GET TESTED. TREAT EARLY. STAY SAFE.

Let's End AIDS, Central NY.
Central New York Regional Group
October 19th, 2016

WELCOME

Ending the Epidemic in New York State
Welcome and Regional Data
New York State Cascade of HIV Care, 2014

Persons Residing in NYS† at End of 2014 (6.7% NYC)

- Estimated HIV Infected Persons: 123,000
- Persons Living w/ Diagnosed HIV Infection: 113,000 (92% of infected)
- Cases w/any HIV Care during the year*: 91,000 (74% of infected)
- Cases w/continuous care during the year**: 77,000 (62% of infected)
- Virally suppressed (n.d. or ≤200/ml) at test closest to end-of-year: 77,000 (62% of infected)

* Any VL or CD4 test during the year; ** At least 2 tests, at least 3 months apart

†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.
New York State Cascades of HIV Care
2013 versus 2014

- Estimated HIV-Infected Persons†: 129,000 in 2013, 123,000 in 2014
- Persons Living w/Diagnosed HIV Infection**: 112,000 in 2013, 113,000 in 2014
- Cases w/any HIV Care During the Year*: 87,000 in 2013, 91,000 in 2014
- Cases w/continuous Care During the Year**: 76,000 in 2013, 77,000 in 2014
- Virally Suppressed***: 71,000 in 2013, 77,000 in 2014

63% of PLWDDHI in 2013, 68% of PLWDDHI in 2014

† Estimation methods differ between years
** 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

New York State Department of Health
Cascade of HIV Care
Syracuse Ryan White Region, 2011

- **Estimated HIV Infected Persons**: 3,500
- **Persons Living w/ Diagnosed HIV Infection**: 2,900 (82% of infected)
- **Cases w/any HIV Care during the year***: 1,700 (48% of infected)
- **Cases w/continuous care during the year****: 1,500 (43% of infected)
- **Virally suppressed (n.d. or <200/ml) at test closest to mid-year**: 1,300 (36% of infected)

**Notes:**
- ***At least 2 tests, at least 3 months apart**
Cascade of HIV Care: Syracuse Ryan White Region
Persons Residing in the Syracuse Ryan White Region†, at End of 2014 (excludes prisoner cases)

- Estimated HIV Infected Persons: 2,400
- Persons Living w/ Diagnosed HIV Infection: 2,100 (87% of infected)
- Cases w/any HIV Care during the year*: 1,700 (71% of infected, 82% of PLWDHI)
- Cases w/continuous care during the year**: 1,400 (58% of infected, 66% of PLWDHI)
- Virally suppressed (n.d. or <200/ml) at test closest to end-of-year: 1,500 (63% of infected, 72% of PLWDHI, 88% of cases w/any care)

* Any VL or CD4 test during the year; ** At least 2 tests, at least 3 months apart
†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.
Cascade of HIV Care: Binghamton Ryan White Region
Persons Residing in the Binghamton Ryan White Region†, at End of 2014 (excludes prisoner cases)

- Estimated HIV Infected Persons: 500
- Persons Living w/ Diagnosed HIV Infection: 500 (87% of infected)
- Cases w/any HIV Care during the year*: 400 (72% of infected, 83% of PLWDHI)
- Cases w/continuous care during the year**: 300 (57% of infected, 66% of PLWDHI)
- Virally suppressed (n.d. or <200/ml) at test closest to end-of-year: 300 (62% of infected, 72% of PLWDHI, 87% of cases w/any care)

* Any VL or CD4 test during the year; ** At least 2 tests, at least 3 months apart
†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.
Linkage to Care within 30 Days of HIV Diagnosis by Region of Diagnosis, 2014 (RWRs exclude prisoner cases)

% Linked

New York State: 72%
Rochester: 81%
Albany: 76%
M. Hudson: 70%
Nassau Suffolk: 70%
L. Hudson: 69%
Syracuse: 63%
Binghamton*: 62%
Buffalo: 54%

*Based on less than 20 persons.
Viral Suppression among Persons Living with Diagnosed HIV Infection* in New York State, 2014 (RWRs exclude prisoner cases)

*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.
PLWHA in Central New York*

<table>
<thead>
<tr>
<th>Category</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated number of people infected</td>
<td>2,600</td>
<td>2,900</td>
</tr>
<tr>
<td>Number of diagnosed</td>
<td>2,200</td>
<td>2,600</td>
</tr>
<tr>
<td>Number in Care (any visit during 2013)</td>
<td>1,700</td>
<td>2,100</td>
</tr>
<tr>
<td>Retained in Care (at least 2 visits, 3 months apart during 2013)</td>
<td>1,700</td>
<td>1,700</td>
</tr>
<tr>
<td>Virally Suppressed (&lt;200 at test closest to end of year)</td>
<td>1,500</td>
<td>1,800</td>
</tr>
</tbody>
</table>

