Quality Improvement Profile

The New York State Department of Health/AIDS Institute's HIV Quality of Care Program has compiled crucial information from your HIV quality improvement program into a single profile report.

This report is intended for use within the AIDS Institute and the reporting medical organization and is not intended for outside dissemination.

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 quality management program's effectiveness and to make changes if needed. **We encourage sites to use the included data to focus on disparities in outcomes of patient groups to ensure equitable health and wellbeing for all patients.** 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 quality management program, please contact Dan Belanger at Daniel.Belanger@health.ny.gov.

Cascade Submission Date:
Review closed November 2024

QI Profile Completion Date:
February 2025

Latest Revision Date:
February 2025

Program Name: Damian Family Care Centers

Clinic Information

Type of Clinic*	Clinic Name	Address	City	Zip
CBO	121st Street Family Health Center	219 E 121st St	New York	10035
CBO	53rd Street Health Center	225 E 53rd St	New York	10022
CBO	Damian Family Health Center	137-50 Jamaica Ave.	Jamaica	11435
CBO	Ellenville Health Center	751 Briggs Highway	Ellenville	12428
CBO	Firehouse Health Center	89-56 162nd Street	Jamaica	11432
CBO	Highbridge Health Center	1381 University Ave	Bronx	10452
CBO	Long Island City Family Health Center	34-11 Vernon Blvd.	Long Island City	11106
CBO	Myrtle Avenue Family Health Center	117-11 Myrtle Avenue	Richmond Hill	11418
CBO	Ralph Avenue Family Health Center	599 Ralph Avenue	Brooklyn	11233
CBO	Rhinebeck Family Health Center	216 Fox Hollow Road	Rhinebeck	12572
CBO	Richmond Hill Health Center	13020 89th Road	Richmond Hill	11418
CBO	Ronkonkoma	161 Lake Shore Road	Lake Ronkonkoma	11779
CBO	Third Avenue Family Health Center	2604 3rd Ave., 4th Floor	Bronx	10454
CBO	Wards Island Family Health Center	13 Hell Gate Circle	New York	10035

**CBO = Community Based Organization*

Important Contacts

HIV Medical Director	Gilbert Ross	gross@damian.org	(718) 657-1100
HIV Program Administrator			
Lead QI Contact	Sadia Choudhury	schoudhury@Damian.org	(718) 657-1100
Contract Manager	N/A	N/A	N/A
NY Links Coach	Daniel Belanger	Daniel.belanger@health.ny.gov	(212) 417-5131

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 on Final VL (Previously Diagnosed Patients): 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. Only patients diagnosed by the participating organization, and not those referred by external providers or testing sites, are eligible for this indicator. 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

Figure 1: New to Care (Other than Newly Diagnosed) Viral Load Suppression Rates at Organizational Level from 2018 to 2023

