



VIRTUAL  
2020 NATIONAL  
RYAN WHITE  
CONFERENCE ON  
HIV CARE & TREATMENT

# Quality Improvement Interventions for Patients with Persistent Viremia

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# Learning Objectives

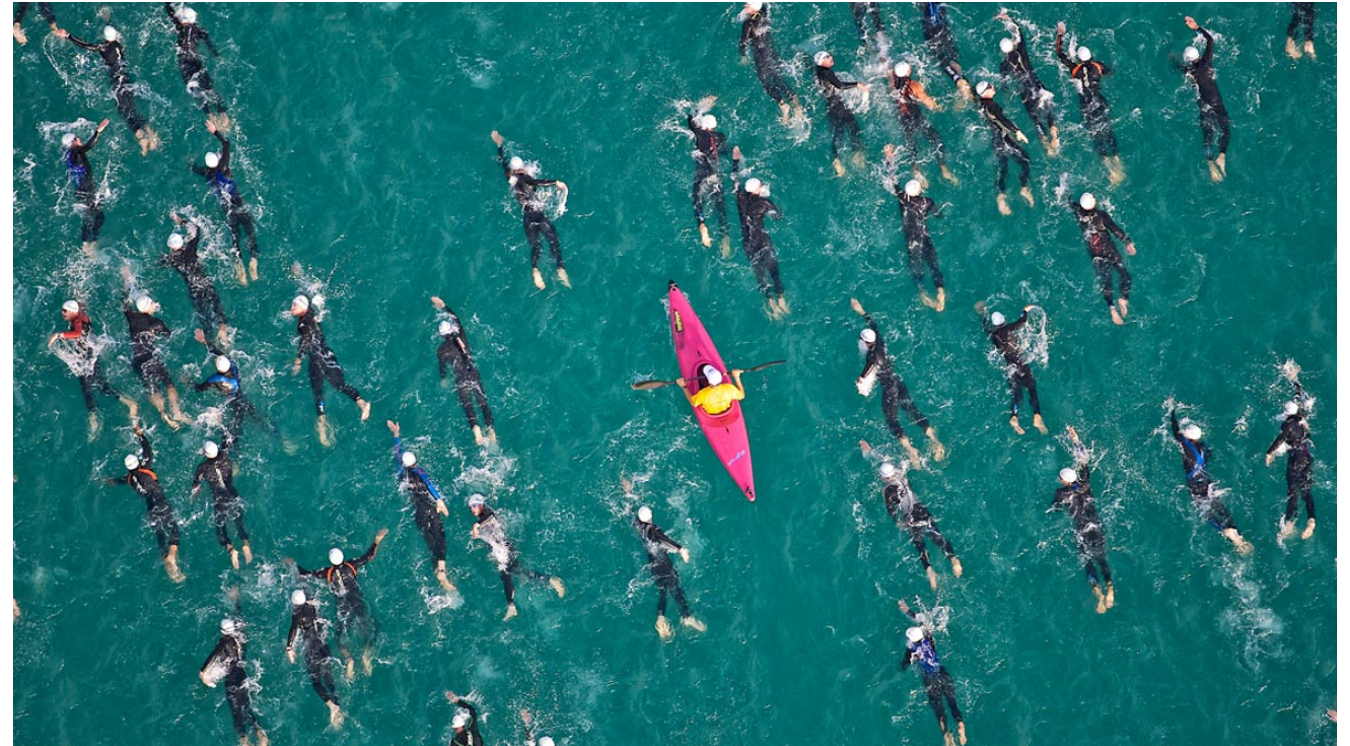


At the conclusion of this activity, participants will be able to:

1. Describe different ways to stratify unsuppressed clients
2. Identify quality improvement interventions that target patients with persistent viremia
3. Recognize how a statewide quality team fosters collaboration for improvement efforts

# Why are we here?

- Getting the last 10% suppressed is hard!
- We cannot apply the interventions the same way
- We must identify different approaches





