Using HIV Surveillance Data and Provider Medical Records to Identify HIV+ Persons Out of Care or Never Linked to Care

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Outline
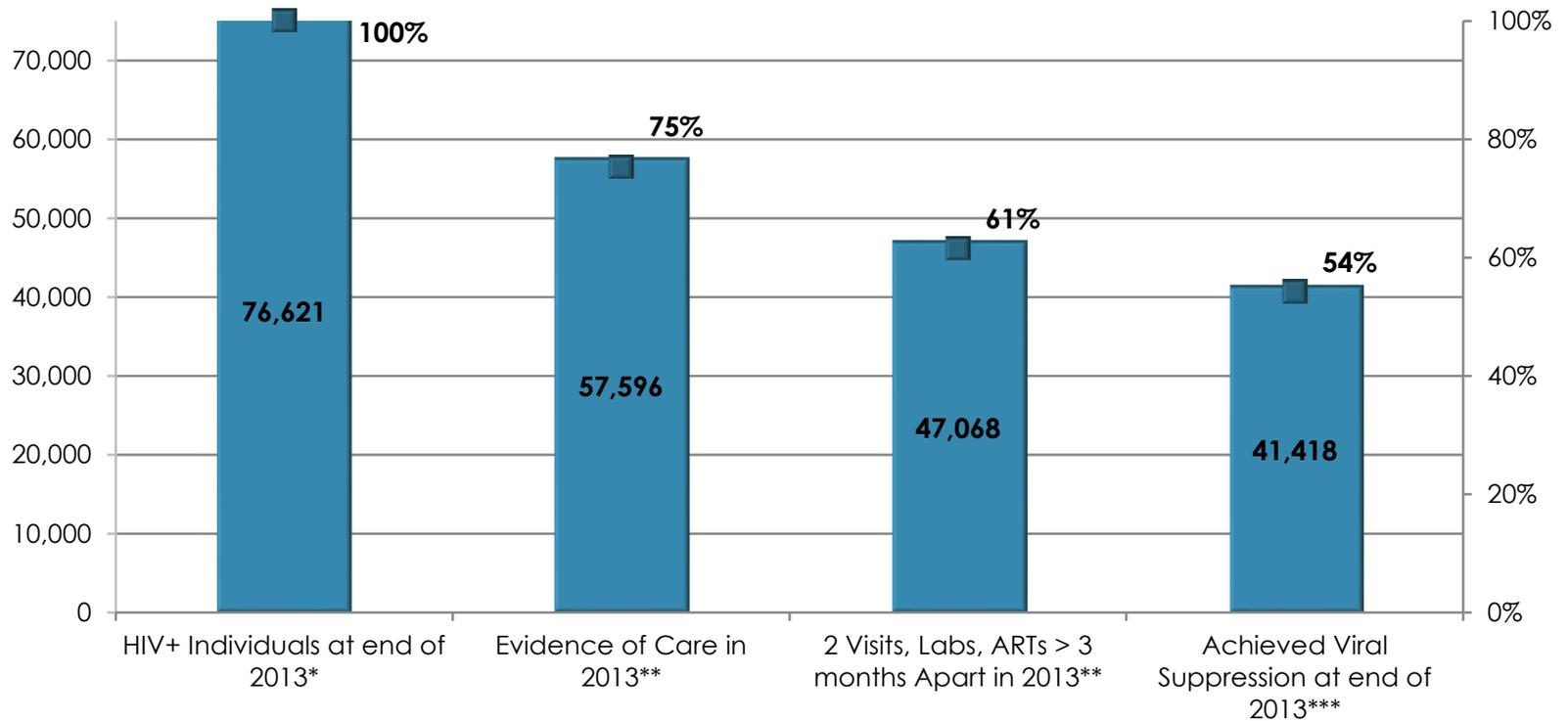
- ◻ Project overview

- ◻ Preliminary results from Dallas County

- ◻ Conclusions

Overview

National HIV/AIDS Strategy

- Three primary goals of the National HIV/AIDS Strategy (NHAS)
  - Reduce the number of people who become infected with HIV
  - Increase access to care and optimize health outcomes for people living with HIV
  - Reduce HIV-related health disparities

*National HIV/AIDS Strategy for the United States, July 2010

Texas HIV Population Treatment Cascade, 2013

Bar chart data:
- HIV+ Individuals at end of 2013*: 76,621 (100%)
- Evidence of Care in 2013**: 57,596 (75%)
- 2 Visits, Labs, ARTs > 3 months Apart in 2013**: 47,068 (61%)
- Achieved Viral Suppression at end of 2013***: 41,418 (54%)

* Texas eHARS data as of July 2014
** DSHS HIV Unmet Need Project, 2013 (incl. eHARS, ELR, ARIES, ADAP, Medicaid, private payer data)
*** Texas Electronic Lab Records, ARIES Labs, ADAP Labs 2013

Prepared by Program Planning and Evaluation Group, HIV/STD Branch at the Texas Department of State Health Services, August, 2014

Linkage to Care Project Overview

- ☐ Demonstration project funded through the Category C grant in the HIV/STD Prevention and Care program

- ☐ Focuses on persons with no evidence of HIV-related medical care

- ☐ Addresses first two goals of the National HIV/AIDS strategy: reducing new infections, and improving access to care and health outcomes

- ☐ Utilize surveillance data and provider records to identify persons not in care

- ☐ Re-engage persons out of care in HIV medical care

Project Objectives

- Increase the proportion of HIV+ persons engaged in HIV medical care

- Increase the proportion of HIV+ persons linked to HIV medical care within 12 months of their HIV diagnosis

- Increase the proportion of HIV+ persons retained in HIV medical care

Linkage to Care Process Overview

Identify persons out of care

Conduct a field investigation to locate the person

Re-engage the person in HIV-related medical care

Identifying persons not engaged in HIV-related medical care

Medical Provider

- Medical records

- No medical visit or more than 2 missed appointments

- Timeframe varies by provider but as early as 6 months out of care

HIV Surveillance

- HIV surveillance data*

- No CD4, VL, genotype or prescription

- 12 months out of care
  or
  not linked to care within 6 months of HIV diagnosis

*HIV surveillance data includes electronic laboratory reports, Ryan White data (ARIES), and Texas HIV Medication Program data

Field Investigation

- DIS or linkage to care worker attempts to locate the person, including:
  - Performs record searches in HIV and STD surveillance and care databases, TDCJ, Accurint LexisNexis and other databases
  - Conducts at least 3 phone calls and/or field visits to locate the person
  - Verifies the person is living in the jurisdiction and not already engaged in care

Engagement in Medical Care

- DIS provides assistance to re-engage in medical care, including:

    - Schedules intake and/or medical appointments

    - Assists in preparing paperwork, arranging transportation and offers referrals to social or community services

    - Confirms the person attended the medical appointment and is engaged in care

Project Sites

- Austin - Travis County
  - Began surveillance initiated follow-up in December 2013
  - 179 cases investigated as of December 31, 2014

- Dallas County
  - Began provider initiated follow-up in June 2012 and surveillance initiated in November 2012
  - 710 cases investigated as of December 31, 2014

Case Study 1

- Black female diagnosed in 2001 was identified as being out of care by a medical provider in Dallas

- Out of care for almost 3 years

- She was in and out of the hospital with other health issues that left her unable to work and afford HIV-related medical care. She was also trying to hide her HIV status from her mother.

