Application of the RE-AIM Framework to Synthesize the Evaluation of an Electronic Continuity of Care Document for PLWH

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Overview

• Background
  ▪ SelectHealth
  ▪ CCD as standards-based information access and care coordination strategy

• Application of RE-AIM Framework for synthesis of evaluation results
HIV Special Needs Plans

- A comprehensive Medicaid health plan licensed by New York State Department of Health
- For HIV positive adults and their children up to the age 21 regardless of HIV status
- Members receive Medicaid benefits
- Pharmacy and dental carved out
- HIV specialists as Primary Care Providers (PCPs)
- Member to PCP ratio 350:1
- Universal case Management
- Extensive care coordination and community collaboration
PLWH, Care Coordination, and Continuity of Care Documents (CCDs)
Core Elements of CCD
- CCD Identifying Information
- Patient’s Health Status
  - Diagnoses
  - Medications
  - Laboratory results
  - Procedures/Imaging
  - Allergies/adverse reactions
  - Social history/Family history
- Advanced Directives/Life Documents
- Care Documentation
- Practitioners

*Offers patients and providers access to key elements of their clinical, psychosocial, and administrative record over a secure, web-based portal. For more information email pgg2@columbia.edu or call 212-305-3272

Figure 1: SelectHealth’s Current Electronic Health Information Network

PI - Peter G. Gordon, MD & Co-PI - Eli Camhi, MSSW
Ron Hesse, Project Coordinator
Suzanne Bakken, RN, DNSc, Evaluation Director
**My Health Profile for Demo Member11**

**Patient Detail**
- **Name:** Demo Member11
- **Address:** 123 Test St., New York, NY 10036
- **Date of Birth:** 01-01-1979
- **Gender:** Male

**Health Care Providers**

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<th>Role</th>
<th>Name</th>
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<tr>
<td>Case Manager</td>
<td>Iris Gutierrez</td>
<td>Columbia Presbyterian HIV Program</td>
<td>(212) 305-3174 (Primary) or (212) 305-2985 (After Hours)</td>
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<td>PCP</td>
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<td>Columbia Presbyterian Program</td>
<td>(212) 265-1480</td>
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NYCLIX – a Regional Health Information Organization

- Mt. Sinai
- St. Luke's Roosevelt
- New York Presbyterian
- NYU Medical Center
- St. Vincent's Medical Center
- Brooklyn Hospital
- Visiting Nurse Service

MPI
Welcome! NewYork Presbyterian System SelectHealth has an improved service for you!

My Health Profile Plus offers you a new and improved way for you to keep track of your health information. You can see key information about your health organized in one place, with access 24 hours a day, 365 days a year so that you do not need to remember your health information each time you see a doctor.

My Health Profile Plus now includes expanded medical information from NYCLIX (which stands for the New York Clinical Information Exchange) which is a Regional Health Information Organization (RHIO) in New York City.

My Health Profile Plus now lets you put in information about your health that you think is important to include.

My Health Profile Plus has information that you and doctors may need in the case of an emergency. View and print your 'My Health Profile' document using the main menu link above.

My Health Profile Plus lets you be more in control of your coordinated care!

For more information, please call SelectHealth Member Services at (866) 465-7774. You can also go to the NYPS SelectHealth home page at www.nyp.org/selecthealth

Messages
Password Changed
Re: Help with portal
Email Changed
Demographic Information Change

SelectHealth Members can earn rewards for completing certain health activities such as seeing your doctor by joining the Steps program.

Select-Health Provides Free Computer Classes every 2nd and 4th Thursday of the month.

