THE GREATER CLEVELAND HIV CARE CONTINUUM

FINDINGS FROM THE GREATER CLEVELAND HIV HEALTH INFORMATION PROJECT (CHHIP)

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Objectives

1. Describe the local HIV care continuum
2. Understand trends and factors affecting HIV retention in care and viral suppression

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Disclosures

Gilead- Participated in the Steering Committee for PrEP

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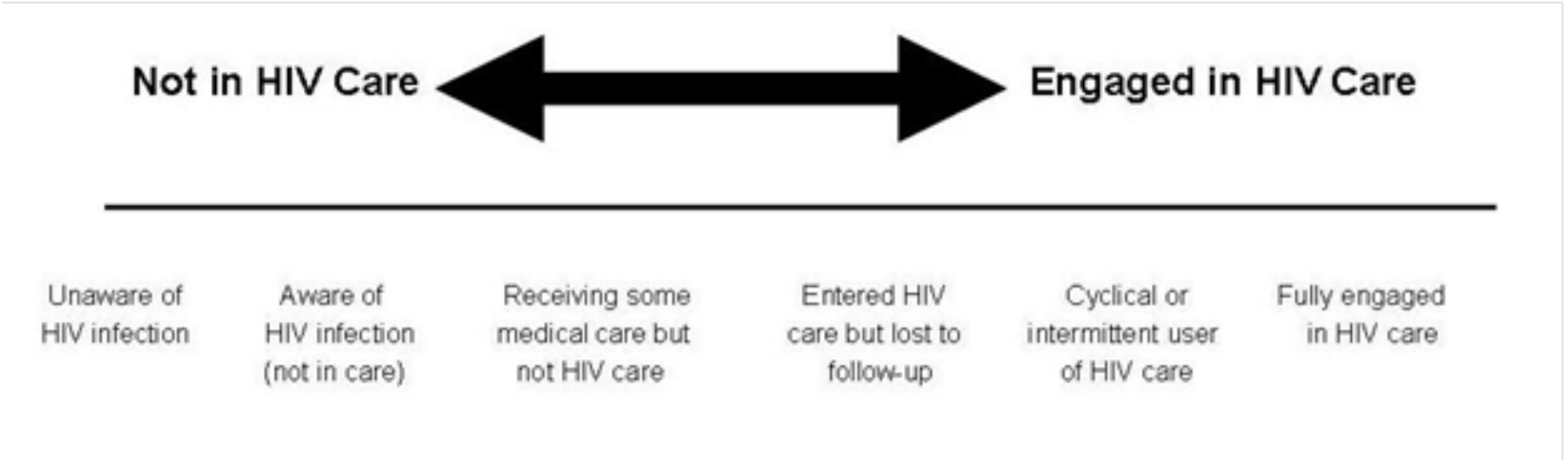
HIV Continuum of Care



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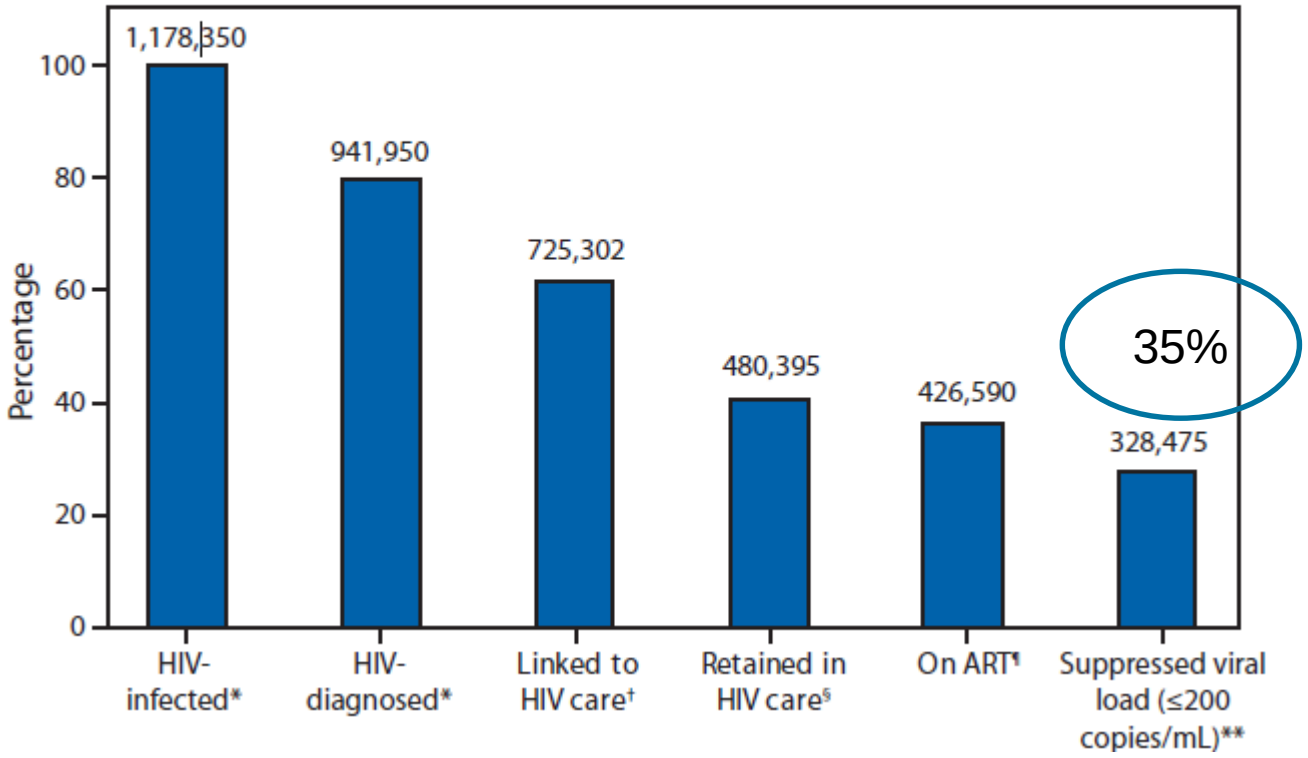
Test and Treat- and problems with the

FIGURE 3. Number and percentage of HIV-infected persons engaged in selected stages of the continuum of HIV care — United States



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National HIV/AIDS Strategy (NHAS)

Reducing New HIV infections (by 25%)

Increasing Access to Care and Improving Health Outcomes for People Living with HIV

Reducing HIV-Related Health Disparities

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Challenges to a local Health Care Continuum (HCC)

- Ohio Department of Health (ODH) does not provide data to care information (though planned)
- Local Health Dept (CDPH) data is different than ODH
- Ryan White data does not cover entire population
- Patients that move in or out of area and not necessarily accounted for by health department
- A single system would limit generalizability
- No one single source for desired information

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CHHIP
GREATER CLEVELAND HIV HEALTH INFORMATION PROJECT

LEVERAGING EMRS TO IMPROVE HEALTH OF PATIENTS LIVING WITH HIV/AIDS (PLWHA)

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The Goal

Develop & pilot community-wide clinical information system

- Build data system that *integrates quality metrics* (i.e., CD4 count, viral load, treatment adherence) with *patient characteristics & needs* (i.e., demographics, risk factors, co-morbidities, food stamp use)

Optimize individual and population health

- Coordination of intervention activities *for all practices* delivering care to PLWHA

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Electronic Medical Records (EMR)

Epic is used in most partner organizations, all have some type of EMR

- Labs
- Ambulatory visits
- Medical co-morbidities
- Utilization (hospital, ED)

Outcome vs Process

Process

-was the appropriate diagnostic or monitoring test completed or captured?

Outcome

-what was the result?

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Better Health Greater Cleveland

Independent, grant-funded 501(c)(3)

- Established in 2007
- Robert Wood Johnson Foundation's Aligning Forces for Quality initiative
- Leverages data to identify opportunities & best practices in improving care & outcomes within a peer network of *primary care* professionals
  - Diabetes
  - Hypertension
  - Heart failure

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Why Cleveland Rocks!

- **Comprehensive connection of HIV care providers**
  - Current CHHIP partners
    - UH, CCF, Care Alliance, Free Medical
  - Agreed upon HIV care standards & metrics
  - Maximize delivery impact on both individual & community
- **Dedicated manpower for population management**
- **Consistent identifier to track movement**

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CDPH participation for all reported cases

Bi-directional sharing to determine:

1. people who are HIV+ but not reported to the health department
2. people who have died or moved out of the area
3. people who are HIV+ (tested by health department) but not linked to care

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Who is missing from data?

