



HRSA HIV/AIDS Bureau's Support of Data to Care Activities

DSHAP Administrative Reverse Site Visit

October 24, 2019

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Evaluation, Analysis, and Dissemination Branch
Division of Policy and Data
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



Overview

- Overview: Ryan White HIV/AIDS Program
- HRSA HAB Data Linkage Guidance
- HRSA HAB Data Sources Overview
- Ryan White HIV/AIDS Program (RWHAP) role in linkage and re-engagement
- Initiatives and tools to support recipients/sub-recipients
- State Spotlight: Washington
- Exercise: Data (to Care) Detective!



Learning Objective

- Participants will discuss the use of data analysis, interpretation, data sharing practices, and implementation for quality improvement

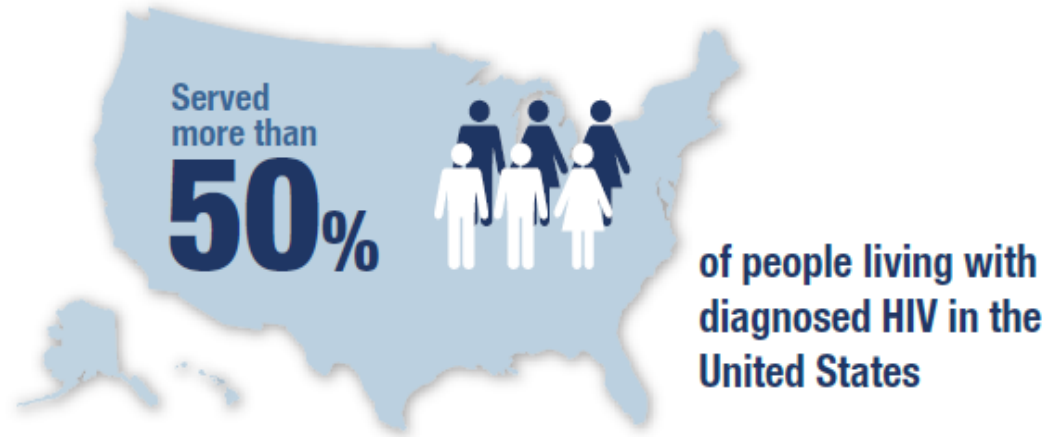
Overview: Ryan White HIV/AIDS Program

- **Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV**
 - More than half of people with diagnosed HIV in the United States – over 500,000 people – receive care and support services through the Ryan White HIV/AIDS Program
- **Funds grants to states, cities/counties, and local community based organizations**
 - \$2.34 billion annual investment (fiscal year 2018)
 - Recipients determine service delivery and funding priorities based on their local needs and planning process
- **Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payor is available**



Highlights: Clients Served by the Ryan White HIV/AIDS Program (non-ADAP), 2017

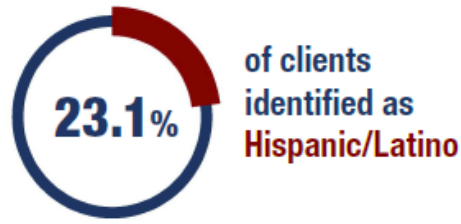
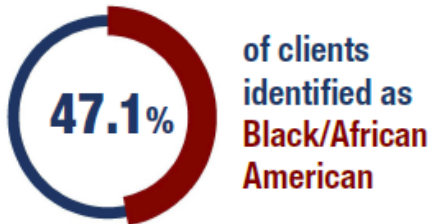
Served **534,903**
clients in 2017



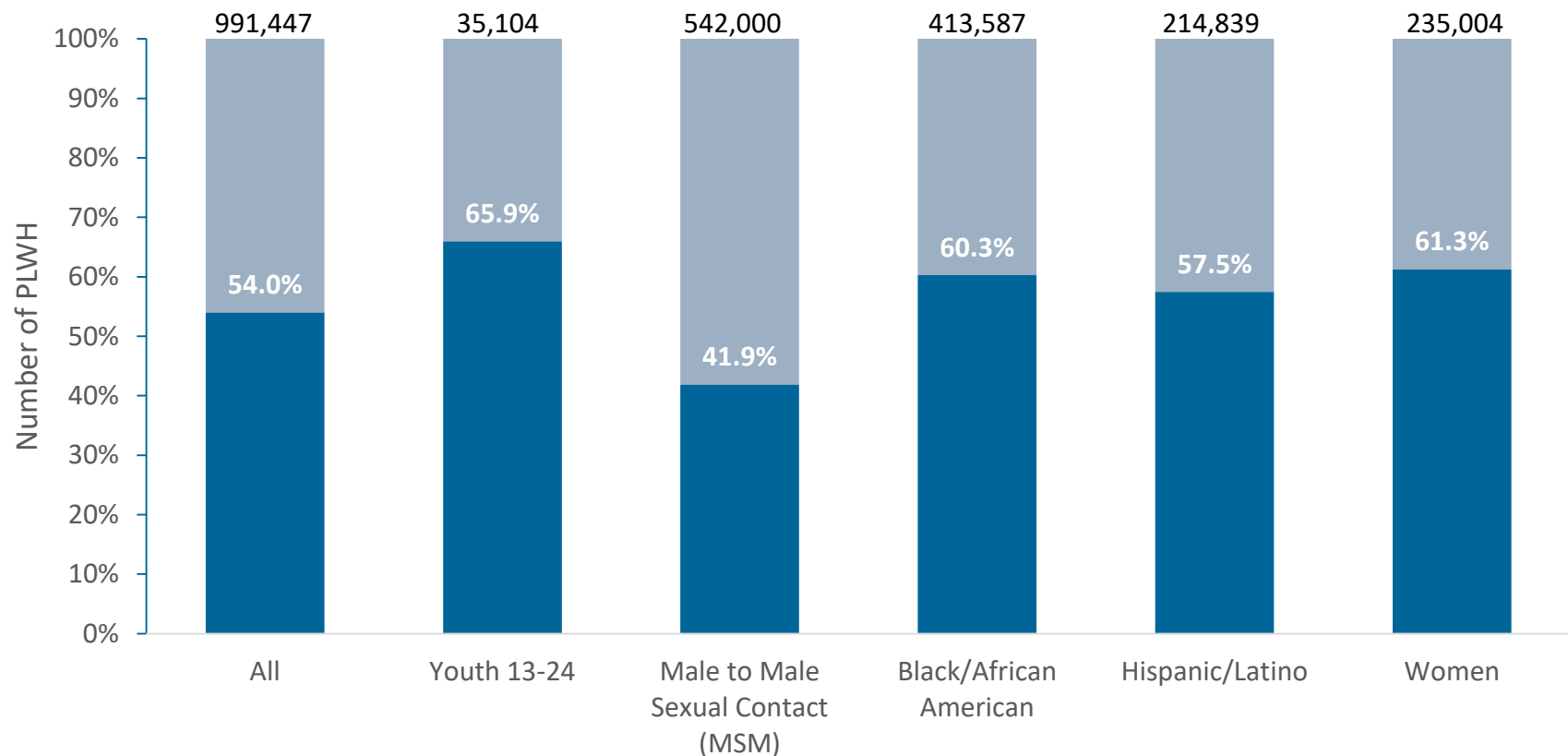
73.6% of clients were racial/ethnic minorities



62.8% of clients were living at or below 100% of the Federal Poverty Level



RWHAP Clients (non-ADAP) in 2016 as a Proportion of All People with Diagnosed HIV at year-end 2016

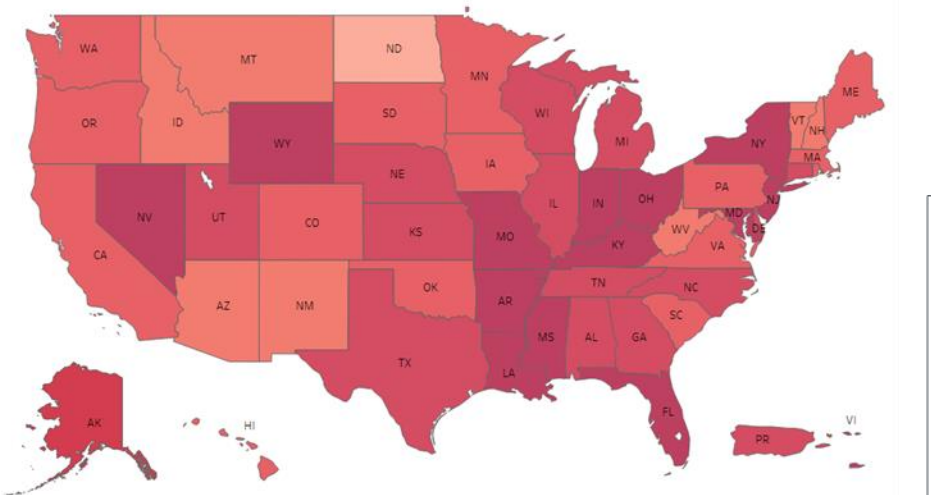


RWHAP Clients with HIV	535,157	23,144	226,897	249,302	123,442	143,950
Prevalence	991,447	35,104	542,000	413,587	214,839	235,004

Data Sources: RWHAP clients: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2016. Does not include AIDS Drug Assistance Program data.
HIV Prevalence: CDC. HIV Surveillance data 2016, U.S. and 6 dependent areas.



