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: New York-Presbyterian - East

Clinic Information

Type of Clinic	Clinic Name	Address	City	Zip
Hospital	Center for Special Studies: Judish Peabody Wellness Center: David Rogers Unit	53 West 23rd Street	New York	10010
Hospital	Center for Special Studies: The Glenn Bernbaum Unit 525	525 East 68th Street	New York	10065

Important Contacts

HIV Medical Director	Samuel Merrick	stm2006@med.cornell.edu	(212) 746-4180
HIV Program Administrator	Samuel Merrick	stm2006@med.cornell.edu	(212) 746-4180
Lead QI Contact	Duane Smith	dms2007@med.cornell.edu	Phone number not available
Contract Manager	N/A		
NY Links Coach	Susan Weigl	Susan.weigl@health.ny.gov	(929) 318-3318

Regional Group/Learning Network Participation

Learning Network Affiliation: Adolescent Quality Learning Network (AQLN), New York Links
Participated in Group QI Project? Yes
Focus: Accessing Mental Health (2019), Sexual Health: Assessment, Receive Counseling, Testing and Treatment Indicators (2020 & 2021)

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.

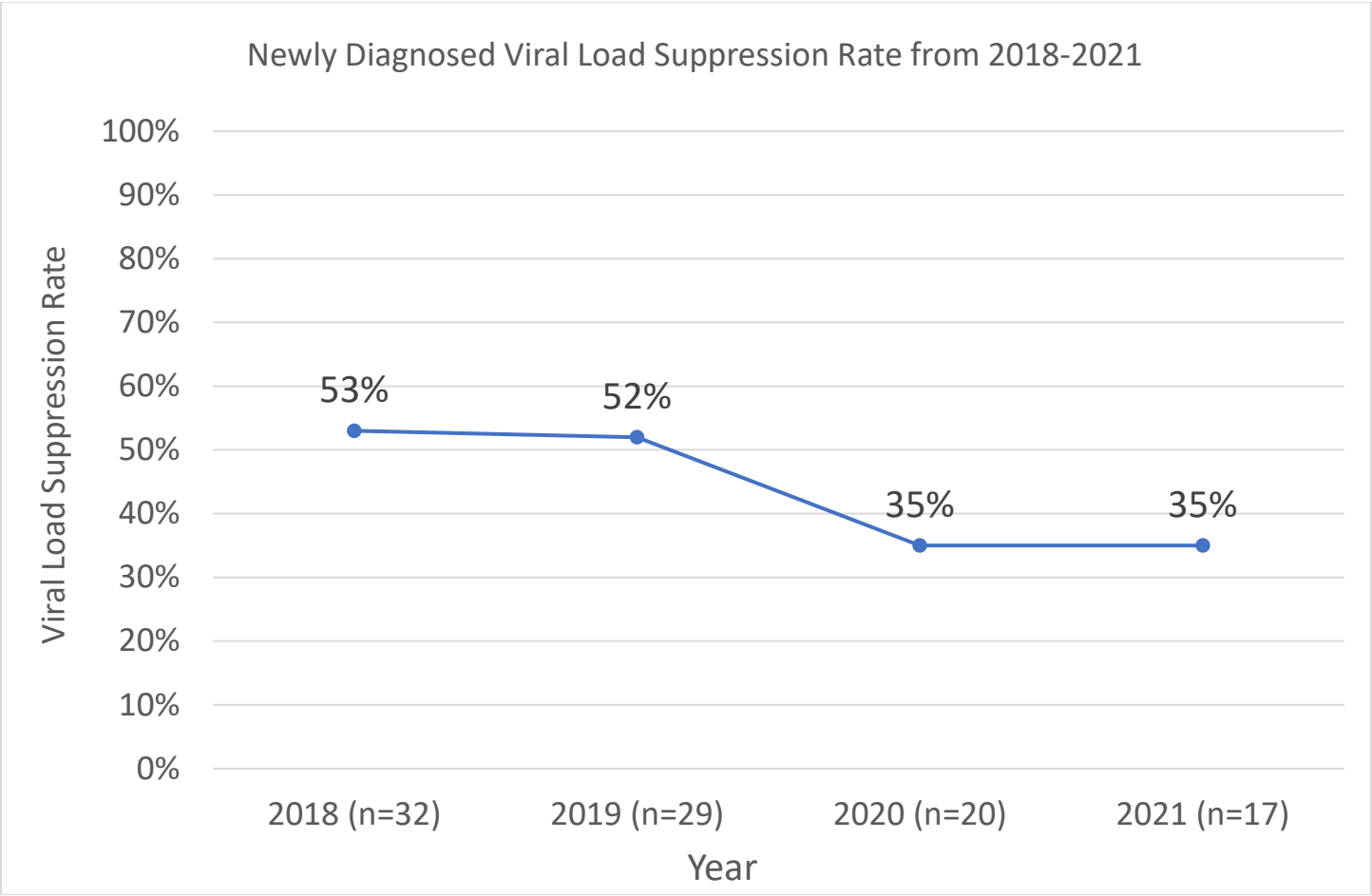
Suppressed within 91 Days (Newly Diagnosed Patients): A value of less than 200 copies/mL on any viral load test performed within 91 days of initial HIV diagnosis. Patients with no documented viral load test during this period are scored as unsuppressed.

