



in+care Campaign: Improving Retention in HIV Care

Michael Hager, MPH, MA
Manager of Technical Assistance
National Quality Center of the
New York State Department of Health
AIDS Institute Office of the Medical Director

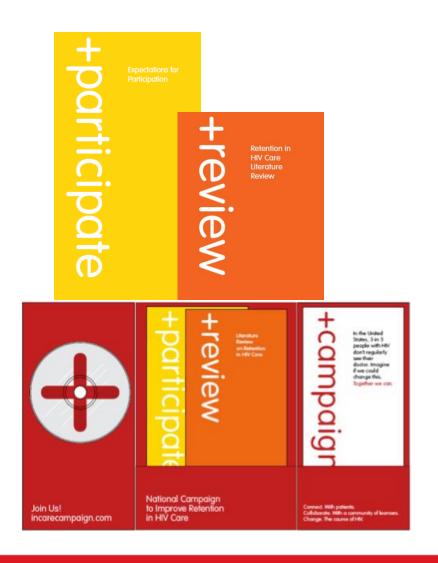


Disclosures

None of the authors has any conflicts of interest related to the content of this presentation.







The in+care Campaign is designed to facilitate local, regional and state-level efforts to retain more HIV patients in care and to prevent HIV patients falling out of care while building and sustaining a community of learners among Ryan White providers.

Methods

Prospective analysis of participant-submitted sequential cross-sectional data of the measures

Entry into online database with instantaneous

benchmarking capability

Enhanced reports generated by NQC staff once data are validated

Analysis by organizational caseload s

- Analysis by organizational type
- Analysis by consistency of submissio
- And much, much more!

Limitations

> All data are reported by participating sites

Data collections and methods vary by reporting entity

and RW Part

Data were not complete from all facilities due to missing info

Patient counts are not unduplicated

This analysis includes RW grantee, sub-grantee and non-grantee participants' data

Creating in+care Campaign Measures

- Developed by a Technical Working Group chaired by Drs. Bruce Agins and Laura Cheever
 - Diverse educational, professional, experiential backgrounds
 - > All are viewed as experts in HIV retention
- Measures have received national recognition since their design
 - Three were endorsed by Dr.
 Kathleen Sebelius for HHS universal reporting of HIV services
 - Three were endorsed by NQF and have become HAB core measures



in+care Campaign Performance Measures

HIV Medical Visit Frequency

Viral Load

Suppression

Gap in HIV

Medical Visits

Percentage of patients, over the age of 24 months, with a diagnosis of HIV/AIDS with a viral load less than 200 copies/mL at last viral load test during the measurement year

Patients Newly

prescribing privileges in the last 180 days of the measurement year Percentage of patients, over the age of 24 months, with a diagnosis of HIV/AIDS who were newly enrolled with a medical provider with

Percentage of patients, over the age of 24 months, with a diagnosis of

measurement period with a minimum of 60 days between medical visits

Percentage of patients, over the age of 24 months, with a diagnosis of

HIV/AIDS who did not have a medical visit with a provider with

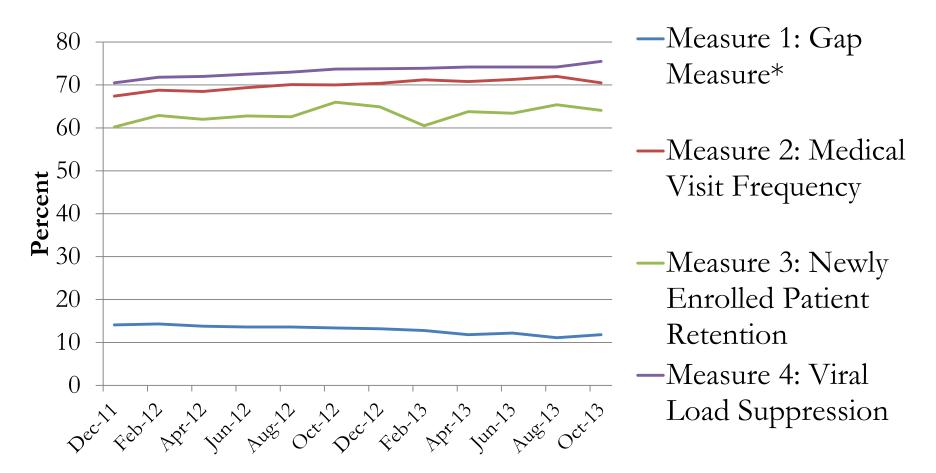
HIV/AIDS who had at least one medical visit with a provider with

prescribing privileges in each 6-month period of the 24-month

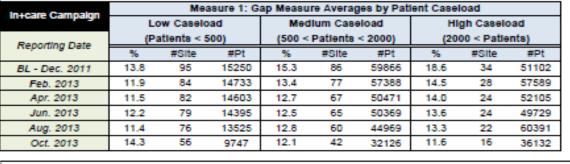
prescribing privileges who had a medical visit in each of the 4-month Enrolled in periods in the measurement year **Medical Care**

