

Standing Grantee Call: Aging Information Management Systems Study (February 2, 2006)

Moderator:

- Lisa Alecxih, The Lewin Group

Presenters:

- Jim Whaley, National Association of State Units on Aging
- Robert Ficke, Senior Study Director, Westat
- Robin Ritter, Research Associate, Westat

General Announcements:

- The next multi-agency work group call will be February 9, 2006 and will focus on developing memorandums of understanding/agreement.
- There will be a grantee work group call on February 16, 2006 at 2:30 for grantees to discuss IT/MIS issues such as, how to specify functional requirements, identify a vendor.
- For those of you who are interested in issues surrounding direct service workers, CMS is opening a new resource center (Direct Service Workforce Resource Center) housed out of Lewin to provide information and technical assistance to states with improving the direct care workforce. State Medicaid agencies will have the opportunity to apply for in-depth TA with initiatives that seek to enhance recruitment, retention and training of workers. For more information, visit www.dswresourcecenter.org.

Introduction:

The objective of this call is to provide information about a study NASUA and Westat is conducting for the Administration on Aging about the management information systems being used by the aging network to collect and report aging network service data.

NASUA's Aging Information Systems complete presentation is available online at: <http://www.adrc-tae.org/tiki-index.php?page=February06>

A summary of the call follows:

Jim Whaley:

The purpose of the study: when the National Family Caregiver Support Program began, they realized there was no for states to report service information to AoA. It required a modification of the NAPIS and state program systems to collect and report that

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information. This experience led them to determine that they really needed to look at the information systems of the network, to improve accuracy of reports being submitted, reduce the burden of collecting reporting information across multiple systems, and improve the capacity of states to meet reporting requirements. They wanted to ensure data was available for use in program operations, quality assurance, accountability, planning and management. They also wanted to eliminate the need for consumers and caregivers to provide the same information repeated times to multiple providers, like they might have to do when there are different assessments done for different programs. They would also like to reduce the expense of reporting system fragmentation, achieve some economies of scale.

This project was guided by advisory committee, AAA and SUA staff. They have given very detailed input and very instrumental in developing the survey questionnaires they used for this project, which were revised several times.

NASUA contracted with Westat, which conducted telephone surveys with 49 state units and a sub-set of 15 states were selected for a follow-up survey, and 5 states were selected for on-site visits.

Robin Ritter and Robert Ficke

Robin explained the content of the telephone survey, which covered states' capabilities and functions, technical aspects, policies, categories of data collected, and satisfaction with their information systems.

Capabilities and Functions Slide

Client Tracking (registration, service logs, whether multiple providers have access to central database, whether they use smart cards or bar code readers to help facilitate client registration process, tracking clients more efficiently)

Case Management (software used for OAA reporting also includes client assessments, ADLs, IADLs, support needs, care planning)

Provider Management (software include quality assurance, client satisfaction, staff administration, service delivery and operations, maintaining logs for transportation programs, I&R/ A resource directories, other OAA information)

Financial Management (software includes invoicing, payments, internal audits for accounting, attributing costs to specific services and funding sources)

Summary Reports (how they store and process summary information and rolling up from AAAs to state program reports, counts by clients and counts by service)

Technical Aspects Slide

They looked at hardware, software, type of access (not too many using web-based), and how AAA providers submit data to state (some electronically and some still mail in disks)

Categories of Data Slide

Client vs. summary level - individual or aggregate

Registered vs. non-registered services - some states are doing more in terms of counting individual clients even for programs that do not require individual counts

Demographics - age, race, minority status, rural status

Health and functional status - ADLs, IADLs, medications

OAA Services -

Reason for leaving program - tracking why person terminated, nursing home placement, move

Policy Implications Slide

SUA standardized collection and reporting - some states have all AAAs using same software system as state to collect OAA data. In others, the states give AAAs latitude as long as information is provided in acceptable format

How state policy affects SUA - placement of SUA within state government makes a difference, such as whether it is cabinet level or part of human services dept.

Barriers and facilitators - talk more about later in presentation

Satisfaction with Information Systems Slide

Ease of use and modification - every time AoA comes out with new requirement, can software be modified to accommodate new program (NFCSP, Disease Prevention and Promotion)

Customer support - from software vendor or state IT department if software was developed internally

Degree of Program Integration Slide

If an SUA administers more than just OAA programs, what other programs and are they integrated within software used for OAA?

They found that states run the gamut on integration: from states using lots of different packages to a couple states that have many programs integrated within one package (except maybe for ADRC)

Criteria for Follow-Up/Best Practices Slide

After they reviewed their preliminary information, they chose 15 states with which to follow-up. Criteria included vertical integration (AAAs using same system as state), horizontal integration (different programs using same system), unduplicated client count, technology innovations, type of systems (developed in-house or by vendors), diversity of state (geography, urban/rural, single state-PSA).

Preliminary Findings Slide

Information systems seem to be constantly changing, in flux - A majority of states last March were using in-house system, a year later many have gone out to commercially available off-the-shelf products.

