

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: Open Door Family Medical Centers and Foundation

Clinic Information

Type of Clinic	Clinic Name	Address	City	Zip
Community Based Organization	Open Door Brewster	155 Main Street, Suite 101	Brewster	10509
Community Based Organization	Open Door Mamaroneck	689 Mamaroneck Avenue	Mamaroneck	10543
Community Based Organization	Open Door Mount Kisco	30 West Main Street	Mount Kisco	10549
Community Based Organization	Open Door Port Chester	5 Grace Church Street	Port Chester	10573
Community Based Organization	Open Door Sleepy Hollow	300 N. Broadway	Sleepy Hollow	10591
Community Based Organization	Ossining Open Door	165 Main Street	Ossining	10562

Important Contacts

<i>HIV Medical Director</i>	Daren Wu	dwu@odfmc.org	(914) 373-0419
<i>HIV Program Administrator</i>	Karen Mandel	kmandel@odfmc.org	(914) 502-1419
<i>Lead Quality Improvement Contact</i>	Karen Mandel	kmandel@odfmc.org	(914) 502-1419
<i>NY Links Coach</i>	Daniel Belanger	daniel.belanger@health.ny.gov	(212) 417-5131

Regional Group/Learning Network Participation

Affiliation: Community Health Center Quality Learning Network (CHCQLN), New York Links

