



# Immune Health Services (IHS) Pediatric Infectious Disease

Organizational Treatment Cascade  
2019 Review of Care Provided in 2018

# Immune Health Services (IHS)

- Only Designated AIDS center in Central NY, serving a 13 county radius
- Became Primary Care Medical Home (PCMH) level 3 certified in 2016; about 75% of our patients receive primary care from our practice
- PrEP, LGBT and RAP grants are provided through AIDS Institute
- Services
  - PrEP, primary care to partners of people living with HIV
  - Primary care to members of the LGBTQ community, including gender affirming hormone therapy, regardless of HIV status
  - Hepatitis C monoinfection treatment
  - Mental/behavioral health
  - Substance use services
  - Anal dysplasia program
  - Adherence support

# Pediatric Infectious Disease & Immunology

- Provides HIV Primary Care and Prevention Services to children, adolescents & young adults;
- Provides HIV Primary Care and Harm Reduction services to youth ages 13-24 in 14 county region of CNY through AI FAYS SCC grant;
- Provides PrEP services to youth ages 13-24 through AI BHACS PrEP grant (in collaboration with Immune Health Services);
- Offers LGBT primary care and supportive services as part of AI LGBT HHS grant in collaboration with Immune Health Services and Adolescent Medicine;
- Offers on-site mental health, medical case management, nutrition, retention & adherence and peer services

# Rapid treatment initiation efforts

- Pager available during business hours to rapidly reach a team member who can schedule or meet newly diagnosed patients
- Electronic referrals accepted after hours
- Patients diagnosed in hospital seen same-day by ID consult team
- IHS medical director cc'd electronically on all patients confirmed through the HIV testing algorithm at Upstate
- Positive test results in EMR have a message attached stating to call Peds ID or IHS
- Same-day appointments available for rapid start

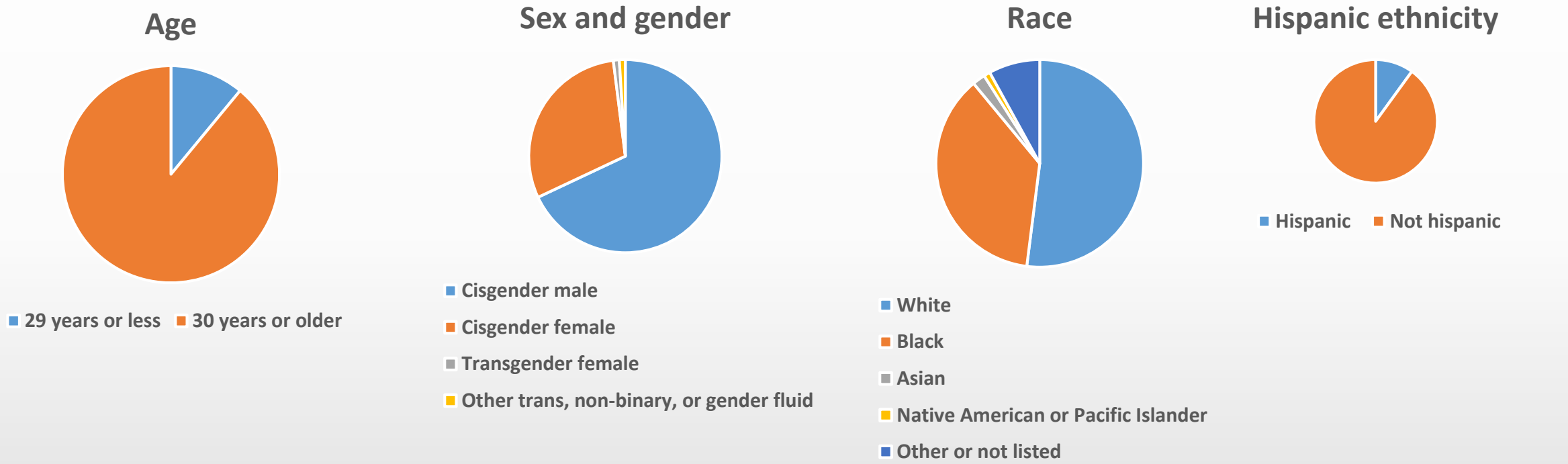
# Definitions

- Previously Diagnosed Patients: All patients diagnosed with HIV before 2018, who received services from Upstate Medical University during 2018.
  - Open Caseload: All patients in the SUNY Upstate electronic medical record HIV registry
    - Not confirmed to be in care elsewhere
    - Not deceased, relocated or incarcerated by the end of 2018
    - Confirmed HIV infection
  - Established Active Caseload: All open patients who received HIV primary care services at IHS or Peds ID in 2018 (*Excludes all new to care patients*)
  - Open Non-Active Caseload: All open patients who received services within Upstate Medical University in 2018, but did not receive HIV primary care services

