**About the HIV Quality of Care Program**

**Introduction**

*February 2019*

Dear Healthcare Provider:

The New York State Department of Health AIDS Institute Quality of Care Program was created in 1992. This program is responsible for systematically monitoring the quality of medical care and support services provided to people living with HIV in New York State and for guiding care to achieve intended health outcomes.

Built upon the principles of continuous quality improvement, the program includes measurement of key performance indicators that have been defined by experts from the provider community. Priorities for these measures are jointly agreed upon by providers and consumers, together with state and local health officials. While we maintain attention to providing balanced healthcare, as our focus turns to ending the HIV epidemic, we are increasingly focused on , testing, evidence of care, retention, and viral load suppression. As part of the treatment cascade, these focal points are crucial to both preventing transmission of HIV and ensuring positive health outcomes.

The New York State HIV Quality of Care Program is involved with the measurement of quality indicators, the implementation of improvement methods, the presentation of facility-specific and statewide data, and the provision of quality improvement coaching services to support and develop HIV quality programs. Our learning networks and regional groups foster improvement through peer learning and targeted on-site coaching. This New York State program has been a model for national improvement initiatives, specifically for the HIVQUAL-US program, which has now been integrated into the Center for Quality Improvement and Innovation, supported by the Health Resources and Services Administration HIV/AIDS Bureau (HRSA/HAB).

The AIDS Institute is committed to building capacity and capability for quality improvement and has expanded its work to include improvement of hepatitis C and STI care in New York’s healthcare facilities. Although we have accomplished much, we still have work to do as we continue our mission in partnership with providers and communities to improve care, targeting our efforts to stem the HIV epidemic and end AIDS.

Sincerely,

Charles Gonzalez, MD  
Medical Director, AIDS Institute  
New York State Department of Health

**AIDS Institute Mission, Vision, Core Values and Guiding Principles**

**Mission**

An organization’s mission is a concise statement of why it exists, its reason for being. It is an enduring statement that usually remains the same for many years – providing long-term direction and continuity for the organization. The mission of the AIDS Institute follows.

The AIDS Institute is committed to eliminating new infections, improving the health and well-being of persons living with HIV, AIDS, sexually transmitted diseases and viral hepatitis, and improving LGBT and drug user health.

This mission can be concisely stated as follows: “End epidemics, fight stigma, promote health.”

**Vision**

Vision articulates the long-term outcome or end-state that the organization will make a definitive contribution to achieving. The vision of the AIDS Institute follows.

All New Yorkers enjoy health and well-being free of stigma and disease.

**Core Values**

An organization’s core values describe its modus operandi, its way of doing things. Core values guide the organization’s policies, practices and procedures. They shape the behavior of the people in the organization. The AIDS Institute is committed to the following core values:

Respect: We treat all individuals with dignity, respect and compassion.

Partnership: We value community input and collaboration with federal, state, local and community partners.

Leadership: We embrace, empower and drive change.

Innovation: We foster creative approaches to carrying out our mission.

Stewardship: We strive to be creative and resourceful in planning, developing and delivering high quality services to impacted communities.

**Guiding Principles**

The AIDS Institute is committed to carrying out its work according to the following guiding principles:

Focus on meeting the unique needs of high risk populations.

Address the social determinants of health.

Promote comprehensive and integrated services.

Promote evidence-based and promising practices.

Implement data-based decision making and continuous quality improvement.

Adapt to:

* + The ever-changing dynamics of HIV, AIDS, sexually transmitted diseases and viral hepatitis
  + Scientific and medical advances
  + The evolving needs of individuals, families, communities, health and human service providers and others

**HIV Quality of Care Program Overview**

**The New York State Department of Health AIDS Institute is committed to promoting the quality of HIV clinical care and supportive services for people living with HIV/AIDS in New York State. The Quality of Care Program endeavors to:**

* Accelerate measurable and continuous progress toward effective and consumer-centered HIV services, standards of care, and service delivery in alignment with the mission of the AIDS Institute, the National HIV/AIDS Strategy, and New York State Department of Health standards and guidelines for the care of people living with HIV/AIDS
* Facilitate improvement of HIV clinical care and supportive services to achieve positive health outcomes for people living with HIV/AIDS in New York State

To achieve these critical ends, the Quality of Care Program champions a quality management model that incorporates three core elements: continuous performance measurement; robust quality improvement activities; and quality management programs, which are defined as the structure, functions, and processes that support improvement activities. Through coaching, technical assistance, and the establishment of clinical indicators, the Quality of Care Program assists New York State HIV care providers in developing sustainable, independent quality management programs.

