Partnerships for Care

Electronic Health Records, Session #4, Community of Practice

Presenter: **LuAnn K. Kimker, RN MSN**
28 June 2016

Community of Practice Webinars for Partnership for Care (P4C) Projects

Webinar 4:

Leveraging Information Systems and Technology to Strengthen Care Coordination and Patient Engagement
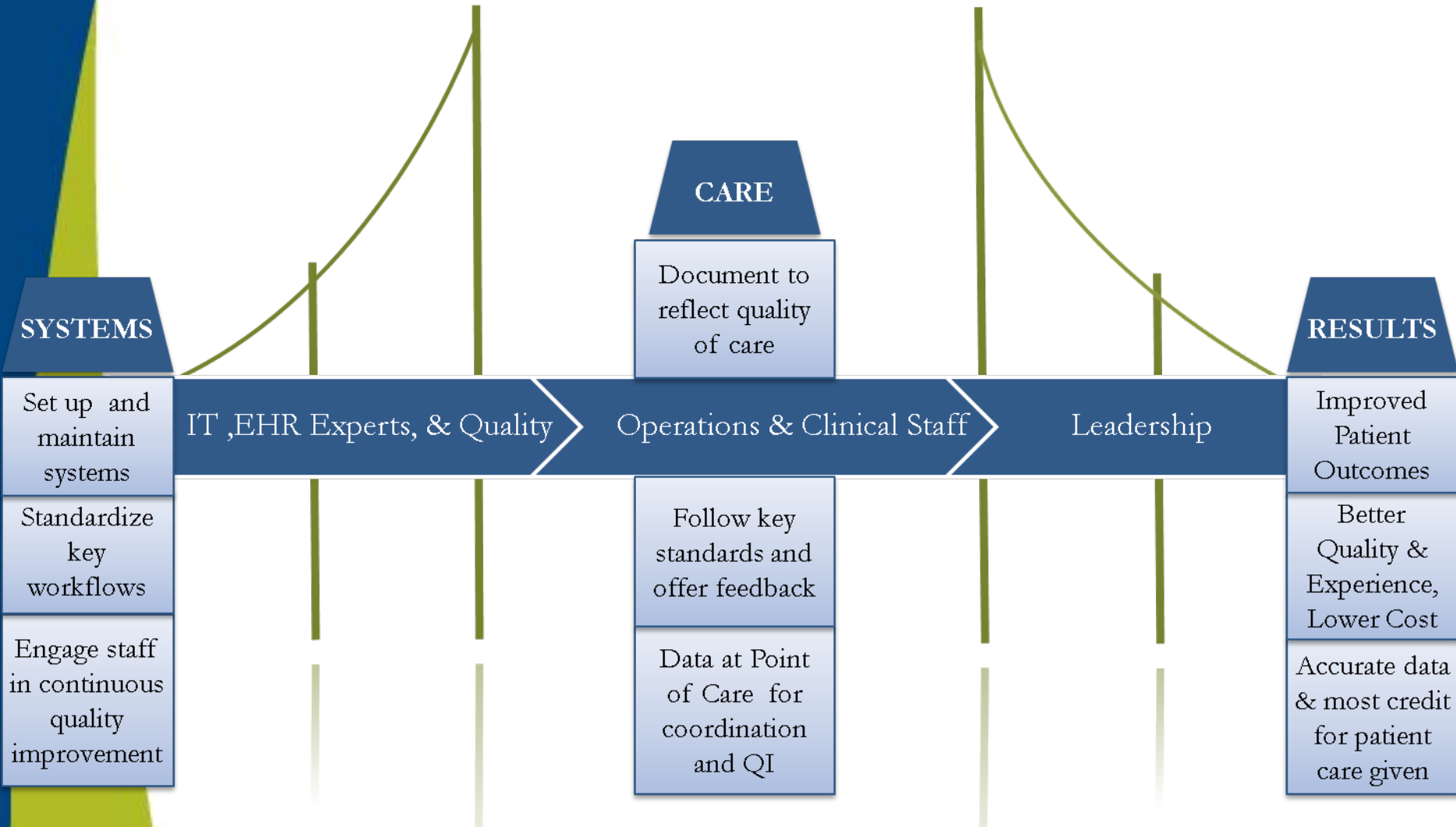
Massachusetts League
of Community Health Centers

Background

Partnerships for Care (P4C)

- Expand the provision of HIV prevention and care services within communities most impacted by HIV and better serve people living with HIV (PLWH), especially racial/ethnic minorities.

