

Utilizing HIV Surveillance Data to Facilitate Linkage and Reengagement among Persons Living With HIV: The Virginia Data to Care Project

Amanda Saia, MPH; Lauren Yerkes, MPH; Fatima Elamin; Celestine Buyu, MPH, MHSA; Susan Carr; Kimberly Scott, MSPH; Mary Browder, MA; Anne Rhodes, PhD
Virginia Department of Health

Introduction

- The Virginia Department of Health (VDH) developed, piloted, and expanded a Data to Care (DtC) program to improve health outcomes among persons living with HIV (PLWH) in Virginia.
- The project aimed to use Virginia HIV surveillance and other data sources to identify clients who are out of care (OOC) to facilitate linkage and reengagement efforts for OOC clients.
- This project was a cross-unit collaborative effort with Virginia's HIV Surveillance, Care Services, Prevention and STD Field Operations units.

Data to Care

- DtC aligns with the 2020 National HIV/AIDS Strategy goals to reduce new HIV infections and improve access to care and health outcomes for all PLWH.¹
- The ultimate goals are to increase the number of PLWH that are 1) engaged in HIV care and 2) are virally suppressed.²

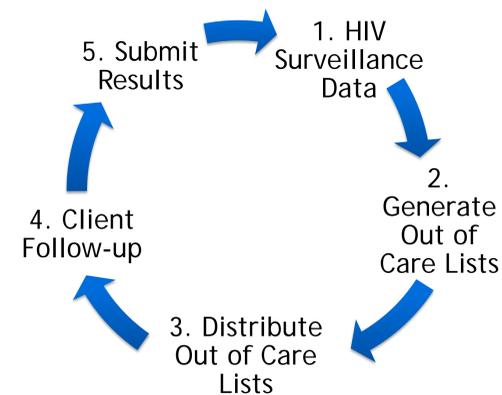
The Data to Care Process

- VDH developed a protocol to outline the entire DtC process and to specify time frames, sources of data, the OOC definition and internal data processes.
- The Care Markers Database and other data sources are used to generate OOC lists.
- OOC lists are disseminated to linkage personnel at local health departments, medical facilities and community-based organizations.
- Linkage personnel attempt to find information or locate OOC clients. The DtC data collection tool, which details the process used for each contact attempt and the client's current status/outcome, is submitted to VDH.
- DtC results are used to update surveillance data, identify reporting issues, and to help improve future OOC lists (Figure 1).

Data to Care Definitions

- Care Markers Database:** Contains information on care markers for PLWH from several sources, including HIV Surveillance, Ryan White, AIDS Drug Assistance Program, Medicaid, and others.
- Care Markers:** Defined as evidence of a viral load, CD4 count, HIV-related medical visit or antiretroviral therapy (ART) prescription.
- Enhanced HIV/AIDS Reporting System (eHARS):** The main HIV surveillance database where all HIV case information and lab tests results are stored.

Figure 1: The Data to Care Process



Eligibility Criteria for the OOC List

HIV Positive and Reported to HIV Surveillance (eHARS)

18 Years of Age or Older

Living with a Last Known Address in Virginia

Meet the Out of Care Definition

- Clients must have a care marker reported in the reference year but no evidence of care in the following calendar year.

Pilot Project

- The DtC pilot project was implemented in early 2015 with Disease Intervention Specialists (DIS) at five local health departments to locate and reengage OOC clients.
- The pilot was expanded to linkage personnel at six of VDH's contracted medical providers, community-based organizations, and local health departments that had Community Health Worker or Patient Navigation programs.
- Clients were considered to be OOC if they had a care marker in 2013, but no evidence of care in 2014 or 2015.
- The DIS OOC lists included a sample of clients with a last known address in the corresponding health district.
- Agencies only received OOC lists with clients who have a previously documented relationship with the agency.
- The OOC list algorithm selected the last known agency the client received a care marker.

