HIV and AIDS Reporting System (HARS)
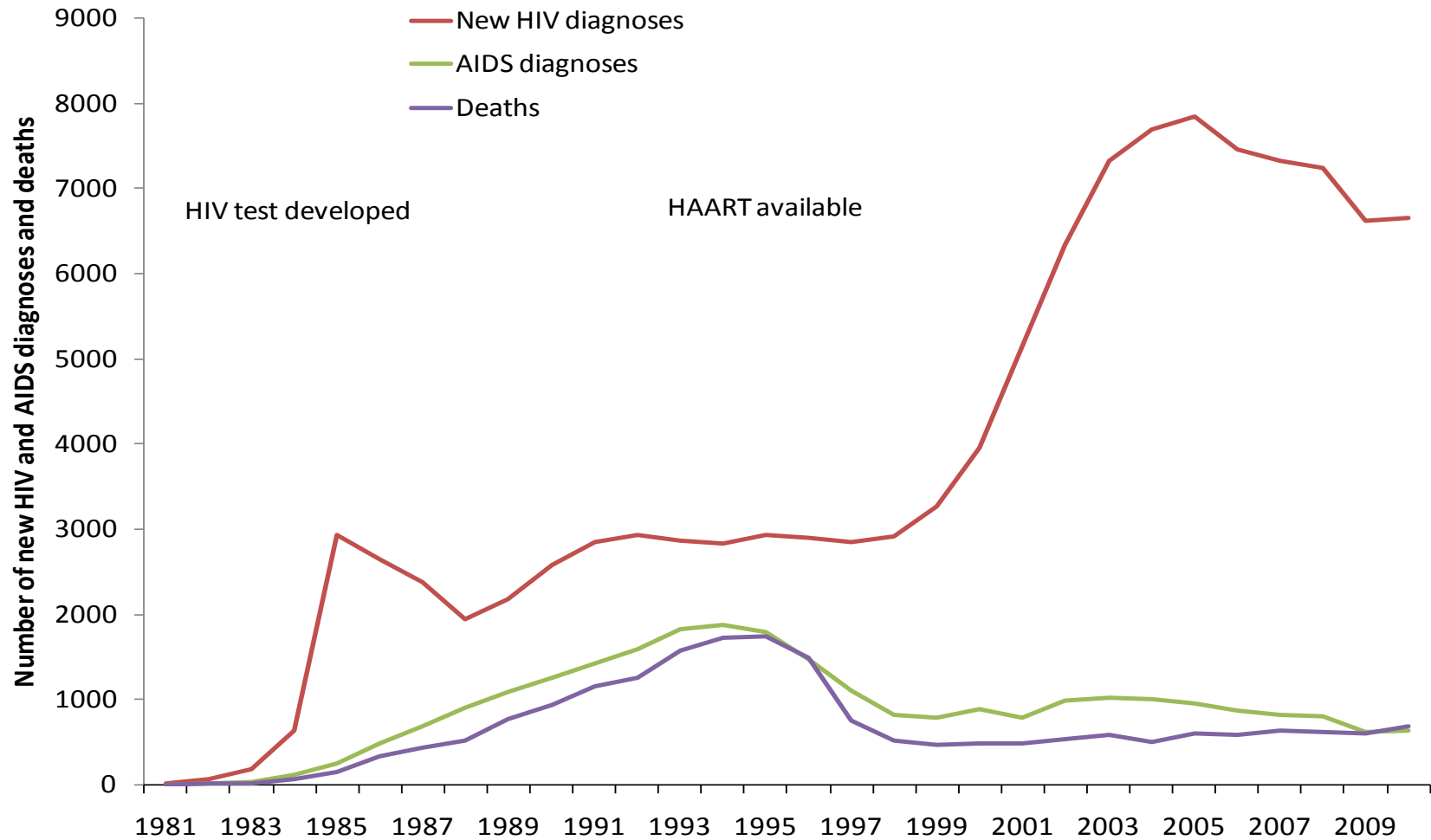
Alison Brown

