HRSA HIV/AIDS Bureau Special Projects of National Significance

Systems Linkages and Access to Care for Populations at High Risk for HIV Infection in New York State

Clinical Measures and Data Collection
July 25, 2012

Ground Rules for Webinar Participation

- Actively participate and write your questions into the chat area during the presentation(s)
- Discussion will occur throughout
- Do not put us on hold
- Mute your line if you are not speaking (press *6, to unmute your line press #6)
- Slides and other resources are available after the webinar

Meeting Objectives

- By the end of this session, participants will be able to:
  - explain the NY Links measures to their team.
  - collect data on all applicable measures.
  - submit data by the online data submission process on www.newyorklinks.org
  - understand how to drill down your data

Agenda

- **Opening, Introductions and Needs Assessment**
- **Review of Collaborative Measures and Questions**
- **Review and Discussion of Data Collection and Submission**
- **Drilling Down Data**
- **Announcements**

-*Second WNY Collaborative* Group Meeting- October, 2012

Webinar Style

- Interactive. We will check in with you for each of the different steps in understanding the Collaborative measures, data collection, and data submission. For those who are ready, the next step, “Drilling down the data,” is explained at the end.
- Peer exchange and learning from each other

Opening Remarks

Identify Participants' Needs

- Document: "Questions and Answers – Approaching Performance Measurement with NY Links" (www.newyorklinks.org/database western new york, WNYSJune 12th Kick-off Learning Session Resources, 2012.06.29 WNYS Collaborative Q&A).
- Participants' questions/concerns for today

Review of Collaborative Measures and Questions/Discussion

NY Links Measures

The following measures will be collected and reported in aggregate by all NY Links participating HIV clinical, general medical, and supportive service providers and should capture all patients/clients with a diagnosis of HIV/AIDS, regardless of age or funding source of services.

Brief Overview of NYS Links Measures

Measure	Agency Type
Linkage	All Programs that Conduct HIV Testing
Retention	HIV Clinical Care
New Patient Retention	
Clinical Engagement	Supportive Services, General Medical & Dental
New Client Clinical Engagement	

in +care

NY Links

AIDS INSTITUTE
New York State Department of Health

Performance Measurement Expectations

- Self reporting of NY Links measures every 2 months
- Submission of performance measurement data to NY Links online data basis (www.newyorklinks.org/database)

Important Definitions and Terminology

- An **HIV clinical care visit** is defined as a visit with a medical provider with prescribing privileges.
- A **provider with prescribing privileges** is a health care professional who is licensed in their jurisdiction to prescribe ARV therapy (i.e., physician, physician assistant, and/or nurse practitioner).
- **New patients** are those who are:
  - newly diagnosed with HIV/AIDS and new to HIV medical care
  - patients new to HIV medical care (previously diagnosed with HIV/AIDS and never received HIV medical care)
  - patients returning to HIV medical care after a 2-year absence (patients reengaged by the same organization).

Important Definitions and Terminology

- **Reporting period** is the time span used to construct the denominator for a measure. Reporting periods are measure-specific.

- **Measurement period** is the time span used to construct the numerator for a measure. Measurement periods are also measure-specific.

- **Patient/Client Exclusions**

1. Patients who are documented to be deceased at any time in the measurement period
2. Patients who were incarcerated for greater than 90 days of the measurement period
3. Patients who relocated out of the service area or transferred medical care at any time in the measurement period

Linkage to Care

LINKAGE to care among newly diagnosed persons

Measure	Percentage of newly diagnosed patients in the reporting period who had their first HIV primary care visit within 30 days of the date of their confirmatory HIV test result
Numerator	Number of newly diagnosed patients in the reporting period who had their first HIV primary care visit within 30 days of the date of their confirmatory HIV test result within the measurement period
Denominator	Number of newly diagnosed patients within the reporting period
Additional Note	
Linkage of a patient to another institution such as a mental health inpatient unit, drug detox program, or correctional facility would, for purposes of this measure, count as “linkage”. Ongoing efforts to assure engagement and retention or a follow-up linkage to an outpatient program are not the responsibility of the primary referring entity.	

