



Urban Health Plan, Inc.

HIV Focus Team

Integrating Routine HIV Testing in Primary Care:
A Learning Collaborative



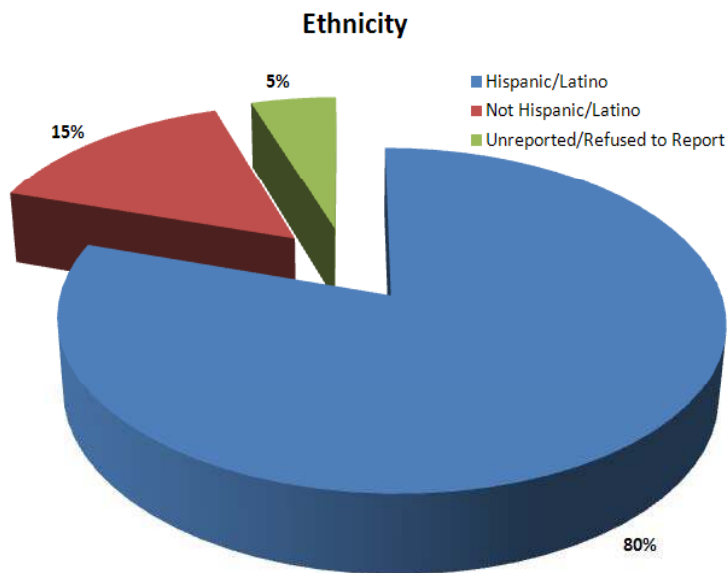
United States Conference on AIDS
November 12, 2011

Agenda

- Background of Urban Health Plan
- HIV Focus Grant
- Quality Improvement
- HIV Testing Project
- How to Conduct a PDSA (Plan, Do, Study Act)
Rapid Test Cycle

URBAN HEALTH PLAN, INC.

- Federally Qualified Health Center
 - 4 Health Centers; 5 School Based Health Programs; 2 Homeless Shelters
 - Additional Site Scheduled to Open December 2011
 - Adolescent Health and Wellness Center to Open Winter 2012
 - Additional 54,000 sq. ft. facility to open in 2012/2013
 - 450 FTE staff and 88 FTE providers
 - Live with EHR – February 2006 / Dental August 2010
- Annual number of patient encounters: 250,000



Best Served in Another Language –
51%
Language - Spanish

Achievements

Named a top performing Health Center by HRSA

Level III PCMH by NCQA (Medical Home)

HIMSS Nicholas E. Davies Award of Excellence
(CHO)

2011-Gilead Sciences Inc. awards UHP a grant to
integrate routine testing & **increase HIV Test
Offer and HIV Testing Rate**

EHR Functionality

- All disciplines and specialties within UHP are connected
- Bidirectional Interfaces to improve workflow
- Clinical Decision Support / Order Sets
- Performance Improvement teams
- Iris Recognition
- Improved Patient Scheduling and Patient Cycle Time
- UHP Employee Health and Wellness Program
- Efficiencies – Referrals, Calls Center, Case Management
- DOH - CIR, Syndromic surveillance

Management

- UHP's Board approved the strategic plan
- Project Management Team included executives who conducted needs assessments and rigorous evaluation
- Selected Project Manager with clinical and administrative skills
- Clinical Systems Administrator position created
- Development of strategic partnerships with application vendors to add value inside the organization and for their partners
- Use technology as a means to accelerate change and to advance organizational goals

Technology

- Virtualization
- High Availability
- Fault Tolerance
- Storage Area Network (SAN)
- Training and testing environments
- Reports servers
- Real-time measurement of system response time/automatic alerts to IT Department

Value

- Increased number of patients, visits, billable visits and the ratio of visits to total staff
- Developed a P4P program
- Annual savings by reducing the Medical Records storage
- UHP has implemented video conferencing
- Revolutionized patient satisfaction process
- Improved clinical reporting
- Patient Centered Medical Home
- Enhanced oversight

Institute for the Advancement of Community Health (IACH)

- Created in 2005 to assure infrastructure for continuous Performance Improvement
- Advisory Committee gathers an Expert Panel to conduct Pre Work
- Mastermind Train the Trainer Curriculum is used to Train Team Leaders and Teams to begin PI Team work
- Team Data Graphs are generated from the EHR centrally through MIS and provided to the teams monthly for review
- Learning Sessions are conducted every few months
- On going Team Coaching

IACH

- Spread of Improvements is approved by Senior Leaders and process is standardized
- All employees are trained in Performance Improvement during new employee and annual orientation
- Performance Improvement is built into every job description
- The IACH has been retained to conduct Performance Improvement Training and/or PI Project Facilitation for external organizations

Transformation of Data Collection for PI Teams

- Initially, Used MS Access Data Base for Tracking of Team Progress
- Modification of encounter forms was also used as an Interim Solution
- Upon implementation of EMR, created templates and structured data fields to capture QI measures
- Conduct dual reporting: data base and ECW until electronic data is accurate
- Monthly Graphs are generated by the registry coordinator and reviewed by each PI Team

Lessons Learned

- Data Validation
 - Create required fields (data)
 - Training providers and support staff on documentation
 - Oversight of process
 - Ran concurrent reports from Access and eCW
 - Run only from eCW when reports match (validated)
- Dashboard Creation
 - Requires teamwork and collaboration
 - Clearly defining numerator and denominator
 - Setting the goals from the Strategic Plan

Evolved Use of Data

- Staff has become more sophisticated in their use of data
- Importance of Operational Definitions
- Understand continuum and use of data
 - Data Collection
 - Data Analysis
 - Performance Improvement
 - Performance Monitoring

Initiatives Using EHR

- Provider Pay for Performance Program
- Focused Performance Improvement Projects
- Ability to target at risk populations vs. shotgun approach
- EHR adoption for Employee Health Services
- Transfer of daily information to NYCDOHMH
- All leading to meaningful use of the EHR
 - Patient Engagement
 - Quality improvement
 - Management of Population's Health
 - Interoperability

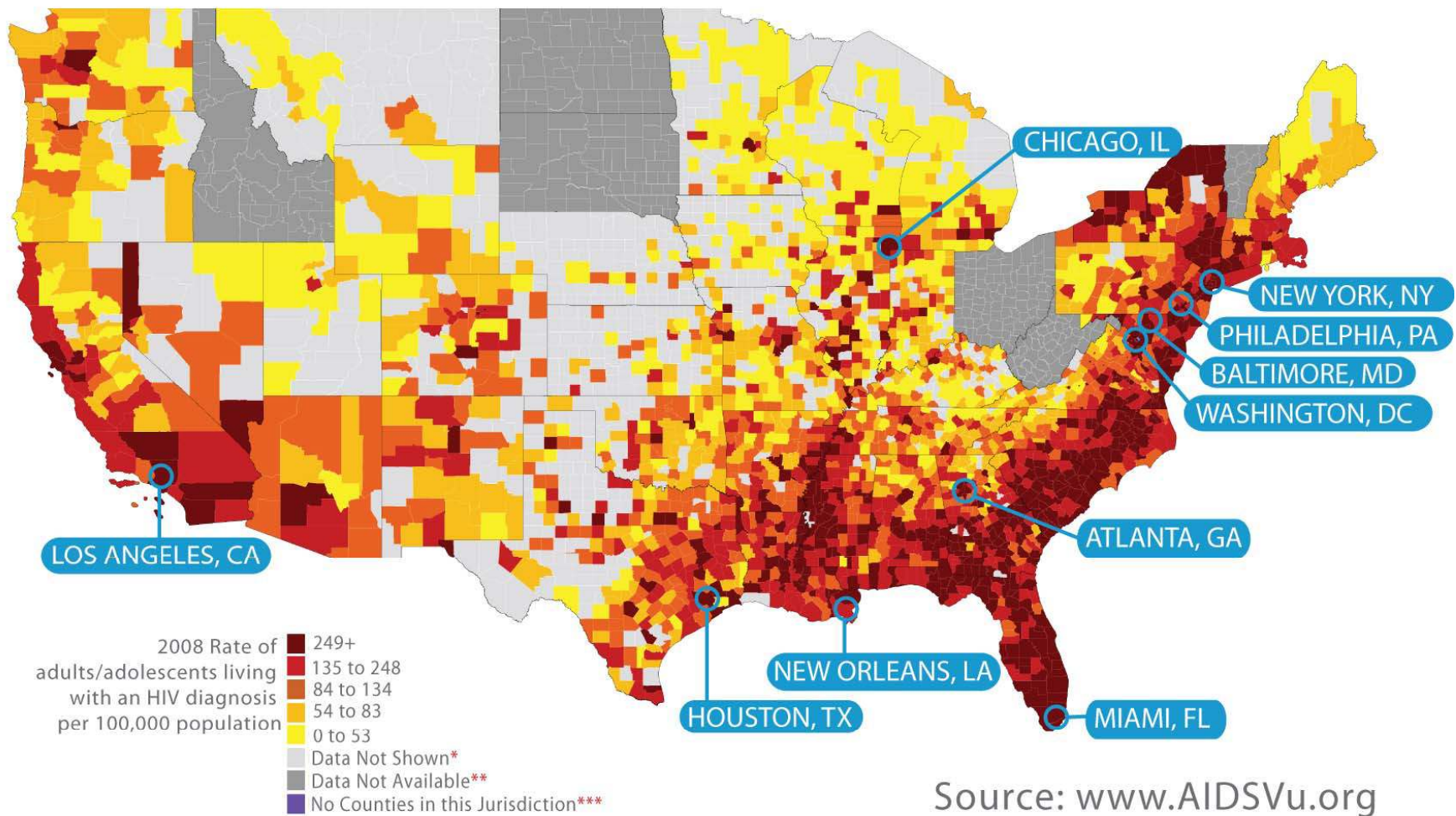
HIV Focus

Integrating HIV Testing Into Primary Care

HIV FOCUS Goals

- Goal 1: Make routine screening a standard of care
 - Effective July 30, 2010, NYS HIV testing law requires medical providers to routinely offer HIV tests as per CDC 2006 recommendations
- Goal 1: Reduce the number of undiagnosed individuals and those diagnosed late and link them to care
 - 12,658 to 30,582 undiagnosed individuals in NYC
 - 25% individuals in NYC diagnosed late
- Goal 3: Normalize the HIV testing process

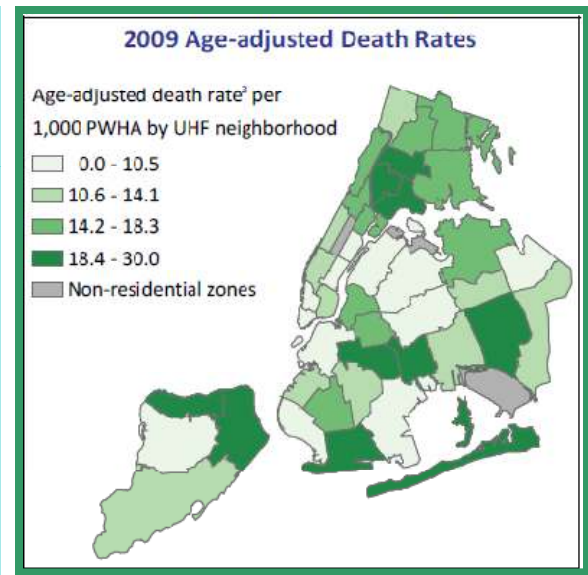
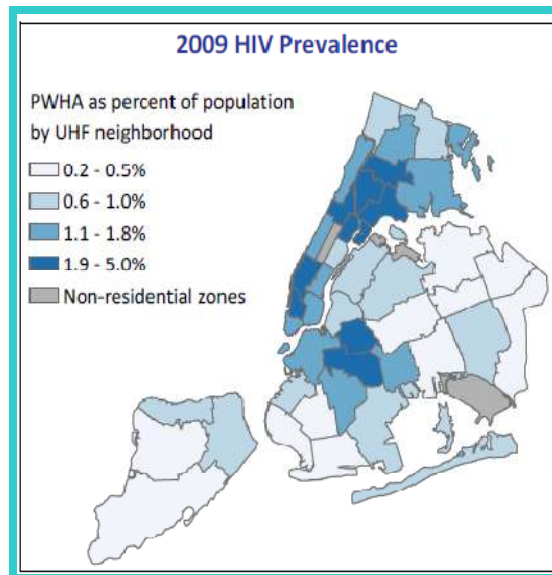
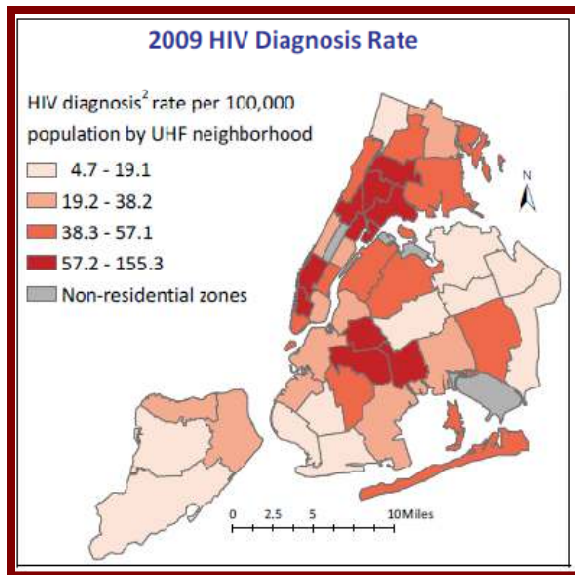
HIV FOCUS Cities



HIV FOCUS is working to:

- **Routinize** Screening in Community Health Centers and Primary Care Settings
- **Integrate** HIV Screenings into Other Health Screenings
- **Normalize/De-Stigmatize** Screening in Impoverished Communities through Routine Offers

HIV Diagnosis Rate, Prevalence, and Death Rates, by NYC Neighborhood 2009



NYC Remains the Epicenter of HIV/AIDS in the US

- In 2009 there were **3,669** new diagnosis of HIV/AIDS
- Of all **new HIV diagnosis** in NYC, almost 25% are concurrent with AIDS
- Approximately 40% of New Yorkers reported that they **never tested for HIV** (Asian 58%, White 51%, Black 28%, Hispanic 28%, other 23%)

Gender

- 76 % of all **new HIV** diagnosis are among **MEN**
- 43% of new HIV diagnosis are among **MSM**
 - Among NYC's MSM Population, HIV prevalence among **Black MSM** is as high as 40%
 - Among young MSM ages **13-19**, the number of new HIV diagnosis increased by 68%!
- 24 % of all new HIV diagnosis are among Women
- **95%! of all new HIV Diagnosis among women are among Black & Hispanic Women**

(DOHMH Epi Field Services Semi-Annual Report October 2009)

Age

In 2009

- New Yorkers age **20-40** accounted for approximately **71%** of new HIV Diagnosis
- New Yorkers age **45 and older** accounted for 55% of all **PLWHA**
- **39%** of new HIV diagnosis among New Yorkers ≥ 50 was concurrent with AIDS compared to 12% among youth age 13-29

Race and Ethnicity

- 80% of all new HIV diagnosis are among **Blacks and Hispanics**
- Blacks and Hispanics consistently account for the highest number of **concurrent diagnosis-83%** in 2009)
- Of all AIDS deaths in 2009, **88%** were among Blacks and Hispanics

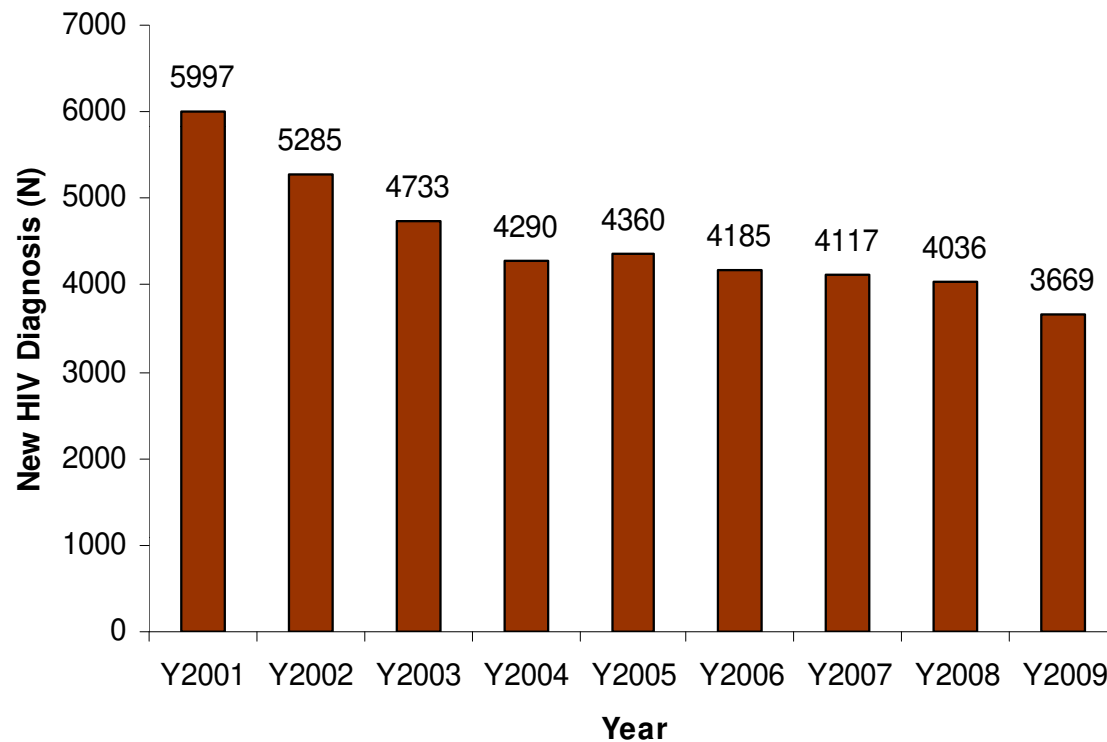
Risk Stratification among New Yorkers newly diagnosed with HIV, 2009