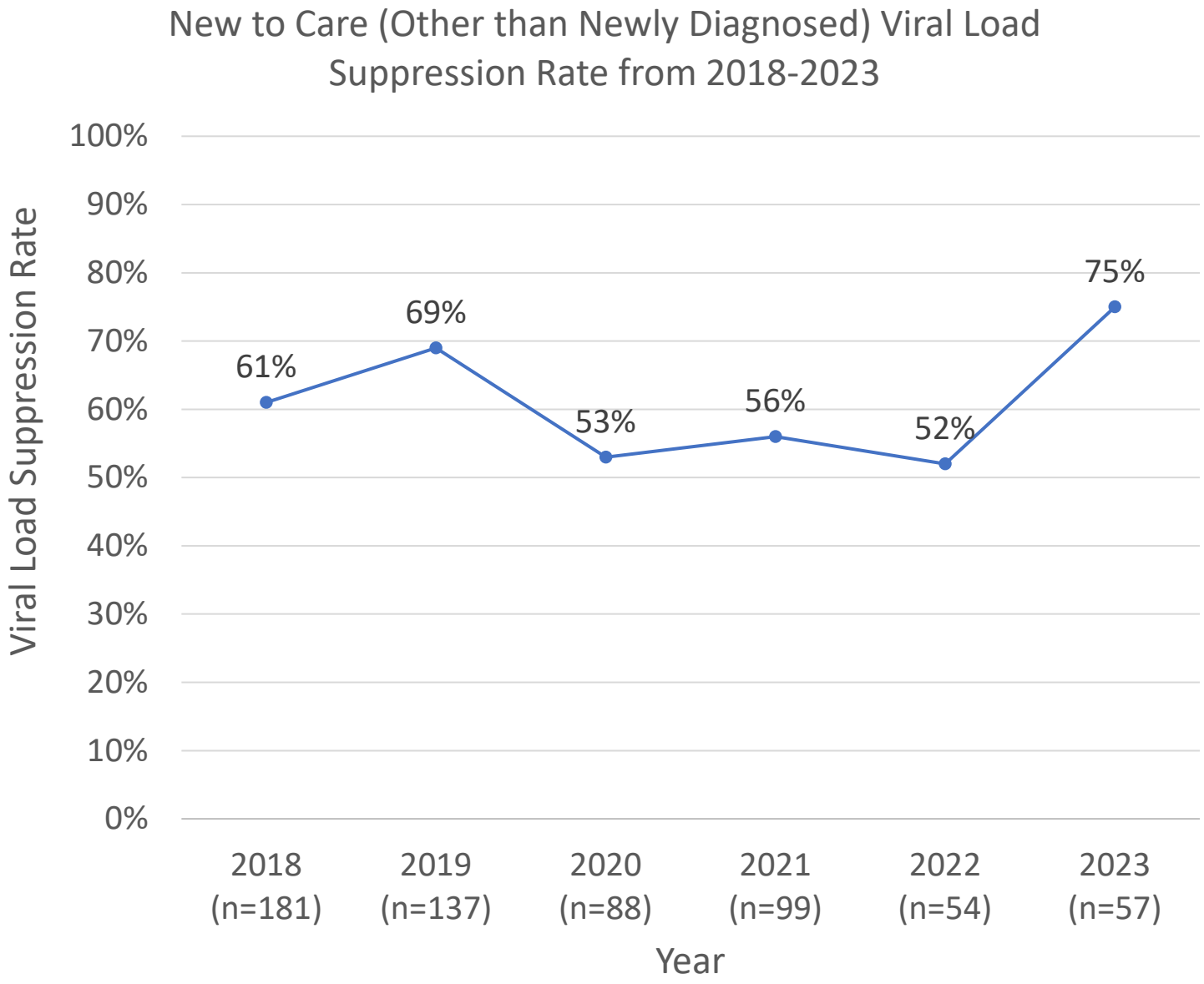


Figure 2: Established Active Viral Load Suppression Rates at Organizational Level from 2017 to 2023

