HIV Data to Care Activities in Maryland

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Mission and Vision

MISSION

The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community-based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION

The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.

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INEQUALITY

EQUALITY

EQUITY

JUSTICE

IDPHSB Commitment Statement

Our Commitment as a Bureau is to partner with communities to achieve health equity for all Marylanders. Our priority is to advance social and racial justice, and we are committed to undoing racism within our public health systems. It is our responsibility to serve Marylanders without any bias or discrimination and ensure open access to services and resources.

HIV Data to Care (D2C)

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CDC D2C Definition

- Data to Care (D2C) is a public health strategy that uses HIV surveillance data, pharmacy fill data, clinic appointment data, and other treatment and care data sources to identify persons with HIV who are not in care, link those not in care to appropriate medical and social services, and ultimately support the HIV Care Continuum.

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Early Maryland D2C

- Partnerships for Care (P4C) a CDC-funded project that started in 2014
- Partnered with 4 FQHCs with EHRs
- Matched clinic populations with HIV registry
- Assigned each clinic's HIV patients to the Continuum of Care
- Held case review conferences with each clinic to identify strategies to move individuals along the Continuum

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P4C Lessons Learned

- EHRs overstated the number of people with HIV by 3%
- Clinics often didn't know their patients had HIV (22%)
- Surveillance case counts were complete, but the Continuum of Care was more complete with data from both EHRs and HIV surveillance
- Out of care patients often "fell through the cracks"
- Focused case reviews led to better outcomes
- Referral mechanisms were improved between clinics and local health departments

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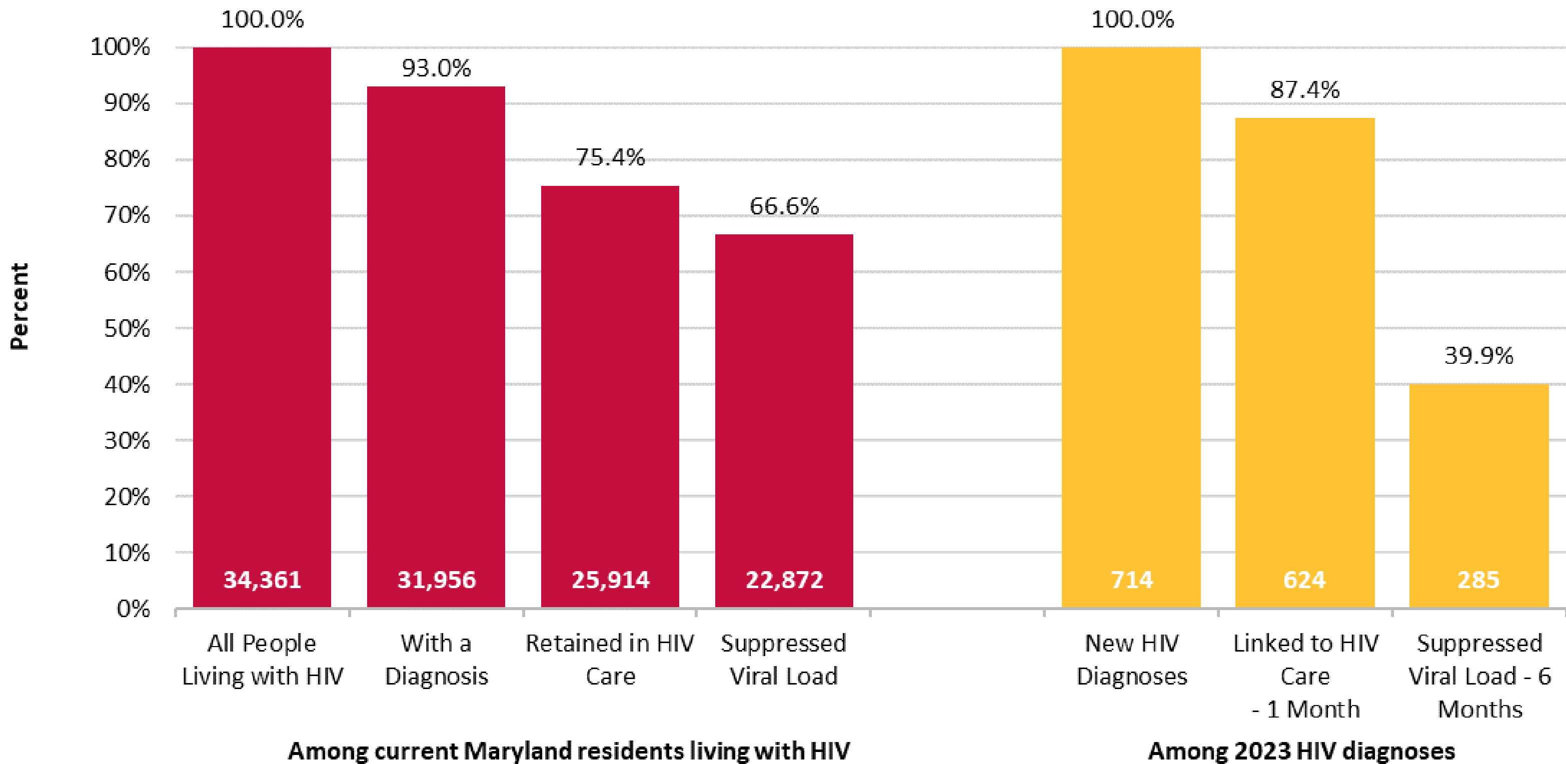
2023 HIV Continuum of Care



