

### HIV Testing is an Everyday Thing at the Institute

Cynthia Kim, LCSW

In the United States, HIV is now considered a manageable chronic illness requiring ongoing primary care management. With increased awareness and progress in treatment options has come an increased drive for prevention. The Centers for Disease Control and Prevention recommends that every person between the ages of 13 and 64 years of age be offered testing as a routine part of their preventive healthcare.

Recent changes in New York State legislation have led to new protocols for universal testing, and especially for rapid testing. Currently, patients presenting for medical care in both primary care and urgent care settings (e.g., hospital outpatient and inpatient) *must* be offered an HIV test. Additionally, patients can now be administered a *rapid* HIV test with verbal consent (as opposed to a former, lengthier pre/post test counseling and written consent process).

Embracing the need for new workflows to incorporate rapid testing at our practices, the Institute for Family Health created a Community Based Prevention (CBP) Program based at our 16th Street Sidney Hillman Family Practice. The CBP is piloting a continuous quality improvement project at our downstate sites that will eventually become the standard of care for HIV testing at all Institute sites.

Led by Rebecca DiLuzio (Program Director, CBP), Yvette James (Program Director, Rapid Testing), and Dr. Steven Levine (Regional Medical Director, Manhattan), the project's goal is to ensure that 90% of patients at our pilot test sites have an HIV test result documented in their electronic health record. At the start of the project, only an average of 26% of the patient population at each of the sites had a documented result.



*Walton Family Health Center promotes HIV testing in honor of World AIDS Day.*

The CBP team has already implemented a number of interventions to meet the goal. Practice administrators at Sidney Hillman Family Practice, Phillips Family Practice, and Urban Horizons Family Health Center met to discuss a plan to incorporate rapid testing into existing workflows. Here's how it works: A best practice alert in the patient's electronic health record reminds medical assistants and nurses to offer the patient an HIV test. If the patient agrees, the nurse or medical assistant performs the test and the

*Continued on Page 2*

#### INSIDE THIS ISSUE

HIV Testing is an Everyday Thing at the Institute, p1

Getting to Know Our Patients Through "Granular Ethnicity", p2

Institute Launches Spanish **MyChart MyHealth**, p3

Institute to Participate in Smoking Cessation Initiative, p3

EHR Super Users: Here They Come to Save the Day, p4

#### Editorial Board

Neil Calman, MD, President and CEO

Kwame Kitson, MD, VP for Continuous Quality Improvement

Diane Hauser, MPA, Senior Program Associate

Dan Fiedler, MPH, Program Associate

#### Layout and Design

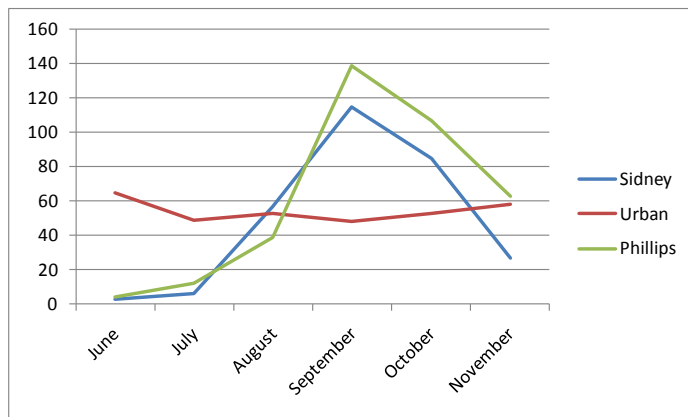
Nancy Zan, Communications Specialist

*HIV Testing is an Everyday Thing at the Institute, continued from page 1.*

primary care physician provides testing results and post-test counseling. Patients with positive results receive follow-up confirmatory blood testing and are referred to the social work COMPASS team for comprehensive support services.

In addition to offering regular testing at all sites, the rapid testing program is available at Phillips Family Practice, Family Health Center at North General, and the NYU Free Clinic. The team plans to expand to several health centers in the Bronx, as well as the ECHO Free Clinic, to perform on-demand rapid testing as well as pre- and post-test counseling.