# Definitions Continued

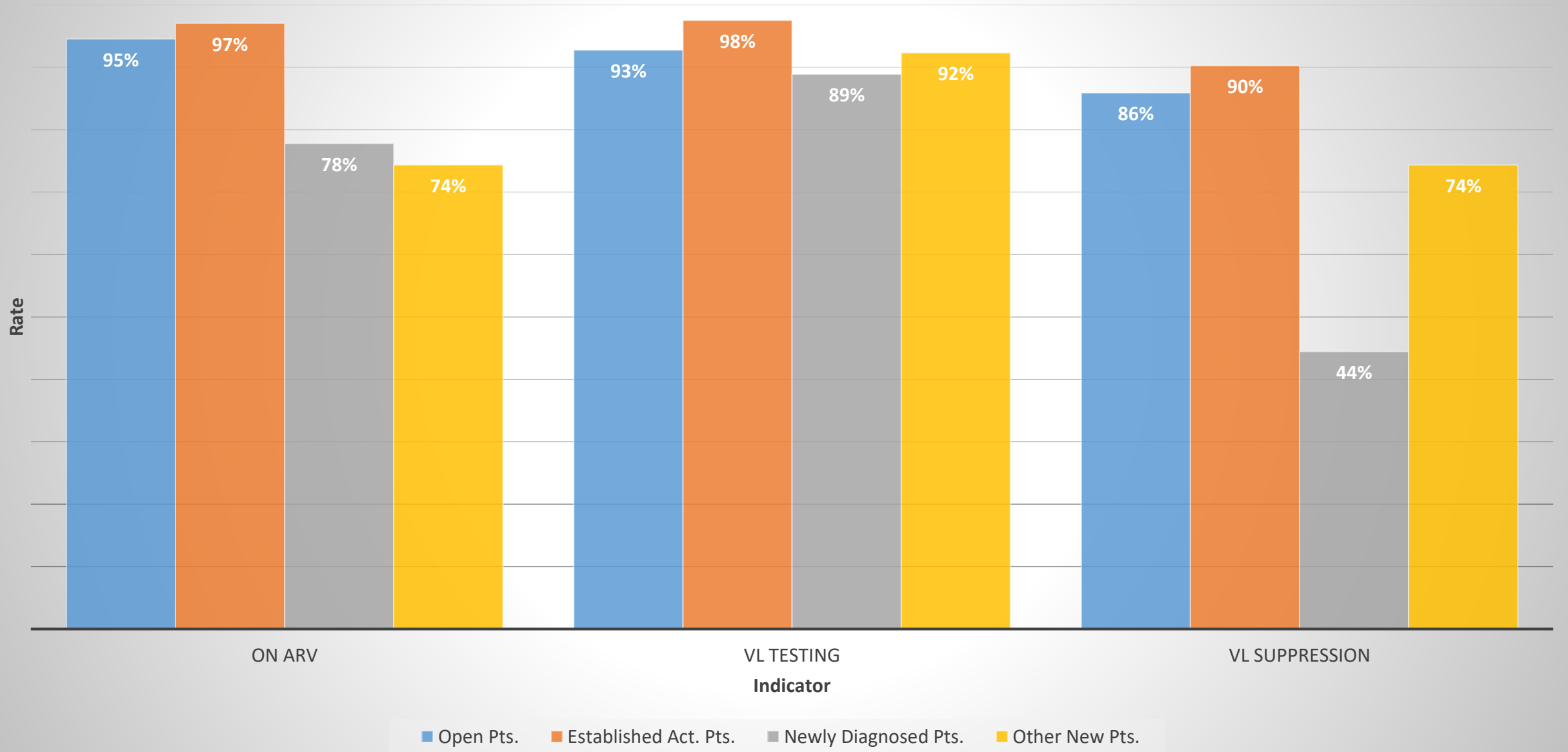
- Newly Diagnosed Caseload: All patients diagnosed with HIV in 2018 seen in the organization
- New-to-Care Caseload:
  - Patients previously diagnosed with HIV but transferred care into IHS or Peds ID in 2018, or
  - Were previously seen at IHS or Peds ID but had not been seen in 2 or more years

