

New York State Department of Health AIDS Institute HIV Quality of Care Clinical Advisory Committee – March 16, 2017

CAC Update – Dana Diamond provided a summary of the Consumer Advisory Committee Meeting held on Wednesday, March 15, 2017. Key highlights included discussions of consumer involvement in regional ETE steering committees, updates on the tobacco cessation campaign, stigma survey, STI subcommittee, and NY Links, the launch of the AIDS-related mortality subcommittee, access to hepatitis C medications, and the Living Cascade.

Mortality in HIV Infection: Monitoring Quality Outcomes – Dr. Steven Johnson delivered a presentation on the importance of monitoring HIV mortality as a measure of quality. Dr. Johnson presented the findings of several studies that have investigated HIV mortality, noting several factors associated with mortality including non-AIDS cancers, cardiovascular disease, HIV viremia copy-years, timing of ART initiation, and gender, racial, and geographic health disparities. It was also noted that other comorbidities common among PLHIV—including tobacco use, substance use, mental health diagnoses, and HCV infection—are well-documented contributors to premature mortality among PLHIV, and may be modifiable.

HIV-Related vs. Non-HIV-Related Deaths as Categorized in HIV Surveillance – Dr. James Tesoriero delivered a presentation on the use of NYSDOH surveillance data to differentiate HIV-related and non-HIV related mortality among PLHIV in New York State. Aggregated data from 2010-2014 found that 42% of deaths among PLWH were HIV-related. During this period, it was noted that there was a decline in the total number of deaths, driven by a 40% reduction in HIV-related deaths. A significant finding was that 33% of all deaths (both HIV-related and non-HIV-related deaths) were among PWID, who account for only 13% of all HIV cases in New York State.

Missed Opportunities: Adapting the HIV Care Continuum to Reduce HIV-Related Deaths – Rebekkah Robbins delivered a presentation on NYCDOHMH's HIV Mortality Reduction Continuum of Care, (HMRCC) a tool that was constructed to evaluate care patterns among PLHIV 15 months prior to death and identify possible areas of intervention to avoid premature mortality. Key results from analyses of HMRCC data revealed poverty-related disparities in HIV-related mortality among several groups, with men, Latinos, and IDUs experiencing the most significant disparities. Results also showed that while rates of retention were high among PLHV who died between 2007 and 2013, rates of viral load suppression were low, indicating a need to develop innovative strategies to ensure that retained patients reap the full benefits of care engagement.

Expanding HIV Testing and Finding the Undiagnosed: Challenges, Insights and Successes – Dr. Uriel Felsen presented on the new strategies being implemented by Montefiore Health System to expand HIV testing coverage and heighten testing yield. In response to this gap, a new testing strategy using EMR support was developed to target inpatients without documentation of an HIV test, and inpatients for whom HIV infection is a documented diagnostic consideration.

Results of a pre-post investigation found that the EMR-supported strategy led to increased testing rates among those with and without prior testing, and a nearly 3.5-fold increase in the likelihood of making a new diagnosis by screening.

What is Managed Care's Role in HIV Control? Some Lessons from an EtE Pilot – Drs. Jay Dobkin and Bill LaRock delivered a presentation on Visiting Nurse Service of New York (VNSNY)'s High Priority Project, an EtE pilot aimed to promote viral load suppression among VNSNY members. As part of the Project, Dr. Dobkin explained that VNSNY used pharmacy and lab data to stratify HIV-positive members as either (1) lost to follow up; (2) marginally engaged; or (3) engaged. Then, members received a tailored bundle of interventions depending on their level of engagement. Dr. LaRock discussed the peer-based outreach strategies being used by VNSNY, highlighting that the importance of care integration in identifying root causes of loss to follow up and devising strategies to ensure that members remain engaged.

Expanded Mortality Surveillance: Identifying Modifiable Factors and Validation of Mortality Data Sets – Dr. Sandy Schwarcz presented on expanded HIV mortality surveillance efforts being undertaken by the San Francisco Department of Public Health (SFPDH), with the aims of assessing the limitations of death certificate data, standardizing classification of underlying and contributory causes of death, and identifying modifiable factors associated with mortality among PLHIV. Dr. Schwarcz described the biases and limitations of death certificate data in assigning causes of death, and introduced a proposed protocol for adapting the Coding Cause of Death (CoDe) tool to standardize assignment of contributory causes of death among PLHIV. In the adapted tool, fields were added to assess factors such as poly-substance use, compliance with medical care, history of incarceration, history of suicide attempt or ideation, and receipt of hospice care, among others.

Pharmacy Subcommittee Updates – Maggie Brown delivered an update on pharmacy subcommittee activities. Ms. Brown shared that the subcommittee reconvened in January 2017 to discuss implementation strategies that had been accepted by the AIDS Advisory Council, and specifically how consumers would be engaged in realizing these strategies.

Tobacco Cessation Improvement Campaign Update - Kelly Hancock delivered an update on the tobacco cessation improvement campaign. Ms. Hancock shared that the campaign's website will be launched April 1, 2017, and will allow providers to enroll in the campaign and submit quarterly indicator data. Ms. Hancock also shared that the website will feature provider and consumer tobacco cessation toolkits, and monthly webinars for consumers engaged in the campaign.

For further information on this meeting, please contact Dan Ikeda at daniel.ikeda@health.ny.gov.