

# **Optimizing Your Health Center's Electronic Health Record (EHR) to Support HIV Prevention**

**April 16, 2026**

**Chris Grasso, MPH  
CIO | Consultant  
FASTx Partners**



**NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER**

A PROGRAM OF THE FENWAY INSTITUTE

# Our Roots

## Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

## The Fenway Institute

- Research, Education, Policy



# The National LGBTQIA+ Health Education Center

- Training and Technical Assistance
- Grand Rounds
- Online Learning
  - CE and HEI Credit
- Environmental Influences On Child Health Outcomes (ECHO) Programs
- Publications and Resources



Learning Module



Publication



Toolkit



Video



Webinar

# Technical Questions?

- Please call Zoom Technical Support:  
1.888.799.9666 ext 2
- You can contact the webinar host using the chat function in Zoom. Click the “Chat” icon and type your question.
- Alternatively, e-mail us at [education@fenwayhealth.org](mailto:education@fenwayhealth.org) for less urgent questions.



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

# Sound Issues?

- Ensure your computer speakers are not muted
- If you cannot hear through your computer speakers, navigate to the bottom toolbar on your screen, go to the far left, and click the arrow next to the phone icon
- Choose “I will call in”
- Dial the phone number and access code



# CME/CEU Information

<p><b>Physicians</b></p>	<p>AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician’s Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.</p>
<p><b>Nurse Practitioners, Physician Assistants, Nurses, Medical Assistants</b></p>	<p>AAFP Prescribed credit is accepted by the following organizations. Please contact them directly about how participants should report the credit they earned.</p> <ul style="list-style-type: none"> <li>•American Academy of Physician Assistants (AAPA)</li> <li>•National Commission on Certification of Physician Assistants (NCCPA)</li> <li>•American Nurses Credentialing Center (ANCC)</li> <li>•American Association of Nurse Practitioners (AANP)</li> <li>•American Academy of Nurse Practitioners Certification Program (AANPCP)</li> <li>•American Association of Medical Assistants (AAMA)</li> </ul>
<p><b>Other Health Professionals</b></p>	<p>Confirm equivalency of credits with relevant licensing body.</p>

# Optimizing Your Health Center's EHR to Support HIV Prevention

April 16, 2026

Chris Grasso, MPH  
CIO | Consultant  
FASTx Partners



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

# About FASTx Partners

## Who We Are:

- Healthcare technology and strategy firm focused on community-based care
- Deep expertise in health centers, public health, and safety-net systems
- Led by experienced CIOs and healthcare executives

## What We Do:

- Fractional (part-time) executives
- Technology consulting and advising
- Artificial Intelligence (AI) readiness, strategy, and implementation
- Digital transformation

 [fastxpartners.com](https://fastxpartners.com)

✔ Mission-Driven | ✔ Healthcare-Focused | ✔ Outcome-Oriented

 NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

# Optimizing Your EHR to Support HIV Prevention: From Workflow to Impact the Process

- Pre-exposure prophylaxis (PrEP) is a powerful tool for HIV prevention, but access and continuity remain uneven.
- Health centers play a critical role in expanding access.
- EHRs and digital tools can either create barriers or enable seamless PrEP care.
- **In this session, we will:**
  - Explore how to optimize EHR and digital tool workflows to support PrEP delivery
  - Share practical strategies for improving access, efficiency, and quality
  - Highlight opportunities for data, automation, and community health



# Why This Matters Now

- HIV prevention goals require scaling PrEP access.
- Many eligible patients are still not identified or engaged.
- Fragmented workflows create barriers to initiation and follow-up.
- Data gaps limit community health management.
- Technology (EHR + digital tools + AI) can transform access and outcomes.



# HIV Prevention as a Gateway to Primary Care

TABLE 1—

Comparison of Receipt of Primary Care Between Preexposure Prophylaxis (PrEP) Users and Individuals Not Prescribed PrEP:  
Fenway Health, Boston, MA, 2012–2016

Type of Primary Care Received	PrEP Users (n = 2047), No.	Non-PrEP Users (n = 3810), No.	Unadjusted PR = (95% CI)	Adjusted PR = (95% CI)
Influenza vaccination (yes vs no)	1109	1248	1.39 (1.31, 1.48)	1.28 (1.20, 1.37)
Tobacco screening (yes vs no)	1782	2570	1.15 (1.12, 1.19)	1.06 (1.02, 1.09)
Depression screening (yes vs no)	1847	2364	1.34 (1.30, 1.38)	1.07 (1.04, 1.11)
Hemoglobin A1c or glucose testing (yes vs no)	1603	1588	1.78 (1.70, 1.85)	1.64 (1.56, 1.72)
Hemoglobin A1c testing (yes vs no)	356	538	0.98 (0.87, 1.11)	0.81 (0.71, 0.93)
Glucose testing (yes vs no)	1570	1414	1.94 (1.85, 2.03)	1.78 (1.69, 1.88)

*Note.* CI = confidence interval; PR = prevalence ratio. Sample sizes represent individuals who ever used PrEP or each type of primary care during the study period. We obtained unadjusted and adjusted PRs from Poisson models with generalized estimating equations to account for clustering among patients tested for rectal sexually transmitted infections, and thus included in the data set, in multiple years. Adjusted models included age, race/ethnicity, insurance type, year, and number of visits, with diabetes, hypertension, and overweight or obesity additionally included in models for hemoglobin A1c and glucose testing.

