

# 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](mailto: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: Westchester Medical Center

### Clinic Information

Type of Clinic*	Clinic Name	Address	City	Zip
Hospital	Ally Care Center Primary Care Clinic Adult Clinic	19 Bradhurst Ave Suite 600s	Hawthorn	10532
Hospital	Pediatric and Adolescent Clinic	19 Bradhurst Ave Suite 600s	Hawthorn	10532

### Important Contacts

<i>HIV Medical Director</i>	Rebecca Glassman	<a href="mailto:Rebecca.glassman@wmchealth.org">Rebecca.glassman@wmchealth.org</a>	(914) 493-7700
<i>HIV Program Administrator</i>			
<i>Lead QI Contact</i>	Alexis Sanchez	<a href="mailto:Alexis.Sanchez@wmchealth.org">Alexis.Sanchez@wmchealth.org</a>	(914) 493-7700
<i>Contract Manager</i>	Yvette Watson	<a href="mailto:Yvette.watson@health.ny.gov">Yvette.watson@health.ny.gov</a>	(212) 417-4529
<i>NY Links Coach</i>	Daniel Belanger	<a href="mailto:Daniel.belanger@health.ny.gov">Daniel.belanger@health.ny.gov</a>	(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.

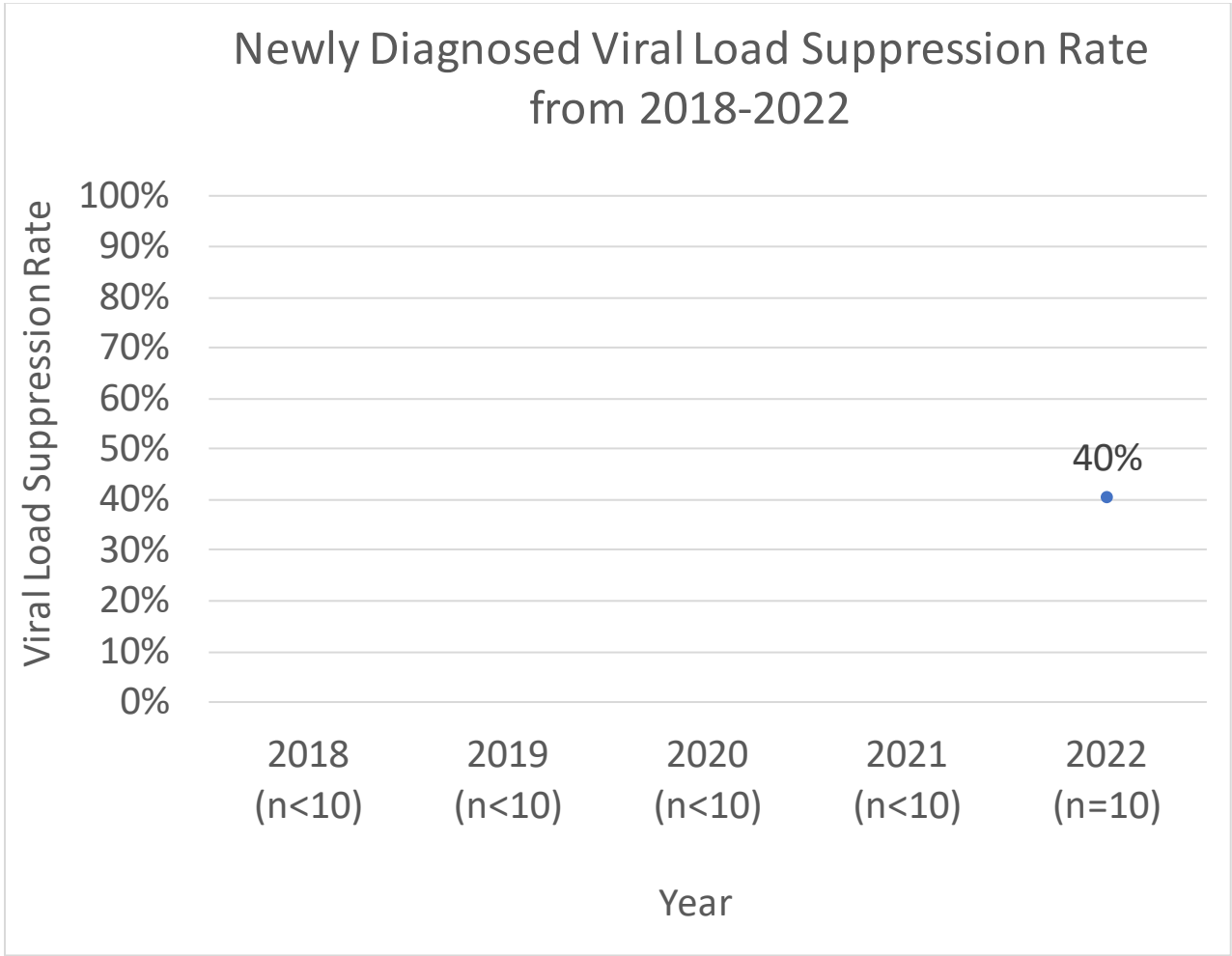
Suppressed within 91 Days (Newly Diagnosed Patients): A value of less than 200 copies/mL on any viral load test performed within 91 days of initial HIV diagnosis. Patients with no documented viral load test during this period are scored as unsuppressed.

