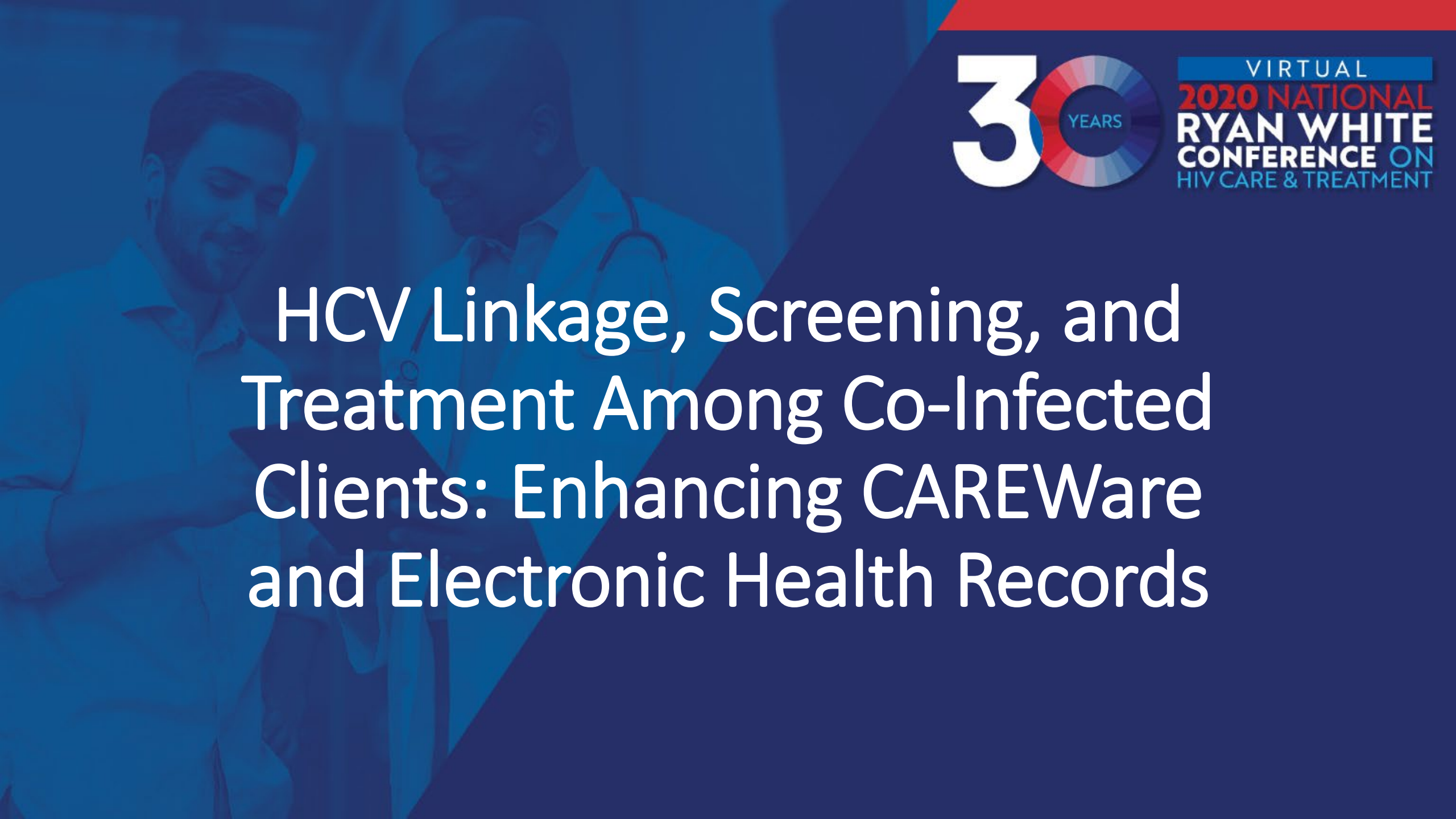

VIRTUAL
2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

30 YEARS

HCV Linkage, Screening, and Treatment Among Co-Infected Clients: Enhancing CAREWare and Electronic Health Records

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HCV Linkage, Screening, and Treatment Among Co-Infected Clients: Enhancing CAREWare and Electronic Health Records

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Learning Outcomes

At the conclusion of this activity, participants will be able to:

