


Using Mortality (and Morbidity) Data to drive positive changes

Peter Meacher CMO Callen-Lorde


Since the days of Stonewall, Callen-Lorde has been committed to improving the health and wellness of LGBTQ people in New York and beyond. We have built upon our history to become a global leader in LGBTQ healthcare, providing the highest quality research, education, training and care, to provide direct service to those in need while training the future leaders in our fields.

STONEWALL UPRISING




1969-1970

St. Mark's Community Clinic and Gay Men's Health Project are founded to provide LGBT-sensitive, free health services – primarily related to sexual health – by volunteer clinicians and support staff.



1983

The Transgender Health and Education program is formed to provide resources and hormone care for transgender and gender non-conforming people one Saturday per month, one of the first of its kind in the country.




1985

CHP opens what is believed to be the nation's first community-based HIV primary care program in conjunction with Bellevue Hospital. In the evenings, CHP continues to operate volunteer-staffed health clinics.


1990

The Lesbian Health Program is established to provide support and healthcare, including a peer sexual health screening program, for lesbian and bisexual women one Saturday each month.




1995

CHP purchases a 27,000 sf building at 356 West 18th Street that will be its new primary care home and begins a gut renovation of the condemned facility.



1996

The FDA approves the first Anti-Retroviral Therapy for people living with HIV.



1998

On March 2, Community Health Project moves to 356 West 18th Street under a New York State Article 28 license and becomes the **Michael Callen-Audre Lorde Community Health Center**, dedicated to the memories of Michael Callen, HIV advocate, founding member of the acapella group The Flirtations, and founder of the People with AIDS Coalition, and Audre Lorde, poet laureate of New York State, health and human rights activist, and breast cancer survivor.

1999

Callen-Lorde is accepted into the federal 340B pharmacy purchasing program to offer low-cost prescription access to uninsured patients.

2002

Callen-Lorde launches an **Donor Insemination** program as well as a new **Transgender Care Coordination** program.

2003

operation, Callen-Lorde provides approximately **9,000 patient care visits** to 3,000 patients. Callen-Lorde applies for a designation as a Federally Qualified Health Center (FQHC) and is rejected.

2004

Callen-Lorde Community Pharmacy opens to the public and files 5,000 prescriptions a month during our first year of operation. The Affordable Care Act is passed into law.

2009

Callen-Lorde receives **Article 31 approval** to expand its mental health programming to include long term care.

2010

Callen-Lorde's **Dental Clinic** sees its first patients.

2012

Callen-Lorde opens its second location, the **Thea Spyer Center** at 230 West 17th St, a fully integrated mental health/medical practice.

2014

Callen-Lorde receives **Article 31 approval** to expand its mental health programming to include long term care.

2015

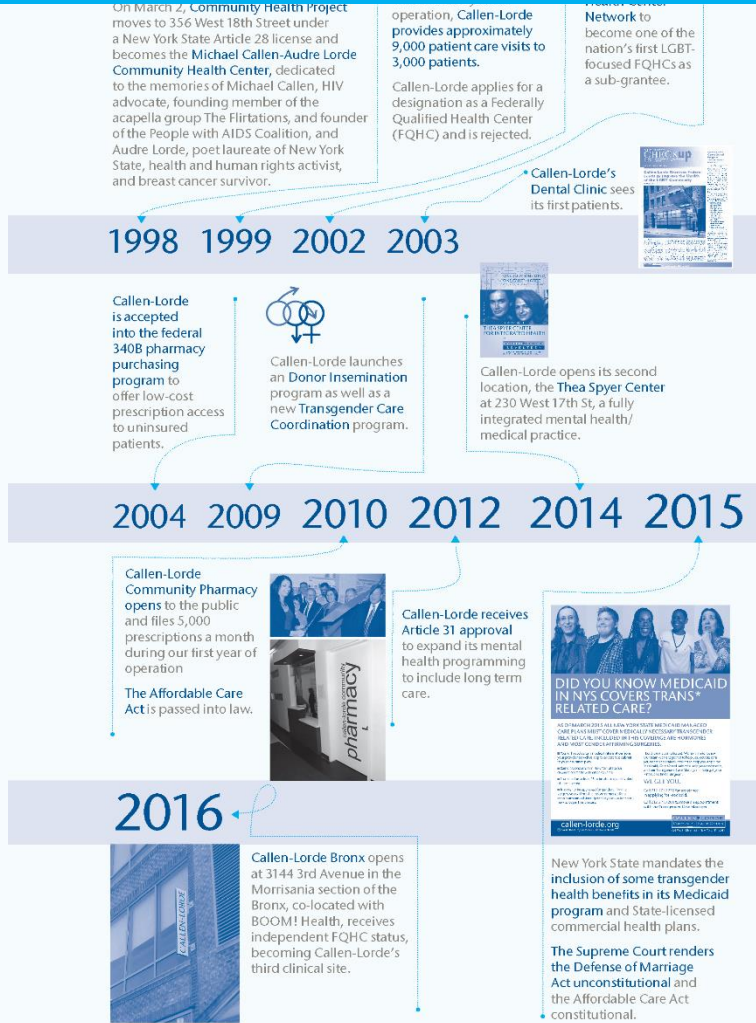
Callen-Lorde receives **Article 31 approval** to expand its mental health programming to include long term care.

