

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

Last Revision Date
April 2024

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

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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.

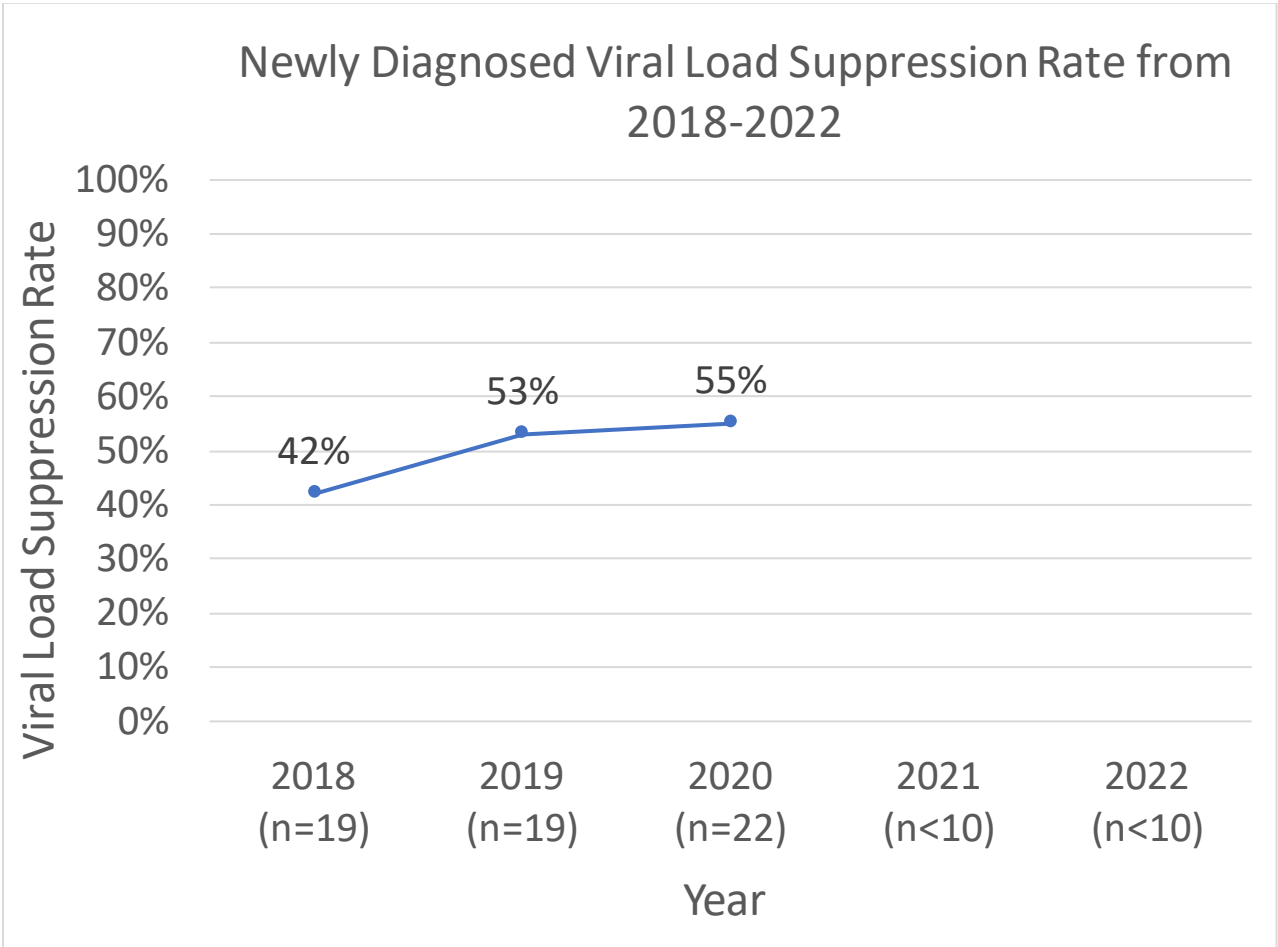
Suppressed within 91 Days (Newly Diagnosed Patients): A value of less than 200 copies/mL on any viral load test performed within 91 days of initial HIV diagnosis. Patients with no documented viral load test during this period are scored as unsuppressed.