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Other D2C Activities

- Partnerships like P4C with multiple HIV clinics
- Weekly out-of-care lists for local health depts linkage to care teams
- Periodic lists for some local health depts of non-virally suppressed people in priority populations
- eMOCHA app with Baltimore City and Johns Hopkins
- Identification of missed prescription pickups with Univ MD School of Pharmacy

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Perinatal D2C Activities

- Identification of pregnancies in people with HIV working with CRISP (HIE)
- GIFT Act (effective October 1st) requires providers to report pregnancies in people with HIV
- Review care to ensure there is prenatal care and ART
- Provide outreach to engage pregnant persons and their providers as needed

Medicaid HRSA SPNS Project

- Worked with NASTAD and other partners to expand our program of matching Medicaid data with the HIV registry
- Developed and began reporting to CMS a QI measure of HIV viral suppression (84%)
- Identified variations in viral suppression by demographics and health plan (managed care organizations)
- Working with Medicaid, MCOs, and LHDs to improve viral suppression levels

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HIV Cluster Detection and Response

- Maryland began CDR work in 2015 following the Scott County, Indiana outbreak among PWID
- Averaging 10 clusters per year (geospatial, sequence, provider report, co-infections and others)
- Cluster response centers around D2C: linkage to care, re-engagement in care, support for viral suppression
- Has been very successful in improving viral suppression rates

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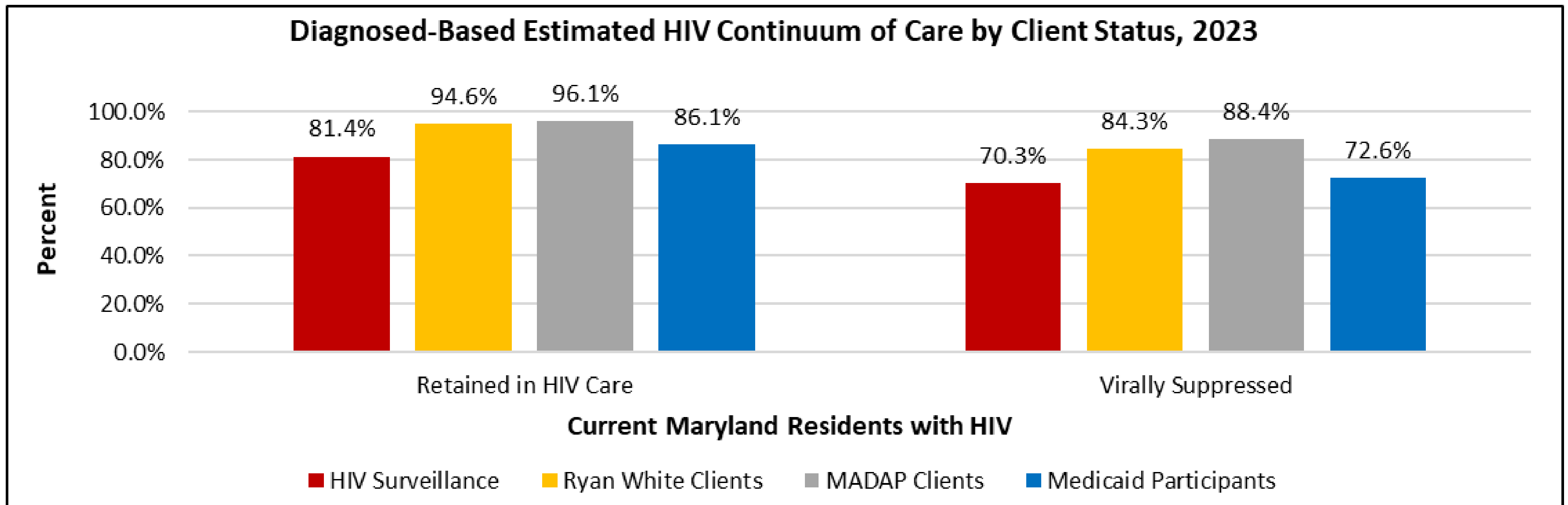
2023 HIV Continuum of Care by Program