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 82% (n=62).

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

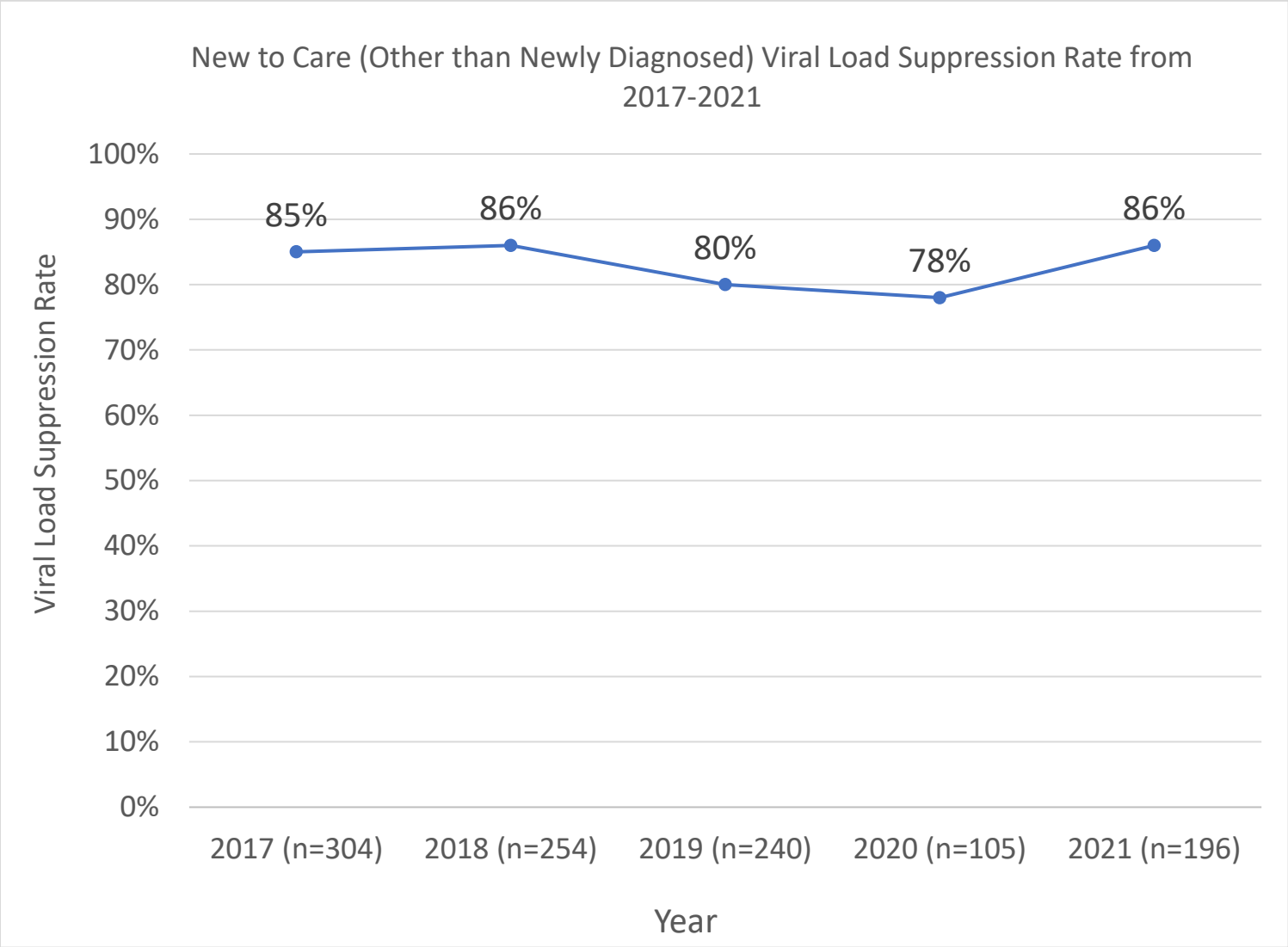


Figure 3: Established Active Viral Load Suppression Rates at Organizational Level from 2017-2021