ALL Sites that Conduct HIV Testing

LINKAGE

% of Clients with 1st HIV Clinical Care Visit within 30 Days of Diagnosis

MEASUREMENT PERIOD 3 Months			SUBMISSION DUE DATE
REPORTING PERIOD 2 months during which new diagnoses are counted (denominator)		30 days to allow linkage to primary care	
MEASUREMENT PERIOD & REPORTING PERIOD START DATE	REPORTING PERIOD END DATE	MEASUREMENT PERIOD END DATE	
04/01/12	05/31/12	**07/01/12**	**08/01/12**
06/01/12	**07/31/12**	**08/31/12**	**10/01/12**
08/01/12	09/30/12	**11/01/12**	**12/03/12**

NY-Links

New York State Department of Health AIDS INSTITUTE

1. Linkage to Care

Data Elements
Does the patient have a diagnosis of HIV/AIDS (yes/no) • Does the patient have a new positive HIV confirmatory Test? (y/n) Date of test •If yes, was the patient connected to HIV primary care? (y/n) Date of HIV clinical care visit •If yes, was the client/patient linked to care within 30 days of confirmatory HIV test result? (y/n)

Clinical Collaborative Measures

RETENTION Global Retention Measure

Measure	Percentage of patients with at least one 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 with a minimum of 60 days between medical visits
Numerator	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 -month period is required.
Denominator	Number of patients with at least one visit during the first six months of the 24-month measurement period

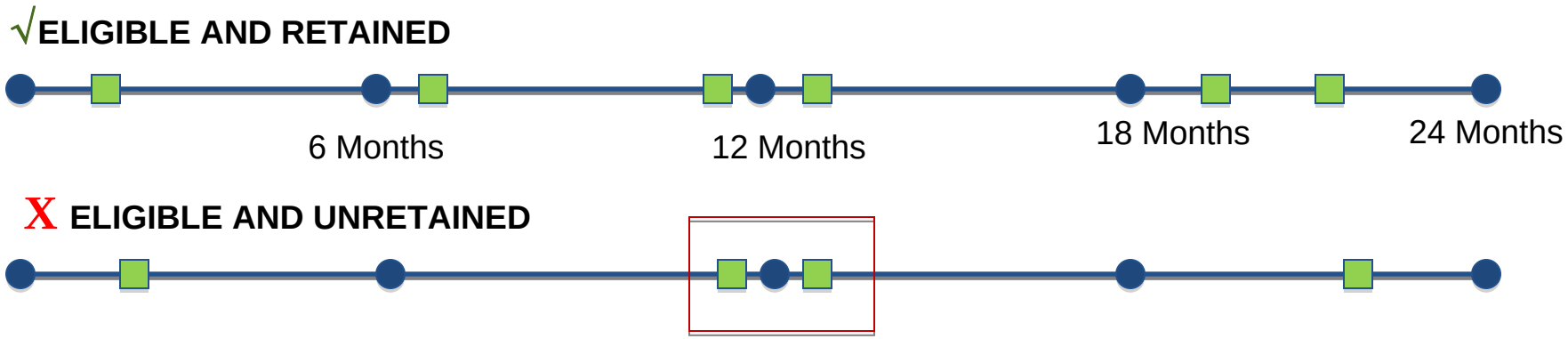
RETENTION Retention Measure

% of patients w/ at least one HIV clinical care visit in the 1st 6 months of the 24 month measurement period, who have a subsequent visit every 6 months thereafter (w/ a minimum of 60 days between visits).

MEASUREMENT PERIOD 24 Months								
REPORTING PERIOD 6-Month Period 1 During which active patients are counted (denominator)		**6-Month Period 2**		**6-Month Period 3**		**6-Month Period 4**		**SUBMISSION DUE DATE**
MEASUREMENT PERIOD & REPORTING PERIOD START DATE	PERIOD 1 END DATE	PERIOD 2 START DATE	PERIOD 2 END DATE	PERIOD 3 START DATE	PERIOD 3 END DATE	PERIOD 4 BEGINS	**MEASUREMENT PERIOD END DATE**	
06/01/10	11/30/10	12/01/10	05/31/11	06/01/11	11/30/11	12/01/11	**05/31/12**	**08/01/12**
08/01/10	01/31/11	02/01/11	07/31/11	08/01/11	01/31/11	02/01/11	**07/31/12**	**10/01/12**
10/01/10	03/31/11	04/01/11	09/30/11	10/01/11	03/31/11	04/01/11	**09/30/12**	**12/03/12**

RETENTION

Visualizing the global retention measure



- 24 Month Measurement Period
- At least one visit per six month period
  - A minimum of **60 days** between the first medical visit in one 6-month period and the last medical visit in the subsequent 6-month period

2A. Retention Measure

Data Elements

Does the patient have a diagnosis of HIV/AIDS? (Yes/No)

- Did the patient have at least one HIV clinical care visit in the first 6 months of the 24-month measurement period? (y/n)

Date of visit

If yes, did the patient have at least one HIV clinical care visit in each 6-month period of the remaining 18-months of the measurement period? y/n

Dates of visits in each of the three 6 month periods

*There is a required 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

NEW PATIENT RETENTION

Measure	Percentage of new patients who have their initial HIV primary care medical visit during their first four months of the 12-month measurement period who had an HIV clinical care visit in each of the subsequent 4-month periods in the measurement period
Numerator	Number of new patients who had at least one HIV clinical care visit in each 4-month period of the measurement period
Denominator	Number of patients who were new to the clinic AND had at least one HIV clinical care visit in the first 4 months of the measurement period

NEW PATIENT RETENTION

% of patients with their initial visit within the first 4 months of the 12 month measurement period who have a subsequent visit each 4 month period thereafter.

