Name: Kavitha Prabaker
Email: Kavitha.prabaker@ucdenver.edu

Title: The Human Immunodeficiency Virus (HIV) Care Continuum: A Quality Improvement Project for the Hospital and the Region

Abstract:

Problem: Virologic suppression is the major goal of Human Immunodeficiency Virus (HIV) care. However, only 30% of persons living with HIV nationally and 56% of persons living with HIV in Colorado currently meet this goal. The HIV Care Continuum is a model of sequential steps in HIV care that are necessary for virologic suppression and include HIV diagnosis, linkage to care, retention in care, access to antiretroviral therapy (ART), and adherence to ART.

QI Approach: The goal of the Early Intervention Services (EIS) program at the Infectious Disease Group Practice (IDGP) is to increase the proportion of HIV-infected persons who are diagnosed with HIV, linked to HIV care, and retained in HIV care. Increased HIV testing is achieved by promoting widespread HIV testing at the University of Colorado Hospital (UCH). We address linkage to care by assessing each new patient for potential barriers to care and making appropriate referrals. We address retention in care by outreaching to patients who have not had a visit in IDGP for >6 months, assessing for barriers to care, and scheduling a follow up appointment.

Outcomes: The number of HIV tests performed at UCH increased from 2,683 in 2004 to 11,732 in 2014. The proportion of HIV-infected patients who linked to care decreased slightly (56% in 2011 to 48% in 2014). During the same time period, the proportion of HIV-infected patients who were successfully retained in care remained stable, from 64% to 62%. Nearly all HIV-infected patients at IDGP (98%) are prescribed ART. The proportion of HIV-infected patients with virologic suppression increased from 76% in 2011 to 84% in 2014.

Next Steps: We believe that we have been successful in increasing the number of HIV tests performed at UCH, providing access to ART, and maintaining a high rate of virologic suppression among HIV-infected patients at IDGP. The proportion of patients who are linked to care and retained in care, however, have not increased. We are currently piloting a program in which an EIS team member performs a standardized assessment for barriers to care for all new patients and makes immediate referrals based on identified barriers.