

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

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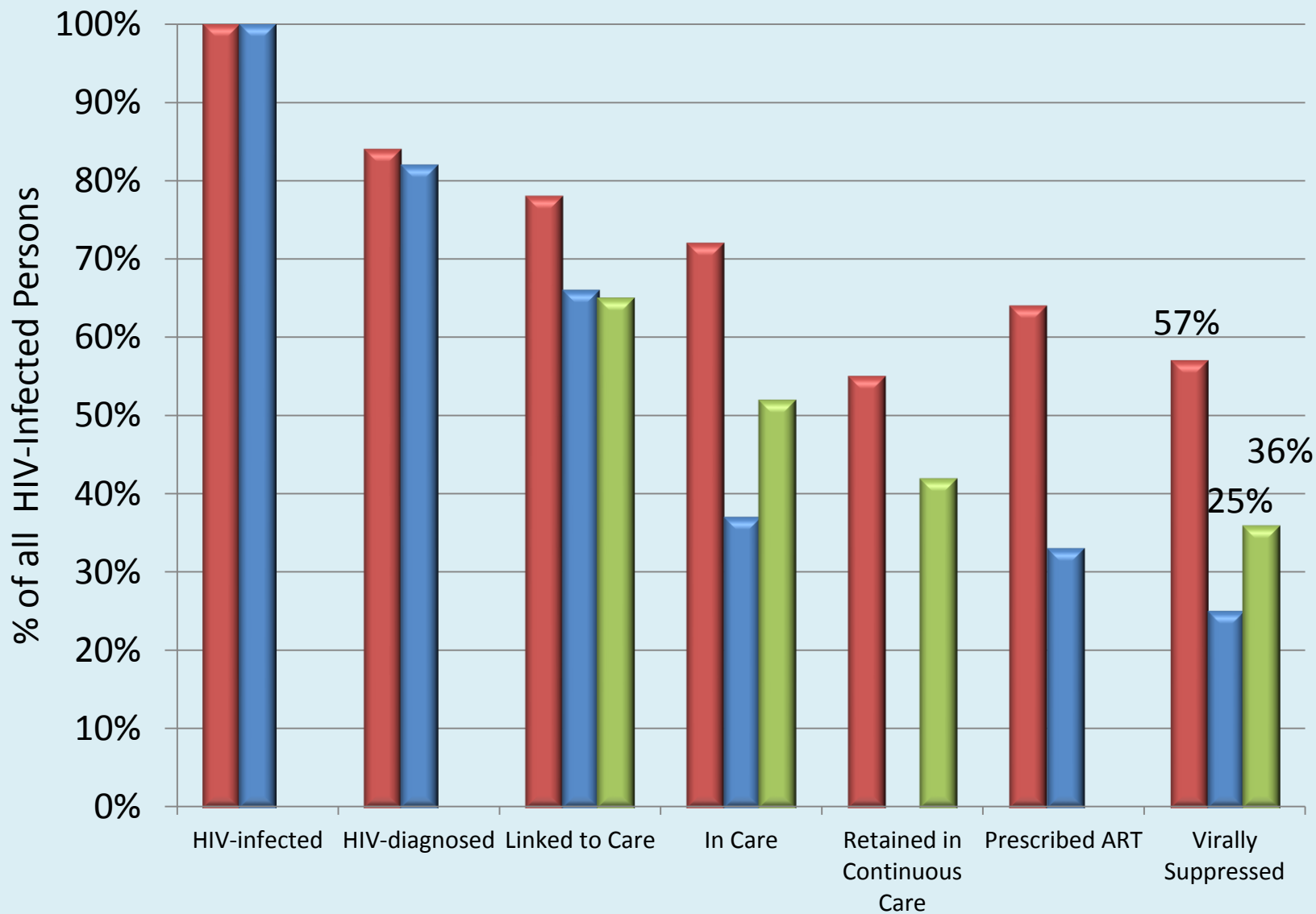
Northwestern Public Health – CFAR Consortium

- 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

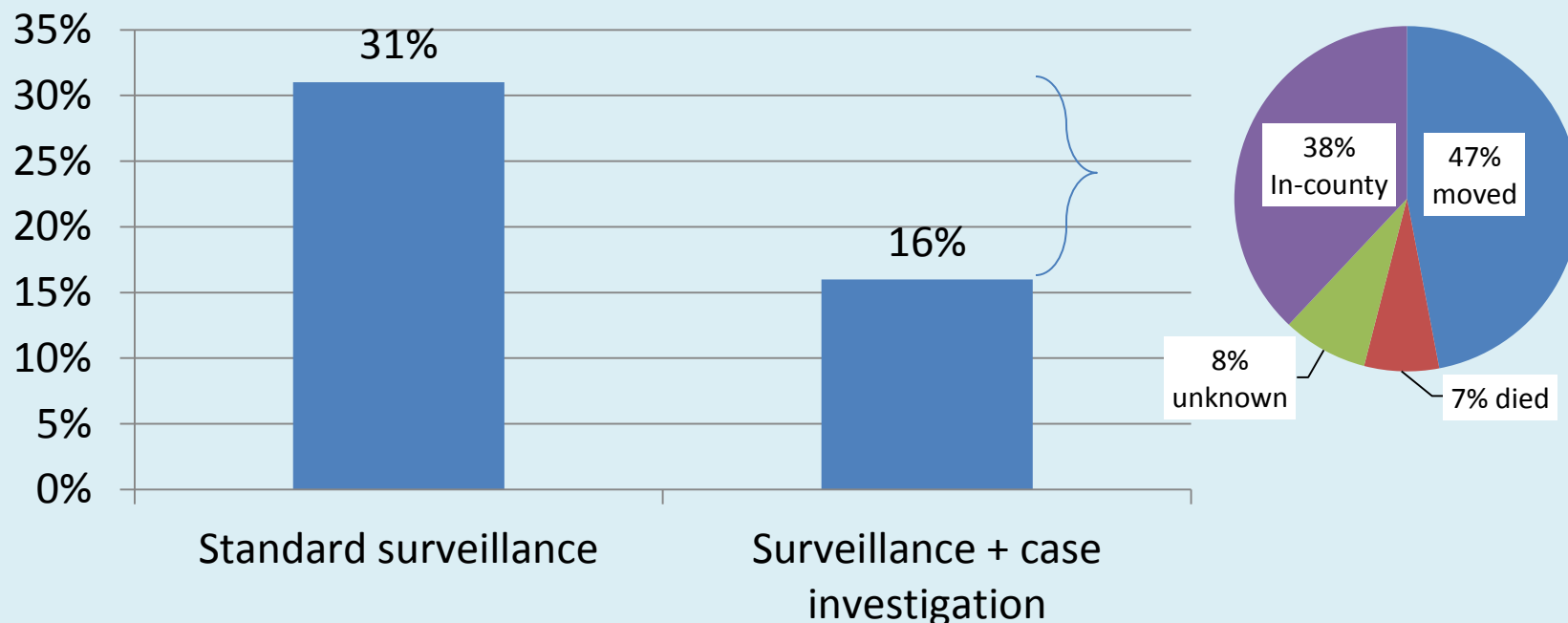
The Cascade in **King County-2011**, **US – 2009***, **US-2010***



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

Impact of Individual Case Investigation on Estimates of Retention in Care

Estimated % of PLWHA out of care (no CD4 or VL \geq 12 mo.) in King County, WA



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

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)

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

Washington State Expansion

- 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

SUCSESSES

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

CHALLENGES

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

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

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

*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