# Missouri Statewide Quality Management Team (MOSWQT)



## Team Member Organizations

AIDS Project of the Ozarks

KC CARE Health Center

St. Louis Effort for AIDS

St. Louis University Infection Disease

Thrive Health Connection

Truman Medical Center

University of Kansas Hospital

Washington University School of Medicine

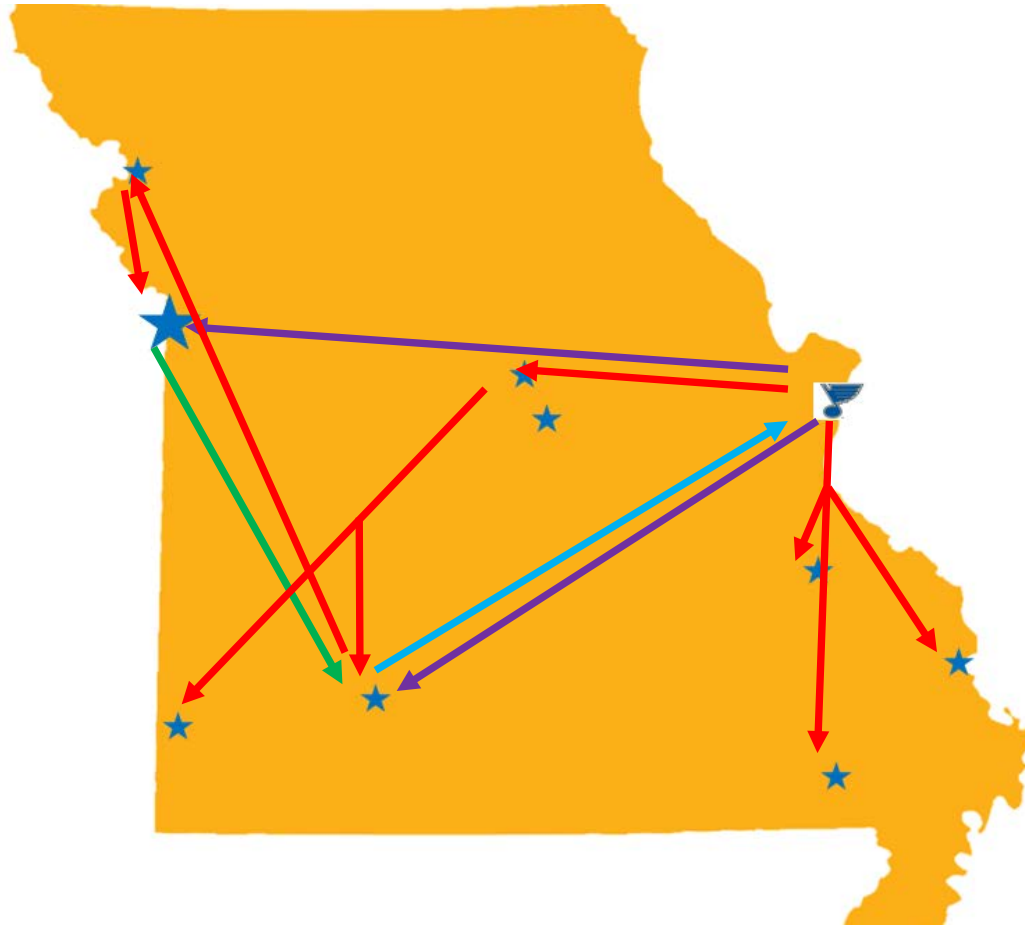


# Share Senselessly & Steal Shamelessly

*“Picasso had a saying – ‘good artists copy, great artists steal’ – and we have always been shameless about stealing great ideas.”*  
– Steve Jobs



# Sharing QI Projects Across MO



## Acute/Suddenly Viremic Project

Started at Wash U



## Green Clinic

Started at KC Care



## Viral Load Suppression Project

Started at APO



## Know Your Numbers

Started at Wash U



KC  CARE  
HEALTH CENTER



- Community health center in Kansas City metro area with four locations.
- Offer quality, affordable, integrated health care services with the promise of dignity and personalized care.
- Treat over 10,000 patients annually; 60% are uninsured and 70% live under the poverty level.
- Accept Medicaid, Medicare and private insurance without compromising our commitment to the uninsured.
- Ryan White Part C and D recipient and Part A, B, and F sub-recipient
- Largest provider of HIV Primary Care in the Kansas City region

# KC CARE Definition of Persistently Viremic



- The past two, sequential lab draws are above 200 copies (detectable viral load)
  - Definition also includes clients for whom more than two sequential lab draws have been detectable—in other words, some clients considered persistently viremic have been unsuppressed for a substantial amount of time

