<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>9:00 - 9:30</td>
<td>Networking &amp; QI Strategies Review</td>
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<tr>
<td>9:30 - 9:45</td>
<td>Italia Granshaw, Office of Brooklyn Borough President Eric L. Adams</td>
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<td></td>
<td>Bruce Agins, MD, MPH, Medical Director, NYS Department of Health AIDS Institute</td>
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<td>Demetre Daskalakis, MD, MPH, Assistant Commissioner, NYCDOHMH HIV/AIDS Prevention and Control</td>
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<tr>
<td>9:45 - 10:00</td>
<td>Introductions &amp; Meeting Overview</td>
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<td></td>
<td>Clemens Steinbock</td>
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<td>Zeenath Rehana</td>
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<tr>
<td>10:00 - 10:30</td>
<td>What is NYLinks?</td>
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<td></td>
<td>Steve Sawicki</td>
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<td>Clemens Steinbock</td>
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<tr>
<td>10:30 - 10:45</td>
<td>The End of AIDS: Progress and Structure</td>
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<td>Verneda White and David Matthew Co-Chairs, Brooklyn ETE Regional Steering Committee</td>
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<tr>
<td>10:45 - 11:25</td>
<td>Group Exercise: Linkage, Retention &amp; Viral Suppression Activities</td>
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<td>Small Group Activities</td>
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<td>11:25 - 11:40</td>
<td>Brooklyn Knows</td>
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<td>Robert Jones, New York Knows Project Officer – Brooklyn, NYCDOHMH, Bureau of HIV/AIDS Prevention and Control</td>
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<tr>
<td>11:40 - 12:15</td>
<td>Consumer Involvement in QI: Agency Self-Assessment and Group Discussion</td>
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<td>Michelle Lopez, Co-Chair, Quality of Care Consumer Advisory Committee</td>
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<td>NYSDOH AIDS Institute</td>
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<tr>
<td>12:15 - 1:00</td>
<td>Working Lunch</td>
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<td>1:00 - 1:45</td>
<td>Quality Improvement 101: Group Exercise</td>
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<td>Clemens Steinbock</td>
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<td>1:45 - 2:00</td>
<td>Brooklyn Surveillance Data</td>
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<td>Qiang Xia, MD, MPH, City Research Scientist, HIV Epidemiology and Field Services Program, NYCDOHMH, Bureau of HIV/AIDS Prevention and Control</td>
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<tr>
<td>2:00 - 2:45</td>
<td>Presentations from the Field</td>
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<td>Heat Program</td>
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<td>Wyckoff Heights Medical Center, NYU Lutheran</td>
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<td>Brookdale Hospital</td>
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<td>2:45 - 4:00</td>
<td>Team Action Planning and Report Back</td>
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<td>Agency Teams</td>
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<td>4:00 - 4:30</td>
<td>Moving Forward: Next Steps &amp; Evaluation</td>
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<td>Clemens Steinbock</td>
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<td>Zeenath Rehana</td>
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<td>4:30</td>
<td>Adjourn</td>
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</table>
Brooklyn Regional Group Kick-off Meeting

December 13, 2016
9.30am to 4.30pm
Restoration Plaza, Brooklyn
Opening Remarks
Opening Remarks

Italia Granshaw
Office of Brooklyn Borough President Eric L. Adams
Opening Remarks

Bruce Agins, MD, MPH
Medical Director, NYS Department of Health AIDS Institute
Opening Remarks

Demetre Daskalakis, MD, MPH
Assistant Commissioner, NYCDOHMH HIV/AIDS Prevention and Control
Overview
Meeting Overview

• Introduction of Brooklyn Co-Chairs: Clemens Steinbock, Zeenath Rehana

• Meeting Purpose
  – To form the Brooklyn Regional Group as a platform for peer learning and regional improvements
  – Outline the expectations for participants
  – Provide an overview of improvement activities in Brooklyn in the context of other initiatives
## Agenda

<table>
<thead>
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</table>
What is NY Links?

Steven Sawicki, MHSA
Program Manager, AIDS Institute
NY-LINKS
December, 2016
HRSA ‘SPNS’ grant received 9/1/11

- NYLinks began as a HRSA Special Project of National Significance (SPNS) grant (9/1/11 through 8/30/15)
- Focus was on improving linkage to care and retention in care through initiation and dissemination of improvement activities
- Funding was awarded to only 6 states
Overall Objectives of NYLinks

- Improve Linkage to Care in NYS
- Improve Retention in Care in NYS
- Improve Viral Load Suppression in NYS
NYLinks Long Term Strategies

Involve providers and consumers in planning and implementing regional networks that improve outcomes along the cascade of care (continuum)

Make NYS and NYC surveillance and other data accessible to frontline providers

Increase the use of Quality Improvement on an organizational and regional level

Enhance understanding of how facility and local data have regional and statewide impact

Strengthen partnerships and peer learning

End the Epidemic
Public Release of the Blueprint

April 29, 2015
We must add AIDS to the list of diseases conquered by our society, and today we are saying we can, we must and we will end this epidemic. ~Governor Cuomo

Governor Cuomo Receives Final Blueprint to End the HIV/AIDS Epidemic in New York State By End Of 2020
Blueprint Recommendations (BPs)

Link and retain persons diagnosed with HIV in care to maximize virus suppression so they remain healthy and prevent further transmission.