Current areas of focus for the Quality of Care Program include improving rates of viral load suppression, patient retention, and comprehensive mental health screenings, prioritizing health equity, and enhancing the use of clinical information systems to generate data to improve care. Refinement of measurement strategies to enhance clinical outcomes is also a major priority for the Quality of Care Program, as is ensuring the capacity of all New York State HIV programs to self-report their annual HIV performance data. To this end, The Quality of Care Program guides clinics through the process of creating clinic specific Organization HIV Treatment Cascades.

Quality Management

The capacity to continuously improve HIV treatment, care, and supportive services depends on a quality management infrastructure with the following features:

* Active support and guidance by clinical leadership and senior administration
* A written quality management plan
* Physician, clinical and non-clinical staff leadership and consumer involvement in the quality management program

**New York State HIV Quality of Care (QOC) Program Standards**

The New York State HIV Quality of Care Program, overseen by the Office of the Medical Director, is committed to advancing the quality of HIV clinical care and supportive services delivered to people living with HIV and to building capacity for quality management in HIV programs throughout New York State. These goals are further aligned with the mission of the AIDS Institute and the goals of the Governor’s Initiative to End the Epidemic (EtE) by the end of 2020 to accelerate measurable and continuous progress toward effective and consumer-centered services and improved patient outcomes.

The following New York State HIV Quality of Care Program Standards are applicable to HIV programs that receive state funding or support in New York State, regardless of funding streams, caseload, or service delivery models.

**STANDARD 1:** Infrastructure of HIV Quality Management Program

The HIV quality management program is actively supported and formally guided by clinical leaders for medical programs, or by senior program leaders for nonmedical service programs, who provide institutional commitment and allocate appropriate resources to ensure sustainable implementation of improvement activities. The HIV quality management program is effectively linked with the organization-wide quality management program, as evidenced by the routine reporting of improvement efforts and performance measurement data.

**HIV program staff:** Program staff are aware of the quality management infrastructure, understand their roles in improvement activities, and actively participate in agency-wide quality management program activities.

**HIV quality management committee:** The HIV quality management committee is accountable for HIV-specific improvement activities, development of annual quality improvement goals, prioritization of key quality indicators for review, routine evaluation of the HIV quality management program, and sharing of HIV performance data with staff and stakeholders, including consumers. The committee membership includes staff from all key medical and non-medical services. Consumer representatives are included who provide input to ensure that services effectively meet or exceed patient needs and expectations. The committee meets at least once every other month.

**Quality management plan:** Each HIV quality management program has a written quality management plan that is reviewed and updated annually by the HIV quality management committee. The plan is shared with staff and consumers to gather input and to promote involvement in the quality management program and its activities. The plan includes the following elements:

* Quality statement describing the overall mission of the HIV quality management program;
* Staffing plan describing roles and responsibilities pertaining to the quality management program including the quality committee, its membership, and leadership;
* Performance measurement activities describing indicators and data collection methodologies;
* Annual improvement goals based on identified gaps in specified performance data, as well as internal program priorities and statewide public health objectives;
* Processes for training and engagement of staff, consumers, and stakeholders; and
* Procedure(s) for routine evaluation of the quality management program.

The quality management plan includes a formal work plan that identifies implementation responsibilities and a timetable for their completion. The work plan is reviewed routinely at quality management committee meetings and is in the formal evaluation of the HIV program to monitor whether it is being implemented as planned and whether goals are achieved.

