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 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 in November 2025**

Quality Improvement Profile Completion Date: **March 2026**

Latest Revision Date: **May 14, 2026**

Program Name: Apicha Community Health Center

Clinic Information

Type of Clinic	Clinic Name	Address	City	Zip
Community Based Organization	Apicha Community Center	400 Broadway	New York	10013
Community Based Organization	Apicha – Jackson Heights	82-11 37th Ave	Jackson Heights	11372

Important Contacts

HIV Medical Director	Raymund Sison	rsison@apicha.org	(212) 334-7940
Lead Quality Improvement Contact	Todd Canning	tcanning@apicha.org	(646) 744-2596
Quality Improvement Coach Manhattan	Susan Weigl	susan.weigl@health.ny.gov	(929) 318-3318

Regional Group/Learning Network Participation

Affiliation: Health Equity Data Collaborative, Community Health Center Learning Network
Participated in Group Quality Improvement Project? Yes
Focus: Viral Load Suppression, Cascade Follow-up

Organizational HIV Treatment Cascade

Definitions of Key Indicators

On Antiretroviral Therapy: Documented prescription of one or more antiretroviral medications at any time during the review year.

Any Viral Load Test: Documentation of at least one viral load test at any time during the review year.

Viral Load 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 Viral Load (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 antiretrovirals, 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 antiretroviral 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. Viral Load Suppression within 91 Days among Newly Diagnosed Patients: Organization Rate from 2018 to 2024

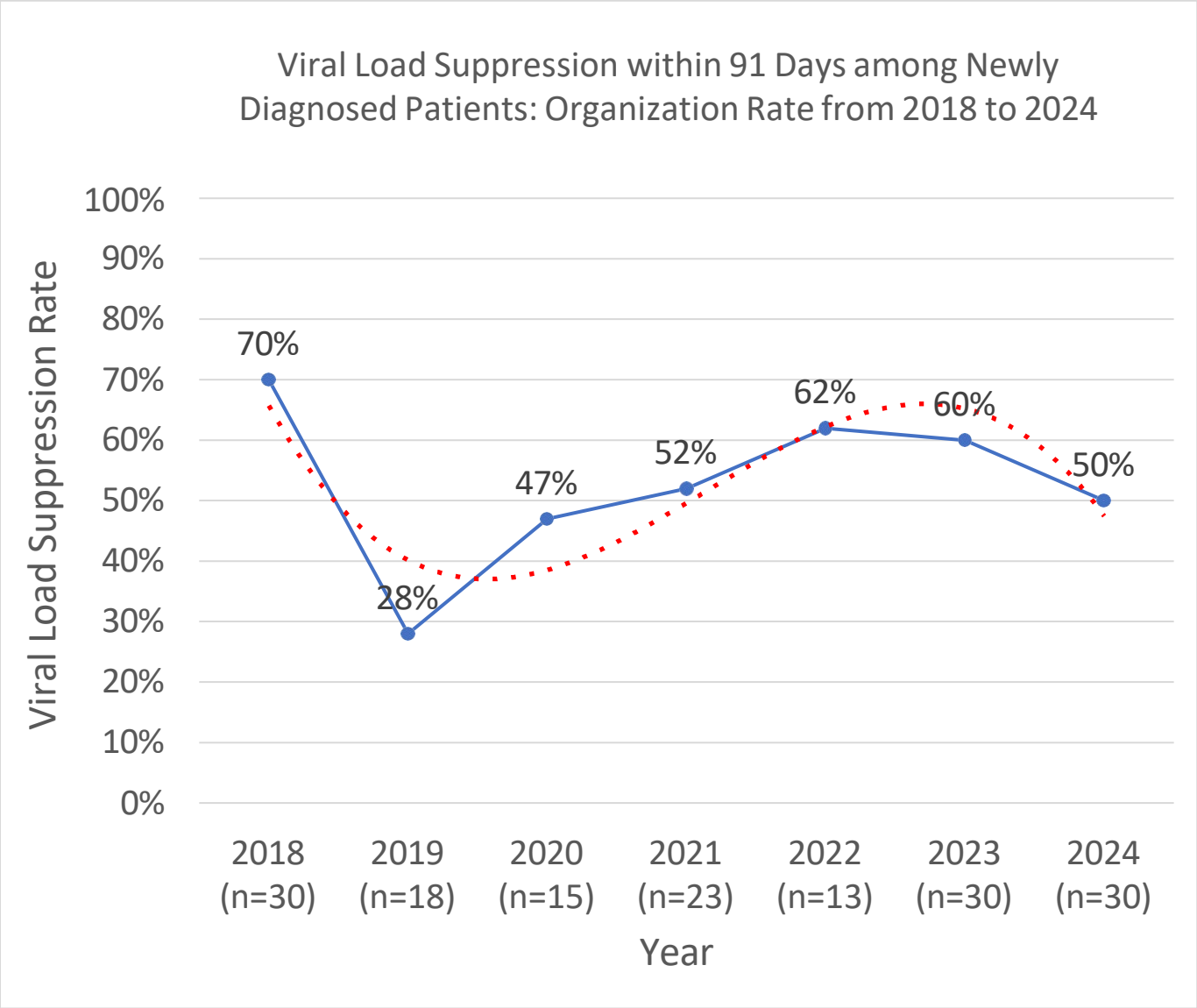
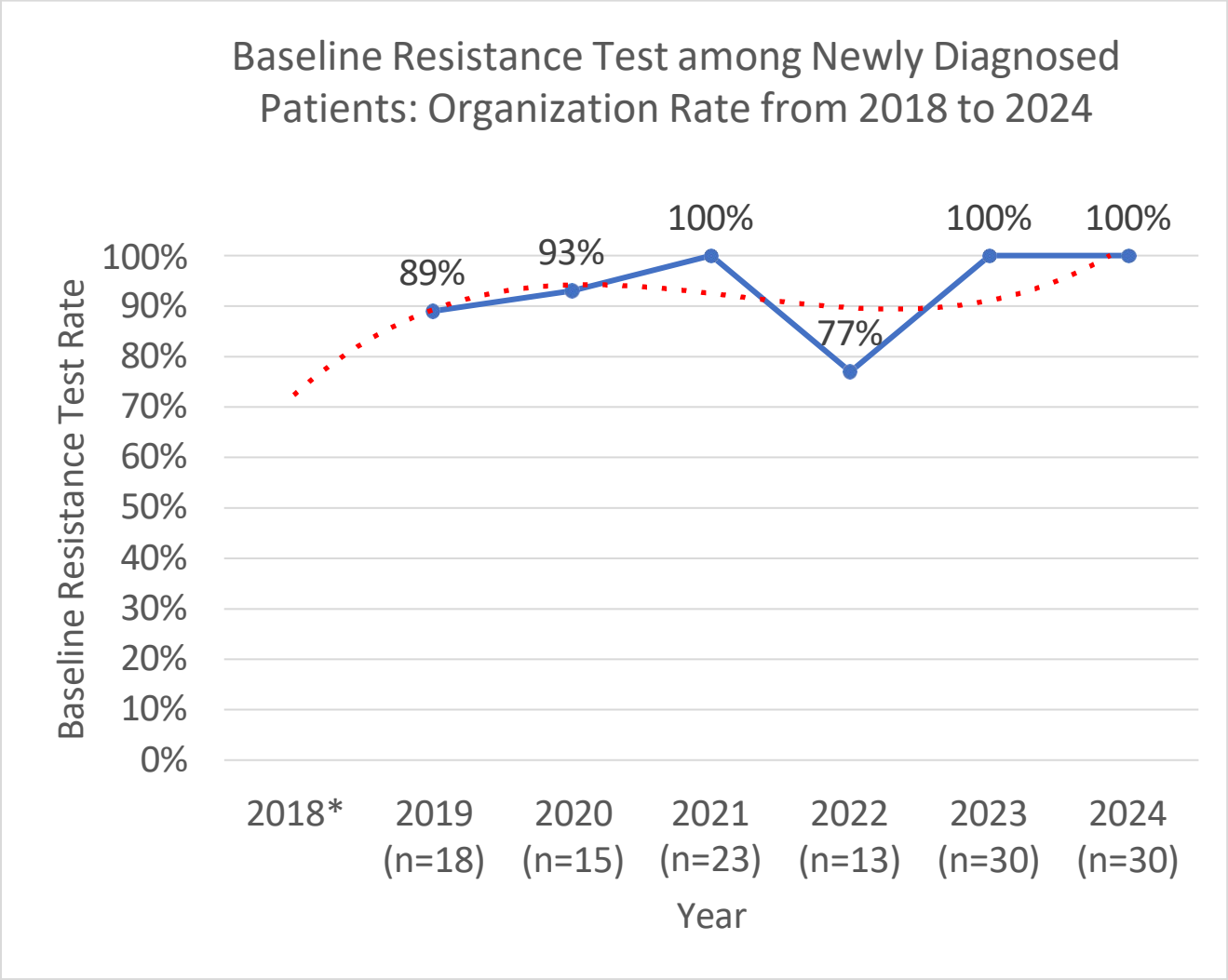