**BP5**: Continuously act to monitor and improve rates of viral suppression

**BP7**: Use client-level data to identify & assist patients lost to care or not virally suppressed

**BP8**: Enhance & streamline services to support the non-medical needs of persons with HIV

**BP29**: Expand & enhance the use of data to track and report progress
Regional Groups
Regional Groups

- Engage all medical and non-medical organizations within a geographic area to improve linkage to care, retention in care, and viral load suppression
- Involve all types of organizations—hospitals, community health centers, CBOs, local health departments, NYS staff
- Involve all levels of individuals—consumers, front line staff, administrators, data staff, QI staff, CEOs, medical directors, medical providers
- Develop both an organizational and a regional approach to improvement
- Use data to improve performance
- Use QI strategies to design and assess performance
- Use peer learning to spread innovation
Welcome to NY Links

NY Links focuses on improving linkage to and retention in HIV care to support the delivery of routine, timely, and effective care for Persons living with HIV/AIDS in New York State. We bridge systemic gaps between HIV related services and achieve better outcomes for PLWH through improving systems for monitoring, recording, and accessing information about HIV care in NYS. Region by region, we utilize the learning collaborative model to fortify the links holding together communities of practice, and the links grounding them in the communities of consumers they serve.

New York Links is supported by the HRSA HIV/AIDS Bureau (HAB)-sponsored Special Projects of National Significance (SPNS) and the NYSDOH AIDS Institute.

Dr. Bruce Agins leads a discussion at the January 23, 2013 Upper Manhattan Learning Session.

New York State Ending the Epidemic Initiative

On June 29, 2014, Governor Andrew M. Cuomo detailed a three-point plan to move us closer to the end of...
What does this mean for your organization?

- Identify leadership, data, QI, program/medical staff who will participate
- Attend NYLinks Regional Meetings
- Generate and analyze your own data
- Use QI to initiate improvement
- Share improvement efforts
What does this mean for you?

• Attend NYLinks Regional Meetings
• Work with internal staff to generate and analyze data
• Be part of internal QI processes that initiate improvement
• See that data is submitted by deadlines
• Advocate for TA if needed
• Share success
Just One Thing...

Each table should take 3 minutes to identify one thing you would like to see accomplished in Brooklyn in the coming 12 months that would enhance the effort to end the epidemic in our borough.
The End of AIDS: Progress and Structure

Verneda White and David Matthew
Co-Chairs, Brooklyn ETE Regional Steering Committee: Brooklyn ETE
December, 2016
Group Exercise: Linkage, Retention & Viral Suppression Activities
Group Exercise

• **Individual activity:** Identify the most effective intervention for each of the following stages of the HIV Care Continuum and write down each intervention on a single Post-it note
  – Linkage to Care
  – Retention
  – Viral Suppression

• Establish your team and identify a facilitator and a recorder

• **Group activity:** Review the interventions and prioritize one intervention per Continuum stage that the group believes is the most effective when implemented by agencies in Brooklyn

• Report back your three interventions and post them on our Care Continuum wall
Brooklyn Knows

Robert Jones, New York Knows Project Officer – Brooklyn, Bureau of HIV/AIDS Prevention and Control, NYCDOHMH
December, 2016
New York/Brooklyn Knows Mission

New York Knows is a collaboration between New York City Department of Health and Mental Hygiene and community organizations, clinics, hospitals, colleges/universities, faith-based organizations and businesses, which aims to coordinate efforts to encourage all NYC residents to learn their HIV status and facilitate access to the city’s HIV prevention and treatment services.
New York Knows Key Components

Collectively we can make a greater impact. Our advocacy is amplified through coordination to serve NY residents better.

Develop borough-wide steering committees which meet monthly and guide the work – **Brooklyn Knows**

Organize borough-specific subcommittees to meet needs identified by partners.

Strengthen relationships between agencies, develop linkages, and share information and resources.

Coordinate borough and city-wide testing and linkage events.

#BEHIVSURE
Goals of Brooklyn Knows

• Provide a voluntary HIV test for every Brooklyn resident who has never been tested— with special attention to higher risk populations.
• Identify undiagnosed HIV-positive people in Brooklyn and link them to medical care.
• Make HIV testing a routine part of health care in Brooklyn.
• Connecting HIV-negative people to preventative services, including PrEP and PEP

HIV testing is the gateway to HIV treatment and prevention and is also a vital step in ending the epidemic.
What do we ask of our partners?

• Participate in monthly steering committee meetings
• Submit testing data quarterly
• Keep us updated on staff and program changes
• Attend subcommittee meetings
• Coordinate events
What do we offer our partners?