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.

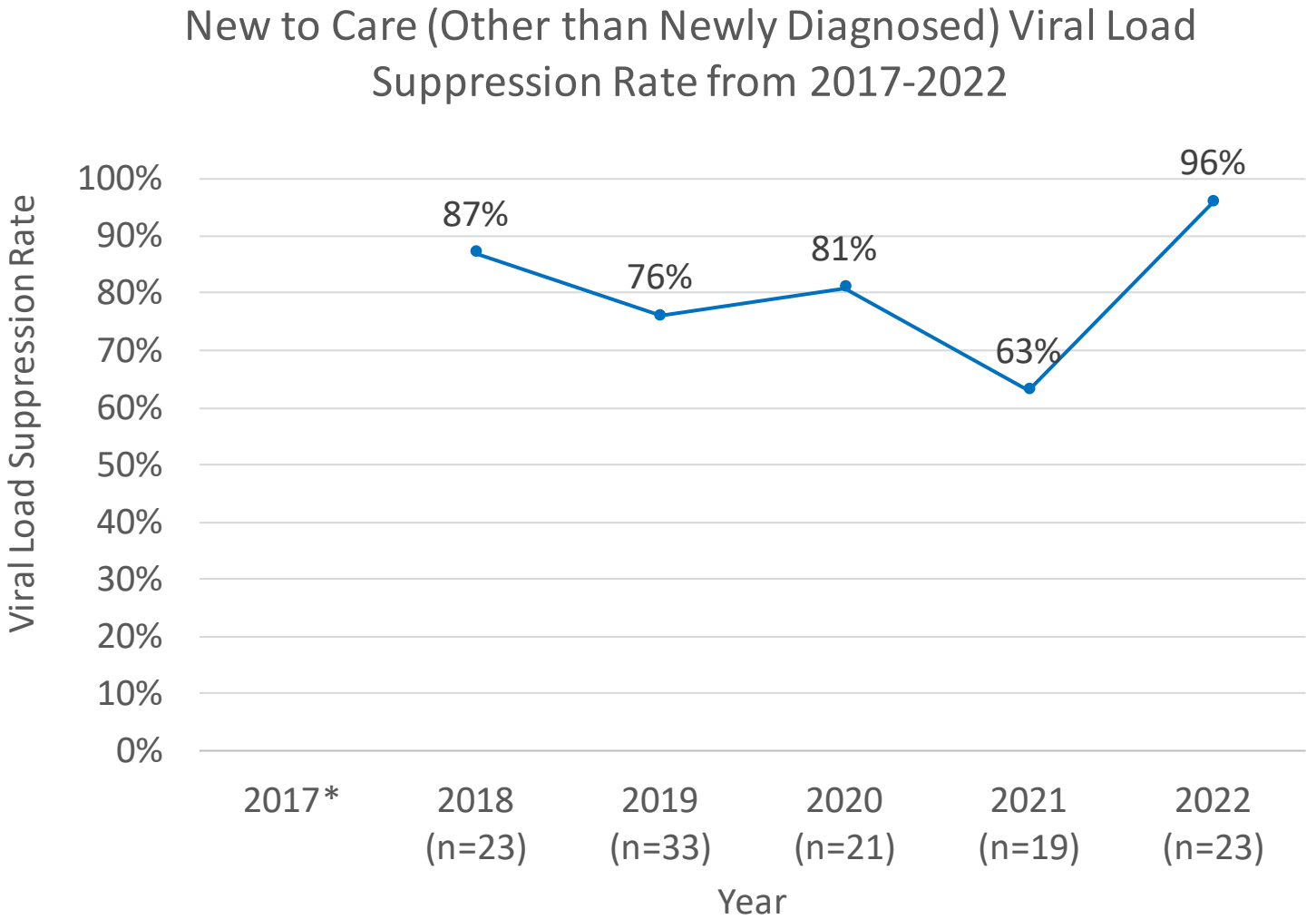