Veteran's Administration Medical Center (VAMC)

AIDS Health Care Foundation

St Vincent Charity

Some community CCF sites (new in 2016)

Free Medical Clinic (missing only for 2015-16)

Small non- affiliated providers

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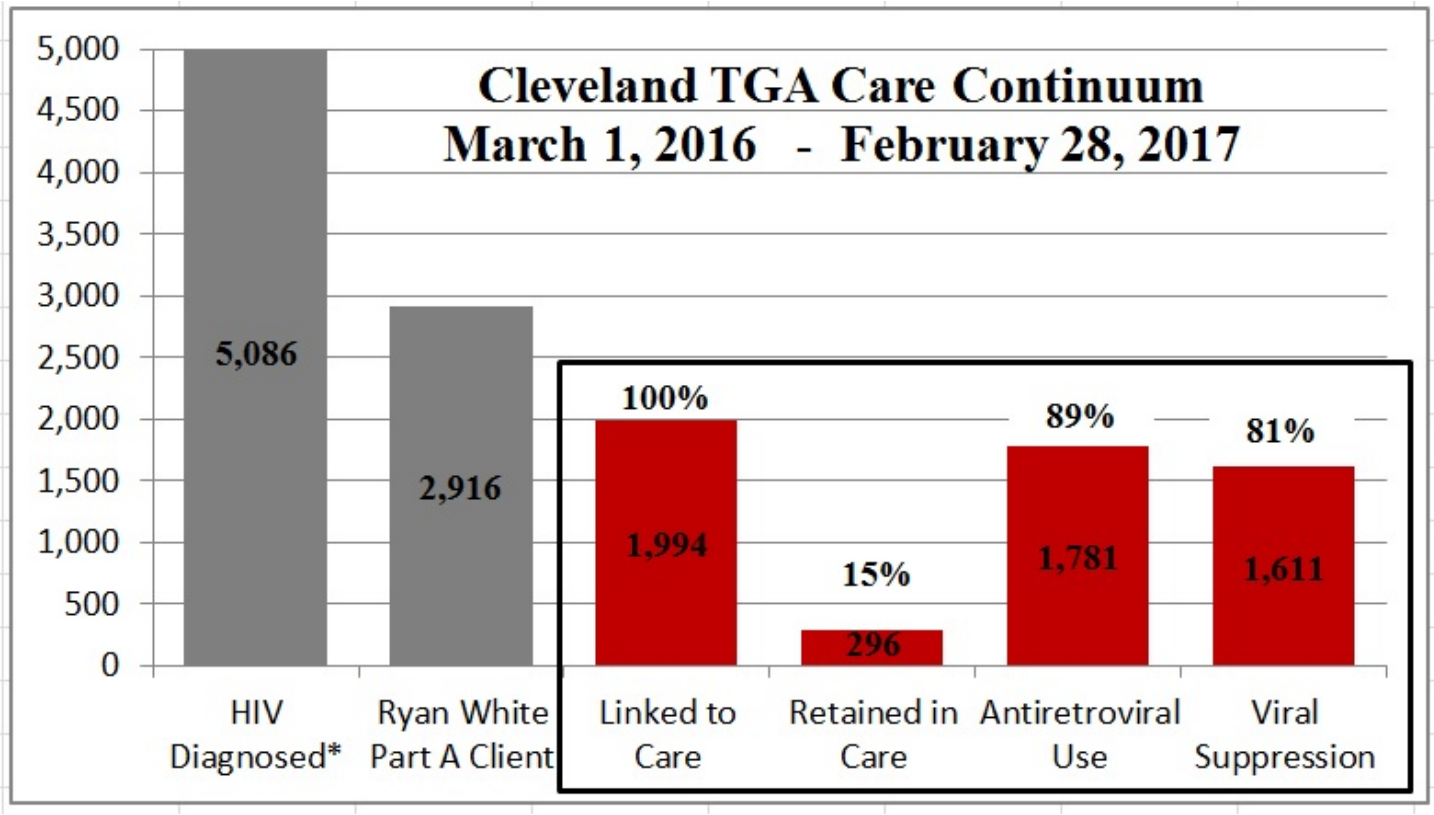
Ryan White HIV Care Continuum



Cuyahoga County Board of Health Ryan White Part A program- CareWare data

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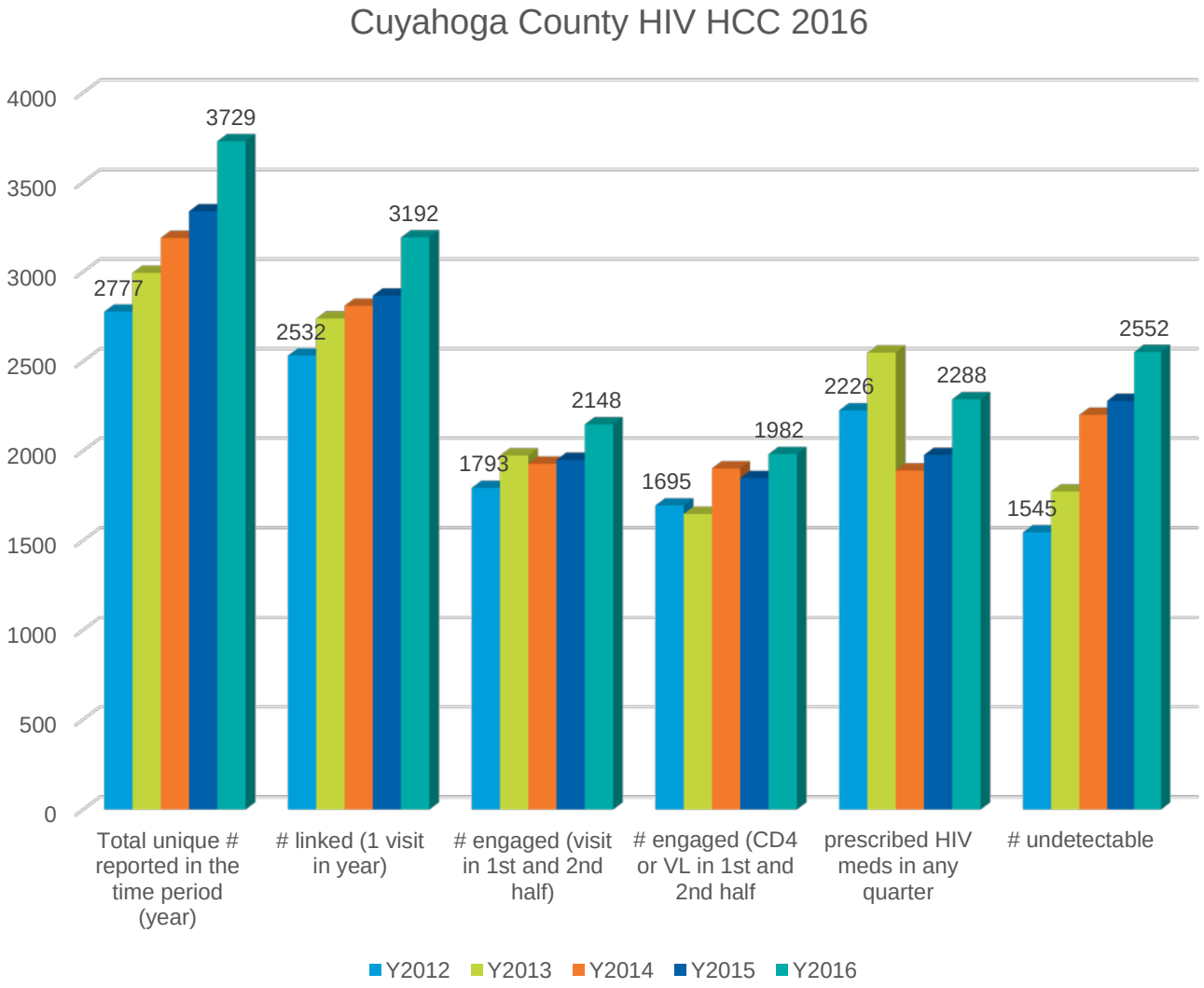

