HEALTH INFORMATION TECHNOLOGY,
HITEQ
EVALUATION, AND QUALITY CENTER

ENDING THE HIV EPIDEMIC

USING HEALTH IT TO SUPPORT PRIMARY CARE HIV PREVENTION

About The HITEQ Center

The HITEQ Center is a HRSA-funded National Training and Technical Assistance Partner (NTTAPs) that collaborates with HRSA partners including Health Center Controlled Networks, Primary Care Associations and other NTTAPs to engage health centers in the optimization of health IT to address key health center needs through:

- A **national website** with health center-focused resources, toolkits, training, and a calendar of related events.
- **Learning collaboratives, remote trainings,** and **on-demand technical assistance** on key topic areas.

HITEQ Topic Areas

Access to comprehensive care using health IT and telehealth

Privacy and security

Advancing interoperability

Electronic patient engagement

Readiness for value based care

Using health IT and telehealth to improve Clinical quality and Health equity

Using health IT or telehealth to address emerging issues: behavioral health, HIV prevention, and emergency preparedness

THE ROLE OF HEALTH IT IN HIV PREVENTION

HITEQ's EHE TA focuses on the primary role and the value of using your EHR and broader health IT system in HIV screening and prevention. This primary role of health IT is **standardizing, supporting decision making, and monitoring.**

There is also an important role for **digital patient engagement.**

Access our EHE resources at this link.

HIV PREVENTION HEALTH IT FUNCTIONS

STANDARDIZING

Once you have your plan for how HIV screening and prevention, such as PrEP services will be done at your clinic, the EHR can be used to standardize that approach with templates, order sets, alerts, etc.

CLINICAL DECISION SUPPORT

Particularly in primary care, clinicians are not always familiar with the details of what, for example, is needed to initiate and sustain PrEP. Clinical decision support tools can take some of that burden off of clinicians, giving then recommendations when appropriate.

MONITORING

With standardized, structured data within your health IT system, you are then able to use that information to build reports or dashboards that can monitor progress, outcomes, and even adherence to processes.

DIGITAL PATIENT ENGAGEMENT

Digital tools, whether those built into our EHR or third party tools, support outreach and engagement with patients beyond the clinic visit.

LET'S LOOK AT EACH

Following, we'll discuss a couple of examples for each of these key functions. These might serve as ideas or inspiration as to what you might do in your health center.

STANDARDIZATION

SETTING THE EXPECTATION

Using care guidelines, alerts, and pre-visit planning in your EHR can set the expectation as to when and how HIV screening should be done.

For example, adding HIV screening (defined by the eCQM as one HIV test between the patient's 15th and 66th birthday) can be added to pre-visit planning tools as a way to reinforce the expectation. Similarly, alerts can be used to notify care teams when a patient is in need of an HIV test, or when they may benefit from PrEP, based on established guidelines.

SETTING DOCUMENTATION STANDARDS

Standardizing documentation is critically important for understanding the status of HIV prevention services in your health center. Using templates, favorites, smart phrases and other EHR tools can help ensure consistent documentation, when and where needed to use that information meaningfully for measurement, monitoring, and population health management.

Also consider the value of HIEs or other data exchange, where things like HIV test results from other providers may be available— thereby limiting duplication of services.

CLINICAL DECISION SUPPORT

TEMPLATES AND FLOWSHEETS

CDS systems help providers to interpret or determine next steps based clinical results, document patients' health status, and prescribe medications such as PrEP through the use of alerts, reminders, and customized data entry forms.

Data entry forms, such as templates and flowsheets can pull information in from different parts of the patient chart, and when used with clinical decision supports can prompt for appropriate action.

Algorithms can take into account test results, diagnoses, and other structured data fields to support decision making for clinicians. These can typically be as broad or narrow as needed.

For example, you health center may decide on an algorithm that looks at whether the patient has a documented HIV test result in their chart, and if not, prompts for a test. Or, you may create an algorithm that looks for a set of diagnoses, such as certain STIs and/ or OUD, and prompts for PrEP if those are identified in the chart.

Note that the success of algorithms relies on standardization.

