Brooklyn Regional Group Meeting

April 19, 2017
9.30am to 2.30pm
Brooklyn Borough Hall, 209 Joralemon St, Brooklyn, NY 11201
Opening Remarks

Brooklyn Borough President
Eric L. Adams
Where should we search for our keys?

[Paul Watzlawick, The Situation is Hopeless, but not Serious, 1983]
Ikea effect and egg theory

- Instant baking mixes were introduced in the late 40s; piecrusts, biscuits were successful; resistance to adopt instant cake mixes (requiring just to add water)

- Egg theory - forces individuals to work on solution; Pillsbury required to add eggs, milk and oil

- Understand the basic recipe of ownership and pride

[Laura Shapiro, Something From the Oven, 2004, Viking]
Discovery - conference table not microscope

Question: What are the processes involved in scientific discovery and the importance of social context?

Study: data for one year were collected from four leading molecular biology laboratories (initial background search, pre/post interviews, taping of lab presentations)

Findings: a) use of negative evidence to discard their hypothesis; b) knowledge transfer from same/other disciplines; c) importance of social context

[Kevin Dunbar, How Scientists Really Reason, 1995, MIT Press]
Meeting Overview

• Brooklyn Co-Chairs: Clemens Steinbock, Zeenath Rehana

• Meeting Purpose
  – Strengthen the Brooklyn Regional Group as a platform for peer learning and regional improvements
  – Learn from recent HIV Cascade submissions by Brooklyn providers
  – Provide context of other improvement initiatives in Brooklyn
# Agenda

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome, Introductions &amp; Meeting Overview</td>
<td>9:30 - 10:00</td>
</tr>
<tr>
<td>Opening Remarks</td>
<td>10:00 - 10:15</td>
</tr>
<tr>
<td>Presentations from the Field: HIV Cascades + Breakout Session</td>
<td>10:15 - 11:30</td>
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<tr>
<td>Brooklyn Knows and EtE Committee Updates</td>
<td>11:30 - 11:45</td>
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<tr>
<td>Consumer Involvement: Clients at the Gate</td>
<td>11:45 - 12:15</td>
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<tr>
<td>Working Lunch</td>
<td>12:15 - 1:00</td>
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<tr>
<td>Clinic Survey Introduction</td>
<td>1:00 - 1:15</td>
</tr>
<tr>
<td>Quality Improvement 101: Satisfaction Continuum</td>
<td>1:15 - 1:45</td>
</tr>
<tr>
<td>Team Action Planning and Report Back</td>
<td>1:30 - 2:00</td>
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<tr>
<td>Next Steps &amp; Evaluation</td>
<td>2:00 - 2:30</td>
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<td>Adjourn</td>
<td>2:30</td>
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Picture Consent

• You allow NQC to take pictures from our training events and to post them on our NQC websites, social media platforms, and NQC marketing materials for an undetermined period of time
• You have the right to revoke your consent for pictures that are publicly posted
• At no time, individual names will be used to identify you, unless you sign the appropriate release form
“Quality improvement is a journey of many small steps.”
What is NY Links?
NYLinks Long Term Strategies

**Involve providers and consumers** in planning and implementing **regional** networks that improve outcomes along the cascade of care (HIV 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
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
Existing Regional Group locations in New York State
NY Links Website

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.

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

www.NewYorkLinks.org
Brooklyn Regional Group

- Engage all medical and non-medical organizations within a geographic area to improve linkage to care, retention in care, and viral 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
Presentations from the Field: HIV Cascades
Presentation

• Share the results of your recent HIV Cascade submission
  • How did you collect the necessary data to develop the HIV Cascade? What barriers did you face, if any?
  • What were the data key findings? What were the take home messages?
  • How will you use the HIV Cascade to initiate improvement efforts?
• Bedford Stuyvesant
• Bedford Stuyvesant
HIV CARE CASCADE FOR NEWLY DIAGNOSED PATIENTS (2016)

