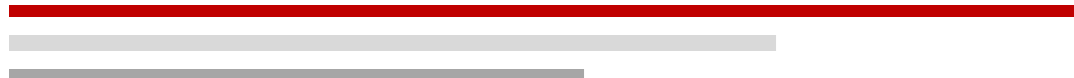


NY Links Evaluation Strategy

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Western New York 2nd Learning Session, October 24, 2012



Outline of presentation

- Overview of evaluation strategy
- Baseline site survey: linkage & retention strategies
- Intervention Strategy Assessment
 - Examples of measuring the impact of interventions
 - WNY Collaborative measures data
 - Data sources
 - Dissemination Slide Set
 - Other data sources

Evaluation of NY Links

Objectives

- Evaluate the effectiveness of strategies piloted in collaboratives to improve linkage, engagement and retention in HIV care.
- Evaluate the statewide impact of dissemination and scale-up of best practice strategies found to be effective at improving outcomes.
- Participate in and contribute to the multi-state evaluation process.

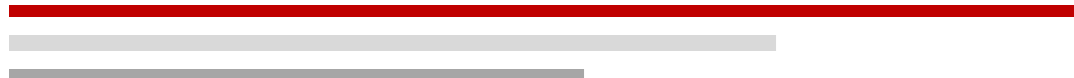
Timeline

- **Years 1 & 2**– Evaluate collaborative activities
 - Collect/analyze new and existing data on program outcomes, identify best practices for improving linkage and retention for statewide scale-up.
- **Years 3 & 4**– Evaluate impact of statewide scale-up
 - Collect/analyze new and existing data to monitor scale-up of effective linkage and retention strategies across New York State

Evaluation of collaborative activities: Data sources and methods

- Outcomes (linkage, engagement, retention, VL suppression)
 - SPNS Measures (site perspective)
 - HIV/AIDS surveillance data (site and client/patient perspective)
 - Other (AIRS, HIVQual)
- Linkage/retention strategies (type, timing), including evolution of referral networks
 - Evaluation site surveys
- Process indicators
 - PDSA cycles, collaborative sessions, TA provision, etc
- Analysis methods* - Multi-level analysis on:
 - Influence of collaborative process on implementation of new linkage and retention strategies
 - Influence of linkage and retention strategies on key outcomes
 - Linkage, engagement, retention, and viral suppression

Baseline evaluation site survey on linkage and retention strategies



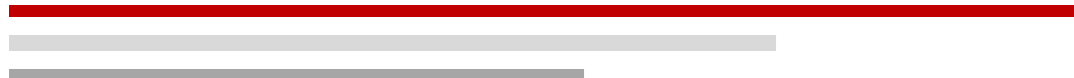
Methods – Baseline Evaluation Survey

- Survey distributed to WNY sites during site visits
- Completed through online survey tool in Aug 2012
- Areas of focus included:
 - Types of services provided (HIV testing, supportive services, HIV care)
 - # of newly diagnosed clients
 - # of patient/clients accessing clinical care and supportive services
 - Existing strategies aimed at improving linkage and retention
 - Additionally, new strategies or planned enhancements to existing strategies
 - Formal and informal partnerships used to increase linkage and retention
 - Formal partnerships/affiliations may include those in which there is an official memorandum of understanding, contract, or other binding document between your organization and another entity.
 - Informal partnerships/affiliations may include those in which there is NO binding contract or memorandum of understanding between your organization and another entity. You work together casually as members of the same community.

Overall categories of most common existing linkage and retention strategies for WNY sites

Category	Most Common existing strategies	N
Case Management	1) Case management generally 2) Social worker calls patient	13
Appt. reminders/Follow up	1) Phone call and letter reminders	10
Supportive services	1) Supportive services generally 2) Medication management	7
Same day services	1) Walk-in appointments	3
On-site services	1) Comprehensive services all in one location generally 2) On-site supportive services	4
Other	1) Peer education/outreach 2) linkages w/other organizations 3) tracking those out of care 4) care coordination 5) consumer committees	18

Intervention strategy assessment survey on new linkage and retention strategies

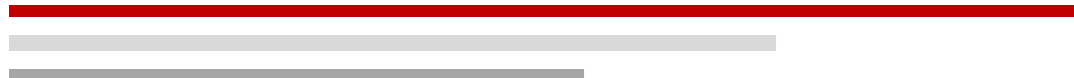


Intervention Strategy Tracking Tool

- Purpose of Intervention Strategy Tracking Tool:
 - Capture information on new strategies being tested and implemented to increase linkage to and retention in care
 - Connect the testing and implementation of new strategies to the PM data results
 - Develop of a compendium of successful linkage and retention strategies
- Frequency: every two months
- Domains:
 - Types of strategies tested
 - Intended impact of strategies
 - Populations targeted
 - Strategy coverage/fidelity
 - Use of Plan-Do-Study-Act (PDSA) cycles
 - Challenges/barriers to success
 - Outcomes

