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 15, 2026**

Program Name: Northwell Health – Center for AIDS Research and Treatment, Lenox Hill, Staten Island University Hospital

Clinic Information

Type of Clinic	Clinic Name	Address	City	Zip
Hospital	Center for AIDS Research and Treatment (CART)	400 Community Drive	Manhasset	11030
Hospital	Northwell Health Physician Partners – Northwell Family Health Center at Huntington	120 New York Avenue	Huntington	11743
Hospital	Lenox Hill Hospital – Northwell Inclusive Primary Care	210 # 64th Street 4th Floor	New York	10065
Hospital	Northwell Health Physician Partners – Northwell Family Health Center at Rego Park	95-25 Queens Boulevard 2nd Floor	Rego Park	11374
Hospital	Staten Island University Hospital – Virology Treatment Center	242 Mason Avenue	Staten Island	10305
Hospital	Staten Island University Hospital – Adolescent & Young Adult Program	475 Seaview Avenue	Staten Island	10305

Important Contacts

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

Regional Group/Learning Network Participation

Learning Network Affiliation: New York Links
Participated in Group Quality Improvement 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 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.

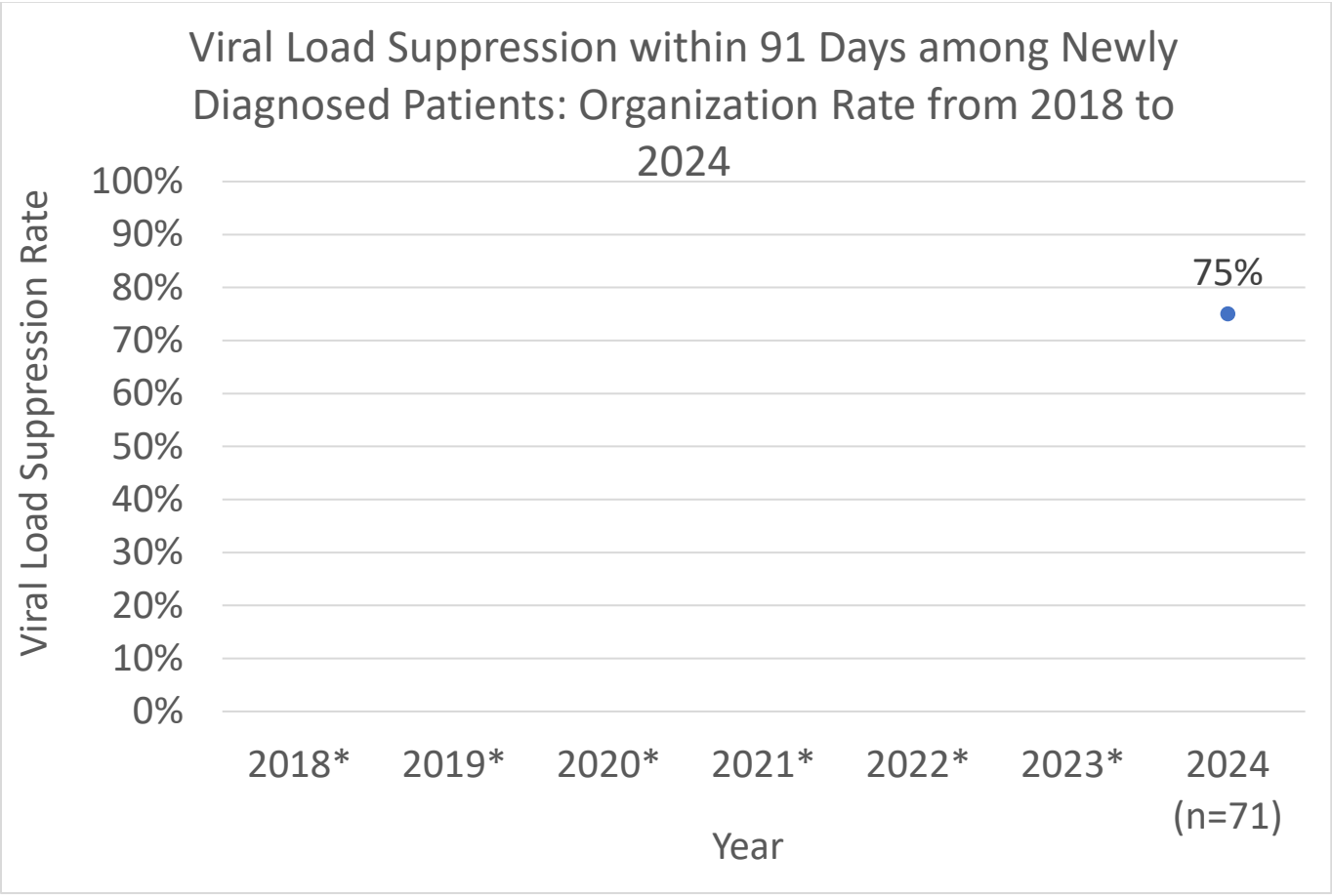
Suppressed within 91 Days (Newly Diagnosed Patients): A value of less than 200 copies/mL on any viral load test performed within 91 days of initial HIV diagnosis. Patients with no documented viral load test during this period are scored as unsuppressed.

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



***Data from Northwell Health – Center for AIDS Research & Treatment, Northwell Health – Lenox Hill and Northwell Health – Staten Island University Hospital were consolidated into one submission for 2024.