**STANDARD 2:** Performance Measurement

**Performance indicators:**Performance indicators guide the development and implementation of improvement activities. Indicators are chosen based on identified gaps in performance, internal HIV program priorities, and external expectations. At a minimum, indicators measure key health outcomes, such as viral suppression. The quality management plan describes these performance indicators, including their definitions, sources of data, desired health outcomes, and frequency of data collection. Indicator definitions are updated at least annually to reflect current standards of care and practices.

**Performance reviews:**HIV program staff conduct and analyze the performance of core HIV services at least quarterly, with any more frequent measurements conducted based on identified needs for improvement.  Additional measurement is conducted to fulfill reporting expectations of the New York State HIV Quality of Care Program. All Ryan White HIV/AIDS Program Part B-funded subrecipients are expected to submit performance measurement data for specified quality indicators to the AIDS Institute on a quarterly basis.

The HIV program generates and reviews newly diagnosed and established patient HIV treatment cascade data at least annually as delineated in *HIV Organizational Treatment Cascades: Guidance for Construction*. Programs are expected to develop, measure, and revise process changes aimed at diminishing gaps identified by the cascades in linkage, engagement, treatment, and viral suppression outcomes to improve patient health and contribute to statewide goals aligned with the Governor’s EtE Initiative.

**Data analysis and follow-up:**Performance data results are reviewed during quality management committee meetings to guide improvement activities. Data are disaggregated by key patient characteristics to identify potential disparities in HIV care and services, including, at a minimum, age, gender, exposure category, and race/ethnicity.  An action plan to address performance gaps includes a description of implementation steps, specific responsibilities, and a timeframe for completion of activities. Performance data results are shared with staff, consumers, and key stakeholders.

**Information system:**The HIV program has an information system in place for tracking all people living with HIV – even if they are not receiving HIV care from the organization – and for monitoring patient care across the entire organization. The information system integrates electronic patient records, prescription, and laboratory records. The program’s information system produces meaningful performance data reports that include patient-specific and aggregate data on key quality of care indicators, such as viral suppression. The system is accessible to all relevant staff.

Data across information systems are coordinated. The program is encouraged to use data from Regional Health Information Organizations (RHIOs) to augment the analysis of information available internally to promote coordination of care and ascertain care status

**STANDARD 3:** Quality Improvement Activities

The HIV quality management program continuously strives to eliminate gaps in quality of care outcomes that are identified and prioritized by the HIV quality management committee, based on organizational treatment cascade findings, other performance data, and consumer and staff input, as well as external expectations.

Improvement teams with cross-functional representation, including consumers, are formed to address specific gaps in care; drill down data; investigate and improve current processes; and monitor changes, adjusting processes accordingly. Results of continuous improvement work are presented to the HIV quality management committee, shared among staff and consumers, and are used to spur further improvements and to direct future planning.

**STANDARD 4:** Staff Involvement

Staff members representing all roles and disciplines, including medical providers, are members of the HIV quality management committee and improvement teams. Staff are required to participate in quality management activities; this is delineated in job descriptions.

Staff are designated to participate in AIDS Institute-supported capacity building activities, such as NYLinks Regional Groups and QI Learning Networks, which improve quality of care outcomes through peer learning, accelerate improvement project implementation, and contribute to the statewide initiative to End the Epidemic. Staff are informed of the objectives, progress, and results of improvement activities, in order to increase awareness and participation in the HIV quality management program.

Staff receive quality improvement training at least once a year and are provided with updates of QI activities, at a minimum, on a quarterly basis.

Staff satisfaction is assessed at least annually and results are shared with staff and used for improvement.

**STANDARD 5:** Consumer Involvement

Consumers are routinely asked to provide their input and feedback in the selection of improvement priorities. Consumers participate in the HIV quality management program activities, as members of the quality management committee and participants in improvement teams. Consumers also provide feedback on the HIV quality management program by responding to formal solicitations for public comment and by participating in an organization’s consumer advisory board.

Consumers are offered the opportunity to participate in trainings in quality improvement and are provided with an organization’s performance data results and findings.

Consumer experience is assessed at least annually and findings of the assessment are formally integrated into improvement activities and communicated back to staff and consumers, as specified in the guidance issued by the AIDS Institute.

