2014 DSTDP National Program Outcome Measures for STD AAPPS and Associated Information Requests

A Reference Guide

Centers for Disease Control and Prevention
Division of STD Prevention
Health Services Research and Evaluation Branch
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Introduction

This document serves as a reference tool for STD programs funded by STD AAPPS to use in collecting data and reporting on the 2014 national program outcome measures (POM) and other associated information. The 2014 POM focus on the status of certain required Assurance activities. These POM may change over time depending on program development, data quality, changes in national program priorities, and other factors. Some of the POM listed in this document will not commence until 2015, as programs take more time to develop key partnerships and systems to support collecting and reporting data. We include those here to assist project areas in preparing to report on them.

The associated information requests described here focus on the status of certain aspects of key program strategies supported under STD AAPPS, particularly related to Assessment. These will help DSTDP 1) characterize some ways surveillance systems may strengthen over the course of AAPPS and 2) track progress towards reporting on some planned POM known to be difficult for many project areas at this time. Some of those questions may be asked again, along with the POM, at regular intervals going forward.

It is important to adhere to the definitions for the numerators, denominators, and key words/phrases in this document. While data sources and some other contextual information may vary, it is important we collect data as comparable as possible across all STD Programs. Activities used as examples in this document are for illustrative purposes only. All data will be reported to DSTDP in aggregate. After submission, DSTDP will assess the data, analyze the data, and report them back in ways that compare and contrast project areas.

DSTDP will provide an excel template to use to submit the information requested here due to DSTDP by September 30, 2014, along with a targeted evaluation plan. The reporting period for this first submission is January-June 2014, and the intention is to ask for most of this information at 6 month intervals. So July – December 2014 will be due March 31, 2015. General questions related to this guidance should be directed to your Program Consultant. The program consultants and program evaluation staff persons assigned to your project area should also be able to help answer questions or refer you accordingly.

At-a-Glance

Domain of STD AAPPS	Program Outcome Measures (POM)	Associated information requests
Assessment	• None	• HIV matching practices and results • Geocoding practices
Assurance: Screening	**Starting 2015** • POM 1: Annual Chlamydia (CT) screening among young women on Medicaid • POM 2: Annual syphilis screening among MSM in HIV care **Starting 2014** • POM 3: Percent of patients diagnosed with gonorrhea (GC) or early (primary, secondary, early latent) syphilis in STD clinics in high morbidity areas in your jurisdiction who were tested for HIV • POM 4: Percent of those tested (above) who are newly-diagnosed as HIV+	• Status of ability to report on CT screening among women on Medicaid in project area • Status of ability to report on syphilis screening among high volume Ryan White care providers
Assurance: Treatment	**Starting 2014** • POM 5: Percent of GC cases treated according to guidelines' recommended regimens	• % of GC cases lacking treatment information
Assurance: Partner services and linkage to care	**Starting 2014** • POM 6: Percent of partners of early syphilis cases among women of reproductive age who were treated for syphilis (epi-treated or as a case) • POM 7: Percent of partners of early syphilis-HIV co-infected cases who are newly-dx as HIV+ • POM 8: Of those above, percent linked to care **Starting 2015** • POM 9: Percent of partners of GC-HIV co-infected cases who are newly-dx as HIV+ • POM 10: Of those above, percent linked to care	• Number/% of GC-HIV co-infected cases identified • Number/% of them (above) who received partner services • Number/% of early syphilis-HIV co-infected cases identified • Number/% of them (above) who received partner services • Status of ability to report on verified HIV status of partners and newly HIV-diagnosed partners and linkage to care
Policy	• None	• None

ASSESSMENT

STD AAPPS program strategy: Conduct automated matching of STD and HIV cases for identification of syndemics and for targeting partner services for co-infected individuals to identify new HIV infections and other HIV infected individuals not in care

POM: None

Associated information request: HIV matching practices and results

Topic	Question	Example response
Frequency of matching with P&S	In the reporting period, how often were reported early syphilis cases (P&S or early latent) matched with the HIV dataset, for purposes of identifying priority cases for follow-up? • Daily • At least weekly • At least monthly • Not matched • Other frequency: _____	√ *At least weekly*
Frequency of matching with GC	In the reporting period, how often were reported GC cases matched with the HIV dataset, for purposes of identifying priority cases for follow-up? • Daily • At least weekly • At least monthly • Not matched • Other frequency: _____	√ *At least weekly*
Top 3 barriers to matching	Please describe up to 3 main barriers to matching STD cases with the HIV dataset.	*The STD program is allowed access to the HIV dataset through only one stand-alone computer, accessed by only one authorized staff person. As a result, we cannot match all cases or do so regularly.*
Uses of matching	If you matched data in the reporting period, please describe what you did with the information and how you acted on it.	*We used the match results to produce monthly reports of co-infected cases, to share with our infectious disease work group. Every week, the DIS reviewed the initial match results to check against their case list, and those that were on the match list were prioritized for follow-up.*
# of syphilis cases	In the reporting period, how many early syphilis cases were reported?	*154*
# of	In the reporting period, how many of those early	*78*

