CFAR Supplement Activities

NW Health Department-CFAR Consortium Meeting November 4, 2013

Agenda

- Review grant aims
- Discuss procedures for data collection & analysis
 - Data collection & form examples
 - Transmission of de-identified data
 - Oregon experience with out-of-care investigations
- Budget
 - Subcontract updates, Accurint access
- Timeline for grant activities
 - Anticipated abstracts, manuscripts and future grants

Grant Summary

- Optimizing the HIV treatment Cascade: A Heath Department-CFAR Collaboration
- Funded 8/2013-7/2014
- Goal: To implement region-wide HIV surveillance procedures to identify emerging research needs and lay the groundwork for collaborative research on key steps in the HIV treatment cascade

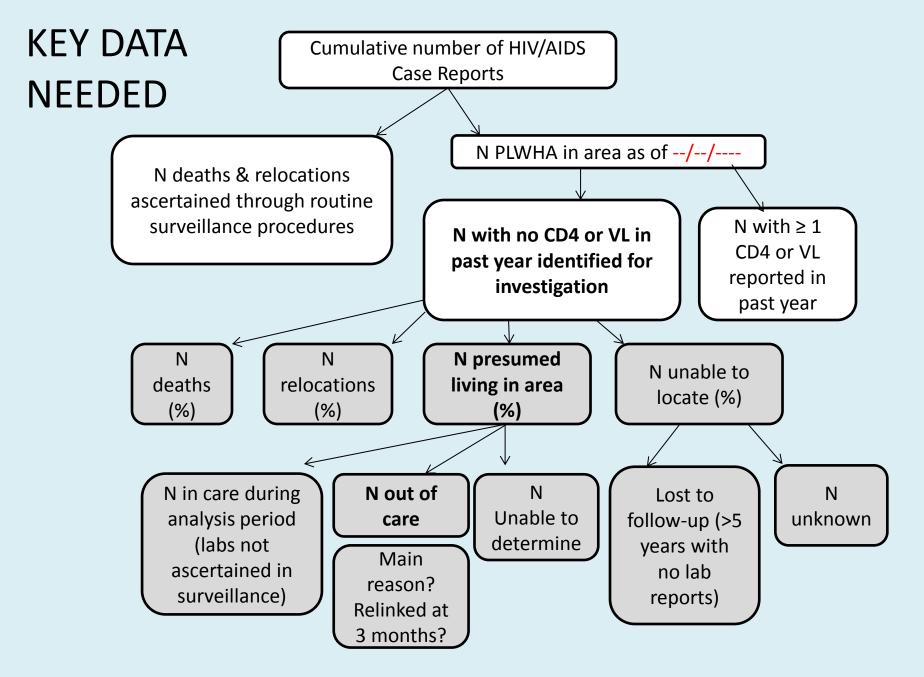
Grant Aims

- Aim 1. Enhance investigation of previously reported HIV cases to increase the accuracy of estimates of retention in care and viral suppression.
 - Investigate cases with no lab results in past year and obtain comparable disposition data
- Aim 2. Institute procedures for surveillance of new HIV cases to ascertain reason for HIV testing and time since last negative HIV test.
 - Add/refine questions on the HIV Case Report to obtain comparable data

Aim 1. Case investigation

• Estimated case loads

	Estimated Number	Estimated % of all PLWHA	Notes
AK	212		70 thought to be in AK, others uncertain
ID/FMRI	46	8%	Clinic-based: no appointment in last 6 months
MT	79-144	27%	Based on # with no RW labs
OR	1080 (70% Multnomah)	19%	~ 270 will need investigation at the county level
WA	2897 (42% King)		Supported by another grant
WY	82	37%	Data from CDC Surveillance Report



Gray box = individual case investigation required

Aim 1. Case Investigation Protocol

Review Washington State protocol – will this work for other sites?

- First stage investigations
 Cross-matching with all available databases
 Accurint
- 2. Second stage investigations Medical records, provider, patient
- 3. Disposition Definitions

Disposition Definitions for Cases with No Labs a 12 Month Period

- In care Documented lab <u>OR</u> completed visit during analysis period verified with provider
- Died
- Moved out of jurisdiction
 - Confirmed surveillance w another state
 - Patient or family member report
 - Medical record documentation or release of information
 - Accurint match with 2 identifiers indicates most recent address is out-ofjurisdiction
 - Name, DOB, SSN, past address match
- Out of care including non-response, refusals
 - 2 calls/texts if allowed, letter, call (field visit per site)
- Unknown
 - Lost to follow-up (no labs >5 years)
 - No/bad contact info

Aim 1. Data Collection

- Common data elements needed on each case
 - Demographic data (gender, race/ethnicity, risk factor)
 - Birth year
 - Year of HIV diagnosis
 - Jurisdiction of diagnosis (in or out of jurisdiction)
 - Source of care (Ryan White vs. non Ryan White)
 - Month and year of most recent lab report
 - Disposition of investigation
 - And supporting evidence
 - Primary reason for being out of care, if applicable
 - Relinked at 3 months (yes/no), if applicable

Data forms and communication

- Proposal
 - Sites currently investigating cases will continue to use current data instruments
 - Site not currently investigating cases can use a simple Access database we will create
 - Notes fields to ensure we aren't missing big issues
 - Quarterly data transfer and calls?