Viral Suppression among RWHAP Clients, by State, 2010 and 2017—United States and 2 Territories^a

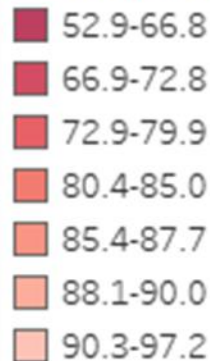


IN 2010

69.5%

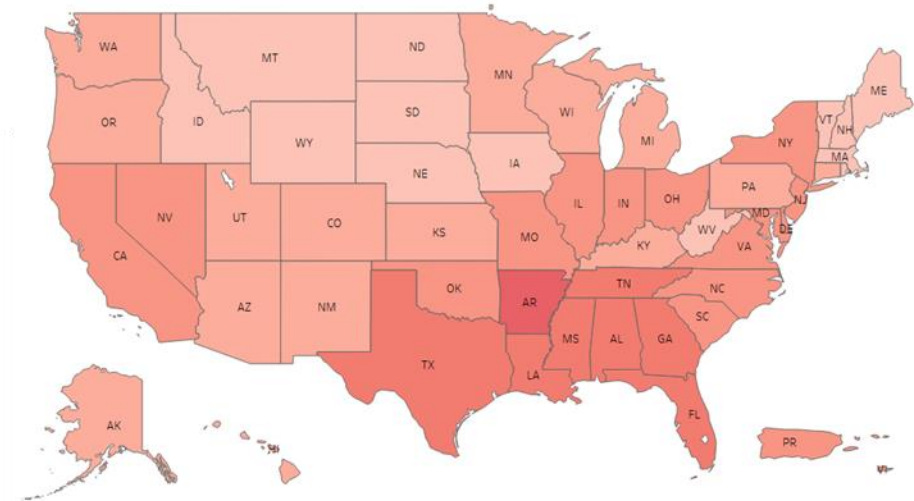
VIRALLY SUPPRESSED

Viral Suppression (%)



IN 2017

85.9%
VIRALLY SUPPRESSED



Viral suppression: ≥ 1 OAHs visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL.

^a Puerto Rico and the U.S. Virgin Islands.

Data Linkage & Data Sources

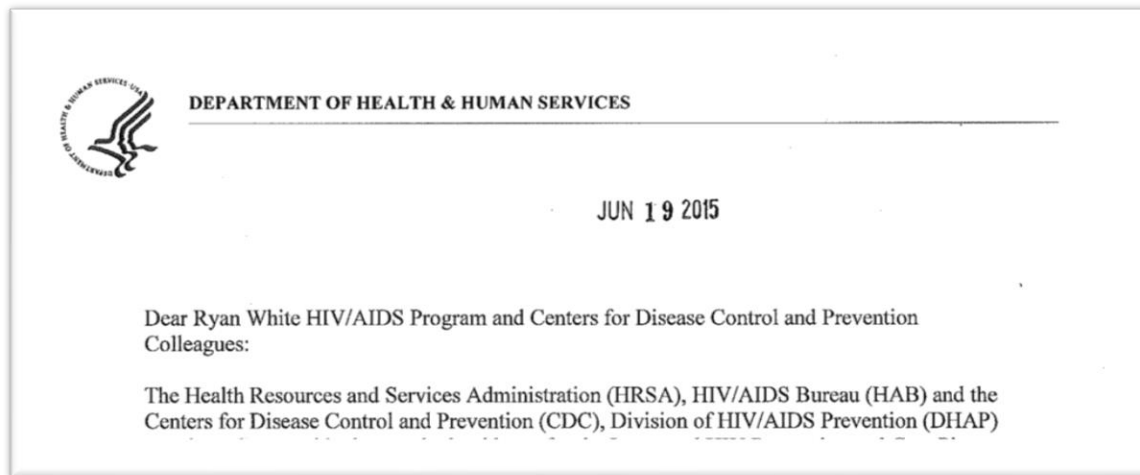


HRSA Guidance: Data Linkage

- Program Letter was distributed to all RWHAP Part A and Part B recipients on June 19, 2015, encouraging data sharing to support program integration

<https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>

- RWHAP Part B States/Territories HIV Care Program NOFO # HRSA-17-036 contains information on data sharing and security guidance



HRSA-17-036:

RWHAP Part B States/Territories HIV Care Program

- Supports integrated data sharing, analysis, and utilization for the purposes of program planning, needs assessments, unmet need estimates, reports, quality improvement, development of the HIV care continuum, and public health action.
- Strongly encourages:
 - Following principles and standards in the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action
 - Establishing data sharing agreements between surveillance and program to ensure clarity about the process and purpose of the data sharing and utilization.
 - Complete CD4, viral load (VL) and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems to benefit fully from integrated data sharing, analysis, and utilization



Data Sources:

RWHAP Services Data (RSR)

- **What information is collected?**
 - Includes information about people who receive RWHAP services (RWHAP Clients)
 - At a minimum, collect demographic characteristics, services received and clinical outcomes (e.g., viral suppression)
- **Who collects this information?**
 - Service providers who are funded by RWHAP Parts A, B, C, and/or D
 - In 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands
- **What information is available to state (RWHAP Part B) and city (RWHAP Part A) programs?**
 - May only receive data from RWHAP service providers they fund (i.e., subrecipients)
 - May not be comprehensive of all people served by RWHAP in the jurisdiction



Data Sources: AIDS Drug Assistance Program Data Report (ADR)

- **What information is collected?**

- Includes information about people who received services through the RWHAP AIDS Drug Assistance Program (“ADAP Clients”)
- At a minimum, demographics, services received, medication information and client outcomes (viral suppression) for clients who receive medication assistance

- **Who collects this information?**

- State AIDS Drug Assistance Programs (ADAP)
- 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands



How RWHAP or ADAP Data Could Support Data to Care

- **Another data source to update missing or incomplete surveillance data**
 - E.g., Current gender, transmission category
- **Supplement surveillance data for people with HIV who receive RWHAP services**
 - Additional data elements such as FPL, housing status
- **Support Data to Care activities**
 - Identify date of last care visit and most recent care provider
 - Identify last medication dispense date
- **RWHAP funding can support data infrastructure**
 - Refer to RWHAP Policy Clarification Notice 15-01: Treatment of Costs under the 10% Administrative Cap
<https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1501.pdf>

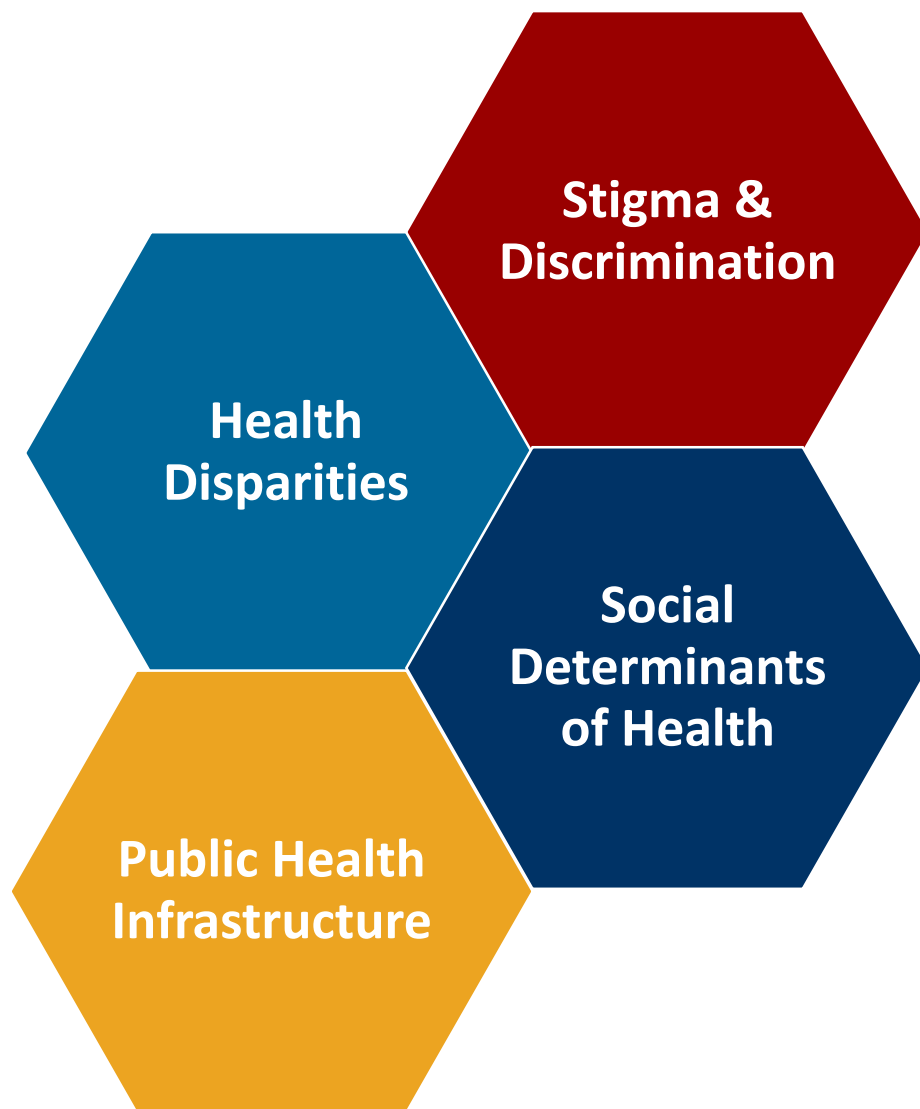




So, you found people out of care.

Now what?