syphilis/HIV co-infected cases	syphilis cases were identified as co-infected with HIV? (those with unknown HIV status should be included in the denominator)	*(78/154 = 51% of reported early syphilis cases were identified as co-infected with HIV)*
Partner services for syphilis/HIV co-infected cases	How many of those early syphilis/HIV co-infected cases (above) received an interview for partner notification services? (those with unknown interview status or no interview should be included in the denominator)	*60* *(60/78 = 77% of co-infected cases received an interview)*
# of GC cases	In the reporting period, how many GC cases were reported?	*457*
# of GC/HIV co-infected cases	In the reporting period, how many GC/HIV co-infected cases were identified? (those with unknown HIV status should be included in the denominator)	*43* *(43/457 = 9% of reported GC cases were identified as co-infected with HIV)*
Partner services	How many of those GC/HIV co-infected cases (above) received an interview for partner notification services? (those with unknown interview status or no interview should be included in the denominator)	*25* *(25/43 = 58% of co-infected cases received an interview)*

STD AAPPS program strategy: Geocode case based surveillance data to target interventions to providers seeing a high volume of patients with STDs and to populations in geographic areas with high numbers of reported infections

POM: None

Associated information request: Geocoding

Topic	Question	Example response
Most current maps	When was the last time that your program created any maps of STD cases, based on new geocoding information? Which STDs were mapped?	*We last created maps showing geographic distribution of cases by zip codes in November 2013, for syphilis, GC, CT, and HIV (separately).*
Method of geocoding	In the reporting period, what was your method of geocoding reported STD cases?	*We ran cases through a geocoding program every week.*
Syphilis geo data	Percentage of reported early syphilis cases with a street address, including zip code	*91%*
GC geo data	Percentage of reported GC cases with a street address, including zip code	*71%*
CT geo data	Percentage of reported CT cases with a street address, including zip code	*58%*
Geographic info available	What is the lowest level of geographic distribution of (any) STD cases available to you currently: • Project Area • County • City or MSA • Zip code • Census tract • Street address • Other: _____	*Zip code. We are working on breaking this down by census tract. We should have that by October 2014.*
Uses of map data	If you reviewed geocoded data in the reporting period, please describe what you did with the information and how you acted on it.	*We produced a report, posted the maps on our website, and presented them during our annual review. We used information from the CT map to identify a suburban zip code reporting high numbers of cases, but where we don't currently have many clinical partnerships. We are starting discussions with the county's health director about next steps.*

ASSURANCE

STD AAPPS Program strategy: Increase Chlamydia screening rates among young females (15-25 years) seen in Medicaid programs and in Title X and other family planning clinics, using the Chlamydia HEDIS measure

[**For 2015**] POM 1: CT screening rate
Percentage of sexually active females 16-24 on Medicaid that are tested at least once for CT annually

Equation Component	Definitions	Possible Data Sources
Numerator	Total # of sexually active females 16-24 on Medicaid that are tested at least once for CT annually	State Medicaid program database
Denominator	Total # of sexually active females 16-24 on Medicaid annually	State Medicaid program database
Contextual information requested	- Data period reported (year, six month interval, other) - Source(s) of data - Any comments on numerator and denominator (optional) - Subjective rating of data quality	

Example
Not required until 2015. Optional in 2014, if available. In State P, according to Medicaid data for 2012, there were 51,239 sexually active females between 16-24 years old, and 19,471 of them had at least 1 test for Chlamydia. 19,471/51,239 = 38% screening rate.

Rationale
Young women are at high risk of CT and related sequelae, and annual screening is recommended by USPSTF and CDC, among others. The Medicaid population is a large population at high risk for CT. Providers who see Medicaid patients are community-wide, not limited to particular sectors of the health care system. Seeing increases in screening in that population would indicate widespread, meaningful impact. The proposed POM aligns with the NCQA HEDIS & National Quality Forum (NQF) measures for Chlamydia. NCQA reported that nationally in 2012, the CT screening rate among women 16-24 in Medicaid managed care organizations reporting to NCQA was 57%, and it was 45% among women in commercial managed care organizations (State of health care quality report, 2013).

Definitions
NCQA provides detailed definitions for calculating this measure using EMR, ICD9, and other codes.

On the age ranges: Please note the current NQCA HEDIS/NQF measure focuses on women ages 16-24, but annual screening should be encouraged for all sexually-active women under age 25, as measures don't always align with clinical recommendations.

