

Collaborating Across States to Achieve the End of AIDS: HIV Cross Part Care Continuum Collaborative (H4C)

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NATIONAL QUALITY CENTER

NQC and H4C Aims

Since 2004, the National Quality Center (NQC) has provided leadership for HIV providers in the United States to improve the quality of HIV/AIDS care. Collaboratives are one way NQC accomplishes this goal.

H4C is a federally funded learning collaborative that was established in early 2014 to reduce gaps along the HIV Continuum of Care through the implementation of evidence-based quality improvement projects in participating states. The three central aims in H4C are:

1. Build regional capacity for closing gaps across the HIV Care Continuum to ultimately increase viral load suppression rates for individuals living with HIV
2. Align quality management goals across all Ryan White HIV/AIDS Program Parts to jointly meet legislative quality management mandates
3. Implement joint quality improvement activities to advance the quality of care for people living with HIV within a region and to coordinate HIV services seamlessly across Parts

Methods

H4C has engaged RWHAP grantees in Arkansas, Mississippi, Missouri, New Jersey, and Ohio, impacting 33,905 people living with HIV (PLWH). Each state established a leadership team to implement H4C activities and received coaching to accelerate implementation. Performance data on key HIV measures, HIV Care Continua, and viral load suppression (VLS) cohort data are routinely collected and shared. Improvement strategies are collected and discussed at face-to-face learning sessions. To ensure longevity of the initiative beyond 2015, sustainability plans are being drafted that include data and improvement strategy collection, regional trainings, and virtual learning sessions.

Results

Learning collaboratives are an effective way to accelerate improvements along the HIV Continuum of Care. Aggregated across the five states, there have been improvements in ARV prescription (+2.4%, n=33,502) and VLS (+2.9%, n=33,493). By the mid-point of the initiative, one state has already met its VLS cohort goal (88%, n= 602 additional PLWH achieving VLS). Overall, H4C has already met key national aims (i.e., all states have quality management infrastructures in place) and facilitated communication and sharing across federally funded HIV providers. Gaps in performance between demographic groups have been steadily narrowing over time, with the hope of elimination by the transition of the collaborative to local leadership.

