

EngageWell Data Sharing

The journey to develop a cross-sector, proof-of-concept database

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NYS Medicaid Reform & Value Based Payment

- Across the country, states are seeking to transform how health care is paid for by shifting from a <u>volume</u>-based to <u>value</u>-based mindset.
- Value-based healthcare includes alternative payment models that reward healthcare providers for improved quality of care to patients and improved health of communities at reduced costs.
- In June 2015, New York State developed an ambitious statewide plan to move 80-90% of Medicaid managed care payments to providers from fee-for-service (volume) to VBP (value) by 2020.



VBP for **NYS** Behavioral Health Providers

- In 2018, NYS Office of Mental Health (OMH) and Office of Alcoholism and Substance Abuse Services (OASAS) jointly announced awards for the NYS Behavioral Health Value Based Payment (BH VBP) Readiness Program.
- Funds were awarded to 19 networks of behavioral health providers across the state, called Behavioral Health Care Collaboratives (BHCCs).
- Our network used the BHCC fund to form the EngageWell IPA to help prepare our providers to engage in VBP arrangements and improve the integration of physical and behavioral health services.

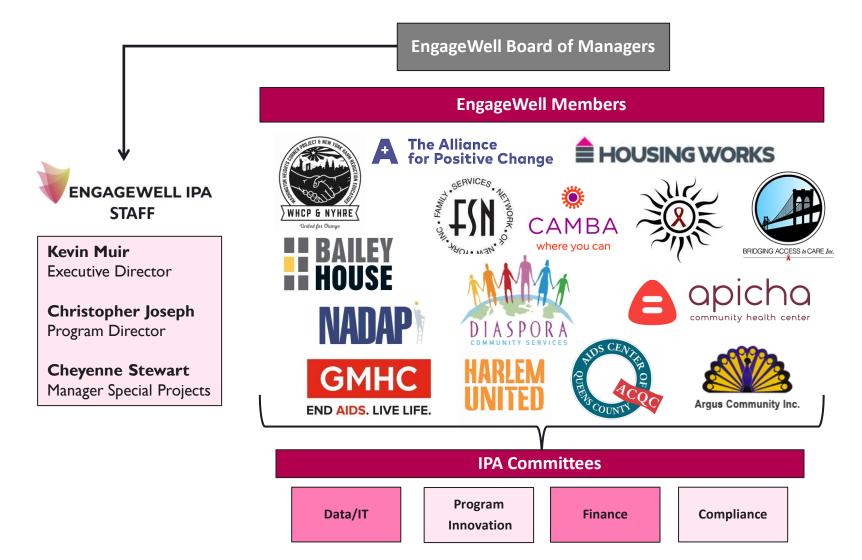


EngageWell's History

- Coordinated network of New York City's most innovative, community-based human services agencies.
- Pre-IPA, member agencies came together in the 1980s in response to AIDS epidemic.
- Members have a long history of collaboration, advocating for improved Syringe Exchange, Harm Reduction, and Care Management services.
- EngageWell's is now a diverse network of multi-service health and human service organizations trying to improve the health of Medicaid beneficiaries with complex medical, behavioral, and long-term care needs.



EngageWell IPA

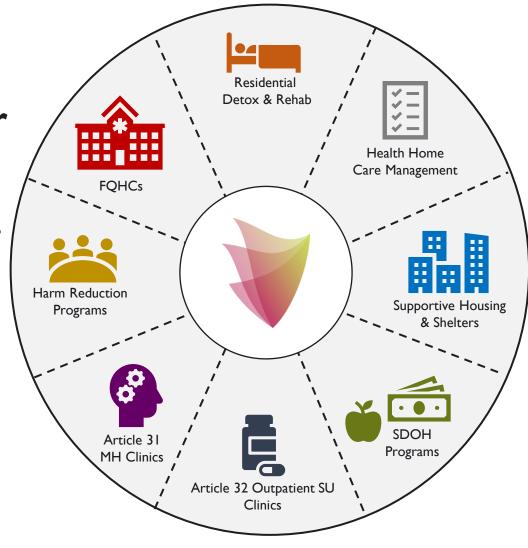




A diverse, multi-sector network

EngageWell consists of the following public health provider types:

- 8 Primary Care Clinics (FQHCs)
- 7 Substance Use Clinics
- 6 Mental Health Clinics
- 10 Harm Reduction Programs
- 12 Health Home Care Management Agencies
- Multi-service CBOs addressing the social determinants of health (SDOH)





Our Value to Health Plans

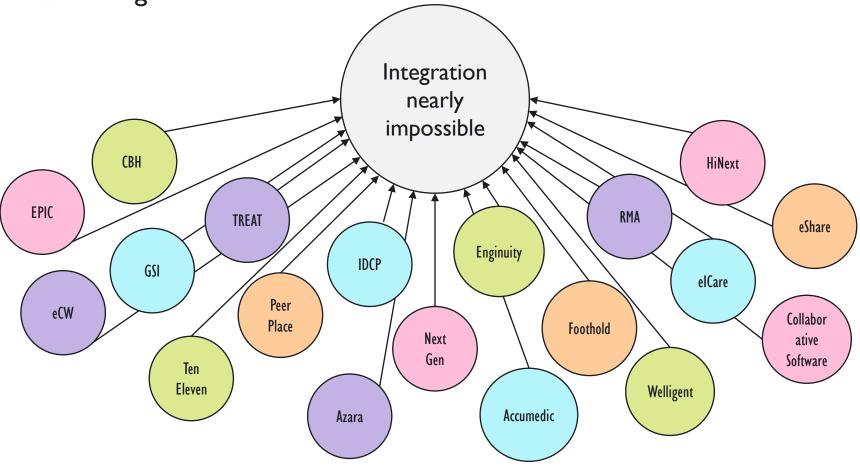
For health plans, EngageWell can offer a single contract to engage a city-wide service network dedicated to addressing health disparities and assisting plan members maintain healthy lives.

- Interventions that improve quality metrics and reduce costs
- Continuous quality improvement and innovation
- Capacity building and provider training
- Consolidated administrative functions (i.e. billing)
- Access to quality data and analytics



The Challenge: EngageWell's 15 Network Members utilize 20+ care management systems or EMRs, none of which are integrated, complicating

data-sharing.





Other Data Infrastructure Challenges

- EngageWell does not regularly collect network- or client-level data and does not have a data platform to manage big data or analyze network performance.
- Currently, EngageWell's only source of network-level data comes from **PSYSCKES**, a web-based tool pulling data from the NYS Medicaid claims database.
- However, PSYCKES has marked limitations:
 - I. only includes Medicaid claims data for people with Behavioral Health issues, excluding those without a BH history
 - 2. Claims data has a 3-6 month lag
 - 3. Requires patient consent; without consent, data is limited
 - 4. Does not include provider-level, non-Medicaid or other psychosocial data



ABOUT CCSI'S CONSULTING SERVICES

VALUE-BASED PAYMENT SUCCESS

Be ready to successfully meet the requirements of valuebased payment environment.

We partner with you to assess and elevate your current practices, to understand and improve your fiscal models, and help you define and demonstrate your impact to your stakeholders.

PRACTICE TRANSFORMATION

Transform the way you deliver services

Successful programs and services rely heavily on ensuring that staff at all levels have the skills and expertise needed for their increasingly complex and demanding work. CCSI's expert staff work with you to clarify your priorities, deliver training in key areas, such as traumaresponsive practice, motivational interviewing, cultural competence, health equity — and to help you implement, sustain and spread these practices throughout your organization, building your capacity and helping to ensure lasting results.

STRATEGIC ANALYSIS & QUALITY IMPROVEMENT

Measure your results. Demonstrate your effectiveness. Learn from your experience.