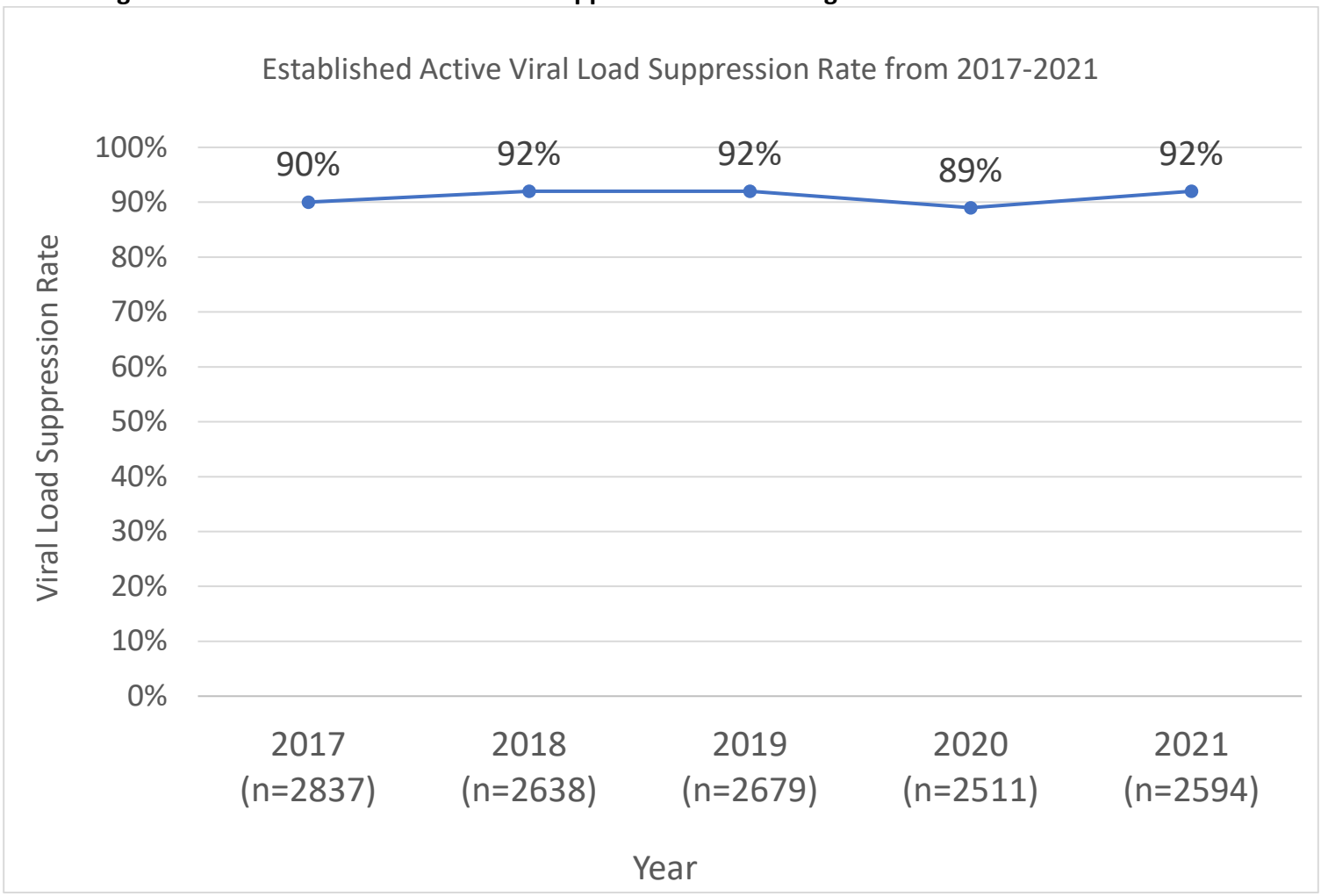


Figure 4. 2021 Viral Load Suppression Rates by Age at