

NEW YORK EMA 2012-2015 COMPREHENSIVE STRATEGIC PLAN ANNUAL UPDATE

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**Progress to
Date: 2008-
2012**

REPORT OVERVIEW

- **Background on the Comprehensive Strategic Plan (the Plan)**
- **Overview of data sources used to measure progress against targets**
- **Summary of demographics**
- **Highlights of findings:**
 - **Objectives and indicators for Ryan White and the EMA**
 - **Progress towards targets: 2008-2012**
 - **Goal 1: Increase the number of individuals who are aware of their HIV status**
 - **Goal 2: Promote early entry into HIV care**
 - **Goal 3: Promote optimal management of HIV infection**
 - **Goal 4: Reduce HIV/AIDS disparities**
 - **Goal 5: Ensure that EMA has a robust plan for cost-effective delivery of HIV services**

BACKGROUND

- Ryan White Part A legislation mandates development of a comprehensive plan for the delivery of HIV-related services.
- 2012-2015 Plan created and approved in spring 2012 by the HIV Health and Human Services Planning Council of New York
 - Indicators and targets developed and finalized by stakeholders, based on HRSA guidance, policy initiatives (such as NHAS), the 2009-2012 Plan and available indicator data
- DOHMH reports on indicator progress, with trends over time, each year
 - Results updated from previous reports to ensure consistent methodology

DATA SOURCES FOR INDICATORS

- 1. Required client-level Ryan White Part A data reported by contractors (AIRS and eSHARE)**
 - a.** Allows analysis according to timing and duration of Ryan White program activity
 - b.** Limited by providers' completeness of reporting
 - c.** Limited to NYC programs for 2008-2011 analyses (very limited Tri-County data pre-eSHARE, but EMA-wide analyses will be available in eSHARE from 2012 onward)

DATA SOURCES FOR INDICATORS (CTD.)

2. HIV Surveillance Registry (HSR) data from DOHMH HEFSP*
 - a. Includes data from provider reporting forms (PRF) and electronic laboratory reporting
 - b. Offers more complete laboratory test data (CD4 counts and viral loads) than other available sources
 - c. Cannot fully represent primary care services or treatment received
 - d. Entails greater reporting lag than other data sources used
 - e. Represents NYC PLWH only

* *HIV Epidemiology and Field Services Program, Surveillance Unit*

DATA SOURCES FOR INDICATORS (CTD.)

3. HIV testing data from DOHMH Prevention Program

- a. Submitted by all agencies with NYC DOHMH funding for testing
- b. Generally represents tests conducted, although Ryan White Part A providers report client-level data
- c. Limited to NYC
 - Tri-County data are available from Ryan White programs only, and are not included in results utilizing data from the NYC HIV surveillance registry (HSR)

DATA SOURCES FOR INDICATORS (CTD.)

- 4. The Community Health Advisory and Information Network (CHAIN) Study**
 - a.** Is a longitudinal study (conducted by Columbia University with DOHMH and WCDOH) of PLWH in NYC and Tri-County
 - b.** Draws on interviews with persons recruited from agencies providing social services and/or medical care (excluding private physicians' offices)
 - c.** Offers the strengths of comprehensiveness (in topics) and representativeness of the Part A client population, as well as the ability to look at planning-relevant questions over time
 - d.** Covers NYC and Tri-County PLWH accessing services

DATA SOURCES FOR INDICATORS (CTD.)

5. The Medical Monitoring Project (MMP)

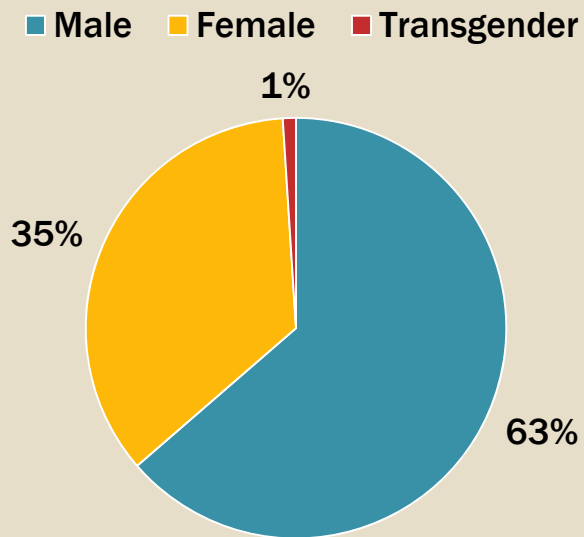
- a. Is a serial cross-sectional study (conducted by NYC DOHMH HEFSP and CDC) of PLWH in New York City
- b. Draws on interviews with persons recruited from HIV medical facilities (including private physicians' offices)
- c. Offers the strengths of comprehensiveness (in topics) and the probability sampling method for representativeness of PLWH engaged in medical care
- d. Limited to NYC participants (for the datasets available to NYC DOHMH)

NYC DEMOGRAPHIC SUMMARY – PLWH 2012

- **2012 approximations:**
 - 115,000 PLWH
 - 16,000 HIV+ Ryan White Part A clients
- Profiles similar to previous years – no notable changes in demographic distribution
- Majority of PLWH and Ryan White Part A clients were:
 - male
 - black or Hispanic
 - 40-59 years of age
- Compared to all PLWH, Ryan White Part A client population includes a higher proportion of:
 - female clients
 - black clients (and a lower proportion of white clients)
 - Bronx residents (and a lower proportion of Queens or Manhattan residents)

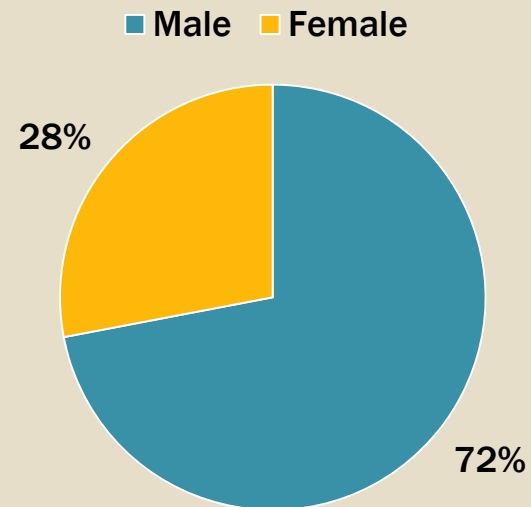
NYC DEMOGRAPHICS – PLWH 2012

Ryan White



The proportion of females was higher among Ryan White clients when compared to all PLWH in NYC.

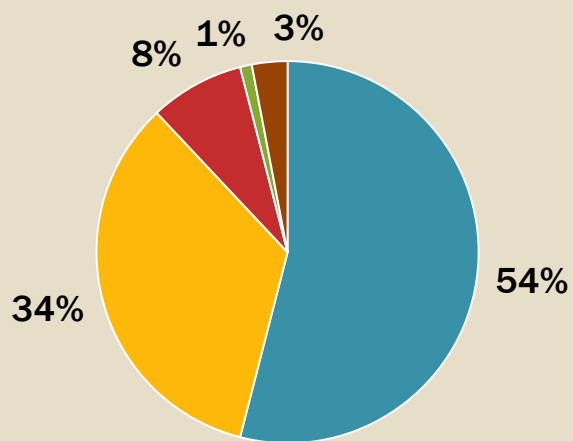
EMA (NYC)



NYC DEMOGRAPHICS – PLWH 2012

Ryan White

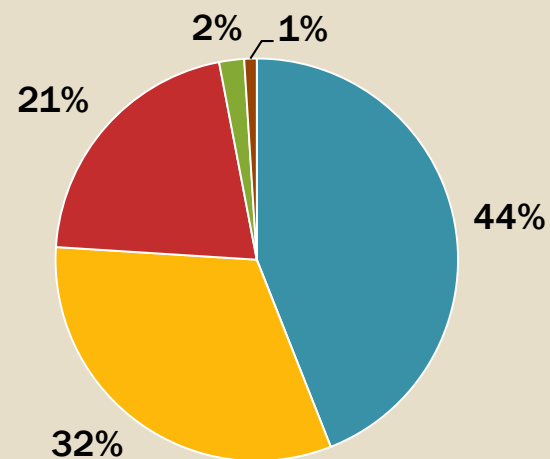
■ Black ■ Hispanic ■ White ■ Asian ■ Other



The proportion of blacks was higher among Ryan White clients when compared to all PLWH in NYC.

EMA (NYC)

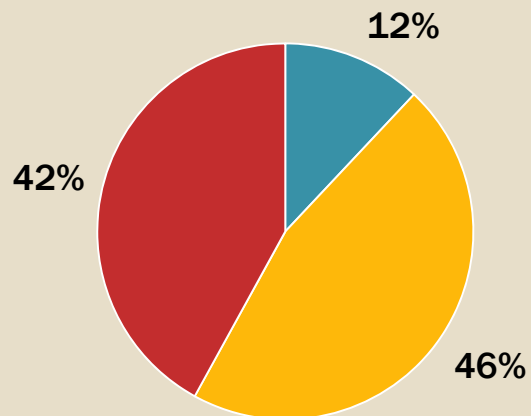
■ Black ■ Hispanic ■ White ■ Asian ■ Other



NYC DEMOGRAPHICS – PLWH 2012

Ryan White

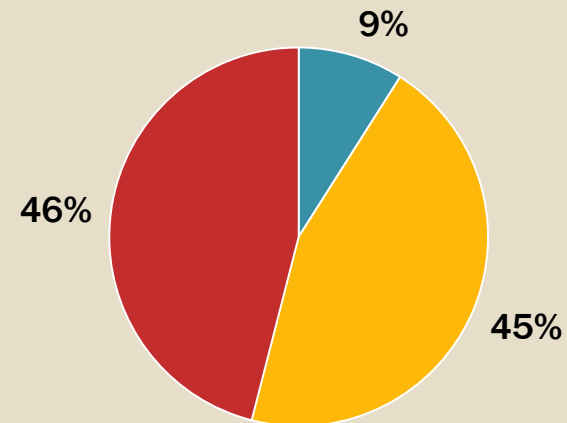
■ <30 Years ■ 30-49 Years ■ 50+ Years



The age breakdown among Ryan White is similar to all PLWH in NYC.