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

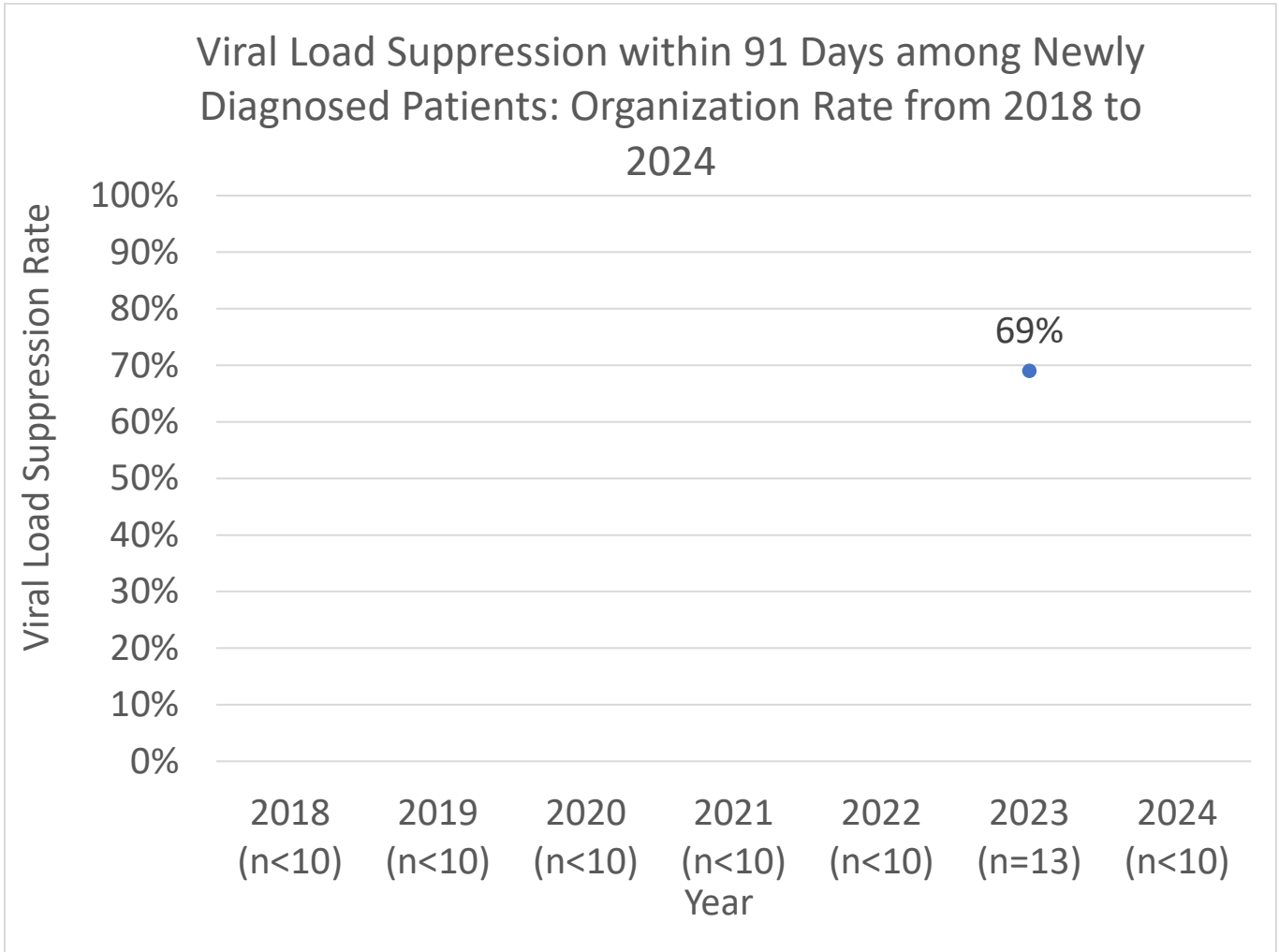
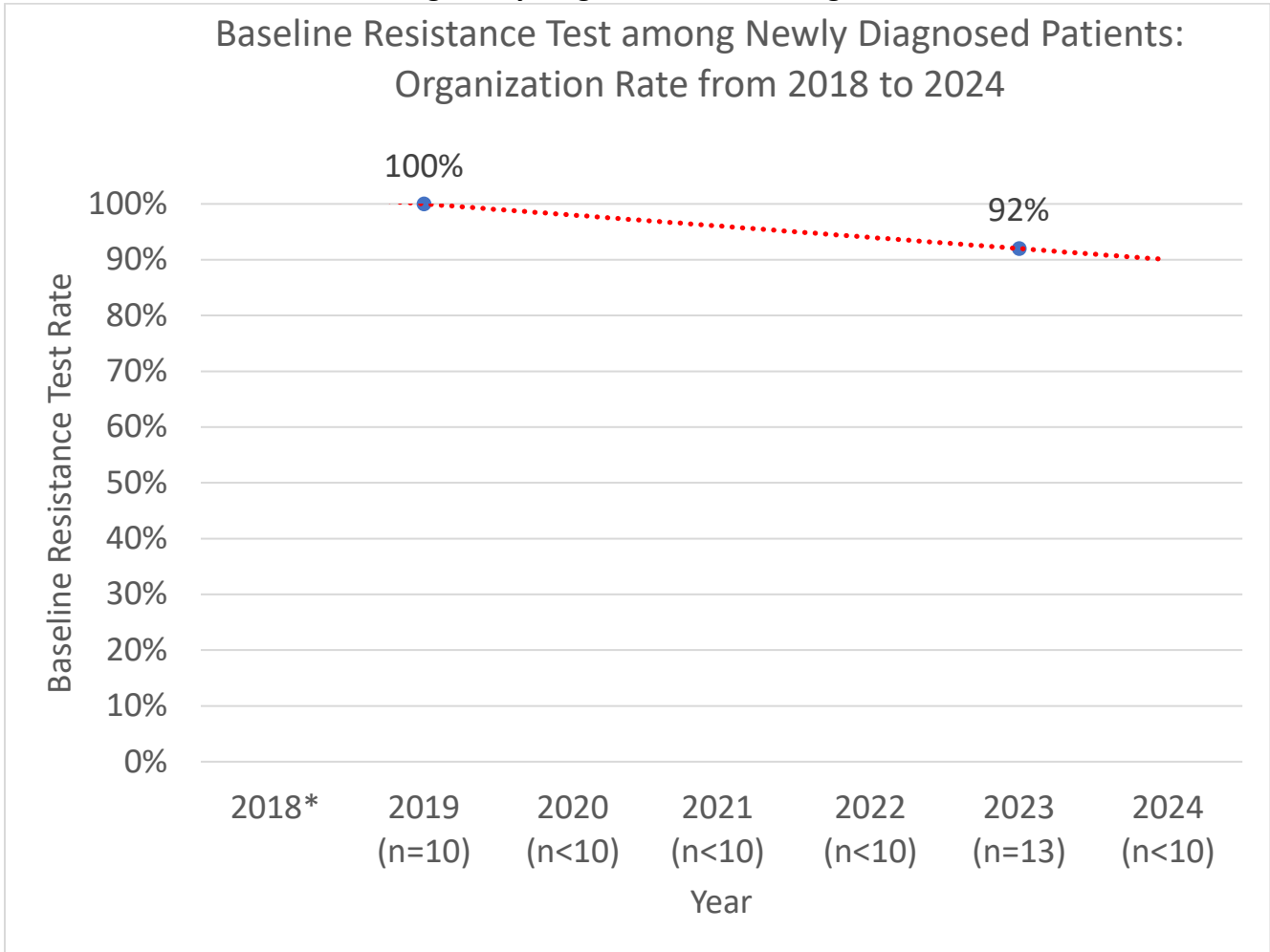


