WELCOME

PROVIDERS CONSUMERS

PROMOTING HEALTH EQUITY

THE POWER OF QUALITY IMPROVEMENT
RYAN WHITE PART A SERVICES

NOVEMBER 9, 2016 – NEW YORK UNIVERSITY KIMMEL CENTER

8:30 Registration/Light Breakfast

9:00 Introductions/Remarks

9:30 Plenary Presentation

10:15 Break

10:30 Workshop Session I

- IA Involving Peers in Quality Improvement
- IB CQI Rethinking and Reworking
- IC Programmatic Improvement Drivers

12:00 Lunch and Poster Viewing

1:30 Poster Voting Close

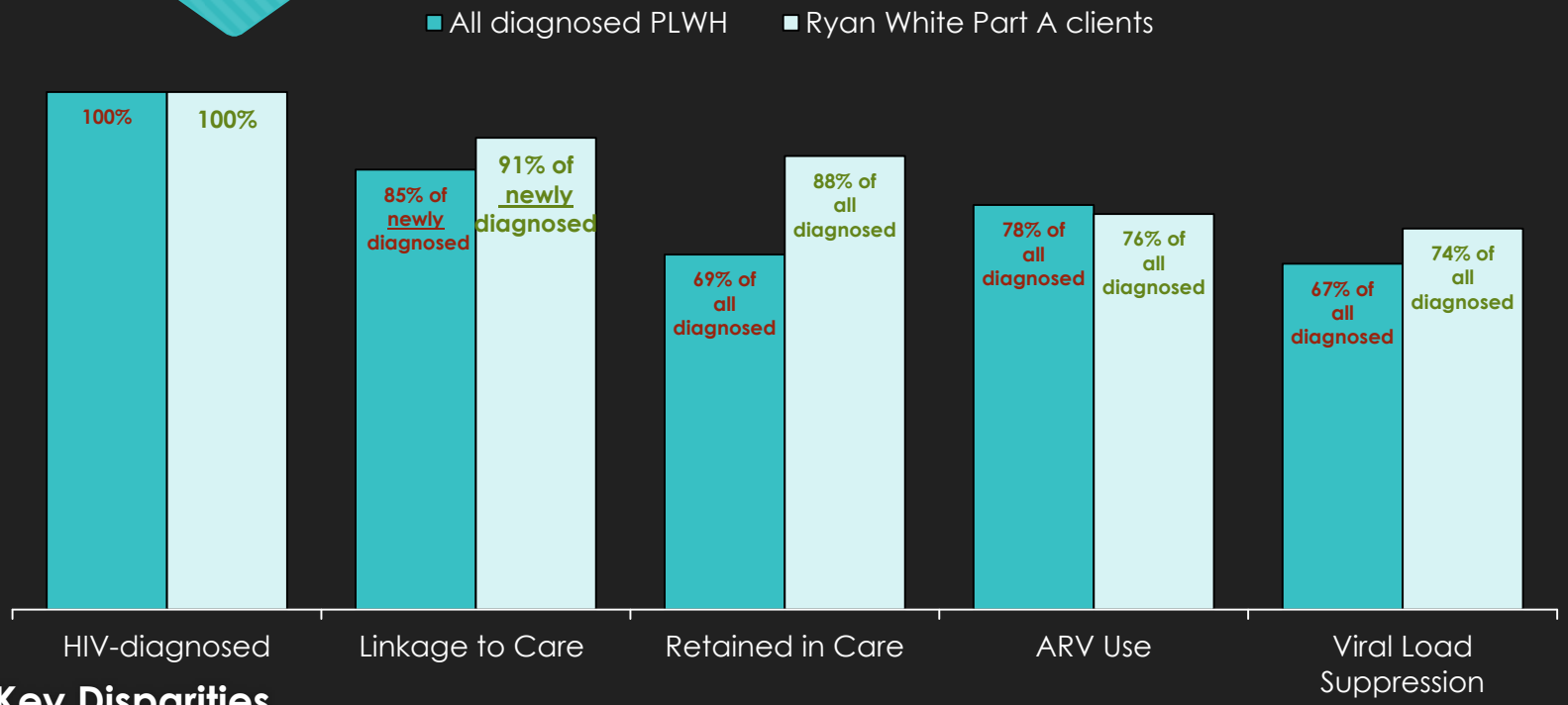
1:30 Workshop Session II

- IIA Increasing Awareness of PrEP
- IIB Addressing the Whole Patient
- IIC Approaches to Improving Utilization

3:15 Closing and Poster Awards

#POWEROFQI2016

NY EMA Care Continuum



Key Disparities

- Linkage to care lowest among individuals aged 13-24, People who inject drugs (PWID), and those with unknown risk
- VLS lowest among Black/African American PLWH, individuals aged 20-29, and PWID
- Transgender women (65%) are less likely to achieve VLS once engaged in care than men and women (74%)
- People aged 20-29 are least likely to be engaged in care and reach VLS

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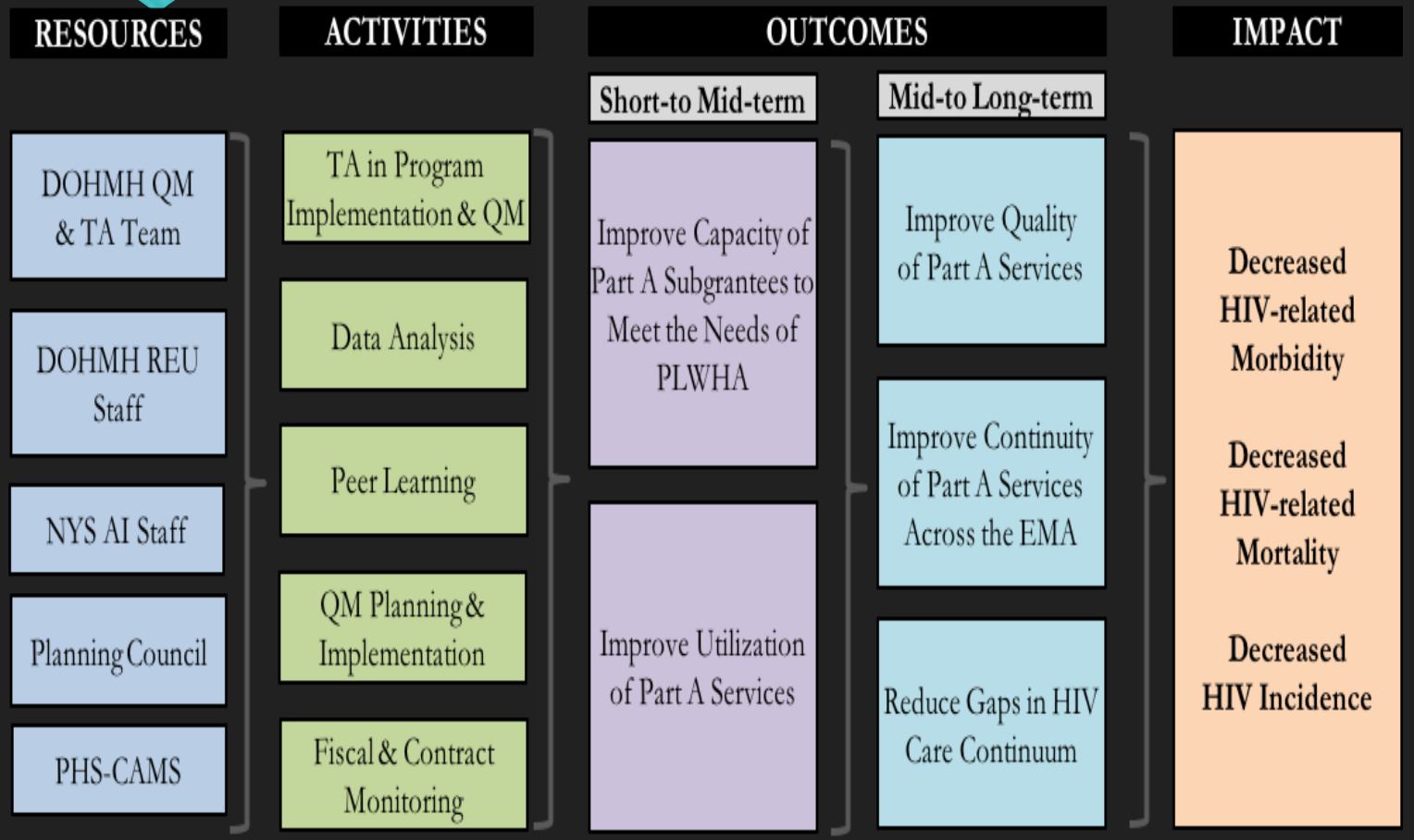
NYC Health

Ryan White Part A Quality Management



GOAL: Ensure access to high quality care & services among PLWHA in NY EMA to support engagement & retention in care & viral load suppression.

NYC Health

Sera Morgan

Health Resources and Services Administration
Project Officer for the NY EMA

NYC Health

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#POWEROFQI2016

THE POWER OF QUALITY IMPROVEMENT

"Here is Edward Bear, coming downstairs now, bump, bump, bump, on the back of his head, behind Christopher Robin.
It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it."

A A Milne

THE POWER OF QUALITY IMPROVEMENT

- Took the time to think and ask questions.
  What can be done better?
  What can we change?
- Prioritized quality improvement
- Took action to work with your team; test changes
- Took the time to measure your efforts
- Using this conference and other forums to SHARE FINDINGS & SPREAD SUCCESSES
  - Workshop
  - Poster Presentations

POSTER VIEWING SESSION

Poster Presenters will stand by their posters between

12:30 – 1:15 PM

In your packets you will have 3 cards. Show your support for your colleagues by choosing what you feel to be the most effective posters by voting in three categories:

Demetre Daskalakis, MD, MPH

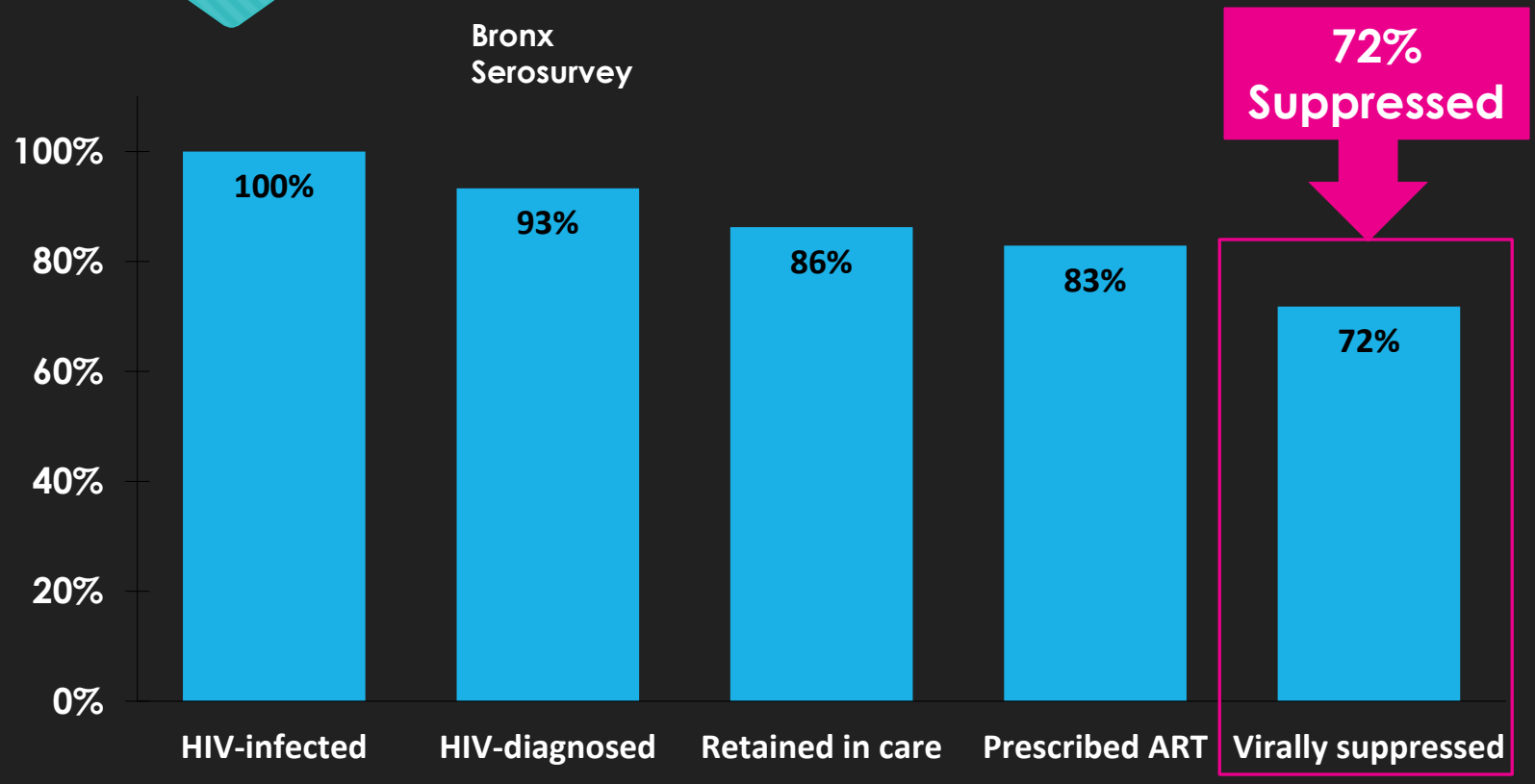
- Assistant Commissioner, Bureau of HIV/AIDS Prevention and Control
- New York City Department of Health and Mental Hygiene

Ending the Epidemic: Improving Prevention & Care In The New York EMA

Demetre Daskalakis MD MPH
Assistant Commissioner, Bureau of HIV/AIDS Prevention and Control
New York City Department of Health and Mental Hygiene
ddaskalakis@health.nyc.gov

Leveraging Health System Data to Improve HIV Prevention and Care Services

Proportion of HIV-Infected People in NYC Engaged in Selected Stages of the HIV Care Continuum



Of the approximately 87,000 people infected with HIV in NYC in 2014, 72% had a suppressed viral load.

