Quality of HCV Testing, Evaluation, and Counseling Among People Living with HIV/AIDS in New York State

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New York State Department of Health, AIDS Institute

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The New York State (NYS) HIV Quality of Care (QOC) Program monitors the quality of medical care and support services provided to people living with HIV/AIDS (PLWHA) in NYS.

The QOC Program measures performance based on indicators linked to optimal clinical care outcomes:
- Indicators are developed and reassessed in line with evolving medical and public health priorities.

Data are gathered to identify and prioritize areas for improvement.
Methods

• Self-reported data are submitted from 186 ambulatory care facilities using a web-based platform with preformatted algorithmic prompts (eHIVQUAL)

• Eligible patients include PLWHA over the age of 13 with at least one clinical visit in each six-month period of the review period

• Data are collected from a randomized sample of records from the eligible HIV patients to achieve 90% CI ± 8%

• The results are instantly available on the web site so providers can utilize their data findings to prioritize upcoming quality activities
Limitations

- Performance is measured in all facilities billing Medicaid (minimum caseload of 30 patients across a program’s clinics) and licensed as healthcare entities overseen by NYSDOH
  - Notable exclusions: DOCCS, VAH, private practitioners, county jails, “unengaged”
- Eligibility criteria focus on those patients in care
  - Patients must have at least one clinical visit in each six-month period of the review year, at least 60 days apart
Results

- Results were collected from 186 clinics representing 9943 patients
  - From an eligible universe of 48,931 patients
Patient Characteristics

**Age**
- 60+ 1090 (11%)
- 50-59 2975 (30%)
- 25-49 5513 (55%)
- 13-24 365 (4%)

**Gender**
- Gender: M 6031 (61%)
- Gender: F 3815 (38%)
- Gender MtoF 97 (1%)
- Gender FtoM 0 (0%)
Patient Characteristics

Race

- Hispanic: 3145 (32%)
- Black: 4807 (48%)
- White: 1551 (16%)
- Other Race: 440 (4%)

Risk

- Heterosexual: 5042 (50%)
- MSM: 2361 (24%)
- IDU: 1468 (15%)
- Other Risk: 1072 (11%)
## Results: Clinic-Level Quality Measures

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Eligible Patients</th>
<th>Clinic Mean Score</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV Status Known at the Beginning of the Review Period</td>
<td>9943</td>
<td>81.5%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>IDU:</td>
<td>1468</td>
<td>89.7%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>HCV Status Obtained During the Review Period</td>
<td>1719</td>
<td>65.7%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>New Patients:</td>
<td>518</td>
<td>82.7%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>HCV Status Known by the End of the Review Period</td>
<td>9943</td>
<td>92.8%</td>
<td>17.5%</td>
<td>100%</td>
</tr>
</tbody>
</table>

*HCV Status includes serostatus and/or RNA status*
Results: Population Level Data

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Eligible Patients</th>
<th># Patients With Known Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV Status Known at the Beginning of the Review Period</td>
<td>9943</td>
<td>8224 (82.7%)</td>
</tr>
<tr>
<td>IDU:</td>
<td>1468</td>
<td>1362 (92.8%)</td>
</tr>
<tr>
<td>HCV Status Obtained During the Review Period</td>
<td>1719</td>
<td>1036 (60.3%)</td>
</tr>
<tr>
<td>New Patients:</td>
<td>518</td>
<td>415 (80.1%)</td>
</tr>
<tr>
<td>HCV Status Known by the End of the Review Period</td>
<td>9943</td>
<td>9260 (93.1%)</td>
</tr>
</tbody>
</table>

*HCV Status includes serostatus and/or RNA status*
## Results: Clinic-Level Quality Data

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Eligible Patients</th>
<th>Clinic Mean Score</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retesting of high-risk patients</td>
<td>1023</td>
<td>73.4%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Treatment evaluation of HCV RNA positive patients</td>
<td>1638</td>
<td>88.2%</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>
# Results: Population Level Data

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Eligible Patients</th>
<th># Patients With Known Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retesting of high-risk patients</td>
<td>1023</td>
<td>70.6%</td>
</tr>
<tr>
<td>Treatment counseling of HCV RNA positive patients</td>
<td>1638</td>
<td>89.7%</td>
</tr>
</tbody>
</table>

*HCV Status includes serostatus and/or RNA status*
## Results: HCV Positive Patients

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Eligible Patients</th>
<th># Patients Positive for HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV Positive (serostatus and/or RNA)</td>
<td>9260</td>
<td>2373 (25.6%)</td>
</tr>
<tr>
<td>HCV Positive (serostatus only)</td>
<td>9228</td>
<td>2332 (25.3%)</td>
</tr>
<tr>
<td>HCV Positive (RNA with or without serostatus)</td>
<td>2141</td>
<td>1638 (76.5%)</td>
</tr>
</tbody>
</table>
Conclusions

• HIV providers have integrated HCV screening into clinical practice
• Improvement is needed for retesting of high risk patients
• Treatment counseling occurs in the majority of patients
• More data are needed to assess whether treatment is appropriate and how side effects and resistance are managed
The eHIVQUAL data set will be available this Spring
Acknowledgements

- Chris Wells
- Bruce Agins
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- Clemens Steinböck
- Darryl Ng
- Hugh Dai
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