

Welcome!

Florida Statewide CAREWare Implementation

Implemented in 2007-2008

84 providers

Mix of Parts A, B and C

Mix of Private and CHDs

Mix of Medical Clinic and Case Management

17,195 unduplicated clients with 743,501 service records

Florida faces some unique challenges

Florida is a large state (67 counties) with high levels of transience, migrant populations and rural areas



Why we did this

- No client level data – could not validate aggregate data
- No discernable quality management program
- Manual reporting

Difficult, borne by providers

No standards

Most data never used

- No linkage

Limited control over system of care

Step 1. The CHDs

Under Our Control

Part B funded

Part of the DOH

Single data system



CHDs - "Single" System

Health Management System (HMS) is a distributed system

- 67 Instances, one for each county
- All data is local, not comprehensive
- Clients can be duplicated
- Not available for contracted providers

Still, there are advantages...

Is client level data

Is available in detail at HQ

Can be shared with the field

Reporting is improved

Step 2. Private Providers

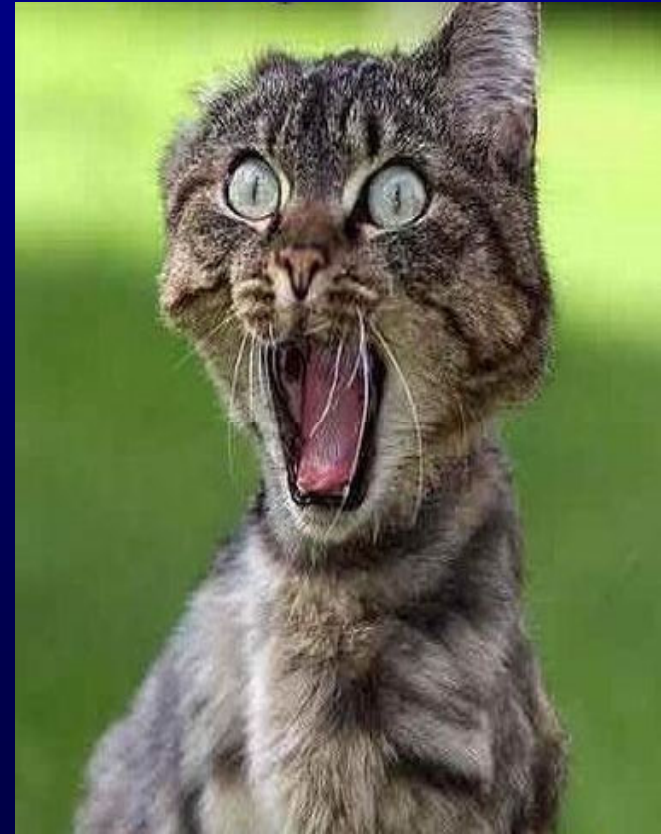
Some Influence...

Part B funded

Contracted with DOH

Multiple platforms are undesirable

(DISCLAIMER: A few providers were trained on CAREWare using mild electric shocks)





CAREWARE



Centralized

Similar advantages to HMS, but 1 system

Comprehensive and unduplicated

Records are easily shared

Reporting is simplified

Database hosted and managed by HQ, no cost

**Gaining control over system,
moving in the right direction**

Step 3. Integration

Joe Client gets tested.....

Tests positive – into CTRS database

At the CHD – into county HMS database

Sent to Surveillance – into eHARS

Linked to case management – into CAREWare

Case manager refers, spends money - into AIMS

Needs meds – into ADAP database

Gets flu shot – into FI SHOTS



Two Flavors of Integration

System integration tools

Store and Forward

PDI/PDE

Cloverleaf Integration Broker

Data integration tools

SQL Server integration services

- **Data transfer sets**

Crystal Enterprise

System integration examples

Store and Forward used to convert local CAREWare databases to the state CAREWare system

PDI/PDE used to convert OTS systems to state CAREWare system and HMS uploads from the CHDs

Cloverleaf Integration Broker used to import lab tests from ELR database to state CAREWare system

