

Improving Data Collection & Health Equity

NASTAD

February 2023

Harm Reduction Section



WISCONSIN DEPARTMENT
of HEALTH SERVICES



Agenda



Getting started

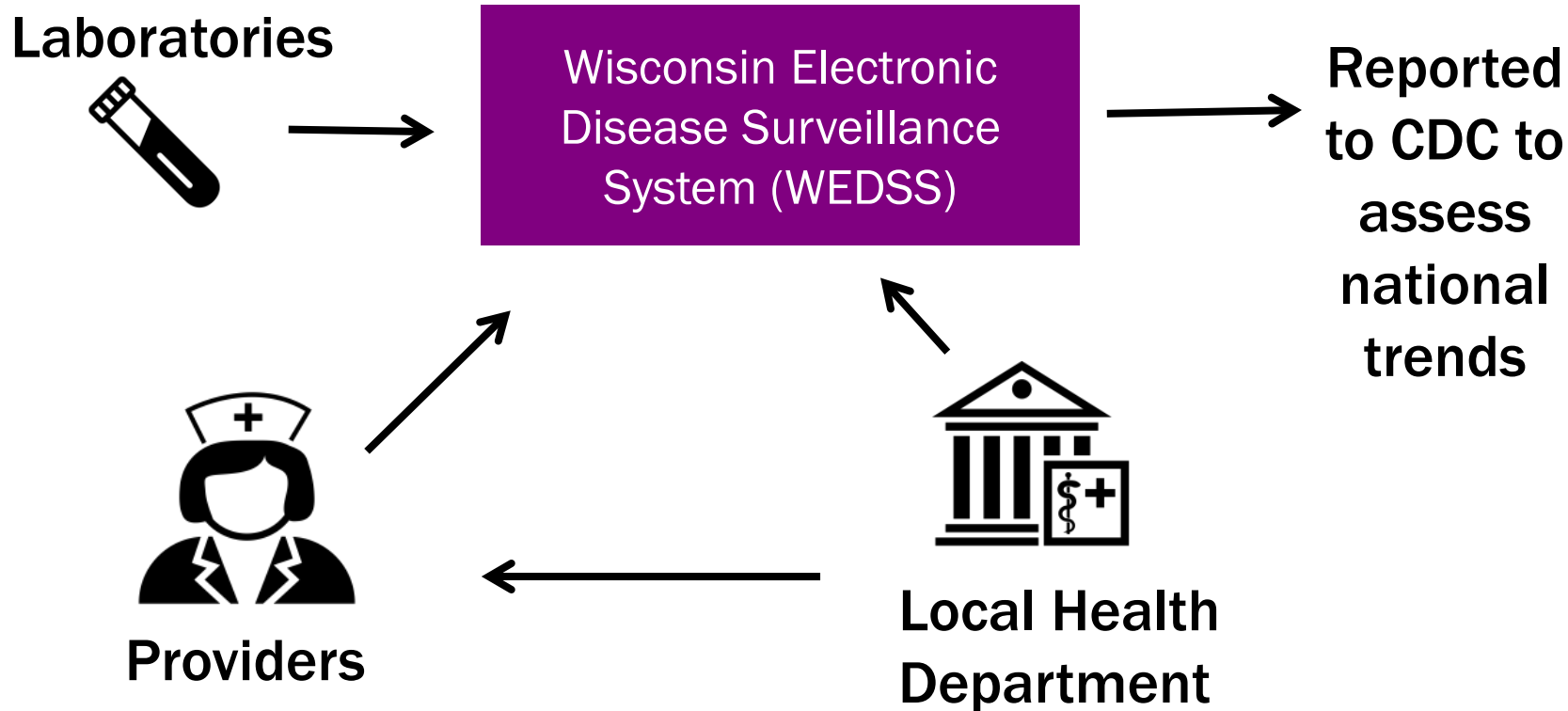


Quality Assurance

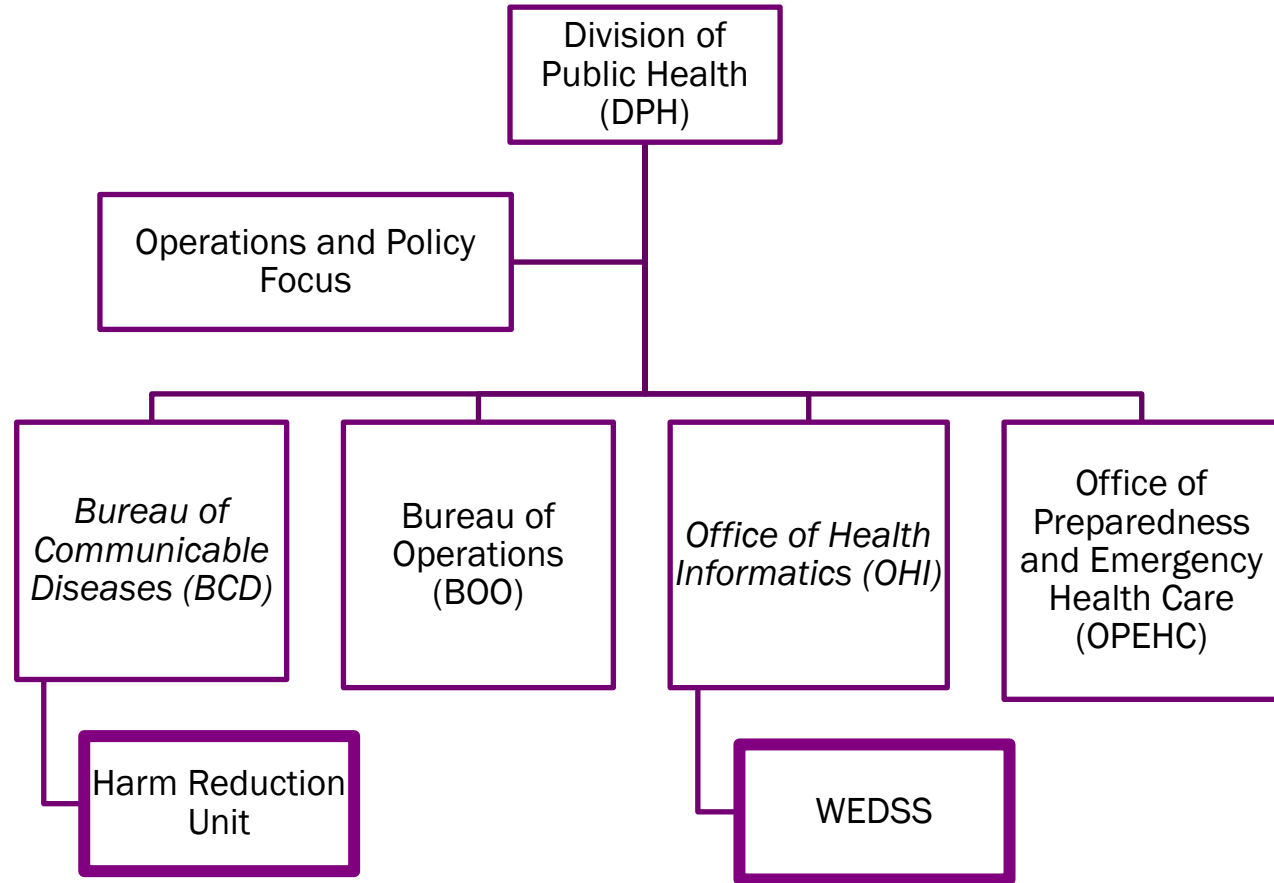


Next steps

Hepatitis C Surveillance in Wisconsin



