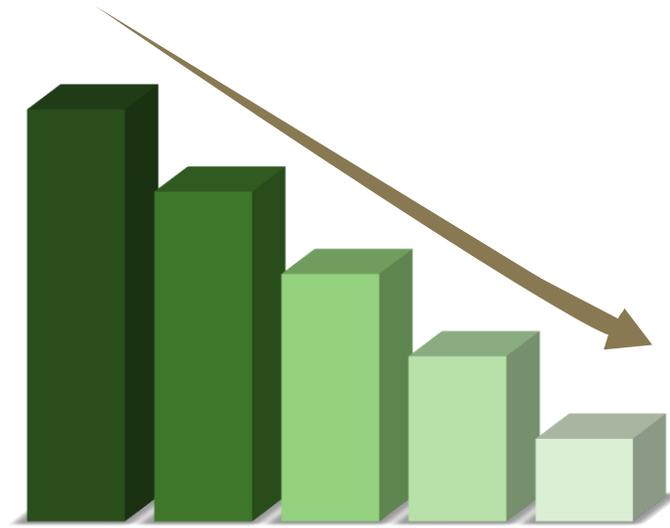


2016
NYS HIV Quality of
Care Review

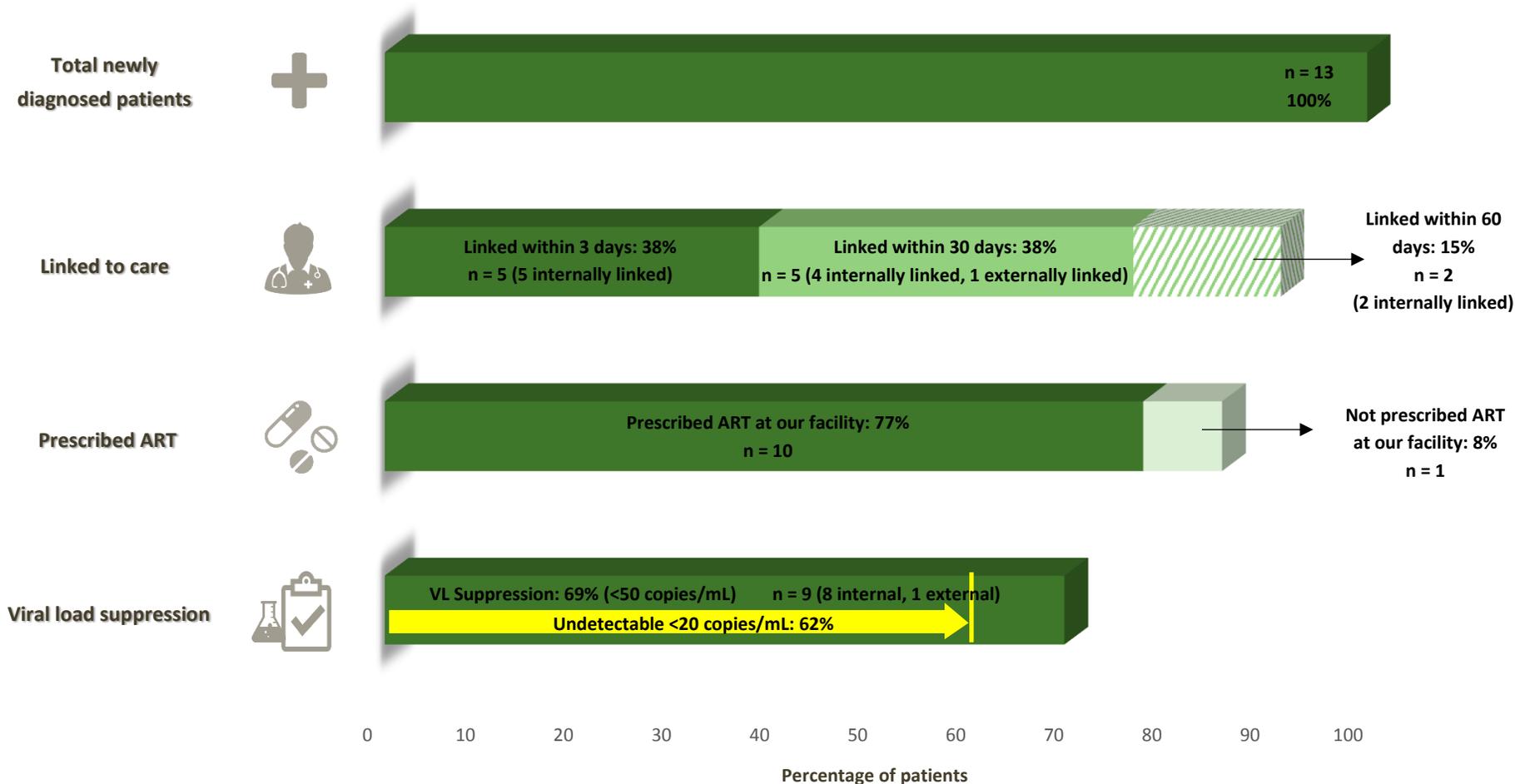


Organizational HIV Treatment Cascades



Submitted by: 
The Quality Team

HIV Care Cascade for Newly Diagnosed Patients (2016)



