HIV Quality of Care QAC Meeting

55 Exchange Place

September 13, 2018, 1:00 p.m. – 5:00 p.m.

AGENDA ITEM/TOPIC	DISCUSSION/ACTION ITEMS	RECOMMENDATIONS/FOLLOW-UP
Introductory Remarks (Working Lunch)	- Peter Gordon, QAC co-chair, welcomed the group and committee members introduced themselves.	
CAC Update *Julian Brown, CAC Co-Chair*	- Charles Gonzalez, AIDS Institute Medical Director, welcomed everyone and gave a summary of the CAC meeting. The CAC meeting covered stigma reduction at Callen-Lorde, education materials from the AIDS Institute, a digital health update, and a presentation on engaging youth at the Hetrick-Martin Institute.	
STI Data in New York State *Travis O'Donnell, AIDS Institute*	- Travis O'Donnell, Director of the bureau of Sexual Health and Epidemiology, gave updates on the STI data in NYS. The Bureau recently modified its name to be more sex positive. - HIV rates have continued to fall, but chlamydia and gonorrhea infection rates have been increasing, along with early syphilis. - Comparisons of the 2017 and 2016 data show a decrease in primary and secondary syphilis rates in the state, including NYC. However, there are disparities in different parts of the state. Excluding NYC from the data shows similar trends, with higher primary and secondary syphilis rates and smaller increases in chlamydia and gonorrhea rates. - Compared to other states, NYS is doing well with syphilis management. - The cause for increases in STI rates in the last several years is not known. Increases could be related to opioid use, PrEP use, or other cultural shifts. - Mr. O'Donnell presented behavior data, including the high school student condom usage declining under 60%. This rate is not unique to high school students, as other populations are following this trend. - Mr. O'Donnell stressed that we must rethink how we talk about and think of risk. Risk can be thought as sexual partners and what body parts are engaged in sexual activity. - Cases of congenital syphilis are preventable, and CDC guidelines recommend screening for high risk women in the third trimester. Congenital syphilis disproportionately affects mothers below twenty and over forty. - In NYS (excluding NYC), one third of congenital syphilis cases diagnosed last year were also co-diagnosed with HIV. In NYC, these co-infection rates were higher. - HIV-syphilis cross testing should be scaled up. Guidelines state high-risk MSM should be cross-tested quarterly. A little over one third of patients newly diagnosed with early syphilis also tested positive for HIV within 30 days. - As PrEP uptake has increased, STI rates also increased, though these national increases pre-date PrEP. Data is mixed, but many see PrEP as a gateway for people to have	

	regular primary care, leading it to be both a HIV and STI blocker. - There is an STI Dashboard on the NYSDOH website. This dashboard is a publicly available tool that allows users to view STI data, including demographic data. - A QAC member asked if data was collected on PrEP retention rates, which Mr. O'Donnell's bureau does not collect. Dr. Gonzalez added that in pilot projects, PrEP retention has been good and allows providers to see who they are not reaching - One provider said that he has experienced an over 50% dropout rate with PrEP and mentioned that youth surveyed find frequent appointments to be a burden. - Dr. Gonzalez commented that in almost every country, the HIV and syphilis rates mirror one another. He mentioned that in New South Wales, Australia, anytime a blood test is performed on someone with a new HIV diagnosis, a syphilis test is also performed. Within a year and a half, they saw syphilis rates decrease. - Dr. Gonzalez also mentioned that a company is seeking FDA approval with a joint HIV and syphilis test. - A QAC participant brought up that some providers stop screening for syphilis for older patients. Mr. O'Donnell said that age-related STI data is available on the dashboard.	
Organizational HIV Treatment Cascades and Improvement Plans *Mary Kinley, Ellis Hospital* *Jessica Clark, North Shore University Hospital*	- Mary Kinley of Ellis Hospital and Jessica Clark of Northwell Health presented on their organizational HIV Treatment cascades and improvement plans. **Ellis Medicine** - Ms. Kinley gave a brief introduction to Ellis medicine. Because Ellis Hospital is a teaching hospital, most patients are assigned to a resident and may change providers frequently. - Ms. Kinley gave an overview of the cascade methodology. She explained that because Ellis hospital is a smaller site, they don't receive a lot of outside support. In addition, she highlighted that there were a lot of errors in the electronic data when she was completing the cascade. - Ms. Kinley was collecting data from two sites within Ellis Medicine: Ellis Primary Care and Ellis Infectious Disease. - For the newly diagnosed/ new-to-care cascade, Ellis Hospital has a low linkage to care rate. Because there are only a few patients, they should be able to get them linked to care promptly, but that is not happening. - Compared to 2016, the viral suppression rate in 2017 for active patients improved at Ellis Infectious Disease but not at Ellis Primary Care. When broken down into various demographic indicators, woman, intravenous drug users, and people of color have poor VLS rates. - Ms. Kinley explained that HIV status was not easily found in the patient charts coming from the Emergency Department. - Within the Ellis Medicine quality improvement plan, a major goal is to increase the number of open patients with a known documented HIV provider.	

