2018 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

NYC Health

2018 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Ending the Epidemic: Maximizing Communication between Program and Evaluation to Strengthen the Care Continuum

Jacinthe Thomas, MPH and Graham Harriman, MA, Jennifer Carmona, MPH, and Mary Irvine, DrPh, MPH

Care and Treatment Program, NYC Department of Health and Mental Hygiene

NYC Health

Outline

- EtE Blueprint and Strategy
  - Brief background information
- NYC DOHMH Efforts to End the Epidemic
- NYC Ryan White Part A Undetectable Framework
  - Treatment Status Report (TSR)
  - Agency Viral Load suppression Report (AVSR)
- Steps in Strengthening the Care Continuum

Ending the Epidemic

- On June 29, 2014, Governor Andrew M. Cuomo announced a three-point plan to end the AIDS epidemic in New York State
- Designed by a task force that included a significant number of community and government leaders from NYC
- Goals/pillars of the plan
    1. Identify persons with HIV who remain undiagnosed and link them to health care;
    2. Link and retain persons diagnosed with HIV to health care and get them on anti-retroviral therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission; and
    3. Facilitate access to Pre-Exposure Prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (n-PEP) for high-risk persons to keep them HIV-negative

New York City EtE Plan

- Transform STD clinics
  1. Make STD clinics “Destination Clinics” for Sexual Health Services
  2. Make Sexual Health Clinics Efficient Hubs for HIV Treatment and Prevention
- Launch PrEP and Repair the nPEP Delivery System
- Support Priority Populations Using Novel Strategies
- Take NYC Viral Suppression from Good to Excellent
- Make NYC Status Neutral

Bureau of HIV and AIDS Prevention and Control

Care and Treatment Program - Undetectable efforts

Branding and Social Marketing

- Be , Play, and Stay HIV Sure campaigns, **U=U**
- Engagement of Clinical Providers

Managing and Sharing Data

- Use Primary Care Status Measures (PCSM) data to ensure all PLWH have opportunity for ART Initiation and VLS
- Use Care Continuum Dashboards (CCDs) to report to providers on success and opportunities for improvement

Using Data for Quality Improvement

- Help providers better manage and use data

BE SURE, PLAY SURE, STAY SURE.

If you're HIV positive, starting and staying on treatment can keep your viral load undetectable. Treatment keeps you healthy and makes it nearly impossible to pass HIV to your partner. Condoms offer additional protection against HIV and other STIs.

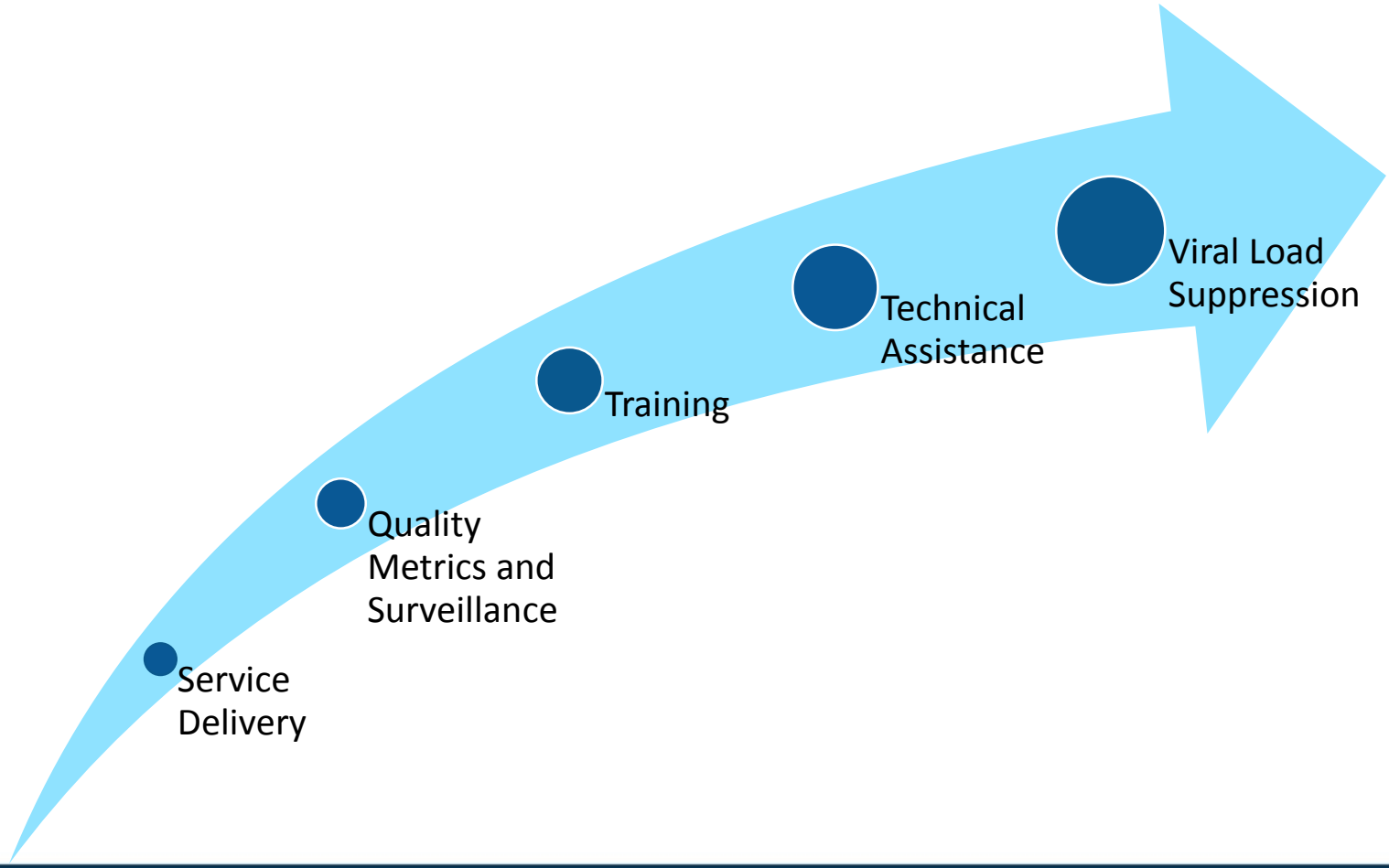
STAY SURE: Call **311** or visit **nyc.gov/health** to learn more about services that can help you get and stay on treatment.

