



VIRTUAL
**2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT**

Leveraging Surveillance-based Reporting Tools for Improving HIV Health Outcomes

Faisal Abdelqader, MPH

Information Systems and Quality Analyst, Care and Treatment Program

New York City Department of Health and Mental Hygiene

August 13, 2020

Disclosures



Faisal Abdelqader has no relevant financial or non-financial interests to disclose.

Disclosure will be made when a product is discussed for an unapproved use.

This continuing education activity is managed and accredited by AffinityCE in cooperation with HRSA and LRG. AffinityCE, HRSA, and LRG Staff, as well as planners and reviewers, have no relevant financial or non-financial interests to disclose. Conflict of interest, when present, was resolved through peer review of content by a non-conflicting reviewer.

Commercial support was not received for this activity.

Learning Outcomes



- At the conclusion of this activity, participants will be able to:
 1. Identify at least two ways in which integrated reports based on merged programmatic and surveillance data can be used by agencies to track progress and recognize opportunities for improvement with regard to their clients' HIV health outcomes
 2. Understand how specific refinements to aggregate, surveillance-based reporting tools (including enhanced data visualization) can make them more informative and actionable for health services agency administrators' and staff members in pursuit of 90-90-90 targets
 3. Describe how viral suppression trends and between-group comparisons can be used to monitor health disparities and develop tailored interventions to engage vulnerable client populations

Today's Agenda

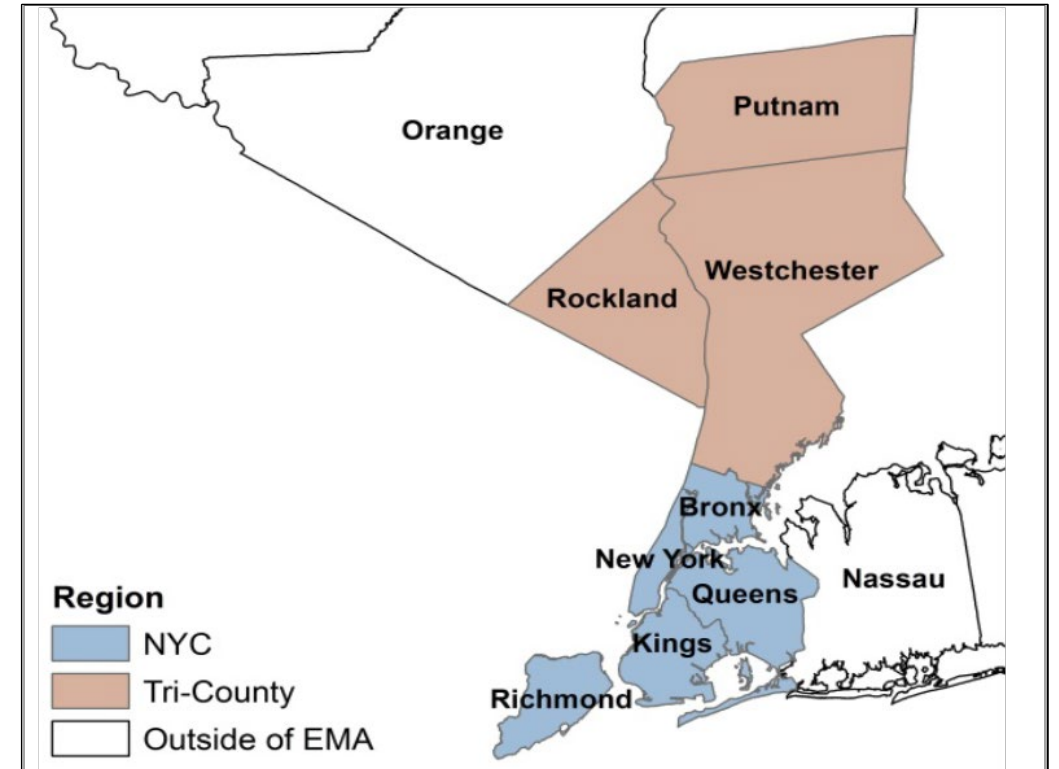


- I. Ryan White Part A Program in the New York Eligible Metropolitan Area**
- II. Agency-level Viral Suppression Report (AVSR)**
 - What is the AVSR?
 - Redesigning the AVSR
 - Key Definitions
 - Old vs. New Report Format
 - Figure Interpretation
- III. 2018 AVSR Results**
- IV. Report Uses and Limitations**

Ryan White Part A (RWPA) Program in the New York Eligible Metropolitan Area

RWPA Program in NY EMA

- NY EMA: Five New York City (NYC) boroughs and Tri-County region (Putnam, Rockland, Westchester)
- Grantee: NYC Department of Health and Mental Hygiene (DOHMH)



RWPA Program in NY EMA (cont'd)



- Provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV (PLWH) who are uninsured or underinsured
 - Services are supported by technical assistance, clinical training, and contract monitoring
- Funds nearly 90 community-based organizations, hospitals/health centers & other types of agencies through approximately 150 contracts
- Serves approximately 14,000 PLWH annually in the NY EMA
 - ~90% of the local RWPA client population identifies as Black or Hispanic/Latino(a)
 - 44% are 50 or older
 - 65% are male
 - 72% are recipients of Medicaid

RWPA Service Categories



- AIDS Drug Assistance Program
- Case Management (non-Medical)
- Early Intervention Services
- Food Bank/Home-Delivered Meals
- Harm Reduction Services (OutPt. Substance Abuse Services)
- Health Education/Risk Reduction
- Housing Services
- Legal Services
- Medical Case Management
- Mental Health Services
- Medical Transportation (Tri-county only)
- Oral Health Care (Tri-county only)
- Emergency Financial Services (Tri-County only)
- Psychosocial Support Services

Agency-level Viral Suppression Report

What is the Agency-level Viral Suppression Report (AVSR)?