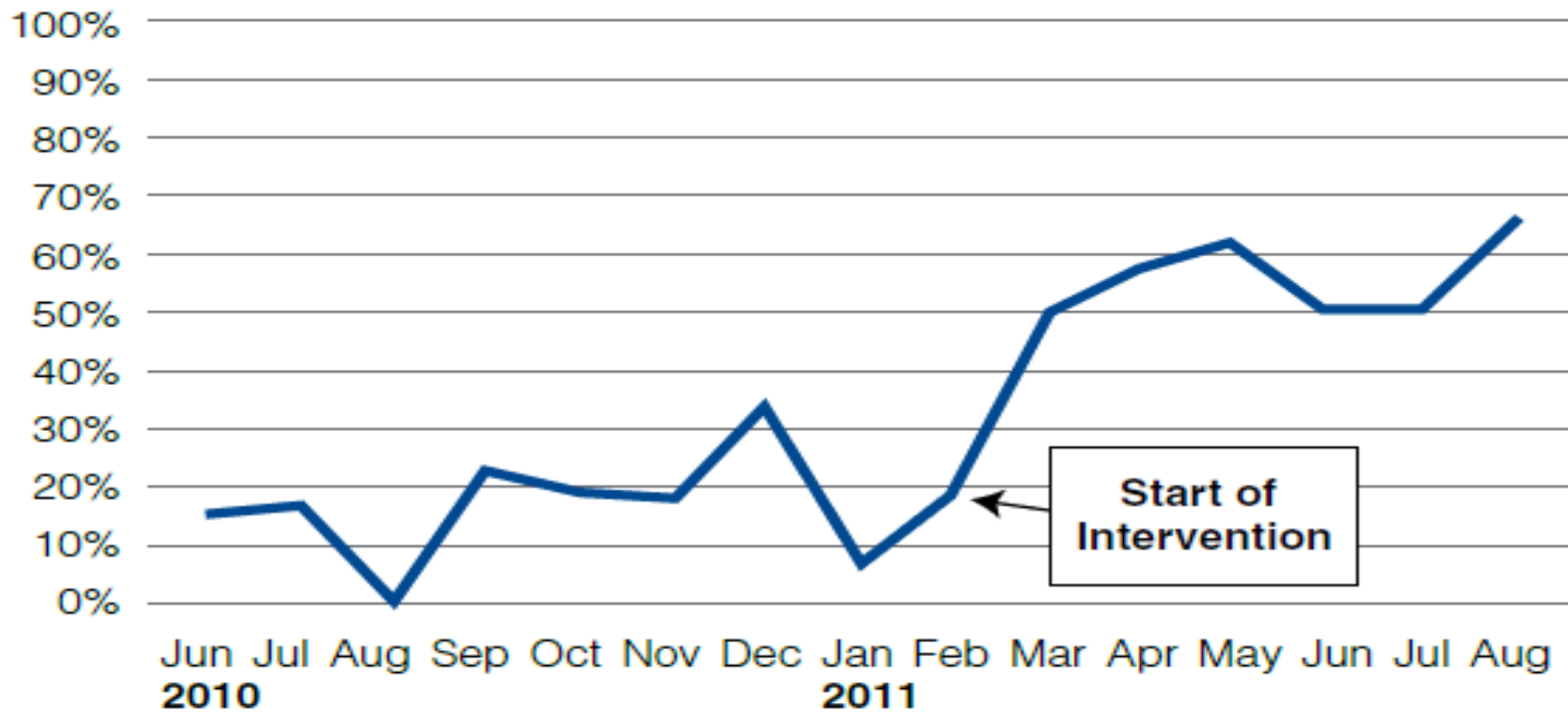
Measuring the effectiveness of interventions