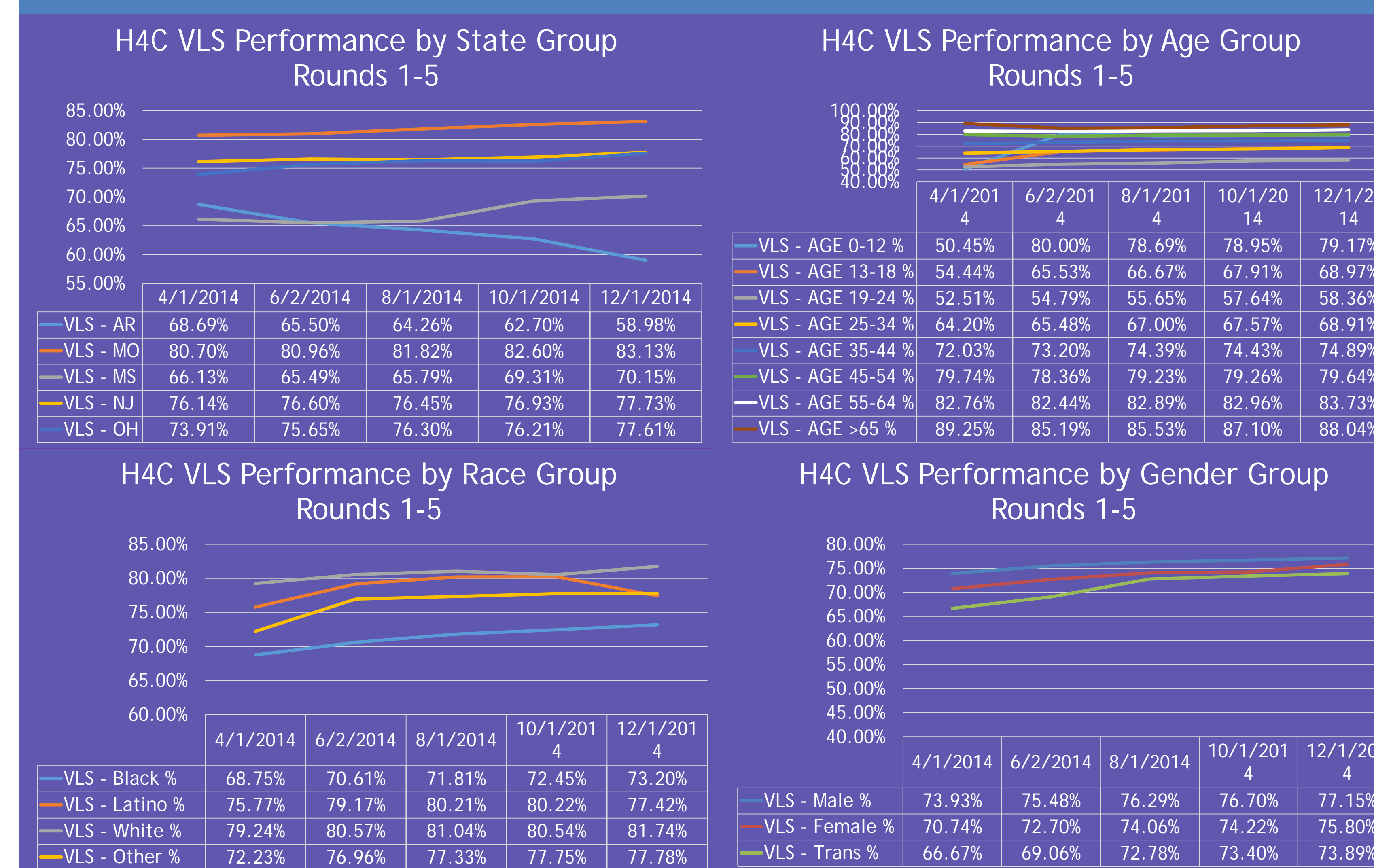


Bi-Monthly Performance Measure Definitions

HIV Medical Visit Frequency	Percentage of patients, with a diagnosis of HIV/AIDS who had at least one medical visit with a provider with prescribing privileges in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits
Gap in HIV Medical Visits	Percentage of patients, with a diagnosis of HIV/AIDS who did not have a medical visit with a provider with prescribing privileges in the last 180 days of the measurement year
Antiretroviral Therapy Prescription	Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy ¹ for the treatment of HIV infection during the measurement year
Viral Load Suppression	Percentage of patients, with a diagnosis of HIV/AIDS with a viral load less than 200 copies/mL at last viral load test during the measurement year.

Disparities Analysis Data are segmented by race (black, latino, white, other), gender (male, female, transgender), and age (0-12, 13-18, 19-24, 24-34, 35-44, 45-54, 55-64, and older than 65). States may also track optional disparities of interest (i.e., housing status).

VLS Performance Measure Results



Limitations

- All data are channeled to NQC through state response teams
- Patient counts are not unduplicated across providers
- Some providers continue to struggle with ongoing data quality issues
- Each state collects improvement intervention data differently

Production of HIV Care Continua

Each state will produce three sets of HIV care continua through H4C by December 31, 2015 for updating by December 31, 2016.

1. Produce statewide HIV care continuum including all people alive and residing in the state
2. Ryan White HIV/AIDS Program (RWHAP) care continuum
 - A. Produce statewide Ryan White care continuum (all eligible in Ryan White HIV/AIDS Program Clinics- not just funded)
 - B. Comparison of Ryan White HIV/AIDS Program care continuum with the statewide HIV care continuum (#1)
3. Plan for provider level analysis of HIV care continuum data

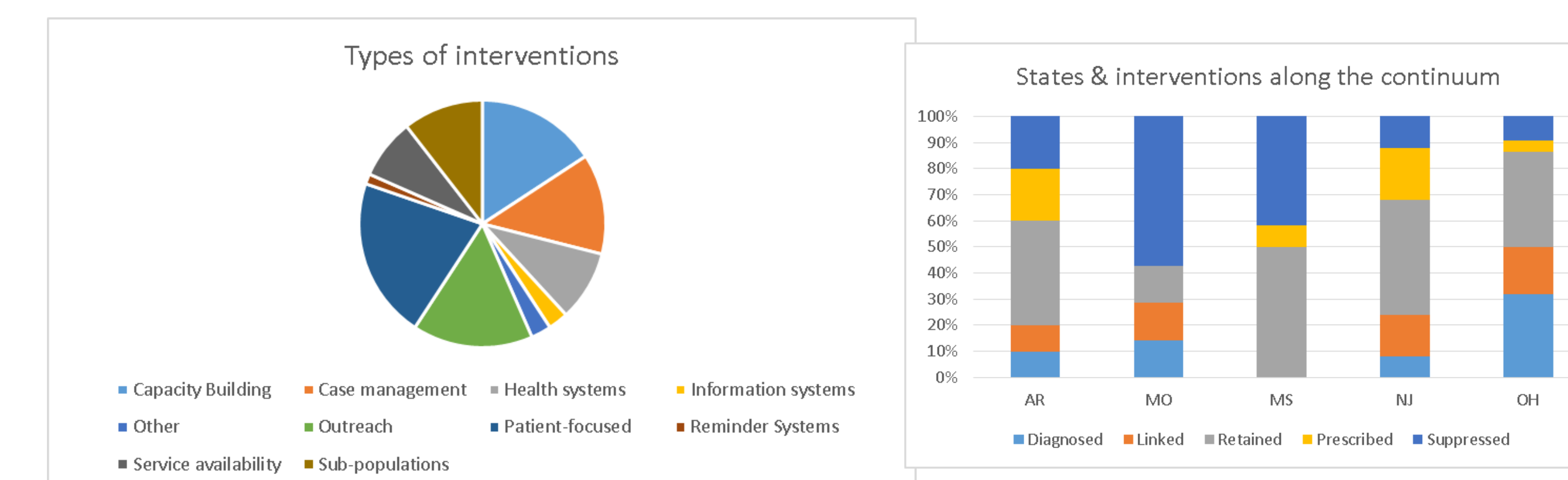
VLS Cohort Baselines

Each state tracks a cohort of viral non-suppressed patients starting in October 2014. These data are reported annually to NQC, although some states are using this information to complement their bi-monthly performance measurement submissions.

