

Finding and Using the Best Data Sources to Support EHE Strategies



June 17, 2021 | 1:00-2:00 PM EST

Who We Are



Technical Assistance Provider
innovation network

Strengthen & support implementation of jurisdiction Ending the HIV Epidemic (EHE) Plans to contribute to achievement of reduction in new reported HIV cases by 75% by 2025

Tip: Get TAP-in TA and Training by Contacting TAP-in@caiglobal.org

Cooperative Agreement

Award # U69HA33964

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Objectives

1

Identify different types of data sources available for use (e.g., HIV surveillance, pharmacy/ADAP, Medicaid, corrections data)

2

Examine strategies for accessing and linking available data sources

3

Identify related next steps and technical assistance needs

Agenda



Review how EHE funding is different from other RWHAP funding



Explore data sources not commonly used by jurisdictions



Explore challenges to accessing & integrating data



Case study from the Detroit Health Department and the Michigan Department of Health and Human Services



Q&A



How EHE funding is different from other RWHAP funding

1. Services can be provided to all people with HIV, not just those who are eligible for RWHAP
2. Services don't have to fall under the current service categories outlined in [Policy Clarification Notice \(PCN\) 16-02](#)
3. Greater emphasis on priority populations
 - EHE includes focused, targeted services to priority populations
 - EHE programs utilize more focused models for each type of award versus RWHAP service category-based models



RWHAP serves over half of all people with diagnosed HIV in the United States

RWHAP Funded Providers



Providers Not Funded by RWHAP



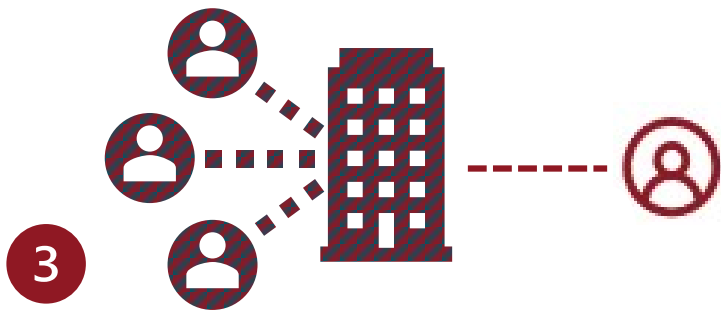
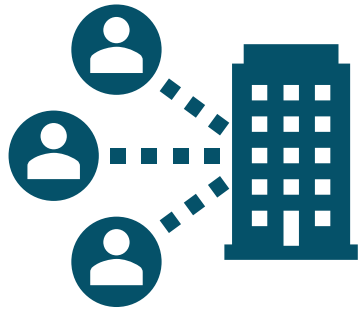
People Who Are Out of Care



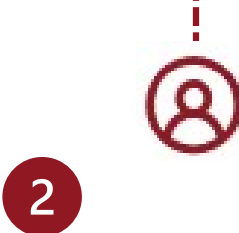


EHE aims to bring new clients and services into RWHAP

RWHAP



EHE



1. Newly funded providers
2. People being brought into care (for the first time or re-engaged)
3. New services for people in care who are not virally suppressed



Poll #1

What percent of the people with diagnosed HIV in your jurisdiction receive services at a RWHAP-funded provider?



The EHE initiative highlights the need for more information and data for jurisdictions on priority populations

What you already know

What you don't know

What data sources you need

How to access and analyze



RWHAP Part A and B data systems support jurisdictions in:

- Monitoring contracts
- Capturing demographic, health and service data for RWHAP eligible clients
- Sharing data across subrecipients
- Meeting HAB reporting requirements (e.g., RSR)
- Identifying priority populations among RWHAP eligible clients

What you already know

What you don't know

What data sources you need

How to access and analyze



However, existing systems may need to be updated to support new EHE activities





What questions do you still have?

- Who among the non-RWHAP eligible population is not virally suppressed?
- Are people newly diagnosed with HIV being linked to medical care and assessed for RWHAP eligibility? How quickly?
- Do you have data on priority populations who are hard-to-reach (e.g., people in correctional settings)?

What you already know

What you don't know

What data sources you need

How to access and analyze



What questions do you still have?

- What are the characteristics and needs of these populations?
 - Do they have access to a RWHAP provider?
 - Do they have substance use or behavioral health needs?
 - Do they need linkage to housing services?
 - What are their demographic characteristics?
 - Are your providers trained to meet their needs?

