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 2023

QI Profile Completion Date:
April 2024

Latest Revision Date:
April 2024

Program Name: Arnot Health

Clinic Information

Type of Clinic	Clinic Name	Address	City	Zip
Hospital	Ivy/HIV Care Clinic- Elmira	600 Roe Avenue	Elmira	14905
Hospital	Ivy/HIV Care Clinic- Ithaca	521 West Seneca Street	Ithaca	14850

Important Contacts

HIV Medical Director	Justin Nistico	justin.nistico@arnothealth.org	
Lead QI Contact	Anna Lechowska	anna.lechowska@arnothealth.org	(607) 795-8161
Contract Manager	Marcus Martir	marcus.martir@health.ny.gov	(212) 417-4560
NY Links Coach	Laura O'Shea	Laura.OShea@health.ny.gov	(315) 477-8124

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 2022

Figure 1: New to Care (Other than Newly Diagnosed) Viral Load Suppression Rates at Organizational Level from 2017-2022

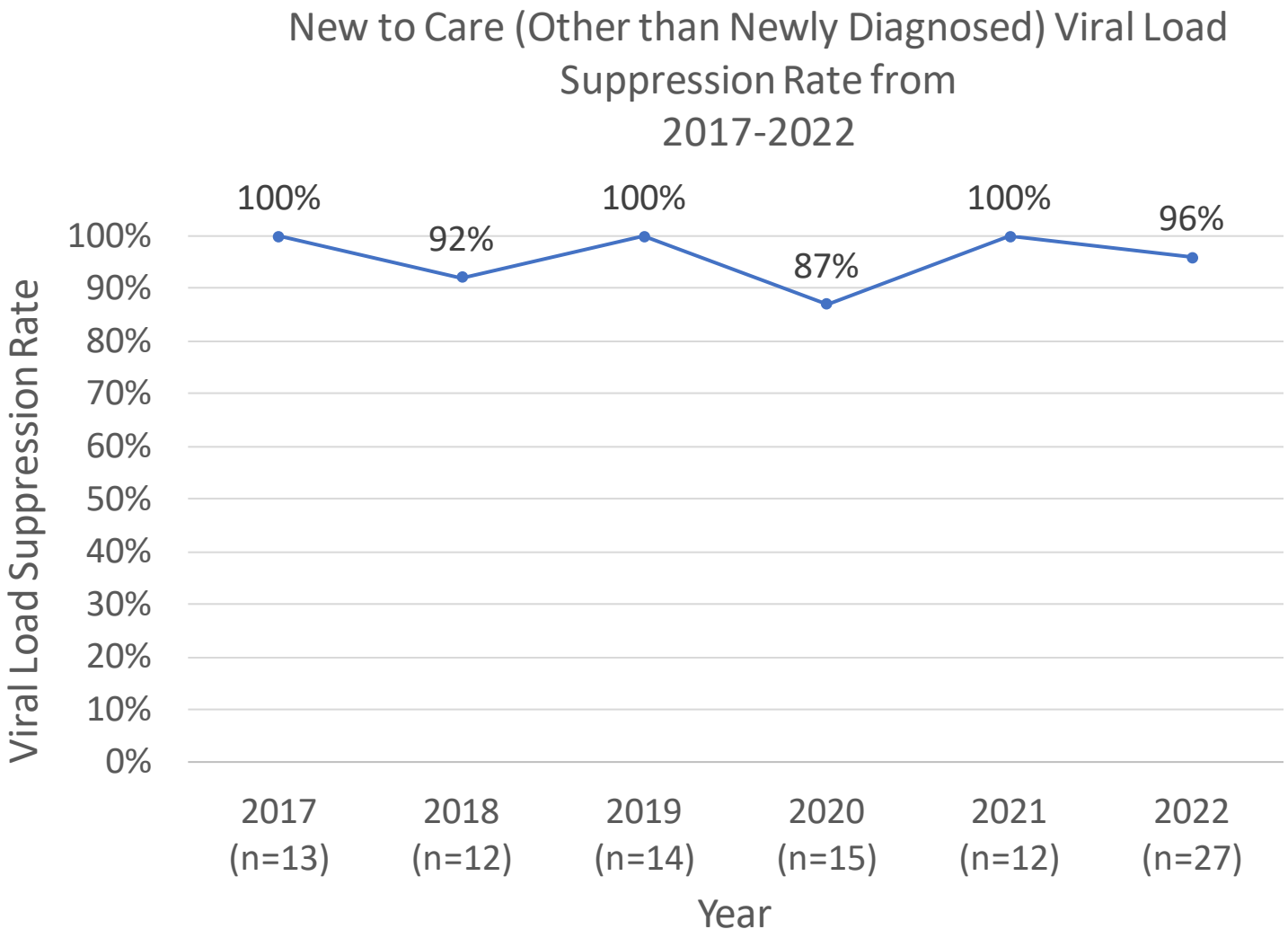


Figure 2: Established Active Viral Load Suppression Rates at Organizational Level from 2017-2022

