

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: Northwell Health - CART

Clinic Information

Type of Clinic	Clinic Name	Address	City	Zip
Hospital	Center for AIDS Research and Treatment (CART)	400 Community Drive	Manhasset	11030
Hospital	Northwell Health Dolan Family Health Center	284 Pulaski Road, Suite 1	Greenlawn	11740

Important Contacts

HIV Medical Director	Joseph P. McGowan	jmcgowan@northwell.edu	Phone number not available
HIV Program Administrator	Rozalin Wise	rwise1@northwell.edu	Phone number not available
Lead QI Contact	N/A		
Contract Manager	N/A		
NY Links Coach	Febuary D'Auria	Febuary.dauria@health.ny.gov	(631) 851-3625

Regional Group/Learning Network Participation

Learning Network Affiliation: 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)

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 (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. Newly Diagnosed Viral Load Suppression (within 91 days) Rates at Organizational Level from 2018 to 2023

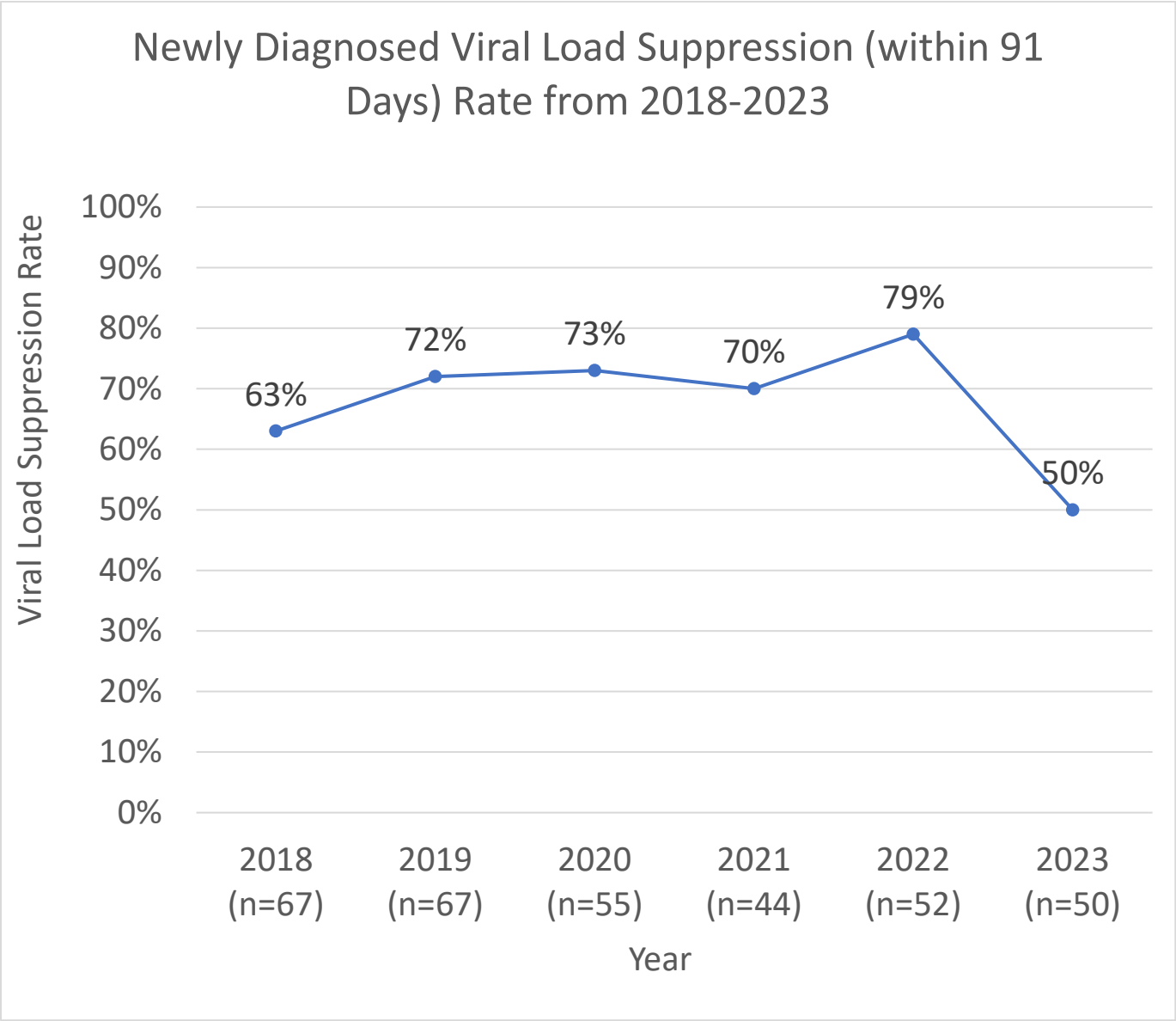


Figure 2: New to Care (Other than Newly Diagnosed) Viral Load Suppression Rates at Organizational Level from 2018 to 2023