- Assesses the ***proportion*** showing viral suppression (VS), among clients enrolled in NYC RWPA-funded programs within ***a calendar year***
- Provides an aggregate, HIV surveillance-based “snapshot” of VS, comparing RWPA clients at a specific agency to the entire NYC RWPA client population over a three-year period
- **Client inclusion criteria:**
 - Received at least one RWPA service within the report year
- **Data Sources:**
 - 1. *Electronic System for HIV/AIDS Reporting and Evaluation (eSHARE)***
 - Enrollment, services, and demographic data
 - 2. *NYC HIV Surveillance Registry (the “Registry”)***
 - Viral load data

Redesigning the AVSR



- In 2019, the AVSR was redesigned to improve its utility and provide additional cuts of VS data
- New AVSR is comprised of three figures that were developed in Tableau
- Report format now includes VS breakdowns among additional client subgroups:
 - Clients ***newly enrolled*** in RWPA services versus clients already ***established in services***
 - ***Five*** priority populations, informed by DOHMH’s Race to Justice Initiatives and local epidemiology
 1. Older PLWH
 2. Black or Latino cisgender men who have sex with men (MSM)
 3. Young cisgender MSM
 4. Transgender women
 5. Cisgender women of color

Key Definitions

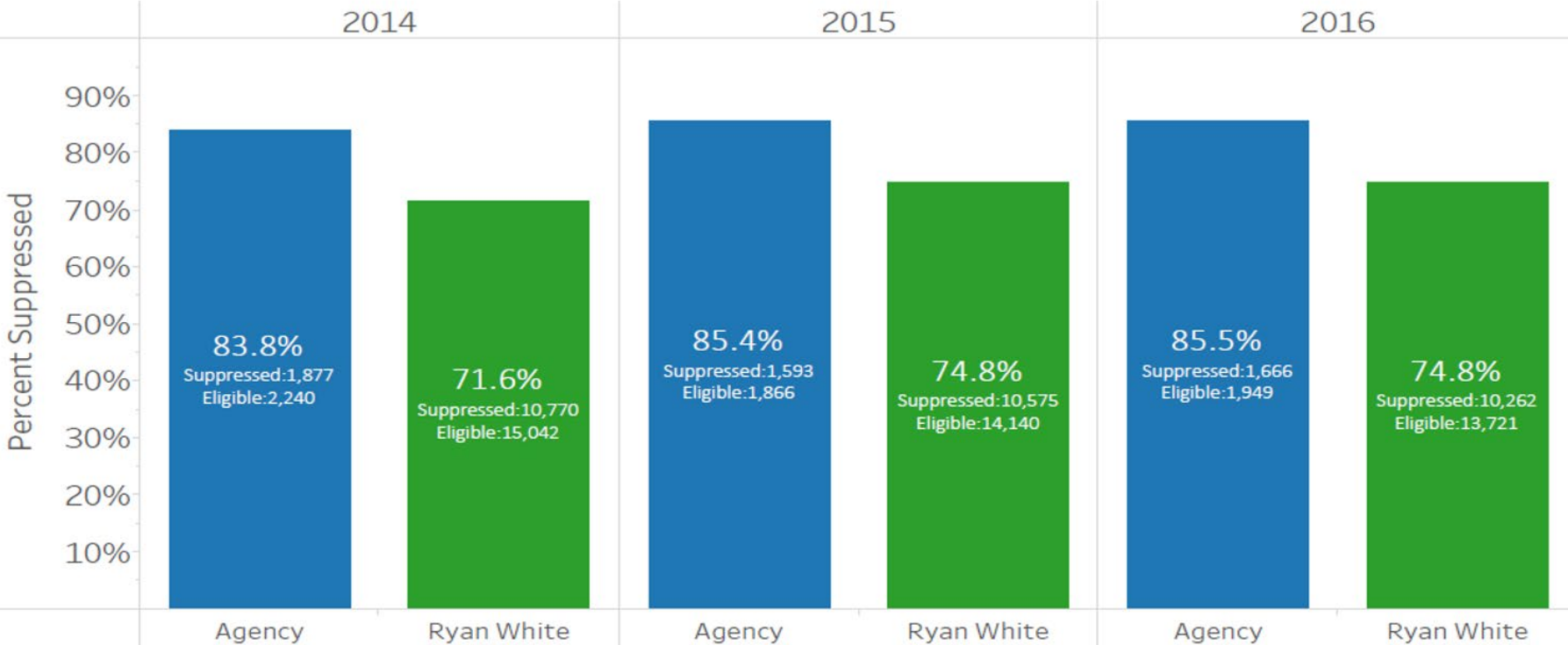


- **VS:** having a viral load lab test with value of <200 copies/mL
- VS among client subgroups:
 - **Newly Enrolled:** the baseline VS proportion for clients who enrolled for the first time or re-enrolled in RWPA during the report year
 - Baseline viral load measure used is the viral load test closest to the client's enrollment date (*within 6 months on either side*)
 - **Established in Services:** the VS proportion based on the last viral load test in the 2nd half of the report year, among clients with an uninterrupted open enrollment from the prior year, who also received ≥ 2 services that were ≥ 120 days apart during the year

Old AVSR Format



Ryan White Part A Agency-level Viral Suppression Report - Agency X



- Last released in 2017
- Covered 2014–2016
- One figure
- No demographic data

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.

