

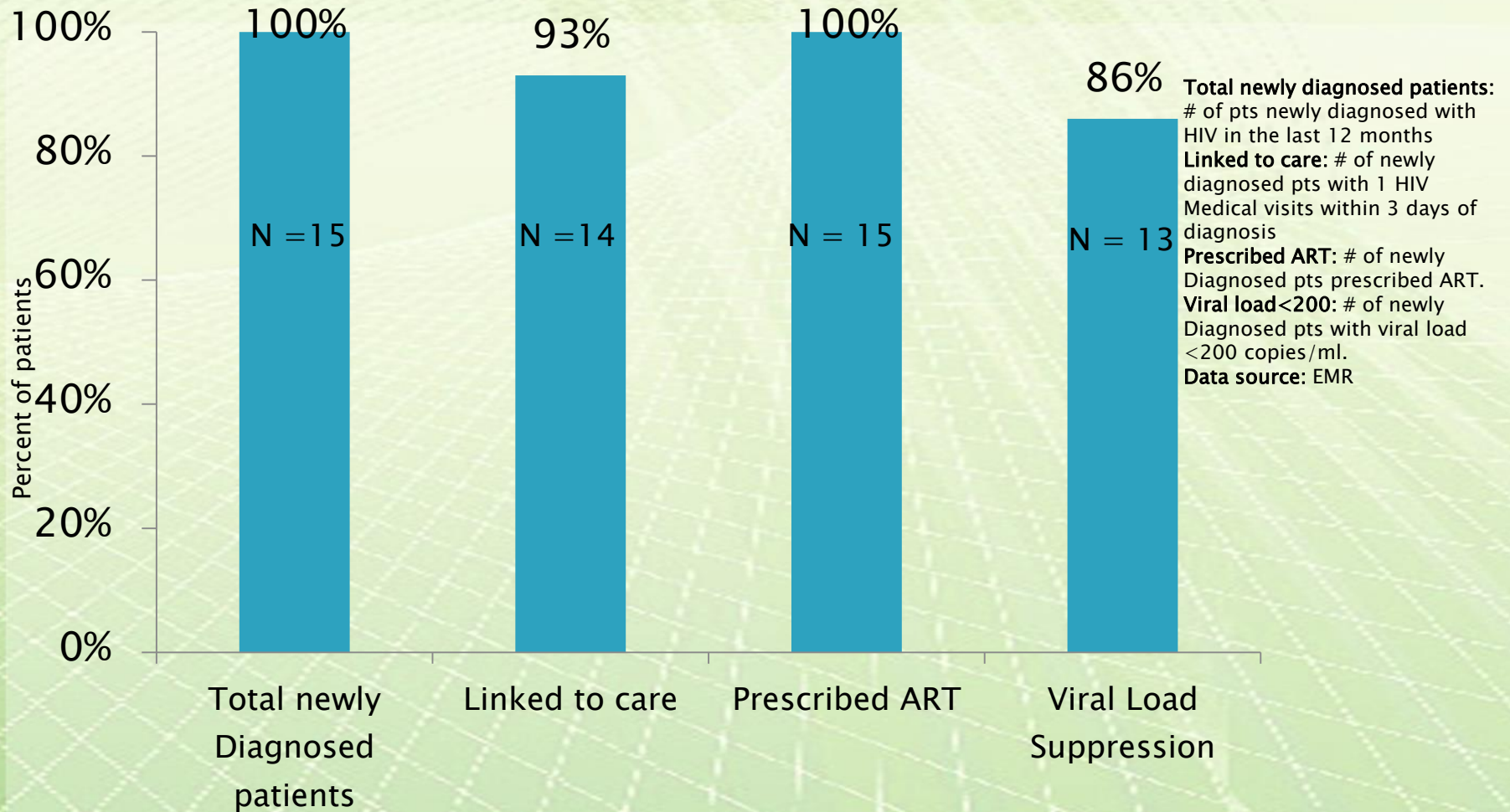


MORRIS HEIGHTS HEALTH CENTER

TREATMENT CASCADE
2016

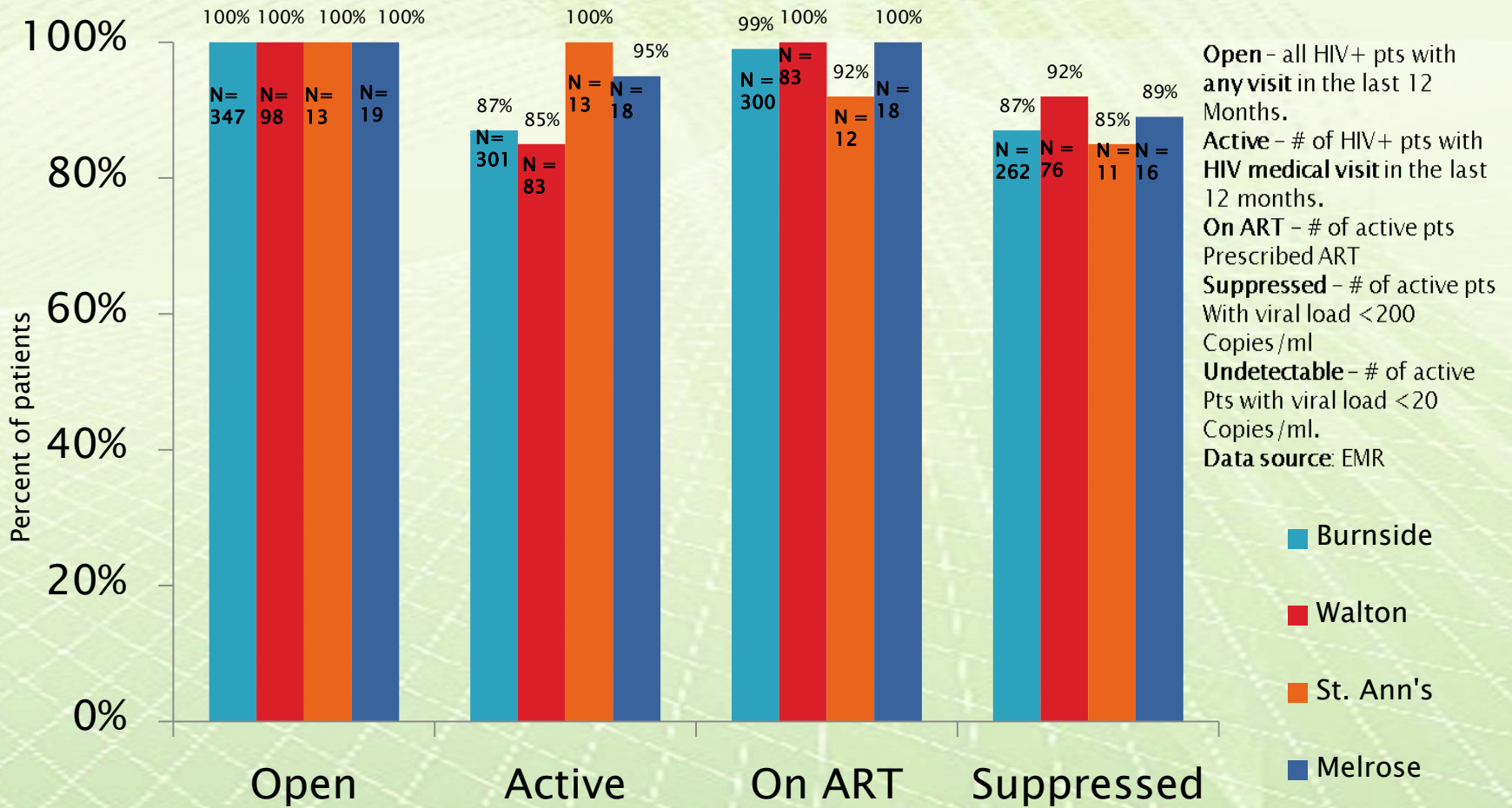


HIV CARE Cascade for Newly Diagnosed Patients (2016)





HIV CARE Cascade, Established Patients (2016)





Morris Height Health Center CARE Services

Methodology

1. What were the sources of the data used in the cascade and why were they chosen? What were some of the limitations specific to each data source?

Morris Heights Health Center uses an electronic medical record (EClinicalWorks –ECW) that also had data that was migrated from our previous electronic medical record (Centricity) to document all services provided to the patient. The data was extracted from the electronic medical record and validated by manual chart reviews. Limitations were that not all data elements migrated from the old system to the new system correctly. Also, some data entry errors were found in both systems.

2. How were the organization’s open and active caseloads differentiated and subsequently extracted from the data source? How many patients were identified as deceased? How many were identified as incarcerated? How many were identified as in care at an outside organization? How many were identified as having an unknown disposition?

Open cases were extracted from our electronic medical record (EClinicalWorks - ECW) using EBO as the report generator using any of the following criteria to identify positive patients: a HIV Positive diagnosis code, a positive conventional antibody lab test or detected Viral Load or lastly, HIV added to the patient’s problem list. Manual chart reviews were conducted as well to verify the validity of the data extract. Active caseload is defined as patients who received their HIV medical care at MHHC provided by a HIV Specialists.

