

**GET TESTED. TREAT EARLY. STAY SAFE.**

# Let's End AIDS, Capital District.



**Department  
of Health**



North Eastern New York  
Regional Group  
July 10, 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*

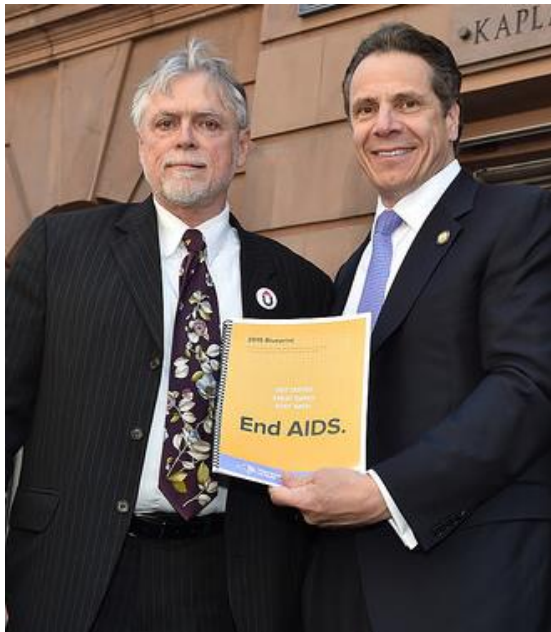
Albany, NY (June 29, 2014)

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



# OMD Cascade Process and Updates

# Organizational HIV Treatment Cascades

- Component of the annual Quality of Care Program Review
- Created to bring attention to gaps along the continuum of care for PLWH
- Implemented in 2017 by the Office of the Medical Director in the NYSDOH AIDS Institute as part of the strategy to End the Epidemic by 2020
  - Providers can visualize the quality of care being provided to PLWH at their own organization

# Results of 2017 Cascades

- In 2017, 97 organizations submitted cascades
  - Gaps in care identified at every step of the cascade
  - Magnitude of gaps varied greatly among organizations
    - Organizations reported between 0 and 4,288 open patients

# Cascade Requirements Overview

- Cascades
  - Newly diagnosed/new-to-care (if applicable)
  - Previously diagnosed
    - Open
    - Active
- Drill-down of previously diagnosed caseload (in cascade or table format)
- Methodology Section
- Improvement Plan

# Important Dates

- Submissions due by 11:59 on Thursday May 31, 2018
- Review process begins immediately
- You will receive an acknowledgement of receipt
- Do not wait for approval or any other response before beginning your improvement work
- Informal updates on improvement work due to coach by Friday, June 29, Friday, September 28, Friday, December 21
- Coach will strive to make updates part of NYLinks meetings

# OMD Cascade Updates and Introductions

# Introduction Directions

Please share the following with the group:

- Your name and title
- Where you work
- Cascade update (one per org)
- If someone were visiting the Capital District, what place to eat would you recommend they try?

