

Quality Improvement Profile

The NYSDOH/AIDS Institute's HIV Quality of Care Program has compiled crucial information from your HIV quality improvement (QI) program into a single profile report.

This quality profile contains longitudinal performance data on key quality indicators derived from the organizational HIV treatment cascade self-review, such as viral load suppression. It highlights quality improvement plans developed by the organization based on results of the review, consumer involvement in this process, as well as feedback from the quality coach and contract manager. Capacity building information such as participation in a quality learning network or regional group is also included. Please use this report to review the HIV QM program's effectiveness and to make changes if needed. Also, please let us know if there is an update that should be made to the contact information. If you have any questions or would like to request technical assistance or coaching for your HIV QM program, please contact Dan Belanger at Daniel.Belanger@health.ny.gov.

Cascade Submission Date:
Review closed November 2022

QI Profile Completion Date:
February 2023

Last Revision Date
October 27, 2023

Program Name: Erie County Medical Center

Clinic Information

Type of Clinic	Clinic Name	Address	City	Zip
Hospital	Erie County Medical Center	462 Grider Street	Buffalo	14215

Important Contacts

<i>HIV Medical Director</i>	Jonathan Claus	jclaus@ecmc.edu	(716) 898-1931
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<i>Contract Manager</i>	N/A		
<i>NY Links Coach</i>	Daniel Belanger	Daniel.belanger@health.ny.gov	(212) 417-5131

Regional Group/Learning Network Participation

Affiliation: New York Links

Participated in Group QI Project? N/A

Focus: N/A

Organizational HIV Treatment Cascade

Definitions of Key Indicators

On ARV Therapy: Documented prescription of one or more antiretroviral medications at any time during the review year.

Any VL Test: Documentation of at least one viral load test at any time during the review year.

VL Test within 91 Days (Newly Diagnosed Patients): Documentation of at least one viral load test performed within 91 days of initial HIV diagnosis.

Suppressed Final VL: A value of less than 200 copies/mL on the final viral load test during the review year. Patients with no documented viral load test during the review year are scored as unsuppressed.

