

# **The Whoosh: Innovative Data Exchange to Save Time and Improve Care in Hawaii, Boston EMA, and Riker's Island**

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Commission**

**Jesse Thomas, RDE System Support Group, LLC**

# Hello!

**Jesse Thomas, Project Director**

- **Serving public health for over 18 years, HIV/AIDS programs 12+ years (HRSA, CDC, HUD, NIH)**
- **RDE Systems**
  - **Founded by head technologist teaching at Rutgers University in MPA program**
  - **Human factors slant: People First!**
  - **“A most unique IT company. Mission-driven.”**
- **Technical Manager for over 12 HRSA Special Projects of National Significance**

# Disclosures

New York Health and Hospitals Corporation, Hawaii Department of Health and Boston Public Health Commission have no financial interest to disclose.

Jesse Thomas works as Project Director for RDE System Support Group, LLC.

This continuing education activity is managed and accredited by Professional Education Services Group in cooperation with HSRA and LRG. PESG, HSRA, LRG and all accrediting organization do not support or endorse any product or service mentioned in this activity.

PESG, HRSA, and LRG staff has no financial interest to disclose.

# Learning Objectives

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

1. Recognize how a paradigm of health information exchange can free up time which is more constructively spent on client care and quality improvement.
2. Describe how to adopt and adapt strategies and tools to implement web-based resources to achieve federal compliance and improved quality management.
3. Identify, analyze and evaluate the pitfalls and benefits of implementing health information exchange, including the adoption of federal Office of that National Coordinator (ONC) standards.



# Obtaining CME/CE Credit

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

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

Who are you?



## What is HIE?

Health Information Exchange allows health care professionals and patients to appropriately access and securely share a patient's vital medical information electronically. There are many health care delivery scenarios driving the technology behind the different forms of health information exchange available today.

[Read More >](#)

## HIE Benefits

Sharing updated, electronic patient information with other providers enables you to:

- Access and confidentially share patients' vital medical history, no matter where your patients are receiving care—specialists' offices, labs or emergency rooms
- Provide safer, more effective care tailored to your patients' unique medical needs

[Read More >](#)

**Share it!**

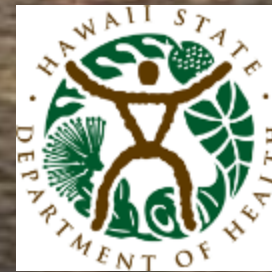
**&**

**Use it!**

# Three Stories

# E2 HAWAII

THE VERY BEST FOR THOSE WHO CARE

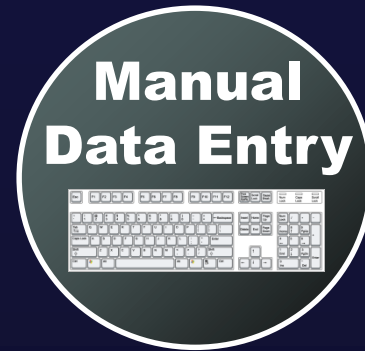
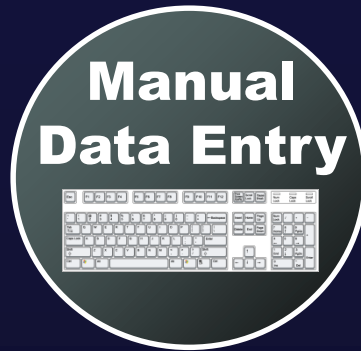
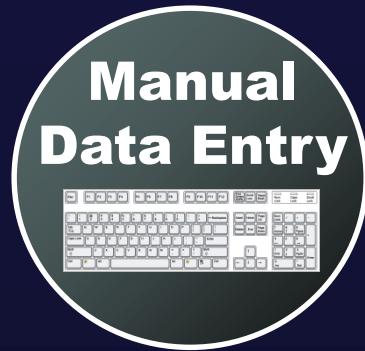


# WAIKIKI HEALTH

MEDICAL & DENTAL • PREVENTIVE CARE • SOCIAL SERVICES

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# The Old Way







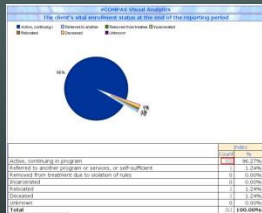
### eCOMPAS Data Import Engine



- Review Imported Data
- Resolve Data Conflicts
- Import Records



### eCOMPAS Visual RSR

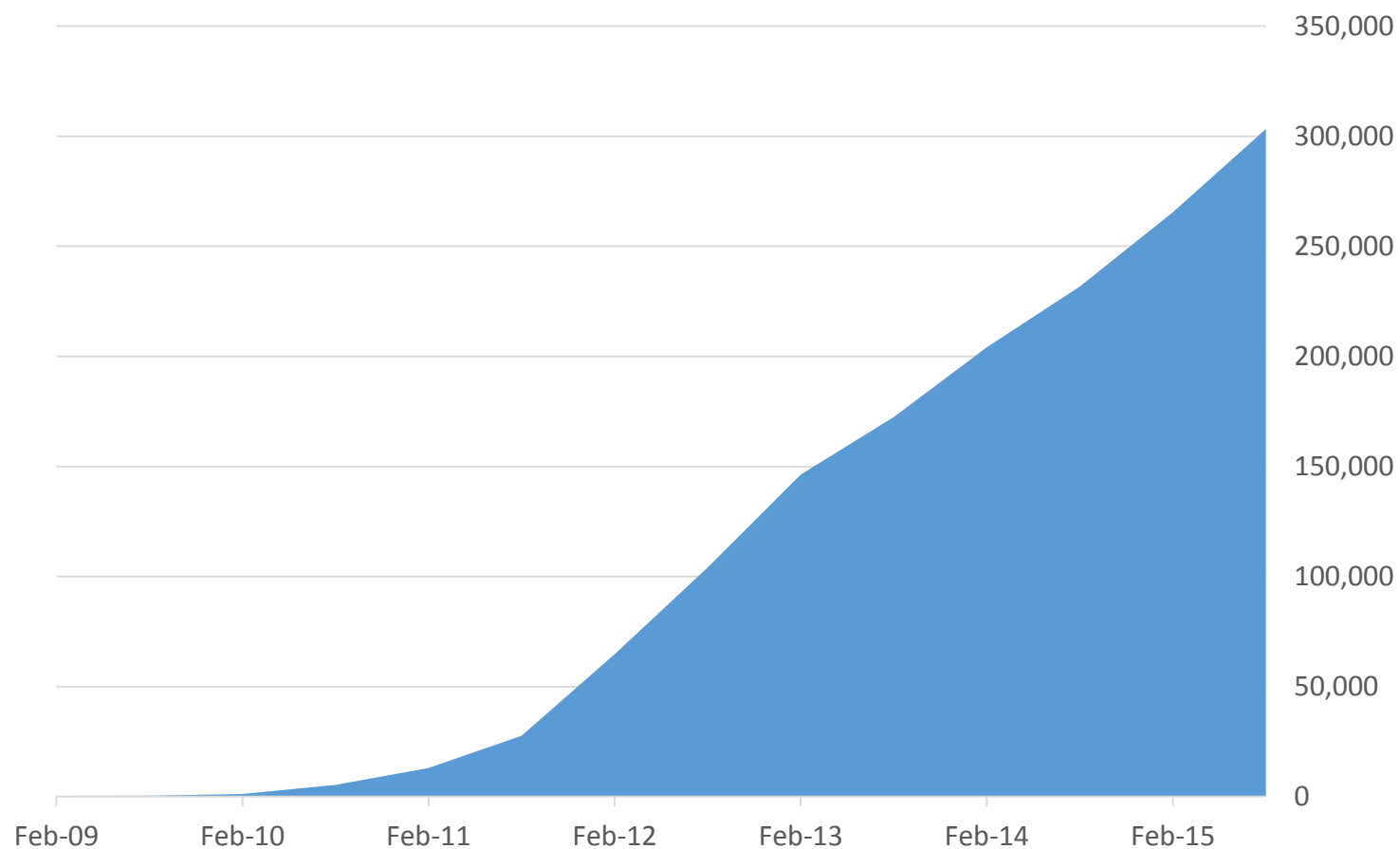


- One Click Visual RSR
- Quality Control Data
- Generate Client Level Data File



# Waikiki Health Data Import

WHC - Data Elements Imported





# Launch!

1. Smooth launch on-time
2. Imported 9+ years of Dental Data
3. e2Boston is currently used by 42 providers
4. RSR-Compliant
5. Data Import + Data Converter Module Support for 220 users
6. Holds over 13,250+ client records.
7. Holds over 281,800+ service records.
8. Manages 6+ million pieces of client data.

# Importance of Stakeholder Engagement and Support

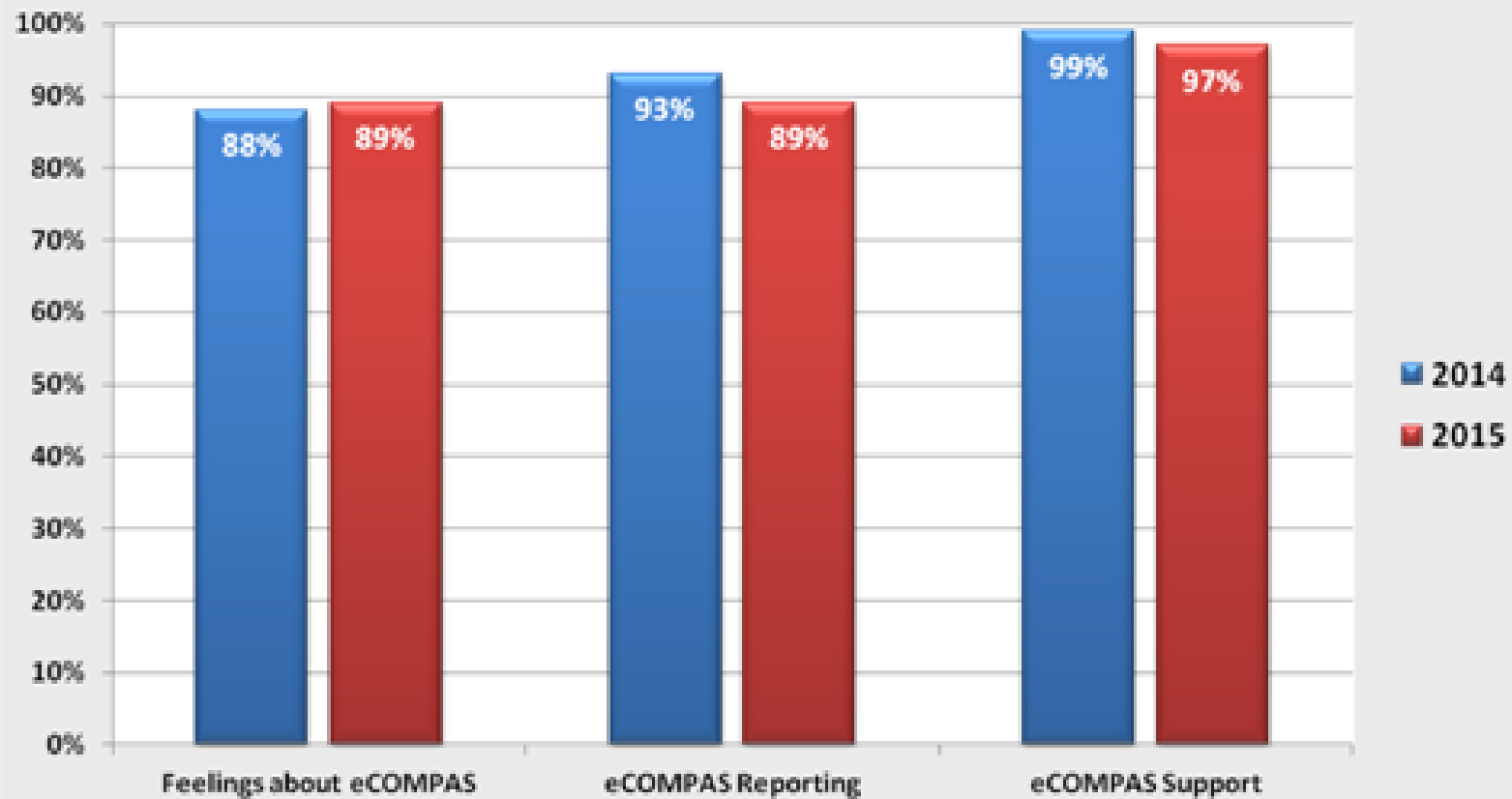
# Proactive Courtesy Calls and Evaluation

1. Any problems or barriers with using the system?
2. To what degree is the system saving you time?
3. To what degree is the system reporting effective for you?
4. How is technical assistance and support for you?
5. If not a “10”, what can we do to make it a “10”?

*“The fact that someone calls me to make sure that all is well and to see if I have any ideas is just great.”*



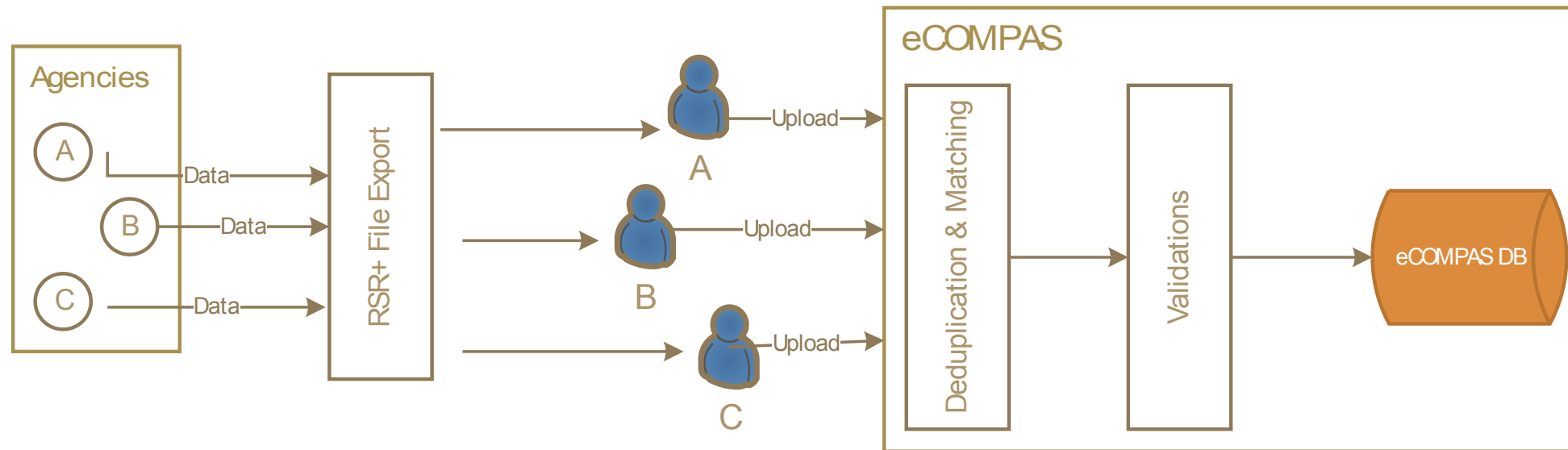
## eCOMPAS Satisfaction Scores for e2Boston



- “It’s easy to navigate. I like how the client utilization report allows me to make sure data matches before it is submitted.”
- “I love it! Overall, it is easy to use.”
- “It’s a great system. I like that it gives all the information right away.”
- Everything is manageable and good. Very useful system.”
- The system is excellent. It is easy to access and use it.”
- “It’s a breeze [to use].”
- “One of the best programs. I love it!”
- “It’s been really great! Everything I need is right in front of me.”
- “Support for e2Boston has been very helpful and responsive.”
- “Overall, I like it much better than the old system. Everything is a click away.”
- “We love it! It is really helpful and the reports definitely give me what I need.”
- “It’s working beautifully. Makes our jobs much easier.”
- “I love the reporting and demographics!”
- “Keep up the great work! I love the new system!”



## Data Standard Model



**Standards, Tools, TA:**

**RSR+**

**&**

**The Data Converter**

# Security and Confidentiality

- Advanced Security Module (LKMv2)
- Ethical Hacking / Application Scanning
- Network Vulnerability Scanning
- Point-to-point channel encryption (SSL)
- Strong passwords with 90-day forced expirations
- Role-based security
- Audit Trail
- Access Logging
- IP Address Logging
- Multiple Firewalls (Stateful inspection)
- Encrypted offsite backups
- Continuous Security Updates
- OWASP Security Principles and Code Review
- CISSP with ISSAP and ISSMP concentrations
- Secure Coding Practices and Policies and Procedures
- BAA
- Security Audits



# Secure GovCloud – FedRAMP

## AWS Assurance Programs





# TCMS

Transitional Care Management System

*"Warm Transitions - Support Linkages To Care To Improve Community Health"*





## Login

Username

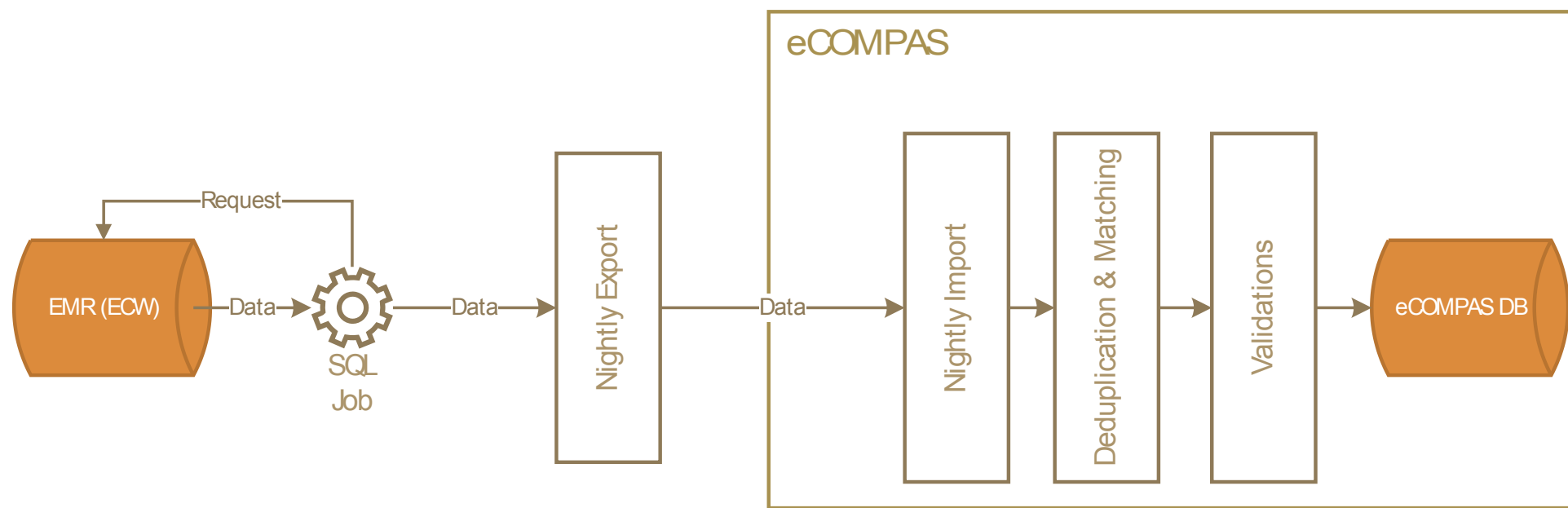
Password

Log in

 This is a secured web connection. All data is protected by the highest level of Internet encryption (SSL).