- 43% MSM
- 22% Heterosexual contact
 - Females 75% of individuals reporting heterosexual risk compared to 25% males
- IDU accounted for only 5% those newly diagnosed with HIV
- **Risk Unknown for over 29%!**

HIV Testing is no longer about risk

- **The best possible patient care includes HIV testing.**
 - Awareness of HIV status results in changes in risk behavior
 - Earlier detection and linkage to care can result in better outcomes
 - Public health benefit: reduced HIV transmission
 - Routine HIV testing reduces stigma and increases acceptance by patients
 - Time is NOW to Offer Routine HIV Testing to Everyone--- Without Exception
-
- **By routinizing HIV Screening in our Health Centers, we are helping to change the course of the HIV epidemic**

New HIV Diagnosis New York City 2001-2009



Source: NYCDOHMH HIV Epidemiology and Field Services Program Semiannual Report, October 2009



Urban Health Plan, Inc.
Quality Improvement Infrastructure



History and Overview of the Models

Overview of Federally Qualified Community Health Centers

- Community controlled
- Comprehensive Primary Care
- Approximately 1200 + organizations
- Over 8,000 sites: rural & urban
- Over 20 million people served

Health Disparities

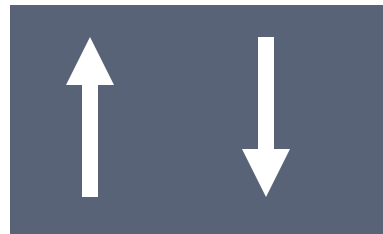
- Diabetes
- Cardiovascular Disease
- Immunization
- Infant Mortality
- HIV
- Cancer

1999

**An ambitious goal...
and a plan to reach it.**

2020

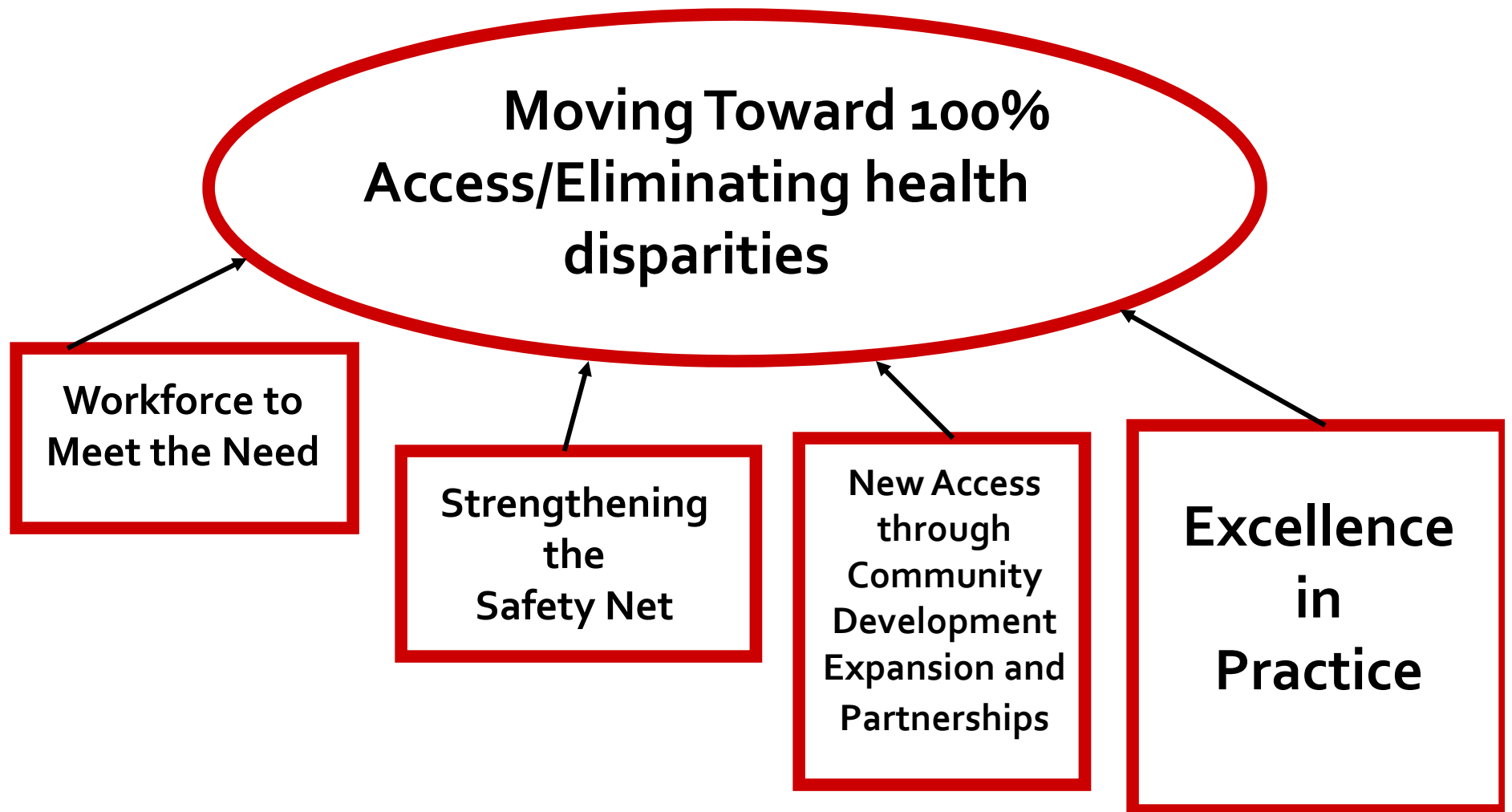
100% access



0% disparities

Series of Health Disparity Collaboratives
for health centers across the country

BPHC Strategic Goal and Objectives



Glycemic Control

- **A 1.0% reduction in HbA_{1c}:**
 - 17% reduction in mortality
 - 18% reduction in MI
 - 15% reduction in stroke
 - 35% reduction in cardiovascular endpoints
 - 18% reduction in cataract extraction
- **Cost: \$98.2 billion/year in the U.S.A.**

Source: GHC
Contact: David K. McCulloch, MD, FRCP
Email: McCulloch.d@GHC.org

Participation in BPHC Asthma II Collaborative

- Prevalence of Asthma in our community
- Inability to jumpstart our own Asthma Program
- Exciting Venture for Staff
- Federal Initiative
- Desire to improve health outcomes

Collaborative Model

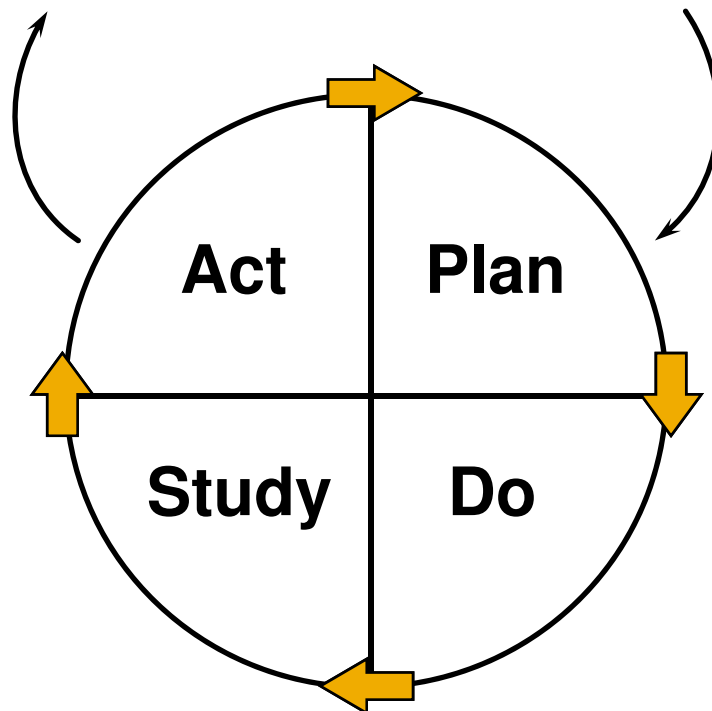
- Model for Improvement
- Chronic Care Model
- Learning Model

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

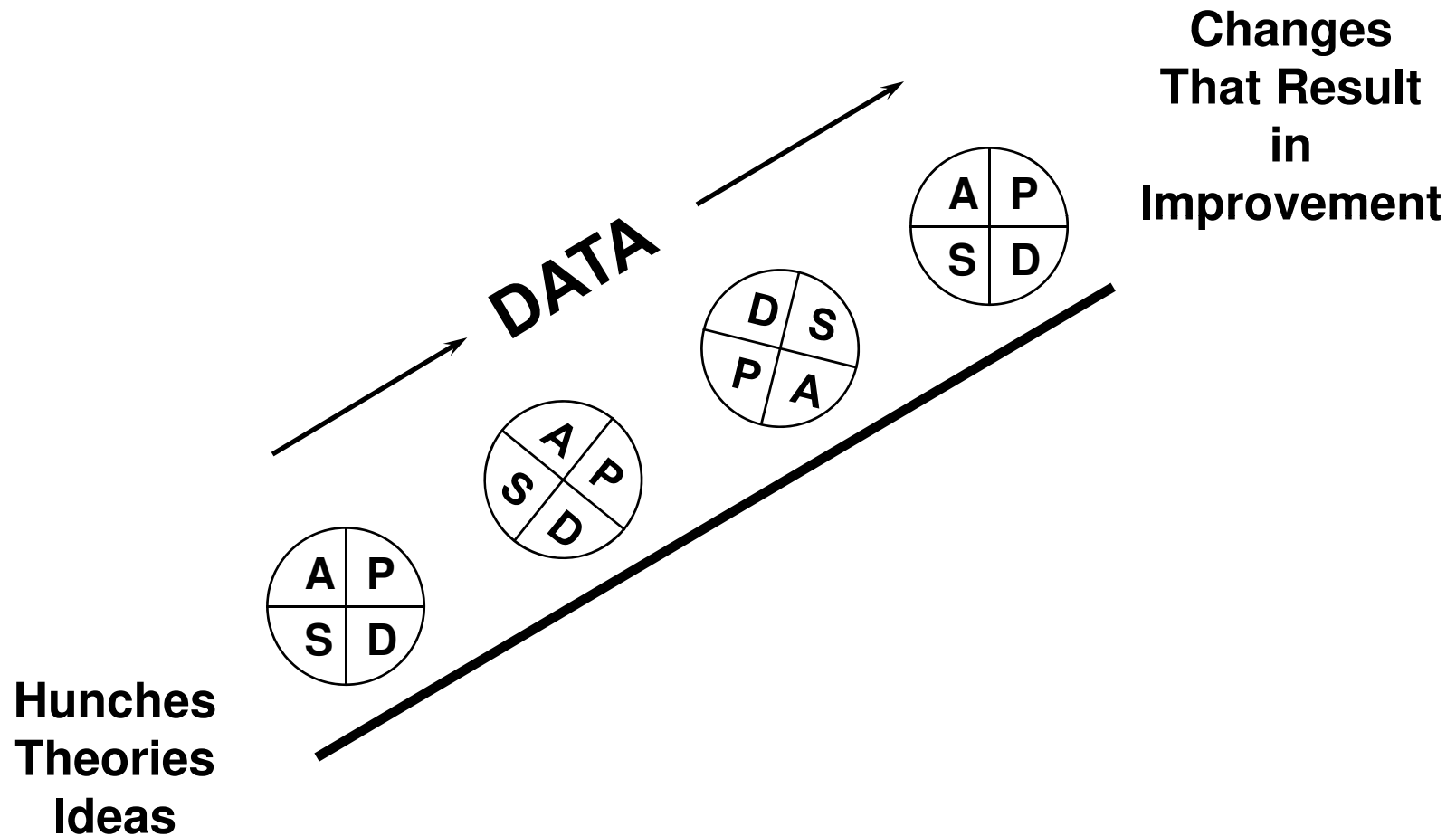


- Provides a framework for developing, testing and implementing changes that lead to improvement.
- The model has its basis in scientific method.
- It attempts to temper the desire to take immediate action with the the wisdom of careful study.

To Be Considered a PDSA Cycle

- ✓ The test or observation was **planned** (including a plan for collecting data).
- ✓ The plan was **attempted**.
- ✓ Time was set aside to **analyze** the data and study the results.
- ✓ **Action** was rationally based on what was learned.

Repeated Use of the Cycle



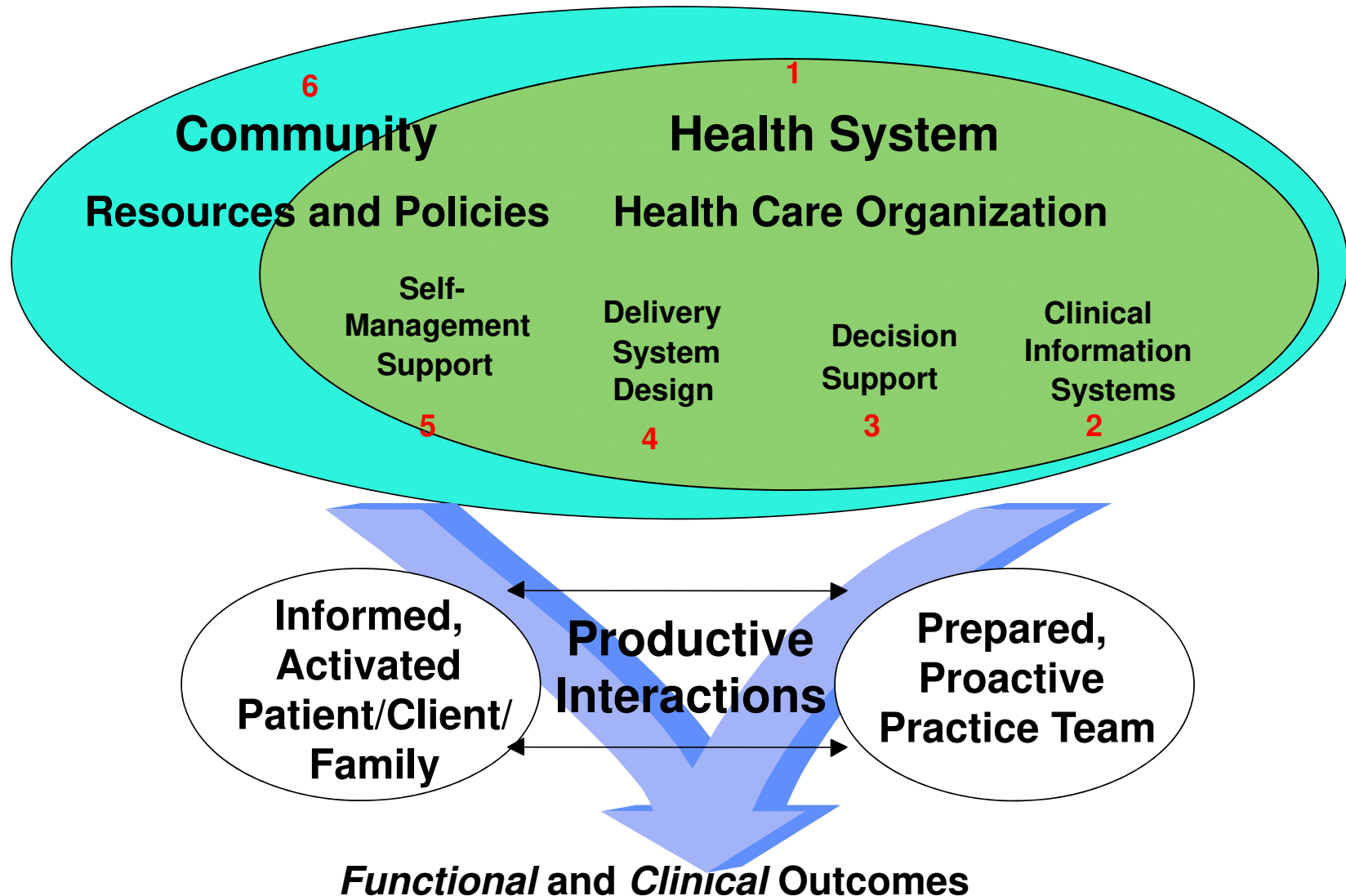
Chronic Care Model

“The model of care is a population-based model that relies on knowing which patients have the illness, assuring that they receive evidence-based care and actively aiding them to participate in their own care.”

