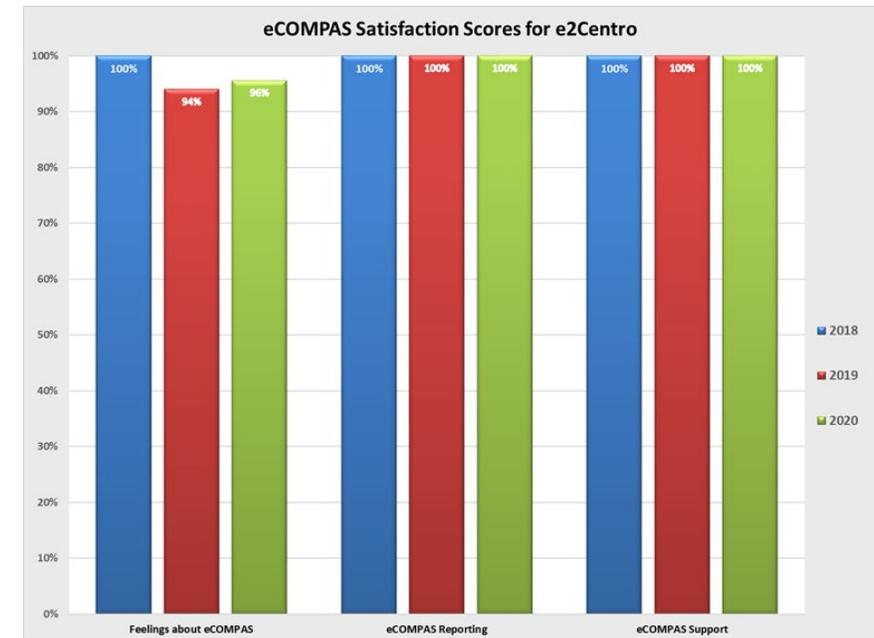


### Syphilis

Clinic	Positive	Negative	Inconclusive	Total
CA Ponce	2 (29%)	4 (57%)	1 (14%)	7 (100%)
CA Juana Diaz	2 (29%)	4 (57%)	1 (14%)	7 (100%)
CA San Juan	2 (29%)	4 (57%)	1 (14%)	7 (100%)
CA Arecibo	2 (29%)	4 (57%)	1 (14%)	7 (100%)
Grace	2 (29%)	4 (57%)	1 (14%)	7 (100%)
Salud Sexual	2 (29%)	4 (57%)	1 (14%)	7 (100%)
Translucent	2 (29%)	4 (57%)	1 (14%)	7 (100%)
Outreach	2 (29%)	4 (57%)	1 (14%)	7 (100%)
<b>Total</b>	<b>16 (29%)</b>	<b>32 (57%)</b>	<b>8 (14%)</b>	<b>56 (100%)</b>

# User Feedback

- ***“The system is great!”***
  - RN, Ponce, 6/13/18
- ***“RSR is very easy and smooth compared to Aviga.”***
  - Administradora de Data Clínica, Centro Ararat, Inc.
- ***“I like e2, it is easy to enter information. Thank you!”***
  - Receptionist, Centro Ararat, Inc., 3/13/20
- ***“Your efforts and dedications are not taken for granted.”***
  - Chief Technology Officer, Centro Ararat, Inc.,
- ***“Thank you Anusha and team for delivering the “Data Quality Report” ahead of schedule.”***
  - Chief Technology Officer, Centro Ararat, Inc.
- ***“The labs and immunizations tabs are awesome, very helpful!”***
  - RN, Ponce, 6/13/18



# Team Effort – Thank You Dr. Melendez and the joint Centro Ararat / RDE Team!



# Allegheny Health Network

- **The Allegheny Health Network Positive Health Clinic (PHC)**
  - Ryan White HIV/AIDS Program Part C
  - Providing HIV primary care since 1996
  - Part C funded since 2002
- Located in Pittsburgh, PA and Allegheny County, the second highest incidence and prevalence county for HIV/AIDS in Pennsylvania
- Structured within the Allegheny Health Network (AHN) system comprised of 8 hospitals, and more than 200 primary- and specialty-care practices
- Multidisciplinary treatment and support team: Providers, Nurses, Medication Room, Social Workers, Peer Advocate, Quality Management and Data Analyst team, Office coordinators