Viral suppression is defined as viral load ≤200 copies/mL.
For definitions of the stages of the continuum of care, see Technical Notes.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015.

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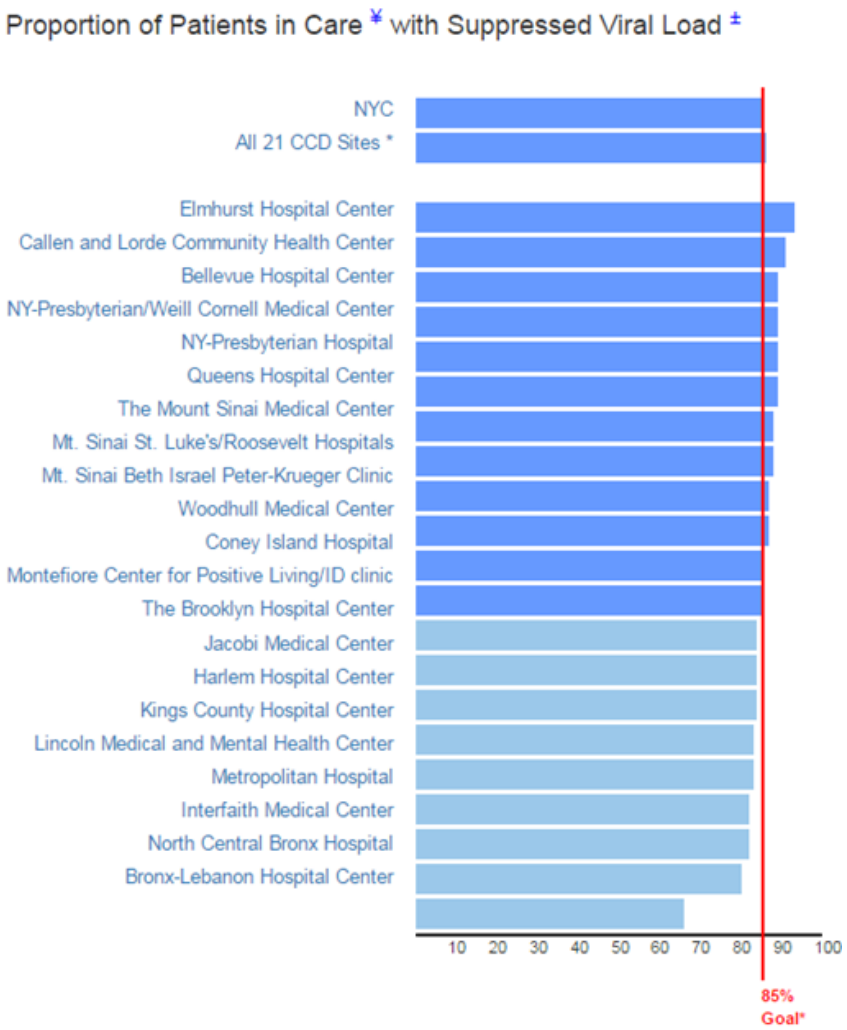
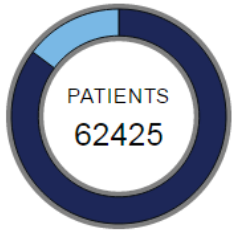
NYC Health

HIV Care Continuum Dashboards

- Idea: generate facility-specific **HIV Care Continuum Dashboards (CCDs)** comparing the site's performance on HIV care outcomes to NYC overall and the National HIV/AIDS Strategy goals
- 1st CCD release in December 2012 to 21 high-volume clinical facilities
- CCDs released bi-annually to 47 sites as of December 2015
- Coordinate with Part A services to address low performing sites

Public Release of VLS Data





Viral Load Suppression

2011 - 2014 Progress on Viral Load Suppression

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HIV Care Status Reports System

- NYS HIV Public Health law: Sept 2010 Amendment
  - Permitted limited sharing of data on individual patients
  - Can tell providers if 'follow-up/'no follow-up is needed'
- Electronic system to enable provider-initiated queries to the Surveillance registry to determine current HIV care status of out-of-care patients
- System launched in March 2015
- Batch upload now available!

Eligibility for HIV Care Status Reports

- **Users:** physician or other person whose facility is located in New York City and is authorized to order diagnostic HIV tests to make a confirmed diagnosis of HIV, OR provide regular medical care for persons living with HIV
- **Patients:** "out of care," defined as patient with a new, confirmed HIV diagnosis who did not link to HIV care in the past ≥12 months at the diagnosing facility, OR patient previously diagnosed with HIV who was in care but has no HIV-related lab tests reported to Surveillance in the past ≥12 months

CSR Outcomes

- **Follow-up needed:** the provider will need to continue efforts to return the patient to care as the queried patient **DID NOT** meet the NYC DOHMH's criteria for being in care in NYC and is not known to have died

- **No additional follow-up needed/in-care:** the provider does not need to continue efforts to return the patient to care as the queried patient **DID** meet the DOHMH's criteria for being in care elsewhere in NYC

- **No additional follow-up needed/deceased:** the provider does not need to continue efforts to return the patient to care as the queried patient is known to DOHMH to be deceased

- Phone line available for more urgent cases
    - Example: woman in 3rd trimester, lost to care

RWPA Care & Treatment Program: Using Data to Guide Planning & Drive Improvement

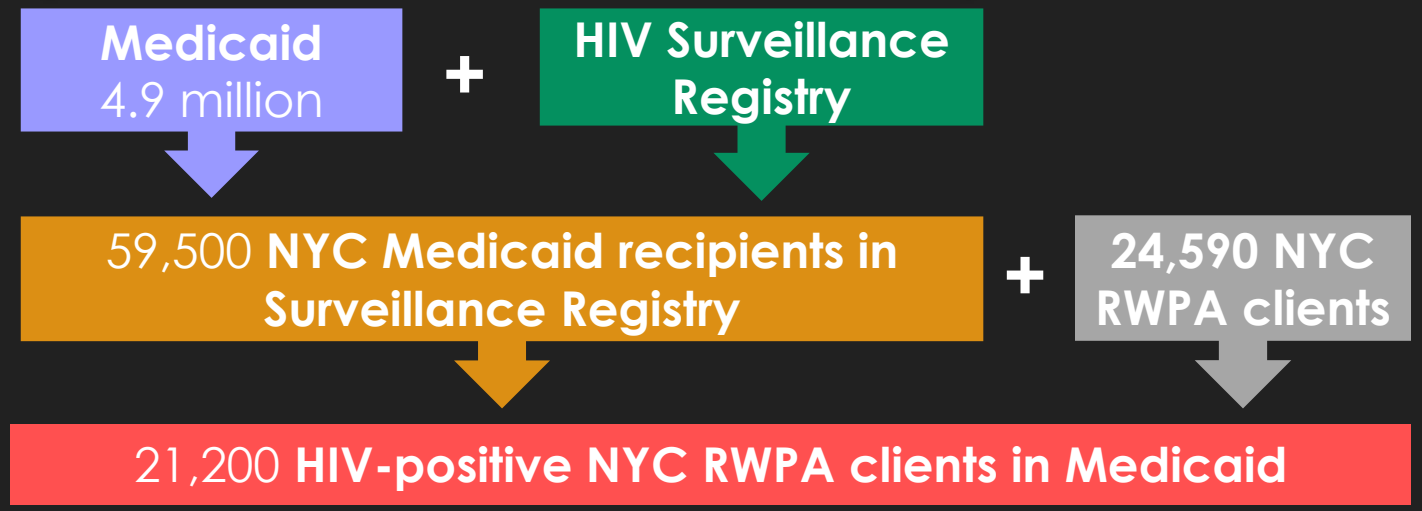
Updating NY EMA Quality Management

Strengthening RWPA provider relationships with medical providers to optimize patient engagement in care through:

- Continued focus on RWPA-funded medical case management
- Treatment status reports listing clients who appear (in eSHARE) to be unsuppressed or unmonitored
- Use of CCD's
- Clinical Operations coordination
- Increased coordination with larger healthcare system (Medicaid, DSRIP)

Understanding Ryan White in the Context of Other Available Services

- Newly available data for Initial match of Medicaid (enrolled between 01/2012 – 12/2014) and HIV (PLWH alive as of 01/01/2012), including NYC RWPA (enrolled and served 01/2012 – 12/2014) show:



- Match will allow NYC DOHMH and collaborating partners to:
  - Assess utilization and health outcomes by payer /service model
  - Identify duplication of effort or other priorities for City-State coordination

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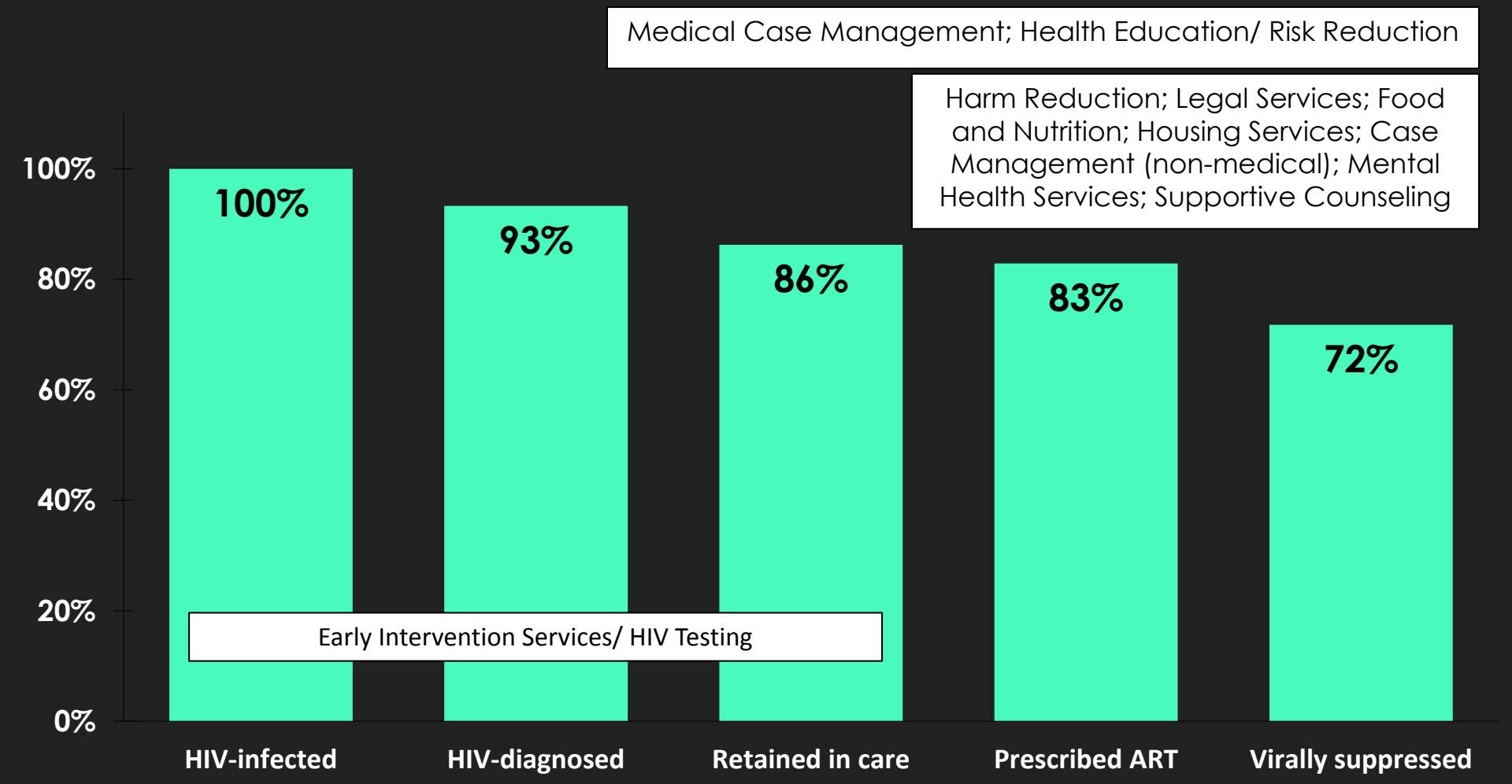
Note: This analysis was performed by DOHMH and the conclusions are those of DOHMH and not necessarily of the NYSDOH.

