



# ASSESSING QUALITY OF CARE: USING CHART REVIEW TO EVALUATE ADHERENCE TO HIV MEDICATION-RELATED TREATMENT GUIDELINES AMONG ILLINOIS ADAP PRESCRIBERS

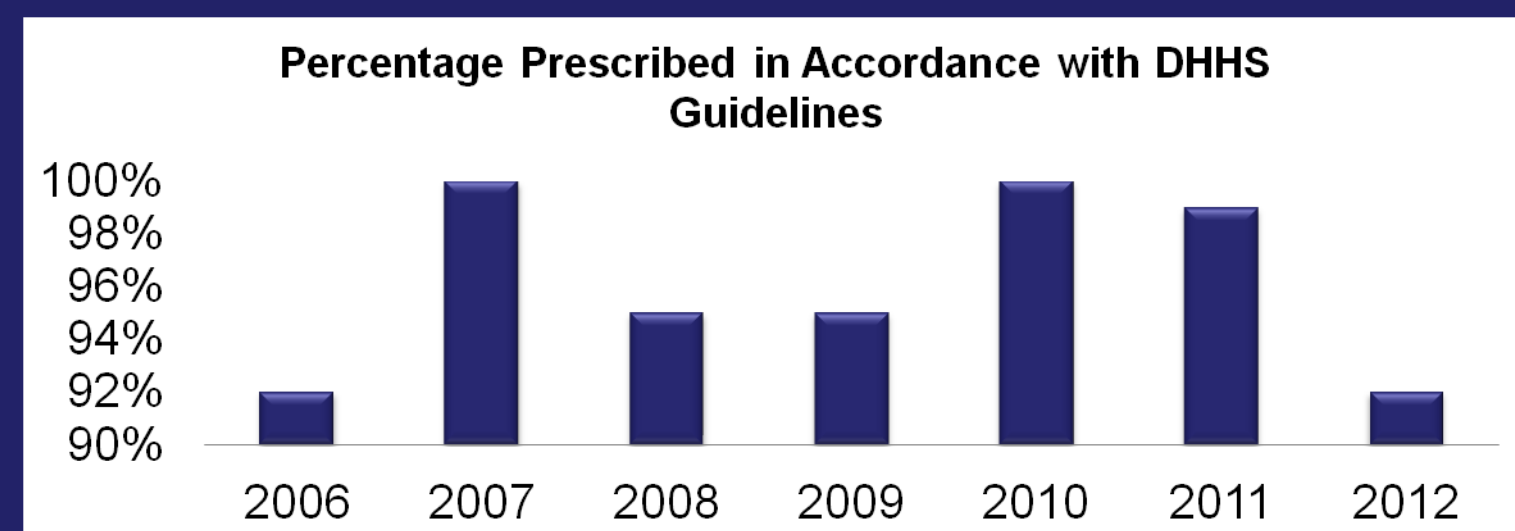
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## Introduction

Evaluation of quality assurance in the AIDS Drug Assistance Program (ADAP) is a challenge. The Illinois Department of Public Health (IDPH) contracted with the Midwest AIDS Training + Education Center (MATEC) to audit clinical charts of HIV patients enrolled in the AIDS Drug Assistance Program in Illinois. The audits were conducted in support of quality improvement efforts of ADAP in Illinois and to identify potential training and technical assistance needs to improve HIV care in the state.

The project has been implemented for the past seven years and its focus has been on: 1) HIV antiretroviral (ARV) regimen(s) prescribed; 2) medical visits; and 3) laboratory parameters pertinent to the prescription of each ARV regimen (i.e., CD4 counts, viral load measurements, and the use of resistance testing).



## Methods

In-depth chart reviews are performed annually within a select number of private and publically funded clinics.