Cuong Chau

Meaghan Kall

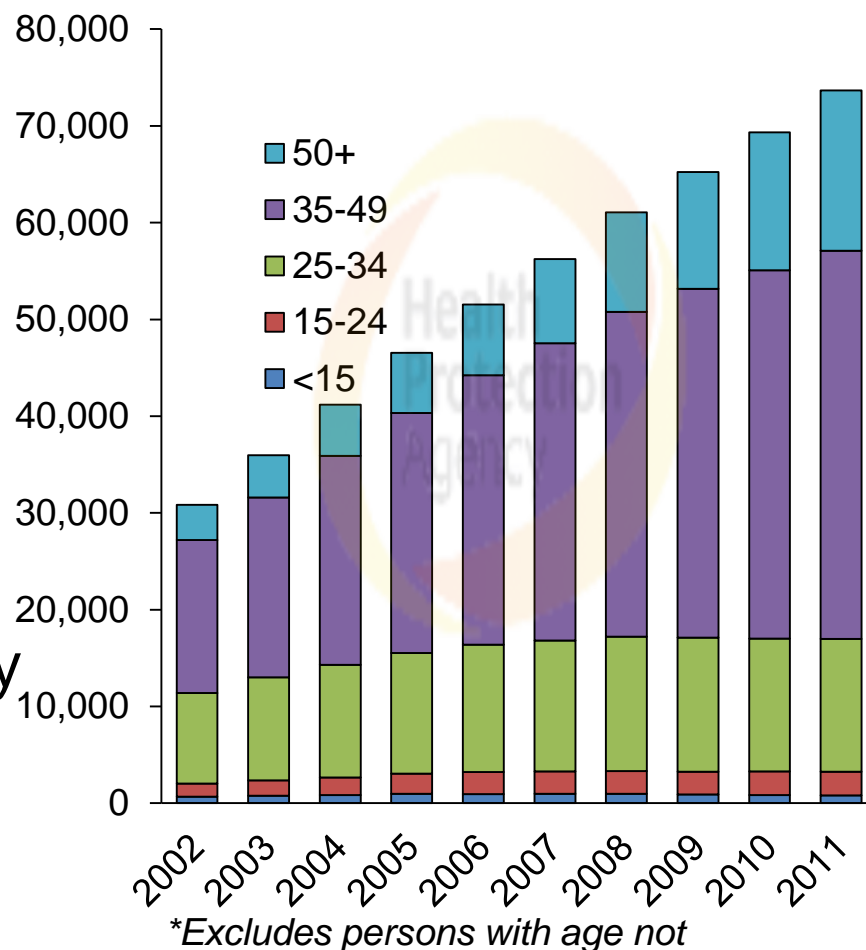Valerie Delpech

HARS/PbR Roadshows

Today's objectives

1. The importance of good quality HIV data

3. Why change to HARS?

4. HARS dataset and specification

5. Validation process

6. Implementation

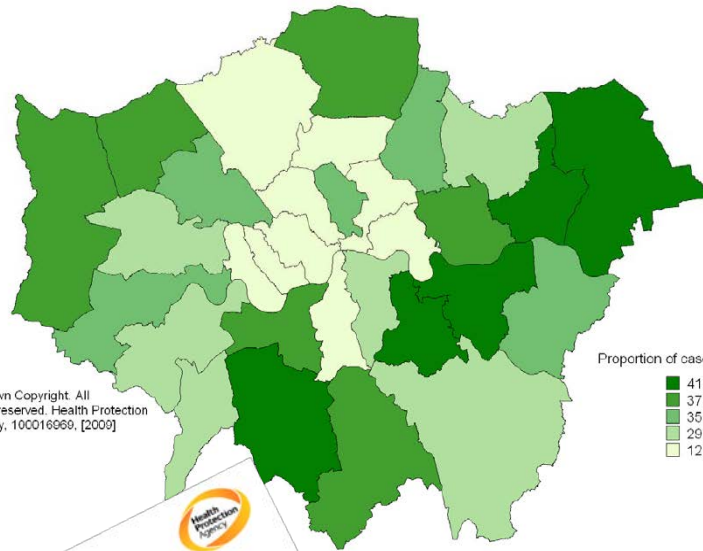# Annual new HIV and AIDS diagnoses and deaths: UK,1981-2010

