Data to Care:
Leveraging Public Health Partnerships Across the HIV Continuum

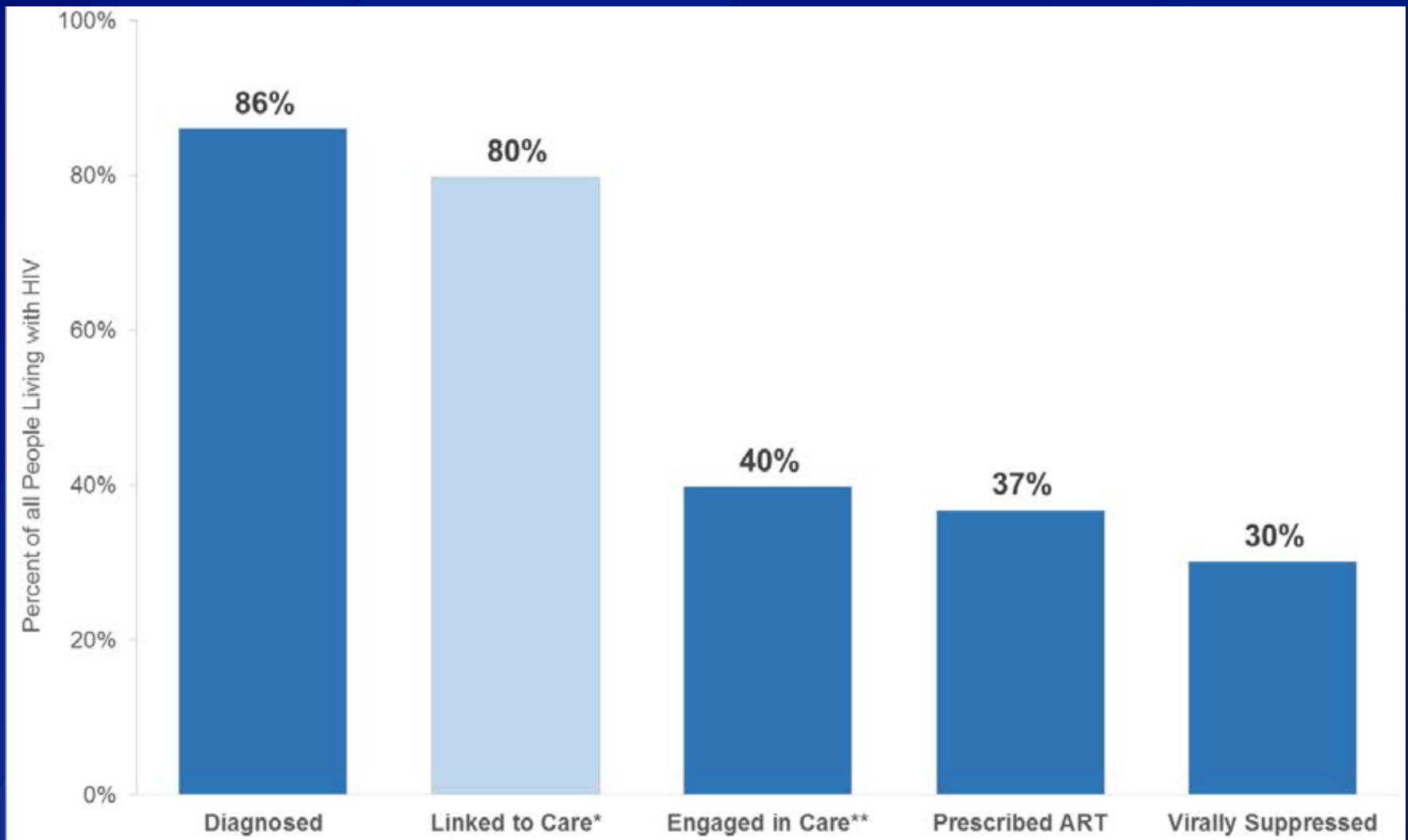# Adherence 2015
June 29, 2015

Eugene McCray, M.D.