# Albany Damien Center Cascade

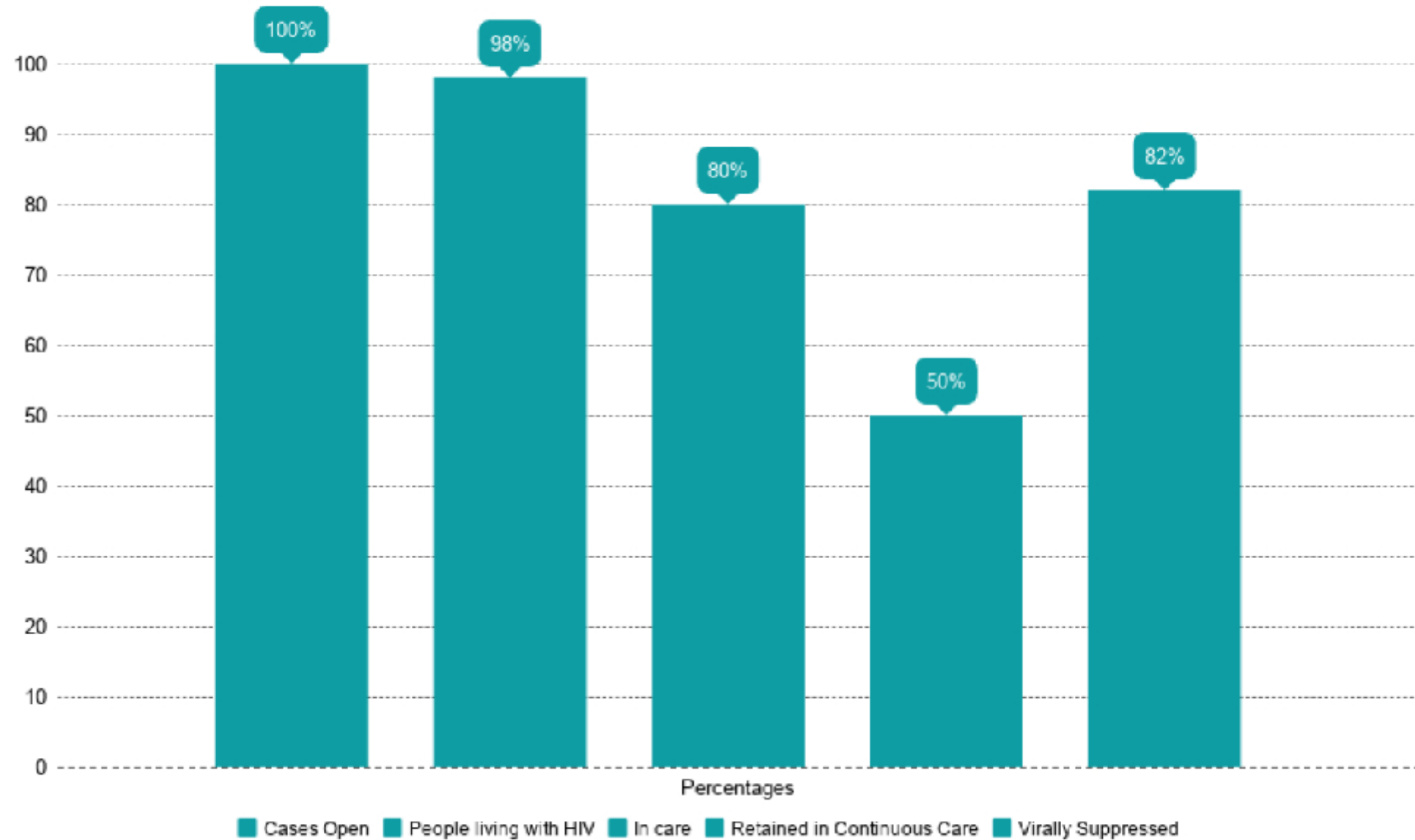




## HIV Care Continuum - People Living With HIV Albany Damien Center (2017)

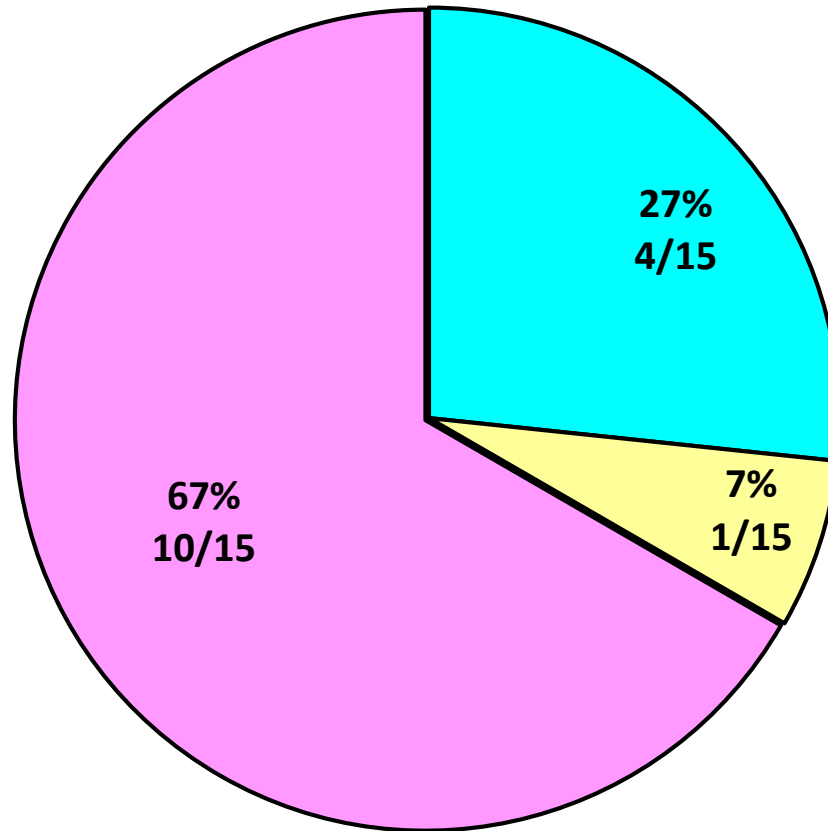
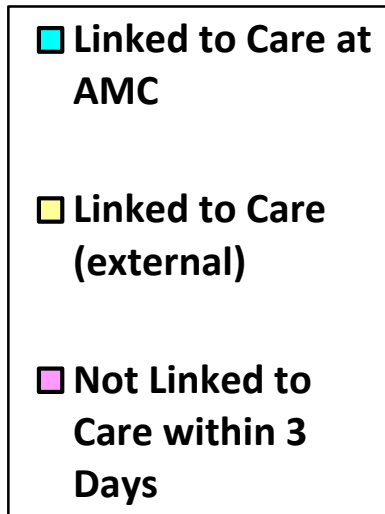
327	98%	80%	50%	82%
Open Cases of Members living with HIV	People living with diagnosed HIV as of the end of the calendar year	With evidence of care. Members with any VL or CD4 labs during the year	