NYC Health

New York Ryan White Part A Ending the Epidemic

ISPH
Institute for Implementation Science in Population Health

Proportion of HIV Infected People in NYC Engaged in Selected Stages of the HIV Care Continuum, 2014



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NYC RWPA CCP Model

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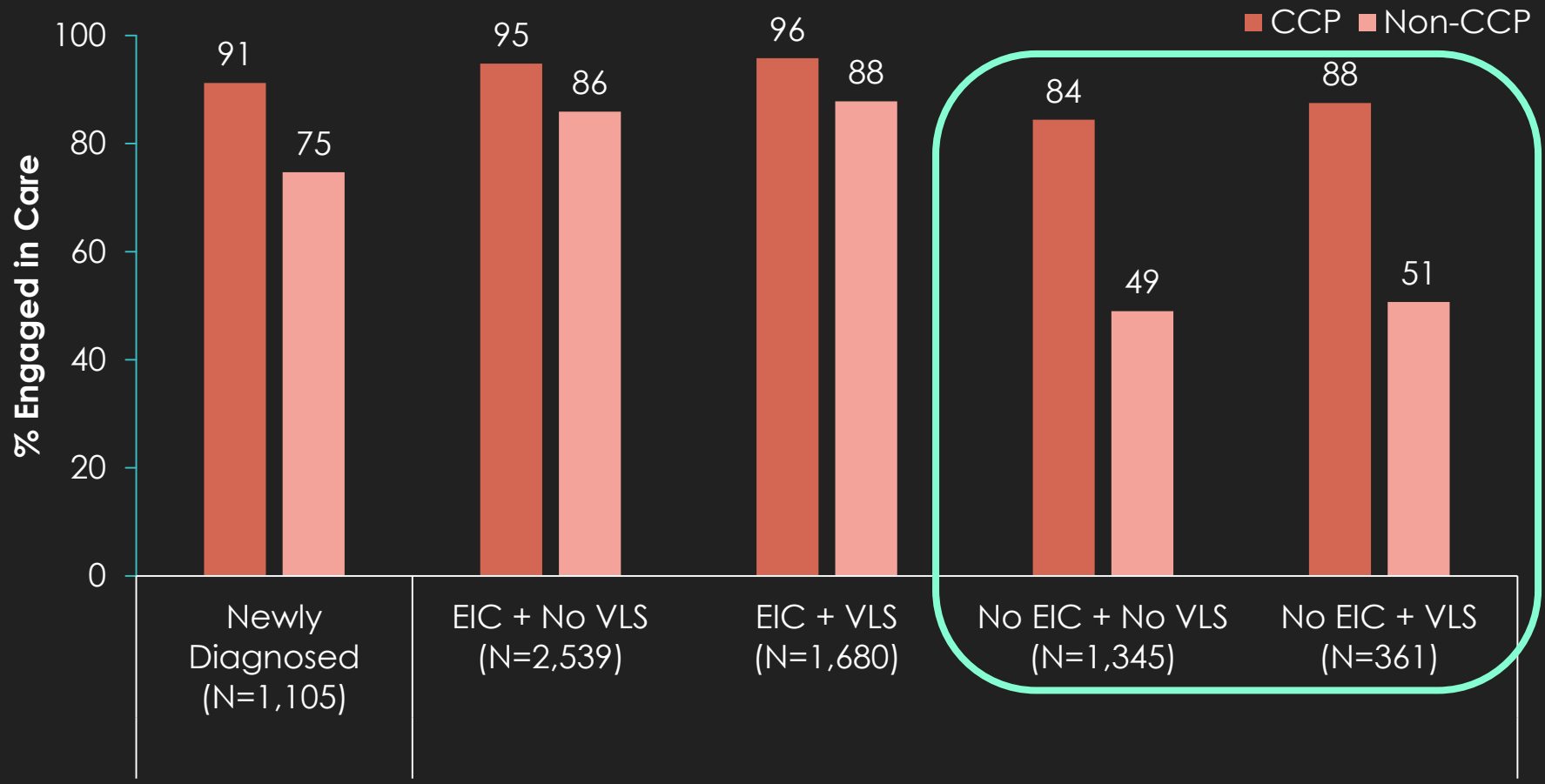
NYC Health

Preliminary Data: Care Engagement

Care engagement at 12-month Follow-Up (%) – CCP vs. Non-CCP, by baseline status



EIC – Engagement in Care status at baseline
VLS – Viral Load Suppression status at baseline

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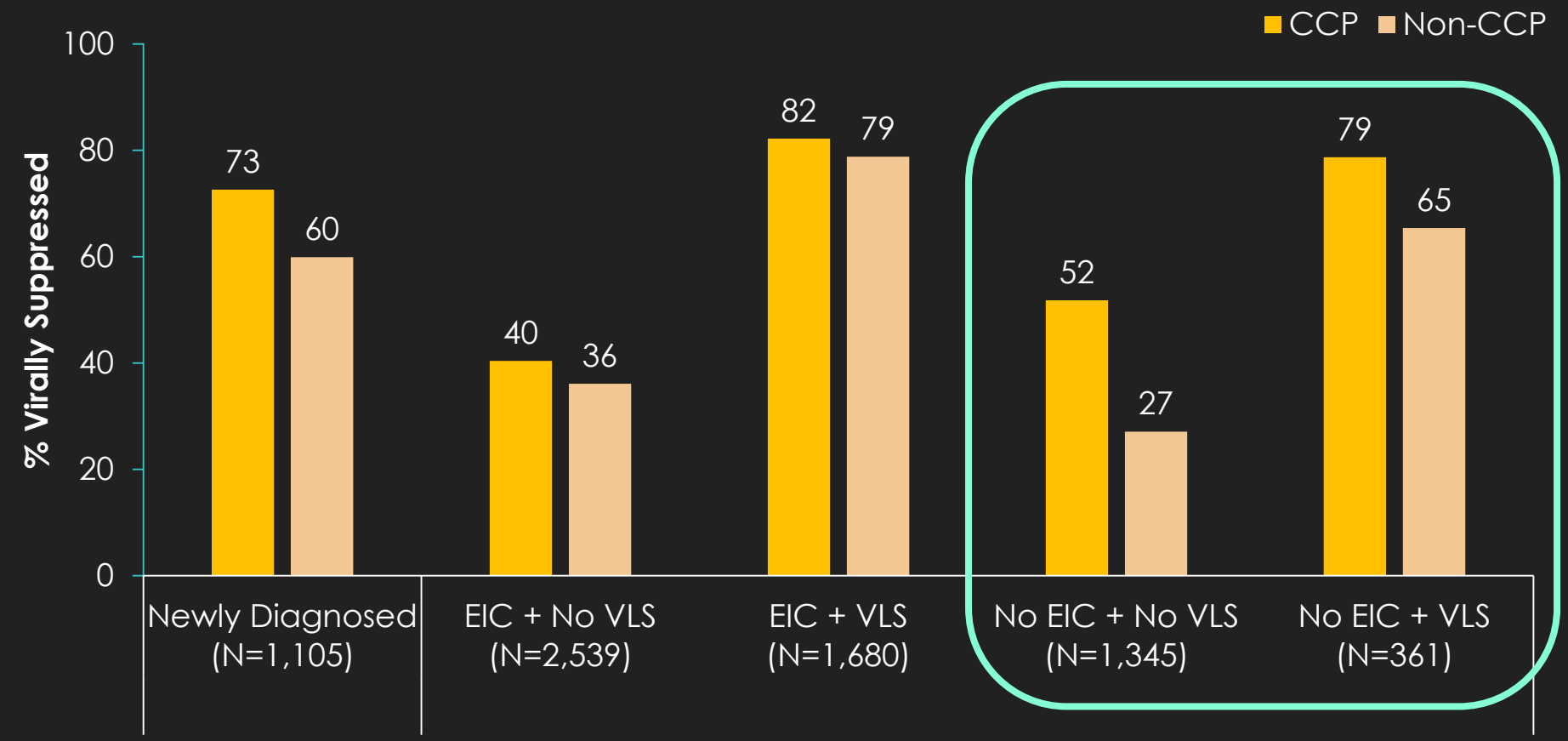
ISPH Institute for Implementation Science in Population Health

NYC Health

Preliminary Data: Viral Suppression

Viral Suppression at 12-month Follow-Up (%) – CCP vs. Non-CCP, by baseline status



EIC – Engagement in Care status at baseline
VLS – Viral Load Suppression status at baseline

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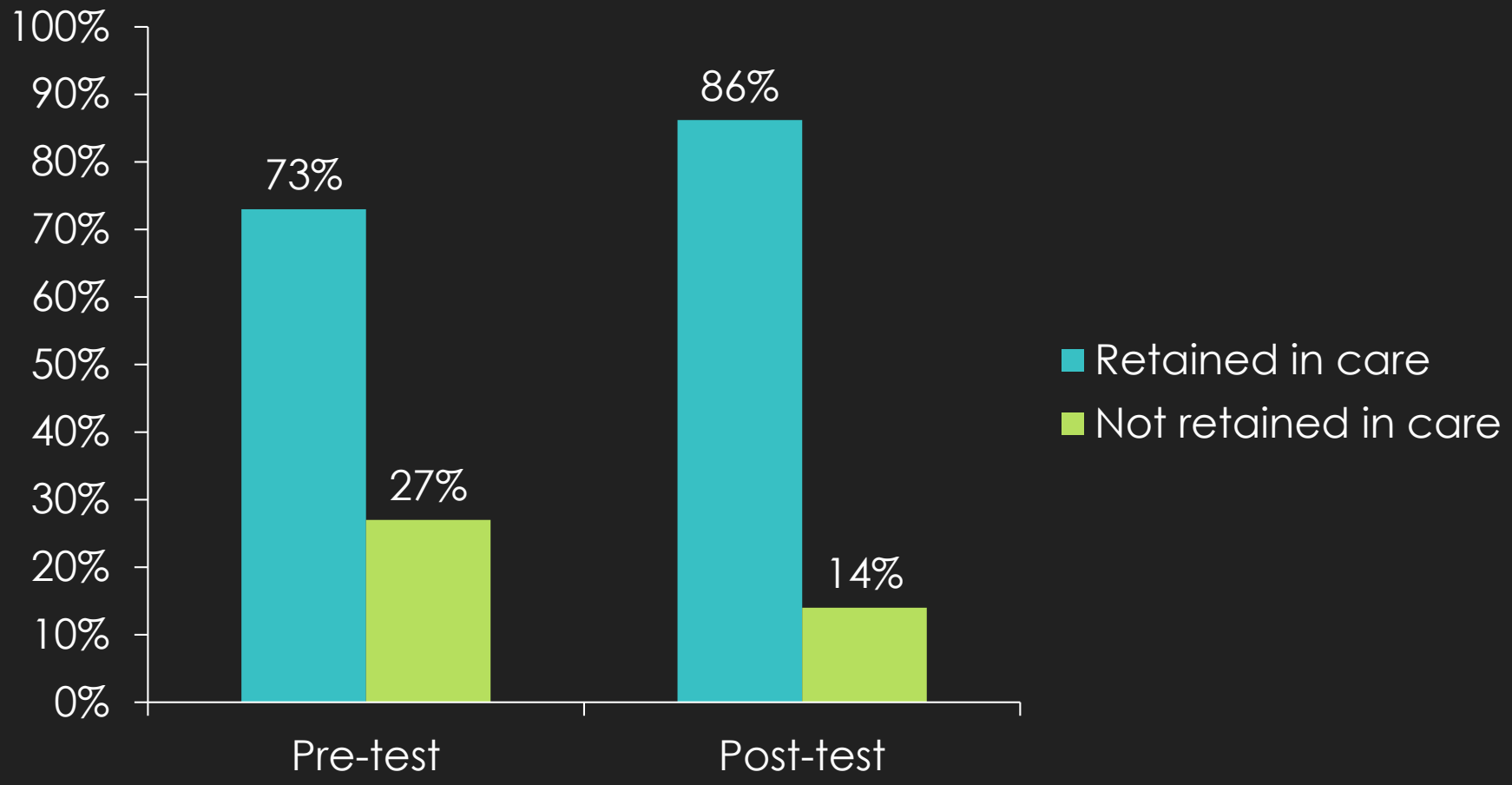
NYC Health