**N:** Total # of patients in each Category

**NEWLY DIAGNOSED:**
Total # of patients diagnosed in 2016

**LINKED TO CARE IN 3-5 DAYS:**
Total # of patients linked to care Within 3-5 days

**LINKED TO CARE AFTER 5 DAYS:**
Total # of patients linked to care after 5 days

**ON HAART:**
Total # of patients on HIV medication

**VIRAL LOAD < 200:**
Total # of patients with last viral load < 200

**DECEASED:** Total # of patients who Expired before linkage to care

**REFUSED CARE:** Total # of patients who refused care at TLC

**CARE OUTSIDE:** Total # of patients Receiving care outside of Brookdale

**DATA SOURCE:**
eClinicalWorks EPIC eShare AIRS SoftLab
HIV CARE CASCADE ESTABLISHED PATIENTS (2016)

OPEN:
Total # of pts seen at Brookdale with a DX of HIV in 2016

ACTIVE:
Total # of pts receiving care at TLC (HIV Clinic)

ON HAART:
Total # of active pts on HIV medication

VIRAL LOAD<200:
Total # of active pts with last VL <200

N: Total # of patients in each category

DATA SOURCE:
eClinicalWorks
EPIC
eShare
AIRS
Softlab
HIV Care Cascade for Newly Diagnosed Patients (2016)

- **Total newly Diagnosed patients:** 17 (100%)
- **Linked to care:** 8 (47%)
- **Prescribed ART:** 10 (59%)
- **Viral Load suppression:** 5 (29%)

**Data source:** EMR
**HIV Care Cascade - Established Patients, FY 2016**

- **Established patients**: 1207 (100%)
- **On HAART**: 1184 (98.1%)
- **Viral Load <200**: 958 (79.4%)

**Definitions**:
- **Established patients**: # of HIV+ pts with HIV medical visit in the last 12 months.
- **On HAART**: # of active patients with HAART prescription.
- **Viral Load <200**: # of active patients with viral load <200 copies/ml
HIV Care Cascade for Newly Diagnosed Patients (2016)

- Total newly diagnosed patients: 100%, n=33
- Linked to Care (3-5) days: 30%, n=10
- Prescribed ART: 88%, n=29
- Viral Load suppression: 58%, n=19
HIV Care Cascade for Established Patients (2016)

- Open Caseload: 100%, n=997
- Active Caseload: 64%, n=638
- ART: 98%, n=624
- Virally Suppressed: 85%, n=543
- Undetectable: 80%, n=513
Areas Focus on Quality Improvement

- Update the new standard of linkage to care procedure and process (3 calendar days for internal linkage & 5 calendar days for external linkage, from the date of HIV diagnosis)

- Aim to improve timely linkage rates to 75%, and HIV VL suppression rate in newly diagnosed from 58% to 85% in 2017

- Enhance outreach to all HIV patients who are flagged on a monthly detectable viral load report and patients who miss 3 or more HIV follow up appointments to re-engage them in care

- Coordinate with IT department and Design an updated EMR data tracking system to capture all required information for future HIVQUAL data reports.
HIV Care Cascade - Established Patients, FY 2016

- Open: All HIV+ pts with any visit in the last 12 months.
- Active: # of HIV+ pts with HIV medical visit in the last 12 months.
- On HAART: # of active patients with HAART prescription.
- Viral Load <200: # of active patients with viral load <200 copies/ml

Data source: EMR
HIV CARE CASCADE FOR NEWLY DIAGNOSED PATIENTS (2016)

BROOKLYN PLAZA MEDICAL CENTER, INC.

- Total Newly Diagnosed: # of pts newly diagnosed with HIV in the last 12 months
- On ART: # of active pts with ART prescription
- Virally Suppressed: # of active pts with viral load <200 copies/mL
- Linkage to Care: HIV medical visit within 3 calendar days

Data source: EMR/ CPCl
HIV CARE CASCADE, ESTABLISHED PATIENTS, 2016

BROOKLYN PLAZA MEDICAL CENTER, INC.

- **Open**: all HIV+ pts with any visit in the last 12 months
- **Active**: # of HIV+ pts with HIV medical visit in last 12 months
- **On ART**: # of active pts with ART prescription
- **Virally suppressed**: # of active pts with viral load <200 copies/mL

Data source: EMIR/ CPCI

![Bar chart showing percentages and actual numbers of patients in different categories: Open, Active, On ART, and Virally Suppressed.](chart.png)
HIV Care Cascade - Established Patients (2016)

- **Open**: 100% for all communities.
- **Active**: 97% for Chell; 96% for Downtown; 97% for East; 99% for Cylar.
- **Prescribed HAART**: 99% for East; 99% for Downtown; 97% for Chell; 97% for Cylar.
- **Viral Load <200**: 70% for Chell; 71% for Downtown; 70% for East; 66% for Cylar.
- **Viral Load <50**: 63% for Chell; 64% for Downtown; 64% for East; 58% for Cylar.