NYC Health

Bill de Blasio
Mayor
Mary T. Bassett, MD, MPH
Commissioner

Ryan White Part A Undetectable Framework

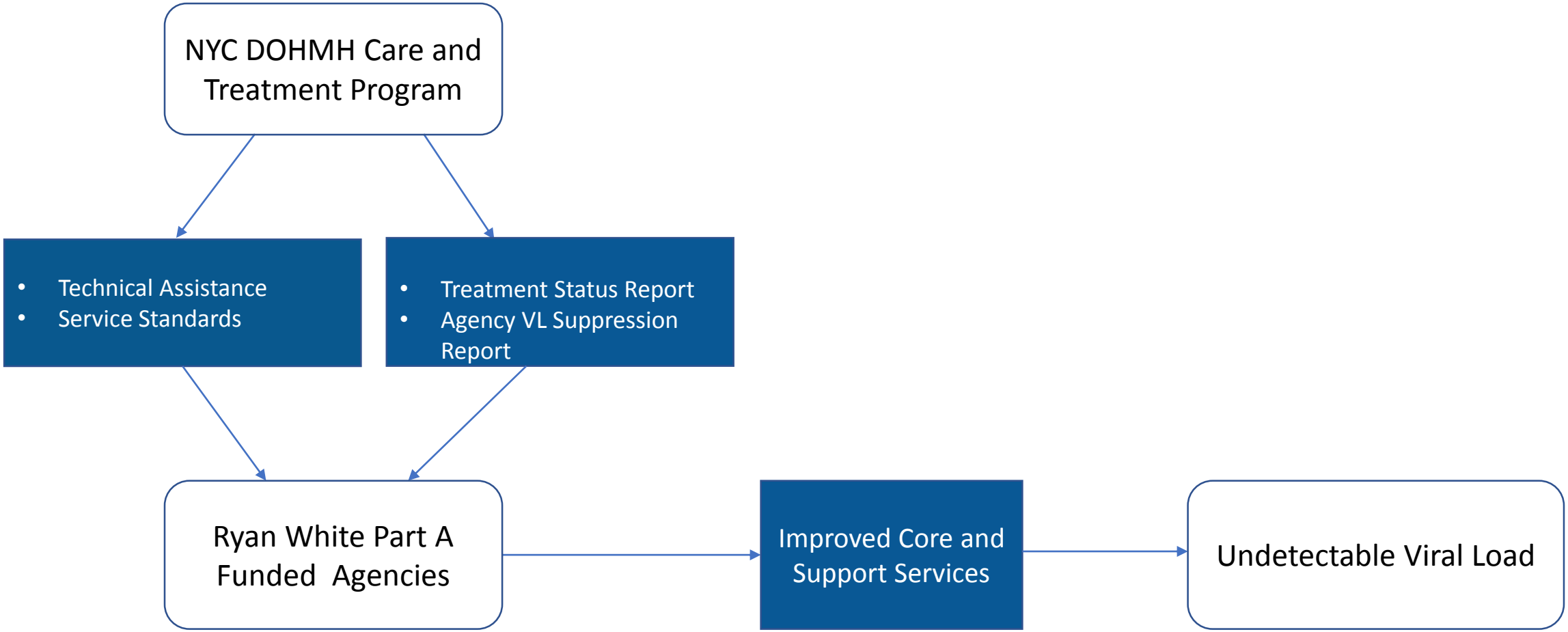
Vision: Ensure each Person Living with HIV has the resources they need to become Undetectable



