

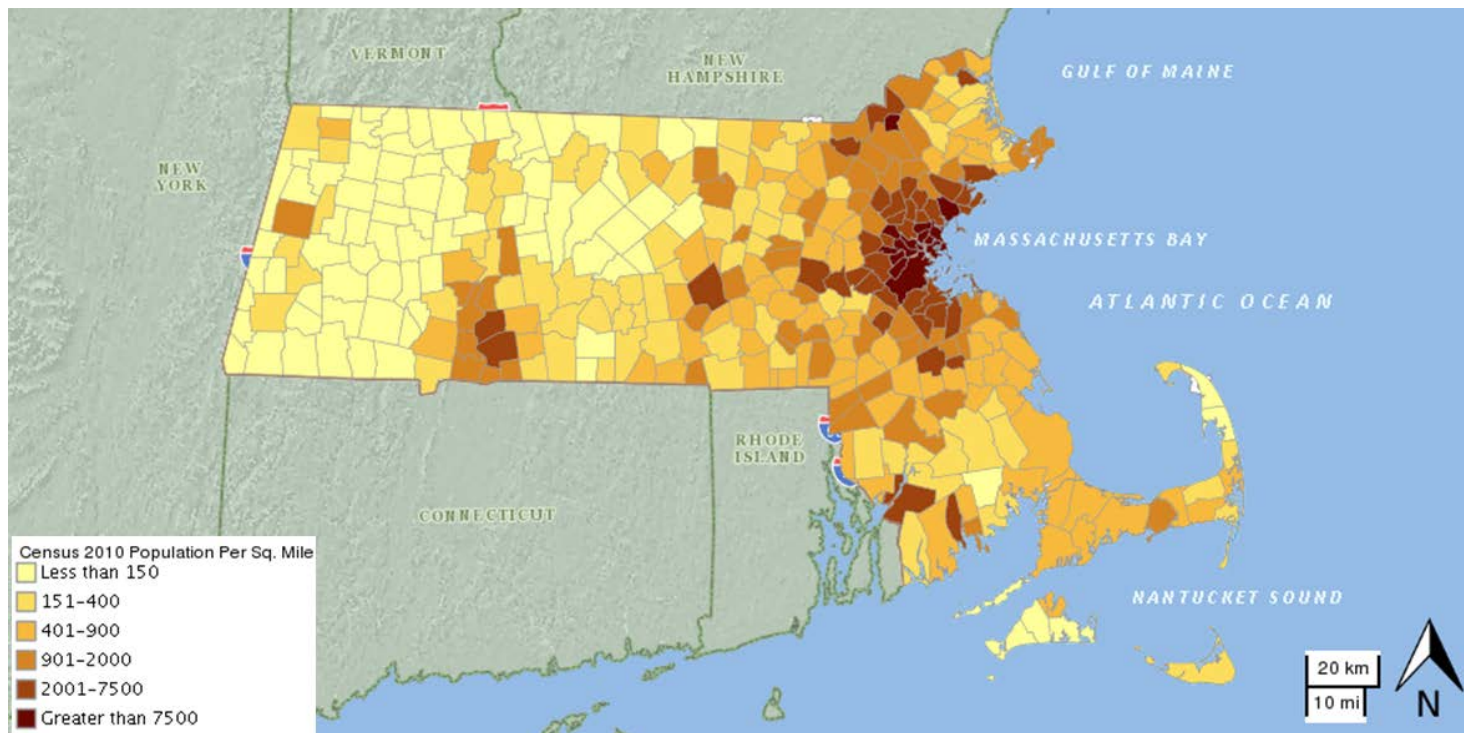
Validating the Use of HIV Surveillance Data for Identifying Out of Care Patients

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Overall Massachusetts Population

