

GET TESTED. TREAT EARLY. STAY SAFE.

Let's End AIDS, Capital District.



Department
of Health



North Eastern New York
Regional Group
December 18, 2018

WELCOME

*Ending the Epidemic in
New York State*

Welcome

Ending the Epidemic

Defining the “End of AIDS”

A 3-Point plan announced by the Governor on June 29, 2014

1. Identify all persons with HIV who remain undiagnosed and link them to health care.
2. Link and retain those with HIV in health care, to treat them with anti-HIV therapy to maximize virus suppression so they remain healthy and prevent further transmission.
3. Provide Pre-Exposure Prophylaxis (PrEP) for persons who engage in high-risk behaviors to keep them HIV negative



Andrew M. Cuomo - Governor

Governor Cuomo Announces Plan to End the AIDS Epidemic in New York State

Printer-friendly version

Three-pronged Plan Focuses on Improved HIV Testing, Preventing the Spread of the Disease, and Better Treatment for People Who Have It

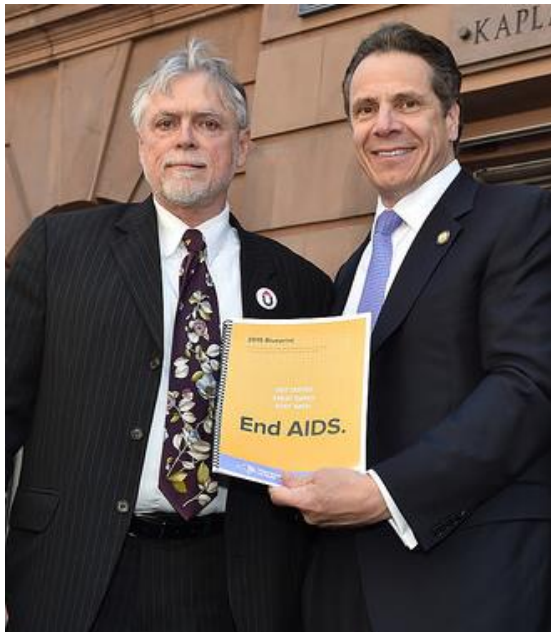
Albany, NY (June 29, 2014)

Reduce the number of new HIV infections to just 750 [from an estimated 3,000] by 2020

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



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

Overall Objectives

- Improve Linkage to Care
- Improve Engagement in Care
- Improve ART Adherence
- Improve Viral Load Suppression

Methods

- Involve Everyone
- Put our Public Health Hats on
- Think in terms of Region and Community
- Use Data
- Identify Gaps in Care
- Identify Interventions to fill Gaps
- Use Quality Improvement Methodology
- Share with Everyone

A Short Presentation on Improvement

How to End the Epidemic (from a QI perspective)

The opinions and conclusions expressed are purely my own

Ending the Epidemic—Reduce the number of new infections to below 750 a year by end of 2020. (2279 in 2016)

Logic Model—How are people infected? By having specific types of contact—sex, IDU, birth, shared blood—with someone else who is HIV+ and not suppressed

Virtually no babies are born with HIV thanks to prevention efforts

Virtually no one becomes infected due to blood transfusions thanks to blood testing

Very few people get infected through IDU thanks to syringe exchange, PrEP, PEP, education <50 in 2016

Unprotected sex is the primary way that HIV is transmitted

Unprotected sex

There are two groups of people who can infect you

1) Those who are infected but do not know it

2) Those who are infected and know it but are not suppressed (in care?)

Response

How do we respond in a public health way to the population of people who are infected but do not know it?

Increase testing—normalize, collateral, NYKnows model of test everyone

PEP

PrEP

Education

Response

How do we respond in a public health way to the population of people who know they are infected but are not suppressed?

Timely linkage to care

Engagement in care (so they get on ART)

Retention in care (so they stay on ART)

Treatment Adherence (includes viral load testing)

Education (U=U, PrEP, PEP)

Expanded Partner Services (OOC, LTC)

NYS QOC Cascades (Open Patients, Gap identification and response, Drill Down)

Show me the data

Data drives decision making

Data drives improvement

Drill down the data if needed

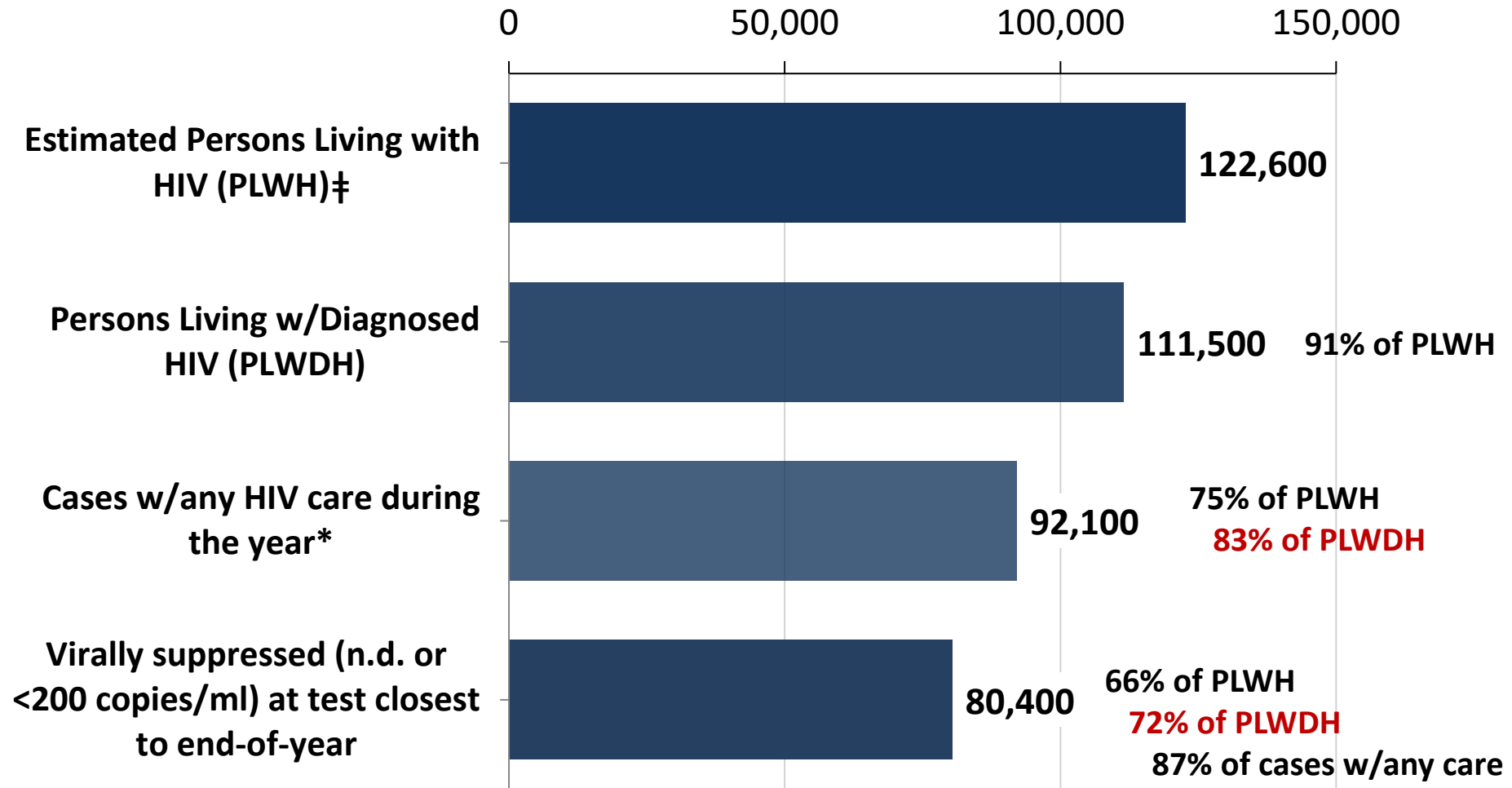
If you don't have data all you have is opinion

Data needs to be recent (6 months or newer)

Regional Improvement

New York State Cascade of HIV Care, 2017

Persons Residing in NYS† at End of 2017



†Based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for 5 years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.