Comments

Awardees will ideally report for the entire Medicaid population, and second to that, for the Medicaid managed care population that voluntarily report to HEDIS. This measure will be requested on an annual basis covering a 12 month, calendar year period and will not be requested at 6-month intervals.

Associated information Request

Question	Example
What is the status of your partnership with your state Medicaid program?	*State N management has met twice with our Medicaid Deputy Director and the Chief of Data Systems to explain our data need, associated rationale, and how we'll use the data. While sympathetic to our needs, they explained they had multiple priority data requests ahead of ours, and it would be 4 months before they could accommodate. They also explained it was provisional data with an approximate incomplete/error rate of 14% for the previous calendar year. Data provided will be a disaggregated report by provider. We agreed to the proposed format and to communicate monthly to monitor the timeline.*
What are your top 3 barriers to obtaining CT screening data?	*State R management met with our state Medicaid office and they agreed to provide us with an aggregate data set that will be 2 years old. State R does not have the capacity to analyze and disaggregate the data set, and attempts to solicit the assistance of data analysts in other programs have been unsuccessful. State R is attempting to identify resources at a local university to assist.*
What CT screening data based on Medicaid data is available to you now?	*According to HEDIS data available for 2011, 41% of females in Medicaid Managed Care plans that reported to HEDIS in State N (including 3 plans) were screened for Chlamydia.*

STD AAPPS program strategy: Increase screening for syphilis and rectal GC among MSM seen in high volume HIV-care settings

[**For 2015**] POM 2: Annual syphilis screening among MSM in HIV-care
Percentage of MSM receiving clinical care for HIV at high volume Ryan White care providers that are tested at least once for syphilis annually

Equation Component	Definitions	Possible Data Sources
Numerator	Total # of MSM receiving clinical care for HIV at high volume Ryan White (RW) care providers that are tested at least once for syphilis annually	Provider EHR system; Medical Chart review, Lab database
Denominator	Total # of MSM receiving clinical care for HIV at high volume Ryan White care providers annually	State HIV care program database(s) (e.g. ADAP) to identify high volume providers, THEN Provider EHR system; Medical Chart review
Contextual information request	- Year/months of data - Source of data (chart review or EHR reports) - Number of Ryan White care settings included - Comments on characteristics of Ryan White care sites included - Any comments on numerator and denominator (optional) - Subjective rating of data quality	

Example
Not required until 2015. Optional, if available in 2014. In State Z, Ryan White care providers are concentrated in two counties, X and Y. In those two counties, there are 4 RW Part A or B HIV Care settings that each sees more than 10% of State Z's RW care recipients. Setting 1 sees 15% of all RW patients, setting 2 sees 20%, setting 3 sees 12%, and setting 4 sees 17%, for a total of 64% of all RW patients in the state. 273 HIV + MSM were seen at those 4 sites, and 206 of them were tested for syphilis in 2013. 206/273 = 76% screening rate.

Rationale
Syphilis screening in HIV care settings is a CDC clinical guideline recommendation and an indicator of quality HIV care. Ryan White (RW) care providers serve vulnerable populations at high risk of STI. The HRSA HIV/AIDS Bureau recommends annual syphilis screening of patients receiving care under the Ryan White Program and measurement of screening rates. Though rectal GC screening is important, measuring rectal GC screening on a wide scale is still challenging. DSTDP may request data on that outcome in coming years. In a study of 8 large HIV clinics from 2004-2006, the annual screening rate for syphilis among MSM ranged from 66% to 76% (Hoover et al. 2010).

Definitions
Ryan White care provider: Provider receiving Ryan White Part A or Part B funding for clinical services.

High volume: The aim is to provide data for as many MSM patients seen in RW care provider settings as possible, while setting some limit to the number of providers whose data must be requested and used at this time. "High volume" is proposed to include all RW care setting that each sees at least 10% of the jurisdiction's total number of RW care recipients. It is anticipated at least 50% of all RW patients would have been seen across that set of providers. Jurisdictions should provide additional information in the "contextual information requested" about which/what kind of providers they ultimately included in the data (e.g., "These include two of three RW providers identified as each seeing at least 10% of recipients; they collectively saw 54% of all RW patients.")

"Tested" for syphilis: non-treponemal test

Comments

Awardees would ideally report for the MSM population at selected care sites, and second to that, for the male patient population, regardless of sexual orientation, receiving care at selected care sites. This measure will be requested on an annual basis covering a 12 month, calendar year period and will not be requested at 6-month intervals.