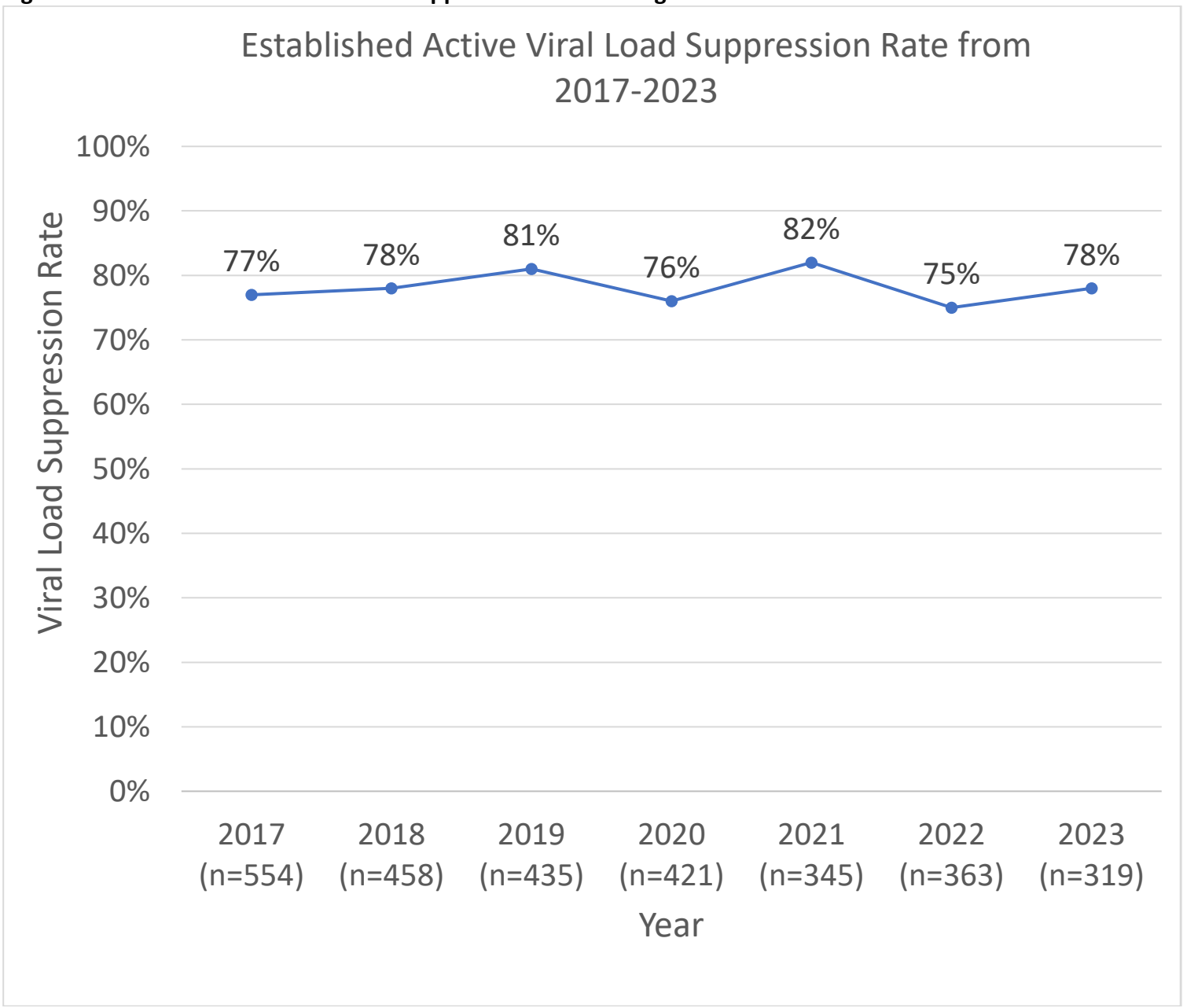


Figure 3. 2023 Established Active Viral Load Suppression Rates by Age at Organizational Level

