



Enhancing HIV Care: Preconception Counseling, Including Sexual Health, Community of Practice (CoP)

Electronic Health Record (EHR) Templates in Preconception Counseling, Including Sexual Health: Lessons from the Field

January 24, 2024

Division of Community HIV/AIDS Programs HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People





Vision

Optimal HIV/AIDS care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.





Agenda



- Icebreaker
- Participant Highlights
 - University of Toledo, Katie Himich
 - Bond Community Health Center, Dr. Faye Tinson
- Round Robin Discussion
 - EHR utilization
 - SmartPhrases
 - Data life cycle and preconception counseling
- Action Steps





By the end of this learning session participants will:

- Learn how CoP participants successfully enhanced EHR templates for PCC data collection
- Learn about strategies used by their peers to overcome barriers to EHR and data collection changes
- Outline strategies to develop or enhance their own EHR templates.







Which EHR system does your organization use?





ENHANCING HIV CARE WOMEN, INFANTS, CHILDREN, AND YOUTH (WICY)

Participant Highlight: University of Toledo



Pre-conception Counseling, Including Sexual Health



Introduction



Core Team

- Katie Himich Program Director
- Erin Durante Lead Case Manager
- Danielle Warren Nurse Practitioner
- Tiffany Morgillo Quality Supervisor
- Kristin Huntsman Clinical Supervisor
- Ginny York Behavioral Health Manager
- Christina Williams Billing/Claims Supervisor; Outreach

Initiative

 Expand the EMR template for preconception counseling to include reportable fields and gender inclusive opportunities

Goal





EHR Development



Epic (EHR)

 Allows for SmartLists and SmartPhrases that create efficiencies and standardization in documentation

Process

- Engage providers
- Use provider preferences to build PCC SmartPhrases
- PCC Elements added to SmartLists that were embedded in SmartPhrase
- Small Scale Test of Change

PCC Elements

- Family Planning
- Phrases Health Education and Risk Reduction





EHR Preconception Template



Pregnancy Intention

Include as label		GY PCC YN	
Default?	Choice		
0	Now		
0	in 6-12 months		
0	in 1 -2 years		
0	Not applicable		
0			





EHR Preconception Template



No PCC Completed

GY NO_PCC a										
Include as label Connection Logic		GY NO_PCC								
		And	None	Nor	Or	Paragraph	Sentence			
Default?	Choice									
	Patient does not have	a uterus								
	Client is older than 65									





EHR PCC Template



Provider Interventions

Include as	abel	PCC									
Connection L	ogic	And	None	Nor	Or	Paragraph	Sentence				
Default?	Choice										
	Discussed pregnancy intention										
	Discussed the importance of folic acid										
	Reviewed medical conditions										
	Reviewed family medical history										
	Discussed the use of	non-prescripti	on me <mark>d</mark> icatio	ins							
	Reviewed immunizati	on status									
	Discussed the risks of	f environmenta	al toxins								
	Discussed the risks of	f alcohol, nicot	ine, <mark>and ill</mark> eg	gal drug use							
	Discussed intimate pa	artner violence									
	Discussed and review	ved nutrition ar	nd physical a	ctivity							









Epic: Report Library

	PCC Ryan W	/hite Smartphrase Usage	e							
<u>) C</u> hart ዓ	Encounter 👻 🖾 Co <u>m</u> mu	nication - 🛉 Questionnaire Series -								
Detail List	Explore									
▼ <u>F</u> ilter										Re-run Report
MRN	Patient	DOB	Age Sex	PCP	Encounter Date	e Prov/Res	Visit Type	Department	Note Author	Note Smartphrase

