Revising Systems of Care

Through the Prism of TRG's Revision of EIS and Care Coordination Continuum

Overall Process

- Funding Implementation
- Concept and Framework
- Dialogue and Development
- Implementation of Standards
- Data: Subservices and Dictionaries
- Consumer and Community Input
- Measuring Success: Benchmarks and Outcome Measures
- What?!? You Want To Get Paid?
- Rollout of Initial System
- Wash, Rinse and Repeat
- Lessons Learned

The Prisms

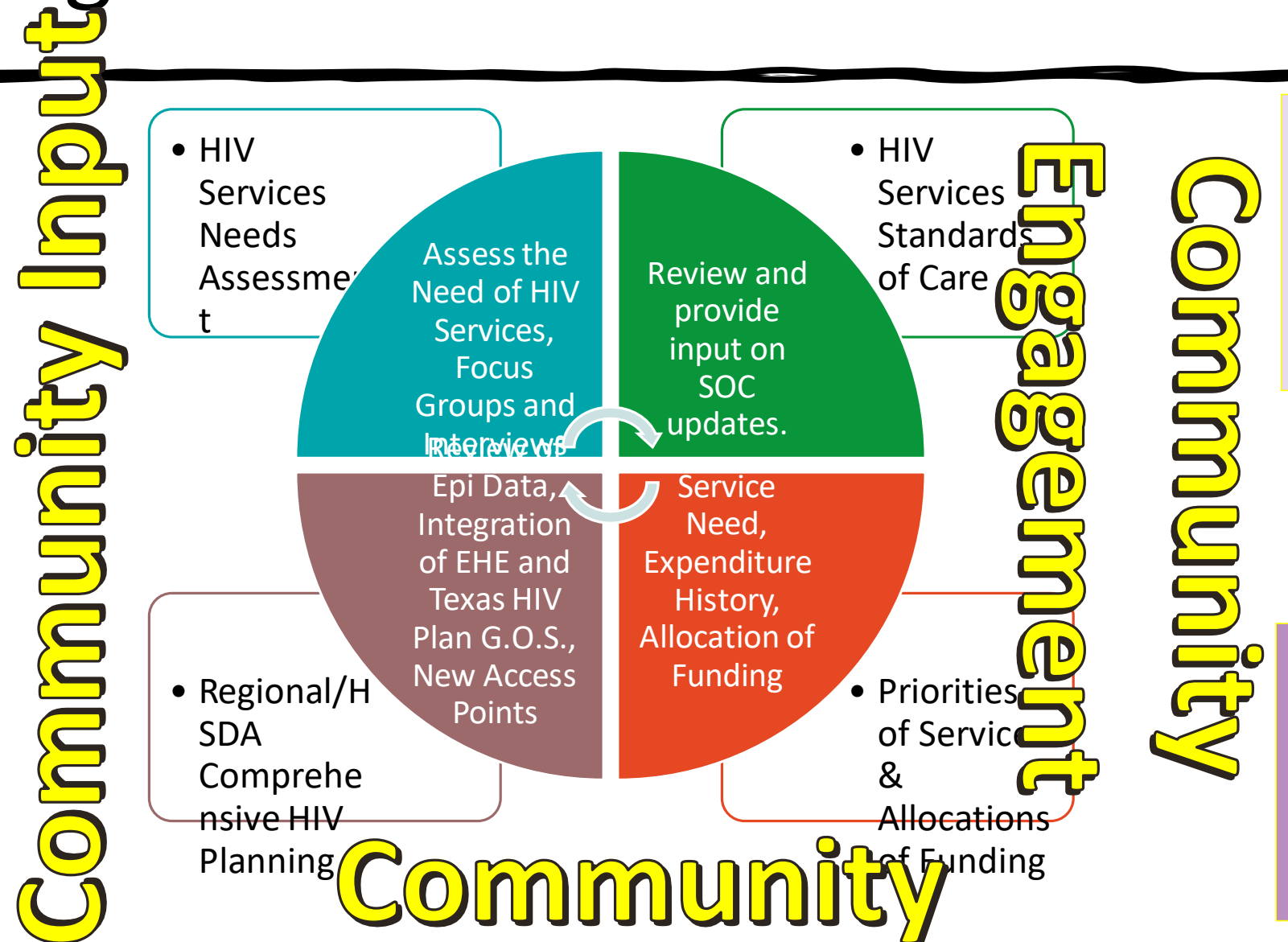
- **Early Intervention Services for the Incarcerated (EIS)**
  - EIS for the Incarcerated in Harris County Jail was not performing at the level needed due to challenges within CJ System and changing needs of the populations served.
- **Care Coordination Continuum (CCC)**
  - Based on the conversation with DSHS, TRG has created a framework to bring together previous pilot projects and other service intervention to start the implementation process of Care Coordination.

