

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: Joseph P. Addabbo Family Health Center

Clinic Information

Type of Clinic*	Clinic Name	Address	City	Zip
CBO	Addabbo Family Health Center- Arverne	6200 Beach Channel Drive	Arverne	11691
CBO	Addabbo Family Health Center- Brooklyn	120 Richards Street	Brooklyn	11231
CBO	Addabbo Family Health Center - Far Rockaway	1288 Central Avenue	Far Rockaway	11691
CBO	Addabbo Family Health Center- Jamaica (Guy Brewer Blvd.)	118-11 Guy Brewer Blvd.	Jamaica	11434
CBO	Addabbo Family Health Center- Jamaica (Sutphin Blvd.)	114-49 Sutphin Blvd	Jamaica	11434

*CBO = Community Based Organization

Important Contacts

<i>HIV Medical Director</i>	Dr. Ari Benjamin	abenjamin@addabbo.org	Phone number not available
<i>HIV Program Administrator</i>	Natana Cruickshank	ncruickshank@addabbo.org	Phone number not available
<i>Lead QI Contact</i>	Thomas Meyers	tmeyers@addabbo.org	(718) 945-7150
<i>Contract Manager</i>	N/A		
<i>NY Links Coach</i>	Nova West	Nova.west@health.ny.gov	(212) 417-4542

Regional Group/Learning Network Participation

Affiliation: Community Health Center Quality Learning Network (CHCQLN), New York Links

Participated in Group QI Project? Yes

Focus: 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.