Epic: Slicer Dicer or Report Explore





EHR PCC Reporting



Epic: Reporting Detail

*Data is from test patients in test environment

- SmartElement Reporting Details
- 5+ SmartList results included
- No free text

Provider/Resource	Appt Status	Time	Visit Date Dept	Туре	MRN	Patient	Thinking of Baby (PCC)?	Partner Interested in Baby (PCC)?	Pregnant Timeline (PCC)	PCC Reason Not Complete	PCC Additional Discussion
				Office Visit [1004]			Yes	Yes		have a uterus	Discussed pregnancy intention Discussed the importance of folic acid Discussed the use of non-prescription medications
				Office Visit [1004]			Yes	Yes	Other - see note		Discussed the importance of folic acid Reviewed medical conditions Reviewed family medical history Discussed the use of non-prescription medications







- Limited IT Resources
- Lengthy Report Build Timeline
- Delays in rollout





Successes & EHR Training Guide



- Provider Engagement
- Commitment to Initiative
- Whole Team Involvement









- Expand to Patient Questionnaire in MyChart
- Develop Provider Checklist Specific to Gender Inclusive Practices
- Expand Educational Opportunities





ENHANCING HIV CARE WOMEN, INFANTS, CHILDREN, AND YOUTH (WICY)

Participant Highlight: Bond Community Health



Pre-conception Counseling, Including Sexual Health



Introduction



- Bond Community Health Center, Inc (Bond CHC) is in Leon County, in the Tallahassee Metropolitan area, a college town in the Capital City of Florida. Bond has provided uninterrupted primary care and HIV services since 2001. Bond CHC has provided Part D WICY services since 2012 to low- income women, infant, children and youth (WICY) in Leon and surrounding counties in the 2B area.
- Our Ryan White Part D Program serves 138 WICY and approximately 200 non-part D
 patients from diverse backgrounds who are low-income and living with HIV. Over the
 past several months, the Ryan White Team has focused on providing preconception
 counseling, including sexual health to WICY in CoP Action periods 1 and 2 at each office
 visit. We created an Athena based preconception and sexual health template for clinical
 staff use to document clinical findings and patient education at every visit.
- In this presentation, we will highlight preconception counseling including sexual health, EHR template prompts, reporting, successes, barriers and next steps.











Faye Tinson, NP/DNP Program Director / QI Lead

Damon McMillan, HIV Specialist & Program Medical

Cynthia Evans, HIV Specialist Nurse Practitioner

Director







DaShaneka Wright, Consumer Advocacy Coordinator



Ajegbu Okeke, HIV Specialty Pharmacist



Tamika Leland, CQM & Data Entry Specialist



Kyla Shillington, OB/ GYN Nurse Practitioner



Reginald Hamilton, Transportation Specialist

Development of EHR template/prompts

- An encounter type specific to women of child-bearing age and diagnosed with HIV, was created in the EHR system (Athena). All relevant staff were given access to the encounter type. During the intake stage, staff must select the appropriate reason for visit to load the custom encounter plan.
- A clinical template was then tied to the encounter type to facilitate the capturing of required data. This template included: specific information in the discussion section, clinical orders for a point of care urine pregnancy test and an order for preconception counseling that providers use to free text details.
- Provider use of these accelerators will ensure key points of intake, counseling and discussion, clinical orders, and educational materials, are included in each visit.





Reason for visit from encounter type

Revi	ew ▼ — HPI — ROS — PE — A/I	P — Si	gn
leason for Visit	+ REASON		ext
None recorded	Q		
Newly referred pa	Follow-Up reasons (21)	•	i
NOTE	Follow-Up: impacted cerumen of bilateral ears		
	Follow-Up: tobacco user		
ntake	Follow-Up: blurring of visual image		
ïtals	All reasons (205)	•	
lone recorded	Medicare annual wellness visit- male EP		
iyn History Updates	HIV Female EP		





HPI section

• Appropriate selections made from HPI section







Orders and discussions





Point of Care Urine Pregnancy Test

Asse	ssment & Plan 🕂 DIAGNOSES & ORDERS	Sign Orders (2) Next
	man immunodeficiency virus infection	\checkmark Active Problem \bigoplus 🗙
CC	ntinue regimen, check labs to r/o pregnancy	
	pregnancy test, urinePoint of careSend out	DECLINE
	Patient access to Do not immediately publish results 🕧 results	음 PRINT
	VIEW MORE	
	Results HCG	 Discussed with patient
	Standing order	
	Specimen External Lab Office Home Add-On	