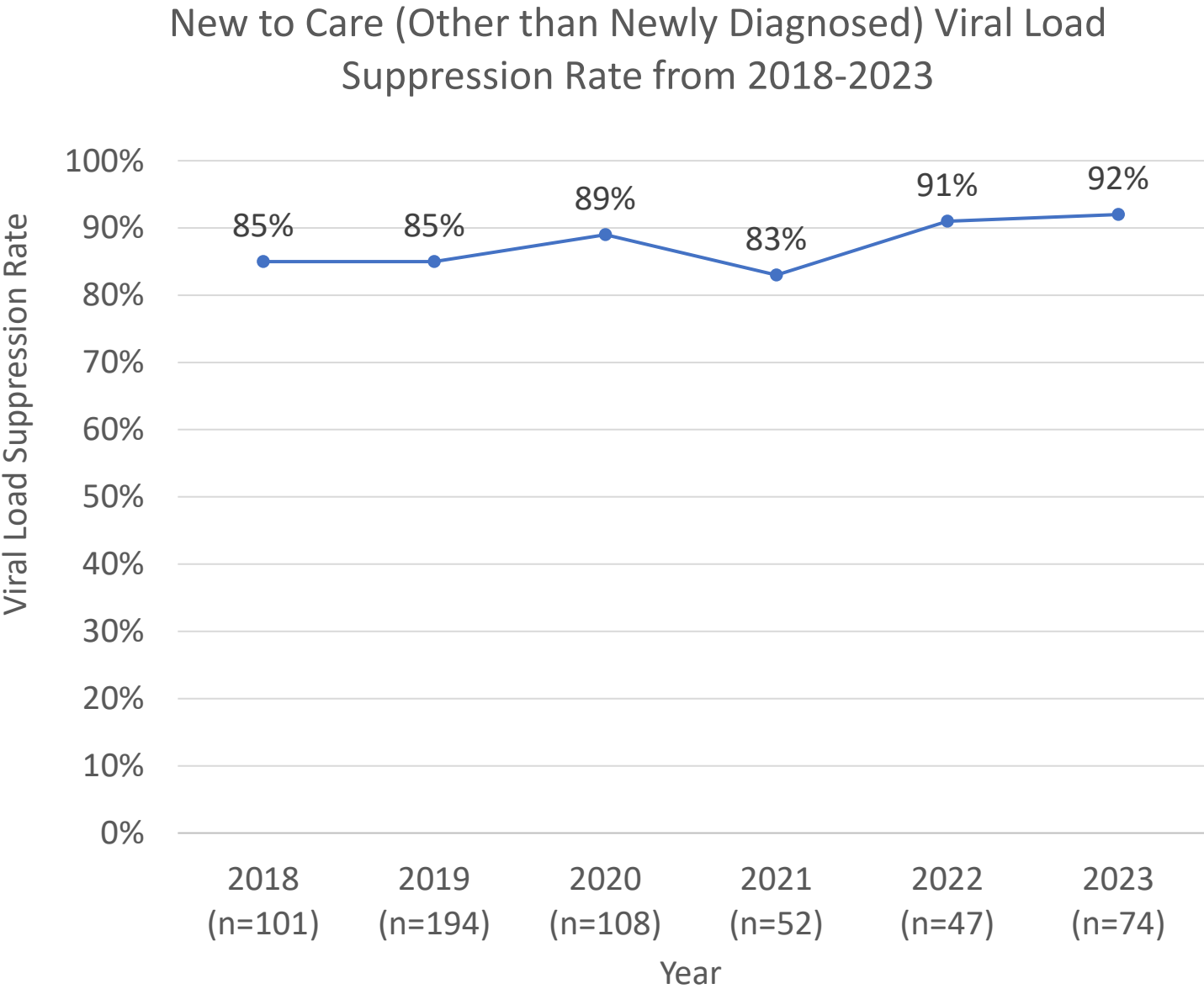
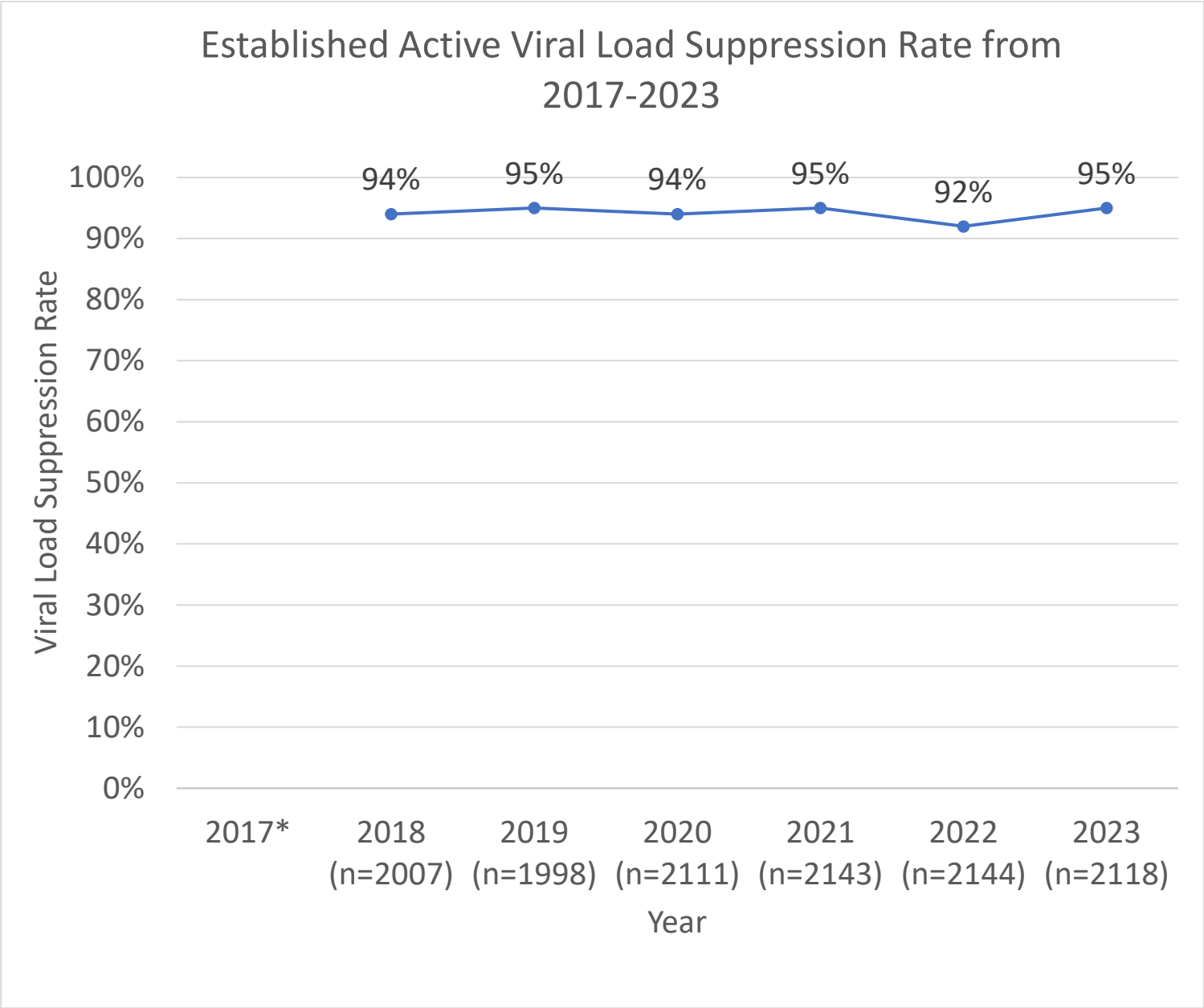


