2018 Facility Level HIV Cascade

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- Federally Qualified Health Center
- Network of 31 full and part-time clinics in Manhattan, the Bronx, Brooklyn and the Mid-Hudson region, serving over 100,000 patients annually
- Joint Commission accredited, Level 3 Patient Centered Medical Home
- Primary care, mental health, dental care, case/care management, community programs and more
- **Mission:** Provide high quality medical and psychosocial services to underserved communities

HIV SERVICES AT THE INSTITUTE

"NO ONE FIGHTS ALONE IN THIS FAMILY"

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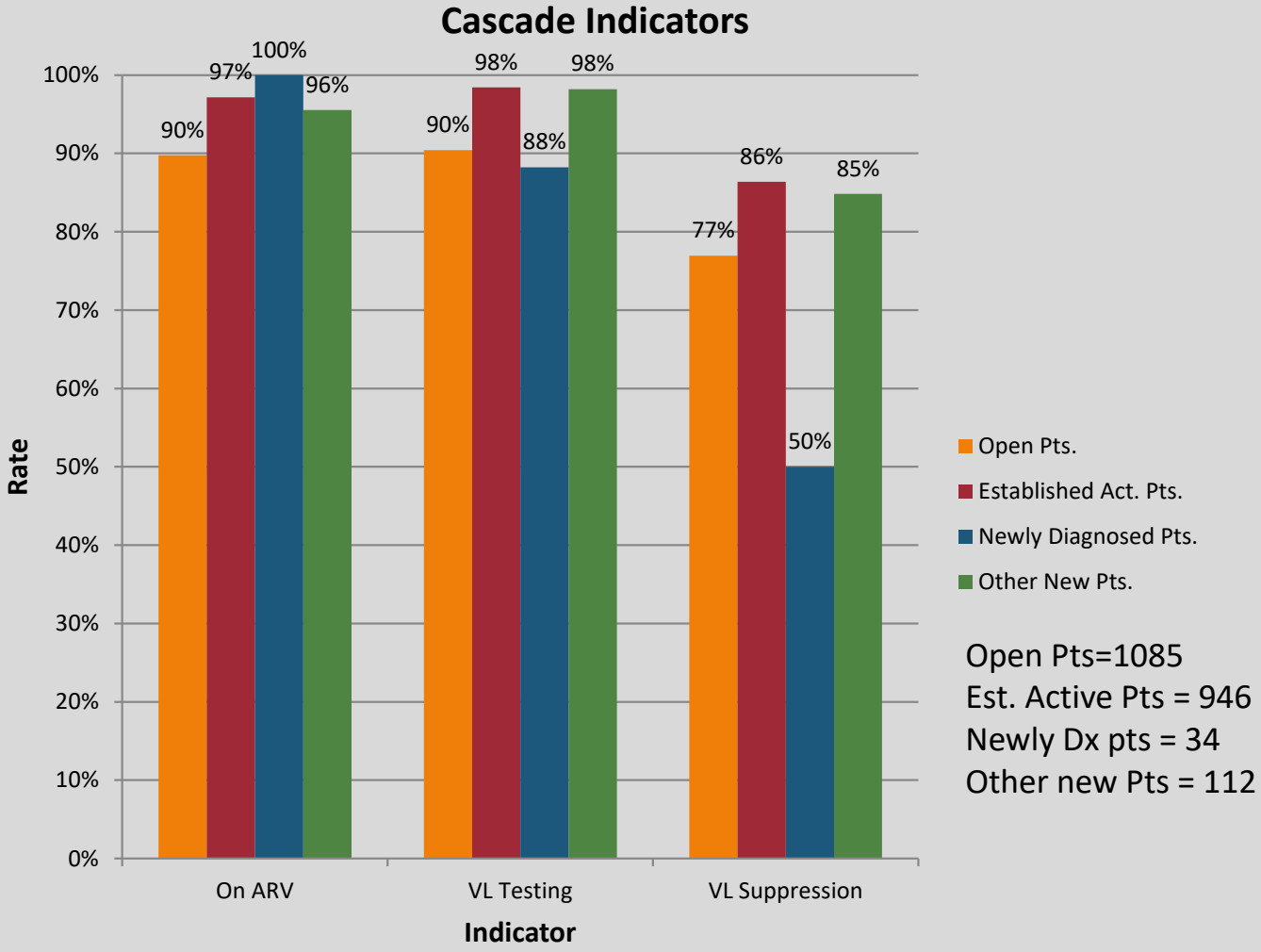
- Patients seen (2018): Approximately 1400 patients (includes pts living with and at risk of HIV/AIDS)
- 35 psychosocial staff members who provide a range of supportive services
- 10 HIV specialists, 5 residents in 2-year COMPASS elective, and several non-HIV specialist providers being mentored
- 5 grant funded programs (RW Part A,B and C and prevention grant)
- Majority of care provided at 5 locations:
  - Family Health Center of Harlem
  - Urban Horizons Family Health Center
  - Institute for Family Health at 17th St
  - Stevenson Family Health Center (new site, limited services)
  - Family Health Center at Walton (newest site, limited services)

