Welcome to the Portland TGA!

- 6 counties
  - Washington, Multnomah, Clackamas, Yamhill, Columbia counties in Oregon
  - Clark County in Washington

- 8 contractor sites
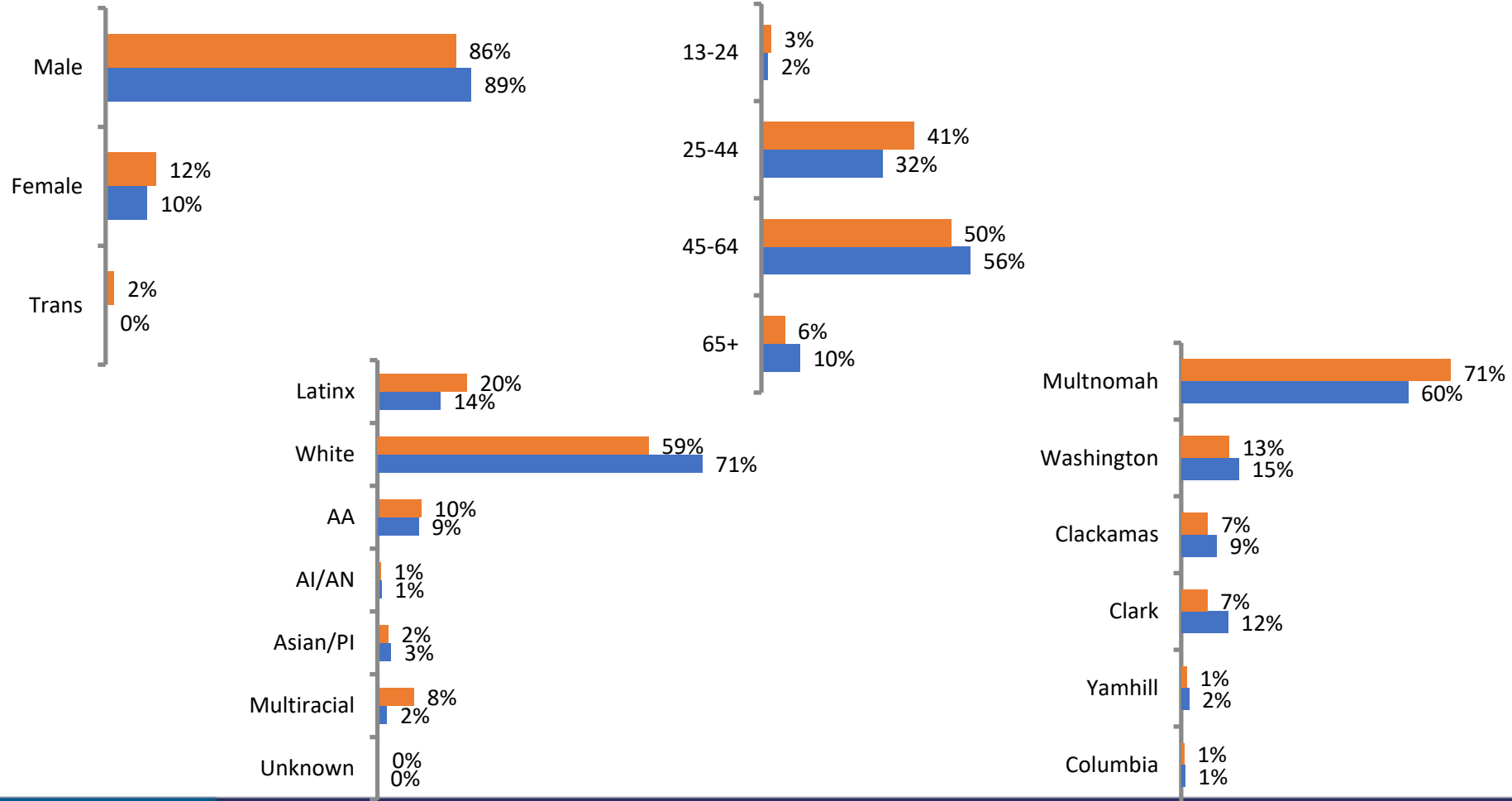
- Serving about 2,700 clients
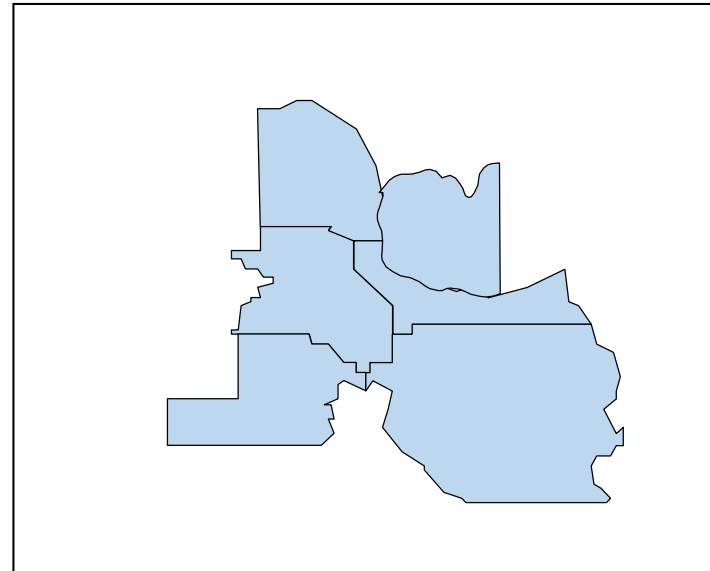
2019 Care Continuum – TGA RW Clients

