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: Westchester Medical Center

Clinic Information

Type of Clinic	Clinic Name	Address	City	Zip
Hospital	AIDS Care Center Primary Care Clinic Adult Clinic	100 Woods Road Behavioral Health Cent	Valhalla	10595

Important Contacts

HIV Medical Director	Rebecca Glassman	Rebecca.glassman@wmchealth.org	(914) 493-7700
HIV Program Administrator	Kanalia Anderson	Kanalia.Anderson@wmchealth.org	(914) 745-6034
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NY Links Coach	Daniel Belanger	Daniel.belanger@health.ny.gov	(212) 417-5131

Regional Group/Learning Network Participation

Learning Network Affiliation: Community Health Center Quality Learning Network (CHCQLN), 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), Viral Load Suppression, Cascade Follow-up

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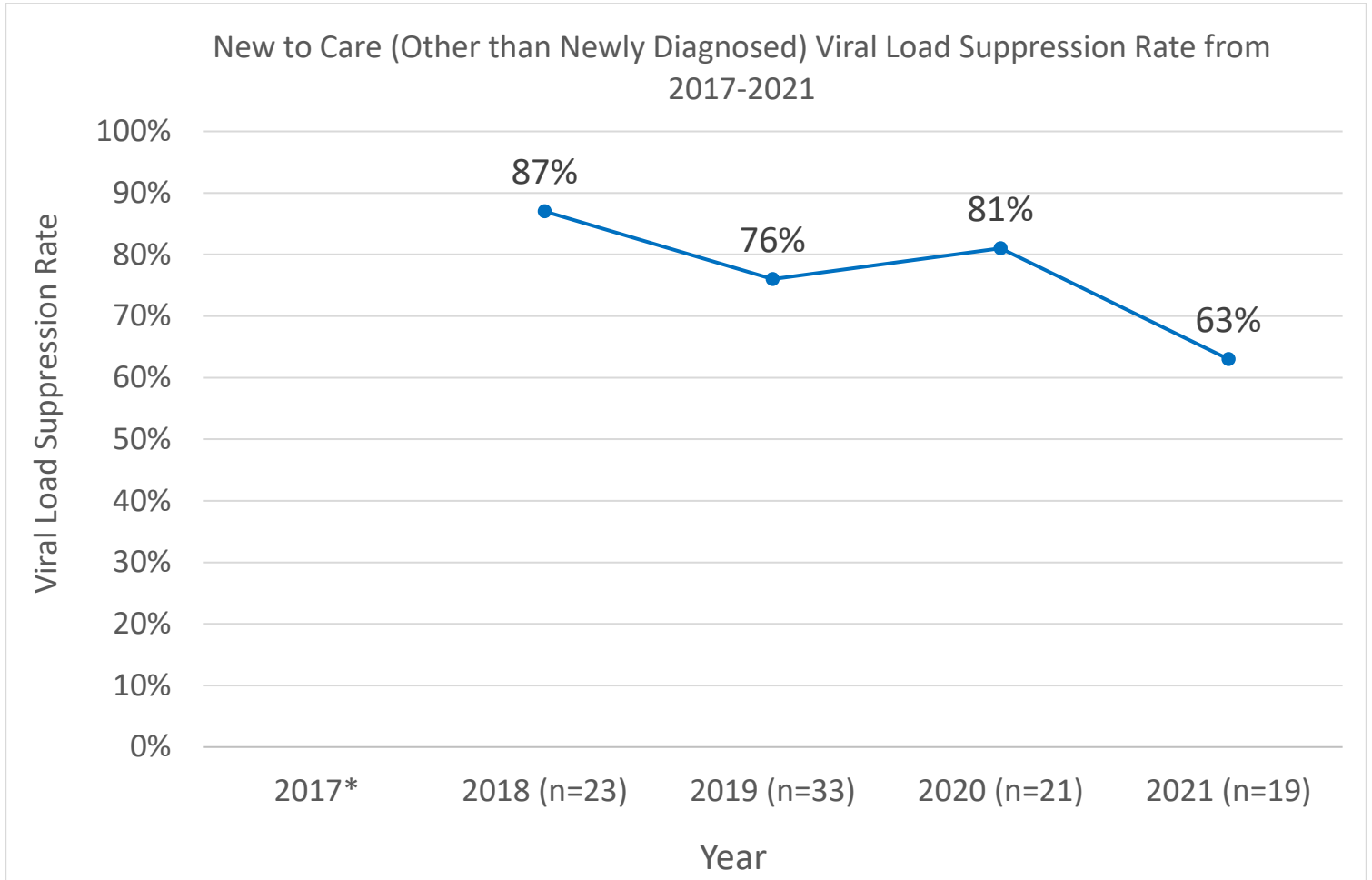
Suppressed within 91 Days (Newly Diagnosed Patients): A value of less than 200 copies/mL on any viral load test performed within 91 days of initial HIV diagnosis. Patients with no documented viral load test during this period are scored as unsuppressed.

