

# California Medical Monitoring Project Newsletter

Volume 2, Issue 1

Fall 2010



## Project Overview

The California Medical Monitoring Project (MMP) is one of 23 sites nationally that is currently implementing an HIV surveillance project, sponsored by the Centers for Disease Control and Prevention (CDC). MMP is designed to gain a better understanding of the experiences and needs of people living with HIV/AIDS and in medical care. In California, MMP has been conducted since 2007 by the California Department of Public Health (CDPH), Office of AIDS (OA) in collaboration with Stanford University. (San Francisco and

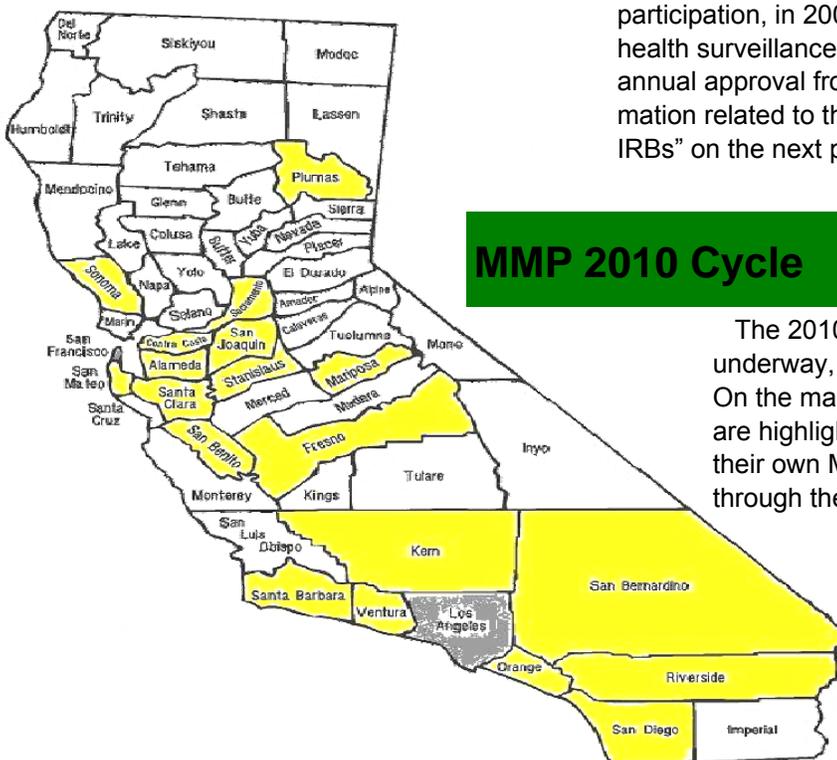
Los Angeles are their own sites.)

Each year, approximately 40-45 HIV care facilities are randomly selected to take part. From there, around 500 HIV-positive patients from these facilities are randomly selected to participate. Five interviewers based at Stanford travel across the entire state to conduct an in-person survey interview with selected patients. The interviewers work with facilities to collect basic health and medical record information.

	MMP Cycle Year			
	2007	2008	2009	2010
Participating Facilities	38	26	27	31
Randomly Sampled Facilities	68	45	44	42
Participating Patients	148	93	187	TBD
Baseline Patients to Interview	367	367	302	280

The table to the left reflects the work of California MMP staff during the past four years, since the project's inception in our site. For each cycle year, the total number of eligible participating facilities is listed. Just below that, the total number of facilities randomly sampled for that year is shown. The total number of participating patients is then listed. This is the number of eligible individuals who consented to and completed an interview. Finally, we have listed our "baseline" or target number of patients to interview for each year of the project, based on achieving the CDC target of 50 percent overall response rate (combining facility and patient response rates).

As with any project, several issues impact productivity and outcomes, such as ability to access randomly selected individuals, facility capacity to participate, and internal staffing. Potentially impacting participation, in 2009, California MMP was classified as a public health surveillance activity rather than a "research" project requiring annual approval from an institutional review board. For more information related to this, please see the section "MMP, HIPAA, and IRBs" on the next page of this newsletter.



## MMP 2010 Cycle

The 2010 cycle of California MMP has just recently gotten underway, with a total of 42 facilities being randomly selected. On the map to the left, the 19 counties with selected facilities are highlighted in yellow. San Francisco and Los Angeles are their own MMP sites. Recruitment and data collection will run through the end of May 2011.

Our goal is to interview and collect medical history on the 500 randomly selected patients across all of the participating facilities. Since a new sample of facilities is drawn for each cycle, HIV care facilities throughout the state always hold the possibility to be selected and participate in future years.