*72% viral suppression at <200 copies/mL for all active HIV patients prescribed HAART.

*65% viral suppression at <50 copies/mL for all active HIV patients prescribed HAART.

- **Open**: all HIV+ patients with any visit in the last 12 months.
- **Active**: % of HIV+ patients with HIV medical visit in the last 12 months.
- **Prescribed HAART**: % of active patients with HAART prescription in the last 12 months.
- **Viral Load <200**: % of active patients with viral load <200 copies/mL.
- **Viral Load <50**: % of active patients with viral load <50 copies/mL.

**Data Source**: Housing Works EMR and CPCI.
HIV Care Cascade for Newly Diagnosed Patients (2016)

**Total newly diagnosed patients:** # of patients newly diagnosed with HIV in the last 12 months.

**Linked to care:** % of newly diagnosed patients with internal HIV medical visit within 3 days of diagnosis.

**Prescribed HAART:** % of newly diagnosed patients with HAART prescription.

- **Viral load <200:** % of newly diagnosed patients with viral load <200 copies/mL.
- **Viral load <50:** % of newly diagnosed patients with viral load <50 copies/mL.

**Data Source:** Housing Works EMR and CPCI

*100% linkage to care within 30 days for patients newly diagnosed

- **Total Patients Newly Diagnosed:** 100%
  - n=11

- **Linked to Care:** 82%
  - n=9

- **Prescribed HAART:** 82%
  - n=9

- **Viral Load <200:** 27%
  - n=3

- **Viral Load <50:** 27%
  - n=3

*33% viral suppression at <200 copies/mL for newly diagnosed HW patients prescribed HAART

*33% viral suppression at <50 copies/mL for newly diagnosed HW patients prescribed HAART
Brooklyn Updates

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

David Matthew
Co-Chairs, Brooklyn ETE Regional Steering Committee: Brooklyn ETE
Clients at the Gate

How Welcoming Are You?
Learning Objectives

• Explain how first encounters relate to patient engagement, linkage, and retention
• Identify methods to determine primary engagement points for patients
• Improve knowledge on how to incorporate patient feedback into engagement improvement strategies
• Explore goal setting for engagement efforts
Agenda

• Overview and Introductions
• Initial Patient Encounter
• Tools for Encounter Improvement
• Rethinking Feedback
• Questions
• Closing
Initial Patient Encounter
What is the Definition of Patient Engagement?

- Patient Engagement is a hot topic amorphous and appealing enough to mean many things

- According to Kaiser, Patient Engagement includes things like decreased mortality rates and fewer emergencies

- From the literature, Patient Engagement fosters a fruitful collaboration in which patients and clinicians work together to help the patient progress towards mutually agreed-upon health goals.

http://thehealthcareblog.com/blog/2013/09/12/patient-engagement-on-metrics-and-meaning/
What is Patient Engagement

- Patient engagement is a **process** in which patients become invested in their own care.

- Engagement develops naturally when there is regular, focused **communication** between patient and provider.

- It can lead to behaviors that meet or more closely approach treatment guidelines.

- Patients engaged in their own care may make fewer demands on the health care system and more importantly, they enjoy **improved health**.

- Research shows that informed and engaged patients take a more active role in their own care.

- Healthcare organizations are discovering how patient engagement contributes to their **financial and quality objectives**.
Fostering Patient Engagement

• Determine what patient engagement really means and develop metrics or outcomes to demonstrate it

• Foster collaboration between patients and clinical staff

• Establish with patients mutually agreed-upon health goals based on their needs, priorities, and preferences

• Develop strategies to measure the quality patient/provider collaborative processes.
Engagement Interventions to Link Patients to Healthcare

- Peers (Patient Navigators)
- Appointment Reminder Procedures
- Case Management
- Case Conferencing/Consistent Messaging
- Outreach/Returning to Care
- Marketing and Engagement Efforts
Steps to Achieve Optimal Clinical Outcomes