Ryan White Part A Funded Transitional Care Coordination

- Adapted Critical Time Intervention – EBI focusing on needs of homeless and mentally ill
    - This transitional period is one in which people often have difficulty re-establishing themselves in stable housing with access to needed supports.
- Goal: to improve care for PLWH who are homeless or unstably housed
- Time-limited (approximately 9 months)
- Primary service activities:
    - Linkage to primary medical care, housing services and case management
    - Health education

Results: Retention in Care



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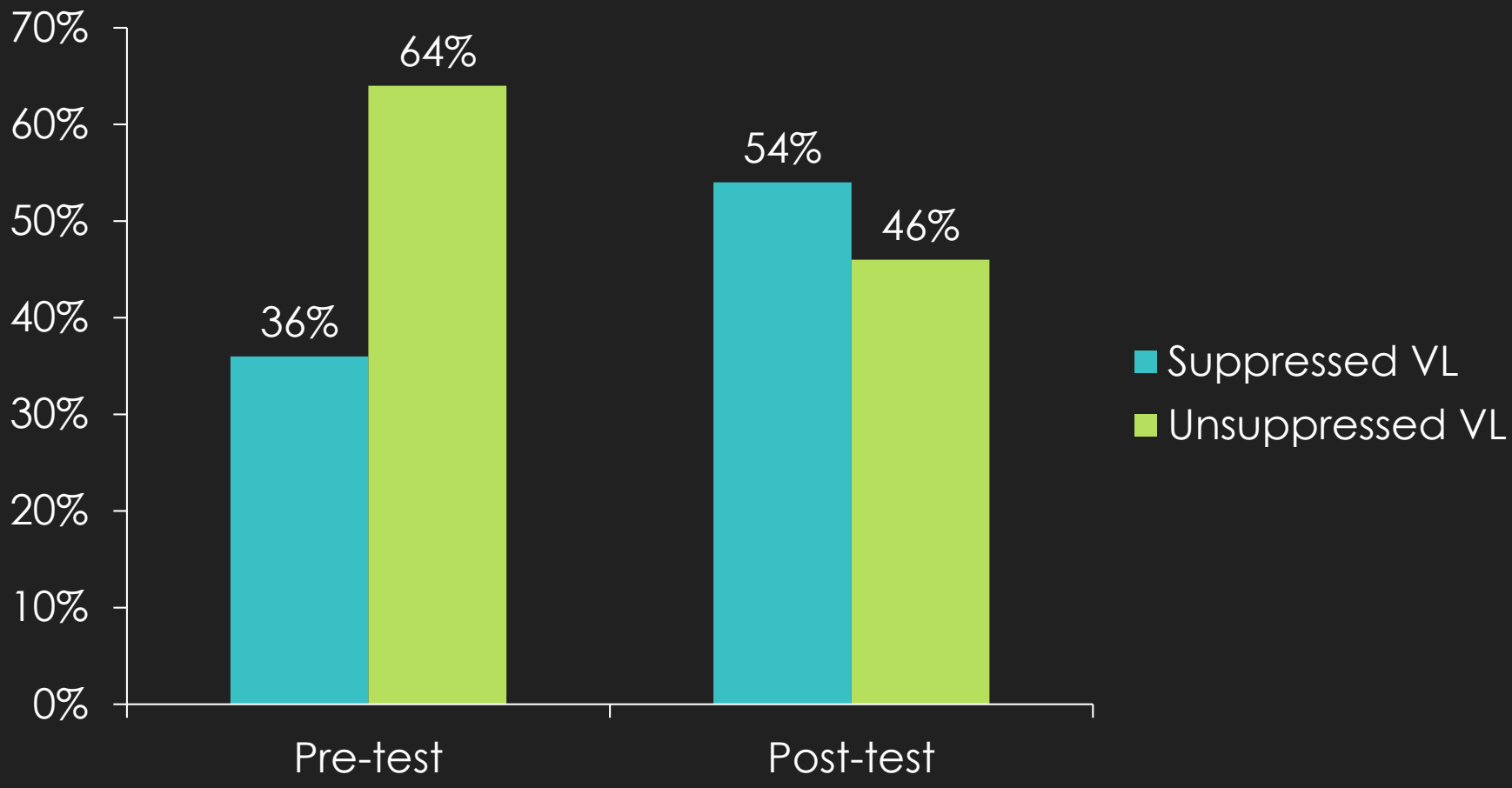
NYC Health

Results: Viral Suppression



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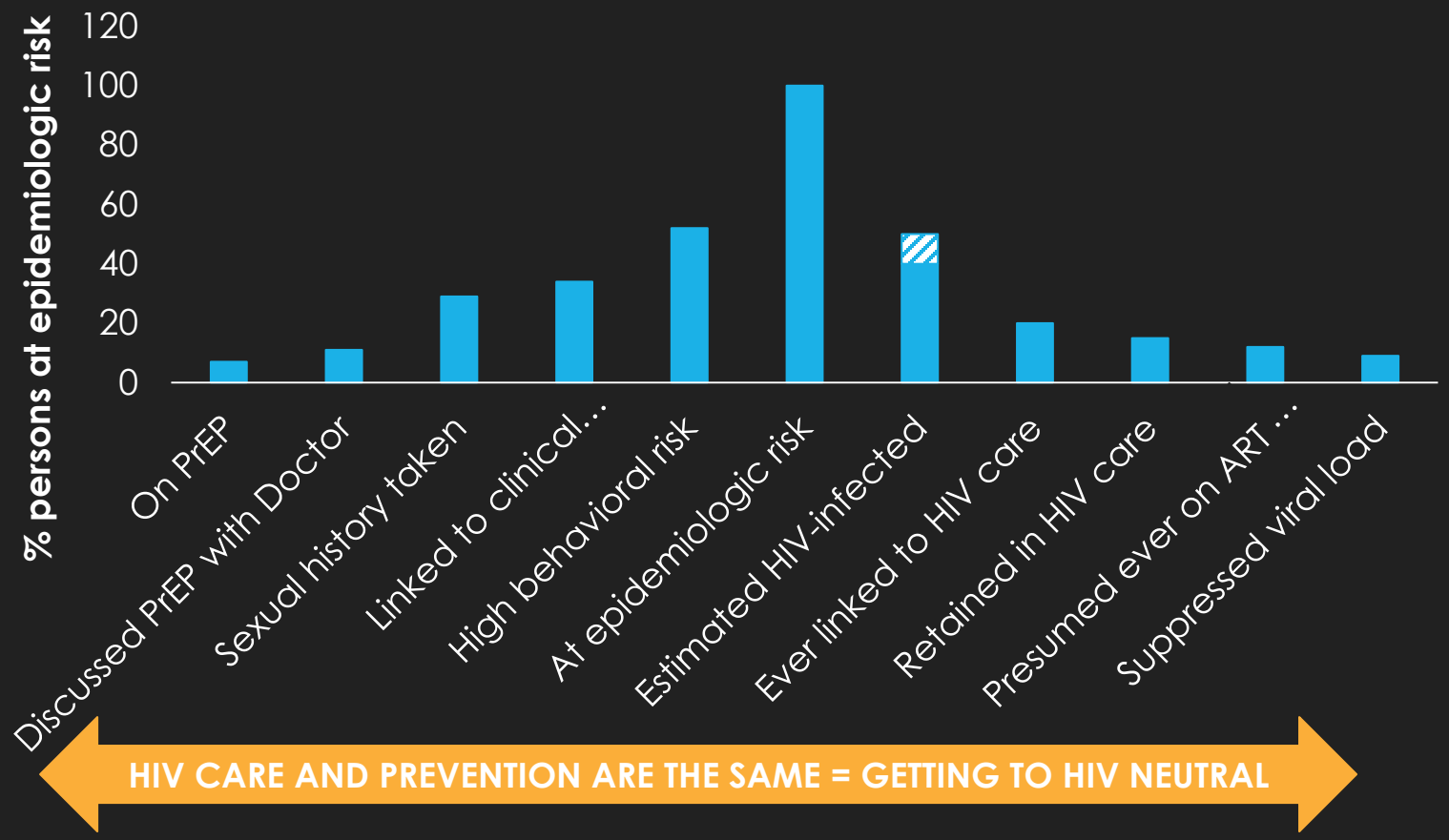
NYC Health

Status Neutral Care to End the Epidemic

Why do providers of RWPA-funded services need to know about PEP, PrEP & Sexual Health?

- RWPA Providers are our partners in Ending the Epidemic
- Building on the RWPA system of care to embrace Status Neutral Approach to prevent new infections and achieve health equity

The HIV Neutral Continuum of Care Version 1.0



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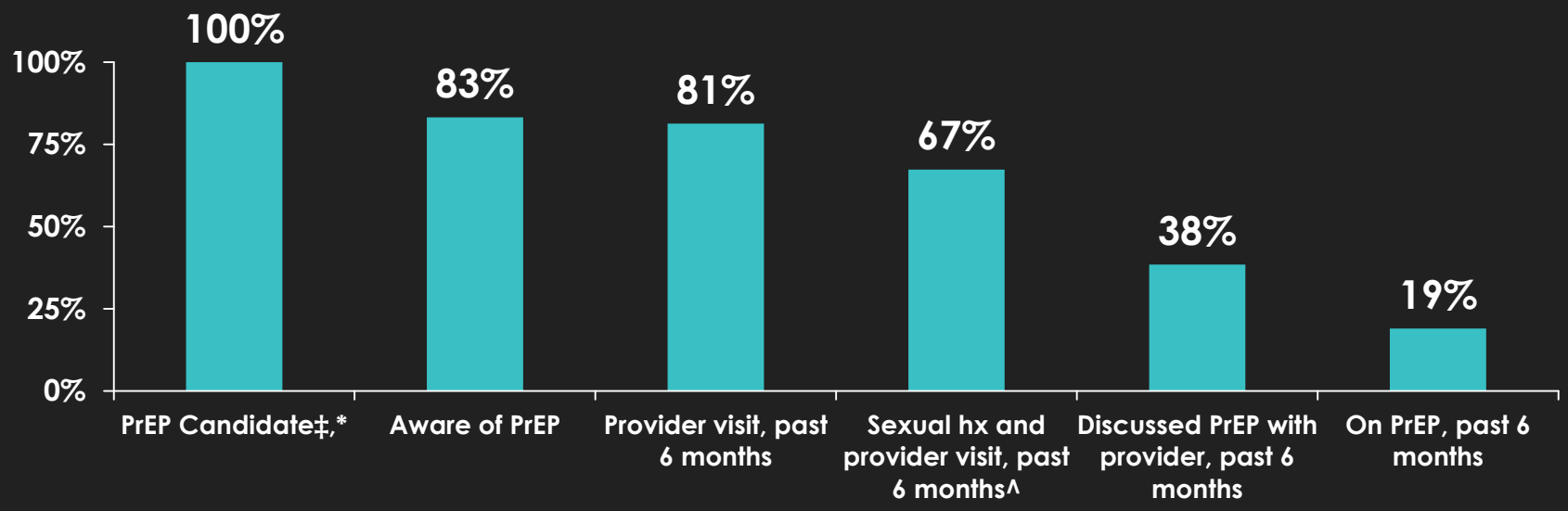
NYC Health

HIV Prevention Continuum in NYC

Prevention Continuum among PrEP candidates, NYC Sexual Health Survey (SHS) among MSM, Spring 2015, (Sample: aggregate in-person and online; N=423)†,‡,*



†Sexually active MSM, HIV-negative/unknown status and aged 18-40

‡PrEP candidates defined as reporting diagnosis of an anal STI in the past year or any of the following in the previous 6 months: unprotected anal intercourse, transactional sex, use of cocaine, crack, methamphetamines, or injection drugs, using PEP or having had an HIV-positive partner. Mirrors NYS PrEP guidelines.

*PrEP candidates represent 71 % of all HIV-negative respondents.

^Sexual history ever taken by provider visited in past 6 months

Note: Data are preliminary.