UK HIV epidemic – 30 years on

- 6,630 newly diagnosed

- 50% diagnosed late

- 500 deaths

- 70,000 accessing care

- 100,000 with HIV by 2012

- Near-normal life expectancy
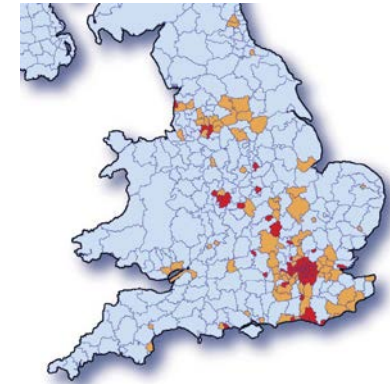
- Epidemic is diversifying

*Excludes persons with age not

Public Health Outcome Framework
Reducing late diagnoses:

Proportion of cases diagnosed late (2008)

- 41% to 52% (5)
- 37% to 40% (6)
- 35% to 36% (5)
- 29% to 34% (6)
- 12% to 28% (9)

Evidence and resources to commission expanded HIV testing in priority medical services in high prevalence areas

HIV in the United Kingdom: 2011 Report

Sexually transmitted infections in men who have sex with men in the UK: 2011 report

Time to test for HIV: Expanding HIV testing in healthcare and community services in England
Final report, 2011
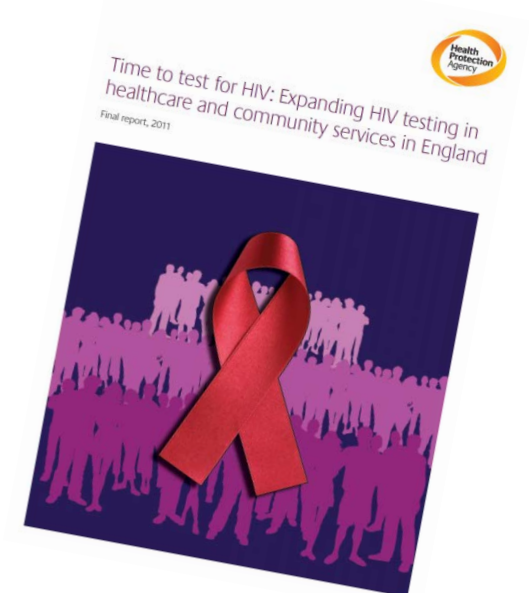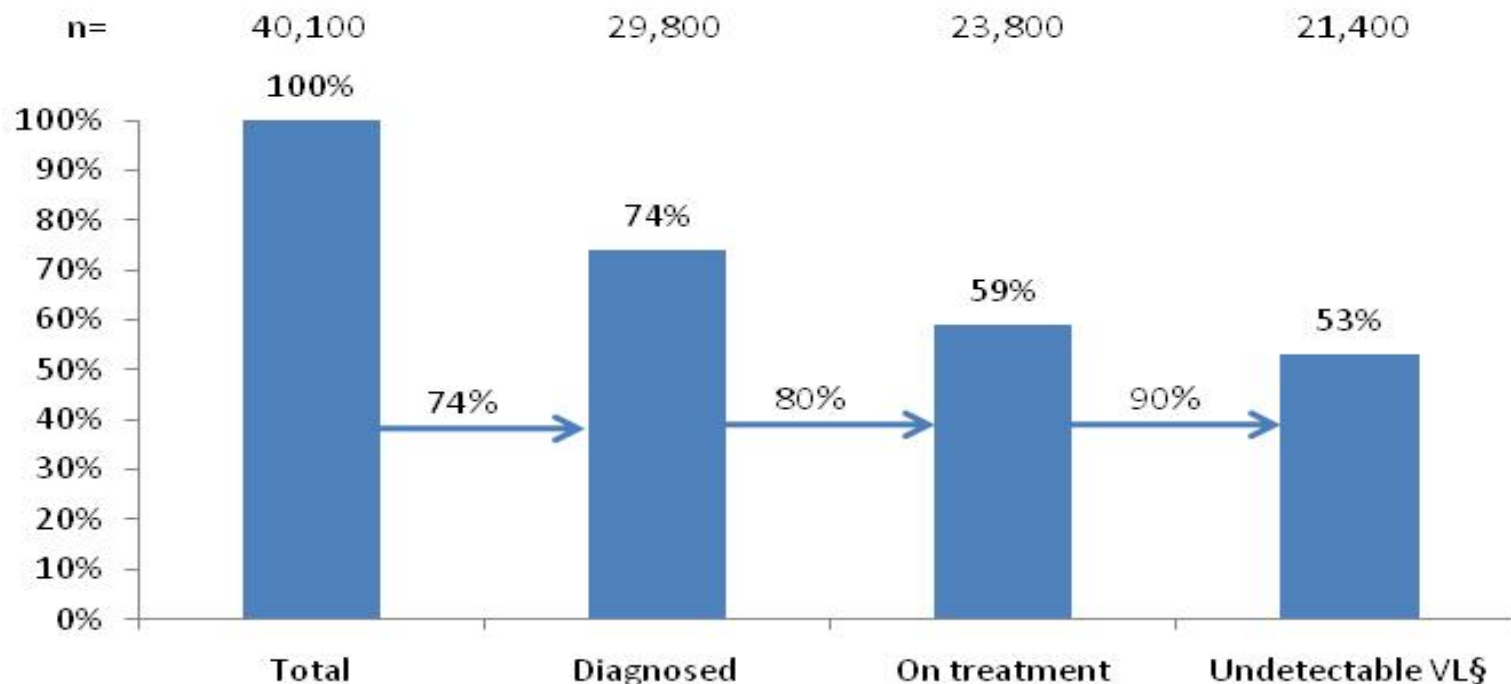
Public Health Surveillance