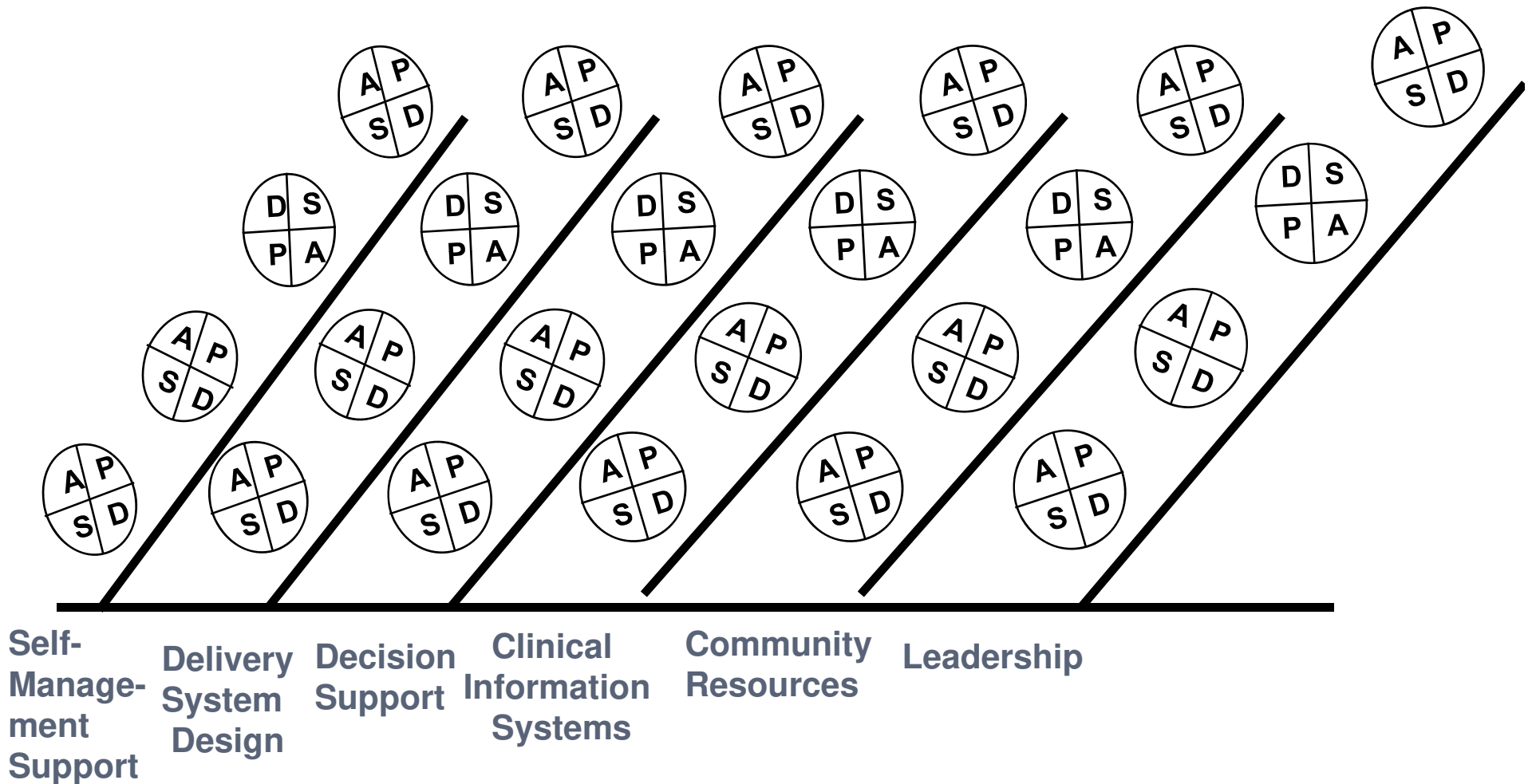
Six Components of the Care Model

1. Organization of Healthcare
2. Clinical Information Systems
3. Decision Support
4. Delivery System Design
5. Self Management
6. Community Resources

The Care Model - A Systems Approach



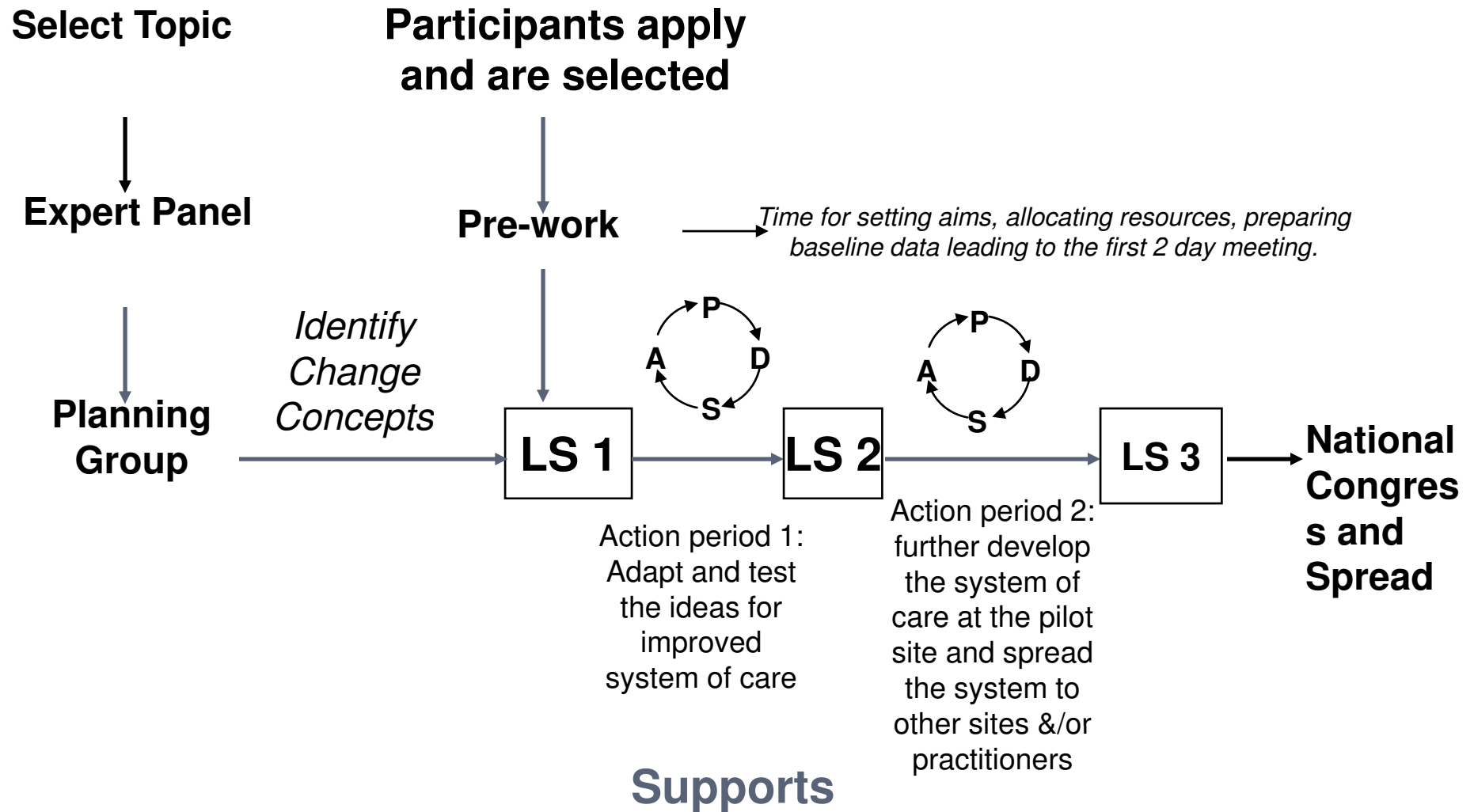
Overall Aim: Implement the Care Model



Strategies for Each Component of the Care Model

Learning Model

(adapted from the IHI breakthrough series)



E-mail Conference Calls Assessments Success Reports Site Visits List Serv



**URBAN'S DREAM
of
Planned Excellence**

Urban's Dream

TRAIN THE TRAINER PROGRAM *"MASTERMINDS"*

- Focus on Five Managers
- Train them on the Collaborative Model
- Work with a team each
- Work with Team Leader so that they can then become Masterminds
- 10 Masterminds within one year
- Within 3 to 5 years, fully integrated into organization

Performance Improvement Teams (Collaboratives)

Completed Performance Improvement Teams now implemented as permanent improvements to care:

Asthma, Depression, and HIV

Performance Improvement Teams in Progress...

- Pediatric Preventive Care
- Prevention of TYPE II Diabetes (Obesity) in Children
- Cancer Screening and Follow-up
- Cycle Time (patient wait time)
- Materials Management
- School Based Health Clinic
- Women, Infants and Children
- HIV FOCUS



HIV FOCUS TEAM

HIV Focus Project Overview

- Grant from Gilead to conduct a multi site Learning Collaborative to implement the new NYS HIV Testing Legislation
- The Objective of the grant is to integrate HIV testing into routine care (rather than have a counselor driven model) and to increase HIV Testing rates
- Gilead is looking to UHP to develop a successful replicable model that can be used for other CHC's

Forming an Expert Panel

- Senior Leaders: CEO and CMO
- Chief Technology Officer
- Clinical Systems Administrator (EMR)
- Director of Nursing
- Section Head of Adult Medicine/ID Specialist
- Director of the Institute for the Advancement of Community Health (internal Quality Institute)

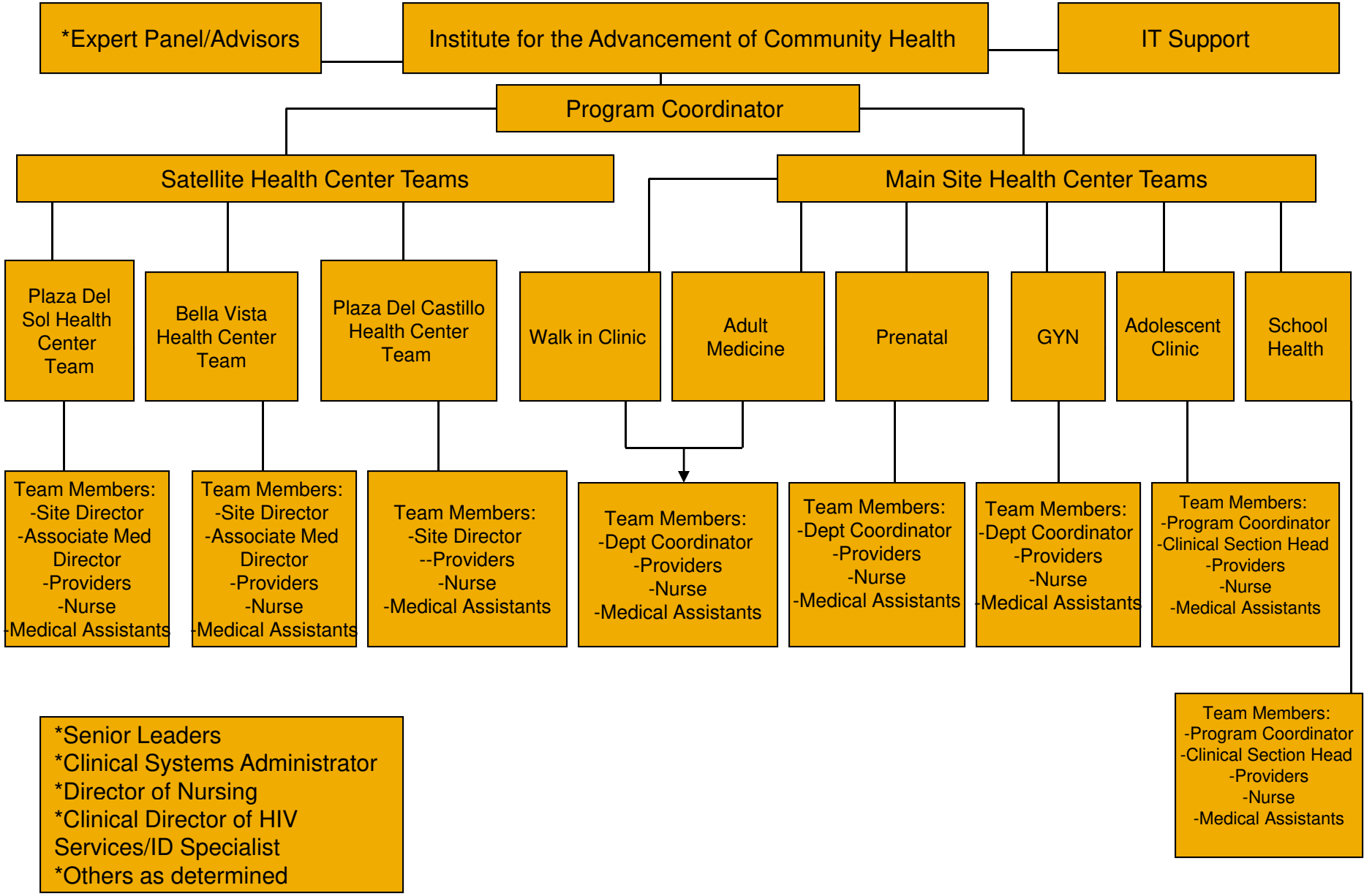
Work Performed by the Expert Panel

- Study the new HIV Testing Legislation
- Consult with an Outside Expert
- Training Provided by Outside Expert
- Develop Team Structure
- Hire an HIV Testing Coordinator
- Develop protocols (flow charts)
- Draft policies and procedures
- Create fields in Electronic Health Record (EMR) to capture and report on HIV Measures (test new fields)

Testing Team

- Implement a **Testing Team** to PDSA the process comprised of:
 - Provider Champion
 - Medical Assistant
 - Site Director or Dept Coordinator
- Share Baseline Data with the Team
- Creates Healthy Team Competition
- **Conduct Weekly Team Meeting with Provider Level Feedback on offer and testing rates**

HIV Focus Team Structure



Team Aim Statement

- Utilizing the Care Model and a multisite Team Collaborative approach, UHP will implement the new NYS HIV testing legislation assuring that all patients ages 13-64 are offered HIV testing. UHP will integrate and standardize this process into routine primary care, and data reporting mechanisms, across all UHP health center sites.

Population of Focus

- All patients ages 13-64 seen in primary care at any UHP health center site

Measures

- 90 % of patients ages 13-64 offered HIV Testing
- 40% of patients ages 13-64 will have an HIV Test
- 70% of patients tested will receive their HIV Test Results
- 95% of patients with a positive HIV test result will be provided with a HIV primary care appt

Health Care Organization

- Senior Leaders Provide Resources
- Grant Funds from Gilead Sciences
- Forming an Expert Panel
- HIV Testing Coordinator
- Time set aside for monthly meetings
- MIS Support

Changes Tested (PDSA) with Testing Team

- **Decision Support**: Adult Providers, Adolescent Providers and Medical Assistants are trained on the new HIV Testing Legislation, updated protocols and EMR.
- **Delivery System Design**: Adult Providers and Medical Assistants routinely offer testing to adults ages 18-64.
- Monthly meetings are held with test providers to review protocol and progress (weekly data reports).
- **CIS**: structured data fields are added to the EMR to capture offer of testing, order of HIV test, refusal, patient receive negative test results and weekly data reports are run from the New EMR structured fields and shared with the all teams.
- **Self Management**: the seven points of information are used to educate the patients so they will understand why it is important to have an HIV Test.

Community Resources

- NYS DOH
- NYC DOHMH
- Bronx Knows Initiative

HIV Testing-Baseline Rates by Site

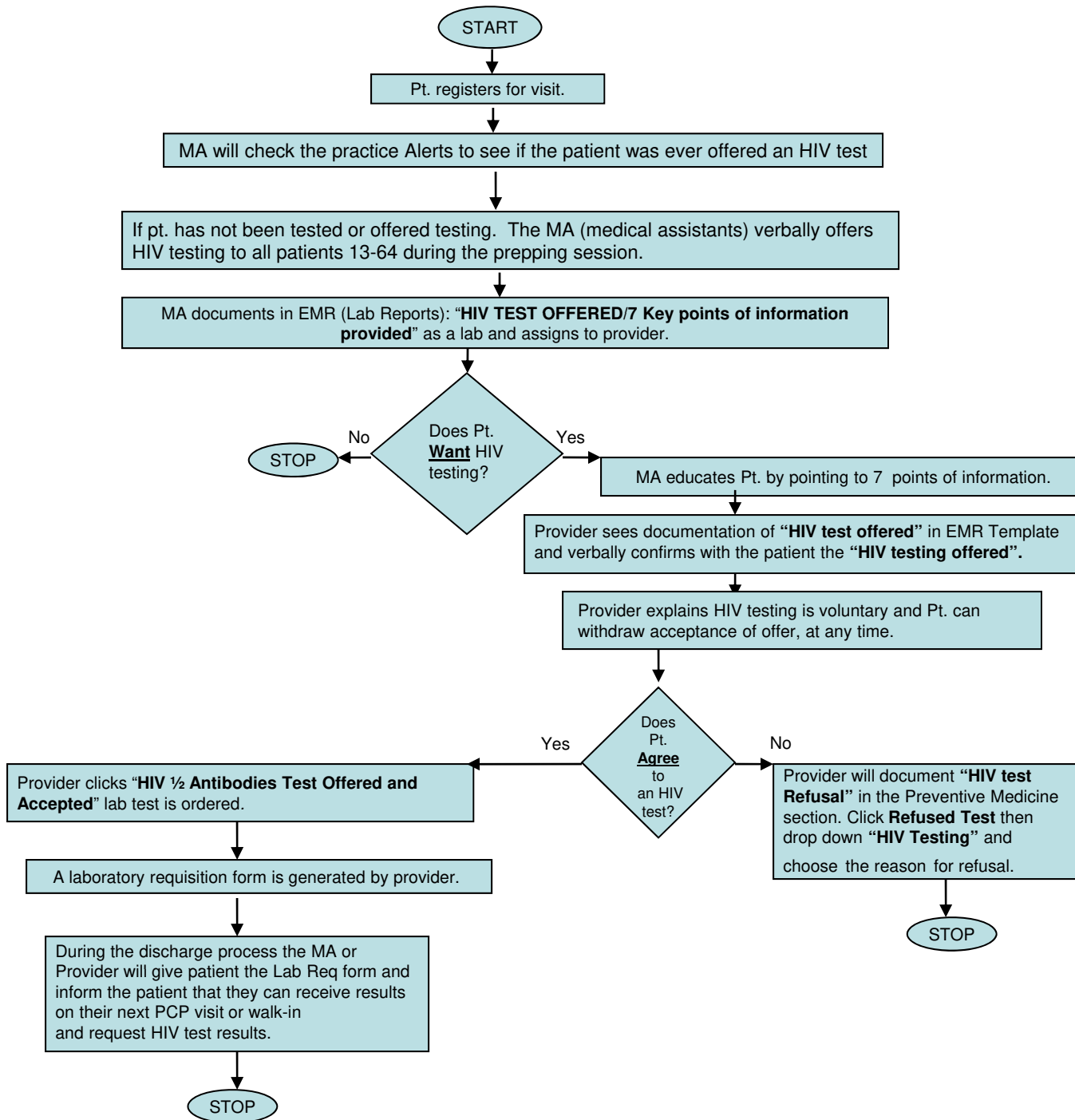
(DOS: 5/1/10 - 4/30/11)

Site/Department	Eligible Patients (ages 13-64 seen for Primary Care)	Patients Tested for HIV (blood work/rapid test)	% Tested
El Nuevo San Juan	13391	1796	13.4%
Prenatal	351	317	90.3%
Adolescent Clinic	1305	99	7.6%
Adult Medicine	3855	342	8.9%
Gynecology	1344	382	28.4%
Plaza Del Castillo	1188	172	14.5%
Bella Vista	1708	718	42.0%
Plaza Del Sol	4579	139	3.0%



Review of Policies, Protocols, EMR Templates

**HIV Testing Protocol
Adult and Adolescent**



MA will check the practice alerts to see if the patient was ever offered an HIV test.

