



Massachusetts Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences

Partnerships for Care: Integration of HIV Data to Improve Data to Care Activities in Massachusetts

Hannah Rettler and Sophie Lewis

MA Department of Public Health

Bureau of Infectious Disease and Laboratory Sciences

Learning Objectives

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

- Summarize the P4C program in Massachusetts
- Recognize lessons learned from the process of building Health Information Technology (HIT) and informatics capacity
- Utilize recommendations to other jurisdictions interested in pursuing similar goals

P4C In Massachusetts

- Increase the number of people living with HIV who know their status
- Identify and locate individuals out of care (OOC) and support their re-engagement back into care
- Develop partnership between clinics and field epidemiologists
- Offer partner services to newly diagnosed individuals
- Leverage support from P4C and HRSA SPNS funding to enhance HIV Care Continuum monitoring and response for PLWHA in Massachusetts

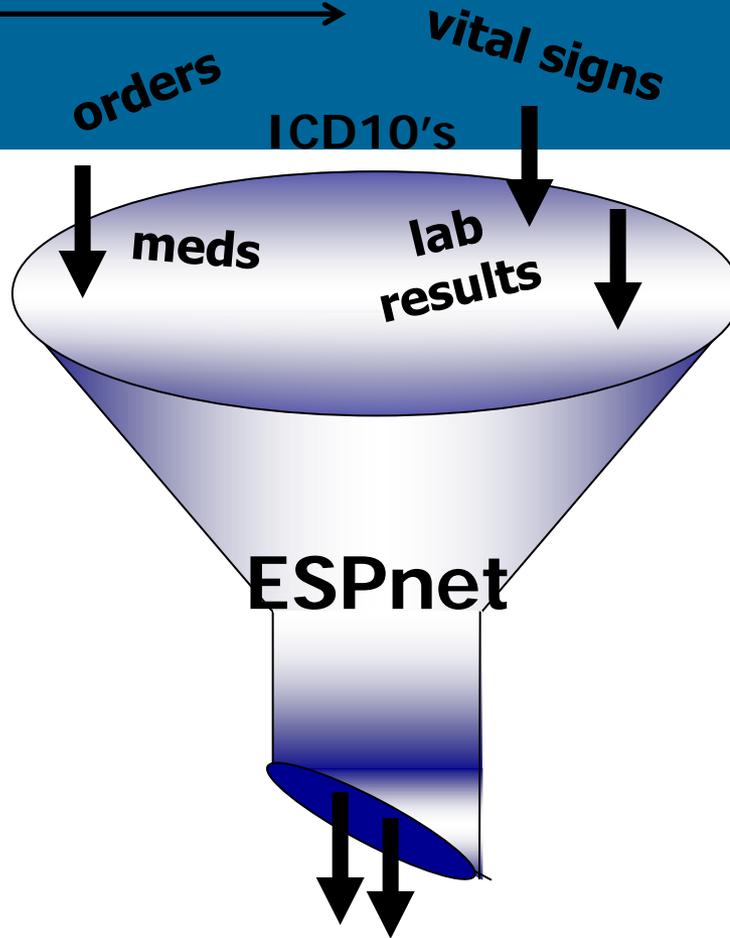
Novel use of EHR data

Building capacity to enhance use of data from EHR through:

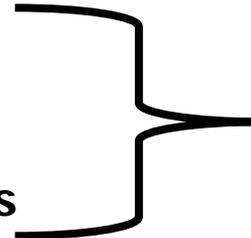
- existing mechanisms for data collection and automated reporting
- surveillance systems to triage data for collection, response, analysis, and application of clinical and surveillance data
- production of patient level HIV care continua