EMA (NYC)

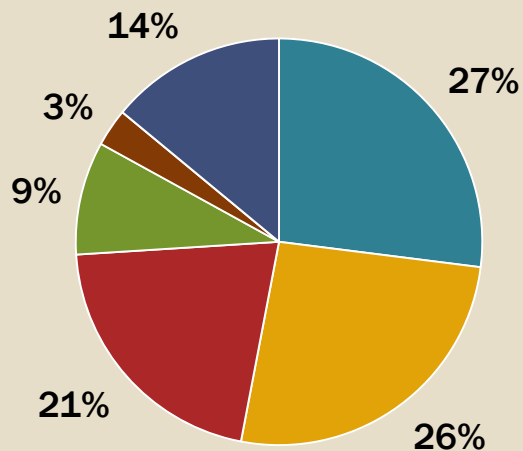
■ <30 Years ■ 30-49 Years ■ 50+ Years



NYC DEMOGRAPHICS – PLWH 2012

Ryan White

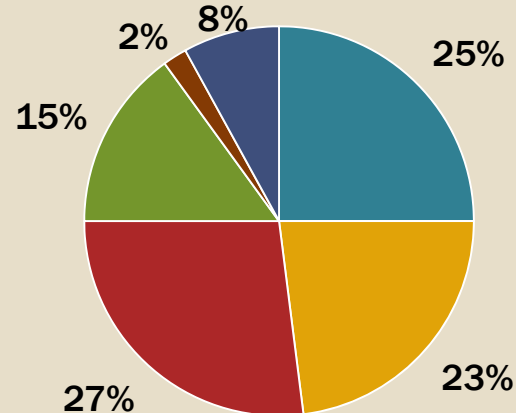
- Brooklyn ■ Bronx ■ Manhattan
- Queens ■ Staten Island ■ Other



A higher proportion of Ryan White clients live in the Bronx and a lower proportion in Queens and Manhattan when compared to all PLWH in NYC.

EMA (NYC)

- Brooklyn ■ Bronx
- Manhattan ■ Queens
- Staten Island ■ Other



HIGHLIGHTS FROM 2008-2012: TARGETS AND TRENDS

Indicator	Target Met		Desired Direction	Trend	
	<i>Ryan White</i>	<i>EMA</i>		<i>Ryan White</i>	<i>EMA</i>
HIV Testing	x	x	↑	↑	↓
Concurrent Diagnosis	x	✓	↓	---	---
Linkage to Care	x	x	↑	↑	↑
Retention in Care	✓	✓	↑	↑	---
ART Adherence	✓	x	↑	↑	---
Viral Load Suppression	x	✓	↑	↑	↑
Immunological Health	x	✓	↑	↑	↑
Hospitalizations	x	✓	↓	↑	↓
Emergency Dept. Visits	x	✓	↓	↑	↓

HIGHLIGHTS FROM 2008-2012: DISPARITIES

■ Gender:

- Viral load suppression rates consistently lower among women for Part A clients and in NYC overall
- Linkage to and retention in care slightly lower among men in NYC overall

■ Age:

- Concurrence rates consistently highest among 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:

- Concurrence rates consistently higher for non-whites
- Retention in care consistently higher for non-whites
- Linkage to care and rates of viral load suppression lowest for blacks

■ Location:

- Retention in care tends to be higher and rates of viral load suppression lower for PLWH in DPHO areas

GOAL 1: INCREASE THE NUMBER OF INDIVIDUALS WHO ARE AWARE OF THEIR HIV STATUS

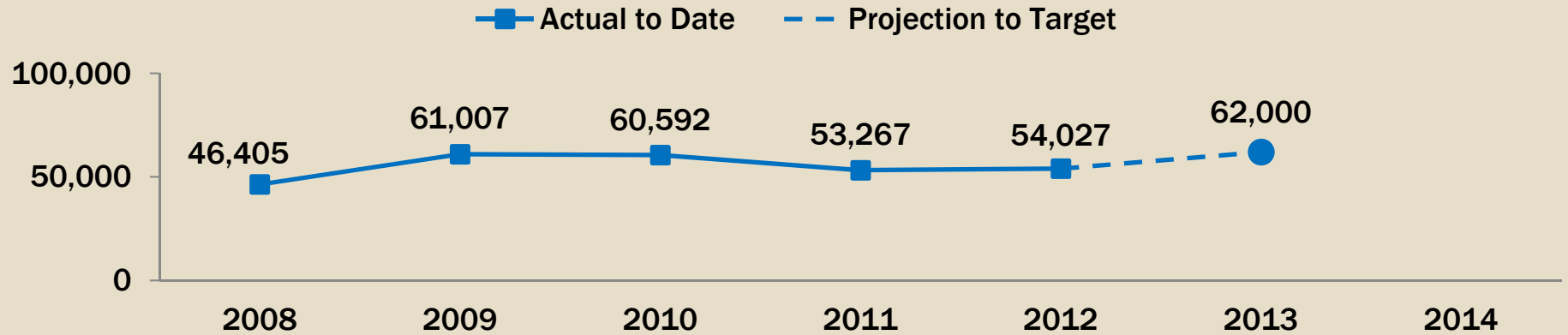
- **Objective 1A:** To ensure expanded access to voluntary HIV testing across health care and social support service provider settings, by the end of 2013.

Ryan White Indicator	EMA Indicator
An increase to test 62,000 unique individuals annually through Ryan White-funded programs.	An increase in the total number of HIV rapid tests conducted, to reach 300,000 tests annually.

Objective 1A

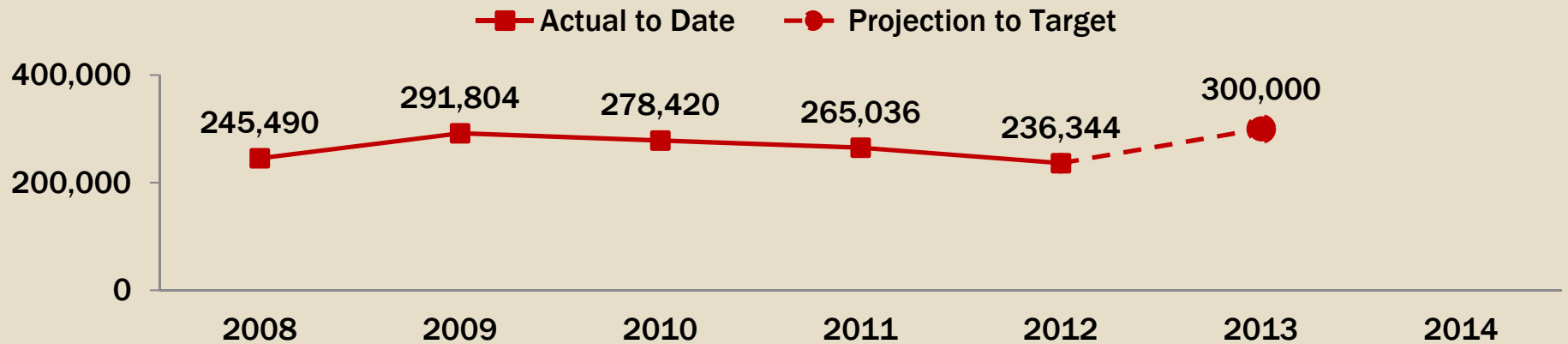
- ❑ Ryan White Part A: The number of clients receiving HIV tests has increased overall since 2008, with a decrease from 2010 through 2012.

RW HIV Status



- ❑ EMA-wide (NYC only): Analyses indicate a reduction in HIV screening from 2009 to 2012, but this is based only on NYC DOHMH administered testing programs.

EMA HIV Status



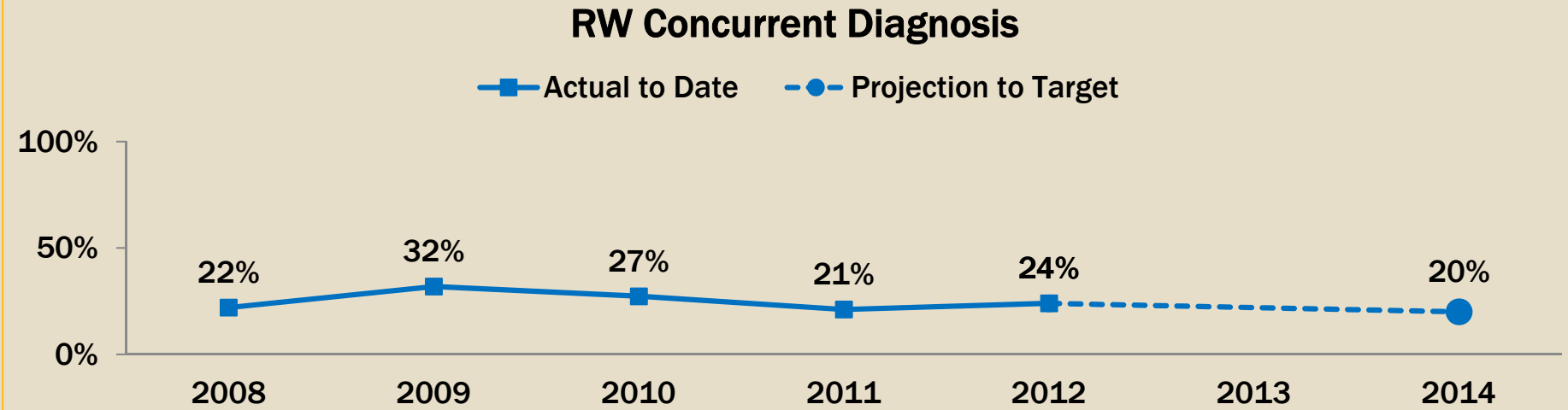
GOAL 1: INCREASE THE NUMBER OF INDIVIDUALS WHO ARE AWARE OF THEIR HIV STATUS

- **Objective 1B:** To decrease delayed diagnosis of HIV, by the end of 2014.

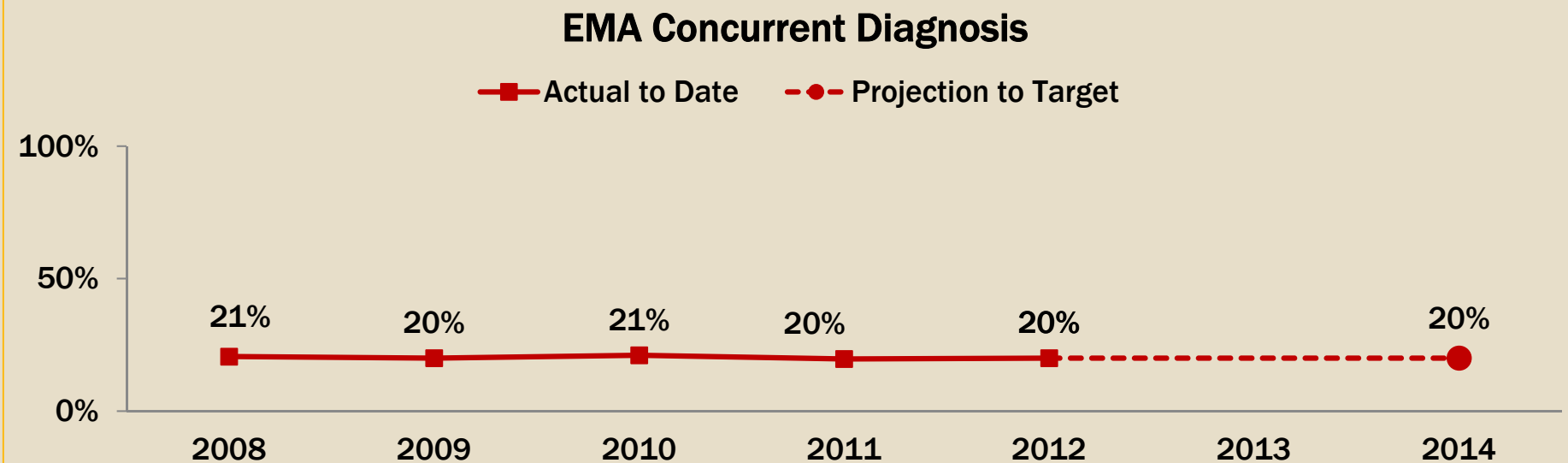
Ryan White Indicator	EMA Indicator
A reduction in concurrent (AIDS with HIV) diagnoses, to 20% or lower.	A reduction in concurrent (AIDS with HIV) diagnoses, to 20% or lower.