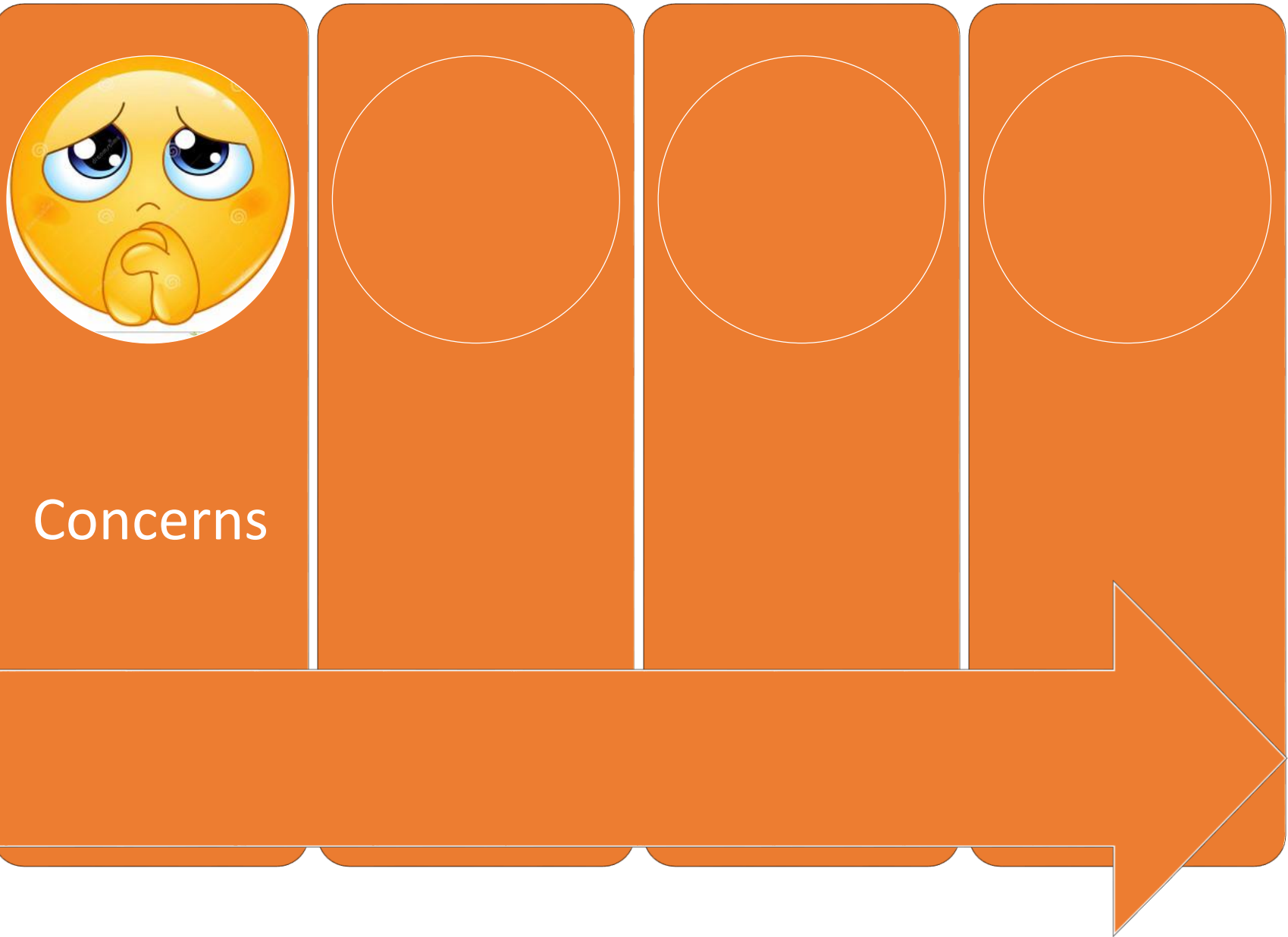
2016

Callen-Lorde Bronx opens at 3144 3rd Avenue in the Morrisania section of the Bronx, co-located with BOOM! Health, receives independent FQHC status, becoming Callen-Lorde's third clinical site.