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

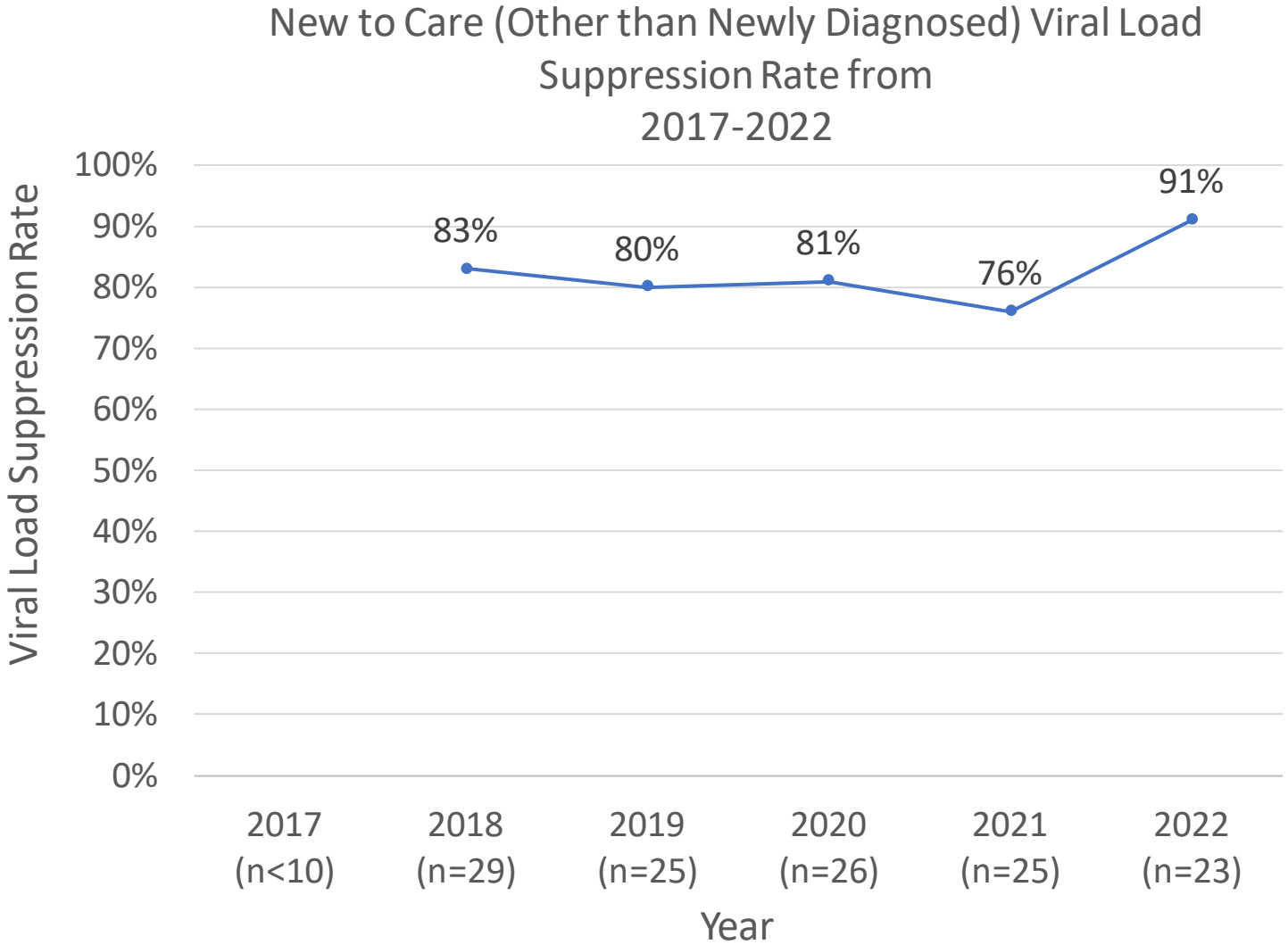


Figure 2: Established Active Viral Load Suppression Rates at Organizational Level from 2017-2022