2 Patients expired, 14 patients transferred to another facility and 3 patients relocated to another state.

3. Who within the organization was involved in extraction, analysis, and presentation of cascade data?

Extraction of the data was performed by our Clinical Informatics Data Analysts and validated by The HIV Data Manager, Director of HIV Services and the HIV Program Manager. Presentation of cascade data will be performed by the HIV Data Manager.



4. How was the status of patients linked to, or engaged in, HIV care at an outside organization verified? How was the status of deceased and incarcerated patients determined?

MHHC has multiple sites and multiple providers who are HIV specialist so the majority of patients are linked internally. If a patient chooses to receive their care elsewhere, the MCMs or Treatment Adherence Nurse will document the new provider's name, address, telephone number and the date of the appointment in the EMR and validate that the patient complied with the appointment. If the patient misses the appointment the MCMs or Treatment Adherence Nurse will reach out to patient and insure that the appointment is rescheduled and kept.

Our Medical Case Managers, Treatment Adherence Nurse, Outreach Coordinator and Peer Educators were all involved in continuous monitoring of the patients via Phone Calls or face to face visits. If a patient falls out of care then the following resources were used to determine client's status: Emergency Contact, HASA Worker, contacting the patients Insurance Company, contacting client's Pharmacy, contacting other organizations that client may attend, verifying address using E-Paces and lastly utilizing the internet to determine if a patient is incarcerated.