STD Maven Users Group Meeting

November 14, 2017

12:30 – 1:30 PM ET
Meeting Agenda

• Welcome and Introductions – Charlie and Marvin
• Remarks from NCSD – Charlie
• Remarks from CDC Surveillance and Data Management Branch – Marvin
• Remarks from Vendor: Conduent
  ▪ Michelle Brazel
• Project Area Presentation - Virginia
  ▪ Jennifer Lonely
  ▪ Raid Mohaidat
Why Support Surveillance System User Groups?

Foster STD Programs Learning From Each Other
User Group Audience & Purpose

• Audience: STD AAPPSS funded grantees and other STD programs using Maven software for STD surveillance and information management

• Purpose: Identify and share:
  - Best practices
  - Solutions to common problems
  - Sources of technical assistance
  - Identify opportunities to share resources and costs
  - Dialogue with staff at CDC’s Division of Sexually Transmitted Disease Prevention (DSTDTP) Surveillance and Data Management Branch, National Coalition of STD Directors (NCSD) and Conduent
Participation is Essential for Success
NCSD Update

Charlie Rabins
About NCSD

NCSD is a national public health membership organization representing health department STD directors, their support staff, and community-based partners across 50 states, seven large cities, and eight US territories.

Mission: To advance effective STD prevention programs and services in every community across the country. NCSD does this as the voice of our membership. We provide leadership, build capacity, convene partners, and advocate.
NCSD Update Item

• New STD Website: www.ncsdddc.org
• Recent launch of e-learning STD Program Evaluation Training and Tools
  • http://www.ncsdddc.org/std-pett/
  • http://www.ncsdddc.org/std-pett-tools/
• Promote peer-to-peer TA/CB via the NCSD Weekly Email Update
• Support Slack Communication Sites for STD Surveillance System User Groups – PRISM, Maven and NBS
Tools for User Group Communication

• Participate in User Group meetings, webinars and trainings
• Contact staff, peers and developers via email, phone and Slack
• Use STD Maven Users Group Slack Site
  ➢ Post Resources
  ➢ Ask and Respond to Questions
  ➢ Share Experiences, Accomplishments and Challenges
  ➢ Suggest topics for Future User Group Meetings
  ➢ Connect on PC/MAC, smartphone, tablet – IOS, android
  ➢ Screen Share and Audio/Video Calls within Slack – up to 8 persons/sites
Poll Question

How often do you look at the Maven Slack site? (only one response)
• Daily or when there are new postings
• Weekly
• Occasionally
• I have joined but don’t use
• I have not joined

• APP Result Link:
  https://www.confpal.com/surveyliveview.do?confid=1185&indicatorid=1353&objectsurveyid=674&type=bar
How to Join and Learn Slack

• 45 Current Members - 277 Postings and Messages
• If you haven’t joined the STD Maven Users Group SLACK Team Site,
  ➢ email us for another invitation
  ➢ Use link: https://join.slack.com/t/mavenusersgroup/shared_invite/enQtMjcwMDQzMzc4MDY4LT
  hiYmNjMmY2MDRhNjViNDkxN2I3NDgzYjcyZDFiYzRlNjdhNjcMmE2NmZhNmQ4MDQwN
  WRkYTI2NTBlMjAyYjU
  ➢ Email address – we will use your work or an email of your choice to invite you to join
  ➢ If work firewall blocks access to SLACK, access from personal ID and device (PC, phone, tablet)
• System is Very Intuitive and Easy to Learn
  ➢ Help and training is available within Slack, on YouTube, on the internet
  ➢ Contact Charlie or Marvin for Questions or TA
Marvin Fleming
STD Information Systems
as of 11/2017

[Map showing the distribution of STD Information Systems across the United States]
Remarks from Maven Vendor

Michelle Brazel
PARTNER SERVICES
LESSONS LEARNED

Virginia Department of Health
Jennifer Loney & Raid Mohaidat
OUTLINE

• Background
• What is partner services?
• Previous data system
• Forms for partner services
• Lessons learned
ABOUT VDH

