NY Links Special Projects of National Significance (SPNS)

Systems Linkages and Access to Care

The first meeting of the NYS SPNS Queens and Staten Island Collaborative was held on ***Friday, February 22, 2013****.*

This newsbrief provides an overview of the topics discussed, a review of the group work, and important next steps and resources.

We would like to thank everyone who attended the meeting, all presenters, and our dedicated planning committee.

John Anthony Eddie, the Collaborative consumer co-lead representing Staten Island, addresses the group

MEETING PARTICIPANTS

- **41** Staff and Consumers Representing **15** Agencies
- **7** Representatives from the NYCDOHMH
- **15** AIDS Institute Employees, SPNS Staff and Invited Speakers
- **63 Total**

Participants from Staten Island discuss existing partnerships during a small group work activity

IMPORTANT RESOURCE

All resources for the ***Queens and Staten Island Collaborative*** *can be found online:*

NewYorkLinks.org

Featured Presentations

All ppts are available for download on our website

M. Monica Sweeney, MD, MPH

Dr. Sweeney presented demographic data of new HIV diagnoses in Queens and Staten Island and explained how the NY Links collaborative work addresses principal elements of the National HIV/AIDS Strategy.

Clemens Steinböck, MBA

Clemens Steinböck outlined the NY Links Mission:

Together, we identify innovative solutions for improving linkage to and retention in HIV care

and we bridge systemic gaps between HIV related services to achieve better outcomes for PLWHA.

Rebekkah Robbins, MPH

Rebekkah Robbins, NY Links epidemiologist, presented treatment cascades specific to PLHW receiving care in NYC and Queens/Staten Island. *For example:*

45% of newly diagnosed PLHW receiving care in Queens or Staten Island achieve viral suppression within 12 months of diagnosis

Daniel Tietz, NYSDOH AIDS Institute

Dan Tietz, Manager for Consumer Affairs, outlined the following roles/responsibilities for Consumers involved in the NY Links initiative:

- Provide formal recommendations on how best to address public health priorities of engagement, linkage, and retention in care for PLWHA
- Develop strategies to communicate and disseminate information about what transpires in SPNS

Jenny Knight, Harlem Hospital Center

Jenny Knight presented on the active patient census improvement strategy Harlem Hospital tested and implemented for the NY Links Upper Manhattan Regional Group.

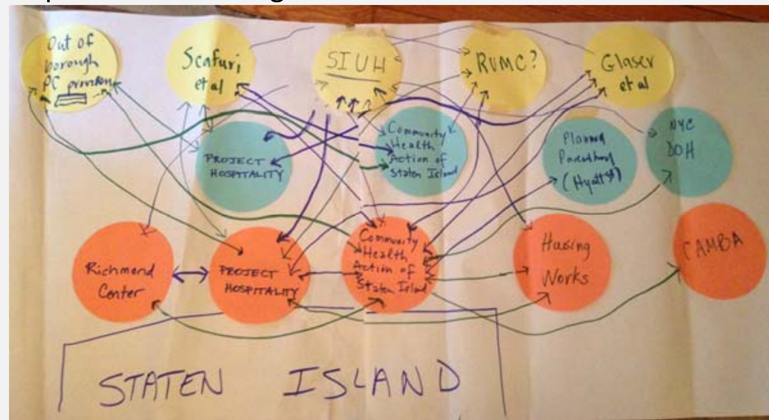
Diane Addison, MIA, MPH and Denis Nash, PhD, MPH

Diane Addison and Denis Nash, NY Links Evaluators based at the CUNY School of Public Health, gave an overview of the quantitative measures and qualitative intervention information that sites will report for NY Links evaluation. They provided examples of each type of data from the existing collaboratives.

Building a System to Link and Retain Patients

Activity Goal: In this activity, participants depicted the organizational relationships that link patients to care within Queens and Staten Island. The diagrams highlight areas with the strongest relationships and where there are no relationships. Additionally, the strategies that different agencies use to link and retain patients in care were reviewed. Over time, these diagrams will serve as basis for identifying strengths, weaknesses, and opportunities and for making existing interventions/strategies more effective and for testing new ones.

Phase One: Each agency wrote its name on color-coded circles that represent primary care (yellow), supportive services (orange) and testing (blue). Next, they drew blue and green arrows between the circles to show the formal and informal relationships between the agencies.