Key Indicators from 2017 to 2022

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



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

**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**

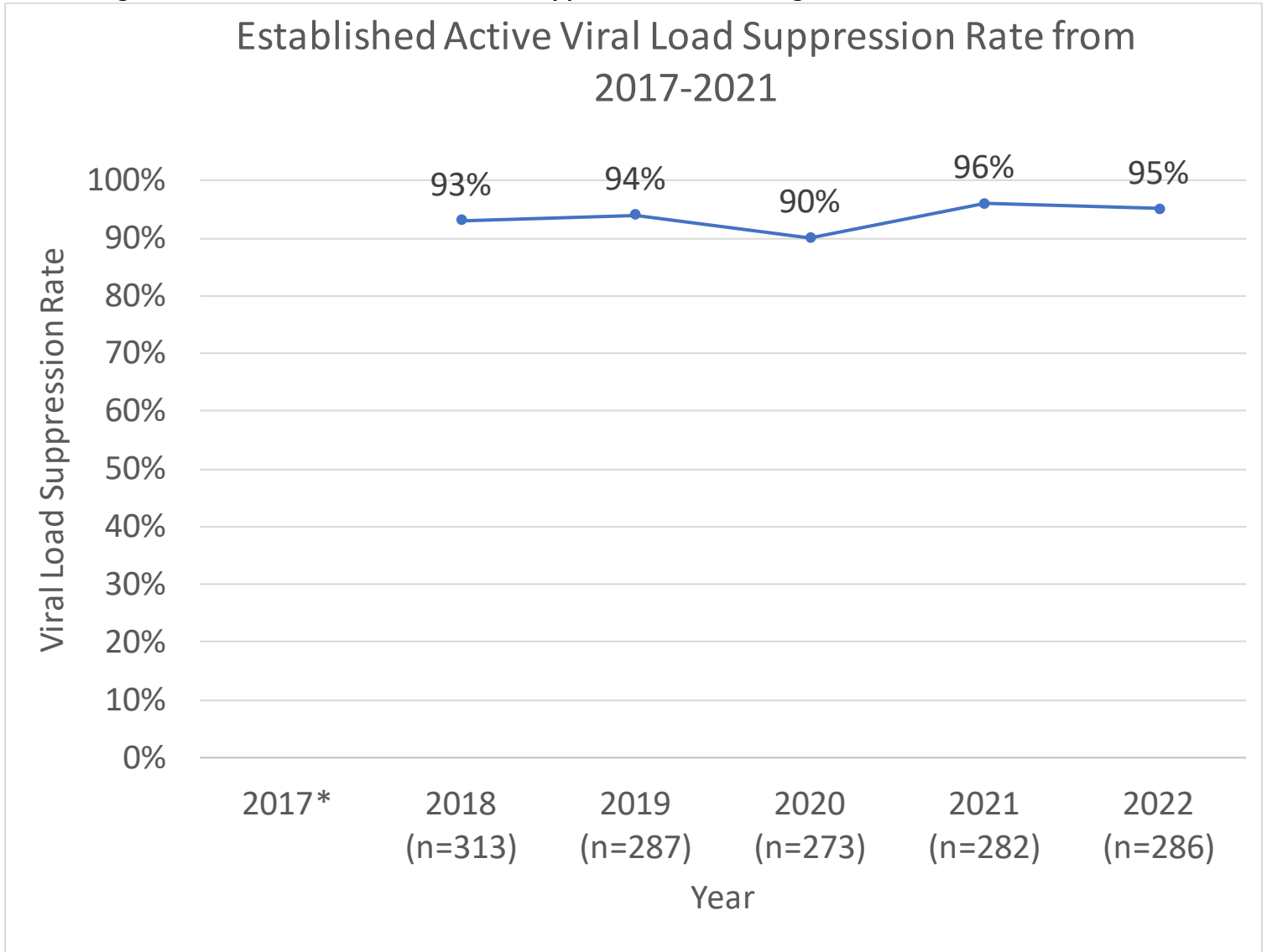
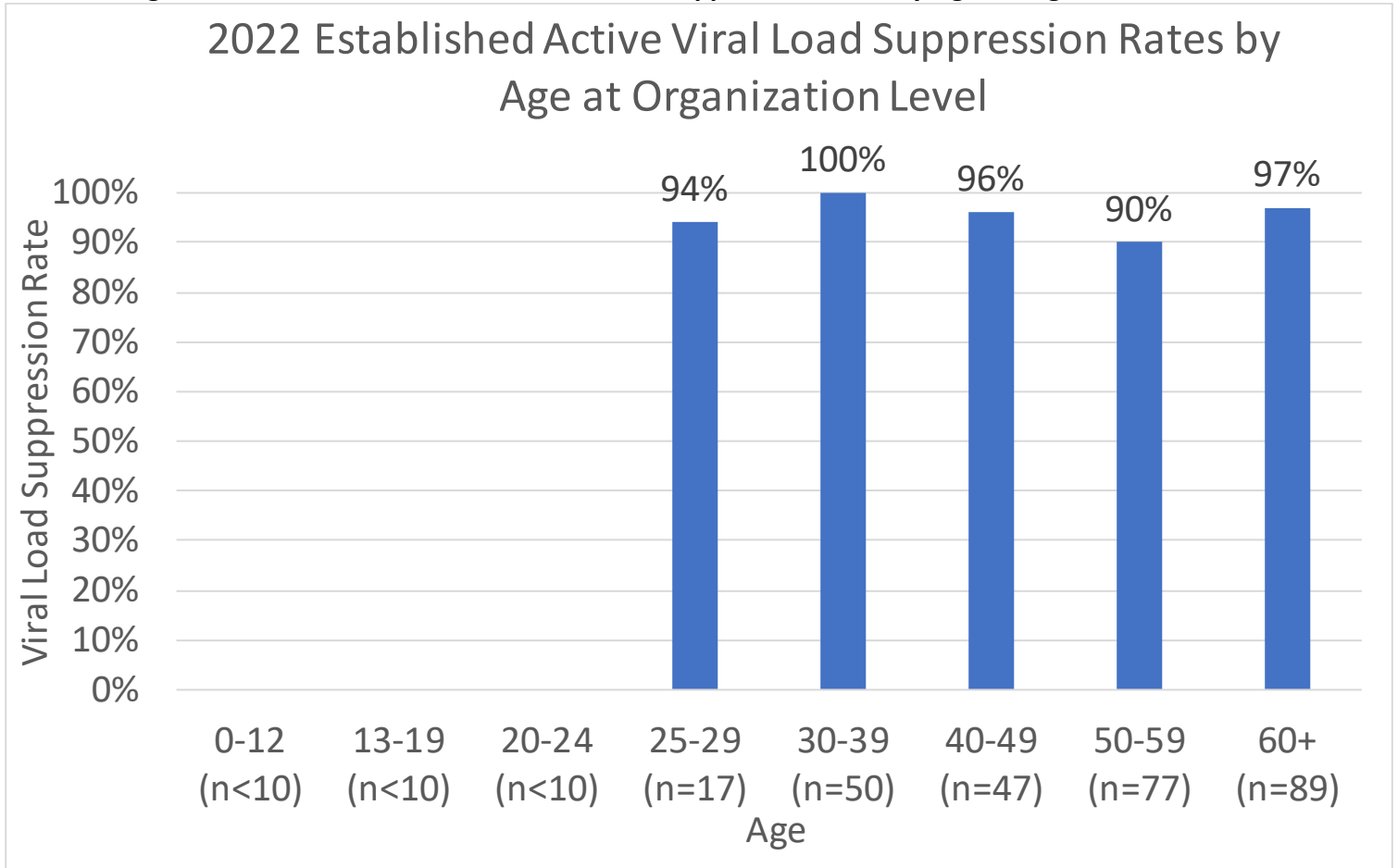
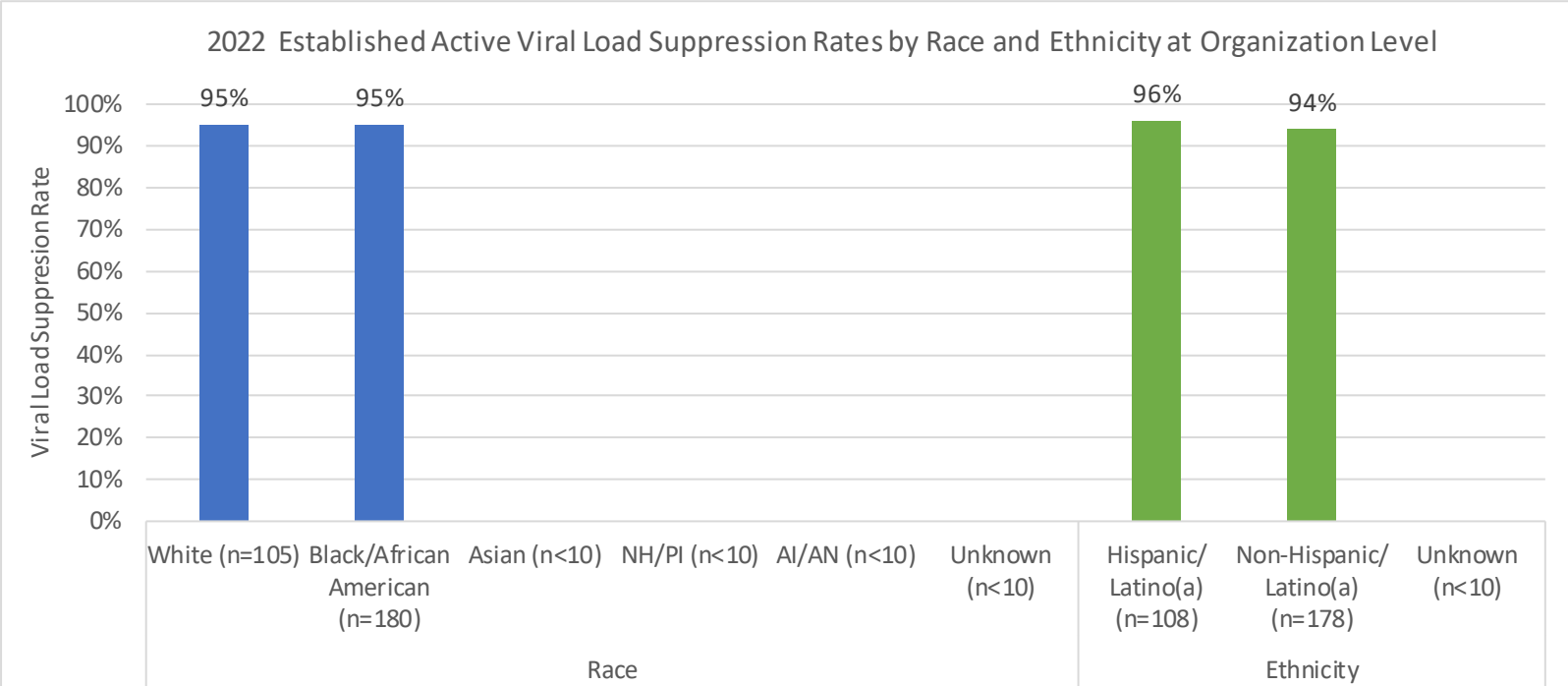


