

NEW YORK EMA 2012-2015 COMPREHENSIVE STRATEGIC PLAN ANNUAL UPDATE

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**Progress to
Date: 2011-
2013**

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 (PC)
 - Indicators and targets developed and finalized by Grantee and PC, based on HRSA guidance, policy initiatives (such as NHAS), the 2009-2012 Plan and available indicator data
- DOHMH provides an annual report on indicator progress, with trends over time

WHY AN ANNUAL COMP PLAN UPDATE?

- **Focuses review on concrete targets**
 - Allows for a more strategic HIV services planning conversation
- **Highlights trends over time**
 - Allows for recognition of progress, plateaus and declines
 - Two levels: EMA-wide and Ryan White Part A clients
 - Allows for reflection on factors that may contribute to changes from year to year
- **Enables more rapid adjustments and guides annual planning**
 - Allows for use of the Comp Plan as a living document that informs on-going work

DEMOGRAPHIC SUMMARY – PLWH 2013*

- **2013 approximations:**
 - PLWH: 117,600 NYC and 4,800 Tri-County (Westchester, Rockland, Putnam)
 - HIV+ Ryan White Part A clients: 17,700 NYC and 1,300 Tri-County
- 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)
 - clients under age 50
- Compared to Ryan White Part A clients in NYC, client population in Tri-County includes a higher proportion of:
 - female clients
 - white clients
 - clients over age 50

*Note: Tri-county demographic data for 2013 is preliminary and current as of 7/7/2014.

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

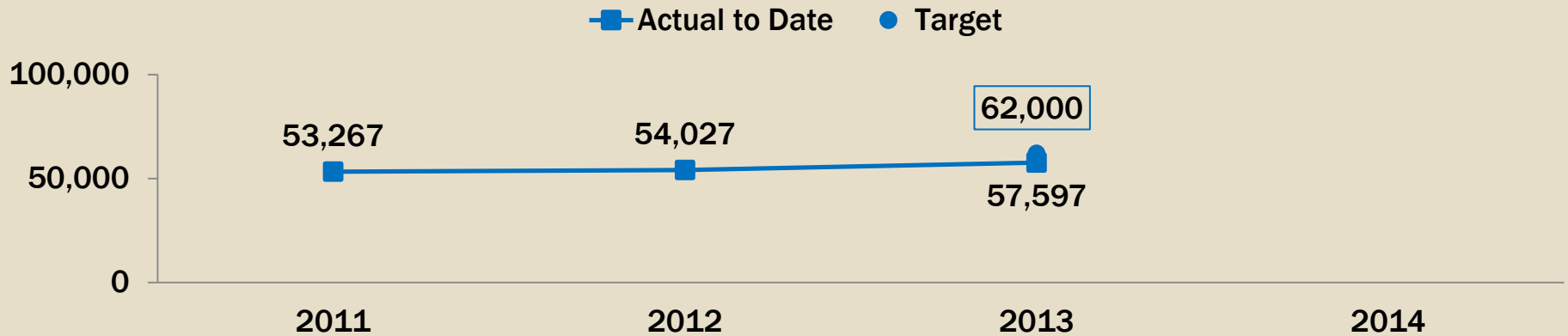
- **Objective 1A:** To ensure expanded access to voluntary HIV testing across health care and social support service provider settings, by the end of 2013.