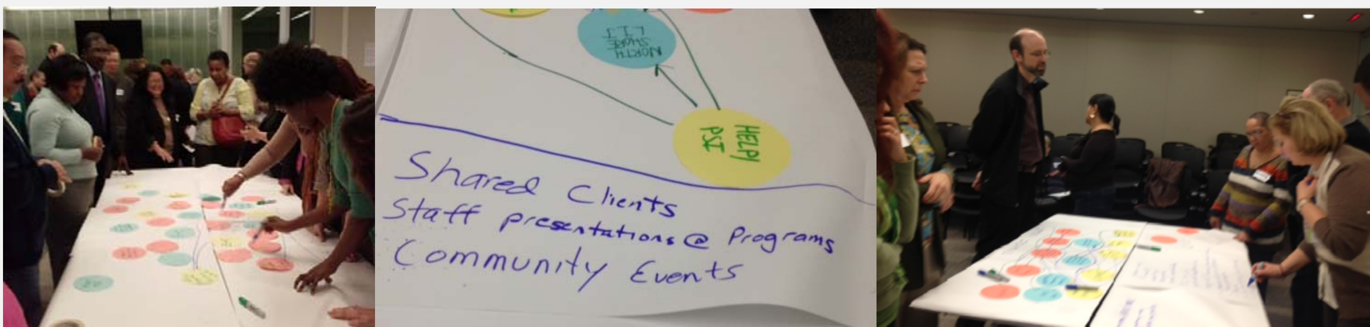


Phase Two: The participants worked together to list characteristics of their existing cross-agency collaborations. The following are examples from the lists:

Shared Staff
Coalitions
Memorandums of Understanding (MOUs)
Legal Affiliations
Partnerships
HIV Care Network

Phase Three: The participants listed realms of existing strategies their agencies use to link and retain patients in care. The following are examples from the lists:

Care Coordination
Phone Calls
Child Care
Primary Care On-Site
Housing, transportation, basic needs
Incentives (e.g., MetroCards)
Navigators
Transportation



QUEENS AND STATEN ISLAND – COLLABORATION

NY Links SPNS is building a body of knowledge about the New York State HIV care system in regions of the State and boroughs of New York City. A benefit to participating agencies in the Queens and Staten Island Collaborative is access to a larger and more diverse provider network when combining the two boroughs. Participating agencies will explore ways to collaborate to improve linkage and retention in care within each respective borough. Peer-learning and exchange will occur collaborative-wide. Although linkage and retention projects are not expected across the two boroughs, agencies have the latitude to work in new and innovative ways.

We look forward to supporting the work that arises from this unique regional collaboration!

IMPORTANT CONTACTS

To strengthen Consumer Involvement at your agency:
Dan Tietz Manager for Consumer Affairs
518-473-7542 det01@health.state.ny.us

For Technical Assistance at your agency:
Johanna Buck Senior Quality Consultant
johanna_buck@att.net

For questions about the measures and data reporting:
Steven Sawicki SPNS Lead
518-474-3813 svs03@health.state.ny.us

For information about the Response Team:
Lenee Simon SPNS Senior Program Manager
347-396-7553 lsimon1@health.nyc.gov

Performance Measurement

REMINDER! Measure your program's progress in improving linkage and retention in HIV clinical care using the NY Links Database! This online application allows clinical and supportive service agencies to self-report their performance measurement data.

Measure domains are:

(1) linkage—***For All Sites that Conduct HIV Testing***
(2A) retention & (2B) new patient retention—***For All HIV Clinical Care Programs***
(3A) clinical engagement & (3B) new client clinical engagement—***For All Free-Standing, non-HIV clinical care supportive service programs.*** *For supportive service programs* ***co-located within HIV clinical care facilities*** *please check if reporting is required for your site in the definitions on the "Linkage and Retention Measures and Timeframe Guide."*

Data should be submitted every 2 months. Entering this data allows immediate access to:

- individual scores trended over time
- benchmarking reports
- reports based on common search criteria

To begin the data collection process, please review the ***"Linkage and Retention Measures and Timeframe Guide"*** and use the ***"Data Submission Instructions"*** to set up your account on the database. These resources are located on pages 4-14 of this document and the most recent versions are always available for download on the NY Links website.

We will be hosting a webinar on the measures ***Thursday, March 21 at 3:30PM.*** We highly suggest attending the webinar to speak directly with NY Links staff about the reporting requirements for your agency.

If you have any immediate questions regarding the measures or would like to request technical assistance in data collection or quality performance measurement, please email Steve Sawicki at svs03@health.state.ny.us.

