

NEW YORK EMA 2012-2015 COMPREHENSIVE STRATEGIC PLAN ANNUAL UPDATE

Progress to
Date: 2008-
2012

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REPORT OVERVIEW

- Background on the Comprehensive Strategic Plan (the Plan)
- 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

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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)

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HIGHLIGHTS FROM 2008-2012: 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	✓	↓	↑	↓

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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:**
 - Concurrency 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:**
 - Concurrency 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

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

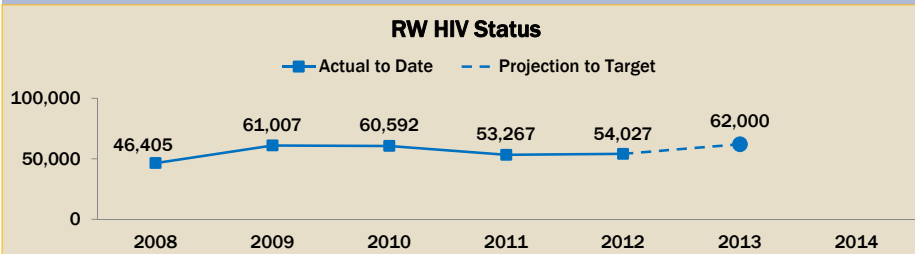
- **Objective 1A:** To ensure expanded access to voluntary HIV testing across health care and social support service provider settings, by the end of 2013.

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.

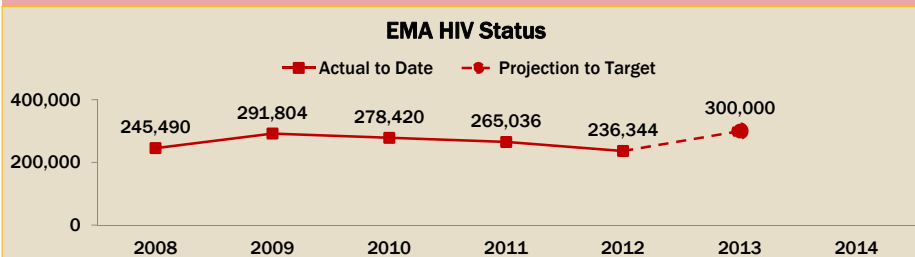
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Objective 1A

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



- ❑ **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.



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GOAL 2: PROMOTE EARLY ENTRY INTO HIV CARE

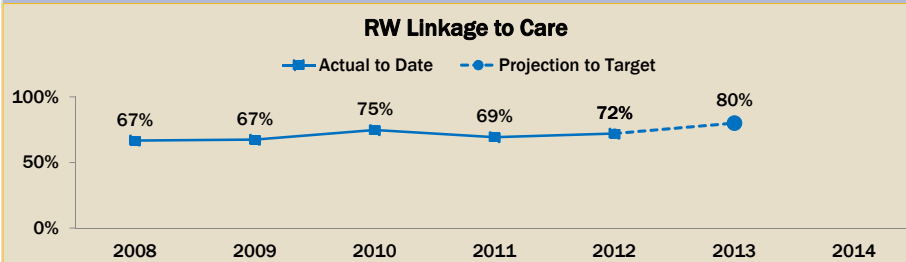
- Objective 2:** To increase the proportion of newly diagnosed individuals who enter into primary care within three months of HIV diagnosis, by the end of 2013.

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

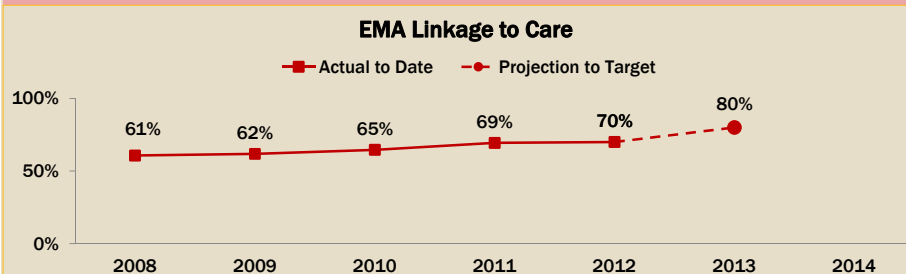
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Objective 2

- 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.