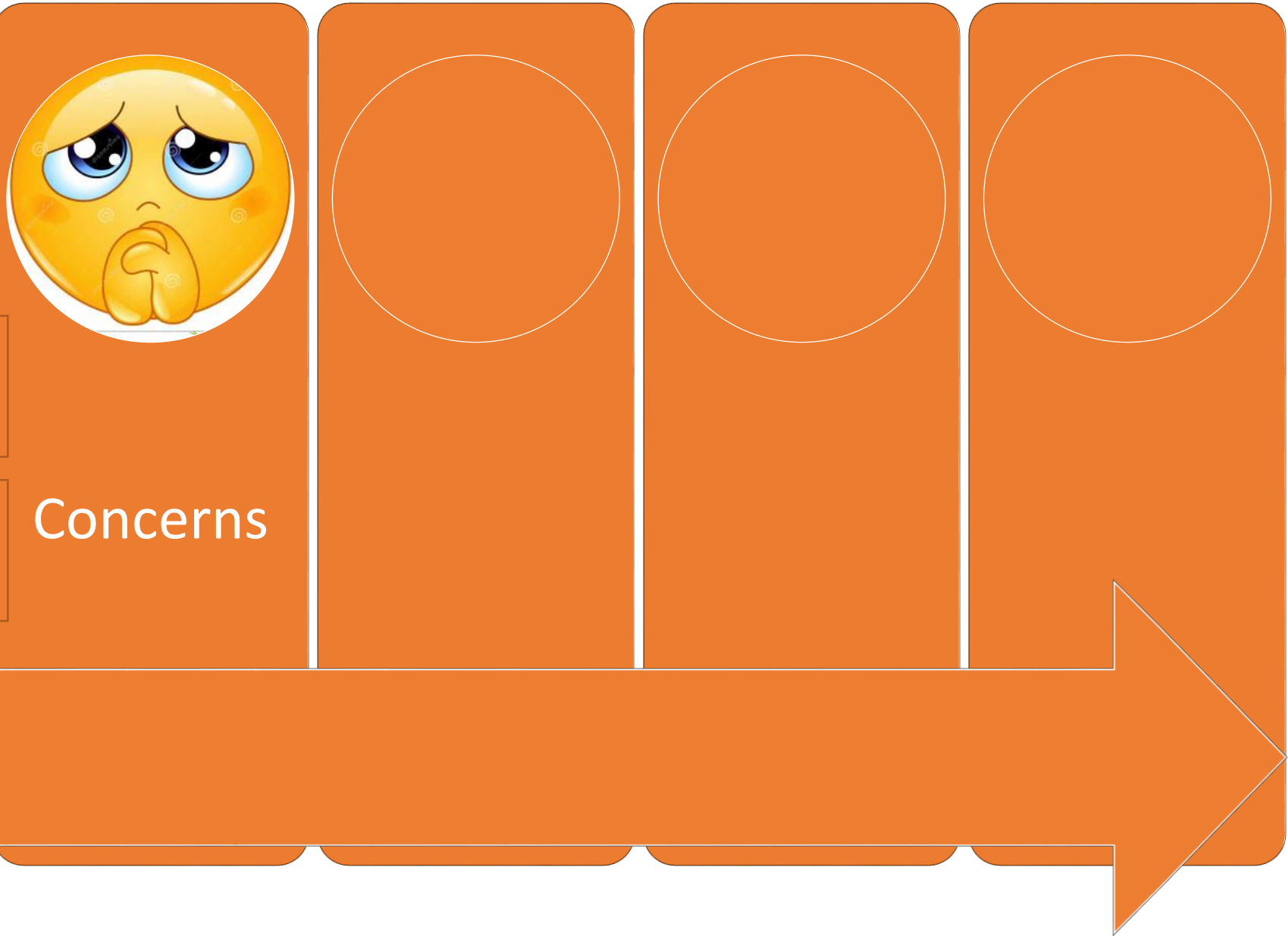
New York State mandates the inclusion of some transgender health benefits in its Medicaid program and State-licensed commercial health plans.

