Evaluating HIV Care Quality in Publicly-funded **Massachusetts Clinical Sites JSI Clinical Quality Management Team** May 2010 For the Massachusetts Department of Public Health and The Boston Public Health Commission



Today's presentation

- Overview of the program
- A little background in quality
- Compare change over time of selected quality indicators for patients (all patients and those diagnosed since 2003)
- Present site-specific performance measures



So why bother with quality?

- When care is given as it is supposed to be, patients do better
- Gaps in quality can mean development of resistance, disease progression or death for people with HIV
- When systems work, care is more efficient and effective, so both patients and staff do better
 - More resources for effective care
- Long term success depends on functional systems and quality care

Quality and Outcomes

- Multiple examples where quality predicts outcomes
 - -Adherence support
 - -PCP prophylaxis
 - -Missed visits
 - Early management of treatment failure



So what are we talking about??



Quality of Care

 "Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge"

Institute of Medicine, 1990

 "Doing the right thing right, right away" (Deming, 1982)



Clinical Quality Management (QM) in Massachusetts

- Since 1998, JSI has been conducting a QM program to assist DPH and BPHC-supported clinics in evaluating and improving care.
- Sites actively participated in planning process, including selection of areas of importance and data elements
- Database using coded identifiers created for the project and ongoing work
- 5 "rounds" of chart review now complete, providing data for up to 10 years (1999-2008); includes
 - cohort enrolled since 1998
 - patients diagnosed since 2003

Data Collection and Analyses

- Focused on clinical care measures of emphasized by HRSA/Ryan White program, including prevention, screening, treatment, and prophylaxis
- Used accepted national criteria for antiretroviral treatment and care from guidelines in effect at the time
- Able to compare clinics to each other and determine performance improvements over time
- Limitations: Because analyses are based on data available from the medical records, differences in record keeping between clinics and providers affect findings and treatment given elsewhere can be missed



Quality of Care Indicators

- Screening and vaccination (cervical cancer and anal Pap, TB, hepatitis, pneumococcal disease, influenza, hepatitis)
- HIV Treatment (antiretroviral medications, adherence, prophylaxis, viral load & CD4 tests)
- Outcomes (CD4 count >200, viral suppression, engagement in care)
- Other (frequency of medical visits, hospitalizations, Hepatitis C treatment)



Patient Samples Presented:

- Included in full analysis if:
 - Two or more medical visits* in calendar year
 - Alive through the calendar year
- Comparing performance by year, site to all sites, and to HRSA/IHI proposed goals (when available)
- All Patients at all sites
 - 2007 N=970
 - 2008 N=971

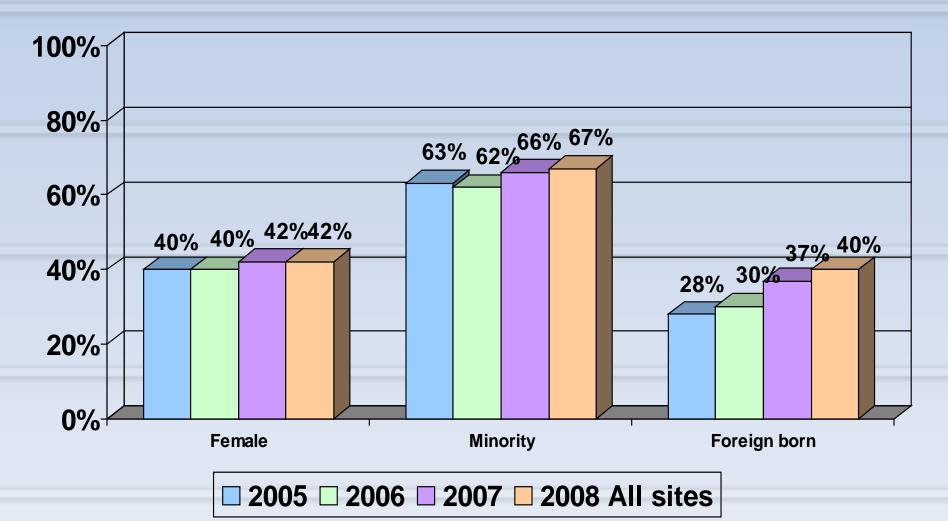
• Patients diagnosed since 2003 at all sites:

- 2005 N=262
- 2006 N=403
- 2007 N=434
- 2008 N=472



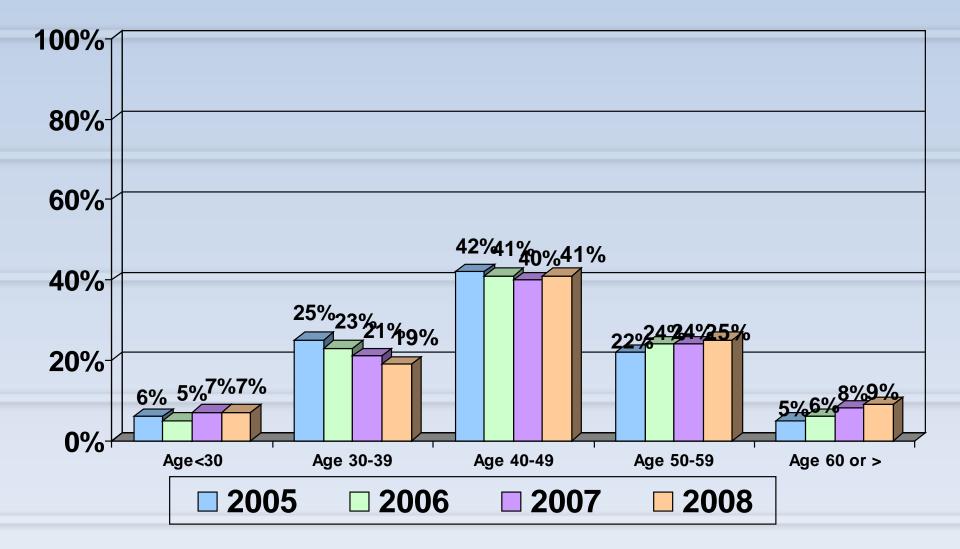
*by a prescribing provider (MD, NP, PA, DO)