- Event coordination, promotion, and support
- Technical assistance
- Weekly Newsletter
- Promotional materials
- Opportunities to collaborate and network
- Online resource database – *New York Knows Directory*
Brooklyn Knows Subcommittees

- Youth – B.U. – Brooklyn United
- Faith-based – B.B.I.A.G. - Borough of Brooklyn Interfaith Advisory Group
- Prevention and Linkage
- Events and Planning
- Brooklyn MSM Community Advisory Board
Current Activities

• Regular Brooklyn Knows events, workshops and meetings promoting HIV testing
• Listening Session for Brooklyn MSM
• 2017 PrEP event
• Annual Youth Events
• Annual All Partner Meeting

#BEHIVSURE
BK Knows vs. BK Links

Knows = Prevention & Linkage

- Promotion of Status Neutral Prevention Methods
  - HIV Testing
  - PEP & PrEP Services
- Improve Status Neutral Linkage to Care
  - PEP, PrEP & HIV Treatment

Links = Treatment, Linkage & Care

- Improve Linkage to Care for Persons living with HIV/AIDS (PLWHA)
- Improve Retention in Care for Persons living with HIV/AIDS (PLWHA)
- Improve Viral Load Suppression
Blueprint Recommendations (BPs)

Identify persons with HIV who remain undiagnosed and link them to health care.

BP1: Make routine HIV testing truly routine

BP2: Expand targeted testing

BP3: Address acute HIV infection

BP4: Improve referral and engagement.

BP29: Expand & enhance the use of data to track and report progress
Blueprint Recommendations (BPs)

Link and retain persons diagnosed with HIV in care to maximize virus suppression so they remain healthy and prevent further transmission.

BP9: Provide enhanced services for patients within correctional and other institutions and specific programming for patients returning home from corrections or other institutional.

BP10: Maximize opportunities through the Delivery System Reform Incentive Payment (DSRIP) process to support programs to achieve goals related to linkage, retention and viral suppression.
Blueprint Recommendations (BPs)

Provide access to PrEP for high-risk persons to keep them HIV-negative.

BP11: Undertake a statewide education campaign on PrEP and nPEP:

BP12: Include a variety of statewide programs for distribution and increased access to PrEP and nPEP

BP 13: Create a coordinated statewide mechanism for persons to access PrEP and nPEP and prevention-focused care

BP4: Improve referral and engagement.

BP29: Expand & enhance the use of data to track and report progress
Lay of the Land in NYC

State and City ETE Structure

ETE Regional Group

NEW YORK KNOWS
WHAT'S YOUR HIV STATUS?
- stay safe  ❖ get care  ❖ get tested

NY Links

#BEHIVSURE
Brooklyn Borough Liaison
Robert Jones, rjones6@health.nyc.gov

Director of Jurisdictional Testing Initiatives
Donovan Jones, djones2@health.nyc.gov

Additional information, newyorkknows@health.nyc.gov
A Multidimensional Framework for Patient/Family Engagement In Healthcare

Levels of engagement

Direct care

Organizational design and governance

Policy making

Continuum of engagement

Consultation
- Patients receive information about a diagnosis

Involvement
- Patients are asked about their preferences in treatment plan

Partnership and shared leadership
- Treatment decisions are made based on patients’ preferences, medical evidence, and clinical judgment

Factors Influencing engagement:
- Patient (beliefs about patient role, health literacy, education)
- Organization (policies and practices, culture)
- Society (social norms, regulations, policy)

Carman K L et al. Health Affairs 2013;32:223-231
Strategies/Venues to Engage Consumers in Quality Improvement

• Entire Caseload or Patient Population
  • Satisfaction surveys
  • Patient interviews
  • Focus groups
• Consumer Advisory Board
• Quality Management Team/Committee
• Regional Group
• EMA/TGA
• Statewide Quality Management Committee
Consumer Involvement in Quality Improvement
(AIDS Institute Model)
Question?

- Is a consumer in attendance today representing your agency multi-disciplinary team?
Consumer Involvement Small Group Activity

- Divide participants into small groups
- Within your small group, please select a facilitator and someone to report back to the larger
- Small groups are asked to spend approximately 15 minutes determining strategies to engage consumers in QM programs/QI activities
- Small groups are asked to report back to the larger group the strategies they identified to engage consumer in QM programs/QI activities
Debrief Activity

• Was this a helpful way to discuss consumer involvement strategies?

• Did you identify new ideas?

• What is one idea you can try in the next 3-6 months?
Consumer Involvement in Quality Improvement
Organizational Assessment

• The organizational assessment is a tool that can be used to score (between 0 -5) your agency’s level of consumer involvement in QI activities
• What score would you give your agency?
• How did you come up with this score?
• Would you be able to provide documentation to the AIDS Institute to substantiate your agency score?
To what extent are consumers effectively engaged and involved in the HIV quality management program?