Retained in continuous care: less than or greater to 2 labs within 91 days	Virally suppressed as of the end of the calendar year

# HIV Care Continuum Albany Damien Center (2017)



# AMC Cascade

# AMC 2017 HIV Treatment Cascade: **Linkage to Care** (Newly Diagnosed at AMC)



**What does Linkage to Care mean?**

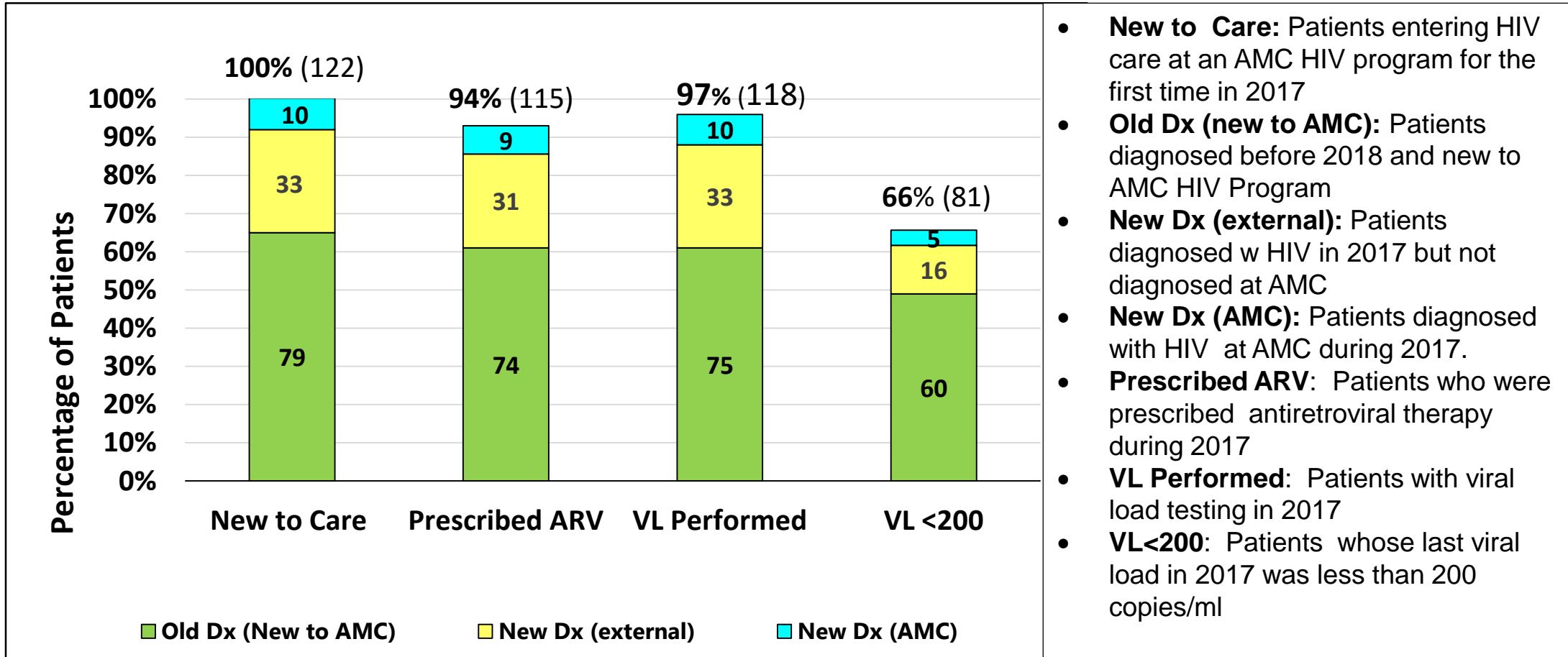
# patients who attended HIV provider appointment within 3 days of diagnosis