Figure 4. 2022 Established Active Viral Load Suppression Rates by Age at Organizational Level



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



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	--	65%	-- (n<10)*	41%	-- (n<10)*	52%	-- (n<10)*	55%	-- (n<10)*	61%	-- (n<10)*	53%
	On ARV Therapy	--	91%	-- (n<10)*	96%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	100%	100% (n=10)	100%
	VL Test within 91 Days	**	**	-- (n<10)*	93%	-- (n<10)*	95%	-- (n<10)*	95%	-- (n<10)*	92%	90% (n=10)	96%
	Suppressed Final VL	--	65%	**	**	**	**	**	**	**	**	**	**
	Suppressed within 91 Days	**	**	-- (n<10)*	45%	-- (n<10)*	50%	-- (n<10)*	46%	-- (n<10)*	50%	40% (n=10)	50%
	Baseline Resistance Test	**	**	**	**	-- (n<10)*	74%	-- (n<10)*	80%	-- (n<10)*	82%	100% (n=10)	80%
Other New to Care	On ARV Therapy	--	96%	100% (n=23)	97%	100% (n=33)	100%	100% (n=21)	100%	100% (n=19)	100%	96% (n=23)	100%
	Any VL Test	--	97%	100% (n=23)	99%	85% (n=33)	98%	100% (n=21)	100%	100% (n=19)	100%	100% (n=23)	98%
	Suppressed Final VL	--	70%	87% (n=23)	74%	76% (n=33)	78%	81% (n=21)	77%	63% (n=19)	69%	96% (n=23)	78%
Established Active	On ARV Therapy	--	99%	100% (n=313)	99%	100% (n=287)	99%	98% (n=273)	93%	100% (n=282)	99%	99% (n=286)	100%
	Any VL Test	--	99%	99% (n=313)	99%	94% (n=287)	99%	97% (n=273)	97%	98% (n=282)	98%	99% (n=286)	98%
	Suppressed Final VL	--	88%	93% (n=313)	88%	94% (n=287)	89%	90% (n=273)	87%	96% (n=282)	88%	95% (n=286)	89%
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%	99% (n=286)	97%
	Any VL Test	--	92%	90% (n=350)	93%	93% (n=307)	93%	97% (n=273)	90%	98% (n=283)	94%	99% (n=286)	93%
	Suppressed Final VL	--	80%	83% (n=350)	80%	93% (n=307)	83%	90% (n=273)	77%	95% (n=283)	79%	95% (n=286)	83%

**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 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*	--	17	94%	50	100%	47	96%	77	90%	89	97%
GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Transgender Other		Gender X		Unknown Gender			
n	%	n	%	n	%	n	%	n	%	n	%	n	%		
167	95%	117	95%	<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	%				
105	95%	180	95%	<10*	--	<10*	--	<10*	--	<10*	--				
ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
108	96%	178	94%	<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*	--	222	94%	59	97%	<10*	--	<10*	--	<10*	--	<10*	--	<10*	--
HOUSING STATUS															
Stable Housing		Unstably Housed		Temporarily Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
284	95%	<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	%
85	96%	50	98%	109	94%	<10*	--	35	91%	<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.