Figure 2. Time to Linkage

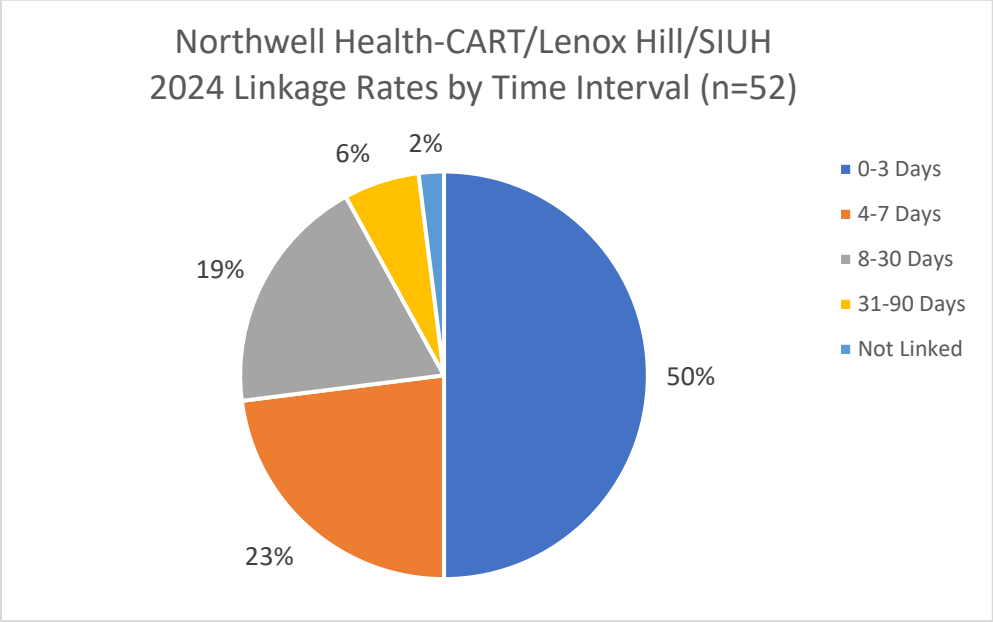
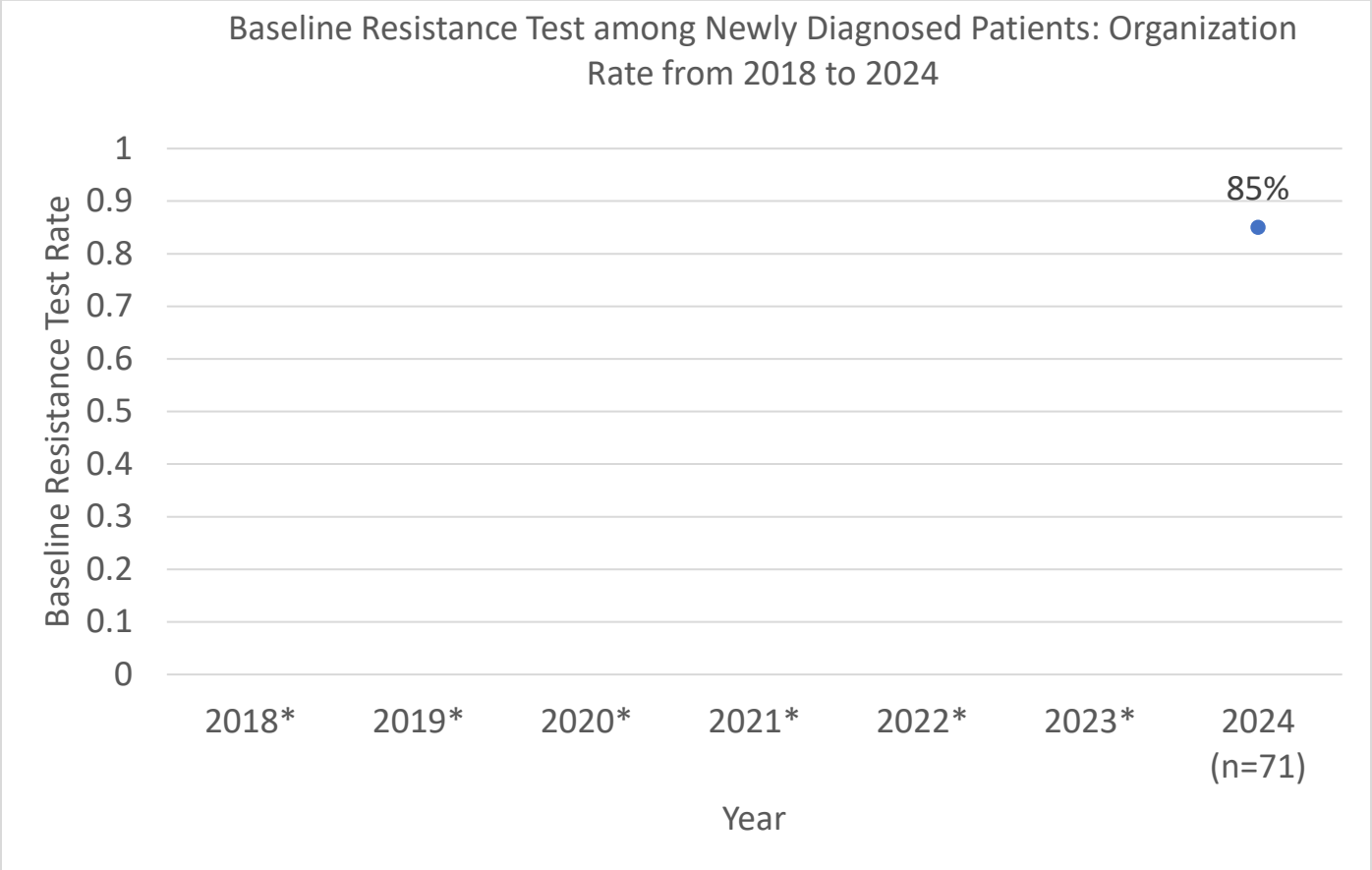
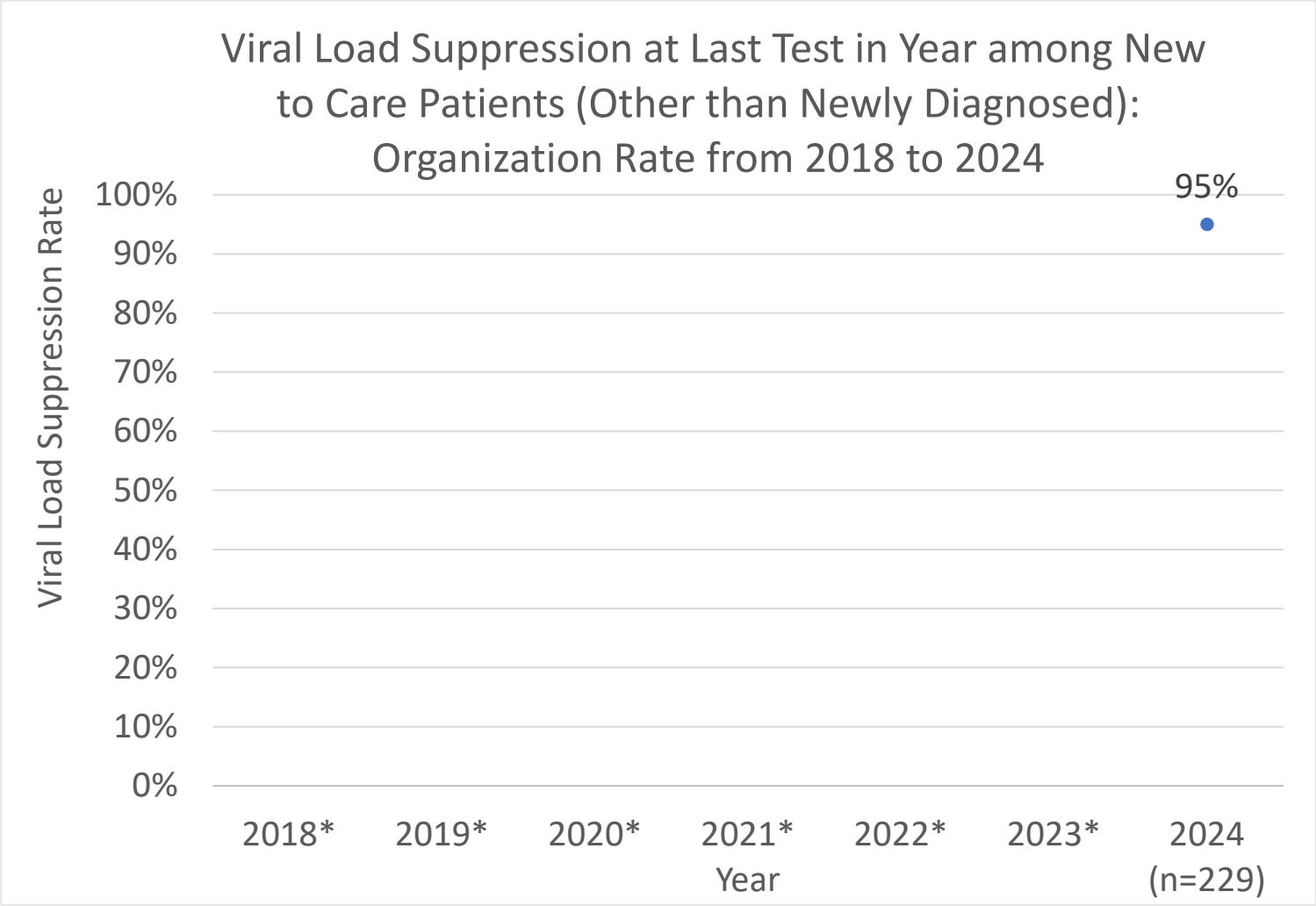


