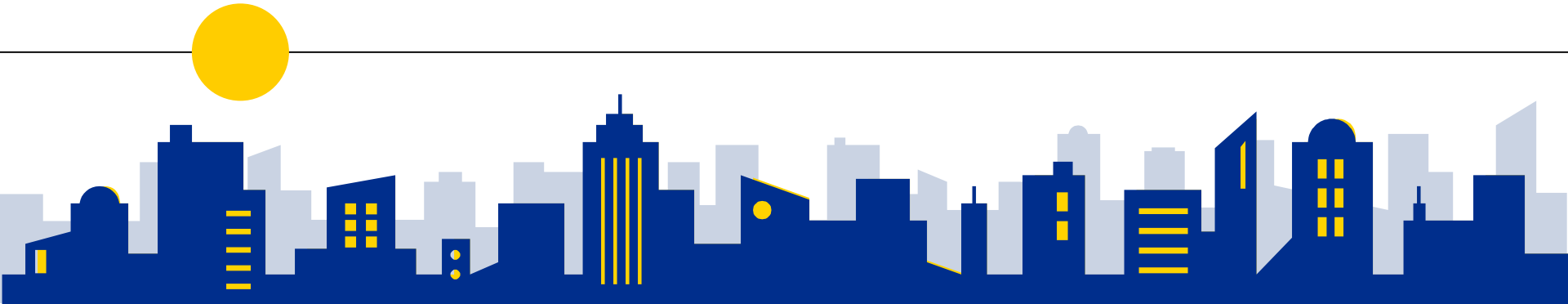
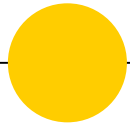


The Power of Quality Improvement: Engagement for Improvement



Welcome

Kristina Rodriguez, Project Coordinator, NYDOHMH Care and Treatment Program

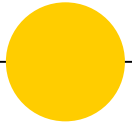


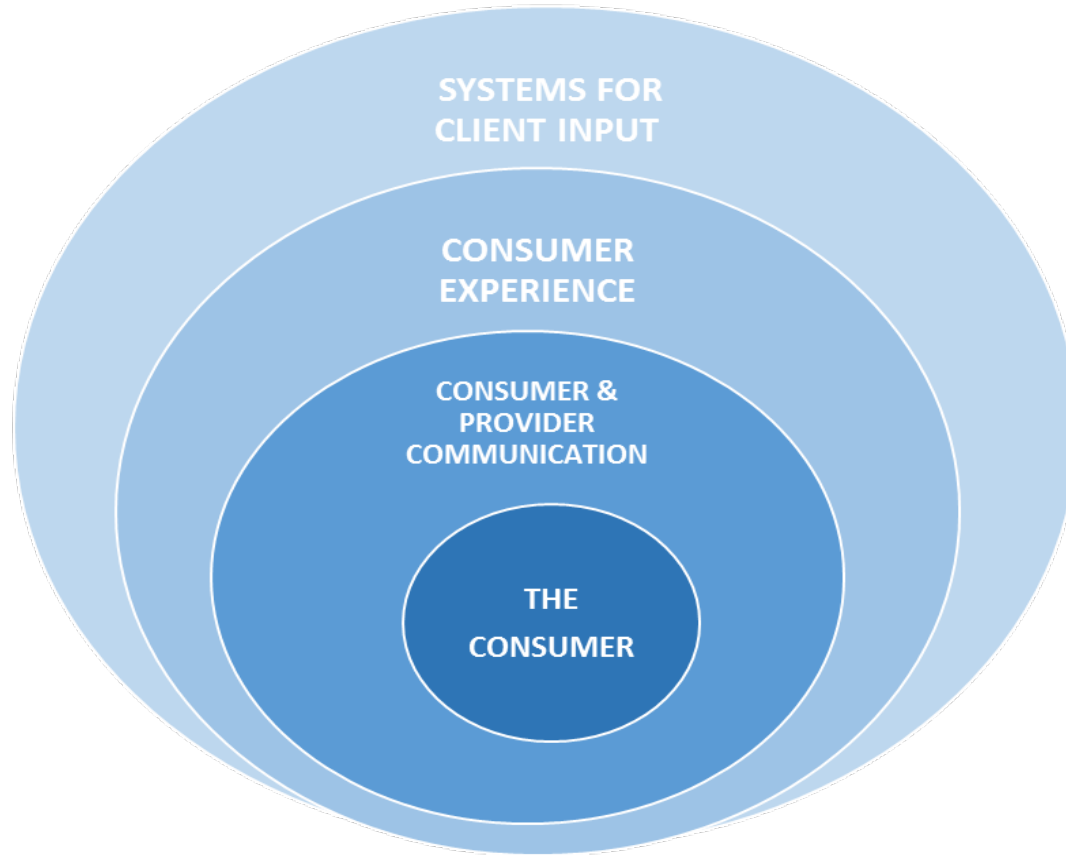
Consumer's Committee

Lisa Best, Consumer's Committee Co-Chair

Billy Fields, Consumer's Committee Co-Chair

Darryl Wong, Deputy Director of HIV Planning Council and Staff Support
to Consumer's Committee





The Consumer Solar System





The Consumers Committee of the New York HIV Planning Council brings together those with lived experiences of HIV and AIDS, as well as the parents and/or guardians of minors living with HIV/AIDS within our funding area. The Consumers Committee makes up one-third of the HIV Planning Council membership.

