

What is New York Links?

NYLinks consists of geographically based regional groups of HIV clinical, supportive service and prevention providers who, together with community members living with HIV and public health professionals, use modern improvement science and local epidemiological data, to; improve linkage to and retention in HIV primary care, to optimize viral suppression, and to improve both individual and community health outcomes. Operating as part of New York State's Ending the Epidemic (EtE) Initiative, NYLinks measures improvement through the use of self-reported data verified through NYS HIV surveillance. Improvement is measured organizationally as well as regionally.

VISION

The number of new HIV infections, HIV-related mortality and corresponding community viral burden will be reduced throughout New York State.

MISSION

NYLinks addresses community needs and statewide priorities through enhanced collaboration and integration of quality improvement methodology among agencies and programs that provide HIV services to decrease gaps in the HIV treatment cascades as part of the New York State EtE Initiative.

MAJOR STRATEGIES

NYLinks Regional Groups will reduce the transmission of HIV across New York State by:

1. Implementing a community-based response to the HIV epidemic by mobilizing networks of clinical and non-clinical providers, community leaders and community members living with or affected by HIV/AIDS.
2. Aligning programs, providers and the community to address the goals of New York State's Ending the Epidemic Initiative through shared, local leadership and with technical support from state and local health departments.
3. Building capacity for quality improvement in the region, identifying and disseminating successful interventions within the continuum of HIV services and sustaining the achieved regional results.
4. Using community level data to link public health strategies with clinic and service level improvement initiatives.

DESIRED OUTCOMES

1. Disparities in outcomes and access to care will be identified and reduced.
2. Strategies to engage members of the most vulnerable and disenfranchised populations will be improved.
3. All of those newly diagnosed with HIV will be linked to clinical care within 30 days.
4. HIV-infected patients will be retained in care, following recommendations from current public health guidelines to assure that they receive necessary medical care to ensure optimal health outcomes.
5. HIV service providers in each region will be engaged in NYLinks Regional Groups.
6. Self-management skills will be promoted among HIV-infected patients to increase self-efficacy and problem-solving skills to find the most effective ways to increase treatment and medication adherence and ultimately increase rates of viral suppression.

NYLINKS REGIONAL GROUP STRUCTURE AND ACTIVITIES

While the processes and framework for initiating and sustaining Regional Groups are embedded into the statewide Quality of Care Program, groups are structured to implement effective community changes that address critical issues and equity in access to HIV medical care and outcomes unique to each region. Local characteristics, epidemiological factors and the needs specific to the geographic region inform the structure and operations of a regional group. Using a shared leadership model group members collaboratively set local priorities, establish annual plans, and implement and share improvement work. The size and/or age of a group determines the need for and implementation of steering committees and or sub-regional meetings. Typically, these leadership teams are composed of PLWH, clinicians, QI staff, supportive service providers, and other community members. Attention is paid to assure that these committees are supported by quality coaches and other public health department leadership and that they reflect the larger community.

Three to four full-group meetings are held in each region per year. Partnership development and collaboration, webinars and conference calls, build momentum amongst participants between meetings. Regional meeting agendas include: community SWOT analysis; HIV treatment cascade (continuum) analysis and data drill-down; community driven goal setting; peer learning activities: and sharing improvement activities.

PERFORMANCE MEASUREMENT

Each Regional Group uses a combination of self-reported data and surveillance data to determine the gaps in the HIV treatment cascade where improvement can take place. While many of these gaps occur within organizations there are occasionally areas where the broader group can have a large impact. Thus, groups in Western NY and in Upper Manhattan have set specific regional improvement goals. Performance measurement tools and QI methodology to drill-down patient level data are designed so that each group can investigate the gaps in care in more detail to prioritize their specific regional and organizational responses. Regional HIV treatment cascades provided by the NYSDOH and NYCDOHMH surveillance units are used extensively to look at regional gaps in care. Regional Groups are integrating the newest measures on these cascades (linkage to care within 3 to 5 days and “open” cases but no record of HIV primary care) into their collaborative work.