MEASUREMENT PERIOD 12 Months			**SUBMISSION DUE DATE**
REPORTING PERIOD 4-Month Period 1 During which active patients are counted (denominator)	**4-Month Period 2**	**4-Month Period 3**	

MEASUREMENT & REPORTING PERIOD START DATE	PERIOD 1 END DATE	PERIOD 2 START DATE	PERIOD 2 END DATE	PERIOD 3 START DATE	MEASUREMENT PERIOD END DATE	
06/01/11	09/30/11	10/01/11	01/31/11	02/01/12	**05/31/12**	**08/01/12**
08/01/11	11/30/11	12/01/11	03/31/12	04/01/12	**07/31/12**	**10/01/12**
10/01/11	01/31/12	02/01/12	05/31/12	06/01/12	**09/30/12**	**12/03/12**

2B.New Patient Retention

Data Elements

- Does the patient have a diagnosis of HIV/AIDS? (Yes/no)

Was the patient new to the clinic AND had at least one HIV clinical care visit in the first 4 months of the measurement year? y/n

Date of visit(s)

If yes, did the patient have at least one HIV primary care visit in each of the subsequent 4-month periods in the measurement year? y/n

*New patients" are those who are: newly diagnosed with HIV/AIDS and new to HIV medical care; patients new to HIV medical care (previously diagnosed with HIV/AIDS and never received HIV medical care); or patients returning to HIV medical care after a 2-year absence (patients re-engaged by the same organization).

Supportive Services Collaborative Measures

CLINICAL ENGAGEMENT

SUPPORTIVE SERVICES GENERAL MEDICAL

Measure	Percentage of active HIV clients/patients with a supportive service visit/general medical encounter during the reporting period who have a documented or self-reported HIV primary care visit within the prior 6-month period
Numerator	Number of active HIV positive clients/patients, who had a supportive service visit/ general medical encounter within the 2-month reporting period, who had a documented or self-reported HIV primary care visit within the prior 6-month period
Denominator	Number of active HIV positive clients/patients who had a supportive service visit/ general medical encounter within the 2-month reporting period

CLINICAL ENGAGEMENT

SUPPORTIVE SERVICES GENERAL MEDICAL

% of active clients with a supportive service/general medical encounter within the 2 month reporting period who had a primary care visit in the prior 6 month period

MEASUREMENT PERIOD 8 Months		
Up to 6 months prior: Review if client from the reporting period had a documented/self-reported primary care visit	**REPORTING PERIOD** 2 months: HIV clients/patients with a Supportive Service and/or General Medical visit (denominator)	**SUBMISSION DUE DATE**

MEASUREMENT PERIOD START DATE	REPORTING PERIOD START DATE	MEASUREMENT AND REPORTING PERIOD END DATE	
11/01/11	05/01/12	**07/01/12**	**08/01/12**
01/01/12	07/01/12	**08/31/12**	**10/01/12**
03/01/12	09/01/12	**11/01/12**	**12/03/12**

NYC-Links

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3A. Clinical Engagement Measure

Data Elements

Does the client/patient have a diagnosis of HIV/AIDS? (no/yes)

- Does the client/patient have a documented supportive service visit or general medical encounter within the reporting period? y/n

Date of supportive service visit/general medical encounter

Does the client/patient have a documented HIV primary care visit within the measurement period? y/n

Date of documented or self-reported HIV primary care visit.

NEW CLIENT/PATIENT CLINICAL ENGAGEMENT

SUPPORTIVE SERVICES GENERAL MEDICAL

Measure	Percentage of new clients/patients without a documented HIV primary care provider that have an HIV clinical care visit within 30 days of enrollment/first visit in the supportive service or general medical program
Numerator	Number of new clients/patients in the reporting period, without a documented HIV clinical care provider or visit upon enrollment, who had at least one medical visit with a provider with prescribing privileges within 30 days of enrollment in the supportive service program
Denominator	Number of new patients within the reporting period

NEW CLIENT/PATIENT CLINICAL ENGAGEMENT

SUPPORTIVE SERVICES GENERAL MEDICAL

% of new clients seen in a supportive or general medical service within the 2 month reporting period, who do not have an HIV primary care provider or visit upon enrollment, linked to a primary care provider within 30 days of enrollment

MEASUREMENT PERIOD 3 Months			**SUBMISSION DUE DATE**
REPORTING PERIOD 2 months: New client/patients without documented HIV primary care provider (denominator)		30 days to allow linkage to primary care	
MEASUREMENT PERIOD & REPORTING PERIOD START DATE	REPORTING PERIOD END DATE	MEASUREMENT PERIOD END DATE	
04/01/12	05/31/12	**07/01/12**	08/01/12
06/01/12	07/31/12	**08/31/12**	10/01/12
08/01/12	09/30/12	**11/01/12**	12/03/12

3B. New Client Clinical Engagement Measure

Data Elements

Does the client/patient have a diagnosis of HIV/AIDS? Yes/No

- Does the new client/patient have a documented HIV clinical care provider OR a documented date of HIV clinical care provider visit? Yes/no

  Date of enrollment/first visit

- If No, was the patient connected to HIV clinical care? (yes, no)

  Date of HIV clinical care visit

  Was the client/patient linked to care within 30 days of enrollment?

