

Using EHRs to drive quality improvement: An innovative partnership between FQHCs and the NYC DOHMH to assure screening for HIV, HCV and STIs

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Program Collaboration & Service Integration
HIV, Viral Hepatitis, STD & TB • Division of Disease Control
NYC Department of Health and Mental Hygiene



Disclosure

Presenters in a position to control content relevant to this session has disclosed the following relevant financial relationships:

- Gilead Sciences, Inc. provided support to NYC DOHMH

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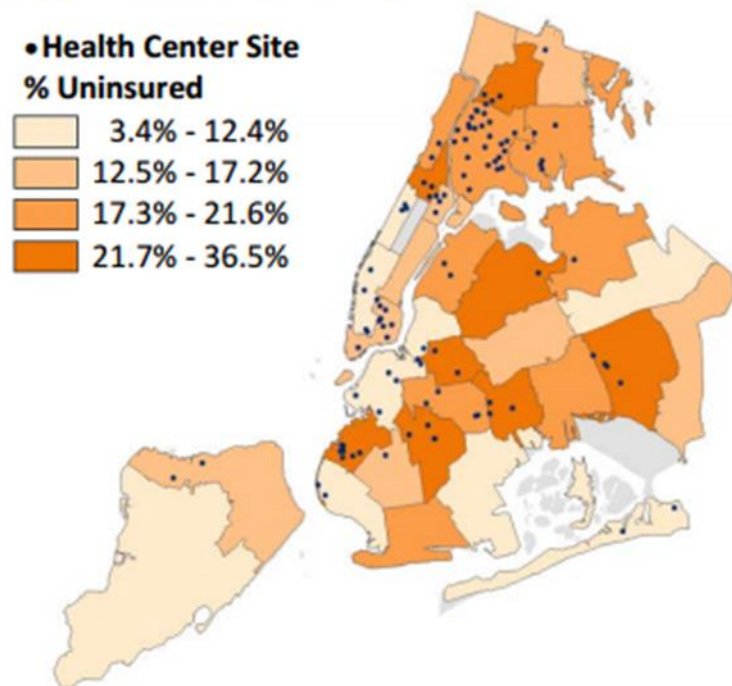
Primary care & public health integration



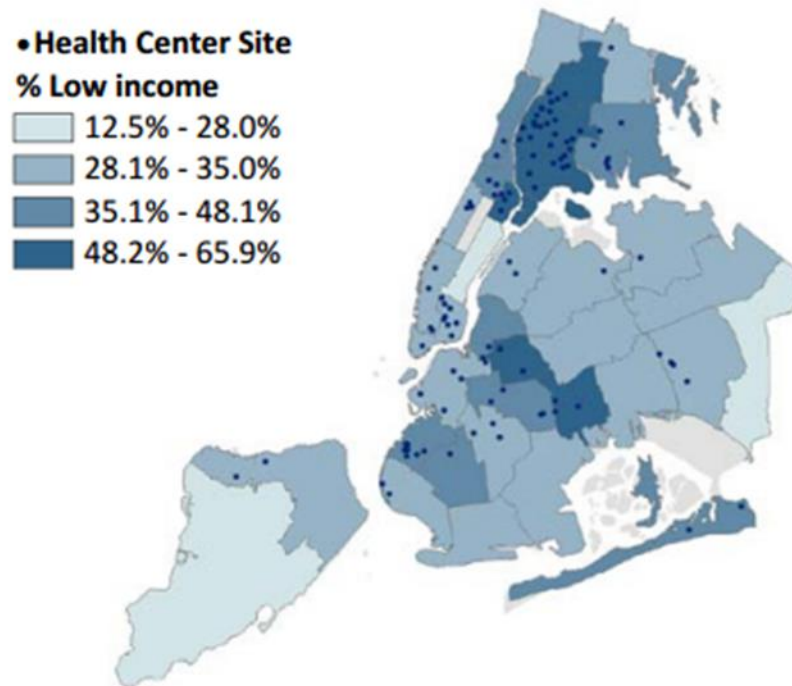
<http://www.iom.edu/Reports/2012/Primary-Care-and-Public-Health.aspx>

FQHCs in NYC

Health center sites providing primary care services to the general public (2013) and % uninsured adults by New York City neighborhood (2011)



Health center sites providing primary care services to the general public (2013) and % low-income residents by New York City neighborhood (2011)



The United Hospital Fund classifies NYC into 42 neighborhoods, comprised of contiguous zip codes, several of which were combined to create the 34 neighborhoods represented above.

Low-income is defined as <200% of the federal poverty level.

Health center sites providing primary care services to the general public excludes sites serving special populations (e.g., homeless), at special locations (e.g., schools, adult homes) or providing limited services (e.g., dental or mental health but no medical care).