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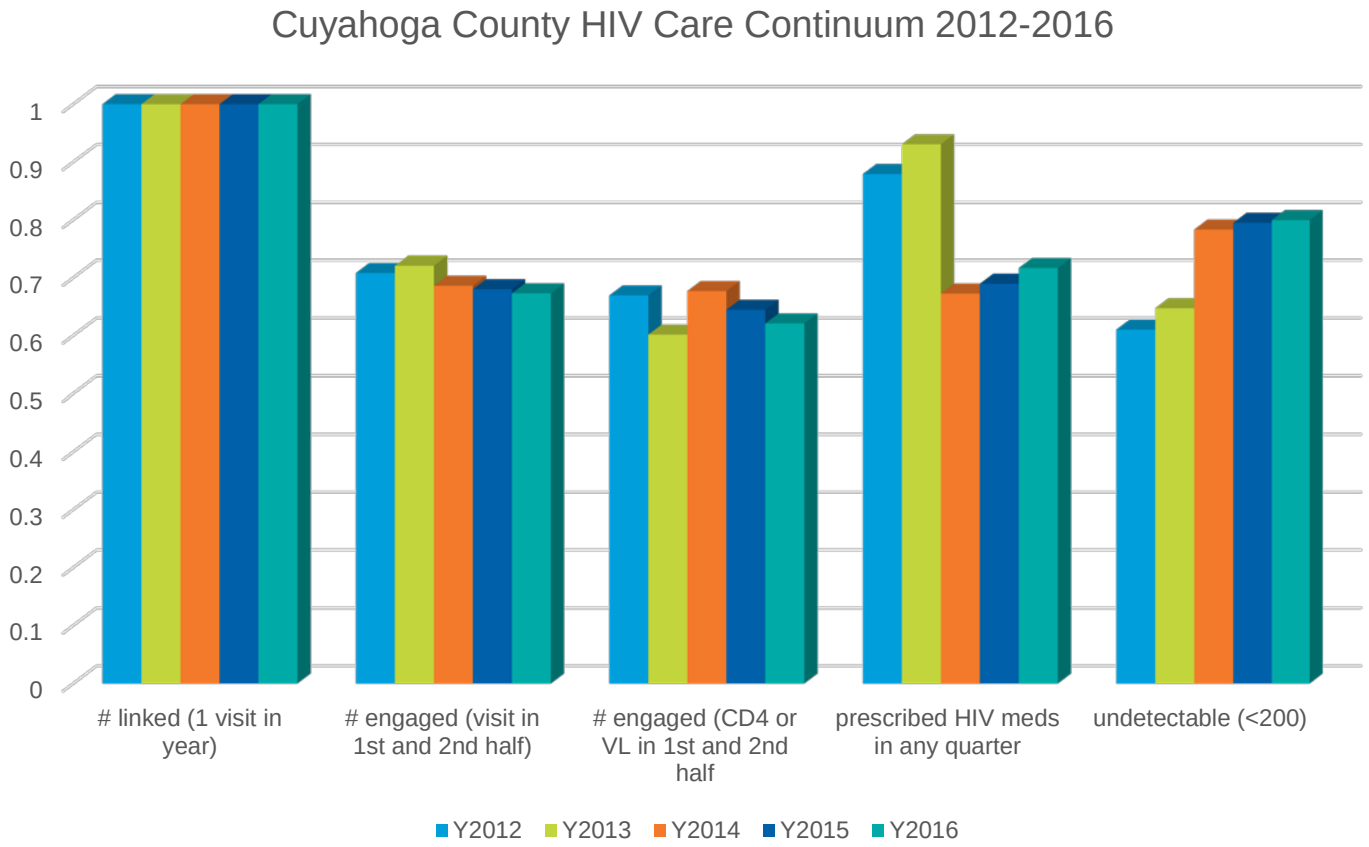

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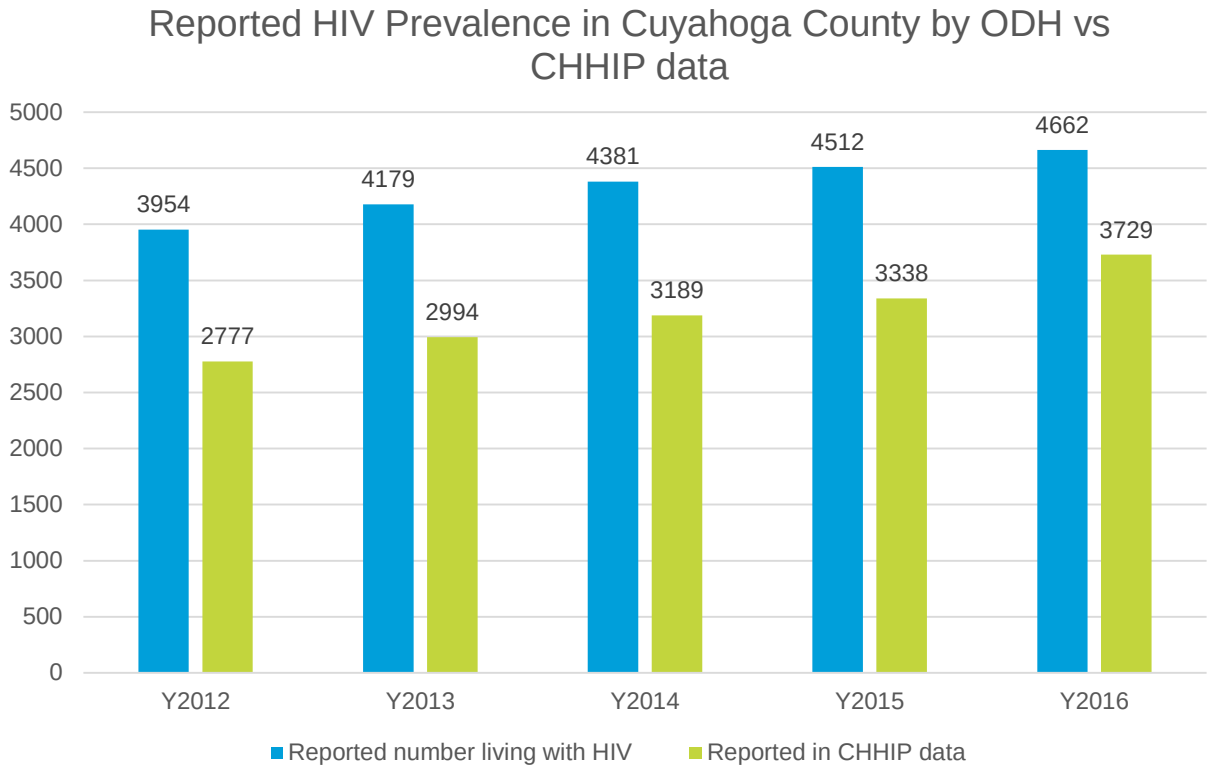

Source: Ohio Department of Health
Persons Living with a Diagnosis of HIV Infection Reported in Ohio
https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health-statistics---disease---hiv-aids/2016/Ohio2016.pdf?la=en

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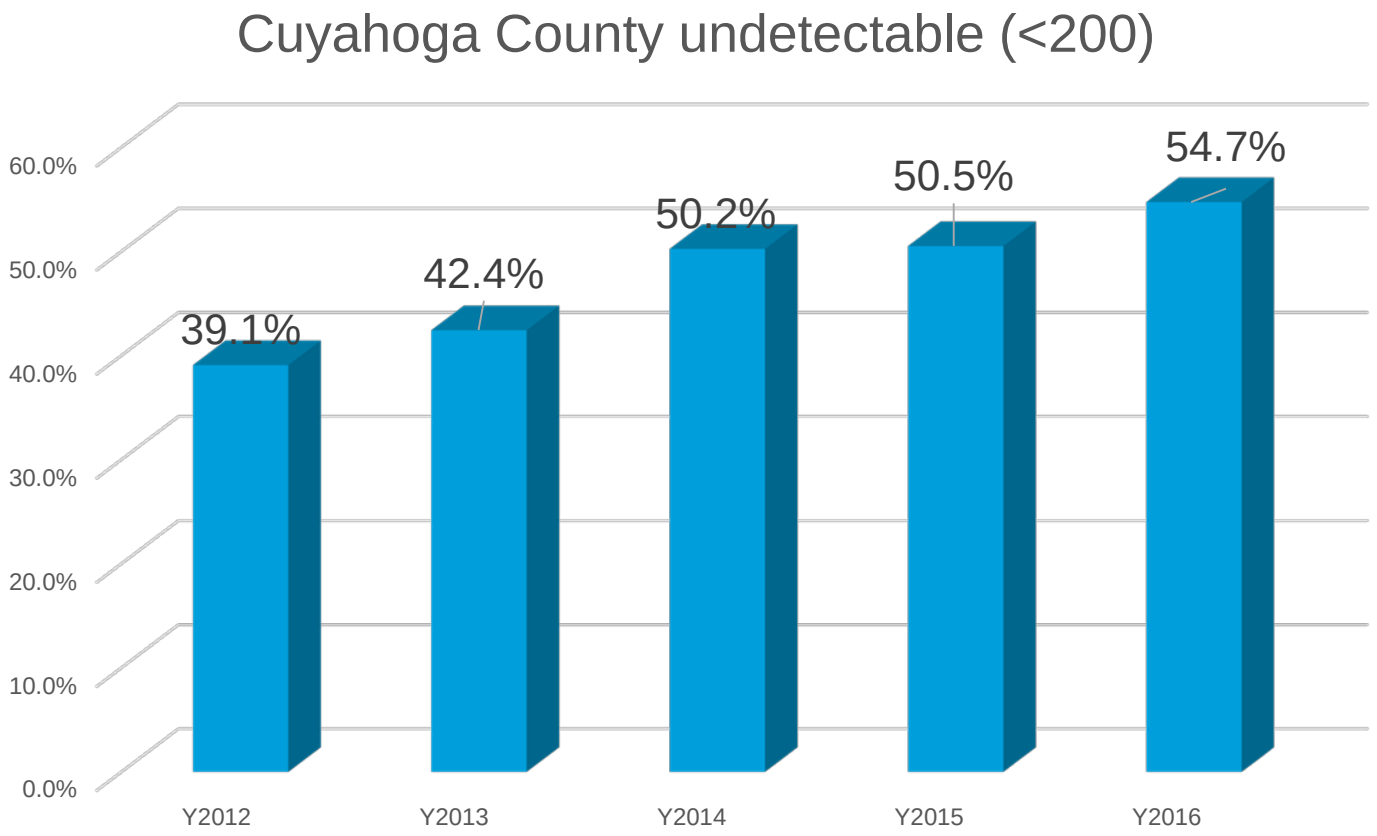