QUALITY IMPROVEMENT

Regional Groups are currently improving outcomes along the organizational treatment cascades, including linkage to care for the newly diagnosed, engagement in care for those individuals who are HIV+ but identified as not being in care, ARV adherence and viral load suppression.

QUALITY COACHING AND SUPPORT

Experienced quality improvement coaches manage each region and are responsible for coaching and technical assistance (TA) to support the implementation of quality work within that region. They provide both group and individual consultation. Regular contact takes place with staff from each participating agency to identify quality goals and TA needs. Between regional meetings, quality consultants provide structure and tools for clinics and supportive service agencies to continue with implementation of quality improvement activities. In some regions coaches work in tandem with leadership teams to develop their capacity and expertise for regional quality management – including local and provider level data analysis, setting goals, priorities and sustaining the overall direction of quality improvement activities in the region. Steering committees typically develop agendas for full-group meetings and lead many aspects of these meetings. Coaching also revolves around the

construction and use of organization level cascades and drilling-down data related to the gaps that have been identified.

EXPECTATIONS OF REGIONAL GROUP MEMBERS

- Participating agencies identify a QI team (based on agency size) inclusive of an executive sponsor, HIV medical director and/or clinician, consumer, QI team leader, data staff and other line staff related to linkage, engagement and/or viral suppression.
- Attendance at all regional meetings and webinars and sub-regional meetings as needed.
- Routine submission of performance measurement data as requested in a timely fashion.
- Implementation of quality improvement projects focused on linkage, engagement or viral suppression.
- Share the results of QI work through peer learning opportunities.
- Request assistance when needed.

BENEFITS OF PARTICIPATION IN NYLINKS

- Technical assistance on data acquisition, analysis, quality improvement methodology, intervention selection and design from recognized experts in the field of quality improvement and public health.
- Significant peer learning and partnership development opportunities.
- Alignment with current NYSDOH AIDS Institute contract requirements for quality improvement and quality management (along with similar requirements from other funding sources).
- Opportunity to highlight organizational commitment to ending the epidemic and quality improvement work to position your agency for future funding.
- Access to regional data sets that can be used for grant writing and presentations.
- Coaching and support for potential publicizing/sharing of quality improvement work with wider professional communities at the local, state, and national levels.
- Access to information on successful evidence-based interventions and models of care.
- Training resources within and outside the region such as Motivational Interviewing, ARTAS, building organizational cascades, consumer involvement in QI, etc.
- Monthly webinar series on topics related to quality improvement, linkage to care, engagement in care, viral suppression, innovation and epidemiological data.
- Networking with regional providers, local community members and leadership, Medicaid managed care and local public health staff to strengthen service provision and exposure to innovative models of care.
- Experience with being a direct part of New York State’s Ending the Epidemic Initiative.

QUALITY MANAGEMENT

The NYLinks Outcomes Framework and regional leadership teams (if they have been initiated) help to guide each Regional Group’s development, priorities, direction and sustained momentum toward collaborative quality improvement. Full group meetings are opportunities for members to come together, discuss quality improvement work, ask questions, address regional training and technical assistance needs, and build structure for continuous quality improvement, sharing successes, barriers and challenges.

SUCCESSSES

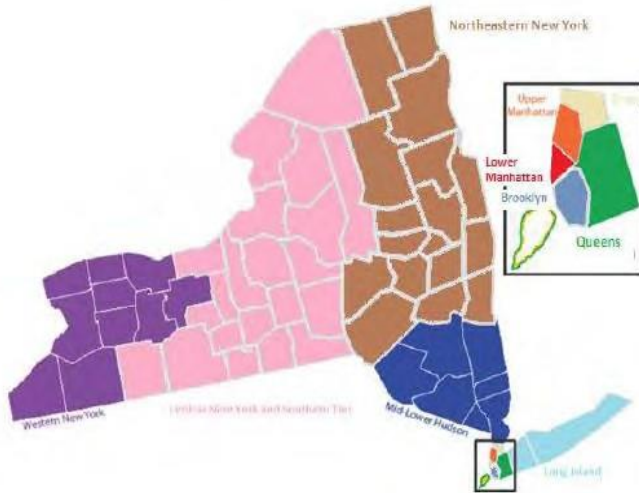
Numerous successes have been noted in NYLinks with the two largest successes being the formation of Monroe County Partnering to End the Epidemic (McPETE) which is a composite NYLinks/ETE group