# Demographic Summary of people living with HIV at IHS and Peds ID\*



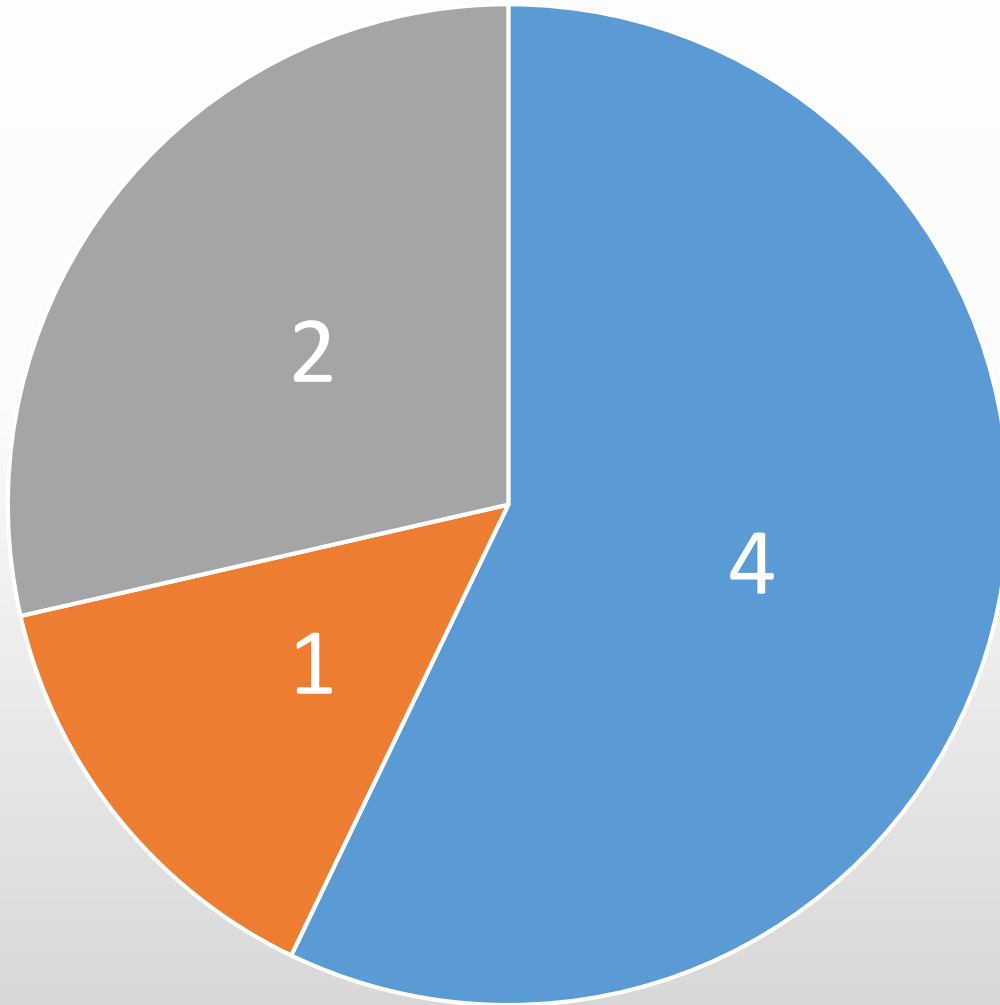
\*Housing stability information was missing for 47% of patients