Figure 2: Baseline Resistance Test Among Newly Diagnosed Patients: Organization Rate from 2018 to 2024



Note: Data for this indicator were not required for the review of care provided in 2018.

Figure 3: Viral Load Suppression at Last Test in Year among New to Care Patients (Other than Newly Diagnosed): Organization Rate from 2018 to 2024

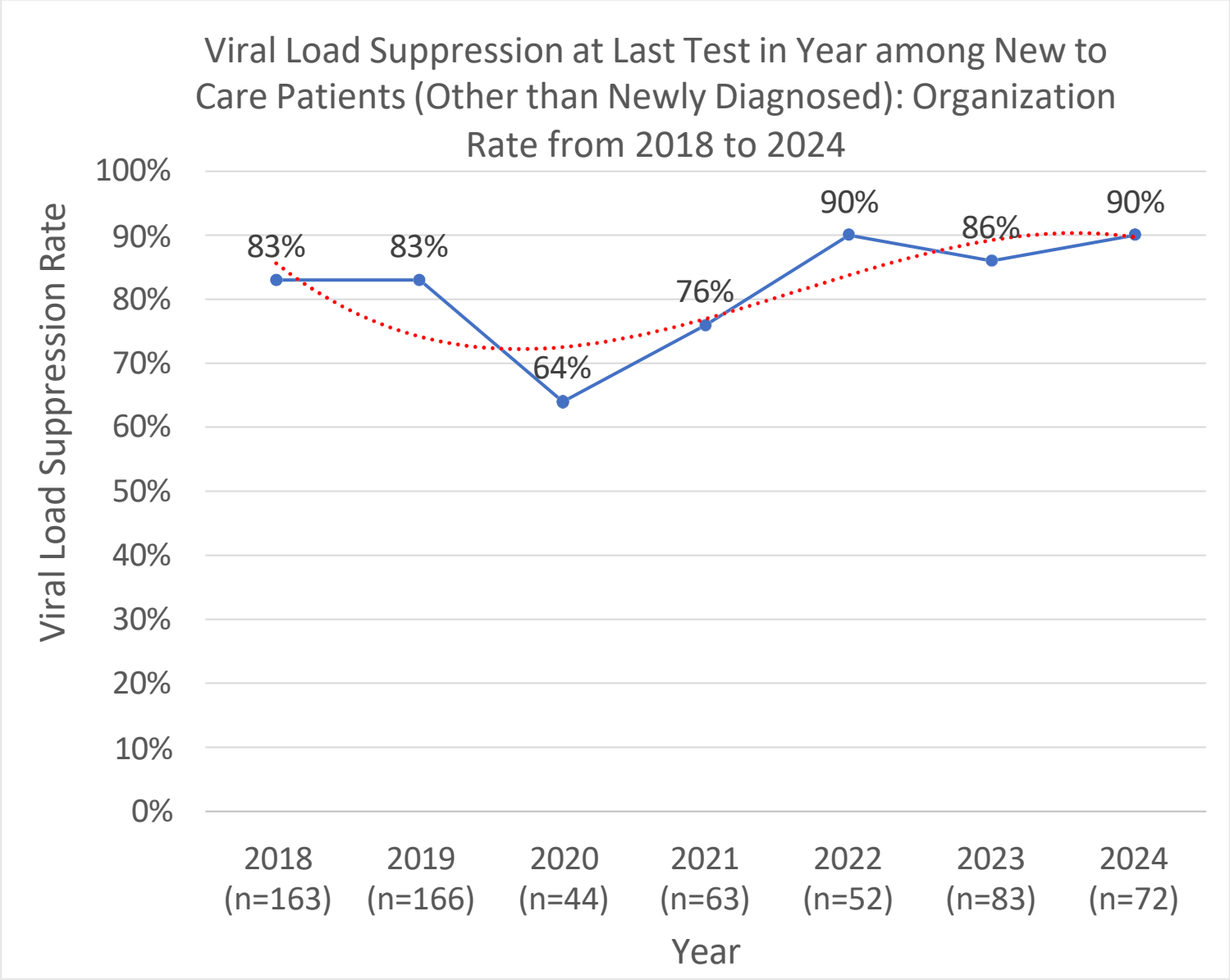


Figure 4: Viral Load Suppression at Last Test in Year among Patients Established in Care: Organization Rate from 2018 to 2024

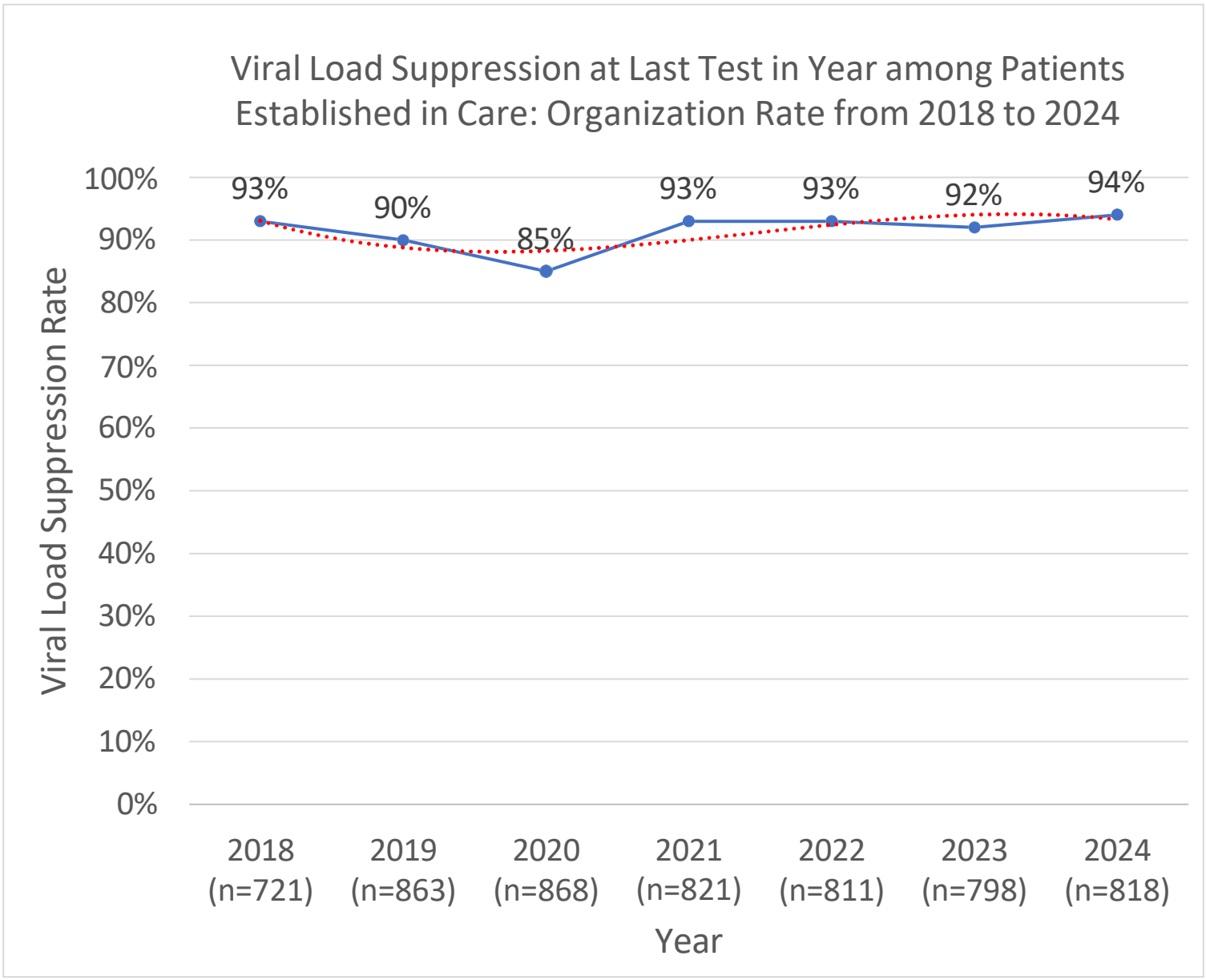


Figure 5. 2024 Established Active Viral Load Suppression Rates by Age at Organizational Level