	- The Ellis Medicine Quality Improvement plan is heavily focusing on making improvements within the Emergency Department. This includes meeting with the emergency department director to ensure that providers document patients that are currently in HIV care and are HIV positive. Additionally, they will increase dissemination of informative material to emergency department staff and increase coordination between ED and specialized emergency nurses. - Ellis Medicine has a new peer program and has designated a consumer at Ellis Infectious Disease to work as peer education facilitator. This consumer does a lot of follow-ups with patients who are not adhering to medication. - Ellis Medicine has also begun text messaging patients with an office cell phone. Phone calls were difficult to make because many of their patients are minute based phone plans. WWW.TheBody.com/reminders is used to create alerts sent to phone for medication reminders, vital reminders, and appointments. - Challenges being faced include: difficulty disseminating information to all staff, patients not disclosing diagnosis, rotating emergency department shifts, and competing priorities for providers. - In the future, Ellis Medicine hopes to increase consumer involvement in quality improvement initiatives, not just by using consumers in peer support groups. They will also establish HIV curriculum into staff annual course requirements and identify open patients' points of contact. A new EHR system is being implemented in the spring of 2019, and it would be helpful to build in more specific prompts for HIV information of patients. **Northwell Health** - Ms. Clark gave an overview of the CART (Center of AIDS Research and Treatment) and Center for Young Adult Adolescent and Pediatric HIV cascades. - Ms. Clark explained that Northwell utilizes REDCap for electronic data collection. REDCap allows for mining of the data from the database in real time. Their patient assessment is categorized in various demographics, including financials, housing/transport, etc. - Overall, their young adults are struggling to remain virally suppressed. In addition, black and Hispanic populations have lower viral suppression rates. - Social determinants of health were assessed for viral suppression rates. This analysis showed patients with non-permanent housing struggle to become virally suppressed. - Northwell's quality improvement plan includes identifying all patients among those seen in the past two years that do not have a pending appointment. They have also begun a retention in care initiative, which includes sending reminder calls for all scheduled patients and track all missed appointments. - Northwell has implemented the "Know your numbers" project, in which patients with an unsuppressed viral load are invited in for educational session focusing on health	

	literacy. They will also incentivize attending monthly lab appointments. - Challenges of the "Know your numbers" project include: participant recruitment, patient appointment retention rate, and staffing. - Northwell implemented a community outreach strategy by interviewing recently diagnosed patients to identify trends among patients and determine if there are new populations at risk. Outcomes of this suggest there is a lack of education on PrEP. - Northwell has begun using Video Direct Observed Therapy (VDOT) to observe patients that are taking their medications remotely. - In response to a participant's question, both Ms. Kinley and Ms. Clark found the cascade development to be a lot of work but ultimately useful in helping to determine points of improvement for the organization, as well as provide clear data presentation to staff.	
Quality Management Plan Update *Dr. Charles Gonzalez, AIDS Institute*	- Dr. Gonzalez gave a brief overview of the goals of the Quality Management Plan. He stated that traditionally, the Quality Management Plan has been relegated to the Office of the Medical Director, which creates the guidelines and houses the Quality of Care committee. - Dr. Gonzalez noted that quality improvement in individual clinics isn't always matched by the overarching institution. In contrast, he hopes to expand the Quality Management Plan to cover the aims of the entire AIDS Institute. - He also hopes to align the Quality Management Plan more closely with ETE goals.	
Expanded Membership Conversation *Dr. Charles Gonzalez, AIDS Institute*	- Dr. Gonzalez discussed the need to expand committee membership. He stated that with increased membership and including different kinds of clinicians will give the committee more leverage in its initiative. - The AIDS Institute's mandates are HIV care, HIV prevention, Hep-C, STIs, drug user health, and LGBTQ health. Dr. Gonzalez hopes to have the voices of these populations – both consumers and clinicians – present at QAC meetings. However, as of now finding streams limit QAC membership to HIV primary care clinicians. - Dr. Gonzalez stressed that his vision is not to dilute the voices of current participants, but rather to make it louder and include more consumers and practitioners. - A QAC member commented that the committee should focus more on championing other issues such as like STIs, value-based payments because they are all related to HIV. - Another member commented that the aims of this committee don't overlap too much with other committees. - A QAC member expressed her desire to know more of the members on the committee. And Dr. Gonzalez reiterated the need for more collegiality and discussion and better efforts to take the what is learned at QAC meetings back to their institutions. - A QAC member commented that the committee meetings are a space where they can talk about in-depth clinical issues and advocated for keeping that strong clinical focus and balancing it with the inclusion of upstate and downstate, hospitals versus smaller	

