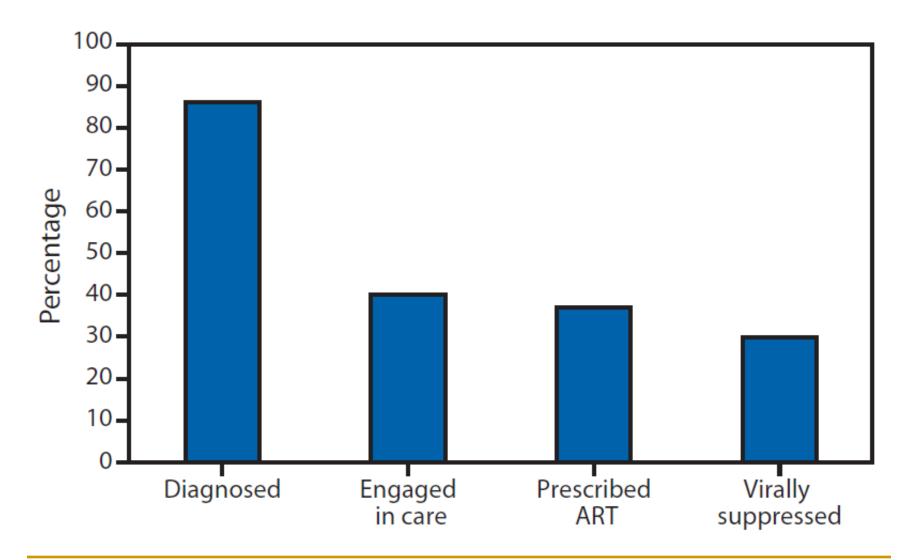
Actioning the Data: The Alabama Experience

Michael J. Mugavero, MD, MHSc University of Alabama at Birmingham May 9, 2016



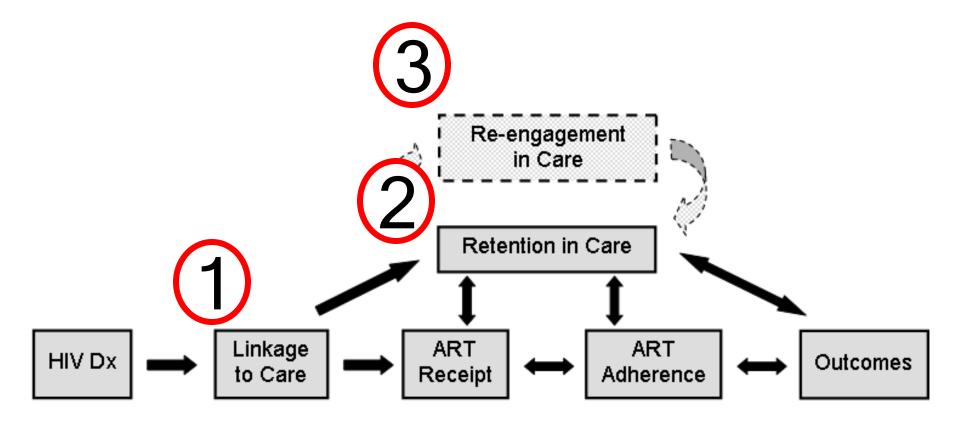


CDC: HIV Care Continuum, 2011



MMWR; 63(47);1113-1117, Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6347a5.htm

Engagement in HIV Care



UAB 1917 Clinic Population: CQI

| Population | Jan | Jan | Jan | Jan | Jan | Jan | Jan |
|-------------------------------------|-------|-------|-------|--------|--------|-------|--------------|
| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
| All Patients seen in last 24 months | 1962 | 2108 | 2272 | 2804 | 3148 | 3400 | 3566 |
| Clinic population change | - | 个7.4% | 个7.8% | 个23.4% | 个12.3% | 个3.6% | ↑4.9% |
| All Patients seen in last 6 months | 1550 | 1609 | 1740 | 1767 | 2574 | 2739 | 2886 |
| | (79%) | (76%) | (77%) | (63%) | (82%) | (81%) | (81%) |
| All Patients seen in last 12 months | 1730 | 1894 | 1970 | 2494 | 2905 | 3114 | 3249 |
| | (88%) | (89%) | (87%) | (89%) | (92%) | (92%) | (91%) |

CQI Metric: Lost to Follow Up

Expectation: >80% of patients will remain in care.

