New York Presbyterian's HIV Care Cascade: Methodology & Next Steps

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Cascade Reporting Requirements

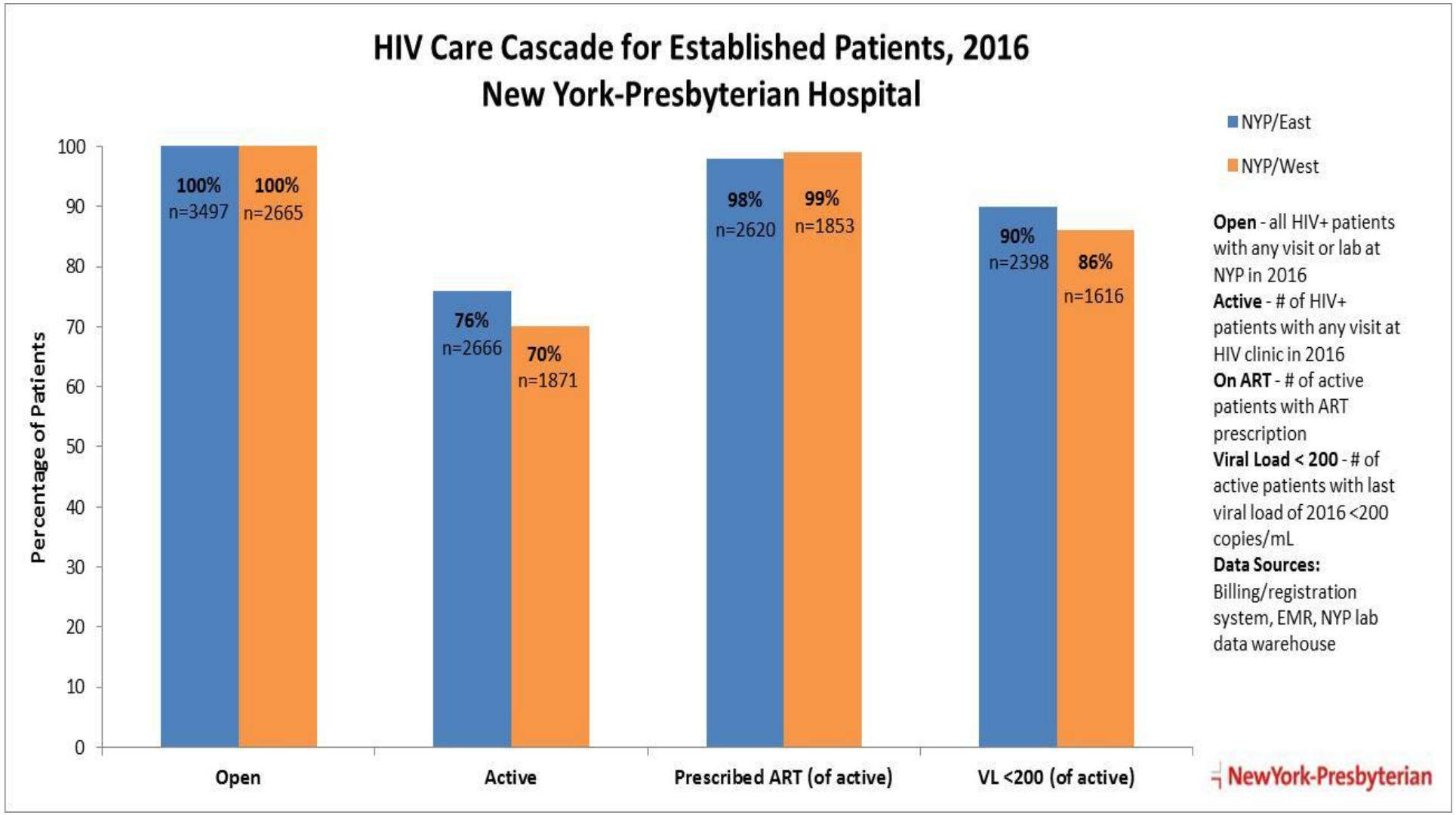
- Open versus Active caseloads
  - Open: any services at NYP
  - Active: any services at NYP HIV Programs
    - Excluded from active if deceased, incarcerated, or in care elsewhere
- Required measures:
  - Linkage of new patients w/in 3-5 days of diagnosis
  - Prescription of ART (active only)
  - Viral load suppression (active only)

