Clinical and Behavioral Characteristics of Adults Receiving Medical Care for HIV Infection

Part Two

Janet M. Blair, PhD, MPH
Epidemiologist/Project Officer
Clinical Outcomes Team
Behavioral and Clinical Surveillance Branch Division of HIV/AIDS Prevention National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Centers for Disease Control and Prevention

MEDICAL MONITORING PROJECT

AETC CAPITOL REGION TELEHEALTH PROJECT

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

DEPARTMENT OF HEALTH & HUMAN SERVICES USA CDC

Howard University
CME Accreditation

Sponsor Accreditation: Howard University College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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Goulda A. Downer, PhD, RD, LN, CNS – Principal Investigator/Project Director

CME Disclosures: Planning Committee and Speaker

AETC-Capitol Region Telehealth Project Planning Committee :
The following committee members have nothing to disclose in relation to this activity:

Keith W. Crawford, RPH, PhD
I. Jean Davis, PhD, PA, AAHIVS
Goulda A. Downer, PhD, RD, LN, CNS
John I. McNeil , MD
Denise Bailey, MEd
Marjorie Douglas-Johnson, BA

Speaker: The following speaker has nothing to disclose in relation to this activity: Janet Blair, PhD, MPH

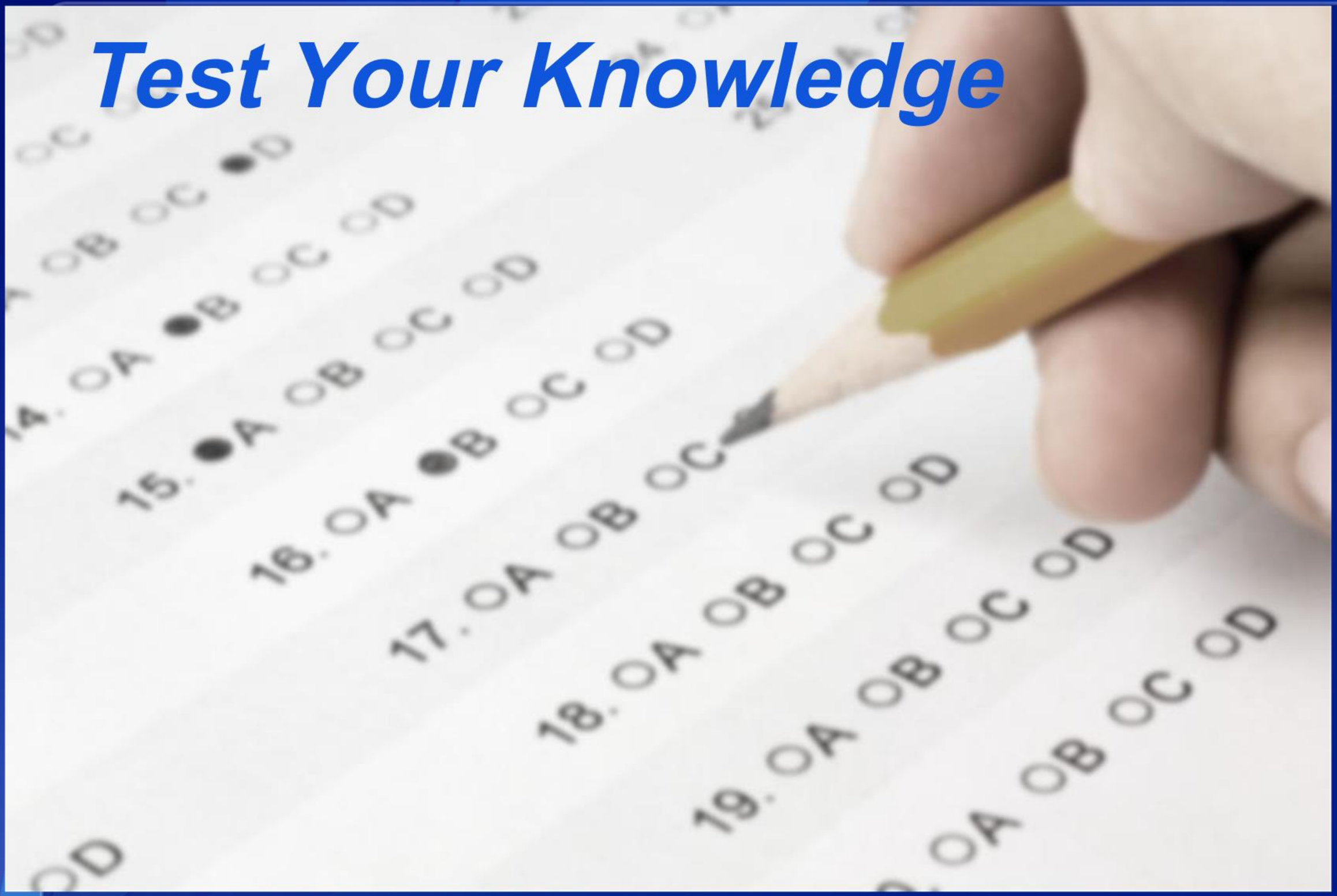
Howard University CME Accreditation Requirements for Internet Viewers

Intended Audience: Low volume clinicians (i.e. those with fewer than 25 patients in their case load who are HIV positive): Physicians, Physician Assistants, Nurse Practitioners, Pharmacists, Dentists, Nurses, Social Workers, Case Managers and the Provider Team Members.

Webinar Requirements: A computer, phone, etc. with Internet accessibility and a telephone line.