RWHAP: A Whole Person Approach to Care



**PUBLIC HEALTH
as a KEY DRIVER
OF SUCCESS**

RWHAP Core Medical and Support Service Categories

Core Medical Services	Support Services
AIDS Drug Assistance Program (ADAP)	Child Care Services
AIDS Pharmaceutical Assistance (Local and Community Pharmaceutical Assistance)	Emergency Financial Assistance
Early intervention services (EIS)	Food Bank/Home Delivered Meals
Health insurance premium & cost sharing assistance	Health Education/Risk Reduction
Home & community-based health services	Housing
Home health care	Linguistic Services
Hospice services	Medical Transportation
Medical case management including treatment adherence	Non-Medical Case Management Services (NMCM)
Medical nutrition therapy	Other Professional Services
Mental health services	Outreach Services
Oral health care	Psychosocial Support Services
Outpatient ambulatory health services	Referral for Health Care and Support Services
Substance abuse services – outpatient	Rehabilitation Services
	Respite Care
	Substance Abuse Services (residential)

Developing and Enhancing Re-engagement Infrastructure

Know resources in your jurisdiction and community

Develop your network

Create a no-wrong-door approach

Implement evidence-informed interventions



Important Pieces of Data to Care

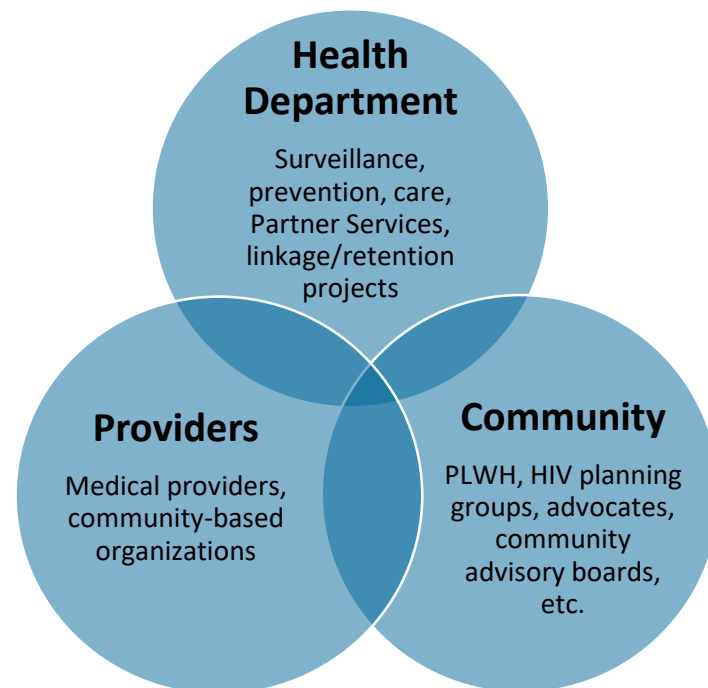
- **Collaboration!**

- HIV surveillance and prevention
- STD surveillance and prevention
- Disease intervention specialists (DIS)
- Other agencies/providers
- State Medicaid
- Prison and jail system
- Shelters

- **Leverage various data systems to ensure most comprehensive information**

- May require data sharing agreements and ethical review

- **Improved data quality**



CDC. [Data to care technical assistance tools](#),
Engaging providers in data to care.

Coordinating with HIV Prevention

- **Technical Assistance for RWHAP Parts A & B to Support Integrated HIV Planning Implementation**
 - Support activities related to the CDC/HRSA Integrated HIV Prevention and Care Plan submissions
 - Funding to encourage a streamlined approach to HIV planning and promote effective local and state decision making to develop systems of prevention and care

Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017- 2021

Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention

HIV/AIDS Bureau
Health Resources and Services Administration



June 2015

Opportunities to Impact the Broader Community

- **Developing a plan for engaging with partners of people who are out of care**
 - Opportunity for testing, linkage, interventions
- **Knowing pre-exposure prophylaxis (PrEP) resources that are available in your community**
- **Having a plan for managing additional populations**



Initiatives and Tools to Support Recipients/Sub-Recipients



HRSA HAB Data Reports & Slide Decks

**Ryan White HIV/AIDS
Program**

Annual Client-Level Data Report

Ryan White HIV/AIDS Program Services Report

2017



**Clients Served by the Ryan White
HIV/AIDS Program, 2017**

HIV Care Outcomes: Viral Suppression

Released December 2018



<https://hab.hrsa.gov/data/data-reports>



State Profiles Website



Health Resources & Services Administration



[Home](#) [State Profile](#) [State-to-State](#) [Year-to-Year](#)

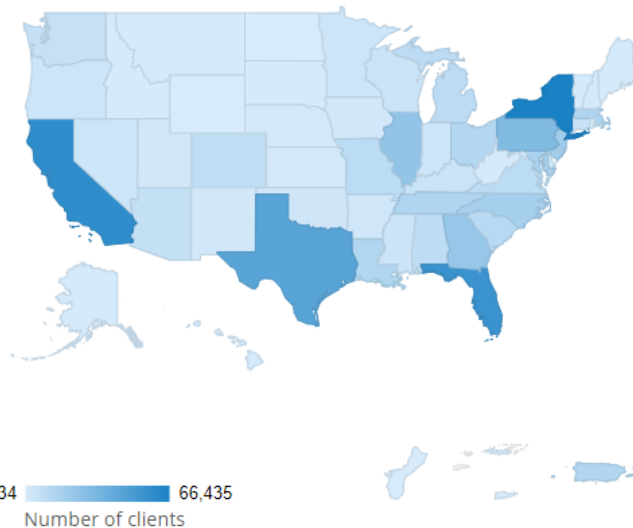
- > Client Characteristics
- > Grant Recipients
- > Client Outcomes
- > ADAP
- > Oral Health Programs
- > Services Received

Data Tables ☐

- About the data
- About the RWHAP
- Full 2016 RSR Report



Ryan White HIV/AIDS Program Clients Served, by State, 2016



Explore national- and state-level Ryan White HIV/AIDS Program data

The [Ryan White HIV/AIDS Program](#) serves over half a million people each year. In 2016, 551,567 clients received services from Ryan White HIV/AIDS Program-funded providers. Among all clients served in 2016, 97.0 percent (535,157) were living with HIV.

The Health Services and Resources Administration's HIV/AIDS Bureau utilizes these client-level data to monitor and support the progress of improving care and treatment for Ryan White HIV/AIDS Program clients.

Select from the map on the left or the drop-down menus above to view the latest data (2016) for a particular state. Use the left navigation menu to see client characteristics, client outcomes, and more for that state.

Use the links in the top navigation menu to compare states, compare states to the U.S. overall, or compare data by year.

Toggle "Data Tables" in the left navigation to view the data for all charts.

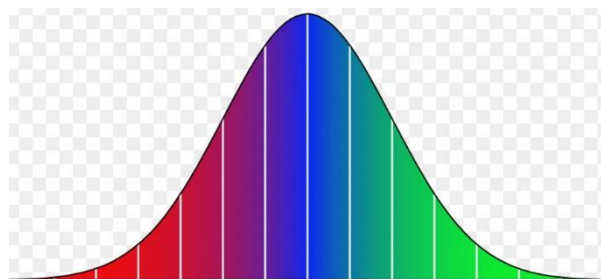
<https://hab.hrsa.gov/stateprofiles2016/>



Dashboards



**Data
dashboards**



**Performance
benchmarking**



**Stakeholder
engagement**

CDC NCHHSTP AtlasPlus



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

[A-Z Index](#)

Search



NCHHSTP AtlasPlus



HIV • Hepatitis • STD • TB
Social Determinants of Health Data

[FAQ](#) [Technical notes](#) [Glossary](#) [Contact us](#)

GET STARTED! Please select from both 1 and 2 to use HIV, Viral Hepatitis, STD, TB, and Social Determinants of Health data to create maps, charts, and tables, or to download data.

Step 1 What data do you want to see?

HIV

Viral Hepatitis

STD

TB

Social Determinants of Health

and

Step 2 How do you want to see them?



Charts



Maps



Tables

United States

Disease	Reported cases	Change from previous year
HIV diagnoses (2017)	38,182	↓
Acute Viral Hepatitis C (2016)	2,967	↑
Acute Viral Hepatitis B (2016)	3,218	↓
Hepatitis A (2016)	2,007	↑
Primary and Secondary Syphilis (2016)	27,814	↑
Chlamydia (2016)	1,598,354	↑
Gonorrhea (2016)	468,514	↑
Tuberculosis (2017)	9,105	↓

<https://www.cdc.gov/nchhstp/atlas/index.htm>

HRSA
Ryan White & Global HIV/AIDS Programs



HRSA Data Warehouse



The screenshot shows the data.HRSA.gov website. At the top, there is a header for the Health Resources & Services Administration. Below this is the main title 'data.HRSA.gov' and a search bar with a magnifying glass icon and a link to 'A-Z Index'. A dark blue navigation bar contains links for 'Find Health Care', 'Data', 'Maps', 'Tools', 'Topics', and 'Help', each with a dropdown arrow. The main content area features the heading 'Explore Data and Maps on HRSA's Health Care Programs' and six interactive tiles arranged in a 2x3 grid. Each tile has a colored icon in its top right corner: a green building icon for 'Find a Health Center', a blue map icon for 'Explore Maps', an orange network icon for 'Query Data', a purple medical bag icon for 'Find Shortage Areas', a red document icon for 'View HRSA Fact Sheets', and a blue download icon for 'Download Data'.