Associated information request: Status of ability to report on syphilis screening among high volume RW care providers

Question	Example
What is the status of your partnership with your state HIV care program?	*State W has a collaborative relationship with the State W HIV Prevention and HIV Care programs. The HIV Care Program has assisted us with our Provider Visitation Program and obtaining a list of RW Part B providers by patient volume will not be a problem. State W already works with HIV care providers in 3 counties due to high syphilis/HIV co-infection rates.*
What are your top 3 barriers to obtaining syphilis screening data?	*State K has met with the State K HIV Care Program twice, and a list of RW Part B providers was obtained. However, patient volume is not available. Using their experience working with these providers, a list estimating the largest providers was developed. There are 17 providers on that list. State K staff are receiving training on provider visitation from State C, but that won't be completed for another 3 months. State K management contacted 2 providers on the list that reported several cases of syphilis in the last year, and they both said it would be difficult to get the data as requested. One provider does not have EHR and the other does not collect data on sexual orientation.*
What syphilis screening data from HIV care providers is available to you now?	*State H has identified 5 RW C Part B Care Providers meeting the high volume criteria. Three of the five have agreed to work with us. The other two are presenting some challenges we'll continue address. For the three we are working with, can only get data by gender, not sexual orientation. In total, 368 HIV + males were seen in 2013, and 269 received at least one syphilis test. 269/368 = 73%*

STD AAPPS Program Strategy: Increase testing for HIV among patients diagnosed with an STD in STD clinics

POM 3: HIV testing in STD clinics

Percentage of patients diagnosed with GC or early syphilis in STD clinics in the jurisdiction's high morbidity counties who are tested for HIV during the measurement period

Equation Component	Definitions	Possible Data Sources
Numerator	# of patients who are tested for HIV from 30 days prior to 30 days after the date of specimen collection for GC or early syphilis at STD clinics in high morbidity counties during the measurement period	ELR or lab reports, EHR or chart reviews, STD*MIS or other case management database
Denominator	# of patients diagnosed with GC or early syphilis at STD clinics in high morbidity counties who are not already known to be HIV-infected during the measurement period	ELR or lab reports, EHR or chart reviews, STD*MIS or other case management database
Contextual information request	- Year/months of data submitted - Number of STD clinics included - Number of counties included - Comments on the characteristics of STD clinics included - Source(s) of data - Number of individuals determined to be previously diagnosed with HIV and not included in the denominator - Any comments on numerator and denominator (optional) - Subjective rating of data quality	

Example

In State D, there are 5 medical providers (3 STD clinics, 2 CHCs) meeting the STD clinic definition in the three counties with the highest case rates for GC. Across those 5 sites, there were 3616 individuals diagnosed with gonorrhea and 24 people diagnosed with early syphilis in the measurement period. 3616 + 24 = 3640. 26 of these 3640 were identified as previously positive based on their medical chart. So 3614 were eligible for HIV testing. 2811 received an HIV test within the required timeframe. 2811/3614 = 78%.

Rationale

This measure is different from the other POM proposed, in that it is not tied to a required Assurance activity as outlined in the STD AAPPS FOA. However, HIV testing of patients diagnosed with an STD is standard of care and should be a central focus of STD programs in STD clinics, given the strong associations between risk factors for STDs and HIV and need for rapid linkage to HIV care and, increasingly, Pre-Exposure Prophylaxis (PrEP). Ideally, all STD cases seen in any clinical setting in a jurisdiction should meet this standard. Review of select program data shows HIV testing of this population in those settings is relatively low and merits concerted effort to increase. According to guidelines for HIV testing and STD treatment, HIV testing of STD patients by service providers should be routine, unless known to be HIV infected. DSTDP will assess data quality and comparability and make

appropriate comparisons and reports. In 2012, using SSuN data, 54% of visits to STD clinics by patients diagnosed with an STD also included an HIV test.

Definitions

Tested for HIV: Existence of laboratory-based evidence of having been tested for HIV at the STD clinic the patient attended, using clinic's standard protocol. Programs are not expected to ascertain HIV testing that may have occurred at alternative clinical or community sites or settings.

STD clinics: Settings whose primary mission is to provide STD services and which provide comprehensive, specialty STD care. In 2014, these should include largely traditional STD clinics. Jurisdictions should provide additional information in the "contextual information requested" about which/what kind of clinics ultimately included in this definition. In the near future, DSTDP will further define a "Level II" STD specialty care and intends to expand the universe for this measure.

High morbidity counties: At least the top three counties with the highest case rates for early syphilis in each jurisdiction (i.e., in the state, for most awardees). Directly-funded cities (Baltimore, Chicago, DC, Los Angeles, New York City, Philadelphia, and San Francisco) should report for all STD clinics in the city. If one or more of the top three early syphilis morbidity counties does not have an STD clinic (as defined), then the project area should state that fact as part of the contextual information.

Already known to be HIV-infected: Based on self-report, evidence in medical records, or HIV surveillance database.

Date of Specimen Collection: the date of the specimen that resulted in a diagnosis. The date of specimen collection and the date of diagnosis are the same.