Sources: HRSA Health Center Site Directory 2013, Community Health Survey 2011 (% uninsured adult), UDS Mapper 2011 (% low-income residents)

Measures of interest

HIV

- Routinize screening for 13-64 yr olds

N.Y. Public Health Law § 2786
CDC & USPSTF A recommendation

Hepatitis C (HCV)

- Routinize screening for patients born 1945-1965
- Increase screening for HIV+ patients

N.Y. Pub. Health Law § 2171
CDC & USPSTF B recommendation
CDC recommendation

Gonorrhea (GC)

- Improve adherence to treatment guidelines
- Increase extragenital screening for men who have sex with men




CDC recommendation
CDC recommendation

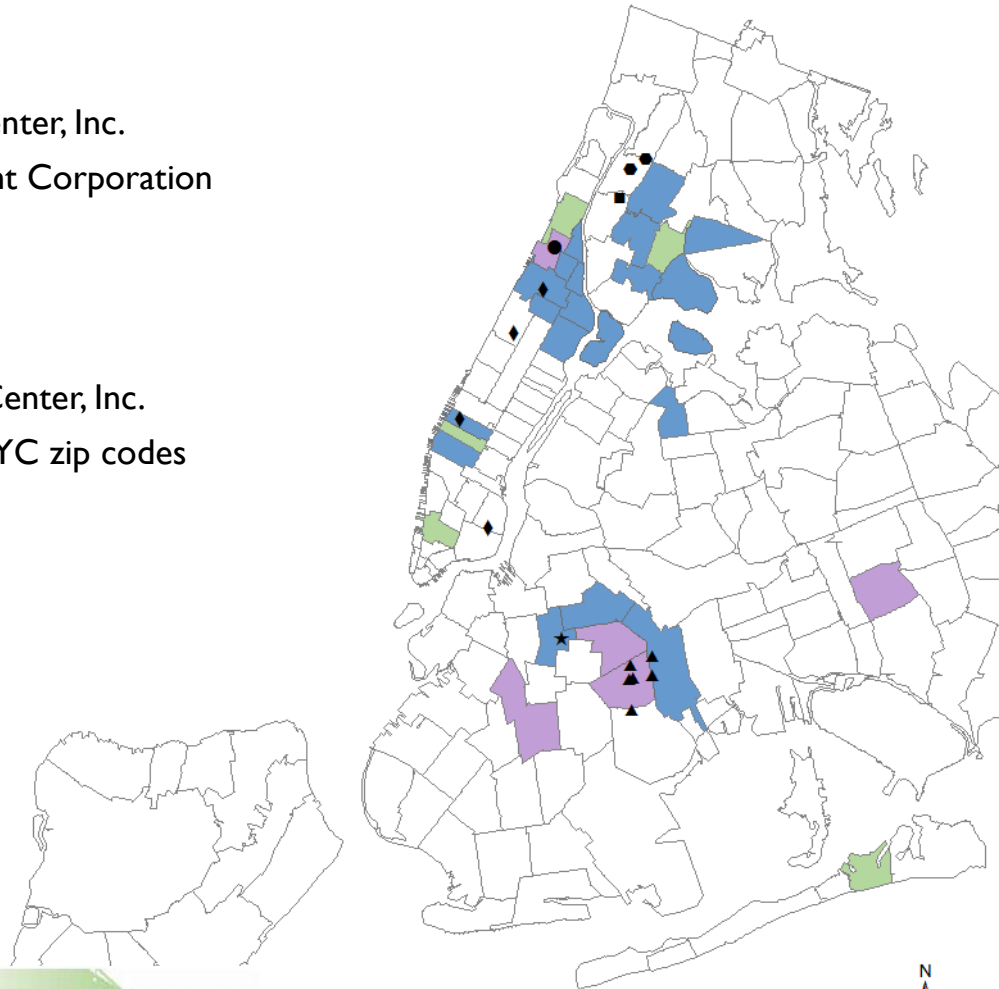
Disease rates per 100,000 in the top 20% of all NYC zip codes and FQHC partner sites

Partner FQHC Organizations

- ^ Bedford Stuyvesant Family Health Center, Inc.
- # Brownsville Community Development Corporation
- " HELP/PSI, Inc.
- ! Heritage Health and Housing, Inc.
- % Morris Heights Health Center, Inc.
- X William F. Ryan Community Health Center, Inc.