Organizational Level

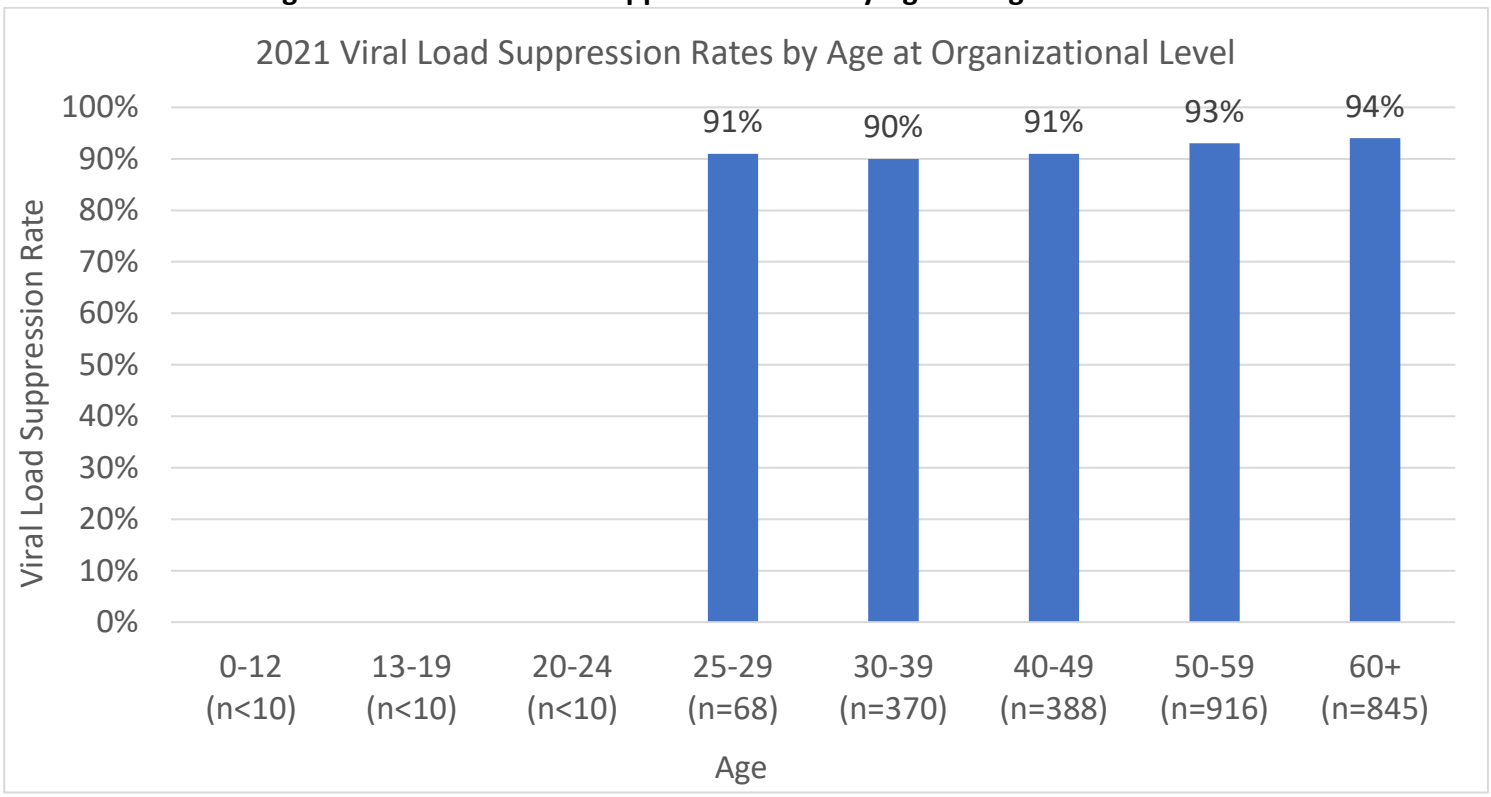
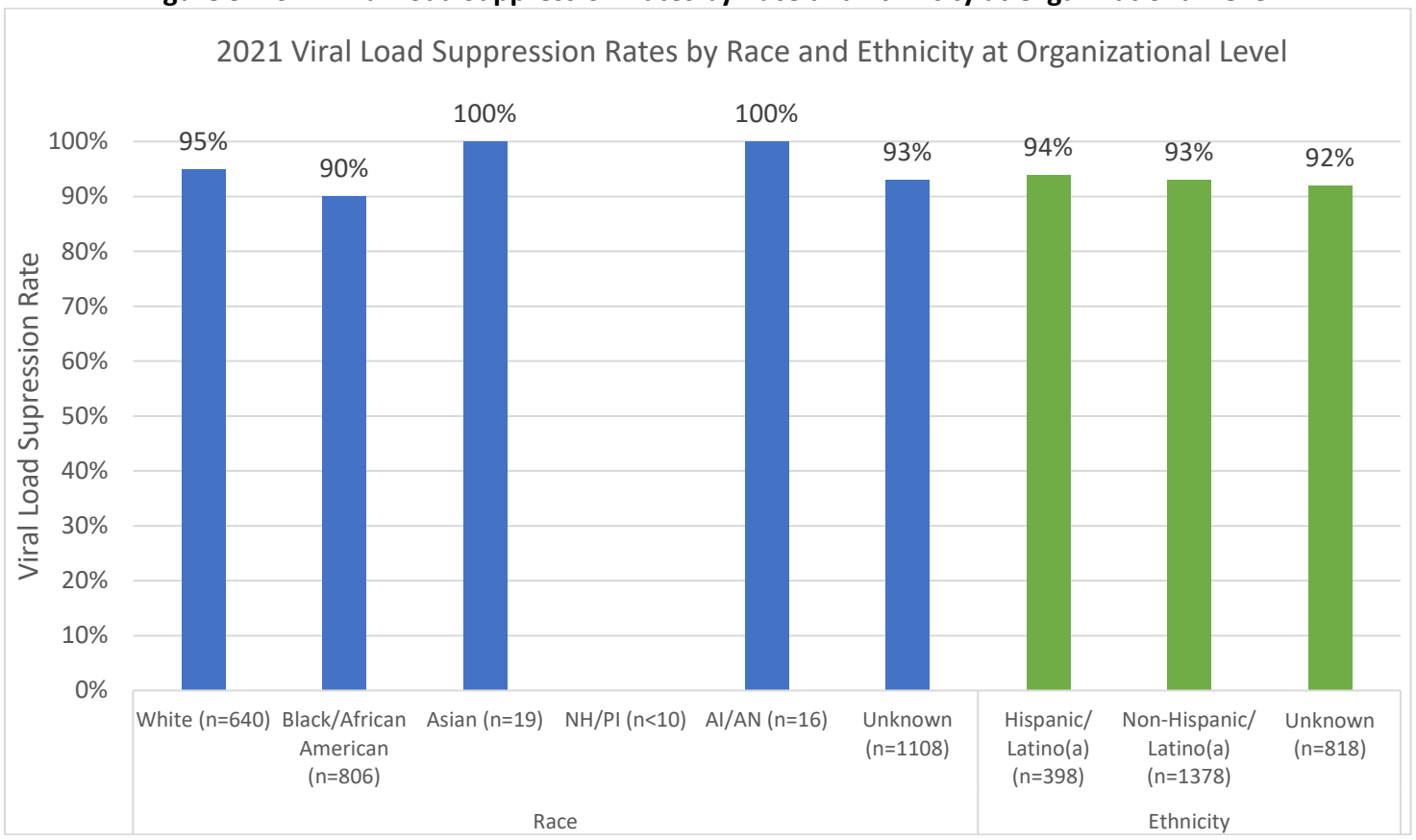