Figure 3: Established Active Viral Load Suppression Rates at Organizational Level from 2017 to 2023



* Did not receive usable data for Northwell Health – CART in the review of care provided in 2017.

Figure 4. Time to Linkage Rates

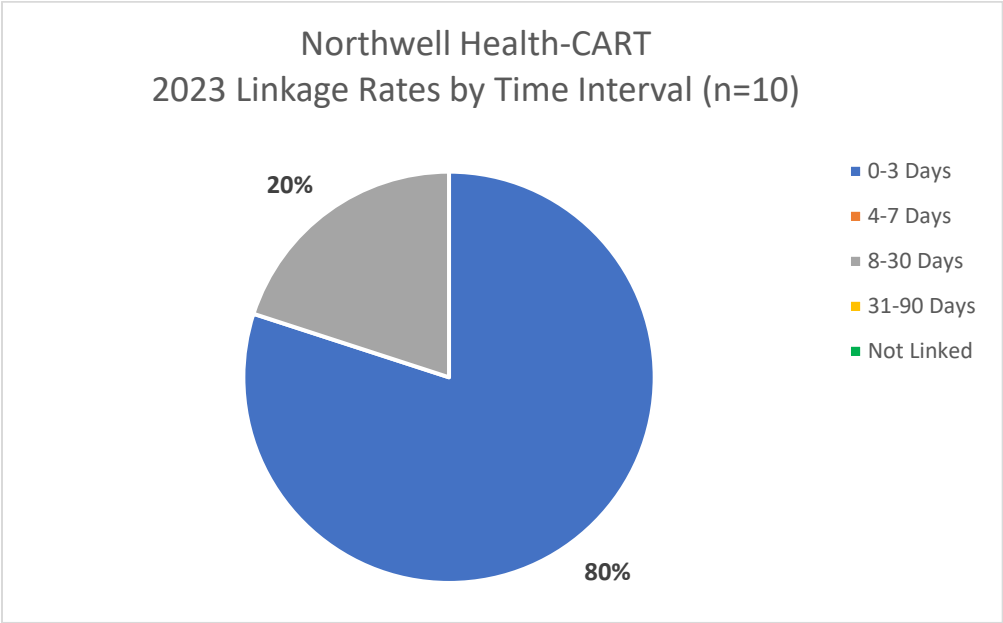


Figure 5. 2023 Established Active Viral Load Suppression Rates by Age at Organizational Level

