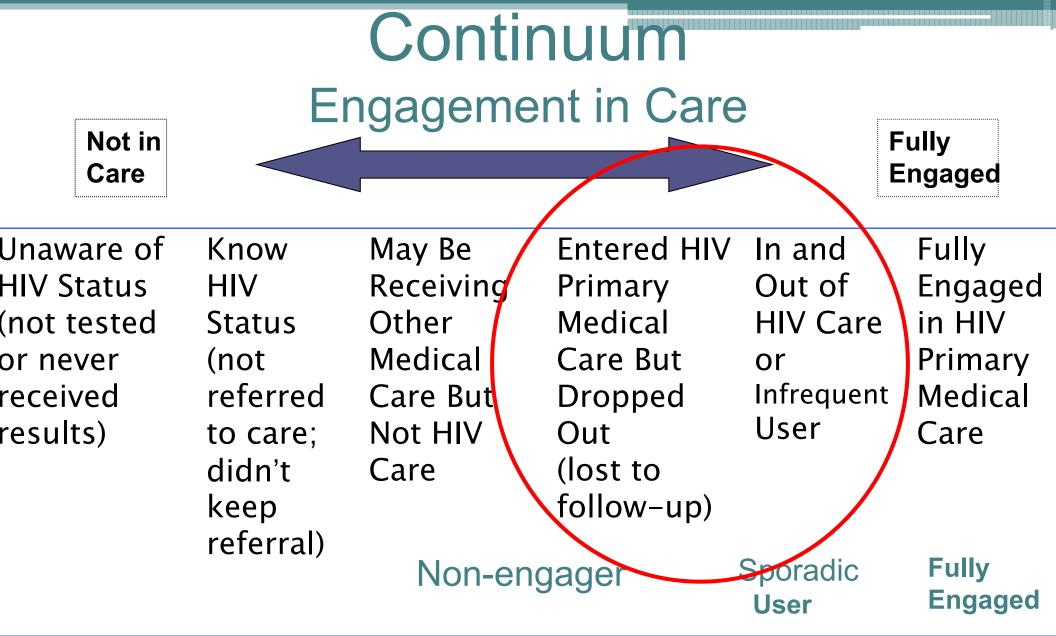
Retention: The Long View

The Intersection Between QI and Retaining Patients in HIV Care

Bruce Agins, MD MPH
Medical Director, NYSDOH AIDS Institute
Director, HEALTHQUAL International
PI HIVQUAL-US and National Quality Center



Health Resources Service Administration (HRSA)

Step 1: Learn of HIV-positive status

Access HIV testing. Return for results. Step 2:

Enter quality health care services

Enter care soon after diagnosis.

Step 3:

Utilize HAART and other services

Use HAART if indicated.
Use case management,
substance abuse, other
services, if indicated.

Step 4:

Adhere to medical recommendations

Adhere to HAART.

Adhere to appointments.

Adhere to OI prophylaxis.

Clinical outcomes

Health-related quality of life HIV transmission behavior Emergency services use Hospitalization Change in CD4 cell count Change in HIV viral load Progression to AIDS and death

- Health care:
 - The heart of the patient-provider relationship:
 - The patient identifies the provider team (clinic) as his or her provider
 - The team identifies the individual as their patient

- The Primary Care Model
 - Access
 - Coordination
 - Continuity
 - Comprehensiveness
 - Quality
- Perfectly suited to system-level interventions and quality improvement

Medical Home

Healthcare Cost

If patients are retained in care, they are more likely to receive preventive care, use emergency services less and keep overall healthcare utilization and costs lower, placing less demand on human and material resources.

Public Health

Keeping patients retained in healthcare achieves the overall goal of keeping the population healthy, increasing the likelihood of preventing chronic disease and reducing morbidity and premature mortality.

Why is Retention Important for People Living with HIV?

Retention in care promotes improved adherence to treatment which results in lower viral loads, prevention of drug-resistance and improved health outcomes.

Retention has now been shown to correlate with behaviors that reduce the likelihood of further transmission of HIV to others.

The Long View

• Can we develop a sequence of activities to systematize ongoing retention work in clinics bringing together QI methods with cohort analysis?

Step One: The Case List

- Identify active patients in the clinic population
 - Select a time interval, for example one year
 - Construct the list of every patient who visited during this timeframe

Step Two: Define Your Measure

Retention Rate:

 Number of active patients visiting the clinic in each half of the year

Numerator: # patients with visit in each 6 month period Denominator: # patients visiting in the 12 month period

Step Three: Who's Not in Care?

- Look at the group that is unretained
- Drill down and determine who can be accounted for by your team
 - Died
 - Transferred
 - Deliberate one-visit patient (consultation/visitor)
- Work with your list of those not accounted for
 - Identify characteristics associated with this population
 - Develop interventions to facilitate return to care
 - Implement improvement work to test changes and implement systems-level change

Step Four: Round Two

- Update your case list
 - Remove patients who have died or transferred
 - Start with the newly revised case list
 - Add those who were new during the year
 - Recalculate retention rate
 - Continue improvement work

The Way Forward - Challenges Ahead

- Integrating retention work into routine operations
- Measuring effectiveness of interventions
- Identifying those at highest risk for falling out of care to tailor interventions for these populations
- Strengthen partnerships with community organizations to find patients and reconnect them to care
- Partnerships with governmental agencies to build wider networks of information that assist with locating patients