Demographics: All pts



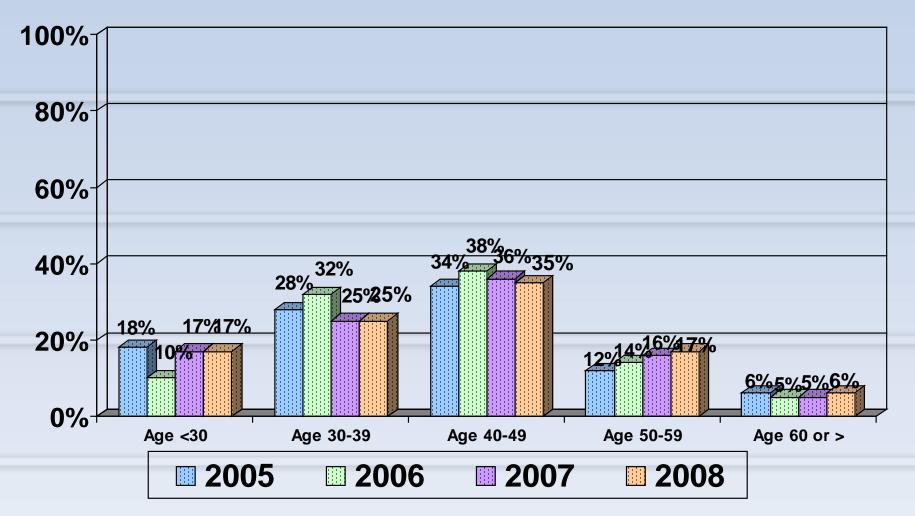


Demographics: All Patients



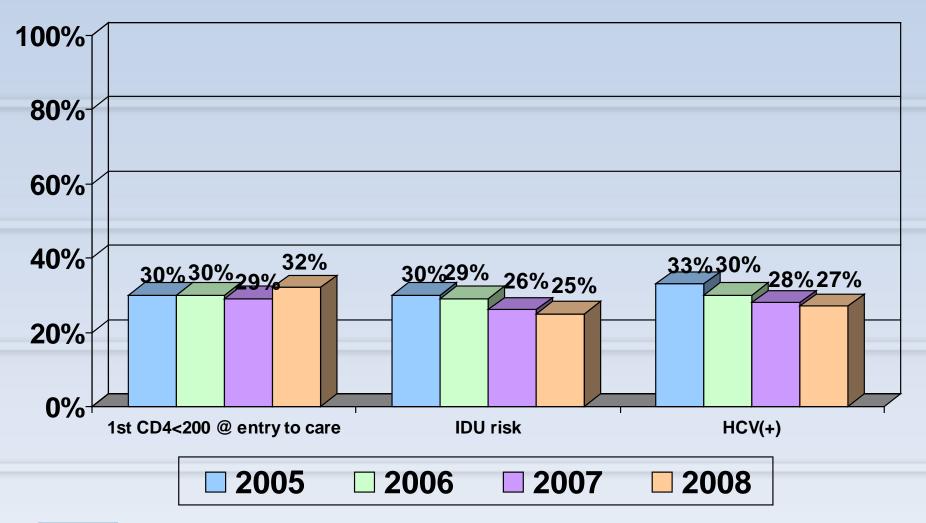


Demographics: Patients diagnosed since 2003



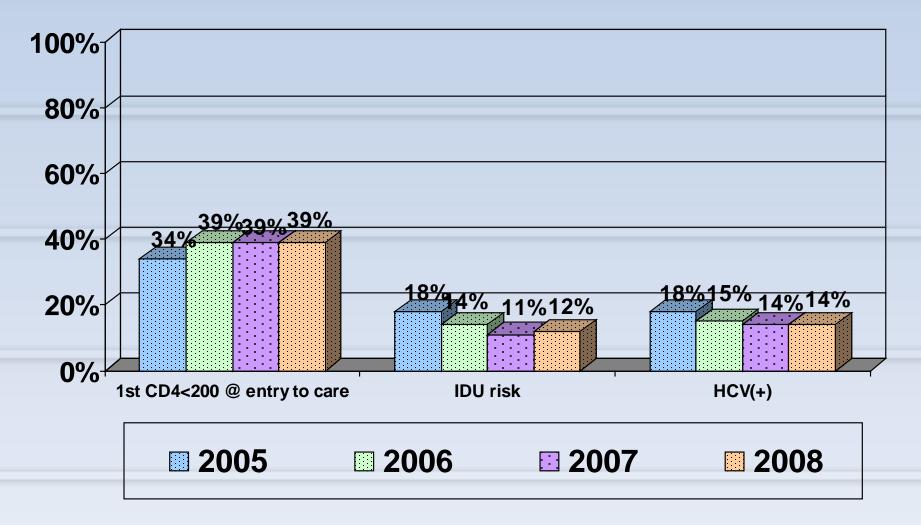


Demographics: All pts





Demographics: Patients diagnosed since 2003

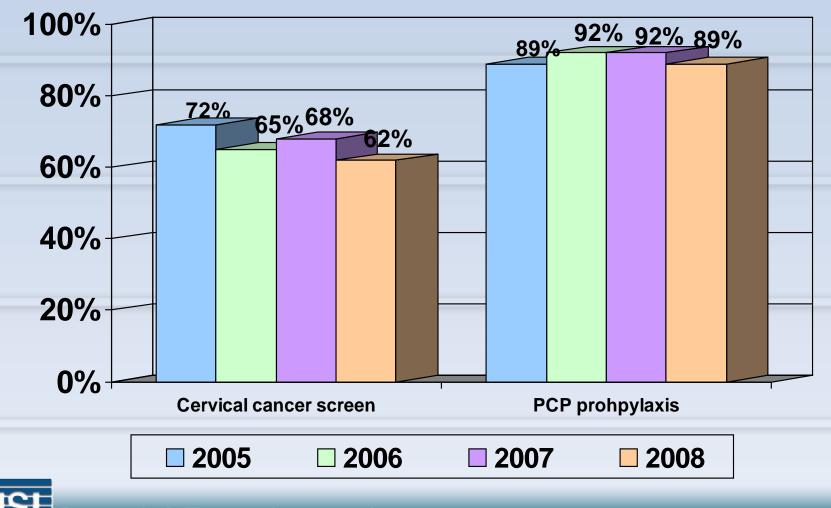




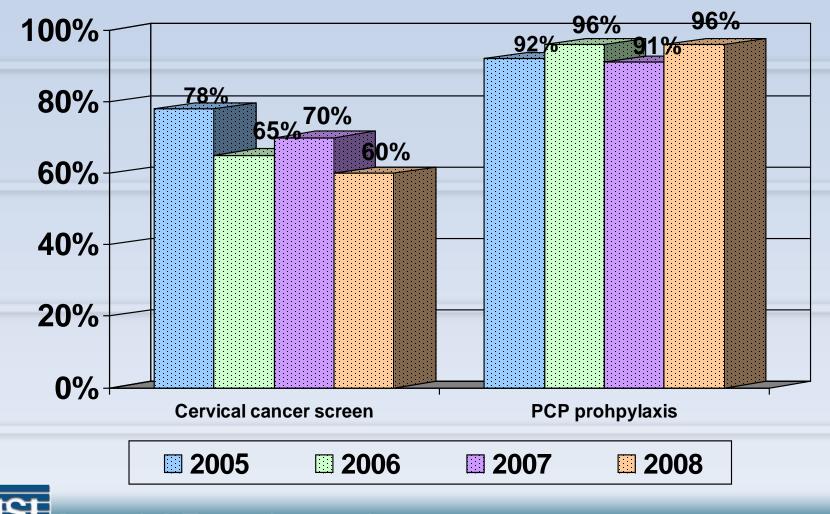
Prevention and Screening

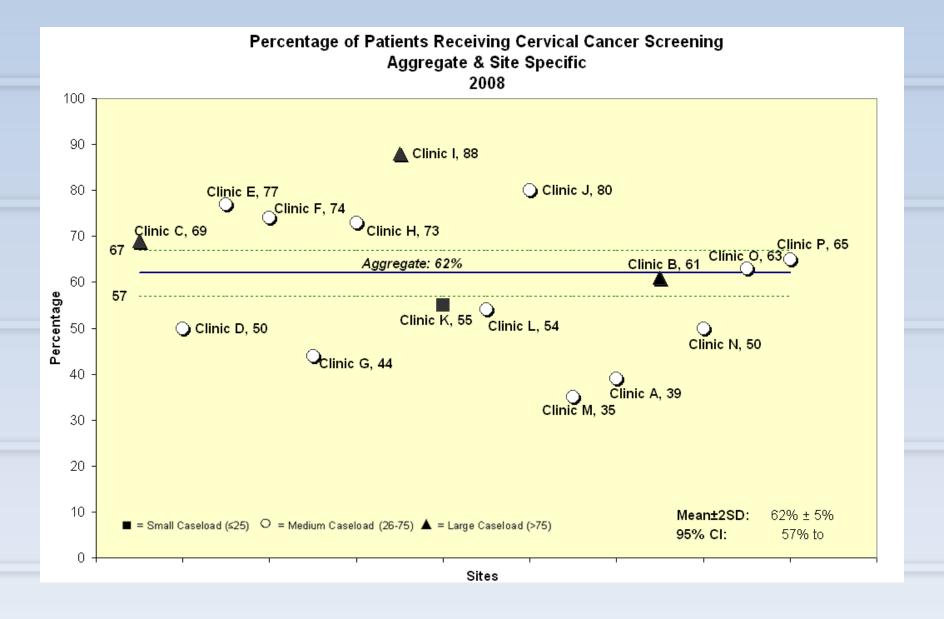


Preventive Quality Measures: All Patients



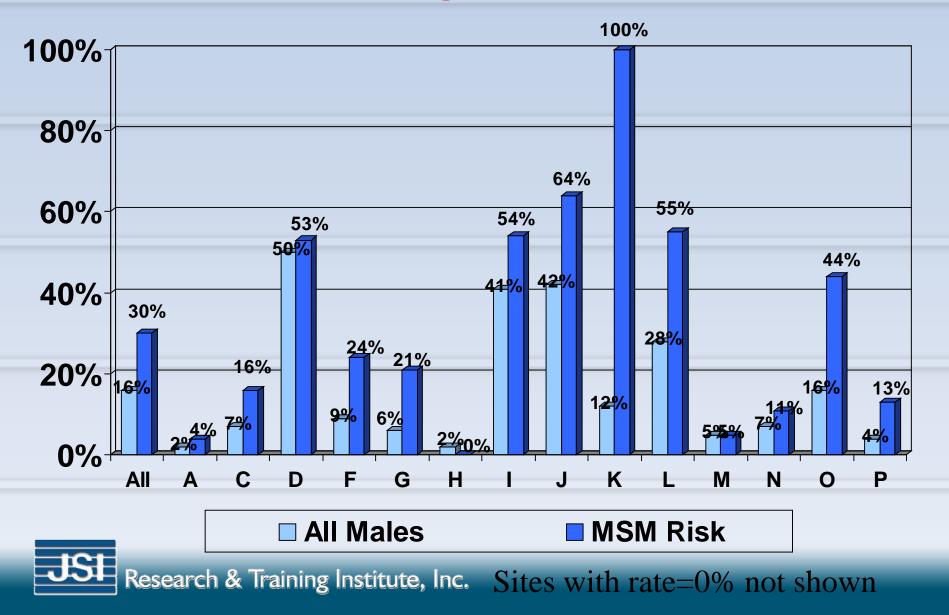
Preventive Quality Measures: Diagnosed since 2003



