Electronic Health Records, Session #4, Community of Practice

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28 June 2016
Disclaimer

This project was supported by a grant from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) with $1,583,655 (0% financed with nongovernmental sources). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.
Community of Practice Webinars for Partnership for Care (P4C) Projects

Webinar 4:

Leveraging Information Systems and Technology to Strengthen Care Coordination and Patient Engagement
Partnerships for Care (P4C)

- Expand the provision of HIV prevention and care services within communities most impacted by HIV and better serve people living with HIV (PLWH), especially racial/ethnic minorities.
- Improve collaboration and leverage expertise among HRSA-funded health centers and CDC-funded state health departments.
- Support health center workforce development, infrastructure development, HIV service delivery across the HIV care continuum, and the development of sustainable partnerships with state health departments.

This funding is supported by the Affordable Care Act and the Secretary’s Minority AIDS Initiative Fund.
Bridging the Quality Chasm

SYSTEMS
- Set up and maintain systems
- Standardize key workflows
- Engage staff in continuous quality improvement

IT, EHR Experts, & Quality

Operations & Clinical Staff
- Document to reflect quality of care
- Follow key standards and offer feedback
- Data at Point of Care for coordination and QI

CARE

Leadership

RESULTS
- Improved Patient Outcomes
- Better Quality & Experience, Lower Cost
- Accurate data & most credit for patient care given
HIT for Care Coordination and Engagement

• Structured data for P4C, and other programs, can be broken down into 3 phases:
  1. Screening/Diagnosis
  2. Intake
  3. Management

• How do we use the structured data and what other approaches might we integrate?
Ten Things

Actively Engage Senior Management

Create Policies that reflect the needs of LGBT people

Engage LGBT People in Your Community

Provide Staff with Training on Culturally-Affirming Care for LGBT People

Update Processes & Forms to Reflect Diversity of LGBT People and their Relationships

Collect Data on the Sexual Orientation & Gender Identity of Patients

Conduct Routine Sexual Health Histories On All Patients

Incorporate LGBT Health Care Needs in Clinical Care & Services

Assure Physical Environment Welcomes & Includes LGBT People

Recruit & Retain LGBT Staff

www.lgbthealtheducation.org
Gender Identity vs Sexual Orientation

**Gender Identity**
A person’s internal sense of being man/male, woman/female, both, neither or another gender (not all are gender binary)

**Transgender**
Having a gender identity that is not congruent with one’s sex assigned at birth

- transgender man, female-to-male, FTM
- transgender woman, male-to-female, MTF
- gender fluid
- gender variant
- gender expansive
Gender Identity vs Sexual Orientation

- heterosexual
- gay
- lesbian
- bisexual

Sexual Orientation
How a person characterizes their sexual and emotional attraction to others
Why collect info on sexual orientation & gender identity?

- Important to providing clinically relevant care
- Essential for measuring the quality and satisfaction with care experienced by LGBT individuals
- Helps communicate a welcoming atmosphere
- Questions are acceptable and understood by patients (even those who are not LGBT)
- Recommended by the Institute of Medicine, The Joint Commission and UDS
- Ability to capture this information is a new Meaningful Use requirement for electronic medical records
Standardized EHR data fields

Do you think of yourself as:
- Lesbian, gay or homosexual
- Straight or heterosexual
- Bisexual
- Something else
- Don’t know

Marital Status
- Married
- Partnered
- Divorced
- Other
Ask 3 questions related to gender identity

- What is your current gender identity? (check **ALL** that apply)
  - Male
  - Female
  - Transgender Male/Trans Man/FTM
  - Transgender Female/Trans Woman/MTF
  - Gender Queer
  - Additional Category (please specify)
    __________

- What sex were you assigned at birth? (Check One)
  - Male
  - Female
  - Decline to Answer

- What is your preferred name and what pronouns do you prefer(e.g. he/him, she/her)?
  ____________________

The Community Health Applied Research Network (CHARN) Study

- 4 Health Centers asked 251 patients questions about their sexual orientation and gender identity in clinical settings (2013)

  - 47% Heterosexual
  - 29% Gay/lesbian/homosexual
  - 9% Bisexual

3 out of 4 said asking about Sexual Orientation was IMPORTANT

>80% understood the questions and were willing to answer

4 out of 5 agreed it was important for the provider to know their Sexual Orientation

Source: http://fenwayhealth.org/the-fenway-institute/
Using technology to promote engagement

Incorporating the right terminology and applying it to all will set the tone for the rest of the visit.

- Use structured data
  - How will you handle old data transition if collected differently in the past?
- Make data visible in EHR where staff can see and use it
- Collect registration data on patient portal
- Use tablets to collect information upon arrival
- Update any paper forms that support data entry
The majority of new HIV infections occur in MSM

New HIV infections in 2013 (1)

- MSM and MSM-IDU (68%)
- Heterosexual (25%)
- IDU (6%)
- Other (1%)

HIV incidence increased 20% among young, black MSM from 2008-2010 (2).