**OR**

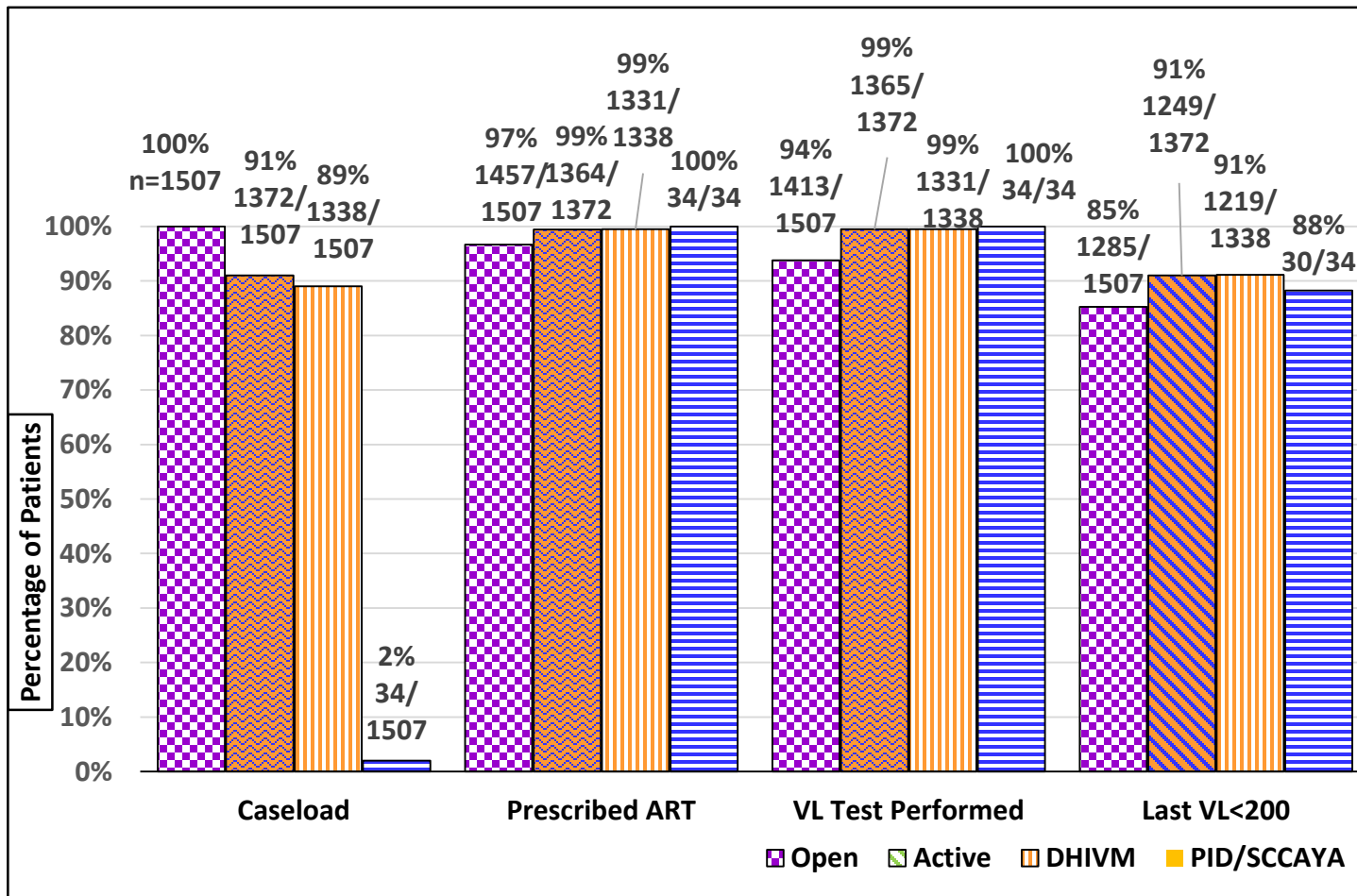
# patients who were hospitalized at time of diagnosis and attended HIV provider within 30 days of discharge