## Problems:

- Closure of legacy system mid-2016
- AHN needed an RSR-ready system capable of storing data relevant to RWHAP, Quality Management Program, EMR integration and beyond
- No capability to produce HAB reports from Legacy System.
- Manual data entry; poor utilization of resources
- Lack of available resources within AHN's Information Technology department

# How did we solve the problem?



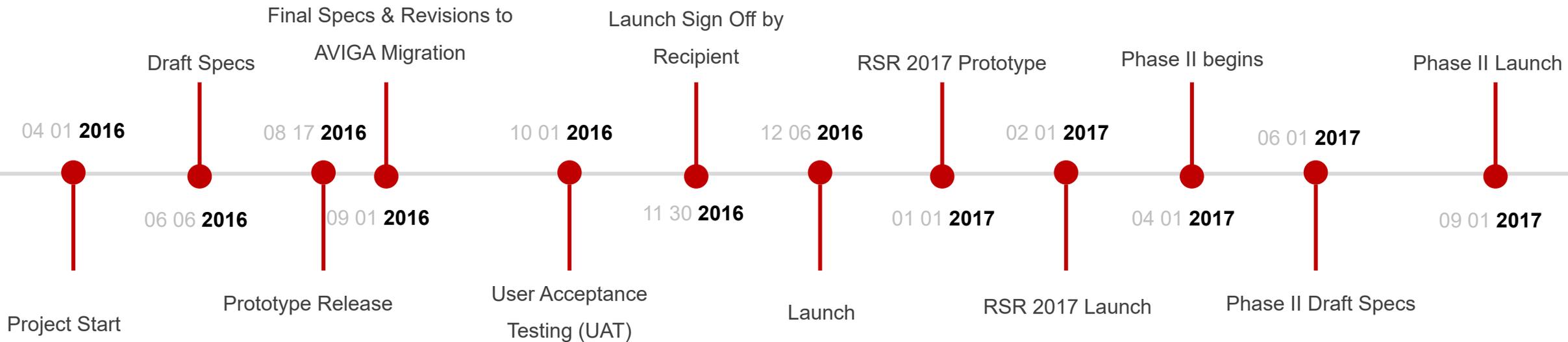
- **Rescue Mission:** Quality Management Coordinator (QMC) facilitated engagement and successful collaboration with RDE systems.
- Legacy data clean up by QMC.
- Creative thinking and brainstorming
- Successful partnership
- Beginning of e2Allegheny... 😊

# Success!



- ✓ Nearly **1,500+ client** records migrated from Legacy System to e2Allegheny
- ✓ **1.6 Million data points** migrated from Legacy System to e2Allegheny
- ✓ **RSR-Ready** System and on-time RSR Report Submission. Generating the RSR Submitted 03/21/2017, **without errors.**

# e2Allegheny Timeline



**System developed and launched in 8 months!**

# On-going Data Import



- Challenges
- Services: avg. 270/week
- Lab results: avg. 250/week
- Immunizations: avg. 35/week
- **Current e2 Data Import System utilized to import data into e2 on a weekly basis saving time!**

## Challenges: lack of available resources within AHN Information Technology department

- Work within the boundaries of the RWHAP staff resources
- Unable to pursue HL7
- Set-up import module

# EMR Integration Success



## Success:

- e2Allegheny Data Import System Enhanced to Comply with Current EMR System
- Data Administrative Features introduced to assist AHN Staff to easily address Data Inconsistencies between EMR and E2Allegheny immediately

# HAB Performance Reporting



## Challenges:

- Prior to e2Allegheny, took **6-7 hours** to generate.
- Results distributed by Data Analyst

# Success- One-click HAB Performance Reporting possible in e2.



*“I almost cried the first time I did it! It was so easy and wonderful.”*

–Samantha McGraw, Data Analysis and Reporting Coordinator

# Positive Outcomes



- Time and Effort Savings
- Getting data out of e2 is Easy
- Improved Data Quality and Consistency using Data Exchange
- Staff time better utilized on Client Care

# AHN's Future Vision



Data and Visual Analytics of all the client data within the system to assess trends and assist in planning