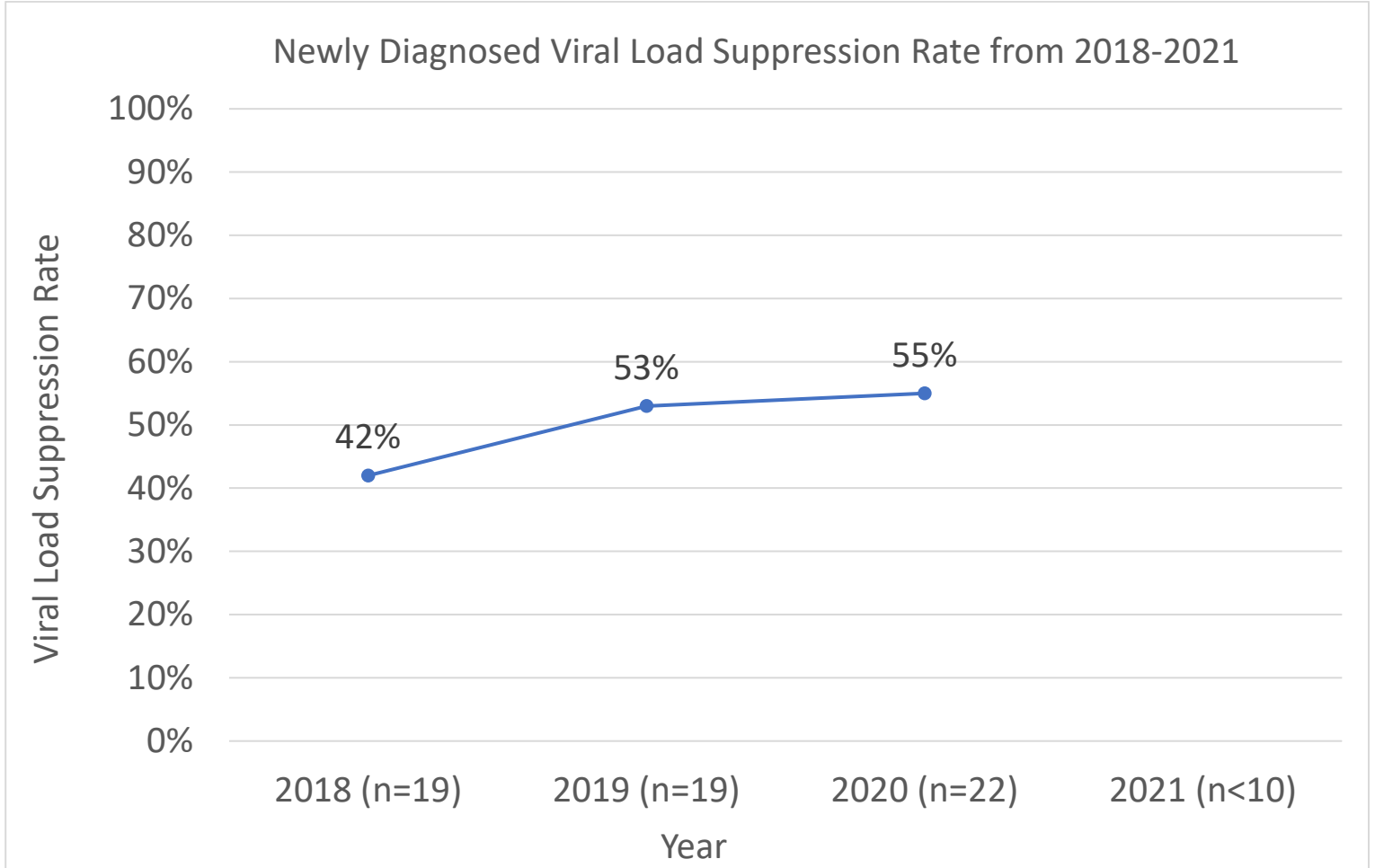
Suppressed within 91 Days (Newly Diagnosed Patients): A value of less than 200 copies/mL on any viral load test performed within 91 days of initial HIV diagnosis. Patients with no documented viral load test during this period are scored as unsuppressed.

3-day Linkage to Care (Patients Newly Diagnosed Within the Organization): A time interval of three days or less from initial HIV diagnosis to provision of HIV care. Prior to 2019, documentation of HIV care was based exclusively on visit history (seen by a provider who could prescribe ARVs, whether or not this was done), and an exception was made in 2017 (only) for individuals seen as inpatients (linkage within 30 days); beginning in 2019, documentation of first ARV prescription was also used for this, and there were no exceptions to the 3-day limit.

NOTE: Data are not reported for subpopulations of fewer than 10 patients. This is done to address any concerns about confidentiality and avoid possible misinterpretation of results based on small populations. For brevity, throughout the profile, the number of applicable patients is reported using the “n=x” convention with x being the number of patients eligible for an indicator or within a demographic subpopulation.

Key Indicators from 2017 to 2021

Figure 1. Newly Diagnosed Viral Load Suppression Rates at Organizational Level from 2018-2021



Note: Among newly diagnosed patients in 2017, the final VL suppression rate was reported as 77% (n=30).