New York State Department of Health AIDS Institute
SPNS Linkage and Retention Measures and Timeframe Guide

The New York State SPNS Linkage and Retention measures aim to monitor the progress and impact of the NYS SPNS collaborative efforts to improve linkage to and retention in HIV clinical care. All participating organizations are expected to routinely collect this data set and to report aggregate results through the data reporting web application every two months. Your data should capture all patients/clients with a diagnosis of HIV/AIDS, regardless of age or funding source of services. These data will be used to set linkage and retention priorities and evaluate the effectiveness of interventions developed. Detailed data submission instructions and measurement resources are available to support your improvement efforts.

Overview of Measures

Measure	Program Type	
1. Linkage	All Programs that Conduct HIV Testing	
2A. Retention	HIV clinical care	**Same as in+care Campaign**
2B. New Patient Retention		
3A. Clinical Engagement	Supportive Service[1], General Medical[2], & Dental	
3B. New Client Clinical Engagement		

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

When should your program report on "Supportive Service, General Medical, & Dental" measures?

All free-standing, non-HIV clinical care supportive service, general medical, and/or dental programs should report on the "Supportive Service, General Medical, & Dental" measures.

For supportive services, general medical, and/or dental services co-located within HIV clinical care, please adhere to the following guidelines:

- For HIV clinical care programs with fully integrated supportive services, general medical, and/or dental services it is NOT NECESSARY to report on the "Supportive Service, General Medical, & Dental" measures.
- For HIV clinical care programs without fully integrated supportive services, general medical, and/or dental services it IS NECESSARY to report on the "Supportive Service, General Medical, & Dental" measures.
- Lastly, if within your HIV clinical care program there are HIV+ clients who receive only supportive services, general medical, and/or dental services and not HIV clinical care services from your agency, it IS NECESSARY to report on the "Supportive Service, General Medical, & Dental" measures.

Questions regarding the SPNS Measures or in need of technical assistance?
Please contact Steven Sawicki, svs03@health.state.ny.us, who will connect you with the appropriate staff or resources.

Definitions

Measures Applicable to All Sites that Conduct HIV Testing

Including those co-located within HIV clinical care sites

1. **Linkage Measure:** Percentage of newly diagnosed patients in the reporting period who had their first HIV clinical care visit within 30 days of the date of their confirmatory HIV test result.

Measures Applicable Only to HIV Clinical Care Sites

2A. Retention Measure: Percentage of patients with at least one HIV clinical care visit during the first 6 months of the 24-month measurement period who had at least one HIV clinical care visit in each 6-month period of the remaining 18 months of the measurement period with a minimum of 60 days between HIV clinical care visits.

2B. New Patient Retention Measure: Percentage of new patients who have their initial HIV clinical care visit during the first 4 months of the 12-month measurement period who had an HIV clinical care visit in each of the subsequent 4-month periods in the measurement period.

Measures Applicable to Supportive Service, General Medical, & Dental Programs

Including those co-located within HIV clinical care sites

3A. Clinical Engagement Measure: Percentage of active HIV clients/patients with a supportive service, general medical, or dental visit during the reporting period who have a documented or self-reported HIV clinical care visit within the prior 6 months.

3B. New Client Clinical Engagement Measure: Percentage of new clients/patients to the supportive service, general medical, or dental program without an HIV clinical care visit within the 6 months prior to enrollment that subsequently have an HIV clinical care visit within 30 days of enrollment in the supportive service, general medical or dental program.

Measure Terminology

"Reporting period" is the time span used to construct the denominator for a measure. Reporting periods are measure-specific. See the measurement/reporting table under each measure.

"Measurement period" is the time span used to construct the numerator for a measure. Measurement periods are also measure-specific. See the measurement/reporting table under each measure.

Data Submission Deadlines

Aggregate data will be submitted every two months through http://newyorklinks.org/ny_database/. *Upcoming dates:*

4/01/2013	06/03/2013	08/01/2013	10/01/2013

Detailed Review of SPNS Measures

1. LINKAGE TO CARE AMONG NEWLY DIAGNOSED PATIENTS

Applicable to All Sites that Conduct HIV Testing

Including those co-located within HIV clinical care sites

Measure	Percentage of newly diagnosed patients in the reporting period who had their first HIV clinical care visit within 30 days of the date of their confirmatory HIV test result
Numerator	Number of newly diagnosed patients in the reporting period who had their first HIV clinical care visit within 30 days of the date of their confirmatory HIV test result within the measurement period
Denominator	Number of newly diagnosed patients within the reporting period

Patient Numerator and Denominator Exclusions

1. Patients who are documented to be deceased at any time in the measurement period
2. Patients who relocated out of the service area in the measurement period

Important Definitions

An **"HIV clinical care visit"** is defined as a visit with a medical provider with prescribing privileges.
A **"provider with prescribing privileges"** is a health care professional who is licensed in their jurisdiction to prescribe ARV therapy (i.e., physician, physician assistant, and/or nurse practitioner).

