



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

Improving timely linkage to HIV care: A multifaceted, data-driven approach to quality improvement

Finn David Schubert, MPH, Migdalia Vientos, Kathryn Keneipp, MPH,
Isaac Dapkins, MD

Family Health Centers at NYU Langone, Brooklyn, NY

Family Health Centers at NYU Langone

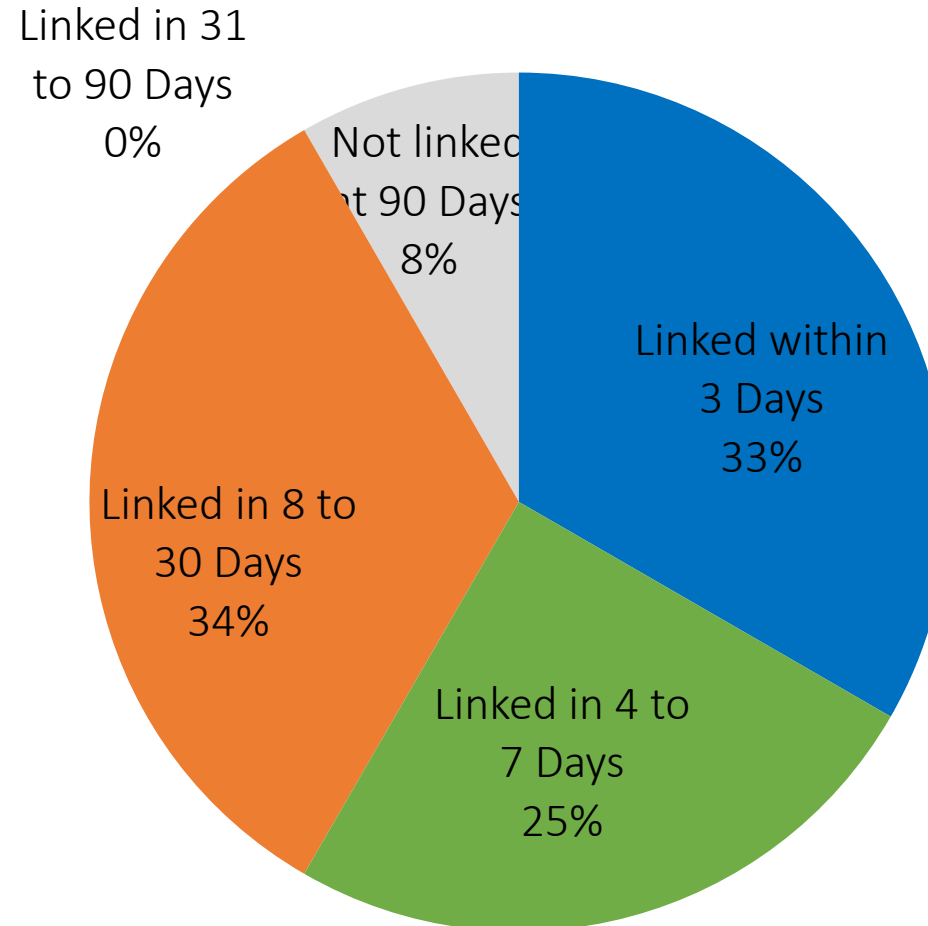


- FQHC network; established in 1967
- Affiliated with NYU Langone Health
- Primarily serves Sunset Park, Park Slope, and Flatbush neighborhoods of Brooklyn
 - 8 primary care centers
 - 11 community medicine sites
 - 46 school health sites
 - 28 community based programs
 - 103,000 patients served annually
 - ~500 patients in Ryan White program



Linkage to Care: Baseline 2018

Linkage of Internally Diagnosed Patients



Goal: Improve 3-day and 7-day linkage to care



Improve 3-day and 7-day linkage to care (from 33% and 58%, respectively, to 50% and 75%)

- Despite low rates of 3-day and 7-day linkage to care, we had achieved 92% 30-day linkage to care, suggesting that the linkage to care workflow needed to be streamlined to be completed more rapidly.