Committee meetings are generally held once a month at different locations throughout New York City. The council encourages and supports consumer participation by providing round trip Metro cards, a meal, language interpretation and child care services (with two weeks' advanced notice).

All meetings are held in spaces accessible to people with mobility and hearing impairments. For questions about accessibility, please contact the Office of the NY HIV Planning Council at 347-396-7441 or nyhiv@health.nyc.gov.

For Consumers Committee meeting calendars, schedules and announcements, visit the New York HIV Planning Council's website at nyhiv.org or call 347-396-7441.

New York HIV Planning Council

The New York HIV Planning Council is part of the federal Ryan White HIV Program, which began as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990. The program helps cities, states and local community-based organizations provide primary care and support services to uninsured and under-insured people living with HIV/AIDS (PLWHAs). The New York HIV Planning Council is a 50-member community planning body whose mission is to ensure PLWHAs receive quality care. Members are chosen by the mayor and include PLWHAs, primary care and social service providers, governmental representatives and community-based partners.



Office of the NY HIV Planning Council
Division of Disease Control
New York City Department of Health and Mental Hygiene
42-09 28th Street
Long Island City, NY 11101
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Your Voice Matters:
Join the Consumers Committee

A Committee of the
New York HIV Planning Council

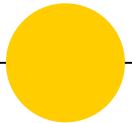


Contact Information

- ◎ NY HIV Planning Council Consumer's Committee
 - Darryl Wong, Deputy Director
dwong@health.nyc.gov
 - Lisa Best, Co-Chair:
lrbest61@hotmail.com
 - Billy Fields, Co-Chair:
punchie62@gmail.com

Care and Treatment Program Remarks

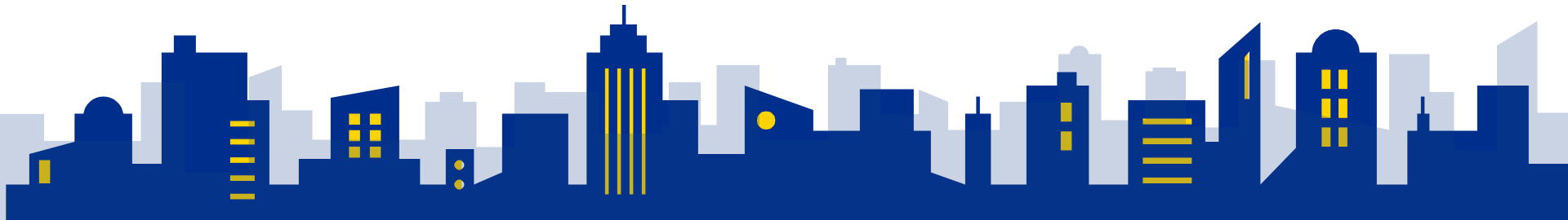
Graham Harriman, Director of NYDOHMH Care and
Treatment Program



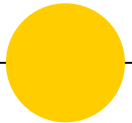
Power of Quality

● Improvement

- Reinforces NYC's approach to the status neutral HIV prevention and treatment cycle by promoting improvement along the care continuum.
- Provides a forum for peer learning and to support continued improvement efforts among Part A-funded programs.



R2J Workgroups

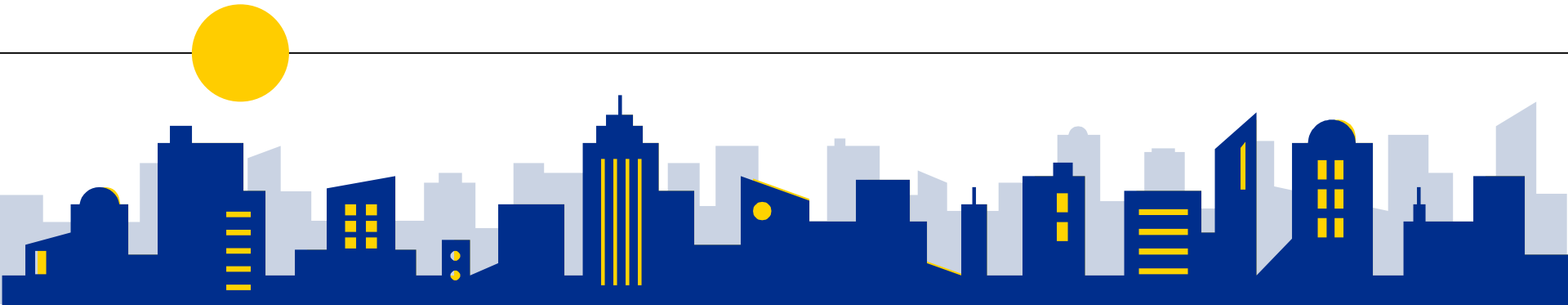


Implementing






● “Race to Justice”