Community Health Center EHR

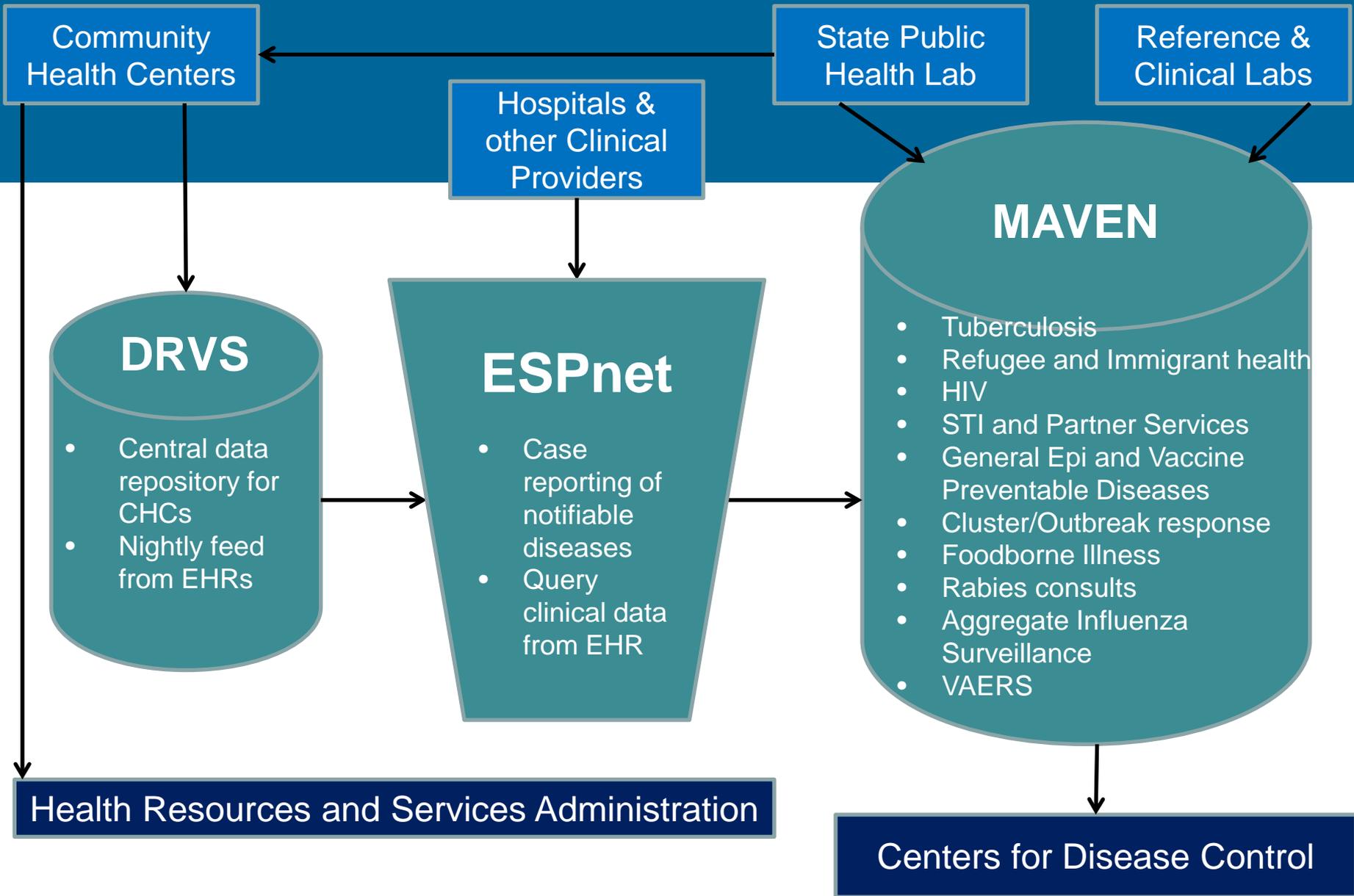


HIV
 Acute Hepatitis B
 Active Tuberculosis



Health Department







Event Summary

Basic Information	
Event ID:	100027710
Event:	Human Immunodeficiency Virus
Person:	Test Patient Birth Date: 01/01/1987 (Female)
Investigation Status:	Open
Linked Events/Contacts:	1 linked event(s)/contact(s) (View)
Attachments:	0 attachment(s) (Add)
Notifications:	Event Date: 11/16/2015 Event Status: Suspect Event Type: Report Date Patient Summary Address Summary Link Type Summary