# KC CARE Quality Improvement Project: Green Clinic



## The Basics

- Began in July 2018
- Open Access Appointments for clients who are unsuppressed and who struggle to keep appointments—can walk in anytime, 9am-5pm at our main location to be seen for HIV Primary Care without an appointment
- Case Management Assistance in explaining the program to clients
- Front office Assistance and EHR flags
- Many iterations of ‘eligible’ clients but added all persistently viremic patients to Green Clinic in October 2019

# KC CARE Green Clinic: Process and Outcome Measures



## Examining both utilization (process) and viral load suppression (outcome) rates

### *Utilization*

- Initial utilization was high; within first four months of implementing intervention, 20 out of 22 eligible patients came in for a 'green clinic' appointment
- Utilization then waxed and waned over the next two years

### *Viral Load Suppression*

- As of May 2020, 17 of the 40 (42%) green clinic clients who were initially considered persistently viremic in Oct. 2019 are now virally suppressed



# KC CARE Green Clinic: Evaluation & Lessons Learned



- Survey of Green Clinic Patients in summer 2019 to explore low utilization. “It’s the best thing ever” to “I forgot I was on it.”
- Manual excel spreadsheet tracking initially and eventually move to standardizing custom reports in EHR for utilization and viral load suppression
- Challenges with ‘managing the list’ of eligible clients and dynamic of clients closed to case management
- ‘Walk-in’ option may not appear as a true incentive for clients—how can we pair with transportation or food assistance?