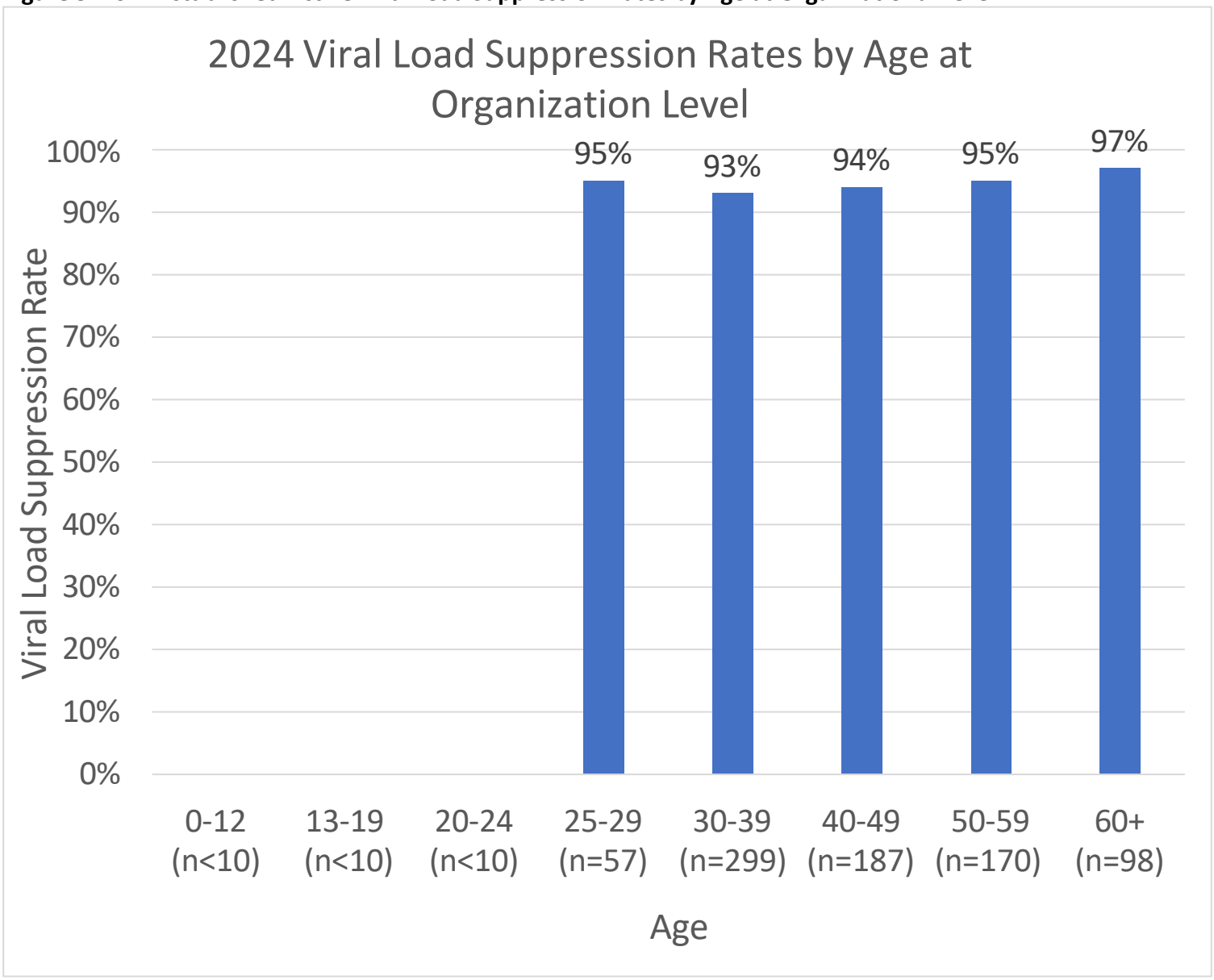
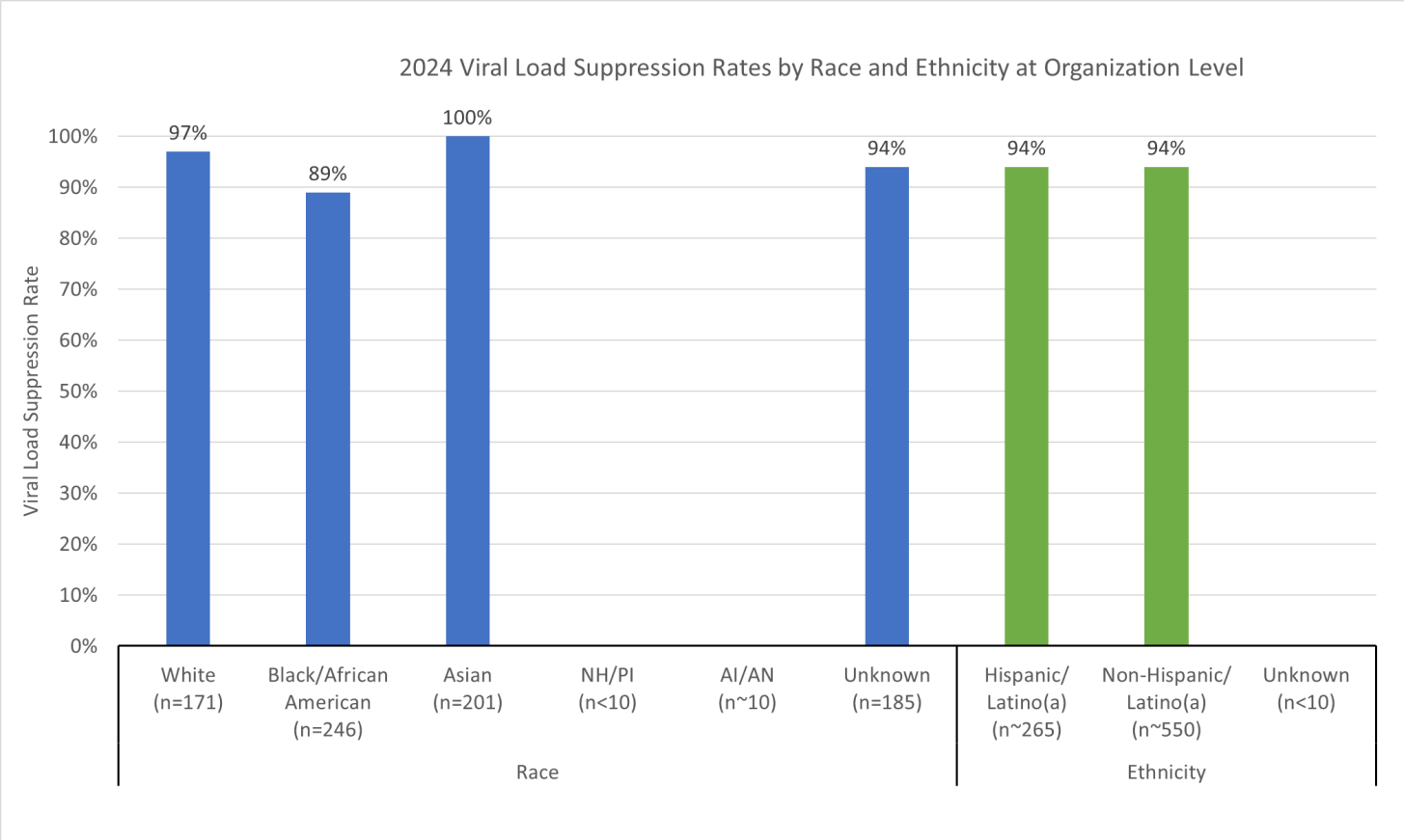