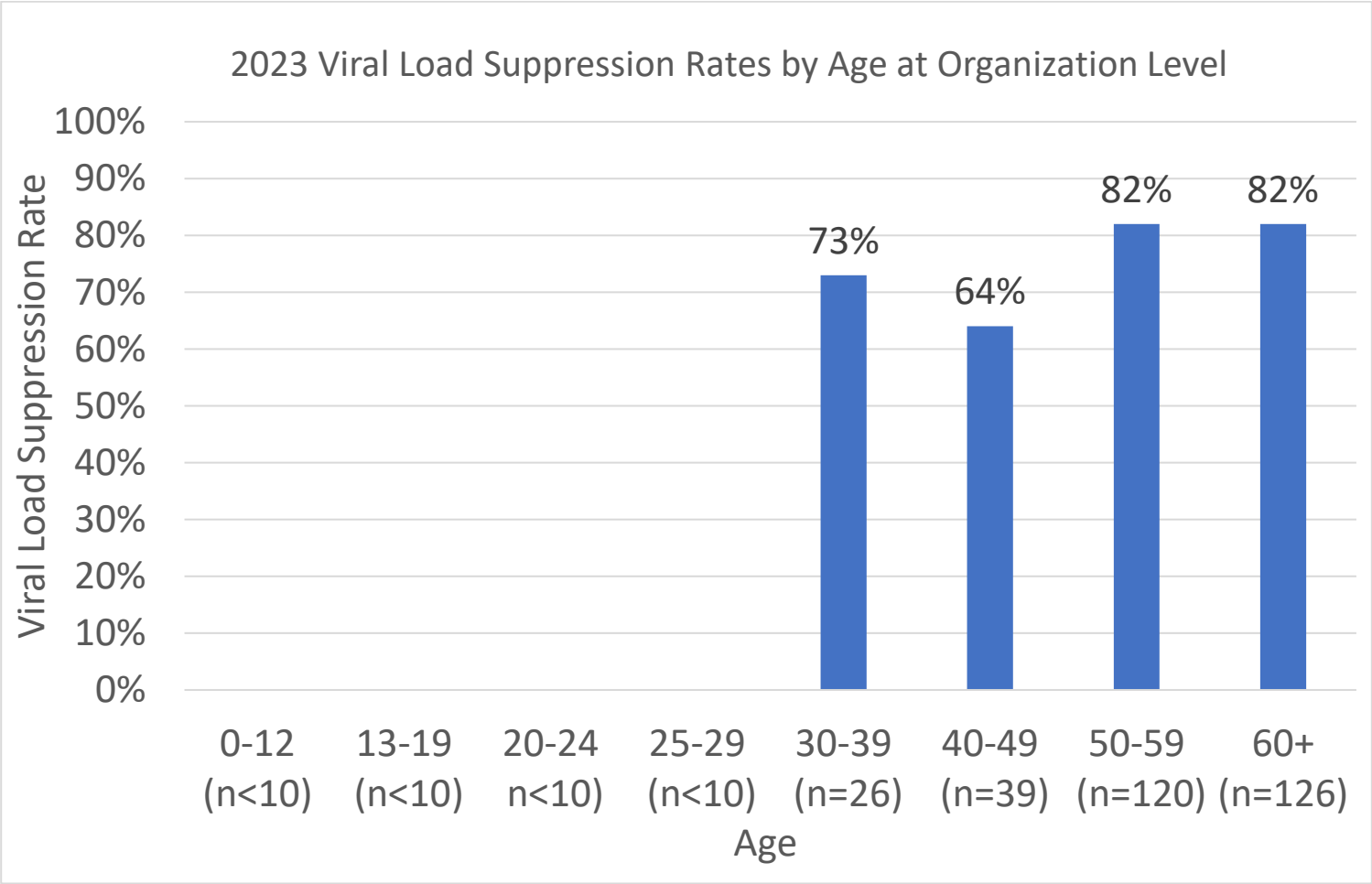
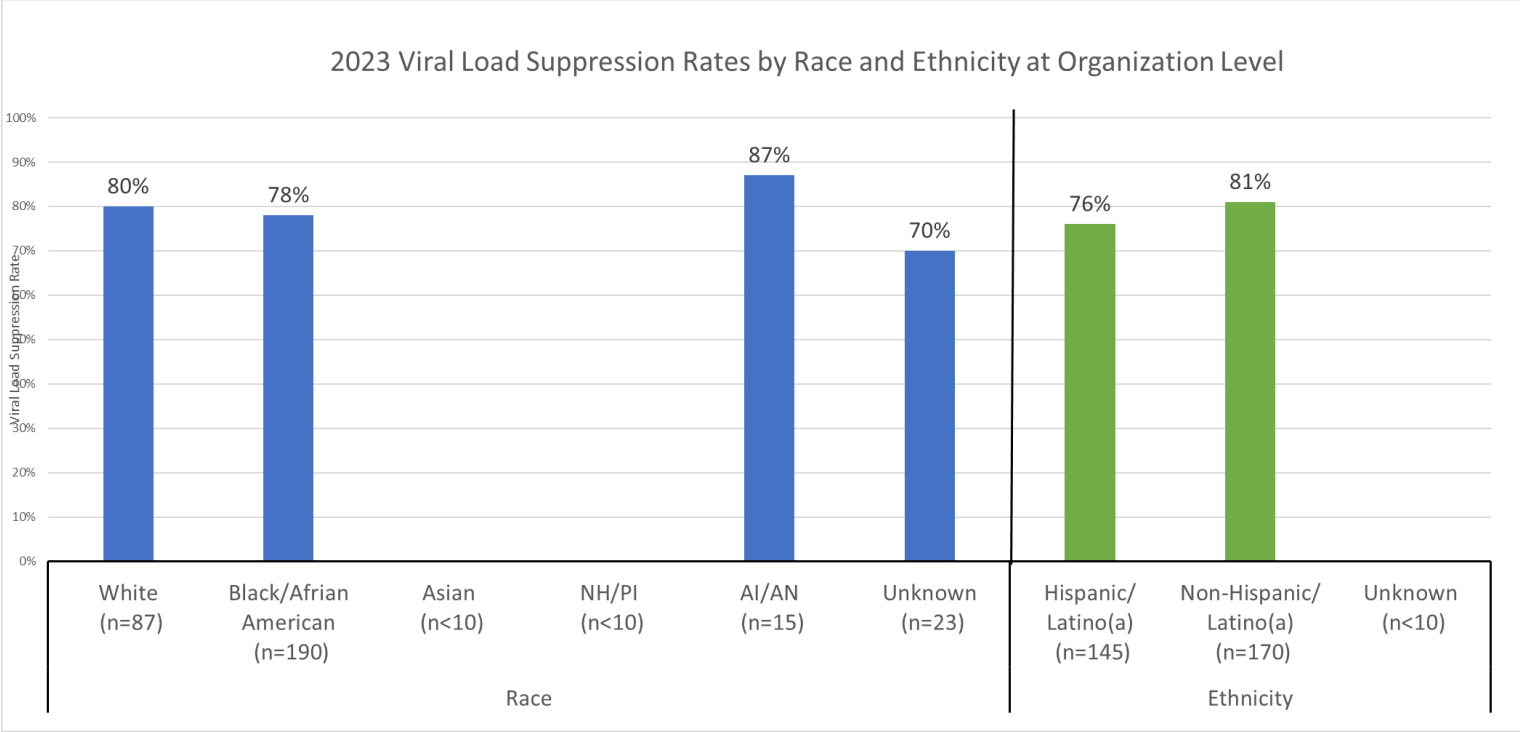