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.

Program Summary: Westchester Medical Center

Key Indicators from 2017 to 2021

Figure 1: New to Care (Other than Newly Diagnosed) Viral Load Suppression Rates at Organizational Level from 2017-2021

New to Care (Other than Newly Diagnosed) Viral Load Suppression Rate from 2017-2021

Viral Load Suppression Rate vs Year:
- 2017*: (no data)
- 2018 (n=23): 87%
- 2019 (n=33): 76%
- 2020 (n=21): 81%
- 2021 (n=19): 63%

Note: Did not receive usable data for Westchester Medical Center in the review of care provided in 2017.

Figure 2: Established Active Viral Load Suppression Rates at Organizational Level from 2017-2021
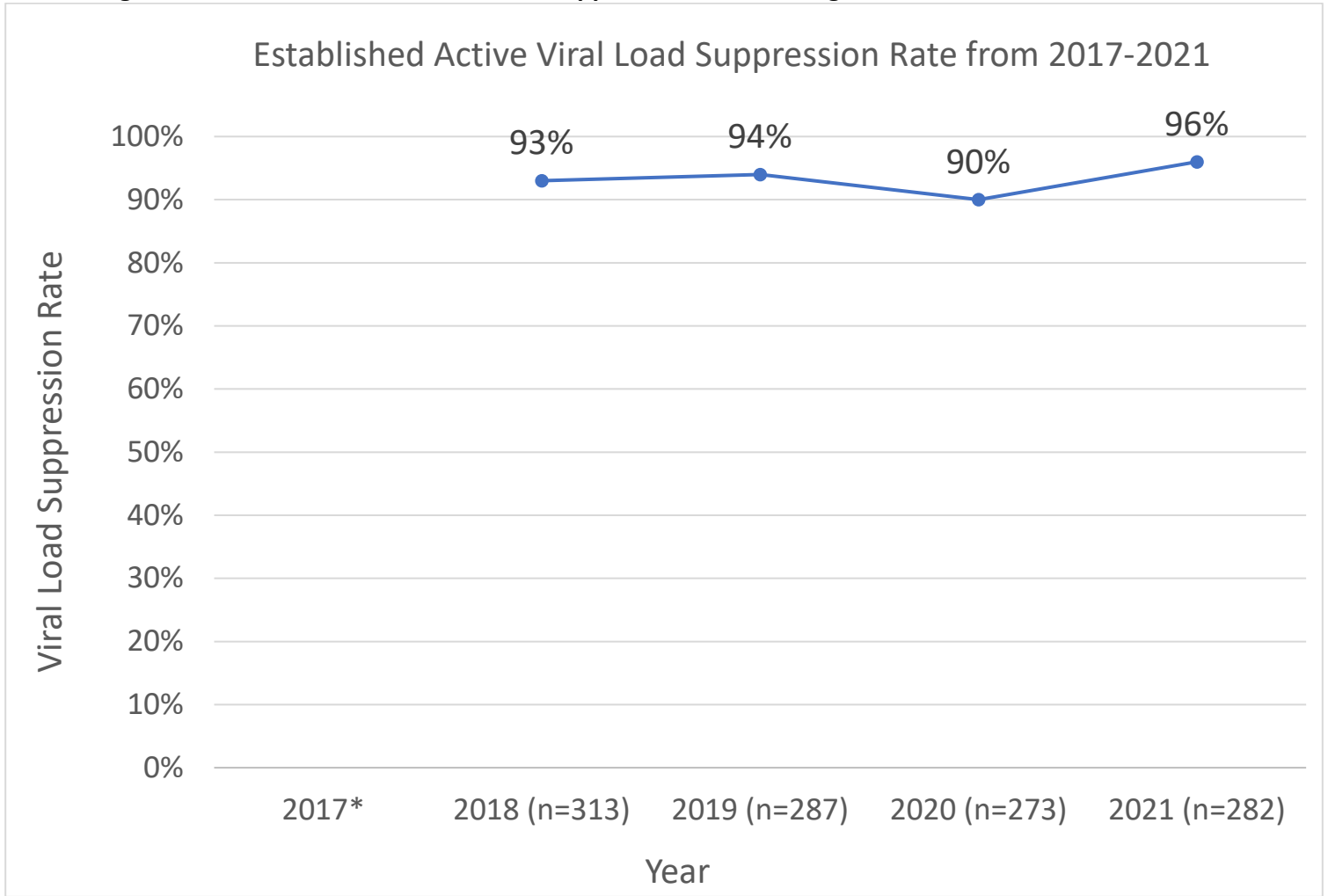
Established Active Viral Load Suppression Rate from 2017-2021