Data Collection

Data Collection

How did you collect your data?
What challenges did you or do you face?
How did you address them?

New Client Clinical Engagement Measure															
STEPS FOR USING THIS TOOL:															
1. Enter client information for all **NEW** clients during the review period. The fields included are only suggestions.															
2. Enter the date of their first visit during the review period															
3. Identify if the client has a documented HIV primary care provider upon their first visit using "Yes" or "No"															
4. If the client does not have a documented HIV primary care provider, enter the date of the first HIV primary care visit. If no visit has been documented, write "n/a"															
5. The yellow section of the tool will make the calculations necessary to determine the numerator and denominator. This information can be submitted in the online database tool.															
										NOTE: IF CELL SAYS "#VALUE!", DISREGARD					
New Client Information									**Enter Measure Components**		**TEMPLATE WILL CALCULATE-DO NOT ALTER CELL FORMULAS**				
Client #	**First Name**	**Last Name**	**Middle Initial**	**D.O.B.**	**Ethnicity**	**Gender**	**Risk Category**	**Date of First Visit During the Reporting Period "mm/dd/yyyy"**	**Documented HIV Primary Care Provider? (Yes/No)**	**If NO, date of first HIV primary care visit. [if no visit-write n/a] "mm/dd/yyyy"**	**Number of Days to Link to Primary Care**	**Linkage ≤ 30 days?**	**DENOMINATOR:** Number of New Patients within the reporting period	**NUMERATOR:** Number of new clients/patients in the reporting period, without a documented HIV primary care provider or visit upon enrollment, who had a least one medical visit with a provider with prescribing privileges within 30 days of enrollment in the supportive service program	**Measure**
A123	First 1	Last 1						12/2/11	No	2/27/12	87	No	4	2	50.00%
B123	First 2	Last 2						12/15/11	No	1/4/12	20	Yes			
C123	First 3	Last 3						12/17/11	Yes	n/a	#VALUE!	#VALUE!			
D123	First 4	Last 4						1/27/12	No	n/a	#VALUE!	#VALUE!			
E123	First 5	Last 5						12/5/11	No	12/15/11	10	Yes			
											0	No			

Clinical Engagement Measure

STEPS FOR USING THIS TOOL:

1. Enter client information for all clients with at least one visit at the supportive service or general medical program during the two-month review period. The "client information" fields included are only suggestions.
2. Enter the date of their first visit during the review period.
3. Enter the date of last documented or self-reported HIV Primary Care visit during the measurement period ("mm/dd/yyyy"). If there is no documented visit-write n/a.
4. The yellow section of the tool will make the calculations necessary to determine the numerator and denominator. This information can be submitted in the online database tool.

NOTE: IF CELL SAYS "#VALUE!", DISREGARD

TEMPLATE WILL CALCULATE-DO NOT ALTER CELL FORMULAS

Client Information								Enter Measure Components						
Client #	First Name	Last Name	Middle Initial	D.O.B.	Ethnicity	Gender	Risk Category	Date of Client's Visit During the 2 Month Reporting Period "mm/dd/yyyy"	Date of documented or self-reported HIV Primary Care visit during the measurement period [if no visit-write n/a] "mm/dd/yyyy"	Within 180 days?	**DENOMINATOR:** Number of active HIV positive clients/patients who had a supportive service visit or general medical encounter within the 2 month reporting period	**NUMERATOR:** Number of active HIV positive clients/patients who had a supportive service visit or general medical encounter within the 2 month reporting period, who had a documented or self-reported HIV primary care visit within the prior 6 months	Measure		
A123	First 1	Last 1						1/2/12	7/1/11	No	5	3	60.00%		
B123	First 2	Last 2						2/7/12	9/2/11	Yes					
C123	First 3	Last 3						2/15/12	n/a	#VALUE!					
D123	First 4	Last 4						1/31/12	10/11/11	Yes					
E123	First 5	Last 5						1/17/12	12/15/11	Yes					
										No					

Data Submission

Data Submission

Have you submitted your data online?
What challenges did you or do you face?
How did you address them?

