

**New York EMA 2012-2015 Comprehensive Strategic Plan:  
2014 Annual Update – Highlights**

**Background**

With the goal of advancing further toward an HIV care system with equal access to excellent outcomes for all, the Comprehensive Strategic Plan for HIV/AIDS Services in the New York Eligible Metropolitan Area (EMA) for 2012-2015 was developed in conjunction with the New York City Department of Health and Mental Hygiene (DOHMH) and approved by the HIV Health and Human Services Planning Council of New York in 2012.

**Progress Towards 2013/2014 Targets**

| Indicator              | Target            |               | Target Met        |        | Trend: 2011-2013  |        |
|------------------------|-------------------|---------------|-------------------|--------|-------------------|--------|
|                        | Ryan White Part A | NY EMA        | Ryan White Part A | NY EMA | Ryan White Part A | NY EMA |
| HIV Testing            | ≥ 62,000          | ≥ 300,000     | x                 | x      | ↑                 | ↓      |
| Concurrent Diagnosis   | ≤ 20%             | ≤ 20%         | x                 | ✓      | ↑                 | ---    |
| Linkage to Care        | ≥ 80%             | ≥ 80%         | x                 | x      | ↑                 | ↑      |
| Retention in Care      | ≥ 80%             | ≥ 80%         | ✓                 | ✓      | ↑                 | ---    |
| ART Adherence          | ≥ 78%             | ≥ 75%         | ✓                 | x      | ↑                 | ---    |
| Viral Load Suppression | ≥ 75%             | ≥ 75%         | x                 | ✓      | ↑                 | ↑      |
| Immunological Health   | ≥ 85%             | ≥ 85%         | x                 | ✓      | ↑                 | ↑      |
| Hospitalizations       | Decrease/≤ 3%     | Decrease/≤ 3% | x                 | ✓      | ---               | ---    |
| Emergency Dept. Visits | Decrease/≤ 5%     | Decrease/≤ 5% | x                 | ✓      | ---               | ---    |

\*Shaded green boxes indicate a target met for a particular indicator or a trend in the desired direction.

\*\*This report was prepared utilizing available data sources at the NYC DOHMH. Thus, some measures only capture PLWH who live or receive care in NYC, and may not fully represent PLWH in the NY EMA who only live or receive care in the Tri-County region. Please see the Data Sources table below for more detail on the data sources used.

**Key Points**

**Testing:**

- **HIV testing** through Ryan White Part A has increased, though overall testing administered through the NYC DOHMH has declined.
  - Effective September 2010, New York State’s Public Health Law was amended to require hospitals and primary care providers to offer HIV tests to all patients aged 13-64. As routine HIV screening is covered through the state’s Medicaid program and, with the Affordable Care Act, by the majority of insurance plans, decreased testing through DOHMH contracts is to be expected.
  - Funding for DOHMH-administered testing programs has continued to decline over time.
- Rates of **concurrent diagnoses** have remained relatively stable over time, indicating the need for continued promotion of routine HIV testing and community outreach to increase access to early testing.
  - Expanded and more focused testing would likely increase the total number of HIV cases found, thus diluting rates of concurrent diagnoses with a higher overall case-finding rate. However, with a reduction in HIV transmission, the number of new HIV infections would go down and

increase the likelihood that a person testing positive would be diagnosed late. These opposing forces may explain the stability of concurrent diagnosis rates over time.

#### Care and Treatment Utilization:

- **Linkage to care** has been increasing gradually and currently exceeds 70% for Ryan White Part A and in NYC overall.
  - New York State's Public Health Law was also amended to include a requirement that the provider ordering an HIV test must provide or arrange for follow-up medical care for patients who test positive and consent to care.
- **Retention in care** currently exceeds 90% for Ryan White Part A clients and 80% for PLWH in NYC overall.
  - The expansion of Medicaid eligibility under the Affordable Care Act and continued funding of ADAP Plus for uninsured PLWH will likely continue to ensure high rates of retention in care.
- **Antiretroviral (ART) adherence** continues to increase over time for Ryan White Part A (MCM) clients, with 88% of clients adherent in 2013; adherence appears to have decreased slightly across the NY EMA, but remains above 65%.
  - Difficulties adhering to antiretroviral therapy may be a result of other unmet health and psychosocial needs. The types of services provided through the Ryan White Part A program may help to address those needs and thus promote higher rates of adherence.

