



# Medical Monitoring Project

Centers for Disease Control and Prevention  
 National Centers for HIV/AIDS, Viral Hepatitis, STD and TB Prevention  
 Behavioral Clinical Surveillance Branch  
 Clinical Outcomes Team

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Medical Monitoring Project

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## What is MMP?

The Medical Monitoring Project (MMP) is a new surveillance project designed to produce nationally representative data on people living with HIV/AIDS who are receiving care in the United States. In collaboration with the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and Health Resources and Services Administration (HRSA), 26 state and local health departments are currently implementing the MMP across the nation.

### Project Goals

The MMP aims to gain a deeper understanding of health-related experiences and needs of people living with HIV/AIDS who receive HIV care in the U.S. The goals of the project are to: 1) provide a wide array of local and national 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 will provide 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 HIV-infected persons. To be effective, programs must meet the current needs of the population. MMP data will provide contextual information on prevention, care-seeking, treatment, and risk behaviors which will aid in the design and improvement of HIV programs.

### Project Procedures

State and local health departments have identified all HIV care providers in their respective areas. A representative sample of these providers is then chosen. The health departments contact all sampled providers and later, patients are randomly selected from those providers.

The MMP has two components: a personal 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. Participants are compensated for their time. Trained MMP medical abstractors will then collect additional information from the patient's medical chart which complements the data from the interview.

Health Department staff are taking measures to assure the project is not burdensome to providers or participating patients. State and local health department representatives conduct all data collection activities in order not to disrupt providers, their staff, or services to their patients. All personal and health care information collected during the project is secure and confidential.

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California	North Carolina
Chicago	New York City
Delaware	New York
Florida	Oregon
Georgia	Pennsylvania
Houston	Philadelphia
Illinois	Puerto Rico
Indiana	San Francisco
Los Angeles	South Carolina
Maryland	Texas
Massachusetts	Virginia
Michigan	Washington
Mississippi	
New Jersey	

## PAB Page

**Brad Roter, MD of Seattle, WA**

I grew up in St. Louis, Missouri and enrolled in a six-year honors medical program at Northwestern University outside of Chicago. When Reagan was elected, I left the country for a year abroad studying at Sussex University in Southern England. That was my 21st year and a big one for me. I gave up on the idea of a neuropsychology MD-PhD research career, got involved in political activism, became a vegetarian and decided that clinical medical work with the underserved would be far more gratifying.

I switched medical schools to Washington University in St. Louis and graduated in 1986. I completed a Family Medicine residency with the University of Wisconsin in Madison in 1989. I chose the residency clinic which had a low-income, diverse population and there I developed an interest in HIV medicine. After residency, I wanted to move somewhere that was beautiful, progressive and had lots of poor people (so that there would be a full-service community health center where I could work). I ended up at the Country Doctor Community Clinic in Seattle where I have been for the last 17 years. I work as a family physician doing obstetrics, taking care of children as well as many adults with diabetes and other problems. My special interests are mental health (about a quarter of my practice) and HIV (about another quarter). I also do colposcopy and other minor procedures. I am an HIV Specialist, certified by the American Academy of HIV Medicine. Country Doctor Community Clinic is a non-profit community health center with a generous sliding-scale that has been serving low-income Seattle residents for 35 years. We are located on Capital Hill which is the center of the bi-lesbian-gay-transgender communities in Seattle. Country Doc has been working with HIV since the epidemic started and has become a local center of expertise. Many patients appreciate our small scale, casual ambiance and family practice model. Our HIV program has about 300 patients, a social case manager, an adherence counselor and a nurse coordinator. Country Doc has been a site for several HIV surveillance projects including Spectrum and now MMP.

I volunteered for 5 years on the Steering Committee for the WA ADAP program, known as the HIV Early Intervention Program, 3 years as the Co-Chair. In 2002, an HIV Clinical Consultant position was created which I have held since then. I work part time providing input and guidance for the formulary, formulary exception issues and other clinical questions.