Additional Note

Linkage of a patient to another institution such as a mental health inpatient unit, inpatient drug detox program, or correctional facility would, for purposes of this measure, count as "linkage." Ongoing efforts to assure engagement and retention or a follow-up linkage to an outpatient program are not the responsibility of the primary referring entity.

MEASUREMENT PERIOD 3 Months			SUBMISSION DUE DATE
REPORTING PERIOD 2 months during which new diagnoses are counted (denominator)		1 month to allow linkage to clinical care	
MEASUREMENT PERIOD & REPORTING PERIOD START DATE	REPORTING PERIOD END DATE	**MEASUREMENT PERIOD END DATE**	
08/01/12	09/30/12	**11/01/12**	**12/03/12**
10/01/12	11/30/12	**01/01/13**	**02/01/13**
12/01/12	01/31/13	**03/01/13**	**04/01/13**
02/01/13	03/31/13	**05/01/13**	**06/03/13**
04/01/13	05/31/13	**07/01/13**	**08/01/13**
06/01/13	07/31/13	**09/01/13**	**10/01/13**
08/01/13	09/30/13	**11/01/13**	**12/02/13**
10/01/13	11/30/13	**01/01/14**	**02/03/14**
12/01/13	01/31/14	**03/01/14**	**04/01/14**
02/01/14	03/31/14	**05/01/14**	**06/02/14**
04/01/14	05/31/14	**07/01/14**	**08/01/14**
06/01/14	07/30/14	**09/01/14**	**10/01/14**
08/01/14	09/30/14	**11/01/14**	**12/01/14**

2. RETENTION IN HIV CLINICAL CARE

2A. Retention Measure

Applicable to All HIV Clinical Care Facilities

Measure	Percentage of patients with at least one HIV clinical care visit during the first 6 months of the 24-month measurement period, who had at least one HIV clinical care visit in each 6-month period of the remaining 18 months of the measurement period with a minimum of 60 days between HIV clinical care visits
Numerator	Number of patients with at least one HIV clinical care visit during the first 6 months of the 24-month measurement period who had at least one HIV clinical care visit in each 6-month period of the remaining 18 months of the measurement period. A minimum of 60 days between the first HIV clinical care visit in a 6-month period and the last HIV clinical care visit in the subsequent 6-month period is required.
Denominator	Number of patients with at least one HIV clinical care visit during the first 6 months of the 24-month measurement period

Patient Numerator and Denominator Exclusions

1. Patients who are documented to be deceased at any time in the measurement period
2. Patients who were incarcerated for more than 90 days of the measurement period
3. Patients who relocated out of the service area or transferred medical care at any time in the measurement period

Important Definitions

An **"HIV clinical care visit"** is defined as a visit with a medical provider with prescribing privileges.
A **"provider with prescribing privileges"** is a health care professional who is licensed in their jurisdiction to prescribe ARV therapy (i.e., physician, physician assistant, and/or nurse practitioner).

MEASUREMENT PERIOD 24 Months								
REPORTING PERIOD 6-Month Period 1 During which active patients are counted (denominator)		**6-Month Period 2**		**6-Month Period 3**		**6-Month Period 4**		**SUBMISSION DUE DATE**
MEASUREMENT & REPORTING PERIOD START DATE	PERIOD 1 END DATE	PERIOD 2 START DATE	PERIOD 2 END DATE	PERIOD 3 START DATE	PERIOD 3 END DATE	PERIOD 4 START DATE	**MEASUREMENT PERIOD END DATE**	
10/01/10	03/31/11	04/01/11	09/30/11	10/01/11	03/31/12	04/01/12	**09/30/12**	**12/03/12**
12/01/10	05/31/11	06/01/11	11/30/11	12/01/11	05/31/12	06/01/12	**11/30/12**	**02/01/13**
02/01/11	07/31/11	08/01/11	01/31/12	02/01/12	07/31/12	08/01/12	**01/31/13**	**04/01/13**
04/01/11	09/30/11	10/01/11	03/31/12	04/01/12	09/30/12	10/01/12	**03/31/13**	**06/03/13**
06/01/11	11/30/11	12/01/11	5/31/12	06/01/12	11/30/12	12/01/12	**05/31/13**	**08/01/13**
08/01/11	01/31/12	02/01/12	07/31/12	08/01/12	01/31/13	02/01/13	**07/31/13**	**10/01/13**
10/01/11	03/31/12	04/01/12	09/30/12	10/01/12	03/31/13	04/01/13	**09/30/13**	**12/02/13**
12/01/11	05/30/12	06/01/12	11/31/12	12/01/12	05/30/13	06/01/13	**11/31/13**	**02/03/14**
02/01/12	07/30/12	08/01/12	01/31/13	02/01/13	07/30/13	08/01/13	**01/31/14**	**04/01/14**
04/01/12	09/30/12	10/01/12	03/31/13	04/01/13	09/30/13	10/01/13	**03/31/14**	**06/02/14**
06/01/12	11/30/12	12/01/12	05/31/13	06/01/13	11/30/13	12/01/13	**05/31/14**	**08/01/14**
08/01/12	01/31/13	02/01/13	07/31/13	08/01/13	01/31/13	02/01/13	**07/31/14**	**10/01/14**
10/01/12	03/31/13	04/01/13	09/30/13	10/01/13	03/31/13	04/01/13	**09/30/14**	**12/01/14**