New AVSR Format



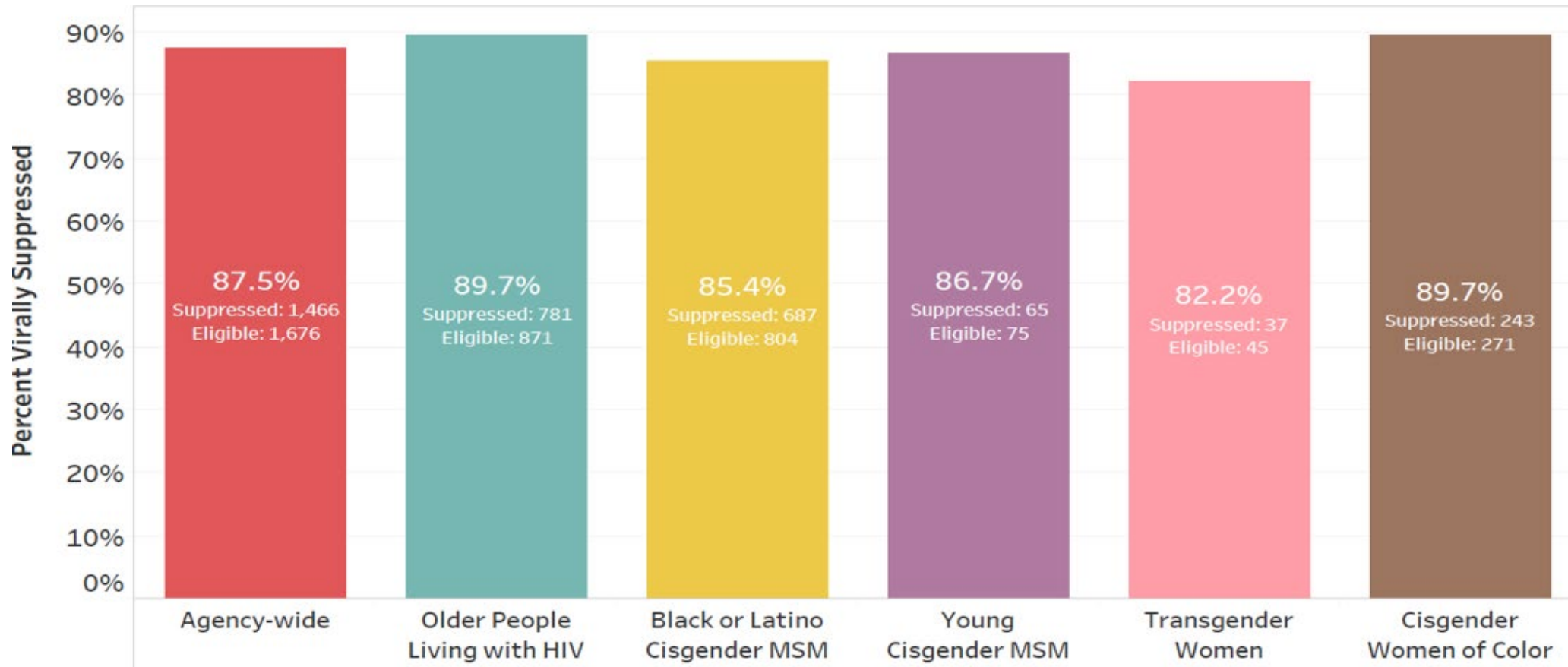
- New AVSR format consists of the following three figures:
 - **Figure (1):** VS among “*New*” and “*Established*” clients, 2018
 - **Figure (2):** VS among priority populations, 2018
 - **Figure (3):** VS comparison between agency-specific clients and the entire NYC RWPA client population over a three-year period, 2016–2018

