Gap analysis for the Ryan White funded Linkage-To-Care Program

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Background

- **Baltimore City Health Department**
  - Bureau of STD/HIV Prevention
    - Target population: intravenous drug users, men who have sex with men, and men and women who exchange sex for money or drugs
    - Active outreach
    - Two STD clinics at Druid and Eastern
    - HIV/AIDS surveillance system
Background

- Linkage-to-care program
  - Help HIV positive patients to
    - Access and remain in primary care
    - Remove social, logistical, and service barriers to access care
    - Navigate through social and medical support services
  - Problem → the number of patients tested positive for HIV < number of positive patients linked to care
    - The need to perform a gap analysis to maximize effectiveness of linkage-to-care program
    - Major determinant of the performance of linkage-to-care program → HIV/AIDS surveillance system
    - Objective → develop a revised HIV surveillance standards and operating procedure
Public Health Context

Importance of HIV/AIDS surveillance system

- Monitor incidence and prevalence, morbidity and mortality
- Identify changes in trends of HIV transmission and at risk populations
- Provide indicators for evaluation and determine how to allocate resources
- Data facilitates access to health, social and prevention services, and medical treatment
Methods

1. Orientation at the Bureau of STD/HIV Prevention
2. Document current HIV surveillance procedures
3. Research and develop list of best practices of operating procedures and standards of HIV surveillance system
4. Compare current procedures with list of best practices and attributes
5. Construct revised HIV surveillance procedures
How HIV/AIDS Surveillance Works

Sources of Reports
- Hospital Practitioners
- Private Practitioners
- Public Clinics
- Laboratories

People with HIV/AIDS

Passive Reporting

Local Health Dept
HIV/AIDS Reports

Active Case Finding

State Health Dept

Dissemination
- Local Bulletins
- HIV/AIDS Surveillance Reports
- Supplemental Reports
- CDC HIV/AIDS Web Sites
- Public Information Data Set
- Surveillance Slide Sets

CDC
Results – Current HIV surveillance procedures

4 procedures

- Protocol A: Reports received by mail and fax
- Protocol B: Reports received by phone
- Protocol C: Reports from Emergency Room Rapid Testing Program
- Protocol D: Reports from Out of Jurisdiction
Results – Best Practices and Attributes of HIV Surveillance Systems

- Simple
- Sensitive
- Timely
- Acceptable
- Useful
- Stable
- Flexible
- Positive predictive value
- Data quality
- Representative
Results – Revised HIV Surveillance Procedures: Organizational Chart

- Surveillance Coordinator
  - HIV Reactor Clerk
  - HIV Reactor DIS
  - Infertility Prevention Program
  - Syphilis/GC Data
  - Syphilis Reactor DIS
  - Outreach Encounter Entry Clerk
Results – Revised HIV Surveillance Procedures: Components of System

1. Population under surveillance
2. Period of time of data collection
3. Data collection
4. Reporting sources of data
5. Data management
6. Data analysis and dissemination
7. Patient privacy, data confidentiality, and system security
8. Records management program
Results – Revised HIV Surveillance Procedures: Data Collection

- HIV Surveillance Form
  - Patient Name
  - Date of Birth
  - Has the patient been notified of results?
  - Follow-up Appointment
  - Laboratory Information
  - Diagnosis
  - Symptoms
  - Medication
  - Treatment (if Positive for Syphilis)
  - Provider Name
  - Pregnant Females?
  - Sex Partners listed in the Chart
  - Patient Locating Information
Results – Revised HIV surveillance procedures

- Reports from providers and OOJ
- HIV reactor clerk
  - Perform record searches
  - Adds/updates patient information into STD*MIS
- Pass on reports to HIV reactor DIS if patient is new positive and/or not linked to care
- Record search closure if patient is previous positive and if linked to care
- Administrative closure if patient returned for follow-up appointment, is linked to care, and is a previous positive for over a year
- Initiate field record to clinic DIS if patient did not return for follow-up appointment and/or not linked to care, and is a new positive or previous positive requesting Partner Services
- HIV reactor DIS
  - Follow up with providers about missing patient information, linkage to care etc
  - Adds/updates patient information into STD*MIS
- Pass on reports to Care Linkage Team if patient is previous positive and not linked to care
Results – Revised HIV surveillance Procedures: Standards

- Priorities
  - Pregnant females
  - New positives under the age of 25
  - New positives
  - Previous positives with repeated STD bacterial infection
  - Previous positives without documentation of PTC

- Administratively closed
  - All negative WB test results
  - Previous positives enrolled in care with no new infections

- Time standards
  - Data entered into STD*MIS within 1-2 days of receiving report by HIV Reactor Clerk
  - Field records initiated to DIS within 1-2 days of completion of surveillance procedures
  - DIS starts investigation within 1 day of receiving record and has up to 2 weeks to close the record
Discussion – Gaps and Obstacles

- Incentives for HIV testing led to a lot of positives who were re-tests
- How long should be spent beyond the 2 weeks standard to locate positive patients
- Inter-state comparisons difficult due to different code-based systems
- Other factors that undermine performance of linkage-to-care program
  - Logistics
  - Behavioral factors
- Most evaluation reports of surveillance systems are not publicized
Discussion – Conclusion and Lessons Learned

- Status of the revised HIV surveillance procedures → under review
- Public health significance of HIV surveillance system and linkage-to-care program
  - Assessment
    - Monitor health status
    - Diagnose and investigate health problems and hazards
  - Assurance
    - Evaluate effectiveness of health services
    - Research for new insights to health problems
References