

Integrated medical records can reduce disparities between blacks and whites in HIV care

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A streamlined and integrated method of tracking medical records called a laboratory health information exchange narrowed the gap in anti-retroviral therapy and viral suppression between HIV-positive blacks and whites, according to UCLA researchers. Also, the use of these exchanges led to Latinos who are HIV-positive being more likely than whites of using anti-retroviral therapy and improving viral suppression.

At the beginning, blacks in the study used antiretroviral therapy about 25 percent less often than whites did, but, their rates were equivalent by the end. Similarly blacks began the study with 25 percent lower rates of [viral suppression](#) than whites, but their rates were equivalent by the end.

Although Latinos' anti-retroviral therapy use and viral suppression was equivalent to that of whites at the start of the study, after the intervention their levels were 77 percent and 33 percent greater, respectively.

Overall, viral suppression for blacks and Latinos increased by 16 percent compared to the period prior to implementation of the exchange.

To better maintain continuity of care for people with HIV, [health care providers](#) have increasingly adopted [health](#) information exchanges that maintain clinical information, laboratory test results and anti-retroviral therapy prescription filling that augment [electronic medical records](#). Previous UCLA-led research by the same authors about laboratory

health information exchange systems found that when the system detected clinically important increases in a person's viral load, the health care provider changed the anti-retroviral therapy an average of 6 days earlier than before the information exchange was implemented.

Blacks and Latinos are disproportionately affected by HIV, the virus that causes AIDS, and less likely than whites to receive the ongoing, sustained care that is crucial to maintaining their health and viral suppression. For this new study, the researchers examined whether a laboratory health information exchange would increase rates of anti-retroviral therapy use and viral suppression for a large clinic population and if it would reduce racial/ethnic disparities in these outcomes.

The researchers examined monthly anti-retroviral therapy use and prescription fills and approximately, quarterly HIV lab results culled between December 2007 and November 2011 from electronic medical records for 1,181 people with HIV at a Southern California HIV/AIDS clinic. They examined rates of anti-retroviral therapy use and viral suppression one year before and two years after start of the laboratory [health information exchange](#).

Use of laboratory health information exchanges in HIV care can both improve use of anti-retroviral therapy and viral suppression for all people living with HIV and reduce disparities between blacks and whites in HIV [health care](#) and outcomes.

Provided by University of California, Los Angeles

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