• Integrated HIV/STD program
  • Investigations are performed by same DIS
  • Used STD*MIS until Maven went live on 10/3/16
    • STD Surveillance
    • Partner Services data (HIV/STD)

• eHARS is used for HIV case reporting
PARTNER SERVICES (PS)

- VDH Viewpoint:
  - An Index & their partner(s)=PS Case or Investigation
  - Info capture on Interview Record (IR) & Field Record(s) (FR)
  - 2 separate investigations/PS cases
    - 5/23/2010
    - 7/16/2017
DATA SYSTEM FOR PARTNER SERVICES

• STD*MIS - CDC application
  • Relied on CDC for completeness & accuracy
  • Just ran extract
  • Assumptions
    • Extract was correctly pulling data
    • How data was reported
# FIELD RECORD (FR)

## 900 PS Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex at Birth</td>
<td>M / F / D</td>
</tr>
<tr>
<td>Interviewed</td>
<td>Yes / No</td>
</tr>
<tr>
<td>900 PS Interview Date</td>
<td>/ /</td>
</tr>
<tr>
<td>Notifiability</td>
<td></td>
</tr>
<tr>
<td>Plan</td>
<td></td>
</tr>
<tr>
<td>Actual Method</td>
<td></td>
</tr>
<tr>
<td>Self-Reported</td>
<td></td>
</tr>
<tr>
<td>Date of Last 900</td>
<td>/ /</td>
</tr>
<tr>
<td>Referral 1</td>
<td></td>
</tr>
<tr>
<td>Referral Date</td>
<td>/ /</td>
</tr>
<tr>
<td>Post</td>
<td></td>
</tr>
<tr>
<td>Referral 2</td>
<td></td>
</tr>
<tr>
<td>First Appt</td>
<td></td>
</tr>
</tbody>
</table>

## FACTORS

<table>
<thead>
<tr>
<th>Category</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was behavioral risks assessed?</td>
<td>Y / N / R / D</td>
</tr>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td></td>
</tr>
<tr>
<td>Condom</td>
<td></td>
</tr>
<tr>
<td>IDU</td>
<td>Share Equipment</td>
</tr>
<tr>
<td>NIR</td>
<td>Other</td>
</tr>
<tr>
<td>Y / N / R / D</td>
<td></td>
</tr>
</tbody>
</table>
### EVALUATION WEB PS TEMPLATE

#### PART ONE - AGENCY AND INDEX PATIENT INFORMATION

<table>
<thead>
<tr>
<th>SECTION A. AGENCY INFORMATION</th>
<th>SECTION D. INDEX PATIENT DEMOGRAPHICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency ID</td>
<td>Date Demographics Collected Oct 01</td>
</tr>
<tr>
<td>Jurisdiction Name</td>
<td>MM. DD. YYYY</td>
</tr>
<tr>
<td>Intervention ID</td>
<td>Local Index Patient ID</td>
</tr>
<tr>
<td>Date of Session</td>
<td>Year of Birth 012</td>
</tr>
<tr>
<td>Site ID</td>
<td>Diet</td>
</tr>
<tr>
<td>Site Zip Code</td>
<td>Ethnicity</td>
</tr>
<tr>
<td>State/Territory of Residence</td>
<td>Hispanic or Latino?</td>
</tr>
<tr>
<td>Date of Admission</td>
<td>Obese or underweight?</td>
</tr>
<tr>
<td>Date of Discharge</td>
<td>Pregnant?</td>
</tr>
<tr>
<td>Date of Admission</td>
<td>Died</td>
</tr>
<tr>
<td>Date of Discharge</td>
<td>Died</td>
</tr>
</tbody>
</table>