1. Describe HIV/HCV co-infection and existing challenges to screening and treatment
2. Discuss possible approaches in enhancing HCV data collection in CAREWare and EHRs
3. Identify lessons learned for enhancing HCV data collection in CAREWare and EHRs
4. Identify next steps and key implementation considerations

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Project Overview

About NASTAD

- A non-profit association founded in 1992 that represents public health officials who administer HIV and hepatitis programs funded by state and federal governments
- Mission & Vision
  - Mission: To end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice
  - Vision: A world free of HIV and viral hepatitis

Background

- SMAIF funded Special Project of National Significance (SPNS)
  - Three-year project (September 30, 2016 – September 29, 2019)
  - No-cost extension period until April 30, 2020
- Goals
  - Increase jurisdictional capacity for HCV screening, care and treatment among people co-infected with HIV/HCV;
  - Increase people co-infected with HIV/HCV who are diagnosed with HCV, treated, and cured;
- NASTAD served as the State Health Departments Coordinating Center for Louisiana and North Carolina

Background

- HIV/HCV Co-Infection
  - Approximately 25% of people with HIV in the U.S. are co-infected with HCV; disproportionately affects racial and ethnic minorities
  - Higher levels of liver-related morbidity and mortality
  - Liver disease is common cause of non-AIDS related deaths
- Treatment
  - Direct-Acting Antivirals (DAAs) represent tremendous opportunity to cure HCV
  - Despite advances, only small percentage of co-infected people are treated

Gaps at Every Level

System

- HCV treatment cost
- Provision of HCV treatment under Medicaid
- Case ascertainment (existing coinfection among PWH)

Provider

- Treatment guideline confusion
- Attitudes/ stigma towards social and behavioral determinants of health

Patient

- Accessing HCV services and health in general, especially substance use disorder
- Knowledge of HCV symptoms and treatment

North Carolina Activities

Structure

- 2 participating clinics
  - Raleigh/Durham and surrounding counties catchment area
  - Part of university health systems
- Co-infection Bridge Counselors
  - Housed at participating clinics
  - Support re-engagement, linkage to care, and treatment
  - Enter activities in CAREWare
- North Carolina CAREWare team
  - Leveraging CAREWare for tracking progress and reporting
  - Regional Quality Council (RQC)

Technical Assistance

- Teleconferences
  - Monthly with state health department
  - Quarterly with participating clinics
- On-site work with the state CAREWare team
- Developed guidance based on lessons learned from other projects and jurisdictions
- Monitored implementation and impact of project activities

Enhanced Local Evaluation Plan

- North Carolina shifted to an ELEP in Year 2
  - Unable to meet client-level data requirements
  - Challenges in hiring programmatic staff and establishing contracts
- NASTAD assisted with the development of the ELEP
  - Worked directly with participating clinics and CAREWare team
  - Identified opportunities to improve HIV/HCV care and treatment
  - Identified opportunities for enhanced data collection

Identified Opportunities

- CAREWare Enhancements
  - Co-infection Bridge Counselor activities
  - HCV performance measures
  - Potential for statewide adoption
- Improve communication/upload of data between systems
- Streamlined data entry and reporting of HIV/HCV co-infection

CAREWare Activities

CAREWare Activities

- Goal: Expand CAREWare use for HCV screening and treatment
  - Leverage existing opportunities
    - Regional Quality Council had identified HCV as a priority
    - Expansion of HCV surveillance reporting meant limited data in initial years
    - CAREWare team was receptive to our involvement
    - Bridge Counselor activities for other projects already entered into CAREWare
  - Increase HCV data in CAREWare

CAREWare Activities

- Meet data collection needs for project
- Provide foundation for statewide expansion and use
  - CAREWare documentation
  - Performance measure development
  - Enhanced data importing
  - Identification of implementation steps for expanded use

CAREWare in NC

- Real time centralized network
- 1 FTE when project started so limited resources for large scale changes
- In addition to Ryan White HIV/AIDS Program data needs, data are integrated into a larger data project (NC ECHO)

Where We Started: Clinics

- Clinic 1: No current CAREWare use
  - Entered data only in their EHR
  - Historic attempts to add CAREWare data entry had been unsuccessful
  - Previous project challenges in getting access to data
- Clinic 2: Active CAREWare user but not all variables entered
  - Entered data in both their EHR and CAREWare
  - HCV data entry limited to screening with inconsistent fields use
  - Identified challenges in abstracting EHR data that required clinical interpretation