To date, there have been modest but significant increases in the number of rapid tests completed (Figure 1) at our pilot test sites. (Note that the downward trend beginning in September is because many patients had already been tested in September!). Given the initial success of the project and the need to continue improving the workflow for the testing initiative, project team members are implementing the Plan-Do-Study-Act model of quality improvement. Their commitment to realizing the goal of having 90% of patients with a documented HIV test result is an inspiration to other CQI project teams at the Institute.



**Figure 1. Number of Rapid HIV Tests Performed Between June and October 2010**

## Getting to Know Our Patients Through “Granular Ethnicity”

Christian Sanchez

Over the years, many research studies have documented gaps in the quality of health and health care across socioeconomic, racial, and ethnic groups. In spite of the research available, health disparities have not changed significantly. Underserved populations remain at higher risk of suffering life-threatening conditions and have worse health outcomes.

The Institute for Family Health recognizes the critical importance of addressing inequities in the delivery of care and focusing on disparities to improve quality of care for all of our patients. In order to actively engage in the process of eliminating disparities, the Institute recently adopted recommendations from the Institute of Medicine report *Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement*. The project is led by Dr. Gena Wilson, a family physician at the Kingston Family Health Center and faculty for the Mid-Hudson Family Practice Residency Program.

On October 4, 2010, we made important changes to how we collect race, ethnicity, and language data from our patients. In addition to improving our race, ethnicity, and language fields, we also added new questions on country of birth and granular ethnicity. Granular ethnicity is a very specific category that allows patients to describe themselves in their own terms. Examples of granular ethnicity include Puerto Rican, Haitian, Cuban-American, Dominican, Irish, etc.

“Capturing this data will help the Institute better understand the health needs of its patient population and will serve as a model for community health centers across the country on improving quality of care,” said Dr. Wilson. Further, granular ethnicity data will also inform the Institute’s need for developing “custom-fit” interventions for the ethnic groups that we serve. Additionally, the data collection initiative will support the Institute’s efforts to improve quality through different CQI projects currently in place.

# Institute Launches Spanish MyChart MyHealth

*MyChart MyHealth* is now available en español! A newly formed workgroup at the Institute for Family Health translated the content of *MyChart MyHealth*, the Institute's patient portal website, into Spanish. *MiRecord MiSalud*, as the new site is known, launched on December 6, 2010. Available at [www.mirecordmisalud.org](http://www.mirecordmisalud.org), the site makes it possible for Spanish-speaking patients across the Institute's network to access their health information in their native language, and to benefit from the many features the portal offers.

*MiRecord MiSalud* includes the same features of *MyChart MyHealth*, such as appointment scheduling, medication refill requests, and access to lab results. *MyChart* activation and lab results letters also have been translated and are available for Spanish-speaking patients. If you have questions about *MiRecord MiSalud*, please contact Christian Sanchez, Health Information Technology Coordinator, at [ChSanchez@Institute2000.org](mailto:ChSanchez@Institute2000.org).



[MiRecord MiSalud homepage.](http://www.mirecordmisalud.org)

## Did you know?

Smoking is the leading cause of preventable death in New York City. Each year, smoking kills more New Yorkers than AIDS, drugs, homicide and suicide combined.

In 2008, there were 3,000 smoking-related deaths in New York City from heart disease, 3,100 from cancer-related diseases, and 1,500 from respiratory diseases.

The Institute is helping patients quit smoking through New York City's Health eQuits program.

## Institute to Participate in Smoking Cessation Initiative

Lara Angelo, MPH

The Institute for Family Health is participating in the New York City Department of Health and Mental Hygiene's Health eQuits program, a new pay-for-performance smoking cessation initiative made possible through Communities Putting Prevention to Work funding from the Centers for Disease Control and Prevention. The initiative utilizes health information technology and health information exchange to incentivize New York City practices to proactively help their patients quit smoking.

As a participant in Health eQuits, New York City-based Institute practices will receive \$20 for each patient receiving a prescription for cessation medication, counseling, or referral to the New York State Smokers' Quitline. The program evaluates Institute performance and calculates the number of incentive payments based on automated reports generated from the electronic health record (EHR).