# Cascade Indicators



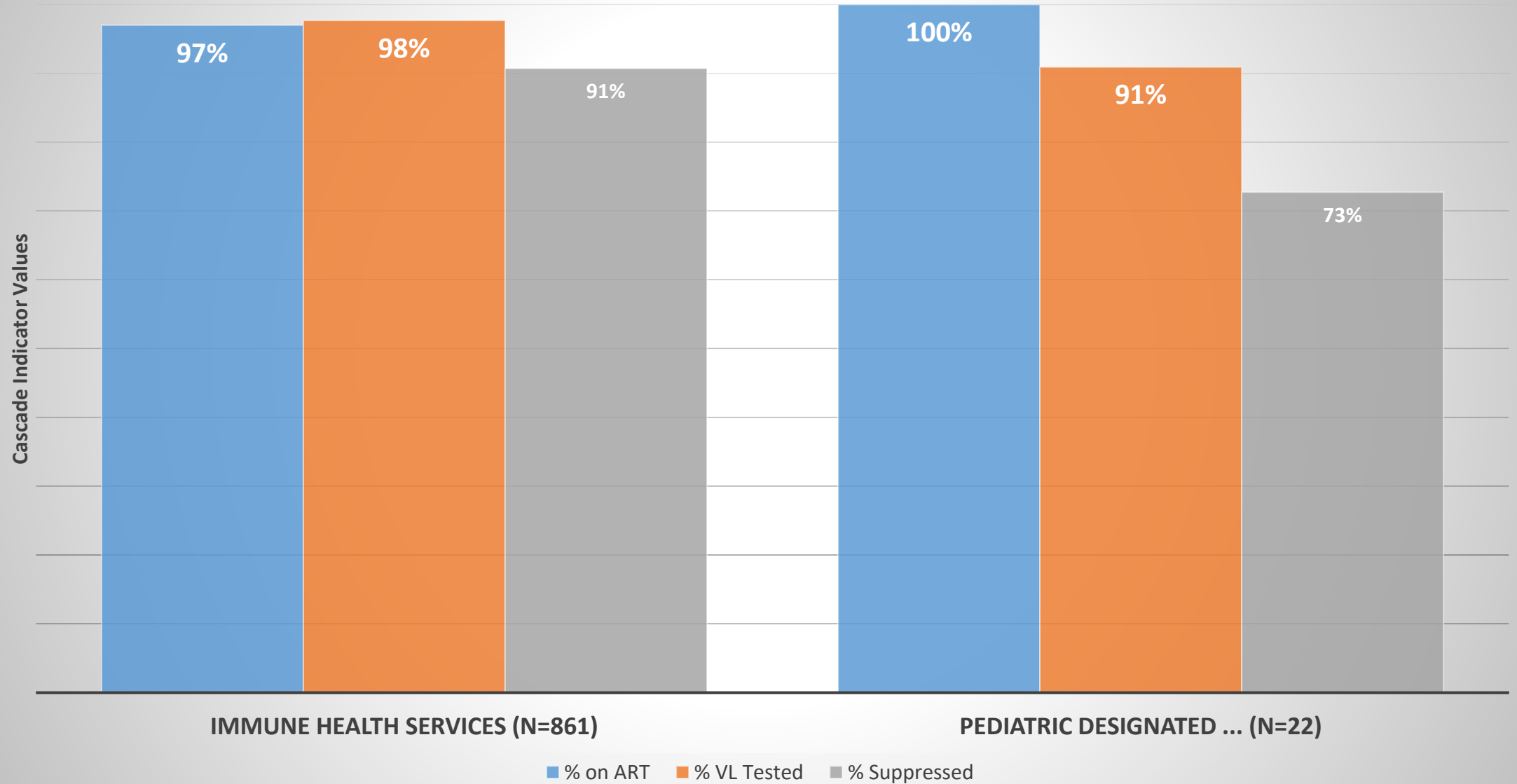


# Linkage of Internally Diagnosed Patients (n=7)

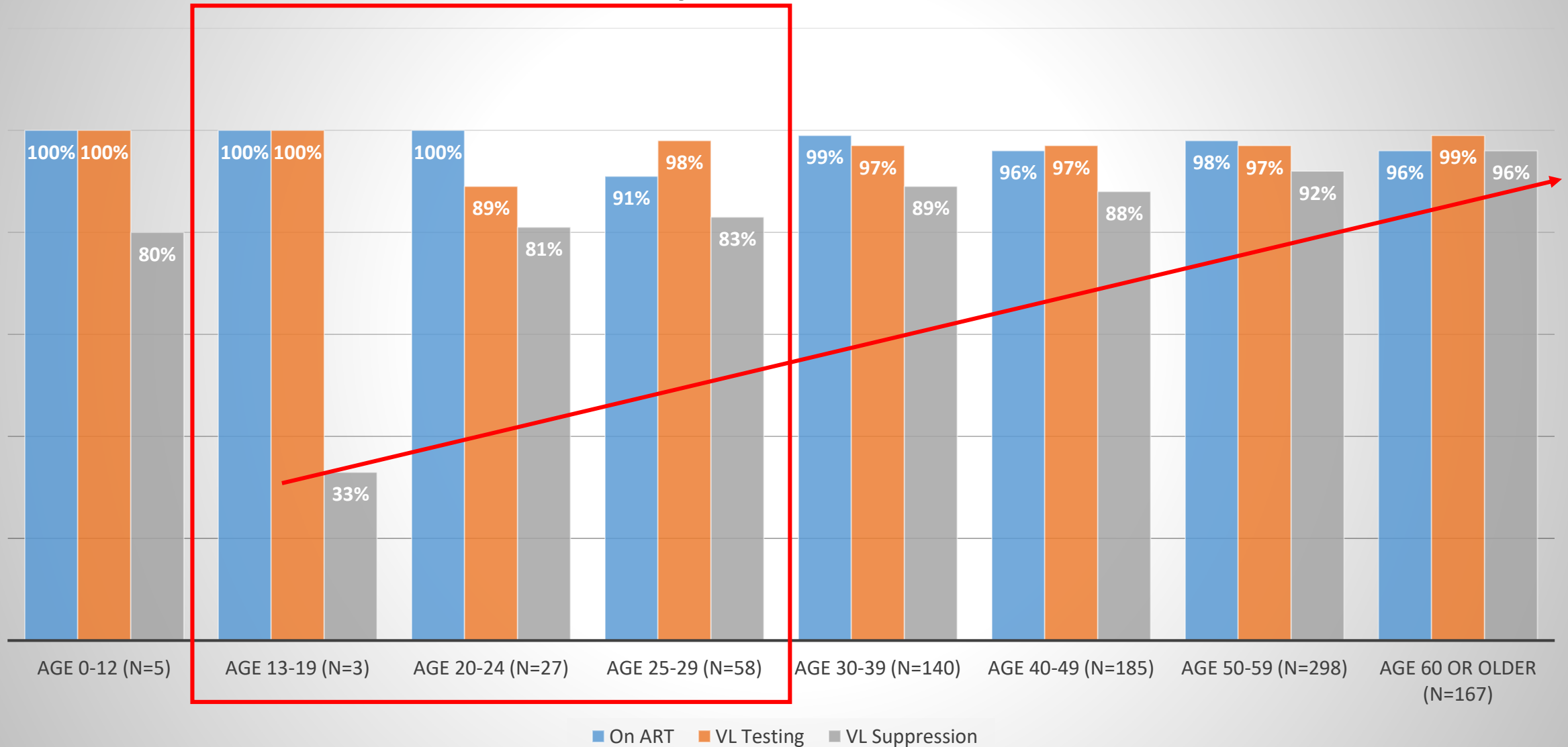