#### PART TWO - CASE ENROLLMENT

<table>
<thead>
<tr>
<th>PARTNER SERVICES Case Number</th>
<th>CODES FOR SITE TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assigned Sex at Birth Male</td>
<td>PCF1891</td>
</tr>
<tr>
<td>Current Gender Identity</td>
<td></td>
</tr>
<tr>
<td>Date of Admission</td>
<td></td>
</tr>
<tr>
<td>Date of Discharge</td>
<td></td>
</tr>
<tr>
<td>Was the index case reported to surveillance?</td>
<td></td>
</tr>
<tr>
<td>Date of Report</td>
<td></td>
</tr>
<tr>
<td>Date of Report</td>
<td></td>
</tr>
</tbody>
</table>

#### PART THREE - ATTEMPT TO LOCATE INDEX PATIENT

<table>
<thead>
<tr>
<th>RESULT OF ATTEMPT TO LOCATE INDEX PATIENT</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

#### PART FOUR - INDEX PATIENT RISK

<table>
<thead>
<tr>
<th>RISK PROFILE (COLLECTED)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal or anal sex with a male</td>
<td></td>
</tr>
<tr>
<td>Vaginal or anal sex with a female</td>
<td></td>
</tr>
<tr>
<td>Vaginal or anal sex with a transgender person</td>
<td></td>
</tr>
</tbody>
</table>

#### PART FIVE - ELICIT PARTNERS

<table>
<thead>
<tr>
<th>ELICIT PARTNERS</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male partners</td>
<td></td>
</tr>
<tr>
<td>Female partners</td>
<td></td>
</tr>
<tr>
<td>Transgender partners</td>
<td></td>
</tr>
</tbody>
</table>

#### PART SIX - CATCH-UP IMMUNIZATION

<table>
<thead>
<tr>
<th>CATCH-UP IMMUNIZATION</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR</td>
<td></td>
</tr>
<tr>
<td>OPV</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
</tr>
</tbody>
</table>

#### PART SEVEN - CATCH-UP FAMILY PLANNING

<table>
<thead>
<tr>
<th>CATCH-UP FAMILY PLANNING</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraception</td>
<td></td>
</tr>
<tr>
<td>Family Planning Services</td>
<td></td>
</tr>
</tbody>
</table>

#### PART EIGHT - CATCH-UP TESTING

<table>
<thead>
<tr>
<th>CATCH-UP TESTING</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>STI Testing</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS Testing</td>
<td></td>
</tr>
</tbody>
</table>

#### PART NINE - CATCH-UP RESOURCES

<table>
<thead>
<tr>
<th>CATCH-UP RESOURCES</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
</tr>
<tr>
<td>Legal Services</td>
<td></td>
</tr>
<tr>
<td>Educational</td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
</tr>
</tbody>
</table>
**SECTION 1. PARTNER DEMOGRAPHICS**

- **Partner Services Case Number (PCN)**: [Field]
- **Date Info Collected about Partner (PR000)**: [Field]

**SECTION 2. CASE ENROLLMENT**

- **Date Case Opened (PCE000)**: [Field]
- **Date Case Closed (PCE000)**: [Field]

**SECTION 3. CASE DISPOSITION**

- **Was the partner eligible for notification of his/her exposure to HIV?** (Yes/No)
- **If Yes, Did the partner consent?** (Yes/No)
- **If Yes, Was the partner notified?** (Yes/No)

**SECTION 4. PARTNER REFEREES**

- **Was the partner referred to HIV testing (PTE000)?** (Yes/No)
- **If Yes, Referral Date:** [Field]
- **Did the partner receive an HIV test as a result of a referral from a partner referral?** (Yes/No)

**SECTION 5. PARTNER RISK**

- **Choose status of collection of behavioral risk profile (PRP000):** [Field]
- **Partner Completed a Behavioral Risk Profile:** [Yes/No]
- **Partner Was Not Asked about Behavioral Risk Factors:** [Yes/No]
- **Partner Was Asked, but his/her behaviors were not identified:** [Yes/No]
- **Partner Declined to discuss Behavioral Risk Factors:** [Yes/No]

**SECTION 6. PARTNER TYPE**

- **Partner Type:** [Field]
- **Partner Completed a Behavioral Risk Profile:** [Yes/No]