Selection of 5-10 sites to be audited

Sites contacted and audited

Data assembled

Report presented to IDPH

Report presented to audited sites

Training and/or TA provided to audited sites

## Inclusion Criteria:

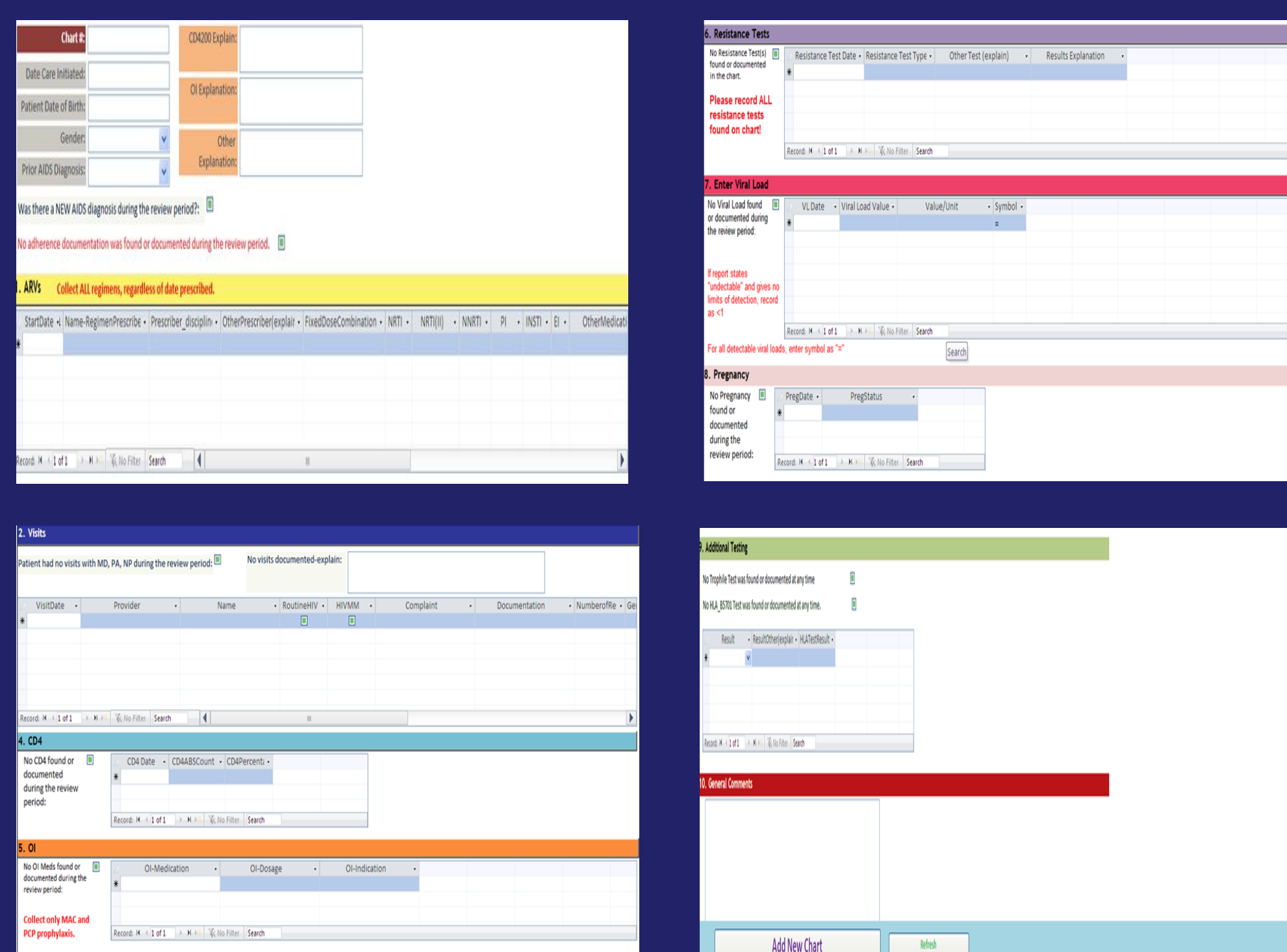
- HIV-positive serostatus
- Older than 18 years of age
- Enrolled in ADAP

