

Leveraging Public Health and Claims Data to Improve HIV Outcomes

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Overview

National Movement to Use Data to Drive Better Health Outcomes

Overview of AIDS Drug Assistance Program Data Sharing

Leveraging Medicaid Claims Data to Improve HIV Services

The Movement for Actionable Data



Information without action is futile

The Public Health and Health Services Data Universe is Expansive

Public Health Data

Surveillance

Ryan HIV/AIDS
Program Services
Report

Health Departments

Health Records

Paper Files

Electronic Health
Records

Health Information
Exchanges/ Regional
Health Information
Orgs

Claims Data

Medicaid/Medicare

Private Insurance
Companies

All-Payer Claims
Databases

Office of the National Coordinator (ONC)

Office of the National Coordinator Strategy

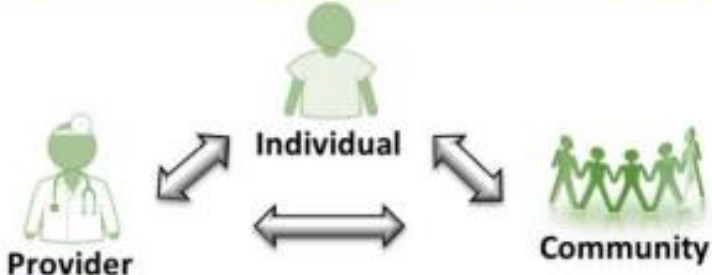
Collect

Goal 1: Expand Adoption of Health IT



Share

Goal 2: Advance Secure and Interoperable Health Information



Use

Goal 3: Strengthen Health Care Delivery

Goal 4: Advance the Health and Well-Being of Individuals and Communities



Goal 5: Advance Research, Scientific Knowledge, and Innovation



Overview of AIDS Drug Assistance Program Data Sharing

ADAP Data Sharing Goals

- 1) The identification of people living with HIV who are not in care
- 2) Linking or reengaging people who are not in care to HIV care and treatment services
- 3) Monitoring and improving the viral suppression and other health outcomes while people are engaged in care and treatment
- 4) Improve program efficiency

Data Sharing Research Methodology

Objective

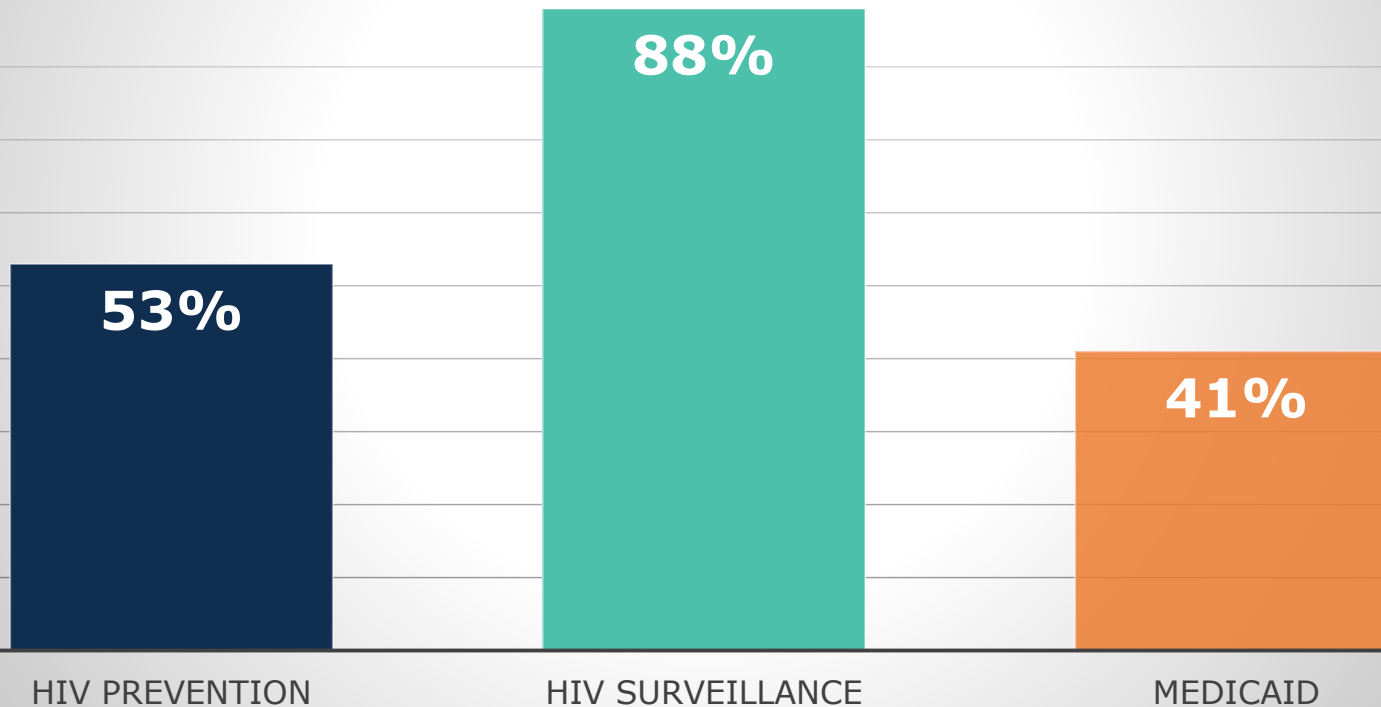
To assess the extent to which ADAPs share client-level data NASTAD released an RFI to all programs. Fifty-one ADAPs responded between May 4 and May 30 of 2015. For the purposes of this RFI, NASTAD standardized the following definition.