The automated reports summarize core quality measures, including smoking status and smoking cessation interventions such as counseling and medication. Using existing functionality within the Institute's EHR, the health department will collect aggregate practice-level data on a monthly basis and send customized reports to the Institute to help us track our progress and improve care. The reports summarize provider- and practice-level achievement and areas for improvement on treating identified smokers.

The Institute's participation in Health eQuits will improve the health of its patients and make a significant impact on the overall health of New Yorkers.

# EHR Super Users: Here They Come to Save the Day

Lara Angelo, MPH

A number of providers at the Institute for Family Health have become Super Users of Epic, the Institute's award-winning electronic health record (EHR) system. Identified by their peers as the "go-to" person whenever questions arise in regard to Epic, Super Users receive additional training through the Super User Academy, a program formalized by Joseph Lurio, MD, Chief Medical Information Officer.

Dr. Lurio created the Super User Academy as a result of the Institute's growth in the Mid-Hudson Valley and to fulfill the need to develop greater EHR competency across our network of sites. The Super User Academy equips staff with skills so they can perform three essential functions: serve as local resources, sentinels, and beta-testers.

First, Super Users act as the local experts, showing providers how to use Epic, as well as serving as a resource for local projects (e.g., setting up smart phrases, texts, letters, and alerts that address local practice needs). The Institute's Patient Management Team (PMT) is responsible for Epic across all sites, but each Institute site has site-specific issues that Super Users are able to address with custom solutions.

Second, Super Users have a direct line to the clinical PMT staff, quickly alerting them when functionality issues arise. Third, as a result of their experience as Epic troubleshooters, Super Users are great at testing software upgrades from Epic. The Super Users try their hardest to find problems with the new software so that we can fix them before the upgrade is released to everyone. Thanks to the Super Users, the only thing the rest of us have to worry about is learning to use all the new features.

According to Dr. Lurio, "Super Users are staff who are quick learners of Epic. They informally teach other Institute providers. Instead of Institute providers reaching out to IT for everyday Epic issues, providers have the option of contacting their local Super User who easily solves most Epic-related questions. Essentially, these Super Users fill the Epic knowledge gap between IT and Institute employees, improving communication in both directions."

Super Users are generally available at all sites but a few that deserve special mention are Drs. Cohrssen, Schiskie, Roth, and Nosal. Dr. Cohrssen (16<sup>th</sup> Street) produces a significant amount of content for Epic, including sophisticated text documentation tools. Dr. Schiskie (Hyde Park) is always the first to identify and often explain the source of problems that arise with Epic enhancements. Dr. Roth (Kingston) can be counted on to look at developments in Epic from a common

## Super User Academy Members

Elba Benitez, RN  
Stephnie Cargill-Skeeling, RN, Senior EpicCare Analyst  
Andreas Cohrssen, MD  
Kathy Cresswell, Director of Non Clinical Applications  
Kathleen Ewbank, RN  
Ginger Gillespie, MD  
Kwame Kitson, MD  
Marina Kokkinias, EpicCare Senior Trainer  
Bonnie Lash, FNP  
Ruth Lesnewski, MD  
Joseph Lurio, MD, CMIO  
Monique Maloney, MA, EpicCare Analyst  
Elizabeth Molina-Ortiz, MD, MPH  
Maria Mujica, MA, Epic Trainer/Analyst  
Sarah Nosal, MD  
Michelle Pichardo, MPH  
Alba Pumarol, MD  
Robert Roth, MD  
Melissa Schiskie, MD  
Aimee Smith, DO  
Davis Sprague, MD  
Ray Teets, MD  
Mara Tittler, FNP  
Weston Willett, CIO

sense perspective and to see how it fits into family medicine as a discipline. Finally, Dr. Nosal (Urban Horizons), who is adept at using a variety of EHR technologies, works one-on-one with even the most technophobic providers to improve their computer proficiency.

The Super User Academy started as "local tech support" for Institute providers, but has evolved into a forum for discussion about new ways of providing state-of-the-art healthcare to underserved populations. Just like many other things at the Institute, Super Users take a good idea to the next level.