Introduction to the Updated Framework for Estimating Unmet Need for HIV Primary Medical Care: Understanding the *Required* Estimates and Analyses

October 15, 2020

Abt Associates, Inc.
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• Click on Q&A, type your question, and click send.
Welcome
Introductions and Project Team

HRSA HAB

- LCDR Andy Tesfazion, HRSA HAB Project Lead, DMHAP
- CDR Cathleen Davies, HRSA HAB, DSHAP

Abt Team

- Anne Rhodes, Project Director
- Tara Earl, Training and TA Lead
- Diane Fraser, Project Manager
- Debbie Isenberg, Unmet Need Subject Matter Expert
Poll # 1: Unmet Need

Which of the following statements best describes your experience with Unmet Need estimates?

- This is all brand new to me
- I’m aware there is an Unmet Need requirement but don’t know details
- I’m pretty familiar with the Unmet Need requirement and historic approaches
- Other - chat in your responses
Training Objectives

- Discuss the background of the Unmet Need requirement and how the new Methodology was selected
- Highlight changes to the Unmet Need Framework
- Identify key components of the **required** estimates and analyses
- Discuss how RWHAP Part A and Part B recipients can prepare for implementation
- Discuss available tools and TA resources
Background of the Unmet Need Requirement
Legislative Requirements

- The Secretary of HHS was required to:
  - “develop epidemiologic measures for establishing the number of individuals with HIV disease who are not receiving HIV-related health services.”

- RWHAP Part A and Part B programs were required to assess the needs of people with HIV “with particular attention to individuals with HIV disease who know their HIV status and are not receiving HIV-related services.”

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“The need for HIV-related health services by individuals with HIV who are aware of their HIV status, but are not receiving regular primary [HIV] health care.” ²

Metrics for Measuring Unmet Need: Original

- **Unmet Need for HIV primary medical care** – no evidence of any of the following three markers of HIV primary medical care during a defined 12-month time frame:
  - Viral Load (VL) testing
  - CD4 count, or
  - Provision of anti-retroviral therapy (ART)

- **Population size** – the number of persons diagnosed and living with HIV/non-AIDS and AIDS as of a specified date, from the surveillance system

- **Care patterns** – the number of persons with HIV/non-AIDS and AIDS with evidence of one of the stated care markers.³

Unmet Need Reporting Over Time

- RWHAP Part A and B recipients were required to provide formal estimates in FY 2005 applications

- 2016: RWHAP Part A recipients required to include methodology based upon the HIV care continuum

- “In care” was defined as having two or more of the following indicators, each at least three months apart over a calendar year: Documented medical visit; VL test; or CD4 test

- Estimates of Unmet Need increased using this new definition

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Why Revise the Methodology?

- Treatment of HIV has changed significantly due to the effectiveness of antiretroviral treatment (ART)
- The availability and quality of data used to estimate Unmet Need has improved
Beginning in FY 2022, RWHAP Part A and Part B recipients will be required to submit Unmet Need estimates as part of the application in response to the Notice of Funding Opportunity (NOFO)

- Required Reporting Templates will be submitted as Attachments in the application
- Recipients will also need to respond to Unmet Need-related narrative questions in the NOFO
- Updated Unmet Need estimates will be required to be submitted annually as part of the NOFO or Non-Competing Continuation (NCC)
Process for Developing and Testing an Updated Approach
HRSA HAB convened a Program Technical Expert Panel (PTEP) in 2017 for the purposes of:

- Obtaining input on utility of past & possible future Unmet Need methodologies
- Developing possible definitions of Unmet Need
- Determining methods, data elements and models
- Identifying technical assistance needs and potential resources

HRSA HAB contracted with Abt Associates in September 2018 to develop a new Unmet Need methodology
Unmet Need Methodology Selection Process

Completed systematic review of historical models and approaches for estimating Unmet Need for HIV primary medical care

Convened a new PTEP, presented results and obtained feedback on potential methods to field test

Conducted field test with six RWHAP Part A and Part B recipients; four PTEP members also participated

Presented results to PTEP and developed final methodology, in conjunction with HRSA HAB
Review of the Updated Unmet Need Framework
Updated Unmet Need Framework Overview

Population Size

Unmet Need

Care Patterns

Target Populations

Methodology for Estimating Unmet Need: Instruction Manual
Measuring Unmet Need for HIV Primary Medical Care

June 2020
Updated Unmet Need Framework
Required Estimates and Analyses

- Meets the minimum Unmet Need requirement
- Uses HIV surveillance data
  - Most recent calendar year available except for population size which is most recent five calendar year period
- Has three main components:
  - Late Diagnoses
  - Unmet Need
  - In Care, Not Virally Suppressed
- Linked databases are not required
Includes estimates and analyses for the HIV population and three target populations

- Time frames for data
  - New Diagnoses and Care Patterns - most recent calendar year
  - All People Living with Diagnosed HIV Infection - most recent five calendar year period