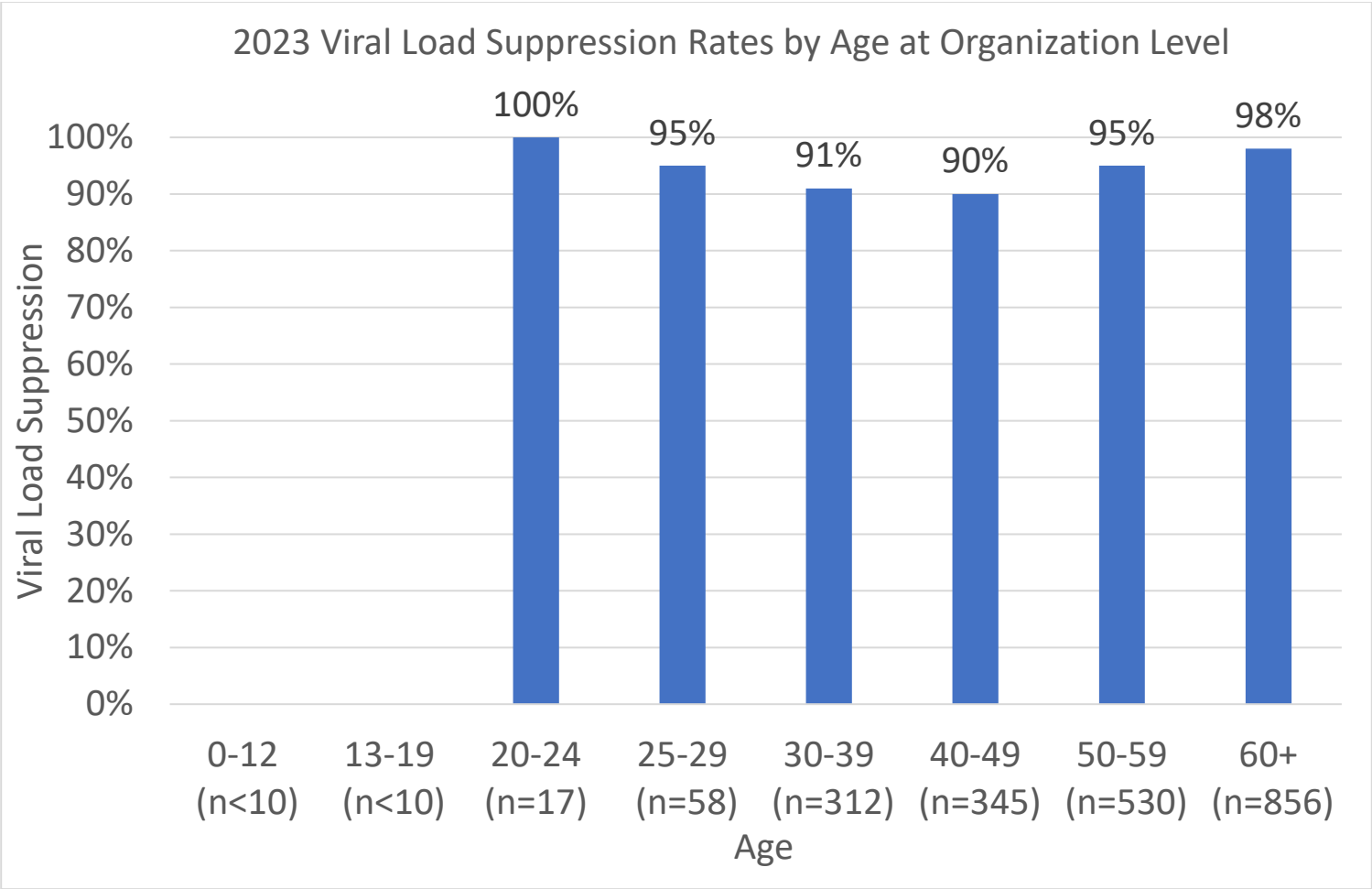
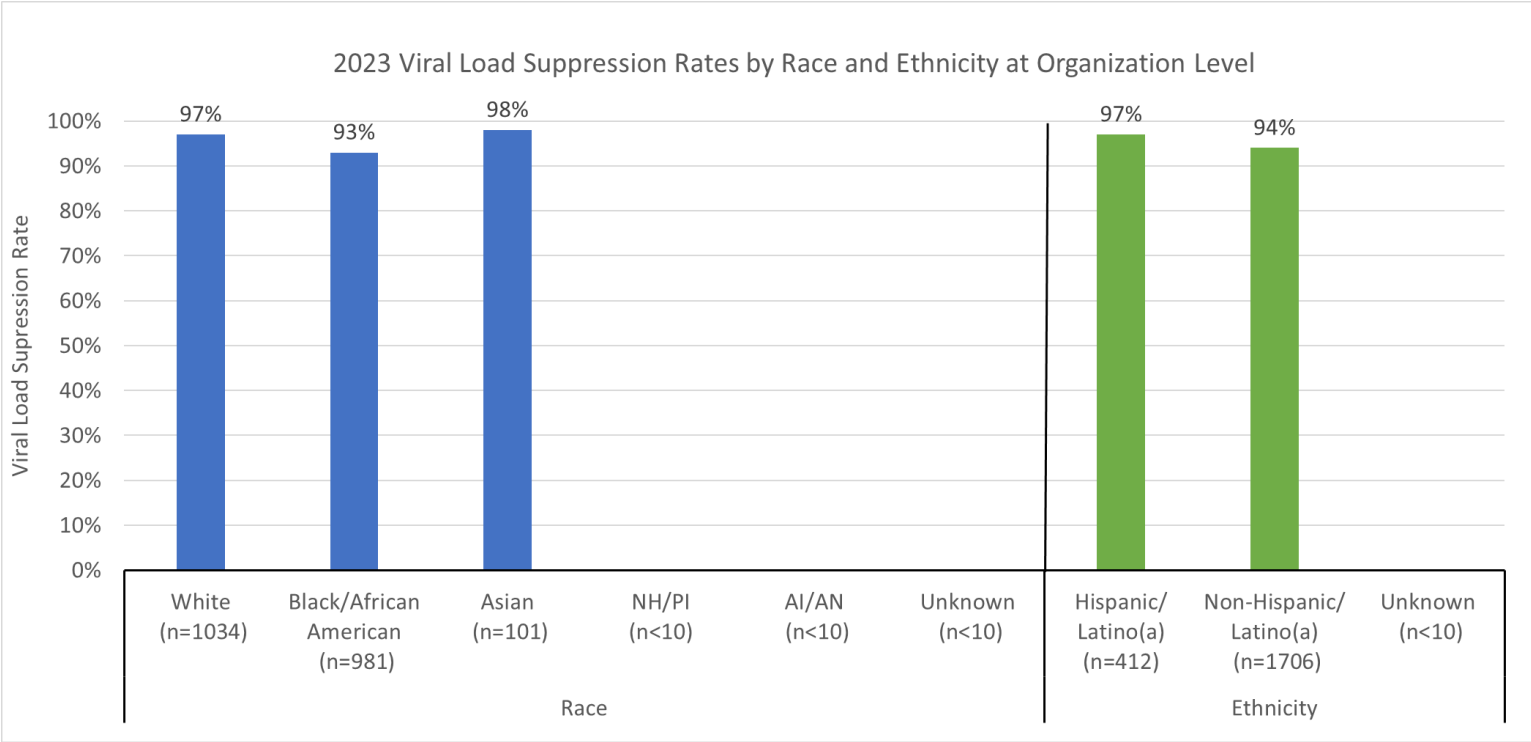


