



Department
of Health

NYLinks

GET TESTED.
TREAT EARLY.
STAY SAFE.
End AIDS in NYS.



ETE/Long Island Regional Group (LIRG) Nassau Sub-Regional Meeting

June 20, 2016 | 9:30am – 3:00pm
Hofstra University, Hempstead, NY

June 17, 2016

Welcome & Opening Remarks

- Stephen Crowe, NYLinks LIRG Lead, AIDS Institute
- Debbie Quinones, Health Rep., AIDS Institute
- Pete Carney, Pride for Youth, Nassau ETE Chair
- Christopher Monzon, Circulo de la Hispanidad, Nassau ETE Co-Chair

Introductions: *Name, Agency & Role*



Meeting Overview



Goals & Objectives

- **To assure we are on the same page:**
 - Further synergy between ETE & NYLinks efforts
 - Brief NYLinks updates & progress made to date
- **To understand what is happening in the community:**
 - Conduct a community-driven SWOT Analysis for Nassau County & identify critical issues
 - To learn from one another about QI projects and drilling down activities happening at various sites
- **To identify next steps**

Meeting Themes

- Collaboration
- Taking Stock
- Strengthening
- Sharing
- Learning



Today's Agenda

- Morning: 9:30am-12:30pm
 - Nassau ETE Steering Committee Meeting (90min)
 - *Break (15min)*
 - Nassau NYLinks Sub-Regional Meeting Welcome (15min)
 - Opening Remarks, Introductions & Meeting Overview
 - SWOT Analysis Exercise (60min)

Today's Agenda (Cont.)

- Afternoon: 12:30pm-3:00pm
 - *Working Lunch: Finalize SWOT Exercise & Make Connections (45min)*
 - SWOT Analysis Discussion/Next Steps (30min)
 - Provider QI Projects & Drilling Down Data Examples/Q&A (60min)
 - Closing Remarks (15min)
 - Agency Team Planning, Next Steps & Evaluation

Brief Overview of NYLinks Measures

Measure	Agency Type
Linkage	All Programs that conduct HIV testing
Retention	HIV Clinical Care
New Patient Retention	HIV Clinical Care
Clinical Engagement	Supportive Services, General Medical & Dental Programs*
Viral Load Suppression	All Sites

**Including those co-located within HIV clinical care sites*



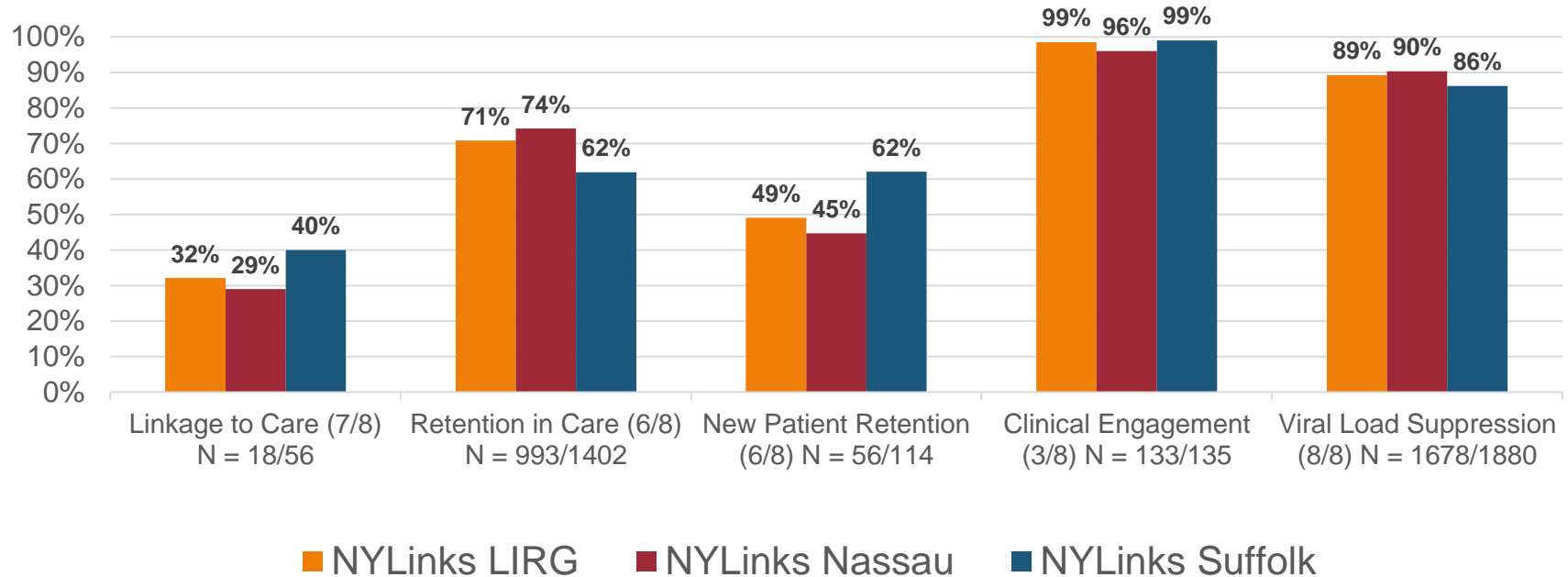
NYLinks LIRG Participants Performance Report – March 2016 Submission

