

HIV CARE CONTINUUM: SUCCESS STORY SPECIAL TREATMENT AND RESEARCH (STAR) SUNY DOWNSATE MEDICAL CENTER – BROOKLYN, NEW YORK

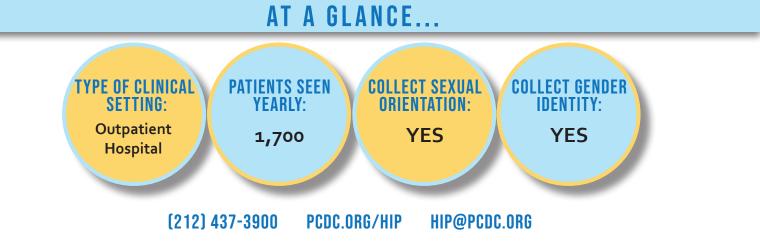
ABOUT

Special Treatment and Research (STAR) Program at SUNY Downstate Medical Center is an urban health care center located in Brooklyn, New York. STAR strives to achieve health equity through quality care, education, research, and empowerment. They do this by creating a culture of continuous improvement, integrity, and respect for patients and employees. The STAR Program utilizes a holistic approach to HIV treatment and prevention by addressing mental health, drug use, hepatitis C, and the needs of LGBTQ and gender non-conforming communities. STAR has diverse funding streams, including federal, state, local, and foundation sources, as well as significant institutional resources from SUNY Downstate Medical Center and University Hospital of Brooklyn.

BACKGROUND

SUNY Downstate has been at the forefront of HIV care and research since HIV/AIDS was first identified in the early 1980s, and was the first clinic in Brooklyn to focus specifically on HIV/AIDS care. In response to growing need in the community, Downstate established the STAR Program in 1991 through Ryan White funding. Since 2013, the program has achieved and maintained PCMH Level 3 status.

In 2013, the STAR Program began prescribing PrEP and PEP to patients at risk for contracting HIV and incorporated the HIV Care Continuum into care delivery — providing both HIV treatment and prevention services.



CONTENT AREAS COVERED Social Determinants

of Health

Culturally Responsive Services

Routine HIV Testing

Link to PrEP/Other Prevention Services

Engage with PrEP/Other Prevention Services

Link to Care Engage in Care Medication Adherence

HIV SERVICES

The STAR Program is a one-stop shop for patient care, integrating HIV care with mental health, harm reduction, and clinical pharmacy services. STAR also uses Quick Start patients newly diagnosed with HIV start taking antiretroviral medication immediately and meet with a pharmacist to ensure medication adherence. Any patient who has not achieved viral suppression works with providers to develop their care plan. "We all need to change public perception and learn from our peers. We need more grand rounds, webinars, and ways to keep everyone on the same page."

Dr. Jameela J. Yusuff, MD, MPH, FACP Medical Director, STAR Health Center

STAR staff are involved at every level of the organization — leadership meetings, staff meetings, and grand rounds — to inform every department about their services. Providers prioritize good relationships with patients, leading to an 80% patient retention rate which is aided by text reminders and an online patient portal with access to lab results and medical services.

SUCCESSES

- Use of team meetings and huddles
- Everything is centrally located, including phlebotomy
- Proactive client follow-up
- Holistic care such as Reiki and acupuncture is provided
- Started an LGBTQ clinic w/ hormone therapy

CHALLENGES

- Structural and emotional barriers to viral suppression are especially challenging for younger patients
- Some patients do not have reliable contact information
- Patient fear of exposing HIV status and associated stigma

SOCIAL DETERMINANTS OF HEALTH

- Connecting all patients with a provider, nurse, and intake provider
- Patient intake includes income, sexual orientation and gender identity data collection, food needs, and transportation needs
- Community Advisory Board bi-monthly meetings
- Patient satisfaction surveys after appointments
- Referrals as appropriate to social workers
- Case managers assist with hepatitis C and PrEP financial support, the AIDS Drug Assistance Program, marketplace insurance enrollment, sliding scale payments, and a cap on charges
- Accompanying patients to appointments as needed
- Linking to organizations that provide additional services

CULTURALLY RESPONSIVE SERVICES

- Staff reflect the clinic population
- Conduct surveys and focus groups
- Provide staff trainings on cultural competency
- Hospital-wide training for all staff about LGBTQ issues
- Opioid abuse, overdose prevention, and Narcan kit training
- Support people living with HIV, who are recently released from prison, to continue receiving HIV services

TIPS FOR GETTING STARTED

- Assess local need
- Collect data and demonstrate needs (e.g. how many patients are sexually active and/or have STIs)
- Start small and identify a champion to run with your program they will inspire others
- Utilize the many resources available online
- STAR provides education and tools for others who are starting up

LINK TO CARE TIPS

- System-wide process for Link to Care, including electronic medical record (EMR) alerts and updates for anyone who tested positive for HIV
- HIPPA-compliant phone line to connect new or out-of-care patients to services
- Conduct monthy meetings with adolescent doctors across the hospital
- EMR template includes questions about sexual health and HIV status and contains links to PrEP
- Patient assistance programs have been established to help patients access PrEP

(212) 437-3900

PCDC.ORG/HIP

HIP@PCDC.ORG