The screenshot shows a medical software interface with a patient header and a list of alerts. The patient header includes a name, age, sex, address, phone number, insurance, and primary care physician. The navigation menu includes various clinical and administrative tools. The alerts list shows a 'Practice Alerts' section with a highlighted alert about an HIV test.

Patient Information:
Patient: Test, Portal **DOB:** 12/12/1975 **Age:** 35 Y
Sex: Male
Phone: 508-836-2700 **Primary Insurance:** AETNA CHOICE POS
Address: 114 turnpike road, Suite 204, Southborough, MA-01581
Counter Date: 10/06/2011
Provider: Shilpi Ahluwalia, DMD

Navigation Menu:
Medical Summary | CDSS | Alerts | Labs | DI | Procedures | Growth Chart | Immunization | Encounters | Patient Docs | Flowsheets | Notes

Alerts List:
- CDSS Alerts
+ Alcohol use screening
+ Asthma symptom assessment
+ Sexual history taken
- Practice Alerts
[G] HIV Test Offered: (HIV TEST OFFERED & 7 points of information provided)
[G] Flu vaccine: (Influenza (split) 3

MA will Click Lab Reports and Order “HIV Test Offered & 7 points of information provided”

The screenshot displays the eClinicalWorks interface for a patient named JESSICA, TEST, 72 Y, F. The main window is titled "Manage Orders" and shows a list of lab orders. The order "IH HIV TEST OFFERED & 7 points of information provided" is highlighted in yellow and enclosed in a red box. An arrow points to this entry. The interface includes a sidebar with user avatars, a top navigation bar, and a bottom taskbar with various application icons.

Order Name	Lab Companies
HIV AB(EIA)(NY only)	Bioreference
HIV CONFIRMATION (WESTERN BLOT)	Bioreference
HIV CONSENT "PROBLEM TEST"	Bioreference
HIV MONITOR (AMPRENAVIR)	Bioreference
HIV MONITOR (INDINAVIR)	Bioreference
HIV MONITOR (NELFINAVIR/VIRAC)	Bioreference
IH HIV Rapid Test (Urban Inhouse)	Bioreference
IH HIV TEST OFFERED & 7 points of information provided	Bioreference
HIV-1 GENOTYPING (RT/FP)	Bioreference
HIV-1 MULTISPOT	Bioreference
HIV-1 PHENOSENSE (VI)	Bioreference
HIV-1 RNA (LOG-10)	Bioreference

Today's Orders

Order Date	IH Description
09/02/2011	IH HIV TEST OFFERED & 7 p...

Future Orders

Order Date	IH Description
08/22/2011	A.FUMIGATUS ...
08/22/2011	ABNORMAL APT...

Visit Code:
Procedure Codes:
J3420 B-12.
90471 INJ.ADM. SINGLE OR COMBO VACC.

simvastatin 40mg tablet
Pulmicort Respules 0.25 mg/2 mL suspension
Xopenex 0.63 mg/3 mL solution
SINGULAIR 10MG

MA will then click on the HIV Test Offered in the Lab Window “Received, open, and assign to a Provider”.

Lab Results
TEST, JESSICA, 43 Y, F | Sel | Info | Hub

Input: BRONX, NY 10459 | Allergies: Billing Alert | Wt 06/16/11: 140 lbs. | Ins: MEDICARE | Acc Bal: \$750.00 | Guar: MANNY | Gr Bal: \$725.00 | Ref: OUTSIDE. | Ren: OUTSIDE. | **CLICK TO NEWBORN SCREEN RESULTS PEN**

Medical Summary | OB Summary | CDSS | Alerts | Labs | DI | Procedures | Growth Chart | Immunization

Patient | Sel | Info | Hub
TEST, JESSICA
DOB:12/23/1967 Age:43Y
Sex:F
Tel:
Acct No:503865, WebEnabled: Yes

Status: Open Reviewed

Provider: Willis, Sam

Facility: Urban Health Plan Inc.

Assigned To: [Dropdown]

Don't publish to Web Portal

Lab Information
Lab: HIV TEST OFFERED | Order Date: 6/8/2011 | Collection Date: 6/20/2011 | Time: :
Reason: [Dropdown] | Actual Fasting: Not Recorded | Ordered Fasting

Specimen
Source: [Dropdown] | Description: [Dropdown] | Collection Volume: [Dropdown] | Units: [Dropdown]

Results
 Received | Date: 6/20/2011 | Result: [Dropdown]

Order Date	Coll Date								
06/08/2011									
05/19/2011									

Assessments: 250.00 Diabetes mellitus type II

Clinical Info:

Internal Notes: eClinicalMessenger

Custom | Reports | Print | Midmark ECG | Display Graph | Options

OK | Cancel

If patient has accepted HIV testing during the exam, provider clicks “HIV 1/2 Antibody, HIV Test Offered and accepted” located in the lab reports.

The screenshot shows the 'Manage Orders' window with the 'Add New Order' tab selected. The search criteria are 'Lookup: hiv-', 'By: Order Name', 'Starts With', and 'Type: Both'. The 'Lab Company' is set to 'All'. The search results are as follows:

Order Name	Lab Companies
HIV-1 GENOTYPR (RT/PI)	Bioreference
HIV-1 MULTISPOT	Bioreference
HIV-1 PHENOSENSE (VI)	Bioreference
HIV-1,RNA (LOG-10)	Bioreference
HIV-1,RNA,PCR,ULTRA	Bioreference
HIV-1/2 ANTIBODY, HIV test offered and accepted	Bioreference
HIV-2 AB,IgG	Bioreference
HIV-2 MULTISPOT	Bioreference
HIV-2,WEST.BLOT.	Bioreference

The 'Today's Orders' section shows the following order:

Order Date	Order Description
06/21/2011	HIV-1/2 ANTIBODY, HIV ...

At the bottom of the window, there are buttons for 'Quick Transmit', 'Quick Print', 'Pathology Detail', and 'Add Standing Orders', along with an 'OK' button.

If patient has accepted HIV testing during the exam, it will show in template as **HIV 1/2 antibodies offered and accepted.**

The screenshot displays the eClinicalWorks EMR interface for patient JESSICA, 70 Y, F. The main window shows the 'Progress Notes' section with various clinical data points and a list of lab reports. A red box highlights the following lab report entry:

Lab:HIV-1/2 ANTIBODY, HIV test offered and accepted

The right-hand panel shows a summary of the patient's current status, including a list of problems and current medications. The 'Problem List' includes:

- 493.90 Asthma- Mild Intermittent
- 793.80 AB MAMMOGRAM NOS
- 401.9 Hypertension NOS
- 493.90 ASTHMA NOS
- 637.72 AB NOS W COMPL NEC-COMP
- V08 HIV, ASYMPTOMATIC
- 525.9 Disease of supporting structures of teeth NOS
- 296.00 Depression, major NOS
- 301.83 Borderline personality disorder
- 786.50 CHEST PAIN
- 250.90 Diabetes mellitus type 2 or unspecified type with unspecified manifestation
- 493.90 Asthma- Mild Intermittent
- 042 HIV disease
- 250.11 DIABETES INSULIN DEPENDENT
- 250.00 Diabetes mellitus type II Low Risk

The 'Current Medications' list includes:

- Adipex-P 37.5 mg capsule
- acetohydroxamic acid 250 mg tablet
- 5-HTP 50 mg capsule
- acetaminophen 120 mg/5 mL liquid
- Motrin IB 200 mg tablet
- amoxicillin 250 mg/5 mL powder for reconstitution
- Crestor

If Patients **Refuses** HIV Testing the provider will click **“Preventive Medicine Section”** Click Refused test HIV Testing and choose a response that best fits the patients reason for refusal.

Preventive Medicine (TEST, JESSICA - 06/08/2011 10:00 AM, FOL)

Pt. Info Encounter Physical Hub

Preventive Medicine

- Counseling
- F4L Behavior Speci
- Waiting Room Pres
- Self Management C
- Dental:
- Care Plan Discussi
- REFUSED TESTS: Vaccine**
- Infectious Disease
- Nutrition
- Teen
- Infant: Anticipatory
- Child: Anticipatory
- Counseling
- Immunizations
- Screening / Specia

REFUSED TESTS:

Symptom	Presence	Notes
Pap Smear	→	
Mammogram	→	
Colonoscopy	→	
FOBT	→	
Blood test	→	
Hepatitis B Vaccine	→	
Pneumovax Vaccine	→	
Flu Shot	→	
INH	→	
HIV Testing	→	

Notes Browse... Clear Select Default... Clear All...

Assessments Custom Treatment

eClinicalWorks (Rodriguez, Vanessa)

File Patient Schedule EMR Billing Reports CCD Fax ePayment Tools Community Meaningful Use Lock Help

eClinicalWorks

Practice Progress Notes

TEST, JESSICA, 72 Y, F Sel Info Hub

Input: BRONX, NY 10459
DOB: 05/01/1939
alisonconnelly@opto

Allergies: Allergies Billing Alert

Wt: 07/12/11: 50lb. lbs. Acc Bal: \$386.67
Appt(L): 09/01/11(NB) Appt(N): 06/29/12(UW) Ins: MEDICARE
PCP: Patel, Gr Bal: \$361.67
Language: Spanish Ref: Patel, Ref: Rafo.
Translator: No

CLICK TO EDIT Depression screening due 9/18/2011
ADV DIRECTIVE Health Care Proxy given to patient (06/01/2011)

Medical Summary | OB Summary | CDSS | Alerts | Labs | DI | Procedures | Growth Chart | Immunization | Encounters | Patient Docs | Flowsheets | Notes

SF

Preventive Medicine (TEST, JESSICA - 06/29/2012 07:45 AM, WALK-IN ES)

Allergies/Intolerance:

Gyn History:
OB History:
Surgical History:
Hospitalization:
Family History:
Social History:
ROS:

Objective:
Vitals:
Past Results:
Examination:
Physical Examination:

Assessment:
Assessment:

Plan:
Treatment:
Procedures:
Immunizations/Injection:
Diagnostic Imaging:
Lab Reports:

Lab: HIV TEST OFFERED

Preventive Medicine:
Disposition & Communication

Next Appointment:

Billing Information:
Visit Code:
Procedure Codes:
J3420 B-12.
90471 INJ.ADM. SINGLE OR COMBO VACC.

Print Fax Record Lock Details Scan Templates Claim Letters Ink

start | Inboxes - Microsoft Out... | eClinicalWorks (Rodri... | HIV testing Manual a... | HIV Focus Team Lear... | 12:25 PM

Preventive Notes

HIV Testing

Name	Value	Notes
<input type="checkbox"/> RESPONSE:		

self reported previous HIV test
confidentiality concerns
 did not expect an HIV test today
 perceived cost
 fear of test / needles
 does not want to know test results
 not sexually active / never sexually active
other

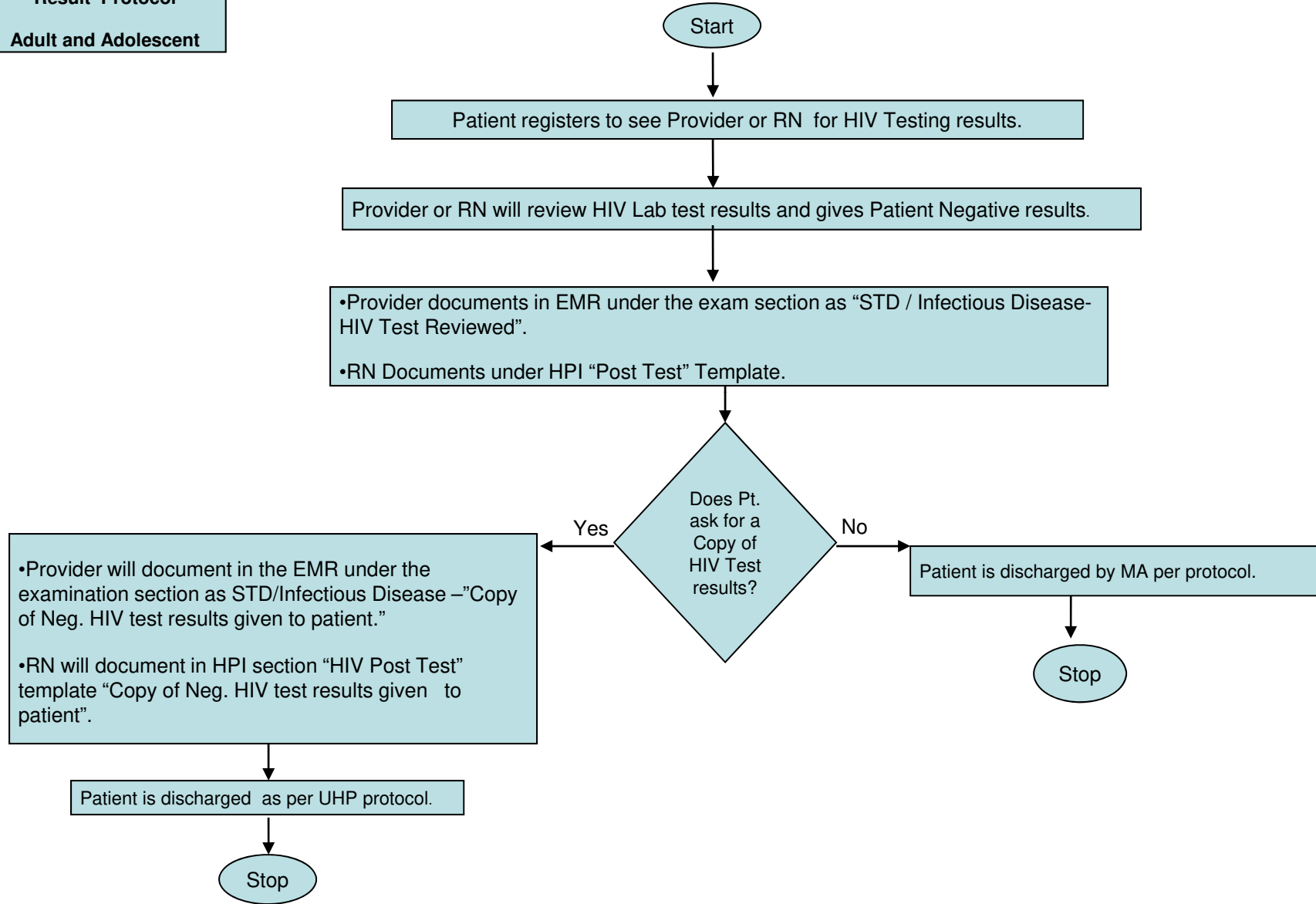
Add Cancel

Custom Close

Medications Stop Date

- nophen 120 mg/5 mL liquid
- 0 mg tablet
- mg tablet
- nophen 500 mg/15 mL liquid
- n 600 mg tablet
- le-Vite Multiple Vitamins tablet
- 600 mg tablet
- r 150 mg-300 mg tablet
- 0 mg tablet
- 7 mg/24 hr film
- Patanol 0.1% solution
- Motrin IB 200 mg tablet
- amoxicillin 250 mg/5 mL powder for reconstitution
- Crestor
- enalapril 2.5 mg tablet
- simvastatin 40mg tablet
- Pulmicort Respules 0.25 mg/2 mL suspension
- Xopenex 0.63 mg/3 mL solution
- SINGULAIR 10MG

**HIV Negative Test
Result Protocol
Adult and Adolescent**



Provider will document in EMR under the Examination Section as "STD / Infectious Disease"

The screenshot displays the eClinicalWorks EMR interface for a patient named Jessica Test. The main window shows the 'Examination' section for a visit on 05/30/2011 at 08:00 AM. The 'Objective' section contains the text 'STD / Infectious disease', which is highlighted with a red box. The 'Assessment' section lists 'AUTISTIC DISORD' and 'HIV disease - 042'. The 'Plan' section includes 'Treatment:', 'Procedures:', 'Immunizations/Injections:', 'Diagnostic Imaging:', 'Lab Reports:', 'Preventive Medicine:', and 'Disposition & Communication:'. The 'Next Appointment:' section is also visible. The interface includes a navigation pane on the left with various icons and a top menu bar with options like 'File', 'Patient', 'Schedule', 'EMR', 'Billing', 'Reports', 'CCD', 'Fax', 'ePayment', 'Tools', 'Community', 'Meaningful Use', 'Lock', and 'Help'. The bottom of the screen shows the Windows taskbar with the Start button and several open applications.