#### Health Outcomes:

- Rates of **viral load suppression** have increased for both Ryan White Part A clients and PLWH in NYC overall, with 79% of Part A clients and 88% of PLWH in NYC virally suppressed in 2013.
- Rates of stable or improving **CD4 counts** have also increased gradually, reaching 79% for Ryan White Part A clients in 2013 and exceeding 85% for NYC overall.
  - New York City's treatment recommendations were amended in 2011 and the federal treatment guidelines for HIV were updated in 2012 to recommend initiation of ART immediately after HIV diagnosis, regardless of CD4 count, which may partially explain the rise in rates of both stable or improving CD4 counts and viral load suppression, as more PLWH start ART.
  - Lower rates of viral load suppression and stable or improving CD4 counts among Part A clients, versus PLWH in NYC overall, may be indicative of a population with greater health needs.
- Rates and numbers of **acute care visits** have remained low and fairly stable over time, though rates and numbers of acute care visits are higher for Ryan White Part A (MCM) clients than for all PLWH in the EMA.
  - Acute care utilization is not necessarily HIV-specific, and may be influenced by other factors, such as lack of access to medical insurance and/or other health issues.

#### *HIV-Related Health Disparities*

##### Gender:

- Prompt linkage to and retention in care have been slightly lower for men in NYC overall.
- Viral load suppression rates are consistently lower among women for Part A clients and in NYC overall.

##### Age:

- Concurrency rates have been consistently highest among those aged 50+ for NYC overall.
- Linkage to and retention in care and rates of viral load suppression are lower for younger people in NYC.

##### Race/Ethnicity:

- Concurrency rates and retention in care are consistently higher for those identified as black or Hispanic.
- Linkage to care and rates of viral load suppression have been lowest for those identified as black.

##### Location:

- Concurrency rates tend to be higher among PLWH in District Public Health Office (DPHO) areas.
- Rates of viral load suppression are lower among PLWH in DPHO areas.

**Data Sources**

| <b>Indicator</b>       | <b>Ryan White (RW) Part A</b>         |                             | <b>NY EMA</b>  |  |
|------------------------|---------------------------------------|-----------------------------|--|--|
|                        | <i>Data Sources</i>                   | <i>Available Regions</i>    | <i>Data Sources</i>  | <i>Available Regions</i>                   |
| HIV Testing            | eSHARE                                | NYC and Tri-County          | eSHARE (for RW and non-RW contracts); aggregate data from internal DOHMH programs (TB, STD, correctional health) | NYC only                                   |
| Concurrent Diagnosis   | eSHARE; NYC HIV Surveillance Registry | NYC only                    | NYC HIV Surveillance Registry  | NYC only                                   |
| Linkage to Care        | eSHARE; NYC HIV Surveillance Registry | NYC only                    | NYC HIV Surveillance Registry  | NYC only                                   |
| Retention in Care      | eSHARE; NYC HIV Surveillance Registry | NYC only                    | NYC HIV Surveillance Registry  | NYC only                                   |
| ART Adherence          | eSHARE                                | NYC only (MCM clients only) | CHAIN study; Medical Monitoring Project (MMP)  | NYC and Tri-County (CHAIN); NYC only (MMP) |
| Viral Load Suppression | eSHARE; NYC HIV Surveillance Registry | NYC only                    | NYC HIV Surveillance Registry  | NYC only                                   |
| Immunological Health   | eSHARE; NYC HIV Surveillance Registry | NYC only                    | NYC HIV Surveillance Registry  | NYC only                                   |
| Hospitalizations       | eSHARE                                | NYC only (MCM clients only) | CHAIN study; MMP   | NYC and Tri-County (CHAIN); NYC only (MMP) |
| Emergency Dept. Visits | eSHARE                                | NYC only (MCM clients only) | CHAIN study; MMP   | NYC and Tri-County (CHAIN); NYC only (MMP) |

\* MCM refers to Ryan White Part A-funded Care Coordination contracts in NYC.