focused on 21 distinct measures of improving care to the region and Upper Manhattan's measured improvements and regional goals in 2016 and new goals set for 2017. Other groups have looked at closing regional gaps, developed forums on substance use and PrEP/PEP, and addressed regional training needs. Focus has been on compiling improvement successes so that they can be better shared amongst the group.

CHALLENGES

NYLinks members are not funded for participation in Regional Groups. Participation is entirely voluntary. It is very important that participants find value in participation, amongst the large number of tasks that are already before them and necessary to end the epidemic. Some regions are very large geographically - which can involve 3+ hours of travel to a meeting and somewhat isolates those providers who are at the fringes of a region. Building a "community response" inclusive of all HIV supportive service, clinical, and prevention services, along with consumers and other key stakeholders (e.g., Medicaid managed care organizations) creates groups with wide variation in capacity for and experience with quality improvement and quality management. Careful attention and planning is needed to assure that capacity development and coaching for quality improvement and quality management that addresses the needs across this spectrum of expertise in a way that builds and sustains momentum toward measurable goals. A final challenge is the level of coordination and resources (staff, time, money) necessary to cover the entire state's quality improvement work both amongst individual agencies and across regions and to end the epidemic.

Existing Regional Group locations in New York State



**New York Links Regional Group Information
June 2019**

Brooklyn, NYC

As one of our youngest regions this group has embraced collaboration by consistently working with the Brooklyn ETE group, the Brooklyn NYKnows group, the Brooklyn Borough President’s Office, and the NYC DOHMH. In 2015 the borough of Brooklyn had the highest number of new HIV diagnosis in NYC with 649 cases identified. The majority of new cases were between 20-29 years old, with 78% identifying as male and 87% identifying as non-white. To better address this, Brooklyn holds a collaborative meeting annually to update data, address new regional concerns, share regional issues and successes and plan for the short and long term.

Initiated: December 2016

of Full Group Meetings: 12

of organizations involved: 36

Organizations: After Hours Project, Bedford Stuyvesant Family Health, bridging Access to Care, NYC DOHMH, Brightpoint, Brookdale University hospital, Brooklyn Hospital Center, Brooklyn Plaza Medical Center, Brownville Community Development Corp, CAMBA, Caribbean Women’s Health Assoc, Community Healthcare Network, Family Services Network, Haitian American Community Coalition, Housing Works, Interfaith Medical Center, Joseph P. Addabbo Family Health, Kingsbrook Jewish Medical Center, NYS DOH, Maimonides Medical Center, NYC H&H, Planned Parenthood of NYC, Research Foundation of SUNY-University Hospital of Brooklyn, START Treatment and Recovery Centers, Wyckoff Heights medical Center, Amida Care, Metro Plus, VNSNY CHOICE Select, Bristol-Myers Squibb, Gena Care Pharmacy, Office of the Brooklyn Borough President

of distinct individuals from provider organizations involved: 309

Bronx, NYC

Initiated: September 2016

of meetings: 11

of organizations involved: 34

Organizations: Health First, VNS NY Choice, Metro Plus, Amida Care, NYC DOHMH, NYS DOH, NYC H&H Central Office, Segundo Ruiz Belvis-Gotham Health, Morrisania, Lincoln Hospital, Jacobi Medical Center, Vocational Instruction Project, Samaritan Village, Salvation Army, St. Barnaba Hospital, Riverdale Mental Health Assoc, Promesa, Planned Parenthood, NY Harm Reduction Educators, Morris Heights Health Center, Montefiore Medical Center, Institute for Family Health, Health People, Damian Family Care Center, Counseling Service of NYC, Care for the Homeless, Bronxworks, Bronx-Lebanon Hospital, Community Healthcare Network, Brightpoint, Bristol Meyers Squibb, Boom! Health, Acacia Network