Figure 4. 2023 Established Active Viral Load Suppression Rates by Race and Ethnicity at Organizational Level



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

Table 1: Indicator Scores at Organization Level for 2017 to 2023

Patient Group	Indicator	2017		2018		2019		2020		2021		2022		2023	
		Org. Score	State Median	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)*	41%	-- (n<10)*	51%	-- (n<10)*	55%	-- (n<10)*	61%	-- (n<10)*	53%	-- (n<10)*	63%
	On ARV Therapy	**	**	-- (n<10)*	96%	-- (n<10)*	100%	-- (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%	-- (n<10)*	95%
	Suppressed within 91 Days	**	**	-- (n<10)*	45%	-- (n<10)*	50%	-- (n<10)*	46%	-- (n<10)*	50%	-- (n<10)*	50%	-- (n<10)*	50%
	Baseline Resistance Test	**	**	**	**	-- (n<10)*	74%	-- (n<10)*	80%	-- (n<10)*	82%	-- (n<10)*	79%	-- (n<10)*	76%
Other New to Care	On ARV Therapy	**	**	88% (n=181)	97%	89% (n=137)	100%	100% (n=88)	100%	100% (n=99)	100%	96% (n=54)	100%	100% (n=57)	100%
	Any VL Test	**	**	85% (n=181)	99%	81% (n=137)	98%	73% (n=88)	100%	73% (n=99)	100%	76% (n=54)	98%	81% (n=57)	98%
	Suppressed Final VL	**	**	61% (n=181)	74%	69% (n=137)	78%	53% (n=88)	77%	56% (n=99)	69%	52% (n=54)	77%	75% (n=57)	80%
Established Active	On ARV Therapy	99% (n=554)	99%	99% (n=458)	99%	97% (n=435)	99%	99% (n=421)	99%	99% (n=345)	99%	100% (n=363)	100%	100% (n=319)	100%
	Any VL Test	97% (n=554)	99%	95% (n=458)	99%	93% (n=435)	99%	90% (n=421)	97%	94% (n=345)	98%	91% (n=363)	98%	90% (n=319)	98%
	Suppressed Final VL	77% (n=554)	88%	78% (n=458)	88%	81% (n=435)	89%	76% (n=421)	87%	82% (n=345)	88%	75% (n=363)	89%	78% (n=319)	91%
Open Previously Diagnosed (Active & Inactive)	On ARV Therapy	99% (n=579)	92%	96% (n=475)	95%	95% (n=447)	96%	99% (n=422)	96%	97% (n=367)	97%	96% (n=382)	97%	99% (n=366)	98%
	Any VL Test	94% (n=579)	92%	92% (n=475)	93%	91% (n=447)	93%	90% (n=422)	90%	90% (n=367)	94%	87% (n=382)	93%	85% (n=366)	94%
	Suppressed Final VL	74% (n=579)	80%	75% (n=475)	80%	79% (n=447)	83%	76% (n=422)	77%	78% (n=367)	79%	71% (n=382)	83%	74% (n=366)	83%