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 2022

Figure 1. Newly Diagnosed Viral Load Suppression Rates at Organizational Level from 2017-2022



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 2017-2022

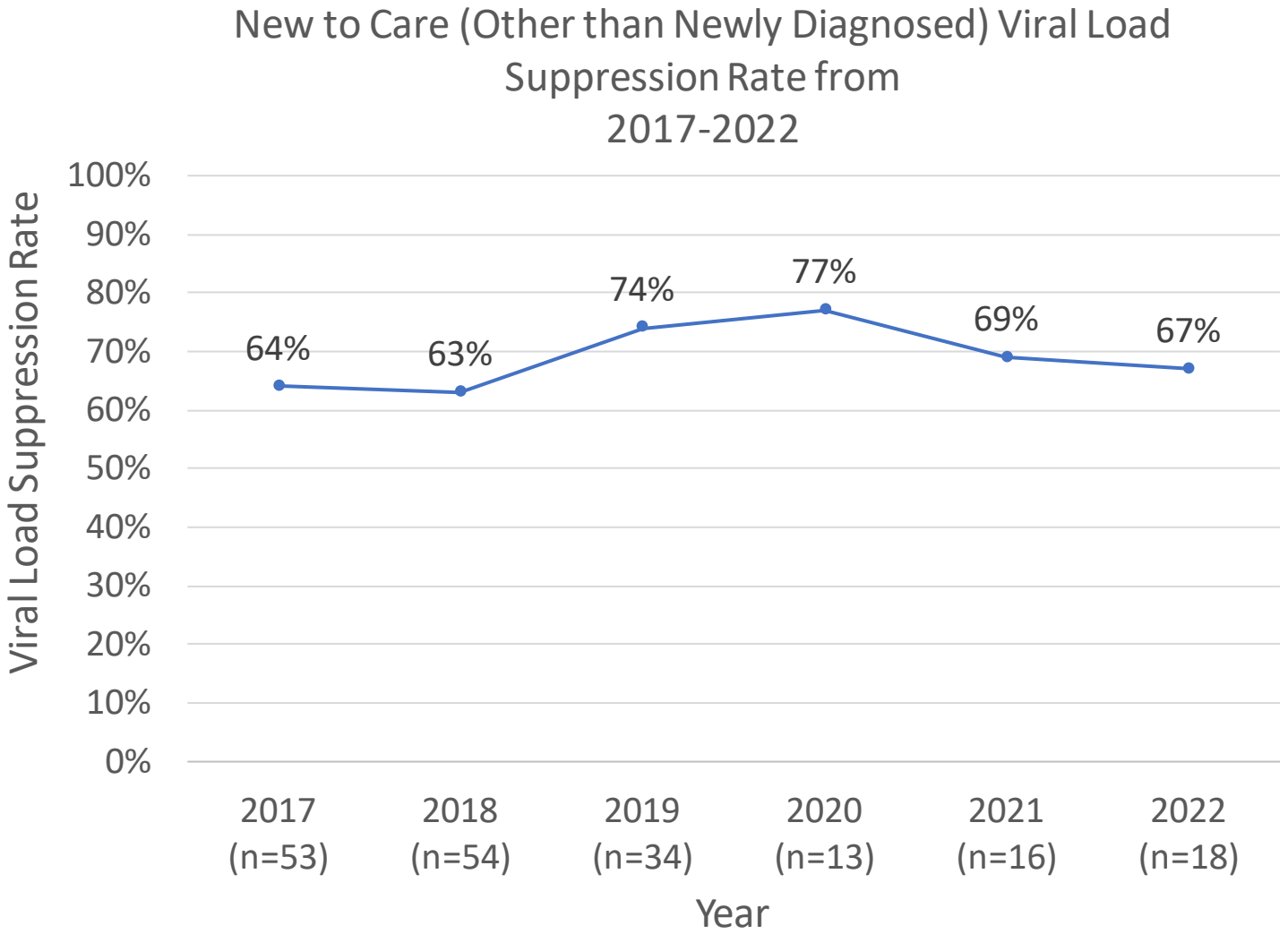


Figure 3: Established Active Viral Load Suppression Rates at Organizational Level from 2017-2022

