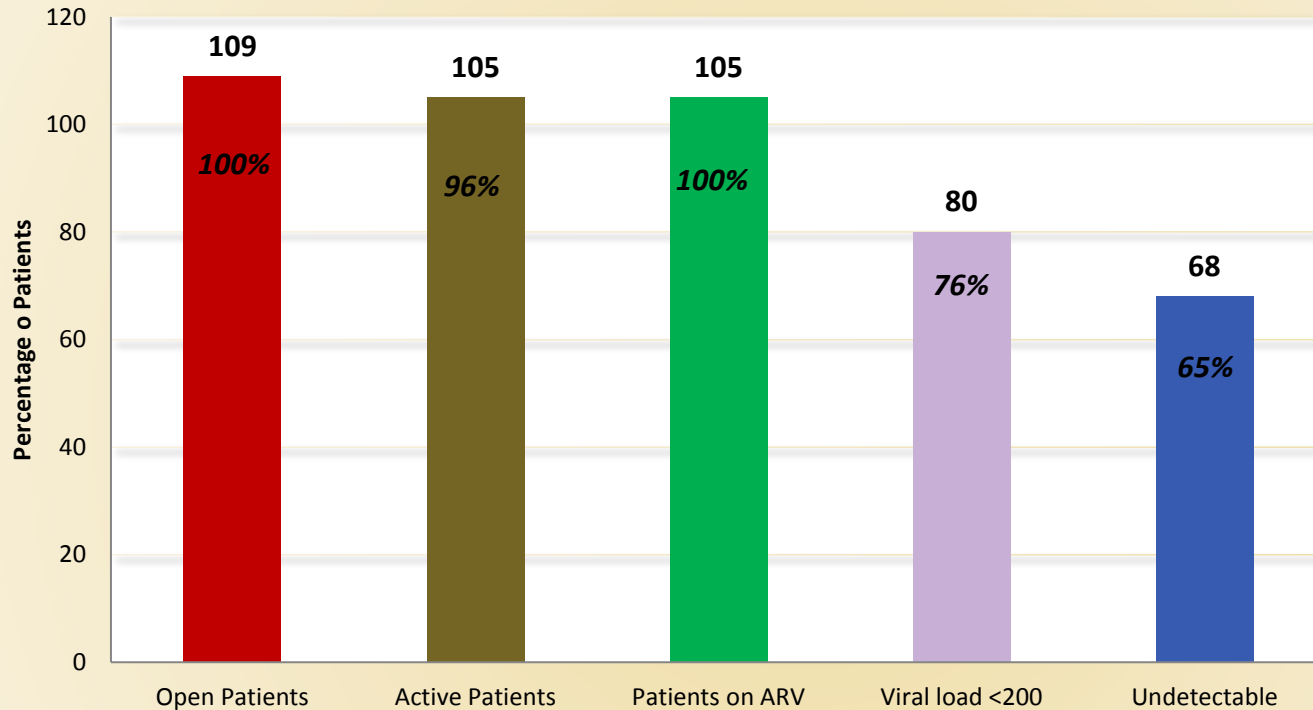




HIV Care- Established Patients for 1/1/16 to 12/31/16 Middletown Community Health Center



- Open Patients
- Active Patients
- Patients on ARV
- Viral load <200
- Undetectable

Open: all HIV+ pts. with any visit in the measurement year.

Active: # of HIV+ pts. with HIV Medical Visit within measurement year.
105/109 pts.

On ARV- # of active patients on ARV therapy
105/105 pts.

Viral load <200 copies/ml: # of active patients with viral load <200 copies/ml
80/105 pts.

Undetectable -# of active patients with viral load <200 copies/ml
68/105 pts.

Excluded: Deceased- 2 patients
Incarcerated- 1 patient
Unknown Disposition- 1 patient