Health Resources & Services Administration

data.HRSA.gov

Search A-Z Index

Find Health Care ▾ Data ▾ Maps ▾ Tools ▾ Topics ▾ Help ▾

Explore Data and Maps on HRSA's Health Care Programs

Find a Health Center

Explore Maps

Query Data

Find Shortage Areas

View HRSA Fact Sheets

Download Data

Find a Ryan White HIV/AIDS Program Medical Provider Tool

An official website of the United States government U.S. Department of Health & Human Services

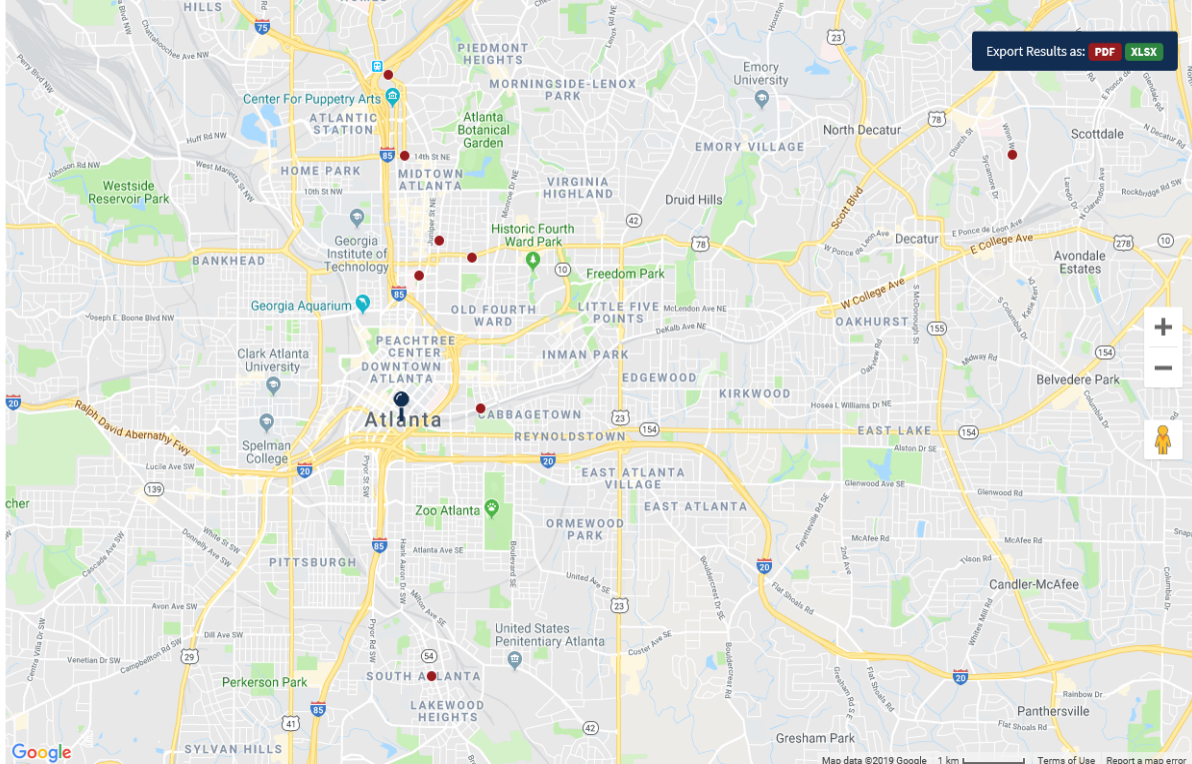
HRSA Data Warehouse Find a Ryan White HIV/AIDS Program Medical Provider

About the Ryan White HIV/AIDS Program | About this Tool

Atlanta, GA, USA 40 miles

Search Results: Filter Results

- ST. JOSEPH'S MERCY CARE SERVICES** +
Atlanta, GA, 30312-1848
- EMORY UNIVERSITY HOSPITAL MIDTOWN** +
Atlanta, GA, 30308-2212
- GRADY HEALTH SYSTEM PONCE DE LEON CENTER** +
Atlanta, GA, 30308-2012
- AHF MIDTOWN ATLANTA HEALTHCARE CENTER** +
Atlanta, GA, 30308-1416
- FULTON COUNTY PUBLIC HEALTH AT 10 PARK PLACE** +
Atlanta, GA, 30315
- POSITIVE IMPACT HEALTH CENTERS INC** +
Atlanta, GA, 30309-3608
- AID ATLANTA** +
Atlanta, GA, 30309-2433
- DEKALB COUNTY BOARD OF HEALTH** +
Decatur, GA, 30030-1707



Export Results as: PDF XLSX

Map data ©2019 Google 1 km Terms of Use Report a map error

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<https://findhivcare.hrsa.gov/>

HRSA
Ryan White & Global HIV/AIDS Programs

HRSA HAB eLibrary

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About the Ryan White HIV/AIDS Program	Global HIV/AIDS Program	Data	Program & Grants Management	Clinical Care & Quality Management	Publications
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The HRSA Ryan White HIV/AIDS Program (RWHAP) supports direct health care and support services for over half a million people living with HIV (PLWH). The RWHAP funds and coordinates with cities, states, and local community-based organizations to deliver efficient and effective HIV care, treatment, and support services for low-income PLWH. Since it was established, the RWHAP has developed a comprehensive system of safety net providers who deliver high-quality, direct health care and support services.

This page has been created to centralize peer-reviewed journal articles that demonstrate the impact of the RWHAP. Articles are organized by category and some articles may be listed under multiple categories. Articles are also organized by HRSA authorship and/or sponsorship and publication year.

Featured Recent Articles

Ending the HIV Epidemic: A Plan for the United States

Fauci AS; Redfield RR; Sigounas G; Weahkee MD; Giroir BP

Journal JAMA Publication Year 2019

Filter by Category

[ADAP \(9\)](#)[AETC \(2\)](#)[Comorbidities \(7\)](#)[Cost \(9\)](#)[Dental Programs \(1\)](#)[HIV Clinical Outcomes \(35\)](#)[Key Populations \(17\)](#)[Recipient-Level \(12\)](#)[RWHAP Services \(15\)](#)[Scientific Advancements \(9\)](#)[Systems Development \(13\)](#)[Workforce \(7\)](#)

Filter by Article Sponsorship

[HRSA-Authored Article \(16\)](#)[HRSA-Sponsored Article \(14\)](#)

Filter by Publication Year

[2019 \(6\)](#)[2018 \(11\)](#)

<https://hab.hrsa.gov/publications/library>



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[HELP](#)



IN FOCUS HIV CARE FOR ALL

All agencies funded by HRSA's Ryan White HIV/AIDS Program focus on addressing disparities and gaps in care. Learn about special initiatives to enhance HIV care engagement among men who have sex with men and transgender people.

[LEARN MORE >](#)

WHAT'S NEW

[VIEW MORE >](#)



[IAS 2019 Abstract: SPNS, Transgender Women, and Viral Suppression](#)

TargetHIV, 07/23/2019 (Blog Post)



[CAREWare 6 Official Build Now Available](#)

TargetHIV, 07/26/2019 (News Article)



[Online Tools for HIV Estimations](#)

TargetHIV, 07/25/2019 (News Article)



[IAS 2019: HIV.gov Blogs and a Few More Highlights](#)

HIV Health Improvement Affinity Group Learning Communities – Data Focus

- **Data Linkage and Outcome Learning Community**

- Institute/expand current data-sharing activities
- Identify performance improvement targets with data analysis
- Analyze laws, regulations, policies, and procedures for barriers

- **Data Analysis and Utilization for Delivery System Improvement Learning Community**

- Use Medicaid authority to expand access to evidence-based HIV services
- Integrate Medicaid and RWHAP services
- Accelerate value-based purchasing
- Encourage on interdisciplinary care teams



STRATEGIES TO CATALYZE SUCCESS IN THE RYAN WHITE HIV/AIDS PROGRAM

85.9%
of clients
virally
suppressed*

Center for Engaging **Black Men Who Have Sex with Men (MSM)** Across the Care Continuum (CEBACC)—Interventions to improve HIV-related outcomes among Black MSM

Building Futures for **Youth**—Compiling interventions for enhancing services to youth with HIV

Evidence-Informed Approaches to Improve Health Outcomes for **Out-of-Care People Living with HIV**—Identifying and supporting the replication of approaches and interventions to engage people with HIV who are out of care or at risk of not continuing care

Recipient Compilation of Best Practice Strategies and Interventions—**Peer-to-peer online resource** for best practices collected from Ryan White HIV/AIDS Program recipients

Evidence-Informed Interventions to Improve Health Outcomes of People Living With HIV (E2i)—Identifying and providing support for rapid implementation of interventions that focus on **Black MSM, transgender women, behavioral health, and trauma**

Dissemination of Evidence-Informed Health Outcomes Along the HIV Care Continuum Initiative (DEII)—Disseminating prior Special Projects of National Significance: **Jails, medication-assisted treatment for people who inject drugs, outreach, re-engagement**

* Viral suppression is based on data for people with HIV who had at least one outpatient ambulatory health services visit and at least one viral load test during the measurement year and whose most recent viral load test result was less than 200 copies/mL.