Early syphilis: primary, secondary and early latent diagnoses

Comments

Awardees without STD clinics meeting the STD clinic definition do not need to provide data on this measure.

Associated information request

None

POM 4: Among above, those newly-diagnosed with HIV

Percentage of patients diagnosed with GC or early syphilis in an STD clinic who are tested for and newly-diagnosed with HIV during the measurement period

Equation Component	Definitions	Possible Data Sources
Numerator	Total # of patients who are newly-diagnosed with HIV during the measurement period	ELR or lab reports, EHR or chart reviews, STD*MIS or other case management database
Denominator	Total # of patients who are tested for HIV from 30 days prior to 30 days after the date of specimen collection for GC or early syphilis at STD clinics [i.e., numerator of above outcome measure], during the measurement period	ELR or lab reports, EHR or chart reviews, STD*MIS or other case management database
Contextual information request	- Year/months of data submitted - Number of STD clinics included - Source(s) of data - Any comments on numerator and denominator (optional) - Subjective rating of data quality	

Example*:*
In State D, there were 2811 individuals with a gonorrhea or early syphilis diagnosis that were tested for HIV from 30 days prior to 30 days after the date of specimen collection for GC or early syphilis during the measurement period. Of those 2811 tested, 30 were newly-diagnosed as HIV positive. 30/2811 = 1.1%

Rationale
This measure directly follows the measure of HIV testing in STD clinics. Identification of new HIV cases is an important, known public health benefit of testing. It is an important outcome to track and also will contribute towards DSTDP program and accountability reporting, related to the interplay between STD and HIV programs, services, and outcomes.

Definitions
See above, POM #3

Newly-diagnosed: Positive test result + patient not found in the surveillance records as HIV infected.

Positive test result: Following the specific HIV testing standard of care and procedures at each reporting STD clinic for determining a positive test result.

Date of Specimen Collection: the date of the specimen that resulted in a diagnosis. The date of specimen collection and the date of diagnosis are the same.

Early syphilis: primary, secondary and early latent diagnoses

Comments

Awardees without STD clinics meeting the STD clinic definition do not need to provide data on this measure.

Associated information request

None

STD AAPPS Program Strategy: Increase treatment for gonorrhea according to existing guidelines

POM 5: GC treatment

Percentage of reported gonorrhea cases that receive recommended treatment(s), per CDC guidance, within 14 days of specimen collection, during the measurement period.

Equation Component	Definitions	Possible Data Sources
Numerator	Total # of reported gonorrhea cases who received recommended treatment regimens, per CDC guidance, within 14 days of specimen collection	State/local STD surveillance/data mgmt. system (e.g., STD*MIS, PRISM, MAVEN, etc.)
Denominator	Total # of reported gonorrhea cases	State/local STD surveillance/data mgmt. system (e.g., STD*MIS, PRISM, MAVEN, etc.)
Contextual information request	- Months of data submitted - Source(s) of data - Any comments on numerator and denominator (optional) - Total # of reported gonorrhea cases with valid treatment information and date (no missing or unknown for treatment name, dosage, or dates) - Subjective rating of data quality	

Example

State B has 5724 reported cases of gonorrhea during the measurement period. 1964 of the cases were appropriately treated, per CDC guidance, within 14 days of specimen collection. 1964/5724 = 34%. (Using only those cases with valid treatment information, i.e., excluding the 3069 cases with missing data, the correct treatment rate was 1964/2655 or 74%.)

Rationale

Effective treatment of GC is a public health priority, for clearing infections, reducing re-infection, and preventing onward transmission and antimicrobial resistance. Information on GC treatment, while rarely complete on initial case or lab report, should be available to all project areas. In 2012, using SSuN data, 81% of GC cases were provided correct treatment.

Definitions

Appropriate treatment: The recommended regimen defined in the 2012 update to the 2010 STD treatment guidelines: Ceftriaxone 250 mg in a single intramuscular dose + (Azithromycin 1 g orally in a single dose OR doxycycline 100 mg orally twice daily for 7 days) – i.e. dual therapy. Alternative regimens should not be included at this time. To be included in the numerator, cases must include valid data for medication names, dosages, date of specimen collection, and date of treatment. If cases have information on only the dosage amount, but not the days or mode of administration, they can still be included as appropriate treatment. For example, if only "Ceftriaxone 250 mg + Azithro 1 g" or "Ceftriaxone 250 mg + Doxy 100 mg" is noted on a case report, without information on "BID x 7" or "IM," that is acceptable as treated according to guidelines.

Comments
All project areas report for all reported gonorrhea cases.