Uses CHHIP data 2016 and reported prevalence from ODH for denominator

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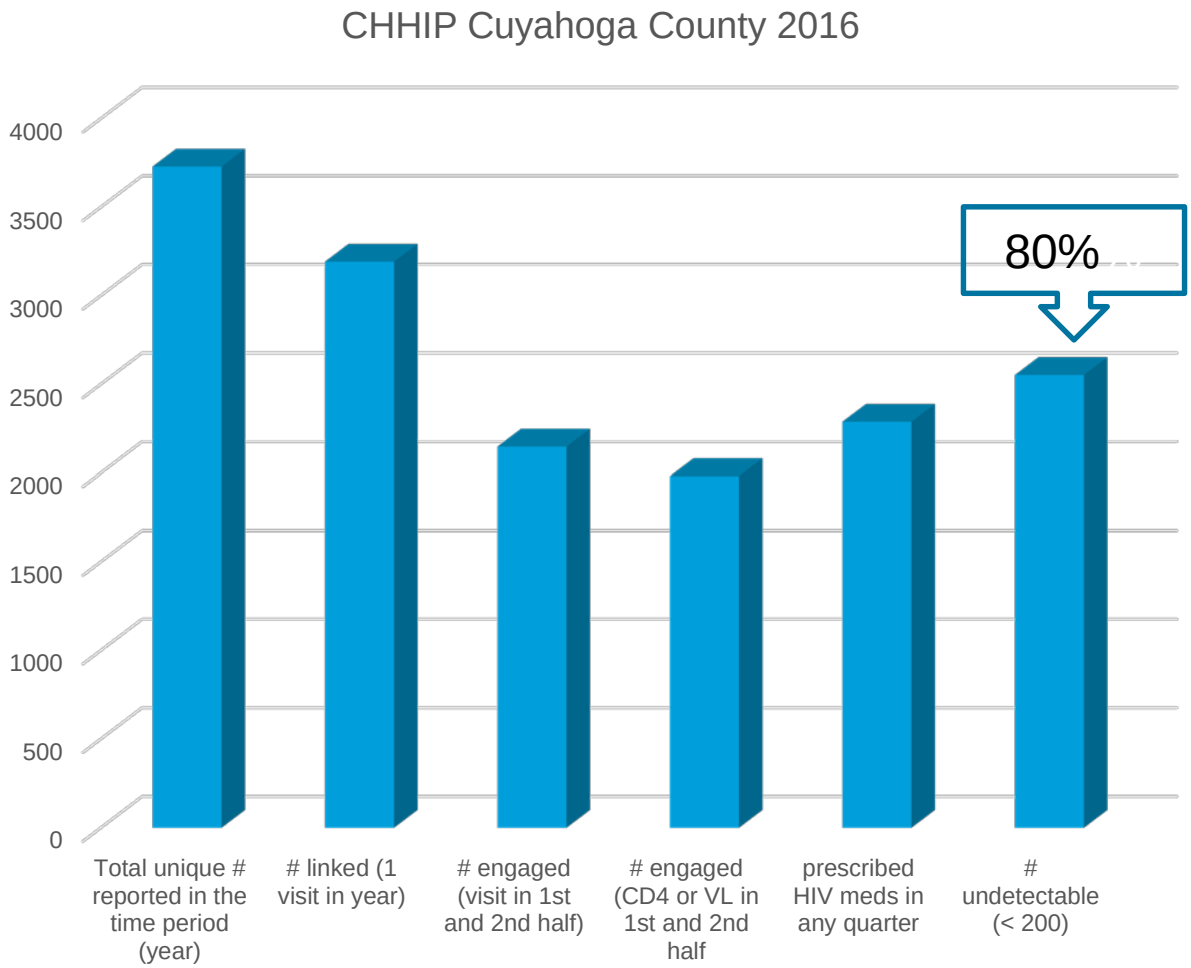

Data from MHS, UH, Care Alliance and Cleveland Clinic

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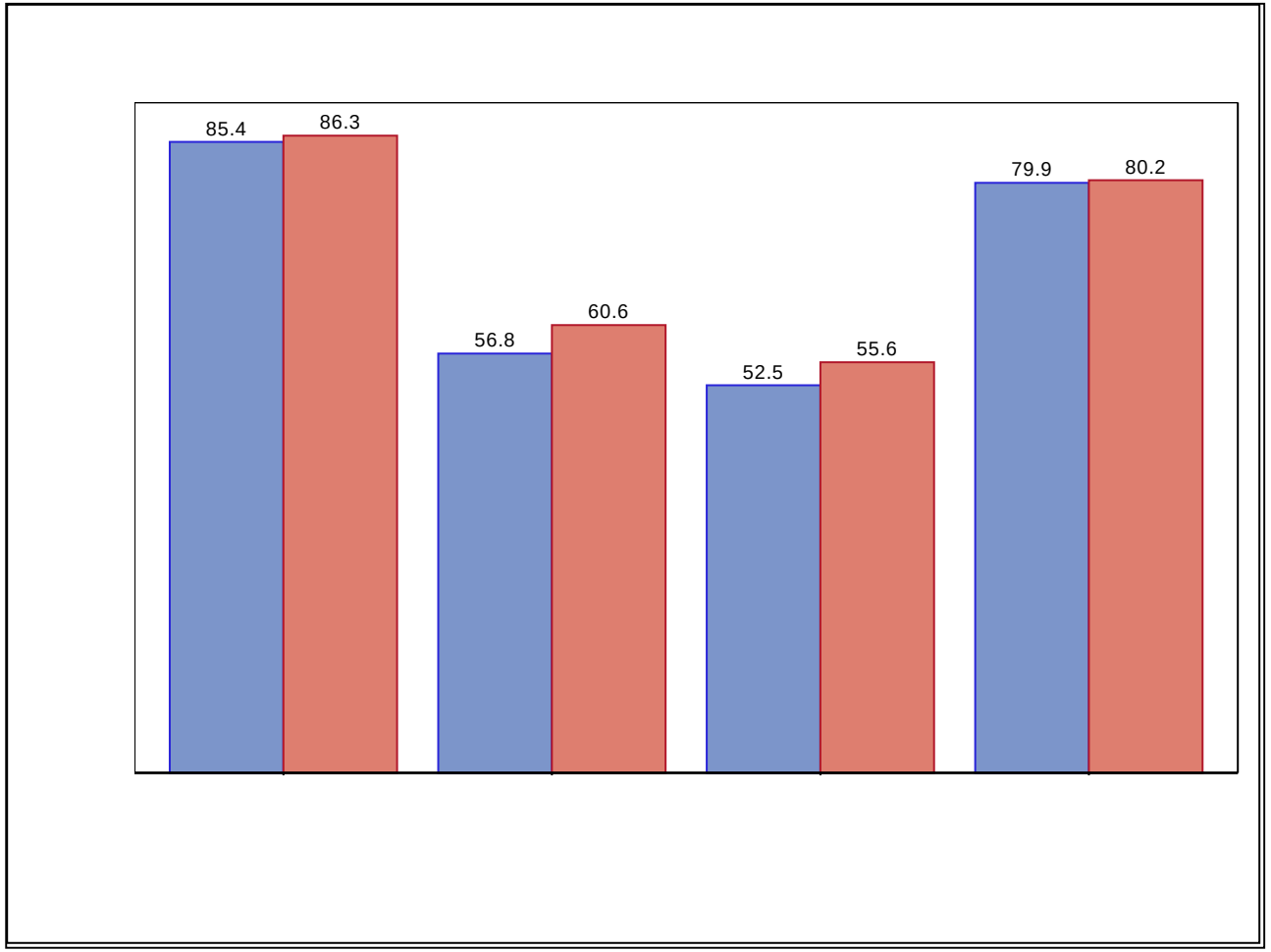
Cuyahoga County HCC by gender