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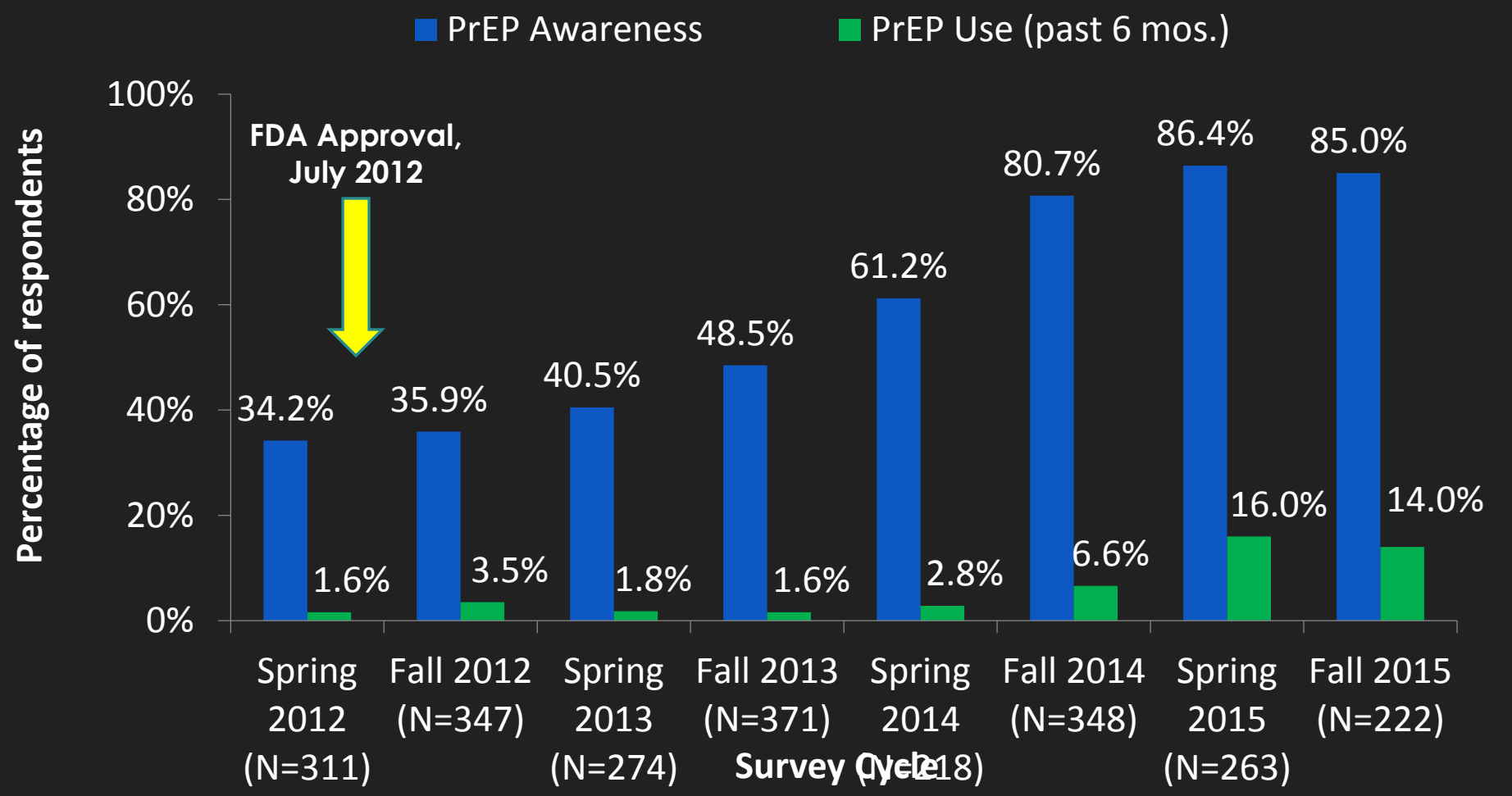
PrEP Awareness and Use in the Past 6 Months among MSM*, Sexual Health Survey, Online Sample, NYC, 2012-2014



Mensah N, et al. NHPC, 2015 Abstract #2087. Scanlin K, et al. CROI, 2016 Abstract #888.

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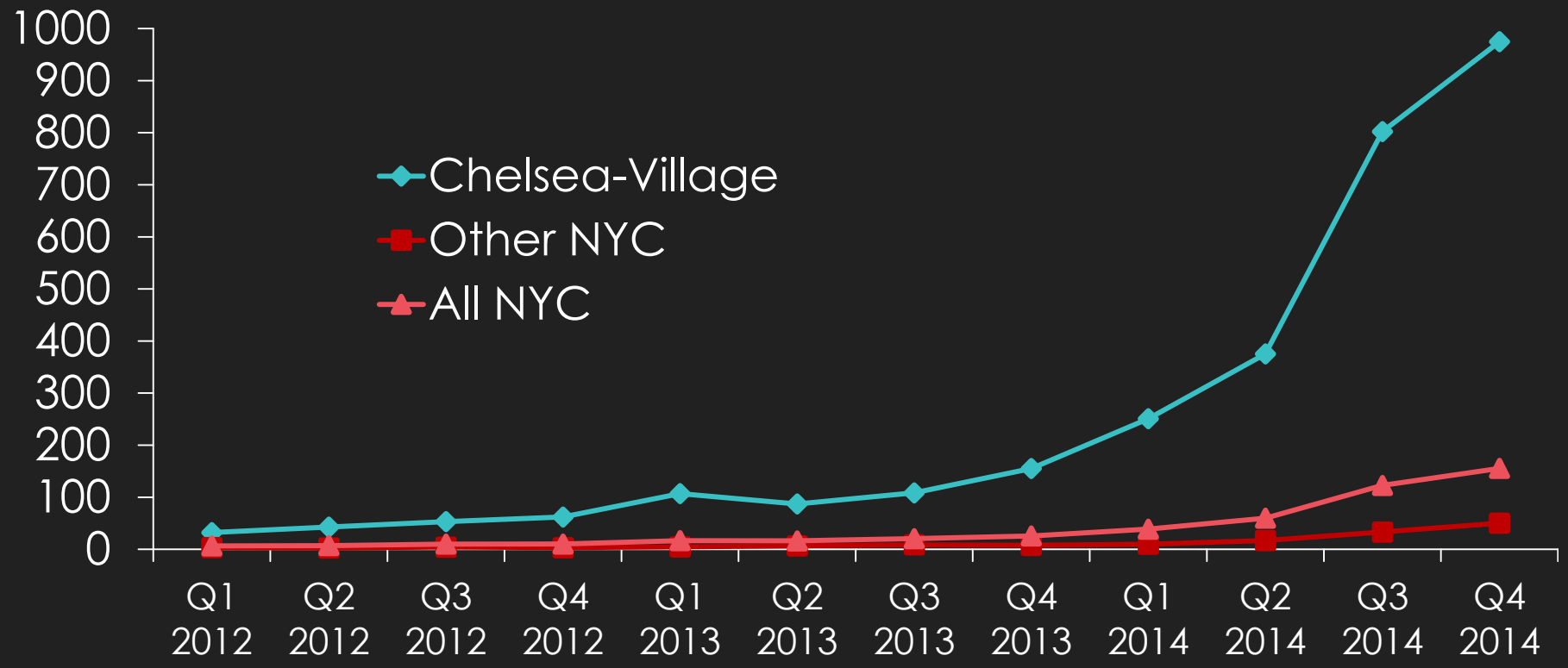
PrEP Prescription per 100,000 Patients Seen at Ambulatory Care Practices (n=538), NYC, 2012-2014



Edelstein Z., et al. IAPAC, 2015; Salcuni P et al. NYCEF, 2016.

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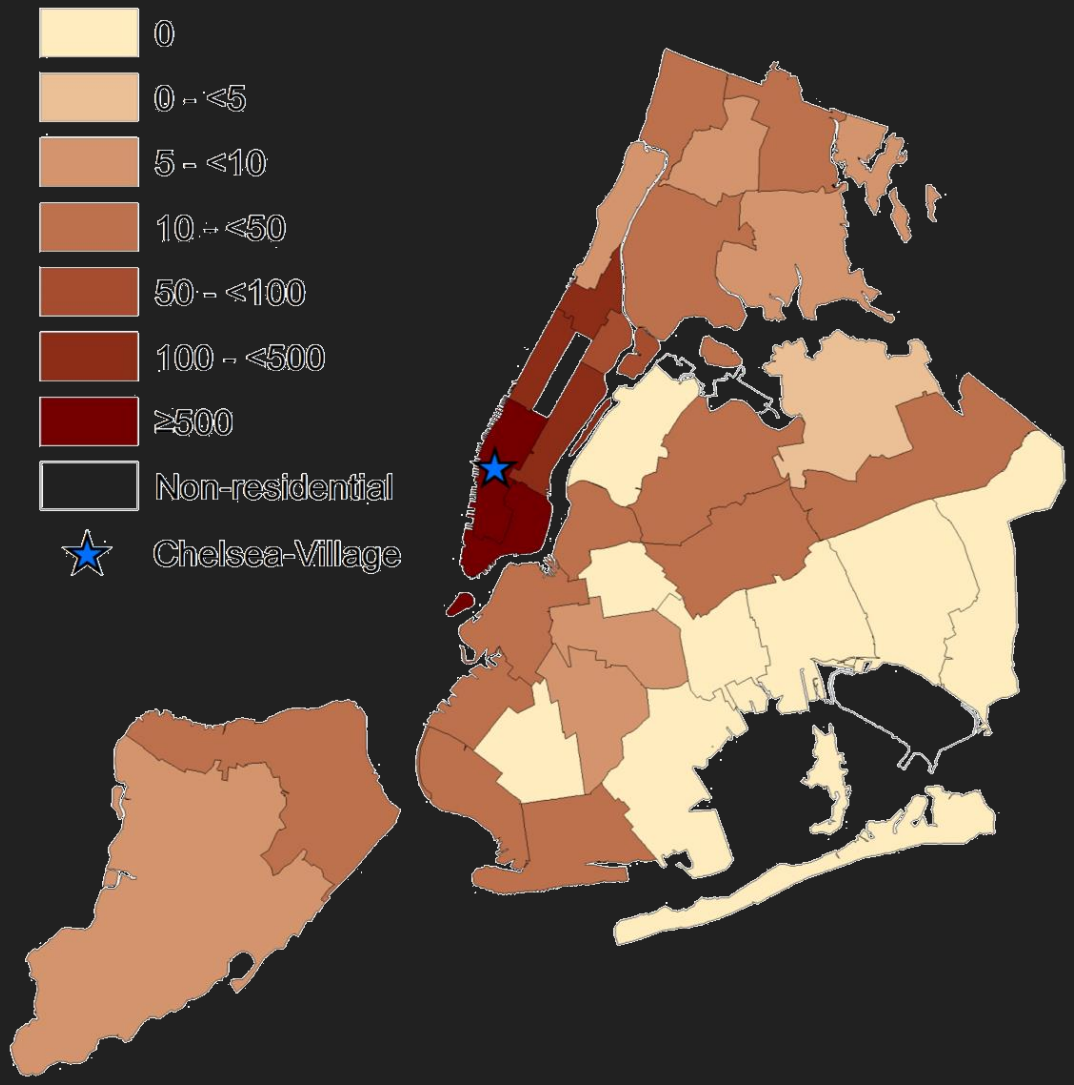
PrEP Prescriptions per 100,000 patients seen 2014



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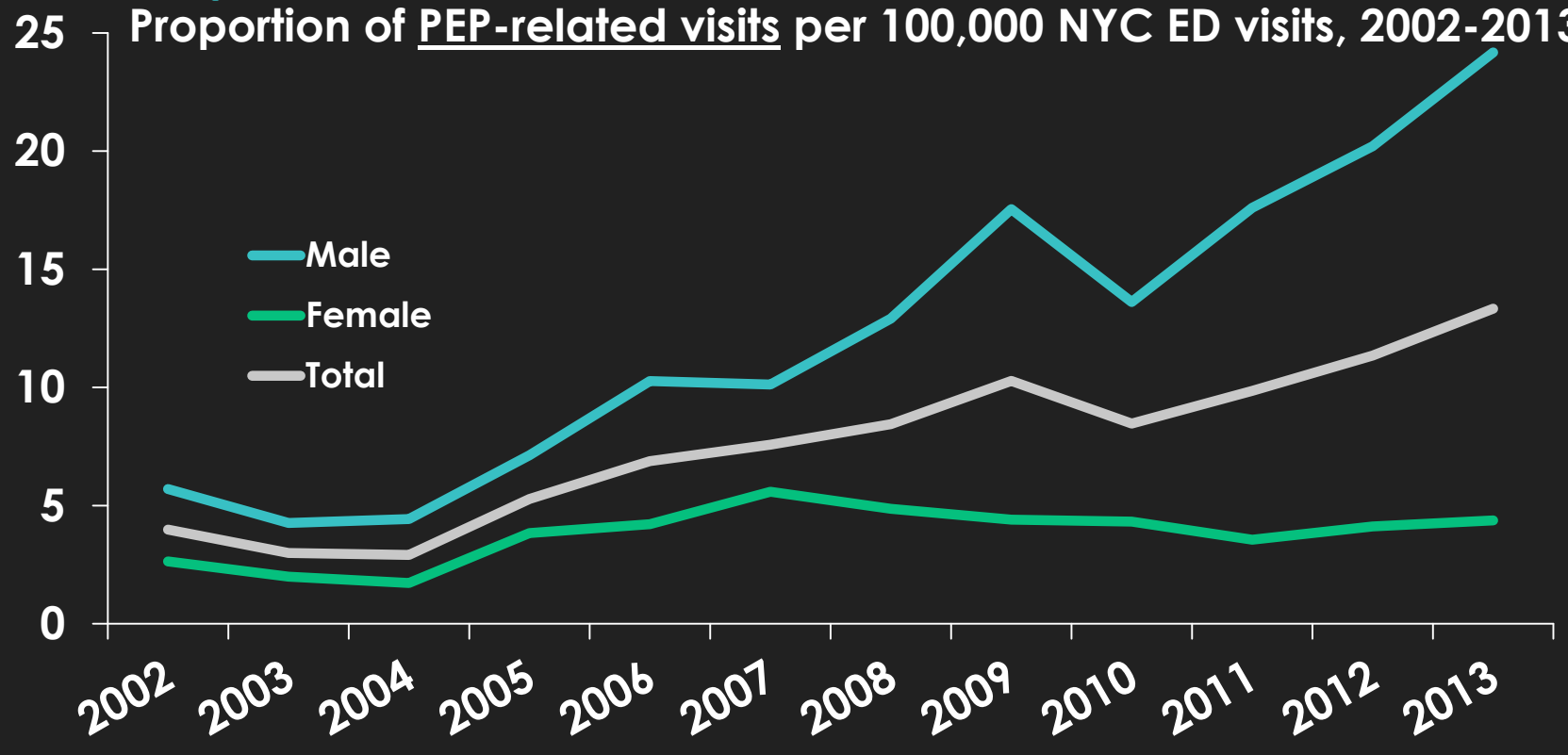
NYC Health

