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: Stony Brook Medicine

Clinic Information

Type of Clinic	Clinic Name	Address	City	Zip
Hospital	Adolescent & Young Adult HIV Care and Prevention Center	4 Smith Haven Mall, Suite 101	Lake Grove	11755
Hospital	Designated AIDS Center	205 N. Belle Meade Road	East Setauket	11733
Hospital	Rose Walton Care Services at Edie Windsor Healthcare Center	182 W. Montauk Hwy. Building B Suite D	Hampton Bays	11946

Important Contacts

HIV Medical Director	Jack Fuhrer	Jack.Fuhrer@stonybrookmedicine.edu	(631) 444-1667
HIV Program Administrator	Erin Infanzon	Erin.Infanzon@stonybrookmedicine.edu	(631) 444-8832
EWHC Site Administrator	Cristina Witzke	Cristina.Witzke@stonybrookmedicine.edu	(631) 287-5990
Lead QI Contact	Sofia Porres	Sofia.Porres@stonybrookmedicine.edu	(631) 905-1306
Contract Manager	Attisso Akakpo	Attisso.akakpo@health.ny.gov	(212) 417-4767
NY Links Coach	Febuary D'Auria	Febuary.duaria@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.

Key Indicators

Figure 1. Newly Diagnosed Viral Load Suppression (within 91 days) Rates at Organizational Level from 2018 to 2023

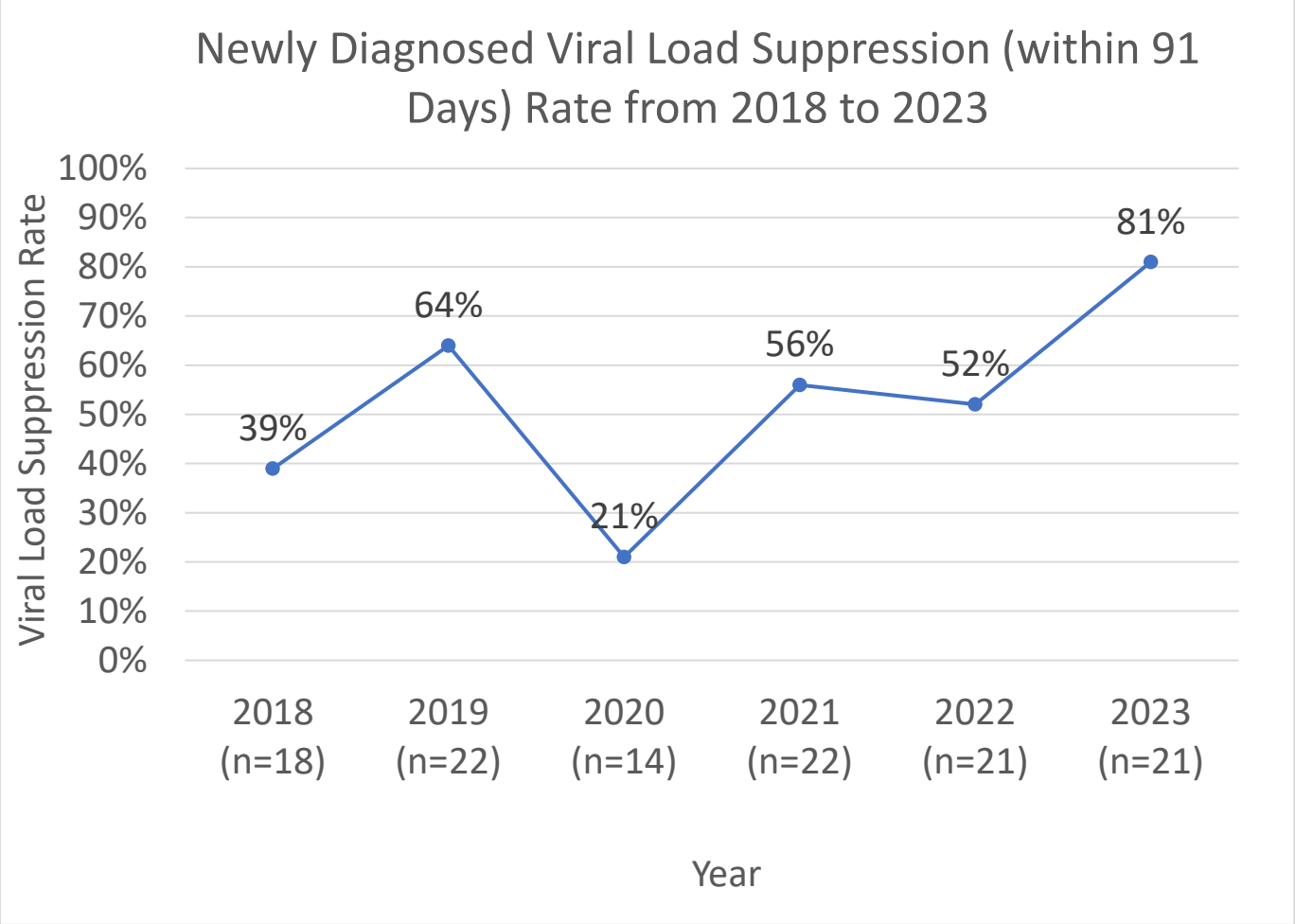


Figure 2: New to Care (Other than Newly Diagnosed) Viral Load Suppression Rates at Organizational Level from 2018 to 2023