# AHN Case Study



VIRTUAL  
**2020 NATIONAL  
RYAN WHITE  
CONFERENCE ON  
HIV CARE & TREATMENT**



# e2Allegheny Team



VIRTUAL  
**2020 NATIONAL  
RYAN WHITE  
CONFERENCE ON  
HIV CARE & TREATMENT**





# East Boston Neighborhood Health Center (EBNHC)/Project SHINE



# Our Mission

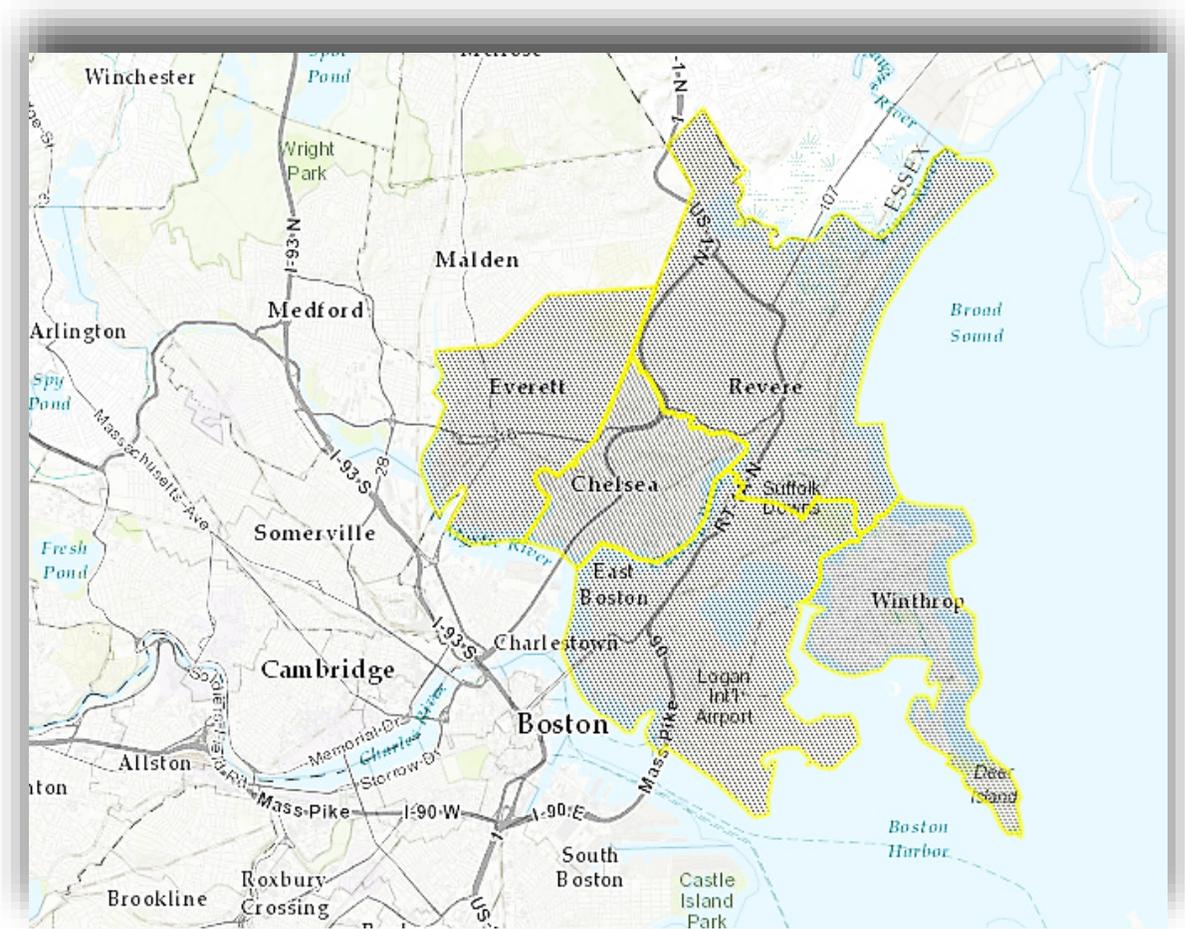


Our Mission is to provide easily accessible, high quality, safe health care to all who live and work in East Boston and the surrounding communities, without regard to age, income, insurance status, language, culture, or social circumstances. Regardless of Ability to Pay