New York State Cascade

New York State Cascades of HIV Care
2013 versus 2014

- Estimated HIV-Infected Persons:
  - 2013: 125,000
  - 2014: 123,000

- Persons Living w/ Diagnosed HIV Infection:
  - 2013: 112,000
  - 2014: 113,000

- Cases w/ any HIV Care During the Year:
  - 2013: 87,000
  - 2014: 91,000

- Cases w/ continuous Care During the Year:
  - 2013: 76,000
  - 2014: 77,000

- Virally Suppressed:
  - 2013: 71,000 (63% of FLWDHI)
  - 2014: 77,000 (68% of FLWDHI)

† Estimation method changed between years; difference 2013 - 2014 is largely due to this change
†† Based on most recent address, regardless of where diagnosed
* Any VL or CD4 test during the year; ** ≥2 tests, ≥3 months apart
*** Viral load undetectable or ≤200/ml at test closest to end of year
### Continuum of Engagement

#### Levels of Engagement

- **Direct Care**
  - Patients receive information about a diagnosis

- **Consultation**
  - Patients are asked about their preferences in treatment plans

- **Involvement**
  - Treatment decisions are made based on patients’ preferences, medical evidences, and clinical judgment

- **Partnership and Shared Leadership**
  - Patients have equal representation on agency committee that makes decisions about how to allocate resources to health programs

#### Organizational Design and Governance

- **Organizational Design and Governance**
  - Organization conducts patient surveys about their care experiences

- **Policy Making**
  - Public agency conducts focus groups with patients to ask opinions about health care issue

- **Hospital**
  - Hospital involves patients as advisors or advisory council members

- **Patients**
  - Patients co-lead hospital safety and improvement committees

#### Factors Influencing Engagement:

- Patient (Beliefs about Patient Role, Health Literacy, Education)
- Organization (Policies and Practices, Culture)
- Society (Social Norms, Regulations, Policy)

#### Source:

A Multi-Dimensional Framework For Patient and Family Engagement in Health and Healthcare
Carmen K L et al. Health Aff 2013; 32:22
The “Handoff” and the “Handshake”
Predicted Value Outcome Theory

• Study with college students – “social animals”

• Established predictability based on the first encounter

• The length of the impression (three, six, or ten minutes) didn’t matter

• Negative impressions had the greatest impact over time

• Perceptions formed during initial meetings still influenced relationships nine weeks later

Question to Consider

How can we ‘improve’ initial and ongoing encounters with patients?
Tools for Encounter Improvement
Tools for Encounter Improvement

• How can our organization identify areas for organizational improvement to improve quality activities?
  ▪ Organizational Assessment

• How can we quickly gather data about one of patient engagement points?
  ▪ Word Clouds

• How can we identify other opportunities for improvement in patient engagement?
  ▪ Touch Point Visit Mapping
Organizational Assessment Tool

- Quality Management Program Infrastructure
- Leadership Buy-In
- Quality Management Team/Committee to guide, assess, and improve
- Written Quality Management Plan
- Measurement, Analysis and Use of Date to Improve Program Performance
- Staff and Patient Engagement in Quality Improvement Activities
- Achieving Outcomes
- Annual Evaluation of Organization
Word Clouds

- Word clouds are graphical representations of word frequency
- The larger the word in the visual, the more common the word was used
- This type of visualization can assist with exploring and analyzing words
- It can also be used to communicate the most salient points or themes

http://betterevaluation.org/evaluation-options/wordcloud
Healthcare Stories Project Activity 1: Word Clouds

• Raises awareness about patients’ views on ‘quality of care’

• Facilitates conversations around quality between patients and providers

• Poster, Instructional Guide, and Attachments can be accessed via http://www.hivguidelines.org/quality-of-care/healthcare-stories-project/activity-1-materials/
Touch Points

• The key moments or events that stand out for those involved as crucial to their experience of receiving or delivering a service.

• Touch points are the points of contact with a service and intensely personal “Big Moments” on the journey where one recalls being touched emotionally or cognitively that cause deep and lasting memories.