HIV in the United Kingdom: 2011 Report

Available at national local & provider level

- New HIV diagnoses

- Numbers accessing care

- Late HIV diagnoses

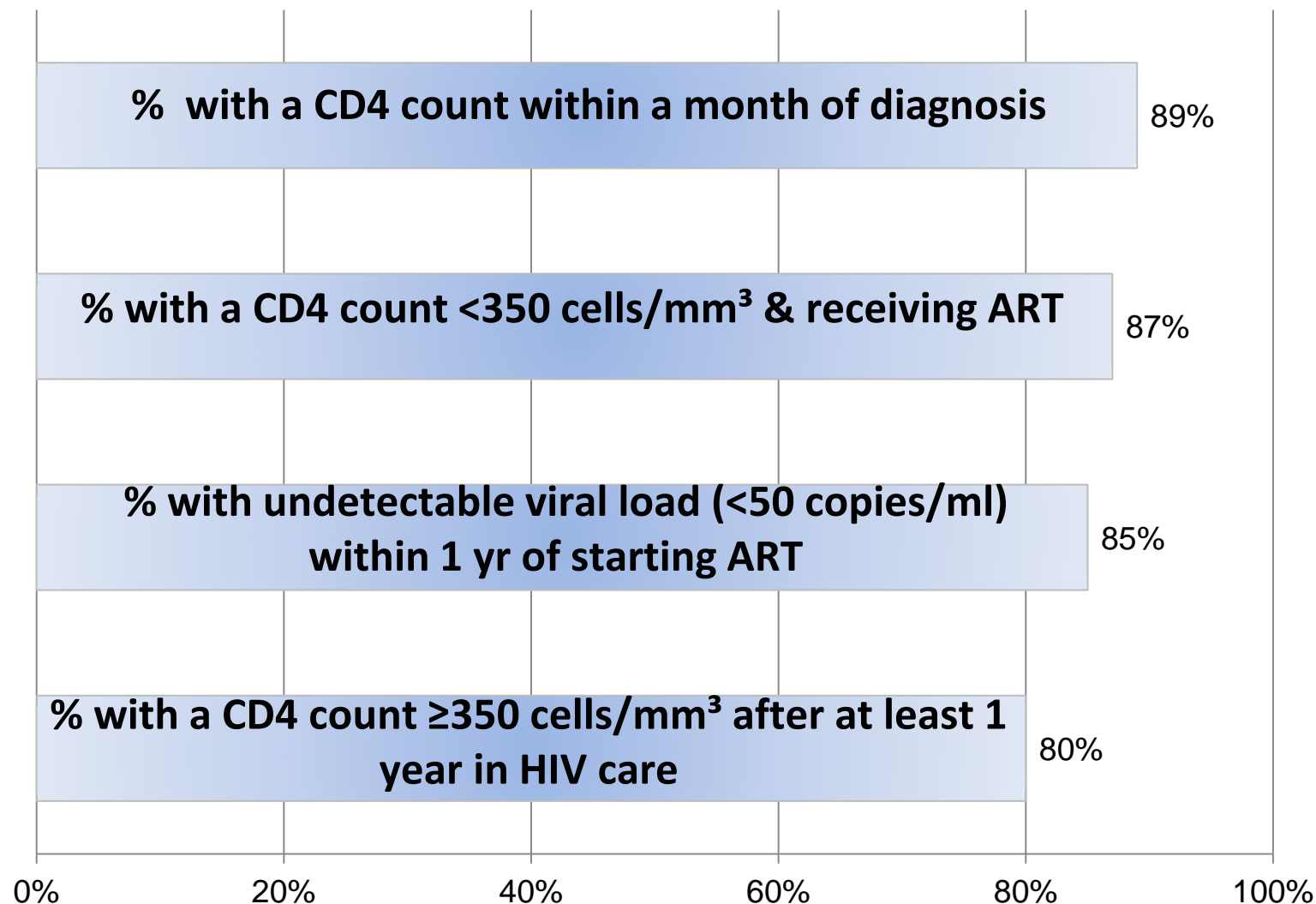- Demographic and risk distribution

- ART coverage

MSM living with HIV by diagnosis, treatment and viral load status: UK, 2010

* Numbers were adjusted by missing information and rounded to the nearest 100.
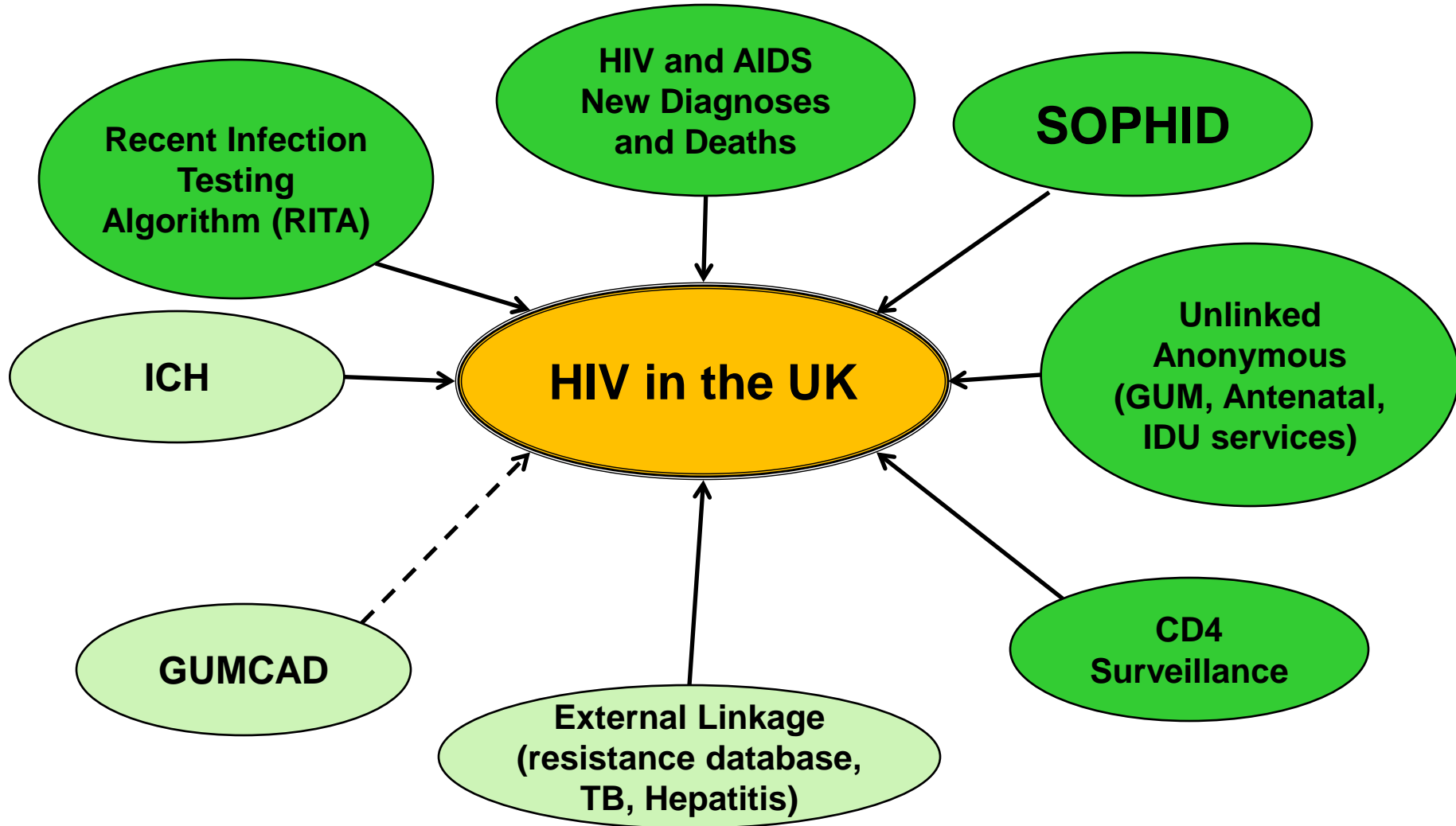§ Viral load <50 copies/ml after HIV treatment initiation in the year of initiation.

HIV and STI Department, Health Protection Agency - Colindale

Quality of care indicators for adults (aged≥15 years) receiving HIV care: United Kingdom, 2010

Indicator	Percentage
% with a CD4 count within a month of diagnosis	89%
