

Using Technology to Coordinate HIV Prevention, Care & Treatment Services

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Disclosures

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Discuss the use an integrated management information system (MIS) for the coordination of care across multiple funded services to monitor and improve clients' clinical health outcomes and integrating performance measure data into decision making for enhancing and expanding services in HIV care.
2. Explain how the Ryan White Part A Program is using an MIS to address challenges via data sharing agreements with multiple Funders of HIV prevention, care and treatment services.
3. Explain how multiple Funders collaborate and interact to ensure continuity of HIV prevention, care and treatment services in Broward County.

Goals of Coordination through Technology

- **Maximizing Care and Resources**
- **Improve Data Quality**
- **Client Coordination and Engagement**
- **Improve Accountability**

Maximizing Resources and Care

- **Better integration among providers**
- **Sharing data more efficiently**
- **Reduce the burden of multiple reporting systems**
- **Ensuring payor of last resort**
- **Reducing duplication of services**

Improve Data Quality

- **Standardization of data elements across programs**
- **Streamlining performance standards and outcomes**
- **Focus on services with the most significant impact on client health outcomes**
- **De-duplication of data for planning**

Client Coordination and Engagement

- **Simplify Client Access to Services**
 - Single registration process
 - Shared eligibility assessments and documents
- **Ensuring client engagement of continuous care from diagnosis to treatment to Viral Load suppression (HIV Care Continuum)**

Client Coordination and Engagement

- **Coordination in client care planning across multiple providers**
- **Electronic referrals allowing easier access to follow-up care**
- **Eligible clients referred to resources in the community**

Improve Accountability

- **Establishing billing rules and requirements**
- **Staff allocations by grant/program**
- **Desktop audits and reviews for clients and providers**

The Broward County Experience

Coordination and Data Sharing

- Synchronized real time care coordination of over 7,500 Part A Clients annually.
- Data Sharing with other Funders
 - Part B
 - Part C
 - Part D
 - Part F
 - Housing Opportunities for People Living with HIV/AIDS (HOPWA)
 - Prevention

Management Information Systems Overview

Provide[®] Enterprise (PE)

- **Developed by Groupware Technologies**
- **Utilized since December 1999**
 - **Ensure compliance with federal reporting requirements under the Ryan White Treatment Extension Act 2009**
- **Web-based relational, integrated data system**
- **Used system-wide across a network of 350 end-users**
- **Utilized for electronic reporting**

Recipient Accountability

- Eligibility Management
- Grant and Reporting Management
- Budget and Contract Management
- Reimbursement of services

Eligibility Management

- **Centralized Part A Intake and Eligibility Determination (CIED) for all clients**
 - Required eligibility documentation is collected and scanned into PE and certified by the CIED provider.
 - Client eligibility for Medicaid services is completed during the CIED process, thus helping to ensure payer of last resort
 - Client level eligibility for each service category is determined based on overall needs
 - Client eligibility is re-determined every six months, or upon changes in components that may affect eligibility

Eligibility Management cont.

- Providers serving the client can update information in the Client Profile, including income, insurance and benefit programs at anytime.
- Updates affecting eligibility will alert the provider that the client will need to have their eligibility re-determined.
- Benefit enrollment verifications including ACA module
- System Appointment Scheduler for eligibility assessment and re-assessments

Grant and Reporting Management

- **Client Level Service documentation**
 - Automated Lab and EMR interfaces
- **Captures required federal data reporting elements**
- **Established client-level data requirements**
- **Features a system-wide clinical management call reminder system to ensure continuity of care and coordinated care management**

Grant and Reporting Management cont.



Reporting:

- Features over 150 report templates to manage various Recipient and sub recipient programs operations
- Ryan White HIV/AIDS Program Services Report (RSR)
- Part A-Defined Outcome Measures
- HAB HIV Clinical Performance Measures Report
- HIV Care Continuum Reports
- City of Fort Lauderdale HOPWA Program Data

Budget & Contract Management

- **Entry of Budgets and Allocations**
- **Budget, allocation and contract modifications are all requested, approved, monitored and tracked within the applicable record type**
- **Expense reporting**

Budget & Contract Management cont.

- Budget
 - Approved Budgets and Allocations
- Agency Contracts
 - Documentation of provider administration
- Billing Contracts
 - Billable amounts
 - Services allowable for billing
 - Service Caps
 - Contract overhead
- Invoices
 - Provider invoicing

Contractual Service Management

- **Provider agencies can document for all services**
 - No matter the funding sources
 - System will automatically flag and invoice for services that are Ryan White Part A eligible only
 - Recipient can complete gap analysis to see if eligibility guidelines should be adjusted based on needs for specific services
 - Generates Unbillable Reports for providers to review charges that were improperly billed

Reimbursement of Services cont.

- **Automated Medicaid Verification Checks**
 - Automatically completed every 30 days for clients receiving services
- **Clients automatically inactivated or closed by the system**
 - If providers have not documented services for specific periods of time (i.e. 6 months for Medical Case Management or Mental Health)
 - Can not document services for clients
- **Client expenses and client charge tracking**
- **OAMC client charges are automatically created based on medical visits documented**

Reimbursement of Services



Service Category specific requirements

- Medical & Non-Medical Case Management Progress Logs
- Oral Health Care Client Caps
- Mental Health Assessments and DSM-IV Multi-axial Assessments
- OAMC client service caps defined by the Recipient
- Three Tier Part A Medication Formulary
- Antiretroviral and Other Medication Data Submitted by Outpatient/Ambulatory Medical Care (OAMC) Providers and Local AIDS Pharmacy Assistance Program Claims

Major Accomplishments

- **Monthly Data Reports to inform HIVPC and Committees**
 - Enhanced planning processes to become more data driven
- **Housing Opportunities of People living with HIV/AIDS (HOPWA) Data Sharing Agreement**
 - 90% overlap of HOPWA Clients also seeking Care services
- **Significant improvements in data quality and reporting**
- **Disease Intervention Specialists (DIS) using information to help find clients who have fallen out of the Part A care**
- **Integration of HIV Prevention, Care and Treatment Services**
 - Facilitated opportunities to expand and develop a community wide collaborative care network
- **EMA was nationally recognized in 2014 for its efforts in improving client health outcomes and performance measurement**

Challenges and Lessons Learned

- Establishing data-sharing agreements
- Establishing standardized data elements across programs
- Continuous commitment to training of system required
- Nothing ever stays the same for long – government reporting requirements change
- Getting “Buy-in”
 - The data is usually not “wrong”
- “We want more....”
 - Once you establish data-driven processes, it is never enough data for people to make decisions
- **Measuring outcomes is extremely complex in collaborative data systems**
 - Who gets credit for what
 - Finding common ground and leveling the playing field
 - Not everyone will agree or “speak” the same language



Future Planning

➤ Through Integration of HIV Prevention, Care and Treatment Planning:

- Integration of HIV Counseling and Testing Data For HIV+ Individuals Referred to Care
- Data Sharing with ADAP
- Dual Eligibility Processes (Part B/ADAP & Ryan White Part A)
- Client Eligibility Portal
- Implementing automated Client Satisfaction Surveys once receiving a service

Questions?

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