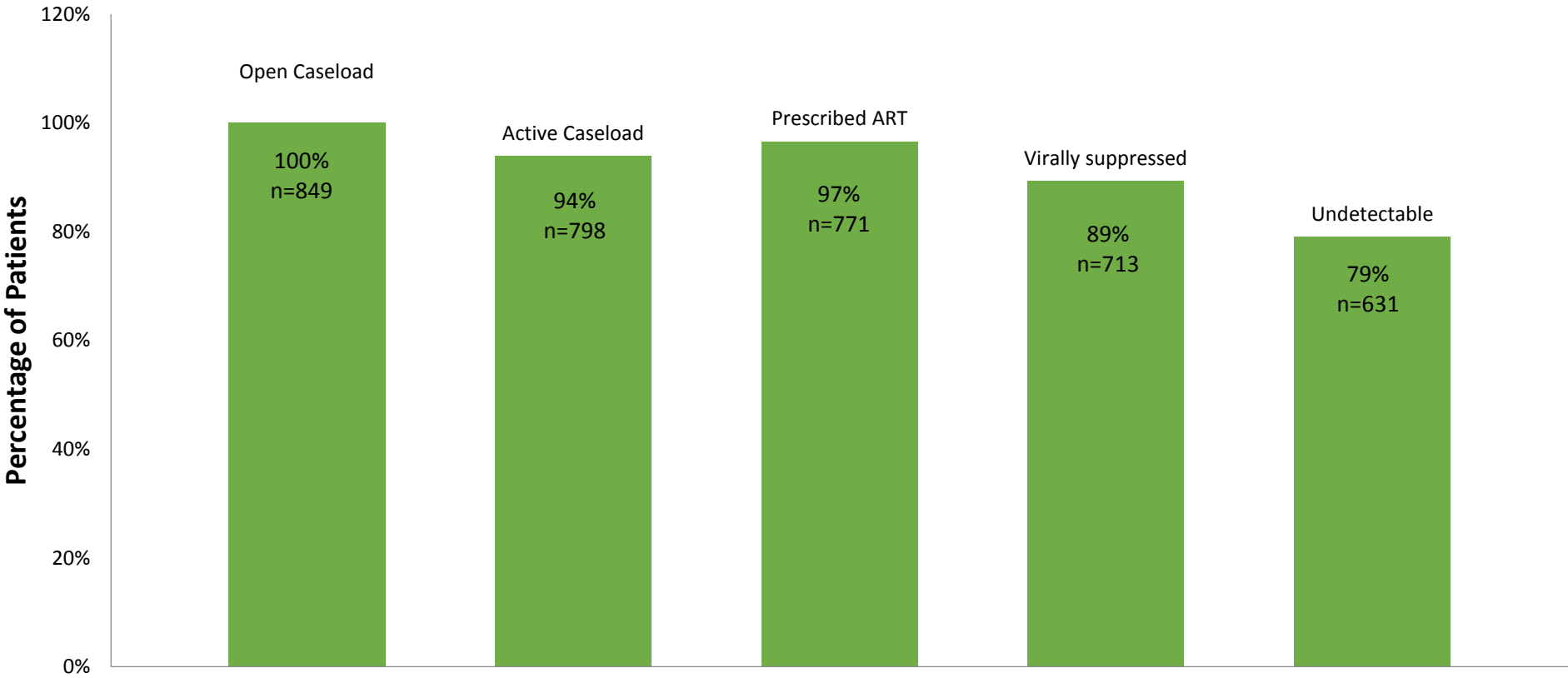
HIV Care Cascade, Established Patients (2016)
Trillium Health



- **Open caseload**: Number of HIV+ patients with any visit in 2016
- **Active caseload**: Number of HIV+ patients with a visit in 2016 who were not deceased, incarcerated, engaged in HIV care elsewhere, or of an unknown disposition, shown as a percentage of Open caseload
- **Prescribed ART**: Number of active HIV+ patients who were prescribed ART in 2016
- **Virally suppressed**: Number of active HIV+ patients with a viral load count under 200, using the last lab result in 2016
- **Undetectable**: Number of active HIV+ patients with a viral load count under 20, using the last lab result in 2016