PEP Measurement: Emergency Department Surveillance

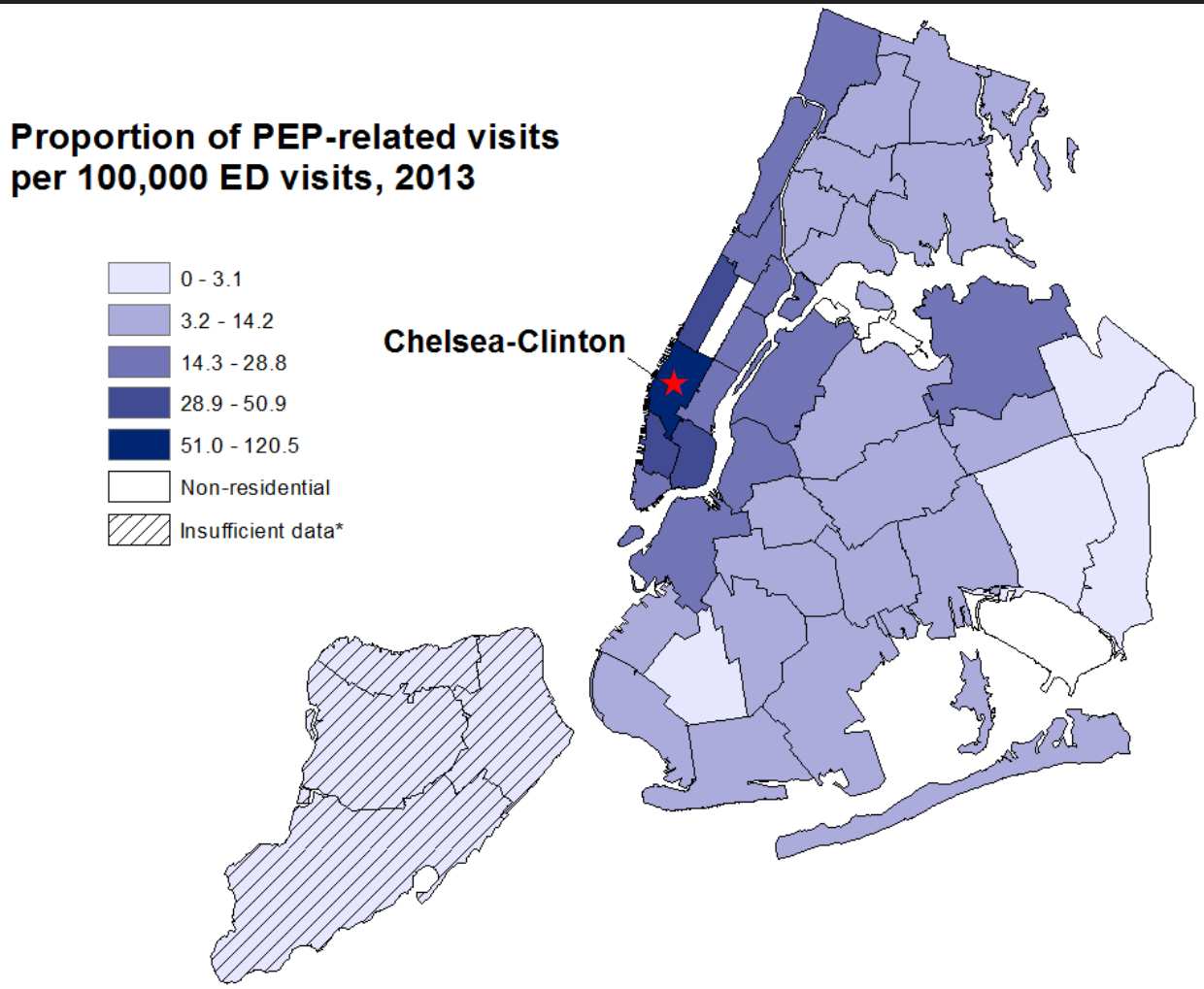


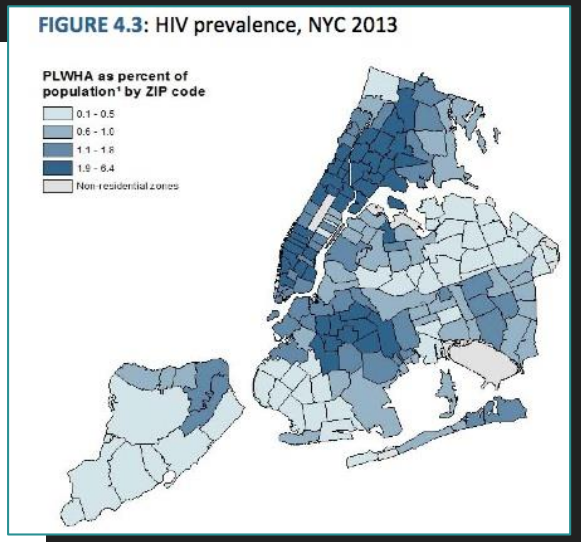
Analyzed ED visits among patients 13-64 years-old using NYC syndromic surveillance data from 2002-2013. PEP-related visits were identified by chief complaint.

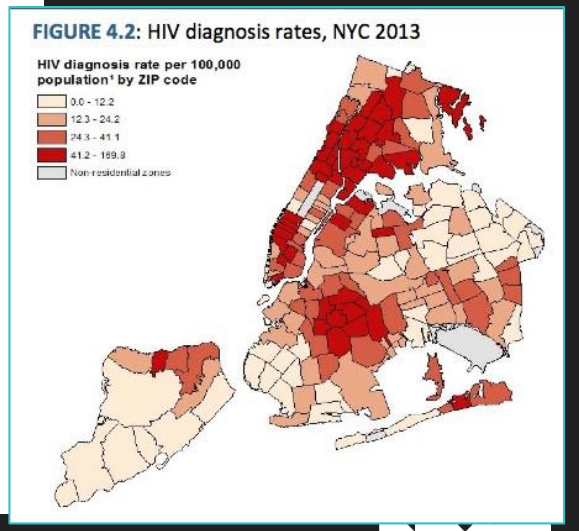
Ngai et al, *ISDS* 2014; Edelstein et al, IAPAC 2015.

NYC Health

PEP Measurement: Emergency Department Surveillance







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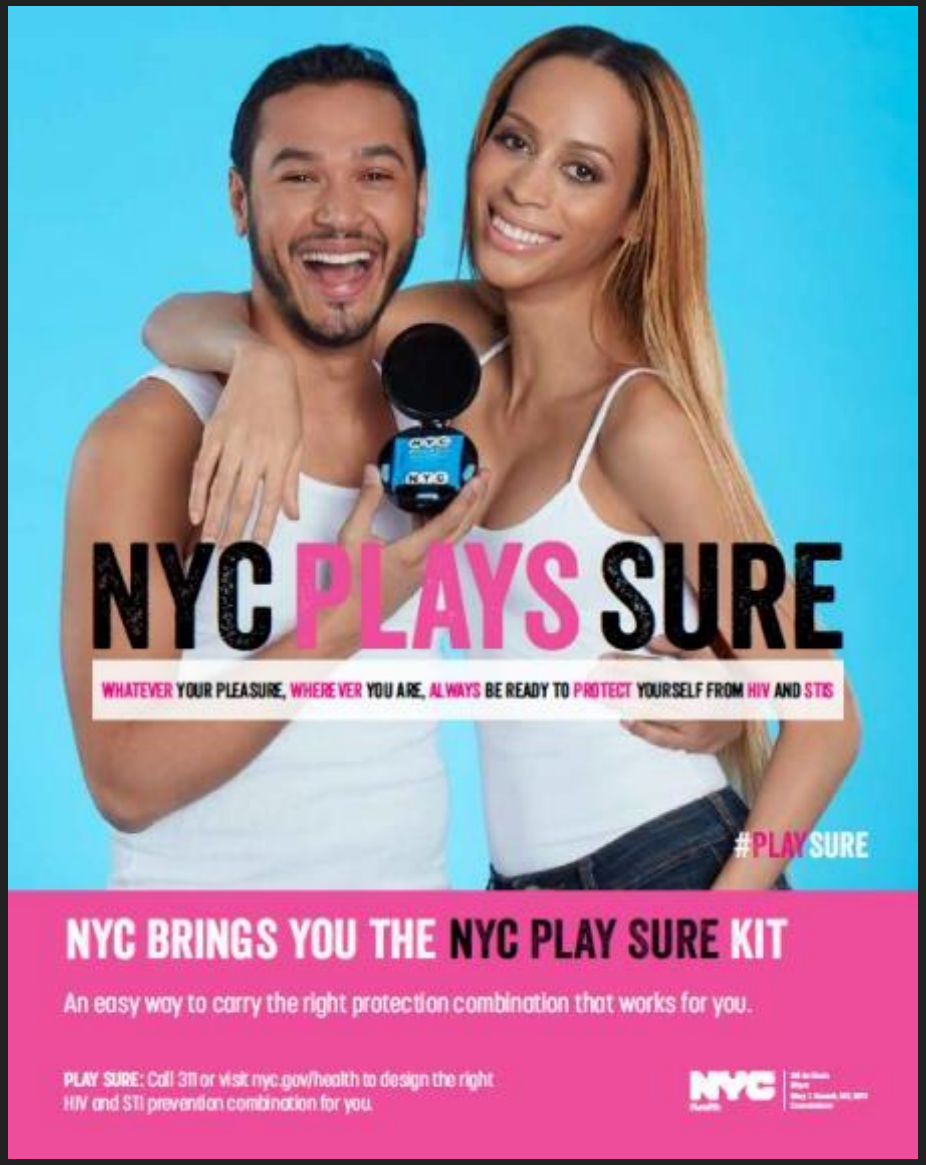
NYC PLAYS SURE
WHATEVER YOUR PLEASURE, WHEREVER YOU ARE, ALWAYS BE READY TO PROTECT YOURSELF FROM HIV AND STIS
#PLAYSURE
NYC BRINGS YOU THE NYC PLAY SURE KIT
An easy way to carry the right protection combination that works for you.
PLAY SURE: Call 311 or visit nyc.gov/health to design the right HIV and STI prevention combination for you.
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SURE


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CONDOM

NYC Health

Improve sexual health equity for all New Yorkers: Targeted Outreach and Support

- Trainings on sexual and gender-related health issues
  - *Cultural competency in RWPA-funded services*
  - *Training for BHIV staff*
- LGBTQ Patient Bill of Rights
- #BeHIVSure LGBTQ Coalition
- Trans-led and trans-focused organizations
- Programs for IV drug and crystal meth users

PrEP

=

Gateway To Sexual Healthcare

PrEP, Sexual Hx and STIs

- **PrEP and PEP Public Health Key Messages**

- 1. ***Take a thorough sexual history*** from all patients as a part of routine medical care.

- 2. ***Screen sexually active patients*** for STIs based on sexual history and clinical guidelines. Empiric treatment is often indicated.

- 3. ***Talk about PrEP and PEP*** with HIV-negative patients at ongoing risk of exposure and HIV-positive patients who may have HIV-negative partners.

- 4. ***Prescribe PrEP and PEP*** according to clinical guidelines, or refer patients to sites that provide PrEP and PEP.

PrEP and STIs

- Sexually transmitted infections (STIs) are a significant public health issue
- PrEP does not protect against STIs
- PrEP should be a part of a comprehensive prevention plan
  - Barrier protection should still be encouraged.
- Aggressive and empiric therapy of STI indicated!

