New York State Department of Health (NYSDOH) AIDS Institute
New York Links: Bronx Regional Group Meeting Agenda
Tuesday, January 24th, 2017 – 9:00 AM – 1:30 PM
Lincoln Hospital Center – 234 East 149th Street, Bronx NY

<table>
<thead>
<tr>
<th>Registration and Networking</th>
<th>9:00-9:30</th>
<th>All</th>
</tr>
</thead>
</table>

| Welcome and Introductions   | 9:30-10:00| Dan Belanger, LMSW  
Director, NYS Quality of Care  
Program, NYSDOH AIDS Institute  
Monica Chierici, MPA  
Project Management Director,  
Bronx Partners for Healthy  
Communities |
|-----------------------------|-----------|-----|

| The Living Cascade: Consumer Cascade Journey | 10:00 -10:45 | Dan Tietz, Consumer Advocate  
NYSDOH AIDS Institute |
|----------------------------------------------|-------------|-----------------------------|

| Ending the Epidemic Quality Improvement  
Challenge | 10:45-12:15 | Dan Belanger |
|------------------------------------------|-------------|--------------|

<table>
<thead>
<tr>
<th>Lunch</th>
<th>12:15 -12:45</th>
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<table>
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<tr>
<th>NYLinks VLS QI Project</th>
<th>12:45-1:15</th>
<th>All</th>
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<table>
<thead>
<tr>
<th>Q&amp;A, Meeting Evaluation, Next Steps and Wrap Up</th>
<th>1:15-1:30</th>
<th>Dan Belanger, Monica Chierici</th>
</tr>
</thead>
</table>

*Timeframes are approximated and are subject to change*
Bronx NYLinks Regional Group Meeting

January 24th, 2017
WELCOME to the first Bronx NY Links Meeting of 2017

Here’s What’s On the Agenda Today...

1. Welcome and Introductions
2. The Living Cascade: Consumer Cascade Journey
3. Ending the Epidemic Quality Improvement Challenge
4. Lunch
5. NY Links VLS QI Project
6. Meeting Evaluation and Next Steps
The Living Cascade: Consumer Cascade Journeys

Bronx NYLinks
Purpose of **Organizational HIV Treatment Cascade**

*To show the number of individuals living with HIV infection, the medical care they are receiving, the medical care they need, and the results of that care*

- A visual tool of HIV care and outcome at a point in time
- Monitor the extent and quality of care being delivered to *all* HIV-positive patients seen at an organization
- Assess key parameters of care for persons living with HIV infection
- Identify gaps in care
- Prompt discussion on steps to improve HIV care outcomes
- Create data-driven plans to assess and improve care through QI activities.
Components of an Effective Cascade

- Information should be:
  - Accurate
  - Consistent
  - Understandable
  - Focused on target audience
  - Reflect usage for QI activities

![Bar chart showing percentage of patients]

- Open: 100%
- Active: 100%
- On ART: 75%
- Virally suppressed: 65%
- Undetectable: 45%
Each process step along the cascade involves a human interaction.
The Data are made up of real people
How can we help people living with HIV to become engaged in care and to stay healthy?
Journey 1: Dan’s Living Cascade

Gay White Male Diagnosed with Shingles in Emergency Room

Primary Care Physician (PCP) Orders HIV Test

April 1987: PCP Informs patient that he is HIV+ (via telephone call while at work)

Patient informs parents of diagnosis who researched local HIV specialist and scheduled initial medical visit

Initial visit with Case Manager and HIV Specialist at local Designated AIDS Center

Patient begins AZT regimen in 1988

Patient Attends local HIV+ Gay MSM support groups

1991: Patient Begins professional career with New York State Department of Health AIDS Institute

1996: Patient CD4 <100 and Viral Load > 1,000,000 copies/ml

Viral Suppression in 1997: 1st Generation Highly Active Anti-retroviral Therapy (HAART)
Conclusion

• Working together, we can all make a difference, improving supportive processes, and helping consumers to become virally suppressed, maintain health and play an important part in ending the epidemic by 2020.
Tell Your Cascade Story!