Definition

Data sharing: The act of exchanging any client-level information with a person(s) or entity outside of your jurisdiction's ADAP/Ryan White Part B program

Key ADAP Data Sharing Partnerships

Percentage of ADAPs Sharing Client-Level Data



HIV Prevention

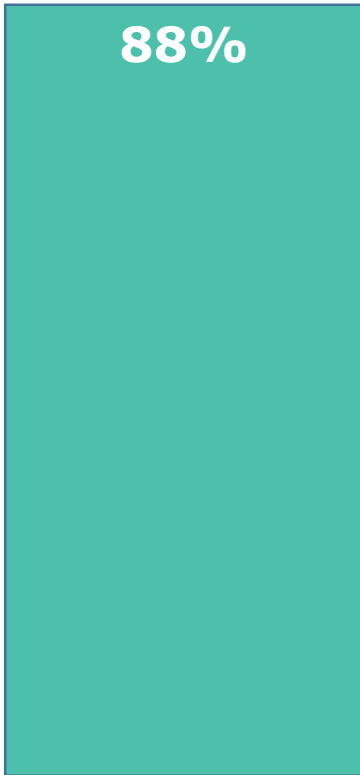
- The most commonly shared data elements were:
 - care and treatment linkage information (23 or 85%);
 - ADAP enrollment status (15 or 56%)
 - age/date of birth (13 or 48%)
 - HIV testing information (13 or 48%)
 - location/address information (13 or 48%).



53%

HIV Surveillance

- The most commonly shared data elements were:
 - age/date of birth (39 or 87%)
 - gender (36 or 80%)
 - CD4 count (35 or 78%)
 - ethnicity/race (34 or 76%)
 - viral load (34 or 76%)
 - ADAP enrollment status (32 or 71%).



Medicaid

- The most commonly shared data elements were:
 - age/date of birth (17 or 81%)
 - insurance status (17 or 81%)
gender (36 or 80%)
 - location/address information (13, or 62%)
 - prescription fills (11 or 52%)