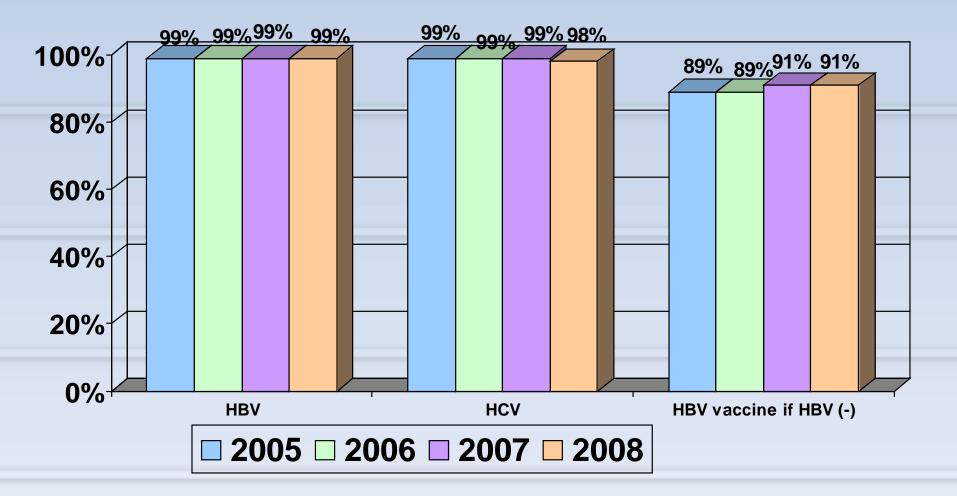




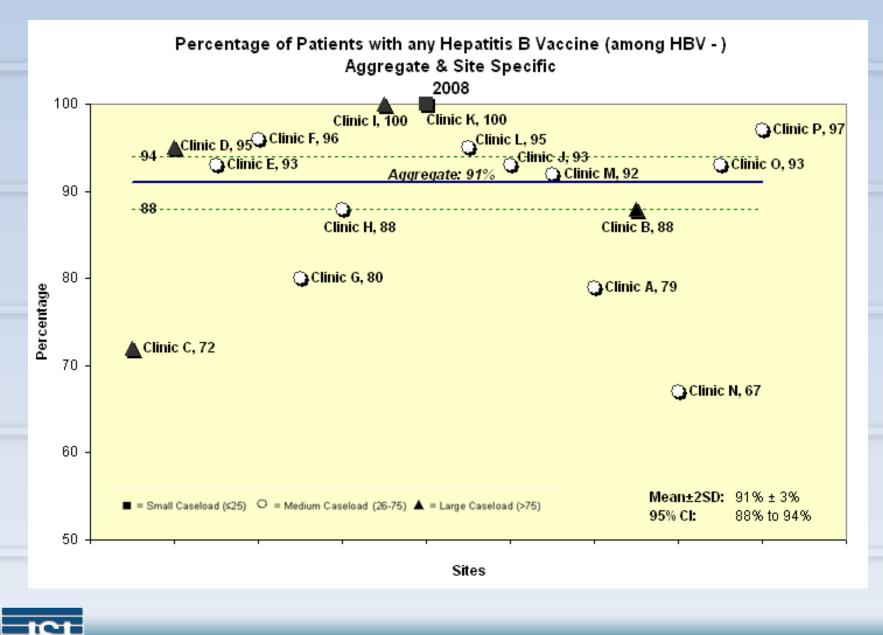
Preventive Quality Measures: Anal PAP Screening Ever: Males

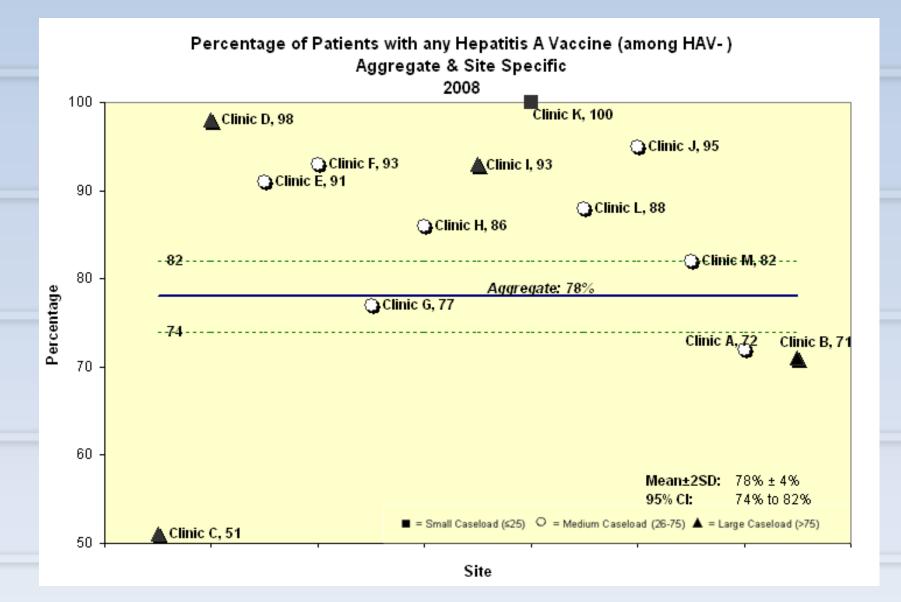


Preventive Quality Measures: All Patients





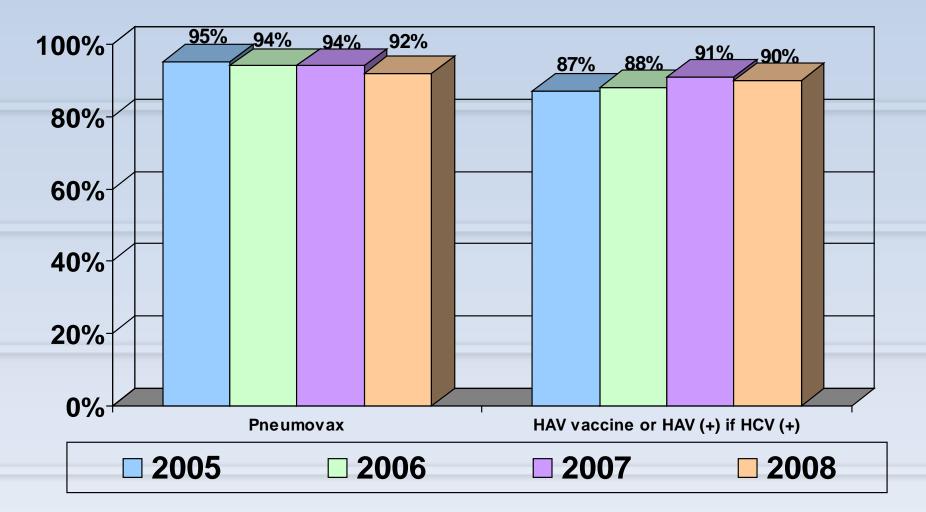




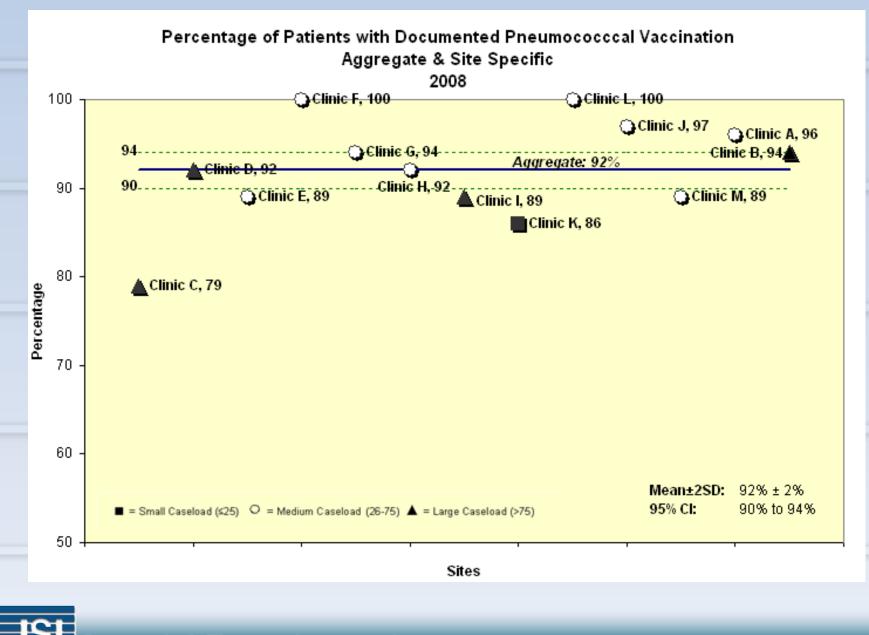


Research & Training Institute, Inc.

