in+care Campaign:
Improving Retention in HIV Care

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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 size
  - Analysis by organizational type
  - Analysis by consistency of submission
  - 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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Viral Load Suppression</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>HIV Medical Visit Frequency</strong></td>
<td>Percentage of patients, over the age of 24 months, with a diagnosis of HIV/AIDS who had at least one medical visit with a provider with prescribing privileges in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.</td>
</tr>
<tr>
<td><strong>Gap in HIV Medical Visits</strong></td>
<td>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 prescribing privileges in the last 180 days of the measurement year.</td>
</tr>
<tr>
<td><strong>Patients Newly Enrolled in Medical Care</strong></td>
<td>Percentage of patients, over the age of 24 months, with a diagnosis of HIV/AIDS who were newly enrolled with a medical provider with prescribing privileges who had a medical visit in each of the 4-month periods in the measurement year.</td>
</tr>
</tbody>
</table>

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**Note:**

- Viral Load Suppression: This measure evaluates the effectiveness of antiretroviral therapy in reducing the viral load below a specific threshold, indicating a positive response to treatment.
- HIV Medical Visit Frequency: This measure assesses the frequency and continuity of care, ensuring that patients receive timely and consistent medical visits.
- Gap in HIV Medical Visits: This measure identifies the proportion of patients who have experienced a break in their medical care within the measurement year.
- Patients Newly Enrolled in Medical Care: This measure tracks the number of new patients who are actively involved in medical care, ensuring they receive necessary services.

**Source:** National Quality Center (NQC)
Mean Performance Over Time

Measure 1: Gap
Measure*

Measure 2: Medical Visit Frequency

Measure 3: Newly Enrolled Patient Retention

Measure 4: Viral Load Suppression

*inverse measure where low scores are better scores
Measure 1: Gap Measure by Patient Caseload

<table>
<thead>
<tr>
<th>Reporting Date</th>
<th>Low Caseload (Patients &lt; 500)</th>
<th>Medium Caseload (500 &lt; Patients &lt; 2000)</th>
<th>High Caseload (2000 &lt; Patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>#Site</td>
<td>#Pt</td>
</tr>
<tr>
<td>BL - Dec. 2011</td>
<td>13.8</td>
<td>95</td>
<td>15250</td>
</tr>
<tr>
<td>Feb. 2013</td>
<td>11.9</td>
<td>84</td>
<td>14733</td>
</tr>
<tr>
<td>Apr. 2013</td>
<td>11.5</td>
<td>82</td>
<td>14603</td>
</tr>
<tr>
<td>Jun. 2013</td>
<td>12.2</td>
<td>79</td>
<td>14395</td>
</tr>
<tr>
<td>Aug. 2013</td>
<td>11.4</td>
<td>76</td>
<td>13525</td>
</tr>
<tr>
<td>Oct. 2013</td>
<td>14.3</td>
<td>56</td>
<td>9747</td>
</tr>
</tbody>
</table>

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

Low Caseload (56)
Median = 8.0%

Medium Caseload (42)
Median = 10.4%

High Caseload (15)
Median = 11.3%
### Measure 2: Frequency Measure Averages by Patient Caseload

<table>
<thead>
<tr>
<th>Reporting Date</th>
<th>Low Caseload (Patients &lt; 500)</th>
<th>Medium Caseload (500 &lt; Patients &lt; 2000)</th>
<th>High Caseload (2000 &lt; Patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BL - Dec. 2011</td>
<td>%Site</td>
<td>#Pt</td>
<td>%Site</td>
</tr>
<tr>
<td></td>
<td>62.6</td>
<td>73</td>
<td>9969</td>
</tr>
<tr>
<td>Feb. 2013</td>
<td>67.6</td>
<td>79</td>
<td>11932</td>
</tr>
<tr>
<td>Apr. 2013</td>
<td>71.0</td>
<td>79</td>
<td>12722</td>
</tr>
<tr>
<td>Jun. 2013</td>
<td>70.8</td>
<td>78</td>
<td>12285</td>
</tr>
<tr>
<td>Aug. 2013</td>
<td>71.6</td>
<td>73</td>
<td>11356</td>
</tr>
<tr>
<td>Oct. 2013</td>
<td>69.5</td>
<td>73</td>
<td>7658</td>
</tr>
</tbody>
</table>