Higher proportion of PrEP users received influenza vaccination, tobacco screening, and depression screening compared with nonusers.

Marcus JL, Levine K, Grasso C, Krakower DS, Powell V, Bernstein KT, Boswell S, Mayer KH. HIV Preexposure Prophylaxis as a Gateway to Primary Care. *Am J Public Health.* 2018 Oct;108(10):1418-1420. doi: 10.2105/AJPH.2018.304561. Epub 2018 Jul 19. PMID: 30024802; PMCID: PMC6137783.

# The Future(ish) of HIV Prevention Care: Technology-Enabled, Patient-Focused

- Automated identification of PrEP candidates using EHR + AI
- Digital intake and risk assessment tools
- Hybrid care models (in-person + telehealth + home testing)
- Automated reminders, adherence support, and outreach
- Real-time dashboards for population health tracking

# Starting the Process

- **Create your team**
  - Include key staff who can be champions and provide feedback
  - Senior management support/executive champion
- **EHR customization**
  - Forms/templates
  - Patient engagement tools (portals, texting)
- **Training**
  - Clinical staff (e.g. MD, medical assistants, nurses, optometrists, dentists) and non-clinical staff (e.g. front desk/patient services, billing)
- **Data reports**



# Gathering Data During the Process of Care

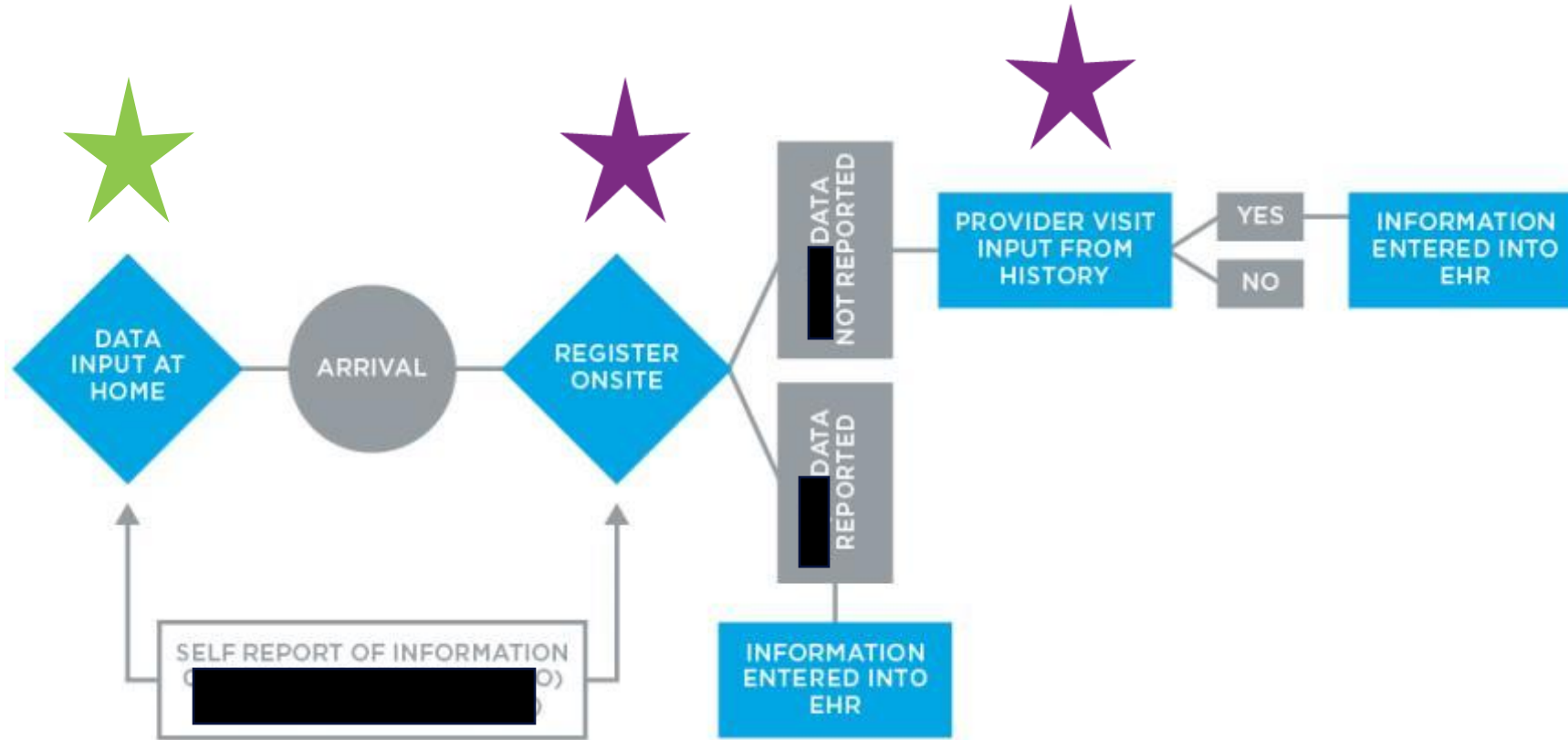


Fig. 2. Diagram from [REDACTED]

