

Examining Clinic-Based and Public Health Approaches to Ascertainment of HIV Care Status

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Background

- Identification and re-engagement of out-of-care HIV-infected individuals is a priority
- Silent transfers, migration, incarceration, and death can result in misclassification of care status
- More work is needed to understand the impact of these states on the domestic HIV care cascade



Geng et. al., JAMA 2008; Buskin et. al. Sex Trans Dis 2014

Background

- Public health surveillance registry data and clinic-based tracking efforts may provide different information about care status for the same patients
- How best to use these sources together to identify and re-engage out of care patients is unknown

Specific Aims

- To determine via tracking the true outcomes of a sample of patients at a large public hospital HIV clinic in San Francisco who by electronic medical record query are lost to follow up
- To use the San Francisco Department of Public Health surveillance registry to classify these patients as in care or out of care
- To compare results from both sources

Methods

- Active clinic cohort defined as individuals with at least one kept primary care visit after April 1, 2010
- Lost to follow up = those who were at least 210 days “late” for a primary care visit as of April 6, 2013
- 10% random sample tracked through chart review, phone, email, mail, in-person from April to December 2013
- Patients matched to surveillance registry data

Care Definitions

Clinic-Based Tracking

In Care

Chart note documenting transfer of care
Drop-in visit with primary care provider
Patient self-report of primary care elsewhere
Incarceration

Out of Care

Other types of visits (e.g. urgent care, social work)
without evidence of primary care visits
Chart note documenting patient as out of care
Patient self-report