- Linked within 3 days
- Linked within 8 to 30 days
- Not linked at 90 days

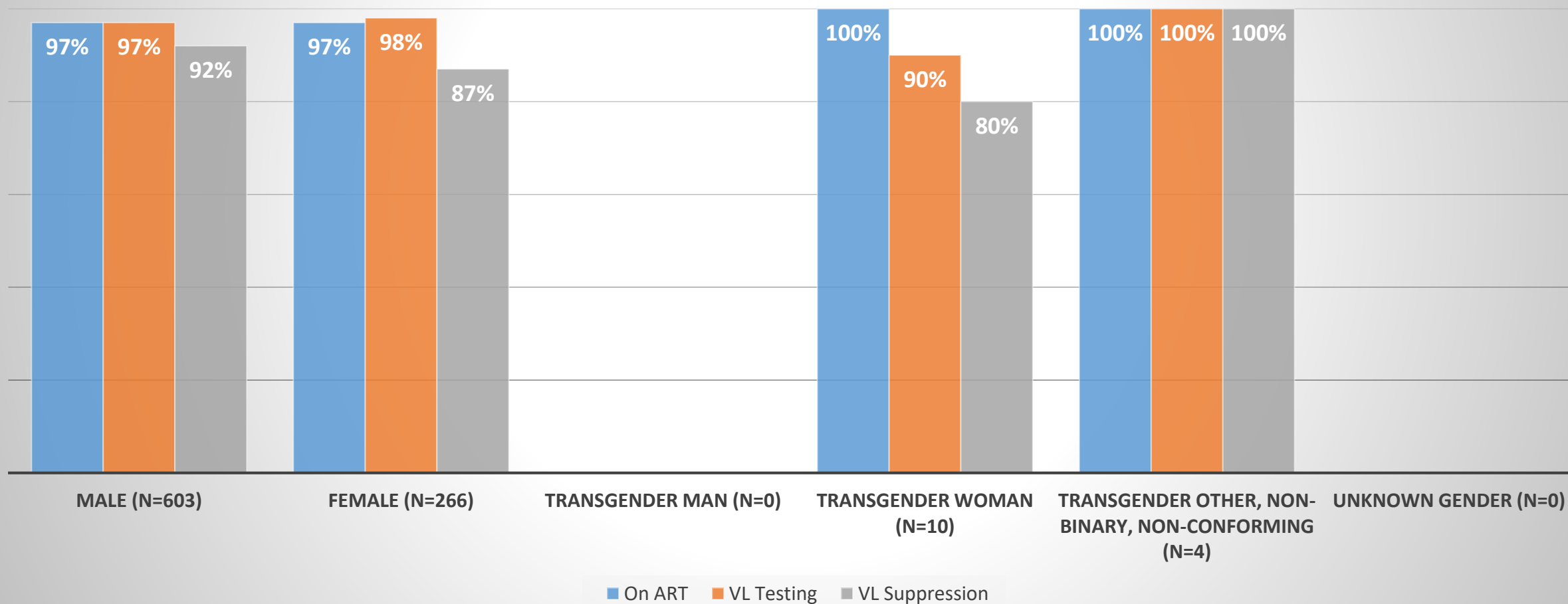
# Cascade Results by Clinic (Established Active Patients)