Learn more about your health in general at:
www.medlineplus.gov
www.thebody.org
www.largestsonline.org
Multi-level, mixed methods evaluation

- Cross-site (led by University of California, San Francisco)
  - Chart abstract/ENS data abstraction – quality of care indicators
  - ACASI survey – members, quality of life, quality of care, stigma, willingness to share information, etc.
  - User technology acceptance survey
  - Cost analysis

- Site-specific – NewYork-Presbyterian System SelectHealth
  - As above
  - Focus groups, key informant interviews
  - Use statistics
  - Project plan evolution

- Reach - absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative, intervention, or program

- Efficacy/Effectiveness - impact of an intervention on important outcomes, including potential negative effects, quality of life, and economic outcomes

- Adoption - absolute number, proportion, and representativeness of settings and intervention agents (people who deliver the program) who are willing to initiate a program

- Implementation - Setting level - extent to which an intervention’s protocol, including fidelity to the various elements of an intervention, is delivered as intended and the time and cost of the intervention;
  Individual level - long-term effects of a program on outcomes for 6 or more months after the most recent intervention contact

- Maintenance - Setting level - extent to which a program or policy becomes institutionalized or part of the routine organizational practices and policies; individual level - long-term effects of a program on outcomes for 6 or more months after the most recent intervention contact
• **Reach** - absolute number of individuals who are willing to participate in a given initiative, intervention, or program

• **Approach:** descriptive statistics - users/enrollees/members; clinicians, case managers (COBRA vs. DAC), standalone vs. RHIO

• **Findings**
  - Members - 1974 CCDs now 'live' across 84 unique Primary Care Provider (PCP) sites and 80 case management agencies; 14% of current member population trained, received passwords and have logged on; 284 member users across 30 unique PCP sites and 24 COBRA agencies
  - Case managers - 52 users at 7 COBRA agencies
  - Clinicians - 102 users at 6 care centers (includes PCPs, Specialists, Social Workers)

What percentage of the target population came into contact with or began program?
Did program reach those most in need?
Were participants representative of your practice setting?
• Efficacy/Effectiveness - impact of an intervention on important outcomes, including potential negative effects, quality of life, and economic outcomes

• Approach (cross-site and site-specific): chart audit/ENS data abstraction for quality of care processes, ACASI survey (members) – quality of life, quality of care (100/6 months), cost analyses, interviews

• Findings
  ▪ Analyses across “waves” of data collection in process
  ▪ Unintended positive consequence – ACASI data collection empowering for members, access to My Health Profile revealed additional unmet information needs and in some instances motivated further information seeking and enhanced computer literacy
  ▪ Standalone vs. RHIO model vary in benefit for clinicians vs. case managers
**Adoption** - absolute number, proportion, and representativeness of settings and intervention agents (people who deliver the program) who are willing to initiate a program

**Approach:** comparisons of use rates across organizations; key informant interviews

**Findings**
- All organizations serve high-risk populations
- Variable infrastructure and use across case management organizations
- Standalone model offers little to clinical settings with EHRs except for pharmacy refill data for adherence assessment

Did low-resource organizations serving high-risk populations use it?
Did program help the organization address its primary mission?
Is program consistent with your values and priorities?
Implementation - Setting level - intervention's protocol, including consistency of delivery as intended and the time and cost of the intervention; individual level - clients’ use of the intervention strategies

Approach: focus groups, key informant interviews, ACASI, training logs, use statistics, usability testing

Findings/dissemination

- Schnall R, Cimino JJ, Bakken S. Development of a prototype continuity of care record with context-specific links to meet the information needs for persons living with HIV. International Journal of Medical Informatics (submitted).
• **Maintenance** - Setting level to which a program or policy becomes institutionalized or part of the routine organizational practices and policies; individual level - long-term effects of a program on outcomes for 6 or more months after the most recent intervention contact.

• **Approach:** use statistics over time, assessment of changes in project plan, focus groups of members regarding standalone vs. RHIO model, assessment of resources required to maintain My Health Profile.

• **Findings**
  - Members – 19 users > 10 logins (max of 44); longest active account 595 days; 59 “emergency logins” using ePIN (3 confirmed ED).
  - Reinforcing factors vary for standalone vs. RHIO model.

Did program produce lasting effects at the individual level?
Did organizations sustain the program over time?
How did the program evolve?
Did the individuals and settings that showed most maintenance include those most in need?
*What reinforcing factors (individual, setting/organizational level) were required to maintain the intervention?
Conclusions

- Multi-level, mixed methods evaluation necessary to understand implementation processes and outcomes
- RE-AIM Framework useful for synthesis of evaluation findings