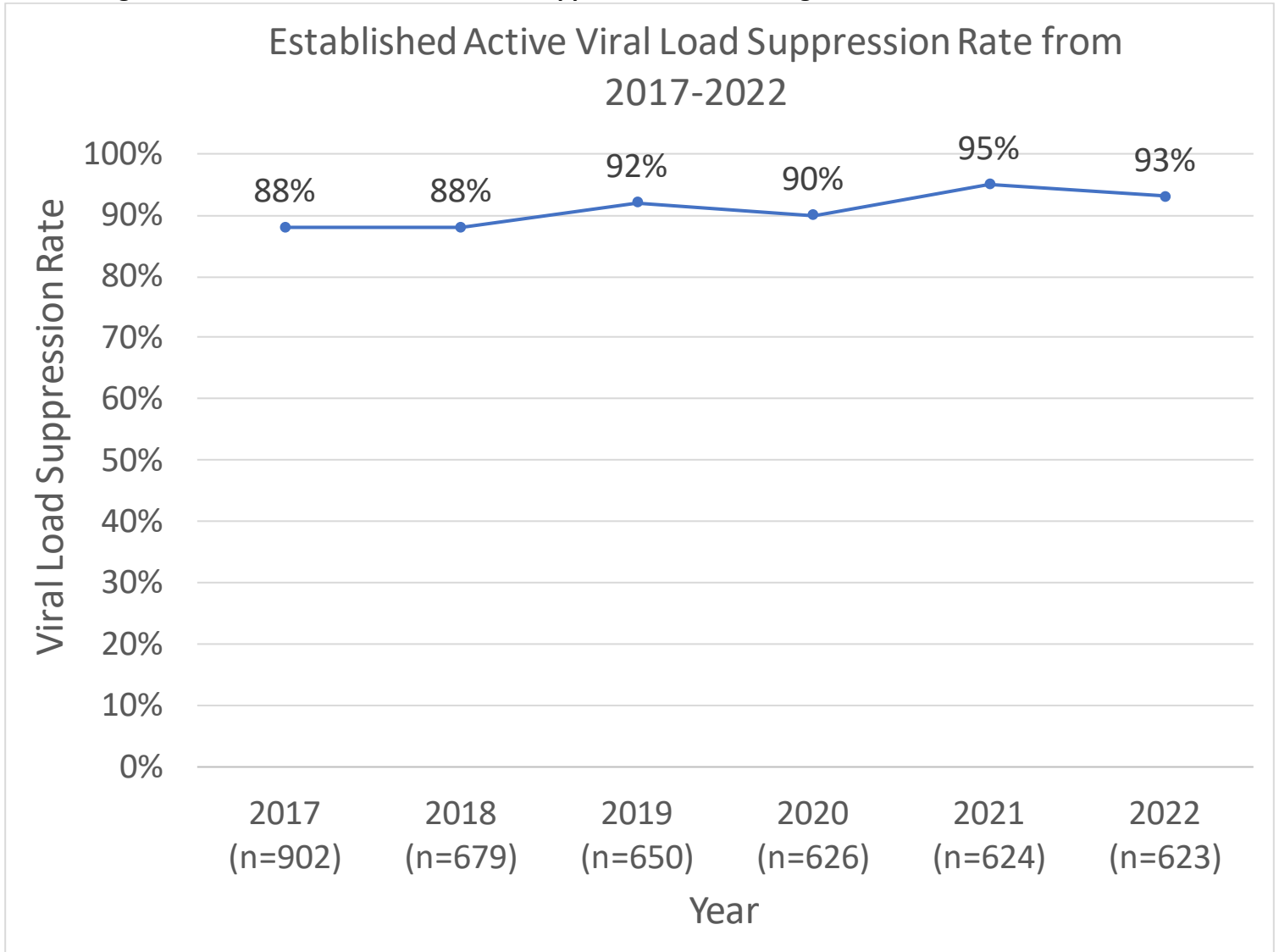


Figure 4. 2022 Established Active Viral Load Suppression Rates by Age at Organizational Level