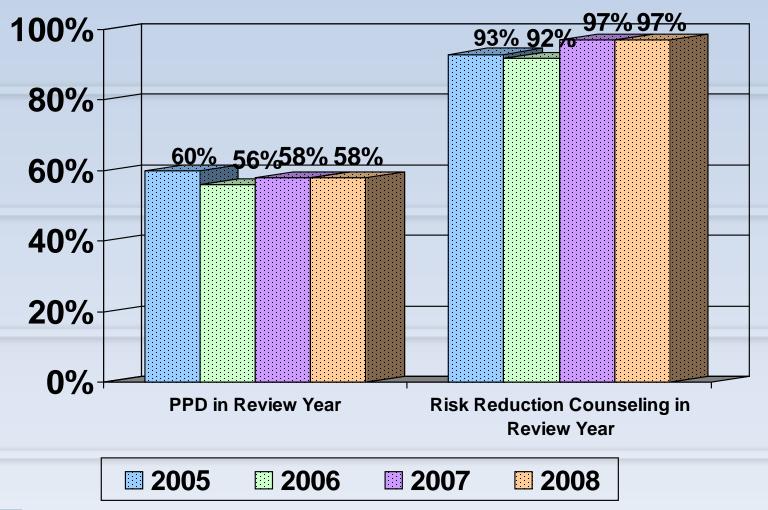
Preventive Quality Measures: All Patients



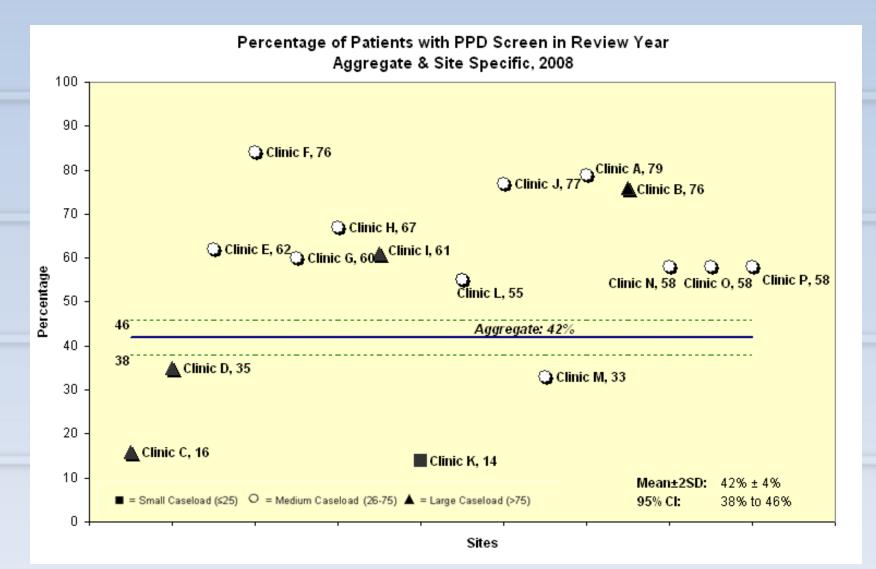




Preventive Quality Measures: Diagnosed since 2003

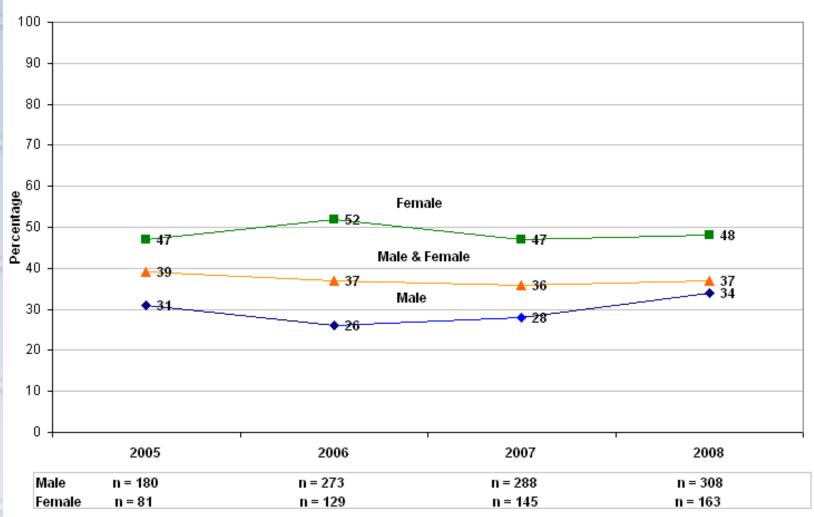






Only patients diagnosed since 2003

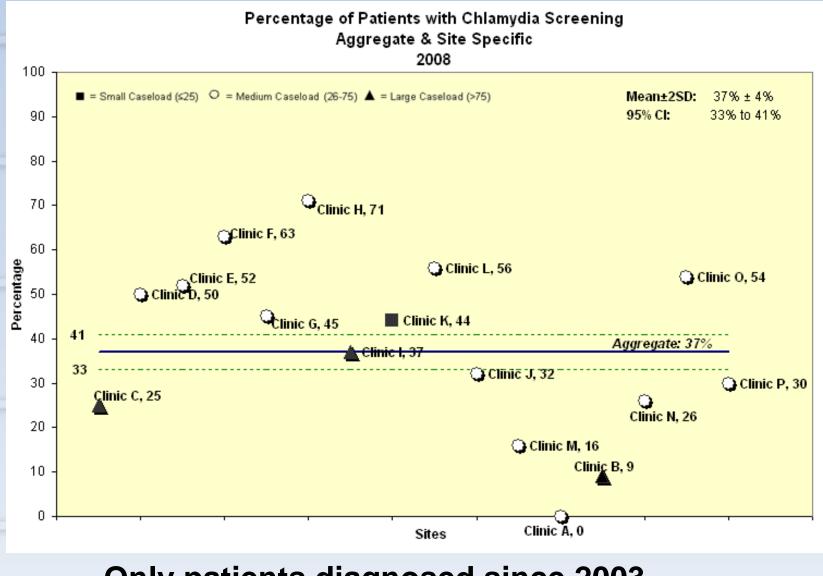




Percentage of patients with Chlamydia Screening 2005-2008

Year

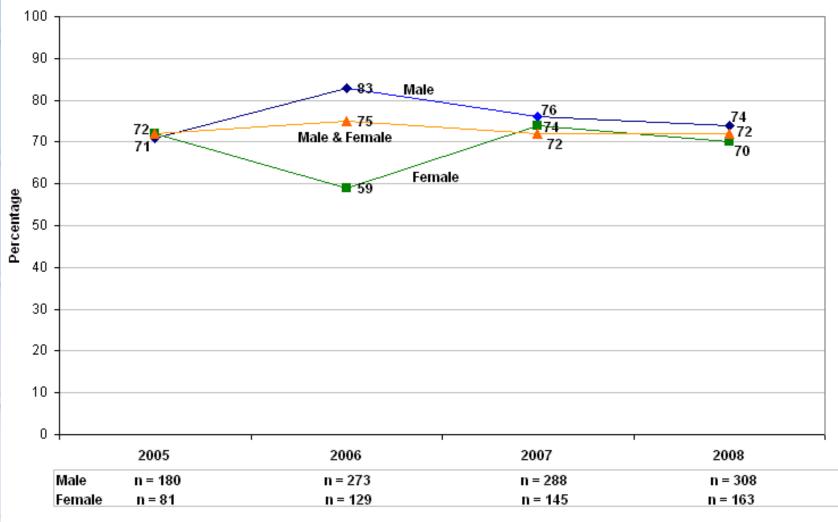
Only patients diagnosed since 2003 Research & Training Institute, Inc.