‡ PLWDH and persons living with undiagnosed HIV (7.4% for NYC and 14.5% Rest of State)

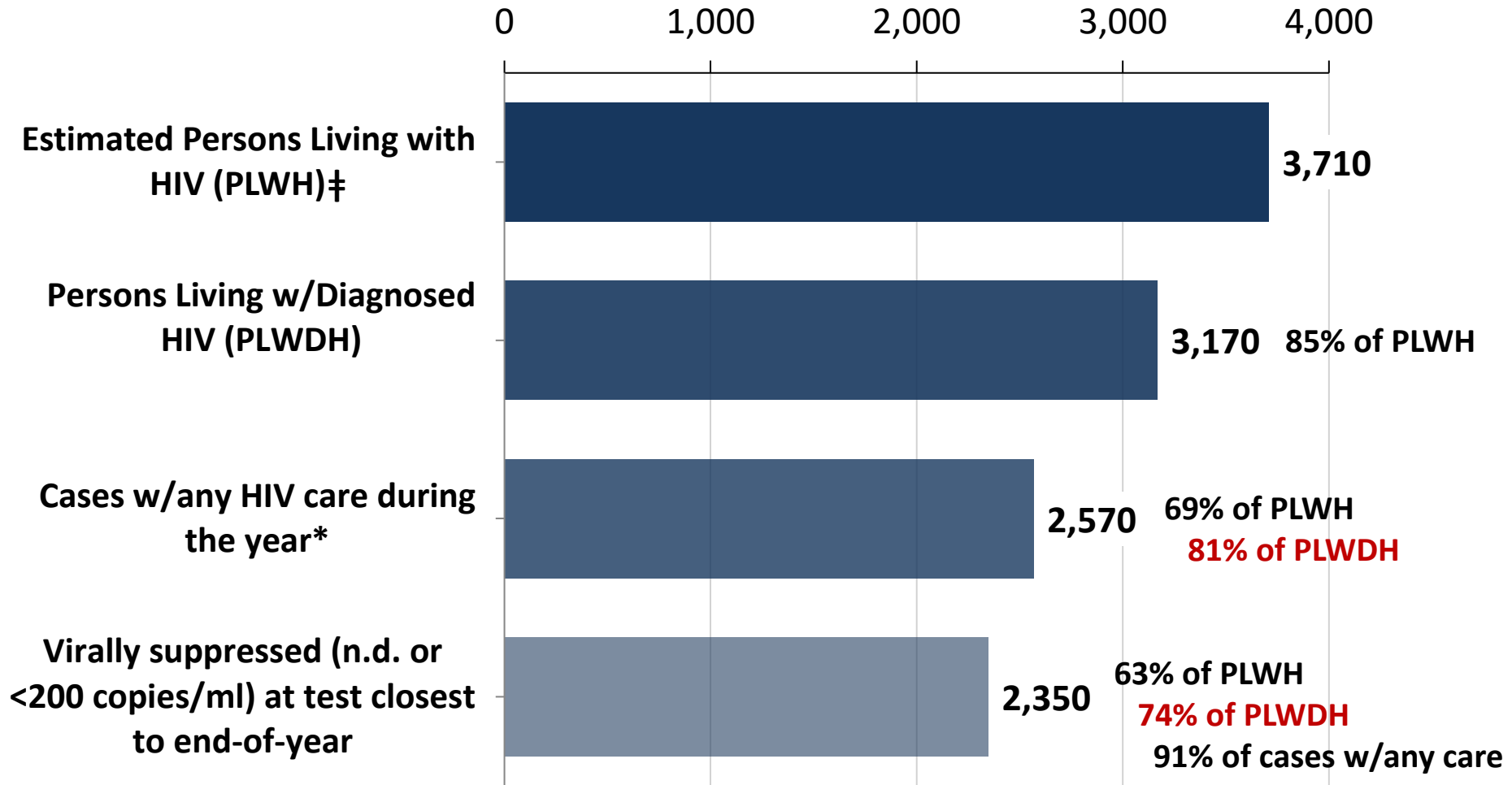
*Any VL, CD4, genotype test during the year.



Department of Health

Cascade of HIV Care: Albany Ryan White Region

Persons Residing in the Albany Ryan White Region† at End of 2017 (excludes persons who were incarcerated)



†Based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for 5 years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.

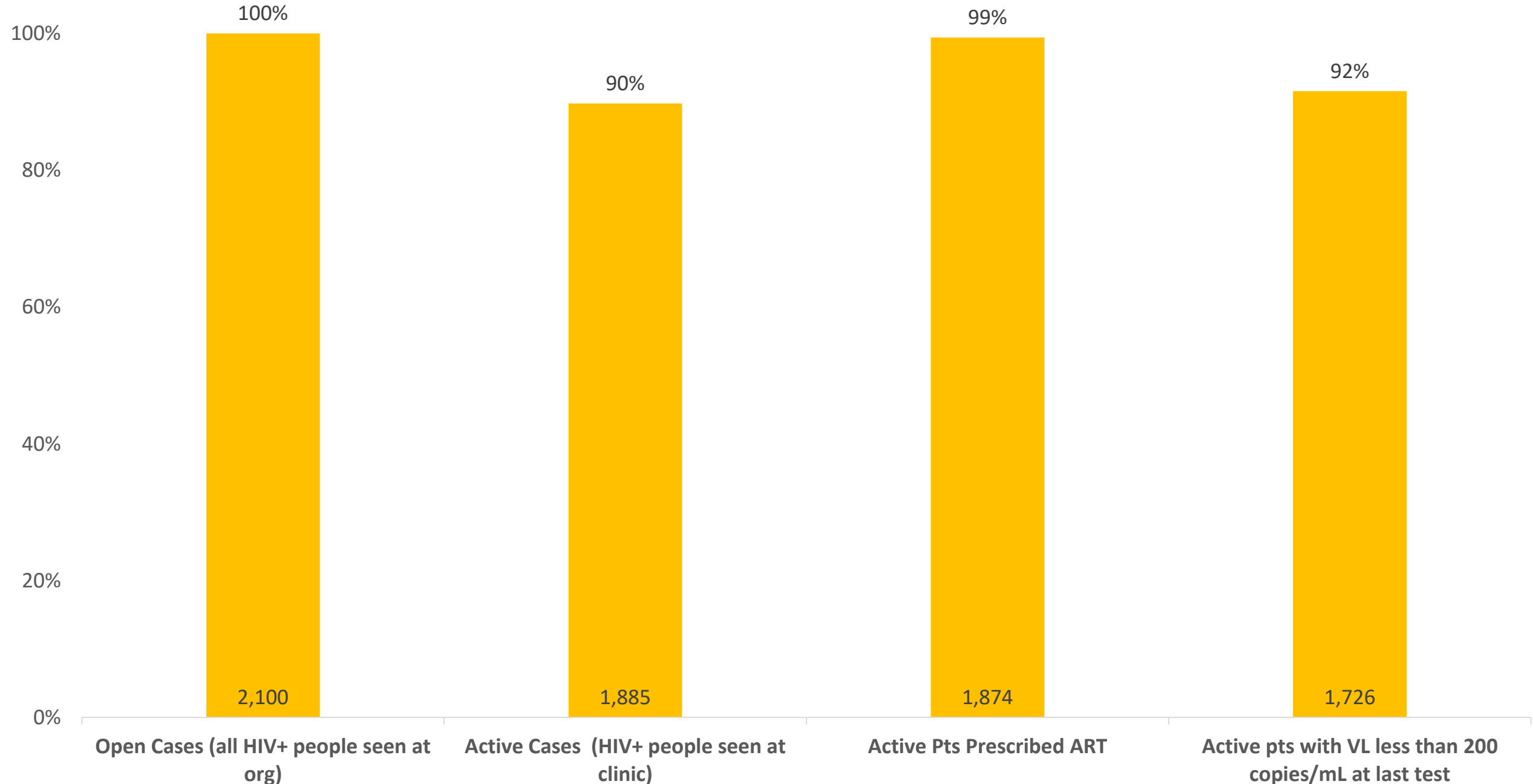
‡ PLWDH and persons living with undiagnosed HIV (14.5% CDC estimate)

