



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

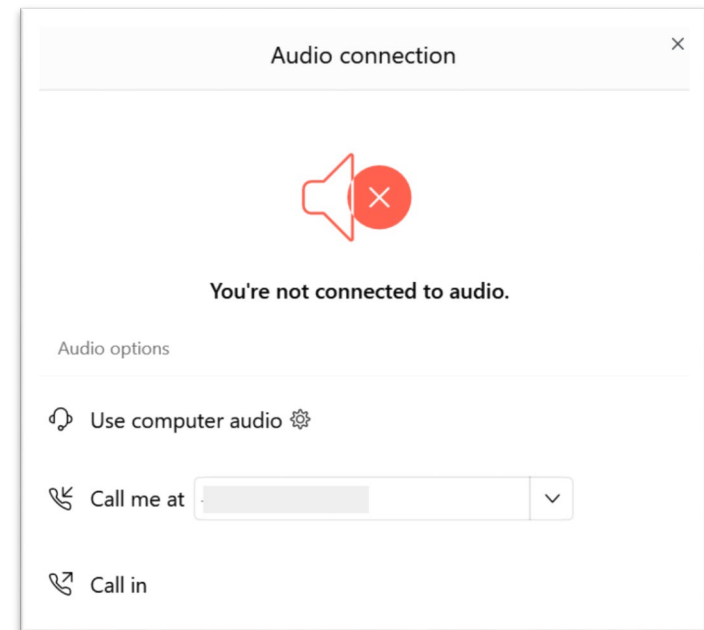
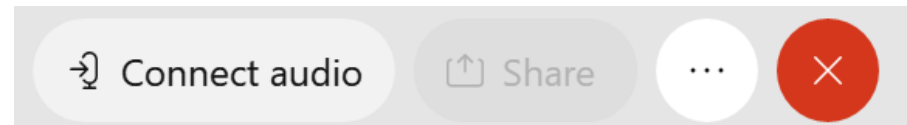
October 15, 2020

Abt Associates, Inc.

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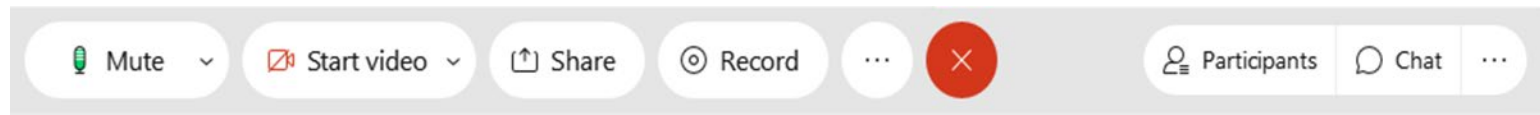


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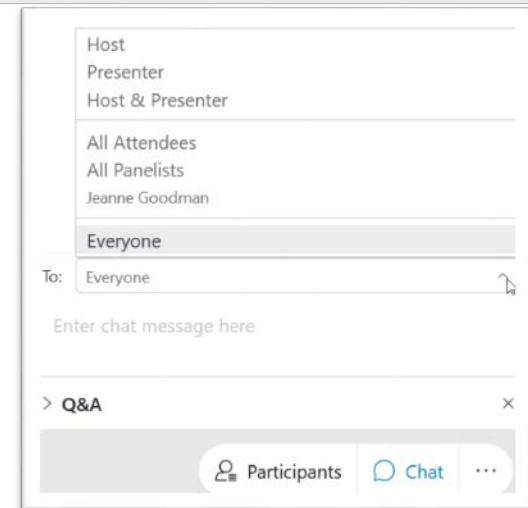
Meeting Controls

- All participants are muted
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Chat Box

- Use chat to **submit a comment or request tech support**
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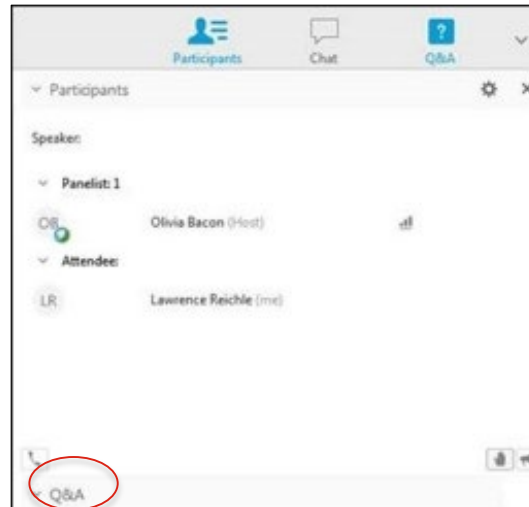


WebEx Meeting Logistics



Q&A

- If you would like to **ask a question**, please use the **Q&A** feature.
- 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.”¹
- 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.”¹

¹ 106th Congress, H.R.4807 – Ryan White CARE Act Amendments of 2000.

