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: Trillium Health

Clinic Information

Type of Clinic*	Clinic Name	Address	City	Zip
CBO	Trillium Health	259 Monroe Ave.	Rochester	14607

**CBO = Community Based Organization*

Important Contacts

HIV Medical Director			
HIV Program Administrator	Alex Danforth	adanforth@trilliumhealth.org	(585) 210-4175
Lead QI Contact	Tori Green	tgreen@trilliumhealth.org	(585) 210-4168
Contract Manager	Yvette Watson	Yvette.watson@health.ny.gov	(212) 417-4529
NY Links Coach	Daniel Belanger	Daniel.belanger@health.ny.gov	(212) 417-5131

Advisory Board and Regional Group Affiliation

Advisory Board Membership: Clinical Quality Advisory Committee (QAC) and Consumer Advisory Committee (CAC)
Affiliation: Western NY, Monroe County Partnering to End the Epidemic (MCPEtE)
Participated in Group QI Project? N/A
Focus: N/A

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

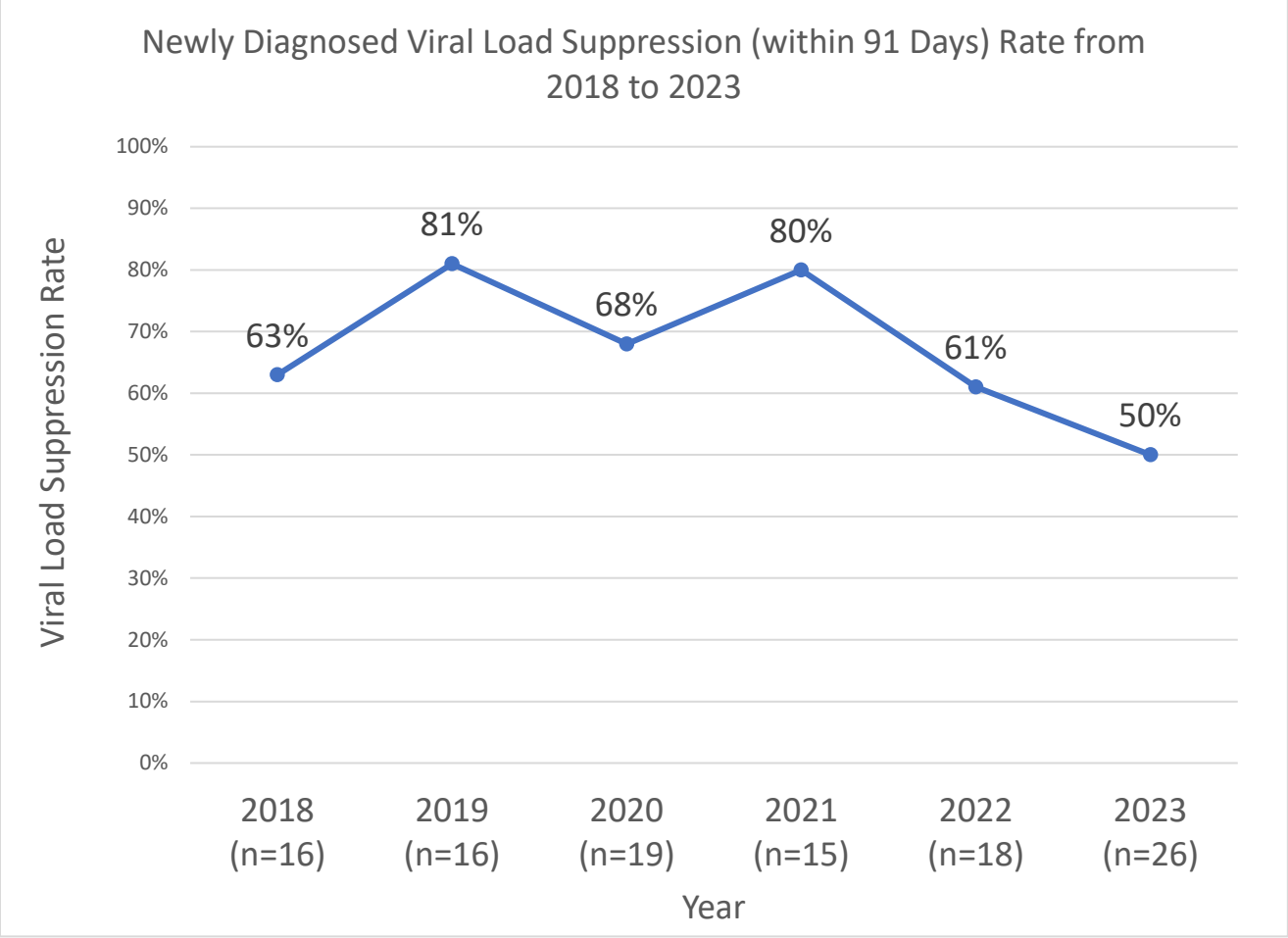


Figure 2: New to Care (Other than Newly Diagnosed) Viral Load Suppression Rates at Organizational Level from 2018 to 2023

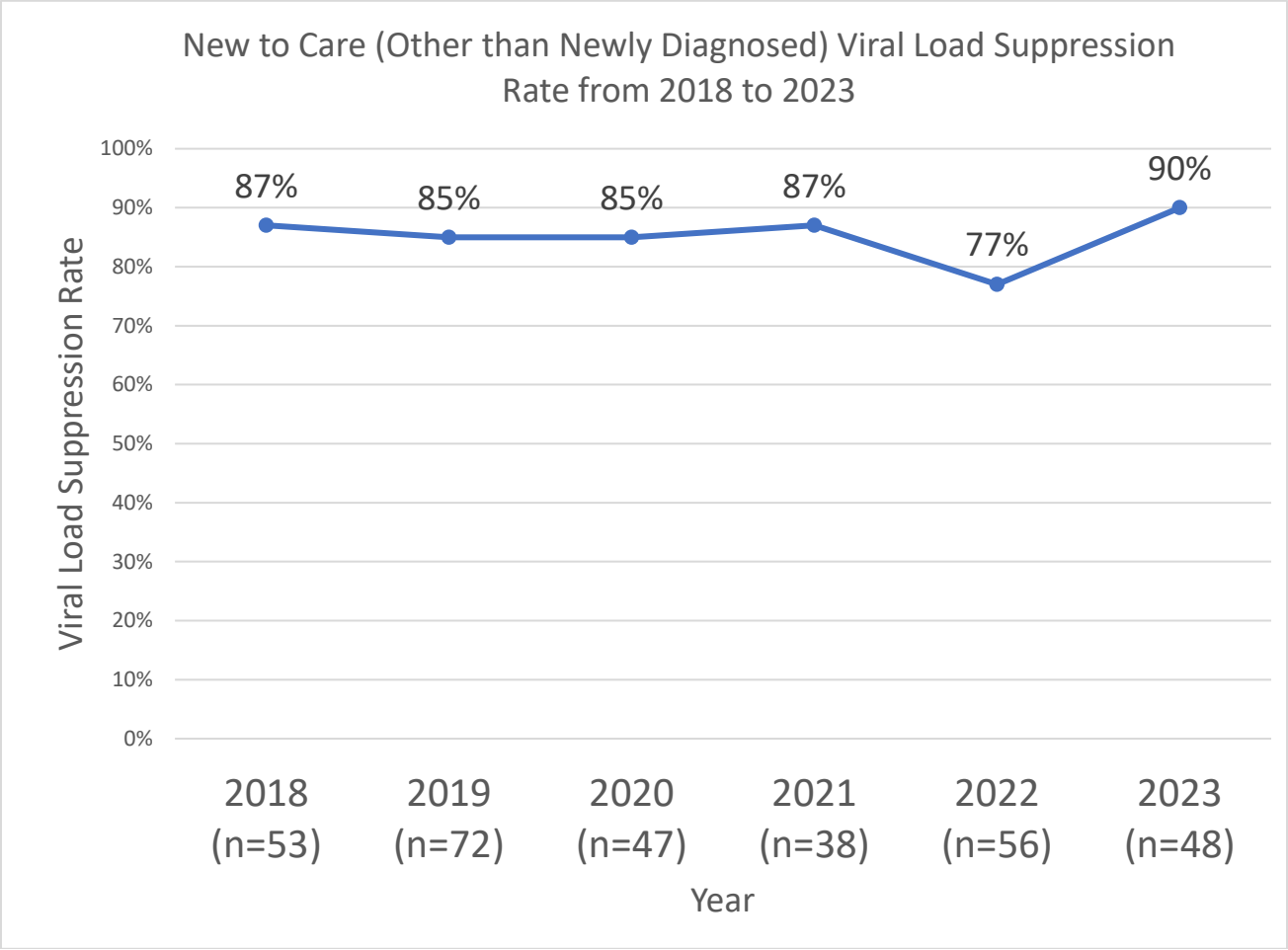


Figure 3: Established Active Viral Load Suppression Rates at Organizational Level from 2017 to 2023

