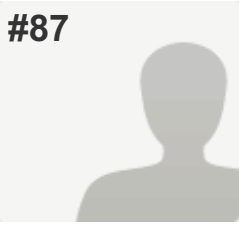


Ending the Epidemic Task Force Recommendation Form

#87



COMPLETE

Collector: Web Link (Web Link)

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Q2: Title of your recommendation

Automatic Electronic Medical Record (EMR)
Reminder for HIV Treatment: Retention, treatment,
Viral Load, CD4

Q3: Please provide a description of your proposed recommendation

Recommend as best practice that all health care systems engaged in providing HIV care establish a prompt in their electronic medical records (EMR) so that providers are notified by HIV treatment prompts for retention, treatment, viral load and CD4.

Establishing EMR prompt systems for HIV testing has been effective at increasing HIV testing, diagnosis and linkage to care. After the implementation of an EMR HIV testing prompt system, Urban Health Plan in New York City increased HIV testing increased from 8% of patients in 2010 to 56% during January 2011 to September 2013. Out of the 148 patients diagnosed with HIV under the new program none had received HIV-related care and 120 of them were referred to care. [1]

1. Lin X, et al, MMWR Morb Mortal Wkly Rep, 2014; 63 (25); 537-541. Cited in August 2014 JAMA article titled, "Electronic Health Records Assist in Routine HIV Screening."

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

Change to existing policy

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Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required? Permitted under current law

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)? Within the next year

Q9: What are the perceived benefits of implementing this recommendation?

Identifying persons with HIV who remain undiagnosed. Significantly increase retention in care, viral suppression and other positive health outcomes in healthcare facilities using electronic medical records (EMRs).

Q10: Are there any concerns with implementing this recommendation that should be considered? *Respondent skipped this question*

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

Changes to the electronic medical record system can be made as part of a routine electronic systems update.

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

Return on investment could be calculated through an estimate of increased retention in care and viral suppression and avoided emergency room visits or hospital stays.

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

The key stakeholders who would benefit from this recommendation are health care facilities that use electronic medical records and their providers and consumers.

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

A measure of the universal adoption of the HIV-related care prompt system. Measure of increased retention in care, viral suppression and other positive health outcomes in health systems that have established EMR prompt systems linked to HIV care.

Q15: This recommendation was submitted by one of the following Advocate,

Other (please specify)
Ad Hoc End of AIDS Community Group: ACRIA, Amida Care, Correctional Association of New York, Jim Eigo (ACT UP/Prevention of HIV Action Group), GMHC, Harlem United, HIV Law Project, Housing Works, Latino Commission on AIDS, Legal Action Center, Peter Staley (activist), Terri L. Wilder (Spencer Cox Center for Health), Treatment Action Group, VOCAL New York