1099

Leveraging the Electronic Medical Record to Improve Linkage to Comprehensive HIV Prevention Services

Victoria A. Green[1], Gabriella Douglass[1], Martha Schanandore[2], Elizabeth Underwood[1], Forrest Smith[3]

[1]Arcare, Searcy, AR, USA, [2]University of Arkansas for Medical Sciences, Little Rock, AR, USA, [3]Harding University College of Pharmacy, Searcy, AR, USA

BACKGROUND

- Arkansas has experienced a disproportionate increase in HIV diagnoses over the past decade, particularly in rural and medically underserved regions.
- Despite participation in the Ending the HIV Epidemic (EHE) initiative, uptake of HIV prevention services remains limited. In 2022, only 1,675 of 5,130 (32.7%) Arkansans identified as eligible for Pre-Exposure Prophylaxis (PrEP) received a prescription.

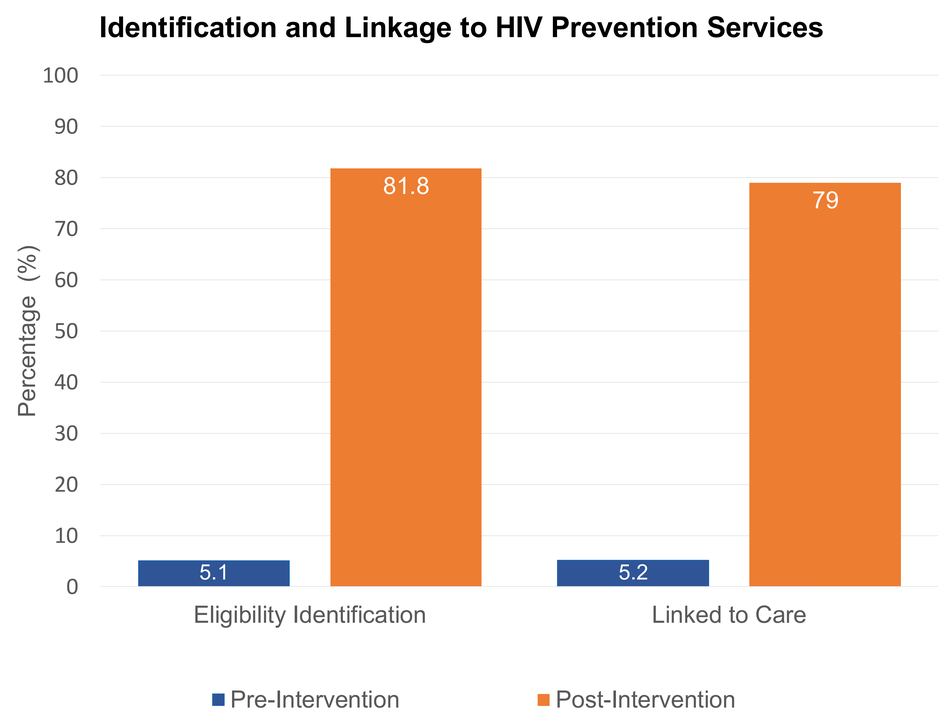
METHODS

- A pre-post implementation evaluation was conducted within Arcare, a multi-site Federally Qualified Health Center (FQHC) serving rural populations across Arkansas. An internal review identified missed opportunities for linkage to comprehensive HIV prevention services (LCPS).
- An optimized electronic medical record (EMR) workflow was implemented to improve identification of patients eligible for HIV prevention services and linkage to prescribing providers. EMR optimization included standardized eligibility identification criteria, reporting tools to identify eligible patients, and workflow integration to support referral to prescribing services.
- Baseline and post-implementation data were extracted from the EMR. Outcomes included LCPS eligibility identification and linkage to prescribing services. Data were summarized using descriptive statistics.

RESULTS

Outcome	Baseline	Post-Intervention
HIV-negative patients	11,310	10,735
Assessed for LCPS Eligibility	10,894	10,735
Identified as Eligible for LCPS	561	8,778
Linked to HIV CPS	29	6,934

EMR workflow optimization increased identification of patients eligible for comprehensive HIV prevention services from 5.1% to 81.8% and linkage to prescribing services from 5.2% to 79.0% across participating clinic sites.



Eligibility: 561 to 8,778 patients identified
Linkage: 29 to 6,934 patients linked

EMR optimization increased eligibility identification by >75 percentage points.

CONCLUSIONS

- EMR optimization was associated with substantial improvements in identification of patients eligible for HIV prevention services and linkage to prescribing services within a rural FQHC network.
- EMR-driven workflows may strengthen HIV prevention service delivery in resource-limited settings.
- Pharmacist-integrated care team models may help expand access to comprehensive HIV prevention services.

REFERENCES

- Ramirez E. Arkansas ranks No. 1 in highest increase in HIV cases. KSN News. 7 Feb. 2025. https://www.ksn.com/news/health/arkansas-ranks-no-1-in-highest-increase-in-hiv-cases/.
- Centers for Disease Control and Prevention. HIV Surveillance Data Tables: Core Indicators for Monitoring the Ending the HIV Epidemic Initiative: National HIV Surveillance System Data Reported Through December 2023. 21 May 2024. https://stacks.cdc.gov/view/cdc/156512.
- America's HIV Epidemic Analysis Dashboard. 2022. https://ahead.hiv.gov/arkansas/.

AUTHOR CONTACT INFORMATION

- Email: victoria.green@arcare.net

PLAIN LANGUAGE SUMMARY

After improving how our electronic medical record system identifies patients who may benefit from HIV prevention services, many more eligible individuals were recognized and connected to providers. Better use of health record technology can help clinics reach more patients who need HIV prevention services and link them to care.