Figure 5. 2021 Viral Load Suppression Rates by Race and Ethnicity at Organizational Level



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

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	82% (n=17)	65%	59% (n=17)	41%	71% (n=14)	52%	-- (n<10)*	55%	-- (n<10)*	61%
	On ARV Therapy	97% (n=62)	91%	84% (n=32)	96%	97% (n=29)	100%	95% (n=20)	100%	100% (n=17)	100%
	VL Test within 91 Days	**	**	75% (n=32)	93%	97% (n=29)	95%	95% (n=20)	95%	94% (n=17)	92%
	Suppressed Final VL	82% (n=62)	65%	**	**	**	**	**	**	**	**
	Suppressed within 91 Days	**	**	53% (n=32)	45%	52% (n=29)	50%	35% (n=20)	46%	35% (n=17)	50%
	Baseline Resistance Test	**	**	**	**	76% (n=29)	74%	55% (n=20)	80%	88% (n=17)	82%
Other New to Care	On ARV Therapy	98% (n=304)	96%	99% (n=254)	97%	100% (n=240)	100%	98% (n=105)	100%	99% (n=196)	100%
	Any VL Test	98% (n=304)	97%	100% (n=254)	99%	99% (n=240)	98%	89% (n=105)	100%	98% (n=196)	100%
	Suppressed Final VL	85% (n=304)	70%	86% (n=254)	74%	80% (n=240)	78%	78% (n=105)	77%	86% (n=196)	69%
Established Active	On ARV Therapy	99% (n=2837)	99%	99% (n=2638)	99%	99% (n=2679)	99%	100% (n=2511)	93%	99% (n=2594)	99%
	Any VL Test	100% (n=2837)	99%	100% (n=2638)	99%	100% (n=2679)	99%	95% (n=2511)	97%	99% (n=2594)	98%
	Suppressed Final VL	90% (n=2837)	88%	92% (n=2638)	88%	92% (n=2679)	89%	89% (n=2511)	87%	92% (n=2594)	88%
Open Previously Diagnosed (Active & Inactive)	On ARV Therapy	89% (n=3237)	92%	95% (n=3451)	95%	92% (n=3326)	96%	96% (n=3648)	96%	96% (n=3715)	97%
	Any VL Test	88% (n=3237)	92%	89% (n=3451)	93%	90% (n=3326)	93%	81% (n=3648)	90%	70% (n=3715)	94%
	Suppressed Final VL	79% (n=3237)	80%	80% (n=3451)	80%	83% (n=3326)	83%	75% (n=3648)	77%	65% (n=3715)	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*	--	68	91%	370	90%	388	91%	916	93%	845	94%

GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Unknown Gender					
n	%	n	%	n	%	n	%	n	%	n	%				
1936	93%	617	91%	<10*	--	18	83%	21	90%	<10*	--				

RACE															
White		Black/African American		Asian		Native Hawaiian/PI		American Indian/ AN		Unknown Race					
n	%	n	%	n	%	n	%	n	%	n	%				
640	95%	806	90%	19	100%	<10*	--	16	100%	1108	93%				

ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
398	94%	1378	93%	1108	93%										

RISK FACTOR															
IDU Risk		Heterosexual Risk		MSM		Hemophilia or Coagulation		Blood Transfusion		Perinatal		Other Risk		Unknown	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
217	90%	795	91%	1574	93%	11	100%	27	100%	66	83%	11	100%	16	100%

HOUSING STATUS															
Stable Housing		Unstably Housed		Temporarily Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
513	93%	<10*	--	<10*	--	2074	93%								

INSURANCE TYPE															
ADAP		Dual Eligible		Medicaid		Medicare		Private Insurance		Veteran's Admin		Other		No Insurance	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
146	94%	383	92%	1137	90%	383	96%	498	96%	<10*	--	34	97%	<10*	--
Unknown															
n	%														
13	92%														

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

Table 3: Indicator Scores at Clinic Level for 2017-2021

Year	Clinic	Newly Diagnosed	Other New to Care			Established Active		
		Baseline Resistance Test	On ARV Therapy	Any VL Test	Suppressed Final VL	On ARV Therapy	Any VL Test	Suppressed Final VL
2017	NYP-East Campus	**	**	**	**	99% (n=177)	100% (n=177)	90% (n=177)
2018	Center for Special Studies: Judish Peabody Wellness Center: David Rogers Unit	**	99% (n=113)	100% (n=113)	88% (n=113)	99% (n=1317)	100% (n=1317)	93% (n=1317)
	Center for Special Studies: The Glenn Bernbaum Unit 525	**	99% (n=134)	100% (n=134)	84% (n=134)	99% (n=1292)	100% (n=1292)	91% (n=1292)
2019	Center for Special Studies: Judish Peabody Wellness Center: David Rogers Unit	76% (n=17)	100% (n=141)	99% (n=141)	82% (n=141)	99% (n=1342)	100% (n=1342)	92% (n=1342)
	Center for Special Studies: The Glenn Bernbaum Unit 525	75% (n=12)	99% (n=99)	100% (n=99)	79% (n=99)	99% (n=1337)	100% (n=1337)	93% (n=1337)
2020	Center for Special Studies: Judish Peabody Wellness Center: David Rogers Unit	69% (n=13)	98% (n=50)	86% (n=50)	76% (n=50)	100% (n=1252)	94% (n=1252)	88% (n=1252)
	Center for Special Studies: The Glenn Bernbaum Unit 525	-- (n<10)*	98% (n=55)	91% (n=55)	80% (n=55)	100% (n=1259)	95% (n=1259)	89% (n=1259)
2021	Center for Special Studies: Judish Peabody Wellness Center: David Rogers Unit	**	**	**	**	100% (n=1278)	100% (n=1278)	92% (n=1278)
	Center for Special Studies: The Glenn Bernbaum Unit 525	**	**	**	**	99% (n=1316)	100% (n=1316)	93% (n=1316)

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

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

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

Methodology

To identify the 2021 organizational caseload of people living with HIV (PLWH) at NYP-Weill Cornell Medical Center we used monthly reports generated from the Epic database that have been designed specifically for our program to track all CSS patients seen during a rolling trailing 12-month period. These have demographics (when provided by the patient), HIV risk, date of diagnosis, ART use, and a number of other quality indicators. Last year we lost access to the Jupiter database, previously used to generate the "Open" caseload so I worked with Epic to modify our existing patient reports to search for all patients seen at Cornell or LMH who were NOT identified as CSS patients. Finally, provider notes available through the electronic medical record (EPIC for outpatient and inpatient) were used to obtain data through chart reviews.