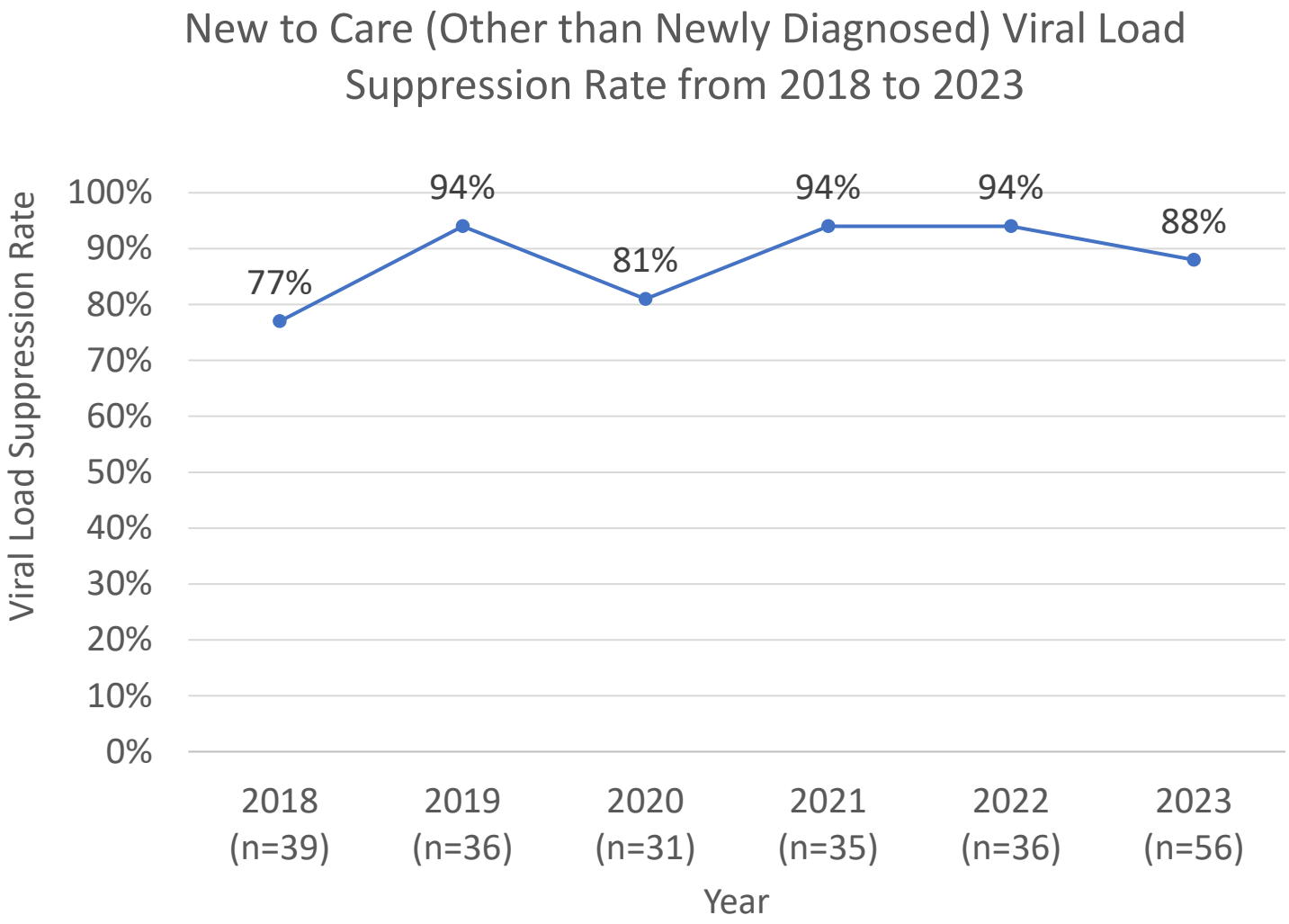


Figure 3: Established Active Viral Load Suppression Rates at Organizational Level from 2017 to 2023

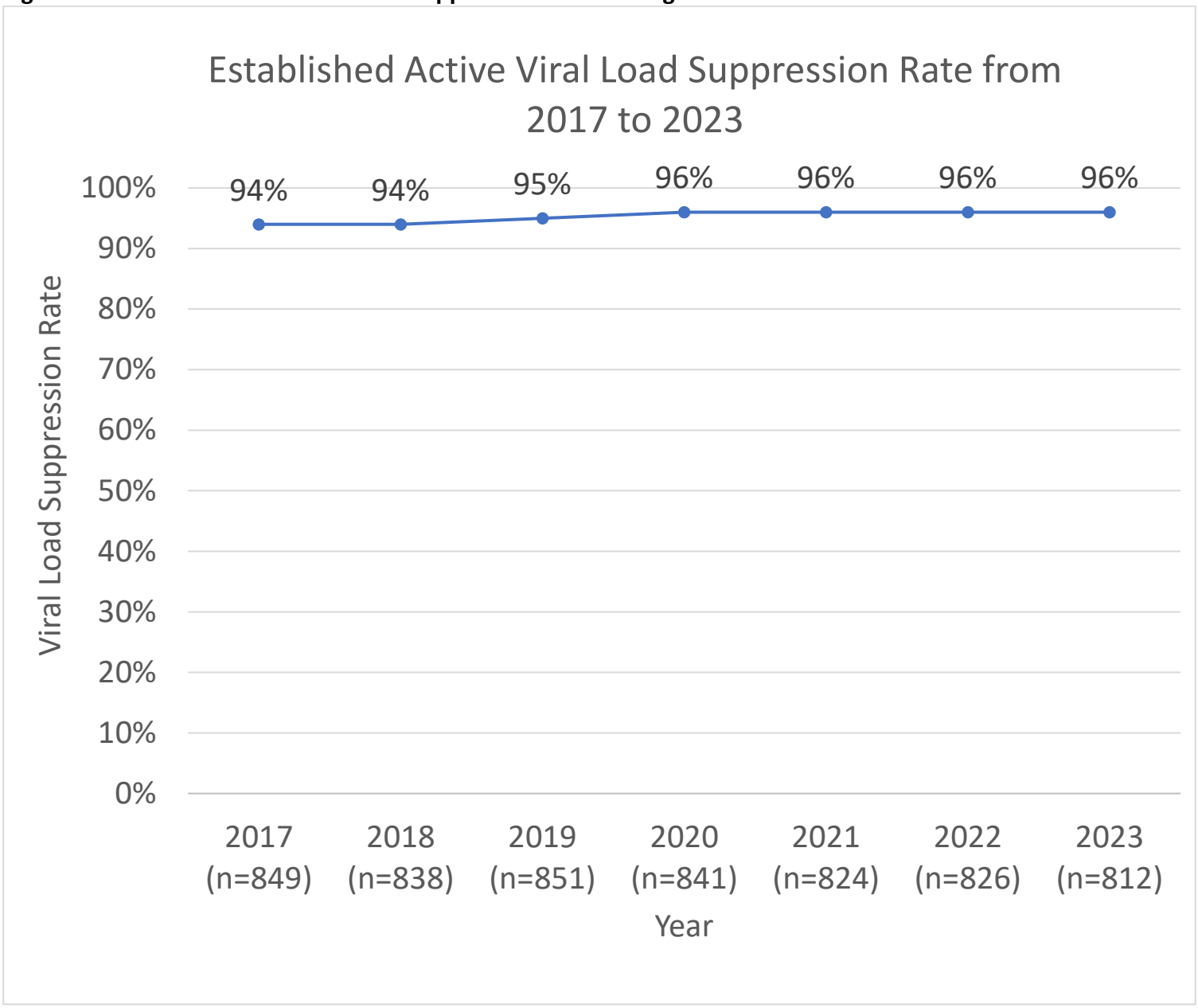


Figure 4. 2023 Established Active Viral Load Suppression Rates by Age at Organizational Level