	places. - Dr. Gonzalez reminded the group that it is very important to have younger or members of the clinical care team attending the meetings. - A QAC member commented that the QAC must be strategic when it expands. However, one of the organizations presenting had trouble getting their emergency department on board with their quality improvement efforts, so it would be important to have those folks in the room.	
Policies Impacting Immigrant Health in New York State *Claudia Calhoon, New York Immigration Coalition*	- Claudia Calhoon, of the New York Immigration Coalition (NYIC), discussed HIV positive immigrants in NYS in the current state of politics and its impact. - The NYIC works in core policy areas in health and education. One of its goals is to make healthcare more immigrant-friendly through language access, healthcare affordability and coverage for all, and improving the safety of using health care services. - NYIC members and partners include the African Services and Friends of Dorothy House. - New challenges for immigrant communities include legal service needs, public charge fears, detention and deportation fears, and acute mental health impacts. - There has been a noted uptake in immigration enforcement in the last year. - Members of the current administration have been thinking about reducing immigrant benefits, creating new stresses and pressures for migrants. - Lack of ARV availability in an immigrant's home country could make deportation a serious health risk, including immunity when treatment is disrupted, reduced treatment options, and prohibitive costs. - Ms. Calhoon defined a public charge as a person who is or is likely to become dependent on the government for basic subsistence. Utilizing the following programs can classify a person as a public charge: transport services, Earned Income Tax Credit, homeless shelters, housing assistance, SNAP, WIC, Medicaid, CHIP, and marketplace subsidies/tax credits. - Based on leaked immigration policy drafts, Ms. Calhoon wants to prepare at-risk communities. For example, HIV status for immigration could possibly qualify immigrants for inadmissibility, as they can easily become a public charge by accessing ADAP, for example. This would essentially create a travel ban on HIV positive people. - Public charge would not affect refugees, those seeking asylum, and other key exempt populations. Public charge consideration can delay a green card for an immigrant. - The public charge test considers the totality of the circumstances, so families will need to make individual determinations based on their situation. - An avenue for advocacy could be making ADAP universal. NY could administer it as a universal program for all uninsured HIV positive people, and NYS can negotiate low generic prices with the pharmaceutical companies. - A participant asked if Ryan White funding would be an issue too. Ms. Calhoon answered that this remains to be seen, as it wasn't included in the leaked documents - Another person asked if there were any attempts to get patient lists from ADAP, as	

	they had patients worry if they signed up for PrEP or ADAP that they would be put on a list and someone would discover their undocumented status. Dr. Gonzalez answered that, to his knowledge, there is no such list exists. - In response to this, a provider commented that grant funding sometimes requires providers to disclose if their patients are undocumented, so that could be a potential place where those names could be discovered. Another provider said they do maintain patient status on documents when they are asked for grants, but this information is not kept in the electronic medical records. Ms. Calhoon remarked that there has been no indication of ICE targeting undocumented immigrants through electronic health records.	
Closing Remarks	- Christine Kerr, QAC co-chair, gave closing remarks.	