Funding Implementation - CCC

- HRSA Funding
  - *HE/RR (02-03 RWD)*
  - *Patient Navigation (12-13 RWD)*
  - Outreach Services (19-20 RWD and 21-22 RWC)
  - Referral for Healthcare (20-21 RWC)
- DSHS Funding
  - Non-Medical Case Management (20-21 RWB)
- Future Funding Steps (Next Slide)

Planning the Process

Emerging needs are implemented based on guidance or feedback from HRSA, DSHS, Providers, Consumers



Community

Early Intervention Services for PLWH in Harris County jail was b... comm... feedb... the n... HIV c... servic...

Care Coordination of Care model was based on review of the current Case

Other Emerging Needs:

- ADAP/Eligibility Enrollment Workers
- HarborPath
- Health

Concept and Framework (EIS and CCC)

- **Two Methods of Developing the Concept**
  - **Top Down Requirements Retrofitted (EIS)**
  - **Proactive Conversation (CCC)**
    - **Conversation with DSHS about Care Coordination**
    - **Implementation of Part C and Part D Services**
- **Need to Figure out the Framework First**
  - **EIS – Address the challenges in Harris County Jail (i.e. length of stay and lack of "out" date)**
  - **CCC – Framework to wrap around the Service Interventions & Initial Service Spectrum**

HCJ 3-Tier Approach to EIS

Tier 0 - Limited Intervention

Tier 0 is delivered in conjunction with HIV testing results in HCJ. It focuses on providing all newly-diagnosed PLWH is HCJ with information and referral to health care in the community. Also serves PLWH who self-disclose at booking.

Tier 1 - Primary Intervention

Tier 1 is delivered to individuals who enter the internal HCJ care system. It focuses on the completion of THMP applications and connection to health care and other services in the community. It also provides health education and strategic planning for release.

Tier 2 - Enhanced Intervention

Tier 2 is delivered to individuals who remain in HCJ care system beyond the *average* thirty (30) day stay. It focuses on providing additional referrals to community resources as identified and available and provides additional education and strategic planning for release

Care Coordination Continuum

Outreach Services

Medical Case Mgmt

Non-Medical Case Mgmt

Patient Navigation

Referral for Healthcare

Health Education/ Risk Reduction

Deconstructing the Hierarchy

Dialogue and Development

- **What's In It For You**
  - **Service Revisions is about Sale Pitch**
  - **Remove administrative burden**
  - **Appropriately meet client need**
  - **Improved audit/monitoring outcomes**
  - **Consumers who can advocate for your services in public meetings**
- **Subrecipient Input (Administrators, Supervisors, and Direct Service Staff)**
  - **Monthly Provider Webinars (CCC)**
  - **Subrecipient Monthly TA Webinars (CCC)**
  - **Special Workgroups (EIS)**

Implementation of Standards

- Standards are living breathing documents that reflect how the service works.
- Standards are best designed as How-To Guides for direct staff.
  - DSHS/HRSA service standard are the foundation, you can reimagine local standards to meet the need of clients
- Take your time, develop area component of the standard with intention.
- Failure is the key to success; each mistake teaches us something

Data: Subservices and Dictionaries

- **Using Subservices To Track the Intervention**
  - **TRG uses Subservices a LOT!**
  - **BS versus Benefit Ratio**
    - **Is It Worth Collecting?**
    - **How Will It Be Used?**
  - **Keep It Uniform**
- **The More Complicated It Is the More Defined It Should Be**
  - **Use Data Dictionaries to explain the Subservices**

Data: Subservices and Dictionaries

AEW Subcategories Codes

Referral For Health Care/Support Services
Direct a client to a service in person or through telephone, written, or other types of communication, including management of such services where they are not provided as part of Ambulatory Outpatient Medical Care or Case Management Services.
Referral for Health Care Supportive Services Standards
Referral for Health Care Supportive Services Monitoring Tool (Word : 29 kb)
Referral for Health Care Supportive Services Monitoring Tool Feedback (Word:34 kb)
Referral to health care/supportive services
Per referral

