

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: Mount Vernon Neighborhood Health Center Network

Clinic Information

Type of Clinic*	Clinic Name	Address	City	Zip
CBO	Greenburgh Health Center	295 Knollwood Road	Greenburgh	10607
CBO	Mount Vernon Neighborhood Health Center	107 West Fourth Street	Mount Vernon	10550
CBO	School Based Health Program- Edward Williams School	9 Union Lane	Mount Vernon	10553
CBO	School Based Health Program- Mount Vernon High School	100 California Road	Mount Vernon	10552
CBO	Yonkers Community Health Center	30 South Broadway	Yonkers	10701

*CBO = Community Based Organization

Important Contacts

<i>HIV Medical Director</i>	Cecilia Dean	cdean@mvnhc.org	(914) 699-7200
<i>HIV Program Administrator</i>	Lisa Bucknor	lbucknor@mvnhc.org	(914) 699-7200
<i>Lead QI Contact</i>	Lisa Bucknor	lbucknor@mvnhc.org	(914) 699-7200
<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 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

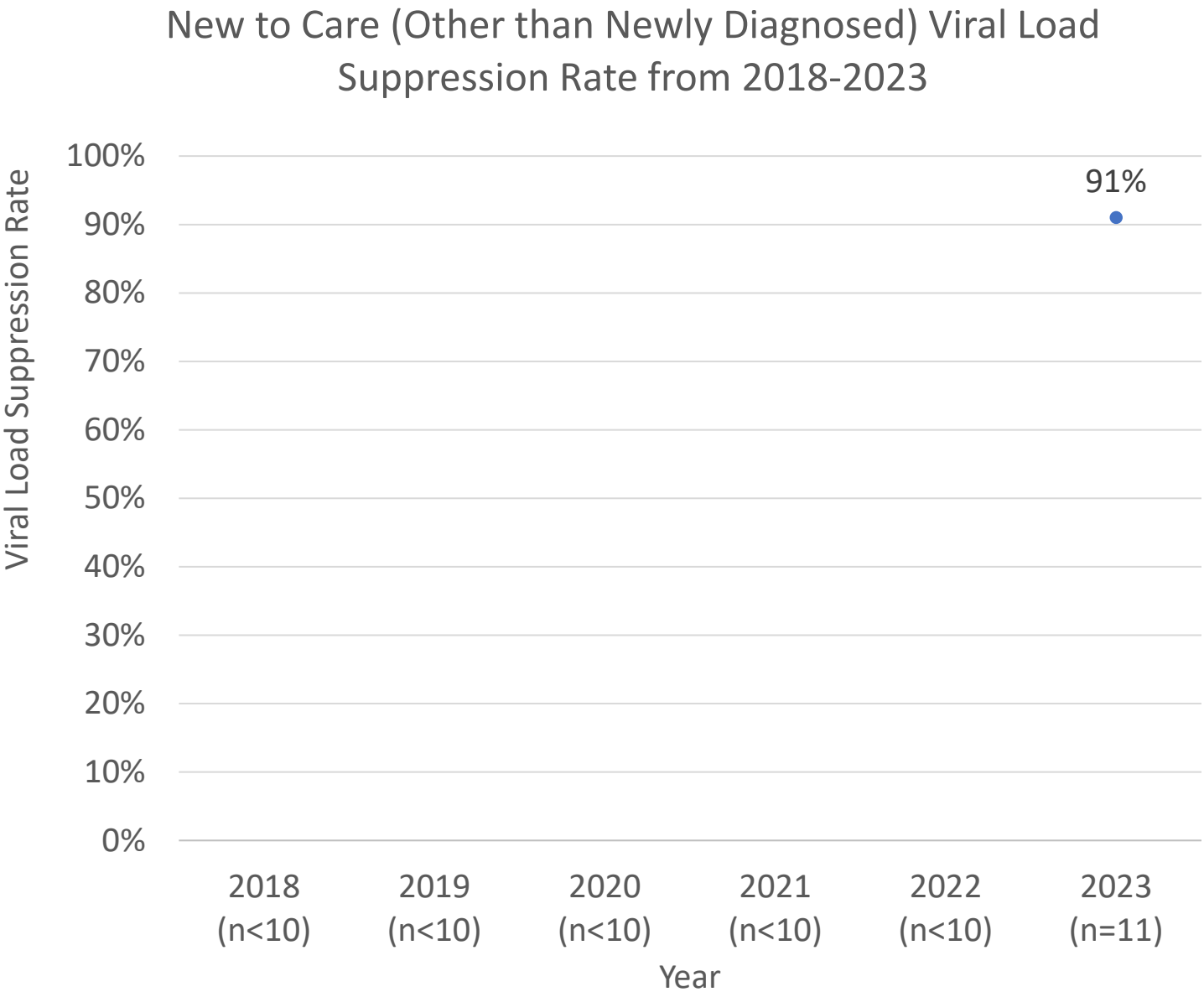


Figure 2: Established Active Viral Load Suppression Rates at Organizational Level from 2017 to 2023