AVSR Figure 1



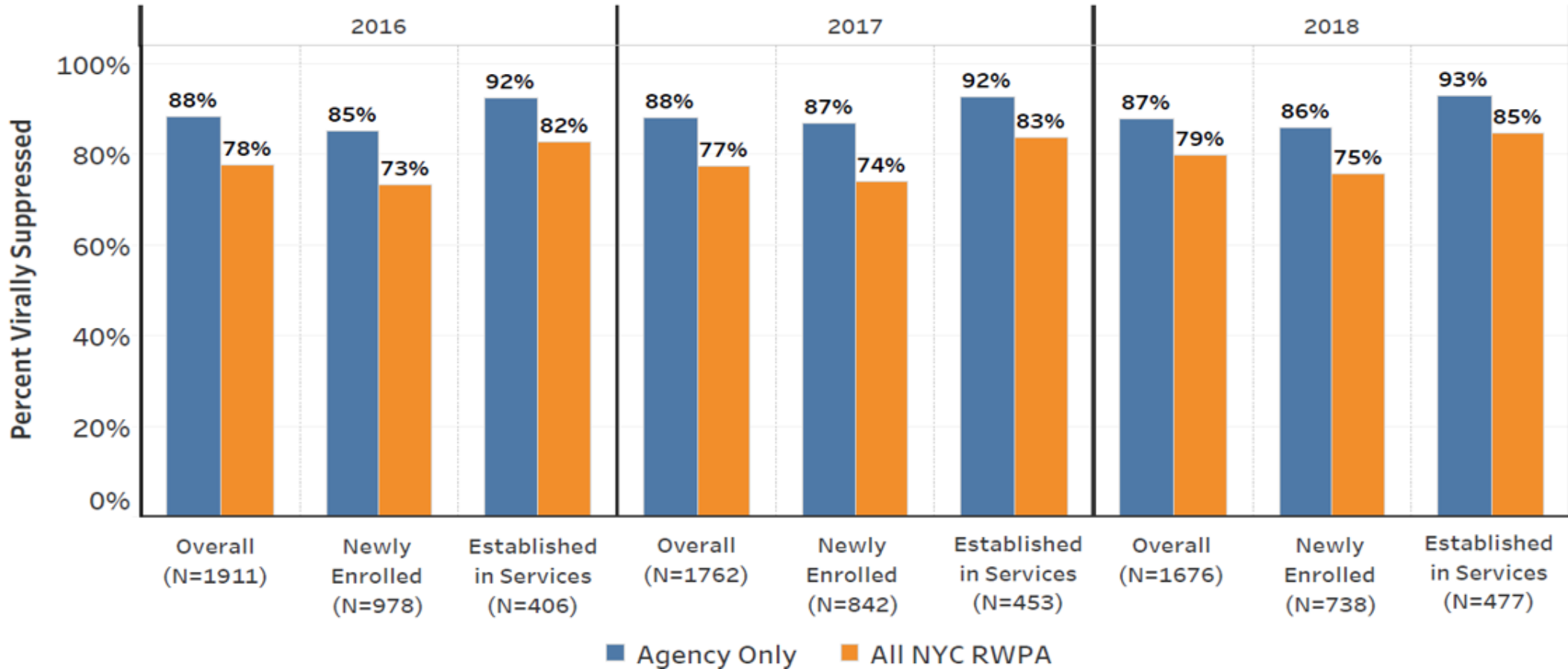
VS among “New” and “Established” clients, Agency X, 2018