Director,

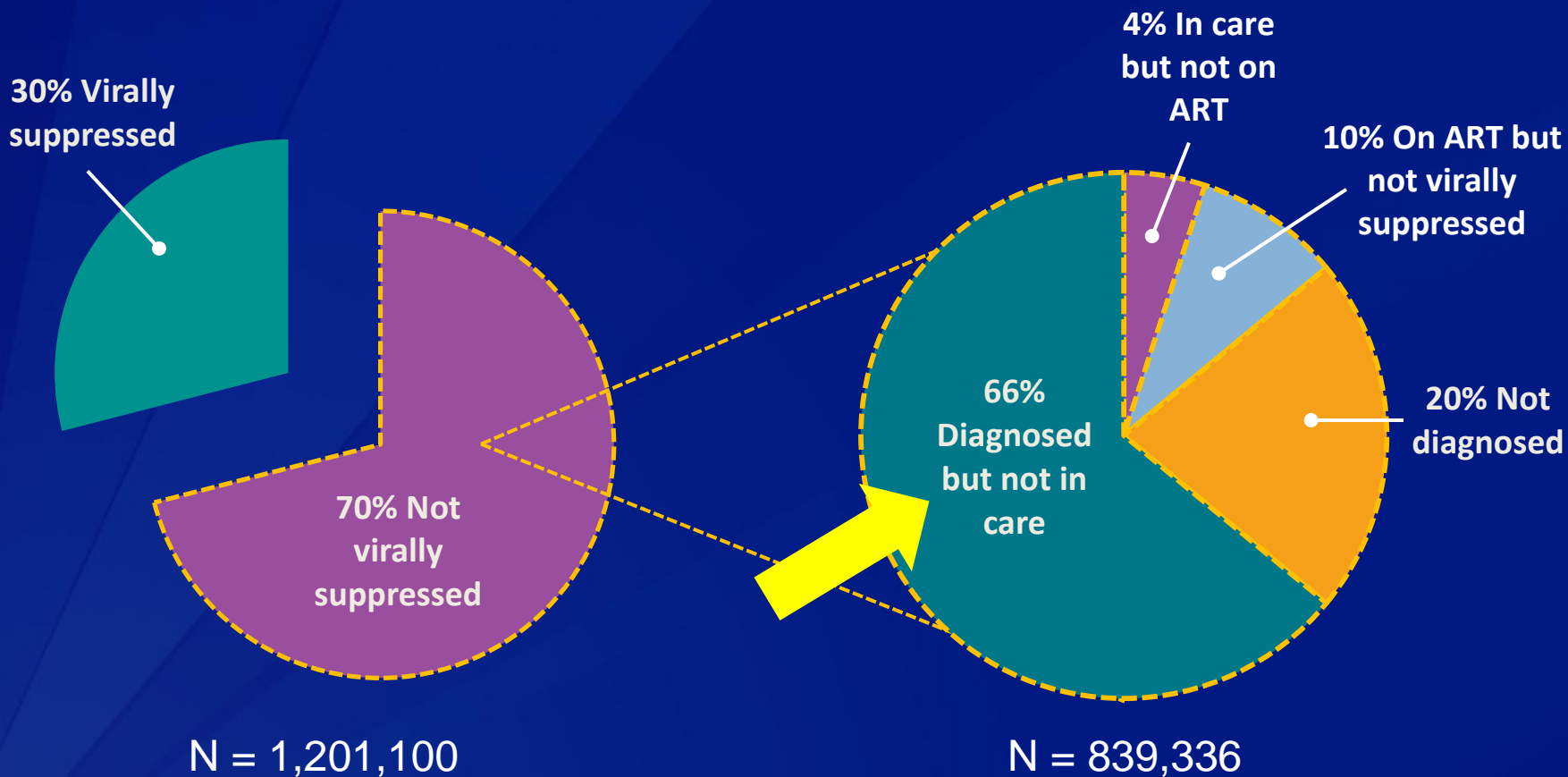Division of HIV/AIDS Prevention

Topics

- ❑ **Data overview**
- ❑ **Overview of Data to Care (D2C) strategy**
- ❑ **Using surveillance data for D2C**
- ❑ **Program aspects of D2C**
- ❑ **Opportunities, challenges, next steps**

HIV Care Continuum, 2011

Diagnosis and treatment status of persons living with HIV who are not virally suppressed — United States, 2011

