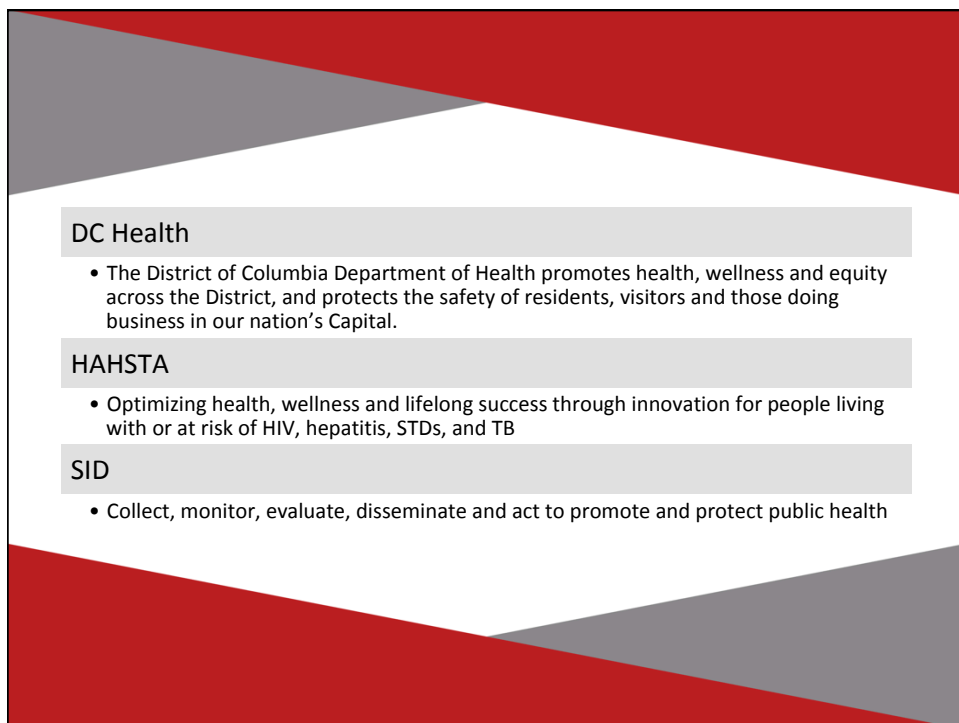# DC | HEALTH
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Data to Action

GY31 Provider Kick-off Meeting

May 4, 2021

DC Health
- The District of Columbia Department of Health promotes health, wellness and equity across the District, and protects the safety of residents, visitors and those doing business in our nation's Capital.

HAHSTA
- Optimizing health, wellness and lifelong success through innovation for people living with or at risk of HIV, hepatitis, STDs, and TB

SID
- Collect, monitor, evaluate, disseminate and act to promote and protect public health

Overview

- HIV Surveillance
- Data Collection and Protection Updates
- Data to Care Updates
- Cluster Detection and Response Updates
- Next Steps

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HIV surveillance collects, analyzes, and disseminates information about new and existing cases of HIV infection (including HIV Stage-3 or AIDS) for the purposes of guiding prevention planning.

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Public Health Authority

HIPAA –Privacy and Security Rules
Exempts public health departments from informed consent on the basis of public health purpose

DCMR –DC Municipal Regulations
Reporting requirements from providers, physicians, laboratories

- Verify
- Investigate
- Intervene
- Validate
- Analyze

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Security and Confidentiality

Physical	Electronic	Data Confidentiality	Staff Responsibility
4th Floor Location	SID LAN/ Server	Authorized personnel	Personal and Collective
Locked Suite	Data Encryption	In-house Data Analysis	Annual Training
Key Fobs and Passcodes	Anti-Virus Software	De-identified Data Releases*	Challenging unauthorized users
Locked Cabinets	Restricted Access	Data Suppression for Reporting	Reporting all suspected security breaches

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DC Health HAHSTA, Ryan White Grant Year
31 Provider Kick-off Meeting

Data Privacy Protection Amendment Act of 2021

- **Limiting** who may authorize the release of information obtained, collected, or produced by the Department of Health during the course of routine public health surveillance.

- **Prevent** such identifying information from being obtained through discovery, or admitted as evidence, in a criminal or civil case in the District of Columbia courts.

