GET TESTED. TREAT EARLY. STAY SAFE.

Let’s End AIDS, Hudson Valley.
WELCOME

Ending the Epidemic in New York State
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 On-going Engagement in Care
• Improve ART Adherence
• Improve Viral Load Suppression
Introductions
Introduction Directions

Please share the following with the group:

• Your name and title
• Where you work
• Have you taken vacation yet?
• If yes, what did you do? If no, what do you plan to do?
Introduction to the Organizational Cascade Process
HIV Quality of Care Program

Cascades were one of four components that made up the 2016 New York State HIV Quality of Care Program Review Process

1. Organizational Cascades
2. eHIVQUAL Measures
3. Tobacco Cessation Initiative
4. Stigma Survey
Rationale for Requiring Cascades

- Everyone deserves high quality medical care
- Data is the stepping stone to performance
- Cascades help:
  - Identify missed opportunities
  - Target QI activities
  - Track the impact of interventions
  - Allow for comparison within organizations, amongst organizations, and within and across regions
Cascade Requirements

- Common measures
- Two cascades:
  - newly diagnosed patients (Linkage to Care)
  - established patients (Open and Active)
- If no newly diagnosed patients then no cascade needed
- Each cascade will:
  - contain all required components
  - be accompanied by a methodology discussion
  - be accompanied by an improvement plan
Cascade Measures for Newly Diagnosed

- Number of patients newly diagnosed with HIV during the measurement year
- Percentage of patients linked to care—attending a routine HIV medical visit (within 3 calendar days of diagnosis if linked within and 5 calendar days if linked externally)
- Percentage of patients prescribed ART during measurement year
- Percentage of patients with an HIV viral load less than 200 copies/mL at last HIV viral load test during measurement year

*The measurement year for the initial cascade will be 1/1/2016 through 12/31/2016*
Cascade Measures for Established Patients

**Open:**
Number of patients, regardless of age, with a known diagnosis of HIV who received services anywhere in the organization, whether routine, urgent or emergent, during the measurement year

**Active:**
Number of patients, regardless of age, with a known diagnosis of HIV who received services in the HIV program of the organization during the measurement year (Active)

**Prescribed ART:**
Number of patients prescribed ART during measurement year

**Viral Load Suppression:**
Number of patients with a HIV viral load less than 200 copies/mL at last HIV viral load test during measurement year

Exclusions are: death, incarceration, documented as engaged at another organization, patients of unknown disposition but not in care at organization*  The measurement year will be 1/1/2016 through 12/31/2016.
What Happened to the Retention Measure?
Building the Cascade for Established Patients

All patients matter—differentiating active and open caseloads

**Open caseload:** HIV+ patients who “touched the facility.”

**Active caseload:** HIV+ patients who received services in the HIV program.

Exclusions: Patients who have died, are incarcerated or who have been confirmed to be in care outside the organization (see next slide).
Exclusions

Open caseload

Excluded patients
Number of deceased patients
+  
Number of incarcerated patients
+  
Number of patients engaged in care at an outside organization
+  
Number of patients of unknown disposition

Active caseload
Organizational Cascades with Improvement plans
Middletown Community Health Center
HIV Care – Newly Diagnosed Patients for 1/1/2016 to 12/31/2016
Middletown Community Health Center

Performance Measures
Data Source: EMR and AIRS

Breakdown of Linkage to Care

- Total of newly diagnosed patients
- Prescribed ART
- Virally Suppressed
- Total pts. Linked to care
- Linked to care: internal
- Linked to Care: External

- # of pts. newly diagnosed with HIV in the last 12 months. 5/5 pts.
- # of newly diagnosed pts. prescribed ART. 5/5 pts.
- # of newly diagnosed pts. with viral load <200 at last viral load testing. 4/5 pts.
- # total of newly diagnosed pts. with HIV Medical visit within 3 days of diagnosis if internally linked and 5 days if externally linked. 4/5 pts.
- # of new pts. diagnosed internally with a HIV Medical visit within 3 days. 1/1 pts.
- # of new pts. diagnosed externally with a HIV Medical visit within 5 days. 3/4 pts.
HIV Care—Established Patients for 1/1/16 to 12/31/16
Middletown Community Health Center

- Open Patients: 109 (100%)
- Active Patients: 105 (96%)
- Patients on ARV: 105 (100%)
- Viral load <200: 80 (76%)
- Undetectable: 68 (65%)

**Excluded:**
- Deceased: 2 patients
- Incarcerated: 1 patient
- Unknown Disposition: 1 patient

**Breakdown:**
- Total MSM of color: 8
  - On ART: 8 (100%)
  - Virally Suppressed: 7 (88%)
  - Undetectable: 5 (63%)

**Data source:** EMR, AIRS
Gaps identified:

- We need to improve linkage to care for patients who are referred to MCHC from external sources at 80% and viral suppression at 75%. Due to insurance barriers, patients were linked to care after 5 days and unable to start ARV therapy.