# Sample Registration Form

- Legal Name
- Name
- Insurance/Legal Sex
- Medical and Social Background Information
- Parent/Guardian

FENWAY  HEALTH

**Client Registration**

The information in your medical record is confidential and is protected under Massachusetts General Laws Ch. 111, Sec 70. Your written consent will be required for release of information except in the case of a court order.

**Medical Record #**  
(For office use only)

*The questions below are about your insurance\*. If you do not have insurance, list what is on your legal ID.*  
\* While Fenway recognizes a number of genders/sexes, many insurance companies and legal entities unfortunately do not. Please be aware that the name and sex listed on your insurance must be used on documents pertaining to insurance, billing and correspondence. If you use a name and/or pronouns different from these, please let us know below, as indicated. If you are unsure what to list, ask a member of Patient Services for clarification.

**1**

Insurance Information	Name Last First Middle Initial		Date of Birth Month / Day / Year		Social Security #	Sex Marker <input type="checkbox"/> Female <input type="checkbox"/> Male
	How would you like our staff to refer to you? First Name Pronouns					

**2**

Your answers to the following questions will help us reach you with important information.

Home Phone ( ) Ok to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone ( ) Ok to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ( ) Ok to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Best number to use <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Address City State ZIP		Email address	
Occupation Employer/School Name		Are you covered under school/employer's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact's Name Phone Number		Relationship to You	

Fenway Health will send certain correspondence, such as bills, to your mailing address. How would you prefer to receive other types of written correspondence? (check one)  Secure Email (MyFenway)  Letter  Other

**3**

*This information is for demographic purposes only and will not affect your care.*

1.) What is your annual income? <input type="checkbox"/> No income	2.) Employment Status <input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Student full time <input type="checkbox"/> Student part time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other	[Redacted]	
1a.) How many people (including you) does your income support?	6.) Preferred Language (choose one) <input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> Português <input type="checkbox"/> Русский <input type="checkbox"/> Other	8.) Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other	10.) Referral Source <input type="checkbox"/> Self <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Health Provider <input type="checkbox"/> Emergency Room <input type="checkbox"/> Ad / Internet / Media / Outreach Worker / School <input type="checkbox"/> Other
[Redacted]		9.) Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran	[Redacted]

**4**

Please turn over 

# Implementation Strategies

Optimizing your EHR workflows can support different avenues into care, reduce barriers, and improve access to PrEP services. These strategies can be built into your EHR system.



## Same-Day Appointments

Use same-day appointment slots or urgent appointments for PrEP starts, ideally with labs completed in advance. Streamline scheduling workflows in your EHR.



## Telehealth Options

Enable telehealth visits for renewal after appropriate labs are completed. Build telehealth protocols into your EHR system for seamless care.



## Non-Provider Visits

Leverage non-provider staff (e.g., RN visits) for routine follow-up. Schedule provider visits annually or as needed. Create visit templates for efficiency.



## Standing Orders

Consider use of standing orders for initial or follow-up labs. Automate lab orders in your EHR to reduce administrative burden and improve consistency.



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

# Patient Online Scheduling

**MyChart**

Menu Visits Messages Test Results Medications

Appointments and Visits [Schedule an appointment](#)

### Schedule an Appointment Start over

Providers [Edit](#)  
Adam Albano, MD


Reason for visit [Edit](#)  
New Problem Visit

Locations [Edit](#)  
Fenway Health

[Time](#) [Verify and schedule](#)

What time works for you?

**Monday February 5, 2024**  
Adam Albano, MD

 Fenway Health  
142 Berkeley Street Boston MA 02116

8:00 AM	8:15 AM	8:30 AM	8:45 AM	9:00 AM
9:15 AM	9:30 AM	9:45 AM	10:00 AM	10:15 AM
10:30 AM	10:45 AM	11:00 AM	11:15 AM	11:30 AM

