**Out of Care Coordination – Frequently Asked Questions**

**Background**

1. Why should HIV service providers actively engage with The Louisiana Department of Health’s STD/HIV/Hepatitis Program (SHHP)?
	1. As the primary point of interaction between the health system and clients, **HIV service providers have the best capability of recognizing clients who are likely to fall out of care** (OOC) before they are identified by SHHP. By communicating with SHHP’s larger scope of data, efforts can be prioritized around locating clients, ensuring up to date information, and **reengaging clients** into care.
2. What is the purpose of creating a data sharing process between SHHP and HIV care providers?
	1. The DSA is in place to cover the routinely generated match reports that are provided back to the care facilities in order to create priority populations within the OOC list. The OOC list can be stratified into categories of persons who need follow-up because they are still presumed to be out of care, or they are not virally suppressed. The use of a data sharing agreement (DSA) **outlines the parameter of the proposed data exchange and provides legal basis for the exchange to occur**. A signed DSA must be provided to SHHP before any data transfers may occur.
3. How will SHHP be matching the data being provided?
	1. SHHP will be matching the out of care list provided by the HIV providers to all persons living with HIV whose laboratory data is captured in the Laboratory Management System (LMS).
4. How will files be transferred between SHHP and HIV providers?
	1. Via a **secure data transfer platform,** that ensures only the appropriate parties are able to access the files.

**Processes**

1. What are the variables for facilities to use when submitting a line listing of patients for matching to SHHP?
	1. Facilities submit a line listing of patients with the following variables
		1. **ClientID**
		2. **First\_Name**
		3. **Last\_Name**
		4. **DOB**
		5. **SSN**
	2. Please refer to the DSA for the exact variable name and format that is required.
2. Which clients should be submitted in this initial matching list to SHHP? Just OOC, or entire patient list?
	1. That is up to the facility to determine, either is fine.
	2. Just PWH who are OOC, by whatever definition your facility uses.
3. What should facilities expect in response from SHHP once the match is complete?
	1. An **output report** will be sent back to the facility, with the following variables for each client:
		1. **0** – no recorded CD4 count of Viral Load within the last six months
		2. **1** – Has had a CD4 Count or Viral Load within the last six months at a location besides your clinic
		3. **2** – Had had a CD4 count or Viral Load within six months at your clinic
		4. **3** – Dead
		5. **4 –** Moved Out of State
		6. **5** – not found in SHHP
	2. Additionally, a date of death will be provided for clients with disposition 3, and a yes/no for if the clients were virally suppressed (viral load below 200 copies/ml) for those with disposition 1 or 2
4. As a provider, what are the basic steps to starting a new data exchange with SHHP?
	1. There are **five** key steps:
		1. Provider signs DSA and returns it to SHHP
			1. Provider may request a review of the DSA prior to signature
		2. Provider indicates primary and secondary contacts
		3. SHHP configures file transfer mechanism
		4. Provider tests file transfer with dummy data table
		5. SHHP confirms success of test transfer
5. What would a routine data exchange look like once the set-up is complete between providers and SHHP?
	1. There are **four** steps to a routine exchange
		1. Provider submits client data set through the file transfer
		2. LA SHHP pulls data file from client upload folder and performs data match, producing the output report
		3. LA SHHP returns file to provider via secure file transfer protocol (SFTP)
		4. Provider retrieves output file

**Miscellaneous questions**

1. How often can data linkages happen?
	1. Linkages will occur on a **monthly basis** for the purposes of this specific data exchange. Data files must be received from the Provider by the first Friday of each month in order for the match to be completed.
2. Do names need to be spelled exactly the same for the system to find a match?
	1. A linkage algorithm is used that **includes** **alternative spellings** to improve the likelihood of a match
3. Who should the provider and/or staff reach out to if they have questions?
	1. Please reach out to Jessica Fridge, Jessica.fridge@la.gov with questions about the data sharing agreements and Madison Chomsky Albright Madison.albright@la.gov with technical or data related questions.