

# Spectrum of Engagement in Care Symposium: Pathways to Linkage

By

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# National HIV/AIDS Strategy Goal, 2015

“ By 2015, increase the proportion of newly diagnosed patients linked to clinical care within 3 months of their HIV diagnosis from 65% to 85%.”

In Texas in 2013, 79% of newly diagnosed people were linked to care within 3 months of their diagnosis date.

# How DSHS Care Services Measures Linkage

- Linked to care if had at least one:
  - Had a medical visit with a doctor
  - A viral load test
  - CD4 test
  - A record of a prescription for ART

Within in 3 months of HIV diagnosis

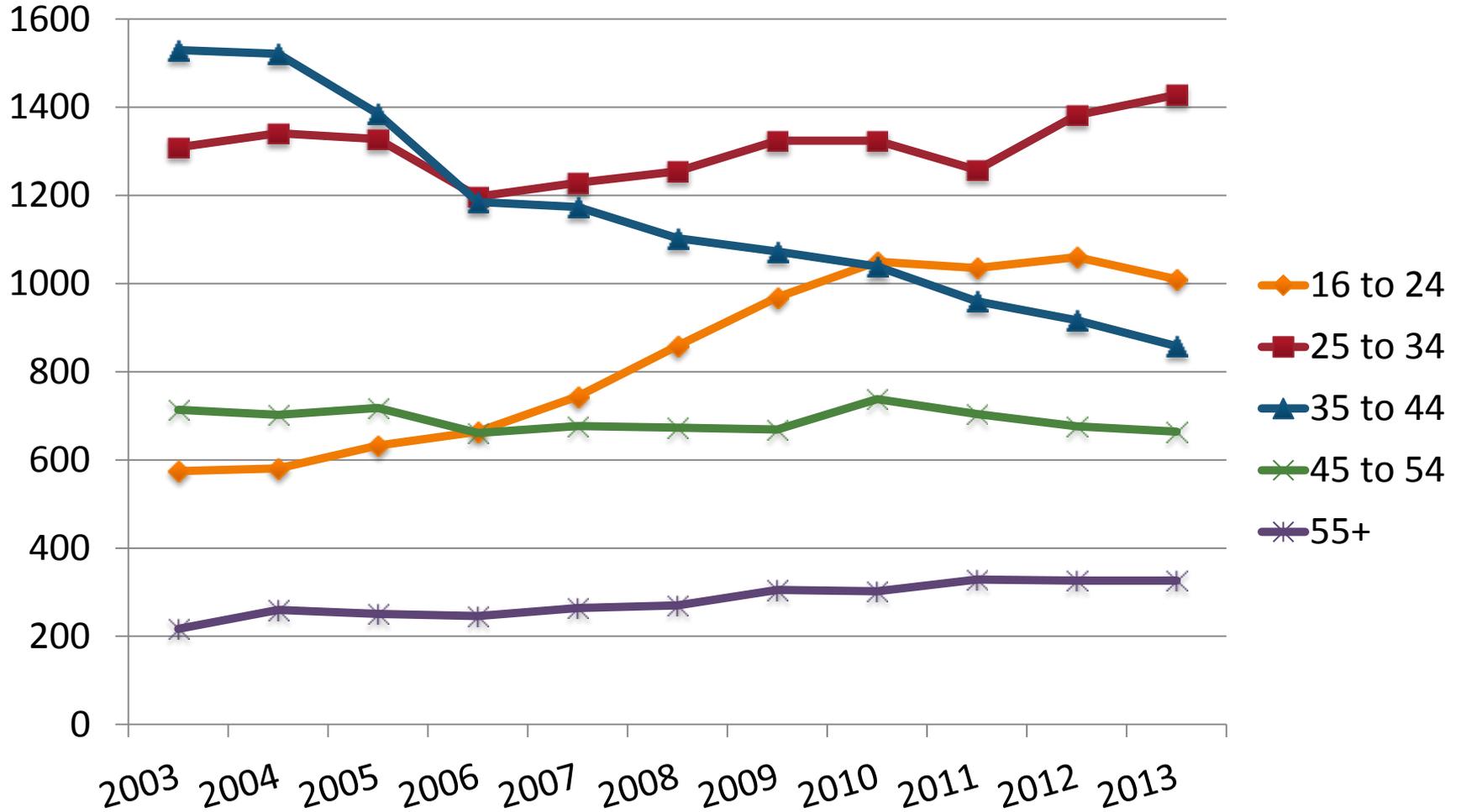
# Data Sources to Measure Linkage and Re-engagement

- HIV Surveillance Data - Electronic Lab Reports
- Private Payer data
- Medicaid
- ADAP
- Ryan White Services (ARIES)

