

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
BUREAU OF INFECTIOUS DISEASE AND LABORATORY SCIENCES
HIV/AIDS AND STD SURVEILLANCE PROGRAM
AND OFFICE OF HIV/AIDS**

**Strategic Peer-Enhanced Care and Treatment Retention Model (SPECTRuM)
Initiative**

Intervention Protocol #2

October 10, 2014

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Overview

SPECTRuM maximizes engagement and retention in HIV medical care and treatment by means of short-term intensive linkage and retention services and communication of HIV laboratory data between the Massachusetts Department of Public Health and medical providers. This document describes the protocol for the communication of HIV laboratory data (Strategy #2). The appendix contains tools and other supporting documentation including a Data Collection Protocol that provides instructions for completing and submitting forms referenced in this document.

Oversight

The Massachusetts Department of Public Health (MDPH) SPECTRuM Implementation Team, three pilot sites, and five expansion sites are responsible for implementing this intervention protocol. The SPECTRuM Implementation Team is comprised of staff from the HIV/AIDS and STD Surveillance Program and the Office of HIV/AIDS in the Bureau of Infectious Disease and Laboratory Sciences. This team is responsible for ensuring that site staff are trained on conducting the interventions. When MDPH or site staff propose modifications to any aspect of the intervention protocol, the team reviews the proposals at a monthly meeting to assess the potential impact of the revision on the integrity of the intervention, the evaluation, and contract funding. The team determines whether or not to revise the protocol based on consensus. When necessary, the Institutional Review Board is consulted. One team member has responsibility for ensuring that revisions are documented in writing. Before an updated protocol is released to sites, this individual sends the revised document to all members of the team for review, comment, and confirmation.

Goal

Routinizing the communication of HIV laboratory data is intended to enhance the capacity of the Massachusetts HIV/AIDS and STD Surveillance Program (MHASP) and HIV/AIDS medical providers to promote timely initial linkage to HIV care, ongoing retention in care, and sustained adherence to HIV medication.

Eligibility

Select hospitals and community health centers contracted by MDPH to provide HIV services are eligible to participate in this intervention. The eligible population includes all patients receiving HIV care from infectious disease practices in these hospitals or health centers. The target population includes patients within the eligible population whose HIV laboratory data has not been reported in a minimum of 180 days, or whose reported viral load is detectable. Individuals do not consent to participate; inclusion is automatic.

Roles and Responsibilities - MDPH

1. Prepare dataset

- a. MHASP maintains a dataset that includes all living HIV-positive persons who have had an initial case report form and subsequent viral load lab reported to MHASP since January 1, 2012. The dataset

includes all individuals who are receiving care in Massachusetts regardless of their state of residence and/or where they may have been previously receiving care. Using this dataset, MHASP staff determine which individuals have not had CD4 or viral load laboratory test results reported for 180 days, and which individuals have a detectable viral load.

- b. MHASP maintains an internal database containing an updated list of ordering providers associated with each participating facility.
- a. MHASP merges the databases to extract patient names associated with each ordering provider and site. If the ordering provider is unknown based on information reported, MHASP will assign the patient to the site identified as the ordering facility.

2. Generate HIV/AIDS surveillance reports

- a. MHASP produces line lists that identify 1) patients who appear to be out of care based on a gap of 180 days or more in the receipt of CD4 T-cell count or viral load, and 2) individuals with a detectable viral load, above the limit of detection for the particular lab assay (i.e., <20, <75, etc.). Lists include the following information as of the previous month :
 - Patient name;
 - Patient date of birth;
 - Ordering provider name;
 - For those with a detectable viral load, last reported viral load lab test result; and
 - For “out of care” individuals, date of last reported CD4 or HIV viral load lab result.
- b. MHASP sends the line lists to sites on the 15th day of every month.
- c. Line lists are stored on password-protected drives that are delivered via UPS.

3. Integrate provider follow-up

- a. MHASP staff document feedback from sites in a local HIV surveillance database.
- b. MHASP use site follow-up to inform the creation of future line lists which will exclude patients meeting the following criteria:
 - Have a lab test result reported by the provider;
 - Are deceased;
 - Have moved outside of Massachusetts.