## Data from California MMP 2007

Data from the 2007-2009 cycles of California MMP is starting to be analyzed and published. Currently, OA is producing Fact Sheets and preliminary demographic results from 2007. The data presented here are from the 2007 cycle, with a total sample of 146 eligible respondents. Data is not generalizable, and only reflects the time of interview and 12 months prior. Any totals less than the sample total reflect missing data, skips, refusals, or Don't Know. A "●" equals a cell count < 5 or suppression to protect confidentiality. Rounding may occur. For the most up-to-date results and analysis, please call the California MMP Project Coordinator or visit the MMP webpage at: [www.cdph.ca.gov/programs/AIDS/Pages/OAMMP.aspx](http://www.cdph.ca.gov/programs/AIDS/Pages/OAMMP.aspx).

Top 3 Unmet Service Needs*		
	Needed, but not received n (%)	Received n (%)
Mental Health Counseling	10 (7)	41 (28)
HIV Case Management	7 (5)	51 (35)
Transportation	7 (5)	21 (18)

\*Not mutually exclusive; self-report.

### Most frequent reasons given for why needs were not met:

- Respondent was not eligible or denied services.
- Services not available in area.
- Unspecified reason.
- Respondent did not know where to go or who to call.

Time between HIV Diagnosis and Entry into HIV Care by Race*		
	White n (%)	Non-White n (%)
≤ 3 months	54 (79)	44 (81)
4 -12 months	6 (9)	6 (11)
≥ 13 months	8 (12)	●

\* Among participants diagnosed in past 5 years self-report.

### Most frequent reasons given for delayed entry into HIV care beyond three months:

- Respondent felt well; did not need to receive care.
- Lack of medical insurance.
- Respondent did not want to think about being HIV positive.
- Respondent did not believe HIV test result.
- Respondent was incarcerated.

## MMP, HIPAA, and IRBs



Many facilities wonder about how HIPAA and IRBs interface with MMP. In no way does a facility's participation in MMP violate HIPAA standards. MMP has been designated by CDC, the State of California, and Stanford University as a non-research public health surveillance activity. As such, MMP is a HIPAA-covered component of the basic surveillance duties and activities of CDPH. Nevertheless, the project adheres to the strict standards and ethics of health research. Additionally, individual facilities may decide to review MMP through their own IRB.

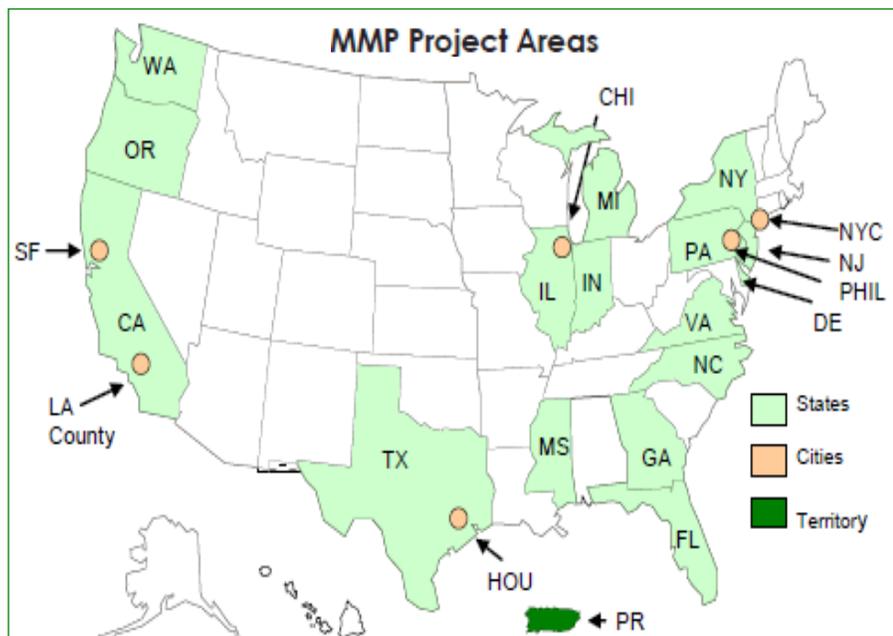
## National MMP

The national MMP initially started in 2005 as a pilot project, with 13 sites across the United States taking part. Since 2009, there have been 23 project areas involved.

The aims of MMP are to develop a national surveillance system and to produce nationally representative data on people living with HIV/AIDS and who are receiving medical care.