- We also identified gaps in viral load suppression, viral load undetectable and medication adherence with Established patients. All HIV patients are prescribed ART, however viral load $>200$ was calculated at 76% and viral load undetectable at 65% indicating some non adherence with ARV therapy.
Goals:

The goal of the Program is to improve outcomes for PLWHIV/AIDS by increasing linkage to care activities and reduce wait time for initial visit for newly diagnosed patients, monitoring the extent and quality of care being delivered to all HIV patients, and promoting adherence to ART that would result in viral load suppression and improve overall health.
**Action Plan:**
Implement improvement activities stated below to increase linkage to care activities, reduce wait time at initial visit for newly diagnosed patients, address insurance barriers, monitor the extent and quality of care being delivered to all HIV patients, and promote adherence to ART that would result in viral suppression and improve overall health.
Improvement Activities as of April 1, 2017

To reduce the gap in Linkage to Care and wait time for appointments, Patient Navigator and LC Coordinator will:

- Offer same day appointments and accept walk-ins
- Schedule appointments within 3 days for internal patients
- Schedule appointments within 5 days for external patients at intake.
- Assist patients to obtain insurance at intake: Have patient apply for coverage, NYS Marketplace with CAC and ADAP with LC Coordinator.
- QI manager will track intake visits and initial appointments to identify any trends.
Improvement Activities as of April 1, 2017

To reduce gap in Viral Load Suppression and Adherence for Establish Patients, Patient Navigator and LC Coordinator will:

- Offer same day appointments and accept walk-ins
- Call day before or same day to remind patients of appointments
- Utilize quality improvement tools such as monthly Viral load Suppression and HIV Medical Visit report obtain from EMR to track attendance and viral load printed by Program Coordinator.
Hudson River Healthcare
Hudson River HealthCare
HIV Program 2016 Quality Assessment
**Overall Organization Cascade – Established Patients**

**Open**: Patients with a known diagnosis of HIV who received services anywhere in the organization during the measurement year.

**Active**: Patients with a known diagnosis of HIV who received services in the HIV program of the organization during the measurement year.

**Retained in Care**: Patients from the active caseload that had a visit in both the first and second halves of the measurement year.

**On ART**: Patients from the active caseload that were prescribed ART during the measurement year.

**Virally Suppressed**: Patients from the active caseload with a viral load <200 copies/mL at last viral load testing during the measurement year.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>1009</td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>853</td>
<td>85%</td>
</tr>
<tr>
<td>On ART</td>
<td>820</td>
<td>96%</td>
</tr>
<tr>
<td>Retained in care</td>
<td>749</td>
<td>88%</td>
</tr>
<tr>
<td>Virally Suppressed</td>
<td>745</td>
<td>87%</td>
</tr>
</tbody>
</table>
Newly Diagnosed: Newly diagnosed with HIV during the measurement year in our system

Linked: Newly diagnosed patients who attended a routine HIV medical visit at all and then within 3, 10, and 30 days calendar days of Dx

On ART: Newly diagnosed patients that were prescribed ART during the measurement year

Virally Suppressed: Newly diagnosed patients with a viral load <200 copies/mL at last viral load testing during the measurement year.
Peekskill Cascade

Open: Patients with a known diagnosis of HIV who received services anywhere in the organization during the measurement year.

Active: Patients with a known diagnosis of HIV who received services in the HIV program of the organization during the measurement year.

On ART: Patients from the active caseload that were prescribed ART during the measurement year.

Virally Suppressed: Patients from the active caseload with a viral load <200 copies/mL at last viral load testing during the measurement year.

Note: Out of 34 patients, 33 (97%) have data in EMR about outside providers. 99% are linked to care somewhere.
Viral load <200 at last check in 2015 and 2016

80% = ONAP Goal
90% = WHO goal

Site (Number of pts 2015 - Number in 2016)

- Beacon 99->104
- Poughkeepsie 132 ->142
- Monticello 93->97
- Peekskill 60->62
- Riverhead 18->19
- Patchogue 59->53
- Amityville 49->51
- MLK 99->102
- Shirley 44->49
- Coram 8->13
- Brentwood 148->160

2015
2016
Improvement Plan

Improve Engagement for patients currently not linked or engaged in care to 80% by 12/31/17

Improve the viral load suppression rate to 90% by 12/31/17

80% of newly diagnosed patients will be linked to care within three days of HIV diagnosis
WMCHEALTH Established Patient Treatment Cascade for 2016