- Improve collaboration and leverage expertise among HRSA-funded health centers and CDC-funded state health departments.

- Support health center workforce development, infrastructure development, HIV service delivery across the HIV care continuum, and the development of sustainable partnerships with state health departments.

This funding is supported by the Affordable Care Act and the Secretary's Minority AIDS Initiative Fund.

Bridging the Quality Chasm

CARE

Document to reflect quality of care

SYSTEMS

Set up and maintain systems

Standardize key workflows

Engage staff in continuous quality improvement

IT ,EHR Experts, & Quality

Operations & Clinical Staff

Leadership

Follow key standards and offer feedback

Data at Point of Care for coordination and QI

RESULTS

Improved Patient Outcomes

Better Quality & Experience, Lower Cost

Accurate data & most credit for patient care given

HIT for Care Coordination and Engagement

- Structured data for P4C, and other programs, can be broken down into 3 phases:
    1. Screening/Diagnosis
    2. Intake
    3. Management
- How do we use the structured data and what other approaches might we integrate?
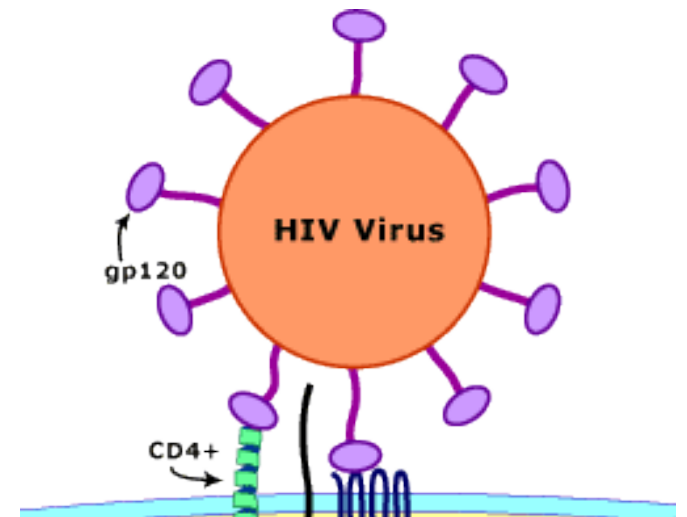
Actively **Engage Senior Management**

Create **Policies** that reflect the needs of LGBT people

Engage LGBT People in Your **Community**

Provide Staff with **Training on Culturally-Affirming** Care for LGBT People

Update Processes & **Forms to Reflect Diversity** of LGBT People and their Relationships

Collect Data on the **Sexual Orientation & Gender Identity** of Patients

Conduct **Routine Sexual Health Histories** On All Patients

Incorporate LGBT Health Care Needs in **Clinical Care & Services**

Assure **Physical Environment Welcomes** & Includes LGBT People

Recruit & Retain LGBT Staff

10

TEN THINGS:
CREATING INCLUSIVE
HEALTH CARE ENVIRONMENTS
FOR LGBT PEOPLE

NATIONAL LGBT HEALTH
EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE

July 2015

www.lgbthealtheducation.org

Gender Identity vs Sexual Orientation

Gender Identity

A person's internal sense of being man/male, woman/female, both, neither or another gender (not all are gender binary)

Transgender

Having a gender identity that is not congruent with one's sex assigned at birth

- transgender man, female-to-male, FTM
- transgender woman, male-to-female, MTF
- gender fluid
- gender variant
- gender expansive

Gender Identity vs Sexual Orientation

- heterosexual

- gay

- lesbian

- bisexual

Sexual Orientation

How a person characterizes their sexual and emotional attraction to others

Why collect info on sexual orientation & gender identity?

- Important to providing clinically relevant care

- Essential for measuring the quality and satisfaction with care experienced by LGBT individuals

- Helps communicate a welcoming atmosphere

- Questions are acceptable and understood by patients (even those who are not LGBT)

- Recommended by the Institute of Medicine, The Joint Commission and UDS

- Ability to capture this information is a new Meaningful Use requirement for electronic medical records

Standardized EHR data fields

Do you think of yourself as:
- ❑   Lesbian, gay or homosexual
- ❑   Straight or heterosexual
- ❑   Bisexual
- ❑   Something else
- ❑   Don't know

Marital Status
- ❑ Married
- ❑ Partnered
- ❑ Divorced
- ❑ Other

Ask 3 questions related to gender identity

- What is your current gender identity? (check **ALL** that apply)
  - ☐ Male
  - ☐ Female
  - ☐ Transgender Male/Trans Man/FTM
  - ☐ Transgender Female/Trans Woman/MTF
  - ☐ Gender Queer
  - ☐ Additional Category (please specify) _____

- What sex were you assigned at birth? (Check One)
  - ☐ Male
  - ☐ Female
  - ☐ Decline to Answer

- What is your preferred name and what pronouns do you prefer(e.g. he/him, she/her)?

