



Electronic Health Records, Session #4, Community of Practice

Presenter: LuAnn K. Kimker, RN MSN

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Disclaimer

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Community of Practice Webinars for Partnership for Care (P4C) Projects

Webinar 4:

*Leveraging Information Systems
and Technology to Strengthen
Care Coordination and Patient
Engagement*

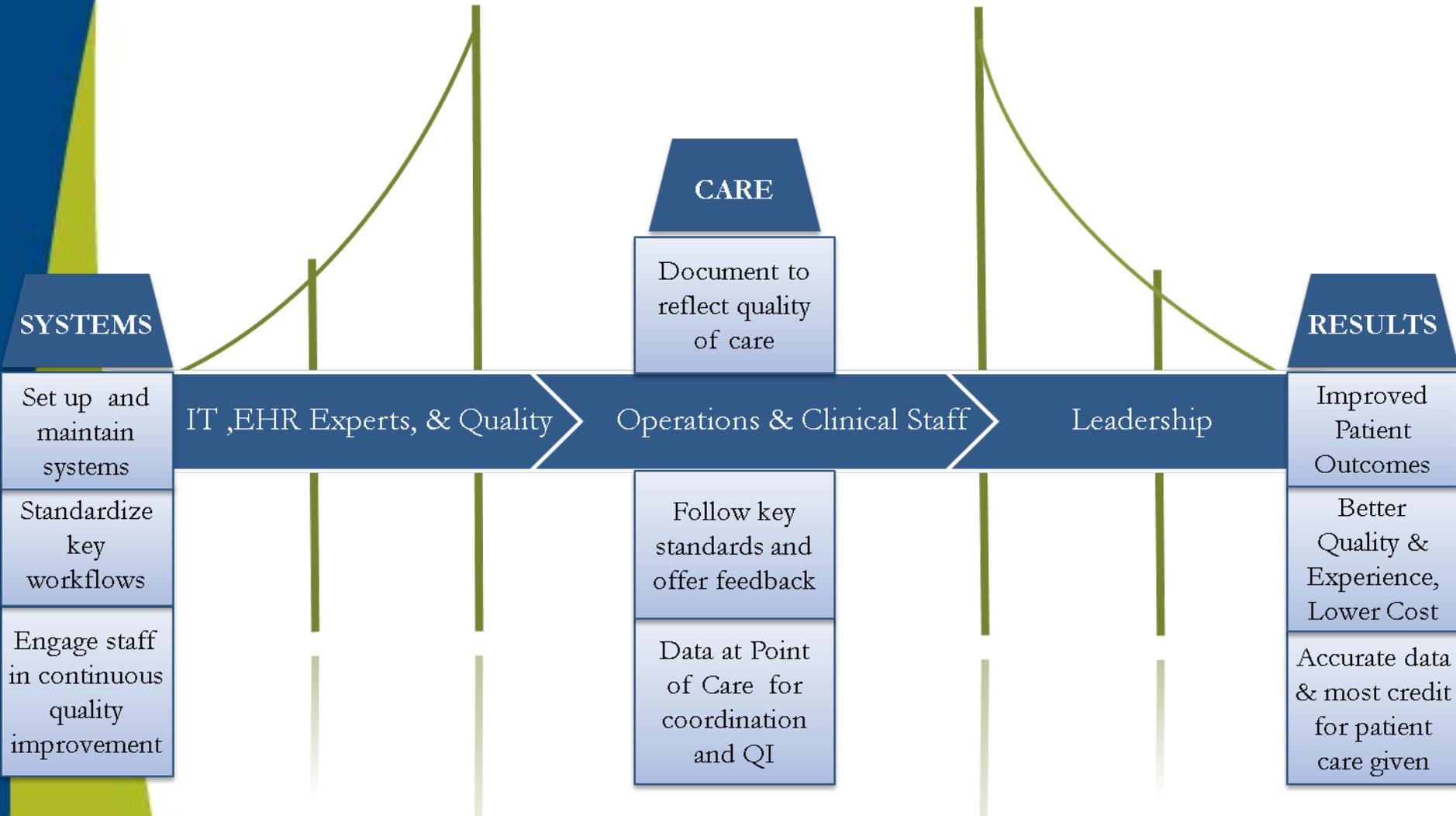
Background

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.

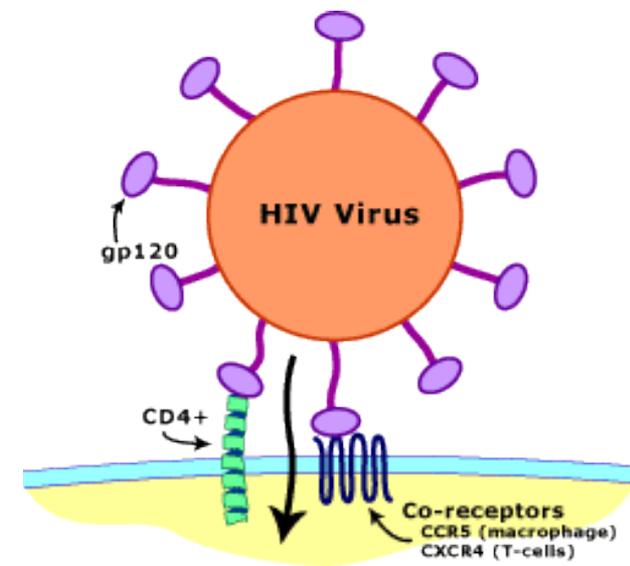
This funding is supported by the Affordable Care Act and the Secretary's Minority AIDS Initiative Fund.