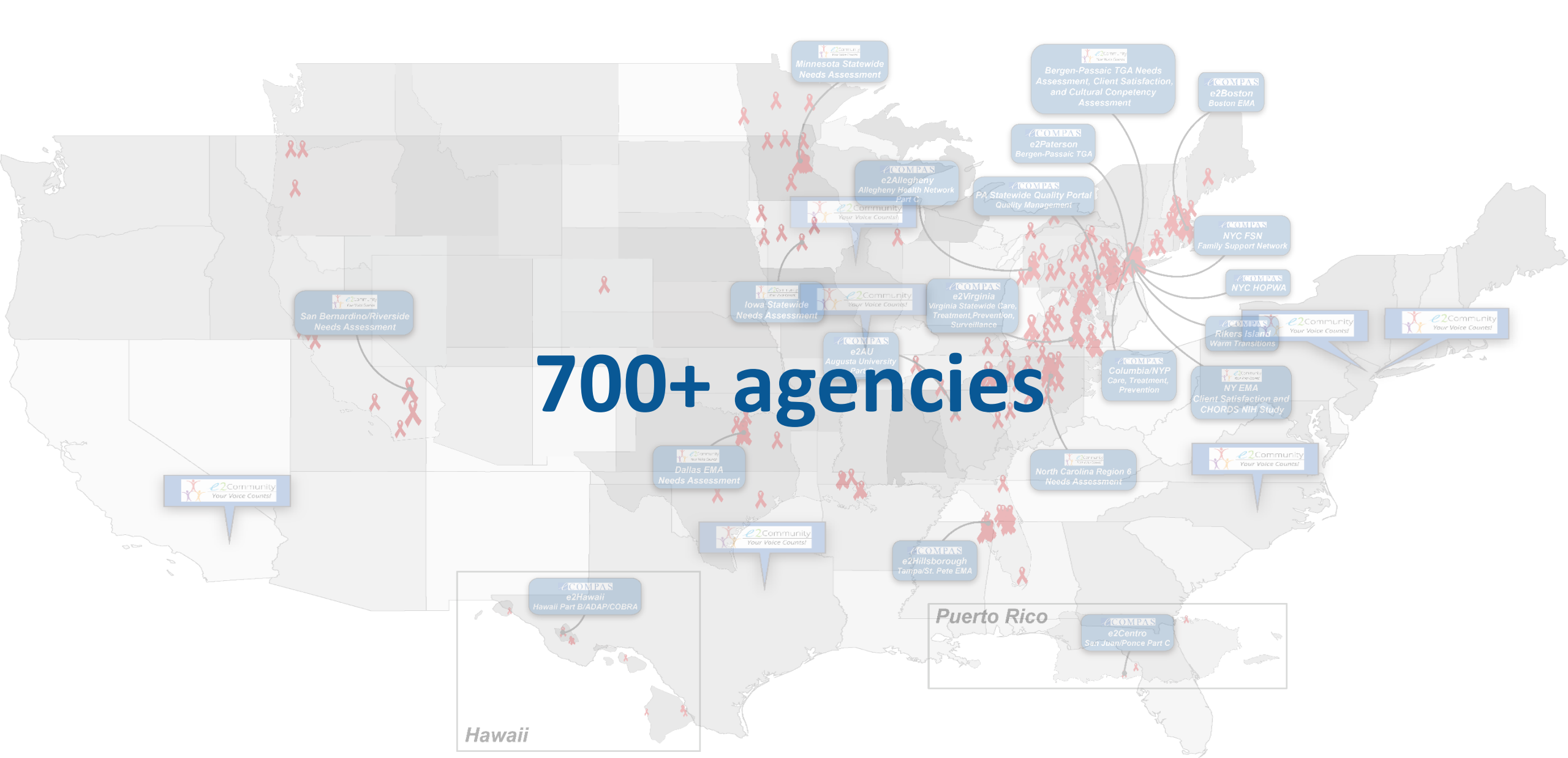
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## Direct Data Feed Model













A map of the United States with numerous red ribbon icons indicating HIV/AIDS funding locations. Callout boxes provide details for specific projects across various states and territories, including Minnesota, New Jersey, New York, Pennsylvania, Virginia, North Carolina, Texas, Florida, and Hawaii. The text "\$400+ million funding managed" is prominently displayed in the center.

# \$400+ million funding managed

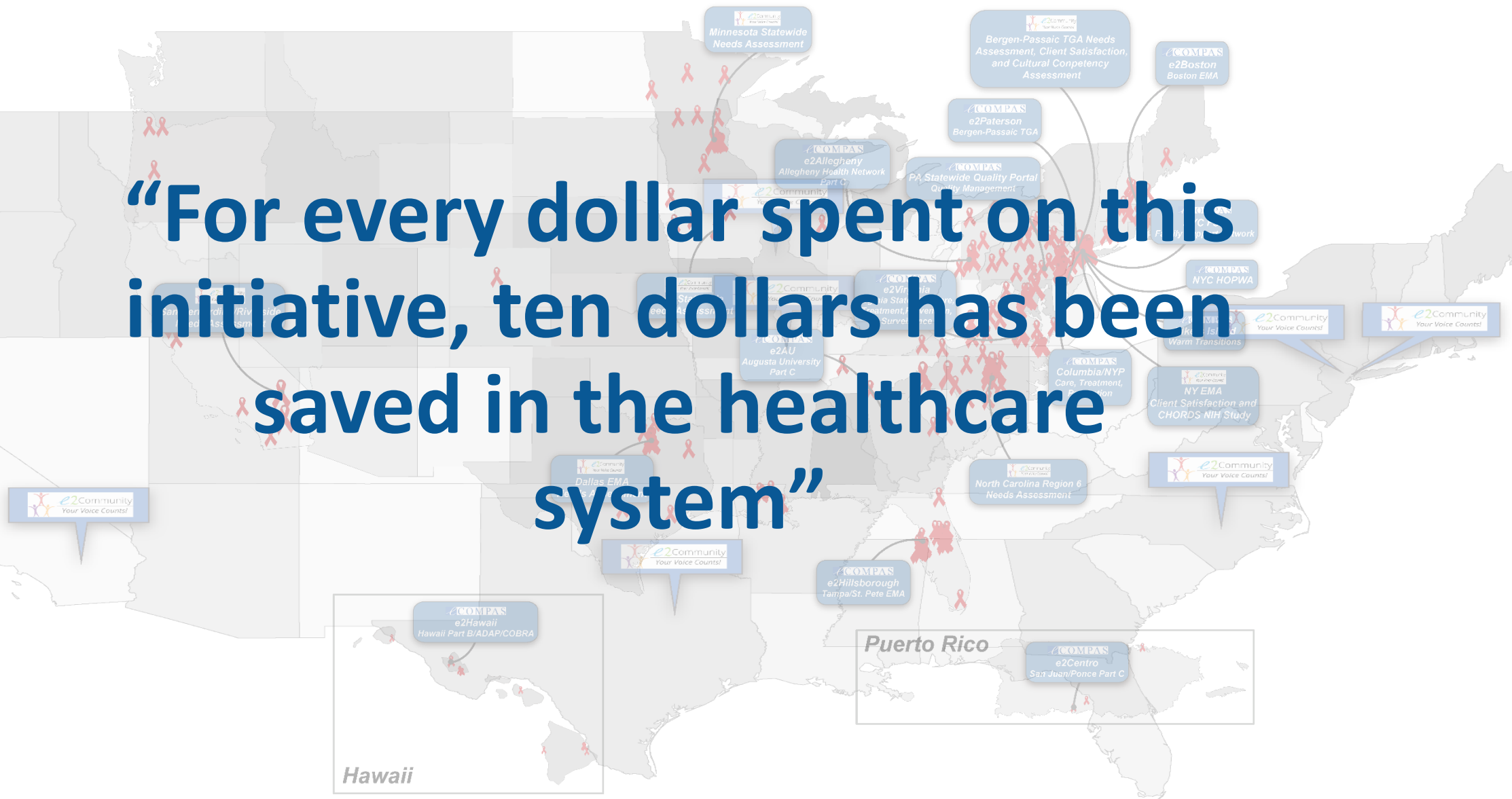


[illegible]

[illegible]

[illegible]

**“For every dollar spent on this initiative, ten dollars has been saved in the healthcare system”**







Higher-quality, more  
coordinated care

Better data, less stressed users

Strengthened plans and grants

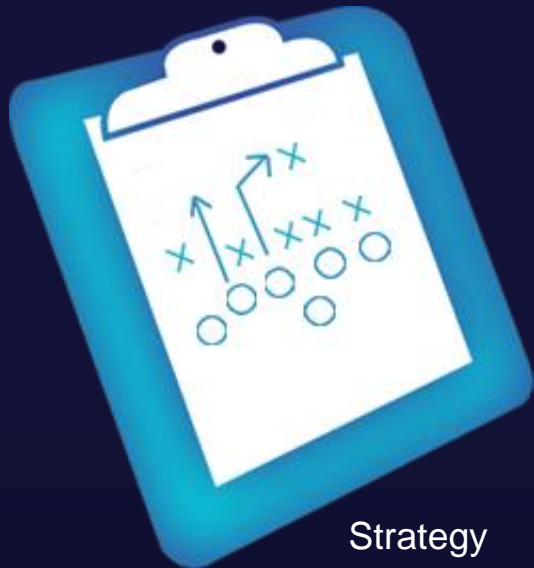
Community VL suppression

What Broad Components Should  
We Consider When Implementing  
Health Information Technology  
such as HIE?





People



Strategy

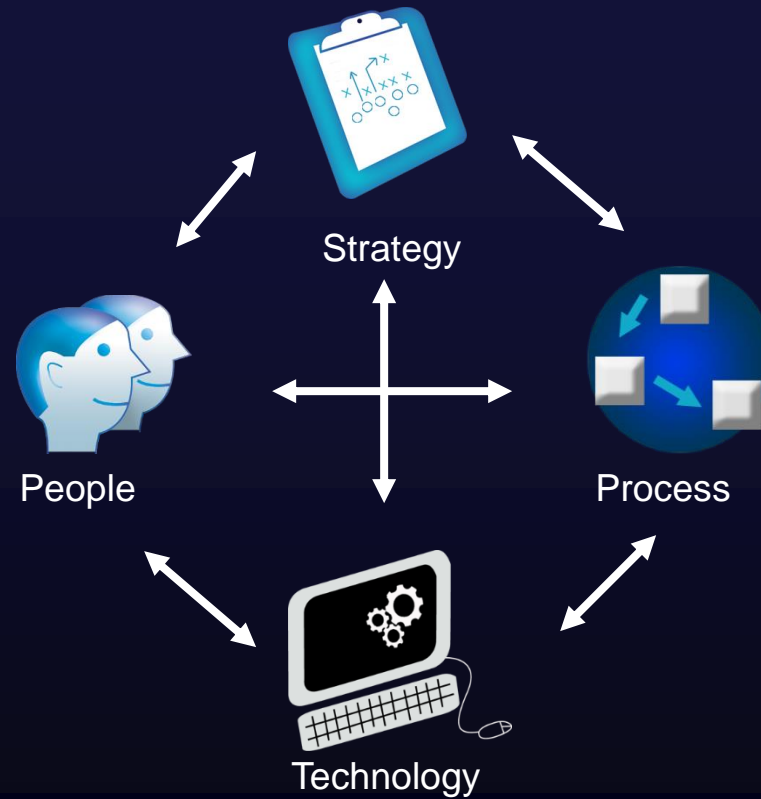


Process



Technology

# What affects what?



Everything affects everything!

# What Are the Main Stages of the HIT Lifecycle?



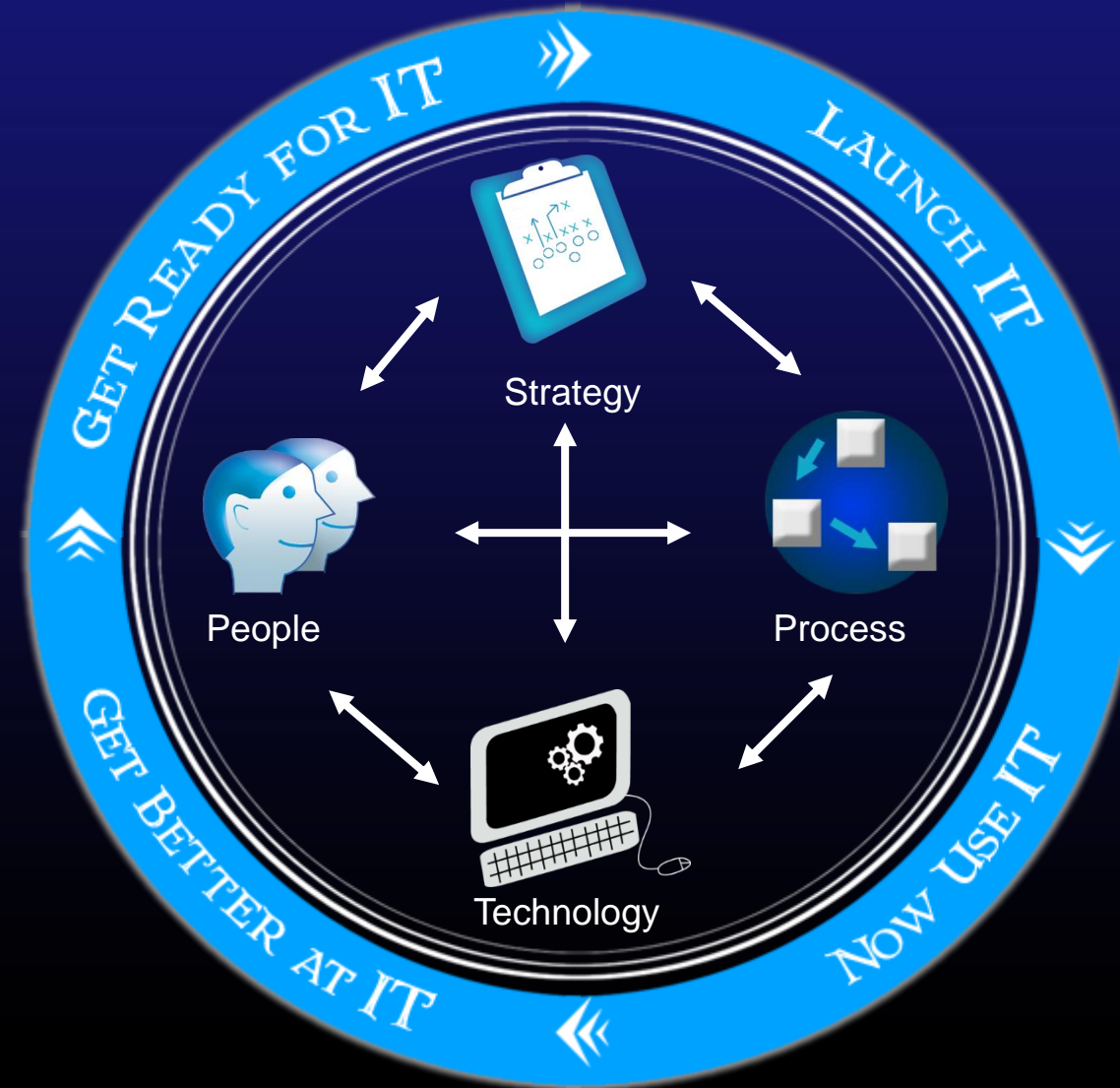








# A Simple, Integrated Framework for HIT Implementation



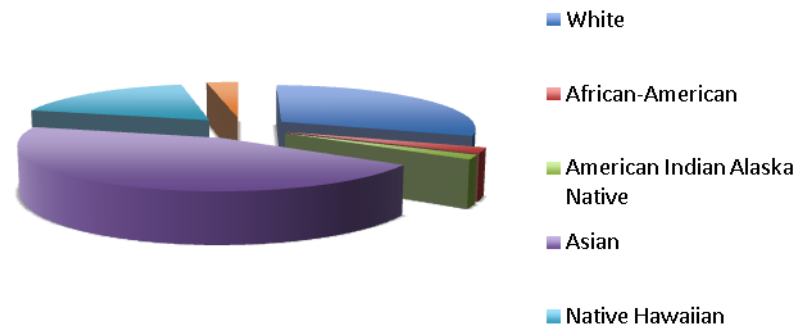
# Lessons

1. Partnership paradigm
2. Think win-win-win
3. Role of IT Departments and Vendors vs Program
4. Seek out or build standards
5. Stakeholder engagement, TA, & Support
6. Security is paramount
7. Whatever it takes attitude. Choose partners wisely

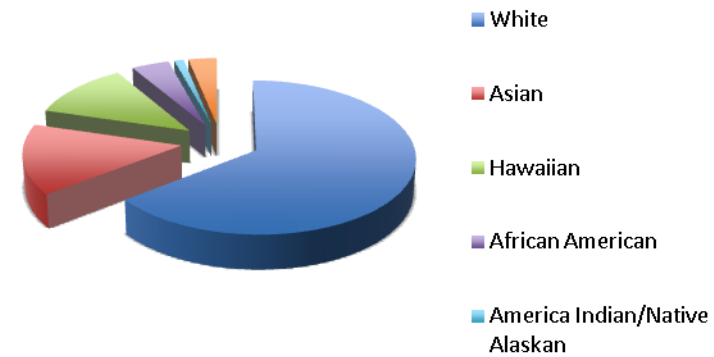
Population 1.42 million



## General Population



## HIV/AIDS Cases by Race



# Hawaii HIE and Use of Data

1. e2Hawaii Ryan White HIE
2. Part C EMR (Waikiki Health)  $\leftrightarrow$  Part B HIE
3. ADAP
4. Secure Messaging
5. Visual Reporting and Proactive Alerts & Reminders

# Hawaii HIE and Use of Data

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# Consent Status on Search Screen

Search

Multi Entry

Client Search

Search For

Search

Intake

Filter By

(ANY)

Status

(ANY STATUS)

Last Name	First Name	Agency ID	E2ID	CM Agency	DOB	ZIP	Consent ?
Adams	Nicole		NA103437	Life Foundation	09/30/1945	96759	Valid
Adams	Nicole		NA103824	Life Foundation	12/10/2000	96757	Valid
Adams	Nicole		NA104056	Life Foundation	09/04/1983	96757	Valid
Adams	Nicole	215-44-22	NA020030	Life Foundation	02/08/1922	96757	Expired
Adams	Nicole	307-43-61	NA102972	Life Foundation	02/08/1922	96757	Expired
Adams	Nicole	603-18-81	NA102275	Life Foundation	08/21/2006	96757	Expired
Adams	Hunter	645-01-86	HA100029	Life Foundation	04/20/1956	96757	Expired
Adams	Nicole	820-52-44	NA102043	Life Foundation	02/08/1922	96759	Valid
Alexander	Victor	637-50-64	VA102399	Life Foundation	02/04/1988	96858	Expired
Alexander	Victor	058-51-24	VA020851	Life Foundation	05/08/1972	96858	Expired

First

1

2

3

...