(Bate and Robert, 2007)
Healthcare Stories Project Activity 2: Visit Mapping

• **Healthcare User Visit Experience Mapping**
  A method that asks users to offer reactions to the elements of their healthcare visit

• **Touch points**
  Deeply felt moments, positive or negative, in healthcare delivery

• **Benefits of Activity 2:**
  Gain relevant information about the service delivery process
  Identify services that critically shape user experiences of “quality of care”
  Fully engage healthcare users in QI processes
Touch Points/Visit Mapping and Word Clouds

• Create a ‘touch point’ map for your organization or clinic to identify key moments in care
  ▪ Brainstorm ‘touch points’ with your Consumer Advisory Board and compare with your version
• Use the “touch point” map to solicit feedback on flow stations to identify what encounters might need improvement
• Pair ‘touch points’ with ‘word clouds’ to further your data on patient experience in your clinic
• Can help with “survey fatigue” – for providers and patients!
Where does it all begin?
Getting to my clinic
A Walk Through My Clinic
1987: Diagnosed with Shingles in Emergency Room

PCP Performed
HIV Test

PCP Informed me that I was HIV+
via telephone call while at work)

Informed Parents who researched HIV Specialist and Advocated to
Receive Medical Visit at closest facility with expertise.

Initial Meeting with Case Manager and Clinician.
Questions to Consider

• How are your patients “introduced” to your clinic?
• Is the moment of first contact the receptionist or perhaps it occurs during a separate registration process?
• Was the patient’s first encounter with a provider or a visit to have blood drawn at a separate lab?
• How does the “hand-off” occur between your clinic and external community-based organizations conducting HIV screening and/or referrals?
• Is your clinic passive or active in shaping how patients are first introduced to your care?
The Secret Shopper

- Commercially used to report on the quality of services to a corporate headquarters
- The person doing the evaluation is unknown to the service provider
- Useful to see what a potential patient may go through as they try to enroll or access services
Encounter improvement also requires …

• Addressing Health Disparities
  ▪ Using your selected measures, identify whether you have disparities present in your patient population

• Collaborating versus Competing
  ▪ Working together, sharing ideas, setting goals

• Implementing Lessons Learned From the Field
  ▪ Example: Engage your patients in the process of improving engagement!
Rethinking Feedback
What Ernesto Sirolli learned in Zambia
How do we avoid the Hippos?

“What you do [to provide better aid is] you shut up. You never arrive in a community with any ideas.”

~ Ernesto Sirolli
Moving to Improvement

So you have …

- Assessed your organization
- Mapped your ‘touch points’
- Solicited feedback via a ‘word cloud’
- Identified an opportunity for improvement
- Determined how to ask the right questions
- Now what?
Comments/Questions?
Contact Information

Katrina Balovlenkov, QOC Consumer Advisory Committee
Katrina@alliance.nyc

or

Daniel Tietz, AIDS Institute Manager for Consumer Affairs
daniel.tietz@health.ny.gov
Working Lunch
NYC/NYS HIV Clinic Survey

Erica Crittendon, MS
Preston Garnes, MPH

Clinical Operations and Provider Communication (COPC)
NYC DOHMH
Background

- As New York City embarks on its mission to end the HIV epidemic, optimizing HIV-care and viral load suppression (VLS) is pertinent.
- The steps required for a HIV-infected patient to reach a primary care provider after diagnosis can be complex.
- Once a patient reaches the clinic, many factors can influence whether that patient achieves VLS.
R01 MH111384-01 “Taking care to the end of the continuum: Can safety net services close the gap between retention and viral suppression?”
Contextual Factors
- Neighborhood context
  - Housing availability and economic inequality
  - % of residents living below federal poverty level
  - Food-desert status
  - Transportation accessibility
  - HIV prevalence
  - HIV testing coverage
  - Spatial density of HIV services

Individual Factors (includes some client-level measures of structural differences)
- Predisposing characteristics
  - Socioeconomic status: education, income, and employment
  - Other demographic characteristics
  - Physical comorbidities (e.g., diabetes)

Service Model Exposure
- Receipt of support services (RWPA and/or Medicaid)
  - Basic-needs support: housing and food
  - Behavioral health services: mental health, substance use counseling
  - Care coordination model of medical case management

Policy environment
- Health Homes implementation under ACA
- RWPA service model revisions/adaptations
- Implementation of newer HIV treatment guidelines

Health Services System Factors
- Service site characteristics and capacity
  - Community vs. clinic-based setting
  - History of providing HIV specialty care
  - Health home transition
  - Program/clinic days and hours
  - Quality of care
  - Insurance accepted/payers reimbursing (RWPA, Medicaid)
  - Co-located med./social services
  - Types of supportive services offered
  - Non-HIV primary care integration
  - Types of medical providers (MD, NP)
  - Types of social service providers
  - Provider-client ratio
  - Staff turnover, transition management