# About EBNHC

- Major provider of care
    - As of 7/1/2020 merged with South End Community Health Center
  - Diverse, low-income community
    - 71% live below 200% of the federal poverty level
    - 65% are served best in a language other than English
  - Over 85,000 patients\*
  - Over 300,000 Visits\*
  - Over 1,100 Employees
- \*18 Month Period



# About Project SHINE



## Support Healthcare Intervention and Education

- Serving individuals leaving with HIV/AIDS/ affected and at risk for over 25 years
- Provide a comprehensive integrated delivery system of care that is accessible, patient centered, culturally competent and compassionate
- One stop shop/Team model of care
- Linking patients to care - 10.2 days average
- Achieved 98% viral load suppression
- Multiple funding streams with different reporting requirements- Part C, Part A, BPHC, MA DPH/OHA
- Limited resources

# Meet the SHINE Team



- ❖ Medical Director/Infectious Disease Specialist
- ❖ Nurse Practitioner
- ❖ Program Director
- ❖ Manager
- ❖ Complex Care RN
- ❖ Prevention Screening & Referrals Program Coordinator
- ❖ PrEP Coordinator
- ❖ 2 Health Educators
- ❖ 3 Medical Case Managers
- ❖ Linkage and Retention Social Worker
- ❖ Linkage and Retention Specialist
- ❖ Admin Secretary
- ❖ Peer Leader
- ❖ Consumer Advisory Board

# Challenges



- Fragmented data systems
- Double data entry- e2Boston (Part A data collection system) and EMR (Epic)
- Data inconsistencies and data quality issues
- Inability to generate patient level data reports- RSR

# RSR Challenges



# Vision...



A single comprehensive Part A and Part C system that could:

- ✓ **Reduce staff time and stress**
- ✓ **Automatically share Part A data with BPHC without the need for double data entry.**
- ✓ **Serve as a **seamless comprehensive data collection/reporting system** that could interface with EMR**
- ✓ **Improve Data Consistency and Data Quality**
- ✓ **Provide capability to run useful meaningful reports for both Part A and Part C Quality Management**
- ✓ **Produce a single RSR XML file**

# Solution



- ✓ EBNHC applied for a 'HRSA Part C Capacity Building Grant' in 2015
- ✓ Maximized existing platform- e2Boston (BPHC-Part A)
- ✓ Successful collaboration and partnership with RDE Systems and BPHC
- ✓ HRSA Part C Capacity Building Grant Awarded to EBNHC!
- ✓ Created e2shine project team- included program staff
- ✓ **e2SHINE** was developed! 

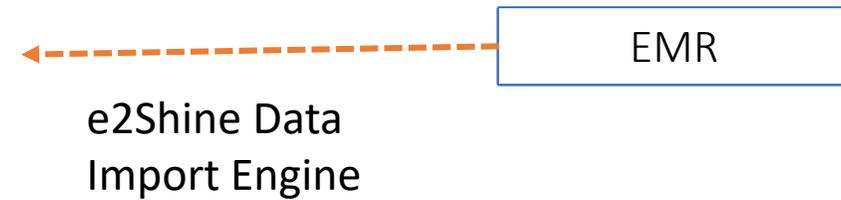
# What is e2SHINE?



- e2SHINE - powered by eCOMPAS and e2Boston
- e2SHINE is a system within e2Boston- **Unique design and model**
- e2SHINE is a comprehensive Part A and Part C HIV data system with **Secure Automated Data Sharing** with Part A (BPHC)
- **e2Boston intelligently re-directs the user to e2SHINE based on 'Roles and Permissions' of the user accounts**
- e2SHINE works alongside EBNHC's EMR