Website at *newyorklinks.org*

NY Links

home about ny links upper manhattan western new york events

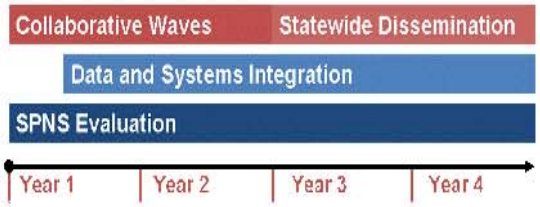
Welcome to NY Links

NY Links identifies innovative solutions for improving linkage to and retention in HIV care to support the delivery of routine, timely, and effective care for Persons living with HIV/AIDS 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. Region by region, we will utilize the learning collaborative model to fortify the links holding together communities of practice, and the links grounding them in the communities of consumers they serve.

This effort is a supported by the HRSA HIV/AIDS Bureau (HAB)-sponsored Special Projects of National Significance (SPNS) and the NYSDOH AIDS Institute.

NY Links Timeline

NY Links is a four year initiative with various components. The first two years will focus on establishing three successive "Waves" of collaboratives. The final two years will focus on conducting a statewide scale-up of strategies shown to have promise. Evaluation will through out the four years.



NY Links Measures Overview

Sign-in to database

Data Submission

Upcoming Events

UMRG Meeting
April 10, 2012, 10:00am - 5:00pm

Upper Manhattan Region Group Meeting
April 10, 2012, 9:00am – 5:00pm

Western New York Regional Group Webinar
May 4, 2012, 11:00am - 12:00pm

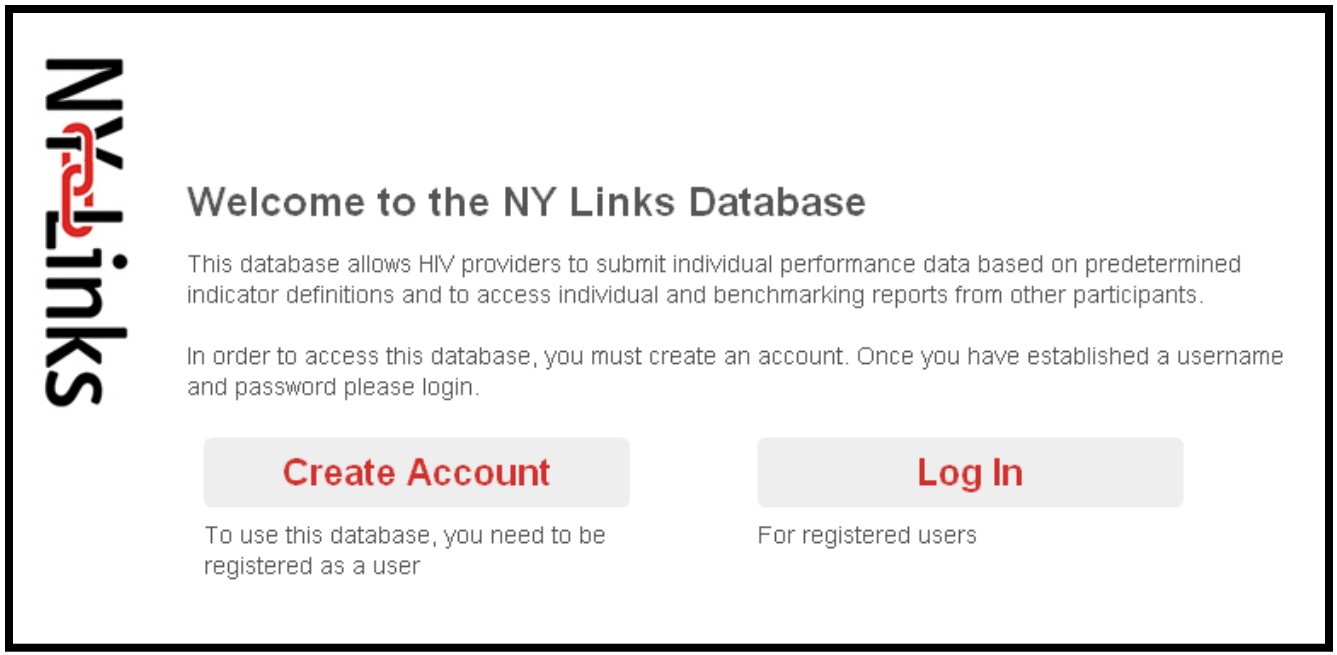
Popular Campaign Resources

CAREWare Build 594

HAVE QUESTIONS?

Have any questions for us on NY Links? Feel free to contact us! Please put 'Help' in the subject line.

