



VIRTUAL
**2020 NATIONAL
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HIV CARE & TREATMENT

Data-Driven Strategies for HIV Care Re-engagement: A Southern Perspective from Tennessee

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- **At the conclusion of this presentation participants will learn how to**
 - Collect, manage, and translate data to identify “out of care” patients
 - Successfully re-engage patients into HIV medical care;
 - Evaluate client barriers to care for program improvement

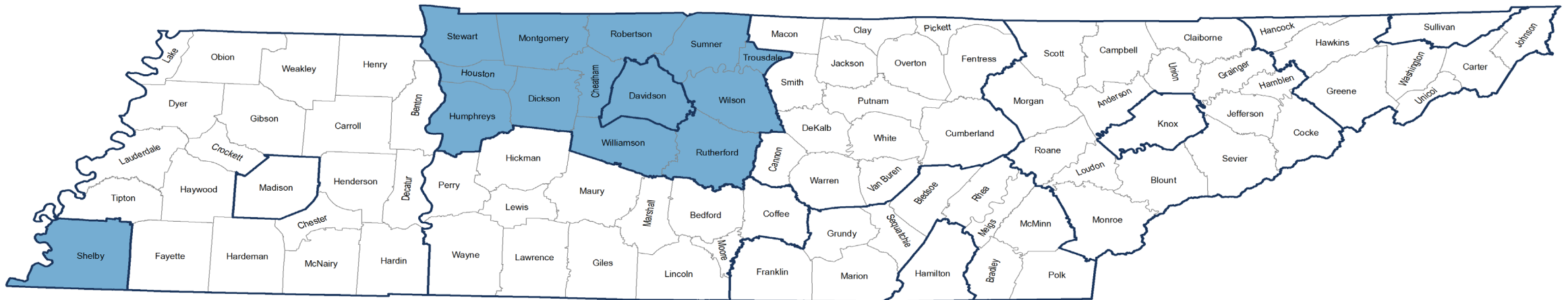


HIV in Tennessee

Data to Care Re-engagement Regions



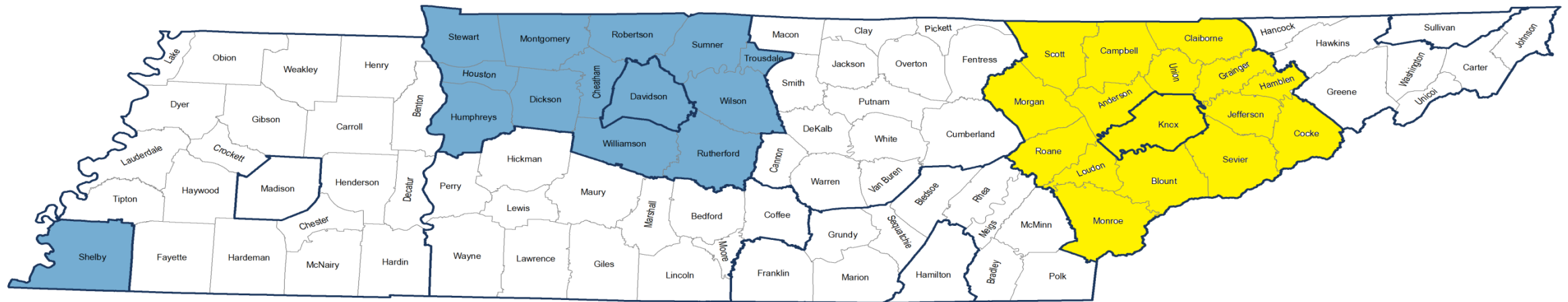
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Data to Care Re-engagement Regions