- **Your presence on the call must be acknowledged at the start of each session. Please log in for the session announce your name loud and clear at the beginning of the session.**
- **We are unable to provide you with CME credits if you leave the session early.**
- **To receive CME credits, you are required to complete and return the CME Evaluation Survey at the end of each session. It may be scanned and emailed back to mdouglas@howard.edu , or faxed to: AETC-Capitol Region Telehealth Project (*FAX#: 202.667.1382*) ATTN: Training Coordinator.**

Test Your Knowledge



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Objectives

At the end of Part 2 of this webinar the participants will have an enhanced ability to:

Learning Objectives:

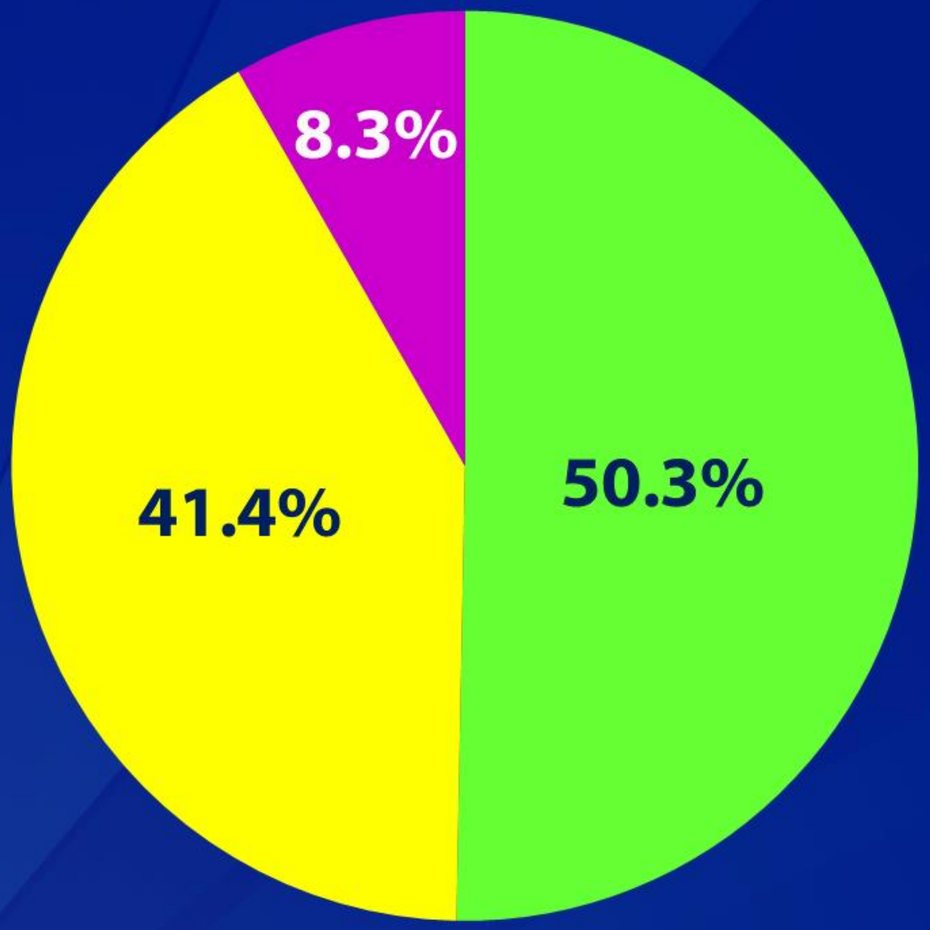
- **Explain the importance of the CDC Medical Monitoring Project to community health and wellness.**
- **Describe the behavioral characteristics of adults receiving outpatient medical care for human immunodeficiency virus (HIV) infection.**
- **Describe the clinical characteristics of adults receiving outpatient medical care for HIV infection.**
- **Discuss how the data obtained from the CDC Medical Monitoring Project may be used to inform healthcare providers and other stakeholders.**

Time since HIV Diagnosis[a] — Medical Monitoring Project, United States, 2009

Time Since HIV Diagnosis	No.	Weighted %
< 5 years	951	23.2
5 – 9 years	978	23.1
≥ 10 years	2,283	53.8

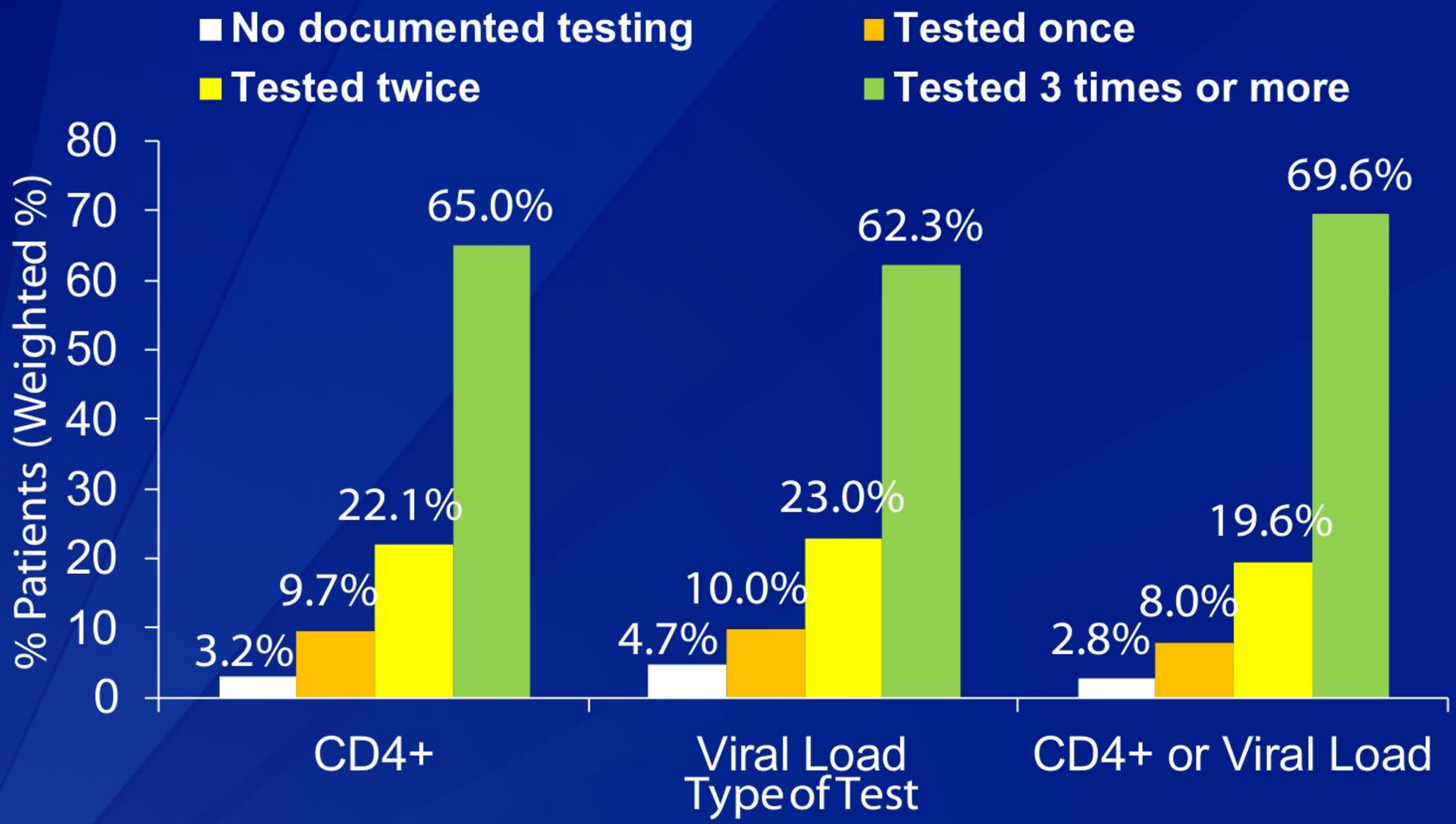
[a]From patient interview data.

