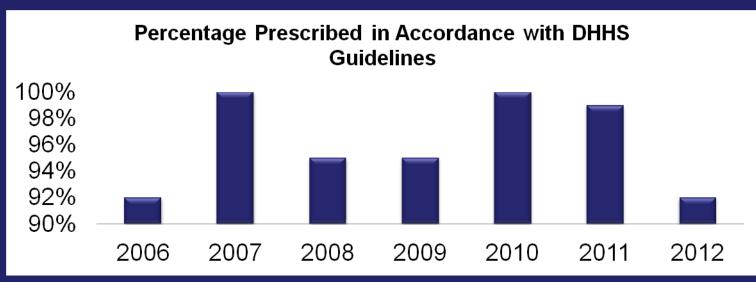


ASSESSING QUALITY OF CARE: USING CHART REVIEW TO EVALUATE ADHERENCE TO HIV MEDICATION-RELATED TREATMENT GUIDELINES UNIVERSITY OF ILLINOIS AT CHICAGO FAMILY OF ILLINOIS Family Medicine **AMONG ILLINOIS ADAP PRESCRIBERS COLLEGE OF MEDICINE**

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

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Inclusion Criteria:

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

Sample size based on HIVQUAL recommendations:

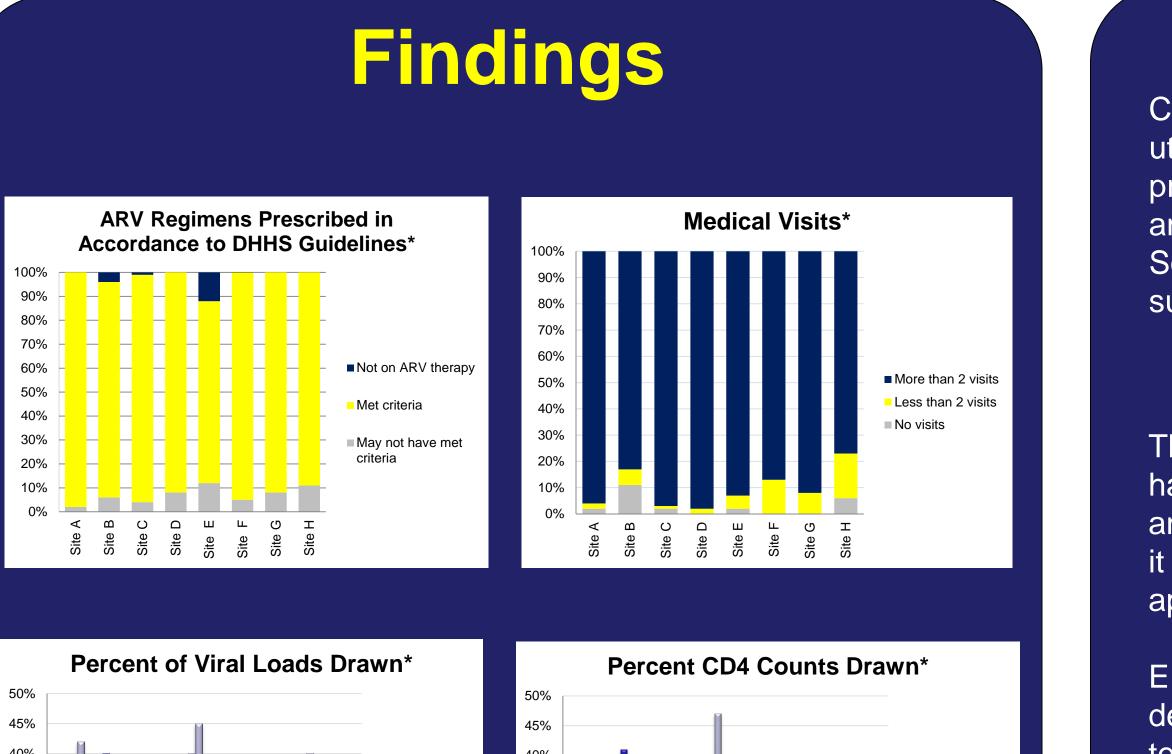
Total eligible population	Number of charts to pull	Minimum total records
21 - 31	31	24
31 - 40	39	30
51 – 60	51	39
71 – 80	60	46
1000 – 4999	139	107

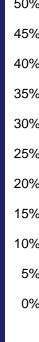
Chart Review Tool:

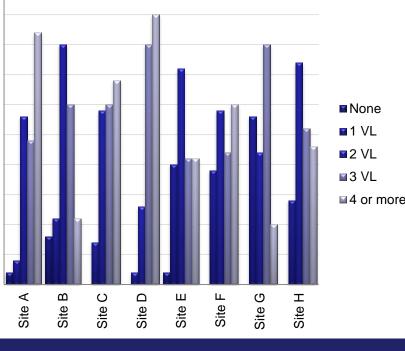
Data is collected and entered into an MS Access database that was specifically developed for this project.