- **Help** address concerns by updating the law to protect this sensitive health information and reinforce that the Department's HIV surveillance activities are focused on improving population health.

https://lims.dccouncil.us/Legislation/B24-0207

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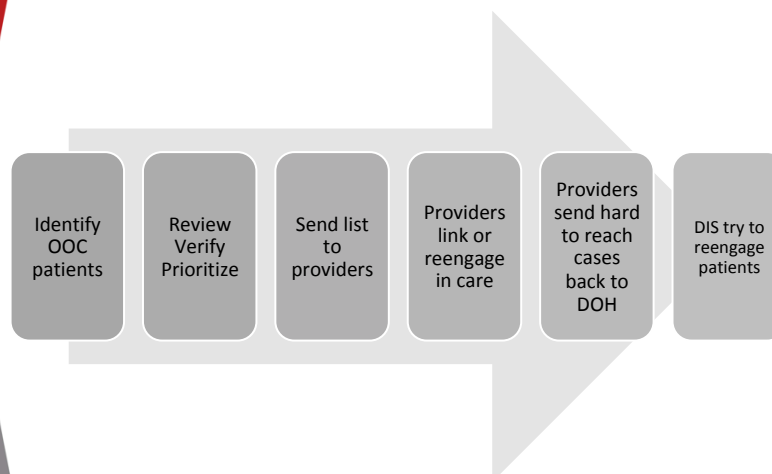

Data to Care

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Goals of Data to Care

- **Identify** people living with HIV who are out of care (OOC)
- **Link** or **reengage** persons in HIV medical care
- **Support** the HIV Care Continuum
- **Improve** health outcomes for people living with HIV
- **Reduce** HIV-related health disparities and health inequities

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Data to Care Process

| Identify OOC patients | Review Verify Prioritize | Send list to providers | Providers link or reengage in care | Providers send hard to reach cases back to DOH | DIS try to reengage patients |

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Identify Out of Care Patients

- HIV + and in eHARS
- ≥ 13 years
- DC resident
- Lab in last 2 yrs
- OOC definition

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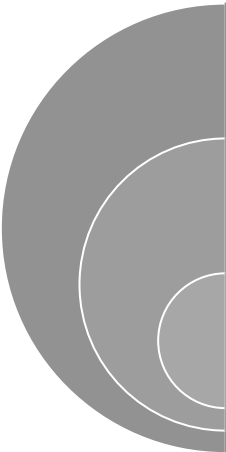GOVERNMENT OF THE DISTRICT OF COLUMBIA

Identify Out of Care Patients

No viral load or CD4 count for ≥ 12 months

Not virally suppressed at last lab 9-12 months ago

Newly diagnosed and never in care

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Review, Verify, and Prioritize

High viral loads

High volume facilities

Low CD4 count

HIV stage

Time since last medical visit

Time since diagnosis – focus on recent

Patient characteristics

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Exchange with Providers

- Assignment of out of care cases based on most recent lab

- Data to Care coordinator will send list via Sharefile or will call organization depending on patient volume

- We tailor data sharing/timelines to each provider

- Providers can also send DOH lists of potential out of care patients they believe are out of care and cannot reach
  - eHARS / DC PHIS / CRISP check
  - Assignment to DIS when appropriate

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DIS Try to Reengage Patients

Risk Education	• Educate on signs and symptoms of STIs
Risk Reduction	• Encourage adoption of behaviors that will reduce their risk of transmitting a STI.
Navigation and Treatment Adherence	• Prevent the patient from infecting others.
Linkage to care	• Ensure that all PLWH who are investigated are linked to medical care
Assuring Partners Testing	• Notify partners and get them tested

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Lessons Learned

- **Intensity of Effort**

  ◦ Substantial personnel time required for D2C effort
  ◦ Process can be burdensome on providers

- **Case support needs**

  ◦ PLWH requiring reengagement may have multiple social, economic, and/or behavioral barriers to treatment compliance

- **Utility/Effectiveness**

  ◦ Better data sharing, accurate provider reporting, timely provider-DOH exchanges could help improve efficiency

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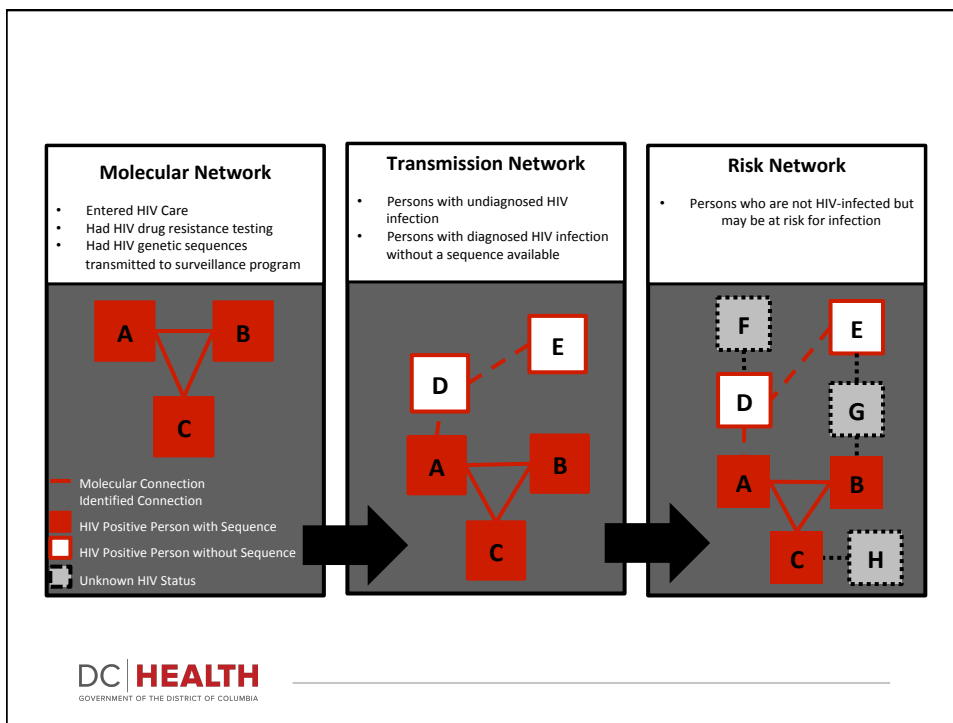
Current Priorities