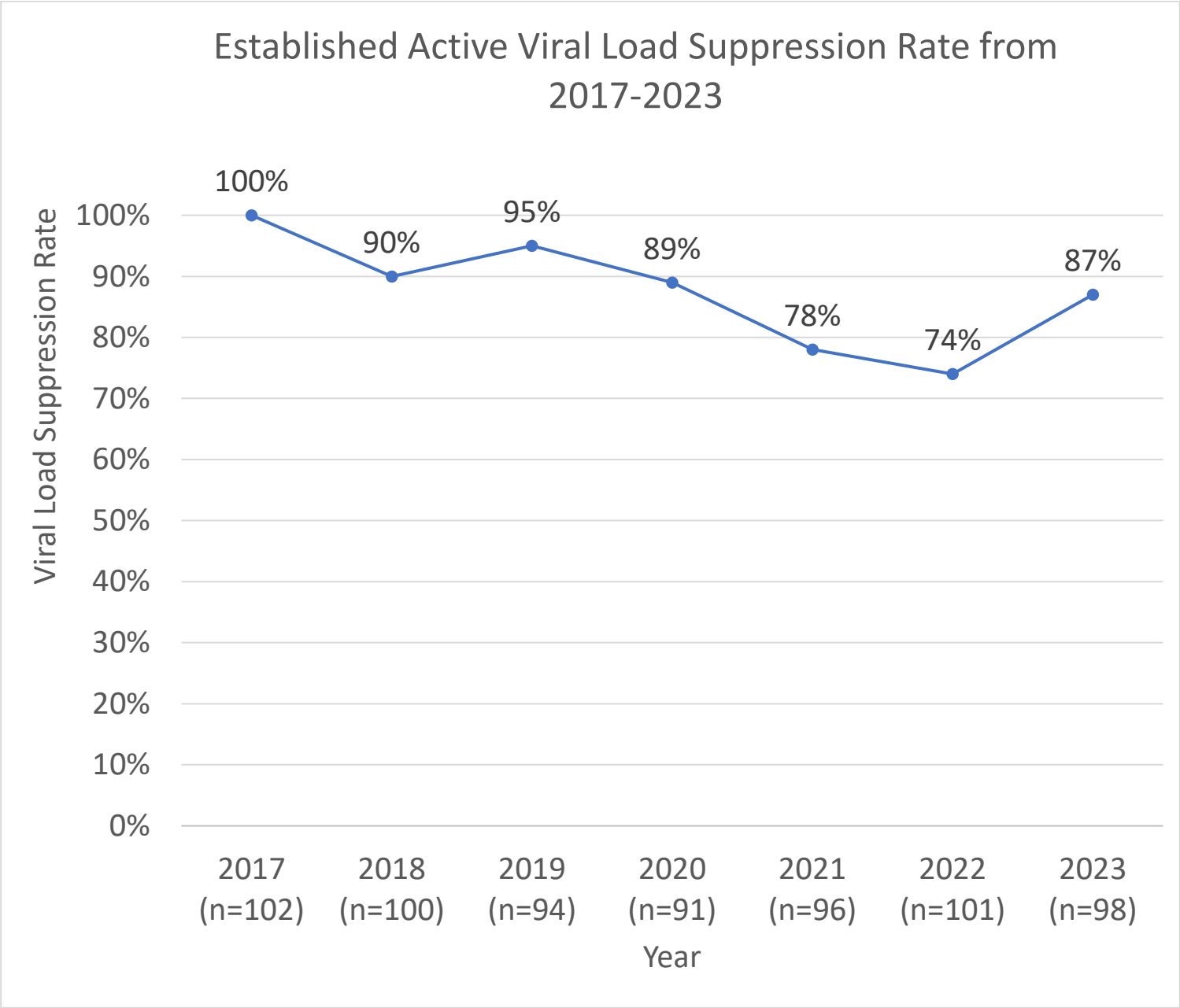


Figure 3. 2023 Established Active Viral Load Suppression Rates by Age at Organizational Level

