



CFHPC Data Presentation Parking Lot

September 22, 2023

Section	Questions
Epidemiology By Yasmin Andre	<p>Question: Can the decrease in new cases among Intravenous Drug Users (IDU) [slide 22] be attributed to the needle exchange program at Hope & Help?</p> <p><i>Answer: The syringe exchange program authorized in Orange County was implemented in 2020 and may be contributing to a decrease. However, new cases have decreased across all five counties in the last five years, so this is a trend that predates the implementation of the syringe exchange program.</i></p>
	<p>Question: Are we able to test and treat patients for HIV under the age of 18? And if not, then when did that change?</p> <p><i>Answer: In the state of Florida, individuals age 13+ can be tested without parental consent. If an individual under the age of 18 tests reactive then they are referred to the Florida Department of Health or Nemours to get the child into care.</i></p>
	<p>Question: Is federal funding exempt from the Parent’s Bill of Rights, HB 241 (2021)?</p> <p><i>Answer: HB241 was a bill establishing the “Parents’ Bill of Rights,” which states that licensed health care providers and facilities cannot provide services, prescribe medicine, or perform any procedure without first obtaining written parental consent unless otherwise authorized by law. It was passed and signed into law on 6/29/2021. However, Florida Statute (FS 384.30) allows for the testing and treatment of sexually transmissible diseases to any minor (under 18) without requiring parental consent or notification. These laws are not mutually exclusive.</i></p>
	<p>Question: What does Additional Gender Identity encompass in the Epi prevalence data?</p> <p><i>Answer: Additional Gender Identity would include anyone who does not identify as cisgender man, cisgender woman, transgender man, or transgender woman. According to the technical notes, “Gender identity is a person's understanding of their own gender. Gender identity is used to define the groups listed under Transmission Category and Special Populations.”</i></p>

	<p>Question: Regarding HIV Incidence by County [slide 10]: Is this where the diagnosis happened or where the person’s address was at the time of diagnosis?</p> <p><i>Answer: HIV and AIDS incidence reports the number of cases based on where the person was living at the time of diagnosis.</i></p>
	<p>Question: On Incidence by County/Territory of Birth [slide 20] - Is data collected on incidence regardless of the where someone was diagnosed with HIV?</p> <p><i>Answer: When a lab is reported, the Surveillance Unit is responsible for collecting key demographics, including the location of birth, which if not indicated on a 1628 Testing Form, they can obtain by reaching out to the patients' medical provider.</i></p>
	<p>Question: What is MMSC?</p> <p><i>Answer: MMSC stands for Male to Male Sexual Contact (MMSC). This is used to indicate a behavior that is associated with HIV transmission. The term replaces “Men Who Have Sex with Men” (MSM) to be more inclusive.</i></p>
	<p>Question: Is there data on new HIV + AIDS incidence together?</p> <p><i>Answer: HIV and AIDS diagnoses are not mutually exclusive and cannot be added together. The epi tables do, however, give us data showing the count and percentage of individuals with a late diagnosis, defined as having an AIDS diagnosis within 3 months of their HIV diagnosis. This is important when we look at Unmet Need.</i></p>
	<p>Question: Are the [HIV and AIDS Incidence] numbers from the correctional institute from the time of incarceration? Are new inmates being tested during intake?</p> <p><i>Answer: We do not know at what point that they were tested but we do know that at the time of diagnosis, their residence was listed as FDC/FCI.</i></p>
	<p>Question: How is prevalence determined?</p> <p><i>Answer: Persons with HIV (PWH) is defined as the number of persons living with an HIV diagnosis in this area at the end of each respective calendar year, data as of 6/30/2023.</i></p>
	<p>Question: What are HIV-Related deaths?</p> <p><i>Answer: The data does not specify the specific reason for the death, but the individual was someone who was living with HIV and died in this area in the period specified, where HIV is listed as an underlying cause of death.</i></p>
<p>Consumer Needs</p>	<p>Suggestion: In the next HIV Care Needs survey, we should include a question asking, “At the time of incarceration, did you know your HIV status?”</p>