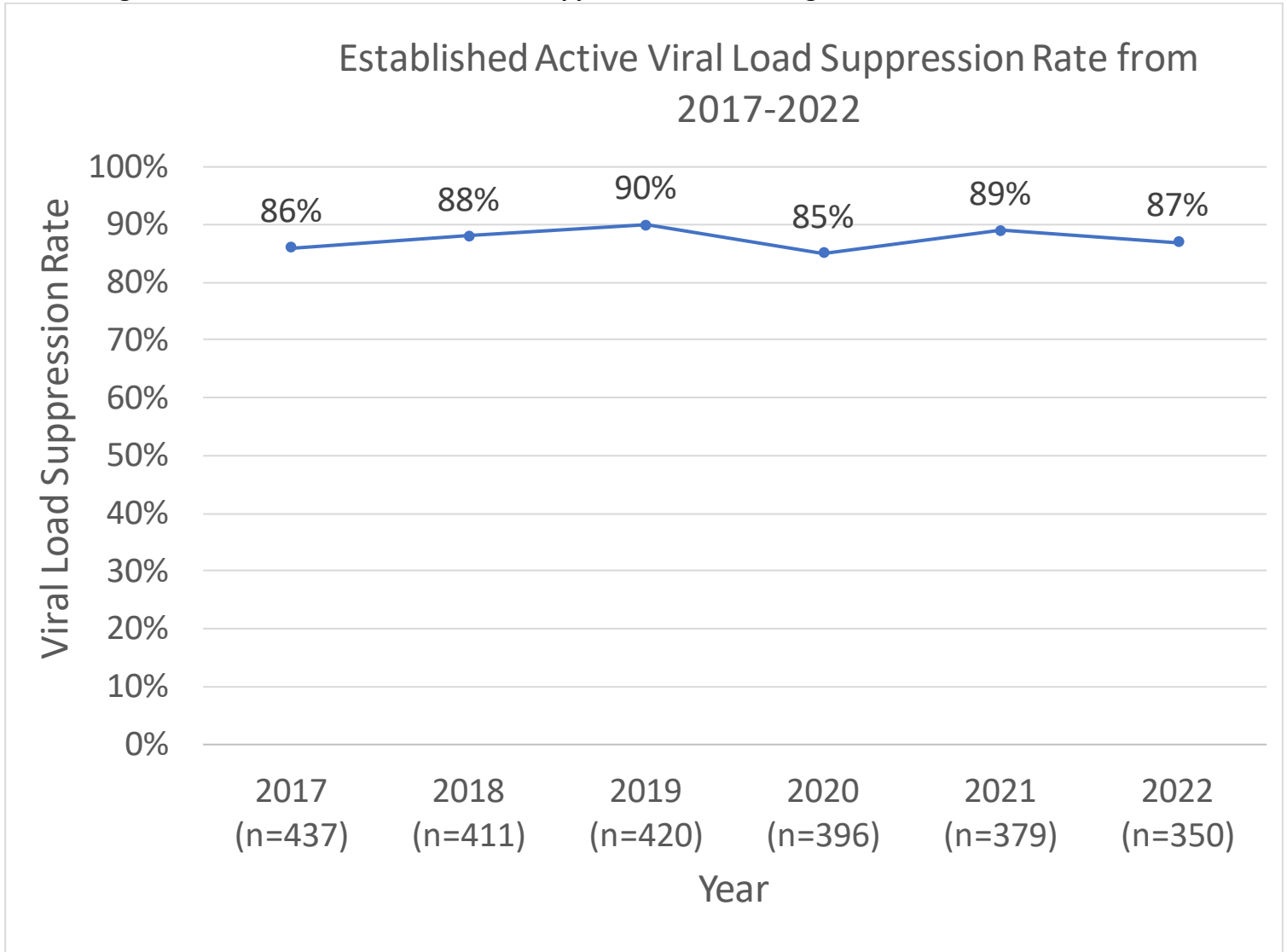


Figure 3. 2022 Established Active Viral Load Suppression Rates by Age at Organizational Level