Associated information request: GC cases lacking treatment information

Question	Example response
Is GC treatment reportable by law in the jurisdiction?	*State B law requires treatment information to be reported, but doesn't specify that treatment must include dosage*
Percentage of reported GC cases with unknown/missing information on date of specimen collection	*57%*
Percentage of reported GC cases with unknown/missing information on date of treatment	*68%*
Percentage of reported GC cases with unknown/missing information on medication provided	*32%*
Percentage of reported GC cases with unknown/missing information on medication dosage (at least mg)	*80%*
Percentage of reported GC cases with unknown/missing information on provider	*26%*

STD AAPPS Program Strategy: Increase the provision of targeted and effective health department DIS partner services for P&S syphilis

POM 6: Partners of early syphilis cases treated

Percentage of early syphilis cases among women of reproductive age where at least one partner was treated for syphilis prophylactically (epi-treated) or treated as a new case of syphilis within 30 days before or after the index patient's initial specimen collection, during the measurement period

Equation Component	Definitions	Possible Data Sources
Numerator	Total # of early syphilis cases among women of reproductive age where at least one partner was treated for syphilis prophylactically (epi-treated) or treated as a new case of syphilis within 30 days before or after specimen collection of the original patient, during the measurement period	State/local surveillance/data mgmt. system (e.g., STD*MIS, PRISM, MAVEN, etc.)
Denominator	Total # of early syphilis cases among women of reproductive age (regardless of whether they were interviewed), during the measurement period	State/local surveillance/data mgmt. system (e.g., STD*MIS, PRISM, MAVEN, etc.)
Contextual information request	- Months of data submitted - Source(s) of data - Any comments on numerator and denominator (optional) - Subjective rating of data quality	

Example

State F had 15 cases of early syphilis among women of reproductive age during the six month measurement period. Eleven of the cases had at least one partner that was treated as an identified case of syphilis or prophylactically treated within 30 days before or after the date of specimen collection of the original patient. 11/15 = 73% of the cases had disease intervention.

Rationale

Interventions among women of reproductive age help address congenital syphilis. More direct measurement of prenatal screening for syphilis is difficult. Partner services interventions among populations such as heterosexual populations more likely to provide partner information are known to be particularly effective. Partner services interventions serving MSM populations need additional research and evaluation before DSTDP proposes a national program outcome measure for this population. Focusing on patient outcomes, we want to capture all individuals treated as a new case of syphilis, regardless of DIS/HD involvement, therefore we've included disposition E (previously treated, this infection) in the numerator. The focus on treatment of partners within 30 days before or after the index patient's specimen collection aligns with the primary interest timely disease intervention to reduce transmission of syphilis in a given population. The measure recognizes that some partners may have been treated prior to the index patient's specimen collection, and some partners treated after. The measure assumes the index cases were treated appropriately.

Definitions

Reproductive Age**:** 15 to 44 years of age

Prophylactically treated (epi-treated): Disposition code (A)
Treated as a case of syphilis: Disposition codes (C) and (E)

Date of Specimen Collection: the date of the specimen that resulted in a diagnosis. The date of specimen collection and the date of diagnosis are the same.

Early syphilis: primary, secondary and early latent diagnoses

Comments
All project areas report, regardless of morbidity levels.

Associated information request
None

STD AAPPS Program strategy: Increase the provision of targeted and effective health department DIS partner services for HIV co-infected GC and syphilis cases

POM 7: Partners of early syphilis-HIV cases newly-diagnosed with HIV

Percentage of initiated partners of early syphilis/HIV co-infected cases newly diagnosed as HIV positive within 60 days of the index patient's date of specimen collection for syphilis, during the measurement period

Equation Component	Definitions	Possible Data Sources
Numerator	Total # of initiated partners of early syphilis/HIV co-infected cases who are newly diagnosed as HIV positive within 60 days of syphilis specimen collection, during the measurement period	State/local surveillance/data mgmt. system (e.g., STD*MIS, PRISM, MAVEN, etc.); State/local HIV data mgmt. system, eHARS
Denominator	Total # of initiated partners of early syphilis /HIV co-infected cases who are not already known to be HIV-infected, during the measurement period	State/local surveillance/data mgmt. system (e.g., STD*MIS, PRISM, MAVEN, etc.); State/local HIV data mgmt. system, eHARS
Contextual information request	- Months of data submitted - Source(s) of data - Number of individuals determined to be previously diagnosed with HIV and not included in the denominator - Any comments on numerator and denominator (optional) - Subjective rating of data quality	

Example

State J initiated 26 partners from 18 early syphilis/HIV co-infected cases interviewed, and 24 of them were not previously diagnosed as HIV + after searching HIV surveillance records. Fifteen of those were tested for HIV, and 3 were newly diagnosed as HIV positive. 3/24 = 13% of partners to early syphilis/HIV co-infected cases are newly-diagnosed as HIV +.