* Any VL, CD4, genotype test during the year



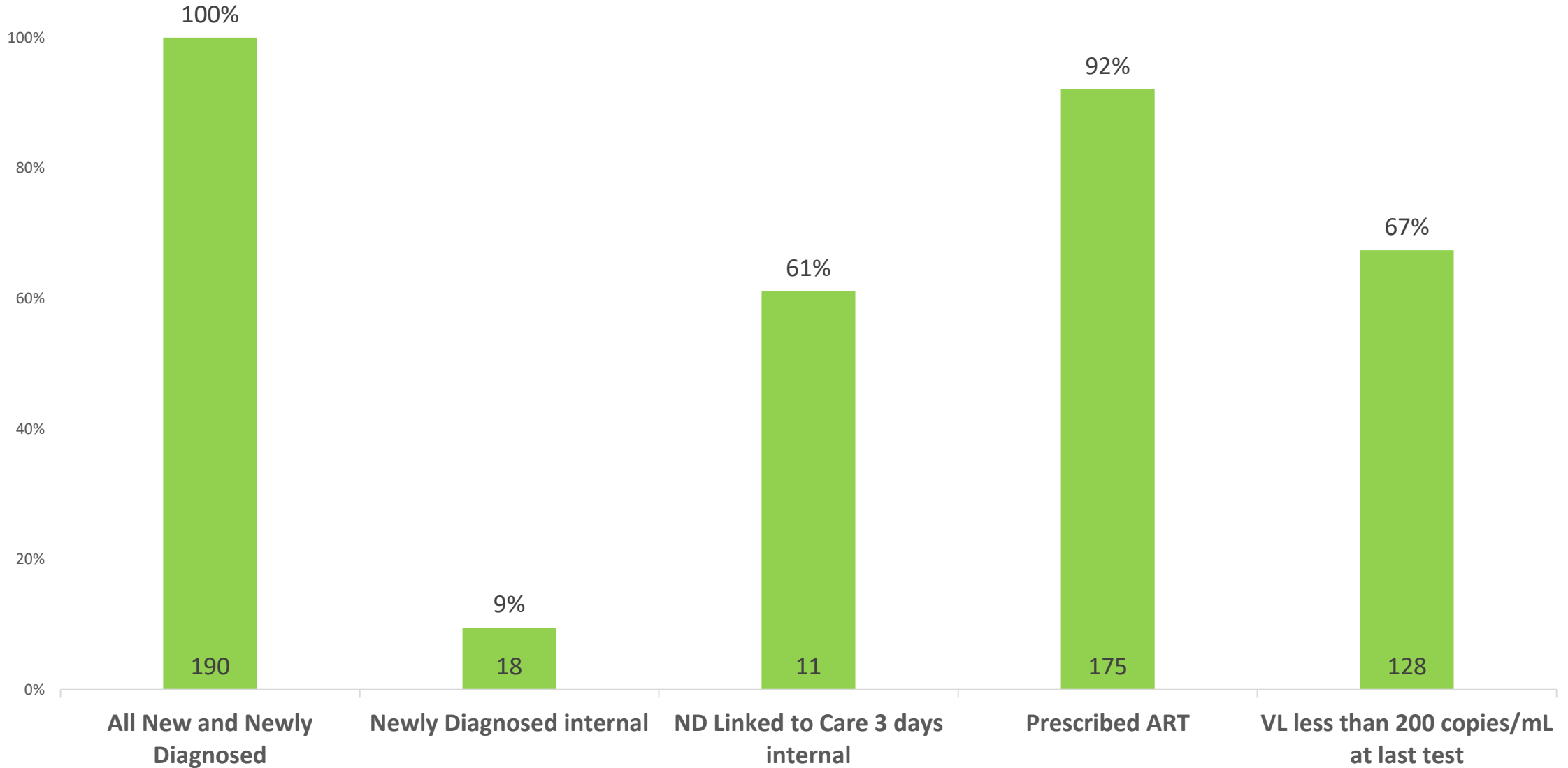
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HIV Care Outcomes Among Established Patients, 2017, NENY Region, NYLinks (5 clinics reporting)



HIV Care Outcomes Among Newly Diagnosed Patients, 2017

NENY Region, NYLinks (5 clinics reporting)



