

# Interactive Preventative Health Record (IPHR)

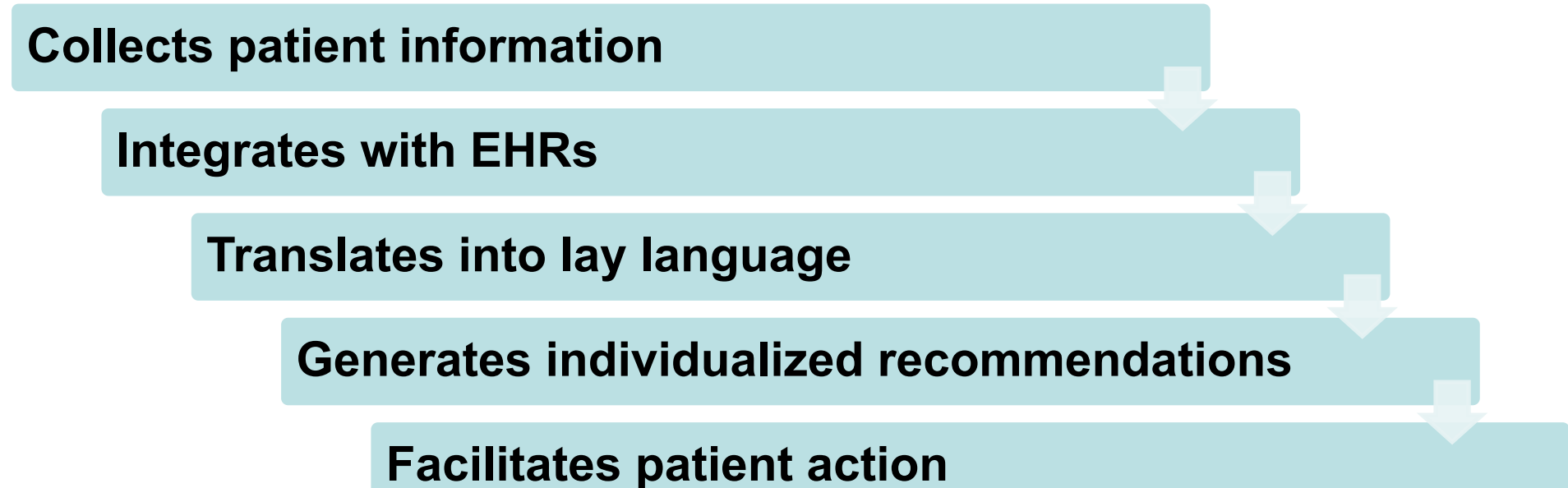
An Adapted Dissemination and Implementation Plan for Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Community Health Centers in New York City

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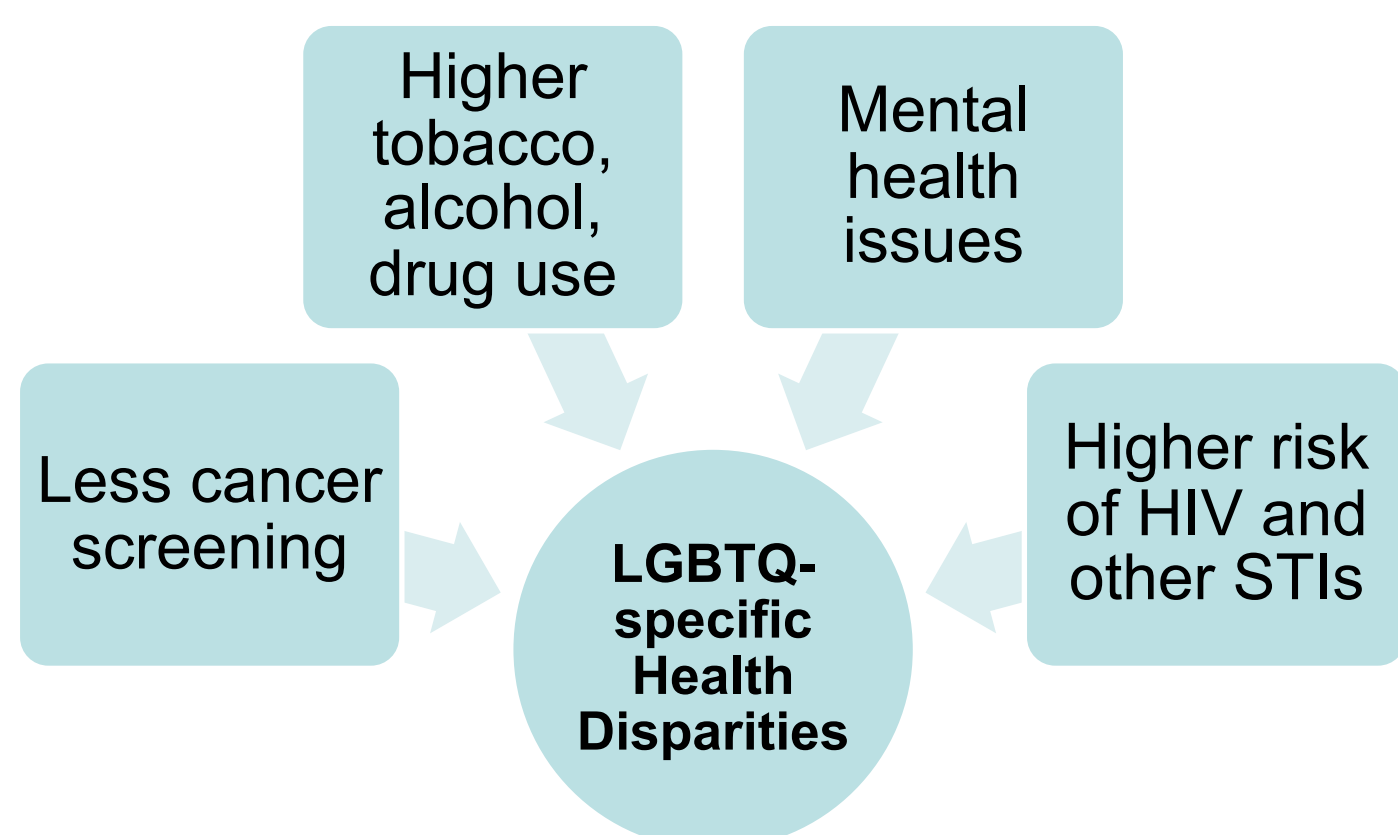
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## EBI