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

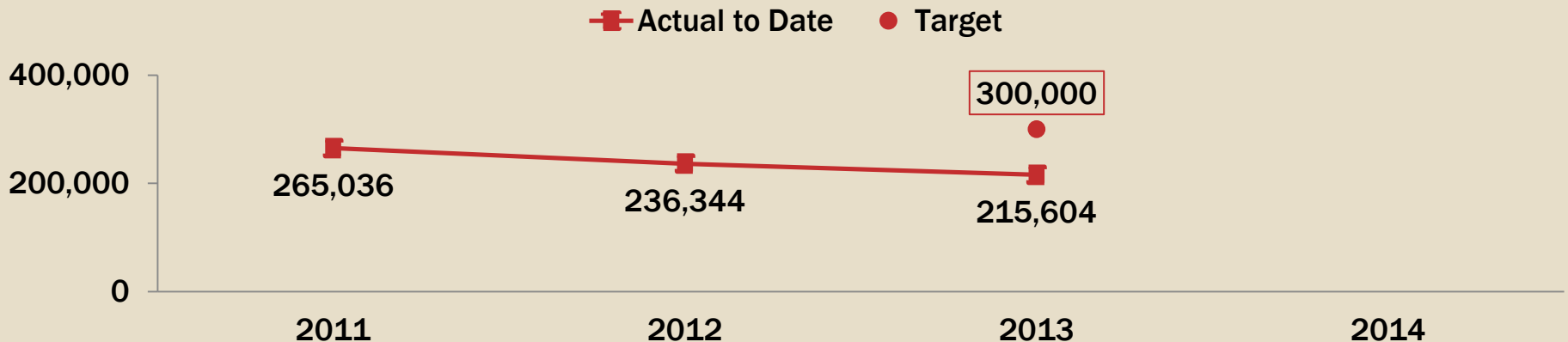
❑ **Ryan White Part A (NYC and Tri-County):** The number of clients receiving HIV tests has increased overall, though failing to meet the target of 62,000 tested by 2013.

RW HIV Status



❑ **EMA-wide (NYC only):** Analyses indicate a reduction in HIV screening from 2011 to 2013, but this is based only on NYC DOHMH administered testing programs.

EMA HIV Status



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

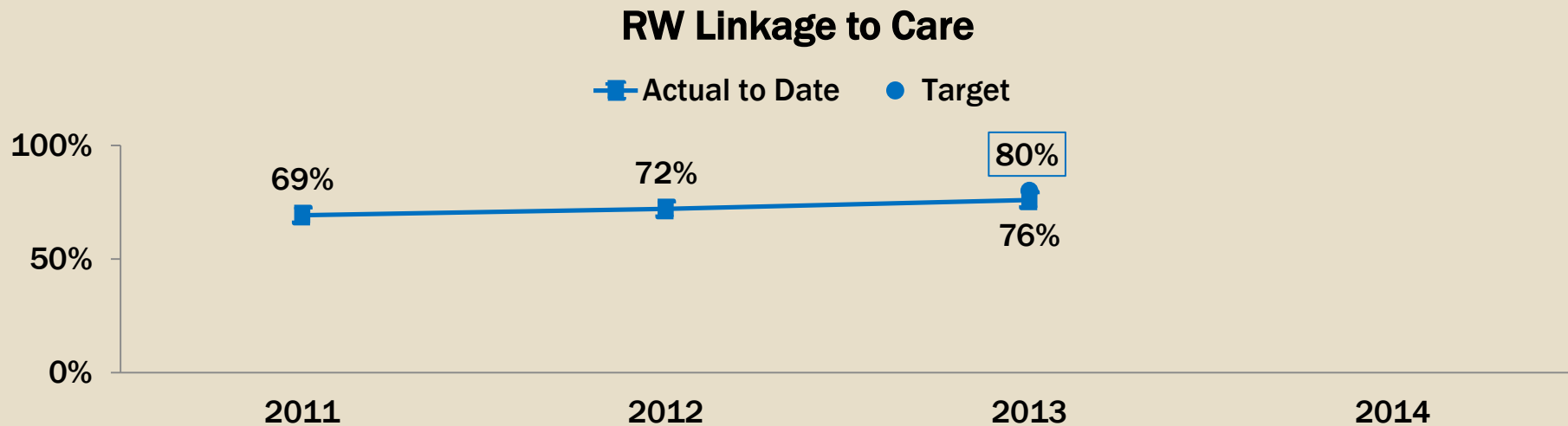
An increase in the proportion of newly diagnosed clients who show evidence of accessing primary care within three months of HIV diagnosis, to 80%.

