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: Montefiore Mount Vernon Hospital

Clinic Information

Type of Clinic	Clinic Name	Address	City	Zip
Hospital	Montefiore Mount Vernon Hospital	12 North 7th Avenue	Mount Vernon	10550

Important Contacts

HIV Medical Director	Paola Greiger	pgreiger@montefiore.org	Phone number not available
HIV Program Administrator	Crystal Watkins	cwatkins@montefiore.org	Phone number not available
Lead QI Contact	Crystal Watkins	cwatkins@montefiore.org	Phone number not available
Contract Manager	N/A		
NY Links Coach	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.

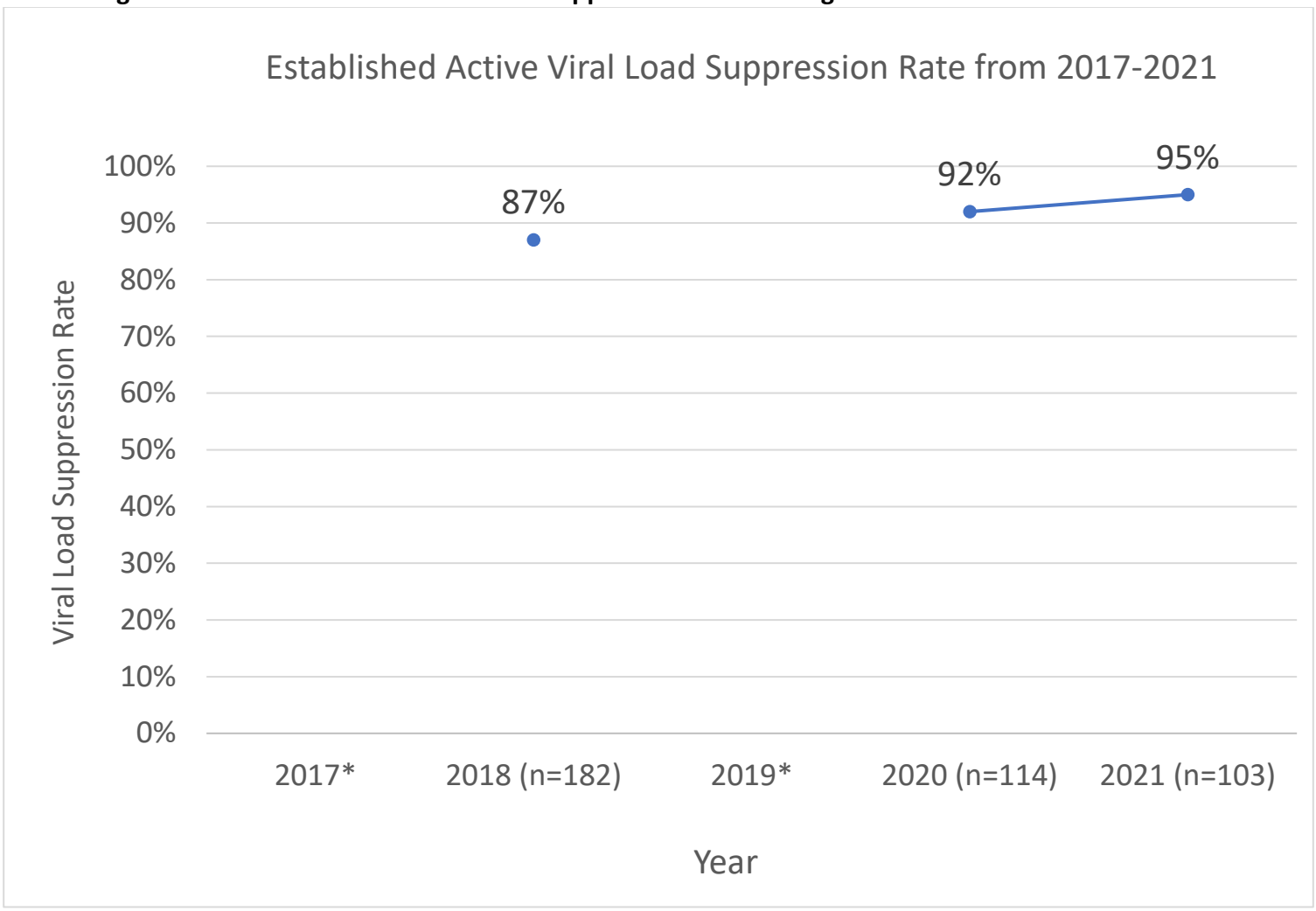
Suppressed within 91 Days (Newly Diagnosed Patients): A value of less than 200 copies/mL on any viral load test performed within 91 days of initial HIV diagnosis. Patients with no documented viral load test during this period are scored as unsuppressed.