  _____

Sausa LA, Sevelius J, Keatley J, Iniguez JR, Reyes M. Policy recommendations for inclusive data collection of trans people in HIV prevention, care and services. Center for Excellence for Transgender HIV Prevention: UCSF. 2009.

The Community Health Applied Research Network (CHARN) Study

- 4 Health Centers asked 251 patients questions about their sexual orientation and gender identity in clinical settings (2013)

47% Heterosexual

29% Gay/lesbian/homosexual

9% Bisexual

3 out of 4
said asking about **Sexual Orientation** was IMPORTANT

>80%
understood the questions and were willing to answer

4 out of 5
agreed it was important for the provider to know their **Sexual Orientation**

Using technology to promote engagement

Incorporating the right terminology and applying it to all will set the tone for the rest of the visit.

- Use structured data
  - How will you handle old data transition if collected differently in the past?
- Make data visible in EHR where staff can see and use it
- Collect registration data on patient portal
- Use tablets to collect information upon arrival
- Update any paper forms that support data entry

Actively **Engage Senior Management**

Create **Policies** that reflect the needs of LGBT people

Engage LGBT People in Your **Community**

Provide Staff with **Training on Culturally-Affirming** Care for LGBT People

Update Processes & **Forms to Reflect Diversity** of LGBT People and their Relationships

Collect Data on the **Sexual Orientation & Gender Identity** of Patients

Conduct **Routine Sexual Health Histories** On All Patients

Incorporate LGBT Health Care Needs in **Clinical Care & Services**

Assure **Physical Environment Welcomes** & Includes LGBT People

Recruit & Retain LGBT Staff

10

TEN THINGS:
CREATING INCLUSIVE
HEALTH CARE ENVIRONMENTS
FOR LGBT PEOPLE

EII NATIONAL LGBT HEALTH
EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE
July 2015

www.lgbthealtheducation.org

The majority of new HIV infections occur in MSM

New HIV infections in 2013 (1)