**Not every system has to contain
every data element**

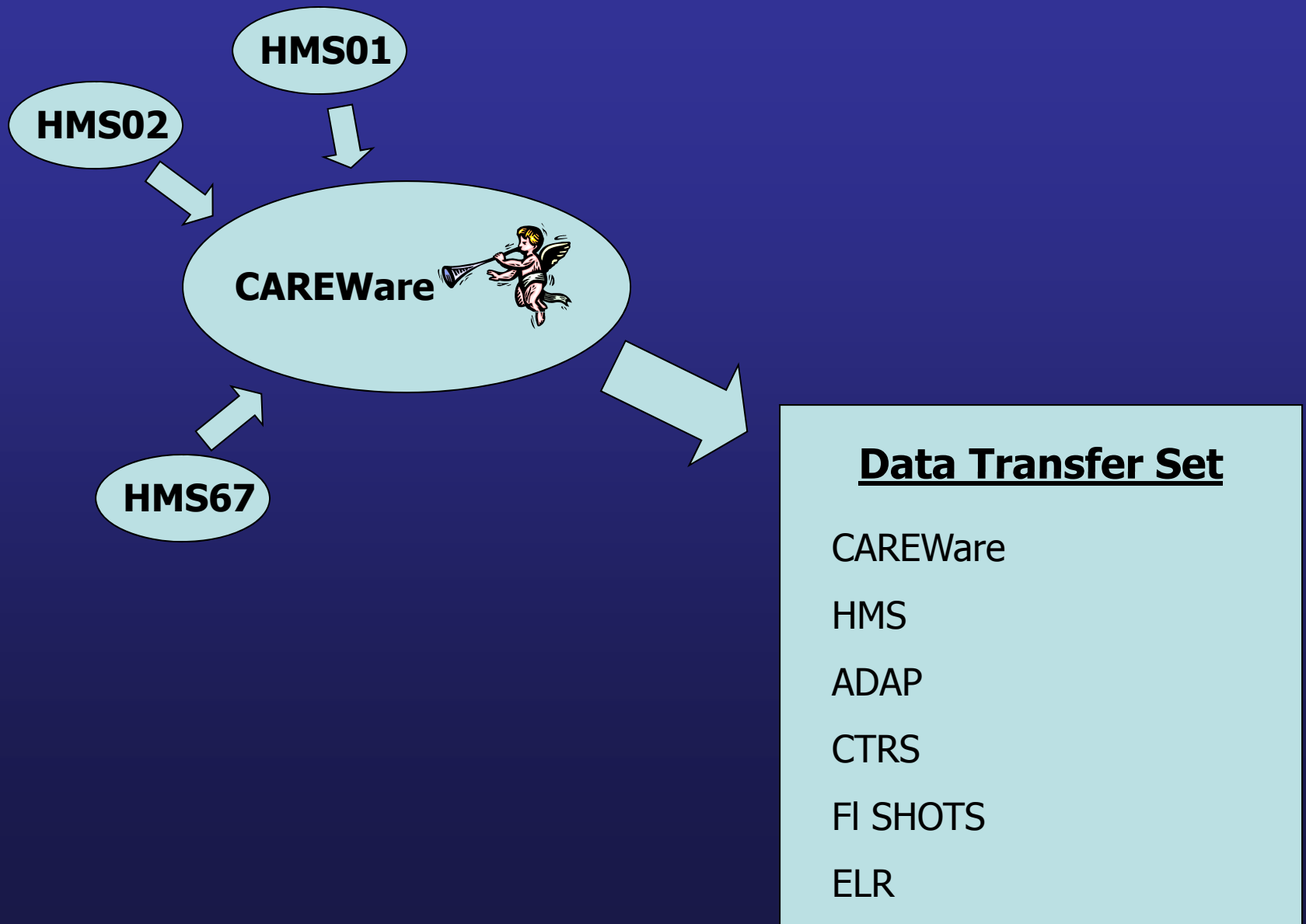
Data integration examples

SQL Server integration services used to format and clean up data in unlike systems, and merge into standardized...

