Healthix

SUCCESS STORY:

HIV/AIDS: Ending the Epidemic

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Public Health Initiative to Stop HIV/AIDS Supported by Health Information Exchange (HIE)

Healthix has worked with the AIDS Institute in the New York State Department of Health for close to a decade, providing valuable data to support detection and improve the long-term care of HIV/AIDS patients.

Recently, Healthix was tasked with developing a series of algorithms to identify HIV+ patients. The goal was to find patients who had been lost to care (no primary care visits in the last 12 months). When the lost-to-care patient registers at an ER, Healthix delivers a real-time alert to the provider of record.

A secondary project focused on improving the care and engagement of patients living with HIV. Alerts are delivered to Health Home care managers, outreach workers, and other care team members when a consenting patient is out of care (no primary care visit in 26 weeks) and not virally suppressed (VL > 200 copies/mL) at last lab.

Using Healthix SMART Alerts to help reconnect patients with care, the patient's viral load count facilitates prioritized outreach.

The alerts stratify patients into 3 categories:

Priority 1: VL above 200 copies/mL and CD count below 50 cells/microL at last lab

Priority 2: VL above 200 copies/mL and CD count between 50 and 200 cells/microL at last lab

Priority 3: VL above 200 copies/mL and CD count above 200 cells/microL at last lab

THE VALUE HEALTHIX PROVIDES:

Healthix Services
Healthix SMART Alerts

Benefits
Better Clinical Outcomes
Improved Care Coordination

Learn more at: Healthix.org/Success