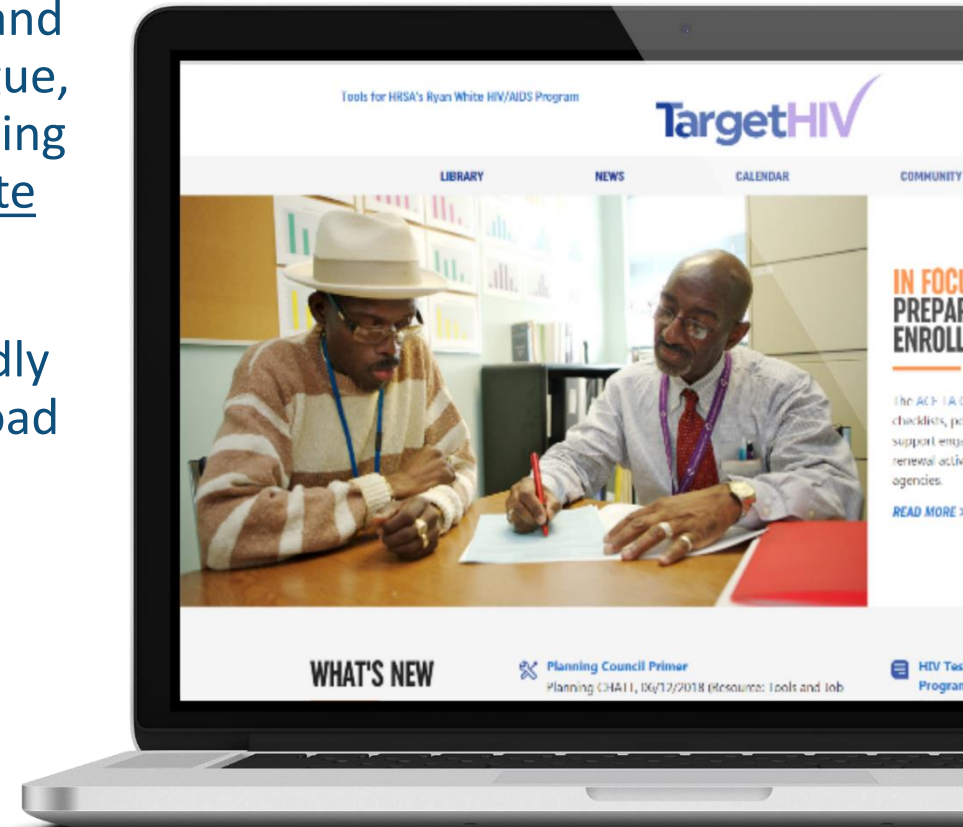
HRSA HAB Approach to Compiling Best Practices

The *Best Practices Compilation* will develop review scoring criteria to systematically and efficiently gather, analyze, select, catalogue, and display RWHAP-implemented emerging strategies on [HRSA HAB TargetHIV website](#)

The online catalogue will be a user-friendly mechanism to identify, filter, and download practical information about program implementation and dissemination



HRSA HIV/AIDS BUREAU
RYAN WHITE HIV/AIDS PROGRAM
BEST PRACTICES COMPILATION



Project Funded by the Minority HIV/AIDS Fund



Thank you!



Contact Information

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Division of Policy and Data

HIV/AIDS Bureau (HAB)

Health Resources and Services Administration (HRSA)

Web: hab.hrsa.gov





HIV SURVEILLANCE, RYAN WHITE, DATA SHARING, & D2C IN WASHINGTON STATE

Jen Reuer, MPH

HRSA ARSV meeting, Oct 2019



WASHINGTON STRUCTURE

Office of Infectious Disease

- Four Programs
 - Assessment Unit (HIV, STD, Hepatitis C, Ryan White)
 - HIV Prevention
 - STD prevention, Adult Viral Hepatitis (Hepatitis C) prevention, and Drug User Health
 - HIV Care (Ryan White HIV/AIDS Program Part B)
 - Business Development
- 79 staff (including 11 field staff)
- One Floor
- One Overall Responsible Party (ORP)

Ryan White Funding for Assessment Unit

- 2.3 FTE
- Six Assessment Unit Staff
 - Provide Data Manager
 - HIV Surveillance Data Manager
 - 2 Epidemiologists
 - D2C Coordinator
 - MMP Project Coordinator

Acronyms

- ADAP – AIDS Drug Assistance Program
- CMS - Centers for Medicare and Medicaid Services
- D2C – Data to Care
- DOH – Washington State Department of Health
- eHARS – enhanced HIV/AIDS Reporting System
- EiC – Engagement in Care
- EIP – Early Intervention Program (Washington's ADAP)
- HCA – Washington State Health Care Authority (Washington's Medicaid program)
- MAI – Minority AIDS Initiative
- MMP – Medical Monitoring Project
- MTM – Medication Therapy Management



HIV SURVEILLANCE AND RWHAP DATA SHARING

Washington Administrative Code

- Specific data sharing WACs
 - LHJs can link HIV data to other public health databases (WAC 246-101-520)
 - WA DOH can do the same (WAC 246-101-635)
 - Specifically mention referring people to social and health services as an acceptable purpose of using notifiable condition data
- AG opinion about sharing information for D2C investigations
 - We have lots of leeway with LHJs, but not with CBOs
 - To share case information with a CBO case manager, the person has to have signed a release of information

Security and Confidentiality

- Agency and OID S&C trainings and signing of confidentiality statements at hire and annually by all OID staff
- All data sharing occurs on internal confidential servers or over secure file transfer (if leaving agency)
- Minimum data to complete tasks are shared
- Data systems meet CDC guidelines and limit access to only those needing it to complete work

Data Systems

- eHARS - HIV surveillance
- Provide
 - ADAP
 - PrEP-DAP
- CareWare
 - Case management
 - PAHR (persons at high risk) services
 - Moving to Provide
- Lab data system - HIV surveillance lab repository
- D2C data system
- PHIMS-STD
 - STD surveillance and all partner services
- EvaluationWeb® - publicly funded testing and counseling data

One by One Data Sharing

- Verification of HIV status for ADAP applications
- Current residence for eHARS updates
- Contact information for MMP outreach
- D2C investigation
- Monitoring for seroconversion for PrEP-DAP
- Others as needed
- PHIMS-STD
 - Rich data source for investigations
 - Used to identify non-reported HIV diagnoses

Bulk Data Sharing

- Quarterly match between eHARS and Provide
 - Updated lab results for import into Provide
 - Updated race/ethnicity, SSN, address, and phone information for import into eHARS
 - Vital status information shared both ways
 - Deduplication for both systems
- Quarterly match between eHARS and CareWare
 - Updated lab results for import into CareWare
 - Vital status information shared both ways
 - Deduplication for both systems
- Weekly and monthly matches between eHARS and PHIMS-STD

Aggregate Data Support for RWHAP

- Grant application and progress report support
 - Core surveillance
 - Ex: ADAP enrollee care continuum
 - MMP
 - Ex: Unmet need
 - HIV Testing and Counseling
 - EIHA support
- Program planning support
 - Population specific information
 - Geographic information
 - Program evaluation
- Questions for program planning and support in MMP
local questions

Future Directions for Data Sharing

- Continue providing updates for Provide
- Increase the updates of address and phone data in eHARS
- Streamline the process
- Continue to look for new ways to share, combine, manage, analyze, and present data



DATA TO CARE (D2C) IN WASHINGTON

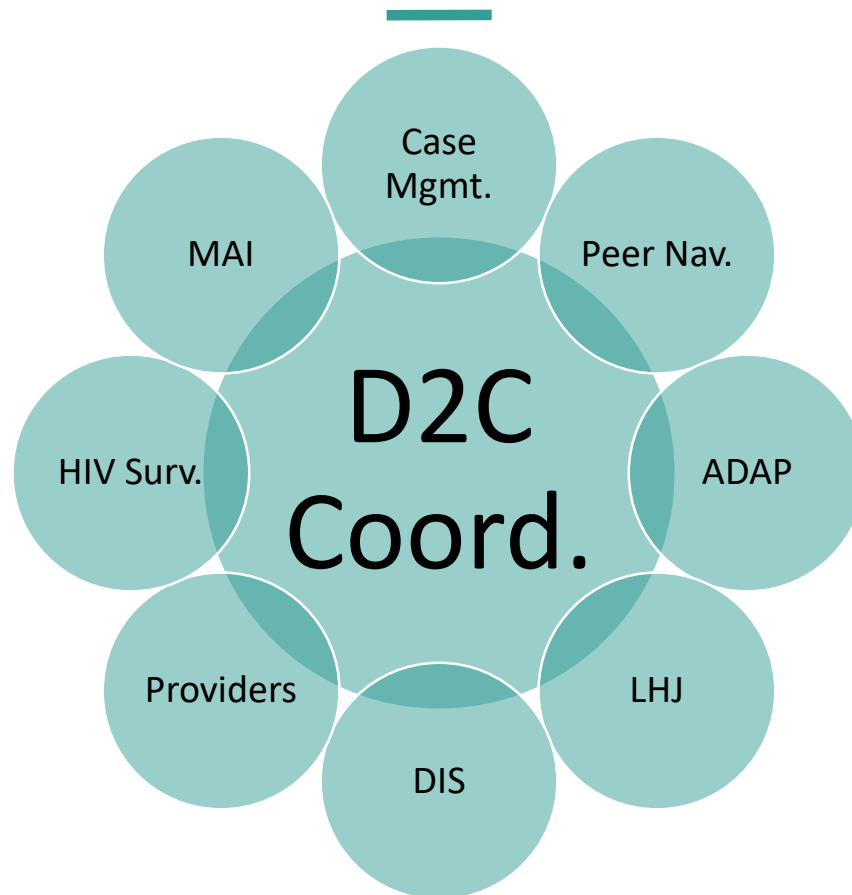
Initial D2C Structure

- Only attempting to relink individuals to medical care who appeared to be out of care
- Follow up on those with no labs in surveillance data system for 12 months measured at 15 months
 - Too Soon!
 - Updated to no labs in 15 months measured at 18 months
- Primarily focused on DIS from DOH or LHJs doing follow up in addition to their existing work

Results from Initial D2C Structure

- Most (47%) were actually in care
- Many (36%) had moved out of WA
- 10% Not located
- <5% were actually out of care
- ~ 1% relinked to care

Overview of New Washington D2C Model



Documenting Care in Surveillance

- Reported lab results
 - Need to consider who ordered
- Verification from provider of a care visit
- Prescription refills

Population Definitions

- “Not in Care”
- Not virally suppressed

D2C Staffing

- Data-to-Care Coordinator
- Staff from:
 - Surveillance
 - Out of state calls
 - Locating information investigations
 - Ryan White
 - Case Management, MAI, Peer Navigation – outreach, barrier identification, barrier solutions/linkages
 - ADAP – contact, linkage to other staff
 - Partner Services
 - Outreach, barrier identification, barrier solutions/linkages
- OID Management
- Local Health Jurisdiction (LHJ) staff

Engagement in Care Groups - Workers

- Monthly
- D2C Coordinator to convene
- Discuss D2C and cluster investigation work
- Representatives from each group doing the work
- Discuss global issues in D2C work
- Ensure that investigations are being passed from worker to worker as appropriate
- Still need to determine...
 - Format that works best for group
 - Workable schedule
 - How does this group overlap with case consult group?