<table>
<thead>
<tr>
<th>Level</th>
<th>Consumer involvement</th>
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<tbody>
<tr>
<td><strong>Getting Started</strong></td>
<td>0</td>
</tr>
<tr>
<td>None</td>
<td>There is currently no process to involve consumers in HIV quality management program activities.</td>
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<table>
<thead>
<tr>
<th>Level</th>
<th>Consumer involvement</th>
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</thead>
<tbody>
<tr>
<td><strong>Planning and Initiation</strong></td>
<td>1</td>
</tr>
<tr>
<td>Minimal</td>
<td>Is occasionally addressed by soliciting consumer feedback, but no formal process is in place for ongoing and systematic participation in quality management program activities.</td>
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<tr>
<th>Level</th>
<th>Consumer involvement</th>
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<tbody>
<tr>
<td><strong>Beginning Implementation</strong></td>
<td>2</td>
</tr>
<tr>
<td>Partial</td>
<td>Is addressed by soliciting consumer feedback, with development of a formal process for ongoing and systematic participation in quality management program activities.</td>
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<tr>
<th>Level</th>
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<tr>
<td><strong>Implementation (Meets HAB requirements)</strong></td>
<td>3</td>
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<tr>
<td>Advanced</td>
<td>Includes engagement with consumers to solicit perspectives and experiences related to quality of care.</td>
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<tr>
<td></td>
<td>Is formally part of HIV quality management program activities through a formal consumer advisory committee, satisfaction surveys, interviews, focus groups and/or consumer training/skills building. However, the extent to which consumers participate in quality management program activities is not documented or assessed.</td>
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<tr>
<th>Level</th>
<th>Consumer involvement</th>
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<tr>
<td><strong>Progress toward systematic approach to quality</strong></td>
<td>4</td>
</tr>
<tr>
<td>Extended</td>
<td>Is part of a formal process for consumers to participate in HIV quality management program activities, including a formal consumer advisory committee, surveys, interviews, focus groups and/or consumer training/skills building.</td>
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<tr>
<td></td>
<td>In improvement activities includes three or more of the following:</td>
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<td>− sharing performance data and discussing quality during consumer advisory board meetings</td>
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<td>− membership on the internal quality management team or committee</td>
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<td></td>
<td>− training on quality management principles and methodologies</td>
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<td></td>
<td>− engagement to make recommendations based on performance data results</td>
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<td></td>
<td>− increasing documentation of recommendations by consumers to implement quality improvement projects.</td>
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<tr>
<td></td>
<td>Information gathered through the above noted activities is documented and used to improve the quality of care. However, staff does not review with consumers how their involvement contributes to refinements in quality improvement activities.</td>
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<thead>
<tr>
<th>Level</th>
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<tr>
<td><strong>Full systematic approach to quality management in place</strong></td>
<td>5</td>
</tr>
<tr>
<td>Complete</td>
<td>Is part of a formal, well-documented process for consumers to participate in HIV quality management program activities, including a consumer advisory committee with regular meetings, consumer surveys, interviews, focus groups and consumer training/skills building.</td>
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<td>In quality improvement activities includes four or more of the items bulleted in E2#4.</td>
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<td>Information gathered through the above noted activities is documented, assessed and used to drive QI projects and establish priorities for improvement.</td>
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<td></td>
<td>Includes work with program staff to review changes made based on recommendations received with opportunities to offer refinements for improvements. Information is gathered in this process and used to improve the quality of care.</td>
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<td>Involves at minimum, an annual review by the quality management team/committee of successes and challenges of consumer involvement in quality management program activities to foster and enhance collaboration between consumers and providers engaged in quality improvement.</td>
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</table>
Need Technical Assistance on Consumer Involvement in Quality Improvement?

Please contact:
Daniel Tietz
Manager, Consumer Affairs
New York State Department of Health AIDS Institute
ESP – Tower, Room 412
Albany, NY 12237
(518) 473-7542 (voice)
(518) 486-1315 (fax)
daniel.tietz@health.ny.gov
Working Lunch
Quality Improvement 101

Clemens Steinbock, Director, Quality Initiatives
NYSDOH AIDS Institute
December, 2016
Success is achieved through meeting the needs of those we serve.
Most problems are found in processes, not in people.
Do not reinvent the wheel – learn from best practices.
Learn through incremental changes to achieve continual improvements.
Actions are based upon accurate and measured data.
Infrastructure enhances the systematic implementation.
Set priorities and communicate clearly.
Why Quality Improvement?

• It’s about implementation
• It’s about systems
• It’s about using performance data
• Teams improve key aspects of care and services in real time
General Improvement Paradigms

• Reliably measuring the magnitude of a problem
• Identifying the root causes of the problem and measuring the importance of each cause
• Establishing multidisciplinary QI teams to find solutions for the most important causes
• Proving the effectiveness of those solutions
• Deploying programs to ensure sustained improvements over time
Tennis Ball Game

• Form a circle of 6-8 individuals with one external person to be the timekeeper
• The first person throws the ball to the person across from him/her in the circle
• Remember to whom you threw it
• The receiver throws it to another person who has not touched the ball yet, and so on till each in the group touched the ball
• The last person passes it to the start person
Tennis Ball Game

Objective of the Game:
Reduce the cycle time of your team using the rules below

Rules:
1. Start and stop with same person
2. Maintain the same sequence
3. Don’t drop the ball
Tennis Ball Game

• What contributed to the improved cycle times?
• Was every change you tried an improvement? Why not?
• How important was the ‘trial and error’ approach to reduce the cycle time?
• How important was the measurement of cycle times to know whether new ideas yielded an improvement?
• How important were the contributions of team members?
Presentation Overview

• HIV surveillance in NYC
• HIV diagnoses in Brooklyn, 2015
• HIV Care Continuum in Brooklyn, 2014
Objectives of HIV surveillance