Only patients diagnosed since 2003



Research & Training Institute, Inc.

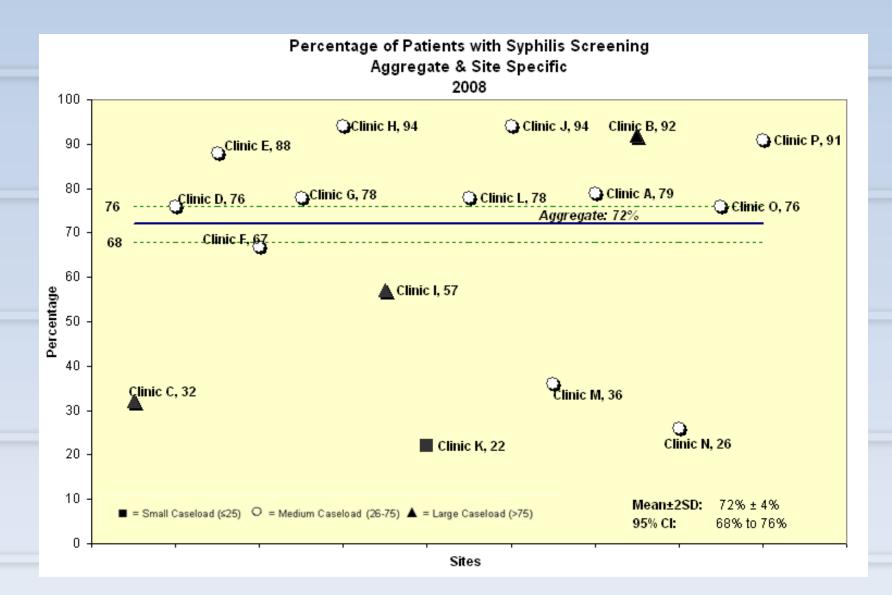


Percentage of patients with Syphilis Screening 2005-2008

Year



Only patients diagnosed since 2003 Research & Training Institute, Inc.



Only patients diagnosed since 2003 Research & Training Institute, Inc.

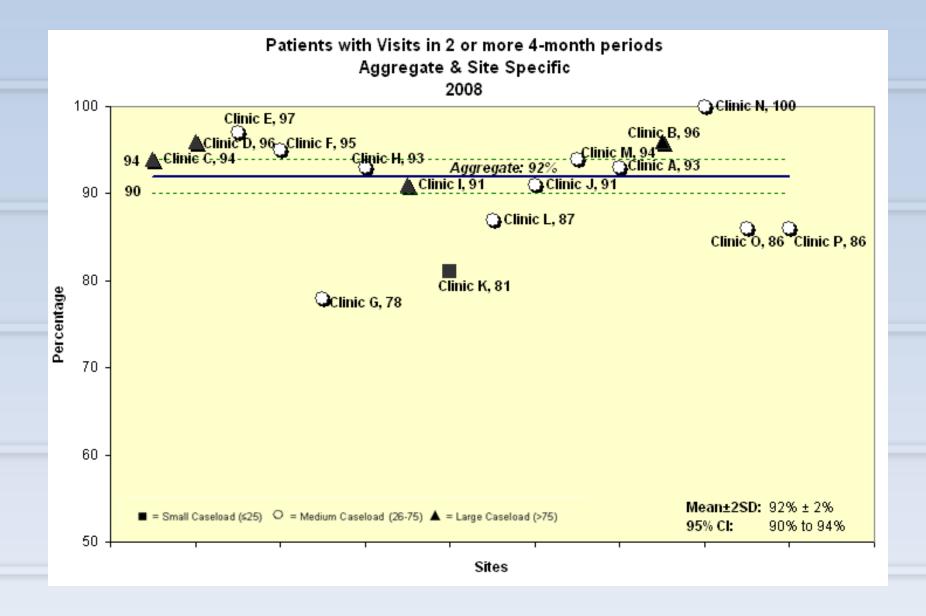
Dental Care

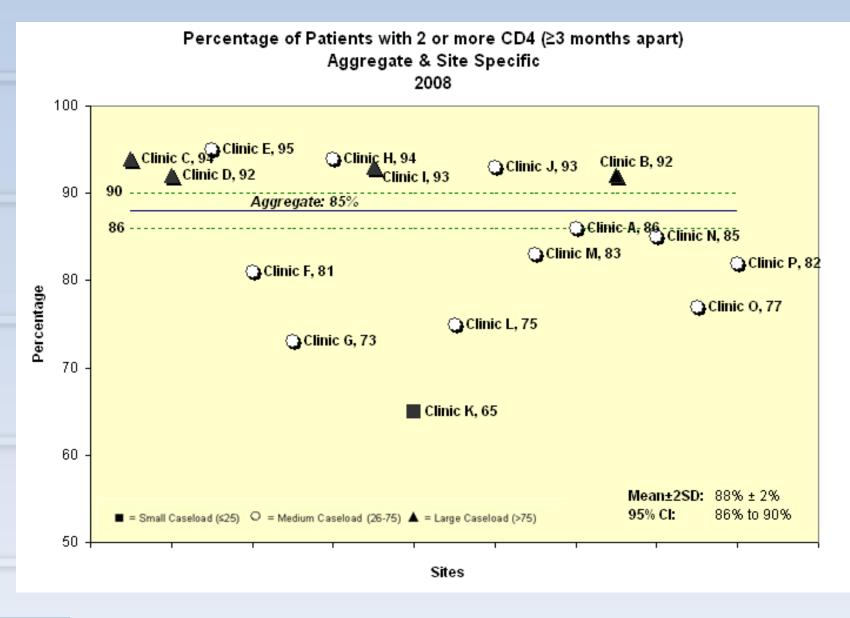
- HRSA/HAB Group 2 indicator
 - Percent of clients with HIV infection who received an oral exam by a dentist at least once during the measurement year.
- Collected any documentation (including referral) on diagnosed since 2003
 - 27% in 2008
 - Range: 5%-73%



