# PrEP and Electronic Medical Records: Examples from New York City

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**Biomedical Summit** 

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#### PrEP Measurement and Program Evaluation

#### What?

- Key measures: PrEP prescription or referral, PrEP candidacy/eligibility, PrEP-related medical services, retention (follow-up visits), medication adherence
- Other information of interest: sociodemographic factors, STIs, referral for services
- Analyses: trends; associations; programmatic reach and patient outcomes

#### How?

- A few decision points:
  - Retrospective vs. prospective
  - Current record system vs. new system
  - individual program vs. system-wide vs. multi-site vs. jurisdictional (public health)
  - Parsimonious vs. exhaustive
  - Patient care vs. program evaluation



### **Road Map of Whirlwind Tour**

	Current Record System	Modification to Record System
Retrospective		
Prospective		



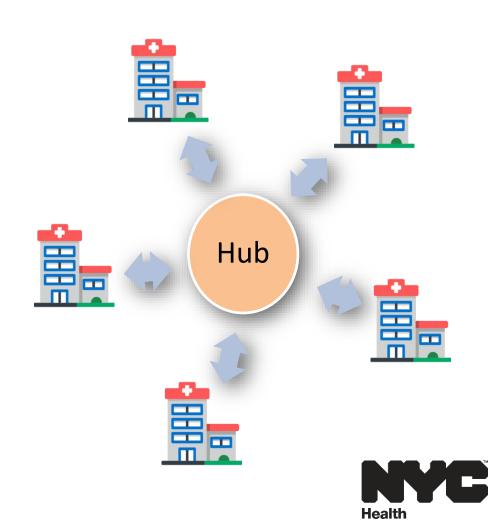
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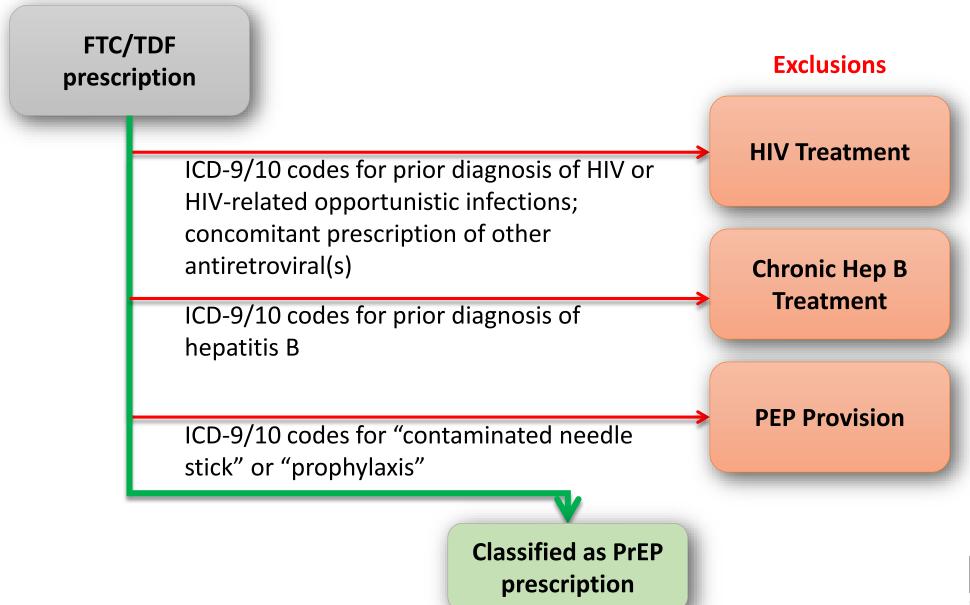


# PrEP Trends and Associations NYC DOHMH Primary Care Information Project "Hub"

- The "hub" is an innovative system that connects to electronic health records (EHRs) of providers using EHR vendor eClinicalWorks
- Citywide practice reach and patient coverage
  - 720 practices
  - 2,645 providers active in 2016
  - 2.0M patients with visits in 2016
- Extracts EHR data in aggregate form
  - Secure and confidential
- Applied an algorithm to identify PrEP prescribing
- Outcome: PrEP prescription rates
  - Calculated per 100,000 patients seen
  - Stratified by select patient- and practice-level factors

