

New York State Department of Health AIDS Institute
HIV Quality of Care Clinical Advisory Committee – September 19th, 2017

Consumer Advisory Committee Update – CAC co-chair Dana Diamond presented the agenda for the following-day's CAC meeting.

Beyond Satisfaction: Integrating Patient-Reported Experience and Outcomes into Quality Management and Improvement – Dr. Lisa Hirschhorn delivered a presentation on moving beyond measuring patient satisfaction to measuring and improving patient experience. She explained that satisfaction measures are not objective; the most vulnerable populations tend to have lower expectations of health care, so satisfaction can be met without high quality. Dr. Hirschhorn defined Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMS) and explained that PROMS and PREMS address experiential quality. These measures can be used to create improvement strategies at the individual practice and broader health system level. Dr. Hirschhorn ended the presentation with a list of questions for QAC members to consider for the future of PREMS.

Organizational HIV Treatment Cascades: Engaging Open Caseload Patients – Drs. Peter Meacher, Sam Merrick, and Peter Gordon presented on the work their organizations have been doing to identify and engage open, non-active patients. These are people living with HIV who have received any services within the organization but are not engaged in HIV care there. Dr. Meacher discussed the efforts at Callen-Lorde to better document patients' primary care providers (PCPs) and to facilitate same day linkage to care at Callen-Lorde for patients identified as not having a PCP. Dr. Merrick discussed the high number of open patients who had touched the emergency department at New York Presbyterian's East Campus. They are using ER navigators to identify patients living with HIV who do not have a PCP and contact the HIV clinic or a linkage coordinator to assist the patient. Dr. Peter Gordon discussed plans at NYP's West Campus to use Healthix RHIO and REACH Collaborative CBO partners to identify and engage open patients. He also discussed the HASA Bottom-Up Pilot Project, a collaboration between NYP, HASA and the RHIO to identify open patients who are touching HASA services but are not engaged in HIV care.

Stigma Reduction Initiative Early Adopters – Four organizations, Housing Works, Hudson River HealthCare, Open Door, and Mount Sinai, presented on how they have implemented, or plan to implement, the stigma reduction survey. All organizations used, or plan to use, an online survey platform, such as Survey Monkey, to distribute the staff survey. Different strategies were used to encourage survey completion, such as having the survey sent by the CEO of the organization or offering a pizza party to the clinic with the most respondents. All sites chose to adapt the staff survey for consumers, making it shorter and, in some cases, translating it into Spanish. The main method for administering the survey was via tablets and on paper at clinic/case management visits and at consumer meetings. Hudson River HealthCare and Mount

Sinai shared some initial survey results which included negative opinions about people living with HIV reported by some staff at both organizations.

Louisiana State Department of Health HIV Quality Program – Dr. DeAnn Gruber provided an overview of the Louisiana HIV Clinical Quality Group, emphasizing that one of their main goals is to collect and submit data for performance measures. She discussed some of their quality initiatives including an Out of Care Initiative. Dr. Gruber presented on LaPHIE, a bi-directional information exchange that uses surveillance data to alert providers when patients who are out of care or were never linked to care register at their hospital. If the patient is seen, the provider can enter information regarding care provided into the LaPHIE server. Dr. Gruber closed her presentation by discussing the high STI rates in Louisiana and successes in STI reduction through expanding the availability of testing and treatment.

New York State's Health Care Transformation: The Path to Medicaid Payment Reform Through Value-Based Payment Programs – Dr. Doug Fish delivered a presentation on Value Based Payments (VBP), first providing a summary of Medicaid Payment Reform Efforts in New York State. He explained that value based payments are the sustainable part of DSRIP and that NYS needs to get to 80-90% value based payments by 2020 in order to qualify for the total amount of federal DSRIP dollars. Dr. Fish explained the different VBP levels in regard to risk-sharing and requirements. He also described the categories of quality measures used for VBP arrangements. He explained that there are five measures specific to the HIV/AIDS VBP arrangement in 2018, two of which (STD screening and testing and viral load suppression) are pay for performance and three of which (linkage to care, substance use screening, and avoidable complications) are pay for reporting.

Mortality Subcommittee Update – Leah Hollander provided an overview of the plans for the Mortality Review. She reviewed, in detail, the draft chart extraction tool that has been modified from the Coding Causes of Death in HIV (CoDe) tool developed by the University of Copenhagen.

*For further information on this meeting, please contact Leah Hollander at
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