I have been working with MMP for the last 2 years. I have been enthusiastic about MMP for several reasons. This surveillance project has the potential to provide a more accurate picture of the HIV epidemic than we have ever had before. I am inspired by the integrity and thoroughness of the method with true random sampling, doing both chart review and patient interview, combined with the broad range of questions being asked. Primarily I hope that it will facilitate targeting resources to the locations and programs that can meet the unmet needs identified by MMP. I feel good about asking providers to participate since I really believe in MMP and feel like I can therefore convince others of its utility. I sent an e-mail to all the selected providers encouraging them all to participate. I met with several providers and clinics that had questions or concerns about participating. I have tried to be realistic with providers.

Here is an excerpt from my e-mail to providers in Washington:

**“This project will involve some effort and hassle on your part. I am impressed with the awareness of this both at the CDC and WA State/King County level and everyone’s commitment to minimize the impact on providers. I am personally committed to facilitate and assure that providers/clinics get as much help as possible.”**



**“The success of this project hinges on you and your patients’ participation. This is due to the need for sufficient patients and especially due to the random sampling method. If you say no for your patients, their care and needs will not be represented in the final results.”**

**Brad Roter, MD  
Seattle, WA**



PROVIDING FOR A HEALTHIER COMMUNITY

## CAB Corner Jim Taylor, JD of Pennsylvania

First, I needed to check my attitude. Secondly, I had never been one to sit around and feel sorry about my own misfortunes. My diagnosis had resulted in making sure that I did what I could to make sure others didn't follow in my same path. If they did, I would do what I could to make their journey better traveled than my own.

Because I lived in New York City anyway, I decided to put my faith into action and volunteer at an AIDS Hospice Shelter in New York City. It so happened that the shelter located just off Christopher Street in Greenwich Village in New York City, was operated by the Sister's of Charity, one of the Sister Houses founded by Mother Teresa. Anyway, I was doing my assigned tasks when the Mother Superior found me and told me that she had just received some incredible news. Mother Teresa would be in town to address the United Nations and would make an impromptu visit there at the shelter.

We celebrated mass with the residents and shortly thereafter as per a schedule that we were given, dinner would be served. However, just before dinner, she (Mother Teresa) asked Mother Superior if she could have a word alone with me. I was floored...literally floored. What for? Who was I that she would single me out of all the others to speak to me? I made a quick check in the mirror to make sure that my hair was neat and in place and slowly I walked to where I was told she would be waiting to meet with me. As soon as I opened the door, I spotted a chair that was sitting directly across the room from her and made my feet move in that direction. She must have known where I was heading and told me that she wanted me to sit beside her and made sure I understood that with the "universal signal for sit here" by tapping on the couch beside her. The butterflies really started to churn like crazy. After a little bit of small talk because time was of the essence, she asked if I had AIDS and I told her that I had been diagnosed just a few years earlier. She asked if I minded telling her how I contracted the virus, if I knew. I said that I could tell her, which I did. It was getting close to five o'clock, dinner time and she reached for my hand, took it in hers and said, "You know Jim, *no life is worth living unless lived for someone else*. You understand me? You know what I mean?" I shook my head affirming that I knew what she was talking about...but I really hadn't a clue.

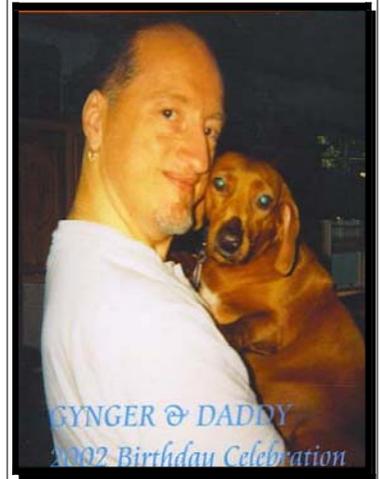
That following weekend after everything had pretty much settled and I was taking the train back to Pennsylvania to visit with my family, I allowed my mind to rehash everything that had just a few days earlier taken place with Mother Teresa. I was still trying to understand what she meant by that statement: "*no life is worth living unless lived for someone else*."

