

# Bridging the Gaps in the HHS Network of Care



What if health and human services agencies, working in tandem to serve citizens, all had access to the same information?



## HHS: Can a Flawed System be Fixed?

A few years ago, the U.S. Department of Veteran's Affairs (VA) implemented a single case management system to provide care to injured service members and veterans from Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn.

Previously, providing streamlined services to the more than 100,000 severely ill and injured veterans was difficult as it required the coordination of two federal agencies (the VA and the U.S Department of Defense), many health care providers and hospitals, and 6 non-clinical programs operating 13 separate data systems within the VA network. Hundreds of case managers in 50 regional offices had to spend countless hours working back and forth among the systems to gain a complete understanding of a veteran or family. More concerning was that the complexity of the program confused and even discouraged veterans.

Now all case managers have a holistic view of each veteran and can provide a single care plan based on real-time information. Transfer of care between the DoD and the VA is seamless and veterans get the help they deserve.

If the “before” picture at the VA sounds familiar, it’s not surprising — their situation is not all that unique. Health and human services (HHS) programs are often delivered by a decentralized network of federal, state, local and community-based organizations. But this loosely connected “network of care” can be complex and create challenges for agencies, including difficulty coordinating services and meeting reporting requirements.

Agencies are using new technology to make these networks of care act more like a single connected enterprise, which improves client care, makes the most of scarce budget dollars, eases compliance burdens, and opens the door to better data sharing and decision-making.

## The Challenges of Multiple Players and Moving Parts

Connecting communities of care is fraught with the challenges of operating in a highly fragmented and regulated environment. HHS agencies and the organizations they fund process millions of cases each year, and the number of citizens they serve continues to increase. Most are underfunded, understaffed and their caseworkers overloaded. Other challenges include:

## Outdated and manual systems

Outdated IT and case management systems exacerbate the complications caused by a network of care that relies on multiple organizations and processes. In spite of nearly two decades of significant IT advancements, a surprising number of these processes are manual and paper based, resulting in duplicative data entry and workflows, unnecessary errors, disconnected data systems and data silos. And due to an extremely competitive IT hiring landscape, agencies that wish to modernize their IT systems frequently face a shortage of technology personnel and resources.

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## Separate processes and data silos

HHS agencies and the organizations they work with are dispersed. Each has its own processes and systems for managing cases, participants, reporting and compliance. Furthermore, case managers include employees, contractors and subcontractors. Information sharing is difficult due to the lack of system integration.

Monitoring and reporting procedures can be haphazard and time consuming, usually involving manual compilation of spreadsheets, database files and data formats. Without access to consolidated data, HHS agencies are unable to quickly evaluate, adjust or improve strategies or programs.

Without a complete view of benefits recipients, agencies miss the opportunity to coordinate service delivery and prevent fraud, waste and abuse, including the willfully deceptive submission of benefits claims; poor fiscal, business or medical practices; and the misuse of services and resources.