Methods

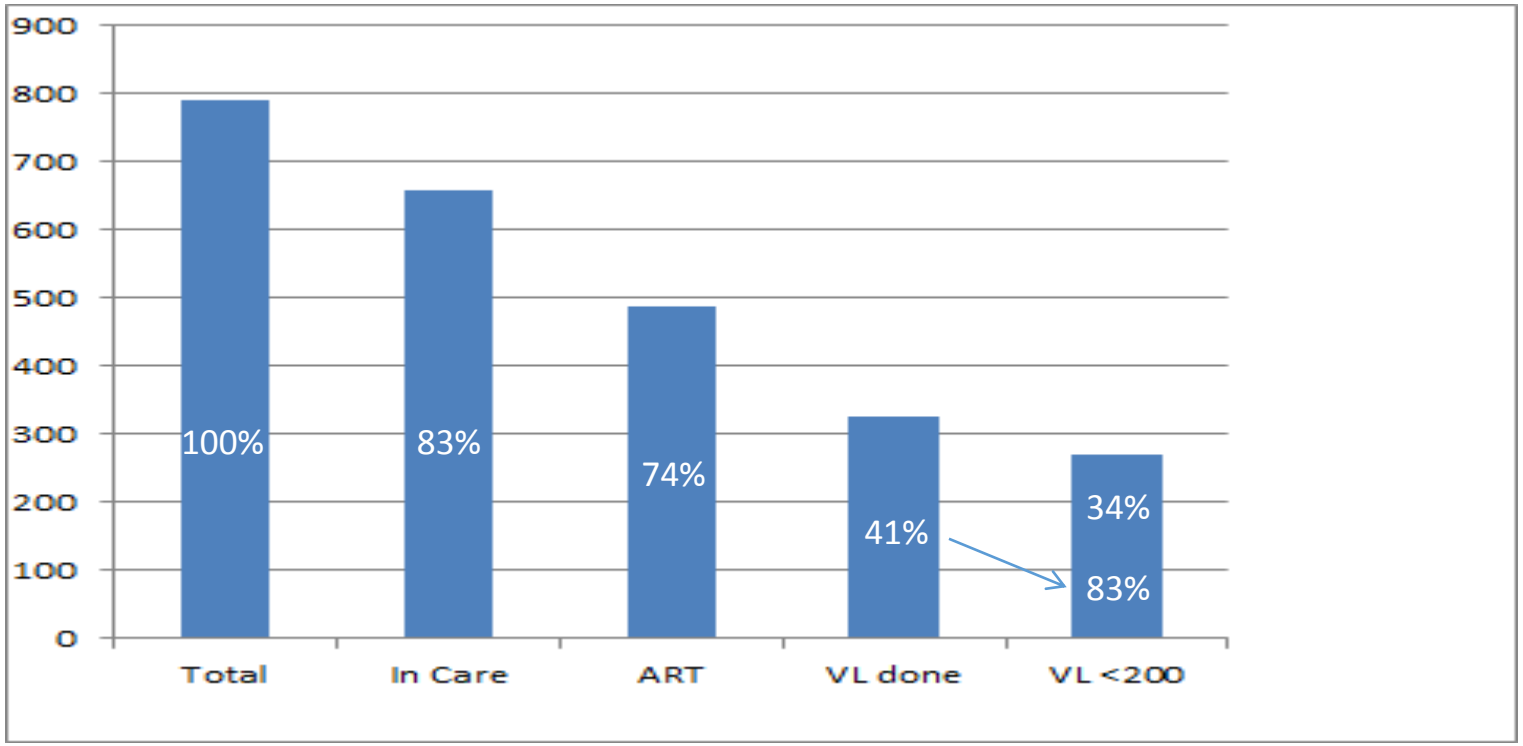
- Identifying open population
  - HIV-positive
    - ICD codes, positive confirmatory test, genotype test, or both VL & CD4
  - Seen in 2016
    - Any registration or lab (of any type) at NYP
- Identifying active population
  - Visits in clinic-specific EMR

Methods (cont'd)

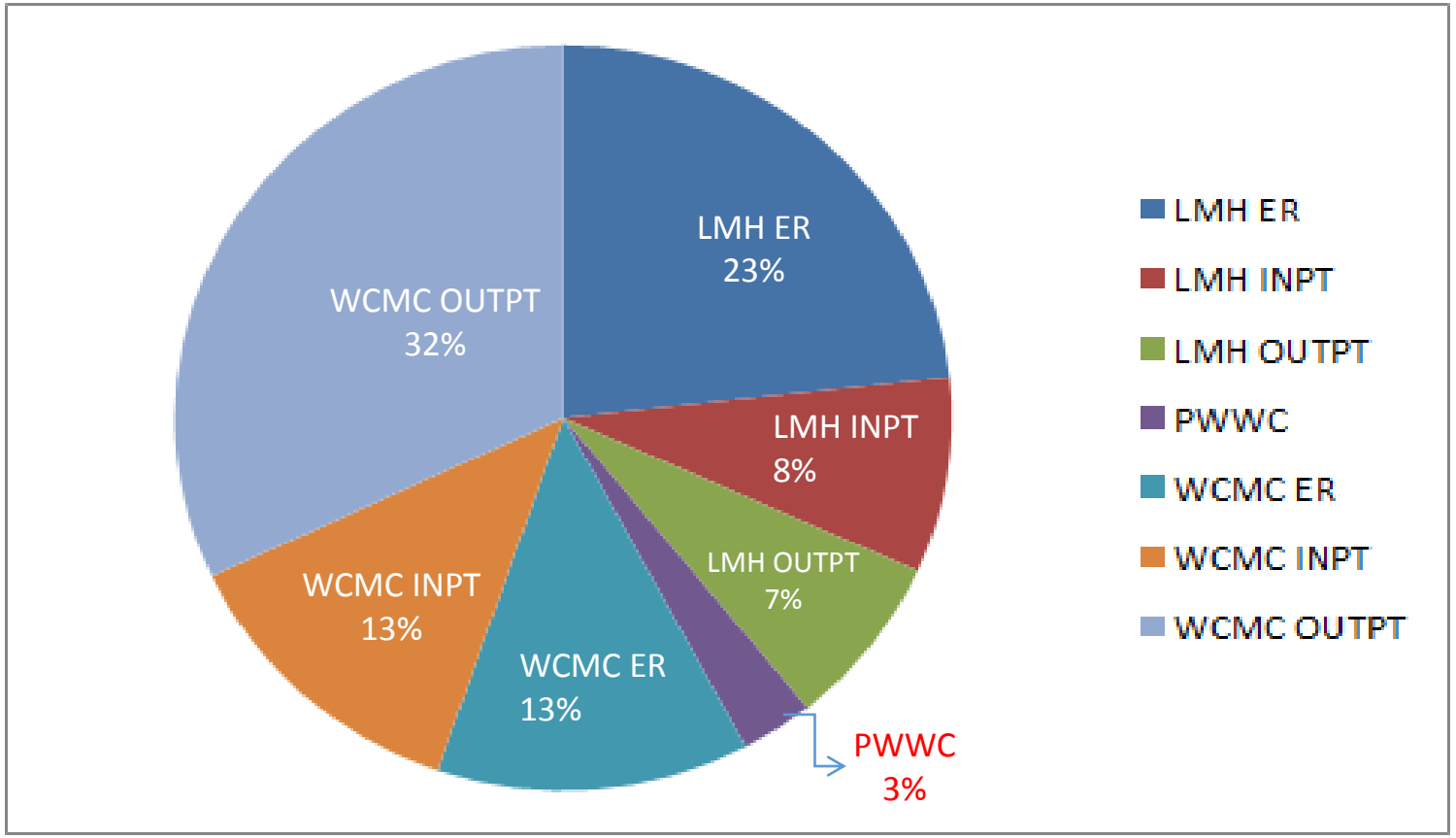
- New patient linkage
  - Tracking spreadsheet
  - Chart review
- ART prescription
  - EMR NDC codes
  - VL proxy (ever <200 during 2016)
  - Chart review
- Viral load data
  - NYP electronic clinical data warehouse


