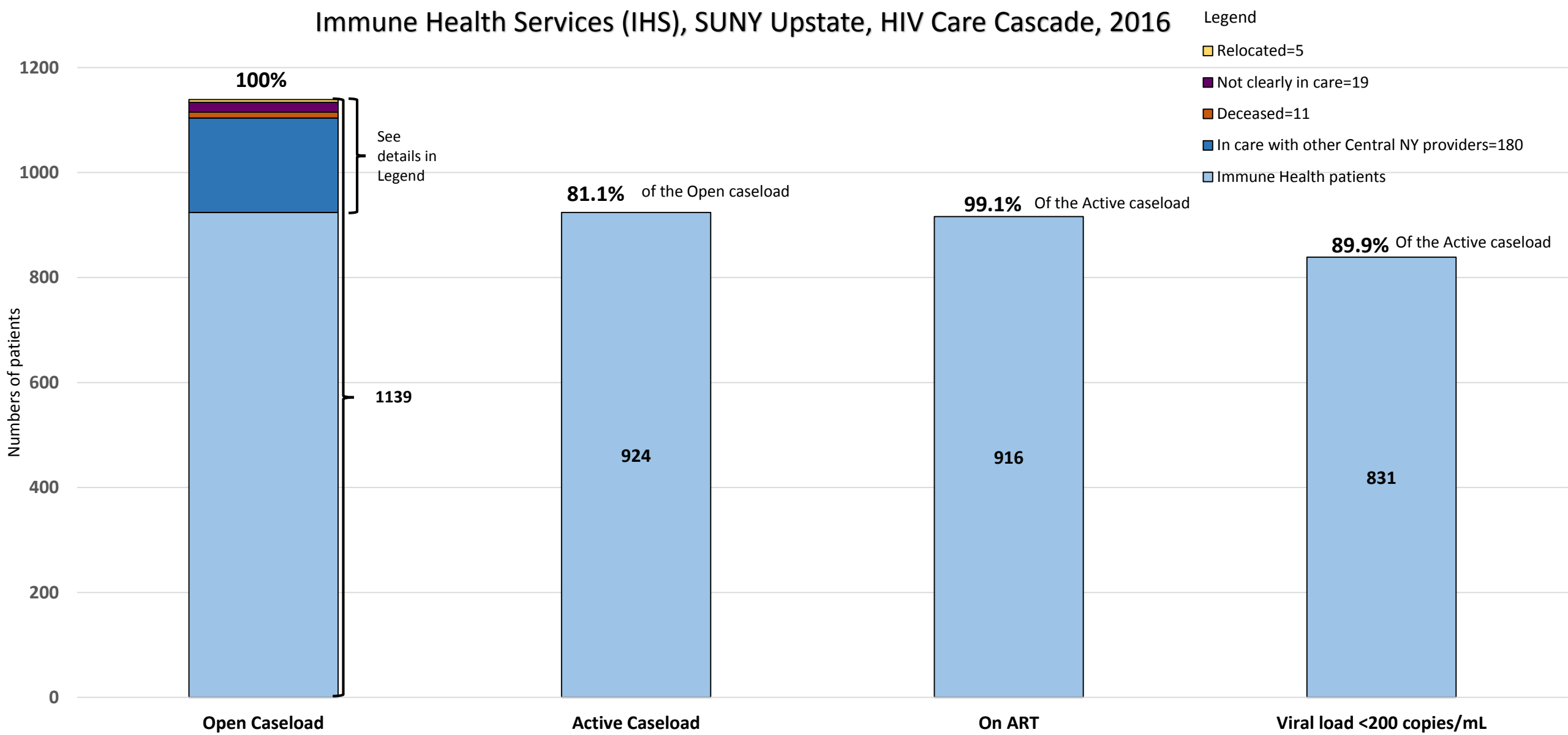
Immune Health Services (IHS), SUNY Upstate, HIV Care Cascade, 2016



Open caseload=all patients in the EPIC HIV registry with at least 1 visit to any SUNY Upstate main campus facility in 2016. **In care with other CNY providers** =chart documentation as such (n=180, 113 of whom were with a single private practitioner). **Not clearly in care =**no clear information of HIV care visits or HIV care provider in chart. **Relocated; deceased** =these events occurred in 2016. Of note, several patients were incarcerated but all had at least 1 clinical appointment at IHS and therefore were in the Active Caseload.

Active caseload= all patients who presented to IHS clinic at least once in 2016 for HIV or other primary care.

On ART=EMR documentation of combination antiretroviral therapy for HIV in 2016. 9 patients not on ART were documented elite controllers with suppressed virus off ART.

Viral load <200 copies/mL refers to the most recent HIV viral load done in 2016. 14 patients had no viral load data available for 2016 and were NOT considered to be <200 copies/mL.