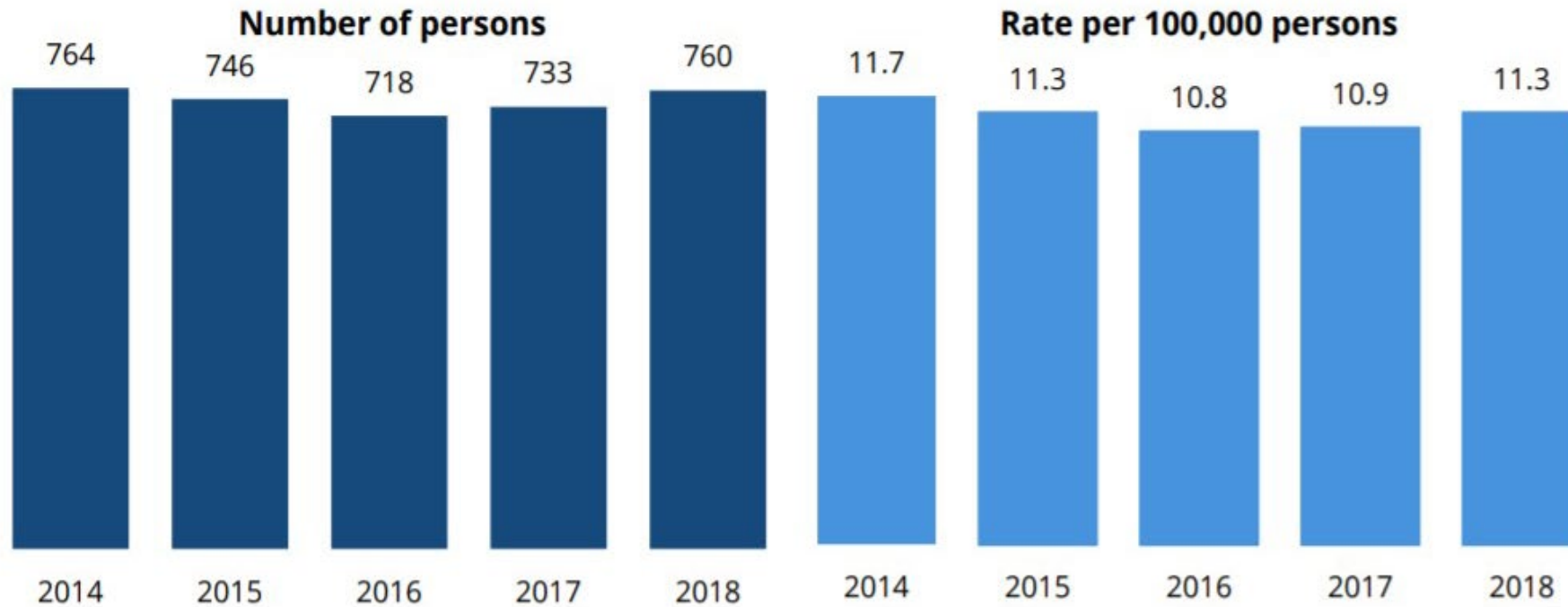


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Tennessee HIV Incidence

Persons newly diagnosed with HIV, Tennessee, 2014–2018



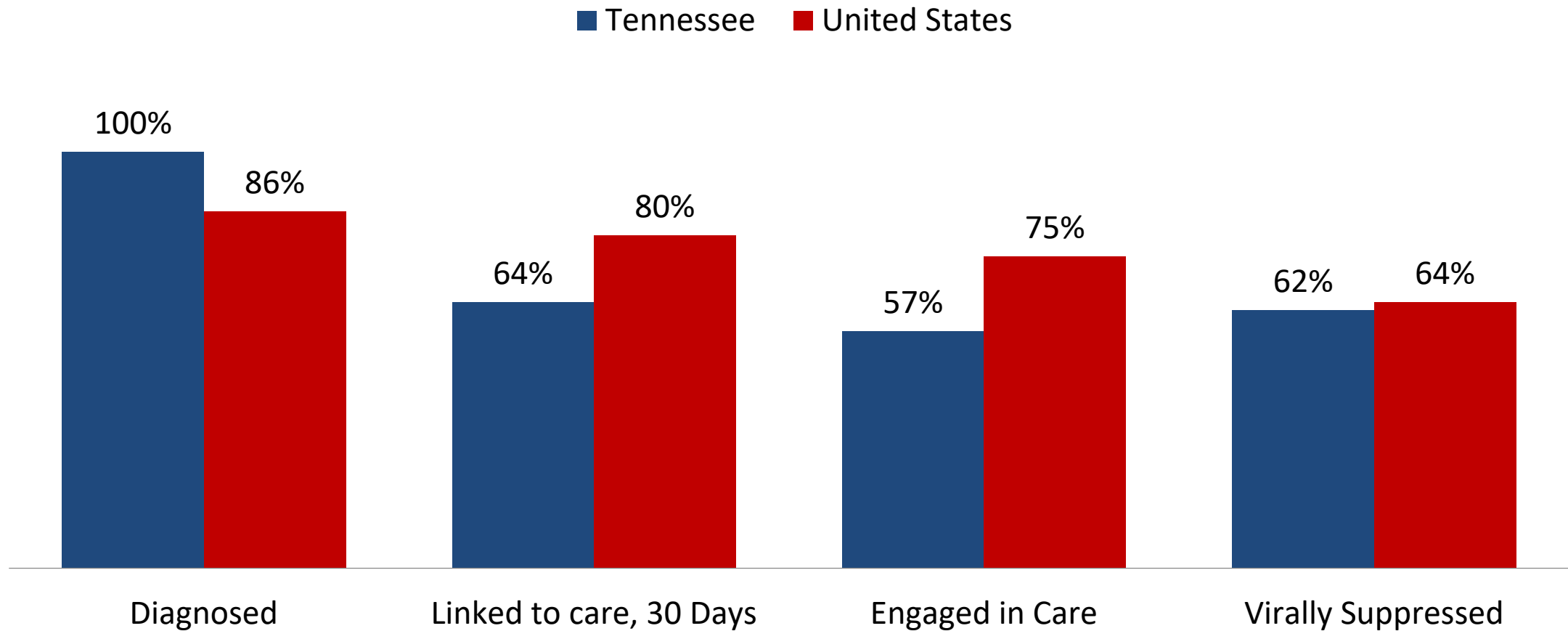
Tennessee HIV Prevalence



Persons living with diagnosed HIV, Tennessee, 2014–2018



Continuum of Care — Tennessee 2018





Data to Care Re-engagement

Data to Care Re-engagement Background



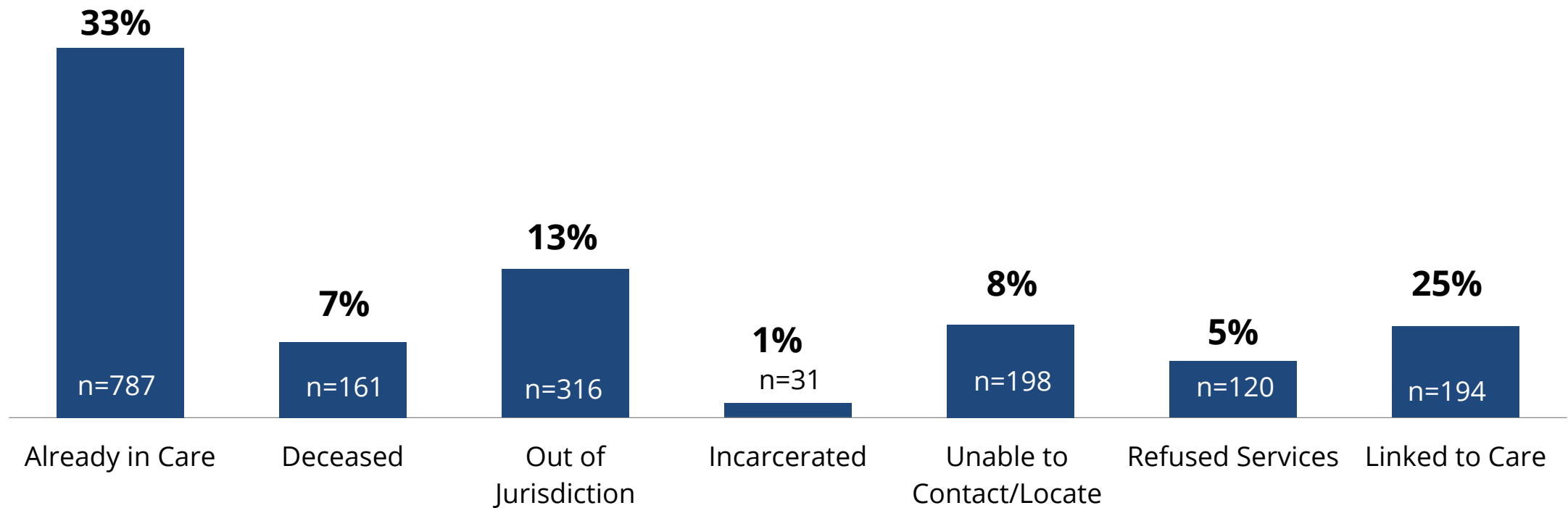
- **History:** Adapted from 4 year CDC demonstration project, Care and Prevention in the United States (CAPUS), 2012-2016; three main components:
 - Social Networking Strategy (SNS)
 - Corrections Navigation
 - DIS Re-engagement
- **Purpose:** Reduce HIV/AIDS-related morbidity and mortality among racial and ethnic minorities living within the United States
- **Overarching Goal:** Improve rates of re-engagement and retention in medical care to persons living with HIV (PLWH) who have fallen out of care ≥ 12 months