Objective 1B

- ❑ Ryan White Part A: Concurrent diagnoses appear to be relatively stable over time, with a slight increase from 2008 to 2012.

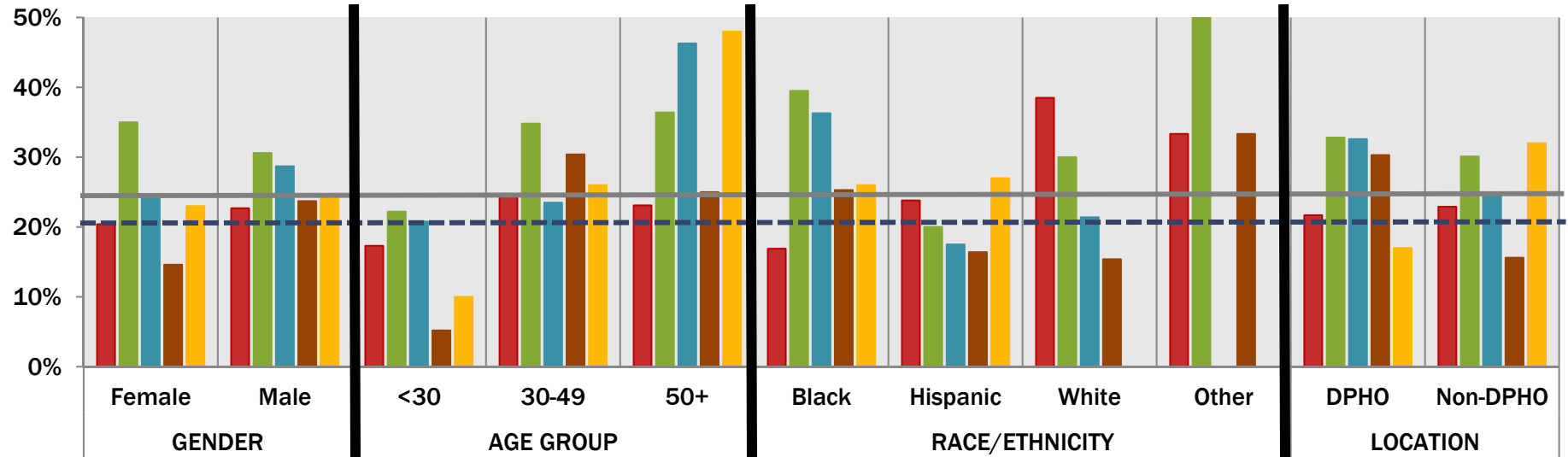


- ❑ EMA-wide (NYC only): Trends for concurrency are relatively stable over time.



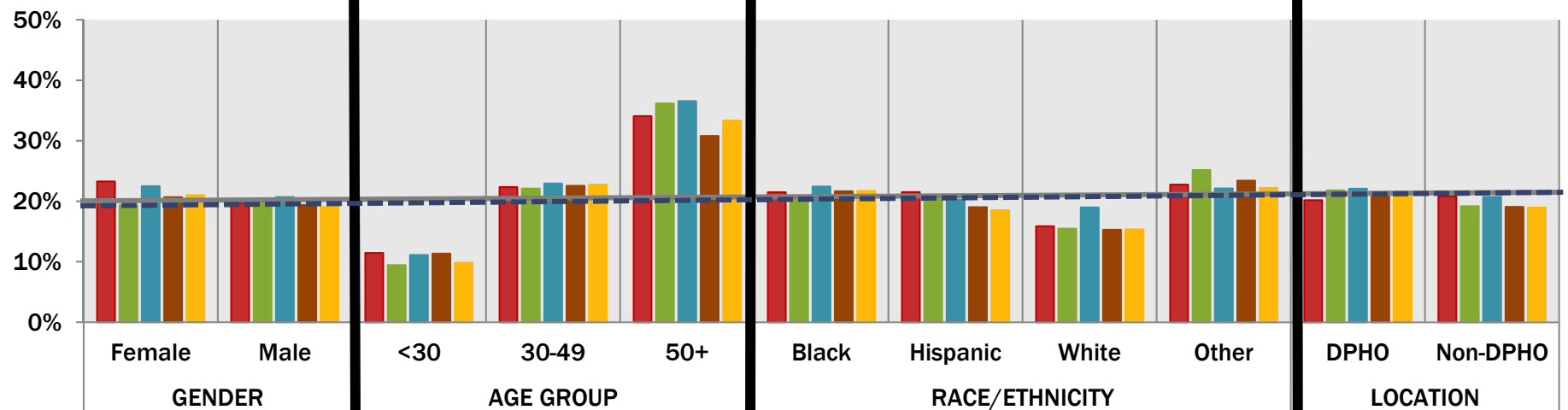
Ryan White - Concurrent Diagnosis

■ 2008 ■ 2009 ■ 2010 ■ 2011 ■ 2012 — 2012 Actual for RW - - - 2014 Target for RW



EMA (NYC) - Concurrent Diagnosis

■ 2008 ■ 2009 ■ 2010 ■ 2011 ■ 2012 — 2012 Actual for EMA - - - 2014 Target for EMA



GOAL 2: PROMOTE EARLY ENTRY INTO HIV CARE

- **Objective 2:** To increase the proportion of newly diagnosed individuals who enter into primary care within three months of HIV diagnosis, by the end of 2013.

Ryan White Indicator

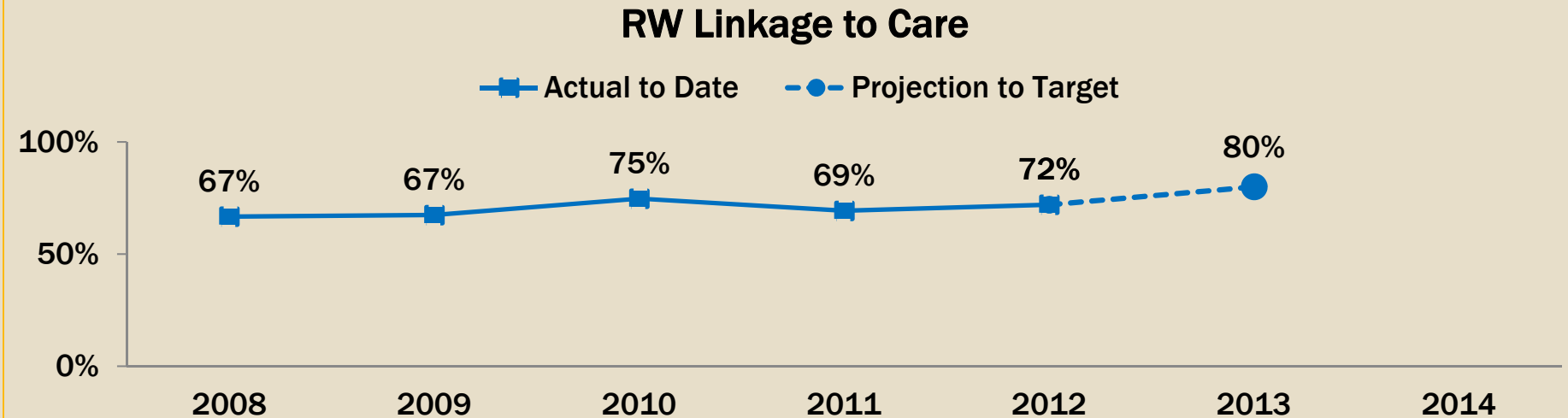
An increase in the proportion of newly diagnosed clients who show evidence of accessing primary care within three months of HIV diagnosis, to 80%.

EMA Indicator

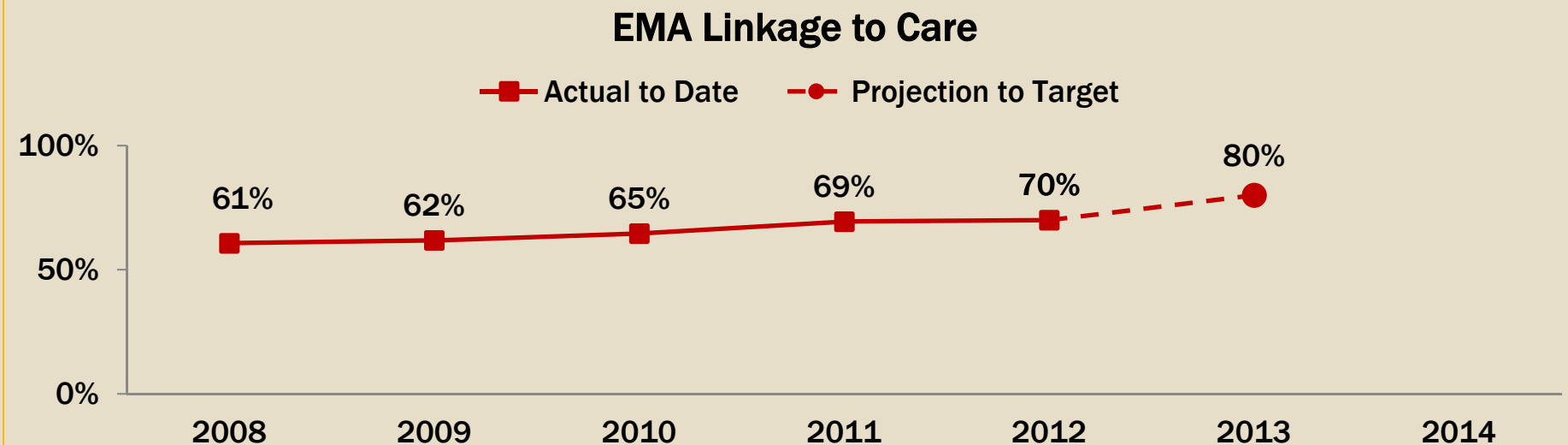
An increase in the proportion of newly diagnosed individuals who show evidence of accessing primary care within three month of HIV diagnosis, to 80%.