Figure 2. Baseline Resistance Test among Newly Diagnosed Patients: Organization Rate from 2018 to 2024



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

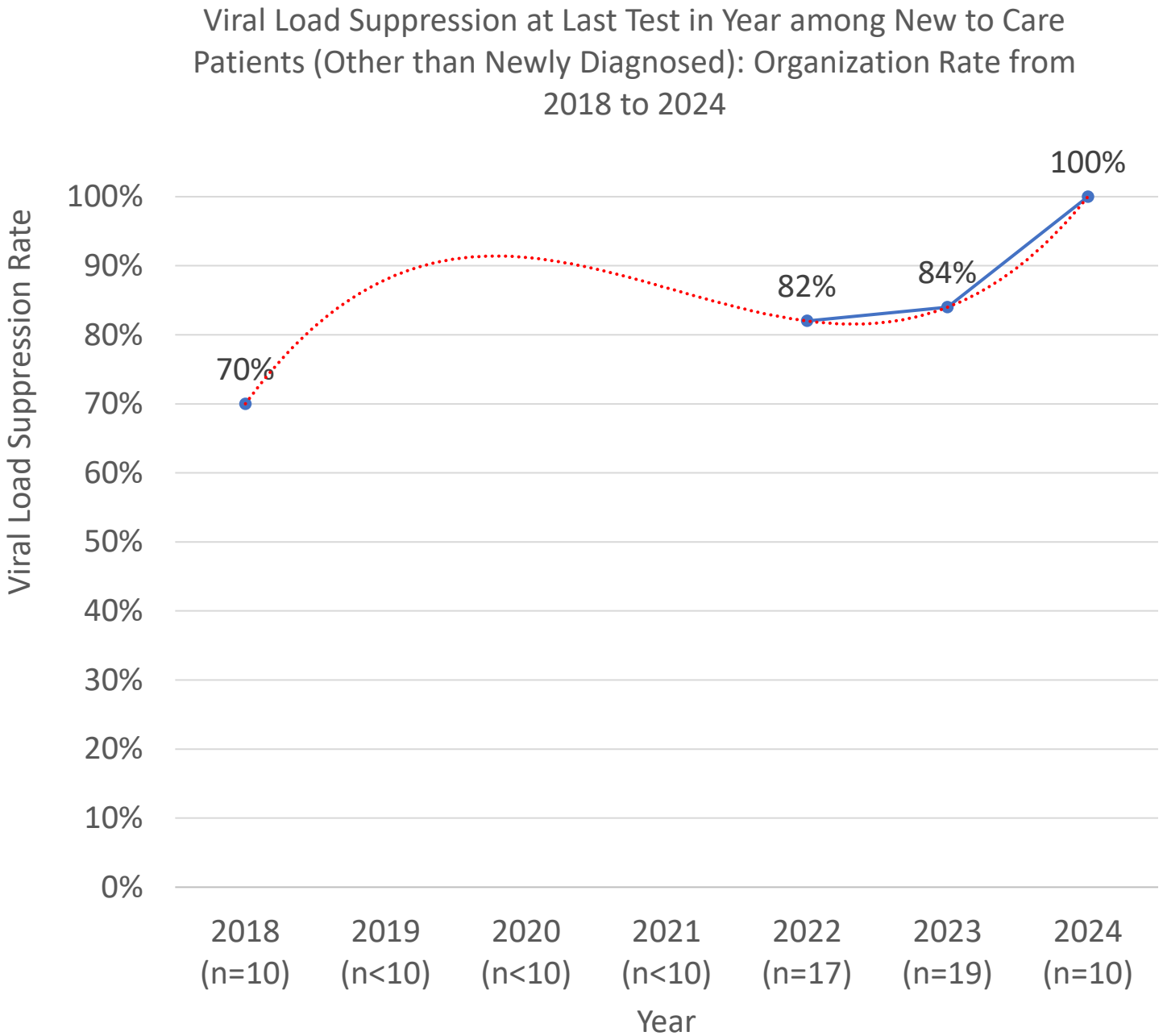


Figure 4. Viral Load Suppression at Last Test in Year among Patients Established in Care: Organization Rate from 2018 to 2024

