Medical Monitoring Project (MMP): A Representative Sample of HIV-Positive Persons in Care in L.A. and the U.S.

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What is MMP?

• New supplemental surveillance project designed to produce nationally representative data on people living with HIV/AIDS who are receiving care in the United States

• Collaborative effort with:
  – State and local health departments
  – CDC (Centers for Disease Control and Prevention)
  – NIH (The National Institutes of Health)
  – HRSA (Health Resources and Services Administration)
Origin of MMP

- Previous supplemental surveillance projects
  - SHAS (Supplement to HIV/AIDS Surveillance)
  - ASD (Adult/Adolescent Spectrum of HIV Disease)

- Not representative of people in the United States living with HIV/AIDS

- Both conducted in a limited number of areas

- Medical Monitoring Project
  - Interview and medical record data
  - Representative of HIV-infected people in care
Representative Data

• Representative = resembles the population

• To obtain the most representative data, we would need everyone receiving HIV care in the U.S. to participate

• As a compromise, we will give everyone receiving HIV care in the U.S. a chance to participate
Three Stage Sampling Design

1. National sample of project areas

2. Sample of facilities within each project area

3. Sample of patients within each facility
Three stage sample design

26 Project Areas

>1,000 Facilities

>10,000 Patients
1st Sampling Stage

State level

- Every state in the country had a chance of being selected
- Chance of selection was proportional to the number of AIDS cases in December 2002
- 20 areas selected
  - 6 separately funded cities/counties
2nd Sampling Stage

Provider level

- Every facility providing HIV care in the sampled state/city/county had a chance of being selected
  - ART, CD4, viral load
- Large, medium and small facilities/clinics/practices
- Public/private; HRSA/non
- ~40-60 facilities per project area
3rd Sampling Stage

Patient level

- Every patient in a sampled facility has a chance of being selected, if
  - $\geq 18$ years old
  - HIV+
  - receiving care
- $\sim 400$ patients per project area
Data Collection

Interview Modules

- Demographics
- Access to Health Care
- Adherence
- Sexual Behavior
- Drug Use Behavior
- Access to Prevention Services
Data Collection

Chart Abstraction

- Demographics
- Insurance Status
- Opportunistic Illnesses
- Antiretroviral Therapy
- Laboratory Data
- Substance Abuse
- Mental Health
- Referrals
Confidentiality and Security

• MMP: same rigorous confidentiality and security requirements as other HIV/AIDS surveillance data

• Privacy and confidentiality: extremely important and strictly guarded

• Names of patients, providers, and clinics: NOT sent to CDC or on any interviews/abstractions

• Information on individual patients, providers, clinics: NOT released or used in any reports

• Information: only accessible to limited number of staff
Some Questions MMP Data Can Help to Answer

- Are patients receiving care and treatment in accordance with USPHS guidelines?
- Are patients receiving care in public facilities receiving the same quality of care as patients in private facilities?
- What are the barriers to receiving care and services?
- What behaviors are persons who are HIV-infected engaging in?
Uses of MMP Data

Local
• Ryan White reporting requirements
• Epidemiologic profiles
• Evaluation of local prevention programs
• Evaluation of resource needs for treatment/care
• Information on access to care and prevention services

National
• Healthy People 2010
• Documentation of impact of Ryan White CARE Act-supported care
• Treatment Guidelines
  – Evaluation of compliance
  – Revisions
Examples of how supplemental surveillance data have been used in the past.
Trends in Prescribed use of Antiretroviral Therapy at CD4 < 500 cells/µL

J.E. Kaplan et al. CID 2000;30: S5-S14
Time, in months, between first learned of HIV+ status and AIDS Diagnosis, by Race/Ethnicity
SHAS, LAC, 2000 - 2004  (N = 819)

<table>
<thead>
<tr>
<th>Time Interval (months)</th>
<th>Latino</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>20</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>1-12</td>
<td>33</td>
<td>28</td>
<td>20</td>
</tr>
<tr>
<td>13-36</td>
<td>12</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>37-60</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>&gt;60</td>
<td>11</td>
<td>11</td>
<td>11</td>
</tr>
</tbody>
</table>

Very late detection: 44%

Late detection: 33%

Early detection: 28%

Wohl et al, JAIDS, 2004

\(^a\) MSM includes men reporting sex with men in previous 12 months and/or identifying as gay or bisexual

\(^b\) Includes Methamphetamine that was snorted, smoked or other non-injection route.

\(^c\) All time periods represent 12 months of data, except for the first time period, which has 10 months of data (n=683, including 2 persons not presented here due to missing data).

