

Data to Action

GY32 Provider Kick-off Meeting

February 16, 2022

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

- Data to Care Updates
- Cluster Detection and Response Updates
- What to Expect

Data to Care

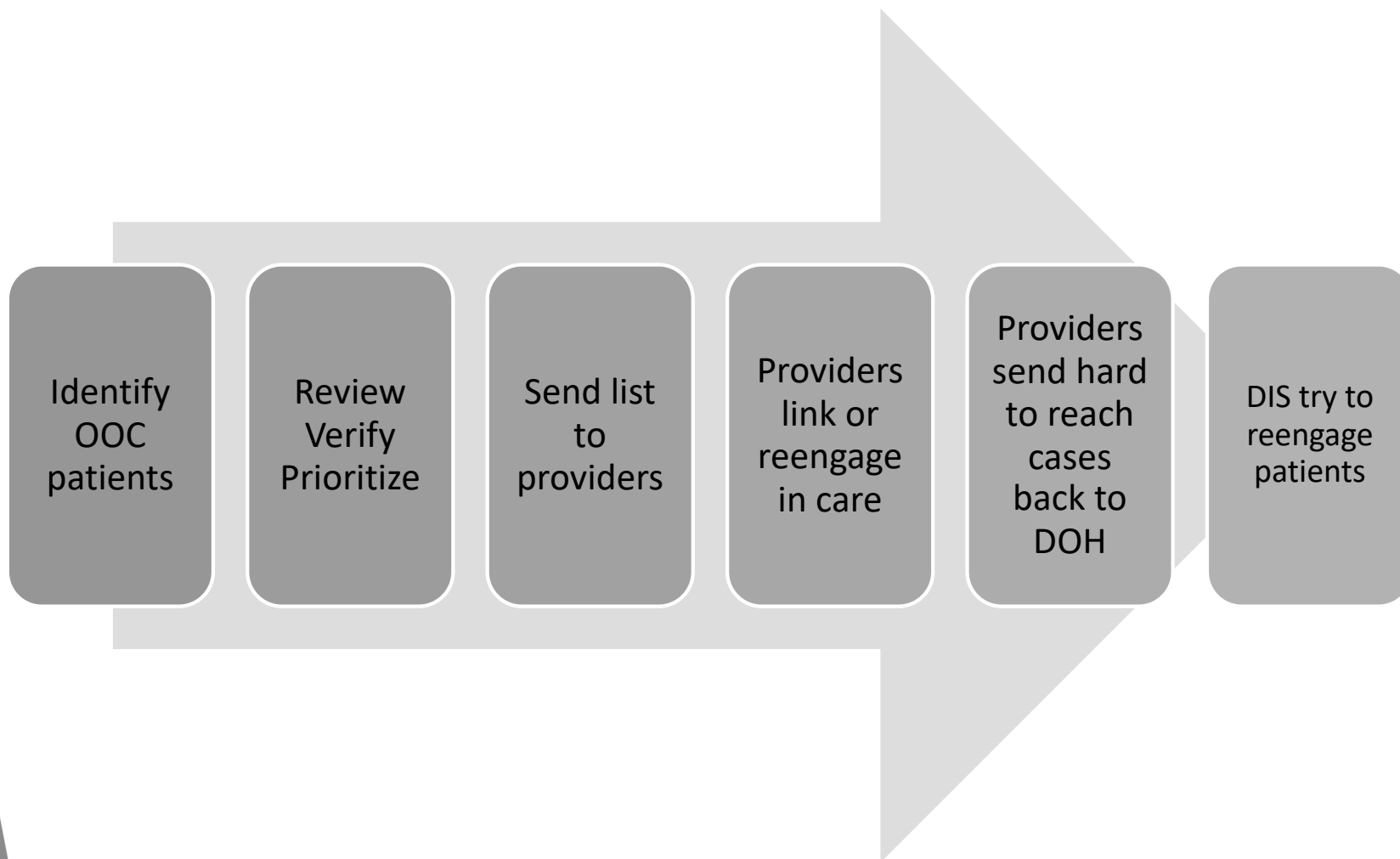
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Goals of Data to Care