The cadence of the train ride eventually cradled and rocked me to sleep. I don't know how long I slept but when I woke, the meaning had become crystal clear to me. I knew what she meant and I knew what I would have to do. I knew that it meant pushing full steam ahead for this cause and for the cause of others by initially using my psychology degree (USC/'84) and my law degree (Brooklyn/'91).

My determination to be part of this (MMP) and to make it work in my state led me to doing an AIDS walk for the sole purpose of MMP. It was more about raising awareness for HIV/AIDS than it was about raising funds for MMP. Though, truth be told, I was only too happy to take any funding I could get from anyone. I wrote over 68 letters to area businesses, church groups, and friends and didn't get any financial response whatsoever. Still that didn't deter me.

I consulted with my daughter/dog (jack russell/dachshund) Gynger and asked her if she would like to make a long arduous journey with me through my hometown and back for the cause of HIV/AIDS and for this unique project that would zero in on the services that people around me would need in order to survive longer with this disease. There were several dates that I had in mind to do the walk and so I left it up to her to pick the date. I put the dates in a bag (November 3 through November 17 dates that are mine and her birthdays respectively) and she chose November 5 which worked out great since it was a Saturday and it would be ideal weather for the occasion. So, I prepared over 70 posters to affix to telephone poles that spoke of statistics relative to the illness here in my home town/county and at 11:00 a.m. on November 5, the two of us set out to complete a **28 mile walk** for the cause of MMP and HIV/AIDS.

I live on a fixed income and had no means, if any, that would help me to put the gas in my car to travel to the places I needed to go in order to spread the word about the concept of MMP. It was only after the walk, my sister took it upon herself to have a two day bake sale at the small store that she managed. Through the efforts of the walk and the bake sale, I was able to raise close to \$500.00 which I matched. The initial \$500.00 went towards MMP and the other \$500.00 that I matched went to the local ASO for AIDS education materials.



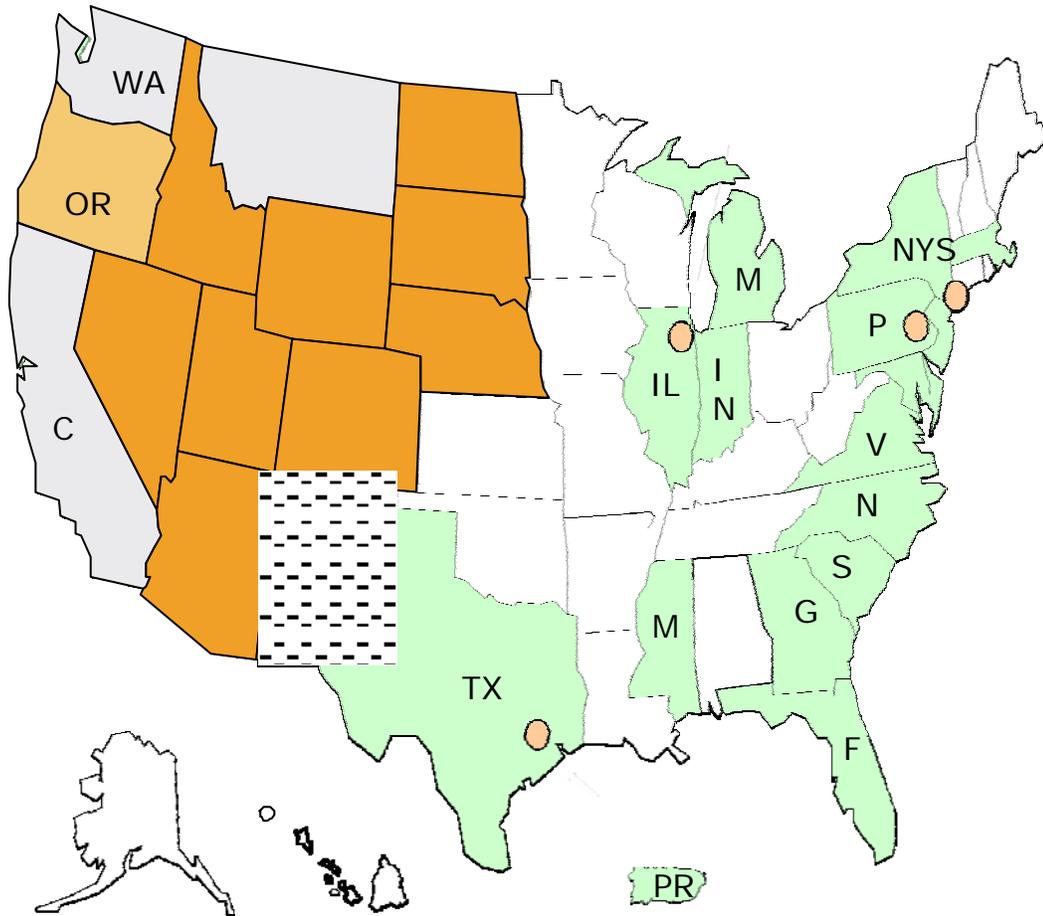
**CAB Member of PA  
James (Jim) Taylor and  
his dog, Gynger**