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GOAL 3: PROMOTE OPTIMAL MANAGEMENT OF HIV INFECTION

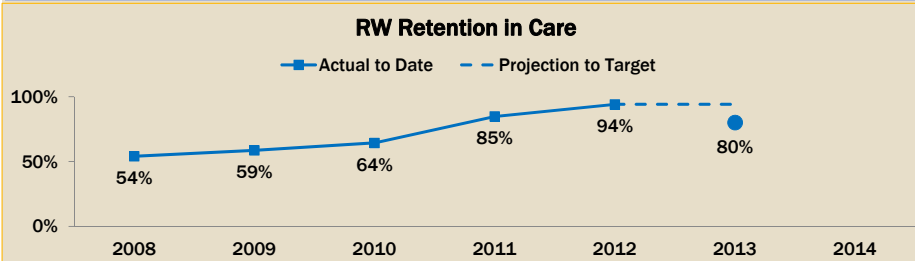
- Objective 3A: To increase retention in HIV care and treatment, by the end of 2013.

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)

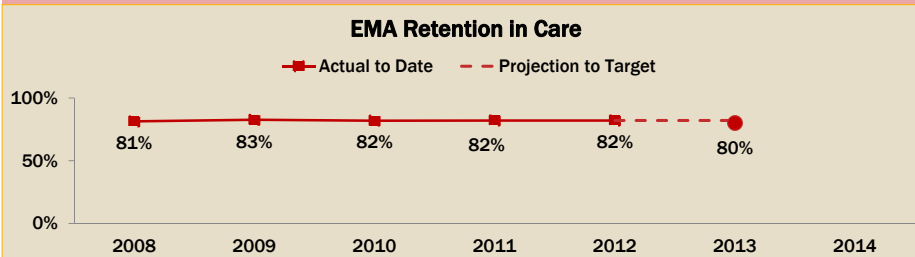
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Objective 3A

- 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%.



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GOAL 3: PROMOTE OPTIMAL MANAGEMENT OF HIV INFECTION

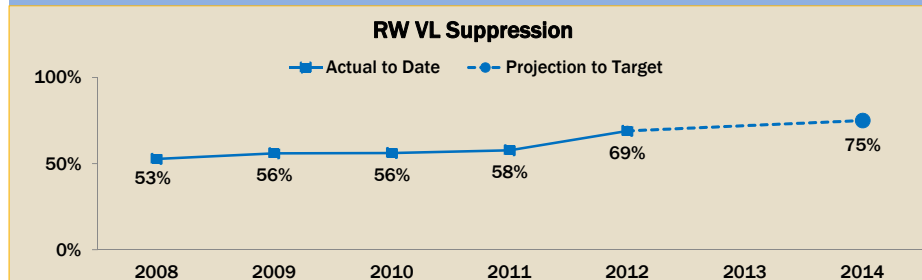
- **Objective 3C:** To increase viral suppression, by the end of 2014.

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

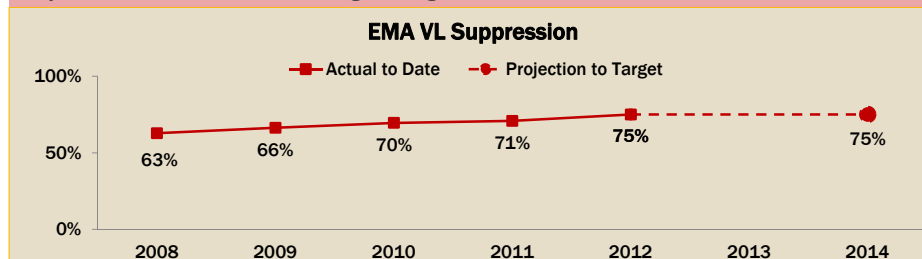
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Objective 3C

- **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.



- **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.



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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

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