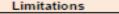
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Mean Performance Over Time

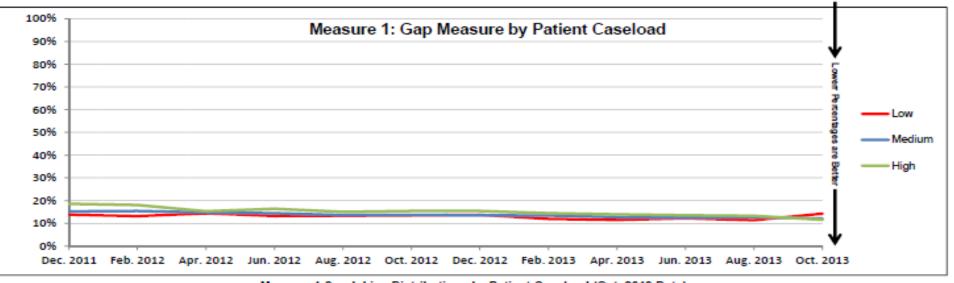


^{*}inverse measure where low scores are better scores

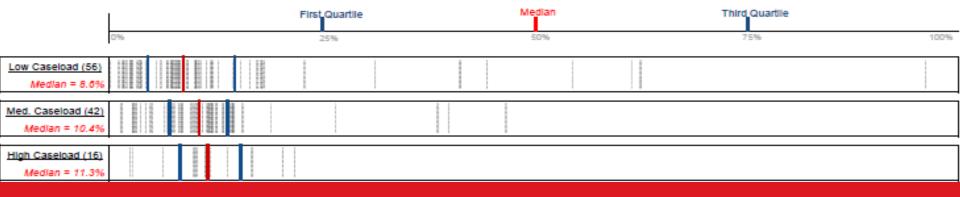




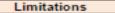
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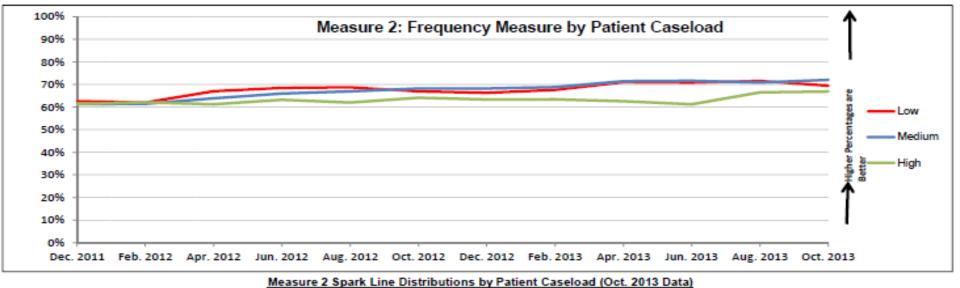
Measure 1 Spark Line Distributions by Patient Caseload (Oct. 2013 Data)



In+care Campaign	Measure 2: Frequency Measure Averages by Patient Caseload								
iiiToale Gailipaigii	Low Caseload			Medium Caseload			High Caseload		
Reporting Date	(Patients < 500) (500 < Patients				< 2000)	(2000 < Patients)			
	%	#Site	#Pt	%	#SIte	#Pt	%	#Site	#Pt
BL - Dec. 2011	62.6	73	9969	61.3	64	40805	61.4	26	39864
Feb. 2013	67.6	79	11932	68.8	73	51962	63.4	25	44301
Apr. 2013	71.0	79	12722	71.5	65	47031	62.6	21	37780
Jun. 2013	70.8	78	12285	71.6	64	47064	61.2	21	36468
Aug. 2013	71.6	73	11356	70.9	59	39796	66.5	19	49261
Oct. 2013	69.5	53	7856	72.0	40	28358	66.9	16	33464



