Recommendation Title: Recommend as Best Practice that all NYS Providers Implement Automatic Electronic Medical Record (EMR) Prompt Systems for HIV, HCV, STI Testing for Prevention Monitoring, and for HIV Treatment/Care, Monitoring of Retention, Treatment Quality, Viral Load Suppression, CD4 Levels, etc. for HIV Treatment/Care Monitoring

1. a. Providers should systematically and comprehensively evaluate longitudinal data on HIV care measures.

2. Proposed Recommendation: Recommend as best practice that NYS providers implement automatic Electronic Medical Record (EMR) prompt systems for HIV, HCV, and STI testing for prevention monitoring; automatic prompts for follow-up testing/care among nPEP/PrEP recipients; and for HIV treatment/care, monitoring of retention, treatment quality, viral load (VL) suppression, CD4 levels, etc. for HIV treatment/care monitoring. Recommend as best practice that all health care systems required to offer HIV testing establish a prompt in their EMR so that providers are notified when a patient is due for an HIV test. Establishing EMR prompt systems for HIV testing is effective at increasing HIV testing, diagnosis and linkage to care.

   a. Providers should systematically and comprehensively evaluate longitudinal data on HIV care measures. Recommend as best practice that all health care systems engaged in providing HIV care establish a prompt in their EMR so that providers are notified by HIV treatment prompts for retention, treatment, VL and CD4. For those who are HIV-positive and in care, separate measures of engagement in care and adherence to therapy are needed. Given that these are not static conditions, undertake collection and analysis of longitudinal data to determine characteristics of those dropping out of care or who reduce adherence levels, so that early interventions can be started for those at high risk of drop-out or reduced engagement or adherence.

   b. Monitor risk among out-of-care high-risk populations. Monitor HIV risk for those who are at high risk who have not been tested and/or are not engaged in care. Establishing EMR prompt systems for HIV testing has been effective at increasing HIV testing, diagnosis and linkage to care. Building on present data collection systems, e.g., the National HIV...
Behavioral Surveillance (NHBS) – which uses respondent-driven sampling (RDS) and venue-based sampling and targets three groups: men who have sex with men (MSM), people who inject drugs (PWID) and high risk heterosexuals – establishing more regular surveillance of out-of-care high risk populations (e.g., to conduct HIV testing and to assess risk behaviors) is needed. This can serve to identify new cases and to link people to needed care.

List of key individuals, stakeholders, or populations who would benefit from this recommendation

- People at risk for HIV
- Individuals with HIV
- Providers

Footnotes or References

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. [Lin X, et al, MMWR Morb Mortal Wkly Rep, 2014; 63 (25); 537-541; JAMA "Electronic Health Record Assists in Routine HIV Screening," JAMA. August 2014; 312(8):781. doi:10.1001/jama.2014.9985).

3. Would implementation of this recommendation be permitted under current laws or would a statutory change be required? Permitted under current law for those covered by Medicaid and Medicaid managed care. May require legislative change to cover individuals with private coverage.

4. 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.

5. Please list the TF numbers of the original recommendations that contributed to this current version: TF86, TF87, TF139, TF140.