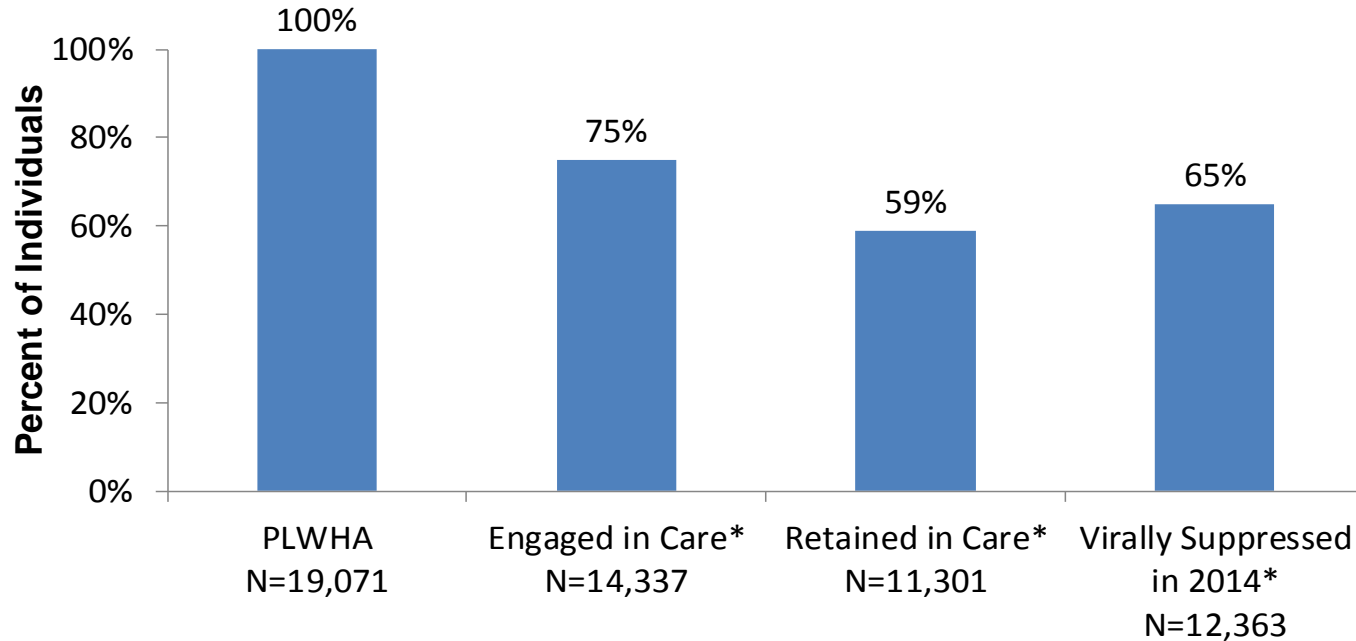




Massachusetts HIV Background

- 19,737 people currently living with HIV
 - Overall, high levels of care engagement, retention and viral suppression
- Total of 33,165 individuals diagnosed and reported with HIV
 - 629 people newly diagnosed in 2014
 - Overall, declining incidence over past 10 years
- Since 2012, all CD4s and VL values reported to MDPH
 - Currently 98% of expected laboratories reporting via ELR (remainder via paper)