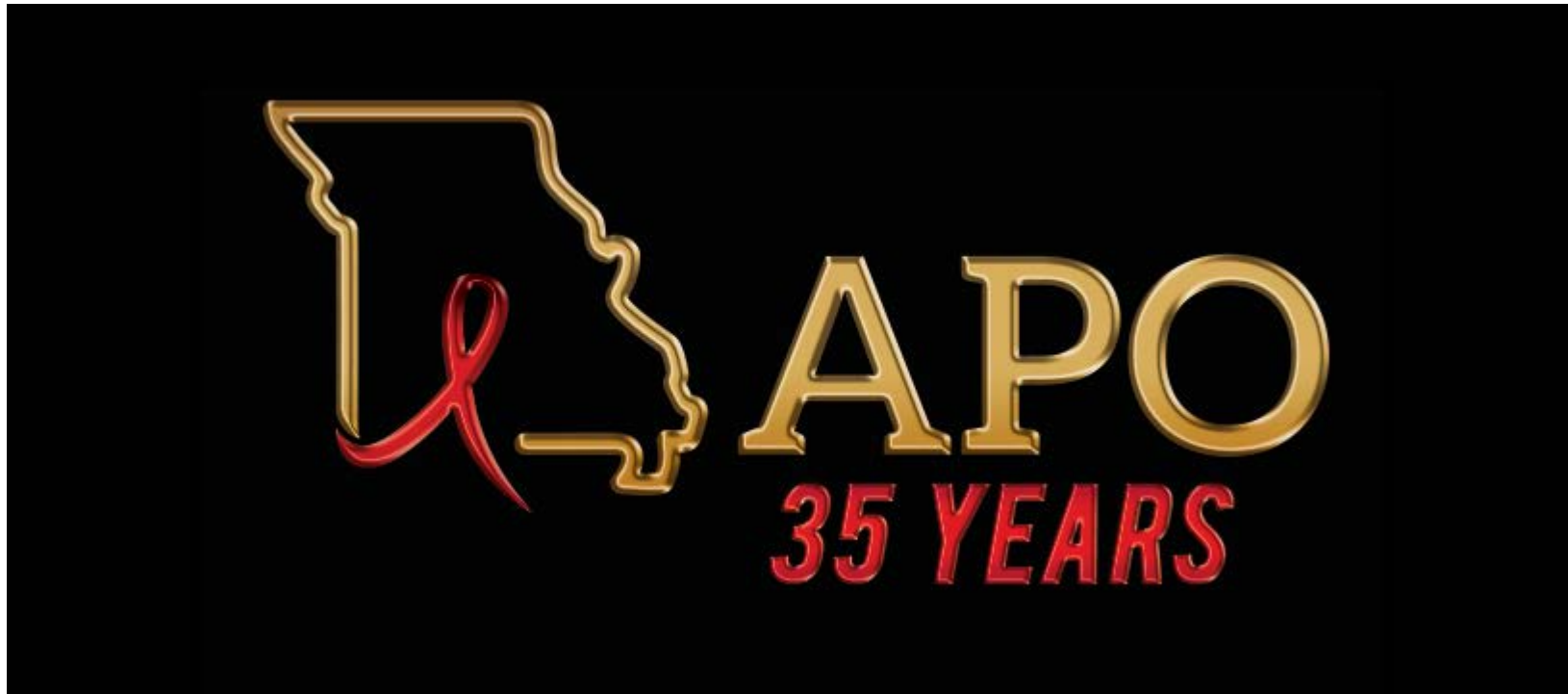
# KC CARE Parting Thought



From a HIV physician early on in project:

*“I am assuming we will be running the numbers in the future to determine the impact of the green clinic but anecdotally one of my most challenging patients to reach now has an HIV VL <20 copies and CD4 count >200 for more than one Office visit!! Thank you all for your help and thinking outside the box for these patients.”*

APO



# APO's Interventions to Meet the Needs of Persistently Viremic Patients

**From 0 to 100 mph in 6 seconds**





# APO Definition of Persistently Viremic



- Percentage of HIV unduplicated case managed clients and clinic patients, regardless of age, with a viral load greater than 200 copies/ml at last viral load test during 2019

# How to assist the last 10 percent

- Beginning of 2019 93% suppressed
- 2018 viral suppression rate between 91-93%
- Deeper Data Dive
  - Chronically mentally ill
  - Substance misuse
- Still no answers to improve suppression rates

# APO Quality Improvement Project: Green Clinic



- Patients could be seen by a provider immediately if:
  - Persistently viremic
  - Lost to Care
  - At risk of falling out of care
  - If unable to see a provider, nurse visit and labs occurred
- They could be in building for
  - Pantry supplies
  - Case management
  - Dropping off paperwork
  - Bringing a partner to an appointment.....
- Almost always saw Peer Navigator during the visit



# APO Quality Improvement Project: Case Management



## • Case Management Closed Cohort

- Project Objective: 50% of those persistently viremic clients in the closed cohort will become virally suppressed by October 2019 (within 9 months)
- Plan: Case Managers identified 1 client on their caseload who was persistently viremic. 23 clients started in a closed cohort
- Do: Case managers were split into 5 teams to review their client's case, with time allotted during the monthly Case Management Seminar. Individual treatment plans were created for each client
- Study/Act The closed cohort was a success, and the interventions and programs have been integrated into every day practice.

**17 out of 23 (74%) closed cohort clients became suppressed**

## 96% Suppression Rate December 31, 2019

- **Keys to Success**

- Medical Director who is inventive and supportive of change
- Administrative and Fiscal Support
- Clinic Staff's ability to adjust to meet patients needs
- Case Management staff's commitment to Quality Improvement Projects



Washington  
University in St. Louis

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SCHOOL OF MEDICINE

DIVISION OF INFECTIOUS DISEASES

- University-based outpatient clinics in St. Louis, Missouri
- Ryan White Part C, D, and F recipient
  - Sub-recipient for A and B
- Offer comprehensive one-stop shop model of care
- In 2019 our Part C/D network served over 3,500 persons living with HIV
  - The Washington University Adult ID clinic (WUID) provided HIV medical services to 2,095
- Viral suppression rate remains consistently around 86-87% for the past 5 years
- Largest provider of HIV Primary Care in the St. Louis region



# Definition of Persistently Viremic



- Three out of the last four viral load test results are greater than 200 copies.