*Did not receive usable data for Westchester Medical Center in the review of care provided in 2017.

Figure 3. 2021 Viral Load Suppression Rates by Age at Organizational Level

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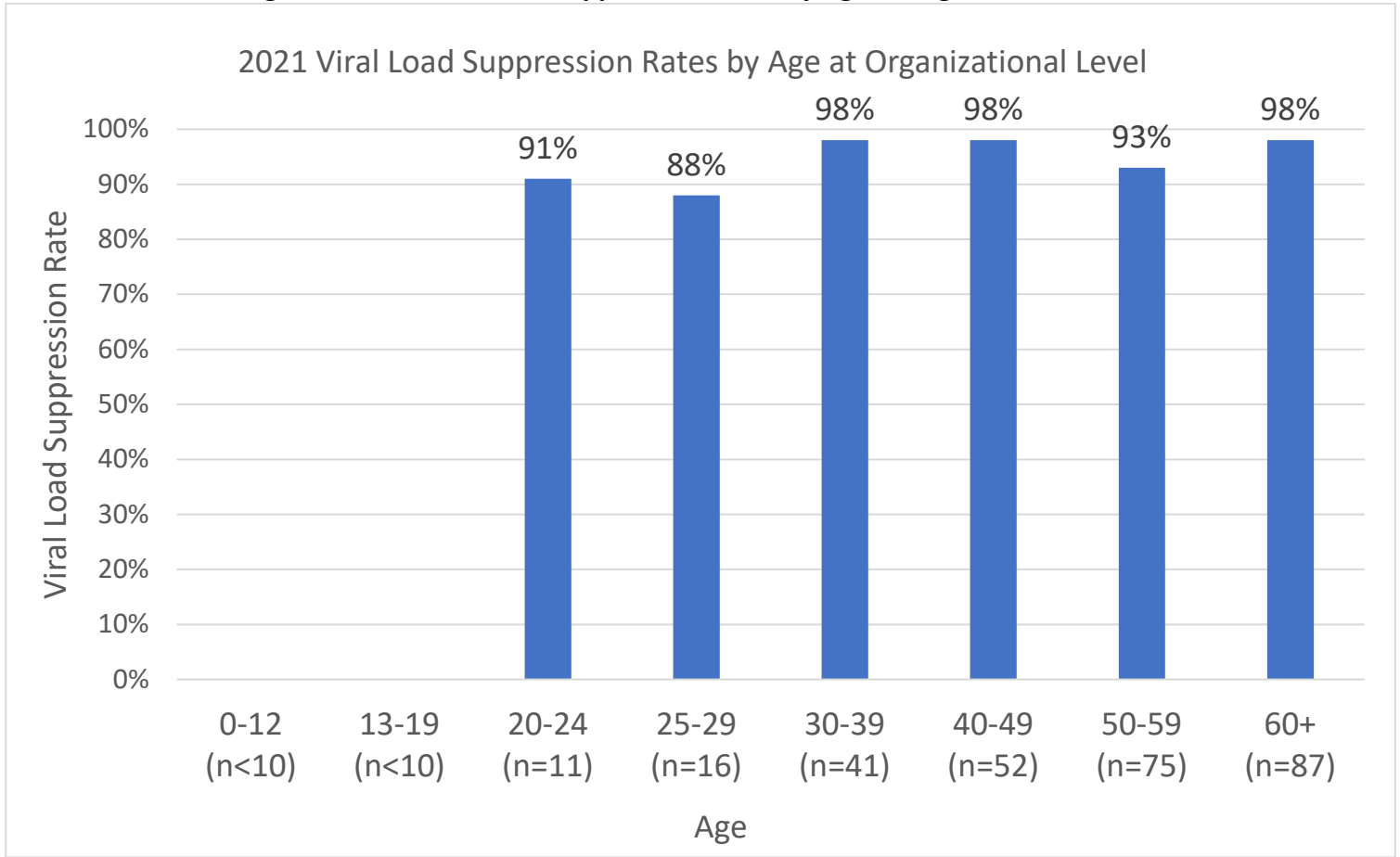
Figure 4. 2021 Viral Load Suppression Rates by Race and Ethnicity at Organizational Level