Unmet Need Definition



“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

² Mosaica, “HRSA/HAB Definitions Relate to Needs Assessment,” prepared for the Division of Service Systems, HIV/AIDS Bureau by Mosaica: The Center for Nonprofit Development and Pluralism, June 10, 2002.

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

³ Kahn, J.G., J. Janney, and P.E. Franks, A Practical Guide to Measuring Unmet Need for HIV-Related Primary Medical Care: Using the Unmet Need Framework. 2003, Institute for Health Policy Studies University of California, San Francisco.

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 test⁴
- Estimates of Unmet Need increased using this new definition

⁴HRSA HAB, *Unmet Need Review: HIV Care Continuum Methodology DRAFT. 2017 Program Technical Expert Panel. 2017*

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





Reporting Unmet Need Estimates and Analyses

HRSA HAB FY 2022 Submission Requirements



- 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

PTEP Input and Moving Forward with Revising the Methodology



- 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

Updated Unmet Need Framework

Required Estimates and Analyses



- 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

⁵Based 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 ≤3 months after a diagnosis of HIV infection. If ≥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

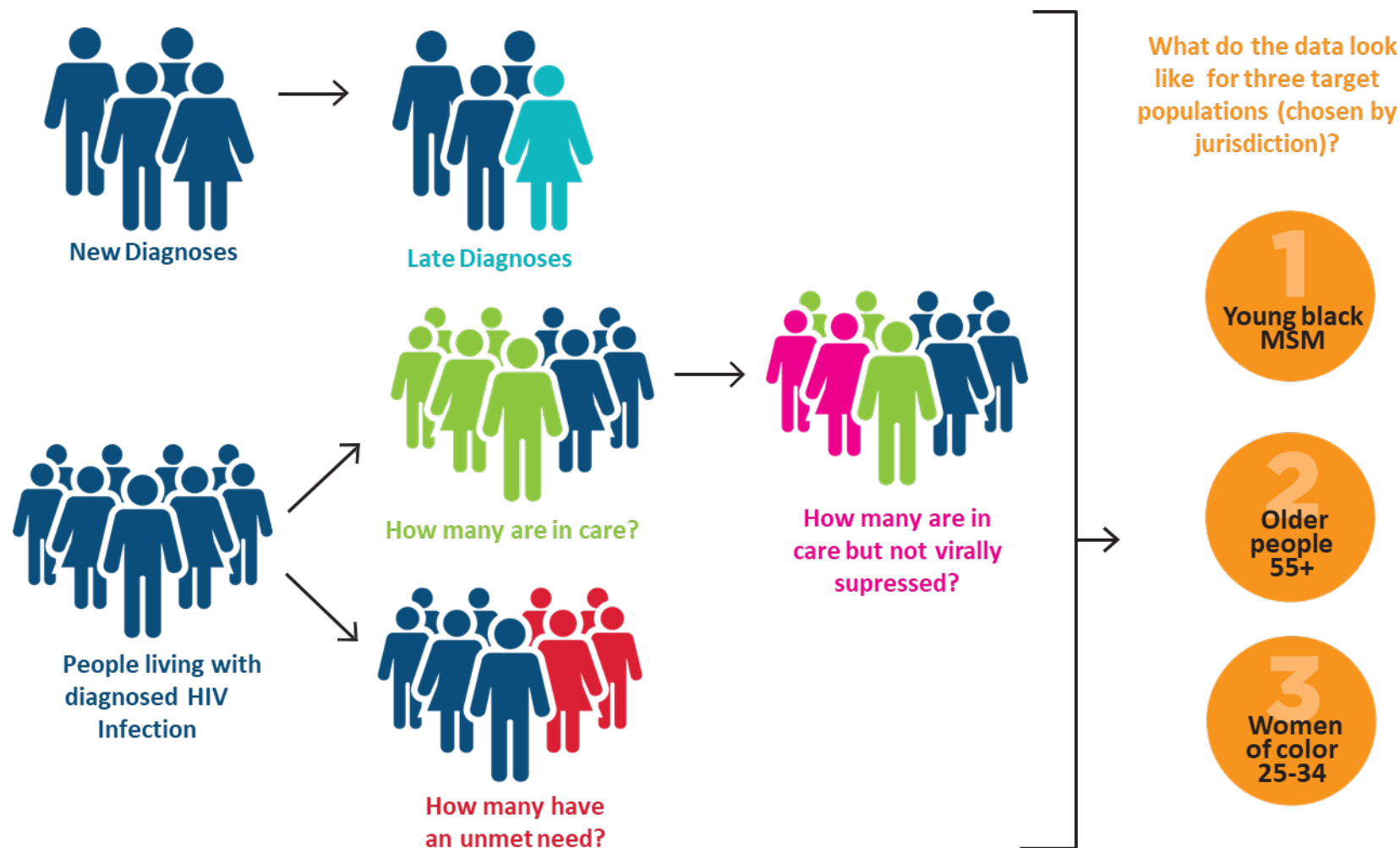
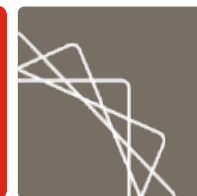
What's Different from the Original Methodology