Linkage to Care for Albany, NYS DOH Surveillance

Persons Newly
Diagnosed

77

Linkage <30

64

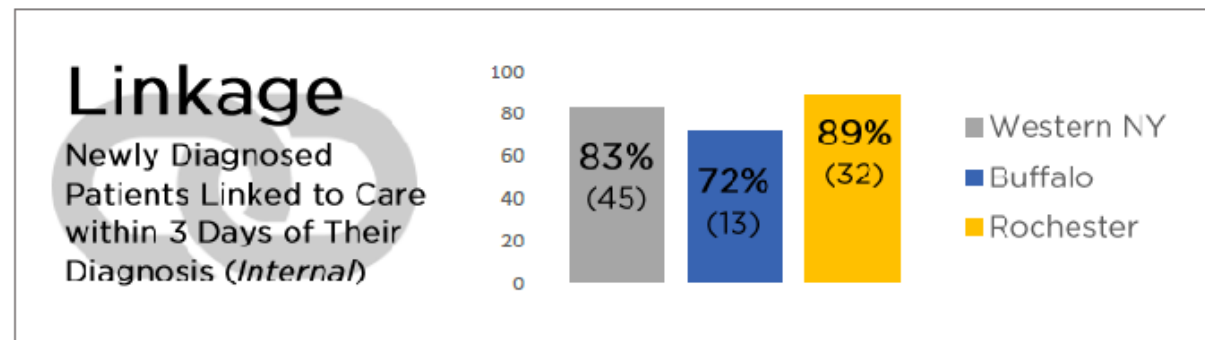
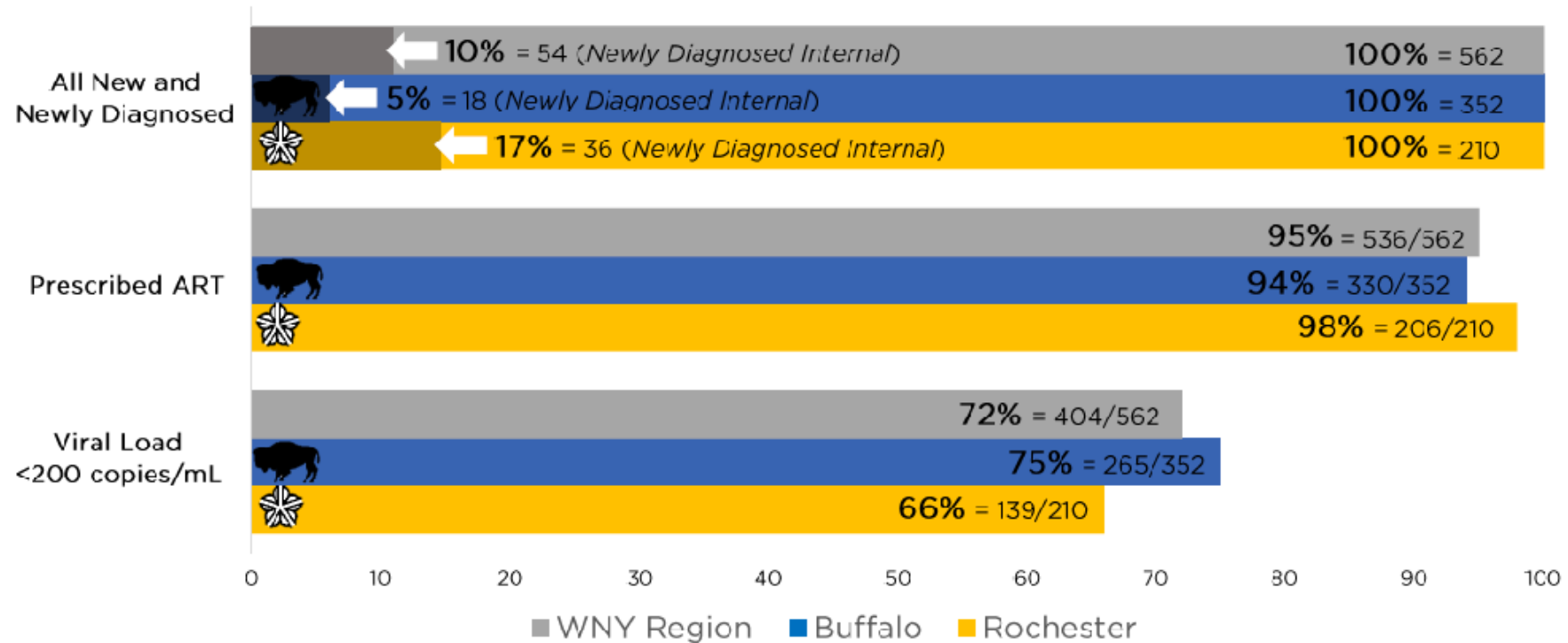
83%

Linkage <91

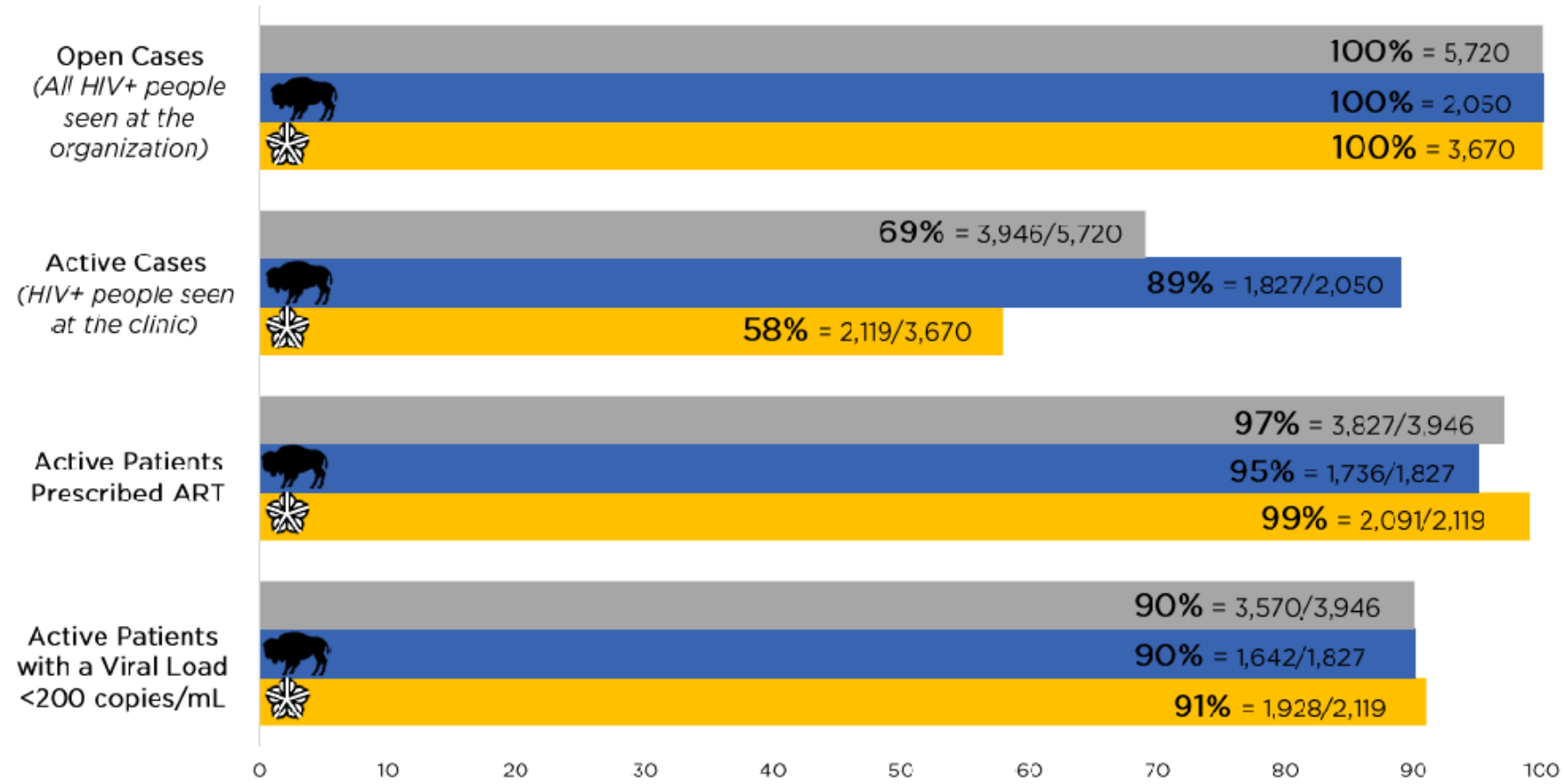
70




91%

Western New York HIV Treatment Cascade for Patients Newly Diagnosed & New-to-Care (Rochester & Buffalo 2017)



Western New York HIV Treatment Cascade for Previously Diagnosed Open Patients (Rochester & Buffalo 2017)