What We Planned: Clinics

- Clinic 1: No current CAREWare use
  - Start with Bridge Counselor activities
  - Facilitate export of EHR data into CAREWare to provide foundation for data entry
  - Leverage newly funded position to support needed data entry
- Clinic 2: Active CAREWare user but not all variables entered
  - Expand data entry beyond HCV screening
  - Pilot data fields and data entry manual
  - Support data abstraction process from EHR

Our Process

- Developed a process to work with the NC CAREWare Team that included the following key steps:
  - Step 1: Outline possible CAREWare changes
  - Step 2: Discuss utility and feasibility of changes for project purposes
  - Step 3: Review reporting needs and sustainability challenges
  - Step 4: Finalize CAREWare changes for this cycle
  - Step 5: Integrate changes in CAREWare
  - Step 6: Document changes in protocol
  - Step 7: Test Changes
  - Step 8: Make necessary changes

CAREWare Modifications-Services

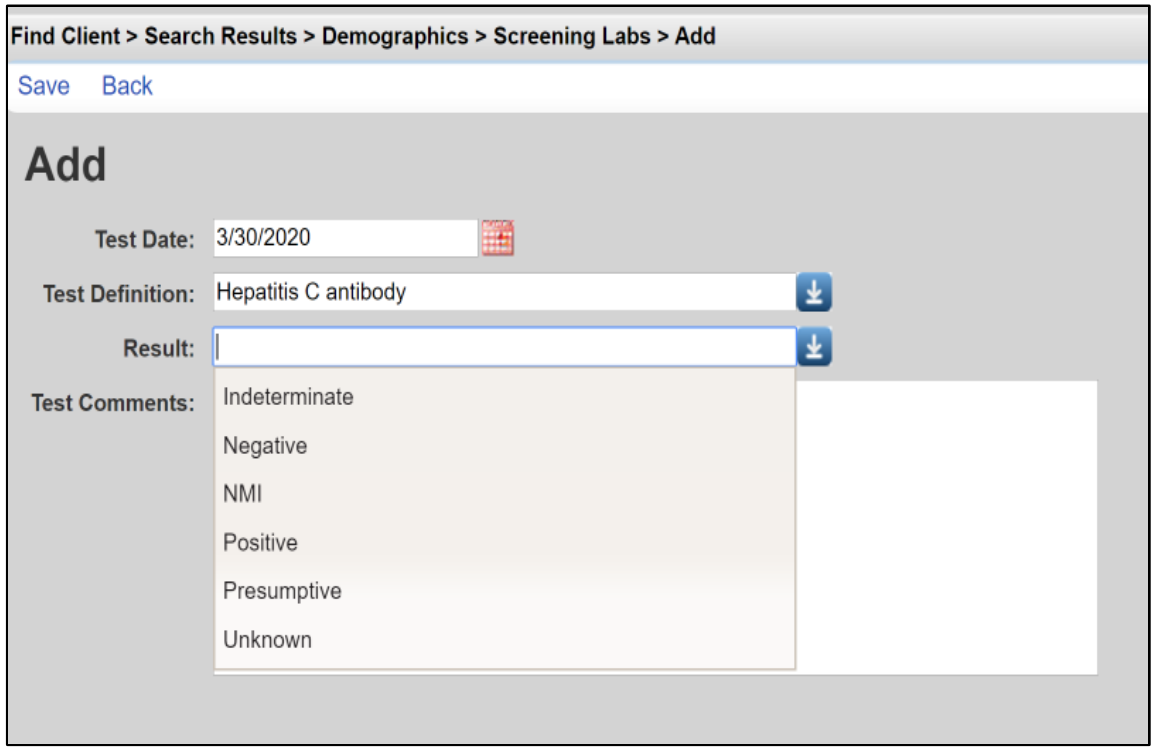
- Separate contracts established to differentiate project work
- Impact on Ryan White HIV/AIDS Program Services Report (RSR) discussed during determination of services used
- Custom subforms added to capture critical information
  - Appointment attendance
  - Medication pickup
- Three services used to capture activities
  - Outreach
  - Health Education Risk Reduction
  - Referral for health care and supportive services

CAREWare Modifications-Clinical

- Clinical data were captured in encounters. Data entered included:
  - Screening labs
    - HCV ab qualitative results
  - Labs
    - HCV RNA quantitative results
  - Screenings
    - SVR12
    - Genotype
    - No Meds
  - Medications