# AMC 2017 HIV Treatment Cascade:

## New-to-Care Patients

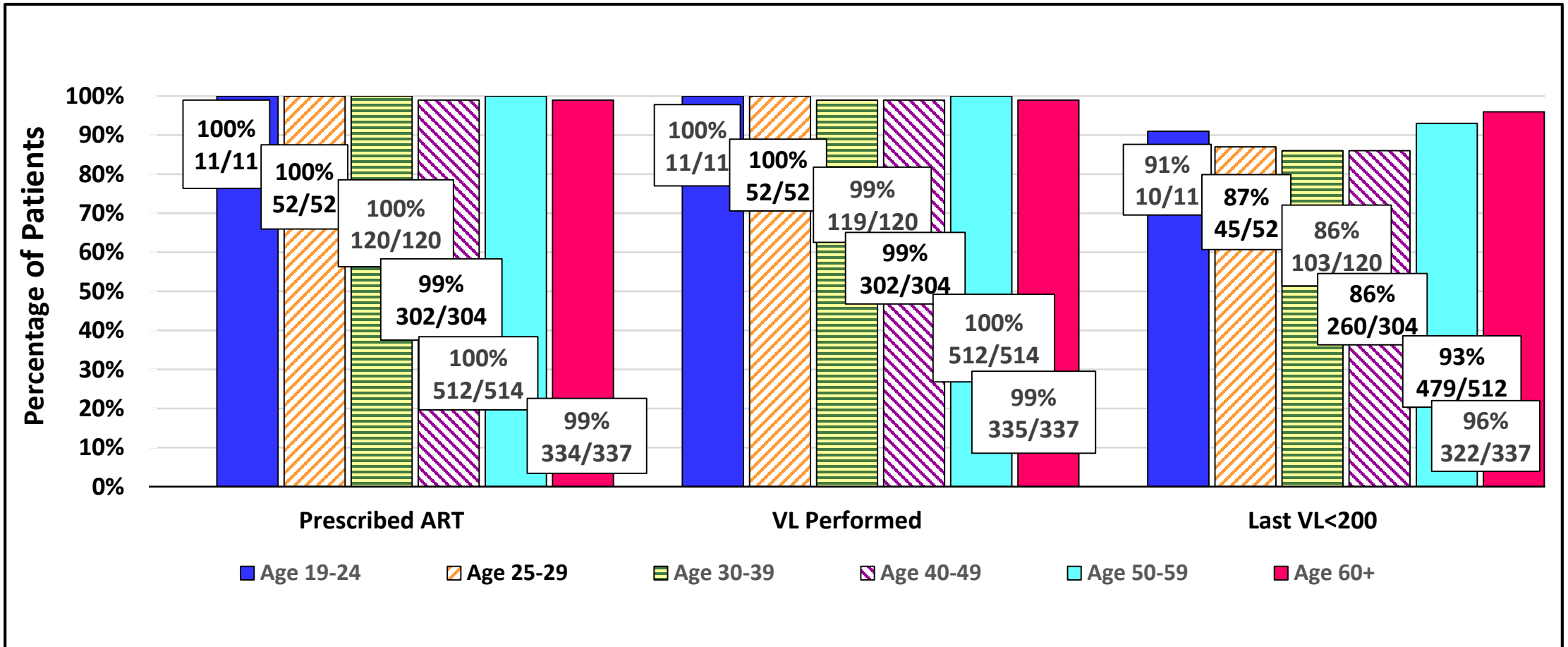


# AMC 2017 HIV Treatment Cascade: Previously Diagnosed **Open and Active** Patients

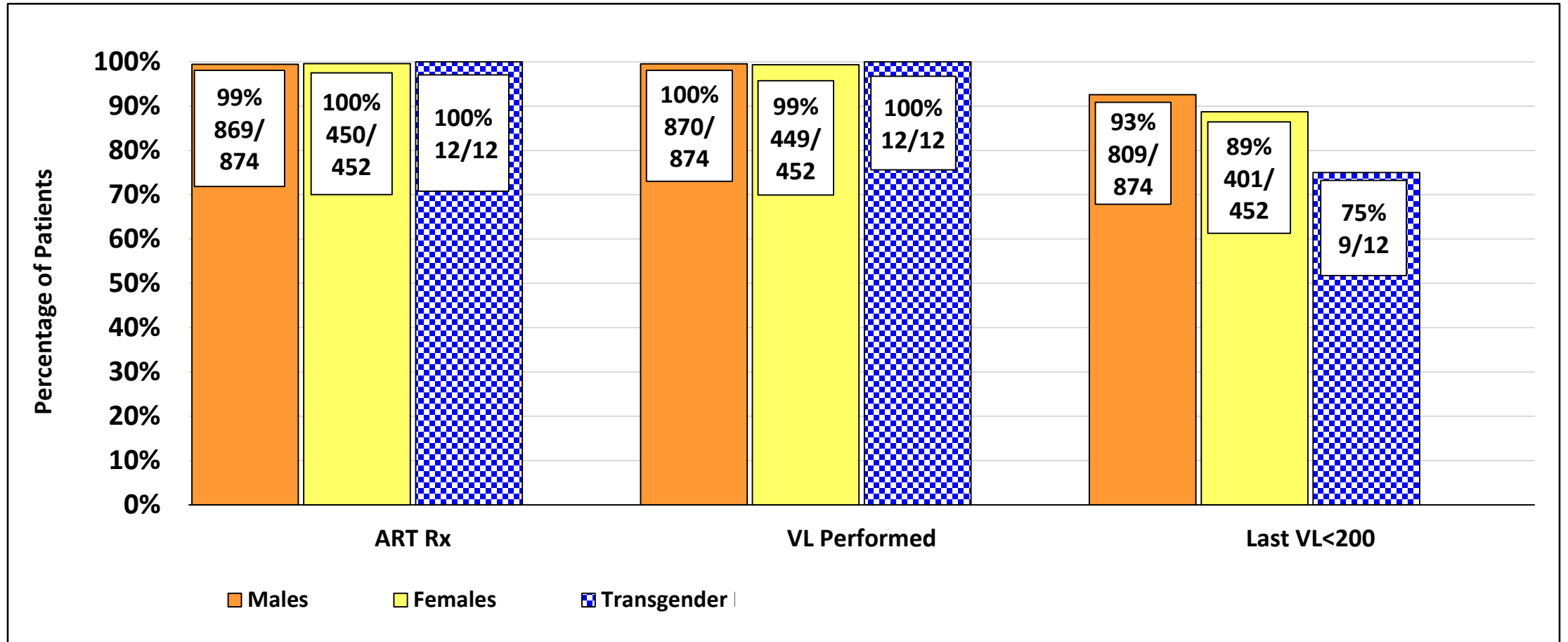


- **Previously Diagnosed:** Patients diagnosed with HIV before 2017
- **Open Caseload:** HIV+ patients who received a service at AMC in 2017 (inpatient, emergency room, surgery, outpatient, procedures, etc) --excluding New to Care patients
- **Active Caseload:** HIV+ previously dx'd pts with an HIV PCP appt in 2017 (excludes New to Care pts)
- **DHIVM:** AMC Division of HIV Medicine (adult patients)
- **PID/SCCAYA:** Pediatric Infectious Disease/HIV Specialty Care Center for Adolescents and Young Adults
- **Prescribed ART:** Pts w ART prescribed in 2017
- **VL Performed:** Patients with viral load testing in 2017
- **VL<200:** Pts whose last viral load in 2017 was less than 200 copies/ml