HIV Care Cascade for Established Patients, 2016
New York-Presbyterian Hospital
Percentage of Patients
100
90
80
70
60
50
40
30
20
10
0
100% n=3497
100% n=2665
76% n=2666
70% n=1871
98% n=2620
99% n=1853
90% n=2398
86% n=1616
Open
Active
Prescribed ART (of active)
VL <200 (of active)
NYP/East
NYP/West
Open - all HIV+ patients with any visit or lab at NYP in 2016
Active - # of HIV+ patients with any visit at HIV clinic in 2016
On ART - # of active patients with ART prescription
Viral Load < 200 - # of active patients with last viral load of 2016 <200 copies/mL
Data Sources: Billing/registration system, EMR, NYP lab data warehouse
NewYork-Presbyterian

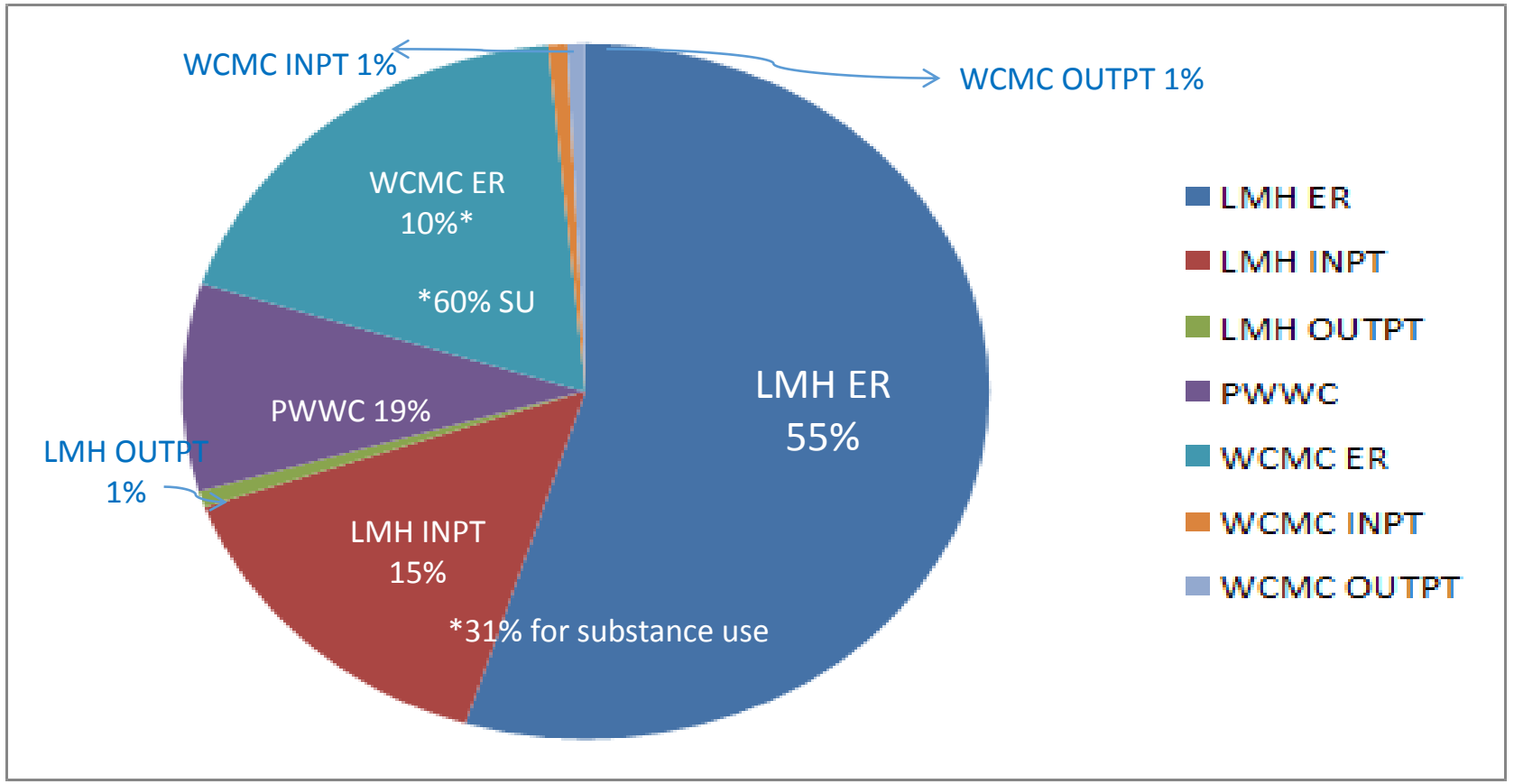
Open Caseload on the NYP East Campus (PWWC, WCMC, LMH)