Engagement in Care Groups - Management

- Monthly or quarterly
- D2C Coordinator to convene
- OID Management Team
- Discuss D2C and cluster investigation work
- Provide updated reports, current and ongoing issues, requests, and other notifications
- Notify and provide updates on emergent issues (e.g. newly identified cluster)
- Ensure worker staffing is appropriate

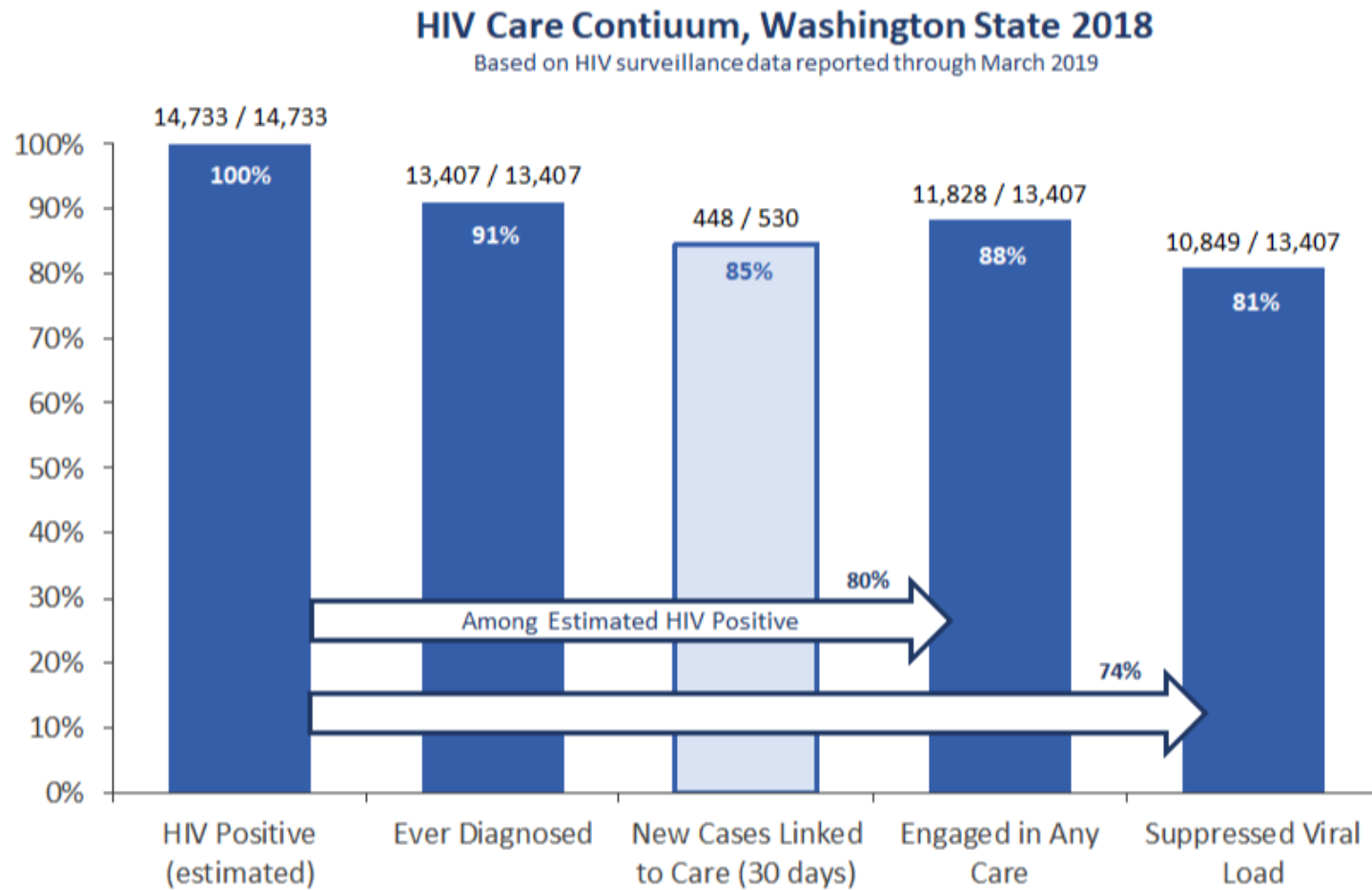
D2C Case Consult

- Weekly or as needed
- D2C Coordinator to convene
- Include D2C and cluster investigation staff
- Prioritize follow up
- Status updates
- Still need to determine...
 - How will this work at the state level?
 - How will it differ from local case consults models?
 - How and when do we meet with LHJ reps?

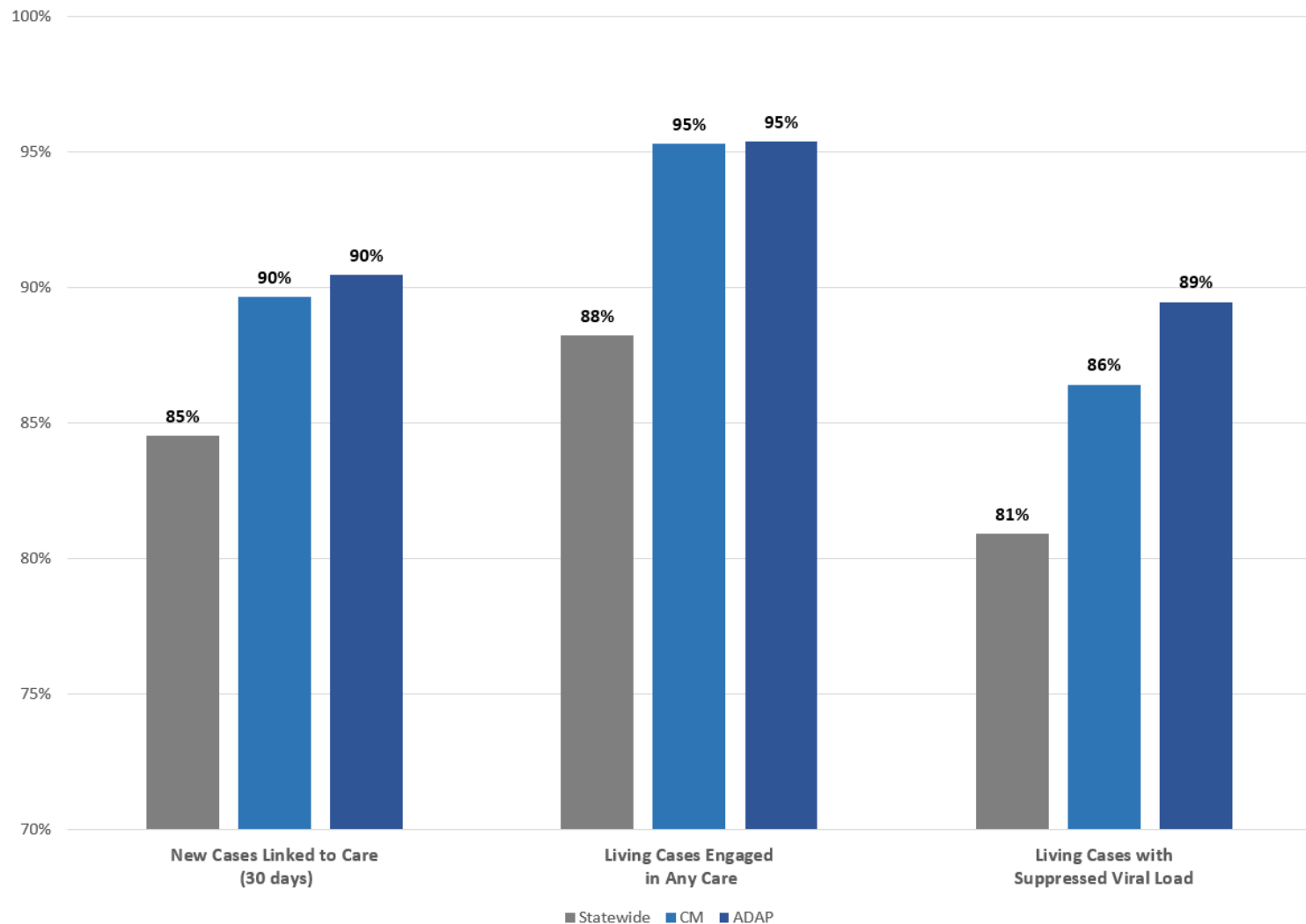
Work with Medical Facilities

- Patient lists
 - Get patient lists from larger health care systems, perhaps starting with Ryan White facilities
 - Review for what surveillance has as current status (e.g. in care at facility, in care at other facility, not in care, etc)
 - Provide information back to provider about care status
 - Facility or public health staff to follow up
- Other options?

HIV Care Continuum, Washington State, 2018



HIV Care Metrics – Statewide, ADAP, Case Management, Washington State, 2018



National vs State Data

- Outline how and why the local data differs from the national data

Who Are We Following Up On?

'Not in Care'

- Total # 'not in care' for Jan – June 2019
 - Of those, total # in Case Management
 - Of those, total # in ADAP
 - Of those, total number under MAI
 - Of those, total number with last labs at select health care facilities

Who Are We Following Up On?