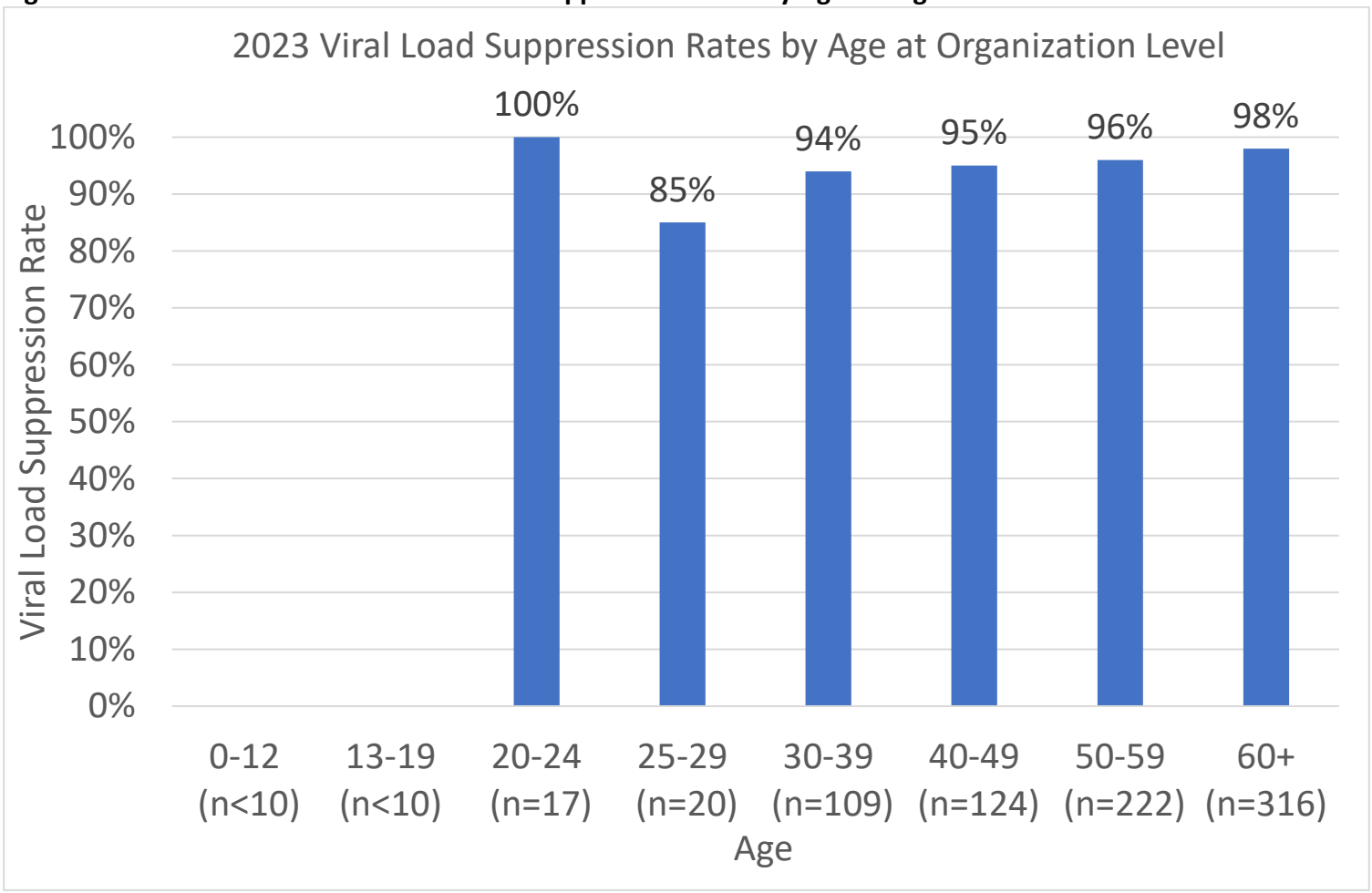
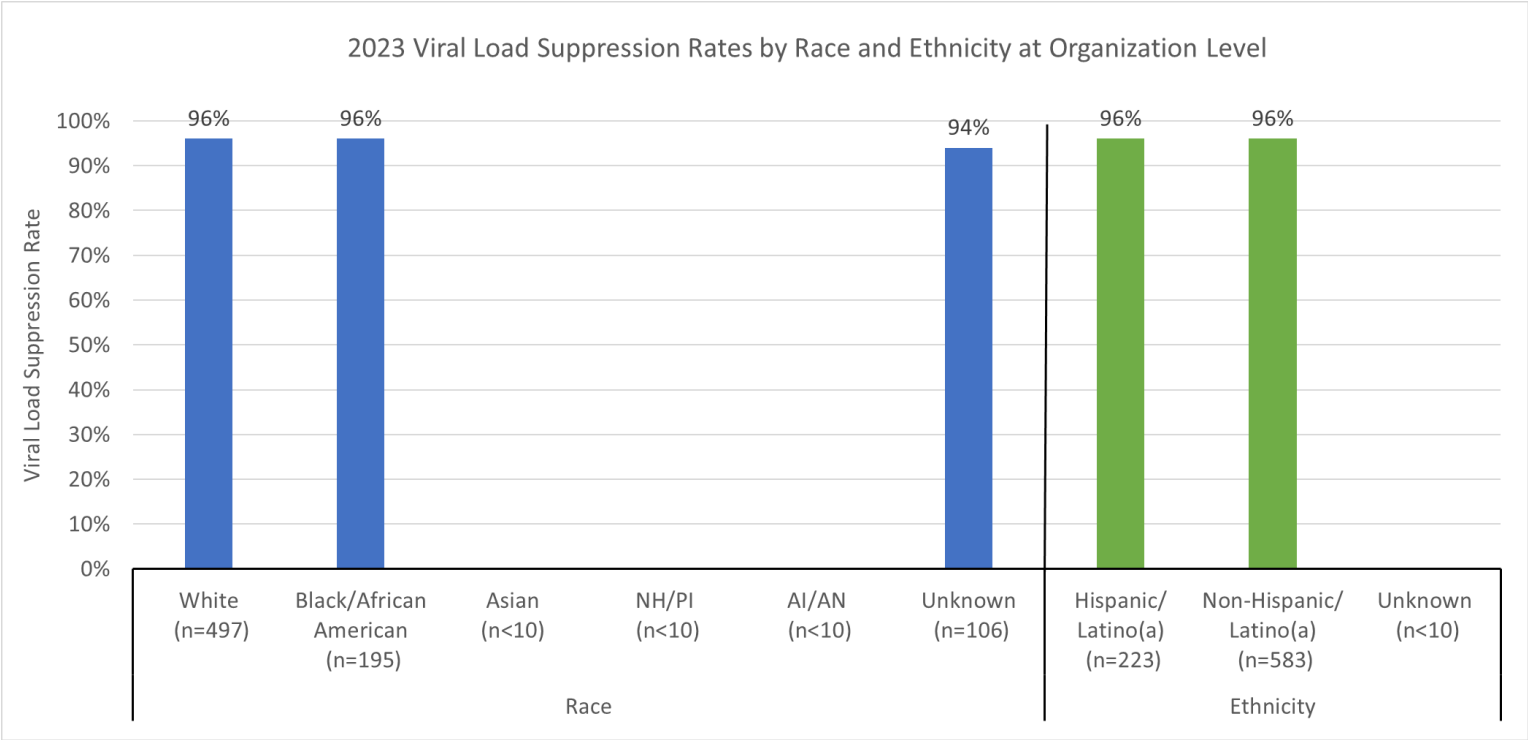