Figure 3. Baseline Resistance Test among Newly Diagnosed Patients: Organization Rate from 2018 to 2024



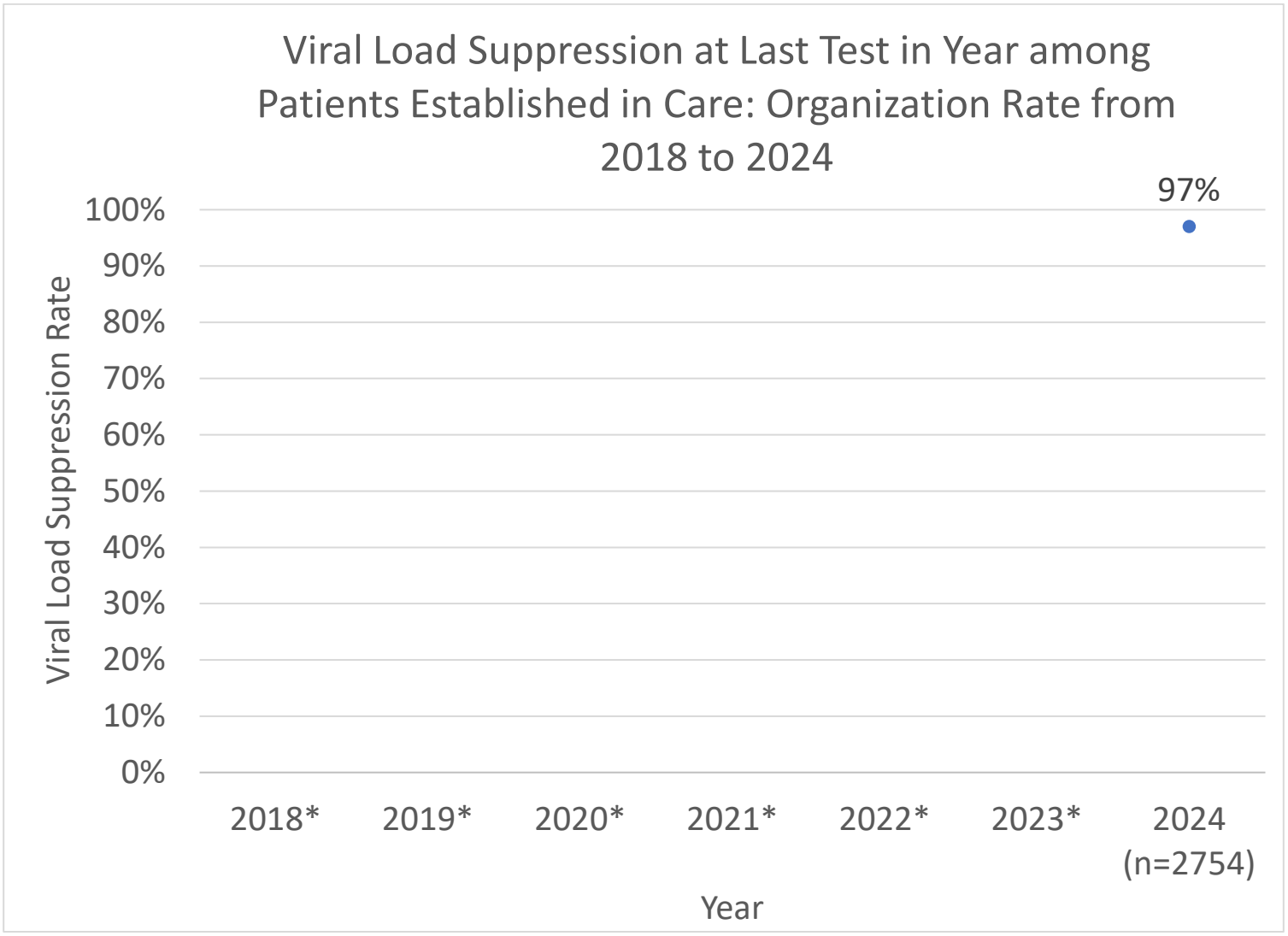
***** Data from Northwell Health – Center for AIDS Research & Treatment, Northwell Health – Lenox Hill and Northwell Health – Staten Island University Hospital were consolidated into one submission for 2024.
Note: Data for this indicator were not required for the review of care provided in 2018.

Figure 4. Viral Load Suppression at Last Test in Year among New to Care Patients (Other than Newly Diagnosed): Organization Rate from 2018 to 2024



***** Data from Northwell Health – Center for AIDS Research & Treatment, Northwell Health – Lenox Hill and Northwell Health – Staten Island University Hospital were consolidated into one submission for 2024.

Figure 5. Viral Load Suppression at Last Test in Year among Patients Established in Care: Organization Rate from 2018 to 2024



***** Data from Northwell Health – Center for AIDS Research & Treatment, Northwell Health – Lenox Hill and Northwell Health – Staten Island University Hospital were consolidated into one submission for 2024.

Figure 6. 2024 Established Active Viral Load Suppression Rates by Age at Organizational Level

