National in+care Campaign

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Agenda

• Retention – a major HIV public health concern
• HAB/NQC National in+care Campaign
• Video Premiere (get your pop corn…)

Where Are My Patients? Retention - an Independent Predictor for Improved HIV Health Outcomes
Facts about Retention

• Retaining patients in care results in better health outcomes and lower costs for the patient as regular appointments with a provider are shown to result in improved CD4 count, suppressed viral load, and fewer hospital admissions/emergency room visits [1]

• Mortality rates are significantly lower among patients seen 3 or 4 times per year versus once or twice annually [2]

• Attending all medical appointments during the first year of HIV care doubled survival rates for years afterwards, regardless of baseline CD4 cell count or use of ART [3]


Facts about Retention

- A Baltimore, MD community health clinic showed 85% of homeless patients who received street outreach interventions attended at least one clinical appointment over a 12-month period [1]
- Same-day scheduling for marginalized populations improved retention rates at two Bronx, NY clinics [2]
- Use of care coordinators increased retention in a Washington, DC clinic even among traditionally hard-to-reach populations; those with coordinators had higher retention rates compared to those without [3]

Engagement in Care Continuum

Stages of Engagement

1. HIV-Infected
2. HIV-Diagnosed
3. Linked to HIV Care
4. Retained in Care
5. Need ART
6. On ART
7. Adherent/Undetectable

Stages of Engagement

HIV-Infected ~ 1.1 million

- At the end of 2006, 1.1 million adults and adolescents were living with the HIV across the U.S. (prevalence 0.45%) [1]
- Geographic variability is substantial; in some US cities, HIV seroprevalence exceeds 1%–2% [2]
- HIV seroprevalence in populations at high risk of infection, such as men who have sex with men in New York City, exceeds 13% [3]

Stages of Engagement

- HIV-Infected ~ 1.1 million
- HIV-Diagnosed ~ 874k

- 232,700 (21%) are estimated to be unaware of their HIV infection [1]
- Those not diagnosed have a higher risk of transmitting HIV to others than do those who are aware of their HIV infection [2]
- 35%–45% of individuals with newly diagnosed HIV infection have AIDS within 1 year after diagnosis [3]

Stages of Engagement

HIV-Infected ~ 1.1 million
Linked to HIV Care ~655k

- In St. Louis, Missouri, 73% of individuals with newly diagnosed HIV infection had evidence of having received HIV care within 1 year after diagnosis of HIV infection [1]
- In New York City, 64% of individuals with newly diagnosed HIV infection initiated care within 3 months, and 83% entered care within 4 years [2]

Three U.S. population-based studies have found that 45%–55% of known HIV-infected individuals fail to receive HIV care during any year [1].

Over longer periods, approximately one-third of HIV-infected individuals fail to access care for 3 consecutive years in some communities [2].
Stages of Engagement

- In the United States in 2003, 67% of HIV-infected individuals in care were eligible for antiretroviral therapy on the basis of a CD4 cell count <350 cells/μL; however, 21% of these individuals were not receiving therapy [1]
- 80% of in-care HIV-infected individuals in the U.S. should be receiving antiretroviral therapy but that 25% of these individuals are not receiving therapy [2]

Stages of Engagement

- HIV-Infected ~ 1.1 million
- Adherent/Undetectable ~ 209k

- Nonpersistence, nonadherence, and antiretroviral resistance are barriers to effective antiretroviral therapy, contributing to detectable HIV viremia in 15%–25% of individuals receiving therapy [1]
- However, two recent studies found that 78%–87% of individuals receiving antiretroviral therapy, including individuals receiving initial and subsequent regimens, had an undetectable viral load [2]

Stages of Engagement

HIV-Infected - 100%

HIV-Diagnosed - 79%

Linked to HIV Care – 59%

Retained in Care - 40%

Need ART - 32%

On ART - 24%

Adherent/Undetectable - 19%

Care Continuum Summary

• 1 in 5 do not know their HIV status
• 2 in 5 have not seen an HIV primary care doctor
• 3 in 5 don’t regularly see their doctor
• 4 in 5 are not viral load suppressed
“Not staying in care is the biggest barrier to better health!”
What can Quality Improvement Contribute?

• Focus on systems of care delivery
• Organization level vs. patient-level
• Systematize processes of measurement
• Routinize improvement of retention and *manage* it at the clinic level
• Innovative (“out of the box”) solutions
At what Level Do We Measure Retention?

A) The patent
B) The clinic
C) The district
D) The region/State
E) The Nation
F) All of the above
Examples of Patient Retention Measures

- Number of unique patients with at least one visit in past 4 months / Number of unique patients with at least one visit in past 12 months.
- Number of unique patients with at least one visit during the 4-month interval following a defined 12-month period / Number of unique patients with at least one visit in the defined 12-month period.
- Number of unique patients with 2 or more visits during a defined 12 month period / Number of total unique patients in the clinic registry during the defined 12 month period.
- Number of unique patients with at least 2 or more visits in past 12 months at least one of which in the last 6 months/ Number of unique patients with at least one visit in past 12 months.
- Number of unique patients with 2 or more visits in the past 12 months with at least one visit in each six month period/ Number of unique patients with at least one visit in past 12 months.
- Number of unique patients with 2 or more visits in the past 12 months with at least one visit in each six month period and a minimum of 60 days between the two visits/ Number of unique patients with at least one visit in past 12 months.