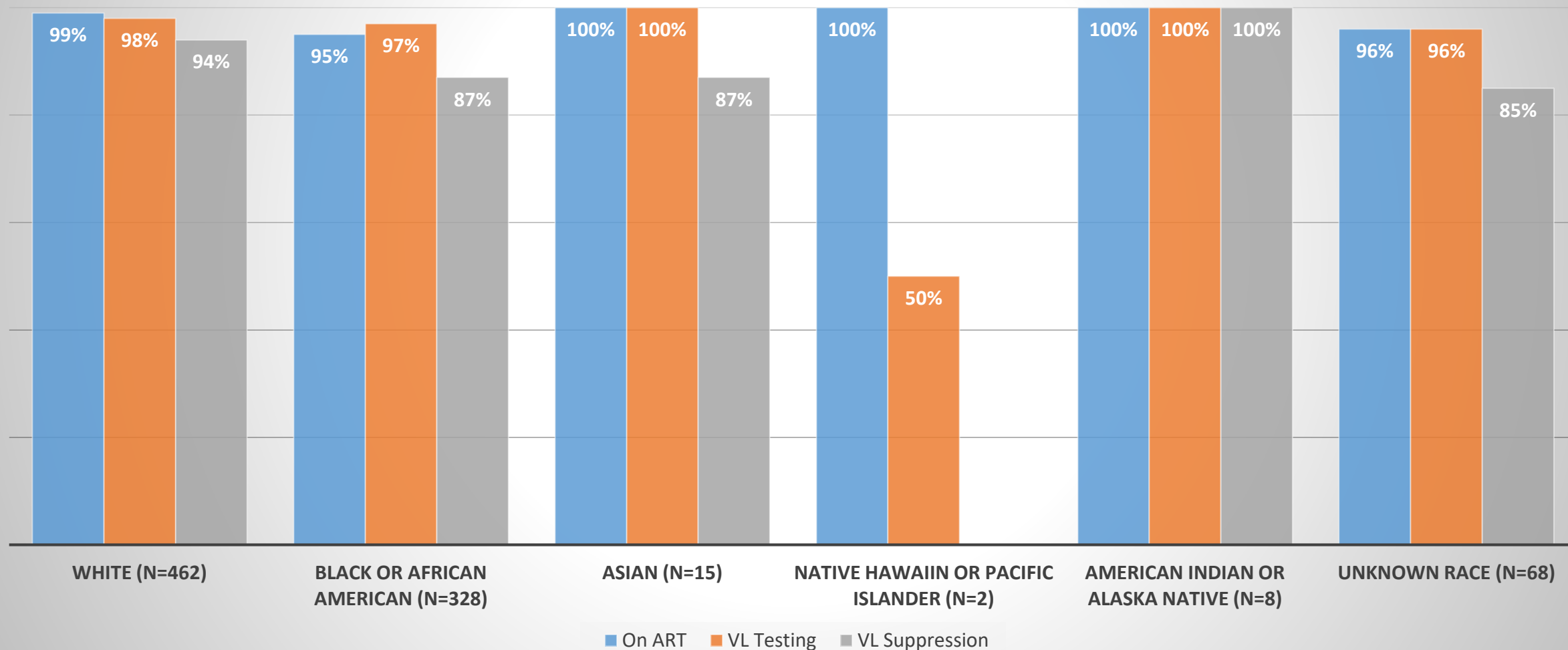
## Established Active Patients: ART, VL Testing and VL Suppression Rates by Age Group



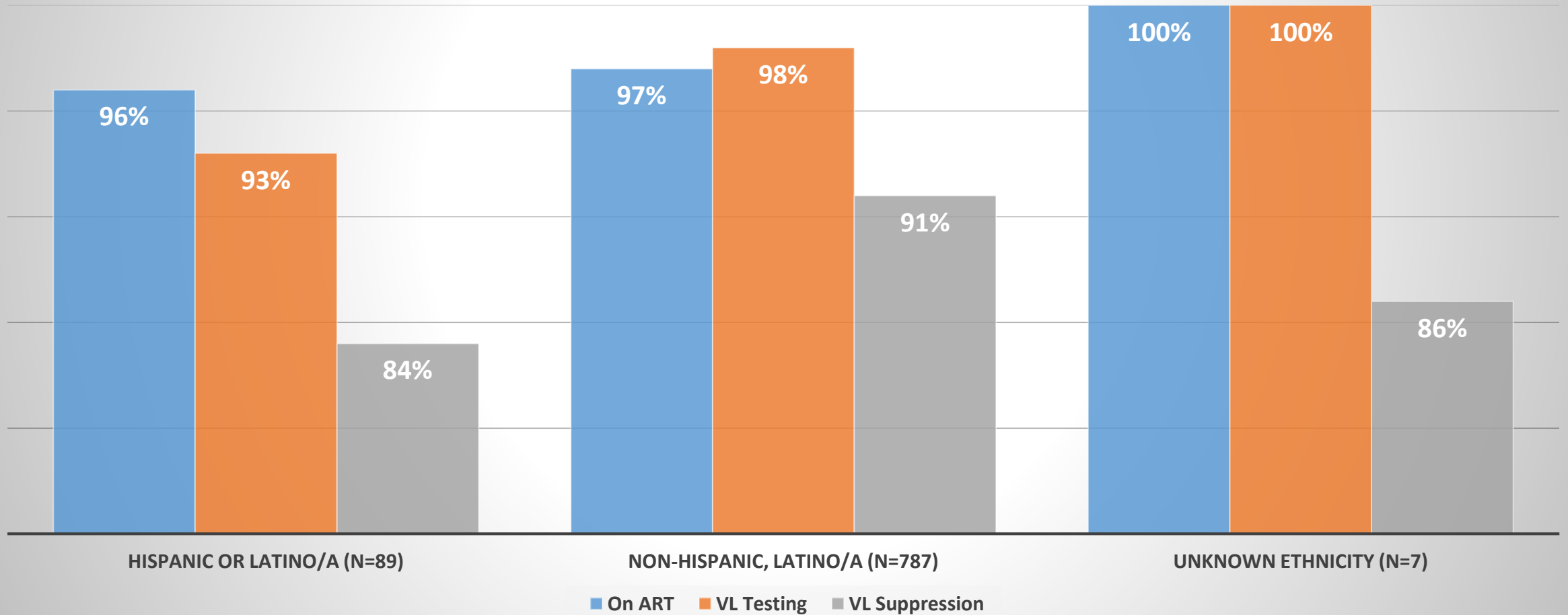
## Established Active Patients: ART, VL Testing and VL Suppression Rates by Gender