Co-occurring rates in the top 20% of all NYC zip codes

-  HIV and HCV
-  HIV and GC
-  HIV, HCV and GC



Source: 2010 HIV, hepatitis C and gonorrhea surveillance data, NYC DOHMH Bureau of HIV/AIDS Prevention and Control, Bureau of Communicable Diseases and Bureau of STD Control

Recruitment



Pilot Program - Strengthening Sexual Health Screening at Community Health Centers in NYC

Effective September 1, 2010, New York State law requires

health care providers to offer voluntary HIV testing to all patients ages 13 to 64 in primary care settings with... [read more >>](#)



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas Farley, MD MPH
Commissioner



Program Collaboration & Service Integration
HIV, Viral Hepatitis, STD & TB • Division of Disease Control
NYC Department of Health

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February 12, 2013

Dear Colleague:

The New York City Department of Health and Mental Hygiene (DOHMH) is soliciting Federally Qualified Health Centers (FQHCs) to meet the state law effective September 1, 2010, New York State law requires voluntary HIV testing to all patients ages 13 to 64 in selected exceptions.

apply visit

Four Pillars of Routine Screening

1

Institutional policy change reflecting a multi-level, organization-wide commitment to implement routine HIV screening and diagnosis

2

Integrated HIV screening processes to promote normalization and sustainability of HIV testing with other diagnostic and care services

3

Electronic health records that prompt physicians to offer HIV testing, and better track patient uptake of screening services

4

Staff education and training on best practices in the provision of HIV screening

Partnership model

1. Initial assessment
2. Develop and implement project plans
 - Provider and staff education

Training & education

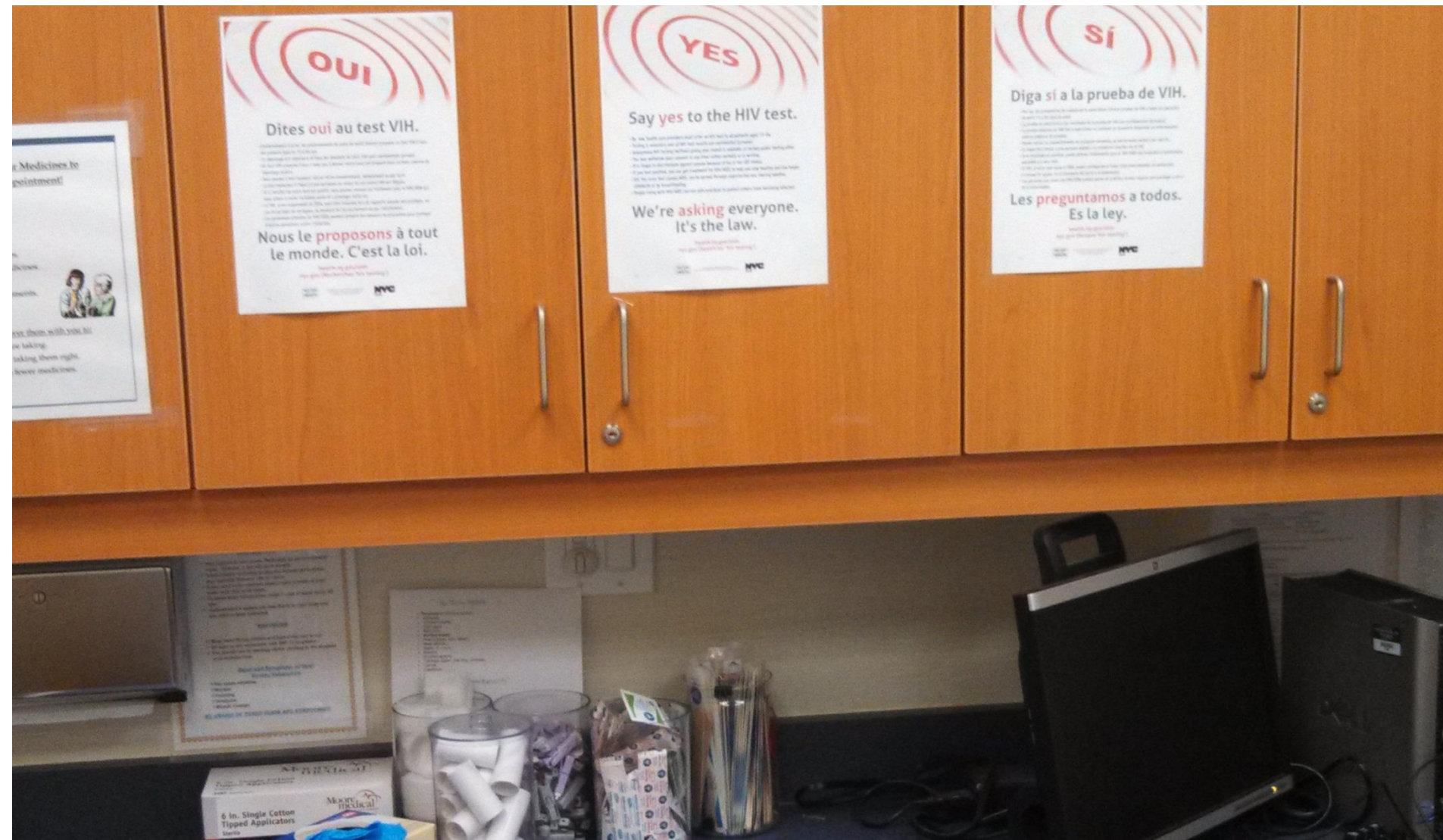
Strengthening Sexual Health Screening Current Trainings on HIV, STDs, and Hepatitis C