HIV Care Cascade, Established Patients (2016)
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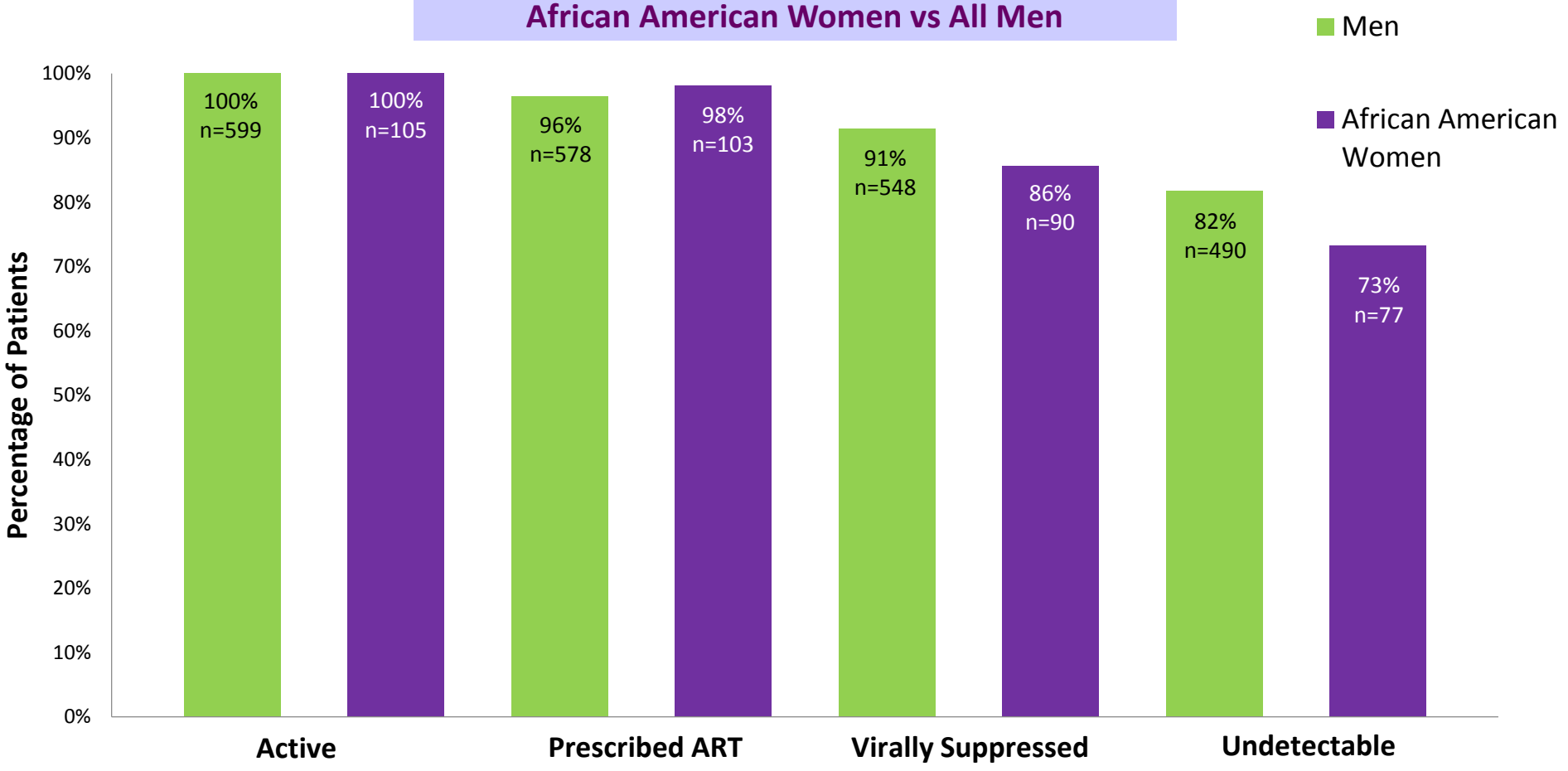
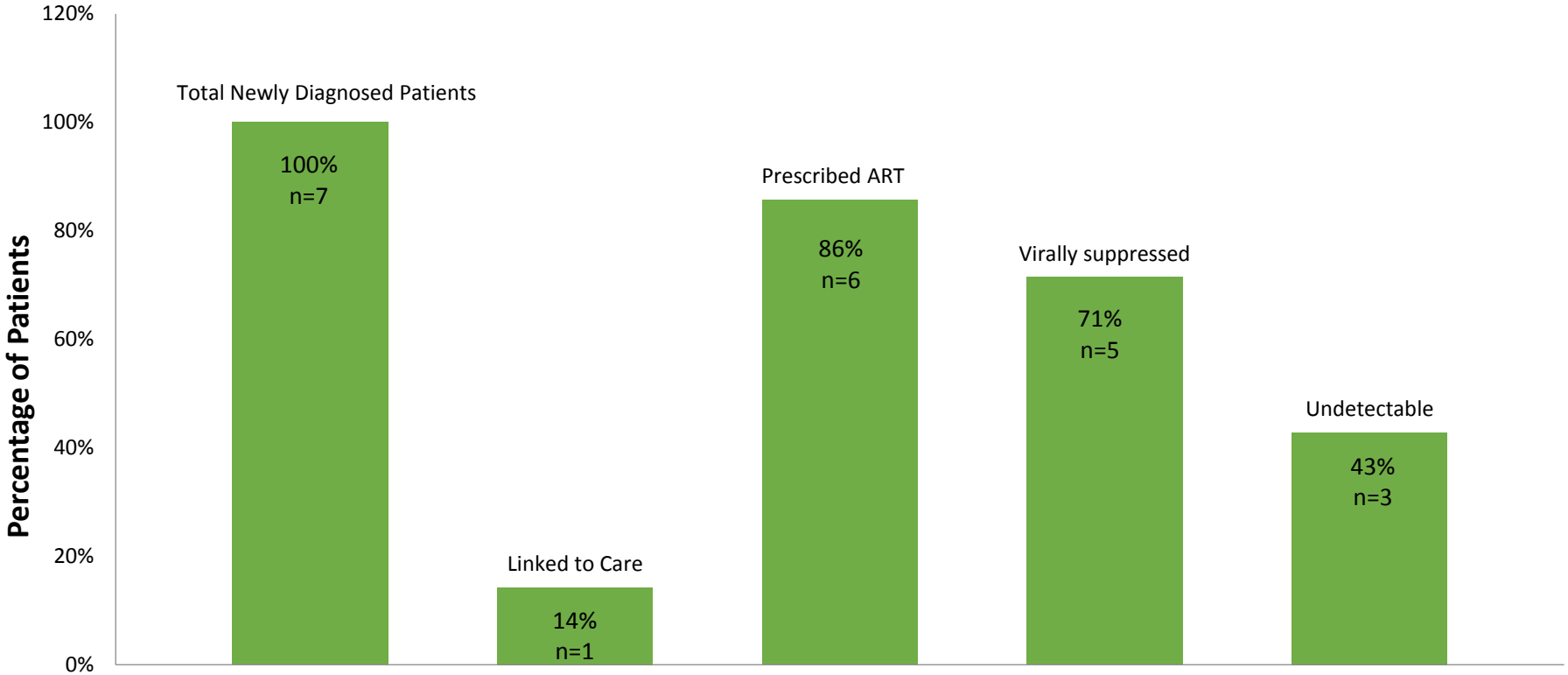
African American Women vs All Men