Objective 2

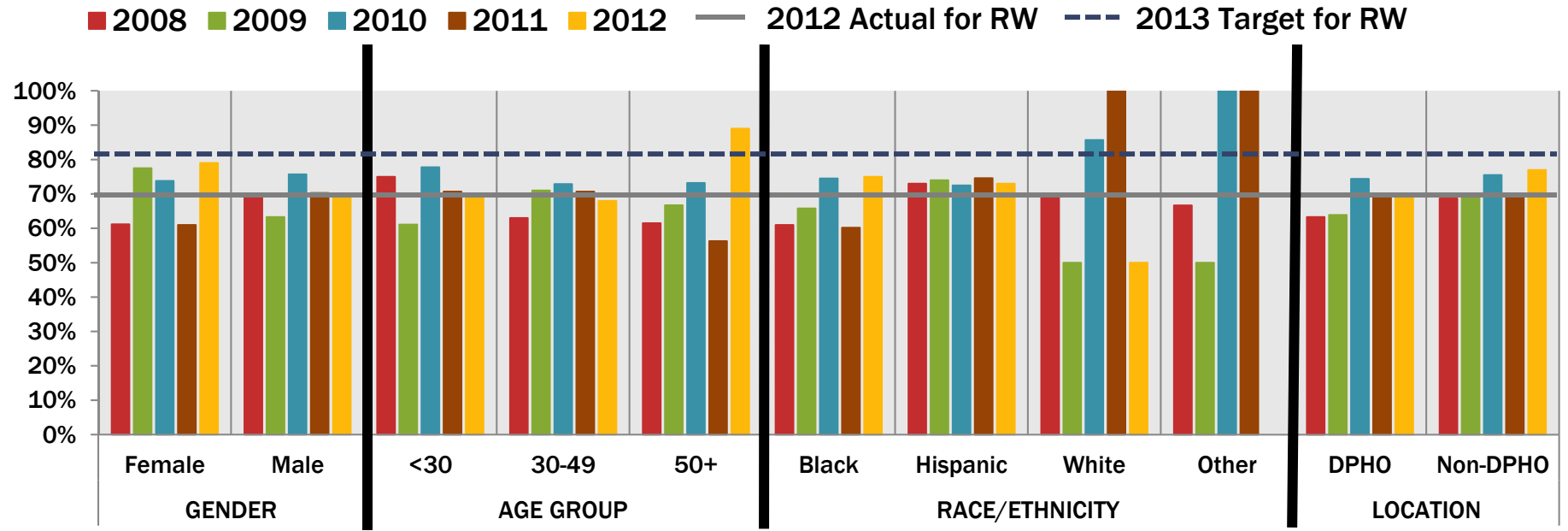
- ❑ Ryan White Part A: Results show increased prompt linkage from 2008, with a slight decrease from 2010 to 2011.



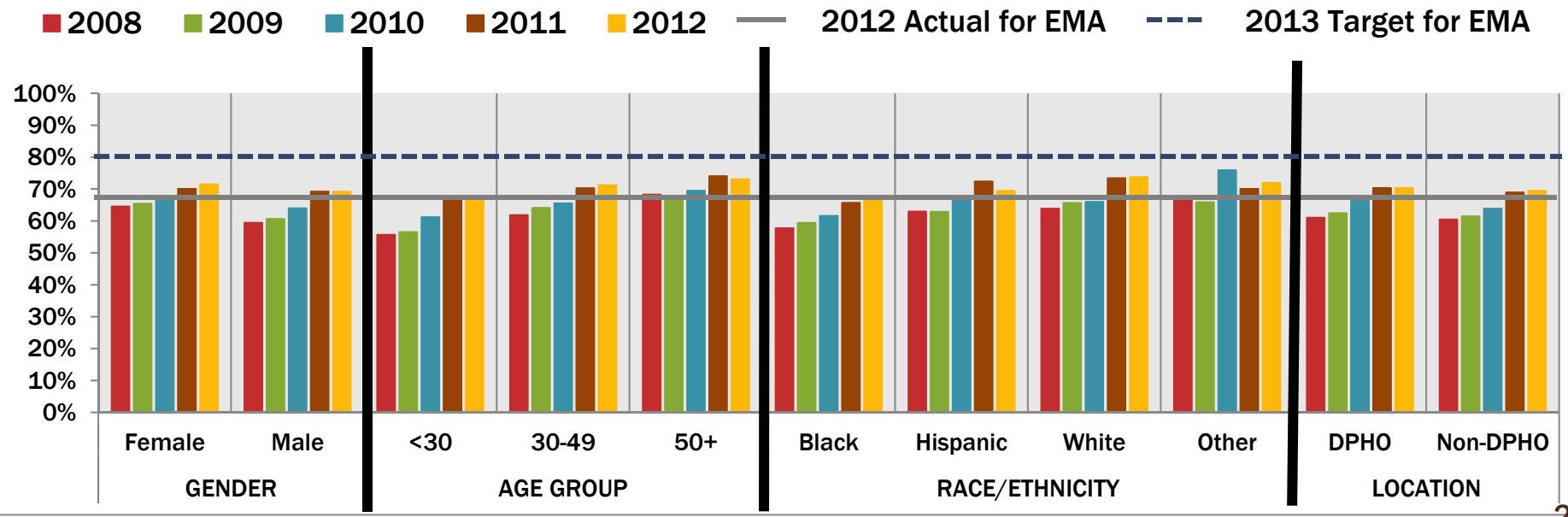
- ❑ EMA-wide (NYC only): Results for prompt linkage are moving in the right direction.



Ryan White - Linkage to Care



EMA (NYC) - Linkage to Care



GOAL 3: PROMOTE OPTIMAL MANAGEMENT OF HIV INFECTION

- **Objective 3A:** To increase retention in HIV care and treatment, by the end of 2013.

Ryan White Indicator

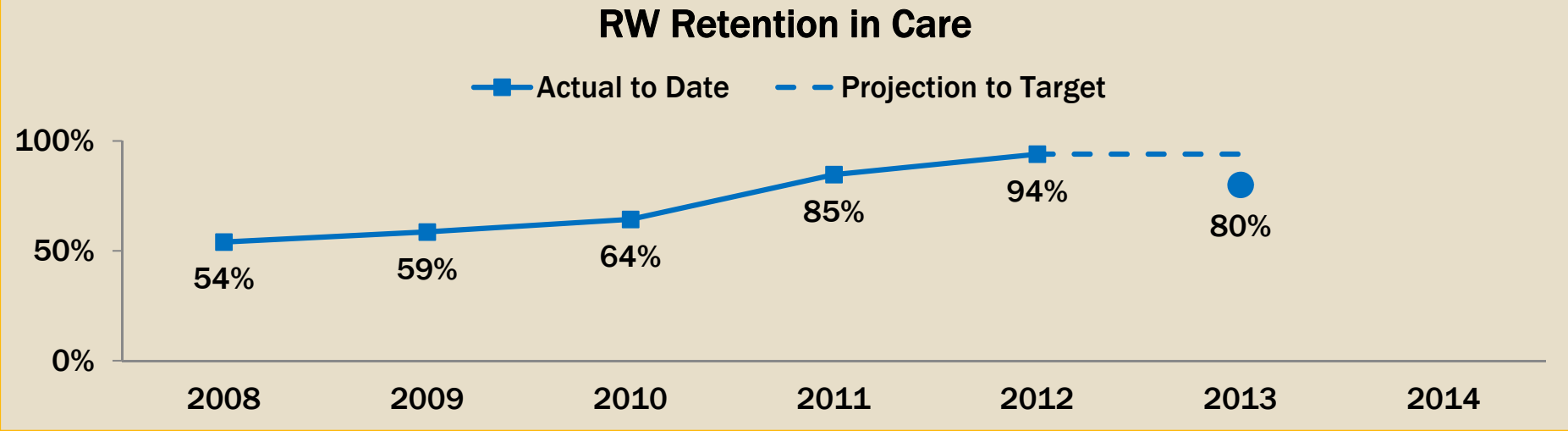
Increase to 80% the proportion of clients with evidence of regular care by current minimum standards (at least 2 visits for routine HIV medical care in 12 months, and at least 3 months apart)

EMA Indicator

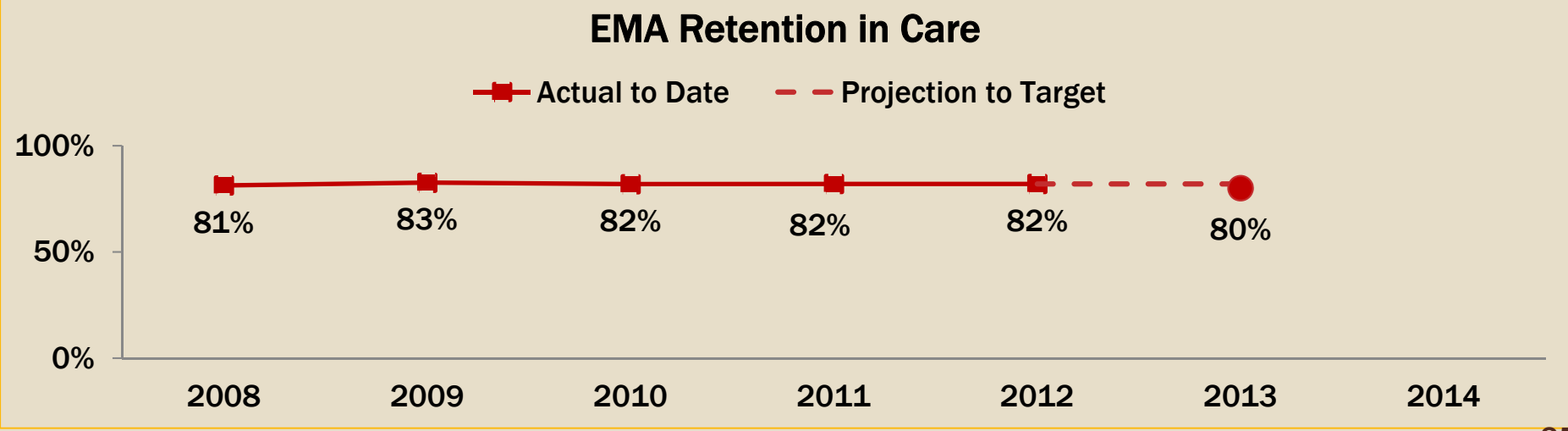
Increase to 80% the proportion of PLWH with evidence of regular care by current minimum standards (at least 2 visits for routine HIV medical care in 12 months, and at least 3 months apart)

Objective 3A

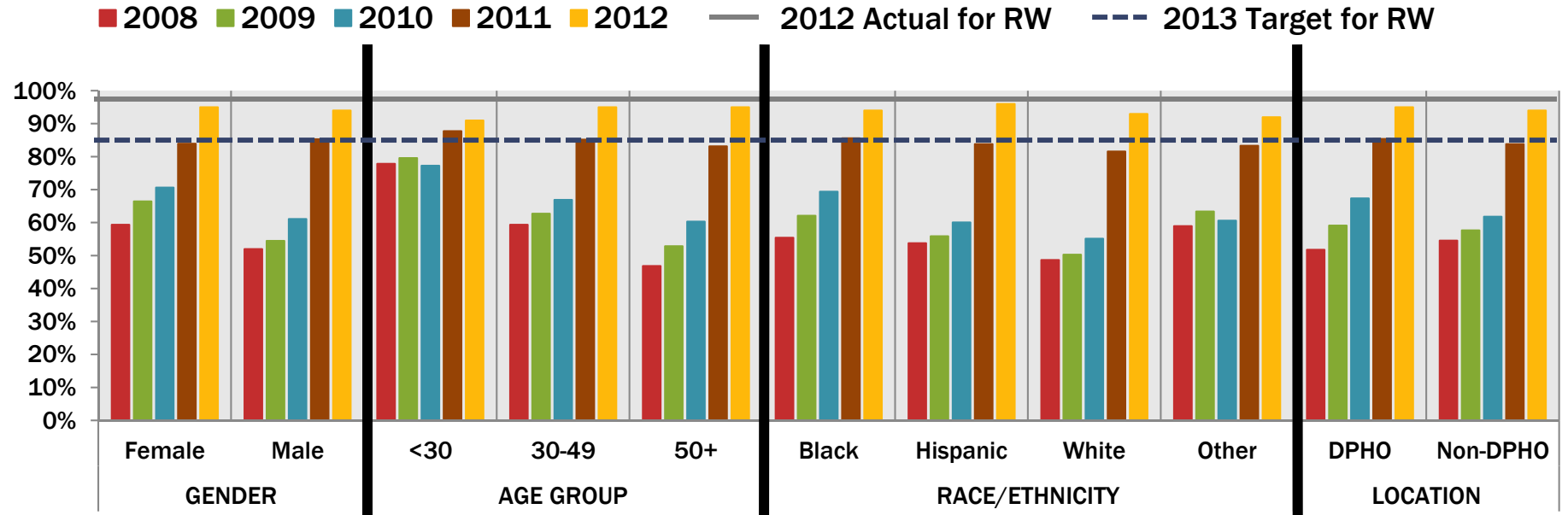
☐ Ryan White Part A: Primary care retention has exceeded the target since 2011 and continues to improve.