Ryan White Part A Contractor Role

- Leverage Each Opportunity to Optimize Individual and Community Health
  - Collect Primary Care Status data (Care appointments, Viral Load, CD4, ART status, ART adherence, every 120 days)
  - Talk with clients about Viral Load Suppression and ART adherence
  - Identify barriers to ART adherence and VLS and provide support and/or refer clients
  - Follow-up to ensure success

The Undetectable Framework for Ryan White Part A Programs



Treatment Status Report (TSR)

- A line-level dashboard that flags clients:
  1) who are overdue for a viral load test result update in eSHARE; or
  2) who were not virally suppressed as of their last viral load test results update

- For flagged clients, the report displays whether or not the client has been prescribed ART, and if not, the reason

- Data are filterable by service category, agency, and client ID

- Data in the dashboard refresh automatically on a monthly basis

- Dashboard is available to all Ryan White Part A quality management specialists and is sent to providers on a quarterly basis

TSR Screenshot

Report start and end dates:
01MAY2017--30APR2018

Data current as of:
5/16/2018

Agency	Client_ID	Service Category	Suppressed	On ART	Reason not prescribed
Agency1	AZF6409393	HRR	No	Yes	-
Agency1	AZF1070240	HRR	No	Yes	-
Agency1	AZF8997369	HRR	No	Yes	-
Agency1	AZF3856591	HRR	No	No	Not ready by PCP determination
Agency1	AZF1858371	HRR	Update needed	No	Not ready by PCP determination
Agency2	AZF6712268	HRR	No	No	Other reason
Agency2	AZF6712840	HRR	No	Yes	-
Agency2	AZF2202733	HRR	No	Yes	-

Description of TSR Variables

Variable	Description	Categories
Clientsysid	Client system ID	N/A
Target Met?	Is client virally suppressed (VL ≤ 200 copies/mL)?	▪ No = client does not have VL ≤ 200 copies/mL at most recent documented test ▪ Update Needed = client did not have any VL value documented within the past year
On Meds?	Has the client been prescribed ARVs?	▪ Yes = client has been prescribed ARV at most recent assessment ▪ No = client has not been prescribed ARV at most recent assessment ▪ Update Needed = client did not have an ARV status update in the past year
Reason Not On?	Why has the client not been prescribed ARVs?	▪ Not medically indicated ▪ Not ready – by PCP determination ▪ Intolerance/side effects/toxicity ▪ Payment/insurance/cost issue ▪ Client refused ▪ Other reason ▪ Unknown

Agency Viral Load Suppression Report (AVSR) - Rationale

- RWPA-funded programs contribute to helping PLWH remain engaged in care and adherent to treatment, in order to achieve viral suppression and better health.

- Some services address this more directly than others, but all play an important role.

- The AVSR is intended as a surveillance-based “snapshot” to help providers understand the viral suppression of their RWPA client population, and compare results between years and/or between their RWPA client population and a larger RWPA population.

What is covered on the AVSR?

- Proportion of virally suppressed RWPA clients per calendar year within agency

- Proportion of virally suppressed RWPA clients per calendar year across NYC

Where does the VL data come from?