**"From the very beginning, when I was diagnosed with AIDS in 1992, I knew I would have to find a way to become stronger than it was! In order for me to attack this disease head on, I would have to find the tools necessary to help me."**

**Jim Taylor, JD  
Pennsylvania**



Project Areas



2005 Data Collection Project Areas

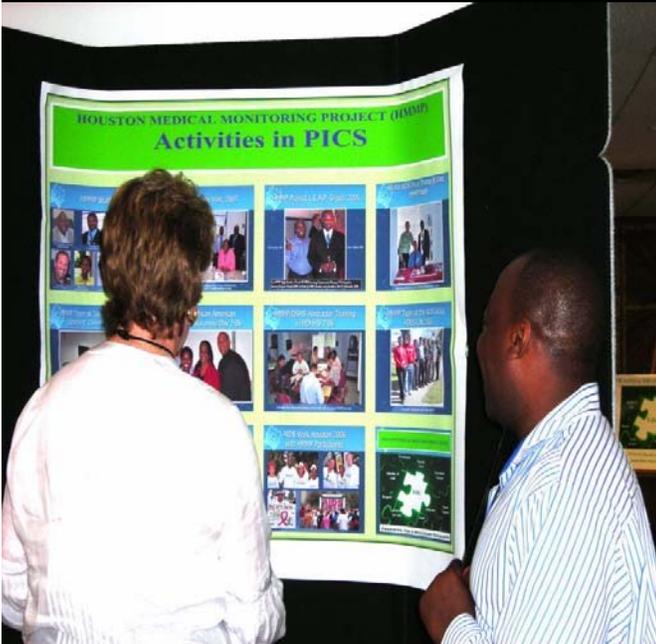
- Delaware
- Los Angeles
- Michigan
- New York City
- South Carolina
- Washington
- Houston
- Maryland
- New Jersey
- Philadelphia
- Texas

2007 Data Collection Project Areas

- California
- Delaware
- Georgia
- Illinois
- Los Angeles
- Maryland
- Mississippi
- North Carolina
- New York State
- Pennsylvania
- Puerto Rico
- San Francisco
- Virginia
- Chicago
- Florida
- Houston
- Indiana
- Massachusetts
- Michigan
- New Jersey
- New York City
- Oregon
- Philadelphia
- South Carolina
- Texas
- Washington