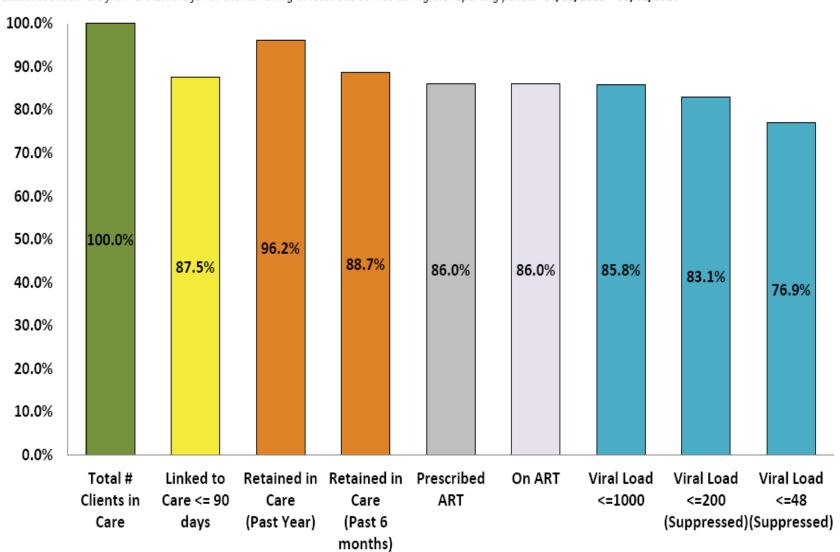
Alabama Regional Quality Group

"The Alabama Regional Quality Management Group exists to ensure that those living with HIV/AIDS in the state of Alabama receive quality healthcare through the collaboration of healthcare partners throughout the state. This collaboration aims to continuously improve the quality of HIV care consistent with recognized national standards and current HIV research"



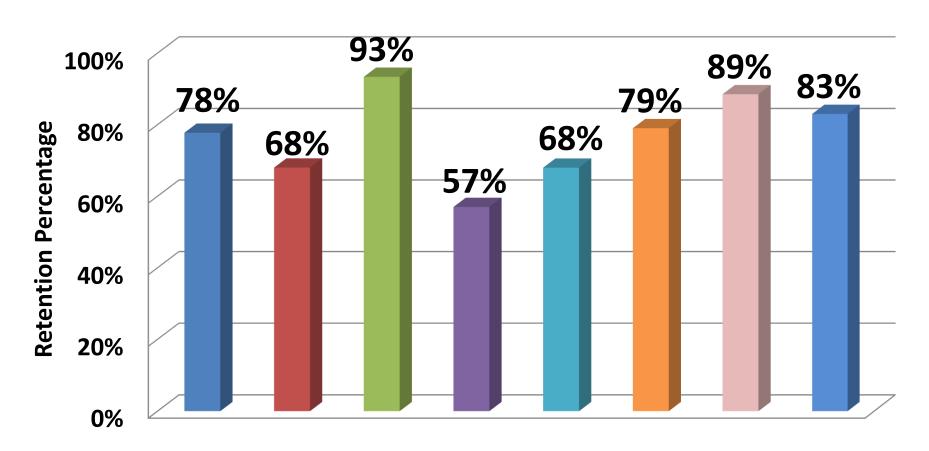
REGIONAL QUALITY TREATMENT CASCADE – MAR 2016

Statistics shown are from CAREWare for all clients having at least one service during the reporting period: 04/01/2015 - 03/31/2016



