



Ending the Epidemic Dashboard HIV Treatment Cascade Narrative

Housing Works (HW) is a healing community of people living with and affected by HIV/AIDS. Our mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of lifesaving services, and entrepreneurial businesses that sustain our efforts. Since 1990, HW has provided a comprehensive array of services to more than 30,000 homeless and low-income New Yorkers living with and affected by HIV/AIDS. Supportive services include but are not limited to housing, healthcare, meals and nutritional counseling, mental health and substance use treatment, job training, and legal assistance.

Early in 2017, Housing Works began the process of developing two HIV treatment cascades for patients seen in calendar year 2016. The first focused on all HIV positive patients with medical visits. The second assessed patients newly diagnosed by either a Housing Works medical or service provider. The purpose of this exercise was to identify gaps in the care process.

Development of these visualizations was a multistep process requiring active communication across several departments including Quality Initiatives, Data Operations, as well as Health and Client Services. While existing internal reports provided real time access to patient viral load results, new reports needed to be built to easily identify diagnosis dates and active prescriptions. These reports have since been set to also run in real time in order to more frequently provide the clinics with registries of patients without active HIV prescriptions.

Once completed, the cascades showed that 3% of patients were not prescribed antiretroviral medication for their HIV care. Patient-level chart audits and follow up with providers revealed the majority of those not on medication were elite controllers who are able to suppress the virus without treatment. This provided an opportunity to educate the providers around the guidelines for HIV treatment and discussions about same day start for newly diagnosed patients.

Moreover, the most significant gap in care by the end of 2016 was viral suppression (VLS) for all established HW patients. Therefore, the goal for the 2017 calendar year was to raise the VLS rate from 70% to 80%. This would mainly be accomplished through targeted outreach and enrollment into the Undetectables. HW receives grant funding for a Retention and Adherence Program (RAP), as well as Medical Case Management (MCM). These programs are specifically tailored for the 30% (n=373) of patients in our care cascade who are not virally suppressed. Further analysis of the unsuppressed clients identified that these patients are likely to be out of care. Through coordination with two of the three HW clinics, our rebranded Retention and Adherence Department which included, RAP, MCM and Mental Health Service (MHV) programs, have facilitated targeted outreach projects to reengage patients with their primary care providers (PCPs) and/or enroll these patients in case management services. Within two months of the project, over 33 clients on the verge of being lost to care were reconnected with their PCPs and 6 clients were enrolled into case management.

Since 2014, HW has implemented “the Undetectables,” a grant funded project that aims to have at least 80% of HIV positive participants achieve and maintain an undetectable viral load. The project has shown high rates of success. As of November 2017, 88% (n=709) of active participants have a suppressed viral load at less than 200 copies/mL. Participation in the project includes 1) an initial case conference between the client, provider and case manager; 2) quarterly \$100 gift card incentive for patients whose viral loads



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are less than 200 copies/mL; 3) cognitive behavioral therapy adherence support groups; and 4) adherence toolkit methods such as pill boxing, medication reminders and directly observed therapy. Case conferences also occur when there is an increase in viral load.

Given the success of the program, HW aimed to enroll 75 eligible clients into the Undetectables. Eligibility is defined as dual enrollment in HW based primary care and case management. Patients currently not engaged with a case manager have been referred to the program that best fits their needs and subsequently enrolled. Patients who meet the eligibility criteria but are not yet enrolled are given information regarding the project benefits and encouraged to participate. Moreover, to recharge the HW staff around the Undetectables, programmatic and motivational interview trainings were conducted early in the year. The HW Consumer Advisory Board also hosted a relaunch party for current and prospective program participants. Thus far, HW has enrolled over 189 patients into the program since January 1st, exceeding our target by more than double.

With these achievements, HW is hoping to see a positive impact on the in the viral suppression rate from 2017.