- 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



Poll # 2: Unmet Need

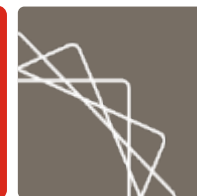


Which of the following statements about the Required Unmet Need estimates and analyses are correct?
(choose all that apply)

- ☐ 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

Required Reporting Templates

Required Reporting Template A: Unmet Need



Reporting Template A - Unmet Need					
Jurisdiction Name:			Approach?		
			Linked Databases Used?		
Definition/Description		Number	Percent	Data Source	Year(s) of Data
A	B	C	D	E	F
HIV SURVEILLANCE DATA					
Late Diagnosed					
1	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 (<200 cells/mL or a CD4 percentage of total lymphocytes of <14) or documentation of an AIDS-defining condition ≤3 months after a diagnosis of HIV infection.		C1/C2	HIV Surveillance data	
2	New diagnoses: Number of people in the jurisdiction with HIV diagnosed in the most recent calendar year based on residence at time of diagnosis				
Unmet Need					
3	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.		C3/C4	HIV Surveillance data	
4	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 (e.g., CD4, VL, genotype, or HIV test even if already diagnosed) reported to the HIV surveillance program during the most recent five calendar year period.				
In Care, Not Virally Suppressed					
5	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.		C5/ (C4-C3)	HIV Surveillance data	

Required Reporting Templates

Required Reporting Template B: Target Populations



Reporting Template B - Target Populations												
Jurisdiction Name:											Approach?	
A	B Category	Totals	Numerical Inputs				Auto-Calculated Percentages					
		# of People Living with Diagnosed HIV infection C	# New Diagnoses D	# Late Diagnosed E	# Unmet Need F	# In Care, Not Virally Suppressed G	Within Categories			Across Categories		
							% Late Diagnosed H	% Unmet Need I	% In Care, Not Virally Suppressed J	% Late Diagnosed K	% Unmet Need L	% In Care, Not Virally Suppressed M
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

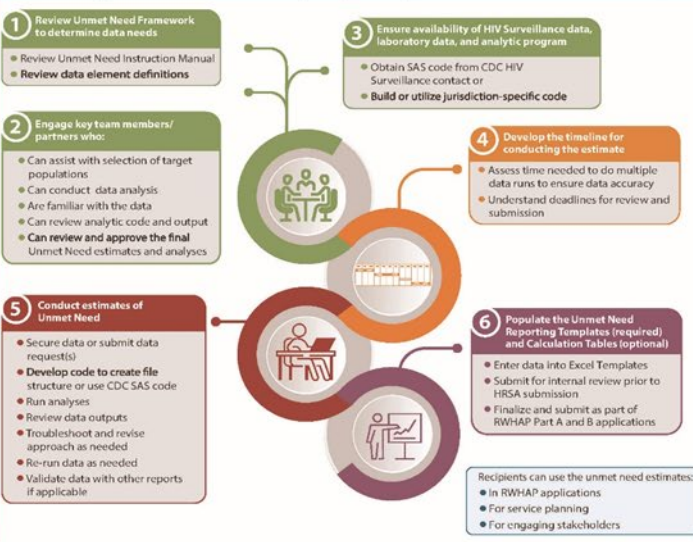
The Unmet Need Framework includes three components:

- 1 Late Diagnoses:** Diagnosis of HIV in most recent calendar year based on residence at time of diagnosis.
- 2 Unmet Need for HIV primary medical care:** Number of people living with diagnosed HIV infection without any CD4 or VL tests in most recent calendar year.
- 3 In Care, Not Virally Suppressed:** Estimated number of people who know their HIV status and are in care but have a viral load > 200 copies/ml in most recent calendar year.

Determine if you are doing the *Required* or *Enhanced* estimates and analyses:

- 1 Required:** Use HIV surveillance data for Late Diagnoses, Unmet Need and In Care, Not Virally Suppressed for the HIV population and three target populations.
- 2 Enhanced:** Use RWHAP data for Unmet Need and In Care, Not Virally Suppressed for all RWHAP clients and three target populations. Conduct subpopulation analyses (all data) and link databases.

High-level Workflow for Completing the *Required* Unmet Need Estimates



For detailed instructions and tools for calculating Unmet Need, visit targethiv.org/library/topics/unmet-need

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

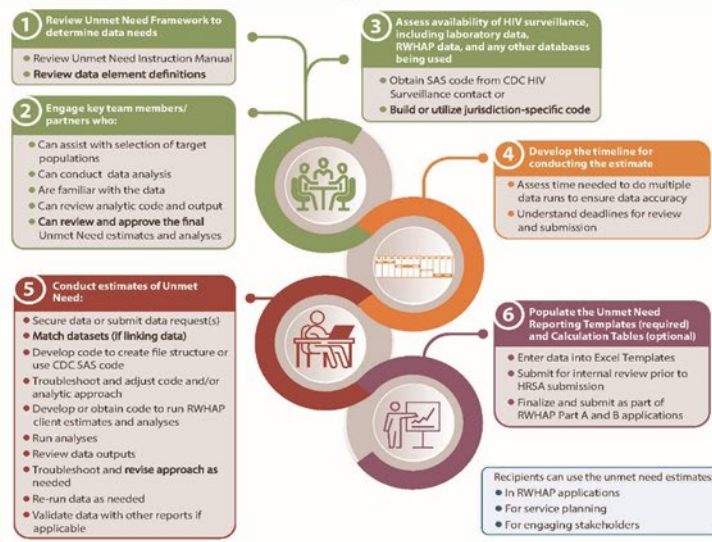
The Unmet Need Framework includes three components:

- 1 Late Diagnoses:** Diagnosis of HIV in most recent calendar year based on residence at time of diagnosis.
- 2 Unmet Need for HIV primary medical care:** Number of people living with diagnosed HIV infection without any CD4 or VL tests in most recent calendar year.
- 3 In Care, Not Virally Suppressed:** Estimated number of people who know their HIV status and are in care but have a viral load > 200 copies/ml in most recent calendar year.

The Enhanced estimates and analyses include the *Required* components:

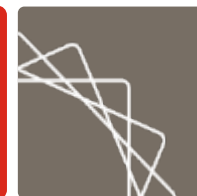
- 1 Use HIV surveillance data for Late Diagnoses, Unmet Need and In Care, Not Virally Suppressed for the HIV population and three target populations.**
- 2 Plus:** Use RWHAP data for Unmet Need and In Care, Not Virally Suppressed for all RWHAP clients and three target populations. Conduct subpopulation analyses (all data) and link databases.

High-level Workflow for Completing the *Enhanced* Unmet Need Estimates



For detailed instructions and tools for calculating Unmet Need, visit targethiv.org/library/topics/unmet-need

Reporting Unmet Need Estimates and Analyses Resources



- 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>
 - Methodology for Estimating Unmet Need: Instructional Manual
 - 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

Implementation/ Jurisdiction Specifics



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...