Provider will choose "HIV and Copy of Negative HIV test results given to patient"

TEST, JESSICA, 62 Y, F | Sel | Info | Hub

Input: BRONX, NY 10459 | Allergies | Wt: 07/12/11: 50lb lbs. | Ins: SLIDING | **CLICK TO EDIT NEWBORN SCREEN RESULTS PENDING**
DOB: 05/01/1949 | Billing Alert | Appt(L): 08/15/11(NA) | Acc Bal: \$386.67 | Guar: MANNY | **ADV DIRECTIVE: Health Care Proxy given to patient (06/01/2011)**
alisonconnellyf@opto | Appt(N): 06/29/12(UW) | Gr Bal: \$361.67 | Ref: OUTSIDE, Ren: OUTSIDE

Medical Summary | OB Summary | CDSS | Alerts | Labs | DI | Procedures | Growth Chart | Immunization | Encounters | Patient Docs | Flowsheets | Notes

Chief Complaint: Casemanager.
HPI:
Current Medication:
Medical History: asthma, back pain.
Allergies/Intolerance:
Surgical History:
Hospitalization:
Family History:
Social History:
ROS:

Objective:
Vitals:
Past Results:
Examination:
Physical Examination:

Assessment:
Assessment: AUTISTIC DISORD-C, HIV disease - 042

Plan:
Treatment:
Procedures:
Immunizations/Injections:
Diagnostic Imaging:
Lab Reports: Lab: HIV TEST OFFERED & 7 points of information provided
Preventive Medicine:
Disposition & Communication:
Next Appointment:

Examination (TEST, JESSICA - 05/30/2011 08:00 AM, CaseManag)

Examination Notes

Free-form | **Structured** | Clear All

Name	Value	Notes
<input type="checkbox"/> Response:		
<input checked="" type="checkbox"/> HIV		
<input type="checkbox"/> GC / Chlamydia		
<input type="checkbox"/> RPR		
<input type="checkbox"/> Hepatitis		
<input type="checkbox"/> Trichomonas		
<input checked="" type="checkbox"/> Copy of negative HIV test result given to patient		

Add | Cancel

Custom | Close

Condition List

- 90 Asthma- Mild Intermittent
- 80 AB MAMMOGRAM NOS
- 9 Hypertension NOS
- 90 ASTHMA NOS
- 72 AB NOS W COMPL NEC-COMP
- HIV, ASYMPTOMATIC
- Disease of supporting structures of teeth NOS
- 00 Depression, major NOS
- 83 Borderline personality disorder
- 50 CHEST PAIN
- 90 Diabetes mellitus type 2 or unspecified type with unspecified manifestation
- 90 Asthma- Mild Intermittent
- HIV disease
- 11 DIABETES INSULIN DEPENDENT
- 00 Diabetes mellitus type II Low Risk
- 3 Rosacea
- 00 DIABETES IN PREG-UNSPEC Low Risk
- 299.00 AUTISTIC DISORD-CURRENT

Current Medications | Stop Date

- albuterol 0.5% solution
- none
- A-Cof DH 300 mg-3.5 mg/5 mL syrup
- Azopt 1% suspension
- Lipitor 10 mg tablet
- penicillin G benzathine 600000 units/mL suspension
- 5-hydroxytryptophan 50 mg capsule

Print | Fax | Record | Lock | Details | Scan | Templates | Claim | Letters | Ink

start | Inboxes - Microsoft Out... | HIV testing Manual a... | eClinicalWorks (Rodri... | HIV Focus DRAFT Ma... | 1:00 PM

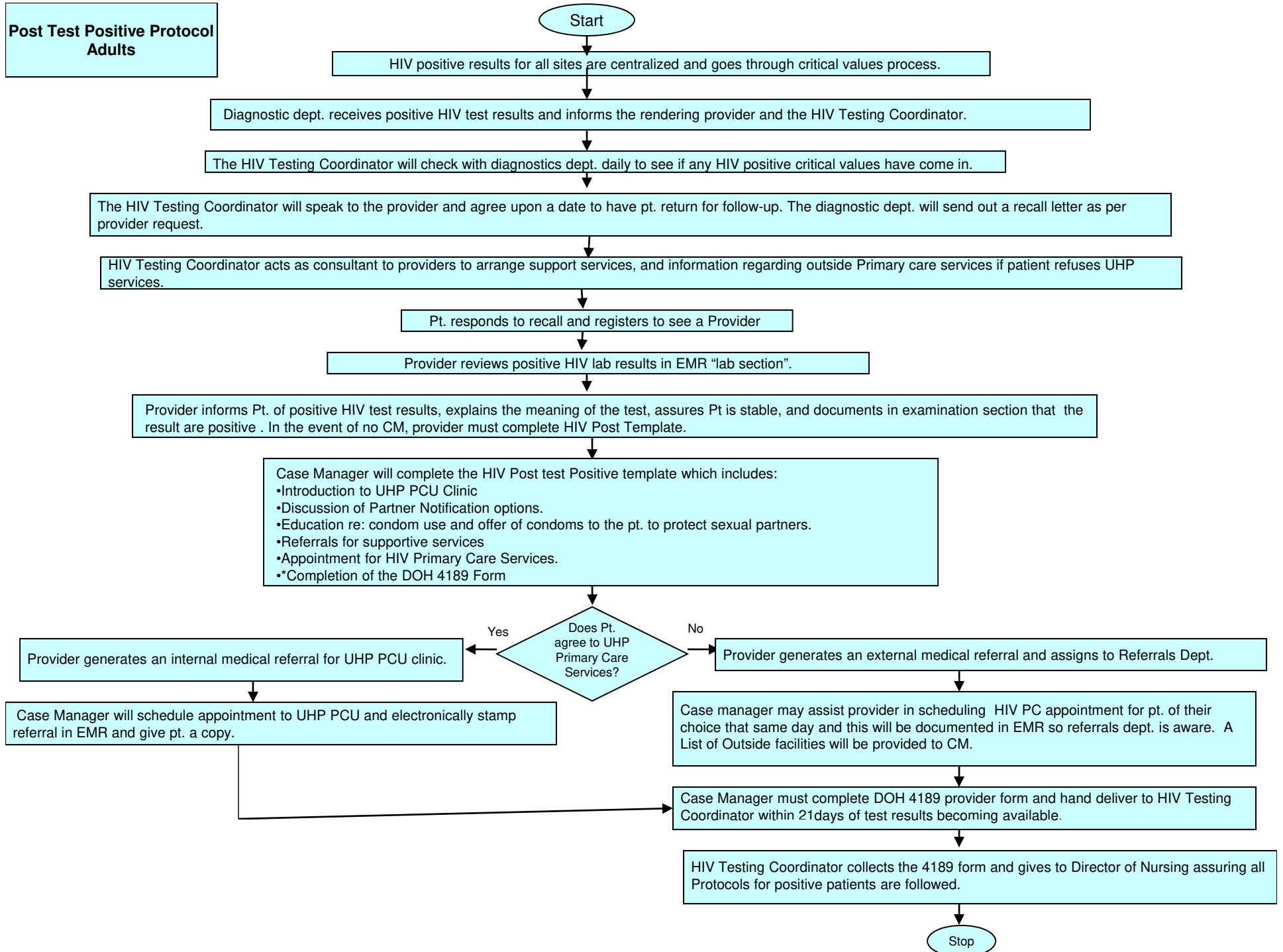
RN will document in the Nursing template reason "HIV Post Test Notification" and under the HPI Section as "HIV Post Test". Complete the following Post test tabs:

- *Risk Level
- *Results
- *Counseling for all results
- *Copy of test results given to patient

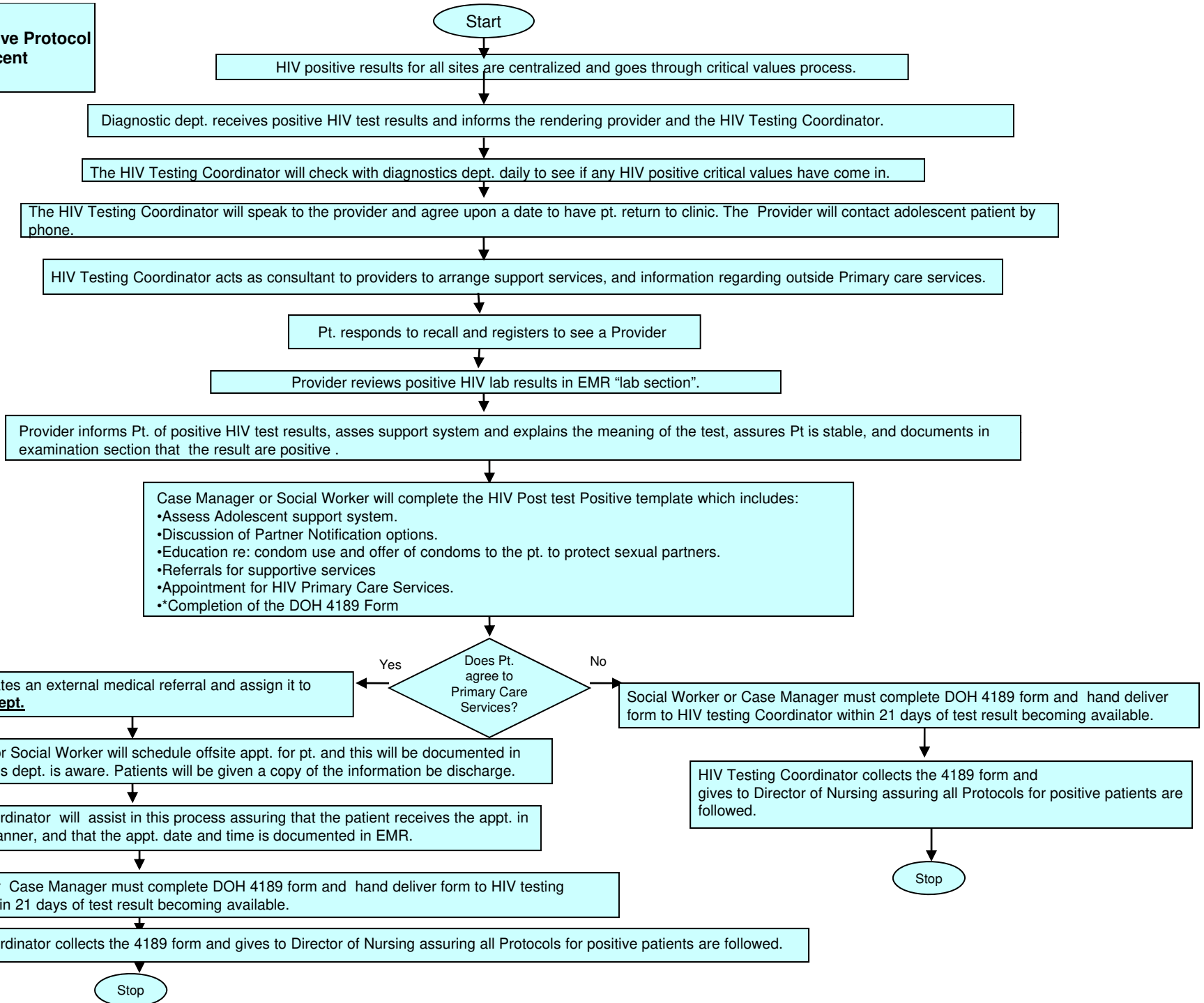
The screenshot displays the eClinicalWorks interface for a patient named Jessica Test. A pop-up window titled "HPI (TEST, JESSICA - 05/30/2011 08:00 AM, CaseManag)" is open, showing a table of symptoms for an HIV POST Test. The table has columns for c/o, iden#, Symptom, Duration, and Notes. The symptoms listed are Risk Level, Results, Counseling for All Results, Counseling for Prelim/Confir, and Copy of test result given to. A red box highlights the "HIV POST Test" entry in the HPI section, with arrows pointing to the corresponding rows in the table. The background shows the patient's medical history, including a list of conditions like Asthma, Hypertension, and Diabetes.

c/o	iden#	Symptom	Duration	Notes
		Risk Level:		
		Results:		
		Counseling for All Results:		
		Counseling for Prelim/Confir		
		Copy of test result given to		

**Post Test Positive Protocol
Adults**



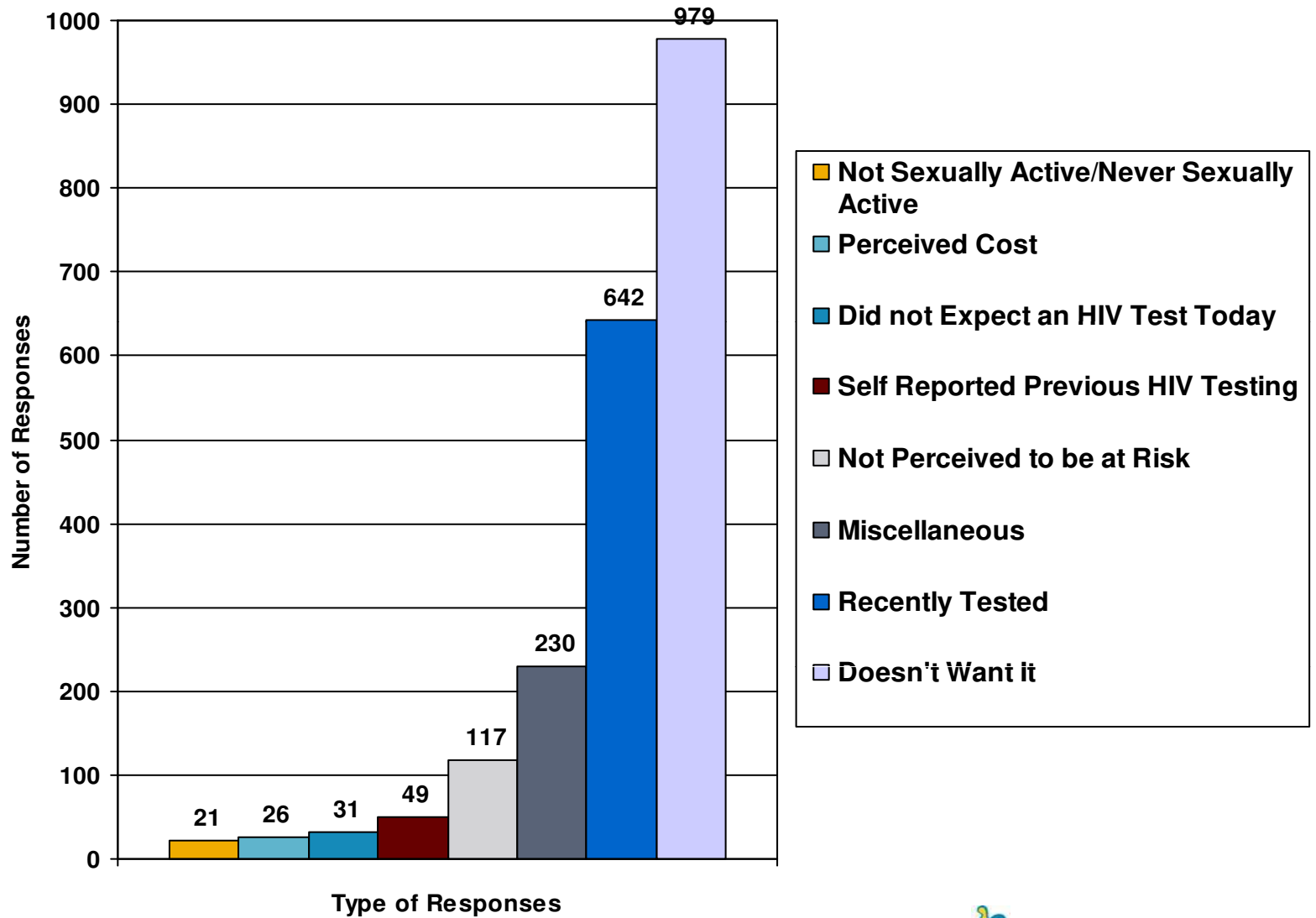
Post Test Positive Protocol Adolescent



Case Manager or Social Worker will complete the HIV Post test Positive template which includes:

The screenshot displays the eClinicalWorks interface. The main window shows a patient record for 'Test, ABC, 31 Y, M'. The patient's address is 114 turnpike road, Southborough, MA. The provider is Samuel DeLeon. The encounter date is 08/30/2011. The patient's insurance is Medicare. The pop-up window titled 'HPI (Test, ABC - 08/30/2011 02:23 PM, TEL)' is open, showing the 'HIV Post-Test Positive/Addendum' section. The 'Addendum' section contains a table with columns for 'c/o', 'denial', 'Symptom', 'Duration', and 'Notes'. The table lists several symptoms related to the HIV test result, such as 'Patient was informed of result', 'First Positive - Anonymously', and 'If testing was Confidential, test site state'. The 'Notes' column contains 'X' marks. The 'HPI' section is also visible, with a question about antiretroviral use: 'Has pt taken any antiretrovirals in the past 6 mos?'. The interface includes a sidebar with user avatars, a top navigation bar, and a bottom taskbar with various application icons.