% with a CD4 count <350 cells/mm³ & receiving ART	87%
% with undetectable viral load (<50 copies/ml) within 1 yr of starting ART	85%
% with a CD4 count ≥350 cells/mm³ after at least 1 year in HIV care	80%

Why change HIV surveillance?

1. Integrate HIV surveillance and improve quality

2. Simplify reporting from service providers

3. Reduce costs in maintaining over-lapping systems

4. Development new prevention & surveillance outputs

5. Provide support for monitoring HIV care and PbR commissioning

Current HIV surveillance

Recent Infection Testing Algorithm (RITA)

HIV and AIDS New Diagnoses and Deaths

SOPHID

ICH

HIV in the UK

Unlinked Anonymous (GUM, Antenatal, IDU services)

GUMCAD

External Linkage (resistance database, TB, Hepatitis)

CD4 Surveillance

Health Protection Agency

HARS and PbR

1. Department of Health continued support into PbR

2. Patient pathway agreed with Clinicians & Commissioners

3. Data to support PbR collected through HARS and processed by the HPA

4. Therefore…HARS will be mechanism through which HIV outpatient are providers are paid.

The HIV and AIDS Reporting System (HARS): 2013+

Outputs	Examples
Epidemiology	Incidence and prevalence estimates, prevention monitoring, ARV regimens and adherence, co-infections, HIV-related mortality
Quality of care monitoring	Late diagnoses, Access to HIV care, achieving undetectable viraemia, preventing severe immuno-suppression
Commissioning	Patient pathway, clinical outcomes, attendance rates
Patient engagement surveys	Satisfaction, barriers to care, ongoing risk behaviour