Chart #:		CD4200 Explain:						6. Res
Date Care Initiated:								found in the
Patient Date of Birth:		OI Explanation:						Plea
Gender:		• Other						foun
Prior AIDS Diagnosis:		 Explanation: 						7. Ent
Vas there a NEW AIDS diagn	osis during the revi	ew period?:						No Vir or doc
		umented during the review p	eriod. 🔳					the rev
ADV-								lf repo "undec
	mens, regardless of							limits as <1
StartDate + Name-Regim	enPrescribe • Pres	criber_disciplin • OtherPre	criber(explair • FixedD	oseCombination • NRT	I • NRTI(II) •	NNRTI • PI • INSTI	El OtherMedicati	For all
								8. Pre
								No Pr found
								docu durin
icord: H (1 of 1) H)	W No Filter Search	h (1				X	revie
Visits atient had no visits with M	D, PA, NP during the	e review period: 🖲 🛛 N	o visits documented-ex	plain:				9. Addition No Trophil
VisitDate •	Provider	• Name	RoutineHIV	HIVMM •	Complaint	Documentatio	n • NumberofRe • G	ei No HLA_BS
								R
								*
Record: H < 1 of 1 → H >	K No Filter Searchilder	rch					•	
. CD4								Record: M
No CD4 found or documented during the review period:	*	CD4ABSCount CD4Perce CD4Perce CD4Perce Second Sec						10. Genera
i. Ol								
No OI Meds found or documented during the review period:	Z Ol-Me	dication • (DI-Dosage •	OI-Indication	•			
Collect only MAC and PCP prophylaxis.	Record: H < 1 of 1	1 → H→D W No Filter S	tarch					

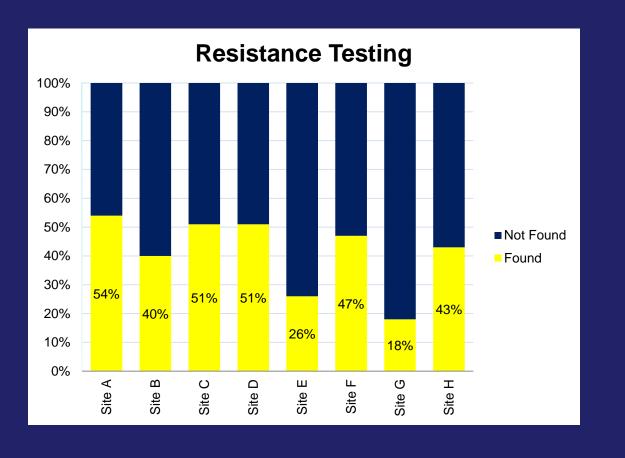
6. Resistance Tests					
No Resistance Test(s) found or documented in the chart.	Resistance Test Date • Resistance Test Re	istance Test Type • Other T	est (explain) 🔹	Results Explanation 🔹	
Please record ALL resistance tests found on chart!					
	Record: M ← 1 of 1 → M →D	🖗 No Filter 🛛 Search			
7. Enter Viral Load					
No Viral Load found or documented during the review period:	X VLDate • Viral Load V.	alue • Value/Unit	• Symbol • =		
If report states "undectable" and gives no limits of detection, record					
as <1	Record: H < 1 of 1 > H > 0	K No Filter Search			
For all detectable viral loads		Search			
8. Pregnancy					
No Pregnancy II / found or * documented	PregDate • PregState	JS •			
during the review period:	cord: M ≺ 1 of 1 → M →B 🐇	No Filter Search			
. Additional Testing					
No Trophile Test was found or document	ted at any time 🔳				
No HLA_B5701 Test was found or docum	ented at any time.				
Result • ResultOther(ex	plair • HLATestResult •				
* v					
Record: N (1ef1) N > 1 (No Filt	er Search				
). General Comments					
Add	New Chart	Refresh			











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.

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.

■1 CD4

■2 CD4

■3 CD4

■4 or more CD4

- •HAB HIV Core Clinical Performance Measures for Adult/Adolescent clients: Group 1: Retrieved Nov. 15, 2011 Core Clinical Performance Measures for Adult/Adolescent clients: Group 3: Retrieved Nov. 15. 2011

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

Conclusions

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, Viral Load; Retrieved June 21, 2012
- •HAB HIV Performance Measures: ADAP: AIDS Drug Assistance Program Performance Measure: ADAP: Inappropriate Antiretroviral
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•HIVQUAL Workbook: Guide for Quality Improvement in HIV Care; Retrieved Nov. 18, 2011

