



## The HIV Research Network: Variations in Quality of Care

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## Objectives

- 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
  - To identify sites that could share best practices.

## Quality of Care

Proportion of eligible patients who receive prophylaxis against opportunistic infection (OI) and indicated antiretroviral therapy (ART) (a process measure)

Proportion of sites using various quality improvement strategies to make sure eligible patients receive OI prophylaxis (a structural measure)



18 HIV primary and specialty care sites  
FY2000

## Methods

- Demographic, clinical, and resource utilization data
- Quality of care indicators: PCP prophylaxis (PCPPx), MAC prophylaxis (MACPx) and antiretroviral therapy (ART) for eligible patients.

## Methods, contd.

- Indications for PCPPx and ART were any CD4 <200 cells/mm<sup>3</sup> and CD4<50 for MACPx. All drugs approved for PCPPx, MACPx, and ART were examined.
- Sites completed a questionnaire about quality assessment and improvement methods they currently use for PCPPx and MACPx.

## QI Interventions Surveyed

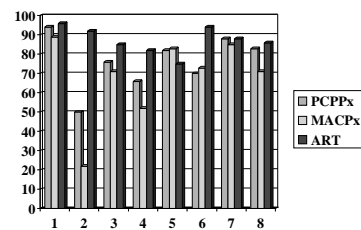
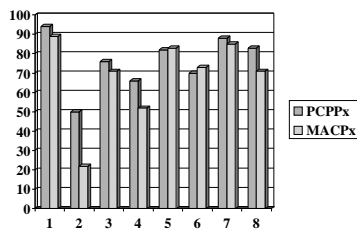
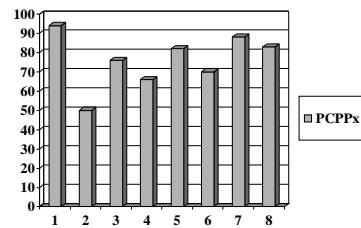
- Visit forms with prompts for prophylaxis eligibility
- Mailed reminders about guidelines
- Medical record audits to determine provider adherence
- Feedback to providers of comparative data on guideline adherence

## Respondents

- Eight sites, 10,295 patients with good data on prophylaxis and ART
- Patients:
  - age 18 to 79, mean 41 years
  - 45% black, 19% Hispanic/Latino
  - 26% women
  - Most common HIV risks
    - Male to male sex (MSM) (41%)
    - Heterosexual transmission (36%)
    - IV Drug User (20%)

## Results

- Rates of MACP<sub>x</sub> 22% to 89% of eligible patients (site mean 68%).
- Rates of PCPP<sub>x</sub> 50% to 94% of eligible patients (site mean 76%).
- Rates of ART 82% to 96% of eligible patients (site mean 87%).



### Origins of Variation

- In general, sites were not consistently better or worse, e.g., the worst prophylaxis site was the third best site for ART
- However, one site was poorest for both prophylaxis indicators, and two sites were at or near the top for all three indicators

### Results: QI Interventions

- All 18 sites completed site questionnaire.
- 83% had new patient forms prompting providers to identify eligible patients for OI prophylaxis; 71% follow-up form
- 88% audited provider records re PCPPx and MACPx; 33% fed back provider prophylaxis rates compared with other providers.
- 63% sent providers information or reminders about PCP and MAC prophylaxis guidelines

### Conclusions

- Quality of care varied by site in this multi-state sample
- Error rates high by other industry standards
- Quality at each site varies by indicator: need to target procedures & systems, not sites
- More sites should implement known efficacious quality improvement techniques e.g., feedback to providers.

### Next Steps

- Identify benchmark sites to share best practices
- Evaluate impact of intranet website Safety Tips program on interventions to eliminate errors in OI prophylaxis and ART
- Determine impact on OI prophylaxis and ART rates