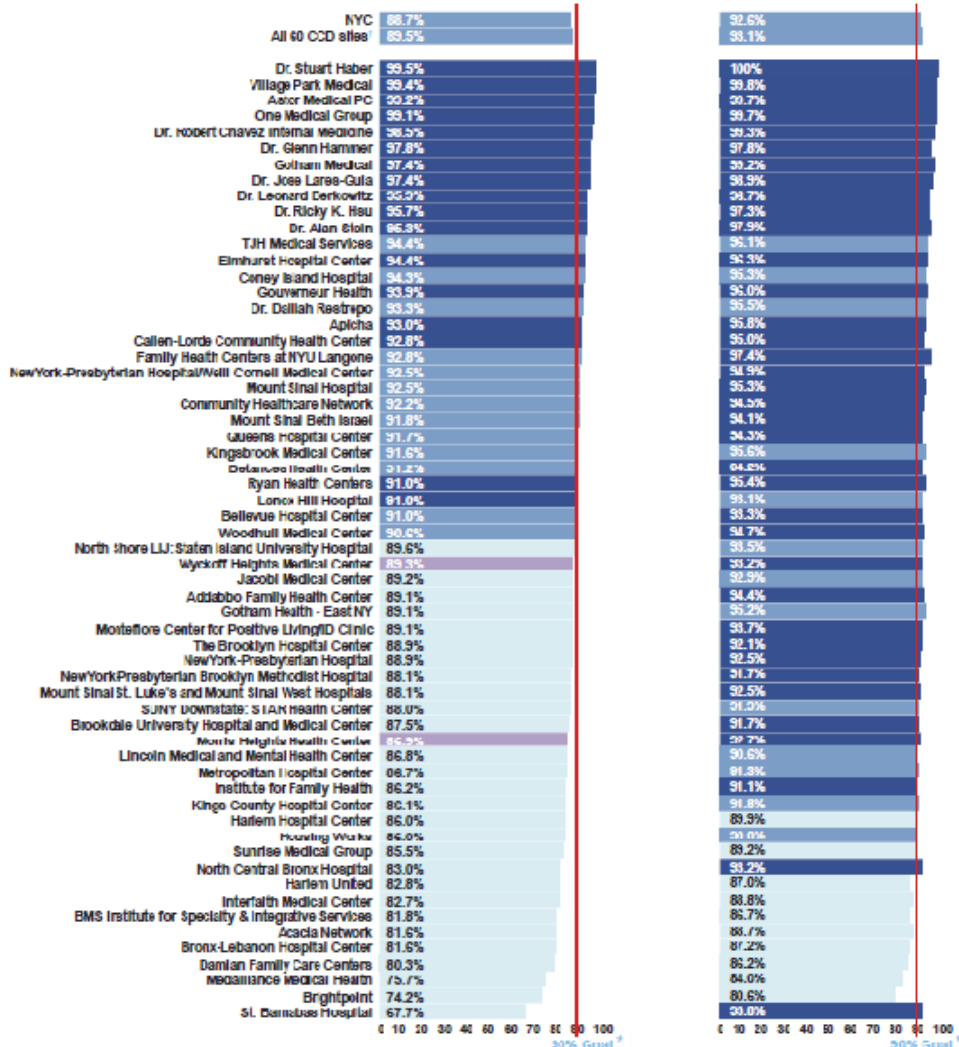
-  WNY Region
-  Buffalo - Evergreen Health Services & Erie County Medical Center (ECMC)
-  Rochester - Trillium, Anthony Jordan, Unity Infectious Disease (Rochester Regional Health), Strong (University of Rochester)

Region	Sub Regions	Highest Viral Suppression Rate	Lowest Viral Suppression Rate	Average Viral Suppression Rate	Newly Diagnosed linked to Care <3 days
Western NYS		92.6%	87.9%	90.4%	83%
	Rochester	92.6%	88.3%	90.9%	89%
	Buffalo	91.7%	87.9%	89.8%	72%
Mid & Lower Hudson		98%	84.8%	87.3%	88%
North Eastern NY		94.5%	88.8%	91.5%	61%
Central NY		98%	84.8%	87.4%	88%
Long Island		92%	93%	93%	93%

HIV Care Continuum Dashboard 2017

Proportion of Patients in Care[±] with Suppressed Viral Load[±] in 2017

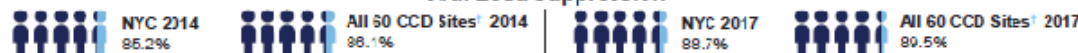
Proportion of Patients in Care with Viral Load Below Transmission Threshold^α in 2017



Progress on Viral Load Suppression between 2014 and 2017 are color coded as follows:

- Stayed on/above target since 2014
- Became on/above target since 2014
- Stayed below target since 2014
- Went below target since 2014

Viral Load Suppression



[±]In Care: A person is considered to be established in HIV care if they had two (2) HIV tests at least 3 months apart in 2017

[±]Viral Load Suppression: Last quantitative HIV RNA value <200 copies/mL

^αTransmission 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. Reference: Quinn TC et al. Viral load and heterosexual transmission of human immunodeficiency virus type 1. *N Engl J Med* 342(13): 921-929, 2000

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

*All 80 CCD Sites: Data displayed for the 80 sites that receive a CCD from DOI MIU

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

Introductions

Introduction Directions

Please share the following with the group:

- Your name and title
- Where you work
- The average snow fall amount in Albany between mid December and mid March is 42 inches. Predict how much snow will fall in that period this year. Winner gets a prize at the March meeting.