Distribution of Open Caseload East Campus



Distribution of patients with no follow-up
791 OPEN→ 135 NO F/U (17%)



Current protocol for rapid reactive in the ERs at WCMC and LMH

- “Perpetual” calendar by week with Attending name, date, time for appt
- Call for same day appt or, if off-hours, email listserv that includes senior staff from each discipline at CSS, both sites
- Once email received, social work contacts patient to set up time as appropriate, same-day or next-day
- Back-up failsafe, RN who checks labs post-discharge emails me all positives
- Continue outreach until appointment made or hand-off to FSU at DOH

Current protocol for WCMC inpatients

- EMR notification for all CSS patients at time of arrival to ER
- For non-CSS patients ARVs cannot be prescribed without contacting CSS attending (need modifier in EMR to identify as HIV+)
- Attending discusses with team and most of the time will consult unless patient has outside care and is stable and here for non-HIV related reason
- We missed only 1 inpatient in 2016 at WCMC
- No similar protocol at LMH

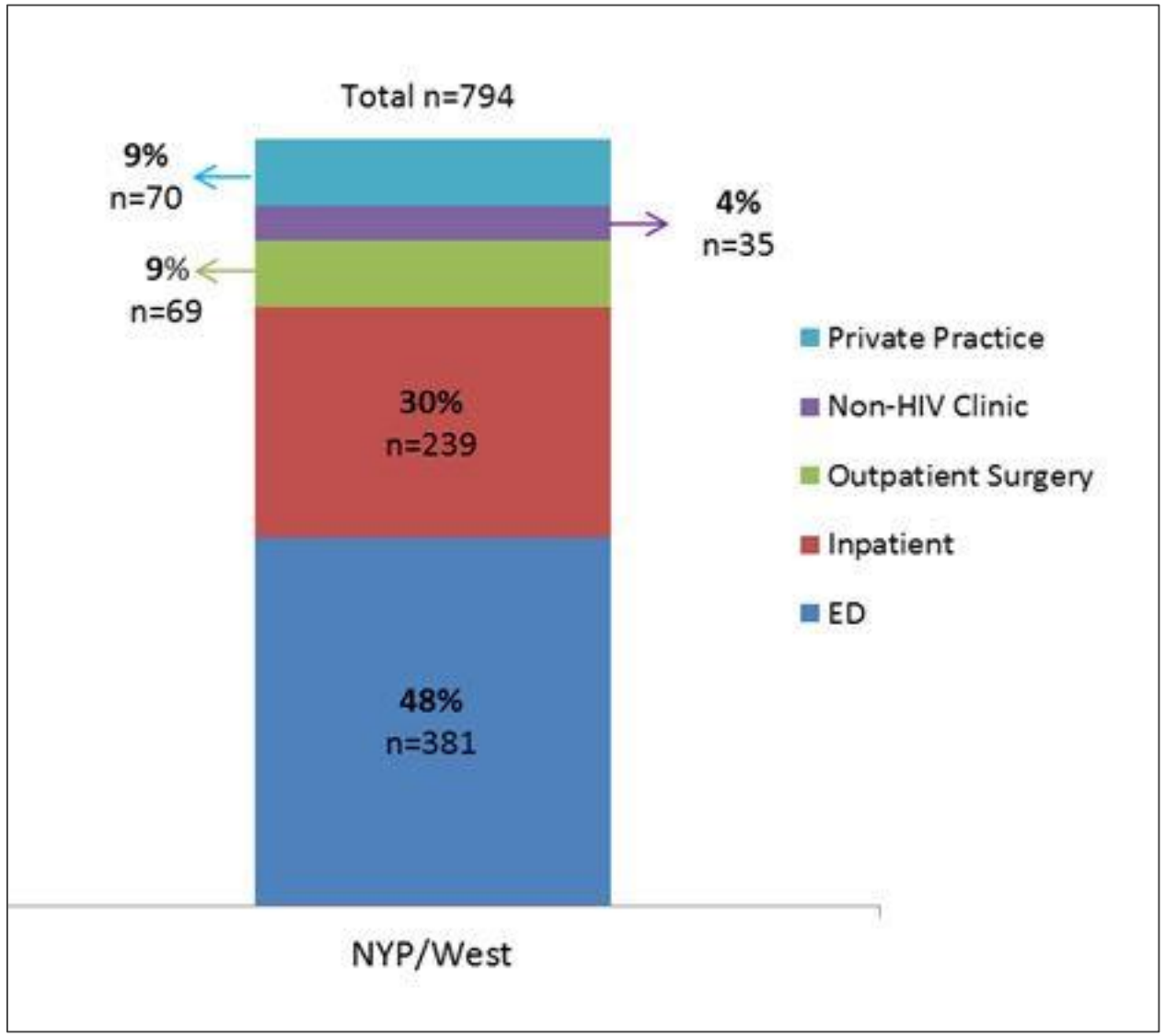
Target population East: ER treat and release