* For each measure, a "visit" is defined as an HIV medical visit with a clinical provider (MD, PA, NP)
Agins, B and staff at All Country Learning Network Meeting in Windhoek, Namibia, 2011.
Upcoming HRSA HIV/AIDS Bureau-funded National Quality Improvement Initiative
Connect…with patients
Collaborate… with a community of learners
Change… the course of HIV

This National HIV Campaign is designed to facilitate local, regional, or even state-level efforts to retain more HIV patients in care while building and sustaining a community of learners among Ryan White providers.
Recruitment Video

Development of an Awareness and Recruitment Video

• to highlight the importance of retention in HIV care and its affect on health outcomes
• to increase awareness about the Campaign
• to link those who are interested in joining the Campaign with recruitment information
in+care Campaign Video
Campaign Framework

• participation in the Campaign is voluntary and Ryan White grantees across all funding streams are invited to join
• participating agencies enroll for a 12-month commitment
• Bi-monthly reporting of performance data on 3 to 4 uniform Campaign-related measures
• routine submission of a simple progress report to highlight improvement strategies and challenges
Campaign Framework

- monthly webinars provide content expertise and promote peer sharing
- participating agencies have access to faculty for support
- where possible, regional/local meetings of Campaign participants are held
- consumers will be involved in this Campaign wherever possible
Why Sign-up?

- Your participation will closely align your HIV program with the National HIV/AIDS Strategy
- Keeping patients in care extends their lives and makes for healthier communities
- The in+care Campaign isn’t just measuring outcomes—we’re actively implementing strategies to improve lives
- National real-time benchmarking data on key retention measures are immediately available for all participating agencies
- You can take advantage from the successes of your peers and share your best practices with them
- Today’s leading quality management and retention experts are available for support, coaching, and to answer your questions
Recruitment Activities

- NQC to send out email invitation to Ryan White grantees
- Recruitment brochure to be mailed to all Ryan White grantees
- Information on campaign to be advertised on HRSA’s “Paula Jones” e-newsletter
- HRSA HAB Project Officers to inform their grantee sites
- Recruitment video to be posted on HRSA YouTube
- Campaign information to be listed on HRSA TARGET site
- NQC reaching out to stakeholder organizations to get their support and increase awareness of campaign
- HRSA plans to reach out to SPNS Part B System Linkages and Retention in Care grantee recipients once selected

“My clinic fed me when I was hungry. They helped me get an apartment when I was homeless. They gave me good care when I had nowhere else to go. They cared for me first as a person and then as a patient. They treated me like family. That’s why I stayed in care. That’s why I keep coming back. And that’s why I’m alive today.”

Ronald, HIV-positive patient at Ryan White Part A-funded clinic
Campaign Website

Welcome to the in+care Campaign!

The National Quality Center together with the Health Resources and Services Administration’s HIV/AIDS Bureau have teamed up on a national campaign like no other—a campaign where you can have an immediate impact over the health and wellbeing of your HIV patients.

We will be focusing on the simple idea that when patients stay in care they get the services that they need, leading to healthier people and stronger communities.

If you are looking for a way to make a greater difference in the lives of your patients here is your chance. Join us. Join our community of learners.

Campaign Progress
Number of grantees that have joined the Campaign

75

Number of HIV patients served by participating HIV providers

17,600

Number of clients reengaged

742

Design of Campaign website

– background information
– upcoming events
– Campaign and retention resources
– information about who’s involved

Sign-up/registration page

Access to online Campaign database and progress reports
Welcome to the in+care Campaign!

This online NQC database allows participating HIV providers to submit individual performance data based on predetermined indicator definitions and to access individual and benchmarking reports from other participants.

Data Entry
To submit individual performance data based on predetermined indicators

Reports
To obtain individual data reports and generate benchmark reports based on search criteria

User Profile
To change your user profile and join a group

Help
To learn more about this database

For first time users, please click here – I'm a first time user!

Campaign Database

• Allows participating agencies to self-report their performance data based on established measure definitions
• Individuals need to register to access the database
• Organizations can sign up to form a group of grantees, which would allow them to generate group reports, such as HIVQUAL regional groups
• Immediate access
  – to individual scores trended over time
  – to group scores
  – to regional/national benchmarking reports
  – to reports based on common search criteria
• Coaches have access to individual/groups scores to better assist participating agencies
Technical Working Group

• Chaired by Dr. Bruce Agins and Dr. Laura Cheever

• Comprised of distinguished experts in the field of retention, including clinical experts, researchers, national stakeholders and other strategic thinkers from the Ryan White and other health care communities

• This Committee would meet during the start-up phase of the Campaign to provide suggestions on the following content areas:
  – Retention Measures: Suggest up to 3 retention measures to be used in this Campaign
  – Change Packet – Suggest clusters of interventions to guide participating grantees
  – Overall Aim for Collaborative – suggest realistic aims for this Campaign

• Upcoming 1 day meeting
Join us. Together we can improve HIV care.

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NationalQualityCenter.org/Campaign
[incarecampaign.org - to be launched soon]
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