Figure 5. 2023 Established Active Viral Load Suppression Rates by Race and Ethnicity at Organizational Level



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%	18% (n=11)	51%	-- (n<10)*	55%	-- (n<10)*	61%	-- (n<10)*	53%	64% (n=11)	63%
	On ARV Therapy	**	**	94% (n=18)	96%	100% (n=22)	100%	100% (n=14)	100%	100% (n=22)	100%	100% (n=21)	100%	100% (n=21)	100%
	VL Test within 91 Days	**	**	89% (n=18)	93%	95% (n=22)	95%	79% (n=14)	95%	100% (n=22)	92%	95% (n=21)	96%	100% (n=21)	95%
	Suppressed within 91 Days	**	**	39% (n=18)	45%	64% (n=22)	50%	21% (n=14)	46%	55% (n=22)	50%	52% (n=21)	50%	81% (n=21)	50%
	Baseline Resistance Test	**	**	**	**	68% (n=22)	74%	69% (n=13)	80%	86% (n=22)	82%	81% (n=21)	79%	90% (n=21)	76%
Other New to Care	On ARV Therapy	**	**	100% (n=39)	97%	100% (n=36)	100%	97% (n=31)	100%	100% (n=35)	100%	100% (n=36)	100%	100% (n=56)	100%
	Any VL Test	**	**	100% (n=39)	99%	100% (n=36)	98%	97% (n=31)	100%	100% (n=35)	100%	100% (n=36)	98%	98% (n=56)	98%
	Suppressed Final VL	**	**	77% (n=39)	74%	94% (n=36)	78%	81% (n=31)	77%	94% (n=35)	69%	94% (n=36)	77%	88% (n=56)	80%
Established Active	On ARV Therapy	100% (n=849)	99%	100% (n=838)	99%	100% (n=851)	99%	100% (n=841)	99%	99% (n=824)	99%	100% (n=826)	100%	100% (n=812)	100%
	Any VL Test	99% (n=849)	99%	99% (n=838)	99%	99% (n=851)	99%	99% (n=841)	97%	99% (n=824)	98%	99% (n=826)	98%	99% (n=812)	98%
	Suppressed Final VL	94% (n=849)	88%	94% (n=838)	88%	95% (n=851)	89%	96% (n=841)	87%	96% (n=824)	88%	96% (n=826)	89%	96% (n=812)	91%
Open Previously Diagnosed (Active & Inactive)	On ARV Therapy	100% (n=851)	92%	100% (n=851)	95%	99% (n=873)	96%	98% (n=877)	96%	99% (n=833)	97%	100% (n=830)	97%	99% (n=827)	98%
	Any VL Test	99% (n=851)	92%	98% (n=851)	93%	97% (n=873)	93%	95% (n=877)	90%	98% (n=833)	94%	99% (n=830)	93%	98% (n=827)	94%
	Suppressed Final VL	94% (n=851)	80%	93% (n=851)	80%	93% (n=873)	83%	92% (n=877)	77%	95% (n=833)	79%	96% (n=830)	83%	94% (n=827)	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*	--	17	100%	20	85%	109	94%	124	95%	222	96%	316	98%

GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Gender X		Unknown Gender			
n	%	n	%	n	%	n	%	n	%	n	%	n	%		
562	97%	238	94%	<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	%				
497	96%	195	96%	<10*	--	<10*	--	<10*	--	106	94%				

ETHNICITY					
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity	
n	%	n	%	n	%
223	96%	583	96%	<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	%
378	98%	58	95%	370	96%	<10*	--	<10*	--	27	81%	<10*	--	<10*	--

HOUSING STATUS							
Stable Housing		Temporarily Housed		Unstably Housed		Unknown Housing	
n	%	n	%	n	%	n	%
803	96%	<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	%
167	97%	99	96%	160	93%	122	98%	262	97%	<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	SBM Adult ID Clinic	**	**	**	**	100% (n=645)	99% (n=645)	94% (n=645)
	SB Children's Hospital	**	**	**	**	100% (n=18)	100% (n=18)	72% (n=18)
	David E. Rogers Center	**	**	**	**	100% (n=179)	99% (n=179)	96% (n=179)