Total newly diagnosed patients: Number of patients newly diagnosed with HIV in the last 12 months

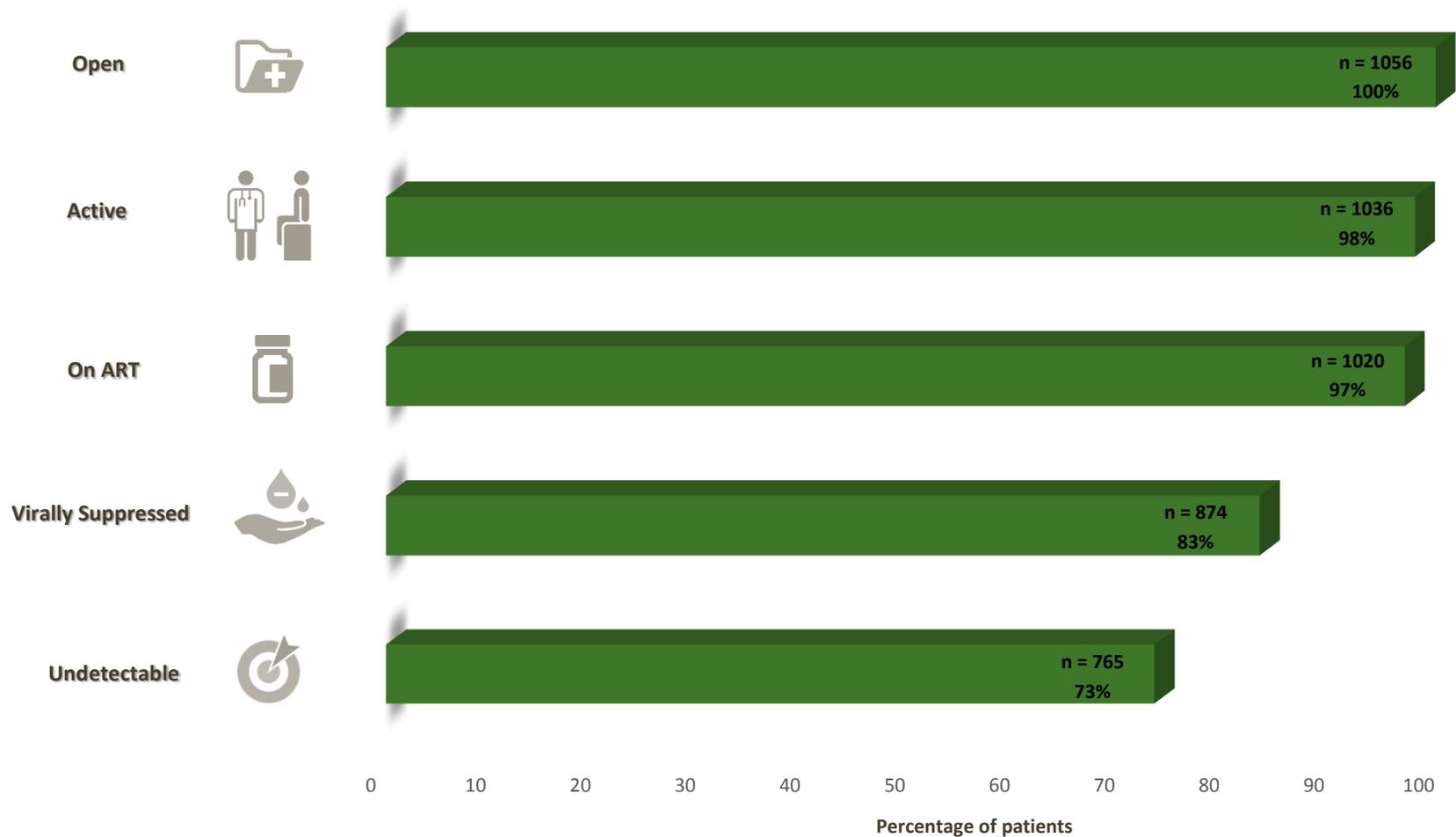
Linked to care: Number of newly diagnosed patients with 1 HIV medical visit within 3 days of diagnosis if internally linked, 5 days if externally linked

Prescribed ART: Number of newly diagnosed patients prescribed ART (11/13)

Viral Load suppression <200: Number of newly diagnosed patients with viral load <200 copies/mL (9/13)

Data Source: EMR (Medent)

HIV Care Cascade for Established Patients (2016)



Open: All HIV+ pts with any visit in the last 12 months

Active: Number of HIV+ pts with a HIV medical visit in the last 12 months (1,036/1,056)