Examples from other projects

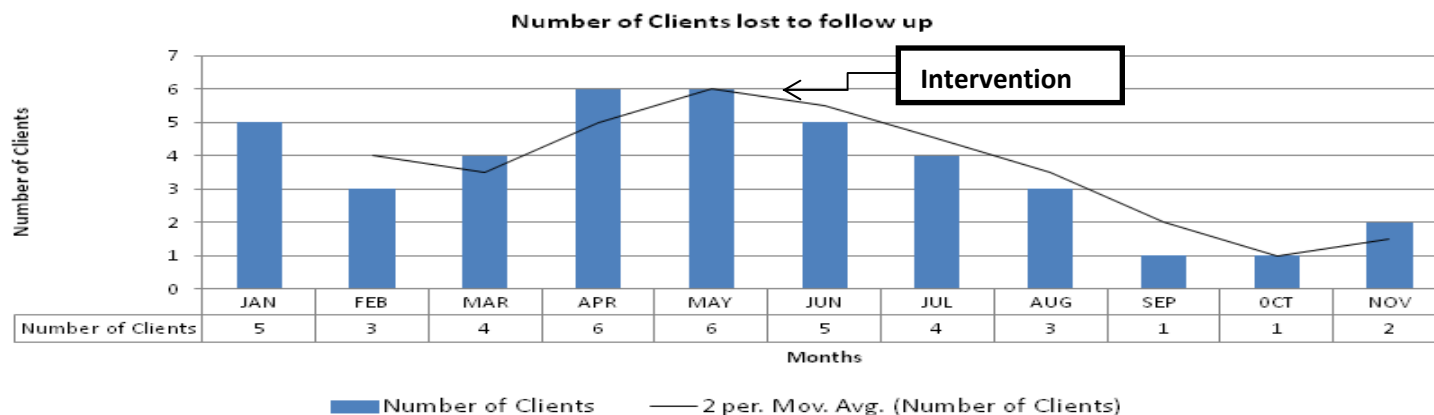
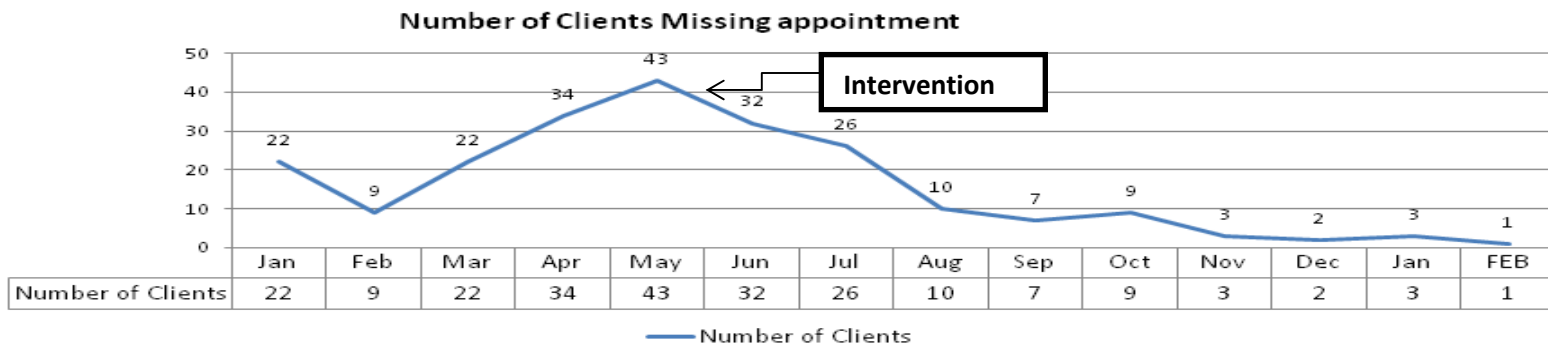


Improving enrollment of HIV patients in care using continuous quality improvement, Uganda

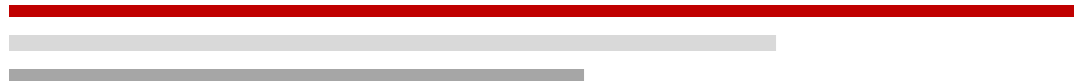
Figure 2. Percentage of TB/HIV patients enrolled into HIV care at 5 facilities, June 2010 – August 2011



Reducing missed appointments and number of lost clients through community tracking using peer clients and zoning to ease follow-up: Pallisa District, Eastern Uganda

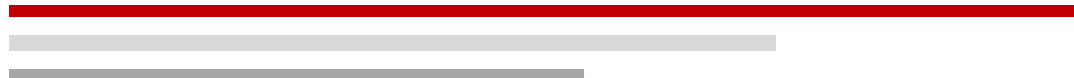


SPNS/NY Links collaborative measures



Overview – NY Links collaborative measures

- Purpose of NY Links Measures: to monitor the progress and impact of the New York Links collaborative efforts to improve linkage to and retention in HIV clinical care
- Frequency: Every 2 months
- Domains:
 - Linkage
 - New client clinical engagement
 - New patient retention
 - Clinical engagement
 - Retention
- WNY 1st submission due date was August 1st 2012