Roles and Responsibilities - Providers

1. Prepare provider list

- b. Agencies designate one staff member to provide MHASP with a current list of providers (Infectious Disease specialists and/or Primary Care Physicians) who order HIV laboratory tests for patients.
- c. This staff member is responsible for updating the list of ordering providers as needed for MHASP.

2. Review and utilize HIV/AIDS surveillance reports

- a. Agencies determine where the line list data is stored and secured.
- b. Agencies designate staff responsible for receiving line lists, reviewing the lists, and communicating the contents to additional agency staff, including the medical providers who ordered the laboratory tests, for their review and follow-up.
- c. Agencies review internal data (e.g., Electronic Medical Records, pharmacy records, CAREWare, etc.) that provide additional information about individuals on the line lists (upcoming appointments,

- treatment decisions, adherence history, etc.). If appropriate releases of information are documented, agencies may contact other providers for information regarding shared clients.
- d. Agencies determine how to identify patients on the line lists who will be offered SPECTRuM peer/nurse services (Strategy #1), who will be offered routine Medical Case Management or other services, and who may not need to be contacted. Agencies also use the line lists to assess trends in their patient population.
3. **Provide follow up on reports to MHASP**
- a. Agencies designate staff responsible for using the information collected during internal review activities to document the status of each patient on the line list on the Surveillance-Site Communication Form.
 - b. Agency program supervisors review all forms prior to submission to MHASP.
 - c. Agencies send the follow up reports to MHASP via UPS two weeks after receiving the line list, using a password-protected disk/drive that is placed into two envelopes.

Appendix #1: Data Collection Protocol

I. Introduction

This document describes the data collection forms and protocol for completing the reporting forms. Table 1 provides a summary of the forms and is followed by a detailed description of the data elements to be collected on each form.

There are five forms that sites will be responsible for and submitting data to MDPH:

1. Enrollment Form
2. Quarterly Reporting Form
3. Peer/Nurse Encounter Form
4. Surveillance-Site Communication Form
5. Outreach Log

Table 1. Summary protocol for administration of SPECTRuM forms

Type of Form	Clients	Time period for data collection	Person responsible for completing the form	Person responsible for review & submission to MDPH	Time period to be submitted to MDPH
Enrollment form	SPECTRuM clients only	Following signed consent form	Nurse or Program supervisor	Program supervisor or Data manager	Monthly
Quarterly reporting form	SPECTRuM clients only	Quarterly	Nurse or Program supervisor	Program supervisor or data manager	Quarterly
Peer & Nurse Encounter Form	SPECTRuM clients only	Daily	Peer and Nurse	Program supervisor or data manager	Monthly
Surveillance-Site Communication Form	All clients	Two weeks from receipt by site	MDPH staff and site data manager	Program supervisor or data manager	Two weeks after receipt
Outreach Log (Form B)	Newly diagnosed & out of care	Weekly	Nurse, Peer, other staff as appropriate	Program supervisor or data manager	Monthly

ENROLLMENT FORM

Note that an UNKNOWN response should only be used when the nurse could not obtain the information.

a. When to collect the data and person responsible

This form is to be completed by the nurse and/or program supervisor; the data manager may also assist. The form can be completed at the point of intake to the clinic for new patients (i.e., newly diagnosed or new patients to the clinic) and/or re-assessment with patients who have been out of care or are at risk of dropping out of care. The form is only submitted to MDPH after the consent form is signed indicating the client agrees to receive SPECTRuM services and gives permission to share information. Data will be collected via client interview and chart review. Please complete all fields.

b. Instructions for data collection by variable item:

First Name and Last Name: Enter the patient's first and last name as it appears on the medical record.

Site name: Enter your site's name.

Medical Record Number: Enter the client medical record number from your electronic data or chart system.

Genuwin ID: Enter the client's Genuwin ID.

Date of Birth: Enter the Month/Day/Year of the client's birth date.

Enrollment Date: The date the client agrees to participate in the SPECTRuM services. This will be the same date the consent form is signed.

Enrollment Reason: Check all that apply.