Bridging the Quality Chasm



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

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

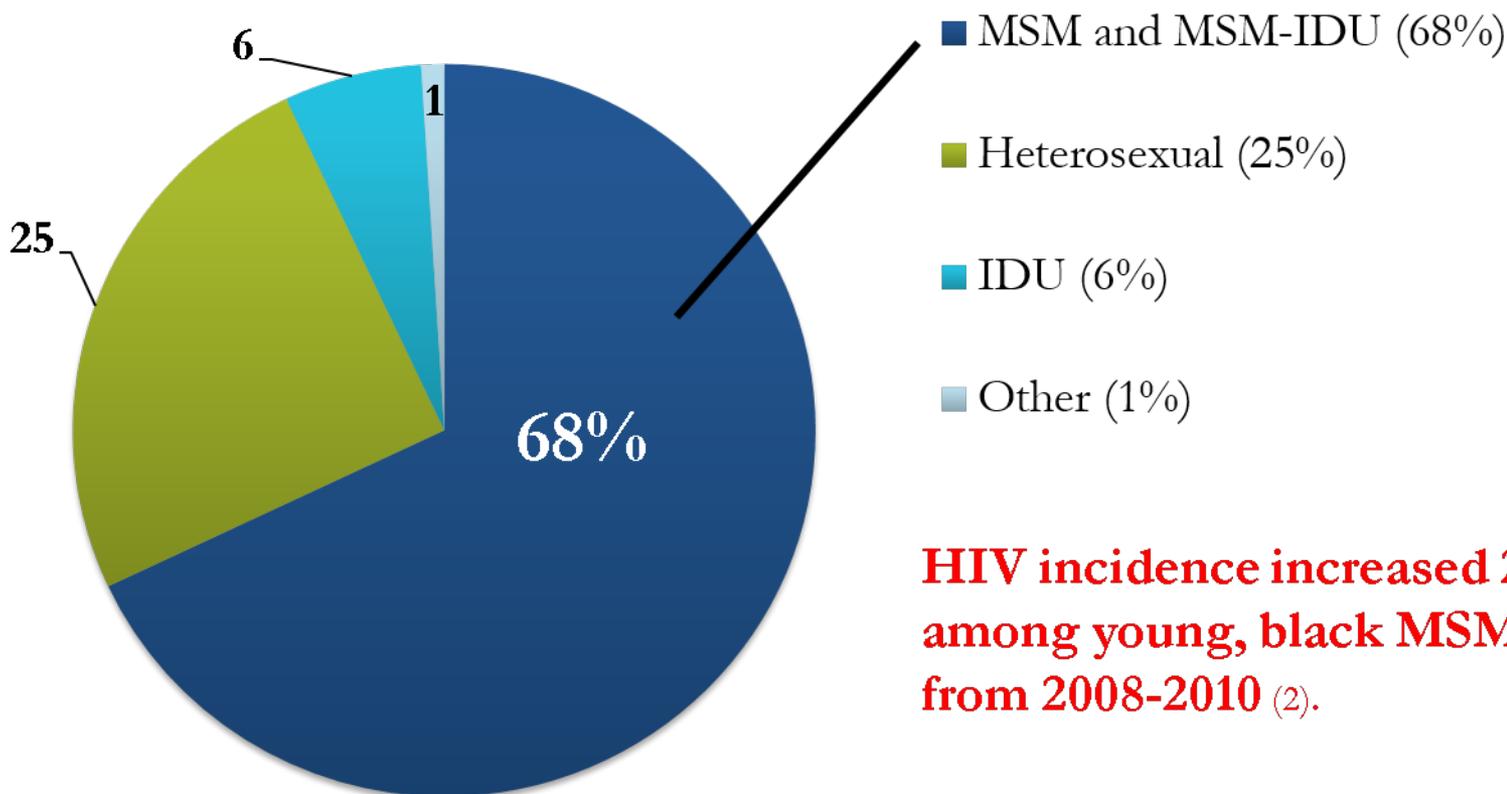
Using technology to promote engagement

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⁾



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

Footnote 1: HIV/AIDS surveillance – epidemiology of HIV infection. CDC. 2015.

Available at <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-genepi-2016.pdf>

Footnote 2: HIV among gay and bisexual men. CDC. 2015.