- Target Populations
  - Chosen by the jurisdiction
  - May be same as EIIHA or MAI target populations but not required
  - Additional guidance can be found in the NOFO
Updated Unmet Need Framework
Required Estimates and Analyses: Definitions

- Late Diagnosed
  - New diagnoses - Number of people in the jurisdiction with HIV diagnosed in the most recent calendar year based on residence at time of diagnosis.
  - Late diagnoses - Number of people with late diagnosed HIV in the most recent calendar year in the jurisdiction based on residence at time of diagnosis.\(^5\)

\(^5\)Based on the first CD4 test result (<200 cells/mL or a CD4 percentage of total lymphocytes of <14) or documentation of an AIDS-defining condition \(\leq 3\) months after a diagnosis of HIV infection. If \(\geq 2\) events occurred during the same month and could thus qualify as “first,” apply the same conditions applied by CDC.
Updated Unmet Need Framework
Required Estimates and Analyses: Definitions

- Population Size - Number of people living with diagnosed HIV infection in the jurisdiction based on most recent known address who had an HIV diagnosis or any other HIV-related lab data reported to the HIV surveillance program during the most recent five calendar year period.

- Care Patterns
  - Met Need (in care) - Number of people living with diagnosed HIV infection in the jurisdiction with a CD4 test or VL test in the most recent calendar year.
  - Unmet Need - Number of people living with diagnosed HIV infection in the jurisdiction based on most recent known address without any CD4 or VL test in the most recent calendar year.
Updated Unmet Need Framework
Required Estimates and Analyses: Definitions

- In Care, Viral Suppression
  - Virally suppressed - Number of people living with diagnosed HIV infection in the jurisdiction who are in care and whose most recent viral load test result was <200 copies/mL in the most recent calendar year
  - Not virally suppressed - Number of people living with diagnosed HIV infection in the jurisdiction who are in care and whose most recent viral load test result was ≥200 copies/mL in the most recent calendar year
Unmet Need Framework
What’s Different from the Original Methodology

- HIV surveillance data uses people living with diagnosed HIV infection; does not separate HIV non-AIDS and AIDS
- 5-year recent cohort utilized for population size rather than all people with HIV
- Adds elements for late diagnoses and in care, not virally suppressed
- Utilizes most recent known address, not residence at time of diagnosis for most components
- ‘In care’ definition includes CD4 and VL tests but not antiretroviral prescriptions
Updated Unmet Need Framework
Required Estimates and Analyses in Practice

- **New Diagnoses**
- **Late Diagnoses**
- **People living with diagnosed HIV Infection**
- **How many are in care?**
- **How many have an unmet need?**
- **How many are in care but not virally suppressed?**

**What do the data look like for three target populations (chosen by jurisdiction)?**

1. **Young black MSM**
2. **Older people 55+**
3. **Women of color 25-34**
Poll # 2: Unmet Need

Which of the following statements about the Required Unmet Need estimates and analyses are correct? (choose all that apply)

- HIV surveillance data are the main data source
- Target populations will be provided by HRSA HAB
- Recipients have to link multiple databases
- None of the above
### Reporting Template A - Unmet Need

<table>
<thead>
<tr>
<th>Jurisdiction Name:</th>
<th>Approach?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Reporting Template A: Unmet Need</td>
<td></td>
</tr>
</tbody>
</table>

**HIV SURVEILLANCE DATA**

<table>
<thead>
<tr>
<th>Late Diagnosed</th>
<th>Definition/Description</th>
<th>Number</th>
<th>Percent</th>
<th>Data Source</th>
<th>Year(s) of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Late diagnoses: Number of people with late diagnosed HIV in the most recent calendar in the jurisdiction based on residence at time of diagnosis. Late diagnosed HIV is based on the first CD4 test result (&lt;200 cells/mL or a CD4 percentage of total lymphocytes of &lt;14) or documentation of an AIDS-defining condition ≤3 months after a diagnosis of HIV infection.</td>
<td>C1/C2</td>
<td>HIV Surveillance data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>New diagnoses: Number of people in the jurisdiction with HIV diagnosed in the most recent calendar year based on residence at time of diagnosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Unmet Need**

<table>
<thead>
<tr>
<th>Unmet Need</th>
<th>Definition/Description</th>
<th>Number</th>
<th>Percent</th>
<th>Data Source</th>
<th>Year(s) of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Unmet need: Number of people living with diagnosed HIV infection in the jurisdiction based on most recent known address without any CD4 or VL test in the most recent calendar year.</td>
<td>C3/C4</td>
<td>HIV Surveillance data</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**In Care, Not Virally Suppressed**

<table>
<thead>
<tr>
<th>In Care, Not Virally Suppressed</th>
<th>Definition/Description</th>
<th>Number</th>
<th>Percent</th>
<th>Data Source</th>
<th>Year(s) of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Not virally suppressed: Number of people living with diagnosed HIV infection in the jurisdiction who are in care whose most recent viral load test was ≥200 copies/mL.</td>
<td>C5/ (C4-C3)</td>
<td>HIV Surveillance data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jurisdiction Name:</td>
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</tr>
<tr>
<td>Reporting Template B - Target Populations</td>
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</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Totals</th>
<th>Numerical Inputs</th>
<th>Auto-Calculated Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of People Living with Diagnosed HIV Infection</td>
<td># New Diagnoses</td>
<td># Late Diagnosed</td>
</tr>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

