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Monthly Medication Cycle Automation

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HIV/AIDS in Texas

- Texas is second largest and second most populous state in USA
- In 2018, it registered the second highest number of new diagnoses in USA
- Gay men and other men who have sex with men (MSM) have historically experienced highest burden of HIV in Texas
- It is home to several big fast track cities - Austin, Dallas, Houston and San Antonio

3548

New people diagnosed with HIV in 2020

97,416

Total people living with HIV in 2020



Image source: Bloomberg



Center for Health Empowerment (CHE)

We provide services in Austin and Dallas

About us



HIV testing and STI testing and treatment

We offer free advanced screening and confirmatory HIV and STI testing



PrEP and PEP

Oral pills, injectables and Doxy PEP for all



HIV Treatment

Free HIV treatment for those who diagnose positive or are known positives

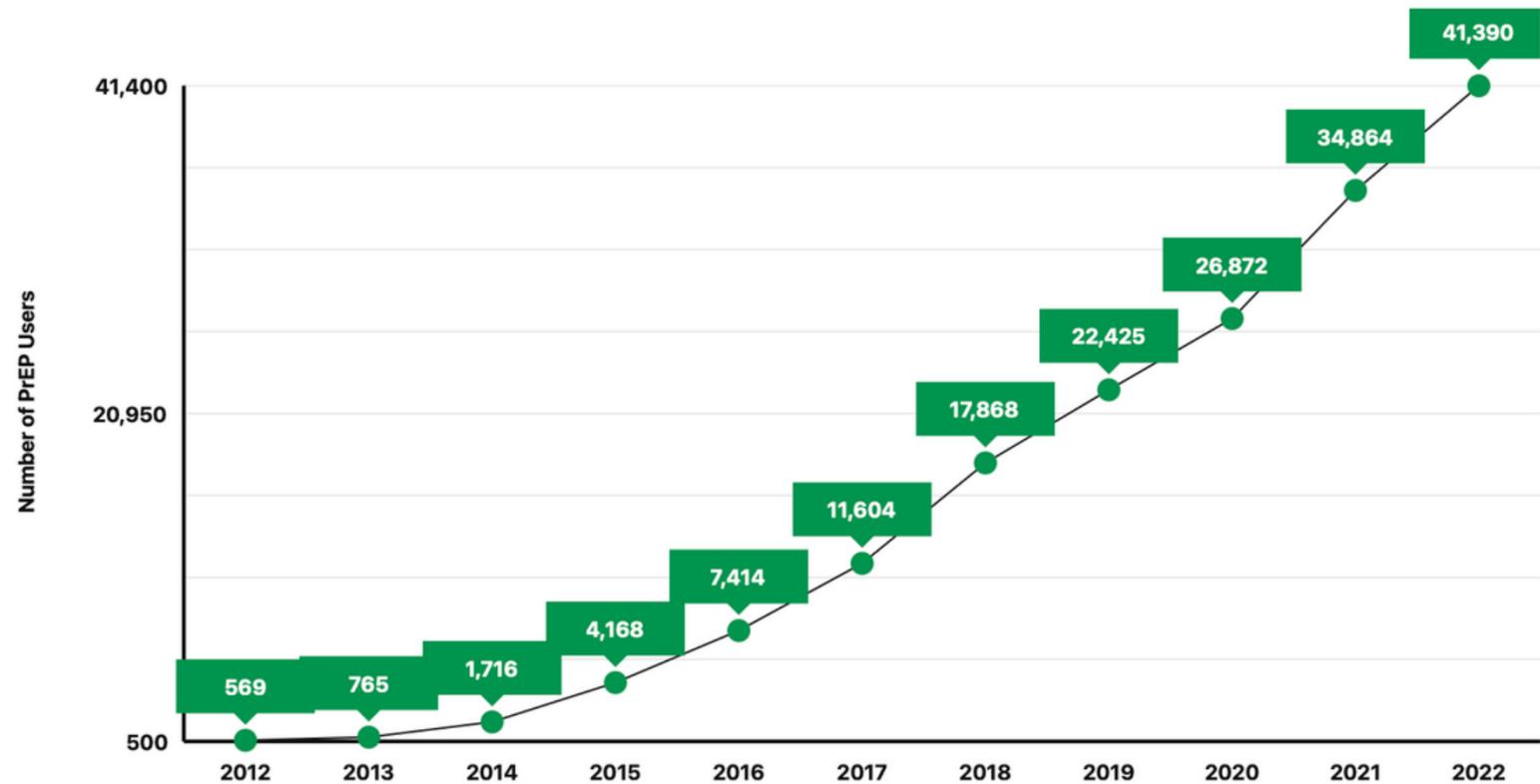


Counseling Support

Sexual health related Counseling for anyone who seroconverts

Numbers for PrEP Have been increasing

But the journey with PrEP is not as straight forward as it seems.



PrEP retention is a constant problem

We often find that even when clients do initiate PrEP, the drop outs or the interruptions are high and the retention is low - which does not solve the purpose since initiating PrEP is not sufficient, staying on PrEP is what would make them safe.



Mantra of Continuous Quality Improvement

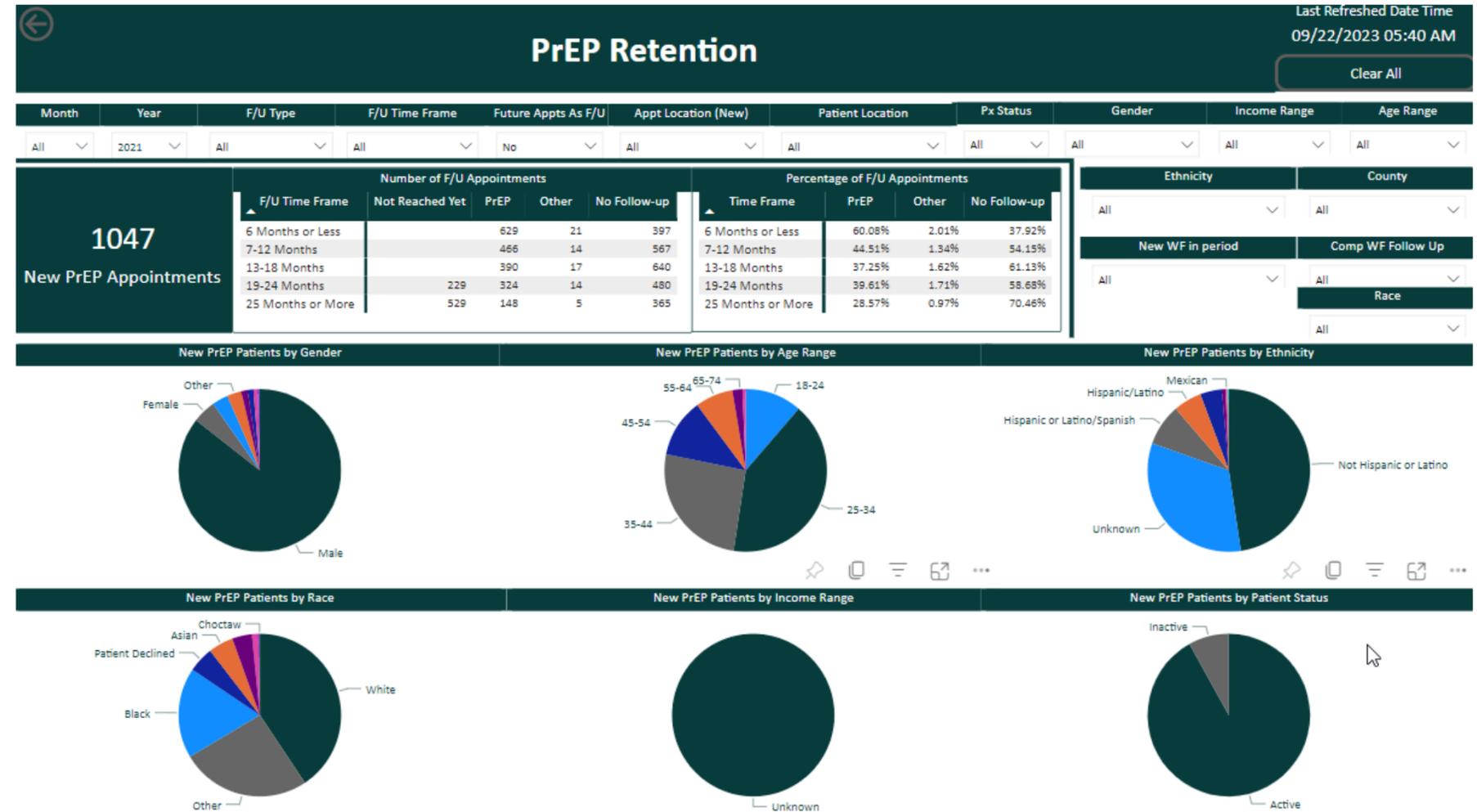
At CHE, we believe in continuous quality improvement and making data driven decisions.