- Linked to care in March 2013 with a viral load of over 70,000 c/ml and low CD4 count

- Has had an additional 5 medical visits since being linked to care by August 2014

- Achieved viral suppression within a year of being linked care

Case Study 2

- Black male diagnosed with HIV in 2012 was identified by HIV surveillance as having never linked to HIV-related medical care

- Stated he was unaware of HIV diagnosis, but interview notes show he spoke with a DIS when he diagnosed.

- Linked to care in September 2013 with a viral load of over 500,000 c/ml and AIDs defining CD4 count

- Has had 2 additional medical visits since being linked to care as of August 2014

- Achieved viral suppression within 7 months of being linked to care

Preliminary Results from Dallas County

June 2012 – December 2014

Dallas EMA HIV Treatment Cascade, 2013
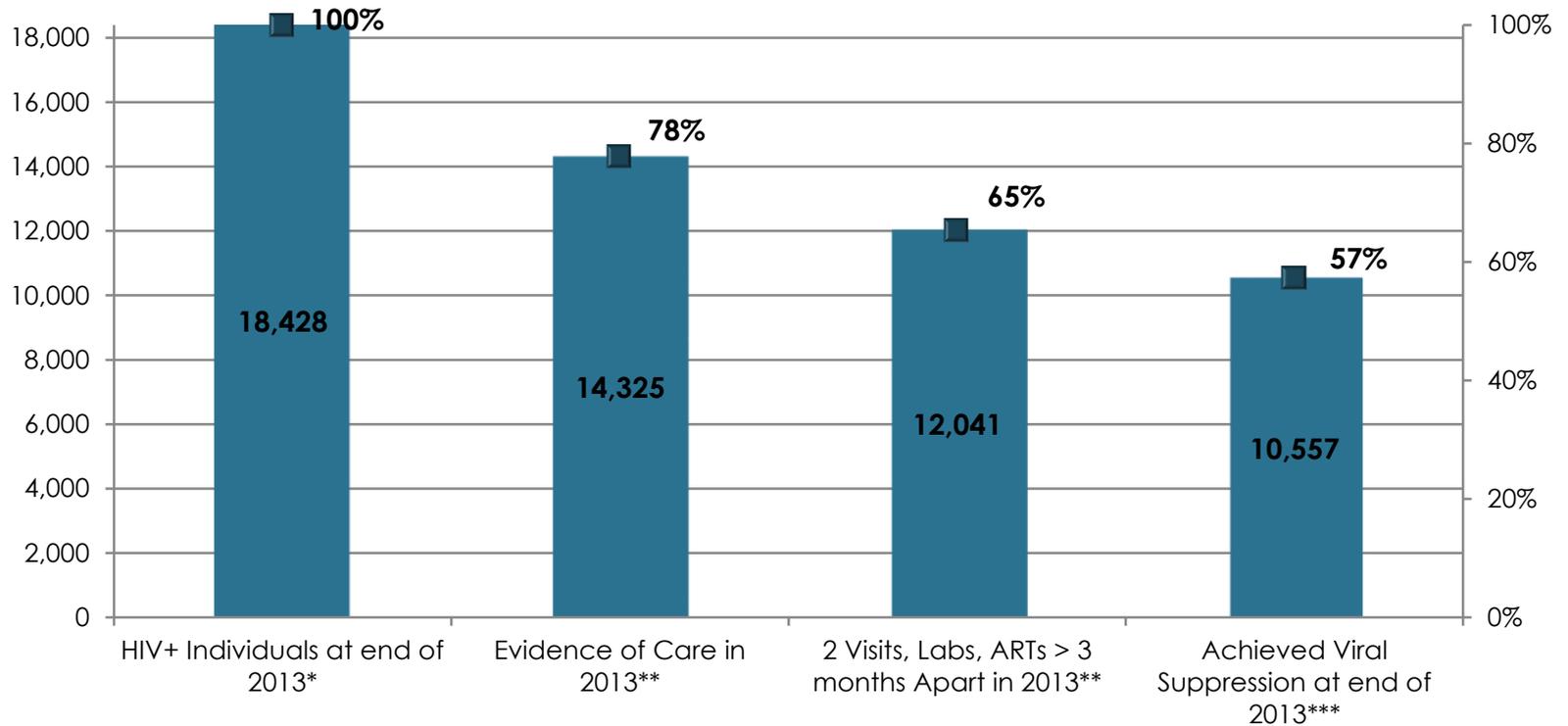
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Characteristics of Persons in Dallas EMA by Met Need, 2013

A stacked bar chart showing the percentage distribution (0% to 100%) of persons by Met and Unmet need across four characteristics:

- **Sex**: Met, Unmet — categories Female and Male
- **Race**: Met, Unmet — categories White, Black, Hispanic
- **Age (years)**: Met, Unmet — categories 13-24, 25-34, 35-44, 45-54, 55+
- **Risk**: Met, Unmet — categories MSM, IDU, Heterosexual
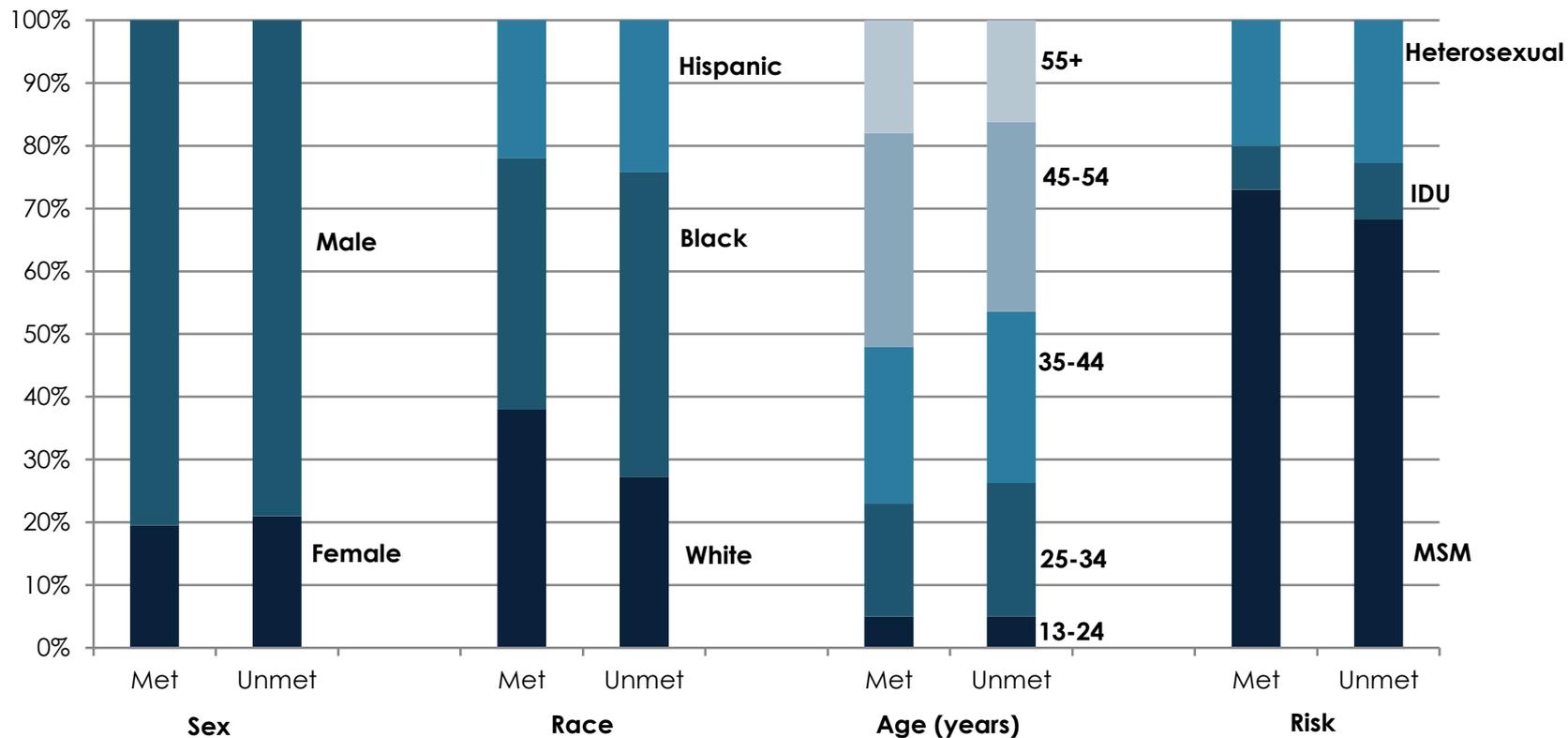
Selection of Persons for Linkage to Care

- Of the over 4,000 persons out of care in the Dallas EMA in 2013, 329 cases were prioritized for linkage to care by HIV surveillance.

- HIV medical providers identified an 381 cases for linkage to care.

Determining Eligibility of Persons Selected for Linkage to Care

- Of the total 710 persons selected by HIV surveillance and medical providers
  - 433 persons were determined to be eligible for linkage to care
  - 277 persons were determined to not be eligible for linkage to care
    - 46% already in care, 34% moved, 8% Incarcerated, 8% deceased, 3% other

Characteristics of Persons Selected for Linkage to Care

Length of Time Out of Care
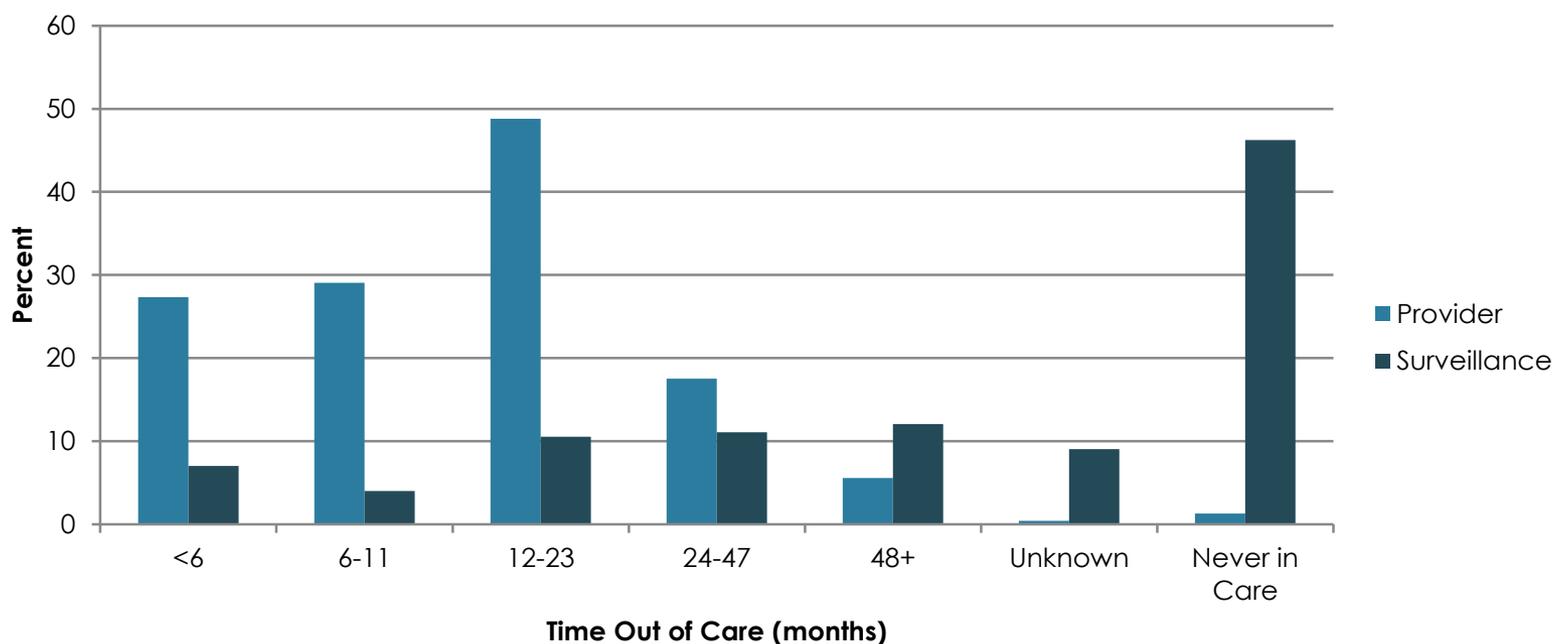
*Surveillance defined out of care as no evidence of care in the past 12 months.
**Only includes persons selected for Category C and determined to be eligible for linkage to care.