DPH Chart



WEDSS Support

- WEDSS Support Team
 - 4 system administrators
 - Provide updates
 - TA
 - In

- 2 WEDSS

- WEDSS

- OI

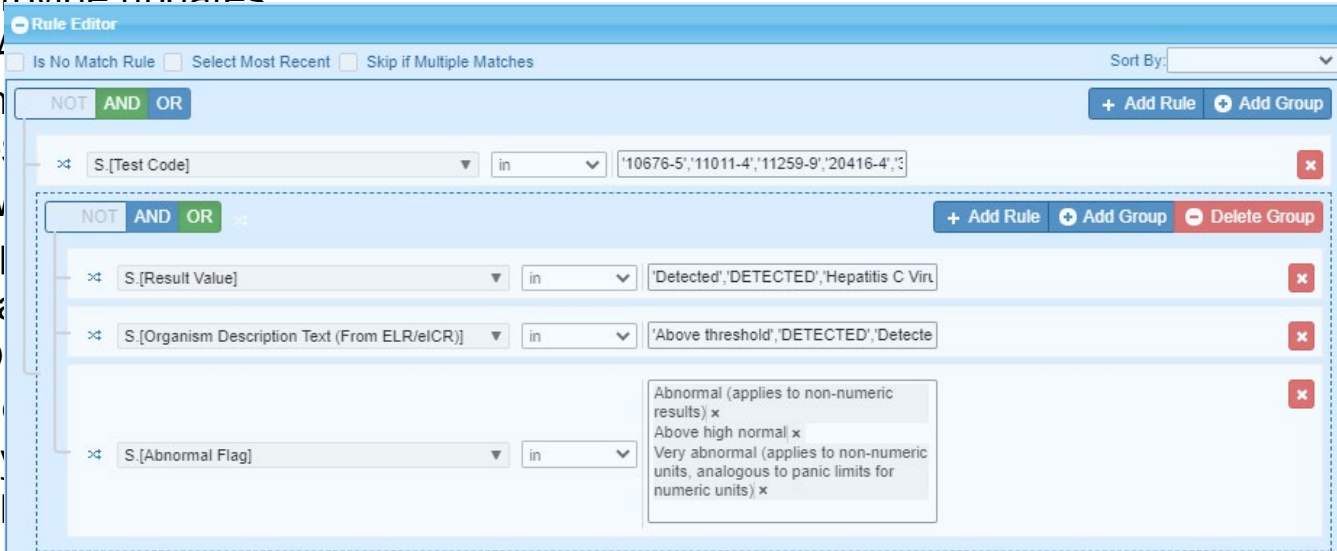
- Informa

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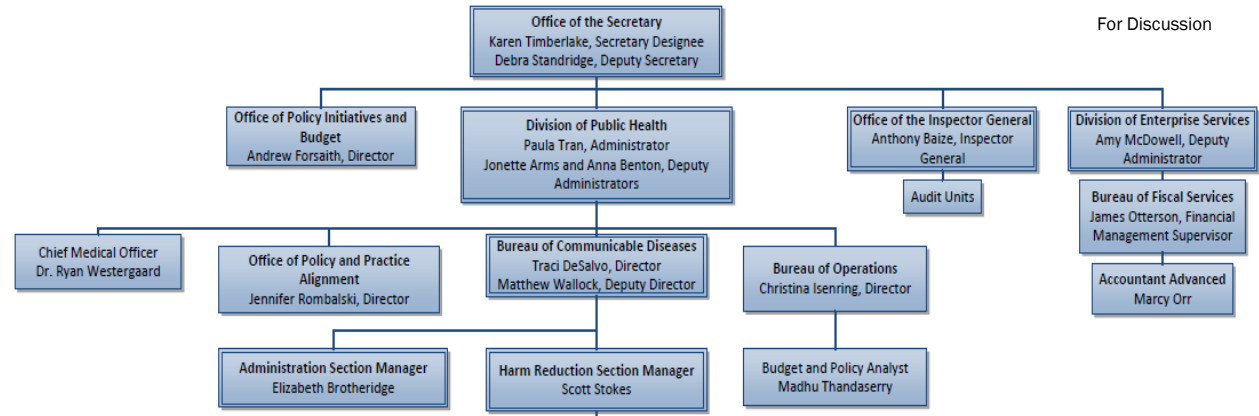
/EDSS