Males n=2914, Females n=815

Data from CHHIP 2016

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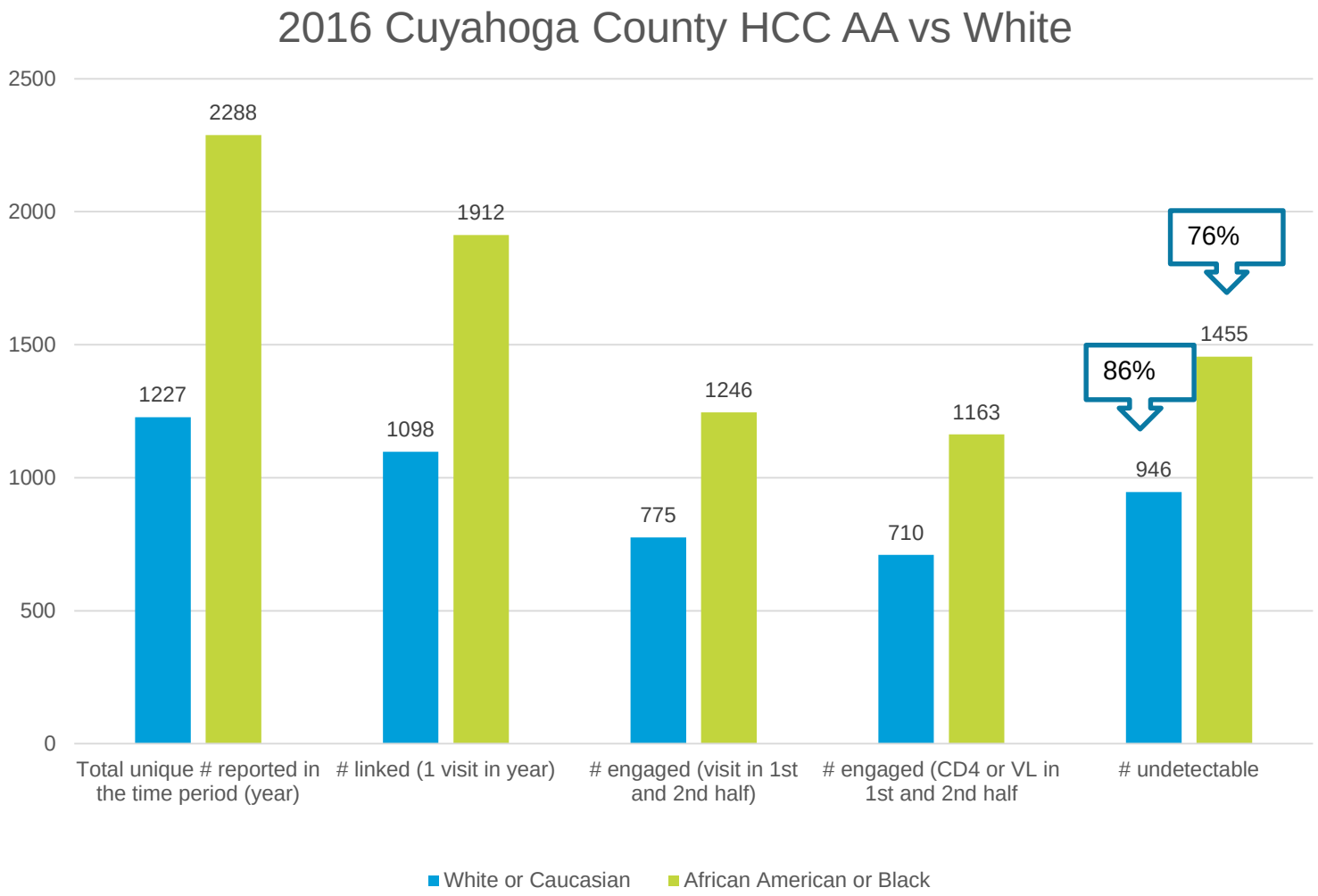

Data from CHHIP 2016

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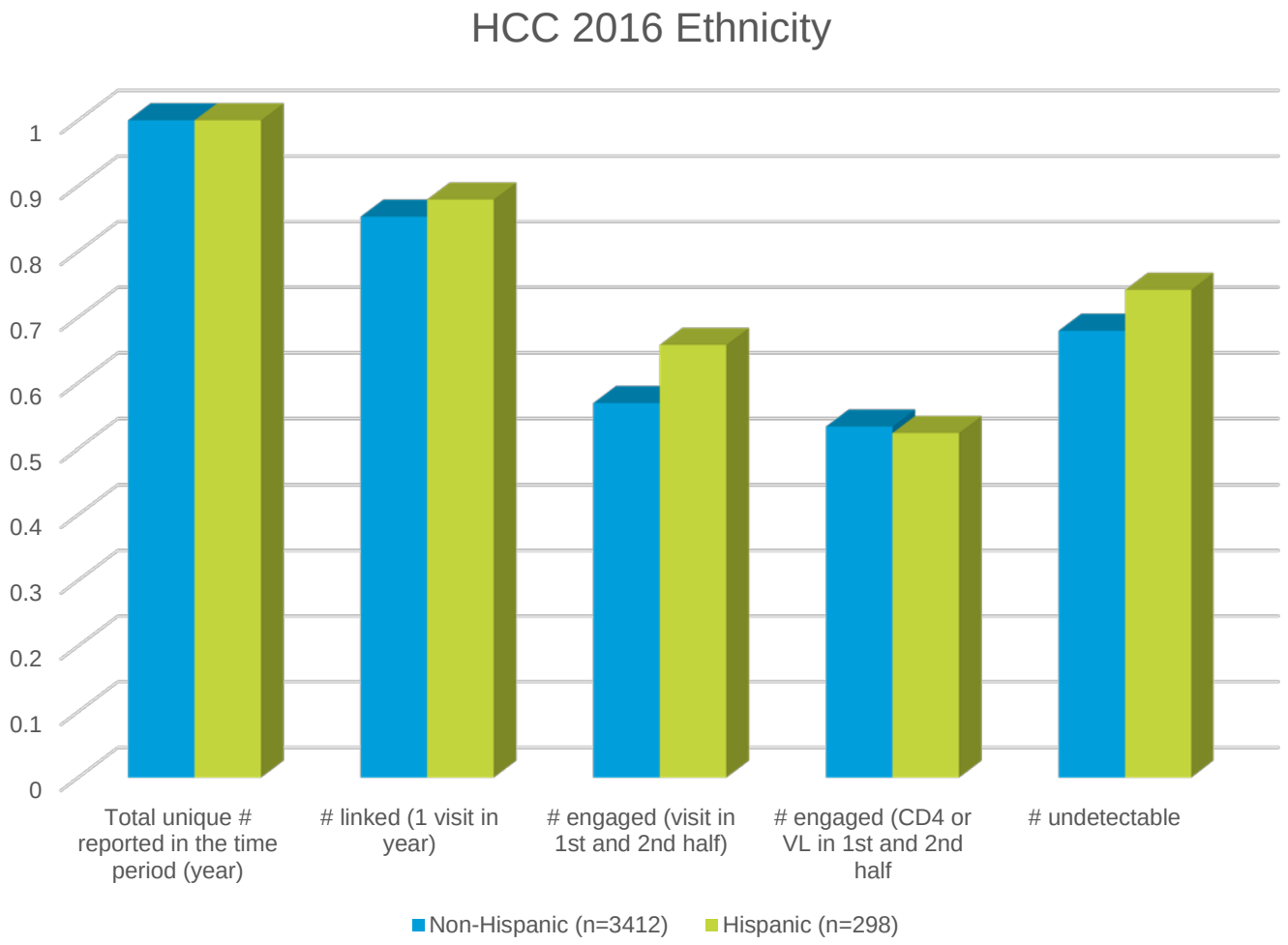

Data from CHHIP 2016

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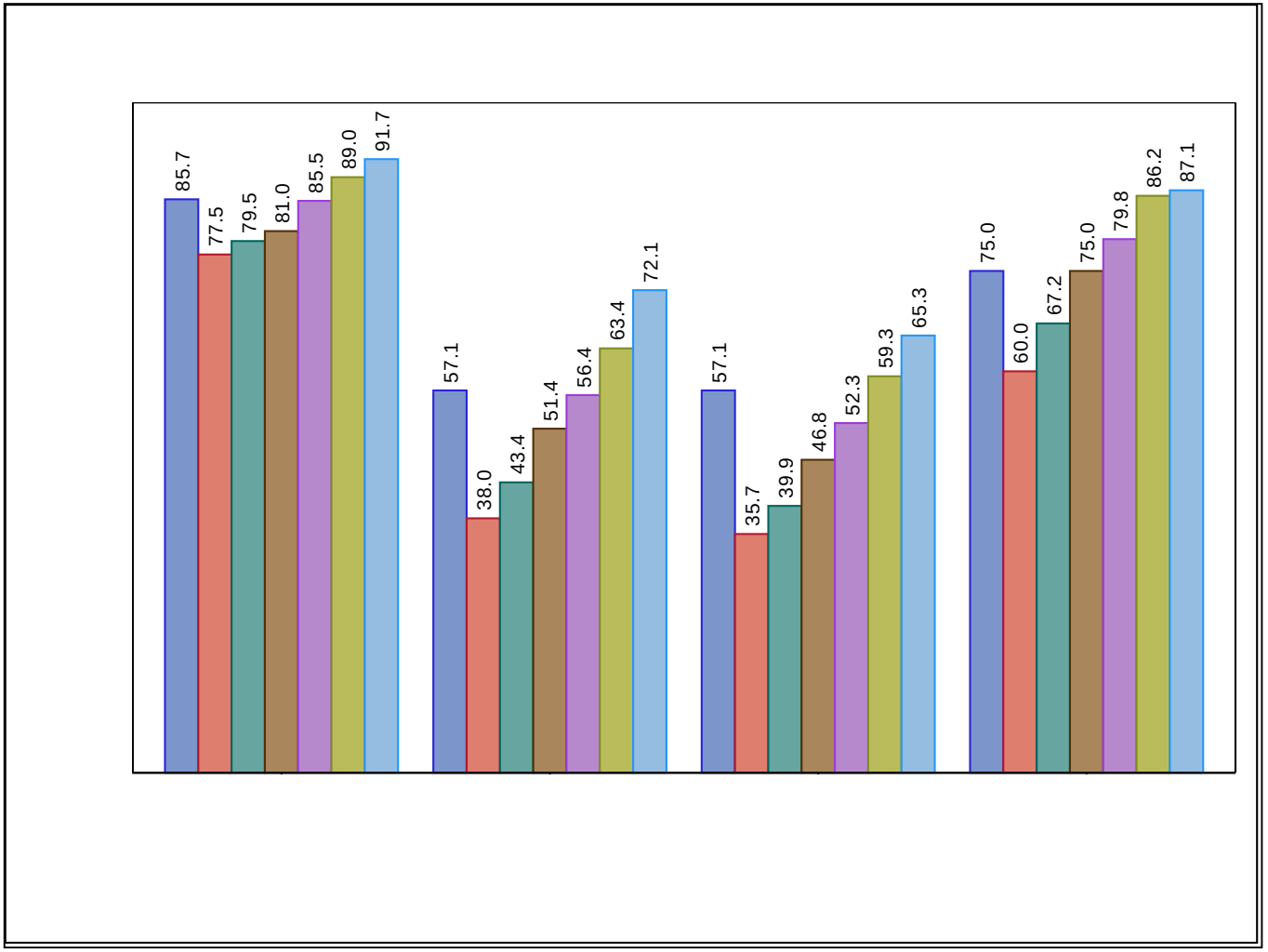
2016 HCC by age group



