Out of Care Coordination Standard Operating Procedure

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# Background

The Louisiana Department of Health STD/HIV/Hepatitis Program (SHHP) collects and stores data related to HIV, STD, and Hepatitis surveillance and patient care. These data are used to monitor people with HIV (PWH) in attempt to ensure that all PWH are actively receiving HIV care, and advancing towards viral suppression. HIV service providers play a large role in this effort, as providers are a primary point of interaction between the health system and the client. HIV care providers have the capability to recognize clients who are falling out of care (OOC) before that evidence reaches the state systems – and thus can initiate contact attempts and return them to care sooner if they do fall out of care. However, providers lack access to the larger scope of data – which can lead to wasted efforts attempting to locate clients who are no longer receiving care at their facility – that may have moved, are in care in another facility, county, or even out of the state, or have passed away.

This Standard Operating Procedure (SOP) outlines a standardized process for data sharing between Louisiana HIV care providers and the state data systems. This data sharing is for the purpose of providing routine data quality feedback to the facilities in order to narrow down their OOC lists to those clients who are still presumed to be not receiving care within the state. The full extent of the data sharing is outlined in subsequent sections of this protocol. Data variables or data sharing processes not outlined in this protocol will not be considered for this project – as the goal for this particular exchange is to provide streamlined, standardized data quality feedback to as many facilities as possible without adding significant burden to state nor facility with respect to data processing workload.

# Purpose

The purpose of this protocol is to outline a succinct and streamlined process for HIV providers to participate in routine data quality matches for their clients, via data sharing with the Louisiana Department of Health’s SHHP.

# Data Systems

## **eHARS**

The Enhanced HIV/AIDS Reporting System (eHARS) is a browser-based, CDC-developed application. It is a document-based data collection and management system that assists health departments with the management of the state’s HIV/AIDS cases. Through this system states can run reports and analysis, as well as facilitate the transfer of data to CDC.

eHARS data will be used for the provider client list match. eHARS data is updated regularly as lab data for PWH are funneled into the system.

## **LMS**

All HIV laboratory tests results collected in HIV laboratory surveillance are compiled in the Laboratory Management System (LMS), which is a system created by SHHP IT staff. All laboratory test results for persons in eHARS are originally routed to LMS and LMS serves as the database with the most current laboratory data.

# File Transfer Mechanism

All files transferred between the SHHP and HIV providers will be conducted via a secure data transfer platform that is configured to ensure only the appropriate parties are able to access the file. Predetermined primary and secondary contact persons from each participating provider will be the only individuals able to upload and access files for this data exchange.

# Data Sharing Agreements

In order to participate in this data sharing process, facilities must sign and return a Data Sharing Agreement (DSA) which outlines the parameters of the data exchange and provides a legal basis for the exchange to occur. A fully executed version of the agreement must be on file before any data can be transferred.

# Data Variables

To initiate the data exchange, facilities will submit a line listing of patients with the variables outlined in Table 1. Facilities must use the exact naming conventions as in Table 1, and a template is included in the toolkit associated with this protocol. The lists submitted for matching, contains persons determined to be OOC at the facility. The variables in Table 1 will be used for matching clients to the SHHP data systems.

## **Table 1. Data Variables for Provider Data Submission to LA SHHP**

|  |  |
| --- | --- |
| **Variable** | **Variable Definition** |
| ClientID\* | Clinic specific identifier, SHHP does not retain this field but returns it to the Recipient at the conclusion of the match |
| First\_Name\* | Client first name, legal preferred |
| Last\_Name\* | Client last name, legal preferred |
| DOB\* | Client date of Birth, in MMDDYYYY format, no spaces, slashes or dashes |
| SSN+ | Client social security number, no spaces, slashes or dashes |

*\*Required variables. If these data fields are not sent, the algorithm will not match the associated record to SHHP data.*

*+Persons reported without SSN may be less likely to find a match to SHHP data. Partial SSN will be accepted only if submitted as last four digits of SSN without any leading placeholders for missing values (ex: 1234 instead of XXX-XX-1234 or 000001234). Clients without SSN should be submitted with a blank field.*

The matched data feedback will be detailed in an output report, with the variables in Table 2. A dummy table is included in the associated toolkit for reference.

## **Table 2. Data Variables for LA SHHP Feedback to Provider**

|  |  |
| --- | --- |
| **Variable** | **Variable Definition** |
| Disposition | 0 – No Recorded CD4 count or Viral Load within the last six months |
|  | 1 – Has had a CD4 count or Viral Load within the last six months at a location besides your clinic |
|  | 2- Has had a CD4 count or Viral Load within the last six months at your clinic |
|  | 3 – Dead |
|  | 4 – Moved Out of State |
|  | 5 – Not Found in SHHP\*\* |
| Date of Death | Date the client was deceased, **only** for clients with disposition 3 |
| Last Viral Load, Virally Suppressed | (Yes/No) At the clients last Viral Load, they were virally suppressed (<200), **only** for clients with disposition 1 & 2 |

*\*\* A high volume of clients with a Disposition of 5, may indicate that the file contents need review and resubmission. SHHP will discuss directly with the submitting agency.*

# Data Exchange Process Steps

## **Start-Up**

1. Provider signs DSA and returns it to LA SHHP

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

## **Routine Exchanges**

1. Provider submits client data set through file transfer, by the first Friday of each month. Client data set is inclusive of persons determined to be out of HIV medical care. Providers may be asked to send an email or complete a simple survey when files are submitted.

*The data must be submitted using the data format and naming conventions as defined in the data sharing agreement. A template is provided in the toolkit for this exchange. Data that are not uploaded within the aforementioned time period will not be matched until the following month.*

2. LA SHHP pulls data file from client upload folder and performs data match, producing output report.

3. LA SHHP returns output report to provider via secure file transfer

4. Provider retrieves output report

5. Process can be repeated as often as monthly (12x per year).