- Additional staff positioned at Wisconsin State Lab of Hygiene (WSLH) coordinating ELR
 - WEDSS staff at WSLH communicate with lab partners across the state to increase quality of reporting and provide TA

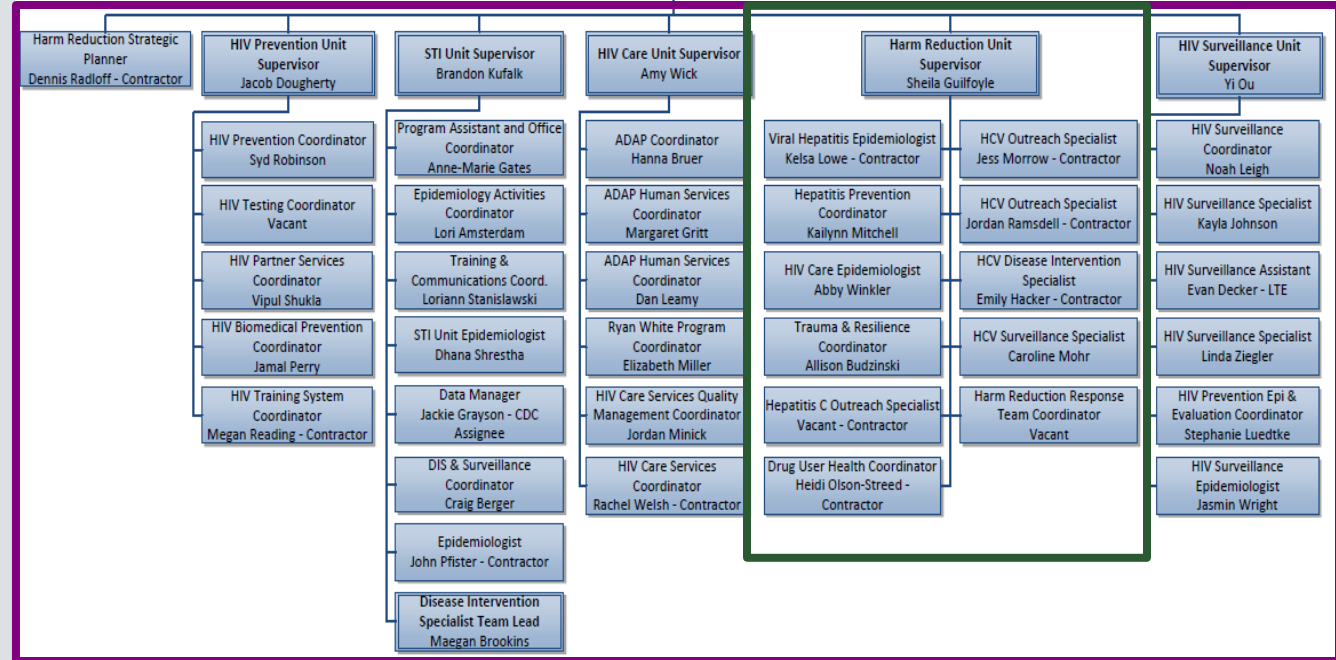
Our Program

Wisconsin Medicaid HCV Treatment has...

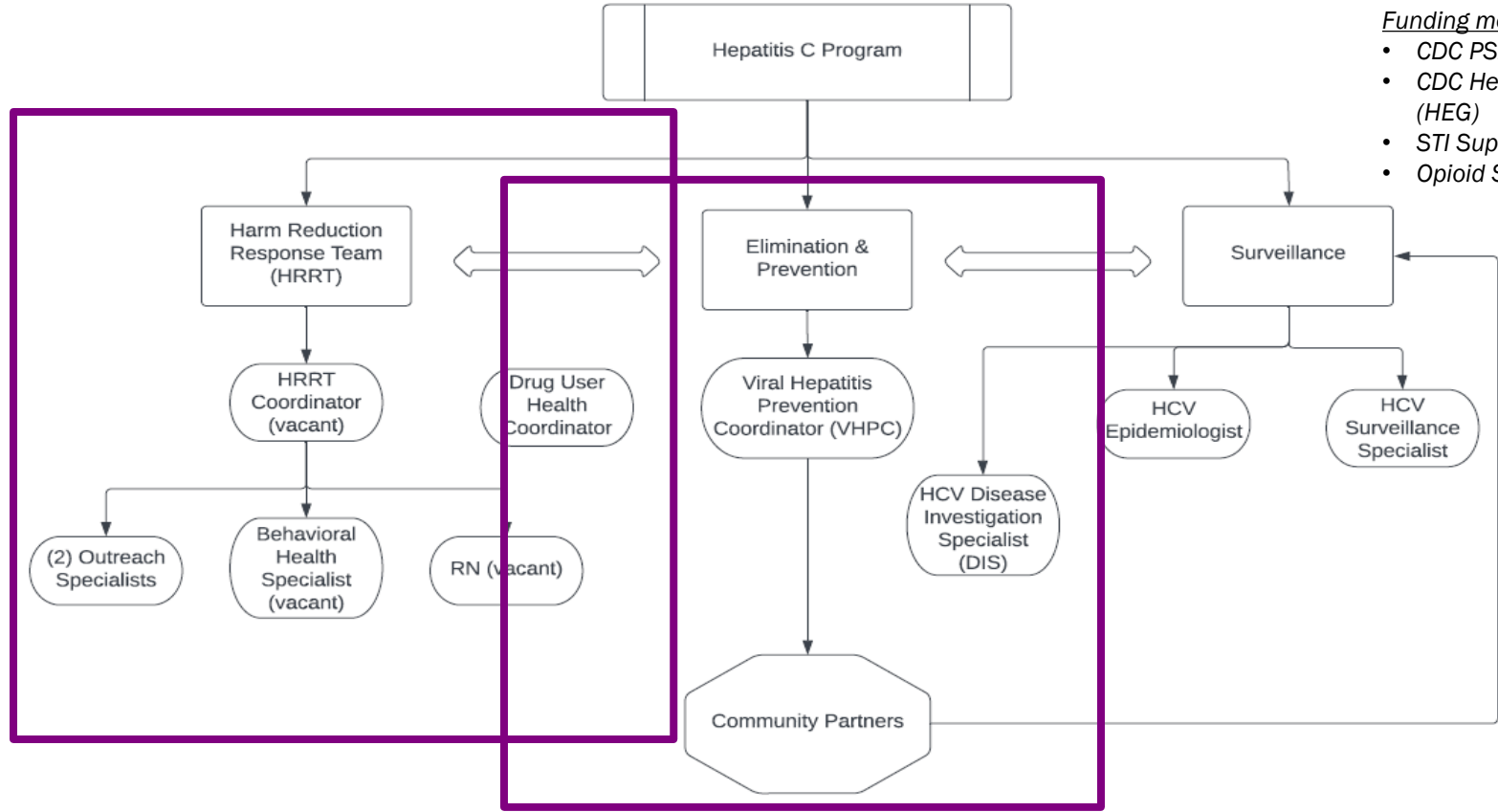
- No sobriety restrictions.
- No provider restrictions.
- No disease severity restrictions.
- No prior authorization needed.
- Retreatment considered.