Available at http://www.cdc.gov/hiv/group/msm/index.html
How do stigma and discrimination affect health?

- **Minority Stress Model:**
  - Stressful prejudice events
  - Everyday micro-aggressions
  - Expectations of rejection
  - Cognitive burden of negotiating “outness”
  - Internalized homo- and transphobia

- **Avoidance of health care**
  - due to the expectation of discrimination

For many LGBT persons, LGBT- and racial/ethnic-based stigma intersect.

## Populations at risk: The Burden

**MSM**
- Smoking
- Substance abuse
- Depression
- Limited health care access
- Sexual assault
- HIV
- Syphilis
- Anal cancer

**WSW**
- Smoking
- Substance abuse
- Depression
- Limited health care access
- Sexual assault
- Overweight/obesity

**Transgender**
- Smoking
- Substance abuse
- Depression
- Limited health care access
- Partner Violence
- HIV
Prevalence & Impact of Trauma among PLWH

• 45% of HIV+ participants reported sexual assault after the age of 15 years.

  - Initiating ARV therapy and coming out as HIV+ were more strongly associated with PTSD symptoms than receiving an HIV+ diagnosis.
  - A history of trauma has a strong negative effect on patient adherence to ARV therapy.
  - The HIV drugs efavirenz (EFV) and zidovudine (ZDV) have been shown to exacerbate PTSD symptoms causing some patients to re-experience PTSD symptoms.

Screening for Social Determinants of Health (SDH)

- Use PRAPARE – Protocol for Responding to and Assessing Patients’ Assets, Risks and Experiences
  - Greater understanding of the patient population
  - Improve ability to manage patient populations
  - Inform development of new programs/partnerships
  - Improve health outcomes
  - Control/Reduce health care spending
- Incorporate standard assessment for all patients
Patient portal collection devices

- Create structured text, templates, forms
- Determine best workflow - Who and Where? How often?
  - Core questions in registration (collected with GI/SO)
  - Medical assistant, LPN, RN, Advocate, Navigator, provider
  - Incorporate for all patients
- Finding should be accessible to all of care team for input/review
- Build in prompts to support staff as tool to support training
- Use of patient portal/POC devices
POC Screening and Planning: Visit Prep

Facilitate more efficient pre-visit planning for preventative and chronic care, all in one report.

- Display only relevant and actionable items to help teams prepare for visits.
- Display active diagnoses and relevant risk factors.
- Alerts indicate whether particular clinical parameters, labs or screenings are (a) missing, (b) overdue or (C) out of range.

Use as an efficient clinical management tool, where success on measures is a by-product of use.

- Visit planning alerts based on national standards (UDS, MU, HEDIS) and set to the strictest standard where conflicts exist among them.
- Focus on a single goal.
Visit Planning Report

Combines Registry & Preventative Care Alerts, by Provider, ordered by appointment, in one report.

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<th>Provider</th>
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<th>Gender Identity</th>
<th>Age</th>
<th>Risk Level</th>
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Demo Data

https://drvs.azarahealthcare.com/documentation/help/Release8PVP.swf
Leveraging IT for screening and planning

- Recognize gender identity, name and pronoun preferences
- Risk stratification
  - Include HIV as chronic condition
  - Include HIV test/overdue labs as alerts
- Eliminate templates that are specific to male/female to allow for non-discriminatory transgender care
- Provide ample access to registry and visit planning tools to encourage use
- Utilize order sets/templates that make it easy to initiate care based on role
Using technology to improve adherence

- **Referral Tracking**
  - Input community resources in EHR
  - Capture internal referrals in EHR
  - Workflow – assign who will monitor and how frequently
- Use data to assess relationships and quality of service
Using technology to improve adherence

• Communicating with community and other providers
  ▪ HIE

• Communicating with Patients
  ▪ Provision of cell phones (very basic and not new)
  ▪ Mobile Apps
    ○ Shared Action Planning Apps
    ○ Medication reminders
  ▪ Patient Portals
How are you engaging your patients?

- How easy is your portal to use from a cell phone?
- Are you using any patient action plan apps?
- How are you addressing concerns of privacy?
Analyze performance

• Are you using the date you have available?
  ▪ If not, why?
  ▪ If yes, have there been any ‘aha’ moments
• Is it still a struggle to get the data easily?
• Are you able to trend the data and use it to inform your improvement strategies (PDSA)?
Challenges to leveraging IT

• How are you engaging and or reaching out to PLWH?
• Are you using the registry?
• Are you placing and tracking community referrals?
• What technology is making it easier?
• What is making it more difficult?
• How often are you tracking the measures?
• How do you apply these principles to using technology? HIE?
Creating an Environment of Engagement

• Technology can be a really important tool to change how we provide health care – but only if we use it the right way.

• It is the unique blend of data
  ▪ Environment in which data is gathered
  ▪ what, who and how often the information is asked
  ▪ how and where the data is recorded

  …..how it is accessed,
  re-used, interpreted and applied
“People will forget what you said,
People will forget what you did,
But people will never forget how you made them feel.”

-Maya Angelou
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