



The third meeting of the NYS SPNS Upper Manhattan Regional Group was held on **Tuesday, April 10th, 2012**.

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 host-HHC Metropolitan Hospital.

IMPORTANT ITEMS FOR YOUR REVIEW

1. [NY Links Performance Measurement Database](#)
2. [NY Links General Website](#)
3. Collaborative Next Steps

To help frame the work of the collaborative, Monica Sweeney, MD, MPH presented HIV/AIDS epidemiology findings for New York City-focusing on the Upper Manhattan region. Dr. Sweeney reviewed the current treatment cascade of people living with HIV/AIDS (PLWHA) in 2010:

13,410 PLWHA in 2010

8848 evidence of care in 2011 (cd4 or VL test)

8654 one VL test reported in 2011

6506 viral load suppression (less than 400 copies/ml) at last VL test

In response to the overall presentation, meeting participants suggested that it will be important to investigate new diagnoses by facility type. Further, the data revealed the need to identify strategies for engaging and retaining adolescents/young adults in care.

IMPORTANT RESOURCE

All resources from NY Links and the Upper Manhattan Regional Group can be found online at:
NewYorkLinks.org

RESPONSE TEAM MEMBERS AND MISSION

PARTICIPANTS

Ellen Morrison, MD - NY Presbyterian
Mulusew Bekele - African Services
Diane Tider - Mt. Sinai
Steve Kritz, MD - ARTC
Escott Solomon- Harlem Hospital
Diana Diaz - Community Healthcare Network
Evelyn Harvey - Harlem Hospital
Judy Yan - HHC
Marc Foca, MD - NY Presbyterian

MISSION STATEMENT

The Upper Manhattan Regional Group Response Team represents a continuum of HIV medical care providers, service providers, and consumers in Upper Manhattan, on the front lines of the NY LINKS SPNS Initiative.

-We seek to facilitate a community-wide effort to identify people who are HIV-infected and successfully link and retain them in ongoing medical care, making a difference in our local neighborhood.

-We aim to expedite innovative inter-agency collaboration, disseminating best practices, identifying unmet needs, bridging gaps in services and increasing links between service providers in Upper Manhattan, in alignment with the NY Links SPNS Mission.

-We identify innovative solutions for improving linkage to and retention in HIV care to support the delivery of routine, timely, and effective care for PLWHA in New York State.

-We will bridge systemic gaps between HIV related services and achieve better outcomes for PLWHA through improving systems for monitoring, recording, and accessing information about HIV care in NYS.



Performance Measurement

REMINDER! Measure your program’s progress in improving linkage and retention in HIV primary care using the NY Links Database. This online application allows clinical and supportive service agencies to self-report their performance measurement data. Measure domains include: (1) linkage; (2) global retention; (3) new patient retention; (4) clinical engagement; (5) new client clinical engagement. Data should be submitted every 2 months. Entering this data allows immediate access

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

ACCESS THE NY LINKS DATABASE NOW → NewYorkLinks.org/database/

Only **11** of the **29** collaborative programs have currently submitted their data. Please continue to work on your program’s data submission, your participation is key! If you have any questions regarding the measures or would like to request technical assistance in data collection or quality performance measurement, please email Cameron Stainken at crs05@health.state.ny.us.

Example Interventions to Improve Linkage and Retention Identified at the Meeting

For a comprehensive list of identified interventions, check out the website!

- One-on-one group educational sessions
- Letters and personal phone calls after sessions
- Text message reminders
- Pill boxes for patients
- Case conferencing
- Provide copy of longitudinal VL results for patient
- Ask for reliable family members to support patient in treatment and appointment adherence
- Provide addiction counseling services on-site with medical care
- Integrate HIV services with screening/referral/treatment for Hepatitis C
- Primary care provider reach out to patients who are clinically unstable and not seen in 30 days
- Social workers reach out to clinically stable clients and not seen by the primary care provider in 90 days

IMPORTANT NEXT STEPS

Check-In - Call/Visit:

Week of April 30, 2012

UMRG Webinar:

Storyboard Presentations
May 17, 2012 at 2pm

UMRG Workshop:

Topic TBD
June 1, 2012 at 9:30am

UMRG Webinar:

Storyboard Presentations
June 18, 2012 at 11am

Next Meeting: July (Date TBD)

IMPORTANT CONTACTS

Steven Sawicki SPNS Lead

518.474.3813 svs03@health.state.ny.us

Lenee Simon SPNS Senior Program Manager

lsimon1@health.nyc.gov

Cameron Stainken SPNS Program Assistant

crs05@health.state.ny.us

212. 417. 4731 Fax: 212.417.4684

Susan Weigl Quality Consultant

917.971.6838 sweigl@yahoo.com

Clemens Steinbock Director, Quality Initiatives

212. 417.4730 cms18@health.state.ny.us