Last

(Displaying 1 - 10 of 748 clients found)

# Consent Status on Search Screen

SearchMulti Entry

Search For

Filter By (AN

Last Name	First Name
Adams	Nicole
Adams	Nicole
Adams	Nicole
Adams	Nicole
Adams	Nicole
Adams	Nicole
Adams	Nicole
Adams	Hunter
Adams	Nicole
Alexander	Victor
Alexander	Victor

First123...Last (Displaying 1 - 10 of 748 clients found)

What do these mean?

Valid

Ending Soon

Expired

N/A

Means that an agency in the network has shared this record with you and that the consent is still valid. **You have access to this record**

Means that an agency in the network has shared this record with you and that the consent is valid, but **will be expiring within 90 days**. If the client will be continuing to be serviced by your agency, it is recommended that the CM agency be contacted to extend or renew the consent

Means that an agency in the network has shared this record with you but the consent has expired. **You will not be able to access this client record**. If you need to access this record, it is recommended that the CM agency be contacted to extend/renew the consent

Means that **no consent is required** to view this record; your agency has full custody of this client record

?

Valid

Valid

Valid

Expired

Expired

Expired

Valid

Expired

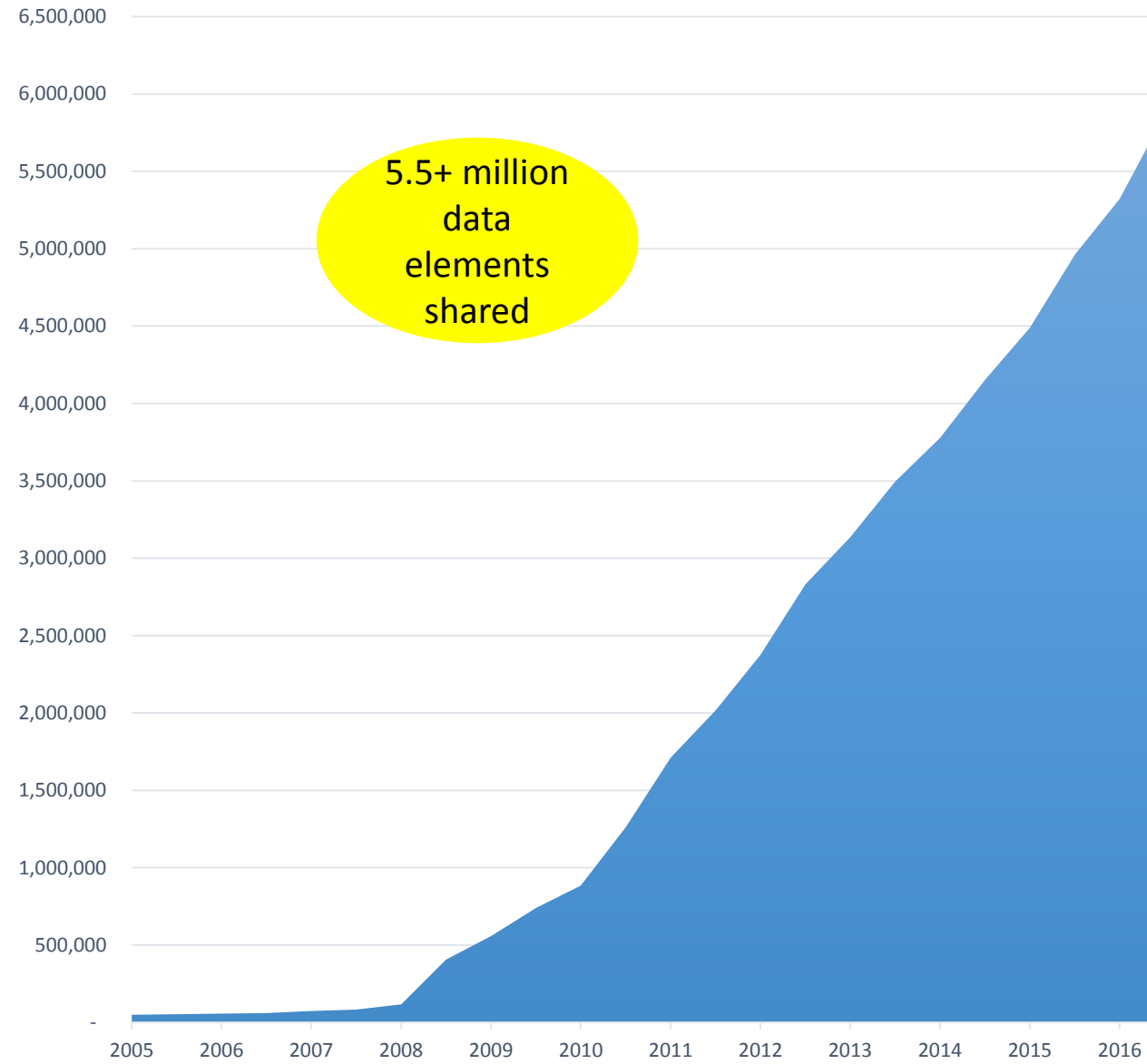
Expired



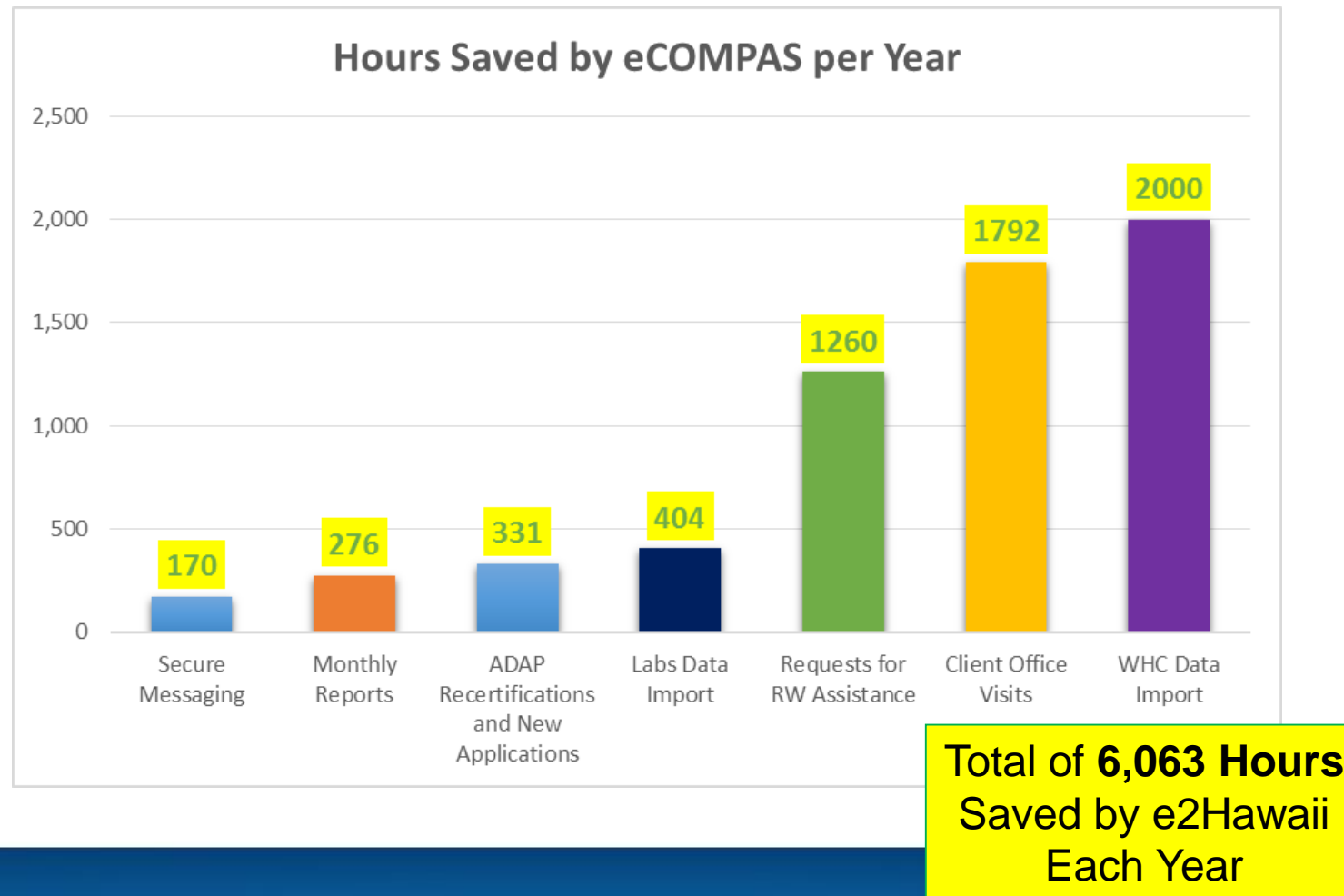
**402,343 Progress Notes**

**306 million data points**

## Data Elements Shared



# e2Hawaii | Time Savings

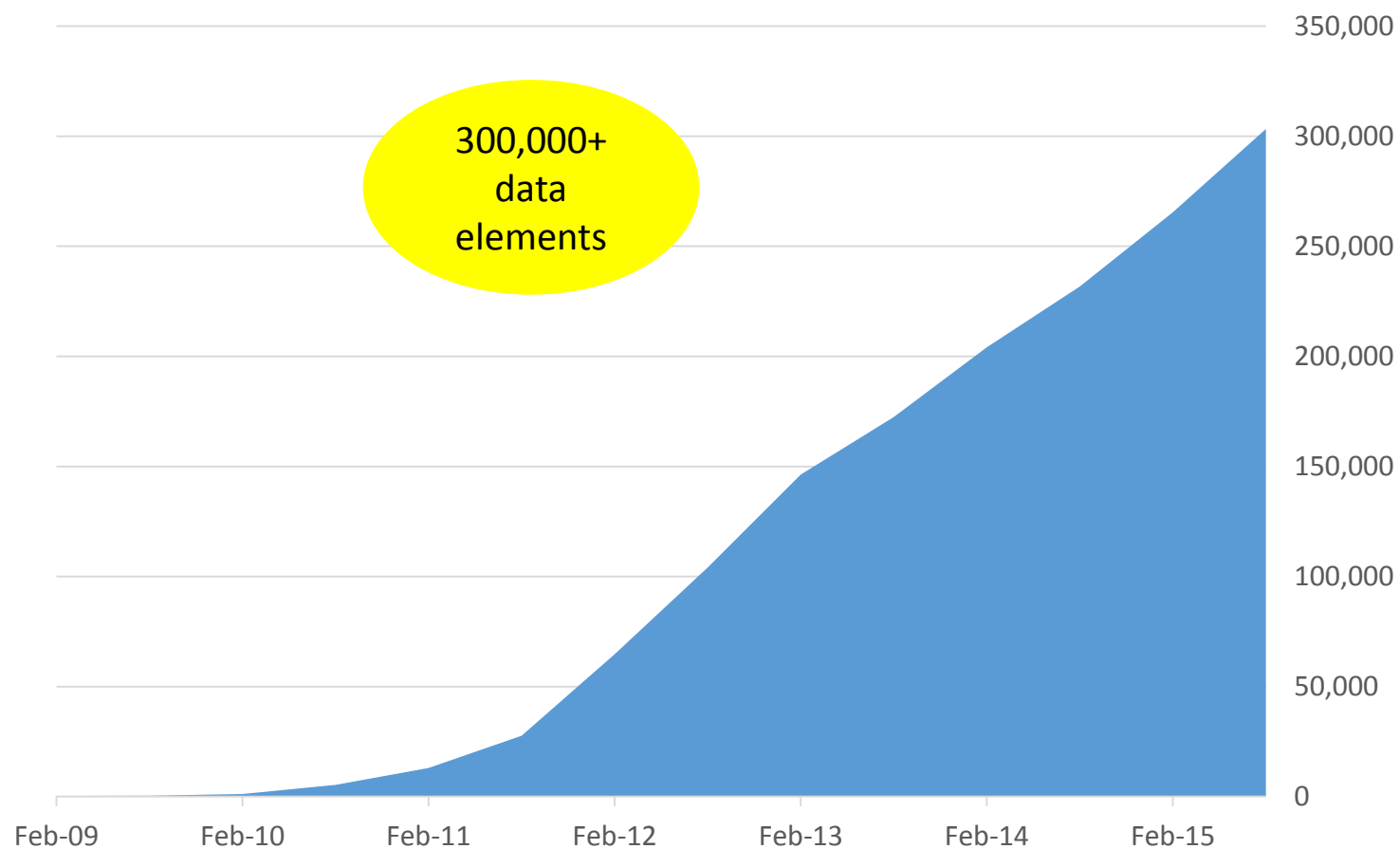


# Hawaii HIE and Use of Data

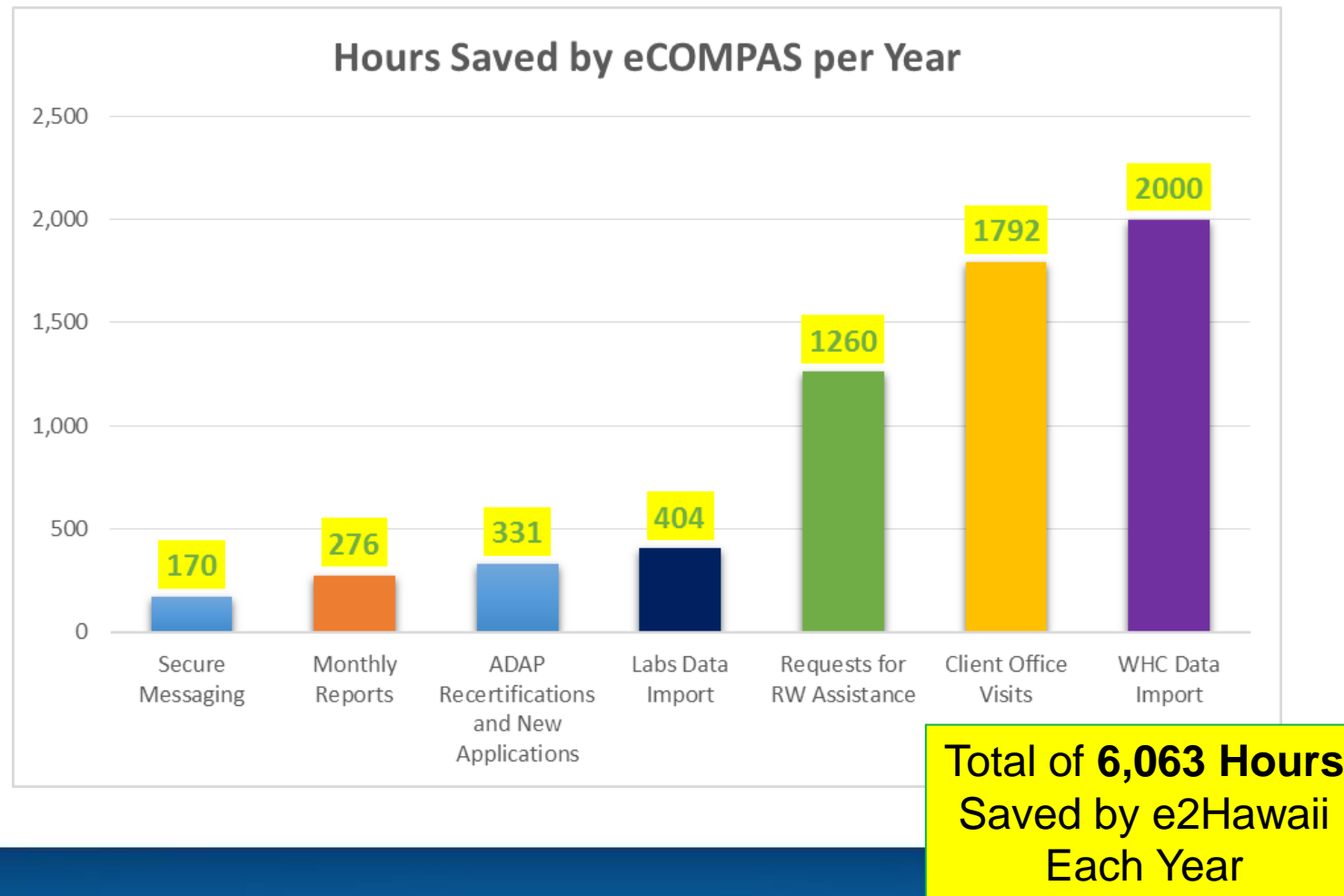
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# Waikiki Health Data Import

WHC - Data Elements Imported



# e2Hawaii | Time Savings





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# Recertification Due Report

Report Filters									
Recertification due by 09/17/2012 Today and Case Managed by -- ANY -- Run									
Recertification Due Report									
Export to PDF									
Last Name	First Name	Agency ID	E2ID	Agency	Case Manager	Recertification Due	Last Rx Filled (As of 08/31/2012)	Last Co-pay (As of 08/31/2012)	Premium Paid/in Process through
Adams	Hunter	525-79-61	HA020914	Life Foundation	Laleh Kazemahvazi	11/14/2012	09/07/2012	06/28/2012	09/30/2012
Adams	Nicole	014-156	NA021097	Life Foundation	Malulani Orton	06/15/2012	08/15/2012	12/11/2011	
Adams	Nicole	766-72-79	NA103195	Life Foundation	Raymond Alejo	04/12/2012	08/15/2012		
Adams	Hunter	322-373	HA103221	ABCD	N/A	12/21/2012	08/15/2012		07/31/2012

# Physician Certification Due Report

Report Filters	
Physician Recertification due by	<input type="text" value="01/15/2013"/> <input type="button" value="Today"/> <input type="button" value="Run"/>

Physician Certification Due Report							
							<a href="#">Export to PDF</a> 
Last Name	First Name	Agency ID	E2ID	Medical Provider	Certification Due	Last Rx Filled (As of N/A)	Last Co-pay (As of N/A)
Howard	Zoe	117-09-33	ZH100948		11/03/2012		
Mitchell	Maria	718-16-43	MM103031		11/03/2012		
Lewis	Jonathan	275-96-05	JL102291		11/14/2012		
Howard	Jared	734-94-06	JH020888		11/16/2012		
Roberts	Stephanie	955-32-88	SR100023		11/16/2012		

# Client Recertification Process

- Streamlined H-Program Application

The screenshot shows a web-based application interface for client recertification. At the top, there are tabs for 'General', 'Housing', 'SA / MH', 'Insurance', 'Financial', 'Medical', 'H-Program', and 'Services'. The 'H-Program' tab is selected. Below the tabs, there are links for 'Demographics', 'HIV and AIDS Info', and 'Documents on File'. A yellow banner displays 'Last Certified by CM: 07/18/09 (306 days ago)'. To the right of this banner is a dropdown menu showing 'Information is up to date' and an 'Update' button. A red circle highlights the dropdown menu. In the foreground, a 'Please Confirm' dialog box is open, featuring a warning icon and the text: 'I am a Case Manager and I certify that all fields on this screen are up to date and that there is documentation on file to support the data entry on this screen.' The dialog box has 'Sure' and 'No Way' buttons.