Characteristics of Persons Selected for Linkage to Care

Age
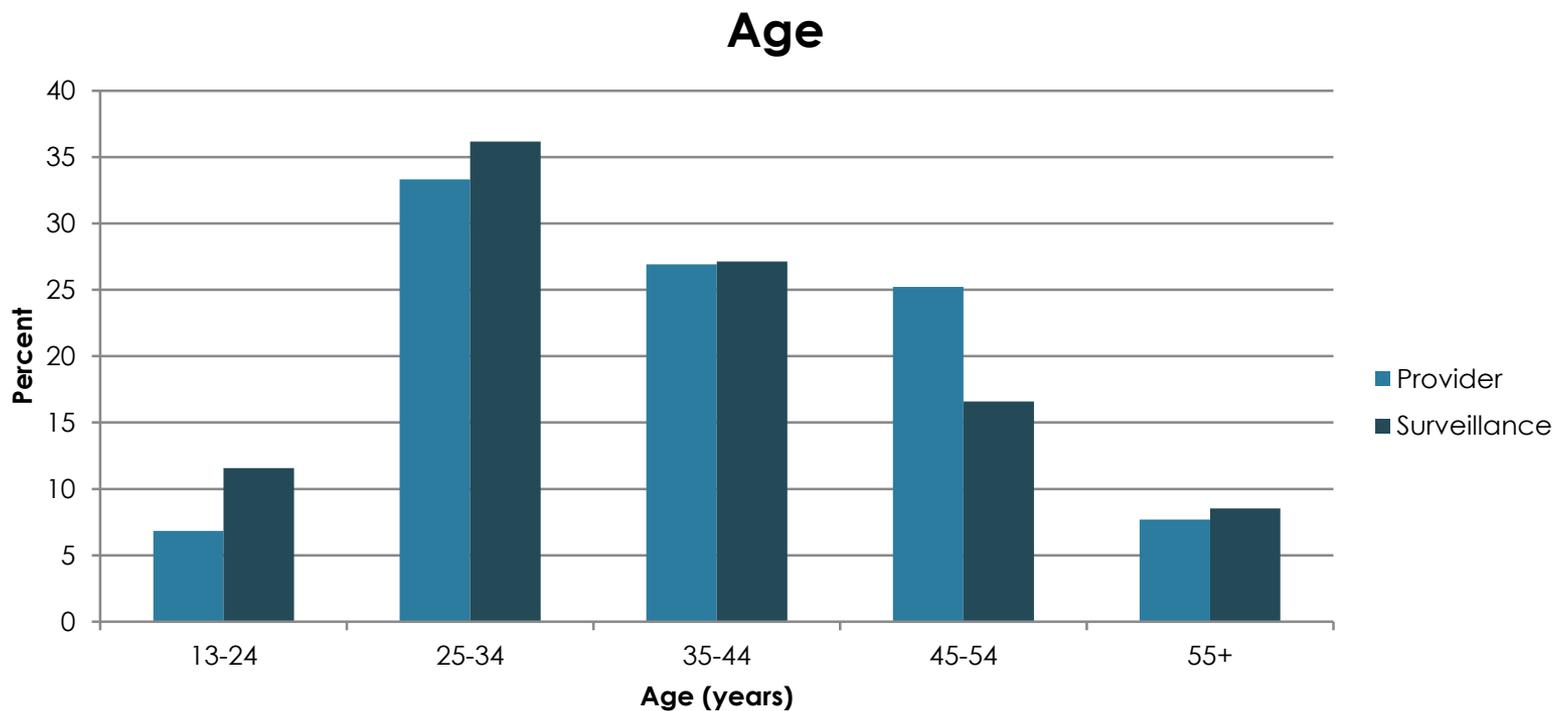
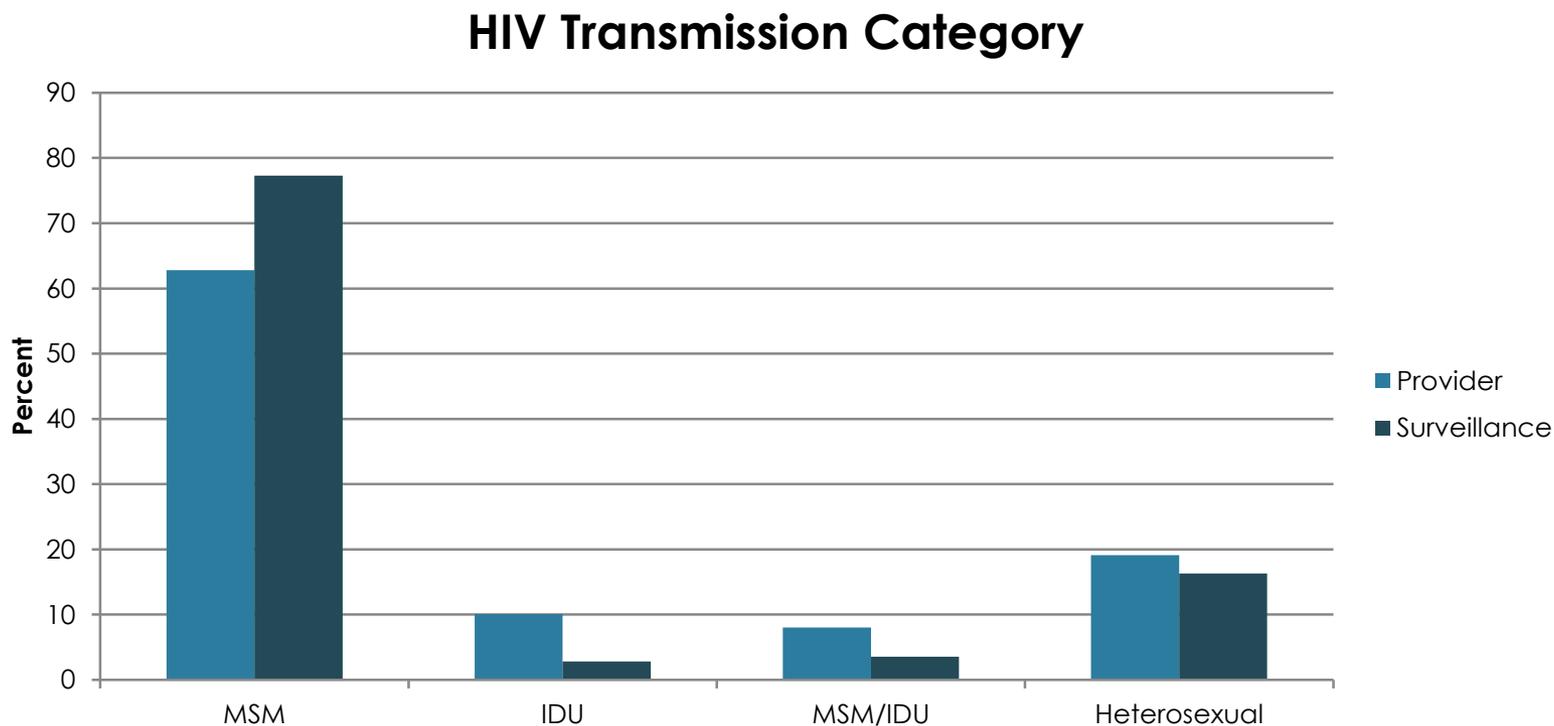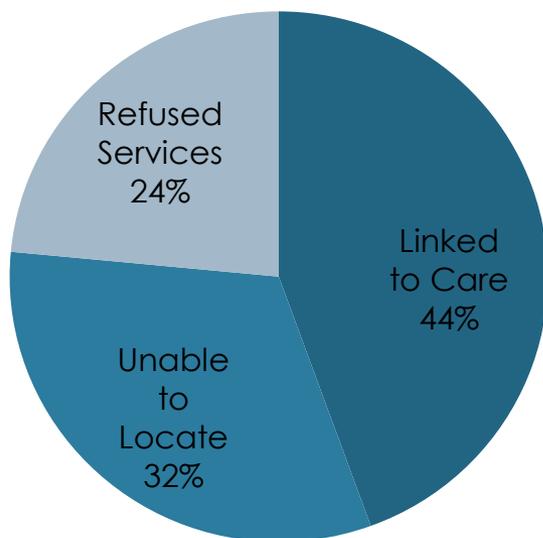*Only includes persons selected for Category C and determined to be eligible for linkage to care.