41%

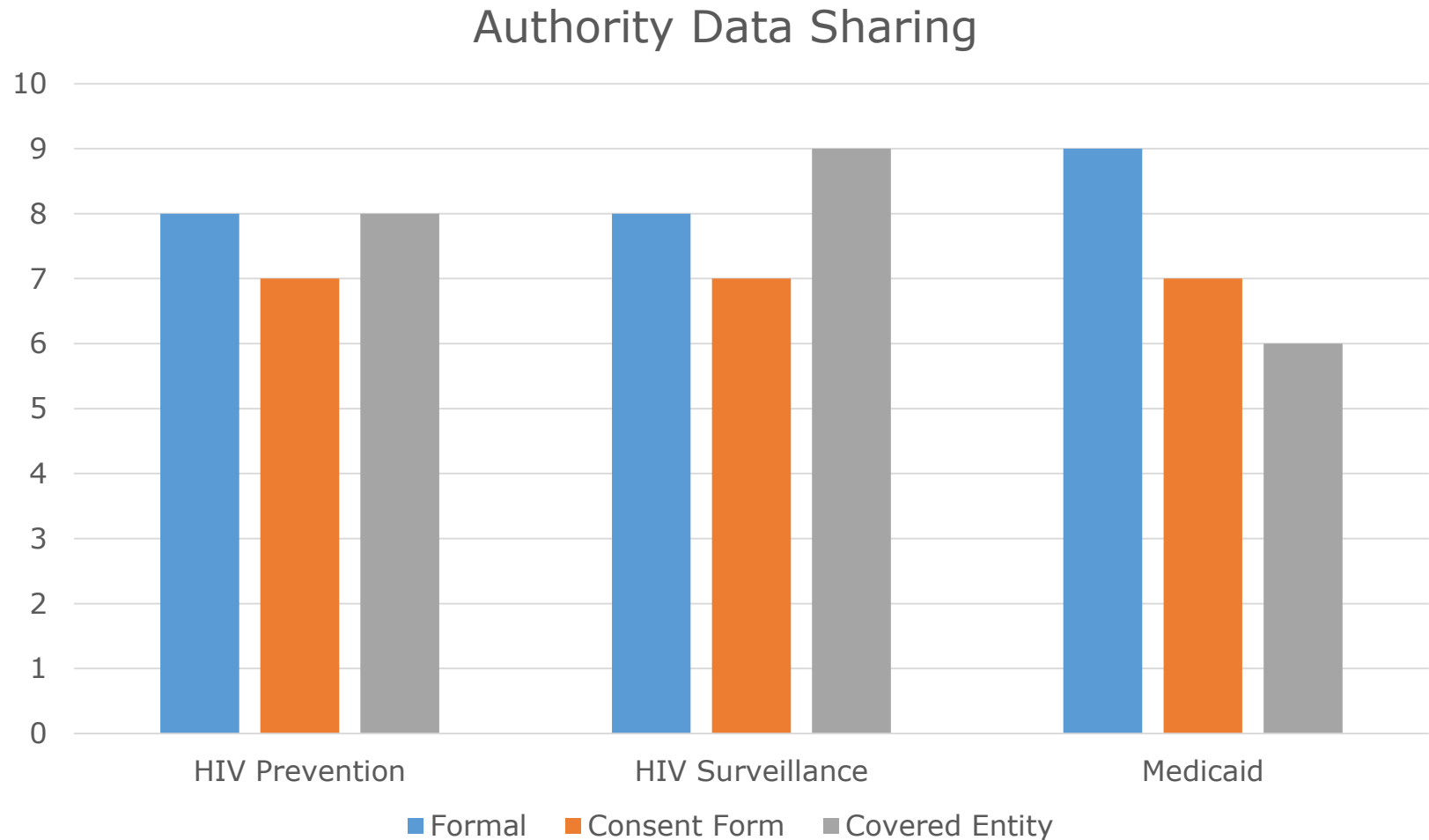
Sharing with Other Ryan White HIV/AIDS Program Parts

- One (2%) jurisdiction has a formal data sharing agreement with a **neighboring jurisdiction**; 8 (16%) have an informal data sharing agreement; 42 (82%) have no data sharing agreement.
- Twelve (24%) jurisdictions have a formal data sharing agreement with a **Ryan White Part A grantee in their jurisdiction**; 13 (25%) have an informal data sharing agreement; 26 (51%) have no data sharing agreement.
- Twelve (24%) jurisdictions have a formal data sharing agreement with a **Ryan White Part C grantee in their jurisdiction**; 20 (39%) have an informal data sharing agreement; 19 (37%) have no data sharing agreement.
- Ten (20%) jurisdictions have a formal data sharing agreement with a **Ryan White Part D grantee in their jurisdiction**; 16 (31%) have an informal data sharing agreement; 25 (49%) have no data sharing agreement.