	Family Medicine	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	SB OB	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
2018	Adolescent & Young Adult HIV Care and Prevention Center	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=19)	100% (n=19)	89% (n=19)
	Designated AIDS Center	**	100% (n=27)	100% (n=27)	70% (n=27)	100% (n=645)	98% (n=645)	92% (n=645)
	Rose Walton	**	100% (n=12)	100% (n=12)	92% (n=12)	100% (n=174)	99% (n=174)	99% (n=174)
2019	Adolescent & Young Adult HIV Care and Prevention Center	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=18)	100% (n=18)	78% (n=18)
	Designated AIDS Center	56% (n=16)	100% (n=27)	100% (n=27)	93% (n=27)	100% (n=648)	98% (n=648)	95% (n=648)
	Rose Walton	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=185)	100% (n=185)	97% (n=185)
2020	Adolescent & Young Adult HIV Care and Prevention Center	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=17)	100% (n=17)	71% (n=17)
	Designated AIDS Center	60% (n=10)	100% (n=11)	100% (n=11)	82% (n=11)	100% (n=638)	98% (n=638)	95% (n=638)
	Rose Walton Care Services at Edie Windsor Healthcare Center	-- (n<10)*	95% (n=19)	100% (n=19)	84% (n=19)	100% (n=186)	100% (n=186)	98% (n=186)
2021	Adolescent & Young Adult HIV Care and Prevention Center	**	**	**	**	100% (n=12)	92% (n=12)	83% (n=12)
	Designated AIDS Center	**	**	**	**	99% (n=614)	99% (n=614)	96% (n=614)
	Rose Walton Care Services at Edie Windsor Healthcare Center	**	**	**	**	100% (n=198)	99% (n=198)	98% (n=198)
2022	Adolescent & Young Adult HIV Care and Prevention Center	**	**	**	**	100% (n=12)	100% (n=12)	92% (n=12)
	Designated AIDS Center	**	**	**	**	100% (n=614)	99% (n=614)	95% (n=614)
	Rose Walton Care Services at Edie Windsor Healthcare Center	**	**	**	**	100% (n=200)	99% (n=200)	99% (n=200)
2023	Adolescent & Young Adult HIV Care and Prevention Center	**	**	**	**	100% (n=12)	92% (n=12)	92% (n=12)
	Designated AIDS Center	**	**	**	**	100% (n=586)	100% (n=586)	96% (n=586)
	Rose Walton Care Services at Edie Windsor Healthcare Center	**	**	**	**	100% (n=214)	99% (n=214)	98% (n=214)

*** 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
Stony Brook Medicine 2023 Organizational HIV Treatment Cascade was completed by the Stony Brook Medicine Designated AIDS Center HIV Quality Sub-Committee led by Sofia Porres and Cristina Witzke. Sofia Porres completed the integration of Stony Brook University Hospital demographic data and Cristina Witzke completed the Edie Windsor Healthcare Center portion of the cascade as stated below. The completed data set was reviewed by Sofia Porres and Cristina Witzke along with the Designated AIDS Center Quality Management Program Committee. The Quality Management Program Committee reviewed and analyzed the data virtually through PowerPoint Presentation showing comparison charts and tables. The same presentation was shared with quality sub-committees and the Stony Brook HIV Program Consumer Advisory Board.

Being a large health system made up of hospitals, community-based clinics, and affiliations, some Stony Brook affiliates utilize different electronic medical record systems than Stony Brook University Hospital and Stony Brook Children's Hospital. Because of this, data from the health system cannot be extracted directly from the electronic medical record system. Instead, to extract data across electronic medical record systems Stony Brook Medicine uses a Population Health System – HealtheIntent.

In 2016, our program began working with Stony Brook Medicine's Information Technology Department – Division of Analytics and Population Health to create a database for the Designated AIDS Center to use to create reports containing medical information on all patients with a known diagnosis of HIV (using ICD10 codes) who received services at Stony Brook Medicine in the past two years. This "Designated AIDS Center Data Sheet" can be run by Designated AIDS Center Staff throughout the year. However, some information is limited as our staff is unable to verify and/or obtain information, because they do not have access to these different electronic medical record systems. In addition, Designated AIDS Center staff requests and obtains a data set of all patients who received an HIV Test and the results of the test. This "Newly Diagnosed Patient List" cannot be run by the Designated AIDS Center Staff, but the report can be requested with new dates and run when needed.

HealtheIntent data does not include the Stony Brook Medicine Dental Clinic or Stony Brook Southampton Hospital's Edie Windsor Healthcare Center as their data is not yet integrated into the Stony Brook Population Health System. Additionally, those that receive HIV support services through grant funding, but did not access any medically related services through Stony Brook Medicine are not on the Designated AIDS Center Data Sheet.

The Designated AIDS Center Data Sheet includes the following patient data:

- demographics
- last hospital visit (date, location)
- last medical visit by quarter (date location, and provider)
- HIV-specific primary medical visits by quarter (date, location, and provider)
- viral load dates and results by quarter
- last prescription antiretroviral medications, and sexually transmitted infection test dates and results.

Program Summary: Stony Brook Medicine

Patient demographic data including race and ethnicity are determined at patient intake and in some cases, were incomplete in the electronic medical record system. Data is limited regarding laboratory testing as some outside laboratories (i.e., Sunrise, LabCorp) are not integrated into the laboratory results system, instead laboratory results are scanned in and therefore not able to be extracted in a data report. Limitations also include, housing status, and transmission risk factors as this information is only available in the electronic medical record as text in a provider's medical note and not able to be extracted through a data report.

The Edie Windsor Healthcare Center: Patient data was collected through the electronic medical record system Next Gen, a Microsoft Access Database maintained by the Center, and utilizing custom reports created through Human Resources & Service Administration's CAREWare system. The CAREWare system is utilized by all Stony Brook Medicine's HIV grant funded programs to collect data and report on grant funded services. The Stony Brook University Hospital program extracted Stony Brook Medicine data using HealtheIntent and downloaded it into a Microsoft Excel file. The Edie Windsor Healthcare Center data and grant-related support service data were then integrated into this file manually using the find function by first and then last name to ensure there was no duplication of patients.

The 2023 Cascade Patient Data Template and reports from CAREWare were utilized to update information in the Cascade Excel sheet such as:

- Race
- Ethnicity
- Insurance
- Transmission Risk
- Housing Status

Integration of this information was completed by using the VLOOKUP function in Excel. Note, most patients who identify their Ethnicity as Hispanic, identify their Race as other which is not a choice so their Race then becomes "unknown." Patients in the Designated AIDS Center Data Sheet who were not seen in 2023 were removed by sorting by last visit date. Patients were identified as receiving HIV Primary Care through the Designated AIDS Center if they had a medical visit in the data column "HIV specific primary medical visits." The electronic medical records of patients' who did not have a viral load listed in the Designated AIDS Center Data Sheet or did not have a suppressed viral load at last test were manually reviewed for viral loads that may have been scanned into the system rather than appear as a data point.