ALGORITHMS

MONITORING

DASHBOARDS OR REPORTS

Standardized information and defined processes lend themselves to regular monitoring which is useful for performance and continuous quality improvement. It's also useful for monitoring changes to your processes to identify opportunities for retraining.

For example, you may use dashboards or reports to monitor performance on clinical quality measures like HIV screening and HIV linkage to care rates; but you may also create or use missed opportunity reports that identify patients who were seen but didn't receive and HIV screening (and didn't have opt-out documented).
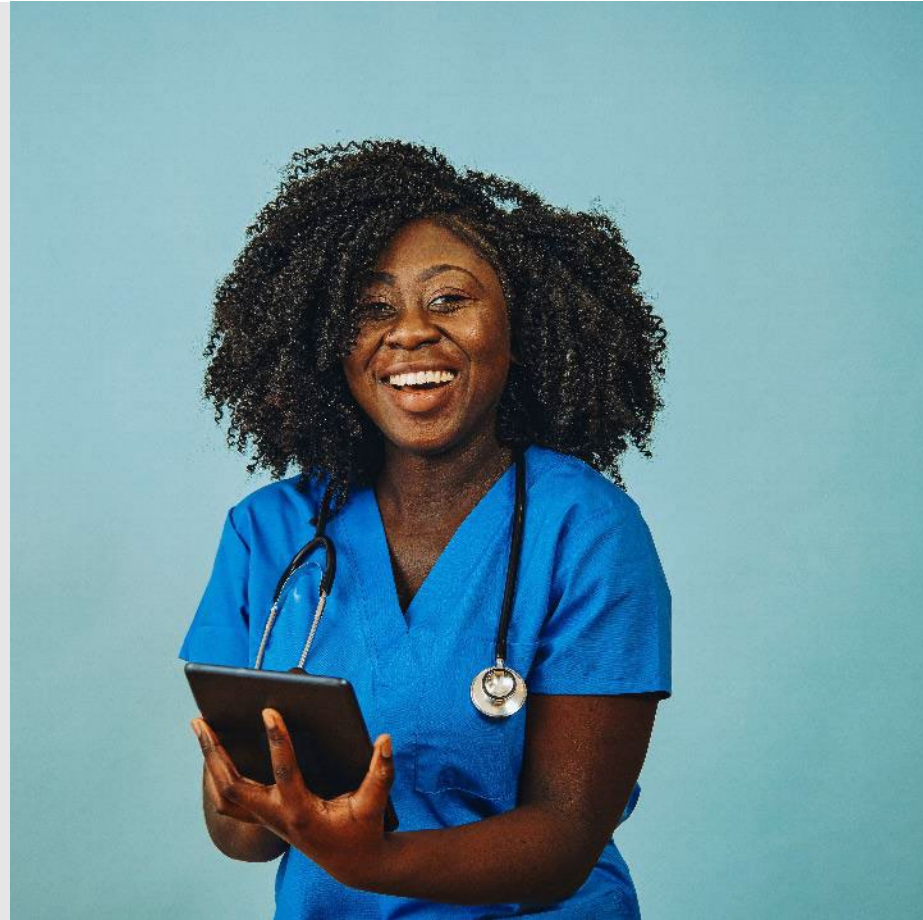
REGISTRIES OR WORK LISTS

Keeping patients engaged in their care, including maintaining them on PrEP typically involves outreach and follow-up. Using your health IT systems to create registries or worklists for these purposes can be useful in taking the burden off teams to track outside of the system.

For example, a health center can use their analytics tools to generate a weekly list of patients who are in their last week of their PrEP prescription (according to the rx order date if you don't have information about when the rx was filled). Then someone from the care team can reach out to these patients to bring them in.

DIGITAL PATIENT ENGAGEMENT

Digital patient engagement encompasses direct-to-consumer telehealth (meaning, between a provider at your health center and the patient somewhere else), facilitating patient access to providers through originating site telehealth, direct messaging, etc. and automated outreach such as through EHR driven SMS/ email campaigns.

These tools can open a whole new world of services for patients, increase retention, and increase adherence.

THANK YOU!

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