



Resources

This pocket guide is part of the *Improving Health Outcomes: Moving Patients Along the HIV Care Continuum and Beyond* resources from the Integrating HIV Innovative Practices (IHIP) project.

SPNS Electronic Networks of Care Initiative

hab.hrsa.gov/about-ryan-white-hiv-aids-program/spns-electronic-networks-care

My Health Profile

ecompas.me

Gordon P, Camhi E, Hesse R, et al. **Processes and Outcomes of Developing a Continuity of Care Document for Use as a Personal Health Record by People Living with HIV/AIDS in New York City.**

Int J of Med Inform. 2012; 81(10): e63–e73.

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Schnall R, Smith AB, Sikka M, et al. **Employing the FITT Framework to Explore HIV Case Managers' Perceptions of Two Electronic Clinical Data (ECD) Summary Systems.** *International Journal of Med Inform.* 2012; 81(10): e56–e62.

www.ncbi.nlm.nih.gov/pubmed/22841702

Teixeira PA, Gordon P, Camhi E, et al. **HIV Patients' Willingness to Share Personal Health Information Electronically.** *Patient Educ Couns.* 2011;84(2):e9–e12.

www.ncbi.nlm.nih.gov/pubmed/20724095

Schnall R, Gordon P, Camhi E, et al. **Perceptions of Factors Influencing Use of an Electronic Record for Case Management of Persons Living with HIV.** *AIDS Care.* 2011.23(3):357–65.

www.ncbi.nlm.nih.gov/pmc/articles/PMC3129034/

Odlum M, Gordon P, Camhi E, et al. **Perceptions of Predisposing, Enabling, and Reinforcing Factors Influencing the Use of a Continuity of Care Document in Special Needs PLWH.** *J Health Care Poor Underserved.* 2012. 23(4):1457–76.

www.ncbi.nlm.nih.gov/pubmed/23698661

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Improving Retention in Care Through Patient Education and HIT

Highlights from the Special Projects of National Significance (SPNS) Program

POCKET GUIDE

This pocket guide contains highlights from “My Health Profile” Continuity of Care Record Intervention at New York-Presbyterian Hospital.

Strategies designed to support retention of individuals in HIV care are needed to address barriers to continued engagement and improve health outcomes. The goal of this pocket guide is to provide a condensed reference tool for HIV provider organizations working to improve retention in HIV care through provision of continuity of care records.



HRSA
Health Resources & Services Administration

U.S. Department of Health and Human Services
Health Resources and Services Administration
HIV/AIDS Bureau

June 2017



Unmet Needs in Retaining PLWH in Care

Approximately one-third of PLWH are not retained in HIV care for three consecutive years.¹ As a result, these individuals do not have consistent access to ART or other medical services, have lower rates of viral suppression, and experience increased morbidity and mortality.

Factors such as food insecurity, lack of transportation, multiple comorbidities, employment instability, familial and community stigmatization, and lack of telephone or internet access can all pose real challenges for retaining PLWH in care.

Interventions that leverage HIT to promote retention in care have potential to improve outcomes along the HIV Care Continuum, in part by addressing gaps related to patient tracking, provider coordination, and increasing the utility of surveillance data.²

New York-Presbyterian Hospital “My Health Profile” Continuity of Care Record Intervention

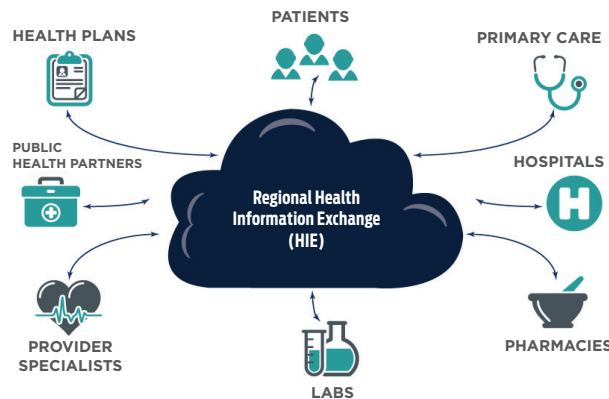
INTERVENTION OBJECTIVES

The objectives of this intervention were to develop a “continuity of care record” (CCR) to bridge the information divide that often exists due to fragmented health care systems. The CCR was developed with the goal of facilitating timely, high-quality, and user-centered care that could be easily accessible, comprehensive, and improve clinical outcomes and quality of life for PLWH. This intervention specifically focused on PLWH with low health literacy.

OPPORTUNITIES TO IMPROVE CARE OUTCOMES USING HEALTH INFORMATION TECHNOLOGY

Health information technology has proven valuable in supporting retention efforts by helping to track client receipt of care, enabling all types of providers to share information to improve care, and implementing provider prompts to promote follow-up with patients.

Providing PLWH access to their health information, (e.g., with continuity of care records [CCRs]) can increase autonomy, improve involvement and interest in their care, and increase overall retention, even among clients with very low health literacy.



Note: The concept of bundling aspects of individual care has become more widely adopted since this intervention was initially implemented. Accordingly, health information technologies have grown more sophisticated and its users have become increasingly more comfortable with technology. Those developments notwithstanding, the highlights within this pocket guide remain relevant and can inform similar efforts aimed at increasing retention in care.



Key Considerations for Replication

- Intervention staff should have **experience with surveillance data and quality assurance strategies**, as well as existing electronic medical record systems and integration of health information technology systems.
- A **project coordinator** is needed to oversee the project design, identify data for inclusion in the CCR, assess the available electronic health networks, and support the intervention team.
- An **IT vendor or contractor** should oversee the data system development and ensure functionality of the system and alignment with IT industry standards.
- **Investing time and research into IT standards** and ensuring the intervention fits within existing health information systems and electronic medical records can expedite program implementation.
- **Identify providers within the regional health network** (e.g., primary care providers, subspecialists, case management agencies, skilled nursing facilities, participating hospitals) to **conduct focus groups** to solicit input, concerns, and desired uses and displays.
- **Targeted coaching** may be needed to train CCR users in basic technology skills, describe the function of the CCR, and train users on how to access it. **Engaging a variety of potential users** (case managers, clinicians, patients) with training may support multi-stakeholder appreciation and utilization of the CCR.
- The intervention should **avoid proprietary/commercial software** or design that may incur additional costs or pose challenges in future implementation.
- **Consider providing a list of publicly available internet access points**, such as libraries and coffee shops, to users during all CCR trainings.

¹Olatosi BA, Probst JC, Stoskopf CH, Martin AB, Du us WA. Patterns of Engagement in Care by HIV-infected Adults: South Carolina, 2004–2006. AIDS 2009; 23:725–730.

²Shade SB, Steward WT, Koester KA, Chakravarty D, Myers JJ. Health information technology interventions enhance care completion, engagement in HIV care and treatment, and viral suppression among HIV-infected patients in publicly funded settings. J Am Med Inform Assoc. 2015; 22(e1):e104–11.