Improving 3-day and 7-day linkage to care: Actions taken



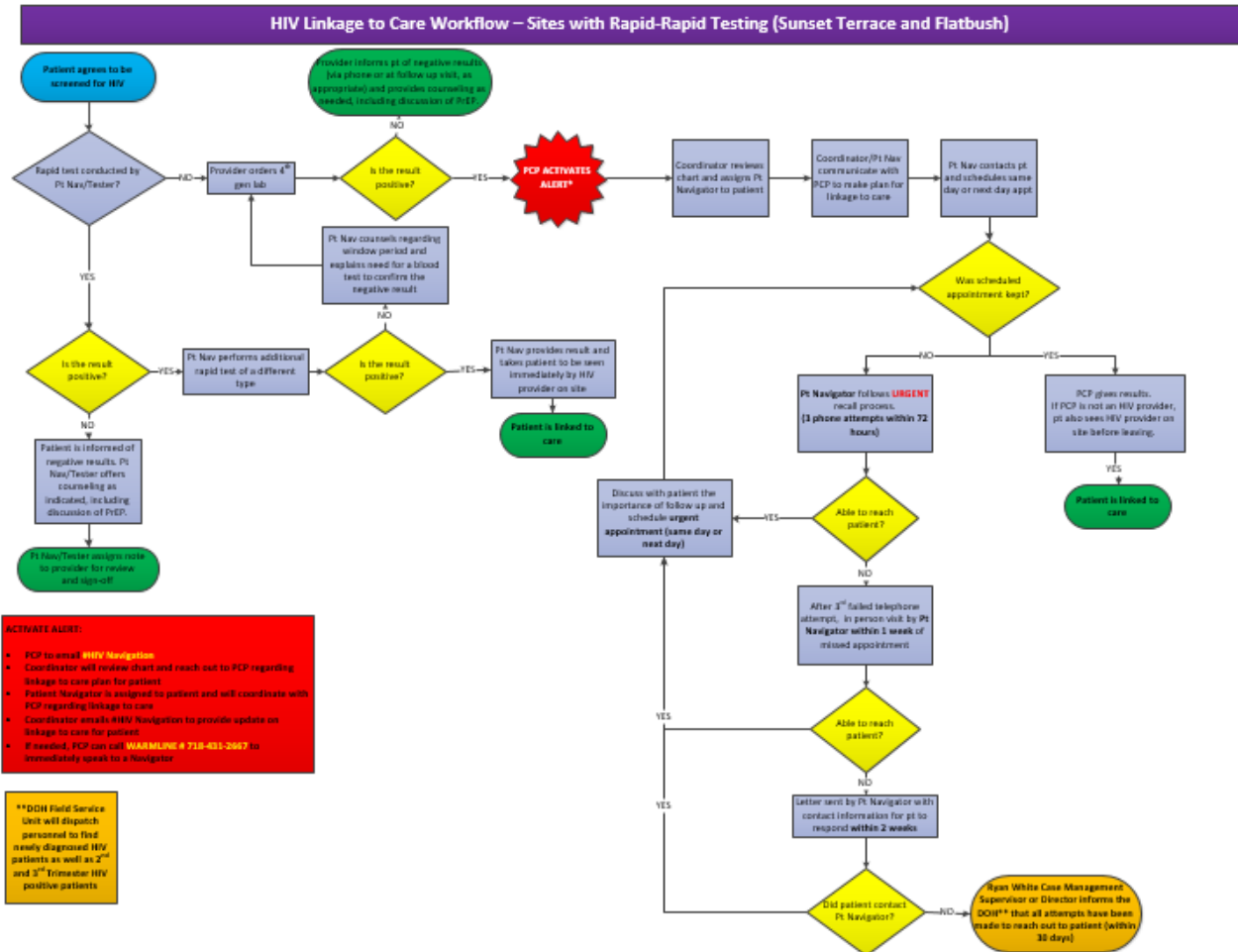
1. Creation of a daily report of network-wide HIV results
2. Initiation of a rapid-rapid testing protocol to confirm a preliminary positive result and immediately link patient to care
3. Provider education at all FHC sites regarding protocol for timely linkage