Measures	# of Clients	Percentage Score
Linkage to Care	11/11	100%
Retention	709/1,057	67%
New Patient Retention	36/53	68%
Clinical Engagement	145/159	91%
Viral Load Suppression	1,661/1,900	87%

**Data needs to be validated for accuracy. June 1st results pending.*



December 2015 LIRG Data Submission



Taking Stock: Situational Analysis / SWOT Analysis & Critical Issues for the Future



SWOT Analysis



- As the Long Island Regional Group (LIRG) faces the future, we need to assess our strengths, weaknesses (limitations), opportunities, and threats to achieving improved linkage, retention, and VLS goals to End the Epidemic on Long Island.

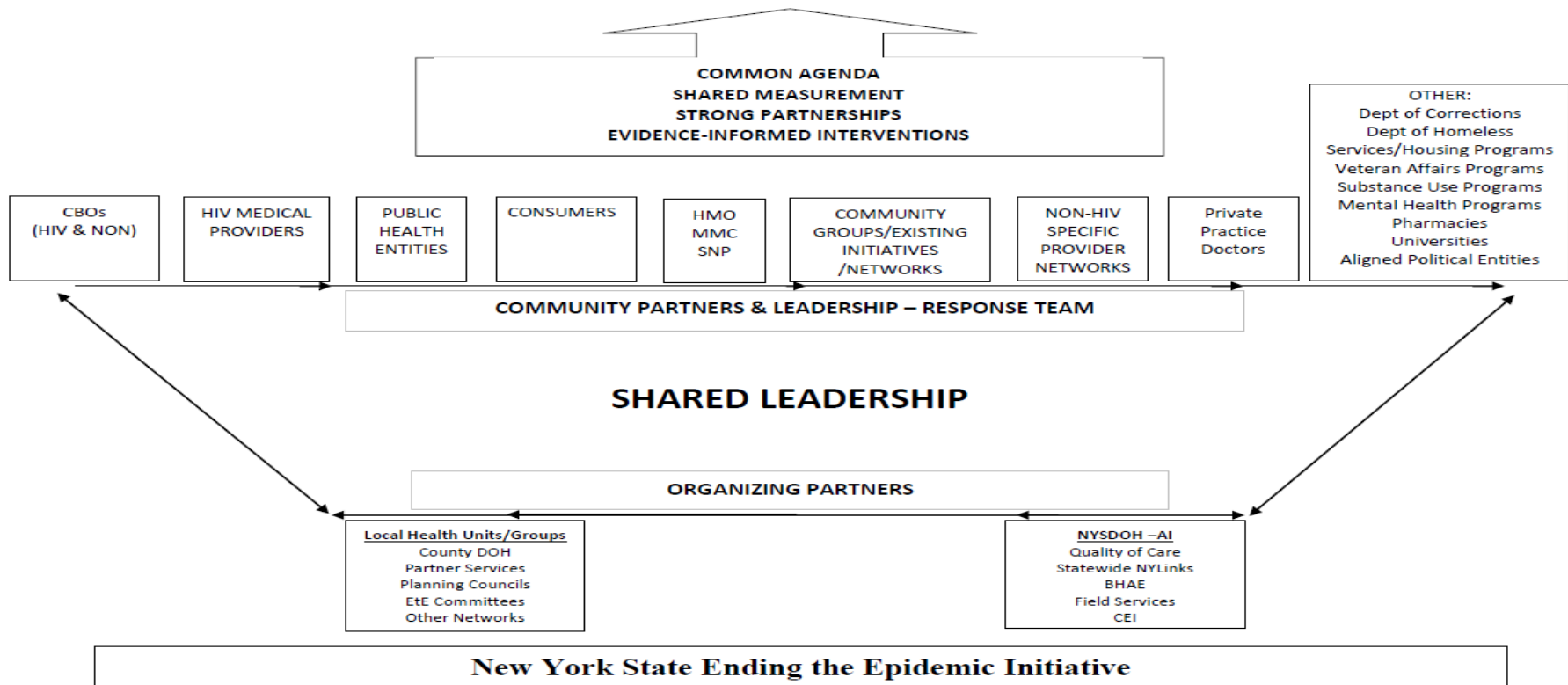
SWOT Analysis (cont.)