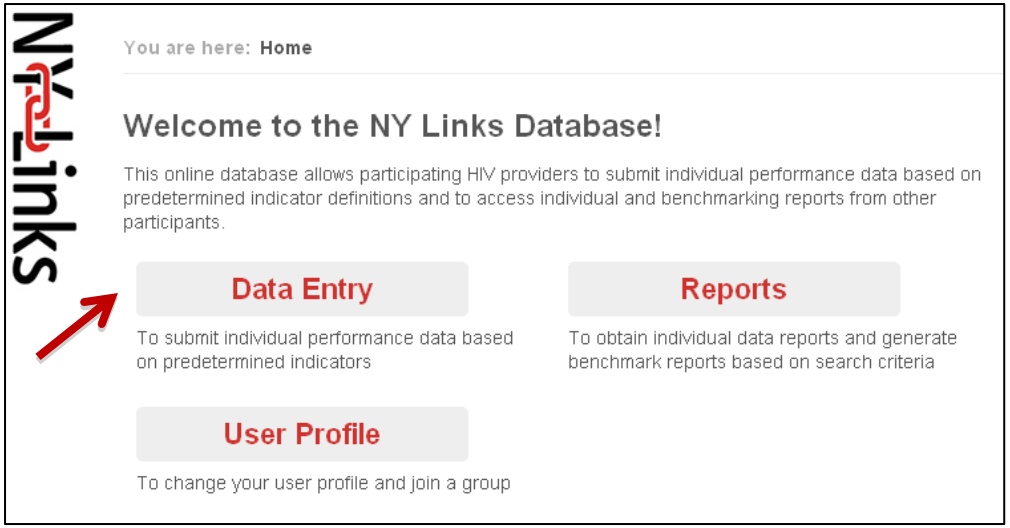
crs05@health.state.ny.us
212-417-4730



- Access to NY Links Database: NewYorkLinks.org/database/
- Online application allows agencies to self-report their performance data
- Immediate access
  - to individual scores trended over time
  - to benchmarking reports
  - to reports based on common search criteria