Organizational Chart



Hepatitis C Program Chart



- Funding mechanisms:
- CDC PS21-2103
 - CDC Health Equity Grant (HEG)
 - STI Supplemental Grant
 - Opioid Settlement

Data Quality

Hepatitis C Case Reports

Chronic Hepatitis C Case Reports

Demographic category	Number of case reports with complete information (total counts)	Percentage of case reports with complete information
Age:	1501	99
Gender:	1514	100
Race/ethnicity:	1507	99
County of residence:	1513	100

Acute Hepatitis C Case Reports

Demographic category	Number of case reports with complete information	Percentage of case reports with complete information
Age:	77	92
Gender:	84	100
Race/ethnicity:	84	100
County of residence:	84	100

Pivots

Digestible products

Assessing terminology

Auto-importing

Electronic reporting

Quickly implement case definition changes

Statewide Partnerships

Wisconsin State Lab of Hygiene

Local and Tribal Health Departments

Department of Corrections: 9% - 11% of HCV cases

Local Healthcare Systems

Syringe Service Programs

Healthcare Providers/Infection Preventionist

Plasma and Blood Donation Centers

HIV Tribal Coordinators

GLITEC

University of Wisconsin – Madison

Statewide Action Planning Group

Recap: Improving Data Quality and Completeness

1. Good relationship with surveillance and IT teams/robust surveillance system
 1. Getting providers set-up in WEDSS
2. Building laboratory coordination to ensure quality of reporting and case classification data elements
 1. 2023 Lab Survey – inclusion of data elements like bilirubin, pregnancy status, ALT, AST, etc.
 2. 2023 eCR
 3. Automating race, ethnicity, other demographic data collection
 4. Tracking – negative RNA reportable
3. Collaborate internally!
4. Data Equity and language matters!
5. Community feedback and external collaborations!



FOUNDATIONAL!