Cuong Chau

HARS DATASET

HIV & AIDS Reporting System (HARS)

Dataset

HIV/STI Department
Health Protection Agency

in collaboration with

The National Reference Group for Payment by Results

and the

Department of Health

Version: 16/07/2012

HARS

- Replace reporting of new HIV diagnoses and SOPHID

- Quarterly, disaggregate and attendance based dataset

- All service providers of English HIV outpatient services

- XML Schema

  - Mandatory

  - Validation properties

Summary of variables

Data categories	Examples
Demographics	Age, gender, ethnicity, disability
Service information	Site code, Previous care site
HIV clinic attendance	Consultation type & medium, date of attendance
Diagnosis information	Date of diagnosis, year or arrival in UK, risk exposure
Treatment information	First on ARV, PEP or PREP, ARV code and band
Clinical information	CD4, VL, AIDS & other complexities, death

Not every field will be required for collection at every attendance

PbR using HARS

New	Stable	Complex (not complete)
Diagnosed within 12 months of attendance	Default	AIDS illness
		Receiving treatment for TB
		Receiving treatment for chronic liver disease
		Oncological treatment
Started ART for first time within 12 months of attendance		End Organ disease
		Psychiatric care
		Pregnancy
		Learning difficulties
		Poor adherence

DATA SUBMISSION & PROCESSING

HARS overview

HIV & STI
Web Portal

Service provider — XML →

Service provider — XML →

Service provider — XML →

Verification → **HPA/PHE**

Validation

Deduplication

Public Health Surveillance

Aggregate commissioning outputs

Quality of care indicators

Errors or inconsistent information for correction
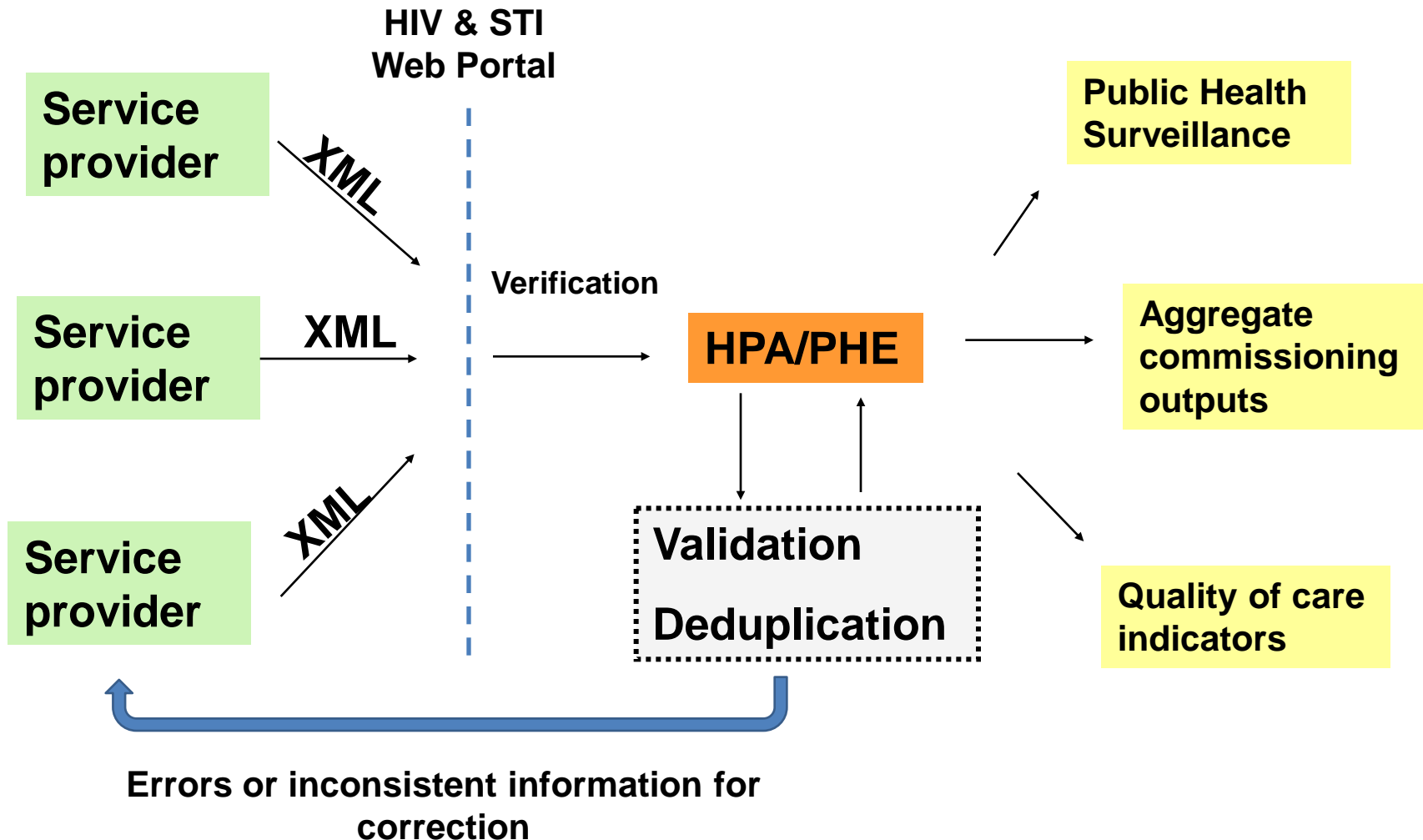
Submission of the dataset