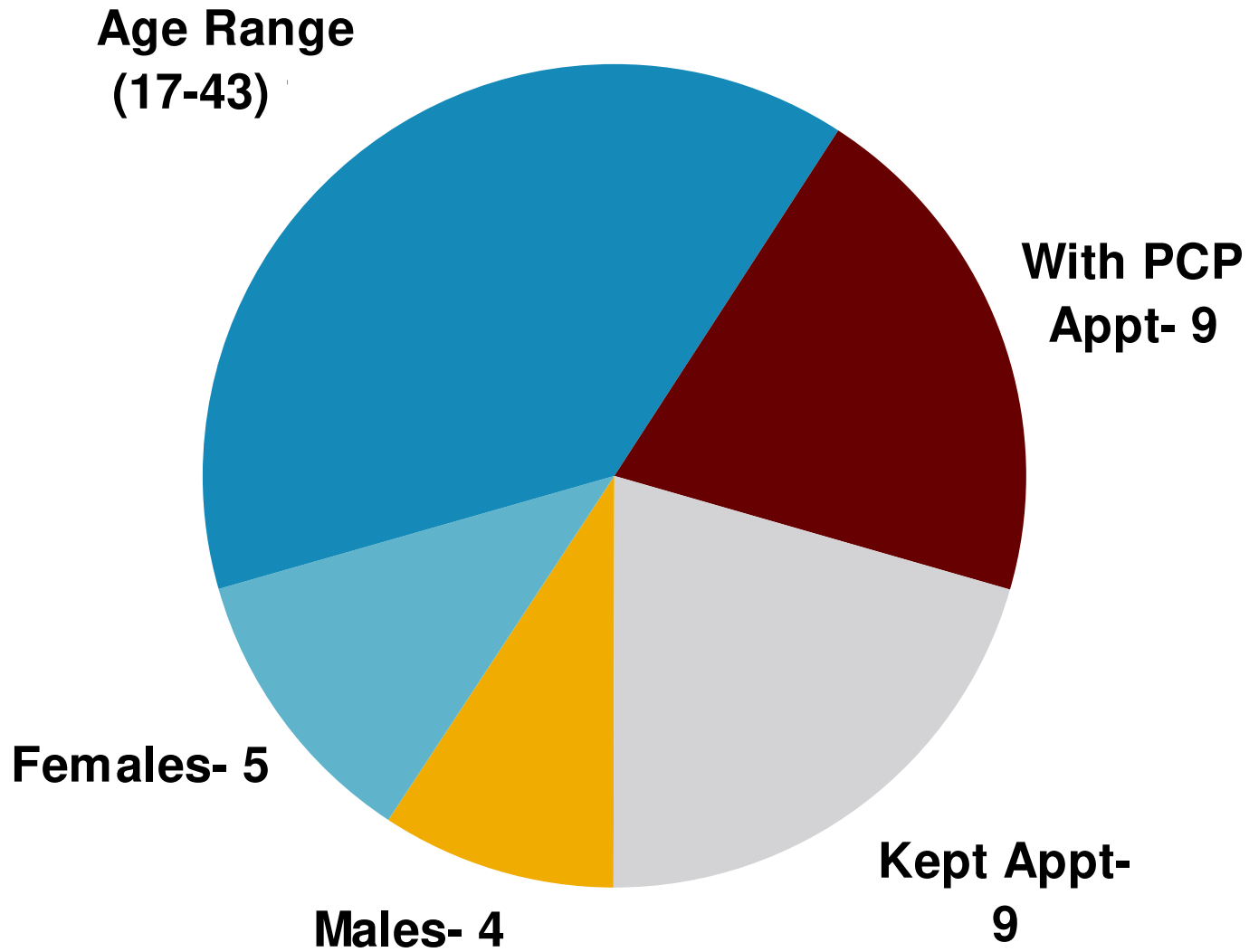
HIV Refusal Responses and Rates



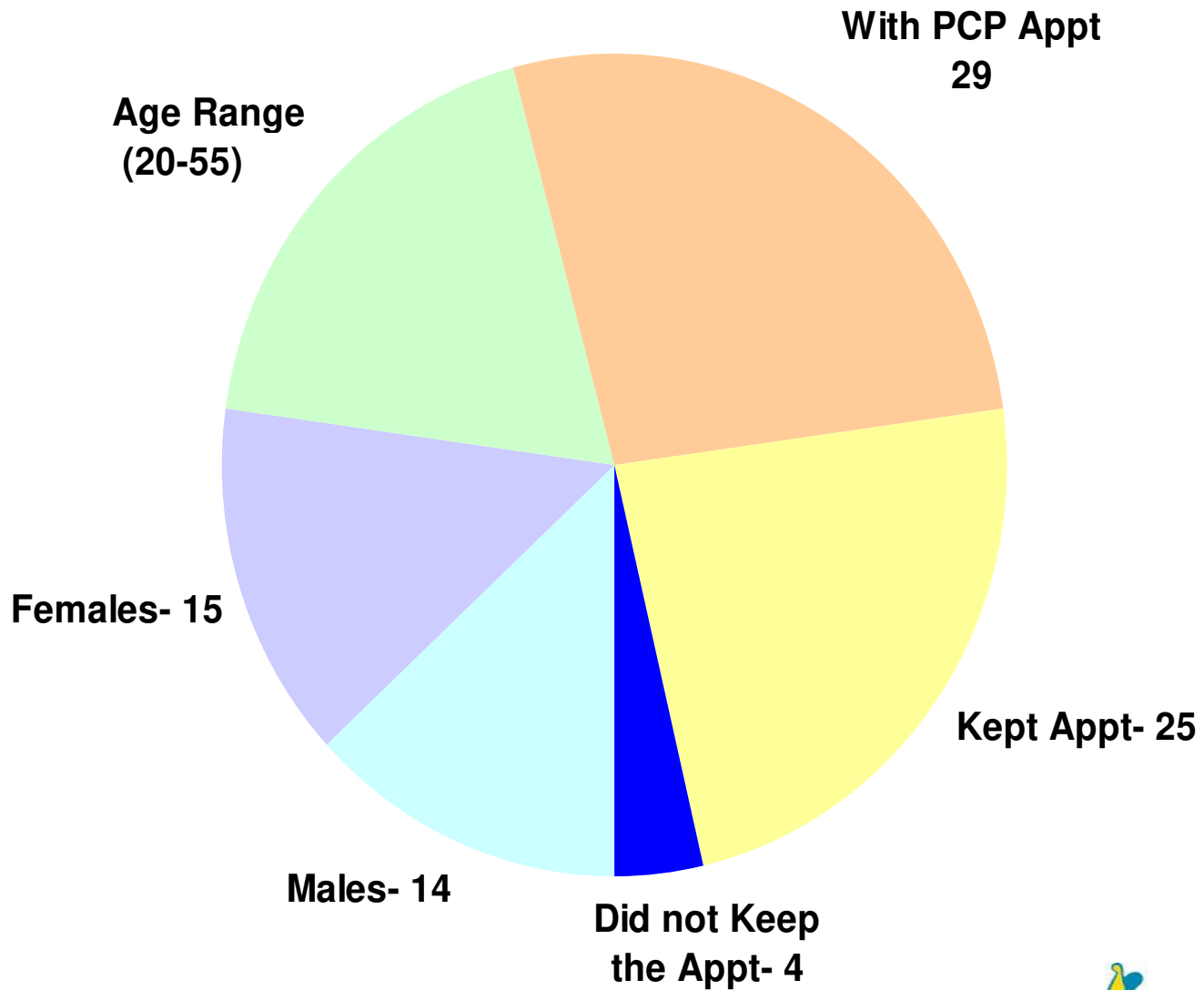
HIV Positive Patients UHP

- Total HIV Positive Patients
 - 39 Confirmed
- Total lost of contact HIV Positive
 - 1
 - Male
 - 66 yrs. old

TOTAL NEWLY DIAGNOSED = 9



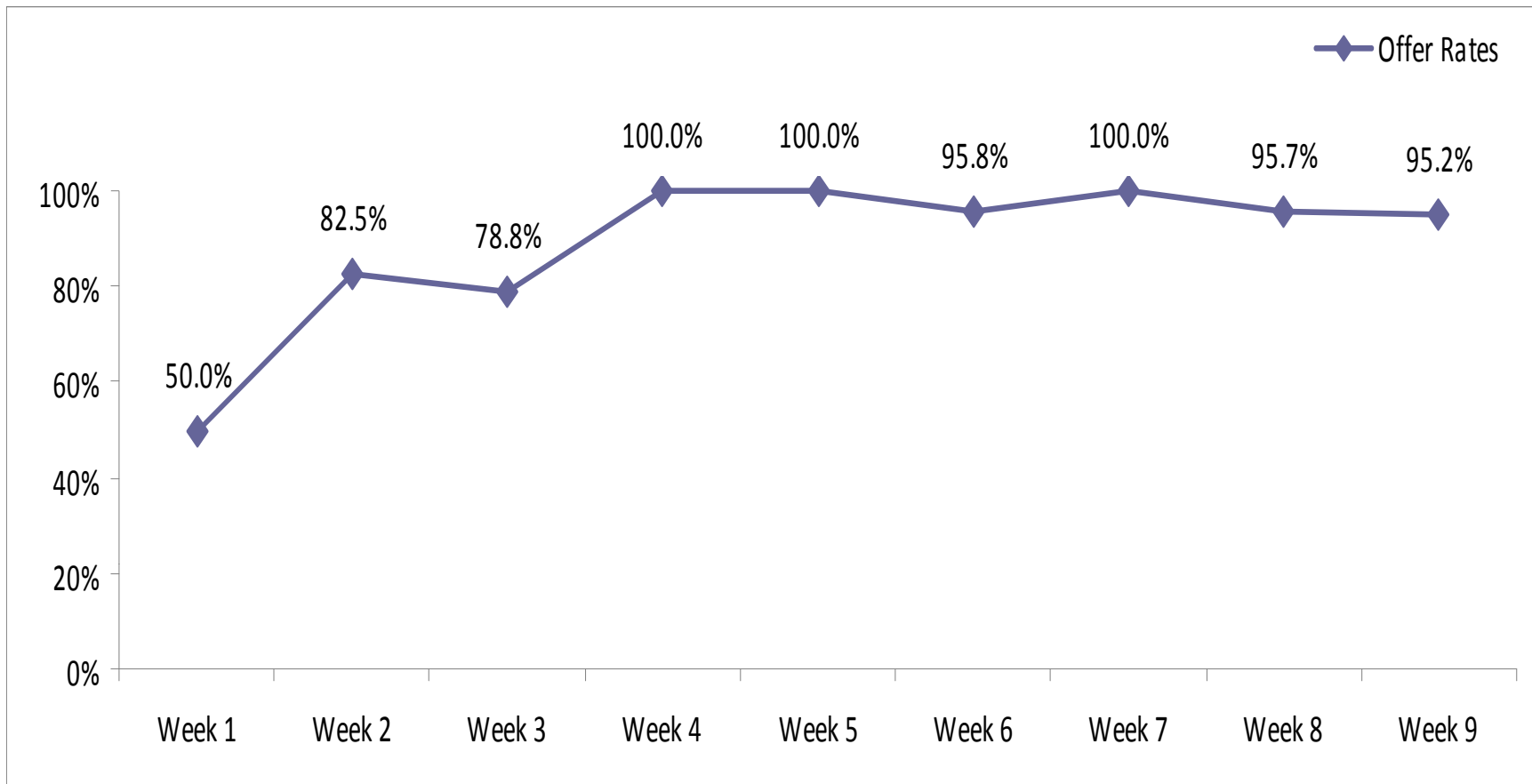
TOTAL PREVIOUSLY DIAGNOSED HIV POSITIVE = 29



HIV Comprehensive Primary Care

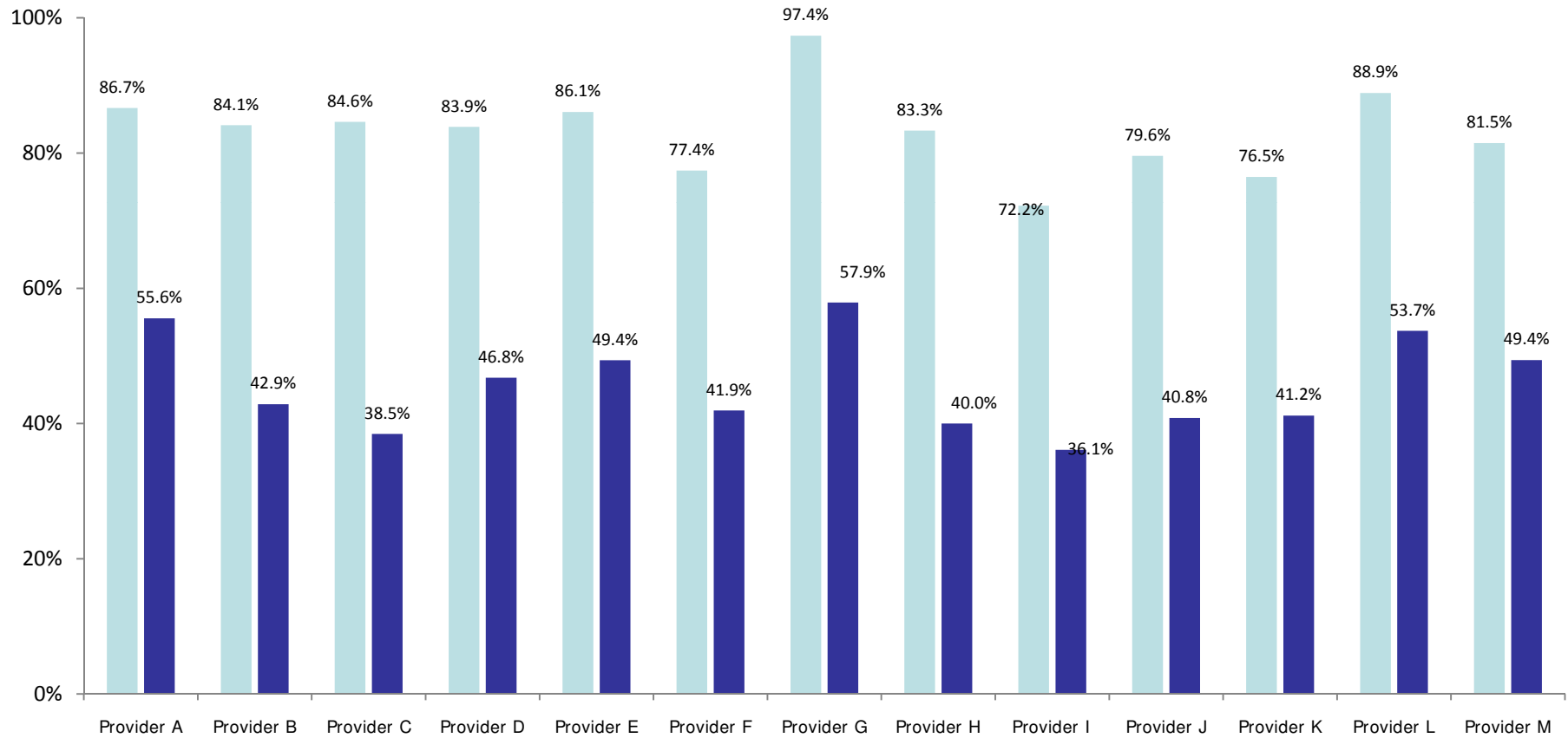
- 140 HIV positive patients
- Two ID Specialists/MD
- 1 HIV Specialist RPA-C
- Case manager
- Nutritionist
- Social Worker (as needed)
- Specialty Care including mental health services
- Monthly Graphs on HIV Primary Care Key Clinical Indicators for continuous quality improvement

