

### Background

- Federally Qualified Health Centers (FQHCs) are important partners for health departments because they are:
  - Located in neighborhoods where infectious disease services are needed
  - Able to provide testing, treatment & linkage to care
- Electronic health records present an opportunity to:
  - Assist providers in identifying patients who are at risk and need testing
  - Collect data to evaluate testing practices
  - Offer feedback to providers on their testing practices
- Mapping is a useful tool to:
  - Identify priority geographic areas for integrated testing
  - Identify service providers in the target neighborhoods
  - Communicate with partners about where the burden of co-occurring disease is greatest

### Objectives

- Maximize provider use of electronic health records (EHRs) for HIV screening & other infectious diseases (Table 1)
  - Routinize HIV test offer to patients ages 13-64
  - Routinize documentation of HIV test offer through EHR
  - Increase HIV screening in clinical settings
  - Increase age-based hepatitis C screening (born 1945-1965)
  - Increase hepatitis C screening for HIV + patients
  - Increase hepatitis C RNA testing for antibody-positive patients

### Methods

- Used co-occurrence and co-infection data to identify neighborhoods highly impacted by multiple diseases
- Established partnerships with 6 FQHCs (representing 15 individual sites) located in target neighborhoods (Figure 1)
- Identified technical assistance needs
- Measured progress through quarterly EHR data extractions
  - Data aggregated by FQHC overall and by site
  - Feedback reports provided to measure screening rates

### Results

**Table 1: Measures of Interest**

Disease	Recommendation
HIV	
<ul style="list-style-type: none"> <li>Routinize screening for 13-64 year olds</li> </ul>	N.Y. Public Health Law §27986 CDC & USPSTF A recommendation
Hepatitis C (HCV)	
<ul style="list-style-type: none"> <li>Routinize screening for patients born 1945-1965</li> <li>Annual screening for HIV+ patients</li> </ul>	N.Y. Public Health Law §2171 CDC & USPSTF B recommendation  CDC recommendation
Gonorrhea (GC)	
<ul style="list-style-type: none"> <li>Improve adherence to treatment guidelines</li> <li>Increase extragenital screening for men who have sex with men</li> </ul>	CDC recommendation  CDC recommendation

**Table 2: Project Framework & Outcomes**

Approaches to Routinizing Screening	Year 1 Accomplishments of 6 FQHCs
Policy and protocol changes	100% of FQHCs revised protocols or processes to integrate screening into clinical practice
Integrate testing into workflow	67% of FQHCs shifted staff responsibilities to better integrate HIV testing
EHR modifications	83% of FQHCs made EHR enhancements and modified workflows to streamline documentation, integrate routine screening  100% of FQHCs extracted data for submission
Provider education, feedback and quality improvement	19 trainings (reaching over 300 providers and staff) conducted and extensive technical assistance offered

**Table 3: HIV Measures: Results for all FQHCs (all sites)**

Baseline (April-June 2013) to Follow-up (April-June 2014)

HIV Measure	Baseline %	Follow-up %
Eligible patients* offered HIV test	26	56
Eligible patients* tested for HIV	25	38