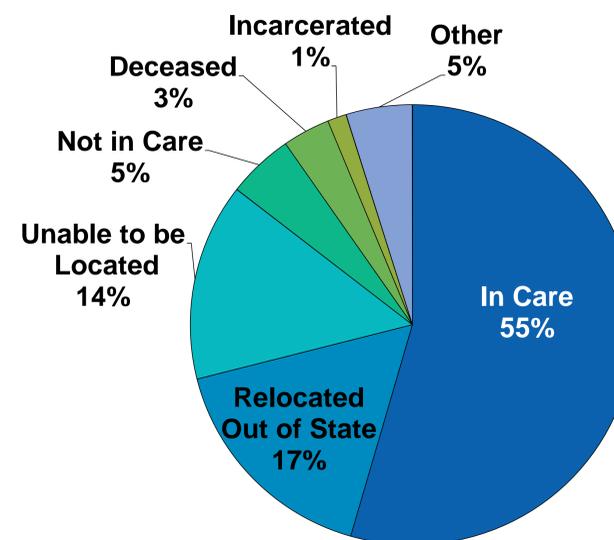
Current Activities

- VDH has implemented the DtC project statewide and is continuing to expand to contracted agencies
- Currently, 16 of VDH's contracted agencies have been trained and are participating in DtC efforts.
- As of April 1, 2016, DtC is a contractual requirement for all Ryan White Part B funded agencies in Virginia.

Results

- As of April 31, 2016, results for 145 total clients, including the DtC pilot project, were submitted to VDH (Figure 2):
 - 55% were in care
 - 17% relocated out of state
 - 14% were unable to be located
 - 5% were not in care
 - 3% were deceased
 - 1% were incarcerated
 - 5% were persons who were discharged from the agency or who had an outcome not listed
 - Five out of seven persons not in care were reengaged in care as a result of DtC efforts.

Figure 2: Overall Results



Next Steps

- VDH is hiring a DtC Linkage Coordinator who will locate OOC clients statewide, refer clients to linkage and reengagement services, serve as a resource for clients, and help empower clients to take an active role in their HIV care.
- In 2017, an electronic-based DtC platform is planned to be implemented within Virginia's HIV care and prevention data system, e2Virginia.

Lessons Learned

- Preliminary results from the project's first year of implementation demonstrate lower numbers of PLWH who were truly OOC.
- Client results and feedback from pilot participants and community stakeholders helped refine procedures and guide further DtC implementation and expansion.
- Integrating all available data sources more accurately depicts a client's care status and can prevent clients who are not OOC from being on the OOC list.
- Accurint (LexisNexis) is a useful system for finding updated addresses, phone numbers and vital status information.
- Implementing a provider-based model can help conserve DIS resources for clients who have never been in care.

Recommendations

- Routinely Assess HIV Surveillance Data:** Programs implementing DtC initiatives should consider routinely assessing HIV surveillance data to improve identification of OOC clients and employing resources statewide for successful linkage and reengagement in HIV care.
- Engage the Community:** Engaging community stakeholders in program planning can facilitate jurisdiction or statewide support and buy-in for DtC implementation.
- One Size Does Not Fit All:** Programs should evaluate different approaches to DtC to determine what methods or models will work best for the needs of the jurisdiction.
- Collaborate with Other Jurisdictions:** Communicating with other DtC programs to identify what has been successful or unsuccessful can be helpful when designing DtC programs.
- Strengthen Linkage and Reengagement Efforts:** Overall, implementing DtC programs strengthens linkage and reengagement efforts for OOC clients and improves health outcomes for all PLWH.

Acknowledgments

This project was supported through Health Resources and Services Administration Special Projects of National Significance Health Information Technology (SPNS HIT) initiative.

References

- National HIV/AIDS Strategy: Updated to 2020. Accessed at <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update/index.html>
- Data to Care. Accessed at: <https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/PublicHealthStrategies/DataToCare.aspx>