U.S. National HIV/AIDS Strategy: Housing Status as an HIV Core Indicator

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National HIV/AIDS Strategy

- **Reduce new infections** (25%), lower transmission rate (30%), and increase to 90% awareness of HIV+ serostatus
- **Improve access to and outcomes of care** by linking 80% of PLH to care w/in 3 mo of diagnosis, increase to 80% RW clients in continuous care, and increase to 86% RW clients with permanent housing
- **Reduce HIV-related health disparities** by increasing by 20% the number of MSM, Blacks, and Latinos with undetectable viral load
Achieve a More Coordinated National Response to the HIV Epidemic in the U.S.

- Ensure coordinated program administration
- Promote equitable resource allocation
- Streamline and standardize data collection
Common Metrics Needed

“... we must identify a set of common metrics that can be used across HHS-funded HIV/AIDS activities to measure program outcomes in the 12 Cities Project. Developing a streamlined set of common metrics that can be used by all federally funded programs providing HIV/AIDS services makes good sense, will reduce inefficiencies, and will ultimately decrease costs.”

DHHS Secretary Kathleen Sebelius
January, 2011
HHS Directive to Operating Divisions and Staff Offices (April 11, 2012)

1. Within 90 days, work with OASH to finalize a set of common, core HIV/AIDS indicators.

2. In the subsequent 90 days, finalize plans with OASH to implement core indicators, streamline data collection, and reduce reporting burden by at least 20 – 25% for HHS HIV/AIDS grantees.

3. Fully deploy this operational plan by the beginning of FY2014.
Indicators: Phase I
Establish Common Core Indicators

- Assemble Working Group
- Conduct literature reviews
- Hold technical consultations
- Engage consultants, IOM, PACHA
- Define conceptual model and strategy
- Identify core domains
- Establish and operationalize core indicators
Continuum of HIV Care, U.S. 2012

OVERALL: Of the 1.1 million Americans living with HIV, only 25 percent are virally suppressed.

- Diagnosed: 82%
- Linked to Care: 66%
- Retained in Care: 37%
- Prescribed ART: 33%
- Virally Suppressed: 25%

(CDC. “HIV in the United States: The Stages of Care”, July 2012)
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# Establishing Common Indicators for HHS-funded HIV Programs and Services

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
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<tbody>
<tr>
<td>HIV positivity</td>
<td>Number of HIV positive tests in the 12-month measurement period</td>
<td>Number of HIV tests conducted in the 12-month measurement period</td>
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<tr>
<td>Late HIV diagnosis</td>
<td>Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period</td>
<td>Number of persons with an HIV diagnosis in the 12-month measurement period</td>
</tr>
<tr>
<td>Linkage to HIV Medical Care</td>
<td>Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis</td>
<td>Number of persons with an HIV diagnosis in 12-month measurement period</td>
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<tr>
<td>Retention in HIV Medical Care</td>
<td>Number of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between the first medical visit in the prior 6 month period and the last medical visit in the subsequent 6 month period</td>
<td>Number of persons with an HIV diagnosis with at least one HIV medical care visit in the first 6 months of the 24-month measurement period</td>
</tr>
<tr>
<td>Antiretroviral Therapy (ART) Among Persons in HIV Medical Care</td>
<td>Number of persons with an HIV diagnosis who are prescribed ART in the 12-month measurement period</td>
<td>Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period</td>
</tr>
<tr>
<td>Viral Load Suppression Among Persons in HIV Medical Care</td>
<td>Number of persons with an HIV diagnosis with a viral load &lt;200 copies/mL at last test in the 12-month measurement period</td>
<td>Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period</td>
</tr>
<tr>
<td>Housing Status</td>
<td>Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period</td>
<td>Number of persons with an HIV diagnosis receiving HIV services in the last 12 months</td>
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Housing Status and Health for People living with HIV

• The HIV epidemic in developed countries is concentrated among the vulnerable
• Being homeless/marginally housed is common among PLH
• Unstable housing interacts with depression, substance use, and insurance status to affect ART access and outcomes.
• Housing supports can improve health outcomes among PLH (e.g., viral load suppression).
• Rental assistance for homeless and unstably housed PLH is cost-effective, comparing favorably to other interventions.

Sources: Milloy et al., 2012; Hawk & Davids, 2012; Holtgrave et al., AIDS & Behavior, 2012
Indicators: Phase II

Highlights

• 8 of 9 revised plans revised:
  – New CDC/HRSA/SAMHSA data sharing plans
  – HRSA’s HL7 standards-based reporting to improve the interoperability of electronic medical records
  – HRSA Part C and Part D will streamline their FOAs
  – Major shifts to ELRs planned (BPHC, IHS, HAB)
Indicators: Phase II
Highlights – Cont’d

• All will implement relevant standardized core indicators

• Average reductions (where reported):
  – Indicators/data elements = 39.3%
  – Reporting frequency = 28.5%
  – CDC/HAB only = 33.4% and 32.1%

• All will use standardized sex, race, ethnicity indicators
Indicators: Phase III

Future Directions

- Standardizing additional HIV data indicators with uniform definitions and specifications across HHS, not just the seven common core indicators.

- Engaging OpDivs and StaffDivs in an ongoing review of indicator implementation processes to identify points of synergy and opportunities for further streamlining and burden reduction (e.g., aligning reporting deadlines and frequencies).

- Minimizing duplicative data reporting through improved data sharing within and between HHS entities engaged in or funding HIV prevention, treatment, and care services.

- Exploring integrated HIV/AIDS prevention and treatment planning, rather than separate plans reportable to HHS OpDivs (e.g., CDC, HRSA/HAB).
Challenges

• Missing information
• Complex shifting policy environment
• Engaging key HHS partners over time
• Lack of a behavioral core indicator
• Inability to get retention and viral load indicators into Stage 2 Meaningful Use
• Barriers to further streamlining, data sharing
Opportunities

- Standardization across USG (VA, DOJ/BOP, etc.) and between public/private systems
- Integration of reporting systems with EMRs
- Alignment of core indicators with HP2020
- Partnership with new HHS Measures Coordination Group
- Ongoing engagement of HHS leadership
Summary and Discussion

• Good progress toward NHAS, OS, & IOM goals
• Established core indicators, and streamlined data collection, thereby reducing burden by >25%
• Plans have been cleared by HHS, phased in now
• Monitoring of implementation planned, further streamlining across HHS
Vision of the National HIV/AIDS Strategy

“The United States will become a place where new infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life extending care, free from stigma and discrimination.”
AIDS.gov

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