<p>By Whitney Marshall & Mike Alonso</p>	<p><i>Answer: Planning Council Support will bring this suggestion to the SSPQ Committee for additional feedback and share with the FCPN Need Assessment Committee who is responsible for finalizing the needs survey.</i></p> <hr/> <p>Question: What percentage of the 9% did not receive medical care in the past 12 months were black heterosexuals, and what were the reasons they gave?</p> <p><i>Answer: 7 out of 42 individuals (17%) who responded that they had not been in care in the last 12 months were Black Heterosexuals.</i></p> <p><i>Reasons provided:</i></p> <ul style="list-style-type: none"> • <i>No provider (1)</i> • <i>Not recommended (1)</i> • <i>Not listed (1)</i> • <i>Provider decision (2)</i> <hr/> <p>Question: What is Medical Care defined as?</p> <p><i>Answer: Medicare Care refers to HIV Medical Care- i.e. an HIV Specialist or Infectious Disease Doctor, however, the survey could be clearer on what this means in the future.</i></p>
<p>Client Satisfaction</p> <p>By Pedro Huertas-Diaz</p>	<p>Suggestion: Please incorporate phone surveys into the Part A survey collection method.</p>
<p>Ending the HIV Epidemic (EHE) Update</p> <p>By Claudia Yabrudy</p>	<p>Question: Does eligibility stop and start when someone is incarcerated in Orange County?</p> <p><i>Answer: No. Clients can remain Ryan White eligible.</i></p>
<p>Provider Capacity & Capability</p> <p>By Mika Mendoza-Cardenal and Priscilla Torres</p>	<p>Question: On slide 32, do we know how many agencies the 12 respondents represent? Is it 12 different people from the same agency or are they spread out across different providers?</p> <p><i>Answer: 8 agencies responded to this question.</i></p> <hr/> <p>Question: On slide 34, is the total agency budget what these agencies spend in the OSA?</p> <p><i>Answer: Not necessarily, the budgets provided are for HIV related services, but the funds may not be available to the OSA. The Funding Streams Tables provide a look at the available funding in the OSA.</i></p> <hr/> <p>Question: Is it possible that the self-perceived barriers for clients are biased and how accurate is what the provider perceives to be a barrier vs. what the client actually knows to be a barrier?</p>

	<p><i>Answer: Staff were asked to identify client barriers as experienced from the provider perspective. Members should review data from the HIV Client Needs presentation to compare the provider-perceived client barriers with the client-reported barriers.</i></p>
<p>EIIHA</p> <p>By David Bent</p>	<p>Question: Slide 13- What does “Linked to Prevention Services” entail if clients are newly diagnosed?</p> <p><i>Answer: Referrals to prevention services can include things like PrEP, behavioral interventions, risk reduction counseling services, and medical services. If a newly diagnosed or previously diagnosed client went to a private provider for linkage and services, it might not get noted in the HIV Counseling & Testing system.</i></p>
<p>Unmet Need</p> <p>By Whitney Marshall & Tim Collins</p>	<p>Question: How can you keep track if people are not in care versus if they just moved away?</p> <p><i>Answer: “Out of Care” is defined as a PWH living in the area with no documented VL or CD4 lab, medical visit, or prescription from 1/1/2018 through 3/31/2019, data as of 6/30/2023. Although the client could potentially have moved away, their most recent address at the end of the calendar year is used to generate out of care data.</i></p> <p>Question: Are the numbers of people who are not in care attached to zip code?</p> <p><i>Answer: The Out of Care measure is based on the residential address of the PWH at the end of the calendar year. Specific zip code data is available by special request to Surveillance. Part A can generate data by zip code to ensure that outreach efforts are targeted in decreasing the number of people who are not in care or having trouble staying in care.</i></p> <p>Question: What does “late diagnosis” mean?</p> <p><i>Answer: Late diagnosis is defined as being diagnosed with AIDS at the same time of an initial HIV diagnosis OR being diagnosed with AIDS within 3 mos. of an initial HIV diagnosis in the jurisdiction. Late diagnosed HIV is based on the first CD4 test result (<200 cells/mL or a CD4 percentage of total lymphocytes of <14) or documentation of an AIDS-defining condition ≤3 months after a diagnosis of HIV infection.</i></p>
<p>Outcomes- Care Continuum</p> <p>By Mikaela Mendoza-Cardenal</p>	<p>Question: Is PWH referring to people living in FL or people who were tested in FL in this presentation?</p> <p><i>Answer: PWH as identified in the Outcomes-Care Continuum data refers to people living with HIV in the Orlando Service Area at the end of the calendar year, regardless of the location in which they were originally diagnosed.</i></p> <p>Question: Do we know how the OSA care continuum data compares to the state for in care, retained in care, and community VLS compared to the total population of PWH?</p>

Answer: State slide sets are not yet available for 2022. The most recent data for in care, retained in care, and community VLS is noted below for the OSA vs. Florida.

Data as of 2021	OSA	Florida
<i>In care</i>	83.1%	79.6%
<i>Retained in care</i>	75.7%	73.3%
<i>Suppressed VL (Community)</i>	73.3%	69.3%

Funding Streams

By Doris Huff

Question: Are the carryover funds on page 6 of the Funding Streams Report currently available or have they been expended?

Answer: They have been fully expended.

Utilization & Expenditures

By Claudia Yabrudy & Yasmin Andre

Question: How does my patient, who has Ryan White, request co-pay and deductible assistance from Part A?

Answer: A Medical Case Manager or Referral Specialist should collect a copy of the invoice from the client and submit it to Orange County. Payment is issued directly to the provider.

Correction: [Slide 13] Final expenditures and average cost per client data in the table was corrected for Medical Case Management.

Revised MCM table:

	2018	2019	2020	2021	2022
Final Expenditures	\$318,415	\$301,653	\$265,278	\$296,784	\$32,613
Average Cost per Client	\$363	\$270	\$287	\$351	\$190
% Change in Utilization	-	22%	-21%	-9%	-391%