On ART: Number of patients with ART prescription from open caseload (1,020/1,048)

Virally Suppressed: Number of patients with Viral Load <200 copies/mL from open caseload (874/1,048)

Undetectable: Number of patients with Viral Load <20 copies/mL from open caseload (765/1,048)

Data Source: EMR (Medent)

METHODOLOGY



HIV Care Cascade for Newly Diagnosed Patients

The methodology used for the *HIV Care Cascade for Newly Diagnosed Patients* involved a systematic review of data from Evergreen's association-wide testing and sexual health center programming. The data was provided in Microsoft Excel format utilizing patient information from Medent, the clinical EMR; Athena Software's Penelope, the association's web-based case management software; and some paper patient charts. The Excel file included all HIV testing performed throughout the association and was stratified to include only those individuals testing HIV+ during the 2016 review period.

The only limitations to data encountered was the need to manually review EMR charts for certain data points which were not reported out of original data sources. Obtaining linkage to care, prescribed ART, and viral load values were obtained by the Evergreen Quality Team through manual EMR chart review of the identified patients internally linked to Evergreen Medical Group and discussions with community partner organizations for external linkages. Analysis of the data identified 13 newly diagnosed individuals during the review period.

11 were successfully **linked to care** internally at Evergreen Medical Group, 1 externally at Town Garden Pediatrics and 1 has an unknown disposition. The days from diagnosis to care linkage varied from same day to 60 days. None of the individuals were identified as being incarcerated or deceased during the review period based on information obtained through the patient medical record history.

11 of the 12 individuals with verified linkage are on **ART therapy** and 1 individual was prescribed a multi-vitamin to assess treatment readiness and the ability to adhere to a daily medication regimen.

9 of the 12 individuals were **virally suppressed** (<200 copies/ml) during the review period, 1 achieved viral suppression after the review period (January 2017), 1 has shown significant improvement with initial viral load of 247,579 (April 2016) to 566 (November 2016) and 1 has not had laboratory testing conducted to date. Evergreen has also identified that 8 of those virally suppressed have an undetectable viral load (<20 copies/ml).

HIV Care Cascade for Established Patients

The methodology used for the *HIV Care Cascade, Established Patients* involved a systematic review of data obtained through direct EMR reporting and manual chart reviews primarily from Medent, the clinical EMR. This included active/inactive Evergreen Medical Group patients, testing and sexual health program data and medical case management services provided to individuals that did not engage in HIV care during the review period.

Limitations of the data sources

- The EMR reporting has its own limitations that need to be addressed through the vendor and Evergreen staff (not all VL testing was properly included, thus requiring manual review; addition of new HIV medications is needed for report accuracy; etc.).
- The intake, workflow and documentation processes are being revised to centralize and more accurately capture and update patient statuses to include deceased and incarcerated.
- Mental Health/OASAS programming has substantially added staff members and evolved in 2016-2017 moving from paper charts to Penelope and finally to the EMR. As a result, we were unable to include these patients in this review through an automated process.
- The Evergreen Association provides a wide-array of supportive and wrap-around services. There are at least 7 additional software/database systems utilized outside of Medent and Penelope. Since the launch of the new EMR (7/2015), Information Systems has been in development of a data warehouse, striving to bring together these disparate systems. The data warehouse and business intelligence software will yield much faster, comprehensive, uniform and accurate data across the organization. At this point of development, limitations of reporting across the entire organization are recognized.

- Approximately 1,500 unique HIV+ individuals have been identified as receiving some service in 2016 resulting in 450 HIV+ individuals that could potentially be included in this review. However, due to the complexity of systems described above, the non-clinical nature of the programs, and inconsistency of required data points, it is prohibitive to include them in this review.

With the above limitations considered, a comparative review of the EMR's HIV+ patient panel report from 1/1/16 and the report from 12/31/16 was conducted by the Evergreen Quality Team. This established the criteria of how the **open and active caseloads were differentiated**. 20 individuals were identified as appearing on the January report but not the December report. The Evergreen Quality team investigated disposition of these 20 individuals through manual EMR chart review of the identified patients linked to Evergreen Health and discussions with community partner organizations for external linkages. It was determined that of the 20 individuals, 12 had an unknown care status, 5 received only specialty Anoscopy services at Evergreen – with HIV care provided at other organizations, 2 transferred care and 1 was incarcerated. No HIV+ patients from this review were identified as deceased in 2016.

Obtaining those who were prescribed ART, and viral load values were determined primarily through EMR reporting and some manual chart reviews. The review showed only 4% of the entire HIV+ patient panel were not **receiving ART** (31% non-progressors, 19% contemplating treatment, 25% voluntarily refused treatment and 25% did not follow-up to begin treatment).

83% of the entire HIV+ patient panel was **virally suppressed** (<200 copies/ml), and of those, 73% were undetectable (<20 copies/ml).