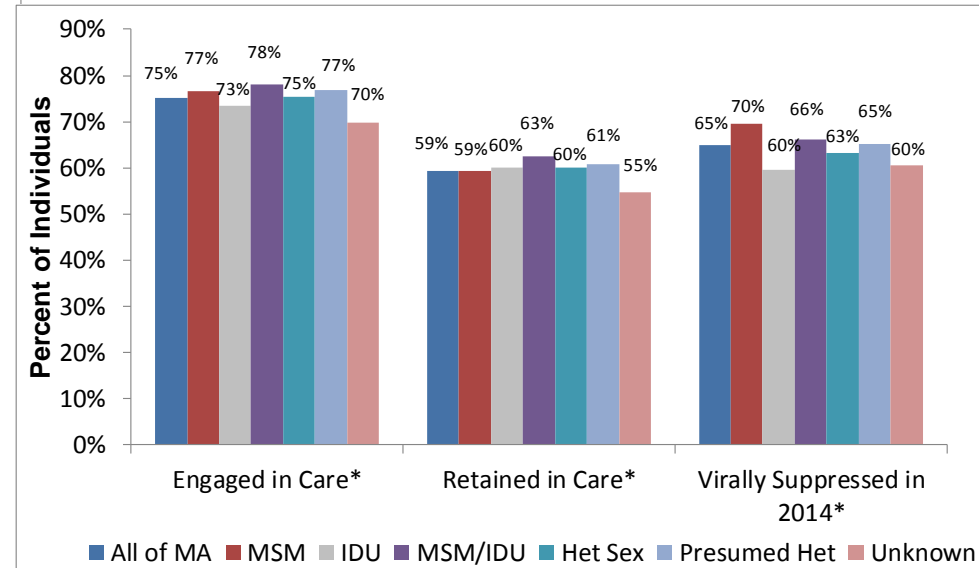
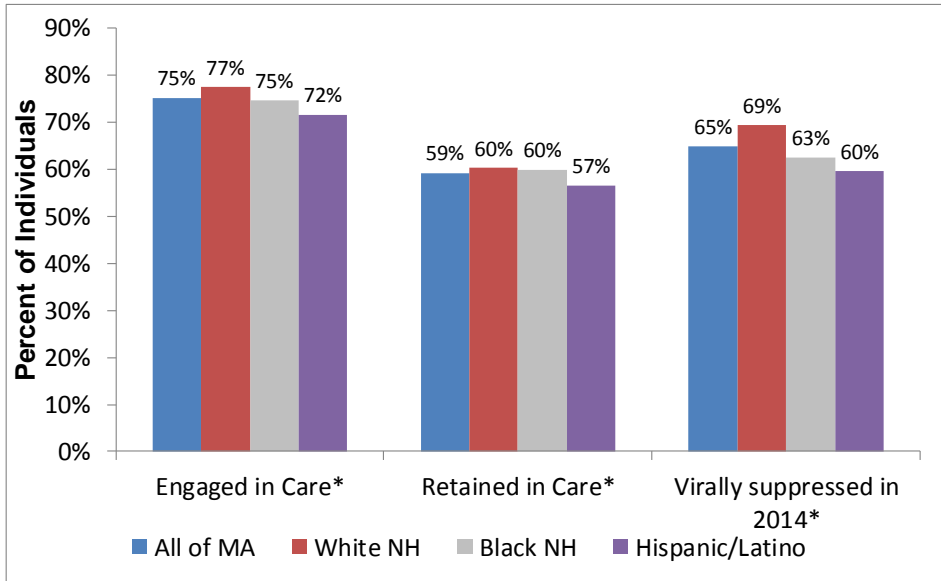
Massachusetts HIV Care Continuum



Includes individuals diagnosed through 2013 and living in MA as of 12/31/14, based on last known address, regardless of state of diagnosis

Data Source: MDPH HIV/AIDS Surveillance Program, cases reported through 1/1/16

Massachusetts HIV Care Continuum





Massachusetts Linkage Initiative

- National HRSA SPNS Initiative
 - HRSA Goal: improve access to and retention in HIV care for hard-to-reach populations
 - Six states: LA, MA, NC, NY, VA, WI
- Massachusetts SPECTRuM Interventions
 - Strategy 1 – Nurse/Peer Teams
 - Strategy 2 – Monthly Line Lists



Participating Clinical Facilities

- 6 Participating Facilities in Massachusetts
 - 2 large university-affiliated hospitals
 - 4 small community health centers
 - Serving over 3000 HIV+ patients
- Serving high prevalence areas of Massachusetts
- Geographically, racially and ethnically diverse
 - Would draw participants from facilities serving vulnerable PLWHA