**First step in equity is
improving the data we have
available**

Disaggregation of Public Health Data by Race & Ethnicity

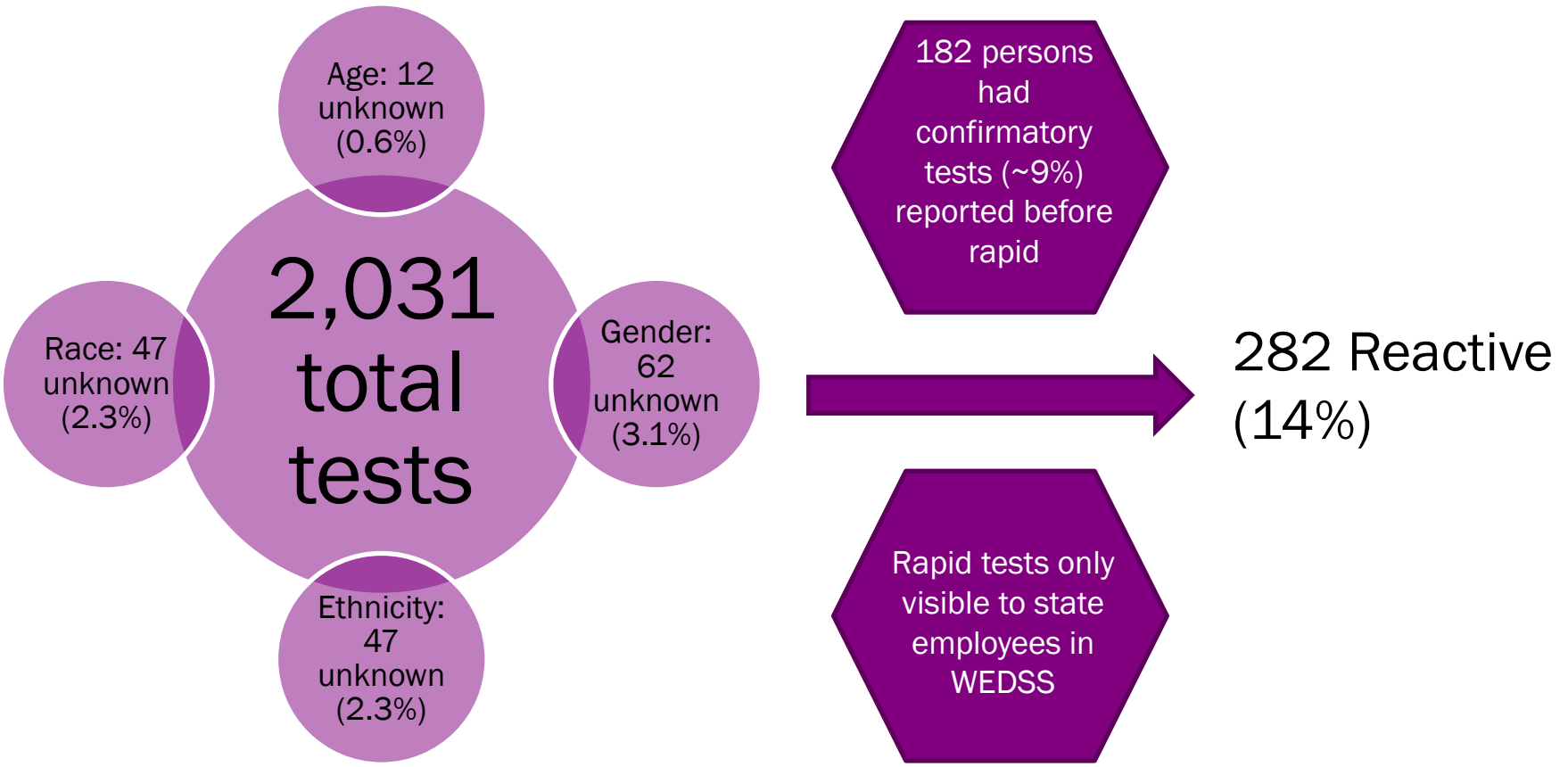
A Legal Handbook

December 2022

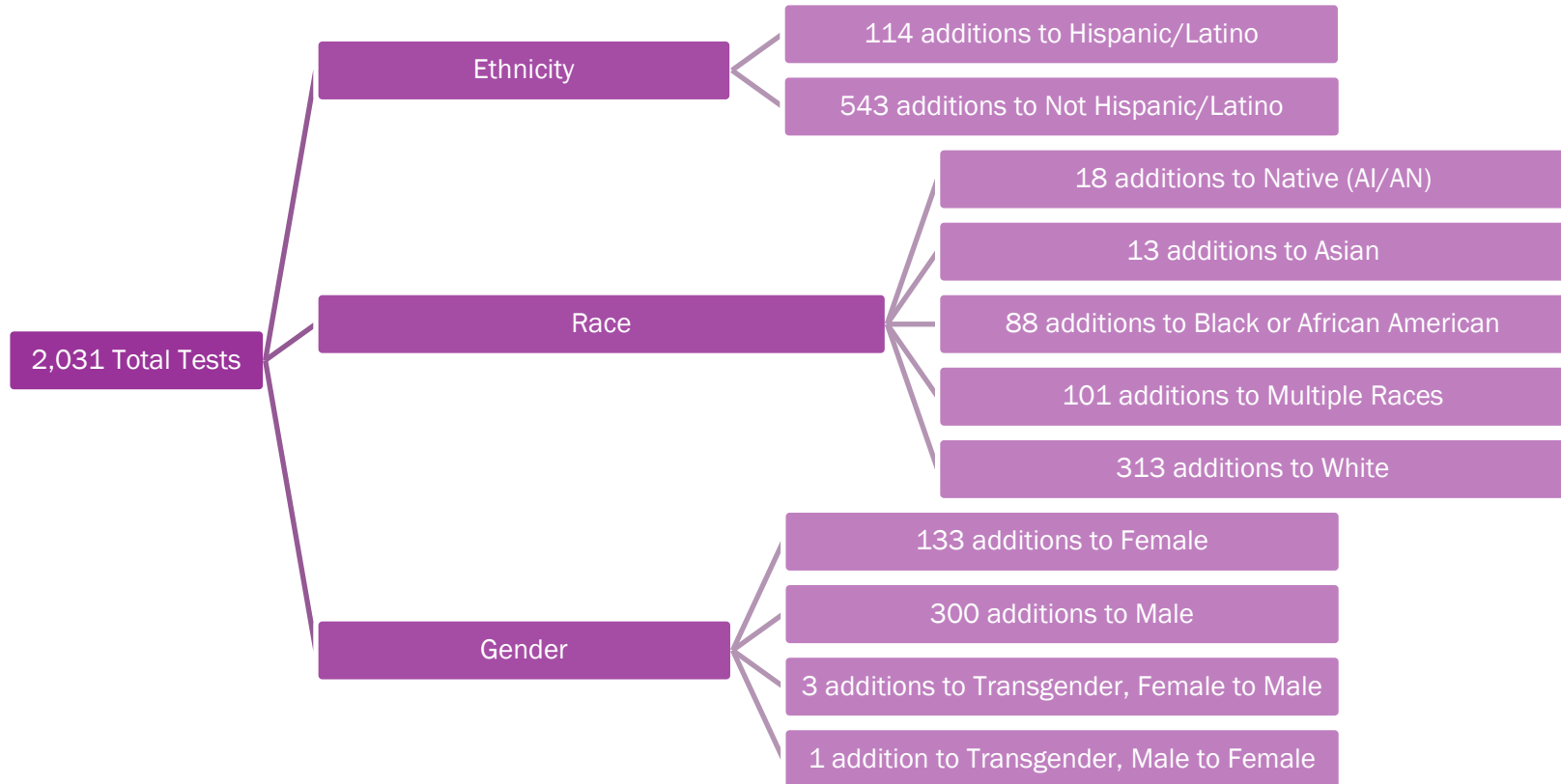
Demographic Data Resource!