If you are a consumer, family member or care provider who would like to tell a compelling story about a consumer’s living cascade to viral load suppression and good health, please let us know! We would love to hear your story at an upcoming meeting!
THE ENDING THE EPIDEMIC QUALITY IMPROVEMENT CHALLENGE
Advice on Challenges

"Don't limit your challenges... Challenge your limits"
-Jerry Dunn
CHALLENGE ACCEPTED
Agenda

• Learning Objectives
• Change Concepts
• The Improvement Challenge
Learning Objectives

• Test quality tools to see if they can be used in conjunction with one another to investigate improvement ideas
• Understand how challenges can be overcome with team work
• Strengthen peer learning
While all changes do not lead to improvement, all improvement requires change. The ability to develop, test, and implement changes is essential for any individual, group, or organization that wants to continuously improve. There are many kinds of changes that will lead to improvement, but these specific changes are developed from a limited number of change concepts.
Change Concepts

- A change concept is a general notion or approach to change that has been found to be useful in developing specific ideas for changes that lead to improvement.

- Creatively combining these change concepts with knowledge about specific subjects can help generate ideas for tests of change.

- After generating ideas, run Plan-Do-Study-Act (PDSA) cycles to test a change or group of changes on a small scale to see if they result in improvement.

- If they do, expand the tests and gradually incorporate larger and larger samples until you are confident that the changes should be adopted more widely.
The Improvement Challenge: Part 2

Four 20 Minute Sessions

• Each QI Project lead will visit each table where they will investigate possible ideas to improve their VLS project, particularly thinking about any challenges they might currently be facing

• Each group will use a specific set of change concepts in conjunction with a particular creative thinking tool

• Each QI Lead will take notes on possible improvement ideas

Four 10 minute report backs

• Each of the four pre-selected QI project leads will have ten minutes to report back on new ideas they will test with PDSA cycles
Table One: Change concepts for increasing demand (serve more patients)

- Change Concepts for increasing demand
  - Focus on core process and purpose
  - Alliances and relationships
  - Mass customize
  - Offer product/service anytime
  - Emphasize intangibles
  - Differentiate product/service using quality dimensions
Concept Fan

- Edward de Bono created the Concept Fan technique.
- The Concept Fan is a tool to assist in identifying alternative solutions to a problem. It helps the user to take a step back to gain a broader viewpoint.
- Use the change concepts and the concept fan to stimulate fresh ideas to overcome the quality challenge.
• The first step in the use of a Concept Fan is to draw a circle to the right of the middle of a large piece of paper.

• Write the quality challenge that you are trying to resolve in the circle. Then draw lines from the right side of the circle representing possible solutions to the problem. You can use three of the change concepts as possible solutions.

![Figure 1: First stage of a Concept Fan](image-url)
The first ideas generated may not be enough to solve the problem. Step back for a broader view of the problem. Draw a circle to the left of the first circle, and write a broader description of the quality challenge into this new circle. Draw an arrow from the first circle to show that this is where it is coming from.

Figure 2: Broadening the problem definition on a Concept Fan
Continue from this starting point to fan out new concepts

- Reduce pollution from ships
  - Free oil and rubbish dumps at ports
    - Monitoring
  - Improve sewerage treatment
    - Block discharge of solids
- Improve general water quality
  - Extend sewerage outfalls
  - Filter sea water
  - Litter patrols on local beaches
- Control pollution entering sea
  - Or eliminate?
    - Extent to which this returns to beaches?
- Clean up sea water at local beach
  - Litter patrols on beach
- Contain rubbish dumped at sea
  - Extent to which this returns to beaches?
- Control industrial & agricultural pollution
  - River water monitoring