Example: Individual Provider Results

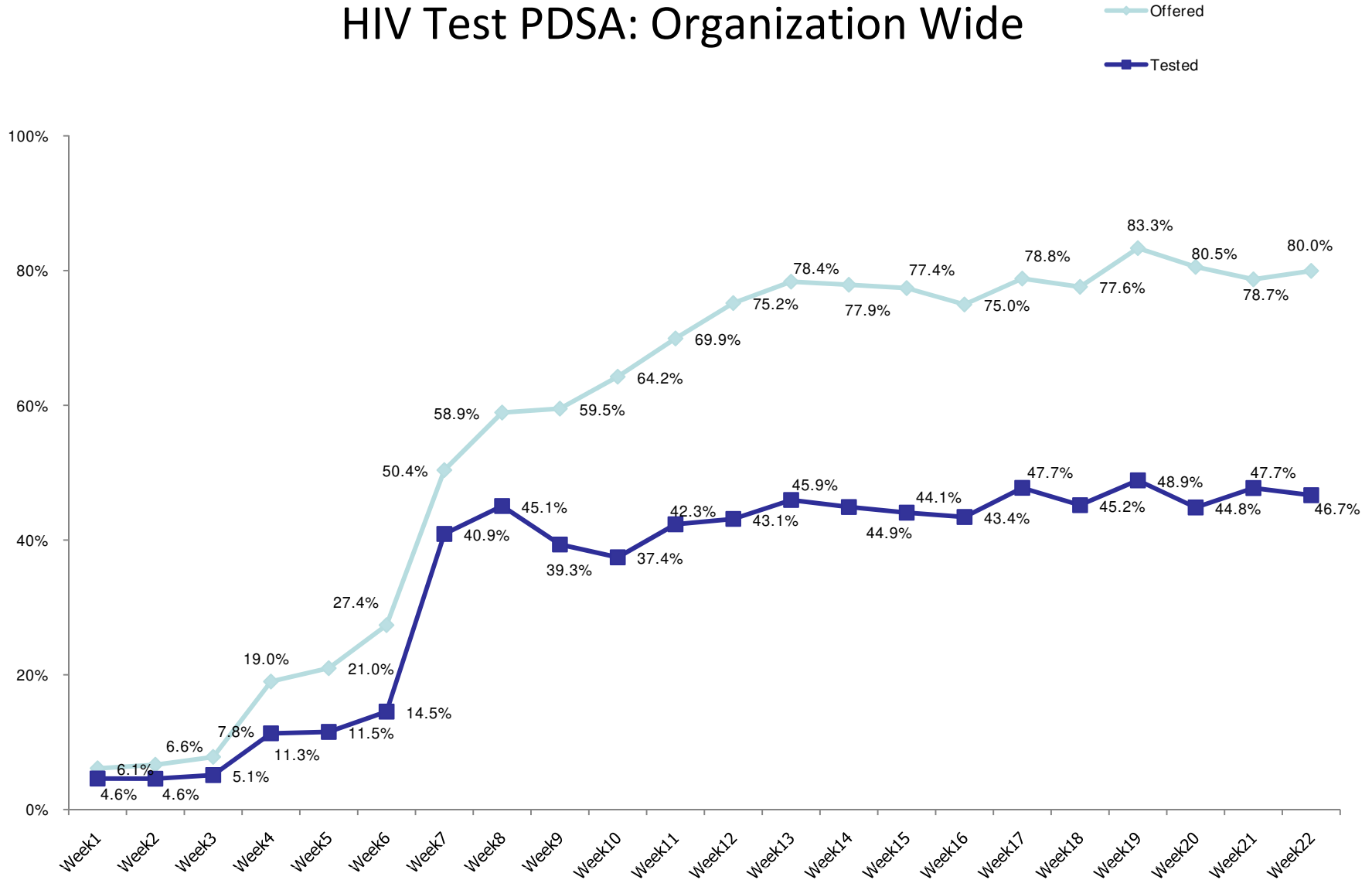


HIV Screening Rates 10-20-11 to 10-26-11

Offered Tested

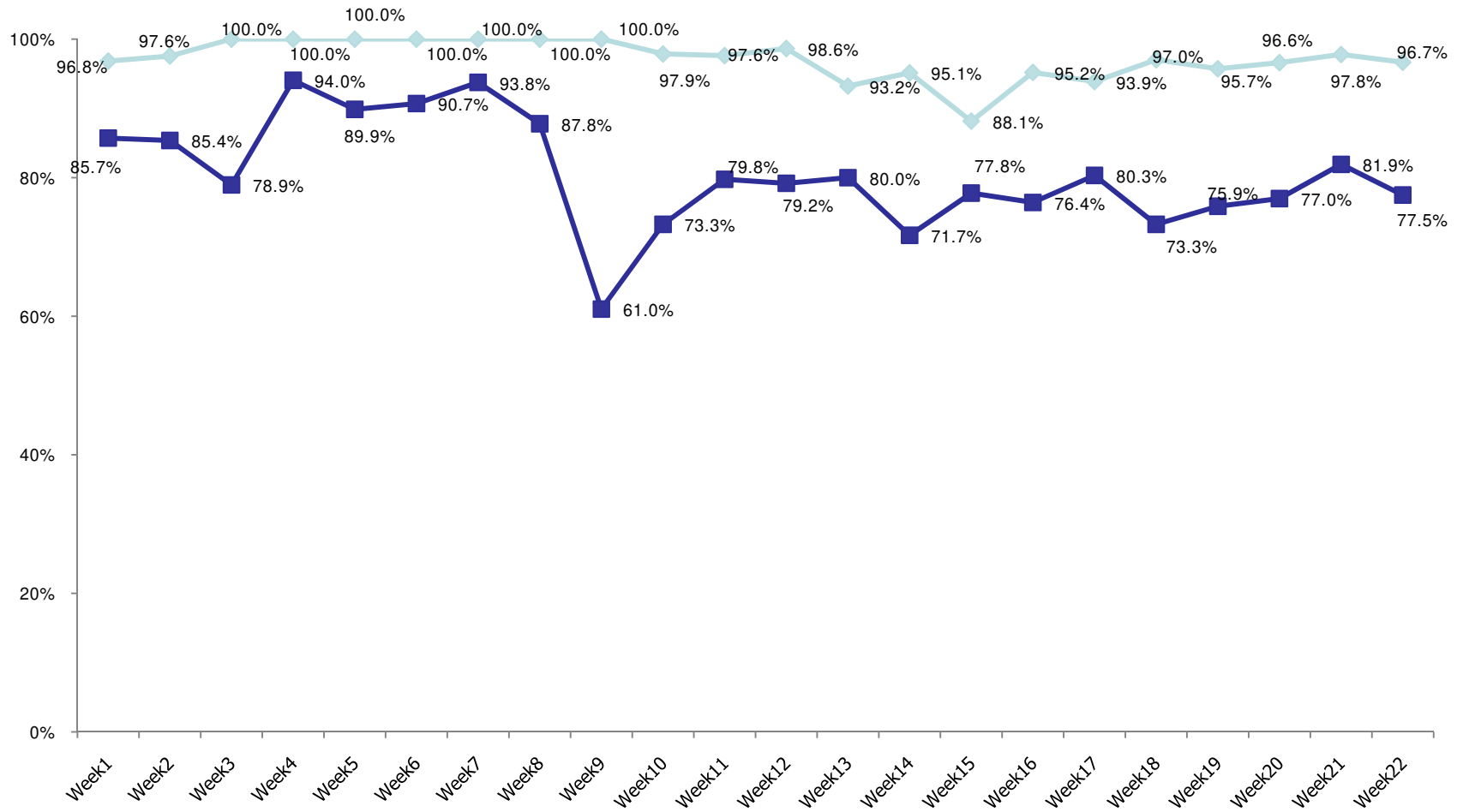


HIV Test PDSA: Organization Wide



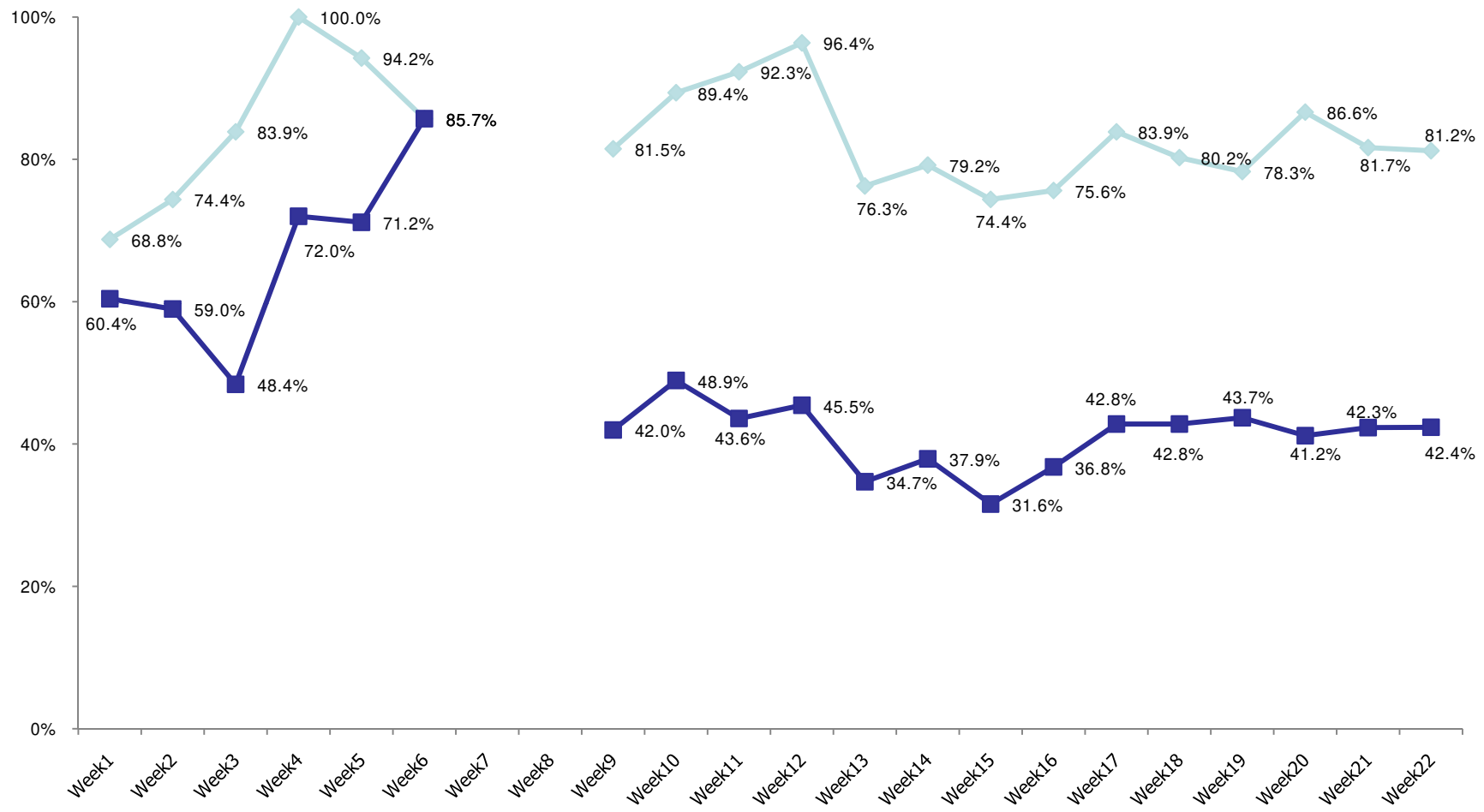
HIV Test PDSA: ENSJ GYN Department

Offered
Tested

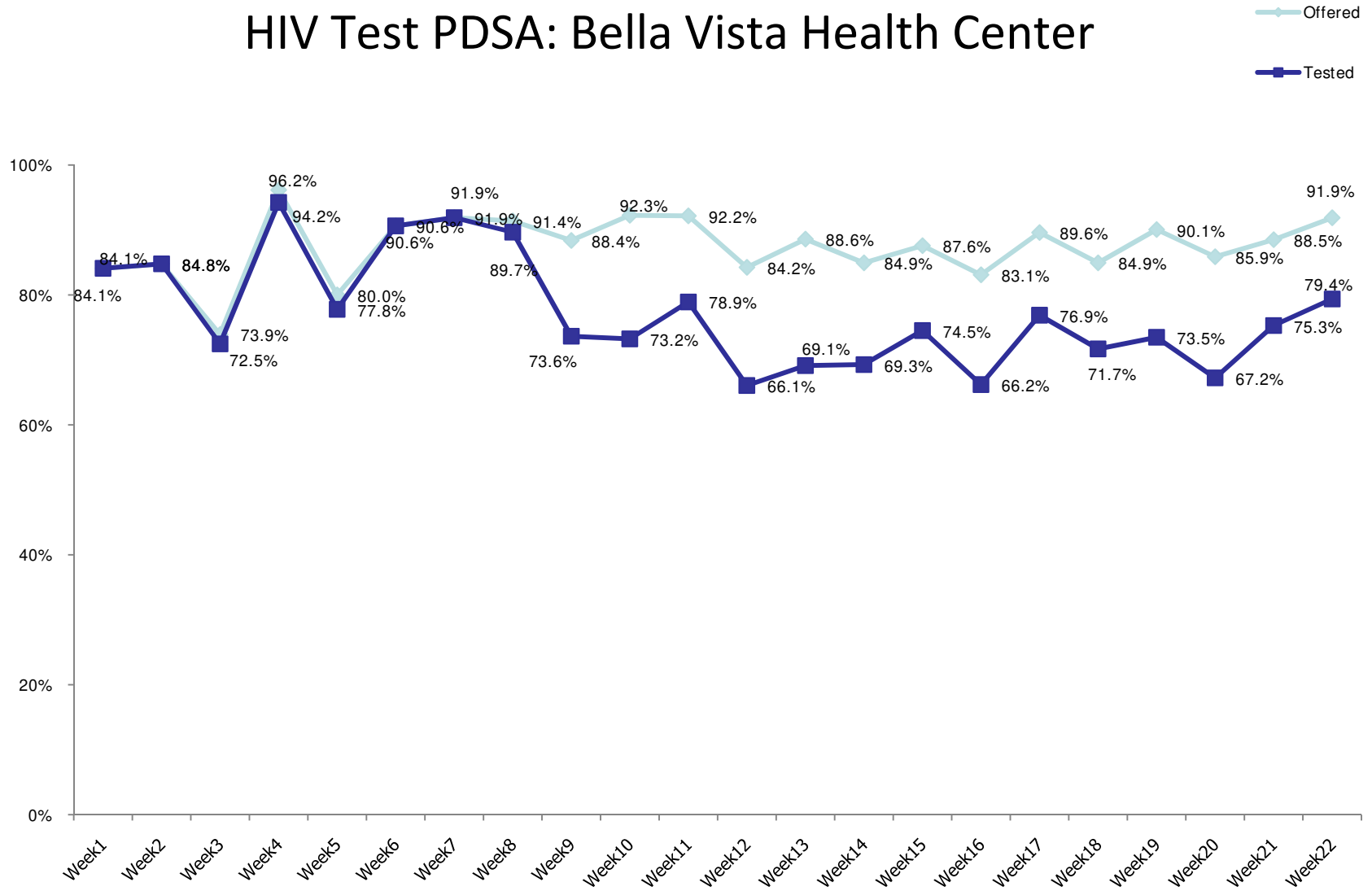


HIV Test PDSA: ENSJ Adult Medicine Department

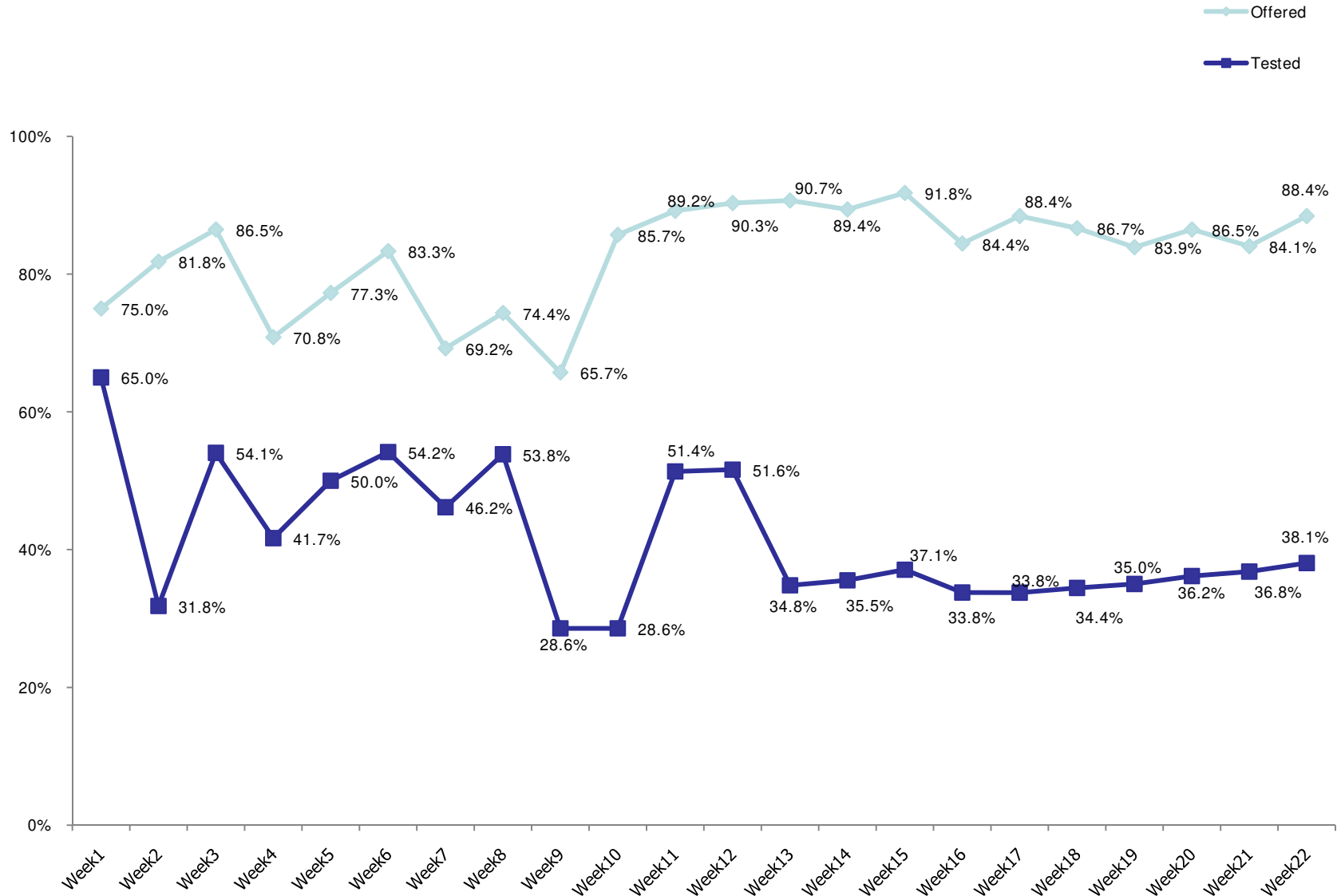
Offered
Tested



HIV Test PDSA: Bella Vista Health Center

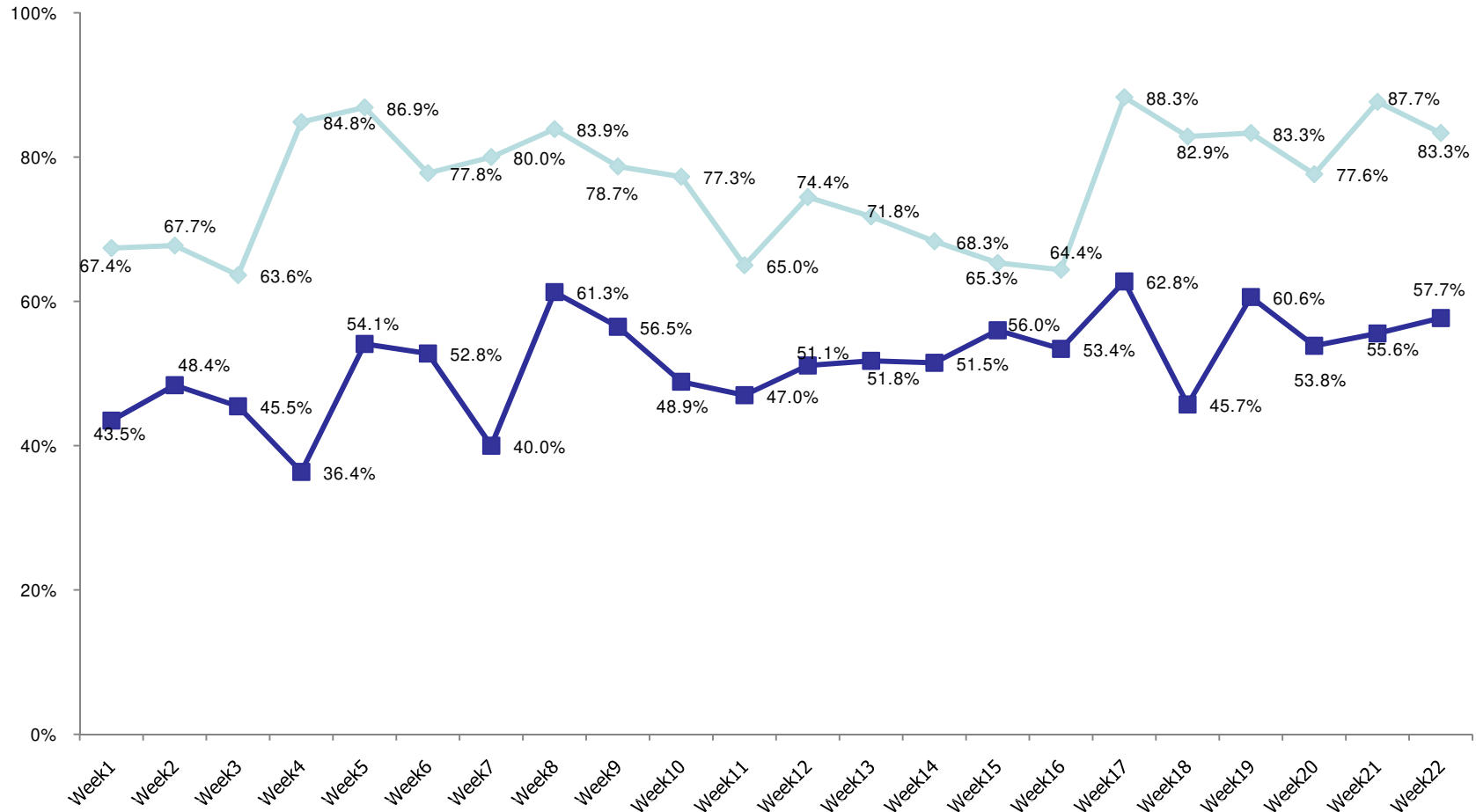


HIV Test PDSA: Plaza Del Sol Health Center



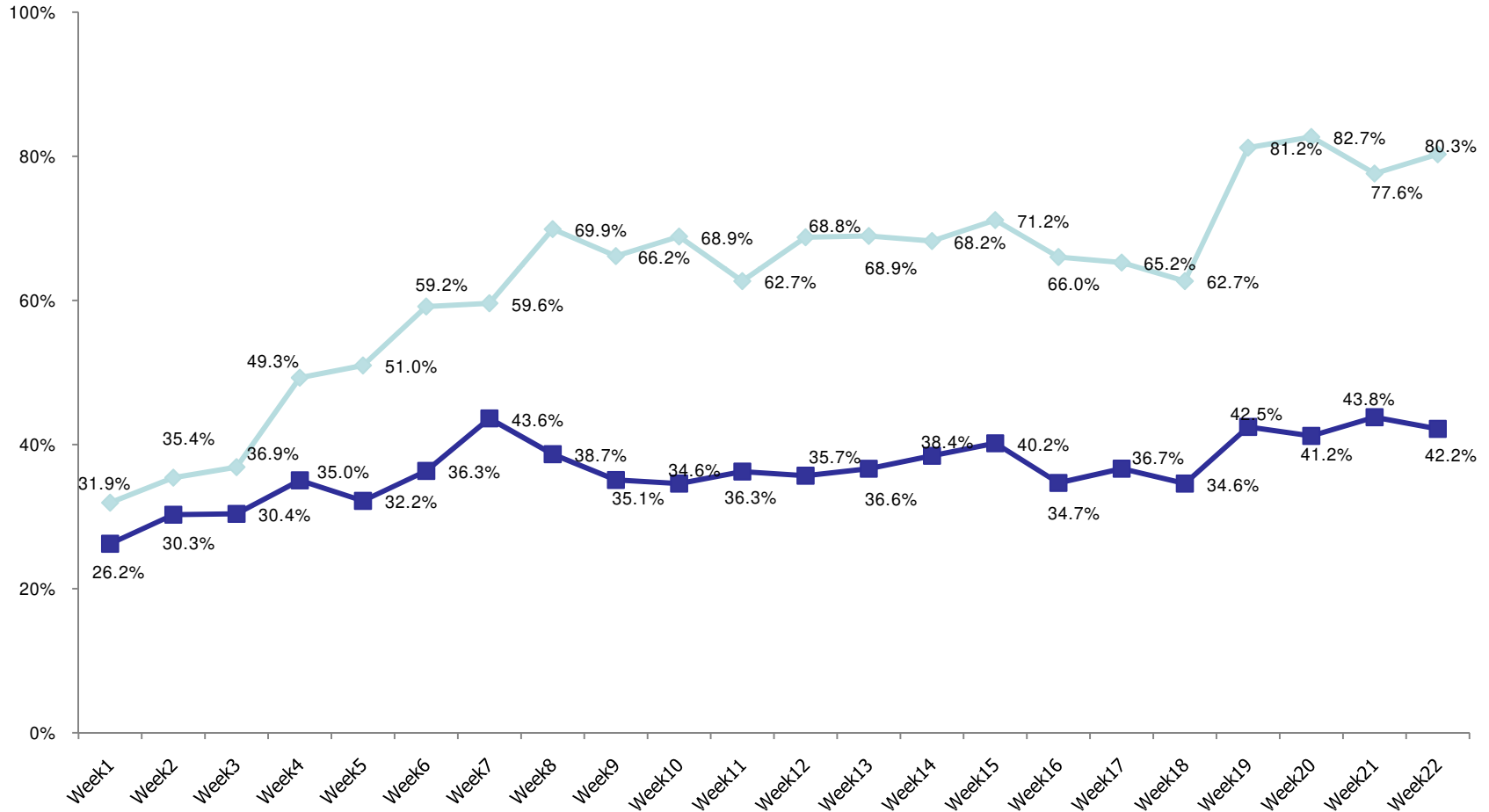
HIV Test PDSA: Plaza Del Castillo Health Center

Offered
Tested



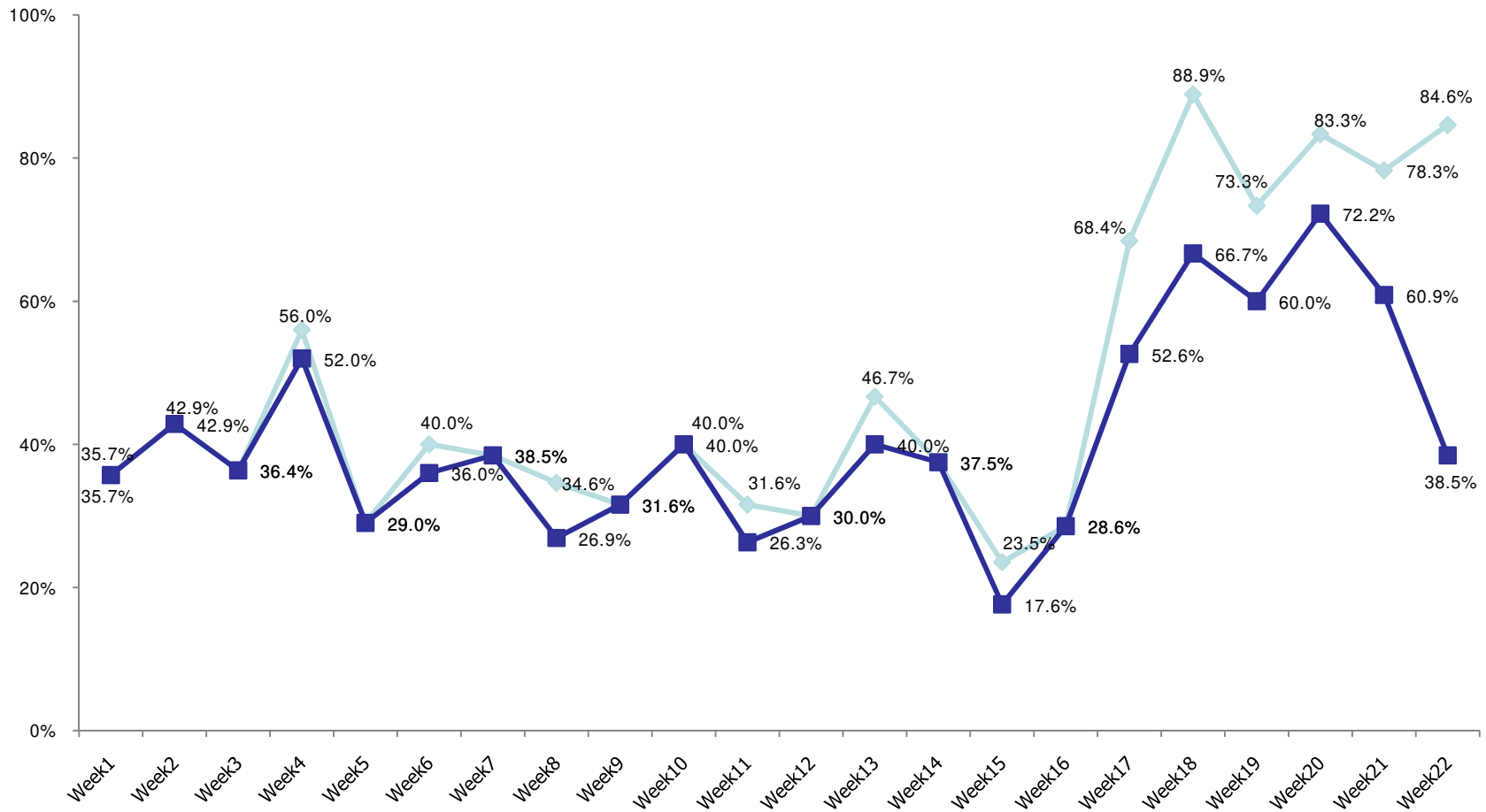
HIV Test PDSA: ENSJ Walk-In Clinic

Offered
Tested



HIV Test PDSA: ENSJ Adolescent Clinic

Offered
Tested



Respond to Provider and Medical Assistant Feedback

- Openly discuss challenges in implementing routine testing
- Minimize clicks and new screens in EMR
- Reinforce where those fields are in the EMR
- Provide accurate feedback data
- Provide training on giving a positive test result
- Provide support for positive patients (LMSW, Case manager, HIV Testing Coordinator)

Provider/MD Feedback

- The HIV Focus team presented a coherent, well-organized approach to introduce the protocol to providers and staff on a gradual basis. It was very helpful to see weekly data of individual departments' (and providers') offer and testing rates, in order to chart progress and identify areas for improvement.

MEDICAL ASSISTANT FEEDBACK :

I believe that having providers order the HIV for pts and having them go to the lab directly is a faster process than having the pt go to the HIV counselor and have them go through a whole process to get tested and getting their results.

Pt's themselves have stated that its much faster and easier for them to have the provider order it for them. Having the 7 key facts to help explain to the pts what HIV is and what their rights are was extremely helpful and beneficial to the pts. I believe that having it done this way is a better way of having all pts tested rather than having to refer them to a counselor where many pts sometimes don't want to wait after having to had wait to see their provider.

- (MA, GYN Team)

Having the providers order the HIV test for patients will be more suitable not only for providers but for the patients as well. Patients tend to leave without seeing the HIV counselor to get tested because they refuse to keep waiting. I believe by having the providers order it; the process will be much quicker.

-(MA, GYN Team)

Provider Best Practices

Physicians Assistant-Walk-in Department ENSJ

“When I see Patients I inform them, that we are offering all patients an HIV test. I also let them know that it is important to get tested once a year when you get a physical just so you know your status and since you are getting tested for things today why not add the HIV test.” Provider states that she does her best in convincing her patients to get test because she knows how important it is.

Physician Assistant-Satellite Health Center

“Provider offers HIV testing to all her patients that are sexually active or engage in injection drug use. The provider states that she would inform her patient that it is important to get tested and know your HIV status especially if you are having unsafe sex. The provider also states that many of her patients who refuse would like to be tested on a future date and would make a note to remind herself to offer the test to the patient.

UHP Summary of Qualitative Progress

- Expert panel formed to support project planning:
 - Test and tweak proposed flow
 - Develop internal protocols and policies
 - Identified provider champions and accompanying HIV FOCUS clinic teams
 - Provider champions (PC) given opportunity to review and modify protocols
- NYSDOH expert on HIV testing legislation engaged to provide training, review, and advise on clinic flow/compliance
- EMR templates updated to support proposed flow
- Weekly learning collaborative meetings convened May 2011

UHP Summary of Qualitative Progress

- Using PDSA cycles, PC and their teams test the new process with their patients;
 - Intensified reach weekly
 - Progress charted, reported and discussed at weekly meetings; modifications to process made as needed
- Teams permitted to spread process to other selected providers with cumulative goal of all providers coming on board
- Communication/Dissemination
 - 2 accepted abstracts (USCA & CHCANYS)
 - Through research grant, plan to work with Albert Einstein School of Medicine to evaluate
 - New York City Research Improvement and Networking Group-NYC RING storyboard and abstract

Lessons Learned-HIV Focus

- Benefit of pre-work by expert panel
- Piloting the process prior to full scale implementation proved to be invaluable
- Providers will always question the data; be prepared to assure data accuracy or program will not progress
- Providers need to be part of the planning and development process

Challenges

- Initially too many different screens and clicks in EMR required for routine screening
- EMR fields for HIV test ordered, HIV test refusal, and reason for refusal moved around several times during PDSA testing.
- Some Medical Assistants not comfortable asking patients about HIV testing (new role)
- Discomfort among some providers in giving a positive result
- Overhaul of the counselor model

Next Steps

- Complete Spread to Adolescents and Prenatal