Identifying the issues

We use our Power BI driven dashboards to look at retention across months.

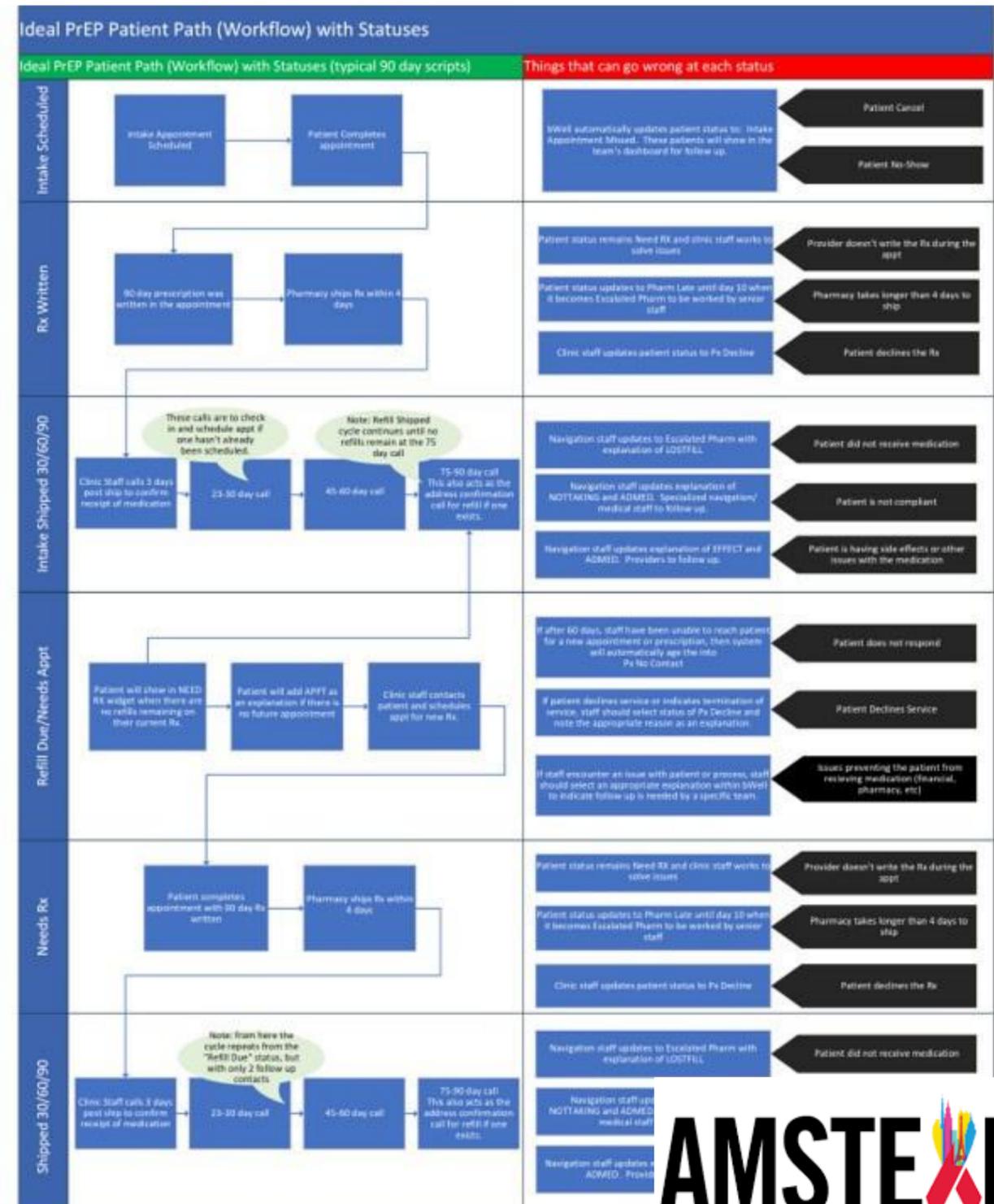
We found that there was an overall downward trend in the PrEP retention, going as low as 60%