2019 Care Continuum - TGA RW Clients

| Newly Dx Linkage to Care, 30 days	In Care	On ART	Virally Suppressed
86%	94%	92%	90%
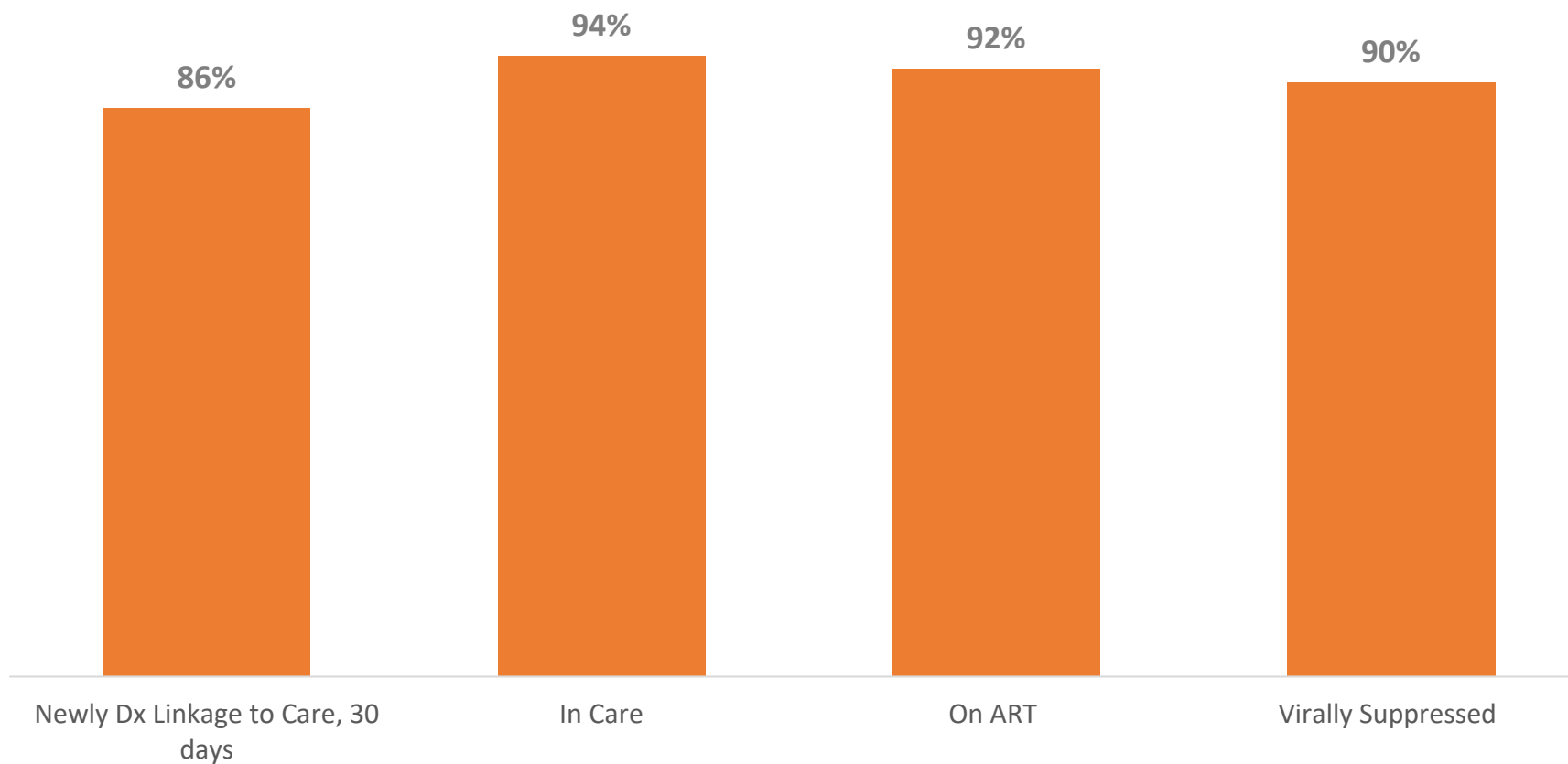
Our Resources

