GET TESTED. TREAT EARLY. STAY SAFE.

Let’s End AIDS, Capital District.

NEW YORK STATE | Department of Health
Ending the Epidemic in New York State

North Eastern New York Regional Group
July 10, 2018

WELCOME
Welcome
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

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

- **New to Care**: Patients entering HIV care at an AMC HIV program for the first time in 2017
- **Old Dx (new to AMC)**: Patients diagnosed before 2018 and new to AMC HIV Program
- **New Dx (external)**: Patients diagnosed with HIV in 2017 but not diagnosed at AMC
- **New Dx (AMC)**: Patients diagnosed with HIV at AMC during 2017
- **Prescribed ARV**: Patients who were prescribed antiretroviral therapy during 2017
- **VL Performed**: Patients with viral load testing in 2017
- **VL <200**: Patients whose last viral load in 2017 was less than 200 copies/ml
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

Percentage of Patients

- Prescribed ART
- VL Performed
- Last VL<200

Age 19-24 | Age 25-29 | Age 30-39 | Age 40-49 | Age 50-59 | Age 60+
---|---|---|---|---|---
Prescribed ART | 100% | 100% | 100% | 100% | 100% | 100%
VL Performed | 100% | 99% | 100% | 99% | 100% | 99%
Last VL<200 | 100% | 99% | 100% | 99% | 100% | 99%

Prescribed ART:
- Age 19-24: 100%
- Age 25-29: 100%
- Age 30-39: 100%
- Age 40-49: 100%
- Age 50-59: 100%
- Age 60+: 100%

VL Performed:
- Age 19-24: 100%
- Age 25-29: 99%
- Age 30-39: 100%
- Age 40-49: 99%
- Age 50-59: 100%
- Age 60+: 99%

Last VL<200:
- Age 19-24: 100%
- Age 25-29: 99%
- Age 30-39: 100%
- Age 40-49: 99%
- Age 50-59: 100%
- Age 60+: 99%
AMC DHIVM 2017 HIV Treatment Cascade: Previously Diagnosed, Active by Gender
AMC DHIVM 2017 HIV Treatment Cascade: Previously Diagnosed, Active by Race/Ethnicity

- **WNH**: White, Non-Hispanic
- **BNH**: Black/African American, Non-Hispanic
- **NH**: Non-Hispanic

![Bar chart showing ART Rx, VL Performed, and Last VL<200 by race/ethnicity.](image)

WNH = White, Non-Hispanic; BNH = Black, Non-Hispanic; NH = Non-Hispanic
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

- **ART Prescribed**: 100% (1031/1036), 99% (266/268), 100% (34/34)
- **VL Performed**: 100% (1031/1036), 99% (264/268), 97% (33/34)
- **Last VL<200**: 92% (956/1036), 89% (238/268), 74% (25/34)
AMC DHIVM 2017 HIV Treatment Cascade: Active Black/African American Women by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>ART Rx (100% / 208/210)</th>
<th>VL performed (100% / 64/65)</th>
<th>Last VL&lt;200 (100% / 40/40)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Black NH Women</td>
<td>100% / 210/210</td>
<td>99% / 208/210</td>
<td>98% / 178/210</td>
</tr>
<tr>
<td>Age 25-29</td>
<td>100% / 14/14</td>
<td>100% / 14/14</td>
<td>93% / 65/65</td>
</tr>
<tr>
<td>Age 30-39</td>
<td>100% / 65/65</td>
<td>100% / 81/81</td>
<td>78% / 49/65</td>
</tr>
<tr>
<td>Age 40-49</td>
<td>100% / 81/81</td>
<td>100% / 81/81</td>
<td>75% / 75/81</td>
</tr>
<tr>
<td>Age 50-59</td>
<td>100% / 40/40</td>
<td>100% / 40/40</td>
<td>95% / 37/40</td>
</tr>
<tr>
<td>Age 60+</td>
<td>100% / 40/40</td>
<td>100% / 40/40</td>
<td>95% / 37/40</td>
</tr>
</tbody>
</table>
AMC DHIVM 2017 HIV Treatment Cascade: Previously Diagnosed Black/African American Men by Age Group
SCCAYA Characteristics of Virally Unsuppressed Patients

Percentage of Unsuppressed Patients

- **Gender**: 50% (2/4)
- **Age Group**: 100% (4/4)
- **Housing Status**: 100% (4/4)
- **Race/Ethnicity**: 75% (3/4)

Legend:
- Female
- Age 20-24
- Stable Perm't Housing
- Black, Non Hispanic
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 10th  NENY
- July 18th  Brooklyn
- August 22nd  CNY
- September 25th  Lower Manhattan
- September 28th  Upper Manhattan
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—Steven Sawicki
Long Island—February D’Auria, february.dauria@health.ny.gov
Central NY & Southern Tier—Laura O’Shea, laura.oshea@health.ny.gov
Mid & Lower Hudson—Steve Sawicki
Queens—Nova West, nova.west@health.ny.gov
Brooklyn—Clemens Steinbock, clemens.steinbock@health.ny.gov & Zeenath Rehana zrehana@health.nyc.gov
Bronx—Dan Belanger, dan.belanger@health.ny.gov
Northeastern NY—Steve Sawicki
Staten Island—Steve Sawicki

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