NASTAD Core Competencies Index

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Health Department D2C Landscape

How would you rate your state’s/jurisdiction’s efforts to systemically identify, monitor and re-engage PLWH who appear to be out of care? (n=45)
Of people living with HIV in your state/jurisdiction, what is the estimated percentage with viral loads reported?
Health Department D2C Landscape

Does your state systematically **share client-level data** between public health departments and health care providers for the purposes of retention in care for PLWH?
Health Department D2C Landscape

Of the health departments that indicated above they were sharing at least some data (n=42), they use the following client-level data sources to identify and reengage PLWH:

- Surveillance systems: 95%
- Ryan White program providers: 81%
- ADAP: 74%
- Health provider electronic medical records: 45%
- Pharmacy utilization: 43%
- Medicaid/Medicaid managed care plan data: 29%
- Hospital electronic medical records: 26%
- Other: 21%
- Insurance billing: 19%
- Health Information Exchange (HIE): 14%
- Health plan electronic medical records: 12%
NASTAD’s Data to Care CBA

- Capacity Building Assistance (CBA) provider for individual Data to Care technical assistance for health departments

  - Policies and procedures for D2C programs
  - Approaches to data cleaning
  - Models for outreach using DIS and other D2C field staff
  - Data systems/tracking for D2C
NASTAD’s Data to Care CBA

- Online Community of Practice via NASTAD OnTAP (Online Technical Assistance Platform)
NASTAD’s D2C TA (Health Care Access)

- Databank of Existing Data Sharing Agreements (DSAs)
- Modernization of ADAP/Part B Data Systems
- Peer exchange (e.g., Part B/ADAP listserv, PEER calls)
NASTAD’s Data to Care Resources