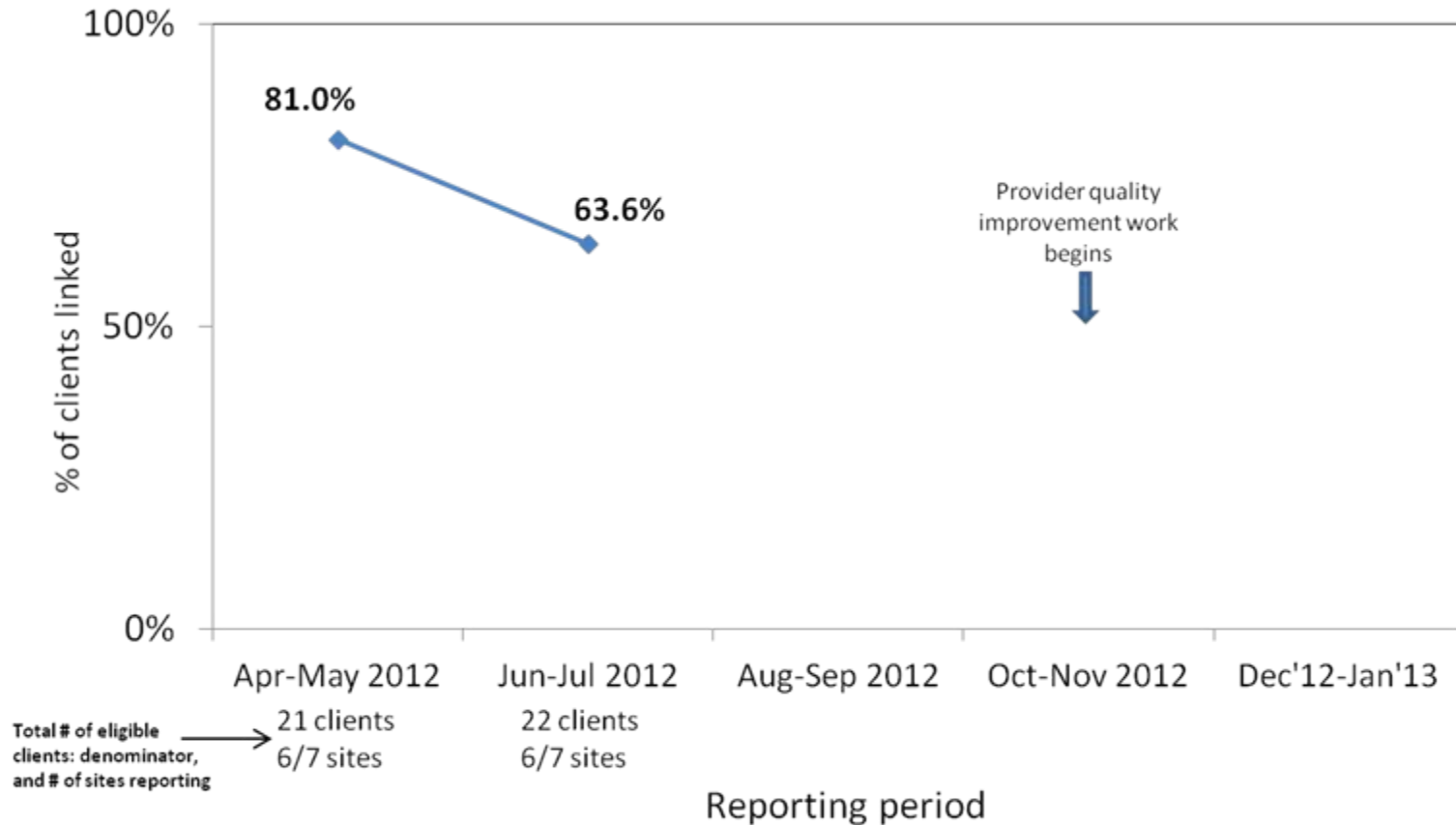


% of WNY sites submitting data on collaborative measures

Measure	# of sites that have submitted data		# of sites expected to submit data	% sites reporting	
	Aug 2012	Oct 2012		Aug 2012	Oct 2012
Linkage	6	6	7	86%	86%
Retention	6	7	7	86%	100%
New patient retention	5	5	6	83%	83%
Clinical engagement	6	3	11	55%	28%
New client clinical engagement	5	5	12	42%	42%

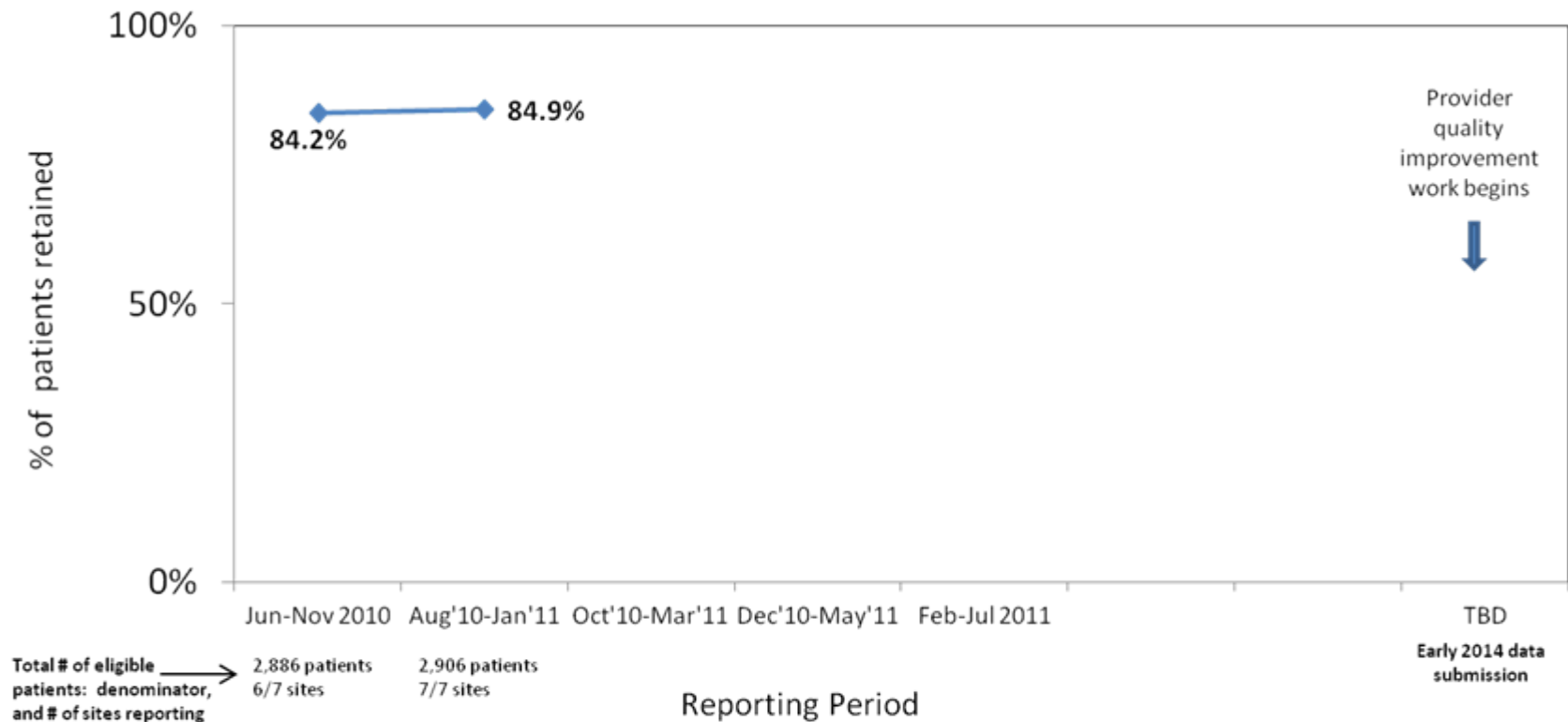
Anticipated total number of participating WNY sites: 18