What you already know

What you don't know

What data sources you need

How to access and analyze



Poll #2

What additional data do you collect beyond RWHAP Services Report (RSR) requirements?



What other data sources are right for you?

Data Source	Type	Value	Access
Surveillance	Lab values; newly diagnosed (eHARS)	<ul style="list-style-type: none">Provides a full picture of the HIV+ population; demographics and risk factorsSupports Data to Care	May require partnership with state Department of Health, unless directly funded site
Medicaid	Services, medication	Provides more complete picture of services for clients, likely eligible for RWHAP	Partnership with state agency
ADAP	Medication	Provides more complete picture of medications for RWHAP eligible clients	Partnership with state agency
Pharmacy	Medication	Helps catch people who fall out of care between prescription and dispense	Partnership with pharmacy chain
HOPWA	Housing status; other risk factors	Can be linked to other sources to create demographic profiles	Partnership with housing agency

What you already know

What you don't know

What data sources you need

How to access and analyze



Accessing and Analyzing Surveillance Data

- Surveillance data will help run analyses you want on late and new diagnoses, those not in care, populations not virally suppressed
- Working with surveillance may require:
 - Relationship building
 - Defining your population
 - Establishing data use agreements
 - Addressing technical issues

What you already know

What you don't know

What data sources you need

How to access and analyze



Relationship Building with Surveillance

- What agency/program should you contact to request HIV surveillance data?
 - State or directly funded local HIV surveillance program
- Who within the agency can be your advocate?
 - Shared vision
 - Decision-making power

What you already know

What you don't know

What data sources you need

How to access and analyze



Relationship Building with Surveillance

- What can you offer?
 - Leveraging existing staff for shared analyses
 - Sharing RWHAP data back
 - Funding new services to get clients into care

What you already know

What you don't know

What data sources you need

How to access and analyze



Poll #3

Does your EHE team have full integration or a strong working relationship with any of the following programs?