ART Monitoring and Treatment



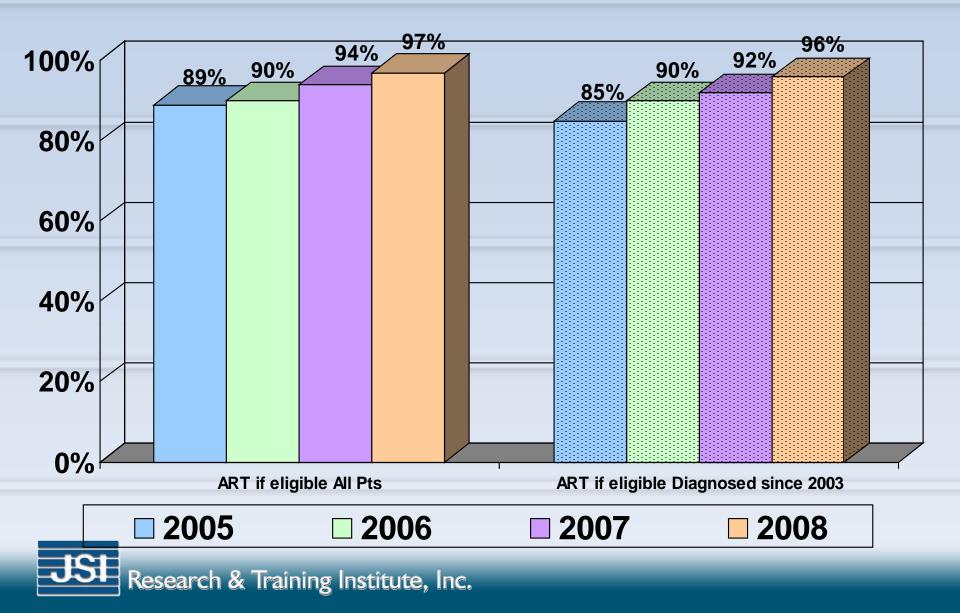


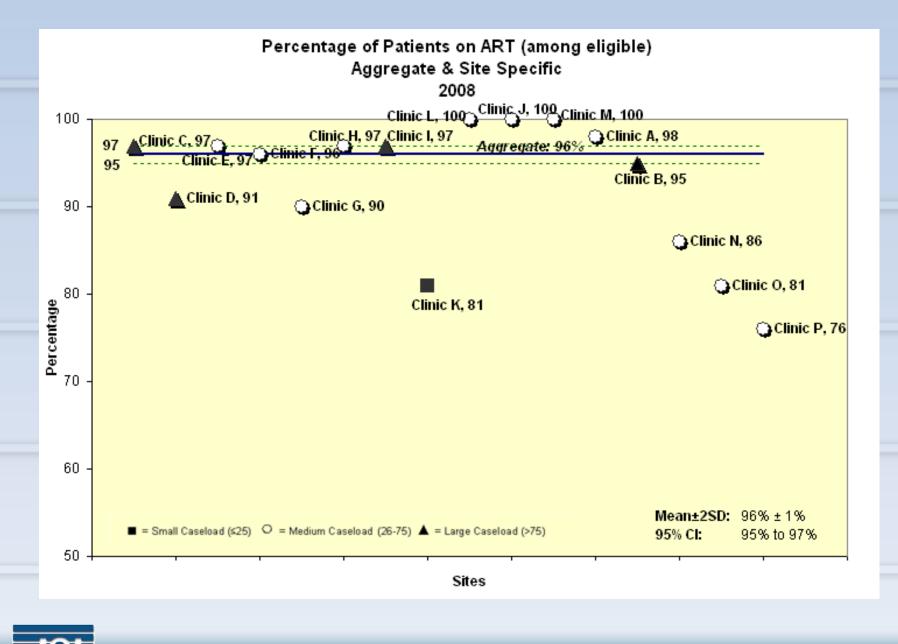




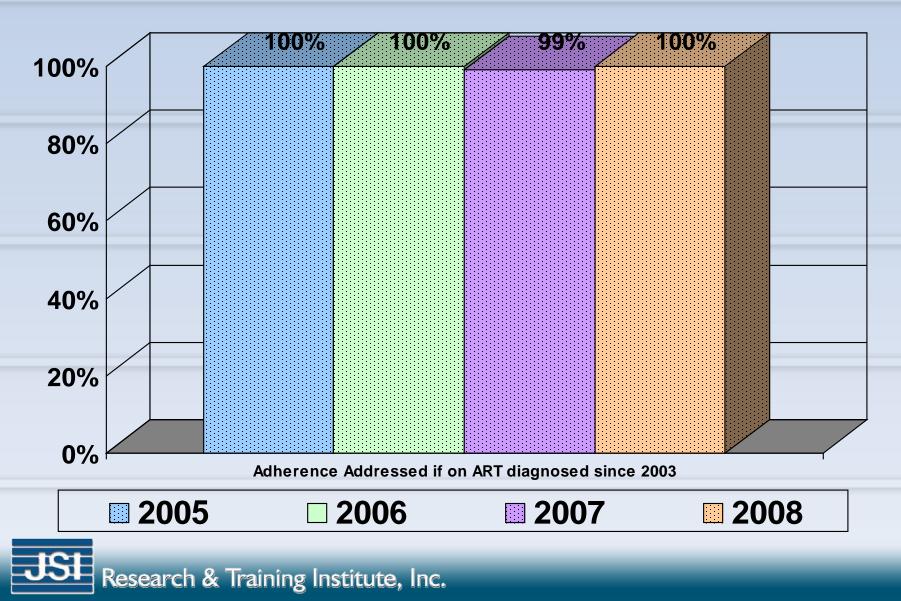
Research & Training Institute, Inc.

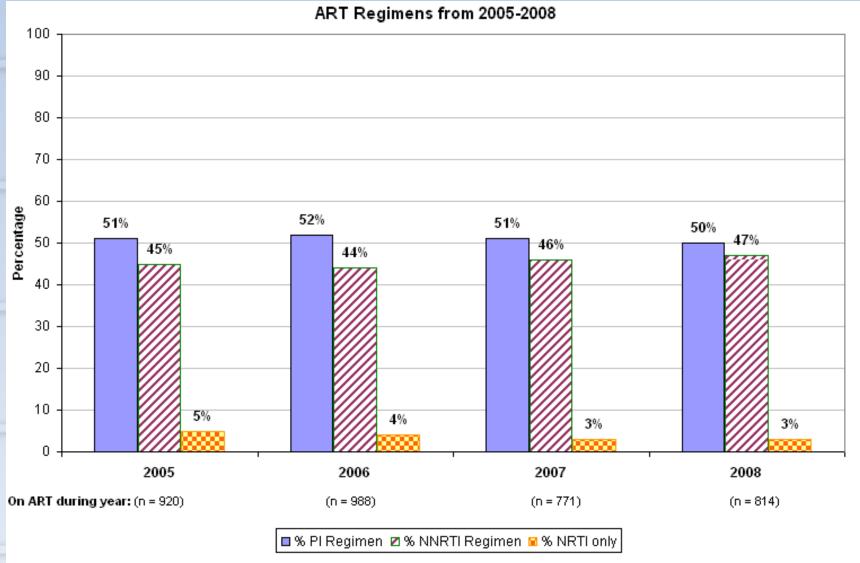
HIV Treatment Quality Measures:





HIV Treatment Quality Measures: Diagnosed since 2003



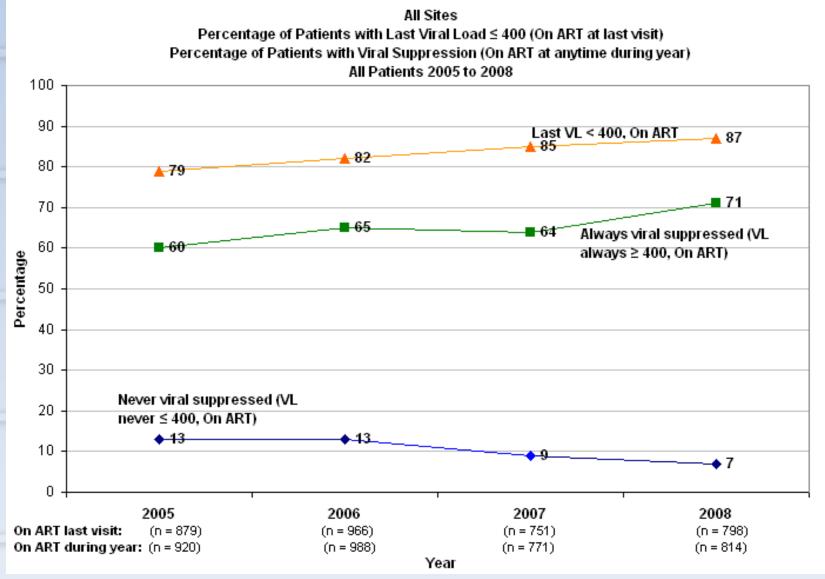


Year

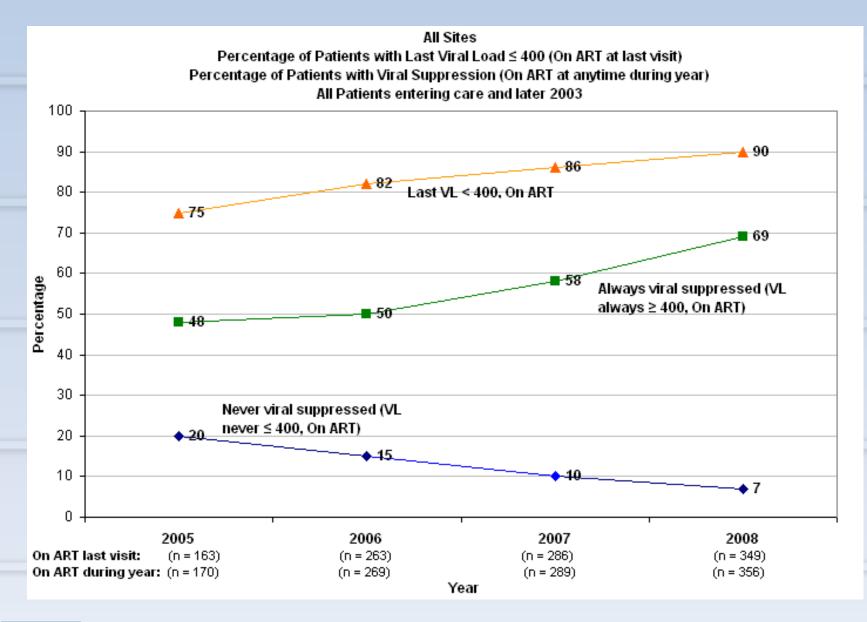


CLINICAL OUTCOMES Viral load suppression CD4 counts Engagement in Care Hospitalization