WNY—Linkage to care: proportion of newly diagnosed clients linked to care within 30 days



Linked to care: defined as having had an HIV clinical care visit within 30 days of the date of confirmatory HIV test result. Each data point represents the aggregate bi-monthly data submission from August -October 2012.

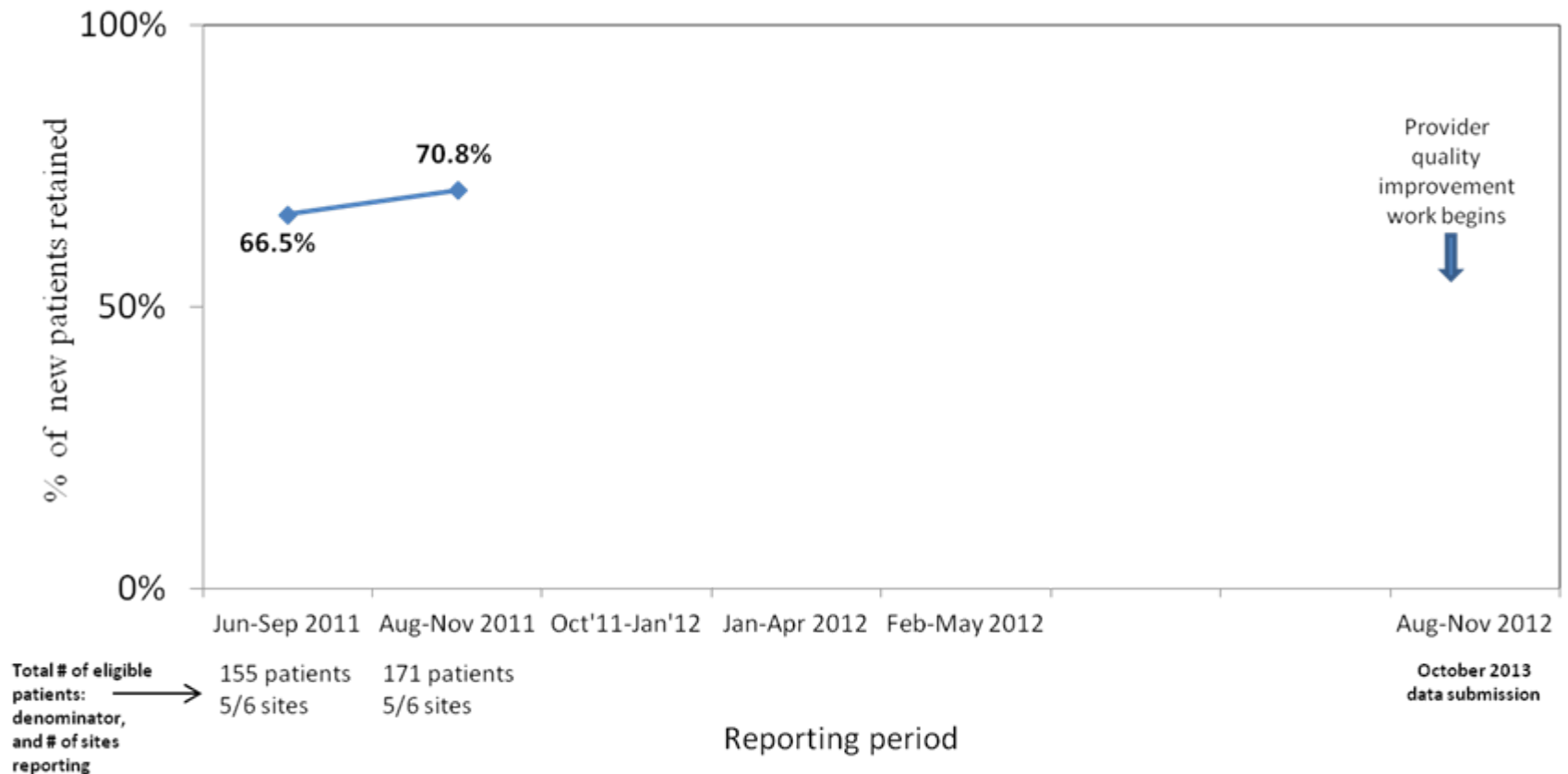
WNY—Retention: proportion of patients retained in care