**Organizational Assessments (OAs)**

Development, implementation, and spread of sustainable quality improvement (QI) throughout an HIV program require an organizational commitment to the quality management program, wherein structures, processes, and functions support measurement and improvement activities. Organizational infrastructure is fundamental to QI success and involves a receptive organization, sustained leadership, staff training and support, time for teams to meet, and data systems for tracking outcomes.

This structure supports quality initiatives that apply robust process improvement including: reliable measurement, root cause analysis, and finding solutions for the most important causes identified.

The scoring structure measures program performance in specific domains along the spectrum of improvement implementation.

The OA is implemented in two ways: 1) by an expert QI coach or 2) as a self-evaluation. The results are ideally used to develop a workplan for each element, with specific action steps and timelines to guide the planning process and focus on priorities, setting direction, and ensuring that resources are allocated for the quality management program. Whether performed by a QI coach or applied as a self-evaluation, key leadership and staff should be involved in the assessment process to ensure that all key stakeholders have an opportunity to provide important information related to the scoring.

Results of the OA should be communicated to internal key stakeholders, leadership, and staff. Applied annually, this assessment helps a program evaluate its progress and guides the development of goals and objectives.

[Go to the OA tool now.](http://www.hivguidelines.org/wp-admin/post.php?post=5562&action=edit)

**Quality of Care Program Components**

The AIDS Institute Office of the Medical Director convenes advisory committees of stakeholders to promote, monitor, and support the quality of HIV clinical services for persons living with HIV in New York State. The following committees have been established to provide expertise and guidance to the Quality of Care Program.

Quality Advisory Committee

The Quality Advisory Committee provides the AIDS Institute with expert advice regarding the development and implementation of the Quality of Care Program. Since 1992, the Committee has met quarterly and is composed of clinicians who represent HIV medical care clinics from all regions of the state, including Designated AIDS Centers, community health centers, and drug treatment centers. Clinicians with expertise in management of sexually transmitted infections (STIs) and hepatitis are also members, along with leaders of Ryan White Part A service programs and the Department of Corrections and Community Services (DOCCS).

**Mission:**

To provide expert advice to the AIDS Institute in the development and implementation of the New York State HIV Quality of Care Program.

**Background:**

The NYS HIV Quality of Care Advisory Committee (QAC) has been active since 1992. The Committee meets quarterly, and is currently composed of clinical representatives from Designated AIDS Centers, Health and Hospitals facilities, Special Needs Plans (SNPs), community health centers, and drug treatment programs throughout New York State. Committee members represent a variety of clinical disciplines, and include nurse practitioners, clinical pharmacists, physicians, social workers, and program administrators.

**Scope of Work:**

The Advisory Committee identifies priorities for evaluating the quality of HIV care and considers proposed quality indicators. The committee also recommends refinements to existing HIV care indicators as well as development of review criteria. Further, the committee reviews annual performance measurement results to recommend priority areas of focus for the State. Previous QAC work has considered retention in care, use of electronic health records and regional health information organizations to improve patient care, measuring patient mortality as a quality outcome, visualizing performance data, and the integration of STI and HIV services.

**Recent Committee Activities:**

* Consultation in the development of measures to monitor stigma reduction and tobacco cessation efforts in New York State healthcare facilities.
* Consultation in the development and routine use of an adapted CoDe tool to investigate HIV-related mortality and identify strategies to address preventable causes of death among PLHIV.
* Consultation in the development of guidance for organizational HIV treatment cascades, a new initiative that aims to promote health facilities’ use of routinely collected data to track care outcomes of PLHIV who receive services both within and outside the formal auspices of their HIV programs.
* Collaboration with NYS DOH Office of Health Insurance Programs to provide input on Value-Based Payment measures.

**Relationship with Consumer Advisory Committee:**

In 2002, the AIDS Institute officially established the New York State Consumer Advisory Committee (CAC). The CAC is comprised of at least two members from each region of NYS to ensure representation and communication. Together, the CAC and QAC form a uniquely generative relationship, with each committee providing perspective and insight into quality of care and indicator development. The close relationship between the two committees challenges the patient-provider dichotomy that often hinders quality of care discussions. Co-chairs attend the meetings which have overlapping agenda items and set aside time for updates from the partner committee. Members of both committees are welcome to attend and participate in the meetings of the other. Joint meetings of the CAC, YACAC and QAC were held in September 2014 and 2015 and December 2017.