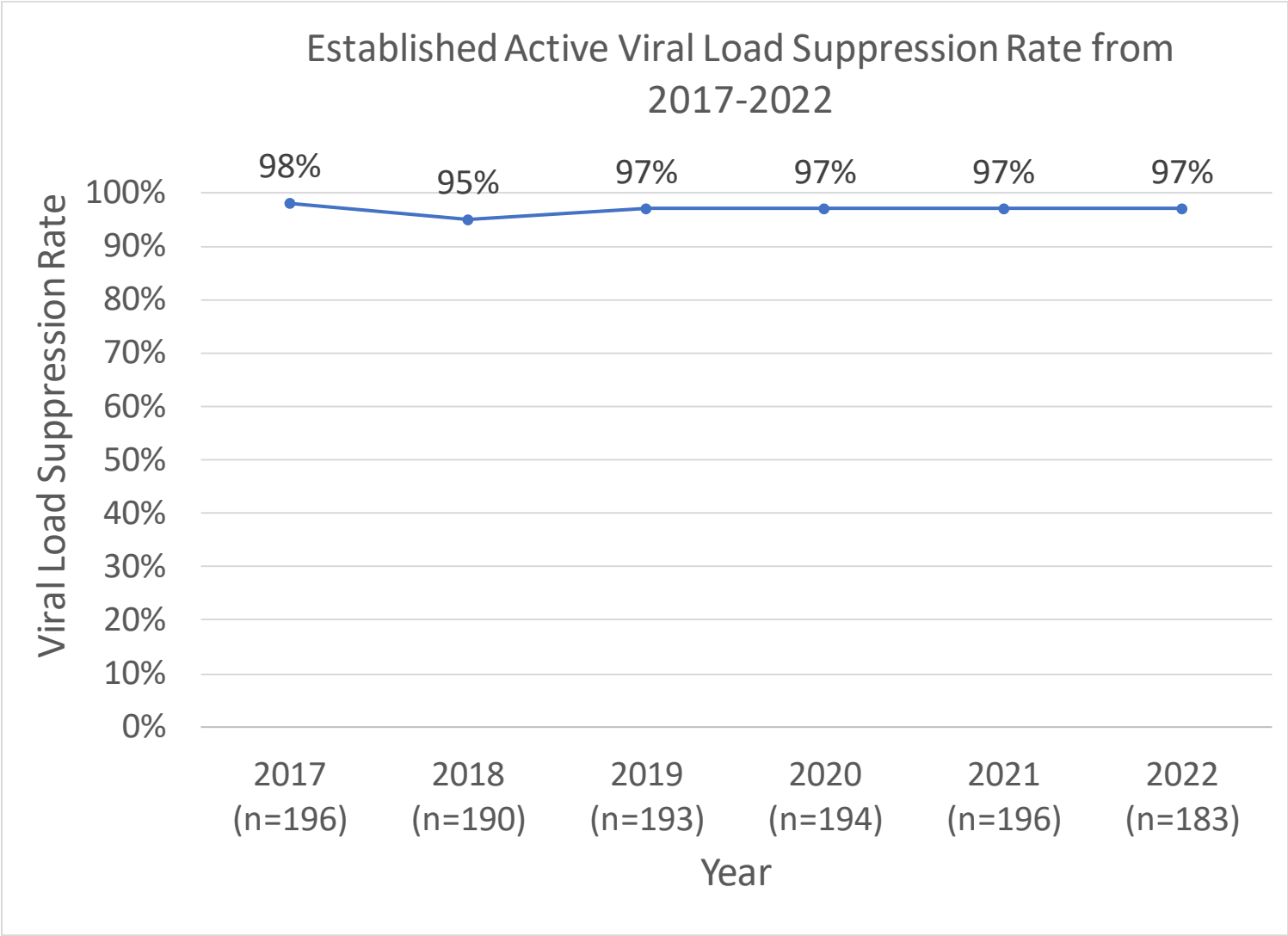


Figure 3. 2022 Established Active Viral Load Suppression Rates by Age at Organizational Level