Sexual Orientation[a] of HIV-Infected Patients — Medical Monitoring Project, United States, 2009



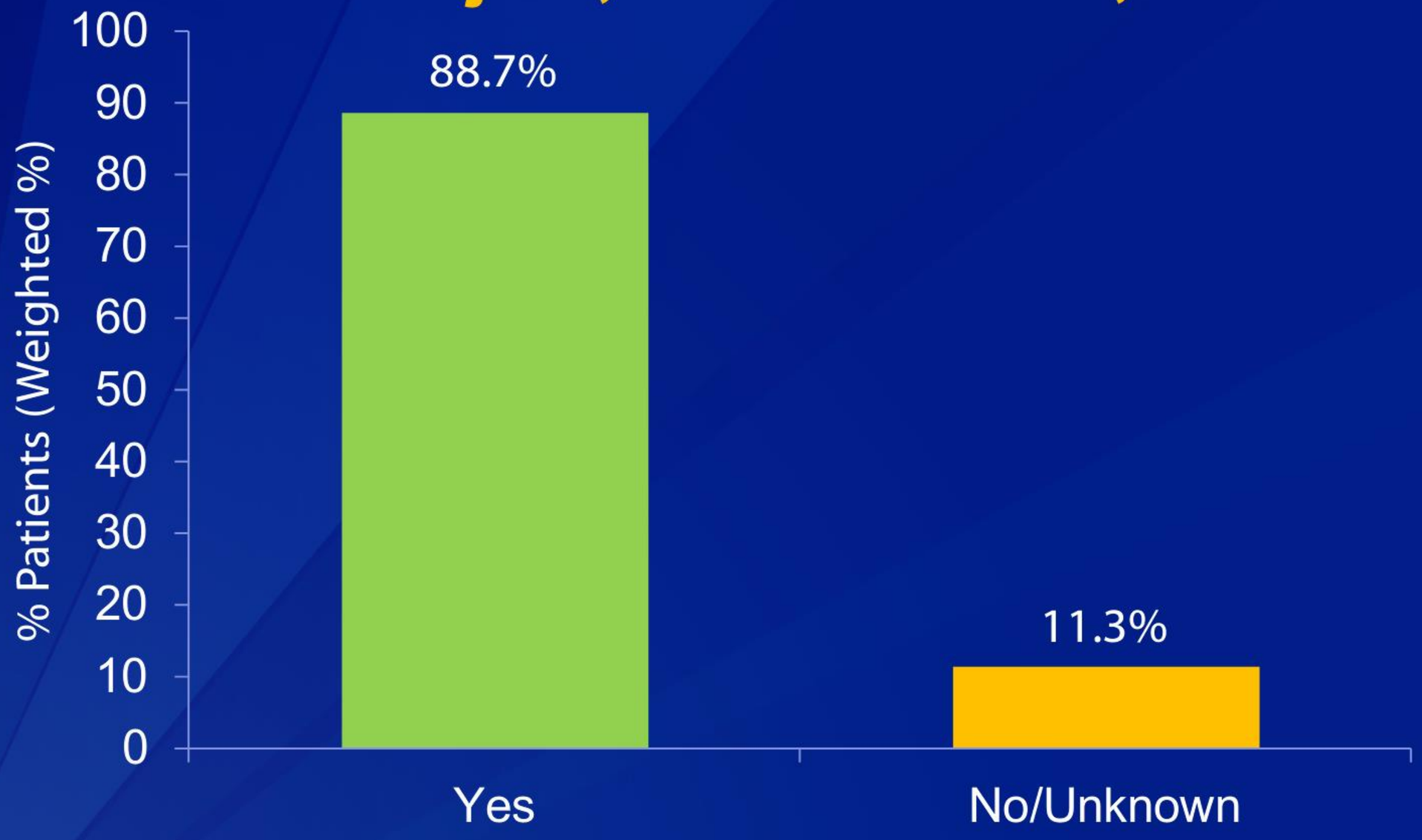
[a]From patient interview data.

Frequency of CD4+ T-Lymphocyte (CD4+) and HIV Viral Load Testing among HIV-Infected Patients[a,b] — Medical Monitoring Project, United States, 2009