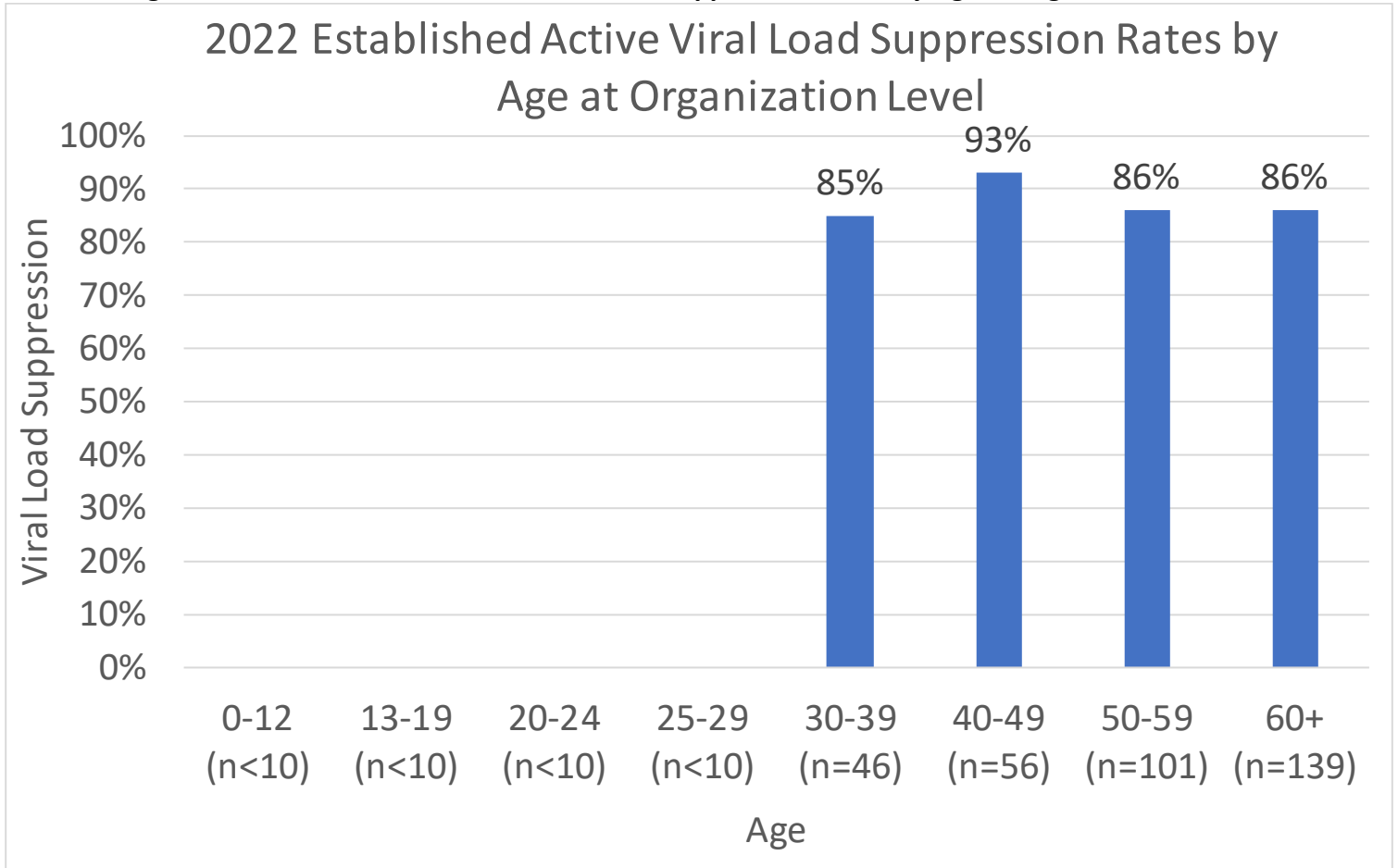
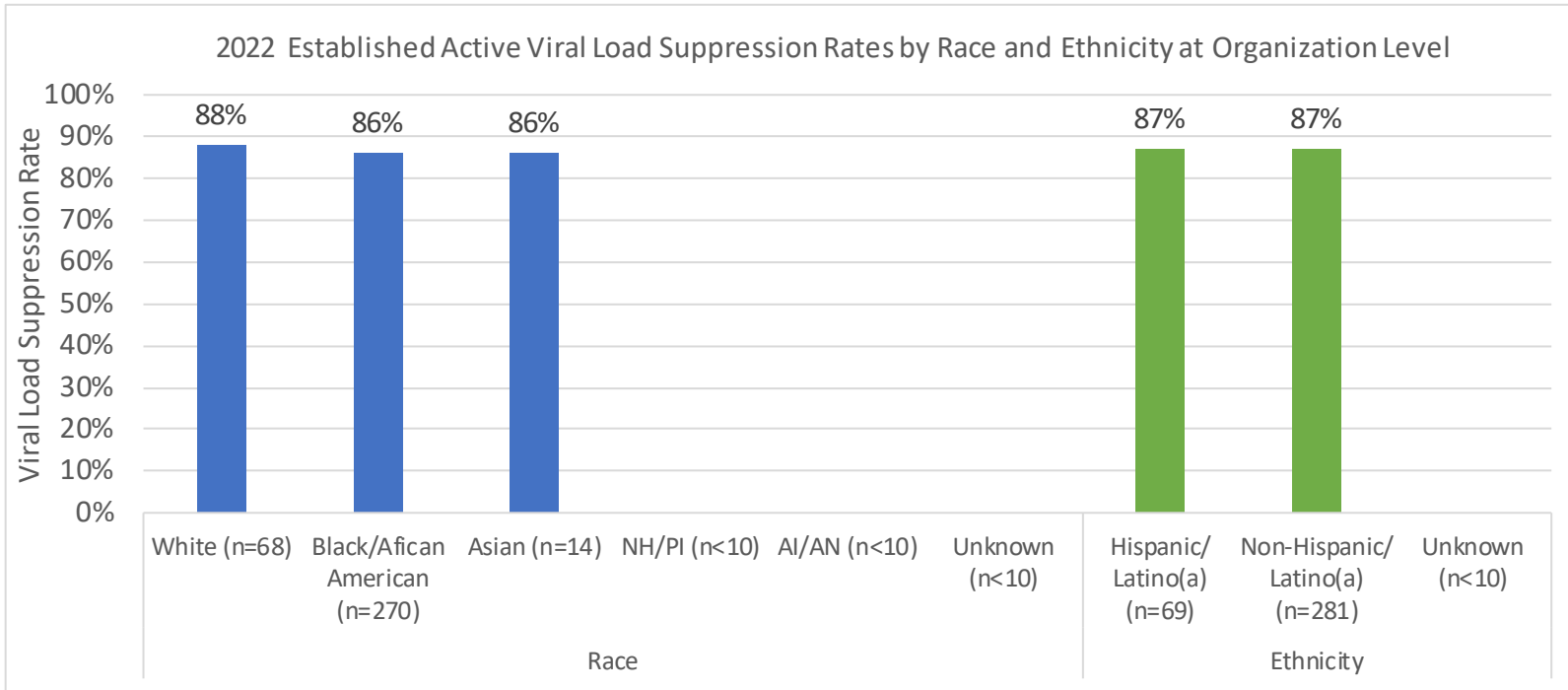