- To monitor and characterize the complex and evolving HIV epidemic
- To detect changing patterns of HIV transmission
- To inform public health planning, including testing, prevention and treatment strategies
- To guide the allocation of funding for prevention and care services
HIV Case Reporting

- **Passive surveillance**
  - Healthcare facilities report newly diagnosed HIV cases to NYC DOHMH
    - Name
    - date of birth
    - date of HIV diagnosis

- **Active surveillance**
  - NYC DOHMH staff conduct field investigations and registry data matches to identify and confirm HIV cases

- ~3,000 cases a year
HIV-related laboratory reporting

• **Passive surveillance**
  • Healthcare facilities report HIV-related laboratory test results to NYS DOH, and then NYS DOH sends NYC test results to NYC DOHMH
    • Diagnostic tests: Western Blot, 3rd or 4th gen EIA, HIV 1/2 differentiation assay, and qualitative RNA test
    • CD4 counts and percents
    • Viral loads
    • nucleoside sequence results

• **Active surveillance**
  • NYC DOHMH staff conduct field investigations to identify and confirm HIV-related test results

• ~800,000 test results a year
NYC HIV Surveillance Registry

• HIV case registry
  – Over 230,000 individuals
    • ~50% have died
  – Variables (name, sex, race/ethnicity, date of birth, date of diagnosis, date of death, etc.)

• HIV-related laboratory test registry
  – ~10 million tests
    • CD4: ~6 million
    • VL: ~3 million
    • Other: ~1 million
  – Variables (name, test date, test type, result, etc.)
NUMBER OF NEW HIV DIAGNOSES BY BOROUGH IN NYC, 2011-2015

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
New diagnosis rate for residences outside of NYC or unknown borough (N = 269 in 2015) not displayed.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
NEW HIV DIAGNOSES BY GENDER IN BROOKLYN, 2015

Male, 78%
Female, 20%
Transgender, 2%

N = 649

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
NEW HIV DIAGNOSES BY RACE/ETHNICITY IN BROOKLYN, 2015

- Black: 59%
- Latino/Hispanic: 25%
- White: 13%
- API: 2%
- Native American: 0%
- Multiracial: 1%

N = 649

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
NEW HIV DIAGNOSES BY AGE IN BROOKLYN, 2015

N = 649

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
NEW HIV DIAGNOSES BY TRANSMISSION RISK IN BROOKLYN, 2015

N = 649

- MSM: 53%
- IDU: 2%
- MSM-IDU: 1%
- Heterosexual: 19%
- Perinatal: 2%
- TG-SC: 1%
- Unknown: 0%

TG-SC, transgender people with sexual contact.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015.
What is the HIV Care Continuum?

“The HIV care continuum—sometimes also referred to as the HIV treatment cascade—is a model that outlines the sequential steps or stages of HIV medical care that people living with HIV go through from initial diagnosis to achieving the goal of viral suppression (a very low level of HIV in the body), and shows the proportion of individuals living with HIV who are engaged at each stage.”

HIV Care Continuum in the United States, 2011

- HIV-infected: 100%
- HIV-diagnosed: 86%
- Retained in care: 40%
- Prescribed ART: 37%
- Virally suppressed: 30%

Source:
• HIV-infected
  – Number of people living with HIV (PLWH) by the end of 2014
  – Calculated as “HIV-diagnosed” divided by the estimated proportion of PLWH who had been diagnosed (93.3%), based on a back-calculation method

• HIV-diagnosed
  – Number of PLWH who had been diagnosed by the end of 2014
  – Calculated as PLWH “retained in care” plus the estimated number of PLWH who were out of care, based on a statistical weighting method.
• Retained in care
  – Number of PLWH with ≥1 CD4/viral load test in NYC in 2014

• Prescribed ART
  – Number of PLWH who were prescribed ART in 2014
  – Calculated as PLWH “retained in care” multiplied by the estimated proportion of PLWH who were prescribed ART (96.1%), based on NYC Medical Monitoring Project data.
• Virally suppressed
  - Number of PLWH with a suppressed viral load (≤200 copies/mL) by the end of 2014
  - Calculated as PLWH in care with a most recent viral load measurement in 2014 of ≤200 copies/mL, plus the estimated number of out-of-care 2014 PLWHA with a viral load ≤200 copies/mL, based on a statistical weighting method.
HIV Care Continuum in Brooklyn, 2014

- HIV-infected: 100%
- HIV-diagnosed: 93%
- Retained in care: 86%
- Prescribed ART: 83%
- Virally suppressed: 71%
HIV Care Continuum in NYC and Brooklyn, 2014

Viral suppression is defined as viral load ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015.
HIV Care Continuum in Brooklyn in 2014, by Sex

Viral suppression is defined as viral load ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015.
PLWH younger than 13 were excluded from the analysis.
Viral suppression is defined as viral load ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015.
HIV Care Continuum in Brooklyn in 2014, by Race/ethnicity

Viral suppression is defined as viral load ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015.
HIV Care Continuum in Brooklyn in 2014, by Transmission Risk

Viral suppression is defined as viral load ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015.
HIV Care Continuum in Brooklyn in 2014, by Area-based Poverty

Viral suppression is defined as viral load ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015.
THANK YOU!