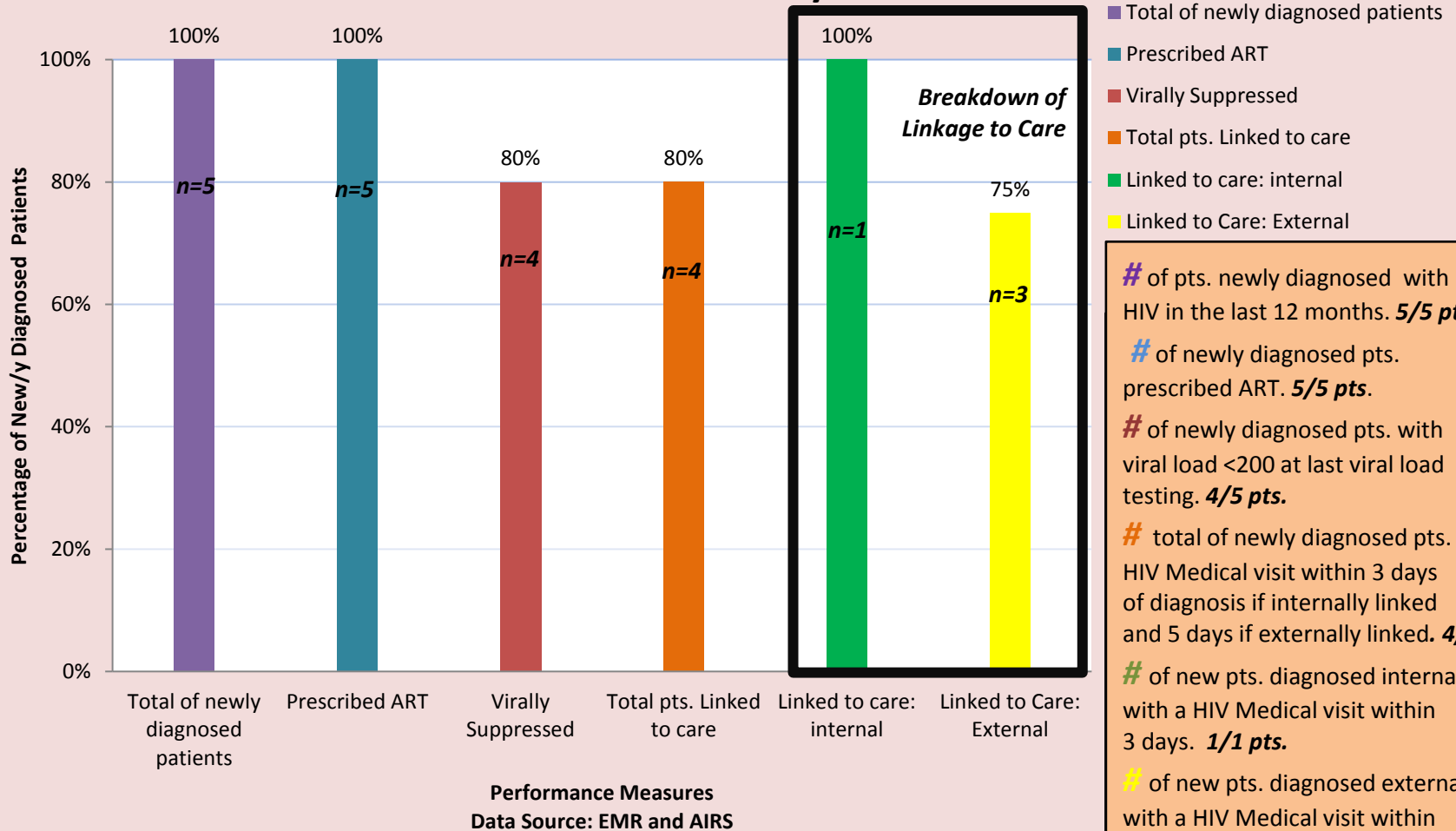
Breakdown: Total MSM of color: 8

On ART: 8	100%
Virally Suppressed: 7	88%
Undetectable: 5	63%

Data source: EMR, AIRS



MCHC HIV Care- Newly Diagnosed Patients for 1/1/2016 to 12/31/2016 Middletown Community Health Center



of pts. newly diagnosed with HIV in the last 12 months. **5/5 pts.**

of newly diagnosed pts. prescribed ART. **5/5 pts.**

of newly diagnosed pts. with viral load <200 at last viral load testing. **4/5 pts.**

total of newly diagnosed pts. with HIV Medical visit within 3 days of diagnosis if internally linked and 5 days if externally linked. **4/5 pts.**

of new pts. diagnosed internally with a HIV Medical visit within 3 days. **1/1 pts.**

of new pts. diagnosed externally with a HIV Medical visit within 5 days. **3/4 pts.**



Our goal is to efficiently monitor the extent and quality of care being delivered to all HIV-positive patients seen at Middletown Community Health Center including but not limited to LRTA and established patients engaged in HIV care. We want to be able to identify any gaps in the steps taken between diagnosis and Viral load suppression as they are delineated by the cascade and develop data-driven plans to assess and improve these gaps through quality improvement activities.

Methodology

This data research was conducted to fully understand external and internal stakeholders involved in LRTA and the HIV program by differentiating active and open cases and creating cascades using the following measures for newly diagnosed and established patients:

1. **Open caseload:** Number of patients, regardless of age, with a known diagnosis of HIV who received services at Middletown Community Health Center--whether routine, urgent, or emergent--during the measurement year from 1/01/2016 through 12/31/2016.
2. **Active caseload:** Number of patients, regardless of age, with a known diagnosis of HIV who received services in the HIV program at Middletown Community Health Center during the measurement year 1/01/2016 through 12/31/2016.
3. **Linkage to HIV medical care:** Number of patients who attended a routine HIV medical visit within 3 calendar days of diagnosis within Middletown Community Health Center and 5 calendar days of diagnosis if linked to care from an outside agency to Middletown Community Health Center over the total of newly diagnosed patients during the measurement year 1/01/2016 through 12/31/2016.
4. **Prescription of ART:** Number of patients prescribed ART during the measurement year 1/01/2016 through 12/31/2016.
5. **Viral load suppression:** Number of patients with a HIV viral load less than 200 copies/ml at last viral load testing during the measurement year 1/01/2016 through 12/31/2016.

Data Collection Method:

Dinora Torres, Quality Improvement Manager, collected data from our electronic medical record and AIDS reporting system for our HIV program. Mrs. Torres printed out AIRS caseload reports for the measurement year as a tool to compare and research data measures with electronic medical record for LRTA patients only. HIV patients active in care absorbed in Primary Care Services were tracked with electronic medical record and a manually kept spreadsheet since Medical Case Management has been closed out in the AIRS reporting system, creating a more hands on approach in data collection. All data measures were tallied on Excel spread sheet.



Once totals were calculated, Cynthia Flores, HIV program Coordinator created cascades that reflected our results. Results were analyzed to create Improvement Plan.

Open and active caseloads (definitions described above) were differentiated by attendance with exclusions categorized by incarceration, deceased, and/or unknown disposition. Data subsequently was extracted from information reported in electronic medical record. Information was collected and verified through face to face, phone or via correspondence with patient, Orange County Department of Health, Orange County Corrections Facility, Orange Regional Medical Center, Community Partners, and other medical facilities.

The number of patients excluded were identified as follows:

Excluded: Deceased- 2 patients

Incarcerated- 1 patient

Unknown Disposition- 1 patient

Note: including barriers to care in Improvement plan: Lack of insurance, housing, food, financial entitlements, transportation, mental health and substance abuse issues and low health literacy levels that may affect linkage to care, retention and adherence.