

STOP HIV/AIDS

Provincial HIV/AIDS Collaborative

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Outline:

- STOP HIV/AIDS
- A PATIENT JOURNEY
- COLLABORATIVES
- SUCCESSES AND GAPS IN HIV CARE
- WHAT MODELS TO USE
- HOW DO WE KNOW THESE MODELS WORK
- SUMMARY

STOP HIV/AIDS: Seek and Treat for Optimal Prevention of HIV/AIDS

STOP HIV/AIDS:

- **SEEK**
Those unaware of their HIV positive status
Those aware but not engaged in care
- **Treat**
Those ready and in need of therapy
- **Optimal prevention**
Prevent progression to AIDS
Prevent Transmission

A PATIENT JOURNEY:

- Joan – 54, mother of one, grandmother of 3
- Living in a small town – northern BC
- Presents several times with general symptoms – weight loss, sweats, diarrhea
- Multiple investigations
- PCP – tested HIV positive, CD4 counts <50
- Transferred to Vancouver, isolated, depressed
- PCP treated, started ARVs, missed family, went back home
- Pulmonary abscess, referred back to Vancouver, died

What are we doing to do about this?

- Collaborative:
 - An improvement method that relies on **spread** and adaptation of **existing knowledge** to multiple settings to accomplish a **common goal** (The Breakthrough Series – IHI)
- Collaborative is **NOT**
 - Research for new clinical knowledge
 - Single-setting (single-team) focus
 - Small changes to existing systems
 - A consulting engagement

SUCCESSES AND GAPS

Medical Health Care for People With HIV Infections: HIV Clinical Guidelines For the Primary Care Practitioner

THE PRACTISING GUIDELINES FOR INFECTIOUS DISEASES

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Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV

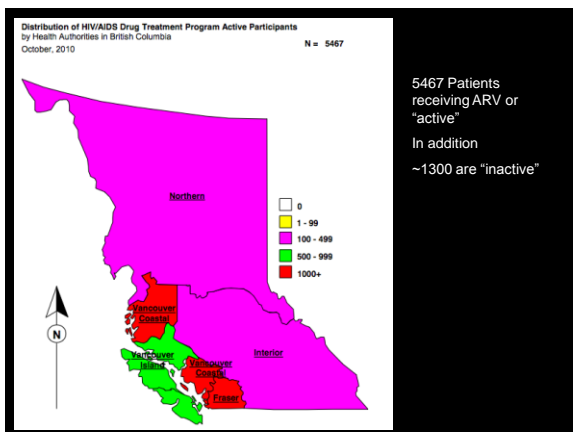
Clinical Manual for Management of the HIV-Infected Adult

6TH EDITION

CANADIAN TUBERCULOSIS STANDARDS

6TH EDITION

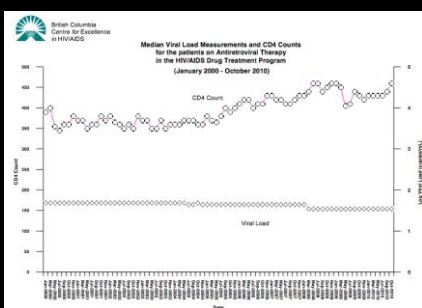
Canadian Immunization Guide



Distribution of yearly pre-HAART CD4 counts for all individuals initiating HAART in BC. 2004-2009¹

Year	CD4 cells	Proportion with <200 CD4 cells
2004	160	67%
2005	160	63%
2006	180	57%
2007	200	50%
2008	220	41%
2009	311	31%

¹Adapted from Montaner et al. Lancet 2010

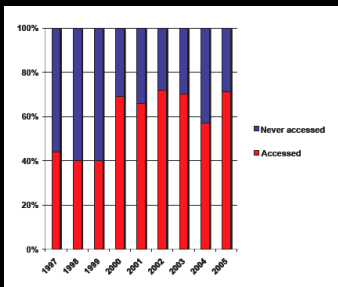


Outcomes for people on ARV Therapy:
 Median HIV plasma Viral load < 40 copies
 Median CD4 counts: 450 cells/mm³

HAART Use and Mortality in BC

HIV Positive people who die between 1997 and 2005.

The proportion never accessing HAART before death has decreased but still high.



Joy et al., JAIDS, 2008

STOP HIV/AIDS Selected Indicators

#	Indicator	Provincial
7	HCV & HIV Testing	49%
6a	Syphilis & HIV Testing	83%
9	Advance HIV at Diagnosis (2008)	15%
11	Acute Infection (2009)	6%
14	Late ARV initiation	29%
21	DRT before ARV start	72%
22	Suppressed pVL on ART	44%
23	Appropriate ART combination	77%
24	Rx refill adherence	72%
25	# MDs initiating ARV Rx	57
29	ARV regimen change	4%

STOP HIV/AIDS Pilot Project – Indicators Report (November 2010)

LISA □

	VCH	NHA	LISA
Unstable housing*	37%	29%	32%
Receiving Income Assistance	75%	85%	
Food insecure	70%	86%	66%
Unemployment	78%	67%	
Not satisfied with physician	5%	14%	6%