**MMP Staff Spotlight  
Taiwo Fazoranti, MD**



**Spotlight on Los Angeles**

The Los Angeles MMP team consists of: Amy Rock Wohl, PhD, Principal Investigator, Rosa Valencia, Acting Project Coordinator, Shaunte Crosby, Interviewer/Abstractor, Luis Urgiles, Interviewer/Abstractor, Jose Reyes, Interviewer/Abstractor, Anthony Ewell, Interviewer/Abstractor along with Eric Daar, MD, Provider Advisory Board Member, and Howard Jacobs, Community Advisory Board Member. The number of sampled facilities in Los Angeles is 25 while the number of facilities recruited and number refusing participation for the 2005 sampling period is 15 of the 25. LA notes that IRB approval was not obtained in time for 8 facilities and 2 facilities refused participation. They are continuing to try to persuade the two refusals to participate in the 2007 sampling. The number of facilities contacted for a patient list in 2005 included all 15 facilities. LA boasts 110 completed interviews and 93 completed abstractions. The project area invites representatives from all 25 of the sampled facilities to their local CAB meeting which makes for a very lively, interactive and productive meeting. They find it very useful to hear all perspectives together on issues related to patient recruitment challenges, provider recruitment challenges, etc.

Luis Urgiles, MMP Interviewer/Abstractor, says “when I approach an MMP participant for the first time, their impression is that I am there to help them out. I like for them to feel like they have a voice to fully express all of their concerns with HIV and the health care system.”

**CDC Staff Spotlight  
Eyasu Teshale, MD**



**Taiwo Fazoranti MD** is the Epidemiologist and Provider Liaison for the Houston MMP. He grew up in Nigeria, West Africa and attended the University of Ibadan where he completed a pre med program with an Associate Degree in Biochemisrty. Taiwo then went on to receive his medical degree from the Obafemi Awolowo University School of Medicine, Ile-Ife Nigeria. Since graduation, Taiwo has held positions as clinical research manager and project manager at the North Incorporation for Total Health and Novum Pharmaceuticals respectively. He has over 14 years of experience in the field of clinical research and public health/ preventive medicine. Working in HIV/AIDS for about two years, he recently received the **Joel L Martinez HIV/AIDS Treatment/Community Advocacy Scholarship Award** as a result of his advocacy for people living with HIV/AIDS.

Taiwo got involved in HIV/AIDS after a physician colleague of his passed away after being infected on the job about 3 years ago; she suffered a needle stick injury. Also, seeing the astronomical climb of new infections world wide further strengthened his resolve to play a major role in trying to make people know their status and stop the transmission of the disease.

Upon joining the Houston MMP team about two years ago, Taiwo has been responsible for patient and provider recruitment which has been a challenging but rewarding experience for him. His role also includes ensuring that all activities in the offices of recruited providers are closely monitored in compliance with patient and provider confidentiality laws.

Taiwo enjoys traveling around the world when time permits it. He also enjoys listening to the news about world events and considers himself a “news junkie.” Taiwo considers the highlight of his day, going home to his family to see his two daughters and wife after a hard day at work. Recently he has taken up a passion to raise money and advocate to support HIV/AIDS programs and research world wide, hoping that someday, we will not only be able to prevent this plague of our lifetime, but get a cure.

Originally, from Ethiopia, East Africa, Eyasu Teshale is a medical doctor with a specialization in internal medicine. Eyasu is proud that Ethiopia is the first dwelling of mankind. The female hominid, Lucy, lived in Ethiopia some 3.2 million years ago. Prior to coming to the US in June 2001, he served in different capacities both technical and managerial by assignment to different parts of Ethiopia via the Ministry of Health. He also ran his own private practice. He is married and has three children.

Currently, Eyasu is the Project Officer for New Jersey, Florida, Philadelphia, and Pennsylvania with the MMP. He is one of those few MMP staff who came in to MMP from the previous predecessor projects such as ASD and SHDC +. He also worked on developing the MMP MRA paper forms and is currently working on the revised 2007 MRA.