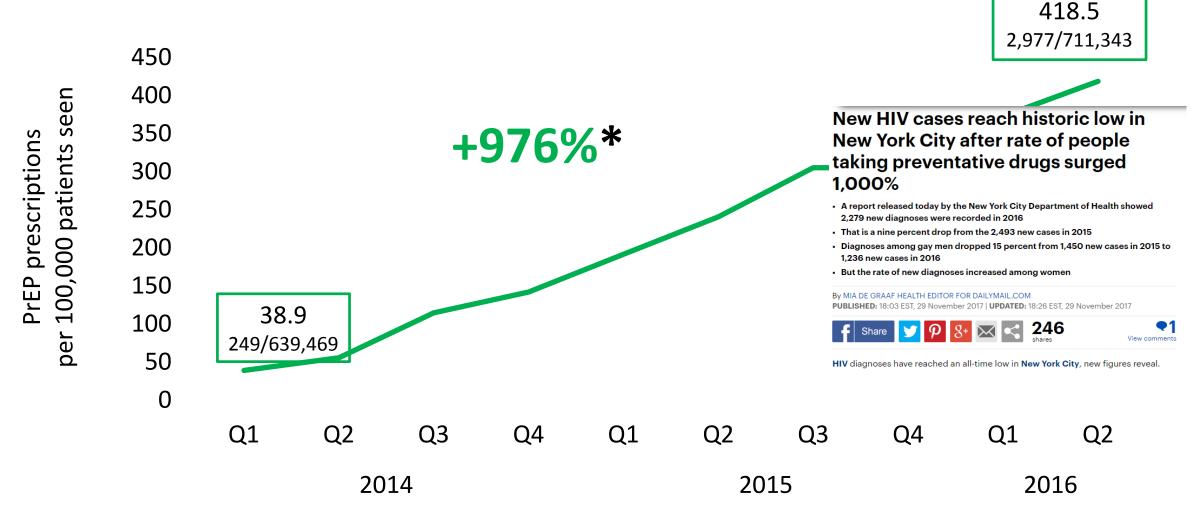


#### **PrEP** prescription algorithm





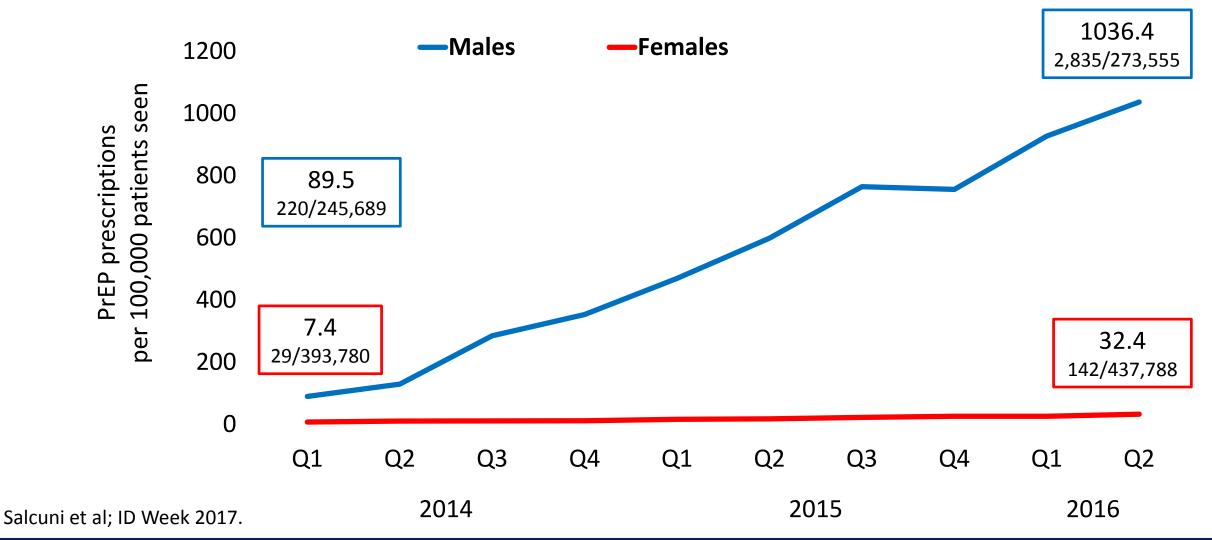
# PrEP prescription rates per 100,000 patients seen in 602 ambulatory care practices, overall, NYC, 2014-2016