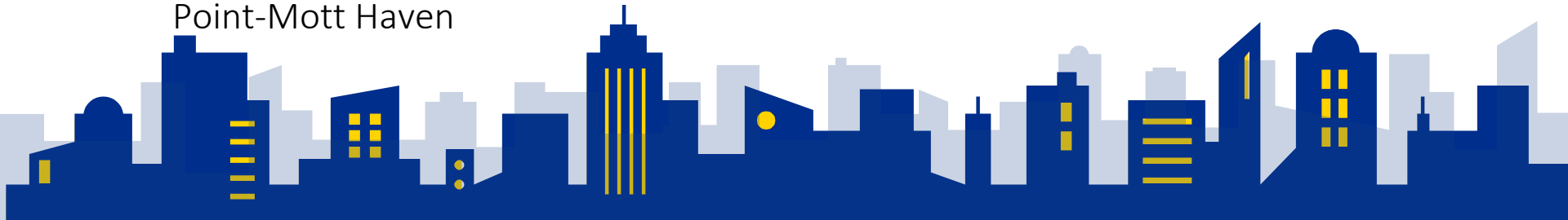
- June 2018, developed a cross-program “Race to Justice” collaborative advisory group reports to the Director of Care and Treatment Program (CTP) to monitor progress on program efforts at addressing health equity and support efforts at workforce retention and opportunities for advancement
 - Includes CTP Race to Justice Workgroups
 - Women of Color
 - Older People Living with HIV
 - Transgender Women
 - Mortality
 - Youth
 - Housing

EtE Blueprint Key Population: Women of Color



Background

-  Among Black females, those in age groups 30 and older comprised the largest proportion of new HIV diagnoses.
-  Black/African American and Latina women comprise 90.3% of all new diagnoses among women in NYC in 2016
-  Among all females:
 -  Highest rates of new HIV diagnoses in Crotona-Tremont, Fordham Bronx, and East NY
 -  Highest HIV/AIDS prevalence in Crotona-Tremont, High Bridge-Morissania, and Hunts Point-Mott Haven



● Objectives

● Population Focus

- Black/African American and Latina/Hispanic cis-gender women

● Objectives





- Increase the amount of effective and responsive services we offer to women of color in the RWPA portfolio
- Decrease disparities for women of color throughout the HIV Care Continuum
- Reduce general health outcome disparities in women of color (WOC) living with HIV

Priorities

What we've done

- Evaluate the RWPA portfolio using eSHARE data
- Assessed where WOC are being served and what services they receive

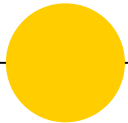
What's next...

- Developing relationships with key community stakeholders
- Working with the Women's Advisory Board to establish a Women's Advisory Board sub-committee
 -  Participants include:
 -  DOHMH staff from the Cisgender WOC CTP Race to Justice workgroup
 -  Service providers
 -  Consumers/Clients of HIV services
- Create a culturally sensitive and relevant program on healthy living and effective care and treatment for WOC

Contact Information

- ◎ Cisgender Women of Color Workgroup
 - Sahani Chandraratna:
schandraratna@health.nyc.gov
 - Kristina Rodriguez:
krodriguez2@health.nyc.gov