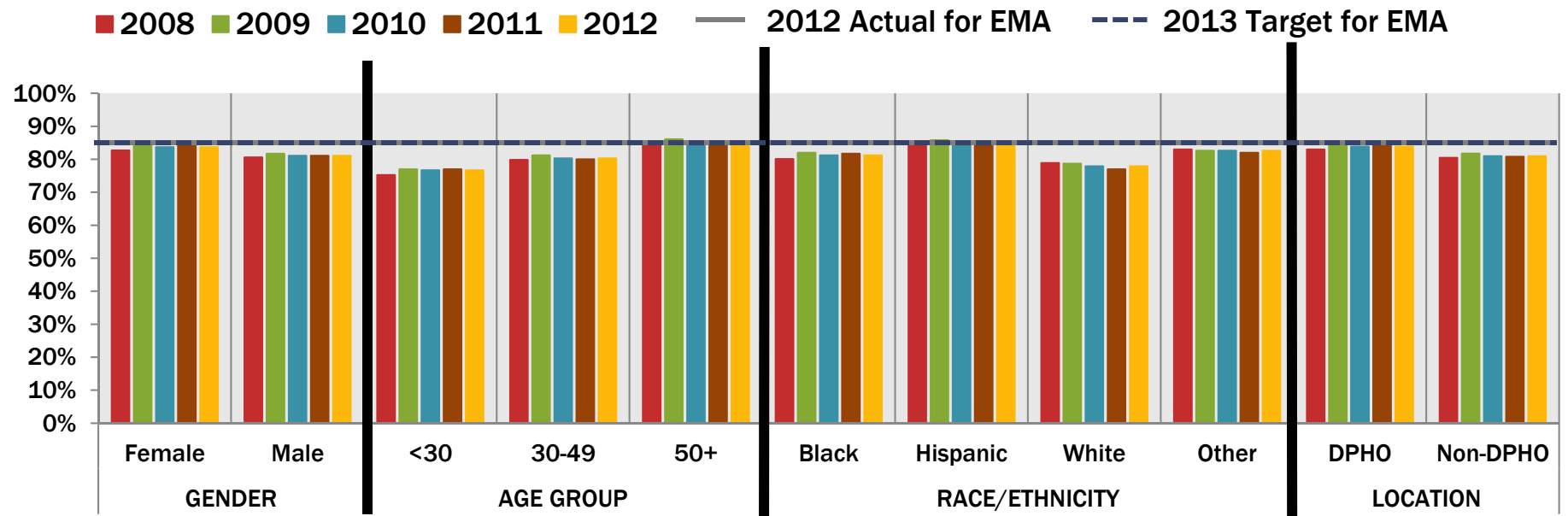
☐ EMA-wide (NYC only): Primary care retention is relatively stable over time, but exceeding the target of 80%.



Ryan White - Retention in Care



EMA (NYC) - Retention in Care



GOAL 3: PROMOTE OPTIMAL MANAGEMENT OF HIV INFECTION

- **Objective 3B:** To increase the proportion of clients who have an optimal level of ART adherence, by the end of 2013.

Ryan White Indicator

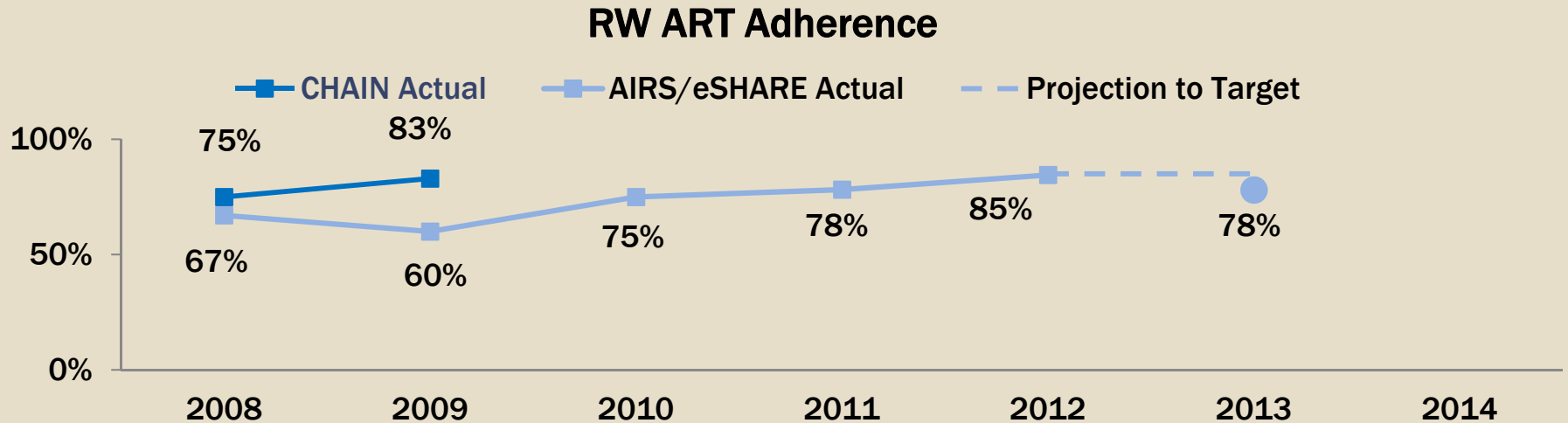
Achievement of 95% or greater medication adherence **among 78% of MCM clients**, meeting minimum program and treatment criteria.

EMA Indicator

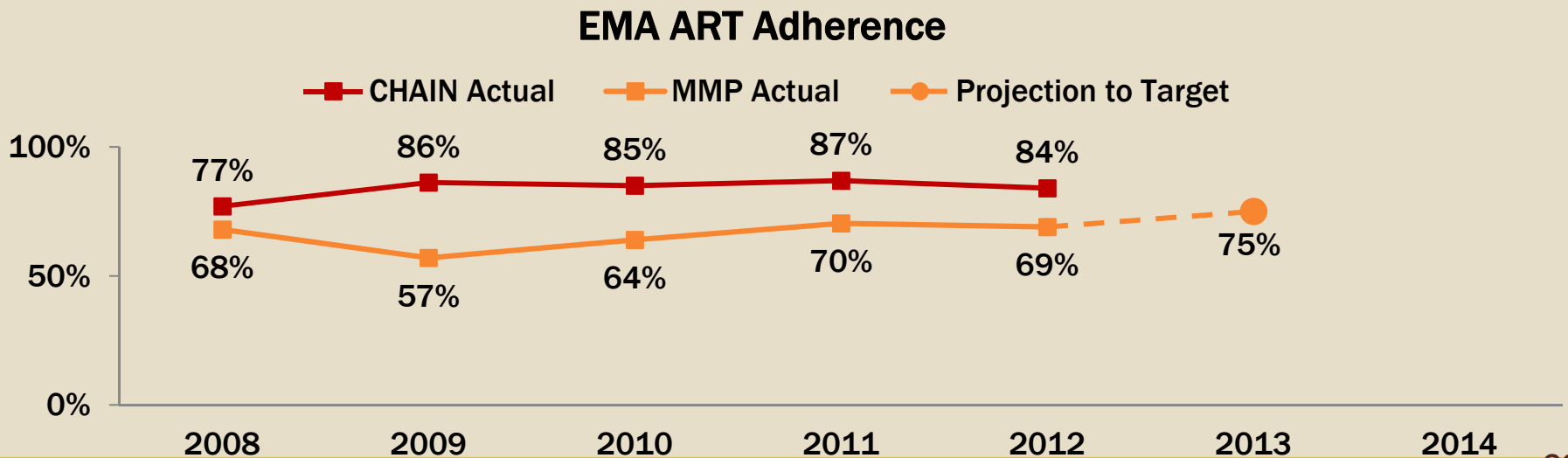
Achievement of 95% or greater medication adherence **among 75% of PLWH** on ARVs at last update.

Objective 3B

- ❑ Ryan White Part A: Adherence continues to increase over time, with an increase from 78% in 2011 to 85% in 2012.



- ❑ EMA-wide: Adherence varied by source over time, with CHAIN and MMP showing slightly decreased levels in 2012.



GOAL 3: PROMOTE OPTIMAL MANAGEMENT OF HIV INFECTION

- **Objective 3C: To increase viral suppression, by the end of 2014.**

Ryan White Indicator

An increase in the proportion of virally suppressed MCM (and Part A overall) HIV-positive clients to 75%, among those who are continuously enrolled for at least four months and have viral loads documented in the period.