- Newly diagnosed: Tested HIV positive within the last 12 months, based on date of test or self-report.
- At risk of disengagement: Client has been screened with the HIV/AIDS Medical Case Management Assessment Form and has yielded a moderate to high acuity ranking on one or more of the following sections: 1) medical/adherence/insurance 2) housing, 3) mental health, and 4) alcohol and drug use.
- Leaving a correctional facility: Client is scheduled to transition out of a correctional facility within 3 months.
- Lapse in care/reengage: Client has been screened due to two or more consecutively missed appointments with the HIV medical provider, a lapse of more than 6 months in receipt of CD4 or viral load laboratories, or a detectable viral load while on HIV treatment and rationale is not consistent with the treatment plan and client is not documented to be in care elsewhere.
- Recent immigrant/refugee: Client is an immigrant or refugee who has arrived in the United States within the past five years.

- Lab surveillance notification: Client has been identified on the list from MDPH HIV Surveillance as (1) not receiving a CD4 or viral load test in the past 6 months or (2) having a detectable viral load. For clients meeting this category, you should also check “Lapse in care/reengage.”
- New to clinic: Client missed either their intake appointment or their first HIV medical visit after intake.
- Acuity Score: If a client was enrolled due to a high acuity score as described in the program description, please note that enter the score.

The items collected via CLIENT INTERVIEW are the following:

HIV Diagnosis Date (client report): Enter the month and year the client reports first being diagnosed with HIV.

Sex at Birth: Check one option.

Current Gender: Check one option.

Race: Check one option.

Country of Birth: Check one option. US Dependencies include Puerto Rico, US Virgin Islands, Guam. If born outside the US or in a US Dependency, please specify the country.

Hispanic or Latino: Check one option.

Other Race/Ethnicity Group: Check one, if applicable.

Year to US: If applicable, enter the year the client arrived in the US.

Primary Language: Check one response. Primary language is the language spoken in the home with family and friends. If primary language is not English, write in the primary language.

Current Housing Status: [page 2] Check one response.

Previously Incarcerated: [page 2] Check one response.

Date of Release from Prison: [page 2] If applicable, enter the date the client was released. If patient does not remember the day, leave blank.

The information collected via CHART REVIEW includes:

HIV Diagnosis Date: Record the first documented date of HIV diagnosis in the medical record. Ideally, this is the specimen collection date of the first confirmatory lab result in the medical record. In the absence of a lab report, the date of the first documented note of HIV infection in the record by a clinician is acceptable. If the chart does not contain the day, report the month and year.

Exposure Category: Choose one or more response options:

- MSM = man who has sex with men
- IDU = injection drug use (non-prescription)

- Heterosexual contact:
 - Female client = sex with male(s) who is at least one of the following: bisexual male, IDU, hemophilia/coagulation disorder, transfusion or transplant recipient with documented HIV infection, documented HIV infection with unknown risk.
 - Male client = sex with female(s) who is at least one of the following: IDU, hemophilia/coagulation disorder, transfusion or transplant recipient with documented HIV infection, documented HIV infection with unknown risk.
- Presumed heterosexual (female clients only) = HIV exposure mode for females when sex with males is the only reported risk factor, there is no evidence of current or past injection drug use (IDU), and behavioral risk and HIV status information about male sexual partners are *unknown*.

Select other options as appropriate. If Other is selected, please specify.

First HIV Medical Visit: First ever HIV medical visit with a provider with prescribing privileges at the site.

HIV Medical Visit = A scheduled HIV medical visit with a clinician with prescribing privileges who is either the primary HIV care provider for the patient, or is part of the patient's clinical team. This includes visits where the core elements of HIV care occur (e.g., review of ART adherence, ordering of CD4/VL labs).

Other HIV Visit Dates: Only record for new patients to the site. If there are *more than two* “*other HIV visits,*” *report only the first two visits.* Such visits may be with any staff member. For example, if the first visit at your site after diagnosis is not an HIV medical visit, enter the date here (e.g., first visit is with a nurse). These visits do not meet the HIV medical visits as defined earlier.

New patients are defined as newly diagnosed and new to HIV care; those new to HIV care (previously diagnosed and never received care); those new to your site but seen elsewhere previously; those returning to care to the agency after a lapse in care.

Total Number of Other HIV Visits: Enter the number of “Other HIV Visits” as defined above for patients new to the site, if applicable.

Last HIV Medical Visit: This is for patients who were identified as out of care. Record the most recent HIV medical visit *at your site* prior to enrollment in SPECTRuM.

Total Number of HIV Medical Visits in 2010: Record the number of visits for January –December 2010. An HIV medical visit is defined above.