EtE Implementation Strategy: Older People Living with HIV



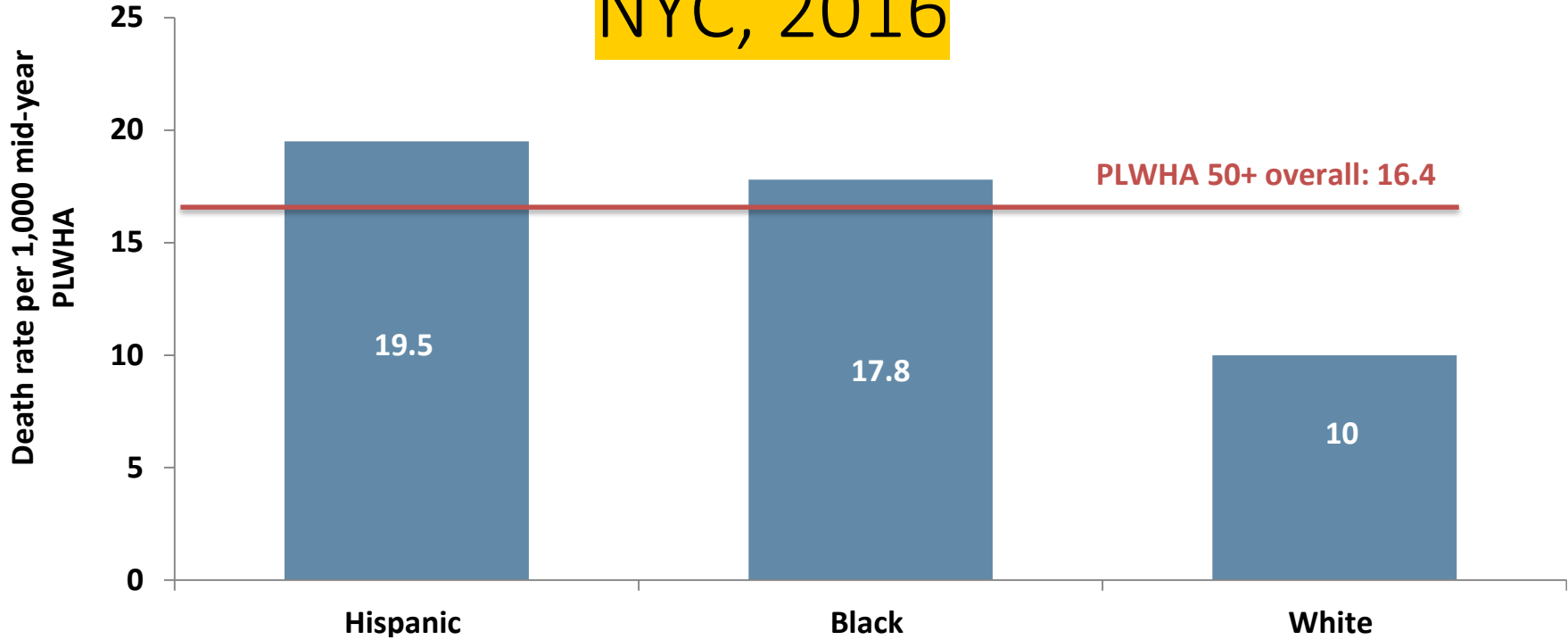
● Background

- Aging with HIV presents unique health, mental health, and social challenges, including age-related comorbidities (e.g. heart health, diabetes, and bone loss), HIV associated Neurological Disorders (HAND), and social isolation
- As of 12/31/16, more than half of people living with HIV in NYC were ages 50 and older¹
- Among HIV+ RWPA clients in NYC who had at least one service during March 2016-February 2017, 50% were ages 50 and older²

¹<https://www1.nyc.gov/assets/doh/downloads/pdf/ah/surveillance2016-table-all.pdf>

²NYC Ryan White Part A (Base and MAI) Annual Enrollment Report: March 2016-February 2017

Death Rates Among PLWH Age 50+ by Race in NYC, 2016



Crude death rates. Death data for 2016 are incomplete
Native American, Asian/Pacific Islander (API), and multi-racial groups not shown because of small numbers. There were N=12 API, N=3 Native American, and N=1 multi-racial PWHA ages 50 and older who died in 2016.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.

Older People Living with HIV Workgroup

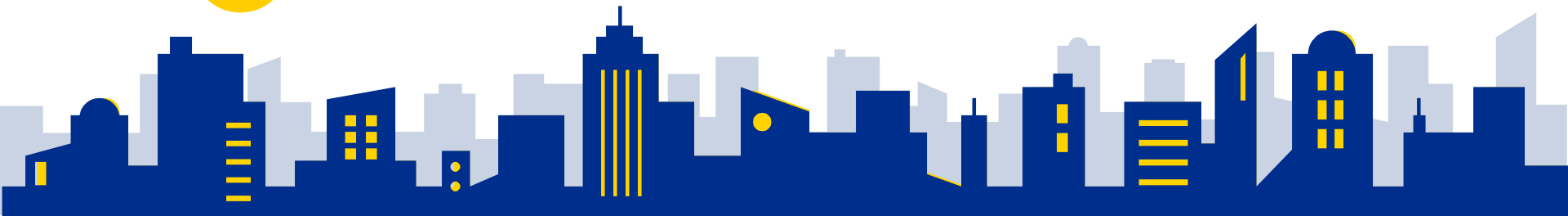
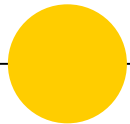
◎ Priorities

- Conducted focus groups in collaboration with community groups to assess needs of OPLWH
- Analyze and use focus group findings to inform RWPA service delivery
- Explore ways to consider aging into existing services or complement them, such as telehealth

Contact Information

- ◎ Older people living with HIV workgroup
 - Trang Tran:
ttran1@health.nyc.gov

EtE Key Population: Transgender Women



● Background

- HIV disproportionately affects transgender individuals, transgender women of color are especially affected
 - Transgender people comprised 2% of all new HIV diagnoses in NYC in 2016
- 236 Transgender persons were newly diagnosed in 2012-2016
 - 232 transgender women (98%)
 - 92% of which were Black or Latina