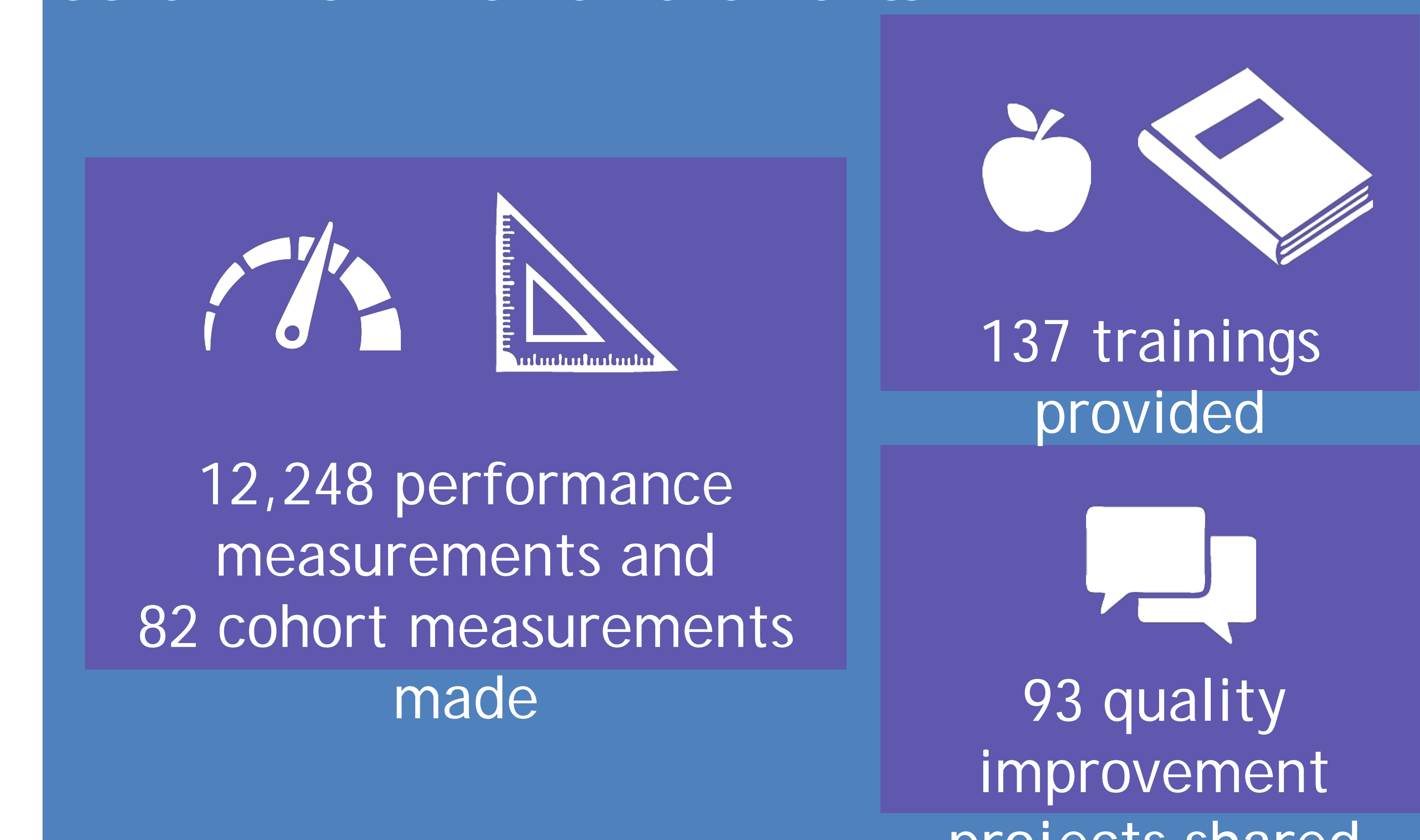
State	Cohort Denominator Baseline	20%* Improvement Goal: Estimated Number of Patients achieving Viral Load Suppression by June 2016
AR	367	73
MO	545	109
MS	1274	255
NJ	3021	604
OH	2151	430
All States	7358	1472

* 20% improvement goal based on NHAS goals

Reported Improvement Interventions



Other H4C Aims Achievements



Conclusions

Learning collaboratives are effective methods to address gaps in the HIV Care Continuum and to create the statewide momentum for advancing HIV care. For future collaboratives, participants' readiness will be emphasized to work out state-specific data quality and communication issues ahead of the initiative. This start-up period will also involve an intensive coaching period to rapidly enhance the necessary statewide infrastructure development for the collaborative to be a success.