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

Ekaterina Taneva, PhD, Laura Simone, PhD, Jeffrey Carter, PhD, Tamar Sapir, PhD, Cynthia Brinson, MD, and David Alain Wolfe, MD
(1) Prime Education, LLC, Fort Lauderdale, FL, (2) Central Texas Clinical Research, Austin, TX, (3) Division of Infectious Diseases, University of North Carolina at Chapel Hill, Chapel Hill, NC

INTRODUCTION
11 HIV clinics have pressing demands to achieve care quality measures and promote care retention. To address this challenge, the study evaluated the impact of quality-driven 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 8 core QI domains to guide focused improvement initiatives:

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

Patient charts were audited before and after the teams participated in audit feedback interventions and developed improvement plans. Patients with 2- and 9-month follow-up visits were considered retained in care. Retention in care was measured at 2 sites.

RESULTS

CHART AUDIT FINDINGS AMONG PEOPLE LIVING WITH HIV

Figure 2. Patient Demographics

<table>
<thead>
<tr>
<th>Cohort A (Baseline, N = 200)</th>
<th>Cohort B (3 Months Post-Intervention, N = 300)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Years of Age</td>
<td>51</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Median Years since HIV Diag</td>
<td>18</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>% Female/Male/Transgender</td>
<td>24/75/1</td>
<td>0.045</td>
</tr>
<tr>
<td>Race %</td>
<td>Average 18%</td>
<td>22%</td>
</tr>
<tr>
<td>Asian</td>
<td>1%</td>
<td>21%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>34%</td>
<td>30%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>Unknown</td>
<td>44%</td>
<td>38%</td>
</tr>
</tbody>
</table>

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

44% of patients were eligible for a phone call or email message.
24% utilized transportation services to and from clinics.
22% followed-up with healthcare providers.
12% utilized staff messaging to reinforce care adherence.

Figure 4. Patient Follow-up Ratifications

<table>
<thead>
<tr>
<th>Follow-up</th>
<th>Cohort A (Baseline, N = 200)</th>
<th>Cohort B (3 Months Post-Intervention, N = 300)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Call</td>
<td>182</td>
<td>111</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Fax</td>
<td>7</td>
<td>6</td>
<td>0.6</td>
</tr>
<tr>
<td>Email</td>
<td>60</td>
<td>62</td>
<td>0.61</td>
</tr>
<tr>
<td>P = 0.06</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 5. Follow-Up Assessment of Retention in Care at 3 Months

79% of patients in Cohort A and 86% of patients in Cohort B achieved retention in care.

P = 0.065

CONCLUSIONS

The QI educational interventions resulted in successful implementation of action plans and improved performance of documented care processes, including retention in care and appointment reminder practices. This approach was scaled up through a Phase 2 QI program, in which selected clinics from this program received 10 peer HIV care clinics in identifying and implementing targeted action plans for improving HIV care.

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

47% Retention in Care
35% Staff Management and ART Adherence
8% ART Initiation

REFERENCES


DISCLOSURES

David A. Weil serves on an advisory board for Gilead Sciences, Inc., Janssen Pharmaceutical, Inc., and HIV Healthcare, and is also a consultant and principal investigator of a research grant for Gilead Sciences, Inc. This project was funded by an educational grant from Gilead Sciences, Inc. The study sponsor did not play a role in the design or analysis of the study or in the decision to submit for presentation.

Contact lipo@prime.org