Virally Unsuppressed

- Total # virally unsuppressed, Jan – June 2019
 - Of those, total # in Case Management
 - Of those, total # in ADAP
 - Of those, total number under MAI
 - Of those, total number with last labs at select health care facilities

Acknowledgements

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- Michelle Perry

Questions?





DOH is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.



Exercise: Data (to Care) Detective!

Reviewing and Interpreting Data to Best Target Resources

- **Most affected communities**

- Geographic areas or populations with
 - Highest numbers or rates of diagnoses
 - Highest prevalence numbers or rates
 - Increasing numbers or rates of diagnoses over time
 - Lowest percentages of people at various steps along the care continuum (e.g., linkage, retention, ART, viral suppression)
 - High levels of comorbidity
- Geographic “hot spots” for recent diagnoses and/or unusual trends
- Populations with the highest levels of risk behaviors



Ensuring Goals, Strategies, Activities are Responsive to the Data

1. Assess trends

- More data may be needed to explain unexpected trends

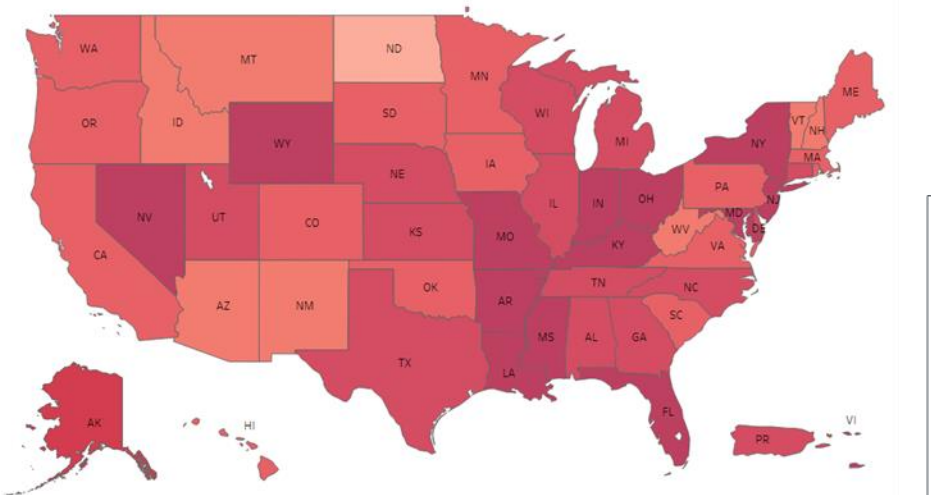
2. Focus on most affected communities

3. Ensure strategies and activities culturally appropriate

4. Engage most affected communities to inform decisions and assist with implementation

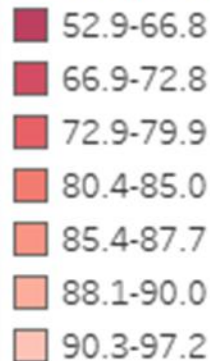
5. Engage care providers

Viral Suppression among RWHAP Clients, by State, 2010 and 2017—United States and 2 Territories^a

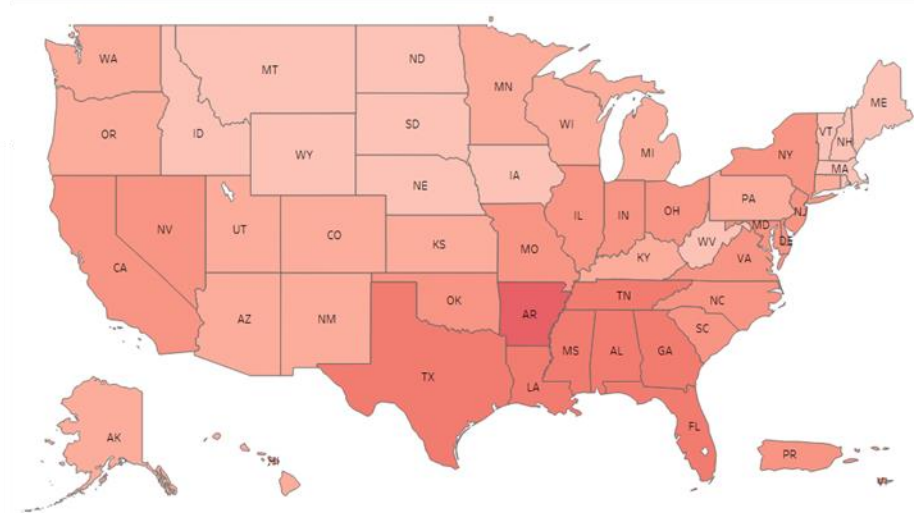


IN 2010
69.5%
VIRALLY SUPPRESSED

Viral Suppression (%)



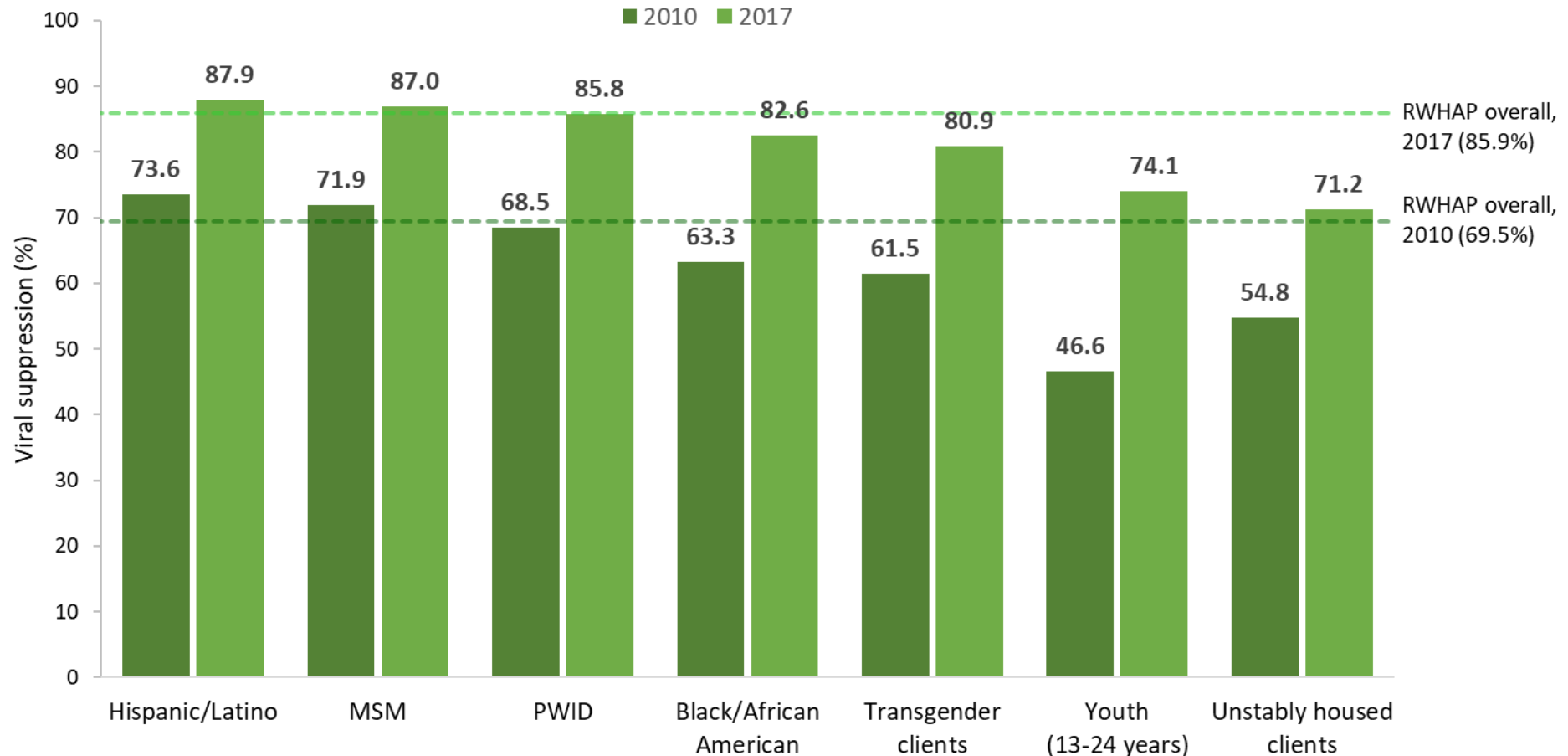
IN 2017
85.9%
VIRALLY SUPPRESSED



Viral suppression: ≥1 OAHs visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

^a Puerto Rico and the U.S. Virgin Islands.

Viral Suppression among Key Populations Served by the Ryan White HIV/AIDS Program, 2010 and 2017—United States and 3 Territories^a



Hispanics/Latinos can be of any race.

Viral suppression: ≥ 1 OAHS visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL.

^a Guam, Puerto Rico, and the U.S. Virgin Islands.

