Overview

To achieve the goals of the National HIV/AIDS Strategy and to implement the Centers for Disease Control and Prevention’s High Impact Prevention, state health department HIV prevention and surveillance programs are taking action towards raising the bars along the HIV care continuum. To do this, they are increasingly using HIV prevention activities to enhance effectiveness via collaboration and integration with their HIV surveillance efforts. In NASTAD’s 2013-2014 National HIV Prevention Inventory, we found that approximately 86% of HIV prevention programs reported collaborating with HIV surveillance programs by actively sharing decision-making, planning efforts and resources to achieve common goals. This indicator rose from 74% reported in our 2009 National HIV Prevention Inventory.

Data to Care

Collaboration between HIV prevention and HIV surveillance serves as a cornerstone for client-level interventions for jurisdictions under the Data to Care public health strategy supported by the Centers for Disease Control and Prevention. Data to Care strategies are implemented by state and local health departments in partnership with clinical providers and community based organizations. Data to Care activities involve the use of HIV surveillance data to determine individuals who may need linkage-to-care or re-engagement services, and they are a key step to supporting individuals along the HIV care continuum and ultimately reduce their viral load. State health departments implementing the CDC’s Care and Prevention in the United States (CAPUS) demonstration projects have begun implementation of Data to Care strategies like these, gathering initial lessons learned on this new public health strategy.

The states involved with CAPUS have begun to implement the various models to test different data to care strategies, resulting organically from the context of the state health department based on the structure of their HIV prevention, care and treatment and surveillance programs, access to client-level data, pre-existing relationships with key partners, and policy environment. In spite of these natural variables and regardless of context, a central element to data to care strategies is robust and accurate HIV surveillance data.

As a result, we convened a peer exchange for states implementing CAPUS demonstration projects to discuss data to care strategies using HIV surveillance data alongside other sources of client-level data as a central point to discuss their approach to this work. The brief case studies presented below demonstrates how two states, Tennessee and Virginia, are showing how states are working to improve the quality of their surveillance data to allow for an actionable springboard to craft their prevention and care programs around through collaborative HIV prevention and HIV surveillance efforts.

Virginia

The Virginia Department of Health (VDH) has taken a number of steps to have quality data for public health action. These steps include implementing a lab survey to improve the quality of their HIV surveillance data and the creation of a Care Markers Database to follow clients across the HIV care continuum.

Lab Survey

- VDH surveyed 116 laboratories about in-house HIV testing using online survey software.
- 79% of labs reported conducting only rapid screening, with the rest also conducting either 3rd or 4th generation conventional testing, and 4% conducting HIV-1 genotype testing.
- 31% of respondents only reported HIV-positive tests to their local health department.
40% of responding institutions delegated responsibility for reporting HIV-positive tests to a department other than the lab. This means VDH now must verify with Infection Control departments and Local Health Departments that all HIV-positive cases are reported.

**Care Markers Database**

The database matches client-level data from multiple data sources, including HIV Surveillance, Ryan White, Medical Monitoring Project (MMP) and Medicaid, allowing VDH to support individual HIV-positive clients across the continuum of care.

- Initial matches between surveillance and care databases revealed roughly 10,000 individuals statewide who appear to be lost to care. Of these, roughly 12% are in the Ryan White database but are not surveillance cases. This mismatch means that action based only on the HIV surveillance data would result in a number of unnecessary case investigations.
- VDH piloted not-in-care list from Care Markers with patients selected for MMP. Patient navigators at MMP sites indicated some clients appearing not to be in care were indeed in care, revealing a gap in the data reporting system for these clients.
- VDH will pilot not-in-care list production at three Local Health Departments to further test the strength of data and generate estimates of DIS time and effort needed to re-engage a client with medical care.
  - The first two sites in adjacent health districts will focus on individuals diagnosed in 2013 with no evidence of care since diagnosis. The third site will focus on individuals diagnosed between 2009 and 2012 without evidence of care.

**Tennessee**

The [Tennessee Department of Health](https://www.tn.gov/mhs/doh/index.html) (TDOH) uses Accurint® Software to improve the accuracy of their HIV surveillance data. The commercial, person-locating software application compares the potential variances for current address and is used by a variety of public and private agencies to improve their work. In the case of health department HIV prevention and care and treatment programs, these additional data points improve the efficiency of conducting case investigations that are intended to support clients along the HIV care continuum.

**Using Software to Enhance Efficiency of Case Investigations**

The Accurint® Software package is owned by Lexis-Nexis and provides a direct connection to over 37 billion current public records held within 10,000 databases. The database verifies identities and obtains current address and telephone information.

- The approval process is long and involves many people and staff:
  - TDOH Legal staff
  - Contract staff
  - State Epidemiologist
  - HIV/STD Medical Director
  - HIV/STD Program Director
  - HIV/STD Epidemiology Director
  - Lexis-Nexis Sales representatives
  - CDC Security/Privacy Officers
- The use of Accurint® identified 678 clients who would have been originally investigated for this project, which saved TDOH time and labor resources.
- Tennessee’s HIV surveillance data are more accurate as a result of using this software.
- Finally, the Tennessee Department of Health will start using the software to assist in:
  - STD Partner Services (finding partners who are difficult to locate)
  - Ryan White (new client address validation)
  - Validate current address for all patients within eHARS

Virginia and Tennessee actively engage with communities as a foundation of their data to care efforts. Both Virginia and Tennessee, as well as NASTAD, will share lessons learned with community and health department peers through further implementation of data to care strategies.