Figure 4. 2022 Established Active Viral Load Suppression Rates by Race and Ethnicity at Organizational Level



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

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=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	70% (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	-- (n<10)*	96%	97% (n=29)	97%	100% (n=25)	100%	100% (n=26)	100%	100% (n=25)	100%	100% (n=23)	100%
	Any VL Test	-- (n<10)*	97%	97% (n=29)	99%	96% (n=25)	98%	100% (n=26)	100%	96% (n=25)	100%	100% (n=23)	98%
	Suppressed Final VL	-- (n<10)*	70%	83% (n=29)	74%	80% (n=25)	78%	81% (n=26)	77%	76% (n=25)	69%	91% (n=23)	78%
Established Active	On ARV Therapy	98% (n=437)	99%	99% (n=411)	99%	99% (n=420)	99%	100% (n=396)	93%	100% (n=379)	99%	100% (n=350)	100%
	Any VL Test	95% (n=437)	99%	98% (n=411)	99%	99% (n=420)	99%	94% (n=396)	97%	98% (n=379)	98%	98% (n=350)	98%
	Suppressed Final VL	86% (n=437)	88%	88% (n=411)	88%	90% (n=420)	89%	85% (n=396)	87%	89% (n=379)	88%	87% (n=350)	89%
Open Previously Diagnosed (Active & Inactive)	On ARV Therapy	94% (n=460)	92%	99% (n=420)	95%	97% (n=433)	96%	99% (n=413)	96%	98% (n=389)	97%	99% (n=365)	97%
	Any VL Test	95% (n=460)	92%	96% (n=420)	93%	97% (n=433)	93%	90% (n=413)	90%	97% (n=389)	94%	95% (n=365)	93%
	Suppressed Final VL	83% (n=460)	80%	86% (n=420)	80%	88% (n=433)	83%	81% (n=413)	77%	87% (n=389)	79%	84% (n=365)	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*	--	46	85%	56	93%	101	86%	139	86%
GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Gender X		Unknown Gender			
n	%	n	%	n	%	n	%	n	%	n	%	n	%		
195	87%	155	86%	<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	%				
68	88%	270	86%	14	86%	<10*	--	<10*	--	<10*	--				
ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
69	87%	281	87%	<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	79%	247	89%	81	84%	<10*	--	<10*	--	<10*	--	<10*	--	<10*	--
HOUSING STATUS															
Stable Housing		Unstably Housed		Temporarily Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
349	87%	<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	%
41	95%	60	88%	194	81%	21	95%	31	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	Arverne	**	**	**	**	98% (n=167)	98% (n=167)	84% (n=167)
	Jamaica (Sutphin Blvd.)	**	**	**	**	98% (n=204)	99% (n=204)	90% (n=204)
	Redhook	**	**	**	**	97% (n=66)	80% (n=66)	80% (n=66)
2018	Arverne	**	100% (n=16)	94% (n=16)	75% (n=16)	99% (n=164)	97% (n=164)	85% (n=164)
	Brooklyn	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=57)	100% (n=57)	86% (n=57)
	Jamaica (Sutphin Blvd.)	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	99% (n=190)	99% (n=190)	90% (n=190)
2019	Arverne	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=177)	99% (n=177)	86% (n=177)
	Brooklyn	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=58)	100% (n=58)	90% (n=58)
	Jamaica (Sutphin Blvd.)	-- (n<10)*	100% (n=17)	100% (n=17)	82% (n=17)	98% (n=185)	99% (n=185)	94% (n=185)
2020	Arverne	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=155)	86% (n=155)	77% (n=155)
	Brooklyn	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=53)	96% (n=53)	85% (n=53)
	Jamaica (Guy Brewer Blvd.)	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Jamaica (Sutphin Blvd.)	-- (n<10)*	100% (n=15)	100% (n=15)	80% (n=15)	99% (n=187)	99% (n=187)	91% (n=187)
2021	Arverne	**	**	**	**	100% (n=141)	96% (n=141)	85% (n=141)
	Brooklyn	**	**	**	**	100% (n=48)	100% (n=48)	92% (n=48)
	Far Rockaway	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Jamaica (Guy Brewer Blvd.)	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Jamaica (Sutphin Blvd.)	**	**	**	**	100% (n=190)	100% (n=190)	92% (n=190)
2022	Arverne	**	**	**	**	100% (n=121)	95% (n=121)	88% (n=121)
	Brooklyn	**	**	**	**	100% (n=47)	100% (n=47)	66% (n=47)
	Far Rockaway	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Jamaica (Guy Brewer Blvd.)	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Jamaica (Sutphin Blvd.)	**	**	**	**	100% (n=182)	100% (n=182)	92% (n=182)