The goals of MMP are to:

1. Provide representative estimates of behaviors and clinical outcomes of persons in care for HIV;
2. Describe health-related behaviors;
3. Determine accessibility and use of prevention and support services;
4. Increase knowledge of the care and treatment provided; and
5. Examine various factors across geography and demographics.



The data gathered from MMP will be important and useful for HIV prevention community planning groups, Ryan White Comprehensive AIDS Resources Emergency Act planning councils and consortia, providers of HIV care, local/state and national policy makers and service planners, as well as people affected by HIV/AIDS.

## National MMP Advisory Boards

In addition to staff at each site, MMP has a network of providers and community members that advise the project locally and nationally. The Provider Advisory Board (PAB) is comprised of experienced HIV care providers representing each of the 23 funded project areas. PAB members provide clinical expertise to MMP staff at both the local and national levels by reviewing and providing input on MMP protocol, data collection instruments, and educational materials. The Community Advisory Board (CAB) is made up of a community representative from each of the project areas, and serves as a link between MMP staff and participating

facilities and patients. Members of CAB review and provide input on the recruitment and implementation procedures of MMP. They also advise on disseminating the results in local communities across their respective sites.

If you would like more information or are interested in participating as a CAB or PAB, please contact the California MMP Project Coordinator, Dr. Tyler Perry, via phone at (916) 449-5890 or e-mail at: [atperry@cdph.ca.gov](mailto:atperry@cdph.ca.gov).

## CA MMP Member Spotlight



### CAB Member

#### Joe Acosta

Since diagnosis, some 17 years ago, Joe has literally focused most of his time and energy on HIV/AIDS issues, both as a volunteer and Ryan White advocate. His love of history and politics has provided Joe many roles, including Food Distributor,

Positive Speaker, Desert AIDS Project Client Advisory Committee Member and other prevention roles. Several years ago, together with his partner of 21 years, Joe has raised funds to enable both of them to attend National Association of People Living with HIV/AIDS AIDS Watch. This event started Joe's participation in advocacy. Since, he has served as Vice Chair of the Communities Advocating Emergency AIDS Relief Coalition, and was a member of the California HIV Planning Group for several years.

In December 2009, after 14 years, Joe left his work with the Inland Empire Ryan White Planning Council. In his tenure, Joe had the privilege of serving as Community Co-Chair for four terms. A short while ago, when the National Minority AIDS Council decided to hold its U.S. conference in Palm Springs, he served as Co-Chair of the Host Committee. It is reported that they raised more money for that event than any previous committee.

Now focusing on California MMP is a new and welcomed venture. Joe hopes to contribute in a way that will help not only California but all states in their prevention and care work for individuals and communities affected by HIV/AIDS.



### PAB Member

#### Dennis Israelski, M.D.

Dr. Israelski is a Clinical Professor of Medicine in Infectious Diseases and Geographic Medicine at Stanford University, School of Medicine. He has over 20 years experience as a clinician, administrator, educator, and researcher. He has focused on community-based health care, quality service delivery to vulnerable populations, and innovative systems for the control and prevention of communicable diseases with a special interest in HIV/AIDS, both domestically and globally. He was the Medical Director of San Mateo County AIDS Program and Chief of Infectious Diseases at the San Mateo County Health Department between 1989 and 2008, where among other things he led efforts on community based HIV/AIDS research and training of post doctoral fellows.

Dr. Israelski has also been involved in community-based advocacy and was a co-founder of the AIDS Community Research Consortium, a San Francisco Peninsula-based community-based organization that has conducted clinical research since 1988. He has published over 50 original research articles in peer reviewed journals and has been the recipient of multiple National Institutes of Health and State of California research grants investigating HIV/AIDS.

His current professional interests include implementation science, use of technology to strengthen health systems, clinical trials, and molecular diagnostics.



### California MMP

Office of AIDS, California Department of Public Health  
Stanford University

For more information about California MMP, contact:

A. Tyler Perry, PhD, LICSW  
Research Scientist and MMP Project Coordinator  
Office of AIDS, CDPH  
916.449.5890 (direct)  
atperry@cdph.ca.gov

California MMP: [www.cdph.ca.gov/programs/AIDS/Pages/OAMMP.aspx](http://www.cdph.ca.gov/programs/AIDS/Pages/OAMMP.aspx).  
CDC MMP: [www.cdc.gov/hiv/topics/treatment/mmp/index.htm](http://www.cdc.gov/hiv/topics/treatment/mmp/index.htm).