Figure 2: New to Care (Other than Newly Diagnosed) Viral Load Suppression Rates at Organizational Level from 2017-2021

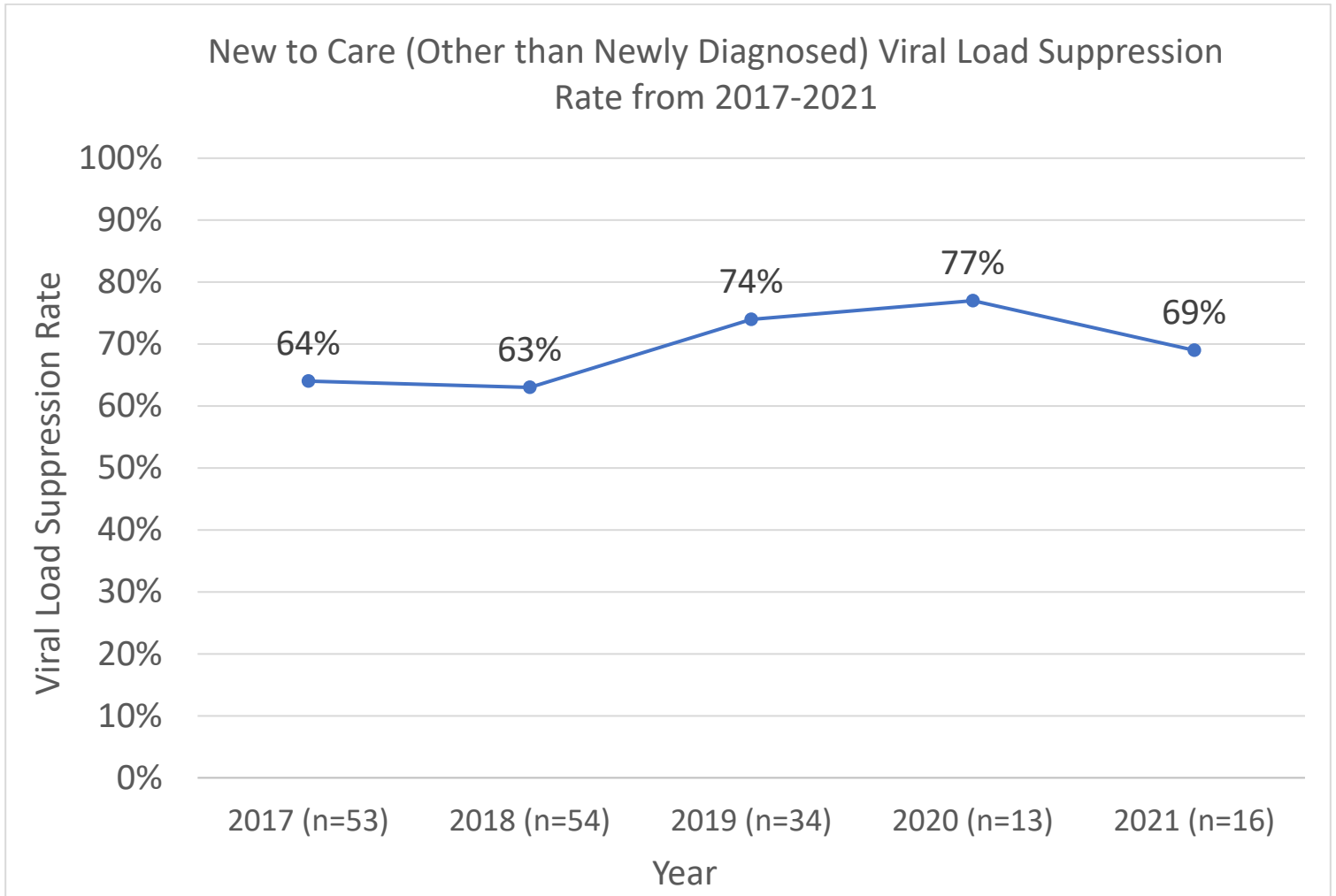


Figure 3: Established Active Viral Load Suppression Rates at Organizational Level from 2017-2021