**SECTION 7. ATTEMPT TO LOCATE PARTNER**

- **Result of attempt to locate partner (P000):** [Field]
- **Unable to Locate:** [Yes/No]

**SECTION 8. RISK PROFILE**

- **Have the past 12 months:** [Field]
- **Engaged in sex with a male:** [Yes/No]
- **Engaged in sex with a female:** [Yes/No]
- **Engaged in sex with a transgender person:** [Yes/No]
- **Engaged in sex without a condom:** [Yes/No]
- **Engaged in sex with an ID:** [Yes/No]
PS EXTRACT - INITIAL ISSUES NOT ALARMING

- Issues with CDC rules
  - Maven Data
  - Coding for extract

- Validation errors from Evaluation Web
  - Only select issues reported

- Questions posed to Evaluation Web
  - Response options not matching
FROM ON TRACK TO PANIC

• Day before transfer due:
  • Issue with PS logic for identifying Partners

• Day transfer due:
  • Issue with link between partner and index
    • Fix won’t be ready in time

• Attempted extract from STD*MIS - It failed
WHAT WENT WRONG?

• Partner Services (PS) extract testing
  • Done in test database
    • No conversion data

• Evaluation of conversion issues wasn’t completed
  • Continued to find more issues

• Issues with CDC/Evaluation Web guidance
  • Understanding of extract fundamentally flawed
WHAT WE DIDN’T KNOW

- Per CDC, the Partner Service Case # can be the interview number (example provided in Data Variable Set)
  - Supported our flawed understanding

- Per Eval Web, the index patient should have one case number forever. Interviews are sessions not cases.
PARTNER SERVICES (PS)

• PS Extract Viewpoint
  • Clients
    • As an Index
    • As a Partner
  • Clients linked to partners by PS Case #
• Note – Jack named Jane again & vice versa but both have only one session
RESOURCES

• Multiple resource documents
  • NHM&E Data Variables and Values
    • For Multiple programs
    • 189 pages
    • Didn’t designate (client, index, partner)
  • Needed clear guidance
DOMINO EFFECT

• Multiple fields impacted by PS viewpoint
  • Difficult – kept reverting back
  • Help from Eval Web/CDC
  • Each field reviewed
  • Addressed several scenario’s
  • Determined which fields repeated
  • Needed eHARS data
• Created Visual for determining index vs partner

• Updated Mapping document
  • Noted conversion issues
  • Modified logic for select fields based on eHARS data fields

<table>
<thead>
<tr>
<th>Section</th>
<th>Variable Name</th>
<th>Variable Label</th>
<th>Index</th>
<th>Partner</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>G2: Client Characteristics-risk Profile</td>
<td>G200</td>
<td>dataCollectedParentRiskProfile</td>
<td>Date Client Risk Collected</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>G202</td>
<td>moClientRiskFactors</td>
<td>Client Behavioral Risk Profile</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>G211</td>
<td>injectionDrugUse</td>
<td>Injection Drug Use</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>G212</td>
<td>shareDrugInjectionEquipment</td>
<td>Share Drug Injection Equipment</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>G214</td>
<td>withMale</td>
<td>Vaginal or Anal Sex with a Male</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>G216</td>
<td>withFemale</td>
<td>Vaginal or Anal Sex with a Female</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>G215</td>
<td>withTransgender</td>
<td>Vaginal or Anal Sex with a Transgender Person</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>G222</td>
<td>vaginalOrAnalSexWithoutCondom</td>
<td>Vaginal or Anal Sex without a Condom (Male)</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>G223</td>
<td>vaginalOrAnalSexWithCondom</td>
<td>Vaginal or Anal Sex with an IDU (FS only)</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>H: Client Intervention, Characteristics</td>
<td>H01</td>
<td>interventionID</td>
<td>Intervention ID</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>H02</td>
<td>interventionID</td>
<td>Service ID</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>PCRS-1: Partner Services Case</td>
<td>PCRS1</td>
<td>partnerServiceCaseNumber</td>
<td>Case Number</td>
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<td>x</td>
</tr>
<tr>
<td></td>
<td>PCRS3</td>
<td>caseOpenDate</td>
<td>Case Open Date</td>
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<td>x</td>
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<tr>
<td></td>
<td>PCRS4</td>
<td>caseCloseDate</td>
<td>Case Close Date</td>
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<td>x</td>
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<td>PCRS5</td>
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<td>Case Report</td>
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<tr>
<td></td>
<td>PCRS9</td>
<td>reportedToSurveillance</td>
<td>Reported to Surveillance</td>
<td>x</td>
<td>x</td>
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<tr>
<td>PCRS-2: Partner Services Partner</td>
<td>PCRS20</td>
<td>partnerDateCollected</td>
<td>Date collected</td>
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<td>x</td>
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<tr>
<td></td>
<td>PCRS37</td>
<td>partnerType</td>
<td>Partner Type</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