METHODOLOGY

- **Data source:** EMR (Epic), specifically internal HIV Registry and a secondary report that pulls data from other parts of the chart.
- **Limitations:**
  - not all data needed lives in reportable fields, HIV reporting not optimized yet, no HIV dashboard (in progress)
  - variability in staffing models and staff training re: consistent documentation across the sites
  - no dedicated HIV QI staff and limited capacity for chart reviews to obtain missing data
  - high patient volume
  - race/ethnicity options always don't match patients self-identification (especially among patients who are of Hispanic ethnicity)
  - sex and gender options don't always match patients self-identification (a woman whose sex assigned at birth was male may identify as a woman and not a transwoman)
  - Overall, we have a medically complicated patient cohort, with significant rates of mental illness, substance use, and unstable housing

2018 TREATMENT CASCADE



Open Pts=1085
Est. Active Pts = 946
Newly Dx pts = 34
Other new Pts = 112

ANALYSIS AND KEY FINDINGS

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- Improvement in viral load suppression rate for established patients, from 80% (2017, active patients) to 86% (2018, active patients)
- Improvement in viral load suppression rate for new to care patients, from 68% (2017) to 85% (2018)
- Continued high rates of ARV initiation and viral load monitoring
- VL suppression rate for newly diagnosed patients continues to be an area of concern, stayed about the same, 51% (2017) vs. 50% (2018)
- Among age cohorts, lowest viral load suppression rate in 2018 was among patients ages 20-24 (21 patients, 67%). In 2017, VLS rate in that age group was 80%, and lowest VLS rate was among patients ages 30-39, at 73%.
- Among gender cohorts, lowest viral load suppression rate in 2018 was among transgender women (12 patients, 75%). In 2017, VLS rate among that gender group was also lowest, at 73%
- VLS rate lower than average among patients unstably housed (78%, 2018) though a bit higher than the VLS rate among that group in 2017, which was 72%

ANALYSIS AND KEY FINDINGS

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- **What were QI efforts in 2018 that could explain the data?**
  - New HIV Medical Director, committed to quality, more oversight of residents and attendings who are not HIV specialists
  - Expansion of COMPASS supportive services to additional clinic
  - Rapid Start just getting off the ground, will we see better VLS for newly dx in 2019 because of this effort?
  - Financial incentive program rolled out Q3 of 2018
  - A lot of work around consumer involvement and anti-stigma efforts
  - Ongoing focus in all programs to work closely with patients unsuppressed, monthly unsuppressed case conferences and caseload tracking

2019 CQI APPROACH, TOP LEVEL GOALS AND PROJECTS

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- **Approach:**
  - We aim to have 2019 CQI goals set by Q1, don't wait for the cascade data but adjust goals/projects based on cascade findings
  - Multidisciplinary CQI committee that skews psychosocial, with addition of patient member this year for the first time
  - All program managers required to lead a QI project that aligns with top level goals
  - Front line staff encouraged to participate, we have 2 frontline staff committee members this year
  - PDSA model

2019 CQI APPROACH, TOP LEVEL GOALS AND PROJECTS

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- **2019 CQI projects (before cascade)**
  - Analysis and revision of financial incentive program
  - Analysis of new case finding workflow
  - Expansion of Quick Start
  - Stigma reduction through group intervention
  - PrEP for women
- **Additions with cascade data**
  - Intervention targeting 20-24 year-old age cohort
  - Drill down newly diagnosed cohort to better understand barriers to suppression
  - Continued efforts at strengthening housing referral network
  - Better care to transwomen patients (grant pending for supportive services)