- **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

Data to Care Process



Identify Out of Care Patients

HIV + and
in eHARS

≥ 13
years

DC
resident

Lab in
last 2 yrs

OOC
definition

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

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

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

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

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

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

Cluster Detection and Response

Brittany Wilbourn

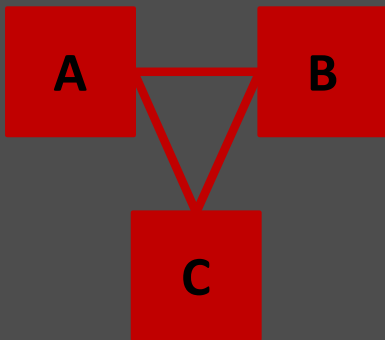
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What is Cluster Detection and Response

- 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

Molecular Network

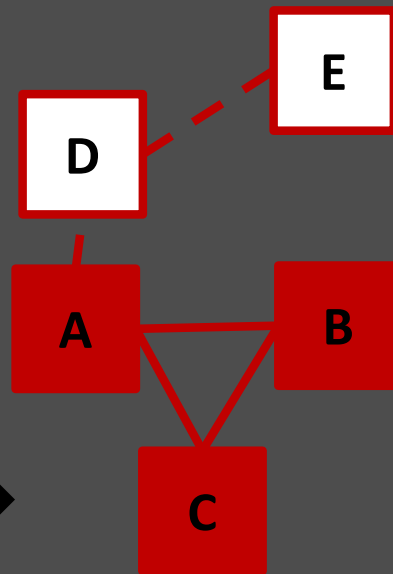
- Entered HIV Care
- Had HIV drug resistance testing
- Had HIV genetic sequences transmitted to surveillance program



- Molecular Connection
- Identified Connection
- HIV Positive Person with Sequence
- HIV Positive Person without Sequence
- ▣ Unknown HIV Status

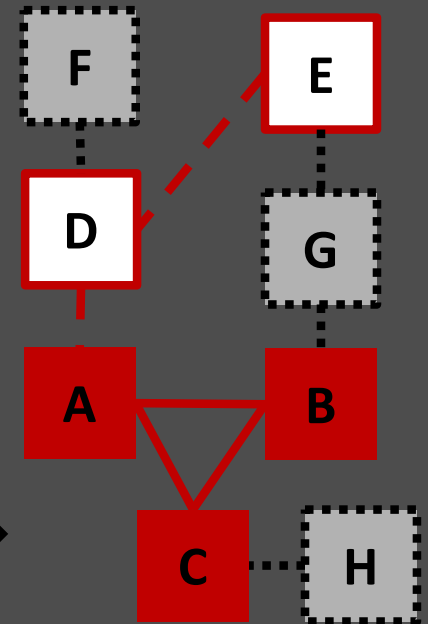
Transmission Network

- Persons with undiagnosed HIV infection
- Persons with diagnosed HIV infection without a sequence available



Risk Network

- Persons who are not HIV-infected but may be at risk for infection



Possible Transmission Scenarios

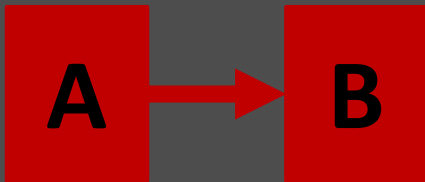
Scenario 1



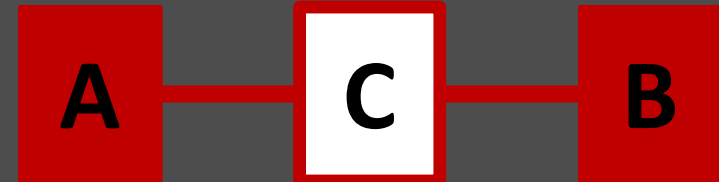
Scenario 3



Scenario 2



Scenario 4



Network Investigation Process



- 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



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

Reengagement/ Prevention Activities

Risk Education

- Educate on signs and symptoms of STIs

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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>

Recent Accomplishments

- Finalizing HIV Cluster Outbreak Detection and Reponse Plan
- Updated cluster investigation documentation process
- Developed internal cluster detection and response reports
- Data protections legislation
 - Legislation heard by Health Committee in November 2021

What to Expect

Provider Engagement

- Provider participation is needed to make these programs successful
- Email requests to participate in Data to Care
- Phone calls from DC Health requesting information on patients

QUESTIONS?

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For more information on the District's COVID-19 response, visit coronavirus.dc.gov