General Housing SA / MH Insurance Financial Medical H-Program Services

Demographics | HIV and AIDS Info | Documents on File

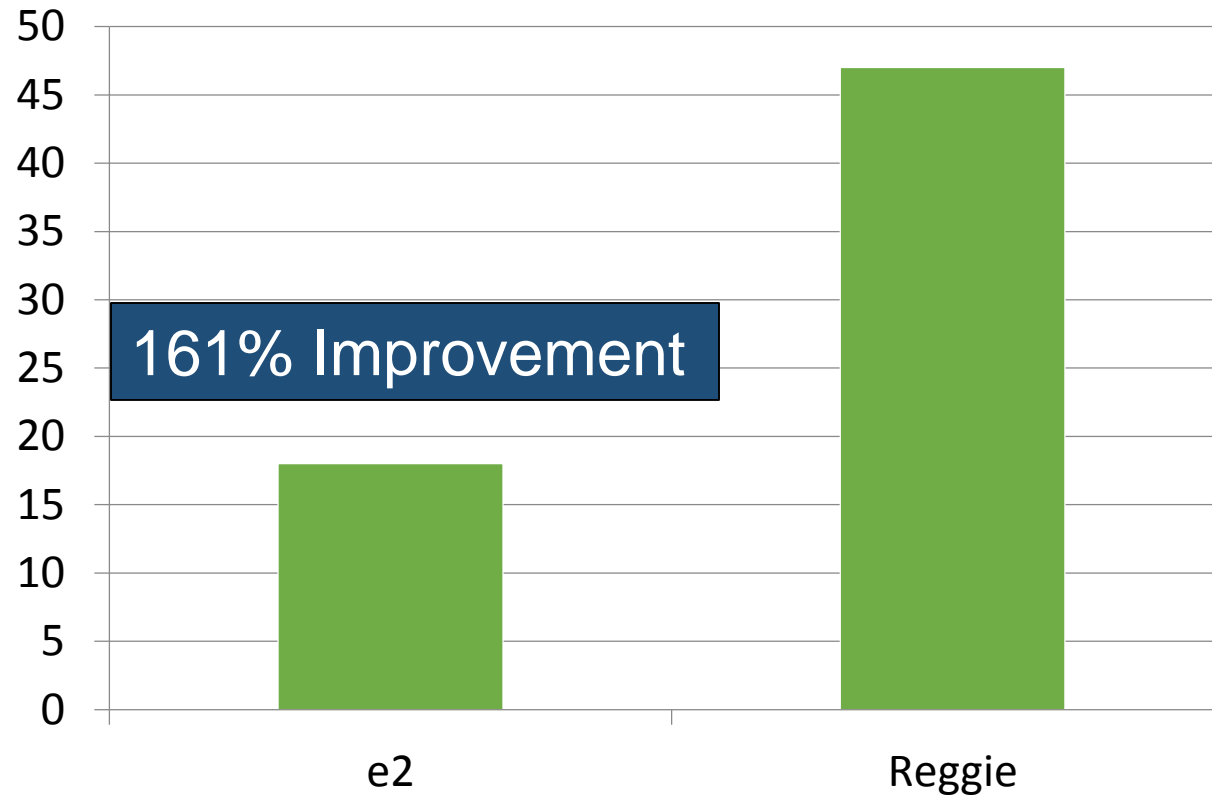
Last Certified by CM: 07/18/09 (306 days ago) Information is up to date Update

Please Confirm

! I am a Case Manager and I certify that all fields on this screen are up to date and that there is documentation on file to support the data entry on this screen.

Sure No Way

## Time to Complete each ADAP Recertification



Prior System Average: 47 mins

e2 Average: 18 mins

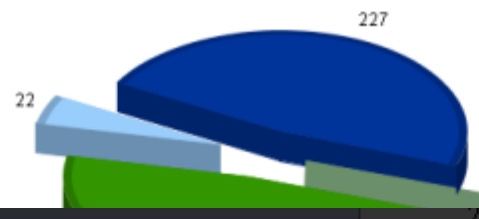
Time Savings: 29 mins

# Visual ADAP Drug Report

Aggregate Report – Graphical View

## HIV Status

HIV Status	
Category	Count
HIV-Positive, not AIDS	227
HIV-Positive, AIDS Status Unknown	22
CDC-defined AIDS	
Unknown	
Total	



## Medical Insurance

Medical Insurance	
Category	
Medicare Part A/B	
Medicare Part D	
Medicaid	
Private	
Other Public	
No Insurance	
Other	
Total	

### HIV Status - HIV-Positive, AIDS Status Unknown

AB103431	CB103110	CH103397	DD101130	GY103289
HD103045	HW103467	ID103321	JC103675	JM103164
JN102991	JP103672	KK103053	KR103563	MW102663
OP103484	PA103527	RB103121	RG103567	RS103452
WA103300	ZW103125			

# Visual ADAP Drug Report

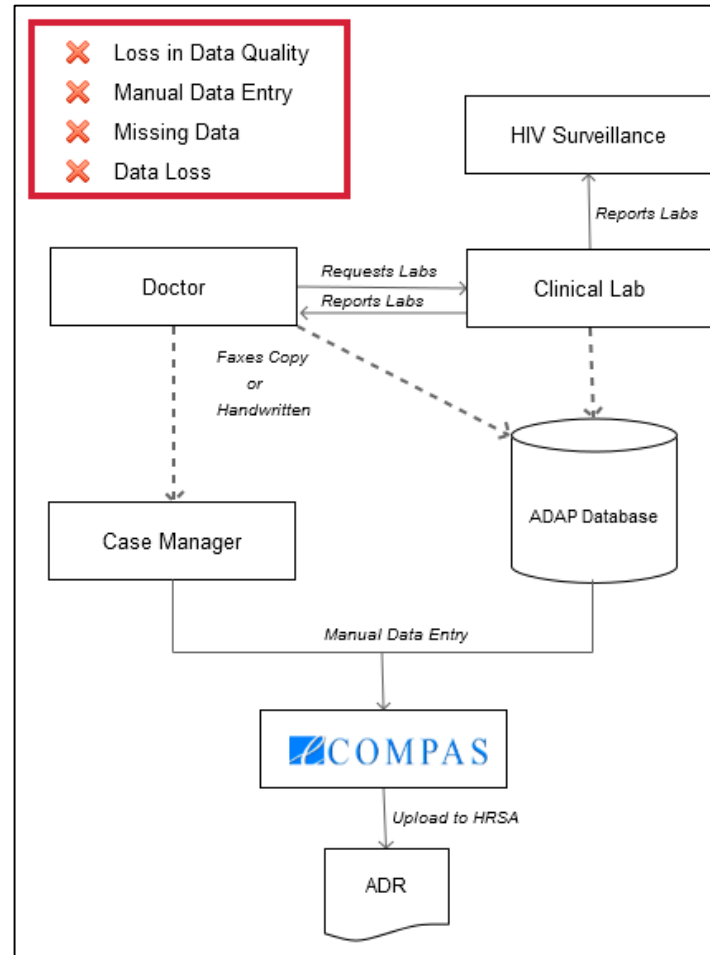
## “Time Machine” Switch Feature

- Update data for a past reporting period
- Keep past and present data separate
- Helps reporting more accurate data to HRSA

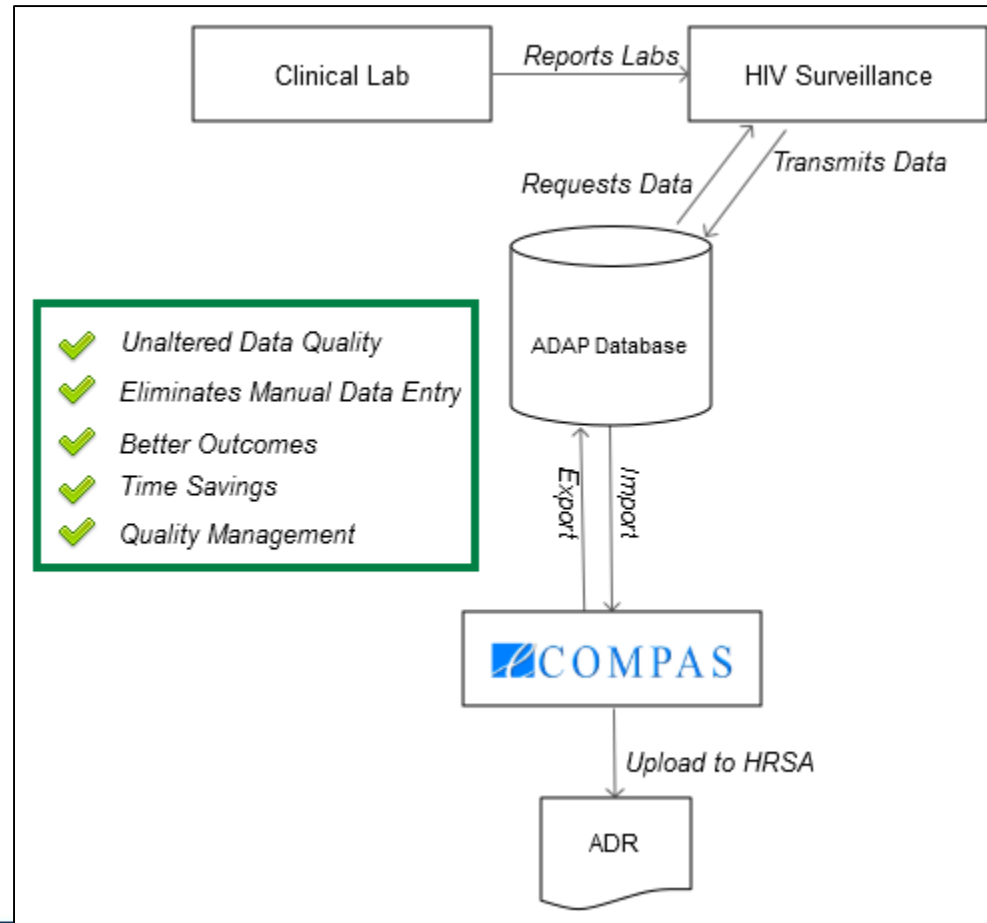
The screenshot displays the Visual ADAP Drug Report interface. At the top, there is a navigation bar with links for Main, Reports, My Account, Inbox, Help, and Logout, along with a clock showing 19:55. Below this is a 'Basic Information' section with a 'Progress Notes' link. A red circle highlights the 'Options' dropdown menu, which is open, showing the 'Enable Time Machine Mode' option. The main content area includes tabs for General, Housing, Insurance, Financial, Medical, H-Program, and Services. Below these tabs, there is a section for 'Demographics | HIV and AIDS Info | Documents on File' with a 'Last Certified by CM: 05/11/15 (304 days ago)' and a dropdown menu for '- - Please Select - -' and an 'Update' button. The bottom section is labeled 'Client Information'.



# Labs Data Import – the Old Way



# Labs Data Import – the New Way



# Labs Data Import

153,384 Data Elements Imported  
& Shared

Aloha , Rde Systems, of DOH-H-Programs !

[Search](#) [HDAP](#) [H-COBRA](#) [Labs Data Import](#)

DOH-H-Programs Labs Data Import

\* Upload  labsdataimport-fail.csv

Aloha , Rde Systems, of DOH-H-Programs !

Search

HDAP

H-COBRA

Labs Data Import



Your file contains validation errors. Please correct the following errors and try re-upload your file:

- Your file has one or several FirstName missing from it.
- Your file has one or several LabType missing from it.
- Your file has one or several CollectionDate missing from it.
- Your file has one or several Source values missing from it.
- Your file has one or several invalid dates.
- Your file has one or several invalid Result values.


Back

eCOMPAS Data Import - Preview

E2_ID ▲	Agency_ID ◆	LastName ◆	FirstName ◆	DOB ◆	LabType ◆	CollectionDate ◆	Result ◆	Undetectable ◆	Source ◆
AB020047	144-62-24	Doe	Jane	1/1/1960	VL	1/1/2013	hhh	No	Lab
CC020129	708-37-34	Frog	Kermit	1/1/1960	VL		40	No	Lab
CL020098	090-88-32	Lambert	Allan	12/1/1970	VL	5/22/2013	333	Yes	Doctor
DT020089	770-74-86	Jones	Emma	1/1/1960	CD4	yyy	666		Lab
JC020066	470-48-92	Doe	John	1/1/1960	VL	12/1/2012	1250	No	Lab
NA020030	394-19-96	Harrington	Harry	1/1/1960	CD4	1/12/2012	1	No	Lab
SH020100	303-98-67	Frog		12/1/1970	VL	5/22/2013	20	Yes	Lab
SP020132	584-23-20	Frog	Kermit	12/1/1970		8/25/2013	150	No	

Back

Search
HDAP
H-COBRA
Labs Data Import

 Your file has been successfully validated. Click 'Confirm and Import Data' to proceed with the data import.

Back
Confirm and Import Data

eCOMPAS Data Import - Preview

E2_ID	Agency_ID	LastName	FirstName	DOB	LabType	CollectionDate	Result	Undetectable	Source
AB020047	144-62-24	Jackson	Emma	3/21/1963	CD4	7/26/2012	300	No	Lab
CL020098	090-88-32	Hill	Hailey	9/26/1957	CD4	12/13/2013	998	No	Doctor
DT020089	770-74-86	Penny	Gabriella	10/2/1938	VL	3/30/2012	15000	No	Lab
JC020066	470-48-92	Long	Aidan	5/13/2009	VL	6/23/2012	12000	No	Doctor
NA020030	394-19-96	Hill	Hailey	9/26/1957	CD4	6/12/2012	200	No	Lab
SH020100	303-98-67	Penny	Gabriella	10/2/1938	VL	12/12/2013	888	No	Doctor

Back
Confirm and Import Data

# Labs Data Import

## Old Way

- Manual Data Entry
- Faxed copies of lab work
- Handwritten lab reports

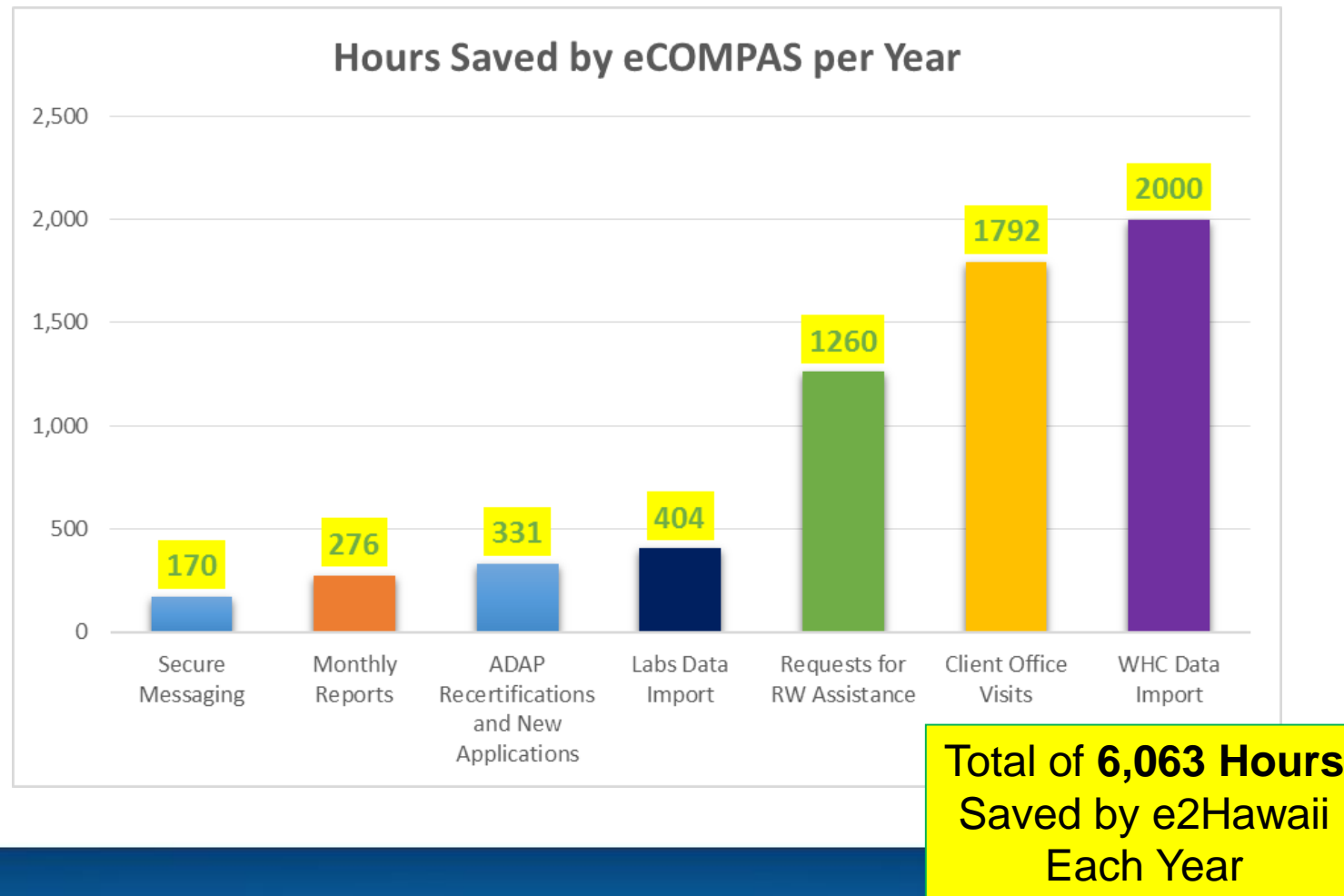
## New Way

- Data Import of Labs from Surveillance
- No Faxes or handwritten lab reports
- No Data Loss

## Impact

- High Data Quality
- Eliminates Data Entry
- Better Outcomes
- Time Savings
- Quality Management