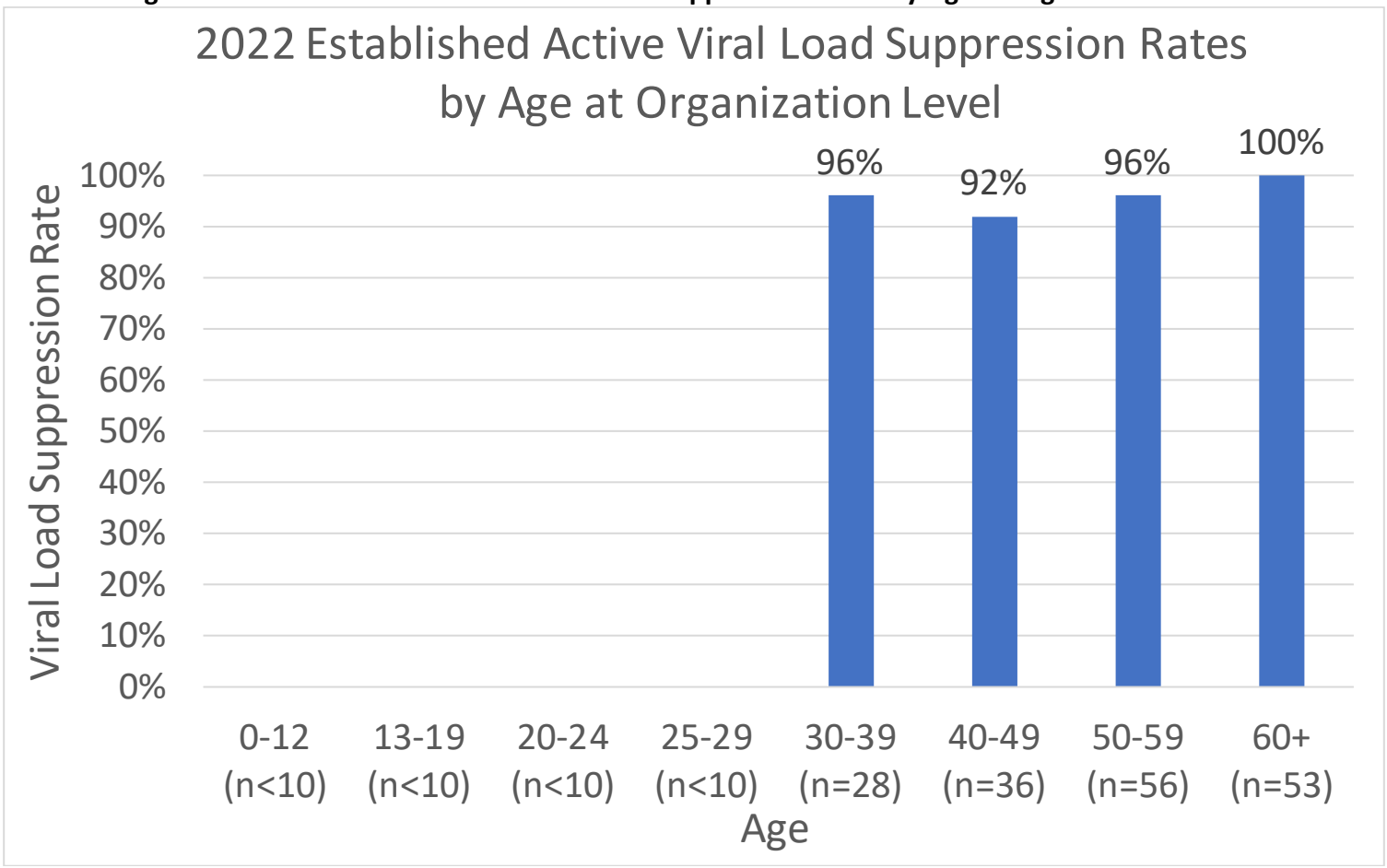