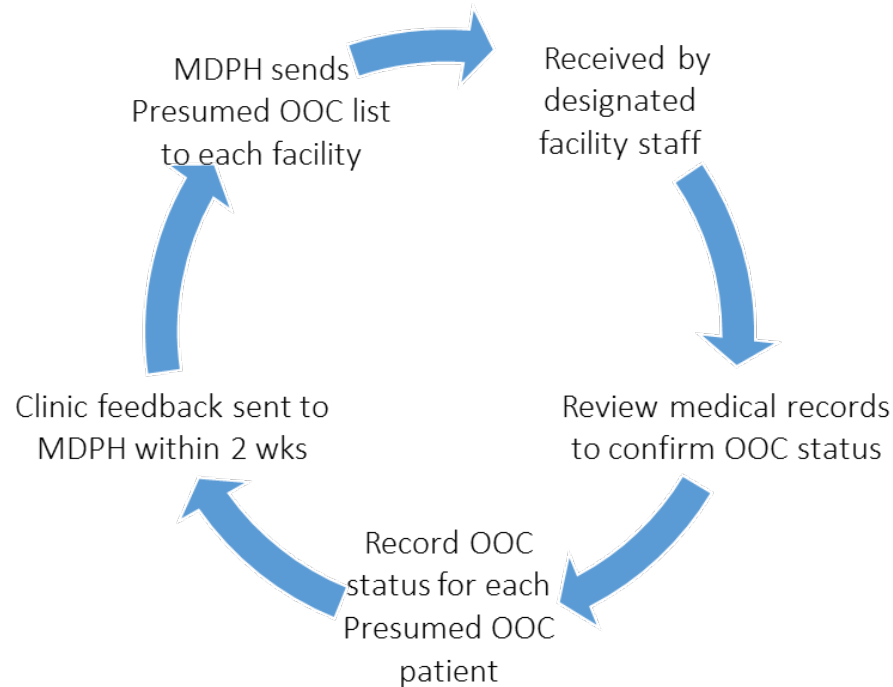


Methods for Out of Care Line Lists

- Presumed Out of Care if no viral load or CD4 for 6 months
- HIV/AIDS Surveillance Program generates Presumed OOC lists
 - MDPH obtains list of providers who order HIV labs at each participating clinical facility
 - Uses provider name (not facility name) in lab record to determine which people were last seen at participating clinical facilities
 - List contains patient name, DOB, date of last lab reported, name of ordering provider
- Lists encrypted on protected drives and delivered by overnight courier
- Clinic facility staff review medical records to confirm OOC status
 - Facilities send confirmed OOC information back to DPH
 - Confirmed or not confirmed OOC, and reason



Out of Care Line List Data Flow





Data Sources Used

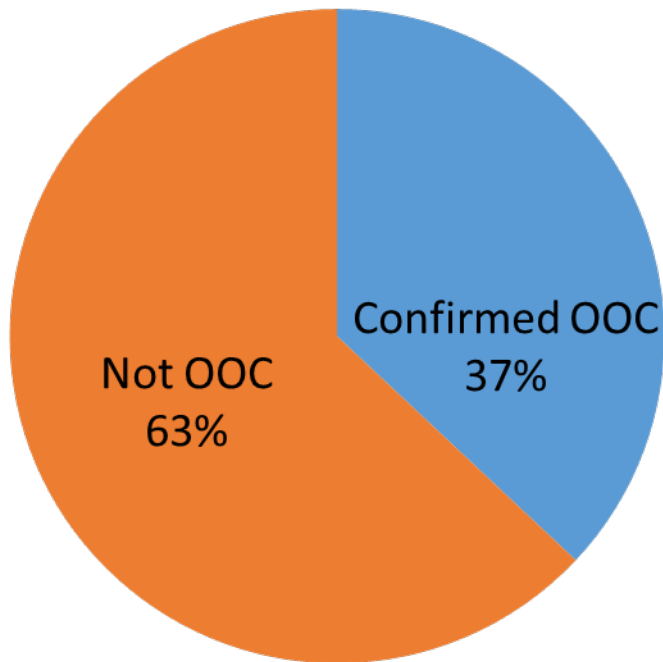
- HIV Surveillance Lab Data
- HIV Surveillance Case Data
- Provider List
- Line List Database
 - Clinical facility feedback from previous lists used to generate next list
- Clinical records (accessed by facility staff)