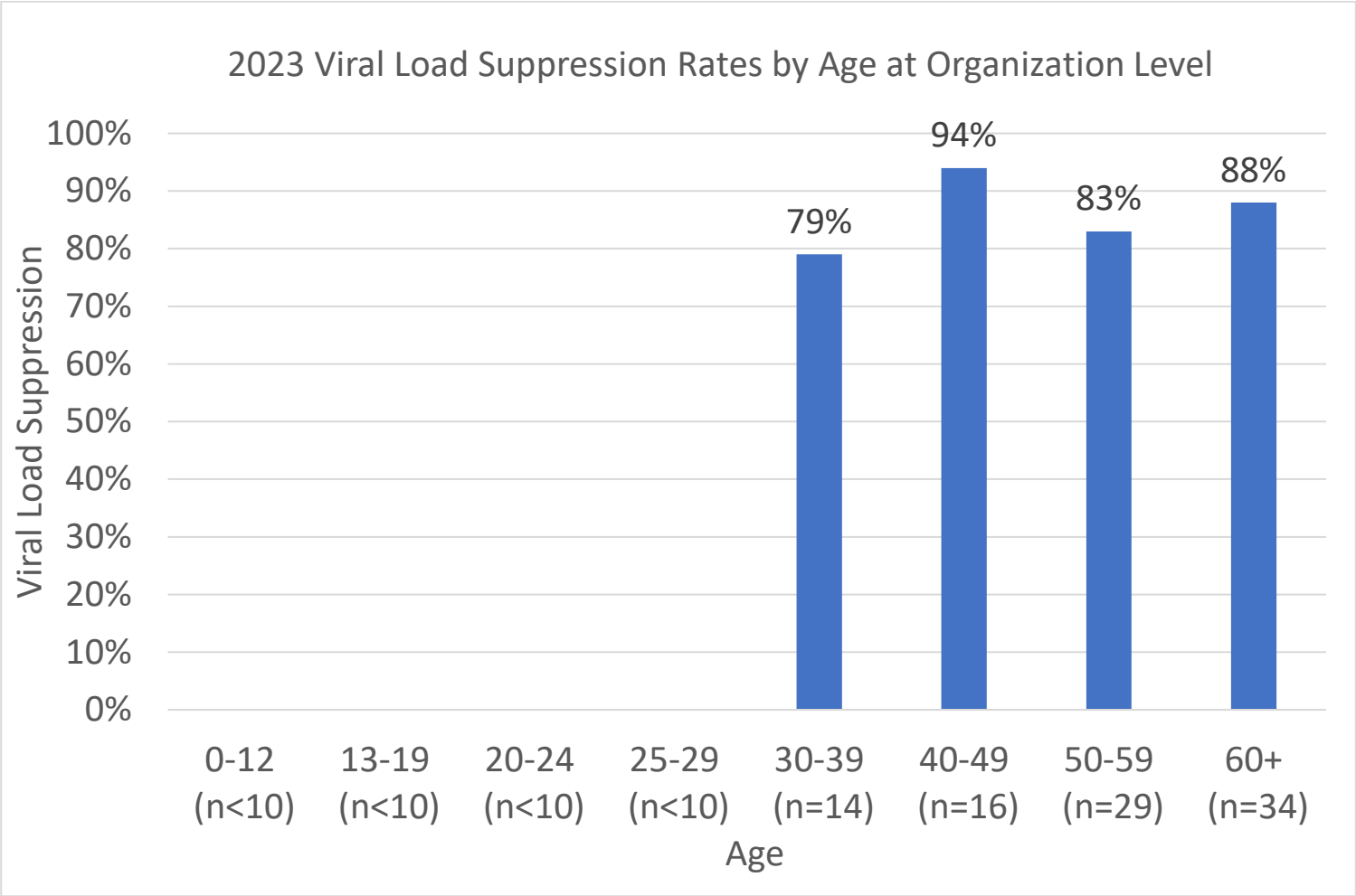
