New Jersey
Cross Part Collaborative

Ellen Dufficy, BSN, MEd
Project Director Ryan White Part D/
NJ CPC Team Leader
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History of NJ CPC

* Started in 2008: Request by National Quality Center (NQC) - a subcontractor of Health Resources Service Administration (HRSA) - to join a 5 State collaborative
* States included Pennsylvania, Virginia, Texas, and Connecticut
* Measures: 2 CD4, AIDS clients on HAART, 2 medical visits, CD4<200 on PCP, and annual syphilis screening
  * Eventually, measures classified by race/ethnicity
* Project ended in 2010 with NQC and other States, but NJ CPC continued
NJ CPC and RW providers across the State added and deleted measures through the years with ARS system

- Joined the In Care campaign: All sites continued to provide data to NJ CPC and enter data into the In Care Campaign
- In Care focused on retention and viral load suppression
- Focus shifted towards Presidential HIV Care Continuum
NJ again was asked to join 5 State collaborative: Arkansas, Missouri, Mississippi, Ohio

Worked towards building regional capacity for closing gaps across the HIV Care Continuum to ultimately increase viral load suppression rates for individuals living with HIV

NJ worked towards viral load suppression for all HIV+ individuals
NJ Cohort: Viral Load Suppression

* All RW medical providers submitted baseline performance data October 1, 2014

* All RW medical providers submitted bimonthly Cohort reporting form along with the disparity CPC report

* All RW medical providers submitted initial PDSA for their clinic

* All RW medical providers submitted an updated PDSA June 2015

* Response Team submitted data to NQC
New phase:

- Each clinic submitted how many clients were not virally suppressed as of December 31, 2016
- Following this cohort until August 31, 2018
- Same rules: If client moves, transferred, dies, or is incarcerated longer than 6 months the client is removed
Latest Cohort Report

Number of Eligible Patients

<table>
<thead>
<tr>
<th>Month</th>
<th># VL Not Suppressed</th>
<th># VL Suppressed</th>
<th>Total Exclusions (moved/transf/died/incarc)</th>
<th>Percent of Patients Virally Suppressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 16</td>
<td>1959</td>
<td>0</td>
<td>97</td>
<td>0.00%</td>
</tr>
<tr>
<td>Feb 17</td>
<td>1490</td>
<td>372</td>
<td>1998%</td>
<td>19.98%</td>
</tr>
<tr>
<td>Apr 17</td>
<td>1345</td>
<td>440</td>
<td>24.65%</td>
<td>24.65%</td>
</tr>
<tr>
<td>June 17</td>
<td>1176</td>
<td>549</td>
<td>31.83%</td>
<td>31.83%</td>
</tr>
</tbody>
</table>

Legend:
- Red: # VL Not Suppressed
- Green: Total Exclusions (moved/transf/died/incarc)
- Blue: # VL Suppressed
- Purple: VL Suppression Rate

Source: New Jersey Department of Health
* Current phase: Data collection
  * Viral Load Suppression, ARV Therapy, and Retention in care
  * Inverse of Gap Measure for Retention
  * Same Disparities: Race, Gender, Age, and Insurance
New Goals set for the Performance Measures
* Following National HIV/AIDS Strategy (NHAS) Goals
* 90% - 90% - 90%: Retain 90% of the clients in care; 90% receive ARV; 90% are Virally Suppressed
* Can New Jersey meet the goals?
Ellen Dufficy, BSN, MEd
NJ Department of Health
RWPD Project Director/Team Leader NJ CPC

609-777-7795
Ellen.Dufficy@doh.nj.gov

Questions?