- I. Disaggregating data → improved health equity
- II. Law permits the collection of demographic data
 - I. HIPAA allows for public health data collection
 - II. Main barriers in reporting: patient hesitancy, provider non-reporting, and technological issues
 - III. Explore whether to explicitly mandate or adopt penalty structure for non-reporting

Hepatitis C Rapid Tests - 2022



Data Improvements from Rapid Tests – 2022



Hepatitis C Rapid Tests – Exposure

Among the 1,749 Non-Reactive Rapids:

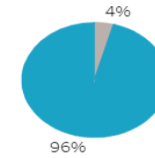
Among the 282 Reactive Rapids:

Ever injected drugs

If yes, ever shared equipment

Ever injected drugs

If yes, ever shared equipment

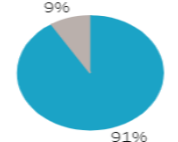
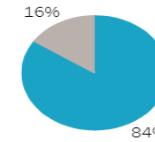


Ever shared snorting equipment

Ever shared smoking equipment

Ever shared snorting equipment

Ever shared smoking equipment

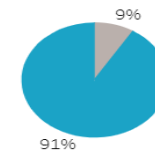


Injection drugs in past 6 months

If yes, shared equipment (6mo)

Injection drugs in past 6 months

If yes, shared equipment (6mo)



Quarterly Data Cleaning

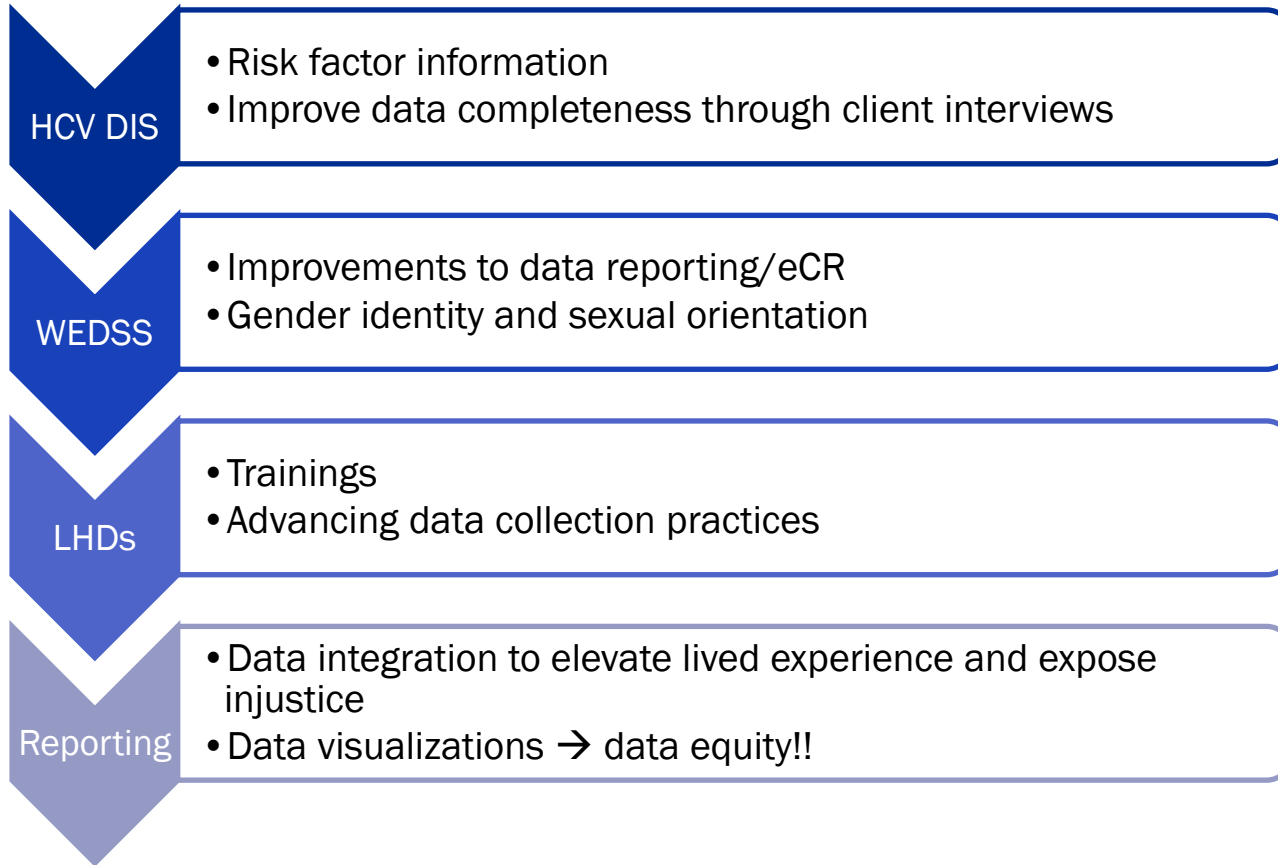
2013 Cleaning Codes	2023 Cleaning Codes
Duplicates	Look for HCV labs in non-HCV incidents
Missing race or ethnicity	Look for possible acutes
Out of state	Looks for perinatal cases
Check resolution status	Find possible test conversion
	Numbers in name
	Check labs and confirm resolution status
	Duplicates and separating incidents
	Confirming address
	DOC cases
	Suspected reinfection
	Missing race or ethnicity
	Missing sex