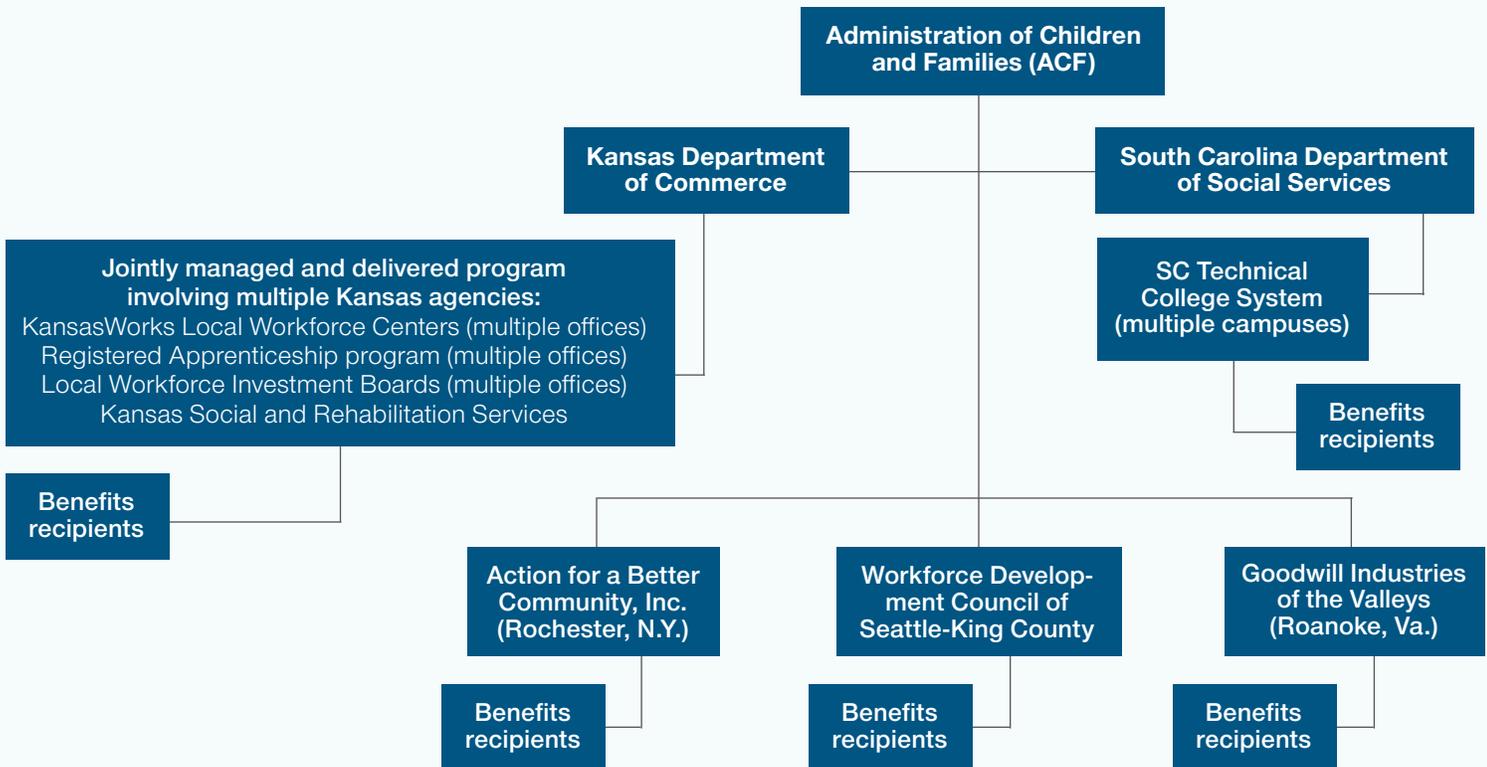
## Evolving regulatory environment

Finally, complex compliance, monitoring and reporting rules required for transparency and accountability call for administrative and financial oversight procedures that create a heavy burden across the network of care.

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## Understanding the Network of Care

While HHS program managers likely understand the complex network of care all too well, for the rest of us it can be helpful to paint a picture. To use an example, the Administration for Children and Families (ACF) Health Profession Opportunity Grants (HPOG) Program provides workforce development, training and education benefits. It has a budget of \$72 million and provides grants to 32 entities serving 30,000 citizens. Here's an idea of what a section of ACF's network of care looks like:



Separate organizations and disparate processes create a Rube Goldberg<sup>1</sup> machine of service delivery. Potential partner organizations apply for funds from the ACF or state agencies. After receiving these grants, the agencies and organizations must coordinate case and program management. And to comply with performance measurement and reporting requirements, they must capture, track and manage participant information from the eligibility and intake process as well as demographics, case notes, services, programs, training and financial assistance. This data is used to compare expected and actual outcomes, track participant progress, maximize the use of grant funds and improve service delivery. Every piece must function in tandem if services are to be provided in a coordinated and cost-effective manner.

## The “After” Picture

Like the VA, the ACF implemented a system to simplify its complicated network of care where the ACF and grantees use the same system. To streamline the HPOG program, the ACF migrated to the Participant Accomplishment and Grant Evaluation System (PAGES), a single case and program management system that allows it to administer career development programs and measure program performance without unnecessarily burdening the 500 system users across the ACF and 32 grantee organizations. The system also includes:

- Automated enrollment and eligibility for 30,000 participants
- Individual data collected at intake
- Case management features, including scheduling, tracking, reminders, etc.
- Program management features, including expected and actual outcomes, control groups, program monitoring, etc.
- Grantee performance measurement
- A help desk module that includes training materials
- Role-based security permissions to segregate data visibility for different users

1. Rube Goldberg was an American cartoonist best known for a series of popular cartoons depicting complicated gadgets that perform simple tasks in indirect, convoluted ways.

To ensure the appropriate use of federal tax dollars, HHS agencies and the organizations they fund must comply with multiple federal mandates and initiatives. Recently, federal regulations have evolved to emphasize the development and implementation of government-wide processes for administering, measuring and reporting on grant-funded programs, with a focus on transparency and standardization.

For example, for federal contracts, grants, loans and other financial assistance worth more than \$25,000, federal agencies must report the names of the recipient and any sub-recipients, award amount, location and other information, which must be published on the searchable, publicly accessible USA Spending.gov website.

More transparency and improved accountability within the federal funding process benefit everyone seated at the table. But compliance also creates a heavy administrative burden across the network of care.