# e2Hawaii | Time Savings





# Hawaii HIE and Use of Data

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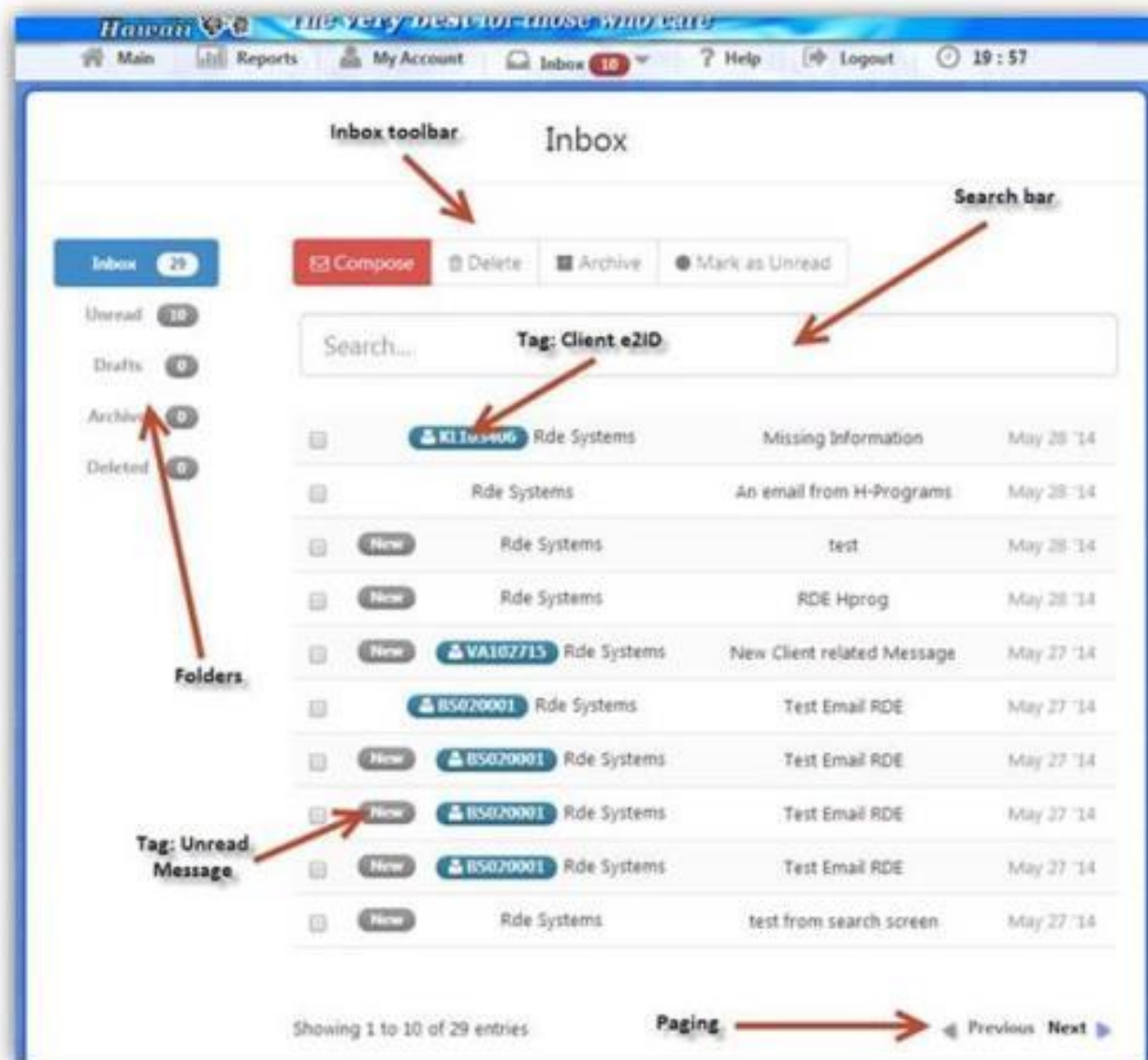
# Secure Messaging

- Feature: Smart Real-time notifications



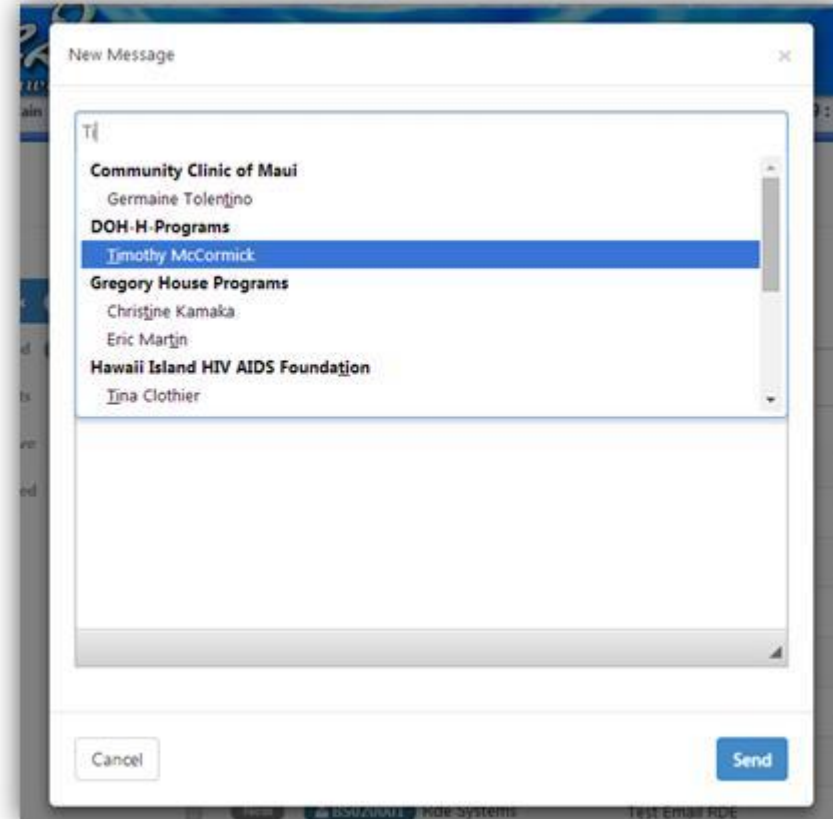
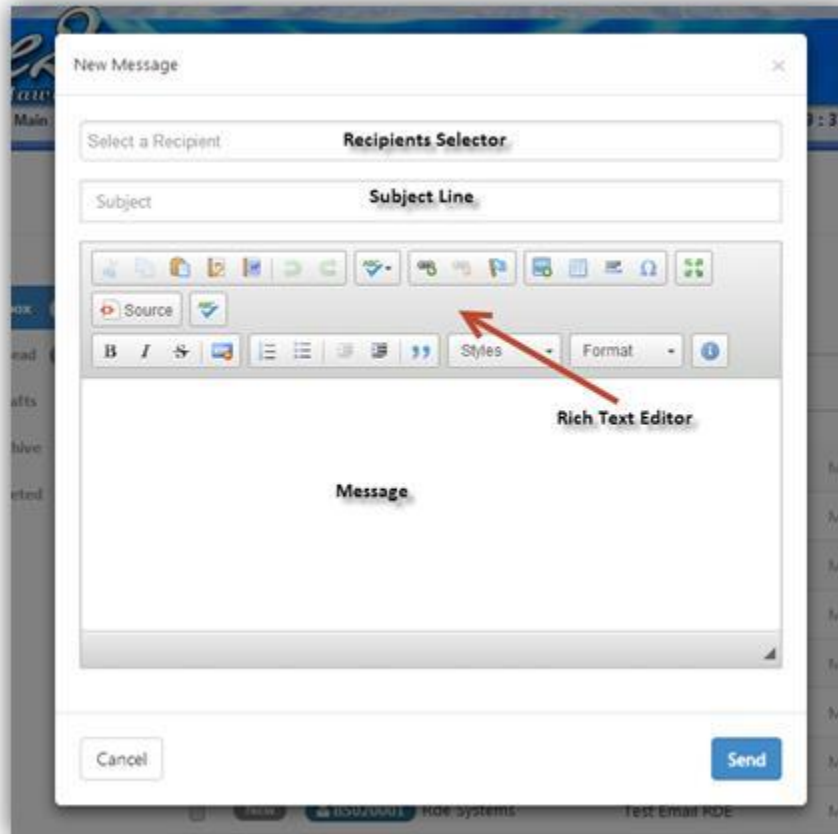
# Secure Messaging

- Feature: User Inbox



# Secure Messaging

- Feature: Compose New Secure Message with Autocomplete



# Secure Messaging

- Feature: Quick Compose

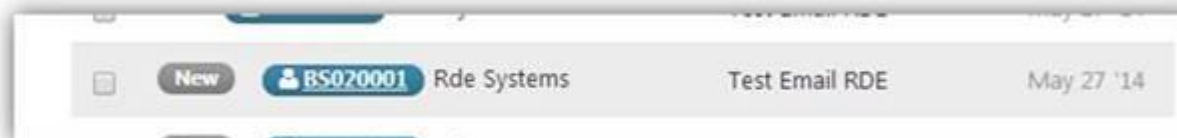
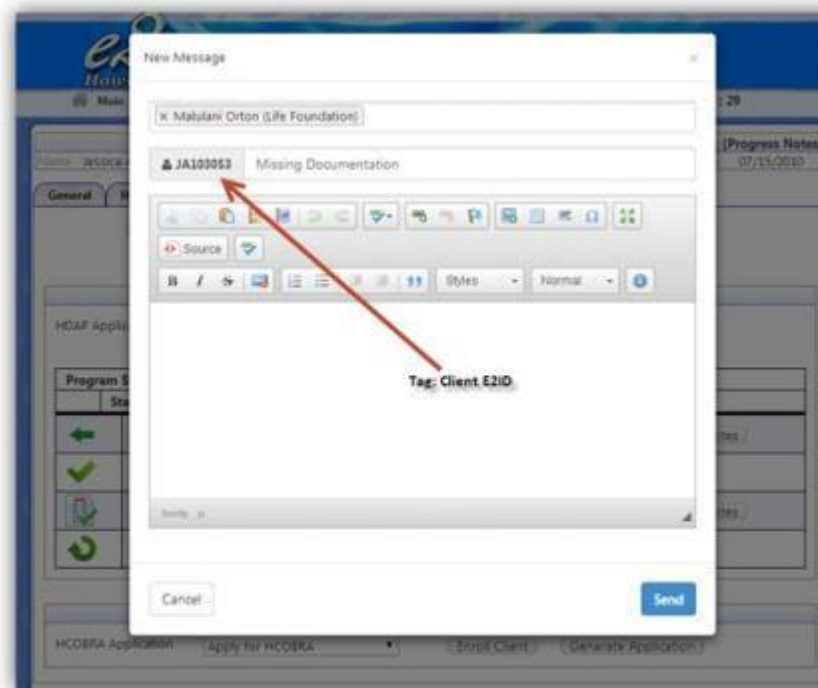


The screenshot shows the e2 Hawaii web application interface. At the top, there is a header with the e2 Hawaii logo and the tagline "The very best for those who care". Below the header is a navigation bar with links for Main, Reports, My Account, Inbox (with a red notification badge), Help, and Logout. The main content area displays a patient profile for Jessica Anderson, with fields for Name, E2ID, ZIP, and Intake Date. A red circle highlights the "Quick Compose" button, which is located next to the "Messages" link. Below the patient profile, there are tabs for General, Housing, SA / MH, Insurance, Financial, Medical, and H Program. The "Medical" tab is currently selected, showing a table of HDAP (Hawaii Drug Abuse Program) applications. The table has columns for Status, Effective Date, and Notes. The status column includes icons: a green arrow for "Discharged", a green checkmark for "Application Approved (First Time)", a green checkmark with a document icon for "Application Complete", and a green circular arrow for "Application in Process".

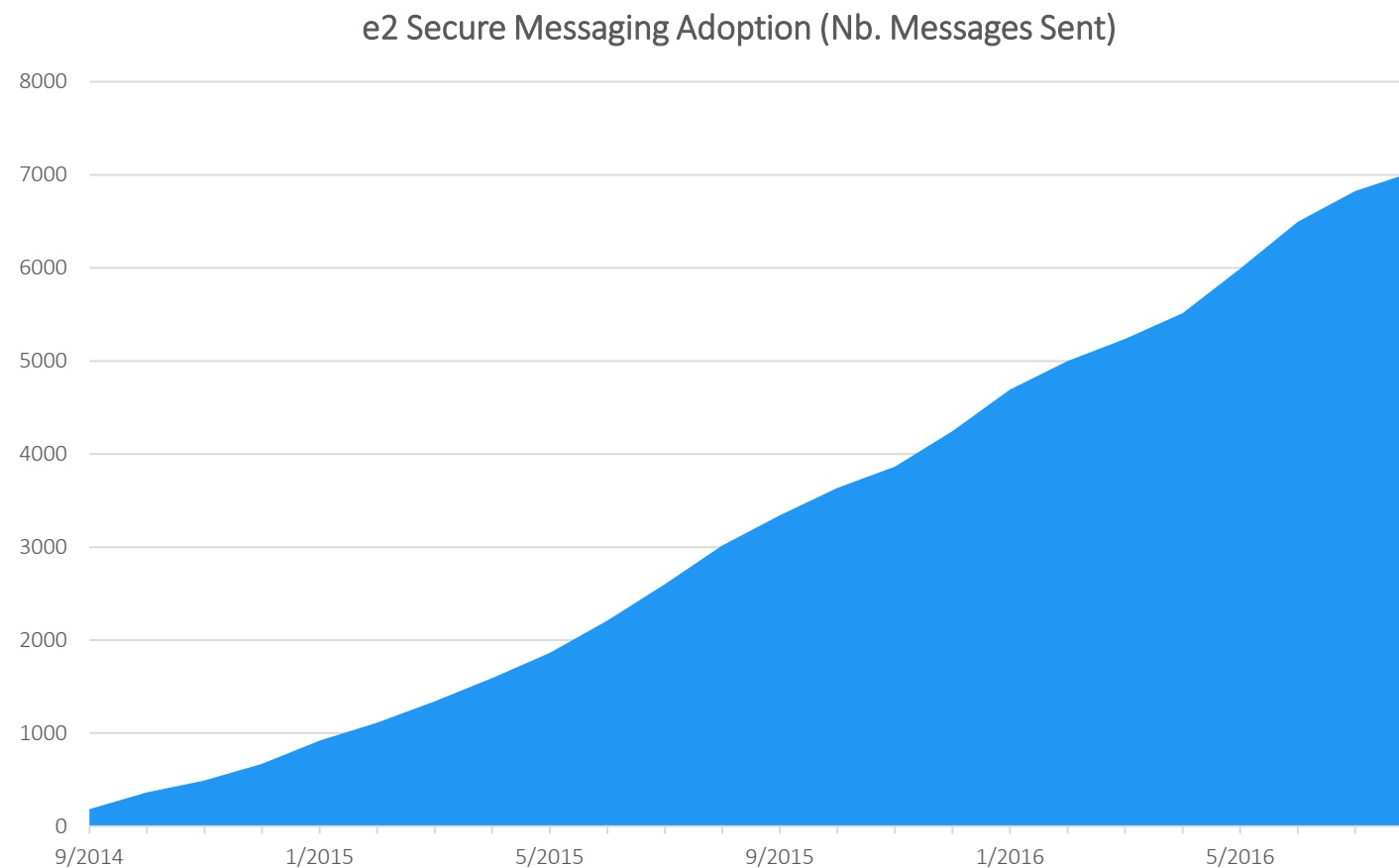
Program Summary			
	Status	Effective Date	Notes
←	Discharged	01/03/2013	<a href="#">View Notes</a>
✓	Application Approved (First Time)	12/15/2010	
✓	Application Complete	12/15/2010	<a href="#">View Notes</a>
↻	Application in Process	12/15/2010	

# Secure Messaging

- Feature: Smart Client Tagging



# Secure Messaging



# Secure Messaging

5,000+ Messages Sent / Year



# Secure Messaging

## Old Way

- Phone Calls to Follow-Up
- Faxes
- External, Insecure Email
- Risk of PHI leak
- Informal requests & tracking

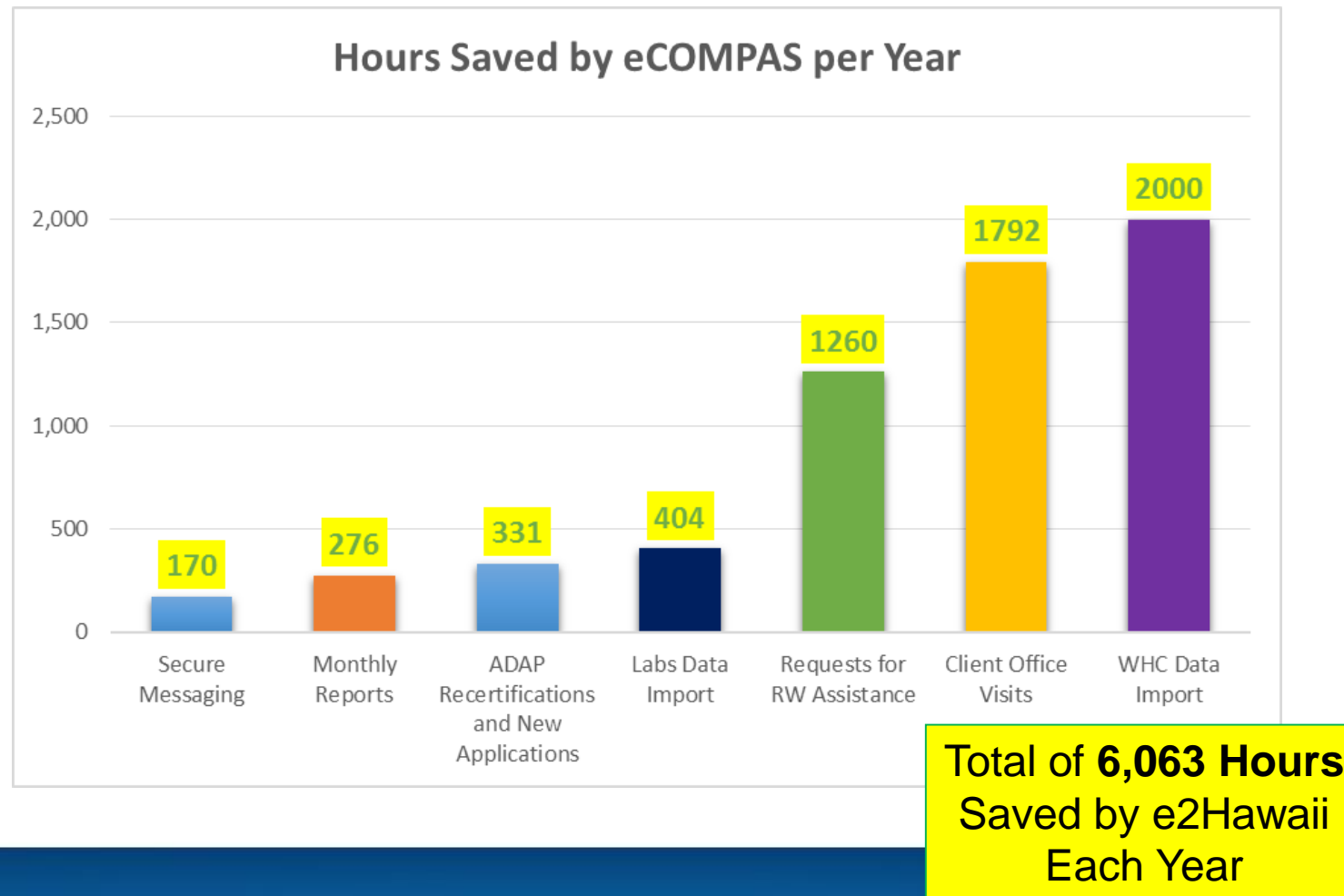
## New Way

- Send a Secure Message
- No more phone calls & faxes
- Keep Track of requests and follow-ups
- Inter-agency communication

## Impact

- More Streamlined Care Coordination
- More Secure Communications
- Time savings
- Faster response time and care

# e2Hawaii | Time Savings



# Hawaii HIE and Use of Data

1. e2Hawaii Ryan White HIE
2. Part C EMR (Waikiki Health)  $\leftrightarrow$  Part B HIE
3. ADAP
4. Secure Messaging
5. Visual Reporting and Proactive Alerts & Reminders

