



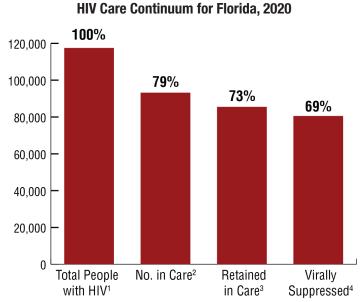


Florida Profile from the HRSA 19-039 SPNS Enhancing Linkage of STI and HIV Surveillance Data in the Ryan White HIV/AIDS Program (RWHAP)

HIV and STI Epidemiological Context in Florida

Within the Florida Department of Health (FDOH), the HIV/AIDS Section and the STD Section are under the Bureau of Communicable Diseases. The Bureau is under the Division of Disease Control and Health Protection. The HIV/AIDS Section houses the HIV Care Program, HIV Prevention Program, and HIV Surveillance Program. They receive Ryan White Part B money and distribute it to 14 lead agencies for eligible clients residing in all counties in Florida. Furthermore, Florida has six Ryan White HIV/AIDS Program (RWHAP) Part A funded eligible metropolitan areas (EMAs).

Florida's 2020 HIV Care Continuum shows there were 117,477 people with HIV. Of those, 79% (93,198) were in care in the same year. Also, 73% (84,489) were retained in care and 69% were (80,525) virally suppressed.



- ¹ Total HIV prevalence for Florida in 2020.
- ² Number of people with HIV who were in care (had a CD4 of viral load test) in 2020.
- ³ Number of people with HIV retained in care in 2020.
- ⁴ Number of people with HIV who were virally suppressed in 2020.

In 2020, Florida identified 3,504 people newly diagnosed with HIV. The HIV diagnosis rate for new cases was 21.6/100,000. HIV data is housed in the Enhanced HIV/AIDS Reporting System (eHARS).

2020 New HIV and STI Reported Cases and Rates in Florida						
	Cases	Rate ¹	National Rate ¹			
HIV	3,504	21.6	11.1			
Chlamydia	100,030	465.7	481.3			
Gonorrhea	40,788	189.9	206.5			
P & S Syphilis	3,520	16.4	12.7			

¹ Rate is per 100,000 people

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At FDOH, STI data is stored in the Surveillance Tools and Reporting System (STARS). STARS is the customized version of the Patient Reporting Investigation Surveillance Manager (or PRISM). STI data reveal higher rates of HIV, chlamydia, and syphilis in Florida compared to national rates. In 2020, there were co-occurring cases of STIs among people with HIV: 3,439 were diagnosed with early syphilis (including P&S), 3,303 cases were diagnosed with gonorrhea, and 2,937 people were diagnosed with chlamydia.

HIV/STI Data Linking Process in Florida

The following graphic shows the acquisition of HIV and STI surveillance data, linkage, and validation process for the HIV-STI linked data. It also describes how the linked data are intended to be used.

HIV case documented Place documented STI case documented STARS

ACQUISITION

LINKAGE

VALIDATION

USE

Data Warehouse using ChoiceMaker software

Criteria on which cases are initially matched:

- 1. First name
- 2. Last name
- 3. DOB year
- 4. SSN (or last four digits)

Steps undertaken to generate not-in-care list(s):

FDOH matches to obtain the unique identifier from STARS to import into eHARS. This provides information for partner services in the STARS system: if the person is newly diagnosed or a previous positive since that impacts interventions by DIS.

List is generated from Data Warehouse

Outreach protocols to engage seemingly valid and not-in-care links:

- 1. Linked data is included in not-in-care lists (if patients are out of care).
- In the future: Part A care data will be matched to HIV and STI surveillance data.

Criteria on which cases are validated:

Using ChoiceMaker: Probabilistic match with validation checks (manual review) at each confidence level – exact, high, and medium.

Steps undertaken to validate/QC matches:

Validation checks are completed in ChoiceMaker at each confidence level – exact, high, and medium.

Linkage to other data sources: the National Death Index, Vital Statistics, Social Security Death Match file, Atra Black Box, CareWARE – Ryan White clients and services data, AIDS Drug Assistance Program (ADAP)

SARRIERS

FACILITATORS

- A 1:1 match does not happen, and case counts between HIV and STI programs were often inconsistent.
- Prior to project implementation, visits and labs performed at clinics that receive RW Part A grant money were not reported to the state.
- Past methods were time consuming. No large-scale automated data linkage did not occur due to no unique identifier that is shared between the two databases.
- Out of state data has been an issue. There are many people moving to or visiting Florida who also get care. They look like they are out of care. It makes accurate counts tricky.
- As mentioned previously, labs and visits from RW Part A – funded clinics have not been included in the HIV care data system housed at the FDOH. Therefore, RW services data matching to STI surveillance data was not possible.

ACQUISITION

LINKAGE

VALIDATION

USE

- A DSA was needed with the RWHAP Part As, the HIV section, and the STD section to facilitate effective sharing of integrated data within each system.
- The STD data system (STARS) needed to be enhanced if additional data storage from eHARS was to be included. Reconciliation of HIV and STI data definitions and case information between programs was key to meet the requirements to link HIV and STI data.
- ChoiceMaker streamlines data matching. With this enhancement to the data warehouse, the system will consistently produce accurate data output reports.
- If an HIV case is in STARS and not eHARS, an alert flag is prompted. IT investigates why are cases do not match.
- The linked HIV-STI data is utilized to see which clients are in care and which are not. Also, lab results determine who is in care, but not virally suppressed. This helps to inform FDOH staff where resources are needed.

