REDCap Data Entry Support
Updated 8-15-18

Purpose: HOPE Consortium client data must be entered into the REDCap database.
- The data collected in REDCap are intended to:
  - Fulfill funding agency reporting requirements.
  - Demonstrate the impact of our efforts.
  - Allow for rapid communication between partner agencies with shared clients.
  - Support future evaluation of treatment outcomes by type.
- Continued funding for the HOPE Consortium is contingent on our ability to demonstrate the success of our regional collective efforts to address opioid and methamphetamine use disorders.

Challenge: HOPE Consortium partners are struggling to enter data into REDCap.
- Reports to the funder underestimate the impact of HOPE Consortium efforts.
- The REDCap communication log does not provide clinical value to partner agencies unless used consistently by partners with shared clients.
- The dataset is skewed as most clients entered receive services at FHC Alcohol & Drug Recovery Center – Minocqua or from HOPE Consortium Care Coordinators.

Identified Barriers: HOPE Consortium partners describe several barriers to REDCap data entry.
- Data cannot be entered without signed consent documents.
- The consent process and data entry take time, effort, and workflow adjustment and few agencies have the staff capacity necessary to initiate and sustain these endeavors.
- Participation in the HOPE Consortium is conflated with a referral to Care Coordination and/or a desire for Medication Assisted Treatment (MAT).
  - HOPE Consortium clients do **not** have to participate in care coordination.
  - MAT is a service provided as appropriate by two HOPE Consortium partner agencies , but is **not** a requirement for participation in the HOPE Consortium.

Proposed Solution: HOPE Consortium Care Coordinators will assist partner agencies with data entry.
- HOPE Consortium Care Coordinators:
  - Regularly travel the HOPE Consortium region and have existing relationships with partner agencies, their staff, and clients.
  - Are comfortable with use of the REDCap database and recognize its value.
  - Are funded by the HOPE Consortium grant.
- Assistance will be provided at agency discretion with support for process development.
- Data entry assistance provided by the HOPE Consortium Care Coordinators will be:
  - Tailored to meet the needs of each individual agency.
  - Provided such that Care Coordinators do **not** need access to agency electronic records.
  - Ongoing and available onsite at a time and frequency convenient to the agency.
- Assistance will **not** include direct client contact or collection of client consent.
  - Care Coordinators cannot view or access client data until consent to participate in the HOPE Consortium is obtained and a release of information is signed.
  - Care Coordinators can provide agency staff with technical assistance regarding the consent process and upload signed documents into REDCap.

Example #1 (Minimal): Agency has existing process for REDCap data entry.
- Agency leadership consults with staff regarding existing process for REDCap data entry to identify whether any assistance from a Care Coordinator would be helpful.
- Staff report the following:
    - Creation of a new client entry is quick, but population of the Client Demographics and Status Update forms the first time feels like a big time sink compared to other forms.
    - Completing Communication Log entries and Status Updates for existing clients has become so routine that the couple extra clicks are hardly noticeable.
    - Counselors would very much like to get information from other agencies regarding appointment attendance and UDT results for shared clients, but that information is so infrequently in REDCap that it's not worth the time for them to go in and check.
    - A backlog of UDT results has piled up and needs to be entered, but staff is struggling to find the time.
- Agency leadership meets with HOPE support staff to discuss how a Care Coordinator can remove burden from agency staff at problematic points in the workflow.
- Plan for assistance:
    - The Care Coordinator will visit the agency every Monday morning.
    - Agency staff will continue to consent clients and create a new entry, but will skip the Client Demographics and Status Update forms. The data necessary to populate these forms is currently collected on an intake form the client completes in the waiting room, which will be filed until the Care Coordinator's next visit. Agency staff can continue to enter client data (e.g., appointment attendance) since an entry for the client has been generated in REDCap.
    - HOPE support staff will collaborate with the agency to create a template for display of data of interest to the agency counselors (e.g., appointment attendance, UDT results). Agency staff will generate a list of counseling appointments scheduled over the next week every Monday morning. The Care Coordinator will fill in the template using the list generated by agency staff and REDCap data to inform upcoming counseling visits.
    - The Care Coordinator will address the UDT backlog while onsite until the backlog is cleared. If ongoing assistance is necessary to prevent a backlog from occurring again, a process for further assistance will be established.
- Follow-up meetings are scheduled with agency leadership and HOPE Care Coordinator and support staff to ensure the assistance is valuable.

Example #2 (Moderate): Agency routinely enters data into PPS, but has no process for REDCap data entry.
- Agency leadership meets with staff responsible for PPS data entry and HOPE support staff to discuss how a Care Coordinator can assist to expand existing PPS workflows to account for REDCap data entry.
- Agency staff commit to consenting qualifying clients for participation in the HOPE Consortium.
- A process is established to indicate status as a HOPE Consortium participant on PPS paperwork and agency staff commit to routinely entering Status Updates and completing the Communication Log for existing clients.
- Plan for assistance:
    - The Care Coordinator will visit the agency every other Wednesday.
    - Care Coordinator provides technical assistance for staff performing consent process.

- o Completed consent paperwork is paired with PPS/demographics paperwork and filed until the Care Coordinator's next visit.
  - o Existing paperwork is examined for required data elements and forms are created to fill in the gaps, including a form to capture required demographics that clients complete at intake.
  - o HOPE support staff will collaborate with the agency to create a template for display of data of interest to the agency counselors (e.g., appointment attendance, UDT results). Agency staff will generate a list of counseling appointments scheduled over the next two weeks every Tuesday afternoon. The Care Coordinator will fill in the template using the list generated by agency staff and REDCap data to inform upcoming counseling visits.
- Follow-up meetings are scheduled with agency leadership and HOPE Care Coordinator and support staff to ensure the assistance is valuable.

Example #3 (Maximum): Agency has no process for REDCap data entry and no similar process in place.
- Agency leadership meets with HOPE Consortium Care Coordinators and support staff to review existing workflows and data collection strategies to determine how a Care Coordinator can best assist the agency with REDCap data entry. The following is discussed:
  - o The agency provides residential treatment with an average length of stay of 28 days and has relatively little need for routine Communication Log data as clients receive all services onsite during their stay.
  - o Comprehensive demographic information is collected at intake, including nearly all REDCap required data.
  - o Onsite administrative support is very limited and provided primarily by staff with other clinical or supervisory responsibilities.
- Plan for assistance:
  - o The Care Coordinator will visit the agency on the first Thursday of every month.
  - o Agency staff commits to checking the REDCap database to determine whether new clients are already HOPE Consortium participants and will consent eligible clients that are not already in the database. The Care Coordinator will provide technical support as needed for the consent process.
  - o Existing paperwork is examined for required data elements and forms are created to fill in the gaps, including a form to capture required demographics that clients complete at intake.
  - o Completed consent paperwork is paired with demographics paperwork and filed until the Care Coordinator's next visit when new entries are created or existing entries are updated.
- Follow-up meetings are scheduled with agency leadership and HOPE Care Coordinator and support staff to ensure the assistance is valuable.

Logistics Considerations:
At each agency, certain logistics considerations will need to be made:
- Who will prepare information for the Care Coordinator and what will that entail?
- If consents and releases are collected in paper form, will the Care Coordinator have access to a scanner or can they be scanned and sent to the Care Coordinator prior to the visit?
- Is there a private space the Care Coordinator can work onsite to complete data entry?
- Should the Care Coordinator plan to use his/her own computer and hot spot or an agency computer and network connection?