Recommendations from these meetings critically informed significant NYSDOH AI initiatives including, but not limited to the following:

* The alignment of the NYS quality of care program with Governor Andrew Cuomo’s “Ending the Epidemic” (ETE) initiative and improvement of the ETE Dashboard
* The development of an HIV-specific tobacco cessation improvement campaign, which launched in January 2017.
* The implementation of a statewide survey measuring barriers to medication access for PLWHA and the submission of related strategies for more effective implementation of ETE Blueprint recommendations, which were accepted by the New York State AIDS Advisory Council in November 2016.
* The development of tools to measure and address HIV related stigma in all healthcare facilities participating in the NYS HIV quality of care program
* Dissemination of Deaf/Hard of Hearing (DHOH) survey and development of pilot virtual peer DHOH HIV testing services.
* The revision of statewide quality indicators to improve the quality of STI care in NYS

Consumer Advisory Committee

Input from persons living with HIV is an integral component of New York State’s Quality of Care Program. The Consumer Advisory Committee (CAC) was established in 2002, and its members represent the diversity of people living with HIV in New York State in terms of geography, gender, race, ethnicity, disability status, socioeconomic status, and exposure category. At quarterly meetings, CAC participants discuss regional quality of care issues from a consumer perspective and consider strategies that can effectively empower relationships with providers. To address the particular needs of young people living with HIV/AIDS and to gain their input, the CAC helped to establish the Young Adult Consumer Advisory Committee in 2008.

**Mission:**

To provide consumer input to the HIV Quality of Care Program.

**Background:**

The Consumer Advisory Committee (CAC) has been active and holding quarterly meetings since 2002. Committee members represent the diversity of the AIDS epidemic in NYS in terms of geography, age, gender, race, ethnicity, disability status, socio-economic status and exposure category. The CAC has at least two representatives from each region of NYS to ensure representation and communication. In 2008, the adult Consumer Advisory Committee recommended the establishment of a Young Adult Consumer Advisory Committee (YACAC) to address the needs and gain input from young people living with HIV. In the interest of strengthening ties between the two vulnerable populations of HIV positive youth and older adults living with the virus, the YACAC merged with the larger CAC to form the CAC/YACAC in 2016.

**Scope of Work:**

The CAC/YACAC advises, from the consumer experience, the NYS DOH on policy matters related to the New York State HIV Quality of Care Program. Key committee activities include identifying issues affecting the quality of HIV care, advising on quality indicators, identifying issues for statewide improvement initiatives, and reviewing clinical guidelines and educational materials. Committee members communicate the work of CAC/YACAC back to their regions and report on regional issues to the statewide committee.

**Relationship with QAC:**

The Consumer Advisory Committee/YACAC works in close partnership with the NYS HIV Clinical Quality of Care Advisory Committee (QAC), which advises Quality of Care Program. Co-chairs and other members attend respective meetings to ensure transparency and overlapping of agenda items including updates from both committees. Joint meetings of the CAC, YACAC and QAC were held in September 2014 and 2015 and December 2017.

Recommendations from these meetings critically informed significant NYSDOH AI initiatives including, but not limited to the following:

* The alignment of the NYS quality of care program with Governor Andrew Cuomo’s “Ending the Epidemic” (ETE) initiative and improvement of the ETE Dashboard
* Submissions of Treatment Cascades and Quality Improvement Plans among healthcare facilities across New York State
* The development of an HIV-specific tobacco cessation improvement campaign, which launched in January 2017.
* The development of tools to measure and address HIV/AIDS related stigma in all healthcare facilities participating in the NYS HIV quality of care program
* Dissemination of Deaf/Hard of Hearing (DHOH) survey and development of pilot virtual peer DHOH HIV testing services.
* Formation of subcommittees to address patient reported experience/outcome measures (PREMS/PROMS) and Drug User Health.
* The revision of statewide quality indicators to improve the quality of STI care in NYS

NYC/Tri-County Part A Quality Management Program

Beginning in 2000, the AIDS Institute and the New York City Department of Health and Mental Hygiene established a partnership to provide quality management services to Part A–funded programs in the New York Eligible Metropolitan Area (EMA), which includes New York City and Tri-county (Westchester, Rockland and Putnam counties).

