2018 Organizational Treatment Cascade Review

Quality of Care Program, NYSDOH AIDS Institute

March 11, 2019

Presentation Agenda

1. **Introduction**

2. **Timeline**

3. **Submission Process**

4. **Update on Current Progress**

5. **What's Next?**

6. **Q&A**

2018 Organizational Cascade Overview

A single process that combines patient-level information previously reported through the eHIVQUAL application with the analysis and QI planning incorporated in recent submissions of organizational treatment cascades.

1. Organizations will register for the *NYS Health Commerce System*.
2. An *Excel template* will be given to all organizations for data input.
   - 1 Excel template with 3 tabs will be submitted by each organization.
   - Data validation checks are incorporated in the Excel template to ensure the integrity of the data.
   - The template will automatically construct visuals for each cascade (newly diagnosed/new-to-care, open and active patients).
3. Organizations will submit their finalized Excel document via the Health Commerce System.
4. The SQL Server data application will provide automated feedback, via email, regarding final data validation. When validation checks are all passed, quality coaches and assistants will provide additional feedback.
5. Final approval after review by quality coach and data analyst.

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Components of the Excel Template

- Patient-level information previously reported through the eHIVQUAL application.
  - o Data fields matched to Ryan White requirements where possible.
  - o This will include the patient's first and last name, MRN, date of birth, sex at birth, current gender, ethnicity, race, housing status, HIV exposure risk, primary insurance, and enrollment status.
- **Automated Cascade Visuals**
  - o Newly diagnosed/new-to-care (if applicable)
  - o Previously diagnosed
    - Open caseload
    - Active caseload
- Drill-down of results by patient characteristics
- Methodology Section
- Quality Improvement Plan
- Report key findings, consumer involvement, and updates on previous QI projects.

Built in Features:
  i.   Data validation
  ii. Cascade chart generation
  iii. Export of non-confidential content for use in-house and within networks

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Patient-level Data

1. First name of patient
2. Last name of patient
3. Initial letter of patient's middle name
4. Medical record number
5. Patient's date of birth
6. Patient's sex at birth
7. Patient's current gender
8. Patient's ethnicity
9. Hispanic subgroup if applicable (multiple entries are allowed, separated by comma(s))
10. Patient's race (multiple entries are allowed, separated by comma(s))
11. Asian subgroup if applicable (multiple entries are allowed, separated by comma(s))
12. Patient's housing status on last assessment/ report during the review period
13. Patient's HIV exposure risk (multiple entries are allowed, separated by comma(s))
14. Primary insurance on final status check during the review period
15. Patient's enrollment status
16. Standardized abbreviation for the clinic within the organization where patient receives care (active patients)
17. Service line or facility where patient last received care during the review period (unknown-status patients)
18. If patient was seen on a service line other than those we have listed, specify where the patient was seen

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Patient-level Data Continued…

19. Indicate if the patient was newly diagnosed during the review period, and if so, internally or externally?
20. Did the patient receive antiretroviral therapy (besides PrEP) during the review period?
21. If the patient was diagnosed prior to the review period (or diagnosis date is not known), did he/she receive a viral load test during the review period?
22. If the patient was diagnosed during the review period, what was the date of the patient's diagnosis?
23. If the patient was newly diagnosed as an inpatient during the review period, when was the patient discharged from inpatient care?
24. If the patient was newly diagnosed during the review period, was he/she seen for HIV care during the review period?
25. If the patient was newly diagnosed and seen for HIV care, what was the date when the patient was first seen for HIV care?
26. If the patient was diagnosed during the review period and tested during the review period, was the patient virally suppressed (< 200 copies/mL) on any test during the review period?
27. If the patient was diagnosed during the review period and tested during the review period, what was the date of the first VL test?
28. If the patient was diagnosed during the review period and suppressed during the review period, what was the date of the first suppressed VL (< 200 copies/mL)?
29. If the patient was diagnosed prior to the review period (or diagnosis date is not known) and tested during the review period, was the patient virally suppressed (< 200 copies/mL) on final VL during the review period?

Consumer Involvement in Quality Improvement

- Organizations will be asked to submit a Quality Improvement Plan that addresses specific gaps identified in the cascades.

- Each organization describes how consumers were engaged in the process of developing the Quality Improvement Plan based on the data in the cascades, participating in tests of change and reviewing outcomes.

- Questions to consider…
  o What are the barriers to consumer involvement in QI?
  o What are the benefits of consumer involvement in QI?

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Why is it important to report 2018 cascade data?

- Provides robust quality of care data for providers and NY State.
  - Comprehensive look at HIV+ patients
  - Automates the indicator scoring
  - Facilitates optional additional analysis

- Integrates data collection, analysis and QI planning.

- Facilitates patient matching by the State, focusing provider attention on what they can control.

- Lays the groundwork for the next two annual reviews and submission of any other quality program data.
  - Registration of users in the HCS
  - Reusable template
  - Extensible database

Timeline

- Health Commerce Registration: Ongoing

- Guidance Released: Pending EDCC approval

- Introductory webinars were held:
  - February 27
  - March 5
  - March 8

- Open for Submissions as of late March

- Submissions Due in April (exact date TBD)

Submission Process

1. **Health Commerce System Registration**
   1. Identify someone at the organization responsible for submitting the data. While only one upload is needed per organization, you may wish to identify a backup person as well.
   2. Provide HCS access for these staff:
      1. If your organization is already registered to use the Health Commerce System, contact the organization's HCS Coordinator to register additional staff as needed.
      2. If the organization does not have a HCS Coordinator or do not know if the organization has an HCS coordinator, contact Joe Kobilca at Joseph.Kobilca@health.ny.gov, and provide your organization's name and the name and address of the clinic where you work.

Submission Process

2. **Confirm primary contact, authorized approvers and list of HIV clinics.**
3. **Completion of data template**
   1. Collect patient-level data
   2. Transfer to template
   3. Check for errors and then generate indicator scores
   4. Analyze results and then complete other template fields
4. **Submit template**
   1. Submissions should be uploaded via the Organizational Treatment Cascade Data Upload application in the Health Commerce System site in April 2019; DO NOT EMAIL, MAIL OR FAX PATIENT-LEVEL DATA.
   2. Correction of errors as needed – but please validate before submitting!
   3. Final approval after coach and data analyst review

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Current Progress

- **Health Commerce System (HCS) registration underway.**
- **Identification of primary contacts and authorized approvers and confirmation of clinic lists underway.**
- **Data definitions disseminated on February 22nd.**
- **Draft template developed and tested by providers.**
- **Guidance and instructions drafted.**
- **Overview webinars presented; additional webinars to be held.**
- **HCS application developed.**
- **Secure server for validating and storing data has been set up.**

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Next Steps

- Template and Guidance disseminated ASAP.
- Webinars will continue as needed.
- Coaching will be available at any time.
- Organizations will submit their reviews by April (exact date TBD).
- Staff and coaches will review submissions and contact providers with any suggested corrections (spring, 2019).
- Cascades will be posted on the Quality of Care Program Website (summer/fall, 2019).

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Questions?

Further Questions? **Contact**
qocreviews@health.ny.gov

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