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

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

Table 2: Viral Load Suppression by Established Active Patient Demographic Group at Organization Level for 2023

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*	--	26	73%	39	64%	120	82%	126	82%
GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Gender X		Unknown Gender			
n	%	n	%	n	%	n	%	n	%	n	%	n	%		
209	77%	103	84%	<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	%				
87	80%	190	78%	<10*	--	<10*	--	15	87%	23	70%				
ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
145	76%	170	81%	<10*	--										
RISK FACTOR															
MSM		IDU Risk		Heterosexual Risk		Hemophilia or Coagulation		Blood Transfusion		Perinatal		Other Risk		Unknown	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
28	64%	42	76%	157	81%	<10*	--	<10*	--	<10*	--	30	83%	63	83%
HOUSING STATUS															
Stable Housing		Temporarily Housed		Unstably Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
229	79%	65	82%	25	60%	<10*	--								
INSURANCE TYPE															
ADAP		Dual Eligible		Medicaid		Medicare		Private Insurance		Veteran's Admin		Other		No Insurance	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<10*	--	54	81%	219	78%	<10*	--	15	80%	<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 to 2023

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	35th Street	**	**	**	**	100% (n=55)	100% (n=55)	82% (n=55)
	3rd Avenue	**	**	**	**	99% (n=373)	97% (n=373)	73% (n=373)
	Firehouse	**	**	**	**	99% (n=71)	100% (n=71)	93% (n=71)
	121st Street	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	53rd Street	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Damian	**	**	**	**	85% (n=20)	95% (n=20)	75% (n=20)
	Ellenville	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Highbridge	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Rhinebeck	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Starhill	**	**	**	**	95% (n=22)	100% (n=22)	91% (n=22)
2018	121st Street	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Damian	**	87% (n=15)	100% (n=15)	73% (n=15)	100% (n=12)	83% (n=12)	67% (n=12)
	Ellenville	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Firehouse	**	83% (n=18)	83% (n=18)	67% (n=18)	98% (n=80)	96% (n=80)	86% (n=80)
	Long Island City	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Ralph Avenue	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Rhinebeck	**	94% (n=17)	88% (n=17)	76% (n=17)	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Ronkonkoma	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Starhill	**	95% (n=20)	90% (n=20)	85% (n=20)	100% (n=26)	92% (n=26)	73% (n=26)
	Third Avenue	**	95% (n=87)	93% (n=87)	59% (n=87)	99% (n=337)	96% (n=337)	77% (n=337)
	Wards Island	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
2019	121st Street	-- (n<10)*	95% (n=20)	75% (n=20)	75% (n=20)	-- (n<10)*	-- (n<10)*	-- (n<10)*
	53rd Street	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Damian	--	86%	79%	71%	--	--	--

		(n<10)*	(n=14)	(n=14)	(n=14)	(n<10)*	(n<10)*	(n<10)*
	Ellenville	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Firehouse	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	97% (n=59)	98% (n=59)	92% (n=59)
	Highbridge	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Long Island City	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Ralph Avenue	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Rhinebeck	-- (n<10)*	100% (n=15)	87% (n=15)	80% (n=15)	86% (n=37)	89% (n=37)	76% (n=37)
	Richmond Hill	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Ronkonkoma	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Starhill	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=18)	94% (n=18)	83% (n=18)
	Third Avenue	-- (n<10)*	96% (n=45)	80% (n=45)	58% (n=45)	99% (n=306)	93% (n=306)	80% (n=306)
	Wards Island	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
2020	121st Street	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Damian	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Ellenville	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Firehouse	-- (n<10)*	100% (n=12)	92% (n=12)	58% (n=12)	95% (n=61)	84% (n=61)	66% (n=61)
	Highbridge	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Long Island City	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Myrtle Avenue	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Rhinebeck	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Richmond Hill	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Ronkonkoma	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Starhill	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=13)	77% (n=13)	69% (n=13)
	Third Avenue	-- (n<10)*	100% (n=38)	63% (n=38)	50% (n=38)	100% (n=311)	95% (n=311)	81% (n=311)
	Wards Island	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
2021	121st Street	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Damian	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*