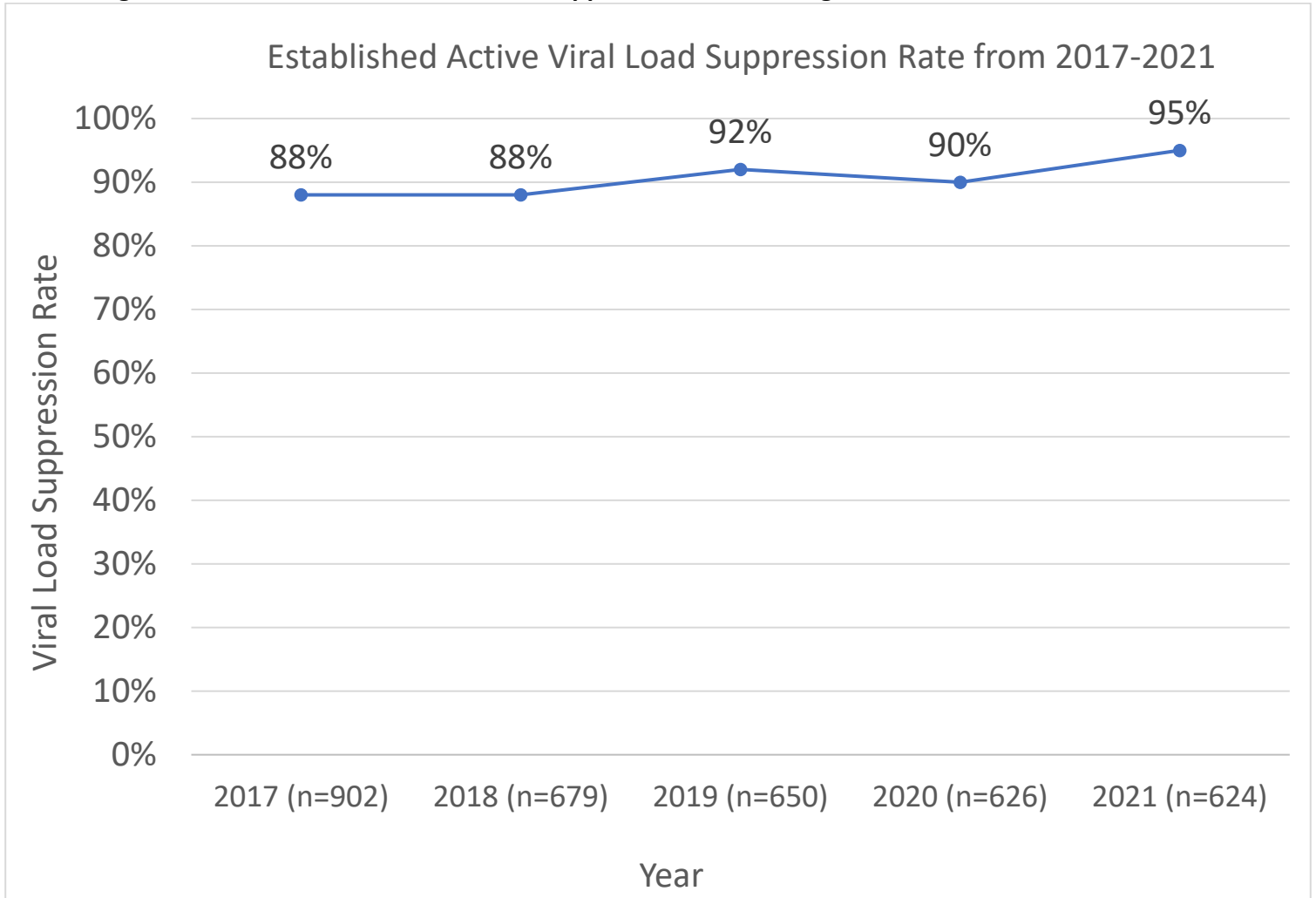


Figure 4. 2021 Viral Load