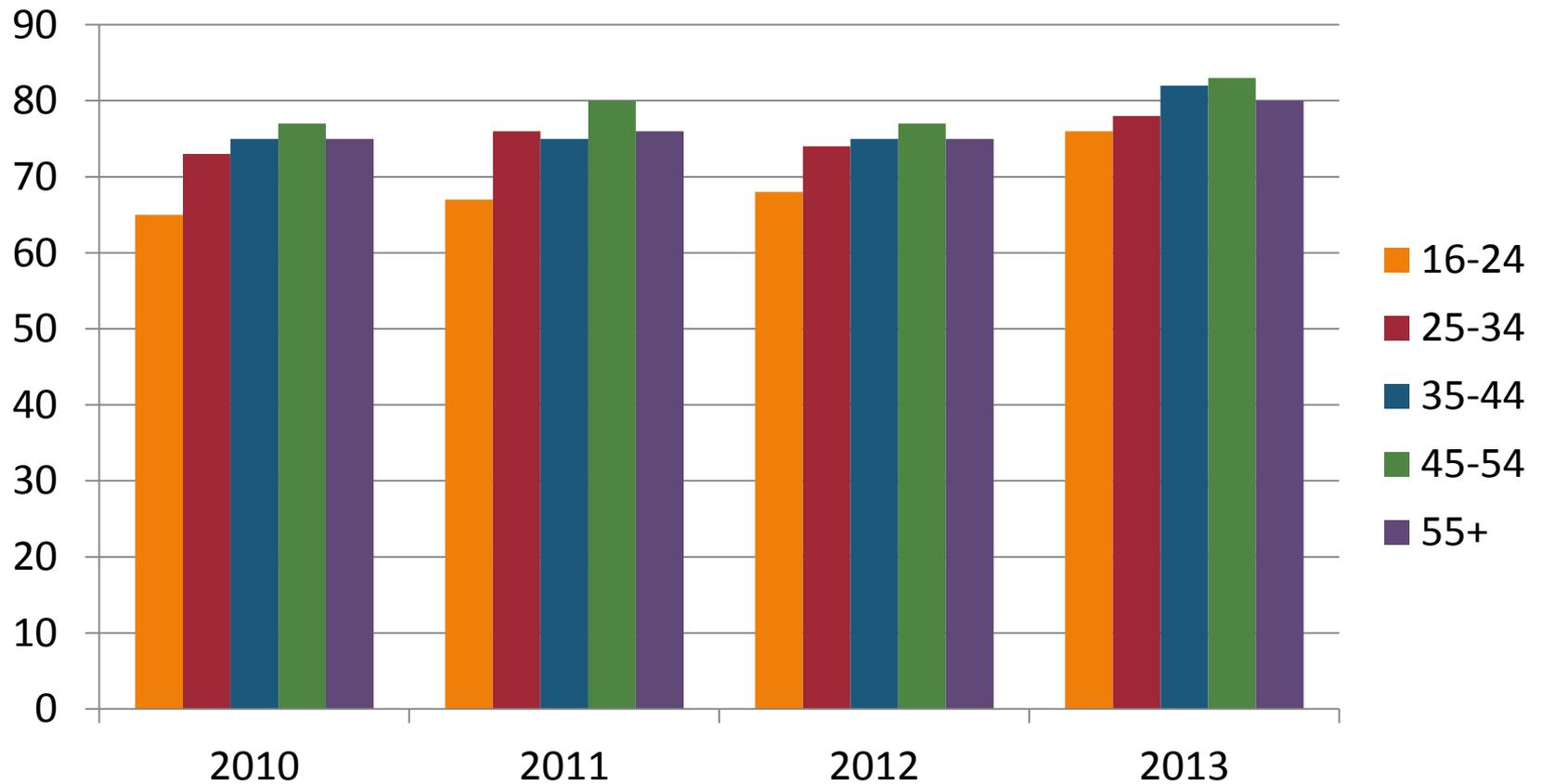
# Review – Linkage to Care

- Just under 80% between 2011 and 2013
- Women
- Whites
- Hispanics

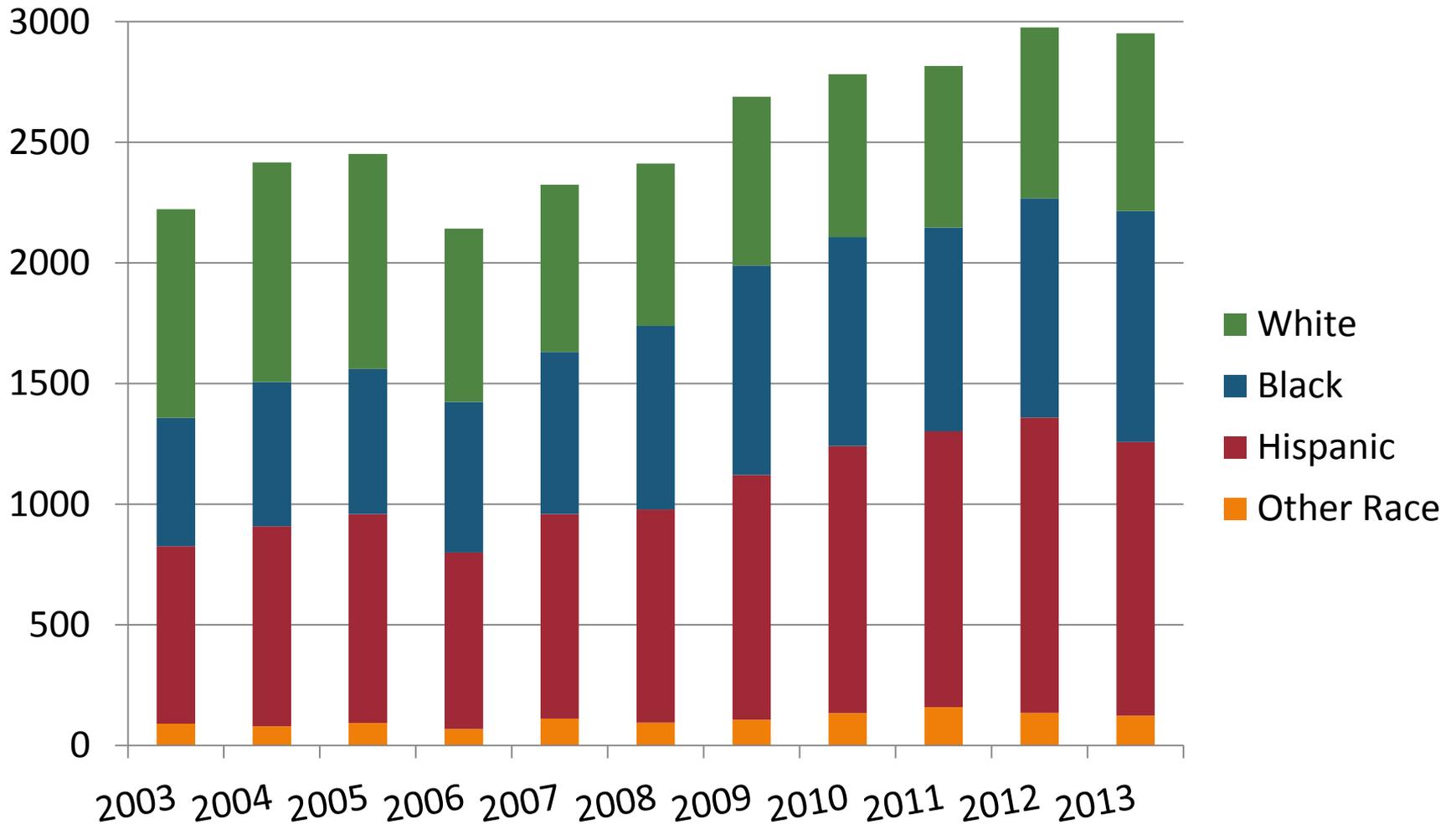
# New Dx by Age at HIV Dx



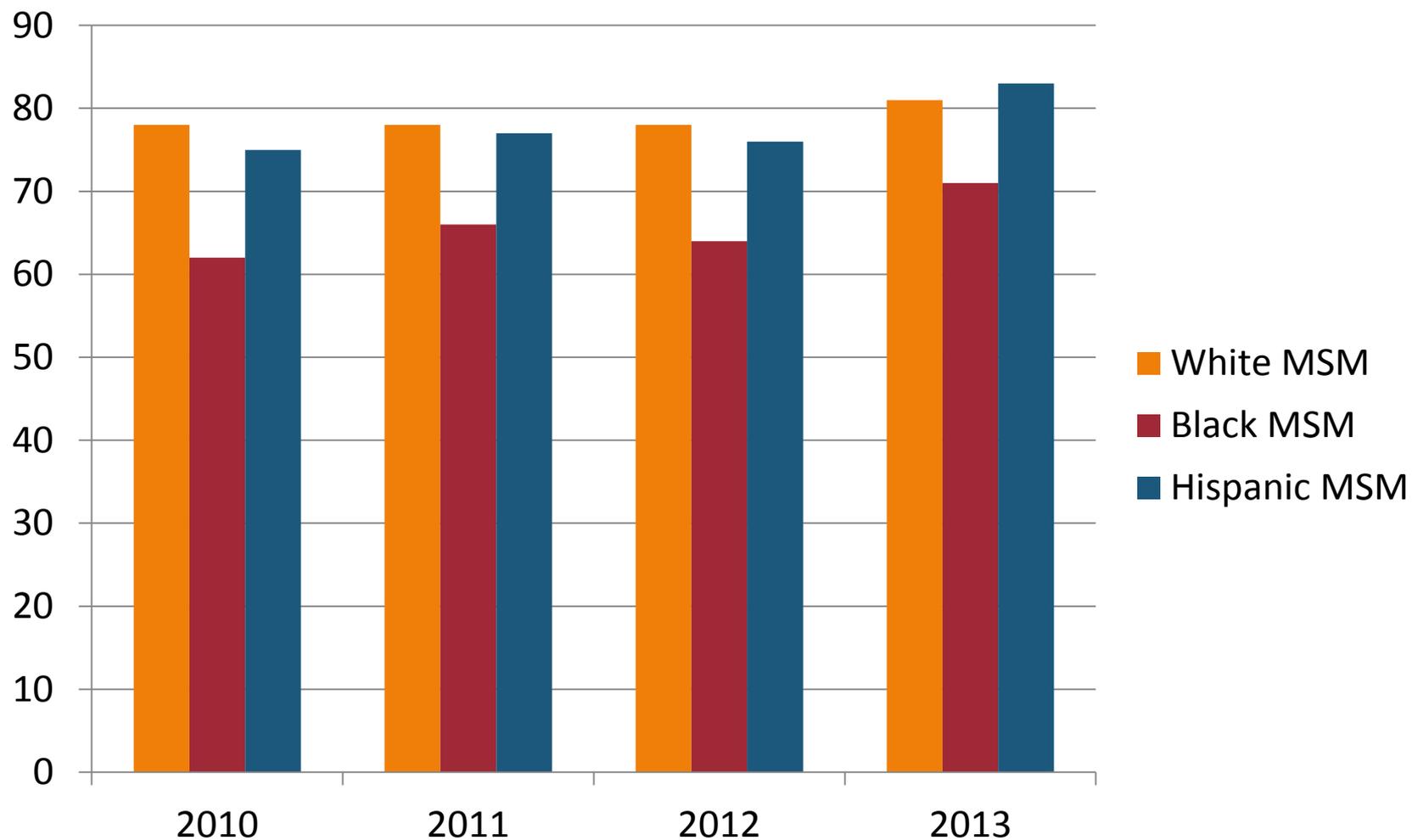
# Linkage by Age at Dx



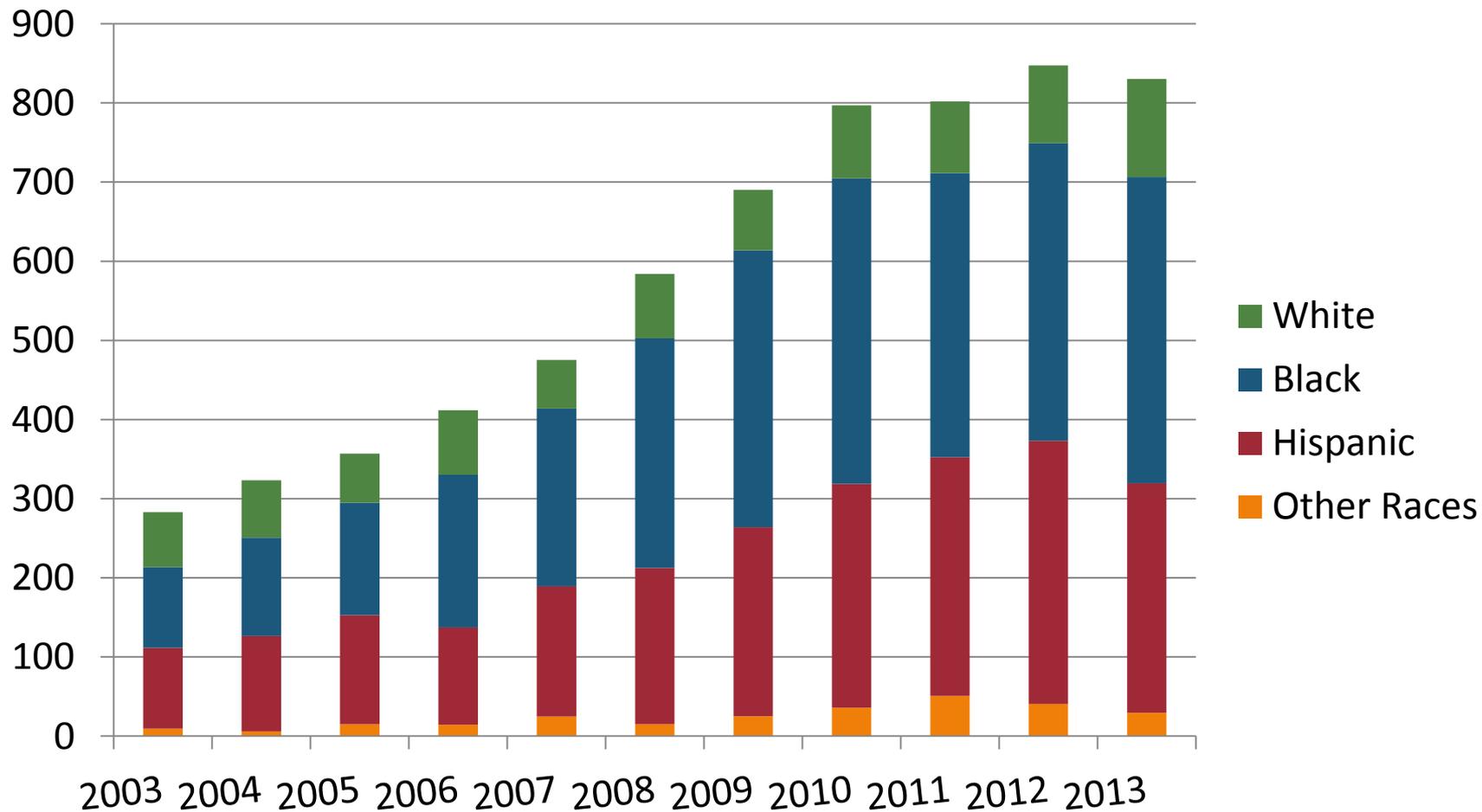
# New MSM Dx by Race/Ethnicity



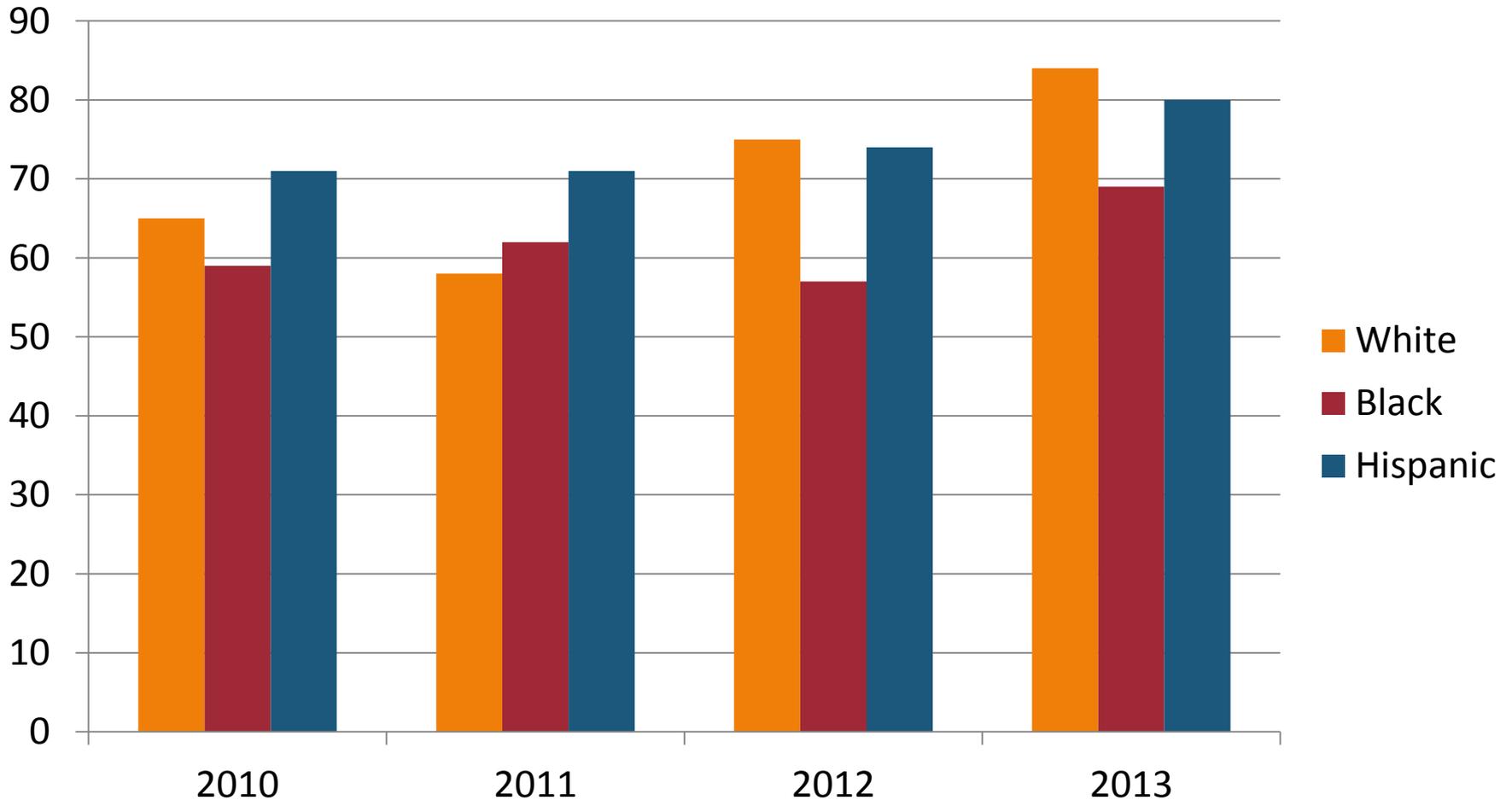
# Linkage among MSM by Race-Ethnicity



# New Young MSM Dx by Race/Ethnicity



# Linkage - Young MSM by Race



# Linkage by HSDA

<b>Abilene</b>	<b>73%</b>	<b>Laredo</b>	<b>76%</b>
<b>Amarillo</b>	<b>83%</b>	<b>Lubbock</b>	<b>74%</b>
<b>Austin</b>	<b>81%</b>	<b>Lufkin</b>	<b>89%</b>
<b>Beaumont-PA</b>	<b>76%</b>	<b>Permian Basin</b>	<b>89%</b>
<b>Brownsville</b>	<b>85%</b>	<b>San Antonio</b>	<b>75%</b>
<b>Bryan-College St.</b>	<b>79%</b>	<b>Sherman-Denison</b>	<b>100%</b>
<b>Concho Plateau</b>	<b>81%</b>	<b>Temple-Killeen</b>	<b>79%</b>
<b>Corpus Christi</b>	<b>85%</b>	<b>Texarkana</b>	<b>68%</b>
<b>Dallas</b>	<b>80%</b>	<b>Tyler</b>	<b>67%</b>
<b>El Paso</b>	<b>89%</b>	<b>Uvalde</b>	<b>100%</b>
<b>Ft. Worth</b>	<b>84%</b>	<b>Victoria</b>	<b>86%</b>
<b>Galveston</b>	<b>86%</b>	<b>Waco</b>	<b>74%</b>
<b>Houston</b>	<b>78%</b>	<b>Wichita Falls</b>	<b>100%</b>

# Linkage and Retention

Diagnosed in 2012	% Retained in Care in 2013
Linked to care within 3 months of HIV Dx Date	78%
Linked to care more than 3 months after HIV Dx Date	34%