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### Measure 2: Frequency Measure by Patient Caseload

![Measure 2 Graph](GraphImage)

### Measure 2 Spark Line Distributions by Patient Caseload (Oct. 2013 Data)

- **Low Caseload (53) Med. = 76.4%**
- **Med. Caseload (40) Med. = 73.4%**
- **High Caseload (16) Med. = 69.2%**
Measure 3: New Patient Measure Averages by Patient Caseload

<table>
<thead>
<tr>
<th>Reporting Date</th>
<th>Low Caseload (Patients &lt; 500)</th>
<th>Medium Caseload (500 &lt; Patients &lt; 2000)</th>
<th>High Caseload (2000 &lt; Patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% Site Pt</td>
<td>% Site Pt</td>
<td>% Site Pt</td>
</tr>
<tr>
<td>BL - Dec. 2011</td>
<td>56.4 1784</td>
<td>58.2 2536</td>
<td>56.2 3299</td>
</tr>
<tr>
<td>Feb. 2013</td>
<td>57.1 1234</td>
<td>59.6 3271</td>
<td>62.5 4060</td>
</tr>
<tr>
<td>Apr. 2013</td>
<td>60.0 1237</td>
<td>62.1 2033</td>
<td>63.9 3461</td>
</tr>
<tr>
<td>Jun. 2013</td>
<td>59.8 1141</td>
<td>60.7 2152</td>
<td>62.4 3347</td>
</tr>
<tr>
<td>Aug. 2013</td>
<td>62.9 716</td>
<td>63.6 1735</td>
<td>59.4 3203</td>
</tr>
<tr>
<td>Oct. 2013</td>
<td>63.9 512</td>
<td>62.4 1223</td>
<td>63.9 2638</td>
</tr>
</tbody>
</table>

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Measure 3: New Patient Measure by Patient Caseload

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

Low Caseload (53)
Median = 66.7%

Medium Caseload (40)
Median = 68.8%

High Caseload (15)
Median = 60.8%

National Quality Center (NQC)
**Measure 4: Viral Suppression Measure Averages by Patient Caseload**

<table>
<thead>
<tr>
<th>Reporting Date</th>
<th>Low Caseload (Patients &lt; 500)</th>
<th>Medium Caseload (500 &lt; Patients &lt; 2000)</th>
<th>High Caseload (2000 &lt; Patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>#Site</td>
<td>#Pt</td>
</tr>
<tr>
<td>BL - Dec. 2011</td>
<td>67.9</td>
<td>91</td>
<td>18006</td>
</tr>
<tr>
<td>Feb. 2013</td>
<td>72.2</td>
<td>83</td>
<td>17767</td>
</tr>
<tr>
<td>Apr. 2013</td>
<td>72.4</td>
<td>83</td>
<td>17406</td>
</tr>
<tr>
<td>Jun. 2013</td>
<td>72.7</td>
<td>81</td>
<td>17296</td>
</tr>
<tr>
<td>Aug. 2013</td>
<td>74.1</td>
<td>77</td>
<td>16063</td>
</tr>
<tr>
<td>Oct. 2013</td>
<td>71.2</td>
<td>56</td>
<td>11732</td>
</tr>
</tbody>
</table>

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**Measure 4: Viral Suppression Measure by Patient Caseload**

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

- Low Caseload (56) Median = 75.8%
- Medium Caseload (41) Median = 78.0%
- High Caseload (15) Median = 78.1%

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National Quality Center (NQC)
## Campaign Data Submissions through 12/13

<table>
<thead>
<tr>
<th>Gap Measure</th>
<th>Total Number of Organizations Submitting Data</th>
<th>Average Number of Submissions per Organization (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>273</td>
<td>8.7 (4.2)</td>
</tr>
<tr>
<td>Visit Frequency</td>
<td>244</td>
<td>8.5 (4.1)</td>
</tr>
<tr>
<td>New Patient</td>
<td>258</td>
<td>8.8 (4.0)</td>
</tr>
<tr>
<td>Viral Suppression</td>
<td>272</td>
<td>8.7 (4.2)</td>
</tr>
</tbody>
</table>
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
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.*
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  - Matthew Wetherell
  - Alvin Thalappillil

- HRSA HIV/AIDS Bureau
  - Marlene Matosky
  - Tracy Matthews
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