He was in medical school when the first cases of AIDS were reported from the US. In 1986 and 1987, he was involved in public awareness campaigns about HIV/AIDS and it was difficult to stress of importance of awareness of the disease because most people thought either it was not a problem in Africa or was not a priority for them. In 1988, Eyasu took care of a patient with HIV/AIDS (the first case he attended) and since then he has been working with HIV counseling programs, educating the community and health care workers, consulting with domestic and international partners on developing national case definition for surveillance purposes, and setting up a national coordination office to coordinate care across different governmental departments. In his clinical practice of nearly 15 years, Eyasu witnessed how the HIV/AIDS epidemic affected the life of thousands and thousands of people, the nations health and other socio-economic infrastructures, the destruction of families, the numerous human deaths and sufferings from the potentially preventable condition are a just a few of the reasons Eyasu got involved with HIV/AIDS.

When Eyasu is not hard at work, he can be found in the kitchen. Over the past 5 years, he has developed an interest in cooking and now considers himself to be a great cook of Ethiopian food.

## MMP 2006 Highlights

**Provider Advisory Board (PAB) Meeting, May 2<sup>nd</sup>- 3<sup>rd</sup>**  
HIV clinicians from MMP project areas and national HIV medical associations met in Atlanta to share MMP project information. PAB members would like more involvement with the project areas and CAB members. They would also like more communication with each other.

### **Interviewer Training, May 9<sup>th</sup>- 10<sup>th</sup>**

Interviewers from the 26 project areas met in Atlanta to participate in a training designed to obtain interviewing skills, perform culturally appropriate interviews in a variety of settings, and secure data recorded in approved electronic devices.

A highlight of the training was a panel of individuals that discussed working with diverse populations: Incarcerated, Trans-genders, Substance abusers, Homeless, and those with mental health issues. Interviewers from the project areas also shared their experiences.

### **Abstractor Training, May 11<sup>th</sup>- 12<sup>th</sup>**

Abstractors from the 26 project areas met in Atlanta to participate in a training designed to obtain abstraction skills, identify challenges, successes, and lessons learned associated with medical record abstraction, and become familiar with the new abstraction software.

### **Community Advisor Board (CAB) Meeting, August 3<sup>rd</sup>- 4<sup>th</sup>**

CAB Members from all of the 26 project areas met in Atlanta to participate in the annual meeting. The goals of the meeting were to: enhance the CAB Members understanding of the MMP, develop their abilities to effectively promote and facilitate questions about the MMP, and facilitate communication among CDC, CAB Members, and the Principal Investigators and Project Coordinators. A highlight of the meeting was the engage among the CAB Members and the participation of the invited guest.

### **Principal Investigator/Project Coordinator Meeting, October 24<sup>th</sup>—26<sup>th</sup>**

Principal Investigators and Project Coordinators gathered in Atlanta to discuss the progress and direction of the MMP. A highlight of the meeting were the breakout sessions about Facility Identification and Recruitment and Patient Recruitment and Data Collection. The sessions fostered discussion among the groups and generated new approaches for project areas.

## MMP 2007 Upcoming Events

### **PDP**

The 2007 PDP (Population Definition Period) is January 1—April 30. Data collection will begin in May after patient lists have been obtained and samples drawn.

### **OMB**

OMB clearance is on schedule for March 2007.

### **Provider Advisory Board Quarterly Conference Call**

The PAB (Provider Advisory Board) Conference Call was held on March 8, 2007 at 4:00 pm (EST).

Tentative Dates for the remaining calls:

June 2007

September 2007

December 2007

### **Community Advisory Board Quarterly Conference Call**

The CAB (Community Advisory Board) Quarterly Conference Call was held on March 5, 2007 at 1:00 pm (EST).

Tentative Dates for the remaining calls:

June 4<sup>th</sup>, 2007 at 1:00 pm

September 3<sup>rd</sup>, 2007 at 1:00 pm

December 3<sup>rd</sup>, 2007 at 1:00 pm



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