# Quality Improvement Project: Connection to Health Coach and Mental Wellness



## Process

- Each day Clinic Specialist identifies PV clients scheduled for clinic appt
- Clinic Specialist and Health Coach huddle with RN assigned to clinic to review list
- Provider and Health Coach go into exam room together
- Provider introduces Health Coach as part of care team
- Provider completes exam with Health Coach in room, asking him/her to step out when necessary
- End of visit, Health Coach introduces treatment adherence services and offers referral to mental wellness team

# WUID Quality Improvement Project: Results

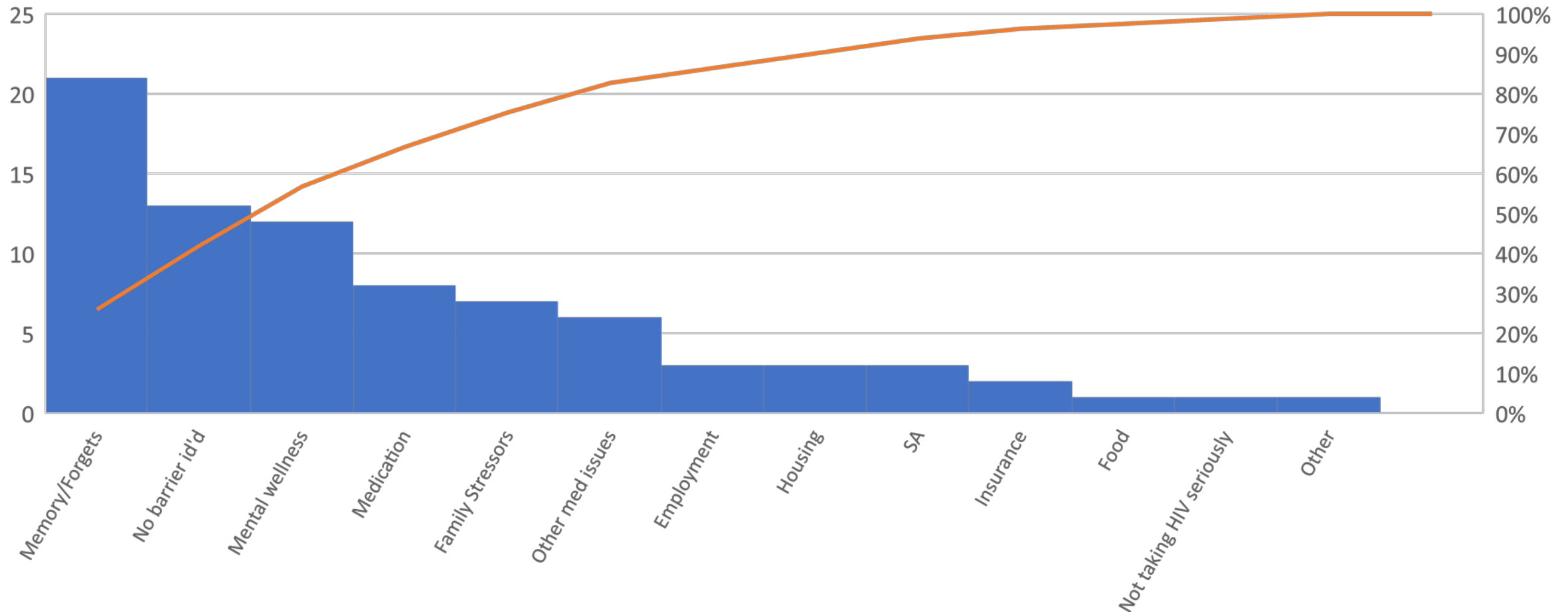


4/11/19 – 12/31/19	# PV Scheduled	# PV Showed	% PV Showed for Appt	# PV that HC Met With	# PV Accepted Referral to Mental Wellness Team	# PV Agreed to Continued Tx Adherence Services w/ Health Coach
<b>TOTAL</b>	<b>190</b>	<b>105</b>	<b>55%</b>	<b>92 (88%)</b>	<b>12 (13%)</b>	<b>24 (30%)</b>

# WUID Quality Improvement Project: Results Continued



## PV client-reported barrier to taking ART



# WUID Quality Improvement Project: Lessons Learned

What did NOT work well?



Acceptance of a mental wellness referral by the PV client

What worked somewhat?



Desire for continued health coaching services by the PV client outside of the clinic setting

What worked well?



- The Health Coach meeting with the PV client at the medical appt.
- Medical providers introducing the health coach as part of the team



# Final Thoughts



- Start with stratification
- Determine how your unsuppressed patients are the same and how they are different – Data Dive time!!
- Create definitions and get buy-in from staff
- Identify both process and outcome measures to measure success of your QI project. It may take awhile to see impact on viral suppression

**Finally, don't let perfect be the enemy of good!**

# Questions



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