Mutual program goals are to improve the quality of supportive services, strengthen provider infrastructure, and to facilitate improvement activities at every stage along the HIV care continuum.

The Part A QM Program promotes targeted coaching and support to assist providers as needed in identifying quality infrastructure needs, and provides guidance as needed in developing QI projects and in selecting and testing changes, with the overarching goal to support and sustain quality efforts in Part A programs by building service provider capacity. The program uses QI consultants who demonstrate their expertise by working with programs to apply QI tools and methodologies.. The QM program assists partners in the Care and Treatment program to promote health equity and more integrated QM activities.

ADAP Quality Management Program

In New York State, over 24,000 people each year have access to lifesaving HIV medications through the AIDS Drug Assistance Program (ADAP). New York State employs a comprehensive prospective and retrospective approach to clinical quality management, including quarterly reviews of individual and pharmacy filling patterns to determine medically inappropriate or insufficient regimens. Interventions are initiated with providers to improve patient safety and to modify regimens as required. Data collection strategies include using pharmacy and primary care claims data to assess appropriateness of care.

Quality of Care Workgroup

The Quality of Care Workgroup comprises staff from all programs within the AIDS Institute .stakeholders. Meeting monthly, the workgroup discusses and reviews all Quality of Care Program activities and results, identifying opportunities for improvement and for increased capacity building among New York State HIV providers. Areas of focus include the development of processes to assist low-performing clinics in improving the quality of care that they provide, developing and refining the Quality of Care Standards, engendering peer learning opportunities through quality learning network activities, and developing and refining quality of care campaigns and special initiatives.

**Quality Improvement**

Since 1991, the AIDS Institute has championed the use of modern quality improvement methods throughout the New York State healthcare delivery system. Providers are encouraged to analyze data and assess the internal factors that contribute to organizational performance, ultimately reducing process variation and maximizing desired outcomes while working to achieve measurable goals.

Coaching and Technical Assistance

To build capacity and capability for quality improvement in HIV care, the Quality of Care Program offers coaching and technical assistance to all New York State healthcare facilities. Working with clinicians and administrative staff, the AIDS Institute quality coaches help HIV care providers to:

* Develop and implement sustainable quality management structures and processes for ongoing internal performance monitoring and improvement activities
* Measure performance data and analyze and interpret data results
* Continue their education in quality improvement methods and promote collaborative work of the healthcare team, including physicians and patients, in developing innovative improvement strategies

Quality of Care Program staff regularly review recent organizational HIV treatment cascade and Organizational Assessment data from HIV providers to identify programs reach out to programs to offer coaching. HIV providers are also encouraged to request assistance when they recognize a need for increased quality management capacity building. Programs with low scores across key indicators, such as viral load suppression and retention, are given the highest priority. Those providers in need of developing an HIV quality management infrastructure also receive high priority.

Learning Networks and Regional Groups

Adapted from the Institute for Healthcare Improvement’s Breakthrough Series collaborative, regional groups and learning networks combine ongoing quality coaching with structured one-day or half-day group meetings that focus on quality management and peer exchange. Regional groups and learning networks are designed to promote strategies to improve quality of care and health outcomes by strengthening provider infrastructure and increasing competency in performance measurement and quality improvement methodology. This model provides an efficient structure to convene groups of HIV providers on an ongoing basis, thereby facilitating peer learning, sharing of improvement activities, and identification of common programmatic challenges. Regional groups and learning networks also allow identification of specific local priorities for improvement and foster coordination of clinical and nonclinical agencies in improvement activities.