- **Data transfer sets** used to house normalized data tables from a variety of sources

Crystal Enterprise used to create reports directly from databases or from data transfer sets containing data from multiple databases

Step 3. Integration



Step 3. Integration

All data in one place in a standard format

Reporting is fully automated

Relieves the burden on the provider

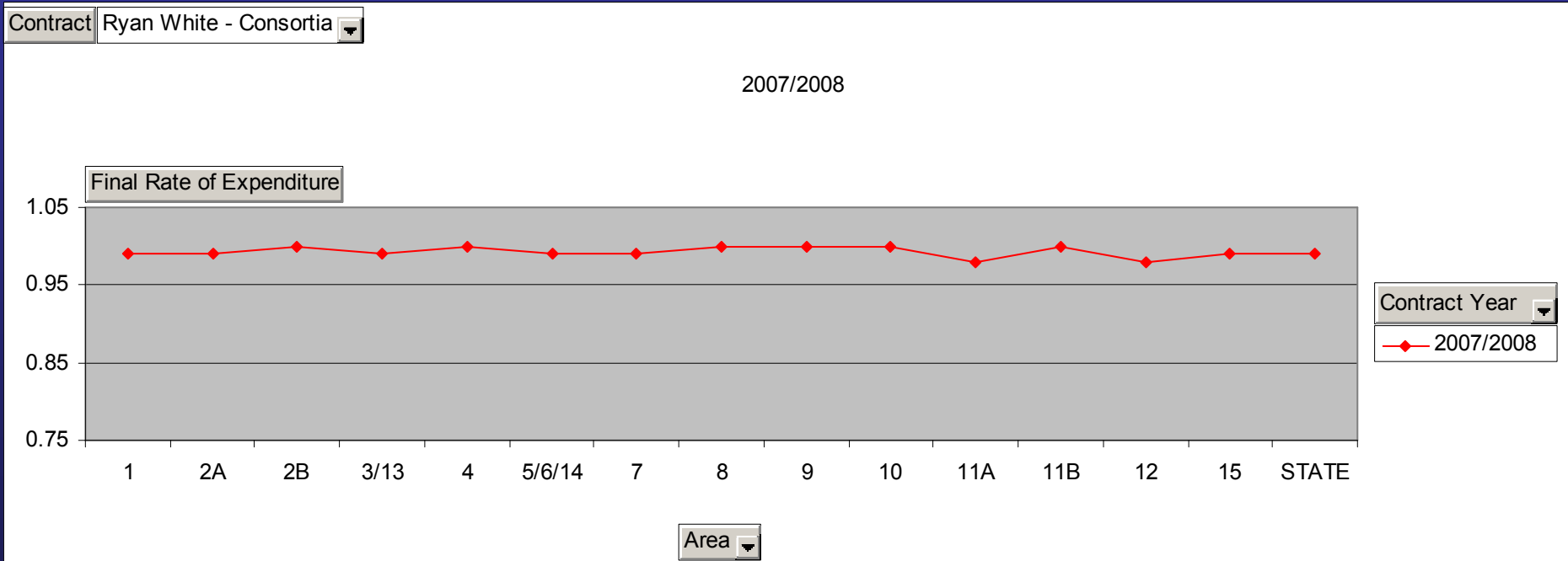
HQ pulls data on demand

All data is used

Reports are standardized and comparable

Supports QM, trends, forecasting, budgeting...

Improved control over system of care



Benefits

Quality Management program based on:

HRSA Group 1 measures (clinical metrics)

Financial metrics

Accurate, unduplicated client counts

Funding allocation model based on linear programming equation using:

Proportionality (Clients)

Utilization (rates of expenditure)

Equity (unit costs per area)

Linkage

with other HIV program areas

with Bureaus of TB, STD and Immunizations

HELP

User Group

Project Plan

Management Support

Governance

DON'T HELP

Late to the table

Mixed funding

Governance

We must be willing to defend our investment in health care for HIV/AIDS

Moving towards

- **evidence based medicine**
- **EMR / PHR / HIT**

Information is the driver

**Technology creates
efficiency and can
reduce costs**