Figure 6. 2024 Established Active Viral Load Suppression Rates by Race and Ethnicity at Organizational Level



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

Table 1: Indicator Rates at Organization Level for 2018 to 2024

Patient Group	Indicator	2018		2019		2020		2021		2022		2023		2024	
		Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median
Newly Diagnosed	3-day Linkage to Care	80% (n=10)	41%	-- (n<10)*	51%	-- (n<10)*	55%	-- (n<10)*	61%	-- (n<10)*	53%	60% (n=30)	63%	-- (n<10)*	53%
	On Antiretroviral Therapy	100% (n=30)	96%	100% (n=18)	100%	100% (n=15)	100%	100% (n=23)	100%	100% (n=13)	100%	100% (n=30)	100%	100% (n=30)	100%
	Viral Load Test within 91 Days	93% (n=30)	93%	50% (n=18)	95%	100% (n=15)	95%	83% (n=23)	92%	85% (n=13)	96%	80% (n=30)	95%	93% (n=30)	93%
	Suppressed within 91 Days	70% (n=30)	45%	28% (n=18)	50%	47% (n=15)	46%	52% (n=23)	50%	62% (n=13)	50%	60% (n=30)	50%	50% (n=30)	50%
	Baseline Resistance Test	**	**	89% (n=18)	74%	93% (n=15)	80%	100% (n=23)	82%	77% (n=13)	79%	100% (n=30)	76%	100% (n=30)	83%
Other New to Care	On Antiretroviral Therapy	89% (n=163)	97%	91% (n=166)	100%	77% (n=44)	100%	83% (n=63)	100%	96% (n=52)	100%	100% (n=83)	100%	99% (n=72)	100%
	Any Viral Load Test	98% (n=163)	99%	98% (n=166)	98%	80% (n=44)	100%	89% (n=63)	100%	96% (n=52)	98%	94% (n=83)	98%	96% (n=72)	98%
	Suppressed Final Viral Load	83% (n=163)	74%	83% (n=166)	78%	64% (n=44)	77%	76% (n=63)	69%	90% (n=52)	77%	86% (n=83)	80%	90% (n=72)	81%
Established Active	On Antiretroviral Therapy	99% (n=721)	99%	99% (n=863)	99%	99% (n=868)	99%	99% (n=821)	99%	100% (n=811)	100%	100% (n=798)	100%	100% (n=818)	100%
	Any Viral Load Test	100% (n=721)	99%	98% (n=863)	99%	94% (n=868)	97%	97% (n=821)	98%	98% (n=811)	98%	97% (n=798)	98%	99% (n=818)	98%
	Suppressed Final Viral Load	93% (n=721)	88%	90% (n=863)	89%	85% (n=868)	87%	93% (n=821)	88%	93% (n=811)	89%	92% (n=798)	91%	94% (n=818)	91%
Open Previously Diagnosed (Active & Inactive)	On Antiretroviral Therapy	99% (n=773)	95%	93% (n=924)	96%	97% (n=891)	96%	97% (n=860)	97%	100% (n=829)	97%	99% (n=806)	98%	98% (n=832)	98%
	Any Viral Load Test	99% (n=773)	93%	92% (n=924)	93%	92% (n=891)	90%	94% (n=860)	94%	98% (n=829)	93%	96% (n=806)	94%	97% (n=832)	93%
	Suppressed Final Viral Load	92% (n=773)	80%	84% (n=924)	83%	82% (n=891)	77%	88% (n=860)	79%	92% (n=829)	83%	91% (n=806)	83%	93% (n=832)	86%

*** 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 2024

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*	--	57	95%	299	93%	187	94%	170	95%	98	97%

GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Gender X		Unknown Gender			
n	%	n	%	n	%	n	%	n	%	n	%	n	%		
640	96%	60	95%	<10*	--	100	88%	17	82%	<10*	--	<10*	--		

RACE															
White		Black/African American		Asian		Native Hawaiian / Pacific Islander		American Indian / Alaskan Native		Unknown Race					
n	%	n	%	n	%	n	%	n	%	n	%				
171	97%	246	89%	201	100%	<10*	--	~10*		185	94%				

ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
~265	94%	~550	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	%
702	94%	<10*	--	111	95%	<10*	--	<10*	-	<10*	--	<10*	-	<10*	--

HOUSING STATUS															
Stable Housing		Temporarily Housed		Unstably Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
681	95%	74	95%	63	90%	<10*	--								

INSURANCE TYPE															
ADAP		Dual Eligible		Medicaid		Medicare		Private Insurance		Veteran's Admin		Other		No Insurance	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
116	98%	36	92%	356	92%	20	95%	231	96%	<10*	--	13	92%	46	93%
Unknown															
n	%														
<10*	--														

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

Table 3: Indicator Rates at Clinic Level for 2018 to 2024

Year	Clinic	Newly Diagnosed	Other New to Care			Established Active		
		Baseline Resistance Test	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
2018	Apicha Community Health Center	-- (n<10)*	89% (n=163)	98% (n=163)	83% (n=163)	99% (n=721)	100% (n=721)	93% (n=721)
2019	Apicha Community Health Center	89% (n=18)	91% (n=166)	98% (n=166)	83% (n=166)	99% (n=863)	98% (n=863)	90% (n=863)
2020	Apicha Community Health Center	93% (n=15)	77% (n=44)	80% (n=44)	64% (n=44)	99% (n=868)	94% (n=868)	85% (n=868)
	Apicha Community Health Center Jackson Heights	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
2021	Apicha Community Health Center	**	**	**	**	99% (n=821)	97% (n=821)	93% (n=821)
	Apicha Community Health Center Jackson Heights	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
2022	Apicha Community Health Center	**	**	**	**	100% (n=811)	98% (n=811)	93% (n=811)
	Apicha Community Health Center Jackson Heights	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
2023	Apicha Community Health Center	**	**	**	**	100% (n=795)	100% (n=795)	100% (n=795)
	Apicha Community Health Center Jackson Heights	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
2024	Apicha Community Health Center	**	**	**	**	100% (n=779)	99% (n=779)	94% (n=779)
	Apicha Community Health Center Jackson Heights	**	**	**	**	100% (n=39)	95% (n=39)	92% (n=39)