Qiang Xia, MD, MPH
HIV Epidemiology and Field Services Program
NYC Department of Health and Mental Hygiene
Phone: (347) 396-7664
Email: qxia@health.nyc.gov
Presenters

• Presenters
  – Heat Program
  – Wyckoff Heights Medical Center
  – NYU Lutheran
  – Brookdale
Team Action Planning and Report Back
Group Activity

• Sit with your agency representatives
• Develop an action plan going forward using the provided template
Moving Forward
Moving Forward

• Ideas for our joint activities going forward
  – Face-to-face meetings 3x times a year – every 4 months
  – Webinars to allow peer sharing around specific content areas
    3x times a year – every 4 months
  – Data reporting expectations - TBD
Evaluation
Evaluation

• Please complete the session evaluation form
• Complete our contact information sheet
Contact Information

Steve Sawicki, NYLinks Lead, steven.sawicki@health.state.ny.us

Regional Leads
Upper Manhattan—Susan Weigl, sweigl@yahoo.com
Lower Manhattan—Susan Weigl
Western NY—Nanette Brey Magnani, breymagnan@aol.com
Long Island—Steven Sawicki
Central NY & Southern Tier—Steve Sawicki
Mid & Lower Hudson—Steve Sawicki
Queens—Nova West, nova.west@health.ny.gov
Brooklyn—Clemens Steinbock, clemens.steinbock@health.ny.gov and Zeenath Rehana, zrehana@health.nyc.gov
Bronx—Dan Belanger, dan.belanger@health.ny.gov
Northeastern NY—Steve Sawicki
If not sure, info@newyorklinks.org
New York/Brooklyn Knows Mission

New York Knows is a collaboration between New York City Department of Health and Mental Hygiene and community organizations, clinics, hospitals, colleges/universities, faith-based organizations and businesses, which aims to coordinate efforts to encourage all NYC residents to learn their HIV status and facilitate access to the city’s HIV prevention and treatment services.
New York Knows Key Components

Collectively we can make a greater impact. Our advocacy is amplified through coordination to serve NY residents better.

Develop borough-wide steering committees which meet monthly and guide the work – **Brooklyn Knows**

Organize borough-specific subcommittees to meet needs identified by partners.

Strengthen relationships between agencies, develop linkages, and share information and resources.

Coordinate borough and city-wide testing and linkage events.
Goals of Brooklyn Knows

• Provide a voluntary HIV test for every Brooklyn resident who has never been tested— with special attention to higher risk populations.
• Identify undiagnosed HIV-positive people in Brooklyn and link them to medical care.
• Make HIV testing a routine part of health care in Brooklyn.
• Connecting HIV-negative people to preventative services, including PrEP and PEP

HIV testing is the gateway to HIV treatment and prevention and is also a vital step in ending the epidemic.
What do we ask of our partners?

- Participate in monthly steering committee meetings
- Submit testing data quarterly
- Keep us updated on staff and program changes
- Attend subcommittee meetings
- Coordinate events
What do we offer our partners?

• Event coordination, promotion, and support
• Technical assistance
• Weekly Newsletter
• Promotional materials
• Opportunities to collaborate and network
• Online resource database – *New York Knows Directory*
Brooklyn Knows Subcommittees

- Youth – B.U. – Brooklyn United
- Faith-based – B.B.I.A.G. - Borough of Brooklyn Interfaith Advisory Group
- Prevention and Linkage
- Events and Planning
- Brooklyn MSM Community Advisory Board
Current Activities

• Regular Brooklyn Knows events, workshops and meetings promoting HIV testing
• Listening Session for Brooklyn MSM
• 2017 PrEP event
• Annual Youth Events
• Annual All Partner Meeting
BK Knows vs. BK Links

Knows = Prevention & Linkage

- Promotion of Status Neutral Prevention Methods
  - HIV Testing
  - PEP & PrEP Services
- Improve Status Neutral Linkage to Care
  - PEP, PrEP & HIV Treatment

Links = Treatment, Linkage & Care

- Improve Linkage to Care for Persons living with HIV/AIDS (PLWHA)
- Improve Retention in Care for Persons living with HIV/AIDS (PLWHA)
- Improve Viral Load Suppression
Blueprint Recommendations (BPs)

Identify persons with HIV who remain undiagnosed and link them to health care.

BP1: Make routine HIV testing truly routine
BP2: Expand targeted testing
BP3: Address acute HIV infection
BP4: Improve referral and engagement.
BP29: Expand & enhance the use of data to track and report progress

#BEHIVSURE
Blueprint Recommendations (BPs)

Link and retain persons diagnosed with HIV in care to maximize virus suppression so they remain healthy and prevent further transmission

BP9: Provide enhanced services for patients within correctional and other institutions and specific programming for patients returning home from corrections or other institutional

BP10: Maximize opportunities through the Delivery System Reform Incentive Payment (DSRIP) process to support programs to achieve goals related to linkage, retention and viral suppression
Blueprint Recommendations (BPs)

Provide access to PrEP for high-risk persons to keep them HIV-negative.

BP11: Undertake a statewide education campaign on PrEP and nPEP:

BP12: Include a variety of statewide programs for distribution and increased access to PrEP and nPEP

BP 13: Create a coordinated statewide mechanism for persons to access PrEP and nPEP and prevention-focused care

BP4: Improve referral and engagement.

