

Background

The AIDS Institute from NY Department of Health has required all organizations in New York providing HIV care, construct an organizational care cascade. SUNY Downstate Medical Center, a safety net hospital in Central Brooklyn with a primarily Afro-Caribbean population, has constructed an HIV Care Cascade and developed electronic interventions to optimize linkage to care such as automated EMR lab alerts, electronic referrals and HIPAA Compliant secured messaging.

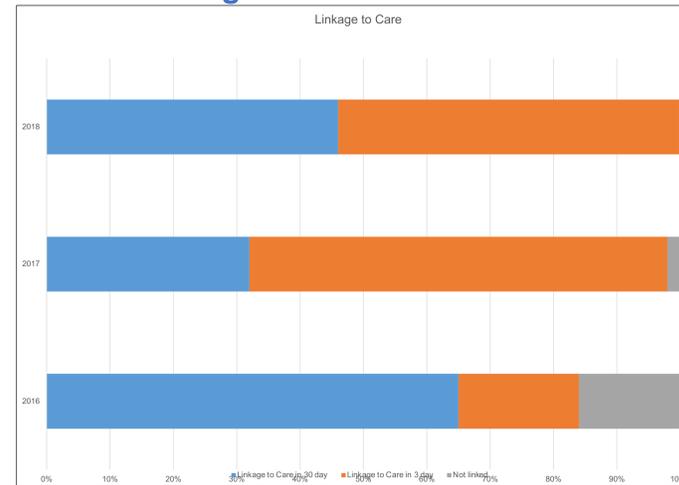
Methods

The HIV care cascade for 2016 was constructed for new and existing patients to the institution and to reduce gaps in care, three linkage to care interventions were initiated.

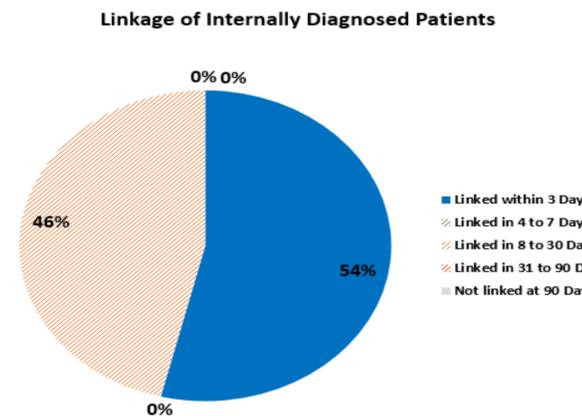
1- a laboratory alert system to identify newly diagnosed patients in real time via an automated email sent to key stakeholders (ie: Medical Directors of the HIV Adult and Adolescent clinics, and other clinic leadership) ;

2-A dedicated cellular phone line was created, so providers in the institution, can text, call or email this HIPAA line with a newly diagnosed patient or patient needing to be re-engaged in care or active patients to provide a warm hand off, 3-EMR modifications to the ambulatory care and inpatient notes consisting of an HIV/STI risk assessment in which the user would be prompted to ask about HIV status and given an option to refer patients to our HIV clinic for HIV care or prevention services. If the patient was referred, an electronic referral was generated in the EMR and automated email. Once a patient was identified, a meet-greet with the patient was conducted by a provider or a member of the medical case management team.

Results: Linkage to Care Over Time



Results: Linkage of Internally Diagnosed Patients



Results: Linkage by Intervention Over Time

Initiative	2017	2018
Secured Messages (Text or Email) sent	25 <i>13 represent newly diagnosed patients</i>	46 <i>15 represent newly diagnosed patients</i>
Automated Lab notification	226	229
EMR Referral Alert	N/a	7

Results Summary

For 2016 prior to the intervention, baseline data is as follows: 48 newly diagnosed patients were identified, of these 31 were linked to care (65%), 9 were linked within 3 days (19%), and 16% not linked to care. After the multipronged digital interventions, in 2017, we noted that 66% were linked in 3 days and 32% were linked in 30 days and 2% were not linked at all. In 2018, 54% were linked in 3 days and 46% were linked in 30 days with no one lost to care. HIPAA compliant messages sent in 2017 and 2018, increased each year to 25 and 43, respectively. The Laboratory alert system detected and emailed 226 positive HIV test results for 2017 and 229 results for 2018. The EMR automated referrals generated 7 referrals.

Conclusions

These three strategies have allowed our team to reduce gaps in linkage to care to zero. Based on this data, we identified linkage to care opportunities including use EMR modifications and secured text messaging as successful and low time-consuming strategies.

Next Steps

Future directions include continuing to utilize electronic initiatives to help track newly diagnosed patients with respect to linkage to care and also rapid start of ART.

Limitations

Shortcomings of this review include limited data on the EMR electronic referral alerts.

Works Cited

<https://quality.aidsinstituteny.org/Areas/Cascades/Files/4-11-19-2.c.Cascade%20Review%20-%20Guidance%20document.pdf>

Contact

For more information, contact: Dr. Jameela J. Yusuff at Jameela.Yusuff@downstate.edu; 718-270-6747