30% Virally suppressed

70% Not virally suppressed

4% In care but not on ART

10% On ART but not virally suppressed

66% Diagnosed but not in care

20% Not diagnosed

N = 1,201,100

N = 839,336

Estimated Number and Percentage of Transmissions along the HIV Care Continuum, United States, 2009

Skarbinsky, et al. JAMA Internal Medicine 2015
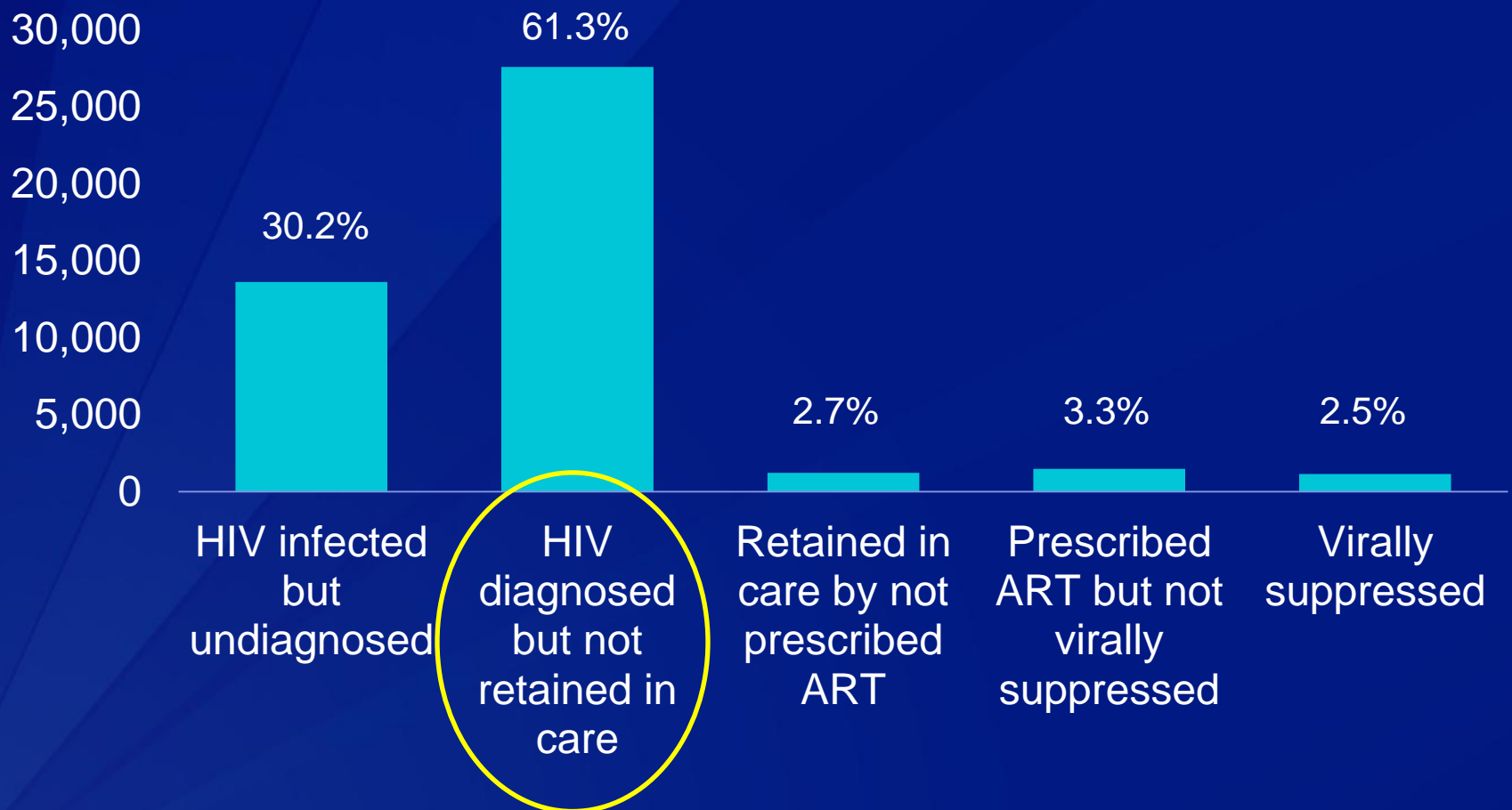
Data to Care Strategy