Our consulting staff bring the technical expertise, coupled with the "real world" community experience needed to help you to "measure what matters" and put your data to use to understand performance, drive improvement, and maximize your impact.

STRATEGIC PLANNING

Set your organization's course for the future.

Our experienced consultants partner with you to develop a roadmap to support capacity building within your organization. We help you assess and understand changes in the external environment as well as your current infrastructure, workforce, and internal processes so that you can develop your strategy for continued successful growth and development.



Data Repository Development



DATA REPOSITORY OBJECTIVES



ENABLE A BROADER MORE INTEGRATED VIEW...

of EngageWell's behavioral health population at a network and provider level



FOCUS ON MEASURES...

that align to system goals and Value Based Reimbursement models



VISUALIZE AGGREGATE LEVEL DATA...

in a self serve format to provide access to network and provider performance



PROVIDE AGENCIES WITH CLIENT-LEVEL DRILL DOWN INFORMATION...

to drive actionable quality improvement opportunities and engagement efforts



CLIENT DATA PRIVACY DRIVES STRUCTURE

DESIRED STATE

- Network View Aggregate view of network to describe the population served
- Client View
 Ability to drill down to understand client interaction with other network members

ACTUAL IMPLEMENTATION

 Network View No Change

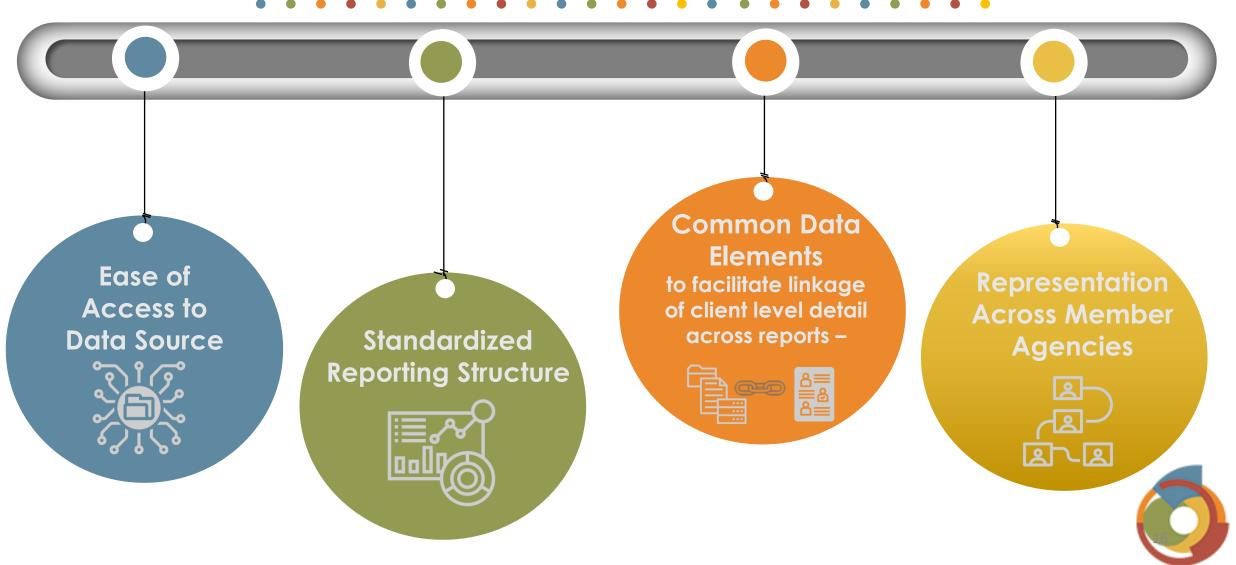
Adjusted Client View
 Ability for an agency to see details for their clients across all data sources in a centralized report

RATIONALE

- Network View
 Aggregate data from multiple sources and multiple agencies
 no client PHI detail visible
- Client View
 Current consent structure is between client and agency.
 No ability to share data across agencies.