**Search Criteria**

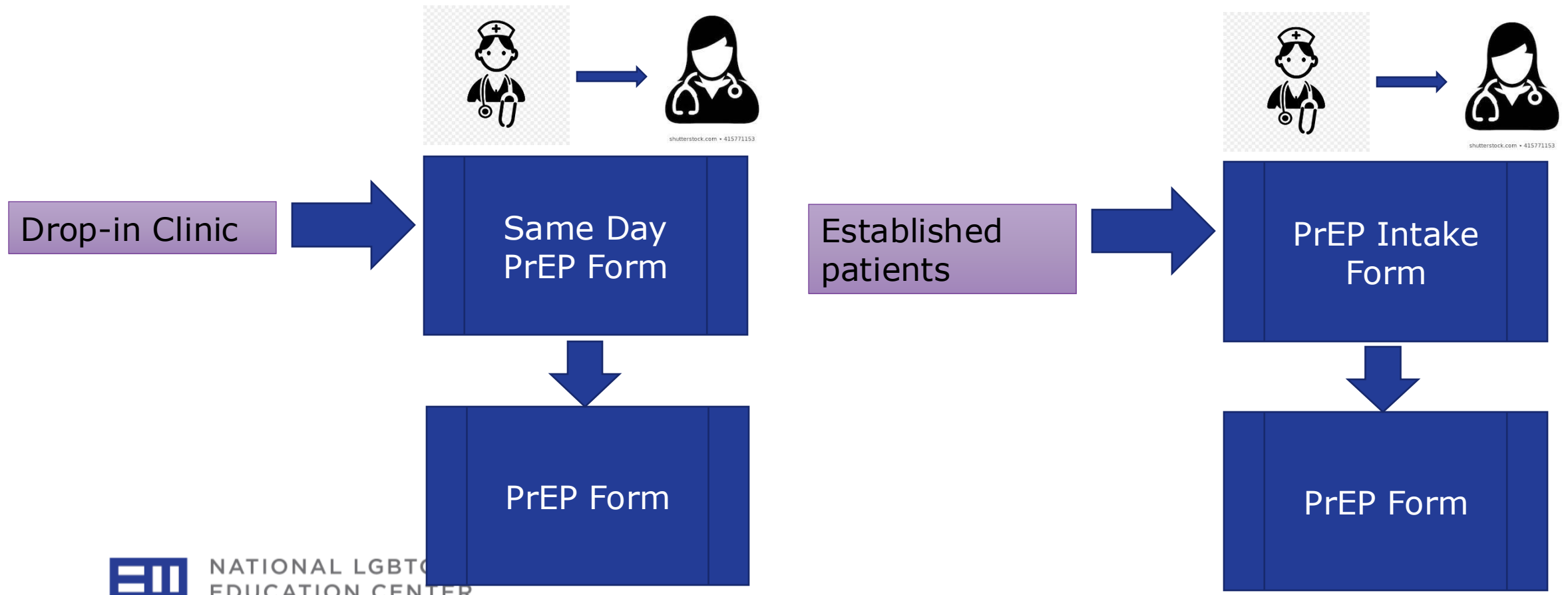
\* Start search on:  [Calendar](#)

Times:

[All available times](#)

[Filter times](#)

# HIV Prevention Forms: Same Day or Established Patients



# EHR Optimization Opportunities

- **Clinical decision support tools/health maintenance**
  - Supports clinical decision making by providing treatment recommendations, such as prompting the care team to include an HIV test along with sexually transmitted infection (STI) testing
  - Helps build clinician confidence to provide PrEP care
  - Helps identify patients who may be good candidates for PrEP
- **Custom forms/templates**
- **Order sets & standing orders**
  - Reduces variability between providers
  - Helps with compliance for labs and medications
  - Helps with efficiency for clinical teams
  - Supports same-day PrEP
- **Build diagnostic and billing codes into templates**



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

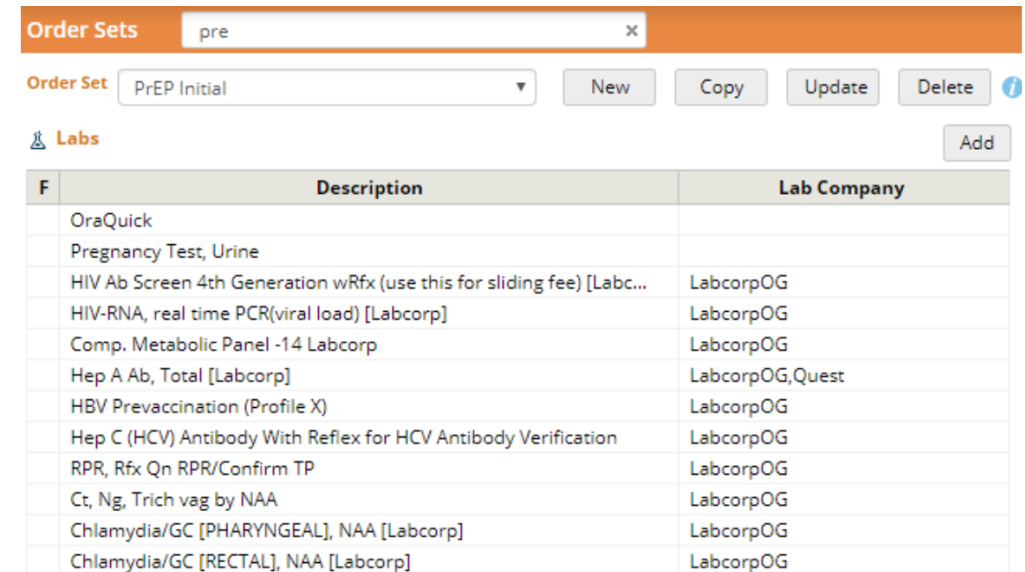
A PROGRAM OF THE FENWAY INSTITUTE

# EHR Workflow: Standing Lab Order & Order Sets

Using standing orders and order sets to streamline the process.