- Improved data integration and management
  ◦ Careware
  ◦ Medicaid ARV data
  ◦ DC PHIS
  ◦ CRISP
  ◦ Redcap

- Development of routine exchanges with high volume providers

- Improved communication and relationships between the DOH and community providers
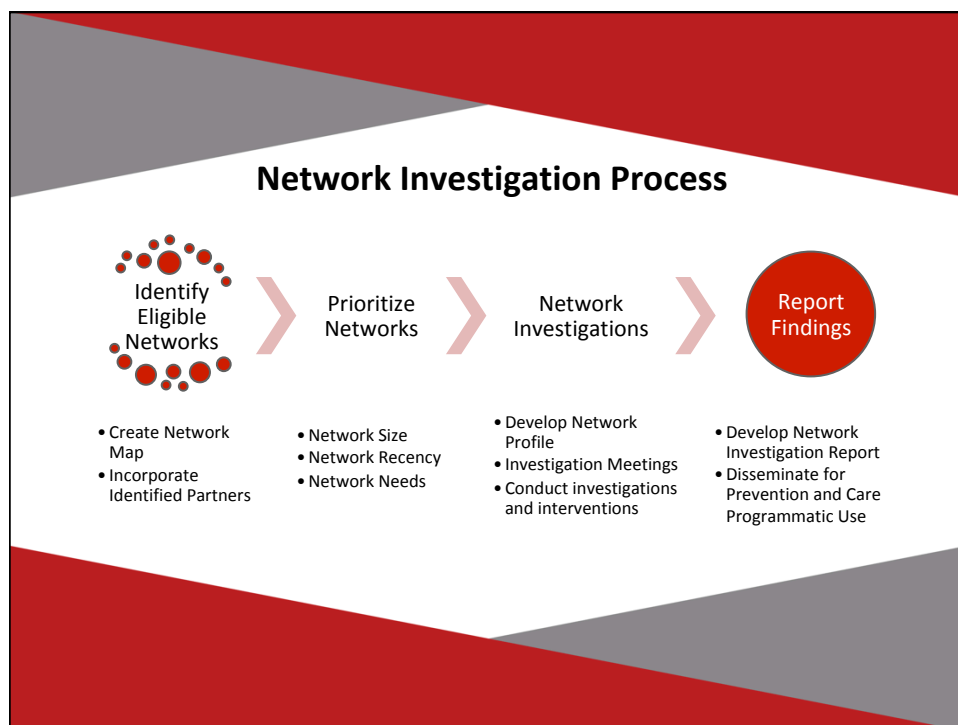
- Performance monitoring & feedback

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Cluster Detection and Response

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What is Cluster Detection and Response

- Cluster Detection and Response is the collection, reporting, and analysis of HIV genetic sequences generated through HIV drug resistance testing for the purposes of interrupting disease transmission and improving health outcomes.

  - Identifying transmission networks

    - Targeted Partner Services

    - Targeted Re-engagement

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Possible Transmission Scenarios

Scenario 1
A — B

Scenario 3
A ← B

Scenario 2
A → B

Scenario 4
A — C — B

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Network Investigation Process

Identify Eligible Networks
- Create Network Map
- Incorporate Identified Partners

Prioritize Networks
- Network Size
- Network Recency
- Network Needs

Network Investigations
- Develop Network Profile
- Investigation Meetings
- Conduct investigations and interventions

Report Findings
- Develop Network Investigation Report
- Disseminate for Prevention and Care Programmatic Use

Reengagement/ Prevention Activities

Risk Education	• Educate on signs and symptoms of STIs
Risk Reduction	• Encourage adoption of behaviors that will reduce their risk of transmitting a STI.
Navigation and Treatment Adherence	• Prevent the patient from infecting others.
Linkage to care	• Ensure that all PLWH who are investigated are linked to medical care
Assuring Partners Testing	• Notify partners and get them tested

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Recent Accomplishments

- Modified field protocols to adapt to COVID-19
- Developing HIV Cluster Outbreak Plan
- Updating cluster investigation documentation process
- Developing internal cluster detection and response reports
- Improving cross-jurisdictional communication structure
- Data protections legislation

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Thank You!

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