



Data to Care

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Introduction and Goals

- Data to Care is a new public strategy that aims to use HIV Surveillance data to identify HIV-diagnosed individuals not in care, link them to care, and support the HIV Care Continuum.
- Data to Care programs use laboratory reports received by Health Department's HIV Surveillance program as markers of HIV care and use that to identify individuals who either never linked to care or who did not continue to receive care.
- The goals of Data to Care are to (1) increase the number of HIV-diagnosed individuals engaged in care (2) increase the number of HIV-diagnosed persons with an undetectable Viral Load (VL).

Introduction and Goals

- There are various methodologies to implement this strategy, including:
- Health Department Model - Health department-initiated linkage and re-engagement outreach
- Healthcare Provider Model - Healthcare provider-initiated linkage and re-engagement outreach
- Combination Health Department/Healthcare Provider Model - A combination of both approaches

Data to Care Health Department Model for Linkage and Re-Engagement



Health Department (HD) generates list of clients identified by HIV surveillance as "not in care" (NIC).

If possible, HIV surveillance and prevention staff should check additional sources to confirm NIC status and gather information needed for follow-up.



HIV prevention or linkage staff contact patients for linkage or re-engagement assistance.



HD staff and healthcare providers communicate about care status of patients on NIC list.



Patient or HD schedules visit for patient with healthcare provider.

Data to Care process

- The STD/HIV Program uses a Health Department Model (Health Department initiated linkage and re-engagement) to conduct Data to Care in Miami Dade. The local HIV Surveillance Program queries the HIV surveillance system (eHARS) on a quarterly basis to identify individuals who have not had a CD4 or VL test result reported within 3 months of HIV diagnosis. The query is performed 3½ months after the quarter to allow for linkage and reporting delays.
- An individual line list of cases containing the client's name, available contact information, provider information, lab data, as well as other necessary information to support further investigation and linkage/re-engagement activities is created and submitted to area field managers.

Data to Care process cont.

- After all investigation is completed by the HIV surveillance field staff, they give the refined list to STD/HIV linkage staff within 21 days of receipt of the master list for investigation.
- The Linkage to Care Specialist attempts to make contact with providers or patients to verify linkage a minimum of **three** times, one of which must be a field visit.

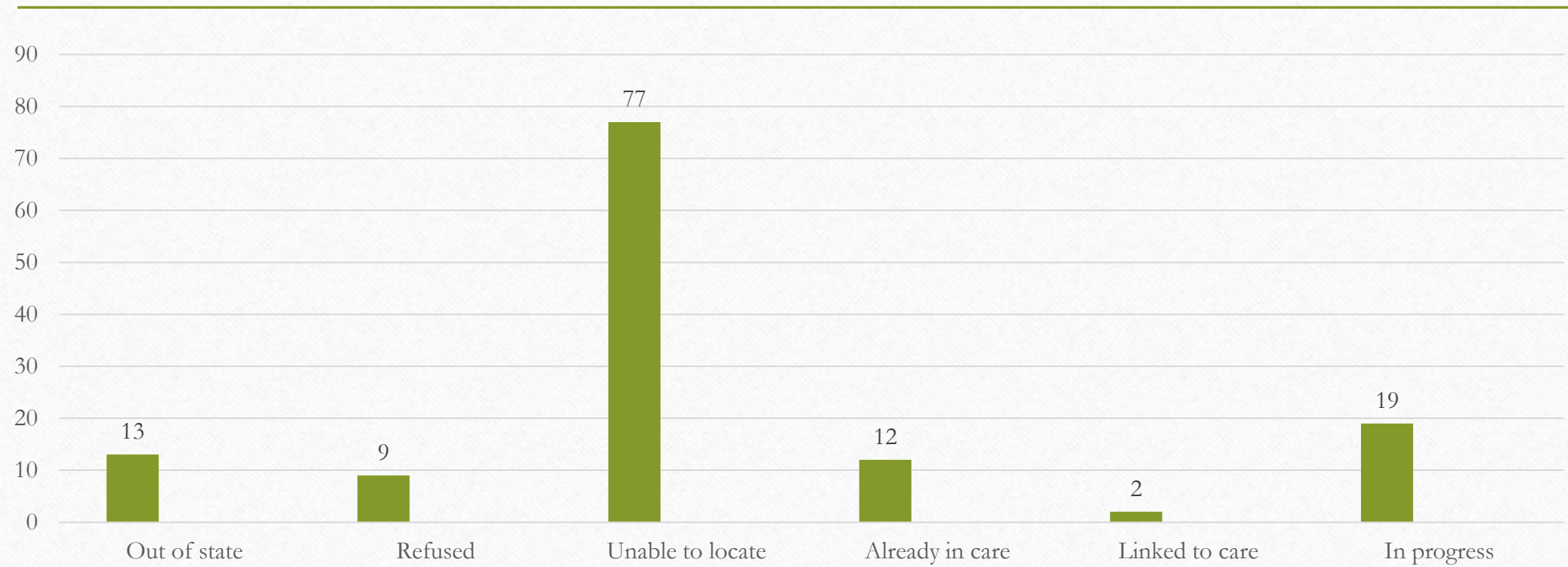
Data to Care process cont.

- Patients are considered “in care” if he/she had a documented medical appointment resulting in at least a CD4 or viral load.
- Linkage staff returns the refined list with dispositions to the HIV Surveillance office within 45 days of receipt of the list.

Dispositions

- Moved out of state
- Already in care
- Linked to care
- Refused
- Unable to locate
- Deceased

2015 Data to Care outcomes



Challenges

- Linkage to Care Specialists are following up on patients who may have been tested 6 months prior and locating information may have changed
- Out migration, no data sharing with other states
- Reasons for not engaging in care are multifactorial



Opportunities

- Collaboration with Ryan White providers for referrals to Data to Care.
- As investigation on 2015 was just completed, we are still developing the evaluation of our linkage/re-engagement activities. We have identified a number of performance measures which we use to measure our success at both finding out-of-care cases and linking/re-engaging them with HIV care.
- New strategies are needed to identify and link/re-link patients more quickly than surveillance initiated investigation