- Given what we know about our resources, or lack thereof (*funding, transportation, staffing, etc.*), how can we effectively focus as a group on our community-level SWOT analysis?
- Community Groups: What are the Pros & Cons?
- How can we come together with NYLinks, ETE, and the rest of the community & how can we connect all of our efforts to make effective improvements?
- Who isn't in the room that should be?
- *“Community” is everyone involved with NYLinks, ETE, and those not at the table; includes providers, consumers, key stakeholders, county & state staff*



Shared Leadership Structure

The number of new HIV infections, HIV-related mortality and corresponding community viral burden will be reduced throughout New York State.



SWOT Analysis (cont.)

- Instructions:
 - *Break into groups of 4-5 people each, with one assigned facilitator, and nominate a recorder/reporter.*
 - *Brainstorm each area starting with strengths. Complete it before moving to the next area. You will have 30 minutes to complete all 4.*
 - *Select your TOP 3-4 for each of the 4 categories to report back on. You will have 15 minutes to agree as a group.*
 - *Lastly, summarize the critical issues you believe your group (and organizations) will face as you work together to End the Epidemic and engage in NYLinks activities. You will have 15 minutes to brainstorm.*



Brainstorming

- **Purpose:**
 - To generate as many ideas as possible in the shortest amount of time without evaluation of ideas. Just shout out your ideas, record, keep going, and list as many as possible without overthinking what you write down.



Brainstorming Instructions (30 Min.)

- Clarify question/task to be answered
- Brainstorm list. No judging. Use participant's words as stated.
- Clarify list. Ask the person who gave the idea the meaning if need be.
- Combine similarities.
- Look for clusters of ideas and categorize (optional).
- Prioritize.
- Check for consensus.

SWOT Example

1. What are the strengths and weaknesses* of our community that will support our success with achieving improved linkage, retention and VLS goals and ending the epidemic in Upper Manhattan?		
Regional Group Traits, Structure, Leadership		
Strengths	Limitations	Some Categories: Traits Structure Leadership Stigmas Data State Support County Support Services Networks Systems
<p>Wealth of Experience and Clinical Expertise - Innovation Diversity Age of and History of Group/Long-Term Members Cultural Competency Trust Compassion/Empathy Interdisciplinary teams/representatives Amazing staff/members - dedicated and passionate Solid as a rock! Colleague Support/Peer Exchange Opportunities for Networks/connections Community of Information Community Partners</p> <p>Interest on part of local pharmacies SNP Involvement at Meetings (AMIDA Care) Community representation Leadership - Response Team and others Dedication to Target Populations Geography/proximity CUNY School of Public Health (and other SPH) Opportunities for Networks/connections Continuity of information sharing Access to patient engagement Engaged consumers in region Patient experience at meetings and facilities</p>	<p>Interagency Competition Inconsistent commitment/continuity/participation (some) Lack of compassion (from some) Time constraints Variation in technical capacity of members/agencies New member orientation and connection - contacts Staff turn-over Resources: Time Constraints, funding Competing Priorities Burnout Minimal capacity/expertise for QI at some agencies Lack of engagement of some agencies targeting key pops</p>	
	PLWHA and Psycho/Social Issues Limitations	
	<p>Stigma Housing issues Employment Undocumented community access to care Individuals who don't want to access care Chronic Illness Complacency in/from treatment success</p>	

SWOT Example (cont.)