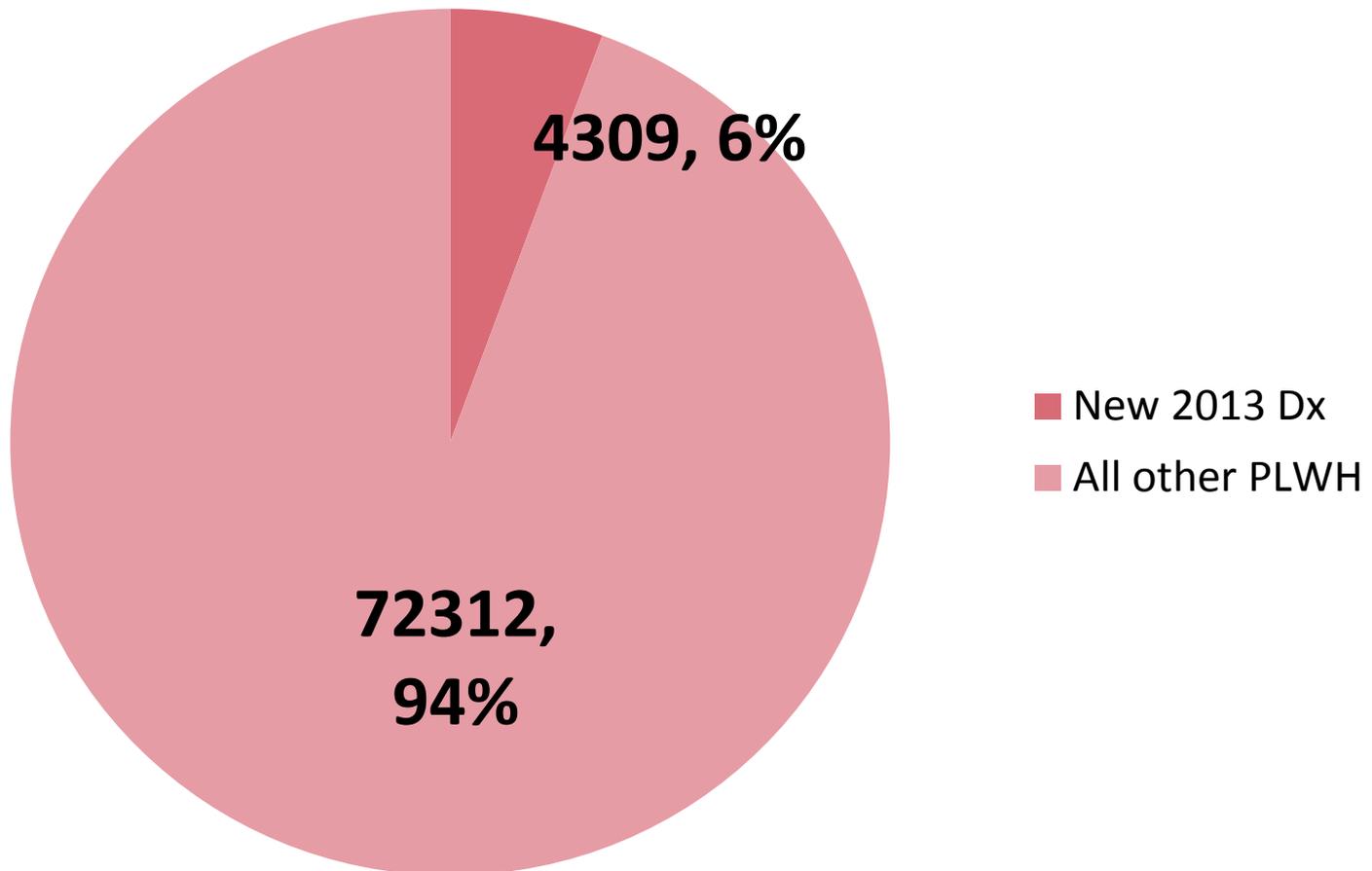
# Linkage and Viral Suppression

Diagnosed in 2012	% Virally Suppressed at end of 2013
Linked to care within 3 months of HIV Dx Date	64%
Linked to care more than 3 months after HIV Dx Date	25%

# Linkage and Time to Suppression

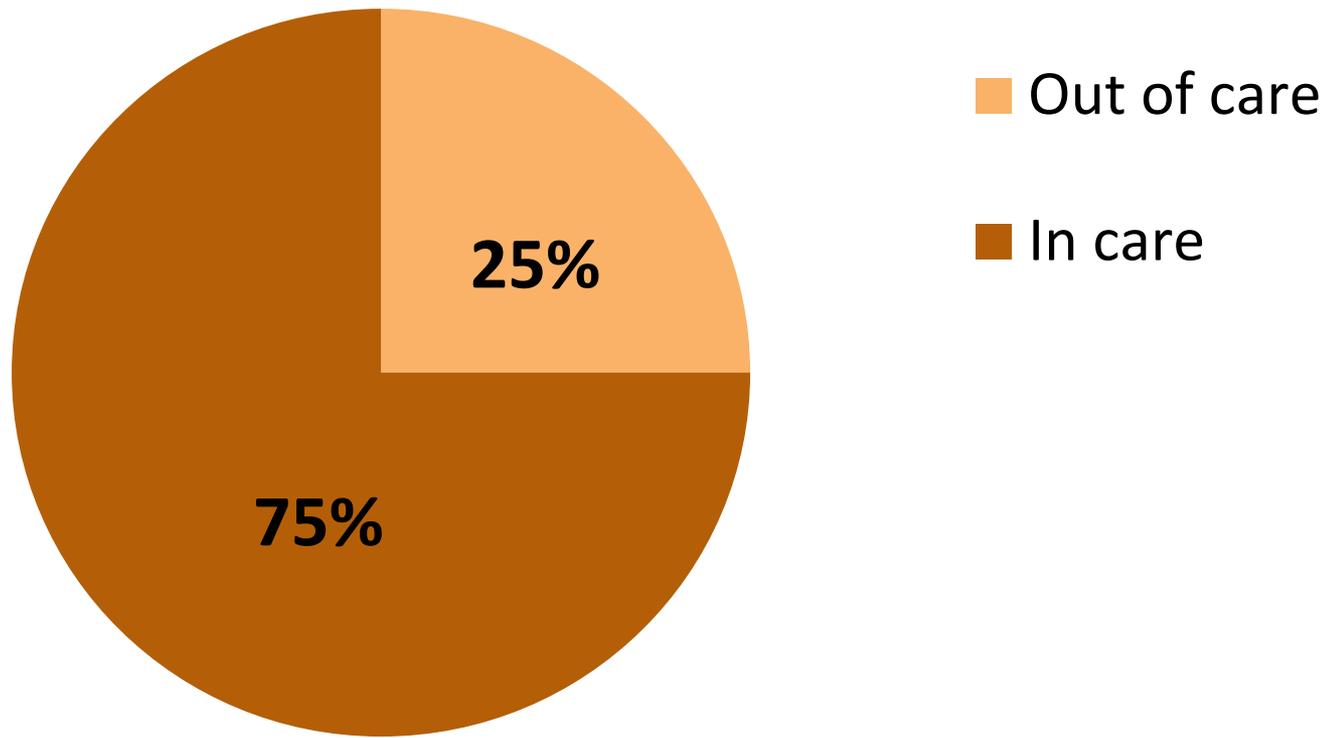
Diagnosed in 2012	Avg # of months until viral suppression
Linked to care within 3 months of HIV Dx Date	6.8 months
Linked to care more than 3 months after HIV Dx Date	11.2 months

# Profile of HIV Population, 2013



# Re-engagement in Care, 2013

Total PLWH = 76621



# Who is Out of Care?

- Men
- Black
- Hispanic
- Between 35 and 44 years old
- MSM
- More recently diagnosed

# Out of Care by HSDA

<b>Abilene</b>	<b>21%</b>	<b>Laredo</b>	<b>43%</b>
<b>Amarillo</b>	<b>22%</b>	<b>Lubbock</b>	<b>24%</b>
<b>Austin</b>	<b>17%</b>	<b>Lufkin</b>	<b>22%</b>
<b>Beaumont-PA</b>	<b>27%</b>	<b>Permian Basin</b>	<b>34%</b>
<b>Brownsville</b>	<b>30%</b>	<b>San Antonio</b>	<b>24%</b>
<b>Bryan-College St.</b>	<b>27%</b>	<b>Sherman-Denison</b>	<b>21%</b>
<b>Concho Plateau</b>	<b>28%</b>	<b>Temple-Killeen</b>	<b>28%</b>
<b>Corpus Christi</b>	<b>22%</b>	<b>Texarkana</b>	<b>27%</b>
<b>Dallas</b>	<b>22%</b>	<b>Tyler</b>	<b>25%</b>
<b>El Paso</b>	<b>30%</b>	<b>Uvalde</b>	<b>36%</b>
<b>Ft. Worth</b>	<b>22%</b>	<b>Victoria</b>	<b>15%</b>
<b>Galveston</b>	<b>25%</b>	<b>Waco</b>	<b>18%</b>
<b>Houston</b>	<b>27%</b>	<b>Wichita Falls</b>	<b>28%</b>