	Ellenville	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Firehouse	**	**	**	**	98% (n=51)	80% (n=51)	71% (n=51)
	Highbridge	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Long Island City	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Myrtle Avenue	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Rhinebeck	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Richmond Hill	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Ronkonkoma	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Starhill	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Third Avenue	**	**	**	**	99% (n=274)	99% (n=274)	86% (n=274)
	Wards Island	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
2022	121st Street	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	53rd Street	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Damian	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Ellenville	**	**	**	**	100% (n=18)	67% (n=18)	39% (n=18)
	Firehouse	**	**	**	**	98% (n=46)	87% (n=46)	65% (n=46)
	Highbridge	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Long Island City	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Myrtle Avenue	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Rhinebeck	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Richmond Hill	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Ronkonkoma	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Third Avenue	**	**	**	**	100% (n=268)	94% (n=268)	84% (n=268)
	Wards Island	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
2023	121st Street	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	53rd Street	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Damian	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*

	Ellenville	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Firehouse	**	**	**	**	100% (n=51)	82% (n=51)	78% (n=51)
	Highbridge	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Long Island City	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Myrtle Avenue	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Rhinebeck	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Richmond Hill	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Ronkonkoma	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Third Avenue	**	**	**	**	100% (n=248)	92% (n=248)	78% (n=248)
	Wards Island	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*

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

**** Data for this indicator were not requested for this review or were not scored at this level.**

Quality Improvement Interventions for 2024

Self-Reported based on 2023 results

Methodology

The Director of Informatics, Ann Pooser, was responsible for extracting and entering the data into the template. We primarily used our electronic medical record system eClinicalWorks as our database to construct all the facets of the cascade. The methods used in extracting the data from eClinicalWorks were by utilizing diagnosis codes B20, Z21, V08 and 042 for the calendar year of January through December 2023 and accessed from all of our sites. We ran the analysis of diagnosis report of all patients in 2023 with the appropriate HIV ICD-10 dx codes, which generates with all the dates the codes were recorded. To ensure patients were not duplicated, a sort was done by patient account number and by newest date. Duplicates were then removed from there. Many different types of reports were used to build out the required fields for the final cohort of patients to include, last year's HIV encounter reports, lab reports and building custom reports to produce the structured data where some of the answers to these questions can be found. These did not differ by patient enrollment or diagnosis status. Since all the data cannot be pulled into one report, many had to be used (mentioned above) to link the data together. Ann Pooser, Director of Informatics was in charge of extracting the data and entering the data into the Excel template. Sadia Choudhury, Chief Quality and Compliance Officer, and Ann Pooser reviewed the data for completeness and accuracy. Much of the analysis was manual audits of the patients' charts. Newly diagnosed patients within Damian were defined as any new patient presenting to a Damian clinic location and had a positive 4th generation HIV test result for the first time in 2023 at Damian clinics. This was confirmed by HIV viral load testing. Patients with a positive 4th generation HIV test were excluded as false positives if not supported by clinical history and if they had a negative viral load. Patients newly diagnosed in 2023 outside of Damian were self-identified, and subsequently retested by HIV+ 4th generation and viral load testing at Damian. Previously diagnosed new–to-care patients in 2023 were self- identified if they said they had HIV and /or were in care elsewhere. This was verified by chart review. External lab data was scanned into eClinicalWorks and viral load testing was ordered. All data were reviewed by Senior Management prior to submission.

