Utilizing the EHR to overcome barriers of a Routine HIV Testing and Linkage to Care Program

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Problem Statement: A Routine HIV Testing and Linkage to Care program (RTP) was developed in 2013 as a partnership between University of Maryland Medical Center (UMMC) and The JACQUES Initiative at the Institute of Human Virology of the School of Medicine (JI) to address the local HIV epidemic. One in 23 persons living in the zip code where UMMC is located are living with HIV. Identifying HIV infection early and linking a patient to treatment reduces disease morbidity and mortality as well as disease transmission . The phased implementation of the RTP increased HIV testing, which led to the identification of new HIV diagnoses and the opportunity to link people living with HIV to comprehensive outpatient services. RTP barriers included manual eligibility screening, inconsistent process for HIV test order entry, and limited communication between clinicians and a JI Linkage to Care Navigator (LCN). These barriers impacted early disease identification and resulted in gaps in the continuum of care for patients living with HIV. **Methods:** An interdisciplinary leadership team (IDLT) identified an opportunity to improve workflow as UMMC transitioned to a new EHR. Partnering with many stakeholders, executive leadership and the Director of Informatics, an innovation EHR process was built to target RTP barriers. A best practice advisory (BPA) was built into the nursing admission workflow to screen patients for eligibility and prompt HIV testing. The build leveraged logic based rules to automate patient education and notifications to the LCN, thereby reducing clinician effort. The patient interactions, test results, and BPA responses are stored discretely and available for query and reporting. **Results:** Integrating RTP workflow into the EHR resulted in a systematic process for routine HIV testing and linkage to care. Automating notifications to the LCN has the potential to bridge the gap between inpatient and outpatient HIV care. Data to indicate the impact of the EHR changes on the RTP is in preliminary stages. Reports that identify BPA usage and their subsequent actions are being built and will help the IDLT validate the success and challenges of this process. **Significance:** By implementing an EHR-driven workflow, UMMC was able to implement the RTP house-wide in all acute and intermediate care units. As a result of this innovation, the RTP is reaching more patients in need of testing and/or linkage to care services. Utilizing and studying the EHR's ability to drive inter-professional processes such the RTP has implications for other hospital-based initiatives within the public health arena and beyond.