### HIV Surveillance Data

1. **Total**

2. **Target Populations (Determined by Jurisdiction)**
   - Target Population #1
   - Target Population #2
   - Target Population #3
Optional Calculation Tables

Overview

- There are two optional calculation tables for use with HIV surveillance data
  - Table 1A – Late diagnoses, Population Size, Care Patterns, In Care Viral Suppression
  - Table 2A – Target populations and subpopulation analyses

- Yellow cells auto-calculate based on data entered into sheet

- In the linked version, cells are also hyperlinked to the Required Reporting Templates

- Recipients can use these if it is helpful, but they are not submitted to HRSA HAB
Updated Unmet Need Framework
Enhanced Estimates and Analyses

- Meets the minimum Unmet Need requirement and includes additional analyses and estimates
- Uses HIV surveillance and RWHAP data
- Can be completed using linked databases
- Includes the three main components for the required estimates plus:
  - Unmet Need for RWHAP clients
  - In Care, Not Virally Suppressed for RWHAP clients
- Includes estimates and analyses for the HIV population, RWHAP clients, three target populations and subpopulation analyses
Implementation of the Updated Unmet Need Requirements
How RWHAP Part A and B Recipients Can Get Ready
Key Considerations

- Collaboration between RWHAP Part A and Part B
- What is the current access to HIV surveillance data?
  - Is client-level data available or only aggregate data?
  - How much lead time does the HIV surveillance program need for data requests?
  - Are MOUs/DUAs in place?
- Are there reporting issues that need to be addressed?
- Are there any staffing challenges for the RWHAP or HIV surveillance programs?
RWHAP Unmet Need Framework
Workflow Infographic

Estimating Unmet Need for HIV Primary Medical Care
Key Steps for RWHAP Part A and B Recipients:
Required Estimates and Analyses

1. Review Unmet Need Framework, including data needs.
2. Obtain unmet need data for all states.
3. Identify key data elements for estimation.
4. Develop data sources to support estimation.
5. Validate data with other reports if applicable.
6. Provide detailed instructions and tools for calculating unmet need.

Estimating Unmet Need for HIV Primary Medical Care
Key Steps for RWHAP Part A and B Recipients:
Enhanced Estimates and Analyses

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2. Obtain unmet need data for all states.
3. Identify key data elements for estimation.
4. Develop data sources to support estimation.
5. Validate data with other reports if applicable.
6. Provide detailed instructions and tools for calculating unmet need.

For detailed instructions and tools for calculating unmet need, visit target.hiv.gov/library/topics/unmet-need
SAS program (analytic software) is being developed by CDC to help jurisdictions analyze their HIV surveillance data

- Unmet need estimates require use of HIV surveillance data
- CDC routinely develops SAS programs for HIV surveillance programs
- Use of the SAS programs is not required
RWHAP Unmet Need Resources
TA Materials

- **TargetHIV website:**
  - [https://targethiv.org/library/topics/unmet-need](https://targethiv.org/library/topics/unmet-need)
  - Unmet Need Required Reporting Templates and Optional Calculation Tables (Excel file)
  - RWHAP Unmet Need Framework Workflow Infographic
  - RWHAP Frequently Asked Questions (FAQs)

- **Fall 2020-Spring 2021**
  - Webinars (will be posted on TargetHIV website)
  - Training Videos (in 2021)
RWHAP Unmet Need Resources
Requesting TA

Contact the Abt Team at:

RW_Unmet_Need@abtassoc.com
Poll # 3: Unmet Need

On the basis of today’s training, which of the following best reflects immediate next steps for Unmet Need (choose all that apply)

- Review the materials on the TargetHIV website and identify any questions
- Talk to other staff in your jurisdiction who will need to be involved in calculating Unmet Need
- Take a nice long vacation and don’t think about Unmet Need
- Think about challenges that your jurisdiction may have in completing Unmet Need estimates and analyses
Please type responses in the chat:

- What are your main challenges in completing the Unmet Need estimates?
- What existing resources are available to help you meet these challenges? What new resources will you need?
Next Steps
Next Steps and Upcoming Activities

- Webinar Calendar 2020/2021 on TargetHIV
  - https://targethiv.org/library/topics/unmet-need
  - HIV surveillance staff encouraged to attend, as well as others involved in Unmet Need
- Next webinar on 11/12/2020:
  - The *Enhanced* Estimates and Analyses of the Updated Unmet Need Framework: Going Beyond the Basics
Poll # 4: Unmet Need

After today’s training, how are you feeling about meeting this upcoming requirement?

- This was a lot of information and I’m feeling a bit overwhelmed
- I need to review the materials but am doing ok
- I got this!
Let’s Hear from You!

Discussion and Questions...