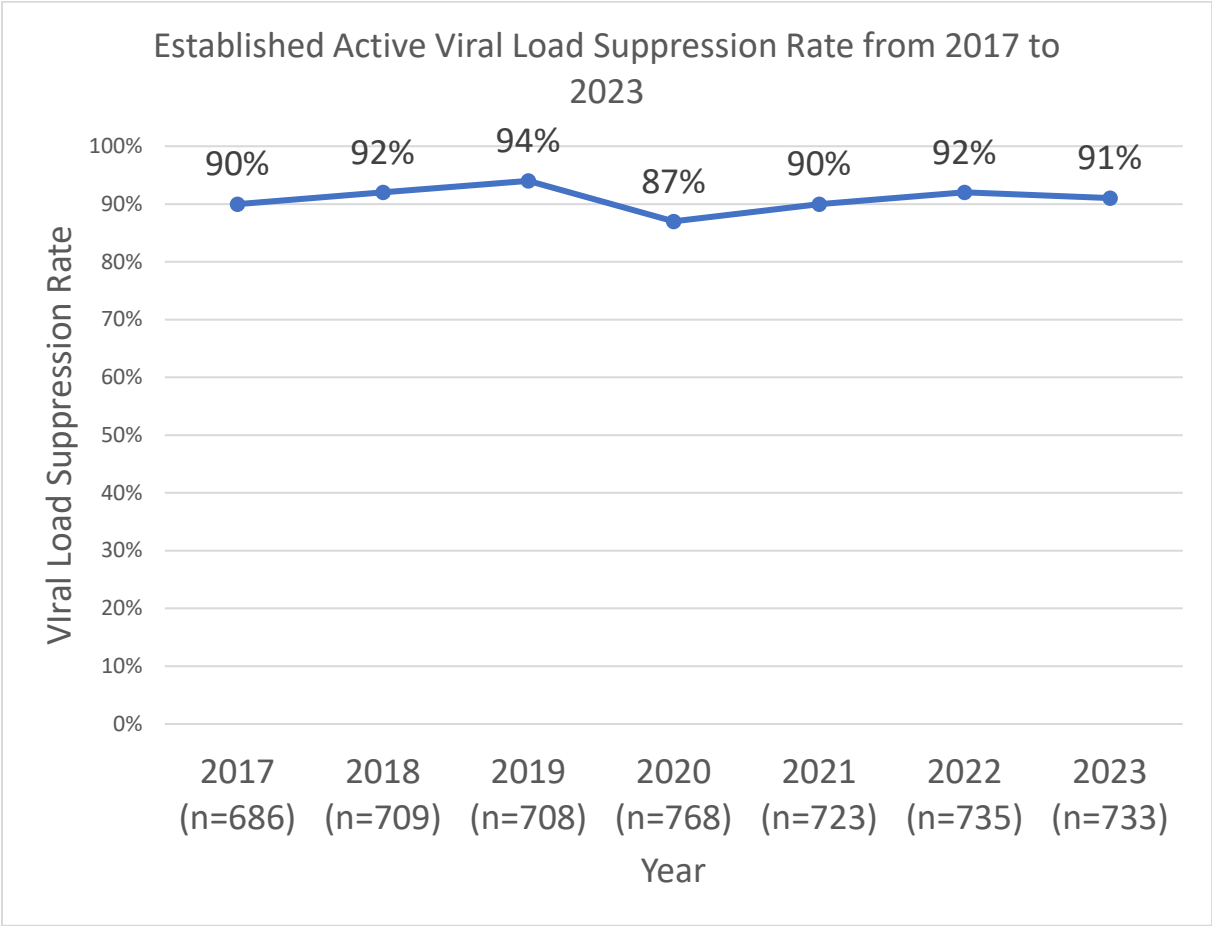


Figure 4. Time to Linkage Rates

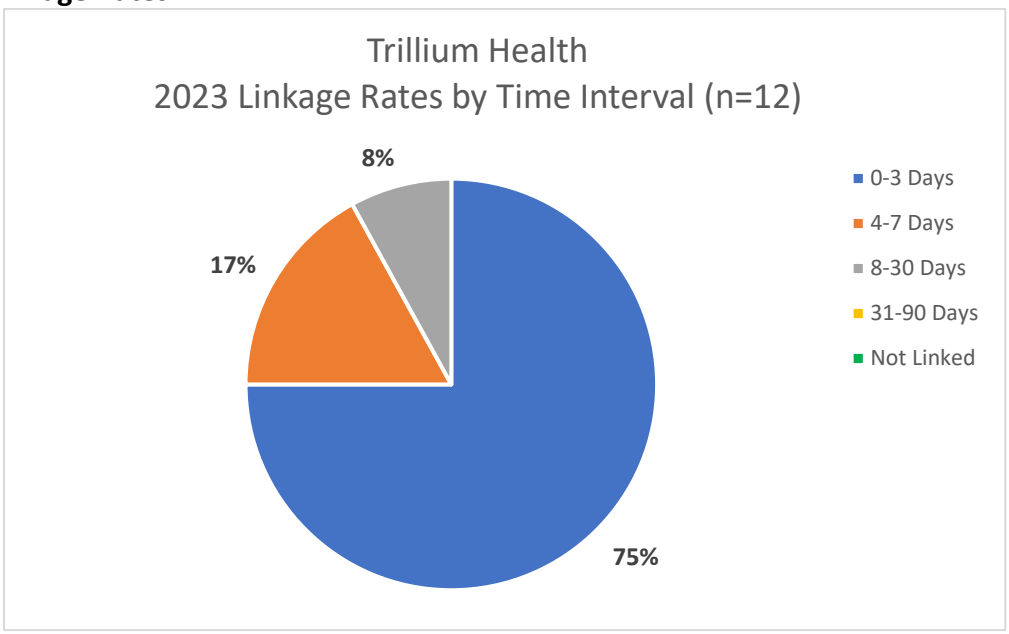


Figure 5. 2023 Established Active Viral Load Suppression Rates by Age at Organizational Level