- ER navigators now in place at both Emergency rooms to identify patients with HIV who do not have a PCP
- ER navigators will contact REACH liaison, CSS administrator, and myself via email or phone
- Both CSS sites have embedded peers and case managers (from the Alliance and Village Care), as well as an outreach/linkage coordinator to track patients

ER system not yet good enough

- Navigators unable to cover 24/7/365, and patients slip through
- Need a real-time IT solution to identify patients with HIV diagnosis for chart review and follow-up during or shortly after ER visit
- Ideally would then access RHIO to see where patients receive care or if they are connected to any CBOs (consent issues)
- Social workers, case managers, peers can do outreach for patients who are not in care
- Need to be able to access CSR without 6-month limit for these kinds of patients if RHIO doesn’t return information or unable to reach

Open Caseload on the NYP West Campus (Columbia)



Open Case Protocol

- ER Navigators -> CHP Care Coordinators
  - 'immediate visit'
  - 'hands on' patient navigation
- Open Cohort CSR Submissions
  - XXX % positive results
  - High mortality
- Healthix review when previous consent exists
  - Institution vs. Community Consent
- REACH Collaborative
- HASA Bottom-Up Pilot Project (in development)
- NYS open caseload data exchange (TBD)

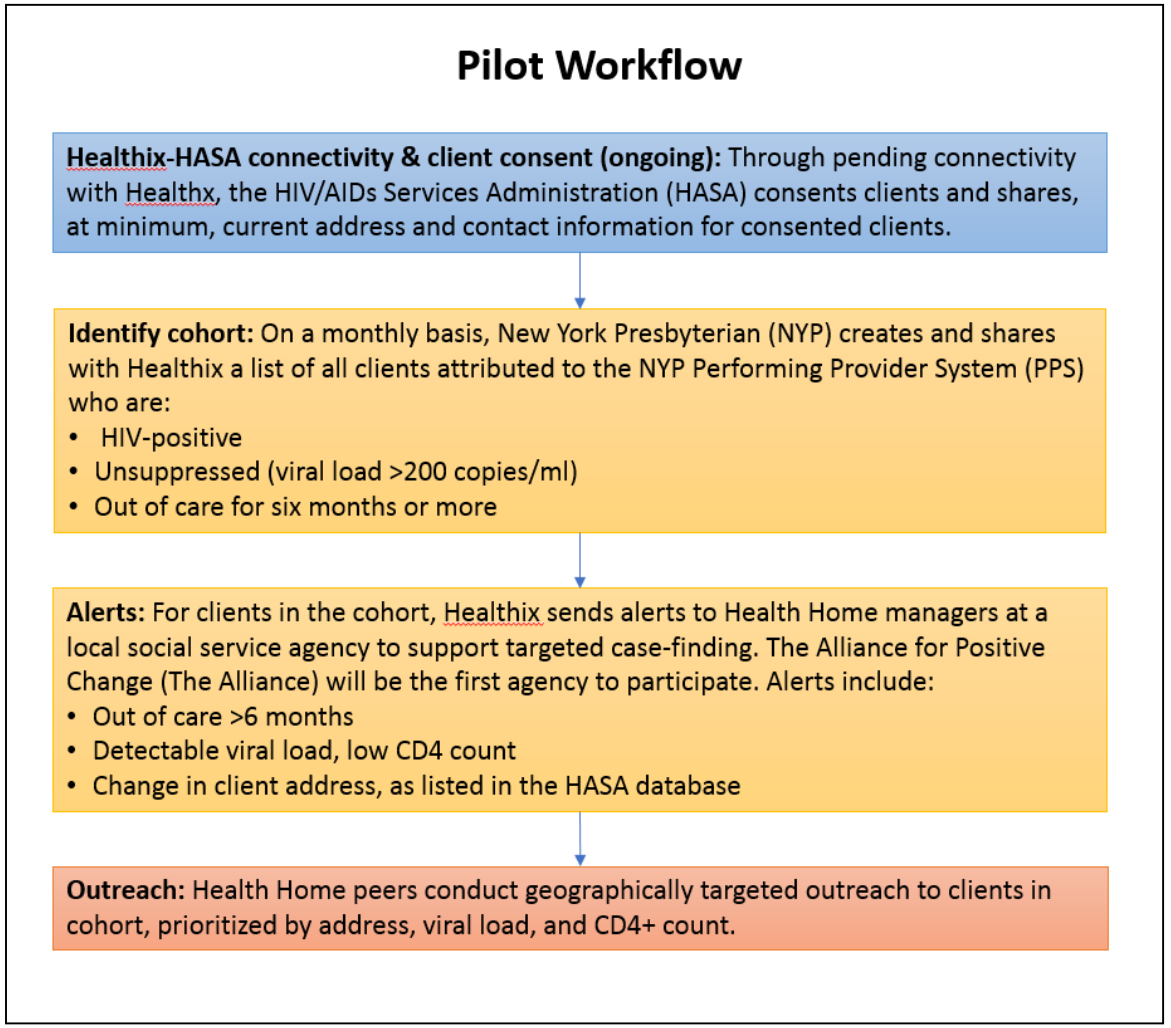
NYP and the REACH Collaborative

- Created in 2016 utilizing DSRIP funding
- Partnership committed to Ending the HIV Epidemic (ETE)
- Goals:
  - Share mission, think collectively, not organizationally
  - Utilize shared Care Coordination EMR
  - Get wired to Healthix
  - Utilize and customize Healthify

