



## Primary Care & Public Health Integration Successes



### Louisiana Improving Care for HIV Patients

**Partners Involved:** Louisiana Department of Health and Hospitals; Office of Public Health; STD/HIV Program; Louisiana State University Health Care Services Division; Louisiana Public Health Institute

**Description of the Integration:** Louisiana has one of the highest HIV case rates in the country. For those who are HIV positive, many fall out of medical care, therefore increasing the likelihood of developing AIDS. Louisiana's public health agency has taken aggressive action to directly combat this problem through a one-of-a-kind approach to integrate public health functions in primary care settings. Louisiana's answer was the Louisiana Public Health Information Exchange (LaPHIE). A critical role for Louisiana's public health agency is to ensure Louisianaians with infectious diseases, such as HIV, learn about their diagnosis, are educated about how to properly care for themselves, and receive appropriate medical care. While the Office of Public Health actively locates all newly diagnosed HIV patients and engages them in their treatment, such methods cannot reach every Louisiana patient with an infectious disease. Often, our disease investigators cannot find patients after an initial diagnosis and at other times, patients may drop out of care at some point after learning that they have HIV. Connecting such individuals to treatment helps improve both individual and population health in Louisiana—especially in light of recent research concluding that persons taking HIV antiretroviral medications are less likely to transmit the disease. To confront these challenges, the Office of Public Health (OPH) partnered with seven Louisiana State University (LSU) Health Care Services Division hospitals to create the Louisiana Public Health Information Exchange (LaPHIE). The exchange uses public health surveillance data to alert LSU clinicians that a patient might have an untreated case of HIV, tuberculosis or syphilis requiring a doctor or nurse's attention. Specifically, OPH sends a LaPHIE "out of care message" to LSU clinicians when they encounter the following types of patients: individuals who have tested positive for HIV but may be unaware of their status (according to OPH data), individuals with confirmed HIV infection who currently do not appear to be in care (meaning OPH has no viral load or CD4 laboratory tests on file in the last 12 months), children of HIV-positive mothers who may have HIV (but OPH's records are insufficient for a conclusive diagnosis), and individuals who have tested positive for syphilis or tuberculosis and do not appear to have completed a full course of treatment (according to OPH records). This cutting-edge public health and primary care integration program creates a secure connection between a protected list of "out of care" persons housed in an OPH database and the electronic medical record (EMR) system at LSU. The result is that each time a patient checks into a LSU emergency room, clinic, or hospital, a predetermined query logic automatically examines the OPH file to determine if the patient is on OPH's out of care list. If LaPHIE's logic determines that a patient is out of care, it automatically sends a message specific to the patient's "out of care" situation to LSU's EMR. When an authorized LSU clinician logs into the patient's EMR, he or she sees a message from OPH—along with a list of suggested actions. The content of these messages varies depending on the patient's illness and type of care that the patient might need. Going forward, the Office of Public Health is working to integrate private hospitals into this system and to achieve a more complete and robust system for treating those with infectious diseases.

- **Resources Required:** HHS HRSA Ryan White Special Projects of National Significance (SPNS)
- **Results:** The success of the project is being measured by the number of persons who are identified as being out of care and an alert is transmitted to the clinician, proportion of persons who are informed or counseled regarding this alert, and proportion of persons who are successfully linked into care following the alert. The success of this public health primary care integration project includes the following: 1. Of those who were identified through LaPHIE, 18% had never been in care and of those, 57% were successfully linked into care within 90 days after the LaPHIE alert occurred. 2. Of those who were identified through LaPHIE, 30% had been out of care for more than two years and of those, 67% were successfully linked into care within 90 days after the LaPHIE alert occurred. 3. Persons who had been out of care for a shorter period of time (12-24 months) were more likely to re-enter care following the LaPHIE alert (77%). 4. From the inception of the project through August 2013, more than 1,200 individuals have been identified through this system and of those with sufficient follow-up data to analyze (i.e., more than 90 days following a LaPHIE alert), 69% have been successfully linked to care within 90 days.
- **Key Elements for Success:** This integration process occurred over a period of time that included a number of key steps, including: 1) Established the partnership and governance structure 2) Conducted extensive consumer research and formative evaluation activities 3) Participated in an ethics review by national experts in biomedical ethics, public health ethics and AIDS privacy 4) Requested a legal review of state legislation related to sharing of public health

information 5) Assessed and modified technical infrastructure 6) Designed messaging with iterative prototype process that included clinicians and PH professionals 7) Executed a data sharing agreement 8) Established an evaluation methodology

- **Lessons Learned:** Several lessons include: 1) Engage stakeholders, particularly during the formative and implementation steps; this has led to patient and provider acceptance of the intervention 2) Ensure that data sets are complete and valid, in order to reinforce clinicians' and patients' confidence in the system 3) Maintain focus on the original mission/scope/guiding principles and governance

**Movement on the Integration Scale:** *Start:* Cooperation; *Finish:* Collaboration; *Desired:* Partnership

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