- Ryan White funds (Part A, Program Income from Part B)
- Early Intervention Services and Outreach (EISO)
- 27 years of RW system collaboration work
- DIS expertise from Multnomah, Clackamas, and Washington Counties
- Tri County Public Health Modernization and buy in from decision makers
- A data system (CAREWare) which allows for data sharing across providers
- Disease tracking data imported into CAREWare
- County IT collaboration
- County legal assistance
- Statewide support for project through End HIV Oregon Initiative

Timeline of Events for Viral Load Suppression Support Project (Data-to-Care +)
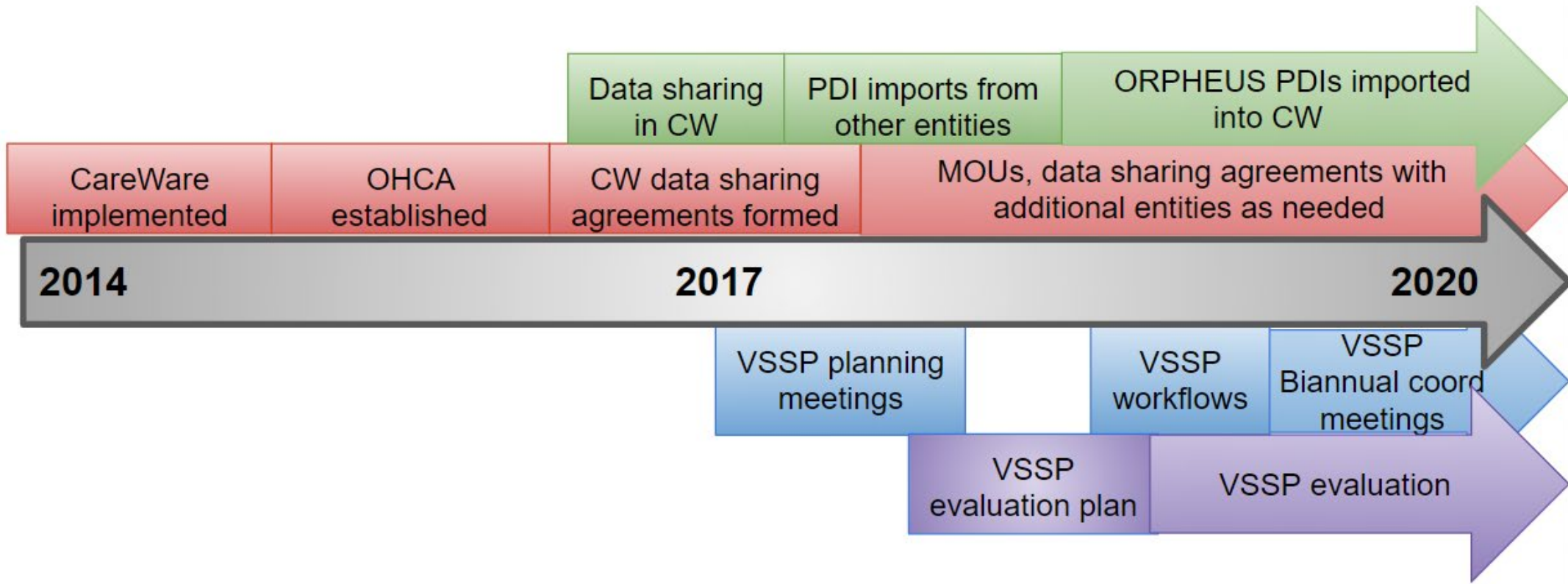
Description Viral Load Suppression Support Project (Data-to-Care +)