AVSR Figure 2



VS among five priority populations, Agency X, 2018

AVSR Figure 3



VS comparison between Agency X clients and all NYC RWPA, 2016–2018

2018 AVSR Results

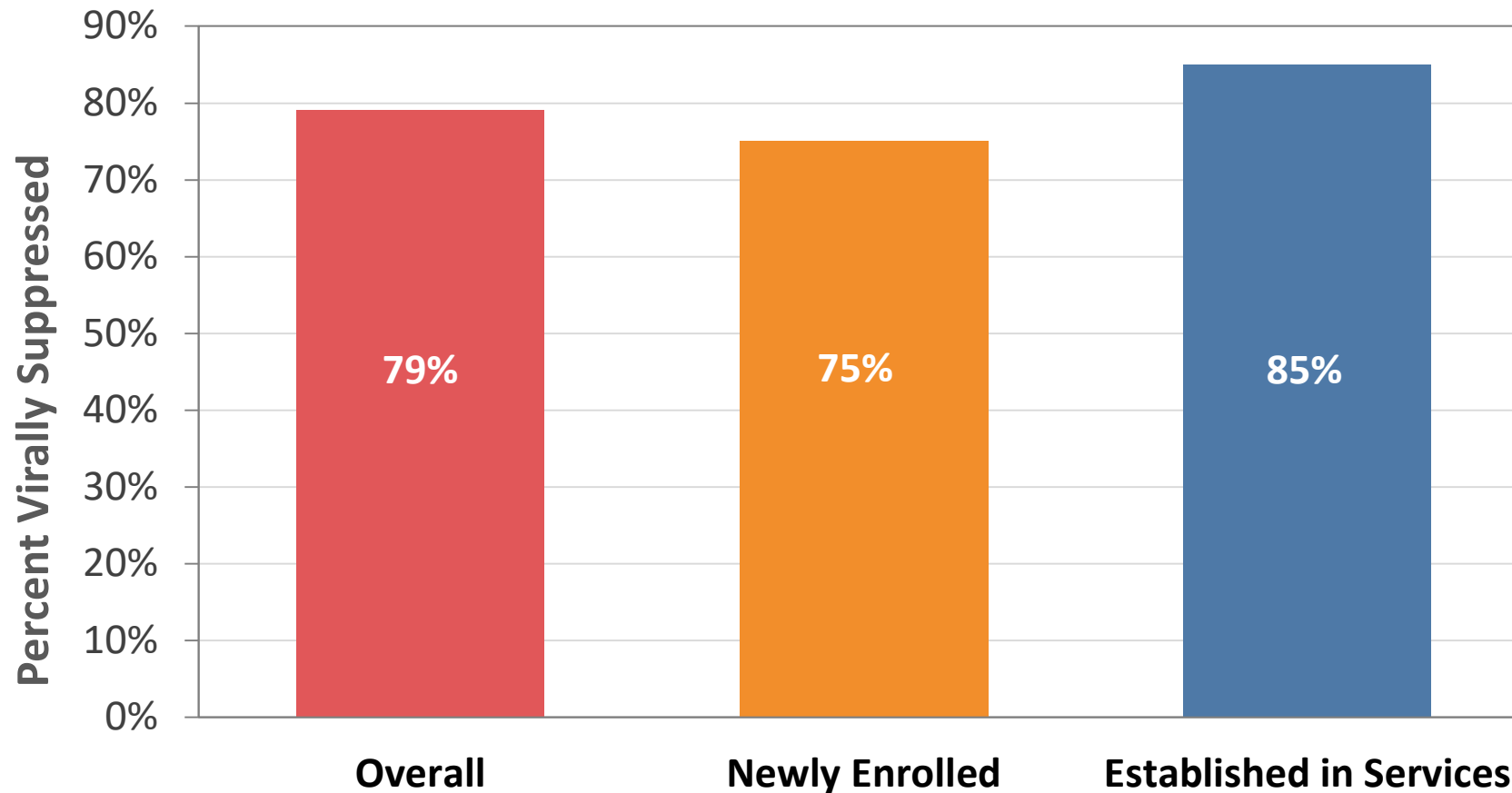
AVSR Distribution



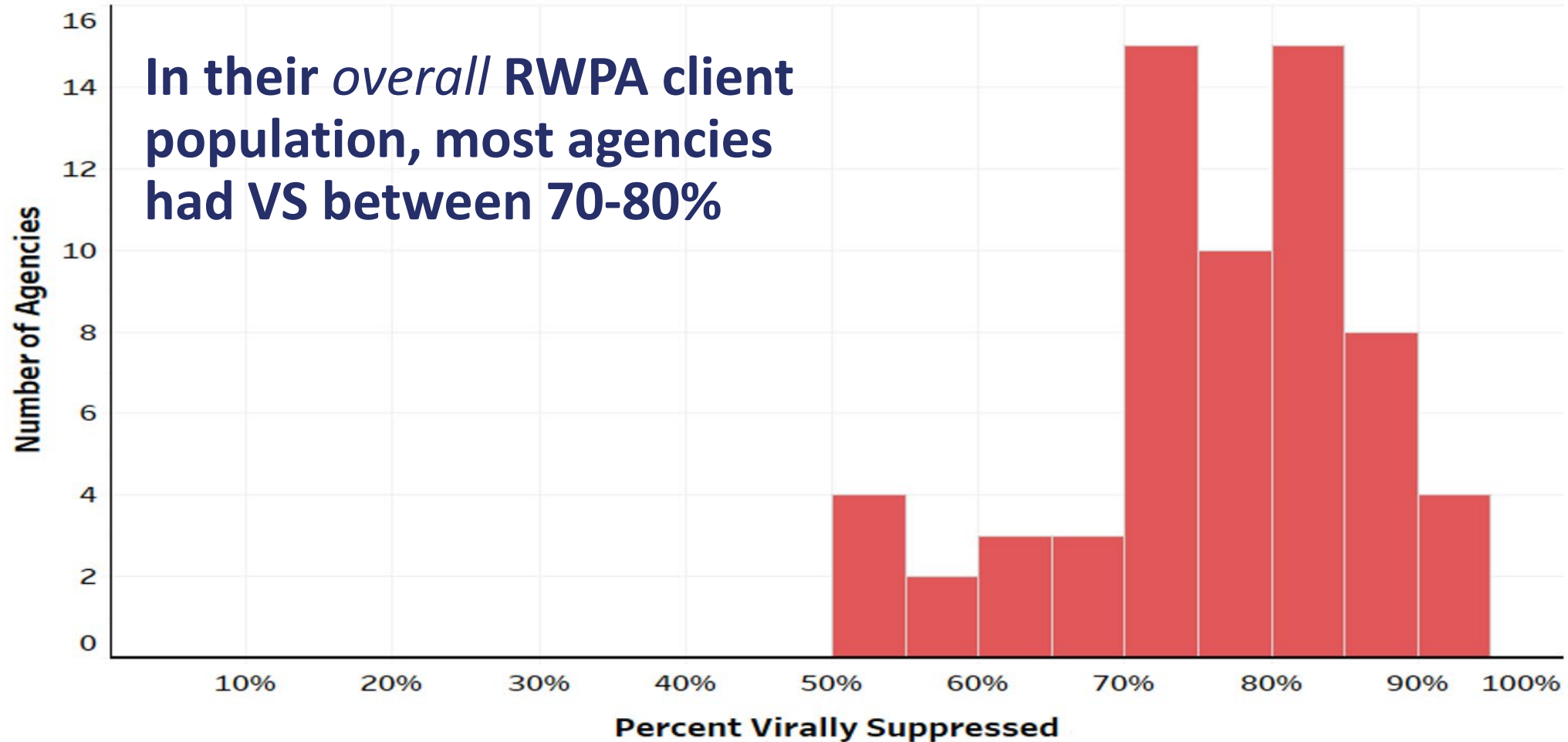
- Distributed annually by the DOHMH HIV Care and Treatment Program (CTP) within the Bureau of HIV to all NYC agencies funded for RWPA programs
 - 2018 AVSRs were distributed to providers in July 2019
 - Included an updated **report user guidance document**
 - Went out to **65 agencies**
 - Presented data covering **2016–2018**
- Used by Quality Management Specialists from CTP to work with agencies as part of ongoing technical assistance efforts