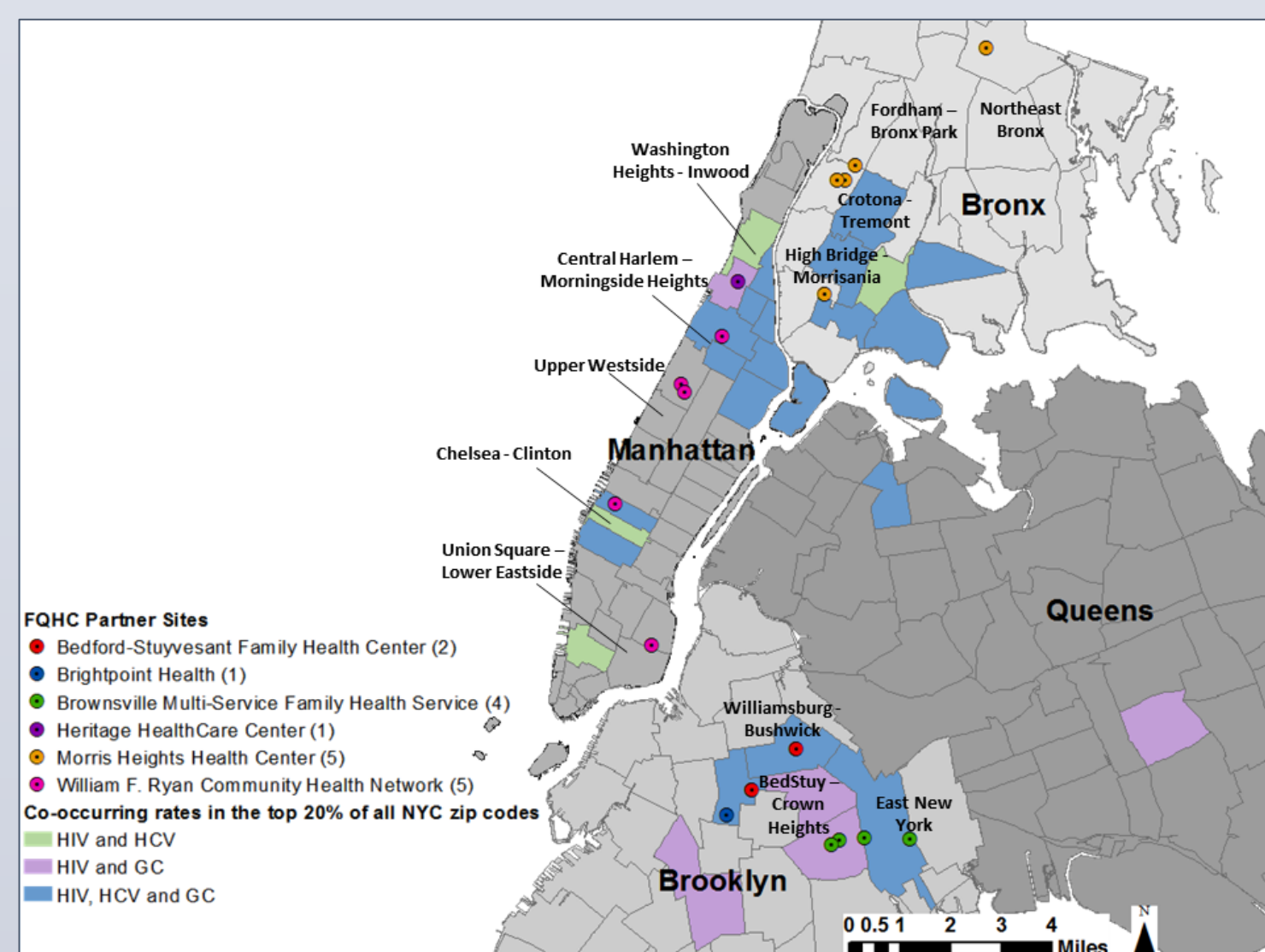
\*Eligible patients = unique patients each month aged 13-64 years with a visit during the reporting period, without previous HIV diagnosis and without an HIV test in the last 12 months

**Table 4: HCV Measure: Results from 1 FQHC Entity**

Timeframe	Antibody Testing Rate (patients tested/eligible baby boomers*)
<b>Baseline</b> (Jan 2012-April 2013)	Unable to pull
<b>2<sup>nd</sup> Pull</b> (May 2013-Sept 2013)	Unable to pull
<b>3<sup>rd</sup> Pull</b> (Oct 2013-Jan 2014)	27/27 = 100%
<b>4<sup>th</sup> Pull</b> (Feb 2014-June 2014)	167/167 = 100%

\*Eligible baby boomers = unique patients born 1945-1965 without previous HCV diagnosis or HCV test ever

**Figure 1: NYC Zip Codes with HIV, Hepatitis C and Gonorrhea Disease Rates per 100,000 in the Top Quintile, 2010 and FQHC Partner Sites**



### Conclusions

- Buy-in from high-level administrators important for sustainable change
- Tailor technical assistance to meet needs of FQHCs
  - Data reporting and analysis capacity vary across FQHCs
  - Provider comfort with EHR and sexual health screening remains a challenge
- Internal health department collaboration led to coordinated assessment and assurance of high priority infectious disease screening with FQHCs
- Innovative partnerships between FQHCs and DOHMH in New York City can assess and improve screening rates for HIV, HCV and GC

### Next Steps

- Project continues for Year 2
- Focus on FQHCs developing provider feedback reports (PFR)
  - Identify low performing providers
  - Provide technical assistance to providers
- Integrate PFRs into FQHC's existing quality improvement activities to improve screening

**Table 5: Sample Report with HIV & HCV measures**

2014 Q4 PRIMARY CARE PROVIDER DASHBOARD				
Provider	Panel Size (by PCG)	HIV Offer Rate	HIV Testing Rate	HCV Antibody Testing Rate
1	287	100%	52%	55%
2	461	90%	60%	10%
3	587	75%	20%	63%
4	476	100%	36%	42%
5	595	80%	47%	25%
		Met or Exceeded Target Goal of 100%		
		Approaching Target Goal (within 10% of Target Goal)		
		Has not met Target Goal (>10% from Target Goal)		

### Acknowledgements

This project is supported by Gilead Sciences Inc., FOCUS funding. Thanks to FQHC staff participating in this project. Thanks to Li Chen, Laura Jacobson, Molly Kratz, Fabienne Laraque, Lauren Taylor, Ben Tsoi, and Kate Washburn.

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