Newly Diagnosed: Connection to Care

- Testing staff refers into services for assistance with linkage to care and support services.
- Part A EIS program assists clients with linkage to care and support services.
- DIS/EISO assistance with linkage to care and support services.

Not in Care: Re-engagement to Care

- Follow-up and outreach to RW clients who are NIC by Med Provider, MCM and EIS (Med Linkage Services).
- If client does not have a MLS, then Housing CM or MAI MCM follows up with med provider or client.
- State of Oregon produces NIC lists that assist with disposition updates.

Virally Unsuppressed: Suppression Support

- Follow-up and outreach to RW clients who are not suppressed by Med Provider, MCM and EIS (Med Linkage Services).
- If client does not have a MLS, then Housing CM or MAI MCM follows up with med provider or client.

Practical (Not Necessarily Easy) Approaches

- Legal
- Processes for Collaboration
- Data and Reports

Legal Considerations

Complex legal considerations and agreements over several years, including:

- Organized Health Care Arrangement (OHCA)
- CAREWare Data Sharing Agreements among sub-recipients and Business Associate Agreements
    - Client informed consent
- Data Sharing Agreements with the Oregon Health Authority (OHA)
- ORPHEUS Data Re-disclosure into CAREWare Agreement
- EISO Orpheus User Agreement and ORPHEUS (state surveillance system) Confidentiality Oaths
- Public Health Regional Modernization Memorandum of Understanding (In progress…)