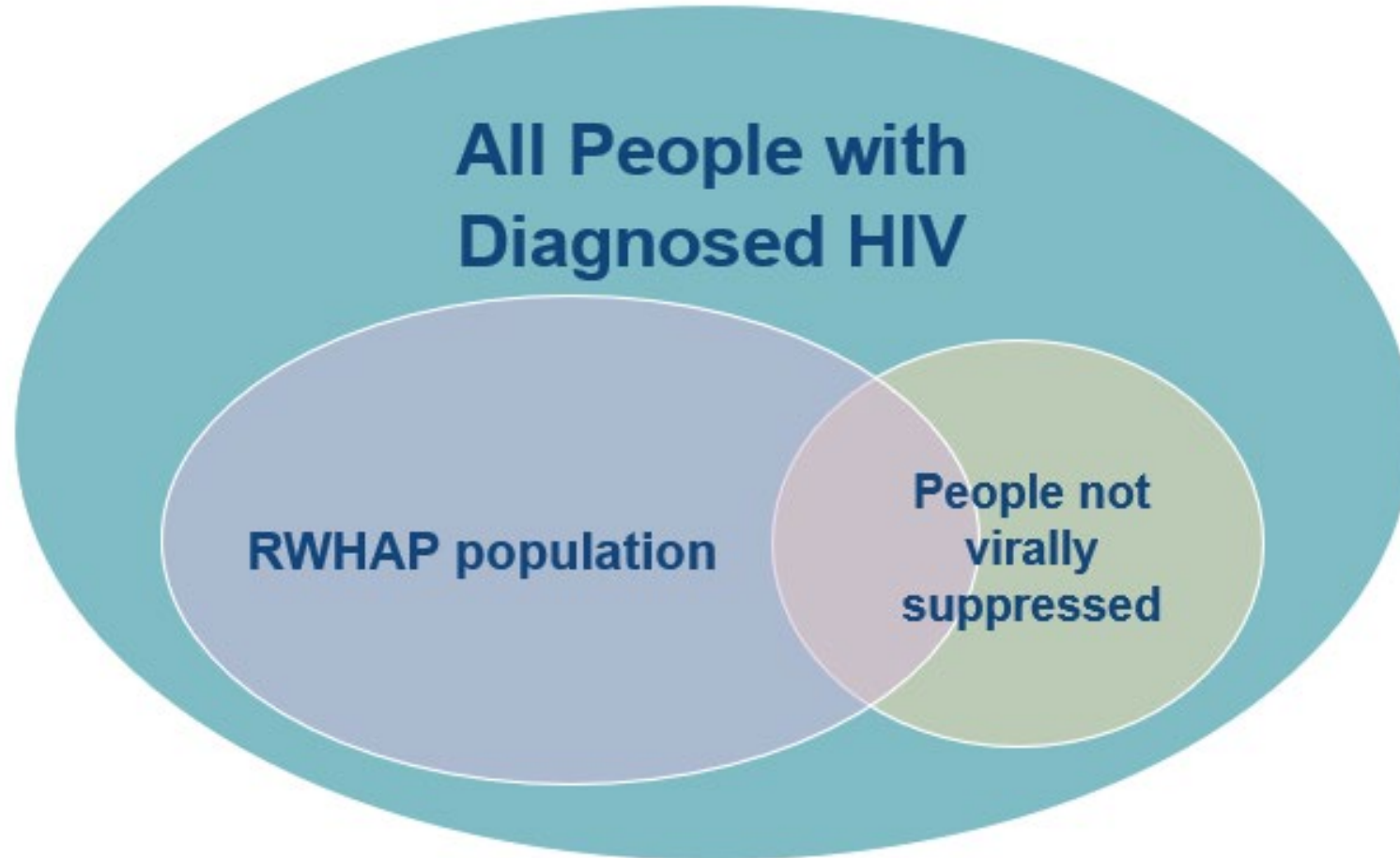


Poll #4

How often does your jurisdiction program staff leading EHE activities regularly meet with Part A/B staff to identify and strategize ways to address EHE-specific data needs?