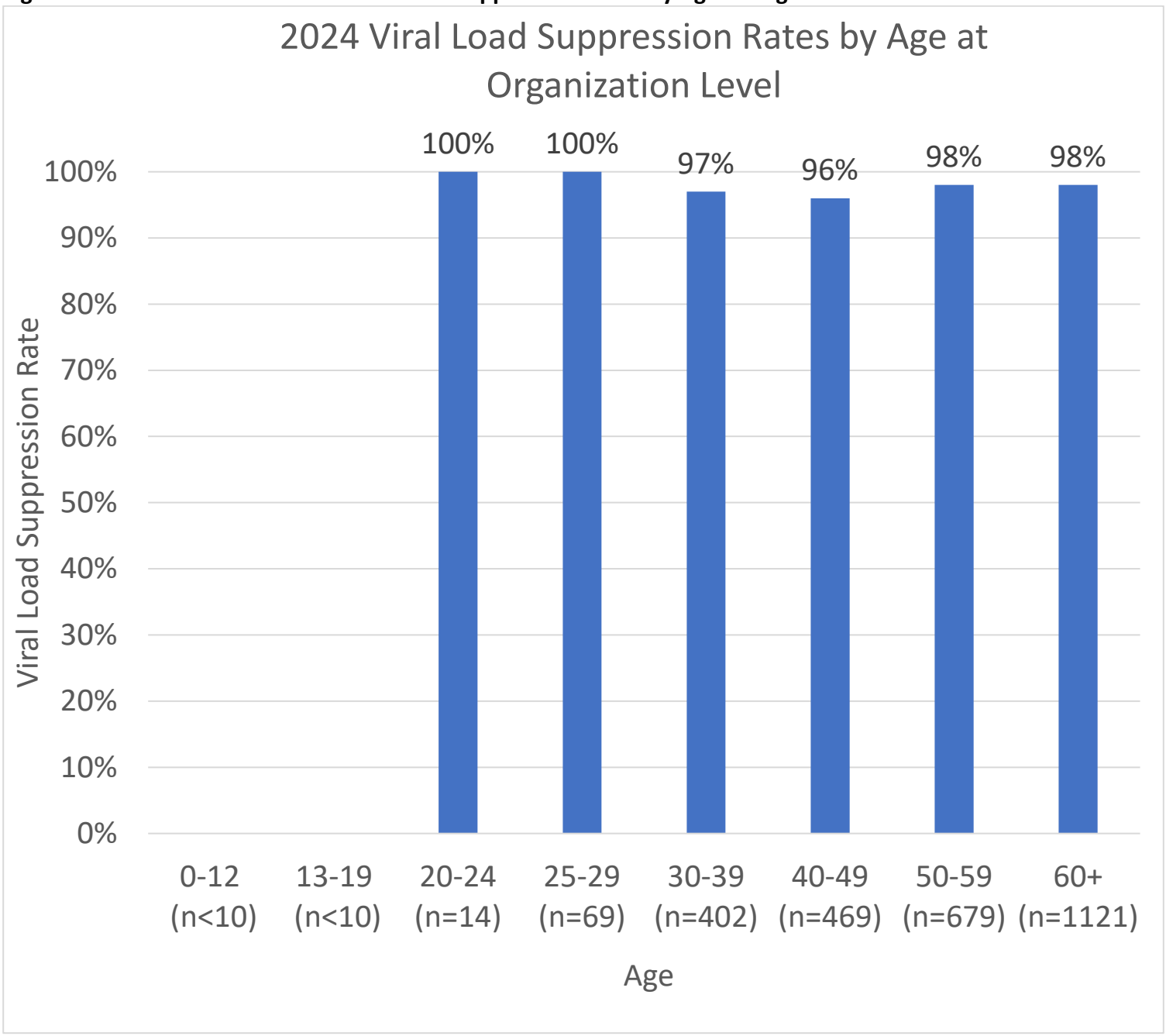
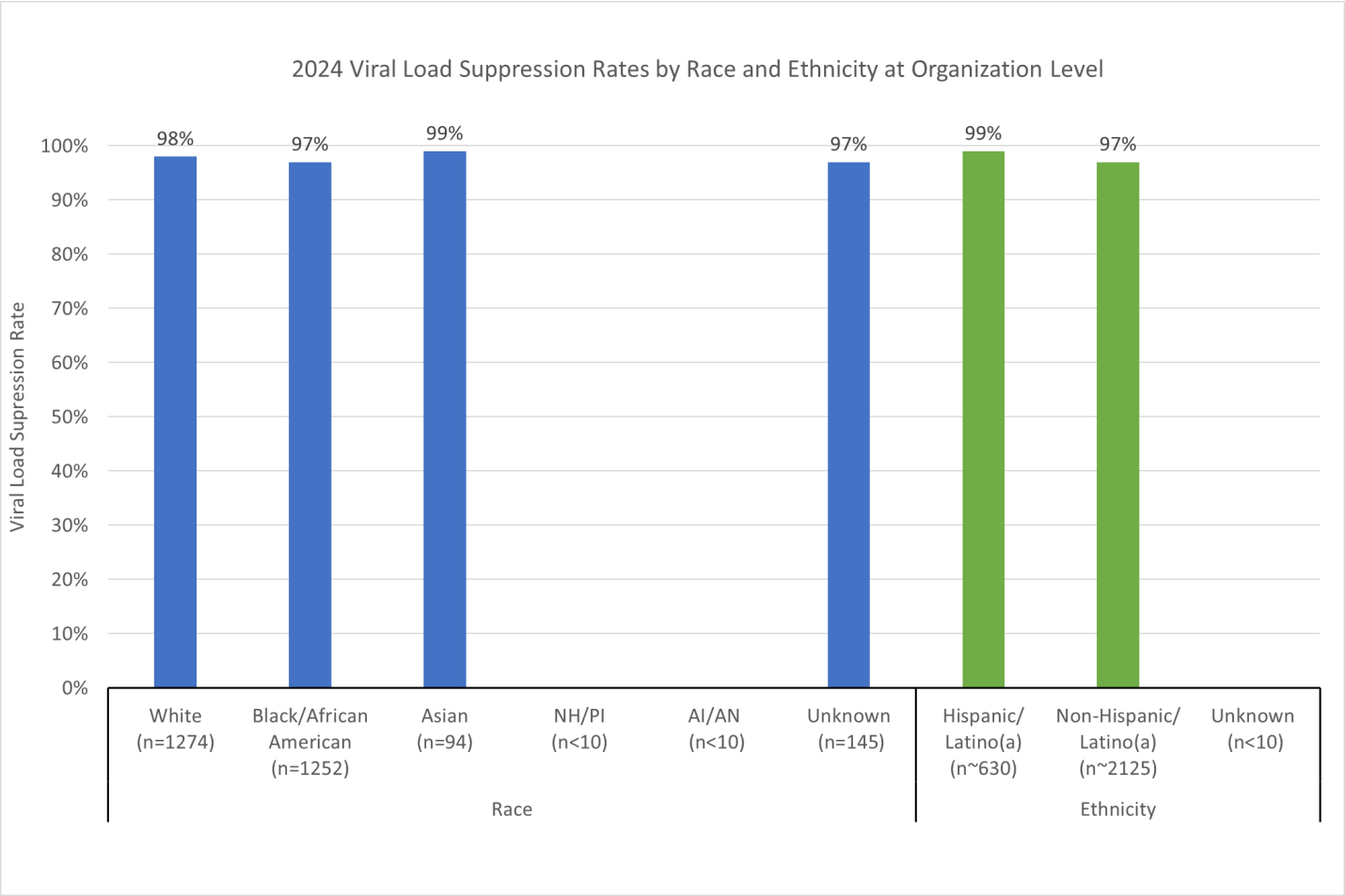


Figure 7. 2024 Established Active Viral Load Suppression Rates by Race and Ethnicity at Organizational Level