2021 Viral Load Suppression Rates by Race and Ethnicity at Organizational Level
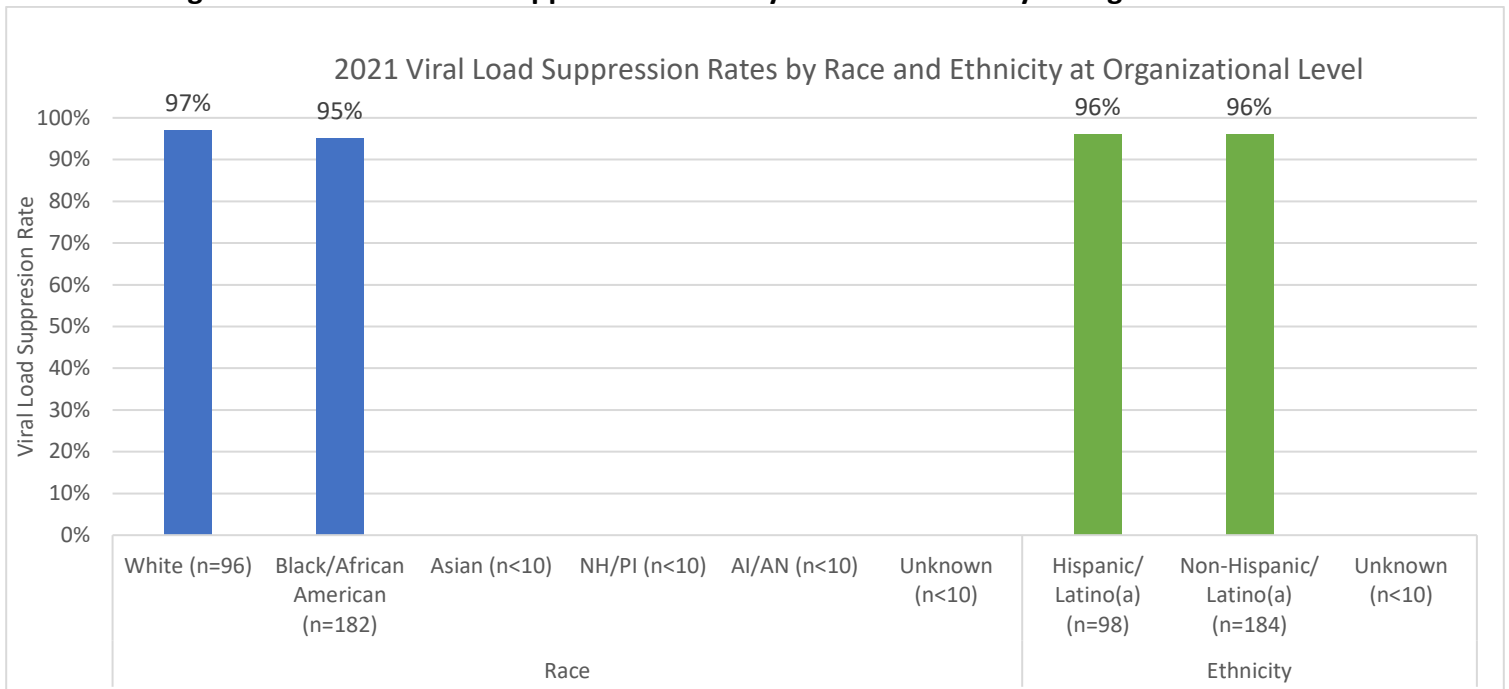
Note: NH/PI = Native Hawaiian/Pacific Islander; AI/AN = American Indian/Alaska Native.