Data to Care Re-engagement Outcomes



October 2016–March 2019

Identified “Not in Care” n= 2382



Data to Care

Re-engagement Integration



- **Role of HIV Prevention**
 - Hires, trains, implements and manages the program
 - Reports data to the Centers of Disease Control (CDC)
- **Role of Ryan White Part B**
 - Funding role, management role, data reporting changes (HRSA v CDC)
- **Role of HIV Surveillance**
 - Generates Not in Care lists
 - Conducts Accurant record searches
 - Upload lists to REDCap
 - Oversee feedback loop

Data to Care Re-engagement Activities by HIV Surveillance

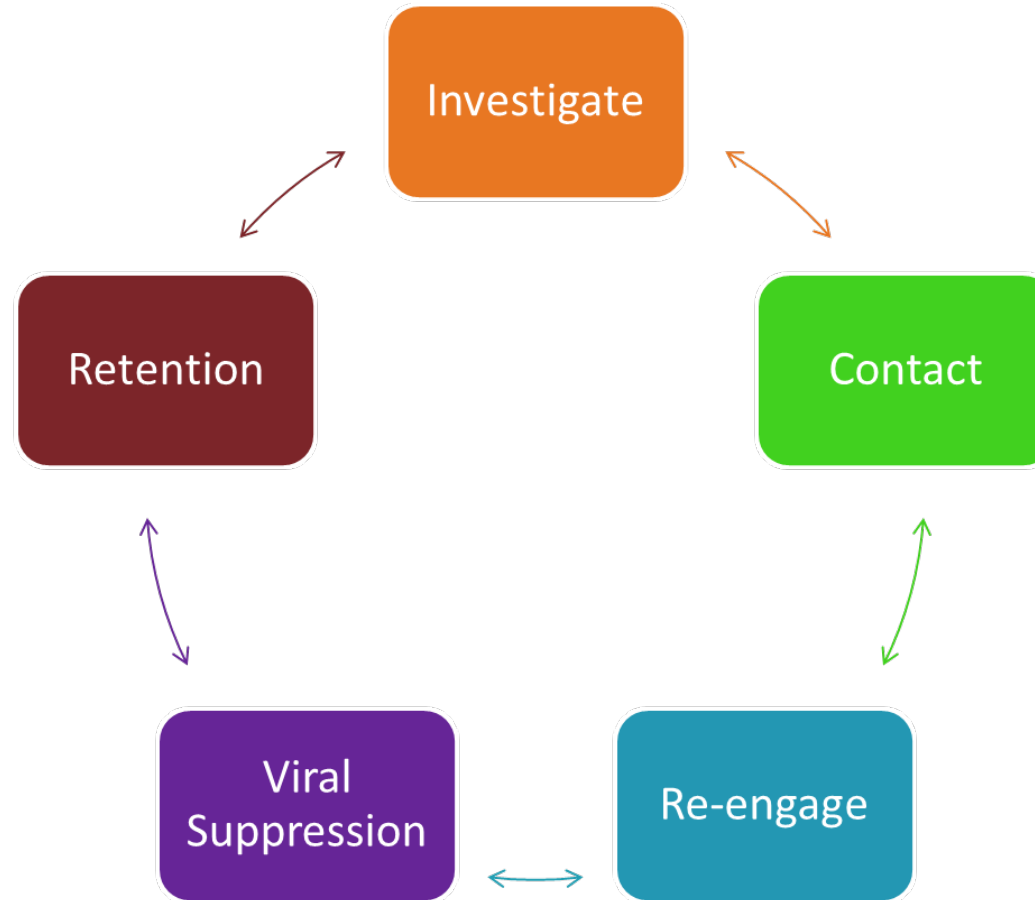


- **Each quarter, the HIV surveillance epidemiologist generates a “not in care” list via eHARS based upon the following criteria:**
 - Must be PLWH who reside in the state of TN
 - Have been out of care for ≥ 1 yr
 - Have evidence of some form of care (VLs/CD4s) during the 3 years prior to them being out of care for a year or greater
- **Accurint used for up-to-date locating information and eliminate clients who may have moved out of state**
- **Data to care NIC lists quarterly to each respective jurisdiction**