2. What opportunities can be leveraged within the Upper Manhattan Regional Group to help us achieve linkage, retention and <u>vls</u> goals across the region to contribute to <u>ETE</u> ? What are the threats to our success?	
Opportunities	Threats
<p>Increased CBO representation in decision makeup discussions (blueprint)</p> <p>Increased collaboration</p> <p>Care coordination amongst agencies</p> <p>Information sharing</p> <p>Quality Improvement Framework</p> <p>Networking</p> <p>Linkage agreement “parties”</p> <p><u>ETE</u> framework (city/state priorities)</p> <p>People willing to share</p> <p>Potential for HER sharing</p> <p>Long collaboration of HIV partners</p> <p>Ability to collaborate with non HIV partners</p> <p>Networking – community assets</p> <p>Consumer TOT</p> <p>Peer to peer networking</p> <p>Peer support</p> <p>Regional interventions peers</p> <p>PrEP roll out</p> <p>Community events for outreach (eg. bars, social media)</p> <p>Standardized routine testing where opt out is the model</p> <p>“DSRIP”/other funding streams/initiatives for partnership (“Health Homes”/“Medical Homes”)</p> <p>Collaborative funding opportunities/more resources/focus</p> <p>Expanded focus on “Quality”</p>	<p>Competition</p> <p>Culture of Stigma</p> <p>Funding changes</p> <p>Program design too directly linked funding</p> <p>Unclear funding for blueprint (on the ground vs top down funding decisions)</p> <p>Reduced funding due to < AIDS exceptionalism</p> <p>Asking for more with less funding</p> <p>Changes in funding: programs based on funding stream vs need (no locally developed programs)</p> <p>Reporting systems don’t talk</p> <p>Limiting <u>Tx</u> Due MMC, Medicaid Reform, Provider Burnout</p> <p>Workforce development</p> <p>Staff shortage/turnover</p> <p>Staff turnover impact on regional collaboration (lack of continuity/team approach at agencies)</p> <p>Overstretched staff / overworked</p> <p>Rapidly changing HC systems</p> <p>Emergency management</p> <p>Confusion in and of health care system</p> <p>Loosing patients to other agencies</p> <p>Complacency</p> <p>Culture of stigma</p> <p>Outreach/ direct patient care</p> <p>Aging population with co-morbidities and HIV resistance</p> <p>PREP non-adherence</p>

Prioritizing (15 Min.)

- Task: To achieve the ETE, identify your top strengths (S) as a group that will help you reach that goal.
- Complete all the steps in the brainstorm.
- One flip chart paper per area.
- Then repeat:
 - List the major weaknesses/limitations (W/L)
 - List the major opportunities (O) and threats (T) that you believe your group will face that will determine whether it succeeds or fails.
- Select your top 3-4 most important items in each category.



Critical Issues (15 min.)

- Task: Summarize the critical issues that your group (and organizations) faces as it tries to work together to improve NYLinks indicators and End the Epidemic.
- Examples:
 - More focused coordinated approach – leadership towards ETE
 - Community ownership, collaboration, accountability in NYLinks Regional Group
 - Maintaining and strengthening relationships (networks, referrals) amongst agencies
 - More effective collaboration
 - Building a network
 - Strengthening referral systems - eliminating fear of losing clients
 - Defining “participation” what’s needed from each agencies to achieve improved access and outcomes in HIV care in Upper Manhattan?
 - Setting Goals, stepping beyond business as usual and measuring significant progress in Upper Manhattan
 - Keeping focus on linkage, retention and VLS
 - Using data and QI
 - Changing/Ending the “stigma mindset”
 - Addressing MH and SU issues
 - Better integrating peers into the HIV care system
 - PLWHA leadership development
 - Expanding eligibility for housing programs
 - Integrating peers into HIV care system



Working Lunch: Finalize SWOT Exercise & Make Connections



SWOT Analysis Debrief/Discussion (30min)

- What was this experience like for your group?
- What are your results – the top 3-4 in each of the 4 categories)? What are your most critical issues?
- Are there common themes across the groups? If so, what are they?
- How can we use this information in our plans to ETE and improve NYLinks measures?
- What additional *information* do we need?

