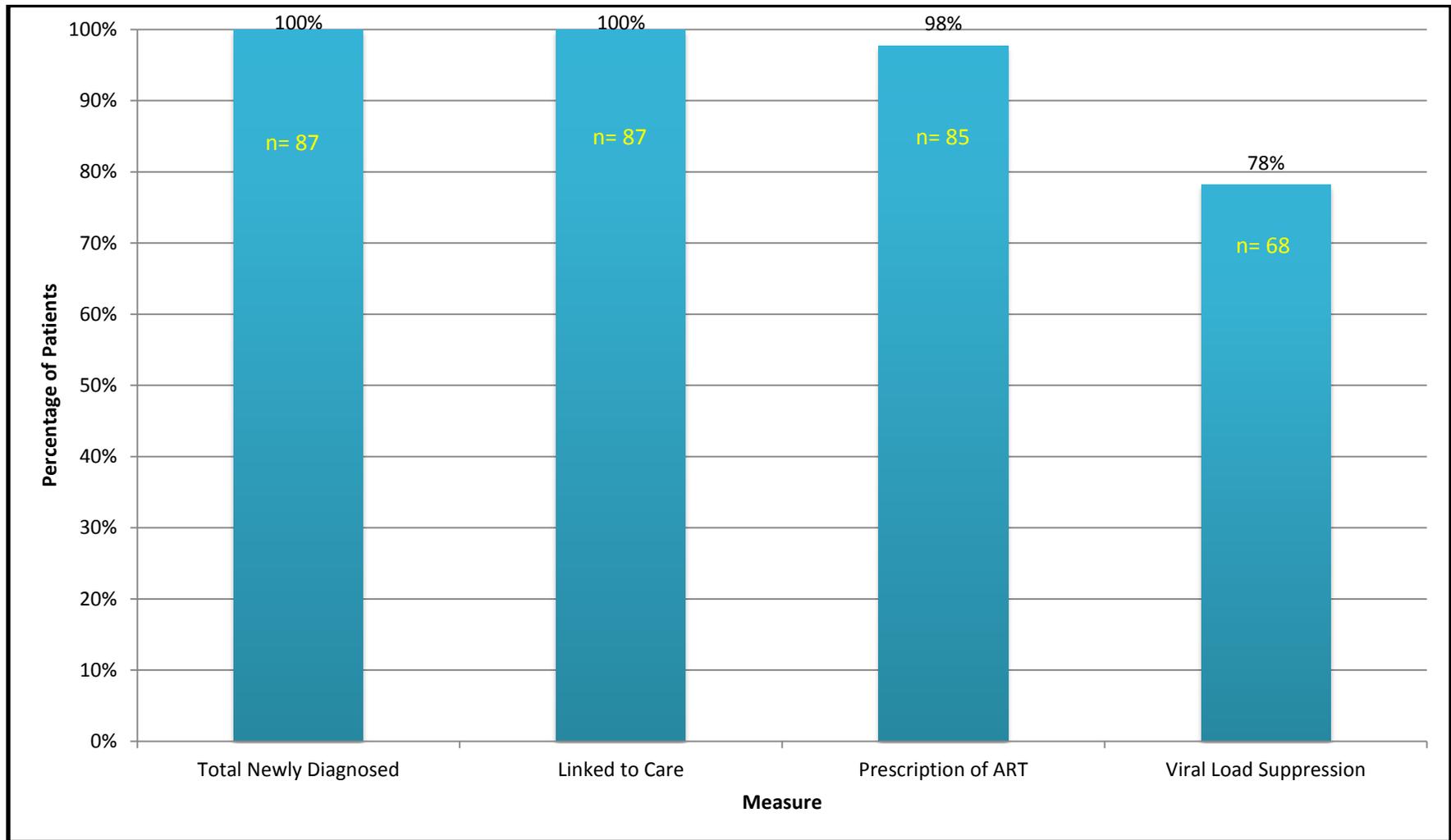# HIV Care Cascade for Newly Diagnosed Patients (2016)

North Shore University Hospital- Center for AIDS Research and Treatment

Percentage of Patients (y-axis)

Measure	Percentage	n
Total Newly Diagnosed	100%	n= 87
Linked to Care	100%	n= 87
Prescription of ART	98%	n= 85
Viral Load Suppression	78%	n= 68

Measure (x-axis)

Newly Diagnosed Legend

Total Newly Diagnosed Patients: # of patients newly diagnosed with HIV during the measurement year.