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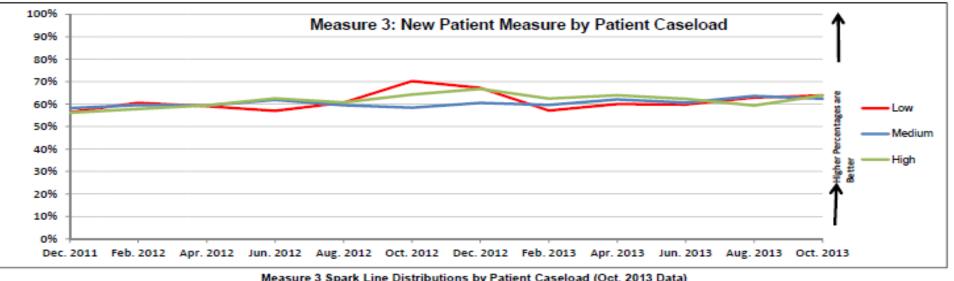




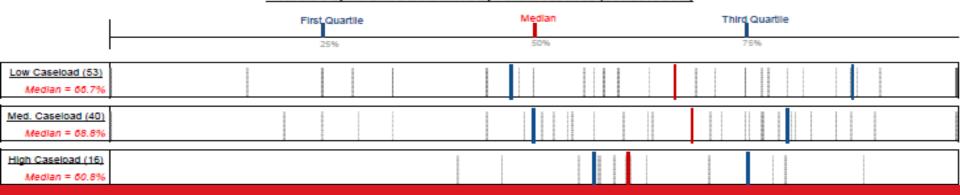
in+care Campaign	Measure 3: New Patient Measure Averages by Patient Caseload									
IIITGale Gallipalyli	Low Caseload			Medium Caseload			High Caseload			
Reporting Date	(Patients < 500)			(500 < Patients < 2000)			(2000 < Patients)			
	%	#Site	#Pt	%	#Site	#Pt	%	#Site	#Pt	
BL - Dec. 2011	56.4	91	1784	58.2	78	2536	56.2	32	3299	
Feb. 2013	57.1	83	1234	59.6	76	3271	62.5	28	4060	
Apr. 2013	60.0	81	1237	62.1	66	2033	63.9	23	3461	
Jun. 2013	59.8	79	1141	60.7	64	2152	62.4	23	3347	
Aug. 2013	62.9	77	716	63.6	60	1735	59.4	20	3203	
Oct. 2013	63.9	56	512	62.4	41	1223	63.9	16	2638	

Limitations

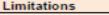
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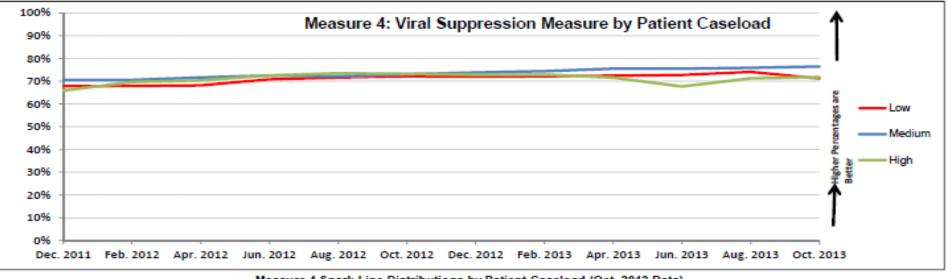
Measure 3 Spark Line Distributions by Patient Caseload (Oct. 2013 Data)



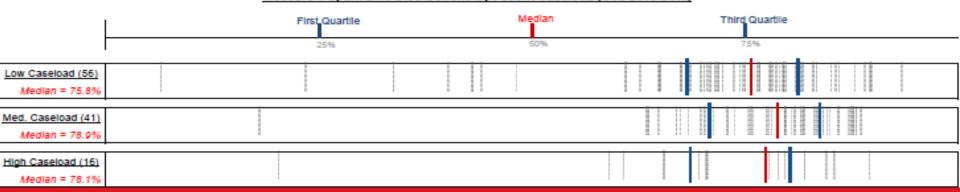
In+care Campaign	Measure 4: Viral Suppression Measure Averages by Patient Caseload									
introdic Campaign	Low Caseload			Medium Caseload			High Caseload			
Reporting Date	(Patients < 500)			(500 < Patients < 2000)			(2000 < Patients)			
	%	#Site	#Pt	%	#Site	#Pt	%	#Site	#Pt	
BL - Dec. 2011	67.9	91	18006	70.6	83	64979	65.9	34	58557	
Feb. 2013	72.2	83	17767	74.4	76	67137	72.8	26	60418	
Apr. 2013	72.4	83	17406	75.5	68	61298	71.6	24	59879	
Jun. 2013	72.7	81	17296	75.5	66	61410	67.7	24	60635	
Aug. 2013	74.1	77	16063	75.9	56	49646	71.3	22	73357	
Oct. 2013	71.2	56	11732	76.5	41	37119	71.8	16	44088	