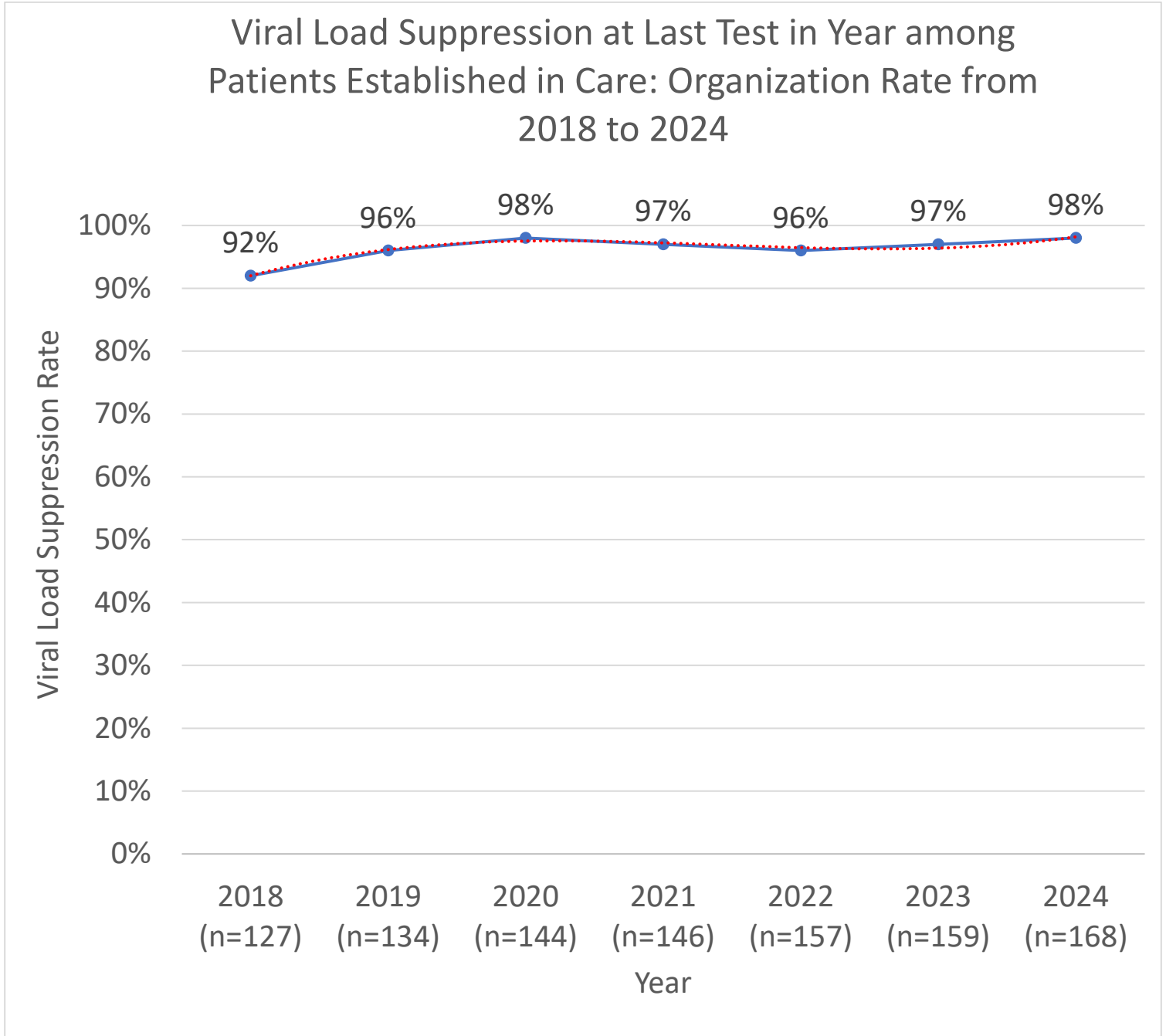


Figure 5. 2024 Established Active Viral Load Suppression Rates by Age at Organizational Level