This cascade displays disparities in viral load suppression and detectability between men and African-American/Black women. We have specifically designed quality improvement programs to target this issue.

HIV Care Cascade, Newly Diagnosed Patients (2016)
Trillium Health



- **Total newly diagnosed patients**: Number of patients newly diagnosed with HIV at Trillium Health in 2016
- **Linked to care**: Number of patients newly diagnosed with an HIV visit within 3 days of diagnosis (no patients were externally linked)
- **Prescribed ART**: Number of newly diagnosed patients who were prescribed ART in 2016
- **Virally suppressed**: Number of newly diagnosed patients with a viral load count under 200, using the last lab result in 2016
- **Undetectable**: Number of newly diagnosed patients with a viral load count under 20, using the last lab result in 2016

Trillium Health Care Cascades

Newly Diagnosed

- "Newly diagnosed" patients are defined as patients who received their diagnosis (via confirmatory RNA test) at Trillium Health (TH) in 2016. Information taken from our electronic medical record (EMR), "eMDs."
- Components of Newly Diagnosed cascade:
    1. Date of diagnosis was determined by looking for first HIV RNA lab result, using the date test result was received by clinic.
    2. Date of first TH provider visit determined by searching for a provider note following the diagnosis date. This presented a challenge for our linkage data because some patients were seen by a provider for a "meet and greet" on the same day an HIV rapid test came back positive, which is when the confirmatory RNA is ordered. When a confirmatory RNA came back positive, the patient saw the provider for a full exam within 1-12 days.
    3. Last viral load (VL) in 2016 that was suppressed/undetectable was determined by checking HIV RNA results for last date in 2016.
    4. Prescribed Antiretroviral Therapy (ART) in 2016 determined by checking med list in the EMR.
- Misleading aspect of the Trillium Health Newly Diagnosed care cascade: Cascade includes patients newly diagnosed from 1/1/2016-12/31/2016. A patient diagnosed at the end of the year may not start ARVs (which is the case of our one patient who was not prescribed ART) in 2016, but still be within HRSA's 90 day recommendation to start ARTs after the first visit.

Established Patients

- The open caseload was determined by searching for any patients with an HIV diagnosis who came in for at least one visit in 2016.
- To establish the active caseload, the following patients were removed
    - Deceased patients (8): every HIV+ patient who died in 2016. This was established by identifying those patients with "deceased" status in our EMR.
    - Incarcerated patients (9): every patient who was incarcerated as of 12/31/16. This was established by a searchable field that our case managers use to identify when patients were incarcerated and released.
    - Engaged in HIV care elsewhere patients (31): patients who are HIV+ and come to Trillium for services other than HIV care. This was determined by a structured field that we use to determine if patients are receiving HIV care at Trillium Health. Any patients with HIV that were marked as not receiving HIV care at Trillium Health were removed.

HIV care at other organizations is confirmed via chart review, looking for a note in the patient's chart indicating that they were being seen at another organization.

  - Unknown disposition patients (3): This was done by pulling a list of patients who had not been seen in the six months before 12/31/2016 and who were also unsuppressed. Our assumption here is that our Lost to Care process actively attempts to contact and bring back to care those patients who were not suppressed and who have not come in for a visit in 3 months. If these patients are not contacted and brought back into care, they are considered "lost to care" and their names are given to the Monroe County Department of Public Health for follow-up. Our Data Assistant reviewed the charts of these individuals to determine if they were truly of unknown disposition or if they belonged in one of the previous three categories. Two of the three patients' names were given to DOH for continued follow-up. One patient is still being followed-up by the Trillium outreach team.

- Virally suppressed and undetectable patients were found by taking the last VL in 2016. Suppressed is defined as VL count between 20-200. Undetectable is defined as VL count under 20.
- Patients on ART were pulled using the "RSR Prescribed ART" report in Report Manager for 2016. This report pulls any patients who have ARTs on their medication list in the EMR.

Staff involved in Care Cascade creation

- Carol Johnstone, Data Specialist – Responsible for pulling data out of the EMR
- Grace Jividen, Data Assistant – Responsible for creating cascades and conducting chart reviews
- Russ James, Manager of Business Intelligence – oversight and consultation on data extraction
- Shaw-Ree Chen, Director of Quality and Business Intelligence – oversight and consultation on data analysis