Next Steps

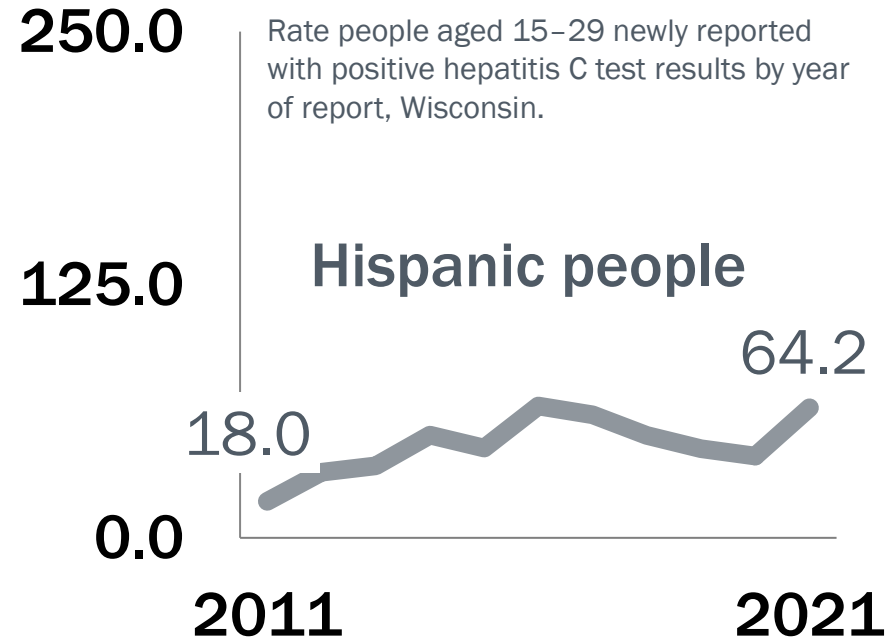
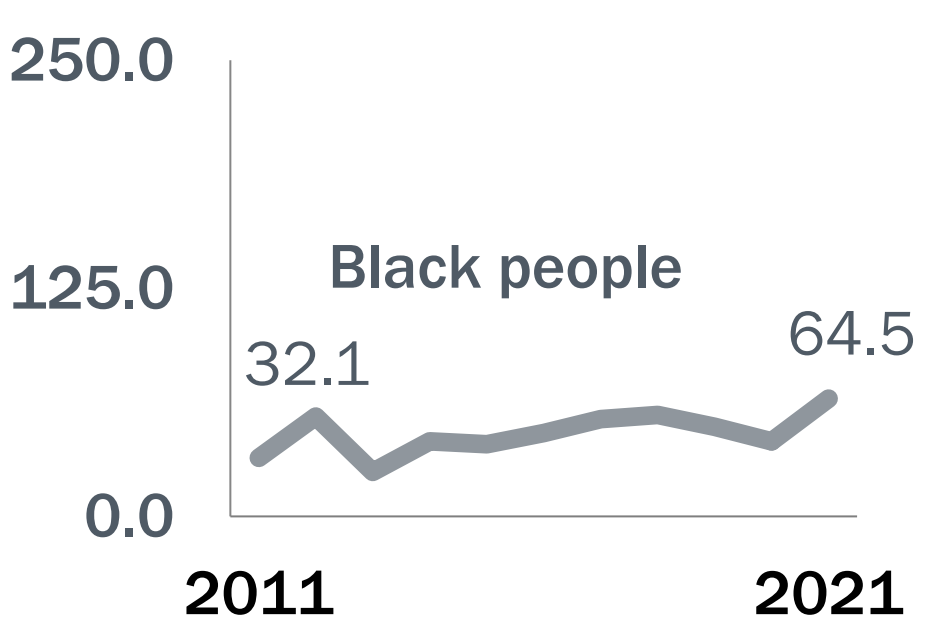
Goals

- Biannual meetings with top 5 health systems in WI
- Lab reporting clinical information – bilirubin, AST, ALT, etc.
- Disaggregation of racial and ethnic groups
- Native demographic data linkage to the Great Lakes Inter-Tribal Epidemiology Center (GLITEC)