Varying degrees of vertical and horizontal integration –even if a state mandated that everyone use the same product, there were still some AAAs that used something else
Use of technology for client registration - They were disappointed to find that technology is not being used for client registration, very few instances using bar coding or smart cards to improve and make client registration more efficient.
Success with commercial software - They also found that states who raved about their commercial software product had the most success if they really took the product and developed their own documentation and training, rather than relying on the vendor

NAPIS Information Management System Slide

For OAA programs, there aren't as many vendors on market as there are for I&A products. 24 states were using in-house, custom-developed systems. 2nd most frequently used product was Synergy SAMS2000.

Facilitators Slide

The most frequent facilitators of integration were available funding, cooperation from AAAs, leadership, high cost, mandate, recommendations. High cost here refers to the high cost of existing systems that are not working, consuming staff time and money and not providing kind of support needed

Barriers Slide

Barriers include budget, administration, technical, philosophical, political, procedural, and users. SUA answered on behalf of all levels (SUA, AAA, and Provider). It is interesting to note that SUAs feel that users are more a barrier at AAA and Provider levels.

Special Use Software Slide

One thing they focused on was I&R/A functions and software within SUAs. They found a great deal of integration across functions such as client intake, assessment and case management, but in many states I&R/A software was special use software and not integrated within core OAA services and functions. Only 1/3 of SUAs integrate I&R with core MIS.

This could be because I&R specialty software performs many specialized and important functions: they contain information about full range of services within a locality; one can look at gaps in services (geographic and service type). Given the complexity of the functions, it is not surprising that specialty software is used. Because of this, software that ADRCs are using and considering might be separate from software used for other OAA programs and client tracking. The reasons agencies gave for this separation include the technical prowess of specialty packages, and the fact that they had I&R software in place and working well so changing did not make sense, even when other systems are being upgraded or changed.

Examples of Integration Slide

AAA of Toledo, Ohio uses Synergy SAMS and Beacon in conjunction with an existing web-based I&R applicati

Implications for ADRCs Slide

Coordinating and integrating system access software is difficult and often does not occur. They would not be surprised if ADRCs were frustrated and failing to find one software that integrates all the functions because this study failed to find it, too. This seems to be part of a larger issue and relates to the propensity of specialty I&R software and appeal of that software. They specifically asked SUAs, if they were involved with ADRCs, to what extent the ADRC MIS components were integrated with core MIS and this had not occurred.

While 89% of SUAs had client databases that stored information on individuals, service recipients only 43% had client database to which multiple providers had access. States had mechanisms for collecting client information, but these did not filter down to provider level because of HIPAA concerns, general confidentiality, or batch processing – where there is not really one single database.

Question from Maryland: Was the lack of integration between SUAs and ADRCs only for client information or for searchable database of services and providers?

Robert Ficke: ADRCs may or may not be integrated with I&A functions at state, but did find that they are not integrated with core client tracking MIS. The kind of software that ADRCs appear to need and depend on is more similar to I&R software packages and those packages are often not integrated with client tracking MIS.

Question from Washington: Will study result in recommendations?

Robert Ficke: They did interview with one SUA who asked for examples where all these systems work together. They have found a number of states with MIS with a considerable degree of coordination and integration (both vertically and horizontally) and they will write those up in case studies.

Comment from Massachusetts: In Massachusetts, they are considering the idea of having the 211 system and the 511 system tied together with objective of trying to make use of aging network database and idea of trying to pull information that was relevant to getting people to locations, scheduling volunteer drivers.

Jim Whaley: I want to reiterate the importance of pursuing integration of data systems. In the past, SUAs only administered OAA programs, now OAA represents just about 1/3 of the resources that SUAs administer. Some do Medicaid waivers, often separate from OAA systems, also separate from Social Services Block Grant or state funded programs. This separation increases duplication. Often the same clients are being served by multiple programs – states need to be able to combine these systems to better assess need, coordinate services, and manage resources more efficiently.

Comment from Washington: I would like to encourage software vendors to move in this direction of supporting integration and would like to see some tools for analyzing software, to support them to ask hard questions of software vendors.

Lisa Alecxih: Wisconsin has very nice requirement matrix tool, the questions they asked of potential vendors and how they rated them. This is available on website.

There is also a MIS Specifications Tool Lewin developed for New Jersey on the website.

Question from Lewin: are there any success stories around integration that grantees can share?

Answer from Maryland: they developed a new application that integrated waiver MIS at state level. It took months of hard work for all the agencies involved to work together so that anyone in system could monitor where the client was in the process. It does not go far enough, but it is a start. It was very difficult getting all the parties involved coordinated.

Robert Ficke: you need software to support integration, but you also need the willingness of all parties involved to make it work, and leadership to integrate and coordinate it.

Question from Maryland: Could someone from Washington state talk about their integrated system?

Answer: Washington has the CARE tool for assessment and service planning, but not for I&R, intake or access.

Lisa Alecxih: Lewin has heard from several grantees that when you start the grant, you are still trying to figure out how it will fit with other programs. Over time, when you know the program will be a going enterprise, it gets easier to try to start integrating.

Comment from Maryland: In Maryland, and they've heard from other grantees, that MIS costs more than they expected and budgeted because they did not know then what they would need.

Comment from Iowa: this presentation has made it clear that there is the complexity of systems in aging, but that does not even include the disability systems. That is what Iowa is struggling with and it adds a whole new level of complexity.

General Announcements:

In two weeks, on February 16, there will be a work group call about IT/MIS.

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