Application	Recertification
App-Face to Face	Recert-Face to Face
App-Phone Contact – Client	Recert-Phone Contact – Client
App-Phone Contact - Liaison	Recert-Phone Contact - Liaison
App-Correspondence	Recert-Correspondence
App-Submission	Recert-Submission
App-Revision	Recert-Revision
App-Approved	Recert-Approved
App-Denied	Recert-Denied
App-MDT	Recert-MDT
App-Liaison Reviewed	Recert- Liaison Reviewed
App-Supervision	Recert-Supervision

Attestation
Attest-Face to Face
Attest-Phone Contact – Client
Attest-Phone Contact – Liaison
Attest-Correspondence
Attest-Submission
Attest-MDT
Attest- Liaison Reviewed
Attest-Supervision

AEW SUBCATEGORY	DESCRIPTION
Application	**The clients first visit to their provider for an ADAP Application.**
App-Face to Face	Documents face-to-face contact with client.
App-Phone Contact – Client	Documents phone contact with client.
App-Phone Contact – Liaison	Documents phone contact with ADAP Liaison worker at administrative agency.
App-Correspondance	Documents a letter or information sent to client.
App-Submission	Documents application submission to administrative agency for review.
App-Revision	Documents application sent back to provider to revise after administrative agency review.
App-Approval	Documents application approval letter.
App-MDT	Documents time spent in multi-disciplinary team reviews with medical and other providers.
App-Supervision	Documents review of clients record moderated by provider.
Recertification	**Annual review or recertification of current ADAP Application for established clients.**
Recert-Face to Face	Documents face-to-face contact with client.
Recert-Phone Contact – Client	Documents phone contact with client.
Recert-Phone Contact – Liaison	Documents phone contact with ADAP Liaison worker at administrative agency.
Recert-Correspondence	Documents a letter or information sent to the client.
Recert-Submission	Documents application submission to administrative agency for review.
Recert-Revision	Documents application sent back to provider to revise after administrative agency review.
Recert-Approval	Documents application approval letter.
Recert-MDT	Documents time spent in multi-disciplinary team reviews with medical and other providers.
Recert-Supervision	Documents review of clients record moderated by provider.
Attestation	**Any modifications changing approval of ADAP application (i.e. change of address, relocation)**
Attest-Face to Face	Documents face-to-face contact with client.
Attest-Phone Contact – Client	Documents phone contact with client.
Attest-Phone Contact – Liaison	Documents phone contact with ADAP Liaison at administrative agency.
Attest-Correspondence	Documents letters sent to client.
Attest-Submission	Documents application submission to administrative agency for review.
Attest-MDT	Documents time spent in multi-disciplinary team reviews with medical and other providers.
Attest-Supervision	Documents review of clients record moderated by provider.

EIS for Incarcerated

One (1) Unit of EIS for the Incarcerated (EIS) = 1 to 15 minutes of service provision				
Description	CPCDMS Code	Standard	Definition	Unit
Face To Face	EISF2	As Applicable	A touch (i.e. encounter) with the patient whether in or outside of clinic.	AT
Group	EISGP			
Phone Contact	EISPH	As Applicable	Phone contact made with or on behalf of the patient	AT
Education	EISED	Standard 0.5 Standard 0.6 Standard 0.7 Standard 1.10 Standard 1.11 Standard 1.12 Standard 2.4 Standard 2.5	Provisions of education, counseling, and/or health literacy to the patient.	AT
THMP Application	EISAP	Standard 1.8 Standard 1.9	Completion of THMP Application with patient Completion of Medication Certification Form Upload of THMP application into ARIES	AT
Referral	EISRC	Standard 1.20 Standard 1.21 Standard 2.11 Standard 2.12	External Referral for community care and support	AT
Referral Follow-Up	EISFU	Standard 1.22 Standard 2.13	Follow-up on External Referrals for community care and support (including THMP Application follow-up)	AT