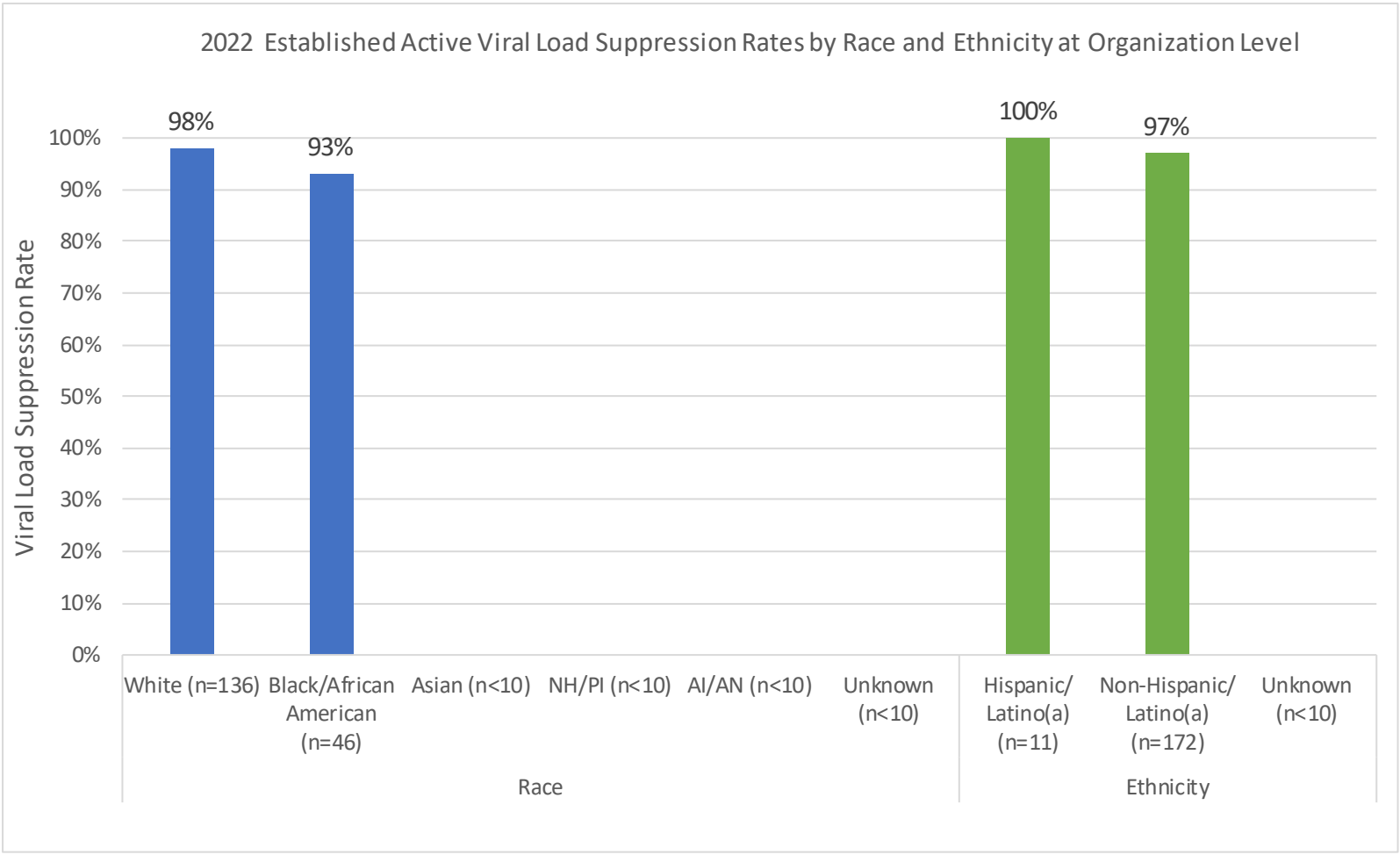