Data from CHHIP 2016

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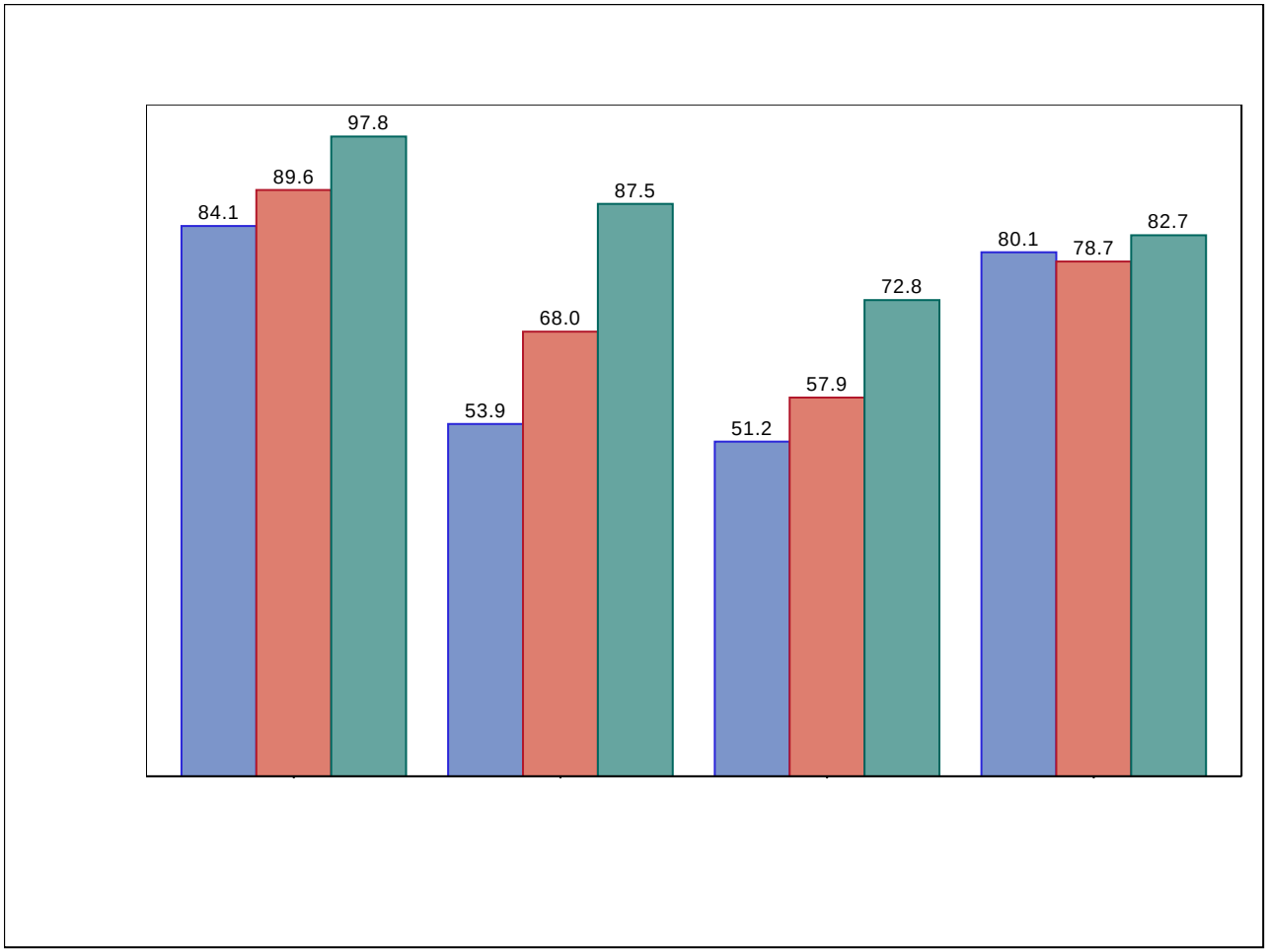

Depression/Psych Status 2	Total unique # reported in the time period (year)	# linked (1 visit in year)	# engaged (visit in 1st and 2nd half)	# engaged (CD4 or VL in 1st and 2nd half	prescribed HIV meds in any quarter	medical visit within period	# undetectable
None	2928	2463	1577	1498	1558	2463	1973
Yes, < 2 Psych Visits	665	596	452	385	599	596	469
Yes, >= 2 Psych Visits	136	133	119	99	131	133	110

Data from CHHIP 2016

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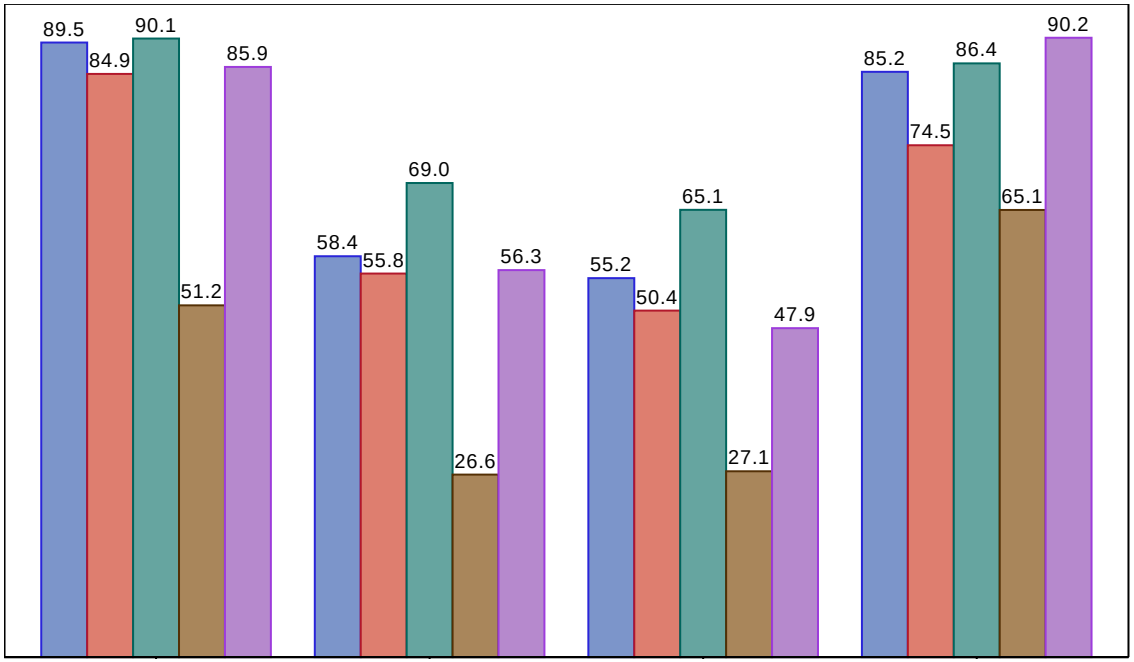
Cuyahoga County HCC by Insurance Status



Primary Insurance Class	Total unique # reported in the time period (year)	linked (1 visit in year)	# engaged (visit in 1st and 2nd half)	engaged (CD4 or VL in 1st and 2nd half	prescribed HIV meds in any quarter	medical visit within period	# undetectable
Missing or Unavailable	46	46	21	9	37	46	24
Commercial or Private	1035	926	604	571	608	926	789
Medicaid	1576	1338	880	795	992	1338	997
Medicare	794	715	548	517	513	715	618
Uninsured or Self-Pay	207	106	55	56	74	106	69
Other Class	71	61	40	34	64	61	55