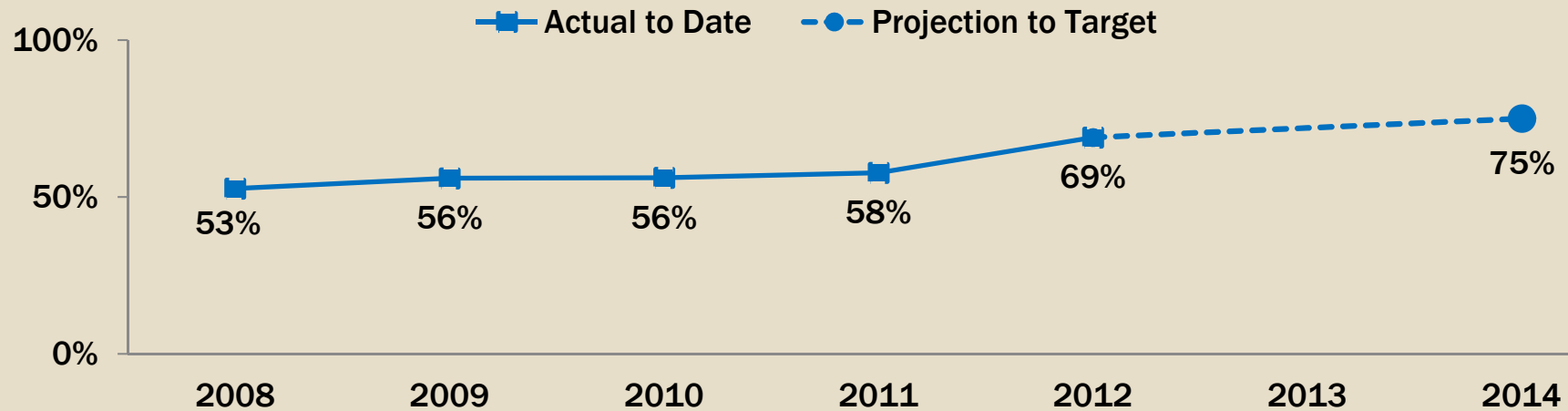
EMA Indicator

An increase in the proportion of virally suppressed PLWH in the EMA to 75%, among those who have viral loads documented in the period.

Objective 3C

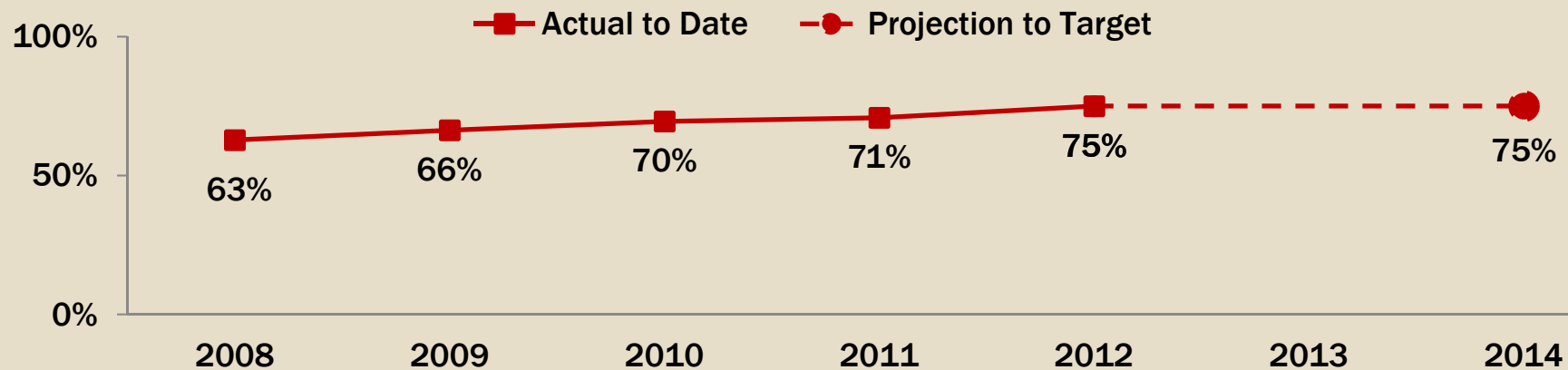
- ❑ Ryan White Part A: Between 2008 and 2012 there has been a steady increase in rates of viral load suppression, with a bigger jump in 2012.

RW VL Suppression

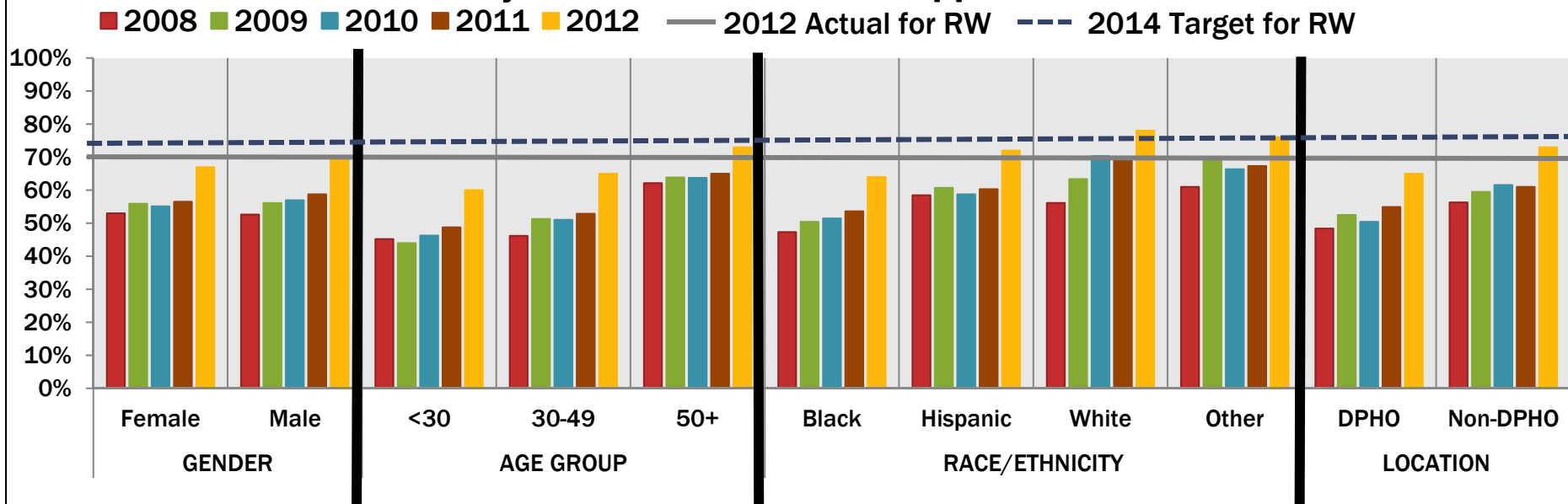


- ❑ EMA-wide (NYC only): Viral load suppression was achieved by a higher percentage of PLWH each year from 2008 onward, achieving the target in 2012.

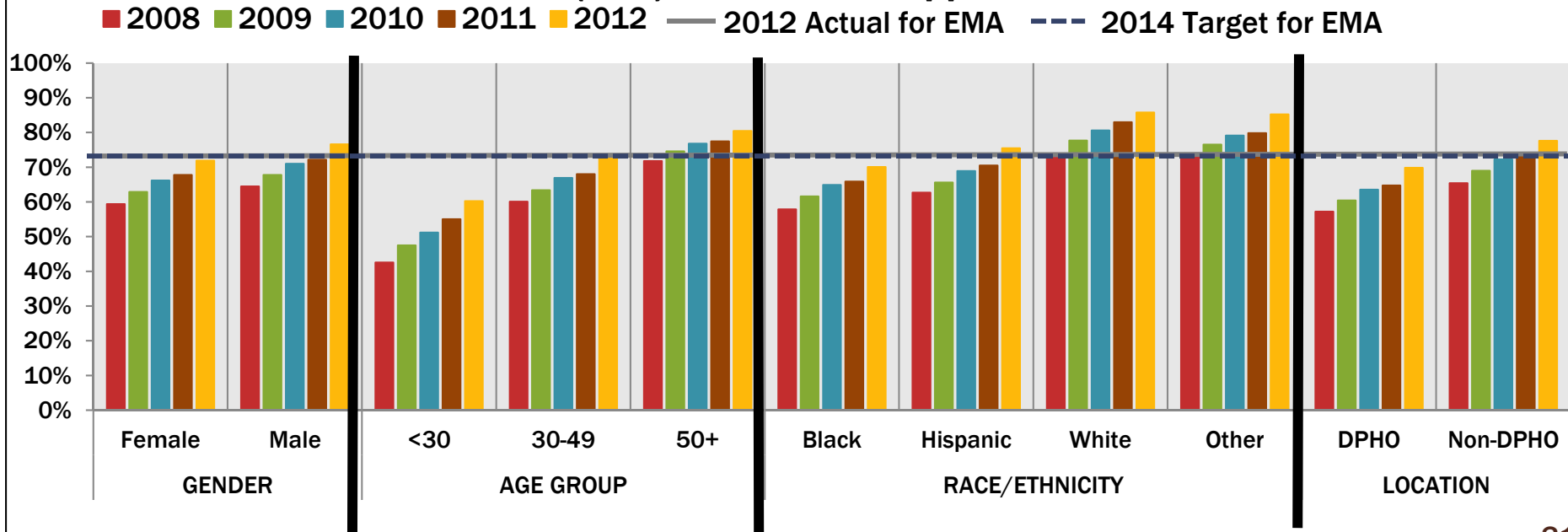
EMA VL Suppression



Ryan White - Viral Load Suppression



EMA (NYC) - Viral Load Suppression



GOAL 3: PROMOTE OPTIMAL MANAGEMENT OF HIV INFECTION

- **Objective 3D:** To improve immunological health (e.g., CD4 count), by the end of 2014.

Ryan White Indicator

An increase to 85% in the proportion of MCM clients whose CD4 counts either remain stable or improve during the 12-month period, among those on ARV treatment and meeting minimum expectations for MCM program engagement (at least one service within a four-month period of enrollment).

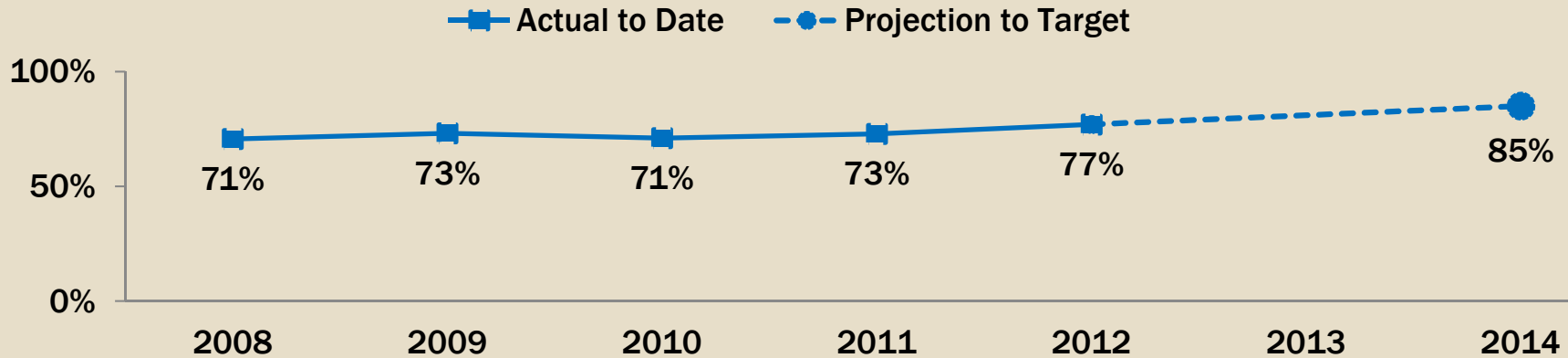
EMA Indicator

An increase to 85% in the proportion of PLWH in the EMA whose CD4 counts either remain stable or improve during the 12-month period, among all those with documented CD4 counts in the period.