## Lab Tests (example)

- HIV test
- Creatinine
- Hepatitis B surface antigen and antibody
- Pregnancy test if applicable
- STI Screening: gonorrhea and chlamydia (throat, urine, rectum, vagina as appropriate)
- Syphilis



The screenshot shows an EHR interface for managing Order Sets. The top bar is orange and contains the text 'Order Sets' and a search box with 'pre' entered. Below this, there is a dropdown menu for 'Order Set' with 'PrEP Initial' selected, and buttons for 'New', 'Copy', 'Update', and 'Delete'. A 'Labs' section is visible with an 'Add' button. The main content is a table with columns for 'F', 'Description', and 'Lab Company'.

F	Description	Lab Company
	OraQuick	
	Pregnancy Test, Urine	
	HIV Ab Screen 4th Generation wRfx (use this for sliding fee) [Labcorp]	LabcorpOG
	HIV-RNA, real time PCR(viral load) [Labcorp]	LabcorpOG
	Comp. Metabolic Panel -14 Labcorp	LabcorpOG
	Hep A Ab, Total [Labcorp]	LabcorpOG,Quest
	HBV Prevacination (Profile X)	LabcorpOG
	Hep C (HCV) Antibody With Reflex for HCV Antibody Verification	LabcorpOG
	RPR, Rfx Qn RPR/Confirm TP	LabcorpOG
	Ct, Ng, Trich vag by NAA	LabcorpOG
	Chlamydia/GC [PHARYNGEAL], NAA [Labcorp]	LabcorpOG
	Chlamydia/GC [RECTAL], NAA [Labcorp]	LabcorpOG

# EHR HIV Prevention Form

Interactions: !

Forms Text

Intake | Assessment | History | PreP Med | Counseling | FollowUp

**Past Medical History**

Intake | Assessment | History | PreP Med | Counseling | FollowUp

**Past Medical History**

**Patient is not eligible for PreP**

1. Have you ever tested positive for HIV?  Yes  No  Dont Know

2. Do you have a history of renal disease?  Yes  No  Dont Know

3. Do you have a history of liver disease?  Yes  No  Dont Know

4. Have you ever been diagnosed with osteoporosis?  Yes  No  Dont Know

5. Do you currently have Hepatitis B?  Yes  No  Dont Know

6. In the past 72 hours, have you

Had any condomless anal or vaginal intercourse?  Yes  No  Dont Know

Shared needles or works (cotton, cooker, water) for injection drug use with partner of + or unknown status  Yes  No  Dont Know

Shared needles for steroids, hormones or other medications?  Yes  No  Dont Know

**Not eligible for same day PreP, refer to provider**

7. Have you ever been on nPEP?  Yes  No  Dont Know

Add Medications

**Vital Signs**

Weight  Height  Pulse  Temperature

O2  BP  /  Respiratory Rate

Favorites Add

# EHR HIV Prevention Form

Intake | Assessment | History | **PreP Med** | Counseling | FollowUp

## Review PreP Medication

1. Potential Side Effects

Common:  
diarrhea, dizziness, nausea, headache, fatigue, abnormal dreams, sleep problems, rash, depression  
**Counsel: If experience, continue med, contact care team within 7 days**

Cause for concern:  
lactic acidosis (weakness, unusual pain, trouble breathing, nausea, vomiting, fast heartbeat, feeling cold/dizzy/lightheaded),  
liver problems (jaundice, light colored stools, lack of appetite, nausea, abdominal pain)  
**Counsel: If experience, stop medication, contact care team for evaluation within 24 hours**

2. Need for daily adherence (discuss efficacy of and resistance to medication)  
**Counsel: Notify provider and need for HIV testing prior to restarting PrEP if stopped for seven or more days**

3. Time to protection  
**Approximately 7 days after starting PrEP in rectal tissue**  
**Approximately 20 days in cervicovaginal tissue**

4. Review risk regarding Hepatitis B and acute HIV

## Baseline Testing

**DPH:**  
**DPH will collect HIV, GC, CT, RPR, and Hep C Labs**

**Quest:**  
**Quest labs to be ordered by provider: Bun/CR, Hep B (HBsAG, HBcAB, HBsAb)**

**Order Quest Labs**



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

# Organ Inventory

**Organ Inventory**

Organs the patient currently has:

Breasts:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Cervix:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Ovaries:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Uterus:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Vagina:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Penis:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Prostate:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Testes:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Organs present at birth or expected at birth to develop:

Breasts:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Cervix:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Ovaries:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Uterus:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Vagina:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Penis:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Prostate:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Testes:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Organs surgically enhanced or constructed:

Breasts:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vagina:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Penis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Organs hormonally enhanced or developed:

Breasts:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----------	------------------------------	-----------------------------