Central New York State

Central NY covers a very large geographic region that includes a number of Native American lands and a large military base, creating a barrier for coordinating HIV care within that region. Members have been working on better coordination of care, coordinating efforts with both the ETE regional group as well as the regional network, both of which meet monthly. NYLinks strives to hold meetings along with the regional network and ETE work is reported during the meeting. Two providers in the region have VLS rates of over 95% and NYLinks works with them to build peer learning opportunities for others in the region as well as outside the region.

Counties: Tioga, Broome, Chenango, Cortland, Tompkins, Cayuga, Onondaga, Madison, Oneida, Herkimer, Oswego, Jefferson, Lewis, St. Lawrence

Cities: Syracuse, Utica, Binghamton, Elmira

Initiated: November 2015

of meetings held: 14

of organizations involved: 24

Organizations: Syracuse Mayors Task Force to End AIDS, Syracuse Regional Health Office, Southern Tier AIDS Program, UHS, Broome County DOH, Chenango County DOH, Arnot Ogden Medical Center, Cortland County DOH, Jefferson County Public Health Service, St. Rose Vincent Family Medicine, Oneida County DOH, SUNY Upstate Immune Health, SUNY Upstate Medical University, Liberty Resources, Syracuse Brick House, ACR, Onondaga County Health Dept, Syracuse University, Masking and Kompany, PharmaCannis Health and Wellness, Center for Community Alternatives, Oswego County Opportunities, NYS DOH

Long Island

Work on Long Island is divided between regional and sub-regional efforts. Twice a year the entire island meets to discuss regional HIV treatment cascade gaps and improvement work. Sub-regional meetings are held in Suffolk and in Nassau and are often paired with Ending the Epidemic regional work as well as with large issues specific to each region - Prevention and use of PEP and PrEP in Nassau and substance user health in Suffolk.

Counties: Nassau, Suffolk

Cities: Hempstead, Brookhaven, Islip

Initiated: August 2015

of meetings: 24 (includes 4 sub-regional meetings)

of organizations: 35

Organizations: Circulo de la Hispanidad, inc, Education and Assistance Corporation, Five Towns Community Center, Hispanic Counseling Center, Hofstra University, Long Island Crisis Center, Inc (Pride for Youth), Long Island Gay and Lesbian Youth, Nassau County Dept of Health, Nassau Health Care Corporation, Nassau-Suffolk law Services Committee, Nassau University Medical Center, Nassau Health Care Foundation, National Black Leadership Commission on AIDS, Northwell Health, Northwell Health CART, Planner parenthood of Nassau County, David E. Rogers Medical Center for HIV/AIDS Care, Economic Opportunity Council of Suffolk, Family Services League, Hudson River Healthcare, Long Island Association for AIDS Care, Options for Community Living, Research Foundation SUNY, Services and Advocacy for LGBT Elders, Stony Brook Children’s Hospital, Suffolk County Department of Health Services, NYS Dept of Health, Thursday’s Child, United Way of Long Island, Harm Reduction Coalition, Long Island Transgender Advocacy Coalition

Manhattan, NYC

Due to the number of agencies and the distinct neighborhoods in Manhattan the borough is divided into two regional groups – Lower and Upper Manhattan.

Lower Manhattan, NYC

This region consists of neighborhoods below 59th St in Manhattan, including the Chelsea-Clinton neighborhood which is one of the neighborhoods with the highest HIV diagnosis and prevalence rates in NYC in 2015. Unlike other neighborhoods with high HIV diagnosis and prevalence rates in NYC, Chelsea-Clinton has relatively low poverty and mortality rates and its residents are primarily white.