Suppression Rates by Age at Organizational Level

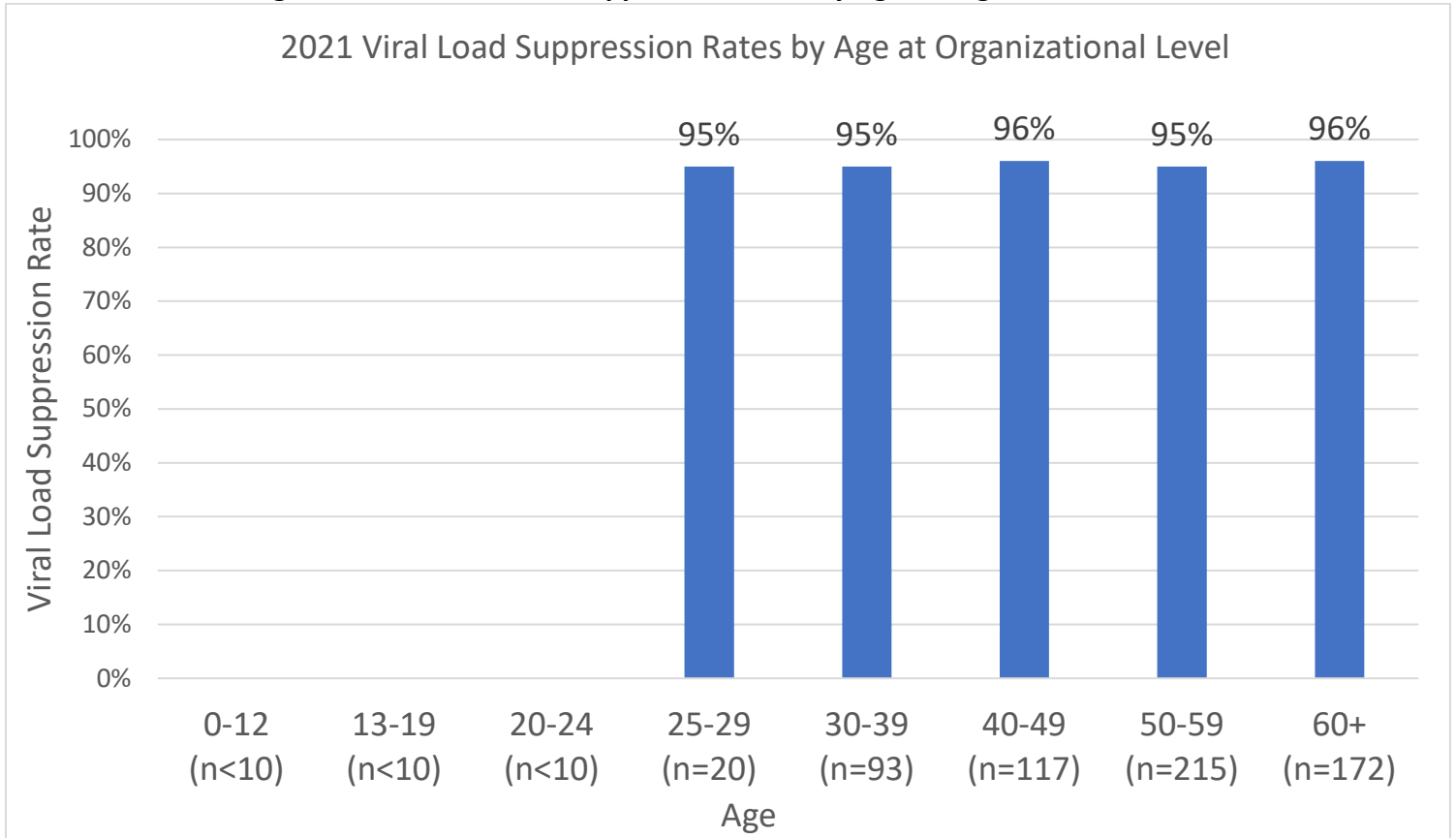
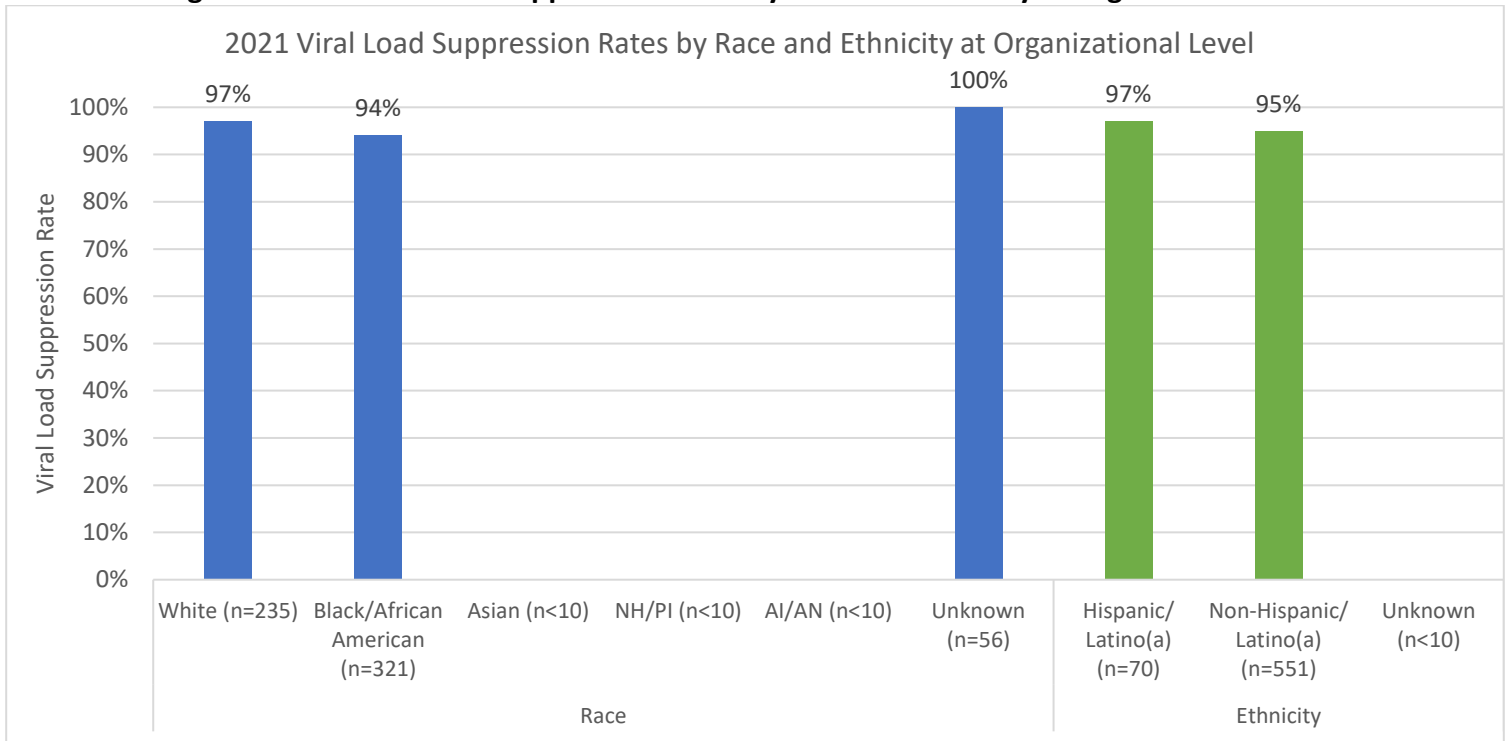