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	--	41%	--	51%	--	55%	--	61%	--	53%	--	63%	50% (n=52)	53%
	On Antiretroviral Therapy	--	96%	--	100%	--	100%	--	100%	--	100%	--	100%	100% (n=71)	100%
	Viral Load Test within 91 Days	--	93%	--	95%	--	95%	--	92%	--	96%	--	95%	100% (n=71)	93%
	Suppressed within 91 Days	--	45%	--	50%	--	46%	--	50%	--	50%	--	50%	75% (n=71)	50%
	Baseline Resistance Test	**	**	--	74%	--	80%	--	82%	--	79%	--	76%	85% (n=71)	83%
Other New to Care	On Antiretroviral Therapy	--	97%	--	100%	--	100%	--	100%	--	100%	--	100%	99% (n=229)	100%
	Any Viral Load Test	--	99%	--	98%	--	100%	--	100%	--	98%	--	98%	99% (n=229)	98%
	Suppressed Final Viral Load	--	74%	--	78%	--	77%	--	69%	--	77%	--	80%	95% (n=229)	81%
Established Active	On Antiretroviral Therapy	--	99%	--	99%	--	99%	--	99%	--	100%	--	100%	100% (n=2754)	100%
	Any Viral Load Test	--	99%	--	99%	--	97%	--	98%	--	98%	--	98%	99% (n=2754)	98%
	Suppressed Final Viral Load	--	88%	--	89%	--	87%	--	88%	--	89%	--	91%	97% (n=2754)	91%
Open Previously Diagnosed (Active & Inactive)	On Antiretroviral Therapy	--	95%	--	96%	--	96%	--	97%	--	97%	--	98%	61% (n=4485)	98%
	Any Viral Load Test	--	93%	--	93%	--	90%	--	94%	--	93%	--	94%	73% (n=4485)	93%
	Suppressed Final Viral Load	--	80%	--	83%	--	77%	--	79%	--	83%	--	83%	70% (n=4485)	86%

Note: Data from Northwell Health – Center for AIDS Research & Treatment, Northwell Health – Lenox Hill and Northwell Health – Staten Island University Hospital were consolidated into one submission for 2024.

*** 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*	--	14	100%	69	100%	402	97%	469	96%	679	98%	1121	98%
GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Gender X		Unknown Gender			
n	%	n	%	n	%	n	%	n	%	n	%	n	%		
1854	97%	873	98%	<10*	--	26	100%	<10*	--	<10*	--	<10*	--		
RACE															
White		Black/African American		Asian		Native Hawaiian / Pacific Islander		American Indian / Alaskan Native		Unknown Race					
n	%	n	%	n	%	n	%	n	%	n	%				
1274	98%	1252	97%	94	99%	<10*	--	<10*	--	145	97%				
ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
~630	99%	~2125	97%	<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	%
~1070	98%	~150	95%	~1285	97%	<10*	--	~50	96%	~40	93%	~205	97%	~10	100%
HOUSING STATUS															
Stable Housing		Temporarily Housed		Unstably Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
2685	98%	44	91%	<10*	--	20	100%								
INSURANCE TYPE															
ADAP		Dual Eligible		Medicaid		Medicare		Private Insurance		Veteran's Admin		Other		No Insurance	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
479	98%	222	98%	974	97%	127	99%	939	97%	<10*	--	13	85%	<10*	--
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	--	**	--	--	--	--	--	--
2019	--	--	--	--	--	--	--	--
2020	--	--	--	--	--	--	--	--
2021	--	**	**	**	**	--	--	--
2022	--	**	**	**	**	--	--	--
2023	--	**	**	**	**	--	--	--
2024	Lenox Hill Hospital – Northwell Health Primary Care	**	**	**	**	100% (n=503)	100% (n=503)	97% (n=503)
	North Shore University Hospital Center for AIDS Research and Treatment	**	**	**	**	100% (n=1778)	98% (n=1778)	97% (n=1778)
	Northwell Health Physician Partners – Northwell Family Health Center at Huntington	**	**	**	**	100% (n=92)	98% (n=92)	97% (n=92)
	Northwell Health Physician Partners – Northwell Family Health Center at Rego Park	**	**	**	**	100% (n=75)	100% (n=75)	100% (n=75)
	Staten Island University Hospital – Virology Treatment Center	**	**	**	**	100% (n=306)	100% (n=306)	98% (n=306)
	Staten Island University Hospital – Adolescent & Young Adult Program	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*

Note: Data from Northwell Health – Center for AIDS Research & Treatment, Northwell Health – Lenox Hill and Northwell Health – Staten Island University Hospital were consolidated into one submission for 2024.

*** 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

This is the first year we have prepared a combined Cascade submission including data from three Northwell HIV centers and their satellite sites. It was important to every site's leadership that we produce all data for site specific cascades as well. Our methodology therefore prioritized this goal. There were a number of lessons learned, and we took care to document pain points and factors we will need to consider as we prepare for Northwell's transition to Epic as its single Electronic Medical Records (EMR) system beginning later this year (2025). This was also the first year our Data Team was able to directly query the database of Northwell's Electronic Medical Record system for outpatient services, Touchworks (by Allscripts). Our data team developed custom queries as opposed to relying on multiple standard reports. This afforded us the ability to streamline some steps and allowed us to better identify issues we will seek to address in developing a custom HIV Cascade Report in Epic. There was however a learning curve which led to some delays. Finally, while it is our intention to have the same standard methodology for data preparation across all sites, this first year it was not fully possible due to site specific variability in data sources and data management practices. Differences in data source or process are indicated by sites where different. Data was pulled from the following data sources: Electronic Medical Records Systems, appointment data, labs, pharmaceutical history, and some demographics were pulled directly from Touchworks the Electronic Medical Records (EMR) system used by all except one site.

Huntington Family Health Center uses a different Electronic Medical Record (McKesson) which we could not access. Patient data for this site came from other sources (see below). Individual patient record reviews were conducted on Touchworks as well as the Sunrise Electronic Medical Record system used by Northwell hospitals. REDCap – a web-based data storage application is a data storage application which holds the data from the Comprehensive Psychosocial Risk Assessments (COMPS) completed by social workers in one-on-one interviews. Comprehensive Psychosocial Risk Assessments contain detailed demographics data, risk history, mental health history, housing and other social determinants of health information. Comprehensive Psychosocial Risk Assessments are to be completed twice a year; however, some patients decline or leave before the Social Worker can reach them and don't respond to the Social Worker's follow up efforts. Data from the latest Comprehensive Psychosocial Risk Assessment completed in the reporting year is used. If a Comprehensive Psychosocial Risk Assessment from the reporting year is not available, data from past Comprehensive Psychosocial Risk Assessments is used for fields which do not change over time. Health Information Exchange (HIE) is a web-based system containing lab results and other clinical data from internal & external healthcare institutions for all patients who received services. After data is pulled from Touchworks and REDCap via reports, the Health Information Exchange is manually checked for missing clinical data before moving on to patient chart reviews in electronic medical records. Voluntary Testing and Counseling Patient Spreadsheet: Voluntary Testing and Counseling maintains its own Patient Spreadsheet which a staff member is tasked with updating with data from the Touchworks Electronic Medical Records and other information provided by the care team.