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

Reif, S., Mugavero, M., Raper, J., Theilman, N., Leserman, J., Whetten, K., and Pence, B. W. (2011). Highly stressed: Stressful and traumatic experiences among individuals with HIV/AIDS in the deep south. *AIDS Care*, 23(2), 152-162

Screening for Social Determinants of Health (SDH)

- Use PRAPARE – **P**rotocol for **R**esponding to and **A**ssessing **P**atients' **A**ssets, **R**isks and **E**xperiences
 - 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

The screenshot displays a software interface for managing structured data. The main window, titled "Structured Data", shows a list of "Social Determinants of Health" (SDH) questions. Each question is represented by a folder icon and a text description. The questions include:

- SDH Entered/Updated
- What is your housing situation today?
- Are you worried about losing your housing?
- What is the highest level of school that you have finished?
- What is your current work situation?
- In the past year, have you or any family members you...
- How often do you see or talk to people you care about...
- How stressed are you? Stress is when someone feels th...
- In the past year, have you spent more than 2 nights in...
- Release date
- Has lack of transportation kept you from medical appoi...
- Are you a refugee?
- What country are you from?
- What year did you come to the US?
- Do you feel physically or emotionally safe where you cu...
- In the past year, have you been afraid of a partner or e...

At the top of the window, there are buttons for "+ Add", "+ Add child", "Update", "Remove", and "Reorder".

A "Structured text" dialog box is open over the "What is your housing situation today?" question. It shows the question text and a table for defining the structured text options:

Name	Default
I have housing	<input type="checkbox"/>
I do not have housing (staying with others, in a...	<input type="checkbox"/>
I choose not to answer this question	<input type="checkbox"/>

The dialog box also has "+ Add" and "Remove" buttons.

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.

Cranston, Bill		2 Scheduled Appointment(s)			
					Export this Provider to PDF
1:25 PM Friday, September 11, 2015					Visit Reason: Well Child Visit
Gomez, Jose MRN: 780239	DOB: 11/23/2006 Age: 9	Gender @Birth: M Risk Level: Moderate	Gender Identity: F Language: Spanish	Phone: 522-113-583	PCP: Cranston, Bill Care Manager: NA
<u>Diagnoses</u>	<u>Alert</u>	<u>Message</u>	<u>Most Recent Date</u>	<u>Most Recent Result</u>	
Asthma, HIV	Nutritional Counseling	Missing			
	Physical Activity Counseling	Missing			
<u>Risk Factors</u>	BMI Percentile	Overdue	8/15/2015		
OBS	Asthma Seventy	Overdue	8/15/2015		
3:45 PM Friday, September 11, 2015					Visit Reason: Headaches
Perkins, Sonja (Sony) MRN: 5112866	DOB: 3/18/1962 Age: 53	Gender @Birth: F Risk Level: High	Gender Identity: FTM Language: English	Phone: 522-788-5001	PCP: Gunther, Eric Care Manager: Smith, Jane
<u>Diagnoses</u>	<u>Alert</u>	<u>Message</u>	<u>Most Recent Date</u>	<u>Most Recent Result</u>	
DM, HTN, DEP, COPD	Mammogram	Missing			
	Pap Smear	Missing			
<u>Risk Factors</u>	A1c	Overdue	8/15/2014	10.2	
SAD, SMIP	BP	Result out of Range	8/15/2014	150/95	
<u>Open referrals</u>	Eye Exam	Missing			
	Flu	Missing			
	Tobacco Status	Missing			
	LDL	Overdue	5/15/2013	90.1	
	HIV Screen	Missing			
	Hep C	Missing			

Risk Level and/or SDH

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

Referrals - Referrals

Advanced Mode | Filters | PDF | EXCEL | Report Issue | Add to Favorites

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Name	MRN	Type	Referring Provider	Referring Location	Referred To Provider	Referred To Location	Ordered Date	Scheduled Date	Obtained Date	Received Date	Completed Date
Brandes, Jeff	112345	Cardiology	Parks, R.	Sunset	Boyd, J	Park Slope	9/15/14	9/28/14	9/29/14	9/29/14	9/30/14
Brandes, Jeff	112345	Dental	Parks, R.	Sunset	Buzz, K	Dunster	9/15/14	9/25/14			
Brandes, Jeff	112345	Endocrine	Parks, R.	Sunset	Zang, L	Cables	9/15/14	9/20/14	9/20/14	9/22/14	9/22/14
Gunther, Eric	112345	BH	Sparks, K.	Ridge	Chou, R	Park Ridge	9/10/14	9/15/14	9/15/14	9/15/14	9/15/14
Smith, Robert	112345	Cardiology	Sparks, K.	Ridge	Boyd, J	Park Slope	9/06/14	9/15/14	9/15/14	9/15/14	9/15/14

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 data 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

Maya Angelou Quote

“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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Contact:

Good health. Right around the corner.

40 Court Street, 10th Floor

Boston, MA 02108

ph 617-426-2225

www.massleague.org

**LuAnn K. Kimker, RN,
MSN, PCMH, CCE**

lkimker@massleague.org

The logo consists of a green arc above the text.
Massachusetts League
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