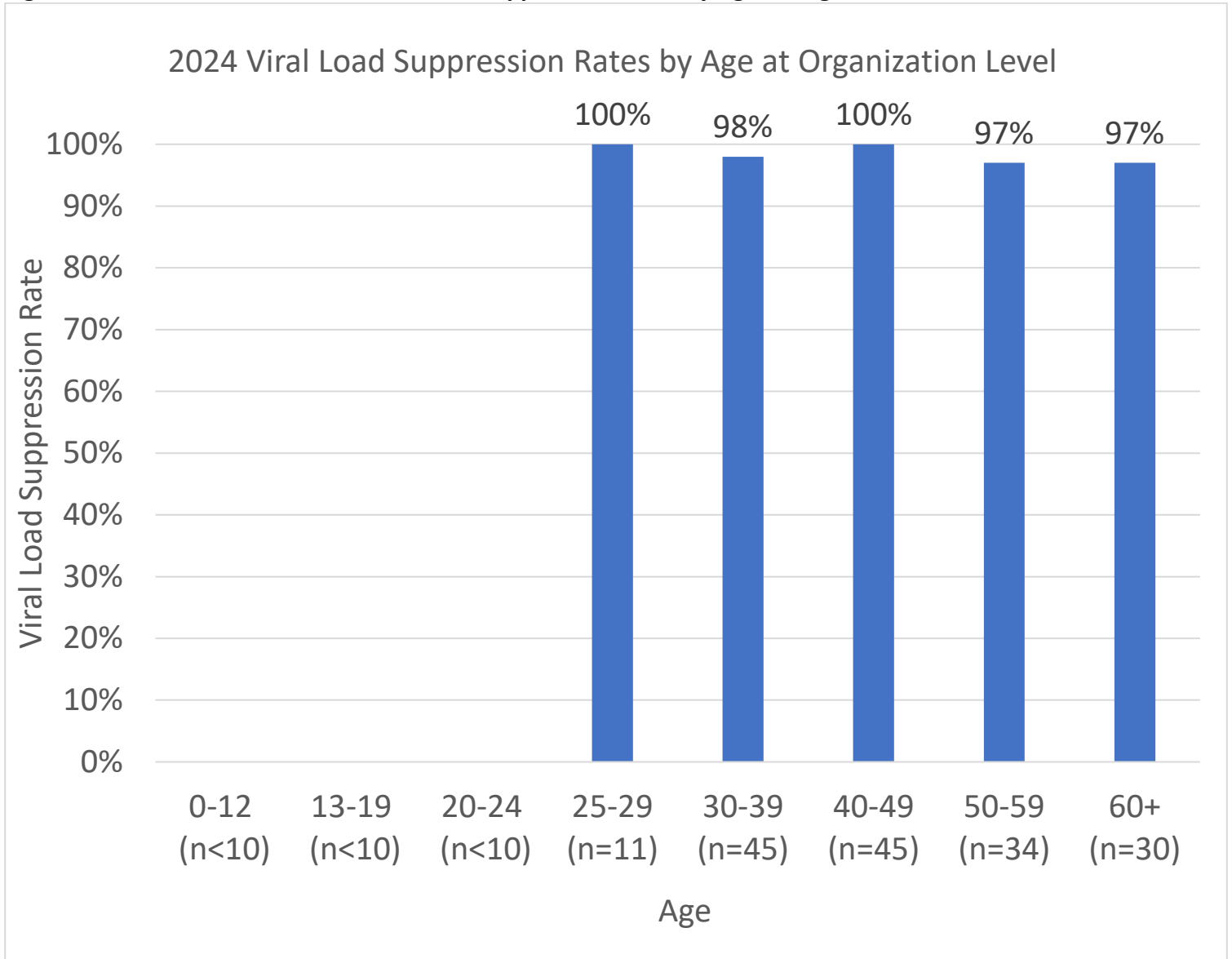
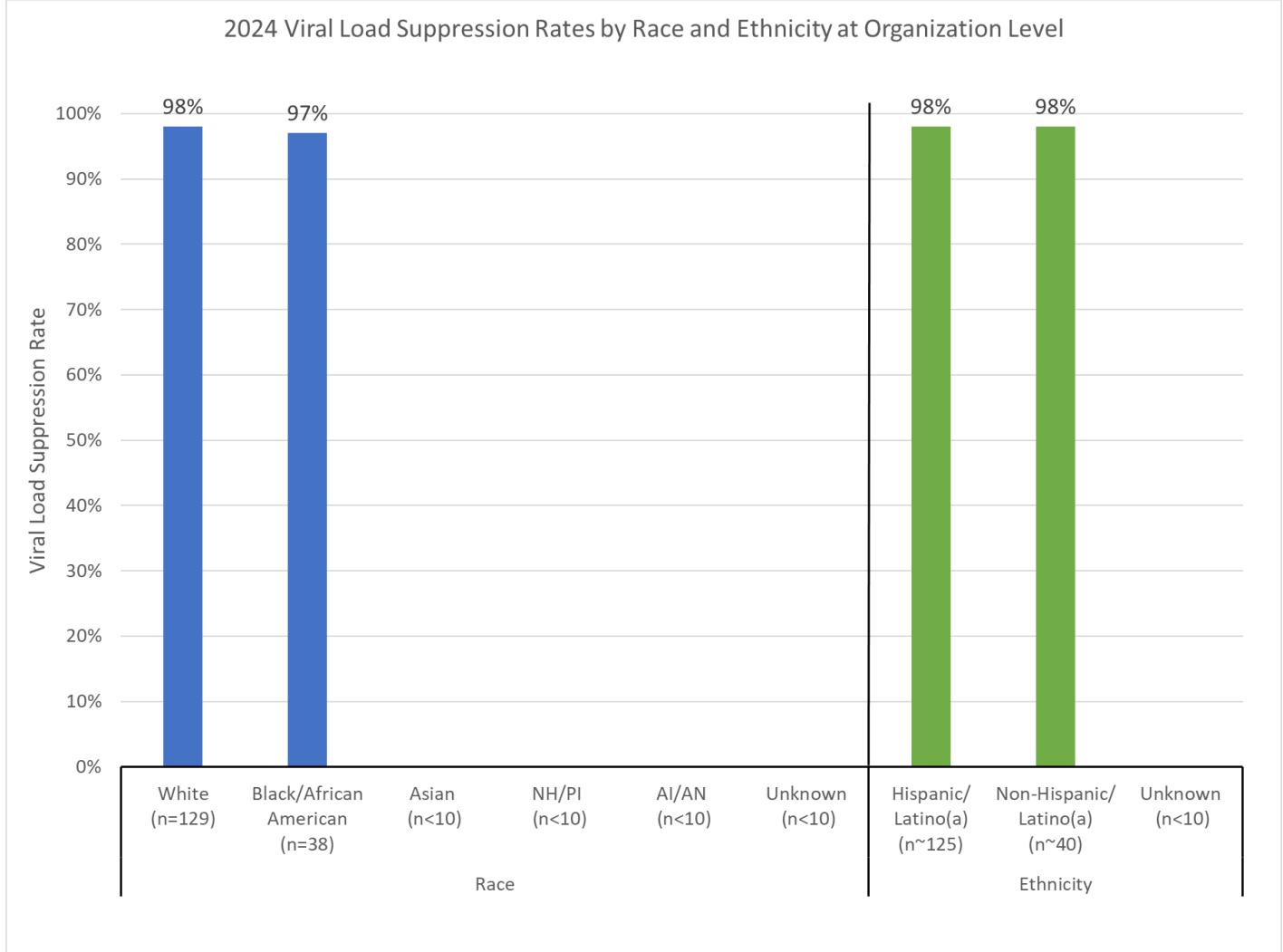


