

Florida's Partnerships for Care (P4C) Demonstration Project:

Data sharing for improved service delivery and health outcomes for persons living with HIV

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Legal Aspects

- MOAs between health centers and Florida Department of Health (FDOH)
- Client consent allowing bi-directional data exchange
- Electronic data sharing via P4C Dashboard
- Verbal data sharing via case conferencing

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P4C Data Sharing

P4C Data Sources:

- Health center EHR
- Florida DOH HIV/AIDS surveillance systems
- Florida DOH STD database (PRISM)

Used for:

- Data-to-Care
- P4C Dashboard
- Outreach and DIS services (partner services, linkage, re-engagement)
- Case conferencing

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Data and Surveillance Systems

- Dashboard
 - ELR, health center EHR, CAREWare, CTLS, ADAP, Provide
- eHARS- integrates with dashboard, used for data matching and quality assurance checks
- PRISM- communicates with eHARS and will have dashboard hyperlink available (saves time, more accurate information, all systems talking to each other)

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Data Matching Process

- Data match comparing health center EHR data to DOH surveillance systems; creates two lists:
 - Matching clients/non-matching clients (identify why they are not in DOH systems and reconcile)
- Dashboard master list (includes data from multiple state systems) compared to eHARS; creates two lists:
 - In system/not in system (identify why they are not in eHARS and reconcile)
- Generate eHARS out-of-care list and identify if clients are 1) health center clients and 2) non-health center clients out of care but living in the service area (using zip codes of health center service areas)

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Development

- Build relationships with health centers, IT staff, etc.
- Set protocols and procedures
- Set up data exchange
 - Health center EHR capability
 - SFTP set up
 - Testing
- Test data transfers; Full data transfers
- Build dashboard and reports
- PRISM
 - Integrate P4C DIS activities into normal/traditional DIS flow/processes
 - Make changes/upgrades to PRISM

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Challenges

- Delays in development and implementation timelines
- Legal Issues
 - MOAs between health department and health centers
 - Client consent forms
- Data Sharing
 - Health centers and their EHR capabilities/costs associated with modifications
 - Format of shared data from multiple EHRs
 - Development time and processes
 - Consistent out-of-care definitions (linkage/retention)

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Successes

- **Case Conferencing**
 - Improves linkage for newly diagnosed clients
 - Improves retention and re-engagement activities
 - Improves partner services and identification of clients with undiagnosed HIV infection
- **Integration with HIV/AIDS Surveillance and STD Data System (PRISM)**
 - Enhancements in matching of HIV/AIDS surveillance data
 - Improves localized data-to-care lists for linkage and re-engagement in care for health center service areas
- **Dashboard Reports**
 - Better access to client-level information for services
 - Reports and follow-up for linkage, re-engagement and viral load suppression
- **PRISM Upgrades**
 - Dashboard hyperlinks in PRISM for DIS
 - Linkage privileges for DIS

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Sustainability

- Anticipation of fully functional dashboard
- PRISM upgrades for existing programs/activities (e.g., P4C DIS given linkage privileges in system, hyperlink to dashboard)
- eHARS/PRISM/dashboard integration; improves functionality and accuracy of data across all systems
- Use P4C as a model to expand similar activities to other health department and health centers statewide
- Established health center partnerships with DIS for partner services, linkage and re-engagement

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