

## **Medical Monitoring Project (MMP)**

The Medical Monitoring Project (MMP) is a surveillance project designed to produce nationally representative data on people living with HIV/AIDS who are receiving care in the United States. The U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC), in collaboration with the National Institutes of Health (NIH), the Health Resources and Services Administration (HRSA), and state and local health departments is conducting MMP across the nation.

### **Project Locations**

A total of 20 project areas are involved in MMP: *California; Chicago, IL; Delaware; Florida; Georgia; Houston, Texas; Illinois; Indiana; Los Angeles, CA; Michigan; Mississippi; New Jersey; New York; New York City, NY; North Carolina; Oregon; Pennsylvania; Philadelphia, PA; Puerto Rico; San Francisco, CA; Texas; Virginia; and Washington.*

### **Project Goals**

MMP aims to gain a deeper understanding of health-related experiences and needs of people living with HIV/AIDS who are receiving HIV care in the U.S. The goals of the project are to 1) provide a wide array of locally and nationally 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 variations of factors by geographic area and patient characteristics.

### **Significance**

People living with HIV/AIDS, HIV prevention community planning groups, Ryan White CARE Act planning councils and consortia, providers of HIV care, and other policy makers and service planners may use MMP data for planning activities. MMP provides valuable state and national estimates of health care utilization, quality of care, severity of need, and effectiveness of prevention messages. MMP data may help estimate resource needs for treatment and services for people living with HIV/AIDS. To be effective, programs must meet the current needs of the population. MMP data provide contextual information on prevention, care-seeking, treatment, and risk behaviors which can aid in the design and improvement of HIV programs.

### **Project Procedures**

To implement the project, state and local health departments identify all HIV care providers in their jurisdictions. A representative sample of these providers is then chosen. The health departments contact all sampled providers; HIV-infected patients are selected from these sampled providers.

MMP has two components: an interview and medical record abstraction. MMP staff invite each selected patient to participate in a face-to-face interview. The interview takes approximately 45 minutes and includes questions concerning their medical history, use of medical and social services, and risk behaviors. Trained MMP abstractors then collect additional information from the patient's medical chart these data complement data from the interview.

MMP takes measures to ensure that the project is not burdensome to providers or participating patients. State and local health department representatives conduct all data collection activities in order to not disrupt providers, their staff, or services their patients receive. Participants are compensated for their time. All personal and health care information collected during the project is kept secure and confidential.

### **Community Advisory Board**

A national Community Advisory Board (CAB), comprised of a local representative from each of the 23 project areas, serves as a link between MMP staff and patients who participate in the project. The CAB includes a diverse group of individuals who are all concerned about the wellbeing of persons living with HIV/AIDS in the community and the quality of care they receive. As community advocates, CAB members convey the patient's perspective to local and national MMP staff. CAB members work closely with MMP staff contributing to the design and implementation of the project. For example, they provide invaluable input in patient recruitment, questionnaire development, operational considerations, promotion of the project, and dissemination of data. In addition to collaborating with MMP staff, CAB members communicate with potential participants. For example, they inform the HIV/AIDS community about MMP and stress its significance to public health and its potential to improve services for people living with HIV/AIDS. CAB members also act as a local resource for those patients approached to participate in MMP.

### **Provider Advisory Board**

MMP also has a national Provider Advisory Board (PAB) consisting of an HIV care provider from each project area. The PAB represents large, medium, and small HIV care facilities in both rural and urban locales. It fosters collaboration between local and national MMP staff and HIV care providers. Offering the provider's perspective, PAB members advise local and national MMP staff on aspects related to the development and implementation of MMP. For example, they help determine how data are collected and what questions MMP can answer related to health care. They provide significant input on facility and patient recruitment strategies and increase project awareness among the medical community. In addition, PAB members inform local providers about MMP and encourage providers to participate. Similar to the CAB, PAB members serve as local peer resources for those HIV care providers approached to participate in MMP.

### **Project Participation**

Maximum participation by providers and patients will increase the likelihood of obtaining information that is truly representative of patients in care for HIV. The success of MMP depends on the providers and patients selected to participate. Providers and patients who were not selected to participate in the project can still help by encouraging others to participate.

### **Website**

Additional information about MMP can be found at:  
<http://www.cdc.gov/hiv/topics/treatment/MMP/index.htm>