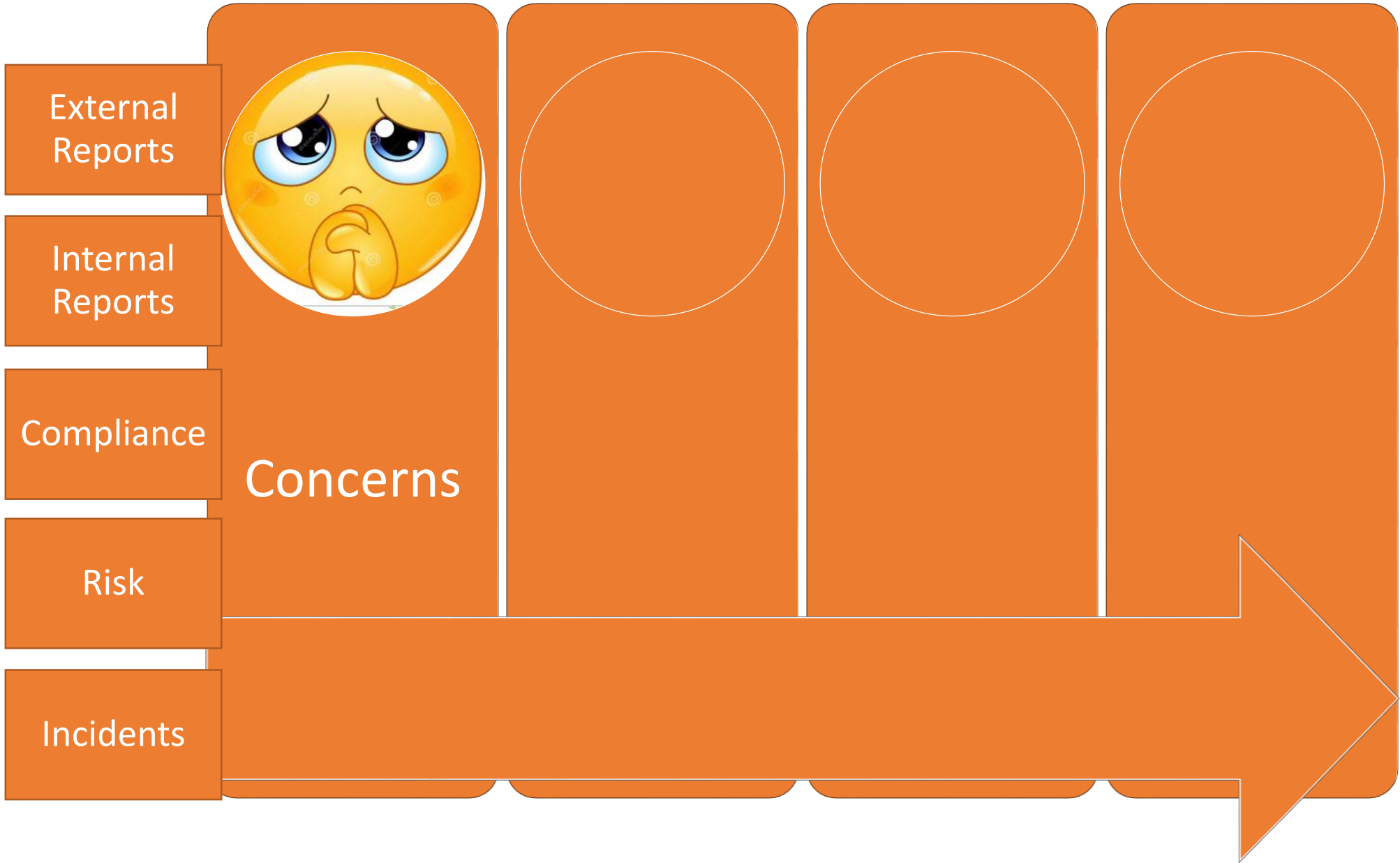
The Supreme Court renders the **Defense of Marriage Act unconstitutional** and the Affordable Care Act constitutional.