Figure 6. 2023 Established Active Viral Load Suppression Rates by Race and Ethnicity at Organizational Level



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	**	**	40% (n=30)	41%	39% (n=36)	51%	56% (n=34)	55%	59% (n=27)	61%	80% (n=41)	53%	80% (n=10)	63%
	On ARV Therapy	**	**	100% (n=69)	96%	100% (n=72)	100%	100% (n=55)	100%	100% (n=44)	100%	98% (n=52)	100%	100% (n=50)	100%
	VL Test within 91 Days	**	**	97% (n=69)	93%	100% (n=72)	95%	98% (n=55)	95%	93% (n=44)	92%	100% (n=52)	96%	96% (n=50)	95%
	Suppressed within 91 Days	**	**	63% (n=67)	45%	72% (n=67)	50%	73% (n=55)	46%	70% (n=44)	50%	79% (n=52)	50%	50% (n=50)	50%
	Baseline Resistance Test	**	**	**	**	88% (n=72)	74%	93% (n=55)	80%	91% (n=43)	82%	100% (n=52)	79%	94% (n=50)	76%
Other New to Care	On ARV Therapy	**	**	99% (n=101)	97%	100% (n=194)	100%	100% (n=108)	100%	100% (n=52)	100%	100% (n=47)	100%	100% (n=74)	100%
	Any VL Test	**	**	100% (n=101)	99%	98% (n=194)	98%	99% (n=108)	100%	98% (n=52)	100%	98% (n=47)	98%	100% (n=74)	98%
	Suppressed Final VL	**	**	85% (n=101)	74%	85% (n=194)	78%	89% (n=108)	77%	83% (n=52)	69%	91% (n=47)	77%	92% (n=74)	80%
Established Active	On ARV Therapy	--	99%	100% (n=2007)	99%	100% (n=1998)	99%	100% (n=2111)	99%	99% (n=2143)	99%	100% (n=2144)	100%	100% (n=2118)	100%
	Any VL Test	--	99%	100% (n=2007)	99%	100% (n=1998)	99%	97% (n=2111)	97%	98% (n=2143)	98%	94% (n=2144)	98%	98% (n=2118)	98%
	Suppressed Final VL	--	88%	94% (n=2007)	88%	95% (n=1998)	89%	94% (n=2111)	87%	95% (n=2143)	88%	92% (n=2144)	89%	95% (n=2118)	91%
Open Previously Diagnosed (Active & Inactive)	On ARV Therapy	--	92%	100% (n=2007)	95%	100% (n=1998)	96%	96% (n=2175)	96%	99% (n=2182)	97%	100% (n=2144)	97%	99% (n=2236)	98%
	Any VL Test	--	92%	100% (n=2007)	93%	100% (n=1998)	93%	96% (n=2175)	90%	97% (n=2182)	94%	94% (n=2144)	93%	97% (n=2236)	94%
	Suppressed Final VL	--	80%	94% (n=2007)	80%	95% (n=1998)	83%	93% (n=2175)	77%	94% (n=2182)	79%	92% (n=2144)	83%	93% (n=2236)	83%