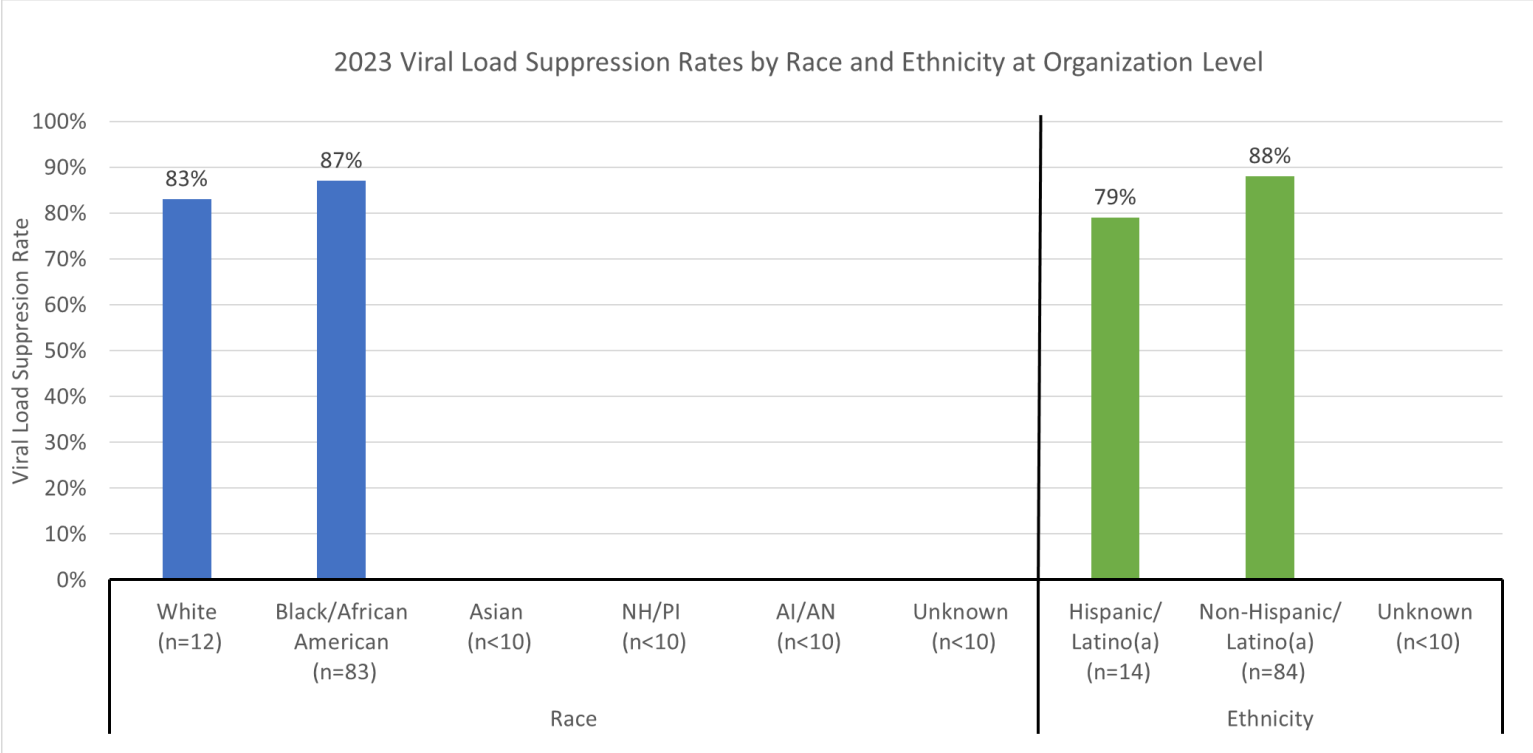