● Background

- HIV disproportionately affects transgender individuals, transgender women of color are especially affected
 - Transgender people comprised 2% of all new HIV diagnoses in NYC in 2016
- 236 transgender persons were newly diagnosed in 2012-2016
 - 232 transgender women (98%)
 - 92% of which were Black or Latina
- Of the ~1,100 transgender people infected with HIV and living in NYC in 2016, 70% had a suppressed viral load

● Activities

- To continue to identify gaps and barriers in services for transgender women
- To recommend the implementation of best practices specific to supportive services
- To develop effective interventions to meet needs of transgender women of color
- To support provision of culturally competent care in newly awarded Care Coordination Programs

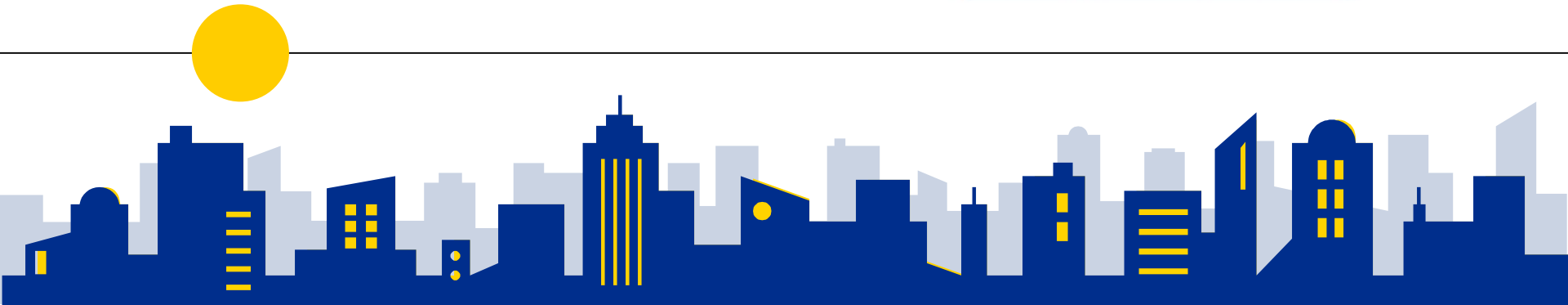
● Next Step

- ◎ To recruit for transgender women of color and service providers to participate in the workgroup
- ◎ The team will include representatives from:
 - Care and Treatment Program
 - NYC Planning Council
 - Disease Control Division (Transgender Liaison)
 - Community

Contact Information

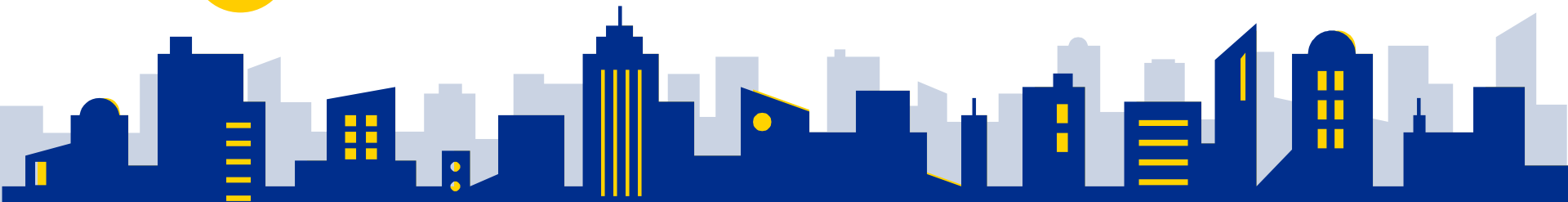
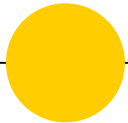
- ◎ Transgender Women of Color Workgroup
 - Jacinthe Thomas:
jthomas1@health.nyc.gov