Daily network-wide report of HIV results

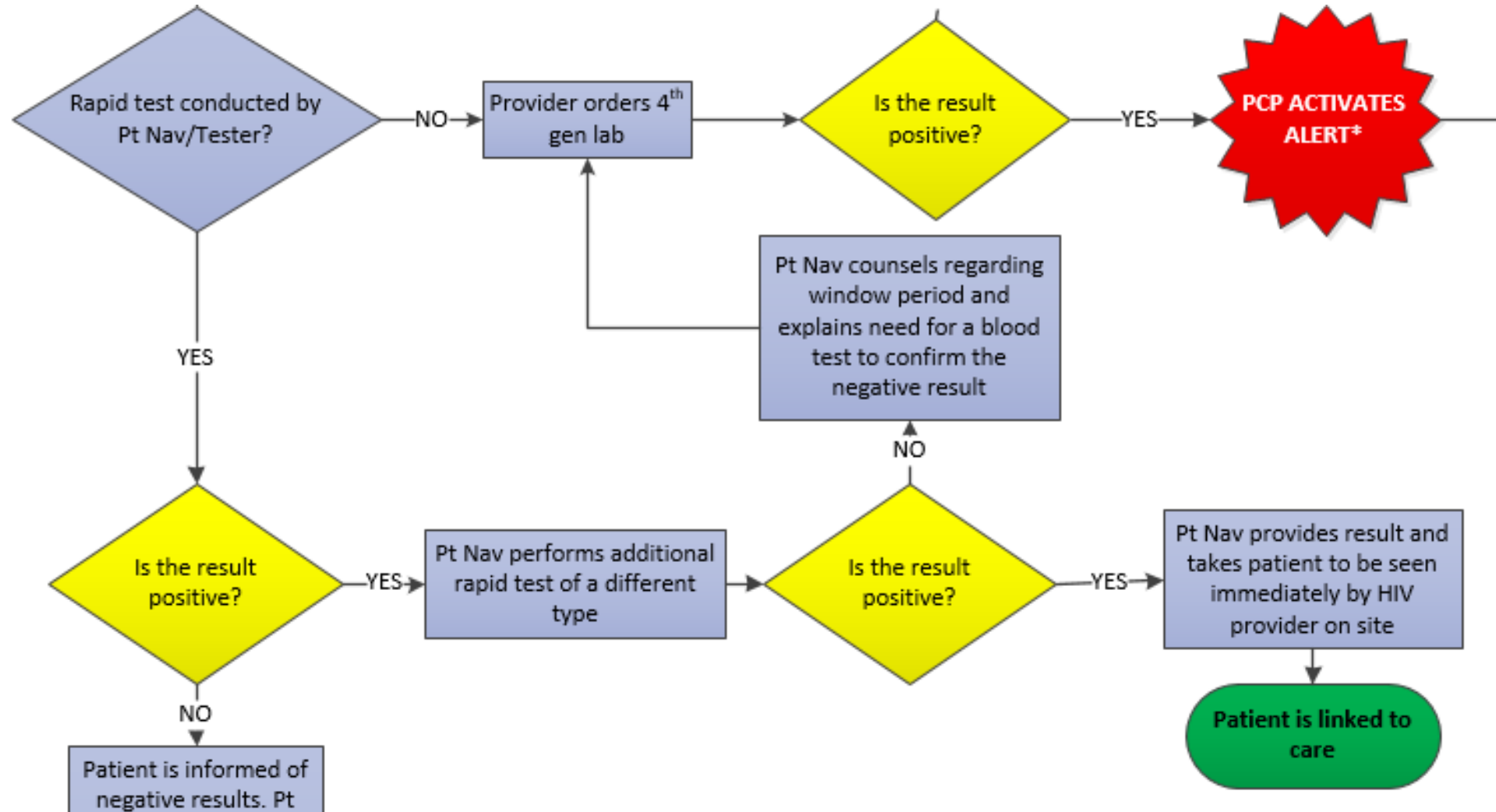


- Report auto-generates daily from Epic Business Objects
- Lists all HIV tests in the network that resulted the previous day
 - Patient information
 - Provider/clinic location
 - Type of HIV test
 - Result
- Report is manually reviewed by HIV Data Quality Manager daily; HIV Navigation staff are alerted if there are any positive results for patients not already known to be in HIV care with us
- A separate daily report is generated for HIV tests conducted for patients hospitalized at NYU Langone Hospital – Brooklyn, this report is also reviewed daily by program staff