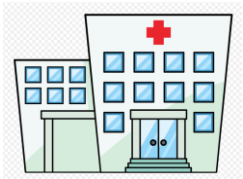
HASA Bottom-Up Pilot Project

Multi-Partner RHIO Enabled Intervention

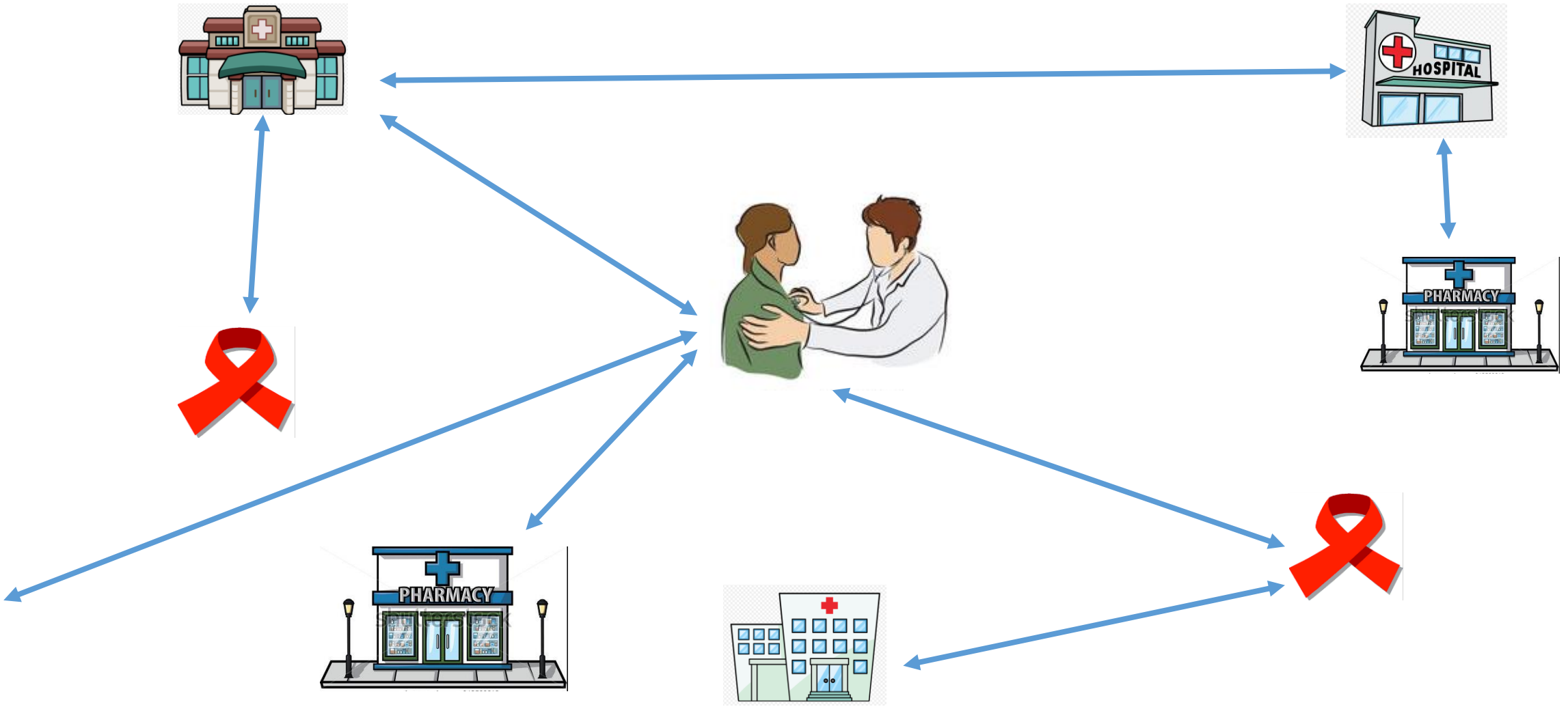
- HASA Bottom-up Alerts Pilot
  - One of a number of HASA DHS demonstration projects (7)
  - Focuses upon an organization's open caseload but utilizes a regional health information organization (RHIO) as the foundation for complex care coordination