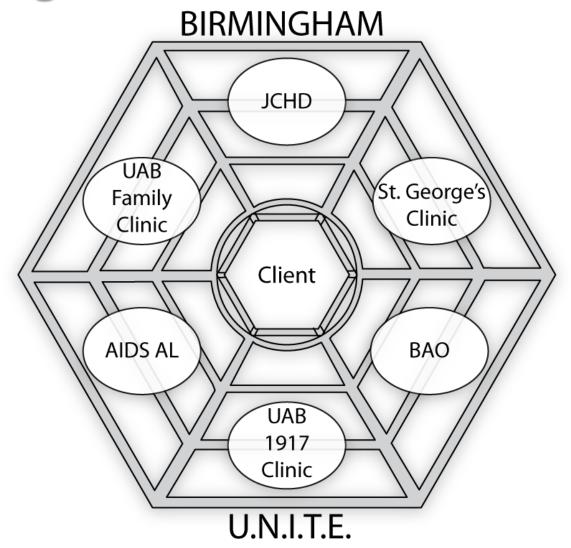
Alabama Regional Quality Group

2013 Retention Data

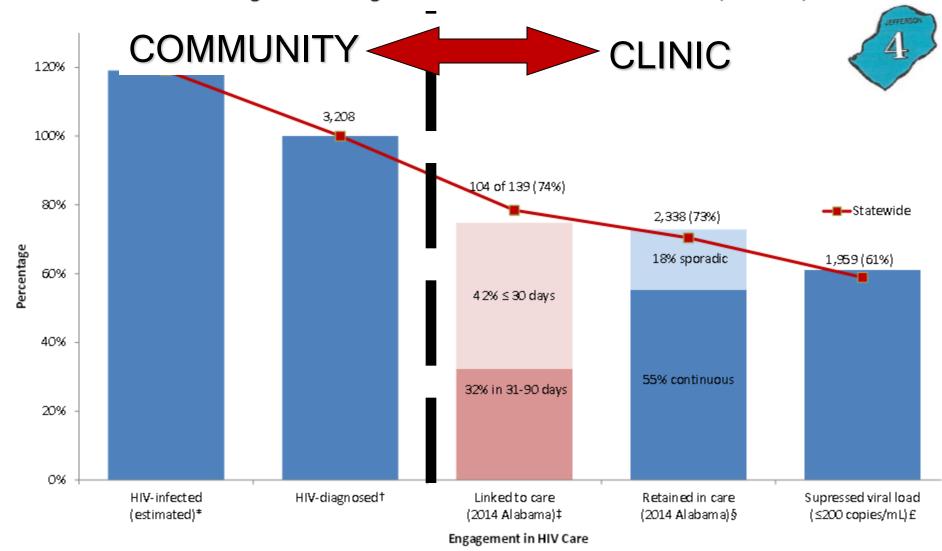


Are patients merely lost to clinic...or truly lost to care?

Birmingham U.N.I.T.E.; circa 2009



Continuum of HIV Care Among Persons Living with HIV Infection in Public Health Area 4, Alabama, 2014



Centers for Disease Control

Data to Care (D2C)

Care Continuum toolkit can be accessed under the Public Health Strategies section of www.effectiveinterventions.org.

Two key goals of the National HIV/AIDS Strategy are to reduce new HIV infections and to

The Division of HIV/AIDS Prevention strongly encourages state and local health departments to use HIV case surveillance data to improve the continuum of care in their communities, including the use of individual-level data to offer linkage and re-engagement to care services when appropriate. The *Data to Care* toolkit is one resource to assist programs in moving forward with these activities. The Division of HIV/AIDS Prevention will continue to provide resources and technical assistance to assist you in these efforts.

appropriate. The *Data to Care* toolkit is one resource to assist programs in moving forward with these activities. The Division of HIV/AIDS Prevention will continue to provide resources and technical assistance to assist you in these efforts.

Sincerely,

/Janet C. Cleveland/

Janet C. Cleveland, M.S.
Deputy Director for Prevention Programs
Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral
Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention

/Amy Lansky/

Amy Lansky, PhD, MPH
Deputy Director for Surveillance,
Epidemiology and Laboratory Sciences
Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral
Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention









Jefferson County HIV/AIDS COMMUNITY COALITION











Goals:

- 1. Improve health outcomes;
- 2. Enhance prevention, treatment and research opportunities;
- 3. Improve social and economic justice;
- 4. Foster community collaboration to achieve parity, inclusion and representation; and

Jefferson County

5. Identify, evaluate, and apply for alternative sources of funding to maximize long-term sustainability.

Data to Care: Improving HIV Health and Prevention

Allison R. Smith, MPH
HIV Surveillance Director
STD Prevention and Control





Healthcare Provider Patient List

Approved healthcare providers must have established patient-provider relationships and submit an electronic list of HIV-infected patients not seen in their clinic during the previous 6 to 12 months (TBD) via ADPH secure file transfer protocol (secure FTP) site. Electronic patient lists should include:

Mandatory

- MR Number/unique identifier
- Last Name
- First Name
- Middle Name/Initial
- DOB
- Birth Sex

Preferred

- SSN
- Race
- Ethnicity
- Last visit date
- Last know contact info
- Other pertinent data





UAB 1917 Clinic D2C

| Population | Jan | Jan | Jan | Jan | Jan | Jan | Jan |
|-------------------------------------|-------|-------|-------|--------|--------|-------|-------|
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Healthcare Provider Patient List

Patient lists will be matched against HIV surveillance data and returned to the healthcare provider to identify patients:

- Eligible for re-engagement
- Receiving care elsewhere
- Moved out of state

- Deceased
- Unable to locate[†]

† Cases not reported to HIV Surveillance investigated.

Healthcare providers can then prioritize contacting patients who do not appear to be in care for re-engagement outreach. Most recent contact information will be supplied for patients eligible for re-engagement and date of death will be provided for deceased patients.

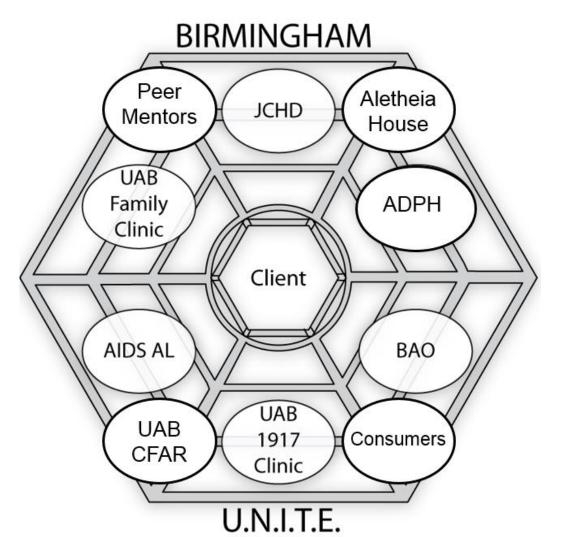




UAB 1917 Clinic D2C

| Status | Number | Percent | |
|-------------------|--------|---------|--|
| Out of care | 109 | 40% | |
| In care elsewhere | 135 | 50% | |
| Deceased | 26 | 8% | |
| Unable to locate | 6 | 2% | |

Birmingham U.N.I.T.E.; circa 2016



"When spider webs unite, we can tie up a lion."

Sharon V. Jordan, BS, MPH Director, HIV/AIDS Division of Prevention and Care, ADPH













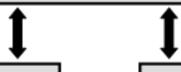
ALETHEIA HOUSE A Special Kind of Caring



LAB FAMILY CLINIC

Re-engagement in Care

Retention in Care



HIV Dx



Linkage to Care ART Receipt



ART Adherence



Outcomes



Alabama Vaccine Research Clinic











D2C in Alabama: Next Steps



- 1. Expand Re-engagement program for other HIV Clinics participating in Alabama Regional Quality Group: Alabama UNITE!
- 2. Systematically capture and report data on Re-engagement in Care efforts
- 3. Extend program to include Linkage to Care among persons newly testing HIV+



SEAETC PT Virtual Regional Quality Group



Thank you!

UAB 1917 Clinic

James Raper, 1917 Clinic Director Turner Overton, 1917 Medical Director Sonya Heath, CDC/ADPH Testing & LTC Kelly Ross-Davis & Engagement in Care Team Kathy Gaddis & SW Services Team Alfredo Guzman & Informatics Team

Alabama Department of Public Health

Anthony Merriweather, Director, HCV, STI & Surveillance Chuck Rogers, ADPH Surveillance Director Allison Smith, ADPH Surveillance Director (Past) Sharon Jordan, Director, HIV Treatment & Prevention

Alabama Regional Quality Group

Ashley Tarrant, Medical AIDS Outreach (Montgomery) Mary Rozier Hachen, Thrive Alabama (Huntsville)

Jefferson County HIV/AIDS Community Coalition

D. Scott Batey, UAB Social Work, Coalition Chair (Inaugural) Laurie McManus, JCDH, Coalition Chair







National Institute of Allergy and Infectious Diseases