Results Overview

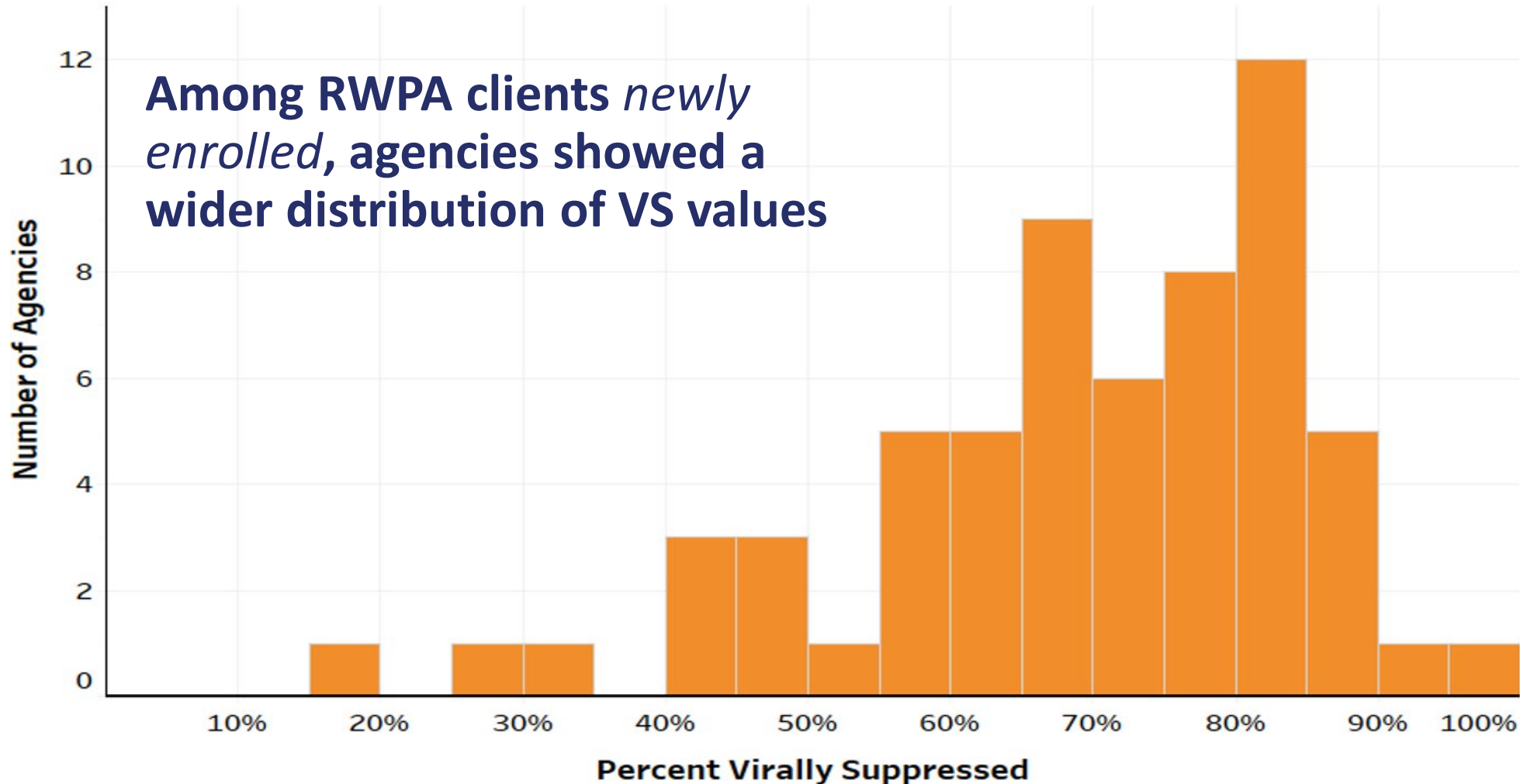
- VS in *entire* NYC RWPA client population for 2018, by client subgroup