Figure 4. 2023 Established Active Viral Load Suppression Rates by Race and Ethnicity at Organizational Level



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

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

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	**	**	-- (n<10)*	97%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	100%	100% (n=11)	100%
	Any VL Test	**	**	-- (n<10)*	99%	-- (n<10)*	98%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	98%	100% (n=11)	98%
	Suppressed Final VL	**	**	-- (n<10)*	74%	-- (n<10)*	78%	-- (n<10)*	77%	-- (n<10)*	69%	-- (n<10)*	77%	91% (n=11)	80%
Established Active	On ARV Therapy	99% (n=102)	99%	97% (n=100)	99%	99% (n=94)	99%	100% (n=91)	99%	98% (n=96)	99%	99% (n=101)	100%	97% (n=98)	100%
	Any VL Test	100% (n=102)	99%	97% (n=100)	99%	96% (n=94)	99%	100% (n=91)	97%	100% (n=96)	98%	99% (n=101)	98%	96% (n=98)	98%
	Suppressed Final VL	100% (n=102)	88%	90% (n=100)	88%	95% (n=94)	89%	89% (n=91)	87%	78% (n=96)	88%	74% (n=101)	89%	87% (n=98)	91%
Open Previously Diagnosed (Active & Inactive)	On ARV Therapy	87% (n=116)	92%	97% (n=100)	95%	98% (n=97)	96%	99% (n=99)	96%	98% (n=96)	97%	99% (n=101)	97%	97% (n=98)	98%
	Any VL Test	88% (n=116)	92%	97% (n=100)	93%	96% (n=97)	93%	96% (n=99)	90%	100% (n=96)	94%	99% (n=101)	93%	96% (n=98)	94%
	Suppressed Final VL	88% (n=116)	80%	90% (n=100)	80%	94% (n=97)	83%	85% (n=99)	77%	78% (n=96)	79%	74% (n=101)	83%	87% (n=98)	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*	--	14	79%	16	94%	29	83%	34	88%
GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Gender X		Unknown Gender			
n	%	n	%	n	%	n	%	n	%	n	%	n	%		
45	82%	52	90%	<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	%				
12	83%	83	87%	<10*	--	<10*	--	<10*	--	<10*	--				
ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
14	79%	84	88%	<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	%
18	83%	<10*	--	81	88%	<10*	--	<10*	--	<10*	--	<10*	--	<10*	--
HOUSING STATUS															
Stable Housing		Temporarily Housed		Unstably Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
97	88%	<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	%
31	87%	10	100%	39	85%	<10*	--	12	83%	<10*	--	<10*	--	<10*	--
Unknown															
n	%														
<10*	--														