EMA Indicator

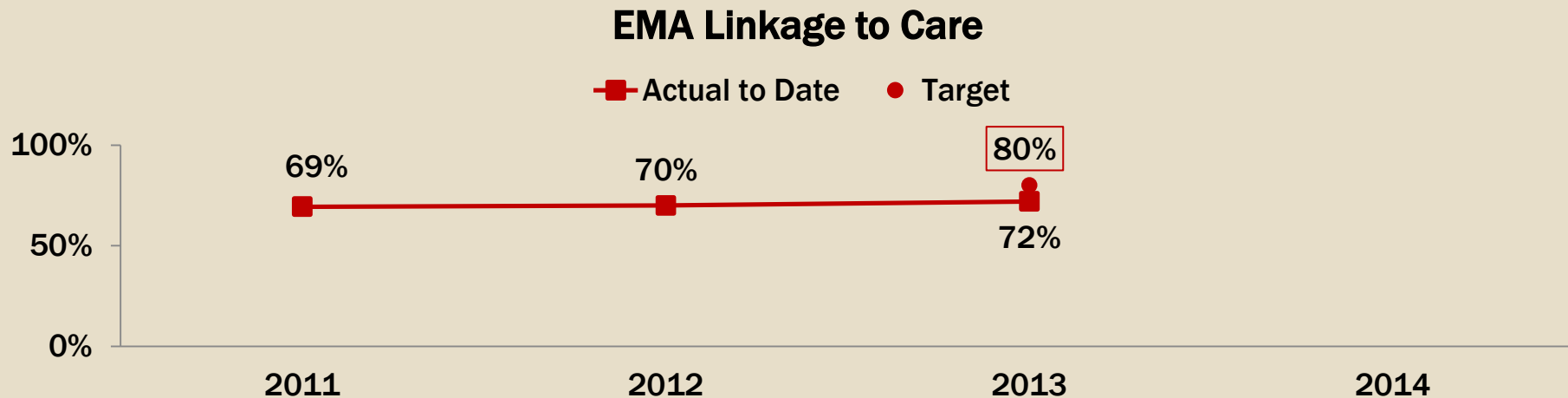
An increase in the proportion of newly diagnosed individuals who show evidence of accessing primary care within three months of HIV diagnosis, to 80%.

Objective 2

- ❑ **Ryan White Part A (NYC only):** Prompt linkage has increased slightly over time, though the proportion of clients promptly linked in 2013 was below the 80% target.



- ❑ **EMA-wide (NYC only):** Results for prompt linkage are moving in the right direction, though below the 2013 target of 80%.



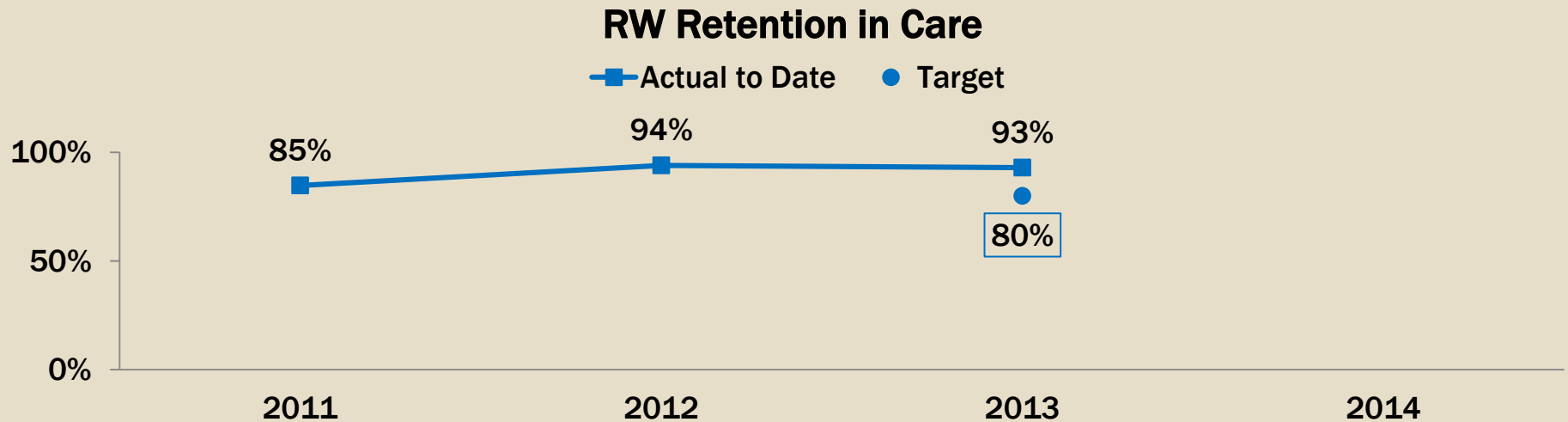
GOAL 3: PROMOTE OPTIMAL MANAGEMENT OF HIV INFECTION