For people with diagnosed HIV, those receiving RW or Medicaid are doing well.

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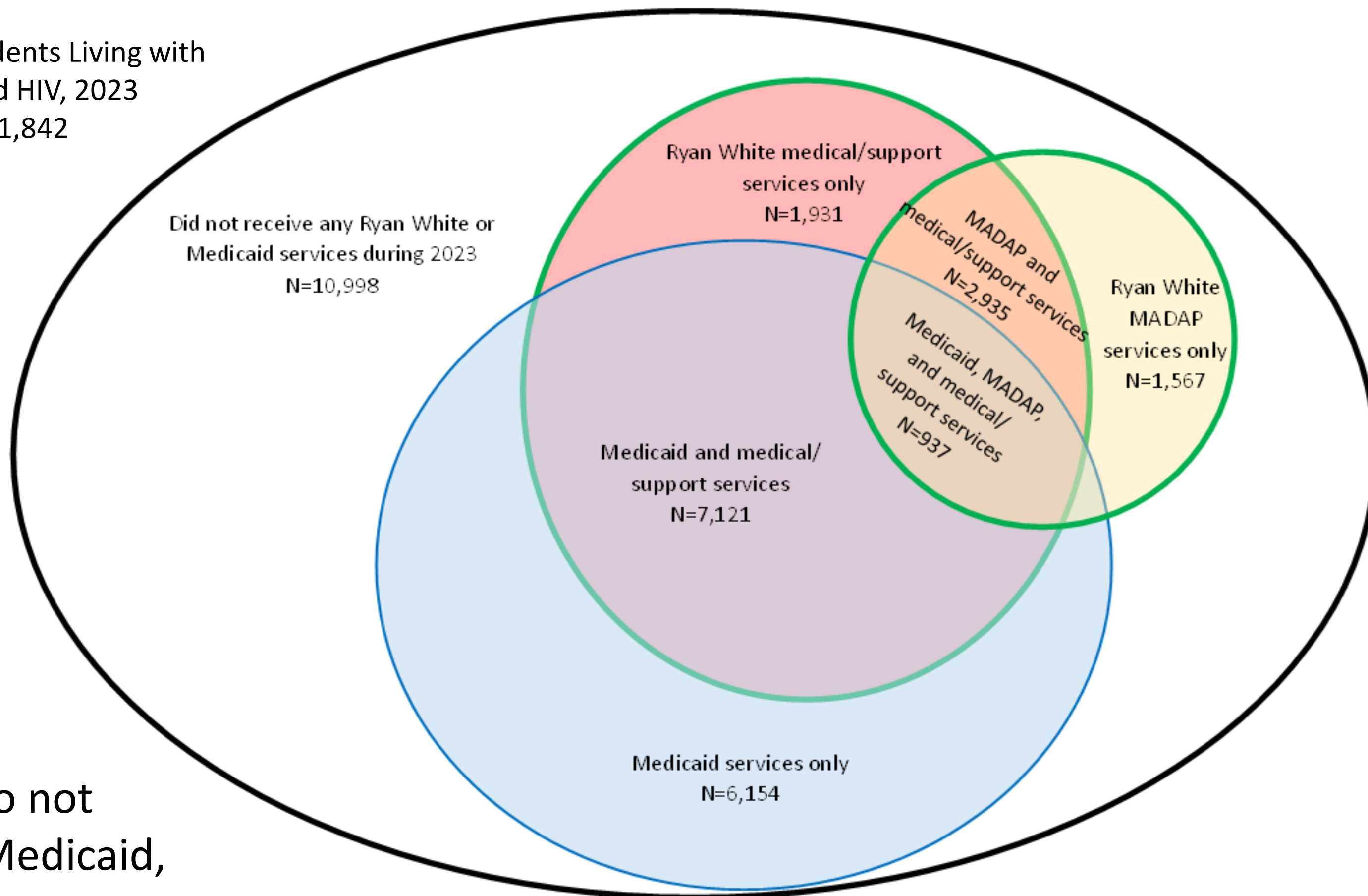
Overlap of Medicaid, RW, and MADAP