Initiated: October 2016

of Full Group meetings: 6

of Leadership meetings: 8

of organizations involved: 21

Organizations: AIDS Service Center of Lower Manhattan, Asian and Pacific Islander Coalition, Callen Lorde Community Health Center, Exponents, NYC DOHMH, Gay Men’s health Crisis, Hetrick Martin Institute, Housing Works, LGBT Community Center, Institute for Family Practice, Mount Sinai Peter Kruger clinic, NY Presbyterian Center of Special Studies, New York University, Village Care ADHCP, William F. Ryan (WFR)Community Health Center-Chelsea/Clinton, WFR – Nena Community Health Center, Ali Forney, NYC Health and Hospital– Gouverneur Hospital, Amida Care, Metro Plus, Mount Sinai West Side Clinic

Upper Manhattan

This region is comprised of the Manhattan neighborhoods above 59th St inclusive of Central and East Harlem and Morningside and Washington Heights, which are neighborhoods with the highest HIV diagnosis and prevalence rates in NYC. These neighborhoods are also among the neighborhoods with the highest rate of poverty in NYC and is comprised of the highest numbers of non-white residents.

Initiated: February 2012

of meetings: 24

of leadership meetings: approx. 19

of organizations involved: 41

Organizations: AIDS Service Center, Bailey House, Boriken Neighborhood health Center, Center for Comprehensive Health Practice, Urban Healthcare, Community Healthcare Network, East Harlem AIDS Adult Day Health Care Program, FACES NY, Harlem Dowling Westside Center, Institute for Family Health – Harlem Family Center, Harlem United, Iris House, Lenox Family Center, Lenox Hill Hospital, Mount Sinai Jack Martin Clinic, Morningside Clinic, Samuels Clinic, NY Harm Reduction Educators, NY Presbyterian Hospital – East, NYC – H & H Harlem Hospital, NYC -H&H Metropolitan Hospital, NYC H and H Lenox, Settlement Health, START Treatment and Recovery Centers, William F. Ryan Community Health Center, Washington Heights Corner Project, Amida Care, BristolMyers Squibb, Norwood Pharmacy, Denny Moe’s Barber Shop, Safe Horizon, Manhattan Borough President’s Office, Manhattan HIV Care Network, MetroPlus, VNS NY Choice, Healthfirst, NYC H&H, NYCDOHMH, City University of New York, School of Public Health, Columbia University School of Public Health

Mid and Lower Hudson

Mid and Lower Hudson works closely with the Ending the Epidemic Committee in the region, often sharing meeting dates and to more broadly disseminate information. This region also works with the Tri-County Part A Learning Network.

Counties: Westchester, Rockland, Putnam, Dutchess, Orange, Ulster, Sullivan

Cities: Poughkeepsie, Mount Vernon, Yonkers

Initiated: June 2013

of meetings held: 25

of organizations involved: 17

Cornerstone Family Health Care, Hudson River Healthcare, Middletown Community Health Center, Pathstone, Family Services of Westchester, Hudson Valley Community Services, Mt. Vernon Hospital, Open Door Family Medical Center, St. John ‘s Riverside Hospital, Touch, Westchester Medical Center, Dutchess County DOH, Rockland County DOH, Westchester County DOH, Paramount Specialty Pharmacy, Housing Works, Albany Medical Center-Kingston

Northeastern New York

The Northeastern New York region is officially the linkage and retention sub-committee of the Capital Region Ending the Epidemic effort. Meetings are often held on the same day as the ETE meetings. The

improvement focus has been on both linkage to care and on viral suppression. The group recently completed a designing the ‘perfect’ system exercise which helped focus them on how a system should be built rather than on what their system currently looks like. They are now working on bringing the two closer together.