*Based on most recent address, excludes prisoners
Linkage to Care

Number of sites reporting for each period

0 0 0 1

3/4
Retention

0% 87% 92% 93% 78% 84%

Number of sites reporting for each period:
- 231/267
- 250/271
- 254/274
- 911/1166
- 326/387
Number of sites reporting for each period:

- 3/1/2016: 0
- 6/1/2016: 2 (41/61)
- 9/1/2016: 1 (10/11)
Viral Load Suppression

- 0% on 3/1/2016
- 80% on 6/1/2016
- 89% on 9/1/2016

Number of sites reporting for each period:
- 0 sites on 3/1/2016 (1234/1537)
- 5 sites on 6/1/2016 (277/312)
- 1 site on 9/1/2016

NY-Links
Department of Health
Introductions
ETE Update

Sue McMahon, ESG Program Administrator,
City of Syracuse
Ending the Epidemic: Update
Central NYLINKS Regional Group
Consumer Involvement Presentation

Presented by:
Daniel Tietz, NYSDOH AI Manager Consumer Affairs
A Multidimensional Framework
Patient/Family Engagement In Healthcare

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

- **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**
(AIDS Institute Model)
Consumer Involvement in Quality Improvement
TCQ Goals

- To build capacity for people living with HIV/AIDS (PLWHA) to serve on internal quality management (QM) teams/committees and to be engaged in quality improvement (QI) activities (ideally within a Ryan White recipient or health care organization where consumer receives HIV primary care services)

- To be involved in local, regional, state, and national quality improvement (QI) activities
TCQ Learning Objectives

• Increased understanding of the Ryan White Program with a focus on QM requirements and expectations

• Increased understanding of basic vocabulary for quality improvement (QI) including methodologies, tools, activities, and processes

• Increased competency to be a ‘consumer quality champion’ in HIV health care
TCQ Learning Objectives

• Increased confidence to serve as members of QM teams and/or committees

• Increased understanding of group dynamics, roles/responsibilities, and decision-making processes, to address specific aspects of HIV care

• Increased understanding of the various forms of consumer involvement (individual/systematic) and appropriate frameworks for involvement
TCQ Learning Objectives

• Increased awareness of basic HIV care and treatment terminology

• Increased knowledge of health numeracy/health literacy to better understand performance measurement, indicator development, data collection methodologies and data reporting

• Exposure to other consumer quality leaders for peer support, networking, and learning
TCQ Participant Expectations

• Completion of standardized survey to assess basic QI competencies (1 hour)

• Complete pre-work assignments (3 hours)

• Attend and actively participate in TCQ session (approximately 2 ½ full days)
Participant Post-training Expectations:

• Become QM team/committee member (ideally within a health care organization where TCQ participant receives HIV primary care services)

• Participate in NQC sponsored activities including webinars for additional QI capacity and skills-building

• Complete an evaluation tool (approximately 6 months after completing the TCQ program)
Ryan White Recipient Expectations

• Participate in TCQ Orientation Webinar on October 3 (announcement in meeting packet)
• Identify and select consumer(s) to attend Albany TCQ Program (scheduled November 18-20, 2016) and assist with completing application and required documentation
• Review and offer feedback to TCQ participant on personalized goal statement developed during the TCQ program
• Coach and mentor TCQ participant to support them in their role as a member of QM team/committee
• Participate in NQC evaluation activities to assess TCQ program impact on consumer engagement in QM program/QI activities
Peer Worker Certification
(Review of Process and Current Status)

Presentation developed by Cassandra Kahl and Richard Cotroneo
AIDS Institute Office of the Medical Director
NY-Links

we rise by lifting others
AIDS Institute Peer Certification Initiative

• Support overall goal of the Governor’s plan to end the AIDS epidemic (ETE) by 2020
• Two specific ETE objectives relate to peer certification
  – Build a peer workforce
  – Create employment opportunities for people living with HIV
• Meet the requirements and rigor needed for Medicaid reimbursement
Unique Contributions of Peers

• Peers **share characteristics** of their target client populations, including
  – Racial, ethnic, sexual orientation, gender identification
  – Life-experience; same medical conditions; stigma