# AMC DHIVM 2017 HIV Treatment Cascade: Previously Diagnosed Active by **Age Group**

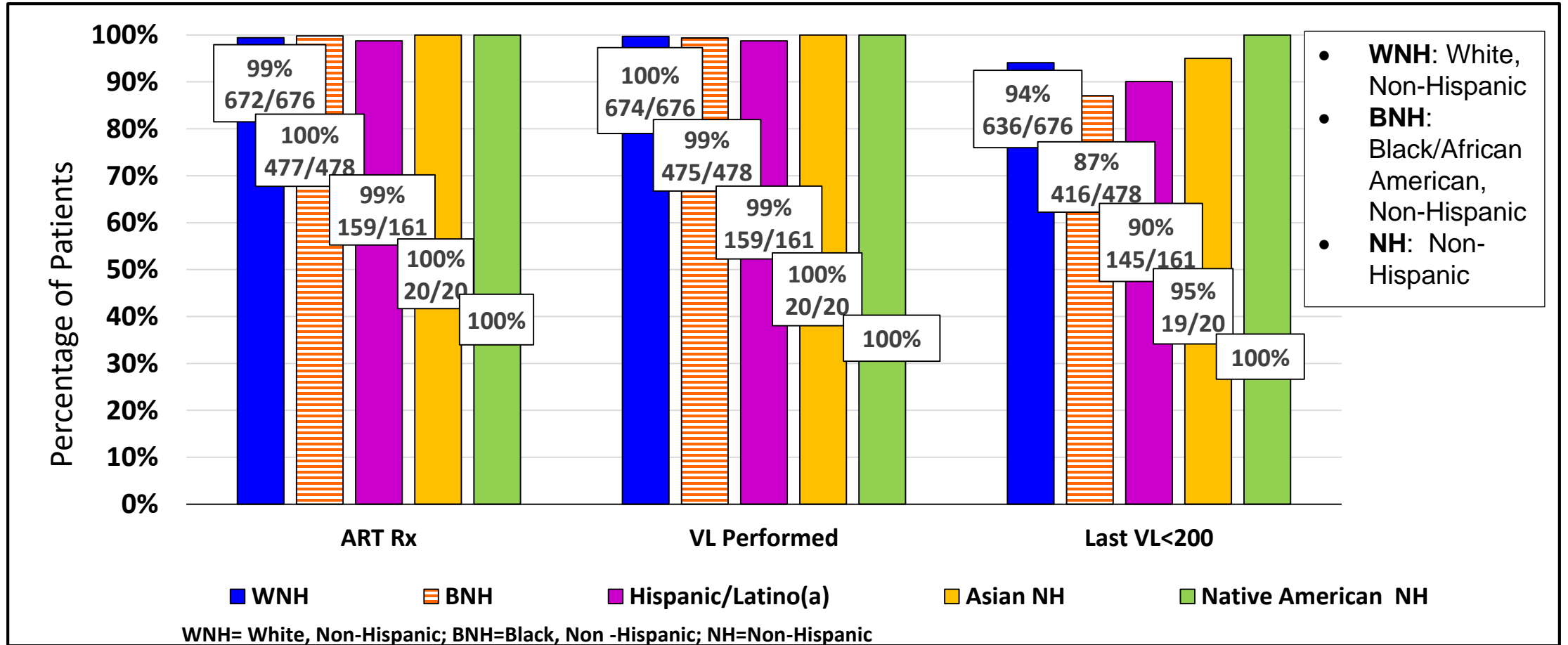


# AMC DHIVM 2017 HIV Treatment Cascade: Previously Diagnosed, Active by Gender

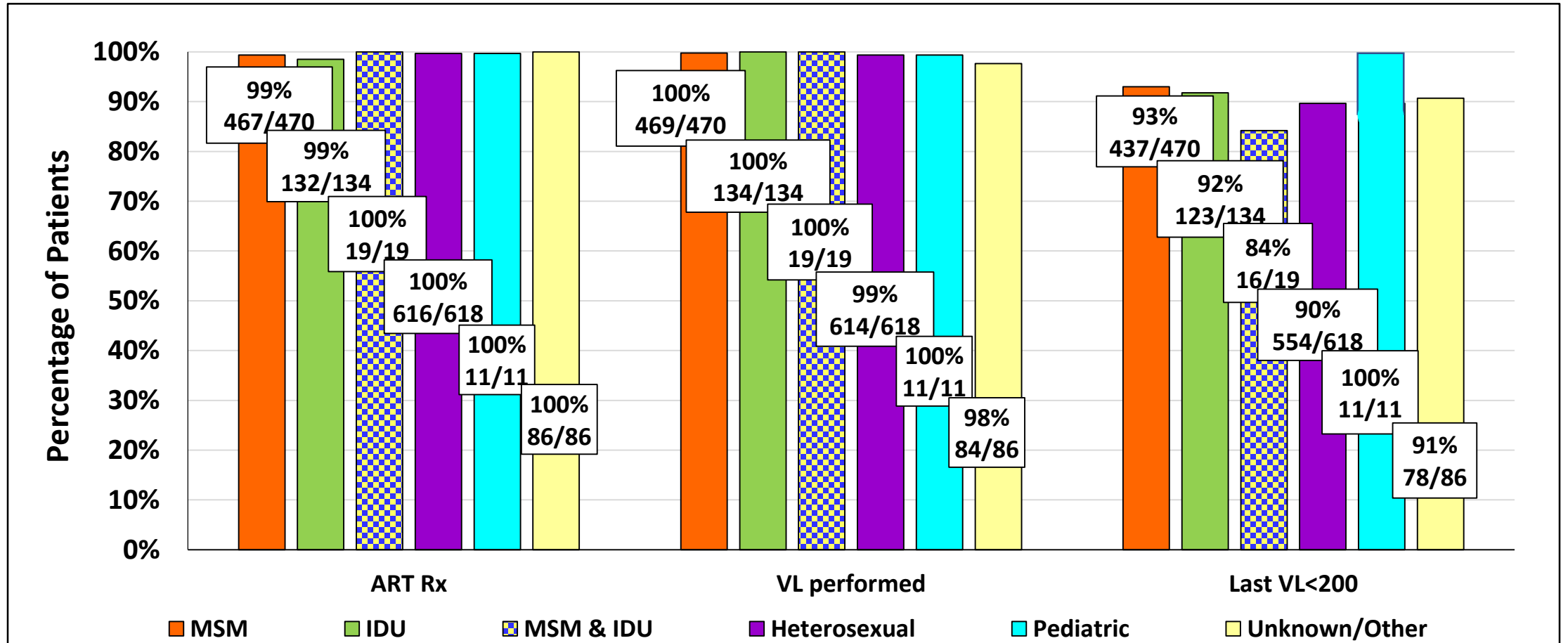




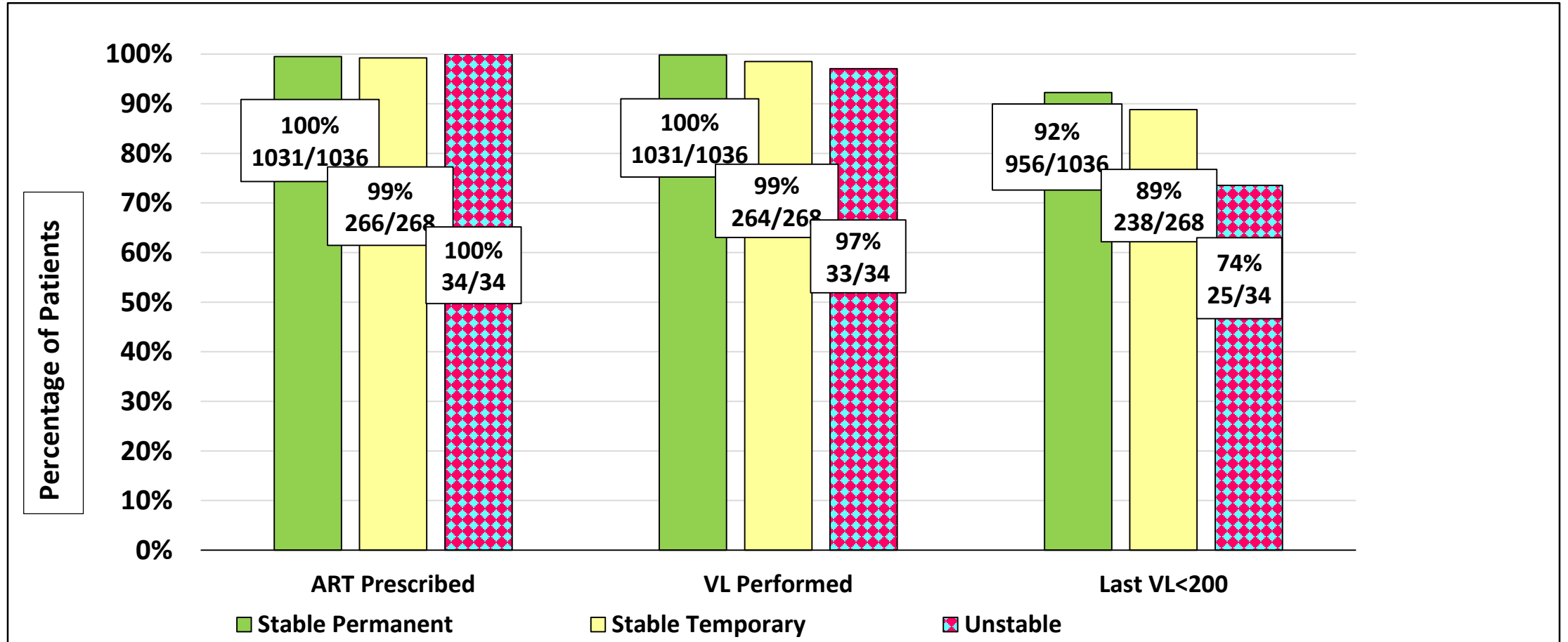
# AMC DHIVM 2017 HIV Treatment Cascade: Previously Diagnosed, Active by **Race/Ethnicity**