# 8 Indicators Report

**8 Indicators Report**

From Date: 01/01/2013 To Date: 03/31/2013 or Select: Q1 2013 (Jan 1 - Mar 31)

Provider: Life Foundation

#	Description	Yes	No	Percentage
1	Clients who have a medical visit to treat their HIV at least every 6 months	266	480	35.66%
2	Clients who have a CD4+ test and a viral load test done at least every 6 months	379	636	37.34%
3	Clients who have a CD4+ count below 200 cells/ml who are prescribed HAART	62	851	6.79%
5	Clients who are prescribed HAART regimen as medically indicated	779	236	76.75%
6	Clients screened for hepatitis C virus infection.	60	955	5.91%
7	Clients who completed the vaccination series for hepatitis A and B	60	956	5.91%
8	Clients who are applying for HDAP who are approved/denied for service	24	2	92.31%

Q1 2013 (Jan 1 - Mar 31)  
This Fiscal Year to Date  
This Fiscal Year  
This Calendar Year to Date  
This Calendar Year  
Last Calendar Year  
This Month (Past 30 days)  
Past 6 Months  
Q1 2013 (Jan 1 - Mar 31)  
Q2 2013 (Apr 1 - Jun 30)  
**Q3 2013 (Jul 1 - Sep 30)**  
Q4 2013 (Oct 1 - Dec 31)  
Q1 2014 (Jan 1 - Mar 31)  
Q2 2014 (Apr 1 - Jun 30)  
Q3 2014 (Jul 1 - Sep 30)  
Q4 2014 (Oct 1 - Dec 31)  
January 2014  
February 2014  
March 2014  
April 2014

# 8 Indicators Report

[Close]

Export to PDF Export to Excel

Question: Clients who have a medical visit to treat their HIV at least every six months

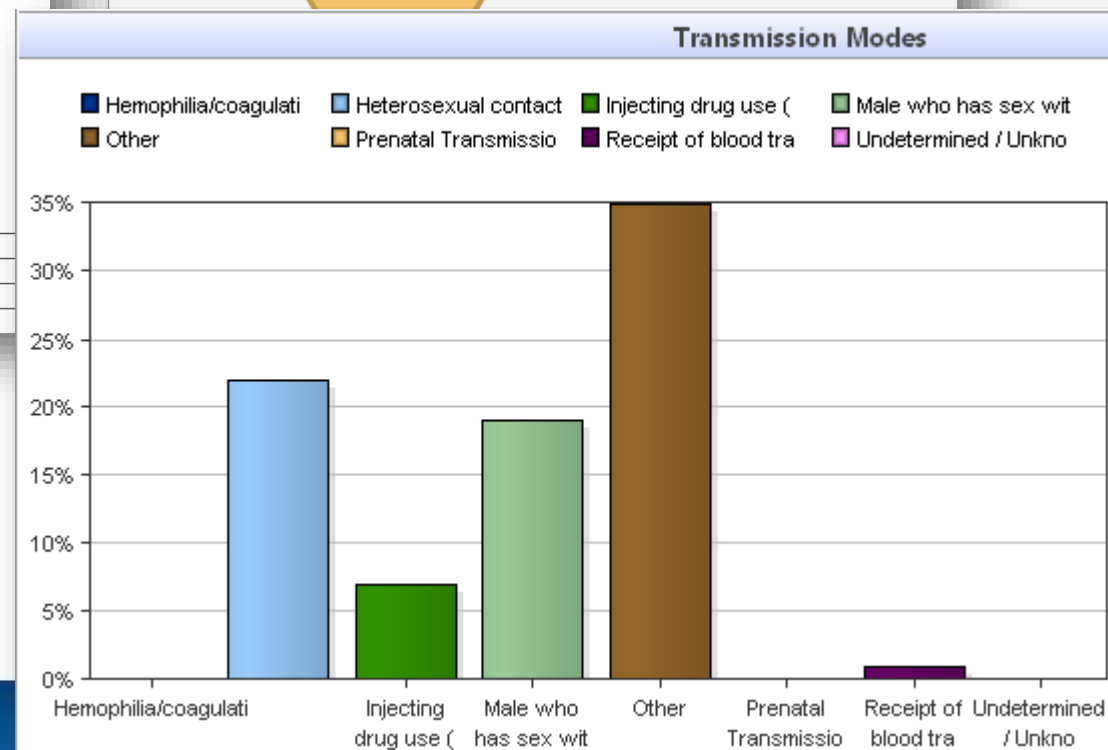
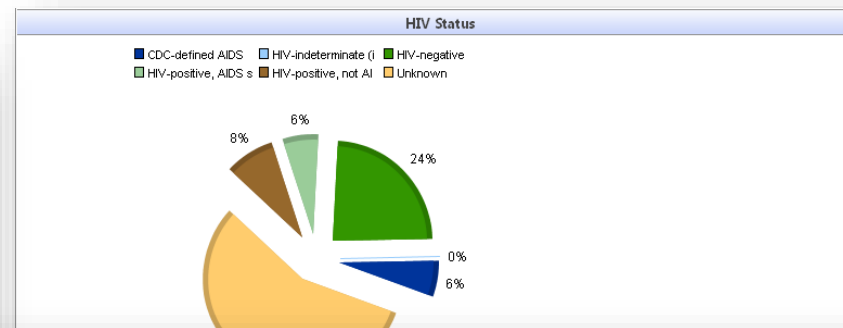
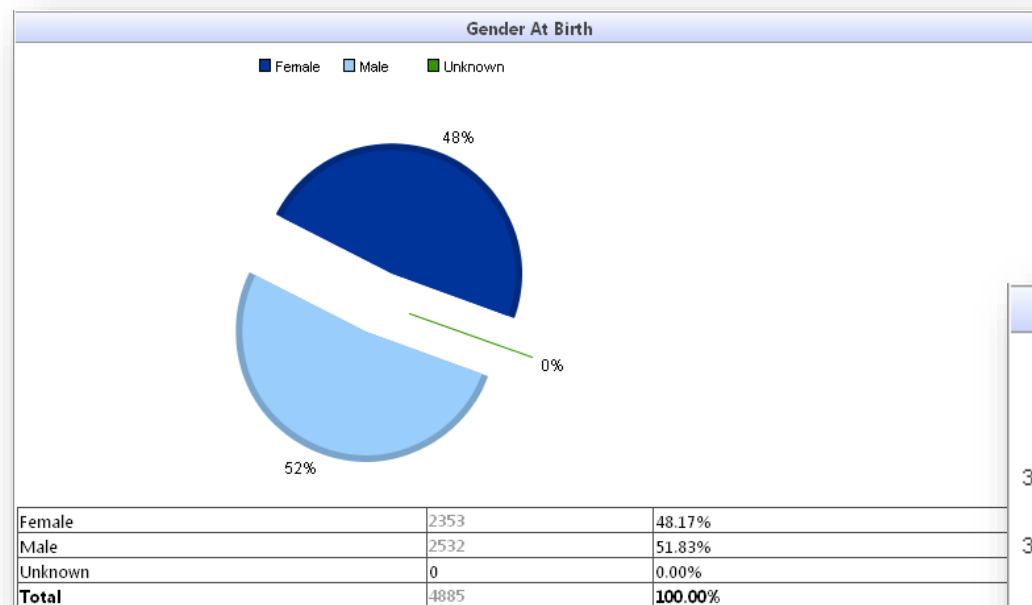
Answer: Yes

E2ID	Firstname	LastName
<a href="#">AB020914</a>	Angela	Bennett
<a href="#">AB021286</a>	Angel	Bell
<a href="#">AB102716</a>	Alexis	Brown
<a href="#">AB103454</a>	Angel	Bell
<a href="#">AC102063</a>	Alex	Cooper
<a href="#">AE103214</a>	Andrea	Evans
<a href="#">AG102044</a>	Alexandra	Gonzalez
<a href="#">AG103438</a>	Alexandra	Gonzalez
<a href="#">AJ102715</a>	Ashley	Jones
<a href="#">AL020146</a>	Aidan	Long
<a href="#">AM020714</a>	Anna	Martinez
<a href="#">AM021324</a>	Andrew	Miller

# Expenditures Report

Detailed Monthly Expenditures Report	
Life Foundation All Funding Sources Report for Period (01/01/2013 to 12/31/2013) Detailed Subservice Breakdown	
Click on a client's name to toggle details <a href="#">Collapse/Expand All</a>	
Client Name	Invoice Amount
Aaliyah Bryant ( 889-46-08 )	\$ 0.00
Aaliyah Bryant ( 349-96-03 )	\$ 0.00
Aaron Perez ( 595-15-42 )	\$908.94
Abigail Wilson ( 786-68-87 )	\$ 0.00
Abigail Wilson ( 524-04-06 )	\$ 0.00

# Visual Analytics: From data to action



# Proactive Alerts & Reminders

Aloha , Rde Systems, of Life Foundation !

Search Multi Entry Alerts

Type	Upcoming Alerts	Past-Due Alerts	Recommendations
CD4 test not performed within past three months	24	640	Consider scheduling or following-up to conduct CD4 test
VL test not performed within past three months			Consider scheduling or following-up to conduct a VL test
No medical appointment in the past 6 months			Consider scheduling or following-up to ensure
CD4 results less than 200 but not changed to AIDS			Consider scheduling or following-up to ensure IV Status is correct. If
Active clients who have not received services in the past 6 months			Consider scheduling or following-up to reconnect them to
No TB/TST conducted within 12 months of the last TB/TST			Consider scheduling or following-up to conduct
No Syphilis test conducted within 12 months of the last test			Consider scheduling or following-up to conduct a
No recertification has been done within the past 6 months	95	267	Consider scheduling or following-up with the client to verify his/her information

Past Due Alert - No TB/TST conducted within 12 months of the last TB/TST

[Anchor for Printing]

Upcoming Alert - VL test not performed within past three months [Close]

AC020501 JR020771 AS020831 AS021710 SH021730 LJ021736 DC100736 LH102185 KS102293 HW102524 VC102914 ZH102918  
JR102931 AS102997 EJ103058 MH103139 AP103438 KS103759 PH103762 BM103774 EB103782 CC103788 SP103807 BG103810  
JR103812 PJ103814

☒ Subscribe to e-mail alerts (Weekly)



# Proactive Alerts & Reminders

LamineHawaii Proactive Alerts & Reminders - Message (HTML)

Message

From: hawaiiInternal@e-compas.com Sent: Mon 6/9/2014 3:12 PM  
To: Lamine Thaw  
Cc:  
Subject: LamineHawaii Proactive Alerts & Reminders

Dear Rde Systems,

Below is an updated table of your subscribed alerts. Usage of the Alert System has been proved to have a positive impact on the data quality and quality management activities. Please review this data for accuracy and take action where you can.

"Upcoming Alerts" help you plan for actions to help meet standards, and "Past-Due Alerts" help you address items that have exceeded the time threshold.

Type	Upcoming Alerts	Past-Due Alerts	Recommendations
CD4 test not performed within past three months	40	207	Consider scheduling or following-up to conduct CD4 test
VL test not performed within past three months	39	211	Consider scheduling or following-up to conduct a VL test
No medical appointment in the past three months	N/A	169	Consider scheduling or following-up to ensure medical appointment
CD4 results less than 200 but status has not changed to AIDS	N/A	6	Review records and ensure the HIV Status is correct. It may need to be changed to AIDS.
Active clients who have not received any services in the past 6 months	N/A	67	Review client records and try to reconnect them to services or mark as inactive.
No TB/TST conducted within 12 months of the last TB/TST	6	125	Consider scheduling or following-up to conduct TB/TST
No Syphilis test conducted within 12 months of the last test	15	59	Consider scheduling or following-up to conduct a Syphilis test
No recertification has been done within the past 6 months	30	194	Consider scheduling or following-up with the client to verify his/her information

**Note:** The criteria used for these alerts were developed by DOH and the User Advisory Group. You can view the criteria for each alert by clicking on the (?) button next to each alert upon logging in to e2Hawaii and going to the Alerts. If you feel that clients should be showing or should not be showing up in these alerts, please send us ([hawaiiInternal@e-compas.com](mailto:hawaiiInternal@e-compas.com)) the e2ID's of the clients in question with a description as to why you think they should or should not be showing up. We will be happy to help investigate to help continuously refine the alert criteria in consultation with the UAG and e2Hawaii Team.

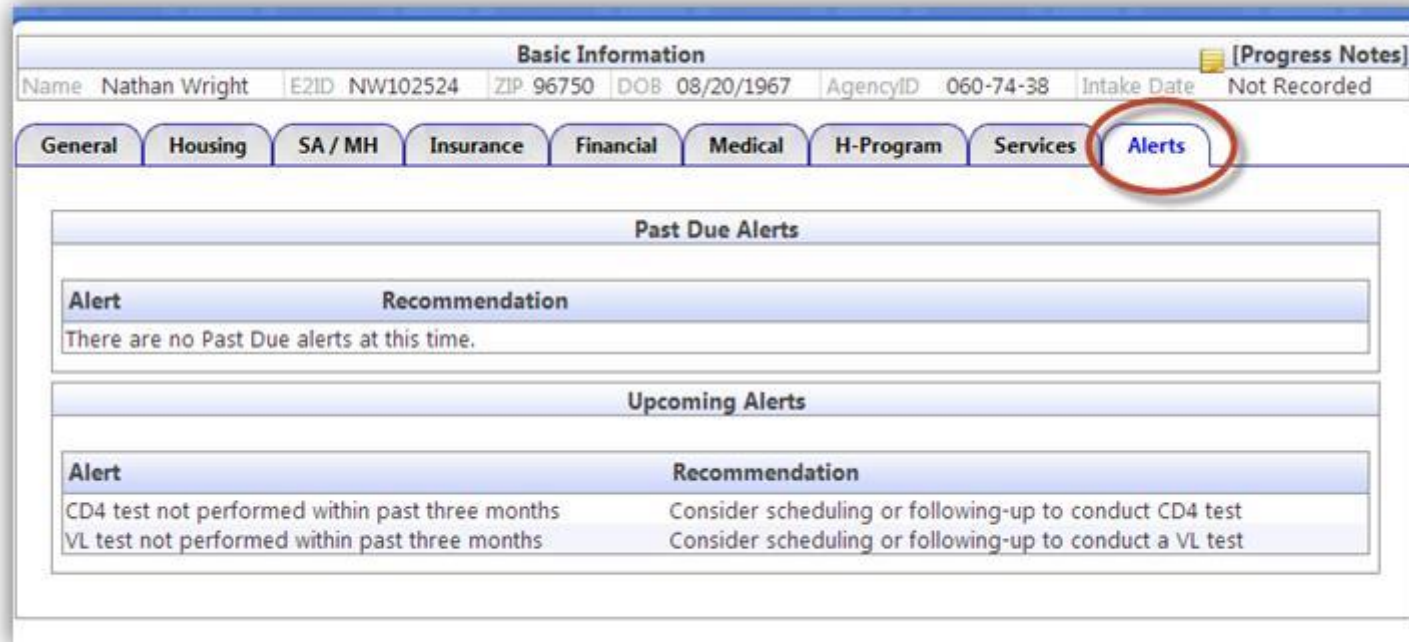
If you wish to view a clickable version of this report, please login to your account at <https://e2Hawaii.net> and select the Alerts tab.

If you have suggestions for additional alerts, please let us know at [hawaiiInternal@e-compas.com](mailto:hawaiiInternal@e-compas.com). Your ideas and feedback are always valuable

Retention Policy: Inbox 3 Years (3 years) Expires: 6/8/2017

hawaiiInternal@e-compas.com

# Proactive Alerts & Reminders



The screenshot shows a patient record interface for Nathan Wright. The 'Alerts' tab is selected and highlighted with a red circle. The interface displays two sections: 'Past Due Alerts' and 'Upcoming Alerts'. The 'Past Due Alerts' section shows no alerts. The 'Upcoming Alerts' section lists two alerts: 'CD4 test not performed within past three months' and 'VL test not performed within past three months', both with a recommendation to 'Consider scheduling or following-up to conduct' the respective test.

Basic Information	
Name	Nathan Wright
E2ID	NW102524
ZIP	96750
DOB	08/20/1967
AgencyID	060-74-38
Intake Date	Not Recorded

**Progress Notes**

**General** **Housing** **SA / MH** **Insurance** **Financial** **Medical** **H-Program** **Services** **Alerts**

### Past Due Alerts

Alert	Recommendation
There are no Past Due alerts at this time.	

### Upcoming Alerts

Alert	Recommendation
CD4 test not performed within past three months	Consider scheduling or following-up to conduct CD4 test
VL test not performed within past three months	Consider scheduling or following-up to conduct a VL test

# Wrap Up: Hawaii HIE and Use of Data

1. **Share it!** e2Hawaii Ryan White Cross-Part HIE has a profound impact on care coordination, time savings, and data quality.
2. The e2Hawaii Waikiki Health story demonstrates key leadership and partnership lessons in being resourceful and dedicated.
3. Secure Messaging improves productivity, responsiveness, and reduces staff interruptions
4. **Use it!** Visual Reporting and Proactive Alerts & Reminders increases data use and reduces the time from data to action.
5. ADAP, supported by SPNS, produced innovative recertification, eligibility and data exchange. Perfect learning laboratory.

# How the Boston Public Health Commission created a client level data system that providers actually use

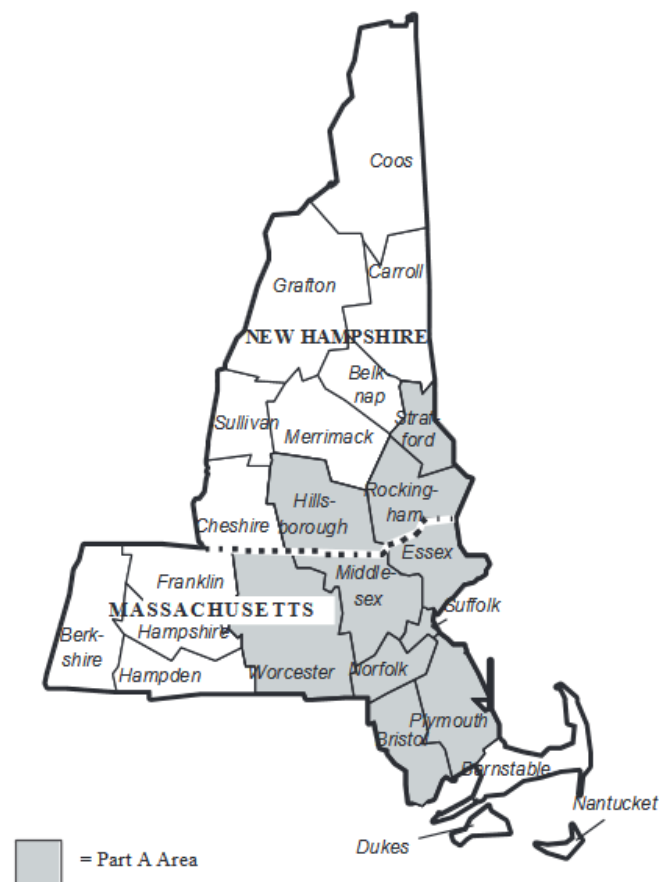
August 24, 2016

HIV/AIDS Services Division  
Infectious Disease Bureau  
Boston Public Health Commission



# Jurisdictional Profile

- The Boston EMA is a 10-county region, comprising 7 counties in MA and 3 counties in NH.
- The Boston EMA Planning Council is the community planning body, which prioritizes and allocates funds to service categories.