# How do we measure linkage for funded prevention programs?

- Performance Measures
  - At least 85% of clients who are HIV positive (all positives) and received results will be confirmed to HIV-related medical care
- Data for measure collected in TWOC database
- Initial medical appointment date is not collected
  - Linkage within 90 days of an initial diagnosis leads to better long-term outcomes



# Changes to HIV Prevention Reporting

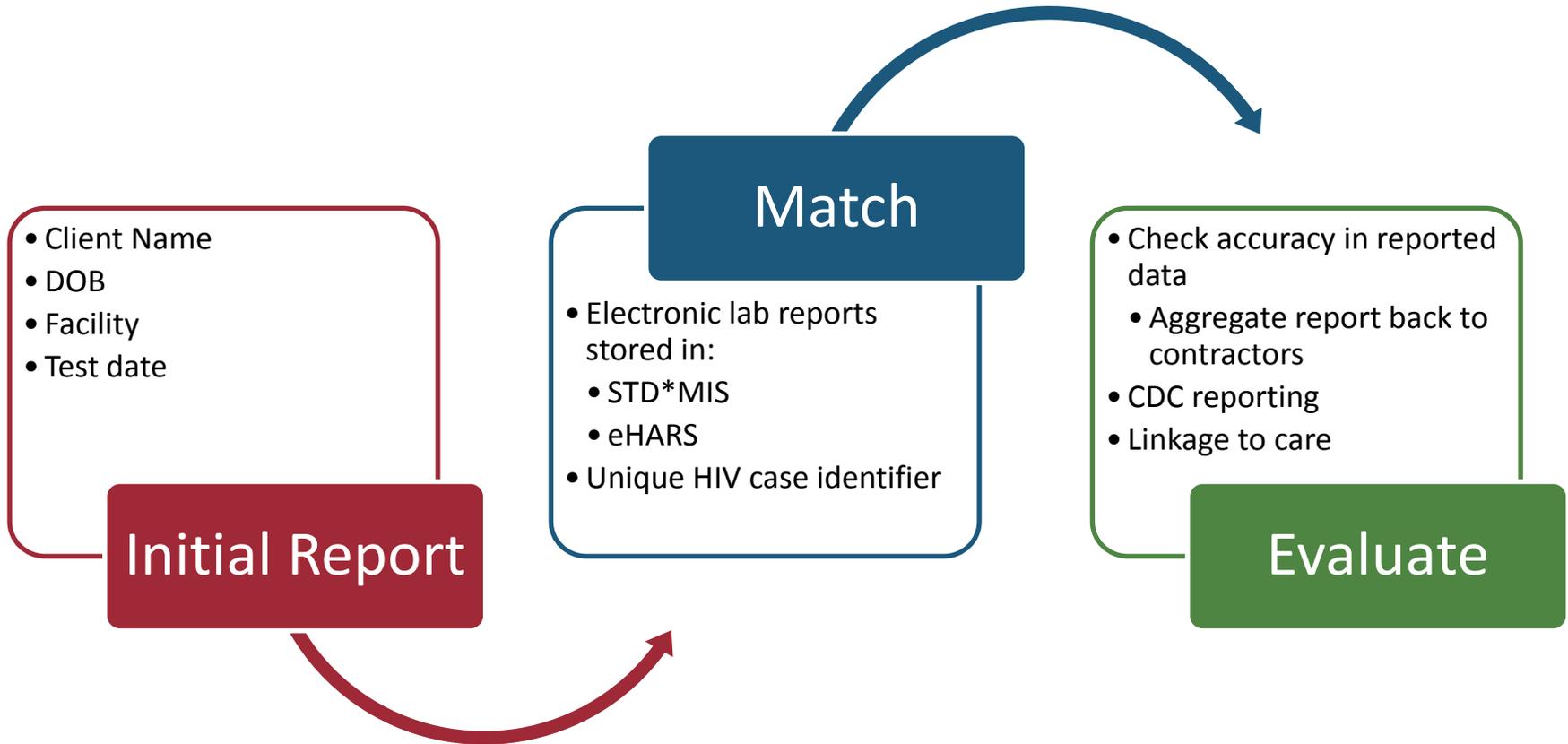
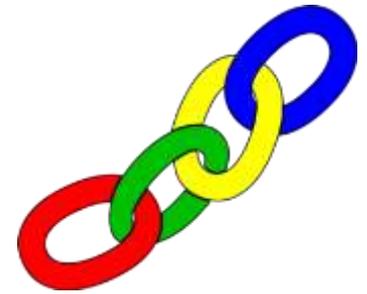
- New HIV testing reporting database
  - MS Access format
  - New and revamped data collection fields
    - Full names for positives
    - Date of first medical appointment for positives
- Will begin rolling out in late December 2014



# Linking HIV Prevention Data

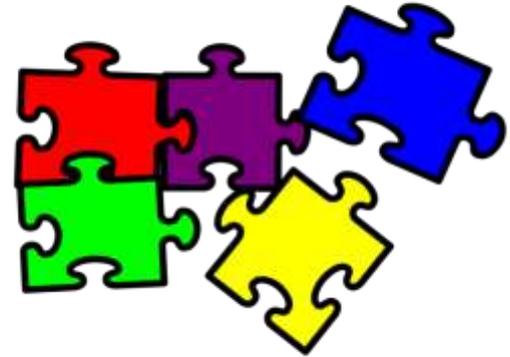
- What are we doing?
  - Linking records reported to HIV prevention to existing data in HIV surveillance systems
  - Using the linked data get additional information
  - Similar to Data to Care initiative CDC recently launched
    - Using HIV surveillance data to support engagement in the spectrum of care
  - Linking legacy testing data going back to 2012