SWOT Analysis Next Steps

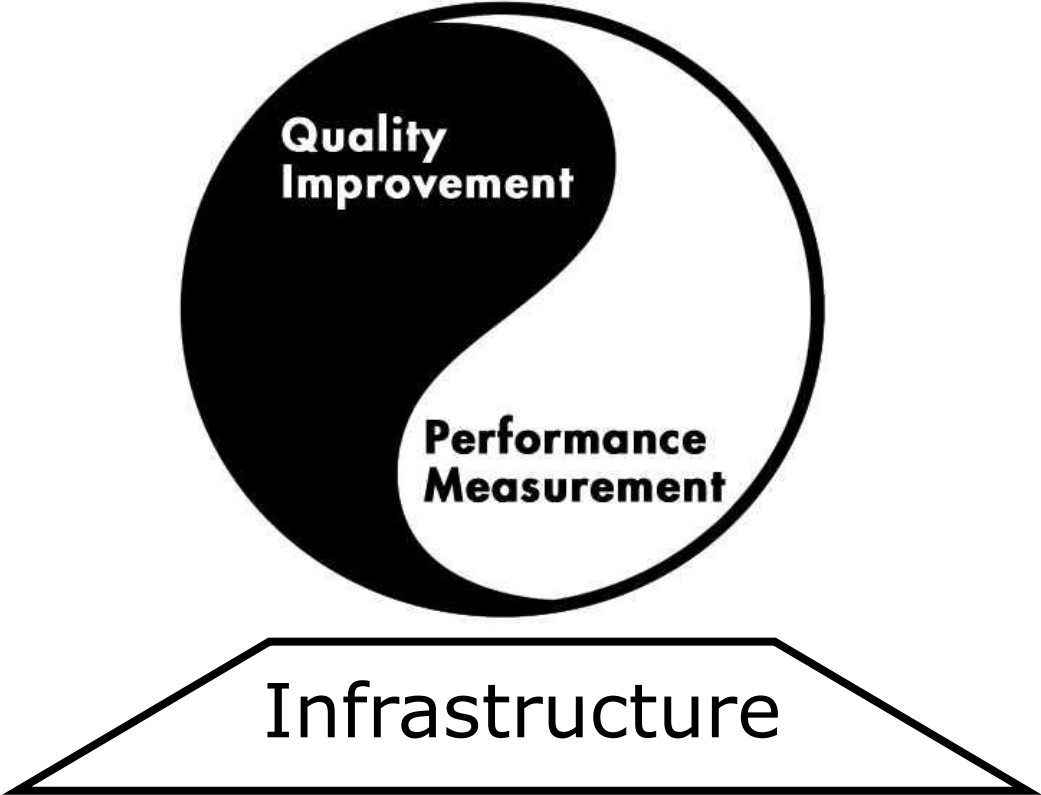
- AI Staff will compile results into a report and send out to everyone prior to the next regional meeting
- Providers & consumers will be given a deadline to provide feedback or additional input (especially corrections or if anyone could not attend) before the next regional meeting in September
- Findings will be used to begin goal/aim setting and regional planning moving forward

Open Floor Discussion: Provider QI Projects & Drilling Down Data Examples



QI Projects & Drilling Down Data Discussion

- Purpose: to share with everyone some of the QI projects that you have been working on over the past year (related to linkage, retention & VLS)
 - What ones have worked well? What ones have failed? What lessons have you learned?
- What have been some of your experiences with Drilling Down Data to understand barriers to linkage or retention care? To address VLS?
- How can we address barriers to submitting data on time & conducting QI activities?
- Next steps:
 - AI/LIRG Lead: continue to provide TA/training on data collection & reporting
 - Participating sites: upload data into NYLinks database for 12/1, 3/1, 6/1 & 9/1 reporting periods
- What can you share at the next regional meeting in September?
 - Each site will be expected to present a lightning round presentation on a QI project you are working on to improve linkage, retention, or VLS in your programs by the end of the year.



Closing Remarks: Next Steps & Evaluation



Next Steps



- **Agency Team Planning:** Share information from today's meeting at your agency; engage your project team to discuss your QI projects, drilling down data & barriers to data collection or running QI projects; clinical programs should also focus on developing agency & facility-level cascades
- **Continue Quarterly Data Collection:** address any barriers or concerns; request TA to collect & submit data; Get that data in! 😊 (12/1, 3/1, 6/1 & 9/1 reporting periods)