Concerns





External Reports

Internal Reports

Compliance

Risk

Incidents

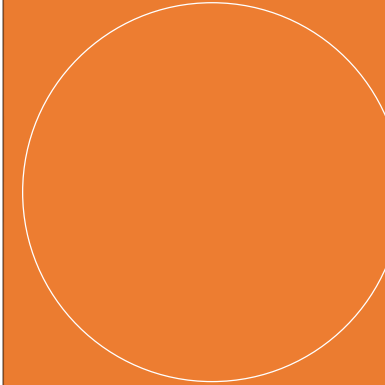
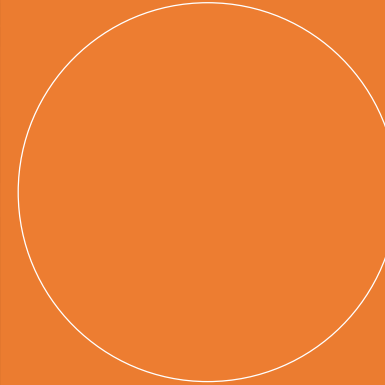
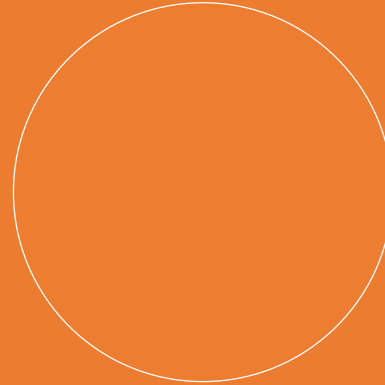
Staff Input

Community Advisory Board

Patient Feedback



Concerns



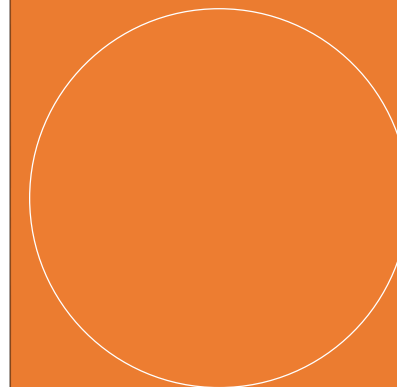
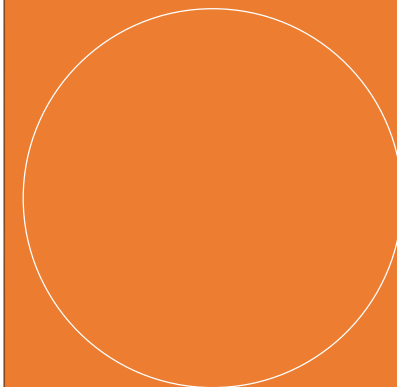
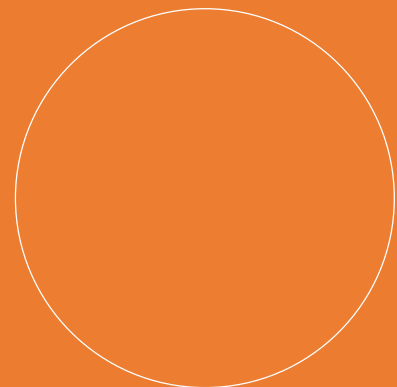
External Reports