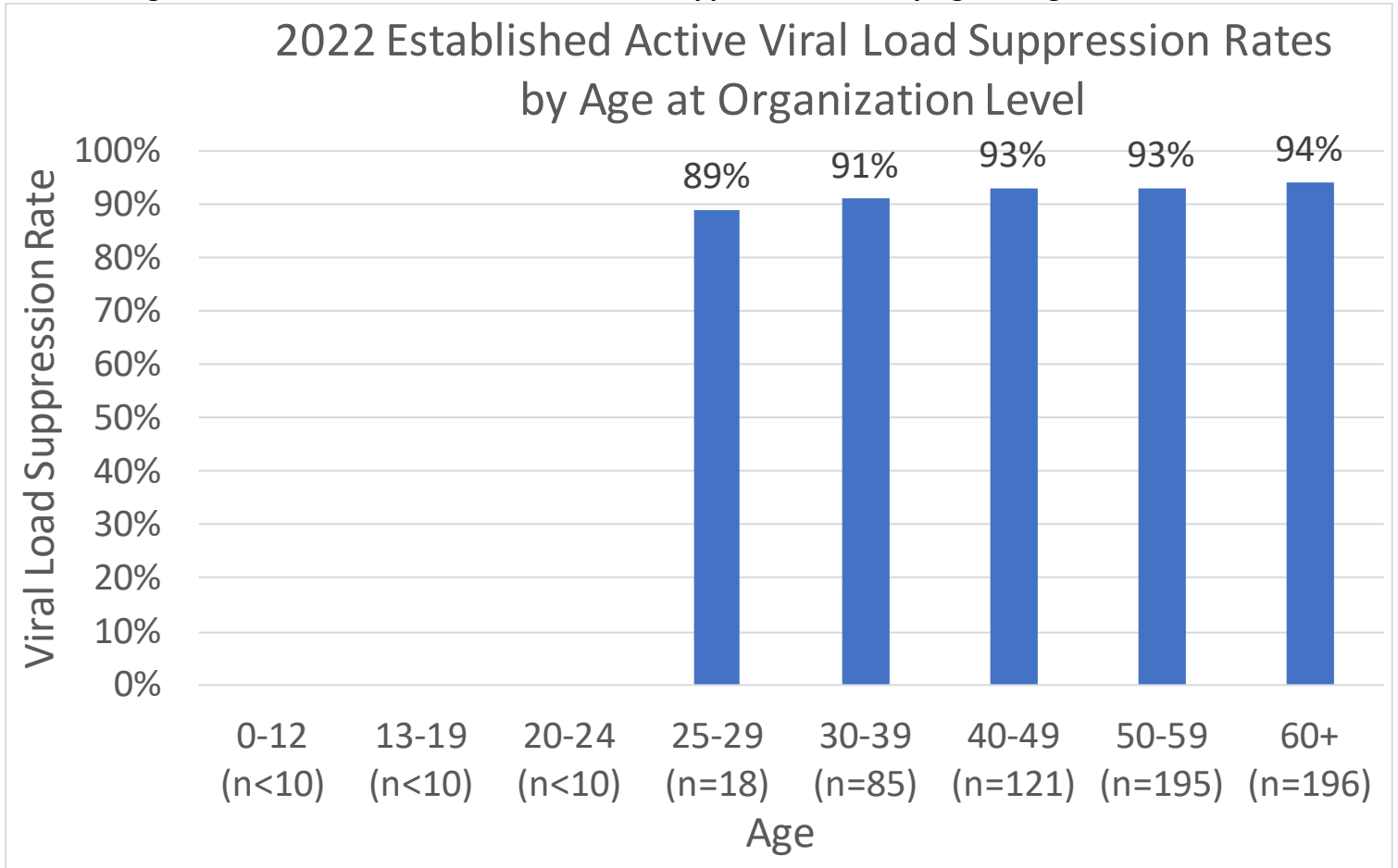