Counties: Columbia, Greene, Delaware, Otsego, Schoharie, Albany, Rensselaer, Washington, Saratoga, Schenectady, Montgomery, Fulton, Hamilton, Warren, Essex, Clinton, Franklin

Cities: Albany, Schenectady, Troy, Plattsburgh, Saratoga Springs

Initiated: June 2016

of meetings: 12

of organizations: 17

Housing Works, NYS Justice Center, Rehabilitation Initiatives Career Central, Albany County DOH, NBLCA, Ellis Hospital, Hudson Headwaters Health Network, AIDS Services of Catholic Charities, Champlain Valley Physicians Hospital, Whitney M. Young Health Services, Pride Center, Alliance for Positive Health, Albany Medical Center, Albany Medical Center Young Adult, Legal Aid Society, Albany Law School Clinic, Albany Damien Center, NYS DOH

Queens, NYC

Initiated: February 2013

of meetings: 17

of organizations: 17

Joseph P. Addabbo, AIDS Center of Queens County, Community Healthcare Network, Damian Family Care Centers, NYC Health & Hospitals Elmhurst Hospital Center, NYC Health & Hospitals Queens Hospital Center, Voces Latinas Corp, Jamaica Hospital Center, Brightpoint Health, Samaritan Daytop Village, Northwell Health, Elmcour Youth & Adult Services, Sheltering Arms

Staten Island, NYC

Initiated: February 2013

of meetings: 8

of organizations involved: 7

Community Health Action of Staten Island, Project Hospitality, NYC DOHMH, North Shore Long Island Jewish, Staten Island University Hospital, Richmond University Medical Center, Bailey House, Rikers Island Transitional Services, NYS DOH

Western New York

The NYLinks providers in the Western NYLinks Regional Group decided to split into two Regional Groups: Buffalo Links and ROC City Links. The ROC City Links group evolved into the Monroe County Partnering to End the Epidemic (MCPeE). Under leadership from Monroe County, NYLinks work was combined with Ending the Epidemic work to create MCPeE. This synergistic group has created a jurisdictional approach and response to the end the epidemic in Monroe County by 2020 through the development of county wide partnerships consisting of HIV clinical and non-clinical service providers, consumers and networks committed to specific objectives and activities that align with the New York State End the Epidemic and NYLinks initiatives. Members develop and present a commitment plan that delineates how that organization will contribute to the MCPeE mission, objectives and activities. MCPeE has 21 clearly defined measures which will capture data from the Agency’s Commitment Plan.

Counties: Niagara, Erie, Chautauqua, Cattaraugus, Allegheny Genesee, Orleans, Wyoming, Steuben, Chemung, Schuyler, Yates, Seneca, Ontario, Livingston, Monroe, Wayne

Cities: Buffalo, Rochester

Initiated: June 2012

of meetings:

WNYLinks Regional Group: 18

Buffalo Links: 5

ROC City Links/MCPeE: 25

of organizations: 22

Buffalo: Evergreen Health (includes Evergreen Medical Group, Community Access Services, The Pride Center of WNY), Erie County Medical Center (ECMC), Community Health Center Buffalo, Kaleida Health Woman and Children’s Hospital of Buffalo, Erie County Department of Health, Livingston County Department of Health, Consumer Leaders **Rochester:** Action for a Better Community, Inc./Action Front Center, Jordan Health, Catholic Charities Community Services Diocese of Rochester, Strong Memorial ID Clinic/University of Rochester Medical Center (URMC), Trillium Health, Partners Advocating for Community Change, Huther Doyle, Rochester Regional Health Systems and Unity ID, Black Leadership Commission on AIDS, Monroe County Department of Health, Rochester Area Task Force on AIDS, URMC Victory Alliance, NYS Department of Health AIDS Institute, Consumer Leaders, National Center for Deaf Health Research/URMC

MCPeE: Created a web of services across agencies for same day linkage to clinical care and supportive services for newly diagnosed patients, for patients likely to fall out of care and for patients in need of timely and comprehensive services. Disparities in viral suppression rates have been identified among sub populations, particularly African American women.

Buffalo Links: Evergreen Health continues to sustain the Buffalo Links cross agency to ensure patients engagement in clinical care with referrals to Erie County for follow-up. Clinical agencies: ECMC, EH, and Kaleida Health continue QI work to increase and sustain viral suppression rates.

NYLinks: In 2017, both sub regions decided to come together into a single unit, while maintaining some regional meetings and efforts.