

Data to Care

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Background

A public health strategy which aims to identify people living with HIV (PLWH) who have been diagnosed but are not in care, and to engage or re-engage these individuals in medical care

Addresses the first two goals of the National HIV/AIDS strategy:

- Reduce the number of people who become infected with HIV
- Increase access to care and optimize health outcomes for people living with HIV



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Goals



- Increase the proportion of PLWH linked to HIV medical care within 12 months of their HIV diagnosis
- Increase the proportion of PLWH retained in HIV medical care
- Prioritize re-linkage to care services

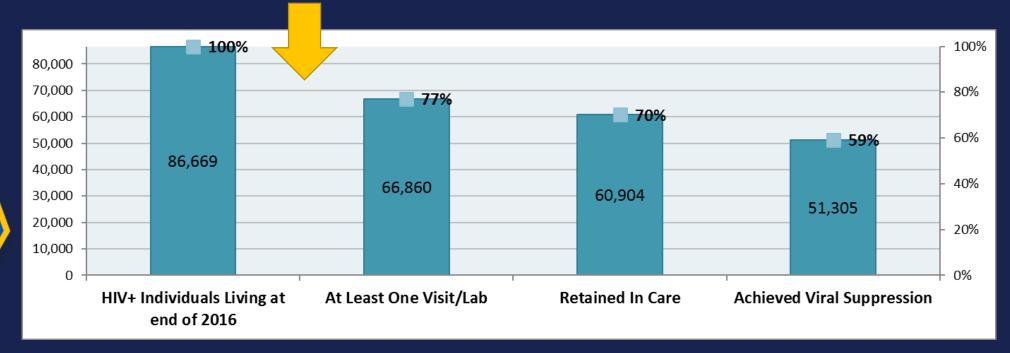


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Data to Care and the Cascade of Care

Data to Care identifies PLWH who may be out of care and attempts to link them to care







Evolution of Data to Care

2012

 Data to Care began under HIV Prevention: Category C

2014

HIV Prevention: Category C funding ended

2015

 Data to Care continued utilizing HIV Prevention and general revenue funds

2016

 Data to Care expanded to four project sites around Texas

2019

Expand program by partnering with new providers



Methods



Data Sources

Care

- Electronic Lab Reporting
- Ryan White
- AIDS Drugs Assistance Program (ADAP)

Locating

- Addresses on labs and prescriptions
- Accurint
- Texas Department of Criminal Justice

Vital Status

- Texas Vital Statistics
- National Death Index
- Social Security Death Index

What defines someone as out of care?



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- A newly-diagnosed individual not receiving care within 6 months of diagnosis
- A PLWH who has previously been in care but has not received any type of care within the last 12 months

Types of Follow-Up



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There are 2 paths by which we identify those out of care

- Surveillance Initiated Follow-Up
- Provider Initiated Follow-Up

Surveillance Initiated Follow-Up

Generate a file containing individuals not incarcerated and living in the project jurisdiction

Filter individuals who were never in care or who have been out of care for more than 12 months

Create a list of individuals and send to participating local health departments



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Provider Initiated Follow-Up

Providers review their medical records

Identify patients who have missed more than two medical appointments or have not been seen in 6 months

Provider sends most current locating information to the local health department to locate the out of care patients



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- Perform record searches
- Conduct a minimum of 3 phone calls and/or field visits to locate the person
- Verify the person is living in the jurisdiction and not already engaged in care

How do we Engage/Re-engage PLWH into Care?



- Schedule intake and/or medical appointments
- Assists in preparing paperwork
- Arrange transportation
- Referrals to social or community services
- Confirms the person attended the medical appointment and is engaged in care