Salcuni P., Smolen J., Jain S., Myers J., Edelstein Z., ID Week 2017



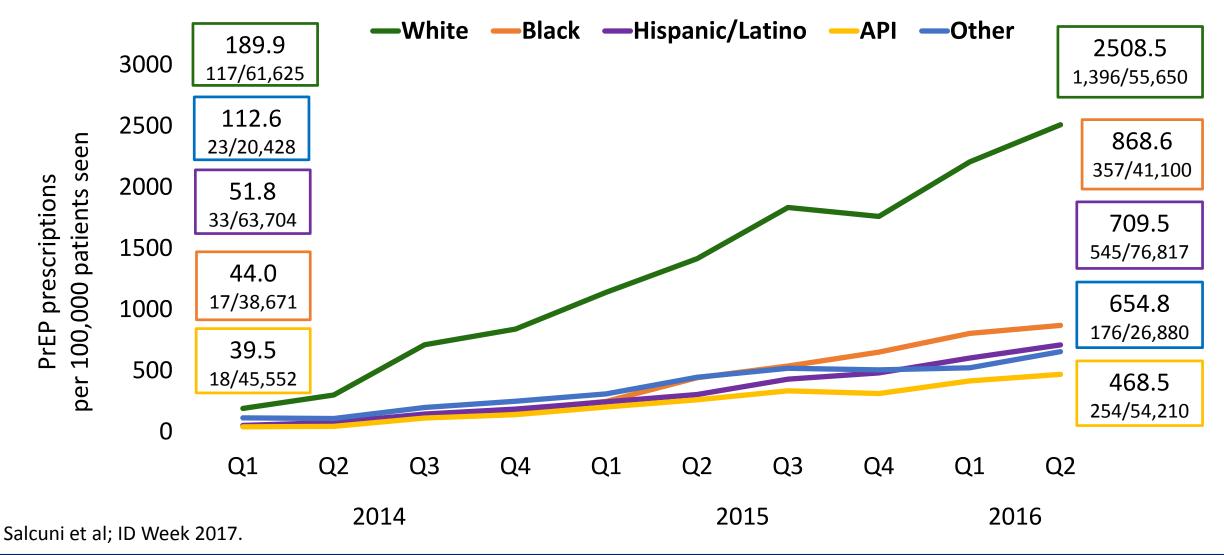
# PrEP prescription rates per 100,000 patients seen in 602 ambulatory care practices, by sex, NYC, 2014-2016



<sup>\*</sup>Increases across all strata are statistically significant (p<0.05), after adjusting for patient age and race/ethnicity, practice location and type, proportion of practice's patients living in high poverty ZIPs, and number of ID specialists.



# PrEP prescription rates per 100,000 males seen in 602 ambulatory care practices, by race/ethnicity, NYC, 2014-2016



<sup>\*</sup>Increases across all strata are statistically significant (p<0.05), after adjusting for patient age, practice location and type, proportion of practice's patients living in high poverty ZIPs, and number of ID specialists.



#### Measuring Reach in Large Urban Health Care System Montefiore Medical Center, Bronx NY

- Largest health care system in the Bronx
- Data extracted includes all HIV tests (2011-2015)
- Among those with negative HIV test and FTC-TDF prescription, conducted a medical chart review to confirm PrEP prescription
- Used standardized data dictionary and chart abstraction tool
- Result: 177,525 with HIV neg test; 2064 prescribed FTC-TDF; 108 prescribed FTC-TDF for PrEP

Table 1 Characteristics of individuals prescribed PrEP (N = 108)

Age group	Total (%)
Gender	
Cisgender female	31 (29%)
Cisgender male	74 (69%)
Transgender male-to-female	3 (3%)
Race/ethnicity	
Black or African American, Non-Hispanic	31 (29%)
Hispanic	39 (36%)
White	11 (10%)
Other or unspecified	27 (25%)
Sexual orientation	
Heterosexual	39 (36%)
$MSM^1$	61 (56%)
MTF <sup>2</sup> sex with men	2 (2%)
WSW <sup>3</sup>	1 (1%)
Unspecified	5 (5%)