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

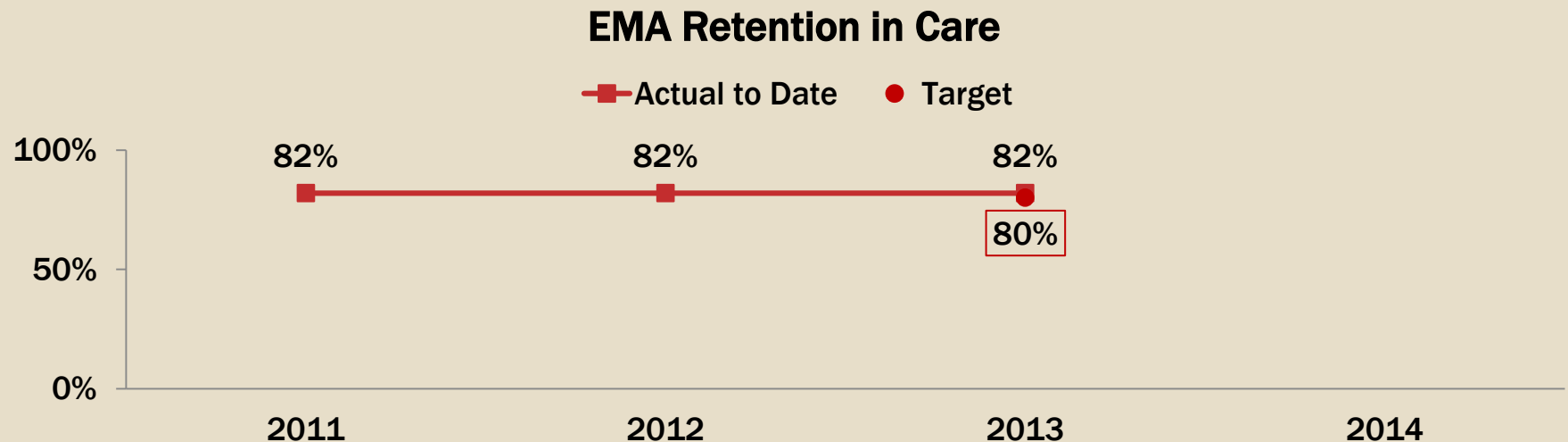
Ryan White Indicator	EMA Indicator
Increase to 80% the proportion of clients with evidence of regular care by current minimum standards (at least 2 visits for routine HIV medical care in 12 months, and at least 3 months apart)	Increase to 80% the proportion of PLWH with evidence of regular care by current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