- **Open**: 100% (N=822)
- **Active**: 45% (N=373)
- **On ART**: 98% (N=366)
- **Virally suppressed**: 91% (N=339)

**Definitions**:
- Open = All HIV positive Patients who receive care in WMCHHealth
- Active = All patients engaged in care at WMCHHealth
- On ART = All Active patients on HIV Antiretroviral therapy
- Virally Suppressed = All Active Patients with HIV Viral Load
WMCHEALTH HIV Program Treatment Cascade for 2016

- **Active**: 100% (N=373)
- **On ART**: 98% (N=366)
- **Virally suppressed**: 91% (N=339)

Legend:
- Active: All patients engage in care at WMCHHealth
- On ART: All Active patients on HIV Antiretroviral therapy
- Virally suppressed: All Active Patients with HIV Viral Load < 200

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Open Door Family Medical Centers
HIV Care Cascade for Established Patients (2016)

- **Open**: all PLWHA with any visit in the last 12 months
- **Active**: % of all PLWHA with HIV medical visit in last 12 months
- **Prescribed ART**: % of active PLWHA with ART prescription
- **Virally Suppressed**: % of active PLWHA with viral load <200 copies/mL

Data source: EMR
Open Door Family Medical Centers
HIV Care Cascade for Newly Diagnosed Patients - 2016

Total Newly Diagnosed: # of people newly diagnosed with HIV in the last 12 months

Linked to Care: % of newly diagnosed PLWHA with 1 HIV medical visit within 3 days of diagnosis

Prescribed ART: % of newly diagnosed PLWHA prescribed ART

Virally Suppressed: % of newly diagnosed PLWHA with viral load <200 copies/mL
2017 QI Improvement Plan Project

• Track all patients with a viral load >200 on a spreadsheet

• Case Managers will meet with the LCSW Clinical Supervisor for monthly clinical case review meetings
  – Focus on the root causes of medication adherence issues
  – Barriers and challenges
  – Strengths
  – Interventions
Cornerstone Family Healthcare
NEWLY DIAGNOSED PATIENTS 2016

Total Newly Diagnosed Patients: # of pts newly diagnosed with in the last 12 months.

Linked to Care: # of newly diagnosed pts with 1 HIV medical visit within 3 days of diagnosis if internally linked, 5 days if externally linked.

Prescribed ART: # of newly diagnosed pts prescribed ART.

Viral Load <200: # of newly diagnosed pts with VL <200 copies/mL.

Undetectable VL is <20 or =20.

Data Source: EMR

1/3 of Pts linked to PCP outside of agency. Pt chose to receive treatment with I.D. Specialist outside agency. ART and VL unknown.
HIV Care Cascade – Established Patients, FY 2016

- **Open**: all HIV+ patients with any visit anywhere in the organization between 1/1/2016-12/31/2016.

- **Active**: # of HIV+ patients with minimum of one HIV medical visit between 1/1/2016-12/31/2016.

- **ART Prescribed**: # of active patients prescribed ART during the 2016 review period.

- **Virally Suppressed**: # of active patients with viral load <200 copies/mL.

- **Undetectable V.L.**: # of active patients with VL of <20.

Number of Patients

- **Open**: N=196, 100%
- **Active**: N=159, 80%
- **Prescribed ART**: N=156, 98%
- **Virally Suppressed**: N=129, 81%
- **Undetectable V.L.**: N=110, 69%
Our Quality Improvement Goal by December 2017
AND Methodology:

~ We are focused to improving our 2016 suppression rate from 88% to 90%.

~ 13/14 of our unsuppressed clients in 2016 had mental health issues.

~ Our goal is to have 8/13 (61%) suppressed and engaged into the mental health program by December 2017.

~ Our Agency used our EMR, Centricity, Azara, and Manual review of charts to create the cascades.

Thank You
Brainstorm: How do we make the best use of all this data?
Brainstorm

Split into small groups and discuss the following:

• Challenges
• Benefits
• How can this process benefit all? Clinical, non-clinical, consumers
• How do we continue moving forward with this work both individually and as a region?
Getting Consumers Involved
Request from NYLinks
NYLinks is asking:

1. Clinical Providers create another cascade for the first 6 months of 2017 (you can exclude open if you wish)

2. Non-Clinical providers to create a cascade for the first 6 months of 2017

3. ETE regional committees to support these requests
WHAT’S COMING UP?

July 17th, Mid & Lower Hudson Regional Meeting

August 1st, Central New York Regional Meeting

Sep 14th, Brooklyn Regional Meeting

Sep ??, LI Regional Meeting

October 25th, Queens Regional Meeting
Contact Information

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