Figure 6. 2024 Established Active Viral Load Suppression Rates by Race and Ethnicity at Organizational Level



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

NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE HIV QUALITY OF CARE PROGRAM

Table 1: Indicator Rates at Organization Level for 2017 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	-- (n<10)*	41%	-- (n<10)*	51%	-- (n<10)*	55%	-- (n<10)*	61%	-- (n<10)*	53%	-- (n<10)*	63%	-- (n<10)*	53%
	On Antiretroviral Therapy	-- (n<10)*	96%	100% (n=10)	100%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	100%	100% (n=13)	100%	-- (n<10)*	100%
	Viral Load Test within 91 Days	-- (n<10)*	93%	80% (n=10)	95%	-- (n<10)*	95%	-- (n<10)*	92%	-- (n<10)*	96%	100% (n=13)	95%	-- (n<10)*	93%
	Suppressed within 91 Days	-- (n<10)*	45%	-- (n<10)*	50%	-- (n<10)*	46%	-- (n<10)*	50%	-- (n<10)*	50%	69% (n=13)	50%	-- (n<10)*	50%
	Baseline Resistance Test	**	**	100% (n=10)	74%	-- (n<10)*	80%	-- (n<10)*	82%	-- (n<10)*	79%	92% (n=13)	76%	-- (n<10)*	83%
Other New to Care	On Antiretroviral Therapy	100% (n=10)	97%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	100%	100% (n=17)	100%	100% (n=19)	100%	100% (n=10)	100%
	Any Viral Load Test	90% (n=10)	99%	-- (n<10)*	98%	-- (n<10)*	100%	-- (n<10)*	100%	100% (n=17)	98%	100% (n=19)	98%	100% (n=10)	98%
	Suppressed Final Viral Load	70% (n=10)	74%	-- (n<10)*	78%	-- (n<10)*	77%	-- (n<10)*	69%	82% (n=17)	77%	84% (n=19)	80%	100% (n=10)	81%
Established Active	On Antiretroviral Therapy	99% (n=127)	99%	99% (n=134)	99%	99% (n=144)	99%	99% (n=146)	99%	99% (n=157)	100%	99% (n=159)	100%	100% (n=168)	100%
	Any Viral Load Test	100% (n=127)	99%	100% (n=134)	99%	99% (n=144)	97%	100% (n=146)	98%	99% (n=157)	98%	100% (n=159)	98%	100% (n=168)	98%
	Suppressed Final Viral Load	92% (n=127)	88%	96% (n=134)	89%	98% (n=144)	87%	97% (n=146)	88%	96% (n=157)	89%	97% (n=159)	91%	98% (n=168)	91%
Open Previously Diagnosed (Active & Inactive)	On Antiretroviral Therapy	99% (n=127)	95%	99% (n=134)	96%	99% (n=144)	96%	99% (n=146)	97%	99% (n=157)	97%	99% (n=159)	98%	100% (n=168)	98%
	Any Viral Load Test	100% (n=127)	93%	100% (n=134)	93%	99% (n=144)	90%	100% (n=146)	94%	99% (n=157)	93%	100% (n=159)	94%	100% (n=168)	93%
	Suppressed Final Viral Load	92% (n=127)	80%	96% (n=134)	83%	98% (n=144)	77%	97% (n=146)	79%	96% (n=157)	83%	97% (n=159)	83%	98% (n=168)	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*	--	11	100%	45	98%	45	100%	34	97%	30	97%
GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Gender X		Unknown Gender			
n	%	n	%	n	%	n	%	n	%	n	%	n	%		
130	98%	32	100%	<10*	--	<10*	--	<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	%				
129	98%	38	97%	<10*	--	<10*	--	<10*	--	<10*	--				
ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
~125	98%	~40	98%	<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	%
99	97%	<10*	--	62	100%	<10*	--	<10*	--	<10*	--	<10*	--	<10*	--
HOUSING STATUS															
Stable Housing		Temporarily Housed		Unstably Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
161	99%	<10*	--	<10*	--	<10*	--								
INSURANCE TYPE															
ADAP		Dual Eligible		Medicaid		Medicare		Private Insurance		Veteran's Admin		Other		No Insurance	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
97	97%	<10*	--	46	100%	<10*	--	14	100%	<10*	--	<10*	--	<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