BP29: Expand & enhance the use of data to track and report progress
Contact Information

Brooklyn Borough Liaison
Robert Jones, rjones6@health.nyc.gov

Director of Jurisdictional Testing Initiatives
Donovan Jones, djones2@health.nyc.gov

Additional information, newyorkknows@health.nyc.gov
Brooklyn NY LINKS Regional Group

Consumer Involvement Presentation

Presented by:
Michele Lopez, Co-Chair
New York State Department of Health AIDS Institute
Quality of Care Consumer Advisory Committee
A Multidimensional Framework for Patient/Family Engagement In Healthcare

Carman K L et al. Health Affairs 2013;32:223-231
Strategies/Venues to Engage Consumers in Quality Improvement

- Entire Caseload or Patient Population
  - Satisfaction surveys
  - Patient interviews
  - Focus groups

- Consumer Advisory Board

- Quality Management Team/Committee

- Regional Group

- EMA/TGA

- Statewide Quality Management Committee
Consumer Involvement in Quality Improvement (AIDS Institute Model)
Question?

- Is a consumer in attendance today representing your agency multi-disciplinary team?
Consumer Involvement Small Group Activity

- Divide participants into small groups
- Within your small group, please select a facilitator and someone to report back to the larger
- Small groups are asked to spend approximately 15 minutes determining strategies to engage consumers in QM programs/QI activities.
- Small groups are asked to report back to the larger group the strategies they identified to engage consumer in QM programs/QI activities
De-Brief Activity

• Was this a helpful way to discuss consumer involvement strategies?

• Did you identify new ideas?

• What is one idea you can try in the next 3-6 months?
The organizational assessment is a tool that can be used to score (between 0 -5) your agencies level of consumer involvement in QI activities.

What score would you give your agency?

How did you come up with this score?

Would you be able to provide documentation to the AIDS Institute to substantiate your agency score?
To what extent are consumers effectively engaged and involved in the HIV quality management program?

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
<th>Consumer Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Started</td>
<td>0</td>
<td>- There is currently no process to involve consumers in HIV quality management program activities.</td>
</tr>
<tr>
<td>Planning and Initiation</td>
<td>1</td>
<td>- <strong>Consumer involvement:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Is occasionally addressed by soliciting consumer feedback, but no formal process is in place for ongoing and systematic participation in quality management program activities.</td>
</tr>
<tr>
<td>Beginning Implementation</td>
<td>2</td>
<td>- <strong>Consumer involvement:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Is addressed by soliciting consumer feedback, with development of a formal process for ongoing and systematic participation in quality management program activities.</td>
</tr>
<tr>
<td>Implementation (Meets HAB requirements)</td>
<td>3</td>
<td>- <strong>Consumer involvement:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Includes engagement with consumers to solicit perspectives and experiences related to quality of care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Is formally part of HIV quality management program activities through a formal consumer advisory committee, satisfaction surveys, interviews, focus groups and/or consumer training/skills building. However, the extent to which consumers participate in quality management program activities is not documented or assessed.</td>
</tr>
<tr>
<td>Progress toward systematic approach to quality</td>
<td>4</td>
<td>- <strong>Consumer involvement:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Is part of a formal process for consumers to participate in HIV quality management program activities, including a formal consumer advisory committee, surveys, interviews, focus groups and/or consumer training/skills building.</td>
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<tr>
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<td></td>
<td>- In improvement activities includes three or more of the following:</td>
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<tr>
<td></td>
<td></td>
<td>- sharing performance data and discussing quality during consumer advisory board meetings</td>
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<tr>
<td></td>
<td></td>
<td>- membership on the internal quality management team or committee</td>
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<tr>
<td></td>
<td></td>
<td>- training on quality management principles and methodologies</td>
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<tr>
<td></td>
<td></td>
<td>- engagement to make recommendations based on performance data results</td>
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<tr>
<td></td>
<td></td>
<td>- increasing documentation of recommendations by consumers to implement quality improvement projects.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Information gathered through the above noted activities is documented and used to improve the quality of care. However, staff does not review with consumers how their involvement contributes to refinements in quality improvement activities.</td>
</tr>
<tr>
<td>Full systematic approach to quality management in place</td>
<td>5</td>
<td>- <strong>Consumer involvement:</strong></td>
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<tr>
<td></td>
<td></td>
<td>- Is part of a formal, well-documented process for consumers to participate in HIV quality management program activities, including a consumer advisory committee with regular meetings, consumer surveys, interviews, focus groups and consumer training/skills building.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- In quality improvement activities includes four or more of the items bulleted in E2#4.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Information gathered through the above noted activities is documented, assessed and used to drive QI projects and establish priorities for improvement.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Includes work with program staff to review changes made based on recommendations received with opportunities to offer refinements for improvements. Information is gathered in this process and used to improve the quality of care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Involves at minimum, an annual review by the quality management team/committee of successes and challenges of consumer involvement in quality management program activities to foster and enhance collaboration between consumers and providers engaged in quality improvement.</td>
</tr>
</tbody>
</table>
Consumer Involvement in Quality Improvement
Need Technical Assistance?

