

CONN-ADE



CONNECTICUT AGENCY DATA EXCHANGE:

**A PROPOSED COMPONENT OF
CONNECTICUT'S
HUMAN SERVICES INFRASTRUCTURE**

Discussion Outline

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- Background
- The System
- How it fits in Connecticut
- Value for Agencies
- Value for Clients
- Development Strategy and Decision Process

Project Background

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- ***Mental Health Transformation State Incentive Grant— 2005***
 - The MHT-SIG will promote interagency collaboration to cultivate a mental health service delivery system that optimizes efficiency and programmatic outcomes.
 - Areas of interest include data interoperability for the purpose of identifying health disparities and workforce development.
- ***Medicaid Infrastructure Grant (MIG)-2006***
 - The MIG team determined that a significant barrier for coordination of employment services for individuals with disabilities is the lack of system wide data.

Project Background

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- **Mission:** The Connecticut Office for Workforce Competitiveness (OWC), in conjunction with the Bureau of Rehabilitation Services (BRS), the Department of Mental Health and Addiction Services (DMHAS), and nine other state agency partners, with funding provided by the Medicaid Infrastructure Grant (MIG) and the Mental Health System Transformation Grant, seeks to implement a solution that will improve the ability of state human service agencies to share data on a case management and policy level.

December, 2009

Project Goals

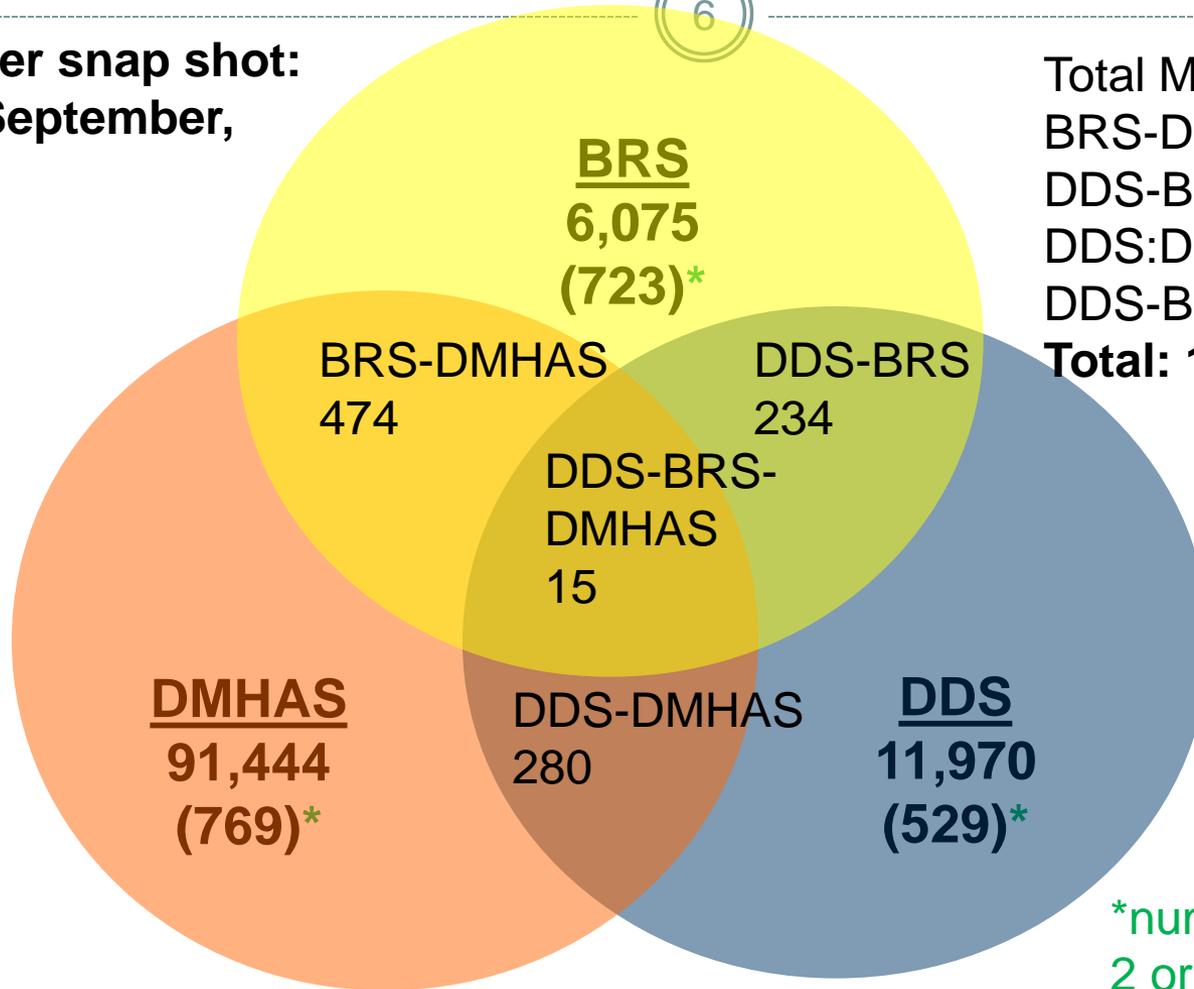
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1. Make available individual consumer data and content to improve case management, cost effectiveness, and quality of services
2. Collect, aggregate, and organize data to deliver information for research, program evaluation and policy guidance