Data to Care Re-engagement Process

Data to Care Re-engagement Process



Data to Care Re-engagement Process



- **Investigation**

- Each month re-engagement specialists utilize various databases to thoroughly investigate a list of 20-25 clients identified as being “not in care”

- **Contact**

- Contact attempts are a combination of phone calls, field visits and referral letters
 - A **minimum** of 3 contact attempts per method is required

- **Re-engage**

- If a client is interested in being re-engaged into medical care, re-engagement specialists will help to address barriers and assist with referring the individual to medical care and Ryan White services if needed

- **Viral Suppression**

- Re-engagement specialists verifies that clients have achieved viral suppression within 12 months of re-engaging into care.
- If no labs are present in eHARS, providers will be contacted to obtain proof of labs and ensure proper reporting protocols are being followed.

- **Retention**

- Retention in care begins once a client is re-engaged into medical care
 - Re-engagement specialists follow up with the clients provider at 6 months and 12 months to verify care status.

Data to Care Re-engagement Evaluation and Reporting

Data to Care Re-engagement: Reporting



- **REDCap**
 - A secure web platform for building and managing online databases and surveys developed by Vanderbilt University
- **CAREWare 6**
 - HRSA developed software used to report year-end client-level data and to monitor quality of care



Implementation Plan



Stage of the HIV Care Continuum related to this service category: Linked to Care; Retained in Care					
1. Objectives: <i>List SMART objectives that support the service goal listed above.</i>	2. Service Unit Definition: <i>Define the service unit to be provided</i>	3. Quantity:			
		<i>Number of people to be served</i>		<i>Total Number of service units to be</i>	
		Annual Target	Actual	Annual Target	Actual
a: Link 95% of new PLWHA to medical services within 30 days of diagnosis.	15 Minutes of Linkage Activities	0		0	0
b: Investigate at least 90% of PLWHA (referred to the program) with no known medical visits within the past 12 months to verify their current care status.	15 Minute Record Search	240	0	480	0
c: Locate 50% of known PLWHA who had no known medical visits within the past 12 months	15 minutes of Attempts to Contact/Locate (phone calls, field visits, letters)	120	0	870	0
d: 2) Re-engage and link 50% of known PLWHA (who were located and had no known medical visits within the past 12 months) within 6 months of locating the client.	15 minutes of Re-engagement Activities (provider communication, transportation, provider visits)	60	0	480	0
d: 1) Re-engage and link 40% of known PLWHA (who were located and had no known medical visits within the past 12 months) within 30 days of locating the client.	15 minutes of Re-engagement Activities (provider communication, transportation, provider visits)	24	0	240	0
e: Follow up with PLWHA re-engaged in care and verify that 50% are retained in care	15 Minute Record Search	30	0	30	0
f: Verify that 50% of PLWHA, with a known medical visit within the past 12 months, achieve viral suppression	15 Minute Record Search	30	0	30	0
g: Make in-person contact with six points of entry across the state of Tennessee during the grant year to inform the providers of linkage services and where to refer clients for HIV care.	15 Minute Increments	0		0	0
5. Unduplicated: Provide the number of unduplicated clients served.					0