Consumer Involvement—Root Cause Analysis

Whitney M. Young Presentation

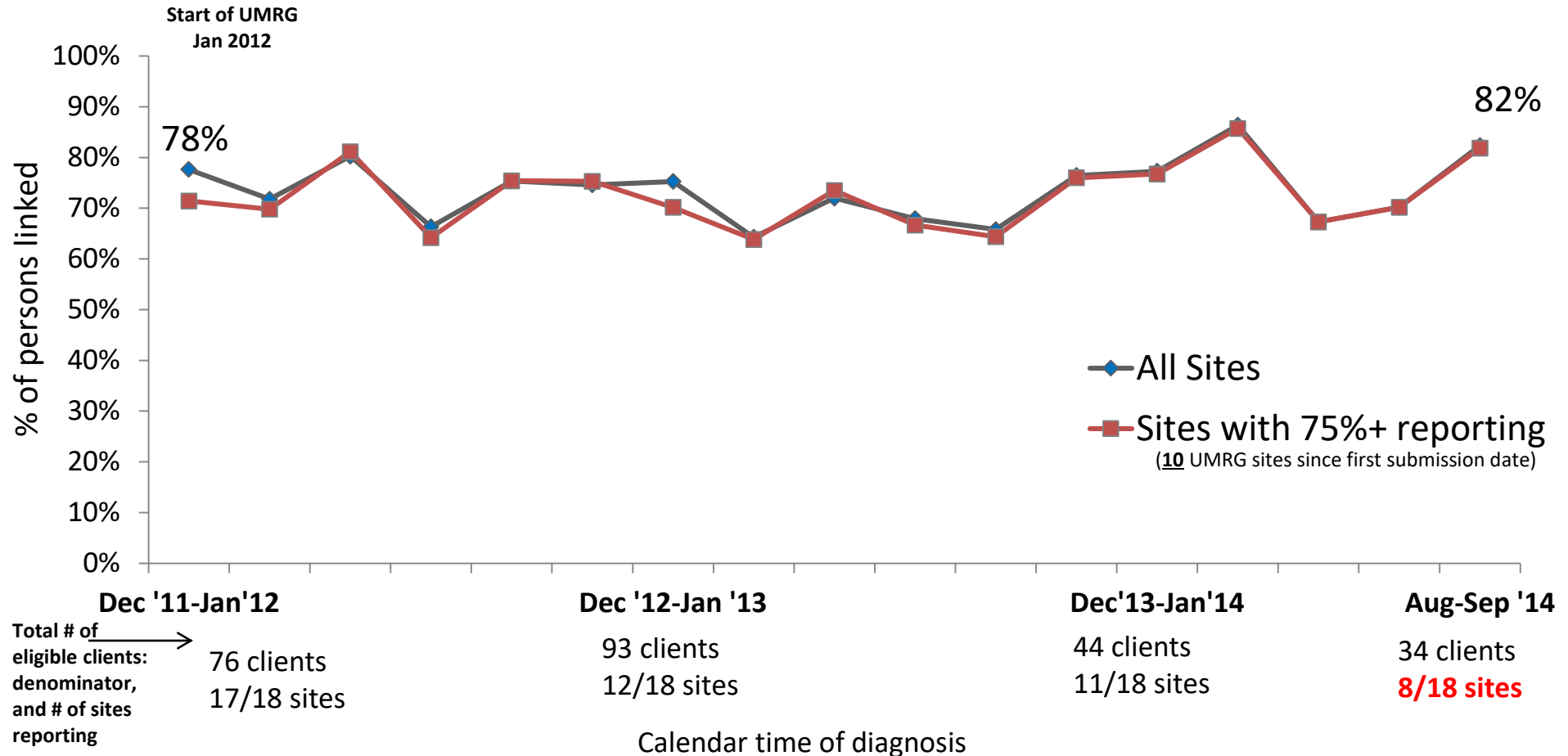
Working Lunch-2019 Goals

Brief QI Training—Control Charts

Run Chart

A **run chart** is a graph that displays observed data in a [time sequence](#). Often, the data displayed represent some aspect of the output or performance of a process. It is a form of [line chart](#).

UMRG—Linkage to care(1): proportion of newly diagnosed persons linked to care within 30 days



-Linked to care: defined as having had an HIV clinical care visit within 30 days of the date of confirmatory HIV test result.

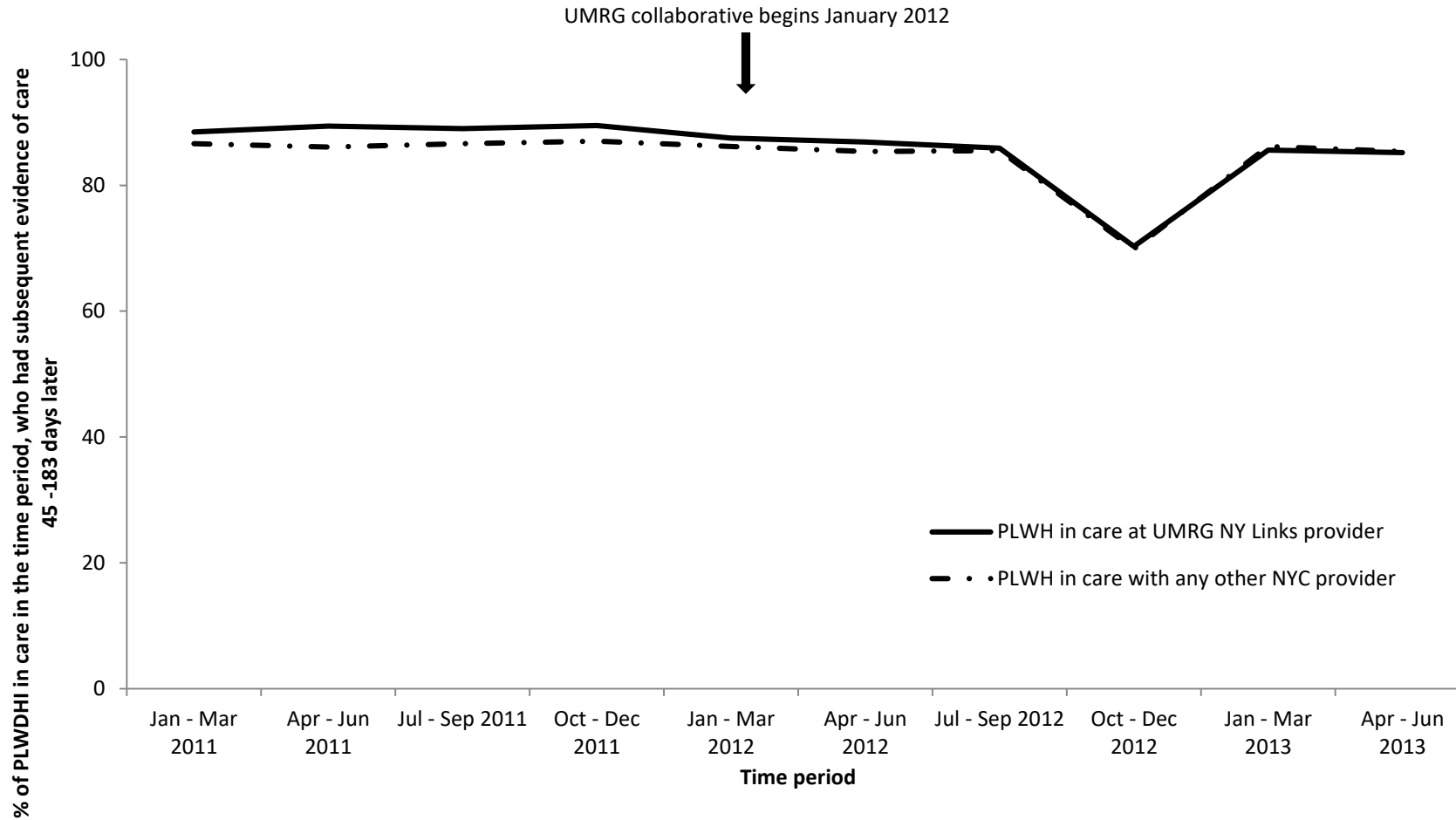
-Each data point represents the aggregate bi-monthly data submission from Apr 2012- Dec 2014.

Variation

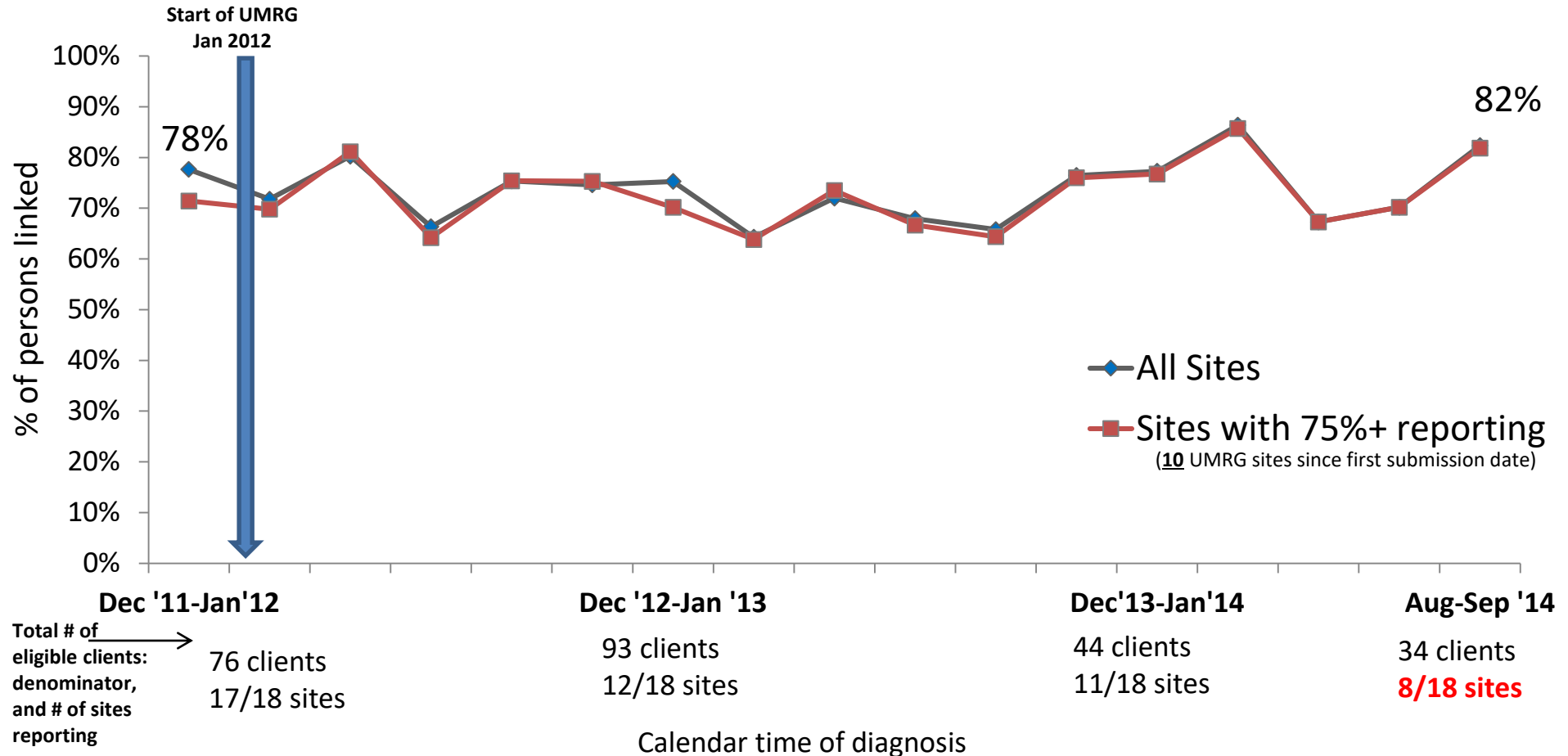
Run charts can be analyzed to find anomalies in data that suggest shifts in a process over time or factors that may be influencing the variability of a process.

