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Comparative Yield of Data-to-Care Data Sources

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BACKGROUND

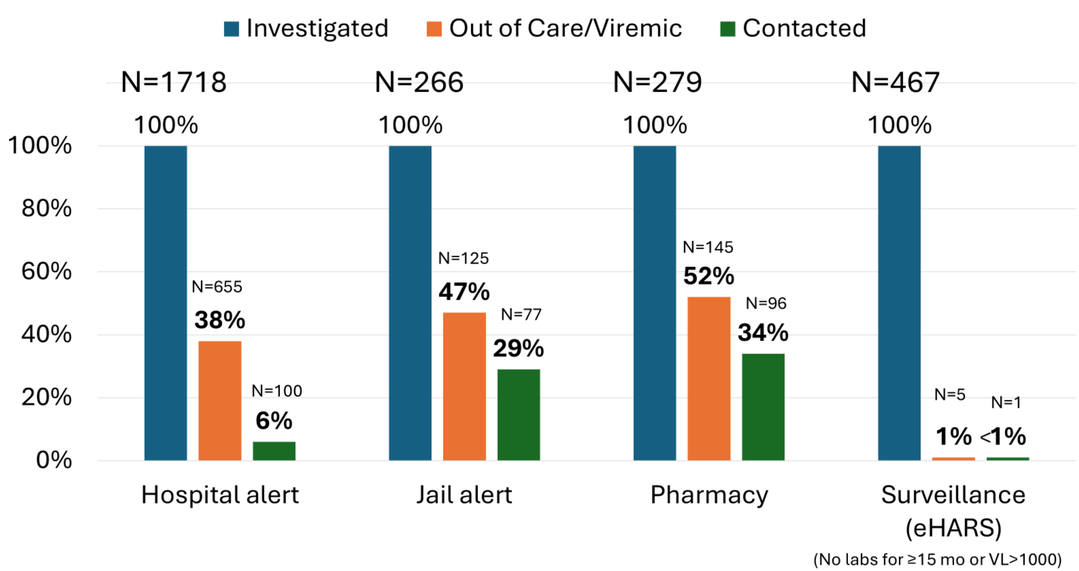
- Health departments in the U.S. use HIV surveillance data to identify persons with HIV (PWH) who are out of care and assist them with relinking to care [data to care (D2C)]
- The public health impact of D2C programs has been limited by difficulty identifying and reaching out-of-care PWH using HIV surveillance data alone
- We examined the utility of incorporating other data sources into D2C work

METHODS

- We compared 4 data sources used for D2C in King County, WA during 9/2023-9/2024:
  - **Surveillance database** - the enhanced HIV/AIDS Reporting System (eHARS)
  - **Jail booking records** matched with surveillance data
  - **Hospital alerts** (emergency department visits or inpatient admissions) matched with surveillance
  - **Pharmacy records** of late medication pick-up from one HIV specialty pharmacy.
- **Criteria for D2C investigation** varied by source but included
  - no evidence of recent care [no CD4 or viral load (VL) result in 12-15 months], or
  - persistent viremia or
  - late antiretroviral medication refills (35-65 days)
- **Case investigation** - Health department staff investigated cases using public health databases and medical records, contacted PWH to help with re-engagement in HIV care, and recorded dispositions in standardized fields in an electronic database.
- **Analysis**
  - Unit of analysis = investigations (PWH could be identified more than once)
  - Outcomes
    - Candidates for support - investigation confirmed or suggested PWH was truly out-of-care, viremic or off medications and living in King County
    - Contacted - successful health department contact with identified persons.

Health department staff identified and contacted more people who were out of HIV care using hospital alerts, jail booking records, and pharmacy records than with surveillance data alone

Comparative Yield of D2C Data Sources, King County, WA, 10/2023 - 09/2024, N=2730 records



RESULTS

- 2,730 records were identified for investigation
- Compared to eHARS data alone, all other sources yielded a higher percentage of candidates for support (1% vs. 38-54%; see figure).
- Hospital alerts generated the most records and the largest number of people who were successfully reached, though only 6% of hospital alerts led to successful contact, largely because many persons identified through that source were already enrolled in low-barrier HIV care.

LIMITATIONS

- Limited to one public health jurisdiction
- Pharmacy and hospital records may not be broadly available to other health departments
- Generalizability unknown

CONCLUSIONS

- Using surveillance data alone for D2C is an inefficient way of identifying out-of-care PWH, but in combination with other data sources, D2C programs can reach more people who may benefit from support relinking to care.
- Since jail booking records are publicly available, incorporating jail records into D2C programs is likely to be broadly feasible.

ADDITIONAL KEY INFORMATION

The authors acknowledge Dr. Matthew Golden, Amy Bennett, Zachary Tolley, Michelle Perry, Sarah Stewart, and many other disease research and intervention specialists at Public Health – Seattle & King County who conducted D2C work.

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