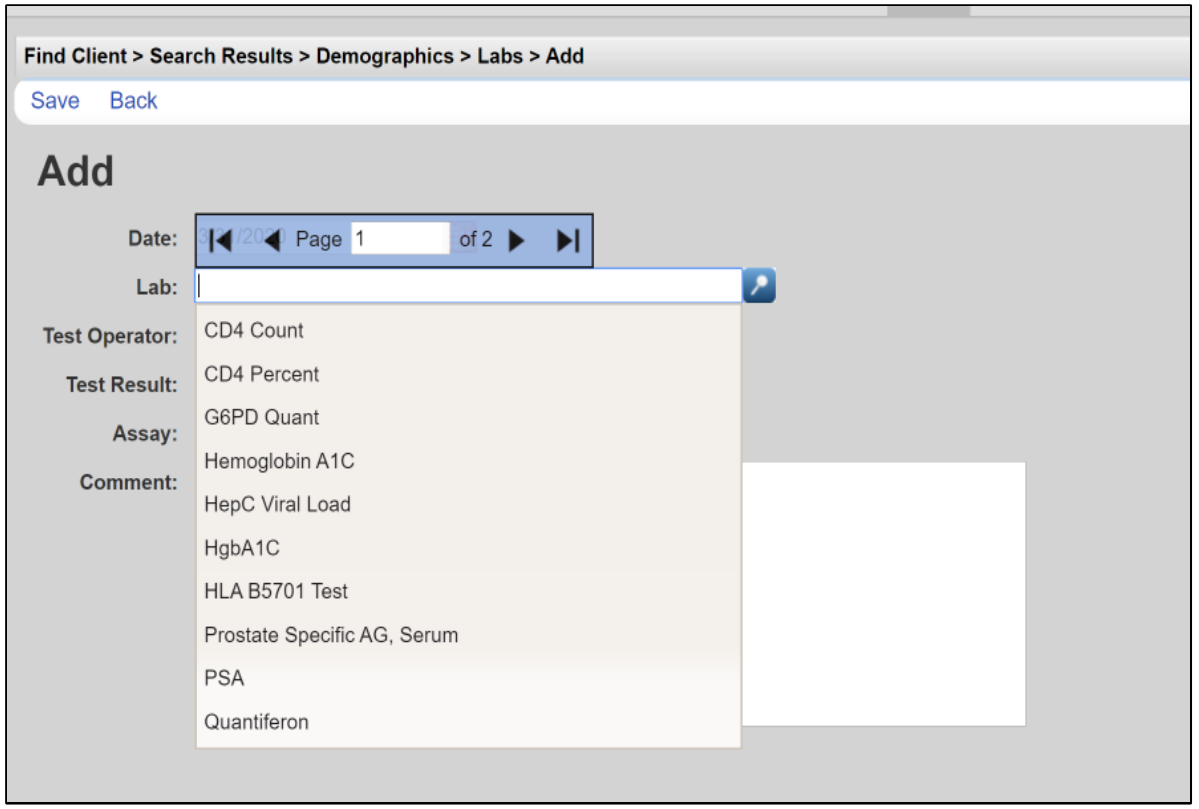
Screening Labs

- Screening labs capture qualitative information in CAREWare
- Hepatitis C antibody was captured in screening labs
- Different test names had been used and were consolidated



Labs

- Labs capture quantitative information in CAREWare
- Hepatitis C Viral load was captured in labs
- Different test names had been used and were consolidated



Screenings

- Screenings allow for the most customization in CAREWare
  - Custom dropdown lists can be developed for both results and actions
- SVR12, Genotype, and No Meds were captured in screenings
  - HCV viral loads that were also SVR12 entered in both labs and screenings
  - No Meds was added to capture why a client with HCV may not have been prescribed meds
  - Genotype was a locally-requested addition

Medications

- HCV Medications were entered into Medications in CAREWare under non-ART medications
- Start and Stop Date are entered
  - Reason for stop date chosen from drop-down list that cannot be customized

Performance Measures

- Establish five performance measures for consideration
  - HCVQ01: HCV screening in period
  - HCQ02:HCV status confirmed in period
  - HCVQ02a: HCV Status Confirmed For Positive HCV Antibody Screening in Period
  - HCVQ03: HCV Status Detectable As Of End Date
  - HCV04: HCV Cure As of End Date
- Focus was on identifying needed clinical activity

Performance Measures

- Developed provider template to help them review HCVQ01, HCVQ02 and HCVQ02a
  - Included questions to ask/possible issues regarding each measure
  - Discussed distinguishing between data quality and quality of care
  - Asked providers to identify what changes they think they could make at their agencies

