

HIV Quality of Care Assessment

Improving HIV Quality Assessment at BIDMC

Modern patient care faces increasing demands on institutional accountability for achieving quality improvement benchmarks. A mechanism for rapid response is needed to adhere to evolving HIV treatment guidelines and emerging safety data.

- Antiretroviral therapy (ART) is increasingly complex, new drug safety data are rapidly emerging, and treatment guidelines change frequently.
- HIV care at BIDMC takes place in both general medicine and infectious diseases clinics; identifying strengths and weaknesses at each site can allow for shared strategies and overall improvement in care.
- An HIV database allows rapid identification of patients with medication safety breaches, such as newly identified drug-drug interactions.
- Aggregate QI assessments allow comparison of care to national benchmarks.

Aim/Goal

Creating a HIV database that assesses performance on:

- HIV-specific QI benchmarks including appropriate use of ART and prophylactic antibiotics for opportunistic infections
- HIV-related primary care measures such as cholesterol and diabetes screening
- Safety assessments such as surveillance laboratory tests in patients on ART

The Team

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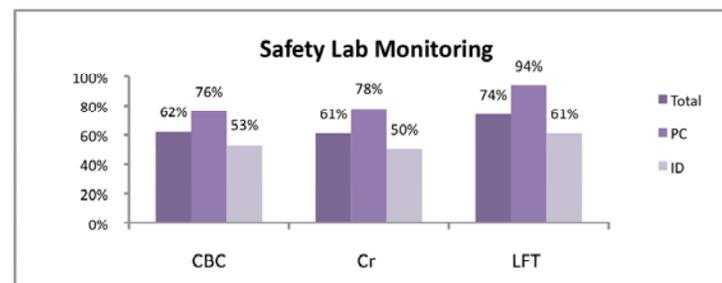
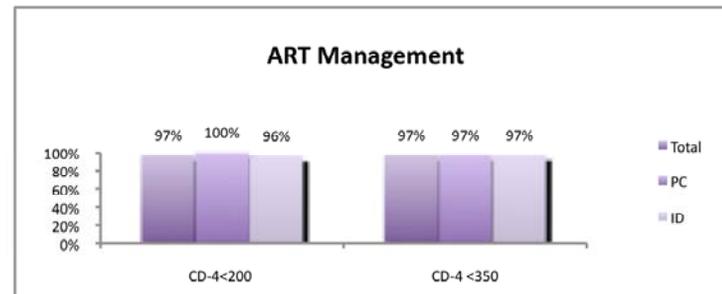
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The Interventions

The team created and developed a database of the outpatient HIV-infected patients seen in the Infectious Diseases (ID) Clinic or the Primary Care Clinic (PC), including appointment history, laboratory results, and medication data.

- Multidisciplinary meetings to develop the database
- Assessment of our current QI benchmark achievement and evaluation of each clinic's performance
- Comparison with national QI data
- Identification of future HIV database QI projects

Progress to Date



Overall performance in QI benchmarks for the total HIV+ patient population was very high (97-98% appropriate ART use, and 91-96% appropriate antibiotic prophylaxis)--far above the national average--and was similar for both ID specialists and generalists with experience in HIV care. Drug toxicity safety monitoring at least 3x/yr (60-74% for all laboratory measurements assessed) and annual cholesterol and glucose monitoring (54-93%) were more variable, with lower rates among the infectious disease specialists.

Lessons Learned

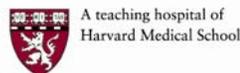
- An HIV database is an invaluable tool for HIV-related QI efforts.
- Performance in HIV-specific QI benchmarks was very high in our academic hospital, but drug toxicity monitoring and primary care QI performance may benefit from increased attention.
- Areas of potential overlap between ID and PC providers, such as cholesterol and glucose screening, may be particularly vulnerable for lapses in care due to misconstrued responsibilities.

Next Steps

- Share aggregate data with ID and general medicine providers to focus efforts on future quality improvement activities.
- Develop patient-specific templates as reminders for quality benchmarks at each visit.
- Assess common ART-related toxicities and provider screening habits, with a specific focus on tenofovir and renal toxicity given the frequency with which this drug is used in HIV care.



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