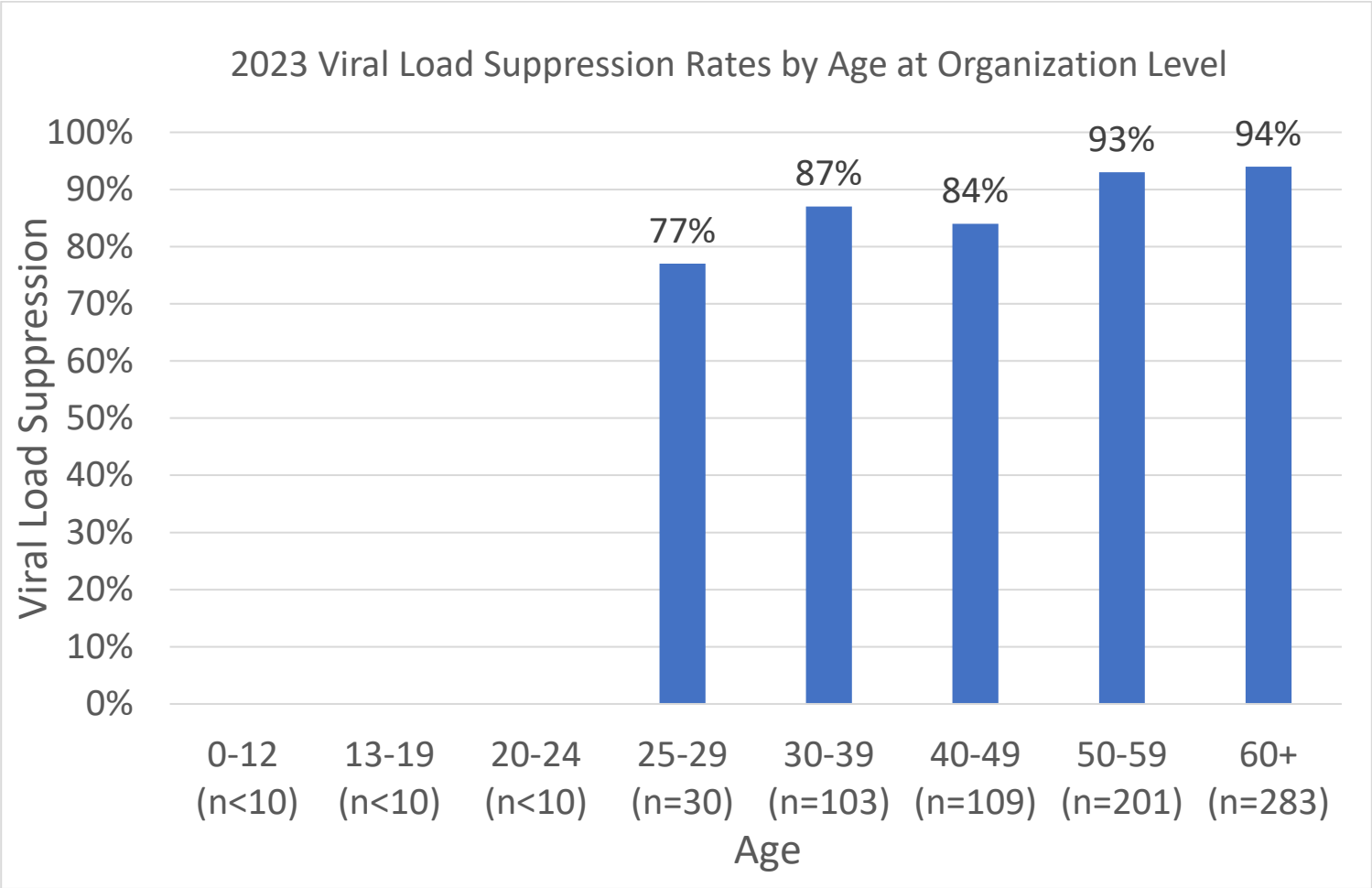