Rapid-Rapid Testing Protocol (Main HIV care sites only)



Rapid-Rapid Testing Protocol (Main HIV care sites only)



Provider Education (All FHC sites)



ENDING THE EPIDEMIC HIV CARE AND PREVENTION IN THE FHCS

1. Test routinely

Offer HIV testing annually to all patients ages 13 and over.
Consider testing on an opt-out basis—inform the patient that you plan to add HIV testing to lab orders.

2. Link to care immediately

For a positive result on a rapid HIV test:

1. Inform the patient: “Your test result is reactive, or what’s known as preliminary positive. We cannot be sure of your HIV status based on this result; the result does not yet mean that you are HIV-positive. We do need to conduct another test today to confirm your HIV status.”
2. Draw 4th generation HIV-1/2 Ag/Ab combination immunoassay. Schedule the patient to return in two days to receive their result.
 - a. If result is Negative: Inform patient of result and counsel regarding risk reduction, including option of PrEP, if indicated (see more on PrEP below).
 - b. If result is Positive: Follow steps below for positive result on lab-based HIV blood test.
3. For any questions: Contact HIV navigation staff at #HIV Navigation (email group) or call 718-431-2667 to speak with a patient navigator.

For a positive result on a laboratory-based HIV blood test:

1. Contact HIV navigation staff immediately: Email #HIV Navigation (preferred) and/or call 718-431-2667.
2. A coordinator will contact you ASAP to discuss the patient case and will assist with recalling the patient, if needed.
3. A patient navigator will be assigned who will be present with you when you inform the patient of their positive result. The patient navigator will assist with linking the patient to an HIV specialist—sometimes on the same day.
4. The patient navigator will continue to follow up with the patient to ensure that the patient is in care with an HIV specialist, and will assist with ADAP or other benefits enrollment as needed.

3. Offer PrEP (Pre-Exposure Prophylaxis)

Discuss PrEP with all patients of any gender/sexual orientation who:

- Have condomless sex with more than one partner
- Had a positive STI result in the past 6 months
- Are in a sexual relationship with an HIV-positive partner
- Have injected illicit drugs in the past 6 months or been in drug treatment for injection drug use in the past 6 months

Uninsured patients may be eligible for PrEP Assistance Program (PrEP-AP), a limited insurance option that pays for PrEP-related visits and labs. Patients may also be eligible for co-pay assistance or medication assistance.

