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Quality of Care Assessment at a Resident-based Primary Care HIV Clinic

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Abstract

A quality improvement study based in a primary care resident-based HIV clinic, the Kendig Clinic, was conducted within Jefferson Family Medicine Associates. The study objectives were to

- Determine the percentage of the clinic patients meeting each quality measure
- Compare these calculated clinic measures to known national averages
- Use the data to determine areas to target for future quality improvement initiatives.

Introduction

HIV Quality Improvement

- National HIV/AIDS metrics established to help reduce the number of patients infected with HIV, increase access and health outcomes, and reduce HIV health disparities.¹
- Continuous measurements of HIV providers quality of care is an essential component endorsed by the HIV Medicine Association of the Infectious Disease Society of America²
- Higher adherence to ARTs has been found in patients that are engaged in care and have higher appointment adherence³
 - Assessment of these, along with assessment of other HIV conditions, were included in the National HIV/AIDS metrics¹

Methods

- Sixteen HIV (+) patients seen in the Kendig Clinic within one year, between the ages of 18-70, were assessed in a retrospective, manual, de-identified chart review
 - All patients that had visited the clinic one time or more were included
- Patient information was collected from each patient for each of the 23 Ryan White Quality metrics.
 - The amount of time that the clinic met each metric was calculated
- The metrics assessed if many aspects of HIV care including STD and common coinfection screenings, viral loads, ART prescription, appointment adherence, lipid screening, vaccination, risk counseling, and others.¹

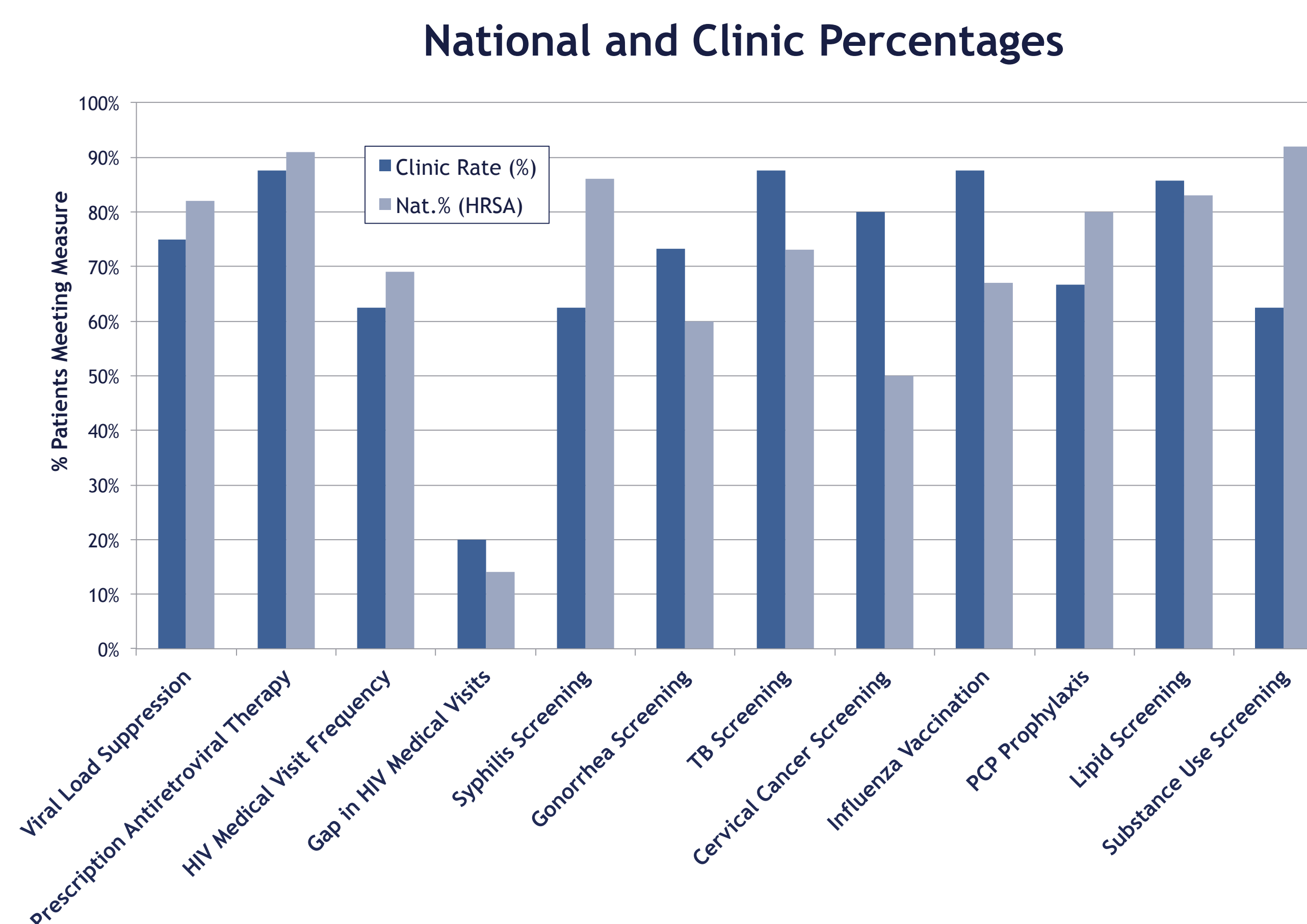
Results

Sixteen patients charts were reviewed to assess the quality of the clinic. Each patient did not qualify for each metric, and thus each metric had differing eligible numbers.

Percentages of Clinic Patients Meeting Quality Measure

Measure	Eligible No.	Clinic Rate (%)
Viral Load Counts	13	84.60%
Viral Load Suppression	16	75%
Prescription Antiretroviral Therapy	16	87.50%
Adherence Assessment and Counseling	14	100%
HIV Medical Visit Frequency	8	62.50%
Gap in HIV Medical Visits	10	20%
Syphilis Screening	16	62.50%
MSM Receiving Syphilis Screening	7	85.70%
Gonorrhea Screening	15	73.30%
MSM Gonorrhea Screening	7	71.40%
Chlamydia Screening	15	73.30%
TB Screening	16	87.50%
Hepatitis B Screening	16	93.60%
Hepatitis B Vaccination	11	45.50%
Hepatitis C Screening	16	62.50%
Cervical Cancer Screening	5	80%
Colposcopy after Abnormal PAP	1	100%
Influenza Vaccination	16	87.50%
PCP Prophylaxis	3	66.70%
Lipid Screening	14	85.70%
HIV Risk Counseling	16	75%
Mental Health Screening	16	100%
Substance Use Screening	16	62.50%

The clinic percentages were then compared to the known national average percentages for each of the standards.⁴



Discussion

- The clinic percentage completion of each of the measures was compared to twelve known national average. In comparing those averages it was found that:
 - The Kendig Clinic did better than national average 41% of time
 - Exceeded national average on 5 measures
 - Lower than national average on 7 measure
- The percentages will allow for future monitoring of clinic performance, and allow for them to determine if applied quality improvement interventions in the clinic are successful.
- Meeting the metrics at higher standards assures that patients receive care that best helps to manage their disease and their health.

Conclusion

Quality of care assessments are critical for determining the care administered to HIV patients. The clinic care assessment allowed for:

- The metrics that the clinic is meeting with success
- The metrics that the clinic is not successfully meeting
- The areas that can be targeted for quality improvement initiatives allowing for the improvement of HIV care

Future quality improvement for the clinic involve:

- Working with the infectious disease department to help patients meet the metrics concerning primary care.
- Implementation of a resident-checklist as a learning tool for the management of HIV-positive patient care

References

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