• Shared **“lived experience”** allows Peer Workers to relate more easily with clients and increases client comfort. (HRSA; 2010)

• Peers **“help bridge the gap between patients and the professional staff.”** (CORE Center Clinic Rush-Presbyterian-St. Luke's Medical Center  *Peer Educators At The Core Center*  [http://www.univ.rush.edu/core/peers.html](http://www.univ.rush.edu/core/peers.html))
Evidence for Return on Investment

• Peer Workers Increased Primary Care Visits
  – Increased primary care visits by 40% to 50% (Whitley, E. M; et al; 2006)
  – Increase post-hospital connections with Primary Care (Kangovi, S; et al; 2014)

• Primary care providers will see multiple sources of income from peers
  – Potential direct re-imbursement from Medicaid for peer-delivered services
  – Indirect income increase by increased primary care visits from peer-assisted patients.
Peer Contributions & Effectiveness (HIV Care)

- Jones, James, MD; *et al*; (2003)
  - Peers help women get to HIV Specialists:
    - 6.8% HIV specialist care before Peer support
    - 84.7% with HIV specialist after peer support (*Increased 12-fold!*)
      - Increased *kept appointments* by 50%
      - Increased *usage of case management services*
- Perry and colleagues in 2014 review
  - “reduced *viral loads* and increases in *CD4 counts* in 13 of 16 studies, with statistically significant results in 7 studies.”
- Higa, Darrel H; Marks, Gary; Crepaz, Nicole; (2012)
  - Peer support *increased retention in care*
  - Peers as *effective in using Motivational Interviewing* techniques for outcomes as professionals using same interventions
- Kangovi, S.; Mitra, N; Grande, D; *et al*; (2014)
  - Peer support *increased post-hospitalization connections with primary care*
# Steering Committee

<table>
<thead>
<tr>
<th>Composition</th>
<th>Provide guidance around:</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide representation</td>
<td>Code of Ethics</td>
<td>Began meeting in June; three meetings to date.</td>
</tr>
<tr>
<td>Health Care Facilities</td>
<td>Core Competencies</td>
<td>Subcommittees: Code of Ethics; HCV; Harm Reduction; Assessment: Compensation and Benefits</td>
</tr>
<tr>
<td>CBOs</td>
<td>Compensation Issues</td>
<td></td>
</tr>
<tr>
<td>Peer Workers</td>
<td>Access to Benefits</td>
<td></td>
</tr>
<tr>
<td>Consumers</td>
<td>Supervision and Support</td>
<td>Work on schedule for completion by end of December, 2015</td>
</tr>
<tr>
<td>Harm Reduction focus</td>
<td>Training programs</td>
<td></td>
</tr>
<tr>
<td>Hepatitis C focus</td>
<td>Knowledge assessment</td>
<td></td>
</tr>
</tbody>
</table>
Who is eligible for certification?

• AI Peer Worker is someone who has the “shared lived experience” of:
  – Living with HIV/AIDS
  – Living with Hepatitis C
  – or having experience accessed Harm Reduction services

• Individuals who are “affected” are not eligible for AI Peer Certification.
Eligibility Considerations

• High school diploma/GED- not required

• Criminal history or substance use restrictions- not a barrier
What is Foundational Training?

• A readiness/preparedness program
• Occurs before Certification Coursework or practicum
• An opportunity for individuals to achieve a level of understanding and mastery of their own HIV/HCV/behavioral healthcare, treatment and psycho-social needs
• Standards for foundational training (60 hours) established by Steering Committee – available on www.hivtrainingny.org/peercertification
• Future considerations: review/approval of shorter self management trainings to meet this requirement
How can I obtain Foundational Training?

• For a list of AIDS Institute-approved foundational training programs visit: [http://hivtrainingny.org/peercertification](http://hivtrainingny.org/peercertification)
Key Elements to Certification Process

Materials available at www.hivtrainingny.org
• Code of Ethics has been established which outlines standards for:
  – Professional Behavior
  – Professional Boundaries
  – Abiding by agency policies

• Peer Workers sign an attestation to follow Code of Ethics

• Code of Ethics available for download
Peer Worker Core Competencies

- HIV and HCV Testing
- Engagement, Linkage to, and Retention in Care
- Treatment Initiation (ART and HCV) and Treatment Adherence
- Self Management
- Patient Navigation
- Health Coverage
Peer Worker
Core
Competencies

- Harm Reduction, Syringe Access and Health Promotion
- Support Groups
- Case Conferencing
- Client Involvement in Quality Improvement
- Documentation of Activities
From Competencies to Job Descriptions