Future State: Network Consent

DATA SOURCE SELECTION CRITERIA



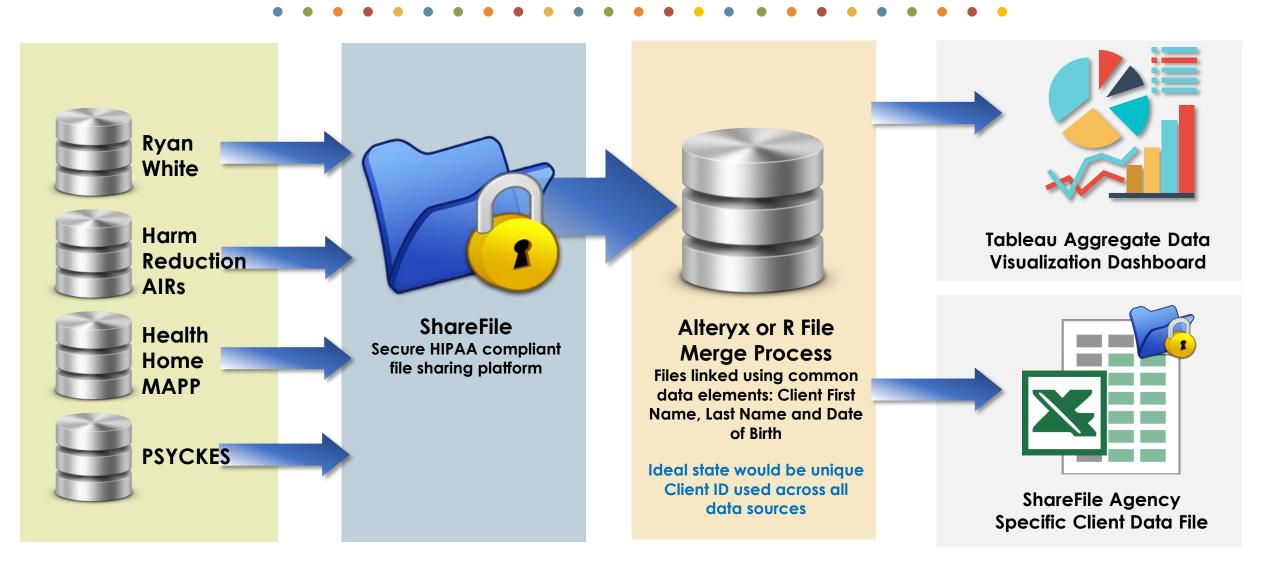
DATA REVIEW SUMMARY

Data Sources Considered	Included in Data Repository	Rationale	
RWPA Client Level Enrollment & Services Reports		Standard reporting format across all providers	
Harm Reduction AIRS Demographic & Services Data Tables		Ease of access to reports	
Health Home MAPP Billing File		Client level detail	
PSYCKES Recipient Search Standard View		 Ability to link across data sources based on first name, last name, DOB 	
PSYCKES Recipient Search Outpatient Provider View			
Health Home MAPP Enrollment File	8	 All data elements are already included in Billing file 	
OASAS Admission & Discharge Reports	×	 Data format does not include client identifiable information that can be linked to other sources 	
керопз		 Potential to investigate as a future enhancement 	
		Data extraction is resource intensive	
FQHC Year End Reports		 Aggregate level data only – no client detail 	
		 Inability to link data to other sources 	