### **Map of Whirlwind Tour**

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Retrospective		
Prospective		

# Measuring PrEP by Influencing Input into Current EHR New York Presbyterian Hospitals

- Identified billing codes that will work within system for PrEP and PEP, to measure uptake and related measures
- Influencing use through directly reaching out (one-on-one discussions), trainings on PrEP/PEP and data feedback loop

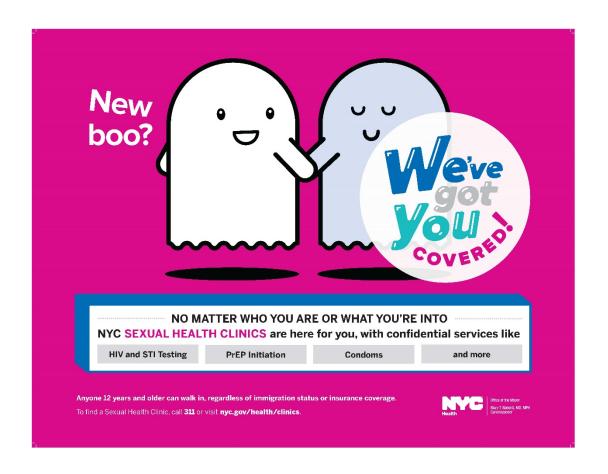


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# Modification to EMR for New PrEP Services and Protocols Sexual Health Clinics, NYC DOHMH Bureau of STD Control

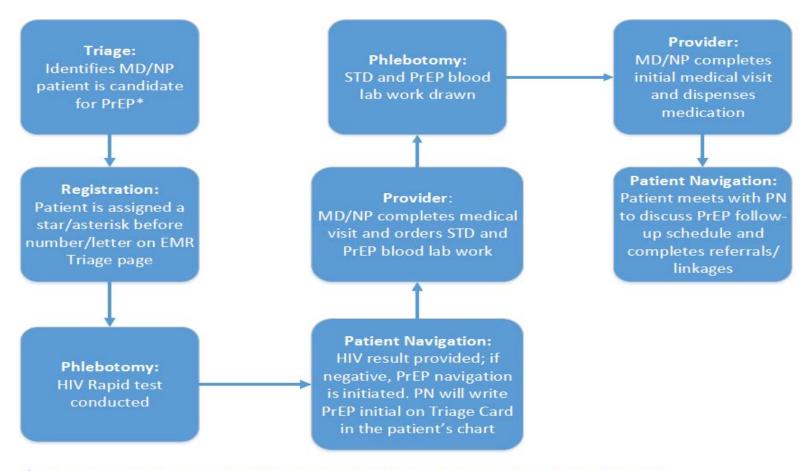
- 8 Sexual Health Clinics throughout NYC
- Custom EMR system
  - Updated to meet program needs
  - Clinic staff enter data in real time
  - Links to laboratory and patient portal
  - Analysts generate reports and analyses
- EMR modified as PrEP services added
  - PrEP navigation, launched Oct 2016
  - PrEP initiation, roll out began Dec 2016





# Modules Support Each Step in PrEP Patient Clinic Flow Sexual Health Clinics, NYC DOHMH Bureau of STD Control

- Patient/test information collected at each step entered into EMR
- Programmed algorithms dictate clinic workflows