Notes (Add/Edit Mine)

[Edit Event Properties](#)



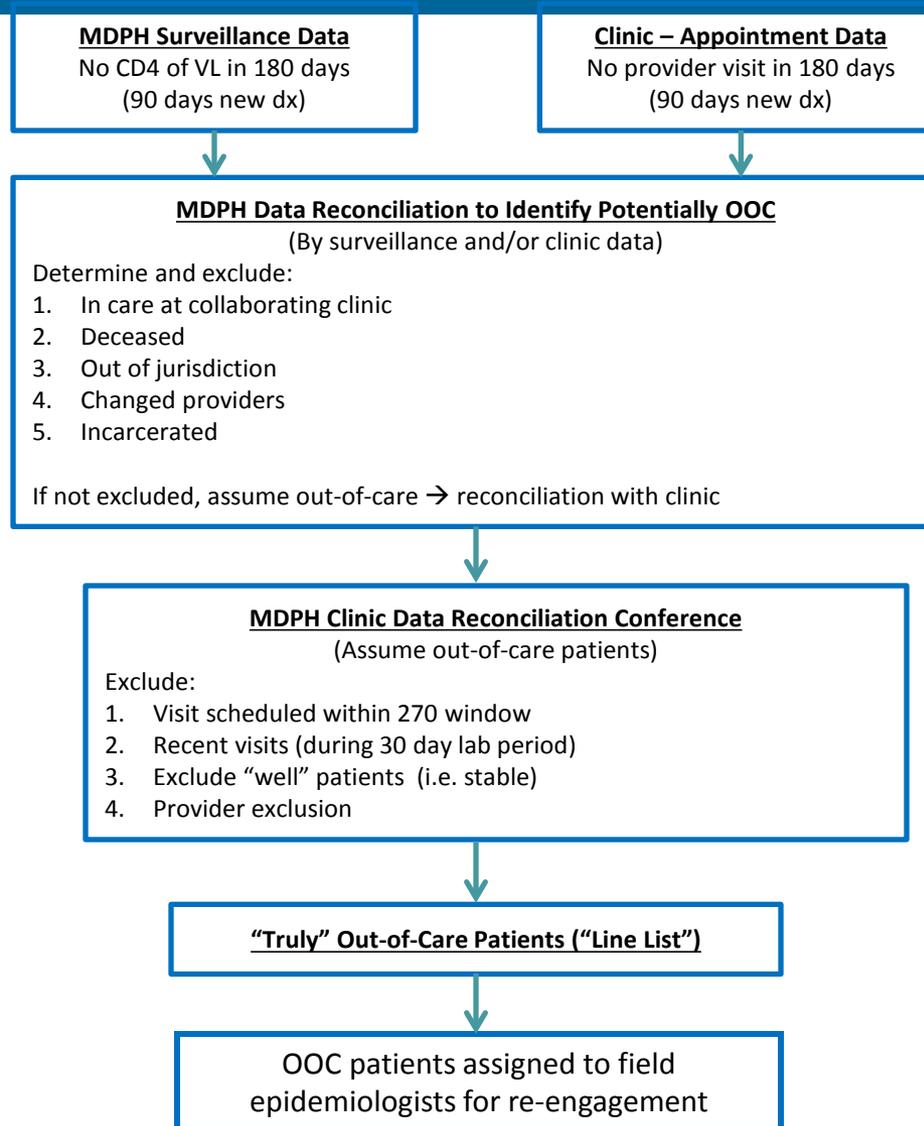
- Event Data
- Lab Results**
- Concerns
- Persons
- Tasks
- Event Properties
- Event History Trail