- ■ MSM and MSM-IDU (68%)
- ■ Heterosexual (25%)
- ■ IDU (6%)
- ■ Other (1%)
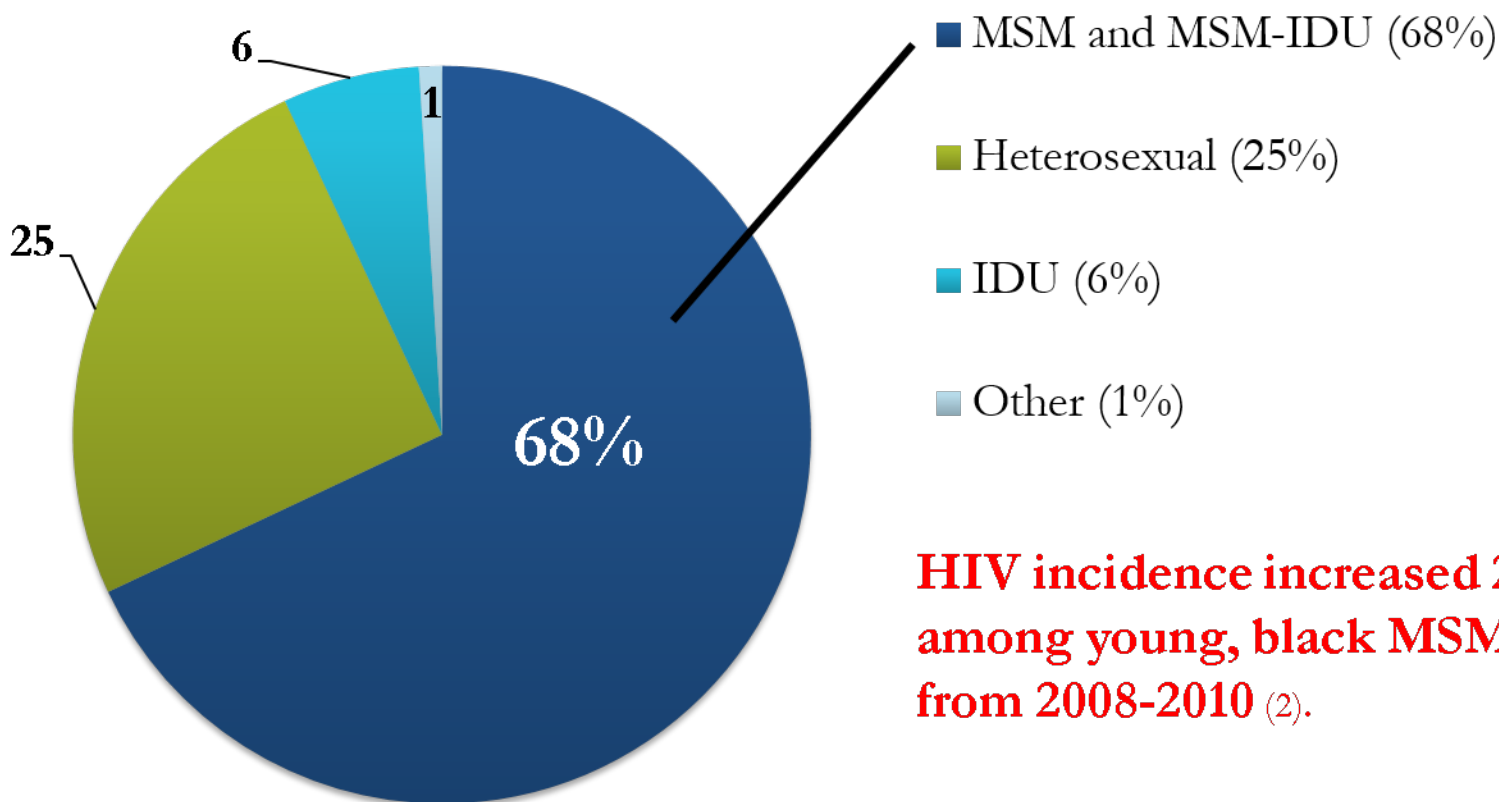
HIV incidence increased 20% among young, black MSM from 2008-2010 (2).

Footnote 1: HIV/AIDS surveillance – epidemiology of HIV infection. CDC. 2015.
Available at http://www.cdc.gov/hiv/library/slideSets/index.html
Footnote 2: HIV among gay and bisexual men. CDC. 2015.
Available at http://www.cdc.gov/hiv/group/msm/index.html

How do stigma and discrimination affect health?

- **Minority Stress Model:**
  - Stressful prejudice events
  - Everyday micro-aggressions
  - Expectations of rejection
  - Cognitive burden of negotiating "outness"
  - Internalized homo- and transphobia
- **Avoidance of health care** due to the expectation of discrimination

For many LGBT persons, LGBT- and racial/ethnic-based stigma intersect.

Frost DM, Levahot K, Meyer IH. Minority stress and physical health among sexual minority individuals. J Behav Med. 2015;38:1-8.

Populations at risk: The Burden

MSM

- Smoking
- Substance abuse
- Depression
- Limited health care access
- **Sexual assault**
- **HIV**
- **Syphilis**
- **Anal cancer**

WSW

- Smoking
- Substance abuse
- Depression
- Limited health care access
- **Sexual assault**
- **Overweight/ obesity**

Transgender

- Smoking
- Substance abuse
- Depression
- Limited health care access
- **Partner Violence**
- **HIV**

Prevalence & Impact of Trauma among PLWH

- 45% of HIV+ participants reported sexual assault after the age of 15 years.

  - **Initiating ARV** therapy and **coming out as HIV+** were more **strongly associated with PTSD** symptoms than receiving an HIV+ diagnosis.
  - A history of trauma has a strong **negative effect** on patient **adherence to ARV therapy**.
  - The HIV drugs **efavirenz** (EFV) and **zidovudine** (ZDV)have been shown to exacerbate PTSD symptoms causing some patients to **re-experience PTSD** symptoms

Reif, S., Mugavero, M., Raper, J., Theilman, N., Leserman, J., Whetten, K., and Pence, B. W. (2011). Highly stressed: Stressful and traumatic experiences among individuals with HIV/AIDS in the deep south. *AIDS Care, 23*(2), 152-162

Screening for Social Determinants of Health (SDH)