LISA Participants: N= 1000. 2% from NHA and 67% from VCH

26% Women, 81% use HIV-related programs and services regularly

*Unstable housing defined as living in a hotel, boarding room, hostel, transition house, prison, hospital or not having a fixed address at the time of the interview

Hogg et al. 2009 (Summary statistics of the LISA Project)

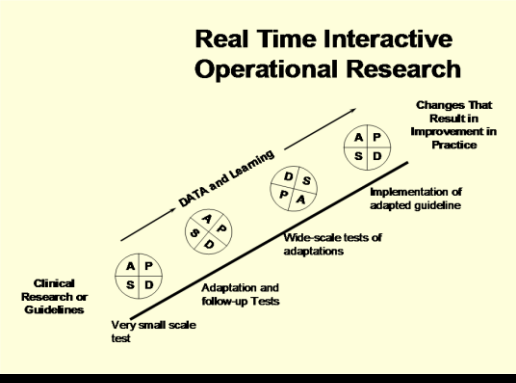
WHAT MODELS OF HIV CARE AND IMPROVEMENT WORK?

Expanded Chronic Care Model



Created by: Victoria Barr, Sylvia Robinson, Brenda Marie-Liuk, Lisa Underhill, Anita Datta & Darlene Reevesdale (2002)
 Adapted from Glasgow, R., O'Brien, C., Wagner, E., Curry, S., Solberg, L. (2001). Does the Chronic Care Model also serve as a template for improving prevention? *The Medical Clinician*, 20(4), and World Health Organization, Health and Welfare Canada and Canadian Public Health Association. (1999). *Optimizing Your Health Promotion*.
<http://www.healthservices.gov.bc.ca/cdm/cdmnbc/expandedmodel.gif>

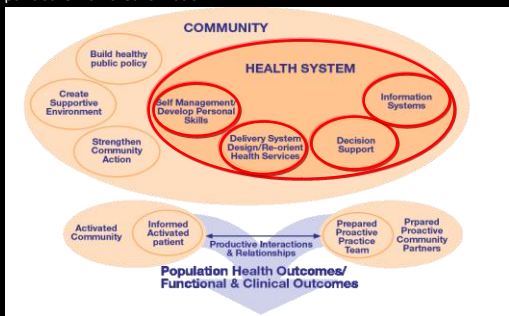
Real Time Interactive Operational Research



HOW DO WE KNOW THESE MODELS WORK:

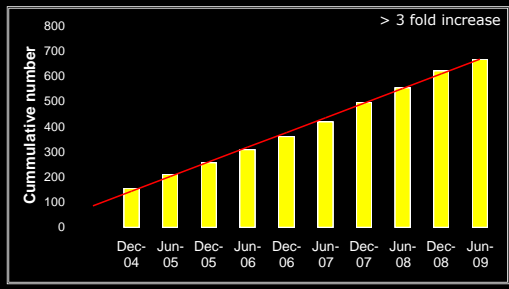
- Extensively and successfully use in improving care for people with chronic conditions such as Diabetes.
- First tried in BC at the IDC Clinic in St. Paul's Hospital in 2003 and evaluated in 2006
- Later introduced at Vancouver Native Health Clinic (2008) - currently being evaluated

Expanded Chronic Care Model



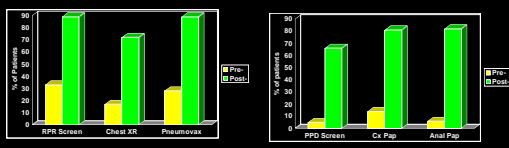
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<http://www.healthservices.gov.bc.ca/cdm/cdmnbc/epccmodel.gif>

Immunodeficiency Clinic: Cumulative number of patients on HAART

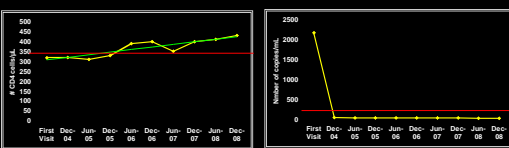


Source: IDC Database

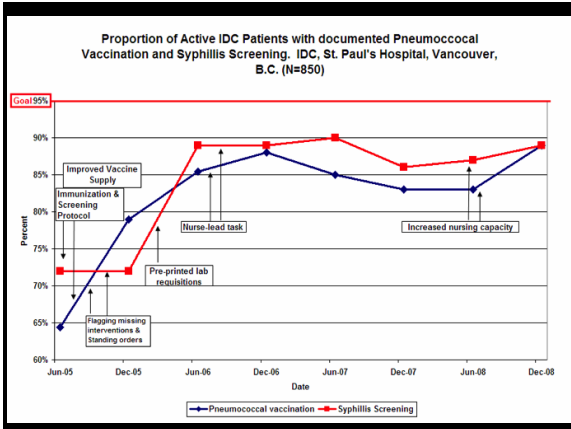
INDICATORS: Screening Immunization



INDICATORS: Population CD4s & Plasma Viral Load



Source: IDC Database (Dec-2008)





- SUMMARY:**
- Significant gains in the past years
 - We know there are gaps between science (guidelines) and practice.
 - We have models of HIV care and Quality Improvement that work