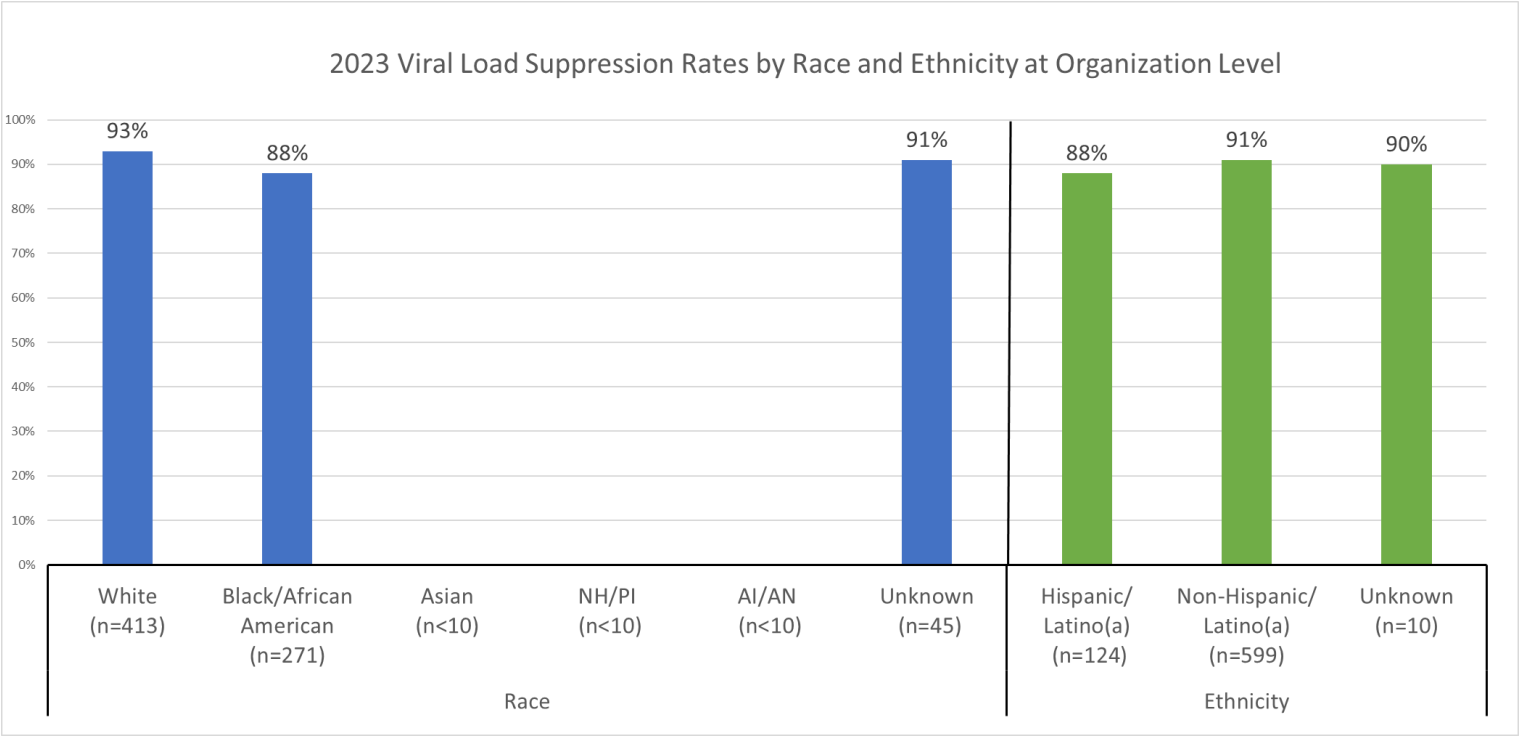