Data Entry

1



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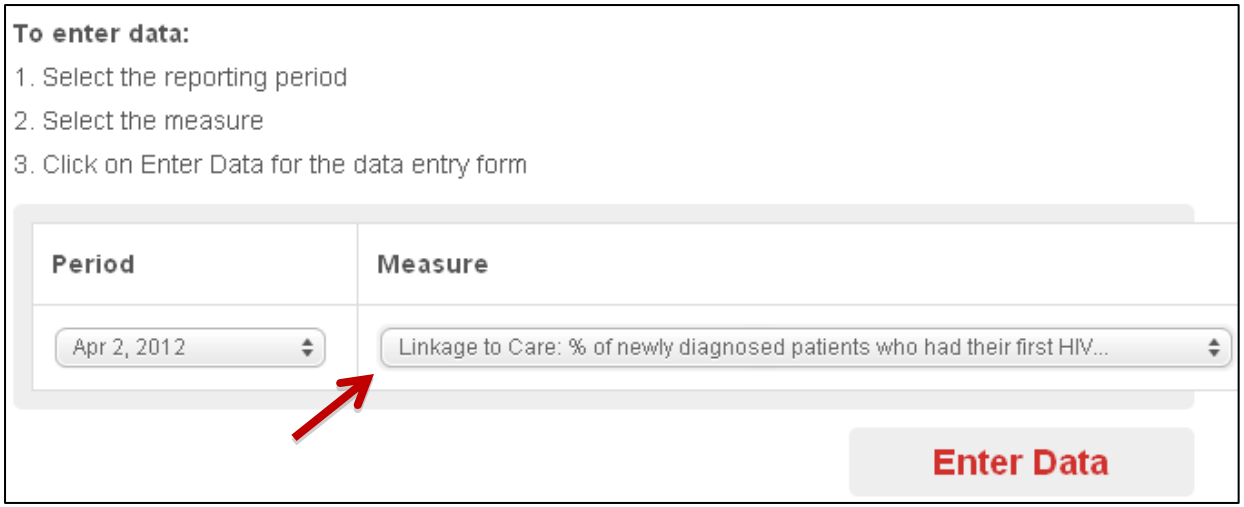
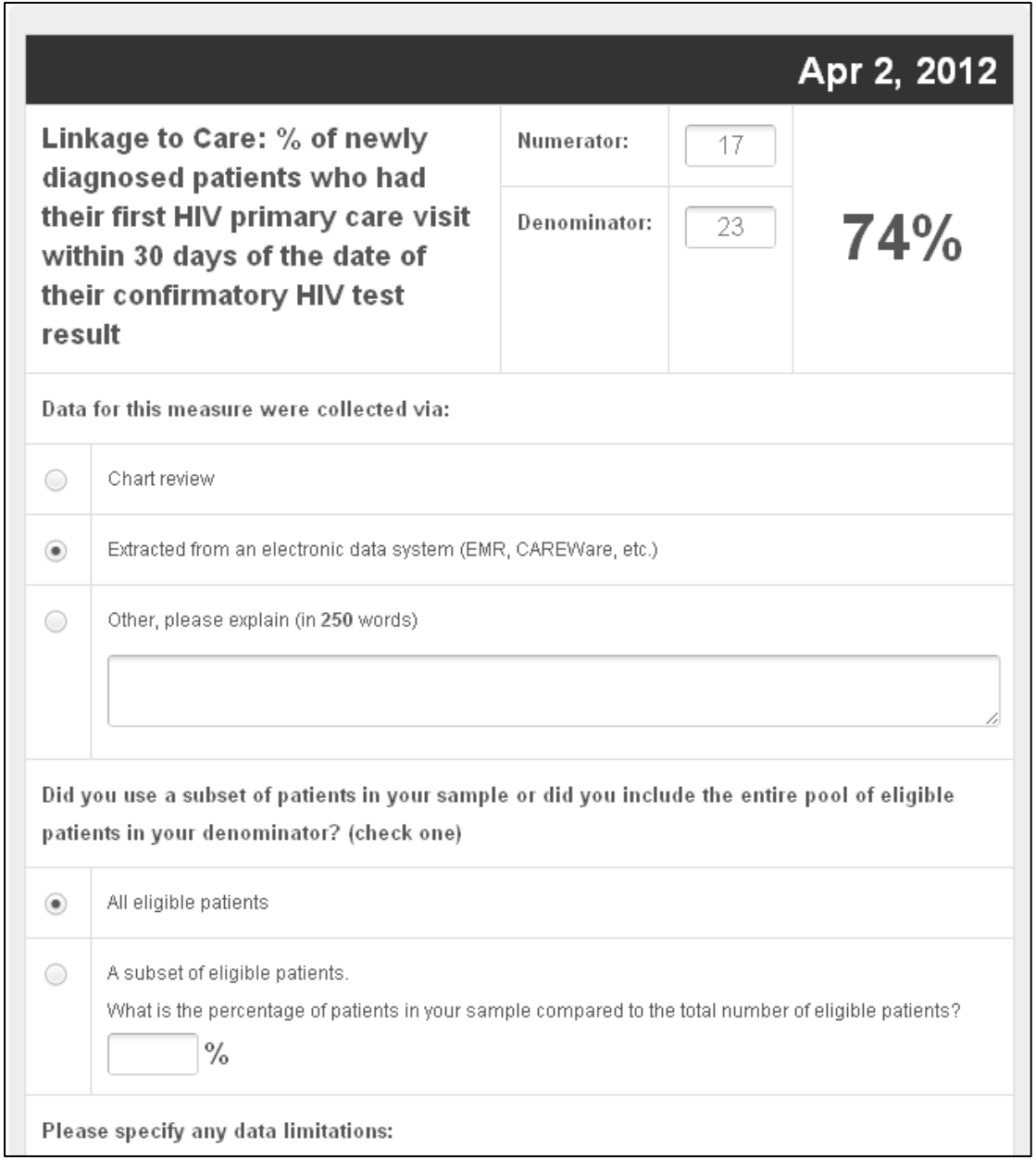


Data Entry

- Enter Numerator and Denominator
- Enter how measure was collected
- Describe patient pool
- Specify data limitations