Question Packages	
Question Package	Person
01. Administrative	Event ID
02. Demographic	Test Patient
03. Clinical	Test Patient
04. Field Investigation	Test Patient
05. Risk History	Test Patient
06. Provider/Patient Interaction Log	Test Patient

Data collected to monitor HIV Care Continuum

HIV CARE CONTINUUM MEASURES	DATA ELEMENTS
HIV positivity rates	Number of unique patients screened for HIV and those with positive HIV test stratified by health center, date, race, sex, age, housing status and insurance type
Diagnosed with HIV	Date of HIV test, type of HIV test, physician reported diagnosis
Linkage to care	Date of diagnosis, date of CD4 and viral load tests, date of HIV medical care visits, date of field epidemiologist engagement, time lapse between diagnosis and linkage to care
Engaged or retained in care	Date of diagnosis, date of CD4 and viral load tests, date of HIV medical care visits, date and outcome of field epidemiologist engagement, methods of retention in care, time lapse between diagnosis and care engagement
Prescribed antiretroviral therapy	Antiretroviral therapy prescriptions and date of prescription
Virally suppressed	Quantitative viral load laboratory results

P4C Protocol: Identifying Out-of-Care Individuals



Lessons Learned:

#1 High variability in data structure within and across EHRs



Risk reduction counseling

Housing Status

Country of birth

Income

Health Insurance

HIV risk exposure

A screenshot of a dropdown menu for HIV risk exposure. The menu is open, showing a list of options: MSM, IDU, Sex Partner - HIV+, Sex Partner - IDU, Sex Partner - MSM, Blood product related, Heterosexual contact, and Undetermined. The top of the menu is yellow, and the selected item is highlighted in blue.

A screenshot of a text box for HIV risk exposure. The text inside the box reads "Patient reports sex with males and IDU". The box has a blue border and a small icon in the bottom right corner.

Lessons Learned:

#2 Utilizing clinical visit data to identify HIV care visit

The current 042-044 series of codes has been replaced with a single code, 042, for HIV disease

A new code, V08, has been created for asymptomatic HIV infection.

2015 ICD-9-CM Diagnosis Code 042

Code 795.8 has been deleted and a new code, 795.71, Inconclusive serological findings for Human Immunodeficiency Virus {HIV}, has been created.

Use additional code to identify HIV-2 infection (079.53), if present

2016 ICD-10-CM Diagnosis Code B20



Provider A



“Primary care visit”