Total Number of HIV Medical Visits in 2011: Record the number of visits for January-December 2011. An HIV medical visit is defined above.

On ART: Check whether the patient is currently prescribed ART.

Start Date of Current ART Regimen: Record the date the patient was prescribed their current ART regimen. If date is not available, leave blank.

Current ART Names: Report the names of all ART medications currently prescribed to the patient.

HIV/AIDS Diagnostic Status: Check one option. AIDS is defined as: CD4+ T-lymphocyte count of <200 cells/ μ L or CD4+ T-lymphocyte percentage of total lymphocytes of <14 or documentation of an AIDS-defining condition. <http://www.mass.gov/eohhs/docs/dph/cdc/aids/reporting-hiv-aids-appendix-a.pdf>

AIDS Diagnosis Date: If applicable, record the date the client received an AIDS diagnosis. If day is not available leave blank.

First CD4 Total Count and Percent: Record the total count and percent of the first CD4 lab available in the medical record.

First CD4 Date: Record the date of the first CD4 test available in the medical record.

First Viral Load Value: Record the value of the first HIV viral load test available in the medical record.

First Viral Load Date: Record the date of the first HIV viral load test available in the medical record.

Nadir CD4 Total Count and Percent: Record the lowest CD4 value available in the medical record.

Nadir CD4 Date: Record the date of the lowest CD4 value available in the record.

HCV Infection: Check whether the patient is currently diagnosed with hepatitis C virus infection.

HCV Viral Load: Record the HCV viral load value, if available.

HCV Date: Record the date of the HCV diagnosis, if available.

Genotype Test Done: Check one response for whether HIV genotyping has been done.

Genotype Date: Record the date of the most recent HIV genotype test.

Health Insurance: Record the client's primary type of health insurance.

Who Referred Client to SPECTRuM: Indicate how the client heard about SPECTRuM, please pick one.

Mental Illness

- Screened for services at enrollment: Check yes/no if the patient has been screened for mental illness at the time of SPECTRuM enrollment.
- Referred for services at enrollment: Check yes/no if the patient was referred for mental illness services at the time of SPECTRuM enrollment.
- Already receiving treatment /services: Check yes/no if the chart indicates the client is receiving services for mental illness at the time of SPECTRuM enrollment.

Substance Use

- Screened for services at enrollment: Check yes/no if the patient has been screened for substance use at the time of SPECTRuM enrollment.
- Referred for services: Check yes/no if the patient was referred for substance use treatment services at the time of SPECTRuM enrollment.
- Already receiving treatment /services: Check yes/no if the chart indicates the client is receiving services for substance use at the time of SPECTRuM enrollment.

Current Housing Status: Indicate the client's current housing, based on client self-report.

Date of Housing Service Referral: If applicable, enter the date the client was referred to housing services.

Previously Incarcerated: Check one response, based on client self-report.

Date of Release from Prison: If applicable, enter the date the client was released, based on client self-report. If patient does not remember the day, leave blank. If the client has been incarcerated multiple times, enter the most recent release date. You can make a note that there has been more than one incarceration on the side or back of the form.

c. Data submission

Nursing supervisors and/or program supervisors should review all forms before submission to MDPH. Enrollment forms should be submitted by the 15th of each month for the prior month (e.g., on March 15, send forms for clients enrolled during February). All reporting forms must be in two envelopes. Do NOT write HIV or AIDS on the outside of the envelope.

Send forms via UPS to:

Rebecca Hawrusik
MHASP, attn: SPNS Project
305 South Street, room 241
Jamaica Plain, MA 02130

Once you have mailed forms to MDPH as described above, please follow your own institution's retention and storage rules.

All questions should be directed to Rebecca Hawrusik at 617-983-6585.

QUARTERLY REPORTING FORM

Note that an UNKNOWN response should only be used when the nurse could not obtain the information.

a. When to collect the data and person responsible

Nurses, with assistance from the data manager, are to complete the quarterly reporting from chart review only, using medical records and case management records as appropriate. Quarterly reporting forms are completed on each client who has a signed consent form and has a completed enrollment form. Based on the calendar, please complete a form every three months for clients in SPECTRuM, or who have “graduated” from SPECTRuM and for whom we are receiving information for 24 months (i.e., complete forms at the end of March, June, September, and December).

b. Instructions for data collection by variable item:

First Name and Last Name: Enter the patient’s first and last name as it appears on the medical record.