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

Program Summary: Mount Vernon Neighborhood Health Center Network

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	Mount Vernon Neighborhood Health Center	**	**	**	**	99% (n=102)	100% (n=102)	100% (n=102)
2018	Mount Vernon Neighborhood Health Center	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	97% (n=100)	97% (n=100)	90% (n=100)
2019	Mount Vernon Neighborhood Health Center	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	99% (n=94)	96% (n=94)	95% (n=94)
	Yonkers Community Health Center	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
2020	Greenburgh Health Center	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Mount Vernon Neighborhood Health Center	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=90)	100% (n=90)	89% (n=90)
2021	Greenburgh Health Center	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Mount Vernon Neighborhood Health Center	**	**	**	**	98% (n=93)	100% (n=93)	77% (n=93)
	Yonkers Community Health Center	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
2022	Greenburgh Health Center	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Mount Vernon Neighborhood Health Center	**	**	**	**	99% (n=97)	100% (n=97)	74% (n=97)
	Yonkers Community Health Center	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Mount Vernon Neighborhood Health Center School Based Health Program-Edward Williams School	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Mount Vernon Neighborhood Health Center School Based Health Program-Mount Vernon High School	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
2023	Greenburgh Health Center	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Mount Vernon Neighborhood Health Center	**	**	**	**	97% (N=96)	96% (N=96)	86% (N=96)
	Mount Vernon Neighborhood Health Center School Based Health Program-Edward Williams School	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Mount Vernon Neighborhood Health Center School Based Health Program-Mount Vernon High School	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Yonkers Community Health Center	**	**	**	**	-- (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

Information about all HIV+ individuals that were seen in our organization was obtained from the Health Information Management system. Patients were not duplicated because of the parameters of the data extract. Patient information was extrapolated by encounter date and diagnosis code. The data was extracted by the Health Systems Management Director. The Administrative Director of HIV Services was responsible for entering the data into the Excel template. The data was reviewed for completeness and accuracy by the Administrative Director of HIV Services. The 2023 cascade data results were analyzed by the Director of Quality Management and the Administrative Director of HIV Services. The data results were shared graphically with the Chief Medical Officer, Quality Management Director, the HIV Specialist and the Medical Case Management team.

Key Findings

For the 2023 cascade results, the findings that were inconsistent with my expectation were "Viral load suppression among newly diagnosed patients" and "3-day linkage of internally diagnosed patients." There was improvement in the performance rate in "Viral load suppression among open patients" between 2022 and 2023. In 2022, the performance rate for that measure was 74%, and in 2023, it was 87%. Our team focused on this measure in our 2022 submission cascade quality improvement plan. The goal was to achieve 90% for this measure. A plan-do-study-act cycle was also conducted for this measure. The goal was to find out what factors caused clients to become not virally suppressed. Since the care team works very closely with the HIV Specialist and they are able to review the clients' lab reports, each care team member received a list of the clients that were not virally suppressed. Each member of the care team worked with their assigned client to complete the adherence assessment. The results of the assessments varied (forgot to take antiretroviral medications, too busy, didn't want others to notice, fell asleep, and felt sick). The clients who were not virally suppressed were closely monitored, to see if there were changes in their viral load.

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: 50%

Description: There are numerous factors that have caused this indicator for 3-day linkage of internally diagnosed patients to score 33%. There is currently 1 HIV Specialist in the Organization (we are actively recruiting for an additional HIV Specialist). When clients are initially diagnosed, the standard operating procedure for the care team is to schedule an appointment with the HIV Specialist, as soon as possible, and as her schedule permits. There are two dedicated days for the Specialist to see HIV+ patients (Tuesday and Thursday). In an effort to increase the 2024 goal to 50% we will continue to schedule newly diagnosed HIV+ clients as soon as possible with the Specialist, as we anticipate the onboarding of an additional HIV Specialist.

Program Summary: Mount Vernon Neighborhood Health Center Network

Consumer Involvement

Consumers were notified verbally about the findings and they were also shown the findings graphically. Consumers decided not to form a "formal" consumer advisory group, since they are actively involved in their care and they provide meaningful input about program services on a daily basis.

Coach's Feedback and Updates on Cascade QI Plan

The HIV program has been working on raising its viral suppression rate since a decline that began in 2020 during the COVID-19 pandemic. The program had identified that the lower rates were due to no longer having a dedicated clinician for their clients. The program's rate has improved but is not yet back to pre-pandemic values. The program selected 3-day linkage to improve the 3-day linkage rates from 33% to 50%, the project description includes adding an HIV Specialist to care for newly diagnosed patients. It is recommended that the program continue to prioritize building its staffing to support care across the HIV care continuum.