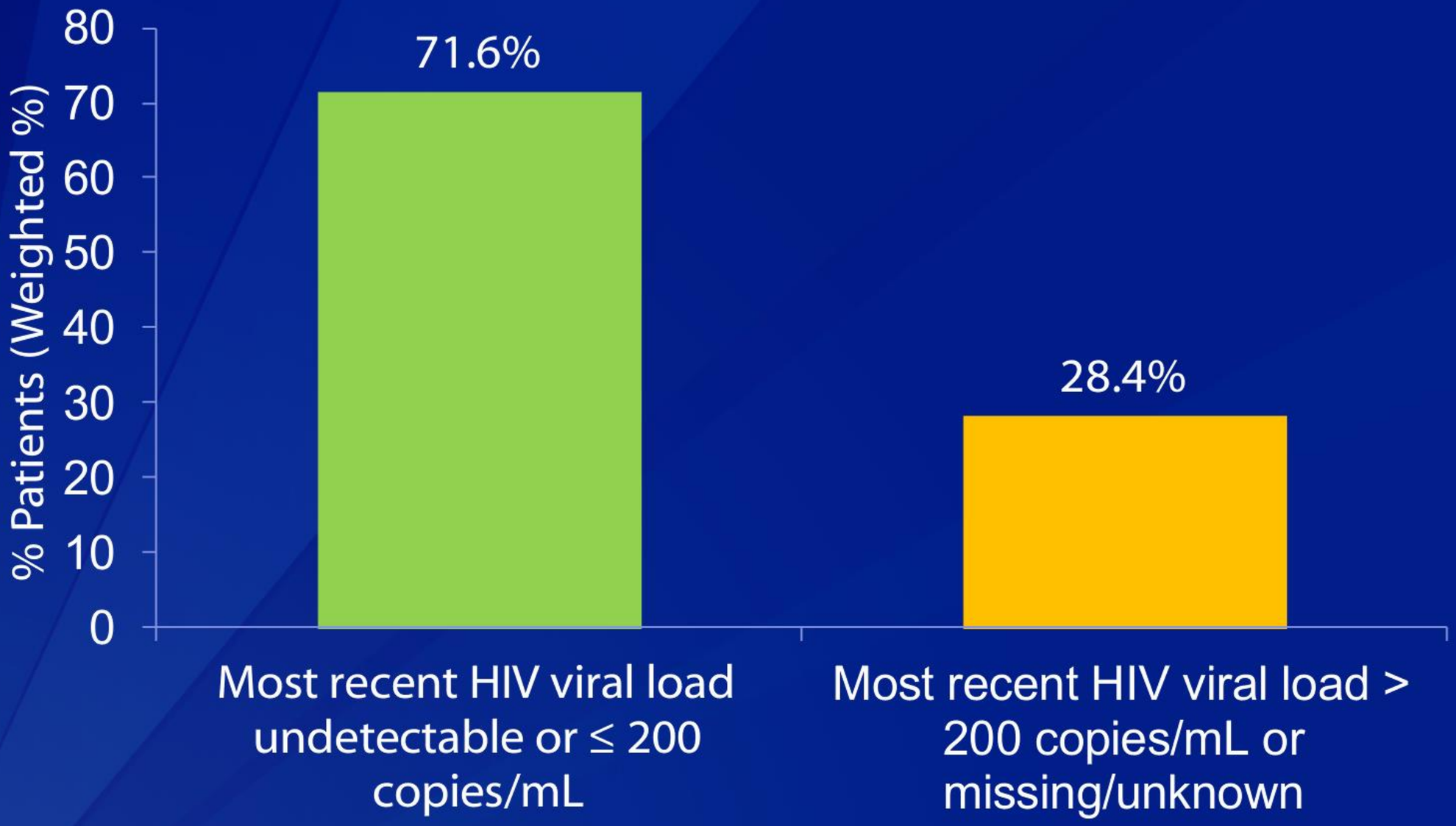
[a]From medical record abstraction data. [b]In the 12 months before the interview.

Prescription of Antiretroviral Therapy among HIV-Infected Patients[a, b] — Medical Monitoring Project, United States, 2009



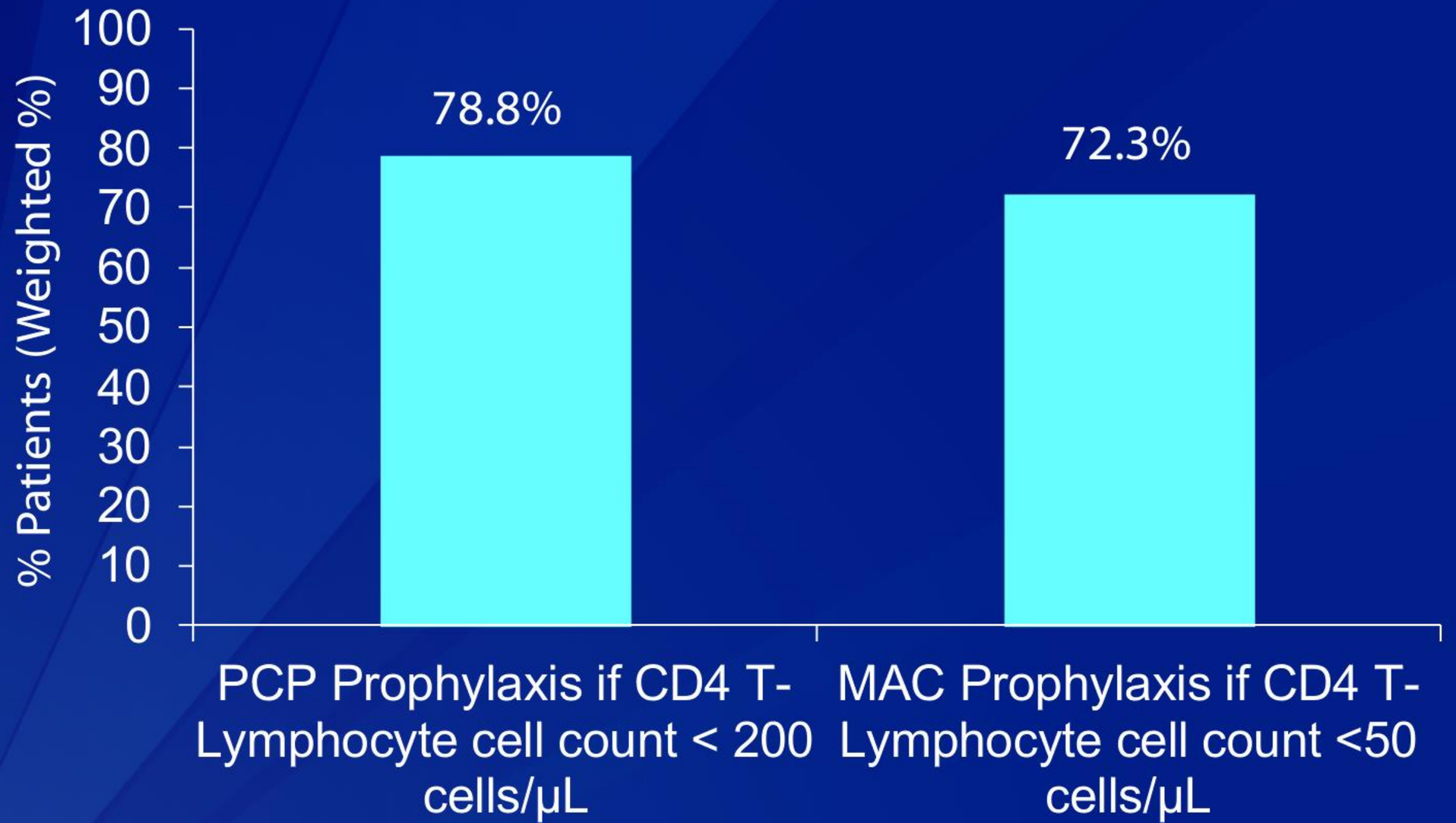
[a]From medical record abstraction data. [b]In the 12 months before the interview.