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

Staff involved in HIV Cascade preparation:

- Senior Clinical Data Analysts & Clinical Data Analysts – Wrote Structured Query Language queries; pulled reports; merged data; conducted data cleaning & manipulation, data checks, and some record reviews; cross-checked data across data sources.
    - Data Analytics Manager - Provided oversight and direction to Senior Clinical Data Analysts; met with Quality Improvement Advisor to plan and trouble shoot; participated in group meetings.
    - Quality Improvement Advisor – Provided oversight and coordination of cascade reporting process working closely with all staff involved in the cascade preparation process; conducted data review & trouble shooting; wrote record review instructions and provided record review training and support as needed; scheduled and led Cascade Preparation Team meetings and Cascade Results Review Meetings; wrote and sent email updates and results summaries; wrote narrative responses.
    - Operations Manager/Supervisor at Lenox Hill and Staten Island sites – Conducted record reviews or coordinated with care teams at their sites to conduct record reviews for patients receiving care at their respective sites.
    - Center for AIDS Research and Treatment Nurse Manager and Care Management Coordinator – Conducted record reviews for Center for AIDS Research and Treatment Newly Diagnosed patients.
    - Site Medical Directors & Center for AIDS Research and Treatment Senior Operations Manager – Provided general oversight & direction, conducted record reviews of difficult/unique cases, reviewed results and in consultation with each other, other managers and the Quality Improvement Advisor made decisions on quality improvement initiatives and goals.

Process:

1) A Cascade Preparation Team was established including the Quality Improvement Advisor, the Data Team Manager and two Senior Clinical Data Analysts based at Center for AIDS Research and Treatment. This team was responsible for producing the site-specific and combined cascades. They met biweekly starting April 2025 with additional meetings as needed, and email and Teams chat communication in addition.
2) Established the list of patients with attended HIV care visits in 2024 for each site:
   a. Center for AIDS Research and Treatment & Inclusive Primary Care – Direct query of Touchworks Electronic Medical Record database by diagnosis and HIV specific appointment codes.
   b. Voluntary Testing and Counseling – Data from Voluntary Testing and Counseling's Patient Spreadsheet was used and compared with list from a Touchworks query, serving as a check of the Touchworks query.
3) Identified Newly Diagnosed patients for each site:
   a. Center for AIDS Research and Treatment & Inclusive Primary Care - Visit code NHP (New HIV Patient) is used by all sites for first HIV care visits but does not differentiate between previously diagnosed transferring care and newly diagnosed. We used the Diagnosis Date field from Comprehensive Psychosocial Risk Assessments to identify newly diagnosed in 2024. There was no distinct Diagnosis Date field to query in Touchworks Electronic Medical Record. Record reviews were conducted for patients with New HIV Patient visits who did not complete a Comprehensive Psychosocial Risk Assessment (see step 4).
   b. Voluntary Testing and Counseling – We relied on Voluntary Testing and Counseling's Patient Spreadsheet and compared to the list of newly diagnosed identified using Comprehensive Psychosocial Risk Assessments.
4) Conducted Newly Diagnosed patient record reviews:
   a. Record Review Spreadsheets were created using the list of patients from step 3 with detailed instructions and field definitions for Record Reviewers' reference.
   b. Each site identified staff from their care teams to conduct record reviews and sent back completed Record Review Spreadsheets to the Cascade Preparation Team.

5) Populated Draft Cascade Templates for each site.
   a. An Excel spreadsheet structured to mimic the HIV Cascade Template was created for each site. The Draft Cascade Template for each site was populated with data from the Touchworks query, Comprehensive Psychosocial Risk Assessments and Record Review Spreadsheets. A note on the Touchworks query: The Touchworks query was programmed to automatically list data per the actual Cascade Template response options for many fields. Multiple meetings were held to determine the parameters of the query including input from other teams (i.e. Pharmacy for antiretroviral prescriptions) as needed. Data from other data sources were manually transformed into Cascade Template responses after the data was pulled.
   b. Once all data was transferred into each site's Draft Cascade Template, all cells still missing data (or marked unknown) were highlighted. The Draft Cascade Templates were sent back to each site for further record review to complete as much missing data as possible.
6) Established the list of Open Patients for each site
   a. The list of open patients for each site was pulled via a query of the Sunrise Electronic Medical Record system used in all Northwell hospitals. Each site's open patient list included HIV positive patients who did not receive HIV care at the HIV clinic but did attend either the ED or were inpatient at the hospital/s each clinic directly serves, as follows:
      i. Center for AIDS Research and Treatment – North Shore University Hospital and Long Island Jewish Hospital
      ii. Inclusive Primary Care – Lenox Hill Hospital and Greenwich Village Hospital
      iii. Voluntary Testing and Counseling – Staten Island University Hospital
   b. The query included all Cascade data possible to pull from the Sunrise Electronic Medical Record. No data from other sources or record reviews could be added due to limited resources.
   c. After each site completed Step 5 to the extent possible, the Open Patient data was added to the Draft Cascade Template for each site with Enrollment marked OTH (Other) and Diagnosis marked Uknown.
   d. Duplicates, patients appearing as an active patient and as an Open Patient (i.e. Clinic patient who visited the Emergency Department), were identified and their entry as an Open Patient was removed.
7) Transferred data to the actual Cascade Template for each site.
   a. Data from the completed Draft Cascade Template for each site was transferred into an actual Cascade Template File.
   b. All errors were addressed. Remaining warnings were discussed with management and decisions made whether to leave as is or conduct repeat record reviews.
8) Site Specific Cascade Results Review Meetings held with leadership of each site.
   a. The Center for AIDS Research and Treatment Medical Director, Senior Operations Manager, Quality Improvement Advisor and Data Team Manager met with Medical Director and/or Senior Management of each site to review the site's Cascade results and discuss quality improvement actions and goals.
   b. The Quality Improvement Advisor shared a summary table with an analysis of patient volume and key indicators comparing the results with last year's cascade. In addition, the Quality Improvement Advisor walked participants through the charts on the Charts Tab of the Cascade Template
   c. A summary email with the summary table, key points from the discussion, and quality improvement action items were sent to all participants.
9) The Combined Draft Cascade Template was created.
   a. Data from each of the site-specific actual cascade templates were entered into the Combined Draft Cascade Template. A list of duplicate patients (those who appeared on more than one site specific cascade) was created.

b. The Center for AIDS Research and Treatment Front Desk team reviewed the appointment history of the duplicate patients and assigned each to a primary site.
c. Duplicates were removed from the Combined Draft Cascade Template and from the site-specific actual cascade template, which was not their primary site, so the site-specific cascade templates included the correct list of patients under each site's care.
Lesson Learned: Establish list of duplicates and assign primary sites before transfer of site-specific data from Draft Cascade Template to actual Cascade Templates to avoid recalculating site specific cascade results and addressing missing data of duplicate patients on more than one cascade.