Grand Rounds				
On-site grand rounds for medical providers and relevant staff				
Title	Target Audience	Length	Other information	Interest and Month
HIV Offer Law	Medical providers and relevant staff	1-2 hours	This is a required training - please contact us to schedule	X [month]
HIV Testing Technologies (can be combined with law and consent presentation)	Medical providers and relevant staff	1 hour		
HIV Billing and Coding	Billing and coding staff	1-3 hours		
NYC HIV Partner Services	Providers who test or care for HIV infected patients	1 hour		
Customized grand rounds on HIV-related topic		1-3 hours	Please contact us for customized training	
The 2010 CDC STD Treatment Guidelines - Current Recommendations on STD Diagnosis & Management	Medical providers and relevant staff	1-3 hours		
Overview of Sexually Transmitted Diseases	Medical providers and relevant staff	1-3 hours		
Overview of Sexually Transmitted Infections - Focus on Adolescents	Medical providers and relevant staff	1-3 hours		
Chlamydia and Gonorrhea Infection	Medical providers and relevant staff	1-3 hours		
Emerging Antibiotic Resistance and GC Infection	Medical providers and relevant staff	1-3 hours		
A Review of the Diagnosis and Clinical Management of Syphilis Infection	Medical providers and relevant staff	1-3 hours		
Herpes Simplex Virus	Medical providers and relevant staff	1-3 hours		
Vaccine Preventable STDs – HPV, Hepatitis A and Hepatitis B	Medical providers and relevant staff	1-3 hours		
Neonatal Herpes: Epidemiology, Diagnosis, and Management	Medical providers and relevant staff	1-3 hours		
Expedited Partner Therapy	Medical providers and relevant staff	1-3 hours		
Sexual History Taking	Medical providers and relevant staff	1-3 hours		
Epidemiology of STDs in New York City	Medical providers and relevant staff	1-3 hours		
STD Screening in HIV+ persons	Medical providers and relevant staff	1-3 hours		
Customized grand rounds on STD-related topic				
Hepatitis C Testing and Clinical Management	Medical providers and relevant staff			
Psychosocial Readiness Evaluation to Prepare for Hep C Treatment	Medical providers and relevant staff			

Partnership model

1. Initial assessment
2. Develop and implement project plans
 - Provider and staff education
 - Quality improvements strategies
 - Revising protocols or processes
 - Clinic workflow changes
 - Improve feedback loop

Make screening routine



Partnership model

1. Initial assessment
2. Develop and implement project plans
 - Provider and staff education
 - Quality improvements strategies
 - Revising protocols or processes
 - Clinic workflow changes
 - Improve feedback loop
 - Identify EHR enhancements to improve documentation and use EHR data to measure performance

EHRs

Social History Notes

Free-form | **Structured**

HIV Testing Clear All

Name	Value	Notes
<input type="checkbox"/> HIV Testing Offered	No	X
<input type="checkbox"/> HIV Testing Done	No	X

Custom Close

New patient Established patient
Specialty Template Set

Visit Type
Historian
Interpreter/Language Letters
Alerts
Advance Directives
HIV Test Offered
 Accepted Declined