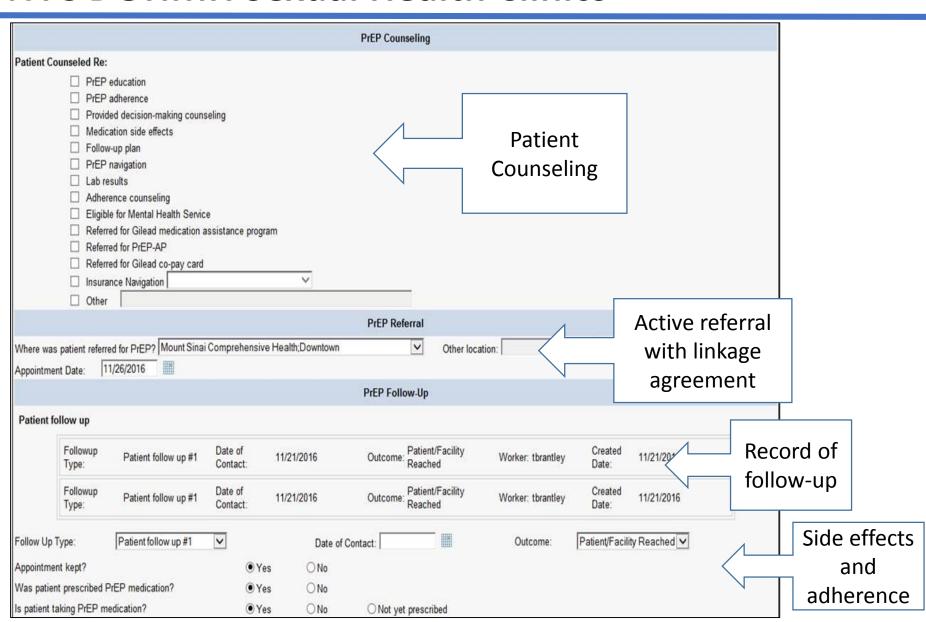


<sup>\*</sup> Patients contacted by DOHMH to come to clinic must be seen by EPI staff before receiving PrEP navigation

#### PrEP Modules Support Objectives NYC DOHMH Sexual Health Clinics

Navigation's main objective: informed decision about whether to pursue PrEP

Navigators follow up with the facility and patient to assess initiation/retention



# PrEP Metrics Derived from EMR Sexual Health Clinics, NYC DOHMH Bureau of STD Control

- Volume, by step; number of:
  - Patients eligible at triage, by eligibility group
  - Patients offered, accepted, refused, received navigation
  - Patients initiated PrEP medication
  - Visits that include PrEP navigation
  - Visits with documented PrEP referral
- PrEP referral outcomes:
  - Number of patients referred
    - Overall and PrEP initiates vs. referrals only
  - Number and % attended appointment