Characteristics of Persons Selected for Linkage to Care

Race/Ethnicity and Sex
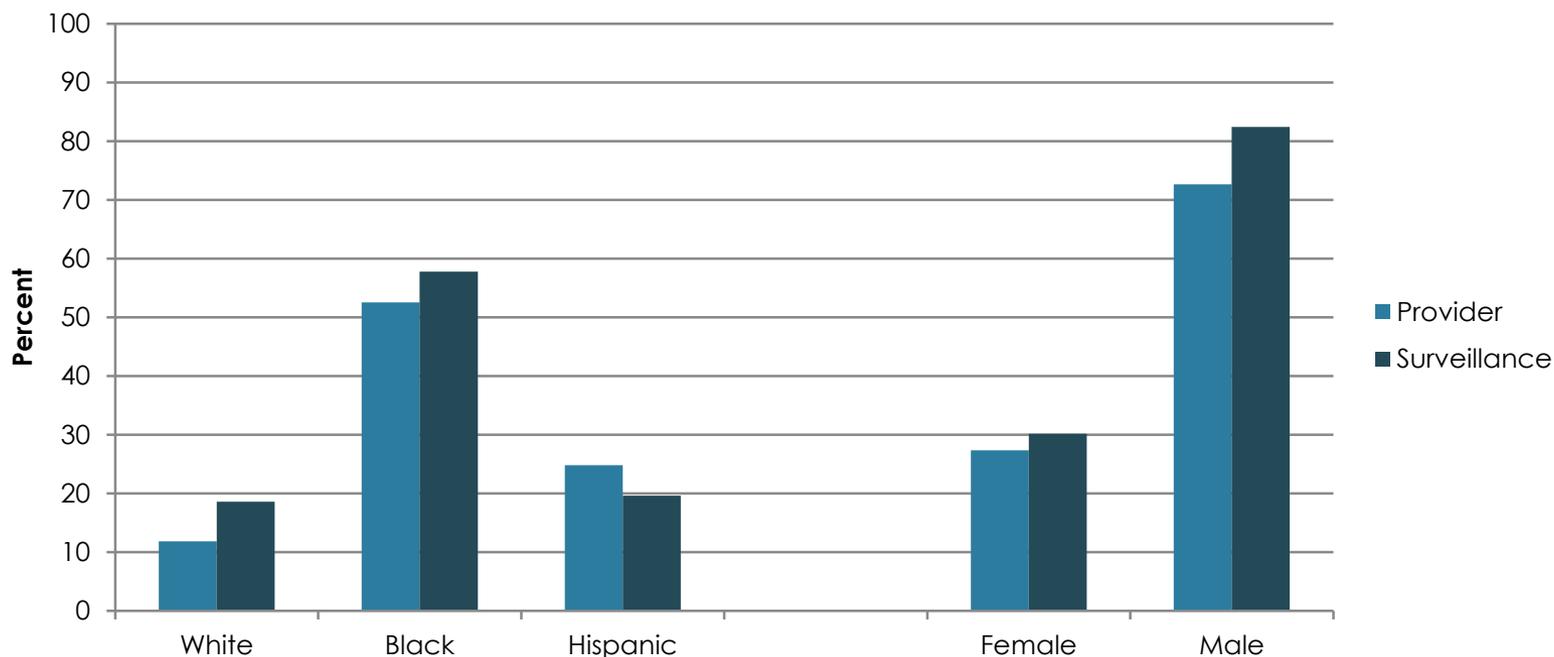
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Characteristics of Persons Selected for Linkage to Care

HIV Transmission Category

*Only includes persons selected for Category C and determined to be eligible for linkage to care.

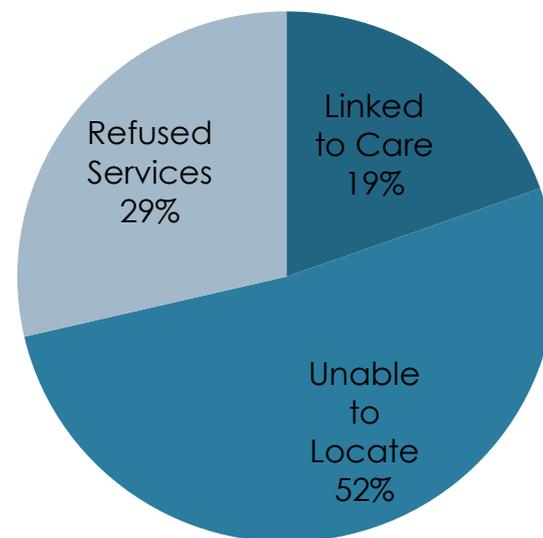# Summary of Characteristics of Persons Selected for Linkage to Care

- ☐ The majority of cases initiated by HIV surveillance were never linked to care.