Objective 3A

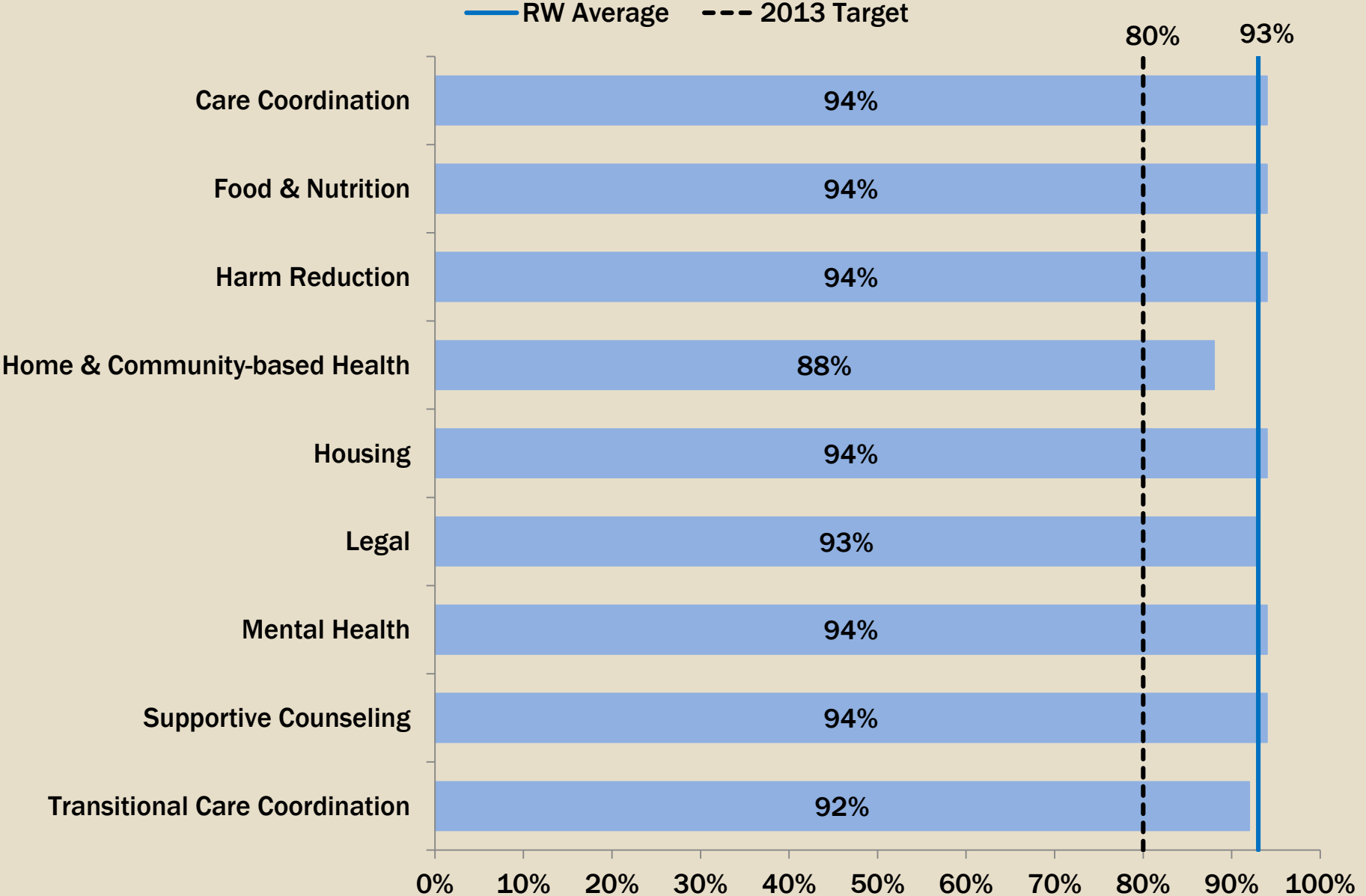
- ❑ **Ryan White Part A (NYC only):** Primary care retention has improved slightly, and, for all years measured, has exceeded the target of 80% set for the end of 2013.



- ❑ **EMA-wide (NYC only):** Primary care retention has remained stable over time, and, for all years measured, has exceeded the target of 80% set for the end of 2013.



Retention in care among clients enrolled in a given Ryan White service category, 2013



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

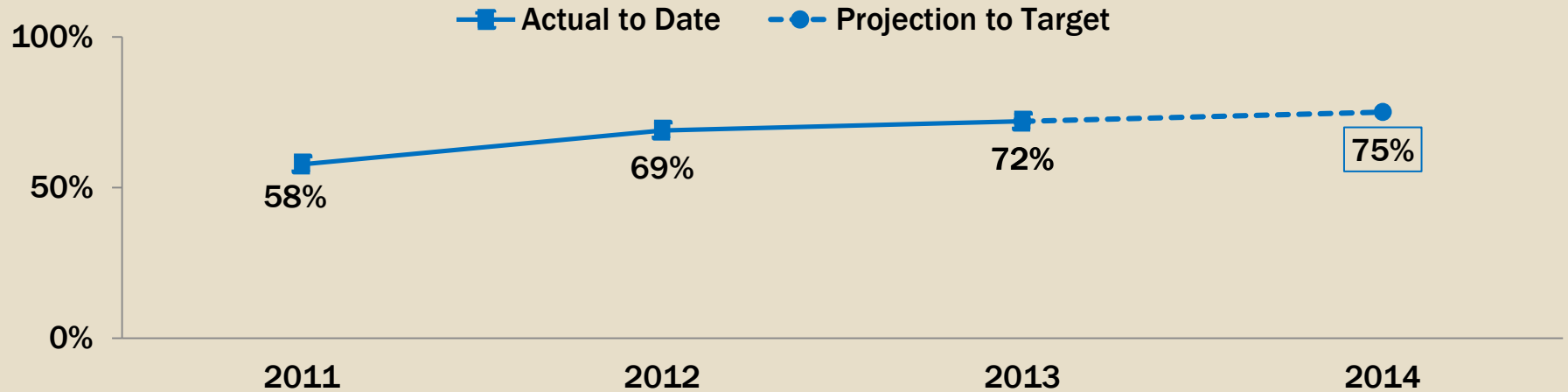
An increase in the proportion of virally suppressed PLWH in the EMA to 75%, among those who have viral loads documented in the period.