# Jurisdictional Profile

- Boston Public Health Commission (BPHC) is designated as the Part A recipient.
- The FY 2016 Award for the Boston EMA was \$14.6M.
- BPHC funds 34 direct service providers, including 54 programs.

# Central themes in the BPHC experience prior to moving to a cloud-based system

- Maintaining an aging data system
- General lack of progress to modernize the infrastructure needed to collect the ever-expanding amount of RWHAP data
- Addressing the needs of numerous stakeholder groups in order to build an optimal user experience for all participants
- Considering scalability and flexibility for data projects during initial implementation vs. the entire lifespan of a data system

# “A data system held together by scotch tape.”

- BPHC previously had a custom-built database that could not be modified.
- Agencies submitted client demographic & service utilization via paper forms and data entry staff manually entered the data.
- This system could not generate the RSR XML file. In the first RSR year, BPHC had to use T-REX to help providers submit.

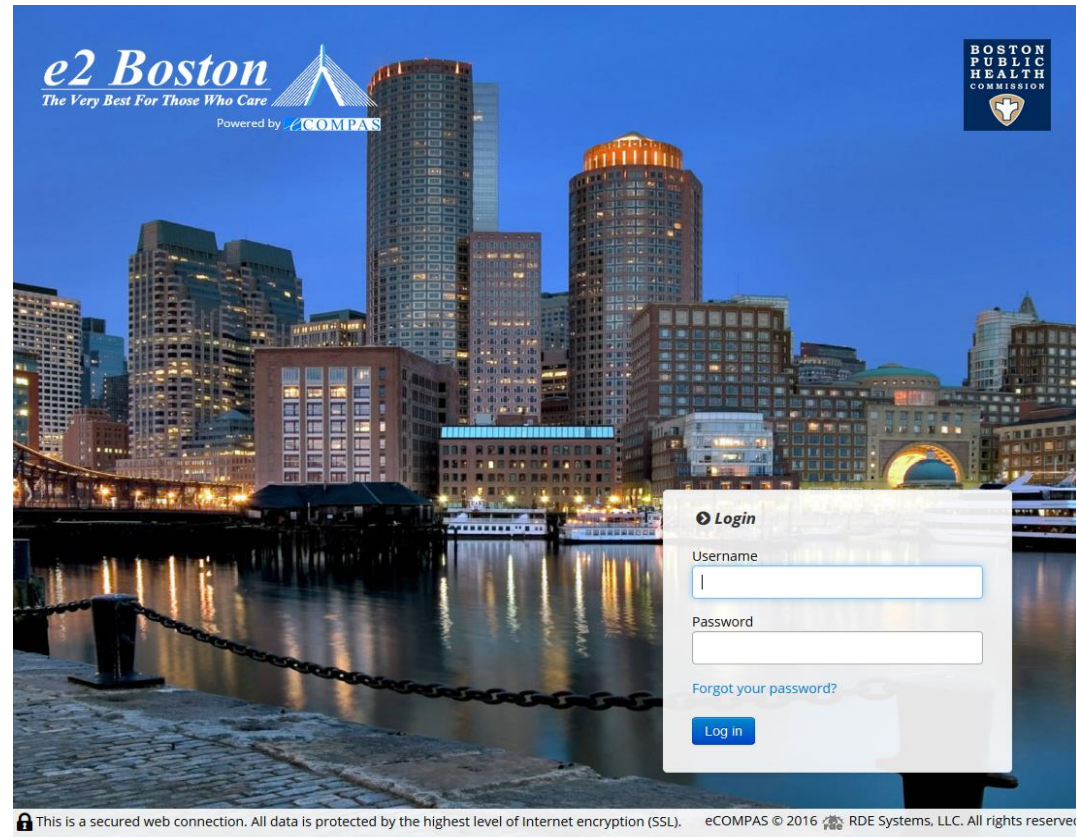


# BPHC needed a solution...fast!

- The original vision was to build a networked system that allowed BPHC to also connect with MA Part B data, creating one universal system to report all RW data.
- Failure of many data system projects is not knowing what you want, how much you can afford, and how long it takes to get the product out on the street.
- To avoid repeating mistakes from the past, the solution must be a commercially off-the-shelf product that allowed for customizability, but had a strong core system.

# How do you maintain control over the development process?

- BPHC worked collaboratively with the vendor to design a user-friendly interface and reports that reflect the needs of program staff.
- This requires recipients to also work collaboratively within their organization, such as with IT/IS departments.
- Consider dividing up the labor within the development process into programmatic (e.g. data dictionary) vs. IT/IS (e.g. security) buckets in order to promote a speedy implementation.



RDE was selected as the final vendor in February 2013.

BPHC launched e2Boston in March 2014 and is now well into its third year of implementation.

# What do you do when you have champagne taste, but beer money?

- The primary goal of building a data system was to at least have a system that capture all the required RSR fields and can generate the XML file.
- The biggest shift for all stakeholders was the fact that this HIV data system was a website, not a desktop application that needed to be installed locally.

# What do you do when you have champagne taste, but beer money?

- In the initial year, RSR functionality was included at launch, in addition to capturing HRSA and Boston EMA-specific client demographic and service utilization data elements.
- BPHC was not able to incorporate any health outcomes data elements at launch.
- The site utilizes user-friendly descriptions and instructions, including plain language feedback on RSR XML errors.

# Having plain language feedback makes it easier and quicker to fix problems with your XML file.

HAB (Check Your XML Tool)	eCOMPAS
The 'EthnicityID' element is invalid - The value '20' is invalid according to its datatype 'urn:rsrNamespace:EthnicityLkup' - The Enumeration constraint failed.	The value "20", which was entered into a <EthnicityID> tag, is invalid. You must use one of the following values for this tag: 1, 2
The 'ServiceDate' element is invalid - The value '09,01,1714' is invalid according to its datatype 'urn:rsrNamespace:dateType' - The Pattern constraint failed.	The value "09,01,1714", which was entered into a <ServiceDate> tag, is invalid. This tag may have a specific format for data (for example, dates should be in mm,dd,yyyy format with commas between each tag). It may also have restrictions on the values that can be entered (eg. date fields will not allow a year prior to 1900). Check the import manual for acceptable values/data formats for this attribute.

# Start with a good core product and then upgrade/modify as necessary.

- BPHC also operated a dental reimbursement program that needed a more comprehensive data system. A special version of e2Boston was built for the program to also collect additional clinical and diagnostic information necessary to assess and determine treatment options for PLWH receiving dental care.
- This version can only be used by dental staff, but can still report data by funder so BPHC can properly account for how Part A funds are being used by the program. The system also tracks state and RW Part B funds for services.



# e2Boston utilizes an open data standard to provide user choice.

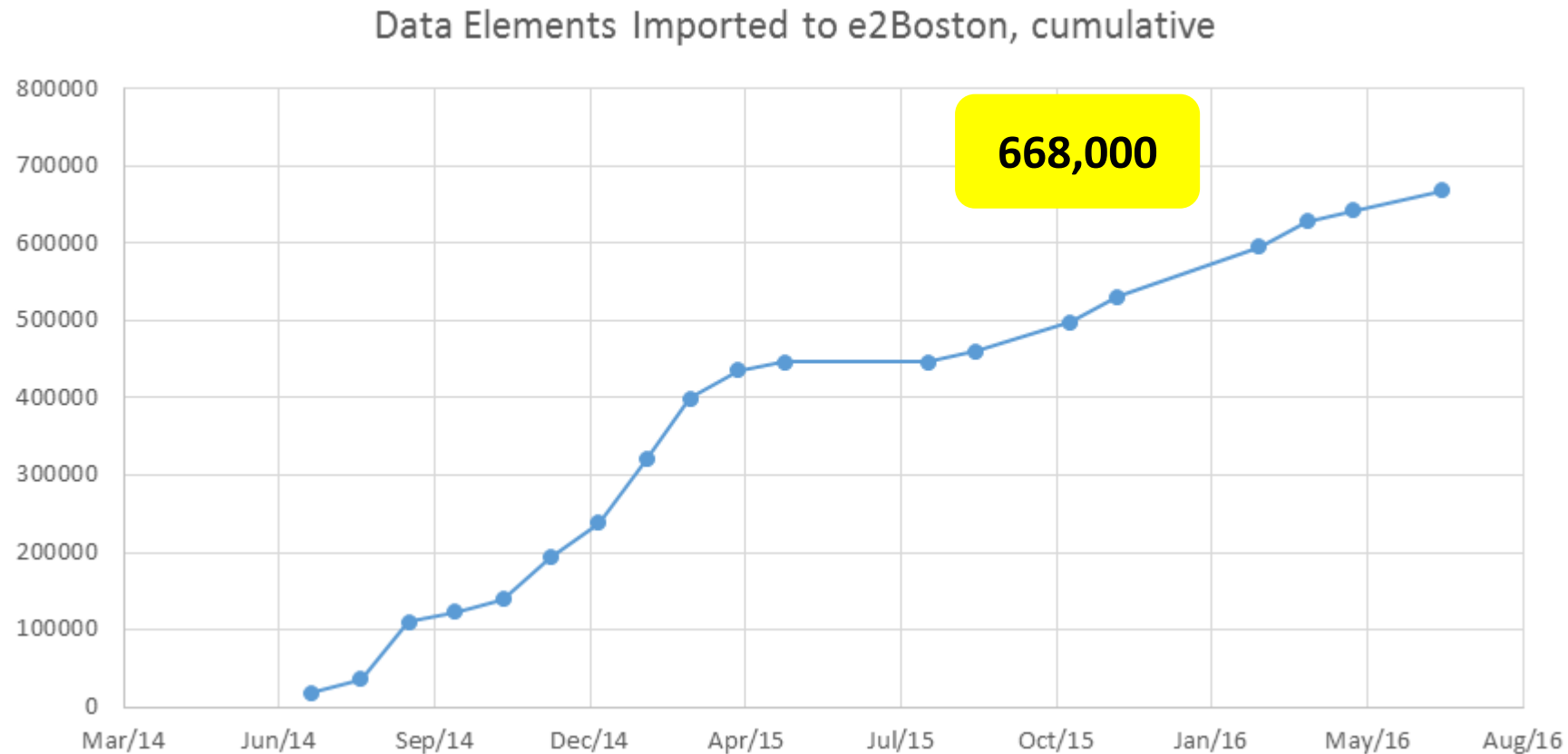
- Larger agencies, such as health centers, already utilize an existing EMR and using e2Boston as a primary system may not be an option.
- BPHC and RDE worked to develop a data dictionary and data import standards that allow agencies to export data from their existing systems into a database file, which can be directly uploaded onto the e2Boston website.
- Users can import client demographic, service utilization, and/or health outcome data.



# Data import is a highly prized functionality within e2Boston.

- 17 of 34 funded agencies import their data.
- These agencies typically serve between 100-500 clients annually.
- The biggest time saver is to import service utilization data, especially for programs that provide a high volume service, such as daily congregate or home-delivered meals, office visits, or support group meetings.
- Importing data is also helpful during RSR season when RSR-specific data elements must be updated for a majority of clients.

# Seventeen import users imported over 600K data elements since launch.



# Users can enter and see their data in real time.

- One of the typical challenges with older processes was the lag time to get data reported, analyzed, and then used for RW activities. e2Boston allows users to report data on their own schedule.
- BPHC requires that most data is reported every 3 months. Nearly half of all agencies enter data on a daily basis.
- Some data import users also upload data more often than every 3 months, because smaller batches and frequent uploads encourage program staff to stay up to date on their client documentation. This reduces the need for data staff to chase after data as reporting deadlines loom.

# Users can enter and see their data in real time.

- All users can run reports at any time to review any previously entered data, whether it's two years ago or 10 minutes ago.
- Providers can enter their work for the week, run a report showing total volume of services, and then send a copy of that report to their supervisor.
- e2Boston also features advanced visual analytics that allow users to generate tables and graphs for internal usage, BPHC reporting, or data for grant applications.

# The HIV Care Continuum is everywhere and now it's in e2Boston.

- In March 2015, BPHC released a health outcomes module, which allows providers to use the same interface to now submit client demographic, service utilization, and outcomes data.
- Data import for outcomes was available at launch.
- Some of BPHC's outcomes include: HIV viral suppression, housing status, last medical visit date, mental health.

# Viral suppression is the ultimate goal.

- VS is tracked on the client level within e2Boston. Providers can identify individuals or cohorts that are not suppressed and target them for services.
- BPHC has dramatically shifted its focus on improving viral suppression (VS) and requires agencies to review the VS rates among their clients. From FY15 data, 89% of Part A clients reported an undetectable\* viral load.
- Procurement activities now require that applicants be able to report on their current VS rates and compare against the EMA/state continuum of care.

\* Undetectable = less than 200 copies/mL.

# Lessons learned through this process:

- Development and implementation should be done in a speedy manner, because lengthy delays can make your project obsolete
- Building a system that people will actually use and be mindful of the user experience
- In order for providers to fully take advantage of any data system, they must have real-time access to their own data – this is essential for tackling viral suppression

**See how the Boston EMA tracks  
VS!**

**Exhibition Hall, P110**

**Title: Identifying significant indicators of  
unsuppressed viral load in the Boston EMA**



# e2Boston will keep evolving.

- One-click HIV care continuum at agency, service category, and EMA levels
- Fiscal reporting and cost accounting functionality, a necessary component for unit-rate services
- Client enrollment data sharing, allowing providers to send RW eligibility information to others in the Part A network

# ***The Whoosh: Innovative Data Exchange***

**National Ryan White Conference  
August 2016**

NYC Department of Health and Mental Hygiene  
Transitional Health Care Coordination

# Rationale / Challenges

## One Stop Career Center Puerto Rico

### *Limited access to:*

- ❑ Re-entry services
- ❑ Correctional health discharge planning
- ❑ Transportation assistance
- ❑ Coordinated care

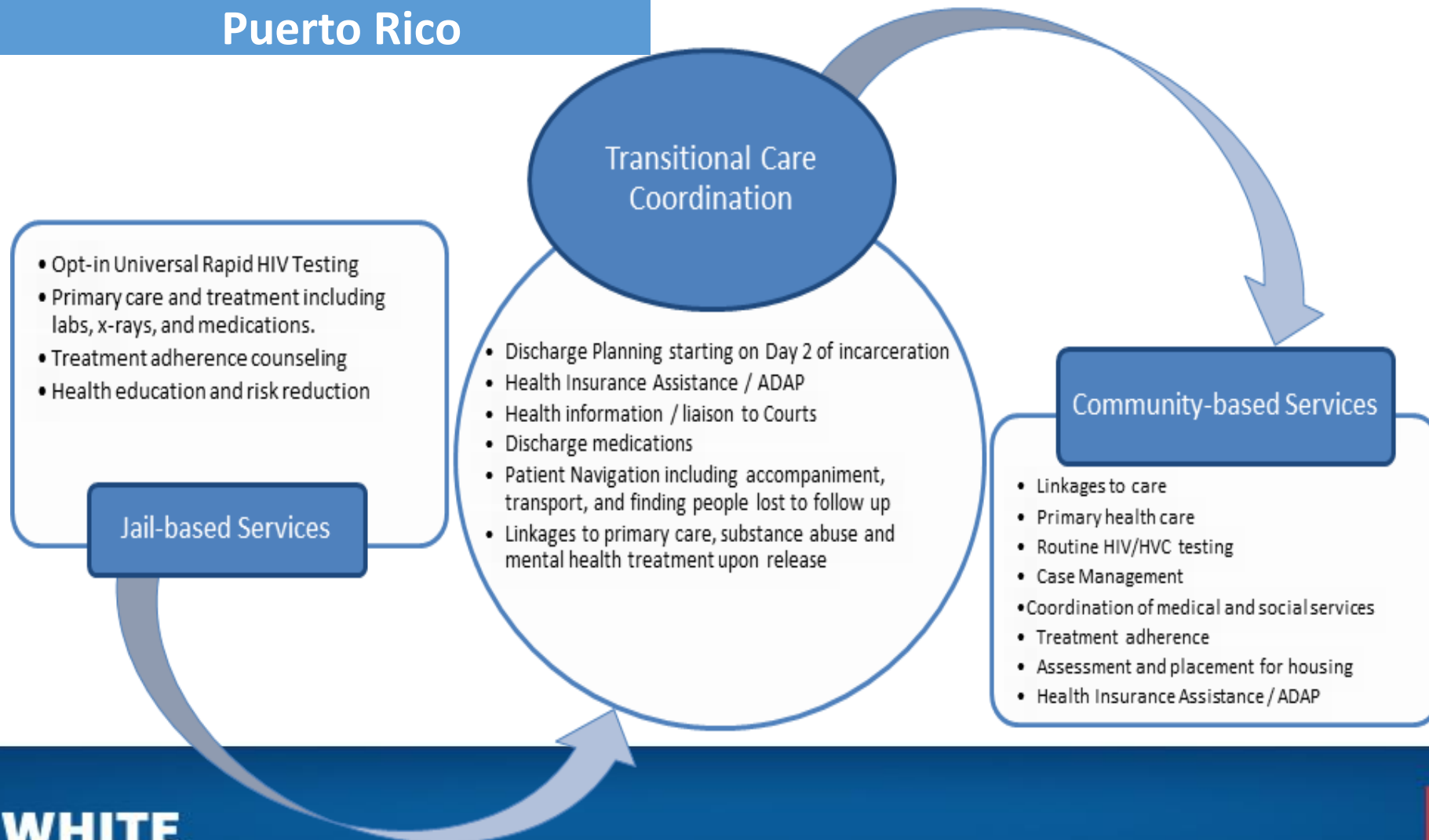
## Damian Family Care Centers Bronx, NY

### *Inconsistent care:*

- ❑ Short jail stays
- ❑ Multiple providers
- ❑ Part-time ID specialist
- ❑ Substance use

# Practice Transformation Model

## One Stop Career Center Puerto Rico



# Practice Transformation Model

Damian Family Care Centers  
Bronx, NY

- ✓ Adapt Hampden County's Public Health Model for Correctional Health\*
- ✓ Train Nurse Practitioners as HIV specialists
- ✓ Incorporate Community Health Worker
- ✓ NP / CHW follow patients from Bronx jail at community clinics
- ✓ Share EHR and eCOMPAS TCMS
- ✓ Incorporate EPIC substance use program

\*<http://www.mphaweb.org/PublicHealthModelforCorrectionalHealth.htm>

# Steps toward Implementation

## One Stop Career Center Puerto Rico

### Identify staff:

- ✓ Train staff in HCCM
- ✓ State certified HIV counselors

### Transportation:

- ✓ Transportation Service
- Identify sustainable funding

### Coordinate with Corrections:

- ✓ Access to correctional facilities
- Patient health records

### Engage Key Stakeholders:

- ✓ Establish a Consortium
- ✓ Linkage Agreements
- ✓ Meet with Clients

# Steps toward Implementation

Damian Family Care Centers  
Bronx, NY

## Identify / train staff:

- ✓ Identify NP and CHW
- Train NP and CHW

## Share health and care management records:

- ✓ Access jail EHR at DFCC clinics
- ✓ Create Transitional Care Management System
- Add TCMS portal for DFCC

