Regional Collaboration to Optimize the Cascade:
The Northwestern Public Health – CFAR Consortium

Julie Dombrowski, MD, MPH
Assistant Professor of Medicine, University of Washington
Deputy Director, Public Health-Seattle & King County HIV/STD Program

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Northwestern Public Health – CFAR Consortium

• Goal: To enhance collaboration between UW CFAR and health departments region-wide

• Estimated no. PLWHA in the 6 states = 20,120
  – ~54% in 2 major urban centers (Seattle & Portland)
  – ~46% outside urban areas

• Barriers to HIV diagnosis & care vary

• Barriers to measurement of the cascade vary
The Cascade in **King County-2011, US – 2009**, **US-2010**

- HIV-infected
- HIV-diagnosed
- Linked to Care
- In Care
- Retained in Continuous Care
- Prescribed ART
- Virally Suppressed

*US retention & suppression estimates derived from *Medical Monitoring Project and *14 jurisdiction lab reporting

*Dombrowski JC et al, Under Review*
Impact of Individual Case Investigation on Estimates of Retention in Care

- Region-wide investigation of cases with no lab results in past year with comparable disposition data

Buskin SB et al, STD 2014
Surveillance-Based Outreach to Promote Re-linkage to Care and ART: King County

- 1464 cases from surveillance investigated to date
  - Criteria: no CD4 or VL in past year OR VL>500 & CD4<500
  - Plus cases identified through STD partner services and clinics

- As of 12/2013 - 235 completed individual intervention

Factors participants identified as “important” barriers (not mutually exclusive)

<table>
<thead>
<tr>
<th>Barriers to HIV Care (N=235)</th>
<th>Reasons for never initiating ART (N=55)</th>
<th>Reasons for discontinuing ART (N=130)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No insurance 123 (52%)</td>
<td>Side effect concerns 41 (72%)</td>
<td>Depressed 62 (47%)</td>
</tr>
<tr>
<td>Forget appointments 79 (34%)</td>
<td>Can control HIV with a healthy attitude, at least for now 34 (59%)</td>
<td>Side effects 55 (42%)</td>
</tr>
<tr>
<td>Trouble getting appointments 76 (32%)</td>
<td>Adherence concerns 32 (58%)</td>
<td>Wanted a break 53 (41%)</td>
</tr>
<tr>
<td>No transportation 70 (30%)</td>
<td>Doctor said I don’t need ART 27 (49%)</td>
<td>Non-adherent, worried about resistance 53 (41%)</td>
</tr>
<tr>
<td>Don’t know how to find doctor 63 (27%)</td>
<td>CD4 count high 26 (47%)</td>
<td>Couldn’t afford med 42 (32%)</td>
</tr>
<tr>
<td>Poor relationship with doctor 63 (27%)</td>
<td>Depressed 26 (51%)</td>
<td>Using drugs 39 (30%)</td>
</tr>
</tbody>
</table>
Washington State Expansion

**SUCCESSES**
- Increased cross-jurisdictional collaboration
- Improved coordination between prevention & care; surveillance & outreach

**CHALLENGES**
- Data systems
- Different perspectives on the balance between project planning & implementation

- Goal to investigate cases with no labs in past year & re-link out-of-care persons to HIV care
- CDC-funded: HIV prevention demonstration grant
Regional Collaboration: Public Health – CFAR Consortium

• Primary goal of supplement: Improve accuracy of cascade estimates in Northwestern US
  – Region-wide investigation of cases with no CD4 or VL data in past year
  – Update surveillance data to accurately reflect the current population
  – Assess impact of migration on estimates of retention
  – Lay groundwork for future study of intervention to improve care engagement and viral suppression

• Underlying goal of supplement: catalyze new research collaboration
Case Investigation Procedures

• WA State protocol adapted for region-wide use
  – Idaho: clinic-based instead of health dept-based
• Standardized core data elements
  – Common disposition definitions
  – Common questions on key barriers to care for contacted persons
  – Access database created for states without data system to track investigations
  – De-identified data submitted to UW CFAR
• Re-linkage procedures vary by site
# Estimated Case Loads

<table>
<thead>
<tr>
<th>State</th>
<th>Estimated Number of PLWHA</th>
<th>Estimated Number of Cases with No CD4 or VL ≥ 12 months</th>
<th>% “Out of Care”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>1,137</td>
<td>212</td>
<td>19%</td>
</tr>
<tr>
<td>Idaho</td>
<td>1,385</td>
<td>276</td>
<td>33%*</td>
</tr>
<tr>
<td><em>Idaho Clinics</em></td>
<td>837</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montana</td>
<td>548</td>
<td>148</td>
<td>27%</td>
</tr>
<tr>
<td>Oregon</td>
<td>5,684</td>
<td>1080</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(70% Multnomah)</td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>11,142</td>
<td>2897</td>
<td>26%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(42% King)</td>
<td></td>
</tr>
<tr>
<td>Wyoming</td>
<td>222</td>
<td>82</td>
<td>37%</td>
</tr>
<tr>
<td>OVERALL</td>
<td>20,118</td>
<td>4,695</td>
<td>23%</td>
</tr>
</tbody>
</table>

*Estimate from largest clinic (N=600) used to estimate 3-clinic case load, assuming equal proportions of patients had no visit in past 12 months.
Expected Outcomes of the Project

• Analyses
  – Impact of migration adjustment on retention in care estimates
  – Prevalence of perceived barriers to care
  – Preliminary assessment of contact and relinkage success

• Future directions
  – Grant to study clinic or population-based intervention to increase retention in care and virologic suppression
Other Work & Future Directions of Consortium

• HIV Diagnosis
  – Method for local estimation of undiagnosed fraction
  – Developing specialized care infrastructure for MSM
  – Appropriate role of home HIV testing
  – Promotion and assessment of routine testing in healthcare settings

• Linkage and retention in care
  – Impact of migration on care (beyond the measurement effects)
  – Clinic & population-based interventions