Surveillance

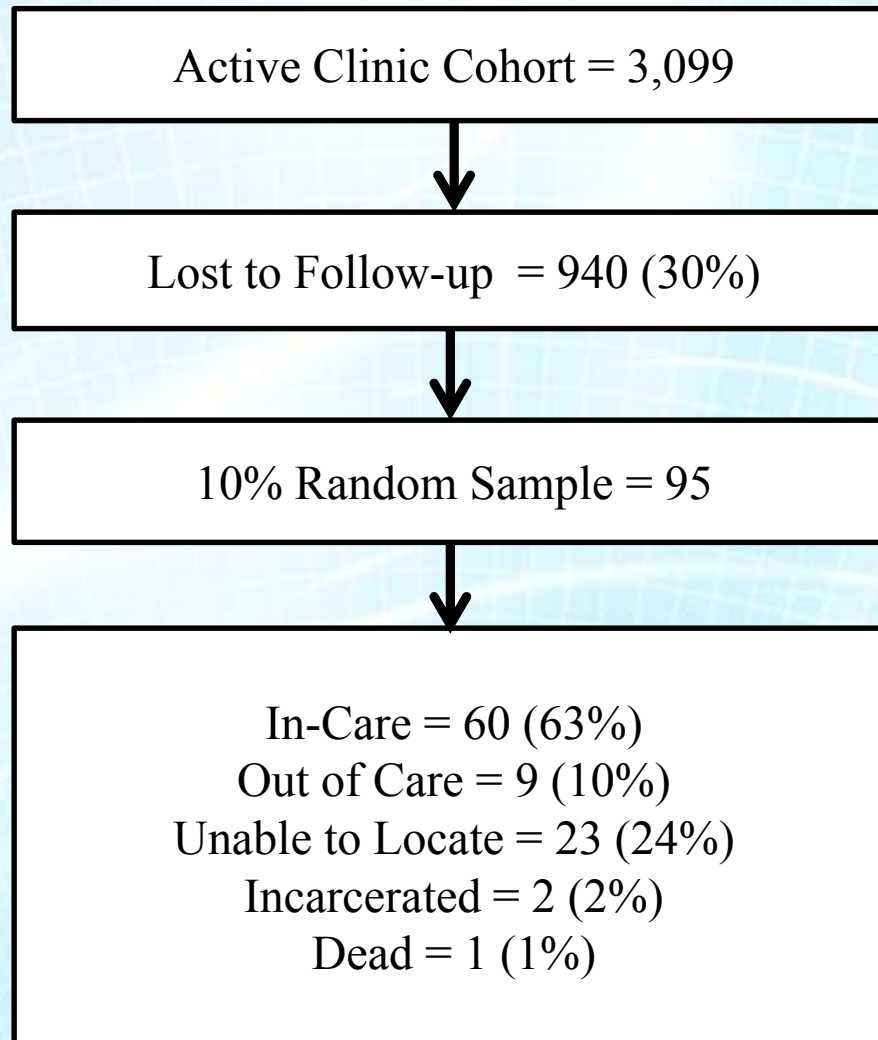
In Care

Presence of CD4 or VL in 210 days prior to 4/6/13

Out of Care

Absence of CD4 or VL in 210 days prior to 4/6/13

Tracking Ascertainment



The Ascertainer



9th International
Conference on
**HIV TREATMENT
AND PREVENTION
ADHERENCE**

In-Person Tracking

- Chart review, phone calls, email, and snail mail yielded no outcomes for 26 individuals
- Over a one-month period of in person tracking, 4/26 (15%) were located
 - 3 in care
 - 1 out of care
- Positive response to in-person outreach

Tracking vs. Surveillance Data

<i>Patient Status As Ascertained by Tracker</i>	<i>Surveillance</i>		Total
	Out of Care	In Care	
Out of Care	4	5	9
In Care	22	40	62
Status Unknown	16	7	23
Total	42	52	94



Note: This table removes the deceased individual, whom surveillance also classified as deceased. Incarcerated = in care.

Tracking vs. Surveillance Data

- By both tracking and surveillance, 40 of 94 individuals (43%) were in care
- Surveillance classified 42 individuals as out of care but tracking found that 22 (52%) were in care
- Surveillance classified 12 individuals as in care that tracking was unable to locate (7) or classified as out of care (5)

Location Status of Individuals Surveillance Classified as Out of Care

N=22

- Out of state = 10 (45%)
- In state, out of county = 7 (32%)
- In state, in county = 5 (23%)

Who was out of care as of April 6, 2013, by both tracking and surveillance?

Demographics	Last Visit	Last Labs	Result	Missed Visit?	Returned to Clinic Care	Notes
30 yo MTF	9/10	6/10	CD4 600 VL 5007	4/11	5/13 CD4 385 & VL 37, 324	Out of care x 3 years
39 yo M	8/12	7/12	CD4 375 VL <40	2/13	10/13 CD4 353 & VL 2902	ED visit 2/13
43 yo M	7/12	7/12	CD4 399 VL <40	7/12	5/13 CD4 548 & VL 17,997	Urgent Care visit 1/13
41 yo F	8/12	8/12	CD4 334 VL <40	1/13	7/13 from drug treatment with VL<40	Found by tracker

Who was out of care as of April 6, 2013, by tracking and in care by surveillance?

Demographics	Last Visit	Last Labs	Result	Missed Visit?	Returned to Clinic Care	Other
43 yo M	4/12	10/12	CD4 561 VL <40	No	No	Planning move to LA
49 yo M	3/12	6/12	CD4 591 VL 1191	5/12	9/13 – did not do labs	Urgent Care & ED visits only
47 yo M	7/12	6/12	CD4 84 VL <40	3/13	4/9/13 CD4 131 & VL <40	Remained on ART, pharmacy visit 3/13
47 yo M	3/12	3/13	CD4 255 VL 433, 863	Yes	5/13 CD4 149 VL 9635	HIV specialty visits only
40 yo M	10/11	12/12	CD4 341 VL 21,793	1/13	4/22/13 CD4 234 VL 40,878	Urgent Care visit

Conclusions

- Surveillance estimates of those out of care were higher than what was found by tracking
- Matching with surveillance data prior to tracking potentially could have removed 52/94 (55%) patients from the tracking list
- The combined use of tracking and surveillance data found that 78% of those lost to follow up were in care

Conclusions

- In care/out of care is a spectrum rather than a binary status
- Not all out of care states are the same
- Clinic-based in-person tracking appears acceptable in a small number of patients but is most likely to be useful when conducted shortly after a missed clinic visit

Implications

- Using clinic-based tracking and surveillance data together provides better ascertainment of care status than either method alone
- The use of surveillance data to target clinic-based outreach efforts may merit further study

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Tracking Vs. Surveillance Data

	In Care by Surveillance with Suppressed VL	In Care by Surveillance with Detectable VL	Total
Out of Care by Tracking	3	2	5
Status Unknown by Tracking	5	2	7
Total	8	4	12

Tracking vs. Surveillance Data

	In Care by Surveillance with Suppressed VL	In Care by Surveillance with Detectable VL	Out of Care by Surveillance	Total
In Care by Tracking	33	7	22	62
Out of Care by Tracking	3	2	4	9
Status Unknown by Tracking	5	2	16	23
Total	41	11	42	94