Most Recent HIV Viral Load among HIV-Infected Patients[a,b] — Medical Monitoring Project, United States, 2009



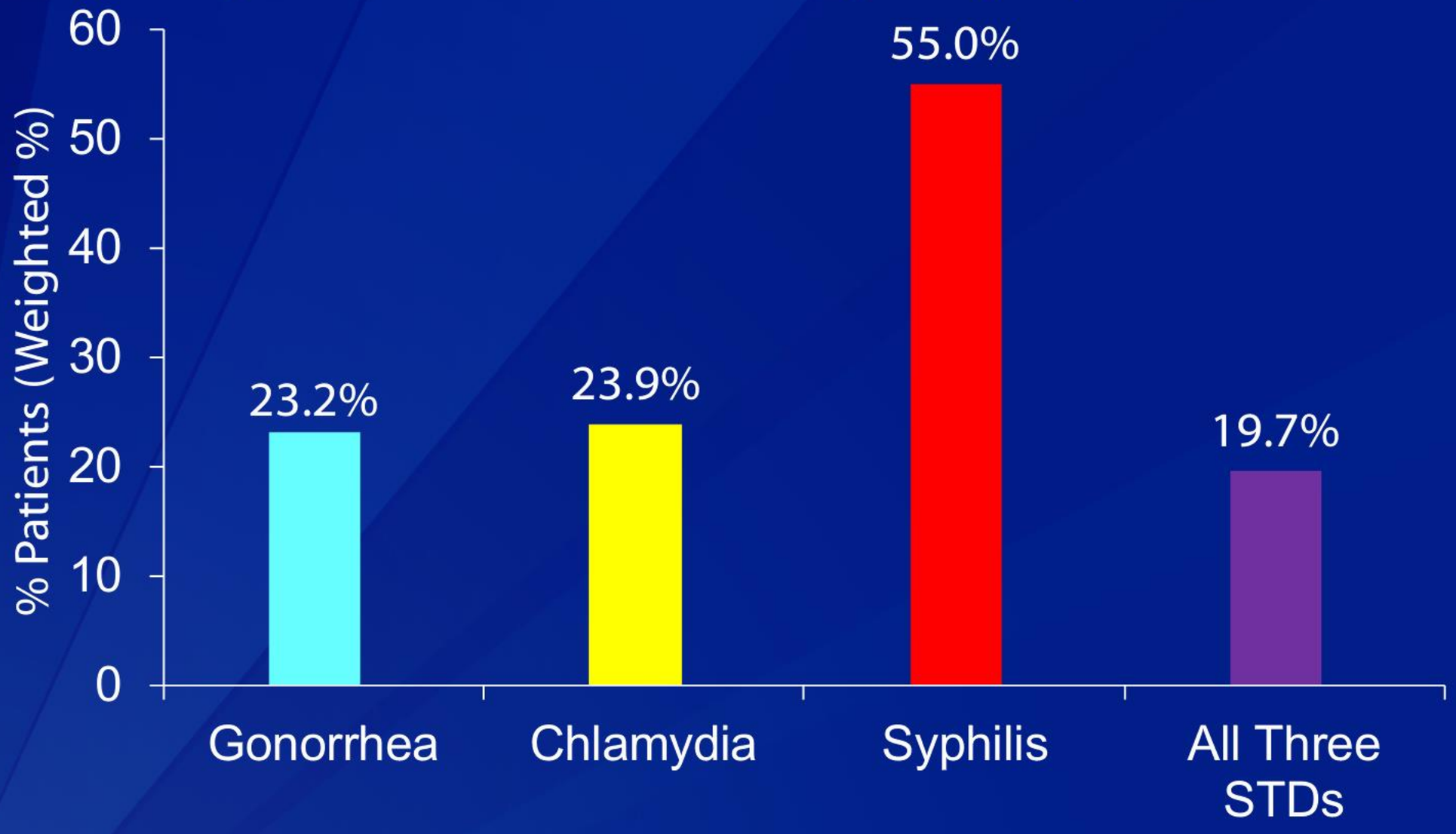
[a]From medical record abstraction data. Viral load value closest to the time of patient interview. [b]In the 12 months before the interview.

Receipt of *Pneumocystis* pneumonia (PCP) and *Mycobacterium avium* (MAC) prophylaxis among HIV-Infected Patients[a,b] — Medical Monitoring Project, United States, 2009



[a]From medical record abstraction data. Based upon prophylaxis as clinically indicated by CD4+ T-lymphocyte count. [b]In the 12 months before the interview.

Proportion of HIV-Infected Sexually Active[a] Patients who Received Testing[b] for Selected Sexually Transmitted Diseases (STDs) — Medical Monitoring Project, United States 2009