What Is The Population Served By Any Two Of The Three Agencies?

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**Consumer snap shot:
July to September,
2007**



Total Multi-Agency Matches
BRS-DMHAS: 474
DDS-BRS: 234
DDS:DMHAS: 280
DDS-BRS-DMHAS: 15
Total: 1,003

*number served by
2 or 3 agencies

Case File Analysis: 15 Concurrent Consumers

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Case File Review

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- Case file review was performed on one-third of the concurrent cases
- Served by DDS, DMHAS, BRS, all within a two year time period
- Representatives from DDS, DMHAS, BRS reviewed de-identified Medicaid data and created a chronology of contacts among the three agencies

Case Example

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- “Jeff” is a Medicaid recipient, receiving additional services from DMHAS, DDS, and BRS.
- He is 25 and does not have a high school diploma
 - Jeff’s primary supports come from DDS, with ancillary supports coming from DMHAS. A referral was made to BRS to support a job search. Jeff was eager to move forward but a number of meetings between agencies were cancelled or rescheduled for a variety of reasons, most out of his control.

Case Example

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- **Milestones along the way:**
 - Two months after referral to BRS, an eligibility decision was made. This process could have been expedited if a mechanism was in place to support eligibility at the time of referral.
 - Four months after referral to BRS, the agencies were finally able to meet.
 - Six months after referral to BRS, Jeff participated in an assessment of his job skills, and the employer liked his work enough that he was offered the job.
 - Six months after the referral, Jeff lost the job because long term supports could not be put in place in a timely manner. The agencies did not have a mechanism to share information to ensure the availability of long term supports. Currently there is no mechanism in place to ensure the availability of long term supports at the time of referral.

Case Example

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- Jeff seemingly had a comprehensive set of supports, yet the systems do not have any mechanisms in place to exchange information, to identify common goals, or to create efficiencies to make his employment efforts successful.

Case File Review Results

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1. Service overlap across agencies
2. Problems with referral process
3. Little or no access to electronic consumer data from other agencies
4. Lack of program evaluation and information about consumer outcomes
5. Lack of consistency within the data to identify characteristics of the population served

Potential Cost Savings and Outcomes

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For the State:

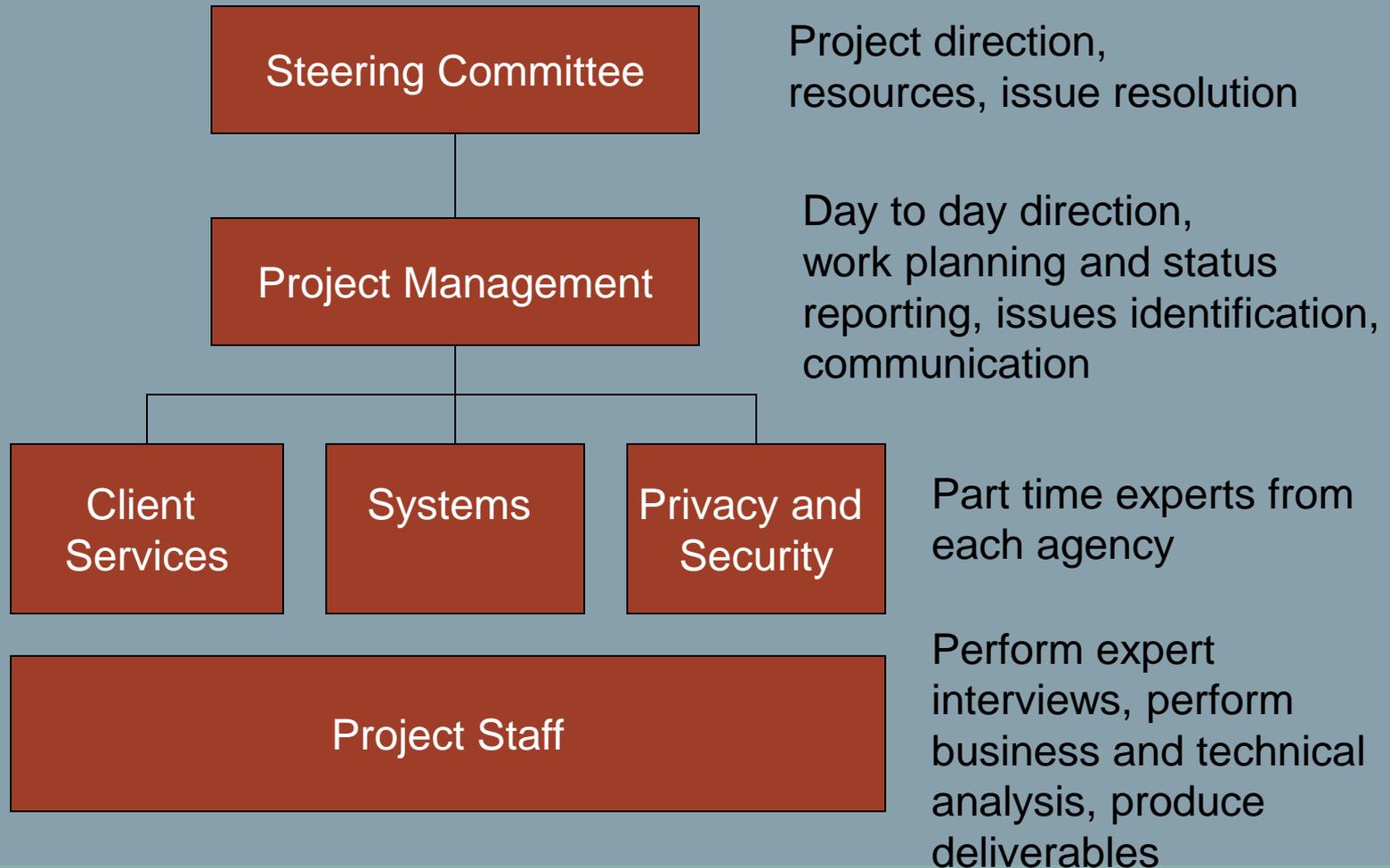
- Reduction in staff hours to provide/coordinate needed services
- More productive/satisfied case managers
- Elimination of redundant and inefficient services or services required to support individual during a “waiting period”
- Reduction in state benefits/entitlements once individuals are employed

For Consumers:

- Better targeted services
- Increased self-sufficiency
- Better/quicker employment outcomes
- Higher salaries/fewer state benefits
- Employment promotes recovery and reduces the need for more costly services such as Inpatient or Residential levels of care

Project Organization

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Work Completed

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- Organized key participants from partner agencies to steer project, make design decisions
- Developed requirements and system design
- Developed implementation plan, cost estimates

The CONN-ADE System

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CONN-ADE will allow partner agencies to:

- Share data related to employment outcomes among agencies (initial pilot), additional client data in future
- Facilitate cross-agency reporting, data sharing, client tracking and research among various agency data systems
- Provide a method for agencies to utilize information located in other agency data systems to inform program goals and measure outcomes

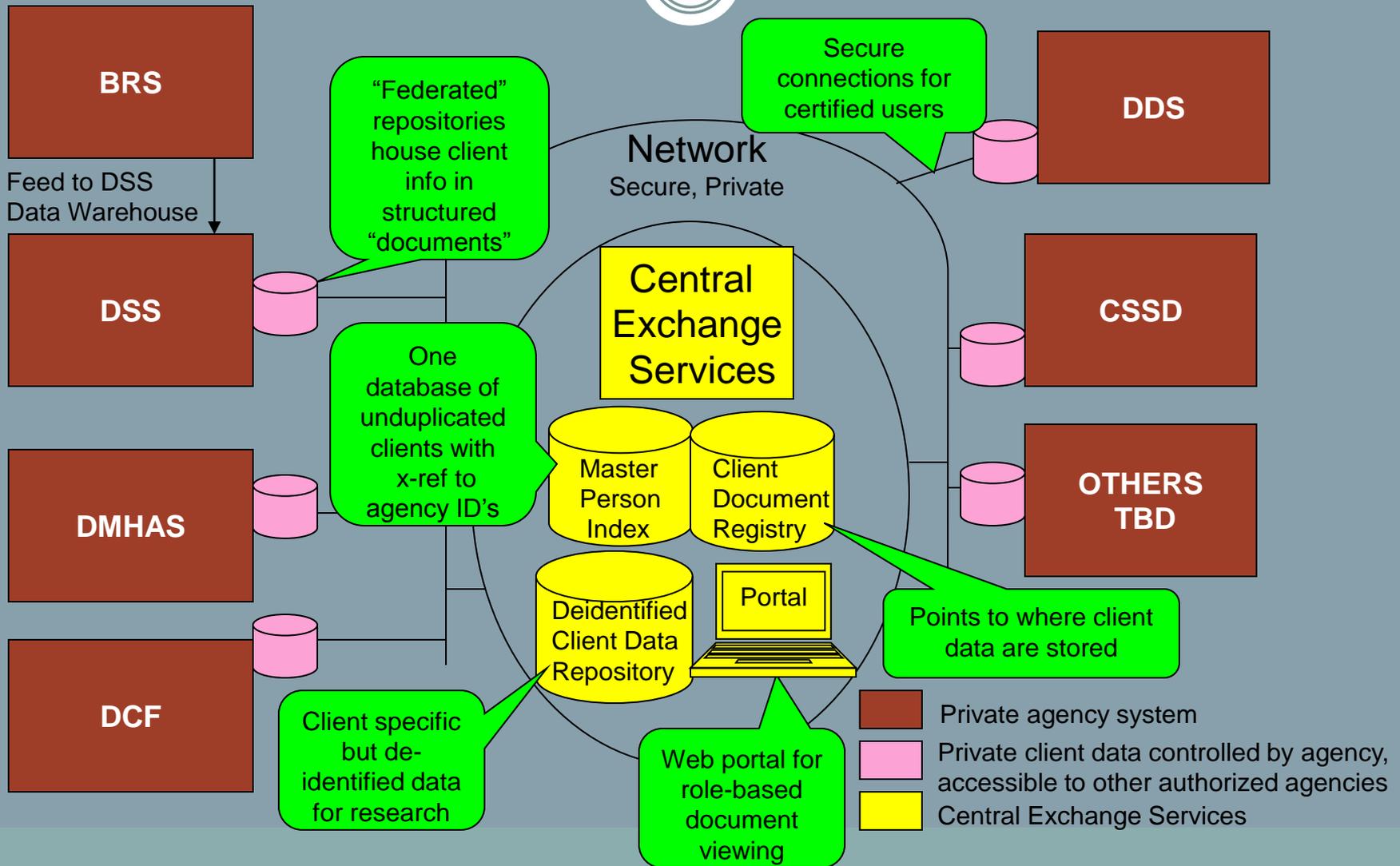
Key CONN-ADE System Components

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- Master Person Index (client ID cross reference to each agency system)
- Central Document Registry
- Security and Audit Trail Applications
- Privacy and Consent Applications
- Client data stored in private databases accessible to CONN-ADE only, with standard document types, data definitions, and interfaces
- Custom interfaces for each agency system contributing data
- Privacy Policy (client consent and role based access rules)
- Web Portal for viewing client data
- De-identified Client Data Repository for research (later phase)

