

296: THE HIV RESEARCH NETWORK: VARIATIONS IN QUALITY OF CARE

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Objective:

To determine variation in quality of care among sites in the HIV Research Network, to provide baseline measures and benchmarks for future quality improvement activities, and to identify sites that could share best practices.

Methods:

Demographic, clinical, and resource utilization data were collected on patients from 18 U.S. HIV primary and specialty care sites in the HIV Research Network for the 2000 calendar year. Quality of care indicators were PCP prophylaxis (PCPPx) and MAC prophylaxis (MACPx) and antiretroviral therapy (ART) for eligible patients. Indications for PCPPx and ART were any CD4 <200 cells/mm³ and CD4<50 for MACPx. All drugs approved for PCPPx, MACPx, and ART were examined.

Sites also completed a questionnaire about quality assessment and improvement methods they currently use for PCPPx and MACPx, including visit forms with prompts for prophylaxis eligibility, mailed reminders about guidelines, medical record audits to determine provider adherence, and feedback to providers of comparative data on guideline adherence.

Results:

Seven sites provided data on 10,536 patients on prophylaxis and ART that met data validity standards. Patients treated by these sites in the HIV Research Network ranged in age from 18 to 79 with a mean of 39 years, 13% were from 18 - 30, 76% from 31 - 50, and 12% were over 50. 48% were black, 17% were Hispanic and 26% were women. Male-to-Male Sex (MSM) (44%), heterosexual transmission (38%), and IDU (23%) were the most common HIV risks.

Rates of MACPx ranged from 63% to 95% of eligible patients (site mean 79%). Rates of PCPPx ranged from 65% to 95% of eligible patients (site mean 87%). Rates of ART ranged from 85% to 93% of eligible patients (site mean 89%).

All 18 sites completed the site questionnaire. 83% of sites had new patient forms that prompted providers to identify patients eligible for PCP and MAC prophylaxis. 71% also had forms for follow-up patients that identified prophylaxis-eligible patients. 88% audited provider records to ascertain if eligible patients receive PCPPx and MACPx ; only 33% of these provided feedback to providers about their prophylaxis rates compared with other providers. 63% sent providers information or reminders about PCP and MAC prophylaxis guidelines.

Conclusions:

In this multi-state sample, quality of care for HIV as measured by OI prophylaxis and ART standards above varied by site, providing opportunities for quality improvement. Many sites have opportunities to implement basic quality improvement techniques that have been shown to be efficacious such as feedback to providers. The HIV Research Network will use these data to identify benchmark sites that will share best practices, and to evaluate the impact of interventions to eliminate errors of omission in OI prophylaxis and ART use for eligible patients and thereby improve quality of care for those with HIV.