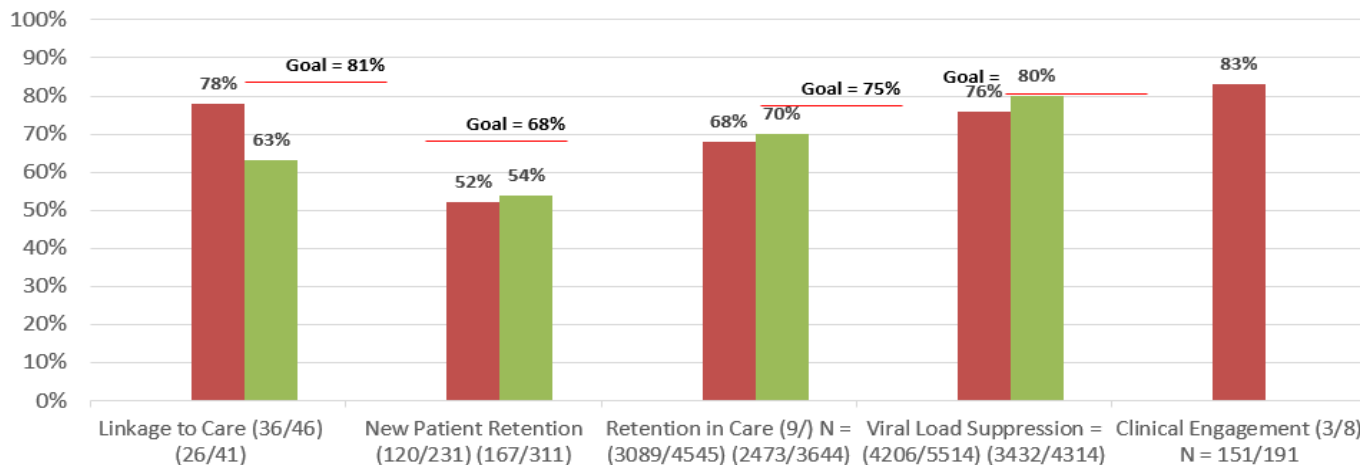
Next Steps (cont.)



- **Next Regional Meeting (Sept 13th, details TBD):**
 - Compile and share findings from Nassau & Suffolk SWOT analyses
 - Provide a year in review of data & activities conducted
 - Begin to develop regional annual goals based on NYLinks data submitted
 - Begin setting aims & developing plans
 - Ongoing sharing of best practices
 - Provide updates on all HIV-related initiatives on Long Island

- **Next Sub-Regional Meetings w/ ETE Steering Committees (Dec, dates TBD):**
 - Develop County/sub-regional annual goals based on regional goals for 2017
 - Identify key priority populations by County to focus interventions for 2017
 - Prepare Lightning Round QI project presentations & drill down data by site

Upper Manhattan Linkage, Retention and Viral Load Suppression Rates 2016 Regional Goals



DECEMBER MEASUREMENT PERIOD

Linkage: 07/01/15 – 09/30/15
 New Pt Ret: 10/01/15 – 09/30/2015
 Retention: 10/01/13 – 09/30/15
 VLS: 10/01/14 – 09/30/15
 Clinical Eng: 02/01/15 – 10/31/15

■ Dec-15 (11 Providers)

■ 16-Mar (6 Providers)

MARCH MEASUREMENT PERIOD

Linkage: 10/01/15-12/31/15
 New Pt Ret: 01/01/15 – 12/31/15
 Retention: 01/01/14- 12/31/15
 VLS: 01/01/15 – 12/31/15
 Clinical Eng: 05/01/15 – 01/31/16

Mark Your Calendars...

- June 24th: Suffolk ETE/NYLinks Sub-Regional Meeting (United Way)
- September 1st: Next NYLinks Data Submission Deadline
- September 13th: Next LIRG Regional Meeting w/ Nassau-Suffolk HIV Planning Council (*to be confirmed*)
- August date TBD: Next LIRG Response/Leadership Team Call
- December dates TBD: Nassau/Suffolk ETE/NYLinks Sub-Regional Meetings
- Webinars, participant site visits, trainings & TA (ongoing)
- Announcements/Other Events?

With Gratitude & Many Thanks

- Anthony Santella/Hofstra
- Pete Carney
- Christopher Monzon
- Nina Scollo/Nassau DOH
- Aya Hassanien
- Yamileth Quejada
- Debbie Quinones
- Joan Edwards
- Deb Dewey
- Johanne Morne
- Karen Hagos
- MaryEllen Mancinelli
- Bruce Agins
- Steve Sawicki
- Dan Belanger
- Susan Weigl
- **And YOU!!!**



Contact Information



- Stephen Crowe, MSW, NYLinks LIRG Lead, 212-417-4558, stephen.crowe@health.ny.gov
- Joan Edwards, AIDS Institute MARO Office-NYC & ETE Contact, 212-417-4508, joan.edwards@health.ny.gov
- Steven Sawicki, MHSA, NYLinks Project Director steven.sawicki@health.ny.gov
- Bruce Agins, MD, MPH, Medical Director bruce.agins@health.ny.gov
- General Information: info@newyorklinks.org