PrEP IS HARM REDUCTION
PrEP IS NOT HARM ELIMINATION.

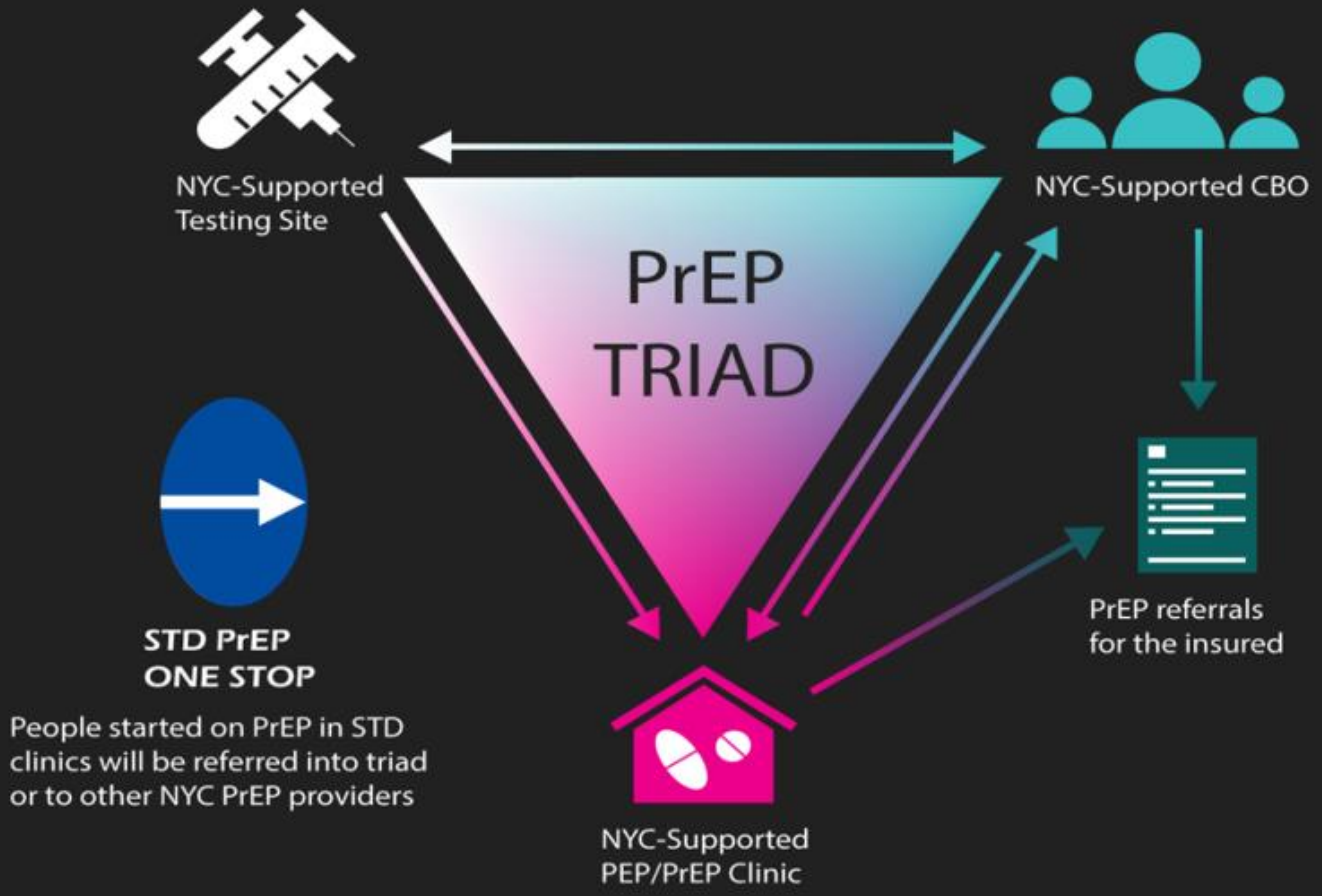
IT IS NEITHER RATIONAL NOR EXPECTED THAT IT IS A SILVER BULLET FOR ALL SEXUAL HEALTH ISSUES

PREVENTION OF UNPLANNED PREGNANCIES AND STI NEED DIFFERENT AND COMPLEMENTARY STRATEGIES

Increase Access to Prevention Services

- Open PEP Centers of Excellence throughout NYC
- Launch a 24-hour PEP call center
- Provide status-neutral care coordination
- Open PrEP pilot for adolescents
- Establish citywide PrEP network
- Scale up provider detailing program
- Conduct PrEP Surveillance in NYC
- Transgender Org Capacity Building
- Considering Work; Income as a Determinant of Health

Citywide Prevention Net



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NYC Health

Ending the Epidemic

Building on the RWPA Infrastructure to integrate Prevention and Care

Status Neutral Care Coordination

Status Neutral Care Coordination Background

- Funding active Ryan White Care Coordination Programs (NYC funding) to expand their services to include HIV- individuals at risk for HIV infection
  - Using RWPA MCM infrastructure to increase reach to address clients accessing prevention services

- Advent of PrEP and PEP to prevent HIV infection has underscored need to offer continuum of care for those at risk of HIV

Status Neutral Care Coordination

Program objectives:

1. Increase awareness and access to services for individuals identified as at risk including, but not limited to, PrEP and PEP
2. Provide linkage to social support services
3. Provide linkage to medical services
4. Ensure clients have mechanisms to pay for their indicated services by offering navigation for entitlements, benefits and patient assistance programs

Program components

Assessment and Planning Services

- Intake Assessment
- Service Plan Development
- Service Plan Update

Health Education Services

- PrEP/PEP Education
- Health Education

Coordination Services

- Benefits Navigation
- Linkage to PrEP
- Linkage to Services – medical and social support services
- Linkage Navigation
- Follow-up Communication
- STI/HCV testing services

Harm Reduction for Methamphetamine Use

Why Meth?

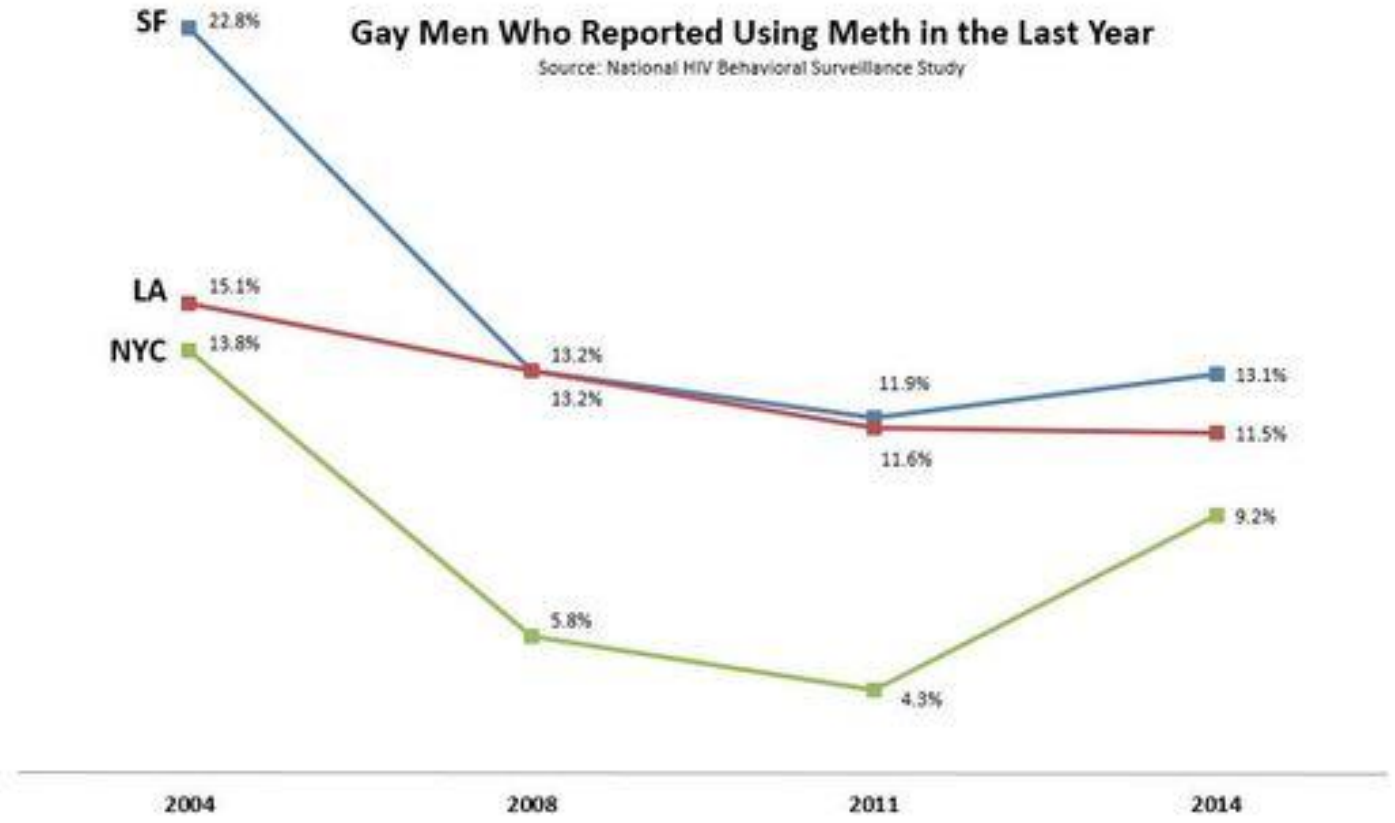
- Consistent evidence that MSM who use crystal meth are significantly
  - More likely to engage in HIV sexual risk behavior[1];
  - At an increased risk for HIV infection[2]

- 2015 NYC Sexual Health Survey
  - 5.2% of MSM participating in the 2015 sexual health survey are using meth
  - Youth and African American MSM are more likely to be using meth than their counterparts; Black MSM, highest percentage of meth users

- Ryan White clients reporting substance use:
  - Increase in meth use among 18-29 year old Ryan White clients between 2013-2014
  - 37% of RWPA meth users are African American

[1]Colfax et al., 2005; Forrest et al., 2010; Garofalo et al., 2007; Halkitis et al., 2009; Semple et al., 2009.
[2]Buchacz et al., 2005; Koblin et al., 2006; Plankey et al., 2007).

Meth Use by NYC Gay Men



Staley P(2016). It's Back! Meth Use By NYC Gay Men Rising Again. *POZ*. Retrieved from https://www.poz.com/blog/meth-use-by-nyc-gay-men-rising-again

Unsuppressed Viral Load

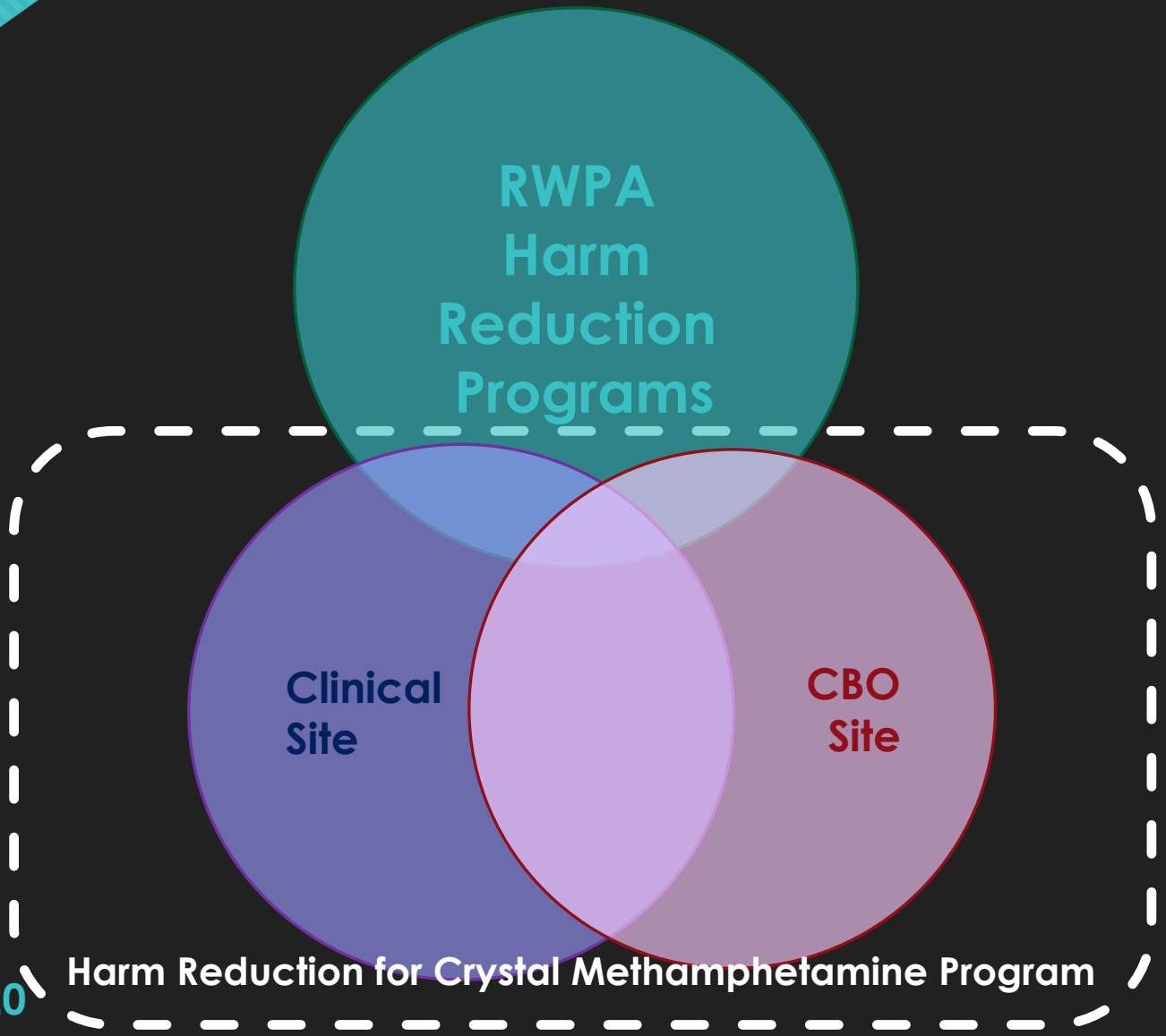
- Meth Use Is associated with unsuppressed viral load among HIV+ MSM in Ryan White services, NY EMA (11/2010 - 6/2012)

		VL > 200 copies/mL n (%)	Adjusted OR* (95% CI)
Recent crystal meth use	*Yes*	62.5% (65)	1.80 (1.11, 2.94)
	No	44.2% (1200)	(ref.)