- Preventative EBIs for early detection of cancer and other conditions offer benefits, but Americans only receive half of indicated services
- Original EBI** targets health systems serving general populations with the following core components:



- Three trials demonstrated the feasibility of using IPHRs in different populations. A large D&I study across three diverse health systems in Virginia and Oregon for disadvantaged patients has been evaluating the efficacy of IPHRs since 2014, results pending
- New population:** LGBTQ community health centers in NYC



## ADAPTATION

**Assessment**

- Hexagon tool
- Consulting with stakeholders

**Decision**

- Adapting to health centers targeted towards LGBTQ communities

### ADAPT-ITT Model

**Topical Experts**

- Leadership, community advisors, IT, system administrators, EHR experts, clinicians

**Administration & Production**

- Working with EHR and IT teams

**Integration & Training**

- Clinicians and staff: 0-2-hour training/month
- IT: up to 200-hour commitment

**Testing**

- Number of centers, clinicians, patients who use the IPHR

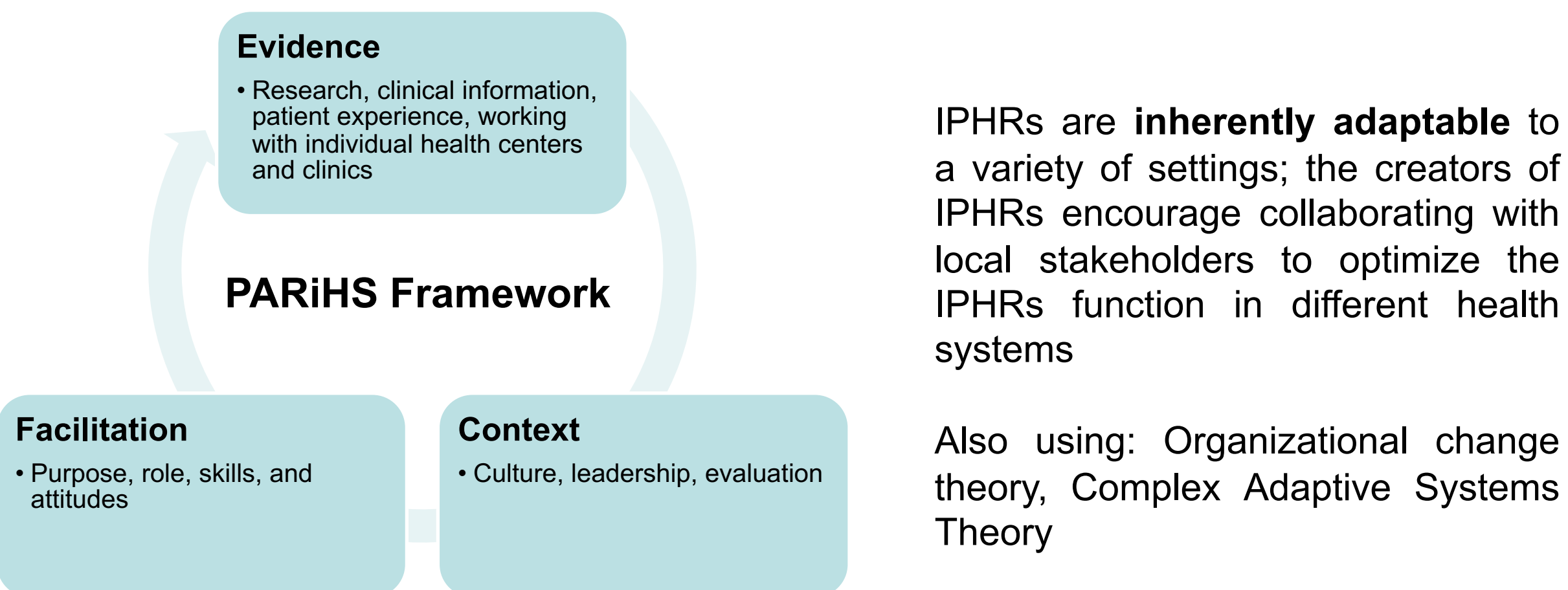
## DISSEMINATION

Based on principles of diffusion of Innovations (DOI)

Stakeholder	Dissemination Strategies
Health center leadership	Interpersonal - Emails
Opinion leader	Interpersonal - Connection through health center leadership
Clinicians	Newsletters via NYS LGBT Health & Human Services Network
Health center managers	Emails with IPHR description

Intervention characteristics	Strategy for Fulfillment
Complexity	Implementation manual, blueprint, logic model
Relative advantage	Comparing to standard EHR and lack of similar interventions for LGBTQ populations
Cost	Relatively high payoff for one-time cost
Trialability	Webinar on proven functionality and benefits of IPHR
Observability & Effectiveness	Presenting results from prior robust studies via newsletter

## IMPLEMENTATION



CFIR Domain	Construct	ERIC Strategy	Application
Inner context	Readiness for implementation, climate	<i>Assess for readiness and identify barriers and facilitators</i>	Surveys to clinicians, phone/email interviews with organizational leadership
Outer context	Patient needs and resources	<i>Needs assessment</i>	Exploratory research selecting EBI and conducting adaptation
Individual characteristics	Self-efficacy	<i>Conduct ongoing training</i>	Monthly on-site training by external change agent
Intervention characteristics	Complexity	<i>Develop formal implementation blueprint</i>	Work with stakeholders to develop timeline, goals, and performance measures
Process	Reflecting and evaluating	<i>Audit and provide feedback</i>	Collect data from each health center frequently to assess effectiveness, fidelity, satisfaction