2B. New Patient Retention Measure

Applicable to All HIV Clinical Care Facilities

Measure	Percentage of new patients who have their initial HIV clinical care visit during the first 4 months of the 12-month measurement period who had an HIV clinical care visit in each of the subsequent 4-month periods in the measurement period
Numerator	Number of new patients who had at least one HIV clinical care visit in each 4-month period of the measurement period
Denominator	Number of patients who were new to the clinic AND had at least one HIV clinical care visit in the first 4 months of the measurement period

Patient Numerator and Denominator Exclusions

1. Patients who are documented to be deceased at any time in the measurement period
2. Patients who were incarcerated for more than 90 days of the measurement period
3. Patients who relocated out of the service area or transferred medical care at any time in the measurement period

Important Definitions

An **"HIV clinical care visit"** is defined as a visit with a medical provider with prescribing privileges.
A **"provider with prescribing privileges"** is a health care professional who is licensed in their jurisdiction to prescribe ARV therapy (i.e., physician, physician assistant, and/or nurse practitioner).
"**New patients**" include any patients who are new to your clinic. This also includes patients returning to your HIV clinic following a 2-year absence and patients transferring into your clinic. This group is not limited to newly diagnosed patients.

MEASUREMENT PERIOD 12 Months						**SUBMISSION DUE DATE**
REPORTING PERIOD **4-Month Period 1** During which active patients are counted (denominator)		**4-Month Period 2**		**4-Month Period 3**		
MEASUREMENT & REPORTING PERIOD START DATE	PERIOD 1 END DATE	PERIOD 2 START DATE	PERIOD 2 END DATE	PERIOD 3 START DATE	**MEASUREMENT PERIOD END DATE**	
10/01/11	01/31/12	02/01/12	05/31/12	06/01/12	**09/30/12**	**12/03/12**
12/01/11	03/31/12	04/01/12	07/31/12	08/01/12	**11/30/12**	**02/01/13**
02/01/12	05/31/12	06/01/12	09/30/12	10/01/12	**01/31/13**	**04/01/13**
04/01/12	07/31/12	08/01/12	11/30/12	12/01/12	**03/31/13**	**06/03/13**
06/01/12	09/30/12	10/01/12	01/31/13	02/01/13	**05/31/13**	**08/01/13**
08/01/12	11/30/12	12/01/12	03/31/13	04/01/13	**07/31/13**	**10/01/13**
10/01/12	01/31/13	02/01/13	05/31/13	06/01/13	**09/30/13**	**12/02/13**
12/01/12	03/31/13	04/01/13	07/31/13	08/01/13	**11/31/13**	**02/03/14**
02/01/13	05/31/13	06/01/13	09/30/13	10/01/13	**01/31/14**	**04/01/14**
04/01/13	07/31/13	08/01/13	11/31/13	12/01/13	**03/31/14**	**06/02/14**
06/01/13	09/30/13	10/01/13	01/31/14	02/01/14	**05/31/14**	**08/01/14**
08/01/13	11/30/13	12/01/13	03/31/14	04/01/14	**07/31/14**	**10/01/14**
10/01/13	01/31/14	02/01/14	05/31/14	06/01/14	**09/30/14**	**12/01/14**

3. ENGAGEMENT IN HIV CLINICAL CARE FOR SUPPORTIVE SERVICES, GENERAL MEDICAL & DENTAL

3A. Clinical Engagement Measure

Applicable to all free-standing, non-HIV clinical care supportive service, general medical, and/or dental programs

For supportive services, general medical, and/or dental services co-located within HIV clinical care facilities:

- For HIV clinical care programs with fully integrated supportive services, general medical, and/or dental services it is NOT NECESSARY to report on this measure.
- For HIV clinical care programs without fully integrated supportive services, general medical, and/or dental services it IS NECESSARY to report on this measure.
- For HIV clinical care programs with HIV+ clients who receive only supportive services, general medical, and/or dental services and not HIV clinical care services from your agency, it IS NECESSARY to report on this measure.