Internal Reports

Compliance

Risk

M & M



Cause of Death Form (CRF)

* Study: _____
 * Patient ID code: _____
 * Date of death: _____ (dd-mm-yy eg 01-FEB-05)
 * Date of death on a designated D:A:D

If the patient experienced any D:A:D event(s), please report such event(s) on a designated D:A:D event form in addition to the completion of the CoDe form

Section 1 • Background demographics

* A. Year of birth (yyyy) _____ B. Gender: male female
 * C. Height (cm): _____ D. Weight (kg) (most recent before death) _____ E. Date: _____ (dd-mm-yy; weight measured)

* F. Patient's relatives or partner

Section 2 • What data sources were available for the completion of this form?

(Please mark all that apply)

A. Hospital files Yes, complete Yes, incomplete No
 B. Outpatient clinic chart Yes, complete Yes, incomplete No
 C. Autopsy report Yes, complete Yes, incomplete No
 D. Registry Yes, complete Yes, incomplete No
 E. Obituary Yes, complete Yes, incomplete No
 F. Patient's relatives or partner Yes, complete Yes, incomplete No

Section 3 • Risk factors:

A. Ongoing risk factors in the year prior to death:

1. Cigarette smoking Yes No Unknown
 2. Excessive alcohol consumption Yes No Unknown


- External Reports
- Internal Reports
- Compliance
- Risk
- M & M
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Concerns



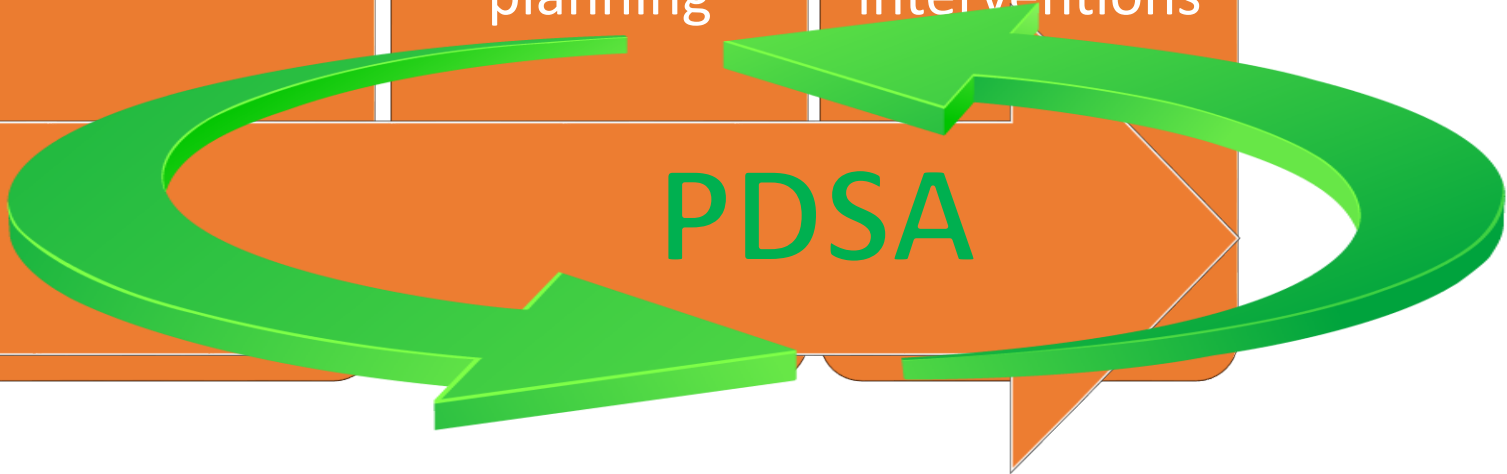
Data



Data review,
intervention
planning



Clinical &
Operations,
interventions



Morbidity and Mortality

Challenges

- Providers feel vulnerable medico-legally and judged
- Not always a fix
- Sometimes emotionally taxing