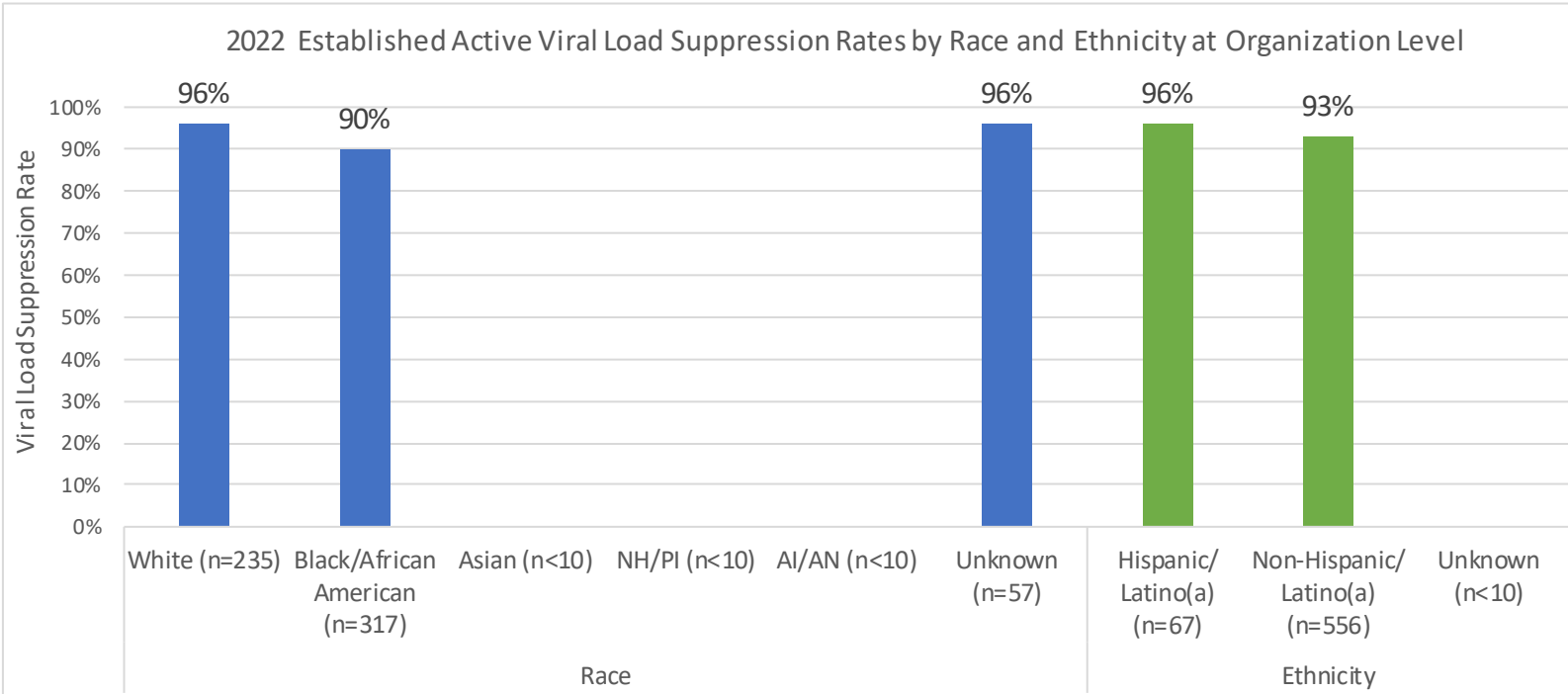