Planning for improvement

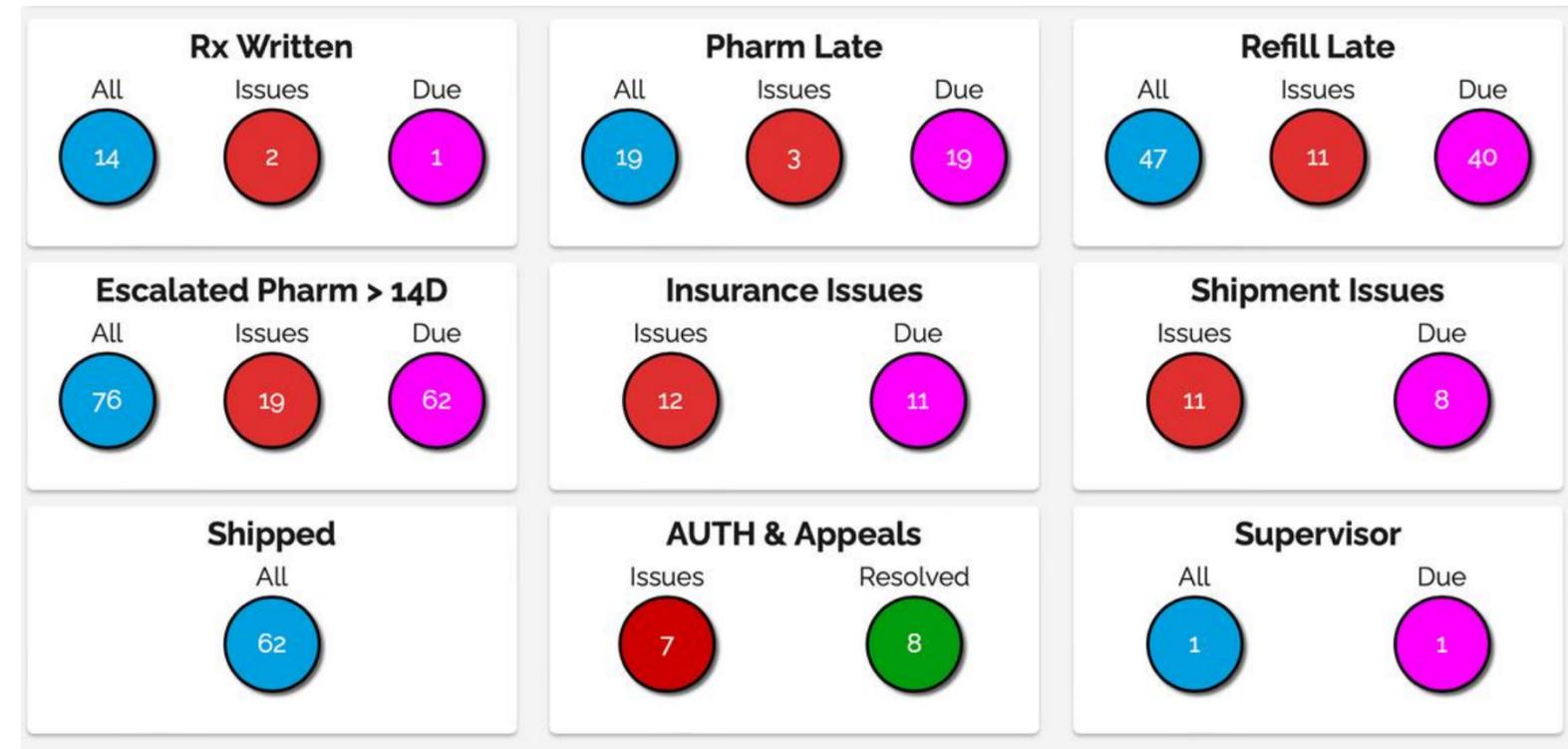
We interviewed our PrEP navigators to identify key challenges that were leading to such interruptions so that we can inform our planning to iron out those issues.