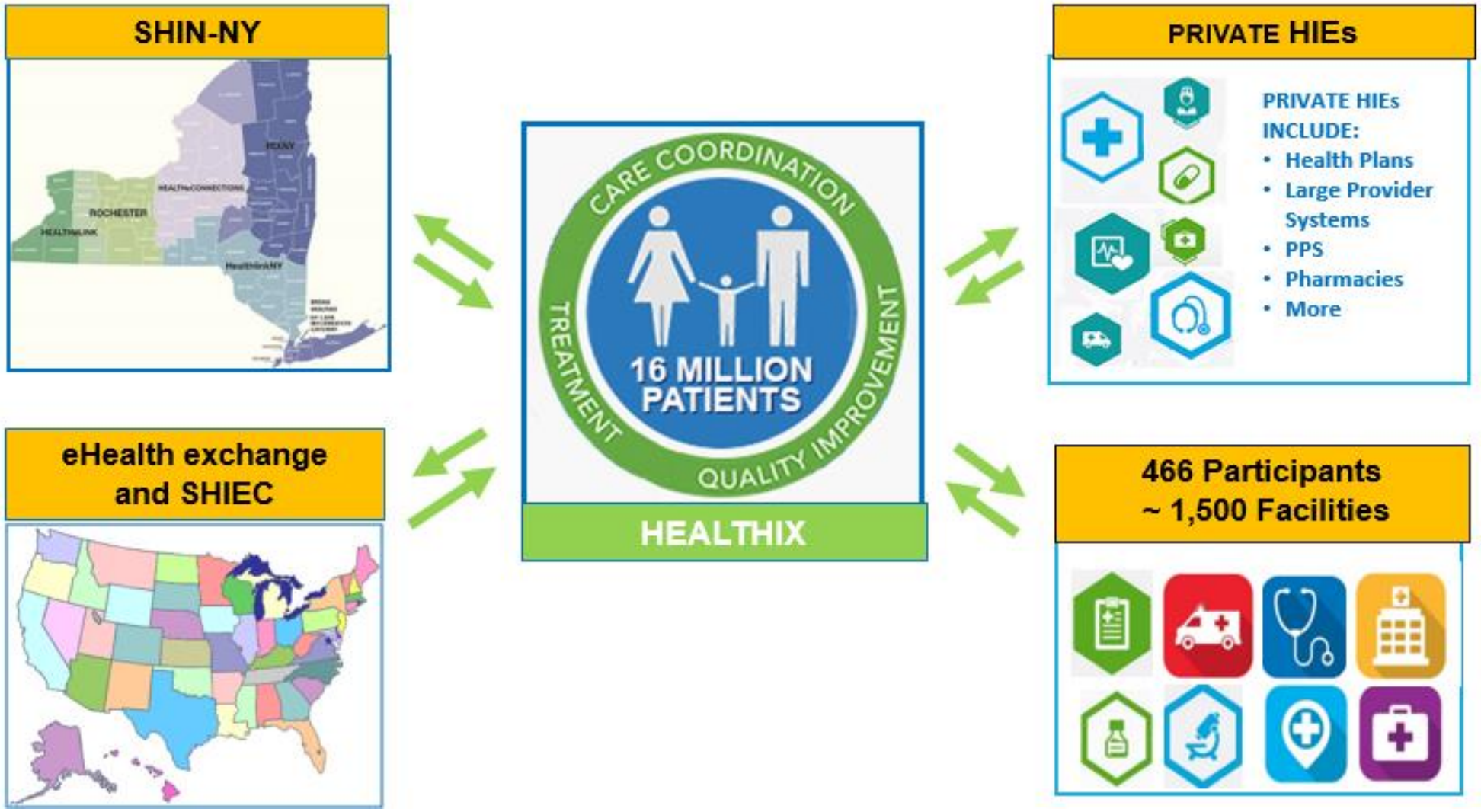
Identification of care status for some is straight forward.



For many, it is not. Yet opportunities exist.



Only way to manage data complexity is via a RHIO



And we have a local, excellent RHIO that happens to be interested in ETE efforts

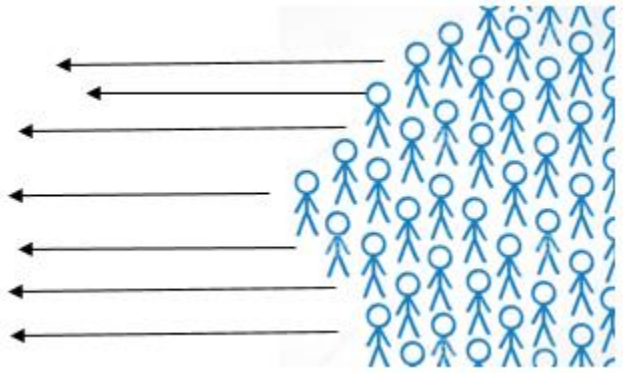
HASA Bottom-Up Pilot Project

NYP

Open Population

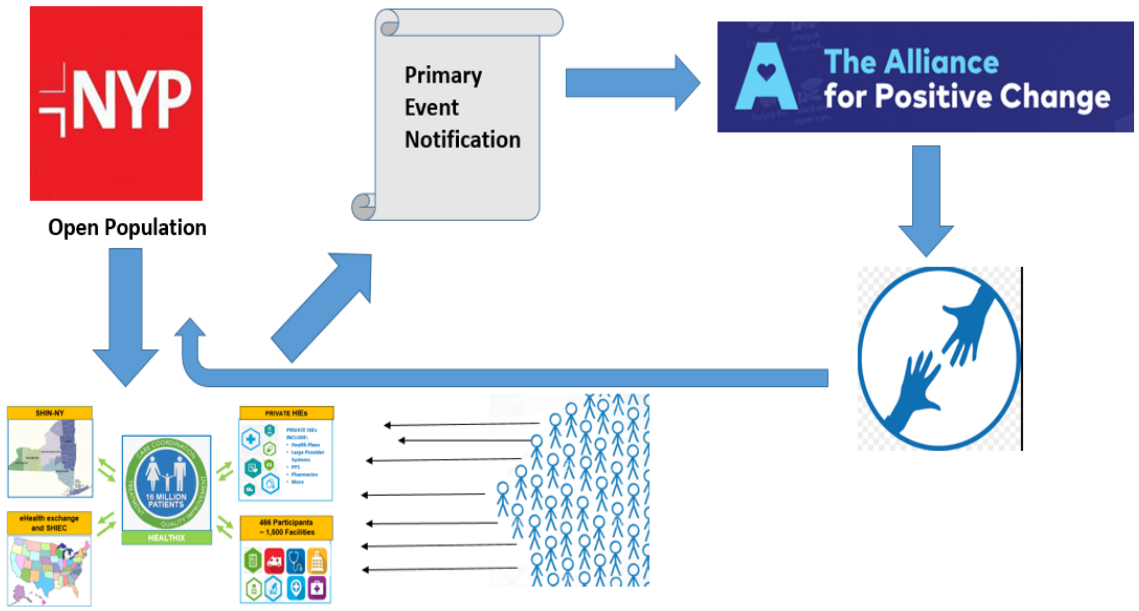
Primary Event Notification

The Alliance for Positive Change



HASA Bottom-Up Pilot Project

- New and important Healthix interfaces
  - DHS, HASA, HRA, HOPWA
- Many critical collaborators
  - APC, HousingWorks, Healthix, NYC DOHMH, NYS, DSRIP, NYP
- Leverages evolving HIT infrastructure to solve otherwise insolvable challenges