Designated AIDS Center staff utilizes two lists throughout the year to keep track of new/new to care and those who are no longer seen for HIV Primary Care (deceased, relocated, transferred care, incarcerated, etc.). These lists, along with the Newly Diagnosed Patient List, were cross-referenced with the Designated AIDS Center Data Sheet to update patient enrollment status for new/new to care and active/non-active patients. Electronic medical records of patients newly diagnosed were reviewed manually to determine location of diagnosis (internal versus external), date of diagnosis, first care date, first viral load date and first suppressed viral load date. Those patients not receiving HIV specific Primary Care through the Designated AIDS Center, but through a different service line were manually looked up in the main Stony Brook Medicine electronic medical record (Cerner Powerchart) to complete the "Enrollment Status" column.

While reviewing data, staff found that some of those on the list were not living with HIV (i.e., HIV-exposed children or HIV negative patient who had a previous false positive test, was on PrEP, and/or the incorrect ICD10 code was

used during a medical visit and an HIV/AIDS diagnosis was coded when an HIV test was run). Staff also found that some of those on the list could not be confirmed as living with HIV, as the patients' charts had no indications of HIV in either electronic medical record system to which the team has access. These patients were removed from the data.

Key Findings

The 2023 cascade data results were analyzed by Sofia Porres and Cristina Witzke, along with the Designated AIDS Center Quality Management Program Committee. At the Designated AIDS Center Quality Management Program Committee Quarterly Meeting, indicator data, cascade charts, 2023 data comparison to previous cascades were shared via Microsoft Teams presentation for analysis. Newly Diagnosed Stony Brook Medicine's newly diagnosed patient caseload in 2023 was 21, 11 of which were diagnosed internally. Of those diagnosed internally, the 7-day linkage to HIV care was 64% (n=7), the 30-day linkage was 82% (n=9), and 90-day linkage was 91% (n=10). One of the newly diagnosed patients was diagnosed internally but is getting care externally, one was incarcerated and the other passed away.

Through patient chart review we found that the barrier for an appointment within 7 days were hospitalization, patients declining earlier appointments, and insurance issues. Insurance barriers are always addressed with the program administrator and/or social worker/case manager, who assist with the insurance, ADAP application, or referral to a facility that accepts the patient's insurance.

All three clinics utilize a single point of contact for scheduling appointments. The Adult HIV Center and Edie Windsor Healthcare Center each have one phone number, which is answered by the HIV Program Administrator/Assistant to schedule appointments while the Pediatric/Adolescent Program has two contacts (either the program social worker or a concierge line that is forwarded to the administrative assistant who schedules appointments).

In addition, during 2023 Stony Brook University Hospital staff continued to fully implement a new referrals option via the electronic medical record for those who are either newly diagnosed or in need of an HIV care provider. The referral can be utilized by both the in-patient and outpatient settings. The referral is immediately sent to our support staff, which can then follow-up with the patient to get them into care.

100% of patients who were newly diagnosed and attended a visit at Stony Brook Medicine were prescribed antiretrovirals, had viral load testing, and were virally suppressed within 2 to 3 months. One patient did not get lab work before starting medication and then was incarcerated. One patient did not get resistance testing due to lab errors. Due to the time period, three patients who were diagnosed and attended a visit in December did not get a chance to have a second viral load test by the end of the year, so they were not considered virally suppressed in 2023. All newly diagnosed patients were virally suppressed at their first viral load test in 2024.

Open caseload gaps in care: Stony Brook Medicine's total HIV caseload in 2023 was 1,173. Overall, 279 patients were previously diagnosed and received care other than HIV Primary Care at Stony Brook Medicine. Of the 279 patients, 95% (n=264) were confirmed to be receiving HIV care elsewhere. Fifty-six of the 1,173 patients were new to care, 23 were newly diagnosed and 3 were linkage only patients. Stony Brook Medicine Emergency Department, In-patient care, Primary Care, non-HIV specialty care providers and supportive services do an outstanding job documenting patients' HIV care and/or documenting referrals to primary care providers and HIV care providers in the electronic medical record. There are 15 patients who were previously diagnosed but whose HIV care could not be confirmed. These included 7 patients who were seen in the Emergency Department, 2 who were seen by

specialty services that did not document their care, 2 who were patients who received supportive services looking to reengage in care but were not seen at any clinic, and 4 who were seen for laboratory services.

Active caseload gaps in care: Stony Brook Medicine's total active caseload in 2023 was 812 patients.

Prescribed Antiretrovirals: Most Stony Brook Medicine patients are prescribed antiretrovirals (n=810/812). The only two patients that were not prescribed antiretrovirals are elite controllers that are suppressed without antiretrovirals.

Viral Load Testing: Almost all Stony Brook Medicine patients received viral load testing in 2023 (99%, n=806/812). Upon reviewing the data and patient charts we found that of the 6 patients who did not have a viral load test in 2023, 3 had a viral load in 2024 and all were suppressed, 1 patient was not suppressed developed resistance and is changing antiretrovirals, 1 patient passed away. One patient did not have labs due to a lab error and they have an appointment scheduled in June 2024.

Viral Load Suppression: The rate of patients with a HIV viral load less than 200 copies/mL at last viral load testing during 2023 at Stony Brook Medicine was 96% (n=781/812). By comparison, in 2022, New York State's viral suppression rate was 74%, the rate for the Nassau-Suffolk Region was 78% and the rate for Suffolk County was 85%. Latest New York State and regional available data is available through New York's Ending the Epidemic Website at https://etedashboardny.org/data/prevalence-and-care/hiv-care-cascades-nys/. Likewise, our viral load suppression also exceeds national rates.