10) Data was transferred to actual Combined Cascade Template.
a. Data from the Combined Draft Cascade Template was transferred to the actual Combined Cascade Template.
b. Any errors were addressed. Warnings remaining were as expected based on site-specific cascade templates and allowed to remain.
11) Combined Cascade Results Review meeting held.
a. The Center for AIDS Research and Treatment and Inclusive Primary Care Medical Directors, the Voluntary Testing and Counseling Senior Operations Manager, the Center for AIDS Research and Treatment Senior Operations Manager, the Quality Improvement Advisor and remaining members of the Cascade Preparation Team met to review the results of the Combined Cascade and decide the priority quality improvement actions and goals to propose on the submission.
b. Combined Cascade Template statement sections outlined based on the key points and decisions made at the meeting.
12) Narrative for Cascade Template statement sections written and submitted to management for review. Edits made per reviewer comments.
13) Cascade Template submitted in HCS upon final approval of Center for AIDS Research and Treatment Medical Director.

NOTE: See Quality Improvement Project section regarding Frailty Screens.

Key Findings

This being Northwell's first ever combined cascade with data from three primary and two satellite sites, we are very pleased to report a combined cascade with all measures at or above 95% except for Viral Load Suppression Among Newly Diagnosed at 75%. Viral Load Suppression Among Newly Diagnosed is typically expected to be lower than previously diagnosed patients as it can take time depending on the patient's starting point. Since 83% of the Newly Diagnosed patients in the combined cascade are Center for AIDS Research and Treatment patients and we have no historical data for the combined, comparing to historical data of the Center for AIDS Research and Treatment cascade is appropriate. The Center for AIDS Research and Treatment Cascade for 2023 Services listed a 50% Viral Load Suppression of Newly Diagnosed which we believe was an anomaly. At 75% the rate returned to a historically typical rate of 70% or higher. Perhaps more exciting than the combined cascade are the site-specific cascades which demonstrate tremendous uniformity across the five sites with all five reporting overall viral load suppression rates of 97% or higher. The 6th site, Staten Island University Hospital's Adolescent and Young Adult clinic, did not have any HIV positive patients in care in 2024. To provide a reference for each site's contribution to the combined, Center for AIDS Research and Treatment patients represent 71% of all active patients (Established + New to Care + Newly Diagnosed), followed by Inclusive Primary Care at 17% and Voluntary Testing and Counseling at 12%. Interestingly, 48% of open patients (patients not receiving HIV care at any of the sites covered by the combined cascade) were seen at Lenox Hill and Greenwich Village which we believe represents significant growth potential for Inclusive Primary Care.

Moving onto Linkage, there are two important factors to consider in evaluating the linkage rates for Internally Diagnosed patients. First, there was a decision to expand the number of facilities at which patients who are diagnosed would be considered internally linked. For the first time, diagnosis at any Northwell hospital or Primary Care Practice was considered internally linked. Previously, only patients diagnosed at hospitals directly served by the HIV centers were considered internally linked. This change was expected to result in significantly longer linkage times since our HIV centers do not have established rapid referral and linkage systems in place at most other Northwell hospitals nor with most Primary Care practices. Of note, the Center for AIDS Research and Treatment 3-Day Linkage rate on the Cascade for 2023 Services was 80% compared to 50% on the Combined Cascade for 2024 Services. Building the necessary systems and protocols to ensure more effective linkage across the health system is one of the quality improvement goals we are actively working towards (see Quality Improvement section). The second factor impacting the linkage rate is the definition used during record review to determine the HIV Clinic Visit Date (date of first visit with an HIV provider). This field was interpreted to be referring to the first outpatient HIV care visit (i.e. at one of the HIV centers). However, patients diagnosed and treated at a hospital would be considered in care upon confirmation of diagnosis. With 66% of internally diagnosed (Center for AIDS Research and Treatment) patients being diagnosed in a hospital, the change in the definition is likely to impact the rates (see Quality Improvement section).

Looking at the demographic and social determinants of health patient subcategories, the great majority are doing very well with viral load suppression rates in the high 90s, which is in keeping with the overall cascade measures. The few categories with viral load suppression rates at 95% or below are:

- Newly Diagnosed 75% (n=71, discussed above)
- Patients in the Other Plan category for insurance 85% (n=13)
- Temporarily Housed patients 91% (n = 44)
- Perinatally Exposed 93% (n=42)
- Intravenous Drug Users 95% (n=147)

From the site-specific rates, we know that the Other Insurance Plan Category is primarily impacted by Inclusive Primary Care (Lenox Hill) patients. Inclusive Primary Care will be conducting a payment history and barriers to adherence analysis on this cohort. The Temporary Housed category has a mixed breakdown:

- Center for AIDS Research and Treatment (n=26) with 96% suppression
- Voluntary Testing and Counseling (n=14) with 93% suppression
- Inclusive Primary Care ([n < 10]) with [~70]% suppression

The 96% suppression rate for Center for AIDS Research and Treatment's temporarily housed patients represents a significant success over historical rates which were typically in the 80s. We believe Center for AIDS Research and Treatment's new partnership with Options for Community Living is the primary driver for this improvement. Through this partnership Center for AIDS Research and Treatment subsidizes a number of housing spots at Options facilities ensuring Center for AIDS Research and Treatment patients in need get access. Inclusive Primary Care and Voluntary Testing and Counseling will be conducting a record review and case conferencing of their temporarily housed patients who are not suppressed. The perinatally exposed category is primarily impacted by Center for AIDS Research and Treatment patients (n=36 with 92% suppressed). Voluntary Testing and Counseling and Inclusive Primary Care have [fewer than 10] perinatal patients each with 100% suppression. This category was at a similar level on last year's cascade of services in 2023. We conducted in-depth record review of the [fewer than 10] out of 45 patients who were not suppressed on the cascade covering 2023 services and found [about 60%] either moved and did not confirm their transfer or had another health situation which interfered with their adherence

temporarily. The [others] had chronic missed appointments/doses and are being followed closely by their care teams. The Center for AIDS Research and Treatment will conduct another in-depth record review of the 2024 cohort, reviewing the results in conjunction with the 2023 results and the patients' progression. The Center for AIDS Research and Treatment will also hold a meeting with the patients' care teams to discuss potential interventions for the entire cohort. The patients with exposure due to Intravenous Drug Use are doing relatively well looking at the breakdown (Center for AIDS Research and Treatment n=116 with 96% suppression; Voluntary Testing and Counseling n= 26 with 96% suppression; Inclusive Primary Care [n < 10] with [~ 80%] suppression) given historical challenges with this population. The suppression rate at Inclusive Primary Care is due to [a small number of patients being unsuppressed]. Finally, Resistance Testing for Newly Diagnosed patients was found for 85% of Newly Diagnosed patients, which is below the level we would like to see. The 85% represents 11 patients for whom a resistance test was not found [details redacted]. While this is not a very high number of patients, a persistent challenge with this indicator is proper filing of the results within patients' electronic medical records. Every year significant effort goes into finding resistance test results, often requiring multiple rounds of record reviews. Hence our decision to select Resistance Testing as one of our quality improvement projects for this year.

