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Data: Access, Sources, and Systems

Austin TGA Integrated HIV Prevention and Care Plan

REGION	South
PLAN TYPE	TGA, Integrated city/county-only prevention and care plan
JURISDICTIONS	Austin, TX TGA
HIV PREVALENCE	Medium

The Austin TGA's Integrated HIV Prevention and Care Plan described the various data sources used and also which data was pulled from each. They also conducted qualitative research among people with HIV/AIDS, those at risk of acquiring HIV, and with professionals working with people with HIV in a variety of settings. Lastly, they had a nice description of the barriers to data they experienced, as well as data that was unavailable, such as data on transgender individuals since this population is a priority population for the Austin HIV Planning Council.

SELECTION CRITERIA: DATA: ACCESS, SOURCES, AND SYSTEMS

Exemplary Data: Access, Sources, and Systems sections met the following criteria (based on the Integrated HIV Prevention and Care Plan Guidance):

- Description of the ways data was used to develop needs assessment and HIV Care Continuum, including:
 - ▶ Use of RSR data
 - ▶ Use of Surveillance data
 - ▶ Use of Qualitative data
- Description of data policies that acted as barriers to data access
- Description of data that jurisdictions were unable to access but that would be helpful to access as a way to develop stronger epidemiologic profile and HIV Care Continuum.



Additional exemplary plan sections are available online:
www.targetHIV.org/exemplary-integrated-plans

E. Data: Access, Sources and Systems

a. Main sources of data and data systems used to conduct needs assessment and develop the HIV Care Continuum:

- 1. Health Resources and Services Administration (HRSA) and CDC** – Best practices and guidance were pulled from reports developed by the CDC and HRSA. The CDC provides the annual projection for the number of people who are HIV positive but unaware of their status and information on transgender populations which is not available from the state.
- 2. Texas Department of State Health Services (DSHS)** – DSHS produces the annual *Texas HIV Surveillance Report* which provides statistical, surveillance and demographic data at the state level with breakdowns by EMA/TGA, HSDA (Part B regions) and by county. DSHS provides the majority of the data and reports required by the Austin TGA to prepare the annual Ryan White grant applications and this plan. DSHS produces the annual Treatment Cascade and related data

profiles with information retrieved from the Enhanced HIV/AIDS Reporting System (eHARs) system.

3. **AIDS Regional Information and Evaluation System (AIRES)** – AIRES is the system used by all Texas EMA/TGAs and other Ryan White parts to facilitate Ryan White operations, including provider reporting/tracking of services delivered. The database enables each EMA/TGA to produce a wide variety of reports sorted by financial, utilization and consumer demographic profiles. This is the primary tool used by the Austin HIV Planning Council during the Priority Setting and Resource Allocation process to provide a clear understanding of the profile for consumers who utilize each service, the number of units of service delivered for each service. AIRES data is used to generate the Ryan White HIV/AIDS Program Services Reports (RSRs).
4. **Needs Assessments for the Austin TGA** –The Needs Assessment Committee of the Austin HIV Planning Council developed a needs assessment report in 2014. Additionally, SUMA Social Marketing was contracted by the Austin/Travis County Health and Human Services Department to conduct qualitative research among people with HIV/AIDS, those at risk of acquiring HIV, and are professionals working with people with HIV in a variety of settings. Qualitative data from these reports was used to identify key gaps and barriers to care for people living with HIV/AIDS.
5. Information from the AIDS Drug Assistance Program, electronic laboratory reports, Medicaid and private insurance payers was also contributed to the generation of the Austin TGA Care Continuum.
6. Additional behavioral surveillance data sources used to assess the HIV prevention and care landscape of the Austin TGA include the Texas Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Surveillance System (YRBSS) and the Texas and Houston Medical Monitoring Project.

b. Data policies that facilitated and/or served as barriers to the in developing the needs assessment and the HIV Care Continuum:

1. Efforts to reduce reporting burden on health care providers who utilize AIRES also present challenges in data reliability. For example, clerks are not required to update demographic information about a consumer each time the consumer utilizes a service. Therefore, if a consumer's status changes (ie. Insurance status or homeless status), these changes may not be updated in the system. Additionally, some sub-categories in AIRES are undefined, have more than one meaning, or have many similar options. Service providers have also reported loss of data as a result of system performance and software upgrades. Both point in time view of AIRES data and trend view of AIRES data present challenges. Variance seen between years with point in time data may represent changes in

reporting timing instead of actual trends in services. Also, the definition of service components can change over time, so looking at trends in these is difficult.

2. Reports are produced for specific funding sources and the timeline for those reports is dependent upon the fiscal year for each funding source. Ryan White Part A is on a March 1 through February cycle. Part B is on a separate “unique” funding cycle and most of DSHS reports are based upon calendar year. This presents challenges for the Austin HIV Planning Council when comparing data from different sources.
3. Data and reports are generally a year or more behind the current data. This is in part due to the vetting process that ensures that public release of information has been properly verified and approved by the agency management, and in part due to the fact that many reporting sources (such as physicians and laboratories) who report HIV cases in accordance with legal requirements, are often slow in reporting.

c. Data and/or information the planning groups would like to have used but was unavailable:

The transgender population has been identified as a priority population for the Austin TGA. The Austin HIV Planning Council is interested in the epidemiology and care continuum for the transgender population in the Austin TGA and for transgender Ryan White consumers. However, reporting on gender has not been consistent across service providers and aggregate information on the transgender population is currently missing. The Austin HIV Planning Council was unable to assess unmet need and other data trends for this population. An activity in the 2017-2021 HIV Integrated Prevention and Care Plan is to research and advocate for best practices for data collection on transgender populations at the state and national level. Texas Department of State Health Services is in the process of switching to a standardized reporting format for gender.

Data for the Austin TGA Care Continuum comes from the Enhanced HIV/AIDS Reporting System (eHARs) system, which is managed by the Texas Department of State Health Services (DSHS). The HIV Care Continuum or HIV Treatment Cascade model consists of the collection and reporting of data on the proportion of PLWH who are engaged at five specific stages of HIV care: Diagnosed; Linked to Care; Retained in Care; Prescribed ART, and Virally Suppressed. DSHS was not able to isolate and provide data for the fourth stage on the HIV Care Continuum, the number and percentage of PLWH in the TGA prescribed a combination of three or more antiretroviral drugs from at least two different HIV drug classes daily to control the virus. This challenge will be resolved with continued information-sharing and other research of best practices that have been developed and used successfully by other jurisdictions. The Austin HIV Planning Council plans to collaborate with DSHS to develop a methodology that can

provide reliable data required for the Prescribed Antiretroviral Therapy (ART) stage on the HIV Care Continuum.

The data analyst position at the City of Austin which is responsible for compiling and managing AIREs data on Ryan White consumers, was vacant during the needs assessment stage of plan development. Therefore, an updated Ryan White HIV/AIDS Service Report for 2015 was unavailable and 2013 data was used instead. The hiring process is currently underway to fill this position.