- **Basic concept is using surveillance data to identify people who are not engaged in care**
 - Never linked to care
  - Dropped out of care

- **Uses surveillance data to determine care status**
  - CD4 or viral load test result as proxy for care visit

- **Data are used for public health follow up**
  - Continuum of Care = aggregate data for monitoring
  - D2C=individual data for public health action

Goals of the *Data to Care* Strategy

❑ **Increase the number of HIV-diagnosed individuals who are engaged in HIV care**

❑ **Increase the number of HIV-diagnosed persons with an undetectable viral load**
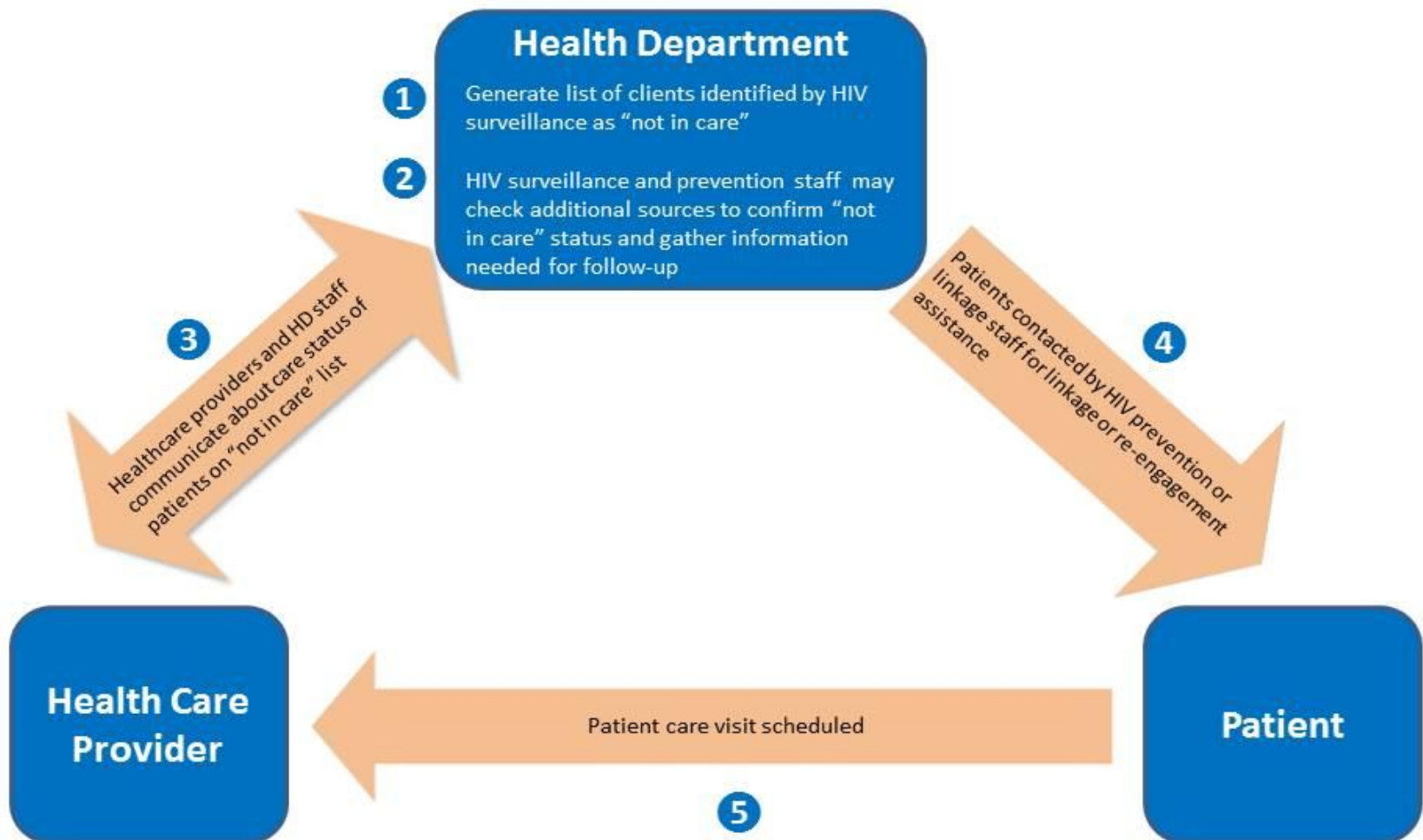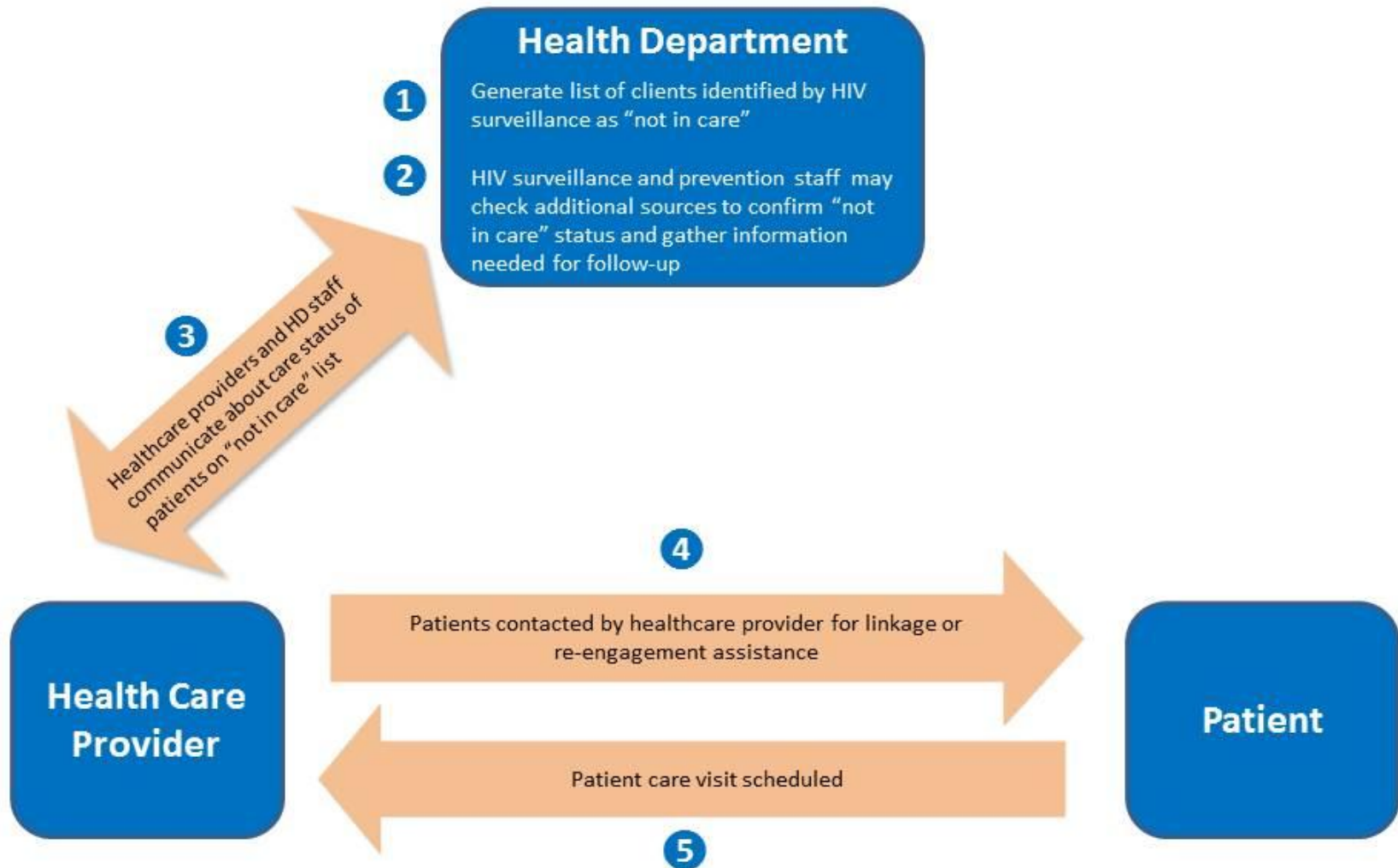
Data to Care: Operational Steps
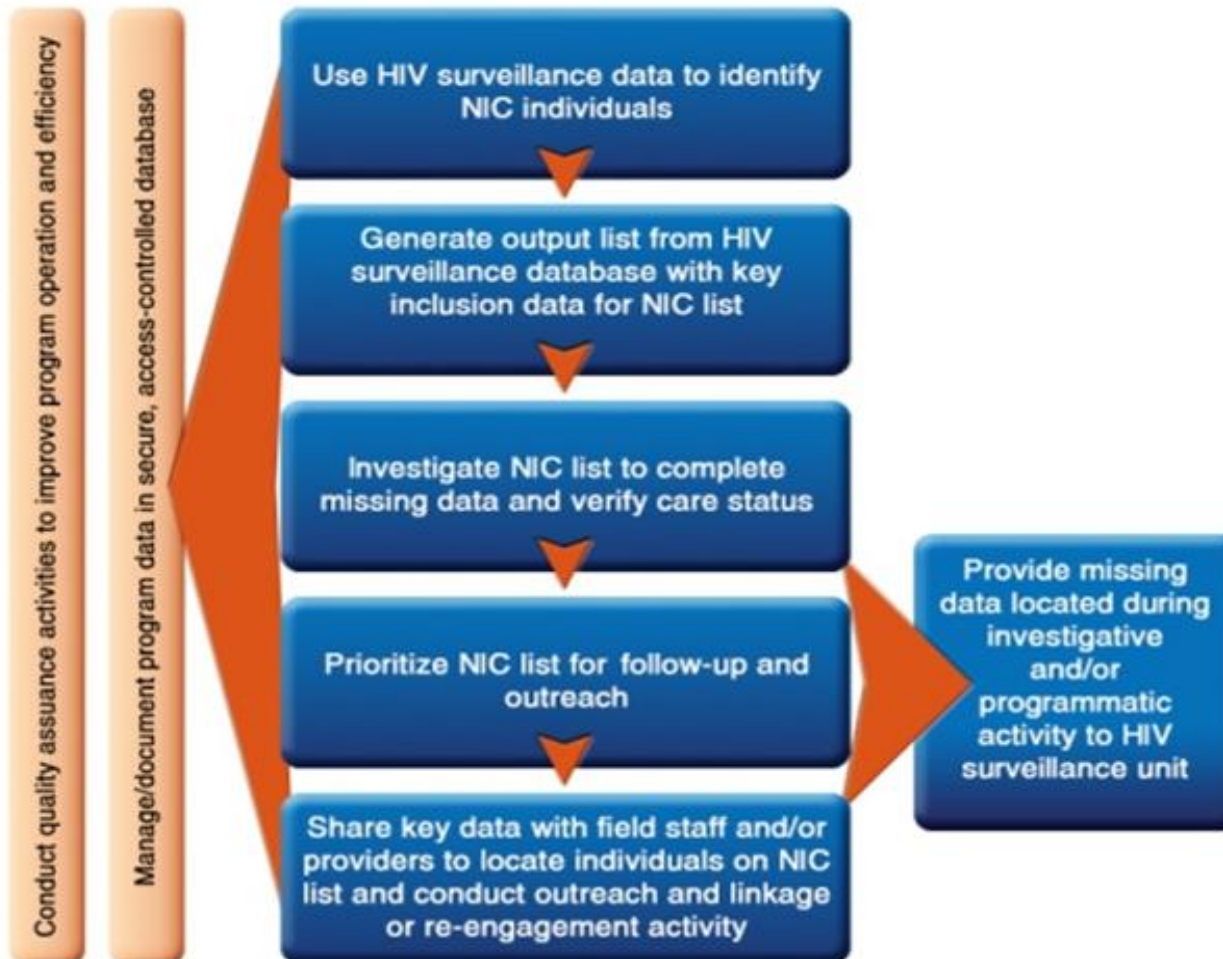
Data to Care Models