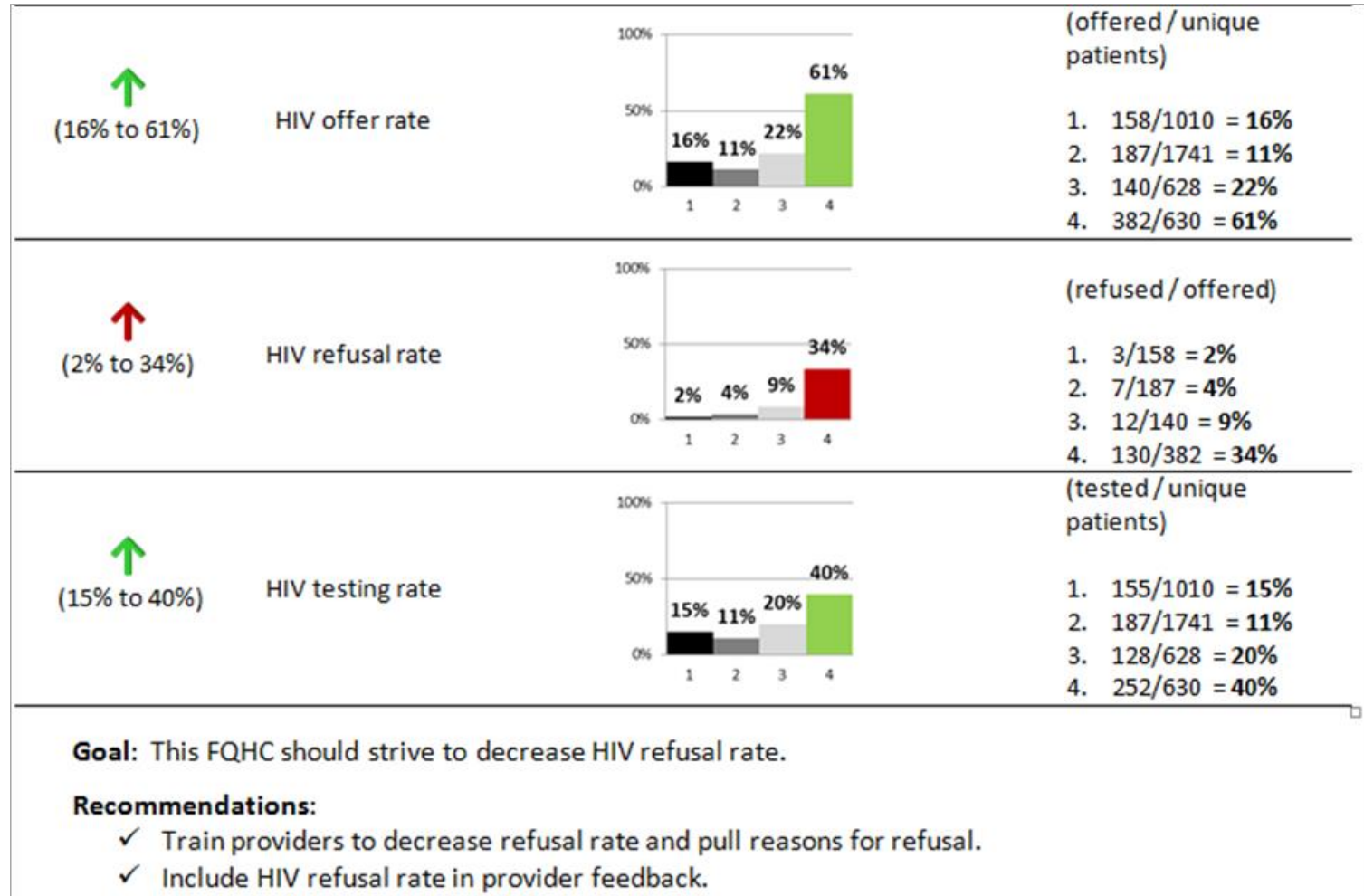
Chart Update Reasons should be captured in the "Chart Update" Pop-up.
No-Show Comments should be captured in the "No-Show" pop-up.

Vision Screening / Hearing Screening
Quick Visits
Req for MU->Tobacco Usage Last

Partnership model

1. Initial assessment
2. Develop and implement project plans
3. Track performance indicators

Track performance indicators



Partnership model

1. Initial assessment
2. Develop and implement project plans
3. Track performance indicators
4. Provide technical assistance
5. Provide opportunities to share best practices

Peer-to-peer learning



HIV results

- 86% (12/14) of clinics improved HIV offer rate and 79% (11/14) of clinics improved HIV testing rate
- Percentage of patients offered HIV testing increased from 26% to 56%
- Percentage of patients tested for HIV increased from 25% to 38%

- Baseline: April-June 2013
- Follow up: April-June 2014

HELP/PSI's Experience

HELP/PSI Background

- HELP/PSI, a nonprofit 501(c)3, is a person-centered, comprehensive, health-and-wellness organization serving approximately 13,000 New Yorkers annually
 - Six unique programs within 13 different sites throughout the Bronx, Brooklyn, Manhattan, and Queens including:
 - Primary Care, Mental Health, Dental Care, Health Home, Adult Day Healthcare, Residential Healthcare and Outreach.

HELP/PSI Population

- Inwood Clinic in the So. Bronx

INWOOD PC - 2013				
Total Unique Patients	Total PC Visits	Total Male	Total Female	Average Age
4,738	23,367	3,079	1,659	44.1

INWOOD PC - 2014				
Total Unique Patients	Total PC Visits	Total Male	Total Female	Average Age
4,839	19,330	3,062	1,777	43.8

Who we test?