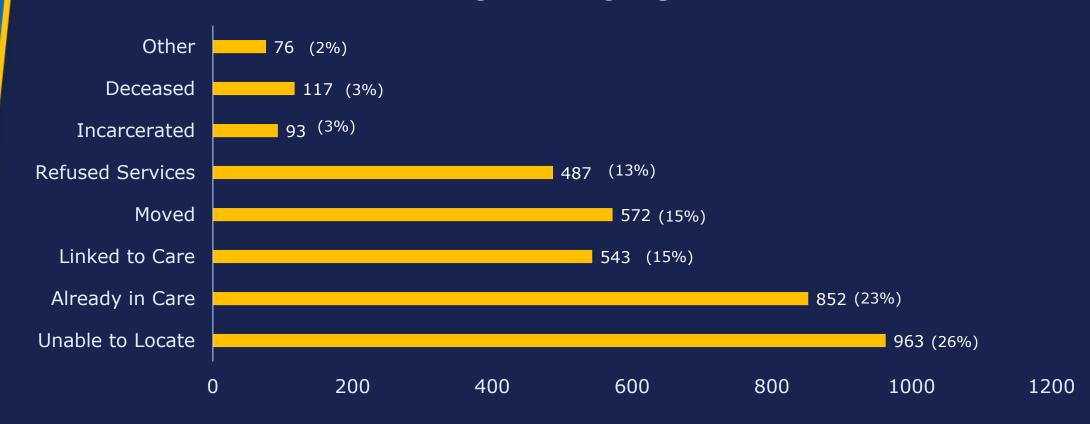




Outcomes



Outcomes of Data to Care Investigations 2012-2018

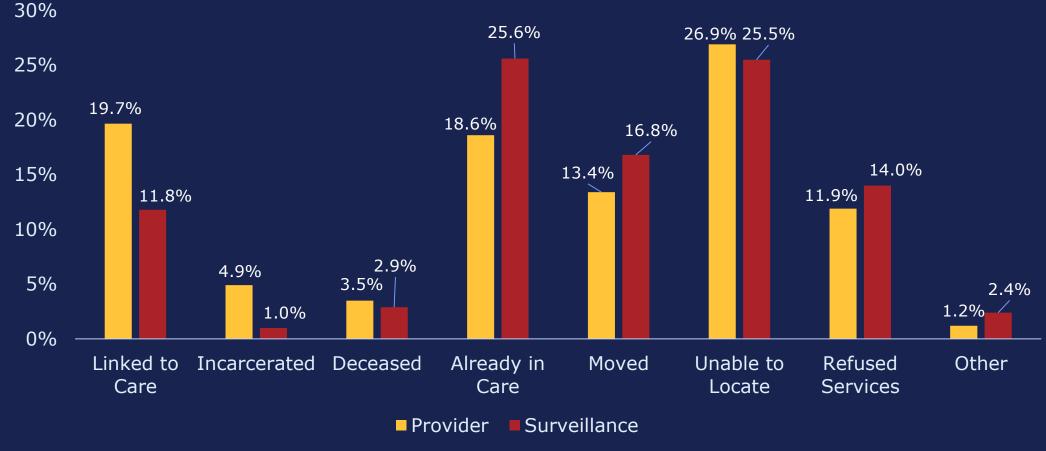


N=3703 investigations completed by the Data to Care program

6/26/2018 15



Provider vs Surveillance Initiated Investigations 2012-2018



N=3654 records for which initiation source information is available

6/26/2018 16

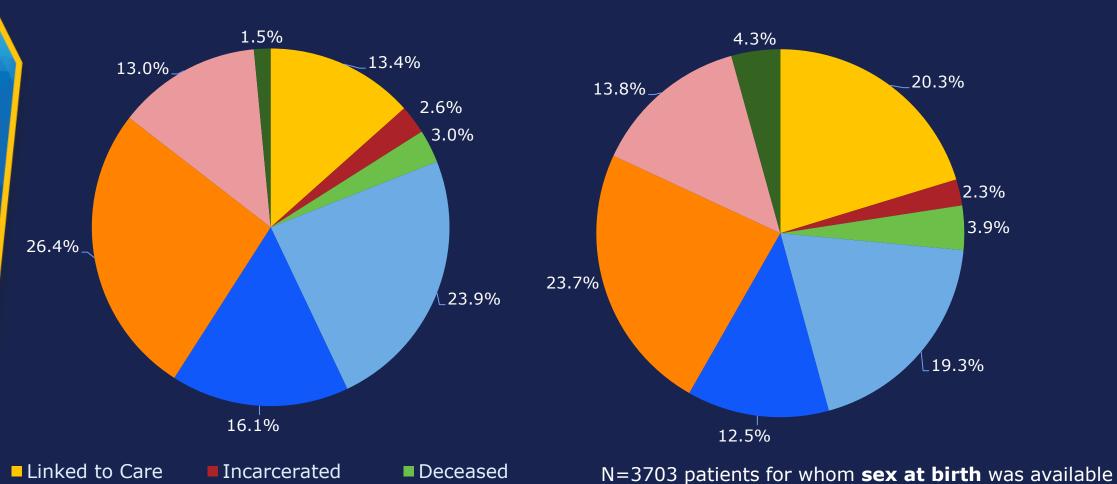
Male Patients

Moved

Other

Female Patients





Unable to Locate

6/26/2018

■ Refused

■ Already in Care

Top 5 Reported Reasons for Being Out of Care

- 1. Other life issues more important
- 2. Client feels good
- 3. Cost of HIV care
- 4. Clinic is inconvenient (tied)
- 5. Client doesn't know where to go (tied)



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Local Health Department Contacts



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Thank you

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