DATA SOURCES BY AGENCY

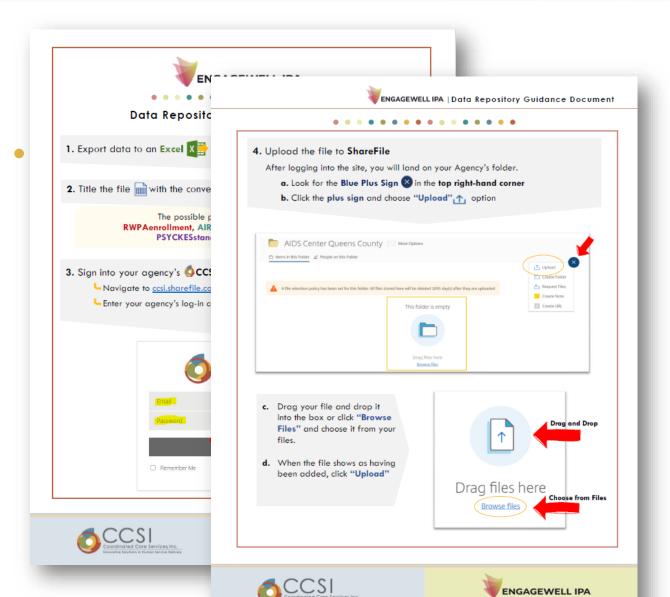
	Provider Name	RWPA Client Enrollment and Services Reports	Harm Reduction AIRS Demographic and Services Reports	Health Home / MAPP Billing Report	PSYCKES Recipient Reports
	AIDS CENTER QUEENS COUNTY	lacksquare	lacksquare	\bigcirc	⊘
	ALLIANCE FOR POSITIVE CHANGE	⊘	⊘	\bigcirc	⊘
	APICHA COMMUNITY HEALTH CENTER	lacksquare	×	lacksquare	⊘
	BAILEY HOUSE	lacksquare	×	②	⊘
•	Argus Community	lacksquare	•	⊘	⊘
	BOOM! Health	⊘	⊘	⊘	8
	BRIDGING ACCESS TO CARE	②	×	Ø	⊘
	CAMBA	⊘	8	②	⊘
	DIASPORA COMMUNITY SERVICES	8	8	⊘	⊘
	FAMILY SERVICES NETWORK OF NY	②	②	⊘	⊘
	GMHC	•	8	8	Ø
	HARLEM UNITED	②	②	⊘	⊘
	HOUSING WORKS	②	②	Ø	⊘
	NADAP			⊘	⊘
	NY HARM REDUCTION EDUCATORS/				•
	WASHINGTON HEIGHTS CORNER PROJECT			8	8
	ST. ANN'S CORNER OF HARM REDUCTION	⊘	•	8	8

DATA REPOSITORY PROCESS



DATA REPOSITORY PROCESS

- Documented process for file sharing
- Defines file format requirements and file naming structure
- File upload instruction



FUTURE STATE CONSIDERATIONS

1 2 3

Opportunity for future development to expand beyond proof-of-concept stage

- Potential to build in more complex data sets in future iterations
- Explore building out beyond client focused data – example: financial information
- Using client data to drive outreach to lost to care due to lack of contact
- Improvement and engagement activities driven by network priorities and contract needs

Adjustments to accommodate shift to Network level consent process

- Requires ability to differentiate clients with agency versus network consent
- Navigating HIPAA minimum necessary access to client details

Potential to encounter capacity/functionality limitations

- Do not currently have a sense of the capacity limitation
- Potential for further exploration of capabilities and costs of full system implementation

CHALLENGES

COVID impacted prioritization of data repository activities and staff/resources available to support initiatives

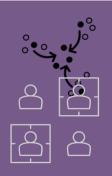


Consistency of data terminology and definitions across different data sources



Lack of consistent unique client identifier

- Lack of consistency across databases
- Potential for different unique identifier in multiple systems





Potential for data quality impacted by anomalies in data that cannot be controlled or adjusted for

Logistics more challenging at a network level – i.e. data access tokens, contact detail, agreements in place, access to data sources



Quantity of databases and systems used within the network – no integration



Complexity of privacy regulations slowed ability to proceed with collection activities

- Buy in process
- Confirmation of legal structure and necessary agreements



Data sensitivity and privacy regulations