Currently, our HIV Quality Improvement team includes Chief Quality and Compliance Officer, Chief Medical officer, Chief Health Officer, Director of Special Populations, Director of Informatics, Director of Operations, Infectious Disease Specialist provider and nurse at Third Avenue Health Center. Sadia Choudhury, Chief Quality and Compliance Officer oversees all quality improvement metrics, improvement efforts, initiatives across the Damian network. Ann Pooser, Director of Informatics, deals with electronic health record HIV metric derivation. Our Chief Medical Officer, Dr. Gilbert Ross, an internist with many years of clinical experience, and Dr. Tahira Ilarraza, Chief Health Officer, also participate in this key area in an oversight and consultative capacity. Nurse Practitioner Tina Rendini, who is our Director of Special Populations, and Dr. Ghazanfar Abdullah who is our Infectious Disease Specialist provider, have many years of experience in managing and treating HIV patients. Their expertise is vital for our quality improvement work around HIV population. The Director of Operations and nurse at Third Avenue Health Centers also give us perspective for any operations workflow. We have budgeted money in a grant we submitted to HRSA for Primary Care HIV Prevention for cascade auto report build. Due to continued staff turnover in 2023, we could not get HIV Quality Committee fully up and running, but as part of Health Center Program grant, that will be mandatory and required to operationalize starting 2024. We have a new Director of Special Populations now, Nurse Practitioner Tina Rendini, who will lead that effort in collaboration with Chief Quality and Compliance Officer. The HIV Quality Committee will incorporate data from the Cascade to create ongoing quality improvement initiatives. Data will be shared at these quarterly meetings and disseminated throughout our HIV provider network. Graphic data analysis will be utilized to illustrate progress as well as gaps in the provision of HIV care. Cascade charts will be utilized. Since 2020, Damian has also been participating in a Trauma Informed Care Initiative, a multi-year initiative which aims to ensure that New York State Department of Health AIDS Institute funded agencies have the capacity to integrate trauma informed care into the culture, environment, and delivery of HIV care and support services.

Key Findings

Viral Load Testing and Viral Load Suppression among Established Active Patients: For both of these measures, we observed increase from 2022 to 2023. Much of this could be attributed to consistent follow up viral load testing and appropriate timely follow up for unsuppressed patients. Damian providers re-check the viral load every 3 months. If we see improvement in viral load numbers, we maintain same medication for the patient. If we see viral load is increased, then medications are adjusted, and treatment plan is updated. If any HIV patient has a detectable viral load that is above 200, patient is asked to come back every 3 weeks. We give them 23 days of medicine supply, so they cannot sell the medicine. We tell them that will be situation unless the viral load is unsuppressed. We also work with patients for any medication adherence issues. Patients who struggle with taking their medications were also connected to case management for further assistance.

QI Projects

QI Project #1

Indicator: 3-day linkage of internally diagnosed patients

2023 rate for this indicator: 33%

Overall 2024 goal for this indicator: 80%

Description: We have observed sharp decline in the "3-day linkage of internally diagnosed patients" measure performance, though there has also been a sharp decline in overall denominator. As mentioned before, we observed staffing turnovers in 2023 which made it difficult to have a consistent designated outreach person. We plan to improve on this measure by assigning a specific designated resource in conducting outreach to newly diagnosed patients and connect them to care in timely fashion. In 2024, our Trauma Informed Care Peer Navigator at Third Avenue will assist in that effort. We are also recruiting one more peer navigator, who will do outreach for newly diagnosed patients at our Firehouse and Damian Health Center. These peer navigators will follow up with patients and address any social determinants of health factors to help patients keep the scheduled HIV treatment follow-up appointments.

Consumer Involvement

Half of the members of our Board are consumers: patients of our agency receiving care. During our quarterly quality improvement meetings, this information is shared with them consistently and their feedback is taken into consideration in all future plans. The Senior Practice Administrators responsible for patient care in each of our sites will involve consumers by soliciting feedback through the satisfaction survey process. The QI committee will identify during its quarterly meetings any necessary specific changes.

Coach's Feedback and Updates on Cascade QI Plan

I suggest going forward setting up learning and sharing opportunities for clinic teams. There is also variation in Viral load suppression results among various patient groups. I suggest tailoring improvement activities to meet the needs of specific patient groups of established active patients. Consumer involvement is attained through a committee with at least a 50% persons with HIV membership as well as through consumer involvement at specific care facilities.