

## New York State SPNS Concept Paper

The HRSA HIV/AIDS Bureau (HAB)-sponsored *Special Projects of National Significance* aims to support the development of innovative models of HIV care that respond to the emerging needs of Ryan White HIV/AIDS Program clients. In 2011, HAB launched the SPNS for *Systems Linkages and Access to Care for Populations at High Risk of HIV Infection Initiative*. This multi-state initiative will address issues of access to and retention in high quality HIV care through the development and dissemination of effective and sustainable systemic linkage models.

### Background

This SPNS Initiative is funded for 4 years and awarded to states with a high HIV/AIDS incidence. The goal is to create, evaluate, and improve models of systemic linkage that optimize existing cross-agency HIV-related services in order to improve linkage and retention in care of people living with HIV/AIDS.

Successful models will demonstrate:

- An increase in the number of people living with HIV who know their serostatus
- An increase in the number of newly diagnosed individuals linked to care within one month of diagnosis
- An increase in the number of individuals living with HIV who are virologically suppressed
- An increase in number of individuals living with HIV retained continuously in HIV clinical care

Interventions will be rigorously evaluated using state-specific indicators and successes will be used for statewide dissemination. In addition, all demonstration states are part of a multi-state evaluation effort led by the SPNS Evaluation and Technical Assistance Committee (ETAC) at UCSF.

### SPNS Demonstration State Awardees:

- Louisiana
- Massachusetts
- New York
- North Carolina
- Pennsylvania
- Virginia
- Wisconsin

### New York State SPNS Initiative

The aim of the New York State Systems Linkages Project is to bridge systemic gaps between HIV related services within New York State and achieve better outcomes for PLWHA through improving systems for monitoring, recording, and accessing information about HIV care in NYS. In Years 1 and 2, this will be accomplished through the development of Collaboratives composed of traditional and non-traditional healthcare and supportive services providers in specific high-incidence communities, creating a learning environment in which collaboration and linkage innovations can be tested and measured. In Years 3 and 4, a statewide scale-up of strategies shown to have promise during the Collaborative phase, as well as a subsequent evaluation of their effectiveness and sustainability will be conducted. Ultimately, the development and scale-up of these interventions will foster communication between service providers and encourage the removal of barriers that limit the effective use of data systems. This will facilitate the entry into and continued engagement in HIV care by those who are unaware of their status, have not entered care or are no longer retained in care.

Key partners in this Initiative include the NYS Division of Epidemiology, Evaluation and Research (*Dr. Lou Smith*), the New York City Department of Health and Mental Hygiene (*Dr. Monica Sweeney*), and the CUNY School of Public Health at Hunter College (*Dr. Denis Nash*). Representatives from the New York City Health and Hospitals Corporation, NYS Consumer Advisory, Clinical Advisory and Young Adult Consumer Advisory Committees will participate in an advisory capacity.

### Structure of New York State Activities

#### Years 1 & 2

The first two years of this Initiative will focus primarily on implementation of Collaboratives, beginning in Upper Manhattan and Western NYS regions and additional areas identified through a process based on incidence, prevalence, provider

density, the existence of other initiatives, and need. Collaboratives will consist of representatives from various service categories, Ryan White funding streams, surveillance units, community groups, and consumers. Each Collaborative will be conducted regionally and in parallel.

Each Collaborative will be tasked with forging partnerships across funding streams, program areas and providers to develop a catalogue of proven strategies to link HIV-infected individuals to HIV clinical care. The work of every Collaborative will be thoroughly evaluated using available performance data and pre-approved quality indicators. Models and interventions proven to be highly successful will be integrated into previously existing NYSDOH Collaborative frameworks.

### Years 3 & 4

The second two years of the NYS SPNS Initiative will turn toward statewide implementation and evaluation of successful interventions. The AIDS Institute will use a multifaceted approach to bring the lessons on linkage to care learned in the first two years to providers and consumers across the state and outside of the Collaborative model. Additionally, the sustainability and effectiveness of these interventions on a statewide level will be evaluated.

To foster implementation and peer learning of successful strategies identified by face-to-face Collaboratives, the AIDS Institute and the National Quality Center (NQC) will utilize the following approach:

- Hold statewide conference calls and webinars
- Attend statewide and regional conferences to highlight key concepts and successful interventions
- Develop web-based modules on linkage and retention through the NQC Quality Academy
- Publish and disseminate resources on linkage to care using websites, project space and targeted mailings

### **Surveillance and Data Systems**

Another principal aim of this project is to integrate and strengthen state and city data systems to improve the quality of available data on linkage and retention. Data from routine assessments of linkage and retention at the agency level, from the larger systems of HIVQUAL, AIRS, Medicaid and NYC and NYS Epidemiology/Surveillance as well as site-level data from the Collaboratives all will ideally be linked. Ultimately, the long-term coordination of these data systems will facilitate the provision of quality information to NYC & NYS surveillance systems and of wide-ranging high quality care to all populations of PLWHA in NYS. This process will run throughout the four year initiative period.

### **Evaluation**

The evaluation effort for the SPNS project will be led by Dr. Denis Nash. Data on core project indicators will be collected from the Collaborative sites, control sites as well as existing data sources to analyze trends in key testing, linkage and retention outcomes. The overall evaluation component of this initiative aims to:

- Evaluate the effectiveness of strategies piloted in the Collaboratives to improve outcomes related to HIV diagnosis, linkage, engagement and retention in high quality HIV care.
- Evaluate the statewide impact of dissemination and scale-up of strategies found by the Collaboratives to be effective.
- Participate in and contribute to the multi-state evaluation process.

### **End Goals**

At the completion of this 4-year SPNS Initiative, we aim to have:

- Facilitated new levels of collaboration between agencies and organizations providing HIV services in NYS.
- Identified, assessed and scaled-up innovative data-backed interventions for linking and retaining patients in care.
- Integrated these innovations into existing networks and services statewide.
- Coordinated existing data systems within NYS to better analyze and improve linkage and retention.
- Established clear performance measurements to allow for routine and accurate monitoring of HIV care across NYS.
- Developed plans to sustain regionalized linkage and retention efforts in NYS.