Retained: Number of patients with at least one HIV clinical care visit during the first six 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 medical visit in a 6-month period and the last medical visit in the subsequent 6-month period is required.

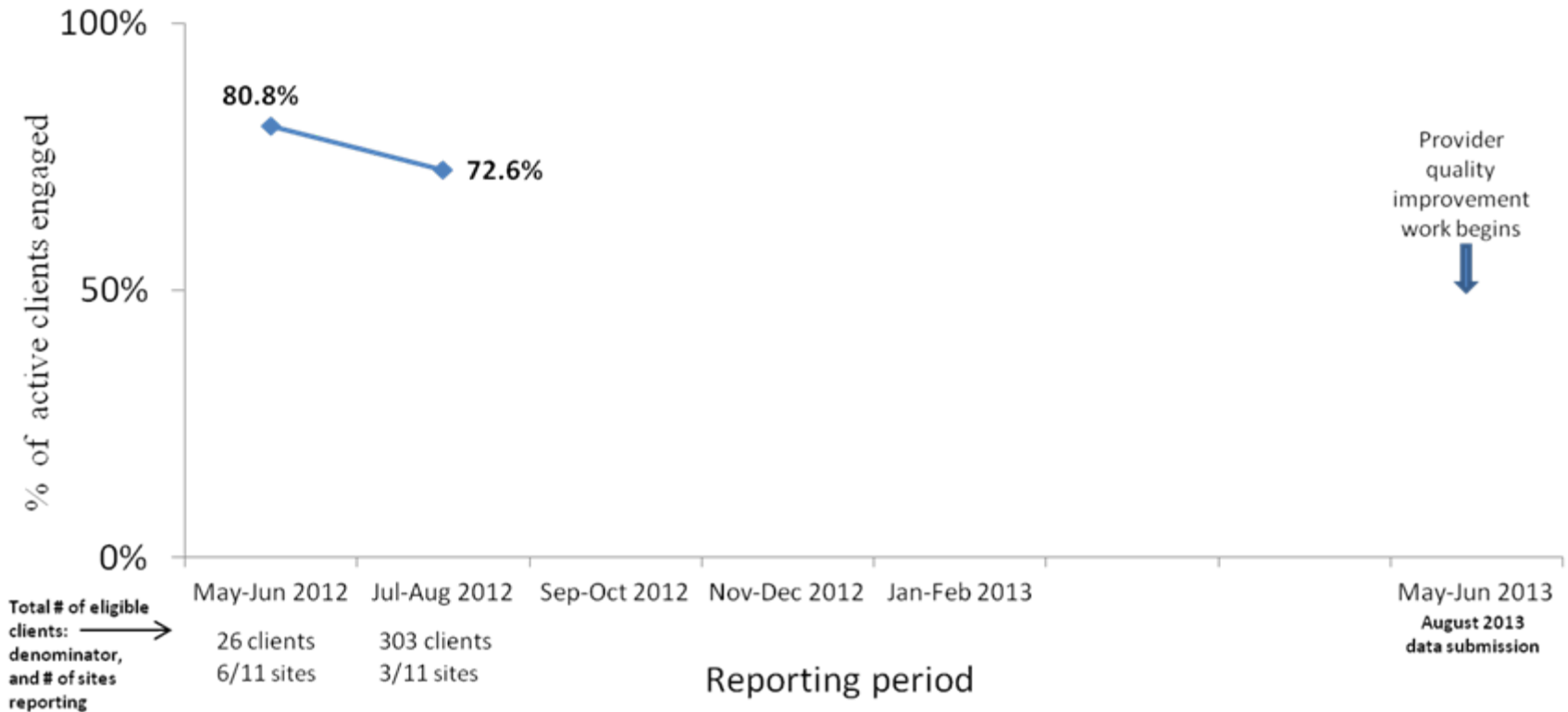
Each data point represents the aggregate bi-monthly data submission from August -October 2012