- Use PRAPARE – **P**rotocol for **R**esponding to and **A**ssessing **P**atients' **A**ssets, **R**isks and **E**xperiences
  - Greater understanding of the patient population
  - Improve ability to manage patient populations
  - Inform development of new programs/partnerships
  - Improve health outcomes
  - Control/Reduce health care spending
- Incorporate standard assessment for all patients

Patient portal collection devices

- **Create structured text, templates, forms**
- **Determine best workflow - Who and Where? How often?**
  - **Core questions in registration (collected with GI/SO)**
  - **Medical assistant, LPN, RN, Advocate, Navigator, provider**
  - **Incorporate for all patients**
- **Finding should be accessible to all of care team for input/review**
- **Build in prompts to support staff as tool to support training**
- **Use of patient portal/POC devices**

POC Screening and Planning: Visit Prep

Facilitate more efficient pre-visit planning for *preventative and chronic care, all in one report.*

- Display **only** relevant and actionable items to help teams prepare for visits.
- Display active diagnoses and relevant risk factors.
- Alerts indicate whether particular clinical parameters, labs or screenings are (a) missing, (b) overdue or (C) out of range.

Use as an efficient clinical management tool, where success on measures is a by-product of use.

- Visit planning alerts based on national standards (UDS, MU, HEDIS) and *set to the strictest standard* where conflicts exist among them.
- Focus on a single goal.

Visit Planning Report
Combines Registry & Preventative Care Alerts, by Provider, ordered by appointment, in one report.

— Cranston, Bill   2 Scheduled Appointment(s)

Export this Provider to PDF

1:25 PM | Friday, September 11, 2015   Visit Reason: **Well Child Visit**

Gomez, Jose	DOB: 11/23/2006	Gender @Birth: M Gender Identity: F	Phone: 522-113-583	PCP: Cranston, Bill
MRN: 780239	Age: 9	Risk Level: Moderate Language: Spanish		Care Manager: NA

Diagnoses	Alert	Message	Most Recent Date	Most Recent Result
Asthma, HIV	Nutritional Counseling	Missing		
	Physical Activity Counseling	Missing		
Risk Factors	BMI Percentile	Overdue	8/15/20?	
OBS	Asthma Severity	Overdue	8/15/20?	

Risk Level and/or SDH

3:45 PM | Friday, September 11, 2015   Visit Reason: **Headaches**

Perkins, Sonja (Sony)	DOB: 3/18/1962	Gender @Birth : F Gender Identity: FTM	Phone: 522-788-5001	PCP: Gunther, Eric
MRN: 5112866	Age: 53	Risk Level: High Language: English		Care Manager: Smith, Jane

Diagnoses	Alert	Message	Most Recent Date	Most Recent Result
DM, HTN, DEP, COPD	Mammogram	Missing		
	Pap Smear	Missing		
Risk Factors	A1c	Overdue	8/15/2014	10.2
SAD, SMIP	BP	Result out of Range	8/15/2014	150/95
Open referrals	Eye Exam	Missing		
	Flu	Missing		
	Tobacco Status	Missing		
	LDL	Overdue	5/15/2013	90.1
	HIV Screen	Missing		
	Hep C	Missing		

Demo Data

https://drvs.azarahealthcare.com/documentation/help/Release8PVP.swf

Leveraging IT for screening and planning

- Recognize gender identity, name and pronoun preferences
- Risk stratification
  - Include HIV as chronic condition
  - Include HIV test/overdue labs as alerts
- Eliminate templates that are specific to male/female to allow for non-discriminatory transgender care
- Provide ample access to registry and visit planning tools to encourage use
- Utilize order sets/ templates that make it easy to initiate care based on role

Using technology to improve adherence

- Referral Tracking
  - Input community resources in EHR
  - Capture internal referrals in EHR
  - Workflow – assign who will monitor and how frequently
  - Use data to assess relationships and quality of service

Referrals - Referrals

Advanced Mode | Filters | PDF | EXCEL | Report Issue | Add to Favorites

Page 1 of 117

Name	MRN	Type	Referring Provider	Referring Location	Referred To Provider	Referred To Location	Ordered Date	Scheduled Date	Obtained Date	Received Date	Completed Date
Brandes, Jeff	112345	Cardiology	Parks, R.	Sunset	Boyd, J	Park Slope	9/15/14	9/28/14	9/29/14	9/29/14	9/30/14
Brandes, Jeff	112345	Dental	Parks, R.	Sunset	Buzz, K	Dunster	9/15/14	9/25/14			
Brandes, Jeff	112345	Endocrine	Parks, R.	Sunset	Zang, L	Cables	9/15/14	9/20/14	9/20/14	9/22/14	9/22/14
Gunther, Eric	112345	BH	Sparks, K.	Ridge	Chou, R	Park Ridge	9/10/14	9/15/14	9/15/14	9/15/14	9/15/14
Smith, Robert	112345	Cardiology	Sparks, K.	Ridge	Boyd, J	Park Slope	9/06/14	9/15/14	9/15/14	9/15/14	9/15/14