Note: Did not receive usable data for Northwell Health-CART 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 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*	--	17	100%	58	95%	312	91%	345	90%	530	95%	856	98%
GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Gender X		Unknown Gender			
n	%	n	%	n	%	n	%	n	%	n	%	n	%		
1379	95%	727	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	%				
1034	97%	981	93%	1-1	98%	<10*	--	<10*	--	<10*	--				
ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
412	97%	1706	94%	<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	%
740	95%	131	95%	1110	96%	<10*	--	40	100%	41	80%	139	91%	<10*	--
HOUSING STATUS															
Stable Housing		Temporarily Housed		Unstably Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
2076	95%	38	79%	<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	%
459	97%	219	95%	586	94%	50	94%	804	95%	<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	--	**	**	**	**	--	--	--
2018	Center for AIDS Research and Treatment	**	99% (n=101)	100% (n=101)	85% (n=101)	100% (n=2007)	100% (n=2007)	94% (n=2007)
2019	Center for AIDS Research and Treatment	88% (n=72)	100% (n=194)	98% (n=194)	85% (n=194)	100% (n=1998)	100% (n=1998)	95% (n=1998)
2020	Center for AIDS Research and Treatment	93% (n=55)	100% (n=108)	99% (n=108)	89% (n=108)	100% (n=2111)	97% (n=2111)	94% (n=2111)
2021	Center for AIDS Research and Treatment	**	**	**	**	100% (n=2143)	98% (n=2143)	95% (n=2143)
2022	Center for AIDS Research and Treatment	**	**	**	**	100% (n=2144)	94% (n=2144)	92% (n=2144)
2023	Center for AIDS Research and Treatment	**	**	**	**	100% (n=2055)	98% (n=2055)	95% (n=2055)
	Dolan Family Health Center	**	**	**	**	100% (n=63)	97% (n=63)	92% (n=63)

Note: Did not receive usable data for Northwell Health-CART 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 or were not scored at this level.**

Quality Improvement Interventions for 2024

Self-Reported based on 2023 results

Methodology

Data reports were pulled from several sources as listed below:

Appointment Management System: Soarian Financials & Soarian Analytics (Soarian) -Basic demographic data obtained by front desk when patient present for clinic visits for all patients with attended visits, limited to information provided by patient & system limitations especially lack of Sexual Orientation & Gender Identity data (sex field = M,F, Unknown, no other Sexual Orientation & Gender Identity fields)

Electronic Medical Records Systems: Allscripts Touchworks (ambulatory settings) & Sunrise (Emergency Dept & Inpatient) and McKesson Practice Partners (Center for AIDS Research & Treatment Satellite Site: Dolan Family Health Center) - Demographics (from Soarian appointment system & as entered by care team), Lab information (Viral Loads), pharmaceutical history, Clinical history (care team notes), for all patients who accessed services, limited by information patient provided and care team entry.

Program Summary: Northwell Health-CART

Electronic Data Capturing System: Electronic Data Repository: REDCap - Comprehensive psychosocial & risk assessments completed by social workers are entered into REDCap, a web-based data repository used throughout the Northwell Health System to collect data for surveys, research projects and to support operations. Social Workers collect the data through one-on-one interviews including detailed demographics data, risk history, mental health history, housing and other social determinants of health information. Comprehensive psychosocial & risk assessments are completed for all newly diagnosed (NEWINT & NEW EXT) and established patients semi-annually.

Staff involved in HIV Cascade preparation: Senior Data Analysts & Data Analysts – Pulling reports, merging data, data cleaning & manipulation, data checks, some record review and cross-checking data across data sources. Quality Improvement Advisor – Provided oversight & coordination of cascade reporting process working closely with all staff involved in the cascade reporting process, conducted data review & trouble shooting as well as record reviews of complex cases, wrote narrative responses. Outreach Services Coordinator & Community Outreach Specialist – Conducted record reviews covering demographics, housing, HIV Risk, enrollment, Viral Load testing for established and open patients. Nursing Team – Conducted record reviews for Newly Diagnosed patients. Medical Directors & Senior Operations Manager – Provided general oversight & direction, reviewed results and led results analysis and Quality Improvement response discussion.

Process:

- 1) For patients seen at Center for AIDS Research & Treatment, data reports were pulled from the Soarian appointment management system for all patients seen for HIV care in 2023, Allscripts electronic medical record system, and REDCap system (comprehensive assessments). For patients seen only at Dolan, data was pulled from REDCap (comprehensive assessments) since the Soarian is not used at Dolan and access to their appointment system is limited. Since comprehensive assessments (comps) are only initiated at attended appointments, the existence of a comp was used as confirmation of attended appointment. This does mean a patient with an attended HIV care appointment and no comp would be missed; however, we do not believe this is a common occurrence. A separate Viral Load report was also pulled from the Allscripts and McKesson electronic medical record systems. Results from all reports were combined followed by significant data cleaning and manipulation resulting in a complete list of unduplicated patients with attended visits for HIV care in 2023, basic demographics data and additional data for those with completed comps surveys.
- 2) The spreadsheet from step 1 was restructured and formulated to mimic the HIV Cascade Template. Responses in each field were coded to corresponding options in the Cascade Template.
- 3) Center for AIDS Research & Treatment's Data Team completed the Enrollment and Diagnosis fields for Center for AIDS Research & Treatment's established patients based on the data in the reports pulled in step 1 and record reviews as necessary. Any missing data and errors were corrected as well. For Dolan patients, the data team completed data based on data from comps only as only staff working at Dolan have access to their electronic medical record system. The Data Team also looked up missing viral loads individually in the Health Information Exchange System for both Center for AIDS Research & Treatment & Dolan. Viral Loads for the majority of Dolan patients were looked up in the Health Information Exchange System.
- 4) The spreadsheet from step 2 was used to create two spreadsheets for Record Review of New to Care patients, one for Center for AIDS Research & Treatment and one for Dolan. The lists were separated into two tabs, New to Care Previously Diagnosed and Newly Diagnosed Internal & External patients. Each tab included the necessary fields for the listed category of patients with drop down menus per cascade template specific response options added to all cells and all fields missing data or requiring confirmation via record review highlighted.