## Sample size based on HIVQUAL recommendations:

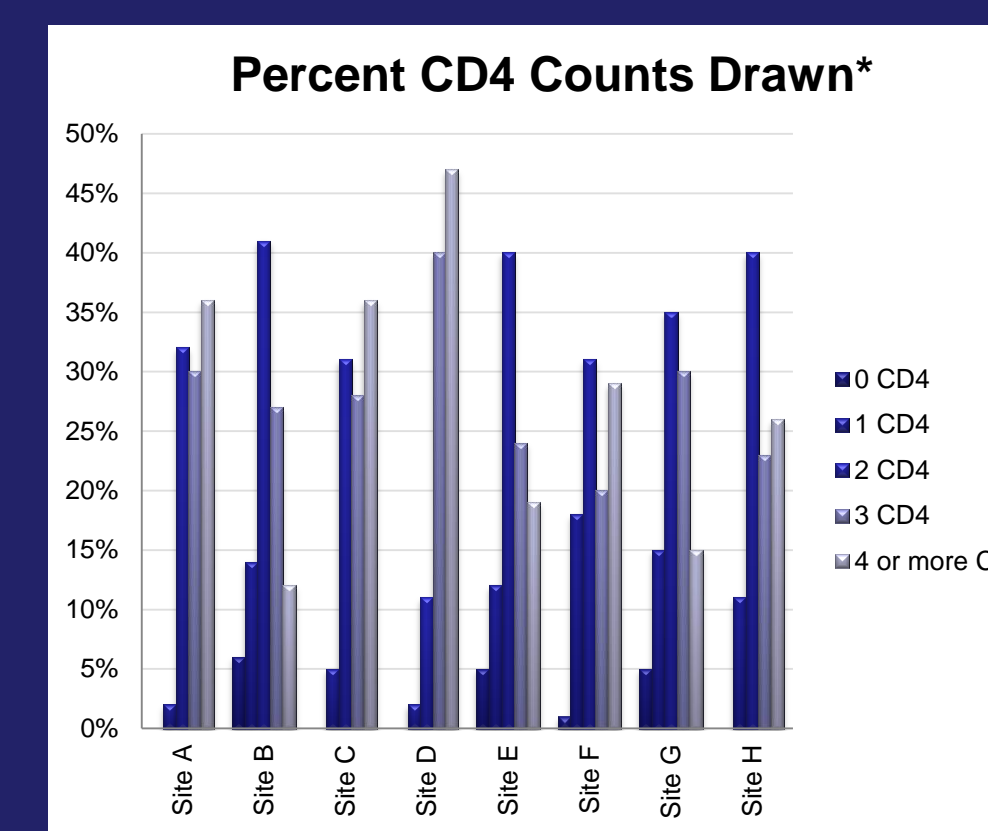
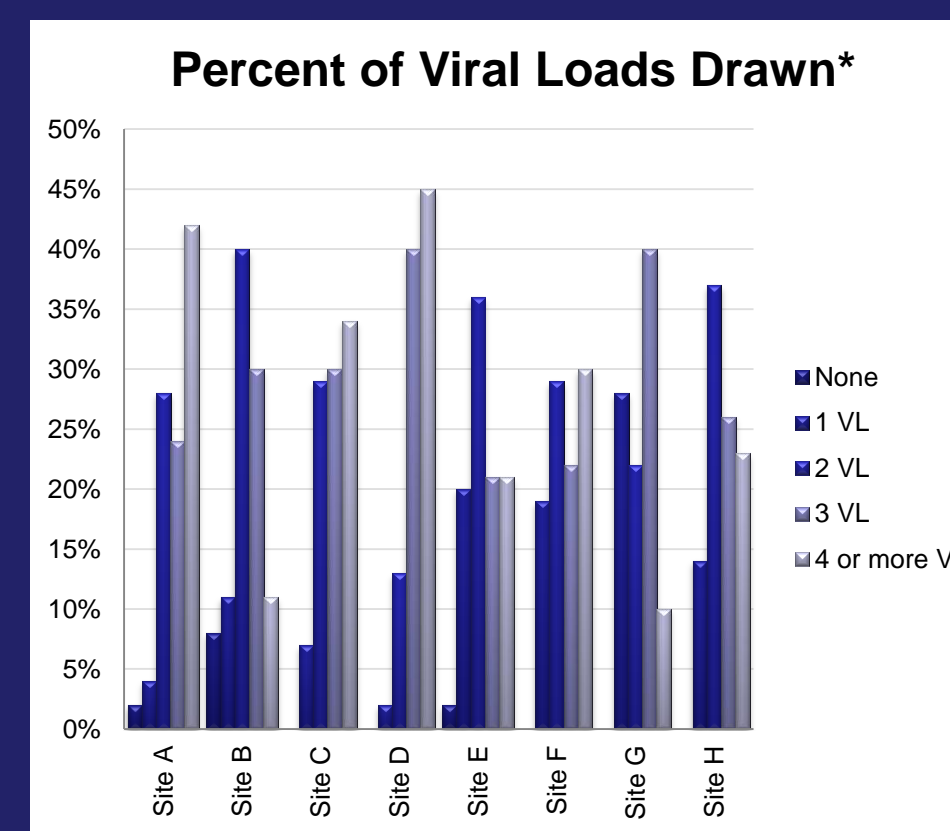