Using technology to improve adherence

- Communicating with community and other providers
  - HIE
- Communicating with Patients
  - Provision of cell phones (very basic and not new)
  - Mobile Apps
    - Shared Action Planning Apps
    - Medication reminders
  - Patient Portals

How are you engaging your patients?

- How easy is your portal to use from a cell phone?
- Are you using any patient action plan apps?
- How are you addressing concerns of privacy?

Analyze performance

- Are you using the date you have available?
  - If not, why?
  - If yes, have there been any 'aha' moments
- Is it still a struggle to get the data easily?
- Are you able to trend the data and use it to inform your improvement strategies (PDSA)?

10

TEN THINGS:
CREATING INCLUSIVE
HEALTH CARE ENVIRONMENTS
FOR LGBT PEOPLE

**NATIONAL LGBT HEALTH
EDUCATION CENTER**
A PROGRAM OF THE FENWAY INSTITUTE

July 2015

Actively **Engage Senior Management**

Create **Policies** that reflect the needs of LGBT people

Engage LGBT People in Your **Community**

Provide Staff with **Training on Culturally-Affirming** Care for LGBT People

Update Processes & **Forms to Reflect Diversity** of LGBT People and their Relationships

Collect Data on the **Sexual Orientation & Gender Identity** of Patients

Conduct **Routine Sexual Health Histories** On All Patients

Incorporate LGBT Health Care Needs in **Clinical Care & Services**

Assure **Physical Environment Welcomes** & Includes LGBT People

Recruit & Retain LGBT Staff

www.lgbthealtheducation.org

Challenges to leveraging IT

- How are you engaging and or reaching out to PLWH?

- Are you using the registry?

- Are you placing and tracking community referrals?

- What technology is making it easier?

- What is making it more difficult?

- How often are you tracking the measures?

- How do you apply these principles to using technology? HIE?

Creating an Environment of Engagement

- Technology can be a really important tool to change how we provide health care – but only if we use it the right way.

- It is the unique blend of data

  - Environment in which data is gathered

  - what, who and how often the information is asked

  - how and where the data is recorded

             …..how it is accessed,
                   re-used, interpreted and applied

People will forget what you said,

People will forget what you did,

But people will never forget how you made them feel.

-Maya Anjelou

References

1. Conron KJ, et al. A population-based study of sexual orientation identity and gender differences in adult health. Am J Public Health. 2010;100:1953-1960.
2. Buchmueller T, Carpenter CS. Disparities in health insurance coverage, access, and outcomes for individuals in same-sex versus different-sex relationships, 2000-2007. Am J Public Health. 2010;100(3):489-95.
3. New HIV infections in the United States. CDC. 2012. Available from: http://www.cdc.gov/nchhstp/newsroom/docs/2012/HIV-Infections-2007-2010.pdf.
4. Gilman SE, et al. Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. Am J Public Health. 2001;91(6):933-939.
5. Reported STDs in the United States. CDC. 2014. Available from: http://www.cdc.gov/nchhstp/newsroom/docs/STD-Trends-508.pdf.
6. Landers S, Gilsanz P. The health of lesbian, gay, bisexual, and transgender (LGBT) persons in Massachusetts. Massachusetts Department of Public Health. 2009. Available from: http://www.mass.gov/eohhs/docs/dph/commissioner/lgbt-health-report.pdf.
7. Herbst JH, et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. AIDS Behav. 2008;12(1):1-17.

WE NEED YOU!
Participate as Health Center co-presenter.
Contact:
Victor Ramirez,
P4C HIV TAC Collaborative Training Coordinator
vramirez@mayatech.com

Thank you for participating in this Webinar.
We hope that you are able to find the information provided useful as you continue your P4C project. We ask that you take a few moments to complete the feedback survey you will receive when you close out of this webinar.

Thank you for participating in today's webinar

If you have any additional questions, please email us:
P4CHIVTAC@mayatech.com