Figure 3: Generating ideas from a broader definition of the problem
If the second circle does not generate strong solutions repeat the process and take an additional step back by drawing another circle to the left of the second one and defining the problem in even broader terms.
Table Two: Change concepts that are useful for program redesign and are focused on consumer challenges

- Address customer problems
  - Listen to customers
  - Coach customers
  - Reduce wait time

- Meet customer expectations
  - Focus on outcomes for customers
  - Use a coordinator
  - Reach agreement on expectations
• Conventional writing imposes a structure that may inhibit you from freely expressing your creative ideas. You have to express the idea sequentially being sure to choose the right words to clearly define and communicate your notion. A mind map can help to express ideas in a fashion that is more along the lines of how the human mind works.
Mind Map Usefulness

• Your brain is made up of a system of connected neurons. Some crucial characteristics of the workings of the human brain include the following:
  • **Parallel Processing** - You can think of more than a single thing at a time
  • **Senses** - You constantly process information from your five sense.
  • **Recall** - We can remember things.
  • **Learning** - the neuron connections in the brain change with stimulation and use.
  • **Functions** - different parts of the brain are responsible for varied functions. Only a portion of the human brain is conscious. There are several functions in the brain that we are not conscious of but that support our consciousness.
Mind maps facilitate the effective use of these brain functioning characteristics rather than getting in the way.

Mid Mapping
Parallel Processing

• When one thinks of something, things stream into the conscious mind and then are swiftly gone. Something else flows in to take its place.

• In creating a mind map, when something flows into your mind write it down in a quick word or a slight picture, so that it can be recalled again. Go with the flow of thoughts streaming into your mind. Don’t worry about making a structured logic, just get a thumbnail sketch of it.
Senses

• Allow your senses to flow free to capture the things that stream through your head in all of the senses - picture, colors, emotions, smells, sound, etc.
Recall

- Recollection stimulates the connections in the brain bring associated memories. So if one thinks of a place once visited it can be pictured, one can remember the smell, the sounds, the sights. This is all triggered by remembering the place.
Learning

• Examining your mind map can help you to draw new connections between disparate points in the map.
Functions

• Mind maps can help to engage your subconscious brain. Creating the mind map stimulates your subconscious to stream ideas. The subconscious does not appear to have a direct link to time. Ideas from your subconscious bubble up. This may occur instantly, or in a few minutes, an hour, a day, or a month. The mind map helps to capture the idea when it bubbles up.
Mind Maps

• To use a mind map:

1. Write the quality challenge in the middle of the paper.
2. Write your change concepts in the circles stemming from the main idea.
3. As your Superu! Team allows ideas to stream, draw lines pointing to ideas that flow from one another
4. Draw pictures as you choose to represent your thoughts and ideas, and lines connecting items.
Table Three: Change concepts useful for program redesign focused on eliminating waste associated with errors

• Eliminate Mistakes
  Reminders
  Differentiations
  Constraints
  Affordances
Random Word Stimulation

• Switched on thinking
The use of randomly selected words can stimulate new patterns of thought, ideas and solutions.

• Edward de Bono suggested the following word list:

1. Weed
2. Rust
3. Poor
4. Magnify
5. Foam
6. Hole
7. Diagonal
8. Vacuum
9. Tribe
10. Gold
11. Puppet
12. Nose
13. Link
14. Drift
15. Duty
16. Portrait
17. Cheese
18. Chocolate
19. Coal
20. Tribe
Random Word Stimulation Directions

• The participants are asked to select a number between 1 and 20

• Participants think about the selected random word associated with the selected number in conjunction with one of the change concepts to overcome the quality challenge that is being focused upon

• Write down any ideas that come to mind from the combination of the quality problem, the change concept and the random word.

• This is repeated for 4 random words, and the 4 assigned change concepts.