- ☐ A larger percentage of cases initiated by HIV surveillance were male, MSM and younger than those selected by a medical provider.

- ☐ A larger percentage of cases initiated HIV surveillance were black, but a higher percentage of cases selected by medical providers were Hispanic.

Outcome of Linkage to Care Investigation

Provider

Refused Services 24%

Linked to Care 44%

Unable to Locate 32%

Surveillance

Refused Services 29%

Linked to Care 19%

Unable to Locate 52%

*Includes only persons selected for Category C that were determined to be eligible for linkage to care.

Reasons for Refusing Linkage to Care Services

- Refused to talk with DIS – linkage to care worker

- Did not show up to medical appointment

- Other life issues were more important

- Felt healthy

Main Reason Out of Care

- All persons previously out of care but now linked to medical care were asked the main reason they had fallen out of care.

- Main reason given for being out of care
  - Other life issues are more important (69%)
  - Transportation (7%)
  - Lack of support (4%)
  - Doesn't want anyone to know their status (4%)
  - Clinic inconvenience (3%)
  - Feels healthy (2%)
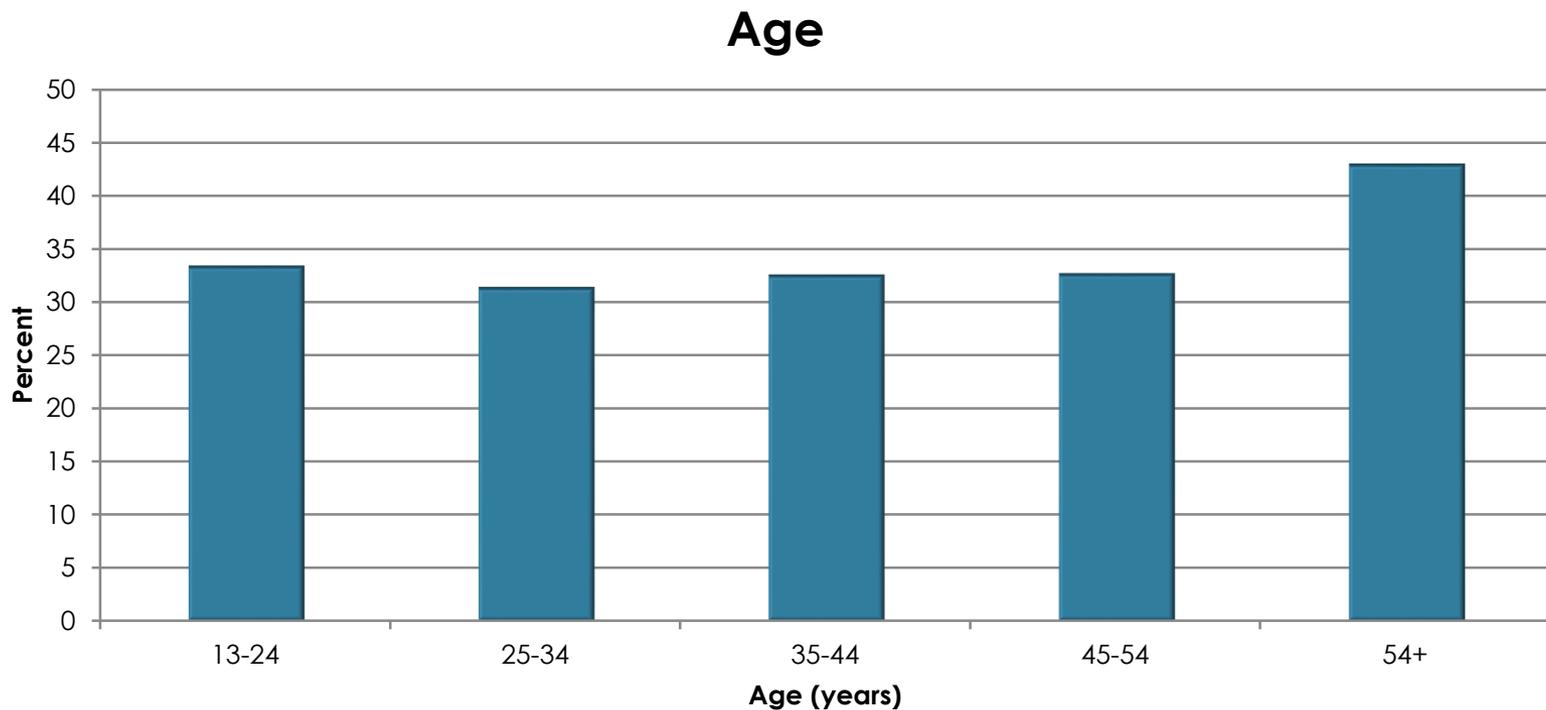 - Unfriendly care setting (2%)