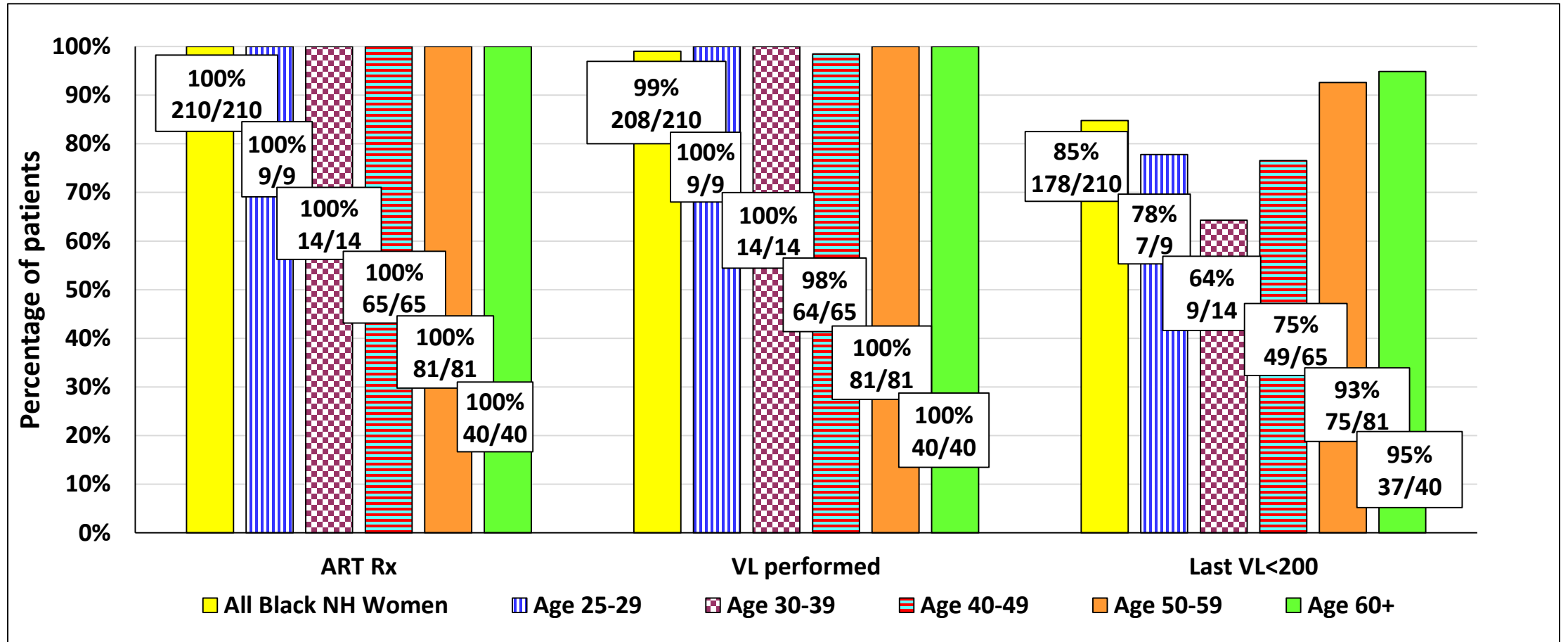
# AMC DHIVM 2017 HIV Treatment Cascade: Previously Diagnosed, Active by HIV **Transmission** **Risk**



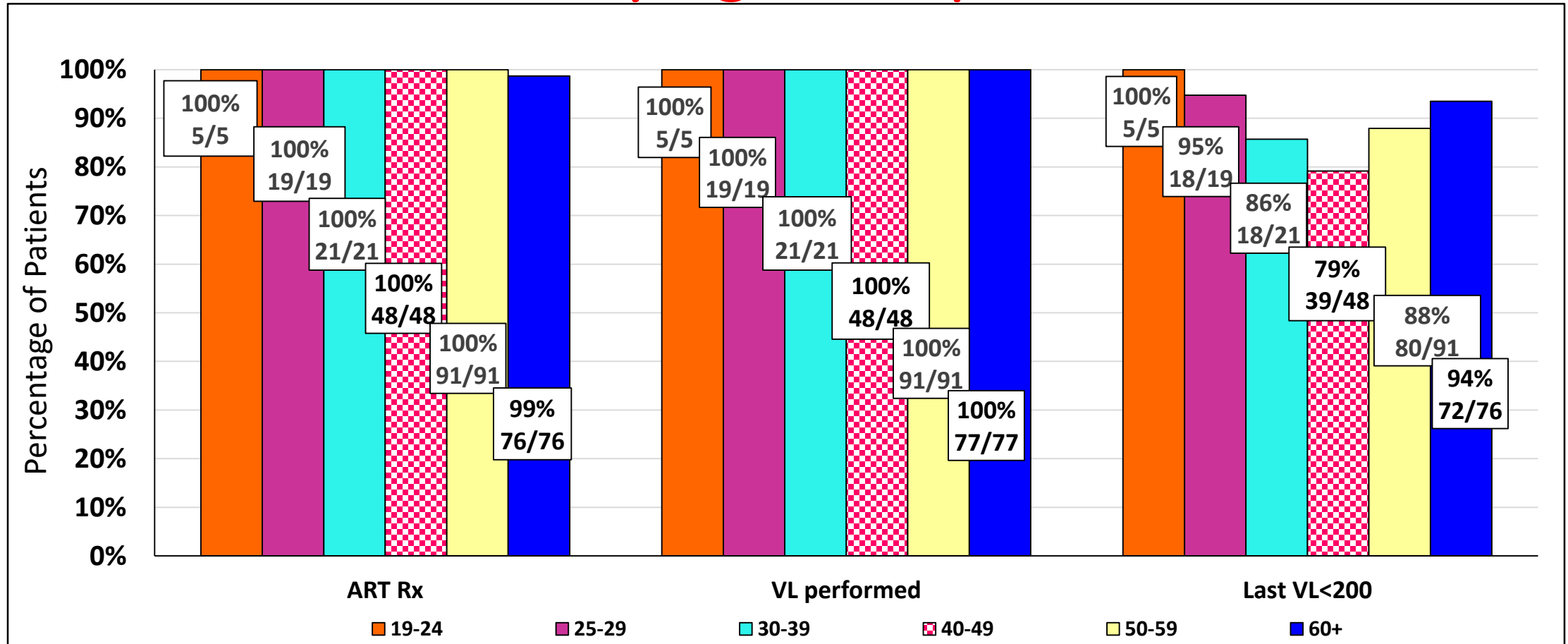
# AMC DHIVM 2017 HIV Treatment Cascade: Previously Diagnosed, Active by **Housing Status**