Data from CHHIP 2016

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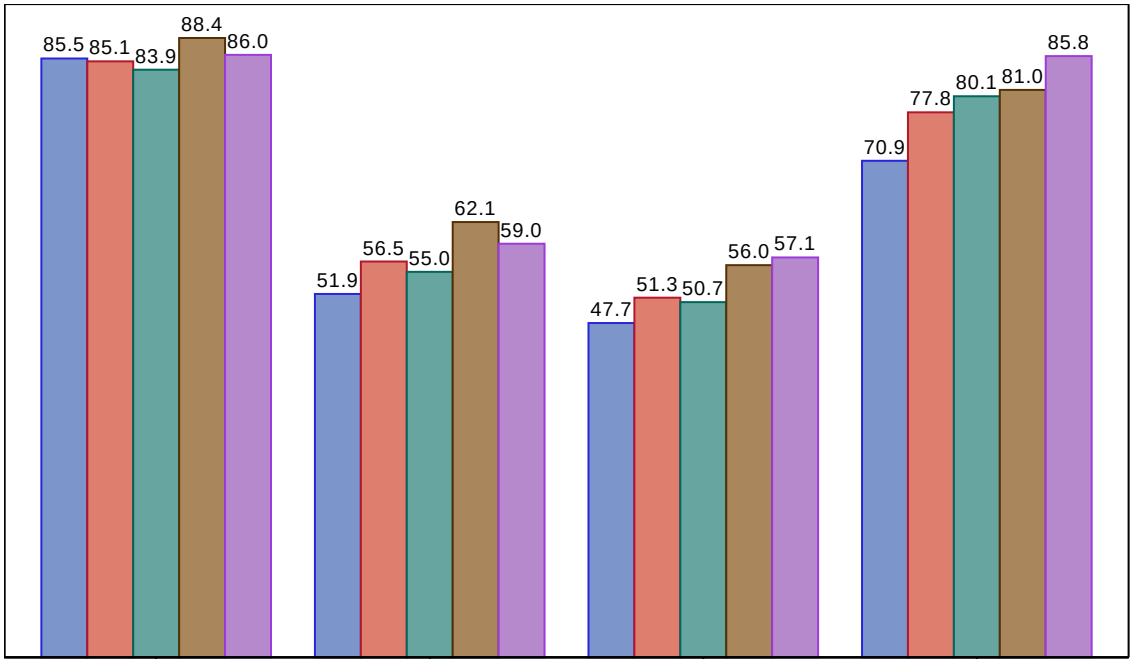
Cuyahoga County 2016 HCC by Neighborhood Income



Neighborhood Income	Total unique # reported in the time period (year)	linked (1 visit in year)	engaged (visit in 1st and 2nd half)	(CD4 or VL in 1st and 2nd half	prescribed HIV meds in any quarter	medical visit within period	# undetectable
($0K ,$20K]	215	183	108	95	188	183	129
($20K , $30K]	850	701	447	373	707	701	523
($30K , $40K]	753	607	391	340	618	607	483
($40K , $50K]	734	641	441	367	613	641	497
($50K,]	585	515	329	286	499	515	427

Data from CHHIP 2016

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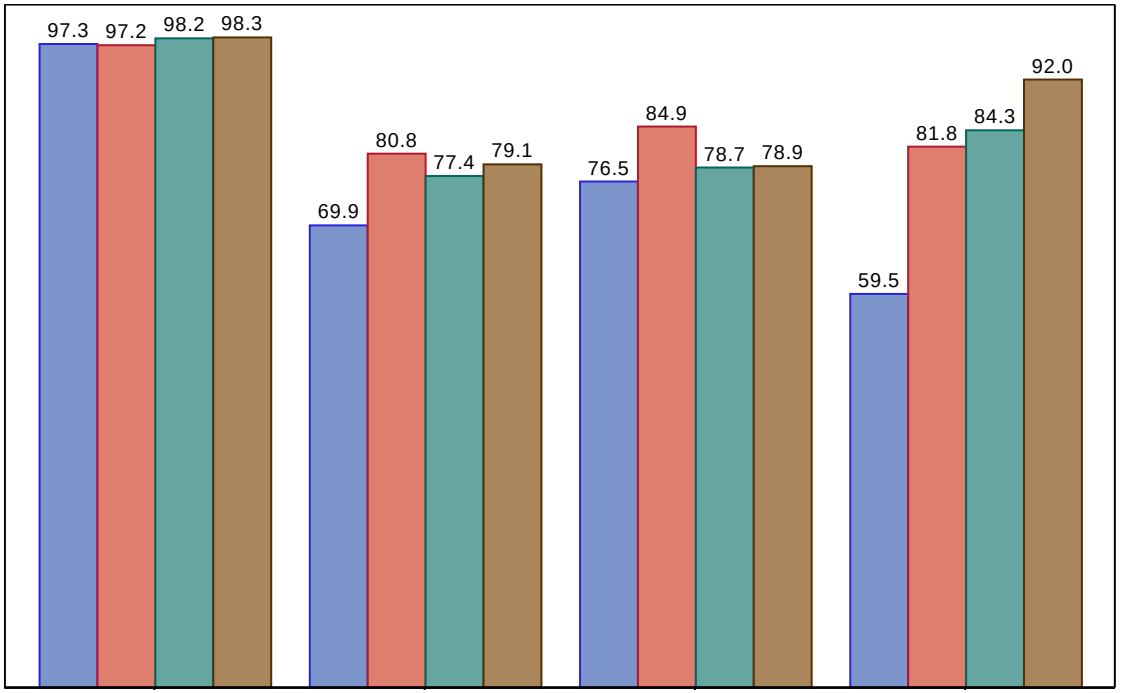
Cuyahoga County 2016 HCC by Immune Status



TCell Category	Total unique # reported in the time period (year)	# linked (1 visit in year)	# engaged (visit in 1st and 2nd half)	# engaged (CD4 or VL in 1st and 2nd half	prescribed HIV meds in any quarter	medical visit within period	# undetectable
0 - 200	186	182	132	139	174	182	113
201 - 350	258	253	211	214	236	253	205
351 - 500	312	308	236	233	302	308	256
501+	1057	1041	835	789	991	1041	946