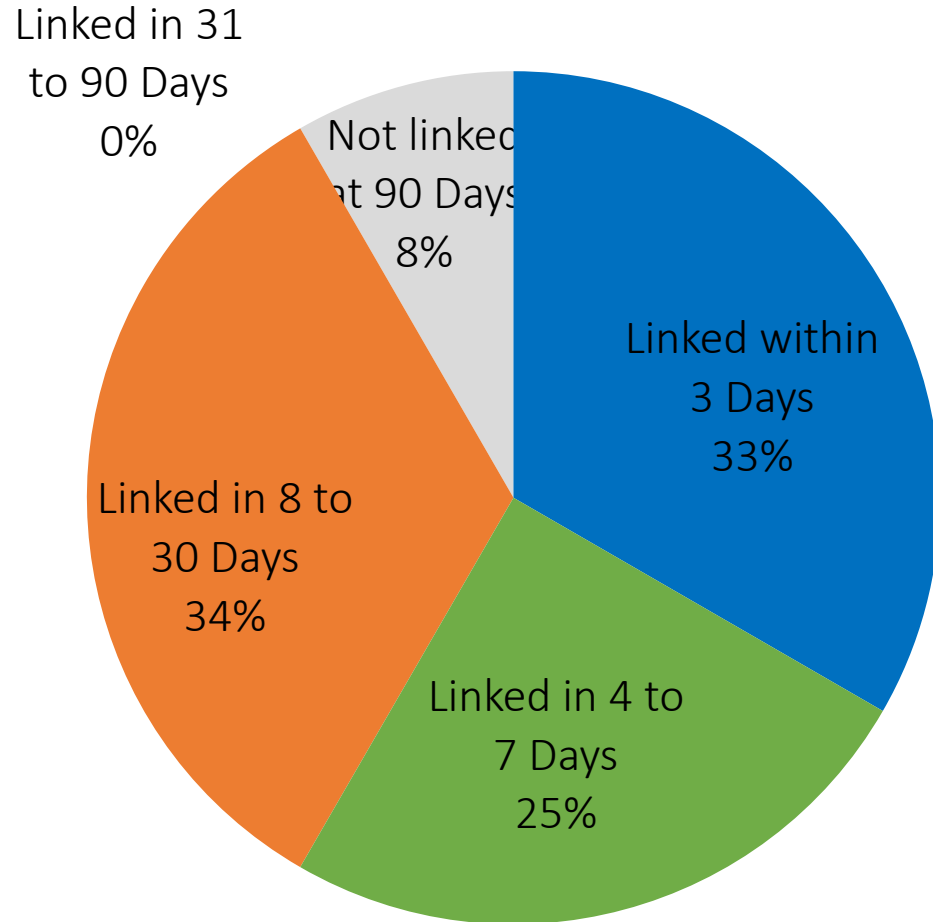
Call 718-431-2667 to speak with a prevention navigator who can assist patients with any PrEP-related navigation.

For a positive result on a laboratory-based HIV blood test:

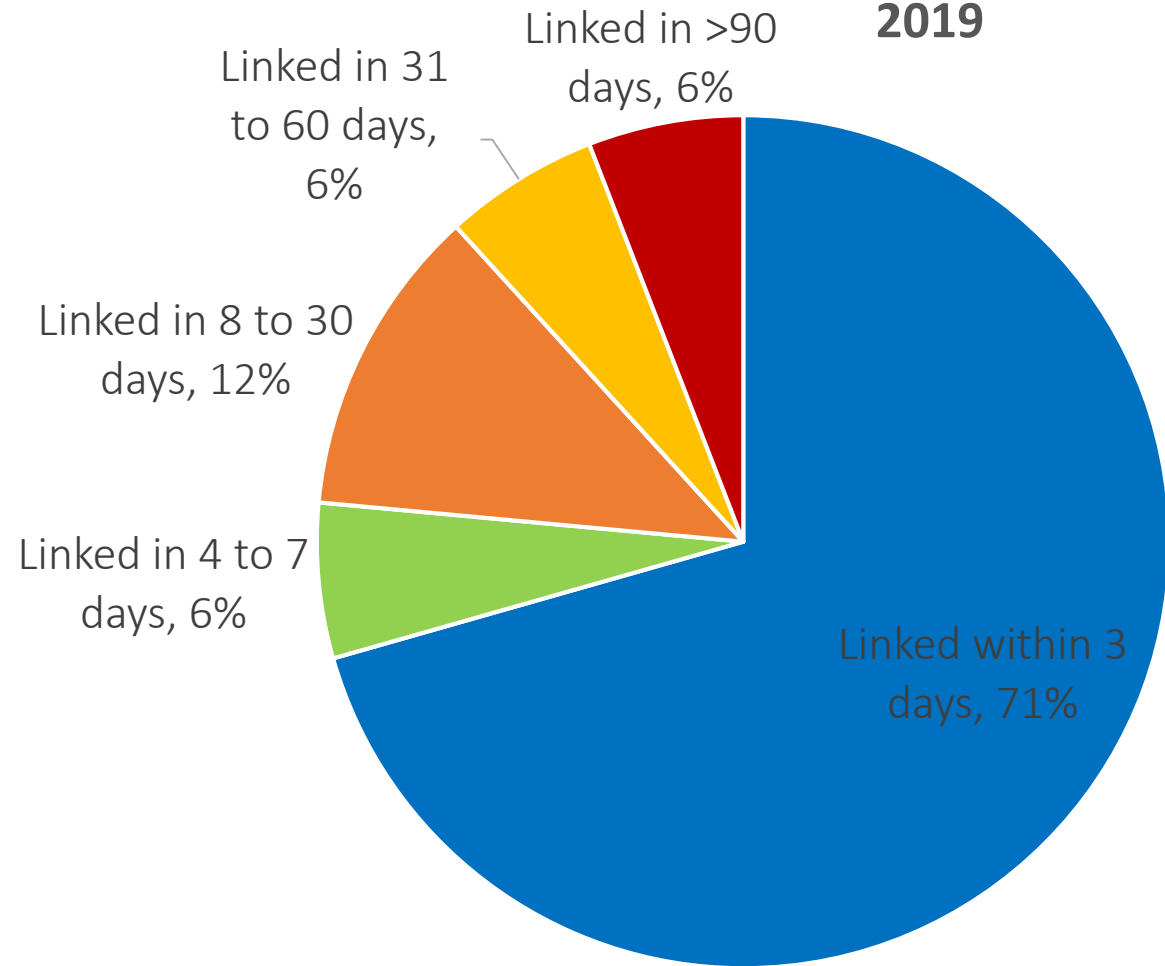
1. Contact HIV navigation staff immediately: Email #HIV Navigation (preferred) and/or call 718-431-2667.
2. A coordinator will contact you ASAP to discuss the patient case and will assist with recalling the patient, if needed.
3. A patient navigator will be assigned who will be present with you when you inform the patient of their positive result. The patient navigator will assist with linking the patient to an HIV specialist—sometimes on the same day.
4. The patient navigator will continue to follow up with the patient to ensure that the patient is in care with an HIV specialist, and will assist with ADAP or other benefits enrollment as needed.