Data Linking Goals, Progress, and Tailored Technical Assistance to Support those Goals in Florida

Jurisdiction-Specific Goals and Progress at the End of Each Project Year

Goals	Progress at end of Year 2	Progress at end of Year 3
Enhance data sharing between existing jurisdiction data systems by working with the TAP to establish legal documentation (i.e., data sharing agreements) with local RWHAP Part A recipients.	The TAP developed a plan for data sharing between the FDOH and the Part A EMAs that will balance legal restrictions and utility of data for data-to-care (D2C) efforts. The TAP worked with the HIV Section to successfully implement a pilot data sharing process with the Palm Beach and Orange County Part As. Protocols were documented in SOPs for routine data sharing, following legal review.	At the end of the evaluation period, the DSAs were still being negotiated with legal teams at the local county health departments.
Enhance state-wide data integration and ensure data quality by working with the TAP to 1) enhance the STI surveillance system's ability to accommodate integrated data, 2) find ways to improve automated data linkage and, 3) enhance validation and quality reviews with Out-of-state matching, (4) develop state-wide SOPs to support improved data sharing and data completeness across HIV and STD programs.	TAP staff and the HIV & STD Section staff designed a work plan to (a) regularly import and link eHARS and STARS in the data warehouse, (b) enhance the HIV tab in STARS to store lab data in the STARS system, (c) enhance protocol to ensure sustainability/adherence to utilization of the data warehouse, (d) develop tool to streamline interstate review coordination between HIV and STI Sections.	Once the STARS 2.0 is ready, the system will roll out for pilot use in a few areas to slowly expand the usage. After usage of the base 2.0 system, additional features will be added (e.g., improved HIV labs data incorporation into STARS 2.0). A lot of work was done on the out-of-state matching module. The module was set up within the same platform as the linkage module, but the views will be available only to those with Routine Interstate Duplicate Review (RIDR)/Cumulative Interstate Duplicate Review (CIDR) access. During the Y3 site visit, several projects were discussed to enhance the HIV/STD data warehouse and the matching algorithm ChoiceMaker: (1) human review tool/data validation screen, (2) how to optimize matches to lower time load, and (3) integrate matching algorithm to source system client registration platform.
Improve local RWHAP data sharing by working with the TAP to define data sharing pathways and SOPs for Part A data sharing, once DSAs were established.	FDOH worked with the TAP to assess current and ideal HIV surveillance data workflows for assisting D2C outreach staff and HIV and RWHAP teams. This led to the creation of a master "process flow" document. The TAP staff expanded collaboration between FDOH HIV staff, county HIV staff, and RW Part A staff by establishing work groups. The groups discussed data-mapping, linkage specifications, and data reconciliation for the stakeholders.	The TAP and FDOH developed stronger SOP/policy/guidelines for (1) RWHAP Part A data sharing with the state level HIV program, (2) collaboration between RWPA and their respective county health departments and 3) pathway for communications between all three entities, increasing trust and transparency.

Technical Assistance Focus Areas and Activities by Theme

Technical Assistance (TA) Theme	Focus Areas for Florida	Activities in Year 2	Activities in Year 3
Collaboration Building Data Transfer Development/ Enhancement	Legal agreements for Data Sharing	Since Ryan White Part A services data was not reported to the FDOH, a DSA was developed between the Part As and the HIV section to facilitate effective data sharing.	 As mentioned previously, the DSA was routed within the FDOH legal team. It was sent to RW Part As for legal review.
Integrated Data System Development Data System Enhancement Business Process Development Collaboration Building	Enhance Capacity for Data Integration between Data Systems	TAP staff facilitated collaboration between the HIV and STI teams to facilitate communication about why there was a need for data sharing vs. the data just being available in the system how to modify the system to better allow STI system users to see HIV lab data.	 The STARS enhancements have been put on hold due to an overall system upgrade that is in progress. STARS 2.0 is currently being tested with data migration. TAP helped to optimize processes for Interstate Communications Control Records (ICCR) to de-duplicate out-of-state cases. The TAP and FDOH developed stronger SOP/policy/guidelines for case investigation and reconciliation with STI guidelines.
Data Transfer Development/ Enhancement Collaboration Building Data Utilization for Outreach Efforts	Establish Data Sharing Mechanism between FDH and RW Part A Programs	 Developed a DSA that will allow FDOH to partner with six RW Part A areas for linkage and re-engagement activities. TAP designed flow/pathway for data sharing between FDOH HIV section and each of six RWPA programs, including data elements to be shared, data flow diagram, data feedback report format, and data use and feedback loop. 	The DSAs were approved by the FDOH legal counsel, and then were sent to the six Part A counties for their local legal review. All six are still under negotiation, several Part A legal counsels have sent back a modified DSA for state review at FDOH, which is still ongoing.
Data Transfer Development/ Enhancement	Improve Data-to-Care Capacity Data Integration within a single system	With STI-HIV data matching, the TAP and FDOH staff focused on - better data visibility better data linkage quality via automated integration streamlined out-of- state review process mapped out the processes between the HIV and STD departments to find solutions to inconsistencies in timelines, case definition, data validation processes, and data use practices.	 The TAP and FDOH collected information from HIV and STI staff to develop a report. The report will help guide the development of the SOPs and highlight areas where there is a strong disconnect between either HIV and STD operations or disconnect between state and county level operations. The TAP documented DSA status, and next steps/decision points for kicking off the first round of data exchanges post-DSA implementation. At the Y3 site visit, TAP led a discussion on the longer-term goal of coordinated data exchange and client re-engagement between state DOH, county health departments, and Part A service areas.