Figure 5. 2021 Viral Load Suppression Rates by Race and Ethnicity at Organizational Level



Note: NH/PI = Native Hawaiian/Pacific Islander; AI/AN = American Indian/Alaska Native.

NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE HIV QUALITY OF CARE PROGRAM

Table 1: Indicator Scores at Organization Level for 2017-2021

Patient Group	Indicator	2017		2018		2019		2020		2021	
		Org. Score	State Median	Org. Score	State Median	Org. Score	State Median	Org. Score	State Median	Org. Score	State Median
Newly Diagnosed	3-day Linkage to Care	-- (n<10)*	65%	-- (n<10)*	41%	-- (n<10)*	52%	-- (n<10)*	55%	-- (n<10)*	61%
	On ARV Therapy	90% (n=30)	91%	100% (n=19)	96%	95% (n=19)	100%	100% (n=22)	100%	-- (n<10)*	100%
	VL Test within 91 Days	**	**	95% (n=19)	93%	100% (n=19)	95%	100% (n=22)	95%	-- (n<10)*	92%
	Suppressed Final VL	77% (n=30)	65%	**	**	**	**	**	**	**	**
	Suppressed within 91 Days	**	**	42% (n=19)	45%	53% (n=19)	50%	55% (n=22)	46%	-- (n<10)*	50%
	Baseline Resistance Test	**	**	**	**	11% (n=18)	74%	100% (n=22)	80%	-- (n<10)*	82%
Other New to Care	On ARV Therapy	87% (n=53)	96%	76% (n=54)	97%	97% (n=34)	100%	92% (n=13)	100%	100% (n=16)	100%
	Any VL Test	91% (n=53)	97%	83% (n=54)	99%	100% (n=34)	98%	100% (n=13)	100%	94% (n=16)	100%
	Suppressed Final VL	64% (n=53)	70%	63% (n=54)	74%	74% (n=34)	78%	77% (n=13)	77%	69% (n=16)	69%
Established Active	On ARV Therapy	91% (n=902)	99%	94% (n=679)	99%	98% (n=650)	99%	99% (n=626)	93%	99% (n=624)	99%
	Any VL Test	94% (n=902)	99%	95% (n=679)	99%	100% (n=650)	99%	96% (n=626)	97%	99% (n=624)	98%
	Suppressed Final VL	88% (n=902)	88%	88% (n=679)	88%	92% (n=650)	89%	90% (n=626)	87%	95% (n=624)	88%
Open Previously Diagnosed (Active & Inactive)	On ARV Therapy	81% (n=1083)	92%	88% (n=750)	95%	93% (n=704)	96%	95% (n=717)	96%	98% (n=637)	97%
	Any VL Test	81% (n=1083)	92%	88% (n=750)	93%	96% (n=704)	93%	86% (n=717)	90%	98% (n=637)	94%
	Suppressed Final VL	75% (n=1083)	80%	81% (n=750)	80%	85% (n=704)	83%	80% (n=717)	77%	94% (n=637)	79%

* Data redacted due to small number of applicable patients (fewer than 10).

** Data for this indicator were not requested for this review.

Table 2: Viral Load Suppression by Established Active Patient Demographic Group at Organization Level for 2021

AGE															
0-12		13-19		20-24		25-29		30-39		40-49		50-59		60+	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<10*	--	<10*	--	<10*	--	20	95%	93	95%	117	96%	215	95%	172	96%
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Unknown Gender					
n	%	n	%	n	%	n	%	n	%	n	%				
407	95%	215	96%	<10*	--	<10*	--	<10*	--	<10*	--				
RACE															
White		Black/African American		Asian		Native Hawaiian/PI		American Indian/ AN		Unknown Race					
n	%	n	%	n	%	n	%	n	%	n	%				
235	97%	321	94%	<10*	--	<10*	--	<10*	--	56	100%				
ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
70	97%	551	95%	<10*	--										
RISK FACTOR															
IDU Risk		Heterosexual Risk		MSM		Hemophilia or Coagulation		Blood Transfusion		Perinatal		Other Risk		Unknown	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
14	93%	381	95%	254	96%	<10*	--	<10*	--	<10*	--	<10*	--	<10*	--
HOUSING STATUS															
Stable Housing		Temporarily Housed		Unstably Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
596	96%	24	88%	<10*	--	<10*	--								
INSURANCE TYPE															
ADAP		Dual Eligible		Medicaid		Medicare		Private Insurance		Veteran's Admin		Other		No Insurance	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
52	96%	46	93%	237	93%	132	98%	156	97%	<10*	--	<10*	--	<10*	--
Unknown															
n	%														
<10*	--														

