Actioning the Data: The Alabama Experience

Michael J. Mugavero, MD, MHSc
University of Alabama at Birmingham
May 9, 2016
Engagement in HIV Care

1. HIV Dx → Linkage to Care
2. Linkage to Care → ART Receipt
3. ART Receipt → Retention in Care
   → Re-engagement in Care
   → ART Adherence
   → Outcomes

### UAB 1917 Clinic Population: CQI

<table>
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<tbody>
<tr>
<td>All Patients seen in last 24 months</td>
<td>1962</td>
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<td>2272</td>
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<td>Clinic population change</td>
<td>-</td>
<td>↑7.4%</td>
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**CQI Metric: Lost to Follow Up**
Expectation: ≥80% of patients will remain in care.
“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”
Alabama Regional Quality Group

2013 Retention Data

Retention Percentage

Slide courtesy of Ashley Tarrant, MAO
Are patients merely lost to clinic...or truly lost to care?
Continuum of HIV Care Among Persons Living with HIV Infection in Public Health Area 4, Alabama, 2014

Engagement in HIV Care

- **COMMUNITY**
- **CLINIC**

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<tr>
<th>Stage</th>
<th>Percentage</th>
<th>Statewide</th>
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<tr>
<td>HIV-infected (estimated)*</td>
<td>120%</td>
<td></td>
</tr>
<tr>
<td>HIV-diagnosed†</td>
<td>100%</td>
<td>73%</td>
</tr>
<tr>
<td>Linked to care (2014 Alabama)‡</td>
<td>104/139 (74%)</td>
<td>88%</td>
</tr>
<tr>
<td>Retained in care (2014 Alabama)§</td>
<td>2,338 (73%)</td>
<td>92%</td>
</tr>
<tr>
<td>Suppressed viral load (≤200 copies/mL)£</td>
<td>1,959 (61%)</td>
<td>70%</td>
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Engagement percentages include:
- 4.2% ≤ 30 days
- 32% in 31-90 days
- 18% sporadic
- 55% continuous
Data to Care (D2C)

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.

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, Ph.D., 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

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
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

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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:

1. Eligible for re-engagement
2. Receiving care elsewhere
3. Moved out of state
4. Deceased
5. 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.
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<th>Status</th>
<th>Number</th>
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<tr>
<td>Out of care</td>
<td>109</td>
<td>40%</td>
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<tr>
<td>In care elsewhere</td>
<td>135</td>
<td>50%</td>
</tr>
<tr>
<td>Deceased</td>
<td>26</td>
<td>8%</td>
</tr>
<tr>
<td>Unable to locate</td>
<td>6</td>
<td>2%</td>
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“When spider webs unite, we can tie up a lion.”

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