Clinical Facilities Report Back to Surveillance

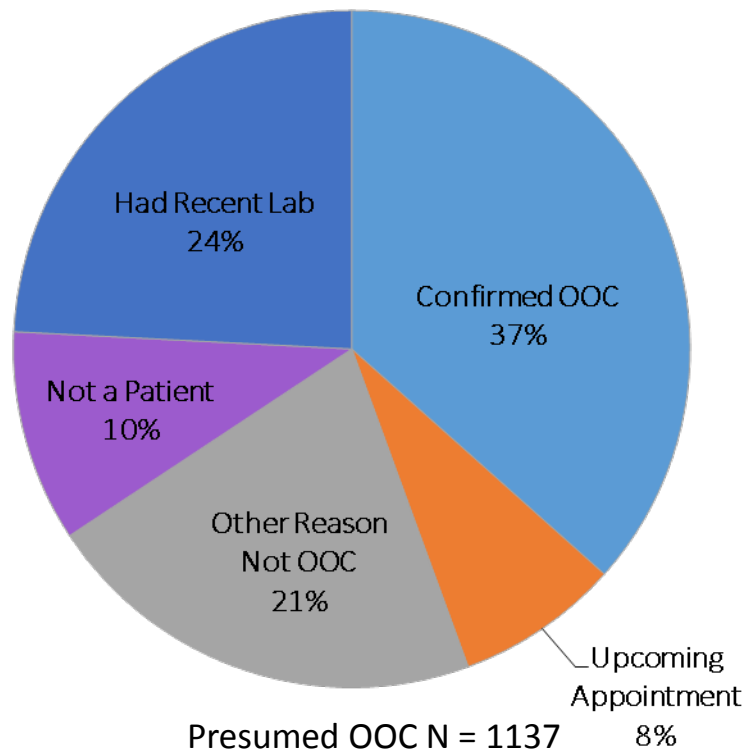
- If patient was not OOC, reason for not OOC:
 - Not a patient at the site
 - Has an upcoming appointment
 - Had a lab in past six months
 - Other reason not OOC
- If patient was confirmed OOC:
 - Had missed a scheduled appointment
 - Attempted to contact patient
 - Additional services offered to patient (case management, social services, etc)
- Notes

Confirmed Care Status of Presumed OOC



Presumed OOC N = 1137

Reasons Not Confirmed OOC





Confirmed OOC vs Not OOC

Age Category	% Confirmed OOC N = 400	% Not OOC N = 675
20-29 years	5	4
30-39 years	18	13
40-49 years	29	25
50-59 years	36	39
60 and older	12	19

Note: Demographic info for those who have died or in care out of state not included



Confirmed OOC vs Not OOC

Race	% Confirmed OOC N = 400	% Not OOC N = 675
Non - Hispanic White	33	31
Non – Hispanic Black	32	40
Hispanic	34	26
Other/Unknown	<5	<5

Note: Demographic info for those who have died or in care out of state not included



Confirmed OOC vs Not OOC

Risk	% Confirmed OOC N = 400	% Not OOC N = 675
MSM	22	23
IDU	30	25
MSM/IDU	<5	<5
Heterosexual	21	21
Presumed Het	12	12
Other/Unk	12	15

Note: Demographic info for those who have died or in care out of state not included

Results

- Among those confirmed to be OOC:
 - 61% were offered other services
 - 42% scheduled an appointment
 - 55% had a CD4/VL within 3 months
 - 72% had a CD4/VL within 6 months
- Conclusions
 - Surveillance data accurately predicted the clinically-confirmed OOC status of patients about one-third of the time
 - Large proportion of patients do not schedule appointments every six months, so they appear OOC to surveillance but clinically are not OOC
 - Once patients were confirmed to be OOC, they re-engaged in care and were offered additional services (housing, substance abuse, peer navigation) as needed



Lessons Learned

- Provider lists for each facility
 - Necessary to accurately identify where patients are in care
- Designated data person at each facility and at surveillance
 - Must be capable of navigating EMR and processing data
- Provider feedback
 - Essential to accurately confirm who is OOC
 - Mechanism to store feedback
 - Using feedback to inform creation of future lists
- Large hospital vs. small health center
 - OOC line lists were more useful in larger facility setting

Program Expansion

- Expanded to two additional facilities
- Funded for two new OOC projects using field staff follow-up
 - P4C: 6 Community Health Centers
 - CoRECT: 9 hospitals and Community Health Centers

Acknowledgments

- Hague, J.C.; Massachusetts Department of Public Health
- Goldman, L.R.; Massachusetts Department of Public Health
- Hawrusik, R; Massachusetts Department of Public Health
- John, B; Massachusetts Department of Public Health
- Lewis, S; Massachusetts Department of Public Health
- Rajabiun, S; Boston University School of Public of Public Health
- Fukuda, H.D.; Massachusetts Department of Public Health
- Cranston, K.C.; Massachusetts Department of Public Health

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