Site name: Enter your site’s name.

Medical Record Number: Enter the client medical record number from your electronic data or chart system.

Date of Birth: Enter the Month/Day/Year of the client’s birth date.

Medical Visit during Quarter: Did the patient have any HIV medical visits during the reporting quarter? Answer yes or no.

HIV Medical Visit = A scheduled HIV medical visit with a clinician with prescribing privileges who is either the primary HIV care provider for the patient, or is part of the patient's clinical team. This includes visits where the core elements of HIV care occur (e.g., review of ART adherence, ordering of CD4/VL labs).

Chart Review Begin Date: Enter the start date for the quarterly reporting period that the information in this form is based on.

Chart Review End Date: Enter the end date for the quarterly reporting period that the information in this form is based on.

Known Reason for No Visit: For patients with no HIV medical visits during the reporting period, answer why there were no visits.

Client Completed SPECTRuM?: Answer yes/no whether the client has “graduated” from SPECTRuM. Enter the month and year the client transitioned to routine Medical Case Management.

On ART: Check yes or no if the patient is currently prescribed ART.

Current ART names: Report the names of all ART medications currently prescribed to the patient.

HIV/AIDS Diagnostic Status: Check one option.

AIDS Diagnosis Date: Record the date the client received an AIDS diagnosis during the reporting period, if applicable.

Genotype Test Done: Check whether an HIV genotyping test has been done.

Genotype Date: Record the date of the most recent HIV genotype test.

Mental Illness Service Received: If there is a documented mental illness, mark one response option: whether a service was received within 60days of the referral, more than 60 days from the referral date, did not receive referred service; or no change since last review. If client does not have documented mental illness or if the client was not referred for services, mark the option “N/A, not referred.”

Substance Use Service Received: If there is a documented referral to substance use treatment, mark one response: whether a service was received within 60days of the referral, more than 60 days from the referral date, did not receive referred service; or no change since last review. If the patient does not have a documented need for substance use services or if the client was not referred for services, mark “N/A, not referred.”

Current Housing Status: Check one option.

Housing Services Received: Mark one response if there is a documented referral to housing services: whether a service was received within 60days of the referral; more than 60 days from the referral date; did not receive referred service; or no change since last review. If the patient does not have a documented need for housing or did not receive a referral, mark “N/A, not referred.”

CD4 Total Count and Percent: Record the total counts and percents of up to two CD4 lab tests performed during the reporting period. If more than two labs were performed, record the first two. Leave blank if no tests occurred during the reporting period. If results are pending, write “results pending.”

CD4 Date: Record the dates of the CD4 tests. Leave blank if no tests occurred during reporting period. If results are pending, record the date the specimens were collected, if available.

Viral Load Value: Record the values of up to two HIV viral load tests performed during the reporting period. If more than two labs were performed, record the first two. Leave blank if no tests occurred during the reporting period. If results are pending, write “results pending.”

Viral Load Date: Record the dates of the viral load tests. Leave blank if no tests occurred during the reporting period. If results are pending, record the date the specimens were collected, if available.

Missed a Scheduled Visit/Service: Check off all types of visits/services that were missed by the client during the reporting period, and enter the number of each missed visit type. A missed visit is defined as the client not attending a scheduled visit *regardless of whether it was rescheduled*. For

example if a patient had scheduled and missed 6 medical case management visits in the reporting period, enter “6” next to medical case management even if the patient ultimately had 3 visits with the medical case manager in the reporting period.

Medical Case Management Date: Record the dates of up to two case management visits during the reporting period. If there were more than two MCM visits in the reporting period, report the first two.

HIV Medical Visits: Record the dates of HIV medical visits that occurred during the reporting period.

HIV Medical Visit = A scheduled HIV medical visit with a clinician with prescribing privileges who is either the primary HIV care provider for the patient, or is part of the patient's clinical team. This includes visits where the core elements of HIV care would occur (e.g., review of ART adherence, ordering of CD4/VL labs).

Additional Visit/Service Types and Dates or Notes: Record the type and date of any additional services or visits that occurred during the reporting period. Do NOT include peer or nurse encounters here (use the Encounter Form). If more than two HIV medical visits or medical case management visits occurred during the reporting period, include them here. Other visits/services may include hospitalizations, ER visits, or support group attendance. Feel free to include any pertinent notes regarding the client's care during the reporting period.