Figure 6. 2023 Established Active Viral Load Suppression Rates by Race and Ethnicity at Organizational Level



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

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	9	**	-- (n<10)*	41%	-- (n<10)*	51%	100% (n=11)	55%	92% (n=13)	61%	64% (n=14)	53%	75% (n=12)	63%
	On ARV Therapy	**	**	100% (n=16)	96%	100% (n=16)	100%	100% (n=19)	100%	100% (n=15)	100%	94% (n=18)	100%	100% (n=26)	100%
	VL Test within 91 Days	**	**	88% (n=16)	93%	100% (n=16)	95%	89% (n=19)	95%	80% (n=15)	92%	94% (n=18)	96%	88% (n=26)	95%
	Suppressed within 91 Days	**	**	63% (n=16)	45%	81% (n=16)	50%	68% (n=19)	46%	80% (n=15)	50%	61% (n=18)	50%	50% (n=26)	50%
	Baseline Resistance Test	**	**	**	**	75% (n=16)	74%	74% (n=19)	80%	100% (n=15)	82%	53% (n=17)	79%	48% (n=26)	76%
Other New to Care	On ARV Therapy	**	**	100% (n=53)	97%	100% (n=72)	100%	100% (n=47)	100%	100% (n=38)	100%	100% (n=56)	100%	100% (n=48)	100%
	Any VL Test	**	**	98% (n=53)	99%	97% (n=72)	98%	98% (n=47)	100%	95% (n=38)	100%	91% (n=56)	98%	100% (n=48)	98%
	Suppressed Final VL	**	**	87% (n=53)	74%	85% (n=72)	78%	85% (n=47)	77%	87% (n=38)	69%	77% (n=56)	77%	90% (n=48)	80%
Established Active	On ARV Therapy	100% (n=686)	99%	100% (n=709)	99%	100% (n=708)	99%	100% (n=768)	99%	100% (n=723)	99%	100% (n=735)	100%	100% (n=733)	100%
	Any VL Test	95% (n=686)	99%	99% (n=709)	99%	100% (n=708)	99%	91% (n=768)	97%	96% (n=723)	98%	97% (n=735)	98%	95% (n=733)	98%
	Suppressed Final VL	90% (n=686)	88%	92% (n=709)	88%	94% (n=708)	89%	87% (n=768)	87%	90% (n=723)	88%	92% (n=735)	89%	91% (n=733)	91%
Open Previously Diagnosed (Active & Inactive)	On ARV Therapy	97% (n=707)	92%	100% (n=712)	95%	100% (n=714)	96%	100% (n=771)	96%	99% (n=740)	97%	99% (n=745)	97%	99% (n=740)	98%
	Any VL Test	92% (n=707)	92%	99% (n=712)	93%	99% (n=714)	93%	91% (n=771)	90%	95% (n=740)	94%	97% (n=745)	93%	94% (n=740)	94%
	Suppressed Final VL	87% (n=707)	80%	92% (n=712)	80%	94% (n=714)	83%	87% (n=771)	77%	89% (n=740)	79%	91% (n=745)	83%	90% (n=740)	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*	--	30	77%	103	87%	109	84%	201	93%	283	94%

GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Gender X		Unknown Gender			
n	%	n	%	n	%	n	%	n	%	n	%	n	%		
537	92%	167	90%	<10*	--	10	70%	12	92%	<10*	--	<10*	--		

RACE															
White		Black/African American		Asian		Native Hawaiian/PI		American Indian/ AN		Unknown Race					
n	%	n	%	n	%	n	%	n	%	n	%				
413	93%	271	88%	<10*	--	<10*	--	<10*	--	45	91%				

ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
124	88%	599	91%	10	90%										

RISK FACTOR															
MSM		IDU Risk		Heterosexual Risk		Hemophilia or Coagulation		Blood Transfusion		Perinatal		Other Risk		Unknown	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
401	92%	80	88%	252	89%	<10*	--	10	90%	<10*	--	<10*	--	<10*	--

HOUSING STATUS															
Stable Housing		Temporarily Housed		Unstably Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
584	93%	16	75%	43	77%	90	84%								

INSURANCE TYPE															
ADAP		Dual Eligible		Medicaid		Medicare		Private Insurance		Veteran's Admin		Other		No Insurance	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
159	99%	132	91%	265	87%	51	96%	113	89%	<10*	--	<10*	--	13	69%
Unknown															
n	%														
<10*	--														

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

Quality Improvement Interventions for 2024

Self-reported based on 2023 results

Methodology
The 2023 cascade data are the same as what was submitted for the agency's 2023 Ryan White Services Report, which utilized two data sources:

- AIDS Institute Reporting System
- The agency's electronic health record, MEDENT.

Data were obtained by running reports to pull all encounters with HIV+ patients in our clinical and supportive service programs. No patients were duplicated as the agency maintains a process to bridge unique identifiers between the two systems which ensures that every record in the cascade is a unique patient or client. These sources were chosen because they are the only data sources with HIV+ patients. Supportive service details are primarily captured in AIDS Institute Reporting System and clinical data is captured in MEDENT. MEDENT has no limitations as a data source in terms of constructing the cascade as it is the agency's primary record-keeping system. AIDS Institute Reporting System is more limited as it only contains the minimum necessary data points to be compliant with Ryan White Part B program reporting requirements.

The Business Intelligence department was responsible for extracting the data, entering it into the template, and ensuring accuracy as well as doing initial analysis. Grace Jividen, Senior Business Intelligence Analyst, extracted the data and entered it into the template, reviewed the data for accuracy, and analyzed the results. The HIV Quality Assurance and Performance Improvement team reviewed and analyzed the data, as did Business Intelligence. The Quality Assurance and Performance Improvement team is comprised of physicians, nurses, care managers, administrative and quality staff, and other clinic support staff. The data were shared with the HIV Quality Assurance and Performance Improvement team by pulling important points out of the locked template and pasting into more accessible Word document. Graphic displays taken from screenshots in the locked template were included.

Key Findings
Since last year, our rates of viral load testing and suppression dropped by 1 - 3 percentage points among Open patients and Established Active patients. Suppression rates within specific groups were largely consistent with last year's cascade findings, which was consistent with expectations.

Improvements were seen specifically in groups newly diagnosed and new to care:

- Antiretroviral therapy rates in newly diagnosed patients increased from 94% to 100%.
- Viral load testing improved from 91% to 100% among new to care patients.
- Viral load suppression among patients new to care also improved from 77% to 90%.

Our previous area of focus was on patients new to care, so these improvements were what we had hoped for.

Additionally, patients 20-29 had a lower overall viral load suppression than other age groups but the number of patients in this age bracket is small (7/37 unsuppressed). We have a dashboard in tableau that looks specifically at patients age less than 40 as well as those new to care so we can better keep up with lab work and appointments.

