



Health Information Exchange Overview

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Why REDCap?

REDCap stands for Research Electronic Data Capture and is a web-based data collection tool originally designed for research purposes at Vanderbilt University. The ability to customize the application, grant access to users via the web, store data safely and securely, and generate custom reports made it an ideal tool for data collection across HOPE Consortium partner agencies.

Why are we collecting data in REDCap?

The Wisconsin Department of Health Services (DHS) funds the HOPE Consortium and requires reports on number of patients served and outcomes. The HOPE Consortium REDCap database was custom built to allow for such reporting with a dual purpose as a platform for health information exchange among providers. Continued state funding, which supports direct patient services (e.g., care coordination) as well as regional opportunities for training and other collaborative initiatives, is contingent on provision of service to patients.

When should data be entered into REDCap?

Data should be entered into REDCap for any adult patient with an opioid and/or methamphetamine use disorder who has consented to participation and is being provided with services at a HOPE Consortium partner agency with a signed MOU/BAA.

How are data entered into REDCap protected?

- *Agency Agreements*
REDCap access is granted only to individuals involved in the clinical care of HOPE Consortium patients at agencies with a signed MOU/BAA. These agreements detail agency responsibilities with respect to data use and protection.
- *Secure Data Storage*
REDCap is compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which provides data privacy and security provisions for safeguarding medical information.
- *Access and Monitoring*
Individual access to REDCap is based on clinical need. Users must log in using a unique password-protected username. REDCap is auditable and tracks user entry into records to ensure that individuals access only those records for which they have a clinical reason to do so.
- *Confidentiality of Alcohol and Drug Abuse Patient Records*
Client information entered into REDCap is protected in accordance with federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, HIPAA, 45 CFR Parts 160 and 164) and cannot be disclosed without written consent of the participant or re-released by any other provider with access to the REDCap database.

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What are the benefits of using REDCap?

- *Grant Reporting*
Aggregate data regarding number of clients served and associated outcomes can be readily reported to DHS, supporting continued funding for direct patient services and other regional initiatives that promote recovery.
- *Inter-agency Information Sharing*
Clinical providers from different HOPE Consortium partner agencies can readily view information about shared clients, including attendance at counseling and/or MAT appointments, urine drug testing results, changes to medication dosing, and referral to support services (e.g., care coordination, recovery coaching).
- *Referral to Care Coordination*
Clients can be referred directly to care coordination through the REDCap system with a signed release of information.
- *Agency and/or Region Specific Reports*
Individuals with access to REDCap can readily view standard reports, including general information (e.g., counts, demographics) and date-filtered outcome measures (e.g., quality of life, retention in services). Should additional information be desired, any data entered into the system can be retrieved via a request through the Application Analyst for a custom report.
- *Evaluation Opportunities*
Robust data collection offers opportunities for the HOPE Consortium to assess the treatment and recovery support strategies most effective for clients in our service area with the goals of channeling support toward initiatives that appear to be most effective and providing evidence of effective practices to other rural regions. Any such evaluation will be conducted at the direction of the HOPE Consortium Steering Committee.