* Note: Due to increased availability of surveillance data, we were able to analyze this indicator for Part A clients overall rather than restricting our look just to MCM clients.

Objective 3C

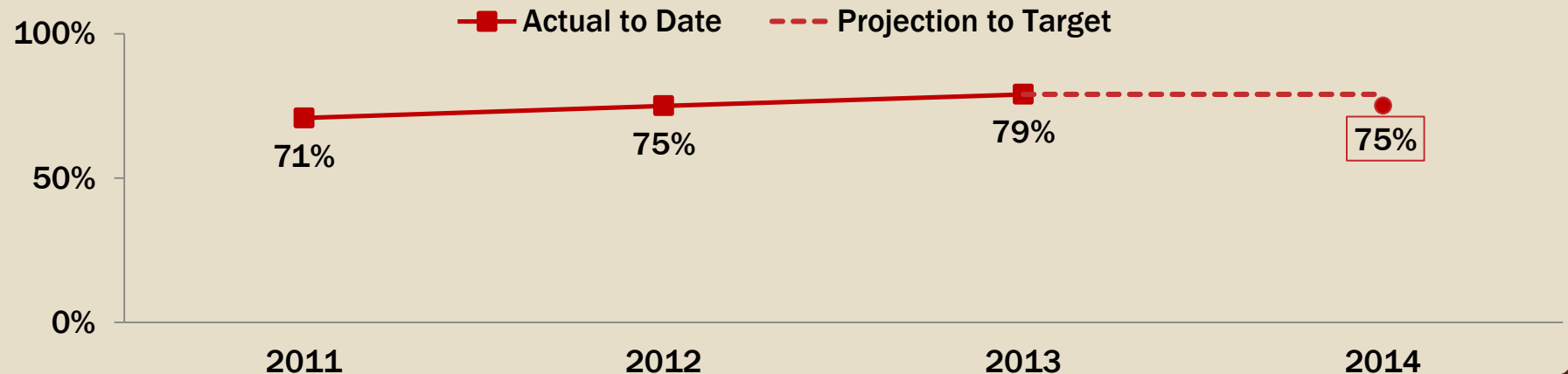
- ☐ **Ryan White Part A (NYC only):** Since 2011, there has been a steady increase in rates of viral load suppression.