Additional Data Sharing Partners

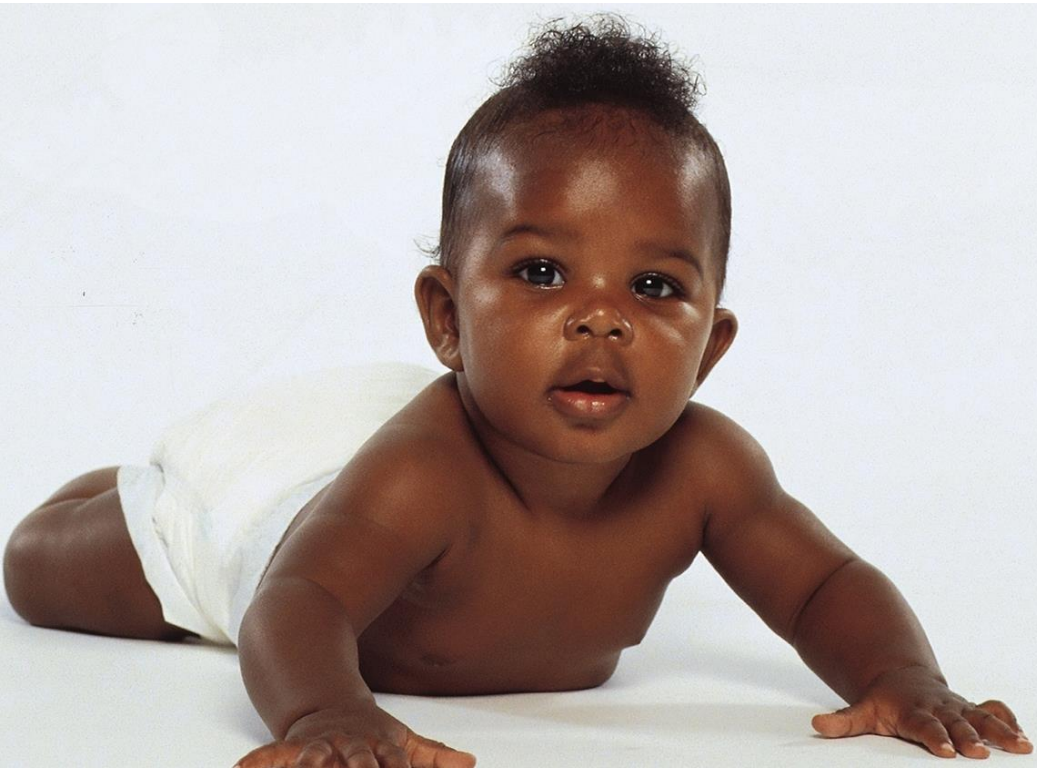
- Seven (14%) jurisdictions have a formal data sharing agreement with a **state/jurisdictional department of corrections**; 10 (20%) have an informal data sharing agreement; 34 (67%) have no data sharing agreement.
- Two (4%) jurisdictions have a formal data sharing agreement with a **department of motor vehicles**; 0 (0%) have an informal data sharing agreement; 49 (96%) have no data sharing agreement.
- One (2%) jurisdiction has a formal data sharing agreement with a **department of revenue**; one (2%) has an informal data sharing agreement; 49 (96%) have no data sharing agreement.
- One (2%) jurisdiction has a formal data sharing agreement with an **Office of Minority Health**; 4 (8%) have an informal data sharing agreement; 46 (90%) have no data sharing agreement.
- Seven (14%) jurisdictions have a formal data sharing agreement with a **STD agency**; 18 (35%) have an informal data sharing agreement; 26 (51%) have no data sharing agreement.

Data Sharing Mechanisms/Authority



Leveraging Medicaid Claims Data to Improve HIV Services

Medicaid Claims Data Sharing is in its Infancy



Case Study: Rhode Island



- Income Eligibility
- Address Information
- Medications Adherence
- Viral Suppression
- Provider Quality
- Assess and Address Disparity

The Future

- Improve Quality and Accountability
- Assess comorbidities to tailor programming
 - People who use drugs
 - People who are living with hepatitis
 - People experiencing mental health conditions
- Optimize allocation of resources
- Address inequity
- Develop a more holistic view of clients