NYP patients were included in the 2021 NYP PLWH caseload if they met the following criteria:

1. HIV diagnosis
    - Patients were considered as HIV positive if they had corresponding ICD 9 or ICD10 diagnostic codes recorded in NYP's billing and registration system (Eagle) or electronic medical record (EMR).
    - Patients were also included if they had any positive HIV confirmatory test result, any HIV genotype test, or both an HIV viral load and CD4 test.
2. Received any service in the review year
    - All HIV positive patients identified were filtered to those with any visit registration or laboratory test (of any type) at NYP in 2021.

We have an automated report that accurately identifies all patients seen at CSS which includes date of diagnosis and whether the patient has had a previous visit at the program. This allows us to identify those newly diagnosed in 2021 and track overall enrollment status. We maintain a list of all patients who die during the calendar year. Other enrollment status categories were determined by chart review (e.g. incarcerated, relocated, external care, etc.); however, due to resource limitations this list may be incomplete. All patients with unknown status who were undetectable were considered to be on ART.

Service line was determined by either location of visits obtained during the above data retrieval, or supplemented by chart review. Patients with a date of diagnosis in 2021 had a chart review to determine where the diagnosis was made and how many days to linkage with CSS. A significant number of patients included in the open caseload may be in care elsewhere or come here only for specialty care, and thus they do not get HIV labs done at their visits. Chart review often identified patients who were treated and released from the respective emergency rooms as "HIV+ on ART with undetectable viral load;" however, in the absence of confirmatory records, they were not categorized as in care elsewhere.

Race and ethnicity were dependent on patients being willing to self-identify their race and ethnicity during registration and being elicited by the Front Desk staff to provide this information. The operational workflow makes it challenging for consistent data collection of these data during registration. In addition, the categories requested for the review do not align with the categories available to us in our EMR.

The main limitations are related to standard issues with any database (incorrect or missing information) as well as the time and resources necessary to do chart review. Dr. Merrick was responsible for entering the data into Excel. Dr. Smith entered the Quality information. The data will be reviewed and analyzed with the Quality and Consumer committees.

Key Findings

The key findings of our review were as follows:

1. For all (Open) patients living with HIV, 96% were on antiretroviral therapy, 70% had viral load testing, and 65% were virally suppressed by the end of 2021.
2. For all (Active) patients enrolled in the HIV program, 100% were on antiretroviral therapy, 100% had viral load testing, and 92% were virally suppressed by the end of 2021.
3. Of patients newly diagnosed with HIV during 2021, 100% were on antiretroviral therapy, 94% had viral load testing, and 35% were virally suppressed within 91 days.
4. Of other patients new to care (Other New), 99% were on antiretroviral therapy, 98% had viral load testing, and 86% were virally suppressed by the end of 2021.
5. For those patients diagnosed with HIV internally during 2021, 87% were linked to care within 3 days and the remaining 13% within 4-7 days. However, there were only 8 patients in this cohort.
6. For subgroups of people living with HIV, those aged 20-24 had lower rates of viral suppression during 2021 than every other age group.
7. Only 83% of patients whose risk category for HIV was perinatal were virally suppressed during 2021.

Of these, the findings that were inconsistent with our expectations were the lower than expected percentages of open patients who had viral load testing (81% in 2020) and who were virally suppressed (75% in 2020). The percentage of newly diagnosed patients who were virally suppressed within 91 days was also lower than expected. There were significant improvements in the percentages of active patients who had viral load testing (89→94%) and viral load suppression (89→92%) between 2020 and 2021. The same was true for newly diagnosed patients in terms of antiretroviral therapy (75→100%) and viral load testing (89→94%). The percentages for viral load testing (89→98%) and viral suppression (77→86%) increased for other patients new to care. For patients diagnosed with HIV internally, the percentage of patients linked to care within 3 days increased from 25→83% between 2020 and 2021. All other patients in this category were linked to care within 4-7 days.

The percentage of patients in the perinatal risk category who were virally suppressed increased from 72→83% between 2020 and 2021. In other subgroup analyses, there were improvements in the percentage of patients who identified as Asian who were virally suppressed (84→100%) and for those who identified as transgender women (75→83%). As mentioned above, there were decreases in the performance rates for open patients for viral load testing (81→70%) and viral suppression (75→65%). There was no improvement in the percentage of newly diagnosed patients who were virally suppressed within 91 days. In the 20-24 age group, the percentage of viral suppression decreased from 90→86%. These areas were not focuses of our QI plan. In one of the areas that was a focus of our QI plan, there was no improvement in the percentage of newly diagnosed patients who were virally suppressed within 91 days. As mentioned above, there were significant differences in viral suppression in certain subgroups. Only 86% of patients aged 20-24 were virally suppressed, the lowest percentage of any age group. For risk categories, 83% of patients with perinatal risk were suppressed as compared to 93% of those in the MSM risk group. However, the viral suppression rate for patients in the perinatal risk category increased from 2020 (72%) to 2021. In addition, there were lower rates of viral suppression among transgender women (83%) than among those who identified as male (93%) and female (91%). However, the differences are less than during 2020 (transgender female 83%, male 90%, female 87%) and all of the percentages were higher in 2021.