Quality Improvement Projects

Quality Improvement Project #1
Indicator: resistance testing among active newly diagnosed patients
2024 rate for this indicator: 85%
Overall 2025 goal for this indicator: 95%
Description:
As indicated in the Key Findings section, a persistent issue with resistance testing has been how resistance test results are documented in patients' medical records. For patients diagnosed at a Northwell hospital (for Center for AIDS Research and Treatment 66% of newly diagnosed were diagnosed at a hospital), a provider must manually transfer it to the outpatient Electronic Medical Record Touchworks, since the hospital uses a different one. In both electronic medical record systems, there are common errors and challenges finding resistance tests. We are proposing the following interventions to reach our goal:

- Conduct a repeat record review of the 11 patients missing resistance tests
- Use the results of the record review to develop a job aid (one pager) or concise slide deck to train providers.
- Conduct annual training of all providers and training of the residents with every class.
- Develop job aid and detailed instructions for those conducting record reviews.
- Conduct a mid-year review to check status and address missing results ahead of the cascade preparation process.
- Use this opportunity to train staff likely to conduct record reviews for the next cascade preparation.

NOTE: This issue is expected to improve significantly when Northwell transitions to Epic as the sole electronic medical record used across the health system. The first full year with all HIV centers on Epic is expected to be 2027.

Quality Improvement Project #2
Indicator: 3-day linkage of internally diagnosed patients
2024 rate for this indicator: 50%
Overall 2025 goal for this indicator: 80%
Description:

As indicated in the Key Findings section, improving linkage with Northwell Hospitals and primary care practices that our HIV Centers are not directly serving is one of the major quality improvement initiatives across all sites this year and in the coming year. The following initiatives are under way:

- Working with hospital Emergency Departments to establish HIV care linkage protocols, including training their staff and providing them with job aids to support rapid referrals. We have completed this process with a few Emergency Departments and plan to expand to other hospitals.
- Improvements to the ListApp system which alerts our outreach team when there is an HIV positive test result at any Northwell facility. This system has proved to be challenging in a number of ways. We will continue to adjust as we await Northwell's transition to Epic, which should eliminate the current challenges.
- Conduct an awareness campaign targeting Northwell primary care practices. In addition to the above, the Quality Improvement Advisor, Data Team and Project Manager assigned to this effort are working on developing proper monitoring tools to track key performance measures for the initiative.

Quality Improvement Project #3
Indicator: frailty screening among older patients
2024 rate for this indicator: 6%
Overall 2025 goal for this indicator: 25%
Description:
In 2024 and currently, a combination of the Integrated Care for Old People tool and Edmonton frailty screens are being administered at Center for AIDS Research and Treatment with patients who qualify for the grant funded Healthy Aging Program (HAP) and a related research project. This is a small subset of at Center for AIDS Research and Treatment's patient population age 50+. No frailty screens are being conducted at Inclusive Primary Care or Voluntary Testing and Counseling. However, we are planning to roll out frailty screens clinic wide at all sites. After assessing several options, the management team selected the FRAIL Scale for roll out across all sites. The FRAIL scale will be conducted by either a Medical Assistant or a Nurse with all patients age 51+ during their routine HIV care visits prior to seeing the provider. For those screening positive, the care team will consult with the provider to determine the interventions necessary including referrals to other specialists, the Healthy Aging Program and/or the research project as appropriate. Patients who qualify for the Healthy Aging Program or the research project will continue to be screened using the Integrated Care for Old People tool and Edmonton screens per those program's protocols. We expect to be conducting the FRAIL scale at all sites within the next month or so. However, given we are already passed the halfway point of the year and implementing the screen requires changes to our clinical workflow we set a modest goal for 2025.

Consumer Involvement
Given the pace and technical nature of Cascade data, it is difficult to involve consumers prior to Cascade submission. After submission, the Quality Improvement Advisor will provide a presentation of Cascade results tailored to consumers at a Center for AIDS Research and Treatment Consumer Advisory Board meeting followed by a discussion on the proposed quality improvement initiatives associated with the Cascade. This year the Quality Improvement Advisor is working directly with the Center for AIDS Research and Treatment Consumer Advisory Board to develop a patient experience survey tailored to Center for AIDS Research and Treatment (an enterprise wide Northwell survey automatically gets sent to patients, but this does not touch upon the many programs and services unique to Center for AIDS Research and Treatment). In addition, Inclusive Primary Care is planning to establish their own Consumer Advisory Board.

Coach's Feedback and Updates on Cascade Quality Improvement Plan

Northwell Health continues to be an overall top performer.

For Quality Improvement Project 1: The analysis identifies documentation workflow challenges across electronic medical record systems as a primary root cause. Northwell Health's interventions of repeated record review, development of job aids, and structured provider training are well-aligned with improving data accuracy and reliability. As Northwell Health moves forward, the Coach offers the following suggestions: 1) clearly define ownership and timelines for completion of the job aids and trainings; 2) establish a mechanism to measure the effectiveness of the trainings; 3) consider tracking the proportion of hospital-diagnosed patients with successfully reconciled resistance results as a short-term process measure. While the transition to Epic in 2027 is anticipated to address structural barriers, Northwell Health's current workflow improvements remain essential to sustaining performance in the interim.

For Quality Improvement Project 2: Increasing linkage from 50% to 80% is an ambitious, but appropriate goal. The multi-pronged approach demonstrates strong cross-system collaboration. Moving forward consider the following suggestions: 1) define a standardized linkage protocol across all Emergency Departments to ensure consistency; 2) monitor time-to-contact and time-to-appointment as measures and 3) clarify accountability for follow-up when alerts are generated through ListApp. The development of monitoring tools by Team is a critical step; the Coach encourages early testing of these tools to ensure they provide real-time, actionable data to frontline staff.

For Quality Improvement Project 3: The expansion of frailty screening across all sites represents an important advancement in whole-person HIV care. Suggestion as Northwell Health moves forward: 1) conduct a brief workflow mapping exercise prior to full implementation; 2) identify a site champion to monitor early implementation challenges, and 3) track completion rates weekly during the first 2–3 months to allow for rapid-cycle adjustments.

Consumer Involvement: Although cascade timelines limit pre-submission client engagement, Northwell's plan to present results to the Center for AIDS Research and Treatment's consumer advisory board is appropriate and meaningful. The development of a tailored client experience survey is a particularly strong initiative that demonstrates movement beyond compliance toward client-centered quality improvement.

The establishment of a consumer advisory board at Inclusive Primary Care will further strengthen engagement efforts. Moving forward, the Coach encourages documenting how client feedback directly informs specific quality improvement activities to demonstrate bidirectional partnership.

Appendices

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			Open Previously Diagnosed (Active & Inactive)		
On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
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Note: Data from Northwell Health – Center for AIDS Research & Treatment, Northwell Health – Lenox Hill and Northwell Health – Staten Island University Hospital were consolidated into one submission for 2024.

Appendix A-2
2017 Established Active Rates at the Clinic Level

Clinic	Established Active		
	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
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Note: Data from Northwell Health – Center for AIDS Research & Treatment, Northwell Health – Lenox Hill and Northwell Health – Staten Island University Hospital were consolidated into one submission for 2024.