Legal Considerations - Structure

Initiated Data to Care System through Public Health Authority Statute using State of Oregon Surveillance Data
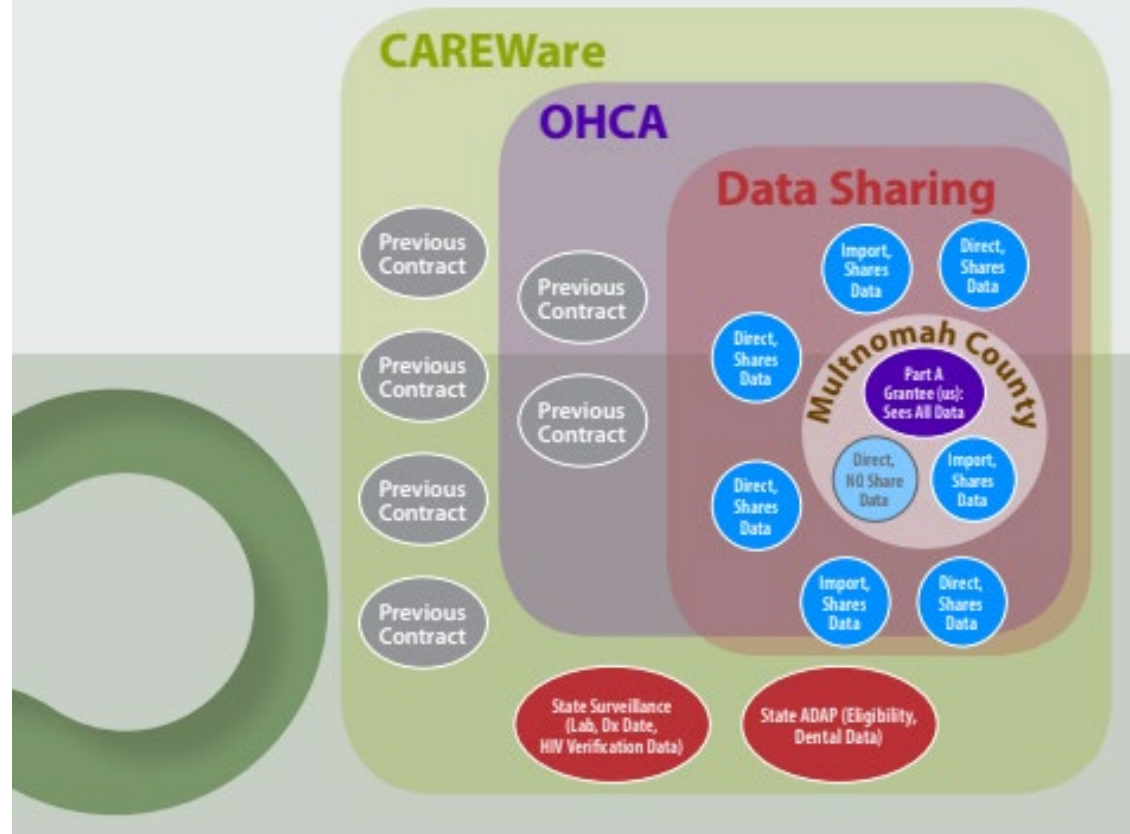
Collaboration: Developing the Framework

Who was at the table:

- EIS funded staff (CAP CARELink, and Washington and Multnomah County DIS staff)
- CAP Housing
- MCM agencies – Partnership Project and the Mult Co HIV Clinic
- Two planning Council Members
- HGAP
- Maybe PC for feedback
- Maybe all contractors
- Gathered info from other data to care programs
- Past conferences data to care presentations

Key activities

- Health equity lens
- Assess duplication of efforts

Not so fast!

It took a year to get Orpheus data into CAREWare for Multnomah County!

In this time….
    DIS stopped being funded by Ryan White
    Split in the ongoing, built in connection that we had with Washington Co. in particular
    Additional Early Intervention Services and Outreach funds came into the system

Data started coming in November/December of 2018
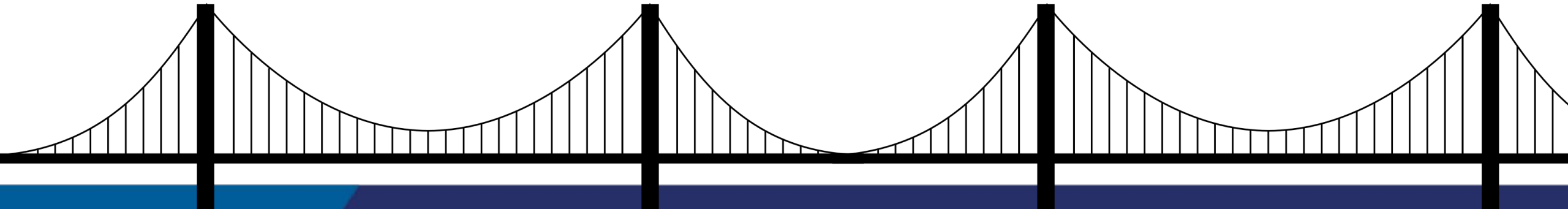
Collaboration: 2ⁿᵈ set of meetings

Outcomes Included:

- Completed work flow for outreach and referrals
  - Newly Diagnosed
  - Out of Care
  - Not suppressed
- Group Agreements/Standards of Care
- Better collaboration and coordination across EISO & Part A
- Better understanding of providers capacity
- Addressed pain points/barriers to referrals with existing system
- Created contact lists for providers
- Identified resource needs and where gaps still exist

