Impact of Quality-Driven Interventions and Action Plans on Retention in Care in 11 HIV Clinics

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INTRODUCTION

HIV clinics have pressing demands to achieve core quality measures and to promote care retention.[1-4] This quality improvement (QI) study evaluated the impact of quality-focused interventions on chart-documented performance in selected HIV care practices across the US.

METHODS

11 HIV clinics in community (n = 7), hospital (n = 3), and academic (n = 1) settings nationwide participated in the QI program.

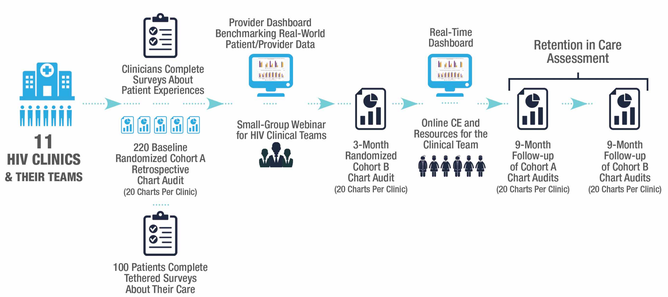
An expert steering committee developed a curriculum of 5 core QI domains to guide focused improvement initiatives.

1) HIV prevention
2) ART initiation
3) Monitoring HIV therapy
4) Health maintenance measures
5) Retention in care

Patient charts were audited before and after the teams participated in audit-feedback interventions and developed improvement plans. Patients with ≥1 visit 9 months after the baseline audit were considered retained in care. Retention in care was measured in 2 cohorts:

- **Cohort A:** assessed soon after the clinics participated in the interventions
- **Cohort B:** assessed after improvement action plans were implemented

Figure 1. Program Design



RESULTS

CHART AUDIT FINDINGS AMONG PEOPLE LIVING WITH HIV

Figure 2. Patient Demographics

	Cohort A (Baseline, N = 200)	Cohort B (3 Months Post-Intervention, N = 200)	*P* Value
Median Years of Age	51	41	<.001
Median Years Since HIV Diagnosis	18	12	<.001
% Female/Male/Transgender	24/75/1	16/84/0	.054
Race %			
- African-American	18%	22%	.317
- Asian	0%	1%	.499
- Caucasian	24%	20%	.334
- Hispanic	14%	19%	.178
- Unknown	44%	38%	.222

Figure 3. Processes Identified by Clinics for Improving Retention in HIV Care

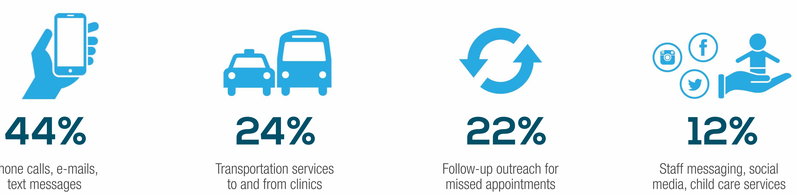


Figure 4. Patient Follow-Up Reminders

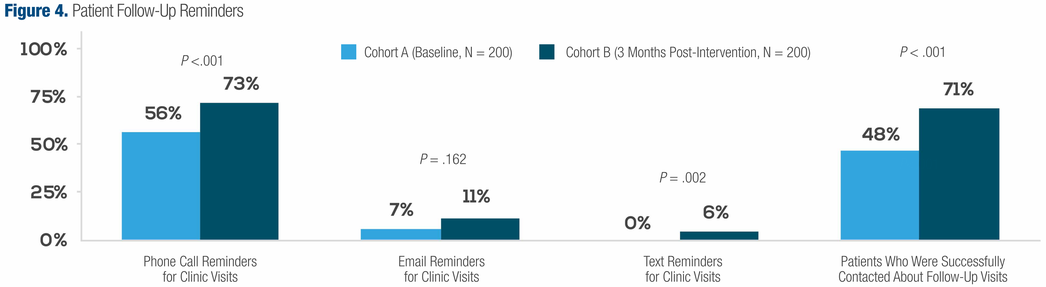


Figure 5. Follow-Up Assessment of Retention in Care at 9 Months

*Chi square analysis

CONCLUSIONS

The QI educational interventions resulted in successful implementation of action plans and improved performance of documented HIV care processes, including retention in care and appointment reminder protocols. This approach was scaled up through a Phase 2 QI program, in which selected clinics from this program mentored 20 new HIV clinics in identifying and implementing targeted action plans for improving HIV care.

Figure 6. Top 3 Improvement Areas Identified in a Phase 2 Scale-Up QI

REFERENCES

1. Centers for Disease Control and Prevention (CDC). https://www.cdc.gov/vitalsigns/end-hiv/index.html. Accessed 3/29/2019.
2. HIV.gov. https://www.hiv.gov/federal-response/policies-issues/affinity. Accessed 3/29/2019.
3. Gallant JE, et al. *Clin Infect Dis.* 2011;53(11):1043–50.
4. Wohl DA, et al. IDWeek 2018. San Francisco, CA. Abstract 1905.

DISCLOSURES

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