**PrEP Navigation** 

**IN ALL 8 CLINICS** 

> 4,700 Encounters

PrEP Initiation

NOW AT 5 CLINICS

641 PrEP Starts

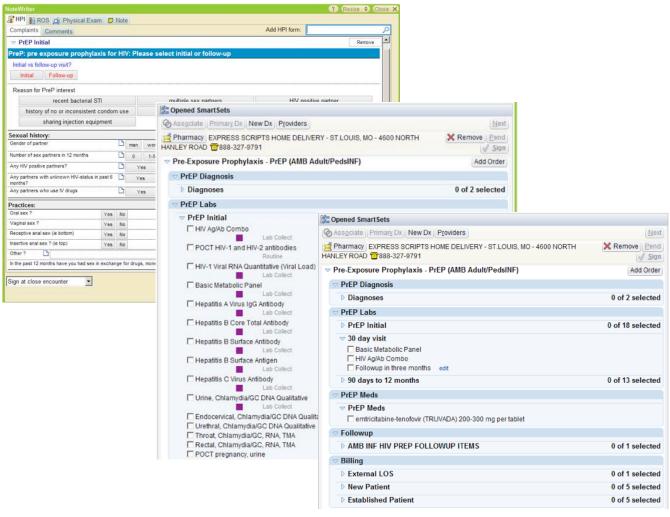
58% Black/Latinx

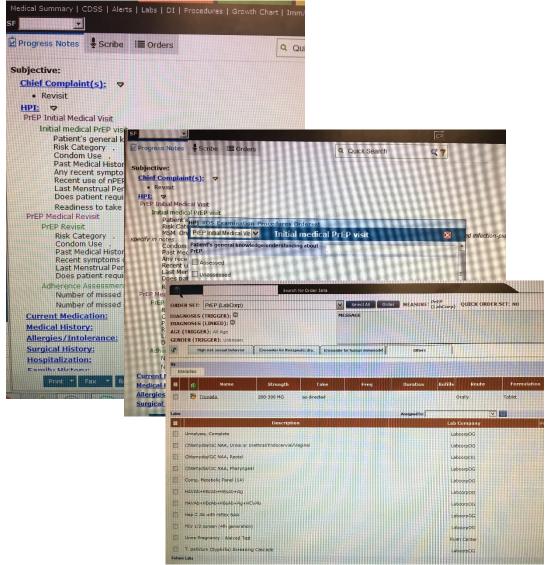


# Other NYC Examples of EHR Modification Montefoire (EPIC) and Ryan Network (eClinical Works)

**Montefiore-** Screening Tool, SmartSets

Ryan Network- Note Template, Autopopulation, Order Sets





Personal Communication. Viraj Patel and Carly Skinner.

#### **Road Map of Whirlwind Tour**

	Current Record System	Modification to Record System
Retrospective		BECKUM
Prospective		

### **Map of Whirlwind Tour**

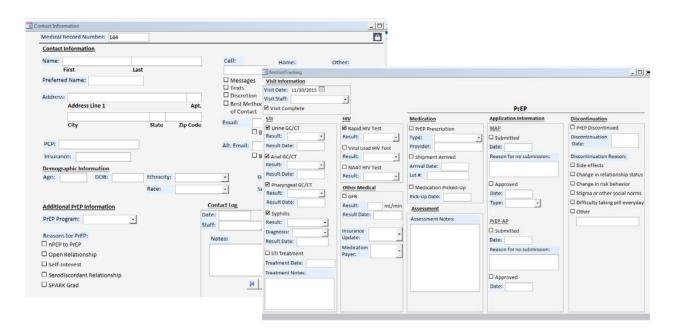
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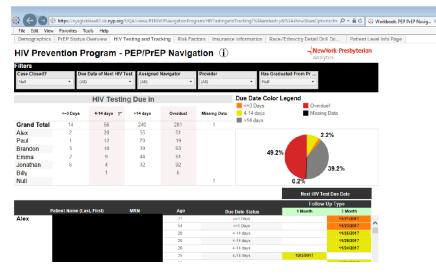
#### **PrEP Program Data Collection Outside of EHR**

 Many PrEP programs use a separate data entry system – especially common at program initiation – e.g., Access database, REDCap

#### **Example of EHR/Separate System hybrid from NYP**

- Multi-site PrEP program (5 sites;~1500 clients)
- Dashboard combines automated extraction of EHR data and manually entered data
- Extracts data on last HIV test for record of follow-up (overdue for visit if >3 months ago)
- Real-time monitoring of PrEP program and also serves as workflow for navigators





Personal Communication: Sarit Golub and Caroline Carnevale.

## **Summary - Lessons Learned (1)**

- No one perfect system for evaluation of PrEP through EHR
- Retrospective
  - Data are available
  - Limited by analyst time/capability and by what was recorded and where
- Prospective
  - Many PrEP programs have developed monitoring tools
  - Most still rely on some data collection outside EHR
  - Adding modules may have operational challenges, and
  - Use more likely among PrEP programs/champions than others



# **Summary - Lessons Learned (2)**

- For new record systems, wherever possible:
  - Automate/auto-populate
  - Marry patient care data collection with program evaluation data collection
  - Be thoughtful (look ahead) and parsimonious
- Share results with clinical stakeholders to motivate use of data collection tools, to drive quality improvement and to improve patient/program outcomes

Task Category, by Activity During	Time Spent (95% CI), %		
Office Hours	Total*	By Task Category	
Direct clinical face time	33.1 (31.9-34.5)		
With patient	1 m	27.0 (25.8-28.3)	
With staff and others (patient not present)	-	6.1 (5.7-6.5)	
HR and desk work	49.2 (47.8-50.6)		
Documentation and review	74	38.5 (37.3-39.8)	
Test result		6.3 (5.8-6.8)	
Medication order		2.4 (2.2-2.5)	
Other order	-	2.0 (1.9-2.2)	





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Thank you!

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**NYC DOHMH Capacity Building Assistance** 

Contact: Melanie Graham, mgraham6@health.nyc.gov





# PrEP Supplemental Triage Card NYC DOHMH Sexual Health Clinics

- Triage card information entered into EMR
- Used to determine subsequent clinic flow