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



***Did not receive usable data for Montefiore Mount Vernon Hospital in the review of care provided in 2017 or 2019.

Figure 2. 2021 Viral Load Suppression Rates by Age at Organizational Level

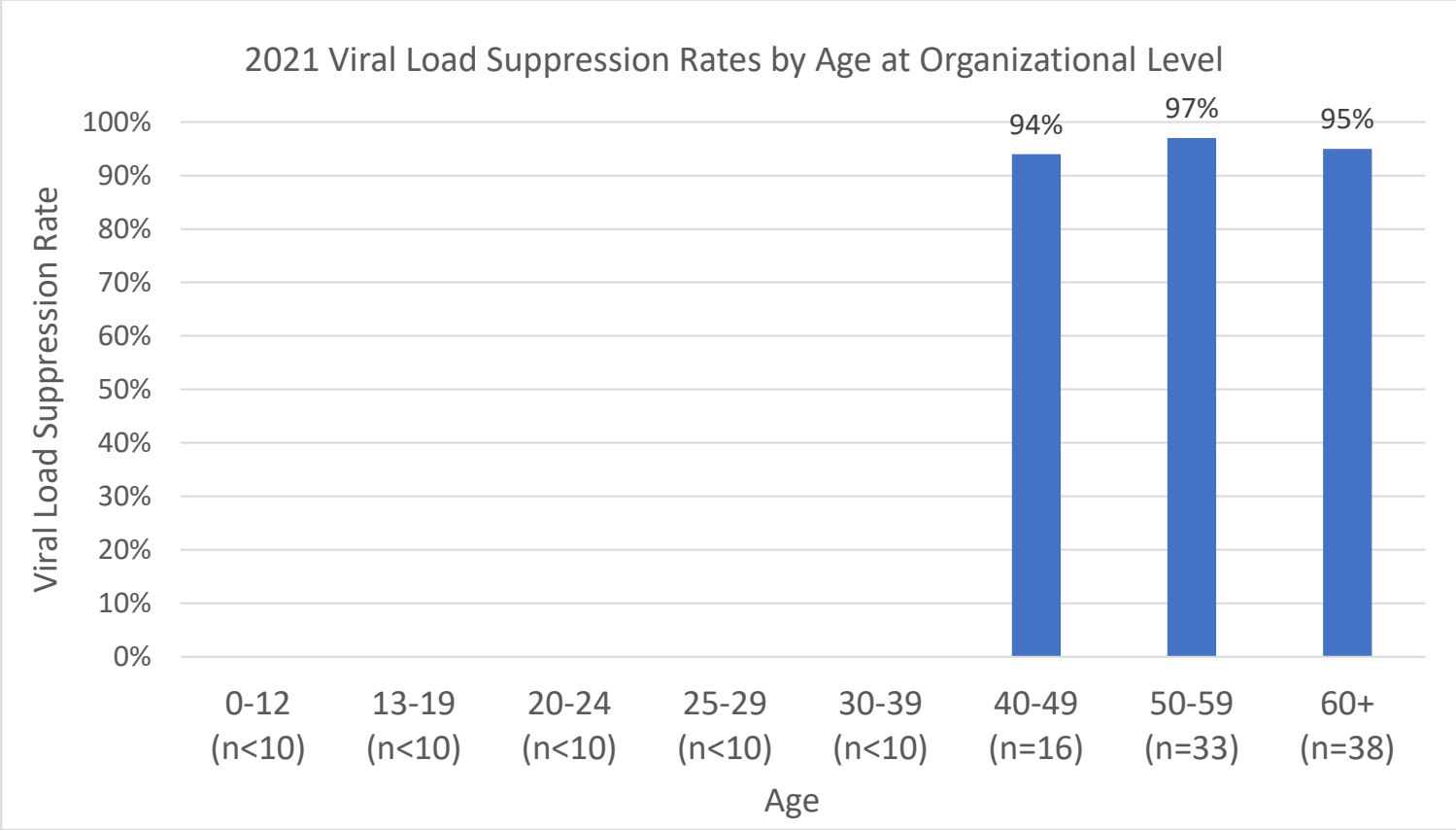
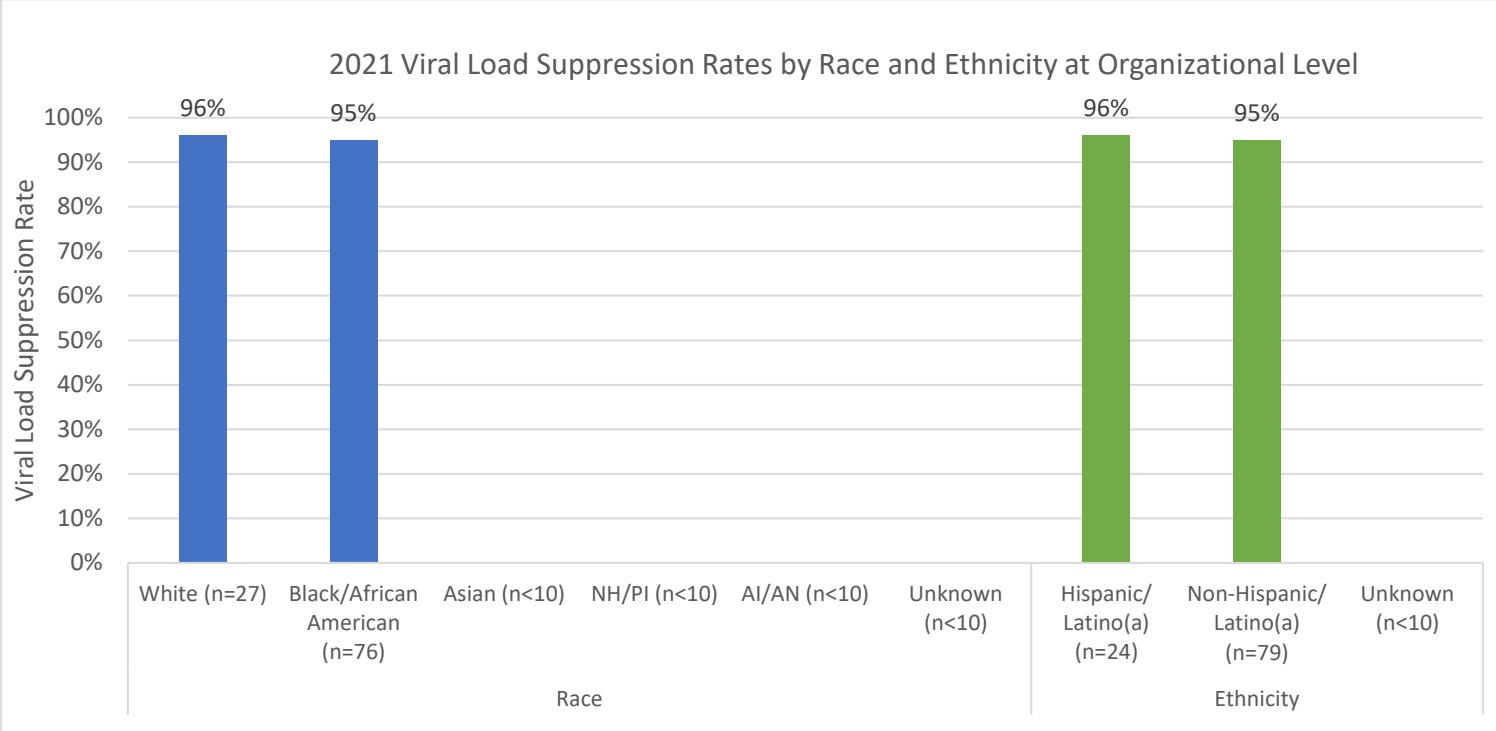