HIV Medical Care Utilization
- ART Initiation
- ART Adherence

Sustained Viral Load Suppression

R01 MH111384-01 “Taking care to the end of the continuum: Can safety net services close the gap between retention and viral suppression?”
eHIVQUAL

OA

Care Continuum Dashboards

Adherence to clinical guidelines

QI/QM Infrastructure

Comprehensive VL data

Assessment of HIV-Focused Clinics

Resources:
NYC: Ryan White Part A
NYS: Ryan White Part B
Others: CDC, Foundations
Comprehensive Assessment of HIV-Focused Clinics

- eHIVQUAL: Adherence to clinical guidelines
- OA: QI/QM Infrastructure
- Care Continuum Dashboards: Comprehensive VL data
- Clinic Survey: Clinical Operations/Capacity

Resources:
- NYC: Ryan White Part A
- NYS: Ryan White Part B
- Others: CDC, Foundations
Goals of Site Assessments:
- Identify site-level predictors for poor VLS
- Identify best practices
- Better understand resource utilization
- Establish comprehensive repository of services
- Facilitate referrals
- Improve connectivity between clinics
- Provide more targeted TA

Resources:
NYC: Ryan White Part A
NYS: Ryan White Part B
Others: CDC, Foundations
In Care: A person is considered to be established in HIV care if they had two CD4/VL tests at least 3 months apart in 2015.

Viral Load Suppression: Last quantitative HIV RNA value \(\leq 200\) copies/mL. For most patients, a low level of HIV viremia indicates that they are engaged in HIV medical care.

Transmission Threshold: Last quantitative HIV RNA value <1,500 copies/mL. For most patients, a low level of HIV viremia indicates that they are engaged in HIV medical care.


* Goal: Targets for both indicators are based on 90% local Viral Load Suppression goal

All 34 CCD Sites*: Data displayed for the 34 sites that receive a CCD from DOHMH

Data source: Laboratory data reported to the NYC HIV surveillance registry
HIV Clinic Survey Objectives

• 1. To identify clinic-level predictors as measured by viral load suppression
  
  ➢ 1b. Among clinics that serve a disproportionate number of underserved clients (e.g., racial/ethnic minorities, Transgender, low income)

• 2. To identify areas for public health supported interventions within the HIV clinics
**HIV Clinic Survey – Dissemination Plan**

- Series of revisions to ensure validity, focus while reducing audience burden
- Six sections of theory-based* questions crafted to facilitate analysis and interpretation

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HIV Clinic Survey – Outline

• Survey tool designed to assess clinical capacity on several realms
  ➢ Facility setting and services available
  ➢ Clinic workflow
  ➢ Staffing and resources
  ➢ Retention and adherence strategies
  ➢ Data management capacity
  ➢ Patient demographics and caseloads
HIV Clinic Survey – Dissemination Plan

Survey Development
- Series of revisions to ensure validity, focus while reducing audience burden
- Six sections of theory-based* questions crafted to facilitate analysis and interpretation

Piloting & Revision
- December 2016
- Four pilot sites city-wide
- Distributed as a self-administered paper questionnaire with in-person follow-up

Data Collection

Analyze Results

Targeted Support

HIV Clinic Survey – Dissemination Plan

Survey Development

- Series of revisions to ensure validity, focus while reducing audience burden
- Six sections of theory-based* questions crafted to facilitate analysis and interpretation

Piloting & Revision

- December 2016
- Five pilot sites city-wide
- Distributed as a self-administered paper questionnaire with in-person follow-up

Data Collection

- 139 sites city-wide
- Purposive survey rollout through SurveyGizmo based on 2014 eHIVQUAL data and geographic location

Analyze Results

Targeted Support

Questions?

Please contact: copc@health.nyc.gov
Quality Improvement 101: Satisfaction Continuum

Clemens Steinbock, MBA
Satisfaction Continuum Exercise

- Step 1: Reflect back on your most recent health care experience
- Step 2: Rate this experience on a scale from 1 (best care ever) to 10 (worst care possible)
- Step 3: Come and align yourself on the Satisfaction Continuum score you have; 1 (best care ever) to 10 (worst care possible)
- Step 4: Turn to your neighbor and share why you have scored the experience that way
- Step 5: Let’s reflect on assessing the quality of care and services
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

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