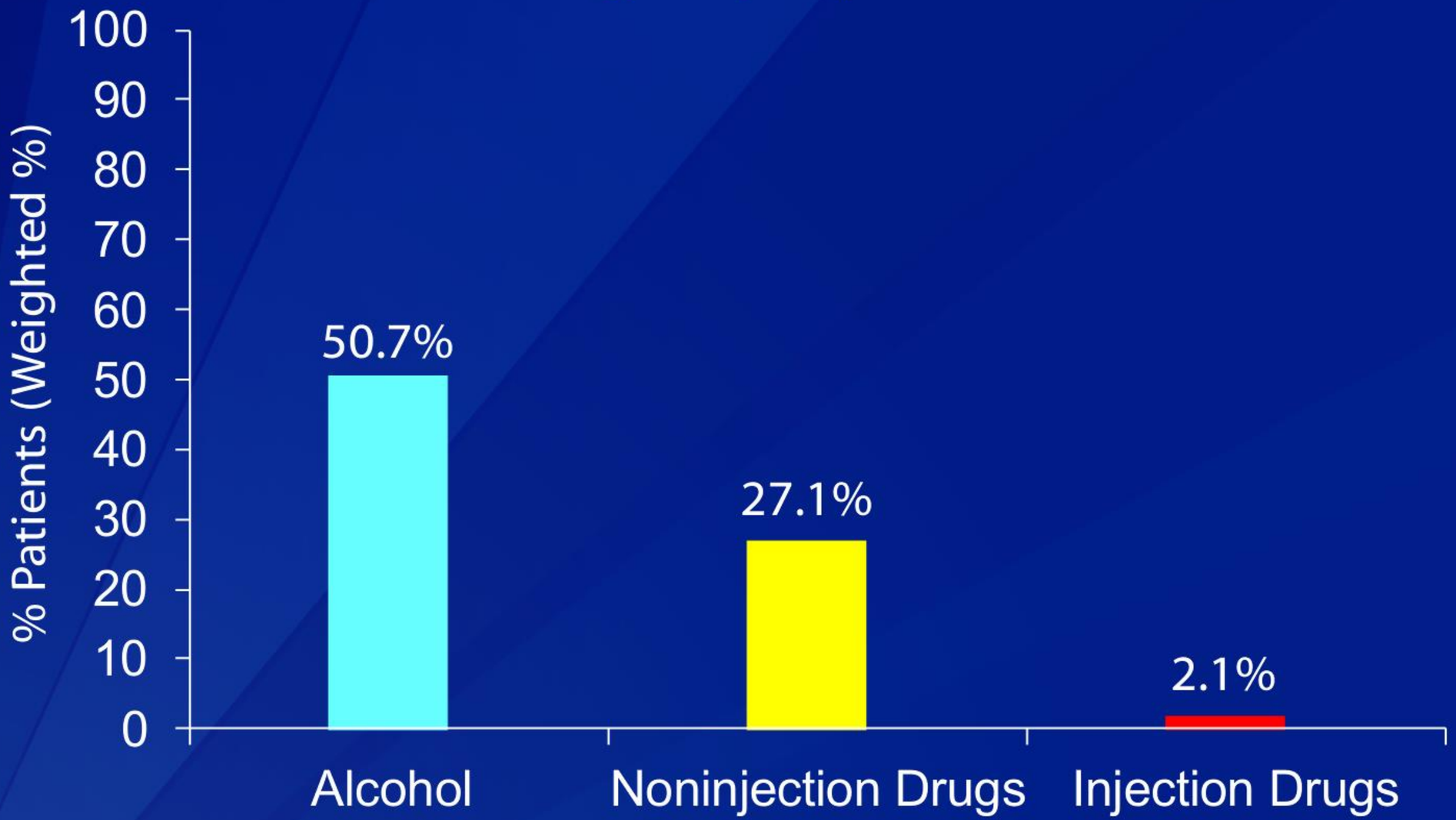
[a]Sexual behavior data from patient interview. The term sexually active is defined as those patients (n=2,630) who reported engaging in anal, oral, or vaginal sex in the 12 months before the interview. Testing data is from 12 months before the interview. [b]From medical record abstraction data.

Depression among HIV-Infected Patients[a,b] — Medical Monitoring Project, United States, 2009

- Using the PHQ[c]-8 algorithm based on (DSM-IV) Criteria[d], 25.6% of patients had major depression or other depression

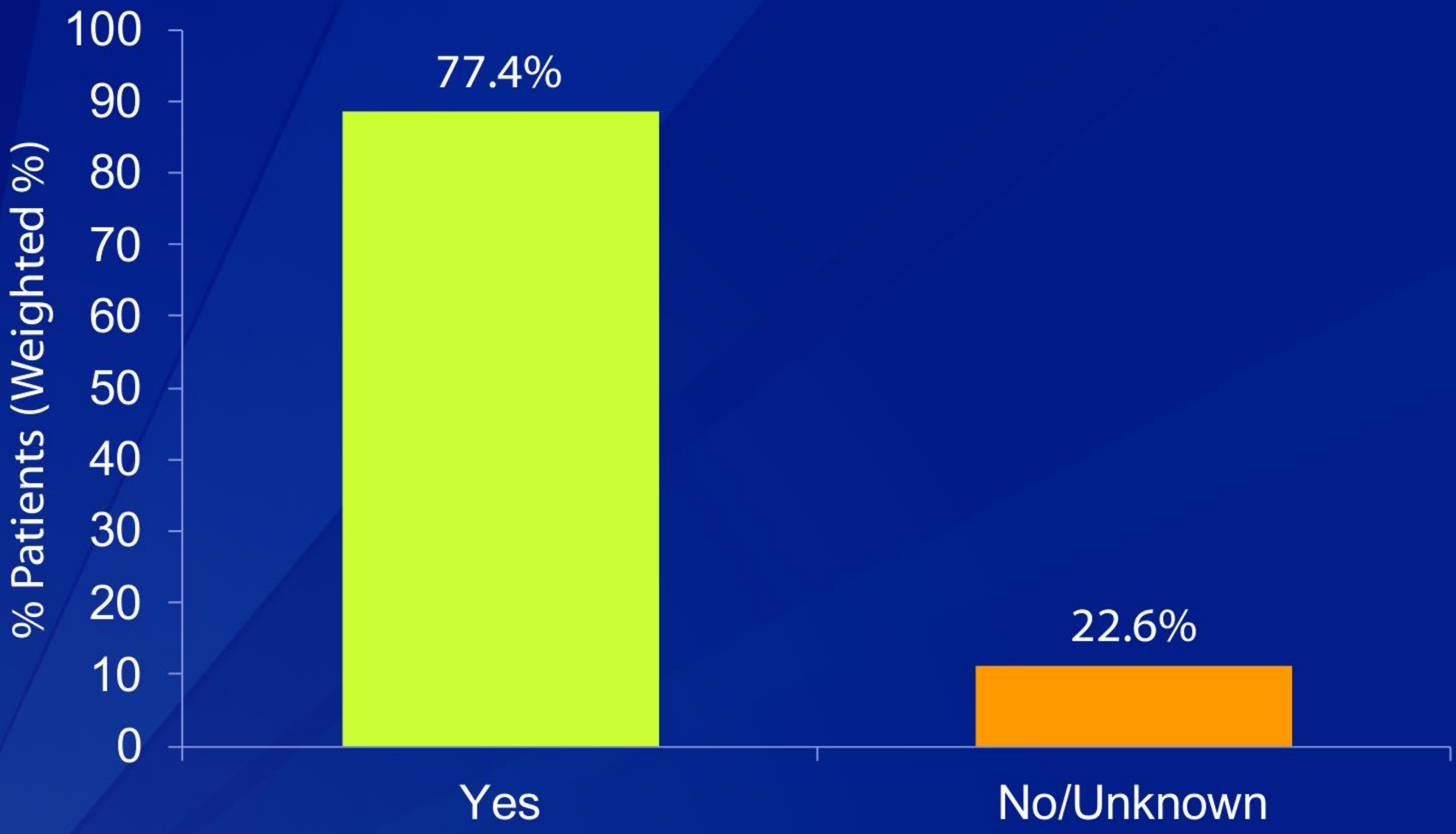
[a]From patient interview data. [b]In the 12 months before the interview. [c]PHQ=Patient Health Questionnaire. [d]American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Washington, D.C.; 2000. [e]Kroenke K, Strine TW, Spitzer RL, Williams JB, Berry JT, Mokdad AH. The PHQ-8 as a measure of current depression in the general population. J Affect Disord 2009;114:163--73.