Linkage to Care: 2018 vs 2019

2018



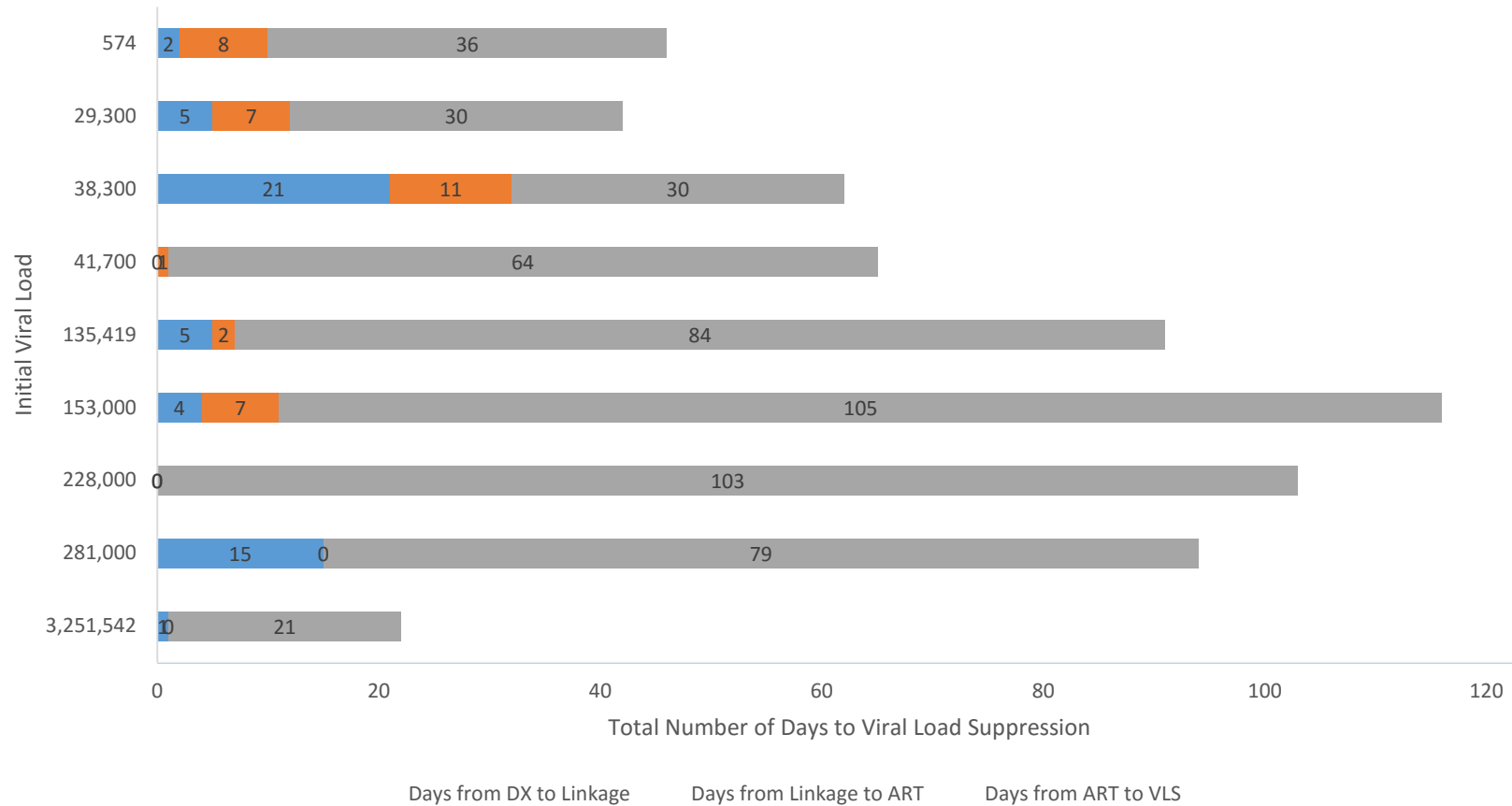
2019