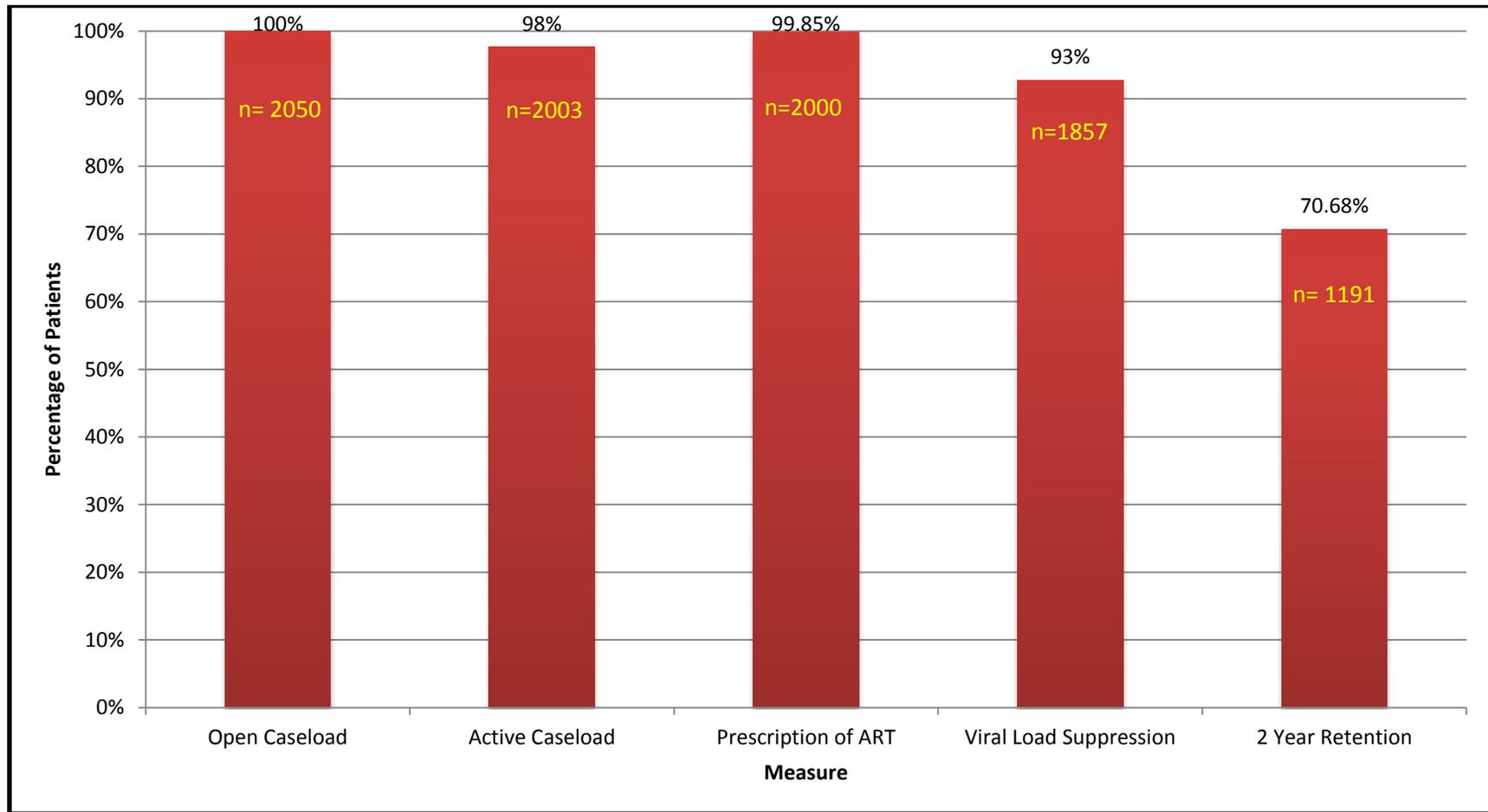**Linked to Care:** # of newly diagnosed patients with 1 HIV medical visit within 3 days of diagnosis

Prescribed ART: # of newly diagnosed patients prescribed Art

Viral Load Suppression: # of newly diagnosed patients with viral <200 copies/mL at last HIV viral load testing during the measurement year

Data Source: EHR

HIV Care Cascade for Established Patients (2016)

North Shore University Hospital- Center for AIDS Research and Treatment

Established Patients Legend

Open: All HIV+ patients with any visit within the 12 month period
Active: # of HIV+ patients with HIV medical visit within the 12 month period
Prescribed ART: # of active patients with ART prescription
Viral Load Suppression: # of active patients with viral load <200 copies/mL
Data Source: EHR
Retention (Optional Measure): # of patients with at least one HIV clinical care visit during the first six months of the 2 year measurement period, who had at least one HIV clinical care visit in each 6- month period of the remaining 18 months of the measurement period with a minimum of 60 days between HIV clinical care visits

Cascade of Care Reporting Methodology (2016)

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?

   Data was extracted from the Appointment Management System, Soarian Financials and

   the EHR, Allscripts. No limitations exist in determining the open or active caseload, nor the

   viral load suppression rate as this is data that can be generated at any given time. When

   developing the Prescription ART portion of the cascade, however, a limitation exists in that it

   requires requesting a custom built report/extract from the Allscripts team and we are not able

   to generate the data on our own.

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?

   In order to determine the open caseload, a report was generated of all HIV+ patients who

   touched the organization for any appointment type from January to December of 2016. The

   care status of patients is collected and documented prospectively on an ongoing basis, thus

   allowing for the separation of open patients from active patients. The open caseload was then

   compared to the distinct lists of patients who are known to have been incarcerated, deceased,

   in care elsewhere, or of unknown disposition to determine the active caseload. The active

   caseload represents all of the open caseload patients who also received care at the HIV clinic

   with at least one HIV medical visit in 2016.   Based on the collected information, the

   following numbers of patients have been excluded from the active caseload per category:

   o Deceased: 27

- o   Incarcerated: 2

- o   In Care Elsewhere: 32

- o   Unknown Disposition: 8

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

    Shirley Samuel, Performance Improvement Coordinator, produced the cascade.

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?

    The status of patients who are engaged in care elsewhere, deceased and incarcerated patients is verified through the Medical Case management and Care Team. The team is comprised of Physicians, NP's, Social Workers, Nurses, Health Educators, and Outreach workers. The care team utilizes various methods to determine patient status including information from: Nassau and Suffolk County DOH, Partner Services (Nassau DOH), City and State DOH, NYS inmate lookup, Healthix, and patient self-report.