❑ **Health Department Model**

❑ **Healthcare Provider Model**

❑ **Combination Model**

Data to Care Health Department Model for Linkage and Re-Engagement

Health Department

1. Generate list of clients identified by HIV surveillance as "not in care"

2. HIV surveillance and prevention staff may check additional sources to confirm "not in care" status and gather information needed for follow-up

3. Healthcare providers and HD staff communicate about care status of patients on "not in care" list

4. Patients contacted by HIV prevention or linkage staff for linkage or re-engagement assistance

Health Care Provider

5. Patient care visit scheduled

Patient

Data to Care Health Care Provider Model for Linkage and Re-Engagement

Health Department

1. Generate list of clients identified by HIV surveillance as "not in care"

2. HIV surveillance and prevention staff may check additional sources to confirm "not in care" status and gather information needed for follow-up

3. Healthcare providers and HD staff communicate about care status of patients on "not in care" list

Health Care Provider

4. Patients contacted by healthcare provider for linkage or re-engagement assistance

5. Patient care visit scheduled

Patient

Data to Care Combination of Health Department and Health Care Provider Models for Linkage and Re-Engagement

Health Department

1. Generate list of clients identified by HIV surveillance as "not in care"

2. HIV surveillance and prevention staff may check additional sources to confirm "not in care" status and gather information needed for follow-up

3. Healthcare providers and HD staff communicate about care status of patients on "not in care" list

Patients contacted by HIV prevention or linkage staff for linkage or re-engagement assistance

4.

Health Care Provider

Patients contacted by healthcare provider for linkage or re-engagement assistance

Patient care visit scheduled

5.

Patient

Using HIV Surveillance Data for D2C

❑ **Requirements**

- All values of CD4/VL tests reported to surveillance
  - Policy for reporting all values to HD
  - Laboratory compliance
    - Report the test results
    - Use of ELR facilitates the process

- SAS code and local program inputs to generate NIC list

Areas with Laws and Regulations for Reporting all CD4 and Viral Load Values, July 2014

VT
NH
MA
RI
CT
NJ
DE
MD
DC

Laboratory reporting
(laws and regulations)

Not all values

All values, specified

All values, not
specified

Puerto Rico

Virgin Islands
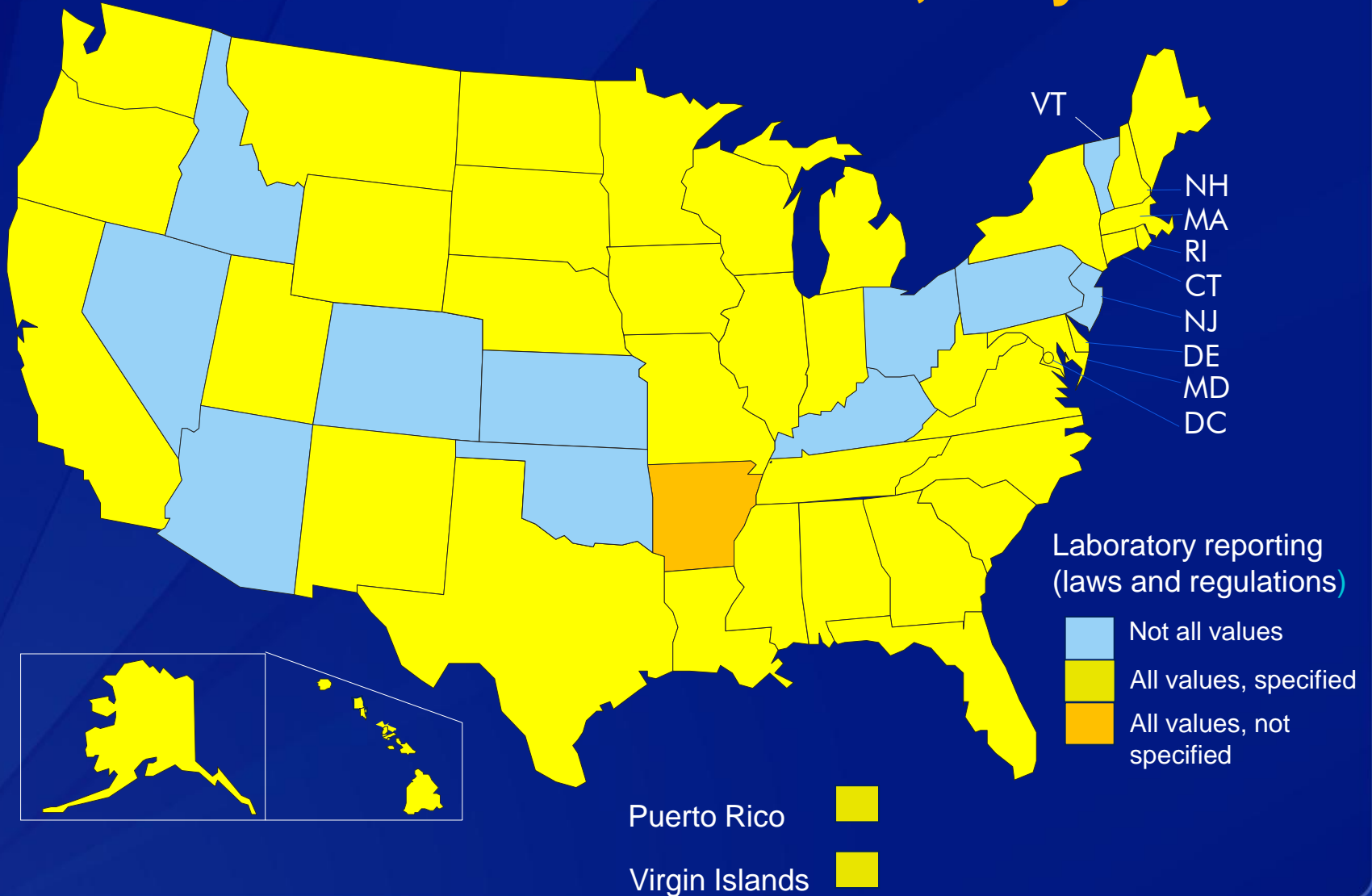
Using HIV Surveillance Data for D2C