Typical factors considered include unusually long "runs" of data points above or below the average line, the total number of such runs in the data set, and unusually long series of consecutive increases or decreases

Retention Among all PLWDHI in Care by Upper Manhattan NYLinks Provider or Another Provider in Rest of NYC

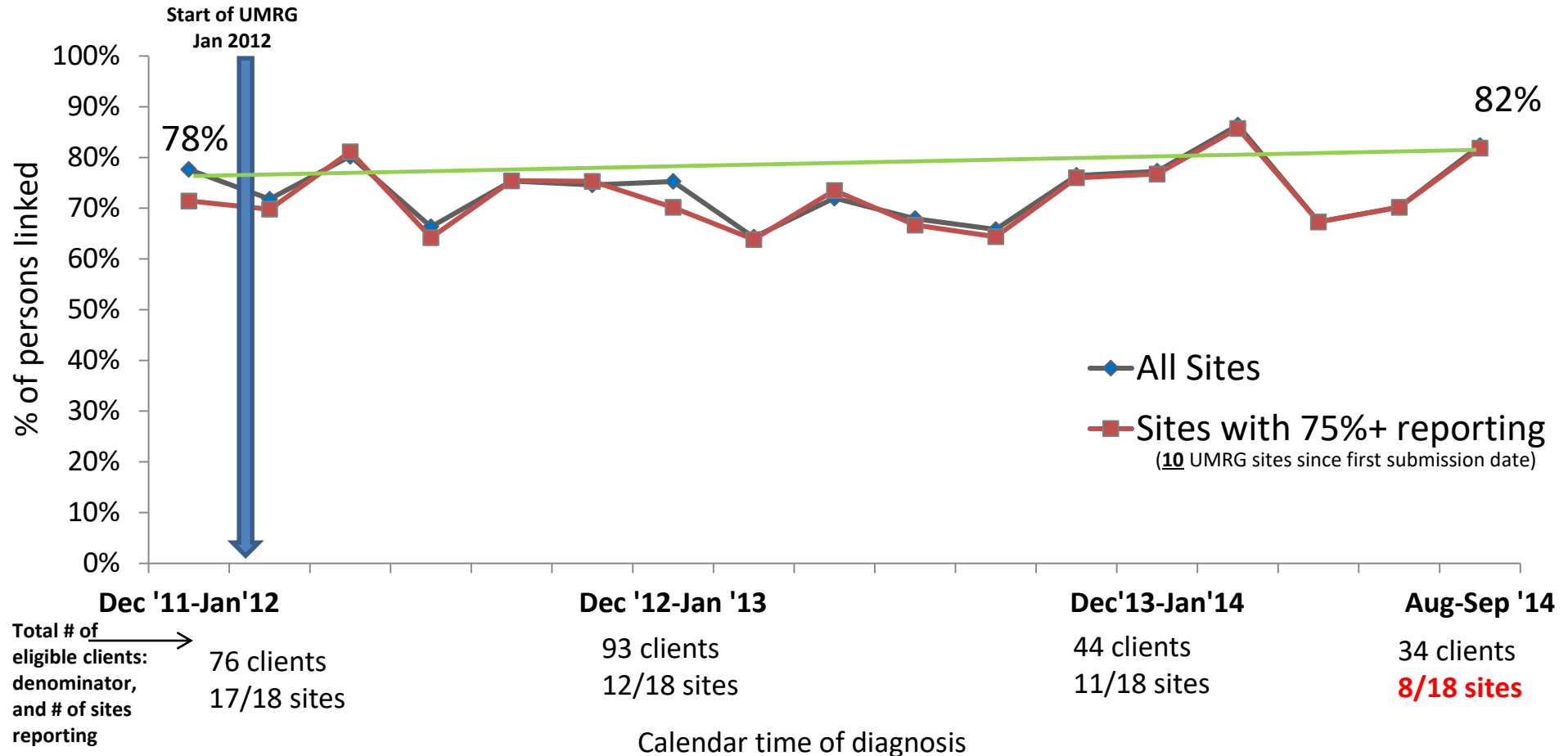


Events **UMRG**—Linkage to care(1): proportion of newly diagnosed persons linked to care within 30 days