Process Mapping with Providers:
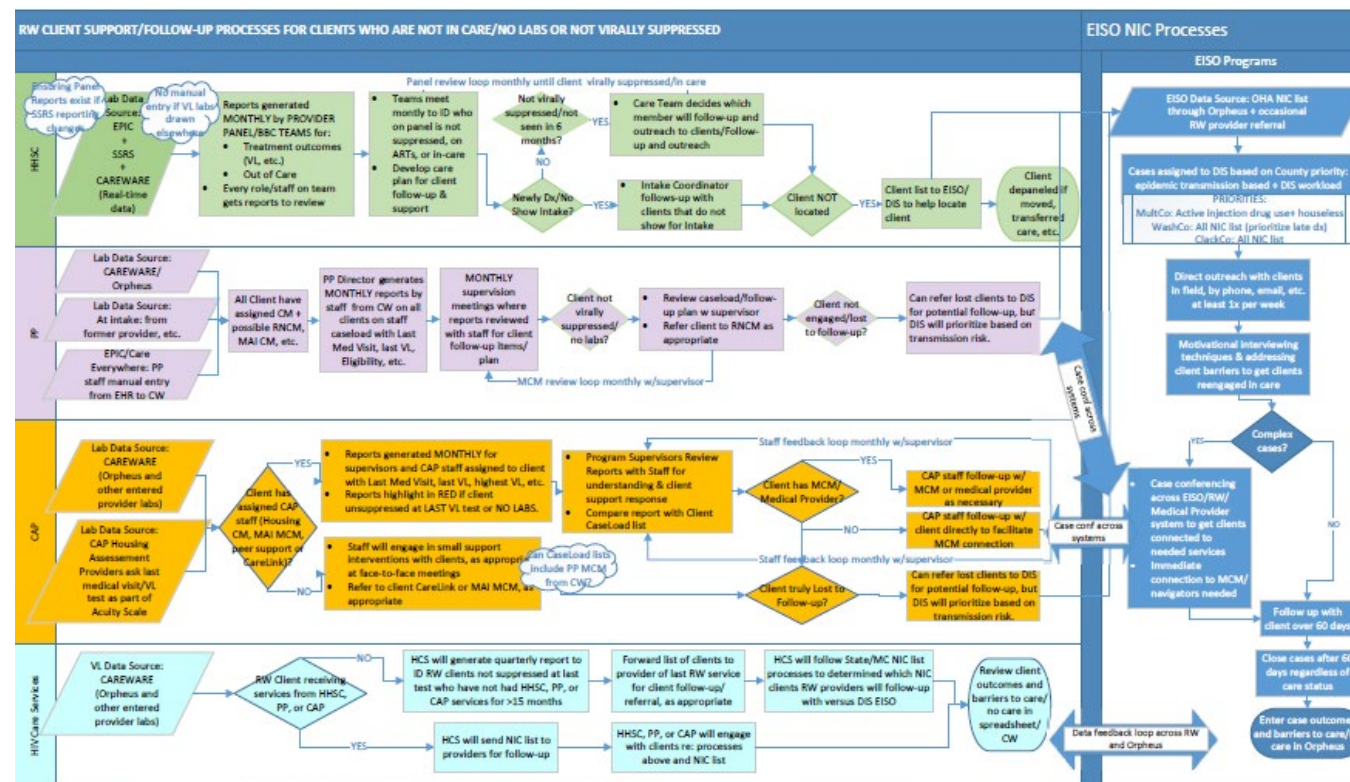
Current/Future Collaboration

- Coordination Maintenance Meeting 1: January 2020
  - Key activities – sharing successes, challenges, new collaborations, and program/system goals and next steps

- Coordination Maintenance Meeting 2: Delayed until Fall 2020

Data and Reports

**Not in Care:
Re-engagement to Care**

eURN	First_Name	Last_Name	NIC Disposition	Last Med Vis Date	Last VL Date	Last VL Result
111222333	Last1	First1	Not In Care	11/6/2019	9/19/2017	20
444555666	Last2	First2	Not In Care	7/10/2019	8/19/2018	227
777888999	Last2	First3	Deceased	4/10/2020	7/14/2018	20