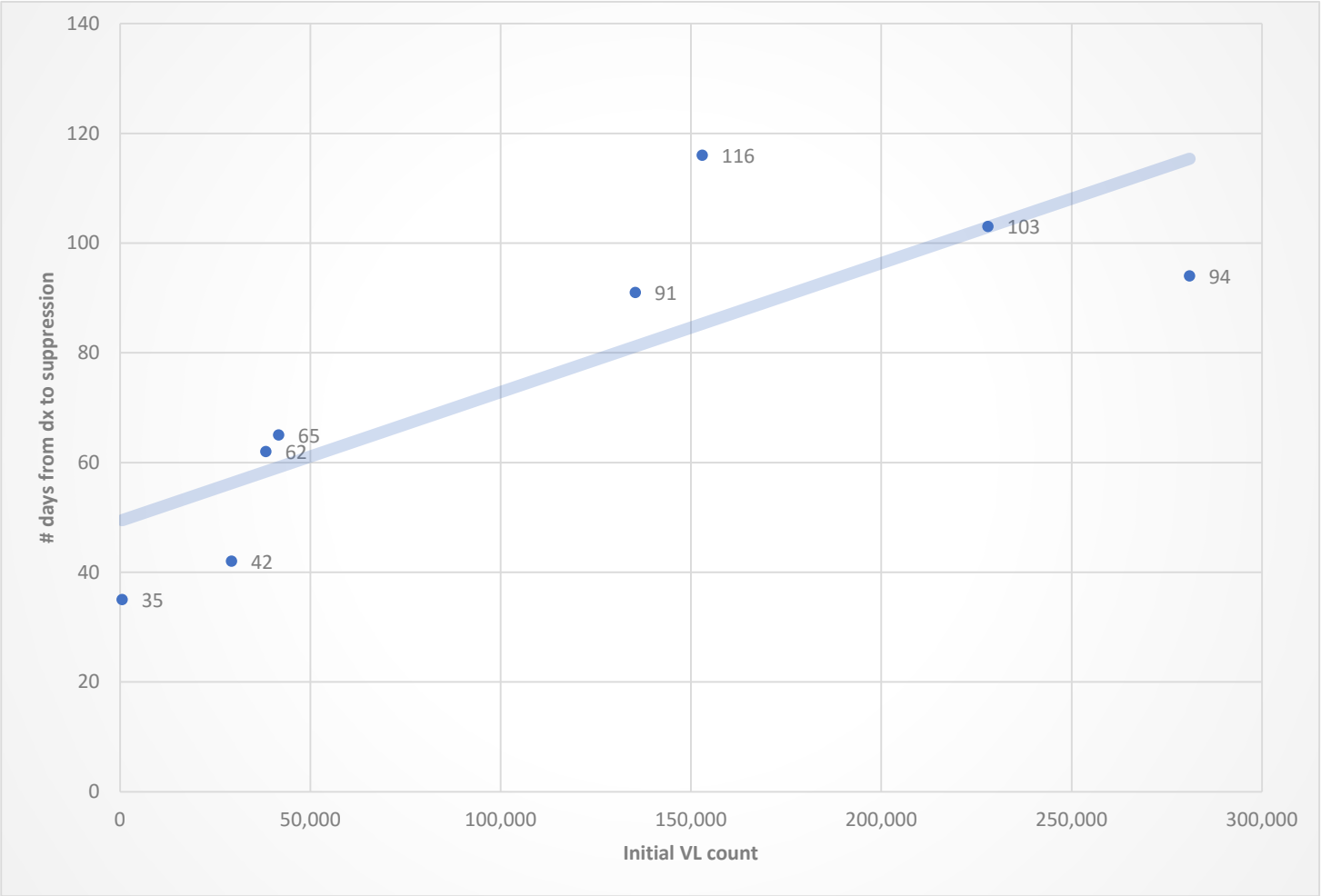
Data visualization to support monitoring