• Peer Worker Competencies are intended to be comprehensive
  – Specific job description would likely be a subset of these competencies
  – Focus on one or several major areas of work

• Job Title need not mirror the certification
Livable Wage for Peer Workers

• How is livable wage defined?
• NYS efforts toward a $15 minimum wage
• How would per worker wages relate to the organization’s overall salary structure, union contracts, etc?
• AMIDA Care Peer Worker Reimbursement survey
• Impact of wages/stipends on peer worker’s benefits – series under development
Impact of Work on Benefits

- Critical concern of many peer workers is the impact of income from peer work on range of government benefits.
- Documents Available online: SSI, SSDI, Ticket to Work.
Peer Worker Employment LISTSERV

• Help connect employers with Peer Workers
• Employers forward job opportunities
• Job announcements sent to Peer Workers who signed up
• Established June 22, 2016
• As of September 19, 2016, 282 peer workers signed up.
Capacity-Building Series:  
www.hivtrainingny.org

• Webinar series explores implementing Peer-Delivered Services
  – Reviewing agency need for Peer services
  – Assessing Readiness
  – Reviewing Financial Issues
    • Reimbursement for services
    • Return on investment
    • Compensation of Peers and benefits as staff person
    • Sustainability of Peer position
  – Outlining Job descriptions
  – Exploring approaches to supervision
    • Practicum
    • Employment
• 2 day Supervisor training
Organizational Readiness Assessment

• Consider key issues regarding implementing peer-delivered services

• The assessment is an information gathering or “awareness-raising” tool to be used to identify
  – Policies, infrastructure, and other factors that need to be addressed for successful Peer-delivered services
  – Areas where new policies or changes to existing one should be made
  – Mechanisms that needed to be created or improved or modified

• Organizational Assessment Tool is available for download at www.hivtrainingny.org
Fiscal Issues

• Peer worker salary/ stipends might be supported through:
  – Grant funding
  – DSRIP
  – General funds
  – Future possibility: Medicaid reimbursement
Status of Certification

• First review board meeting to approve applications approved 4 applicants

• Review board will meet quarterly

• By next meeting in Fall, 2016 it is anticipated that (15-30 peers) will have met the requirements
Contact Information

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Manager, Consumer Affairs
NYSDOH AIDS Institute

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(518)473-7542
Attack of the Living Cascade
“The Living Cascade”
Focusing on the Care in the Care continuum

Improving HIV Care in Central New York
“If you can’t describe what you are doing as a process, you don’t know what you are doing.”

~ W. Edwards Deming
Focusing on the **Care** in the Care Continuum

Hypothesis-

- If you improve the steps along the continuum there will be an increased chance that patients will sustain Viral Load Suppression.
- Each process step along the continuum involves a human interaction. All of the steps together are a journey the consumer takes. Working together, we can improve the consumer journey and help the consumer to arrive at sustained suppression.
- Focusing on improving processes for each smaller group will help end the epidemic
- These activities will increase an organization’s overall viral load suppression rate as well as the regional VLS rate
Improve the VL Suppression rate in Central NY

Psycho-Social Support
- Housing
- Substance Use
- Mental Health
- Case management/ SW Support
- Patient support network

Treatment education
- Health literacy
- Health insurance
- Self efficacy consumer involvement
- Constancy of purpose

ARV Adherence

Appointments
- Transportation
- Continuity of care

Staff/patient communication
- Staff attitude

Clarity of purpose-goals, roles, responsibilities

Clinic QM infrastructure
- Clinic environment
- Staff communication
- Clinic flow

Clinic system/processes

Retention

Appointments
- Transportation
- Continuity of care

Staff/patient communication
- Staff attitude

Clarity of purpose-goals, roles, responsibilities

Clinic QM infrastructure
- Clinic environment
- Staff communication
- Clinic flow

Clinic system/processes

Improve the VL Suppression rate in Central NY
Getting to ETE

• Break into 3 teams
• Each team meets to discuss processes for the following:
  – Testing and Linkage
  – Early Engagement and Retention
  – Viral Load Suppression
Each Team will designate a recorder to draw a process flow map for each step in the cascade

- Teams review the current process steps for linkage, engagement/retention, and viral load suppression, the team artist drawing a process flow map for each of these areas.
- Each team identifies ways that these processes can be improved, streamlined or strengthened by eliminating unnecessary steps, adding steps or improving steps.
- The team puts the improved processes together into a single process flow that begins with testing and culminates with suppression.** we may not get to this
- Goals for each step should be: Linkage to care within 30 days or less, patients engaged in care as evidenced by at least 1 visit in past 9 months, VLS rate 90-95%
The “Cascades” Spring to Life!!!
What is your process: Linkage to Care (15 minutes)