* 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

Joseph P. Addabbo Family Health Center uses an integrative and comprehensive Electronic Medical Record (eClinical Works/eCW). We have built out our Electronic Medical Record to capture all pertinent data for the patients who are living with HIV. eCW allows us a secure platform to input and track patient information and is used throughout our system. Each patient has a unique medical record number that is assigned and follows the patient through their trajectory of care to ensure no duplication. Our Ryan White program staff collect and input these data points into the patient's medical records along with their medical providers. While different programs have varying metrics to track for their programs, we ensure that key data points related to quality of care are universally tracked for our patients, regardless of program enrollment. Our Quality Improvement Data Specialists continuously track and review data in the Electronic Medical Record through reporting and individual chart review to ensure data integrity. This role is responsible for extracting the data, completing the Excel template and, together with the Director of Programs and Training, reviews for completeness and accuracy. The Director of Programs and Training, Natana Cruickshank, is responsible for the analysis of the cascade results working with our Chief Medical Officer Dr. Ari Benjamin and the continuous quality improvement team. Key instruments of analysis included graphic displays.

Key Findings

Joseph P. Addabbo Family Health Center saw a slight decrease in overall viral load suppression in 2022, going from 89% in 2021 to 87% amongst our established patients. Like many healthcare centers, Joseph P. Addabbo Family Health Center continued to be impacted by the residual effects of the COVID-19 pandemic. We have navigated staff shortages; a key vacancy being an Infectious Disease Specialist at our Arverne location for a considerable period of 2022. This was a major contributor to challenges in keeping all our patients well engaged in care. Our active caseload of patients decreased from 387 in 2021 to 350 in 2022; this decrease in patient denominator may have also had a small impact in the difference in trends we are seeing in 2022 compared to 2021. Despite these challenges, our team worked diligently to bridge any gaps in care. For example, we worked with patients from our Arverne location to set up transportation and appointments with available infectious disease specialists at other sites. With the recruitment and onboarding of a new ID specialist at our Arverne site, we anticipate increased engagement among patients getting care at this site.