Proportion of Persons Successfully Linked to Care
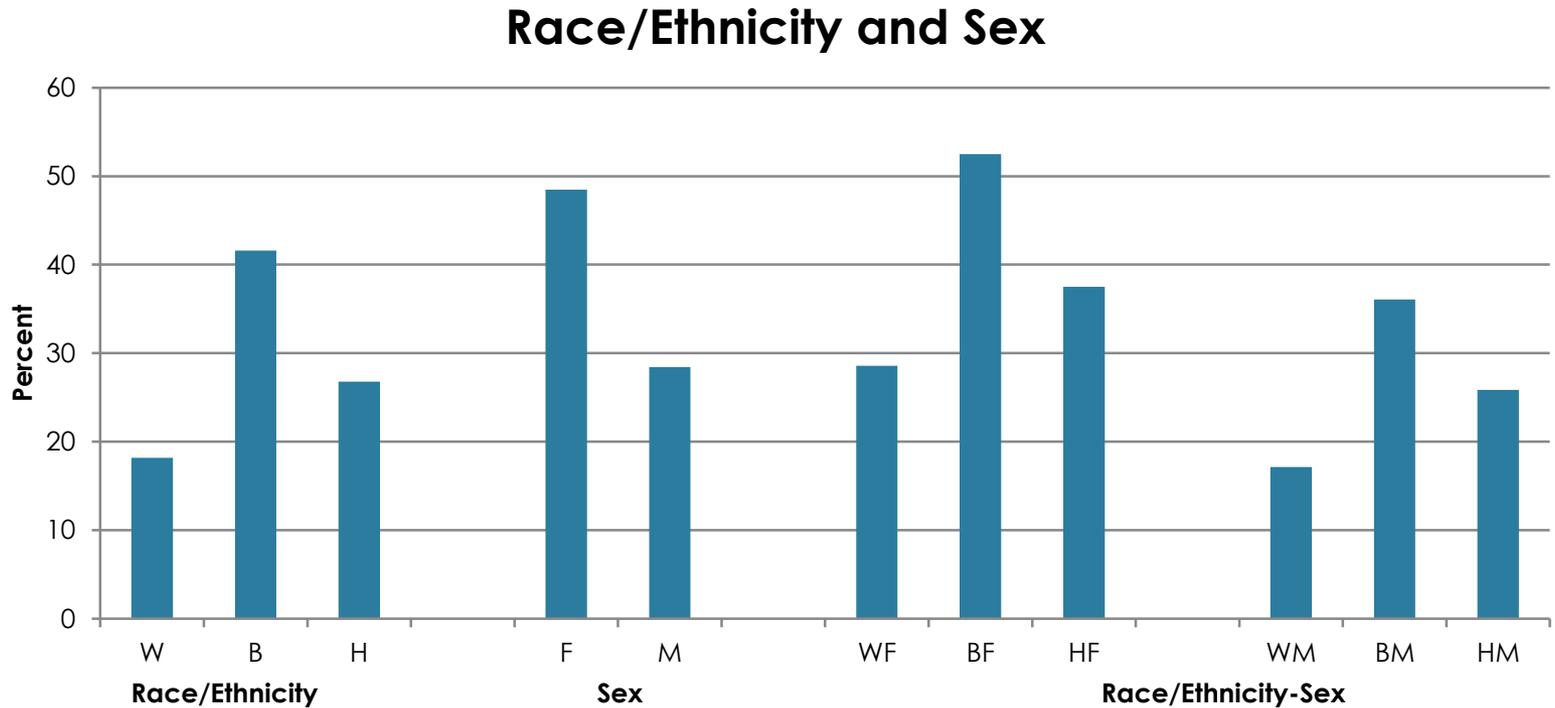
Length of Time Out of Care
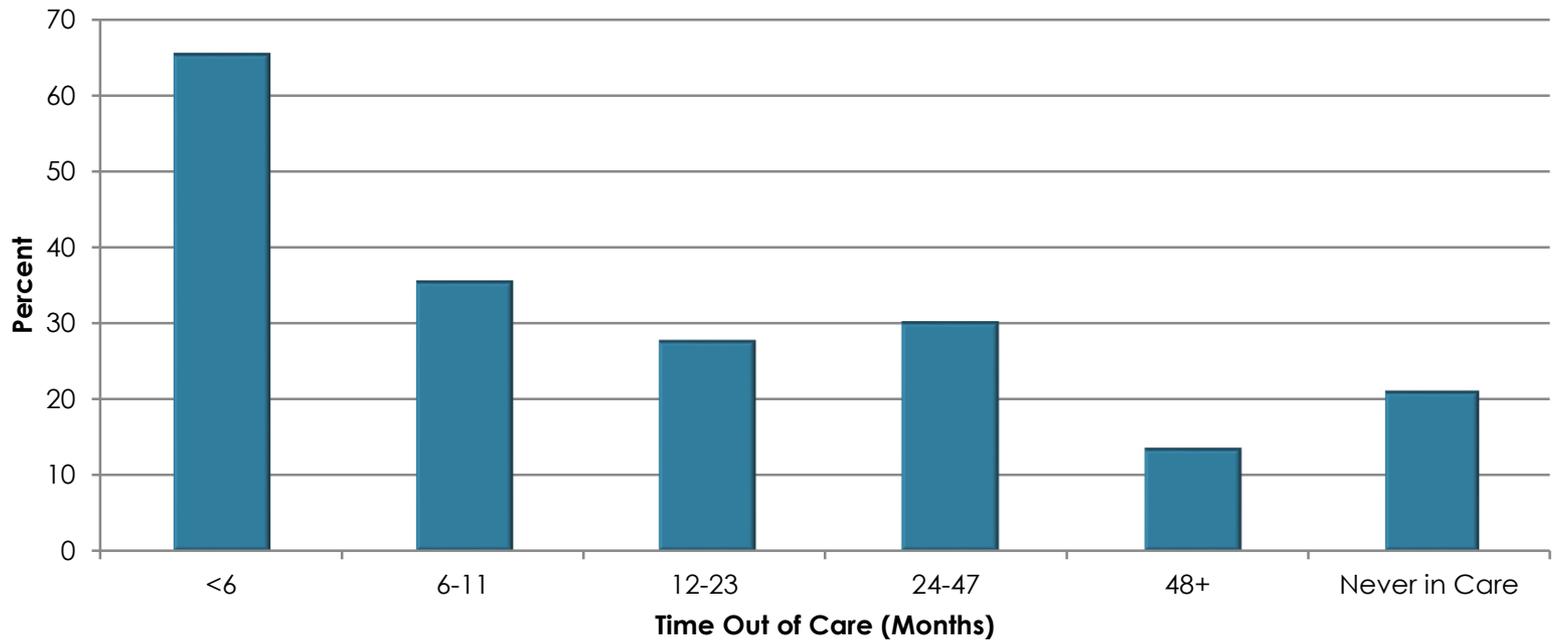
*Rate not displayed if denominator is less than 30.