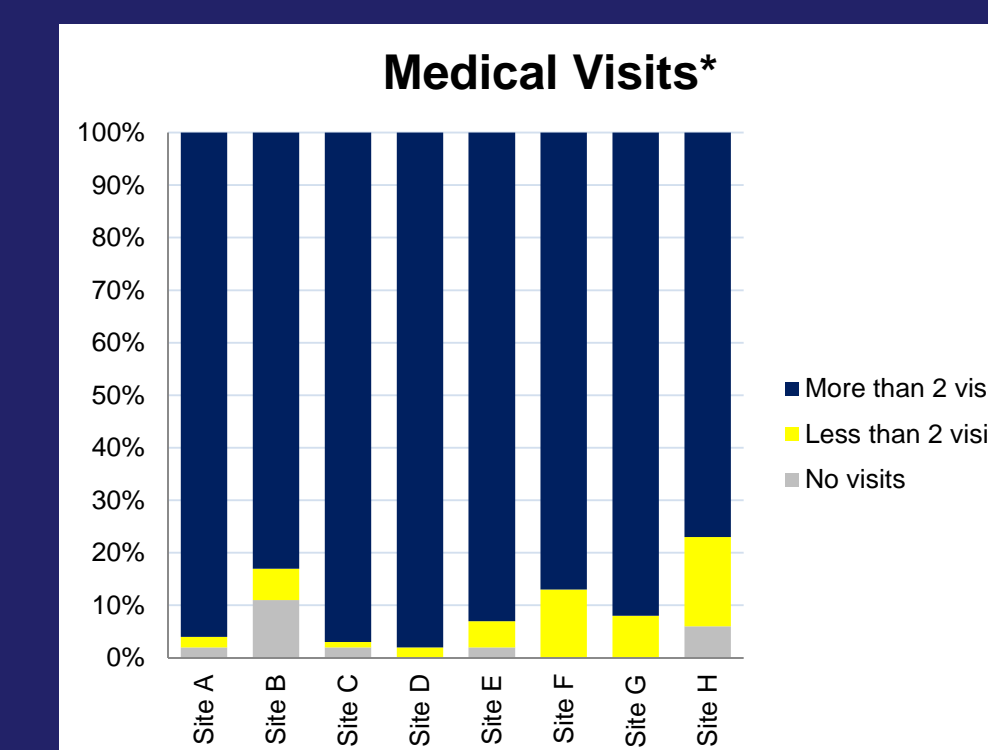
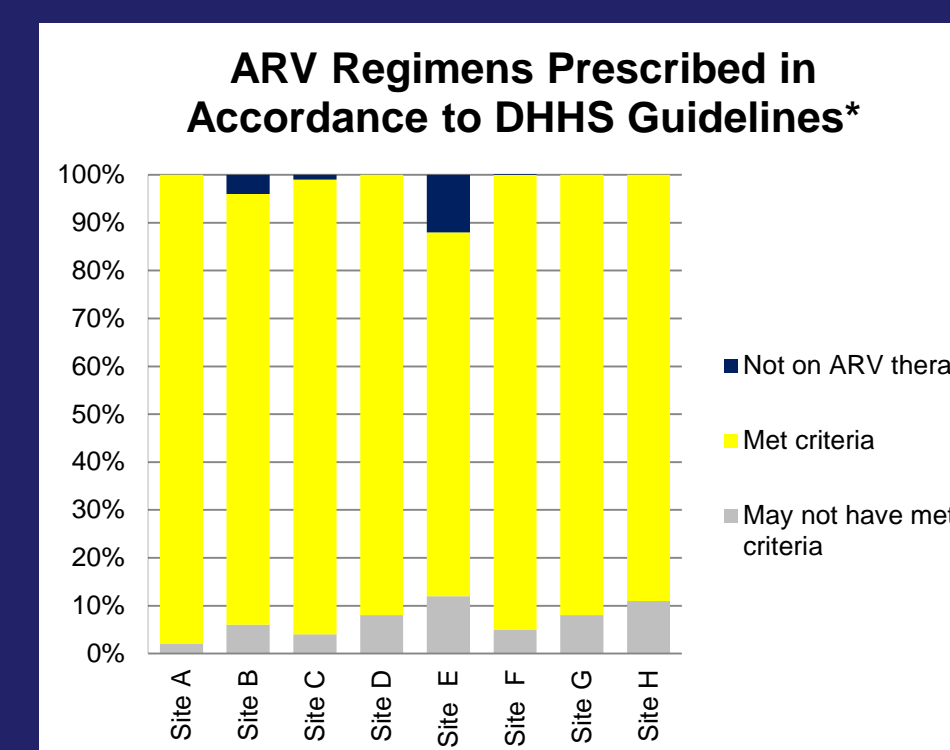
Total eligible population	Number of charts to pull	Minimum total records
21 - 31	31	24
31 - 40	39	30
51 - 60	51	39
71 - 80	60	46
1000 - 4999	139	107

