Improving Retention in Care Through Patient Education and HIT

Highlights from the Special Projects of National Significance (SPNS) Program

This pocket guide contains highlights from “My Health Profile” Continuity of Care Record Intervention at New York-Presbyterian Hospital.

Strategies designed to support retention of individuals in HIV care are needed to address barriers to continued engagement and improve health outcomes. The goal of this pocket guide is to provide a condensed reference tool for HIV provider organizations working to improve retention in HIV care through provision of continuity of care records.

Resources

This pocket guide is part of the Improving Health Outcomes: Moving Patients Along the HIV Care Continuum and Beyond resources from the Integrating HIV Innovative Practices (IHIP) project.

SPNS Electronic Networks of Care Initiative
hab.hrsa.gov/about-ryan-white-hivaids-program/spns-electronic-networks-care

My Health Profile
ecompas.me

www.ncbi.nlm.nih.gov/pubmed/22841825

www.ncbi.nlm.nih.gov/pubmed/22841702

www.ncbi.nlm.nih.gov/pubmed/20724095

www.ncbi.nlm.nih.gov/pmc/articles/PMC3129034/

www.ncbi.nlm.nih.gov/pubmed/23698661

This publication lists non-federal resources in order to provide additional information to consumers. The views and content in these resources have not been formally approved by the U.S. Department of Health and Human Services (HHS) or the Health Resources and Services Administration (HRSA).
Unmet Needs in Retaining PLWH in Care

Approximately one-third of PLWH are not retained in HIV care for three consecutive years. As a result, these individuals do not have consistent access to ART or other medical services, have lower rates of viral suppression, and experience increased morbidity and mortality.

Factors such as food insecurity, lack of transportation, multiple comorbidities, employment instability, familial and community stigmatization, and lack of telephone or internet access can all pose real challenges for retaining PLWH in care.

Interventions that leverage HIT to promote retention in care have potential to improve outcomes along the HIV Care Continuum, in part by addressing gaps related to patient tracking, provider coordination, and increasing the utility of surveillance data.


Key Considerations for Replication

- Intervention staff should have experience with surveillance data and quality assurance strategies, as well as existing electronic medical record systems and integration of health information technology systems.
- A project coordinator is needed to oversee the project design, identify data for inclusion in the CCR, assess the available electronic health networks, and support the intervention team.
- An IT vendor or contractor should oversee the data system development and ensure functionality of the system and alignment with IT industry standards.
- Investing time and research into IT standards and ensuring the intervention fits within existing health information systems and electronic medical records can expedite program implementation.
- Identify providers within the regional health network (e.g., primary care providers, subspecialists, case management agencies, skilled nursing facilities, participating hospitals) to conduct focus groups to solicit input, concerns, and desired uses and displays.
- Targeted coaching may be needed to train CCR users in basic technology skills, describe the function of the CCR, and train users on how to access it. Engaging a variety of potential users (case managers, clinicians, patients) with training may support multi-stakeholder appreciation and utilization of the CCR.
- The intervention should avoid proprietary/commercial software or design that may incur additional costs or pose challenges in future implementation.
- Consider providing a list of publicly available internet access points, such as libraries and coffee shops, to users during all CCR trainings.