Rationale

The identification of new HIV infection through STD program partner services is a significant, known public health benefit, and part of the overall contribution that STD programs make towards HIV prevention. Partner services for co-infected (HIV-GC or HIV-syphilis) cases are among the highest priority cases for HIV intervention across program areas. The period of 60 days was chosen as reasonable for following up with partners of co-infected cases and encouraging them to be tested for HIV.

Definitions

Initiated: Assigned to DIS for field investigation.

Newly-diagnosed: Positive test result + patient not found in the surveillance records as HIV infected.

Positive test result: Following the specific standard of care and procedures at each reporting STD clinic for determining a positive test result.

Already known to be HIV-infected: Based on evidence in medical records or surveillance records as HIV infected.

Date of Specimen Collection: the date of the specimen that resulted in a diagnosis. The date of specimen collection and the date of diagnosis are the same.

Early syphilis: primary, secondary and early latent diagnoses

Comments
Awardee reports aggregate data.

Associated information request
See assessment questions related to HIV matching, above.

STD AAPPS Program strategy: Link to care those partners who have not been diagnosed previously with HIV and test positive for HIV

POM 8: Partners of early syphilis-HIV cases (above) linked to care

Percentage of initiated partners of early syphilis/HIV co-infected cases who were newly diagnosed with HIV, referred to HIV medical care, and completed a medical visit within 90 days of HIV + test

Equation Component	Definitions	Possible Data Sources
Numerator	# of initiated partners of early syphilis/HIV co-infected cases who were newly diagnosed with HIV, referred to HIV medical care, and completed a medical visit within 90 days of HIV + test.	State/local STD surveillance/data mgmt. system (e.g., STD*MIS, PRISM, MAVEN, etc.); State/local HIV data mgmt. system, eHARS
Denominator	# of initiated partners of early syphilis /HIV co-infected cases who were newly diagnosed with HIV	State/local STD surveillance/data mgmt. system (e.g., STD*MIS, PRISM, MAVEN, etc.); State/local HIV data mgmt. system, eHARS
Contextual information request	- Months of data submitted - Source(s) of data - Any comments on numerator and denominator (optional) - Subjective rating of data quality	

Example

State O had a total of 3 partners to early syphilis/HIV co-infected cases that were newly diagnosed as HIV +. It was confirmed by the provider in one case and a documentation of a viral load in the HIV surveillance records in the other case that 2 of the 3 partners were referred to HIV care and completed their first medical visit within 90 days. 2/3 = 67% completed their first medical visit within 90 days.

Rationale

Linkage to care is essential for any newly-diagnosed person with HIV. Once linked to care, patients can receive HIV treatment to reduce HIV viral loads and prevention services that help prevent HIV onward transmission. This measure ties directly to the partner services measures outlined above. The measure is aligned with the CDC DHAP and NHAS measure that involves completion of medical visit confirmed by provider or receipt of viral load/CD4 report by health department. Nationally, approximately 80% of persons newly-diagnosed with HIV were linked to care in 2011, short of the 85% goal (White House NHAS Improving Outcomes report, December 2013).

Definitions

Initiated: assigned to DIS for field investigation

Newly-diagnosed: Positive test result + patient not found in the surveillance records as HIV infected.

Positive test result: Following the specific standard of care and procedures at each reporting STD clinic for determining a positive test result.

Already known to be HIV-infected: Based on evidence in medical records or surveillance records as HIV infected.

Completed a medical visit: Verification by physician or through receipt of a Viral Load/CD4 count reported (as permitted by jurisdiction's law/regulation)

Early syphilis: primary, secondary and early latent diagnoses

Comments
Awardee reports aggregate data.

Associated information request: Status of ability to report on newly diagnosed partners and linkage to care

Question	Example response
Status of partnership with state HIV surveillance program	*State O has a good relationship with the State O HIV surveillance programs, although different data systems are maintained. We are able to cross match data on a monthly basis, and our goal is to shorten that time frame. State O law does require reporting of Viral Load/CD4 count, so we are able to ascertain the success of our referrals to care by asking our HIV surveillance colleagues to look up if there are any viral loads on our patients to document the linkage to care.*
Does the jurisdiction require reporting of CD4 count or viral load of patients in HIV care to the HIV program?	*Yes, both are required.*
(If unable to report the POM): Top 3 barriers to obtaining data on newly-dx partner and their linkage to care screening data	*The State H HIV Care program does not have a relationship with HIV care providers beyond completeness of data on HIV positive lab reports, so there are no partnerships to build on. Our attempts to work with the 3 largest HIV care providers to provide requested patient information has been met with some resistance from the providers. Confidentiality is the reason most often cited for not sharing information about a patient's visit or viral load.*

[**FOR 2015**] POM 9: Partners of GC-HIV cases newly-diagnosed with HIV

Percentage of initiated partners of GC/HIV co-infected cases that are newly diagnosed as HIV positive within 60 days of the index patient's date of specimen collection for GC, during the measurement period