Measure	Percentage of active HIV clients/patients with a supportive service, general medical, or dental visit during the reporting period who have a documented or self-reported HIV clinical care visit within the prior 6 months
Numerator	Number of active HIV clients/patients, who had a supportive service, general medical, or dental visit within the 2-month reporting period, who had a documented or self-reported HIV clinical care visit within the prior 6-month period
Denominator	Number of active HIV clients/patients who had a supportive service, general medical, or dental visit within the 2-month reporting period

Patient Numerator and Denominator Exclusions

1. Patients who are documented to be deceased at any time in the measurement period
2. Patients who were incarcerated for greater than 90 days of the measurement period
3. Patients who relocated out of the service area or transferred medical care at any time in the measurement period

Important Definitions

An **"HIV clinical care visit"** is defined as a visit with a medical provider with prescribing privileges.
A **"provider with prescribing privileges"** is a health care professional who is licensed in their jurisdiction to prescribe ARV therapy (i.e., physician, physician assistant, and/or nurse practitioner).

MEASUREMENT PERIOD 8 Months			**SUBMISSION DUE DATE**
Up to 6 months prior: Review if client from the reporting period had a documented/self-reported HIV clinical care visit	**REPORTING PERIOD** 2 months: HIV clients/patients with a supportive service, general medical or dental visit (denominator)		
MEASUREMENT PERIOD START DATE	REPORTING PERIOD START DATE	**MEASUREMENT & REPORTING PERIOD END DATE**	
03/01/12	09/01/12	**11/01/12**	**12/03/12**
05/01/12	11/01/12	**01/01/13**	**02/01/13**
07/01/12	01/01/13	**03/01/13**	**04/01/13**
09/01/12	03/01/13	**05/01/13**	**06/03/13**
11/01/12	05/01/13	**07/01/13**	**08/01/13**
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05/01/13	11/01/13	**01/01/14**	**02/03/14**
07/01/13	01/01/14	**03/01/14**	**04/01/14**
09/01/13	03/01/14	**05/01/14**	**06/02/14**
11/01/13	05/01/14	**07/01/14**	**08/01/14**
01/01/14	07/01/14	**09/01/14**	**10/01/14**
03/01/14	09/01/14	**11/01/14**	**12/01/14**

3B. New Client Clinical Engagement Measure

Applicable to all free-standing, non-HIV clinical care supportive service, general medical, and/or dental programs

For supportive services, general medical, and/or dental services co-located within HIV clinical care facilities:

- For HIV clinical care programs with fully integrated supportive services, general medical, and/or dental services it is NOT NECESSARY to report on this measure.
- For HIV clinical care programs without fully integrated supportive services, general medical, and/or dental services it IS NECESSARY to report on this measure.
- For HIV clinical care programs with HIV+ clients who receive only supportive services, general medical, and/or dental services and not HIV clinical care services from your agency, it IS NECESSARY to report on this measure.

Measure	Percentage of new clients/patients to the supportive service, general medical, or dental program without an HIV clinical care visit within the 6 months prior to enrollment that subsequently have a HIV clinical care visit within 30 days of enrollment in the supportive service, general medical or dental program
Numerator	Number of new clients/patients to the supportive service, general medical, or dental program in the reporting period, without a documented or self-reported HIV clinical care visit within the prior 6 months, who subsequently had at least one HIV clinical care visit with a provider with prescribing privileges within 30 days of enrollment in the supportive service program
Denominator	Number of new clients/patients to the supportive service, general medical, or dental program in the reporting period, without a documented or self-reported HIV clinical care visit within the 6 months prior to enrollment
Patient Numerator and Denominator Exclusions	
1. Patients who are documented to be deceased at any time in the measurement period 2. Patients who were incarcerated during the measurement period 3. Patients who relocated out of the service area or transferred medical care at any time in the measurement period	
Important Definitions	
An **"HIV clinical care visit"** is defined as a visit with a medical provider with prescribing privileges. A **"provider with prescribing privileges"** is a health care professional who is licensed in their jurisdiction to prescribe ARV therapy (i.e., physician, physician assistant, and/or nurse practitioner). **"New clients/patients"** include any patients who are new to your supportive service, general medical, or dental program. This also includes patients returning to your program following a 1-year absence, and patients transferring into your program. This group is not limited to newly diagnosed patients.	