Data from CHHIP 2016

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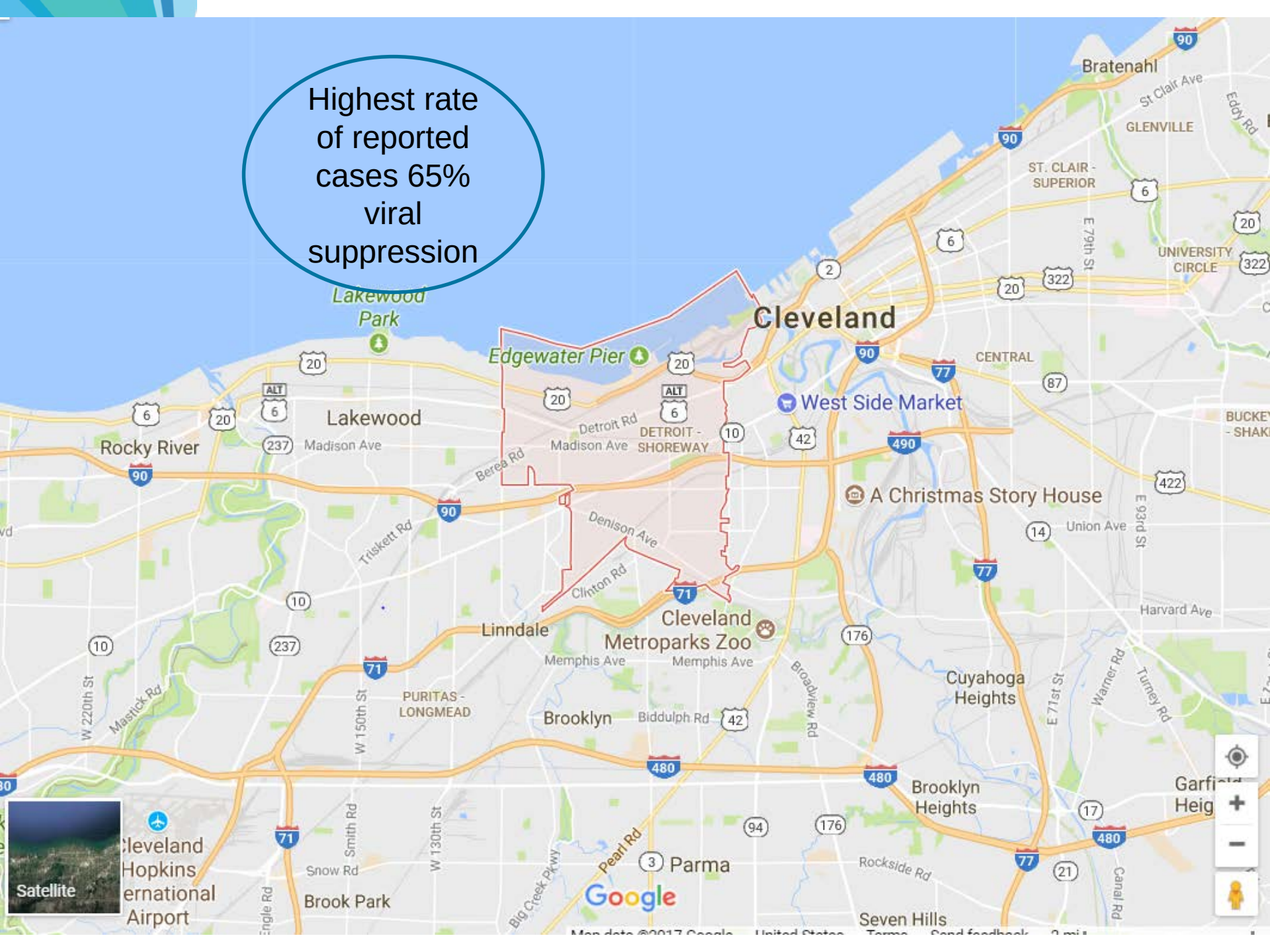
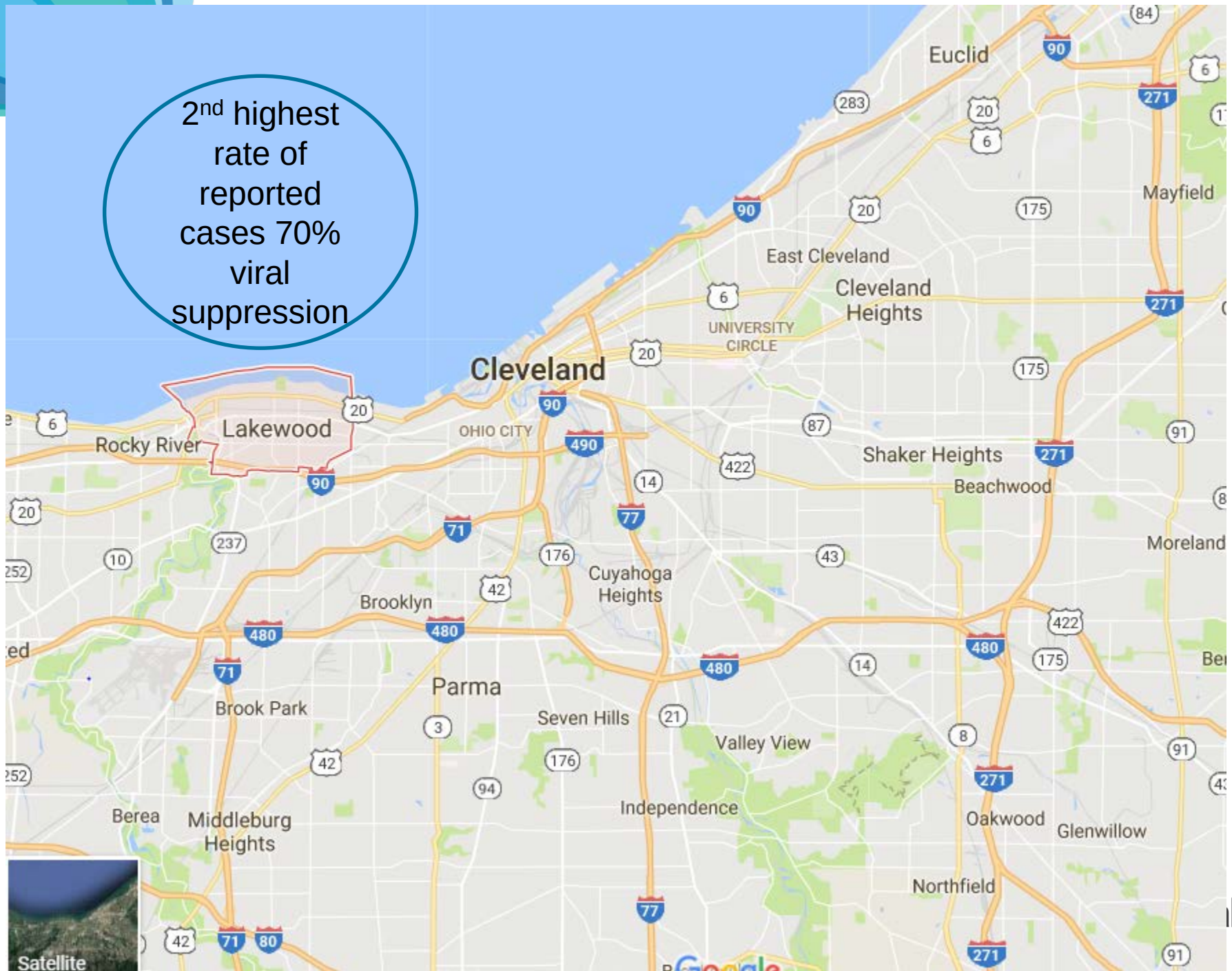
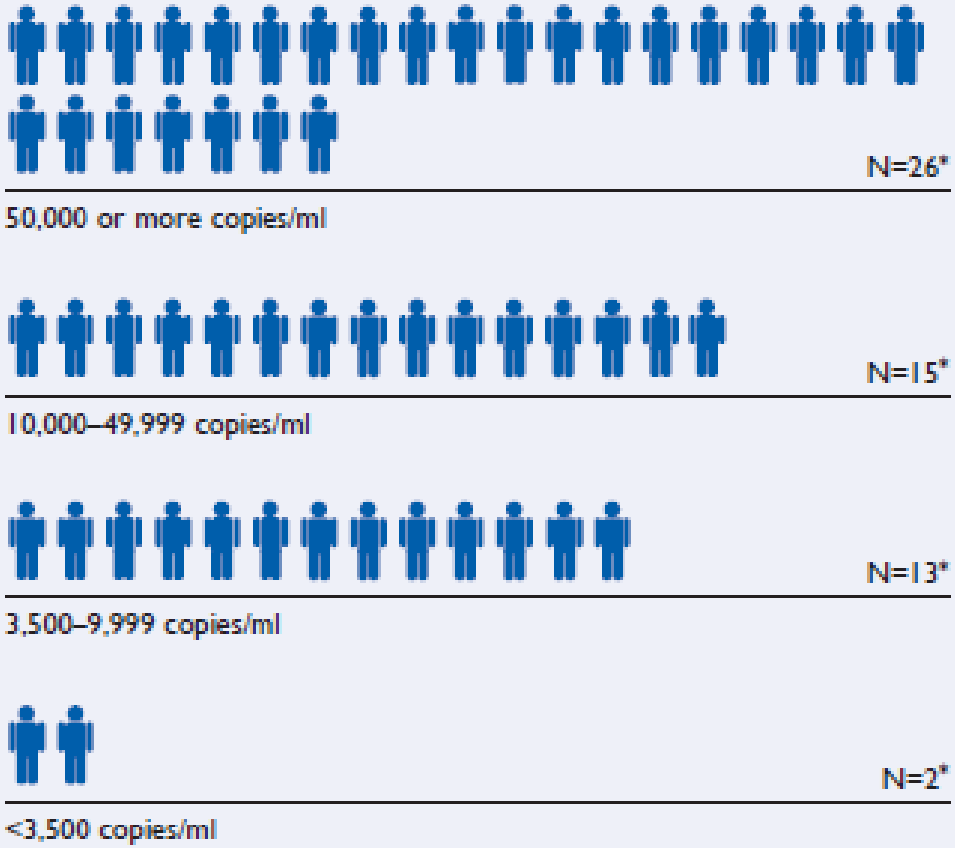

Highest rate of reported cases 65% viral suppression
Lakewood Park
Edgewater Pier
Cleveland
Bratenahl
GLENVILLE
ST. CLAIR - SUPERIOR
UNIVERSITY CIRCLE
CENTRAL
West Side Market
Lakewood
Rocky River
Madison Ave
Detroit Rd
DETROIT - SHOREWAY
Berea Rd
Triskett Rd
Denison Ave
Clinton Rd
A Christmas Story House
Union Ave
Harvard Ave
Linndale
Cleveland Metroparks Zoo
Memphis Ave
PURITAS - LONGMEAD
Brooklyn
Biddulph Rd
Cuyahoga Heights
Brooklyn Heights
Parma
Rockside Rd
Pearl Rd
Snow Rd
Brook Park
Seven Hills
Cleveland Hopkins International Airport
Satellite
Google


2nd highest rate of reported cases 70% viral suppression
Cleveland
Lakewood
Rocky River
OHIO CITY
UNIVERSITY CIRCLE
East Cleveland
Cleveland Heights
Euclid
Mayfield
Shaker Heights
Beachwood
Moreland
Cuyahoga Heights
Brooklyn
Parma
Brook Park
Seven Hills
Valley View
Independence
Oakwood
Glenwillow
Northfield
Berea
Middleburg Heights
Satellite

ESTIMATED NUMBER OF NEW HIV INFECTIONS PER 100 PERSON-YEARS AMONG HETEROSEXUAL SERODISCORDANT COUPLES BY SERUM VIRAL LOAD OF HIV PARTNER[1]



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Conclusion

Viral suppression is excellent among patients who engage in the care system- even if just once in a year

Efforts should be coordinated and target to address disparities

Priority groups are youth, poverty and those with advanced disease

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Acknowledgements

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Discussion and Questions

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