# How we do it



# Linking HIV Prevention Data

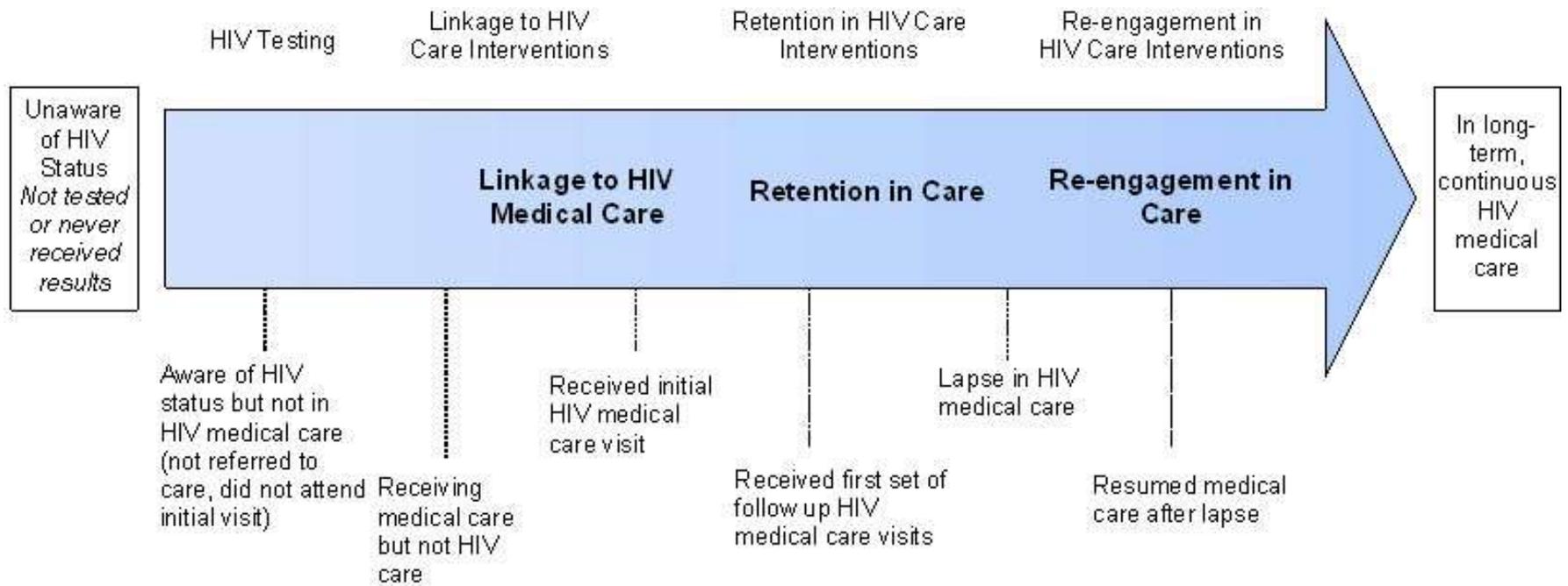
- Why are we doing this?
  - Enhance ability of DSHS to evaluate overall program impact
    - Better linkage to care information
    - More accurate previous HIV status
    - Detailed CD4 and VL data
  - Ensure data accuracy
  - CDC reporting requirements



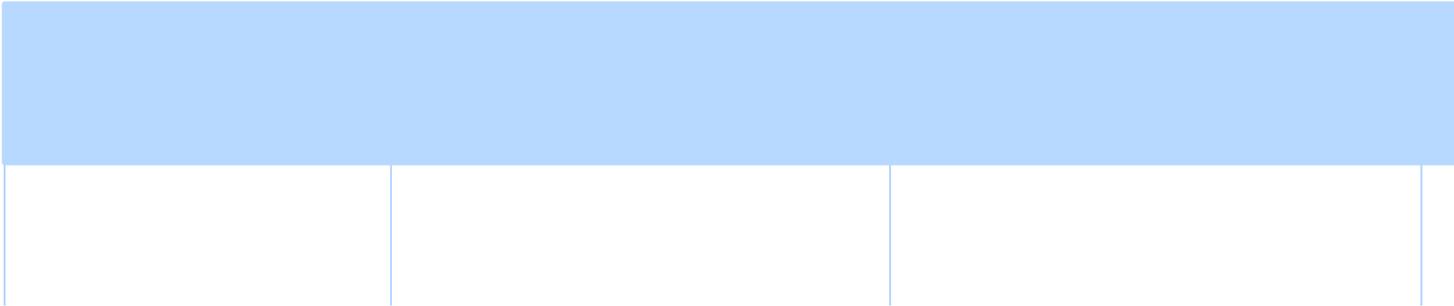
# Data Requests

- **HIV Care Services**
  - Margaret Vaaler
  - (512) 533-3061
  - Margaret.Vaaler@dshs.state.tx.us
- **HIV Prevention**
  - Brandon O’Hara
  - (512) 533-3057
  - Brandon.OHara@dshs.state.tx.us
- **HIV/STD Surveillance**
  - Emily Rowlinson
  - (512) 533-3070
  - Emily.Rowlinson@dshs.state.tx.us