NY Links

[NY Links](http://www.newyorklinks.org/) regional groups consist of HIV clinical, service, and prevention providers within a geographic area who, together with community members living with HIV and public health professionals, collaborate to end HIV transmission and HIV-related mortality. Using modern improvement science and local epidemiological data, these groups aim to improve linkage to and retention in HIV primary care, to optimize viral load suppression, and to improve both individual and community health outcomes.

* NY Links regional groups will reduce the transmission of HIV across New York State by:
* Implementing a community-based response to the HIV epidemic by mobilizing networks of clinical and nonclinical providers, community leaders, and community members living with or affected by HIV/AIDS
* Aligning programs, providers, and the community to address the goals of New York State to end the HIV epidemic through shared local leadership and with technical support from state and local health departments
* Building capacity for quality improvement in the region, identifying and disseminating successful interventions within the continuum of HIV services, and sustaining the achieved regional results
* Using community-level data to link public health strategies with clinic and service-level improvement initiatives

Performance Measurement

Performance measurement involves the systematic process of data collection to track patient outcomes, thereby ensuring that programmatic changes can be data driven and that ineffective solutions can be identified and avoided. Performance measurement also provides a method for monitoring improvements and establishing a baseline for performance comparisons across sites. The Quality of Care Program measures performance based on indicators that are linked to optimal clinical care outcomes. These specific aspects of clinical care are selected by the Quality Advisory Committee or subcommittees in conjunction with the Consumer Advisory Committee and approved by the Medical Director as priorities for measuring quality in HIV care. Indicators are subsequently developed and reassessed in accordance with evolving medical and public health priorities. Some indicators apply to all persons living with HIV, whereas others apply only to specific population groups. A set of measures pertaining to adolescent HIV care was developed in 2010.

Multi-Specialty Maintenance of Certification Portfolio Approval Program

Physicians who are engaged in quality improvement through the New York State Quality of Care Program may be eligible to earn twenty points of maintenance of certification (MOC) Part IV practice credit from their medical specialty board(s). This program offers a streamlined pathway to MOC that reduces redundancy and champions leadership for improvement implementation.

Link to more information regarding The American Board of Medical Specialties Multi-Specialty Portfolio ProgramTM (Portfolio Program): <https://mocportfolioprogram.org/wp-content/uploads/2019/01/ABMS-Multi-Specialty-Portfolio-Program.pdf>

**NYS HIV Quality of Care Review**

**Tobacco Cessation Campaign**

The 2016 Quality of Care Program Review also includes a component focused on tobacco cessation. Based on recommendations from the Clinical (QAC) and Consumer (CAC) Advisory Committees the Tobacco Cessation Campaign strives to prioritize tobacco cessation among people living with HIV. As a part of the Review, providers are expected to complete quarterly reporting on tobacco cessation measures for all patients living with HIV (PLWH) beginning August 1, 2017 until October 31, 2018. The purpose of this campaign is to promote tobacco screening and tobacco cessation with the goal of improving health and decreasing morbidity and mortality of PLWH in New York State. Please visit [www.hivtobaccofreeny.org](http://www.hivtobaccofreeny.org/) for more information.

**Stigma Reduction Campaign and Survey**

As a part of the 2016 Quality of Care Program Review, all practice sites providing care to HIV-positive patients in NYS are expected to complete a stigma reduction initiative, which includes both a facility-focused stigma survey and a stigma reduction action plan, as a part of their annual QI data submissions to the New York State Department of Health AIDS Institute. Guidance on this component of the Review is forthcoming.

**Organizational Cascades**

As part of the 2019 annual HIV Quality of Care Program Review, organizations that provide medical care to people living with HIV (PLWH) in New York State (NYS) will be expected to complete the 2019 Organizational HIV Treatment Cascade Data Submission Excel Template for care provided in 2018. The Excel template should be submitted to the New York State Department of Health (NYSDOH) AIDS Institute via the Health Commerce System; submissions that pass validation checks will be incorporated into a secure AIDS Institute database.  The Data Submission Excel Template includes a section to input patient-level data, a section visualizing cascade indicator results into charts and tables (these will be automatically generated from the provided patient level data), and a section for the organization’s methodology, key findings, and quality improvement plan, which contains consumer involvement and updates on recent QI projects including stigma reduction activities.