Mortality Workgroup

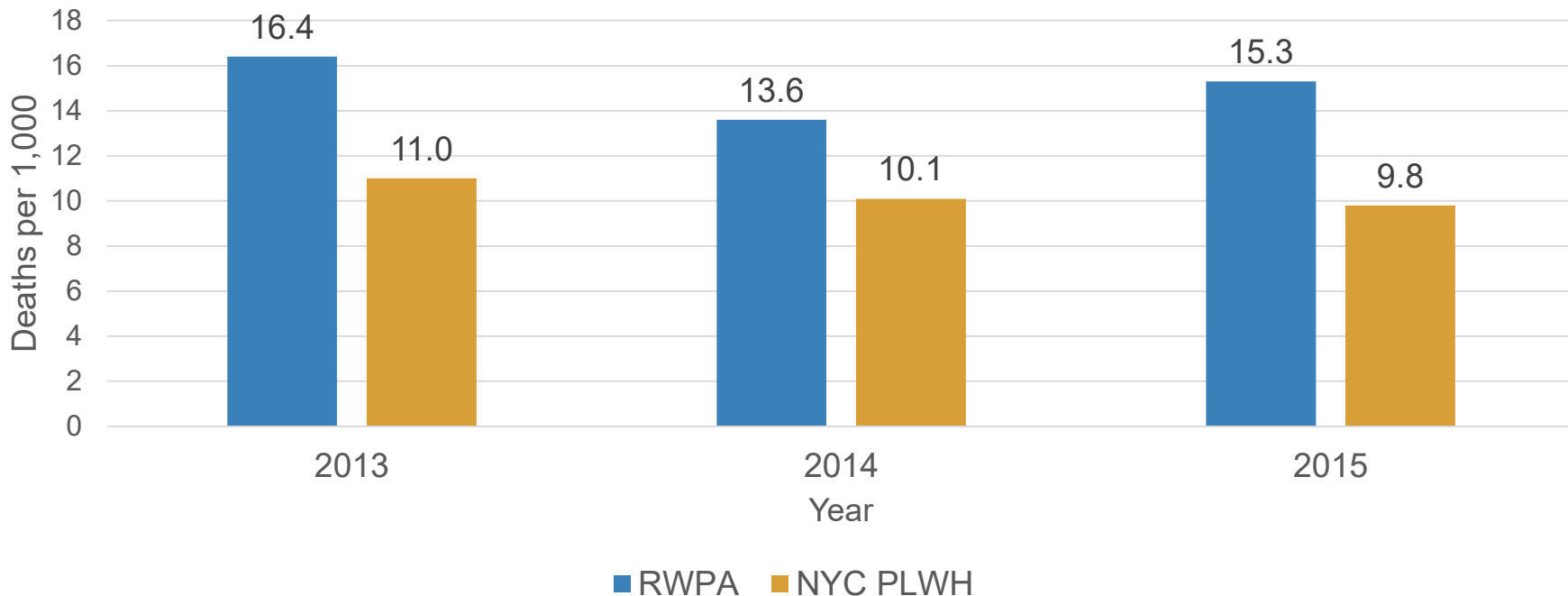


“Zero AIDS Mortality by end of 2020”

Governor Cuomo Dec. 1, 2016



Age-Adjusted Mortality Rate per 1,000 Among RWPA Clients vs. NYC PLWH Overall



● Activities

- ◎ Assess patterns of service utilization (across the entire portfolio) prior to death, to identify missed opportunities/points for intervention

Activities

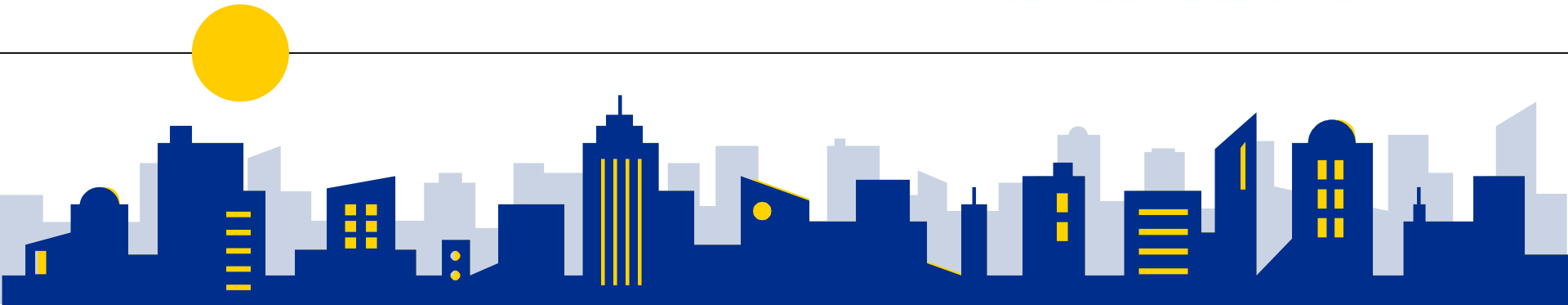
Next Steps:

- Use the ongoing eSHARE-surveillance merged analysis work to inform ongoing discussions with providers and develop strategies to address preventable mortality.
- Analysis will focus on identifying major causes of death between RWPA and other NYC PLWH
- Questions to answer based on analysis:
 - o Whether/which deaths were caused by HIV-related complications/co-morbidities
 - o Causes of death among RWPA clients vs. non-RWPA PLWH in terms of specific causes as well as classifications into HIV-related and non-HIV-related deaths