Viral load suppression in transgender women was only 70%, but only 70% of those patients had their viral load tested in the last year. Also, this is a small patient group of 10 patients, so 7/10 were virally suppressed on lab work and the other 3 are unknown due to not completing lab work. We continue to try and encourage patients to complete lab work ordered at their visits.

Folks with unstable/temporary housing also have a lower overall viral load suppression with only 45/59 patients being virally suppressed. Affordable, safe housing is not readily available in the Rochester area. Waitlists for Housing Opportunities for Persons with AIDS subsidy is 5+ years and patients struggle to find stable housing. Other housing programs also have 2+ year-long waitlist for subsidized apartments. We know housing is an important part of healthcare but currently we are unable to find community resources that support patients in obtaining stable housing.

QI Projects

QI Project #1
Indicator: Viral load suppression among new to care patients
2023 rate for this indicator: 90%
Overall 2024 goal for this indicator: 92%
Description: Our plan is to continue to address the viral load suppression of new to care patients by linking them with supportive services and case managers during their first 3-6 months of care at Trillium Health. These patients will also be seen by providers more frequently in their first 3-6 months of care at Trillium Health, regardless of whether they were diagnosed internally or not. We believe this will impact viral load suppression because we are seeing an increase in the number of patients who transfer care to Trillium Health and who haven't been on antiretroviral therapy for an extended period, sometimes years. We are hoping to follow these patients more closely while they adjust to being in care for HIV, either for the first time or the first time in a while.

A dashboard was created for the interdisciplinary HIV care team (providers, care managers, nurses) to see a list of people living with HIV who are new to care in the last 6 months and who are virally unsuppressed. The dashboard also shows any upcoming appointments for these patients. This way, the team can track in real time which patients are achieving viral load suppression and can proactively reach out to those who need appointments scheduled or need to be "caught" at other kinds of appointments (Medication Assisted Treatment, food cupboard encounters, supportive services, etc.). When connecting with patients, care managers will also offer up open drop-in hours at Ryan's Connection Center. The center was opened in late 2022 and acts as an informal peer support space where patients can share lived experience and develop a sense of community. All patients will receive a Social Determinants of Health Screening at entry to care to proactively address needs. Also, there will be a staff member from care management assigned as the 'point person' for the patient to connect with regarding needs even if they are not interested in formal case management services.

QI Project #2
Indicator: Resistance testing among active newly diagnosed patients
2023 rate for this indicator: 48%
Overall 2024 goal for this indicator: 90%
Description: Improved care plan templates should help providers order resistance tests correctly on rapid start patients. We also identified an issue where those tests were restricted at the lab and have rectified by adding all our providers to the list of folks who can order these tests.

Consumer Involvement
Over the last 6 months, we have revamped and reinvigorated our Ryan White Advisory Panel, our consumer advisory board. The group meets quarterly and reviews Ryan White performance measures including cascade measures. All people living with HIV, who are interested, are invited to join. Information on joining the Ryan White Advisory Panel is available on post visit summaries, fliers, and rack cards throughout the agency.

226 unique people living with HIV responded to patient satisfaction surveys in 2023. 98% reporting being satisfied with their provider and that things were explained in a way that was easy to understand (scored 9-10 on 10 pt scale). We also conducted an additional survey during clinic appointments in the first quarter of 2024 to capture data from folks who might not do surveys after the appointments. 97% of patients surveyed said they were very satisfied or satisfied with their care at Trillium Health. 21% of respondents were interested in the Ryan White Advisory Panel and were contacted after the visit to share details. Patients can also write comments on surveys that are reviewed at monthly leadership meetings.

Coach's Feedback and Updates on Cascade QI Plan
The methodology section clearly described the data review process. The key finding's point out areas where rates have gone down since the last review and those where rates have improved. Established Viral load suppression rates were lower amongst specific groups of patients than amongst others in this current review. Lower rates were recorded for patients 20-29, transgender women, temporarily and unstably housed patients. Rates for viral load suppression of newly diagnosed patients and for resistance testing m are areas where improvement is possible. I suggest considering quality improvement activities to improve in these areas going forward. The quality improvement goals include improving viral load suppression for new to care patients and for resistance testing. The consumer involvement process involves an active consumer advisory group as well as patient surveys.