**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*	--	**	**	**	**	--	--	--
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	Ally Care Center PrimaryCare Clinic Adult Clinic	-- (n<10)*	100% (n=21)	100% (n=21)	81% (n=21)	98% (n=273)	97% (n=273)	90% (n=273)
2021	Ally Care Center PrimaryCare Clinic Adult Clinic	**	**	**	**	100% (n=282)	98% (n=282)	96% (n=282)
2022	Ally Care Center PrimaryCare Clinic Adult Clinic	**	**	**	**	99% (n=286)	99% (n=286)	95% (n=286)

**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.**

## Quality Improvement Interventions for 2023 (Self-Reported based on 2022 results)

### Methodology

To ensure patients were not duplicated, our staff did a search within our Electronic Medical Record 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 within our Electronic Medical Record system, we worked with our Health Information Management Team to merge the charts. The data sources used were our Electronic Medical Record system and AIRS. There are different components to our Electronic Medical Record system where we can pull up all lab work, doctors 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 and Senior Data Manager. We utilized the "charts" tab to assist in analyzing the data. We were surprised to find that there were few disparities when comparing ethnic and racial minorities rates of antiretroviral therapy, engagement in care and viral load suppression. The most significant disparity was in viral load suppression among patients aged 20-24, which we will focus on in our quality improvement project.

### Key Findings

Overall, we are pleased with our rates of viral load suppression and antiretroviral therapy in our population. Our limitations in rates of linkage to care are largely out of our control, as these are cases where the diagnosis is made external to our clinic (either in the community or in Westchester Medical Center's Emergency Room or inpatient units). Once a patient is connected to our clinic, we offer next day appointments and immediate antiretroviral in all cases. In regard to viral load suppression, the majority of new diagnosis not suppressed within 90 days were limited based on time to next appointment, and subsequently were suppressed. The other limitation in this dataset is that individuals diagnosed close to the end of the calendar year had a viral load in 2023 which was suppressed.

### QI Projects

#### QI Project #1

**Indicator:** Viral load suppression among established active patients

**2022 rate for this indicator:** 95%

**Overall 2023 goal for this indicator:** 96%

**Description:** Patients aged 20-24 had a significantly lower viral suppression rate of 80% compared to the overall clinic rate of 95%. Based on our knowledge of these patients this is related to psychosocial factors including mental health, ability to come to visits, ability to adhere to medications, and unstable housing. We intend to target these patients with incentivization for adhering to appointments, adhering to medications (demonstrated with 4 suppressed viral loads over a year). We will provide Uber gift cards in the amount of \$25 for every suppressed viral load the patient has. These patients are also at high risk for comorbid conditions including DM and HTN, as well as sexually transmitted infections, so we will closely monitor rates of adherence to DM/HTN medications where appropriate, and sexually transmitted infection rates hoping to change the current percentage to 90%.

### Consumer Involvement

Our consumers have not been involved in reviewing this data; however, we are in the process of rebuilding our consumer advisory board, with two meetings to date in 2023. We intend to show this data to our consumers at the next quarterly meeting and ask for input and strategies for improvement in the future.

## Program Summary: Westchester Medical Center

### **Coach's Feedback and Updates on Cascade QI Plan**

The goals and plans for improvement are well described. The key findings section offers insight into outcomes. The plan to share data with consumers and ask for input on improvement activities makes sense. The established active viral load suppression rate is high.