• The results are collected and discussed
Table Four: Change concepts useful for program redesign to better cope and learn from variation

<table>
<thead>
<tr>
<th>Manage Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Match the amount to the need</td>
</tr>
<tr>
<td>• Standardization</td>
</tr>
<tr>
<td>• Improve Predictions</td>
</tr>
<tr>
<td>• Contingency Plans</td>
</tr>
<tr>
<td>• Sort product into grades</td>
</tr>
<tr>
<td>• Exploit variation</td>
</tr>
</tbody>
</table>
Fractionalization
Fractionalization

- Preconceived notions and static patterns of thought can make it hard to think of new ideas. Fractionation is a technique developed by Edward de Bono to break existing ideas or patterns into separate parts so they can be rearranged to spark fresh ideas and concepts.
One example: if the challenge is how to design an apple picking robot, then the fractions could be

- reaching
- finding
- picking
- Safely placing apples undamaged into baskets
The fractions can then be reassembled:

• Reaching-finding-picking (perhaps you think to try shaking the tree for all three)
• Reaching-undamaged apples-place in baskets (maybe you think up an elevated canvas platform which could be raised towards the apples)
Fractionalization: Step One

• Write down the current step-by-step process related to the quality challenge.
  • For example, if the challenge is educating virally unsuppressed patients about the importance of taking ARV medications, the current process might be
    1. The patient receives an clinic appointment,
    2. The patient receives a reminder call,
    3. The patient attends clinic,
    4. The patient sees the nurse,
    5. The nurse takes vitals,
    6. The patient sees the peer educator who provides tips on taking medications regularly,
    7. The doctor gives the patient VLS results and discusses the importance of taking ARV medications,
    8. The patient sees the case manager who provides support and referrals,
    9. The patient receives the next appointment,
   10. The patient goes home.
Fractionalization: Step Two

• Randomly reorder the steps of the process. (For example: 8. The patient sees the case manager, 4. The patient sees the nurse, 1. The patient receives a clinic appointment, etc.)

• Select a change concept to help focus your thinking and stimulate discussion about redesigning the process.

• Will this new order of steps work better? Why or why not? What other ideas do you have?
Fractionalization: Step Three

• Try this with three randomly selected change concepts, each time using the change concept to stimulate discussion about what new step-by-step process might help you to overcome the quality challenge, and result in an improved quality outcome.

• At the end, answer the following:
  • What new ideas did you come up with to solve the quality challenge?
  • What are the best ideas?
Report Back
Report Back: and the winner is...

• QI Leads report back on what they have learned, and what process changes they plan to make based on the lessons learned.
• The participants applaud quietly or loudly based on how much they like the QI process changes proposed by each QI lead. The QI Lead who gets the loudest applause wins.
• The winner tells us which table was most helpful in identifying the process change.
• The identified Change Team wins!
• The winners win... (hold onto your Six Hats!)
The Mystery Prize!!!
Special thanks to

• QI leads
• Edward de Bono
• The fans (it’s all really for them)
• The human mind
• The thought police (for letting us off the hook)
• The English language
References


• Associates in Process Improvement

• ww.toolkitforthinking.com (copyright 2009)
The Living Cascade: Consumer Cascade Journeys

Daniel Belanger, AIDS Institute
Agenda

- Purpose of the cascade
- Build a cascade
- Interpret your cascade
- Setting goals based on your cascade
- Living cascades: The Consumer Experience
The "cascade" is a population-based tool that has been adapted by agencies to show their HIV care outcomes.

- The "cascade" is a population-based tool that has been adapted by agencies to show their HIV care outcomes.

OVERALL: Of 1.1 million Americans living with HIV, only 25 percent are virally suppressed.