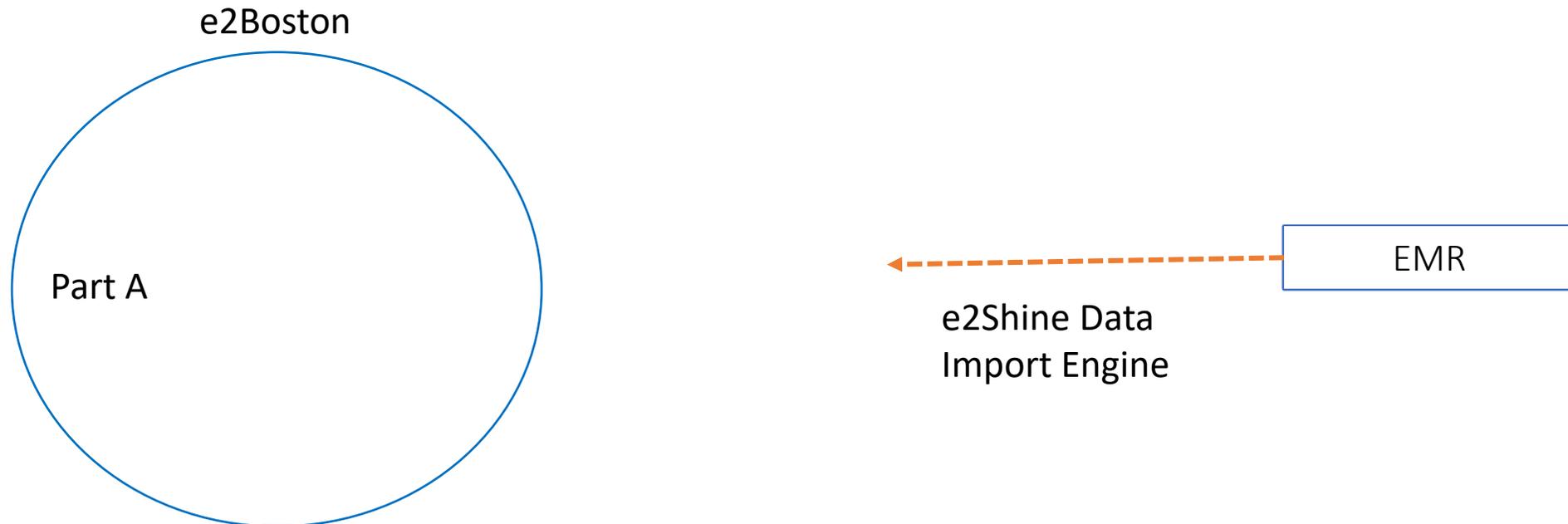
# How does e2SHINE interface with e2Boston?

- It's seamless!



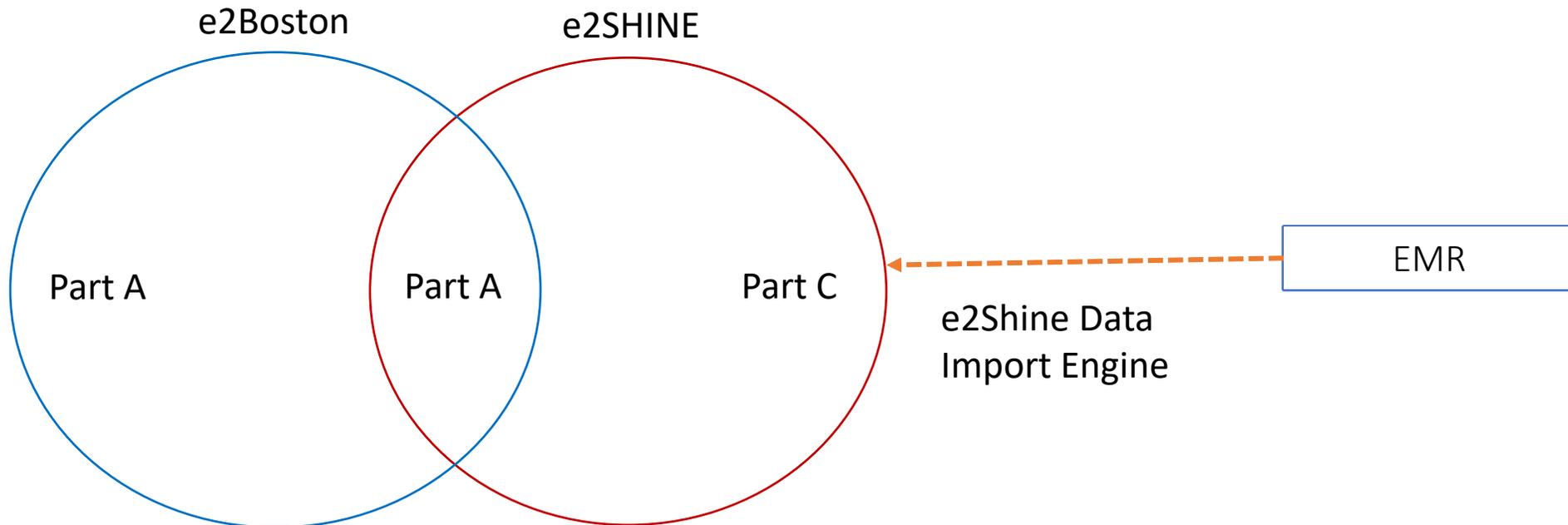
# How does e2SHINE interface with e2Boston?