An iteration of this section should be completed for each IR where FR_DATE exists and FR where FR_INTERVIEW_DATE exists. If neither exists the first two data fields below need to be populated as dateCollectedParentRiskProfile = 01/03/1900 noClientRiskFactors = 66
CORRECT CONVERTED HIV DATA

• Run a corrected conversion
  • Correct issues with fields that failed to convert
  • Correct fields with incorrect values
  • Add fields to conversion not previously included
CORRECT CONVERTED HIV DATA

• Update production with new values/fixes
  • Specify conditions for updating cases in production

• Deduplication
  • PS extract requires one HIV event per patient
    • Legacy conversion created duplicate HIV cases for many patients (per design)
    • Patient deduplication in Maven removed STD*MIS IDs
**PLAN**

1. **1st Maven Instance (shell)**
   - Run fixed conversion
   - Test fixes/provide feedback
   
   - If successful

2. **2nd Maven Instance (shell)**
   - Run fixed conversion & deduplication
   - Test/compare against 1st instance
   
   - If successful

3. **3rd Maven Instance (Copy of Production)**
   - Run new build from Conduent with functionality from 1st instance that updates/fixes cases in 3rd instance
   
   - If successful

   - Run eHARS import

   - If successful
     - Run deduplication
     - Run roster import
     - Run PS extract
IMPLEMENTATION & SUCCESS

• Identified issues led to
  • More Maven instances
    • Got confusing
  • Multiple builds
    • Included modifications from:
      • VDH
      • Dimitri - Conversion fixes
      • Karl - PS Extract
BAD ASSUMPTIONS – LESSONS LEARNED

• CDC system + CDC developed extract = Done Right
  • No need to understand the how and what

• Testing of PS extract = Concentrate on new data not converted data

• New system functionalities won’t impact extract

• Should have asked questions when PS extract was from STD*MIS

• PS extract contains entire history of HIV clients

• Affiliated cases is great but needed for converted cases too
LESSONS LEARNED

• Needed more time to test legacy conversion

• Conduent developers needed to communicate better
  • Particularly on last minute changes to coinfection/coinvestigation

• Needed to understand how legacy data behaved
  • Test/Dev environment should include de-identified converted records
    • Test new functionality
    • Test PS data fields/logic needed
LESSONS LEARNED

• Don’t surprise Dimitri! 😊
  • The more he knows the more he can help!
THANK YOU

• A big thank you to:
  • All the Conduent staff that helped make it possible

• A very special thank you to:
  • Dimitri Kalakanis
  • Karl Nickels
CONTACT INFO

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Raid Mohaidat
Maven Data Manager
raid.mohaidat@vdh.virginia.gov
(804) 864-8031
Thanks for Participating

• We hope you found this meeting worthwhile

• If you have comments about or suggestions for improving the Maven Users Group, please email us

  ➢ Charlie Rabins crabins@ncsddc.org

  ➢ Marvin Fleming mqf6@cdc.gov with comments or suggestions for improving the user group