Objective 3D

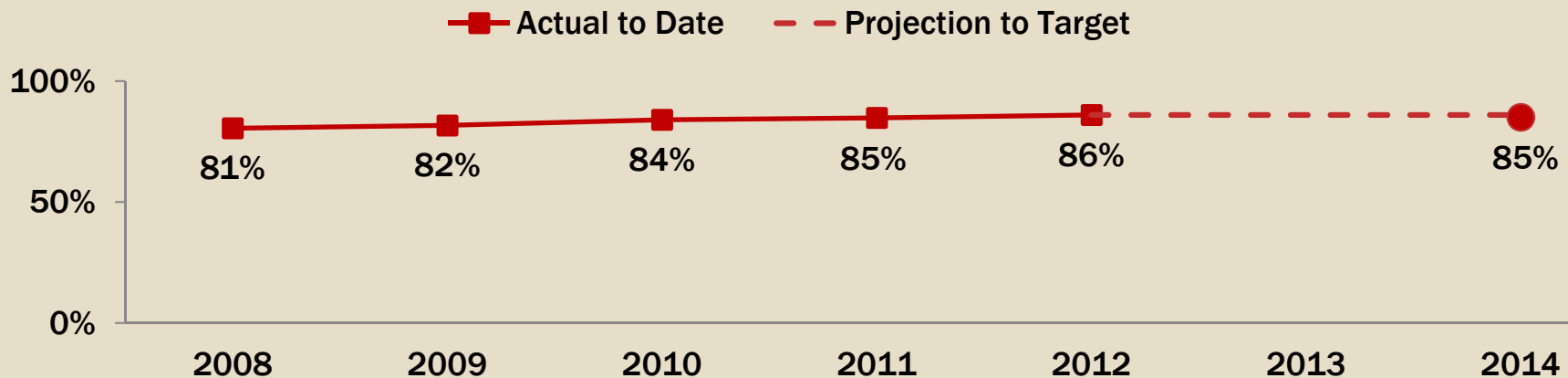
- ❑ **Ryan White Part A:** This clinical indicator has been fairly steady over time, with a slight increase in 2012.

RW Immunological Health



- ❑ **EMA-wide:** The proportion of PLWH in the EMA with stable/improving CD4 steadily has increased each year, achieving the 2014 target in 2011 and exceeding the target in 2012.

EMA (NYC) Immunological Health



GOAL 3: PROMOTE OPTIMAL MANAGEMENT OF HIV INFECTION

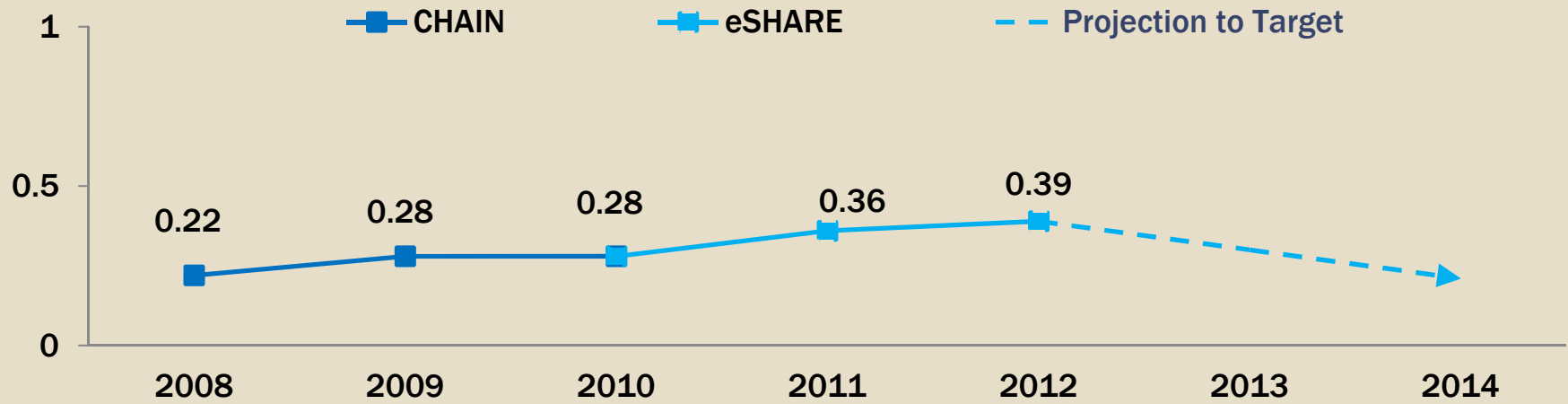
- **Objective 3E:** To decrease reliance on acute care, by the end of 2014.

Ryan White Indicator	EMA Indicator
<ul style="list-style-type: none">- Any decrease in the mean number of ED visits and hospitalizations experienced annually per MCM client.- A decrease in the proportion of MCM clients who have more than one hospitalization within a 12-month period, to 3% or less.- A decrease in the proportion of MCM clients who have more than one ED visit within a 12-month period, to 5% or less.	<ul style="list-style-type: none">- Any decrease in the mean number of ED visits and hospitalizations experienced annually per PLWH.- A decrease in the proportion of PLWH who have more than one hospitalization within a 12-month period, to 3% or less.- A decrease in the proportion of PLWH who have more than one ED visit within a 12-month period, to 5% or less.

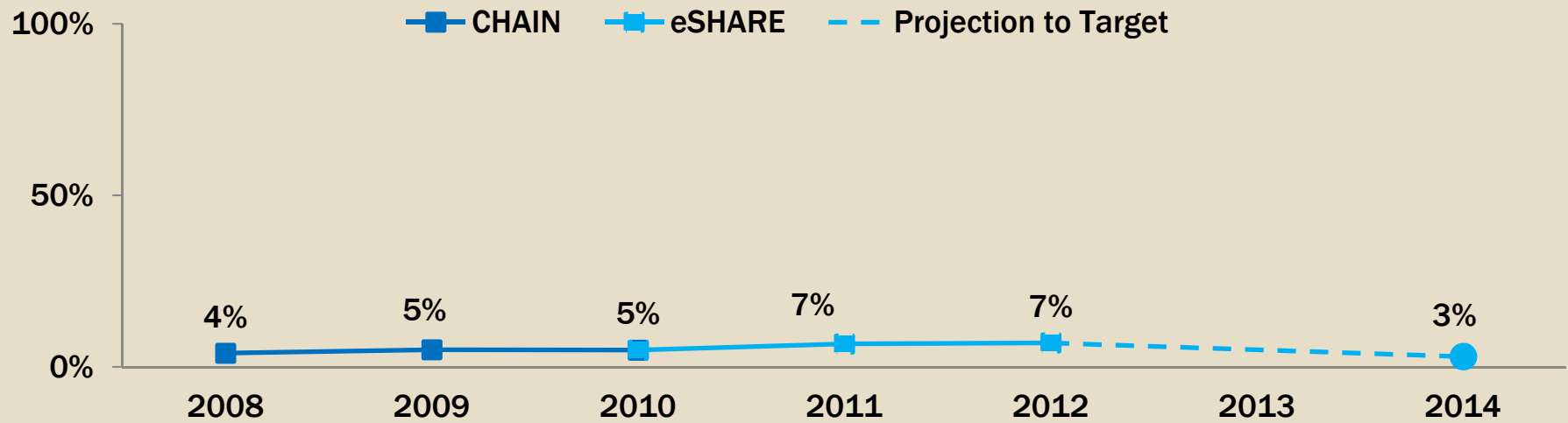
Objective 3E

Ryan White Part A: Part A hospitalizations have increased slightly over time.

RW Hospitalizations - Avg

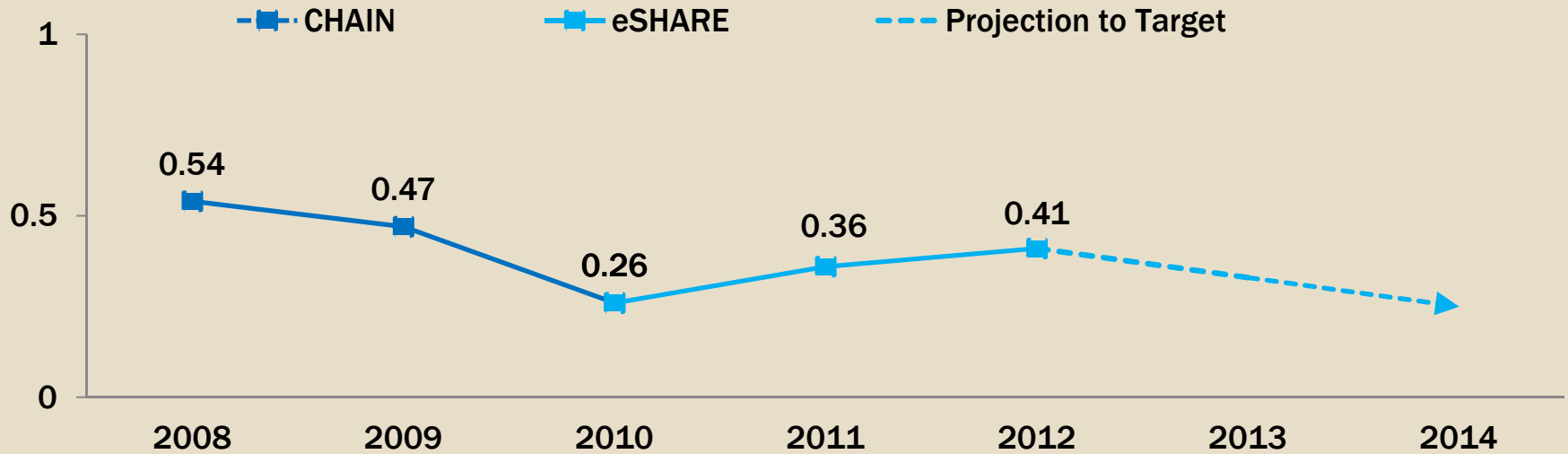


RW Hospitalizations >1

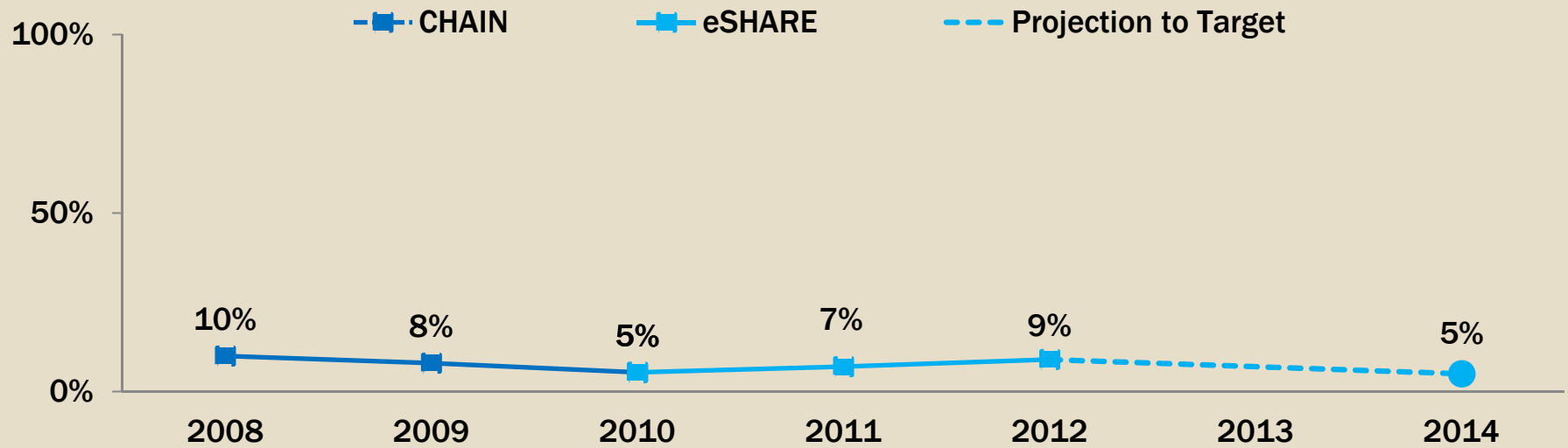


Ryan White Part A: Part A emergency room visits have increased slightly from 2010 to 2012.

