Identifying Open and Active Patients using Azara Data

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Azara Introduction

+ Azara is a software vendor focused on FQHCs and population health analytics

+ The Primary Care Association in NY, CHCANYS, has developed the Center for Primary Care Informatics (CPCI)
  - A priority goal in the CHCANYS Strategic Plan
  - To support improvements in quality, patient and population health outcomes
  - To help control costs
  - To support growth & success in a changing environment

+ As a central CPCI strategy, CHCANYS has implemented a statewide reporting and analytics solution for NY’s FQHCs
  - The Azara DRVS product, rebranded as CPCI, is the analytic engine
  - Collects and normalizes data from multiple sources to create an integrated database for enhanced analysis & reporting
  - Provide actionable data and valuable reporting at individual health centers
A partnership was formed between the AI, CHCANYS and Azara Healthcare in early 2015.
<table>
<thead>
<tr>
<th></th>
<th>Participating Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Acacia Network</td>
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<tr>
<td>2.</td>
<td>APICHA Community Health Center</td>
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<tr>
<td>3.</td>
<td>Bedford Stuyvesant Family Health Center</td>
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<td>4.</td>
<td>Betances Health Center</td>
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<td>5.</td>
<td>Brightpoint Health</td>
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<tr>
<td>6.</td>
<td>Brownsville Community Health Center</td>
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<td>7.</td>
<td>Callen-Lorde Community Health Center</td>
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<td>8.</td>
<td>Community Health Center of Buffalo</td>
</tr>
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<td>9.</td>
<td>Cornerstone Family Healthcare</td>
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<tr>
<td>10.</td>
<td>Harlem United Health Center</td>
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<tr>
<td>11.</td>
<td>Housing Works East New York Community Health Center</td>
</tr>
<tr>
<td>12.</td>
<td>Hudson River Healthcare</td>
</tr>
<tr>
<td>13.</td>
<td>Lutheran Family Health Centers</td>
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<tr>
<td>14.</td>
<td>Morris Heights Health Center</td>
</tr>
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<td>15.</td>
<td>Open Door Family Medical Center</td>
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<tr>
<td>16.</td>
<td>Settlement Health</td>
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<td>17.</td>
<td>Syracuse Community Health Center</td>
</tr>
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<td>18.</td>
<td>Whitney M. Young Health</td>
</tr>
<tr>
<td>19.</td>
<td>William F. Ryan Community Health Network</td>
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</table>
Azara presents data in variety of ways including Dashboards, Scorecard Reports, the Measure Analyzer and Registries

The following page lists measures developed for the AIDS Institute and in support of eHIVQUAL

The following pages illustrate some examples of Dashboards and Registries

- The application is flexible allowing for custom configuration to share information and results in the manner most suited to your center, users and needs
## HIV Reporting Measures

1. New Patient Visit Frequency
2. Visit Frequency (12 Month)
3. Visit Frequency (24 Month)
4. Viral Load Monitoring
5. Viral Load Suppressed < 200
6. Viral Load Suppressed < 50
7. Viral Load Always Suppressed < 200
8. Viral Load Always Suppressed < 50
9. CD4 Monitoring
10. PCP Prophylaxis
11. Baseline Resistance Test
12. Genital Chlamydia Testing
13. Anal Chlamydia Testing
14. Chlamydia Treatment
15. Genital Gonorrhea Testing
16. Anal Gonorrhea Testing
17. Pharyngeal Gonorrhea Testing
18. Gonorrhea Treatment
19. Syphilis Testing
20. Syphilis Treatment
Sample Dashboard #1

Dashboards - HIV Dashboard

- Retained 24 Months: 85%
- HIV+ Patients: 17,179
  - Pts with HIV and a visit in the Period
- Retained 12 months: 84%
- HIV Patients on ART: 94%
- VL Suppression <200: 66%
- VL Suppressed <50: 59%

STI Testing:
- HIV Genital Gonorrhea Testing: 67%, 11,584/17,179
- HIV Genital Chlamydia Testing: 72%, 12,037/17,179
- HIV Transgender Anal Gonorrhea Testing: 60%, 4,122/6,878
- HIV Transgender Anal Chlamydia Testing: 57%, 3,534/6,878

Selected: 69%
Center Average: 66%
### Sample Registry

**Registries - HIV**

<table>
<thead>
<tr>
<th>MRN</th>
<th>Name</th>
<th>Age</th>
<th>Most Recent Enc</th>
<th>Most Recent Provider</th>
<th>Most Recent Location</th>
<th>Next Appointment</th>
<th>Next Appointment Provider</th>
<th>HIV Dx Date</th>
<th>HIV Dx Code</th>
<th>Viral Load Log Copies</th>
<th>Viral Load Log Copies Res</th>
</tr>
</thead>
<tbody>
<tr>
<td>7932205</td>
<td>Figiel, Rudolph</td>
<td>58</td>
<td>12/27/2017</td>
<td>House, Gregory</td>
<td>1st St. Clinic</td>
<td>3/13/2018</td>
<td>Rigoli, Brian</td>
<td>11/10/2016</td>
<td>221</td>
<td>10/18/2017</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

### Custom Registries

- **HIV: Behavioral Health**
- **HIV: General**
- **HIV: Labs**
Open

- Use Azara Data to identify open patients (1175)

Active

- Use internal registry data to identify active patients by “G-code” for that year. (995)

Compare

- Create two lists in excel spreadsheet and filter

Engaged?

- Internal report using structured data

If no data…

- No longer contacting patients directly
  - Put in “sticky”
+ A code in our “Global Alert” that we can update yearly
+ Allows us to identify active patients
+ Requires manual entry every year.
+ Audited several times a year by report that shows people who have visit coded for HIV Diagnosis and do not have G-code
G-Code
**Structured data**

+ “Patients of other provider”

<table>
<thead>
<tr>
<th>Name</th>
<th>Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient has outside provider?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>Name of provider:</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Date of last appointment:</td>
<td>01/31/2017</td>
<td>X</td>
</tr>
<tr>
<td>Last Lab Results Received?</td>
<td>Yes</td>
<td>&lt;20 by patient report; getting X</td>
</tr>
<tr>
<td>Copies of Labs Scanned?</td>
<td>Yes</td>
<td>X</td>
</tr>
</tbody>
</table>
Refining algorithm

- Creating one master list of open patients and one master list of active patients.
- Feedback to both of what works and what doesn’t.
Pitfalls

+ How do you make the lists all line up?
+ Patients didn’t want to be called directly if they weren’t engaged
  - Most patients who did not come to our center did so because of confidentiality issues
  - Working on provider end to identify patients
    - Best practices meetings
    - Work with site medical directors
    - “sticky note” and putting in chief complaint prior to visit to remind providers
+ Coding errors
  - Encouraged better coding and worked with Azara to troubleshoot
What are next steps?

+ **Cumbersome work-around**
  - Discussions with Azara to identify “Active patient cohort”
    - Would be able to filter by cohort and generate list of patients who were Open but not Active

+ **Improving data**
  - Identification within our system of patients who are patients of other providers and continued discussion with providers to complete structure data
THANK YOU!

Christine Kerr and Greg Augustine

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