Figure 5. 2022 Established Active Viral Load Suppression Rates by Race and Ethnicity at Organizational Level



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

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

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	90% (n=30)	91%	100% (n=19)	96%	95% (n=19)	100%	100% (n=22)	100%	-- (n<10)*	100%	-- (n<10)*	100%	
	VL Test within 91 Days	**	**	95% (n=19)	93%	100% (n=19)	95%	100% (n=22)	95%	-- (n<10)*	92%	-- (n<10)*	96%	
	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%	-- (n<10)*	50%	
	Baseline Resistance Test	**	**	**	**	11% (n=18)	74%	100% (n=22)	80%	-- (n<10)*	82%	-- (n<10)*	80%	
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%	83% (n=18)	100%	
	Any VL Test	91% (n=53)	97%	83% (n=54)	99%	100% (n=34)	98%	100% (n=13)	100%	94% (n=16)	100%	100% (n=18)	98%	
	Suppressed Final VL	64% (n=53)	70%	63% (n=54)	74%	74% (n=34)	78%	77% (n=13)	77%	69% (n=16)	69%	67% (n=18)	78%	
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%	98% (n=623)	100%	
	Any VL Test	94% (n=902)	99%	95% (n=679)	99%	100% (n=650)	99%	96% (n=626)	97%	99% (n=624)	98%	98% (n=623)	98%	
	Suppressed Final VL	88% (n=902)	88%	88% (n=679)	88%	92% (n=650)	89%	90% (n=626)	87%	95% (n=624)	88%	93% (n=623)	89%	
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%	96% (n=647)	97%	
	Any VL Test	81% (n=1083)	92%	88% (n=750)	93%	96% (n=704)	93%	86% (n=717)	90%	98% (n=637)	94%	96% (n=647)	93%	
	Suppressed Final VL	75% (n=1083)	80%	81% (n=750)	80%	85% (n=704)	83%	80% (n=717)	77%	94% (n=637)	79%	90% (n=647)	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*	--	18	89%	85	91%	121	93%	195	93%	196	94%
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Gender X		Unknown Gender			
n	%	n	%	n	%	n	%	n	%	n	%	n	%		
406	94%	212	92%	<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	%				
235	96%	317	90%	<10*	--	<10*	--	<10*	--	57	96%				
ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
67	96%	556	93%	<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	92%	352	91%	253	96%	<10*	--	<10*	--	<10*	--	<10*	--	<10*	--
HOUSING STATUS															
Stable Housing		Temporarily Housed		Unstably Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
592	93%	30	97%	<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%	110	90%	250	92%	76	96%	143	97%	<10*	--	17	94%	<10*	--
Unknown															
n	%														
<10*	--														

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

Quality Improvement Interventions for 2023 (Self-Reported based on 2022 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 Electronic Medical Record 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 Electronic Medical Record's utilized in the organization - reportable data fields are structured differently in each Electronic Medical Record 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 and Communication & Funding Coordinator was responsible for extracting the data and entering it into the Excel template.

Key Findings

As compared to the 2021 data, the number of patients in the enrollment category other (i.e. not in care) nearly doubled in 2022. It is hypothesized that this is a lingering effect of the COVID 19 pandemic as many providers were continuing to prescribe medications without seeing patients in person in an attempt to keep patients healthy while navigating the barriers that the pandemic presented. As these leniencies faded over the course of the past year, patients may have been disengaged if they did not adhere to in-person visit requirements. Additionally, many barriers to care patients already faced such as mental health, substance use issues, and unstable or unaffordable housing were exacerbated by the pandemic. As leniencies and circumstantial supports in these areas also waned, patients may still be experiencing the effects of these heightened challenges.

QI Projects

QI Project #1

Indicator: Viral load suppression among established active patients

2022 rate for this indicator: 93%

Overall 2023 goal for this indicator: 93%

Description: Planned intervention will focus on viral load suppression among established active patients, ages 25-29. The current viral load suppression rate is 89% and the goal is to increase this to meet the average established active percentage, which is 93%. To complete this: - Each patient is evaluated by the provider and Pharmacist for antiretroviral therapy readiness (if not currently prescribed), medication adherence issues, or adjustment in therapy needs - Patients will receive education on the importance of medication adherence and an assessment for adherence each visit - 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

Key findings could be expanded with more detail about variation in viral load suppression outcomes. A more ambitious goal for quality improvement of viral load suppression could be chosen. The established active viral load

Program Summary: Erie County Medical Center

suppression rate is above the statewide median and their plan for involving consumers makes good sense. It might be a good idea to look at viral load suppression rates for subgroups of patients to see if there is an improvement focus that would be useful.