Wohl et al, JAIDS 2007
Activities and Progress
MMP Data Collection: Yearly Cycles

• 2005 cycle: patients in care in 2005-06
  – Pilot phase, limited data collection (not representative)

• 2007 cycle: patients in care in 2007-08
  – Start data collection after May 1, 2007
  – 2007 cycle ends when data collection for 2008 cycle begins

• 2008 cycle: patients in care in 2008-09
  – Start data collection after May 1, 2008
  – 2008 cycle ends when data collection for 2009 cycle begins
### 2007 Project Areas

26 project areas funded to collect data for **2007** and **2008** cycles

- California
- Chicago
- Delaware
- Florida
- Georgia
- Houston
- Illinois
- Indiana
- Los Angeles
- Maryland
- Massachusetts
- Michigan
- Mississippi
- Pennsylvania
- New Jersey
- New York
- New York City
- North Carolina
- Oregon
- Philadelphia
- Puerto Rico
- San Francisco
- South Carolina
- Texas
- Virginia
- Washington
LA Medical Monitoring Project (MMP)
2008 LAC Sampled Facilities

- AHF Downtown
- AHF Hollywood
- AHF Westside
- Alta Med
- VA Outpatient Clinic
- Harbor/UCLA
- Infectious Disease Consultants Glendale
- Jeffrey Goodman Clinic
- LAC-USC 5P21 Clinic
- Motion Picture and Television Hospital
- Olive View Medical Center
- Pacific Oaks Medical Grp
- Dr. Kurt Brotherson
- Dr. Edison De Mello/Akasha Center
- Dr. Jerrold Dreyer
- Dr. Anthony Mills
- Dr. Michael Wensley
- Dr. Ronald Wing
- Tarzana Treatment Center
- UCLA Care Center
- Watts Healthcare Corp
MMP Patient Sample in Los Angeles

• IRB approvals sought and obtained
• 25 LA County facilities were randomly selected to participate in the 2008 cycle (4 ineligible providers)
• Facilities will produce lists of all HIV+ patients seen between January 1- April 30, 2008
• 400 patients will be randomly sampled by CDC from the thousands of patients on de-identified lists from the clinics
• These 400 patients will represent the approximately 30,000 people in care for HIV in LA
MMP Patient Recruitment Procedures

• Providers are asked to contact patients to describe MMP and encourage participation

• Providers ask patients if it is okay if MMP staff contact patient to arrange for MMP interview

• MMP staff contact patients and schedule interview

• In cases where provider or MMP staff is unable to contact patient by phone, MMP staff attempts to recruit patient at time of clinic appointment with permission of provider
MMP Patient Recruitment Procedures

- Informed consent obtained from patient
- Interview lasts approximately 45 minutes
- Medical record abstraction conducted
- All participants given $25 reimbursement for time
- Providers given $25 for each patient for time involved in helping with recruitment, abstractions
## 2007 Patient Participation

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>174</td>
<td>44%</td>
</tr>
<tr>
<td>Refused</td>
<td>56</td>
<td>14%</td>
</tr>
<tr>
<td>Direct Refusal</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Passive Refusal</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Ineligible</td>
<td>45</td>
<td>11%</td>
</tr>
<tr>
<td>Not HIV+</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Not seen in PDP</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Language barrier</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Unavailable/not able to reach</td>
<td>125</td>
<td>31%</td>
</tr>
<tr>
<td>No response/no appts/no-show</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Non-working phone#</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Lost to Follow-up at Clinic/Transferred</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>In prison/locked facility</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Provider non-response</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Deceased</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>400</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
MMP Patient Recruitment Challenges

• Patients change providers, leave care, or providers do not have current patient contact info
• Providers are busy
• Many patients are no-shows for clinic appointments
What can you do to help may make MMP a success in LA?

• If you are a provider at one of the MMP facilities, you can encourage your patients to participate in MMP

• If you would like to be on the MMP Patient/Provider Community Advisory Board, please contact Judy Tejero, MMP Project Coordinator, for details at 213-351-8174 or jtejero@ph.lacounty.gov
Thank you for any support and ideas that help us interview all 400 MMP patients in order to obtain valid, useful, representative data on persons in care for HIV in Los Angeles!
# MMP - Los Angeles Staff

- **Amy Rock Wohl PhD** - Principal Investigator
- **Judy Tejero MPH** - Project Coordinator
- **Rosa Valencia** - Research Assistant
- **Shaunte Crosby** - Interviewers/Abstractors
- **Jose Reyes**
- **Luis Urgiles**
- **Eric Daar, MD** - Provider Advisor
- **Joseph Cadden, MD** - Provider Advisor
- **Anthony Mills, MD** - Provider Advisor
- **Howard Jacobs** - CAB Representative
- **Danial Streeter** - CAB Representative
- **Ann Do, MD** - CDC Project Officer