The data on race and ethnicity for 2021 showed a lower rate of viral suppression among patients who identified as African American (90%) than among those who identified as white (95%). The discrepantly lower percentage of viral suppression for patients who identified as Asian in 2020 was not seen in 2021 (84% to 100%). In 2020, there

were large numbers of patients in the categories of unknown gender (463), race (1123) and ethnicity (971), which may have affected our subgroup data. In 2021, there were no patients in the unknown gender category. There were fewer patients in the categories of unknown race (1108) and unknown ethnicity (818) in 2021.

QI Projects

QI Project #1
Indicator: VL suppression among newly diagnosed patients
2021 rate for this indicator: 35%
Overall 2022 goal for this indicator: 60%
Description: 60% of outpatients newly diagnosed with HIV at NYP/East Campus in 2022 will have a viral load <200 copies/ml within 91 days of diagnosis.

Action Steps:

1. The Quality Improvement Committee chair will conduct ongoing chart reviews of the patients who were newly diagnosed in 2022 and their viral suppression to determine the reasons that they were not suppressed at the same rate as other patients. This review will include looking at any subpopulations that these patients belong to and any differences between those who were suppressed and those who were not.
2. Enhanced follow-up services will be provided by CSS Social Work and Health Home outreach staff for all newly diagnosed patients. These will include telephone calls, secure messages via Epic My Chart and/or letters, and home visits when necessary to remind patients of their follow-up appointments and for patients who miss their follow-up visits for office visits and lab visits to reschedule the appointments. These patients will also be assigned to our Primary Nursing program for telephone calls and Epic My Chart messages to provide enhanced education and adherence services.
3. Data will be collected by the Quality Improvement Committee chair on a quarterly basis regarding the status of newly diagnosed patients and viral suppression. This data will be reported to the committee to promote discussion on how viral suppression can be improved.
4. The plan and data collected will be reported to our Community Advisory Committee and to patient teams for feedback and ideas.

QI Project #2
Indicator: VL suppression among new-to-care patients
2021 rate for this indicator: 86%
Overall 2022 goal for this indicator: 90%
Description: 90% of outpatients with HIV who are new-to-care at NYP/East Campus in 2022 will have a viral load <200 copies/ml by the end of 2022.

Action Steps:

1. The Quality Improvement Committee chair will conduct ongoing chart reviews of the patients who were new to CSS in 2022 and their viral suppression to determine the reasons that they were not suppressed at the same rate as other patients. This review will include looking at any subpopulations that these patients belong to and any differences between those who were suppressed and those who were not.
2. Enhanced follow-up services will be provided by CSS Social Work and Health Home outreach staff for all new-to-care patients. These will include telephone calls, secure messages via Epic My Chart and/or letters,

and home visits when necessary to remind patients of their follow-up appointments and for patients who miss their follow-up visits for office visits and lab visits to reschedule the appointments. These patients will also be assigned to our Primary Nursing program for telephone calls and Epic My Chart messages to provide enhanced education and adherence services.

3. Data will be collected by the Quality Improvement Committee chair on a quarterly basis regarding the status of new-to-care patients and viral suppression. This data will be reported to the committee to promote discussion on how viral suppression can be improved.
4. The plan and data collected will be reported to our Community Advisory Committee and to patient teams for feedback and ideas.

Consumer Involvement

The CSS Consumer Advisory Committee suspended its meetings during the pandemic, so the data could not be submitted for review prior to the submission of this data. The travel restrictions and other aspects of the pandemic limited our ability to maintain an active Community Advisory Committee; not all of our members had access to internet-based meeting applications. The committee has been reconstituted and is meeting again. This year, the data and QI interventions will be presented to the committee for discussion and input. The interventions will be modified as needed based on the committee input. Updates will be provided to the committee on a quarterly basis. Results (i.e., viral suppression rates) will be provided to consumers via posting at our care sites.

Coach's Feedback and Updates on Cascade QI Plan

Great to see the consumer advisory committee being reconstituted and involved in QI. NYP East saw improvement in VLS outcomes in 2021 and continues to score high on all measures. The QI projects are appropriately targeted. The agency is encouraged to participate in pee learning opportunities offered by the NYSDOH-AIDS Institute. Please reach out to coach (Susan Weigl) for support and guidance with QI project implementation.