- What are the human interactions to linking patients to care?
  - Staff and consumers
  - Staff and leadership
  - Staff at testing and supportive service programs
  - The county and state DOH and staff at clinical care programs
- How can the human interactions that make up the process steps of successfully linking patients to care be improved?
- As you talk, complete the process map for this important portion of the care continuum
What is your process: Engagement and Retention (15 minutes)

- What are the human interactions for engaging and retaining patients in ongoing care?
  - Staff and consumers
  - Staff and leadership
  - Staff at testing and supportive care programs
  - The county and state DOH and staff at clinical care programs

- How can the human interactions that make up the process steps of successfully engaging patients in care be improved?

- How can the human interactions that make up the process steps of successfully retaining patients in care be improved?

- As you talk, complete the process map for this important portion of the care continuum
What is your process: Viral Load Suppression (15 minutes)

- What are the human interactions that support sustained viral load suppression?
  - Staff and consumers
  - Staff and leadership
  - The county and state DOH
  - Staff at supportive service programs and staff at clinical care programs

• Working together, how can we improve the human interactions that make up the process steps of successfully helping patients to viral load suppression?

• As you talk, complete the process map for this important portion of the care continuum
Combine your plan

• Each team will combine the three pieces to have a single process map for their ideal system
Share your plan

• Each team will present their combined process map
What comes next?

- Aim
- Innovation (process changes)
- Hypotheses
- Work plan
  - Who
  - What
  - When
  - Where
Wrap Up: Summation

Steve Sawicki
Upcoming Webinars
UPCOMING STAKEHOLDER MEETINGS

October 19th, Queens Regional Group

October 19th, Central NY Regional Meeting + ETE meeting

October 28th, Upper Manhattan Regional Group

November 18-20th, Training Consumers on Quality Training (Holiday Inn Express, Latham)

November/December ??? Northeastern NY Regional Group

December 12, Suffolk, LI Sub-Regional Group Meeting

December 13, Nassau, LI Sub-Regional Group Meeting
Webpage

NY Links Measures Overview

The NY Links measures look to assess the strength of linkage and retention systems in all aspects of the patients’ care. For ease and consistency two of the measures are the same as the In-care Campaign measures and three are the same as the Linkage, Retention and Treatment Adherence (LRTA) program.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Program Type</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Linkage</td>
<td>All Programs that Conduct HIV Testing</td>
<td>Same as LRTA and In-care Campaign</td>
</tr>
<tr>
<td>2A. Retention</td>
<td>All Programs that provide HIV clinical care</td>
<td>Same as LRTA and In-care Campaign</td>
</tr>
<tr>
<td>2B. New Patient Retention</td>
<td>All Supportive Service¹, General Medical², &amp; Dental Providers</td>
<td>Same as LRTA and In-care Campaign</td>
</tr>
<tr>
<td>3. Clinical Engagement</td>
<td>All Programs that provide HIV clinical care</td>
<td>Same as LRTA and In-care Campaign</td>
</tr>
<tr>
<td>4. Viral Load Suppression</td>
<td>All Programs that provide HIV clinical care</td>
<td>Same as LRTA and In-care Campaign</td>
</tr>
</tbody>
</table>

¹Supportive Service encompass all services offered to HIV+ clients including: case management, care coordination, early intervention, mental health, supportive counseling, food and nutrition, harm reduction, risk reduction, syringe exchange, prevention, substance use treatment, and treatment adherence services.

²General Medical refers to encounters with clinical providers who do not prescribe ARTs but provide primary care, such as reproductive health, STI screening, and education.

+ Executive Summary and slides of NYLinks Data through August 2015

+ Revised Measures 2a and 2b Clinical Retention Tool

This tool can be used to generate the data needed for the New York Links Retention Measure. The tool is designed as an excel spreadsheet and all providers need to do is enter visit data and the sheet will automatically calculate numerator and denominator for that measure.

+ NYLinks Regional Data set for Queens
Evaluation

Sign in sheet
What would have made today better?
Contact Information

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• Karen Bovell, karen.bovell@health.ny.gov

• Bruce D. Agins, Medical Director,
  bruce.agins@health.state.ny.us

• Blog at http://linkandretain.wordpress.com/

• Website at http://www.newyorklinks.org
Adjourn! Thank you!