❑ **Challenges**

- ▪ Recent or current address - what's available, what's current
- ▪ People Search tools
  - • Being used by states, local decision to use, consult local legal counsel; concerns about confidentiality and access by vendors

❑ **Opportunities**

- ▪ Support for use of HIV surveillance data for this purpose from grantees, advocates
- ▪ Multiple projects = more opportunities to enhance surveillance data and its use and learn new strategies

Program Aspects of D2C

❑ **Requirements**

- Data sharing from surveillance to program of NIC list
- Field staff to find and link people to care
- Tracking of outcomes

❑ **Challenges**

- Locating people is challenging (out migration)
- Reasons for not engaging in care are multifactorial and complex

❑ Opportunities

- Brings together HIV surveillance, care, and prevention staff together for the first time in some jurisdictions or, in other jurisdictions, with a common purpose that they all support.

Data to Care Toolkit:
Technical Assistance at Your Fingertips!

D2C in DHAP

Program Funding
- Prevention with Health Departments

Surveillance Funding
- National HIV Surveillance System

Research and Demonstration Projects
- CoRECT Study
- CAPUS
- Partnerships for Care (P4C)
- Prevention with Health Departments: Cat C innovative projects
- FOA PS15-1506
- FOA PS15-1509

❑ **Technical Assistance Support**
- Toolkit
- TA contract
- CBA grantees

Evaluating D2C

❑ **Many lessons learned and improvements over time**

❑ **Few areas are far enough along to have adequate data for evaluation purposes**

❑ **CoRECT Study to quantify effectiveness**

Next Steps for D2C

- Ongoing projects will provide information on:
  - How effective D2C methods are (CoRECT)
  - Operational aspects of different D2C models
  - Ways to improve use of surveillance data

- Technical assistance to grantees

- Future efforts may include:
  - HDs creating reports for clinics/providers summarizing their linkage and viral suppression outcomes (feedback reports)

Data to Care – Part of a solution

❑ **Jurisdictions should have a comprehensive program to improve the continuum of care**

❑ **Data to Care can be an important component**

❑ **Data to Care likely isn't sufficient by itself**

- May be too slow
- May not identify all persons not in care
- May not be able to reach all persons not in care
- Resource intensive

DHAP

Publications and Resources

Available by visiting the DHAP website:
www.cdc.gov/hiv/dhap/about.html

Or by calling:
1-800-CDC-INFO

Division of HIV Prevention
Centers for Disease Control and Prevention
Corporate Square, Atlanta GA
MS D-21