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Quality Improvement Interventions for 2022 (Self-Reported based on 2021 results)

Methodology

Information about all HIV+ individuals seen at Erie County Medical Center (ECMC) during the review period was obtained by generating an internal report from the organization's data repository, which reported all patients with an active HIV/AIDS diagnosis who presented for care anywhere within the organization as well as those who were diagnosed while in care. The data sources used to generate the report included EMR data from the emergency room, inpatient, nursing home, outpatient centers, behavioral health centers, and dialysis center - all located within the organization. Limitations did exist as a result of the multiple EMR's utilized in the organization - reportable data fields are structured differently in each EMR resulting in an inability to build a single, uniform report for the purposes of the cascade. Therefore, the majority of the data, after the initial list of patients is generated, is all gathered manually through chart audits.

A team comprised of the Director of Campaigns & Major Gifts, Population Health Clinical Data Analyst, and YOU Center Data Manager was responsible for extracting the data and entering it into the Excel template. The Director of Campaigns & Major Gifts conducted the final review for completeness and accuracy. The Vice President of Ambulatory Services & Population Health oversees the clinical quality department in the organization and also provided final review of the 2021 cascade data results.

Key Findings

- 1) As with the previous year, there is still a large number of patients who had to be classified as "unknown" in relation to their race. The organization offers an option of "multi-racial" for patients, however this is not an option with the template which caused a disproportionate number of "unknown" responses reported. Additionally, this had a multiplying effect on several of the patients who classified themselves as "multi-racial" but belonging to an Asian subgroup. Again, as we have previously discussed with the AIDS Institute, ECMC understands that these metrics were chosen to most closely match those of Ryan White, but also is concerned that this perpetuates minority populations not being appropriately counted due to their race/ethnicity.
- 2) The 2021 quality project focused on viral load suppression in the 20-29 age range, and there was significant improvement from 2020 to 2021. Age 20-24 VL suppression rate went from 71% in 2020 to 100% in 2021, and age 25-29 VL suppression rate went from 89% in 2020 to 95% in 2021. Patients received extensive ART education from the provider and pharmacist, and the case management team worked diligently to address any barriers to obtaining medications.
- 3) There were no significant declines from 2020 to 2021. A handful of patients were hesitant to come into the YOU Center to complete their ordered lab testing or to go to an outside lab due to the COVID pandemic. It is our assumption that the VL testing will return to pre-pandemic levels this year.

QI Projects

QI Project #1

Indicator: VL suppression among newly diagnosed patients

Program Summary: Erie County Medical Center

2021 rate for this indicator: 75%

Overall 2022 goal for this indicator: 95%

Description: VL suppression in new to care patients. Planned intervention will focus on new to care HIV positive patients. The current VL suppression in new to care patients is 88%.

To complete this:

- Each patient is evaluated by the provider and pharmacist for ART readiness (if not currently prescribed) as well as adherence and adherence counseling.
- Patients will receive extensive education on medication adherence and an assessment for adherence at each visit.
- Pharmacist will do frequent check ins on new to care patients to ensure adherence.
- Viral loads will be monitored by the Pharmacist for trends.
- Case management staff address any barriers to obtaining medications.

Consumer Involvement

Data will be shared in the organization's "consumer advisory board" meetings along with other relevant quality data. During this time, we will also solicit feedback from consumers on ways to improve outcomes and any community resources they feel may be available for partnerships.

Coach's Feedback and Updates on Cascade QI Plan

The data analysis, QI goals and plan make sense. The consumer involvement in the QI program is sufficiently explained. They point out in their key findings section that due to an EMR categorization choice of multi-race, which does not correspond with specific categories in the cascade, the site has a number of unknown Race listed in their cascade review.