Close  Cancel

Previous  Next

Chris Grasso, Hilary Goldhammer, Julie Thompson, Alex S Keuroghlian,  
Optimizing gender-affirming medical care through anatomical inventories, clinical decision support, and population health management in electronic health record systems,  
Journal of the American Medical Informatics Association, 2021.; ocab080, <https://doi.org/10.1093/jamia/ocab080>

# Clinical Decision Support (CDS)/ Health Maintenance

## Current Variables:

- Sex
- Age
- Problems/disease conditions
  - e.g. diabetes
- Medications
  - e.g. coumadin
- Observations
  - e.g. blood pressure > 220

## Recommended Additional Variables:

- Social factors
- Anatomical inventory
- Sexual history



# Why Coding Automation Matters for HIV Prevention

- ✓ **Ensures accurate coding every time**
  - Prevents missing ICD-10 exposure codes (e.g., Z20.6)
  - Applies correct current procedural terminology (CPT) codes for HIV/STI labs and visits
  - Helps avoid coding errors that result in denials or delayed reimbursement
- ✓ **Reduces administrative burden on clinicians**
  - Auto-populates the superbill based on order sets
  - Saves time on manual code selection
  - Allows providers to focus on clinical care rather than billing workflows
- ✓ **Improves revenue capture**
  - Ensures labs, counseling, and injectable administration codes are not forgotten
  - Captures reimbursable services that often go unbilled
  - Standardizes billing across all clinicians and visit types
- ✓ **Supports quality tracking**
  - Structured codes feed analytics dashboards
  - Helps identify differences in PrEP uptake and follow-up
  - Enables cleaner population health reporting and grant reporting

# How It Works in the EHR

- **Provider or RN uses PrEP order set**
  - EHR automatically associates corresponding CPT/ICD-10 codes
- **Documentation triggers billing automation**
  - HIV counseling → Z71.7
  - STI screening → Z11.3
  - High-risk behavior → Z72.5x
- **Lab orders auto-add correct CPT codes**
- **Injectable PrEP administration automatically codes J0741 or J1306**
- **Document is completed faster and with accuracy**
- **Billing team reviews & submits with fewer errors**



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

# Patient Challenges in HIV Prevention Care

- Insurance/coverage/cost issues
- Medication challenges: side effects, regimens
- Perceived need/benefit
- Shame
- Other events in life require attention
- Too busy, hard to get time off work
- Transportation barriers
- Navigating care: extra planning, scheduling
- Negative experiences perceived when seeking care



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

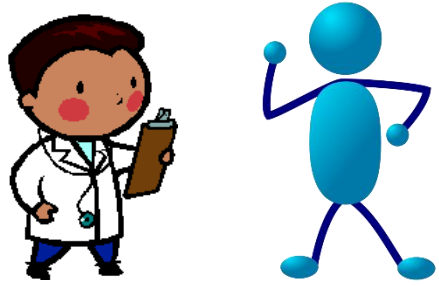
A PROGRAM OF THE FENWAY INSTITUTE

# Technology for Sexual Health and HIV Prevention

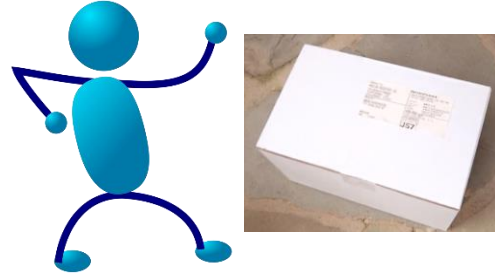
- Home testing
  - Online ordering services at-home HIV and STI testing kits.
- Tele-PrEP
- Digital adherence
  - Apps provide reminders and tracking tools to improve medication adherence.
  - Care reminders – text messages



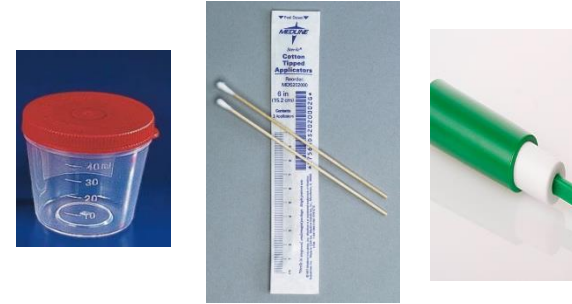
# Low-touch HIV prevention home care: reduce clinician visits from 4/year to 1/year



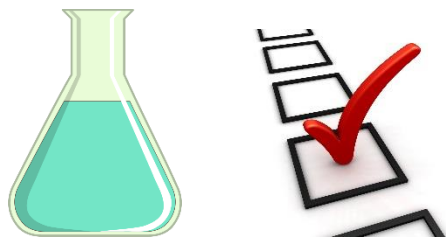
Standard PrEP initiation and follow up at 1 and 3 months