Source: CDC July, 2012
Purpose of **Organizational HIV Treatment Cascade**

*To show the number of individuals living with HIV infection, the medical care they are receiving, the medical care they need, and the results of that care*

- A visual tool of HIV care and outcome at a point in time
- Monitor the extent and quality of care being delivered to *all* HIV-positive patients seen at an organization
- Assess key parameters of care for persons living with HIV infection
- Identify gaps in care
- Prompt discussion on steps to improve HIV care outcomes
- Create data-driven plans to assess and improve care through QI activities.
The New HIV Neutral Continuum of Care
New York City’s HIV Status Neutral Prevention and Treatment Cycle

People at risk of HIV exposure taking daily PrEP and people with HIV with sustained viral load suppression do not acquire or transmit HIV.
Cascade Components
Components of an Effective Cascade

Information should be:

- Accurate
- Consistent
- Understandable
- Focused on target audience
- Reflect usage for QI activities
The Anatomy of an Effective Cascade

A “good” cascade is one that enables organizations to visualize data that are locally relevant, timely, and actionable.
Title

HIV Care Cascade-Patients Linked to Care FY 2016
Southwest Hospital and Clinics

Required: Title specifies patient population being captured (Linked to Care) and year (2016) from which data are drawn.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Percentage of Patients</th>
</tr>
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<tbody>
<tr>
<td>Newly Diagnosed</td>
<td>100%</td>
</tr>
<tr>
<td>Linked</td>
<td>100%</td>
</tr>
<tr>
<td>On ART</td>
<td>75%</td>
</tr>
<tr>
<td>Virally suppressed</td>
<td>65%</td>
</tr>
</tbody>
</table>
Axes are clearly labeled.
HIV Care Cascade—Patients Linked to Care FY 2016
Southwest Hospital and Clinics

Legend includes definitions and data sources for all measures featured in the cascade.
Case Load - HIV Care Cascade - Patients Linked to Care FY 2016
Southwest Hospital and Clinics

<table>
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</tbody>
</table>

Case Load Volume is clearly displayed.
Measures

HIV Care Cascade - Patients Linked to Care FY 2016
Southwest Hospital and Clinics

Newly Diagnosed — All HIV + patients with any visit in the past 12 months
Linked — Patients who had an HIV medical visit within the required time frame
On ART — Patients prescribed ART in time period
Virally Suppressed — Patients with viral load <200 mL

Measures are presented clearly with easy to read labels.
**HIV Care Cascade-Patients Linked to Care FY 2016**

**Southwest Hospital and Clinics**

**Numbers**

<table>
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<th>Proportion</th>
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<td>24</td>
</tr>
<tr>
<td>Linked</td>
<td>100%</td>
<td>24</td>
</tr>
<tr>
<td>On ART</td>
<td>75%</td>
<td>18</td>
</tr>
<tr>
<td>Virally Suppressed</td>
<td>65%</td>
<td>15</td>
</tr>
</tbody>
</table>

Proportions and raw figures are presented to specify number of patients impacted by each measure.

- **Newly Diagnosed**—All HIV+ Patients with any visit in the past 12 months
- **Linked**—Patients who had an HIV medical visit within the required time frame
- **On ART**—Patients prescribed ART in time period
- **Virally Suppressed**—Patients with viral load <200 mL
HIV Care Cascade for Newly Diagnosed
Cascade Measures for Newly Diagnosed

- Number of Patients newly diagnosed with HIV during the measurement year
- Percentage of patients who attended a routine HIV medical visit (within 3 calendar days if linked within and 5 calendar days if linked externally)
- Percentage of patients prescribed ART during measurement year
- Percentage of patients with an HIV viral load less than 200 copies/mL at last HIV viral load test during measurement year

*The measurement year for the initial cascade will be 1/1/2016 through 12/31/2016*
Building the Linkage Cascade

**Definition:** Number of Patients newly diagnosed with HIV during the measurement year
Linked to Care

*Definition:* Percentage of patients who attended a routine HIV medical visit (within 3 calendar days if linked within and 5 calendar days if linked without)

Number of patients who attended a routine medical visit/number of patients who were newly diagnosed
**Prescription of Antiretroviral Therapy (ART)**

**Definition:** Percentage of patients newly diagnosed with HIV that were prescribed ART during the measurement year

Number of patients who were prescribed ART / number of patients who were newly diagnosed
**Viral Load Suppression**

- **Newly Diagnosed**: 100%
- **Linked**: 100%
- **On ART**: 75%
- **Virally suppressed**: 65%

**Definition**: Percentage of patients who were newly diagnosed with a viral load <200 copies/mL at last viral load testing during the measurement year.