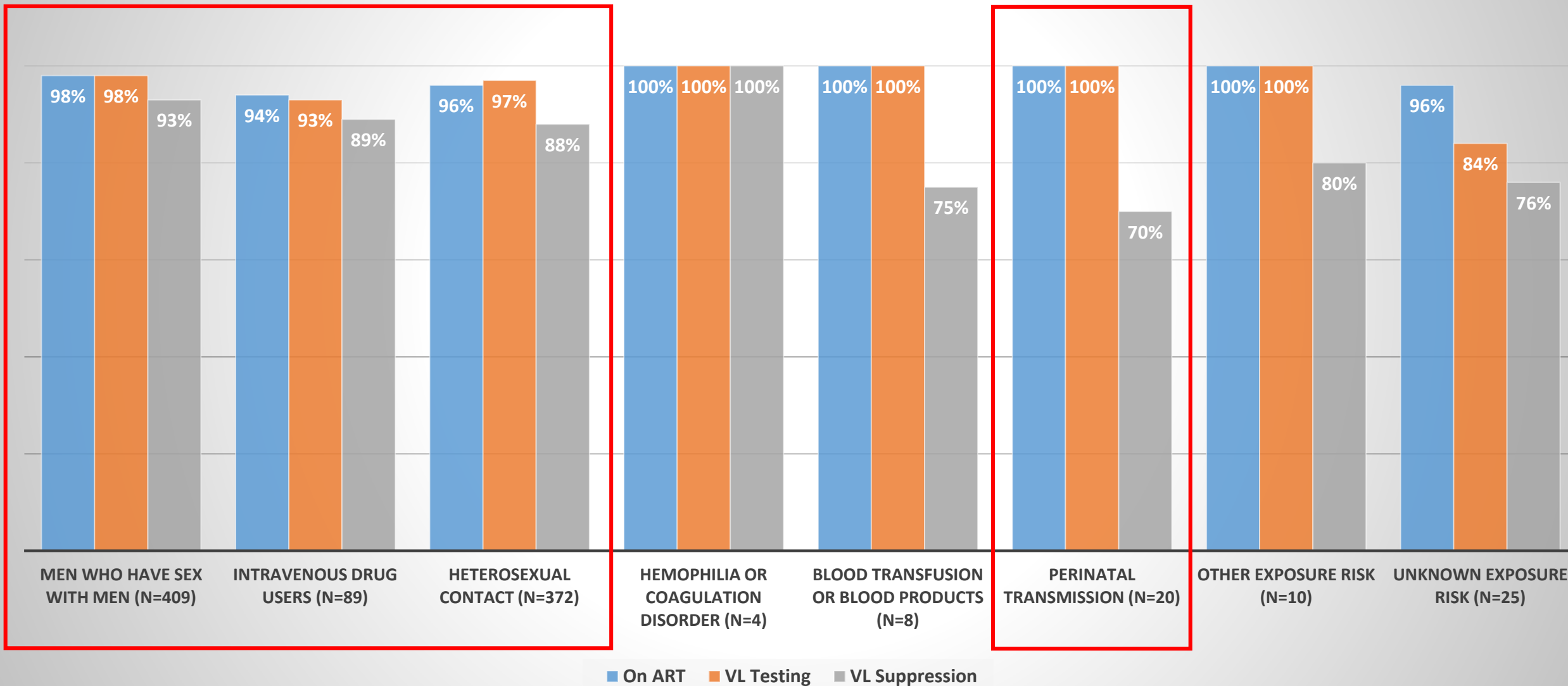
## Established Active Patients: ART, VL Testing and VL Suppression Rates by Race



## Established Active Patients: ART, VL Testing and VL Suppression Rates by Ethnicity



## Established Active Patients: ART, VL Testing and VL Suppression Rates by Risk Factor



# Summary of key disparities

- The following groups were more likely to experience virologic failure
  - Transgender women and cisgender women compared to cisgender men
  - Younger individuals
  - Racial and ethnic minorities compared to white patients
  - People infected with HIV perinatally compared to others