Figure 4. 2022 Established Active Viral Load Suppression Rates by Race and Ethnicity at Organizational Level



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

Table 1: Indicator Scores at Organization Level for 2017-2022

Patient Group	Indicator	2017		2018		2019		2020		2021		2022	
		Org. Score	State Median	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%	-- (n<10)*	53%
	On ARV Therapy	-- (n<10)*	91%	-- (n<10)*	96%	-- (n<10)*	100%	-- (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%	-- (n<10)*	96%
	Suppressed Final VL	-- (n<10)*	65%	**	**	**	**	**	**	**	**	**	**
	Suppressed within 91 Days	**	**	-- (n<10)*	45%	-- (n<10)*	50%	-- (n<10)*	46%	-- (n<10)*	50%	-- (n<10)*	50%
	Baseline Resistance Test	**	**	**	**	-- (n<10)*	74%	-- (n<10)*	80%	-- (n<10)*	82%	-- (n<10)*	80%
Other New to Care	On ARV Therapy	100% (n=13)	96%	100% (n=12)	97%	100% (n=14)	100%	100% (n=15)	100%	100% (n=12)	100%	100% (n=27)	100%
	Any VL Test	100% (n=13)	97%	100% (n=12)	99%	100% (n=14)	98%	100% (n=15)	100%	100% (n=12)	100%	100% (n=27)	98%
	Suppressed Final VL	100% (n=13)	70%	92% (n=12)	74%	100% (n=14)	78%	87% (n=15)	77%	100% (n=12)	69%	96% (n=27)	78%
Established Active	On ARV Therapy	100% (n=196)	99%	100% (n=190)	99%	100% (n=193)	99%	100% (n=194)	93%	100% (n=196)	99%	100% (n=183)	100%
	Any VL Test	100% (n=196)	99%	100% (n=190)	99%	100% (n=193)	99%	100% (n=194)	97%	100% (n=196)	98%	100% (n=183)	98%
	Suppressed Final VL	98% (n=196)	88%	95% (n=190)	88%	97% (n=193)	89%	97% (n=194)	87%	97% (n=196)	88%	97% (n=183)	89%
Open Previously Diagnosed (Active & Inactive)	On ARV Therapy	99% (n=197)	92%	98% (n=199)	95%	100% (n=202)	96%	99% (n=205)	96%	100% (n=202)	97%	99% (n=191)	97%
	Any VL Test	99% (n=197)	92%	99% (n=199)	93%	99% (n=202)	93%	98% (n=205)	90%	100% (n=202)	94%	98% (n=191)	93%
	Suppressed Final VL	97% (n=197)	80%	92% (n=199)	80%	97% (n=202)	83%	95% (n=205)	77%	97% (n=202)	79%	95% (n=191)	83%

*** 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 2022

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*	--	28	96%	36	92%	56	96%	53	100%

GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Gender X		Unknown Gender			
n	%	n	%	n	%	n	%	n	%	n	%	n	%		
131	97%	49	96%	<10*	--	<10*	--	<10*	--	<10*	--	<10*	--		

RACE															
White		Black/African American		Asian		Native Hawaiian/PI		American Indian/ AN		Unknown Race					
n	%	n	%	n	%	n	%	n	%	n	%				
136	98%	46	93%	<10*	--	<10*	--	<10*	--	<10*	--				

ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
11	100%	172	97%	<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	%
24	88%	90	94%	90	98%	<10*	--	<10*	--	<10*	--	<10*	--	<10*	--

HOUSING STATUS															
Stable Housing		Unstably Housed		Temporarily Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
173	98%	<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	%
27	93%	34	100%	80	95%	15	100%	26	100%	<10*	--	<10*	--	<10*	--
Unknown															
n	%														
<10*	--														

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

Table 3: Indicator Scores at Clinic Level for 2017-2022

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	Arnot Health Ivy Clinic	**	**	**	**	100% (n=196)	100% (n=196)	98% (n=196)
2018	Ivy/HIV Care Clinic- Elmira	-- (n<10)*	100% (n=12)	100% (n=12)	92% (n=12)	100% (n=137)	100% (n=137)	93% (n=137)
	Ivy/HIV Care Clinic- Ithaca	-- (n<10)*	-- (n=0)	-- (n=0)	-- (n=0)	100% (n=53)	100% (n=53)	98% (n=53)
2019	Ivy/HIV Care Clinic- Elmira	-- (n<10)*	100% (n=11)	100% (n=11)	100% (n=11)	100% (n=141)	100% (n=141)	97% (n=141)
	Ivy/HIV Care Clinic- Ithaca	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=52)	100% (n=52)	98% (n=52)
2020	Ivy/HIV Care Clinic- Elmira	-- (n<10)*	100% (n=10)	100% (n=10)	80% (n=10)	100% (n=148)	100% (n=148)	97% (n=148)
	Ivy/HIV Care Clinic- Ithaca	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (N-46)	100% (N-46)	100% (N-46)
2021	Ivy/HIV Care Clinic- Elmira	**	**	**	**	100% (n=147)	100% (n=147)	97% (n=147)
	Ivy/HIV Care Clinic- Ithaca	**	**	**	**	100% (n=49)	100% (n=49)	100% (n=49)
2022	Ivy/HIV Care Clinic- Elmira	**	**	**	**	100% (n=139)	100% (n=139)	96% (n=139)
	Ivy/HIV Care Clinic- Ithaca	**	**	**	**	100% (n=44)	100% (n=44)	100% (n=44)

*** 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 2023 (Self-reported based on 2022 results)

Methodology

Data Sources for all Ivy Clinic's patients: all active patient data was generated based on review of electronic medical records (e-Clinical Works), AIRS (AIDS Institute Reporting System) and Excel spreadsheets with data on viral load and completed visits in 2022, updated on daily basis by Ivy Clinic's staff. These data sources were chosen due to the completeness and up to date information they contain. The information contained in all three data sources can be verified between them, all three complete and complement each other. Electronic Medical Record provider and resource notes are constructed based on HIV care guidelines from AIRS. Excel worksheets simplify process of running reports on viral load and demographic data and allow Clinic staff easy access to medical care indicators, which are updated based on daily lab reports. The data for new to care patients, newly diagnosed in 2022 at another organization was determined by review of patient's chart in Electronic Medical Record, including records received from the original point of HIV testing and record of follow up referral to Ivy Clinic for HIV medical care. Ivy Clinic documents all contact with the patient and referring agency/provider as telephone encounters in Electronic Medical Record. The data on previously diagnosed new to care patients was determined based on the report generated from AIRS and information entered into Electronic Medical Record. Current status of care for patients who relocated, were incarcerated, deceased, transferred to another provider was also obtained based on comparison of data in AIRS and Electronic Medical Record. All information on the new location or new provider of patients previously enrolled in care at Ivy Clinic was verified and documented in Electronic Medical Record. That includes HIV appropriate releases for new providers and documentation regarding transfer and coordination of care. Reports from eCW were run by the Medical Information Services staff and reviewed by the Clinic Director, AIRS and Excel data are maintained by Ivy Clinic's staff and Program Director.