Number of patients with a viral load <200 copies/mL/number of patients who were newly diagnosed
All patients matter—differentiating active and open caseloads

**Open caseload:** HIV+ patients who “touched the facility.”

**Active caseload:** HIV+ patients who received services in the HIV program.

Exclusions: Patients who have died, are incarcerated or who have been confirmed to be in care outside the organization.
Open Caseload

Definition: Number of patients, regardless of age, with a known diagnosis of HIV who received services anywhere in the organization—whether routine, urgent, or emergent—during the measurement year.
Definition: Number of patients, regardless of age, with a known diagnosis of HIV who received services in the HIV program of the organization during the measurement year.
**Definition:** Percentage of patients from the active caseload that were prescribed ART during the measurement year.

Number of patients that were prescribed ART/Number of patients who were active
**Viral Load Suppression**

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>100%</td>
</tr>
<tr>
<td>Active</td>
<td>100%</td>
</tr>
<tr>
<td>On ART</td>
<td>75%</td>
</tr>
<tr>
<td>Virally suppressed</td>
<td>65%</td>
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**Definition:** Percentage of patients from the active caseload with a viral load <200 copies/mL at last viral load testing during the measurement year.

**Number of patients with a viral load <200 copies/mL/Number of active patients**
The Living Cascade
Each process step along the cascade involves a human interaction.
The Living Cascade: Focusing on the Care in the cascade

Questions-

• If you improve the steps along the continuum, will there be an increased chance that patients will achieve better sustained health outcomes?

• Each process step along the cascade involves a human interaction. All of the steps together are a journey the consumer takes. Working together, can we improve the consumer journey and help the consumer to arrive at a place of sustained health?

• How can we partner with the community beyond our clinic walls to improve outcomes along the treatment cascade?
The Data are made up of real people
How can we help people living with HIV to become engaged in care and to stay healthy?
Analyze Cascade Data and plan improvement activities based on the data
What changes can you make that will drive improvements?

Driver Diagram
Driver Diagram Components

Primary Outcome

Primary Drivers

Secondary Drivers
A driver diagram is a visual tool to help understand and prioritize factors within a system that drive desired outcomes called the primary outcome.

Primary drivers are the main factors that drive the primary outcome.

Secondary factors are subsets of the primary factors, and drive these factors.

The driver diagram can help you to think strategically about what changes you can make to your current system to achieve your improvement goal.
Driver Diagram Example:
Attaining a Masters Degree

Primary Outcome
Attain a Masters Degree

Primary Drivers
- Study
- Pay tuition
- Write Thesis
- Complete fieldwork
- Attain all credits

Secondary Drivers
- Take notes
- Schedule time to read
- Buy books
- Take out student loan
- Get a part time job
- Research/talk to the experts
- Develop a theory
- Interview
- Adjust work schedule
- Complete homework
- Pass tests
- Take all classes
Viral Load Suppression

**Primary drivers**

- **Primary Driver**: Psycho-Social Support
- **Primary Driver**: Retention
- **Primary Driver**: ARV Adherence

**Primary Outcome**
To improve and sustain the viral load suppression rate.

**Secondary Drivers**

- Housing
- Substance Use
- Mental Health
- Appointments
- Transportation
- Continuity of care
- Treatment Education
- Health Literacy
- Health Insurance
Flow Charts

Know your flow

Know your flow
Flow Chart

“If you can’t describe what you are doing as a process, you don’t know what you’re doing.”
-W. Edwards Deming
Most Commonly Used Flowchart Symbols

- Activity
- Terminator
- Decision
- Wait symbol

Connecting lines

Page connector
Flow Chart: Is This an Efficient Process?