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%	-- (n<10)*	52%	-- (n<10)*	55%	-- (n<10)*	61%
	On ARV Therapy	--	91%	-- (n<10)*	96%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	100%
	VL Test within 91 Days	**	**	-- (n<10)*	93%	-- (n<10)*	95%	-- (n<10)*	95%	-- (n<10)*	92%
	Suppressed Final VL	--	65%	**	**	**	**	**	**	**	**
	Suppressed within 91 Days	**	**	-- (n<10)*	45%	-- (n<10)*	50%	-- (n<10)*	46%	-- (n<10)*	50%
	Baseline Resistance Test	**	**	**	**	-- (n<10)*	74%	-- (n<10)*	80%	-- (n<10)*	82%
Other New to Care	On ARV Therapy	--	96%	100% (n=23)	97%	100% (n=33)	100%	100% (n=21)	100%	100% (n=19)	100%
	Any VL Test	--	97%	100% (n=23)	99%	85% (n=33)	98%	100% (n=21)	100%	100% (n=19)	100%
	Suppressed Final VL	--	70%	87% (n=23)	74%	76% (n=33)	78%	81% (n=21)	77%	63% (n=19)	69%
Established Active	On ARV Therapy	--	99%	100% (n=313)	99%	100% (n=287)	99%	98% (n=273)	93%	100% (n=282)	99%
	Any VL Test	--	99%	99% (n=313)	99%	94% (n=287)	99%	97% (n=273)	97%	98% (n=282)	98%
	Suppressed Final VL	--	88%	93% (n=313)	88%	94% (n=287)	89%	90% (n=273)	87%	96% (n=282)	88%
Open Previously Diagnosed (Active & Inactive)	On ARV Therapy	--	92%	93% (n=350)	95%	99% (n=307)	96%	98% (n=273)	96%	99% (n=283)	97%
	Any VL Test	--	92%	90% (n=350)	93%	93% (n=307)	93%	97% (n=273)	90%	98% (n=283)	94%
	Suppressed Final VL	--	80%	83% (n=350)	80%	93% (n=307)	83%	90% (n=273)	77%	95% (n=283)	79%

Note: Did not receive usable data for Westchester Medical Center in the review of care provided in 2017.

* 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*	--	11	91%	16	88%	41	98%	52	98%	75	93%	87	98%

GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Unknown Gender					
n	%	n	%	n	%	n	%	n	%	n	%				
168	96%	112	95%	<10*	--	<10*	--	<10*	--	<10*	--				

RACE															
White		Black/African American		Asian		Native Hawaiian/PI		American Indian/ AN		Unknown Race					
n	%	n	%	n	%	n	%	n	%	n	%				
96	97%	182	95%	<10*	--	<10*	--	<10*	--	<10*	--				

ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
98	96%	184	96%	<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*	--	206	96%	66	94%	<10*	--	<10*	--	<10*	--	<10*	--	<10*	--

HOUSING STATUS															
Stable Housing		Unstably Housed		Temporarily Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
264	96%	<10*	--	17	100%	<10*	--								

INSURANCE TYPE															
ADAP		Dual Eligible		Medicaid		Medicare		Private Insurance		Veteran's Admin		Other		No Insurance	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
82	95%	49	98%	106	95%	11	91%	33	97%	<10*	--	<10*	--	<10*	--
Unknown															
n	%														
<10*	--														

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

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

Program Summary: Westchester Medical Center

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*	--	**	**	**	**	--	--	--
2018	Adult Clinic	**	100% (n=19)	100% (n=19)	84% (n=19)	100% (n=298)	99% (n=298)	94% (n=298)
	Pediatric and Adolescent Clinic	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=15)	100% (n=15)	73% (n=15)
2019	Adult Clinic	-- (n<10)*	100% (n=33)	85% (n=33)	76% (n=33)	100% (n=287)	94% (n=287)	94% (n=287)
2020	AIDS Care Center Primary Care Clinic Adult Clinic	-- (n<10)*	100% (n=21)	100% (n=21)	81% (n=21)	98% (n=273)	97% (n=273)	90% (n=273)
2021	AIDS Care Center Primary Care Clinic Adult Clinic	**	**	**	**	100% (n=282)	98% (n=282)	96% (n=282)