# How do we reach the goal of 85%?



# Linkage to HIV Medical Care



Referral to  
medical  
provider for  
labs and/  
or eligibility



Appointment  
for CD4 and  
viral load  
ART



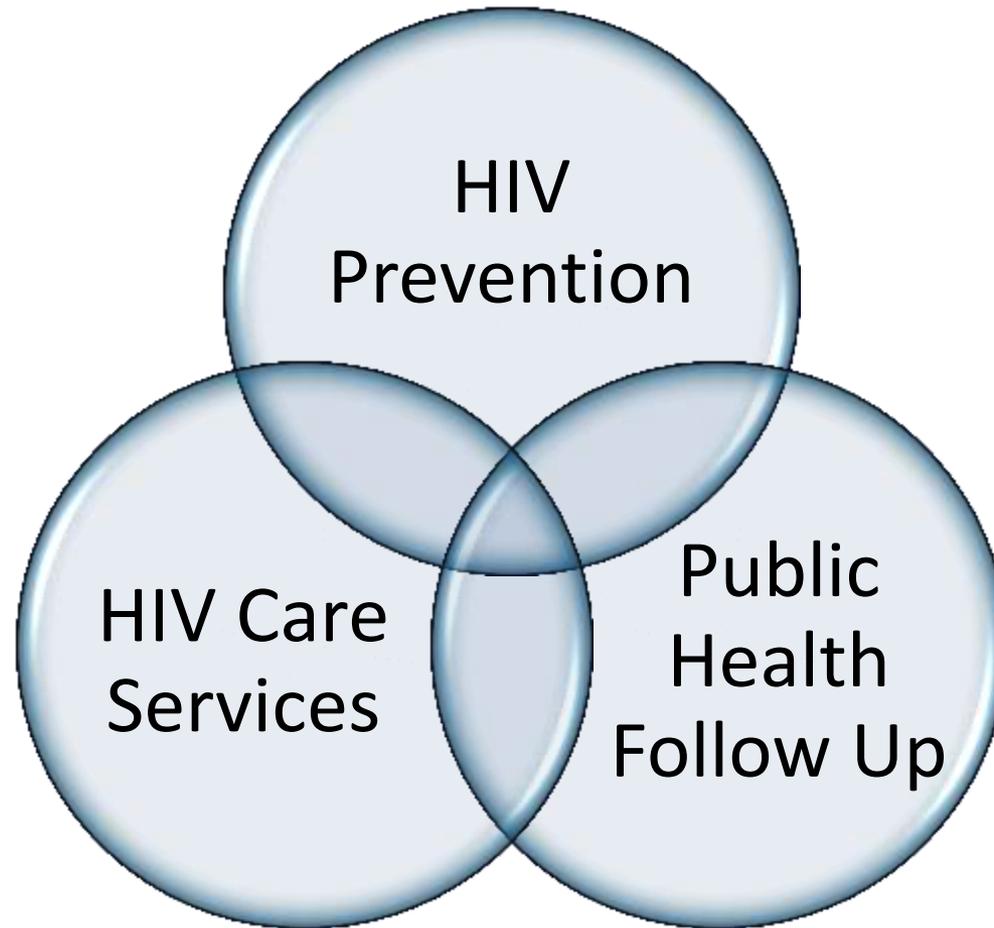
Eligibility to  
get into Care



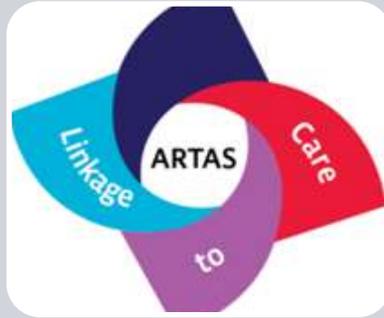
Medical  
Appointment



# Opportunities for Linkage



# HIV Prevention



Counseling  
and Testing

ARTAS

CRCS

CLEAR

# Public Health Follow Up



Initial  
Notification

Reinfection or  
named partner



Surveillance  
Data

# HIV Care Services

## Patient Navigator

- Peer Educator
- CBO
- Health Professional

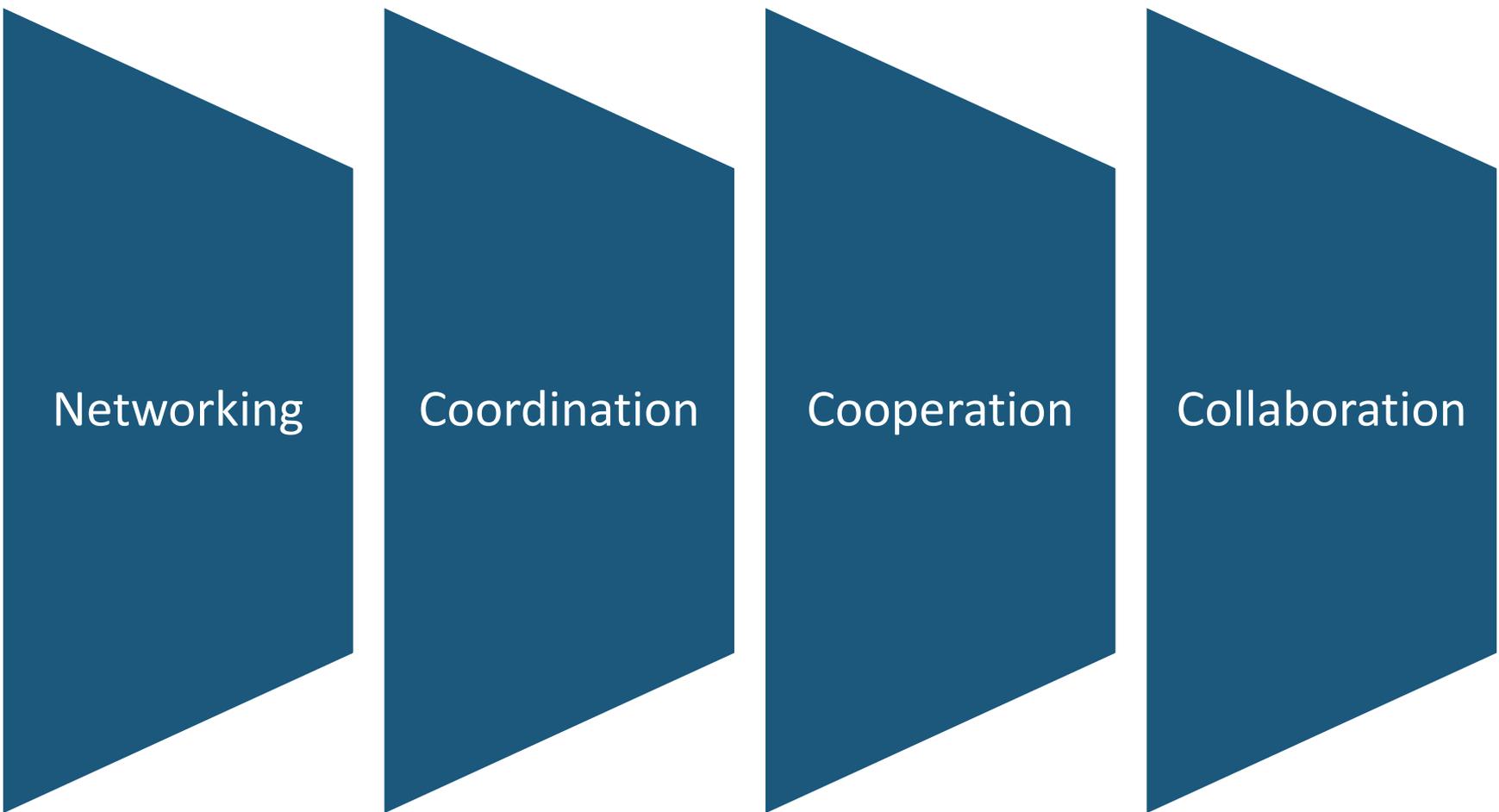
## Peer Navigator

- Population Specific

## Case Management

- Medical
- Non-Medical

# Possible Pathways



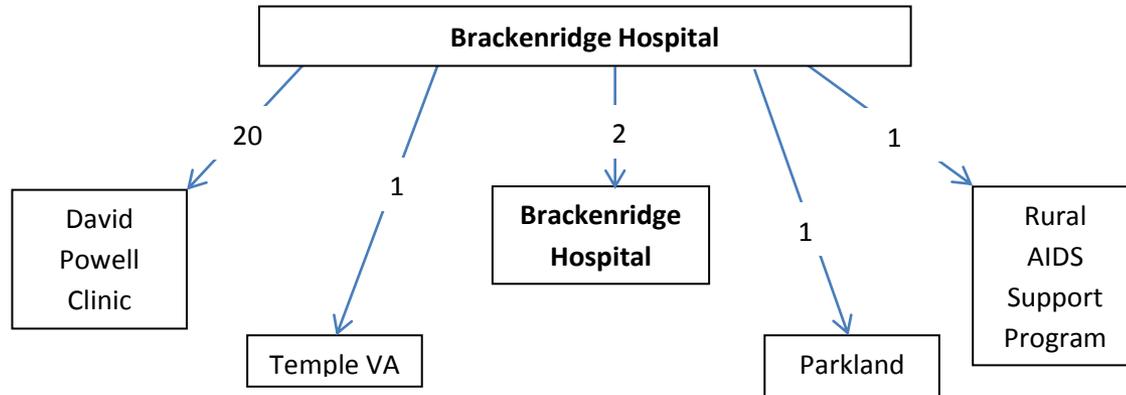
Networking

Coordination

Cooperation

Collaboration

# Referral Map: Brackenridge Hospital



# Questions

- Why these care partners?
- How long to link at each care partner?
- How long to reach viral suppression at each care partner?
- How can we choose just the right care partners?
- What information could we make sure testers had so they would make the best referral?

# Acknowledgements

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The End!