- We test all patients who seeks services at our primary care facilities. This includes:
 - Homeless individuals
 - Populations living in medically underserved areas
 - Low income individuals
 - Patients with multiple chronic disease conditions
 - Individuals dealing with substance abuse issues
 - Individuals dealing with behavioral health issues

Gonorrhea

- Providers were not consistently identifying appropriate STD testing risk factors for MSM
- There was variation in practice for STD testing
- Documentation of risk factors was not consistent

Change lab process

- Work with lab to use correct swab and lab code
 - For extra-genital testing, there were barriers with testing/specimen results
 - Collection issues resolved
 - Lab issues resolved after lab rep provided training on correct lab in EHR

EHR changes

- Previously used Sexual History Smart Form
- Implement new sexual history template

EHR Before

Pt. Info Encounter Physical

HELP / PCSI Inwood Primary Care Clinic
1543 Inwood Avenue
Bronx NY 104522001
Ph: 855-681-8700 Fax:718-299-1420

Sexual History

Name: Gender: Date:

Had sex in the past 12 months(vaginal,oral or anal)

Yes
 No

Use protection?

Yes
 No

Have you ever had an STD?

Yes
 No

LMP:

Name:

Had sex in the past 12 months(vaginal,oral or anal)

Yes
 No

Use protection?

Yes
 No

Have you ever had an STD?

Yes
 No

LMP:

EHR After

Social History Notes

Free-form **Structured**

Sexual History Clear All

Name	Value	Notes
<input checked="" type="checkbox"/> Sexually active?	Yes	X
<input type="checkbox"/> Date of last sexual encounter		X
<input type="checkbox"/> # male sex partners in last 3 months		
<input type="checkbox"/> # female sex partners in last 3 months		
<input type="checkbox"/> Last 3 months: Oral sex - recieve		
<input type="checkbox"/> Last 3 months: Oral sex - performs		
<input type="checkbox"/> Last 3 months: Vaginal sex		
<input type="checkbox"/> Last 3 months: Anal sex - receives		
<input type="checkbox"/> Last 3 months: Anal sex - performs		

Custom Close

Sexual History

Name	Value	Notes
<input checked="" type="checkbox"/> Sexually active?		
<input type="checkbox"/> Date of last sexual encounter		
<input type="checkbox"/> # male sex partners in last 3 months		
<input type="checkbox"/> # female sex partners in last 3 months		
<input type="checkbox"/> Last 3 months: Oral sex - recieve		
<input type="checkbox"/> Last 3 months: Oral sex - performs		
<input type="checkbox"/> Last 3 months: Vaginal sex		
<input type="checkbox"/> Last 3 months: Anal sex - receives		
<input type="checkbox"/> Last 3 months: Anal sex - performs		

Creating a population health culture

2014 Q2 PRIMARY CARE PROVIDER DASHBOARD

Reporting Entity	MU, UDS, QIP	HIVQUAL, RH, QIP	HIVQUAL, RH, QIP	MU, UDS	MU, UDS	MU, UDS	MU, UDS	MU, UDS	MU, UDS	UDS	MU, UDS	MU, UDS	MU, UDS	MU, U
	Cervical Cancer Screening	VL Suppression < 200 copies/mm ³	Retention in Care	Positive Depression Screening with MH	Adult Weight Screening and Follow up	Tobacco Assessment	Tobacco Cessation Intervention	Controlled HTN	Diabetes HbA1c >9%/not tested	Diabetes HbA1c 8%-9%	Diabetes HbA1c 7%-8%	Diabetes HbA1c <7%	Flu Vaccina	
Target Goal	61.8%	82.0%	75.0%	63.4%	53.3%	90.4%	68.6%	68.0%	25.3%	10.9%	19.0%	44.8%	41.5%	
2014 Q2 Organization Average	35.3%	63.1%	57.7%	53.4%	88.9%	97.5%	87.9%	71.4%	24.6%	8.6%	13.1%	53.7%	26.1%	
Provider	Panel Size (PCG)													
DILKIN PA, LEONID	456	38.7%	65.2%	61.7%	47.7%	81.3%	98.0%	92.1%	66.4%	21.2%	13.6%	10.6%	54.5%	27.0%
FARO FNP, MICHAEL	399	30.6%	71.4%	65.6%	42.9%	94.2%	96.4%	96.7%	74.4%	29.3%	10.3%	17.2%	43.1%	33.3%
FERRANDEZ FNP, DEBORAH	495	40.1%	62.3%	55.4%	67.4%	96.9%	100.0%	98.0%	74.4%	17.5%	10.0%	25.0%	47.5%	32.4%
GIOIOSO NP, PAOLINA	502	30.5%	57.6%	40.3%	65.5%	84.9%	99.2%	94.5%	69.2%	26.0%	8.0%	14.0%	52.0%	18.7%
HILL FNP, KERRAN	537	60.8%	60.4%	56.9%	43.6%	92.0%	97.5%	97.6%	75.8%	33.3%	1.7%	8.3%	56.7%	27.9%
HU MP, JAMES	179	19.2%	45.8%	90.6%	66.3%	88.4%	98.5%	100.0%	58.8%	30.0%	0.0%	10.0%	60.0%	5.0%
JANORAK NP, HAYDAN	554	26.8%	62.2%	51.6%	44.3%	89.7%	98.4%	95.0%	66.7%	27.1%	8.5%	10.2%	54.2%	19.3%
KYLE FNP, KATHLEEN	253	48.8%	63.9%	65.6%	58.6%	84.5%	96.3%	89.8%	74.5%	15.8%	7.9%	23.7%	52.6%	49.0%
PEREZ MD, SONIA	239	29.3%	84.1%	73.8%	33.3%	72.5%	88.1%	64.2%	72.7%	8.0%	16.0%	8.0%	68.0%	40.6%
QUINDOR FNP, REBECCA	454	25.6%	43.1%	47.2%	55.3%	95.6%	97.6%	56.7%	82.2%	31.4%	11.4%	5.7%	51.4%	17.2%