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Measure 4 Spark Line Distributions by Patient Caseload (Oct. 2013 Data)



Campaign Data Submissions through 12/13

	Total Number of Organizations Submitting Data	Average Number of Submissions per Organization (SD)
Gap Measure	273	8.7 (4.2)
Visit Frequency	244	8.5 (4.1)
New Patient	258	8.8 (4.0)
Viral Suppression	272	8.7 (4.2)

Discussion

- > Partnerships around data systems
 - > Participant-to-participant
 - > HAB and other data system managers
- > Improvement in all measures
- More improvement over time seen in lowest quartile at baseline than highest quartile
- CHC had higher levels of performance than hospitals or health departments
- Medium caseload had higher performance than low or high caseload organizations



Future Directions

Campaign transition from active to sustaining phase

- Aims for continued performance measurement
 - Streamline and automate data validation process
 - Improve database for more user-friendly data entry
 - Enhanced benchmarking ability for Campaign participants
 - Analyze other measures for intermediary outcome evaluation
- Aims for continued improvement strategy collection
 - New Sharelab application to better tie the intervention and performance measurement data



in +care

References

Giordano TP, Gifford AL, White AC Jr., et al. Retention in care: a challenge to survival with HIV infection. Clin Infect Dis 2007; 44:1493–9. Mugavero MJ, Lin HY, Willig JH, et al. Missed visits and mortality 485 among patients establishing initial outpatient HIV treatment. Clin Infect Dis 2009; 48:248–56.

Perkins D, Meyerson BE, Klinkenberg D, Laffoon BT. Assessing HIV care and unmet need: eight data bases and a bit of perseverance. AIDS Care 2008; 20:318–26.

Ikard K, Janney J, Hsu LC, et al. Estimation of unmet need for HIV primary medical care: a framework and three case studies. AIDS Educ Prev 2005; 17:26–38.

Olatosi BA, Probst JC, Stoskopf CH, Martin AB, Duffus WA. Patterns of engagement in care by HIV-infected adults: South Carolina, 2004–2006. AIDS 2009; 23:725–30.

Horstmann, E., J. Brown, F. Islam, J. Buck, & B. Agins. Retaining HIV-Infected Patients in Care: Where Are We? Where Do We Go from Here? Clin Infect Dis. 2010; 50: 752-761.

Gardner L, Marks G, Metsch L. Psychological and Behavioral Correlates of Entering Care for HIV Infection: The Antiretroviral Treatment Access Study (ARTAS) AIDS Patient Care STDs. 2007; 21 (6): 418-425.

Giordano TP, Gifford AL, White AC Jr., et al. Retention in care: a challenge to survival with HIV infection. Clin Infect Dis. 2007; 44:1493–9.

The White House Office of National AIDS Policy. *National HIV/AIDS* strategy for the United States. July 2010. Available at: www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf. Accessed June 28, 2011.

Health Resources and Services Administration, HAB. August 2006.

Outreach: Engaging People in HIV Care Summary of a HRSA/HAB 2005

Consultation on Linking PLWH Into Care.

Cheever L. Engaging HIV-infected patients in care: their lives depend on it. Clin Infect Dis. 2007;44:1500-2.

Mugavero MJ, Lin HY, Willig JH, et al. Missed visits and mortality among patients establishing initial outpatient HIV treatment. *Clin Infect Dis*. 2009;48:248-56.

Giordano TP, Gifford AL, White AC Jr, et al. Retention in care: a challenge to survival with HIV infection. *Clin Infect Dis.* 2007;44:1493-9. Giordano TP, Hartman C, Gifford AL, et al. Predictors of retention in HIV care among a national cohort of US veterans. *HIV Clin Trials*. 2009;10:299-305.

Gardner E, McLees M, Steiner J et al. The spectrum of engagement in HIV care and its relevance to Test-and-Treat strategies for prevention of HIV Infection. *Clin Infect Dis.* 2011;52:793-800.

Hill T, Bansi L, Sabin C, et al. Data linkage reduces loss to follow-up in an observational HIV cohort study. *J Clin Epidemiol*. 2010;11:432–8.

Arici C, Ripamonti D, Maggiolo F, et al. Factors associated with the failure of HIV-infected persons to return for scheduled medical visits. HIV Clin Trials. 2002;3:52-7.

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Question & Answer





Michael Hager, MPH MA National Quality Center

212-417-4730

National Quality Center.org

Michael@NationalQualityCenter.org