Subsequent follow-up visit, participant receives kit from central lab



Participant uses kit, returns mailer to lab



Lab receives kit, results collated with behavioral survey

Participant Test Summary Form		PrEP@ Home
<b>Participant Information</b>		
Participant ID	John E	High
Name	John E	High
Participant Status	Active	High
Date Specimens Collected	6/13/2016	
Date Specimens Tested	6/17/2016	
<b>Section 1: HIV Testing</b>		
HIV	Undetectable	Integration: See Baseline HIV test
<b>Section 2: Symptomatic Screening for Acute HIV</b>		
Tests: Serology (IgG), Serology (IgM), Western Blot, and/or HIV-1 RNA	Integration: No Acute HIV symptoms	
<b>Section 3: STIs - Oral / Rectal / Genital</b>		
Tests: Chlamydia / Gonorrhea	Integration: Gonorrhea pharyngeal test pending	
Tests: Syphilis / HIV-1 RNA	Integration: See Baseline	
<b>Section 4: Kidney Function</b>		
Creatinine Levels	Integration: GFR is within the normal range	
<b>Section 5: Medication Adherence</b>		
Self-Reported Adherence	Integration: Has not missed a dose in the past 7 days	
<b>Section 6: HIV Behavioral Risk</b>		
Self-Reported Risk Behavior	Integration: Has reported increased condom use on last visit with PrEP provider	
<b>Section 7: Recommendations</b>		
Interventions (I) to be implemented	Consider reporting to the local health department	
Urgent to be implemented	Consider reporting to the local health department	
Call or visit to evaluate side effects	Other	

Results sent to provider



EMORY UNIVERSITY  
**PrEP**  
AT HOME

Siegler AJ, Mayer KH, Liu AY, Patel RR, Ahlschlager LM, Kraft CS, et al. Developing and assessing the feasibility of a home-based PrEP monitoring and support program. CID.

# Patient Engagement Opportunities

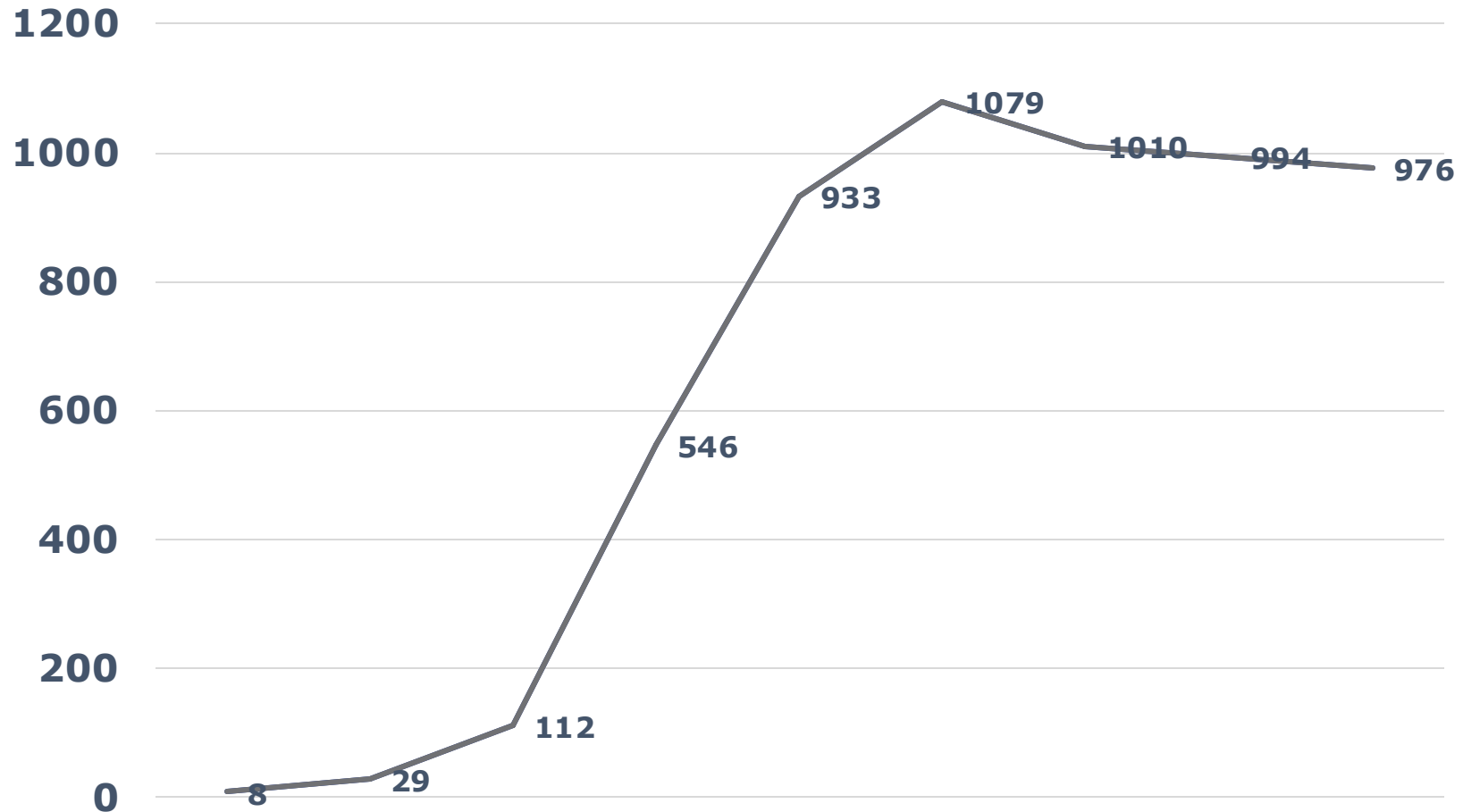
The screenshot shows the MyChart patient portal login interface. At the top center is the MyChart logo with the tagline "Your secure online health connection". Below this are four main service tiles: "Communicate with your doctor" (with an envelope icon), "Access your test results" (with a beaker icon), "Request prescription refills" (with a pill icon), and "Manage your appointments" (with a calendar icon). Each tile includes a brief description of the service. On the right side, there is a login form with fields for "MyChart Username" and "Password" (with an eye icon for visibility), a "Forgot login information?" link, and a prominent "Log in" button. Below the button are options for "Log in with passkey", "Need help?", and "Sign up". At the bottom of the page, there are links for "Interoperability Guide", "FAQs", "Privacy Policy", "Terms and Conditions", and "High Contrast Theme", along with "Download on the App Store" and "GET IT ON Google Play" buttons. The MyChart by Epic logo and copyright information "MyChart® licensed from Epic Systems Corporation © 1999 - 2025" are located at the bottom right.

