This initiative was a cross-unit, collaborative effort with The Virginia Department of Health (VDH) developed, piloted, and expanded a DtC program using HIV surveillance and other data sources to identify clients who are out-of-care (OOC). The ultimate goals of DtC are to increase the number of PLWH and expanded a DtC program using HIV surveillance and other data sources to identify clients who are out-of-care (OOC) to improve health outcomes among PLWH. This initiative was a cross-unit, collaborative effort with Virginia’s HIV Surveillance, Care Services, Prevention and STD Field Operations units.

Out-of-Care List Eligibility Criteria

- **HIV+ and Reported to eHARS**
- **18 Years of Age or Older**
- **Living with a Last Known Address in Virginia**
- **Meet the Out-of-Care Definition**

**Data to Care in Virginia**
- The DtC initiative 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 care in 2014 or had a care marker in 2014 but no care in 2015.
- **OOC List Dissemination:**
  - DIS: OOC lists included a sample of clients with a last known address in the corresponding health district
  - Agencies: OOC lists were generated using an algorithm that selected the last known agency the client received a care marker, and only included clients that had a previously documented relationship with that agency.

**Figure 2: Data to Care Results**

- **Other Not in Care**
  - 3%
- **Deceased**
  - 3%
- **Incarcerated**
  - 1%
- **Relocated OOS 12%**
- **Unable to be Located 17%**
- **In Care 59%**

**Figure 3: Results of Persons Identified as “Not in Care” and “In Care”**

- **Not in Care**
  - 37%
- **Defend Reengaged in Care**
  - 46%
- **Not Care Marked Reported**
  - 69%
- **In Care**
  - 31%

**Discussion**
- Preliminary results from the project’s first year of implementation demonstrate lower numbers of PLWH who were truly “out-of-care” (Figure 2).
- Nearly 60% of clients were found to be in care, 17% were unable to be located, 12% relocated out of state (OOS) and 5% were not in care (Figure 2).
- Of the 11 persons “not in care”, seven reengaged in care as a result of DtC efforts, evident by a reported care marker, and nearly 30% of those identified as “In Care” did not have a care marker reported following client follow-up (Figure 3).

**Lessons Learned**
- 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 has helped prevent clients who are not OOC from being on the OOC list.
- Accurint (LexisNexis), the world’s largest electronic database for legal and public-records related information, is a useful system for finding updated contact and vital status information.

**Data to Care Process**

- VDH developed a protocol to outline the entire DtC process, specifying time frames, sources of data, the OOC definition and internal data processes (Figure 1).
- The 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. That 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 help improve future OOC lists.

**Out-of-Care List Dissemination**

- The ultimate goals of DtC are to increase the number of PLWH.
- DtC aligns with the 2020 National HIV/AIDS Strategy goals to reduce new HIV infections and improve access to care and health outcomes.
- The ultimate goals of DtC are to increase the number of PLWH that are in care to link or reengage these persons into HIV medical care.
- DtC aligns with the 2020 National HIV/AIDS Strategy goals to reduce new HIV infections and improve access to care and health outcomes.
- The pilot was expanded to linkage personnel at six of VDH’s departments to locate and reengage OOC clients.
- Of the 11 persons “not in care”, seven reengaged in care as a result of DtC efforts, evident by a reported care marker, and nearly 30% of those identified as “In Care” did not have a care marker reported following client follow-up (Figure 3).

**Recommendations**

- Can help improve identification of OOC clients and employing resources statewide for successful linkage and reengagement in HIV care
- Engaging community stakeholders in program planning can facilitate jurisdiction or statewide support and buy-in for DtC implementation
- Programs should evaluate different approaches to DtC to determine what methods or models will work best for the needs of the jurisdiction
- Communicating with other DtC programs to identify what has been successful or unsuccessful can be helpful when designing DtC programs
- Dtc programs strengthen linkage and reengagement efforts for OOC clients and improve health outcomes for all PLWH

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**References**

1 Data to Care. Accessed at: https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/PublicHealthStrategies/DataToCare