Please contact:
Daniel Tietz
Manager, Consumer Affairs
New York State Department of Health AIDS Institute
ESP – Tower, Room 412
Albany, NY 12237
(518) 473-7542 (voice)
(518) 486-1315 (fax)
daniel.tietz@health.ny.gov
HIV Diagnoses and HIV Care Continuum in Brooklyn

Qiang Xia, MD, MPH
HIV Epidemiology and Field Services Program
New York City Department of Health and Mental Hygiene
December 13, 2016
Presentation Overview

• HIV surveillance in NYC

• HIV diagnoses in Brooklyn, 2015

• HIV Care Continuum in Brooklyn, 2014
Objectives of HIV surveillance

• To monitor and characterize the complex and evolving HIV epidemic

• To detect changing patterns of HIV transmission

• To inform public health planning, including testing, prevention and treatment strategies

• To guide the allocation of funding for prevention and care services
HIV Case Reporting

• Passive surveillance
  • Healthcare facilities report newly diagnosed HIV cases to NYC DOHMH
    • Name
    • date of birth
    • date of HIV diagnosis
    • etc.

• Active surveillance
  • NYC DOHMH staff conduct field investigations and registry data matches to identify and confirm HIV cases

• ~3,000 cases a year
HIV-related laboratory reporting

• Passive surveillance
  • Healthcare facilities report HIV-related laboratory test results to NYS DOH, and then NYS DOH sends NYC test results to NYC DOHMH
    • Diagnostic tests: Western Blot, 3rd or 4th gen EIA, HIV 1/2 differentiation assay, and qualitative RNA test
    • CD4 counts and percents
    • Viral loads
    • nucleoside sequence results

• Active surveillance
  • NYC DOHMH staff conduct field investigations to identify and confirm HIV-related test results

• ~800,000 test results a year
• **HIV case registry**
  – Over 230,000 individuals
    • ~50% have died
  – Variables (name, sex, race/ethnicity, date of birth, date of diagnosis, date of death, etc.)

• **HIV-related laboratory test registry**
  – ~10 million tests
    • CD4: ~6 million
    • VL: ~3 million
    • Other: ~1 million
  – Variables (name, test date, test type, result, etc.)
NUMBER OF NEW HIV DIAGNOSES BY BOROUGH IN NYC, 2011-2015

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
RATE OF NEW HIV DIAGNOSES BY BOROUGH IN NYC, 2011-2015

New diagnosis rate for residences outside of NYC or unknown borough (N = 269 in 2015) not displayed.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
NEW HIV DIAGNOSES BY GENDER IN BROOKLYN, 2015

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

- Male: 78%
- Female: 20%
- Transgender: 2%

N = 649
NEW HIV DIAGNOSES BY RACE/ETHNICITY IN BROOKLYN, 2015

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
NEW HIV DIAGNOSES BY AGE IN BROOKLYN, 2015

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

N = 649
NEW HIV DIAGNOSES BY TRANSMISSION RISK IN BROOKLYN, 2015

- MSM: 53%
- IDU: 2%
- MSM-IDU: 1%
- Heterosexual: 19%
- TG-SC: 2%
- Perinatal: 0%
- Unknown: 2%

N = 649

TG-SC, transgender people with sexual contact.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015.
“The HIV care continuum—sometimes also referred to as the HIV treatment cascade—is a model that outlines the sequential steps or stages of HIV medical care that people living with HIV go through from initial diagnosis to achieving the goal of viral suppression (a very low level of HIV in the body), and shows the proportion of individuals living with HIV who are engaged at each stage.”

Source: WWW.AIDS.GOV
HIV Care Continuum – Methods (1)

• HIV-infected
  – Number of people living with HIV (PLWH) by the end of 2014
  – Calculated as “HIV-diagnosed” divided by the estimated proportion of PLWH who had been diagnosed (93.3%), based on a back-calculation method

• HIV-diagnosed
  – Number of PLWH who had been diagnosed by the end of 2014
  – Calculated as PLWH “retained in care” plus the estimated number of PLWH who were out of care, based on a statistical weighting method.
• Retained in care
  – Number of PLWH with ≥1 CD4/viral load test in NYC in 2014

• Prescribed ART
  – Number of PLWH who were prescribed ART in 2014
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• **Virally suppressed**
  
  – Number of PLWH with a suppressed viral load (≤200 copies/mL) by the end of 2014
  
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HIV Care Continuum in Brooklyn, 2014

Viral suppression is defined as viral load ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015.
HIV Care Continuum in NYC and Brooklyn, 2014

Viral suppression is defined as viral load ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015.
HIV Care Continuum in Brooklyn in 2014, by Sex

Viral suppression is defined as viral load ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015.
HIV Care Continuum in Brooklyn in 2014, by Age

- PLWH younger than 13 were excluded from the analysis.
- Viral suppression is defined as viral load ≤200 copies/mL.
- As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015.
HIV Care Continuum in Brooklyn in 2014, by Race/ethnicity

Viral suppression is defined as viral load ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015.
HIV Care Continuum in Brooklyn in 2014, by Transmission Risk

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Phone: (347) 396-7664
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