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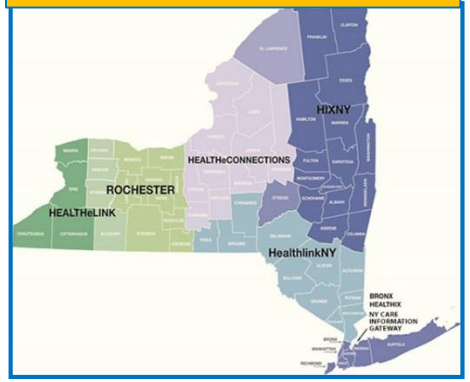
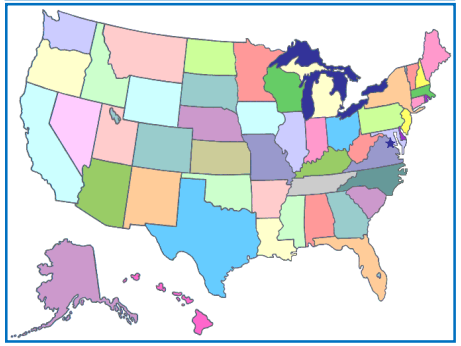
SHIN-NY



eHealth exchange and SHIEC



HEALTHIX

PRIVATE HIEs

PRIVATE HIEs INCLUDE:

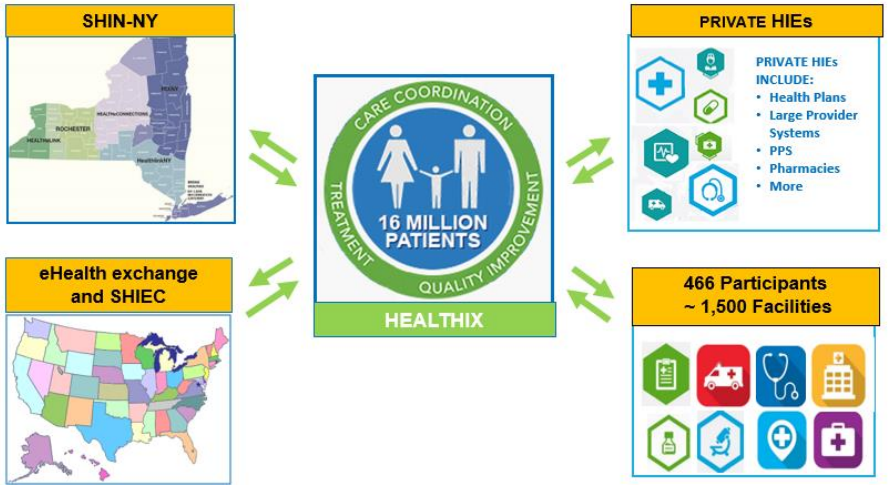
- Health Plans
- Large Provider Systems
- PPS
- Pharmacies
- More

466 Participants ~ 1,500 Facilities

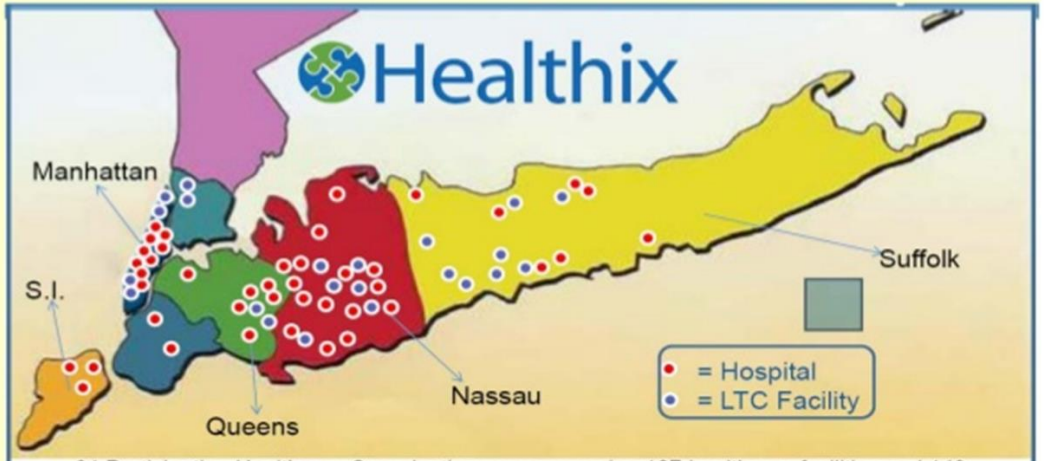
Healthix

Healthix

16 Million Unique Patients



RHIO in NYC metro area



- 61 Participating Healthcare Organizations encompassing 127 healthcare facilities and 149 ambulatory medical sites:
  - 45 Hospitals (shown above)
  - 23 Long Term Care Organizations (shown above)
  - 59 Home Care, CBO, BHO, Radiology, etc.
- 5,778 clinicians are registered to use Healthix.
- Each quarter: 1,600 clinicians conducted 21,600 searches of patient data.
  8,000 automatic event notifications are delivered to clinicians.

Healthix

16 Million Unique Patients

Healthix