The same person who sends in quarterly reports for current clients should send reports for transitioned clients.

c. Data submission

Nursing supervisors and/or program supervisors should review all forms before submission to MDPH. Quarterly forms should be submitted by the 15th of the following month for the prior quarter (e.g., on April 15, send forms for January through March). All reporting forms must be in **two envelopes. Do NOT write HIV or AIDS on the outside of the envelope.**

Send forms via UPS to:
Rebecca Hawrusik
MHASP, attn: SPNS Project
305 South Street, room 241
Jamaica Plain, MA 02130

Once you have mailed forms to MDPH as described above, please follow your own institution's retention and storage rules.

All questions should be directed to Rebecca Hawrusik at 617-983-6585.

DAILY PEER AND NURSE ENCOUNTER FORM

a. When to collect the data and person responsible

Peers and nurses are responsible for completing the encounter forms for their activities. Peers and nurses should document their activities on **separate forms** even if activities occur on the same day for the same client. A form should be filled out by the nurse or peer at the end of the day after meeting with the client.

Complete ONE form *per type of encounter* each day, for the nurse and peer separately. For example, if you text with a client for 20 min on multiple topics such as ‘follow-up about a medical appointment’ and ‘pharmacy assistance,’ report that on one form. If on the same day as the texting you have an in-person meeting with the client, report that on a *separate* form. NOTE: Do not count travel time in the time duration column.

However, if the nurse and peer see the patient together in the same meeting, you only need to submit one form for the nurse and peer.

Collect encounter forms for transitioned clients when they access services, such as Alumni Program at BMC.

Once a person has started receiving SPECTRuM peer/nurse services, and has signed the consent form, you no longer need to continue filling out the Outreach Log for that person.

b. Instructions for data collection

Choose one **ENCOUNTER TYPE (Types A or B)** from section I of the form and indicate the total amount of time spent for that encounter in the far right column.

Check all **CONTENT** covered during encounter Types A or B in **Section II** of the form.

Mark a “√” to the right of each encounter that you (peer or nurse) had with a client in the course of one day. In the column marked “Type” record the number that corresponds to the type of contact:

- 1=face-to-face
- 2=group
- 3=telephone
- 4=email
- 5=text message
- 6=social network site, such as facebook or twitter
- 7=other

If a face-to-face visit occurred, check all of the locations for that type of encounter at the bottom of the page.

In the column marked “Duration,” record the number of minutes that correspond to the length of time for each encounter. Estimating the number of minutes per encounter is adequate.

c. Data submission

Nursing supervisors and/or program supervisors should review all forms before submission to MDPH. Encounter forms should be submitted by the 15th of each month for the prior month (e.g., on March 15, send forms for clients enrolled during February). All reporting forms must be in **two envelopes. Do NOT write HIV or AIDS on the outside of the envelope.**

Send forms via UPS to:

Rebecca Hawrusik
MHASP, attn: SPNS Project
305 South Street, room 241
Jamaica Plain, MA 02130

Once you have mailed forms to MDPH as described above, please follow your own institution's retention and storage rules.

All questions should be directed to Rebecca Hawrusik at 617-983-6585.

SURVEILLANCE-SITE COMMUNICATIONS FORM

This form is for communications between the sites and MDPH, and to provide data to MDPH on the progress of implementing Strategy 2 described in SPECTRuM's program description document.

a. When to collect the data and person responsible

MDPH's HIV/AIDS Surveillance Program will send clinics this form with the names, dates of birth, and provider names of their identified clients (detectable viral load or no CD4 or VL for six months) on a monthly basis (on the 15th of each month for the preceding month). The form will be on a password-protected disk/drive and will be sent via UPS.

The data manager and/or SPECTRuM nurse at the sites will send this form back to MDPH within 2 weeks with the site findings section complete.

b. Instructions for data collection

Check the boxes that correspond to your findings for each client; check all that apply.

Directions for specific variables:

The following variables apply to those clients who are actually "In Care":

Had Lab: Check this box if the patient had a recent lab.

Date of Lab If the patient had a recent lab, write in the date of the recent lab draw.

Has an upcoming appointment: Check this box if the patient has an upcoming appointment.