## Patient Rosters:

- Provide discharge plans
- Coordinate with Damian EPIC program

## Key Stakehold Collaborations:

- ✓ Damian to join *THCConsortium*
- DOC logistics for EPIC program

## One Stop Career Center Puerto Rico

- ☐ Execute transportation contract
- ☐ Access to jail health records
- ☐ IRB approval (submitted 6-3-15)

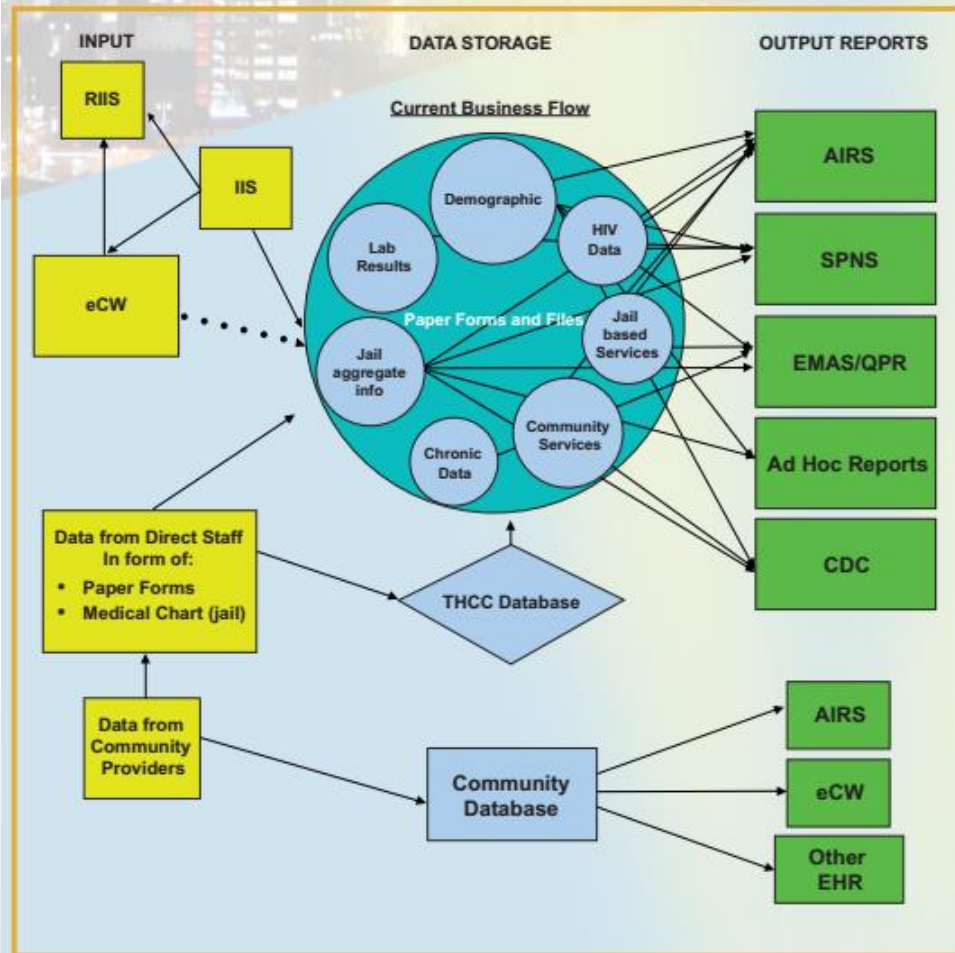
## Damian Family Care Centers Bronx, NY

- ☐ Staff training
- ☐ Site visit to Hampden County jails
- ☐ Access to TCMS
- ☐ IRB approval

**... to Launch**

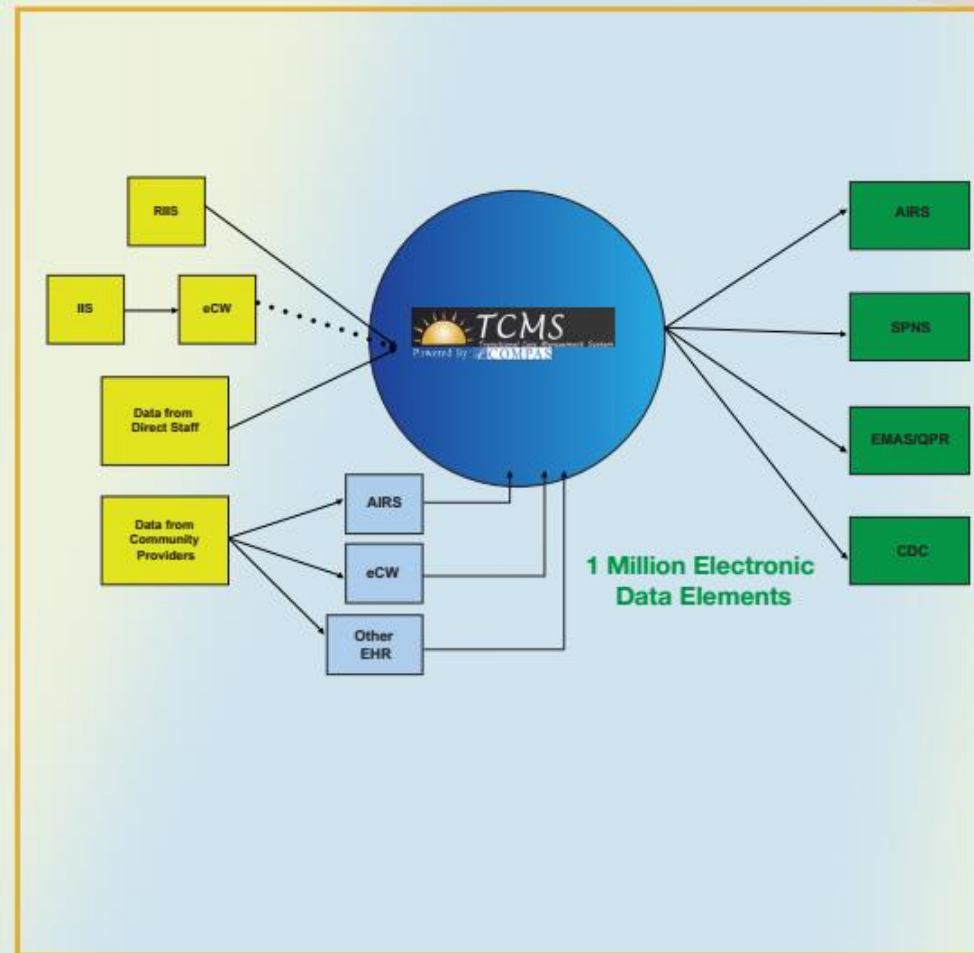


## Before






- ✗ Time spent on entering data into multiple excel sheets hence less effective and lower efficiency
- ✗ Time spent on cleaning up errors in multiple excel sheets
- ✗ Double data entry
- ✗ Communication back and forth on data clean up
- ✗ No ability to monitor real time activities





## After







- ✓ No more paper/excel sheets thus improved effectiveness and efficiency
- ✓ Work smarter and not harder
- ✓ Projected to redirect 10-15% from admin to direct service delivery
- ✓ One Stop to access all information
- ✓ No more double data entry, direct data integration from EMR
- ✓ Instant access to management reports
- ✓ Accountability of community partners

# The Whoosh! ... ecW to eCOMPAS data flow

8/9. SS #   6. Gender  M 

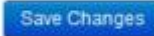
1. NYSID  09418699J  2. Booking Case  2411410438 

6a. Race  Black  6b. Ethnicity  Non-Hispanic 





**PDATE - Client Identifiers**




9a. Date of Birth  9b. A.K.A.





9c. SS #  9d. Gender





**Criminal Justice History**





10. Last Jail Admission  07/24/2014  11. Next Court Date  01/01/1901 



10a. Last Medical Intake Date  11a. Last Known Facility  19 


12. Community Release Date  03/06/2015  12a. Last Discharge Date  03/06/2015 

13. Projected Discharge Date  03/21/2015 

**Presenting Issues**

13a. For what reason was patient not seen  Other  13b. What service(s) were missed  Assistance with h 

14. Health Liaison to Court -- Please Select --  15. Accompaniment -- Please Select -- 

16. Lost to -- Please Select --  17. Transitional ☐ HIV

### 🔍 Court Advocacy

83. Eligibility determination ⚡ Other ⓘ

83a. Eligibility determination -- Other (please describe) ⚡ Yes ⓘ

84. Date of Next Court Appearance ⚡ Yesterday ⓘ

85. Completed Appointment Preparation? ⚡ No ⓘ

86. Appointment Date ⚡ Tomorrow ⓘ

### 🔍 Referrals to Care Management

87. Health Home Enrolled? ⚡ Maybe ⓘ

87a. If enrolled, record Health Home provider ⚡ Umbrella Corporation, Division 1 ⓘ

87b. For which programs is this client eligible? ⚡ Other ⓘ

87c. For which programs is this client eligible? -- Other Health Home Organization (specify in notes) ⚡ Something ⓘ

88. To which care management organization is the patient referred? ⚡ Umbrella Corporation, Division 2 ⓘ

88a. Date referred to Care Management Partner ⚡ Day After Tomorrow ⓘ

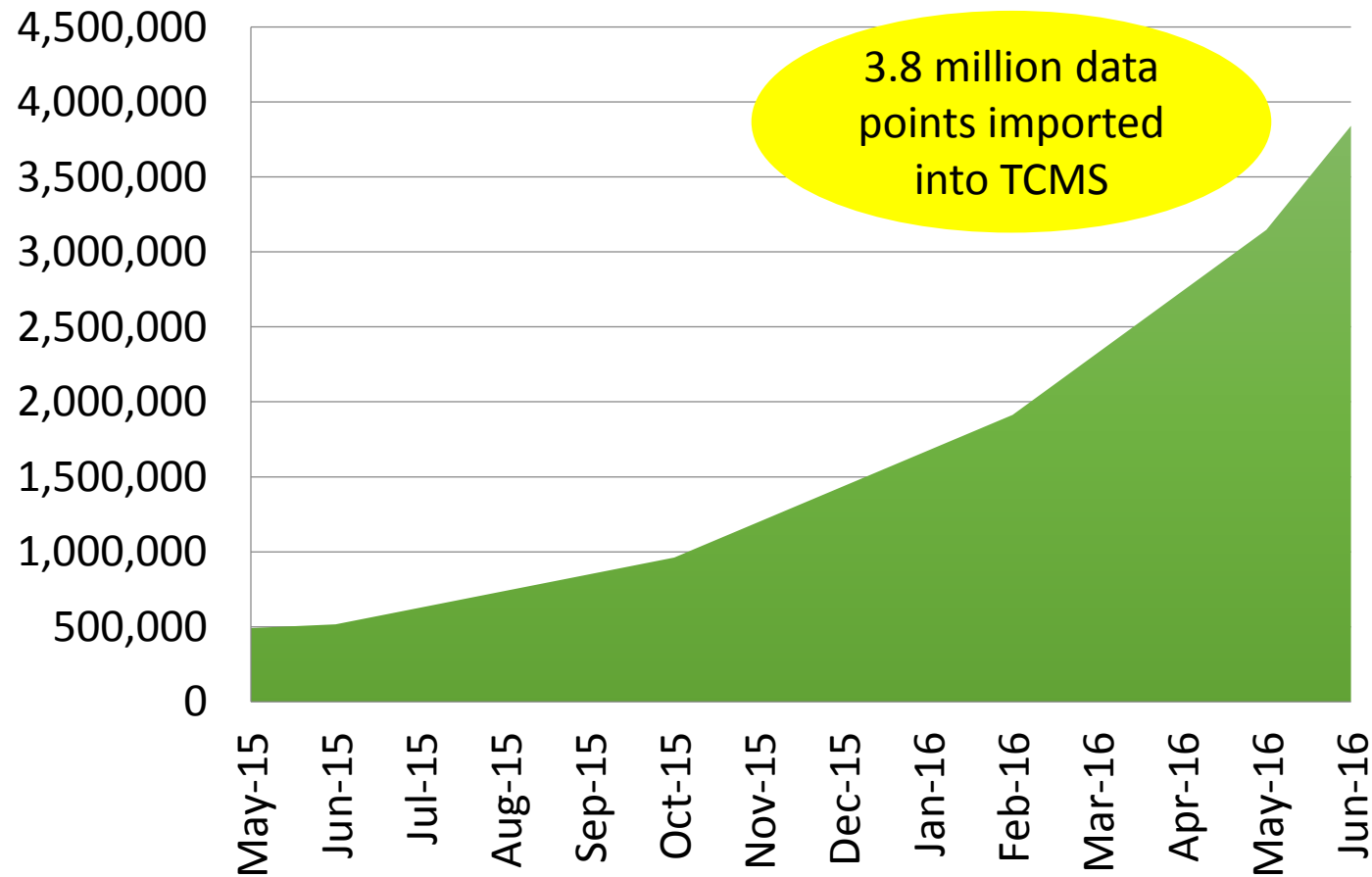
88b. Partner referral status? ⚡ Jury's Still Out ⓘ

### 🔍 Referral to RITC Partner

89. To which organization was the patient referred? ⚡ Umbrella Corporation, Divis ⓘ


90. Date referred to RITC Partner ⚡ Two Days After the Morning ⓘ

# TCMS Data Feeds (the Whoosh!)



**10-15% savings in admin costs**


# TCMS Program Summary Report




Transitional Care Management System  
"Where Transitions + Support Linkages To Care To Improve Community Health"

[Main](#) [Reports](#) [Help](#) Nolan Ching ▾ 14 : 07

## THCC Program Summary Report

1. Start Date  

2. End Date  

or Select:  ▾

\* 3. Program:  ▾

\* 3a. Organization Assigned:  ▾

\* 3b. RITC Partner:  ▾

\* 3c. Care Management / Health Home:  ▾

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(Expand All) • (Collapse All)

4.	Known HIV+ Admitted To Jail	136
5.	THCC Attempted Contact During Month	52
6.	+ Received a Plan from THCC	532
28.	+ Total Released To Community	758
37.	+ Total Confirmation of Primary Care	249
46.	+ Overall Connection Rate	0.33

Feedback



# Collapse-expand feature

 **TCMS**  
Transitional Care Management System  
"Save Transitions • Support Linkages To Care To Improve Community Health"

Main Reports Help Nolan Ching 19:07

### THCC Program Summary Report

1. Start Date: 08/10/2015 2. End Date: 02/06/2016 or Select: Past 6 Months

\* 3. Program: HIV Care, Chronic Care

\* 3a. Organization Assigned: 3 selected

\* 3b. RITC Partner: Exponents, Fortune Society, WPA

\* 3c. Care Management / Health Home: ASCNYC, Bronx Health Homes

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4.	Known HIV+ Admitted To Jail	136
5.	THCC Attempted Contact During Month	52
6.	<b>— Received a Plan from THCC</b>	532
7.	<b>— Did Not Receive a Plan</b>	212
8.	Released within 48 Hours	58
9.	Declined	16
10.	Pending Intake (Admitted Less than 48 Hours)	92
11.	Other	46
12.	<b>— Community Partner Referrals</b>	164
13.	<b>— RITC Partner Referrals</b>	69
14.	Exponents Referral	13
15.	Fortune Society Discharge Planning	39
16.	WPA Referral	17
17.	<b>— Care Management / Health Home Referrals</b>	95

16.	THCC Release	77
17.	<b>— Care Management / Health Home Referrals</b>	<b>95</b>
18.	ASCNYC Referral	24
19.	Bronx Health Home Referral	71
20.	<b>— Community Partner Enrolled</b>	<b>156</b>
21.	<b>— RITC Partner Enrolled</b>	<b>60</b>
22.	Exponents Enrolled	34
23.	Fortune Society Discharge Planning Enrolled	22
24.	WPA Enrolled	4
25.	<b>— Care Management / Health Home Enrolled</b>	<b>96</b>
26.	ASCNYC Enrolled	49
27.	Bronx Health Home Enrolled	47
28.	<b>— Total Released To Community</b>	<b>758</b>
29.	THCC Released To Community	250
30.	<b>— RITC Partner Released To Community</b>	<b>183</b>
31.	Exponents Released	25
32.	Fortune Released	92
33.	WPA Released	66
34.	<b>— Care Management / Health Home Released to Community</b>	<b>323</b>
35.	ASCNYC Released	147
36.	Bronx Health Home Released	176
37.	<b>— Total Confirmation of Primary Care</b>	<b>249</b>
38.	THCC Confirmation of Primary Care	54
39.	<b>— RITC Partner Confirmation of Primary Care</b>	<b>119</b>

Feedback



35.	ASCNYC Released	147
36.	Bronx Health Home Released	176
37.	<b>— Total Confirmation of Primary Care</b>	<b>249</b>
38.	THCC Confirmation of Primary Care	54
39.	<b>— RITC Partner Confirmation of Primary Care</b>	<b>110</b>
40.	Exponents Confirmation of Primary Care	26
41.	Fortune Confirmation of Primary Care	50
42.	WPA Confirmation of Primary Care	34
43.	<b>— Care Management / Health Home Confirmation of Primary Care</b>	<b>85</b>
44.	ASCNYC Confirmation of Primary Care	42
45.	Bronx Health Home Confirmation of Primary Care	43
46.	<b>— Overall Connection Rate</b>	<b>0.33</b>
47.	THCC Connection Rate	0.22
48.	<b>— RITC Partner Connection Rate</b>	<b>0.89</b>
49.	Exponents Connection Rate	0.98
50.	Fortune Connection Rate	0.54
51.	WPA Connection Rate	0.52
52.	<b>— Care Management / Health Home Connection Rate</b>	<b>0.26</b>
53.	ASCNYC Connection Rate	0.27
54.	Bronx Health Home Connection Rate	0.24

Feedback

# Client Drill downs

46.	<b>Overall Connection Rate</b>	0.33
47.	THCC Connection Rate	0.22
48.	<b>RITC Partner Connection Rate</b>	0.89
49.	Exponents Connection Rate	0.98
50.	Fortune Connection Rate	0.54
51.	WPA Connection Rate	0.52
52.	<b>Care Management / Health Home Connection Rate</b>	0.26
53.	ASCNYC Connection Rate	0.27
54.	Bronx Health Home Connection Rate	0.24

**Client Drilldown for #6**

Client	Connection Rate	View
Client 1	0.10	<a href="#">View</a>
Client 2	0.20	<a href="#">View</a>
Client 3	0.30	<a href="#">View</a>
Client 4	0.40	<a href="#">View</a>
Client 5	0.50	<a href="#">View</a>

# TCMS Future vision

- Real time TCMS access to community partners
- Summary reports and ad hoc reports to guide partners for practice transformation
- Client Data Sharing between community partners
- Multi lingual capabilities
- Expanding the whoosh to send data from eCOMPAS to other data systems.

# Q & A

# Wrap Up

### **Contact Information**

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