RW ED Visits - Avg

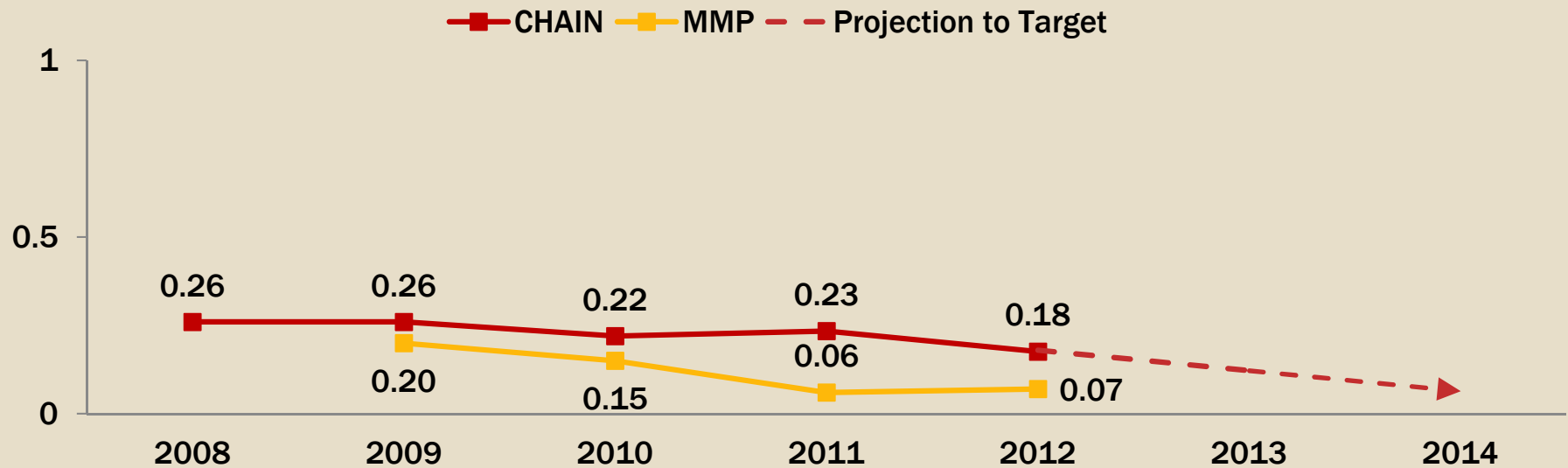


RW ED Visits >1

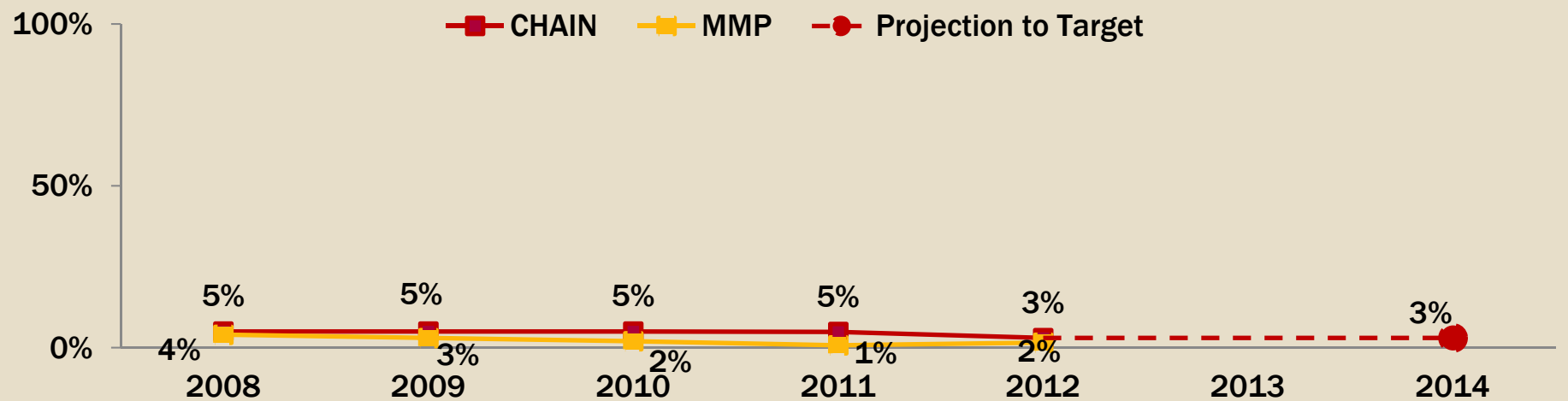


□ EMA-wide: Though data varied slightly by source, hospitalizations remained low and appeared to decrease slightly from baseline.

EMA Hospitalizations - Avg

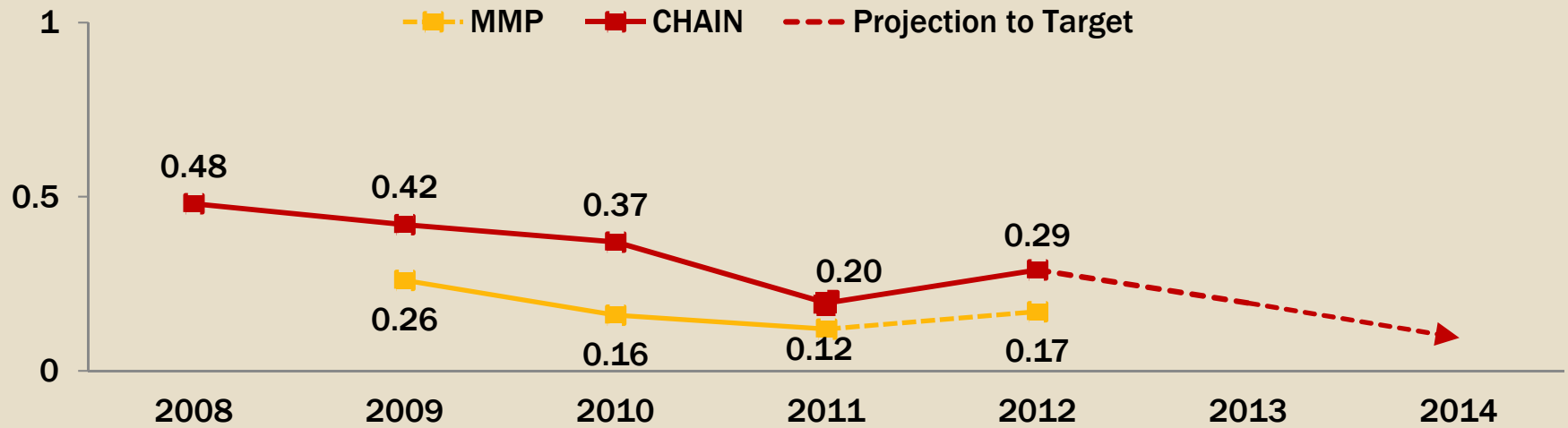


EMA Hospitalizations >1

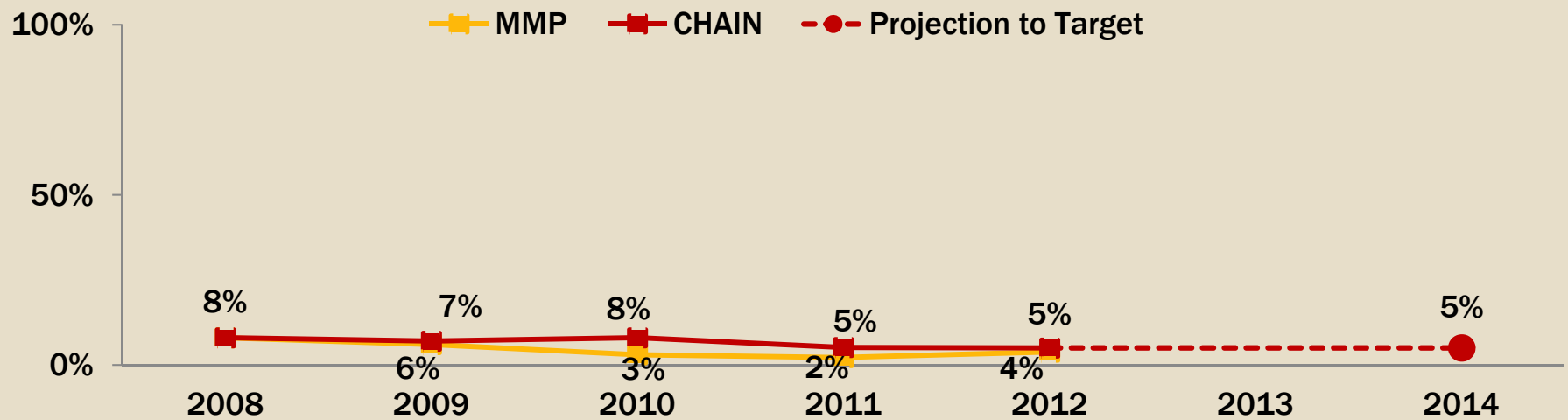


□ **EMA-wide:** Though data varied slightly by source, emergency department visits appeared to decrease overall, with a slight increase from 2011 to 2012.

EMA ED Visits - Avg



EMA ED Visits >1



GOAL 5: ECONOMIC EVALUATION OF RYAN WHITE PART A SERVICES

- Work on the economic evaluation of Ryan White Part A services in the NY EMA continues to move forward:
 - Worked with various consultants to think through best methodology for cost-effectiveness analyses
 - Developed a plan for feasible and progressive cost and outcome analyses for the next 3 years that will inform planning discussions
 - Collaboration is underway with a group of NYU Wagner Capstone students, who are helping us to develop a more rigorous analytical methodology for estimating cost per client

ACKNOWLEDGEMENTS

- Thank you to all those who provided data for this presentation:
 - Lola Arakaki (Research and Evaluation Unit, CTHP)
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 - Michael Navejas and the Medical Monitoring Project team (HEFSP)
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