Contact Information

- ☉ Mortality Workgroup
 - Ashley Azor:
aazor@health.nyc.gov

Blueprint Key Population: Young MSM of color Youth Workgroup



● Background

- Between 2012-2016, the number of new HIV diagnoses among youth declined.
- In 2016, across all race/ethnicities:
 - more new HIV diagnoses among Black male youth
 - highest proportion of newly diagnosed youth were in older age groups (25-29 years old)
- In 2016, of the ~8,100 youth aged 13-29 infected with HIV and living in NYC, 66% had a suppressed viral load

● Workgroup Priorities

- Identify youth ≤ 29 years old living with HIV
- Increase their engagement in care
- Increase viral suppression

#YEVS Workgroup

(Youth Engagement and Viral Suppression)

Previous activities:

- Review epidemiological trends
- Conduct literature review
- Assess models of care specific to youth
- Research organizations that currently serve youth living with HIV
 - o RWPA and non-RWPA

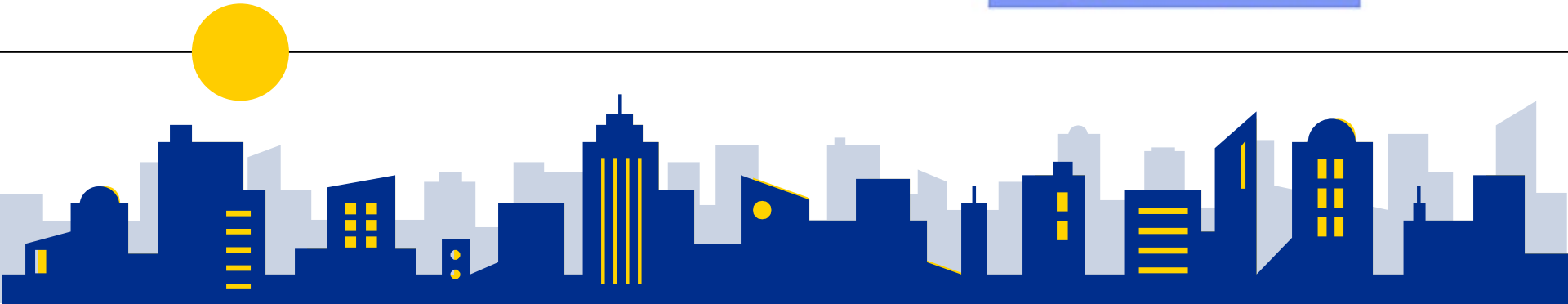
#YEVS Next Steps

- ① Create a document of recommendations for NYC RWPA programs that provide services to youth living with HIV. Recommendations will be aligned with HRSA and report analyses of the NY EMA's current service portfolio.
- ① Analyses will include:
 - eSHARE analyses of agencies and programs that engage youth (% and N)
 - Youth demographics and specific needs including substance use, mental health, insurance status, employment, housing and food insecurity
 - Patterns of service utilization

Contact Information

- ◎ #YEVS (Youth Engagement and Viral Suppression) Workgroup
 - Amanda Raker:
araker@health.nyc.gov

Blueprint Recommendation: Ensure Access to Stable Housing



Updates:

Housing data request w/ REU

- Assessing provider needs around housing issues. Unstably housed NYC RWPA clients were more often:
 - Persons of color
 - Males
 - Older persons
 - Diagnosed with a Mental Health issue

Updates: Opportunities

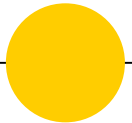
for Capacity Building

- Housing-related issues identified during site visits
 - Understanding credit and financial basics
 - Stigma and behavioral health issues
 - Discrimination
- Exploring **free** trainings offered by the Prudential Foundation. Will seek consumer and provider feedback on these trainings:
 - Social security benefits
 - Credit and banking basics
 - Debt management and taxes
 - Re-entering the workforce
 - Estate planning
 - Managing healthcare costs of chronic illnesses
 - LGBT, women, and African-American financial experiences

Contact Information

- ◎ Ensure Access to Stable Housing Workgroup
 - Sahani Chandraratna:
schandraratna@health.nyc.gov
 - Scarlett Macias:
smacias@health.nyc.gov

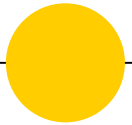
NY EMA Quality Management Plan



Vision

- NY EMA QM Program promotes a comprehensive range of high quality care and treatment by ensuring that medical and supportive services address gaps in the HIV Care Continuum for PLWH in the NY EMA.
- Services prioritized by the HIV Health and Human Services Planning Council support the needs of PLWH and assist them in accessing medical care and adhering to care and treatment, leading to improved care and health across the region.
- The NY EMA QM Program responds to current challenges in HIV care and promotes the health priorities of PLWH throughout the NY EMA.