## Chart Review Tool:

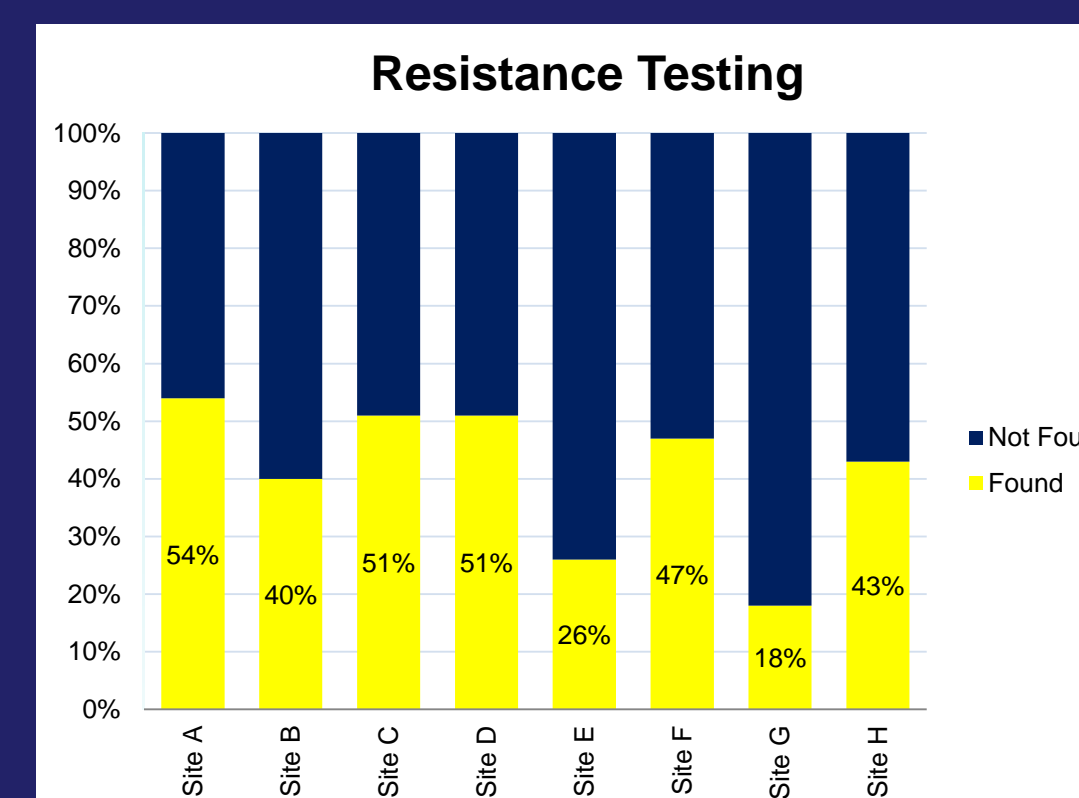
Data is collected and entered into an MS Access database that was specifically developed for this project.



## Findings



\*data from 2011-12 audit only



## Findings (continued)

Charts were examined to determine if there was documentation of the utilization of resistance testing in the choice of antiretroviral therapy prescriptions. Variations in utilization of resistance testing was found among clinicians who prescribe antiretroviral therapy under ADAP. Some of these variances may be due to patients switching to a viral suppressive regimen prior to when resistance testing was available.

## Lessons Learned

The transition from paper records to electronic medical records (EMR) has posed some challenges regarding the documentation of the past antiretroviral regimen history of the patient. It is often incomplete and it is difficult to determine if providers are prescribing medication appropriately or if data is just missing from the EMR.

Electronic medical record (EMR) systems should incorporate designated historical areas to capture regimen history, resistance testing, and results. It is a recommendation that at each visit the patient regimen is documented in the progress note. Reviews indicated that this is often lost or incompletely documented in current EMR systems, and is an important area for quality improvement.

## Conclusions

A total of 484 charts were reviewed after all duplicates were removed. All sites potentially were not compliant with the prescription of ARV in accordance to guidelines. Two sites in this cohort were under 80% compliant with the prescription of ARV in accordance to guidelines. This is primarily due to incomplete data in the EMR. Chart audits conducted under this project allowed the evaluation of the extent to which HIV antiretroviral regimens for clients enrolled in ADAP in Illinois meet the standards of care as defined by the Department of Health and Human Services (DHHS) Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents.

## References

- \*Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services; Retrieved June 21, 2012
- \*HAB HIV Core Clinical Performance Measures for Adult/Adolescent clients: Group 1; Retrieved Nov. 15, 2011
- \*HAB HIV Core Clinical Performance Measures for Adult/Adolescent clients: Group 3; Retrieved Nov. 15, 2011
- \*HAB HIV Core Clinical Performance Measures for Adult/Adolescent clients: Group 1, Viral Load; Retrieved June 21, 2012
- \*HAB HIV Performance Measures: ADAP: AIDS Drug Assistance Program Performance Measure: ADAP: Inappropriate Antiretroviral Regimen Components Resolved by ADAP; Retrieved Nov. 18, 2011
- \*HIVQUAL Workbook: Guide for Quality Improvement in HIV Care; Retrieved Nov. 18, 2011