The CONN-ADE System

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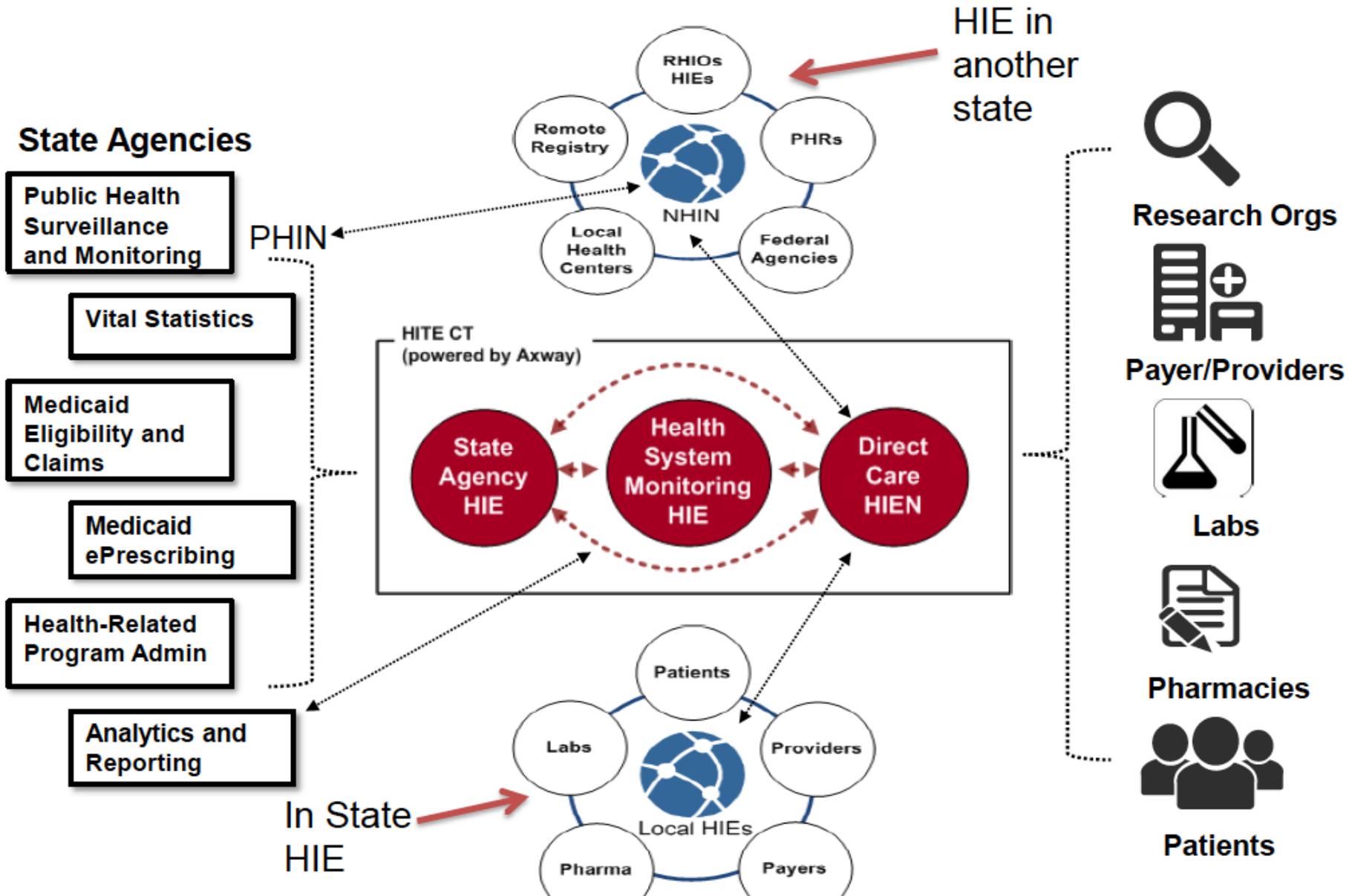
How it Fits in Connecticut