Defining Your Population



What you already know

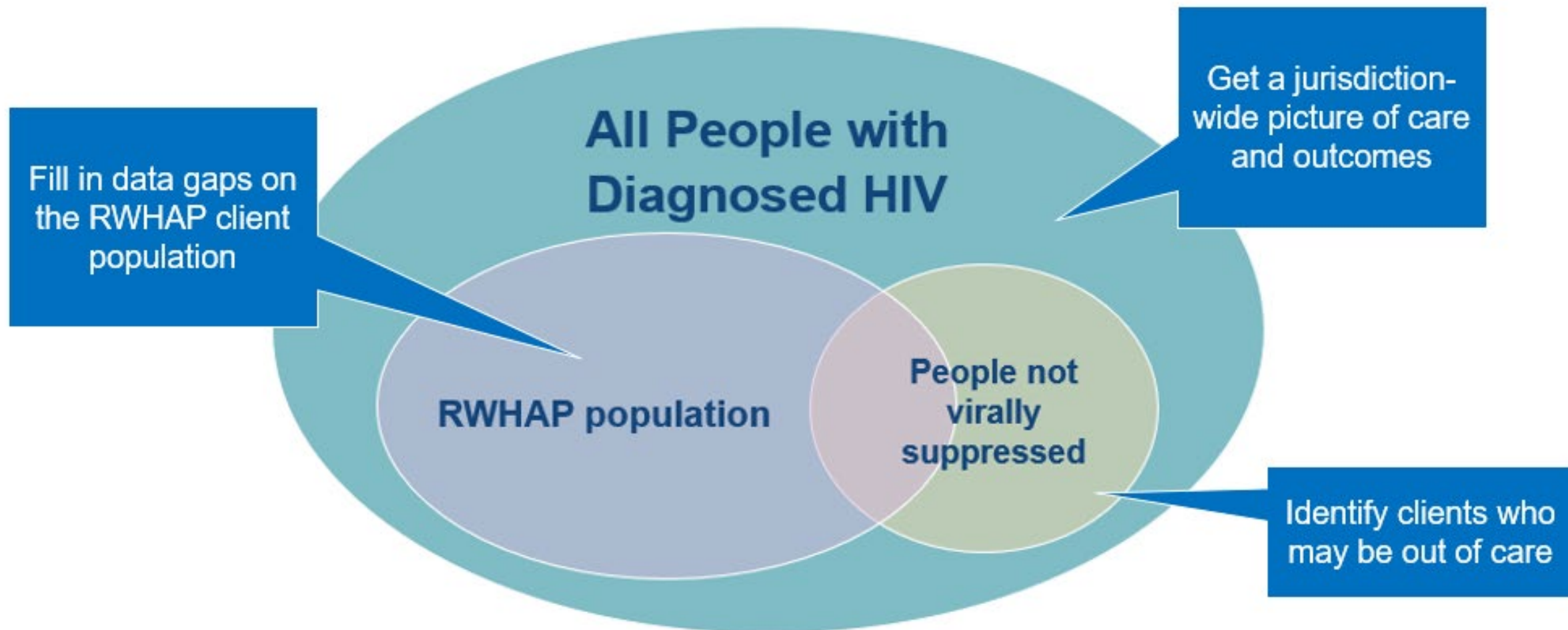
What you don't know

What data sources you need

How to access and analyze



Defining Your Population



What you already know

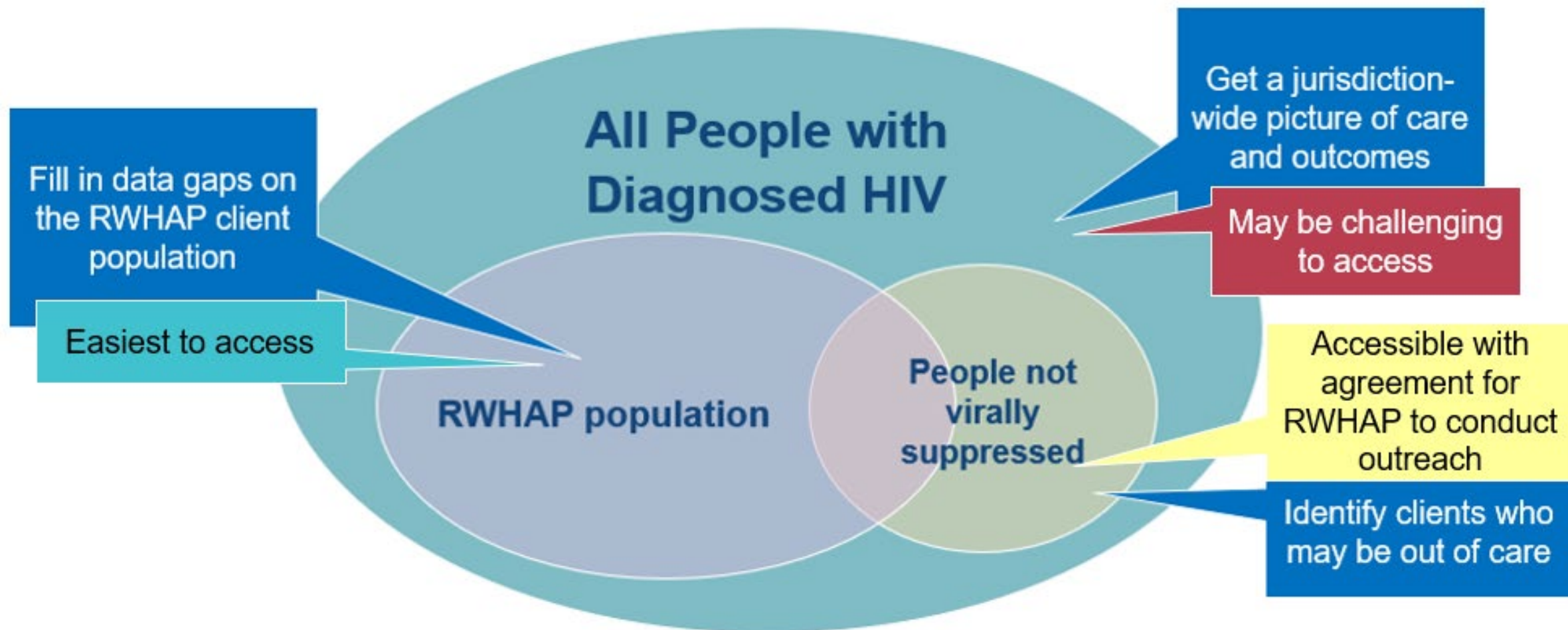
What you don't know

What data sources you need

How to access and analyze



Defining Your Population



What you already know

What you don't know

What data sources you need

How to access and analyze



Establishing Data Use Agreements (DUA) to Access Surveillance Data

- Requirements impacted by federal laws, as well as state/local laws and public health code
- “Borrowing” a DUA template may not help if agencies have existing and required templates
- Check with data privacy/legal staff about existing requirements and templates
- Ensure that all data elements needed are clearly outlined, including specific priority population information that may be required

What you already know

What you don't know

What data sources you need

How to access and analyze



Technical Aspects

- Filling gaps for RWHAP clients
 - Jurisdiction provides HIV surveillance program with dataset of clients
 - HIV surveillance returns dataset, adding in additional fields based on available surveillance data
- People out of care
 - Surveillance provides a “not in care” list to jurisdiction
 - Jurisdiction matches list to RWHAP data, identifies who is truly out of care, and conducts outreach activities

What you already know

What you don't know

What data sources you need

How to access and analyze



Technical Aspects

- All people with diagnosed HIV
 - HIV surveillance provides aggregate counts / care cascade for various populations (e.g., all jurisdiction, priority population)

What you already know

What you don't know

What data sources you need

How to access and analyze



Poll #5

How would you best describe your agency's access to surveillance data?