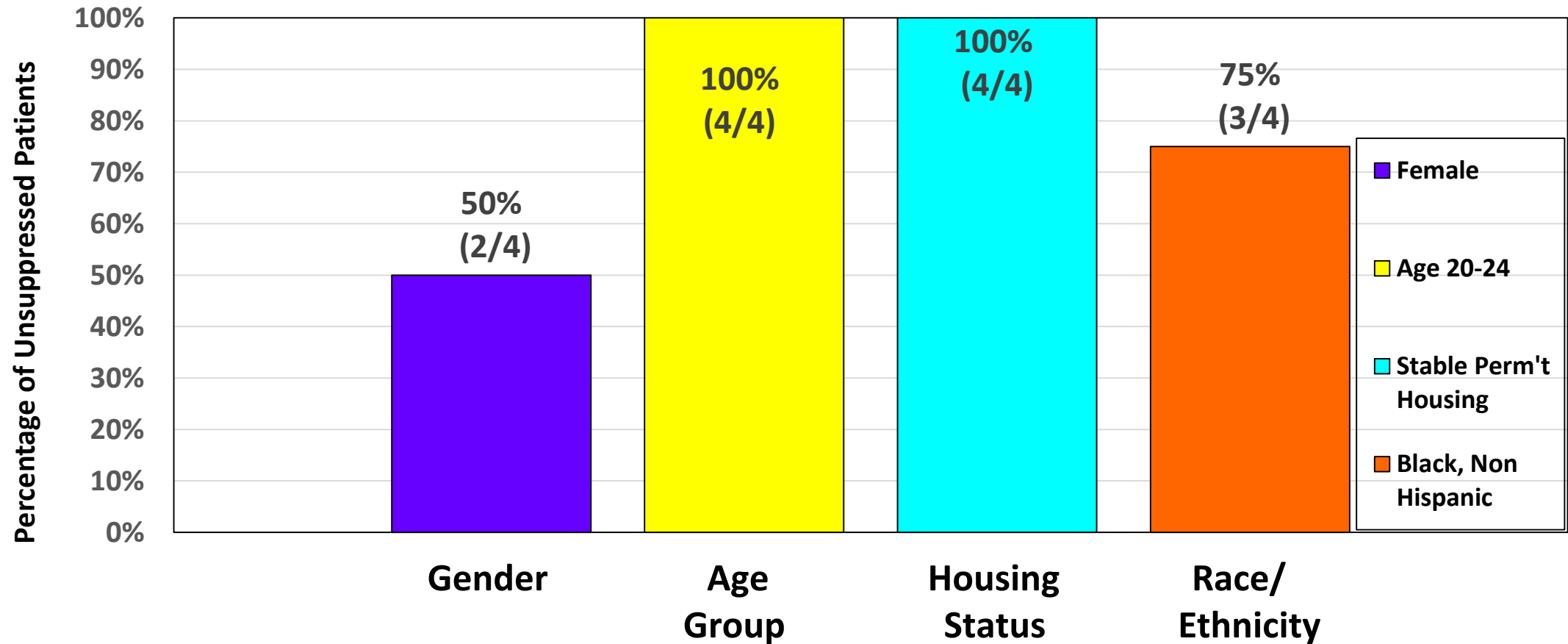
# AMC DHIVM 2017 HIV Treatment Cascade: Active Black/African American Women by Age Group



# AMC DHIVM 2017 HIV Treatment Cascade: Previously Diagnosed **Black/African American Men** by Age Group



# SCCAYA Characteristics of Virally Unsuppressed Patients



# Improvement Plan: DHIVM

- 1. 60 % patients newly diagnosed at AMC will have an HIV provider visit within 3 days of HIV confirmatory test**
  - Same day appt for new providers ASAP
  - Same day appt for existing providers by October
  - Reach out to ED to develop protocol for reaching high risk pts upon receiving pos confirmatory test from lab
  
- 2. 70% newly dx'd pts w VL <200**
  - Providers to reconsider initiation of ART at first visit
  - Develop palm card clarifying standards of care (frequency of appts, CD4, and VL testing during first 1-2 years of dx): review w consumers prior to implementation

# Improvement Plan: DHIVM (2)

## **3. Increase % w undetectable viral load with focus on vulnerable populations (85% BNH W ages 25-49 with undetectable viral load).**

- Providers to review records of patients in identified populations w detectable VL to identify fixes and or trends that might be addressed
- Assure all pts w detectable VL are enrolled in CM services/RAP
- Adhoc team to review wider scope of records looking for trends
- Stakeholder involvement (see below)
- PharmD Involvement

## **4. Consumer Involvement**

- Post cascades and/or leave booklets in waiting room
- Review cascades at CAB meeting
- Elicit consumer feedback and improvement suggestions via CAB and/or focus groups
- Test final products with CAB, if applicable
- Bring updates to CAB



# Improvement Plan: PID/SCCAYA

Goal: Reduce unsuppressed youth by @25%

- Identify pts w VL>200 and offer eligible pts opportunity to participate in peer support group
  - Phone contact w identified youth
  - Peer support group facilitated by social worker and case manager
  - Youth will be invited to share ideas on promoting adherence /viral suppression
- Cascade of Care Report will be distributed to patients via individual discussions and SCCAYA News Letter.
- Cascade Report will be available to other stakeholders

# Consumer Involvement

# QI Training for 2018

QI 101 part 1 training done in Spring of 2018

QI 101 part 2 training to be scheduled in Fall of 2018

QI 101 part 1 repeat training? When?

QI 102 training early 2019?

# What's Coming up?

- July 10<sup>th</sup> NENY
- July 18<sup>th</sup> Brooklyn
- August 22<sup>nd</sup> CNY
- September 25<sup>th</sup> Lower Manhattan
- September 28<sup>th</sup> Upper Manhattan

# Contact Information

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## **Regional Leads**

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And Remember to visit the webpage at: [www.newyorklinks.org](http://www.newyorklinks.org)