	Executing	<i>Provide technical assistance</i>	Constant collaboration with on-site IT team, guides and measurement tools provided

## EVALUATION

Planning	Intervention Implementation	Intervention Completion
<ul style="list-style-type: none"> <li>Formative Evaluation</li> <li>Hexagon tool, ADAPT-ITT</li> </ul>	<ul style="list-style-type: none"> <li>Process evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Outcome evaluation</li> </ul>
RE-AIM Dimension	Level	Indicator
Adoption	Organizational + Individual (Provider)	Number, percentage, and representativeness of eligible centers+ clinicians who participated in using an IPHR, characteristics of adopters
Reach	Individual (Provider)	Number of health centers reached by newsletter
	Individual (End-user)	Number of patients who learn about in IPHR
Implementation	Individual (Provider)	Fidelity of introduction to IPHR, satisfaction, acceptability
Effectiveness	Individual (End-user)	Percentage of patients who enroll in IPHR
Maintenance	Organizational	Adaptation and continuation of IPHR, characteristics of clinics continuing
	Individual (End-user)	Characteristics of patients who continue using IPHR

## SUSTAINABILITY + COST

- Involving stakeholders early and in planning stage
- Creating champions out of clinicians and support staff
- Post-training follow-ups, consulting frequently
- High degree of flexibility and adaptability to individual centers
- Cost can be a big issue, as implementation is IT-intensive
  - However, once implemented, IT maintenance is minimal
- Surveys to be filled out by leadership and clinicians to assess sustainability 2 years and 4 years post-implementation

## STAKEHOLDERS

Adopters	Implementers	End-users	Community Advisory
<ul style="list-style-type: none"> <li>Health center leadership</li> <li>Clinicians</li> </ul>	<ul style="list-style-type: none"> <li>IT staff</li> <li>Clinicians</li> <li>Health center personnel (e.g. front desk)</li> </ul>	<ul style="list-style-type: none"> <li>Members of the LGBTQ community who are patients at community health centers</li> </ul>	<ul style="list-style-type: none"> <li>HIV Planning Council</li> <li>LGBTQ advocacy groups</li> <li>Health department units targeting LGBTQ health</li> </ul>
<ul style="list-style-type: none"> <li><b>My role:</b> Program Planner at NYC DOHMH working in LGBTQ preventative health</li> <li><b>Settings:</b> Clinics at Callen-Lorde Community Health Center, Planned Parenthood, GMHC, The Center, APICHA, CHN</li> <li><b>Communicating findings:</b> <ul style="list-style-type: none"> <li>Listserves, newsletters, website updates to participating center</li> <li>Annual report to NYC DOHMH</li> </ul> </li> </ul>			