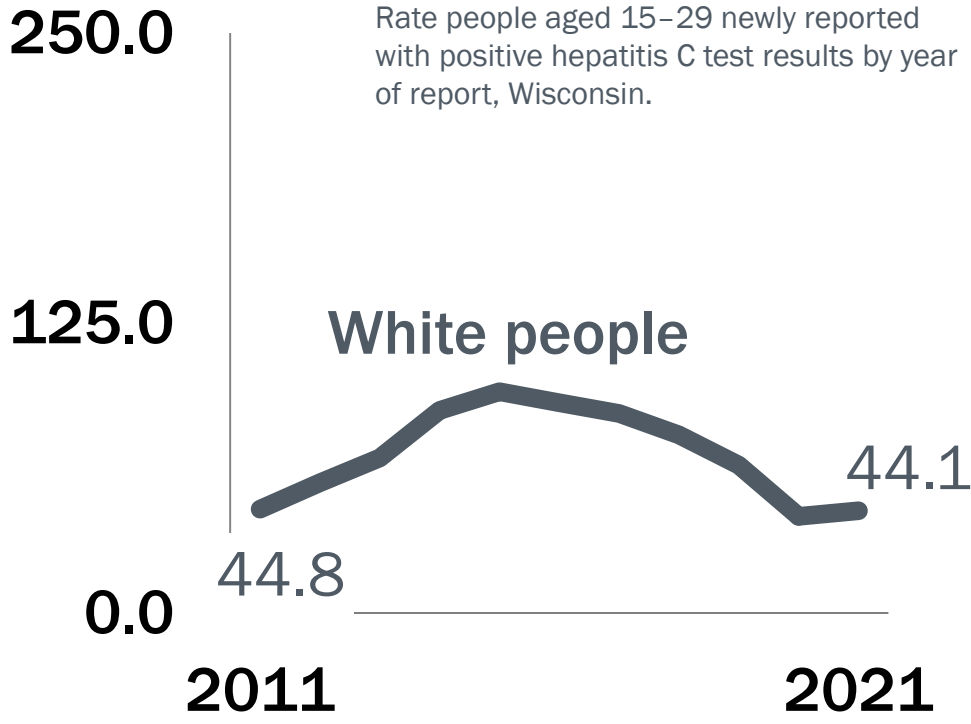
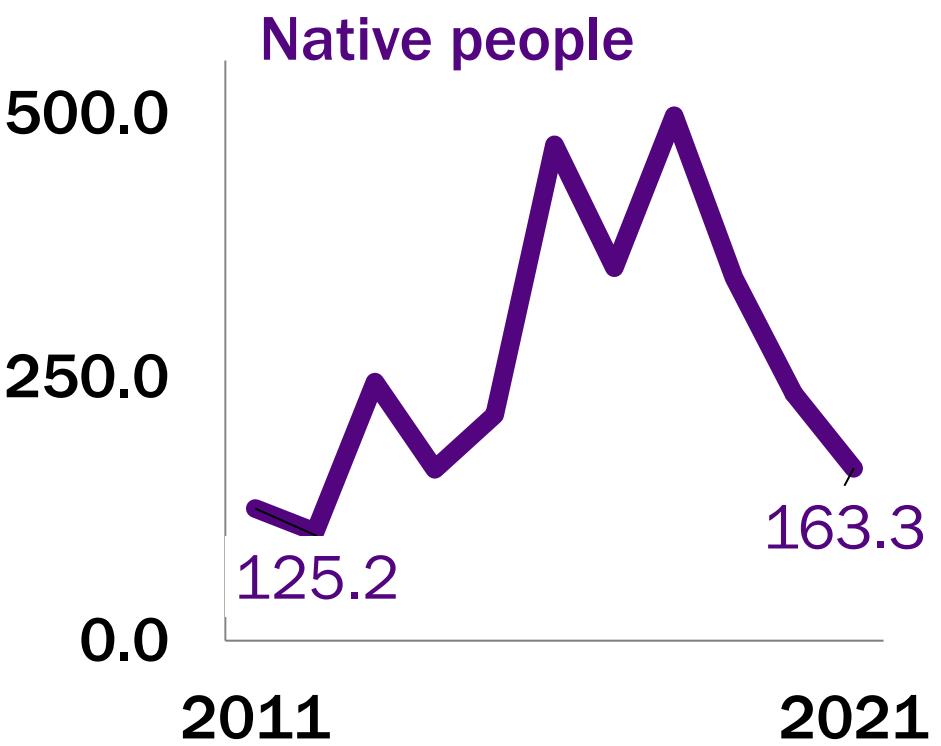
Goals in Motion



Increases in rates of HCV have occurred among all racial and ethnic groups in Wisconsin.

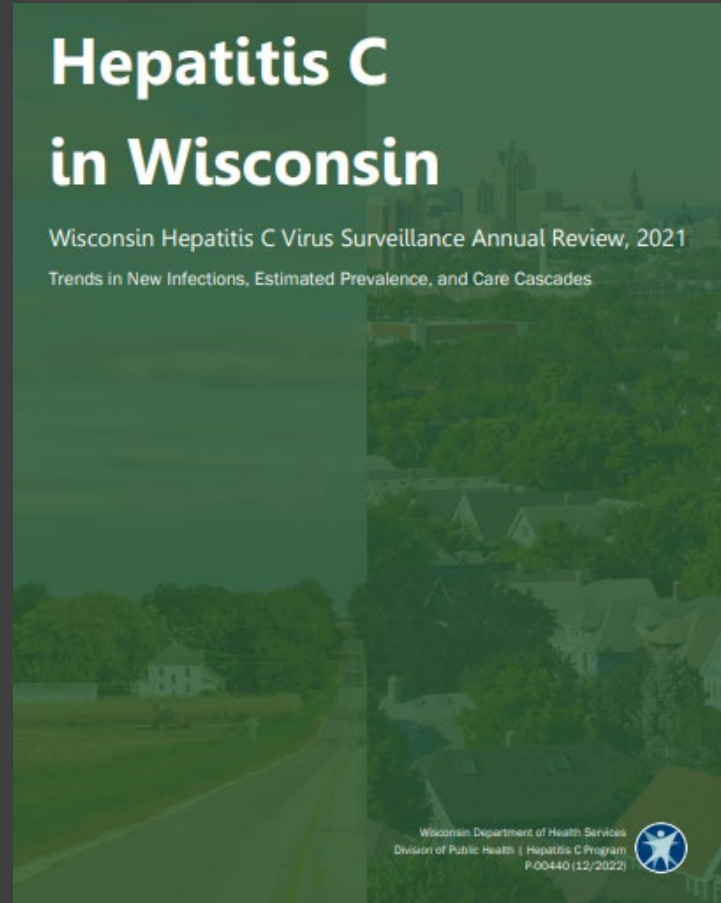


But the rates of HCV increases have been **highest among Native people.**



2021 Report Published

“It is important to consider differences in trends in hepatitis C by race and ethnicity to understand which communities are being impacted and where attention is needed to improve health equity. Race or ethnicity does not make a person more or less likely to acquire hepatitis C. Other factors such as structural racism, stigma, and poverty, as well as unequal access to health care, education, and housing affect communities of color disproportionately and can put individuals at greater risk for acquiring hepatitis C.”



Contact information

Kelsa Lowe – Hepatitis C Epidemiologist

kelsa.lowe@dhs.wisconsin.gov

Kailynn Mitchell – Viral Hepatitis Prevention Coordinator

kailynn.mitchell@dhs.wisconsin.gov

Caroline Mohr – Hepatitis C Surveillance Specialist

caroline.mohr@dhs.wisconsin.gov

Emily Hacker – Disease Intervention Specialist (DIS)

emily.hacker@dhs.wisconsin.gov

[Wisconsin Hepatitis C Program](#)