NY EMA QM Plan Goals



Domain	Goals
Consumer Engagement	Meaningful consumer involvement leading to informed decision-making & effective implementation.
Collaboration & Coordination	Align priorities & form partnerships to leverage all available resources while avoiding service duplication.
Capacity Building	Provide tools & resources that key stakeholders need to achieved the goals necessary for ending the epidemic
Service Engagement	Help medical providers engage in relationships with providers of RWPA services to optimize patient engagement in care
Service Quality	Establish clear expectations for performance & provide timely feedback guiding the steps to be taken for service improvement

Consumer Engagement

Activities for CY 28:

- During site visits, DOHMH and PHS will assess/evaluate consumer engagement models
- Improved coordination between NY EMA QM committee & Planning Council Consumers Committee
 - Consumer presentation at today's 2018 Power of QI conference
 - QM program will provide updates to the Planning Council in grantee report
 - QM program will provide an orientation and bi-annual updates to Consumers Committee and Planning Council on the NY EMA QM program

Capacity Building

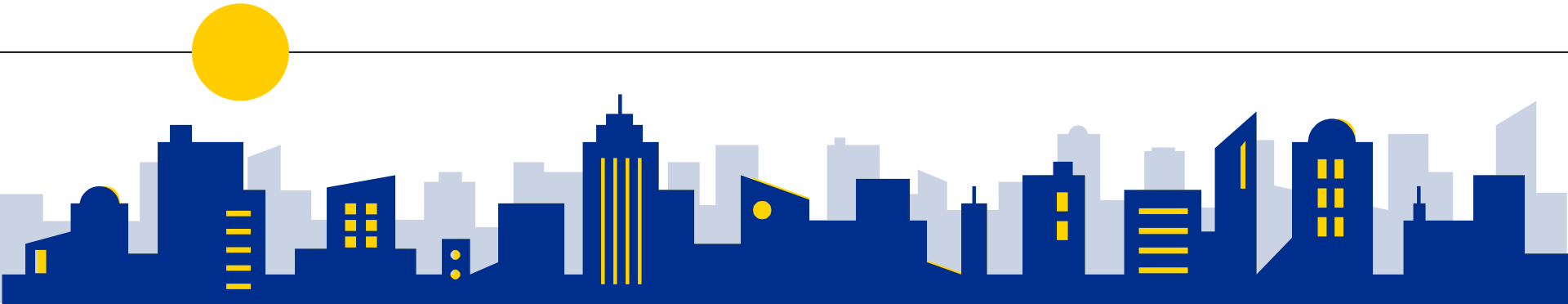
☉ CY 28 Activities:

- **New Training:** *Building Capacity for Quality Improvement for RWPA-funded Services*
 - Goal: Train staff from RWPA-funded programs to add QM capacity within their organizations and to implement QM programs that promote improvement of services.
 - Target Audience: Program managers, directors, quality managers, consumers and other staff with a role in guiding QM and QI in their organizations.

● Service Quality

- ◎ CY 28 Activities: Improve technical assistance needs
 - Conduct Technical Assistance Survey
 - CTP and housing all-service category provider meeting in May (*Date TBD*)

Client-level, Surveillance-based Reporting



Client-level, Surveillance-based Reporting: Why Now?

- **Change** in NYC HIV law and regulations: can share data with proxies of the PCP (care coordination providers) and with mental health care providers
- Clarifications on the above changes came at a time when new Care Coordination contracts were about to begin (time of caseload review)
 - Wanted to use reports to contractors to flag which of their clients were unsuppressed based on labs from Surveillance
- Surveillance-based Client Progress Report (CPR) was developed to guide decisions on client closure and on client enrollment in Care Coordination
- Longer term, a version of the CPR could help providers triage for follow-up

Results from CPR User Experience

● Survey (CCP only)

- Survey completed by 13/17 agencies, 76% response rate
- 64% of all respondents found the CPR useful in informing decisions around closure, enrollment, and cases requiring further investigation
- The *Client Status* column was deemed most useful
- *Last Viral Load in Year* column was deemed the least useful component
 - Note: column removed for the Phase II reporting round
- 79% of all respondents thought the CPR should be shared routinely
 - If shared routinely, the CPR will be compared against internally generated reports (e.g., from EMRs), and used to identify clients for re-engagement

Next Steps- Expansion of Reporting

- Met with RWPA mental health and harm reduction service providers to discuss client-level surveillance based reporting
- Feedback on expected utility of the CPR include:
 - The report may be helpful for determining what to do for clients who don't get their primary care onsite and don't share or don't want to know their own lab results
 - The CPR allows communication and coordination between support service providers and clinicians
 - Inclusion of Hep C status could help providers determine which out-of-care/unsuppressed patients may be pulled back into general care/treatment engagement, by the prospect of curing their Hep C
 - Report can be integrated with other review tools for existing outcomes-focused QI teams/workgroups.
- CTP will assess the universe of programs that may be legally eligible for Data to Care (D2C) reporting, and seek approval and funding for a fuller plan for D2C expansion

Thank you!