Maryland Residents Living with Diagnosed HIV, 2023
N=31,842



35% do not have Medicaid, RW or MADAP

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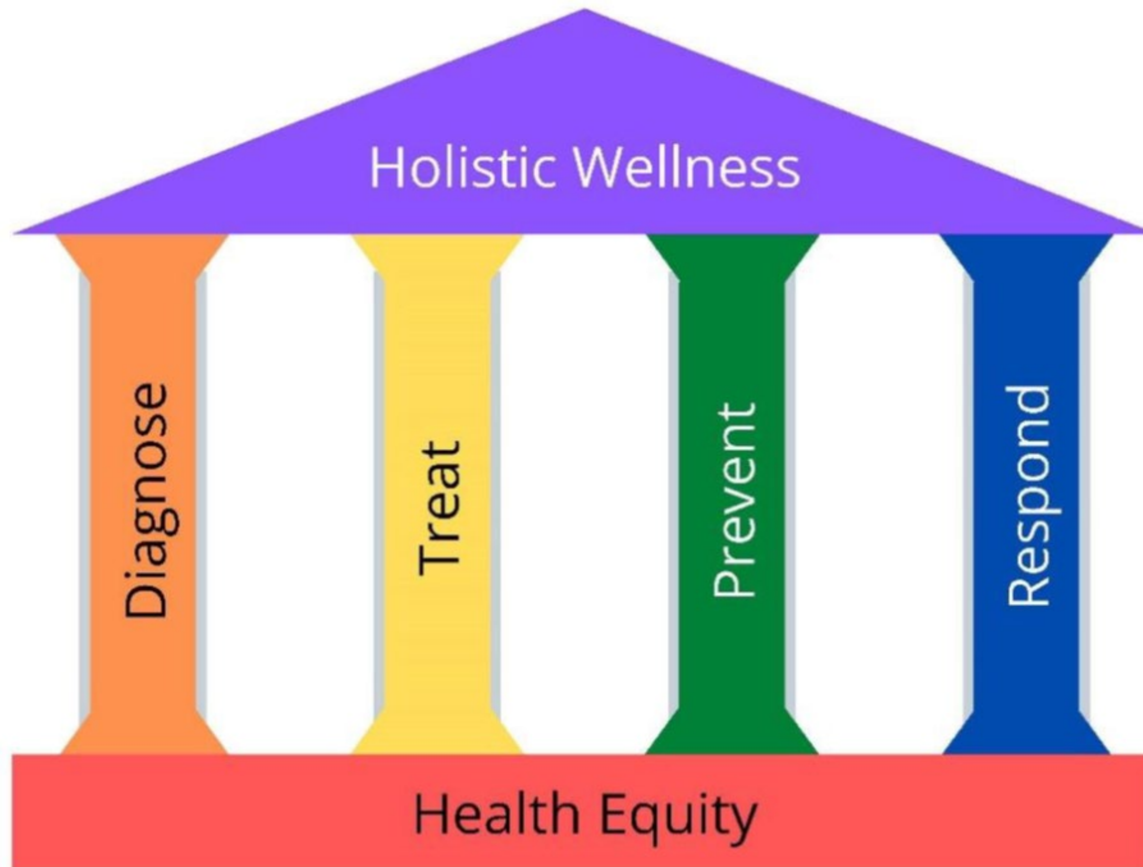
Changing Landscape

- Medicaid expansion – increased public insurance
- ObamaCare – increased private insurance
- Aging population living with HIV – increased Medicare coverage
- Increasing migration, from out of state and out of country – more assistance needed for re-engaging with local insurance coverage and care services

Integrated Plan Conceptual Framework



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Refocused D2C

- We are working closely with the community to identify how to better serve those living with or made vulnerable to HIV (HPG has been meeting 4X a month for 3+ years)
- We will be following our data all the way through to action, ensuring that we are addressing health equity and the needs of the individual to achieve holistic wellness, which includes but is not limited to viral suppression

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Questions?

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