Figure 3. 2021 Viral Load Suppression Rates by Race and Ethnicity at Organizational Level



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

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	--	65%	-- (n<10)*	41%	--	52%	-- (n<10)*	55%	-- (n<10)*	61%
	On ARV Therapy	--	91%	-- (n<10)*	96%	--	100%	-- (n<10)*	100%	-- (n<10)*	100%
	VL Test within 91 Days	**	**	-- (n<10)*	93%	--	95%	-- (n<10)*	95%	-- (n<10)*	92%
	Suppressed Final VL	--	65%	**	**	**	**	**	**	**	**
	Suppressed within 91 Days	**	**	-- (n<10)*	45%	--	50%	-- (n<10)*	46%	-- (n<10)*	50%
	Baseline Resistance Test	**	**	**	**	--	74%	-- (n<10)*	80%	-- (n<10)*	82%
Other New to Care	On ARV Therapy	--	96%	-- (n<10)*	97%	--	100%	-- (n<10)*	100%	-- (n<10)*	100%
	Any VL Test	--	97%	-- (n<10)*	99%	--	98%	-- (n<10)*	100%	-- (n<10)*	100%
	Suppressed Final VL	--	70%	-- (n<10)*	74%	--	78%	-- (n<10)*	77%	-- (n<10)*	69%
Established Active	On ARV Therapy	--	99%	94% (n=142)	99%	--	99%	99% (n=114)	93%	100% (n=103)	99%
	Any VL Test	--	99%	97% (n=142)	99%	--	99%	99% (n=114)	97%	100% (n=103)	98%
	Suppressed Final VL	--	88%	87% (n=142)	88%	--	89%	92% (n=114)	87%	95% (n=103)	88%
Open Previously Diagnosed (Active & Inactive)	On ARV Therapy	--	92%	86% (n=255)	95%	--	96%	90% (n=232)	96%	86% (n=182)	97%
	Any VL Test	--	92%	79% (n=255)	93%	--	93%	77% (n=232)	90%	82% (n=182)	94%
	Suppressed Final VL	--	80%	70% (n=255)	80%	--	83%	69% (n=232)	77%	76% (n=182)	79%

Note: Did not receive usable data for Montefiore Mount Vernon Hospital in the review of care provided in 2017 or 2019.

*** 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*	--	<10*	--	<10*	--	16	94%	33	97%	38	95%

GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Unknown Gender					
n	%	n	%	n	%	n	%	n	%	n	%				
59	93%	44	98%	<10*	--	<10*	--	<10*	--	<10*	--				

RACE															
White		Black/African American		Asian		Native Hawaiian/PI		American Indian/ AN		Unknown Race					
n	%	n	%	n	%	n	%	n	%	n	%				
27	96%	76	95%	<10*	--	<10*	--	<10*	--	<10*	--				

ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
24	96%	79	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	%
<10*	--	64	97%	24	92%	<10*	--	<10*	--	<10*	--	<10*	--	<10*	--

HOUSING STATUS															
Stable Housing		Unstably Housed		Temporarily Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
103	95%	<10*	--	<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	%
26	92%	<10*	--	47	96%	24	100%	<10*	--	<10*	--	<10*	--	<10*	--
Unknown															
n	%														
<10*	--														

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

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

Methodology

We obtained information about all HIV+ individuals through a combination of reports provided by the HIV Cascade program, as well as through our own internal data and analytics team at Montefiore Mount Vernon. There are several HIV specific reports that are both manually run and automated, which extract data via our Electronic Medical Record System in Allscripts. Duplication of patients is controlled by exporting to excel and/or CSV and running a duplicate patient logic mechanism. Data regarding demographics, dates of service, and medical billing, coding, and diagnosis information serve as the primary metrics for these reports.

