



Implementing Common Core Indicators, Streamlining Data Collection, & Reducing Reporting Burden for HHS-funded HIV Programs

Andrew D. Forsyth, Ph.D.

Office of HIV/AIDS Policy, OASH, DHHS

45th Presidential Advisory Council Meeting

February 29, 2012



National HIV/AIDS Strategy: Achieve a More Coordinated National Response to the HIV Epidemic

1. **Develop improved mechanisms to monitor, evaluate, and report on progress toward achieving national goals**
 - “We need to measure the results of our efforts to reduce incidence and improve health outcomes to chart our progress in fighting HIV and AIDS nationally, and refine our response to this public health problem over time. (NHAS, p. 29).”
2. **Standardize data collection and simplify grantee reporting**
 - “The Federal Government should take short-and long-term efforts to simplify grant administration activities, including work to standardize data collection and grantee reporting requirements for Federal HIV programs (NHAS, p. 29).”



Common Metrics Needed

“... we must identify a set of common metrics that can be used across HHS-funded HIV/AIDS activities to measure program outcomes in the 12 Cities Project. Developing a streamlined set of common metrics that can be used by all federally funded programs providing HIV/AIDS services makes good sense, will reduce inefficiencies, and will ultimately decrease costs.”

DHHS Secretary Kathleen Sebelius

January, 2011

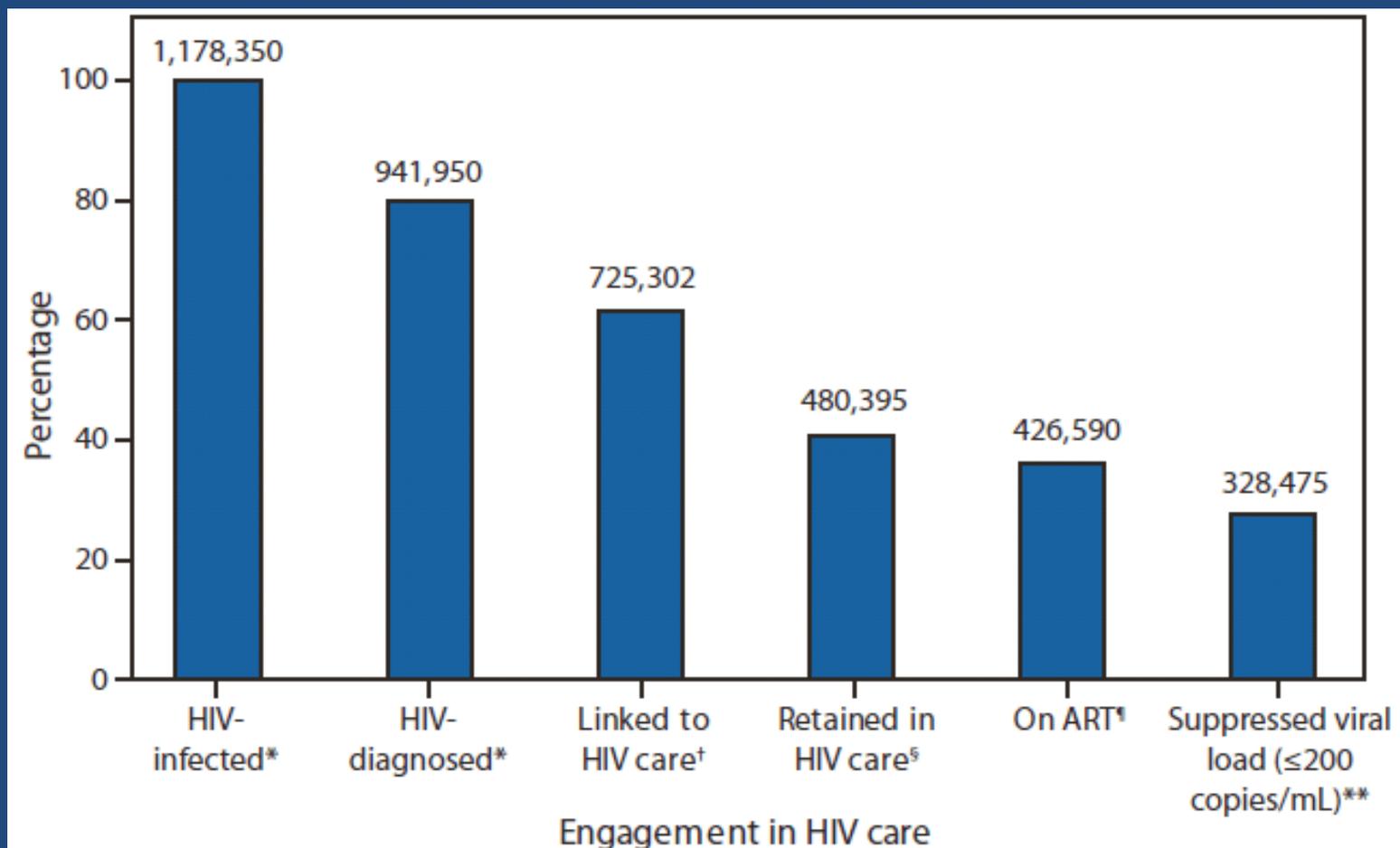


Key Principles for Implementing Common Core HIV/AIDS Indicators

- Align with NHAS goals
- Collaborate with federal and non-federal partners
- Find smallest set of common core indicators
- Standardize definitions, reporting (demographics, etc)
- Use existing data/indicators to the extent possible
- Augment core indicators, as needed
- Reduce grantee burden
- Remove redundant indicators and data elements
- Strive for interoperability of data systems



Measuring Progress toward NHAS Goals Requires Common Indicators



Source: Cohen et al., MMRW, Dec. 2011



Proposed Domains for Standardized HIV/AIDS Prevention, Treatment, & Care Indicators

- HIV+ Diagnosis
- Early HIV diagnosis
- Initial linkage to care
- Sustained engagement in care
- Initiation of antiretroviral treatment
- Viral load suppression
- Housing