NYCLinks

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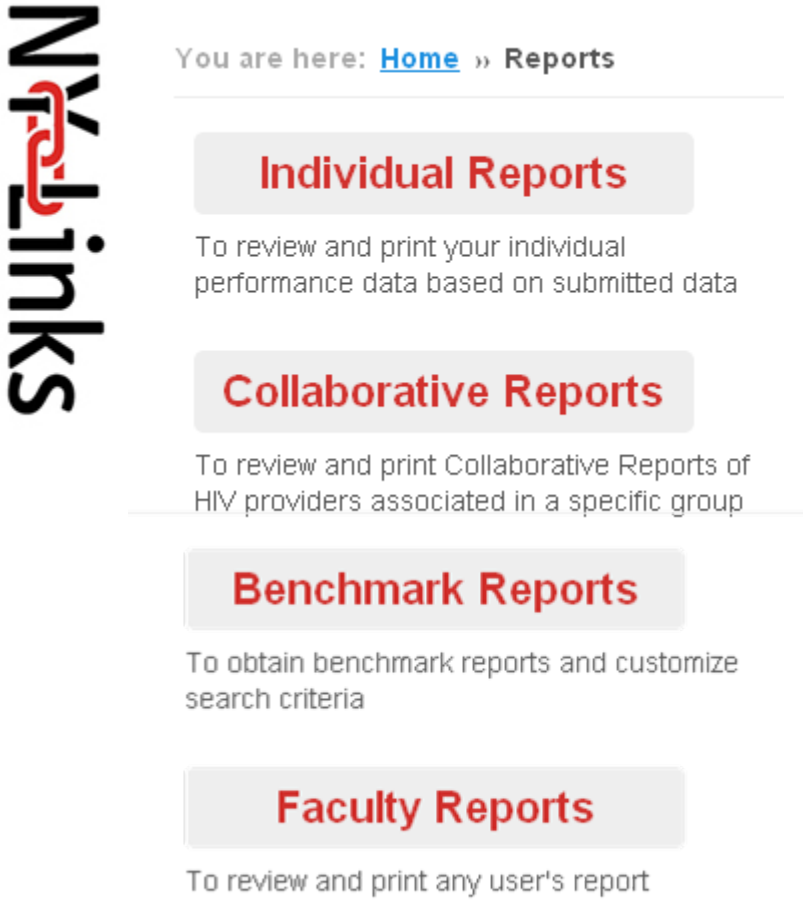
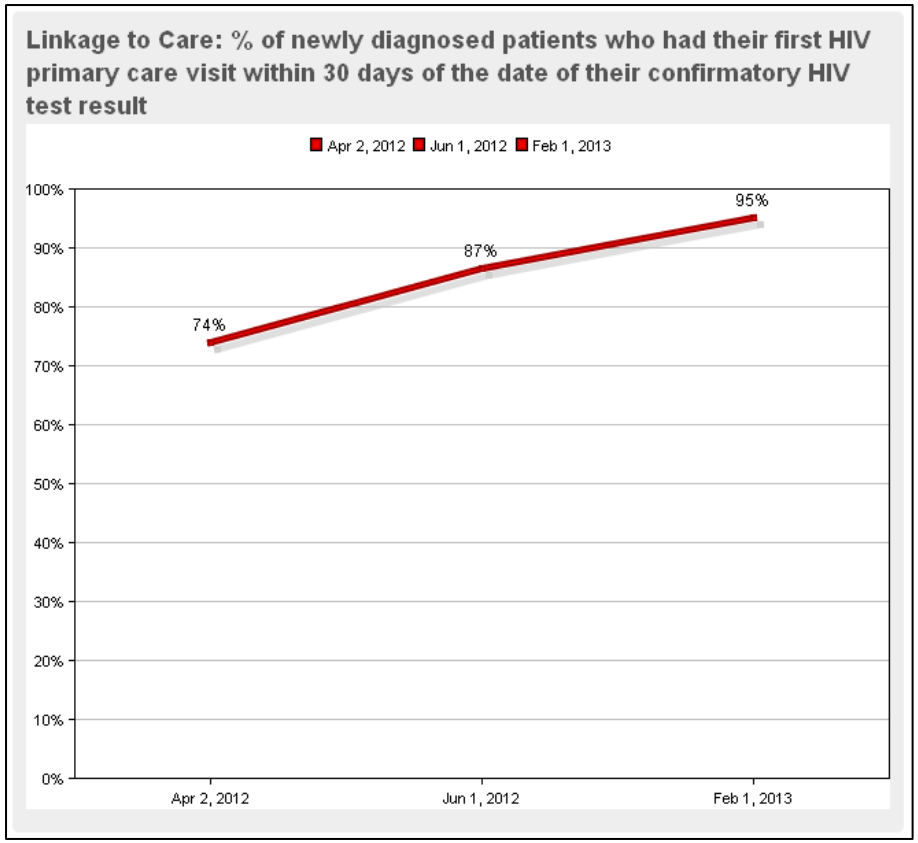
Data Reporting





Drilling Down Data

Steps

"Drilling down the data" can also be used as a causal analysis tool for patient level interventions.

1. Develop a list of patients that do not meet the measure (s).
2. Explain reasons for each patient.
3. Tally the reasons.
4. Develop a table.

Example: ECMC

Measure 2A: Global Retention- 85% Retained or 134 not retained

Reason	# of Pts	Reason	# of Pts
Returned to clinic at end of reporting period	42	Incarcerated <90 days – does not meet exclusion criteria	5
Unknown – change in contact info	18	Medically stable – feeling well	4
Alcohol/substance abuse	12	Disclosure/confidentiality concerns	3
Employment – work sched	10	Transportation	3
Mental Health barriers	8	Plans to relocate/transfer	2
Family obligations – care of others	8	Hospitalized off site- long admission	1
Dually located	6	Insurance instability	1
Disengaged – lack of buy-in	5	Ongoing utility/financial	1
		Other medical issues	1

WNYS Links Collaborative QI Training

September 11th
Rochester

September 12th
Buffalo

NY Links

New York State Department of Health AIDS INSTITUTE

2nd WNY Links Collaborative Meeting

October, 2012
Batavia, NY
9:30 am – 3:30 pm

NY-Links

New York State Department of Health AIDS INSTITUTE

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NY Links

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