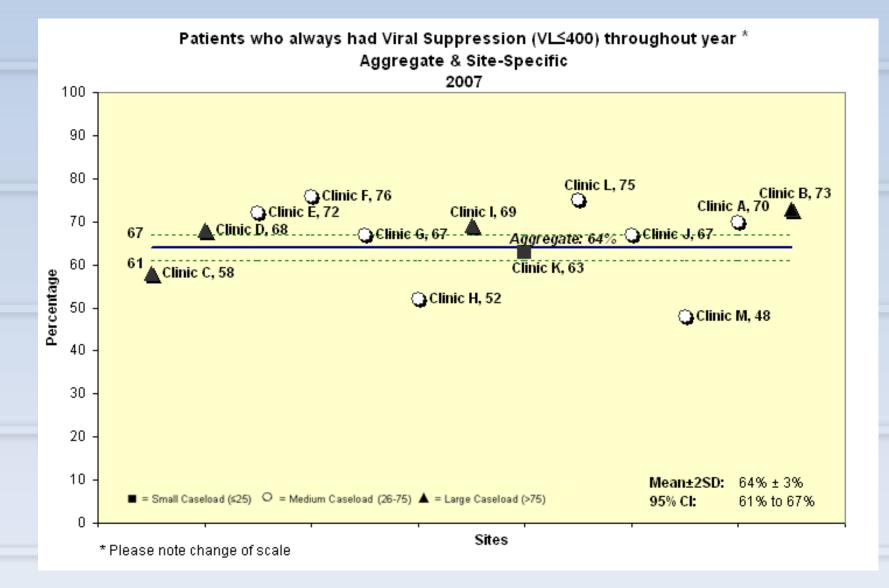




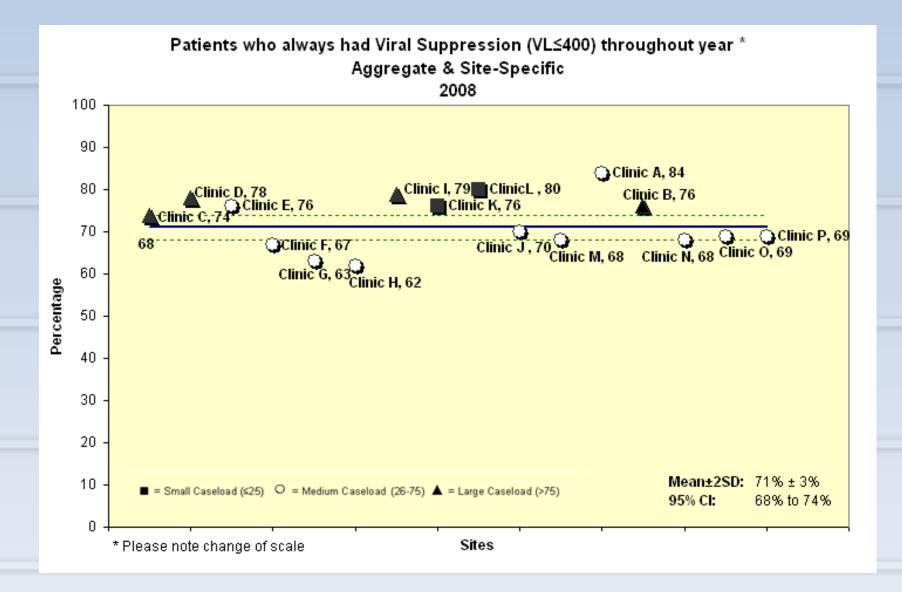




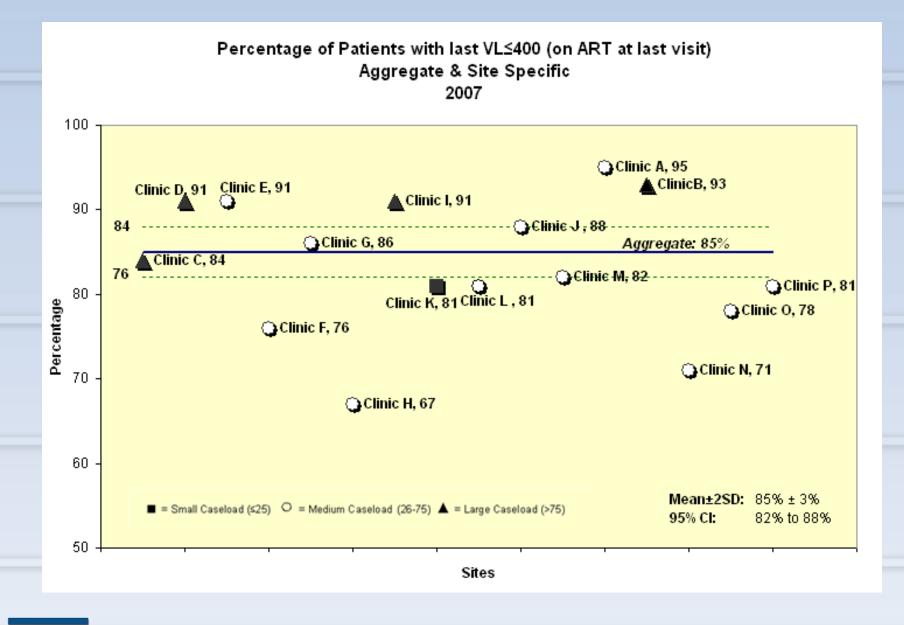




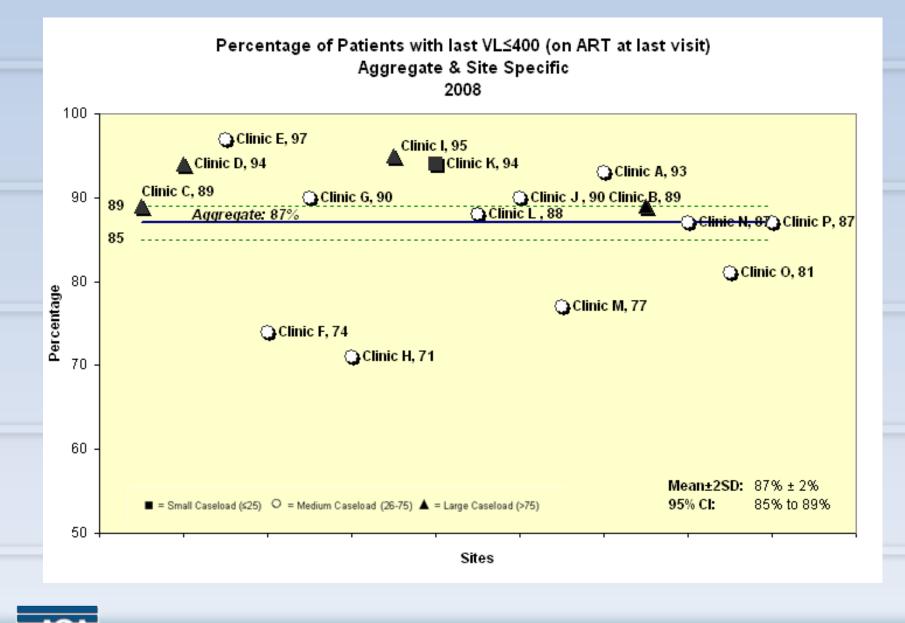


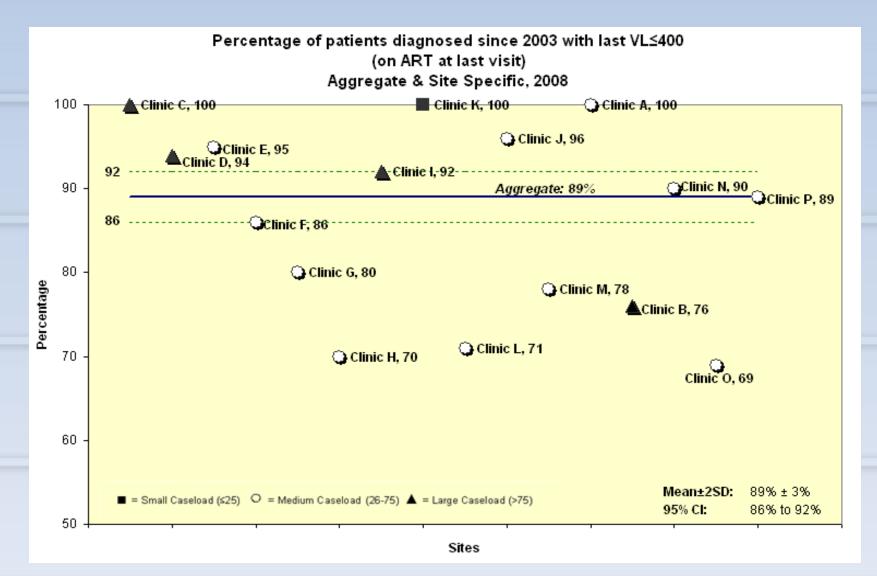








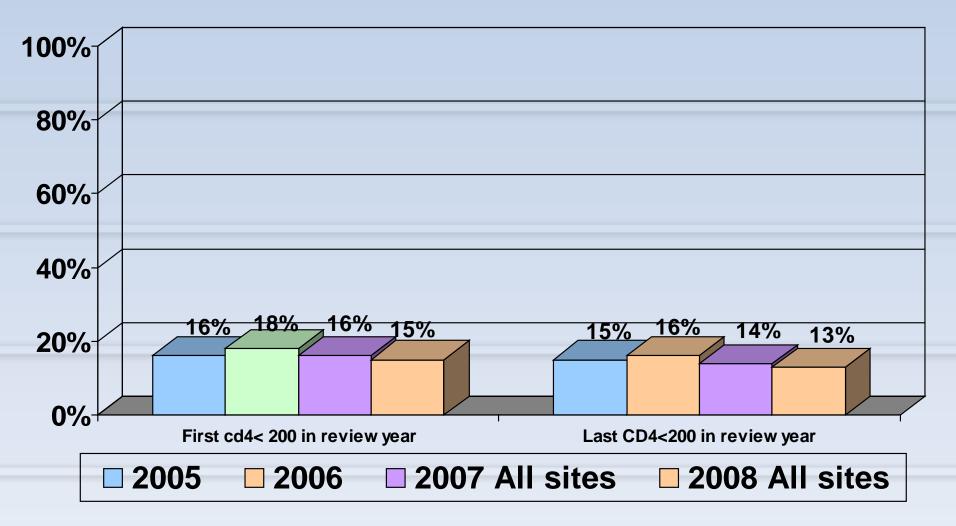




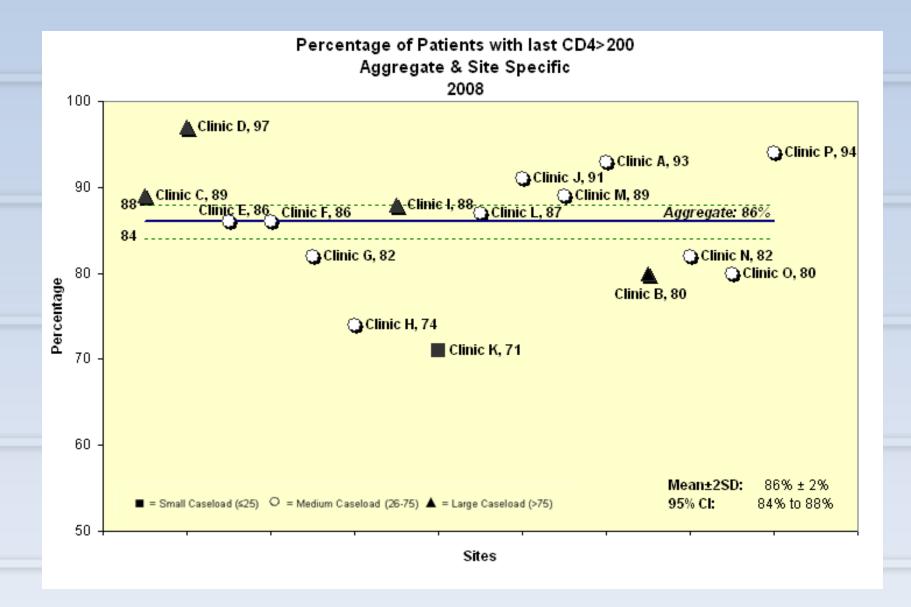
Only patients diagnosed since 2003



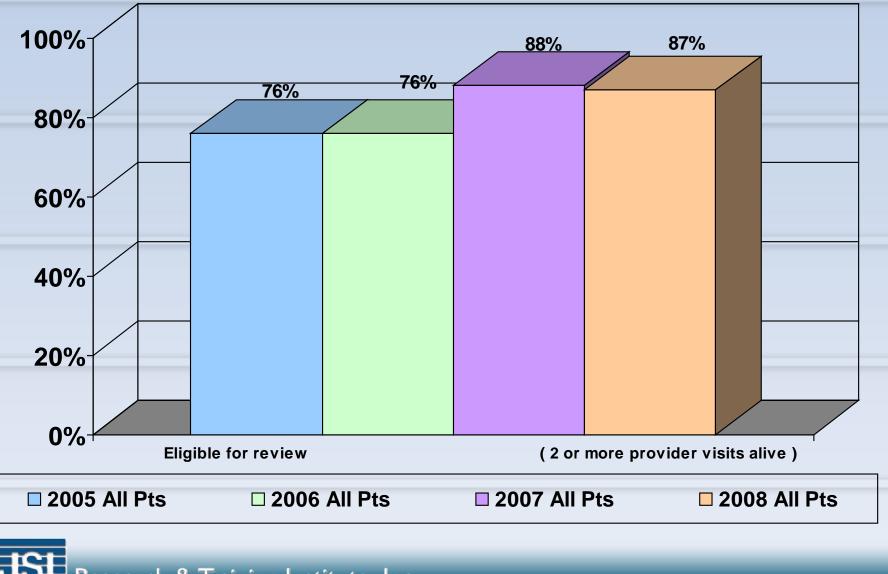
Quality Outcome Measures: All Patients







Outcome: Engagement in care (identified for chart review and > 2 visits)



Hospitalizations



Hospitalization Overview

- Overall rates of all-cause hospitalization have been stable at 13-15% per year
- Typically have been higher in women and US born patients, but no racial or ethnic differences
- Due to concerns about ascertainment bias (nonhospital clinics having missing data), we are not presenting individual clinic rates
- Compared discharge codes from a parallel analysis of 2007 statewide hospital discharge data for >5600 admissions coded for HIV infection or AIDS



Inpatient Diagnosis Codes for Patients with HIV: Administrative discharge data compared to chart review 2007	Principal & First Listed Secondary Diagnosis Code N=5,679 % (n)	Chart review Patients N=299
AIDS-Opportunistic Infection Diagnoses	9.2% (522)	8.0% (24)
Diagnoses by ICD9 Major Categories	Principal % (n)	1 of 2 Primary Reasons
Infectious And Parasitic Diseases	57.9% (3288)	31.6% (77)
Neoplasms	4.1% (234)	1.2% (3)
Endocrine, Nutritional And Metabolic Diseases, And Immunity Disorders	6.8% (385)	1.6% (4)
Diseases Of The Blood And Blood-Forming Organs	2.9% (164)	2.0% (5)