Persons responsible for running and analyzing this data: Manager of outpatient HIV and Care Coordination and Manager for Outpatient Primary and Specialty clinic (Crystal Watkins- Smith and Julian Loo). Paola Greiger (HIV Provider), Crystal Watkins-Smith, and Julian Loo reviewed the 2021 Cascade results. A representative group consisting of providers, leadership, and care coordination staff participated in analyzing and discussing improvement opportunities. Data was shared with this team in the form of numbers and charts/graphs, mirroring what the Cascade has provided.

Key Findings

There is a vast difference between our open patients vs. established and newly diagnosed patients. Our metrics are considerably lower in our open patient population. These outcomes did not come as a surprise and were consistent with our expectations. Historically, our open and newly established patients have always been more difficult to manage then our established patients for several reasons outlined in the next section under our QI Project #1.

QI Projects

QI Project #1
Indicator: VL suppression among open patients
2021 rate for this indicator: 76%
Overall 2022 goal for this indicator: 90%
Description: VL suppression among open patients continues to be a challenge within the Montefiore Mount Vernon system. Most of the challenges our team has identified exist within our Emergency Department and Inpatient Department. Upon reviewing our suppression rate and unknown-status data, the major barrier with obtaining the suppression rates information for our open patients is attributed to our ED triage nurse intake process. The triage Nurse is unable to properly screen patients 100% of the time due to lack of privacy in triage area. Because of this, there is no hand off or queue to our ED attendings to engage in VL testing and suppression conversations. Nurses will be re-educated on the importance of utilizing the HIV screener questions for ALL patients who come in/and through our ED. Inquiries with our All Scripts team (EMR) have been made regarding HIV banner alerts/hard stops for HIV screeners as well. Provider re-education will take place regarding due diligence to check the patient's medical history, despite whether a screener was properly filled out. There are 9 core metrics we currently report out on during our Quarterly Quality Council meeting. VL suppression is included in the list. We will utilize recurring reporting to track and monitor our progress under the Plan Do Study Act (PDSA) improvement model.

Consumer Involvement

Montefiore Mount Vernon Hospital is committed to developing a series of Patient Advisory Committees (PACs) in which patients who are part of our network participate in quarterly meetings with members of clinical and administrative leadership. The purpose of the PAC is to provide a platform for patients and caregivers to engage with each other and provide feedback regarding the care being received/delivered. Unfortunately, due to the COVID-19 Pandemic and the need to adhere to social distancing requirements, the PAC was temporarily suspended. We will revisit these PAC meetings now that we are seeing face-to-face again. We also have the capability to provide virtual options as well to presume these meetings. During these meetings, important agenda items determined by both patients and caregivers are reviewed, minutes are recorded, and follow through is reported out on a quarterly basis.

Coach's Feedback and Updates on Cascade QI Plan

The VLS rate for established active patients increased from 92% to 95%. Sharing processes that have led to this result via learning groups and NYLinks might help other sites to identify ways to improve their processes to achieve improved results. The QI plan aligns well with data reporting results. The QI goal to improve VLS for open patients from 76% to 90% is ambitious. Coaching and technical assistance is available through contacting Dan Belanger (daniel.belanger@health.n.gov). The consumer involvement plan makes sense. Also, please contact Dan Belanger if you would like to schedule a presentation to share your processes related to the high rate of VLS for established active patients.