WNY—New patient retention: proportion of new patients retained in care



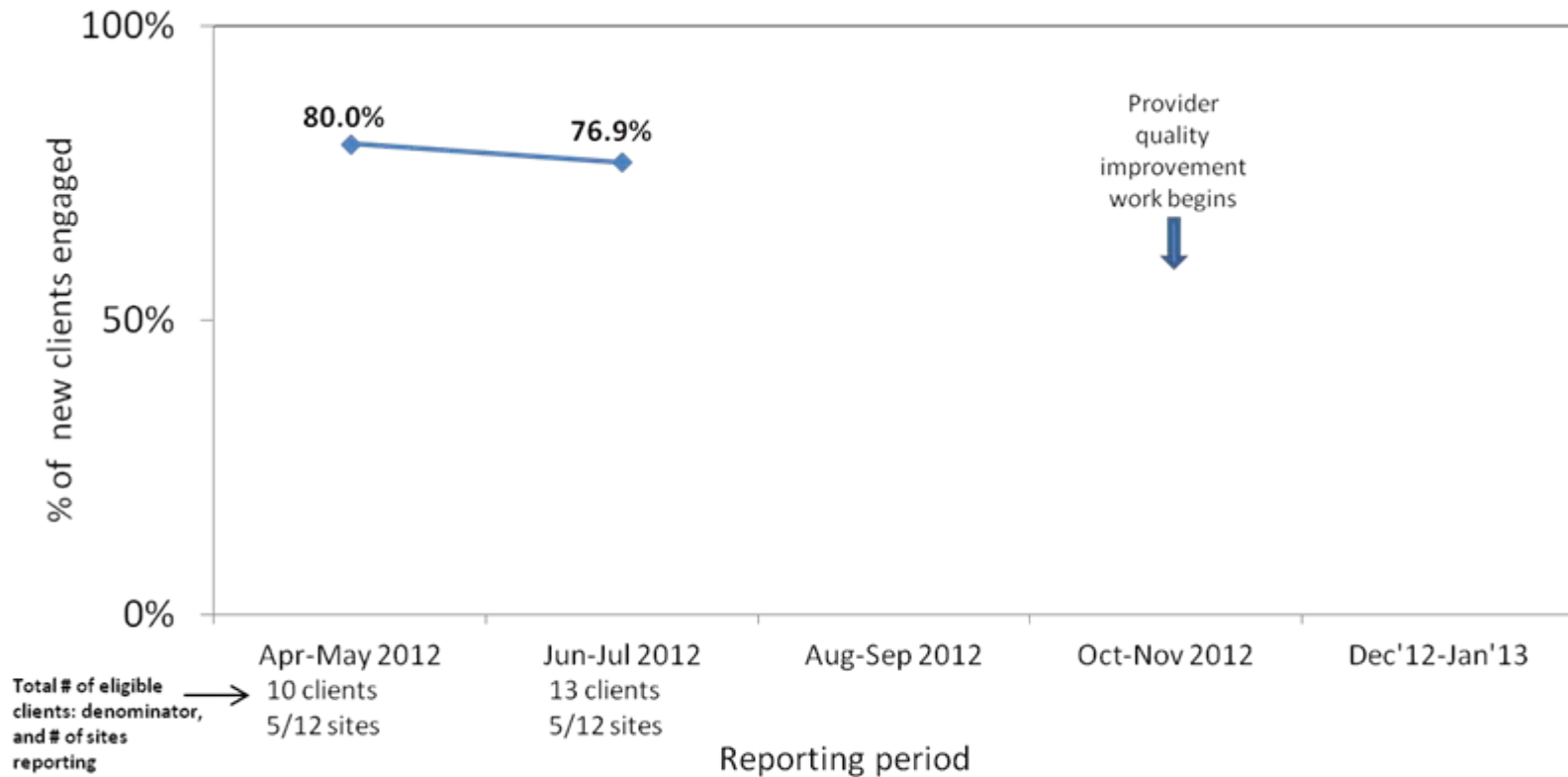
Retained: the number of new patients who had at least one HIV clinical care visit in each 4-month period of the measurement period.
 -Each data point represents the aggregate bi-monthly data submission from August-October 2012.