MEASUREMENT PERIOD 3 Months			**SUBMISSION DUE DATE**
REPORTING PERIOD 2 months: New client/patients without an HIV clinical care visit within the 6 months prior to enrollment (denominator)		1 month to allow linkage to clinical care	
MEASUREMENT PERIOD & REPORTING PERIOD START DATE	REPORTING PERIOD END DATE	**MEASUREMENT PERIOD END DATE**	
08/01/12	09/30/12	**11/01/12**	**12/03/12**
10/01/12	11/30/12	**01/01/13**	**02/01/13**
12/01/12	01/31/13	**03/01/13**	**04/01/13**
02/01/13	03/31/13	**05/01/13**	**06/03/13**
04/01/13	05/31/13	**07/01/13**	**08/01/13**
06/01/13	07/31/13	**09/01/13**	**10/01/13**
08/01/13	09/30/13	**11/01/13**	**12/02/13**
10/01/13	11/30/13	**01/01/14**	**02/03/14**
12/01/13	01/31/14	**03/01/14**	**04/01/14**
02/01/14	03/31/14	**05/01/14**	**06/02/14**
04/01/14	05/31/14	**07/01/14**	**08/01/14**

NY Links

Introduction

The NY Links database enables NY Links participants to record and track their NY Links measures and benchmark against other participants.

There are three main areas to the NY Links database:

- **User Profile -** where you enter your name and agency information including your organization's Ryan White status, if any.
- **Data Entry -** where you enter your NY Links measures.
- **Reports -** where you generate both on-screen and printed individual or benchmark reports.

You will see links to these areas once you sign in to the Database.

Before you sign in for the first time you must create a username and password.

1. **Determine who will be the primary data submitter for your agency**
   Each participating site should identify one person responsible for routinely submitting the data. This person needs to be familiar with NY Links, the NY Links measures and have basic computer skills to navigate the online database. Some programs have designated the data manager to fulfill this role, but others could take on this role as well.

   The person will sign into the database, submit the data collected for each measure every two months, and print out any data reports. If this responsibility is transferred to another individual while NY Links is still in progress, make sure that the information for logging in is passed on to the new person (passwords can be changed by the user at any time). Be aware that control of existing facility data cannot be transferred from one user account to the next.

   Participating programs should only report their data in one account to ensure the ability to track their data over time.

2. **Register for and sign into the NY Links database at newyorklinks.org/database**
   Once the participating program has determined the data submitter, this person should register for the first time with the NY Links database, which can be accessed via our NY Links website (www.newyorklinks.org) or directly at www.newyorklinks.org/database.

   Click on 'Create Account' and follow the steps below to register. Any of the information below can be changed at a later point.
   a. On the Create Account Page, enter your First Name, and Last Name.
   b. Select from the drop-down: your State, City, and Organization Name. If you do not see your organization please contact info@newyorklinks.org
   c. Enter your Address in the Address line and use the Address 2 line if needed.
   d. Enter the City and select your State, and enter the Zip Code. Please enter the City and State even if you have selected it above in the Organization City and State scroll down.
   e. Enter your Email address and Phone Number.

f. Determine to the greatest accuracy possible the Number of unduplicated HIV-infected patients/clients served by your agency over the last 12-months by your organization. It is very important that you unduplicate your HIV+ patient count in this step.
g. Please select all the categories that best describe your organization's setting and services.
h. Indicate whether you represent One or Many organizations. For the purposes of NY Links please select "One."
i. Select the group/collaborative that your organization is a part of. You must select a group to ensure you have access and are included in group data reports.
j. Select a Username and Password. Record this information immediately and save it in a safe place.
k. Read the terms of agreement and select 'I agree' when done.
l. Select Preview Form.
m. After viewing the form on the Preview page click Create Account.
n. You will be directed to a page confirming the success of your registration, and the page will ask you to sign in. Click on Sign In and then enter your Username and Password into the sign in page and select Sign In.