Patient arrives at front desk

Staff asks name, searches database for file

Patient in system?

Staff asks patient to provide information

Yes

Staff asks patient to be seated

No

Patient waits

Nurse takes patient to exam room
W. Edwards Deming’s
System of Profound Knowledge

<table>
<thead>
<tr>
<th>Appreciate the System</th>
<th>Understand Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychology</td>
<td>Theory of Knowledge</td>
</tr>
</tbody>
</table>
What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

**Method for Change**

<table>
<thead>
<tr>
<th>Act</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study</td>
<td>Do</td>
</tr>
</tbody>
</table>
Consumer Cascade Journeys

Percentage of patients

- Open: 100%
- Active: 100%
- On ART: 75%
- Virally suppressed: 65%
- Undetectable: 45%
Consumer Cascade Journeys: Consumers Tell The Story of their Cascade Journeys

• Consumer Cascade Journey One

• Consumer Cascade Journey Two

• Consumer Cascade Journey Three
Journey 1: Dan’s Living Cascade

Gay White Male Diagnosed with Shingles in Emergency Room

Primary Care Physician (PCP) Orders HIV Test

April 1987: PCP Informs patient that he is HIV+ (via telephone call while at work)

Patient informs parents of diagnosis who researched local HIV specialist and scheduled initial medical visit

Initial visit with Case Manager and HIV Specialist at local Designated AIDS Center

Patient begins AZT regimen in 1988

Patient Attends local HIV+ Gay MSM support groups

1991: Patient Begins professional career with New York State Department of Health AIDS Institute

1996: Patient CD4 <100 and Viral Load > 1,000,000 copies/ml

Viral Suppression in 1997: 1st Generation Highly Active Anti-retroviral Therapy (HAART)
Journey 2: Dana’s Living Cascade

Straight Woman with History of Substance Abuse Diagnosed HIV+ in 1993

Severe side effects and toxicity due to AZT

Ready to initiate HAART in 2008: ADAP/ADAP+ unavailable due to being over income eligibility guidelines

Distressful conversation with clinical social worker is overheard by MD who refers me to private HIV specialist

Complete ARRIVE training and begin working as an HIV Peer at Exponents, Inc.

Achieve viral load suppression in 2009: Discontinue HAART due to medication side effects

Follow private HIV specialist to public clinical setting and become lost in large healthcare system

Knowledge, advocacy skills, and life experience: Privilege and access to HIV healthcare system administrator

2017

Co-chair AIDS Institute Quality of Care Consumer Advisory Committee
HAB Member
Member of Peer Certification Review Board
Journey 3: Kelvin’s Living Cascade

Gay Black Male with history of substance abuse and depression diagnosed HIV+ in 1991

Spiritual upbringing and working hard had huge impact to get to the other side of sobriety

1992: On HAART and achieved viral Load suppression while receiving quality healthcare in NYC until 2010

Moved to Rochester, NY for a better quality of life

Attended support groups and graduated from NYS PWA Leadership Training Institute
(learned advocacy skills and to be active participant in healthcare decision-making)

Learned about local and state volunteer opportunities

Currently working at Action for a Better Community (ABC)

Participated in National Quality Center Training of Consumers on Quality

2017
HAB Member
Leader of Monroe County Partnership to End the Epidemic (MCPETE)
Pursuing Peer Certification
Conclusion

• Working together, we can all make a difference, improving supportive processes, and helping consumers to become virally suppressed, maintain health and play an important part in ending the epidemic by 2020.
Further Discussion
Thank you!
For further information, please contact us at...

Dan Belanger
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(212) 417-5131

Dan Tietz
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Dana Diamond
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Kelvin Johnson
KJohnson@abcinfo.org