Reason for out-of-care

- Ideally, open-ended with common coding across sites
- *"Client's main reason for not visiting a medical provider:*
 - Felt good
 - CD4 and VL were good
 - Didn't know where to go
 - Couldn't find the right provider
 - Unable to get an earlier appointment
 - Had other responsibilities or things to take care of
 - Didn't have enough money or insurance
 - Didn't want to think about being HIV+
 - Forgot to go
 - Don't know
 - Not applicable (in care, relocation or death)
 - Refused to answer
 - Other:"

Oregon Experience

Sean Schafer, MD Ruth Helsley Kim Toevs

Aim 2. Data Collection

- 1. Date of last negative HIV test (month/year)
 Feasible to confirm?
- 2. Where tested
- 3. Reason for testing

King County HIV PS question

What was the main reason you went for a test when you were diagnosed with HIV (select one)?

- Partner contacted me and told me s/he has HIV_____
- Partner contacted men and told me s/he had an STD other than HIV_____
- Health department contacted me and said I was exposed to HIV_
- Health department contacted me and said I was exposed to an STD other than HIV_____
- Starting new relationship or concerned about specific sexual exposure_____
- Symptoms of STD____
- -Symptoms of HIV seroconversion (fever, sore throat, rash, etc.)_____
- Other symptoms (specify symptoms)______
- Regular testing_
- HIV positive partner was not recently diagnosed_____
- Prenatal screening of mother____
- Refused
- Other (specify)_____

What our Consortium will do with the data

- 1. Use date of last negative HIV test as key information for estimating undiagnosed fraction
- 2. Monitor success of early diagnosis
- 3. Monitor success of routine testing in medical settings with implementation of ACA
- 3. Examine reasons for testing in order to identify intervention opportunities

Figure 3. Time from last HIV negative test among MSM diagnosed with HIV, Seattle, 2008-10 (N=515) and U.S., 2010

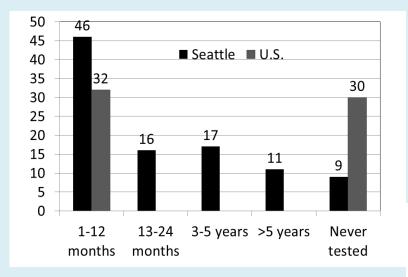
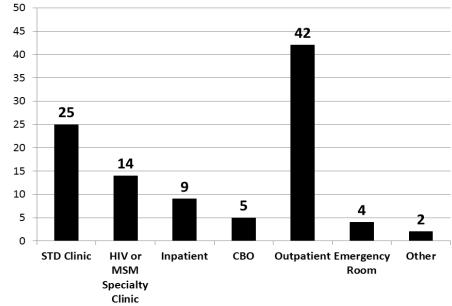


Figure 4. Percentage of new HIV cases diagnosed by type of setting, King County, 2011-12



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Aim 2. Data Sharing

• Quarterly data transmission and calls

Regulatory issues

- Justification for non-research determination
- IRB determination?
 - May vary by site

Budget

• Status of subcontracts

– Once in place, can bill back to Aug 2013

• Accurint access

Proposed Timeline

- November
 - finalize data forms, subcontracts, apply for non-research determinations if needed
 - Accurint access
 - Generate list of cases with no labs in past 12 months
 - Add new case questions to HIV case report or interview form
- December
 - Submit numbers of total cases, # with no labs to CFAR
 - Begin Stage 1/internal investigations on cases with no labs
 - Finalize case report changes

Proposed Timeline

- Jan-Mar: First quarter of case investigation
 - Monthly calls during Q1?
 - Submission of first data report to CFAR
- Apr-Jun
 - Ongoing case investigations and quarterly data reports
 - Next consortium meeting location TBD
- July Investigations complete in AK, ID, MT, WY – Analyze 6 month data
- Fall 2014
 - Conference abstract submission
 - Plan for next-step grant submission

Additional Discussion Points

- Authorship and data ownership
 - Collaboration with shared authorship
 - All abstracts, manuscripts will have an author from each site
 - CFAR investigators will lead the proposed analyses of combined site data
 - Site investigators welcome to access combined data or lead additional analyses
 - Each site retains "ownership" of their own data
 - Communication with group about analysis plans involving multiple sites
- Ongoing communications teleconferencing?
- Next meeting? Location?