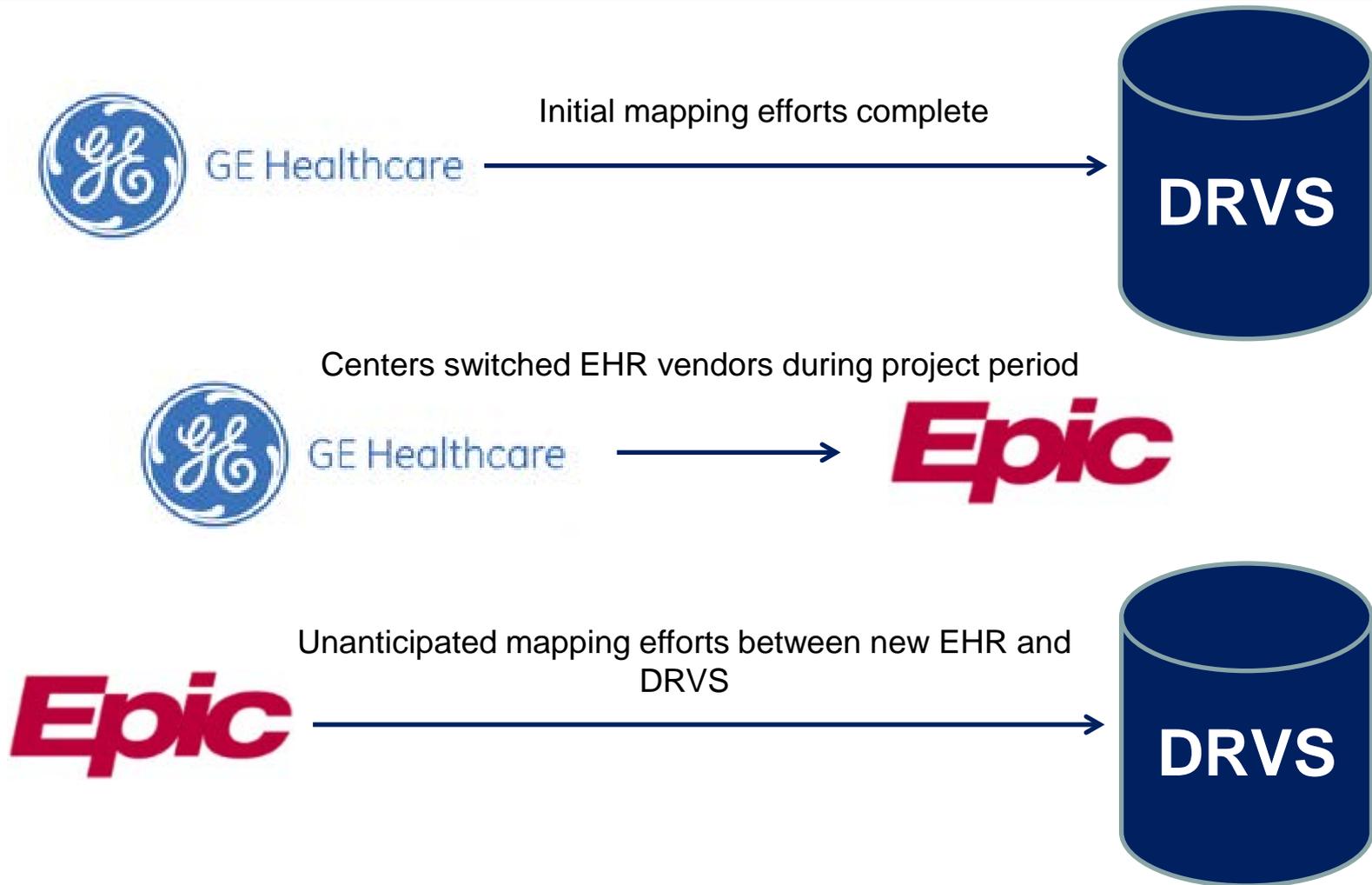


Provider B



“HIV Specialty Care Visit”

Lessons Learned: # 3 Unforeseen transition to new EHR vendor



Recommendations

Clear communication

Start small

Push for standardization

Summary

Novel use of EHR data

- Massachusetts is enhancing technology to support HIV Care Continuum monitoring and response for PLWHA

Lessons learned

- Where and how data are recorded and consistency of collection is highly variable
- Challenging to use codes to distinguish a primary care visit vs. an HIV care visit
- Anticipate changes in EHRs

Recommendations

- Communication
- Start small
- Push for standardized designs and protocols

Acknowledgements

P4C Participating Community Health Centers

Massachusetts Department of Public Health

Harvard Medical School / Harvard Pilgrim Health Care Institute

Atrius Health

Commonwealth Informatics

Mass League of Community Health Centers

Special Thanks

The Partnerships for Care work is made possible by grant number NU62PS004512 from the Secretary's Minority AIDS Initiative Funding to Increase HIV Prevention and Care Service Delivery among Health Centers Serving High Prevalence Jurisdiction through the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA BPHC). The views expressed in this presentation are those of the authors and no official endorsement by the CDC, HRSA BPHC, or the Federal Government should be inferred.

The SPNS HIT work is made possible by grant number H97HA27536 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau's Special Projects of National Significance Program. The views expressed in this presentation are those of the authors and no official endorsement by the Health Resources and Services Administration, the U.S. Department of Health and Human Services, or the Federal government is intended or should be inferred.

Questions?