*** 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 2025

Self-reported[1] based on 2024 results

Methodology

The HIV Cascade Treatment measurement year 2024 was compiled through multiple electronic record sources and aggregated within Apicha's data warehouse for an integrated view of the patient clinical record. EClinicalWorks (eCW) is Apicha's electronic health record (EHR) containing the patients' medical record for medical billing purposes (medical, behavioral health, nutrition, and dental), medication orders, progress notes, labs, and other supporting medical and case management documents. eClinicalWorks does not capture information for patients receiving non-billable services, for example, Health Home and other grant-funded program services. AIDS Institute Reporting System (AIRS) stores AIDS Institute grant-funded program information including patient demographics, HIV-related laboratory, risk history, testing history, and medication history. The AIDS Institute Reporting System is limited to patients enrolled in grant-funded programs including Ryan White. Medical providers do not have direct access to the AIDS Institute Reporting System database.

eICare is the case management electronic clinical record for documentation of progress notes and program enrollment, including Health Home. Medical providers do not have direct access to the eICare system. The Senior Database Administrator/Data Analytics performed the data extraction from the respective electronic records system aggregated within the data warehouse. The Director of Population Health Management performed data validation, data analysis, and has oversight of the annual HIV Cascade reporting process. The HIV Treatment Cascade 2024 is reviewed by the Director of Medicine for submission to AIDS Institute. The Director of Population Health Management presents the HIV Cascade measurement year 2024 findings to the HIV Committee. A formal report with related performance graphics will be presented to the HIV Committee at their regularly scheduled meeting [in July 2025]. The HIV committee has interdisciplinary representation of HIV primary care, HIV case management, community-based HIV testing and prevention education, data analytics, and population health. The committee discusses findings to identify barriers to accomplishing the established goals, limitations of data sources, and how to improve clinical processes at Apicha further. The HIV Cascade measurement year 2024 results are compared to Apicha's past performance or relevant city, state, or national rates. A list of patients diagnosed before the measurement year with any visit in measurement year 2024 was compiled using the electronic health record visit history, with laboratory and medication orders to establish variables for ARV therapy, HIV viral load testing, and HIV viral load suppression. Non-active patients enrolled only in the Health Home and Nutritional Health Education programs are reported, however are not included in the data analysis.

For measurement year 2024, Apicha will report, for the first time, separate performance results for Manhattan and Jackson Heights. Apicha began clinical services in the Jackson Heights location, beginning in measurement year 2023, however, results for that year were aggregated with the Manhattan site. Apicha did not report frailty data for measurement year 2024. Apicha will consider implementation of frailty assessment and data reporting in the upcoming year. In 2025 quarter two, the Apicha Population Health Department introduced to the HIV Committee a new patient re-engagement strategy, where the patient outreach interval is determined by HIV viral load suppression (<200 copies/ml), where unsuppressed patients are engaged for a new medical visit every 90 days from the last HIV medical visit and suppressed patients are engaged 6 months from the last HIV primary care visit date. The Population Health Department provides refreshed, targeted lists to Supportive Services and Clinic Operations monthly to drive patient engagement efforts. A dynamic data visualization dashboard was published in

[1] Text in square brackets represents minor edits by the Quality of Care Program to remove details about small groups of patients.

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2025 quarter one and is reviewed by the HIV Committee at least quarterly.

Apicha is participating in the New York State Social Needs Screening initiative through its contract relationship with Public Health Solutions Social Care Network. Additional social needs screening efforts will be provided by Apicha for non-Medicaid populations using the standardized PRAPARE® assessment tool that is integrated with the electronic health record. Telehealth visits will be utilized appropriately, and same-day visits will be offered on an as-needed basis. The Apicha Quality Improvement Team includes Dr. Raymund Sison, Director of Medicine/Infectious Diseases; Susanne Rendeiro, Associate Director of Medicine; Yumiko Sano, Chief Program Officer; Mihaela Mihai, Chief Operating Officer; Todd Canning, Director of Population Health Management; Venus Vacharakitja, Senior Director of Behavioral Health Integration; Timothy Au, Director of Support Services; Devika Patel, Associate Director of Behavioral Health Operations; Mauricio Fernandez-Vargas, Director of Clinic Operations; and Kim Tong, Senior Database Administrator/Data Analytics.

Key Findings
Apicha continues to lead performance among its peers with viral load suppression among established active patients at 94% in measurement year 2024, up from 91% in measurement year 2023 and 93% in measurement year 2022. In measurement year 2024 Apicha achieved its performance goal to increase HIV viral load suppression among open patients from 90% in measurement year 2023 to 93% in measurement year 2024. Apicha did not meet its goal to increase HIV viral load suppression among newly diagnosed patients from 65% in measurement year 2023, the rate decreased to 50% in measurement year 2024. Initiation of antiretroviral therapy among newly diagnosed patients has been a consistent performance metric with results reported as 100% in measurement year 2024, 2023, and 2022. Apicha offers rapid initiation of HIV antiretroviral therapy for newly diagnosed patients through its implementation of iART (referral for medical care within 3 days of diagnosis, same-day initiation of HIV antiretroviral therapy through its on-site Manhattan 330B pharmacy, and referral to a dedicated HIV care coordination team). Despite these mechanisms for early initiation of antiretroviral therapy and HIV viral load testing, HIV viral load suppression among newly diagnosed patients continues from the year prior as an area of opportunity for improvement, with HIV viral load suppression of new patients at 50% in measurement year 2024, down from 65% in measurement year 2023 and 62% in measurement year 2022. HIV viral load suppression within 91 days of HIV care initiation for newly diagnosed patients is 67% (n = 30) in measurement year 2024, 81% (n = 26) in measurement year 2023, and 75% (n = 12) in measurement year 2022.