Substance Use[a] among HIV-Infected Patients[b,c] — Medical Monitoring Project, United States 2009



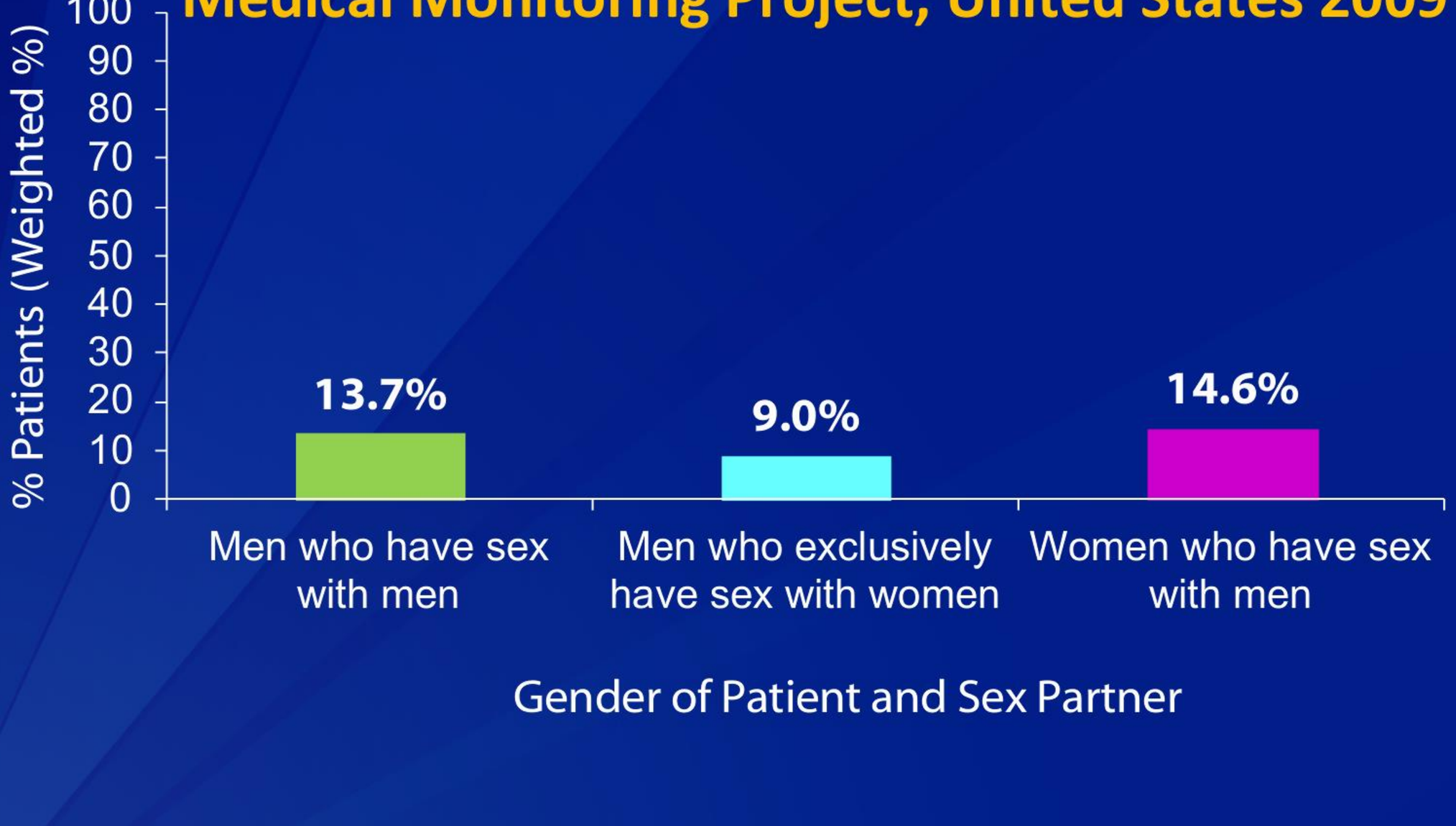
[a] Noninjection and injection drugs refer to drugs used for nonmedical purposes. [b]From patient interview data. [c]In the 12 months before the interview.

Receipt of a Pap Test among HIV-Infected Female Patients[a]— Medical Monitoring Project, United States 2009



[a]From patient interview data.

Percentage of HIV-Infected Patients who Reported Having Anal and/or Vaginal sex without a Condom with a Partner of Negative or Unknown HIV status[a,b] — Medical Monitoring Project, United States 2009



[a]From patient interview data. Condomless sex was defined as vaginal or anal intercourse without a condom at all or a condom used for part of the time during sex.