*Adjusted for age, race/ethnicity, primary language, education, birth country, housing status, recent cocaine or crack use, ART prescription status, years living with HIV

Crystal methamphetamine use and HIV medical among HIV-infected men who have sex with men accessing Ryan White services in New York

Coordinating RWPA Harm Reduction and Meth EtE Programs



RWPA Harm Reduction Program Model

1. Provide easily accessible harm reduction and substance use services to PLWHA who:
   - are actively using drugs or alcohol; or
   - have recently used; or
   - at risk of relapse

2. Promote access to and maintenance in HIV primary care
   - Use peer navigators to support access, linkage and accompaniment to care

3. Reduce the negative health impacts of alcohol and drug use

4. Enhance ARV treatment adherence

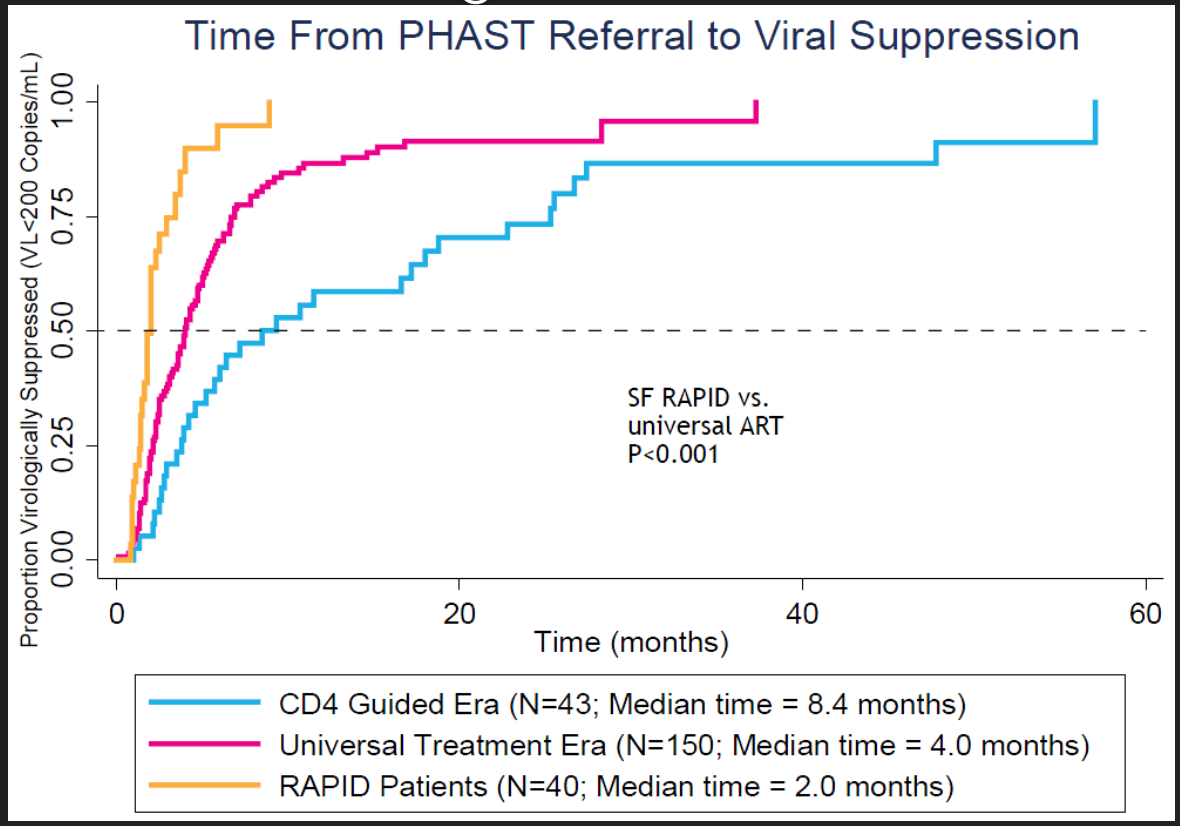
EtE RFP: Harm Reduction Services for Crystal Methamphetamine Users

- Innovative programs to address crystal meth use in NYC
- Collaborative consisting of clinic-based and CBO
- **Clinic:** pharmacotherapy, counseling, vaccinations, STI treatment, & PEP starter packs
- **CBO:** provide outreach, drop in space, counseling, group-level support, education and linkage to services, & benefits navigation
- Informed by Clinical Advisory Group

Immediate Antiretroviral Therapy

Time to viral suppression by ART initiation strategy

- Patients referred for new diagnosis of HIV infection at SFGH, 2005-2014



After 5-18 months of follow-up, 35 (90%) of 39 RAPID patients still actively engaged in care at ward 86 (n=27) or successfully out-transferred (n-8)

I ART

- The immediate initiation of ART (iART) stems from the concept that HIV infection should be managed like any other communicable disease by applying public health principals to optimize individual health and prevent forward transmission of the virus given the definitive evidence that HIV treatment is prevention.

JumpstART in NYC STD Clinics

- The JumpstART is the first clinic based iART model being implemented in STD clinics in response to End the Epidemic program of HIV in NYC

- Transforming the STD clinics into "hubs" of HIV related treatment and preventive care will include the immediate initiation of ART for identified HIV positive persons who are not engaged in care.

i-ART NYC

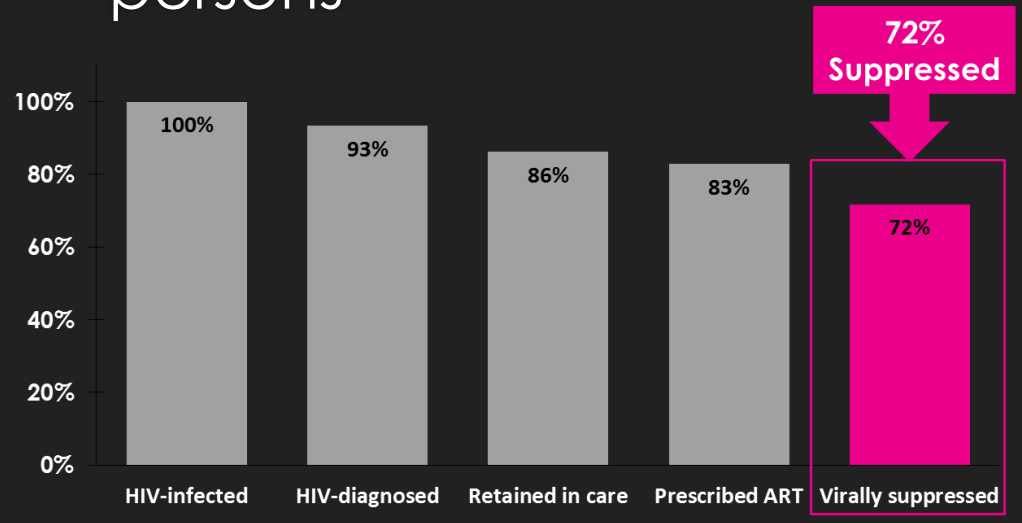
- Use the JumpstART protocol to work with highest diagnosing clinics in conjunction with the NYS AI HIV Uninsured Care Program

- Look for opportunities for i-ART for newly diagnosed/out of care patients in upcoming NYC and NYS Procurement opportunities

The Undetectables

Support Viral Load Suppression

Contract with nonprofits to implement the "Undetectables" program, a viral load suppression model for HIV-positive persons



Housing Works

#ENDAIDSNY2020

NYC Health

The Undetectables Viral Load Suppression (VLS) Initiative

The Undetectables was initially developed, implemented, and evaluated by Housing Works Community Healthcare in NYC

- Designed to improve VLS among clients with multiple psychosocial cofactors traditionally associated with poor VLS outcomes

Program objectives are:

1. Improve ART adherence (self-reported)
2. Improve retention in HIV medical care
3. Provide prompt linkage to social support services
4. Achieve and maintain viral load suppression (defined as a viral load test with <200 copies)

- NYC EtE is funding 6 pilot sites and a contracted TA provider

The Undetectables Implementation Structure

DOHMH Program Support

Support Contracted *Undetectables* Technical Assistance in assessment of needs among contracted programs for training and implementation support resources	Coordinate *The Undetectables* / VLS Consortium in collaboration with the *Undetectables* Learning Lab	Support ongoing evaluation of the program model

Contracted *Undetectables* Technical Assistance

With DOHMH program support, assess needs among contracted programs and develop implementation plans with programs	Participate in *The Undetectables* / VLS Consortium	Develop *Undetectables* curriculum based on contracted program assessment findings

Contracted *Undetectables* Pilot Programs (6)

Collaborate with contracted *Undetectables* Technical Assistance provider to identify program needs and establish an implementation plan	Participate in *The Undetectables* / VLS Consortium	Implement *Undetectables* model and distribute incentives to program participants for sustained VLS

- Thank you for your partnership
- Thank you for being a part of a system of care that addresses the medical and support needs to improve health of PLWH
- And thank you for your work to End the Epidemic

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WELCOME

PROVIDERS CONSUMERS

PROMOTING HEALTH EQUITY

THE POWER OF QUALITY IMPROVEMENT
RYAN WHITE PART A SERVICES

NOVEMBER 9, 2016 – NEW YORK UNIVERSITY KIMMEL CENTER

8:30 Registration/Light Breakfast

9:00 Introduction and Remarks

9:30 Plenary Presentation

10:15 Break

10:30 Workshop Session I

- IA Involving Peers in Quality Improvement
- IB Rethinking and Reworking
- IC Programmatic Improvement Drivers

12:00 Lunch and Poster Viewing

1:30 Poster Voting Close

1:30 Workshop Session II

- IIA Increasing Awareness of PrEP
- IIB Addressing the Whole Patient
- IIC Approaches to Improving Utilization

3:15 Closing and Poster Awards

#POWEROFQI2016

WORKSHOP MORNING SESSION

10:30AM — 12:00PM

WORKSHOP	ROOM	PRESENTING PROGRAM
Involving Peers in Quality Improvement	905-907	AIDS Service Center, GMHC, Harlem Hospital
Continuous Improvement, Rethinking & Reworking	914	GMHC, God's Love We Deliver, Hudson River Healthcare, Mount Sinai- West
Programmatic Improvement Drivers	Rosenthal	Sunset Park-Lutheran, Callen-Lorde, GMHC

LUNCH & POSTER VIEWING SESSION

Noon

Poster Presenters will stand by their posters between

12:30 – 1:15 PM

In your packets you will have 3 cards. Vote by placing cards in the corresponding poster voting bags –located next to each poster.

Voting closes at **1:30**!

#POWEROFQI2016

WORKSHOP AFTERNOON SESSION

1:30AM — 3:15PM

WORKSHOP	ROOM	PRESENTING PROGRAM
Increasing Awareness of PrEP in RW Services	Rosenthal	STAR-Downstate, TOUCH, Jacobi, GMHC,
Addressing the Whole Patient	914	Harlem Hospital, Institute for Family Health, Bridging Access to Care, Mount Sinai/IAM -CC
Approaches to Improving Utilization	905-907	Brownsville, Callen-Lorde, Family Services of Westchester, Argus