Program Summary: Northwell Health-CART

- 5) The nursing team conducted the record reviews for New to Care patients.
- 6) Record review results, comments and questions were reviewed and addressed by the Quality Improvement Advisor including further record reviews of complex cases and referral to Medical Directors for decisions on some.
- 7) Open Patients (HIV+ patients who received services but are not receiving HIV care at Center for AIDS Research & Treatment or Dolan): A report was pulled from the Sunrise electronic medical record system used in the hospital setting listing all patients with diagnosis codes pertaining to HIV who visited the Emergency Department or were inpatient at North Shore University Hospital. The report included any demographic data and viral load lab results available in Sunrise.
- 8) Step 2 (restructuring and formulating responses to correspond to the cascade template) was repeated with the spreadsheet of open patients.
- 9) Center for AIDS Research & Treatment's Outreach Services Coordinator and Community Outreach Specialist conducted record reviews of all 118 open patients focusing on Enrollment and Viral Load testing. Viral Loads were looked up in the Health Information Exchange system as well.
- 10) Data from all internal cascade data spreadsheets was transferred to the official cascade template.
- 11) Errors and warnings were reviewed and addressed by the Data Team and Quality Improvement Advisor over several rounds including review and discussion with Senior Operations Director and Medical Director as needed.
- 12) A results meeting was held to analyze the cascade results and discuss Quality Improvement plans and goals. The meeting included Medical Director of Northwell's HIV Service Line and Center for AIDS Research & Treatment, Dr. Joseph McGowan, Center for AIDS Research & Treatment Senior Operations Manager, Ana Huezio, HIV Service Line Quality Improvement Advisor, Rozalin Wise and Senior Data Analyst, Justin Yohannan. The results were reviewed directly on the Cascade Template. Every graph produced by the Template was comprehensively reviewed and discussed.
- 13) Quality Improvement Advisor drafted the narrative responses.
- 14) The Authorized Approver, Dr. Joseph McGowan reviewed the completed cascade template, made final edits and approved it for submission.
- 15) The Senior Data Analyst submitted the report in the Health Commerce System.

Challenges: This year most staff involved in the cascade reporting process, including the teams conducting record review, were new to the process, therefore the entire team had a learning curve which required additional time and at times repeated steps. In addition, for the first time the Center for AIDS Research & Treatment team supported two other Northwell sites in the preparation of their cascade reports which necessitated more coordination time and involvement of significantly more staff than prior years to complete record reviews.

Sharing & Discussing HIV Cascade Data: Due to time constraints, it was not possible to present the HIV Cascade Data to Center for AIDS Research & Treatment staff and Consumer Advisory Board prior to submission, however the results will be presented at a future staff and Consumer Advisory Board meetings along with discussion and feedback on the Quality Improvement initiatives in place, already proposed and new suggestions.

Key Findings

We are pleased to report that in 2023 we had improvements in Viral Load Testing and Viral Load Suppression among 3 of the 4 cascade patient categories including Open, Established and Previously Diagnosed New to Care patients. A notable improvement occurred among Established patients with Viral Load Testing increasing from 94% in 2022 to 98% in 2023 and Viral Load Suppression increasing from 92% to 95% respectively. Among Newly

Program Summary: Northwell Health-CART

Diagnosed patients we had a slight dip in Viral Load Testing to 96% (vs 100% in 2022). The dip is due to just 2 externally diagnosed patients who presented at the clinic a few months after being diagnosed and did not know the exact date of their diagnosis and/or could not produce prior Viral Load test results. Viral Load Suppression among Newly Diagnosed dropped from 79% in 2022 to 50% in 2023. Although this is a significant drop, the percentage did significantly increase to 78% when considering Ever Suppressed in the Review Year. One factor impacting this measure this year is that 80% of Newly Diagnosed patients were externally diagnosed. Internally Diagnosed patients are more likely to be suppressed in under 91 days since there are fewer transfer delays. Nonetheless we will be conducting a thorough review of this cohort.

NOTE: For the 2022 cascade, the Internally Diagnosed (NEWINT) category included all Northwell hospitals in Queens and Nassau County.

For the 2023 cascade, we defined Internally Diagnosed as patients who were diagnosed at North Shore University Hospital only. This decision was made due to the vastly different process for linking patients diagnosed within North Shore Hospital where Center for AIDS Research & Treatment Physicians are always on call and attend to newly diagnosed patients within minutes and other hospitals in the region.