Participation in HIV and STD Prevention Activities among HIV-Infected Patients[a]— Medical Monitoring Project, United States, 2009

Activity	No.	Weighted %
Received free condoms from various organizations	2,351	54.8
Had one on one conversation with a doctor, nurse, or other health-care worker about HIV and sexually transmitted disease prevention	1,946	44.8
Had one on one conversation with outreach worker, counselor or prevention program worker	1,339	30.4
Participated in an organized session involving a small group of people	747	16.2

[a]From patient interview data.

Recommendations

- Use MMP to identify service gaps and unmet needs (e.g. , dental care)
- Use MMP to measure standards of care
  - See if patients are receiving care per guidelines
- Use information to make decisions about the design, implementation, and funding of public health interventions
- Use information to support decisions to allocate resources where they are most needed

Case Study Discussion:

from HU CRTP Case Study Bank

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Case Study # 1

The Departments work collaboratively to address the stubborn issue of HIV in their region. It appears that while HIV incidence and prevalence rates are significantly being lowered nationwide, the same cannot be said for the region since incidence has begun to steadily rise during the past 15 months. Howard University (HU) was asked to investigate this matter and help identify the causative factors and develop a region-specific intervention.

Prior to investigating the matter, the HU Principal Investigator contacted her colleague from the National Government Surveillance Project (NGSP) for assistance in helping to design and implement the formative, process and outcome evaluations for this endeavor.

One expected outcome from this effort is additional funding for the region to help thwart this unexpected growth.

Case Study # 1: Discussion Questions

1. **Which data collection methods would best suit this investigation?**

HU, with guidance from NGSP was able to unearth the following:

1. Two settlements to accommodate refugees from south east Asia and the Congo were established in both Maryland and Delaware during the past year.
2. These refugees all speak and understand English well.

It appears that based on zip-code level data from the health departments, that the settlement areas are the hot-spots for the increased regional numbers.

2. **As HIV care providers, when faced with a public health issue such as this, what considerations are paramount to addressing the needs of these communities?**

Questions?

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Acknowledgments

MMP Participants

MMP Participating Facilities

MMP Community and Provider Advisory Boards

MMP Staff in Project Areas

CDC/DHAP/BCSB/Clinical Outcomes Team

For more detailed information about the Medical Monitoring Project (MMP),

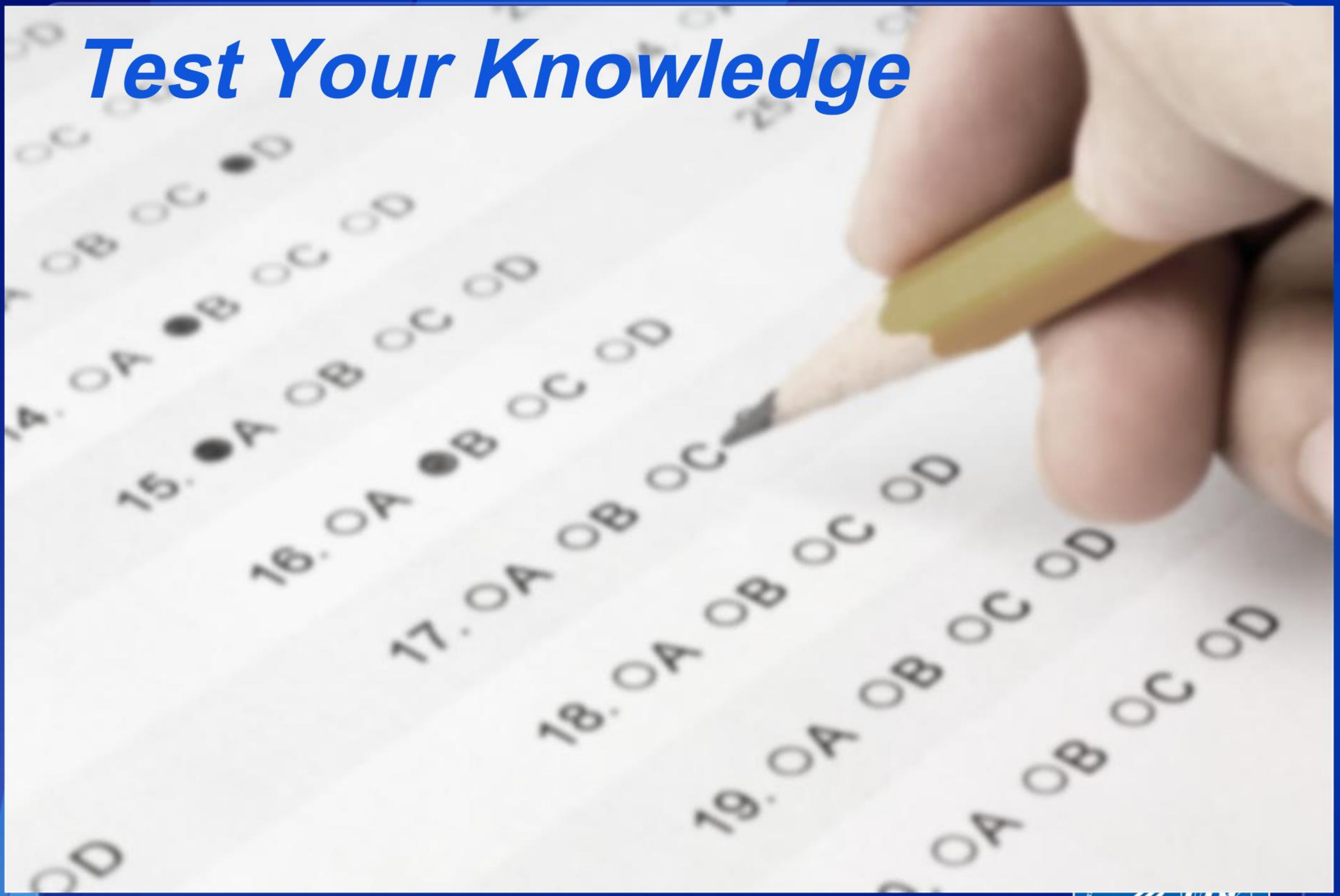
please visit: http://www.cdc.gov/hiv/statistics/systems/mmp/index.html

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: http://www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention. Behavioral and Clinical Surveillance Branch Division of HIV/AIDS Prevention National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Centers for Disease Control and Prevention

Test Your Knowledge



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