Program Summary: Open Door Family Medical Centers and Foundation

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	Open Door Port Chester	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=65)	100% (n=65)	94% (n=65)
	Open Door Sleepy Hollow	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Ossining Open Door	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	98% (n=56)	100% (n=56)	89% (n=56)
2019	Open Door Port Chester	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=72)	100% (n=72)	99% (n=72)
	Open Door Sleepy Hollow	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Ossining Open Door	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	98% (n=54)	100% (n=54)	93% (n=54)
2020	Open Door Port Chester	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=72)	100% (n=72)	99% (n=72)
	Open Door Sleepy Hollow	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=13)	100% (n=13)	100% (n=13)
	Ossining Open Door	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	98% (n=58)	98% (n=58)	97% (n=58)
2021	Open Door Port Chester	**	**	**	**	100% (n=77)	100% (n=77)	97% (n=77)
	Open Door Sleepy Hollow	**	**	**	**	100% (n=12)	100% (n=12)	100% (n=12)
	Ossining Open Door	**	**	**	**	98% (n=57)	100% (n=57)	96% (n=57)
2022	Open Door Brewster	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Open Door Mamaroneck	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Open Door Mount Kisco	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Open Door Port Chester	**	**	**	**	100% (n=80)	100% (n=80)	98% (n=80)
	Open Door Sleepy Hollow	**	**	**	**	100% (n=14)	100% (n=14)	100% (n=14)
	Ossining Open Door	**	**	**	**	98% (n=63)	98% (n=63)	94% (n=63)
2023	Open Door Brewster	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Open Door Mamaroneck	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Open Door Mount Kisco	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Open Door Port Chester	**	**	**	**	100% (n=84)	100% (n=84)	96% (n=84)
	Open Door Sleepy Hollow	**	**	**	**	100% (n=16)	100% (n=16)	100% (n=16)

Program Summary: Open Door Family Medical Centers and Foundation

		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
	Ossining Open Door	**	**	**	**	98% (n=59)	100% (n=59)	97% (n=59)
2024	Open Door Brewster	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Open Door Mamaroneck	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Open Door Mount Kisco	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Open Door Port Chester	**	**	**	**	100% (n=85)	100% (n=85)	99% (n=85)
	Open Door Sleepy Hollow	**	**	**	**	100% (n=18)	100% (n=18)	100% (n=18)
	Ossining Open Door	**	**	**	**	100% (n=65)	100% (n=65)	97% (n=65)

* 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-reported¹ based on 2024 results