1. Clinic to run the HARS dataset within 6 weeks of request

2. Dataset will be produced in XML schema

3. Clinic to submit the XML schema file to the HPA via the **HIV and STI Web Portal**

4. Validation processes to be performed on the data at the HPA

5. Data to be sent back to clinic if correction of inconsistent or missing information is required

TIMELINES

Timelines & implementation:

Key events	Dates
Advanced notification issued	April 2012
Information Standards Notification	September 2012
HPA is incorporated into Public Health England	April 2013
Implementation with all English HIV/STI clinics	March 2014

Staged implementation	
January-March 2013	Pilot sites
Next quarter…contd…	Phase 1, 2 etc.. 25 sites etc

HARS replaces new HIV diagnoses and SOPHID.

Once switched, just report for HARS

What next?

- Development of the business rules - NRG
- Ongoing liaison with software developers
- Roll out to pilot sites from January 2013
  - Training and support
  - Assess burden on clinics and HPA
  - Quality and timeliness of data
  - Ensuring data are fit for purpose
  - Testing of business rules
  - Refining of behaviour guidance document

- Recruiting sites for phase 1 from April 2013 NOW!

Software Developers

1. Blithe – Lillie
2. Mill Systems –Telecare
3. IMS – preView
4. 6PM – CLIMATE
5. AxSys – Excelicare
6. In Touch With Health

Pilots sites

Outside London

- Bolton
- North Manchester
- Sheffield
- Heartlands
- Selly Oak (Whitall Street Clinic)
- Brighton

London

- Chelsea & Westminster
- North Middelesex
- Homerton
- Barts and The London
- Mortimer Market

Further information:

HARS:

http://www.hpa.org.uk/Topics/InfectiousDiseases/Infections AZ/HIV/HIVAndAIDSReportingSystem

Commissioning:

http://www.dh.gov.uk/health/2012/04/pbr-sexual-health/

Available on request:

-HARS system specification

-HARS technical and behavioural guidance

Questions: HarsQueries@hpa.org.uk

HARS webpage

Thank you!

- Any questions?