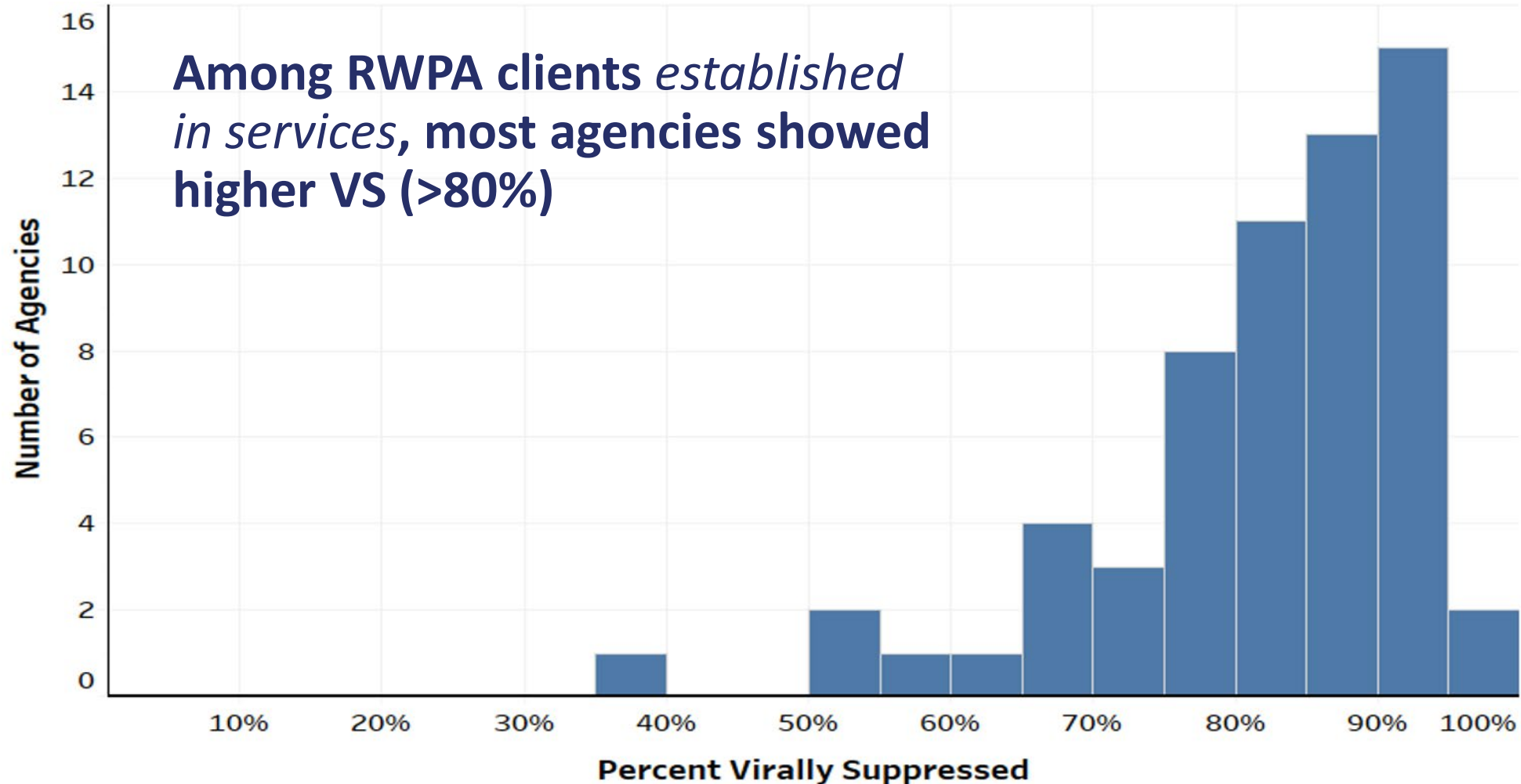
VS Distribution (n=65 agencies) RWPA Clients “Overall”



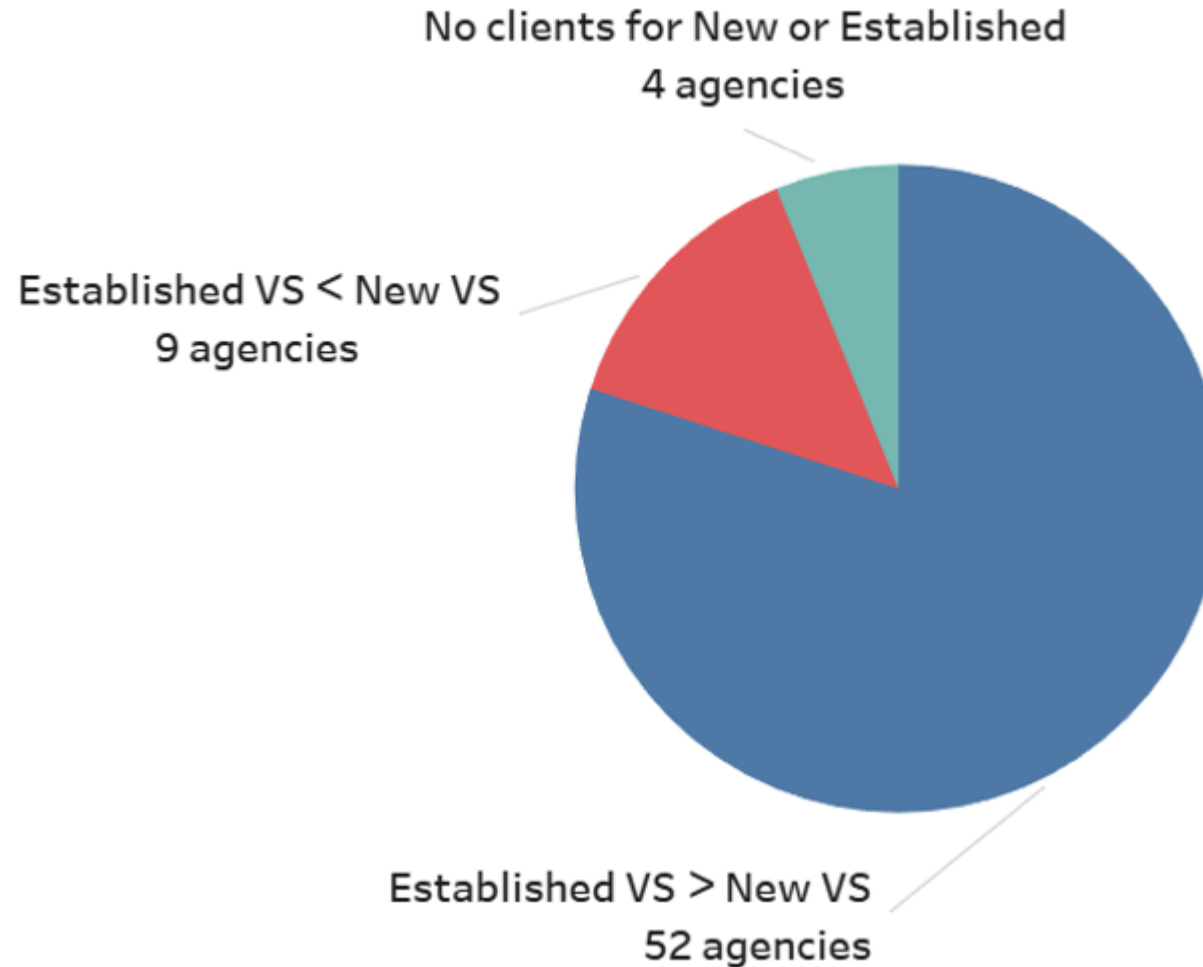
VS Distribution (n=65 agencies) RWPA Clients “Newly Enrolled”