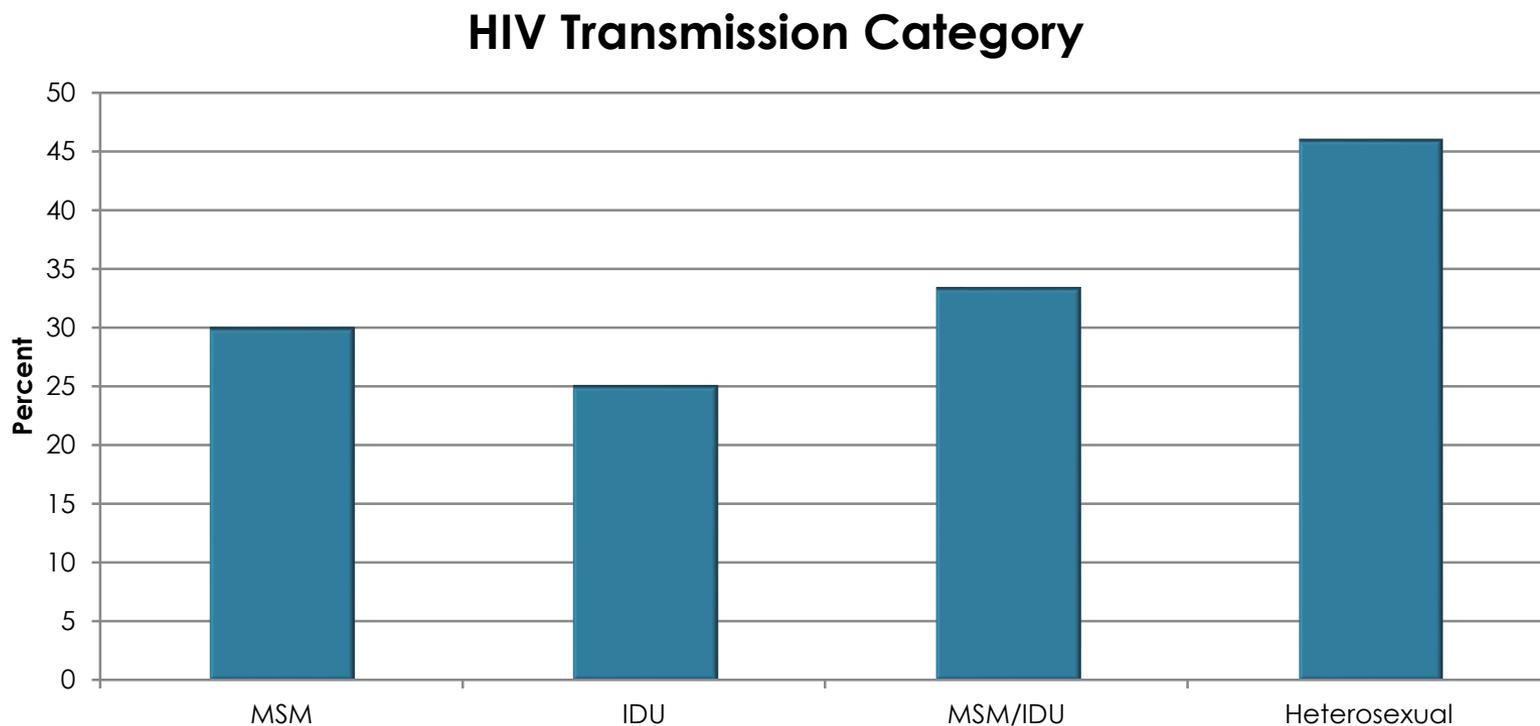# Proportion of Persons Successfully Linked to Care

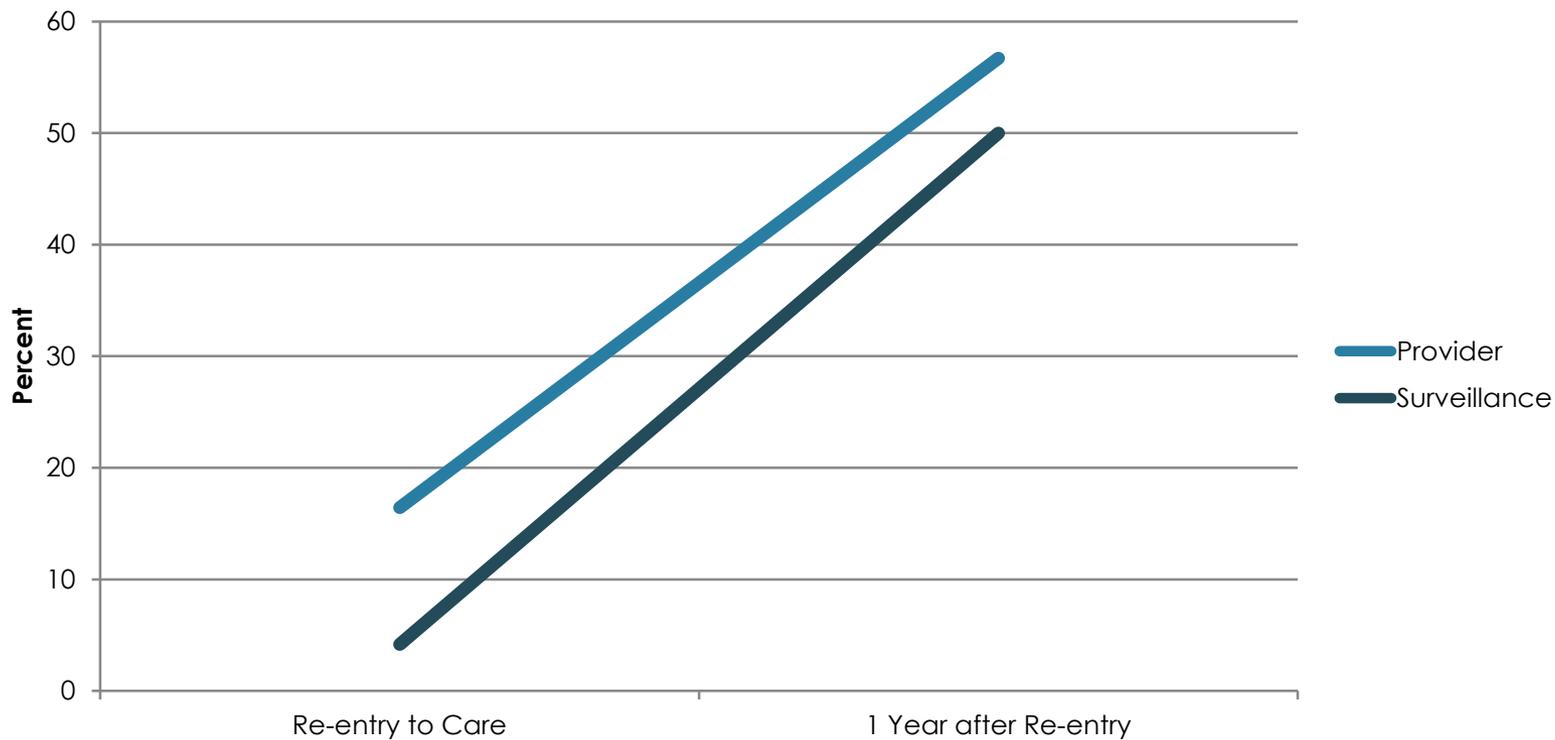# Proportion of Persons Successfully Linked to Care

Race/Ethnicity and Sex

*Rate not displayed if denominator is less than 30.

Proportion of Persons Successfully Linked to Care

HIV Transmission Category

*Rate not displayed if denominator is less than 30.

Viral Suppression

Challenges

- Medical provider capacity is limited
  - Average wait time for a medical appointment is 60 days

- Gaps in laboratory reporting, and a lag between medical visit and labs being imported into the surveillance system
  - >20% of cases selected for linkage to care were found to already be in care

- Almost 20,000 persons out of care in Texas
  - Linkage to care is resource and time intensive, and DIS are already overburdened

Questions?