Results

- GC testing rate increased from 68% to 78%
- GC positivity rate increased from .6% to 1.1%
- GC treatment rate increased from 67% to 100%

- 1: (9/1/2012–4/30/2013)
- 2: (5/1/2013–9/30/2013)
- 3: (10/1/2013–1/31/2014)
- 4: (2/1/2014–6/30/2014)

Lessons learned

HELP/PSI

- Conducting more regular extragenital screening for STDs on MSM is crucial in identifying positive test results that otherwise would have been missed!
- Regular communication between clinical and administrative staff is critical in order to update changes in testing decisions by patients

Lessons learned, cont.

- Provider buy-in and engagement is crucial
- Score cards allows us to highlight providers and let providers share their best practices
- Data, Data, Data

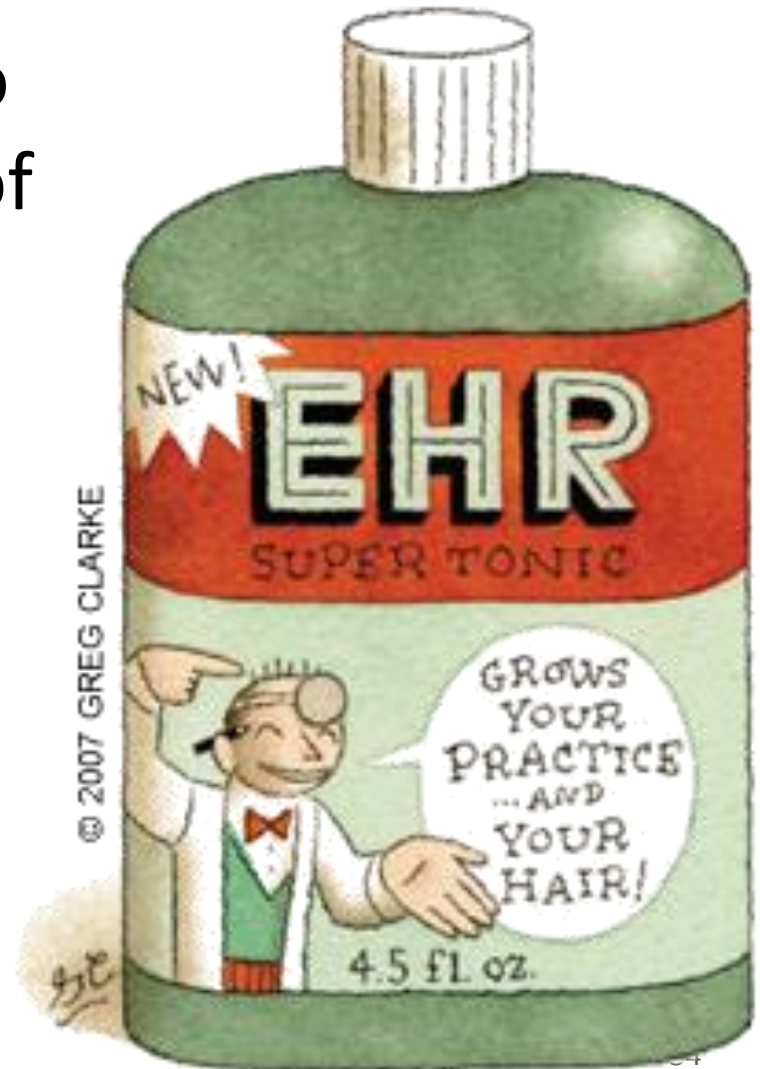
Lessons learned, cont.