Health Resource and Service Administration's Ryan White HIV/AIDS Program provides services to low-income individuals living with HIV who have no health care coverage (public or private), have insufficient health care coverage, or lack financial resources to get the care and treatment they need for their HIV disease. According to the latest available Ryan White HIV/AIDS Program Annual Client Level Data Report (2022) the viral load suppression rate of those receiving services was 89.6% (note: the denominator is patients who received a viral load test, and do not have AIDS Drug Assistance Program, so actual suppression rate maybe lower). The latest Ryan White HIV/AIDS Program Annual Client Level Data Report is available at ryanwhite.hrsa.gov/sites/default/files/ryanwhite/data/rwhap-annual-client-level-data-report-2022.pdf

According to the Center for Disease Control and Prevention's HIV Surveillance Report 2022, the national viral load suppression rate for ages ≥ 13 was 65%. The HIV Surveillance Report 2022 uses viral load results from HIV surveillance programs across 45 jurisdictions (44 states and the District of Columbia). The 2022 HIV Surveillance Report can be found at: stacks.cdc.gov/view/cdc/156511

Upon reviewing the data and patient charts, we found that 18/25 patients who were not suppressed at the end of 2023 have become virally suppressed in 2024, increasing our suppression rate. The Quality Manager provided medical providers with the list of their patients who were not virally suppressed in 2023. The medical provider along with Case Manager, Social Worker, Care Coordinator, and/or Retention Specialist in the corresponding clinic will be tasked with coming up with a plan for these patients. Of those still not virally suppressed, 5 patients are enrolled previously and/or were recently referred to Stony Brook Medicine's Retention and Adherence Program and/or Medical Case Management Program to reengage and retain in care, 1 patient passed away, 1 patient relocated in 2024, 1 patient developed resistance and had antiretrovirals changed.

Program Summary: Stony Brook Medicine

The Designated AIDS Center will continue to offer Retention and Adherence Program services as well as Medical Case Management, Women's Care Coordination, Nutritional Services, Transportation Services and Self-Management classes to assist patients in staying virally suppressed. Stony Brook Medicine Designated AIDS Center's active caseload has been relatively stable since 2016. Overall viral load suppression was maintained from 2023. Patients prescribed antiretrovirals and viral load testing have been maintained from 2016 through 2023. Stony Brook Children's Hospital Pediatric, Adolescent, and Young Adult HIV Clinic maintained its viral load suppression rate in 2023, while the Stony Brook Southampton Hospital's Edie Windsor Healthcare Center AIDS Center took a small dip. Stony Brook University Hospital Adult HIV Center slightly improved its rate. The Designated AIDS Center Quality Management Program Committee acknowledges that although almost 100% of our patients are prescribed antiretrovirals there are gaps when it comes to viral load suppression.

Our program has defined a gap in care as indicators with a less than 90% viral suppression rate. Those subpopulations include Perinatal Transmission Risk with a viral load suppression rate of 81% (n=27); and Temporary Housing with a viral load suppression rate of 0% (n=1). Gaps in care have remained mostly constant from 2017 to 2023 for those with Perinatal Transmission Risk (3 of those in the 25-29 age group also belong to the perinatal transmission as a risk factor group). Although the group for ages 25-29 appears lower, when added to the group 20-29 (as reviewed by New York State and at a national level) we were able to maintain the viral load suppression above 90%, therefore there is no gap and our goal will be to continue to maintain this rate. Unstable housing is also no longer a subpopulation with lower viral load suppression (100% suppression). Temporary housing appears however, it is comprised of only one individual which makes this a subpopulation that needs an individualized targeted approach which therefore will not be included in this analysis. Although we identified these subpopulations as having a gap in care - we would like to note that our viral load suppression rates suppression rates for those with Perinatal risk is higher than the state and Suffolk County. Latest New York State and regional available data, unless otherwise noted, is available through New York's Ending the Epidemic Website at etedashboardny.org/data/prevalence-and-care/hiv-care-cascades-nys/. As for nationally, there was no data for viral load suppression for perinatal transmission available. Subpopulation of those with Perinatal Transmission Risk, were further disaggregated by age, gender, race, ethnicity, transmission status, and housing status. However, we did not find any disparities in regard to antiretroviral prescription, viral load monitoring, or viral suppression in these more specific categories. Patients in the age range 20 to 29 often have changing psychosocial factors such as transitioning from college and/or the work force as well as beginning to manage their own health care needs, which may be challenging. Patients with perinatal transmission risk have been receiving antiretroviral treatment for their entire lives and often have denial of illness, medication fatigue, and/or have an aversion to the taste of the medication or are even unable to swallow the medication. Those with perinatal transmission risk often have difficulty accepting their diagnosis as they were born with HIV and are a small cohort that has none before them, and due to medical advancement, for the most part, none after.

Our program is part of the International Maternal Pediatric Adolescent AIDS Treatment Network, which is a global collaboration of investigators, institutions, community representatives and other partners organized for the purpose of evaluating interventions to treat and prevent HIV infection and its consequences in infants, children, adolescents and pregnant/postpartum women through the conduct of high-quality clinical trials. Through involvement in International Maternal Pediatric Adolescent AIDS Treatment Network, our program was chosen to participate in an AIDS Clinical Trials Group research study for Long-Acting Antiretroviral Therapy in Non-Adherent HIV Infected Individuals. Our program plans to focus on enrolling eligible adolescent/young adults and those with perinatal transmission risk in this study.

Our program also conducts Chi square analyses to determine if subpopulations with a viral load suppression rate above 90%, had a statistically significant (p value < 0.05) correlation with viral load suppression. Using a Chi Square analysis, no statistically significant (p value < 0.05) positive correlation with viral load suppression was found for those with Perinatal Transmission Risk (p-value = 0.00001847).

QI Projects

QI Project #1
Indicator: Viral load suppression among established active patients
2023 rate for this indicator: 96%
Overall 2024 goal for this indicator: 96%
Description: To maintain a viral load suppression rate of Active Stony Brook Medicine patients in 2024 of >90%.

Activity: Continue to offer Retention and Adherence Program Services as well as Medical Case management, Women's Care Coordination, Nutritional Services, Transportation Services and Self-Management Classes in order to assist patients in remaining virally suppressed.

Action Steps:
1) Medical Providers, Clinic Coordinator, Medical Case Manager, and/or Quality Manager will refer patients who are not virally suppressed to Stony Brook Medicine's Retention and Adherence Program and/or other support services as stated above.
2) Medical Providers, Clinic Coordinator, and/or Medical Case Manager will refer patients to Chronic Disease Self-Management Program classes facilitated by Stony Brook Medicine HIV staff and/or Peers.
3) Medical Providers will refer patients to Peer Program for individual HIV support from Peers.
4) Medical Providers, Clinic Coordinator, and/or Medical Case Manager will assist patients setting up needed lab appointments within the Stony Brook System as well as outside laboratory providers such as Quest and Labcorp.