RW VL Suppression

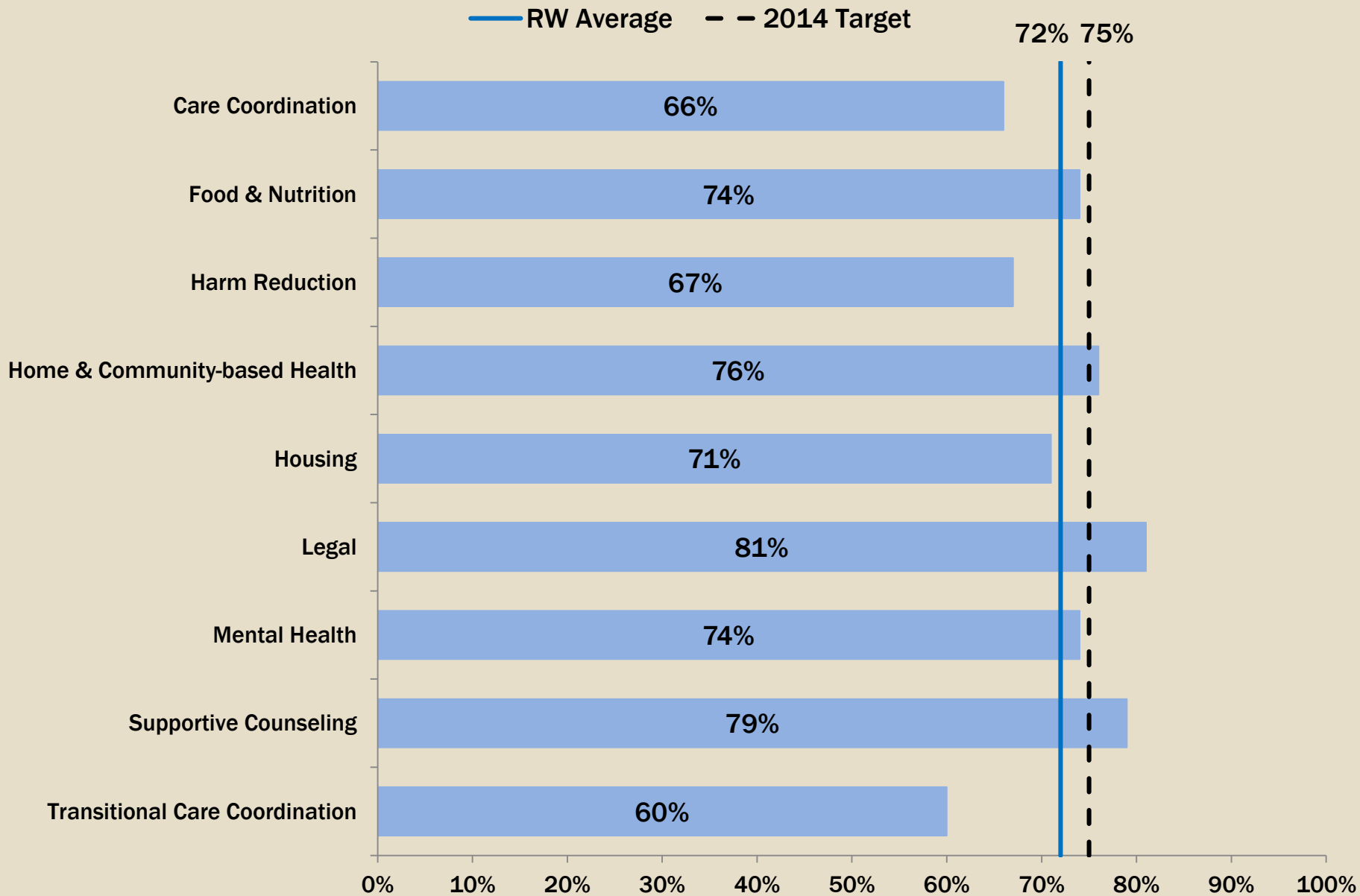


- ☐ **EMA-wide (NYC only):** Viral load suppression has been achieved by a higher percentage of PLWH each year, reaching the target in 2012 and exceeding the target in 2013.

EMA VL Suppression



Viral suppression among clients enrolled in a given Ryan White service category, 2013



HIGHLIGHTS FROM 2011-2013: TARGETS AND TRENDS

Indicator	Target Met		Desired Direction	Trend	
	Ryan White	EMA		Ryan White	EMA
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 2011-2013: EMA-WIDE DISPARITIES

■ **Gender:**

- Prompt linkage to and retention in care slightly lower among men
- Viral load suppression rates consistently lower among women

■ **Age:**

- Concurrence rates consistently highest among 50+
- Linkage to and retention in care and rates of viral load suppression lower for younger people

■ **Race/Ethnicity:**

- Concurrence rates and retention in care consistently higher among those identified as black or Hispanic
- Linkage to care and rates of viral load suppression lowest for those identified as black

■ **Location:**

- Concurrence rates tend to be higher among PLWH in DPHO areas
- Rates of viral load suppression lower for PLWH in DPHO areas

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:
 - Collaborated with a group of NYU Wagner Capstone students to develop a more analytical methodology for estimating cost per client
 - Conducted sensitivity testing to better understand service utilization and costing trends
 - Developed initial analyses for Care Coordination to explore future cost-effectiveness work
 - Preparing alternative methodologies that utilize reimbursement rates combined with services data instead of using contractual expenditure data
 - Developing service category-level report for June 2015 on cost modeling and future costing work

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