Partnership

- Partnership can strengthen cooperation and systems to improve health
- Tailored approach is necessary for each FQHC, clinic, unit

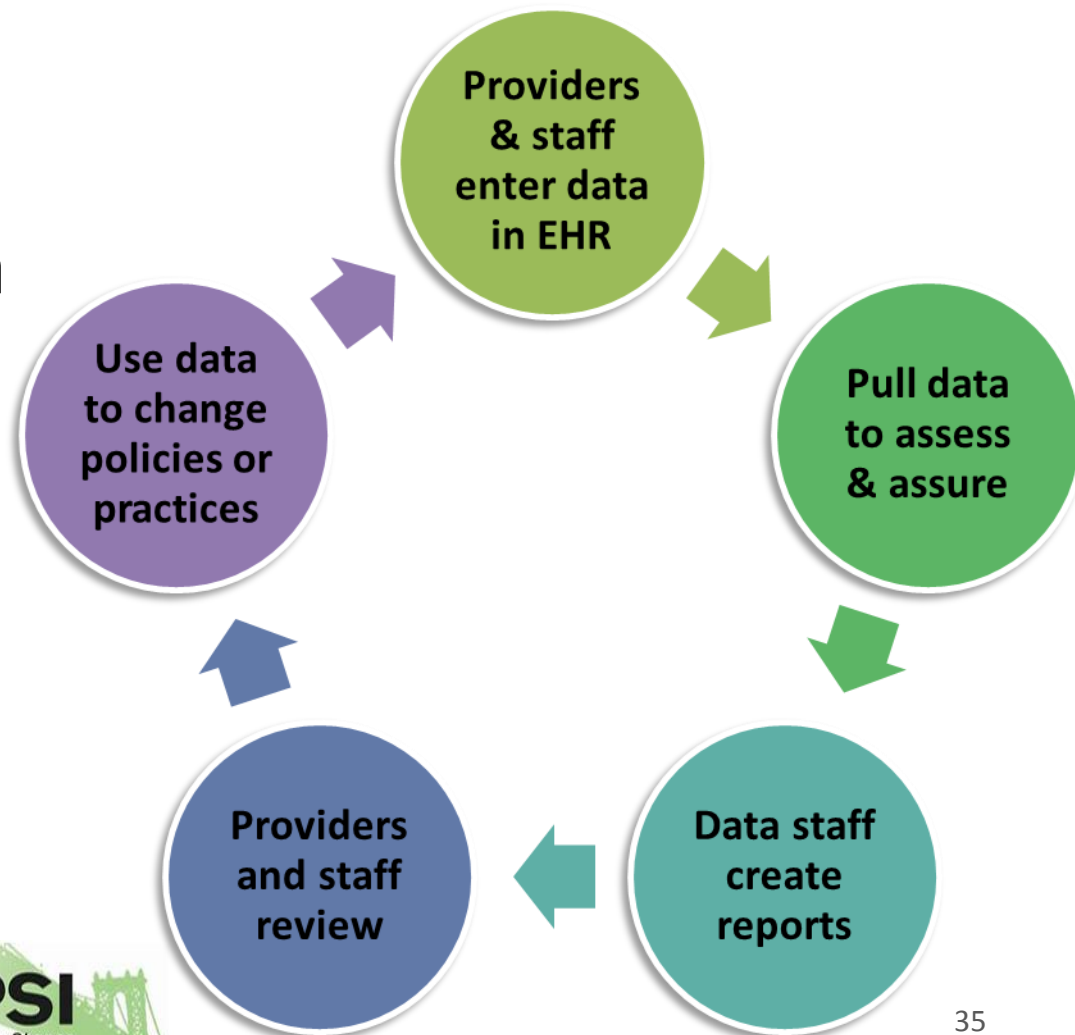
Lessons learned, cont.

- More support is needed to realize potential benefits of EHRs
- FQHCs that strengthened quality improvement infrastructure were better able to make screening routine



Next steps

- Create reports for clinic-level and provider-level data
- Sustainable data feedback loop to providers



Acknowledgements & funding

Gilead Sciences Inc., FOCUS Program

Partner FQHCs

- HELP/PSI
- Bedford Stuyvesant Family Health Center
- Brownsville Multi-Service Family Health Center
- Heritage Health and Housing
- Morris Heights Health Center
- William F. Ryan Community Health Center

NYC DOHMH team

- Jennifer Fuld, Director of PCSI
- Benjamin Tsoi, Director of HIV Diagnostics
- Kate Washburn, STD Special Assistant to Assistant Commissioner
- Laura Jacobson, PCIP HUB Manager
- Fabienne Laraque, Viral Hepatitis Medical Advisor

An aerial, grayscale photograph of a city skyline, likely New York City, featuring numerous skyscrapers and a prominent bridge with a distinctive arch design. The image is faded and serves as a background for the text.

Contact Information

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Moving towards integration