Measurements:
1) Number of Active Patients
2) Number of Active Patients receiving an action step intervention with a suppressed viral load / Number of Active Patients

Time: January 2024 – December 2024

Evaluation: Analyze 2024 viral load data and compare to 2023.

QI Project #2
Indicator: Viral load suppression among established active patients
2023 rate for this indicator: 96%
Overall 2024 goal for this indicator: 96%
Description: To maintain the viral load suppression rates in youth ages 20-29 years receiving HIV primary medical care of ≥ 90%.

Activity:

1) Screen patients for AIDS Clinical Trials Group 5359 research study for Long-Acting Antiretroviral Therapy in Non-Adherent HIV Infected Individuals.
2) Continue to offer Retention and Adherence Program services as well as support Medical Case Management, Women's Care Coordination, Nutritional Services, Transportation Services and Self-Management classes in order to assist patients in remaining virally suppressed.

Action Steps:

1) Medical Providers will refer patients to Research Study AIDS Clinical Trials Group 5359 – a research study for Long-Acting Antiretroviral Therapy in Non-Adherent HIV Infected Individuals.
2) Medical Providers, Clinic Coordinator, Medical Case Manager, and/or Quality Manager will refer patients who are not virally suppressed to Stony Brook Medicine's Retention and Adherence Program and/or other support services as stated above.
3) Medical Providers, Clinic Coordinator, and/or Medical Case Manager will refer patients to Chronic Disease Self-Management Program classes facilitated by Stony Brook Medicine HIV staff and/or Peers.
4) Medical Providers, Clinic Coordinator, and/or Medical Case Manager will assist patients setting up needed lab appointments within the Stony Brook System as well as outside laboratory providers such as Quest and Labcorp.

Measurements:

1) Number of Active Patients aged 20-29 enrolled into AIDS Clinical Trials Group 5359 in 2024 / Number of Active Patients aged 20-29 in 2024 that meet eligibility requirements for AIDS Clinical Trials Group 5359.
2) Number of Active Patients aged 20-29 enrolled into AIDS Clinical Trials Group 5359 in 2024 with a suppressed viral load / Number of Active Patients aged 20-29 enrolled into AIDS Clinical Trials Group 5359 in 2024.
3) Number of patients with a Viral Load < 200 copies/mL at last viral load in 2024 / Number of Active Patients in 2024.

Time: January 2024 – December 2024

Evaluation: Analyze 2024 viral load data and compare to 2023, specifically of those receiving long-acting antiretroviral Therapy.

QI Project #3

Indicator: Viral load suppression among established active patients
2023 rate for this indicator: 96%
Overall 2024 goal for this indicator: 96%
Description: To maintain the viral load suppression rates in those with Perinatal Transmission receiving HIV primary medical care of ≥ 80%.

Activity:

1) Screen patients for AIDS Clinical Trials Group 5359 research study for Long-Acting Antiretroviral Therapy in Non-Adherent HIV Infected Individuals.
2) Continue to offer Retention and Adherence Program services as well as support Medical Case Management, Women's Care Coordination, Nutritional Services, Transportation Services and Self-Management classes in order to assist patients in remaining virally suppressed.

Program Summary: Stony Brook Medicine

Action Steps:

1) Medical Providers will refer patients to Research Study AIDS Clinical Trials Group 5359 – a research study for Long-Acting Antiretroviral Therapy in Non-Adherent HIV Infected Individuals.
2) Medical Providers, Clinic Coordinator, Medical Case Manager, and/or Quality Manager will refer patients who are not virally suppressed to Stony Brook Medicine's Retention and Adherence Program and/or other support services as stated above.
3) Medical Providers, Clinic Coordinator, and/or Medical Case Manager will assist patients setting up needed lab appointments within the Stony Brook System as well as outside laboratory providers such as Quest and Labcorp.

Measurements:

1) Number of Active Patients with perinatal transmission enrolled into AIDS Clinical Trials Group 5359 in 2024 / Number of Active Patients with perinatal transmission in 2024 that meet eligibility requirements for AIDS Clinical Trials Group 5359
2) Number of Active Patients with perinatal transmission enrolled into AIDS Clinical Trials Group 5359 in 2024 with a suppressed viral load / Number of Active Patients with perinatal transmission enrolled into AIDS Clinical Trials Group 5359 in 2024
3) Number of patients with a Viral Load < 200 copies/mL at last viral load in 2024 / Number of Active Patients in 2024

Time: January 2024 – December 2024

Evaluation: Analyze 2024 viral load data and compare to 2023, specifically of those receiving long-acting antiretroviral Therapy.

Consumer Involvement

Stony Brook Medicine Consumer Advisory Board members are actively supported when they are interested in participating or being trained in quality improvement activities. Several members of Stony Brook's Consumer Advisory Board have been trained in Quality Improvement and one of these acts as the Consumer Representative at Stony Brook's Quality Management Program Committee. This representative is invited to all meetings and, together with the rest of the Consumer Advisory Board members, represents Stony Brook at the New York State AIDS Institute and other quality meetings. Stony Brook Medicine involves the Consumer Advisory Board members in the Cascade process. The Cascade data was presented to the Consumer Advisory Board on 6/24/24. The draft Quality Plan and Quality Improvement Projects were presented, discussed and approved by the Consumer Advisory Board on 3/25/24. Consumer Advisory Board members are routinely involved in quality projects such as the creation, implementation and data review of patient surveys, the creation of a Designated AIDS Center website, and the direction of the Peer Health Educator program. At least every other year, a meeting is held between the Consumer Advisory Board and the Director of the Designated AIDS Center, Jack Fuhrer MD, to discuss ways in which Stony Brook can improve is quality of care as well as review patient satisfaction survey results and the status of the quality improvement projects.

Coach's Feedback and Updates on Cascade QI Plan

- Quality improvement projects continue to focus on viral load suppression. Coach has suggested to organization in the past to focus on another measure such as pap and/or anal smears, mammograms, social determinants of health screening, which may have a positive impact on their viral load suppression rates.

Program Summary: Stony Brook Medicine

- Quality improvement projects should focus on increasing their viral load suppression rate rather than just maintaining for focused populations.
- Active consumer advisory board and robust consumer involvement in quality improvement efforts.
- Utilization of quality improvement coaching and/or technical assistance could be helpful in moving their quality improvement efforts forward.