**Virally Unsuppressed:
Suppression Support**

Health Care System	Staff Name - PP	eURN	First Name	Last Name	Enrl Status	Last Viral Load Lab Date	Last Viral Load Lab Value	Last Medical Visit Date >04/01/2019
Medical System 1	MCM name 1	999555666	Test1	Client1	Active	11/8/2019	1655	5/21/2019
Medical System 2	MCM name 2	444555333	Test2	Client2	Active	6/4/2020	23869	
Medical System 1	MCM name 1	888333777	Test3	Client3	Active	6/11/2020	45023	6/16/2020
Medical System 1	MCM name 3	666999111	Test4	Client4	Active	12/17/2019	452	11/20/2019

Data Requirements

	Newly Diagnosed: Connection to Care	Not in Care: Re-engagement to Care	Virally Unsuppressed: Suppression Support
RW client-level data	✔	✔	✔
HIV VL Lab Dates	✔	✔	✔
HIV VL Lab Values			✔
HIV CD4 Lab Dates	✔	✔	
Medical Care Visits	✔*	✔*	
HIV Diagnosis Dates	✔		

Required due to our definitions of "Connection to Care" and "Not In Care"

Future Directions: Data
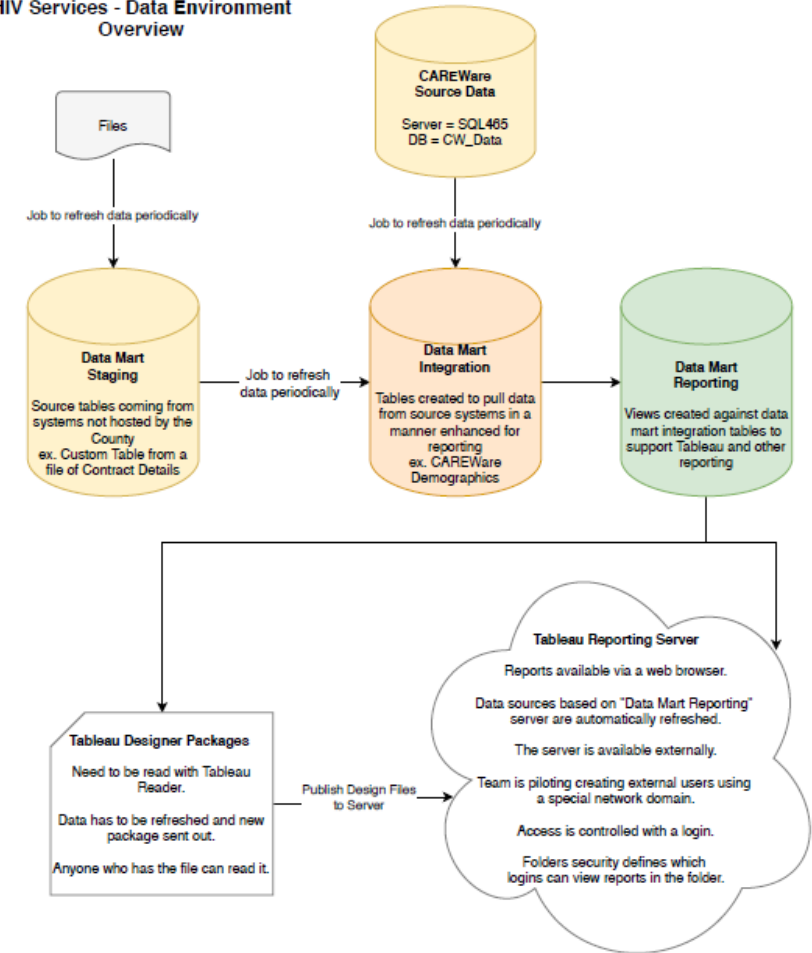
Wrap Up

- What was essential to making things happen? What were the opportunities that presented themselves? What worked really well?

- What wasn't practical/didn't work as well?

- Was there additional resources for programs to carry out this work? Where did it fit programmatically/with services being provided?