- Integrate HIV Testing Training within the Learning Center
- Align Routine Testing with Provider Pay for Performance
- Develop Incentive Program for Medical Assistants aligned with Routine HIV Test offer
- Continue Provider Training: Giving a Positive Result, Use Case Studies etc.
- Analyze Provider Differences in Test Acceptance Rates and Spread Lessons Learned
- Determine Innovative Ways to Increase Patients Receipt of Negative Results
- Continue to Monitor and Improve Offer and Testing rates
- Finalize Policies and Procedures
- Add Routine Testing Measures to Clinical Dashboard

Review:

Implementing a Learning Collaborative

- Choose a Topic
- Form an Expert Panel
- Determine Team, Population of Focus and Measures
- Obtain Baseline Data on Measures-Assure Accuracy
- Have Senior Leaders Kick Off the Team
- Assure Weekly Team Meetings
- Share Data Weekly
- Monitor and Celebrate Progress!
- Spread when Success is Sustained
- Obtain Final Approval of Policies
- Document Final Change Package (Next Slide)

Community

Resources and Policies

- NYS DOH
- NYC DOHMH
- Bronx Knows Initiative

Health System

Organization of Health Care

- Strong Senior Leader Support
- Form an Expert Panel & Consult with External Expert
- Obtain Grant to Support the Project
- Resources: Provider attend Team meetings and Learning Sessions
- MIS Support-Creating Reports to generate HIV Test Measures Data

Self-Management Support

- Seven Key Points of Information
- Provider Engages Pt in Self Management-Important of Testing

Delivery System Design

- Medical Assistant Provides the seven key facts of information & offers HIV Testing as part of routine visit for patients 13-64 years of age
- Provider confirms patient wants the HIV Test & orders the HIV test if patient agrees
- Recall patient with positive result.
- Provider (with Social Worker & CM support) provides positive result to patient.
- Patient returns for HIV negative result at next scheduled visit
- Policies and Procedures are written and approved

Decision Support

- Training provided by expert on the new NYS HIV Testing Legislation
- Training provided by expert on how to give a positive HIV Test Result
- Case managers in training on HIV 101
- Decision Alert in the EHR reminds Medical Assistant that HIV testing has not been offered
- After HIV Test offer, Decision Support Alert is suppressed

Clinical Information Systems

- Data captured via electronic health record
- MIS generated weekly graphs for providers on HIV Offer and Testing rates



Conducting a PDSA

PDSA (Plan, Do Study, Act)

- Model for improvement developed by the Institute for Healthcare Improvement
- Trial and learning model to discover what is an effective and efficient way to change a process
- Based on three questions:
 - What are we trying to accomplish?
 - How will we know that a change is an improvement?
 - What change can we make that will result in an improvement?
- Cycles are short and quick
- Tested on a small population

P - PLAN

- Always written in future tense
- Be very specific
- State the problem or objective (why are you testing a change)
- Plan for the change
 - What are we testing?
 - Who are we testing the change on?
 - When are we testing?
 - Where are we testing?
 - How are we going to test the change?

D - DO

- Always written in past tense
- Carry out the plan and indicate who did what, when, where and how
- Collect the data and document it
- What was actually tested?
- Was the test carried out as planned?
- What happened?
- Did anything unexpected happen?
- What were your observations
- What problems (if any) did you encounter?

S - STUDY

- A complete analysis of the data
- What did you learn or find from the data you collected?
- Compare your data to your prediction. Was your prediction correct? If not, why not?
- What effect did the change have on the process, patients and staff?
- State whether the problem stated in the plan was solved

A - ACT

- Always written in future tense
- What is the next logical step based on the P,D & S?
- What changes (if any) should be made before the next cycle?
- What will the next test be?
- Resolve any problems
- Re-evaluate successes in a few weeks or months
- The ACT from cycle 1 becomes the PLAN for cycle 2

Lessons Learned in Quality Improvement

- This system of care truly works.
- You must be willing to be creative in terms of financial and human resource strategies.
- Team work and morale improve:
"Coming together is a beginning. Keeping together is progress. Working together is success."
- Passion + Commitment + Structure = Excellence in Practice
- Leadership is the KEY

Where We Are

- National Recognition
- Institute for the Advancement of Community Health
- Learning Center
- Department of Health Education
- Development of Telephone/ Case Managers
- Transformation of our Organization

How We Made It Happen

ORGANIZATIONAL COMMITMENT.....

- Committed Board and Senior Leadership
- Organizational Alignment
- Commitment of Time and Resources

FINANCIAL AND HUMAN RESOURCE STRATEGY....

- Secured funding for Consultant
- HRSA support for Registry Coordinator
- Fundraising Strategy that worked
- Student Internships
- Improve use of Medical Assistants
- Strategic Community Partnerships
- Hired Quality Management Coordinator

MESSAGE

YOU CAN help eliminate health care disparities.

YOU ARE making a real difference in the lives of our communities



*Energy and Persistence Conquer All
Things*

-Benjamin Franklin

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