Insurance and Pharmacy related issues such as rejection of claims, prior authorizations and problems with coordinations etc were found to be most common issues.



Executing the intervention

We introduced the 340bwell system - a custom software solution and that we started using with standard EMR - which would facilitate PrEP navigation for our navigators.



340bwell also allows you to track reasons for leaving

Px Decline	4	NOSHOW	Follow up "F/U.Need Appt" marked complete. Details: left vm to reschedule apt.	F/U.Need Appt	09/22/2023
Px Decline	4	OOA	pt moved to corpus christi and wants to go to a clinic locally	---	---
Px Decline	4	NOSHOW	pt is not answering calls and he hasn't been in the clinic since december	F/U.Need Appt	09/15/2023
Px Decline	4	STI	Review this case with Clinic Staff patient was told to go twice to the clinic for blood work and went outside of hours of operation, spoke with pt and said she was only interested in sti and not on prep.	---	---
Px Decline	213	STI	sti	---	---
Px Decline	9	STI	Not a PreP Appt History of Present Illness STI Testing DOCUMENTED BY:RM Patient presents for STI Testing. Patient denies: urethral discharge, rectal discharge, vaginal discharge, painful urination, sores/blisters/ulcers/warts/rashes in the genital area, pain or swelling in genitalia, lumps or bumps in the genitalia. Patient denies: fever, fatigue, myalgia, rash, lymphadenopathy, sore throat, nausea, and vomiting.	---	---
Px Decline	163	NOREASON, SUPERVISOR, CANCELL	All Declines need a reason. This patient didn't give a reason apparently so "No Reason" is given	---	---
Px Decline	124	NMA	Set to NMA Not Medically appropriate for HIV Patients	---	---
Px Decline	242	STI, SUPERVISOR	STI Only - added this for reporting	---	---
Px Decline	11	MONOGAMOUS	Patient indicating monogamous relationship and not wanting PrEP at this time.	---	---
Px Decline	11	DIFFPROV	Patient is Going to a difference Clinic	---	---
Px Decline	12	OTHER	Patient NOSHOW for multiple appts and in last call indicates no interest in PrEP	---	---
Px Decline	16	APPT	Follow up "F/U.Need Appt" marked complete. Details: pt have cancelled 3 times	---	---



Reviewing the results

To examine the effect of the intervention, we evaluated data 6 months pre (N = 119, May 2022 to October 2022) and post (N = 131, November 2022 to June 2023) intervention.

12-15% increase | Up to 20% improvement
p<.001

Conclusions

Systems and processes related challenges can lead to major interruption issues. Navigating complex healthcare systems require advanced technological support and constant optimization.

We were able to improve retention with a new software that was catered to the needs of PrEP navigation

Programs experiencing similar problems must leverage power of dashboarding and EMRs like bwell



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