Mental Disorders	16.1% (914)	11.1% (27)
Diseases Of The Nervous System And Sense Organs	2.8% (161)	7.4% (18)
Diseases Of The Circulatory System	10.0% (569)	7.4% (18)
Diseases Of The Respiratory System	17.5% (993)	23.4% (57)
Diseases Of The Digestive System	11.6% (656)	10.2% (25)
Diseases Of The Genitourinary System	6.6% (375)	5.7% (14)
Complications of Pregnancy, Childbirth, and the Puerperium	2.3% (129)	3.3% (8)
Diseases Of The Skin And Subcutaneous Tissue	6.3% (359)	8.6% (21)
Diseases Of The Musculoskeletal System And Connective Tissue	4.0% (228)	5.7% (14)
Symptoms, Signs, And III-Defined Conditions	8.9% (504)	11.9% (29)
Injury And Poisoning	8.1% (462)	2.9% (7)
Supplementary Classification Of Factors Influencing Health Status And Contact With Health Services#	8.5% (483)	3.3% (8)

Includes V08 code for "asymptomatic HIV infection" Research & Training Institute, Inc.

Conclusions

- Care has in general remained at high quality or improved
 - Adherence, hepatitis, on ART
- Viral suppression has improved in last 4 years
- Some measures are good overall but there is significant variability between sites
 - HIV monitoring



Conclusions

- Some areas remain a challenge across many sites
 - Cervical cancer screening, TB, STI screening, dental care (HAB Group 2)
- Others represent changing practices
 - Anal Paps



Acknowledgements

- The clinical site staff
- BPHC: Michael Goldrosen and staff
- MDPH: Debbie Eisenberg and staff
- JSI QM team
 - Nancy Reinhalter
 - Lisa Hirschhorn
 - Joe Musolino
 - Laurie Kunches
 - Jacqueline Steiner
 - Allison Power