In 2022 our team also launched a quality improvement project aimed at increasing viral load suppression rates among patients that were virally unsuppressed. We implemented our interdisciplinary case conference, where comprehensive plans were formulated for patients by the team. We found this intervention extremely effective, with 41% of our conferenced patients achieving viral load suppression at the end of the five-month Plan-Do-Study-Act cycle. This was a contributing factor to increased viral load suppression amongst our new to care (from 76% in 2021 to 91% in 2023) and newly diagnosed patients (from 14% in 2021 to 33% in 2022). This multifaceted tool allowed the team to address several social determinants of health among our active patients and ultimately support them towards viral load suppression. We continue to strive for increased rate of viral load suppression amongst newly diagnosed/new to care patients, who have a viral load suppression rate of 33% within this reporting period. Despite it being a small numerator, at Joseph P. Addabbo Family Health Center we recognize that how a newly diagnosed patient is introduced to their HIV care and treatment journey sets the stage for how they continue to engage in care throughout the course of their care. We continue to explore strategies we can implement to ensure that new patients are engaged in a positive and supportive way that encourages treatment adherence. There has been a decrease in viral load suppression among our patients in the 25-29 age range; from 90% in 2021 to 71% in 2022. While most of our patients are 50 and older, more attention should be paid to the

Program Summary: Joseph P. Addabbo Family Health Center

needs of our younger demographics to ensure that they remain engaged in care. Joseph P. Addabbo Family Health Center Ryan White Programs intend to conduct a patient satisfaction survey to determine which aspects of our care we can improve in this regard.

QI Projects

QI Project #1

Indicator: Viral load suppression among newly diagnosed patients

2022 rate for this indicator: 40%

Overall 2023 goal for this indicator: 100%

Description: Joseph P. Addabbo Family Health Center has noticed a need to improve our HIV Care and Treatment orientation to ensure that newly diagnosed patients are not only connected quickly to medical care but to the support team that will help keep patients engaged in care and treatment.

Goal: To have all newly diagnosed and/or new-to-care patients suppressed within three months of linkage to care.

Intervention: At our three sites that provide HIV care, patients who are newly diagnosed will also meet with patients to perform a needs assessment at point of care and introduce patients to all our supportive services. Patients will also be given a "welcome package" containing Frequently Asked Questions, treatment adherence supplies and an overview of the services available to them. These newly diagnosed patients will be followed closely by their assigned case manager over the first 3 months with weekly telephone check-ins to assess treatment adherence and other supports needed.

QI Project #2

Indicator: Viral load suppression among open patients

2022 rate for this indicator: 84%

Overall 2023 goal for this indicator: 90%

Description: Target population: Open patients who are not virally suppressed

Goal: To engage virally unsuppressed open patients in care with our center and addressing viral load suppression among this group.

Intervention: The support team will be assigned to outreach all open patients; utilizing our outreach workflow to assess if they are currently engaged in care elsewhere or if they need to be linked to our center for care (particularly after a longstanding provider vacancy at one of our sites).

QI Project #3

Indicator: Viral load suppression among established active patients

2022 rate for this indicator: 87%

Overall 2023 goal for this indicator : 92%

Description: Target Population: Patients aged 25-39 who are not virally suppressed

Goal: To better engaged younger patients in care at our centers to address viral load suppression among this group

Intervention: The support team will better utilize available technology to engage with patients in this age group. Staff will ensure that patients are registered on our secure patient portal, supporting patients in installing the app on their phones and teaching them its utility. This platform will allow the team to securely communicate with

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patients via a platform that may be more appealing to this age group. Patients will receive appointment reminders, adherence checks, etc. via this platform as opposed to telephone calls which prove to be less ideal to this age group.

Consumer Involvement

Currently our consumer feedback is being solicited through a less standardized process. We routinely run patient education groups and use this setting as a focus group to review new interventions and quality improvement work with patients to get feedback. One of the Joseph P. Addabbo Family Health Center's quality improvement projects for 2023 is re-establishing a formal Consumer Advisory Board where we train and support consumers in being involved in quality improvement in a meaningful and more structured way. We are also conducting a patient satisfaction survey in the fall of 2023 to determine patients' experience with our programs and areas for improvement.

Coach's Feedback and Updates on Cascade QI Plan

It is suggested that the program also look at the disparity of viral suppression rates among clinics. Brooklyn location had a significant drop in viral suppression rate. The data findings affirm the rationale behind selected quality improvement projects.