### Technology Enables Innovation in the Network of Care

To address challenges, HHS agencies need to modernize their technology and re-align supporting information management policies and procedures. By automating case and program management, they can also achieve more efficient and cost-effective compliance.

Technology can connect grantor agencies with multiple grantees, allowing them to combine all case and program management processes and compliance requirements into a single, efficient platform that provides multiple unifying functions:

- Case management, including task automation and reminders
- Communication and collaboration between HHS agency and grantee organizations
- Data collection and analysis of recipients and programs
- Enterprise-class reporting features and dashboards to simplify program monitoring, evaluation and reporting
- Tracking and monitoring of program costs
- Monitoring of grantee case managers, including employees, contractors and subcontractors

**When data from grantee organizations flows into HHS agencies uniformly and without tortured workflows, it's much easier to develop, implement and manage consistent reporting practices; contain compliance costs; and lower the administrative burden associated with government mandates.**

By facilitating communication and information sharing across the network of care, an integrated solution bridges organizations. Multiple participants, regardless of location, can unify, automate and streamline business processes for more consistent case and program management. Multiple users do not jeopardize participant privacy because sensitive information is protected by permissions that limit user access based on affiliation and role.

An enterprise-wide platform that connects the HHS network of care simplifies reporting for public transparency, accountability and compliance. Consistent file formats replace manual data inputs, emailed PDF files, spreadsheets and database files. When data from grantee organizations flows into HHS agencies uniformly and without tortured workflows, it's much easier to develop, implement and manage consistent reporting practices; contain compliance costs; and lower the administrative burden associated with government mandates.

### Examples of HHS Programs That Could Benefit from a More Effective Network of Care

- ✓ Adult education
- ✓ Workforce training and preparedness
- ✓ Child welfare assistance
- ✓ Childhood and early childhood education
- ✓ School breakfast and lunch
- ✓ Food and nutrition assistance
- ✓ Supplemental health services
- ✓ Emergency response and recovery
- ✓ Homelessness prevention and assistance
- ✓ Veterans health and benefits

This same data provides agencies with intelligence that enables intra-program collaboration, speeds and improves decision-making, and enables better administrative and financial oversight. Agencies have access to more accurate, real-time information that allows them to compare grantee programs, evaluate what's working and what isn't, shift funds accordingly and make appropriate changes.

Perhaps most important, a single integrated case management system across the HHS network of care provides program participants — like the veterans in the case of the VA and DoD — with improved services and service delivery. Agencies can better match participants to the right services and providers. Further, data sharing allows participants to seamlessly transition between providers and make more informed decisions about their care.

## 6 Best Practices for Unifying the HHS Network of Care

The number of players at the HHS table creates a complicated and often confusing environment for managing programs and cases. This is further compounded by budget challenges, resource and personnel shortages and fluctuations, inefficient manual and paper-based processes, disparate IT systems and a constantly changing compliance environment. The demanding climate makes it difficult for the network of care to function as a unified, well-oiled machine.

But until it can operate as a true enterprise, care delivery will remain fragmented, frustrating, inefficient and costly. Below are six best practices to unify the HHS network of care and create a collaborative enterprise.



**1. Analyze and prioritize.** Analyze current and evolving challenges across the network of care, such as transparency, reporting, administrative costs, administrative and financial oversight, regulatory compliance, etc. Create a list of priorities that will serve as a guideline for making decisions about technology investments.



**2. Integrate the enterprise with technology.** An enterprise-wide solution can solve challenges throughout the HHS network of care. When regulatory compliance and program and case management challenges can be solved by a single integrated technology platform, HHS agencies can improve service delivery and reduce costs.



**3. Emphasize standardization and consistency.** Uniform formats for data and metadata are the key to streamlining reporting and compliance across the HHS network of care. Likewise, consistent information management processes help organizations improve efficiency, provide better and more services, and reduce costs. Invest in infrastructure and applications that standardize data formats and streamline reporting across the care network.



**4. Communicate and train.** Communicate and over-communicate with grantee organizations about changes in program and case management and reporting. Provide step-by-step guidelines and training for successfully implementing new policies and processes across the care network.



**5. Address the IT skills gap.** If a shortage of IT personnel is preventing your agency from successfully implementing enterprise-wide, data-focused technologies, analyze the skills gap and develop a plan for addressing it. Given the competitive hiring environment, it might involve contractors or other third-party outsourcing.



**6. Consider the cloud.** When implementing a solution across a multi-participant, multi-site network of care, cloud-based platforms can be more cost effective than on-premises solutions and easier to deploy, manage and maintain. Because of this, cloud-based solutions are one way agencies can tackle IT resource challenges.

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