Limitations of data sources: E-Clinical Works contains all progress notes, labs and demographics necessary for preparing cascades, however running reports required for data aggregation requires assistance of MIS staff. AIRS data can be easily aggregated but at this time our program is not grant funded for all services reportable on the Cascades and our AIRS mapping doesn't capture all the data needed for their creation. Also, patients' demographics are often updated only in Electronic Medical Record and registration database, but not in AIRS. Since all visits, viral loads and historical information are entered in AIRS for all active patients AIRS was our base source of information for number of active patients and their encounters, both established in care and new to care. Excel worksheets are created solely for the purpose of tracking data needed for HIV quality of care programs. It's the base source of data for aggregation and running reports on short notice. However, because it's based on manually entered data, there may be mistakes due to on human errors.

Additional data containing information of all HIV + patients who touched the Arnot Health network was generated and provided by AH Medical Records Department (HIM). That list included all inpatient and outpatient visits at Arnot Ogden Medical Center, St. Joseph's Hospital and Ira Davenport Hospital and their service delivery points. That included people living with HIV who received services as inpatients within all three hospitals, as well as outpatients in Emergency Rooms. Reports were run based on the Quadramed system (hospital Electronic Medical Record). The codes used to identify people living with HIV were B20 and Z21.

All patients' records were then reviewed by the Ivy Clinic Director on one-by-one basis, identifying service delivery points, medications prescribed and laboratory tests that were ordered. In many cases that information had to be supported by reaching out to unit directors and admitting providers of the inpatient department hosting the

patient. For the patients who signed RHIO consent during their admission process data was supplemented by review of records available in RHIO. Newly diagnosed patients were identified by review of all testing data for Arnot Health facilities provided by AH Laboratory Department in the form of Excel document. The review showed that there were over 3800 HIV tests performed at AH during 2022. There was a number of preliminary positive test results which proved to be negative on confirmatory testing. No IP positive results. All data was entered into the Excel template by Ivy Clinic Program Director, Anna Lechowska.

Key Findings

All data included in the 2023 Cascades (2022 data) is available in a real time and updated daily by the Ivy Clinic staff, including Program Director, Medical Director, Physician Assistant, clinical support staff and Retention Adherence Program Staff. The findings of this review are consistent with the findings of the monthly QI meetings conducted by the Clinic and presented to the AOMC QI review team on a quarterly basis. There were no outcomes that would be unexpected. We are working with the clients on a one-on-one basis and are rarely surprised by the outcome. Results of the cascade data was analyzed by the Ivy Clinic Program Director and Medical Director and will be further reviewed with the management and the administration of the Arnot Health.

The Clinic's goal is to retain an average suppression rate of 95% or above in all demographic groups among established active patients. The review of data provides some low percentages in categories that are easy to review and address. There is one group that is most notable:

- Clients with a noted unstable housing: there are 9 patients in 2022, compared to just 1 in 2021. If taken into consideration the number of patients who either newly established care or relocated that number is even higher.

The contributing factors include: mental health, domestic situation, substance use, lack of income. Ivy Clinic works to connect patients in need of housing assistance with community-based organizations but quite often patients do not follow up, and/or leave the town without leaving contact information. Often the most needing clients are not able to prove being eligible for housing assistance because they are not able to report their income or lack of thereof. Our plan is to develop a quality improvement plan to increase the linkage to care and viral suppression to this group of patients.

Significant improvements include VL suppression among newly diagnosed patients (from 60% to 100%) as well as suppression within 91 days for patients newly diagnosed – 100% on all measures. The Clinic had more patients newly diagnosed this year, all of them were enrolled in care successfully and virally suppressed within 4-6 weeks. There is noted continued need for mental health services and even more limited access to these appointments, even more so after the pandemic. There is also noted higher number of patients reporting substance use but no interest in treatment referrals. Mental health, substance abuse, lack of housing and transportation are the main contributing factors to patients not being retained in care and virally suppressed. Results of the cascade data was analyzed by the Ivy Clinic Program Director and Medical Director and will be further reviewed with the management and the administration of the Arnot Health.

