



Use Case Policy: HIV Care Re-Engagement

Overview

Under mandate, the Secretary of the Maryland Department of Health (MDH) and local Health Officers are required to monitor HIV/ AIDS diagnoses and ongoing health outcomes for reported HIV cases, and to implement disease control activities to prevent the transmission of HIV. Linking out-of-care persons living with HIV (PLWH) to appropriate treatment and care is an example of a disease control and prevention activity. The Director of the District of Columbia Department of Health (DCH) is authorized by law to prevent and control the spread of communicable disease pursuant to DC Official Code 7-131. Under the scope of this use case, CRISP will provide, to MDH and DCH, encounter information for out-of-care PLWH, as identified by MDH and DCH, via the Encounter Notification Service (ENS). ENS encounter information will support MDH, DCH and health officers in fulfilling the r mandated activities by informing and initiating the provision of re-engagement services to PLWH who are not engaged in HIV medical care.

Background and Value

The Secretary of MDH and local Health Officers are required by law to monitor HIV/ AIDS diagnoses, case reports, and HIV-related laboratory results. Under Maryland Health-General Article §18-201.1 and §18-202.1, physicians and institutions are required to report HIV/AIDS cases to the Health Officer for the jurisdiction where the patient was treated. The case report is an abstract of the medical record of a diagnosed patient and contains information including, but not limited to relevant information on: the initial diagnosis, treatment and referral, and clinical conditions (§18-207). Additionally, laboratories are required to report HIV diagnostic tests with positive results and all CD4 counts and HIV viral load test results for persons not known to be HIV negative (§18-205). The Health Officer has the authority under specific provisions in law to assist with limiting the spread of infection, including investigating all cases reported as not complying with risk reduction and taking action to prevent HIV transmission (COMAR 10.18.04). In the District, the Director or his or her designee shall make any investigation that he or she may deem necessary for the purpose of determining the source of the infection and the nature of the HIV treatment (22-B DCMR § 206). Engagement in HIV medical care and receipt of anti-retroviral therapy to suppress a patient's HIV viral load is one of the most effective strategies for preventing the transmission of HIV to uninfected individuals. Therefore, current HIV disease control and prevention activities emphasize the importance of identifying PLWH who are not fully engaged in HIV medical care and conducting public health follow-up to link these individuals to HIV medical care and support services. If a Health Officer or the Director suspects an individual living with HIV is not engaged in HIV care, local health department staff follow up with providers and out-of-care PLWH to assess current HIV care engagement and offer re-engagement support (as needed). The CRISP ENS service will provide valuable information to assist health officers and their designees in reengaging PLWH in HIV medical care, thereby improving patient health and limiting the spread of HIV. Using ENS will also allow MDH and DCH to better understand the health care utilization of PLWH who are not engaged in HIV medical care, identify health care providers to partner in re-engagement initiatives, and implement real-time ENS initiated re-engagement services.

Permitted Purpose Category

For a Public Purpose, as permitted or required by Applicable Law and consistent with the mission of the HIE to advance the health and wellness of patients in the CRISP service area (Permitted Purpose #2).



Use Case Description


MDH and DCH will securely provide an electronic panel of patients comprised of individuals diagnosed with HIV/AIDS for whom analysis of available data does not indicate recent engagement in HIV medical care. MDH and DCH will receive encounter information via ENS for any individual on the panel seeking treatment at a participant connected with CRISP. These data will allow MDH and DCH to: 1) better understand the health care utilization of PLWH who are not engaged in HIV medical care; 2) identity settings and partners for expanded HIV care re- engagement activities; and 3) implement real-time ENS alerts to initiate HIV care re- engagement services.

Opt-Out Applicability

Individuals who have chosen to Opt-out of CRISP services will not be accessible via CRISP Services by DCH, MDH, nor Health Officers. Individuals will not be able to opt-out of state mandated registries or surveillance systems.

Approval

This Use Case was originally approved on February 9, 2016. This updated Use Case has been approved by the Clinical Advisory Board.



Chairperson

8/28/19

Dated