Detroit Health Department & Michigan Department of Health and Human Services

Partnership and Collaboration to Improve Health Outcomes

Claire Gatesy and Katrease Hale

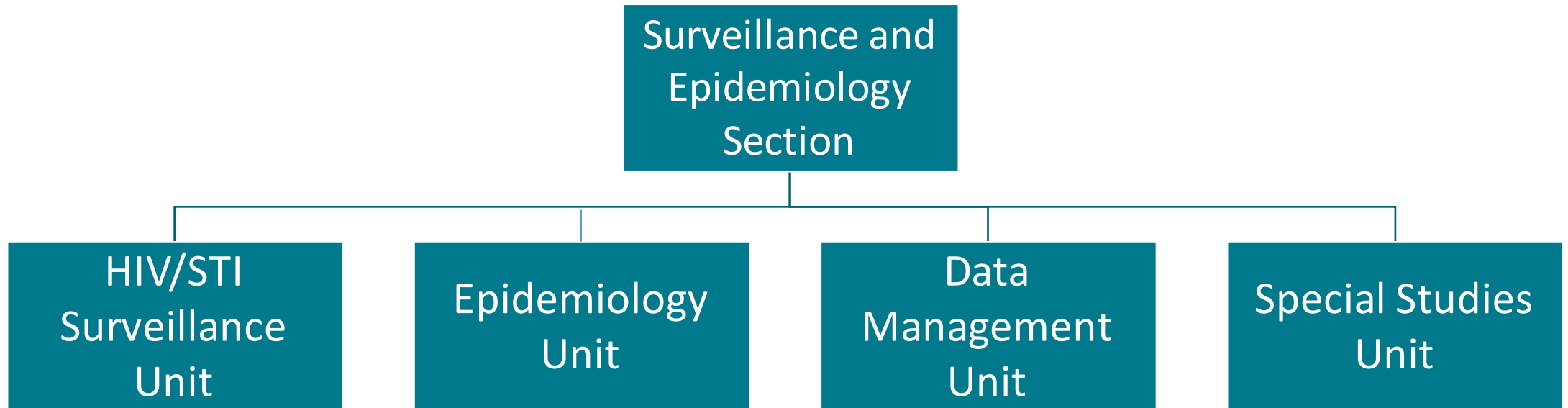
Background

- DHD Funding
- History of Partnership
 - Longstanding Partnership strengthened by collaboration around projects



Background

- MDHHS Structure



Data Shared

- Surveillance program imports labs (CD4 count and viral load) on individuals with a RWHAP service into CAREWare every two weeks
- Surveillance program shares an “out of care list” for all individuals with HIV for follow up by Detroit
- Surveillance program creates jurisdiction-wide care cascades by subpopulation
- Detroit shares detailed client demographics and risk factors with the surveillance program

Facilitators

- Statewide CAREWare system behind state firewall; Detroit staff have administrative access, will be moving to MIDASH
- Michigan public health code allows Detroit access to surveillance data for “public good”
- Extensive meetings with stakeholders to discuss role of surveillance data and data sharing across agencies
- Epidemiologist within surveillance program is highly capable and willing to conduct analyses for Detroit



Questions and Answers





TAP-in Technical Assistance Offerings

- Facilitate discussions to help you
 - Identify outstanding data-related questions
 - Determine possible additional data sources
 - Develop plan to access those sources
- Support with partnership building and the development of data use agreements
- Assist with technical issues



TAP-in Responds to Data-related TA Requests

- EHE Jurisdiction 1
 - Data Systems Workgroup – data sharing approach with state surveillance
 - Process mapping – diagnosis to 1st appointment
- EHE Jurisdiction 2
 - Data to Care activities
 - Contributing factors for PWH in care but not virally suppressed
- EHE Jurisdiction 3
 - Data needs to enhance rapid ART and jail linkage



How to Request TA

Email:

tap-in@caiglobal.org

for all TA needs and requests



Closing and Evaluation