Preconceptual Counseling







Sexual Health Counseling

Assessment & Plan (+) DIAGNOSES & ORDERS

Sign Orders (3) Ne:

(⇔)(+)(:

Prescription drug monitoring report Narcotics 000 Overdose 000 Sedatives 000 Stimulants 000

Viewed by cevans76 on 04/25/2022



HIV screening

HIV testing completed, HIV counseling completed, results reviewed

HIV (1+2) differentiation, rapid immunoassay, serum

sexually transmitted disease education

sexually transmitted infection education





HIV Screening Orders







Patient Education Handouts



Patient Education Handout cont.

Page 1 is in English, Page 2 is in Spanish)

SAFER SEX 101 FOR HIV

Some types of sex are riskier than others for getting or transmitting HIV. Here's how to reduce your chance of getting or transmitting HIV through sex.

UNDERSTAND THE RISKS

- Anal sex is when the penis is put inside the anus, and it is the riskiest type of sex for getting or transmitting HIV.
 Being the bottom or having your partner's penis inside you is much riskier than being the top or putting your penis inside your partner.
- Vaginal sex is when the penis is put inside the vagina. Either partner can get HIV during vaginal sex, though it isn't as risky as anal sex.
- **Oral sex** is when the mouth touches the penis, vagina, or anus. There is **little to no risk** of getting or transmitting HIV from oral sex.
- You can't get or transmit HIV from sexual activities that don't involve contact with body fluids (e.g., touching).

The only way to know your HIV status is to get tested. Knowing your status can give you important information and help you make good decisions to prevent getting or transmitting HIV.

REDUCE YOUR RISK





October 2022



Discussions



Discussion Notes

Lab results reviewed

Reinforced safe sex practices at all times

Made aware of the Florida law to disclose HIV status with all sex partners

Counseled on options to reduce the risk of transmitting HIV. Counseled on the availability of PrEP therapy for HIV negative persons

Counseled on the importance of taking <u>ARTs</u> regularly and the same time each day to decrease the risk for resistance and to achieve an undetectable viral load.

Counseled on the importance of using condoms to prevent STD transmitted diseases, like chlamydia or gonorrhea.

Discussed current and future desires and plans to have children with your partner and primary care providers.

Discussed contraceptive options available for prevention of pregnancy and effects of HIV and ARTs on pregnancy course and outcomes.







An Excel spread sheet report is generated through Athena by requesting any clinical encounter with the below criteria:

- Women aged 13 to 50 years
- Diagnosis code of B20 and Z21
- Example: Select the report run time such as the 15th of each month to capture encounter data from the December 1, 2023 -December 31, 2023.





Reporting PCC with Athena



- The Excel spread sheet includes:
 - Some demographics
 - Staff title
 - Preconception Counseling date
 - Pregnancy test date and results
 - Chart review date
 - Notes
- A chart review was completed for each clinical encounter that met the criteria to confirm documentation of preconception and sexual health counseling.