CAREWare for Data to Care Re-engagement



Financial Report

Monday, April 1, 2019 through Tuesday, March 31, 2020

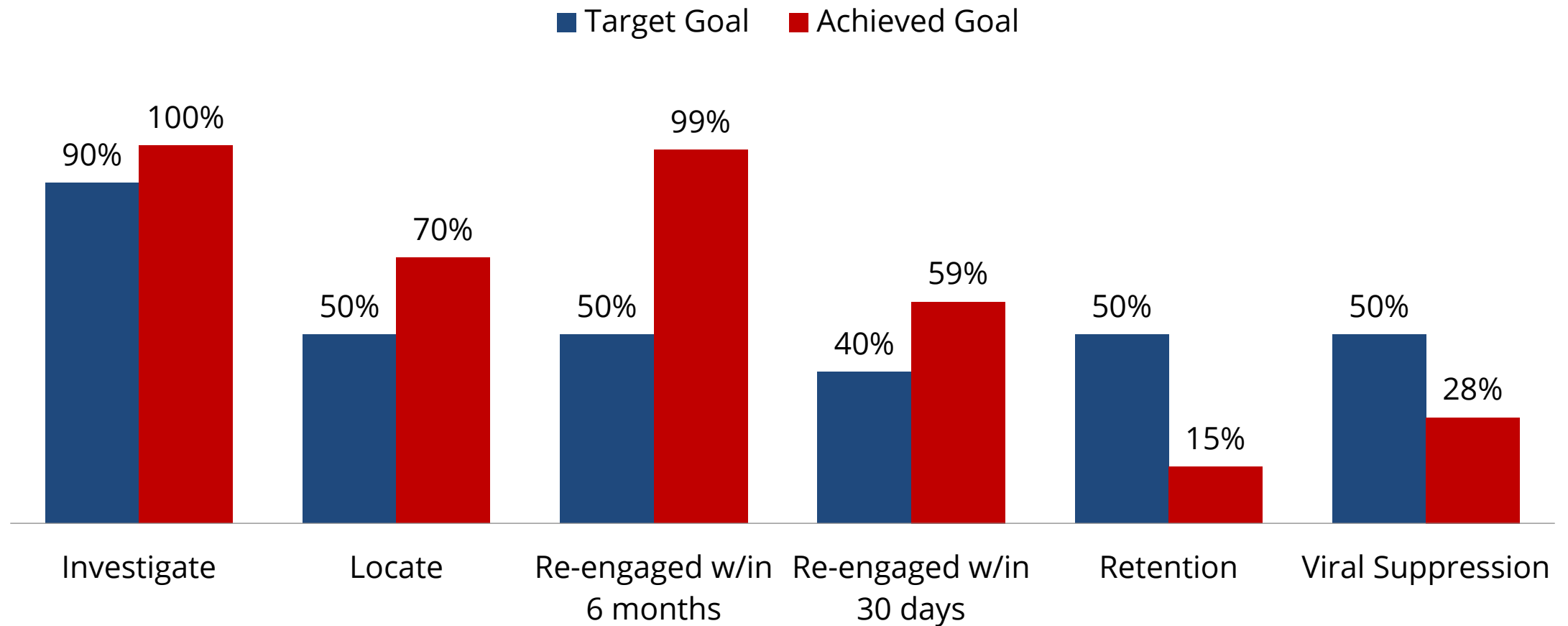
Report Criteria:

Providers:	State of Tennessee - PDE
Funding Sources:	Part B
Group By Providers:	False
Include Subservice Detail:	True
Receipts In Period:	False

State of Tennessee - PDE

	Clients:	Units:	Total:	Amount Received:	Not Received:
Early Intervention Services					
EIS Adherence Counseling	2	2	\$0.00	\$0.00	\$0.00
EIS Contacting/Locating	156	445	\$0.00	\$0.00	\$0.00
EIS Initial Investigation	345	616	\$0.00	\$0.00	\$0.00
EIS Re-engaged in Care	12	160	\$0.00	\$0.00	\$0.00
EIS Viral Suppression Verification	13	14	\$0.00	\$0.00	\$0.00
Early Intervention Services Totals:	367	1237	\$0.00	\$0.00	\$0.00
Outpatient/Ambulatory Health Services					
Medical visit	604	1482	\$115,922.93	\$0.00	\$115,922.93
Outpatient/Ambulatory Health Services Totals:	604	1482	\$115,922.93	\$0.00	\$115,922.93
Provider Totals:	968	2719	\$115,922.93	\$0.00	\$115,922.93

Goal Comparison (April 2019–March 2020)



Data to Care Re-engagement: Strengths and Challenges

Data to Care Re-engagement: Strengths and Challenges



Strengths

- More efficient data management
- Improved NIC list
- Discovering laboratories and providers that are not reporting viral loads and CD4s
- Cleaner data in eHARS and true depiction of Continuum of Care

Challenges

- Aligning the needs of all programs
- Reporting in multiple databases
- Tracking viral suppression
- Submitting data to HRSA

Data to Care Re-engagement: Best Practices



- **Ensuring re-engagement specialists are completing regular and accurate data entry**
- **Internal Workgroups**
- **Involving surveillance team to address lab/electronic lab reporting (ELR) issues**
- **Integration of HIV programs**

Acknowledgements



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Thank You

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Questions