Domain, number, and examples of active HHS HIV/AIDS performance indicators

	Domain	N	Example
1	HIV+ diagnosis	5	Percent of diagnosed HIV positive persons who receive their results (confirmed or preliminary)
2	Early diagnosis	2	Percentage of people diagnosed with HIV infection in earlier stages of disease (not stage 3/AIDS)
3	Initial linkage to HIV medical care	2	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who were newly enrolled with a medical provider with prescribing privileges and had a medical visit in each of the 4-month periods in the measurement year
4	Sustained engagement in HIV medical Care	2	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who had at least one medical visit with a provider with prescribing privileges (see below) in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits
5	Initiation of ART	4	Percent of HIV diagnosed persons in care who were taking ART (separately for all persons and those with most recent CD4<500 cells/mL)
6	Viral load suppression	3	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with a viral load less than 200 copies/mL at last viral load test during the measurement year
7	Housing	1	Percentage of clients receiving services who had a permanent place to live in the community

*Includes persons meeting criteria for treatment initiation even in absence of an AIDS diagnosis.



Programmatic Reporting Requirements: Preliminary Findings

Inclusion Criteria

- HHS-supported HIV/AIDS services initiatives
- Active FY11

Results

- K = 21
- Avg. awards per initiative = 42.2
- Avg. awards = \$3.4M (\$138k – \$20.3M)
- Avg. reports per year = 4.8 (Range = 2.2 – 13.7)*



Reducing Reporting Burden: OASH Proposed Recommendations

- Limit progress reporting to 1 – 2 times per year
- Reduce data elements by 20 – 25%
- Eliminate duplicative data elements
- Consolidate FOAs within OpDivs or Staff Offices, when possible



Proposed HHS Recommendations to its OpDivs and Staff Offices

1. Within 90 days, work with OASH to **finalize** a set of common, core HIV/AIDS indicators.
2. In the subsequent 90 days, **finalize** plans with OASH to implement core indicators, streamline data collection, and reduce reporting burden for HHS HIV/AIDS grantees.
3. Fully **deploy** this operational plan by the beginning of FY2014.



Comments/Questions?