WNY—Clinical engagement: proportion of clients engaged in care



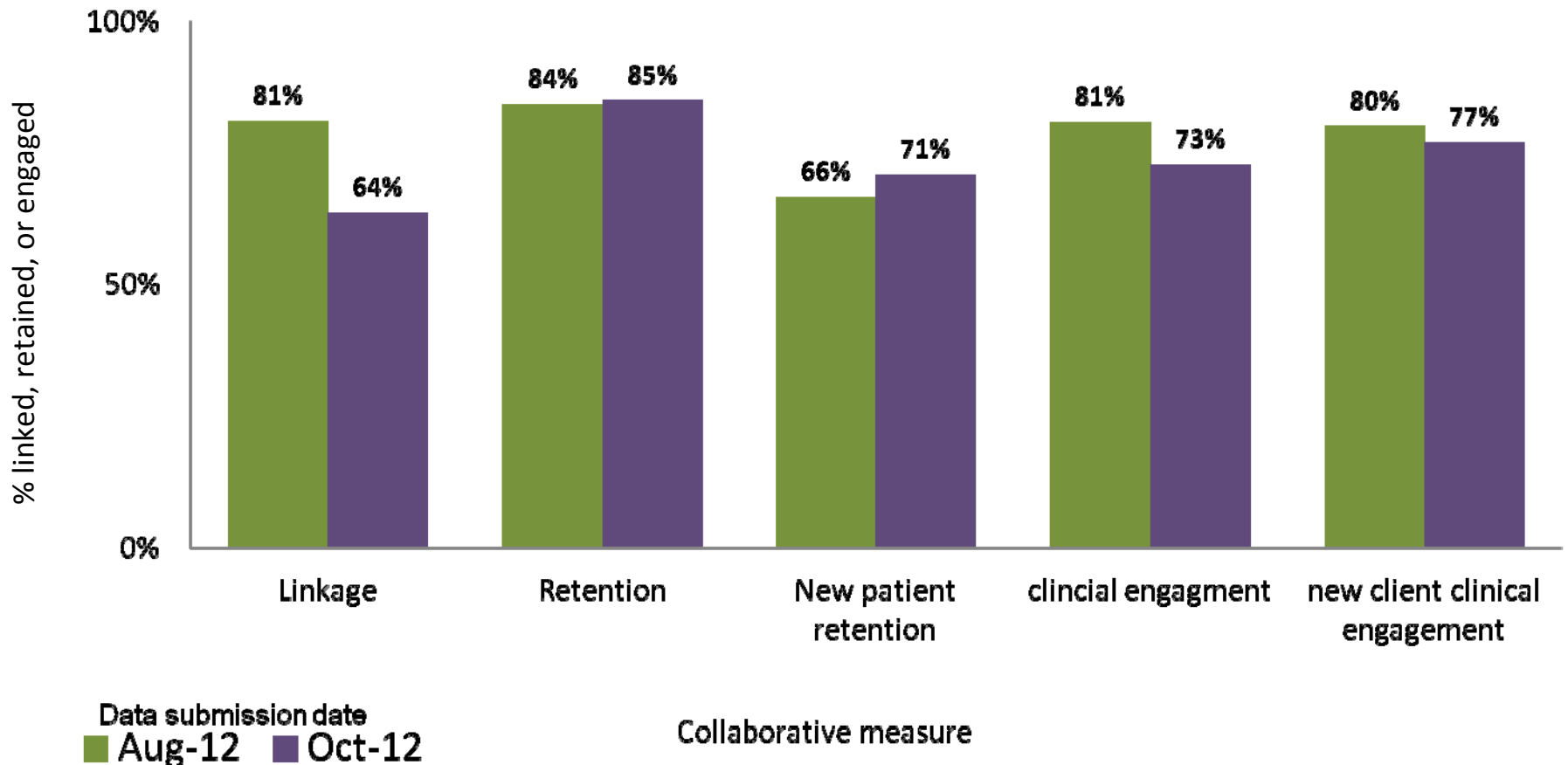
Engaged: Number of active HIV clients/patients, who had a supportive service, general medical, or dental visit within the 2-month reporting period, who had a documented or self-reported HIV clinical care visit within the prior 6-month period.
 -Each data point represents the aggregate bi-monthly data submission from August-October 2012.

WNY—New client clinical engagement: proportion of new clients engaged in care

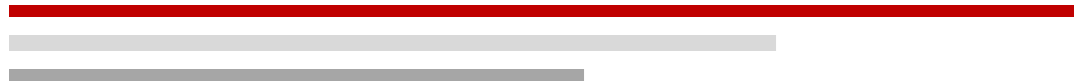


Engaged: Number of new clients/patients to the supportive service, general medical, or dental program in the reporting period, without a documented or self-reported HIV clinical care visit within the prior 6-months, who subsequently had at least one HIV clinical care visit with a provider with prescribing privileges within 30 days of enrollment in the supportive service program.
 -Each data point represents the aggregate bi-monthly data submission from August -October 2012.

WNY summary of collaborative measure results: percentage of clients linked, retained or engaged in care, data through Oct. 2012 submission date



SPNS/NY Links Bi-monthly Evaluation Slide Set



Dissemination of information

- **Purpose:** to summarize the results of data reported/used in the monitoring and evaluation of the New York Links Initiative
- **Frequency:** will be updated bi-monthly, shortly after the SPNS performance measure submission due dates
- **Domains:**
 - Will include summary and trend statistics from performance measures, NY City & State surveillance data, Evaluation site surveys, and possibly AIRS & HIVQUAL

NY Links data sources

Data Source	Frequency of data generated for NY Links evaluation	Updated in this Slide Set
SPNS measures	Bi-monthly	Yes
Evaluation site surveys	Bi-monthly	Yes
HIV surveillance registry	Quarterly	No
AIDS Institute Reporting System (AIRS)	Undetermined	No
HIVQUAL database	Undetermined	No

Other related data sources

- NY Links website: <http://newyorklinks.org>
- NY Links database: http://newyorklinks.org/ny_database
- Site-specific measure reports: TBA

What's coming up next

- WNY performance measure 3rd submission due December 03, 2012
- Intervention strategy tracking tool: TBD

Thoughts/questions/comments on NY Links Collaborative Evaluation?

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