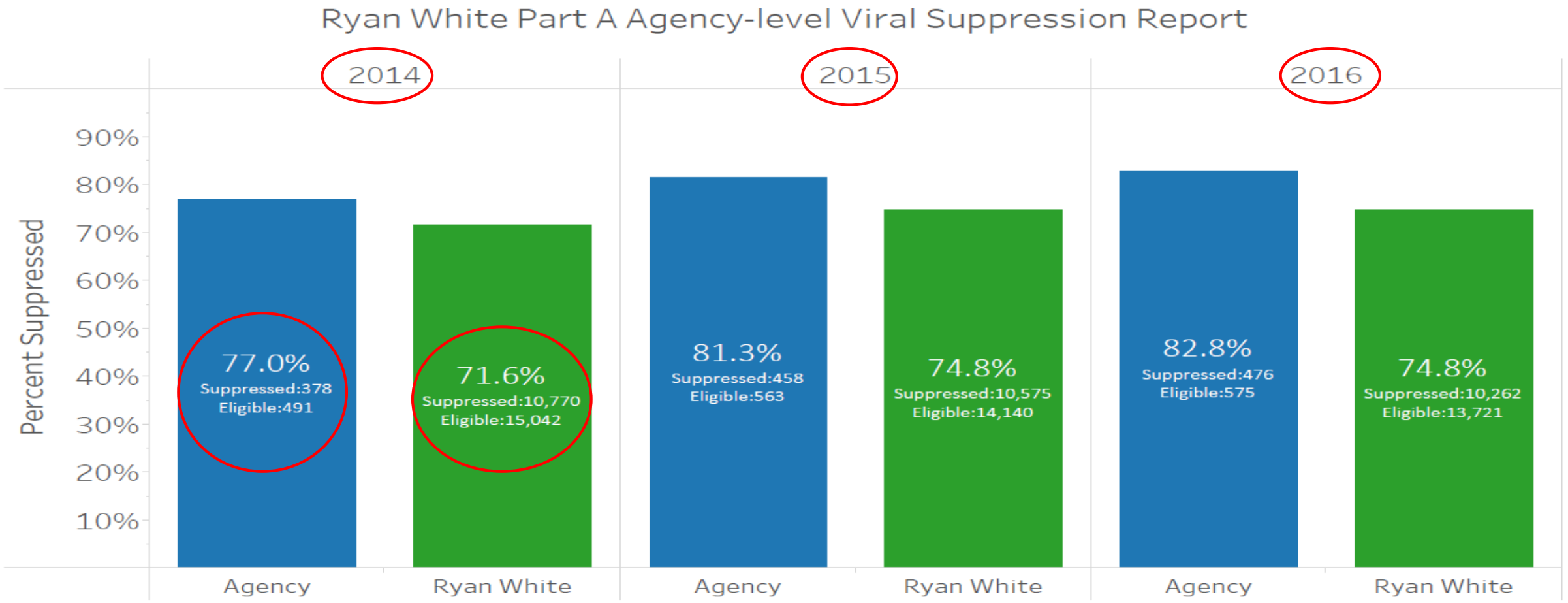
- Viral load (VL) data obtained from the NYC HIV surveillance registry

- NYC HIV Surveillance Registry
  - Named reports of all persons diagnosed with HIV and/or AIDS in NYC
  - All HIV-related laboratory tests ordered by NYC providers including (but not limited to):
    - ✓ CD4 T cell counts
    - ✓ HIV viral load quantities

AVSR: Definitions

- Eligible clients (for each calendar year)
  - RWPA-Wide
    - ✓ Enrolled in at least one RWPA-funded program for at least one day
    - ✓ Received at least one service
  - Agency-specific
    - ✓ Enrolled in at least one RWPA-funded program for at least one day at that agency
    - ✓ Received at least one service at that agency
- Virally suppressed
  - ✓ Latest viral load lab test result within the calendar year was ≤200 copies/mL

AVSR Screenshot



i. Sources: NYC DOHMH, HIV Epidemiology and Field Services Program, data as of March 31, 2017; NYC DOHMH, HIV Care and Treatment Program, data as of April 18, 2017.
ii. Eligible patients included clients enrolled in at least one RWPA-funded program for at least one day and receiving at least one service within the calendar year.
iii. Viral suppression is defined as having a viral load test result ≤200 copies/mL at the latest-dated viral load test in the year.

Interpretations and Limitations of AVSR

- Many factors can contribute to an individual's viral suppression status (beyond their involvement in program X at agency Y)

- Viral suppression levels may be low for clients at agencies focused on reaching the most vulnerable individuals, and especially those bringing in a high volume of new clients

- The report may be most useful in terms of reviewing trends over time, and comparing agency to RWPA overall trends

Next Steps in Strengthening the Care Continuum

- Extensions of the AVSR to expand its utility
  - Sub-reports on VL suppression among new versus established clients
  - Breakouts of VL suppression by client demographics

- Continued communication with programs about using the reports to facilitate coordination among RWPA service providers, clinicians and clients to support desired treatment outcomes

Acknowledgements

- NY Eligible Metropolitan Area Ryan White Part A service providers and clients
- Kizzi Belfon, MPH
- Stephen Hile, MSW
- Sarah Braunstein, PhD, MPH

Questions or Other Suggestions?