Reporting PCC with Athena



Patient ID	Last Name	First Name	DOB	Age	Comp. By	P C Date	Preg Test Date	Preg Test Outcome	Date Reviewed	Preg? Yes	Notes
12345	Test	Corretta	11/21/1978	45	Tinson	08/03/2023	08/03/2023	Negative	11/14/2023	Treg: Tes	Contraceptive
67891	Test	Lisa	2/27/2000	23yo		,,			11/14/2023		RIC
23478	Test	Beth	6/23/1997	25yo					11/14/2023	Y	
91000	Test	Seal	9/6/1997	25yo			8-Jun-23	Positive	11/14/2023	Y	Miscarriage
78910	Test	Giraffe	11/16/1997	25yo	McMilllan	01-May-23	1-May-23	Negative	11/14/2023		
47300	Test	Tia	8/3/1996	26yo					11/14/2023		Relocated
56789	Test	Xion	3/7/1997	26yo	Tinson	09-May-23	9-May-23	Negative	11/14/2023		
11919	Test	Taylor	5/17/1993	30yo	CaseMan	05-Jun-23	13-Apr-23	Negative	11/14/2023		
78911	Test	Present	1/24/1996	27уо					11/14/2023		RIC
90111	Test	First	5/20/1994	29yo	Tinson	03-Oct-23	6-Oct-23	Negative	11/14/2023		PP-6/29
50111	Test	Sierra	11/9/1991	31yo					11/14/2023		Incarcerated
70891	Test	Love	9/28/1991	31yo			1-Feb-23	Negative	14-Nov-23		





Action Period #2 Data & Progress

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	0%				
	075	Action Period #1	Action Period #1	Action Period #2	Action Period#2
	Preconception Counseling and Sexual Health	57%	71%	95%	100%
ERVICES-USA	Total Patients	12/21	15/21	20/21	21/21
<i>S ((((((((((</i>					







- Patient missing their scheduled appointment
- Relocation to another city or state
- Incarceration
- Some women are reluctant to be screened for cervical cancer screening and this is a barrier to providing preconception and sexual health counseling.
- Providers and key staff must select the appropriate reason for visit in order for the template to load.
- The menstrual history must be manually entered in the social history section and staff may not complete/providers may not review information.
- Patients who have physical limitations may need to request Dial-A-ride transportation prior to their scheduled appointment and may have a long wait time to return home.









- Developing the preconception counseling template will assure that key points are addressed at the visit, and it will maximize provider time.
- Ryan White Case managers are familiar with the templates, and use them for PCC, including sexual health counseling.
- Providers and key staff have been trained in the use of these templates and we have not identified any problems using the templates. They are receptive to using the templates.
- During chart review we identified women aged 50 with high-risk sexual behavior which prompted us to raise the age to 50 years for PCC including sexual health.
- We met our goal for PCC for Action Period 1 &2 using Athena to run reports to confirm 100% of patients aged 13 to 50 who met the criteria and had an office visit received preconception counseling at the visit from staff using the preconception counseling the preconception counseling the preconception counseling by February 1, 2024.





Next Steps & Q-and-A



- Review barriers that were identified in Action Periods 1 & 2 and develop a solution or work around.
- Measure efficacy of preconception counseling education by utilizing a printed patient survey. Once the patient has been seen the provider, this survey will be delivered by clinical staff.
- Continue monitoring and tracking the use of the PCC templates and make changes as needed.
- Discuss the feasibility of using the BeSafe or other model for PCC including sexual health education for WICY.
- Develop a policy and procedure for preconception counseling including sexual health.







Bond Mobile Unit





Bond on Magnolia







1720 South Gadsden Street Tallahassee, Florida 32301





Questions













Round Robin Discussion

Adrian Bishop, Director of eHealth and Organizational Development Megan Williams, MPH, RN, Senior Consultant II









EHR utilization

SmartPhrases

Data Life Cycle and Preconception Counseling (PCC)









- Confirm with your EHR provider that your templates and prompts are being used to the highest level.
- Evaluate whether your current set of templates and prompts reflects the workflow you would like to have or have tried to change through your PDSA project.
- Review how the data cycle can be utilized in your organization.
- What action steps are YOU going to take? Please send an answer in the chat to this question:
 - How can your organization incorporate EHR prompts and templates?
 - What can you do differently?





How satisfied were you with the information presented in this TA Session?

- Very Satisfied
- Satisfied
- Somewhat Satisfied
- Dissatisfied
- Very Dissatisfied

I expect to use the information presented during this TA Session to enhance the care provided to women, infants, children, and youth served by our organization.

- Strongly Agree
- Agree
- Somewhat Agree
- Disagree
- Strongly Disagree















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