Looking at the cascade breakdowns by demographic categories, we are proud to see Viral Load Suppression rates of 93% or higher across all the major race categories. This is a testament to our team's hard work to ensure patients are effectively linked to all the services they need to holistically address their challenges and our comprehensive model of care with many support services provided on site, including pharmacy, health education, nutrition, individual and group psychotherapy, psychiatry, neuropsychology, gynecology, and a number of targeted programs providing intensive case management and other services for specific patient populations. We do note that of the major race groups, the Black & African American category has the lowest suppression rate at 93%. This may not be a statistically significant difference; however, we plan to explore the difference through an analysis of Social Determinants of Health and other factors with support from the Biostatistics Department at Northwell's Feinstein Institute for Research. The only race categories below the 90% benchmark were Native Hawaiian/Pacific Islanders and American Indian/Alaska Natives. Both these categories had a 50% Viral Load Suppression rate; however, this equals only 3 patients not suppressed across both categories. Nonetheless, with both these groups presenting as such, we will need to keep an eye on these populations.

Most categories did well across the cascade breakdowns by exposure risk. However, there are two categories which had significantly lower suppression rates, those who acquired HIV perinatally (80%, n=41) and those living in temporary housing (79%, n=38). We will be conducting an assessment of these two categories of patients to identify the primary factors contributing to the lower Viral Load Suppression rates among them.

Finally, we note that established patients at our Dolan satellite site have a lower suppression rate (92%) compared to the same cohort at Center for AIDS Research & Treatment (95%), this may not be a statistically significant difference either especially since the cohort of patients at Dolan is much smaller so a few difficult patients will have a bigger impact on the measure. However, there are fewer resources available to patients at Dolan and the patients face many challenges. We will be looking to expand our Retention and Adherence Program to Dolan. The Retention and Adherence Program provides intensive case management to newly diagnosed and previously diagnosed patients having difficulty achieving suppression.

QI Projects

QI Project #1

Indicator: Viral load suppression among established active patients

2023 rate for this indicator: 95%

Overall 2024 goal for this indicator: 98%

Description: We will conduct a comprehensive record review of all Temporarily Housed and Perinatally exposed patients to catalogue and graph all potential barriers to them becoming suppressed. We will use a Pareto Diagram to identify the barriers having the greatest impact on these populations and work with our Consumer Advisory Board to design one or more interventions targeting the most common barriers. We will also recommend those who have not been case conferenced in more than a year for case conferencing through our new expanded case conferencing process.

Intervention Specific Goals: 90% Suppression among perinatally exposed patients 90% Suppression among temporarily housed

QI Project #2

Indicator: Viral load suppression among newly diagnosed patients

2023 rate for this indicator: 50%

Overall 2024 goal for this indicator: 80%

Description: We will conduct a thorough review of the cohort of patients newly diagnosed in 2023, cataloguing the potential barriers to suppression known at the time they first engaged in care and actions taken by their care team at Center for AIDS Research and Treatment to identify any missed opportunities or lapses in the linkage process. We will also explore the linkage process for patients diagnosed in area hospitals versus those internally diagnosed at North Shore University Hospital; to identify potential ways we can improve the process. The results will be shared with all patient-facing staff and Consumer Advisory Board members. In 2024, a number of changes have been made which may already be addressing some of the issues we find, including a revised workflow for managing patients who do not have their routine HIV care appointments scheduled, those missing appointments or lost to care, as well as expansion of our Retention and Adherence Program which provides intensive case management to newly diagnosed and patients facing significant social determinants of health or other barriers to maintaining suppression. Lessons learned from the review will be documented and discussions will be held with patient facing staff to address any findings which have not been addressed by changes already implemented in 2024.

Consumer Involvement

Our Consumer Advisory Board and peer volunteers participate in clinic operations in a number of ways as follows:

- Participation in Monthly Consumer Advisory Board Meetings
- Participation in regional HIV AIDS Committee meetings including Ryan White Council Committees and NY Links
- Quarterly Quality Improvement Meetings held with Center for Young Adult, Adolescent and Pediatric HIV, the Northwell clinic providing HIV Care to youth and adolescents. Consumer Advisory Board members participating in these quarterly meetings report back to the Consumer Advisory Board.
- Support our Community Outreach Specialist in reaching lost to care or patients who are not responding to appointment reminders.
- Linked with individual patients to provide peer to peer support to newly diagnosed or struggling patients.

Program Summary: Northwell Health-CART

— Co-chair patient adherence and education support groups

In 2024, we will be looking to involve consumers in direct implementation of Quality Improvement efforts. The initiative will begin with the Quality Improvement Advisor presenting Center for AIDS Research and Treatment's draft Quality Improvement plan and HIV Cascade results to the Consumer Advisory Board and leading a discussion regarding ways peers may be able to get involved in implementation of upcoming Quality Improvement projects. One project we hope to involve consumers in is the implementation of a patient survey specifically for our Retention and Adherence Program which provides intensive case management to newly diagnosed patients and those struggling to become or remain suppressed. We plan to involve peer volunteers in pretesting the survey.

Coach's Feedback and Updates on Cascade QI Plan

QI projects are well explained and states that targeted group. The utilization of different QI tools is noted. Recommends utilizing QI coaching and TA as needed. Coach will f/u with site next year regarding issues identified during Data Admins review.