Nov. 4th CFAR-Public Health Consortium Mtg Summary

New webpage with presentations and resources:
https://depts.washington.edu/cfar/CFAR_Public_Health_Consortium

In attendance: Aimee Shipman (ID), Jared Bartschi (ID), Clay Roscoe (ID), Alfredo Hernandez (ID), Kim Toevs (OR), Shireen (OR), Sean Schafer (OR), Ruth Helsley (OR), Toni Reeves (WY), Courtney Smith (WY), Judy Nielsen (MT), Susan Jones (AK), Jason Carr (WA), David Kern (WA), Teal Bell (WA), Erick Seelbach (CFAR CAB, HRSA), Martina Morris (SPRC), Julie Dombrowski (PHSKC ,SPRC), Matt Golden (PHSKC, SPRC), Kathleen Brady (PA), Anna Satcher Johnson (CDC), Bob Wood (SPRC), Susie Cassels (SPRC), Susan Buskin (PHSKC)

1) Estimating the Undiagnosed Fraction: Martina Morris (Slides available on website)

2) Supplement activities: Optimizing the HIV treatment Cascade: A Heath Department-CFAR Collaboration (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

AIM 1: Investigation of reported HIV cases

1. Cross-matching with available databases
2. Accurint installation at all sites
3. Use of medical records, provider, patient/families to identify out-of-care patients
4. The goal is a period prevalence, so time of lab draw is important
5. Decided definition of in/out of care:
    a. In care – Documented lab OR completed visit during analysis period verified with provider
    b. Died
    c. Moved out of jurisdiction
        i. Confirmed surveillance w another state
        ii. Patient or family member report
        iii. Medical record documentation or release of information
        iv. Accurint match with 2 identifiers indicates most recent address is out-of-jurisdiction
            1. Name, DOB, SSN, past address match
    d. Out of care – including non-response, refusals
        i. 2 calls/texts if allowed, letter, call (field visit per site)
    e. Unknown
        i. Lost to follow-up (no labs >5 years)
        ii. No/bad contact info
5. Common data elements needed on each case
    a. Demographic data (gender, race/ethnicity, risk factor)
    b. Birth year

   c. Year of HIV diagnosis
   d. Jurisdiction of diagnosis (in or out of jurisdiction)
   e. Source of care (Ryan White vs. non Ryan White)
   f. Month and year of most recent lab report
   g. Disposition of investigation
      i. And supporting evidence
   h. Primary reason for being out of care, if applicable
   i. Relinked at 3 months (yes/no), if applicable
6. Reason for out-of-care
   a. *"Client's main reason for not visiting a medical provider:*
      i. *Felt good*
      ii. *CD4 and VL were good*
      iii. *Didn't know where to go*
      iv. *Couldn't find the right provider*
      v. *Unable to get an earlier appointment*
      vi. *Had other responsibilities or things to take care of*
      vii. *Didn't have enough money or insurance*
      viii. *Didn't want to think about being HIV+*
      ix. *Forgot to go*
      x. *Don't know*
      xi. *Not applicable (in care, relocation or death)*
      xii. *Refused to answer*
      xiii. *Other:"*
7. Proposal for investigating HIV cases
   a. Sites currently investigating cases will continue to use current data instruments
   b. Site not currently investigating cases can use a simple Access database we will create
   c. Notes fields to ensure we aren't missing big issues
   d. Quarterly data transfer and calls?

<u>AIM II: Reason for HIV testing and time since last negative HIV test</u>

1. Date of last negative HIV test (month/year)
2. Where tested
3. Reason for testing
4. What the consortium will do with the data:
   a. Use date of last negative HIV test as key information for estimating undiagnosed fraction
   b. Monitor success of early diagnosis
   c. Monitor success of routine testing in medical settings with implementation of ACA
   d. Examine reasons for testing in order to identify intervention opportunities
   e. Quarterly data transmission and calls
5. IRB determination??

Summary of our next steps:

1. Finalize subcontracts (contact: Michelle Ward)
2. UW IRB application for analysis of de-identified multi-site data (individual sites do not to need to submit to IRBs)
3. Draft data submission/collection tool for investigation of cases missing data - Julie will send this to the group
4. Finalize reason for HIV test wording across sites.

Proposed timeline of Grant Activities

1. November
    a. Finalize data forms, subcontracts, apply for non-research determinations if needed
    b. Accurint access
    c. Generate list of cases with no labs in past 12 months
    d. Add new case questions to HIV case report or interview form
2. December
    a. Submit numbers of total cases, # with no labs to CFAR
    b. Begin Stage 1/internal investigations on cases with no labs
    c. Finalize case report changes
3. Jan-Mar: First quarter of case investigation
    a. Monthly calls during Q1?
    b. Submission of first data report to CFAR
4. Apr-Jun
    a. Ongoing case investigations and quarterly data reports
    b. Next consortium meeting – location TBD
5. July – Investigations complete in AK, ID, MT, WY
    a. Analyze 6 month data
6. Fall 2014
    a. Conference abstract submission
    b. Plan for next-step grant submission

3) Migration information from core HIV surveillance, Susan Buskin and Susie Cassels (slides on website)

4) MSM Services in the Consortium States: Can we catalog the existing MSM services in consortium areas (i.e. where extra-genital screening occurs?), and decide how to strengthen partnerships