3. **Become familiar with the NY Links measures**
Download the measure definitions for NY Links ("Linkage and Retention Measures and Timeframe Guide" www.newyorklinks.org under Data Submission Resources), and study them carefully before conducting any reviews. If you are involved in reporting the data but not in the data collection process, please ensure that other staff in your program are familiar with the measures as well. In case you have questions about the definitions or data collection methodologies, please do not hesitate to contact us at info@newyorklinks.org or 212.417.4730. Measure definitions include denominator and numerator parameters, patient exclusions, and measure timeframes. Please note that patient exclusions for each measure apply to both the numerator and denominator.

Measure	Program Type	
1. Linkage	All Programs that Conduct HIV Testing	
2A. Retention	HIV clinical care	**Same as in+care Campaign**
2B. New Patient Retention		
3A. Clinical Engagement	Supportive Service, General Medical, & Dental	
3B. New Client Clinical Engagement		

4. **Review and validate your retention and linkage measure data.**
Check over your retention and linkage data that you have collected to:
- ensure that all patients in the numerator are eligible for the numerator;
- ensure that all patients in the denominator are eligible for the denominator;
- check that none of the patients fits into data exclusions;
- assess whether or not you feel that these data accurately represent your performance.

Then document any limitations to your retention and linkage measure data. You will have an opportunity to voice any concerns you have with your performance data when you submit it.

5. **Enter your NY Links data in the online database.**
   See the individual steps to enter the data; be aware that you can correct any entered data in case you find some data errors at a later time.
   a. After signing in, you will be directed to the Home Page of the database. Click on Data Entry.
   b. First select the submission date for which you are entering data by selecting the submission date.
   c. Next select the measure you will be submitting first (hint: on the bottom of the page, you can see the measures for which you have already submitted performance data and on what date). Click on Enter Data.
   d. Enter the Numerator and Denominator values as determined above for the measure you are entering (hint: the denominator and numerator definitions will appear for each measure if you pass the mouse cursor over the data entry fields).
   e. Select the data collection method for the measure. If it was not a Chart Review or an Electronic Data System extraction (electronic health record, CAREWare, etc.), click Other and explain the method used.
   f. Select whether or not you used a subset of your patients for a sampling method or if you used all eligible patients as the source of information. If you used a sample method, enter the percent of your patients included as the subset.
   g. Document any specific limitations to your retention measure data. What obstacles were encountered when gathering this data? Do the data you are submitting accurately reflect the retention performance of your HIV program? What other issues regarding your data report should the NY-Links know about?
   h. Click on Preview Entry Form. Review your data entry and click Submit when you are ready.
   i. Repeat these steps for each measure you are reporting.

6. **Review your own data and benchmark against those of others.**
   After you submit your NY Links performance data for the first time, you will have access to reports displaying your data. The NY Links Database gives you the option of running three different types of reports: **Individual**, **Group** and **Benchmark**. All three reports are based on the data entered by NY Links participants.

   The Reports function enables you to generate on-screen reports very quickly. Once a report is generated, you also have the option to print the report or export it to Excel by clicking on the ***Print Report*** or ***Export to Excel*** button that appear in the right-hand menu once the on-screen report has been generated.
   Individual Reports
   These are reports that enable you to track the progress of your own organization. To run this type of report, simply click on the ***Reports*** menu item, and then ***Individual Reports***.

   Generating the reports is very simple. You can select one submission date, multiple submission dates or all submission dates (by selecting "Display All"). When you then click the ***Generate Report*** button, the program will automatically generate a report for each measure for which you have entered data for the selected submission date(s).

   As indicated above in the introduction to this section, once you have generated the report, you can view them online, export them to an Excel spreadsheet or print them on your printer.

Once you have selected your criteria and checked off the desired submission dates, then click on the ***Generate Report*** button to see your reports.

Group Reports

A group report is an aggregation of data from two or more HIV/AIDS healthcare providers who have agreed to pool their data for the purposes of NY Links. You will only be able to generate a Group Report if you indicated that you wanted your organization to be linked to a group of providers in your **User Profile**.

The Group Report works exactly like the Individual Report except that it will automatically print the aggregated data for the group(s) you linked to in your **User Profile**.

*Please note that you should select New York for State criteria for the purposes of NY Links
**Please note that you should not select a Part for reporting criteria for the purposes of NY Links

Benchmark Reports

Benchmark Reports are designed to give you an opportunity to see how your organization's progress compares to that of other organizations.

These reports work very similar to the Individual Reports. The difference here is that before running the report, you can also select the types of organizations to include by state, Ryan White Part and/or by Facility Type.

*Please note that you should select New York for State criteria for the purposes of NY Links.
Please note that you should **not select a Part for reporting criteria for the purposes of NY Links.