Solutions and Strengths

- Ensure supportive environment
- Reassure protected space
- Leadership uses own cases first
- Routinize meetings
- Creates a space for emotional support
- Bad outcome can lead to systems improvements

New York Consolidated Laws, Public Health Law - PBH 2805-m. Confidentiality

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1. The information required to be collected and maintained pursuant to sections twenty-eight hundred and twenty-eight hundred five-k of this article, reports required to be submitted pursuant to section tw

Case R
44 year old m
Vital Sign Histo

Clinical Team

- Medical Assistant to look at prior weight & alert provider when significant change
- Providers reminded to look at weight history

HIT

- Automated display of last three weights

Visit Type ▾ Office Visit

tories SOA

Vital Signs

Date
10/7/16
9/17/16
6/6/16
06/28/2016

Date	Time	Weight (lb)	Height (in)	BMI	Ht (In)		
10/7/16							
9/17/16							
6/6/16	12:57 PM	116/70	15	98.4	170.50	25.92	68.00
06/28/2016	2:52 PM	108/60	65	98.3	165.00	25.09	68.00

HIV Nursing for Newly Diagnosed

Initial assessment:

32 yo pt her
 Last neg. te
 LV: 5/18/14
 H/o syphilis:
 Recent STI:
 CD4/VL: na
 Nadir: naive
 OI: denies
 ARVS: denie
 Other meds:
 Pm Hx: denie
 Allergies: NH
 PPD HX: den
 Hep B: denie
 Hep C: denie

Information

- HIV diag
- CD4 and
- primary c
- treatmen
- psychos
- case ma
- resource

Plan:

- PPD p
- referred
- HIV initia
- ADAP ap
- referred

Operations

Clinical Team

Case managers

- Interval from Nurse Intake to Provider Appointment no more than two weeks

- HIV mentorship and c
- Rapid Start HIV Rx pilo

- Emergency ADAP opti

Assessment/Plan

...ding. per CM, likely will be approved

...ssure, ulcer, warts

...mise, possible

	Drug		GenoSure PRime [®]	Assessment*		Comments
	Generic Name	Brand Name	Drug Resistance Associated Mutations Detected	Drug		
NRTI	Abacavir	Zigab	None	ABC	Sensitive	
	Didanosine	Videx	None	ddl	Sensitive	
	Emtricitabine	Emtriva	None	FTC	Sensitive	
	Lamivudine	EpiVir	None	3TC	Sensitive	
	Stavudine	Zerit	None	d4T	Sensitive	
	Tenofovir	Viread	None	TFV	Sensitive	
	Zidovudine	Retrovir	None	ZDV	Sensitive	
	NNRTI	Efavirenz	Sustiva	None	EFV	Sensitive
Etravirine		Intelence	None	ETR	Sensitive	
Nevirapine		Viramate	None	NVP	Sensitive	
Rilpivirine		Edurant	None	RPV	Sensitive	
INI	Dolutegravir	Tivicay	None	DTG	Sensitive	
	Elvitegravir	Elvitegravir	None	EVG	Sensitive	
	Raltegravir	Isentress	I203M	RAL	Sensitive	
PI	Atazanavir	Reyataz	K20I, M36I	ATV	Sensitive	
		Reyataz / r#	K20I, M36I	ATV/r	Sensitive	
	Danavavir	Prezista / r#	L89I	DRV/r	Sensitive	
	Fosamprenavir	Lexiva / r#	L89I	AMP/r	Sensitive	
	Indinavir	Crixivan / r#	K20I, M36I, L89I	IDV/r	Sensitive	
	Lopinavir	Kaletra*	K20I, L89I	LPV/r	Sensitive	
	Nelfinavir	Viracept	K20I, M36I, L89I	NFV	Sensitive	
	Ritonavir	Norvir	None	RTV	Sensitive	
	Saquinavir	Inivase / r#	K20I	SQV/r	Sensitive	
	Tipranavir	Aptivus / r#	M36I	TPV/r	Sensitive	

- substance abuse assessment
- prevention case management