Top Services Used by RWHAP Clients, 2017

2017 Rank	Service	N	%	2016 Rank
1	Outpatient/ambulatory health service	370,593	69	1
2	Medical case management	296,769	56	2
3	Non-medical case management	164,390	31	3
4	Oral health care	86,676	16	4
5	Medical transportation services	80,498	15	5
6	Mental health	68,580	13	6
7	Food bank/home-delivered meals	58,427	11	7
8	Health education/risk reduction	57,232	11	8
9	Referral for health care & supportive services	48,833	9	9
10	Medical nutrition therapy	36,685	7	11



RSR Report & State Profiles Website: Washington



Health Resources & Services Administration



[Home](#) [State Profile](#) [State-to-State](#) [Year-to-Year](#)

Washington

[View](#)

> Client Characteristics

- Age
- Gender
- Race/Ethnicity
- Income
- Health Care Coverage
- HIV Status
- Risk - Female
- Risk - Male
- Risk - Transgender

> Grant Recipients

> Client Outcomes

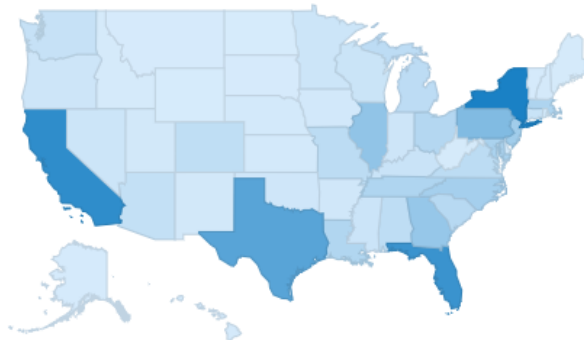
> ADAP

> Oral Health Programs

> Services Received

Data Tables ☐

Ryan White HIV/AIDS Program Clients Served, by State, 2016



34 66,435
Number of clients

What are the demographic characteristics of Ryan White HIV/AIDS Program clients in Washington?

The [Ryan White HIV/AIDS Program](#) provides high quality HIV care, treatment, and support services to low income, uninsured, and underserved people living with HIV in the United States.

The estimated number of clients served by Ryan White HIV/AIDS Program providers in Washington in 2016 was 6,051¹.

The [HIV/AIDS Bureau](#) oversees the reporting of data from these programs. In this section you can explore client demographic characteristics, including clients by gender, race/ethnicity, age, risk factor, and much more.

Toggle "Data Tables" in the left navigation to view the data for all charts.

CDC NCHHSTP AtlasPlus: Washington

Select Data

Compare charts

SingleDual

Disease & SDOH

HIV

Indicator

HIV diagnoses *

Geography

Washington

Year

2017

Age Group

Ages 13 years and older

Race/Ethnicity

All races/ethnicities

Sex

Both sexes

Transmission Category

All transmission categories

RateCases



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

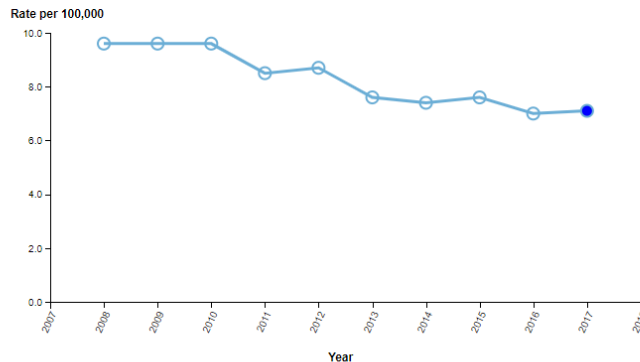


Home Charts Maps Tables



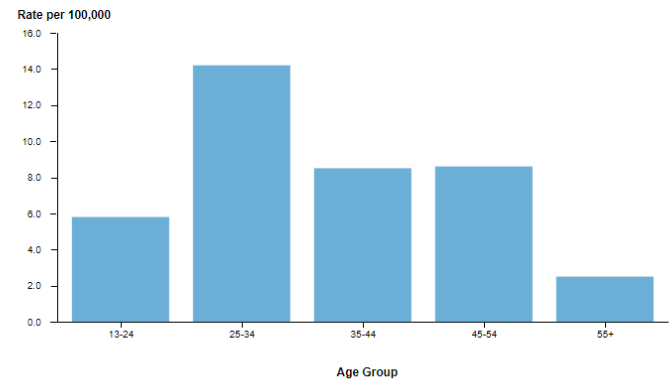
FAQ Technical notes Glossary Contact us

HIV diagnoses | 2008-2017 | Ages 13 years and older | All races/ethnicities | Both sexes | All transmission categories | Washington



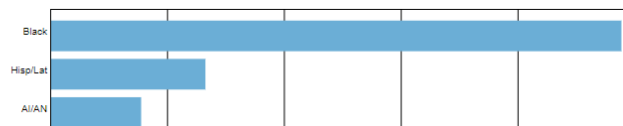
Footnotes: HIV data for the year 2017 are preliminary and based on 6 months reporting delay. Trend data should be based on data through the year 2016 to allow sufficient time (at least 12 months) for reporting of case information to accurately assess trends.
NA - Not Applicable.

HIV diagnoses | 2017 | Ages 13 years and older | All races/ethnicities | Both sexes | All transmission categories | Washington

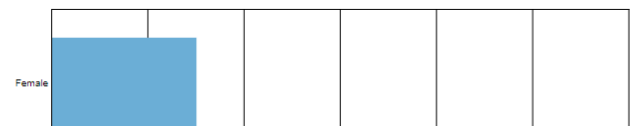


Footnotes: HIV data for the year 2017 are preliminary and based on 6 months reporting delay.
NA - Not Applicable.

HIV diagnoses | 2017 | Ages 13 years and older | All races/ethnicities | Both sexes | All transmission categories | Washington



HIV diagnoses | 2017 | Ages 13 years and older | All races/ethnicities | Both sexes | All transmission categories | Washington



Find a Provider Tool: Washington

An official website of the United States government U.S. Department of Health & Human Services

HRSA
Data Warehouse

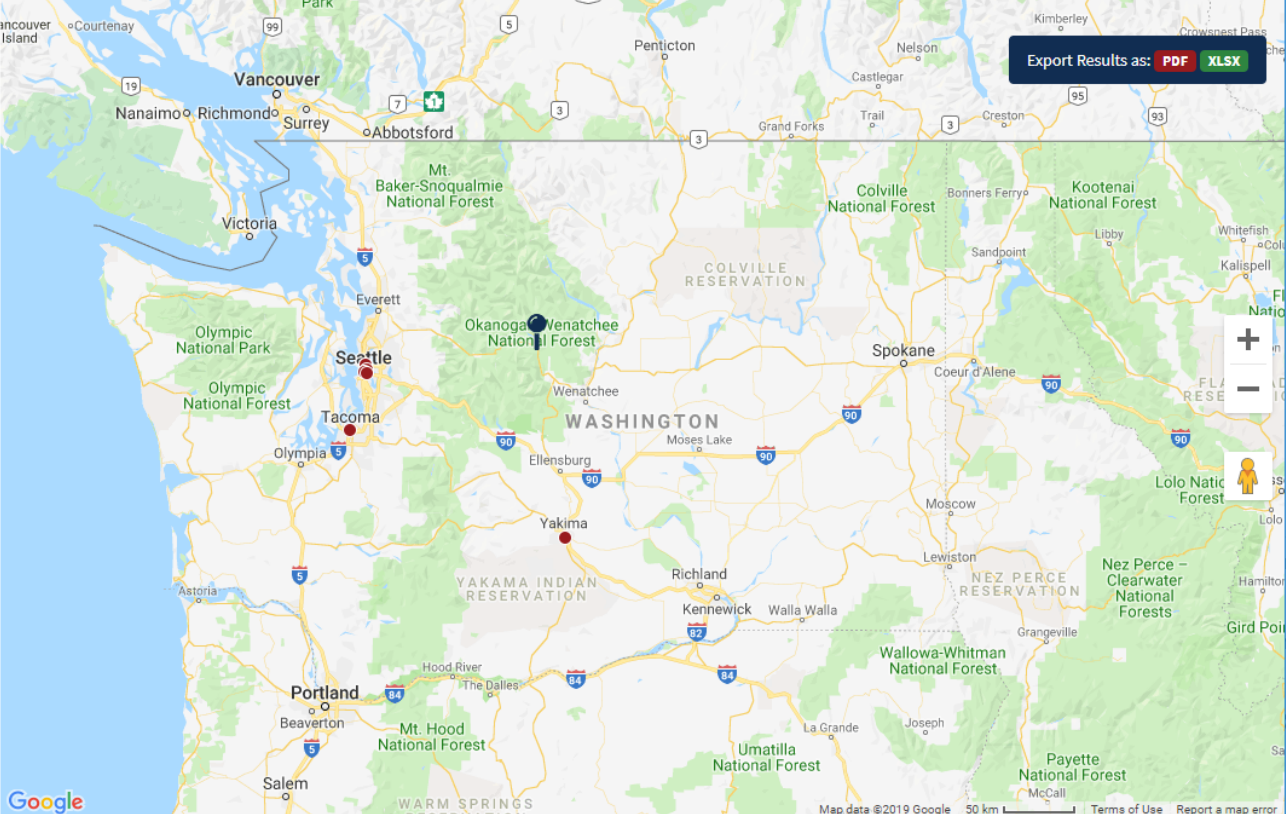
Find a Ryan White HIV/AIDS Program Medical Provider

About the Ryan White HIV/AIDS Program | About this Tool

Washington, USA 100 miles

Search Results: Filter Results

- BAILEY-BOUSHAY HOUSE** +
Seattle, WA, 98112-4739
- MATERNAL AND INFANT CARE CLINIC AT UWMC** +
Seattle, WA, 98195-0001
- UNIVERSITY MEDICAL CENTER MATERNAL AND INFANT CARE CLINIC** +
Seattle, WA, 98195-0001
- COUNTRY DOCTOR COMMUNITY CLINIC** +
Seattle, WA, 98122-5959
- HARBORVIEW MEDICAL CENTER** +
Seattle, WA, 98104
- YAKIMA VALLEY FARMWORKERS CLINIC** +
Yakima, WA, 98901-3534
- COMMUNITY HEALTH CARE** +
Tacoma, WA, 98405-3926



Export Results as: PDF XLSX

Map data ©2019 Google 50 km Terms of Use Report a map error



What's going on with these data?

- What do you notice?
- What do you wonder?
- What do you do next?
- What additional information do you need?
- Who would you like to talk to?
- What resources/partnerships would you explore?



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