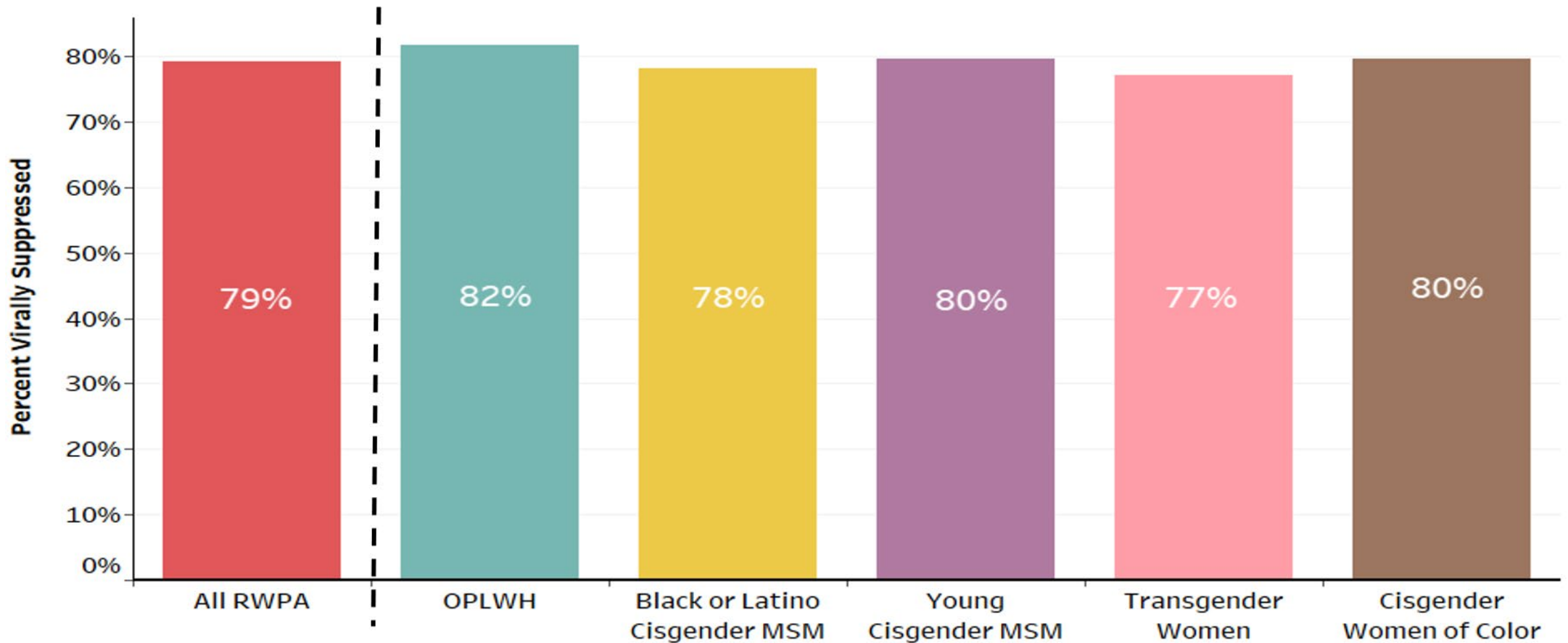
VS Distribution (n=65 agencies) RWPA Clients “Established in Services”



“Newly Enrolled” vs. “Established in Services”



VS by priority population, 2018



Report Uses and Limitations



- **Uses**

1. Understand VS trends for an agency's clients, as they compare to the larger NYC RWPA client population over time
2. Monitor health disparities among priority populations
3. Assess the extent to which agencies are engaging the most vulnerable client groups
4. Reflect on progress in supporting VS among established clients

- **Limitations**

1. AVSR gives a “snapshot” of VS and is not primarily intended as a tool to evaluate performance
2. Engagement in RWPA services is only one of many factors that can influence a client's VS status
3. RWPA clients who reside or receive medical care outside of NYC may not have a VL in the Registry
4. Comparison of an agency to all NYC RWPA includes all RWPA service categories, even those not funded at the agency of interest

Acknowledgements



- Jacinthe Thomas
- Jennifer Carmona
- Graham Harriman
- Sarah Braunstein
- Mary Irvine

Thank You!

Questions?

You can reach me at:
fabelqader1@health.nyc.gov

How to claim CE credit

If you would like to receive continuing education credit for this activity, please visit: ryanwhite.cds.pesgce.com