QI Projects

QI Project #1

Indicator: Viral load suppression among established active patients
2022 rate for this indicator: 97%
Overall 2023 goal for this indicator: 97%

Program Summary: Arnot Health

Description: Goal: AOMC Ivy Clinic seeks to achieve an increase in viral suppression of clients experiencing housing instability, from 67% to 85%. Current baseline number of viral suppression for all patient receiving HIV PC is 97%. Ivy Clinic will develop a PDSA to gather data and develop an improvement project to address this more specifically. Plan: The interventions include:

- Create a screen for stability of housing applied during intake and/or assessment. The screen will be quantifiable (on a scale of 1-10 how stable do you feel your housing is?).
- Develop updated resource list to be included with patient intake or provide upon need.
- Evaluate current list of MOUs with agencies providing housing assistance for gaps and reach out to community organizations if updates are needed.

Consumer Involvement

Consumer involvement in the development of quality improvement plan: Arnot Health Ivy Clinic employs a Peer Navigator who is an integral part of the multidisciplinary team. The Peer is involved in the Retention Adherence Program and has a chance to participate in all of its efforts. The Peer also takes part in the monthly quality improvement and Retention Adherence Program conferences and assists in development of annual quality improvement plan for the Clinic. The Peer assists in facilitating of Community Advisory Board meetings as well as support and educational groups when patients have a need for new information. The general population of Ivy Clinic customers is involved in the Clinic's quality improvement through Community Advisory Board, newsletters, community program announcements, and educational activities. The Community Advisory Board meetings, events, and waiting room advertisements provided methods to inform clients about educational programs and activities.

Consumers will continue being informed and outreached through these means in 2023:

- In-clinic surveys aimed at determining quality of care at the clinic in the areas of patient centeredness, efficiency, effectiveness, and timelines of care. The anonymous surveys will be dispensed and collected during clinical visits at check-in, while patients are registering for medical appointments. Surveys will be accessible for different literacy/adaptive needs. The clinic will conduct surveys over a 6-month period of time in order to collect information from a diverse group of consumers. Once surveys are collected, staff will pull together data and provide an opportunity for consumers to participate in the development of a quality improvement plan to address survey outcomes.
- Face to face Community Advisory Board meetings, as well as offer meetings through zoom in order to include patients unable to attend in person. We will offer face to face meetings in neutral locations, such as public parks accessible via public transportation.
- A Community Advisory Board specific board in waiting room area to display updates at the Clinic as well as polling opportunities to measure when changes are needed, or to introduce ideas to consumers and get their input. Community Advisory Board interest cards will be displayed in the waiting room and distributed to patients during their visits. We will also add Community Advisory Board contact (text/phone number) to the back of the appointment cards.
- During Community Advisory Board meetings patients are informed on changes and interviewed on these changes via polls conducted by staff. For patients that have concerns regarding confidentiality or scheduling conflicts, designated staff can conduct interviews that will be considered for the quality improvement plan development.
- Retention Adherence Specialist (former Peer Navigator) will develop a Community Advisory Board info palm card which will included in the intake welcome packet, given to the new patients. It will also be available in the waiting room handout section.

- Evaluation of the plan will be conducted at 6- and 12-months following implementation. Measures will be determined in accordance with the improvement goals. A subsequent survey will be conducted in clinic to assess quality improvement plan progress. Anecdotal information will also be gathered and added to the data collection process. The evaluation of the plan will again be shared with the consumers.

Additional consumer involvement: Utilize peer to involve patients in regional events/meetings regarding peer quality improvement activities and updates. Call interested patients with new information/event information related to HIV activism, treatments, or activities. Partner with other Ryan White funded organizations and Community Based Organizations to elicit support for quality improvement planning activities including interview care managers, health educators, peers regarding experiences at the clinic and areas for improvement. Utilize those relationships to host focus groups in their meeting space where consumers feel comfortable and familiar (including online).

Coach's Feedback and Updates on Cascade QI Plan
Updates requested have been done. Approve of submission.