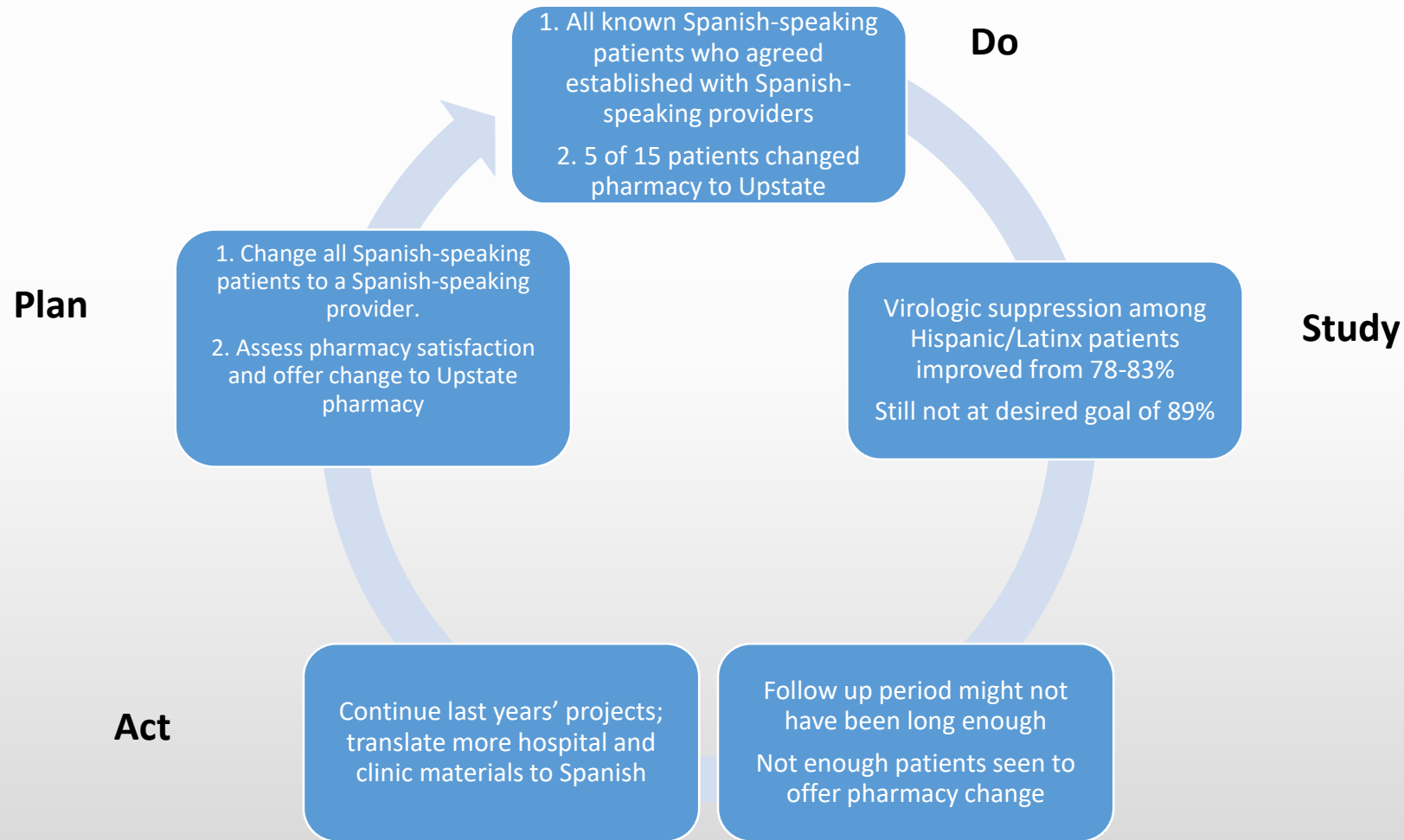
# Quality Projects IHS

Disparity noted: About 10% of patients not virologically suppressed each year

- Plan: To identify barriers to virologic suppression for patients experiencing chronic or recurrent elevated viral load
- Population: Individuals from last 2017-2019 cascades identified more than once with virologic failure
- Using team approach list primary barriers to virologic suppression
- By September, 2019: Work with RAP team to identify 1-2 new strategies to assist patients with persistent/recurrent virologic failure based on identified barriers

# Quality Projects IHS

Disparity noted: Lower rates of virologic suppression among Hispanic/Latinx patients



# Joint Quality Projects: IHS & PEDS ID

Disparity noted: lower rates of virologic suppression among 20-29 year olds

Plan: Improve virologic suppression in 20-29 year olds.

- a. All pts aged 20-29 will be contacted to request texting consent
- b. Team members will send personalized messages to consenting pts at least once between regular clinic visits, from August 1, 2019 through January 31, 2020.
- c. Pts without scheduled follow up will be contacted to make an appointment
- d. All 20-29 year old pts with unsuppressed viral load in 2018 will be reassessed for participation in enhanced services

# Joint Quality Projects: IHS & PEDS ID

## Assessment:

- Reassessment of virologic suppression will occur in the 2019 HIVQUAL Cascade
- Goal of 5 % improvement in virologic suppression

# Quality Projects: PEDS ID

Disparity noted: Lower virologic suppression rate for <20 year old individuals perinatally infected with HIV.

Goal: Improve suppression rate for <20 year old patients infected via vertical transmission by 5% over 12 months.

Plan:

- a. Develop multimedia age appropriate education for youth <13 years and 13-19 years
- b. Deliver education during regularly scheduled clinic visits
- c. Peer support will be offered to all patients
- d. Patients <20 years without sustained viral load (>12 months) will be eligible for the intervention
- e. Monitor VL suppression rates quarterly with goal of 5% improvement in rates over 12 months.

# Thank you

