NEW YORK CITY'S EFFORTS TO MAKE DATA TO CARE MORE EFFICIENT: LESSONS FOR OTHER JURISDICTIONS

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KEY TERMS / RESOURCES

- Search engines
  - Worker Connect (New York City only) – Client level data from participating Health and Human Services agencies
  - Homeless services – Housing and temporary emergency shelter to those in need
  - Parole system check – Incarceration and parolee information
- People search - Lexis-Nexis, USPS, Google, etc.
- Electronic Clinical Data - Live clinical data
  - Regional Health Information Organization (Healthix/RHIO) – health information exchange system
  - New York State Electronic HIV Management System (NYEHMS)
- New York City Social Service Agency – Provides social services to persons diagnosed with HIV

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BACKGROUND

DATA TO CARE

DATA TO CARE *

- The utilization of HIV surveillance data to identify persons living with HIV (PLWH) presumed out of care (OOC) or never in care (NIC) for linkage to care efforts

***Source:** https://effectiveinterventions.cdc.gov/en/highimpactprevention/publichealthstrategies/DatatoCare.aspx

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DATA TO CARE IN NEW YORK CITY

- Implemented in 2008
  - Field Services Program - Field Services Unit (FSU)
    - Outreach to identified PLWH who have been out of care for ≥ 9 months
    - Outreach to identified NIC PLWH who have never been in care ≥ 6 months since diagnosis (implemented early 2013)
    - Elicit/notify HIV-exposed partners

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DATA TO CARE INEFFICIENCIES

- NYC Registry – care status in NYC only
- Reporting lags - most recent lab(s) may not always be immediately available
- Hard to identify care status for PLWH whose labs are not drawn at time of medical visit
- PLWH presumed OOC may actually be current with care
- Individuals may have moved and are out of jurisdiction (OOJ)
- Wasted resources tracing PLWH not needing linkage to care

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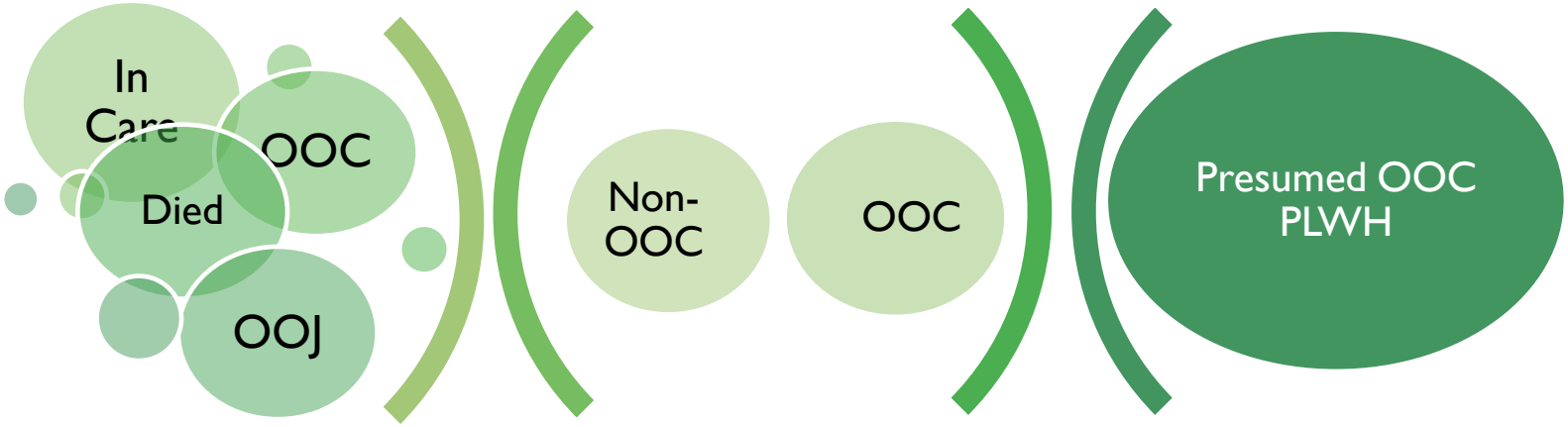
WORKFLOW

Step 1: **Presumed** OOC PLWH selected from the HIV surveillance registry

Step 2: Pre-field Checks

Step 3: Assign, investigate, and disposition



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AIM

- Improve efficiency – Reduce the number of identified PLWH current with care or out of jurisdiction assigned for linkage to care outreach
  - Exclude non-OOC PLWH's at an earlier phase through frequent systematic matches, and utilizing other available data sources

METHODS

DATA TO CARE PROCESS

- Beginning January 2016 - Systematic matching performed monthly to create several line lists of patients
- Presumed OOC PLWH from the surveillance registry are matched against:
  - New York City Surveillance lab data – Assess care and vital status
  - New York State Surveillance Registry (eHARS) – Assess care status outside NYC
  - Social Services agency for PLWH– Ascertain current residency, or vital status if possible
  - Internal FSU database – remove those recently investigated
- All client lists are matched against each other for deduplication