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* 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 ensure patients were not duplicated, our staff did a search within our EMR system as well as AIRS to make sure the patient was not already registered. If our staff was informed of and/or noticed a duplicate chart, we worked with our Health Information Management Team to merge the charts. The data sources we used were our EMR system and AIRS. There are different components to our EMR system where we can pull up all lab work, doctor notes, and patient information separately for review. These data sources did not differ by patient enrollment or diagnosis status. The Senior Data Manager was responsible for extracting the data and entering the data into the Excel Template. The review for completeness and accuracy as well as analyzing the data results was conducted by our Medical Director, Practice Supervisor, and Senior Data Manager. We utilized the "charts" tab to assist in analyzing the data.

Updates: Review of the 10 NEWEXT patients for accuracy. One patient was changed to NEWINT, changing our newly diagnosed denominator to 9. ARV initiation dates were updated according to field descriptions. One patient excluded as they relocated. Reran the Check Patient Data Errors and Score Indicator Macros.

Key Findings

We continue to see room for improvement in viral load suppression, especially upon newly diagnosed patients. However, upon analyzing the data among newly diagnosed patients, we had 9 out of 10 patients that had a viral load suppression, but the count only shows 7 out of 10. We see significant improvement in viral load testing, as a corollary for retention in care. In addition, in reviewing our early 2022 data we are happy that most have achieved suppression in early 2022, whereas these patients did not meet suppression at the end of 2021. We were pleased that there were no significant decreases, and postulate that this represents an increase in patient's coming into the medical center as COVID restrictions have eased and vaccination rates have increased. Our low rates of 3-day linkage all represent diagnoses made during inpatient hospitalizations.

Update: We have one patient who has an error under "Date first VL test during review period." According to the field descriptions, the date cannot be before diagnosis date or first visit within my organization. The patient was seen towards the end of the year at which a VL was tested but according to the field description, would not count as "Date first VL test during review period." The first visit back was in January of 2022, which I am not able to enter as a new year, which is why it was left blank. We looked at the descriptions for VL suppression and noticed it said, "within 91 days." One patient was suppressed but was seen after 91 days so we understand he was excluded from the counts.

QI Projects

QI Project #1
Indicator: 3-day linkage of internally diagnosed patients
2021 rate for this indicator: 0%
Overall 2022 goal for this indicator: 75%
Description: All newly diagnosed patients internally occurred while in patient. For some patients, a delay in initiation of ART is required if there are concerns for opportunistic infections. However, we hope to continue to

forge relationships with the inpatient team and emergency department through our in-reach events, such that newly diagnosed patients will connect to our clinic as soon as possible for treatment.

QI Project #2

Indicator: VL testing among established active patients
2021 rate for this indicator: 98%
Overall 2022 goal for this indicator: 100%
Description: Our patients missing viral load testing in this time period had not connected to care in the year. Moving forward, we will make sure to do regular outreach to individuals lost to care and ensure that we appropriately close cases in which patients have moved their care elsewhere.

QI Project #3

Indicator: VL suppression among new-to-care patients
2021 rate for this indicator: 63%
Overall 2022 goal for this indicator: 98%
Description: We will continue to work closely with patients to support them in their goal towards viral suppression. Our retention and adherence team will continue close outreach with individuals to support them. In addition, we suspect that if we are able to transition a portion of these patients to Cabenuva, adherence will no longer be an issue, especially for those who remain closely connected to care but struggle with pill adherence.

Consumer Involvement

Consumers were not involved in review of these findings, as we have not yet resumed our consumer advisory board. We will make that a significant goal in the coming year.

Coach's Feedback and Updates on Cascade QI Plan

The QI plan focuses on areas where data suggest that a focus on improvement is indicated. While the number of new-to-care patients had gone down, the VS rate has also dropped, indicating that a quality improvement focus is needed. For the goal of improving VLS rate for new-to-care patients, process changes should include new activities that have not been tried before. Coaching and technical assistance is available by contacting Dan Belanger of the Quality of Care Program (daniel.belanger@health.ny.gov) to assist with a process investigation to identify possible process changes to improve outcomes for new-to-care VLS. There is no consumer involvement plan except to note that it will be a focus going forward. I suggest exit interviews to gain input from consumers going forward.