System	Sponsor	Functionality	Interface to CONN-ADE
CONN-ADE	CT's State Human Services Agencies	Agencies share identified client data with each other for integrated case management. Initial implementation will be for employment assistance. Potentially adopting "opt in" consent policy.	
Statewide Health Information Exchange (HIE)	Health Information Technology Exchange of Connecticut (HITE-CT)	Hospitals, physicians, nursing homes and other providers share identified patient data for integrated patient care. Potentially adopting "opt out" consent policy.	With client permission, certain CONN-ADE data could be made available to the HIE. Also, state CONN-ADE users could access private patient health care data from HITE-CT.
CT Health Insurance Exchange	CT Health Insurance Exchange Board	In 2014 consumers will be able to shop for health insurance on the online Exchange. Public and private health plans will provide their eligibility, benefits, and rate information to the Exchange.	CONN-ADE could help a case worker link to the Exchange when helping a client find insurance.

How it Fits in Connecticut

System	Sponsor	Functionality	Interface to CONN-ADE
Connecticut Health Information Network (CHIN)	UConn	CHIN extracts patient data from state agency systems, deidentifies and aggregates the data for research purposes, to inform program development and policy decisions.	CHIN could access data stored in CONN-ADE, making its research database richer.
Benefits Calculator	Connecticut Association for Community Action (CAFCA)	Consumers and case managers access the Benefits Calculator to identify local, state, and federal social services programs and insurance plans for which the client may be eligible.	CONN-ADE could help a case worker link to the Benefits Calculator when helping a client find social services.
Data Bridge	CAFCA	CAFCA's Data Bridge is a central repository of client data (demographics, services, outcomes) interfaced to individual agency case management and other systems to show a fuller picture of client and family information, enabling better client service and unduplicated, statewide reporting.	CONN-ADE could link to the Data Bridge and access additional client data to help with case management.

Health Systems Infrastructure - Vision



How it Fits in Connecticut



Client Self Service via Web

CAFCA Benefits Calculator

Local, State, Federal Program Eligibility Rules, Benefits

CT Health Insurance Exchange

- DSS
- COOP
- Insurance Co.

Client Demographics, Income, Assets, Needs

Potential Programs, Benefits

Community Agency Case Mgt System

Client ID, Services, Outcomes

Client Info, Services

Potential Services For Outreach

HITE-CT Health Information Exchange

- Hospital
- Physician
- Health Center
- Public Health Reporting

Other Agency Services, Outcomes for Client

CAFCA Data Bridge

Statewide Master Client Index

Data Repository Of Services, Outcomes

Data Sharing With Client Consent

CONN-ADE for case management

Program Research, Planning

CHIN for research

- Dept. Social Services
- Child & Families
- Mental Health
- Developmental Services

Private client data controlled by agency, accessible to other authorized agencies

Developed
In Process
Planned

Value for Agencies

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- Increased efficiency: easy to find where else the client received or is receiving services, see the data, identify and contact the other agency case managers. System helps avoid duplicating services and helps avoid services that have been ineffective.
- Better case management and case worker satisfaction: case workers see a fuller picture of the client's experiences and can better tailor current and future services. They feel better about their enhanced ability to have a positive impact.

Value for Clients

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- Satisfied customers: the case worker can see client's information across agencies and not have to ask questions from scratch. Client feels like a valued customer.
- Coordinated care with smooth transitions between agencies leads to better client outcomes.

Development Strategy and Decision Process

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- Need sponsors to commit to project, provide resources (human and capital)
- Based on sponsors, define pilot scope (which agencies/locations/client populations)
- Need consent policy decision
- Need authorization to proceed with detailed design and implementation project