Performance Measure	Numerator	Denominator	%	Statewide %	Questions to ask/possible issues

HCV screening In Period (HCVQ01): Percentage of HIV positive clients who had a documented HCV antibody screening in the measurement period					• What is your agency's policy for rescreening HIV positive clients for HCV?
					• If your policy is risk-based:
					  ○ How is risk assessed?
					  ○ How often?
					  ○ How is it documented in your EHR?
					  ○ How would your clinicians know a risk assessment was due?
					• If your policy is not risk-based
					  ○ How frequently are clients rescreened?
					  ○ How is it documented in your EHR?
					  ○ How would your clinicians know a client is due for rescreening?

Enhancing Electronic Health Records(EHRs)

EHR Considerations

- CAREWare was not the primary data system used so any data issues were usually in the EHR
- Having fields in an EHR doesn't mean the data are entered
- Need to understand how clinicians use the problem list and how it is updated
- Formalized HCV screening protocol may not exist

EHR Considerations

- Making EHR changes often costs money
- Making changes can be more challenging in larger organizations (e.g. university settings) where there are multiple users with different needs
- Getting data in doesn't mean you can easily get data out
- Critical information is often captured in notes/text fields
- Issues with how labs are mapped can have significant impact

EHR Enhancements

- Added HCV to annual screenings
- Added reflex testing as the standard
- Generated prior authorization paperwork for specialty pharmacy
- Identified data quality issues by reviewing CAREWare performance measures

Lessons Learned

Lessons Learned-Overall

- Capturing data is one piece of a coordinated effort to improve HCV screening and treatment among people with HIV
  - Current policy, practice and EHR data entry/import are essential components
- Important to consider how CAREWare is being used when determining level of customization for new data entry
  - Need to outline desired custom reports/performance measures before implementing changes to ensure that reporting needs are met
- Capturing HCV data in CAREWare can provide important information about co-infection, screening activities and treatment needs
  - Enhance HCV surveillance activities/Data to Care
  - Inform QI activities for HCV screening and treatment

Lessons Learned-CAREWare

- Labs
  - Inconsistent fields used for HCVab and RNA can make it difficult to use performance measures
  - SVR12 not good measure because requires clinical interpretation in order to enter
- Medications
  - Non-ARV medications don't allow entry for treatment reason (ie HCV) so can be more challenging to find/enter HCV meds
  - May be easier to create custom tab for treatment rather than capturing medication but even this has challenges
  - Difficult to report the absence of something (no HCV meds)

Lessons Learned-EHRs

- Labs
  - Integrating HCV screening as part of annual labs increases completion rather than having clinician determine/remember to order
  - Risk is often not captured in a structured field in an EHR which can make it difficult to know when risk-based screening is due
  - Reflex testing is not necessarily the standard
  - RNA Tests post treatment (for SVR 12) may not be drawn/well documented
- Medications
  - Start date reflects date prescribed, not date client started taking medication
  - Medication lists may not always be reconciled, which can make abstracting information challenging

Key Implementation Considerations and Next Steps

HCV Screening

- Agreement on use of lab names
- Determine current screening practices
  - Ever screened vs. rescreening
  - Rescreening approach has different data requirements
    - Risk based
      - Prompt/reminder in EHR to assess HCV risk
      - Ability to collect data in structured fields in EHR
      - Frequency will need to be established
    - Annual
      - Integrating HCV screening as part of annual labs increases completion rather than having clinician remember to order
      - Prompt/reminder in EHR to conduct HCV screening

HCV Viral Load

- Agreement on what labs to enter
  - Should align to the extent feasible with how labs are reported to you/documented in EHR
  - CAREWare name(s) used for lab
- Established practice for running HCV viral load after positive antibody (or for individuals with known positive antibody)
  - If reflex testing not current practice, mechanism to identify/inform clinicians that a viral load must be drawn
- Established practice for drawing HCV viral load after medication completion
  - Documentation/notification in EHR that HCV viral load is due

HCV Treatment

- Practice of medication reconciliation consistently in EHR so that list is up-to-date
- Start and stop dates of medications
  - Known limitation that this may be prescribed date and not dispensed date
  - Stop date likely will reflect last day of medication prescription, not necessarily the last day client took meds
  - Consider adding structures fields to capture actual start and stop dates
- Awareness of HCV medications
- Abstraction process to pull medications

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