- It's seamless!



# How does e2SHINE interface with e2Boston?

- It's seamless!



# How to distinguish Part A and Part C client?

The screenshot shows the e2Shine interface with a blue header. A red warning banner reads "THIS IS AN RDE DEMO SITE. DO NOT". Below the header, there are tabs for "Intake Information", "Demographics", and "HIV Sta". The "Intake Information" tab is active, displaying a list of client details: Name (Fake, Test), Gender (Male), DOB (03/08/2007), Client Code (TES0308078886U), UCI (TSFK0308071U), and Visible to BPHC (Yes). A red box highlights the "Visible to BPHC" field. At the bottom, there is a "Progress Notes" section with a pencil icon and a blue circle containing the number "0".

Name	Fake, Test
Gender	Male
DOB	03/08/2007
Client Code	TES0308078886U
UCI	TSFK0308071U
Visible to BPHC	Yes

Progress Notes 0

# How to distinguish Part A and Part C client?

The screenshot shows the e2Shine interface with a blue header. A red warning banner reads "THIS IS AN RDE DEMO SITE. DO NOT". Below the header, there are tabs for "Intake Information", "Demographics", and "HIV Sta". The "Intake Information" tab is active, displaying a list of client details: Name (Fake, Test), Gender (Male), DOB (03/08/2007), Client Code (TES0308078886U), UCI (TSFK0308071U), and Visible to BPHC (Yes). A red box highlights the "Visible to BPHC" field. At the bottom, there is a "Progress Notes" section with a pencil icon and a blue circle containing the number "0".

Name	Fake, Test
Gender	Male
DOB	03/08/2007
Client Code	TES0308078886U
UCI	TSFK0308071U
Visible to BPHC	Yes

Yes = Client has Part A services under "services" screen.

# The Story of Walter, IT and RDE...

# Introducing...e2Shine Superhero



# Success!



System launched **November, 2017**

**256 Part C clients** in e2SHINE

**299,500+ data points** imported to e2SHINE

**544,500+ data points** securely and automatically shared with Part A (BPHC)

**830+ hours** Staff Time Saved!

# Qualitative Feedback



- *"Time to celebrate. You are all incredible. I know it was arduous at times but your efforts paid off and result in this welcomed outcome. Many thanks to each of you."*
- *"Thank you for all your hard work and investment in this project."*
- *"I want to thank you and your team for going above and beyond and supporting us in our first RSR submission using e2SHINE. You and your team spent many hours walking us through on how to be able to complete all of the data import that would enable us to generate our XML file for RSR submission. As a result of this collaborative effort, I am happy to report we successfully submitted 2017 RSR. We could not have don't this without you and your team's support"*
- *"It is a very friendly platform"*

- Automated EMR Integration Pilot to Save Staff Time and to Improve Data Consistency.
- Performance Measures Reporting for both Part A and Part C client for a 'global view' of the site's performance.
- Further expansion to include other funding streams/program components

# Lessons Learned



- Stakeholder involvement from inception.
- Rescue mission was an emergency mode, with partners working together to do whatever it takes.
- Team work and good partnerships bridge the knowledge gap between Program and Technology making Data System Easier to Use.
- Pick your partners wisely!

# Final Thoughts Across All Three Sites

How can we accomplish ambitious goals?



How can we accomplish ambitious goals?



One bite at a time.

# Thank You!



Marianela De La Cruz Fraticelli  
[mdelacruz@centroararat.org](mailto:mdelacruz@centroararat.org)



Elisa Sosa  
[SosaE@EBNHC.org](mailto:SosaE@EBNHC.org)



Jesse Thomas  
[Jesse@rdesystems.com](mailto:Jesse@rdesystems.com)



*Free and innovative resources to end the epidemic*

[www.RDE.org/Red](http://www.RDE.org/Red)