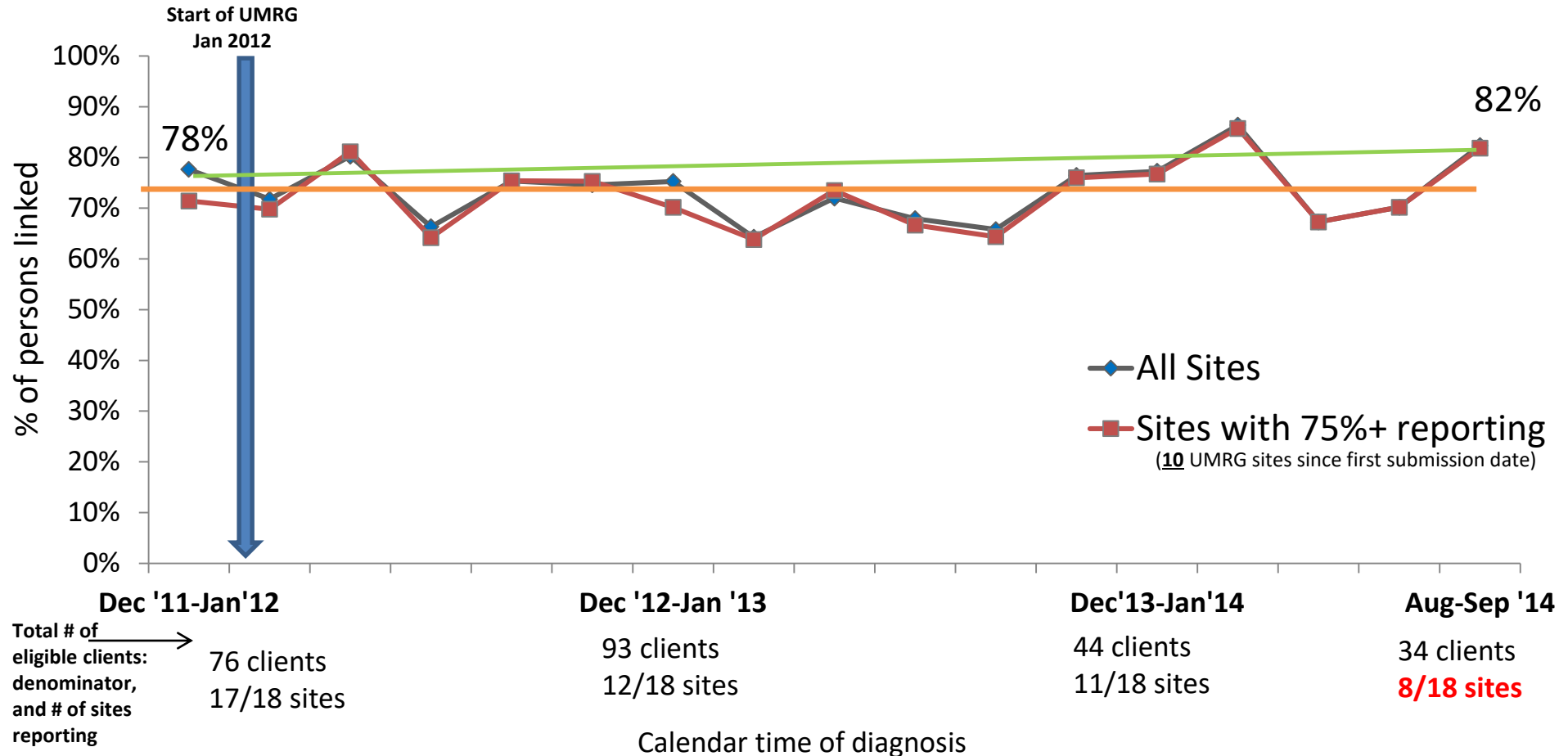
-Linked to care: defined as having had an HIV clinical care visit within 30 days of the date of confirmatory HIV test result.
 -Each data point represents the aggregate bi-monthly data submission from Apr 2012- Dec 2014.

7 points **UMRG**—Linkage to care(1): proportion of newly diagnosed persons linked to care within 30 days



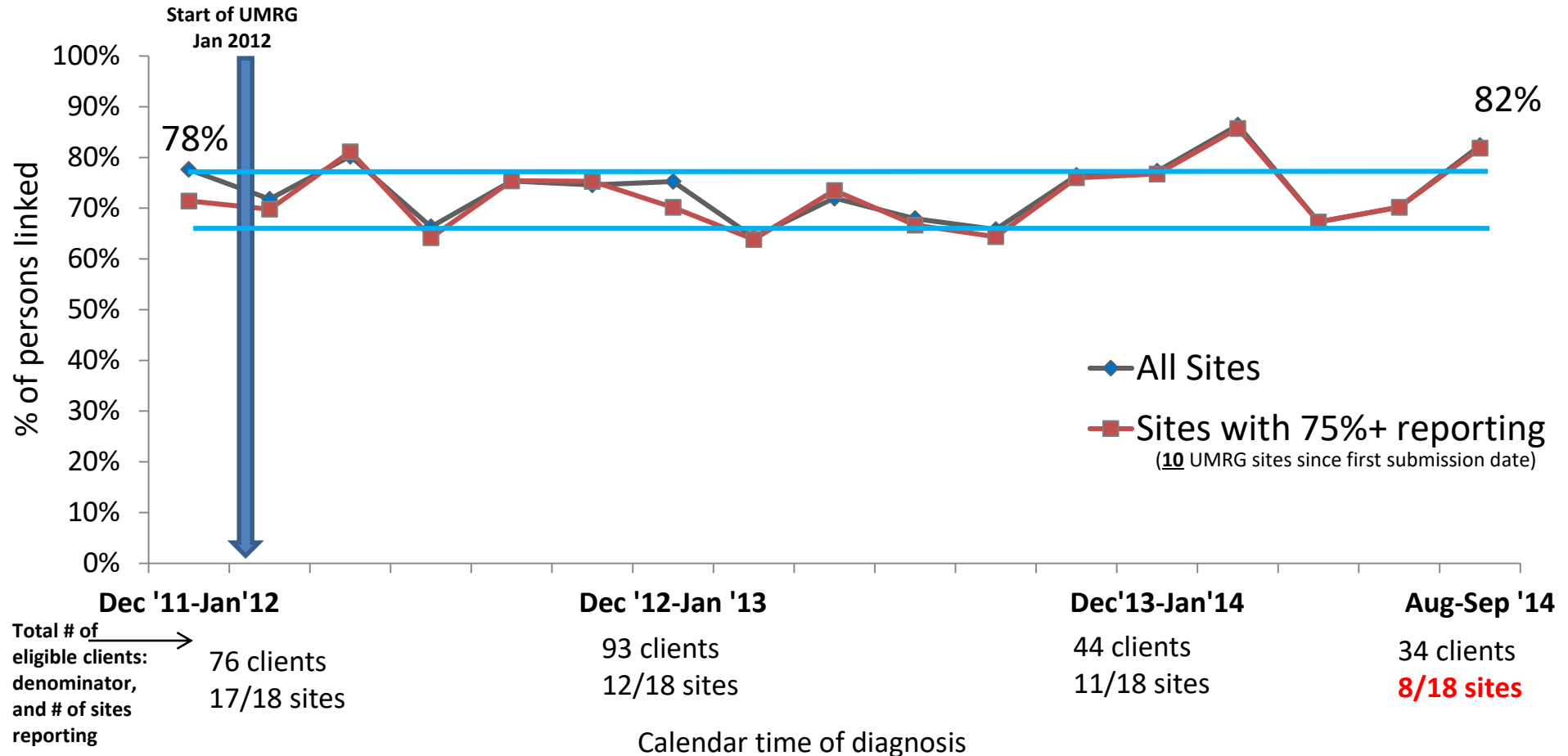
-Linked to care: defined as having had an HIV clinical care visit within 30 days of the date of confirmatory HIV test result.
 -Each data point represents the aggregate bi-monthly data submission from Apr 2012- Dec 2014.

Mean **UMRG**—Linkage to care(1): proportion of newly diagnosed persons linked to care within 30 days



-Linked to care: defined as having had an HIV clinical care visit within 30 days of the date of confirmatory HIV test result.
-Each data point represents the aggregate bi-monthly data submission from Apr 2012- Dec 2014.

Standard **UMRG**—Linkage to care(1): proportion of newly
 Deviation diagnosed persons linked to care within 30 days



-Linked to care: defined as having had an HIV clinical care visit within 30 days of the date of confirmatory HIV test result.
 -Each data point represents the aggregate bi-monthly data submission from Apr 2012- Dec 2014.

2019 Brainstorm

Focus on 2019

Take 5 minutes by yourself and write down three things that you think NYLinks NENY should focus on in 2019.

Break into 3 small groups. Take 10 minutes in your small group and come to consensus on what one thing is missing from the list.

As a collective consider whether or not anything is missing from the list.

Wrap Up

What's Coming up?

- December 18th NENY
- January 8th Long Island
- January 23rd Combined Lower and Upper Manhattan
- February 6th WNY

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And Remember to visit the webpage at: www.newyorklinks.org