In review of performance improvement initiatives undertaken in the prior year, HIV viral load suppression among Black/African-American established active patients is 89% in measurement year 2024, up from 87% in measurement year 2023 and down from 91% in measurement year 2022. This population of interest for performance improvement was identified and discussed by the HIV Committee mid-year in 2024, based on the findings from the HIV Cascade 2023 analysis, however there was limited discussion and analysis presented to the HIV committee subsequently. This is an opportunity for the HIV Committee in the coming year for more deliberate analysis and discussion of quantitative findings at least quarterly.

Established Active: For established active patients at both locations (Manhattan, n = 779; Jackson Heights, n = 39), 100% of patients are on antiretrovirals in the 2024 reporting year. For viral load testing, 99% in Manhattan and 95% for Jackson Heights. For viral load suppression, 94% in Manhattan and 92% in Jackson Heights. In comparison (with consolidated figures), in measurement year 2023 nearly 100% were on antiretrovirals (796/797), 97% for viral load testing (770/797), and 91% for viral load suppressed (729/797). In measurement year 2022, nearly 100%

were on antiretrovirals (807/811), 98% for viral load testing (792/811), and 93% for viral load suppression (751/811).

Newly Diagnosed: For newly diagnosed patients at both locations (Manhattan, [n < 10]; Jackson Heights, [n ~ 20]), 100% of patients are on antiretrovirals in the 2024 reporting year. For viral load testing, 88% in Manhattan and 95% for Jackson Heights. For viral load suppression, 50% in Manhattan and 50% in Jackson Heights. In comparison (with consolidated figures), in measurement year 2023, 100% were on [antiretrovirals] (13/13), 97% for viral load testing (770/797), and 91% for viral load suppressed (729/797). In measurement year 2022, 100% were on [antiretrovirals] (13/13), 85% for viral load testing (11/13), and 62% for viral load suppression (8/13).

Other patients: New-to-care patients with Apicha are patients who transfer care from other health centers and community-based organizations. In measurement year 2024, antiretroviral initiation was 98% in Manhattan (n = 44) and 100% in Jackson Heights (n = 28). For viral load testing, 93% in Manhattan and 100% for Jackson Heights. For viral load suppression, 86% in Manhattan and 96% in Jackson Heights.

To test for disparities in care among various sub-populations of interest, Apicha performed chi-square tests of significance on two outcomes of interest: viral load testing and viral load suppression. Antiretroviral therapy was not evaluated, as antiretroviral utilization rates are at or near 100% for both clinic sites. Frailty in older adults was not evaluated in measurement year 2024. For patients established in care in Manhattan, there is statistical significance for HIV viral load testing ($p = 0.00417588$) and for viral load suppression ($p = 0.02685830$), however the difference between the outcome and the expected population is small ([n < 10]). There is no statistical significance ($p > 0.05$) for patients established in care in Jackson Heights. For patients in Manhattan under 25 years old there is statistical significance for HIV viral load testing ($p = 0.03165901$); for HIV viral load suppression, there is marginal statistical significance ($p = 0.05894314$), however, the difference between the outcome and the expected population is small ([n < 10]). In Jackson Heights, there is no statistical significance ($p > 0.05$) for patients under the age of 25 with HIV viral load testing and HIV viral load suppression. There is no statistical significance ($p > 0.05$) over 50 years old in both Manhattan and Jackson Heights. There is no statistical significance ($p > 0.05$) with HIV viral load testing or HIV viral load suppression outcomes for sex at birth (male or female).

NOTE: For this analysis, 230 patients, identified by ethnicity: Hispanic, report a race as 'Other', following national trends where "a large proportion of the Hispanic population does not identify with any of the current Office of Management and Budget (OMB) race categories; 43.6% of the Hispanic population either did not respond to the 2020 Census race question or reported being Some Other Race alone" (U.S. Census Bureau (2014, March) Race Reporting Among Hispanics: 2010. https://www.census.gov/content/dam/Census/library/working-papers/2014/demo/shedding-light-on-race-reporting-among-hispanics/POP-twps0102.pdf.

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Race: In both Manhattan and Jackson Heights, there is statistical significance in HIV viral load suppression for Black/African American (in Manhattan, p = 0.00000861; in Jackson Heights, p = 0.00084209). It is noted that the difference between the outcome and the expected populations is small (in Manhattan, n ~ 15; in Jackson Heights, [n < 10]). In Jackson Heights, there is statistical significance for HIV viral load testing (p = 0.02011872) and the difference between the outcome and the expected populations is small ([n < 10]) and in Manhattan there is no statistical significance (p > 0.05). In Manhattan, for the population of interest, Asian race, there is positive statistical significance in both outcomes of interest, where HIV viral load testing (p = 0.04426415) and HIV viral load suppression (p = 0.00096750) exceeds the expected rate. In Jackson Heights, there is no statistical significance (p > 0.05). In Manhattan and Jackson Heights, there is no statistical significance (p > 0.05) for White race or Other Race for either HIV viral load testing or HIV viral load suppression.

Language: In both Manhattan and Jackson Heights there is a paradoxical statistical significance with HIV viral load suppression and English language (Manhattan, p = 0.02402276; Jackson Heights, p = 0.02624064). This is believed to be an artifact of other factors, including Black/African American race, and not a factor in itself. There is no statistical significance (p > 0.05) for Spanish or Chinese language.

Housing Status: In Manhattan, for the population of interest: unstable housing, and the outcome of interest: HIV viral load suppression, there is statistical significance (p = 0.03858292). There is no statistical significance for the outcome of interest: HIV viral load testing (p > 0.05). It is noted that the difference between the outcome and the expected populations is small ([n < 10]). In Jackson Heights there is no statistical significance for either HIV viral load testing or HIV viral load suppression. Of note: In Jackson Heights, there is an 'n' of zero for patients with identified 'Unstable Housing' which warrants further investigation. There is no statistical significance (p > 0.05) for Temporary Housing for either Manhattan or Jackson Heights.

HIV Risk Classification: There is no statistical significance (p > 0.05) in the outcomes of interest of HIV viral load testing and HIV viral load suppression, for the populations of interest: MSM, heterosexual contact, injection drug use, or 'other' HIV risk classification.