Equation Component	Definitions	Possible Data Sources
Numerator	# of initiated partners of GC/HIV co-infected cases who are newly diagnosed as HIV positive within 60 days of specimen collection for GC, during the measurement period	State/local surveillance/data mgmt. system (e.g., STD*MIS, PRISM, MAVEN, etc.); State/local HIV data mgmt. system, eHARS
Denominator	Total # of initiated partners of all GC/HIV co-infected cases who are not already known to be HIV-infected, during the measurement period.	State/local surveillance/data mgmt. system (e.g., STD*MIS, PRISM, MAVEN, etc.); State/local HIV data mgmt. system, eHARS
Contextual information request	- Months of data submitted - Source(s) of data - Number of individuals determined to be previously diagnosed with HIV and not included in the denominator - Any comments on numerator and denominator (optional) - Subjective rating of data quality	

Example

Not requested in 2014. DSTDP will begin requesting this in 2015. State O initiated 49 partners who were not previously diagnosed as HIV + from 24 GC/HIV co-infected cases interviewed, 40 were tested for HIV, and 7 were newly diagnosed as HIV positive. 7/49 = 14% of partners to GC/HIV co-infected cases are newly-diagnosed as HIV +.

Rationale

The identification of new HIV infection through STD program partner services is a significant, known public health benefit, and part of the overall contribution STD programs make towards HIV prevention. Partner services for co-infected (HIV-GC or HIV-syphilis) cases are among the highest priority cases for HIV intervention across program areas. The period of 60 days was chosen as reasonable for following up with partners of co-infected cases and encouraging them to be tested for HIV.

Definitions

Initiated: Assigned to DIS for field investigation

Newly-diagnosed: Positive test result + patient not found in the surveillance records as HIV infected.

Positive test result: Following the specific standard of care and procedures at each reporting STD clinic for determining a positive test result.

Already known to be HIV-infected: Based on evidence in medical records or surveillance records as HIV infected.

Date of Specimen Collection: the date of the specimen that resulted in a diagnosis. The date of specimen collection and the date of diagnosis are the same.

Comments
Awardee reports aggregate data

Associated information request
See assessment questions related to HIV matching, above.

[**For 2015**] POM 10: Partners of GC-HIV cases (above) linked to care

Percentage of initiated partners to gonorrhea/HIV co-infected cases who were newly diagnosed with HIV, referred to HIV medical care, and completed a medical visit within 90 days of HIV + test

Equation Component	Definitions	Possible Data Sources
Numerator	# of initiated partners of gonorrhea/HIV co-infected cases who were newly diagnosed with HIV, referred to HIV medical care, and completed a medical visit within 90 days of HIV + test.	State/local STD surveillance/data mgmt. system (e.g., STD*MIS, PRISM, MAVEN, etc.); State/local HIV data mgmt. system, eHARS
Denominator	# of initiated partners of gonorrhea/HIV co-infected cases who were newly diagnosed with HIV	State/local STD surveillance/data mgmt. system (e.g., STD*MIS, PRISM, MAVEN, etc.); State/local HIV data mgmt. system, eHARS
Contextual information request	- Months of data submitted - Source(s) of data - Any comments on numerator and denominator (optional) - Subjective rating of data quality	

Example

Not requested in 2014. DSTDP will begin requesting this in 2015. State O had a total of 7 partners to GC/HIV co-infected cases that were newly diagnosed as HIV +. It was confirmed through consultation in the HIV database that 5 of the 7 partners were referred to HIV care and completed their first medical visit within 90 days. 5/7 = 71% completed their first medical visit within 90 days.

Rationale

Linkage to care is essential for any newly-diagnosed person with HIV. Once linked to care, patients can receive HIV treatment to reduce HIV viral loads and prevention services that help prevent HIV onward transmission. This measure ties directly to the partner services measures outlined above. The measure is aligned with the CDC DHAP and NHAS measure that involves completion of medical visit confirmed by provider or receipt of viral load/CD4 report by health department. Nationally, approximately 80% of persons newly-diagnosed with HIV were linked to care in 2011, short of the 85% goal (White House NHAS Improving Outcomes report, December 2013).

Definitions

Initiated: Assigned to DIS for field investigation

Newly-diagnosed: Positive test result + patient not found in the surveillance records as HIV infected.

Positive test result: Following the specific standard of care and procedures at each reporting STD clinic for determining a positive test result.

Already known to be HIV-infected: Based on evidence in medical records or surveillance records as HIV infected.

Completed a medical visit: Verification by physician or through receipt of a Viral Load/CD4 count reported (as permitted by jurisdiction's law/regulation)

Comments
Awardee reports aggregate data.

Associated information request:
See POM 8; similar issues apply.