Not out of care (i.e., okay that there is no recent lab): Check this if the lapse in lab results is consistent with clinician care (e.g., patient has labs drawn once per year per clinician guidance, etc.).

Not a patient at site; Moved/Discharged from practice: Check this box if the patient is not a patient at your practice, transferred care to another practice, or moved out of state.

The following variables apply to clients who are "Out of Care":

Attempted to contact client (Yes/No): Please indicate if you attempted to contact the client with Yes or No.

Successfully contacted client (Yes/No): Please indicate if you were able to successfully contact the client with Yes or No.

Has missed recent appointments: Check this box if the client has missed recent scheduled appointments.

Scheduled an appointment (Select type - MCM, medical, etc): If an appointment with the client was made, please write in the **type** of appointment (Medical, MCM, SPECTRuM, Other).

Offered other peer/MCM services: If the SPECTRuM peer or nurse have a full case load, or if the client refuses SPECTRuM but is referred to other MCM or peer services, please enter which service.

Offered SPECTRuM: For SPECTRuM sites, check this box if you offered the client SPECTRuM services.

Accepted SPECTRuM: For SPECTRuM sites, check this box if the client accepted SPECTRuM services.

Declined SPECTRuM: For SPECTRuM sites, check this box if the client accepted SPECTRuM services.

Already in SPECTRuM: For SPECTRuM sites, check this box if the client already receives SPECTRuM services.

In the Notes field, indicate important information not captured in one of the columns including but not limited to: incarcerated; deceased; institutionalized; entered substance abuse program.

The following variables apply to those clients who are on the “Detectable Viral Load” line list:

Started ART <3 months ago: Check this box if the client began ART therapy less than 3 months ago.

On ART >3 months ago: Check this box if the client began ART therapy more than 3 months ago.

Not on ART: Check this box if the client is not currently on ART’s.

Patient not interested in taking ART: Check this box if the client has been previously offered ART’s but is not interested in taking ART’s at this time.

Patient not adherent to ART regimen: Check this box if the client has been prescribed ART’s but is not always adherent to the ART regimen.

Viral "blip"; patient normally adherent to ART: Check this box if the client had a “viral blip.” The client is normally adherent to ART but may have a temporary reason or setback which caused the increase in viral load levels (i.e. client forgot to pick up meds from pharmacy; client is changing ART prescriptions; insurance issues, etc.).

c. Data submission

Program supervisors should review all forms before submission to MDPH. Communication forms should be submitted within **two weeks** of initial receipt. Update the form on the disk/drive. The disk/drive must be in **two envelopes. Do NOT write HIV or AIDS on the outside of the envelope.**

Send via UPS to:

Rebecca Hawrusik
MHASP, attn: SPNS Project
305 South Street, room 241
Jamaica Plain, MA 02130

Once you have mailed forms to MDPH as described above, please follow your own institution's retention and storage rules.

All questions should be directed to Rebecca Hawrusik at 617-983-6585.

OUTREACH LOG

This form is for linkage of newly diagnosed and out of care patients. Use it to document the work done to locate and link (1) newly diagnosed clients, (2) existing clients that have a lapse in care, and (3) new to clinic clients who miss either their intake or their first appointment after the intake. The form should be completed by any member of the care team that is attempting to locate the client. If a person is offered and consents to SPECTRuM peer/nurses services, you no longer need to continue filling out this form.

Form A: This form is used to document the sites' activities when attempting to link newly diagnosed or out of care clients to care. One form per client should be maintained and kept at the site – **do NOT send it to MDPH.** This form contains the patient name.

Form B: This form should be completed and sent to MDPH once a person is linked to care (has an HIV medical visit as defined above), re-engaged in care (has a documented HIV medical visit), has refused SPECTRuM services, or three months have passed without successfully contacting or linking the client.

Nurse, peers, medical case managers, and other staff should document attempted contacts with newly diagnosed as soon as an initial referral is made, and existing and new to clinic clients as soon as the clinic identifies the client as out of care. Please record the length of time per outreach attempt in minutes; estimating the duration length of time is adequate.

Completed forms (FORM B ONLY, without patient identifier) should be mailed, as they are completed to:

Sophie Lewis
MDPH - Office of HIV/AIDS
250 Washington Street, 3rd Floor
Boston MA 0210

Appendix #2: Strategy #2 Data Flow