Insurance Coverage: In Manhattan there is statistical significance for the population outcome, HIV viral load suppression for population of interest, Insurance: AIDS Drug Assistance Program (p = 0.03946085). There is no statistical significance for the population outcome, HIV viral load testing (p > 0.05). In Jackson Heights, there is no statistical significance for HIV viral load testing or HIV viral load suppression (p > 0.05). For both Manhattan and Jackson Heights, there is no statistical significance (p > 0.05) for either HIV viral load testing or viral load suppression for Medicaid or private insurance.

Quality Improvement Projects

Quality Improvement Project #1

Indicator: viral load suppression among established active patients
2024 rate for this indicator: 89%
Overall 2025 goal for this indicator: 93%
Description:
Apicha will continue in 2025 with the quality improvement efforts begun in 2024, focused on improving HIV viral load suppression among established active Black/African American patients. In 2025, the measure will differ from previous years where the measure of interest will be established active patients rather than open patients. The difference between the two groups is minor, accounting for a net difference of 15 fewer patients. Apicha will

continue performance improvement efforts with viral load suppression among newly diagnosed patients.

Quality Improvement Project #2
Indicator: viral load suppression among newly diagnosed patients
2024 rate for this indicator: 50%
Overall 2025 goal for this indicator: 75%
Description:
Viral Load Suppression SMARTIE Goal 2:
(S)PECIFIC: Increase HIV viral load suppression (<200 copies/ml) rate among newly diagnosed patients, from 50% in MY 2024 to 75% by [December 2025]
(M)EASURABLE: HIV care coordination will continue to engage newly diagnosed patients following the social determinants of health and commercial determinants of health. Immediate Initiation of Antiretroviral Therapy (iART) protocol recommendations include linkage to HIV medical care within 3 days of diagnosis and same-day start of HIV antiretroviral therapy. HIV care coordination will schedule follow up medical visits of newly diagnosed patients monthly, until the patient achieves HIV viral load suppression (<200 copies/ml)
(A)TTAINABLE: Improving the HIV viral load suppression rate by 25 percentage points is a stretch-goal consistent with performance improvement targets set in 2023 and 2024
(R)ELEVANT: HIV viral load suppression within 91 days of initiating HIV antiretroviral therapy is the standard of care for newly diagnosed patients
(T)IMED: This goal is expected to be achieved by [December 2025]
(I)NCLUSIVE: Revealing the 'patient story' through case studies to inform the development of future strategies.
(E)QUITABLE: Developing and reviewing monthly data reports to ensure data-informed, responsive distribution of service activities and outcomes across all patients with strategic outreach and engagement to unsuppressed patients via Medical Case Management and Health Case Management at the Manhattan and Jackson Heights clinics.

Consumer Involvement
Understanding and responding to patient needs is a cornerstone of Apicha Community Health Center's commitment to providing high-quality, equitable care. In Calendar Year (CY) 2024, Apicha undertook a comprehensive effort to engage all patients through its annual Patient Satisfaction Survey, designed to gather meaningful feedback immediately following patients' most recent in-person visits. The survey tool focused on key dimensions of the patient's experience, including:

- Access to care and ease of scheduling
- Coordination of services across providers
- Effectiveness of communication with clinical staff
- Support for self-management and health literacy

To reach a broad and diverse group of respondents, Apicha launched the survey in October 2024 using the online platform SurveyMonkey. Patients were invited to participate in multiple languages and formats to ensure accessibility and inclusivity across all demographics. The response rate was overwhelmingly positive, reflecting the community's engagement and willingness to help shape the future of their healthcare experience. Patients shared thoughtful feedback about what they valued most in their interactions with Apicha—and where they saw

opportunities for growth. The findings were presented to Apicha's Quality Improvement/Quality Assurance (QI/QA) Committee, where results were carefully reviewed and discussed. This data directly informed planning for targeted quality improvement initiatives, with the goal of addressing systemic gaps and reinforcing areas of strength. The 2024 Patient Satisfaction Survey not only captured the general perception of care but also revealed deeper trends and preferences among Apicha's patient population.
The results are highlighted:
• Factors that contribute to positive patient engagement, trust, and retention
• Barriers that may prevent individuals from fully accessing primary care services
• Recommendations to enhance culturally responsive care and improve health outcomes.
This annual survey continues to serve as a vital feedback loop—ensuring patients' voices are centered in Apicha's strategic planning, service delivery, and mission to foster an inclusive, patient-centered environment.

Coach's Feedback and Updates on Cascade Quality Improvement Plan

It's great to see the increases and very high HIV viral load testing and suppression rates, as well as antiretroviral treatment rates for the open, active and new to care populations at the center. The data analysis is thorough and revealing of variation in viral load suppression outcomes related to gender, race, and housing. The continued focus of Apicha's quality improvement project this year to address the noted disparities, as well as improving viral load suppression among the newly diagnosed patients, align closely with your data analysis. Apicha also demonstrates strong integration of its quality improvement projects across the services, assuring equitable impact of quality improvement, regardless of funding or payor source. One suggestion is to apply some other quality improvement tools (fishbone diagram, and/or process or patient journey map, etc.) to better understand the underlying causes and/or processes resulting in low viral load suppression among the newly diagnosed. Also impressive is the level of consumer input that Apicha solicits and gets from the clients. One recommendation here is to use the survey results to inform you of your improvement strategies. The AIDS Institute Quality of Care team recommends additional Apicha team members participate in the statewide Health Equity Collaborative, for the peer learning opportunities, training and resources offered and to share expertise and lessons learned in ways that help New York State achieve the highest quality of HIV care and outcomes. Please reach out to your Quality Improvement Coach – Susan Weigl (susan.weigl@health.ny.gov) for additional training and/or coaching specific to your quality improvement project.

Appendix

Note: Results from 2017 have been moved to this appendix to make room for more recent data in the tables and charts within this profile. Of note, the data for 2017 were reported through a different process that did not include submission of patient-level data. Any interpretation of changes between 2017 and 2018 and subsequent years should be made with this discontinuity in the process in mind.

Appendix A-1
2017 Indicator Rates at Organization Level

Established Active (n=683)			Open Previously Diagnosed (Active & Inactive) (n=806)		
On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
99%	100%	89%	84%	85%	76%