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ANALYSIS

- Preliminary data from January 2016 - April 15, 2016 calculated and compared to 2013 - 2015 data
- Clients grouped into respective years according to date of case investigation
- Outcomes: Total located, confirmed out of care, current with care, and OOJ

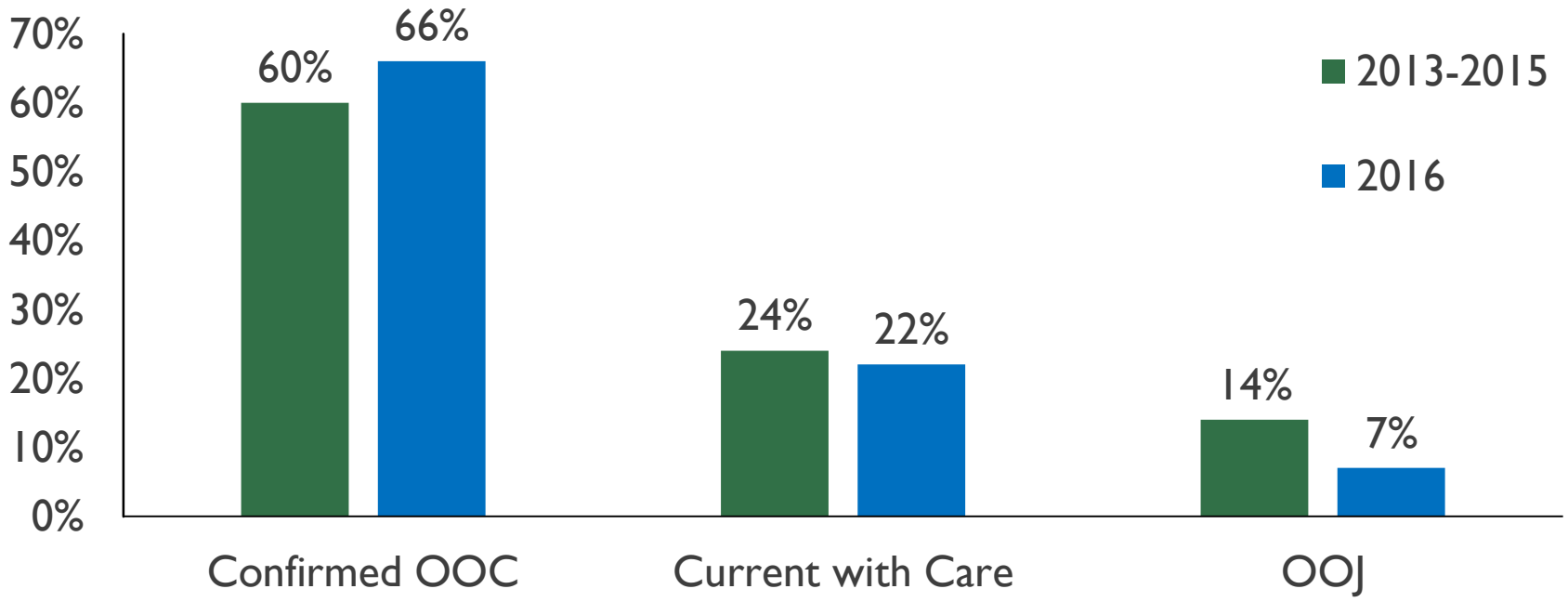
RESULTS

CASES ASSIGNED AND INVESTIGATED

	2013-2015		2016*	
Cases investigated	2912		742	
Total number of patients located	2409	83%	480	66%

* Includes cases currently ongoing

PRESUMED OOC PLWH IN 2013-2015 VS. 2016



CONCLUSION

SUCCESSFUL DATA TO CARE* IMPLEMENTATION

Quality Data

NYC Surveillance Data

Address areas of weakness

Missing data elements augmented - pre-field checks

Frequency of data matches

Ongoing evaluation of methods

Utilize other data sources

NYS Registry

Social Services dataset

Internal Database

***Source:**
https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/PublicHealthStrategies/DatatoCare/DataQuality.aspx

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LESSONS LEARNED

- Frequent systematic data matching was useful in identifying PLWH for linkage to care efforts
  - Reduce the number of presumed OOC PLWH who were already in care, or OOJ
  - Able to identify a larger proportion of PLWH truly OOC, and thereby improve efficiency
  - Social service data proved useful in identifying patients who are NYC residents
- Limitations:
  - Short duration of data for comparison
  - No access to sources beyond NYC and NYS thus, will always have people who do not need outreach services

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Has no real or apparent conflicts of interest to report