**BACKGROUND**

- The U.S. Department of Health and Human Services (DHHS) has identified a set of 7 core indicators for monitoring the provision of HIV prevention, care, and treatment services.
- The U.S. Institute of Medicine (IOM) has also defined 9 standard measures to assess HIV-related core indicators and quality of care outcomes.
- With the availability of these measures, population-based outcomes related to HIV care and treatment can more easily be monitored.

**OBJECTIVES**

- To examine outcomes along the care continuum among a cohort of HIV-infected persons in care in Washington, DC.
- To perform a longitudinal observational cohort study of HIV-infected persons receiving outpatient care at 13 clinics in Washington, DC.
- To examine data obtained through electronic medical record abstraction and limited manual data entry.
- As of 9/2013, longitudinal data available for 7 clinical sites.

**METHODS**

- DC COHORT
  - A longitudinal observational cohort study of HIV-infected persons receiving outpatient care at 13 clinics in Washington, DC.
  - Data obtained through electronic medical record abstraction and limited manual data entry.
  - As of 9/2013, longitudinal data available for 7 clinical sites.

**ANALYSIS**

- Included data for participants enrolled between 1/2011 and 9/2013.
- Conducted descriptive analysis to describe proportions of participants meeting selected measures.
- 4 of 6 DHS measures.
- 6 of 9 IOM measures.
- Performed Chi-square tests to assess differences with respect to key demographic variables.

**RESULTS**

**Table 1. U.S. DHHS Quality of Care Indicators among DC Cohort Participants**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>N(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention in medical care (n=1,677)</td>
<td>Number of HIV+ persons who had ≥1 HIV medical care visit in each 6-month period of the 24-month measurement period, with ≥60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period</td>
<td>650 (38.8)</td>
</tr>
<tr>
<td>ARV therapy among persons in HIV medical care (n=8,811)</td>
<td>Proportion of HIV+ persons who are prescribed ART in the 12-month measurement period</td>
<td>2,659 (94.6)</td>
</tr>
<tr>
<td>Viral load suppression among persons in care (n=1,811)</td>
<td>Number of HIV+ persons with a viral load &lt;200 copies/mL at last test in the 12-month measurement period</td>
<td>1,915 (68.1)</td>
</tr>
<tr>
<td>Housing status at baseline (n=5,084)</td>
<td>Number of HIV+ persons who were homeless or unstably housed in the 12-month measurement period</td>
<td>565 (11.1)</td>
</tr>
</tbody>
</table>

**Table 2. IOM Core Indicators for HIV Care and Quality among DC Cohort Participants**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>N(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion in continuous HIV care (n=3,997)</td>
<td>Proportion of HIV+ people who are in continuous care (≥2 routine HIV medical care visits in the preceding 12 months ≥3 months apart)</td>
<td>2,268 (56.7)</td>
</tr>
<tr>
<td>Regular CD4 testing for monitoring immune function (n=3,997)</td>
<td>Proportion of HIV+ people who received ≥2 CD4 tests in the preceding 12 months</td>
<td>1,721 (43.1)</td>
</tr>
<tr>
<td>Regular viral load monitoring for clinical progression (n=3,997)</td>
<td>Proportion of HIV+ people receiving ≥2 VL tests in 12 months since enrollment</td>
<td>1,761 (44.1)</td>
</tr>
<tr>
<td>Maintenance of immune function to reduce risk of OIs and cancer (n=2,268)</td>
<td>Proportion of HIV+ people in continuous care for ≥12 months and with a CD4+ cell count ≥350 cells/mm³</td>
<td>1,805 (79.6)</td>
</tr>
<tr>
<td>Appropriate initiation of ART (n=1,580)</td>
<td>Proportion of HIV+ people with a measured CD4+ cell count ≥500 cells/mm³ who are on ART</td>
<td>40 (2.5)</td>
</tr>
<tr>
<td>Screening for sexually transmitted infections (n=5,084)</td>
<td>Proportion of HIV+ people with a viral load &lt;500 cells/mm³ who are on ART</td>
<td>1,347 (26.5)</td>
</tr>
</tbody>
</table>

**CONCLUSIONS**

- Retention in care was suboptimal, 39% and 57%, depending on the measure used.
- Monitoring of viral load and CD4 counts was modest, ranging from 43-44%.
- Most persons were appropriately prescribed ARVs.
- 68% of participants were virally suppressed and the majority (80%) of participants were able to maintain their immune function.
- Screening for sexually transmitted infections was not routinely performed.
- Most persons were stably housed.
- Significantly higher proportions of those with MSM HIV risk were retained, virally suppressed, and receiving regular monitoring compared with those in other risk groups.
- Significantly lower proportions of blacks were prescribed ARVs and virally suppressed compared with those of other races.

**LIMITATIONS**

- Data are only reflective of people who were previously diagnosed and linked to care, thus we can not measure the first parts of the care continuum in this population.
- Only reflects persons consenting to be in Cohort, although only 9.4% of approached patients have refused to participate.

**DISCUSSION**

- Data provide preliminary baseline measurements for monitoring quality of care indicators.
- Standardized goals for each measure should be established at the clinic, local, and national level.
- Further longitudinal and multivariate analyses will assist in identifying areas for improvement in the quality of HIV clinical care.

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