Methodology

The source of all data for the cascades is Open Door Family Medical Center's (ODFMC) electronic medical record, eClinicalWorks (eCW). A report built using the relevant platform was used to extract all the data elements from eClinicalWorks into EXCEL. Each patient at Open Door Family Medical Center has a unique medical record ID and only appears one time on the extracted report, this is the case for every patient regardless of enrollment or diagnosis status. All data elements for the cascades are mapped to specific structured fields in eClinicalWorks and case/care managers are trained regarding the definitions of the indicators, the location in the medical record as well as the required frequency of updates. The only limitations of this data source are human data entry or report/system errors. Prior to formatting for the cascades, a close review is conducted to address any missing data elements or errors. Generally, the data is uniform, complete and with few errors; the review addresses any outliers which is why this data was chosen to complete the cascades. Data was extracted and reviewed for completeness and accuracy then subsequently entered the EXCEL by Karin Palencia-Lua, Associate Director, HIV Care & Prevention Programs. Quality checks were completed, and raw data was reviewed for completeness and accuracy using the Cascade Template, addressing a few items picked up by the Control Panel. Associate Director, HIV Care & Prevention Programs, completed the analysis of the 2024 cascade data results by reviewing the Cascade Template (Control Panel and Charts). The data will be shared with the Case Managers at the next Ryan White Team meeting. Results and project information will be shared with the larger Quality Improvement Team, Consumer Advisory Board and HIV Medical Providers.

Key Findings

Overall, the results of the 2024 cascade analysis were consistent with the results from 2023. The results are positive, with most indicators scoring in the high 90%-range and at 100%. It was rewarding to capture that in 2024, 100% of established active patients are on anti-retroviral therapy. Some differences worth noting are:

- (1) Viral load suppression among newly diagnosed patients decreased to 50% in 2024 from 69% in 2023. This was a focus of previous cascade quality improvement plan. The reason for the decrease is that we had [a few] newly diagnosed patients in December, therefore it made it impossible for them to return in one month for their viral load test to confirm suppression [details redacted].
- (2) 3-day linkage of internally diagnosed patients went up to 100% in 2024 from 75% in 2023.
- (3) Viral load suppression among new to care patients rose to 100% in 2023 from 84% in 2023.
- (4) Resistance testing decreased slightly to 88% in 2024 from 92% in 2023. This was another quality improvement plan that was being tracked. Unfortunately, the lab was not ordered by the clinician and the case manager did not fully implement the intervention, which impacted the measurement to be captured.

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

Quality Improvement Projects

Quality Improvement Project #1

Indicator: Resistance testing among newly diagnosed patients

2024 rate for this indicator: 88%

Overall 2025 goal for this indicator: 95%

Description:

The following interventions will be conducted at all HIV primary care locations with all newly diagnosed patients:

- (1) Associate Director, HIV Care & Prevention Programs will make sure resistance testing is part of the templated lab panel ordered for newly diagnosed patients.
- (2) The case manager will revise ordered labs and confirm resistance testing is ordered.
- (3) The Associate Director, HIV Care & Prevention Programs will also confirm the day of the visit that resistance testing has been ordered for the patient.

Consumer Involvement

Due to low participation in scheduled Consumer Advisory Board (CAB) meetings over the past 5 or so years, modifications have been made to the methods of obtaining consumer input. Feedback is obtained through surveys, during point of care interactions, during support groups, and through structured interviews. Feedback about progress and interventions is shared with consumers during support group meetings. Program staff will schedule ad-hoc Consumer Advisory Committee meetings if needed for a specific project as well.

Coach's Feedback and Updates on Cascade Quality Improvement Plan

The key finding aptly discussed changes in outcomes. The quality improvement goal for resistance testing improvement is appropriate given the data outcomes. The consumer involvement in quality improvement is done through exit interviews, surveys and other methods. The results as evidenced in quality indicator outcomes suggest a high level of success in providing quality HIV care.

Open Door continues to maintain a high viral load suppression rate for established active and new to care patients. Baseline resistance testing has been selected for a quality improvement focus. Their consumer involvement uses several methods of gaining consumer input including structured interviews, support groups and surveys. Since the viral load suppression rate is sustained at a high level, it is recommended that consideration be given to other health issues such as HIV aging issues, social connection and stigma reduction. There is a social connection collaborative that might be of interest. It would also be good to join the Health Equity Collaborative to share their process for maintaining equitably high suppression rates.

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 (n=112)			Open Previously Diagnosed (Active & Inactive) (n=115)		
On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
99%	99%	93%	97%	97%	90%

**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
Open Door Port Chester (n~50)	98%	98%	94%
Open Door Sleepy Hollow (n~60)	100%	100%	92%
Ossining Open Door (n<10)*	--	--	--

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