13 June 2017

Immune Health Services HIV Care Cascade Data, 2016

Methods and quality response

Data extraction and definition of Open and Active Caseloads

Immune Health Services is the primary provider of HIV care for the Central New York region. We provide HIV specialty and primary care, HIV pre-exposure prophylaxis, behavioral health counseling and psychiatric services, and care management, and anal and cervical dysplasia programs. Other care providers include a private internist/infectious disease practitioner (Mitchell Brodey, MD) based at Upstate's Community Campus on Syracuse's south west side, Infectious Disease Associates, an infectious disease private practice based at SUNY Upstate's main campus in downtown Syracuse, and SUNY Upstate Pediatric and Adolescent Specialty Care Center. The Syracuse VA Medical Center sees approximately 30 HIV+ patients in follow up there. Smaller numbers of patients (estimated to be less than 20) are seen at Syracuse Community Health Center and St. Joseph's Infectious Disease clinic, as well as by other primary care and specialty providers throughout the region.

SUNY Upstate's HIV care cascade was constructed by using the HIV registry which exists within the EPIC electronic medical record. Any patient who has had a positive HIV laboratory test (including tests ultimately deemed false positive by the CDC algorithm), and all patients with HIV listed on their Problem List or within their Medical History are included automatically in the registry. EPIC programming automatically removes deceased patients from the HIV registry, so in order to account for these patients the registry was sampled at 2 time points: 1/1/2016 and 12/31/2016. Patients present at the beginning of the year and not present at the end of the year were confirmed to have died (n=11) and their data was accounted for in the established patient cascade.

All patients in the registry who had been seen at any site on SUNY Upstate' Main Campus in downtown Syracuse were taken as the Open Caseload. Community Campus does not uniformly use the EPIC medical record and therefore was excluded because there was no feasible way of analyzing data from all areas. Last location of an electronic encounter (including phone call, prescription refill, office visit etc.), and whether the patient had an encounter at Immune Health in 2016 was displayed next to patient data. Date and value of last HIV-1 RNA was also displayed. HIV medications are included in a medication grouper. Receipt of medications within that grouper within 2016 was considered consistent with receipt of antiretroviral therapy. After discussion with the Cascade team, only patients who presented to clinic for a visit with a clinician (Office Visit) were included in the Active Caseload; patients who only called in for refills or for whom contact attempts had been documented in the chart with no contact were not considered active.

Patients who were not actually HIV-positive were excluded; these were mainly individuals who received PrEP, PEP, and false-positive HIV test results. Patients who came to IHS strictly for procedures but who were followed elsewhere for their HIV care were excluded from the Active Caseload as well and were listed under "In care with other CNY providers." Patients who had died by the end of 2016 were excluded as were those who were known to have relocated and were no longer in attendance at IHS.

The Active Caseload for Immune Health Services was considered to be:

1. All HIV+ patients seen at Immune Health for at least one clinician office visit in 2016

Not considered to be part of the Active Caseload for Immune Health Services:

1. Patients with chart notes and/or antiretroviral prescriptions indicating local care with another provider (n=180)
2. Patients with chart notes documenting relocation outside of the Central NY area (these were included in the Open Caseload as per discussions with the Cascade team) (n=5)
3. Deceased patients (these were included in the Open Caseload) (n=11)
4. Patients lost to follow up (including those with phone-only encounters in 2016) and those not clearly receiving care (n=19)

Data Summary

1139 patients were included in the Open Caseload. Of these, 11 died during 2016 and 180 were receiving care outside of Immune Health, the majority (n=113) with Dr. Brodey at Community Campus. Most of these patients had been to SUNY Upstate Main Campus for specialty or routine ancillary care, including ophthalmology, dental, endocrine, anal cancer screening, etc.

26 patients had been previously seen at Immune Health or had been contacted by Immune Health in attempt to set up an appointment, but had not been seen in 2016 (these include patients in the Open and Active Caseloads). All but 1 (25/26) of these patients had no viral load data in EPIC during 2016. These patients had been seen in a variety of areas of SUNY Upstate, including endocrinology, dental, OB/GYN, and the emergency department, and should be considered to be lost to HIV care until proven otherwise. Assuming that these patients are not virologically suppressed, the total proportion of suppressed patients declines to 88.2% (819/922).

74 patients were documented to have their last viral load ≥200 copies/mL (These include patients previously listed as Active who were moved to Open because they were not actually seen by IHS in 2016). Currently, the RAP program at Upstate has 79 patients enrolled, however only 43 of these have a viral load ≥200 copies/mL at last check. All remaining patients with elevated viral load who are not currently in RAP are in need of analysis to determine the barriers to successful HIV care and create a plan to attain an undetectable viral load.

No patients were newly diagnosed at Immune Health Services. 27 patients were diagnosed at other organizations and linked to Immune Health Services. Only 6 of 27 newly diagnosed patients were seen at Immune Health within 5 days of their diagnosis. Four patients were not seen for more than 30 days after their diagnosis, and 1 patient has not established care to date.