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT



Key Finding: Time from diagnosis to VLS correlated most strongly to viral load at diagnosis



Key Finding: Patients diagnosed through routine screening for HIV took longer to link to care than patients who presented for HIV/STI testing



Diagnosis Pathway	Num. of pts	% 3-day linked	% 7-day linked	Median days to linkage	Range of days to linkage
HIV/STI-related visit or HIV rapid test	6	83%	100%	1.5	0 - 4
ED / Hospital visit	8	88%	88%	1	0 - 153
Routine HIV screening	3	0%	0%	21	9 - 36

- Linkage pathway less familiar for network providers offering routine testing – need for more provider education regarding rapid linkage
- Patients diagnosed through routine testing were sometimes in denial of diagnosis, requiring more time for linkage to care and ART initiation
 - iART not necessarily a good fit for patients who are surprised by diagnosis and require additional time to process the information

Interdisciplinary Conversations



- Data visualizations like the ones above can be used to start conversations with frontline staff or consumers regarding program feedback
 - In addition to a Community Advisory Board, we use occasional “pop-up” focus groups to allow a broader array of patient input
- We hold two different regular interdisciplinary meetings
 - Interdisciplinary Case Conferences focus on specific patient cases, typically patients who are virally unsuppressed
 - HIV Quality Improvement Committee focuses on reviewing QI data and making changes to workflows

Implications for other projects



- We have used strategies from this project to inform two other projects:
 - **Re-engagement in care** for patients lost to care: More detailed reporting and integration between data and program teams allows for more rapid outreach to patients who may require re-engagement in care
 - **Engagement in PrEP care** for patients with STI diagnoses: Working from a daily report list similar to that used to monitor HIV positive results, a navigator reaches out to patients who test positive for STIs to provide PrEP education and linkage

Key takeaways from our experience



- We were able to streamline and improve an existing workflow through programmatic changes and better use of data
- New ways of looking at data yielded new insights into program workflows and patient needs
- We used the lessons from this approach to pilot similar initiatives in other areas
- Interdisciplinary collaboration was key

Thank you!

Finn David Schubert, MPH

finn.schubert@nyulangone.org