AT = Actual Time spent in performing the encounter

Referral for Healthcare (Not AEW) - CCC

One (1) Unit of Referral for Healthcare (RFHC) = 1 to 15 minutes of service provision		
ARIES Subservice	Definition	Subservice Timeframe
RFHC – Eligibility Determination	Confirmation that the person living with HIV (PLWH) is currently Ryan White (RW) eligible to receive the RFHC intervention (see *Standard 1 - Eligibility Determination*).	Time Spent Conducting Encounter Type
RFHC – Referral Core	Completion of the referral process for the person living with HIV (PLWH) to access the needed core medical service (See *Standard 2 - Referral*).	
RFHC – Referral Non-Core	Completion of the referral process for the person living with HIV (PLWH) to access the needed non-core service (See *Standard 2 - Referral*).	
RFHC – Referral Education	Education provided to the PLWH in support of the referral. This education includes explanation of the service/referral, the referral process, the eligibility required to access the service/referral (See *Standard 3 - Referral Education*).	
RFHC – PLWH Referral Follow-Up	Communication with the PLWH to determine the status of the referral process (See *Standard 4 - PLWH Referral Follow-Up*).	
RFHC – Provider Referral Follow-Up	Communication with the provider to determine the status of the referral process (See *Standard 5 – Provider Referral Follow-Up*).	

Consumer and Community Input

- **All System redesigns benefit from Feedback. (Before, During and After)**
- **Groups generate superior final products to individuals**
  - **Consumers/PLWH Being Served**
  - **Community Partners (RW and Non-RW)**

Consumer & Community Input

- **Consumer Input**
  - **Annual Consumer Interviews at Subrecipients including in the Jail – Consumer who are incarcerated at HC jail**
  - **RWPC Affected Community Meeting**
  - **Advisory Boards including the Re Entry Advisory Board (RAB)- Consumers who have been incarcerated and have lived experience with reentry.**
  - **Supporting consumers with presentation and training ideas - Presentation to Parole Office**
  - **Consumer Surveys**
    A. **Initial/ baseline**
    B. **Follow-up from the initial/baseline**

Consumer & Community Input

- **Community Partners**
  - **HRSA and DSHS**
  - **TRG QM Committee Meetings**
  - **Joint RW Clinical Quality Committee**
  - **Ryan White Planning Council**
  - **Planning Process Stakeholders Meeting**
  - **End HIV Houston Workgroups**
    - **END HIV Houston Coordinator**
    - **Criminal Justice Workgroup**

Measuring Success

- **Shared Vision**
  - **Create a vision of what the intervention is intended to accomplish**
  - **Then use that vision to determine what success is**
- **Redefining Success**
  - **Measure What Matters**
  - **And Measure What You Gotta**
- **Benchmarks**
  - **Guideposts that clearly let the staff know where they are on the road to success.**
- **Outcome Measures**
- **Staff/Client Satisfaction and Experience**

What?!? You Want To Get Paid?

- **Core Versus Non-Core Challenge**
- **Becoming Flexible**
  - **Accountants are fun.**
  - **One Subrecipient has paved the way – CMs across numerous funding streams.**
  - **Staff becomes "qualified for the intervention" and can bill time.**
- **General Ledger Review**
- **Budget Versus Actual Review**
- **Proactively Reallocate Across Service Interventions**

Rollout of Initial System

- **Perfectionism to a Point**
  - **Fight Against Your Perfectionist Impulses**
  - **Can’t Plan for Every Scenario**
  - **Trust in Your Process**
  - **Stick A Fork In It**
- **Implementation Date**
- **Start slow, and test incremental change**
- **Maintain Open Communication**

Wash, Rinse, and Repeat

- **Evaluation of Initial System**
  - **Utilize audit findings to see the areas of improvement**
- **Use quality improvement approaches and tools to slowly implement and evaluate change**
  - **I.e. PDSA cycles, flow charting, fish bone**
- **Use Your Feedback Mechanisms to evaluate and reevaluate and re-reevaluate.**
- **Review Client Interview/Surveys and Advisory Board Reports**

Lessons Learned

- **Deconstruct the Previous Services/System**
  - **Embrace what works**
  - **Change what doesn't**
- **Provide MORE Guidance not LESS**
  - **Provide Ongoing Training**
  - **Promote Ongoing Dialogue**
- **Create an IT Framework to Support Daily Work**
  - **Templates in EMR**
- **Everyone should be around the table**

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Q & A