# Data Analysis Opportunities

- Patient characteristics
- Initiation of PrEP
  - Who is starting PrEP?
  - Who is missing?
- Termination of PrEP
  - Barriers
    - Side effects
    - Adherence
    - Cost/insurance coverage



# Number of New PrEP Starts by Year



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

# PrEP Registry Dashboard/Pop Health Management

- Identifying PrEP patients
- PrEP status: Considering/Initiating/Active/Interrupted/Discontinued
- Reason for discontinuation (coded list + free text)
- Primary risk category (e.g., men who have sex with men [MSM], people who inject drugs [PWID], partners with HIV, etc.)
- PrEP regimen type (oral daily, injections)
- Labs: results, missed labs
- Follow-up appointments
- Demographics: social and medical factors, insurance



# Opportunities to Monitor, Use, and Report Data on Patients

- **Develop summary reports**
- **Develop and use population health dashboards**
- **Quality reports**
  - Grouping and stratifying data
  - Using other data from the EHR
- **Incorporate into existing reports or workgroups**
  - Demographics
  - Unified Diagnostic Services (UDS)



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

# Leveraging AI to Advance PrEP Care

## The Opportunity:

- Identify patients who may benefit from PrEP, but are not currently engaged
- Reduce missed opportunities during routine care
- Enhance clinical decision-making and workflow efficiency

# AI: Key Use Cases in HIV Prevention

- **Risk Identification:**
  - AI models analyze EHR data (labs, diagnoses, sexual health indicators) to flag potential PrEP candidates.
- **Clinical Decision Support:**
  - Intelligent prompts for HIV/STI testing, PrEP initiation, and follow-up care
- **Natural Language Processing (NLP):**
  - Extract relevant risk factors from clinical notes (e.g., sexual history, behaviors)
- **Patient Engagement:**
  - Automated, personalized outreach (texts, portals) for adherence and follow-up
- **Population Health:**
  - Predictive analytics to identify gaps in care and differences in access

# AI & PrEP: Benefits and Considerations

## Operational Benefits:

- Reduces reliance on manual screening
- Improves consistency across providers
- Supports proactive, rather than reactive, care

## Key Considerations:

- Data quality and completeness (especially socio-demographic and sexual history)
- Misconceptions in AI models
- Clinical workflow integration and provider trust
- Governance, privacy, and transparency

## Bottom Line:

AI can help scale PrEP delivery, but success depends on thoughtful integration into clinical workflows.

# Key Takeaways

- **EHR and Health Information Technology (HIT):**
  - Clinical teams will need to be able to easily identify PrEP patients for ongoing clinical monitoring and evaluation.
  - PrEP forms allow collection of structured data about the life cycle of PrEP from initial discussion to termination which will be increasingly valuable in guiding future care.
  - *Clinical Decision Support* – provides guidance for patients using PrEP.
- **Data analysis:**
  - Ongoing monitoring/community health management
  - Evaluate the real-world conditions under which PrEP is prescribed and used
  - Who may be a good candidate for PrEP

# Thank you!

## Questions?

**Chris Grasso**

**[chris@fastxpartners.com](mailto:chris@fastxpartners.com)**

**fastxpartners.com**

✔ **Mission-Driven** | ✔ **Healthcare-Focused** | ✔ **Outcome-Oriented**

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS22742, National Training and Technical Assistance Partner (NTTAP), for \$625,000.00 with 0% of the total NTTAP project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government



**NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER**

A PROGRAM OF THE FENWAY INSTITUTE